# Centre for
# Sustainable
# Delivery
## Annual Report

Centre for
Sustainable
Delivery

**NHS**
SCOTLAND

## 2023 - 2024

# Contents

# Introduction

The Centre for Sustainable Delivery (CfSD) is designed to play a key role in the recovery and redesign of NHS Scotland. Working in collaboration with Scottish Government, the CfSD delivers transformational improvement, service redesign and delivery of bespoke services across NHS Scotland.

This includes helping to increase capacity and reduce unnecessary demand. It involves embedding new technological innovations and helping to enable NHS Boards to adopt sustainable transformation programmes across health and social care.

Over the last year, the CfSD has grown further. Several additional National Programmes have been transitioned from the Scottish Government to the CfSD. These Programmes are:

- Unscheduled Care
- National Endoscopy
- Planned Care

To support the delivery of our work, we developed 8 key Strategic Priorities (SP) for FY 2023/24. These set out our high-level objectives for the year. Those Strategic priorities were:

## Supporting improvements in planned care

**Drive transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland.**

## Development of a National Elective Coordination Unit

**Support the development of a national elective coordination unit, which will support Boards with their current planned care waiting lists.**

## Supporting cancer improvement and earlier diagnosis

**Reduce the proportion of later-stage cancers (stage III and IV) diagnosed over the next 10 years, with a focus on those from areas of deprivation.**

## Facilitating Accelerated National Innovation Adoption

Facilitate the rapid assessment of new technologies for potential national adoption. Where these are approved, lead the accelerated implementation of these technologies on a once for Scotland basis.

## Implementing the National Green Theatres Programme

Improve and evidence environmental sustainability across NHS Scotland (starting with implementation of green theatre bundles).

## Implementing the National Unscheduled Care Programme

Support Boards to improve urgent and unscheduled care provision across. This includes identifying best practice, supporting innovation, and transitioning established improvements to business as usual.

## Implementing the National Endoscopy Programme

Support the Endoscopy and Urology Diagnostic Recovery and Renewal Plan (2021) across 5 key areas: balancing demand and capacity; optimal clinical pathways; improving quality and efficiency; workforce development; and infrastructure, innovation and redesign.

## Implementing the Planned Care Programme

Enhance the delivery of Planned Care, by facilitating initiatives to improve efficiency, promote greater elective activity and address waiting times. This includes national programmes of work around Orthopaedics, Ophthalmology and Radiology.

# Year at a glance – key highlights

## Modernising Patient Pathways

### Active Clinical Referral Triage

**138,000+**
Appointments saved.

**£24M**
Cost avoidance.

**2,249,000**
Patient travel miles avoided.

#### CytoSCOT

**85%** Reduction in endoscopy demand for Barrett's oesophagus patients.

### Patient Initiated Review

**71,000+**
Appointments saved.

**£11M**
Cost avoidance.

**1,278,000**
Patient travel miles avoided.

#### Clinical Pathways

**43** Pathways published.

## National Elective Coordination Unit

**39**
Waiting list validation campaigns.

**88,000**
Patients validated.

**£3.5M**
Cost avoidance to Boards.

**9% average**
Removal rate from waiting list after validation.

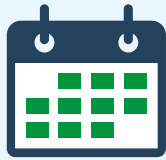**8,500** Patients treated across all NECU campaigns.

## Supporting Cancer Improvement and Earlier Diagnosis

### Rapid Cancer Diagnostic Services

**16.3 days**
Mean time from RCDS referral to outcome.

**3,616**
RCDS referrals received (69% accepted).

**96%** Patients very satisfied with the care provided.

### Head and Neck Pathway

Optimal Cancer Diagnostic Pathway approved.

### Early Bird campaign

**77%**
Survey responses showed awareness of campaign.

**6,245**
Engagements with members of the public.

## Accelerated National Innovation Adoption

**8** Programmes on the ANIA Pathway.

**Closed Loop System**

Successfully onboarding patients.

**ANIA model** Revised 2-step model in place.

**4** Programmes approved for national adoption.

**ANIA National Delivery**

Partnership with HIS, PHS, NSS, SHIP and NES.
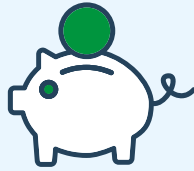
## National Green Theatres Programme

**10**
Opportunities for Change published.

**£9M**
Green dividend projected.

**20** Specialty Delivery Group and Programme Board Meetings have taken place.

**20,000+**
Tonnes of $CO_2$ savings estimated.

**12+** Actions in development toward improving NHS Scotland carbon footprint.

**6** Actions for adoption published.

## National Unscheduled Care Programme

**5** Portfolios of work have transitioned over the year.

**22** Board discovery days undertaken.

**5** National Heatmaps have been developed.

**2** National webinars conducted.

### Community Urgent Care

Scoping work to support development of National Urgent Care pathways.

### Flow Navigation Centre

Minor injuries scheduling in place for most Boards.

### Hospital at Home

Outpatient Parenteral Antibiotic Therapy Specialty Delivery Group in development.

### Optimising Flow

Currently developing a whole system Operating Framework to support Board escalation measures.

Development of new mobile App to support Day of Care Audits.

### Front Door Medicine

New Specialty Delivery Group being developed.

## National Endoscopy Programme

### Redcap endoscopy surveillance database

In use in 12 Health Boards.

### New national database

Developed and in place.
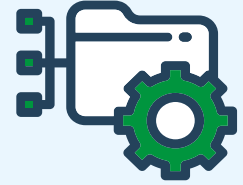
#### National endoscopy training

Staff from 10 Boards progressing through the training.

**40** staff completed training received (69% accepted).

#### Local support / Capacity planning

**14** Board site visits conducted.

## Planned Care Programme

#### Trauma and Orthopaedics

**9** Board Orthopaedic Peer Reviews since September 2023.

#### Ophthalmology

**120,000** Patients onboarded - Electronic Patient Record.

**8%** Improvement in patients discharged by day 3 (Enhanced Recovery After Surgery).

#### Radiology

**6%** Reduction in waiting list

**11%** Reduction in waiting times for patients waiting 6+ weeks.

#### Planned Care Performance

Regular improvement meetings held with all Boards.

Key areas of focus included theatre utilisation, Day Surgery, Whole System Flow and protecting Planned Care.

# Objectives

The Centre for Sustainable Delivery has 7 key objectives which help guide the development and prioritisation of its work.

These objectives are:

| Objectives | |
|---|---|
| **Maximise Capacity** | Building capacity and capability across NHS Scotland. This includes optimising and maximising the overall national capacity to improve patient access. |
| **Reduce Unnecessary Demand** | Ensuring that the patient is treated by the right clinician, in the right setting, at the right time. This avoids waste in the system and enables rapid access to treatment to those who need it most.<br><br>This is based around the principle of ensuring senior clinical decision making at earlier points in the pathway, and the development of effective pathways, which make best use of capacity available. |
| **Harness Innovation** | Harnessing technological innovations to address some of the most complex health challenges across NHS Scotland to provide a direct and positive approach on patient outcomes.<br><br>This includes coordinating the new Accelerated National Innovation Adoption (ANIA) pathway to identify, test and adopt high-impact innovations across NHS Scotland. |
| **Enhance Staff Capability and Capacity** | Identifying and maximising opportunities for staff upskilling. This includes taking into account the demands of the changing health and care environment and new ways of working. |
| **Safe and Effective Patient Care** | While all CfSD programmes are aimed at delivering safe and effective patient care, there are a number of programmes, which have a specific focus on ensuring this. This includes evaluating the effectiveness and impact of new initiatives and pathways. |
| **Form Strategic Partnerships** | Develop partnerships with a range of skilled organisations to deliver transformation across a range of areas and disciplines. This includes working with the NHS Scotland Academy and NES to develop future workforce models. It will also include working with primary and secondary care, innovation and digital health to deliver sustainable new models of care. |
| **Conduct research and publish evidence based learning** | CfSD aims to become an internationally recognised unit for supporting transformation and system change. To do this, we will publish research and learning that demonstrates and evidences the value, impact and benefits realisation of our programmes. |

The Centre for Sustainable Delivery consists of a number of national programmes. The Unscheduled Care, Endoscopy and Planned Care Programme teams transitioned from the Scottish Government to CfSD during the reporting year:

| Programme | Description |
| --- | --- |
| **Modernising Patient Pathways (MPP) Programme** | The MPP team support the delivery of improvements in planned care across NHS Scotland. They support front line clinical teams to develop sustainable improvements in service delivery.  The team provide expertise in helping to redesign models of care, sharing best practice, and working to balance capacity with demand for services. |
| **National Elective Coordination Unit (NECU)** | The NECU team have developed a national elective coordination unit, which will help to reduce variation, and support improved access to care by providing a consistent approach to national demand and capacity assessment and allocation. |
| **Unscheduled Care Programme** | The National Unscheduled Care programme deliver implementation support, develop national tools, and manage system capacity and capability diagnostics in order to help Boards improve unscheduled care delivery. |
| **Cancer Improvement and Earlier Diagnosis Programme** | The Cancer Improvement and Earlier Diagnosis team drives NHS Scotland's cancer strategic priorities. They have a focus on developing and delivering best practice, and optimising diagnostic pathways across Scotland, and will play an integral role in delivering Scotland's new 10-year cancer strategy. |
| **National Endoscopy Programme** | The National Endoscopy Programme helps support Boards in delivering the aims and objectives of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan. |
| **Innovation Programme** | The Accelerated National Innovation Adoption (ANIA) Pathway is designed to identify and support national adoption of high-impact innovations at pace. |
| **National Green Theatres Programme** | The Green Theatres progress supports Health Boards to meet the net zero commitments for NHS Scotland through reducing the carbon footprint of theatres and deliver more environmentally sustainable surgery. |
| **Planned Care Programme** | The Planned Care team have a national remit to monitor planned care performance across NHS Scotland territorial Health Boards. They also lead national programmes of work around Trauma and Orthopaedics, Ophthalmology and Radiology to deliver transformational change and improvement. |

The CfSD annual work plan for FY 2023/24 was based on supporting the key strategic priorities (SP). These were designed to ensure that all CfSD programmes were able to deliver in line with national priorities for remobilisation, recovery and redesign of services. For further details of the key Strategic Priorities and the outcomes achieved against the deliverables during the year, please see below.

> **Strategic Priority 1: Drive transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland.**

Responsible Team: Modernising Patient Pathways (MPP) Programme

| Deliverables | Outcomes |
|---|---|
| Utilise SDGs to develop and implement national clinical pathways and high-impact process changes across NHS Scotland | Over the year, the MPP team continued to develop the Speciality Delivery Groups (SDGs). The SDGs are designed to drive consensus and clinical participation, and serve as a vehicle to develop high quality services across NHS Scotland, reduce unwanted variation, promote "best in class" services and sustainably improve waiting times for non-urgent care.<br><br>All SDGs developed and agreed their work plans. A key element of the work plans included the development and approval of national clinical pathways for key conditions and other supporting resources.<br><br>A total of **43** national clinical pathways and supporting resources have been published, and made available for NHS Boards for local implementation. |
| Implementation of high-impact and productive approaches | The SDGs worked with NHS Boards to promote and implement high impact changes, including Active Clinical Referral Triage (ACRT) and Discharge Patient Initiated Review (PIR).<br><br>Over the year, the use of ACRT has allowed over **138,000** patients have been returned to primary care in 10 specialties with advice or added to an opt-in pathway. This is an increase of **89%** compared to last year. A conservative estimate of the cost of seeing those patients in outpatients is in excess of £24M. This equates to **2,249,000** miles of patient travel avoided.<br><br>In addition, over **71,000** patients have been added to discharge PIR pathways in 10 specialties, which is an increase of **65%** compared to last year. A conservative estimate of the cost of the cost of seeing those patients in outpatients is almost £11M. This equates to **1,278,000** miles of patient travel avoided. |
| Deployment of Measurement plans through Heatmaps. | Ongoing Heatmap meetings with over **100 Heatmap** submissions covering **10 specialties**, were successfully held with Boards throughout the year. This work allowed CfSD to successfully monitor improvement throughout the year, including the implementation of ACRT, PIR and other high-impact changes. |
| Board engagement and improvement support | The MPP team participated in Board Engagement meetings that were regularly held with all Boards throughout the year. This provided an opportunity to discuss CfSD's national improvement work with CfSD Board Champions and other senior managers, and to identify key local priorities and areas for improvement. |
| Develop infrastructure to support measurement, reporting, and publication. | MPP have developed an internal process to support the active dissemination of knowledge through the publication of academic papers. This is designed to share best practice and promote the work of CfSD.<br><br>Over the last year, the MPP team have **published 9 papers**. In addition, a **further 3 papers** are under review to be published in the near future. See Appendix 1 for a list of these papers. |

## Spotlight on: CytoSCOT

The CytoSCOT programme, supported by CfSD, introduced the Oesophageal Cell Collection Device (OCCD) during the COVID-19 pandemic to address the backlog in upper endoscopy services. The OCCD, was used for Barrett's Oesophagus surveillance and patients presenting reflux symptoms. To date, almost 7,000 OCCD have been delivered. OCCD significantly reduced waiting times for endoscopy for patients with Barrett's Oesophagus by 85%.

Following adoption and progression through the ANIA pathway, CytoSCOT transitioned to business-as-usual in April 2024, demonstrating CfSD's ability to facilitate and support implementation of effective healthcare solutions.

## Spotlight on: Special Delivery Groups

The Centre for Sustainable Delivery (CfSD) has established 14 Specialty Delivery Groups (SDGs) to enhance patient outcomes and access to services across NHS Scotland.

Each SDG, chaired by National Clinical Leads and supported by CfSD Associate Clinical Directors and National Improvement Advisors, promotes clinical leadership and multidisciplinary collaboration. These groups focus on processes, pathways, innovation, and workforce, tailored to each specialty.

By engaging operational managers and clinical teams, SDGs drive consistent and flexible redesign efforts. Collaboration with agencies like Public Health Scotland and NHS Scotland Academy ensures a unified approach. Alignment of national and local priorities is supported by local change teams and the CfSD Heat Map, facilitating measurement and addressing barriers.

## Spotlight on: Peer Review Process

The peer review process, which is supported by the MPPP and Planned Care Programme Teams, is designed to address unwarranted variation across specialties.

These reviews share best practices to improve patient outcomes, resource efficiency, and staff morale. They foster specialty cohesion, motivation, and competition through open, data-driven discussions.

The Peer review Process received positive feedback, with participants advocating for repetition. The Orthopaedics review also saw productive discussions and successful redesign sharing. Teams, including Consultants, Specialist Nurses, and Managers, left motivated to enhance local programs. The peer review approach will expand to more specialties.

## Spotlight on: Breast Pain Pathway Implementation

The implementation of the Breast Pain Pathway, facilitated by CfSD, aimed to reduce waiting times by providing patients with timely information on their condition, virtual and face to face appointments. Of 990 patients vetted to the pathway only 26% (168 patients) required a face to face appointment, releasing 822 appointments for more urgent patients and significantly reducing waiting times.

2 Health Boards reported significant reductions in waiting times, and noted extremely high patient satisfaction. A video was developed to support the pathway's implementation, highlighting its positive impact on efficiency and patient experience.

## Spotlight on: Headache Pathway

The national Headache toolkit, featuring a comprehensive pathway and management guidance for various headache types, was developed by the Neurology SDG.  It was then published on the Right Decision Service platform and is available via the website and mobile app.

This toolkit aids in the assessment, diagnosis, and management of primary and secondary headaches across primary and secondary care. It includes modules on primary care, prophylaxis, treatment advice, imaging access, and specific conditions like migraines during pregnancy.

The well-received pathway will focus on active dissemination and implementation measurement in 2024/25, enhancing headache management and patient care efficiency.

## ❯ Strategic Priority 2: Support the development of a National Elective Coordination Unit (NECU) which will support Boards with their current planned care waiting lists.

Responsible Team: National Elective Coordination Unit (NECU)

| Deliverables | Outcomes |
|---|---|
| NHS Scotland administrative waiting list validation | The NECU team carried out a national waiting list validation exercise on patients waiting more than 52 weeks across 5 specialities.  Over the year, the NECU team validated over **88,000** patients with an average removal rate of approximately **9%.**  This resulted in Boards avoiding costs of approximately **£3.5M** through their participation in the national validation campaign.<br><br>As part of this work, the NECU team successfully introduced a digital validation platform to help support the validation work and allow the team to contact significantly more patients. |
| NHS Scotland clinical waiting list validation | An initial pilot of clinical validation for diabetes and endocrine patients has been carried out in 1 Board. Over **700** patients were been validated with a removal rate of **22%.**  The outcomes from this work will inform further development and further rollout over the next year. |
| Development of national NECU model | A total of **39 campaigns** were conducted across 10 Boards that treated a total of 7,834 patients. The outcomes and findings from these campaigns will inform the ongoing development of the NECU national operating model. |
| Development of NECU clinical strategy | The high-level ambitions that underpin the NECU clinical strategy have been agreed. 2 large-scale strategy events were held during the year to agree the main scope of NECU.  NECU will focus on 3 key activities: patient validation, clinical validation, and local campaign capacity work.  An operating model to support the clinical strategy has been implemented. |
| Develop transitional arrangements and agree permanent organisational arrangements for NECU. | It has been agreed that CfSD will continue to host NECU whilst the clinical strategy is being developed. This will help to inform the future direction of NECU and the longer-term organisational arrangements required to support this work. |
| Develop measurement plan and evidence collection process. | The NECU team have successfully introduced a digital validation tool to support their work. This includes a performance dashboard which enables real-time monitoring and reporting of activity and performance.<br><br>In addition, the team have produced an annual report which includes measurement details about their current activity, outputs and impact. |

## Spotlight on: Patient Satisfaction

The National Elective Coordination Unit has supported the validation of over 88,000 patients, identifying over 9% of patients no longer requiring their appointment/procedure. Through a digitally supported once for Scotland approach, this work has allowed for more than 485 outpatient clinics and 341 operating days being released
back to NHS Boards.

Through NECU's digitally supported, patient centred approach to capacity campaigns, 98% of patients have rated their experience of NECU and NECU supported treatment campaigns to be good to excellent.

**98%**

## ❯ Strategic Priority 3: Reduce the proportion of later-stage cancers (stage III and IV) diagnosed over the next 10 years, with a focus on those from areas of deprivation.

Responsible Team: Cancer Improvement and Earlier Diagnosis Programme

| Deliverables | Outcomes |
|---|---|
| Implementation of the Detect Cancer Earlier (DCE) Programme | The Detect Cancer Earlier (DCE) Programme includes 5 large-scale workstreams that help support delivery of the Scottish Government's 10-year national cancer strategy, as set out below. |
| DCE Programme : Public education/ empowerment | The successful "Be the Early Bird" campaign was rerun during the year.  An independent evaluation report assessing the impact of the campaign was commissioned. This showed that the campaign successfully increased public awareness of the benefits of having their symptoms checked earlier. |
| DCE Programme: Diagnostics | A new head and neck diagnostic pathway was developed and published.  A supporting toolkit to help clinical staff implement the pathway was also developed and published alongside the pathway. In addition, the existing lung pathway was reviewed and updated. |
| DCE Programme: Data | Over the year, the team have worked with PHS to develop a process for publishing validated data relating to urgent suspicion of cancer (USOC) referrals.  They have also scoped the potential to publish more timely staging data for additional cancer types. This work will continue next year. |
| DCE Programme Innovation | The Cancer and Innovation teams have supported the development of a Chest X-Ray Artificial Intelligence project through the Accelerated National Innovation Adoption (ANIA) pathway. |
| | During the year, a Strategic Case setting out the benefits of the project was developed and approved by the Scottish Government.  This work will continue into next year when a final Value Case will be developed.  This will set out the potential for national adoption of this project. |
| DCE Programme Primary Care | During the year, a project to update the Scottish Referral Guidelines for Suspected Cancer was started. Initial work included performing a clinically-led review of data, and carrying out a survey to canvas for research, papers and journals from across primary and secondary care and the third sector. The team also carried out preparatory work to a support series of peer review sessions that will take place during the next year. |
| Evaluation and Expansion of Rapid Cancer Diagnostic Services (RCDS) | The team continued to support the development of the Rapid Cancer Diagnostic Services (RCDS), including the 3 early adopter sites and 2 new sites that were established during the year. In addition, and independent RCDS evaluation was commissioned from Strathclyde University. |
| | To support this evaluation, the team also sourced relevant comparison data from other UK nations and carried out a survey of primary care practitioners.  The team also worked with Boards to share learning and best practice relating to the RCDS. |
| | The findings of the independent evaluation were very positive and highlighted many benefits arising from the RCDS. Over the next year, the team will develop an RCDS toolkit to share learning and best practice. |
| Framework for Effective Cancer Management (FECM) | The team continued to meet with Board Cancer Manaqement Teams regularly to ensure the Framework for Effective Cancer Management is fully embedded and patients are diagnosed and treated as quickly as possible. Where cancer pathway challenges were identified, the team provided tailored support as necessary, including sharing best practice from other areas and working with Boards to explore potential solutions. |

## Spotlight on: Rapid Cancer Diagnostic Service Patient and staff satisfaction

The Rapid Cancer Diagnostic Service (RCDS) service receives overwhelmingly positive feedback – 96% patients their experience of the RCDSs very highly, specifically noting the care, compassion and speed of the service. Patients appreciate the promptness of assessment and clear communication, which helps alleviate anxiety.

**What the patients said:**

> "My journey via the RCDS unit was brilliant."
>
> "I felt uplifted at how quickly I was assessed."
>
> "...to have that little diamond in the middle, where you really felt held and cared for, you know…"

In secondary care, staff find fulfilment in providing comprehensive care and engaging with patients. For GPs, RCDS streamlines referrals, reducing ambiguity and ensuring timely management. Without RCDS, GPs anticipate challenges in navigating referrals and potential delays in diagnosis, highlighting the vital role RCDS plays in improving patient outcomes and enhancing collaboration between primary and secondary care.

**What staff said:**

> "I like that I'm making a positive difference for patients…"
>
> "Professionally very engaging and satisfying."
>
> "without the RCDS it would have been difficult to decide who to refer to, and likely to have referral rejected."

## ❯ Strategic Priority 4: Facilitate the rapid assessment of new technologies for potential national adoption. Where these are approved, lead the accelerated implementation of these technologies on a once for Scotland basis

Responsible Team: Innovation Team

| Deliverables | Outcomes |
|---|---|
| Ongoing assessment and support to existing innovations being progressed through the pathway. | A total of **4 projects** are currently undergoing assessment through the ANIA pathway. This includes assessing how new Artificial Intelligence and Genomics technologies could be adopted on a national basis.  These innovations have the potential to improve lung cancer outcomes reduce the number of strokes and prevent infant deafness across Scotland. Final Value Cases for 3 of these projects are due to be presented to the Innovation Design Authority (IDA) by the end of December 2024. (The IDA is the Scottish Government Board that makes decisions related to ANIA innovations) |
| Accelerated implementation of innovations that have been approved by the Innovation Design Authority (IDA) for national adoption. | A total of **4 projects** (Digital Dermatology, Diabetes Closed Loop System (CLS), CytoSCOT and Digital Diabetes remission) have been approved by the Innovation Design Authority for national adoption.<br><br>National implementation teams for Digital Dermatology and CLS have been formed.These teams will be responsible for supporting Boards with the national adoption of these solutions.<br><br>Clinical leads to support the roll out of Digital Dermatology are now in place. The supplier has carried out demonstrations for Health Boards, and data mapping for the National Digital Platform is ongoing.  A communications plan and training package are in the process of being developed.<br><br>The initial 3 cohorts of CLS participants have been on-boarded successfully, and the initial feedback has been positive. A national CLS event was held, which has increased awareness of the programme. The National Clinical Advisory Group are currently reviewing referrals and clinical processes prior to further rollout.<br><br>The CytoSCOT Value Case was also approved in 23/24 via the ANIA pathway.  This is now been implemented across Scotland as a business as usual clinical service.<br><br>Digital Diabetes Remission was recently approved by the IDA. Over the next year, national implementation work will continue. |
| Ongoing development of ANIA governance arrangements and ANIA pathway. | There is a process of continual improvement to refine and revise the governance arrangements as required. Over the last year, a revised Accelerated National Innovation Adoption (ANIA) Operating Model was agreed, which sets out how to make the case for investment in high-impact technologies. |

| Deliverables | Outcomes |
|---|---|
| Develop strategic partnerships including engagement with Boards | Over the year CfSD has coordinated an ANIA delivery partnership on behalf of the Scottish Government.  This is made up of a number of National Boards including Healthcare Improvement Scotland, Public Health Scotland, National Services Scotland and NHS Education for Scotland. |
| Explore research and publish evidence based learning from nationally adopted Innovations | The team have worked with with ANIA partners to develop a process to support the active dissemination of knowledge through the publication of academic papers.  This will enable the team to share best practice and promote the work of CfSD. |

## Spotlight on: Closed Loop System

**The Closed Loop System rollout, led by the CfSD team, integrates Peer Support Workers with Type 1 Diabetes and CLS experience. This collaborative model enhances patient support and engagement, facilitating effective adoption of life-changing technology.**

**Patient feedback emphasises the pivotal role of Peer Support Workers in providing invaluable non-clinical guidance and fostering confidence.**

**The welcoming approach of the CfSD team and the flexibility of the remote delivery model contribute to patient satisfaction. Notably, the focus on quality of life over numbers elicits emotional responses, signifying a transformative shift in patient care.**

**What the patients said:**

**"When we first sat down and started talking about closed loop the focus was on quality of life and not numbers, I felt emotional wow this is a change."**

**"Having the peer support worker was the best thing included in the programme. Having the option of asking non-clinical real-life questions has been invaluable."**

**"I liked the non-clinical setting as often felt like 'odd one out' in clinic waiting room."**

## ❯ Strategic Priority 5: Improve and evidence environmental sustainability across NHS Scotland (starting with implementation of green theatre actions)

Responsible Team: National Green Theatres Programme

| Deliverables | Outcomes |
|---|---|
| Development of Green Theatres programme and governance | During the year, the team revised the Programme governance arrangements. This included a review of the membership and Terms of Reference for the Programme Board and Specialty Delivery Group to ensure that they both had clearly defined roles and responsibilities, and were capable of providing the necessary expertise and support. The new arrangements have now been approved and implemented. |
| Continue to implement carbon saving actions and support Boards to implement | The Programme team has successfully developed and published **10 actions** for Boards to adopt and implement. These include actions are around reusable drug and equipment trays; rationalising single-use patient warming devices; and switching-off non-productive energy-consuming devices. When implemented this will result in an estimated saving of **20,000 tonnes** of $CO_2$, and a projected £9m green dividend. |
| Implement Green Map to support progress and demonstrate impact across NHS Scotland. | The team have developed a national green measurement plan to help measure the impact of their work. This required the team to work closely with the Boards to agree the content of the measurement plan and to deploy it nationally. Most Boards have now successfully implemented the process and are providing regular measurement plan updates. The team will continue to revise and refine the measurement plan over the next year. |
| Development of national Green Theatre Design | The team are carrying out work to help inform the future construction and refurbishment of theatre buildings in order to ensure they comply with sustainable best practice. During the year, the team have carried out engagement with a range of Subject Matter Experts in order to carry out initial scoping for this project. Over the next year, the team will carry out more detailed analysis and project planning. |
| Explore opportunities to harness innovation and research in partnership with academia and industry. | The team have engaged with Universities in order to explore areas where appropriate supporting research can be carried out, and to identify opportunities for publication around the current work being carried out by the team. |
| | The Clinical Lead for the Programme was featured in Time magazine, which provided a high-profile opportunity to highlight the impact and work of the programme. In addition, the Clinical Lead also won the European sustainable healthcare project of the year. |

## Spotlight on: Green Theatres Programme Success

The Programme Clinical Lead won the Health Care without harm European Sustainable healthcare project of the year at the inaugural European sustainable healthcare awards in Berlin in June 2023.

The CfSD Green Theatres Programme was well received, the Cabinet Secretary for Health and Social care said:

" "Programmes like the Green Theatres Programme are key to our transition to become a net zero Health Service, whilst ensuring patient safety remains at the very heart of every clinical decision." "

## Spotlight on: Green Theatres Programme Publications

The Green Theatres Programme Clinical Lead was featured in Time magazine in December 2023, highlighting the work of the programme and its impact.

The publication highlights the impact that the National Green Theatres Programme can bring to driving down emissions across NHS Scotland.

The Green Theatres Programme initiative, supported by the Scottish Government, has inspired similar actions globally, including in England, the EU, and various U.S. hospitals. Besides phasing out desflurane, the programme aims to reduce single-use instruments, improve waste disposal, and enhance supply chain sustainability, setting a precedent for broader environmental measures in healthcare.

## ❯ Strategic Priority 6: Support Boards to improve urgent and unscheduled care provision. This includes identifying best practice, supporting innovation, and transitioning established improvements to business as usual.

Responsible Team: National Unscheduled Care Programme

| Deliverables | Outcomes |
|---|---|
| Strategic Planning and Board Discovery | Following the transition from the Scottish Government to CfSD, the Programme Team identified 5 initial portfolios that cover the key priorities the Programme will focus on. These portfolios cover Community Urgent Care, Flow Navigation, Hospital at Home, Front Door Flow, and Optimising Flow. (See below for more details about the specific portfolio actions undertaken).<br><br>As part of the initial strategic planning process, the Programme arranged a series of Board "discovery days" that were used to gain initial insights into the new portfolio areas. The Programme then arranged a series of debriefing sessions to identify and agree specific areas where Boards would benefit from support and targeted improvement.<br><br>The outputs from this work included the development of Heat Maps for the 5 portfolio areas. These Heat Maps set out the current optimal model for service delivery, including services, processes and other features observed within high-performing Boards. This work, along with the development of portfolio-specific insights matrices, and driver diagrams will inform future improvement work. This work will continue into next year. |
| Community Urgent Care | The Community Care team commenced a series of care home visits across Scotland to help understand and map current service delivery. In addition, the team are carrying out scoping work to develop a national matrix of urgent care pathways. This work will continue into next year. |
| Flow Navigation Centre | A new Flow Navigation Specialty Delivery Group (SDG) has been formed, and several meetings have been held over the year. This has included work to optimise existing FNC services and develop priority urgent care pathways. In addition, a new SDG subgroup has been formed which will act as an advisory group for the development of new national pathways.<br><br>The team have also carried out work to develop data collection processes and common definitions. This work will help create a baseline for future monitoring, reporting, improvement activity and quality assurance. This work will continue into next year. The team are also developing key performance indicators (KPIs) to help assess flow navigation system activity across each Board. |
| Hospital at home | The team are currently in the process of forming an SDG to focus on Outpatient Parenteral Antibiotic Therapy (OPAT). This group will initially focus on formulating an optimal hospital-at-home model for OPAT, and will then develop the necessary guidance to support implementation of this model. |

| Deliverables | Outcomes |
|---|---|
| Front Door Medicine | The team are currently in the process of forming a Front Door Flow SDG to support their work and provide clinical leadership and advice. As an initial priority, the SDG will help Boards implement Front Door models aligned to local Board improvement plans and national guidance. Development of the SDG is at an early stage, and the team are currently identifying suitable members for the group, and are drafting terms of reference. The SDG will be formally launched next year. |
| Optimising Flow | The team are currently in the process of developing a national Whole System Operating Framework. This will help to standardise escalation practices in Boards when they do not have enough local capacity. In addition, the team are also modernising the existing Day of Care Audit (DOCA) process and implementing new methods to help Boards carry out this work. This includes the development of a new electronic app to support data collection. |

## Spotlight on: National Unscheduled Care Discovery Workstream

The National Unscheduled Care Discovery Workstream engaged all mainland Health Boards in qualitative sessions and data submission, leading to a benchmarking analysis and National Data Pack. This facilitated focused improvement plans, supported by detailed recommendations in Closure reports.

Impact included 22 intelligence sessions, 2 National Webinars, and monthly presentations to key groups, driving collaboration and understanding.

The workstream's outputs, including National Benchmarking Analysis and Leverage Points analyses, empower targeted improvement activities, enhancing the effectiveness and efficiency of healthcare systems across Scotland.

## Spotlight on: Day of Care Audit with Electronic App

The Specialty Specific Day of Care Audit aims to modernize healthcare assessments by revising datasets and testing electronic app usage. This initiative can enhance healthcare quality and efficiency through modernized auditing processes. The National Unscheduled Care Programme facilitated collaboration among Health Boards.

3 main objectives were met: dataset refresh, Specialty Specific Dataset testing, and electronic app trials.

Discussions ensured dataset relevance and uniformity. All 14 Health Boards participated in the audit, agreeing on an enhanced National Audit dataset. The new approach emphasizes data-driven improvements, focusing on specialty areas for targeted activity.

Care of the Elderly was trialled initially. Ten Health Boards contributed to dataset refinement, facilitating rapid testing cycles. Lessons learned were shared, fostering continuous improvement.

## ❯ Strategic Priority 7: Support the Endoscopy and Urology Diagnostic Recovery and Renewal Plan across 5 key areas: balancing demand and capacity; optimal clinical pathways; improving quality and efficiency; workforce development; and infrastructure, innovation and redesign.

Responsible Team: National Endoscopy Programme

The Endoscopy Programme transitioned over from the Scottish Government during the year.

| Deliverables | Outcomes |
|---|---|
| Establishment of Programme | The team have commenced a series of on-site visits to all Boards. These visits have included identifying local issues, offering Boards support to develop DCAQ/ capacity planning, and promoting alternatives to traditional endoscopy such as CytoSCOT. This work will continue into next year, and will support the future development of Board action plans for endoscopy. |
| Programme Governance and controls | As part of the transition from the Scottish Government, the team reviewed and refreshed the programme governance and controls to meet the requirements of the new organisational structure.

This included updating the Terms of Reference for the Endoscopy Programme Board, carrying out stakeholder mapping and engagement work, and reviewing the Programme risk register. |
| Improving Quality and Efficiency | The REDCap surveillance database was successfully developed and launched across 12 Health Boards. This system includes detailed patient information that can be used to help manage waiting lists and identify high-risk patients. Over the next year, work will continue to promote the database and support Boards to use it.

A Programme Board and User group to support the development of the new Endoscopy Reporting System (ERS) have been formed. These will help to support Boards as they start to go live on the system over the next year. In addition, the team have carried out work to ensure that TrakCare, the main patient information system, can provide the necessary endoscopy surveillance functionality. |
| Workforce Training and Development | The team have worked in partnership with NHS National Education for Scotland (NES) to develop a new national endoscopy training programme. These courses aim to deliver a national accelerated approach to NHS Scotland workforce priorities.

To date, over **40** staff from **10 Boards** have completed the training course. The programme team have also helped to raise awareness of the non-medical endoscopy and cystoscopy training courses and have supported staff to access this training. |
| Infrastructure, Innovation and Redesign | A national qFit event was held in March 2023. The team will continue to progress the outcomes and actions from this event during the next year. Initial priorities will include updating the existing qFit guidance for Primary Care clinicians, and developing proposals for updating the current cancer guidelines. |

**❯ Strategic Priority 8: Enhance the delivery of Planned Care, by facilitating initiatives to improve efficiency, promote greater elective activity and address waiting times. This includes national programmes of work around Trauma and Orthopaedics, Ophthalmology and Radiology.**

Responsible Team: Planned Care Programme

The Planned Care Programme transitioned over from Scottish Government during the year. The programme has 4 areas of focus: Trauma and Orthopaedics, Ophthalmology, Radiology, and Planned Care Performance.

## Trauma and Orthopaedics

| Deliverables | Outcomes |
|---|---|
| Support Orthopaedic SDG to deliver national improvement initiatives. | Over the year, the team have supported the work of the Orthopaedic Speciality Delivery Groups (SDG). This has involved working with Boards and the SDG to identify opportunities to implement and drive national improvement initiatives. Key areas have included supporting improvements in arthroplasty operations and supporting Enhanced Recovery After Surgery (ERAS) improvements for hip and knee surgery.

There has been a **30%** increase in the number of hip and knee operations carried out in Scotland, with CfSD supporting actions in helping Boards achieve this. In addition, there has been an **8%** increase in the number of patients discharged within 3 days of surgery (As a result of implementing Enhanced recovery After Surgery). |
| Provide local support to Boards including highlighting improvement opportunities and reducing variation | During the year, the Trauma and Orthopaedics Team carried out a series of peer review visits with Boards. Following these visits, a number of actions were agreed. The team are currently working with Boards to develop local workplans based on the actions that have been agreed. A key element of the workplans is around helping Boards to implement and roll out the high impact opportunities developed by the CfSD MPP Programme. These include Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR), Enhanced Recovery After Surgery (ERAS) and same day surgery opportunities. |
| Development of national Orthopaedic plan | The Scottish Government have asked the team to develop a National Delivery Plan for Trauma and Orthopaedics.

This work will continue into next year. |
| Improve data and support national audits to drive improvement | The team successfully ran a Scottish Hip Fracture audit webinar during the year. This event attracted over **460 attendees** including some international delegates. The team have already started planning for another similar event to be held next year.

In addition, the team have helped launch the new mobile app for the 4AT delirium screening tool within NHS Scotland. Over the next year, the team will continue to promote the 4AT app and help roll it out across more areas. |

# 👁️ Ophthalmology

| Deliverables | Outcomes |
|---|---|
| Engage with Boards to support reduction in long waits, capacity maximisation and cross Board/ regional working | Following on site peer review meetings across Boards, a best practice report will be published highlighting 'what good looks like' across ophthalmic sub-specialty areas. Follow-up peer reviews are ongoing to monitor progress with the team's initial recommendations.<br><br>In tandem with this, the national ophthalmic workforce review, published in early 2024, highlights specific areas where the upskilling of non-medical staff within hospital eye services and across the primary/secondary care interface supports the delivery of patient care. |
| Support improvements in Theatre Utilisation and Day Surgery capacity and performance. | The team have been reviewing Board improvement plans, and helping Boards to identify opportunities to support additional activity.<br><br>In addition, the team have been working in partnership with Public Health Scotland (PHS) to monitor cataract activity via anonymised surgical data. This activity data will help to support and focus further improvement work. |
| Support implementation of Once for Scotland electronic patient record (EPR) | The National Eyecare Workstream has commissioned NES Technology and other stakeholders to support the roll out of a national ophthalmic electronic patient record (EPR) across Boards' hospital eye services. The EPR is also enabling the delivery of the Community Glaucoma Service (CGS). To date, 120,000 patients have been on-boarded on the EPR. This work is ongoing.<br><br>Focussing on referral management (FORM project).<br><br>The National Eyecare Workstream is working with Boards and stakeholders to reduce unwarranted variation and avoidable referrals across the cataract pathway from community optometry to the hospital eye service. This work is being extended to cover other relevant pathways. |

# 〰️ Radiology

| Deliverables | Outcomes |
|---|---|
| Improve efficiency and productivity across NHS Scotland | The radiology team have worked with Boards to implement a self assessment system to identify local opportunities to improve efficiency and productivity. This includes the establishment of a system to submit monthly scorecard data. The team have then worked with Boards on an individual basis to develop and agree improvement plans based on the scorecard data.<br><br>This work has helped Boards to achieve significant improvements in waiting times. Over the last year, the total waiting list was reduced by approximately **6%**, while the number of patients waiting more then 6 weeks has been reduced by approximately **11%**.<br><br>The team have also supported the redesign of existing pathways and helped to facilitate learning across Boards. Over the last year the team have provided advice around protocols and updating of the GP access to CT document.<br><br>The team are also developing a National Delivery Plan for Radiology, which will help support Boards to deliver year on year reductions in waiting times. |

| Deliverables | Outcomes |
|---|---|
| Expand Cardiac Computerised Tomography to all Boards | The team have worked with 2 Boards to establish a regular CT Cardiac Service which will enable more examinations to be performed and provide the service for patients in their local Board. The learning from this work will then be used to help develop the service in further Boards. |
| Develop specialist training workforce | The team have worked in close partnership with the NHS Scotland Academy to support the National Imaging raining Programme (NITP). It aims to increase the national Ultra Sound capacity across NHS Scotland by supporting Boards to train ultra-sonographers.<br><br>The main benefit of the NITP course is a significant reduction in training time. Over the last year, **11 new students successfully** completed the course, resulting in an additional **6,350 patients** scanned, which has helped to reduce current waiting lists. |

## Planned Care performance

| Deliverables | Outcomes |
|---|---|
| Engage with Boards to support reduction in long waits, capacity maximisation and cross Board/ regional working | Over the year, the team held regular meetings with all Boards. These meetings were focussed on identifying and implementing solutions designed to achieve reductions in long waits, and to maximise system capacity and theatres utilisation. This includes specific work aimed at ensuring Boards were engaging with the NECU team to carry out waiting list validation and utilising national capacity where appropriate. |
| Support improvements in Theatre Utilisation and Day Surgery capacity and performance | The team worked with Boards to analyse their theatre productivity data in order to identify system challenges and to develop appropriate solutions to resolve any theatre performance issues. This work specifically included exploring support available through the National Treatment Centres (NTC) and other improvement initiatives. |
| Supporting Whole System Flow and Protection of Planned Care | The team have worked with the Scottish Government and Boards to review current challenges and the impact on the delivery of services. This includes identifying system interdependencies and potential solutions. The team then worked with Boards to test and implement the solutions. This has included helping Boards to implement high impact changes and innovations developed by the CfSD team. |

# Appendix 1: CfSD Publications

The following table provides a list of the papers that have been published by the CfSD over the year, and those that are currently under review and due to be published in the near future.

## ❯ Published Reports

**Patient-directed follow-up for the clinical scaphoid fracture.**

🌐 **Scan the QR code or click here to read the publication.**

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**Poor outcomes in patients with sepsis undergoing emergency laparotomy and laparoscopy are attenuated by faster time to care measures.**

🌐 **Scan the QR code or click here to read the publication.**

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**National adoption of an esophageal cell collection device for Barrett's esophagus surveillance: impact on delay to investigation and pathological findings.**

🌐 **Scan the QR code or click here to read the publication.**

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**The prevalence risk of surgical intervention following a suspected scaphoid fracture is extremely low.**

🌐 **Scan the QR code or click here to read the publication.**

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**Oesophageal cell collection device and biomarker testing to identify high-risk Barrett's patients requiring endoscopic investigation.**

🌐 **Scan the QR code or click here to read the publication.**

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**Emergency Laparotomy and Laparoscopic Scotland Audit - ELLSA Report 2023.**

🌐 **Scan the QR code or click here to read the publication.**

## Published reports

**Postoperative outcomes and identification of risk factors for complications after emergency intestinal stoma surgery – a multicentre retrospective study.**

🌐 **Scan the QR code or click here to read the publication.**

**The impact of intestinal stoma formation on patient quality of life after emergency surgery – A systematic review.**

🌐 **Scan the QR code or click here to read the publication.**

**Early provision of clinical information with an 'opt in' approach improves patient experience in tonsillectomy referrals (Accepted awaiting proofs).**

🌐 **Scan the QR code or click here to read the publication.**

**National Ophthalmic Workforce Review**

🌐 **Scan the QR code or click here to read the publication.**

## Publications under review

**Artificial Intelligence in Orthopaedic Surgery: A Comprehensive Review of Current Innovations and Future Directions.**

**RIGHT SERVICE, RIGHT PLACE, RIGHT TIME – improving the pathway for Argyll and Bute Orthopaedic patients through a locally managed ACRT process.**

**Occupational support following Arthroplasty of the lower limb (OPAL): trial protocol for a UK wide phase III randomised controlled trial.**

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