

Centre for
Sustainable
Delivery



Centre for Sustainable Delivery

Annual plan

2024 - 2025

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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, CfSD will deliver transformation, service redesign and programme delivery of bespoke services across NHS Scotland.

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

This Annual Workplan sets out in more detail how this will be achieved through our key strategic priorities for 2024/2025.

Key priorities		
Reference	Strategic priority	Responsible team
SP1	Driving transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland.	Modernising Patient Pathways Programme
SP2	Support the development of a national elective coordination unit, including the transition to an operational model which will support Boards with planned care access.	National Elective Coordination Unit
SP3	Define best practice in key areas within Unscheduled Care which improve the timeliness and safety of patient care and patient and staff experience. Develop supporting tools and guidance.	Unscheduled Care Programme
SP4	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.	Cancer Improvement and Earlier Diagnosis Programme
SP5	Support the ongoing delivery of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan.	National Endoscopy Programme
SP6	Facilitate the rapid assessment of new technologies for potential national adoption through the Accelerated National Innovation Adoption (ANIA) pathway and lead the accelerated implementation of approved technologies across NHS Scotland.	Innovation Programme
SP7	Improve and evidence environmental sustainability within hospital theatres across NHS Scotland and support Boards to meet the net zero commitments for NHS Scotland.	National Green Theatres Programme
SP8	Enhance the delivery of planned care, by facilitating initiatives designed to improve demand and balance capacity, promoting greater elective activity and addressing waiting times.	Planned Care Programme

Purpose

The purpose of the Centre for Sustainable Delivery is to:

- Design and drive national redesign and transformation programmes to enable a sustainable health and care system that provides world class excellence in care experience and outcomes.
- Deliver national improvement in care across NHS Scotland through the implementation of optimal care pathways, sustainable improvements in service delivery, and the sharing of best practice.
- Drive redesign and transformation through collaboration and partnership working – developing and maintaining networks of clinicians and senior leaders across specialities and settings.
- Undertake research and publish evidence-based learning to establish CfSD as an internationally recognised unit for supporting system change.
- Assess, monitor and redesign through data analysis, by using national and local data to inform system understanding, prioritisation and programme design to optimally achieve key objectives.

Programmes and capability

The Centre for Sustainable Delivery consists of a number of national programmes:

National programmes	
Modernising Patient Pathways (MPP)	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 is developing a national elective coordination unit to help 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 Unscheduled Care programme delivers implementation support, develops national tools, and manages system capacity and capability diagnostics to help Boards improve unscheduled care delivery.
Cancer Improvement and Earlier Diagnosis	The Cancer Improvement and Earlier Diagnosis team drives NHS Scotland's strategic cancer priorities. They develop and deliver best practice and optimise diagnostic pathways, and will play an integral role in delivering Scotland's 10-year cancer strategy.
National Endoscopy Programme	The National Endoscopy Programme supports 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 programme supports Boards to meet the net zero commitments for NHS Scotland through reducing the carbon footprint of theatres and delivering more environmentally sustainable surgery.
Planned Care Programme	The Planned Care team has a national remit to monitor planned care performance across NHS Scotland Boards. They also lead national programmes of work around Trauma and Orthopaedics, Ophthalmology and Radiology to deliver transformational change and improvement.

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 and enables rapid access to treatment to those who need it most. It 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. This includes co-ordinating the 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 evaluating the effectiveness and impact of new initiatives and pathways.
Form strategic partnerships	Developing partnerships with a range of skilled organisations to deliver transformation across a range of areas and disciplines. This includes working with NHS Scotland Academy and NHS Education for Scotland (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.

Programme workplans

The CfSD work plan for 2024/2025 includes individual work plans for all national programmes. It also includes a set of overarching deliverables that are aligned with the CfSD Objectives set out above, with all Programme Teams will work towards.

Overarching deliverables		
Overarching deliverable		Areas of work and key outcomes
1	Clinical leadership model	Providing robust, credible clinical leadership is key to ensuring that CfSD can support effective and sustainable transformation across NHS Scotland. CfSD ensures that all improvement work is clinically-led. This includes national clinical leads who provide specific expertise and understanding around their speciality or improvement area, and CfSD National Associate Clinical Directors who ensure that the improvement work takes a whole system approach that is aligned with broader improvement and recovery of NHS Scotland and a national approach.
2	Speciality delivery groups	Speciality Delivery Groups (SDGs) are designed to bring together key multidisciplinary stakeholders from across Scotland, including both clinical and operational leadership. This provides a practical mechanism for ensuring the CfSD Clinical Leadership Model is applied and adopted across NHS Scotland. The SDGs are designed to enable clinically-led, locally relevant service redesign and transformation that is capable of addressing key challenges within a specific speciality or improvement area.
3	Board engagement	CfSD Champions have been embedded within each territorial Health Board. They act as a key conduit between the local Boards and CfSD. They are designed to help facilitate relationships between CfSD and local operational teams and to support the implementation of improvement opportunities within their local Board. To support this process, there are regular Board engagement meetings between senior CfSD staff and the local CfSD champions to highlight additional improvement opportunities and identify solutions to any current challenges.
4	Promoting and embedding best practice	All CfSD Programme Teams have a focus on developing and delivering best practice to support the delivery of care, and ensuring best practice is embedded across NHS Scotland. This includes work designed to deploy and optimise national pathways across Scotland, and to balance national service capacity with current demand for services.
5	Primary/secondary care engagement	CfSD works closely with primary care stakeholders to help build and sustain stronger relationships between primary care and secondary care. This includes identifying opportunities to implement and improve person-centred pathways and other innovations and improvements across primary and secondary care.
6	Provision of strategic advice	CfSD will work collaboratively with Health Boards and other key stakeholders to provide the Scottish Government with aggregated advice and analysis relating to national improvement actions, opportunities and themes. This will help inform the development of national plans to support planned care, unscheduled care and other key areas across NHS Scotland.
7	Share, promote and publish knowledge and	All Programme Teams will identify and explore opportunities to promote and share their knowledge and achievements, both nationally and internationally. This will help to promote CfSD and NHS Scotland, and will promote and facilitate the adoption of best practice both nationally and within other health care systems.

➤ Modernising patient pathways

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP1	Driving transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland.	Modernising Patient Pathways (MPP)	1.1	Pathways: Development of further national pathways and resources	<ul style="list-style-type: none"> Scoping, development and publication of new national pathways and/or resources across a range of Specialties, including the Prehabilitation pathway).
			1.2	Active dissemination, implementation and monitoring of published pathways	<ul style="list-style-type: none"> National assessment of implementation carried out in Q1 (via Heatmap process). Development of resources to support active dissemination. Active dissemination via national and local meetings and events SDGs will support local discussions and drive implementation.
			1.3	Processes: ACRT / Discharge PIR / Booking in Turn	<ul style="list-style-type: none"> Continued focus of Active Clinical Referral Triage (ACRT) and Discharge Patient Initiated Review (PIR) via the Speciality Delivery Groups (SDGs). This will include a review of processes (via ad-hoc surveys) and variability of outcomes (via Heatmap). Establish a workstream focussed on developing a booking-in-turn approach and/or understanding variation in dealing with long wait patients. This will initially be focussed on 1 or 2 specialities.
			1.4	Processes: Improving the perioperative pathway	<ul style="list-style-type: none"> The Perioperative Delivery Group will deliver recommendations from the task and finish groups that are currently underway. Continuing work to promote the hi-flow cataract surgery. Ongoing work to promote Enhanced Recovery after Surgery (ERAS) pathways and day surgery approaches. Explore opportunities to expand work in this area.
			1.5	Workforce: Improving the use of the team service planning and use of non-medical roles	<ul style="list-style-type: none"> SDGs to promote team service planning approaches, including flexible workforce and Demand Capacity Activity Queue (DCAQ) approaches. SDGs to collaborate with NES and NHS Scotland Academy to maximise use of non-medical roles and innovative approaches to workforce.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP1	Driving transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland.	Modernising Patient Pathways (MPP)	1.6	Innovation: Continue to support via SDGs as necessary	<ul style="list-style-type: none"> Support ANIA pathway and spread of innovation via SDGs, including horizon scanning to identify new approaches to care. Complete Sunrise (Respiratory) evaluation with relevant partners. Work with Endoscopy and Innovation Programmes to support migration of Cytoscot digital platform.
			1.7	Commissioned work from other organisations	<ul style="list-style-type: none"> Development of a cancer prehabilitation pathway. This will include publication, active dissemination and implementation of the pathway, and a review of digital innovations to support it. Development of national digital platform infrastructure to provide structured collection and review of Patient Reported Outcome Measures (PROMS).
			1.8	Ongoing Board engagement and clinical leadership	<ul style="list-style-type: none"> Continued development of Board engagement via SDGs. Ongoing roll-out of peer review methodology to further specialties. Shared prioritisation and Board support via Heatmaps. This will include an initial Heatmap that sets out a shared view of the 2024/2025 ambitions, and ongoing engagement with Board Leadership and operational teams. Ongoing development of Clinical Leadership via Clinical Leads group.

➤ National Elective Coordination Unit (NECU)

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP2	Support the development of a national elective co ordination unit, including the transition to an operational model, which will support Boards with their current planned care waiting lists.	National Elective Coordination Unit	2.1	NHS Scotland waiting list administrative validation.	<ul style="list-style-type: none"> Validation of medical and surgical specialties as directed by NHS Scotland Health boards. Validation of diagnostic waiting lists as directed by NHS Scotland Health Boards.
			2.2	Patient Treatment Capacity campaigns	<ul style="list-style-type: none"> Delivery of bespoke capacity campaigns to match demand and capacity across NHS Scotland. This will maximise patient treatment and reduce waiting times.
			2.3	Pilot integrated digital pathway within Orthopaedics for automated patient optimisation.	<ul style="list-style-type: none"> Expansion of digital validation platform within pathfinder NHS Health Board to support patient activation and optimisation within Orthopaedic pathway for hip and knee arthroplasty. This will improve conversion to surgery and ACRT pathways.
			2.4	Development of partnerships with provider Health boards to develop NECU Hub and Spoke model	<ul style="list-style-type: none"> Establish partnership arrangement with NECU provider to improve flow of patients into overspill capacity, in order to increase productivity and improve patient treatment.
			2.5	Pilot end to end patient optimisation campaign within Diagnostics (endoscopy)	<ul style="list-style-type: none"> Development of end to end validation and categorisation pathway for national endoscopy validation. This will include administrative, patient and clinical validation.

➤ **Unscheduled care**

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP3	Define best practice in key areas within Unscheduled Care (UC) and support Boards to improve the patient and staff experience and the timeliness and safety of patient care.	Unscheduled Care Programme	3.1	Strategic Programme Development	<ul style="list-style-type: none"> • Create a clear evidence basis for improvement planning, including identifying the most significant correlations with performance in each Board and setting out where there is greatest variation and therefore opportunity. • Engage with Clinical Leaders to increase understanding of the challenges and opportunities seen by front line teams. • Support the triangulation of strategic sponsorship with clinical and operational leadership to ensure that strategy is translated into actionable and sustainable change. • Set national definitions and minimum standards for core areas impacting on Unscheduled Care through Strategic Delivery Groups with clinical and operational representative experts. • Shape detailed operational change plans to deliver improvement aims aligned to best-practice recommendations from SDGs and leverage-point improvement plans. • Engage with operational delivery networks who will drive improvement in Boards. • Provide strategic, modelling, and impact advice to SG Policy colleagues to support development of national unscheduled care strategy. • Revise the Measurement Framework in line with the leverage points to model .and monitor the impact of improvement activity.
				Portfolio Workstreams	<ul style="list-style-type: none"> • Support SDGs to provide recommendations around priority actions and changes. • Boards will be expected to implement these actions through their own local governance structures and improvement teams. • The specific projects that will be implemented over the year are still to be agreed.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP3	Define best practice in key areas within Unscheduled Care (UC) and support Boards to improve the patient and staff experience and the timeliness and safety of patient care.	Unscheduled Care Programme	3.2	Community Urgent Care	<ul style="list-style-type: none"> Continue to develop a map of services and sectors that can help support community urgent care. Continue to establish a national matrix for frailty, falls, and end of life services within community urgent care. Develop Health Board and Health and Social Care Partnership (HSCP) work plans to implement the care home optimal model. Develop a national matrix of urgent care pathways for care home residents including rapid response, admission prevention, falls/frailty and end of Life Care. Develop exemplar models of care home access to urgent care.
			3.3	Flow Navigation	<ul style="list-style-type: none"> Ensure nationally consistent and standardised Board reporting of Flow Navigation Centre (FN) data. Optimise existing flow navigation services and develop priority urgent care pathways. Develop early care home support with a direct link to local Flow Navigation centres. Spread and further develop the use of the Professional-2-Professional advice and ambulance service communication pathways. Promote the use of Near Me for flow navigation virtual consultations. Promote awareness of urgent care pathways to relevant staff across NHS Scotland. Support the ongoing development of the flow navigation dashboard. Develop flow navigation performance monitoring and patient experience reporting. Develop Urgent care outward pathways for patients referred to flow navigation centres. Identify opportunities to increase ability to schedule patients into planned appointments.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP3	Define best practice in key areas within Unscheduled Care (UC) and support Boards to improve the patient and staff experience and the timeliness and safety of patient care.	Unscheduled Care Programme	3.4	Hospital at home (H@H)	<ul style="list-style-type: none"> Establish new SDG / governance routes for Outpatient Parenteral Antibiotic Therapy (OPAT) and Respiratory. Review OPAT and Respiratory optimal models and pathway guidance. Implement OPAT hospital at home pathways as business as usual across NHS Scotland. Implement Respiratory hospital at home pathways as business as usual across NHS Scotland. Develop best practice toolkits and guidance for OPAT and Respiratory. Retain connections with other hospital at home stakeholders to ensure alignment and synergy. Establish cost benefit of OPAT model.
			3.5	Front Door Medicine	<ul style="list-style-type: none"> Map and assess use of enhanced triage models, Emergency Physician in Charge (EPIC) role, flow-co-ordinators and redirection or signposting for patients. Develop a national matrix of Emergency Department (ED) pathways and processes. Carry out scoping to identify optimal models of care for emergency department (ED) and Acute Medical Unit (AMU), with a particular focus on Acute Assessment Units, capacity and demand modelling, and frailty patients. Develop and implement front door models aligned to local Board improvement plans and same day emergency medicine models. Develop and implement optimal ED processes to support rapid decision making and streaming.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP3	Define best practice in key areas within Unscheduled Care (UC) and support Boards to improve the patient and staff experience and the timeliness and safety of patient care.	Unscheduled Care Programme	3.6	Optimising Flow	<ul style="list-style-type: none"> • Coordinate the review of the National Day of Care Audits (DoCA) and other rapid tests of change based around the audit process. • Work with Boards to develop implementation plans based on audit outputs. • Support the facilitation and Board adoption of the DOCA process. • Share knowledge and best practice from DOCA and other audits. • Publish and implement a Whole System Operating Framework (WSOF) to support and standardise escalation measures within Boards. • Facilitate Scottish Ambulance Service (SAS) and NHS24 engagement with the Whole System Operating Framework (WSOF). • Develop national best practice guidance for access to diagnostics, speciality in-reach models and for improving flow.

➤ Cancer improvement and earlier diagnosis programme

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP4	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.	Cancer Improvement and Earlier Diagnosis Programme	4.1	National Reporting and Strategic Oversight	<ul style="list-style-type: none"> • Feed into first annual report publication of Cancer Strategy (2023-2033). • Refresh Earlier Cancer Diagnosis Programme Board, including new Chair. • Regularly update key stakeholders on progress of the Cancer Action Plan (2023-2026).
			4.2	Framework for Effective Cancer Management (FECM)	<ul style="list-style-type: none"> • Continue to meet with Boards' Cancer Management Teams regularly to ensure the FECM is embedded and patients are diagnosed and treated as quickly as possible. • Explore innovative solutions to cancer pathway challenges and share best practice shared from other areas. • Boards will develop FECM Action Plans detailing how they are embedding the 8 key elements of the Framework. • Review and update the FECM in 2024. • Work with Boards to develop a cancer backlog clearance plan. • Support Boards to implement their cancer improvement plans.
			4.3	Detect Cancer Earlier Programme	<ul style="list-style-type: none"> • The Detect Cancer Earlier Programme includes 5 large-scale work streams that will deliver key elements of the strategy, as set out below:
			a	Public education/empowerment	<ul style="list-style-type: none"> • Delivery of multi-faceted DCE communications strategy. • Publish independent behavioural tracking to evaluate social marketing activity. • Implementation of DCE marketing, public relations and stakeholder engagement activity. • Evaluate campaign performance and use learning for continuous improvement.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP4	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.	Cancer Improvement and Earlier Diagnosis Programme	b	Diagnostics	<ul style="list-style-type: none"> Expand network of Rapid Cancer Diagnostic Services (RCDS). Agree RCDS data-set publication (format and frequency). Support implementation of published optimal cancer diagnostic pathways (lung and head and neck), including feeding into best practice repository. Support the University of Edinburgh to deliver the second year research of LungSCOT (2024). Develop and publish optimal colorectal diagnostic pathway. Support delivery of the national Endobronchial ultrasound (EBUS) and bronchoscopy training programme via the NHS Scotland Academy.
			c	Data	<ul style="list-style-type: none"> Support publication of more timely staging data. Work with Public Health Scotland (PHS) to publish validated Urgent Suspicion of Cancer (USC) referral data. Clarify proxy measures for earlier diagnosis ambition (particularly for blood and brain cancers). Work with PHS to agree frequency and format for routinely publishing cancer diagnosis via emergency presentation data.
			d	Innovation	<ul style="list-style-type: none"> Work with Scotland's 2 innovation test beds to support development of Chest X-Ray Artificial Intelligence value case to the Innovation Design Authority (IDA). Review evidence from Cancer Research UK's Test, Evidence, Transition (TET) projects in NHS Scotland and advise on wider adoption. Provide advice to external key stakeholders and organisations, including the third sector, to help direct wider cancer innovation efforts undertaken in Scotland.
			e	Primary Care	<ul style="list-style-type: none"> Undertake clinical review of Scottish Referral Guidelines (SRGs) for Suspected Cancer, including organisation of peer review events. Consider the potential role for community pharmacists to support earlier diagnosis efforts. Support roll-out of new education solution for primary care clinicians in Scotland.

› National endoscopy

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP5	Supporting the ongoing delivery of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan.	National Endoscopy Programme	5.1	Stakeholder Engagement	<ul style="list-style-type: none"> Continue regular engagement calls with Board leads for endoscopy. Physical visits to Boards on an ongoing basis. Support Boards to develop their Demand Capacity Activity Queue (DCAQ) and modelling work for capacity planning. Review endoscopy plan. Work with NECU to establish a national campaign for endoscopy that includes administrative, patient and clinical validation.
			5.2	Improving Quality and Efficiency	<ul style="list-style-type: none"> Support the Endoscopy Reporting System (ERS) programme manager to engage with Boards as they move to implement. Work with the Urology SDG to monitor progress of high impact changes outlined in the Endoscopy and Urology Recovery Plan. Support Boards to scope out productive opportunities using transnasal endoscopy (TNE). Promote RedCap surveillance database.
			5.3	Workforce / training engagement	<ul style="list-style-type: none"> Work with the NHS Scotland Academy to promote and maximise update of Non-Medical Endoscopy Cohort 3 and Non-Medical Cystoscopy Cohort 2. Attend Induction day at Glasgow Caledonian University for new Non-Medical Endoscopy course to promote programme and build links. Promote upskilling opportunities available through the NHS Scotland Academy endoscopy programmes.
			5.4	Innovation and Redesign	<ul style="list-style-type: none"> Support Boards to implement Colon Capsule Endoscopy (CCE) and Cytoscot Services as business as usual within their local endoscopy pathways. Work with primary and secondary care clinical stakeholders to review and update qFit guidance based on outcomes from national qFit event in March 2024.
			5.5	Review of Existing Governance and Controls	<ul style="list-style-type: none"> Review the Terms of Reference (ToRs) for the Endoscopy Programme Board to ensure relevant membership and positioning. Transition the Endoscopy Clinical Forum to an SDG.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP6	Facilitate the rapid assessment of new technologies for potential national adoption and lead the accelerated implementation of approved technologies across NHS Scotland.	Innovation Programme	6.1	Commission the Scottish Health Technologies Group (SHTG) to carry out horizon scanning	<ul style="list-style-type: none"> Commission SHTG to lead the ANIA horizon scanning and, via quarterly reports to the Innovation Design Authority, (IDA) identify new technologies that could be accepted onto the ANIA pathway. Carry out initial assessment/evaluation on identified technologies. Shortlist innovations for consideration by IDA. Following approval by IDA, ensure that new innovations are successfully introduced onto the ANIA pathway.
			6.2	Ongoing assessment and support to innovations being progressed through the pathway.	<ul style="list-style-type: none"> For new technologies accepted onto the ANIA Pathway following horizon scanning: <ul style="list-style-type: none"> Develop Strategic Cases within 12 weeks for the IDA to outline why the technology should be adopted, including the underpinning evidence base and the potential impact on NHS Scotland. Following approval of Strategic Cases, develop full Value Cases for IDA consideration within 6 months, detailing how a technology will be adopted, how much it will cost, and how long it will take to be available across NHS Scotland. Lead the ANIA Partnership (with Scottish Government Chief Scientist Office, Healthcare Improvement Scotland, Public Health Scotland, NHS National Services, and NHS Education for Scotland) and coordinate their specialist inputs to this process.
			6.3	Accelerated implementation of innovations that have been approved by the Innovation Design Authority (IDA) for national adoption.	<ul style="list-style-type: none"> Lead delivery and implementation on time and in budget for technologies where Value Cases are approved by the IDA. Establish Programme Delivery Boards for each implementation programme, ensuring governance arrangements are in place. Adhere to the IDA change request process and reporting requirements. Lead the ANIA Partnership and coordinate specialist inputs to this process.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP6	Facilitate the rapid assessment of new technologies for potential national adoption and lead the accelerated implementation of approved technologies across NHS Scotland.	Innovation Programme	6.4	Ongoing review, development and refinement of ANIA pathway.	<ul style="list-style-type: none"> Continue to refine the governance arrangements and relationship with the IDA. Continue to refine the ANIA pathway and core documentation.
			6.5	Develop strategic partnerships including engagement with Boards	<ul style="list-style-type: none"> Grow and foster strategic partnerships to support national innovation adoption. Build strong relationships with NHS Boards and the wider NHS Scotland eco-system to ensure support for innovation assessment and uptake of final products.
			6.6	Value and impact reporting	<ul style="list-style-type: none"> Establish mechanisms to report on impact and value relating to benefits realisation aligned to the CfSD Value and Impact Framework.

› National Green Theatres Programme

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP7	Improve and evidence environmental sustainability across NHS Scotland.	National Green Theatres Programme	7.1	Identify, develop and release carbon-saving actions.	<ul style="list-style-type: none"> Work with clinicians and support staff to identify potential new carbon saving actions Work with clinicians and support staff to develop guidance and resources to support implementation Work with national bodies, including Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), to enable change Release carbon saving actions as part of quarterly cycle.
			7.2	Support Boards to implement carbon saving actions	<ul style="list-style-type: none"> Host national community for practice to encourage knowledge sharing Develop case studies outlining how actions have been realised. Convene discussions to develop understanding and share learning.
			7.3	Deploy a measurement plan to support progress and demonstrate impact	<ul style="list-style-type: none"> Implement agreed measurement plan and reporting schedule across NHS Scotland. Review and refine the measurement plan on a quarterly basis. Maintain a high level of Board engagement to support accurate and timeous completion of the measurement plan. Realise the principles of Value Based Health care in particular strategic aim 3: Sustainability and Stewardship.
			7.4	Embed National Green Theatre actions and principles into future national design/guidance	<ul style="list-style-type: none"> Establish links with NHS Scotland Assure. Identify relevant engineering and structural actions to be incorporated into Scottish Health Technical Memoranda (SHTM) and national guidance. Promote new/revised SHTM guidance.
			7.5	Explore opportunities to harness innovation and research in partnership with academia and industry.	<ul style="list-style-type: none"> Engage with universities to consider appropriate research. Identify ways to implement/promote research in NHS Scotland.

Strategic priority		Team	Workstreams		Areas of work and key outcomes
SP7	Improve and evidence environmental sustainability across NHS Scotland.	National Green Theatres Programme	7.6	Scope out opportunities for expansion of programme into other high impact areas	<ul style="list-style-type: none"> Scope out opportunity and applicability for green endoscopy, green renal, green laboratories, green pathways and green pharmacy.
			7.7	Conduct review of programme oversight, engagement and	<ul style="list-style-type: none"> Carry out scoping work to understand current programme capacity. Develop staffing resource and clarify priorities to support the evolving nature of the programme. Review and refine governance, reporting and oversight arrangements Review the role, remit and membership of the Programme Board. Seek confirmation around long-term funding and support. Update and implement communications and engagement plan. Identify and pursue opportunities to share successes and learning

➤ Planned care programme

Strategic priority		Team	Areas of work and key outcomes
SP8	Enhance the delivery of planned care by facilitating initiatives designed to improve demand and capacity, promote greater elective activity, and address waiting times.	Planned Care Programme	<ul style="list-style-type: none"> The Planned Care Programme consists of 4 separate areas of work: Planned Care Performance, Orthopaedics, Ophthalmology, and Radiology. Each of these areas has their own work streams, as set out below.

Strategic priority	Team	Workstreams		Areas of work and key outcomes
SP8a	Planned Care Programme	8.01	Engage with Boards to support reduction in long waits, maximise capacity and support cross-Board/ regional working	<ul style="list-style-type: none"> Work with Boards to identify and implement solutions that will reduce long waits and maximise capacity. Work with Boards to ensure clear treatment pathways in the most challenged specialities: Orthopaedics, Ophthalmology, Urology, Gynaecology and Ear, Nose and Throat (ENT). Work with Boards to increase current New Outpatient, Diagnostic and Treatment Time Guarantee numbers to pre-Covid levels (and beyond). Work with NECU to ensure National Treatment Centre utilisation, including use of campaigns and waiting list validation. Work with NHS National Services Scotland (NSS) to take forward insourcing and outsourcing support to meet Board needs.
		8.02	Escalation of Board challenges to Scottish Government	<ul style="list-style-type: none"> Identify any areas of concern with Boards that are a priority to improve on. Escalate any issues to Scottish Government via Highlight report.
		8.03	Support improvements in theatre utilisation and day surgery capacity and performance	<ul style="list-style-type: none"> Work with Boards to understand their theatre capacity, activity, workforce and theatre productivity. Support Boards to improve performance and maximise capacity. Encourage and promote CfSD initiatives capable of supporting improvements in theatre performance, including use of NECU. Identify and support solutions to enable Boards to maximise theatre utilisation, including use of National Treatment Centres (NTC)/ Regional Treatment Centres. Ensure use of NTCs and waiting list validation. Help facilitate collaborative working across regions.

Strategic priority	Team	Workstreams		Areas of work and key outcomes
SP8a	Planned Care: Performance	8.04	Supporting Whole System Flow and protection of planned care	<ul style="list-style-type: none"> • Work with Unscheduled Care to support the integration of Whole System Flow and enable scheduled and unscheduled care to support related aspects. • Work with MPP and Unscheduled Care to ensure that Boards are maximising their engagement with initiatives to protect planned care, including the Hospital within a Hospital model, waiting list validation and extending the scope of Day Surgery. • Support Boards to actively participate and support the work of the SDGs. • Encourage Boards to consider alternative pathways for patients who are on pathways that do not represent a clinical priority or value for money.
SP8b	Planned Care: Trauma and Orthopaedics	8.05	Support Trauma and Orthopaedic Speciality Delivery Group (SDG) to deliver national improvement initiatives.	<ul style="list-style-type: none"> • Design and implement consensus driven national clinical pathways. • Develop and implement Trauma and Orthopaedic SDG work plans focused on high impact opportunities (including ACRT, PIR, ERAS and same-day surgery) whilst reducing unwarranted variation. • Support implementation of Orthopaedic Plan actions. • Support Boards to protect planned care capacity and increase theatre productivity, specifically for Orthopaedics. • Review and implement opportunities to reduce procedures of low clinical value through evidence-based research. • Engage with workforce planning to identify and implement opportunities to ensure effective use of workforce, including alternative workforce models.
		8.06	Provide local support to Boards including highlighting improvement opportunities, reducing variation, protecting planned care and reducing procedures of low clinical value	<ul style="list-style-type: none"> • Discuss findings of peer review visits with Boards and engage with them to ensure follow-up actions are implemented. • Ongoing engagement with CfSD Champions/ SDG representatives to support implementation of CfSD work streams at Board level. • Hold monthly Board improvement and support meetings. • Organise and participate in national events (physical and virtual) to promote and drive improvement across NHS Scotland.

Strategic priority	Team	Workstreams		Areas of work and key outcomes
SP8b	Planned Care: Trauma and Orthopaedics	8.07	Improve data and reporting, and support national audits to drive improvement	<ul style="list-style-type: none"> • Develop and implement a governance process for Scottish National Audit Programme (SNAP) to monitor outcomes and outliers. • Develop research in both Scottish Arthroplasty Project (SAP) and Scottish Hip Fracture Audit (SHFA) to drive standards of care and improve clinical outcomes. • Publish SHFA and SAP annual reports. • Engage with academia to model Demand Capacity Activity Queue (DCAQ) of Orthopaedic services. • Monitor National Treatment Centre (NTC) use. • Engage with workforce planning to develop clinical teams and support service delivery for frailty, trauma, and elective patients.
SP8c	Planned Care: Ophthalmology	8.08	Rollout a national Ophthalmology electronic patient record (EPR) to enable access for optometrists delivering the Community Glaucoma Service (CGS)	<ul style="list-style-type: none"> • Rollout the EPR across 3 additional Health Boards in partnership with NES Technology (the delivery partner). • Ensure the plan is on track to deliver agreed outcomes. • Ongoing engagement with Health Boards to ensure rollout of the hospital based EPR and cloud based community project. This includes regular meetings and monitoring to ensure the agreed outcomes will be achieved. • Data migration of glaucoma legacy patient level information into the EPR for 3 Health Boards, with support from the Medical Devices Unit (MDU). • Lead collaboration with the MDU, PHS and multi-disciplinary colleagues to explore the potential for a dashboard reporting system. This will include looking at patient safety, capacity planning, and performance measures that could be incorporated into the dashboard. • Work with the National Ophthalmology Data Set (NOD) Programme and other partners to deliver high quality patient level outcomes to support patient safety and holistic care. • Ensure that PROMs are included in the data capture.

Strategic priority	Team	Workstreams		Areas of work and key outcomes
SP8c	Planned Care: Ophthalmology	8.09	Clinically-led peer reviews across hospital eye services	<ul style="list-style-type: none"> • Complete initial on-site clinically-led ophthalmology peer reviews across all NHS Scotland Boards with ophthalmology services. • Ongoing follow-up meetings with all Boards to progress the recommendations and actions from their peer review visits. • Ongoing monitoring of overall adoption of recommendations in relation to best practices and evidence-based guidance to help inform the peer review process. • Produce a report on best practices based on findings from peer-review meetings.
		8.10	Increase the efficiency and productivity of cataract surgical throughput in line with guidance from the Royal College of	<ul style="list-style-type: none"> • Work with PHS to develop a cataract repository from baseline data that can be used to monitor improvement. • Carry out ongoing monitoring of Board cataract activity via anonymised surgical data. • Work with the Cataract Sub-Specialty Delivery Group to promote Immediate Sequential Bilateral Cataract Surgery (ISBCS) when clinically appropriate, and in line with professional guidance, to reduce the number of trips to hospital eye services and assist with environmental targets.
		8.11	Reduce unwarranted variation and avoidable referrals through Focus on Referral Management (FORM)	<ul style="list-style-type: none"> • Update existing optometry referral pathways from primary to secondary care via multi-disciplinary groups. • National adoption of updated cataract referral form for referrals from community optometrists to hospital eye services (HES). • Develop a short life working group to update remaining electronic referral pathways.
		8.12	Ensure patient level outcomes available across cataract surgery and Long Term Condition management	<ul style="list-style-type: none"> • Identify opportunities to publish patient-level outcomes and PROMs. • Submit article of on ophthalmic workforce review for publication. • Consider opportunities to develop and publish additional articles.

Strategic priority	Team	Workstreams		Areas of work and key outcomes
SP8d	Planned Care: Radiology	8.14	Expand Cardiac Computer Tomography (CT) to all Boards	<ul style="list-style-type: none"> Support 2 territorial Health Boards to establish regular Cardiac CT sessions – 400+ additional scans to be delivered.
		8.15	Develop specialist training workforce	<ul style="list-style-type: none"> Collaborate with NHS Scotland Academy to provide training and extend the scope of specialist sonographers. Collaborate with NHS Golden Jubilee to support training of radiographers and facilitate unsupervised Cardiac CT sessions. Review outcomes and explore opportunities to expand the National Ultrasound Training Programme (NUTP) programme.
		8.16	Performance Monitoring	<ul style="list-style-type: none"> Monitor activity within Health Boards against plans invested by SG for 2024/2025.
		8.17	Sustainability Planning	<ul style="list-style-type: none"> Engage with Boards to achieve and sustain against a diagnostic 6-week target of 95%.

Glossary of terms

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ACRT	Active Clinical Referral Triage
AMU	Acute Medical Unit
ANIA	Accelerated National Innovation Adoption
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
CCE	Colon Capsule Endoscopy
CfSD	Centre for Sustainable Delivery
CGS	CGS – Community Glaucoma Service
CT	CT – Computer Tomography
DCAQ	Demand Capacity Activity Queue
DCE	Detect Cancer Earlier
DoCA	Day of Care Audits
EBUS	Endobronchial Ultrasound
ED	Emergency Department
ENT	Ears, Nose and Throat
EPIC	Emergency Physician in Charge
EPR	Electronic Patient Record
ERAS	Enhanced Recovery After Surgery
ERS	Endoscopy Reporting System
FECM	Framework for Effective Cancer Management
FN	Flow Navigation
FORM	Focus on Referral Management
H@H	Hospital at Home
HES	Hospital Eye Services
HSCP	Health and Social Care Partnership
IDA	Innovation Design Authority
ISBCS	Immediate Sequential Bilateral Cataract Surgery
MDU	Medical Devices Unit
MPP	Modernising Patient Pathways
NECU	National Elective Coordination Unit

Glossary of terms

NES	NHS Education for Scotland
NHS	National Health Service
NOD	National Ophthalmology Data
NSS	National Services Scotland
NTC	National Treatment Centre
NUTP	National Ultrasound Training Programme
OPAT	Outpatient Parenteral Antibiotic Therapy
PHS	Public Health Scotland
PIR	Patient Initiated Review
PROMS	Patient Reported Outcome Measures
qFIT	Quantitative Faecal Immunochemical Test
RCDS	Rapid Cancer Diagnostic Services
SAP	Scottish Arthroplasty Project
SAS	Scottish Ambulance Service
SDGs	Speciality Delivery Groups and Strategic Delivery Groups (latter in UC section)
SG	Scottish Government
SHFA	Scottish Hip Fracture Audit
SHTG	Scottish Health Technologies Group
SHTM	Scottish Health Technical Memoranda
SNAP	Scottish National Audit Programme
SRGs	Scottish Referral Guidelines
TET	Test, Evidence, Transition
TNE	Transnasal Endoscopy
ToRs	Terms of Reference
UC	Unscheduled Care
USC	Urgent Suspicion of Cancer
WSOF	Whole System Operating Framework



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