

Centre for
Sustainable
Delivery



Centre for Sustainable Delivery Annual Report

2024 - 2025

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Introduction

The Centre for Sustainable Delivery (CfSD) is a nationally unique, clinically led improvement and delivery unit within NHS Scotland.

Managed by NHS Golden Jubilee, it plays a pivotal role in transforming healthcare delivery by bridging the gap between government policy and frontline services and ensuring that the redesign and reform of NHS Scotland services is aligned to Scottish Government commitments set out in the Programme for Government, NHS Scotland Operational Improvement Plan, NHS Health and Social Care Service Renewal Framework and Scotland's Population Health Framework.

CfSD develops, implements and scales system-wide solutions that address Scotland's most pressing health challenges in a rapid and sustainable way. Applying a "Once for Scotland" approach, CfSD ensures that innovations are scalable and consistently applied across all NHS Boards, while still supporting local adaptation, where necessary.

Its collaborative approach brings together clinicians, patients, government, academia and industry to co-design care pathways that are safe, efficient and future ready.

CfSD includes several high-impact national programmes designed to streamline services, reduce waiting times, and support national strategies. Central to CfSD's work is data-driven decision-making to enable targeted improvements, identify priority areas and measure impact. This analytical capability supports NHS Boards with tailored improvement strategies.

Programmes and Teams

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

Programme	Strategic Aim
Modernising Patient Pathways (MPP) Programme	The MPP team support front line clinical teams to develop sustainable improvements in service delivery, primarily in planned care. The team redesign models of care, share best practice, and work to balance capacity with demand for services.
National Elective Coordination Unit (NECU)	The National Elective Coordination Unit (NECU) provides a centralised and coordinated resource that works with Boards to match service demand to capacity, and maximise capacity utilisation.
National Unscheduled Care Improvement Programme	The National Unscheduled Care Improvement team works with NHS Boards across Scotland to identify productive opportunities to improve the timeliness, quality and safety of care. This includes defining and creating clinical consensus around optimal models and best practice, facilitating learning and supporting Boards to adopt national tools and guidance.
Cancer Improvement and Earlier Diagnosis Programme	The Cancer Team drives NHS Scotland's ambition to diagnose Cancer earlier and faster, with a particular focus on later stage disease. This includes work to enhance diagnostics, improve public education, and invest in innovation and to support primary care.
National Endoscopy Programme	The National Endoscopy Programme helps support the delivery of the National Endoscopy and Urology Recovery and Renewal Plan (2021-2026). The programme is building on this to co-produce with NHS Boards an updated national sustainable plan for Endoscopy.
Innovation Programme	The Accelerated National Innovation Adoption (ANIA) Pathway facilitates the rapid identification and assessment of new technologies for potential national adoption and lead the accelerated implementation of approved technologies across NHS Scotland.
National Green Theatres Programme	The Green Theatres Programme helps embed environmental sustainability across NHS Scotland. They deliver clinically-led quality improvements to support a healthier, more sustainable future and support the Scottish Government's net zero ambitions.
Planned Care Programme	The Planned Care Programme support the delivery of planned care, by facilitating initiatives designed to improve demand and capacity, promote greater elective activity and reduce waiting times.
National Clinical Directors	Our Clinical Directors provide clinical leadership approach for our national improvement work. By working in partnership with senior clinicians from all Boards, they ensure that clinical staff are fully involved in the design, delivery, and evaluation of CfSD transformation and improvement programmes.

Objectives

To support the delivery of our work, we had **8 key strategic priorities**, which help guide the development and prioritisation of its work. These are:

Programme	Strategic Aim
Quality and Efficiency	CfSD supports the delivery of effective, safe, and patient-centred care. We work with boards to maximise capacity, reduce unnecessary demand, and ensure patients are treated by the right clinician, in the right setting, at the right time.
Implementing sustainable solutions	We support boards to implement long-term, sustainable services across NHS Scotland. This includes redesigning models of care, promoting best practice and implementing national care pathways.
Supporting Workforce	CfSD helps support the transformation and sustainability of healthcare roles. This includes identifying and maximising opportunities for staff upskilling and new ways of working.
Driving Health Technology and Innovation	We play a key role in driving the assessment and implementation of technological innovations to address complex health challenges across NHS Scotland.
Stakeholder Engagement and Collaboration	CfSD will develop strong working partnerships with a wide range of organisations. This includes territorial and national boards, primary care, the third sector, commercial organisations, and multiple Scottish Government directorates.
Data and Evidence	CfSD is a data-led and evidence-driven organisation. We work with Public Health Scotland and territorial boards to analyse and utilise management information to support service redesign and improvement work across Scotland.
National Reporting and Strategic Oversight	We directly support the Scottish Government to oversee and monitor board improvement activity and the implementation of national strategic plans. This enables the Scottish Government to support improvement, identify issues, and ensure accountability.
Planetary Health	CfSD supports the aims set out in the NHS Scotland Climate Emergency and Sustainability strategy. We led on the delivery of changes to policy and practice to reduce the environmental impact of healthcare delivery on planetary health.

The **8 programme teams** had a number of deliverables that we worked towards over the year. A summary of our progress and our key achievements is shown in the following pages.

Year at a Glance: Modernising Patient Pathways

Active Clinical Referral Triage

148,000+



Appointments released.
Avoided **13%** of new
outpatients from being
added onto waiting list.

£31M

Cost avoidance.



2.4M

Patient travel miles avoided.



Patient Initiated Review

82,000+



Appointments released,
which equates to **6,000**
clinical sessions.

£13M

Cost avoidance.



1.5M

Patient travel miles avoided.



Clinical Pathways / Resources published

76

Pathways and resources in
total are now available online.

12

Pathways and
resources in
development.



50,000+

Hits on Right Decision Service
resources to support reduction in
secondary care demand.

200+

NHS staff attending webinars
promoting re-designed pathways
across primary and Secondary Care.

Process for assessing the implementation and maturity of **18** pathways and
resources has been developed.

Peri-operative Delivery Group

Perioperative service framework has been developed, which aims to optimise flow, maximise productivity and reduce waiting time for patients.



Board Engagement

Over the year, **16** Specialty Delivery Groups have developed **33** clinical pathways and supporting guidance. This will help drive service innovation across Scotland, and help to sustainably improving waiting times for non-urgent care.



Data visualisation

Waiting times dashboard to support SDG improvement activities was developed and accessed **2,400** times over the year.



UK wide information sharing

MPP improvement work presented at key national events, including:



- NHS Scotland event
- Enhanced Recovery After Surgery Conference
- Association of Anaesthetists
- Royal College of Rheumatology
- Royal College of Ophthalmology



Spotlight on: National Prehabilitation Screening Project

Cancer prehabilitation involves supporting patients to prepare for Cancer treatment before it starts. This can limit the fatigue, deconditioning and psychological challenges that are often faced by cancer patients, which can impact their recovery and quality of life.

The MPP team developed a national prehabilitation screening tool that is aligned with the National Cancer Strategy for Scotland. The tool enables timely personalised support for patients, and helps ensure patients are supported by the right people at the right time. The tool also provides critical data to help with service demand and capacity modelling. Feedback from patients and healthcare professionals has been positive and has highlighted how the tool can help embedding prehabilitation as standard care across NHS Scotland.



Spotlight on: Perioperative Delivery Group

The Perioperative Delivery Group have successfully developed Scotland's first national framework for perioperative services. The framework, which was co-created with over 150 clinical, operational, and managerial experts, sets out clear national principles covering areas such as scheduling pre-operative assessment, protecting planned care, workforce development, high volume high flow surgery, and data use. The practical guidance set out in the framework helps empower Health Boards to deliver safer, more effective, person centred, and sustainable perioperative services while optimising flow, boosting productivity, and reducing waiting times.



Spotlight on: NHS Forth Valley Patients Focused Booking

The MPP team supported NHS Forth Valley to implement Patient Focused Booking, with an emphasis on ensuring that all available clinic slots were fully utilised. This work meant that Did Not Attend (DNA) rates in key specialities were significantly reduced. For example, the DNA rate in dermatology was reduced from **10.0% to 3.2%** and in Urology from **5.4% to 3.9%**. This work has helped to reduce patient waits and ensure better use of resources.



Spotlight on: Pathways Webinars

A series of 3 webinars was held to promote the National Clinical Pathways developed by the MPP team. The webinars supported shared learning and provided updates and information about the available pathways and guidance. The webinars had over 200 attendees, and feedback has been highly positive. Recordings of the webinars, and dates for future sessions are available on the CfSD website.

Year at a Glance: National Elective Coordination Unit

250,000+

patients to date
cumulatively validated by
NECU (including inpatients
and outpatients).



20,000+

unnecessary
appointments
have been avoided
since the launch of
NECU, allowing us
to free up internal
capacity and
deliver more than
15,000 additional
appointments.



£9.4M

Total cost avoidance
to NHS Scotland by
using NECU validation
campaigns.



£568,000

direct cost savings
achieved.



98%

patient satisfaction
with NECU treatment
campaigns.



- Supported the national digital dermatology innovation to improve patient access and enable patients to be reviewed virtually.
- NECU enabled over **1,200** patients to be triaged, seen and treated through the national Digital Dermatology secondary care campaign, driving **40%** reduction in outpatient demand and ensuring patients received care in the right place at the right time.
- NECU's work around dermatology image triage facilitated prompt surgical treatment for more than **460** patients with dermatological conditions.
- Awarded NHS Golden Jubilee staff collaboration award, which recognised the outstanding teamwork and relationship building delivered by the team to enhance the patient experience.



Spotlight on: See and Treat Campaign

NECU played a pivotal role in supporting NHS Grampian's breast cancer service deliver their first ever "see and treat" campaign in partnership with NHS Forth Valley. NECU provided targeted support to reduce long waiting lists for urgent suspected cancer, urgent, and routine patients. NECU also carried out administrative validation of patients and led a travel campaign to maximise capacity, enabling patients to be seen promptly. Through the use of One Stop face-to-face clinics at one hospital site, **1034** appointments were offered, of which **891** patients attended. This resulted in **66** cancer diagnoses and **32** surgeries carried out locally, achieving a **7.4%** conversion rate to surgery. NECU's cross Board collaboration directly helped to reduce waiting times below the national target and helped to ensure timely access to care for breast cancer patients.



Spotlight on: NECU Collaborative Working

NECU has actively engaged with all NHS Scotland Health Boards through patient validation, and treatment campaigns. These campaigns have supported improved access to care, and have released core capacity into the wider NHS Scotland ecosystem; ensuring more patients can be seen and supporting NHS Scotland to reduce waiting times.



Spotlight on: Digital Infrastructure

NECU is collaborating with a wider range of partners, including NHS Golden Jubilee, Scottish Government, NHS National Education Scotland and Microsoft to build a robust digital infrastructure to enhance patient validation work. This additional digital capability will increase efficiency and will ensure patients are actively engaged and have better access to information and support at every stage of their journey.



Spotlight on: Tailored National Capacity Campaigns

Leveraging its innovative operational model, NECU continues to deliver tailored national capacity campaigns that directly benefit patients. NECU enabled over **1,200** patients to be seen, triaged, and treated through the national Digital Dermatology secondary care campaign, driving **81%** reduction in outpatient demand and ensuring patients received care in the right place at the right time. Additionally, image triage facilitated prompt surgical treatment for more than **460** patients with dermatological conditions. Across 2024/2025 NECU's targeted campaigns have provided care for over **7,500** patients.

Year at a Glance: Cancer Improvement and Earlier Diagnosis Programme

Rapid Cancer Diagnostic Services (RCDS)

Rapid Cancer Diagnosis Services provide fast, quality care for patients with non-specific symptoms suspicious of cancer. In 2024/2025, a new service was established in NHS Forth Valley.

This has provided an additional **54** GP practices and **306,000** people with access to a gold standard diagnostic pathway that can rule cancer in or out at pace.



“Be the Early Bird” Campaign

The “Be the Early Bird” campaign encourages people with unusual and persistent symptoms across Scotland to get checked early for cancer. It emphasises that finding cancer early can lead to better treatment options and outcomes, as well as better news to tell friends and family. The latest phase launched a new character – “Bonnie the seagull” – that featured across campaign assets and adverts to highlight possible symptoms of head and neck cancers.



Impact of “Be the Early Bird” public campaign

- Targeted people aged **40+** from areas of deprivation.
- Designed to encourage health seeking behaviour.
- Roadshow targeting most deprived areas:



94%

target audience reached.

5,000+

roadshow engagements.

4,000+

active users on Early Bird website.

On average, the target audience had **11** opportunities to see or hear the campaign through the paid media strategy.

GatewayC Education Platform – Boosting Cancer Referral Confidence

GatewayC is a new online education platform aimed at improving primary care clinicians' confidence in recognising and referring patients with a suspicion of cancer. Evaluation has shown that the completion of the GatewayC module(s) increases clinical confidence and symptom recognition, whilst decreasing referral related stress.



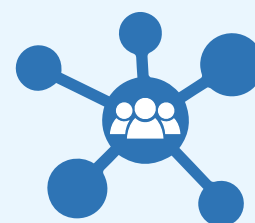
Since launch in 2024, there have been **1,184** registrations and **732** course completions.

Framework for Effective Cancer Management

The Framework for Effective Cancer Management was recently refreshed. This national guidance outlines **10** elements for managing efficient cancer services and ensuring improved performance and patient experience.

The refresh has added **2** new elements to the framework:

1. managing demand and capacity; and
2. ensuring the patient voice and experience is considered.

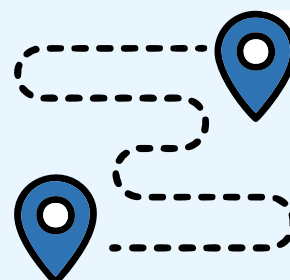


Scottish Referral Guidelines for Suspected Cancer (SRGs)

The team led a robust, evidence based clinical review of the Scottish Referral Guidelines (SRGs) for Suspected Cancer.

This involved:

14 peer review sessions which engaged
210 stakeholders covering
13 cancer referral pathways.



The review process was well received, with over **90%** of stakeholders stating that the updated guidance clearly reflects current evidence and that the review process offered meaningful opportunities for contribution.



Spotlight on: “Be the Early Bird” Campaign

The Detect Cancer Earlier (DCE) Programme campaign, Be the Early Bird aims to empower adults aged 40+ in deprived areas to act early on possible cancer symptoms. Recent work has involved multi-channel strategies including paid media, roadshows, and digital tools to increase awareness and drive behaviour change.

A new character, “Bonnie the Seagull”, has helped highlight head and neck cancer symptoms. This has included updated creative materials and expanded community engagement. The campaign exceeded the planned targets for awareness, engagement, website visits, and message recall, and helped to tackle barriers to early detection. The success of this approach highlights the importance of trust-based engagement in improving cancer outcomes and reducing disparities across Scotland.

What they said:

“

We spoke with a security guard in the nearby shopping centre. She told us she had a lump in her neck, but she also had existing thyroid problems, so she was putting it down to that. We encouraged her to call her GP Practice. She came back today to tell us she’d called the practice first thing, has an appointment for 10.30am.

DCE roadshow staff member

”

“

I saw your advert on TV last year and it made me realise I’d not done my bowel screening the last couple of times. Absolutely no reason for it, I just didn’t realise how important it was. I got it done after seeing your advert a few times and it stuck on my head. I ended up having to get polyps removed so I was very lucky.

DCE roadshow visitor

”



Spotlight on: Clinical Review of Scottish Referral Guidelines for Suspected Cancer

The Scottish Referral Guidelines (SRGs) for Suspected Cancer underwent a rigorous clinical review. This included commissioning evidence reviews, considering a wealth of data and statistics, and undertaking extensive stakeholder engagement from primary and secondary care. Supported by Cancer Research UK and Healthcare Improvement Scotland, the clinical review process, which was carried out over a 12 month period, saw around 210 people attend a peer review session. Over 120 pieces of evidence analysed and over 230 pieces of valuable feedback were received and considered from key stakeholders and networks across NHS Scotland.

The review's robust methodology was recognised internationally, earning CfSD an invitation to present at the Cancer in Primary Care Research International Conference in 2025.

What the patient said:

“

I found it very interesting and it was a highly effective meeting where the first draft of the guideline was completed during the meeting. I don't think I've ever attended a meeting where so much was achieved in one meeting.

Skin Cancer PRS attendee

”



Year at a Glance: Innovation

Innovations supported by CfSD

3 Horizon scan reports submitted to Innovation Design Authority.	CfSD coordinated the submission of 3 Horizon scan reports to the Innovation Design Authority (IDA). The Horizon Scan reports contain a number of health technologies for IDA consideration.
3 Strategic cases developed within 12 weeks.	• ECG Patch Monitors. • Digital Fracture Liaison Services. • AI-assisted Endoscopy.
2 Value cases approved for implementation.	• Pharmacogenetics • Digital Type 2 Diabetes remission
1 Technology implemented.	• Digital dermatology successfully implemented in all Health Boards. • 54% of GP practices across Scotland have been successfully on-boarded. • Over 1400 SCI gateway referrals have been made.
1 Technology progressed to business as usual.	Diabetes Closed Loop System successfully progressed to business as usual and exited the ANIA Pathway after being implemented in all Health Boards.

Horizon Scanning

A new Horizon Scanning process has been developed to systematically identify and shortlist suitable innovations for the ANIA Pathway. This involves quarterly reviews by the Scottish Government's Innovation Design Authority to ensure promising technologies are assessed and adopted efficiently.

Revised ANIA Process

The Accelerated National Innovation Adoption (ANIA) pathway was comprehensively revised during the year. The new ANIA pathway has been successfully implemented, making Scotland the first UK nation to have a systematic process in place to identify, assess and scale high-impact innovations at pace.

Knowledge Sharing

The innovation team have shared learning and best practice with a wide range of stakeholders, including other UK-nations, Sweden and Norway over the year.



Spotlight on: Digital Dermatology

The National Digital Dermatology programme is being deployed across Scotland by CfSD. This provides Primary Care clinicians with an easy-to-use app to securely capture and share high-quality skin images at referral which enables faster, more accurate triage by dermatologists. This innovation reduces unnecessary appointments, shortens waiting times, and ensures patients quickly receive the right care. All 14 Health Boards now have access, and over half of Scotland's GP practices are already using the technology. CfSD continues to work with Boards to expand usage, ensure consistent image quality, and fully embed image-supported triage in secondary care. Since going live in November 2024 **1,467** images have been submitted in supporting referrals.

Case study:



A patient with a persistent skin issue had visited their GP four times about their condition. Using the Digital Dermatology app, the GP sent images to dermatology and received treatment advice within 24 hours, which avoided a 40-week wait. The new treatment worked quickly, and the patient was delighted with the new service they received.



Spotlight on: Value Cases

Following a robust evaluation through the ANIA pathway, 2 of the innovations have now secured funding to support national adoption across Scotland.

Digital Type 2 Diabetes Remission Programme: this will support **3,000** newly diagnosed patients over 3 years, with about **40%** of patients expected to achieve remission in year one, saving an estimated £8.7 million over 8 years.

Pharmacogenetics Programme: this will fund genetic testing for stroke patients and the provision of a neonatal point-of-care test for potential deafness. Expected benefits include preventing **20** babies from profound deafness, saving £8 million, and optimising stroke medications for **60,000** patients, saving up to £30 million in healthcare, social care, and productivity costs.

Year at a Glance: National Green Theatres Programme

National Green Theatres

14

carbon saving actions
for implementation
published for Boards to
implement.



12,000+

tonnes of CO₂ savings
estimated.



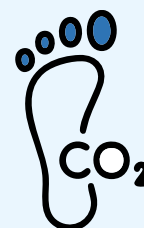
£600,000

Cost avoidance.

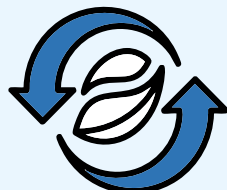


25

Actions in development
toward improving NHS
Scotland carbon footprint.

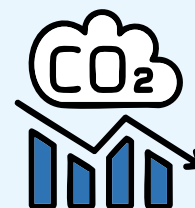


Pilot study underway testing
reusable items.



10

Actions for adoption
published to raise
awareness of other carbon
reducing actions.



Programme Expansion

Over the last year, the Green Theatres Programme has been preparing for an expansion of the programme.

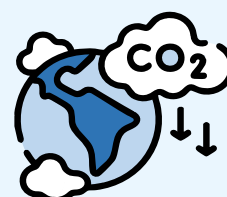
They are planning for the development of **2** new clinical areas:
Green Renal and Green Endoscopy.

This work will continue over the next year.



Knowledge Sharing

The Programme have engaged in knowledge sharing with international health care providers to share and promote best practice globally. This included a visit from the Galician Health Provider to look specifically at and showcase innovations lead by the National Green Theatres Team.





Spotlight on: Lean Trays – [link to publication here](#)

This initiative is designed to significantly cut both the carbon footprint and financial costs linked to surgical instrument decontamination by implementing lean surgical trays across all clinical specialties in Scotland. Clinical teams will review and remove rarely used instruments, so that trays to include only what is truly necessary. This simple yet powerful change will reduce the number and size of trays required for each procedure, directly lowering the environmental and operational burden.

Key benefits include:

- Fewer instruments per tray, which will free up capacity within decontamination units.
- Less packaging and sterilisation material required.
- Reduced need to purchase new instruments to replace unused, deteriorating ones.

Overall, this will:

- Cut the carbon emissions associated with surgical services.
- Boost efficiency in surgical preparation and decontamination workflows.
- Deliver significant cost savings through lower processing and handling requirements.
- Streamline surgical team workflows, minimising setup times and improving patient care delivery.



Spotlight on: Measurement – HVAC Seminar

In February 2025, CfSD brought together colleagues from NHS Assure, ARHAI, and NSS for a national “Myth Busting” seminar. This highly practical session tackled common misconceptions about safely switching off Heating, Ventilation, and Air Conditioning (HVAC) systems in operating theatres when not in use, which can result in significant energy, carbon, and cost savings.

The seminar also featured an insightful presentation from NHS Greater Glasgow and Clyde, who shared their real-world experience of implementing this approach. They outlined the governance required and the importance of engaging multiple stakeholders to ensure safe and effective adoption. The session concluded with an interactive Q&A panel, allowing attendees to explore practical solutions and next steps.

The event was a resounding success, attracting over 100 participants from across Scotland and generating strong engagement and positive feedback.

Year at a Glance: National Unscheduled Care Programme

Clinical Leadership

Conducted interviews with senior clinicians across all health Boards to help inform future service improvement. This work has highlighted urgent care pressures, helped to guide improvement support for Boards, and has helped guide understanding of transitions between community and acute care and cross sector collaboration.



Board Engagement

Deepened relationships with Boards across Scotland through visits and engagement in the Unscheduled Care agenda across various networks. Connected improvement work more deliberately across national organisations such as Healthcare Improvement Scotland to ensure alignment and reinforcement of critical system messages.

Collaboration

Gained consensus with leaders across NHS Scotland and commenced a programme of work to look at the complex landscape and challenges related to Unscheduled Care access.

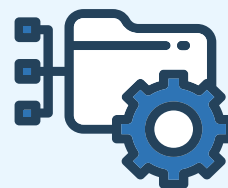


Stakeholder Engagement

Created a national network of leaders across unscheduled care, representing all NHS Boards and Health and Social Care Partnerships who work together to describe, define and endorse guiding principles and best practice for local adaptation and adoption. National Strategic Delivery Groups of over **100** stakeholders met **4** times across 2024/25.

Information Sharing

Built a learning system for unscheduled care. Networks of teams leading on specific pieces of work came together to support and learn from each other, propelling local efforts further and deeper and shaping national direction.



Business Change

Helped Boards engage broadly with frontline teams to develop detailed improvement plans; providing evidence and insights around the areas of most significant opportunity through clinically relevant and meaningful data. The Unscheduled Care analyst team worked closely with Boards to understand the potential impact and prioritise proposed activities.

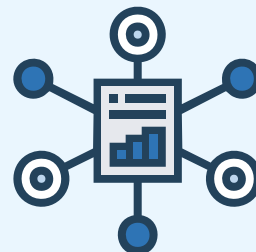
National Outpatient Parenteral Antimicrobial Therapy (OPAT) survey and analysis

Worked with Boards to conduct a National OPAT survey, and developed a national business case to support funding discussions and provide strategic advice to Scottish Government colleagues around areas for further development and improvement opportunities.



National Whole System Escalation Framework

The national team worked with Boards to develop a unified framework to standardise indicators of pressure, triggers and tipping points across escalation approaches and created visibility across NHS Scotland. This included ensuring a common approach to system assessment, creating situational awareness and strengthening collaboration and supporting Health Boards to manage Acute, Community and Social Care challenges more effectively.





Spotlight on: Advancing Same Day Emergency Care Services Across NHS Scotland

To enhance Same Day Emergency Care services across Scotland, CfSD developed a working group that carried out a comprehensive survey of all acute hospital sites in Scotland.

This provided a baseline of current service provision and identified opportunities for improvement. Based on this, the team developed draft national guidance principles. Once approved, Health Boards will be supported to implement the principles, with the aim of reducing variation and streamlining care.

This initiative focuses on ensuring patients with urgent needs receive timely assessment, treatment, and discharge within 24 hours, improving outcomes and experiences by directing them to the most appropriate services.



Spotlight on: Emergency Department Benchmarking Across Scotland

A benchmarking exercise was carried out to explore the relationship between Emergency Department (ED) staffing, operational pressures, and performance. This involved ED sites submitting staffing data that enabled detailed analysis to correlate staffing levels with key operational metrics such as arrivals, wait times, and 4-hour compliance.

Early findings indicate a link between staffing and ED flow, and have highlighted the impact of systemic issues like exit block on crowding and staff workload. Further analysis will be ongoing over the next year. The project aims to identify shared themes across sites to inform national recommendations for ED staffing models and operational improvements, supporting better patient care and system performance.



Spotlight on: Flow Navigation (FN)

Flow Navigation aims to improve the timeliness and safety of Unscheduled Care, through supporting the public to access the 'Right Care, in the Right Place at the Right Time', through earlier access to decision makers, reducing avoidable ED attendances and enabling signposting to alternatives. Early work included discovery sessions; establishing a national group to align strategic priorities and share best practice; and introducing optimal service models, standardised coding and a reporting framework.

In addition, CfSD has supported the development a new data capture mechanism, providing analysis and feedback to Boards. In 2024, **34%** of patients referred to a Flow Navigation Centre were redirected or discharged away from EDs, avoiding around 348 unscheduled attendances per day.

Flow Navigational effectiveness is closely tied to staffing models, with most impact seen from those incorporating Senior Clinical Decision Makers. Over the next year, CfSD will continue develop the role of Flow Navigation Centres as the coordinating structure for Unscheduled Care.



Spotlight on: Heat Maps for Unscheduled Care Performance

A new 'HeatMap' tool was launched to provide a clear, real-time summary of **29** measures across the unscheduled care pathway. The Heat Map was originally created manually by each Health Board, but CfSD collaborated with Public Health Scotland (PHS) to develop a digital solution hosted on the PHS Discovery platform.

Developed in just **16** weeks, the prototype was refined with input from clinical and data experts from across NHS Scotland. This dynamic tool improves data accuracy and timeliness, helping stakeholders quickly identify performance trends. Ongoing user feedback will shape future enhancements, including defining minimum standards for the different measures.

Year at a Glance: National Endoscopy Programme

National Endoscopy NECU Validation

- Validation of **4,000+** patients across **4** Boards.
- **17%** removal rate from waiting list, creating additional capacity.



Transnasal Endoscopy Services

- Transnasal Endoscopy (TNE) service provision was expanded over the year.
- **5** Boards are now offering TNE services (see spotlight for more information about TNE).

Endoscopy Specialty Delivery Group (SDG)

- New SDG provides clinical leadership and brings together stakeholders from all Health Boards.
- The SDG is designed to reform endoscopy services, manage demand and boost capacity.



Endoscopy Clinical Leads

- **2** Endoscopy clinical leads appointed.
- The Leads will provide clinical leadership, deliver bespoke feedback to Boards, and make quality improvement recommendations.



Endoscopy Training

- Secured funding and supported Boards for **8** non-medical staff to undertake an endoscopy course at Glasgow Caledonian University.
- The newly trained staff will have the capacity to scope **3,200** additional patients per year.



Refreshed qFit Guidance

- Published **January 2025**.
- Is designed to ensure appropriate endoscopy referrals.
- Will enable a reduction in the number of patients requiring endoscopy, delivering savings of **£5.2M (8,800 colonoscopies)**.



New Endoscopy Equipment

- New modern endoscopy equipment has been distributed to health Boards.
- This has improved image quality and efficiency.
- Reduces repeat procedures in bowel cancer screening.



CfSD Endoscopy Collaboration

- Tailored support for Boards has supported positive changes to waiting times for patients waiting more than **6 weeks**.
- A new bowel preparation guide for patients was created using a shared learning approach. This includes a patient video and QR code for easy access to more information.



Spotlight session: Transnasal Endoscopy Implementation

Transnasal endoscopy (TNE) is a simple procedure used to examine the foodpipe (oesophagus), stomach, and part of the small intestine. TNE is less invasive than traditional endoscopy and can be done in a regular clinic without needing an operating theatre. It usually only requires a throat spray for comfort instead of sedation, which allows patients to go home within 15 minutes after the procedure.

Patients often find TNE more comfortable than traditional methods, and they talk and breathe normally throughout. Overall, people report high satisfaction with TNE, and say it helps make the whole experience quicker and easier.

Year at a Glance: Planned Care Programme – Radiology

Additional Investment

139,000+

Additional imaging scans delivered.

7,600+

Reduction in Radiology waiting list.

15,900+

Reduction of patients waiting over 6 weeks.

11%

Improvement in patients seen within 6 weeks.



CT Scans

302

Additional Cardiac CT scans delivered.

National Ultrasound Training Programme

Supported provision of additional ultrasound training to reduce waiting times by delivering **7,900+** additional scans.

Optimising Capacity

Optimised MRI capacity in 1 National Treatment Centre, ensuring **7,200+** scans delivered (**114%** of planned activity)

Other Achievements

- Established local cardiac CT services in **2** Boards, ensuring that all Boards now offer local access to services and enabling an improved patient journey.
- Helped **11** Boards develop and complete efficiency and waiting list improvement plans.
- Worked with Boards to secure additional funding for backlog clearance and development of sustainable capacity plans.
- Supported the National Ultrasound Training Programme and masterclasses to train **142** new learners in sonography and advanced practice.
- Collaborated with NHS Golden Jubilee to expand specialist scan capacity and ensure it is fully utilised.



Spotlight on: National Ultrasound Training Programme

The National Ultrasound Training Programme (NUTP) is designed to reduce waiting times and improve the patient experience by providing sonographer training through an academy model. In collaboration with the Scottish Radiology Transformation Programme, the Scottish Government, NES, NHS Golden Jubilee, and Glasgow Caledonian University, a Business Case was approved with initial funding provided by the Scottish Government. The 2024/25 Business Case outlines new training in Head and Neck, Musculoskeletal, and Gynaecology. The programme delivers immersive training for trainee sonographers, radiology trainees, clinical nurse specialists, advanced practitioners, and podiatrists, while also upskilling qualified sonographers and doctors. Feedback from Boards, learners, and patients has been very positive.

Patient feedback:



“The staff were very welcoming and friendly and explained the process thoroughly and talked through it with me along with explaining what they were looking for from the trainee.”

“Very reassuring, professional and friendly.”

“Excellent experience.”



Masterclass learners feedback:



“Excellent course.”

“Excellent educational event which was practical, informative and improved my confidence in tackling this examination.”

“Excellent instruction and explanations on how to tackle this tricky topic. Will definitely recommend this course to other radiology registrars.”

“Thoroughly enjoyable and informative event which covered all aspects of DVT scanning and how to improve scanning technique in a relaxed forum. Well done to organisers and presenters. Would love to attend further events in future”



Year at a Glance:

Planned Care Programme – Ophthalmology

- **175,000+** patients on-boarded onto the Once for Scotland Electronic Patient Record (EPR). The EPR has enabled **1** Health Board to eliminate case notes across multiple sites.
- Worked with multidisciplinary colleagues to update **2** Ophthalmic referral pathways which will enable more efficient ways of working and reduce avoidable referrals.
- Responsible for drafting the National Ophthalmology Plan, which was approved by the Scottish Government and shared across NHS Scotland.
- Delivered **2** poster presentations at the NHS Scotland event, which highlighted recent improvement work around:
 - Cataract referrals.
 - National Workforce review across eye care services (this was the first time such a survey has been carried out in the UK).
- Carried out **6** clinically led peer reviews. The findings of the reviews were then used by Health Boards to develop action plans across their hospital eye services.
- Publication of '**The community optometry workforce in Scotland: supporting sustainable eye care delivery**' in Eye Nature Journal. This provided detailed information about the community optometrist workforce and activity data at a national level for the first time.
- Supported Boards to develop new initiatives designed to enhance eye services and reduce waiting times. This included implementing recommendations from clinically led peer reviews, such as promoting use of clinical pathways across ocular sub-specialities and extending roles for non-medical staff.



Spotlight on: Supporting Primary Care Referrals

An “Aide Memoire Form” has been developed by a national multi-disciplinary Task and Finish Group to support community optometrists when referring a patient to secondary care for cataract surgery. It can also be used to structure the initial community based ophthalmic examination. The Aide memoire supports the principles of Realistic Medicine, ensuring that patients can make informed choices about cataract surgery based upon discussions about their quality of life, the risks and benefits of surgery and an understanding of what will happen if they choose not to have surgery. Standardising the key information that should be discussed can help reduce unnecessary referrals and the associated waste of resources, both for the patient and NHS Scotland.

Year at a Glance: Planned Care Programme – Performance

Improving access through performance monitoring and support

The performance team plays a key role in improving access and reducing waiting times across NHS Scotland through regular engagement with all territorial Boards and National Treatment Centres. This involves monitoring of activity, ensuring optimal use of resources, and supporting patient prioritisation. The team also support Boards with strategic planning, and the development and monitoring of improvement proposals. They promote a collaborative, data driven approach to addressing challenges and service delivery.

Supporting Planned Care Activity

Supported Boards to focus on key Planned Care activity areas, resulting in Boards being able to deliver:

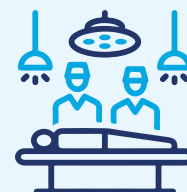
- **1,240,000+** new outpatient appointments, which is **35,000+** more than planned; and
- **237,707** inpatient/day cases.



Monitoring of additional Board funding

Carried out monitoring of additional funding provided to Boards to support additional activity in key areas, resulting in:

- **15,000+** new outpatient appointments undertaken.
- **10,000+** surgical operations undertaken.



National Treatment Centre Support

- Engaged with **2** National Treatments Centres (NHS Fife and NHS Highland) to agree a fair, efficient allocation method of allocating capacity. This enabled the NTCs to over-perform and deliver **113%** of planned activity (joint and cataract activity).
- Supported a National Treatment Centre (NHS Highland) to expand cataract surgery to 7 day delivery.

Collaboration with Scottish Government

- Worked with Scottish Government to ensure that robust monitoring, reporting and governance mechanisms are in place.
- Ensured that any emerging and ongoing challenges or issues were quickly highlighted to Scottish Government, and supported to analyse and address the issues.

Year at a Glance: Planned Care Programme

– Trauma and Orthopaedics

- National peer review visits to Boards were undertaken, involving **300+** staff and **30+** peer reviewers, sharing best practice and generating **200+** recommendations.

These reviews drove service redesign, reduced inpatient waiting lists, and supported workforce expansion to improve both inpatient and outpatient care.

- Held monthly meetings with Boards to proactively monitor and identify early issues and provide tailored support and effective mitigation to reduce waiting lists.
- Ensured that National Treatment Centre capacity was maximised by carrying out collaborative planning with Boards, allocating **10,000** orthopaedic cases for next year, and conducting continuous monitoring.
- Conducted the Scottish Hip Fracture Audit, which supports national benchmarking and planning.
- Developed the National Trauma and Orthopaedic Plan on behalf of the Scottish Government. The plan incorporated local Board input and recommendations, and highlighted current service challenges and opportunities.
- Developed National Treatment Centre pathways in collaboration with Boards. This focussed on streamlining processes, addressing clinical concerns, and improving patient access.



Spotlight on: National Peer Review Visits

CfSD completed a series of Trauma and Orthopaedics Peer Reviews. These provided a robust peer-to-peer review of orthopaedic services across **15** Health Boards, and involved over **300** staff. More than **200** recommendations were issued, identifying both areas of current excellence and areas for improvement.

Common themes included post-COVID recovery challenges, rising trauma demand, ageing infrastructure, low-volume surgery concerns, and the need to effectively use national trauma care capacity. The reviews will support ongoing quality improvement, decision-making, and long-term capacity planning.



Spotlight on: Scottish National Audit Programme (SNAP)

The Scottish National Audit Programme (SNAP), which is supported by CfSD, supports quality improvement in hip fracture care across Scotland. SNAP identifies outlier performance across Health Boards by analysing Key Performance Indicators.

When a Health Board is flagged as a negative outlier, the T&O team provides targeted support to improve clinical care and patient outcomes. Conversely, where positive outliers are identified, CfSD helps to share best practices and successful strategies to drive improvement in other Boards.

One example of the impact of this work is the recent update to the nutrition standard, which was revised to better reflect equity of care for patients returning to care homes and to ensure consistent, high-quality support for some of the most vulnerable individuals in our healthcare system.



Spotlight on: Scottish Hip Fracture Audit

The Scottish Hip Fracture Audit (SHFA) is conducted by CfSD. This leads the development of publicly accessible guidance covering hip fractures, rehabilitation exercises, and delirium. This information is designed to support patients and families throughout recovery and is reviewed annually to reflect the latest best practices and clinical advice.

The SHFA Steering Group has also driven the development of the 4AT mobile app, which is a simple, rapid delirium screening tool. Early identification of delirium using the 4AT helps reduce mortality and reduce avoidable hospital admissions. The 4AT app is now recognised as a universal tool for delirium detection that is now used across the world.



Spotlight on: Golden Hip Award

The “Golden Hip Award” was won by NHS Borders for achieving the highest attainment of the Scottish Standards of Care for hip fracture patients. This award is led by CfSD in collaboration with Public Health Scotland and Health Boards and is a testament to cohesive multidisciplinary working to proactively treat and care for this very frail and complex group.



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