Recovery Driver *Please select from the drop down list :*	SG ADP Action Reference *Please select from the drop down list:*	NHS Board Deliverable Reference *Please create your own reference code for this deliverable*	Deliverable Summary *Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24.*	Q1 Milestones *Please outline what you intend to have achieved by Q1*	Q2 Milestones *Please outline what you intend to have achieved by Q2*	Q3 Milestones *Please outline what you intend to have achieved by Q3*	Q4 Milestones *Please outline what you intend to have achieved by Q4*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list .*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*
2. Urgent and Unscheduled Care	2.7	2023-GJ01	**Winter Plan** - Redesign of pathways for interventional cardiology and urgent inpatient cardiac surgery. Up to 12 beds will be added to cardiology bed capacity to ensure that cardiology patients due for urgent cardiac surgery are not sent back to referring hospitals. Cardiology patients will be kept at GJ until ready for discharge home and there will be increased criteria for direct access NSTEMI patients. This will result in an average 6.8 bed days saved for WoS per day over winter period (December '23 -Mar '24) and reduce WoS winter bed pressures as well as saving ambulance journeys for SAS.	Business case for support to be submitted to NHS GJ Executive Team	Winter Plan for NHS GJ included in WoS Boards winter plans with funding allocated to enable recruitment and avoidance of high cost staffing solutions	Initiate Winter plan	End of Winter plan period. Evaluation of full benefits achieved	Finance - non -recurrent funding. Finance- not yet agreed. Workforce- recruitment. Estates - bed requirement	Finance - establishment of the Winter Plan arrangements are dependant on a commitment of funding. This has not yet been agreed with relevant WoS Boards. A firm commitment of funding will be required by Q2 to ensure planning for the winter period is successful. This may require upfront funding to be authorised by GJ Executive Team. Funding availability will also affect ability to secure workforce for this plan. Bed modelling carried out for last winter indicates that there are sufficient beds for winter 2023/24 to operate this plan, however, there will need to be detailed analysis during 2023 to model the full impact of Phase 2 expansion using current length of stay analysis.	The Division will ensure that written confirmation of funding commitment is received from referring boards prior to the period of plan initiation. Workforce is based on a flexible model which can be turned on/off and which contains a component of supplementary staffing. An escalation policy for access to supplementary staffing is in place. The costs of this will be described in the business case. Detailed planning of bed opening and management will be in place and beds will be ring-fenced for the winter period to meet demand.
2. Urgent and Unscheduled Care	2.6	2023-GJ02	**SNAHFS** - In 2022/23 the service carried out 40 transplants against a profile for 17 - 20. There is a requirement to provide additional capacity assuming the transplant activity will remain high. A business case has been requested for 30 / 35 transplants. This will ensure that capacity and infrastructure is available to meet the demand requirements for heart transplant in Scotland.	Submission of a formal request for funding to NSD. This will be funded on a non-recurring basis and the decision will be taken by NSSSC in June 2023	Expectation that non recurring funding will be authorised by Q2 Business case to NHS GJ Board requesting that substantive recruitment can be made on the basis that the increased volume of heart transplant is projected to continue. Board will need to accept the risk of supporting substantive recruitment on the basis of non recurrent funding.	Submission of a formal business case to NSD for recurring funding as part of the NSD funding cycle.		Finance- not yet agreed. Workforce - recruitment. Estates - bed requirement.	Finance - has not yet been agreed, and in the first instance will only be allocated on non-recurring basis. Delivery of the 40 transplants will be dependent on the receipt of funding, however, theatre workforce will need to be recruited on a recurring basis to ensure that the risk of an adverse impact on the elective cardiac surgery programme is minimised. There is also a risk that the level of transplant activity will cause pressures on critical care and ward bed availability.	The Divisional Management team will work closely with NSD to secure the non recurring funding and work towards securing recurring funding for the next funding cycle. There may need to be GJ Board consideration of accepting the recurring funding risk to support substantive theatre workforce recruitment (noting the ongoing turnover levels). There will be close management of recruitment to optimise operating capacity for both transplant and elective cardiac surgery. Bed management will be a priority as part of routine business as usual management.
2. Urgent and Unscheduled Care	2.6	2023-GJ03	**TAVI** - management of the emergent TAVI activity	TAVI activity has commenced from April 2023 and will be reported on a monthly basis - actual activity vs plan as part of GJ routine performance governance				Other - wait times guarantees and demand exceeding capacity. Risk of inequity of access across WoS	Other - demand levels will continue to increase and waiting time guarantees for TAVI procedures will continue to be exceeded due to the backlog and the projected capacity gap if higher volume activity is not funded. Any unplanned increase in TAVI activity will displace less urgent coronary activity and contribute to increased routine coronary waiting times. The TAVI patients all require an inpatient admission and the unplanned increase also impacts on bed capacity and ability to admit the urgent NSTEMI population timeously.	TAVI and Coronary activity and wait times will be reported on a monthly basis - actual activity vs plan as part of GJ routine performance governance.
4. Planned Care	4.1	2023-GJ04	**Delivery of NHS Golden Jubilee Planned Care Plan** *(See sections 4.1a - 4.11a within ADP)*	Submission of quarterly delivery update to SG Deliver in line with planned care submission March 2023	Submission of quarterly delivery update to SG Deliver in line with planned care submission March 2023	Submission of quarterly delivery update to SG Deliver in line with planned care submission March 2023 Phase 2 opens in line with programme plan (scheduled for end December but included within Q3 as January will be first full-month of operational use)	Submission of quarterly delivery update to SG Deliver in line with planned care submission March 2023	Workforce - availability, including to deliver Phase 2 expansion	National workforce challenges could impact NHS GJ ability to fully staff the Phase 2 National Treatment Centre in line with the requirements of the programme plan	Dedicated programme team and working groups focussed on workforce requirements of Phase 2 and related developments

Category	No.	Code	Description					Type	Risk	Mitigation
4. Planned Care	4.3	2023-GJ05	**MPP Planned Care Programmes** *(See sections 4.1 - 4.4 and 4.8a - 4.11a within ADP)* (4.3) CfSD will drive improvements in planned care across Scotland. This will include the development of national speciality-specific workplans for the Speciality Delivery Groups that have been established. The SG have identified that key priorities will include the development of national clinical pathways and implementation of high-impact process changes. This work will be support by deployment of measurement plans through Heat maps.	Initial SDG workplans to be formally approved 23/24 Heat maps launched and deployed across NHS Scotland. Develop process to formally endorse national clinical pathways Develop process for ensuring Board engagement at Strategic (CX) level and operational (Heat maps) level.	SDGs to identify initial workplan priorities and develop implementation plans Work with Boards to progress implementation of high impact changes (e.g. ACRT, PIR, ERAS, Day Surgery) in line with their AOPs Continued board engagement at Chief Exec/ Director level and through Heat map meetings	SDGs progressing with workplan implementation. Identify ways to monitor implementation of national clinical pathways, including via Heat maps. Continued board engagement at Chief Exec/ Director level and operational level, including using Heat maps to support engagement Support development of infrastructure to enable measurement and reporting	Develop 24/25 Heat maps and prepare for national deployment Deploy reporting mechanisms to highlight value and impact of work	Other Finance	Potential lack of Board engagement or senior support to implement and drive improvement at a local level Potential delays by SG when confirming funding which could delay or prevent implementation Potential changes to CfSD strategic priorities by SG.	Continued engagement with SG Will work with SG to ensure that SG provides Boards with the impetus for change
4. Planned Care	4.4	2023-GJ06	**NECU Planned Care Programmes** (4.4) NECU - Proceed with waiting list validation following establishment of Board governance arrangements. Continue to develop national NECU model and work with SG to agree permanent organisational arrangements	Continue with national administrative and clinical validation Commence further development of national NECU model Initiate work with SG to agree permanent organisational arrangements for NECU	Continue national admin validation using Digital Patient Interaction. Clinical validation will continue where requested. Develop transitional arrangements to operational model in host Board. Explore further opportunities for NECU to support waiting list reduction across Boards	Continue national admin validation using Digital Patient Interaction. Clinical validation will continue where requested. Explore further opportunities for NECU to support waiting list reduction across Boards Develop evidence collection process.	Continue national admin validation using Digital Patient Interaction. Clinical validation will continue where requested. Explore further opportunities for NECU to support waiting list reduction across Boards Finalise plan to collate evidence and support reporting.	Finance - Non -recurrent funding. Other	Majority of staff are on fixed term contracts. This means there is longer-term uncertainty around programme sustainably and staff retention. The full potential of the NECU model may not be realised until all National Treatment Centres are operational and resource is aligned to support this work.	Continued engagement with SG around programme budgets and the development of the NTCs
5. Cancer Care	5.1	2023-GJ07	**Increase diagnostic capacity and workforce** Space identified to host additional CT scanner. Funding bid submitted to 2023/24 National Infrastructure Board and revenue funding required to staff requiring further bid to SG. Extended working day and increased reporting via bank reporters or use of mobile facility. Extended day is preferred as better value for money. Extended day working is identified as priority to optimise current capital and increase capacity to meet demand and backlog - business case to be completed 2023.	Scope potential location for additional CT scanner Engagement with SG re options to increase diagnostic capacity	Present fully costed business case with options for phased increase in capacity	Work with staff side to agree implementation of change in contracts		Finance - funding not yet agreed / requested Workforce - recruitment and retention Estates	Risk of business case being supported and availability of funding Risk of recruiting and retaining radiographers Risk of recruiting additional reporters	Staff Engagement Early engagement with Scottish Government
5. Cancer Care	5.3	2023-GJ08	**Embed diagnostic optimal pathways** Engagement with WoS Boards to identify how GJUNH can support the lung biopsy service model	Regional Cancer Advisory Group engagement regarding lung biopsy		Develop business case for lung biopsy service at GJUNH		Finance - funding not yet requested Workforce - Recruitment Estates	Progression of this work is subject to WoS support Ability to recruit and retain specialist staff - see GJ07 Requirement for physical estate works	Clear demonstration of need and how NHS GJ can support with a cost effective model
5. Cancer Care	5.7a	2023-GJ09	**Delivery against 31-day cancer target**	Delivery against 31 day target	Delivery against 31 day target	Delivery against 31 day target	Delivery against 31 day target	Workforce - various	Demand driven Workforce absence - vacancy / sickness Known biopsy delays impacting 31-day target	Weekly waiting list meeting Prioritise urgent cancer first Understand impact of emergency activity Appointment of 6th thoracic surgeon to increase capacity
5. Cancer Care	5.13a - 5.15a	2023-GJ10	**CfSD - Lead on the delivery of Scotland's National Cancer Strategy, including the 3-year operational plans that will underpin the 10-year Strategy. This includes several large scale programmes around public education, diagnostics, screening, data, innovation and Primary Care** (5.13a) CfSD to support development and deployment of Scotland's Rapid Cancer Diagnostic Centres (5.14a) ANIA innovation for lung cancer x-ray Artificial Intelligence to support cancer pathways (5.15a) Continued development of additional diagnostic pathways for cancers.	Borders RCDS launched. CfSD will continue to support Borders and the three early adopter sites. Work with Lanarkshire to prepare for launch of RCDS Run "early bird" media campaign to support early diagnosis. Continue development of head and neck cancer pathway Continue to support ANIA innovation project around lung cancer x-ray AI	Work with Boards to support implementation of lung cancer pathway, including promotion of lung cancer toolkit. Continue development of head and neck cancer pathway Continue to support ANIA innovation project around lung cancer x-ray AI Lanarkshire RCDS to launch. CfSD will support launch	Formal evaluation of RCDSs to be completed. Engagement with Chief Executives re Lung cancer AI. Anticipated completion of Value Case for submission to Innovation Design Authority Continue development of head and neck cancer pathway	Start planning for further expansion of RCDS sites in line with SG commitments Potential sign-off and national deployment of head and neck cancer pathway. This is likely to include the development of a H&N toolkit to support Boards	Finance - Non -recurrent funding. Other	Ongoing SG funding position is likely to result in reduced funding for the Early Cancer Diagnosis team. This mean restrict the ability of CfSD to deliver on the National Cancer Strategy Objectives. Work to develop the RCDS is progressing but this will be guided by the independent evaluation being completed by the University of Strathclyde. The RCDS funding stream will end in March 2026	Continued engagement with SG
5. Cancer Care	5.18a	2023-GJ11	**NHSSA support to delivery of enhanced diagnostic capacity though accelerated training** - *see 3 deliverables under workforce*							

Priority	Ref	ID	Action	Q1	Q2	Q3	Q4	Resource	Risk	Governance / Mitigation
6. Health Inequalities	6.1a	2023-GJ12	**Deliver local priorities for reducing health inequalities**	Deliver Year 3 of Diversity and Inclusion Strategy and Equality Outcomes Promote Reasonable Adjustment training (delivered via NES) to all NHS GJ managers Short Life Working Groups established to consider recruitment, onboarding and retention issues affecting staff with Protected Characteristics	Deliver Year 3 of Diversity and Inclusion Strategy and Equality Outcomes Launch Armed Forces network Learn to Sign course goes live Sensory Impairment Training launched for key patient facing roles	Deliver Year 3 of Diversity and Inclusion Strategy and Equality Outcomes Launch Young People network Glasgow Centre for Inclusive Living Graduate Placement postholder appointed and in post	Deliver Year 3 of Diversity and Inclusion Strategy and Equality Outcomes Reasonable Adjustments Health Passport in place Complete 12-month review of Hidden Disabilities Sunflower Scheme. Staff and volunteer training is ongoing throughout 23/24	Finance - non-recurring Workforce - various	Several aspects of the Board's approach to minimising inequalities and promoting diversity and inclusion do not have recurring funding identified or are short-term delivery focussed. This creates risks to the longer-term delivery of initiatives within this area. Lack of engagement amongst staff members could compromise the effectiveness of interventions to minimise inequalities and promote inclusive approaches top services delivery and workforce development / support	Oversight by Diversity and Inclusion Steering Group will be the primary route to manage delivery risks, with ongoing governance through Patient Centred and Staff Governance Board Committees. Regularly reviewed communication and engagement plan. Designated Executive Director leads covering all Protected Characteristics.
6. Health Inequalities	6.2a	2023-GJ13	**Establish NHS Golden Jubilee as an 'Anchor' organisation within the West Dunbartonshire community**	Review existing activity within NHS GJ Benchmark activity against Joseph Rowntree Framework Participate in NHS Scotland Boards Anchor Peer Network and Health Anchors Learning Network Establish internal steering group and agree organisational objectives	Identify key external partners and establish stakeholder group with common objectives and priority actions Establish baseline data for measurement framework Establish governance and communication structures	Launch Anchor Charter and action plan	Delivery phase	Other- planning and management capacity to develop and deliver the Anchors Strategic Plan	Failure to secure buy-in and engagement of key stakeholders including local community. Organisational operational pressures may affect delivery timescales within the strategic plan	Other - Senior Responsible Officers are assigned at Executive level for all priority strategic programmes. The Anchors Strategic plan will be incorporated into the GJ Strategic portfolio and progress on delivery monitored through senior and Board-level committees. Establish stakeholder group with membership encompassing key local representatives and partners. Group to develop and agree collective objectives and actions
7. Innovation Adoption	7.1a - 7.4a	2023-GJ14	**CfSD - Innovation Team** Lead co-ordination of the ANIA Collaborative	Provide assessment and support to existing innovations being progressed through the pathway (ongoing through year) Continued development of ANIA governance arrangements and ANIA pathway Establish and deliver implementation programmes for 2 approved innovations	Tentative timeline: develop value assessments for 3 innovations, develop clinical pathway for 1, develop value case for 1 Continue to deliver implementation programmes for 2 approved innovations	Tentative timeline: develop value assessments for 3 innovations, develop clinical pathways for 2, develop value case and delivery plan for 4. Continue to deliver implementation programmes for 2 approved innovations and any new approved innovations	Tentative timeline: develop clinical pathways for 2 innovations, develop value cases and delivery plan for 3 innovations Continue to deliver implementation programmes for 2 approved innovations and any new approved innovations Identify opportunities to explore research and publish evidence based learning from nationally adopted innovations	Other	Many staff are on fixed term contracts. This means there is longer-term uncertainty around the programme. There is a need to prove the value of ANIA by ensuring the national deployment of at least one innovation over the next 1-2 years.	Continued engagement with SG around programme budgets Engagement with IDA around potential national adoptions
8. Workforce	8.1 - 8.4	2023-GJ15	**eRostering** - deliver and implement eRostering for NHS Golden Jubilee		Establish programme governance in line with NHS GJ Project Lifecycle (PLC) Undertake gap analysis of state of readiness and NHS GJ requirements (will inform further milestones in Q3)	eRostering implemented within NHS GJ	eRostering is deployed as business as usual	Workforce - recruitment Workforce - training and skills Other	Delivery of the eRostering requires dedicated programme resource, aspects of which will be recruited externally. The gap analysis being undertaken during summer will indicated state of readiness and any additional risks or issues to development and implementation, and will be reflected in future ADP quarterly updates Other - eRostering is a significant change programme, and therefore carries a level of risk associated with introducing and embedding change throughout the organisation	Externally supported gap analysis is being undertaken to inform programme approach, identification and mitigation of risks. Communication and engagement with relevant staff groups and teams will form a key activity for the programme team, including consideration of risks associated with major change initiatives
8. Workforce	8 and Section C	2023-GJ16	**Deliver NHS Golden Jubilee Workforce Plan**	Ongoing delivery of objectives identified within the Board Workforce Plan	Ongoing delivery of objectives identified within the Board Workforce Plan Annual review of workforce plans across services	Ongoing delivery of objectives identified within the Board Workforce Plan Review and update NHS Golden Jubilee Workforce Plan	Ongoing delivery of objectives identified within the Board Workforce Plan	Workforce - other	Lack of engagement and understanding re workforce planning amongst Managers There are workforce challenges in the following areas: Anaesthetics, Theatre Nurses, Perfusion, Housekeepers, Porters, IT, Estates and OH. Measures are being put in place to mitigate . However we recognise there is national shortages with Anaesthetics, Theatres nurses and Perfusionists.	Workforce planning is reported via Staff Governance Group and Strategic Portfolio Governance Group Board committees Requirement underpinned by Scottish Government Workforce Strategy for Health and Social Care. Staff Governance now reviews Workforce action plans which stem from the Workforce planning report and review sessions on a 8 weekly basis to ensure actions are completed in a timely manner. Focussed recruitment plans continue to be developed to attract and retain staff in high risk or hard to fill roles

8. Workforce	8 and Section C	2023-GJ17	**Recruitment and retention of staff across NHS Golden Jubilee** - including accelerated workforce associated with Phase 2	Short Life Working Group established to review workforce retention and develop appropriate Interventions	Roles identified and agreed in Expansion Programme Phasing	Phase 2 opens in line with programme plan (scheduled for end December but included within Q3 as January will be first full-month of operational use)	Further roles identified in Expansion Programme Phasing	Workforce - recruitment	Significant risks to all Boards' ability to recruit workforce in sufficient numbers and required specialisms	Marketing and Comms strategy linked to recruitment of staff PMO established to support Workforce Expansion. Early planning through NHS Scotland Academy to recruit, train and develop a range of clinical roles, with particular emphasis on per-operative training. We will continue with domestic recruitment and have international recruitment ongoing
8. Workforce	8 and Section C	2023-GJ18	**Health and Wellbeing of staff across NHS Golden Jubilee** - including creating a supportive culture for staff	Ongoing delivery of Health and Wellbeing Strategy and Plan Develop and agree plan for NHS GJ Health and Wellbeing Hub Review Health and Wellbeing Strategy, including actions and deliverables in year 3 Develop new NHS GJ Health and Wellbeing Strategy	Ongoing delivery of Health and Wellbeing Strategy and Plan Scope requirements for supportive culture organisational development project Business Case developed and agreed for culture project Deliver year 2 deliverables and review year 3 (of HWB Strategy?)	Ongoing delivery of Health and Wellbeing Strategy and Plan	Ongoing delivery of Health and Wellbeing Strategy and Plan	Finance - non-recurring funding Workforce - wellbeing	Finance - uncertainty around budget availability in future years to deliver programme of work in Health and Wellbeing Workforce - risk that a lack of engagement amongst staff with Health and Wellbeing initiatives undermines objectives	Business Case to be developed to deliver interventions in longer-term. Engagement with senior stakeholders to develop proposals and seek buy-in. Health and Wellbeing Group comprising staff members from throughout the organisation, supports delivery of interventions. Group reports to formal Board Committees - Staff Governance Group and Strategic Portfolio Governance Group for oversight and accountability. Extensive communications plan supports health and wellbeing initiatives
8. Workforce	8.6 - 8.9	2023-GJ19	Further develop the **NHSSA learning environment** to meet the needs of mixed model educational delivery for inclusive technology enabled learning (TEL) both in situ and at distance. Includes an environment supporting simulation based education for mixed discipline staff with varied levels of development need. The physical environment within GJ includes the creation of a skills and simulation centre, ultrasound training rooms and an endoscopy training room. The digital environment within NES includes the use of systems that support user-centred design and integrate with other parts of the skills and education system in Scotland.	Contractors for ultrasound rooms and skills and simulation centre to be appointed and start work in Q1. Continued development and use of digital systems to support user centred design within NES.	Activity delivered from the ultrasound rooms and skills and simulation centre by the end of this quarter. Continued development and use of digital systems to support user centred design within NES. Eportfolio to support Assistant Practitioners in perioperative practice launched.	First access to the new endoscopy training room will be this quarter. Continued development and use of digital systems to support user centred design within NES.	Troubleshooting/snagging of new spaces will be complete. Continued development and use of digital systems to support user centred design within NES. Eportfolios refined.	Workforce - Training, Development and Skills Workforce - Wellbeing Workforce - Retention and Recruitment	Failure to develop the estate would negatively impact on the ability to deliver NHSSA programmes - risks around the training rooms for the endoscopy programme and the ultrasound rooms have been prominent this quarter. Reputation negatively impacted. Potential for delays in supply chain (equipment procurement/ new purchase delivery).	Proactively working to identify short / medium / long-term options for learning estate - within GJ and with support from other endoscopy centres regarding the kitting out of the training rooms. Engage and raise awareness at executive level.
8. Workforce	8.7	2023-GJ20	Deliver the **National Endoscopy Training Programme** Further develop elements of the JAG accredited training programme for medical endoscopists, non-medical endoscopists and health care support workers. NHSSA is enhancing diagnostic capability and capacity through the NETP programme, particularly for Colonoscopy and Upper GI scopes. The programme includes upskilling courses, Train the Trainer courses, Endoscopy Non Technical Skills (ENTS) Training, Basic skills courses, and an accredited Assistant Endoscopy Practitioner Programme, along with the provision of immersive skills training. Courses are scheduled to run at locations throughout Scotland over the year. More courses are being added as faculty become available.	Expand the National Faculty - all Boards have completed SLAs for round one of recruitment, and appointments have been made for round two, with SLAs being put in place for all Boards but GGC, who have asked for a different approach. Deliver upskilling for colonoscopy courses and Train the Colonoscopy Trainer Courses. Deliver Immersion Training with New Consultants and Trainees closest to CCT being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Deliver network forum for endoscopy nursing teams. Start cohort two of the National Assistant Practitioner Programme (Endoscopy).	Complete expansion of the National Faculty - and this will enable the scheduling of additional courses including basic skills courses. Deliver upskilling for colonoscopy courses and Train the Colonoscopy Trainer Courses. Deliver Immersion Training with New Consultants and Trainees closest to CCT being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Upskill upper GI faculty and begin to develop upper GI Train the Trainer courses. Deliver network forum for endoscopy nursing teams. Continue cohort two and start cohort three of the National Assistant Practitioner Programme (Endoscopy).	Deliver upskilling for colonoscopy courses, basic skills courses, upskilling in upper GI courses and Train the Colonoscopy Trainer Courses. Deliver Immersion Training with New Consultants and Trainees closest to CCT being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Deliver endoscopy symposium supported by team in Ghent. Deliver network forum for endoscopy nursing teams. Continue cohort three of the National Assistant Practitioner Programme (Endoscopy).	Commission NETP at Golden Jubilee. Deliver upskilling for colonoscopy courses, basic skills courses, upskilling in upper GI courses and Train the Colonoscopy Trainer and Training the Endoscopy Trainer Courses. Deliver Immersion Training with New Consultants and Trainees closest to CCT being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Deliver network forum for endoscopy nursing teams. Continue cohort three of the National Assistant Practitioner Programme (Endoscopy).	Workforce - Recruitment and retention of faculty. Other - Use of passports for faculty to deliver training in a number of Boards without having to complete each Boards recruitment and on-boarding processes for each Board. Honorary contract processes. Other - Sufficient faculty to deliver all programmes. Other - Gaining JAG training Centre Accreditation in GJ and ELCH Other - Hotel for travelling faculty- costs and availability Other - Equipment availability for training, for example the portable simulator for ENTS.	Inability to secure staffing resource to run clinical training programme. SLAs are being negotiated for sessional faculty and workstream Leads at the moment. Inability to release faculty for training due to service demands and growing waiting lists. The time taken for recruitment processes to be completed remains an issue. The appointment of flexibly faculty on SLAs has been challenging for some programmes with the NETP at risk currently with one major Board struggling to agree their consultants can take part in the national programme.	Recruitment is progressing, but challenging, for faculty positions.
8. Workforce	8.7	2023-GJ21	Deliver much of the **National Clinical Skills Programme for Pharmacists** (Independent Prescribing for Community Pharmacists). Act as delivery partner of Dundee Institute for Healthcare Simulation to ensure adequate numbers of places are provided in Scotland. Ensure course materials and resources for National Clinical Skills Programme for Pharmacists are available and relevant. Recruit and replenish faculty to deliver programme within NHS Scotland Academy at NHS Golden Jubilee site to share the workload of delivery. Deliver around four days of clinical skills training days for 11 months, with 12-15 learners a day, creating 528 - 660 learner places.	Deliver around 132-165 learner-places each quarter, over 4 days most months with 12-15 places each day.	Deliver around 132-165 learner-places each quarter, over 4 days most months with 12-15 places each day.	Deliver around 132-165 learner-places each quarter, over 4 days most months with 12-15 places each day.	Deliver around 132-165 learner-places each quarter, over 4 days most months with 12-15 places each day.	Other - the development of the new modules may slip down the priority list if other programmes need the limited resources for developing online education	Pressure on GPs, Pharmacists unable to fulfil potential to independently prescribe and diagnose / treat minor ailments Unavailability of faculty Unavailability of training rooms Pharmacists do not engage in programme (self-referral)	Provision of Clinical Skills Training Programme addresses this risk Developed pool of faculty from NHS GJ and NHS GGC Accommodation booked within NHS GJ (Conference Hotel) Promotion undertaken by Dundee Institute of Healthcare Simulation. Promotion within professional networks and fora.

8. Workforce	8.7	2023-GJ22	**Perioperative Workforce Programme** The three programmes developed in 2022/23 will run with two cohorts each in 2023/24: Foundations in Perioperative Practice Programme: 2 cohorts of 8 - 12 learners (at band 5). Surgical First Assistant Programme: 2 cohorts of 8 -12 learners (at band 5). Anaesthetic Practitioner Programme: 2 cohorts of 8 -12 learners (at band 5). A new programme for an Assistant Perioperative Practitioner will be developed and will run with one of possibly two cohorts (at band 2-3, to move into a band 4 role). A role to co-ordinate decontamination training within local settings will be established in 2023/24.	Surgical First Assistant Programme: Cohort 1 for this new, 34-week programme started at the end of Q4 22/2. Anaesthetic Practitioner Programme: Cohort 3 continues. Foundations of Peri Operative Practice Programme: Cohort 5 continues. National Assistant Perioperative Practitioner Programme: Recruitment will open for cohort one which is due to start in Q2.	Surgical First Assistant Programme: Cohort 1 continues. Anaesthetic Practitioner Programme: Cohort 3 continues. Foundations of Peri Operative Practice Programme: Cohort 5 continues, cohort 6 starts. National Assistant Perioperative Practitioner Programme: Cohort 1 starts.	Surgical First Assistant Programme: Cohort 1 continues. Anaesthetic Practitioner Programme: Cohorts 3 and 4 continue. Foundations of Peri Operative Practice Programme: Cohort 6 continues. National Assistant Perioperative Practitioner Programme: Cohort one continues.	Surgical First Assistant Programme: Cohort 1 completes and cohort 2 starts Anaesthetic Practitioner Programme: Cohorts 3 and 4 continue. Foundations of Peri Operative Practice Programme: Cohort 6 continues and cohort 7 starts. National Assistant Perioperative Practitioner Programme: Cohort 1 continues and cohort 2 starts.	Workforce - Retention of education faculty	The pipeline of learners (and their supervisors) is currently low so we will be paying attention to future planning and ensuring we do all we can to ensure cohorts run at full capacity.	Focused programme activity and added educational support to document modified programme High level engagement with SG workforce group regarding place allocation, funding flow and ongoing agile review of workforce model and recruitment pipeline Standards for supervision have been established and are being reinforced by SG colleagues
8. Workforce	8.8	2023-GJ23	Support for NMC OSCE Preparation NHSSA supports Boards who have recruited nurses from outside the UK, by helping the new nurses and their supervisors with preparation for NMC OSCEs. This helps the nurses to gain registration so they can practice independently as quickly as possible. Digital support for learning is provided for each of the 10 stations in the OSCE. Recourses in Adult Nursing were released in Q2 2022/23 and for MH Nurses and Midwives in Q4 2022/23. A further request for cultural humility resources is being met, with resources being developed to be launched in Q3 2023/24.	Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing (expected 750 in year), MH nursing (expected 15-20 in year) and Midwifery (expected 15-20 in year). Resources to be updated each time the NMC make changes to the stations.	Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing (expected 750 in year), MH nursing (expected 15-20 in year) and Midwifery (expected 15-20 in year). Resources to be updated each time the NMC make changes to the stations.	Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing (expected 750 in year), MH nursing (expected 15-20 in year) and Midwifery (expected 15-20 in year). Launch of Cultural Humility resources this quarter.	Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing (expected 750 in year), MH nursing (expected 15-20 in year) and Midwifery (expected 15-20 in year). Resources to be updated each time the NMC make changes to the stations.	Other - this project is dependent on the successful recruitment of new nurses by Boards/agencies	Despite good preparation, there is a risk that the NMC may not be able to provide enough places for assessment in the timeframe NHS Scotland requires.	This risk is owned by the NMC, but NHSSA and partners within Scotland are positioned to open an assessment centre within Scotland if that would help. An agreement is in place with Northumbria to provide additional places for NHS Scotland nurses.
8. Workforce	8.8	2023-GJ24	**Preparation for work in health and social care in Scotland** NHSSA has supported Boards and Social Care providers since winter 2021, by providing a digital resource that enables people new to roles in health and social care to be well-prepared. The resource is suitable to be used after interview but before starting work, whilst HR processes are underway, and it is a stop-gap resource whilst the national commission on induction for HSCWs is ongoing. This digital learning programme remains in use with positive feedback and an average of 200 new learners each month (and over 3,600 in total). An annual education review has been completed and requested developments will be delivered in 2023/24.	Add additional quizzes for learners to check progress (requested by learners' feedback). 200 new learners to use resource.	200 new learners to use resource.	Develop and publish additional modules. 200 new learners to use resource.	200 new learners to use resource.	Other - the development of the new modules may slip down the priority list if other programmes need the limited resources for developing online education	There is a risk if the resource remains in use after the content becomes dated.	We have a review schedule in place to ensure continued currency of content.
8. Workforce	8.7	2023-GJ25	**National Ultrasound Training Programme** Increase Ultrasound capacity in NHS Scotland by supporting Boards to train ultrasonographers through a hub and spoke approach and use of dedicated practice educators, in partnership with Glasgow Caledonian University. In 2023-24 the National Ultrasound Training Programme will continue with current delivery (averaging 120-200 US procedures per week through the training lists), and will expand to offer immersive experience to medical trainees. Two cohorts will run in 2023/24 with some of the 11 from cohort one returning for specialist training. Cohort two numbers are dependant of GCU recruitment but 9 boards have intimated they plan to use NUTP in 23/24.	Continue immersion training to cohort 1, reduce waiting lists by delivering 120-200 procedures a week. Move into new purpose-built training rooms at the end of Q1.	Settle into new training rooms. Continue immersion training to cohort 1, reduce waiting lists by delivering 120-200 procedures a week. Start to include medical trainees in immersion programme.	Start delivery of immersion training to cohort 2, reduce waiting lists by delivering 120-200 procedures a week. Continue to include medical trainees in immersion programme.	Continue delivery of immersion training to cohort 2, reduce waiting lists by delivering 120-200 procedures a week. Continue to include medical trainees in immersion programme.	Workforce - Retention	Ability to retain a team of trainers with the right skills for all US procedures. Ability of our partner GCU to recruit cohort 2.	A team of several staff with different and complementary experience has been recruited. Communication about the positive learning experience of cohort 1 will help attract cohort 2.
8. Workforce	8.7	2023-GJ26	**National Bronchoscopy Training Programme** To improve lung-cancer outcomes, NHSSA will develop curricula, and deliver training in basic bronchoscopy, and in endobronchial ultrasound and transbronchial needle aspiration of mediastinal lymph nodes over a two-year period (2023/24 and 2024/25). We will train 45 respiratory trainees in basic bronchoscopy and 36-48 senior trainees/SAS grades/Consultants in EBUS and TNBA.	Appoint leads and faculty	Faculty attend Train the Trainer day, develop online education resources	Support learners using online resources, enable Bronchoscopy skills practice on local simulators - basic to advanced	Develop EBUS Trans Bronchial Needle Aspiration (TBNA) simulation modules (eight hours of supervised practice in two four-hour sessions ideally separated by three months). Run first training day - revision of online content, EBUS equipment revised and procedures performed under supervision on the simulator and on cadavers. First cohort perform procedures in supervised environment.	Workforce - Recruitment	Ability to recruit a faculty with the right skills to design and deliver the required curricula. Ability of the faculty's employing Boards to release them on a sessional basis.	Roles were widely advertised and support is available to faculty. We are in negotiations with Boards regarding putting SLAs in place - this is challenging and may delay the timing of achievement of milestones.
8. Workforce	8.8	2023-GJ27	**NHS Scotland Youth Academy** Through SDS, NHS Scotland Youth Academy will deliver a Healthcare Pathway pilot qualification for senior phase school students. The qualification focuses on three challenge projects: spaces and places, community and wellbeing, and creativity. The pilot will run in five regions in academic school year 23/24, with 100 students taking part.	Recruit to the healthcare pathway pilot - 20 students in each of 5 pilot areas	Complete recruitment to the healthcare pathway pilot - 20 students in each of 5 pilot areas. Begin delivery to 100 students	Continue delivery of the healthcare pathway pilot to 100 students	Continue delivery of the healthcare pathway pilot to 100 students	Other - success of this programme is dependent on our delivery partner, SDS	Ability of local partners to recruit learners, and to keep their interest as the programme progresses. Ability of SDS to deliver the programme content.	We have a Project Lead in place who is engaged with supporting all aspects of delivery of the pilot.

Category	Ref	ID	Description	Q1	Q2	Q3	Q4	Risk Theme	Risk Description	Mitigation
8. Workforce	8.7	2023-GJ28	**Research and development of programmes** NHSSA responds to requests from SG sponsors and Board partners and is scoping projects to support accelerated training for groups including Biomedical Scientists, the full team supporting high-volume cataract surgery, clinical engineers, teams performing endoscopic vessel harvesting, clinical perfusionists and congenital echocardiographers. An initiation process is in place for new workstreams and if business cases for these projects are approved they will be added into the ADP template in year.	Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete	Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete	Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete	Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete	Finance - Funding not yet agreed (or requested) Workforce - Recruitment Other - timely procurement	There may not be funding or availability of the people we need to deliver programmes that are commissioned in-year, it may be difficult for service to release learners to take part in NHSSA programmes	Mitigated at project level as part of the initiation and commissioning process
9. Digital	9.1	2023-GJ29	**Optimise M365 within NHS Golden Jubilee**	Establish test group for OneDrive pilot to support removal of on premise shared drives for individuals data	Pilot Board Admin Management System PowerApp and proceed to adopt in production	Project planning for OneDrive and SharePoint adoption completed and supported by Board/Executive Team Second stage pilot of OneDrive use across departmental areas.	Project Board established with detailed work plan. Programme of Data migration underway with individual data migration in progress with Departmental data in preparation stage	Workforce - Training, development and skills Other - Potential Information Governance challenges	Skillset within local resources requires development Potential Information Governance challenges at National level Delays due to national change control processes outwith the control of the Board.	Self-paced learning programmes introduced for all Digital staff. Early engagement with national Information Governance and Security leads on plans. Adopt nationally approved practices where possible.
9. Digital	9.2	2023-GJ30	**Implement key National digital Programmes within NHS Golden Jubilee** - HEPMA, CHI, LIMS, ERS, PACS, NearMe	Continue implementation of local LIMS solution Submit business case for HEPMA at GJNH Complete internal integration testing for new National CHI implementation Establish ERS Project Board and begin vendor engagement Determine funding for NearMe support and digital responsibilities in this area prior to scale out of service to support clinical need	Approval of HEPMA business case and initial vendor engagement Establish HEPMA Project Board Implement national CHI system at NHS GJ	Establish Digital Support for NearMe and scope service expansion Local LIMS implementation go-live ERS interim solution go live	New NearMe services onboarded LIMS Data archiving completed and legacy system retired First phase pilots of HEPMA underway	Finance - Funding not yet agreed Workforce - Recruitment Workforce - Training, development and skills	Final approval for funding for HEPMA is not yet agreed No funding has been agreed to increase staff in support of NearMe Skills update required to support new technologies New staff recruitment required to support additional systems	HEPMA core funding included in current financial plan. Recruitment planning underway including agreed support from partner Boards for interim activities. Existing eHealth resources doubling up to support in-flight projects
9. Digital	9.2	2023-GJ31	**Progress other NHS Golden Jubilee digital initiatives** - Data Warehouse, EPR, NetCall, Print Strategy and TrakCare upgrade	Complete Data Warehouse assessment workshops and develop roadmap plan Vendor engagement with EPR Provider (Orion) to map workplan against organisational priorities Deploy NetCall upgrade across organisation.	Netcall PatientHub go live Print Strategy and vendor engagement workshops established TrakCare upgrade business case completed and submitted to Board for consideration	Data Warehouse first phase build complete Print Strategy workplan commencement EPR Workplan developed and agreed with all services via Digital Steering Group Clinical Sub-Group	Data Warehouse strategic development session planned Print Strategy fully delivered across NHS GJ TrakCare Upgrade underway	Finance - Funding not yet agreed Workforce - Recruitment Workforce - Training, development and skills	Funding not yet agreed for TrakCare upgrade. Skills and resources required to support Data warehouse and Print Strategy. NetCall dependent on decisions regionally for functionality.	Self paced learning programmes introduced for all Digital staff. Recruitment underway for key posts with option to buy in short term resources if required.
9. Digital	9.3	2023-GJ32	**Digital Maturity Exercise**	Complete consultation exercise with organisational leads Submit return to SG	Identify areas of early improvement (quick wins)	Establish benchmarking against other Boards to highlight key improvement areas and adopt national approaches	Continue to work through improvement plan actions	Finance - Funding not yet agreed. Other - Buy-in from key stakeholders	Any action plan is likely to require funding which has not yet been identified or quantified and therefore not in the current financial plan. Exercise requires full support from senior leadership	Early engagement with Senior Team on requirements
9. Digital	9.5	2023-GJ33	**Scottish Health Competent Authority / Network and Information System Regulation Audits**	Continue remediation against action plan for key controls and recommendations Deploy national security tools Launch Information Governance Policy management software (OneTrust) Complete planning and scheduling for Network and Server hosting upgrades	Continue remediation against action plan for key controls and recommendations Go live on new infrastructure monitoring (SolarWinds) and Incident Management (HornBill) systems	Complete evidence submission and undertake audit for FY23/24 Continue to work through mitigation plans for NIS compliance	Complete infrastructure upgrades on Network and Systems Hosting	Workforce - Training, Development and Skills Finance - Funding not yet agreed	Skillset within local resources requires development Additional funding fro professional services required to accelerate programmes not yet secured	Self-paced learning programmes introduced for all Digital staff. Mini Business Case templates being developed in support of NIS accelerated works.
10. Climate	10.1	2023-GJ34	**District heating system development-** we are proposing to join Phase 4 of the Queens Quay District heating system being developed by West Dunbartonshire Council. The district heating system is powered by a heat pump using the river Clyde as a low grade heat source.	Develop district heating system business case	Present business case to NHS GJ Board to join the Queens Quay District heating system development	Initiate contract negotiations with key suppliers to confirm delivery route and arrangements for GJ to join the development	Conclude contract negotiations and achieve contract sign off	Estates/Other - requirement to explore how the district heating technology will deliver GJ system requirements	The technical impact of integrating a district heating system with existing GJ systems is not yet fully understood. This may introduce delay or complexity to the development	Close working with key partners is ongoing and will progress as part of business case development and implementation

Section	Ref	ID	Description	Q1	Q2	Q3	Q4	Dependency	Risk	Mitigation
10. Climate	10.5	2023-GJ35	**Building design and upgrades to adapt to climate change-** ongoing works to support resilience to deal with periods of extended high temperature and its effect on internal building temperatures. We will also continue with the air handling unit upgrade programme and commence a replacement programme for the chiller units serving the site.	Initiate planning for upgrade and replacement programme	Delivery of upgrade and replacement programme	Delivery of upgrade and replacement programme	Completion of upgrade and replacement programme	Estates- delivery of upgrade within annual planning cycle	Significant capital estates and refurbishment programmes ongoing at GJ. Lead times for chiller delivery may be slower and installation may cause technical challenges	Estates management team will oversee programme delivery, equipment orders will be placed early and the first chiller will replaced in the Hotel first to establish whether any challenge emerge during installation
10. Climate	10.3	2023-GJ36	**National Green Theatre Programme**	Continue to develop National Green Theatres Programme governance Continue to develop carbon saving actions for Boards to implement.	Continue to develop carbon saving actions for Boards to implement. Develop Green Map to support progress Work with SG to identify funding streams to allow NGT design work to continue past end of 23/24	Continue to develop carbon saving actions for Boards to implement. Scope out opportunities to engage with universities around appropriate research or publication Work with Boards to deploy Green Map across Scotland	Continue to scope out requirement for design of Ideal Green Theatre Develop proposal for additional clinical area that a programme could be developed for	Finance - Non -recurrent funding. Other	Work is at an early stage which means there is a high degree of uncertainty over specific actions and outcomes. The majority of staff are on fixed term contracts. This means there is longer-term uncertainty around programme sustainability and staff retention	Continued engagement with SG around programme budgets
10. Climate	10.4 - 10.7	2023-GJ37	**Other local sustainability initiatives** - reducing medical gas emissions, achieve waste targets, environmental management system	Approval of dedicated Sustainability role and programme resources	Establish Sustainability workstream within overall Sustainability and Value Programme			Workforce - recruitment	Workforce - dedicated Sustainability Manager role not yet in post. Availability of suitable candidates is unknown. Programme resources to be recruited, market supply of suitable Programme Managers uncertain	Programme management support to establish programme being provided from existing central programme management team
11. Golden Jubilee Conference Hotel	11.1	2023-GJ38	**Golden Jubilee Conference Hotel** - Development of longer term strategy outlining longer term ambition and vision for the Hotel that is centred on positioning the Hotel as an accredited hospitality centre of learning			Strategic vision session to seek agreement on strategic GJCH priorities		Other - Sustainability and Value and financial risk to the NHS GJ Board	Failure to deliver the strategy creates uncertainty for staff, GJCH clients and NHS GJ Failure to deliver the strategy will create financial implications for the Hotel	Hotel Strategy being developed with input from Executive team Planning support secured Stakeholders engaged with and assisting with the development of the strategy SLWG's developed to ensure all facets of he strategy are captures. Encompassed and developed fully A clear pathway has been identified to develop the 'Centre of Excellence' status within the strategy timeframe
11. Golden Jubilee Conference Hotel	11.2	2023-GJ39	**Golden Jubilee Conference Hotel** - Delivery against 2023/24 financial Plan	Finance and performance on course for agreed 2023/24 targets	Finance and performance on course for agreed 2023/24 targets	Finance and performance on course for agreed 2023/24 targets	Finance and performance on course for agreed 2023/24 targets	Other - Sustainability and Value and financial risk to the NHS GJ Board	Ongoing uncertainty around the existing core markets / customer base (including Public Sector and NHS)	Ongoing management Positioning the Hotel within diverse markets such as finance and legal corporate markers A clear intentional marketing strategy has been developed Clear positioning of the Hotel as the home of the NHS Conference and NHS Scotland Academy
Section B. Finance and Sustainability	Section B	2023-GJ40	**Finance** - delivery of financial statutory targets	Submission of FPR Finance template on a monthly basis -delivery against plan	Submission of FPR Finance template on a monthly basis -delivery against plan	Submission of FPR Finance template on a monthly basis-delivery against plan	Submission of FPR Finance template on a monthly basis-delivery against plan	Finance	Inability to deliver financial efficiency programme. Increase in activity not funded through SLAs. Increase in cost pressures beyond assumptions in Financial Plan - may all lead to inability to deliver a break-even position	Regular review of each Division's financial performance, including workforce, consumable and activity performance. Detailed and regular review of delivery and identification of efficiency plans
Section B. Finance and Sustainability	Section B	2023-GJ41	**Finance** - Review and update of workforce and activity impact of expansion programmes - Phase 1 and Phase 2	Reach agreement on 2022/23 FYE staff in post and current 2023/24 recruitment expectations	Ongoing review of 2023/24 recruitment expectations and 2024/25 full year effect	Ongoing review of 2023/24 recruitment expectations and 2024/25 full year effect	Ongoing review of 2023/24 recruitment expectations and 2024/25 full year effect	Finance	Ability to recruit to all required posts to deliver agreed NTC activity plans, focus on vacancies, turnover and training lead in time	Recruitment tracker in place with HR lead responsibility for maintaining - analysis by grade and wte will enable to identify changes to expectations and reconcile posts recruited to against expansion funding

									Finance		

Section B. Finance and Sustainability	Section B	2023-GJ42	**Finance**- monitoring of the delivery of efficiency savings	Agreed targets with Divisions on 2023/24 efficiency plans to be delivered	Review of YTD achievement as well as year end forecast and recurring level of savings identified	Review of YTD achievement as well as year end forecast and recurring level of savings identified	Review of YTD achievement as well as year end forecast and recurring level of savings identified	Finance	Efficiency gap has been built into the 3 year financial plan -2023/24 to 2025/26	A revised approach to delivering our Efficiency Programme via a specific Value and Sustainability approach - looking at specific workstreams across the organisation, with wide engagement across all Board governance groups to ensure clear understanding and strong support. Specific workstreams will report regularly on progress of agreed initiatives
Section B. Finance and Sustainability	Section B	2023-GJ43	**Finance**- Finance Department Organisation Change to support delivery of strategic objectives	Agreement on consultation process as part of Board approach to organisational change	Completion of consultation process with wider finance team and staff side to agree new structure	New structure in place	Review of new structure	Finance	Value and Sustainability agenda requires a different way of working across finance to better support strategic objectives	Full consultation with staff and relevant stakeholders to ensure Board policy is followed in consultation process and that new structure delivers as expected
Section B. Finance and Sustainability	Section B	2023-GJ44	**Finance**- Revised Board reporting and Divisional reporting	Implementation of revised Finance Report to Board committees	Review and feedback of any final amendments to Board reporting format and content	Finalisation of revised Finance Report to Board committees	Ongoing review of key financial priorities for Board committees	Finance	Board report content does not provide necessary information or focus on highlighting the key financial risks and remedial actions to assure Board of performance	Revised Finance report will focus on key risks and YTD position, building on the forecast outturn position for delivery of financial balance and delivery of efficiency savings to reduce financial gap
Section D. Value Based Health and Care	Section D	2023-GJ45	**Delivery of Realistic Medicine workplan**	Approval to recruit dedicated RM programme lead resources	RM programme lead in post

Revised RM workplan agreed as part of broader Sustainability and Value programme | Delivery of RM workplan (ongoing actions and new actions arising from revised workplan) | Delivery of RM workplan (ongoing actions and new actions arising from revised workplan)

Evaluate effects of RM initiatives through use of validated evaluation tools | Finance - non-recurrent funding

Workforce - recruitment

Other | Finance - core funding for RM programme is non-recurring and is subject to annual award from Scottish Government. This constrains ability to develop and deliver longer-term programme that embeds and reinforces RM principles and best practice

Workforce - recent experience highlights challenges in recruiting suitably qualified team members with a blend of projects / programmes and clinical experience

Other - risk of a failure by clinicians and support teams to engage with RM agenda | Priority is to develop an ambitious but deliverable RM programme within the overall Sustainability and Value programme. This will include enhanced evaluation and monitoring of delivery to evidence benefits of RM and benefits of a longer-term funding approach

Resourcing model developed in conjunction with Quality, Performance, Planning and Programmes team. Includes recruitment strategy and ongoing professional support to RM

Ongoing RM communication and engagement strategy and Plan |
| Section F. Improvement Programmes | Section F | 2023-GJ46 | **Delivery progress within NHS Golden Jubilee Improvement Programmes** | Continue to develop clinical pathways to support DOSA, reduced length of stay, early mobilisation, staggered admissions – ERAS principles

Foundation QI training programme | Conclude initial stage of SACCS Service Review, including summary report to inform next steps

Develop initial plan for outpatient improvement work, with specific focus initially on utilisation of clinic space and flow within SACCS service. Plan will consider wider applicability to other outpatient services

Continue to develop clinical pathways to support DOSA, reduced length of stay, early mobilisation, staggered admissions – ERAS principles

QI Project register implementation | Continue to develop clinical pathways to support DOSA, reduced length of stay, early mobilisation, staggered admissions – ERAS principles

QI alumni event in collaboration with NHS 24

Launch Quality Management System toolkit | Continue to develop clinical pathways to support DOSA, reduced length of stay, early mobilisation, staggered admissions – ERAS principles

Divisional report on QI activity | Finance - funding not yet agreed

Workforce - ability to engage and participate | Finance - ongoing dialogue and consideration of a sustainable funding model for SACCS service

Workforce - is supported to participate in QI activities within and outwith GJNH.

Protected time from attendance at education and QI events. | Service review will inform funding discussions

Clear communication plan

Senior management investment in QI |