CfSD Assurance Statement

Submission:	Annual Delivery Plan Q1	Report Author:	Russell Scott
Submission Date:	14 July 2025	Period Covered by Report:	End of June 2025

Programme:	Modernising Patient Pathways			Total Workstreams:			
Objectives	Update	Next Planned Actions	Workstreams RA		RAG stat	G status:	
Support front line clinical teams to develop sustainable improvements in service delivery, primarily in planned care.	 For FY25/26 over 35k appointments had been saved through the use of ACRT, and 11k patients have been placed on a PIR pathway. Up to date 25/26 Heatmaps have been received from 10 Boards. 6 of these included pathway maturity information. National Framework for Perioperative Services now published. 4 Gastroenterology pathways published on CfSD Website. Launch of new Molluscum primary care resource on Right Decision Service. Patient information on 2 dermatology conditions published on NHS Inform. 	 Hold National Pathway Webinar. Launch inguinal hernia pathway. Ongoing pathway development in dermatology, gastroenterology, ENT, neurology, respiratory, critical care and respiratory. Ongoing Heatmap meetings with Boards Issue letters to Boards re: Perioperative Framework. Recruit new Periop Clinical Lead. Meet with 1 Board to discuss Dermatology Specialist Nurse Competency framework. Form Task and Finish Group to develop Gynaecology Target Operating Model. 	data Hea sam Care arra	RAG I come Board /analytics of tmap subme e time as the performar ngements. ther workst	s do not ha apacity to issions at t ne new Pla nce manag	support the inned ement	

Programme:	National Elective Co-ordination Unit			Total Workstream		
Objectives	Update	Next Planned Actions	Wo	orkstreams	RAG stat	tus:
Work with Boards to match service demand to capacity across Scotland, and maximise capacity utilisation.	 National Waiting List Validation: campaign live in 2 Boards. Approx. 255k patients have been validated to date. Bespoke Capacity Campaigns: approximately 15k patients treated to date. National Dermatology Campaign: Finalised campaign in 1 Board, 1 Board is ongoing, scoping support in 1 other Board. Digital Infrastructure: Worked with SG, Microsoft and managed partner to develop NECU digital infrastructure. Diabetes Closed Loop System: Reviewed team processes, roles and responsibilities. 	 National Waiting List Validation ongoing in 2 Boards, and will start in another 3 Boards. Work with 3 Boards to agree golive dates. Continue to support National Dermatology Campaign in 2 Boards. Provide coordination support for a third Board. Continue to work with SG, Microsoft and managed partner to develop infrastructure. Scope out capacity within provider Boards that can support work towards the 52-week target. Develop expression of interest SLAs for Diabetes CLS with provider Boards. 	Diak natio refe expe	Amber 1 There is slighted the control team in	d Loop Sy nay not me demand a	rstems eet the as

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Programme:	Unscheduled Care Improvement			Total Workstreams:		
Objectives	Update	Next Planned Actions	Wo	orkstreams	RAG stat	us:
Work with Boards to identify unwarranted variation and opportunities for improving the timeliness, quality and safety of care.	 Continued strategic planning for minimum standards, leverage points, and overall strategic direction of the Programme. Continued developed of Unscheduled Care measurement dashboard. Updated and refreshed Leverage Point analysis for all boards. Held National Discussion Forums about community palliative care and end-of-life drugs for care home residents. Continued Emergency Department benchmarking with Boards. Supported non-delayed length of stay test of change in 1 Board. 	 Finalise strategic planning for minimum standards, leverage points, and overall strategic direction of the Programme. Continue development of UC dashboard. Arrange meetings to discuss palliative care pathways with key stakeholders. Finalise Flow Navigation Phase 1 closure report. Scope Same Day Emergency Care pathway. Continue Flow Navigation benchmarking with Boards to identify areas where additional support may be required. 	• A F paus scop	Amber 1 Flow Navigased while Poed, and Crother workst	Green 4 ation SDG hase 2 wo nair is conf	Other is rk is irmed.
	 of change in 1 Board. Continued Flow Navigation Phase 2 initial scoping discussions. 					

Programme:	Cancer Improvement and Earlier Diagnosis Pr	rogramme	Total Workstreams:			8	
Objectives	Update	Next Planned Actions	Workstreams RAG		RAG stat	G status:	
Reduce the proportion of later-stage cancers (stage III and IV) diagnosed over	 Continued to support Boards with backlog clearance and improvement plans. Supported Cancer Programme Delivery 	 Develop Cancer Action Plan 2026-2029. Continue to support Boards with backlog clearance and improvement plans. 	Red	Amber 3	Green 5	Other	
the next 10 years, with a focus on those from areas of deprivation.	 Board with improvement plan adoption. Completed transfer of Lung pathway to the Right Decision Service. Worked with PHS to develop RCDS dashboard and publication options. Supported Chest X-Ray Al innovation project through the ANIA process. Supported development of communications around Cancer Research UK Test, Evaluation and Transition (TET) projects. Submitted EQIA ahead of publication of Scottish Referral Guidelines for Suspected Cancer. 	 Support the analysis, allocation and monitoring of SG planned care funding. Continue to support the Cancer Programme Delivery Board and associated improvement plan actions. Work with PHS on RCDS dataset and dashboard. Work with PHS on forthcoming publications. If funding approved, upload RCDS implementation guide and support dissemination of information. Continue to support Chest X-Ray Al innovation project. 	cont RCE cons • A I exte Case com • A (data canr or ga	Jncertainty inuation and OSs due to astraints. DA have apond Chest Xe to allow deplete their workstream or workstream workstream of the collection of the c	d expansion funding oproved reconstruction control of the control	quest to alue to to trol over ion and y issues	

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Programme:	National Endoscopy Programme		Tota	l Workstre	ams:	6
Objectives	Update	Next Planned Actions	Workstreams RAG state		us:	
Support the ongoing delivery of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan	 Worked with SG to develop a reporting and performance tracker for SG funding allocated to Boards. Held discussions with 11 Boards. Bespoke qFIT education meeting arranged for 1 Board. Supported development of Endoscopy Toolkit and prepared for publication on the Right Decision Service. Supported preparation of communication and advertisement of next cohort of nonmedical endoscopy training courses. Endoscopy Reporting System: go-live dates agreed with 6 Boards. Carried out product demonstration for another Board. 	 Continue to work with SG to develop a reporting and performance tracker for SG funding allocated to Boards. Publish Endoscopy Toolkit on the Right Decision Service. Follow-up actions from previous SDG meeting. Deliver bespoke qFIT education for 1 Board. Endoscopy Reporting System: 4 Boards to go live. Work with 1 Board to resolve technical issues around timing of images loaded into reports. Work with 1 Board on Business Case and start project planning with another Board. 	• All v	workstreams	Green 6 s are greer	Other 1.

Programme:	Innovation		Tota	l Workstre	ams:	9
Objectives	Update	Next Planned Actions	Wo	rkstreams	RAG stat	tus:
Facilitate the rapid assessment of new technologies for potential national adoption and lead the accelerated implementation of approved technologies across NHS Scotland.	 Digital Dermatology: 70% of GP practices have access to the image capture solution, and 4700 referrals have been made with images attached. Diabetes Remission: recruitment is in progress. Have started to develop DPIA. Pharmacogenomics: funding has been approved and recruitment is underway. Diabetes Prevention: Value Case presented to IDA EGC Patches: Drafted implementation plan and milestones. Prepared PID. Completed draft Value Case. Chest X-Ray AI: PACS team have requested that value Case timelines are extended to enable engagement with relevant stakeholders. 	 Digital Dermatology: Support Boards with embedding optimisation plans. Diabetes Remission: Publish tender. Continue recruitment process. Pharmacogenomics: Will hold recruitment interview. Will prepare DPIA. Diabetes Prevention and EGC Patches: Develop procurement specifications. Al-Assisted Endoscopy: will prepare to update Value Case to reflect recent relevant publications. Chest X-Ray Al: Once PACS implementation plan is available, Value Case timelines will be updated. 	soft dern still a rema	Amber 1 Several Boalaunch approactions and the receiver workstream	roach to d As a result, ollout the s tices.	igital there is ystem to

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Programme:	National Green Theatres Programme		Tota	I Workstre	ams:	7
Objectives	Update	Next Planned Actions	Workstreams RAG sta		RAG stat	us:
Improve and evidence environmental sustainability across NHS Scotland	 Worked with Perioperative SDG to explore regional anaesthesia/use of block rooms. Held measurement meetings with Boards. 	 Prepare and present update report on reusable textile trail at SDG. Support laparoscopic port trail. 	Red	Amber 2	Green 5	Other
Scotiand	 Continued to develop a standardised approach to calculating the carbon associated with travel. Finalised establishment of Tiny Air task and finish group. 	 Convene Tiny Air task and finish group. Engage with Boards and hold outstanding measurement plan meetings. Finalise AGSS CDF paper for submission to journal. 	A There are challenges a Board engagement and love response rates with the measurement plan submise.		w	
	 Developed Anaesthetic Gas Scavenging System Computational Fluid Dynamics (AGSS CFD) paper with intent of submitting to journal. Hosted first Green Renal SDG. Held scoping workshop for Green Endoscopy. 	Issue formal invites for first Green Endoscopy SDG.	 measurement plan submis A There are delays in obtoever specialist input, data and expecialist input. Other workstreams are great input. 			evidence f carbon-

Programme:	Planned Care Programme		Tota	l Workstre	ams:	24
Objectives	Update	Next Planned Actions	Wo	rkstreams	RAG stat	us:
Enhance the delivery of planned care, by facilitating initiatives designed to improve demand and capacity, promote greater elective activity and address waiting times.	 Worked with Boards to implement process around new SG weekly meetings re: 52 week waiting list clearance. Planned Care team worked with SG to allocate National Treatment Centre (NTC) capacity using agreed methodology. Held Scottish Hip Fracture and Scottish Arthroplasty Project steering groups Strathclyde modelling work academic paper will require editing and resubmission. Continue to monitor cataract activity and management information. Held Paediatric and Wet AMB task and finish group meetings. Over 1400 patients scanned through the Ultrasound Training Programme. Undertook week engagement with Boards to monitor Board imaging activity against SG investment plans. 	 Continue to support Boards with SG weekly meetings re: 52 weeks wait clearance. Continue to monitor NTC capacity. Organise orthopaedic peer review follow-up meetings with Boards. Prepare funding request for 2025/26 Scottish Hip Fracture Audit Draft Electronic Patient Record Data Sharing Agreement. Meet with Hospital Eye Service teams to discuss local improvement initiatives Undertake performance review of cataract activity against additional spending allocations from SG. Edit Strathclyde modelling work academic paper. Resubmit or submit to a different journal. 	A H deliv surgi prevo to su waiti A S delay fully work behin O S Diag	ealth Board rering the reical patient enting CfSI apport signing times. GG imaging yed. Board progress Coand some and schedulicottish Strainostics pater workstrea	ds are currequired cat throughpu of from bein ficant reduction funding was severe unafSD impropaspects are attegic Network (1997).	Other 1 ently not aract t, ng able ctions in as able to vement re now vork for G.

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Workstream RAG status: Definition					
Red	Amber	Green	Other		
Workstreams shown as red have a significant risk to delivery than cannot be managed within existing resources. There is a likelihood that key elements of the work will not be achievable and may need to be amended.	Workstreams shown as amber have a risk to delivery, but this risk can be managed within existing CfSD resources. There is a need to take corrective action and/or agree necessary changes to the planned outcomes.	Workstreams shown as green are on track and are expected to be completed on time (or ahead of schedule) and will achieve the expected outcomes. Any issues are minor and readily correctable.	Some workstreams may have a different status. This includes workstreams which are completed, paused, or not yet started.		

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