

Annual Delivery Plan 25-26																			
Recovery Driver	SG ADP Action Reference	NHS Board Deliverable Reference	Deliverable Summary	Q1 Milestones	Q2 Milestones	Q3 Milestones	Q4 Milestones	Risks and Issues - Category	Risks and Issues - Description	Controls	Q1 RAG Status (Red, Amber or Green)	Progress in Q1	Projected Q2 RAG Status	Actual Q2 RAG Status	Progress in Q2	Projected Q3 RAG Status	Actual Q3 RAG Status	Progress in Q3	Projected Q4 RAG Status
Please select from the drop down list :	Please select from the drop down list:	Please create your own reference code for this deliverable	Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 25/26.	Please outline what you intend to have achieved by Q1	Please outline what you intend to have achieved by Q2	Please outline what you intend to have achieved by Q3	Please outline what you intend to have achieved by Q4	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.	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.	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.		Please outline what you have achieved in Q1			Please outline what you have achieved in Q2			Please outline what you have achieved in Q3	
8. Workforce			<p>Deliver the National Endoscopy Training Programme</p> <p>Further develop elements of the JAG accredited training programme for medical endoscopists, non-medical endoscopists and health care support workers. NHSS&A 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, along with the provision of Immersive skills training. Courses are scheduled to run at locations throughout Scotland over the year. The accredited Assistant Endoscopy Practitioner Programme and Foundations of Endoscopy Practice programme for RN's will be offered for one cohort if there is demand from Boards.</p>	<p>Deliver upskilling for colonoscopy courses, basic skills courses, upskilling in upper GI courses and Train the Endoscopy Trainer and Training the Endoscopy Trainer Courses. Deliver Immersion Training with early stage Trainees being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses.</p> <p>Deliver network forum for endoscopy nursing teams.</p> <p>Continue cohorts of the National Assistant Practitioner Programme (Endoscopy)/ the Foundations of Endoscopy Practice programme for RN's.</p>	<p>Deliver upskilling for colonoscopy courses, basic skills courses, upskilling in upper GI courses and Train the Endoscopy Trainer and Training the Endoscopy Trainer Courses. Deliver Immersion Training with early stage Trainees being prioritised. 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Deliver Immersion Training with early stage Trainees being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses.</p> <p>Deliver network forum for endoscopy nursing teams.</p> <p>Continue cohort three of the National Assistant Practitioner Programme (Endoscopy)/ the Foundations of Endoscopy Practice programme for RN's.</p>	<p>Workforce - Recruitment and retention of faculty.</p> <p>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.</p> <p>Other - Sufficient faculty to deliver all programmes.</p> <p>Other - Hotel for travelling faculty costs and availability</p> <p>Other - Equipment availability for training, for example the portable simulator for ENTS.</p>	<p>Inability to secure staffing resource to run clinical training programme. Some SLAs for sessional faculty and workforce Leads have been difficult for Boards to implement. Some faculty have not had SLAs renewed where they had not been able to commit to the agreed time.</p> <p>Inability to release faculty for training due to service demands and growing waiting lists.</p> <p>Expectation management is an issue with Boards and Training Programmes seeing NETP as a permanent solution that will provide the bulk of training indefinitely.</p>	<p>Release of clinicians to honor SLAs is challenging for Boards and NETP focuses on communicating the benefit to the Boards and improvement in outcomes.</p> <p>Improvements to the website infrastructure in Q1 25/26 have enabled addition of video content and easier navigation for users.</p> <p>We need to communicate clearly and consistently that NETP is an improvement project, but Boards are still expected to provide training. The trainers that have been upskilled through NETP programmes should have increased the quality and capacity within Boards to provide training.</p> <p>Continued cohorts of the National Assistant Practitioner Programme (Endoscopy)/ the Foundations of Endoscopy Practice programme for RN's.</p>		We have delivered courses as planned, but have swapped some upper GI courses for colonoscopy courses to fit the patient allocation in GI. We have delivered Immersion Training with early stage Trainees being prioritised. And we have delivered ENTS (Endoscopy Non Technical Skills) Training courses. <p>The network forum for endoscopy nursing teams has continued to meet and provide peer support as well as education from the NETP team.</p> <p>Continued cohorts of the National Assistant Practitioner Programme (Endoscopy)/ the Foundations of Endoscopy Practice programme for RN's.</p>		We have delivered courses as planned, mainly focussing on colonoscopy courses to fit the patient allocation in GI. We have delivered Immersion Training with early stage Trainees being prioritised. And we have delivered ENTS (Endoscopy Non Technical Skills) Training courses. <p>The network forum for endoscopy nursing teams has continued to meet and provide peer support as well as education from the NETP team.</p> <p>Continued cohorts of the National Assistant Practitioner Programme (Endoscopy)/ the Foundations of Endoscopy Practice programme for RN's.</p>		We have delivered courses as planned, mainly focussing on colonoscopy courses to fit the patient allocation in GI. We have delivered Immersion Training with early stage Trainees being prioritised. And we have delivered ENTS (Endoscopy Non Technical Skills) Training courses. <p>We ran our second 'NEEPS live' event in December, which was attended by over 100 endoscopists and surgeons. The demand for more support for upper GI is significant and a further live event is being scheduled for Q1 next year.</p> <p>The network forum for endoscopy nursing teams has continued to meet and provide peer support as well as education from the NETP team.</p> <p>Continued cohorts of the National Assistant Practitioner Programme (Endoscopy)/ the Foundations of Endoscopy Practice programme for RN's.</p>			
8. Workforce			<p>Deliver much of the National Clinical Skills Programme for Pharmacists (Independent Prescribing for Community, Primary and Secondary Care 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.</p> <p>Recruit and replenish faculty to deliver programme within NHS Scotland Academy at NHS Golden Jubilee site to share the workload of delivery. Deliver around five days of clinical skills training days for 11 months, with 12-15 learners a day, creating 660 - 825 learner places.</p> <p>Explore the role of NHSS&A in supporting the changes in the pharmacy profession, developing business cases and delivering projects if approved.</p>	<p>Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day.</p>	<p>Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day.</p>	<p>Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day.</p>	<p>Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day.</p>	<p>Workforce - people need to be able to attend the training days</p> <p>Pressure on GPs, Pharmacists unable to fulfil potential to independently prescribe and diagnose / treat minor ailments</p> <p>Unavailability of faculty and/or training rooms</p> <p>Pharmacists do not engage in programme (self-referral)</p> <p>Added Q1 25/26 - concern over changes to content delivery as educational governance for this programme sits outwith the Academy</p>	<p>Provision of Clinical Skills Training Programme addresses this risk</p> <p>Developed pool of faculty from NHS GI and NHS GGC</p> <p>Accommodation booked within NHS GI (Conference Hotel)</p> <p>Promotion undertaken by Dundee Institute of Healthcare Simulation. Promotion within professional networks and fora.</p>		We delivered 12 days of training as planned and added in an additional 11 days of training to help meet the needs of the University of Dundee. This over-delivery has, however, put pressure on staff resources within the Academy and for Q2, 3 and 4 we intend to deliver 4 days per month as per this ADP to ensure we are able to make sufficient progress across all programmes.		We are now adhering to our delivery plan and only running up to 4 training days a month. This has made the income more predictable for our finance colleague in NES.		As noted for Q2, we are now adhering to our delivery plan and running up to 4 training days a month.				
8. Workforce			<p>Perioperative Workforce Programmes</p> <p>The four programmes developed in 2022/23/24 will run with the following cohorts each in 2025/26:</p> <p>Foundations in Perioperative Practice Programme: 2 cohorts (concurrent with APP) of 8-12 learners (registered Nurses).</p> <p>Surgical First Assistant Programme: 1 cohort of 8-12 learners (registered ODP/Nurse with 18months perip experience).</p> <p>Accelerated Anaesthetic Practitioner Programme: 2 cohorts of 8-12 learners (registered Nurses). A third co-hort may be added in year if demand is there.</p> <p>Assistant Perioperative Practitioner: 2 cohorts (concurrent with FPP) of 8-12 learner (at band 2-3, to move into a band 4 role).</p> <p>Decontamination training: 2 cohorts</p>	<p>Surgical First Assistant Programme: Cohorts continue.</p> <p>Anaesthetic Practitioner Programme: Cohorts continue.</p> <p>Foundations of Peri Operative Practice Programme: Cohorts continue.</p> <p>National Assistant Perioperative Practitioner Programme: Cohorts continue.</p> <p>Decontamination Training: cohorts continue.</p>	<p>Surgical First Assistant Programme: Cohorts continue.</p> <p>Anaesthetic Practitioner Programme: Cohorts continue.</p> <p>Foundations of Peri Operative Practice Programme: Cohorts continue.</p> <p>National Assistant Perioperative Practitioner Programme: Cohorts continue.</p> <p>Decontamination Training: cohorts continue.</p>	<p>Surgical First Assistant Programme: Cohorts continue.</p> <p>Anaesthetic Practitioner Programme: Cohorts continue.</p> <p>Foundations of Peri Operative Practice Programme: Cohorts continue.</p> <p>National Assistant Perioperative Practitioner Programme: Cohorts continue.</p> <p>Decontamination Training: cohorts continue.</p>	<p>Workforce - Retention of education faculty</p> <p>High level engagement with SG workforce group regarding place allocation, funding flow and ongoing agile review of workforce model and recruitment pipeline.</p> <p>Standards for supervision have been established and are being reinforced by SG colleagues.</p>	<p>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.</p> <p>Uptake will be small as the numbers required are small: there will reach a point where the cost of updating the resource is greater than the benefit and we are watching for this.</p> <p>An agreement is in place with Northumbria to provide OSCE places for NHS Scotland nurses.</p> <p>We will archive this programme when the cost of updating it is greater than the benefit.</p> <p>We will transfer maintenance of the Cultural Humility resource to NES at an appropriate time for it to be maintained on a 'business-as-usual' basis.</p>	<p>Focused programme activity and added educational support to document modified programme.</p> <p>High level engagement with SG workforce group regarding place allocation, funding flow and ongoing agile review of workforce model and recruitment pipeline.</p> <p>Standards for supervision have been established and are being reinforced by SG colleagues.</p>		We are delivering the perioperative programmes as planned, and are pleased with learner numbers for the Foundations of Peri-operative Practice/Assistant Practitioner in Perioperative Practice, and the Anaesthetic Practitioner programme. The Surgical First Assistant programme is highly valued by Boards but runs with small numbers and we are continuing to explore accepting learners from other parts of the UK onto this programme for a fee to recover the cost of provision.		We are delivering the perioperative programmes as planned, and are pleased with full cohorts for the Foundations of Peri-operative Practice/Assistant Practitioner in Perioperative Practice, and the Anaesthetic Practitioner programme. The Surgical First Assistant programme is highly valued by Boards but runs with small numbers and we are continuing to explore accepting learners from other parts of the UK onto this programme for a fee to recover the cost of provision.		We are delivering the perioperative programmes as planned, and are pleased with full cohorts for the Foundations of Peri-operative Practice/Assistant Practitioner in Perioperative Practice, and the Anaesthetic Practitioner programme. The Surgical First Assistant programme is highly valued by Boards but runs with small numbers and we are continuing to explore accepting learners from other parts of the UK onto this programme for a fee to recover the cost of provision.				
8. Workforce			<p>Support for NMC OSCE Preparation</p> <p>NHSS&A 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. Resources in Adult Nursing were released in Q2 2022/23 and for MH Nurses and Midwives in Q4 2022/23. A cultural humility resource was launched in Q3 2023/24.</p>	<p>Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers expected in year). Resources to be updated each time the NMC make changes to the stations.</p>	<p>Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers expected in year). Resources to be updated each time the NMC make changes to the stations.</p>	<p>Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers expected in year). Resources to be updated each time the NMC make changes to the stations.</p>	<p>Resources to be actively used by nurses and the educators supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers expected in year). Resources to be updated each time the NMC make changes to the stations.</p>	<p>Other - this project is dependent on the successful recruitment of new nurses by Boards/agencies</p> <p>Uptake will be small as the numbers required are small: there will reach a point where the cost of updating the resource is greater than the benefit and we are watching for this.</p> <p>An agreement is in place with Northumbria to provide OSCE places for NHS Scotland nurses.</p> <p>We will archive this programme when the cost of updating it is greater than the benefit.</p> <p>We will transfer maintenance of the Cultural Humility resource to NES at an appropriate time for it to be maintained on a 'business-as-usual' basis.</p>	<p>Uptake will be small as the numbers required are small: there will reach a point where the cost of updating the resource is greater than the benefit and we are watching for this.</p> <p>An agreement is in place with Northumbria to provide OSCE places for NHS Scotland nurses.</p> <p>We will archive this programme when the cost of updating it is greater than the benefit.</p> <p>We will transfer maintenance of the Cultural Humility resource to NES at an appropriate time for it to be maintained on a 'business-as-usual' basis.</p>	<p>910 people used this resource this quarter. Delivery has continued as planned with use of the OSCE resources reducing (135 in total this quarter) now that international recruitment has slowed down. The Cultural Humility resource is continuing to attract larger numbers of learners and we plan to pass ownership of this resource to the NES equalities team to maintain as business-as-usual for the longer term. A project close document will be considered by EPG to this end.</p>		Delivery has continued as planned with use of the OSCE resources reducing (102 in total this quarter) now that international recruitment has slowed down. In Q3 the Cultural Humility resource will be passed to the NES equalities team to maintain as business-as-usual for the longer term. A project close document will be considered by EPG to this end.		Use of these resources has continued to decline along with international recruitment. Project close documentation will be considered by EPG in February with a proposal to transfer the resource to NES Social Care and Communities Directorate / CWS Team, with support from both NMAHP and NHS Grampian to maintain (NHS Grampian are still actively recruiting from outside the UK). <p>The Cultural Humility resource has now been passed to NES.</p>					
8. Workforce			<p>Preparation for work in health and social care in Scotland</p> <p>NHSS&A 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 takes place and requested developments will be delivered.</p>	<p>Add additional quizzes for learners to check progress (requested by learners' feedback). 200 new learners to use resource.</p>	<p>200 new learners to use resource.</p>	<p>Develop and publish additional modules. 200 new learners to use resource.</p>	<p>200 new learners to use resource.</p>	<p>Other - the development of the new modules may slip down the priority list if other programmes need the limited resources for developing online education</p>	<p>There is a risk if the resource remains in use after the content becomes dated - this risk now sits with NES as we have transferred the resource.</p>	<p>Mitigations now sit with NES.</p>		2718 people used this resource this quarter. Annual review has taken place and revisions and additions are being made with anticipation that this project will be closed by NHS Scotland Academy within the year. We hope another provider will take on the maintenance of the resource for the longer term. We have far exceeded the original commission to accelerate on-boarding to help ease winter pressures in 2021.		This project has now been closed and will pass to NES to run as Business-as-Usual from Q3. 16,858 learners had used this resource by the time it was passed to NES.		N/A - project closed last quarter			
8. Workforce			<p>National Ultrasound Training Programme</p> <p>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 Scottish Government, Glasgow Caledonia University and University of Cumbria. In 2025-26 the National Ultrasound Training Programme will continue with current delivery (anticipating 9282 US examinations on 7415 patients through the training lists), and also offers immersive experience to medical trainees. Two cohorts will run in 2025/26 with 17 sonographers trained, along with 40 STs and 193 masterclass learners (or mixed discipline). Demand for training is prioritised by the needs of boards, their enrolled learners and patient waits.</p>	<p>Continue immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme.</p>	<p>Deliver immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme.</p>	<p>Deliver immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme.</p>	<p>Deliver immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme.</p>	<p>Workforce - Retention</p>	<p>This programme is funded through the SG Planned Care team as "non-recurring recurring", not through the NHS&A baseline allocation, so is subject to a very very small risk of funding not being allocated.</p> <p>Ability to retain a team of trainers with the right skills for all US procedures. Ability of our partner GCU to recruit future cohorts.</p>	<p>A team of several staff with different and complementary experience has been recruited. Communication about the positive learning experience of cohorts 1 and 2 is helping attract future cohorts. Evidence of acceleration of skills for scanning and reporting is a strong communication tool.</p>	<p>Delivered as planned with activity reported by number of patients (a change from our usual reporting of the number of procedures) to the SG planned care team. The reported figure in the June return for April and May is 1243 patients.</p>		Delivered as planned with activity reported by number of patients to the SG planned care team. The reported figure in the August return is 65 ahead of target.		Delivered as planned with activity reported by number of patients to the SG planned care team. The reported figure in the December return is 154 ahead of target.				
8. Workforce			<p>National Bronchoscopy Training Programme</p> <p>To improve lung-cancer outcomes, NHS&A will develop curricula, and deliver training in basic bronchoscopy, and in endobronchial ultrasound and transbronchial needle aspiration of mediastinal lymph nodes over a three-year period (2023/24 and 2025/26). We will train 45 respiratory trainees in basic bronchoscopy and 36-48 senior trainees/SAS grade/Consultants in EBUS and TBNA.</p>	<p>Support learners using online resources, enable Bronchoscopy skills practice on local simulators - basic to advanced. Support use of EBUS Trans Bronchial Needle Aspiration (TBNA) simulation modules (eight hours of supervised practice in two four-hour sessions ideally separated by three months).</p>	<p>Support learners using online resources, enable Bronchoscopy skills practice on local simulators - basic to advanced</p>	<p>Support learners using online resources, enable Bronchoscopy skills practice on local simulators - basic to advanced. Support use of EBUS Trans Bronchial Needle Aspiration (TBNA) simulation modules (eight hours of supervised practice in two four-hour sessions ideally separated by three months). Run EBUS training day.</p>	<p>Support learners using online resources, enable Bronchoscopy skills practice on local simulators - basic to advanced. Support use of EBUS Trans Bronchial Needle Aspiration (TBNA) simulation modules.</p>	<p>Workforce - Recruitment</p> <p>Ability to maintain 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.</p> <p>There is no established mechanism within JRCPTs to approve training pathways so we are exploring potential solutions as we would like national accreditation /endorsement.</p>	<p>Challenges for Boards in putting SLAs in place delayed the timing of achievement of milestones and SLAs will need to be extended to deliver this programme. This is within the current funding envelope for our programmes.</p>	<p>The Chair of Respiratory Specialty Advisory Committee of the Joint Royal Colleges of Physicians' Training Board has replied positively to our request for peer review of the training pathway, noting it covers the need. The training pathway will be implemented for resident doctors from the August rotation, with each geographic location within the Deanery piloting the pathway with selected residents. A date for a further trainees event has been set for September, and the next EBUS course is scheduled for March 2026.</p>		The pathway is being piloted with Respiratory Residents at STA from August 2025. Further upskilling and introduction to the pathway for trainees is planned for delivery in Q4.		We are continuing to run the pilot of this pathway with Respiratory Residents at STA. Further upskilling and introduction to the pathway for trainees is planned for delivery in Q4.					
8. Workforce			<p>Accelerated Biomedical Scientist Portfolio attainment</p> <p>Delivery of an accelerated training pathway for BSc graduates to complete practical portfolio and achieve registration faster</p>	<p>Continue delivery of programme and quality enhancement as the first learners complete</p>	<p>Deliver accelerated programme</p>	<p>Deliver accelerated programme</p>	<p>Deliver accelerated programme</p>	<p>Workforce - Recruitment</p>	<p>Ability of Boards to recruit new BMS at the right time to join the training programme</p>	<p>The Programme will run shortly after graduation</p>		Delivered as planned with the pilot co-hort having completed, co-hort 1 progressing well and cohort 2 being recruited for a start in Q3. A stakeholder event was held at the end of Q1 and the enthusiasm for the programme was evident, with very positive reports from labs that have sent trainees on the programme.		Current cohorts are achieving registration in an accelerated timeframe. A planned cohort from Q3 will not go ahead due to low numbers as Boards are not investing in this role, but are using lower-band staff instead. We ascertaining the demand of service and are exploring closing this project.		We ran a series of workshops instead of a final cohort and we are progressing with transferring the resource to the BMS for long term use and maintenance. IBMS have agreed that the resource will be transferred with an attributable, non-commercial license.			
8. Workforce			<p>Support for High Volume Cataract services</p> <p>To support the implementation of the Cataract (HVCS) Blueprint through the development of digital resources to support technical skills for registered and non-registered staff in ophthalmology theatres</p>	<p>Deliver resources and monitor use, incorporate feedback into quality improvements</p>	<p>Deliver resources and monitor use, incorporate feedback into quality improvements</p>	<p>Deliver resources and monitor use, incorporate feedback into quality improvements</p>	<p>Deliver resources and monitor use, incorporate feedback into quality improvements</p>	<p>Other - People will need to actually use the resources</p>	<p>The resources have been requested from within Boards but we will not know take-up until they are published - there is always a risk online resources will not be used</p>	<p>We co-created and used the NHSS&A SALDR to ensure resources are relevant and meet the identified need</p>		Delivered as planned with resources having been used by 109 unique learners across all Boards.		Delivered as planned with resources having been used by 168 unique learners across all Boards this quarter.		Delivered as planned but with low uptake this quarter - resources were used by 16 unique learners across all Boards this quarter.			
8. Workforce			<p>Anchor Institution Activities</p> <p>NHSS&A supports the parent Boards as Anchor Institutions. NHSS&A does this by funding two support roles in the Youth Academy in NES, and by hosting activities within NHS GI.</p>	<p>Skills and Simulation Centre to host local schoolchildren for learning afternoon.</p>	<p>Princes Trust Learners to be hosted in Skills and Simulation Centre with activities provided by NHSS&A educators.</p>	<p>Skills and Simulation Centre to host local schoolchildren for learning afternoon.</p>	<p>Princes Trust Learners to be hosted in Skills and Simulation Centre with activities provided by NHSS&A educators.</p>	<p>Other</p>	<p>Ability to accommodate requested activity in addition to delivering NHSS&A programmes</p>	<p>Mitigated by planning to make use of spare capacity at less busy times in programme delivery</p>	<p>Visiting school pupils were welcomed into the skills and simulation centre on 17 June, for interactive sessions promoting potential careers and healthy engagement with healthcare.</p>		A careers event was held for school pupils who were welcomed into the skills and simulation centre on 16 September, for interactive sessions promoting potential careers.		NHS Scotland Academy delivered two King's Trust Enrichment Events for pupils from Vale of Leven High School and Clydebank High School. These sessions were held in our Skills and Simulation Centre at NHS GI and provided a structured and immersive introduction to healthcare practice, NHS values, and the broad range of roles within the NHS.				
8. Workforce			<p>Ear Care (Microsuction)</p> <p>NHSS&A will develop and deliver an accelerated training programme for micro-suctioning ear care training for registered nurses working in Primary and Acute Care, over two years ending 31 January 2028</p>	<p>Recruit Clinical Educator (1 WTE band 7) and develop resources as per SALDR</p>	<p>Develop resources and recruit first cohort, aiming for delivery to start and end of this quarter</p>	<p>Deliver programme to first cohort and evaluate use, incorporate feedback into quality improvements. Recruit cohort two.</p>	<p>Deliver programme and evaluate use, incorporate feedback into quality improvements, start recruiting cohort 3</p>	<p>Workforce - Recruitment</p>	<p>Recruitment of both Clinical Educator(s) and RN learners are risks for this programme. This programme will train trainees: creating the capacity for training to be rolled out in local areas but the decisions of regions in how they deliver ear care services is out of the scope of this programme</p>	<p>We will manage expectations about what NHSS&A is delivering through this programme through clear communications: it is training for trainees only.</p>		Recruitment processes have taken longer than anticipated so is not complete at the end of Q1. We have adjusted the end date of the project by 9 months from the end of March 2027 to the end of January 2028 to ensure adequate time for recruitment of both staff and learners. Learning design and educational governance processes are complete.		Development is continuing as planned with a preferred candidate selected for the Clinical Educator role.					
8. Workforce			<p>Research and development of programmes</p> <p>NHSS&A responds to requests from SG sponsors and Board partners and is scoping projects to support accelerated training for groups including a cataract immersion training programme for ophthalmology residents, breathing pattern disorder training for physiotherapists and SALTs, and programmes for clinical perfusionists and 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 after business cases are approved.</p>	<p>Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete</p>	<p>Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete</p>	<p>Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete</p>	<p>Take scoping papers, SBARs and business cases through established governance processes when each stage of research is complete</p>	<p>Finance - Funding not yet agreed (or requested)</p> <p>Workforce - Recruitment</p> <p>Other - timely procurement</p>	<p>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 NHSS&A programmes</p>	<p>Mitigated at project level as part of the initiation and commissioning process</p>		We are progressing the development of new workstreams as/when capacity allows.		We are progressing the development of new workstreams as/when capacity allows.		We are progressing the development of new workstreams as/when capacity allows.			
8. Workforce			<p>Cataract Immersion Training Programme</p> <p>NHS Scotland Academy will increase the amount of immersive training opportunities for doctors working towards achieving an Entrustable Professional Activity (EPA) in managing a cataract operating list allowing them to perform independent surgical lists as per the RCOG/ophth curriculum.</p>	<p>Establish clinical governance and leadership within the boards where training will be delivered. Write job descriptions and adverts and put through the matching process, announcing the project and advertising roles as soon as possible</p>	<p>Establish details of rota and delivery in the North of Scotland. Recruit faculty and support role, establish start date. Work with TPDs to recruit resident or SAS doctor for activity in 25/26. Work with Boards to establish theatre capacity and workforce to enable immersion training</p>	<p>Continue to work with Boards to establish theatre capacity and workforce to enable immersion training</p>	<p>Start 6-month training blocks in NHS GI in the February rotation of resident doctors</p>	<p>Finance</p> <p>Workforce</p>	<p>Funding from Planned Care required for trainer PAs through the Academy, in parallel with funding of cataract activity and workforce within Boards.</p> <p>Recruitment of trainees, resident/SAS doctors and a project co-ordinator are critical.</p> <p>Release of residents for rotation/rota management.</p>	<p>Mitigated by small group planning meetings and building connections and relationships with all stakeholders to be trusted in this space. Treading softly to ensure all viewpoints are heard and influence the delivery of this programme.</p> <p>Working to ensure that we complement and do not compete with planned training and activity in different geographies.</p> <p>Exploration of the development of joint contracts.</p>		Funding of the trainer PAs has been confirmed and progress has been made to establish the governance of training programme within each location. Recruitment processes have begun but the first attempt at Job Matching was not successful so this will be re-visited in Q2 with a view to advertise as soon as possible		The Job Matching process has successfully completed and the Project Coordinator and Faculty roles are all progressing through recruitment systems.		The Programme Manager has been recruited and should start in April 2026. We received no eligible applications from potential faculty members for GI and have not yet been able to confirm the funding NHS Highland need to proceed with appointing our faculty in Inverness.			