



Appendix A Paper 5.1.1

CfSD Assurance Statement

Meeting:	Strategic Portfolio Governance Committee	Responsible Executive:	Katie Cuthbertson
Date of Meeting:	7 th May 2026	Report Author:	Russell Scott
Submission Date:	22 nd April 2026 (to NHS GJ ELT)	Period Covered by Report:	November 2025 to End of March 2026

Part 1: Programme Team Updates

Programme:	Modernising Patient Pathways		Total Workstreams:		7	
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Driving transformational and sustainable change to improve planned care patient access and outcomes across NHS Scotland	<ul style="list-style-type: none">Over 215k appointments had been saved through the use of ACRT. 86k patients have been placed on PIR pathways.Approval of Immediate Sequential Bilateral Cataract Surgery toolkit. Formal approval of Benign Prostatic Hyperplasia, Headache and Remote and Rural pathways and Photosensitivity resource.Dermatology competency framework launched. Ongoing work on competency framework for Urology specialist nursing.Ongoing development of new pathways and resources including Dermatology, Urology, Gynaecology, Respiratory, Rheumatology, and Orthopaedics.	<ul style="list-style-type: none">Launch Immediate Sequential Bilateral Cataract Surgery (ISBCS) toolkit and Small and Rural Critical Care pathwayLaunch of 2026/27 Heatmap requirements, including patient focussed booking (PFB), digital dermatology & vetting outcome data for 3 pathways.Ongoing development of pathways across all 16 Specialty Delivery Groups.Ongoing ACRT, PIR and PFB work with Boards.Hold first meeting of ITU rehab pathway group. Identify membership for 2 new perioperative task and finish groups.	Red	Amber	Green	Other
				1	6	
			RAG notes:			
			<ul style="list-style-type: none">A Dissemination of National Pathways: there is a risk of delay in publishing national pathways & version control between websites following approval. Agreement reached to share draft pathways earlier with GJ Comms and use Right Decision Service as primary point for pathway publication which is intended to alleviate risks.G Other workstreams are green.			

Programme:	National Elective Co-ordination Unit		Total Workstreams:		6	
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Support the development of a national elective co-ordination unit, including the transition to an operational model, which will support Boards with their current planned care waiting lists.	<ul style="list-style-type: none">Continued national waiting list validation: over 101k patients validated this year.Patient treatment capacity campaigns: treated over 4k patients across various specialities.Implemented planned care waiting times framework.National Dermatology backlog clearance campaign, including supporting clinical triage for over 5,500 dermatology patients.Diabetes Closed Loop System: 12 month extension agreed with SG. Continued to onboard all new referrals.	<ul style="list-style-type: none">Continue to support Boards with delivery of treatment campaigns.Work with SG to identify and support priority Boards for the National Dermatology Campaign.Commence use of new NECU digital validation platformSupport evaluation of the National Clinical Validation Campaign.Continue implementation of the Planned Care Waiting Times Framework.	Red	Amber	Green	Other
					5	1
			<ul style="list-style-type: none"> Digital Infrastructure: work is currently being re-scoped to support future requirements. Other workstreams are green.			
	<ul style="list-style-type: none">					

Programme:	National Unscheduled Care Improvement		Total Workstreams:		6	
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Define best practice in key areas within Unscheduled Care (UC) and support Boards to improve the patient and staff experience and the timeliness and safety of patient care	<ul style="list-style-type: none">Revised Leverage Point Analysis completed including updating current tool and implementing measure to support automation of analysis.Worked with Boards to develop a methodology to assess the impact of interventions on 4-hour performance.Held national discussion group regarding access to end-of-life drugs for care homes.Planned deep dive into ED attendances from care homes.Scoped future state strategy for Flow Navigation Centres. Held focus group to agree Flow Nav guiding principles and gain consensus around Flow Nav datasets.Finalised Same Day Emergency Care guiding principles.Supported Boards with implementation of the Whole System Operating Framework.	<ul style="list-style-type: none">Review weekly performance data and narrative from Boards and identify areas for further discussion.Continue to hold performance calls with Boards and create weekly performance briefing back for the SG.Work with Boards to develop a performance delivery status indicator and dashboard to monitor progress and identify opportunities.Will formally agree and publish Same Day Emergency Care guiding principles for Boards to adopt.Continue to develop Leverage Point Analysis and Productive Opportunity Analysis to assess 4-hour performance.Draft report from Optimising Flow event. Use findings to help inform development of WSOF action cards.Continue to support Boards to Implement Whole System Operating Framework.	Red	Amber	Green	Other
					5	1
			<ul style="list-style-type: none"><div>O</div> Community Urgent Care: Palliative pathways work is being stepped down due to overlap with existing SG-led work.<div>G</div> Other workstreams are green.			

Programme:	Cancer Improvement and Earlier Diagnosis Programme			Total Workstreams:		8	
Objectives	Actions this Period	Planned Actions for Next Period		Workstreams RAG status:			
Reduce the proportion of later-stage cancers (stage III and IV) diagnosed over the next 10 years, with a focus on those from areas of deprivation.	<ul style="list-style-type: none">Supported development of next 3-year Cancer Action Plan (2026-2029) which will support operational delivery of the National 10-Year Cancer Strategy.Continued to support Boards with backlog clearance and local improvement plans.Started review of cancer waiting times standards on behalf of SG.Drafted prostate and HepatoPancreato-Biliary diagnostic pathways.Finalised Innovation blueprint to provide clarify on cancer innovation priorities.Launched new Detect Cancer Earlier website.Supported publication of RCDS annual report, including comms support.	<ul style="list-style-type: none">Agree ToRs and membership for new Cancer Advisory Group.Support Boards with performance trajectories and 2026/27 planning.Finalise Management of Urgent Suspicion of Cancer Referrals Guidance.Support Boards with completion of Framework for Effective Cancer management self-evaluation tool.Continue review of cancer waiting times including commissioning evidence review.Collect & review feedback on prostate and HepatoPancreatoBiliary diagnostic pathways.Support go-live of Scottish Referral Guidelines for Suspected Cancer.		Red	Amber	Green	Other
					1	7	
				<ul style="list-style-type: none">A Publication of Referral Data: commitments in current National Action Plan are reliant on Public Services Delivery Scotland to deliver.G Other workstreams are green.			
	<ul style="list-style-type: none">						

Programme:	National Endoscopy Programme		Total Workstreams:		4	
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Supporting the ongoing delivery of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan	<ul style="list-style-type: none">Endoscopy Reporting System (ERS): Held contract discussions with NSS, CLO and supplier. New update to system released for user testing, but user group have advised that system is not ready to go live.Finalised and monitored Board performance trajectories. Shared analysis with SG.Monitored Board 52+ week positions and provided feedback to Boards on opportunities.Continued to develop new national framework for sustainable endoscopy.New cohort of non-medical endoscopy started course.	<ul style="list-style-type: none">Support Boards with improvement and productive opportunities.Continue to monitor Board 52+ week positions.Share Iron Deficiency Anaemia (IDA) pathway with Boards once pathway has been formally approved. Will work with Boards to validate their upper endoscopy lists using the new guidance.Continue to develop new national framework for sustainable endoscopy.Continue to support roll-out of Endoscopy Reporting System.	Red	Amber	Green	Other
			1		3	
			<ul style="list-style-type: none">R Implementation of Endoscopy Reporting System: Boards are using unsupported platform. New product is still being implemented and not ready to go live. Continuity plans are being managed locally by Boards.G Other workstreams are green.			

Programme:	Innovation		Total Workstreams:		11	
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Facilitate the rapid assessment of new technologies for potential national adoption and lead the accelerated implementation of approved technologies across NHS Scotland.	<ul style="list-style-type: none">● Digital Dermatology: Innovation has successfully completed the ANIA pathway.● Chest X-ray AI: reviewed national clinical pathway. Created national reporting hub proposal to support pathway implementation.● Ambulatory ECG Patches: Held first programme delivery board. Board adoption readiness questionnaire issued to Boards. Started development of benefits realisation strategy.● Diabetes Remission: 5 Boards are now live and open for referrals. Ongoing meetings with Primary Care, including GPs.● CYP2C19 Genotype Testing: phase 1 and phase 2 Boards now live. 787 tests have been performed to date. Continued pre-implementation planning for phase 3.● Neonatal Gentamicin POCT: phase 1 Boards are now live. 887 tests have been performed to date. Continued pre-implementation planning for phase 2 and 3.●	<ul style="list-style-type: none">● Diabetes Prevention: Programme Delivery Board to approve clinical pathways. Complete procurement specification. Develop benefits realisation strategy. Hold pre-tender meetings.● Ambulatory ECG Patches: finalise tender specification. Analyse Board adoption readiness questionnaire returns. Work with NES to define learning requirements.● Diabetes Remission: Hold initial primary care information sessions. Continue to prepare remaining Boards to go live.● CYP2C19 Genotype Testing: Hold post-go-live meetings with Phase 1 and 2 Boards to support uptake.● Neonatal Gentamicin POCT: Phase 2 Boards to complete verification and training. Phase 3 Boards to agree training dates.	Red	Amber	Green	Other
				2	8	1
			<ul style="list-style-type: none">● A Chest X-ray AI (CXR AI): timescales have been impacted due to dependency on national PACS roll out● A Ambulatory EGC Patches: NHS Supply Chain have issued a tender for their UK-wide framework. It will not be possible to progress this innovation until the new framework is in place.● O Digital Dermatology workstream is now complete and is business as usual.● G Other workstreams are green.			

	<ul style="list-style-type: none">• CTCA / FFR Strategic Case completed – due to be presented to the Innovation Design Authority (IDA) on the 28th April• Horizon Scanning report completed, with four technologies referred to the IDA (with two recommended to proceed)		
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Programme:	NHS Green Healthcare Scotland		Total Workstreams:		7	
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Improve and evidence environmental sustainability across NHS Scotland	<ul style="list-style-type: none">Green Healthcare Scotland officially launched.4 actions have been published and released to Boards (Incremental Haemodialysis, 1:44 Concentrate switch, Green Champion and Sustainability Education & Training).There are currently 22 ongoing projects or initiatives across the 3 programmes of work (Green Theatres, Endoscopy and Renal).7 bar surgical air systems: have identified pilot site and company to undertake audit.Intermittent Pneumatic Compression (IPC) garments: worked with supplier to explore potential remanufacture.Worked with 2 Boards to embed Green Theatre design principles into new builds.Measurement calls with Boards ongoing.	<ul style="list-style-type: none">2 actions to be published (sustainable food for kidney health and multi-dose fluorinated gas canisters in vitreoretinal surgery)7 bar surgical air systems: will start pilot involving metering of 7 bar air and hospital wide suction.Intermittent Pneumatic Compression (IPC) garments: agree initial 3 pilot sites.Complete current cycle of measurement calls.Work with NSS to develop automated data collection system to support measurement calls.Work with Royal College of Emergency Medicine to support 20 Emergency Departments to work towards Green Ed bronze accreditation.	Red	Amber	Green	Other
				1	6	
			<ul style="list-style-type: none">A Deployment of measurement plan: Some Boards have not engaged with recent measurement meetings. An escalation process is being developed and some recent improvement has been noted.G Other workstreams are green.			

Programme:	Planned Care Programme		Total Workstreams: 19			
Objectives	Actions this Period	Planned Actions for Next Period	Workstreams RAG status:			
Enhance the delivery of planned care, by facilitating initiatives designed to improve demand and capacity, promote greater elective activity and address waiting times.	<ul style="list-style-type: none">Performance: completed review of 104 & 52 week waits across Boards for the SG. Undertook statistical analysis of national waiting times. Chaired weekly waiting times meetings with Boards.Trauma & Orthopaedics: supported Boards with implementation of national T&O plan. Reviewed Revision Network data to support future improvement work.Ophthalmology: developed 5 new referral pathways and started user testing. Supported Electronic Patient Record roll-out across West of Scotland Boards.Radiology: worked with Boards monitored levels of additional imaging tests. 6 week+ waits have been reduced by over 22k. Continued to support expansion of National Ultrasound Training Programme.	<ul style="list-style-type: none">Performance: continue statistical analysis of national waiting times. Continue to chair weekly waiting times meetings with Boards. Continue to monitor and manage NTC capacity and performance.Trauma & Orthopaedics: work with Boards to complete peer review actions and to address outliers identified through clinical audit process. Prepare for next peer review cycle.Ophthalmology: complete user testing of referral pathways and update as required. Continue to support roll out of Ophthalmology Electronic Patient Record.Radiology: continue monthly performance meetings with Boards, including collecting scorecard data to monitor trends in demand and activity.	Red	Amber	Green	Other
				2	16	1
			<ul style="list-style-type: none">A Performance Monitoring: Awaiting direction from SG around 2026/27 requirements for this work.A Ophthalmology Electronic Patient Record: Delivery behind target but potential mitigations being discussed with Boards.O Scottish Strategic Network for Diagnostics meetings have been paused pending Network review.G Other workstreams RAG are green.			

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.

Part 2: Summary of Key Strategic Risks and Issues

Issues			Risks		
Description	Mitigation	Score	Description	Management / Mitigation	Score
(I5a) A number of staff (including Clinical Leads roles and AfC roles) within the CfSD Programmes are on Fixed-Term Contracts (FTCs). For those over 2 years of service—including reckonable NHS service they will be eligible for redundancy payments.	1) Ongoing discussions with NHSGJ HR 2) Legal guidance being sought from NSS Central Legal Office 3) Scenario planning underway to assess impact across FTC posts including potential redundancy payments for Clinical Roles (GPs and SLA'd) and AfC grades 4) Consideration of escalation to SG for funding support	Very High	There is a risk to the delivery of the Chest X-ray AI (CXR AI) innovation, due to the delays with national PACS provisioning programme team roll out	Working with Innovation Design Authority (IDA) and SG Digital Health and Care (DHAC) requesting update on PACS position.	High
(I10) There is an issue in regard to not having confirmed baselined recurring (annual) funding for Core CfSD Workforce Costs by the Scottish Government (Ref (B004/22 on Corporate Register)	Holding regular engagement with SG to seek obtaining formal recurring budget/finances in support of CfSD commission. GJ Finance team have conducted baseline funding assessment for Core CfSD staffing. Advocate for Multi-year Funding. Demonstrate Value and Impact.	Med			