Annual Delivery Plan 26-27

Board Date 5.3.26

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 26/27.*	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) that are applicable to this deliverable. 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 deliverables/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.*	Q1 RAG Status *(Red, Amber or Green)*	Progress in Q1 *Please outline what you have achieved in Q1*	Projected Q2 RAG Status	Actual Q2 RAG Status	Progress in Q2 *Please outline what you have achieved in Q2*	Projected Q3 RAG Status	Progress in Q3 *Please outline what you have achieved in Q3*
4. Workforce			Deliver the **National Endoscopy Training Programme** Further develop elements of the 360 accredited training programme for medical endoscopists, non-medical endoscopists and health care support workers. NHSBA is enhancing diagnostic capability and capacity through the NETP programme, particularly for Colonoscopy and Upper GI scopes. Training programmes include Medical, Non-Medical Endoscopists, 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 Endoscopy Practitioner Programme and Foundations of Endoscopy Practice programme for RN's will be offered for one new cohort.	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 early stage Trainees being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Deliver network forum for endoscopy nursing teams. Continue cohorts of the National Assistant Practitioner Programme (Endoscopy) the Foundations of Endoscopy Practice programme for RN's.	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 early stage Trainees 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) the Foundations of Endoscopy Practice programme for RN's.	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 early stage Trainees being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Deliver network forum for endoscopy nursing teams. Continue cohort four of the National Assistant Practitioner Programme (Endoscopy) the Foundations of Endoscopy Practice programme for RN's.	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 early stage Trainees being prioritised. Deliver ENTS (Endoscopy Non Technical Skills) Training courses. Deliver network forum for endoscopy nursing teams.	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 process for each Board. Honorary contract arrangements. Other - Sufficient faculty to deliver all programmes. Other - Hotel for travelling faculty: costs and availability. Other - Equipment availability for training, for example the portable simulator for ENTS.	Delivery of clinicians to honor SLAs is challenging for Boards but carefully monitored and negotiated. As part of planning for the future workforce, Workforce Planning are social for to consider the possibility of replacing some of the SLAs with substantive contracts for sessions to be delivered to support Immersion training hubs. Ideally by Q2 26/27		Most of the programme has been delivered as planned, but with Immersion hits in Q1 cancelled due to unavailability of faculty. Work has begun towards long-term sustainability of Honorary of the programme that will be required as business as usual in endoscopy services. Some boards have not been able to maintain JAG accreditation for service, but we are able to deliver JAG accredited courses to all Boards under the NHS Scotland Academy banner.					
4. Workforce			Cohort result of the **National Clinical Skills Programme for Pharmacists** (Independent Prescribing for Community, Primary and Secondary Care Pharmacists) GCU as delivery partner of Dundee Institute for Healthcare Simulation to ensure adequate numbers of places are provided in Scotland. Ensure sufficient supply of Simulated Patients, National Clinical Skills Programme for Pharmacists are available and relevant. Recruit and replenish faculty to deliver programme within NHS Scotland Academy at NHS Dalkeith (admin site to share the workload of delivery. Deliver around four days of clinical skills training days for 10 months, with 12-15 places each day, for a total of 40-60 places. Explore the role of NHSBA in supporting the changes to the pharmacy profession, developing business cases and delivering projects if approved.	Deliver around 120-150 learner places each quarter, over 4 days most months with 12-15 places each day.	Deliver around 120-150 learner places each quarter, over 4 days most months with 12-15 places each day.	Deliver around 120-150 learner places each quarter, over 4 days most months with 12-15 places each day.	Deliver around 120-150 learner places each quarter, over 4 days most months with 12-15 places each day.	Workforce - people need to be able to attend the training days	Pressure on GPs, Pharmacists unable to fulfil potential as independently prescribe and diagnose / treat minor ailments Unavailability of faculty Unavailability of training rooms Pharmacists do not engage in programme (self-referral) Concern over changes to contract delivery as educational governance for this programme sits outwith the Academy	Provision of Clinical Skills Training Programme addresses this risk Developed pool of faculty from NHS GJ and NHS GGC Accommodation booked at the NHS GJ (Conference Hotel) Promotion undertaken by Dundee Institute of Healthcare Simulation. Promotion within professional networks and fora		251 learner places have been delivered this quarter - higher than planned due to one module being electronically taught as two groups attend on the same day. This is a consequence of changes made to modules by the content owners: the University of Dundee.					
4. Workforce			**Perioperative Workforce Programme** The first programme will run with the following cohorts each in 2026/27: a. Foundations in Perioperative Practice Programme- 2 cohorts (concurrent with OPP) of 8-12 learners (registered Nurses). b. Operating Department Practitioner Programme- cohort of 8-12 learners (registered SCDPRs or with SDecemb prerequ experience). c. Accelerated Anaesthetic Practitioner Programme- 2 cohorts of 8 -12 learners (registered Nurses). A third cohort may be added in year 2 demand is there d. Assistant Perioperative Practitioner- 2 cohorts (concurrent with PPP) of 8 -12 learners (at band 2-3, to meet mina band 4 role). e. Decontamination training- 3 cohorts	Surgical First Assistant Programme: Cohorts continue Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Perioperative Practitioner Programme: Cohorts continue. Decontamination Training: cohorts continue and new cohort starts in June.	Surgical First Assistant Programme: Cohorts continue Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Perioperative Practitioner Programme: Cohorts continue. Decontamination Training: cohorts continue.	Surgical First Assistant Programme: Cohorts continue Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Perioperative Practitioner Programme: Cohorts continue. Decontamination Training: cohorts continue and new cohort starts in October.	Surgical First Assistant Programme: Cohorts continue Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Perioperative Practitioner Programme: Cohorts continue. Decontamination Training: cohorts continue and new cohort starts in February.	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 GG workforce group regarding place allocations, funding flow and ongoing agile review of workforce model and recruitment pipeline. Standards for supervision have been established and are being rebroadcasted to GG colleagues.		20 cohorts of all perioperative programmes have been delivered as planned. Scoping the possibility of project change to support Local Decontamination Units and Endoscopy Decontamination Units continuing.					
4. Workforce			**National Ultrasound Training Programme** Increase Ultrasound capacity in NHS Scotland by supporting Boards to train additional staff groups to undertake ultrasound scans in primary and secondary care practice education, in partnership with Scottish Government, Glasgow Caledonia University and University of Cumbria. In 2026-27 the National Ultrasound Training Programme will continue with current delivery (participating FCEU US examinations on 7015 patients through the training hits), and also offers immersive experience to medical staff. The Academy will run in 2026/27 with 17 sonographers trained, along with 60 FY1 and SR1 medical trainees in six medic specialties (for mixed disciplines). Demand for training is prioritised by the needs of boards, their enrolled learners, and patient waits.	Continue immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme.	Deliver immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme. Run medics/doctors this Quarter.	Deliver immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme. Run medics/doctors this Quarter.	Deliver immersion training, reduce waiting lists by delivering over 2,000 procedures this quarter. Continue to include medical trainees in immersion programme. Run medics/doctors this Quarter.	Workforce - Retention	This programme is funded through the SG Planned Care team, not through the Academy. Therefore there is a potential the risk of funding not being allocated. Ability to retain a team of trainers with the right skills for all GS procedures. Ability of our partner GCU to recruit future cohorts. Works to the third quarter within GJ needs to be complete by Q2 to deliver the full programme.	A team of several staff with different and complementary experience has been established to provide a consistent and positive learning experience of cohorts 1 and 2 in helping attract future cohorts. Evidence of acceleration of skills for scanning and reporting is a strong communication tool.		This programme has been delivered as planned with 2320 patients seen in Q1. All sonographers are now on open-ended contracts within GJ.					
4. Workforce			**National Bronchoscopy Training Programme** To improve long-term outcomes, NHSBA 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 2026/27). We will train all 37 GJS respiratory trainees in basic bronchoscopy and seven trainees/SAS grades/Consultants in EBUS and TBNA.	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). Support the Respiratory SAC to develop a similar programme for the 3 trainees, and to determine curricula amendments.	Support learners using online resources, enable Bronchoscopy skills practice on local simulators - basic to advanced. Possible start for SCLP in partnership with TPSD regarding variation in lung cancer pathways.	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.	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.	Workforce - Recruitment	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 as a sessional basis. There is no established mechanism with RCPSG to approve training pathways or we are exploring potential solutions as we would like national accreditation. Undetermined	Challenge for Boards to prioritise SLAs to 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.		The pilot year concludes in August 2026 and we are expressing course sessions in advance, which we will seek to learn from and correct for year 2. The faculty's seven skills have improved over the lifespan of the project with most now working towards the final part of European Respiratory Society accreditation.					
4. Workforce			**Nurses Immunisation** Develop and deliver an accelerated training programme for minor-illness and minor-injury for registered nurses working in Primary and Acute Care, with six cohorts of four learners over two years ending 31 March 2028.	Deliver programme to first cohort and evaluate use, incorporate feedback into quality improvements. Recruit cohort two.	Deliver to second cohort	Deliver programme and evaluate use, incorporate feedback into quality improvements, start recruiting cohort 3	Deliver to third cohort	Workforce - Recruitment and retention of faculty	Recruitment of both Clinical Educator(s) and Nurses to attend the training. The programme this programme will train trainers creating the capacity for training to be rolled out in local areas but the decisions of regions in how they deliver we can only have a level of influence.	We will manage expectations about what the SG is able to do through this programme through inter-communications. It is training for trainers only. The Trainers we are currently training are progressing well through their programme.		The approach of cohorts to the West and North, to support geographical coverage, has been welcomed by the stakeholder group in the planning process, but we have more places being requested in g the West than the North, so are considering moving this to match demand. The Trainers we are currently training are progressing well through their programme.					
4. Workforce			**Support for delivery of Cataract surgery** a. To support the implementation of the Cataract 24/47/Blueprint through the development of digital resources to support technical skills for registered and non registered staff in ophthalmology theatres. b. NHS Scotland Academy will increase the amount of immersive training opportunities available to support the development of the Advanced Practitioner Ophthalmic Nurse (APON) in managing a cataract operating list allowing them to perform independent surgical lists as per the RCOphth curriculum.	a. Deliver resources and monitor use, incorporate feedback into quality improvements. b. Complete recruitment processes, on boarding, and establish start dates delivering soft starts to meet demand. Establish a pilot cohort of Advanced Practitioner Nurse and delivery on the NEC in Inverness, and possible soft start in NHS GJ. Work with TPDs to recruit resident at SG division from August 2026. Continue to work with Boards to establish theatre capacity and workforce to enable immersion training	a. Deliver resources and monitor use, incorporate feedback into quality improvements. b. First resident in NHS Highland is expected to complete training and resident to start. Residents to start in NHS GJ. Development of non-technical skills course to start this quarter.	a. Deliver resources and monitor use, incorporate feedback into quality improvements. b. Residents in NHS Highland and NHS GJ complete and new one start. The non-technical skills training is refined with same delivery this quarter.	Deliver resources and monitor use, incorporate feedback into quality improvements. b. Residents in NHS Highland and NHS GJ complete and new one start. The non-technical skills training is refined with same delivery this quarter.	Other a. People will need to actually use the resources. b. Recruitment of faculty. Allocation of sessional commitments to Boards. Management of theatre capacity, activity and staff within host Boards.	a. We are created and used the NHSGA Microsoft Teams environment which is well known and the identified need. b. We will work closely with host Boards to ensure the appropriate support is in place. We will work closely with the RCOphth on recruitment of faculty. The inclusive approach of the Academy has ensured all aspects of stakeholders have been heard and have been involved in the planning. Some boards have been training softly to ensure all aspects are heard and influence the delivery of this programme. We are working to ensure that our complement and do not compete with planned training and activity in different geographies.		The funding for this project was not confirmed until the end of Q1, so it is not been possible to deliver our plan, and cataract surgery immersion training activity is now expected to start in Q2 when Resident Doctors rotate in February.					
4. Workforce			**Anchor Institution Activities** NHSBA supports the parent Boards as Anchor Institutions. NHSBA does this by funding two support roles in the Youth Academy in NES, and by hosting activities within NHSBA.	Skills and Simulation Centre to host local schools/children for learning afternoon.	Primary Trust Learners to be hosted in Skills and Simulation Centre with activities provided by NHSGA educators.	Skills and Simulation Centre to host local schools/children for learning afternoon.	Primary Trust Learners to be hosted in Skills and Simulation Centre with activities provided by NHSGA educators.	Other	Ability to accommodate requested activity in addition to delivering NHSBA programmes.	Mitigated by planning to make use of spare capacity at less busy times in programme delivery		Activity in Q1 this quarter was delivering an event for Armed Forces Day on 25 June, and an event on 1 June for Volunteers Week, and our continued funding of Youth Academy roles in NES.					
4. Workforce			**Scoping and development of programmes** NHSBA responds to requests from SG sponsors and Board partners and is scoping projects to support accelerated training for groups including breathing pattern disorder training for physiotherapists and SALT's, analysing courses for echocardiographer and women's health. 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 to year after business cases are approved.	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	Finance - Funding not yet agreed (or requested). 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 NHSBA programmes.	Mitigated at project level as part of the initiation and commissioning process		We are progressing the development of new workstreams as/when capacity allows.					