

## NHS Golden Jubilee Annual Delivery Plan (ADP) - Delivery Plan Update Q3: October to December 2022

### Executive Summary

This report provides the Finance and Performance Committee with an update on delivery of NHS Golden Jubilee's Quarter 3 ADP Delivery Planning Templates.

Specific detail is contained within the accompanying Delivery Planning Templates. These formed the basis of the return to Scottish Government in January 2023, following approval by the Executive Leadership Team.

### Highlights during quarter

Please see individual highlight reports.

### Risks and issues

No new or emerging risks were identified requiring escalation through the NHS GJ risk management framework or Executive Leadership Team. Risks drawn from the highlight reports are included below for information. Individual Delivery Planning Templates provide further detail on risks / issues / mitigations.

#### Heart, Lung & Diagnostics

Workforce challenges remains main risk - absence / vacancies mainly across critical care, but also within theatre and the medical workforce.

Establish Plain Film imaging department within redesigned orthopaedic outpatient facility - Turnkey supplier not due to complete until June 2023, equipment must be operational this financial year or risk to funding. Medical Physics managing and escalating. Scoping of activity challenging, contingent on NES recruitment of clinical staff. Options for flow optimisation across two floors, dependant on projected increase. Radiographer workforce discrepancy between original plan and subsequent requirements. Option to remove the x-ray room due for replacement and site other imaging equipment - potentials being scoped but contingent on funding out with Capital stream.

Establish Colorectal Imaging capacity - Challenge to source staff training support has delayed commencement. Lack of clarity around Radiographer competency sign-off.

Cardiology EP capacity and waiting times remains a concern. Note there is also a growing urgent demand within the Device service, likely to require additional capacity which will displace EP activity.

Following submission to Scottish Government, an error was identified with the reporting of the TTG breach position for the TAVI service. This is being investigated at present, and Heart, Lung and Diagnostics are working with Business Services to rectify. Scottish Government is aware.

#### National Elective Services

Staff availability, sickness absence and vacancies in key clinical areas will impact on the ability to deliver the service. Notable within General Surgery and Colorectal, Ophthalmology, and Orthopaedics (where use of supplementary staffing makes consistent application of ERAS principles more challenging).

Availability of staffed critical care beds due to short/long term sickness absence may impact delivery of the Cancer Programme.

Mutual aid support to West of Scotland Boards may impact on delivery of core GJ services. Team is working daily with wider MDT to prioritise patients, ongoing meetings with boards, and careful scheduling on case by case basis.

### **Digital**

Digital Learning Pathway - Despite the launch of the Cyber Centre of Excellence, there is no resource allocated to assist with this action. Continues to be on hold for the time being.

Digital Outpatient Consultation - Service has grown slightly since previous update however lack of support resource is hampering further service growth. Until addressed any further expansion is at risk. RAG status now amber.

### **Estates**

Continuation of previously identified risk: peri-operative nursing posts remain the key area of concern to recruit to for Phase 2 expansion.

Joint risk with Workforce - Continuation of previously identified risk: Significant recruitment required to deliver Phase 2 expansion. Recognised shortages in skills and workforce capacity, accompanied by high market competitiveness.

### **Finance**

Vacancies and capacity challenges within Finance Directorate may impact on core financial management and planning activity.

Risk of overreliance on non-recurring efficiency savings to support a recurring financial plan. Focus of new efficiency savings process is transformation to recurring schemes.

### **GJCH**

There remains ongoing uncertainty around the future business strategy for the Conference Hotel. A Strategy reflecting both the NHS / public sector role of the Hotel and commercial operations is under development, with a target for approval Q4/early Q1.

### **Inequalities**

There is increasing risk to both the ongoing delivery of diversity and inclusion activity in support of the Board's Equality Outcomes, and basic legislative compliance due to imminent changes to resourcing of the diversity and inclusion portfolio. From April 2023 the resource currently deployed to this portfolio will not be available to the same extent as currently, pending decisions around the resourcing and required recruitment in this area.

### **NHSSA**

Since the last update a number of risks have been successfully mitigated or are no longer applicable. These are clearly marked within the Delivery Planning Template, and are most notable for deliverable 2021-GJ70 *Establish National Treatment Centre Programme*. Increased course capacity and frequency, combined with improved uptake has significantly reduced risks around poor uptake of training places. Confirmation of funding for the programme has enabled programme planning and delivery to proceed with more certainty.

The NHSSA team notes that there remains ongoing challenges recruiting core and faculty staff in a timely manner due to recruitment timescales.

### **Workforce**

Continuation of previously identified risk: Significant recruitment required to deliver Phase 2 expansion. There are recognised shortages in skills and workforce capacity, accompanied by high market competitiveness.

There remains ongoing uncertainty relating to current and future NHS pay awards, financial implications and ongoing possibility of industrial action.

Higher than normal turnover within Recruitment and Occupational Health teams due to the employment market and a shortage of key skills. This impacts the speed and volume of the recruitment process, including pre-employment checks across Recruitment and Occupational Health. It is also slowing down unconditional offers and impacting on the workforce requirements for the Phase 2 Expansion.





Concerns have been raised regarding current digital infrastructure required for recruiting at scale, and the delayed implementation of the Digital Occupational Health Pre-employment system due to ongoing and competing priorities. This risk is being actively managed.

### **CfSD**

Develop Specialty Delivery Groups - Significant slippage due to budget not agreed until mid-December 22. This can now progress, but some milestones (notably recruitment of clinical leads, may not occur in year). Team is exploring options to expedite Clinical Lead Recruitment, with exploring options for payments from 22/23 funding allocation.

## Delivery Planning Highlight Report – Heart, Lung and Diagnostic

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
 Complete / target met	0	0	No change
 On track	6	6	No change
 At risk - requires action	7	6	-1 (merged deliverables)
 Unlikely to complete on time/meet target	1	1	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>14</b>	<b>13</b>	<b>-1</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One deliverable now closed and merged – <i>colorectal imaging to support surgery / bowel screening</i> deliverable 2021-GJ13 now merged with 2021-GJ93, <i>Establish colorectal imaging capacity</i>.</p>	<p>28 cardiac transplants delivered to end Q3 (SLA 20 / year).</p> <p>31 day cancer target – delivering consistently against 95% target.</p> <p>TAVI - As at 31/12/2022 – 0 patients waiting over 12 weeks. 148 procedures against target of 98 TAVI activity. 51% above activity plan. Negotiations underway with WoS Boards to finalise 2023/24 TAVI activity levels and reduce waiting times to acceptable levels.</p> <p>EP – As at 31/12/2022 – 370 patients waiting over 12 weeks. 440 procedures carried out against target of 491. 10% below activity plan. Ongoing challenge regarding long waiters with projections indicating that the service will not comply with 104 and 78 week targets. Availability of anaesthetic resource is the limiting factor for long waits. However, growing demand for the service means that all procedure waiting times are increasing. Activity levels in the WoS still benchmark below the UK average.</p> <p>Cardiology Elective / Urgent Activity – 130 patients waiting beyond 12 weeks for Coronary angiography +/- PCI. Winter Plan implemented in December 2022 to increase bed capacity for the purpose of improving NSTEMI 72 Hr transfer times and reducing post STEMI repatriation. Both easing pressure on WoS referring hospitals.</p>	<p>Continue with delivery of 2022/23 activity plan during Q4.</p> <p>Conversion of SLA waiting times activity to regional cardiac activity for CT / MRI – Completion of paper in January 2023 to outline the proposal for Cardiac MRI.</p> <p>Establish Colorectal Imaging capacity – Go live date in Q4. Business case to be developed for enhanced reporting software package.</p>

	<p>SNRRS business as usual model – All Boards now donating to SNRRS. 50 additional workstations approved awaiting delivery, and 10-20 reporters completed recruitment process.</p> <p>Implementation group commenced for the Plain Film imaging department, with participation of vendor and turnkey contractor. Concerns persist around clarity of roles and responsibilities.</p>	
<b>Recommendations / Information for Executive Directors</b>	<b>Risks or Issues for Executive Directors awareness</b>	
<p>Note update on delivery plan progress to end December 2022</p>	<p>Workforce challenge remains main risk- absence /vacancy mainly across critical care, but also within theatre and the medical workforce.</p> <p>Establish Plain Film imaging department within redesigned orthopaedic outpatient facility - Funding for equipment and staff. Turnkey not due to complete until June 2023, equipment must be operational this financial year or risk to funding. Medical Physics managing and escalating. Scoping of activity a challenge, contingent on NES recruitment of clinical staff. Options for flow optimisation across two floors, dependant on projected increase. Radiographer workforce discrepancy between original plan and subsequent requirements. Option to remove the x-ray room due for replacement and site other imaging equipment - potentials being scoped but contingent on funding out with Capital stream.</p> <p>Establish Colorectal Imaging capacity - Challenge to source staff training support has delayed commencement. Lack of clarity around Radiographer competency sign-off.</p> <p>See Cardiology EP update above. Note there is also a growing urgent demand within the Device service, likely to require additional capacity which will displace EP activity.</p> <p>Following submission to Scottish Government, an error was identified with the reporting of the TTG breach position for the TAVI service. This is being investigated at present, and Heart, Lung and Diagnostics are working with Business Services to rectify. Scottish Government is aware.</p>	

**Please see Appendix 2: HLD Delivery Planning Template**

## Delivery Planning Highlight Report – National Elective Services

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
<span style="background-color: blue; color: white;"> </span> Complete / target met	0	0	No change
<span style="background-color: green; color: white;"> </span> On track	6	6	(one change to amber, no new)
<span style="background-color: yellow; color: black;"> </span> At risk - requires action	5	6	+1
<span style="background-color: red; color: white;"> </span> Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>11</b>	<b>12</b>	<b>+1</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One new deliverable – <i>Mutual aid to other West of Scotland Boards</i></p> <p>One change from Green to Amber – <i>General Surgery and Colorectal</i></p>	<p>To end of December 3,539 orthopaedic procedures were performed against initial plan of 3796 and revised plan of 3,896.</p> <p>YTD activity was ahead of plan for foot and ankle, hand surgery but behind for soft tissue and joint procedures.</p> <p>Work continues to increase 4 joint lists. Remained ahead of target during Q3.</p> <p>Allocated theatre hours continues to be above pre-Covid levels, however under/overrun hours, late starts and on the day cancellation remains marginally higher than 2019 rates.</p> <p>Based on most recent BADS performance data in Discovery (2022 Q2), NHS GJ carried out 89.0% of BADS procedures as day cases against an expected rate of 91.5%. There are further opportunities to be made in BADS performance in relation to unicompartmental knee replacements.</p> <p>As at the end of Q3 505 General Surgery procedures had been performed. This was 19 procedures fewer than the initial plan and 66 below the revised plan.</p>	<p>Ongoing mutual aid support to West of Scotland Boards (as required).</p> <p>An optometrist listing pilot is underway which will run over a 12 week period, designed to release Consultants to spend more time in theatre.</p> <p>1 day of breast cancer lists to be delivered for NHS Ayrshire and Arran.</p> <p>One further surgeon will commence training as part of Da Vinci Colorectal Programme.</p> <p>Since December 2022, GJ has held endoscopy wait list for NHS Lanarkshire, which supports promoting attendance and reduces last minute cancellation impact. By February 2023, NHS GJ will hold wait lists for the two largest referring Boards.</p>

	<p>384 Colorectal procedures had been performed by the end of Q3. This was 82 procedures ahead of the initial plan but 228 procedures behind the revised plan. The actual numbers of procedures performed have been impacted by an increased number of complex procedures.</p> <p>As at the end of December 2022 8,329 cataract procedures had been performed. This is 95 procedures ahead of the initial plan of 8,234 but 803 procedures behind the revised target of 9,132. This position includes 698 procedures performed through collaboration with other NHS Scotland Health Boards to staff lists at NHS GJ.</p> <p>Between May and December 2022 a contract has been in place to provide two Saturday theatres. At completion of this contract in December 2022 1,251 cataract procedures had been performed by Synaptik against a target of 1,200.</p> <p>As at the end of December 2022 192 procedures had been performed as part of the cancer programme. This is 56 cases behind the target of 248 for this point in 2022/23. This shortfall is the result of the complex nature of populating cancer lists at short notice from MDTs. From Dec 22, NHS A&amp;A repatriated a half day per week breast surgery, leaving only 1 day of breast cancer surgery lists being carried out at GJ for NHS A&amp;A until end of financial year.</p> <p>During December 2022, NHS GJ offered capacity to: NHS Lanarkshire – Orthopaedic revision surgery on a case per case basis and NHS GGC – for urgent Orthopaedic surgery patients who had procedures cancelled in their host Board.</p>	
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Recommendations / Information for Executive Directors	Risks or Issues for Executive Directors awareness
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Note update on delivery plan progress to end December 2022	Staff availability, sickness absence and vacancies in key clinical areas will impact on the ability to deliver the service. Notable within General Surgery and Colorectal, Ophthalmology, and Orthopaedics (where use of supplementary staffing makes consistent application of ERAS principles more challenging).
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Availability of staffed critical care beds due to short/long term sickness absence may impact deliver of the Cancer Programme.

Mutual aid support to West of Scotland Boards may impact on delivery of core GJ services. Working daily with wider MDT to ensure prioritisation of patients. Ongoing meetings with boards. Careful scheduling on a case by case basis.

**Please see Appendix 3: NES Delivery Planning Template**

## Delivery Planning Highlight Report – Digital

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
<span style="color: blue;">■</span> Complete / target met	0	0	No change
<span style="color: green;">■</span> On track	4	3	-1
<span style="color: orange;">■</span> At risk - requires action	1	2	+1
<span style="color: red;">■</span> Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>5</b>	<b>5</b>	<b>No change</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One change from Green to Amber – <i>Digital Outpatient Consultation</i></p>	<p>Hospital Expansion - Network surveys and equipping well underway with further equipment purchases are being defined. No issues at this stage for completion on schedule.</p> <p>Laboratory Information System (LIMS) replacement - Work continuing with the vendor prior to a go-live date in Q2 2023. Further contractual work continues with the vendor and 3 Board consortium to align approaches.</p>	<p>Data Management Infrastructure - Business Discovery workshops commence in Feb with a plan to be live with first phase in April 23. Stakeholder definitions underway prior to overall scoping exercise.</p> <p>Go-live for LIMS replacement scheduled for Q2.</p>

Recommendations / Information for Executive Directors	Risks or Issues for Executive Directors awareness
<p>Note update on delivery plan progress to end December 2022</p>	<p>Digital Learning Pathway - Despite the launch of the Cyber Centre of Excellence, there has still been no resource allocated to assist with this action. Continues to be on hold for the time being.</p> <p>Digital Outpatient Consultation - Service has grown slightly since previous update however the lack of support resource is hampering further use of the service. Until this is addressed any further expansion would be at a risk. RAG status now amber.</p>

Please see Appendix 4: Digital Delivery Planning Template



## Delivery Planning Highlight Report – Estates

### Deliverables Status





	Previous Quarter	Q3 (this report)	Change vs previous quarter
<span style="color: blue;">■</span> Complete / target met	0	0	No change
<span style="color: green;">■</span> On track	2	3	+1
<span style="color: yellow;">■</span> At risk - requires action	1	1	No change
<span style="color: red;">■</span> Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	1	0	-1
<b>Total</b>	<b>4</b>	<b>4</b>	<b>4</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One change from Proposal to Green – <i>Phase 4 Strategic Assessment</i></p>	<p>Phase 2 final assurance report issued by NHS Scotland Assure in November 2023 following review. Work commenced on action plan.</p> <p>Breakthrough works within the Phase 2 Expansion site have now progressed throughout levels 1 and 2, with preparatory work for progression to level 3 breakthroughs now underway.</p> <p>Recruitment for clinical and non-clinical posts has increased in line with targeted recruitment events. Currently 73.2 WTE at different stages of recruitment process. Nursing recruitment challenging.</p> <p>The Sustainability Manager role profile is current being job evaluated to assign the appropriate banding. This role is core to supporting NHS GJ's Value and Sustainability agenda.</p> <p>Completed Theatre Administration space refurbishment. Review of ventilation needs is now underway, with Expansion team working to ensure minimal disruption to activity.</p>	<p>NHS Scotland Academy works scheduled to take place January 2023.</p> <p>Development of the Phase 4 strategic assessment to be finalised in Q4 as a pre-cursor to initial agreement.</p> <p>Progression with the Level 3 refurbishment works will see the creation of the Perfusion Set-up Space.</p>
Recommendations / Information for Executive Directors	Risks or Issues for Executive Directors awareness	
Note update on delivery plan progress to end December 2022	Continuation of previously identified risk: peri-operative nursing posts remain the key area of concern to recruit to for Phase 2.	

**Please see Appendix 4: Estates Delivery Planning Template**

## Delivery Planning Highlight Report – Finance

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
 Complete / target met	0	0	No change
 On track	4	5	+1
 At risk - requires action	3	2	-1
 Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>7</b>	<b>7</b>	<b>No change</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One change from Amber to Green – <i>Funding and management of pay policy</i></p>	<p>Quarter 3 submission of 2022/23 FPR return to SG as part of Financial Performance reporting completed December 2022. Efficiency plans are progressing and updated to reflect YTD and forecast achievement. £2.534m identified at Month 9 vs full-year target of £4.590m.</p> <p>Weekend Cataract activity costs now incorporated as part of routine Planned Care meetings and discussions with SG, and within OPDB returns due. This action will close on contract end.</p> <p>A Recruitment Tracker is in place with ongoing maintenance and alignment with funding /budget flows. Current focus of work is to distinguish between core recruitment versus NTC additionality for Scottish Government return requests and financial modelling against original Phase 2 business case. Final review is being undertaken to finalise remaining posts expected to be recruited by 31st March 2023. There is renewed focus on agreeing phasing of recruitment for 23/24 for agreement by end January.</p> <p>Pay Award offer now agreed. Per discussions at National Directors of Finance meeting, assumed to be funded in full in 2022/23. Status revised to Green.</p>	<p>Agree phasing and financial impact of 23/24 expected recruitment (January).</p>

<b>Recommendations / Information for Executive Directors</b>	<b>Risks or Issues for Executive Directors awareness</b>
<p>Note update on delivery plan progress to end December 2022</p>	<p>Staff absence and capacity challenges within Finance Directorate may impact on core financial management and planning activity.</p> <p>Risk of overreliance on non-recurring efficiency savings to support a recurring financial plan. Focus of new efficiency savings process is transformation to recurring schemes.</p>

**Please see Appendix 6: Finance Delivery Planning Template**

## Delivery Planning Highlight Report – Golden Jubilee Conference Hotel

### Deliverables Status

		Previous Quarter	Q3 (this report)	Change vs previous quarter
	<i>Complete / target met</i>	1	1	No change (One deliverable previously marked as closed in Q2 remains in Q3 template as additional rooms were added to refurbishment programme in Q3)
	<i>On track</i>	3	3	No change
	<i>At risk - requires action</i>	1	1	No change
	<i>Unlikely to complete on time/meet target</i>	0	0	No change
	<i>Proposal - New Proposal/no funding yet agreed</i>	0	0	No change
	<b>Total</b>	<b>5</b>	<b>5</b>	<b>No change</b>





Summary of status changes	Highlights during quarter	Upcoming / future deliverables
No change to delivery RAG status during Q3.	<p>Additional 6 bedrooms made available to support the International Recruitment Project, bringing the total number of Hotel rooms to 19, including the communal living space.</p> <p>Progress continues with the development of the future strategy for the Hotel. Recommendations are being submitted to ensure alignment of the Hotel strategy with the strategic developments of the wider site.</p> <p>As at Q3, the Hotel's financial performance remains ahead of the agreed 2022/23 financial plan.</p>	<p>Upgrades to AV equipment within the Auditorium are planned to take place during Q4.</p> <p>Plans are being produced to support the proposed handover of the day-to-day management of the training rooms to GJCH.</p>

Recommendations / Information for Executive Directors	Risks or Issues for Executive Directors awareness
Note update on delivery plan progress to end December 2022	There are no new risks or issues for escalation at this time.

**Please see Appendix 7: Golden Jubilee Conference Hotel Delivery Planning Template**

## Delivery Planning Highlight Report – Inequalities

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
 Complete / target met	0	0	No change
 On track	4	4	No change
 At risk - requires action	1	1	No change
 Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>5</b>	<b>5</b>	<b>No change</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
No change to delivery RAG status during Q3.	<p>Circa 700 staff members have now completed EQIA training module.</p> <p>Staff networks for 'women' and 'international recruits' established.</p> <p>NHS GJ invited to present Wayfinding strategy to NHS Assure Best Practice 'showcase' in January.</p> <p>Work is well underway with 'Develop' phase of Scottish Adult Congenital Cardiac Service (SACCs) redesign and improvement project. Project team is working with internal stakeholders for feasibility and logistics of implementing changes.</p>	<p>Autism Awareness staff training to be delivered.</p> <p>Assigning GJ Executive Diversity and Inclusion leads to be finalised.</p> <p>Solution to be agreed for Diversity and Inclusion portfolio resourcing.</p> <p>External website refresh to commence.</p> <p>Next milestone report for SACCs project.</p> <p>Inclusive Design Strategy for Phase 2 Expansion to be signed-off during Q4.</p> <p>WelcomeMe app appraisal to be completed Q4/Q1.</p>

### Recommendations / Information for Executive Directors

Note update on delivery plan progress to end December 2022





### Risks or Issues for Executive Directors awareness

There is currently uncertainty regarding the future resourcing of the diversity and inclusion portfolio - discussions are ongoing to agree the future approach and resources to support this work. This may impact on delivery of the Board Equality Outcomes and discharge of equalities duties.

Please see Appendix 8: Inequalities Delivery Planning Template

## Delivery Planning Highlight Report – NHS Scotland Academy

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
 Complete / target met	0	0	No change
 On track	4	5	+1
 At risk - requires action	2	1	-1
 Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>6</b>	<b>6</b>	<b>No change</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One change from Amber to Green – <i>Establish National Treatment Centre Programme</i></p>	<p>Learning Environment physical space design and technical drawings have been signed off and will go to tender in January 23. Stakeholders involved in design and specification process.</p> <p>Despite some changes within the team, a number of new colleagues have joined the core NHSSA team, providing additional capacity for programme development activity.</p> <p>The National Endoscopy Programme has now delivered colonoscopy training for 40 learners, most recently in NHS Grampian and NHS Tayside. Immersive Training and ENTS (Endoscopy Non-Technical Skills) Training is also progressing well. The first cohort of learners is complete for the National Assistant Practitioner Programme (Endoscopy), with course evaluation to be undertaken to inform future delivery.</p> <p>All Boards barring NHS Greater Glasgow and Clyde have completed SLAs for the Academy's national faculty.</p> <p>Additional learner days in November and December has resulted in the National Clinical Skills for Pharmacists Programme delivering over 1,000 learner days to 484 learners since commencing in September 2021.</p>	<p>Tender for physical aspects of Learning Environment.</p> <p>Further recruitment to faculty positions planned for Q4.</p> <p>Videography for NMC OSCE Preparation (Mental Health, and Midwifery) planned for January.</p>

	<p>NMC OSCE Preparation resources used by 211 learners and 157 educators since launch, with funding confirmed for new resources in mental health, and midwifery.</p> <p>National Treatment Centre Programme – see risks and issues</p>	
<b>Recommendations / Information for Executive Directors</b>	<b>Risks or Issues for Executive Directors awareness</b>	
<p>Note update on delivery plan progress to end December 2022</p>	<p>Since the last update a number of risks have been successfully mitigated or are no longer applicable. These are clearly marked within the Delivery Planning Template, and are most notable for deliverable 2021-GJ70 <i>Establish National Treatment Centre Programme</i>. Increased course capacity and frequency, combined with improved uptake has significantly reduced risks around poor uptake of training places. Confirmation of funding for the programme has enabled programme planning and delivery to proceed with more certainty.</p> <p>The NHSSA team notes that there remains ongoing challenges recruiting core and faculty staff in a timely manner due to recruitment timescales.</p>	

**Please see Appendix 9: NHSSA Delivery Planning Template**

## Delivery Planning Highlight Report – Workforce

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
<span style="color: blue;">■</span> Complete / target met	0	1	+1
<span style="color: green;">■</span> On track	5	4	-1
<span style="color: yellow;">■</span> At risk - requires action	1	1	No change
<span style="color: red;">■</span> Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>6</b>	<b>6</b>	<b>No change</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One change from Green to Complete – <i>Development of the 3 year Workforce Plan</i></p>	<p>Phase 2 Expansion: Recruitment events planned for January and February Q4. Challenges remain in attracting and retaining skill sets and roles required to support in September 2023 – this is being reviewed at NHS GJ's State of Readiness Group.</p> <p>3 year Workforce Plan is now complete reflective of feedback from Scottish Government. Governance is in place via the monthly Workforce Planning and Transition Group and NHS GJ's Staff Governance and Person Centred Committee. The plan will be reviewed in 2023/24.</p> <p>Staff Vaccination Programme 2022 is now complete: 99.25% of allocated Covid vaccinations administered. Additionally, 870 seasonal Flu vaccinations were facilitated.</p> <p>A new Occupational Health post is currently going through the job evaluation process. This role is recognised as a key resource for supporting NHS GJ's mental health and psychological support services for staff and supporting priority actions.</p> <p>The 2022 iMatter cycle is complete with teams encouraged to update action plans and 'team stories' based on results.</p> <p>Women's Network has been established to represent the protected characteristic of Sex. NHS GJ now has 5 staff diversity networks.</p>	<p>Phased recruitment in the run up to September 2023 Phase 2 opening.</p> <p>Young Person's Network to be established by the end of Q4 to represent the protected characteristic of Age.</p> <p>Establishment of assigned Executive Directors to represent each of the staff diversity networks.</p> <p>Work remains ongoing on scoping out internal Mental Health referral pathways.</p>



<b>Recommendations / Information for Executive Directors</b>	<b>Risks or Issues for Executive Directors awareness</b>
<p>Note update on delivery plan progress to end December 2022</p>	<p>Continuation of previously identified risk: Significant recruitment required to deliver Phase 2 NTC expansion. There are recognised shortages in skills and workforce capacity, accompanied by high market competitiveness.</p> <p>Higher than normal turnover within Recruitment and Occupational Health teams due to the employment market and a shortage of key skills. This impacts the speed and volume of the recruitment process, including pre-employment checks across Recruitment and Occupational Health. It is also slowing down unconditional offers and impacting on the workforce requirements for the Phase 2 Expansion.</p> <p>Concerns have been raised regarding current digital infrastructure required for recruiting at scale, and the delayed implementation of the Digital Occupational Health Pre-employment system due to ongoing and competing priorities. This risk is being actively managed.</p>

**Please see Appendix 10: Workforce Delivery Planning Template**

## Delivery Planning Highlight Report – Centre for Sustainable Delivery

### Deliverables Status

	Previous Quarter	Q3 (this report)	Change vs previous quarter
Complete / target met	0	0	No change
On track	5	7	+2
At risk - requires action	5	3	-2
Unlikely to complete on time/meet target	0	0	No change
Proposal - New Proposal/no funding yet agreed	0	0	No change
<b>Total</b>	<b>10</b>	<b>10</b>	<b>No change</b>

Summary of status changes	Highlights during quarter	Upcoming / future deliverables
<p>One change from Amber to Green – <i>Cancer Pathway Development</i>; and <i>National Elective Coordination Unit</i></p>	<p>CfSD Planned Care Conference held in Nov 22 provided opportunity to showcase planned care recovery programmes and promoted Health Board engagement.</p> <p>Draft sign off approach developed for formal sign off of designed National Pathways. Cataract surgery blue print developed with formal publication targeted Q4/ 22/23. Toolkit also drafted with Cataract Surgery Standards scoping report complete.</p> <p>12 out of 14 Health Boards fully engaged with HeatMaps with confirmed CfSD Champions in place in support of adopting high impact programmes and reporting. Theatre Optimisation assessment issued out to all Health Boards.</p> <p>Lung campaign post-campaign evaluation completed. New awareness campaign options have been developed and presented to the Cabinet Secretary. Creative approach approved by Cabinet Secretary.</p> <p>Earlier Cancer Diagnosis ambition developed and agreed with the Cabinet Secretary. Strategy and Action Plan shared with Cabinet Secretary.</p> <p>Interim independent evaluation report for RCDSs by Strathclyde University has been published. Supported the Cabinet Secretary</p>	<p>Cataract surgery blue print formal publication targeted Q4/ 22/23.</p> <p>Develop HeatMaps for 23/24.</p> <p>Recruitment of CfSD resources being undertaken against forward look of activity. Identifying partnership opportunities with ANIA Delivery Partners.</p>

	<p>visit of NHS Fife Rapid Cancer Diagnostic Service (RCDS). Meeting with UoS took place and actions agreed to progress work of second year of evaluation - including gap analysis. Monthly meetings commenced with next two Boards to come on-stream. Lung Optimal Diagnostic Pathway toolkit published on TURAS.</p> <p>IDA met on 19th Dec and supported Strategic Assessments for Digital COPD &amp; Digital Diabetes Remission. There are currently 11 projects being progressed through the ANIA pathway.</p> <p>National Green Theatre Programme Board with agreed Terms of Reference now established in support of formal governance. Speciality Delivery Group formalised to support programme of work. Recruitment of National Green Theatre Staff complete.</p> <p>NECU – scope extended to include SG Request to explore National Waiting List Validation model. Scoping of Workforce Bank and Credit Bank concepts now completed. Workforce model drafted in support of Campaign Capacity. Ongoing development of the Target Operating Model (TOM), including Standard Operating Processes (SOPs) for waiting list validation, outpatients and surgical. 1715 patients have been validated by end of Nov 22 with a 30% removal rate and 1324 patients received surgical treatment across a number of campaigns.</p>	
<b>Recommendations / Information for Executive Directors</b>	<b>Risks or Issues for Executive Directors awareness</b>	
<p>Note update on delivery plan progress to end December 2022</p>	<p>Develop Specialty Delivery Groups - Significant slippage due to budget not agreed until mid-December 22. This can now progress, but some milestones (notably recruitment of clinical leads, may not occur in year). Team is exploring options to expedite Clinical Lead Recruitment, with exploring options for payments from 22/23 funding allocation.</p>	

**Please see Appendix 11: CfSD Delivery Planning Template**