

| Annual Delivery Plan 25-26 | | | | | | | | | | | | | | | | | |
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| Reporting 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 Q1 RAG Status | Actual Q2 RAG Status | Progress in Q2 | Projected Q3 RAG Status | Progress in Q3 |
| 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 by 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 risks (and/or issues) depending on delivery of milestones. Please choose all that are relevant from the list. | Please provide a short summary of risks (and/or issues) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact objectives/missions. | Please summarise the key controls in place to manage the risks (and/or issues), 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 |
| Workforce | | | Deliver the National Endoscopy Training Programme Further develop elements of the JAG accredited training programme for medical endoscopists, non-medical endoscopists and health care support workers. NHSJA 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 Foundation of Endoscopy Practice programme for RNs will be offered for one cohort if there is demand from Boards. | Deliver upskilling for colonoscopy courses, basic skills courses, upskilling upper GI courses and Train the Colonoscopy Trainer and Training the Endoscopy Trainer Courses. Deliver immersion training with early stage Trainers 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 RNs. | 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 Trainers 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 RNs. | 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 Trainers 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 RNs. | 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 Trainers 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 RNs. | Workforce - Recruitment and retention of faculty. Inability to secure staff/ resource to run clinical training programme. Some SAs for residential faculty and workload leads have been difficult for Boards to implement. Some Faculty have not had SAs renewed where they had not been able to commit to the agreed time. 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. | Pressure on GPs, Pharmacists unable to fulfil potential to independently prescribe and diagnose/ treat minor ailments. Unavailability of faculty Unavailability of training rooms Pharmacists do not engage in programme (Self-referral) | Review of clinicians to honour SAs in relation of Boards. Challenges of residential faculty and workload leads have been difficult for Boards to implement. Some Faculty have not had SAs renewed where they had not been able to commit to the agreed time. Accommodation booked within NHS GI (Confidentiality) Promotion undertaken by Dundee Institute of Healthcare Simulation. Promotion within professional networks and fora. | | | | | | | |
| Workforce | | | 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. Recruit and respond quickly to deliver programme within NHS Scotland Agency at NHS Golden Jubilee site to share the workload of delivery. Deliver around ten days of clinical skills training over 12 months, with 12-15 learners a day, creating 600 - 825 learner places. Explore the role of NHSJA in supporting the changes in the pharmacy profession, creating business cases and delivering projects if approved. | Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day. | Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day. | Deliver around 165-206 learner-places each quarter, over 5 days most months with 12-15 places each day. | Deliver around 165-206 learner-places each quarter, over 5 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 to independently prescribe and diagnose/ treat minor ailments. Unavailability of faculty Unavailability of training rooms Pharmacists do not engage in programme (Self-referral) | Provision of Clinical Skills Training Programme addresses this risk Developed pool of faculty from NHS and NHS GGC Accommodation booked within NHS GI (Confidentiality) Promotion undertaken by Dundee Institute of Healthcare Simulation. Promotion within professional networks and fora. | | | | | | | |
| Workforce | | | Peroperative Workforce Programme The four programmes developed in 2022/23/24 will run with the following cohorts each to 2025/26: Foundations in Peroperative Practice Programme: 2 cohorts (concurrent with APP) of 8-12 learners (registered Nurses). Surgical First Assistant Programme: 1 cohort of 8-12 learners (registered OR Nurse with 18months post experience). Accelerated Anaesthetic Practitioner Programme: 2 cohorts of 8-12 learners (registered Nurses). A third cohort may be added in year if demand is there. Assistant Peroperative Practitioner Programme: 2 cohorts (concurrent with APP) of 8-12 learner (at band 3-3), to move into a band 4 role). Decommissioning Training: 2 cohorts | Surgical First Assistant Programme: Cohorts continue. Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Peroperative Practitioner Programme: Cohorts continue. Decommissioning Training: cohorts continue. | Surgical First Assistant Programme: Cohorts continue. Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Peroperative Practitioner Programme: Cohorts continue. Decommissioning Training: cohorts continue. | Surgical First Assistant Programme: Cohorts continue. Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Peroperative Practitioner Programme: Cohorts continue. Decommissioning Training: cohorts continue. | Surgical First Assistant Programme: Cohorts continue. Anaesthetic Practitioner Programme: Cohorts continue. Foundations of Peri Operative Practice Programme: Cohorts continue. National Assistant Peroperative Practitioner Programme: Cohorts continue. Decommissioning Training: cohorts continue. | Workforce - Retention of education faculty | The pipeline of learners and their supervisors is currently slow so we will be paying attention to future planning and ensuring we do all we can to ensure cohorts run at full capacity. High level engagement with SG workforce group regarding place allocation, funding flow and ongoing after review of workforce model and recruitment pipeline. Standards for supervision have been established and are being reinforced by SG colleagues. | Uptake will be small as the numbers recruited are small there will reach a point where the cost of updating the resource is greater than the benefit and we are waiting for this. We will transfer maintenance of the Clinical Humility resource to NES at an appropriate time for to be maintained on a 'business-as-usual' base | A agreement is in place with Northumbria to provide OSCE places for NHS Scotland nurses. We will archive this programme when the cost of updating is greater than the benefit and we are waiting for this. We will transfer maintenance of the Clinical Humility resource to NES at an appropriate time for to be maintained on a 'business-as-usual' base | | | | | | |
| Workforce | | | Support for NMC OSCE Preparation NHSJA supports Boards who have recruited nurses from outside the UK, by helping the new nurses and their supervisors with preparation for NMC OSCE. This helps the nurses gain registration so they can practice independently as quickly as possible. Digital resources in the OSCE. Resources in Adult Nursing were released in Q2 2022/23 and for MH Nurses and Midwives in Q2 2022/23. A cultural humility resource was launched in Q3 2023/24. | Resources to be actively used by nurses and the education supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers of new nurses expected in year). Resources to be updated each time the NMC make changes to the stations. | Resources to be actively used by nurses and the education supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers of new nurses expected in year). Resources to be updated each time the NMC make changes to the stations. | Resources to be actively used by nurses and the education supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers of new nurses expected in year). Resources to be updated each time the NMC make changes to the stations. | Resources to be actively used by nurses and the education supporting them, for nurses new to the UK in areas of adult nursing, MH nursing and Midwifery (very low numbers of new nurses expected in year). Resources to be updated each time the NMC make changes to the stations. | Other - this project is dependent on the successful recruitment of new nurses by Boards/agencies | Uptake will be small as the numbers recruited are small there will reach a point where the cost of updating the resource is greater than the benefit and we are waiting for this. We will transfer maintenance of the Clinical Humility resource to NES at an appropriate time for to be maintained on a 'business-as-usual' base | A agreement is in place with Northumbria to provide OSCE places for NHS Scotland nurses. We will archive this programme when the cost of updating is greater than the benefit and we are waiting for this. We will transfer maintenance of the Clinical Humility resource to NES at an appropriate time for to be maintained on a 'business-as-usual' base | | | | | | | |
| Workforce | | | Preparation for work in health and social care in Scotland NHSJA 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 3,000 in total). An annual education review takes place and requested developments will be delivered. | Add additional quizzes for learners to track progress requested by learner feedback, 200 new learners to use resource. | 200 new learners to use resource. | Develop and publish additional modules, 200 new learners to use resource. | 200 new learners to use resource. | Other - the development of the new modules may help show the priority but if other programmes need the limited resource for developing online education | There is a risk of the resource remains in use after the content becomes dated | We have a review schedule in place to ensure continued currency of content. | | | | | | | |
| Workforce | | | National Ultrasound Training Programme 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 Dundee. In 2023-26 the National Ultrasound Training Programme will continue with current delivery (anticipating 5282 US examinations in 7453 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 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. | Deliver 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. | Workforce - Retention | This programme is funded through the SG Planned Care team, not through the NHSJA business allocation, so is subject to the risk of funding not being allocated. Ability to retain a team of trainers with the right skills for all US procedures. Ability of our partner GDC to recruit future cohorts. | 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 screening and reporting is a strong communication tool. | | | | | | | |
| Workforce | | | National Bronchoscopy Training Programme To improve lung cancer outcomes, NHSJA 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 TBA. | 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 (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 (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 (eight hours of supervised practice in two four hour sessions ideally separated by three months). Run EBUS training day. | 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 on a seasonal basis. There is no established mechanism within ACPTs to approve training pathways so we are exploring potential solutions as we would like rapid accreditation/endorsement. | Challenges for Boards in putting SAs in place Delayed the timing of achievement of milestones and SAs will need to be extended to deliver this programme. This is within the current funding envelope for our programmes. There is no established mechanism within ACPTs to approve training pathways so we are exploring potential solutions as we would like rapid accreditation/endorsement. | The programme will run shortly after graduation | | | | | | |
| Workforce | | | Accelerated Biomedical Scientist Portfolio attainment Delivery of an accelerated training pathway for BS graduates to complete practical portfolio, and achieve registration faster. | Continue delivery of programme and quality enhancement as the first learners complete | Deliver accelerated programme | Deliver accelerated programme | Deliver accelerated programme | Workforce - Recruitment | Ability of Boards to recruit new BAS at the right time to join the training programme. | 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 | | | | | | | |
| Workforce | | | Support for High Volume Cataract services To support the implementation of the Cataract (HVC3) Blueprint through the development of digital resources to support technical skills for registered and non-registered staff in ophthalmology theatres | Deliver resources and monitor use, incorporate feedback into quality improvements | Deliver resources and monitor use, incorporate feedback into quality improvements | Deliver resources and monitor use, incorporate feedback into quality improvements | Deliver resources and monitor use, incorporate feedback into quality improvements | Other - People will need to actually use the resources | People will need to actually use the resources | We are created and used the NHSJA SALDR to ensure resources are relevant and meet the identified need | | | | | | | |
| Workforce | | | Anchor Institution Activities NHSJA supports the parent Boards as Anchor Institutions. NHSJA does this by funding two support roles in the Youth Academy in NHS, and by hosting activities within NHS G. | Skills and Simulation Centre to host local schoolchildren for learning after-school | Prince Trust Learners to be hosted in Skills and Simulation Centre with activities provided by NHSJA educators. | Skills and Simulation Centre to host local schoolchildren for learning after-school | Prince Trust Learners to be hosted in Skills and Simulation Centre with activities provided by NHSJA educators. | Ability to accommodate requested activity in addition to delivering NHSJA programmes | Mitigated by planning to make use of spare capacity at less busy times in programme delivery | | | | | | | | |
| Workforce | | | SG Care (Implementation) NHSJA will develop and deliver an accelerated training programme for micro-suiting our care training 15 registered nurses working in Primary and Acute Care, over two years ending 31 March 2027 | Recruit Clinical Educators to WTE band and develop resources as per SALDR cohort, aiming for delivery to start and end of the quarter | Deliver programme to first cohort and evaluate use, incorporate feedback into quality improvements. Recruit two. | Deliver programme to first cohort and evaluate use, incorporate feedback into quality improvements, start recruiting cohort 3 | Deliver programme to first cohort and evaluate use, incorporate feedback into quality improvements, start recruiting cohort 3 | Workforce - Recruitment | Recruitment of both Clinical Educator(s) and RN learners are risks for this programme. The programme will train trainees, creating the capacity for training to be rolled out in local areas but the decisions of regions in when they deliver care services is out of the scope of NHSJA/HR/HR/HR | We will manage expectations about what NHSJA is delivering through this programme. The programme will train trainees, creating the capacity for training to be rolled out in local areas but the decisions of regions in when they deliver care services is out of the scope of NHSJA/HR/HR/HR | | | | | | | |
| Workforce | | | Research and development of programmes NHSJA requests to require from SG sponsors and Board partners and is seeking projects to support accelerated training for groups including a practical immersion training programme for ophthalmology residents, breathing pattern disorder training for physiotherapists and SAs, and programmes for clinical pharmacists and endocrinologists. 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 timetable in year after business cases are approved | Take scoping papers, SBAs and business cases through established governance processes when each stage of research is complete | Take scoping papers, SBAs and business cases through established governance processes when each stage of research is complete | Take scoping papers, SBAs and business cases through established governance processes when each stage of research is complete | Take scoping papers, SBAs 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 | There may not be funding or availability of the people we need to deliver governance processes when each stage of research is complete | Mitigated at project level as part of the initiation and commissioning process | | | | | | | |