Board Item 3.5.3a

Centre for Sustainable Delivery

NHS SCOTLAND

Centre for Sustainable Delivery

Annual Report

2025/2026

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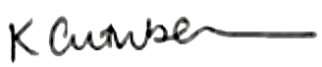
Foreword

The Centre for Sustainable Delivery (CfSD) Annual Report 2025/2026 highlights the significant contribution that the CfSD has made over the year in supporting NHS Scotland to improve access, reduce waiting times, modernise care pathways and drive sustainable system transformation.

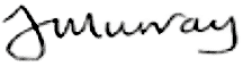
Working in partnership with Health Boards, clinicians, patients, Scottish Government and national organisations, CfSD has continued to translate strategic ambition into practical improvement, delivering measurable benefits for patients and services across Scotland.

From supporting reducing long waits and expanding diagnostic and treatment capacity, to accelerating innovation, strengthening performance intelligence and advancing environmentally sustainable healthcare, our programmes have demonstrated the value of clinically led, data-driven national change.

While significant challenges remain across the health and care system, the achievements outlined in this report reflect the commitment, expertise and collaboration of colleagues across Scotland who are dedicated to improving outcomes for patients. We are grateful for their continued support and look forward to building on this progress as we work together to deliver sustainable, equitable and high-quality healthcare for the people of Scotland.



Katie Cuthbertson
National Director
Centre for Sustainable Delivery



Dr Juliette Murray
National Clinical Director
Centre for Sustainable Delivery

Introduction

The Centre for Sustainable Delivery is uniquely positioned within NHS Scotland as a national, clinically led delivery unit that bridges the gap between government policy and frontline services.

It plays a key role in ensuring the delivery of NHS Scotland services is aligned to the Scottish Government commitments set out in the Programme for Government and the NHS Scotland Operational Improvement Plan.

The purpose of CfSD is to:

- Design and scale system-wide solutions that tackle NHS Scotland's biggest health challenges quickly, equitably, and sustainably.
- Deliver national improvement in care across NHS Scotland through the implementation of optimal care pathways, sustainable improvements in service delivery, and the sharing of best practice.
- Support the development and implementation of the new sub-national planning and delivery structures.
- Adopt a clinical leadership approach to ensure equity and quality of care by understanding and reducing unwarranted variation, which will increase reliability and consistency of care.
- Drive redesign and transformation through collaboration and partnership working, including developing and maintaining networks of clinicians and senior leaders across different specialities and settings.
- Combine agile innovation with the authority to coordinate national deployment of innovations to ensure that proven technologies and models are adopted across the country.
- Assess, monitor, and redesign systems through data analysis, including using national and local data to inform system understanding, prioritisation and programme design to optimally achieve key objectives.
- Undertake research and publish evidence-based learning to establish the CfSD as an internationally recognised unit for supporting system change.

Programmes and Teams

The Centre for Sustainable Delivery consists of a number of national programmes:

Programme/Team	Description
Modernising Patient Pathways Programme (MPPP)	Supports front line clinical and operational teams to develop and embed sustainable improvements in planned care by redesigning models of care, sharing best practice, and helping services balance demand and capacity.
National Elective Coordination Unit (NECU)	Provides a centralised and coordinated resource that works with all Boards to support Planned Care Delivery by matching demand to capacity and maximising capacity utilisation. This includes supporting national commissions to reduce waiting times across Scotland.
National Unscheduled Care Improvement Programme	Defines national best practice for key areas within Unscheduled Care, including ensuring the timeliness and safety of patient care, and improving the patient and staff experience. This includes developing tools and guidance to help Boards implement improvements.
Cancer Improvement and Earlier Diagnosis Programme	Supporting the diagnosis of cancer earlier and faster, with a particular focus on reducing health inequalities. This includes work to enhance diagnostics, improve public education, invest in innovation, and to support primary care.
National Endoscopy Programme	Development and implementation of a Framework for Sustainable Endoscopy Services in Scotland, which will help improve endoscopy services across Scotland, and supporting Boards to improve services in a structured way.
Innovation Programme	Facilitating the rapid identification and assessment of new technologies for potential national adoption and leading the accelerated implementation of approved technologies across NHS Scotland.
Green Healthcare Programme	Embedding environmental sustainability across NHS Scotland by driving clinically led improvement and innovation initiatives that enable climate resilience, support the Scottish Government's net zero commitments and enables a greener and healthier future for all.
Planned Care: Performance Team	Supporting Boards with their Planned Care Delivery Plans and undertaking performance monitoring of the plans. The team provide support by facilitating engagement with initiatives designed to improve activity, maximise capacity and reduce waiting times.

Programmes and Teams

Programme/Team	Description
Planned Care: Trauma and Orthopaedics	Supporting the delivery of orthopaedic planned care by facilitating initiatives to improve demand and capacity, enhancing patient access, reducing waiting times and improving patient outcomes by implementing high-quality care initiatives and pathways and benchmarking performance through national audits.
Planned Care: National Eyecare	Working with primary and secondary care eye services to reduce unwarranted variation, promote evidence-based approaches to care, and identify ways to work more efficiently and effectively in order to recue waiting times and drive improvements for patients, particularly those with sight-threatening conditions.
Planned Care: Radiology	Supporting delivery of radiology services by improving capacity, reducing waiting times and promoting efficient pathways for barium, computerised tomography (CT), magnetic resonance imaging (MRI) and ultrasound tests.
Clinical Leadership	Ensures a clinical leadership approach is adopted across CfSD, working in partnership with senior clinicians across Boards to ensure that clinical staff are fully involved in the design, delivery, and evaluation of all CfSD transformation and improvement programmes.
Strategic Planning and Programme Management Office	Providing internal support to CfSD around programme management, governance and adoption of best practice. This includes strategic planning, monitoring, and reporting, and demonstrating the value and impact achieved by CfSD.

Overarching Delivery Principles

CfSD has 7 overarching delivery principles that are used to guide and inform our work. They define the overall strategic approach that underpins our improvement and transformation work and help inform the ongoing development and prioritisation of our work.

Delivery Principles	Description
Sustainable Healthcare Transformation and Improvement	CfSD develops and supports the implementation of sustainable services across NHS Scotland. This includes redesigning models of care, promoting best practice, developing future workforce models and implementing national clinical pathways. We work with Boards to optimise resource use, maximise capacity, reduce unnecessary demand, and ensure patients are treated by the right clinician, in the right setting, at the right time.
Clinical Leadership and Speciality Delivery Groups	All CfSD improvement work is clinically-led. This ensures our work is effective, sustainable, robust, and credible. National clinical leads provide specific expertise and understanding around a speciality or improvement area, while CfSD National Associate Clinical Directors, provide strategic oversight and ensure that the improvement work takes a whole-system approach that is aligned with NHS Scotland's broader national priorities and improvement work. Speciality (or Strategic) Delivery Groups (SDGs) help support this approach. These bring together multidisciplinary stakeholders from across Scotland, including both clinical and operational leadership as well as Primary and Secondary care collaboration. This provides a practical mechanism to enable clinically-led, locally relevant service redesign and transformation that is aligned to national improvement priorities.
Stakeholder and Board Engagement	CfSD builds strong working partnerships with a wide range of organisations, including territorial and national Health Boards, GPs, and other primary care clinicians, the third sector, commercial organisations, and multiple Scottish Government directorates. To facilitate this, CfSD Champions have been embedded within each territorial Health Board. The CfSD champions act as a key conduit between the Boards and CfSD, helping to build relationships between CfSD and local operational teams and to support the implementation of improvement opportunities. CfSD also works closely with a range of primary care stakeholders to help build and sustain stronger relationships between primary care and secondary care. This includes developing improve person-centred pathways and other improvements across primary and secondary care.
Healthcare Innovation	CfSD plays a key role in driving the implementation of technological innovations across NHS Scotland. This involves identifying and assessing new technologies and then working with Boards to implement them in a clinically appropriate and sustainable way.

Overarching Delivery Principles

Delivery Principles	Description
Environmental Sustainability	We develop and implement changes to policy and practice that will reduce the environmental impact of healthcare delivery. This work helps achieve the aims set out in the NHS Scotland Climate Emergency and Sustainability strategy by supporting the Scottish Government's net zero commitments and strengthening climate resilience.
Performance Monitoring, Data Analysis and Reporting	CfSD is a data-led and evidence-driven organisation. We work with Public Health Scotland and Health Boards to analyse and utilise management information to support our improvement and redesign work. Working with the sub-national planning structure, we support the oversight and monitoring of Board improvement activity, National Treatment Centre allocations, utilisation of funding and implementation of national strategic plans. This includes providing expert advice and analysis to the Scottish Government to help support policy development as required.
Promoting Best Practice and Sharing Knowledge	We actively identify opportunities to promote and share knowledge and achievements. This includes publishing research and learning, both in academic journals and on our website that demonstrates the value, impact and benefits of our work. We also publish national advice and guidance, hold webinars and conferences and host improvement networks. This helps promote and embed best practice across NHS Scotland and raises awareness of the role and benefits CfSD provides.

Executive Summary: Top Programme Achievements 2025/2026

CfSD's most significant achievements in 2025/2026 includes reductions in waiting times, increased national capacity, improved patient pathways, wider access to innovation, measurable sustainability gains and stronger national performance intelligence.

Key Achievements at a glance

Programme	Most impactful achievements
Modernising Patient Pathways Programme	Use of Active Clinical Referral Triage (ACRT) increased by **65%**, which helped avoid over **244,000** appointments, and use of Patient Initiated Review (PIR) increased by **40%**. Together, these helped save over **5.5m** patient travel miles and deliver more than **£71m** cost avoidance for Health Boards. National MPPP online pathways and resources were accessed over **111,000** times.
National Elective Coordination Unit	**113,942** patients were validated, of which **8%** were identified as potentially removable from the waiting lists. The team helped deliver prompt treatment for over **1,300** dermatology patients. They also provided another **2,336** with support which meant they were able to avoid face-to-face appointments.
National Unscheduled Care Improvement Programme	Established a national Unscheduled Care performance monitoring function; enabled **85,045** non-elective bed days saved in 2025. They also developed dashboards covering over **100** measures and reduced Emergency Department (ED) attendance through Flow Navigation by **196,651** per year.
Cancer Improvement and Earlier Diagnosis Programme	The "Be the Early Bird" public awareness campaign reached over **1.2m** adults. This included roadshows that engaged with over **6,700** people. The Rapid Cancer Diagnosis Service opened a sixth service. Overall, the RCDS accepted **2,704** referrals across their sites.
National Endoscopy Programme	Worked with Boards to implement **3** Green Endoscopy pilots. Use of Transnasal endoscopy, a lower impact alternative to traditional endoscopy has expanded to **8** Health Boards. Across Scotland, **2,004** sponge capsule tests were performed, which avoided **1,340** endoscopy procedures.
Innovation Programme	Digital Dermatology has transitioned to business as usual with **17,972** referrals made and **558** GP practices using the app. In total, **£12m** has been secured to implement high-impact technologies over the next **3 years**.
Green HealthCare Scotland	Formally launched Green Healthcare Scotland as a national platform to help NHS Scotland reduce its environmental footprint. To date, the programme has supported Health Boards to avoid **13,598** tonnes of CO emissions and **£715,000** in costs.

Programme	Most impactful achievements
Planned Care Performance	Supported a **73%** reduction in New Outpatient long waits and a **47%** reduction in Treatment Time Guarantee (TTG) long waits. Worked with National Treatment Centres to deliver **106%** procedures and scans compared to planned activity.
Planned Care Trauma and Orthopaedics	Developed a Delirium Bundle to ensure early detection of delirium, which improves outcomes and reduces mortality. Supported Health Boards to deliver **17,399** primary joint replacements, exceeding pre-pandemic levels and reduced average length of stay to **2.6 days**, which is almost half the time required **10 years** ago.
Planned Care Ophthalmology	**264,917** patients were onboarded onto the Once for Scotland ophthalmology electronic patient record. **8** peer reviews with **87** staff were completed, resulting in **74** recommendations for improvement. Supported over **21,000** cataract surgeries to be delivered through the National Treatment Centres.
Planned Care Radiology	Supported Health Boards to reduce the number of patients waiting over **6 weeks** for key diagnostic tests by over **22,000** and reduced the overall radiology waiting list by over **25,000**. Supported NTC to maximise capacity and deliver **120%** scans compared to planned activity.

Summary of Overall Achievements

- **Reduction in waiting times and capacity maximisation:**
  CfSD delivered significant reductions in long waits, minimised unnecessary appointments and procedures, and increased diagnostic, surgical and treatment capacity across Scotland.
- **National standardisation:**
  CfSD's work to develop national frameworks, pathways, referral templates, dashboards and guiding principles are creating more consistent approaches across Health Boards and is helping to reduce unwarranted variation.
- **Data-led improvement:**
  Performance dashboards, Health Board monitoring, peer reviews and national reporting are giving Health Boards and the Scottish Government clearer intelligence to plan and deliver targeted improvement.
- **Innovation and earlier intervention:**
  CfSD are deploying digital, genomic, diagnostic and preventative approaches across Scotland that help patients access the right care in the right place at the right time and avoid unnecessary interventions.
- **Sustainability and value:**
  Green Healthcare Scotland, and other CfSD programmes are actively demonstrating how environmental impact, cost avoidance and service efficiency can be improved together.

Year at a Glance: Modernising Patient Pathways

Active Clinical Referral Triage

244,000+
Appointments avoided.

£71M Cost avoidance.

5.5M Patient travel miles avoided.

Patient Initiated Review

115,000+
Patients added to PIR pathways.

ACRT and PIR are designed to prevent unnecessary physical attendances that do not provide any value. This:

- **frees up Secondary Care capacity,**
- **supports more patient centred care, and**
- **reduces costs and minimises patient travel.**

National Clinical Pathways / Resources published

95 Pathways and resources in total have been developed and published by CfSD.

19 Pathways and resources developed over the last year.

111,000+
Hits on the CfSD pathways website.

200+
National Clinical Pathways education webinars held with **1,000** NHS staff attending.

National pathways help standardise practice across NHS Scotland. This:

- **Reduces inappropriate variation.**
- **Ensures that clinical pathways are used effectively and efficiently, helping clinicians deliver patient benefits.**

Enhanced Recovery After Surgery (ERAS) Programme

45% of patients were supported across NHS Scotland to be discharged after only **1** night in hospital. This improved the patient experience and increased planned care capacity.



National Engagement

20 National Groups were supported with over **2,000** members in total. These groups help share learning and promote best practice. They work to reduce unwanted variation, implement and embed innovation and quality improvement, and help sustain reductions in waiting times across Scotland.



Framework for Perioperative Services

CfSD published **The Framework for Perioperative Services** in NHS Scotland, to support the delivery of high-quality, sustainable services. Health Boards were then supported to complete a self-assessment exercise and develop action plans to support implementation of the framework.



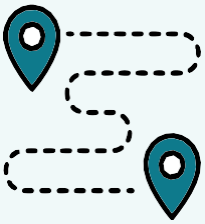
Outpatient Improvement Group

Established a forum bringing together teams from across NHS Scotland. This focused on implementing practical improvements including Patient Focused Booking (PFB), Booking in Turn, Waiting List Validation and maximising Clinic Utilisation reporting.



National Inguinal Hernia Pathway

A National Inguinal Hernia pathway was developed and published. The pathway supports consistent, evidence-based decisions, helping prioritise surgical capacity for those who will benefit most. This will improve safety, flow and patient experience across NHS Scotland.



Outpatient Improvement Group

Developed structured approaches to ensure national pathways are co-designed and co-delivered in partnership with patient representatives. This ensures that lived experience is placed at the centre of national pathway development, enabling the pathways to better reflect patient needs and support the delivery of more person-centred, value-based care.



Spotlight on: Active Dissemination of Pathways and Resources

Historically, national pathways were not always consistently embedded across primary and secondary care, which limited awareness, uptake, and impact.

MPPP strengthened early primary care involvement through the Primary Care Secondary Care Interface Delivery Group and develop an Active Dissemination process to support implementation.

Active Dissemination supports pathway adoption through multiple channels, including video, educational events and local meetings, as well as ensuring a consistent distribution and cascade of pathway documentation across NHS Scotland.

This approach has resulted in wider, more consistent awareness and implementation of the pathways developed by CfSD. Online pathway resources were accessed over **111,000** times, and the supporting webinars reached over **1,000** attendees. Webinar feedback highlighted high satisfaction rates from attendees. This approach has a strong focus on ensuring multi-professional engagement, which helps to build trust and shared ownership, helping clinicians apply national guidance confidently in everyday practice.

Spotlight on: Cancer Prehabilitation

A 2022 Scottish Government survey found that only 20% of services had processes for delivering multimodal prehabilitation screening, and there was variation in delivery across Scotland.

Following a successful pilot in 2024, MPPP developed the **CfSD Cancer Prehabilitation Screening Pathway** and **supporting toolkits** for both patients and healthcare professionals. A national event was held in collaboration with the Scottish Government and Macmillan Cancer Support, which supported implementation and local action planning.

The pathway provides a clear, standardised approach to support the integration of prehabilitation screening within cancer pathways at the point of diagnosis (or earlier where appropriate). The toolkits bring together guidance and screening tools (digital and non-digital) to support use locally for both patients and healthcare professionals.

Patient and clinician feedback has highlighted the value of a national approach screening, both the way helps prepare patients for treatment, and the improvement in clinical outcomes.

Spotlight on: Active

Routine use of Patient Reported Outcome Measures (PROMs) within prostate cancer care has previously been limited, due to a combination of governance complexity, system variation, and limited scalable digital infrastructure.

CfSD, working with Public Health Scotland, established a national programme to implement routine digital PROMs collection using the REDCap data collection software. This work included developing the underlying data architecture, creating user-friendly dashboards, and ensuring system integration with existing applications.

The system is now live across **5** Health Boards, with over **2,400** patients enrolled. The data is now actively supporting quality improvement, assurance, and clinical decision making.

The system was co designed by clinicians and patients, which has ensured the outputs are practical and meaningful, and can support real world improvement and engagement.

Year at a Glance: National Elective Coordination Unit

Administrative validation

113,000+

patients administratively validated including outpatients, inpatients diagnostics and return patients. The overall waiting list removal rate was **8%**.



Clinical validation

4,356

patients clinically validated across a variety of specialties, of which **24%** have been identified as potentially suitable for removal from the waiting lists.



Administrative validation maintains accurate waiting lists by ensuring patient need, availability and preferences.

Clinical validation supports clinician led decisions on priority, fitness, and treatment suitability.

Capacity campaigns

8 capacity campaigns were supported in offering patients getting treatment in another Health Board to match capacity to demand. **4,053** patients were treated.



National Diabetes Closed Loop System (DCLS) Onboarding team

Supported the national DCLS team to onboard **1,150** patient across multiple Health Boards.



Travel campaigns

Travel campaigns support patients to travel outside their Board area. This can involve travel to national treatment centres, or where patients who have been offered treatment in another Board. Travel campaigns help to maximise capacity and reduces non-attendance rates.



Planned Care Waiting Times

NECU have supported delivery of the Scottish Government waiting times targets for New Outpatients and the Treatment Time Guarantee. NECU has successfully delivered **11** campaigns for inpatient day case patients by securing capacity in other provider Health Boards. NECU developed clinical pathways, agreed governance processes and managed cross-board operational delivery that ensured safe movement of patients and clinicians, and enabled more effective use of national capacity.



NECU Treatment campaigns

NECU carries out regular patient engagement to ensure patients are satisfied with the service they are receiving. Patient surveys show that overall patient satisfaction for NECU treatment campaigns this year was **98%**.



Spotlight on: Dermatology Photo Triage

NECU played a significant leadership and coordination role in developing and delivering Dermatology Photo Triage across multiple Health Boards. Photo Triage enables secondary care clinicians to review photos as part of an initial referral, which streamlines the process and minimises patient travel. Working with Dermatology Clinical Leads, CfSD developed a Photo Triage pathway for patients referred for lesion removal. This new model of care has reduced the need for face-to-face appointments, released clinical capacity and improved patient flow.

As a result, NECU has supported 2,336 patients in 3 Health Boards to be discharged with clinical advice, avoiding the need for face-to-face appointments. NECU's operational support also helped enable prompt treatment for over 1,300 patients with dermatological conditions, by ensuring that available clinical capacity was converted into timely, patient-focused interventions.

Following the success of this work, NECU is now supporting a test of change for non-lesion patients in 1 Health Board, which will extend the learning and impact of the Photo Triage model into other care pathways.

Spotlight on: NHS Highland Breast See and Treat Campaign

NECU played a pivotal role in supporting the Breast Cancer service by providing targeted support for Urgent Suspected Cancer, Urgent and Routine patients with NHS Highland.

NECU undertook a travel campaign to establish number of patients who were willing and able to travel to NHS Forth Valley, who had additional capacity to support patients. This work helped to scope the level of capacity that would be required. Through the utilisation of both one-stop clinics in NHS Forth Valley and a specialist clinical team who were able to provide local support within NHS Highland, 734 patients have received treatment significantly quicker than would have been possible otherwise.

Year at a Glance: National Unscheduled Care Programme

National Briefing Pack

CfSD developed a weekly Health Board Performance Monitoring Briefing Pack for the Scottish Government. This brings together national unscheduled care data, Health Board intelligence and performance trends into one concise update. The Performance Monitoring packs helps support national oversight and governance, informs improvement discussions and ensures robust Ministerial briefings by providing timely insight into system pressures, key risks, Health Board actions and emerging themes.



Reducing Long Stays

CfSD have supported Health Boards to reduce long stays where clinically appropriate, which has improved patient experience and has released hospital capacity. This work has:

85,045 non-elective bed days saved, representing a **2.5%** reduction compared with last year.



46,335 bed days released across the year through reductions in patients staying longer than **14** days. This is equivalent to **127** fewer occupied beds each day.

Supported performance calls with Boards, which has helped focus attention on long-stay patients, supporting improved flow, better use of capacity and more timely care for patients.

Flow Improvement

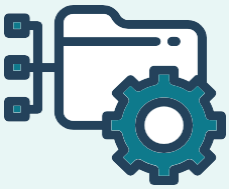
CfSD carried out evidence and intelligence gathering on Emergency Department Observation Units and General Internal Medicine to identify where Health Boards could improve flow. This work:

- **Quantified potential bed-day savings and reductions in length of stay,** giving Health Boards clearer intelligence on where to focus improvement efforts across their systems.
- **Identified areas of unmet need**, helping shape future work to improve access, patient care and acute hospital flow.

Flow Navigation Reducing Emergency Department Demand

Flow Navigation is designed to improve the timeliness and safety of Unscheduled Care by reducing avoidable Emergency Department attendances and signposting patients to alternatives. As a result of this work:

196,651



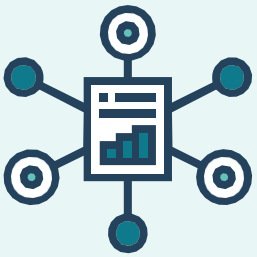
Emergency Department attendances were avoided.

This equates to **538** fewer patients attending each day, helping reduce pressure on overcrowded departments.

Patients were supported to access the right care, in the right place, at the right time, improving safety and patient flow.

Evidence-based Planning

- **CfSD** supported Health Boards to develop targeted plans for improving unscheduled care services.
- **Planning guidance and templates were issued to all Health Boards,** ensuring plans were aligned with key national areas of focus, had agreed improvement trajectories and were supported by data-led opportunity analysis.
- This work has **supported more realistic, evidence-based planning,** helping Boards focus improvement activity on system pressures, access, flow and patient care.



Clinical Peer Review

- **Clinical peer review visits with 5 Health Boards** were conducted. This involved producing data packs to support the visit, and then formal reports and recommendations following the visits.
- These visits promoted **clinically driven intelligence**, which **identified areas of variation, improvement opportunities and ideas for frontline change** that supported targeted improvements in patient flow and care.



Same Day Emergency Care

- CfSD developed national **Guiding Principles for Same Day Emergency Care**, which support a more consistent approach to zero-day length of stay services across Scotland.
- **The principles describe best practice and reduce variation**, giving Boards a clear baseline to improve access, patient flow and safe, timely care.



Spotlight on: Performance Monitoring Function

Previously, there were inconsistencies in how unscheduled care systems across Scotland were monitored at a national level. It was clear there was a need for stronger oversight, consistent intelligence and clearer visibility of system pressures across all **14** territorial Health Boards.

In response, the Unscheduled Care team was commissioned by Scottish Government to establish a new Performance Monitoring and Delivery Function at pace. This involved arranging regular Health Board meetings, developing new data collection processes and dashboards that bring together more than **100** reporting measures, and developed a new weekly update report for the Scottish Government.

This work has enabled the team to identify pressures, track recovery actions, monitor performance against agreed trajectories and provide Scottish Government with timely assurance and reporting.

Spotlight on: Same Day Emergency Care (SDEC) Guiding Principles

When it is predicted that patients will require less than 24 hour stay in hospital, they are assessed in Zero Day units. These are also sometimes known as Rapid Access and Care (RAaC) or Same Day Emergency Care (SDEC) units.

Every acute site in Scotland offers a Zero Day service although infrastructure, access, delivery and reporting is variable. This variability means that units are not always used in the most effective way, which can impact on patient flow and lead to increased waits in Emergency Departments.

The Unscheduled Care team formed an expert group which has developed a set of guiding principles to support development of zero day services. The guidance will support Health Boards to understand the requirements for such units and will help them identify areas for improvement to ensure the maximum number of patients can receive timely treatment and care.

As a result of this work, over the last year 12 of the 14 Health Boards have increased the number of patients discharged within 24 hours.

> “The expert group has been a critical part of building our RAac Unit. It has been useful to learn from the work undertaken in other areas. Without this group it would have been much more difficult to develop our service.”
>
> NHS Highland

Spotlight on: Whole System Escalation Event

Health Boards experience periods of intense system pressure, but variation in escalation language, data tracking and local processes can make it harder to coordinate a timely, consistent response.

The Unscheduled Care team organised a national event in March 2026 to agree clearer national standards for managing peak demand across NHS Scotland.

Health Boards discussed how to standardise escalation arrangements. This included use of the 4-level Whole System Operating Framework, ways of improving reporting and the development of practical action cards. This work has resulted in more consistent local approaches and will inform future national guidance for managing and de-escalating pressure.

By creating shared learning and developing practical tools, the event strengthened cross-board support and will enable staff to respond more quickly and confidently when services are under strain, which will help protect patient safety and care.

Spotlight on: Unscheduled Care Programme – Dashboards

Unscheduled care teams needed clearer, more consistent intelligence to understand demand, variation and system pressures across Scotland.

In response, the CfSD Unscheduled Care data team developed **6** national dashboards over **9** months, bringing together more than **100** monthly measures from Health Boards, Public Health Scotland, NHS 24 and the Scottish Ambulance Service.

These dashboards provide a standardised view of performance and pressure across NHS Scotland. The dashboards help teams identify variation, monitor improvement, share good practice and make more informed decisions using consistent, reliable data.

This means that local pressures can be understood earlier and acted on quicker. By giving teams clearer insight into where care pathways are under strain, the programme enables more informed decision making which delivers safer, faster, more timely and more coordinated care.

Year at a Glance: Cancer Improvement and Earlier Diagnosis Programme

"Be the Early Bird" campaign

People living in Scotland's most deprived areas are more likely to be diagnosed with cancer at a later stage. Reducing this health inequality gap remains a national focus in Scotland.

To address this, the "Be the Early Bird" public awareness campaign encourages people aged 40+ in deprived areas with persistent, unusual symptoms to act early on possible cancer symptoms. This improves opportunities for timely diagnosis, and treatment, and can enable better outcomes patients.

The campaign held roadshows targeting the most deprived areas across Scotland.

Impact of "Be the Early Bird" public campaign

6,754

people engaged with at roadshow events across **25** days.

28,000+

people engaged with in total.



1.2M

adults reached in the campaign in total.

71%

of people who had seen or heard of the campaign reported taking action.

Scottish Referral Guidelines for Suspected Cancer

The Scottish Referral Guidelines for Suspected Cancer were published in August 2025. These have been well received, with over **500** webinar registrations and more than **77,000** website views. The updated guidelines have strengthened evidence-based guidance for primary care. They help clinicians identify possible cancer symptoms, refer urgently where needed, and manage lower-risk pathways appropriately. This helps support faster diagnosis and leads to improved patient outcomes.

GatewayC Education platform-boosting cancer referral confidence

The GatewayC education platform supports earlier cancer diagnosis by providing free online education for primary care clinicians, including pharmacists, dentists and optometrists. **14** videos and a podcast were produced to explain the key changes in the Scottish Referral Guidelines for Suspected Cancer, which generated over **38,000** web views. A total of **1,996** people are registered on the platform, with **1,606** course completions. These courses have equipped clinicians with engaging, practical learning to recognise symptoms, refer appropriately and place patients on the right pathway at the right time.

Launching Scotland's Colorectal Cancer Optimal Diagnostic Pathway

CfSD published a national colorectal cancer optimal diagnostic pathway and supporting toolkit, which directly supports Scotland's ambition to diagnose cancer earlier and faster. The pathway provides a standardised, gold-standard framework that streamlines referral, diagnosis and treatment, improves efficiency, supports national waiting time standards and enhances patient experience.

"Bowel cancer is treatable and curable, especially if diagnosed early. The earlier patients are diagnosed with the disease, the greater their chance of survival." "By supporting earlier diagnosis and reducing waiting times, this pathway should improve efficiency and importantly deliver better outcomes for patients."

Dr Lisa Wilde, Director of Research, Policy and Influencing at Bowel Cancer UK

Framework for Effective Cancer Management

The Framework for Effective Cancer Management is an operational guidance document that supports Cancer Teams across NHS Scotland to improve and sustain cancer waiting times performance.

The Cancer Improvement and Earlier Diagnosis team (CI and ED) team supported its implementation through regular Health Board engagement, including bespoke improvement support for **2** Boards, **6** site visits, and a national development session.

The team also collated, analysed and shared data with Boards, published an implementation toolkit to support implementation, and developed a self-evaluation tool to help Health Boards identify strengths, risks and improvement priorities.

This support has given Health Boards a structured, evidence-informed approach to improving cancer pathways, strengthening local action plans and delivering more consistent, sustainable performance for patients.

Spotlight on: Rapid Cancer Diagnostic Services (RCDS)

The CI and ED Team has supported the establishment of **6** Rapid Cancer Diagnostic Services across NHS Scotland. These have helped provide patients with non-specific symptoms suspicious of cancer access to a fast-track, coordinated diagnostic pathway that supports rapid diagnosis and timely outcomes.

2,704 referrals were accepted across the RCDS sites, with **9.3%** receiving a cancer diagnosis, and a quarter of referrals coming from the most deprived areas, who are otherwise at risk of delaying treatment and experiencing longer, less certain pathways.

For the patients diagnosed with cancer by an RCDS centre, the median time from referral to outcome was just **15** days.

Patient experience feedback highlights the compassionate, person-centred care being delivered Scotland's RCDSs. Quotes from patients included:

> "I was triaged by a caring and experienced nurse specialist, who guided me through the next steps and co-ordinated my assessments and follow-up with professional knowledge and, importantly, kindness. The staff not only had professional knowledge and experience but cared about my concerns and comfort."
>
> NHS Ayrshire and Arran patient

> "The whole process was seamless. The speed is obviously one of the best parts of the service but so was the care and attention from the staff. Every part of my care was delivered with a high degree of understanding that I would be worried my previous cancer had returned. The tests and scan were all done quickly and the teams guided me through the process with a nice caring manner."
>
> NHS Fife patient

> "I was quite anxious about this appointment. However, the professional, yet friendly and warm approach of the team soon put me at ease. They were good listeners and took time to explain every detail."
>
> NHS Borders patient

Year at a Glance: National Endoscopy Programme

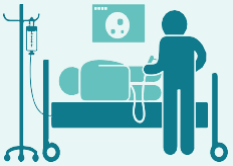
National self-evaluation approach for endoscopy



Worked with Health Boards to co-develop a draft endoscopy service self-evaluation process. This will support implementation of the National Endoscopy Framework by helping Boards to assess service maturity, identify improvement priorities and strengthen future planning. This will enable more consistent, sustainable endoscopy services across Scotland.

Expanding Sponge Capsule Endoscopy

CfSD has supported the adoption of sponge capsule endoscopy, which provides safe, effective triage for Barrett's and reflux patients.



A total of **2,004** sponge capsule endoscopy tests were performed, which avoided **1,340** conventional endoscopy procedures. This has released valuable clinical capacity, reduced nursing time and costs, and provided a more efficient way for patients to receive appropriate diagnostic care.

National Collaboration

CfSD formed the National Endoscopy Speciality Delivery Group. This national format is designed to support learning and improvement across NHS Scotland. Over the year, the SDG:



- Met **4** times, bringing together stakeholders from all **14** Health Boards
- Supported the implementation of refreshed guidance for qFIT (Quantitative Faecal Immunochemical) testing and the national reflux pathway.
- This has helped Health Boards to reduce variation and improve consistency when implementing the guidance across Scotland.

Board Engagement



- Held over **100** engagement calls with Health Boards, which strengthened national collaboration, facilitated local improvement work, and supported performance monitoring.
- CfSD worked with Health Boards to monitor trajectories and reduce waiting times through various improvement initiatives, including the implementation of clinical pathways and guidance, and validation of patient lists.

Optimising Clinical Pathways



Supported all **14** Health Boards with pathway optimisation. This included implementing refreshed qFIT guidance, helping improve referral patterns, reducing inappropriate colonoscopy referrals and prioritising higher-value diagnostic activity for patients with greatest clinical need.

Improving Referral Pathways



Supported Health Boards to implement referral pathways and demand management approaches. These are designed to support consistent prioritisation, reduce unnecessary procedures and help ensure that patients with greatest need access endoscopy sooner.

Spotlight on: Developing a National Framework for Endoscopy Services in Scotland

Endoscopy services across Scotland face sustained demand and ongoing workforce pressures. In addition, there is variation in service models across Scotland, without national consensus over what sustainable, high-quality services should currently look like.

CfSD led the co-production of a Framework for Endoscopy Services in Scotland, which defines shared national principles, expectations and enablers for sustainable service delivery. This involved working with a wide range of clinicians, operational leaders and other system partners.

Although still in development, the framework has already aligned stakeholders, built a common consensus around how Endoscopy services should be delivered, and has enabled planning to support structured implementation across Scotland over the next year. Stakeholders have valued the opportunity to shape a clinically credible Framework grounded in real service pressures, including addressing issues around sustainability, quality, workforce experience, practical deliverability and patient outcomes.

Spotlight on: Embedding Sustainability through Green Endoscopy

Endoscopy is a resource-intensive service with significant environmental impact, and sustainability had not been consistently embedded in routine clinical practice.

CfSD has developed and implemented several initial projects to help support the provision of greener, more sustainable endoscopy services across NHS Scotland. This has involved Health Boards identifying Green Champions to foster collaboration and to lead on local implementation of green endoscopy initiatives.

A national learning infrastructure was developed to share learning and test practical approaches aimed at reducing environmental impact whilst maintaining safe, high-quality care. This included feasibility work in NHS Highland and NHS Lothian, exploring on-site sterile water production as an alternative to single-use sterile water bottles. This work will reduce plastic consumables, waste, transport emissions and procurement costs.

In addition, CfSD has supported the expansion of Transnasal Endoscopy, which is now available in 8 Health Boards. Transnasal Endoscopy services offer selected patients a less invasive, less resource-intensive alternative that reduce sedation and recovery time.

Together, these actions are helping to position sustainability as a core part of modern endoscopy service design, enabling staff to deliver safe, effective and environmentally sustainable patient care.

Year at a Glance: Innovation Programme

Innovation supported by CfSD

10 are progressing through CfSD's innovation pathway	CfSD's Accelerated National Innovation Adoption (ANIA) pathway is a sustained innovation pipeline that progresses potential innovations from assessment to national implementation. The innovations that were progressed are: • Digital Dermatology • Digital Type 2 Diabetes Remission • Pharmacogenetics for Stroke • Pharmacogenetics for neonatal Point Of Care Testing • Chest X-Ray AI (CXRAI) • Digital Type 2 Diabetes Prevention • ECG Patches • Intelligent Liver Testing • Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAHS) Wearable Devices • CT Fractional Flow Reserve
3 Horizon scan reports developed and submitted to Innovation Design Authority	The Horizon scanning process provides a standardised approach for new technologies to be assessed for potential entrance into the ANIA pathway. CfSD coordinated the development of 3 Horizon scan reports, which set out details of potential innovations. These reports are considered by the Scottish Government's Innovation Design Authority (IDA), who decides which health technologies are then progressed through the ANIA assessment process.
Strategic cases developed within **12** weeks and submitted to Innovation Design Authority	The development of a Strategic Case is the first stage of the ANIA assessment process. Strategic Cases rapidly assess the supporting evidence, benefits and delivery plans of health technologies. During the year, CfSD developed and submitted the following Strategic Cases: • Intelligent Liver Testing • OSAHS Wearable Devices • CT Fractional Flow reserve
Value cases completed and approved for implementation	The development of a Value Case is the second stage of the ANIA assessment process. These detail the public value, potential for adoption, affordability and delivery models for new innovations. During the year, CfSD developed and submitted the following Value Cases: • Digital Type 2 Diabetes Prevention • ECG patches As part of this, £12M has been secured to implement these technologies across Scotland over 3 years.

2 new technologies being nationally implemented	Following approval of a Value Case, CfSD will work with Health Boards to implement the new technology across NHS Scotland and enable patients to have access to transformative new technologies. Over the last year: • Digital Type 2 Diabetes Remission has been implemented in **6** Health Boards • Lab based genomic testing to guide prescribing decisions for stroke patients is live in **5** Health Boards with over **1,000** patients tested • Point Of Care genomic Testing to guide prescribing decisions in neonatology: over **1,000** babies have been tested.
1 technology transitioned to Business as Usual	Digital Dermatology successfully completed national implementation and is now business as usual across NHS Scotland. By Mach 2026, **17,972** referrals have been made, with **63%** of GP practices using the app, enabling faster triage, fewer outpatient appointments, and reduced pressure on dermatology waiting lists.

Raising CfSD's National Profile

CfSD's profile was strengthened through **6** ministerial announcements and over **152** positive national media pieces covering **7** different ANIA innovations.



This publicity helps to demonstrate the positive impact of ANIA, builds awareness and confidence in the assessment process, and supports the case for future funding and sustained investment.

CfSD ANIA National Recognition

The ANIA Pathway is gaining national recognition as a high-quality, UK-unique innovation adoption model. It has shown success in tackling implementation challenges and translating health technologies into improved patient outcomes.

As a result, CfSD have been asked to give presentations about the ANIA process at the following national events:



- NHS Education for Scotland Annual Conference.
- International Diabetes Federation for Strategic Digital Health Meeting.
- Scotland Health Research and Innovation Conference.
- National Institute for Health Research (NIHR) Innovation Observatory Futures, Foresight and Horizon Scanning Conference.
- Point of Care Testing (POCT) for Scot National Conference.

Spotlight on: Pharmacogenetics Programme – genetic testing for stroke patients

Clopidogrel is commonly prescribed after an ischaemic stroke or transient ischaemic attack to reduce the risk of another event. However, it must be activated by the CYP2C19 enzyme, and around one third of people in Scotland carry genetic variants that reduce this process. For these patients, clopidogrel may be less effective, leaving them at avoidable risk of further stroke if treatment is not tailored.

CfSD has led the introduction of a national pharmacogenetic testing service across NHS Scotland to identify stroke and Transient Ischaemic Attack (TIA) patients who are likely to have impaired clopidogrel metabolisers. This enables clinicians to prescribe an alternative antiplatelet medicine where appropriate, supporting more personalised and effective care.

During the year, **1,078** laboratory-based CYP2C19 tests have been carried out. Of those tested, over **27%** were identified as being impaired clopidogrel metabolisers. This enabled those patients to have had their antiplatelet therapy optimised as a result.

Spotlight on: Digital Type 2 Diabetes Remission Programme

The Digital Type 2 Diabetes Remission Programme, led by CfSD, is a national digital programme supporting **3,000** eligible patients living with type 2 Diabetes. The programme is a 12-month online initiative designed to help people achieve remission through structured weight-loss and lifestyle support. Delivered by experienced behaviour change coaches, including Dietitians, the programme combines clinically proven dietary stages with ongoing virtual guidance.

Since its launch; **32** patients have been referred to the programme. Feedback has been positive, with one patient describing it as: **"the right intervention at just the right time"**.

Year at a Glance: Green Healthcare Scotland

Green Healthcare Scotland Impact

7 carbon saving actions for implementation published for Boards to implement.



Helped Boards avoid spending

£715,000

through sustainable healthcare actions.

13,500+



Estimated tonnes of CO2 saved across NHS Scotland.

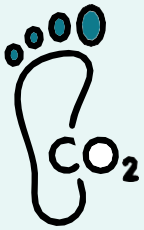
25 Actions currently in development, which are designed to improve NHS Scotland carbon footprint.

2 Actions for adoption published to raise awareness of other carbon reducing actions.

CfSD develops carbon saving actions that identify practical ways for boards to make carbon savings, avoid costs and directly support Scotland's net zero ambitions.

Green Healthcare Scotland Launch

Building on the success and impact of the National Green Theatres Programme, CfSD expanded their work to also cover renal and endoscopy services.



Reflecting this broader remit and growing national reach, the programme has recently been rebranded as Green Healthcare Scotland. Providing a clearer identity, this new name reflects its broader national remit to promote sustainable practice and support Boards across Scotland to reduce their environmental footprint while maintaining high standards of patient care.

Sustainable Healthcare Education Reform

CfSD collaborated with the Medical School Consortium to develop a 'Once for Scotland' approach to embedding sustainable healthcare in undergraduate medical education. This is designed to enable future clinicians to deliver lower-carbon, value-based care and support NHS Scotland's net-zero commitments.



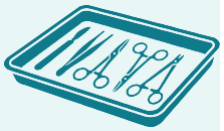
Cross-Sector Collaboration for Sustainable Healthcare Innovation

Green Healthcare Scotland established cross-sector collaboration with suppliers, universities and national stakeholders to develop and pilot clinically safe carbon-saving initiatives, accelerating innovation and translating net-zero ambition into practical, system-wide improvements in sustainable patient care.



Supporting Lean Surgical Tray Implementation

Green Healthcare Scotland updated the national Lean Surgical Trays toolkit and workbook and worked with Health Boards to support implementation.



This practical guidance and hands-on support enabled clinically led teams to safely rationalise surgical tray content, reduce unnecessary instruments and trays, cut decontamination-related carbon emissions, and improve efficiency across surgical pathways.

Spotlight on: Reducing Theatre Emissions Through Heating Ventilation and Air Conditioning (HVAC) Switch-Off

Operating theatres are among the most energy-intensive areas of hospitals. Theatre HVAC systems are responsible for the majority of theatre energy use. Running these systems when theatres are not being actively used creates avoidable energy use, carbon emissions and cost.

To address this, Green Healthcare Scotland developed and published an Opportunity for Change asking Health Boards, where safe and appropriate, to switch off or set back theatre HVAC systems during periods when their theatres were not being used.

Since publication, Green Healthcare Scotland has supported Health Boards to switch off or set back more than 80 operating theatres across NHS Scotland. Using established national estimates, this represents indicative annual carbon avoidance of around 2,000 tonnes of CO2e, alongside significant energy cost savings and continued safe, productive theatre operations.

Spotlight on: Embedding Sustainability in National Procurement

National procurement decisions shape the products, equipment and models of care used across NHS Scotland. Early sustainability input is required to ensure that tender specifications incorporate opportunities to reduce carbon, waste, single-use plastics and long-term costs.

Green Healthcare Scotland have joined the relevant National Procurement Commodity Advisory Panels, to bring expert sustainability and clinical perspectives into the development of new tenders, in order to ensure alignment with NHS Scotland's net-zero ambitions.

This collaboration has already influenced some national procurement decisions. For example, the inclusion of warming cabinets within a national framework supports reduced use of single-use fluid warming cassettes, cutting reliance on single-use plastics while delivering cost efficiencies for Health Boards and supporting more sustainable models of care.

Year at a Glance: Planned Care Programme – Performance

Performance Management



Performance management and monitoring of activity delivered as a result of the **£151,751m** (mix of recurring and non-recurring) funding provided to territorial boards to deliver improvements to their initial waiting times plan throughout the 2025/2026 plan year.

Health Boards reported:

- Overall list size for New Outpatients and TTG Waits were **492,274*** and **156,270*** (the peak historical list size for New Outpatients was 580,336 (August 2025) and **159,213** (June 2025) for TTG);
- **17,368*** New Outpatient waits over 52 weeks - similar to levels last seen in November 2020 with Board performance **1,704*** waits ahead of planned trajectory;
- **19,799*** TTG waits over 52 weeks - similar to levels last seen in February 2021 with Health Board performance **566*** waits ahead of planned trajectory.



* Planned Year end Management Information (MI) data for New Outpatients and TTG as at 30 March and 27 March respectively. Final figures will be published in June 2026.

Supporting Boards with Planned Care Activity



Supported Health Boards to develop and deliver improvement initiatives following the allocation of additional non-recurring funding during 2025/2026.

Oversaw performance management and monitoring of both activity and expenditure to ensure deliverability and value for money in targeted areas. This contributed to an overall reduction of around **73%** in long waits for New Outpatients and **47%** in long waits under the Treatment Time Guarantee (TTG) compared with March 2025.

Note: All comparisons of long waits before and after July 2025 will be affected by the change in Waiting Times Guidance.

Stakeholder Engagement



Worked with stakeholders to implement the nationally agreed methodology for allocating capacity, ensuring a fair and equitable approach while maximising use of all available National Treatment Centre (NTC) capacity.

Across all NTCs, a combined **106%** of planned activity was delivered during 2025/26, with **53,028** procedures and scans completed against a plan of **50,079**.

Highland delivered **1,785** joints this year against **1,696** planned, an over delivery of **89** (105%). Ophthalmology procedures delivered 6,526 against **6,274** planned, over delivered **255**. Also weekend 1,181 against **1,152**, an over delivery of **29**.



NTC Fife completed 2025/2026 with **101%** delivery of their Orthopaedic target. This represented **653** Arthroplasties undertaken from an initial target of **644**, an over-performance of **7**.

NTC Forth Valley also over-performed in 2025/2026 by **249** against Orthopaedic target with **1,335** arthroplasties delivered, against a target of **1,086**. They also over delivered against and MRI, delivering **7,892** scans against a target of 6,300.



NHS Golden Jubilee achieved **95%** of its orthopaedic joints target, delivering **5,929** procedures against a plan of **6,218**. The Board exceeded its ophthalmology target, delivering **13,600** cataract procedures against a plan of **13,540**, an over-performance of 60 procedures.

Across other orthopaedic specialties, including Foot and Ankle (F and A), Soft Tissue Knee (STK), Hand and Wrist, and ACL procedures, performance was mixed. While Foot and Ankle activity achieved **72%** of target, this underperformance was offset by over-delivery across the other orthopaedic subspecialties.

Monthly meetings with Territorial Healtth Boards



Held regular monthly Performance and Monitoring meetings with all territorial Health Boards to identify and seek solutions to local challenges and to improve waiting times for patients across Scotland

Worked with **4** National Treatment Centres to monitor referrals and activity to ensure they were fully utilised. This involved working with Boards across Scotland to identify and prioritise patients according to need.

Worked with NTC Highland to expand the delivery of cataract surgery across 7 days to maximise utilisation of the facility.



Worked with NTC Fife to step up joint activity across 7 days to maximise the utilisation of the facility.

Supported NTC Forth Valley to over-deliver on their annual arthroplasty target whilst also providing addition additional outpatient activity of **250** see and access patients for NHS Lanarkshire.

Collaboration with Territorial Health Boards

Worked with all territorial Health Boards and National Treatment Centres to develop proposals to improve waiting times.



Successful bids were monitored in terms of delivery and spend monthly.

Where challenges were identified we worked with stakeholders to overcome these to deliver desired outcomes.



Examples of this include ongoing engagement and analysis such as monitoring referral numbers into NTCs by referring boards in line with allocations provided and ensuring these are at a level to ensure that capacity is utilised.

Where problems are identified raising these in board engagement meetings to redress. We also worked to support collaborative cross border working to reduce national number of 104 week waits by analysing where boards were performing well and where they might assist others to bring down the overall volume and long waits on a more consistent basis for Scotland as a whole.



Collaboration with Scottish Government

Worked with Scottish Government to ensure monitoring and reporting and governance mechanisms were in place.



Ensured that emerging and ongoing issues were highlighted to Scottish Government timeously.

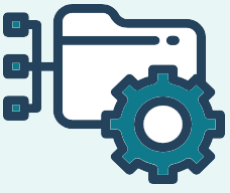
Developed a weekly monitoring template to track targeted reduction in >52 week waiting patients at specialty level to support recovery and inform weekly briefing pack for key senior stakeholders across Scottish Government (SG) and Health boards.



Produced a weekly briefing planned care SitRep to escalate successes, challenges, risks and mitigating actions required to support continued delivery of objectives.

Strategic Planning Support

Supported Health Boards around the strategic planning process for the Planned Care element of their Annual Delivery Plan.



Supported Health Boards to identify opportunities for improvement and develop initiatives to improve timely access to services, for implementation at either the start of the new financial year or as funds became available for early deployment.

Stakeholder Engagement



Focussed and widespread stakeholder engagement.

Gathering and sharing intelligence, ensuring a multi team approach towards the identification of issues and solutions.



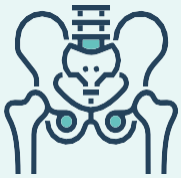
Supported boards by recommending the implementation of these solutions to improve access to services and working practice, for example encouraging boards to ensure regular good waiting time management by identifying support through NECU to support admin and clinical validation and scoping around potential for travel to other boards through a travel campaign e.g. would a patient from Aberdeen travel to Glasgow for cataract surgery, as well as input from other programmes to support increased activity e.g. Dermatology National Planning maximising opportunity for initiatives such as digital image capture to vet appropriateness of referrals and next steps for those patients.

Year at a Glance: Planned Care Programme – Trauma and Orthopaedics

Performance Achievement

17,399

Primary joint replacements were delivered, which is **9%** higher than pre-pandemic levels.



64%

Percentage of hip fracture patients discharged within 30 says. **This is the highest rate recorded since records began**.

Reduction from

5 days

to

2.6 days

Reduction in the average length of stay for hip and knee joint replacements over the last decade.

0.2%

90-day mortality figure for hip and knee replacements. This is the **lowest rate recorded in over a decade**.



18,040 patients had data analysed to help inform future service improvements, including work around delirium recognition and management

Strengthening delirium assessment for hip fracture care

Around **20%** of Trauma and Orthopaedic patients can present with symptoms of delirium. To address this, CfSD has helped introduce a delirium bundle for hip fracture patients.



This involves building delirium assessment into emergency department admissions and pre- and post-operative care. This leads to earlier recognition and management throughout the patient journey, helping to improve outcomes and reduce mortality for this frail patient group.

Scottish Standards of Care

CfSD has worked with Boards to ensure full compliance with the Scottish Standards of Care for Hip Fracture Patients, which provides a framework for good practice. This work has contributed to improved clinical outcomes, including lower readmission rates and reduced mortality.



These improvements have been supported by stronger multidisciplinary working, better clinical representation at local Board meetings and shared learning through Trauma and Orthopaedic peer review meetings. Together, this has enabled more holistic, patient-centred care for frail and complex patients.

Focus on Prevention

CfSD has secured public health representation at national meetings. This maintains a focus on prevention by making sure national planning does not only focus on acute treatment, but also considers upstream risk management, including osteoarthritis, osteoporosis and fragility fractures.



This expanded focus has ensured issues around prevention, secondary prevention and inequalities are embedded within service planning. This has helped to improve outcomes, reduce avoidable demand and support a more sustainable healthcare system.

Supporting Service Improvement

CfSD has led demonstrations of the Patient Management and Analysis Tool (PMAT) to Health Boards. This tool can help Boards to better understand their local demand and capacity challenges.



In addition, CfSD are using national audit outputs such as hip fracture standards to support peer learning, guide improvement conversations and aid local problem-solving by ensuring a focus on strengthening improvement capability rather than focusing solely on performance management.

Spotlight on: Sharing learning across NHS Scotland

CfSD organised a National Arthroplasty meeting with representation from across NHS Scotland. This event enabled Boards to share processes, procedures and learning, which has helped to support improvement in local practice, strengthen joint-Board collaboration, and has reduced unwarranted variation across Scotland.

Spotlight on: Golden Hip Award

NHS Dumfries and Galloway received the "Golden Hip Award" for achieving the highest attainment of the Scottish Standards of Care for hip fracture patients.

The award, which is led by CfSD, helps encourage Boards to continually improve their services and to deliver the best possible care. It recognises outstanding multidisciplinary working and a sustained commitment to improving care for this frail and complex patient group, and highlights how coordinated clinical teams can deliver safer, higher quality outcomes for patients recovering from hip fractures.

Year at a Glance: Planned Care Programme – National Eyecare

Performance Achievement

264,000+

patients onboarded onto the Ophthalmology Electronic Patient Record (EPR). The new EPR will enable cross-Board working, reduce duplication, and enable better data for analysis and audit.

5 national ophthalmology referral templates implemented for patients being referred to hospital eye services. These will improve referral quality and consistency, reduce unwarranted variation, avoid unnecessary referrals, increase capacity and reduce waiting times.

8 clinically lead Ophthalmology Peer Reviews engaged with **87** staff across NHS Scotland.

74 key recommendations were made, identifying practical improvements to strengthen service resilience and support timely care for patients.

21,000+

cataract surgeries were supported through collaboration with the National Treatment Centres to monitor cataract activity and national capacity.

Cataract Surgery Dashboard

Working with Public Health Scotland, a cataract dashboard is being developed to help Health Boards monitor surgical pathway performance. This will include Immediate sequential bilateral cataract surgery, cataract-only sessions and local activity. The dashboard will give teams clearer data to improve productivity, reduce waiting times and support better patient care across NHS Scotland.

Glaucoma Referral Publication

CfSD published a peer-reviewed article in Eye Nature which highlighted NHS Scotland's approach to improving glaucoma referrals through use of a standardised dataset when making referrals from community optometry to Hospital Eye Services. Use of mandatory fields has been shown to support better referral quality, more effective triage, fewer avoidable referrals and wider adoption of best practice.

National Ophthalmology Plan

CfSD revised and refreshed NHS Scotland's National Ophthalmology Plan to ensure it is aligned with the most recent guidance and best practice. The plan supports eye care delivery across NHS Scotland by setting out nationally agreed guidance and best practice, promoting digital transformation, newer ways of working and cross-board care, and helps ensure patients receive care within clinically indicated review times.

Spotlight on: Clinically led Ophthalmology Peer Reviews

Hospital eye services are experiencing sustained growth in demand. There is growing pressure to review return patients with sight-threatening conditions within clinically indicated times while also improving efficiency.

To address this challenge, CfSD undertook **8** clinically led Ophthalmology Peer Reviews, involving hospital eye services across NHS Scotland, which generated **74** recommendations.

The peer reviews identified areas of good practice, highlighted opportunities to deliver care differently and supported the continued upskilling of non-medical staff to undertake tasks traditionally carried out by ophthalmologists.

The learning from the peer reviews was then shared across Health Boards, which had a focus on practical service improvements. This has helped to increase capacity, strengthen resilience and support more timely care for patients whose sight and quality of life may be at risk. This has helped to ensure sustainable services with increased capacity across a number of ophthalmic areas where demand is currently growing.

Spotlight on: National Ophthalmology Referral template

Variation on Ophthalmology referral information can result in less efficient triage, and increase in avoidable referrals, and longer waits for patients.

To address this, CfSD have updated and improved **5** national referral templates used by community optometrists when referring patients to hospital eye services. These cover cataract, glaucoma, age related macular degeneration, paediatric and general ophthalmology referrals.

To develop these templates, CfSD formed multidisciplinary groups involving representatives from across NHS Scotland, to ensure a sustainable, Once for Scotland approach to the work. The templates ensure clearer referral information, more consistent clinical triage and help promote better conversations between optometrists and patients about the most appropriate next steps.

As a result, the referral templates are helping to reduce unwarranted variation, improve access to hospital eye services and ensure patients are directed to the right care more quickly.

Spotlight on: Cataract Education Webinar

Community optometrists play a key role in supporting cataract referrals, but there is a need to ensure they can access up-to-date information on surgical developments, including immediate sequential bilateral cataract surgery, to ensure they can support effective shared decision-making with patients.

CfSD organised and ran a national cataract surgery education webinar, which was attended by 180 delegates from across all mainland Boards.

The event provided practical information to improve understanding of cataract surgery and to support more effective referrals. Over half of respondents reported that they had not received this type of learning before, but they now felt confident applying it to future referrals.

Feedback from the meeting was extremely positive. This demonstrates the value of CfSD in providing accessible national education that is capable of improving referral quality,

Year at a Glance: Planned Care Programme – Radiology

Performance Achievement

40,644

patients waiting over 6 weeks for diagnostic tests were reduced to **18,399** through collaborative working with Boards.



25,000

fewer patients were waiting for radiology services following targeted waiting list reductions.



47

staff received ultrasound training and have since carried out an additional **7,281** scans.



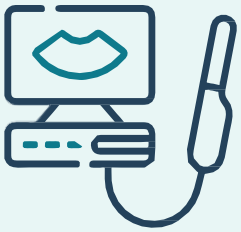
63%

of patients were seen within **6 weeks**, increasing to **78%**.



7,533 additional MRI scans were delivered by the National Treatment Centres, achieving **120%** of planned activity.

Expanded Ultrasound Skills



The National Ultrasound Training Programme, supported by CfSD, has successfully upskilled Radiology staff to carry out ultrasound procedures. Over the last year, this programme has expanded to include upskilling medical staff in other specialties such as Gynaecology and Urology.



By enabling ultrasound assessment within specialty clinics, the programme supports shorter diagnostic pathways, reduces demand on Radiology services and improves patient experience. Evaluation of the programme continues to show high patient satisfaction and outcomes.

Spotlight on: National Imaging Plan

CfSD worked with Boards to develop a single National Imaging Plan. This plan created a clear national picture of where sustainable investment was needed, particularly around key issues such as workforce, extended scanning capacity and pathway support.

The plan was then formally approved by the Scottish Government, and funding was allocated. As a result, over 75 new permanent staff were recruited, which has strengthened capacity, supported out-of-hours CT and MRI scanning, improved patient choice around appointments and reduced the existing reliance on staff working additional hours. As a result, CfSD has directly improved patient access to services and staff wellbeing.

Spotlight on: Extended CT and MRI Capacity

Diagnostic services have traditionally relied on office-hour style models, despite rising demand for services, including from urgent pathways such as suspected cancer. However, many Boards have found it challenging to successfully expand scanning hours due to workforce limitations, costs, and issues around ensuring new roster models can be safely introduced.

To address this, CfSD supported Boards to share learning, compare roster approaches and work through practical barriers to extended day and 7-day scanning. This sharing of knowledge and practical solutions has directly helped services increase available capacity in a more sustainable way, whilst also supporting staff through service changes. This work has resulted in faster access to key diagnostic tests, shorter waiting times and greater flexibility for patients who find daytime appointments difficult because of work or personal commitments. Earlier scanning leads to better patient outcomes by supporting earlier diagnosis, quicker treatment planning and a better overall patient experience.

Spotlight on: Imaging Input to National Clinical Pathways

New clinical pathways and technologies increasingly depend on imaging, but the availability and impact of imaging services can vary depending on factors such as local infrastructure, workforce capacity and geography. CfSD has ensured that radiology services are represented and can participate in several major national developments. This includes Innovation projects such as CT cardiac angiography, chest X-ray AI for early lung cancer signals, development of prostate and colorectal cancer pathways, lung cancer screening programmes, and planning for new or replacement CT and MRI equipment.

By ensuring national operational and clinical input, CfSD has helped ensure that new proposals and initiatives are where practical across large urban centres, smaller towns and remote and rural areas. This input supports better planning, more realistic cost assumptions and safer implementation. Importantly, it leads directly to a better patient experience. It means that new innovations and service changes can support more accessible, equitable diagnostic pathways that support earlier detection, better prioritisation and more timely care across Scotland.

Appendix 1 – CfSD Publications

- Long-term follow-up outcomes in low-risk and moderate-risk patients previously undergoing capsule sponge testing for Barrett's surveillance.
- Robotic-Assisted Hip and Knee Replacement in NHS Scotland: Trends and Efficiency Implications (2020–2024).
- Impact of obesity on outcomes after total hip and knee replacement: A study on hospital length of stay and readmission rates in NHS Scotland.
- Improving glaucoma referrals in Scotland: developing a national data set for referral from community optometry to the Hospital Eye Service (HES).
- Scottish Arthroplasty Project Annual Report – ARISE Programme addition.
- Emergency Laparotomy and Laprascopic Scotland Audit Annual Report 2024.

Submitted and Under Review

- Assessing the Impact of Early Mobilisation on Discharge Outcomes after Total Hip and Knee Replacement.
- Evaluating the Feasibility and Acceptability of a National 'Once for Scotland' Approach to Cancer Prehabilitation Screening.
- Contemporary Elective Right Hemicolectomy in Scotland; A national enhanced recovery colorectal initiative (NERCI) study.*

* Has been accepted for publication in Techniques in Coloproctology

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