Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board Committee**
Meeting date:	**30 September 2025**
Title:	**Operational Improvement Plan update**
Responsible Executive/Non-Executive:	**Kristin Gillies, Interim Head of Strategy & Transformation**
Report Author:	**Bryan McKellar, Whole System Transformation Manager**

Report Recommendation:

The Board are asked to **note** the content of the report and take **Substantial Assurance** on the interface between NHS Highland's Annual Delivery Plan and the deliverables set out within the Scottish Government Operational Improvement Plan (OIP).

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

This report will align to the following NHSScotland quality ambition(s):
Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes	X		

2 Report summary

2.1 Situation

NHS Highland has approved its Annual Delivery Plan (ADP) for 25/26; this has subsequently been approved by Scottish Government.

The requirements of Scottish Government's Operational Improvement Plan (OIP) are included within the Board's ADP across the four areas of focus. FRPC were previously assured that reporting of OIP would be delivered through the existing ADP and Integrated Performance and Quality Reporting (IPQR) mechanisms.

The purpose of this paper is to provide NHS Highland Board with a further update on the progress with the Operational Improvement Plan.

2.2 Background

On 27th January 2025, the First Minister described plans to renew the health service and deliver the renewal of the NHS. The First Minister set out the Government's ambition for renewal to deliver more accessible, more person-centred care, trying to reduce immediate pressures across the NHS, shift the balance of care from acute services to the community, and use digital and technological innovation to improve access to care.

On 23 June 2025, the Government published three national frameworks, describing the reformation and renewal approach within NHS Scotland:

- Operational Improvement Plan
- Health and Social Care Service Renewal Framework
- Population Health Framework

The Operational Improvement Plan is described as the first component of 3 "products", the second product will be the population health framework and the third the health and social care service renewal framework. Together these plans will focus on long-term sustainability, reducing health inequalities, the benefits of digital technology, and improving the population health outcomes in Scotland. They will set out how services for the whole population over the short, medium and longer term will be planned.

Boards submitted their Annual Delivery plans to the Scottish Government in March 2025 which is still the main delivery plan for NHS Boards. The specific commitments outlined in January in the OIP are anticipated to be delivered and build on health boards' own delivery planning.

2.3 Assessment

Scottish Government's OIP is described as the first component of 3 "products", the second product will be the population health framework and the third a health and social care service renewal framework. Together these plans will focus on long-term sustainability, reducing health inequalities, the benefits of digital technology, and improving the population health outcomes in Scotland. They will set out how services for the whole population over the short, medium and longer term will be planned.

The development of the OIP followed the substantial development of the board's ADP, which represents a far wider set of objectives for all the services provided by NHS Highland. The OIP focusses on key policy directions which are fundamental to our key transformation and service improvement plans.

A matching exercise has been undertaken to link the deliverables of the OIP with NHS Highland's ADP. This is included in Appendix 1 and is broken down into 4 sections:

- Improving access to treatment
- Shifting the balance of care
- Improving access to health and social care services through digital and technological innovation
- Prevention – working with people to prevent illness and more proactively meet their needs.

There has been significant progress updates in each area described below:

Improving access to treatment

Planned Care and Cancer services have received additional investment in 2025/26 to provide additional new outpatient and treatment slots and in particular to reduce the number of patients waiting over 52 weeks for treatment.

NHS Highland was made aware of the results of bidding process in June 2025 and since that time work has focused on moving forward with the required additionality and standing-up of reporting arrangements.

A Planned Care dashboard has been created which allows interrogation of planned activity vs. actual activity at speciality level. Weekly meetings with services have been arranged where data is interrogated and mitigations and actions put in place to ensure the activity is delivered.

There a weekly escalation meeting with the Chief Executive and other members of the Executive Team, with a focus on ensuring there are measures in place for any patients tripping over to a >104 week wait.

There is a weekly data submission to Scottish Government on all planned care activity.

These actions link into national attention through the Board Chief Executives group who interrogate national data on a weekly basis. This has recently extended to both Cancer and Diagnostics activity reporting.

For Cancer services, NHS Highland is reviewing the framework for delivery of the Cancer Waiting Times 31 and 62-day targets. Current improvement activity is focussed on Urology and Breast pathways which result in a failure to meet the 31 and 62-day pathways.

A weekly huddle has been instigated with all services involved in delivery of cancer pathways, and there is a bi-monthly Cancer Performance and Delivery Group for escalation of any issues relating to cancer service delivery.

Cancer is now a standing item on the weekly Chief Executive Assurance Meeting alongside planned care.

Both these areas are subject to interrogation through quarterly Acute Performance Reviews, and for assurance data is provided as part of the Integrated Performance and Quality Report, the latest version is provided to FRPC on 12 September.

Shifting the Balance of Care

Urgent & Unscheduled Care

The focus of work in this space is within our Urgent & Unscheduled Care portfolio where the priorities for strategic transformation of services has been identified.

This work includes commitments such as a frailty assessment area within Raigmore Hospital, and the development of Hospital at Home services as per the commitments in the Operational Improvement Plan. Further detail of these are included in Appendix 2

NHS Highland has recently agreed its plan for 25/26 in relation to the OIP commitments and the targeted spending of additional funding made available by

Scottish Government. Performance trajectories have been set in liaison with Centre for Sustainable Delivery.

These trajectories are incorporated in reporting to the Urgent * Unscheduled Care Portfolio Board and data reporting that supports all groups. These are focussed on the key measures outlined by CfSD (CfSD) including Emergency Department performance (4/8/12 hour waits), Delayed Hospital Discharges, Hospital Occupancy and Length of Stay. This is provided at the board-level, but can also be provided in individual site level due to the work ongoing in both Highland and Argyll & Bute.

A quarterly data submission will be required for CfSD, while the development of a dashboard for within NHS Highland is in progress, to support actions within the portfolio.

Emergency Department Access and Delayed Discharges are part of the IPQR provided routinely to FRPC. Furthermore, LoS and other measures are currently being considered for reporting in the Highland HSCP IPQR that is provided to Highland Health and Social Care Committee.

U&USC measures will be key to reporting at the Acute, Highland and A&B Performance Reviews.

A further programme under this area is Community Glaucoma. NHS Highland is committed to the implementation of the national digital solution (OpenEyes) within 2025/26 which will include delivery of additional optometric activity within the community. A clinically-led project team has been established to move this work forward.

Improving access via Digital

Key focus areas that have a digital element are also key to the Operational Improvement Plan. Since the last update, there has been a review of these areas and updates as to current progress are underway.

A key area is the delivery of an Operating Theatre Scheduling Tool. This is being expanded across General Surgery and has linkages to other digital initiatives. Work to consider the impact and benefits of this implementation has commenced with a focus on how the digital scheduling tool increases efficiency of the use of theatres in Raigmore.

NHS Highland is also engaging with national groups on the readiness of the Digital Front Door project which is to be trialled in NHS Lanarkshire.

Furthermore, NHS Highland is moving into phase 2 of its Digital Dermatology programme which is looking to maximise the use of the system through engagement across the health and care system.

Preparation for the Digital Type 2 Diabetes remission digital solution is underway in NHS Highland, and development work will be sequenced with the national project team delivering this programme across Scotland.

NHS Highland does not deliver genetic testing on sight but is working very closely with services in the East of Scotland Regional Genetics team as a customer of these pathways.

Prevention

Opportunities for prevention are being captured through our Population Health programme board. The programme is currently COLLATING all current activity with a view to then moving into the CURATE stage working with services and other programmes to identify opportunities as part of our strategic planning and development of a population-health needs based NHS Highland strategy to move on from Together We Care.

The governance, timescales and programme plan for development of this refreshed board-wide strategy is in development.

Core to the delivery of NHS Highland's Urgent and Unscheduled Care programme is work regarding Frailty, with specific elements relating to primary prevention and sign-posting to non-NHS services is a core part of the programme being led through the Highland HSCP Primary Care Medical Director.

Reporting

Now that all elements of the Operational Improvement Plan have been agreed, reporting on the quarterly ADP deliverables will commence. Progress on the deliverables to 30 September 2025 will be reported to EDG in October 2025, and thereafter FRPC.

Performance monitoring will continue at the operational and portfolio levels with the weekly CE assurance call and interface nationally.

In order to ensure timely reporting on both the deliverables of the OIP and the related performance indicators, as well as keeping updates on the board's wider commitments in the ADP, the following schedule of updates to FRPC is proposed to align with reporting requirements to NHS Highland board:

FRPC Meeting Date	Items
3 October 2025	
14 November 2025	IPQR OIP Deliverables Report ADP End of Q2 25/26 Report
5 December 2025	
9 January 2026	IPQR OIP Deliverables Report
6 February 2026	
13 March 2026	IPQR OIP Deliverables Report
10 April 2026	
8 May 2026	
5 June 2026	ADP End of Q4 25/26 Report

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

NHS Highland Board are asked to take substantial reporting on the progress of the Operational Improvement Plan, reporting of the deliverables will be through existing ADP 25/26 quarterly reporting and bi-monthly IPQR reporting for performance metrics.

Furthermore it is proposed to provide regular updates on both progress of the Operational Improvement Plan and Planned Care deep dive on alternate months to the IPQR reporting.

3 Impact Analysis

3.1 Quality/ Patient Care

The strategic transformation of services across NHS Highland is required to support the delivery of sustainable services that meets the strategic outcomes of Together We Care.

3.2 Workforce

An easy read version of the ADP 25/26 is being made available. The OIP has been shared in board-wide communications on plans.

3.3 Financial

Financial resource has been assigned to each STAG ABC programme to help scope the benefits of each programme. Benefits realisation remains a key area to deliver in this ABC programme framework, in particular in relation to areas with Urgent & Unscheduled Care.

3.4 Risk Assessment/Management

Each programme will maintain a risk register. There are two Level 1 Corporate Risks relating to the delivery of our Annual Delivery Plan and Together We Care. This relates to resource and capacity to meet all the objectives required.

3.5 Data Protection

Each programme will require to consider Data Protection considerations accordingly.

3.6 Equality and Diversity, including health inequalities

Each programme will undergo an EQIA screening assessment to consider the impact to people with protected characteristics, and plan any mitigations / actions require

3.7 Other impacts

N/a

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

EDG – Monday 28th July
FRPC – Friday 1st August
EDG – Monday 27th August
FRPC- Friday 12th September

4.1 List of appendices

The following appendices are included with this report:

Appendix 1, OIP Dashboard Update as at 03/09/2025

OIP	TWC Outcome	Area	Description	Executive Lead	Update	BRAG at 03/09/25
Improving Access to Treatment	Treat Well	Planned Care	Delivery of additional Planned Care activity (TTG and NOP) to reduce the longest waiting patients (target 0 >52 weeks by March 2026) across all specialities (or to target levels agreed with SG if 0 not possible)	Katherine Sutton	System of escalation and weekly performance monitoring in place. Planned Care activity is reported as part of the FRPC IPQR	Some areas under plan, but monitoring in place and recovery plans being made.
Improving Access to Treatment	Treat Well	Diagnostics	Drawing from the additional £100 million investment we will deliver additional MRI, CT, ultrasound and endoscopy procedures to target the backlogs. This will support delivery of 95% of referrals to radiology being seen within six weeks by March 2026.	Katherine Sutton	System of escalation and weekly performance monitoring in place. Diagnostics activity reported as part of the FRPC IPQR.	
Improving Access to Treatment	Journey Well	Cancer	Improving performance against the 31 and 62-day Cancer Waiting Times performance, improving access to cancer diagnosis and treatment	Katherine Sutton	System of escalation and weekly performance monitoring in place. Trajectories for performance improvement submitted to PHS. Cancer 31 and 62-day performance reported as part of FRPC IPQR	Performance improvement required to meet trajectories.
Improving Access to Treatment	Live Well	CAMHS	Continue to improve access to CAMHS services and meet the CAMHS waiting times standard of 90% starting treatment within 18 weeks of referral.	Katherine Sutton	Service improvement plan moving into BAU.	
Shifting the Balance of Care	Respond Well	Unscheduled Care	Expanding Same Day Emergency Care (SDEC) at Raigmore so more patients can be assessed, treated, and discharged on the same day – avoiding unnecessary overnight stays	Katherine Sutton	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	
Shifting the Balance of Care	Respond Well	Unscheduled Care	An AHP service, including physiotherapists and occupational therapists, will be based at Raigmore ED and medical receiving units to assess older and more frail patients as early as possible	Katherine Sutton	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	
Shifting the Balance of Care	Respond Well	Unscheduled Care	A safe and consistent Discharge to Assess model – to be trialled in East Ross before rolling out across all districts – will enable patients to return home as soon as they are medically ready, with care needs assessed in the comfort of their own surroundings.	Katherine Sutton	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	
Shifting the Balance of Care	Respond Well	Unscheduled Care	Hospital at Home services will be progressed, starting with Inverness in FY 25/26 with a view to implementing across other districts across the Highland area allowing more patients to receive hospital-level care in the comfort of their own home.	Katherine Sutton	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	

Shifting the Balance of Care	Respond Well	Unscheduled Care	A dedicated Acute Frailty Assessment Area in Raigmore will give people identified as frail faster, specialist treatment, reducing the time they need to spend in hospital.	Katherine Sutton	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	
Shifting the Balance of Care	Respond Well	Unscheduled Care	There is additional planning work progressing to support developing a sustainable Flow Navigation Centre (FNC) and Out-Of-Hours (OOH) model that is integrated across primary and secondary care services and supporting patients to access care through more streamlined pathways.	Katherine Sutton	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	
Shifting the Balance of Care	Respond Well	Unscheduled Care	In Argyll & Bute, plans are progressing on redesigning and expanding its Extended Community Care Team (ECCT) to prevent deterioration, respond rapidly in the community, and deliver Discharge to Assess with a strong reablement focus. This enhanced service will see a significant rise in frailty screening and early clinical assessments, helping more people return home quickly with tailored support.	Evan Beswick	Programme plan in place and trajectories agreed with SG and agreed KPIs reported through FRPC IPQR.	
Shifting the Balance of Care	Care Well	Primary Care Optometry	Expand the Community Glaucoma service in line with delivery of the national system Open Eyes, currently being led through NTC-Highland	Katherine Sutton	Position statement submitted to SG and operational plan agreed.	
Digital and Technological Innovation	Digital Delivery Plan	Digital Front Door	Digital Front Door' app by the end of 2025 to improve access to health and social care services, starting with a pilot in Lanarkshire and expanding nationwide over five years, supported by integrated data sharing through the Community Health Index.	David Park	Working with national team on setting up the local readiness workshop (this workshop will involve a range of staff who have knowledge and skills that will be required to support the DfD programme).	Engagement with national team underway.
Digital and Technological Innovation	Digital Delivery Plan	Digital Dermatology	A new Digital Dermatology Pathway, enabling GPs to attach skin images to referrals, is being rolled out across Scotland by spring 2025 to streamline diagnoses, reduce unnecessary consultant visits, and fast-track urgent cases, with impact tracked through usage and triage outcomes.	Katherine Sutton	Phase 2 commenced: - Application Live from 1st May 2025, NHS Highland. - Next steps ensure uptake and implementation of primary care practice's in NHS Highland. - Data reporting - development of dashboard (currently reporting to CSfD - internal reporting route to be confirmed - National funding for next FY to be confirmed	
Digital and Technological Innovation	Digital Delivery Plan	Type 2 Diabetes Remission Programme	New national digital intensive weight management programme will support 3,000 newly diagnosed type 2 diabetes patients over three years from January 2026, aiming for significant weight loss and remission in up to 40% of participants, with outcomes tracked by recruitment, remission rates, and health improvements.	Katherine Sutton	This ANIA programme is being supported nationally by NHS Highland with our Interface Lead helping the national teams design the final technical solution. Their will be work required by Board but this work is now known as yet and is not required for some months. To be scheduled nearer the required time	

Digital and Technological Innovation	Digital Delivery Plan	Genetic Testing	Introducing new genetic testing for stroke patients newborn babies with bacterial infections, and new stroke patients	Katherine Sutton	Genetic testing is delivered for NHS Highland by the East of Scotland service. Labs service working closely with service provided on the introduction of these pathways.	Services not delivered in NHSH – engagement underway with service provided.
Digital and Technological Innovation	Digital Delivery Plan	Theatre Scheduling	A theatre scheduling tool that boosts operating theatre productivity by up to 20% is being rolled out across all Scottish health boards by June 2025 to optimise theatre use, prioritise patients more effectively, and reduce treatment wait times.	Katherine Sutton	Continued rollout rollout if Infix across general surgery. Further implementation of OPCS-4 coding to ensure Scan4Safety and Infix projects successful. Intention to work with services where Infix has been implemented to understand impact on administration time. Increased efficiency potentially result in fewer theatres running, whilst maintaining throughput of current numbers of patients.	
Prevention	All Well Themes	Proactive Prevention	Preventative action at any stage of a person's health can significantly improve outcomes, with new investments in 2025–26 supporting proactive interventions for cardiovascular disease and frailty, including enhanced services and dedicated leads in general practice.	Jennifer Davies	Opportunities for prevention are being captured through our Population Health programme board. The programme is currently COLLATING all current activity with a view to then moving into the CURATE stage working with services and other programmes to identify opportunities as part of our strategic planning and development of a population-health needs based NHS Highland strategy to move on from Together We Care. The governance, timescales and programme plan for development of this refreshed board-wide strategy is in development.	
Prevention	Care Well-Primary Care	Cardiovascular Disease (CVD)	A new General Practice enhanced service launching in spring 2025 will target key cardiovascular disease (CVD) risk factors—like high blood pressure and cholesterol—by identifying those at highest risk and enabling early interventions to significantly reduce long-term health impacts.	Arlene Johnstone / Evan Beswick	Feedback is awaited from both Highland and Argyll & Bute on plans for this new GP enhanced service.	Update pending.
Prevention	Care Well-Primary Care	Frailty	A new Frailty Enhanced Service launching in April 2025 will support earlier identification and management of frailty in General Practice, with each practice appointing a Frailty Lead to improve care through training, data use, and collaboration.	Arlene Johnstone / Evan Beswick	The specific Primary Care and prevention elements of this frailty programme are being taken forward in tandem with work to embed processes for the identification and management of frailty.	