NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**29 September 2026**
Title:	**ADP Operational Improvement Plan 2026/27 update**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Bryan McKellar, Whole System Transformation Manager**

Report Recommendation:

The board are asked to take Substantial Assurance on NHS Highland's delivery against the Scottish Government Operational Improvement Plan (OIP) deliverables.

1 Purpose

Please select one item in each section ***and delete the others***.

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 NHS Scotland 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 agreed to track the key deliverables aligned to the Scottish Government's Annual Operating Priorities through our 2026/27 Operational Improvement Plan (OIP). The deliverables are a subset of the Board's Annual Delivery Plan (ADP) across the eight priorities identified by Scottish Government.

FRPC are to receive regular bi-monthly reports on progress alongside the reporting of performance information in the Integrated Performance and Quality Report (IPQR). This paper provides the first update on the deliverables as at 7th August 2026.

2.2 Background

NHS Highland received high-level planning guidance in February 2026 and began development of its Annual Delivery Plan for 2026/27, capturing the key deliverables to meet our strategy, Together We Care.

The ADP captures change deliverables aligned to both Scottish Government's Annual Operating Priorities and local policy and plans for development.

The development of the ADP has included stakeholders from across NHS Highland in capturing the high-level deliverables across each Well Theme

A subset of the ADP will oversee specific deliverables aligned to the Scottish Government's Annual Operating Priorities – these are to be reported on a bi-monthly frequency to FRPC and include 11 deliverables carried forward from Operational Improvement Plan (OIP) 2025/26, and include additional specific actions identified in relation to the 8 areas.

The OIP deliverables (Appendix 1) represent NHS Highland's plan to deliver on the key Scottish Government priorities for 2026/27.

This represents the first update on the deliverables with the next update scheduled to be shared with FRPC on 13th November.

2.3 Assessment

The development of the Operational Improvement Plan deliverables for 2026/27 has concluded with the submission of plans for Unscheduled Care and Planned Care to Centre for Sustainable Delivery.

OIP deliverables are monitored on a cycle of bi-monthly reporting to EDG and FRPC. Furthermore, performance reporting in the IPQR has been adjusted to recognise the performance targets and trajectories that have been agreed.

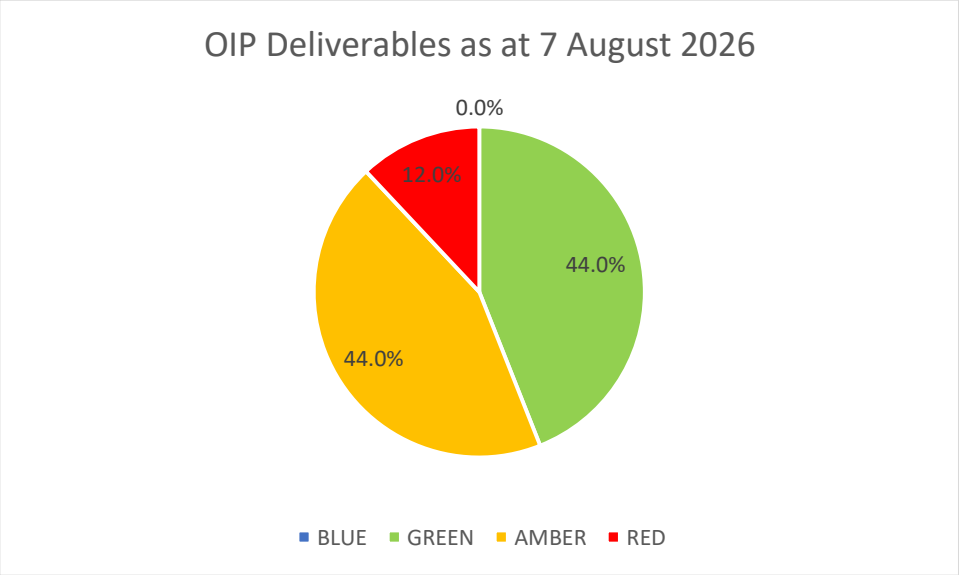
The key deliverables of the OIP will be included in a Public Contract Document on ADP 26/27, which will be used both internally and externally, as our anchor point for articulating our key plans with stakeholders and our population. This is provided in Appendix 2.

Updates have been gathered through Strategy & Transformation working with Senior Responsible Officers (SROs) for each deliverable assessing progress to the 7TH August 2026 with details available in Appendix 1.

For this report, there is an assessment of the BRAG status at this point is as follows:

DARK BLUE - Complete
GREEN – On Track
AMBER – At Risk
RED – Delayed

In summary, of the 23 reportable areas, the following is the status of the deliverables as at 7TH August 2026:



CATEGORY	7 August	Change
Blue (Complete)	0%	N/A
Green (On Track)	44%	N/A
Amber (At Risk)	44%	N/A
Red (Delayed)	12%	N/A

To note in future reporting, we will measure the change of BRAG status between reporting periods.

Delayed Deliverables

There are three deliverables assessed at RED (Delayed) status as follows:

Improve 62-day cancer performance to agreed trajectory by March 2027
The 62 day national target is not achieved and our performance remains off trajectory. This remains a focus for NHS Highland with progress and actions against our plans reviewed at weekly CE performance assurance meetings. PTL and waiting times meetings continue with each specialty to ensure cancer tracking and escalation as per escalation policy.

Meet activity targets for 8 Key Diagnostic Tests (Imaging and Endoscopy) by March 2027
Imaging is behind trajectory by -14.1%, Endoscopy is behind trajectory by -37.2%, however additionality has only recently been confirmed by Scottish Government in particular for our use of the MRI van. It is anticipated a recovery in performance can be achieved by March 2027. Endoscopy has been impacted due to workforce pressures in RGHs to which a recovery plan is in development.

Alignment of the community and secondary care OPEL process by end of September 2026
Engagement has progressed in both Community and Acute settings to move towards an integrated OPEL framework. The Acute OPEL has aligned to the national standard since the updates of this report and this will be reflected in the status report for the next update.

At Risk Deliverables

Deliverables described at AMBER (At Risk) status are currently under focus to develop plans to bring the deliverables back on track. A summary of these are below:

- **NOP / TTG activity:** NOP is ahead of trajectory for Core activity by 1% but behind on Additional activity by -78.3%, although this has only just been agreed at the start of Q2 and is to be expected. TTG is behind trajectory for Core activity by -7% and behind on Additional activity by -100%, similarly only agreed at the start of Q2.

- **OrderComms:** The first phase of Order Comms went live in June 26 as planned. Further deployment of OrderComms is dependent on the delivery of a new Radiology System and there are indicative timescales to early 2027 for deployment of the full Order Comms solution, but this requires to be confirmed with the supplier.
- **Frailty:** AHP at Front Door and
  Acute Frailty Assessment Area are established, but end-to-end frailty pathways are not yet consistently embedded across acute, community and primary care. Standardisation and scaling continue.
- **Discharge to Assess:** D2A implementation is progressing, but standardised criteria, data collection and reporting are not yet consistent across all districts. Further work is required to achieve full implementation by March 2027.
- **Step-down rehab in community hospitals:** Step-down rehabilitation models are being developed, but consistent capacity and implementation across community hospitals are not yet established.
- **Integrated Discharge Team:** Discharge coordination arrangements are in place across acute and community settings; however,
  functions remain distributed with variation in roles, responsibilities, and operational alignment. Project board and plan in place to implement, and work progressing through organisational structures.
- **Hospital at Home – Inverness & Argyll & Bute:** Hospital at Home trajectories have been submitted as part of the Scotland West subnational plan. Plans being progressed in both HSCPs to meet required activity targets by March 2027, dependent on workforce model being implemented.
- **Neonatal Intensive Care:** No further national progress / agreement and transition to sub national working arrangements. This being the case, delivery by March 2027 presents a challenge. NHSH will continue to engage with national planning.
- **Mental Health collaboration:** Work is progressing through unscheduled care redesign, pathway standardisation and ongoing collaboration with local and national partners. Multi-agency working is evident through the Highland Practice Model and there is planned work to strengthen links with community and third-sector supports. Some areas remain at an early stage, including community hub alignment and lived experience engagement, so continued focus is required to move into full implementation.
- **Digital Delivery Plan 26/27:** Progressing and reporting into the Digital Health and Care Group. Benefits realisation of programmes remains a core part of delivery, and a number of Digital programmes are being supported through the establishment of the Highland Improvement Value & Efficiency (HIVE) team which goes live in September.

FRPC will receive their next update on the OIP at the meeting on 13th November 2026.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

FRPC are asked to take Substantial Assurance on NHS Highland's delivery against the Operational Improvement Plan (OIP) deliverables are tracked and managed through the agreed process.

3 Impact Analysis

3.1 Quality/ Patient Care

Reporting of OIP deliverables has been established to Clinical Governance Committee. All deliverables have a focus on improving quality and patient care, aligned to our current strategy, Together We Care.

3.2 Workforce

Development of ADP 26/27 has progressed in partnership with services.

3.3 Financial

ADP 26/27 includes deliverables in relation to the board's financial plan as part of Progress Well.

3.4 Risk Assessment/Management

Each deliverable contained in 26/27 will undergo risk assessment screening as per programme management process.

3.5 Data Protection

The ADP 26/27 does not include any personal data. OIP has the noted Executive Lead for each deliverable.

3.6 Equality and Diversity, including health inequalities

The OIP will undergo an Integrated Impact Assessment (IIA) screening assessment to consider the impact to people with protected characteristics, and to identify any mitigations / actions required.

3.7 Other impacts

N/a

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

EDG – Thursday 27th August
FRPC – Friday 11TH Septembe

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Operational Improvement Plan – Dashboard as at 7th August 2026

OIP REF	Description	Executive Lead	Updates at BRAG checkpoints	BRAG as at 07/08/26
1. REDUCE THE LONGEST WAITS FOR PLANNED CARE				
1a	Eliminate > 52 week waits for NOP and TTG by end of March 2027, utilising sub-national approaches where required	Katherine Sutton	**07/08/26**: NOP is ahead of forecast by 7.4%, TTG is ahead of forecast by 16.4%	GREEN
1b	Improve 62-day cancer performance to agreed trajectory by March 2027	Katherine Sutton	**17/08/26:** The 62 day target remains to be missed. This remains a focus for NHSH, and is reviewed at weekly CE meetings. PTL and waiting times meetings continue with each specialty to ensure cancer tracking and escalation as per escalation policy.	RED
1c	Meet activity targets for funded Core and Additionality for NOP and TTG by March 2027	Katherine Sutton	**07/08/26:** NOP is ahead of trajectory for Core activity by 1% but behind on Additional activity by -78.3%, although this has only just been agreed at the start of Q2 and is to be expected. TTG is behind trajectory for Core activity by -7% and behind on Additional activity by -100%, similarly only agreed at the start of Q2.	AMBER
2. INCREASE PRODUCTIVITY IN ELECTIVE AND DIAGNOSTIC				
2a	Meet activity targets for 8 Key Diagnostic Tests (Imaging and Endoscopy) by March 2027	Katherine Sutton	**07/08/26:** Imaging is behind trajectory by -14.1%, Endoscopy is behind trajectory by -37.2%	RED
2b	Delivery of Order Comms (part of Hospital EPR) solution for NHS Highland by March 2027	David Park	**07/08/26:** The first phase of Order Comms went live in June 26 as planned. Further deployment of OrderComms is dependent on the delivery of a new Radiology System and there are indicative timescales to early 2027 for deployment of the full Order Comms solution, but this requires to be confirmed with the supplier.	AMBER
3. IMPROVE FLOW AND PERFORMANCE IN UNSCHEDULED CARE				
3a	Alignment of the community and secondary care OPEL process by end of September 2026	Louise Bussell	**18/08/26:** Engagement has progressed in both Community and Acute settings to move towards an integrated OPEL framework. However there remains significant work to unpick the current reporting methodologies used and align these to the national framework by the target date.	RED

3b	Maximise the use of the FNC / OOH pathways through expansion of pathways and engagement with sub-national planning, with the aim to transact 1,000 calls per month by March 2027.	Louise Bussell	**18/08/26:** Currently ahead of trajectory in terms of number of transactions to the end of June 2026> Work continues on embedding additional pathways within the FNC and ensure local development of pathways aligned to work being progressed through Sub-National Scotland West routes. Work to deliver a sustainable workforce model for FNC with planned additional pathways has commenced.	GREEN
3c	Expansion of the Same-Day Emergency Care service at Raigmore to see an average of 120 patients per week. Scope the expansion of SDEC to RGHS by March 2027	Louise Bussell	**18/08/26:** Scoping work to expand SDEC to delivery in RGHs has commenced, while the current median for activity through the Raigmore SDEC has increased from around 80 to 100 patients per week, whilst maintaining a rapid turnaround time of less than 4 hours. Further development of Raigmore service is being scoped, which will include the requirement for additional space and recruitment to clinical and diagnostic staff roles.	GREEN
3d	Development of standardised short-stay (24–72hr) pathways aligned to Raigmore's Acute Frailty Assessment Area (AFAA) by March 2027.	Louise Bussell	**18/08/26:** Since its inception in November, the Frailty Assessment Area in GA has had an average of 6 patients admitted per week, of these roughly 50% are discharged within 72 Hours. There has also been a decrease in Length of Stay in August 2026 for this cohort of patients, and this data is being used to inform modelling for a move to a 7-day service.	GREEN
3e	Development of end-to-end frailty pathways across acute, community hospitals and primary care, including AHP at Front Door and AFAA	Louise Bussell	**07/08/26:** AHP at Front Door and AFAA are established, but end-to-end frailty pathways are not yet consistently embedded across acute, community and primary care. Standardisation and scaling continue.	AMBER
3f	Implement standardised Discharge to Assess (D2A) criteria across all districts. Establish consistent data collection and reporting to monitor volumes, conversion and outcomes by March 2027.	Louise Bussell	**07/08/26:** D2A implementation is progressing, but standardised criteria, data collection and reporting are not yet consistent across all districts. Further work is required to achieve full implementation by March 2027.	AMBER
3g	Strengthening and standardising step-down rehabilitation capacity within community hospitals to support Discharge Without Delay (DwD) pathways and reduce acute LoS	Louise Bussell	**07/08/26:** Step-down rehabilitation models are being developed, but consistent capacity and implementation across community hospitals are not yet established.	AMBER

3h	Consolidate processes in the Integrated Discharge Team that puts the use of the Planned Date of Discharge planning at the heart of processes.	Louise Bussell	**17/08/26:** Discharge coordination arrangements are in place across acute and community settings; however, functions remain distributed with variation in roles, responsibilities, and operational alignment. The Acute Discharge Support Team at Raigmore works closely with inpatient services, while HHSCP discharge coordinators operate across locality teams. Planned Dates of Discharge are managed through district teams and supported through MDT processes within the Discharge App. Project board and plan in place to implement, and work progressing through organisational structures.	AMBER
3i	Delivery of specific Argyll & Bute-only Unscheduled Care actions	Evan Beswick	Redesign and expansion of 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.	GREEN
4. EXPAND HOSPITAL AT HOME AS A MAINSTREAM MODEL OF CARE				
4a	Full delivery of Inverness model by March 2027 incorporating a total of 15 beds by March 2027	Arlene Johnstone	**17/08/26:** Hospital at Home trajectories have been submitted as part of the Scotland West subnational plan. A workforce plan supporting a move to a 7-day service to meet the expansion to 15 beds by March 2027 is in progress, but this is a key risk to the delivery of the trajectory.	AMBER
4b	Expansion of Argyll & But Hospital at Home Service to 16 beds by March 2027	Evan Beswick	**17/08/26:** Hospital at Home trajectories have been submitted as part of the Scotland West subnational plan. Expansion of an additional 4 beds by March 2027 remains in progress, with plans in development for delivery.	AMBER
5. SUPPORT SAFE AND HIGH QUALITY MATERNITY AND NEONATAL SERVICES				
5a	Ensure full implementation of HIS Maternity Service inspection audit actions by March 2027	Katherine Sutton	**17/08/26:** All actions from other Boards reviewed for areas of improvement and NHS Highland benchmarked against this. Gaps identified and improvement actions progressing, updated position to go to EDG. NHS Highland have not yet had inspection.	GREEN
5b	Take required actions (to be defined) to deliver national networked model for neonatal intensive care by March 2027	TBC	**17/08/26:** No further national progress / agreement and transition to sub national working arrangements. This being the case, delivery by March 2027 presents a challenge. NHSH will continue to engage with planning.	AMBER
6. IMPROVE SUPPORT AND SERVICES AROUND MENTAL HEALTH, NEURODIVERSITY AND LEARNING DISABILITY				
6a	Progress locally-agreed plan to improve access to neurodevelopment support and assessments by March 2027	Katherine Sutton	**17/08/26:** Children / young people: ND Programme Board supporting the testing of locally agreed pathways within THC area, along with the ongoing development and testing of new locality based model.	GREEN

6b	Strengthen pathways and support across wider mental health services in collaboration with local and national partners, including community-based supports.	Arlene Johnstone	**17/08/26:** Work is progressing through unscheduled care redesign, pathway standardisation and ongoing collaboration with local and national partners. Multi-agency working is evident through the Highland Practice Model and there is planned work to strengthen links with community and third-sector supports. Some areas remain at an early stage, including community hub alignment and lived experience engagement, so continued focus is required to move into full implementation.	AMBER
7. ACCELERATE DIGITAL ACCESS AND MODERNISATION				
7a	Take local board actions that contribute to successful delivery of the MyCare.Scot roll-out (Digital Front Door)	David Park	**11/08/26:** High-level roadmap in development by national teams, a sub-national Scotland West group is engaging with programme, no specific board actions identified as yet, but seeking to embed a 12-18-month adoption plan for the current capability of the app.	GREEN
7b	Delivery of the NHS Highland Digital Delivery Plan for 2026/27 - realising benefits of deliverables	David Park	**18/08/26:** The Digital Delivery Plan for 26/27 is progressing and reporting into the Digital Health and Care Group. Benefits realisation of programmes remains a core part of delivery, and a number of Digital programmes are being supported through the establishment of the Highland Improvement Value & Efficiency (HIVE) team which goes live in September.	AMBER
8. BECOME A POPULATION HEALTH ORGANISATION				
8a	Agreement of a new strategic framework for NHS Highland by September 2026	David Park	**07/08/26:** Draft framework developed and approved as basis for further development	GREEN
8b	Agreement of 10 organisational strategy by March 2027	David Park	**07/08/26:** Timeline and governance route developed and activity underway in line with this	GREEN
8c	Undertake the Population Health Maturity Matrix assessment and produce an action plan by March 2027	David Park	**07/08/26:** Cross sector meeting planning in progress to support assessment and work being aligned with strategy development	GREEN

Appendix 2 – ADP Public Contract Document

NHS Highland Annual Delivery Plan 2026/27

Inverness Castle and River Ness – Sophie Hepburn, Consultant Clinical Biochemist

Chief Executive Welcome and Introduction

The Annual Delivery Plan 2026/27 comes at a pivotal moment for the NHS. Rising demand, demographic change, financial constraint and continued pressure on access, flow and outcomes require a clear shift from recovery to reform and renewal.

Whilst these will be a focus of our developing 10 year strategy, for 2026/27, we must deliver safe, sustainable services through prioritisation, partnership, prevention, digital transformation and workforce sustainability. This will require disciplined planning, difficult choices and a focus on value-based health and care.

I am grateful to colleagues across the system whose leadership and resilience continue to underpin improvement for the people and communities we serve, and the partners we work with.

Key context for 2026/27:

- Sustained demand, demographic pressure, and constrained finances
- Continued improvement of waiting times, urgent care and patient flow
- Strong focus on productivity, value and reducing waste
- Continued shift from hospital to community, analogue to digital, and sickness to prevention
- Greater emphasis on reform, renewal, and sustainable delivery

Àrd-oifigear, Fàilte agus Ro-ràdh

Tha Plana Lìbhrigidh Bliadhnail 2026/27 ga leasachadh aig àm cudromach don NHS. Tha ùrachadh agus ath-bheothachadh adhìth gus cumail suas leis an iarrtas a tha a’ sìor fhàs, atharrachadh deamografach, cuingealachadh ionmhais agus cuideam leantainneach air ruigsinneachd.

Ged a bhios iad nam prìomh fhòcas air an ro-innleachd 10 bliadhna againn, airson 2026/27, feumaidh sinn seirbheisean sàbhailte, seasmhach a lìbhrigeadh tro phrìomhachas, com-pàirteachas, casg, cruth-atharrachadh didseatach agus seasmhachd luchd-obrach. Feumaidh seo dealbhadh smachdail, roghainnean duilich agus fòcas air cùram slàinte stèidhichte air luach.

Tha mi taingeil do cho-obraichean air feadh an t-siostaim aig a bheil an ceannardas agus an neart gus taic leantainneach a thoirt do leasachadh airson na daoine agus na coimhearsnachdan a tha sinn a’ frithealadh, agus na com-pàirtichean againn.

Co-theacsa cudromach airson 2026/27:

- Larrtas seasmhach, cuideam deamografach agus ionmhas cuibhrichte
- Leasachadh leantainneach air amannan feitheimh, cùram èiginneach agus sruthadh euslaintich
- Fòcas làidir air cinneasachd, luach agus lughdachadh sgudail
- Gluasad leantainneach bho ospadal gu coimhearsnachd, analog gu didseatach, agus tinneas gu casg
- Barrachd cuideim air ath-leasachadh, ùrachadh agus lìbhrigeadh seasmhach

Fiona Davies, Chief Executive / Àrd-oifigear, NHS Highland / NHS na Gàidhealtachd

OBJ

Purpose

This document converts the slide-based Annual Delivery Plan and Together We Care Tracker into a more narrative format. It sets out the Chief Executive introduction, the context for 2026/27, the delivery framework, and a themed summary of outcomes, key deliverables, outcomes for people, and key performance indicators.

Section	Content
Delivery year	2026/27
Strategic frame	Together We Care outcomes, the developing 10-year organisational strategy, Highland Health and Social Care Partnership and Argyll & Bute Health and Social Care Partnership plans.
Performance route	Integrated Performance and Quality Report (IPQR), RAG (Red, Amber, Green) progress assessment, Executive Directors Group, Finance Resource and Performance Committee, and Board reporting.
Core ambition	Safe, sustainable services through prioritisation, partnership, prevention, digital transformation, and workforce sustainability.

The Context We Find Ourselves In

This Annual Delivery Plan for 2026/27 finds us at the end of our current Together We Care 5-year strategy as we begin to define our new 10-year organisational strategy in 2027/28. This is in part linked to recent changes in national policy where we must reform the NHS to better serve our population. Going forward, our healthcare services will focus on population health with an aim to reduce health inequalities across our area and increasing preventative care in collaboration with public and partners who can positively impact health outcomes.

The NHS Highland delivery environment for 2026/27 is characterised by interlocking pressures. Demand continues to rise across urgent, scheduled planned, mental health, children's health, primary care and community services. Demographic change and increasing medical complexity of our patients place additional pressure on access, flow and workforce capacity. Financial constraint is also a defining feature, and our financial plan focuses on the need for a sharp focus on productivity, value, prevention, and sustainable models of care.

This plan therefore combines recovery priorities with medium-term reform. It maintains a focus on national waiting time and quality standards, but also commits NHS Highland to pathway redesign, community-based alternatives, digital infrastructure, workforce planning, prevention and health inequalities action.

In recent years, we have continued to plan for some of our most at-risk services, including for vascular surgery, cancer oncology and neonatal services in partnership with other health boards.

Each section in the Plan describes the Together We Care strategic outcome focus; with a brief description of the key deliverables we will be working on in 2026-27. What difference this work will have on peoples' outcomes and the key measures we will use to measure our performance will also be summarised on each page. The table below describes the key themes that we will be working on over the next year and why these will make a difference to our population's health and wellbeing.

Section	Content

From recovery to reform	Move beyond short-term backlog recovery towards sustainable pathways, workforce, and digital changes. This will provide future proofing through greater sustainability within the health and care system.
From hospital to community	Strengthen Home First, Hospital at Home, community rehabilitation, primary care and preventative models. This will enable more care to be provided as close to home as possible.
From analogue to digital	Implement Electronic Patient record improvements (EPR), national digital front door, digital infrastructure, cyber and information governance frameworks, and data-enabled service improvement. This innovation will help to improve quality of care and to introduce greater efficiency within our complex health systems.
From activity to outcomes	Use our Integrated Performance Quality Report (IPQR), with a RAG (Red, Amber, Green) status, developing quality strategy, population health measures and outcome indicators to monitor progress and impact. This will help us to provide and demonstrate care that matters to our population over the next years, by moving from a service activity base to health outcomes.
From isolated projects to system delivery	Align Annual Delivery Plan actions to the developing 10-year strategy, Highland Health and Social Care Partnership and Argyll & Bute Health and Social Care Partnership plans, financial plan and quality strategy. This will help us to prioritise those pieces of work that will have the most impact on our population's health and wellbeing.

Executive summary

The deliverables collectively support NHS Highland's shift from recovery to reform and renewal, with stronger emphasis on prevention, partnership, community-based care, workforce sustainability, digital transformation, value and performance. The themed outcome groups are mutually dependent: improvements in population health and community care help reduce acute pressure; workforce and digital programmes enable service change; and financial, quality and infrastructure enablers provide the conditions for sustainable delivery.

Detailed rationale by outcome-themed group

1. Our Young People and Families

Together We Care Strategy themes included: Start Well; Thrive Well – NDAS (Neurodevelopmental Assessment Services); Thrive Well – CAMHS (Child and Adolescent Mental Health Services)

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To improve life chances by strengthening maternity, neonatal, neurodevelopmental and child and adolescent mental health pathways. The deliverables are designed to intervene earlier, reduce avoidable delays, improve family experience, and maintain compliance with national standards and policy requirements	• To meet the rising demand for maternity, neurodevelopmental assessment services (NDAS) and child mental health services (CAMHS) • Ensuring fair and equitable access to NDAS and Child and Adolescent Mental Health services (CAMHS) • Rates of developmental concerns in more deprived communities linked to child poverty prevalence	• Children, young people and families experience earlier help, clearer pathways and improved access to assessment, treatment and support • Maternity, neonatal and children's services are safer, more person-centred and more consistently governed

	• Sustaining the specialist workforce, training routes, governance and assurance across maternity, neonatal, NDAS and CAMHS services • Maintain NHS Highland's status with National Maternity Standards, UNICEF Baby Friendly accreditation and CAMHS/neurodevelopmental specifications thereby preventing more children from becoming unwell and narrowing the inequalities gap	• Waiting times for assessment and treatment to reduce over time, with improved compliance against 18-week access standards • Services become more sustainable through better workforce planning, training, and partnership working

2. Population Health

Together We Care Strategy Themes included: Stay Well; Anchor Well; Age Well; End Well

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To shift the system from treatment and recovery towards prevention, earlier intervention, community wealth building, realistic medicine and better support across ageing and end-of-life pathways. The deliverables respond to the wider determinants of health and the need to reduce avoidable ill health and inequalities	• Persistent health inequalities experienced by some groups in Highland and Argyll and Bute • Vaccination provision and uptake, screening smoking cessation, alcohol and drug harm reduction and other preventative programmes to improve health • Our response to the ageing population, growing long-term conditions and need for more coordinated self-management and navigation support • Strengthening palliative and end-of-life identification, anticipatory care, and preferred-place-of-care pathways • Opportunity to use NHS Highland's anchor role to influence employability, procurement, assets and community wealth	• Improved quality of life and reduced preventable ill health through prevention and early intervention • Reduced inequalities through informed use of data, Equality Impact Assessment (EQIA), population health maturity work, and routine reporting • Communities benefit from stronger anchor activity, partnership working, and co-production • Older people and people approaching end of life receive more coordinated, person-centred care closer to home where appropriate • The Lochaber Redesign Programme has entered the Full Business Case phase, focused on developing a sustainable and integrated health and social care model for the area. During 2026/27, NHS Highland will further develop service models, workforce and digital plans, benefits realisation and implementation

		arrangements, while continuing to work with communities, staff and partners to shape future services and improve care closer to home

3. Care and Wellbeing in the Community - Community and Primary Care

Together We Care Strategy Themes included: Care Well – Home First, Community Health services and Primary Care

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To strengthen care closer to home by improving Primary Care, Community Health services, reablement, community rehabilitation, self-directed support, and commissioning. This group underpins system flow by reducing reliance on acute hospital care and enabling people to remain independent for longer	• Delayed discharge, unmet assessed care needs and pressure on acute hospital flow • Rebalancing of Care at Home, care home, day care, supported living and Third Sector capacity • Variation in Primary Care access, prescribing, diagnostics, dental, eyecare, and oral health provision • Technology and information system replacement requirements, including Mosaic and care technology • Development, publication and implementation of commissioning strategies, market facilitation, and sustainable models of place-based care	• More people supported at home or in community settings through Home First, reablement and integrated pathways, reducing acute system demand • Reduced delayed discharge and improved hospital and community flow • Improved access, quality and value-based health & care across primary care, dental, oral health, eyecare and community rehabilitation services • More sustainable commissioning, better use of technology, and stronger place-based care models

4. Mental Health and Wellbeing

Together We Care Strategy Themes included: Live Well

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To improve access, outcomes and sustainability across mental health, learning disability, dementia and psychological therapies pathways. The deliverables	• Reducing waiting times across mental health and psychological therapies • Community-based support, crisis response,	• Improved access to mental health and psychological therapies, including progress against 18-week standards and elimination of very long waits

focus on community-based prevention, urgent support, better data, governance and workforce, reducing avoidable admissions and long waits	and alternatives to admission • Delayed discharge, out-of-area placements and avoidable admissions affecting outcomes and flow • Explore use of digital systems and data quality, performance visibility, and records systems • Workforce sustainability, reliance on supplementary staffing, recruitment and retention pressures across mental health and care services	• More people supported in community and preventative settings, reducing avoidable admissions and out-of-area placements • Improved dementia, learning disability, and neurodevelopmental pathways • Better quality, governance, workforce planning and performance data to support sustainable improvement

5. Urgent Care

Together We Care Strategy Themes included: Respond Well

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To improve urgent and unscheduled care flow by strengthening front-door pathways, frailty response, Hospital at Home, step-up/step-down care, discharge processes and community response. This responds directly to emergency department waits, delayed discharge and pressures across acute and community services	• Emergency department crowding, prolonged waits and delayed discharge • Need for alternatives to hospital admission and improved urgent care responsiveness • Frailty identification and comprehensive geriatric assessment are not consistently embedded across settings • Information flow and referral/response processes between hospital and community services require standardisation • Length of stay and discharge delays need targeted reduction using Centre for Sustainable Delivery and local improvement data	• Patients receive urgent care in the right place, with reduced emergency department waits and fewer 12-hour breaches • Delayed discharge reduces in line with trajectory and care is moved closer to home where appropriate • Frailty care becomes more consistent across hospital and community settings • Improved discharge information flow, length-of-stay management, and community response

6. Planned Care

Together We Care Strategy Themes included: Treat Well – Scheduled Care and Diagnostics; Journey Well – Cancer

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To recover and reform planned care, diagnostics and cancer pathways by reducing long waits, increasing productivity, improving theatre and diagnostic utilisation, strengthening pathway governance and improving cancer diagnosis and treatment times	• Long waits for new outpatient appointments, treatment and diagnostics, including patients waiting over 52 weeks • Theatre utilisation, scheduling, pathway flow, and annual service planning • Unwarranted variation and low clinical value testing affecting diagnostic capacity • Digital and booking systems require modernisation to support safer, more efficient pathways • Cancer pathways require improvement against 31-day and 62-day standards, including the major breast, lung, colorectal and prostate pathways • Continue to work with our partners to ensure sustained delivery of our clinical services, in particular planned care	• Reduced longest waits and improved compliance with national access standards • More productive and value-based scheduled care and diagnostic pathways • Improved service user feedback, safer digital systems, and stronger clinical governance • Earlier cancer diagnosis, improved cancer pathway performance, and better access through regional collaboration and prehabilitation

7. Our People

Together We Care Strategy Themes included: Grow Well; Listen Well; Nurture Well; Plan Well

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To build a resilient, skilled, engaged and sustainable workforce capable of delivering service reform. The deliverables address appraisal, learning and development, staff governance, communications, wellbeing, equality, diversity and inclusion, recruitment,	• Workforce gaps, recruitment and retention pressures across health and care services • Supplementary staffing, agency dependency, staff absence, and low-value activity • Staff appraisal compliance, learning and development	• Improved workforce sustainability through better planning, recruitment, onboarding, and talent pipelines • Improved staff engagement, health, wellbeing, inclusion, and psychological safety

employability and strategic workforce planning	infrastructure and workforce planning • Staff wellbeing, Equality Diversity and Inclusion, health and safety, and engagement require sustained improvement • Partnership working, staff governance, and internal/external communication need consistent strengthening	• Reduced workforce gaps, absence, supplementary staffing, and agency use over time • A stronger learning culture supported by appraisal, Learning Academy development and staff governance arrangements

8. Enablers

Together We Care Strategy Themes included: Value Well; Perform Well; Progress Well – Estates, Climate and Digital

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To create the organisational conditions required for delivery: social value and community partnerships, quality and strategy development, financial sustainability, digital transformation, cyber and information governance, infrastructure planning and climate commitments	• Financial constraint and need to demonstrate value-based health & care, efficiency and outcomes-focused performance • Development and deployment of a coherent 10-year organisational strategy, quality strategy and implementation governance • Requirement to strengthen relationships with carers, volunteers, communities, and Community Planning Partnerships • Digital infrastructure, electronic patient record, cyber security, information governance, and data systems require sustained investment and assurance • Climate targets, estate constraints, and infrastructure planning require Board-level strategic direction	• Clearer strategic direction, quality framework and financial sustainability supporting all delivery programmes • Stronger community partnership, co-production and anchor contribution to population outcomes • Digital systems, infrastructure and information governance enable safer, more productive, and better-connected services • Climate, estate, and infrastructure plans support long-term sustainability and reduced emissions

Overall strategic intent

Taken together, the deliverables are intended to:

- improve outcomes and experience for people and communities
- reduce inequalities and prevent avoidable ill health
- shift care towards home, community and self-management where clinically appropriate
- improve access, flow and waiting times across urgent, planned and cancer pathways
- support and develop the workforce required for reform
- strengthen quality, finance, digital, estate and climate foundations for sustainable delivery

Delivery Framework and Assurance

The plan is organised around outcome areas described in Together We Care. Each outcome area has 2026/27 deliverables, outcomes for the population or workforce, key performance indicators, and a medium-term plan to 2027/28. Some indicators measure process progress where the transformation is still in development; others measure health, care, access, quality, workforce or sustainability outcomes

Lawson Memorial Hospital, Golspie

Section	Definitions
2026/27 deliverables	The actions NHS Highland commit to deliver during the year, themed by outcome area
Outcomes	The change expected for people, communities, staff, or services during 2026/27
KPIs	Measures used to track progress, through the Integrated Performance and Quality Report and specific programme dashboards
Medium-term plan	Many of the deliverables are strategic transformation priorities, to align to the developing 10-year strategy and Health and Social Care Partnership plans
Performance reporting: RAG and escalation	Deliverables are assessed monthly and reported to our Directors team quarterly, and then to our Finance Resources Performance Committee and Board every six months. Adverse change or new deliverables will be escalated to SROs for mitigation reporting to the Directors team

Summary Delivery Dashboard and Leadership Focus

The Annual Delivery Plan brings together a broad portfolio of service recovery, reform, and renewal. The leadership task for 2026/27 is to maintain focus on a small number of visible delivery questions: Are patients and communities experiencing improved access and outcomes? Are we reducing inequality and preventable harm? Are we releasing capacity through productivity, digital transformation, and value? Are workforce, finance and infrastructure plans aligned to sustainable delivery?

Leadership lens	Primary delivery focus	Indicative measures
Access and flow	Urgent care, delayed discharge, planned care, diagnostics, cancer, and mental health waiting times	Emergency Department 4-hour and 12-hour waits, delayed discharge trajectory, New Outpatients and Treatment Times Guarantees, diagnostics, cancer and 18-week standards
Community and prevention	Home First, integrated community models, Primary Care, self-management, population health, and anchors	Self-directed Supper uptake, care at home, community rehabilitation, screening/vaccination, Community Planning Partnerships-anchors metrics
Workforce and culture	Appraisal, staff engagement and wellbeing, people strategy, Learning Academy and recruitment pipeline	60% appraisal compliance, Time to Fill under 116 days, iMatter, Equality, Diversity and Inclusion, Occupational Health/employee, health and wellbeing indicators
Digital and infrastructure	Systems including Electronic Patience Record, digital front door, cyber/IG, data centre, SWAN2, GP IT, Order Comms, diagnostics systems and care technology	Digital plan milestones, Electronic Patience Record implementation/training/reporting, Order Comms and diagnostics digital indicators
Finance, quality and strategy	Quality strategy, organisational strategy, value-based health & care programme, financial plan and commissioning/cost recovery arrangements	Quality and strategy approval milestones, financial plan delivery, 3% savings target and committee oversight
Climate and sustainability	Strategic Infrastructure Assessment, emissions reduction, and clinical waste reduction	• 3% reduction in CO2 and clinical waste by March 2027 • 80% emissions reduction by 2045 All from current baseline 2025/26

Tobermory, Isle of Mull