

<h1>NHS Highland</h1>	
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Meeting:	NHS Highland Board
Meeting date:	27 May 2025
Title:	Annual Delivery Plan 25/26 and Medium Term Plan 26/27
Responsible Executive/Non-Executive:	David Park, Deputy Chief Executive
Report Author:	Kristin Gillies, Interim Head of Strategy & Transformation

Report Recommendation:

The Board is asked to **Note** the content of the report and take **substantial assurance** it provides confidence and compliance with legislation, policy and Board objectives in development of the Annual Delivery Plan and Medium Term Plan.

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.
- Government policy/directive
- Local policy

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 submitted its draft Annual Delivery Plan (ADP 25/26) to Scottish Government on 18/03/25. This paper provides an overview as to progress in developing the ADP, which is awaiting Scottish Government approval. NHS Highland Board are asked to take assurance that the development of ADP 25/26 has progressed in line with requirements, and final approval is awaited from Scottish Government as the next step in the process.

2.2 Background
Annual Delivery Plan/Medium Term Plan

NHS Highland received the NHS Scotland Annual Delivery Planning guidance on 29th November 2024 which indicated the timescales and expectations on what is to be included within the ADP 25/26 across key government priorities.

The guidance and process to be followed has been presented to EDG (Dec 17), FRPC (Jan 9) and a Board Development Session (Jan 21).

ADP summarises the high-level deliverables and 3-year priorities for NHS Highland set against the board's Together We Care strategy.

S&T Programme Managers have worked with Programme SROs, Professional Leads and Senior Managers to develop this year's ADP based on the guidance received, using the template used last year with additions for workforce and risk. STAG ABC Programme Deliverables, V&E programmes and operational priorities have been included by those who have contributed to the development of the ADP.

Deliverables have been confirmed and agreed collaboratively between Strategy & Transformation and services.

Related work around Planned Care activity trajectories, Unscheduled Care performance metrics and the development of the board's Financial Plan will align to the final ADP 25/26.

Feedback from Scottish Government will be incorporated to the final version for NHS Highland board approval. NHS Highland will require to report quarterly on the delivery of ADP Deliverables for 25/26, with the first update required at the end of Q1 in July 2025.

2.3 Assessment

ADP 25/26 (Appendix 1) was submitted to Scottish Government on 18/03/25 in line with the requirements. At the time of writing this report, there has been no further feedback received on the ADP following engagement with Scottish Government planning teams in February 2025, however there has been positive verbal feedback on the format and high-level content aligned to our strategy.

Scottish Government approval for the ADP must be received before this is presented to NHS Highland board for approval. In the meantime, an Executive Summary across each Well theme has been developed which will be used to communicate the ADP internally with key stakeholders. This “easy-read” version (Appendix 2) contains for each Well theme:

- ADP deliverables for 25/26 and where they apply to (Highland, Argyll & Bute or NHS Highland as a whole)
- Medium Term Priorities to 27/28; from current Together We Care strategy
- Key Performance Indicators; suggested measures of success that will be reported aligned to each Well theme
- Performance Improvement; a description of the intended impact of ADP deliverables

While engagement is continuing with Scottish Government, the ADP deliverables across Well themes are already being progressed, largely as part of our strategic transformation (STAG) programmes.

ADP 25/26 will be subject to quarterly reporting to EDG and Scottish Government, with 6-monthly progress updates planned for Finance Performance and Resources Committee. Once approval from Scottish Government is received, a final version of the ADP 25/26 will be shared with FRPC for assurance prior to progression to NHS Highland Board.

2.4 Proposed level of Assurance

Substantial	<div>X</div>	Moderate	<div></div>
Limited	<div></div>	None	<div></div>

Comment on the level of assurance

Development of ADP 25/26 is complete aside from incorporating any changes as a result of engagement with Scottish Government.

3 Impact Analysis

3.1 Quality/ Patient Care

ADP 25/26 seeks to improve quality and patient care and is aligned to the strategic outcomes of Together We Care, NHS Highland’s current strategy.

3.2 Workforce

Outcomes 5-8 in the ADP cover actions in relation to Staff Governance. The ADP is developed collaboratively across NHS Highland to agree the deliverables in each Well Theme.

3.3 Financial

The board submitted an aligned Financial Plan to Scottish Government for 2025/26.

3.4 Risk Assessment/Management

Delay in approval of ADP 25/26 may impact on the timescales for individual deliverables

3.5 Data Protection

Executive Leads are assigned to each Well theme. There is no other personal information mentioned within the ADP 25/26.

3.6 Equality and Diversity, including health inequalities

The ADP contributes to the board’s duties, including actions that plan for tackling health inequalities.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

EDG, Finance Policy and Resource Committee, Area Clinical Forum, Board Development sessions have taken place to review the draft ADP 25/26

3.9 Route to the Meeting

It has been presented to the following committees and groups:

- Finance, Performance and Resources Committee
- Area Clinical Forum
- Executive Directors Group
- Engagement with Scottish Government

4 Recommendation

- **Assurance** – To give NHS Highland board confidence of compliance with legislation, policy and Board objective in development of ADP 25/26 MTP 25/27

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 - Annual Delivery 25/26 and Medium Term Plan 26/27 & Presentation

Annual Delivery Plan 2025 – 2026 Medium Term Plan 2027 – 2028 **V3 FINAL DRAFT** NHS Highland

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1. Introduction

Fiona Davies, Chief Executive

2024-25 was another challenging year for NHS Highland, as we continue to balance providing high quality and equitable services with meeting our financial obligations. Looking forward, our Strategy, Together We Care: With You For You, and the Joint Strategic Plan with Highland Council, along with the Argyll & Bute Strategic Plan, sets our direction and ambition and our Annual Delivery Plan shows how we will achieve our aims.

The financial pressures across health and social care are, by far, the most challenging since devolution. It is clear that brokerage will not be forthcoming for future years and, in common with other boards, NHS Highland is required to plan how we intend to return to financial balance, with a reducing deficit year on year. With demands and costs continuing to increase, meeting the requirements for a balanced budget will mean significant change, and an ambitious financial recovery strategy is necessary. Some changes will be improvements, modernising services and making them more sustainable. There will also be a need for substantial service redesign in the longer term to maintain core services.

This will form part of the wider national NHS renewal programme: making use of new technology; changing models to increase access to care closer to home; ensuring access to specialised services nationally; and investing in services which promote wellbeing and prevent ill health.

Our innovative MSK Day was a recent example of this: working with partner organisations, we invited over 300 patients awaiting physio appointments to a single event, where they could not only see a physiotherapist but also access support to stay active, manage financial pressures, increase mental wellbeing and other advice. We are also working with other boards to develop pathways for patients requiring specialist vascular and oncology treatment. We know patients will have better outcomes if these are provided in centres of excellence, and need to work with communities to understand how we can best help people to access this expert care.

Recruiting to posts where there is a shortage of specialists is a national challenge, but in Highland and Argyll and Bute the remote and rural nature of many of our communities can exacerbate issues such as patient travel, out of hours and emergency care, and the central provision of services such as vaccination. Following work to examine and improve our vaccination uptake, the Highland Health and Social Care Partnership presented an options appraisal to Scottish Government in November 2024. It was agreed that we could explore alternative delivery models, including working with GPs in some specified areas, to better serve our communities. A draft delivery plan has now been produced and we will continue to engage and work with patients, primary care colleagues and partners to develop the most effective model.

We are also unique in our lead agency model, which sees NHS Highland providing adult social care in the Highland Council area. During 2024, we took the decision, alongside the Highland Council, to investigate moving to an integration model more akin to the Integrated Joint Boards operating elsewhere in Scotland (including between NHS Highland and Argyll and Bute Council). I welcome the close partnership working which has brought us to this point and look forward to further building on relationships with Council colleagues as we design a model best suited to supporting people in Highland.

We have already seen tangible results of closer working, for example in the successful transfer of Moss Park Care Home in Lochaber from private ownership to being owned by the Council and operated by NHS Highland. Stabilising social care provision will help to prevent delayed discharges, reducing costs to the system overall and, more importantly, ensuring people are cared for in the right

place, in their own homes or as close to home as possible. When we focus together on achieving the best outcomes for people, everyone wins.

The national pause on capital spending continues, meaning that projects including the Caithness health and care hubs and refurbishment of maternity facilities at Raigmore Hospital in Inverness remain on hold. However, we were delighted that the Scottish Government budget included provision to resume design work for a replacement for the Belford Hospital in Fort William. Our teams have recommenced this project, alongside the ongoing redesign of services for the area. We are also working to facilitate the smooth transition of ownership of New Craigs, our psychiatric hospital, from Robertsons to NHS Highland. One of the first Private Finance Initiative projects in Scotland, it will be handed back to the Board in 2025.

More broadly, we have started to develop our Programme Initial Agreement, which will set out our needs and priorities in terms of capital spending for the next 20 years. This high-level assessment will help to ensure a more strategic approach to capital funding bids.

Health and social care is under significant pressure but by embracing new ways of working, looking at how we deliver services and how we can help prevent ill health we are in a good position to face those challenges.

The Annual Delivery Plan captures our intentions for the year 2025/26 and will be a focus of all in NHS Highland as we seek to plan services with you, and for you.

Fiona Davies
Chief Executive, NHS Highland

2. Planning Approach

NHS Highland's Annual Delivery Plan (ADP) for 2025/26 represents the planned actions across the health board to support the reform and renewal of NHS services, responding to the increasing health and care needs of our ageing population whilst ensuring a focus on value and efficiency of services.

Underpinned by our pan-Highland strategy [NHS Together We Care Strategy 2022 - 2027](#), the Joint Strategic Plan with Highland Council ([Adult Services Joint Strategic Plan 2024 - 2027](#)) and, along with the [Argyll and Bute Joint Strategic Plan](#), NHS Highland continues to plan services with a focus on delivering services in a remote, rural and island context within the current financial envelope available within the public sector.

The focus of activities in 2025/26 will be to deliver on the strategic ambitions of the board within our change framework, ensuring these outcomes are progressed in partnership **with and for our communities and people**.

There is additional focus on our prevention strategy and tackling health inequalities, ensuring this is a focus of all strategic change and transformation programmes.

ADP 25/26 also includes our medium term priorities over the next three years aligned to Together We Care; our focus is on achieving best value in the health and care services provided across the largest geographical area of any territorial health board in Scotland. This Delivery Plan aligns to the board's three-year financial plan.

The ADP 25/26 deliverables will contribute to NHS Highland's strategic aim to ensure sustainable, high-quality services are delivered as close to home as possible across the board, working in partnership with Highland Health and Social Care Partnership, Argyll and Bute Partnership, Highland Council and the many other organisations we work with.

Guide to Colour-Coding of Deliverables and Priorities

NHS Highland is a collegiate health and care service provider, working primarily with our two Health and Social Care Partnerships, and other health boards in the North, South-East and West of Scotland planning regions. NHS Highland also delivers national activity through the NTC-Highland and works with health boards / trusts across the UK for pathways of care for patients for services not delivered directly within NHS Highland. In order to support an understanding of Deliverables and which part of NHS Highland they apply to, deliverables have been colour-coded according to the following key:

Action applicable to:
Highland only
Argyll and Bute only
Highland and Argyll and Bute
Regional
National – Scotland-wide



3. Strategic Outcomes

NHS Highland are focussed on delivering the strategic outcomes of Together We Care. These outcomes set out the direction for NHS Highland in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre.

Our ADP 25/26 and updated medium-term plan (MTP) 27/28 are based on these strategic outcomes for our population and outline the actions we plan to continue to build, utilising our approach to planning within NHS Highland.

We have also used this planning cycle to focus on our priorities to 2027/28 to deliver on the ambitions on Together We Care, building on the milestones of delivery for 2025/26 and our areas of focus.

4. Alignment to NHS Scotland's Planning Guidance

No	Outcome	Description	NHS Planning Guidance
OUR POPULATION			
1	Start Well	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Women & Children's Care
2	Thrive Well*	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	Women & Children's Care
3	Stay Well*	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Population Health
4	Anchor Well*	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	All
OUR PEOPLE			
5 6 7 8	Grow Nurture Plan Support Well	We will work together to deliver workforce resilience, sustainability and development plans continue with the main deliverables categorised by our People strategic ambitions: Grow, Listen, Nurture and Plan Well. This includes a leadership framework, building partnerships, nurturing an enabled workforce and ensuring NHS Highland is a safe place to work, where colleagues are empowered to speak up.	Workforce
IN PARTNERSHIP			
9	Care Well*	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Primary and Community Care
10	Live Well*	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Planned Care and Unscheduled Care
11	Respond Well	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	Unscheduled Care
12	Treat Well	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	Planned Care
13	Journey Well	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Planned Care
14	Age Well*	Ensure people are supported as they age by promoting independence, choice, self-fulfilment, and dignity with personalised care planning at the heart	Primary and Community Care
15	End Well	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Primary and Community Care
16	Value Well*	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	All

OUR ORGANISATION			
17	Perform Well	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system - Quality & Population Experience / Realistic Medicine / Health Inequalities / Financial Planning.	Finance and Value-Based HealthCare
18	Progress Well		All

***Working in collaboration with The Highland Council**

5. Workforce and risks to delivery

Section to be linked to narrative of workforce planning submission due for return to SG on 17th March.

Will be incorporated by Friday 14th March.

6. Highland Health and Social Care Partnership

Since its inception, Highland Health and Social Care Partnership (HHSCP) has delivered integrated health and social care services across the nine NHS Highland localities on behalf of the Joint Monitoring Committee.

HHSCP's focus has been on working together with partners to ensure that the services provided or commissioned make a demonstrable and positive impact on the outcomes that the Highland population experiences. HHSCP's key objective is to contribute to the achievement of the Scottish Government's National Health and Wellbeing Outcomes. The plan does not distinguish between groups of people, for example by condition or age. The vision and aims of the plan encompass all.

Home – First and Last You will receive the care and support that you need to remain at home for as long as possible. You will be informed about the options available to you including intermediate care and supported housing options which make care accessible and sustainable. Informal and community supports will be prioritised before considering paid support. We will promote realistic expectations, choice and control using self directed support and maximising the use of technology.	Communities Working Together We will work with you, your family, informal support networks, and local organisations to help you get the support you need using the assets and resources within the community. We will focus on building local resilience and access to good quality support and services when you need them. We will work as partners to support change to reduce the inequalities in and across our communities.
Independence and living an ordinary life We will work with you to enable you to be as independent as possible and to help you reach your goals and desires. We will support communities to ensure they are accessible and open to all, creating opportunities for innovative and creative support options to grow and develop	Health and Wellbeing We will ensure that support for your health and wellbeing is available in the right place at the right time. You will be supported to be as healthy and well as you can be. You will be signposted to any health and social care services/agencies that can meet your need by the first professional that you see.
Supporting Carers Unpaid carers will be supported to look after their own health and wellbeing. A range of options will be available including day care support, planned short breaks, respite and palliative care. Day Care will be enhanced and planned short break services will be available with a clear pathway for access. Respite and palliative care options will make more use of local resources. We will work with carers organisations to ensure they can also provide support to unpaid carers	Residential and Nursing Care Homes It may be that your care needs in the future are best met in a care home setting. This specialist care will be suitable for individual needs and available in Highland. We will work with you to plan a move to a care home. Care homes that provide nursing care may not always be located in all areas.

Extract from the Highland Health and Social Care: Adult Services Strategic Plan 2024-2027:

<https://www.nhshighland.scot.nhs.uk/media/gjkd4bvr/highland-hscp-strategic-plan-adult-services-2024-27.pdf>

In 2024, the JMC approved the Highland Health and Social Care Partnership Strategic Plan 2024 – 2027 which sets out the HHSCP's vision and ambitions to improve the health and wellbeing of adults living in the area over the next three years by shifting the balance of care away from residential provision where possible.

The actions and outcomes of the plan are embedded within this Annual Delivery Plan for NHS Highland under the appropriate "Well" area.

Similarly, the JMC is currently commissioned the review of the integration model for Health and Social Care in the Highland area, and this will be progressed into 2025/26.

7. Argyll and Bute Health and Social Care Partnership

The HSCP delivers integrated social work, social care and health services for the population of Argyll and Bute. Its current Joint Strategic Plan expires in April 2025 and the HSCP is currently working on a new plan to cover the period from 2025 to 2030, and the emerging priorities are reflected within the 2025/26 and MTP to 2027/28.

The new plan will reflect the current strategic context, including the need to transform the way the HSCP it is run and how it delivers services to become a more integrated, effective and efficient organisation. The draft strategic priorities are:

- Living Well, Prevention, Early Intervention and Enablement
- Quality and Safety
- Addressing Inequalities and Protecting the Most Vulnerable
- Service Sustainability
- Healthy and Engaged Workforce

The HSCP follows the body corporate model of integration and is overseen by Argyll and Bute Integrated Joint Board (IJB). Under this arrangement the HSCP brings together a wide range of NHS and social care services across the geographic area of Argyll and Bute as delegated by NHS Highland and Argyll and Bute Council to the Integration Joint Board. NHS Highland has delegated to the IJB responsibility for the maximum number NHS services allowable by legislation. These are:

- Hospital inpatient (scheduled and unscheduled)
- Rural General Hospitals
- Mental Health
- Paediatrics
- Community Hospitals
- Hospital Outpatient Services
- GP Services
- GP Prescribing
- NHS Community Services, including community midwifery and paediatrics
- General Dental, Opticians and Community Pharmacy
- Public Health
- Support Services

The policy drivers outlined in the ADP and MTP under each Well Theme are the same across NHS Highland. There is extensive collaboration between Argyll and Bute HSCP and NHS Highland teams to meet the goals and aspirations of the organisation and this is reflected in the reporting of programmes and works as far as possible. While many challenges are shared, there may be some variation within Argyll and Bute in terms of the approach taken. For example, the provision and pathways for acute care differ in Argyll and Bute from the rest of NHS Highland, with the majority of scheduled and unscheduled acute care being accessed from NHS Greater Glasgow & Clyde (NHS GG&C) under Service Level Agreements. In addition, planned acute services offered locally are often delivered by visiting NHS GG&C staff in an 'outreach' setting. It is vital that these arrangements and historic flows of activity are considered in NHS Highland-wide service and strategic planning activities. As separate Argyll and Bute specific delivery plan has been developed to reflect this (see Appendix).

Outcome 1: Start Well

Well Theme Description	Give every unborn baby, infant and child the opportunity to start well in life by empowering parents and families through information sharing, education and support, before and during pregnancy to include the perinatal period (up to 6 weeks following birth). This would include babies and families cared for in the Neonatal unit.
Well Theme Strategic Aims	<p>Make sure that families have more choice in where they give birth, supporting home birth and local community midwifery unit births across our remote and rural geography.</p> <p>Make sure that our workforce model is resilient, robust, and able to deliver care in remote and rural areas.</p> <p>Support and contribute to the governance of Women's Services, making sure they are robust and take a Highland wide approach.</p>
Objectives	<ol style="list-style-type: none"> 1. Continue to work with the recommendations outlined within "Best Start", and ensure parents and families have the best care experience possible throughout pregnancy and birth. The focus being health inequalities for those with more complex health needs and continuity of carer (Priority ref. 6.2) 2. Ensure NHS Highland engages and influences regional/national plans to redesign neonatal services across Scotland. (Priority ref. 6.4) 3. Ensure maternity services meet the needs of the Highland population through e.g. revised workforce modelling and pathways of care (Priority ref. 6.3) 4. Develop and enhance locally provided midwifery led care 5. Support the development of governance structures across NHS Highland to ensure a robust system is in place Highland wide. 6. Develop our infrastructure to meet as many SG recommendations for choices of place to birth as possible within current financial climate and across our remote and rural geography 7. Ensure the Maternity and Neonatal services (pan Highland) are fully engaged nationally, regionally, and locally to deliver services in line with national digital strategy 8. Engage with Higher Education Institutions (HEIs) to ensure students are supported to achieve their clinical competences during clinical placements across Highland 9. Increase knowledge and confidence to support women to breastfeed (Health Improvement Work plan 2.1) 10. Support the delivery of the Child Healthy Weight plan (Health Improvement Workplan Action 2.2) 11. Support the delivery of the Maternal and infant feeding plan (Health Improvement Workplan Action 2.3)
Scope	Maternity and Neonatal services provisioned within inpatient and community settings pan-Highland. Maternity and Midwifery services within the Argyll and Bute council area are within the remit of the Argyll and Bute IJB. Most women who reside in the Argyll and Bute HSCP area give birth in Glasgow, and the number of births in area (home and ad local midwifery units) has been low and declining in recent years. There are good links with midwifery and obstetric services within Glasgow and access is through a cross border SLA with NHS Greater Glasgow & Clyde.

<p>Link to NHS Scotland Delivery Planning Guidance</p>	<p>Maternity & Neonatal</p> <ul style="list-style-type: none"> • Meeting “Best Start” and delivery on recommendations • Introducing the New Pathways for Maternity Care • Implementing the new model of neonatal intensive care to improve outcomes for the very smallest and sickest babies • Develop the National Bereavement Care Pathways (NBCP) to implement and feedback nationally. • Develop workforce plan to recruit Highland wide post to cover bereavement across maternity and nursing, and develop bereavement training, skills and support with wider teams. • Continuing with implementation of the Lancet Series recommendations for improvements to miscarriage care, with Boards working towards delivery of the Framework for Miscarriage Care. • Continuing to tackle Racialised health inequalities in maternity care, with Boards working to develop and deliver actions in maternity services in their anti-racism plans, supported by the Scottish Government Action Plan and the associated Interpretation Toolkit
<p>Policy Drivers</p>	<ul style="list-style-type: none"> • Best Start 2017: The best start: five-year plan for maternity and neonatal care - gov.scot • A Healthier Future 2018: A healthier future: Scotland's diet and healthy weight delivery plan - gov.scot • Rights, Respect and Recovery 2021: Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot • National Guidance for Child Protection in Scotland 2023: Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot • SPSP Perinatal and Stillbirth Change Packages 2023: Scottish Patient Safety Programme (SPSP) Perinatal Programme - Resources to support perinatal care • Women’s Health Plan: Women's health plan - gov.scot • Getting It Right for Every Child (GIRFEC): Getting it right for every child (GIRFEC) - gov.scot • UN Convention on Rights of a Child (UNCRC): UN Convention on Rights of a Child (UNCRC) - UNICEF UK • Maternity HIS standards – under development. Draft standards due to be released May 2025: Maternity care standards – Healthcare Improvement Scotland • Shaping Bereavement Care – A framework for action: CEL 9 (2011) - Shaping bereavement care: a framework for action • Trauma Informed Practice: Trauma-Informed Practice: A Toolkit for Scotland • National Guidance for Child Protection in Scotland 2023: Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot
<p>Outcomes for people and reducing health inequalities</p>	<p>The pregnancy health needs assessment will be used pre-birth to support services to deliver care where it is needed most. Continuity of care improves outcomes, reduces health inequalities, and improves outcomes for expectant families across Highland.</p> <p>Families with additional social needs will be supported by early years practitioners to reduce health inequalities and improve outcomes.</p>

	<p>Our maternity services retain strong links to third sector organisations. Together, we will work with our communities across Highland to reduce health inequalities and create a network of care and support to those who need it most.</p> <p>The Public health information services hold allows for planning of specific interventions e.g. contraception, dietetic input, smoking cessation.</p> <p>As with all Boards in Scotland there is variation in the social deprivation categories seen across NHS Highland. We focus on expectant families who experience social and health inequalities.</p>																																										
<p>Data and Intelligence</p> <p>(link to KPIs table on next page)</p>	<p>Robust data for monitoring the deliverables is currently being developed in partnership with services. KPIs will be developed over 25/26 and will look to cover;</p> <ul style="list-style-type: none">• Reduction in health inequalities for those with more complex health needs and continuity of carer• Improvement of miscarriage care• Routine service performance metrics including <table><thead><tr><th>Target</th><th>low</th><th>high</th></tr></thead><tbody><tr><td>3rd or 4th degree tear target</td><td>2.5%</td><td>3.0%</td></tr><tr><td>Apgar <7 @5min target</td><td>1.4%</td><td>2.0%</td></tr><tr><td>BBA target</td><td>1.0%</td><td>1.5%</td></tr><tr><td>Blood loss target</td><td>0.5%</td><td>1.0%</td></tr><tr><td>Forceps Ventouse target</td><td>14.5%</td><td>15.5%</td></tr><tr><td>GestationBookingWeeks <10 target</td><td>50.0%</td><td>65.0%</td></tr><tr><td>GestationBookingWeeks <12 target</td><td>60.0%</td><td>85.0%</td></tr><tr><td>Induction target</td><td>36.5%</td><td>40.5%</td></tr><tr><td>Midwife target</td><td>85.0%</td><td>95.0%</td></tr><tr><td>Normal spontaneous target</td><td>52.0%</td><td>57.0%</td></tr><tr><td>Skin Contact target</td><td>85.0%</td><td>95.0%</td></tr><tr><td>Stillbirth total target</td><td>0.4%</td><td>0.6%</td></tr><tr><td>Total CS target</td><td>35.0%</td><td>37.0%</td></tr></tbody></table>	Target	low	high	3rd or 4th degree tear target	2.5%	3.0%	Apgar <7 @5min target	1.4%	2.0%	BBA target	1.0%	1.5%	Blood loss target	0.5%	1.0%	Forceps Ventouse target	14.5%	15.5%	GestationBookingWeeks <10 target	50.0%	65.0%	GestationBookingWeeks <12 target	60.0%	85.0%	Induction target	36.5%	40.5%	Midwife target	85.0%	95.0%	Normal spontaneous target	52.0%	57.0%	Skin Contact target	85.0%	95.0%	Stillbirth total target	0.4%	0.6%	Total CS target	35.0%	37.0%
Target	low	high																																									
3rd or 4th degree tear target	2.5%	3.0%																																									
Apgar <7 @5min target	1.4%	2.0%																																									
BBA target	1.0%	1.5%																																									
Blood loss target	0.5%	1.0%																																									
Forceps Ventouse target	14.5%	15.5%																																									
GestationBookingWeeks <10 target	50.0%	65.0%																																									
GestationBookingWeeks <12 target	60.0%	85.0%																																									
Induction target	36.5%	40.5%																																									
Midwife target	85.0%	95.0%																																									
Normal spontaneous target	52.0%	57.0%																																									
Skin Contact target	85.0%	95.0%																																									
Stillbirth total target	0.4%	0.6%																																									
Total CS target	35.0%	37.0%																																									
<p>Workforce</p>	<p>Nationally, qualified midwives are available. However, remote and rural areas find it more challenging to attract both Midwifery and Medical workforce. Recent recruitment to the Inner Moray Firth area has been successful. Recruitment in Caithness and Skye remains challenging.</p> <p>A workforce plan is under development across the Board. This captures both inpatient areas, community teams and Community Midwifery Units. The workforce plan, together with a revised leadership structure, specialist roles and an investment in our newly qualified practitioners as well as our new to Highland Midwives, is prioritising both recruitment and retention of our staff to ensure longevity in our services and a developing skill mix. This workforce plan needs to be robust to ensure stability and safety within Women’s Services.</p> <p>Maternity and neonatal services complete daily workforce assessments against capacity, in line with the Health and Care (Staffing) (Scotland) Act 2019.</p> <p>There are three universities who provide undergraduate training and education programmes for Midwifery. North Highland is mainly serviced by Robert Gordon University and Argyll and</p>																																										

	<p>Bute by the University of the West of Scotland. Currently, an undergraduate degree is the one access route to midwifery education in Scotland.</p> <p>We are reviewing opportunities for enhanced Board delivered bursaries for midwives for remote and rural areas (e.g. Caithness) to ensure harder to recruit to areas have sustainable workforce.</p> <p>Screening and scanning services are facing considerable challenges to recruit to training posts as well as trained sonographers. This is impacting on the ability to provide a comprehensive, local service across North Highland.</p> <p>Sustainability of remote and rural community service across Skye and Wester Ross area due to workforce challenges.</p> <p>Reducing birth rates coupled with an increase in complexity make it difficult to maintain service and workforce skills.</p>
<p>Risks</p>	<p>Maternity Services</p> <p>Maternity services being hosted in an IJB is unique when considering the national picture across Scotland. To enhance governance arrangements, it would be beneficial to incorporate Maternity services as a Highland-wide service both managerially and professionally.</p> <p>Neonatal Services</p> <p>NHS Highland is involved in the national redesign of Neonatal services.</p> <p>Dialogue is underway between regional groups and with Scottish Government to ensure the safety of services, transfers and care of babies who are born at all gestations together with their families.</p> <p>The unit in Raigmore will remain a Level 2 unit, a Local Neonatal Unit. However, given the changing landscape of services both regionally in the North and Nationally there may be additional expectations of our unit to support capacity across Scotland.</p> <p>An updated and detailed workforce and service plan is required for Neonatal services in Highland.</p> <p>Infrastructure/ Accommodation</p> <p>The planned refurbishment at Raigmore was stopped due to pause in capital spending. The new build at Lochaber was also halted. The clinical space available in Raigmore, Lochaber, as well as some of our community hubs e.g. Clava in Inverness does restrict aspects service development.</p>

Start Well: 2025/26 Deliverables		
Description	Ref	Due Date
Develop and enhance midwifery led care through implementation of a Midwifery Workforce Plan and associated governance (see STA002)	STA001	August 2025
Clarify and strengthen governance structures across NHS Highland to ensure a Highland wide approach to achieving Start Well	STA002	June 2025
Women, pregnancy, and additional support: trauma informed pathway of care: develop and implement plan that supports continuous improvement of services and pathway	STA003	March 2026
Maintain full compliance with GROW package and foetal medicine requirements	STA004	June 2025
Ensure services across Highland can receive (Health Improvement Scotland) HIS inspectors and evidence high quality, safe and patient centred care	STA005	May 2025

Start Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Redesign maternity and neonatal services, implementing new workforce models and redesigned pathways, to align to national redesign and implementation	MTP001	2027/28
Develop our infrastructure to meet as many SG recommendations for choices of place to birth as possible within current financial climate and across our remote and rural geography	MTP002	2027/28
Maintain the status of the UNICEF Baby Friendly Accreditation: Gold Standard within NHS Highland	MTP003	Ongoing
NHS Highland care delivered through a refurbished Level 2 Maternity and Neonatal facility (This is dependent on future additional Capital finance available from Scottish Government, which paused all capital redesign work in Jan 2024. Opportunity to upgrade / redesign is currently paused, however review opportunities to use maintenance to improve physical environment).	MTP004	TBC
Review opportunities to downsize / restructure linked to predicted reduction in birth rates.	MTP005	2027/28
Continue to ensure that the principles of Best Start are maintained.	MTP006	Ongoing
Deliver a service that meets the standards of the Maternity Services Policy: Scottish Government: DL (2025) 02	MTP007	2027/28
Scanning and screening services to maintain full compliance with GROW package and foetal medicine requirements and enhance services provided locally in Highland	MTP008	2027/28

Progress our workforce by developing the undergraduate midwifery education and training opportunities in NHS Highland, co-ordinated with Robert Gordons University and University West of Scotland.	MTP009	September 2026
Support Maternity Support Worker Training and education through distance learning and local team support.	MTP010	September 2026

Start Well: Key Performance Indicators	Target	Timeline	Reported through
Healthcare Improvement Scotland (HIS) standards will be released in draft May 2025; thereafter will be incorporated into performance reporting.	TBC	TBC	TBC
Breastfeeding trajectory to reduce attrition of any breastfeeding by 6-8 weeks coupled with formula supplementation rates for breastfed babies	<31%	March 2026	Population Health Programme Board
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12 th week of gestation	80%	Annual	NHS LDP Standard
Eligible patients commence IVF treatment within 12 months	90%	Annual	NHS LDP Standard

Outcome 2a: Thrive Well - NDAS

Well Theme Description	We will work together with our families, communities and partners to build joined up services that support our children and young people to thrive.
Well Theme Strategic Aims	<p>Increase family wellbeing by shifting the emphasis to early intervention with ongoing support and care (rather than diagnosis and treatment). This will require a lead agency model approach.</p> <p>Reduce the backlog of patients on the waiting list and make sure that children and families who need it get timely access to NDAS, improving our position to meet the waiting times standards.</p> <p>Deliver a sustainable service by remodelling our workforce and making sure that we make best use of our resources through developing a 3 to 5 year improvement plan.</p> <p>Integrate networks of care across Highland and bring together key agencies (NHS / The Highland Council (THC) / third sector) to provide support to children and families across Highland experiencing ND concerns.</p> <p>Ensure that the principles of Getting It Right For Every Child (GIRFEC) are embedded into all areas of service provision.</p>
Objectives	<ol style="list-style-type: none"> 1. To develop sustainable, high quality, and cost-effective networked models, in partnership with THC and 3rd sector colleagues, to enable support and care throughout a child's life and into adulthood in conjunction with the GIRFEC principles. 2. To ensure that if diagnosis and treatment are required, this is timely, person centred, holistic and of high quality 3. To recover the waiting list to ensure that waiting times standards are being met through targeted waiting list intervention, updated referral criteria and processes, and workforce / resource review across both NHS and THC 4. Alignment to national service specification for NDAS across NHS Highland 5. Alignment to national Early Child Development Transformational Change Programme and national Health Visitor Action Plan 6. Prioritise reducing child poverty through robust linkage with the Anchor strategic plan and UNCRC/children's rights improvement plan 7. Reduce the proportion of children with developmental concerns at 27-30 months by a quarter by 2030 8. Reduce health inequalities through partnership working to tackle child poverty and progress children's rights
Scope	NDAS Improvement Programme is for Highland only (not including Argyll and Bute at this stage). This includes engagement with the following services; CAMHS, NDAS, Community Paediatrics, Paediatrics, Public Health, Adult Mental Health, Highland Council (education / health / social work), third-sector partners, and service users and families.
Link to NHS Scotland Delivery Planning Guidance	<p>Mental Health SG ref. 4.8: Work required around data quality and streamlining of accessibility across NHS Highland and THC. Support required for the implementation of a new interim referral process.</p> <p>SG ref. 4.9: NDAS is not a mental health service but will deal with stress and distress. Where appropriate, it will identify service users with mental health requirements and refer / signpost accordingly.</p> <p>Child Health Proactively collaborate with Local Authorities to deliver health related actions in the Local Child Poverty Action Report (links with Anchor Well)</p>

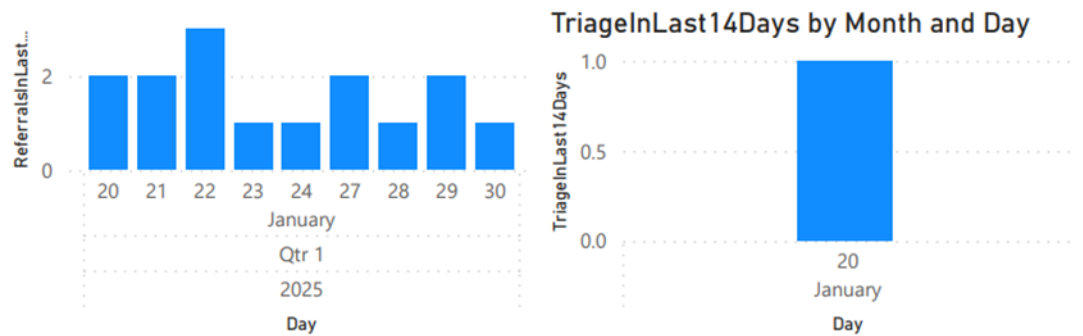
Policy Drivers	<ul style="list-style-type: none"> • National neurodevelopmental specification: principles and standards of care: National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care • Getting It Right for Every Child (GIRFEC): Getting it right for every child (GIRFEC) - gov.scot • UN Convention on Rights of a Child (UNCRC): UN Convention on Rights of a Child (UNCRC) - UNICEF UK • National Guidance for Child Protection in Scotland 2023: Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot • Early Child Development Transformational Change Programme: Early child development transformational change programme - gov.scot • Health Visitor Action Plan: Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot • Child Poverty (Scotland) Act 2017: Child Poverty (Scotland) Act 2017 • The Promise: The Promise • Best Start, Bright Futures: Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 - gov.scot • Trauma Informed Practice: Trauma-informed practice: toolkit - gov.scot • Integrated Children Services Plans: Integrated Children's Services in Scotland: Practice and Leadership - Social Work Scotland
Outcomes for people and reducing health inequalities	<p>The remote and rural geography of Highland results in access issues with regards to support. Geography also has implications with regards to assessment;</p> <ul style="list-style-type: none"> • patients are required to travel to Inverness for certain elements of assessment, placing pressure and constraints upon families • NDAS staff are required to travel to school settings. Travel time impacts on service capacity <p>Failure to implement national service specifications will result in an inequitable service for patients in NHS Highland.</p> <p>With reference to Risk section below;</p> <ol style="list-style-type: none"> 1. Children living in poverty more likely to experience adverse health outcomes, a higher risk of mortality, physical and mental health problems. 2. Children in our poorest communities more likely to have developmental concerns than those living in more affluent areas. 3. Progressing UNCRC/ children's rights will contribute to strengthening foundations for good health across the life course and reduce inequalities.
Data and Intelligence (link to KPIs table on next page)	<p>There are persistent inequalities in the proportion of children with developmental concerns at review. At 27-30 months, this proportion is 3.3 times higher among children living in the most deprived areas of NHS Highland (23%) than those in the least deprived (7%), a wider gap than previously observed in 2022/23.</p> <p>There are currently 13,000 children in NHS Highland growing up in poverty, which are almost 1 in 4 children in both Highland and Argyll and Bute HSCPs, with the number increasing.</p> <p>The NDAS Improvement Programme seeks to improve access to NDAS through a collaborative approach with partners to create a Neurodevelopment Network of services. Primarily performance improvement will be in relation to management of access times to assessment, currently measures through the 18-week referral-to-assessment KPI.</p>

Last updated: 31/01/2025

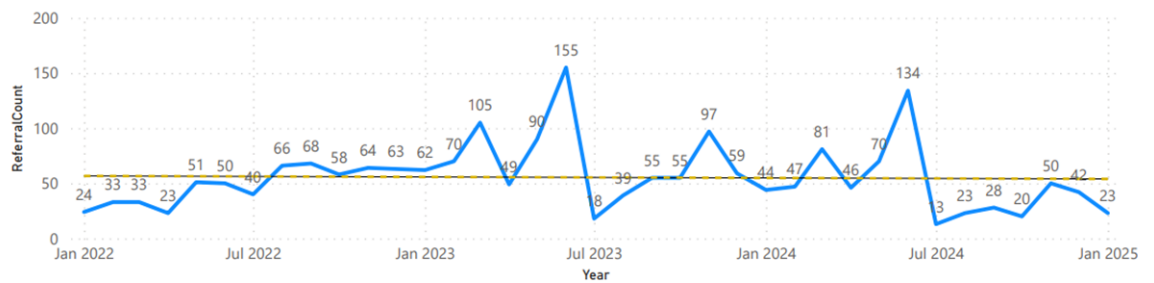
Average triage time since January 2022 is 245 days

Current Unvetted: 1045 patients

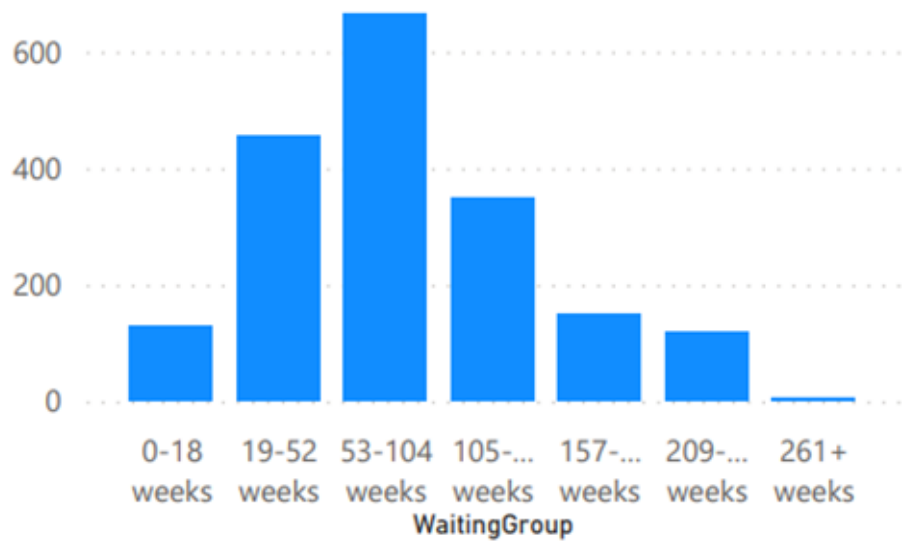
Current average triage wait is 366 days



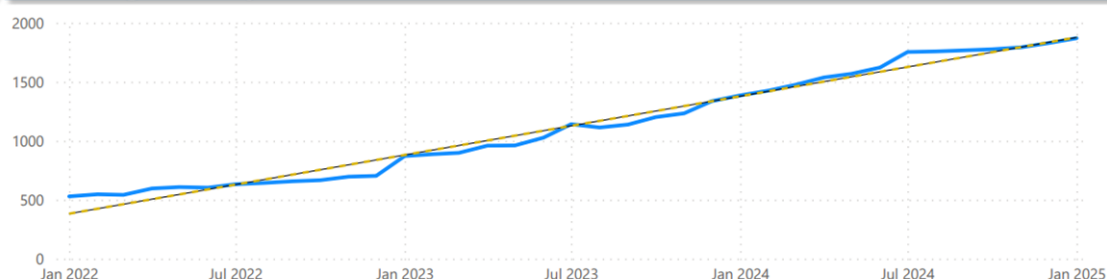
Referral count by month



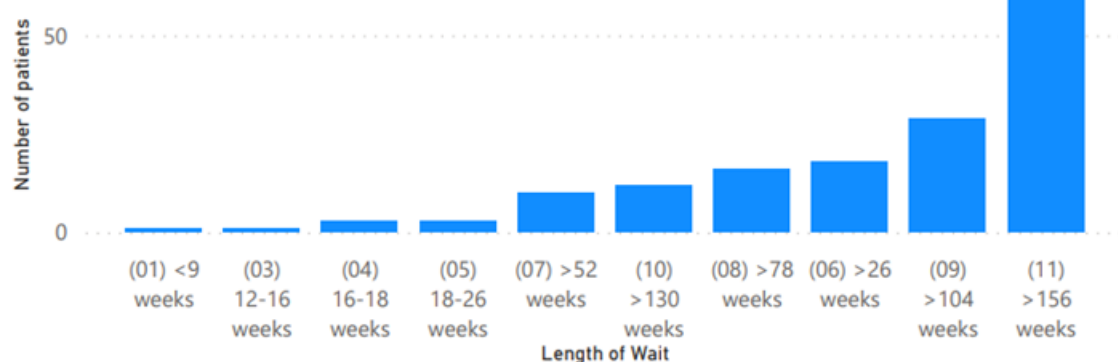
Current Waits



Waiting list by month



Length of Wait



Number of first appointments



Workforce

Key issues:

- Recruitment and retention in remote and rural areas
- Increasing complexity of developmental needs of children
- Additional work pressures over and above UHVP
- Impact of reduced working week on workforce availability
- Limited offer from Universities to provide SCPHN course
- National shortage of skilled workforce required to undertake neurodevelopmental assessments

	<p>Until national recommendations are published, a one year interim NHS Highland NDAS workforce model is being developed to tackle backlog waiting lists. This will require an iterative workforce and finance plan.</p> <p>Longer-term network model to be developed in conjunction with THC and 3rd sector partners. Scottish government to feedback outcomes from national tests of change which will shape model. There is a current limited service provision at present time due to skills shortages within clinical team. There is a national lack of availability of suitably experienced and qualitative staff. In addition, the remote and rural geography of Highland means that as delivery moves away from Inverness, the ability for local provision decreases. Whilst there are opportunities to grow our own staff cohorts, senior staff would be required to train, supervise, and ensure quality governance.</p>
Risks	<p>Waiting Times</p> <p>There is an ongoing risk to CYP and families due to lengthy wait. It must be recognised that some CYP will be unable to access other support services whilst waiting on completion of assessments and diagnosis. There remains a possibility that limited access to supports could contribute to deterioration in functioning, an impact on emotional wellbeing, educational and social attainment may also be impaired. Where a sudden and significant deterioration in physical or mental health is experienced, which may be exacerbated by long waiting times and restricted access to both assessment and support provision, existing escalation pathways operate to manage such risks and are available through primary care, social care, education and specialist provision (e.g. CAMHS, Paediatrics). Mitigation through ongoing support is provided through the GIRFEC core team.</p> <p>Finance</p> <p>NHSH core funding for the delivery of NDAS services is £30k per annum. £259k currently allocated from Mental Health Outcomes Framework. It is as yet unclear what central government funding will be for 2025/26. This limits the ability to develop workforce.</p> <p>Collaboration</p> <p>Future networked models of care and support rely on joint working between NHSH and THC, with shared responsibility, ownership, and accountability.</p> <p>Work is needed to ensure that staged approach is embedded across The Highland Council area.</p>

Thrive Well (NDAS): 2025/26 Deliverables		
Description	Ref	Due Date
To take forward an improvement plan to improve waiting list position, including the use of targeted waiting list initiatives where additional finance and workforce is available	NDAS001	January 2026
Implement interim referral criteria and processes to help manage current waiting list and ensure that for new referrals information required by service is complete to improve vetting. This will require a multidisciplinary collaborative approach with partner agencies.	NDAS002	June 2025
Develop a 1-year workforce and finance plan for NDAS service to support improvement activities, stabilise workforce within the service, and reduce backlog waiting list	NDAS003	March 2026
Develop and implement improved partnership working with The Highland Council (THC) and 3rd sector colleagues to enable a Highland region multi-agency approach, in line with the principles of GIRFEC.	NDAS004	March 2026

Thrive Well (NDAS) Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Achieve alignment to the Early Child Development Transformational Change Programme, Health Visitor Action Plan, UNCRC, The Promise and the Child Poverty Action Plans.	MTP011	March 2028
Implement the national Mental Health standards and meet the National Neurodevelopmental Specification	MTP012	March 2028
Deliver a sustainable service by remodelling our workforce and making sure that we make best use of our resources through developing a 3 to 5 year improvement plan	MTP013	March 2028

Thrive Well (NDAS) Well: Key Performance Indicators	Target	Timeline	Reported through
Improved access times from current position for the 18-week referral time	Reduce waiting times	January 2026	IPQR
Total waiting list for NDAS	Reduction in waiting list	January 2026	IPQR
Coverage of 3 UHVP health reviews maintains or increases annually at health board level	Increase	March 2026	HSCP Children's Service Partnership

Outcome 2b: Thrive Well - CAMHS

Well Theme Description	We will work together with our families, communities and partners to build joined up services that support our children and young people to thrive.
Well Theme Strategic Aim	<p>There is a requirement to reduce the current long waits for access to Child and Adolescent Mental Health Services (CAMHS) in NHS. From July 2022 significant reductions in longest waiting have been achieved. Ongoing work remains, to reduce longest waits to below one year and to achieve National RTT target (Referral to Treatment). Delivery of the projected outcomes for CAMHS in NHS Highland is directly dependent on successful recruitment to posts. There are however, known challenges in recruiting to this service across Scotland, but particularly in a remote and rural geographical area like NHS Highland</p> <p>There is variable integration of key agencies (NHS / The Highland Council (THC) / Third Sector) to provide support to children and families across Highland experiencing MH concerns. This does not meet the principles of GIRFEC.</p> <p>Gaps in implementation of national specification around the requirement to extend services to those up to 18th birthday currently exist. Implementation of this will increase referrals to CAMHS be approximately 20%. To sustain this increase of referrals, additional resource will be required to meet demand and achieve standard.</p> <p>No provision of CAMHS out of hours. Work required at a local / regional / national level to develop sustainable out of hours service. Additional resource will be required to meet demand and achieve standard. The delivery of this service is dependent on psychiatry cover and regional / lifespan models need to be considered.</p> <p>Severe data quality issues are evident in CAMHS. This makes it difficult to gain an accurate understanding of services and plan both operationally and strategically, and there is an inability to deliver accurate local / national reporting.</p>
Aims	<ol style="list-style-type: none"> 1. Improve access times for CAMHS and achieve RTT per National Standard 2. Root cause and remediation of data quality issues 3. Develop a workforce plan that increases overall clinical capacity to meet demand 4. Develop specific skills and therapeutic modality capacity 5. Alignment to national service specification for CAMHS across NHS Highland 6. Work collaboratively with The Highland/Argyll and Bute Councils and 3rd sector partners to improve and develop preventative and early intervention across statutory and 3rd sector systems 7. Implement intensive community CAMHS team to reduce reliance on inpatient services and improve clinical outcomes 8. Benchmark service against recently published eating disorders specification and review outcomes against current provision
Scope	<p>Pan Highland. The delivery of CAMHS incorporates a number of teams and services including CAMHS Core Team, Community Paediatrics, Paediatrics, Public Health, the Highland/Argyll and Bute Councils, Adult Mental Health Services, Adult Acute Inpatient Services, Rural General Hospitals, and other Third Sector partners.</p> <p>In addition, there are service level agreements with NHS Greater Glasgow & Clyde covering Argyll & Bute HSCP population for access to Child and Adolescent In-patient settings.</p>
Link to NHS Scotland Delivery Planning Guidance	<p>Mental Health Services and Women and Children's Health</p> <p>Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis. This is linked to the 2024/25 Programme for Government commitment which provided additional funding for NHS Boards to support continued improvements across a range of mental health services and treatments.</p>

	<p>Data quality and capture is being addressed as part of CAMHS improvement plans for NHSH North and Argyll and Bute</p> <p>Implementing National Standards for Mental Health services including the Core Mental Health Standards, the Specification for Psychological Therapies and Interventions, the CAMHS and Neurodevelopmental specifications and the Eating Disorder and IPCU Specifications, when published. This includes, where relevant, planning and delivery of the regional aspects of the CAMHS specification.</p> <p>Regional activity has focused on learning disability, forensic/secure care pathway, eating disorder and out of hours/unscheduled care. Local application of pathways require local interpretation and work force skilling up.</p> <p>Progress will be made towards 10% of frontline Board spend being utilised for mental health services, with 1% of frontline Board funding being spent on CAMHS.</p>
Policy Drivers	<ul style="list-style-type: none"> • Child & Adolescent Mental Health Service specification • Care and treatment of eating disorders national specification • RTT • UNCRC • Keeping the promise to our children, young people, and families • GIRFEC • Mental health care and treatment Scotland act • National specification for the delivery of psychological therapies
Outcomes for people and reducing health inequalities	<p>Failure to implement national service specifications will result in an inequitable service for patients in NHS Highland.</p> <p>Inequity of access resulting from an unconscious movement towards centralising services during Covid. Consideration of providing an equitable service taking in challenges around recruitment and geography; maximising available capacity in system but also demonstrating gaps in provision.</p> <p>Expanding the age range to 18 will require a phased approach with careful workforce planning, resource investment, and collaboration between CAMHS and AMH. This change represents an important opportunity to provide more inclusive, equitable care for all young people in Highland.</p> <p>Argyll & Bute will work as part of a wider focus on strategic children's plan to ensure a whole system approach to delivery, aim to align and build capacity across system, understand gaps and inform areas for investment but ensure this accommodates the broader challenges with meeting CAMHS specification. The development of a single point of access will provide the platform for delivery and a focus on managing inequality.</p>
Data and Intelligence (link to KPIs table on next page)	<p>The key objective is for CAMHS pan-highland to meet Referral to Treatment KPI by end of 2025. This is a pre-requisite to any other performance indicators being met. Below are two scenarios based on assumptions of increased workforce availability;</p> <p>Projections based on increase in workforce of 4wte from April 2025</p> <p>The projections below account for an increase in clinical capacity from April 2025, adding 4 WTE staff, with each clinician expected to manage an average of approximately 3 new appointments per month and the additional capacity used to clear the longest waits first. It is assumed that around 70% of these new patient appointments will lead to treatment, based on historical activity data. These appointments have been factored in as additional treatment activity starting from April. The waitlist assumption from April 2025 is based on the average number of accepted referrals per month, derived from historical referral data,</p>

with the expected treatment appointments for each cohort deducted. The projections indicate that the North Highland CAMH Service will achieve RTT by end of November 2025.

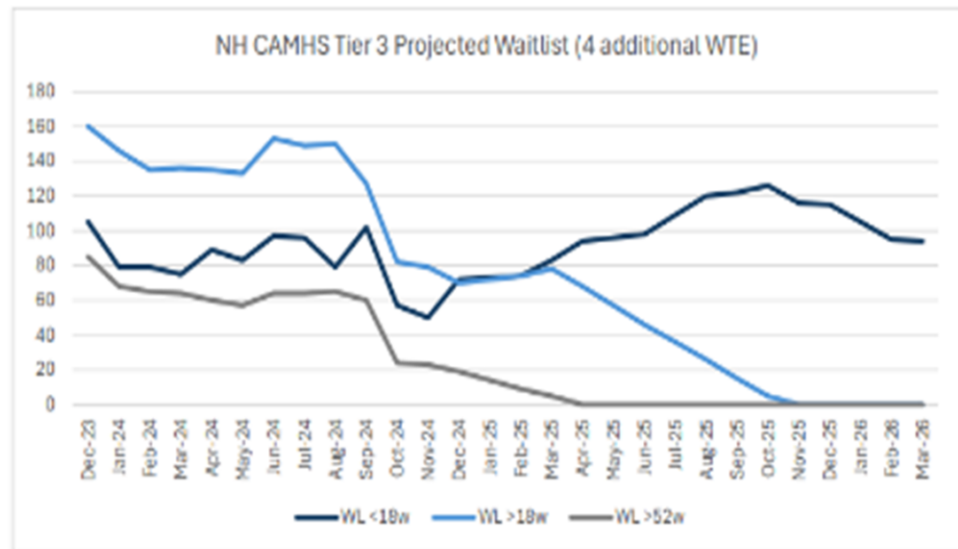


Chart 1: Projected waitlist and RTT with an increase of 4 wte to service from April 2025

Projections based on increase in workforce of 8wte from April 2025

The projections below account for an increase in clinical capacity from April 2025, adding 8 WTE staff, with each clinician expected to manage an average of approximately 3 new appointments per month and the additional capacity used to clear the longest waits first. It is assumed that around 70% of these new patient appointments will lead to treatment, based on historical activity data. These appointments have been factored in as additional treatment activity starting from April. The waitlist assumption from April 2025 is based on the average number of accepted referrals per month, derived from historical referral data, with the expected treatment appointments for each cohort deducted. The projections indicate that the North Highland CAMH Service would achieve RTT by end of July 2025 and would clear the waitlist by end of November 2025

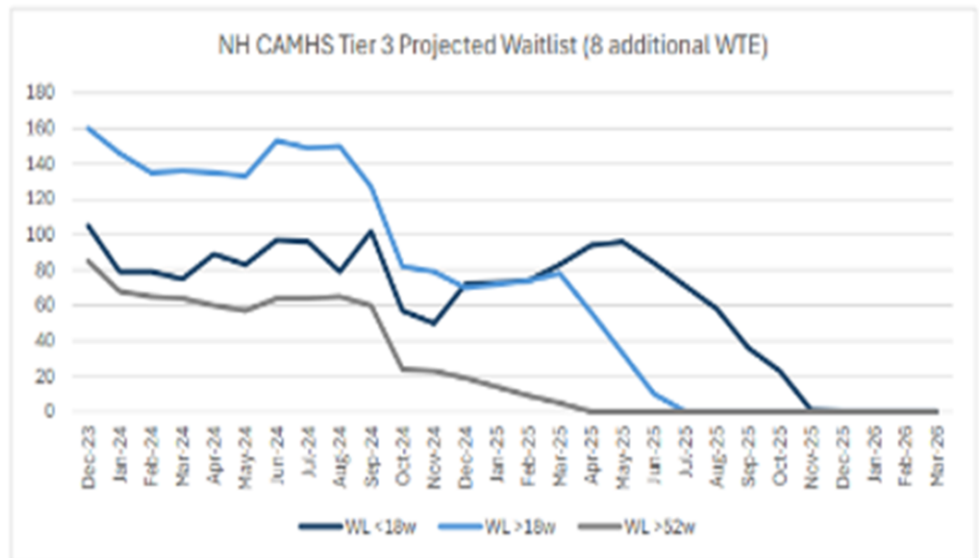
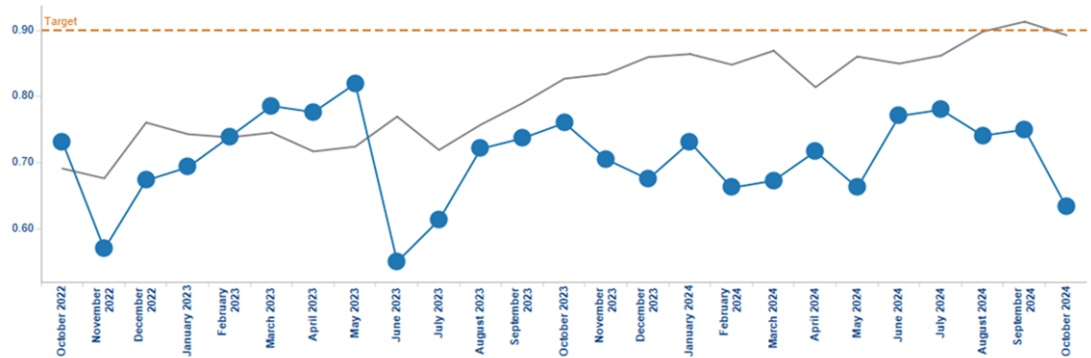
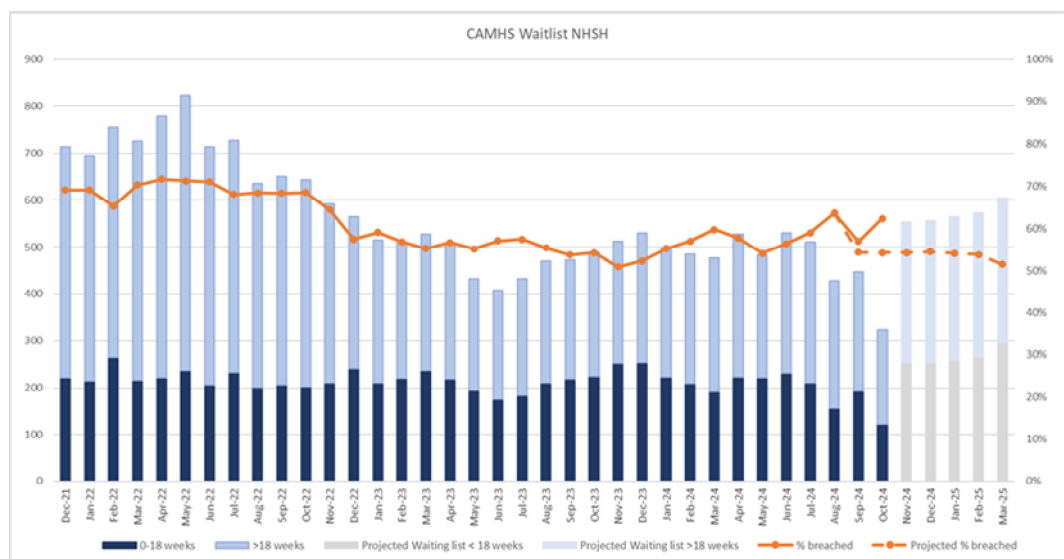


Chart 2: Projected waitlist and RTT with an increase of 8 wte to service from April 2025



CAMHS Waiting Times <18 Weeks (P) : Data Source – IPQR January 2025



CAMHS Waiting List in Weeks (P&Q) : Data Source - IPQR January 2025

CAMHS remains one of the, if not the lowest staffed service per population rate, in Scotland with approx. 30-35% vacancies.

Workforce

	<p>Recruitment- fragility in workforce, can impact compliance of RTT. Challenge always been location that directly impacts deliverability.</p> <p>Workforce in CAMHS is an agenda item for the monthly CAMHS Programme Board and is also documented in the CAMHS improvement plans.</p>
<p>Risks</p>	<p>1. Highland</p> <p>There is a risk of children spending more time in Paediatric ward after deliberate self-harm over the weekend and holiday long weekends because there is no out of hours cover in CAMHS. This is resulting in higher bed occupancy with the Children's ward over the weekend and holiday long weekends (with connected higher cost) and unnecessary distress for children and their families who would like to be discharged and not spend unnecessary time in hospital.</p> <p>Lack of accommodation, office space for the CAMHS service has also been recorded as a risk for the service.</p> <p>Delay in changes required to TrakCare (eVetting, waitlist subspecialties and outcome codes) impacting on data quality. this increases the workload at all levels and impacts on service delivery planning. Significant work has commenced on this work, with Ehealth prioritising,</p> <p>Whilst the waiting lists are improving, children on CAMHS waiting lists face several significant risks due to delays in receiving necessary care, which can exacerbate their mental health issues. These risks can have both immediate and long-term consequences on their well-being, development, and overall quality of life</p> <p>Expanding the age range to 18 will require a phased approach with careful workforce planning, resource investment, and collaboration between CAMHS and AMH. This will also require additional resource to ensure capacity meets demand due to projected increase of 20% activity.</p> <p>Impact of remote and rural geography. As out-with Inverness/mainland (Argyll and Bute) the availability and accessibility for local provision decreases.</p> <p>Delivery of the projected outcomes for CAMHS in NHS North Highland is directly dependent on successful recruitment to posts. There are known challenges in recruiting to this service across Scotland, but particularly in a remote and rural geographical area like NHS Highland.</p> <p>CAMHS are funded through core funding provided by NHS Highland, and several Funding Streams with external organisations, including NES, The Highland/Argyll and Bute Councils, and the Scottish Government. These arrangements support the delivery of specialised or supplementary services to enhance care. However, the late allocation and confirmation of these funding streams annually significantly restricts the ability of the service to recruit staff in a timely manner, directly impacting on capacity to meet demand and sustain progress in reducing long waits.</p> <p>2. Argyll & Bute</p> <p>Workforce</p> <p>Argyll and Bute context builds on risks associated with rural and island community access to support. Building available workforce both within CAMHS and utilisation of partner agency assets is a requirement, recognising whole system impact and risk. The interface with adult mental health provision and ensuring delivery of services up to 18yrs age is a clinical priority.</p>

	Financial modelling Clear appreciation of financial modelling, including investment requirement linked to CAMHS specification delivery, as highlighted with NHS Highland as a whole multiple financial envelopes and delayed decision making impacting on delivery.
	Accommodation/Infrastructure A requirement to map and secure accommodation suitable for children, young people and families across Argyll & Bute to meet need and be accessible, appreciating demography and geography and accessibility
	Neuro-development/CAMHS Whole system modelling and the links across education, health care, social care and 3 rd sector is required with the aim to have an integrated diagnostic pathway, ensuring sufficient collective investment, workforce availability and pathway detail. The integrated model brings collective risk around available workforce, financial investment and assessment model.

CAMHS Thrive Well: 2025/26 Deliverables		
Description	Ref	Due Date
Explore the use of reserve or contingency funds in NHSH to enable recruitment ahead of confirmed external allocations	CAMHS001	June 2025
The service will oversee data quality improvement and manage waiting lists. <i>(A fixed term dedicated waitlist manager will ensure that all processes associated with the waitlist are streamlined and standardised. This along with the prioritisation of TrakCare enhancements, which are due by 29 March 2025 will improve the overall data quality for CAMHS and the completeness of mental health data returns.)</i>	CAMHS002	August 2025
Provision on real time meaningful data to allow service to monitor, report, analyse, and respond to fluctuations in local planned capacity, outcomes and interventions for CAMHS	CAMHS003	January 2026
Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis.	CAMHS004	December 2025
Implementation of iCAMHS (Intensive Child and Adolescent Mental Health Services)	CAMHS005	December 2025

CAMHS Thrive Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Implement a sustainable workforce model	MTP014	March 2026
Reduction in spending on supplementary staffing with redesigned CAMHS	MTP015	March 2027
Achieve alignment to the national service specification for CAMHS in NHS Highland	MTP016	March 2027

CAMHS Thrive Well: Key Performance Indicators	Target	Timeline	Reported through
Improved access times for CAMHS (national standard is 90% <18 weeks from referral to treatment)	90% < 18 weeks	December 2025	IPQR
Reduction in the numbers of people on the waiting list for CAMHS in line with data quality and other improvement actions.	352*	December 2025	IPQR
A sustainable workforce model is in place for CAMH, resulting in a reduction in spending on supplementary staffing	Reduce	December 2025	Finance Reporting to Programme
NHS Highland meets the national service specification for CAMHS	Meets	December 2025	IPQR

*Projected Waiting List with x4 additional WTE

Outcome 3: Stay Well

Well Theme Description	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention
Well Theme Strategic Aim	<ul style="list-style-type: none"> Organisational commitment to deliver our prevention agenda and to reduce health inequalities Deliver robust screening and vaccination programmes ensuring timely uptake is maximised and access is equitable across our population Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk Ensure more people are empowered to take control of their own health and wellbeing
Objectives	<p>Priorities from Service Delivery;</p> <ol style="list-style-type: none"> We will deliver robust screening and vaccination programmes ensuring timely uptake is maximised and access is equitable across our population Engage with individuals, families, and communities to enable people to make healthier choices for their future and provide direct support when they are at risk Ensure more people are empowered to take control of their own health and wellbeing, including for activities such as smoking cessation and alcohol and drug interventions We will progress approaches to blood borne virus (BBV) case-finding, testing, awareness raising and supporting access to care. <p>Priorities from Health Improvement Work Plan 2024 – 27 – NHS Highland Public Health</p> <ol style="list-style-type: none"> Promote Social Prescribing as a pathway to overall health and wellbeing (Work plan 1.1) Reduce harm from substance use (Work plan 4.1) Reduced smoking rates (Work plan 4.2) Improve access and quality of food available for people in Highland (Work plan 6.1) More people are active and can access nature and green space (Work plan 6.2) Type 2 Diabetes Prevention and Adult Healthy Weight (Work plan 6.3) Reduction in inequalities in screening participation (Work plan 7.1) Sexual Health (Work plan 7.2) Women's Health Plan (Work plan 7.3)
Scope	All services across NHS Highland , with the exception of Sexual Health Services where there is a specific model of delivery in Argyll & Bute, for which there are deliverables to revise Service Level Agreements within primary care settings in A&B, and with NHS Greater Glasgow & Clyde for services commissioned outwith A&B.
Link to NHS Scotland Delivery Planning Guidance	<p>Population Health and Reducing Health Inequalities:</p> <ul style="list-style-type: none"> Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes. This links with Journey Well Demonstrate the steps we are taking to implement and make progress towards meeting the interim national standards for vaccination services Working with partners to maintain the progress achieved by the National Mission on Drugs to reduce deaths and improve lives, including the implementation of MAT Standards, increasing access to residential rehabilitation and supporting sustainability planning. This links with Living Well Take forward the actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan, to support sexual health improvement, reduce sexually transmitted infections and unintended pregnancies, and help achieve viral hepatitis and HIV transmission elimination goals. Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets Taking forward the relevant actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan to support improvements to sexual health and BBV service delivery, and work towards HIV transmission elimination targets,

	<p>including through interventions to increase HIV prevention, detection and retention in care, and work to improve the lives of people living with HIV</p> <ul style="list-style-type: none"> • Actions to support improvements to access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum • Supporting improved population health, with reference to smoking cessation and weight management • Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment This links with Anchor Well and Care Well • Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health
Policy Drivers	<ul style="list-style-type: none"> • Preventative and Proactive Care Policy • National Clinical Strategy • HIS Sexual Health Standards • Diabetic Retinopathy Standards • Bowel Screening Standards • MAT Standards Women's Health Plan • Breast Screening Standards • HIS AAA Screening Standards • Cervical Screening Standards • The Scottish Government Suicide Prevention National Action Plan 2018 • Alcohol and Drugs Partnership Strategic Plans • Interim National Vaccination Standards • Creating Hope Together: Suicide Prevention Action Plan • Women's Health Plan • Sexual Health and Blood Borne Virus Action Plan 2023-2026
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • Improved outcomes through prevention and early intervention activity • Improved outcomes through self-care and prevention • Improved health inequalities
Data and Intelligence (link to KPIs table on next page)	The reporting framework for measures in relation to Stay Well is to be reviewed in line with the focus on prevention and tackling health inequalities. These measures routinely report through the Population Health Programme Board, and a subset are included within the IPQR for NHS Highland Board.
Workforce	Public Health has dedicated workforce for the leadership of the SG priorities and there is a requirement to operationalise the deliverables throughout the organisation.
Risks	<ul style="list-style-type: none"> • The capacity to embed these priorities as part of business as usual. • Data quality and quantity is an issue especially around multi professional eradication programmes. • Some of the workforce for these programmes is short term non recurrent funding, making longer term sustainable impacts more difficult to achieve.

Stay Well: 2025/26 Deliverables		
Description	Ref	Due Date
Prevention: to meet national targets for smoking cessation. <i>(For example, we will run a pilot at Raigmore, to reduce admissions and Length of Stay. 336 successful quits at 12 weeks, in the 40% most deprived SIMD areas within NHSH.)</i>	STY001	March 2026
Prevention: Continue to work towards prevention of Hepatitis C and progress towards achievement of Scottish Government Treatment Targets for hepatitis C treatment initiatives. This strategy aims for the elimination of <u>HCV</u> as a public health concern in	STY002	June 2025

Scotland by the end of the 2024/25 and by 2030 to reduce new HCV infections by 75% to 5 cases per 100,000 , and deaths by 50% to 2 per 100,000, while increasing the diagnosis rate from 30% to 90%, with 80% diagnosed and cured.		
Health Inequalities - continue to deliver an equalities approach in services for alcohol brief interventions (Target 3,600 in year), violence against women, infant feeding education (in Stay Well), healthy weight education, financial inclusion pathways	STY003	June 2025
Health Inequalities – Develop implementation plan for health inequalities approach in specific services following publication of Director of Public Health’s Annual Report 2024	STY004	June 2025
Encourage informed participation in the national screening programmes with the aim of achieving national targets. Participation in the national screening programmes will be reviewed as part of our performance monitoring.	STY005	Ongoing through to March 2026
Implement screening inequalities plan within available resource.	STY006	March 2026
Health Improvement Delivery focused on: <ul style="list-style-type: none"> • Alcohol Brief Interventions • Smoking Cessation • Breastfeeding • Suicide Prevention • Weight Management 	STY007	Ongoing through to March 2026
Develop an implementation plan for the delivery of the HIV Transmission Elimination programme	STY008	March 2026 then MTP
Undertake an assessment of need to support a refresh and delivery of the sexual health and HIV strategy, in line with sexual health service standards	STY009	March 2026 then MTP

Stay Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Prevention: Reduce Premature deaths (Below 75 years old)	MTP017	March 2028
Prevention: Improve quality of life	MTP018	March 2028
Prevention: Reduced hospital admissions and readmissions	MTP019	March 2028
Reducing health inequalities: engagement with protected characteristic groups, monitoring of service uptake by SIMD; reduction of delayed discharges; implementation of women’s health plan and anchors strategic plan	MTP020	March 2028
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	MTP021	March 2027
Early intervention, improved disease prevention and reduced inequalities through increased uptake of screening programmes.	MTP022	March 2027
Improved health protection for our population and reduced inequalities through continued delivery of the health protection function in and out of hours.	MTP023	March 2027
Continue to focus on delivery of actions aligned to the Alcohol and Drug Partnerships Strategic Plan and activities that focus on elimination of smoking through the Quit Your Way programme of Scottish Government	MTP024	March 2027
Develop a coordinated approach to delivery of the Waiting Well programme to support people to stay well whilst waiting on NHS treatment.	MTP025	March 2027

Stay Well: Key Performance Indicators	Target	Timeline	Reported through
Reduced admissions and Length of Stay in Respiratory Ward Raigmore	Reduction	June 2025	PHPB
Reduced HepC incidence	Reduction	June 2025	PHPB
Equity of access and demonstrated offer/ uptake for services noted above	Evidenced	June 2025	PHPB
Health Inequalities Implementation plan approved	Approved	June	PHPB

		2025	
Reduce premature deaths, below 75-years-old	Reduction	March 2028	PHPB
Reduced hospital admissions and related readmissions	Reduction	March 2028	PHPB
Implementation of Health Inequalities Plan	Achieved	March 2028	PHPB
Demonstrable engagement with protected characteristic groups, monitoring of service uptake by SIMD; reduction of delayed discharges; implementation of women's health plan and anchors strategic plan	Demonstrated? Reduction? Y/N	March 2028	PHPB
National Screening Programmes	Increase	Ongoing	IPQR
Vaccinations Uptake	Increase	Ongoing	IPQR

PHPB: NHS Highland's Population Health Programme Board

Outcome 4: Anchor Well

Well Theme Description	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus
Well Theme Strategic Aim	<p>As an established, large organisation, NHS Highland influences economic, social and environmental sustainability:</p> <ul style="list-style-type: none"> • Through our position as an employer, by attracting, training and recruiting people from communities that need well-paid, skilled and sustainable jobs • Through our purchasing and procurement power, choosing to purchase goods and services from local businesses to support and sustain the local economy • By focusing on our environmental obligations and where appropriate in sharing our buildings and facilities for community use. <p>We aim to:</p> <ul style="list-style-type: none"> • Be a desirable employer • Treat people equally across our organisation • Have a sustainable workforce that reflects our communities • Make decisions through our social responsibility • Improve community wealth and to reduce child poverty.
Objectives	<p><i>High-level planning priorities for 2025/26</i></p> <ul style="list-style-type: none"> • Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health • Work with our population, communities and partners identifying priorities to co-produce and co-deliver health and care • Embed population experience ensuring people are at the centre of what we do • To support Population Health prevention approach and community wealth building • Reduce child poverty <p><i>From NHS Highland's Health Improvement Work Plan 24-27:</i></p> <ul style="list-style-type: none"> • Build capacity and community resilience and tackle health inequalities using a place-based approach and provide support for newly emerging District Partnerships as appropriate (Work plan 1.2) • Support the Integrated Children's Service plan in partnership with Highland Council and other partner organisations. (Work plan 2.4) • Improve Mental Health and wellbeing in the population (Work plan 3.2) • Work with identified groups at risk including those with protected characteristics and those who live in poverty (Work plan 5.1) • Reduction in violence against women and its harmful impact (Work plan 5.2) <p><i>Deliver priority actions in the Anchors Strategic Plan</i></p>
Scope	All services across NHS Highland
Link to NHS Scotland Delivery Planning Guidance	<p>Population Health and Reducing Health Inequalities</p> <ul style="list-style-type: none"> • Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions • Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan. <p>Child Health: Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report</p>

	Transport; Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation
Policy Drivers	<ul style="list-style-type: none"> Fairer Scotland Duty Child Poverty Plan Equality Act (2010) Sustainable Procurement Duty Planning with People: community engagement and participation guidance Community Empowerment Act (2015) NHSH Employability and Equality Diversity and Inclusion (draft) Strategies
Outcomes for people and reducing health inequalities	<p>Improved outcomes for patients and clients through community designed and delivered health and care. Tackling health inequalities by:</p> <ol style="list-style-type: none"> 1. Maximise spend on local progressive procurement 2. Provide fair work opportunities to those at most risk economic disadvantage 3. Land and assets used by / disposed of, for the benefit of local communities 4. Stakeholders recognise, understand and support our anchor institution contributions 5. Evidence base to measure and monitor progress to develop community wealth and reduce child poverty 6. Positive impact on climate and sustainability
Data and Intelligence (link to KPIs table on next page)	<ul style="list-style-type: none"> Procurement data TURAS and e:ESS data – recruitment data to be assessed and data inputs encouraged across the organisation EMS (Estates and Climate) data National metrics for reporting Anchors Institution Plans
Workforce	Public Health, Procurement, People & Culture, Estates & Facilities has dedicated workforce for the leadership of the SG priorities and there is a requirement to operationalise the deliverables throughout the organisation. Capacity is a pressure on some of the delivery.
Risks	The capacity within the organisation to operationalise these priorities and to meet public and partners' expectations.

Anchor Well: 2025/26 Deliverables		
Description	Ref	Due Date
<p>Anchors Strategic Plan: top three priorities by corporate delivery areas. Leadership and working with communities will continue thought the period, followed by further refinement of priorities</p> <p>A. Employer</p> <ol style="list-style-type: none"> 1. Deliver inclusive NHS career pathways for young people in secondary education using learning from the pilot. Health inequalities will be reduced through work with councils, with focus on targeting areas of deprivation. (Part of the Employability Strategy work with Argyll and Bute and the Highland Councils). 2. Improve the process of data systems for data collection, targeted analysis and reporting. e.g. pay gap analysis to enable targeting of workforce data for those with protected characteristics and non-protected characteristics e.g. geography (remote, rural and island), poverty etc 3. Promote EDI strategy internally and externally to support equitable recruitment and retention in reducing system inequalities. <p>B. Procurement</p> <ol style="list-style-type: none"> 1. Supplier Development & Engagement: Promote early engagement to foster innovative and entrepreneurial responses to our needs and requirements. Working with our national and regional partners (The Highland Council, HIE, Argyll and Bute Council, Supplier Development Programme, NHSS). Consider how procurements are conducted and contracts developed, to reduce barriers and enable participation for 	<p>ANC001</p> <p>ANC002</p>	<p>Quarterly Reporting on Progress</p>

<p>SMEs, Third Sector, Local and Supported Businesses, with specific focus on the Highland region. <i>Target 35% of core spend with Local Suppliers* (2023-24 actual 32.61%).</i></p> <p>2. Community Benefits & Social Value: Collaborate with businesses and to deliver positive, green and inclusive social impacts within our contracts. Develop scored and measured community benefits delivery targets in all relevant contracts for Goods, Works and Services through whole life contract and supplier management. <i>Target to develop KPIs for all regulated contracts awarded (see Annual Procurement Report Key Contract Information data indicators d-k, previously unrecorded).</i></p> <p>3. Promote sustainable procurement through routine consideration of whole life costing to ensure value for money in procurement, minimise environmental damage and maximise socio-economic benefits. Making informed decisions as we engage early with suppliers to create innovative solutions to positively respond to the climate crisis. Eliminate waste throughout the supply chain where possible. Act in a way that will secure net zero emissions through a 'Just Transition' and promote a circular economy. <i>Commitment to review Contract Strategy and Tender Report templates in respect of the above objectives to capture balance of savings and social responsibility benefits.</i></p> <p>4.</p> <p>*Local Suppliers - suppliers within the same local authority area as your organisation (based on Postcodes).</p> <p>Environment, Sustainability, Assets</p> <p>1. Develop and implement the Environmental Management System (EMS) in collaboration with Argyll and Bute and Highland Councils, and UHI. This will enable policy development and associated data reporting to demonstrate a targeted remote and rural approach to reducing inequalities</p> <p>2. Improved engagement with our communities and partners to demonstrate our Anchors Institution values through example, e.g. demonstration of asset use and environmental and health benefits</p> <p>3. Reduce our carbon footprint, in line with Scotland's Climate Emergency targets and to develop improved waste solutions to benefit communities, working with partners. (This is part of the NHS Environment and climate response plan).</p>	ANC003	
Continue to work with the Argyll and Bute Community Planning Partnership to deliver the local outcomes improvement plan 2024-24	ANC004	Ongoing
Continue to work with the Highland Community Planning Partnership to: <ul style="list-style-type: none"> Implement the Highland Outcome Improvement Plan to 2027 Develop actions, milestones and performance measures for the final set of outcomes. Draft indicators to be agreed June 2025 Review and set up the necessary governance arrangements for delivery and monitoring of the refreshed set of priority outcomes. E.g. working with other organisations e.g. energy companies wealth sharing process (CPP paper Feb25) 	ANC005	Ongoing

Anchor Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Ongoing delivery of Anchors Strategic Plan	MTP026	March 2028
Ongoing engagement with the A&B Community Planning Partnership	MTP027	March 2028
Ongoing engagement with the Highland Community Planning Partnership	MTP028	March 2028
Implementation of Environment Management System (EMS)	MTP029	March 2028

Anchor Well: Key Performance Indicators	Target	Timeline	Reported through
Reduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics	Reduce & Improve	Ongoing	PHPB
Improved positive impact on environment via EMS measures, following implementation of EMS system by March 2028	Improve	2038	PHPB and FRP via E&S Committee
Improvement from 23/24 position using national procurement metrics	Improve on self-assessment score of 18	Ongoing	PHPB and FRP
Improvement from 23/24 position using national employer metrics	Improve on self-assessment score of 39	Ongoing	PHPB and Staff Gov
Improvement from 23/24 position using national land and assets metrics	Improve on self-assessment score of 24	Ongoing	PHPB and FRP via E&S Committee

PHPB: NHS Highland's Population Health Programme Board

Outcomes 5-8: Grow, Listen, Nurture and Plan Well

Well Themes Description	<p>NHS Highland's People and Culture portfolio will deliver most of these outcomes through workforce change and transformation aligned to our strategic transformation programmes and our population's needs through workforce redesign and diversification, expanding employability routes into health and care and opportunities for 'growing our own'. The portfolio will also focus on 'being a great place to work' through our leadership and culture programme, learning and development, health and well-being and diversity and inclusion programmes.</p> <p>In addition, we will ensure that we have effective workforce systems and processes in place, supported by workforce policy implementation, to enable our workforce to deliver high quality care and services.</p>
Well Themes Strategic Aims	<p>The way we deliver health and care will transform to meet the needs of our population and deliver improved outcomes. We also need to address workforce shortage challenges through increasing attraction to the sector and making the best use of our current and future workforce.</p> <p>This will require different approaches to service delivery including digital solutions and new workforce models which will require workforce redesign including development of new and innovative roles and new educational and development pathways including digital skills development.</p> <p>Our culture and the wellbeing of our staff must be a priority if we are to attract and retain staff and enable them to fulfil their full potential. This will require ongoing work to strengthen and develop our leaders, ensure high staff engagement, healthy and diverse workforce and have a culture which supports our organisation as a great place to work.</p> <p>The support systems for our managers and staff need to be effective and efficient to ensure we are making the best use of our workforce. There are opportunities to improve our systems and processes to support managers and staff to manage and develop our workforce. This will reduce time and effort currently wasted through inefficient systems and processes and ensure we are effective in our management and governance of our workforce.</p> <p>We must also ensure our policies and agreed ways of working are designed and developed in partnership to enable staff to do their jobs well, are aligned with the principles of good staff governance and other national policy and legislative requirements including health and safety.</p>
Objectives	<p>Our aim is to make NHS Highland a great place to work through:</p> <ul style="list-style-type: none"> • Designing and delivering our leadership and culture framework to enhance leadership skills, improve team effectiveness across the organisation and increase staff engagement • Design and deliver new workforce models needed for new models of health and care through strategic commissioning and acute service redesign • Strengthen our staff governance and partnership working to ensure we deliver and transform services together with our staff • Ensure we utilise digital approaches to enable new workforce models and ways of working • Develop, agree and deliver strategic approach to implementing new and existing non-registrant, advanced practice and medical associate roles that will increase workforce diversification including enhancing our employability framework to increase local employment, provide new career pathways to earn as you learn and 'grow our own' • Increasing apprenticeship opportunities for both current and future employees

	<ul style="list-style-type: none"> • Deliver on the health and wellbeing strategy that will support staff to live well physically and mentally including access to advice and support available in their communities • Launch and deliver on Equality, Diversity and Inclusion strategy, and action plan, to increase diversity of our workforce, create an inclusive culture and embed inclusivity in the design of our services • Implementing the Health and Care Staffing Act to support development of our workforce to meet the needs of our population, enable our workforce to work effectively and manage quality and risk associated with workforce availability and supply • Implement health roster across the organisation once double data entry issues have been resolved through a national interface • Adopt a quality improvement approach to support continuous improvement of our people systems, policies and processes that support staff governance standards as well as how we plan, manage and develop our workforce • Develop and strengthen our organisational approach to management and governance of health and safety • Support staff physical and mental health and wellbeing (NHS Highland's Health Improvement Plan 2024-27, Action 1.3) • Reduction in violence against women and its harmful impact (NHS Highland's Health Improvement Plan 2024-27, Action 1.3 5.2)
Scope	<p>The portfolio will have an organisation wide reach including;</p> <ul style="list-style-type: none"> • Leadership development across the organisation • Implementing new roles across all services to diversify workforce • Developing employability opportunities with our partners across all our regions, districts, localities and communities • Supporting all staff to live healthy lives and experience good health wellbeing • Developing our workforce to reflect the population demographics in our regions, districts, localities and communities
Link to NHS Scotland Delivery Planning Guidance	<p>eRostering: We remain committed to the full rollout of e rostering to all job families within the NHS Highland. During 25/26 a solution to the interface and the need to manually input data into systems is expected. This will allow a review of the rollout plan as it may release capacity. At this stage a completion date of 1st April 2026 is not achievable without further investment of resource.</p> <p>NHS Highland will continue to undertake a focus on reducing use of agency staff, optimising bank and achieving reductions in medical locum spending through our Value & Efficiency workstreams. Furthermore, work on administration and support services is also being progressed through our Transformation and Resilience of Admin (TARA) and Corporate Teams workstreams.</p> <p>One of the key aims of the People & Culture Portfolio is to work with Higher and Further Education institutions to work collaboratively and take actions to support the development of the future workforce required for NHS Highland. A board-wide strategy to increase the number of Apprenticeships in key professions is being progressed and will also progress the availability of work placements in line with the national position.</p> <p>NHS Highland is progressing its Equalities Outcomes framework and Employability Strategy to support the implementation of the national Attendance Policy in line with other operational actions.</p> <p>FACE-FIT TESTING FOR FFP3 RESPIRATOR</p> <p>Organisationally, we take direction on who we fit test clinically within NHH from ARHAI Scotland (they specify what clinical staff / roles need Fit Testing) – NHS Highland's Infection Protection Control (IPC) Team then risk assess that advice and tell us who (what job roles)</p>

	<p>needs fit testing. HSE set the required standard of fit testing.</p> <p>NHS Highland then fit test in accordance with our Standard Operating Procedure. NHS Scotland National Specialist Services (NSS) coordinate with Health & Safety teams across Scotland, and they direct and set the priority order on which masks should be fitted. We “refit” priority staff every 3 years, and when we have an upcoming anniversary e.g. when lots of people now require refitting, we will monitor that and then link in with the Control of Infection Committee, undertake communications, liaise with Acute Nurse Managers and increase the fit testing programme. In the winter we increase the level of fit testing and that reduces in the summer months.</p> <p>If we have new and emerging disease outbreaks, e.g. Mpox Clade 1, we will liaise with Public Health, the IPC team and National Groups to first establish who needs what and we will take a measured and carefully considered approach first.</p>
Policy Drivers	<ul style="list-style-type: none"> • NHS Scotland “Once for Scotland” Workforce Policies • Scottish Government’s Equality and Human Rights Mainstreaming Strategy • Scottish Government’s Anti-Racism Plan
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum • Improved staff engagement • Strong employee relations • Increased range of employment opportunities and roles within health and care including youth and local employment • Improved staff health and wellbeing and presence at work • Higher diversity in our workforce and positive feedback from staff with protected characteristics
Data and Intelligence (link to KPIs table on next page)	<p>Deliverables aligned to our Grow, Listen, Nurture and Plan Well strategy will be to;</p> <ul style="list-style-type: none"> • Improved ability to deliver quality and performance standards by reducing workforce gaps and associated supplementary staffing use • Reduced staff absence • Minimisation of avoidable redeployment and pay protection costs • Reducing agency use and associated costs through increased organisational level controls • Improved performance and efficiencies within people services including recruitment, staff bank and employee relations processes • Reduce burden of low value tasks on our workforce <p>This will include our Improvement Outcomes on our Medium Term Priorities to 2027/28;</p> <ul style="list-style-type: none"> • A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum • Improved staff engagement • Increased range of employment opportunities and roles within health and care including youth and local employment • Improved staff health and wellbeing and presence at work • Higher diversity in our workforce and positive feedback from staff with protected characteristics
Workforce	<p><u>Risks from Corporate Risk Register</u></p> <ul style="list-style-type: none"> • There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.

	<ul style="list-style-type: none"> There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action. There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.
	<p><u>Mitigations</u></p> <ul style="list-style-type: none"> Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'. The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through organisational performance management and governance structures including regular reporting to staff governance. Leadership and management improvement plan underway which includes a few elements including developing leadership programme, approach to staff engagement, supporting training completion and focus on PDP and Appraisal processes.
Risks	As described above.

Grow, Listen, Nurture, Plan Well: 2025/26 Deliverables		
Description	Ref	Due Date
Development and delivery of workforce diversification strategic plan	GLNP001	March 2026
Explore options for developing an organisational approach to enhancing psychological safety and plan future approach to speaking up	GLNP002	October 2025
Build on learning from our refreshed approach to staff engagement to embed good practice in empowering and visible leadership, listening and engaging staff in setting direction and priorities and involving staff in decision making	GLNP003	October 2025
Explore and agree options for regular review and self-assessment in relation to partnership working to create a continuous improvement approach	GLNP004	October 2025
Develop a digital automation programme to reduce or eliminate repetitive low value tasks from our corporate functions	GLNP005	October 2025
Delivery of a Leadership and Management conference and development of associated network across NHS Highland	GLNP006	June 2025
Review progress with workforce diversification and consider development of longer-term strategy	GLNP007	March 2026
Increasing NHS Highland's Statutory and Mandatory Training Compliance through increased monitoring and cascade of reporting to line managers	GLNP008	March 2026
Progress implementation plans to meet NHS Highland's Equality, Diversity and Inclusion Strategies, including development of staff networks, a well-being dashboard and further priorities for the programme	GLNP009	March 2026
Develop reporting against NHS Highland's refreshed Equalities Outcomes Framework	GLNP010	March 2026
Continue to delivery NHS Highland's implementation plan for the Health and Care Staffing Act through our programmed approach incorporating Highland and Argyll and Bute, including a review of the current HCSA model	GLNP011	March 2026

Working with learning providers, deliver implementation plan aligned to NHS Highland's strategy to increase apprenticeships in key professional groups	GLNP012	March 2026
Review the Anti-Racism toolkit and undertake a communications plan to support implementation and awareness of this within NHS Highland	GLNP013	March 2026
Develop training and guidance to support NHS Highland colleagues to work with the younger generation	GLNP013	March 2026
Deliver an implementation plan for NHS Highland's Employability Strategy including creating a network and process for paid public sector placements	GLNP014	March 2026
Develop and deliver on actions arising from the deep dive engagement sessions regarding the iMatter results	GLNP015	March 2026
Launch 3-year strategy for health and safety and deliver year 1 our board improvement plan	GLNP016	March 2026

Grow Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Delivery of leadership and culture framework to enhance leadership skills and improve team effectiveness across the organisation	MTP030	Ongoing to March 2028
Development of workforce plan informed by annual service planning	MTP031	April 2026
Delivery of our employability strategy to increase local employment, provide new career pathways 'to earn as you learn' and 'grow our own'	MTP032	July 2026
Design and deliver new workforce models needed for new models of health and care; enhancing local supply pipelines and cement our role as an 'anchor institution' for instance our approach to apprenticeships and community outreach.	MTP033	March 2028

Listen Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Local/Joint Partnership Forums functioning and strengthening partnership relationships in all areas	MTP034	March 2028
Embed continuous staff engagement sessions and methods focussing on annual iMatter results and trends	MTP035	March 2028

Plan Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Review progress with workforce diversification and consider development of longer-term strategy	MTP036	March 2026
Develop and publish updated 3-year workforce strategy and plan	MTP037	July 2026
Complete roll out of health roster and ensure it utilised to inform workforce planning	MTP038	March 2026
Review impact of Health and Care Staffing Act and ensure learning is embedded in longer term workforce planning and workforce development	MTP039	July 2026

Nurture Well: Medium Term Priorities to 2026/27		
Description	Ref	Due Date
Delivery of cohort training commencing with SCNs	MTP040	July 2026
Review progress against diversity and inclusion strategy and publish equality outcomes mainstreaming	MTP041	March 2027

Review progress of health and wellbeing strategy and develop next strategy and action plan	MTP042	March 2027
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Grow Listen Nurture Plan Well: Key Performance Indicators	Target	Timeline	Reported through
Sickness absence of staff across NHS Highland	<4%	March 2026	LDP Standard Staff Governance Committee (SGC)
Statutory and Mandatory Training Compliance	95%	March 2026	SGC
Turnover of NHS Highland staff	<10%	March 2026	SGC
Time to Fill for positions recruited by NHS Highland less than 116 days	100%	March 2026	SGC
Percentage of Appraisals/PDPs checked and completed on TURAS Appraisal	95%	March 2026	SGC

These standards are reported quarterly to NHS Highland Staff Governance Committee and included in NHS Highland's IPQR

Outcome 9a: Care Well – Home First and Last and Adult Social Care

Well Theme Description	Working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.
Well Theme Strategic Aim	<ul style="list-style-type: none"> • Rebalance capacity to demand for where the need is • Maximising use of finances • Reshape and prioritise • Clarity of responsibilities and processes • Create the conditions for integrated working
Objectives	<p>High-level planning priorities for 2024/25:</p> <ol style="list-style-type: none"> 1. To improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality and to build resilience with a more preventative and anticipatory approach. 2. Work in partnership with local people, third and independent sector organisations to plan and deliver change. 3. As a partnership we will make sure our services work well together in an integrated way from the point of view of individuals, families and communities and are responsive to the needs of individuals and families in our different localities. 4. Make the best use of available facilities, people and resources sustainably ensuring we maintain quality and safety standards as the highest priority through transformational change. 5. We will co-design and co-deliver services in partnership with our communities and individuals to reduce inequality, ill-health and dependence 6. We will enable more care and support to be delivered closer to home 7. We will ensure that we put the person at the centre and that the care is quality focused, respecting choice and independence 8. We value the workforce that delivers care to our population and work collaboratively to deliver our vision and aims
Scope	<p>The Adult Services Strategic Plan is Highland only. Argyll & Bute are in the process of developing its Older Adults Services Strategy in 2025.</p> <ul style="list-style-type: none"> • Older Adults who need care and support including those in a care home setting. • Adults with a Learning Disability who require support to be as independent as possible. (<i>referred to in Live Well</i>) • Adults with a disability or illness who need support to live in their home. • Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible (<i>referred to in Live Well</i>) • Adults living with health conditions. • Adults requiring support from Drug and Alcohol Recovery Services. (<i>referred to in Live Well</i>) • This includes clinical and care delivery by our integrated health and social care teams and support from services such as digital technology, telecare, equipment services, online support and local community supports. It reflects ongoing work with our partners in Housing, who have a key role to play both to support a sustainable workforce and to keep people in their home communities as much as possible. • General practitioners (GPs) and their teams are pivotal to empowering and supporting our Highland population to live healthy lives and to deliver holistic, preventative community based health care which enables people to access a range of high quality health and care services in their community. The support of our community teams, pharmacies, opticians and dental services will be pivotal to preventative and early detection. We will continue to work with these partners to deliver care in communities,

	<p>and involve them in the strategic planning of our services (<i>referred to in 9a Care Well - Primary Care</i>)</p> <ul style="list-style-type: none"> • All providers of Home Care including NHS Highland, independent providers, third sector, volunteers and carers working collaboratively • All adult services, including integrated health and care services, mental health, learning disability and primary care services, delivered to the population at District level.
<p>Link to NHS Scotland Delivery Planning Guidance</p>	<p><u>Planned Care Guidance</u></p> <p>Tackling long waits in diagnostics</p> <ul style="list-style-type: none"> • Rapid access to diagnostics • point of care testing • referral pathways – link to acute work • Increasing productivity and effectiveness and reducing variation across Scotland – time to care • Implementation of digital solutions; Telecare/tech solutions/single handed care/just in case assessment/social prescribing <p><u>Urgent & Unscheduled Care Guidance</u></p> <p>Reduce length of stay</p> <p>Reduce hospital admission for patients with low clinical value such as those aged over 85 and end of life care by improving urgent care in the community and increasing Hospital at Home pathways</p> <ul style="list-style-type: none"> • Hospital at home pathways • Virtual wards <p>Ensure people are discharged as soon as possible as they are medically safe by promoting robust and responsive operational management and providing early and effective discharge planning including rehabilitation and reablement in line with the 6 principles of good rehabilitation;</p> <ul style="list-style-type: none"> • AHP at the front door • flow for non-specialist rehab • Frailty/Hospital at Home in Respond Well/Jo McBain Rehab paper <p><u>Primary and Community Care Guidance:</u></p> <p>Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the primary care phased investment programme.</p> <p>Contributing through the preventative and proactive care programme to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health (<i>Referred to in 9a Care Well Primary Care</i>)</p> <p><u>Workforce planning priorities guidance</u></p> <ul style="list-style-type: none"> • Targeting recruitment/identifying where vacancies are, mapping across systems for accuracy, rapid recruitment to support individuals through recruitment process/navigating job train • Strategic Workforce Planning group established for AsC supporting in-house and independent care homes. • Stability and consistency in In-house services will be strengthened by: • Dedicated resource from HR team to enable continual recruitment and onboarding of new staff. • Building on learning and development resources in place to retain the workforce with a key focus on developing leaders and managers in the service. • Interface between inhouse and the sector;

	<ul style="list-style-type: none"> • Continuing to work collaboratively with the sector on recruitment initiatives. • Providing clear direction on areas where NHSH will deliver services as a provider to assist with recruitment and retention through the whole service. <p><u>Digital and Innovation Planning priorities guidance</u></p> <ul style="list-style-type: none"> • Morse implementation • Technology enabled care <p><u>Climate guidance</u></p> <p>Clinical waste/reduction in transport and travel</p> <ul style="list-style-type: none"> • Time to care work • Clinical dialogues • Near me
Policy Drivers	<ul style="list-style-type: none"> • Rehabilitation and Recovery: A Once for Scotland Person-Centred Approach to Rehabilitation in a Post-COVID Era (www.gov.scot) • Preventative and Proactive Care Programme Launch Event (shsc.scot) – can't seem to find the home page – but this is the gist • Physical activity referral standards (publichealthscotland.scot) • Osteoarthritis: care and management Guidance NICE • Health and Care (Staffing) (Scotland) Act 2019: overview - gov.scot (www.gov.scot) • Coming Home Implementation Report: www.gov.scot/news/coming-home-implementation-report • Getting it Right for Everyone (GIRFE) www.gov.scot/publications/getting-it-right-for-everyone-girfe • Dementia in Scotland: Everyone's Story www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/ • National Drugs Mission Plan: 2022 - 2026 www.gov.scot/publications/national-drugs-mission-plan-2022-2026 • Together We Care - with you, for you: NHS Highland Strategy 2022 -2027. • www.nhshighland.scot.nhs.uk/about/publications-and-public-records/together-we-care • Adult Services Strategic Plan 2024 - 2027: Highland Health and Social Care Partnership Strategic Plan www.nhshighland.scot.nhs.uk/about/highland-health-and-social-care-partnership/publications • ADL smartcare Life curve • Scottish burden of disease report • Health and Care Workforce
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • Focus our attention on prevention and early interventions to support people to maintain independence at home for as long as possible. • Ensure we empower people to exercise choice and independence and include unpaid carers as partners in the planning and provision of care and support. • Make it straightforward to access services when they are needed and ensure that health and social care professionals can direct people to the right organisation and service for their needs. • Commission services in a way that supports a diverse market for providers of care with reduced administrative burden. • Maximise the use of technology in supporting people. • Plan and deliver person-centred services which can respond quickly to support people who are in urgent need. • Build strong partnerships between community teams, hospitals, third sector and independent providers of care.

	<ul style="list-style-type: none"> • Support different delivery, as locally as possible, of services traditionally delivered in acute hospitals, through new and emerging professional roles. and making use of technological advances. • Implement immediate care options that prevent admission to hospital and avoid a stay in hospital for longer than is necessary. • Develop our workforce to be more adaptive and flexible • Co-produce and co-deliver services in partnership with our communities and individuals to reduce inequality, ill health and dependence • Enable more care and support to be delivered closer to or at home • Ensure that we put the person at the centre and that the care is quality focussed, respecting choice and independence. • Value the workforce that delivers care to our population and work collaboratively to deliver our vision and aim
Data and Intelligence (link to KPIs table on next page)	<p>NHS Highland is progressing towards meeting the National Health and Wellbeing Outcomes as follows:</p> <ul style="list-style-type: none"> • People can look after and improve their own health, wellbeing and live in good health longer • People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practical, independently and at home or in a homely setting in their community • People who use health and social care services have positive experiences of those services and have their dignity respected • Health and social care services are cantered upon helping to maintain or improve the quality of life of the people who use those services • Health and social care services contribute to reducing health inequalities • People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing • People using health and care services are safe from harm • People who work in health and social care services feel engaged with work they do and are supported to continuously improve the information, support, care and treatment they provide • Resources are used effectively and efficiently in the provision of health and social care services <p>Some of the data we monitor to help monitor service delivery include:</p> <ul style="list-style-type: none"> • All delayed hospital discharges (DHDs) requiring a community assessment or service to enable discharge • Long stay care home placements including out of area • SDS Options • Community Hospital Delayed Discharges • Adult Protection – referrals • AHP Services in the Community • Link to MH&LD (<i>Referred to in Live Well</i>) • Rehabilitation, Reablement and Enablement <p>As part of activity, the Highland Health and Social Care IPQR will be refreshed to focus on performance improvement measures requiring oversight.</p>
Workforce	<ul style="list-style-type: none"> • There is a risk to service delivery due to the ongoing challenges with recruiting the right workforce, particular in remote and rural areas of North Highland Community Division in relation to health and social care professions, resulting in unsustainable services and potential patient harm. • There is a risk to achieving good levels of statutory and mandatory training due to

	<p>difficulties in releasing staff and availability of training, resulting in harm or injury to staff and patients.</p> <ul style="list-style-type: none"> • There is a risk of clinical services providing inconsistent care because there are no electronic patient records across community services, resulting in patient harm. • Service interruption due to staffing levels - There is a risk of commissioned service interruption because providers have insufficient staffing levels potentially resulting in needs not met, reduced service capacity and whole system impact.
Risks	<ul style="list-style-type: none"> • Service interruption due to staffing levels – There is a risk of commissioned service interruption because providers have insufficient staffing levels potentially resulting in needs not met, reduced service capacity and whole system impact. • Multiple care home closures occurring at the same time. Risk of significant loss of care home beds and large numbers of residents being located at the same time leading to <ul style="list-style-type: none"> ○ Residents being moved to care homes a long way from current home and relatives (risk of harm to residents, reputational risk, financial risk) ○ Staff in district teams being overwhelmed due to additional workload and the knock on effect of being unable to fulfil other statutory responsibilities ○ Loss of capacity to the overall system and inability to place vulnerable adults in a care home

9a Care Well: 2025/26 Deliverables		
Description	Ref	Due Date
Completion of a Joint Strategic Needs Assessment (JSNA)	CAR001	March 2025
Target Operating Model (TOM) for Highland HSCP management structure – in draft awaiting approval	CAR002	March 2025
Strategies – dependent on approval of TOM <ul style="list-style-type: none"> – Care home and care at home – Support – SDS/choice and control (in place) 	CAR003	May 2025
Market Facilitation Plan – dependent on availability of strategies	CAR004	March 2026
Care at Home retendering exercise for hours of care provision	CAR005	March 2026
Developing local care model, building on discovery work undertaken in Lochaber, Caithness and North Coast - Outline vision of role of resources and shape of care village in Fort William	CAR006	March 2026
Develop NHS Highland's Community Hospital strategy based on the Community Hospitals specification developed in 24/25 and considering the future options for services.	CAR007	March 2026
Roll out of Annual Service Planning across all Health and Social Care areas.	CAR008	June 2025 onwards
Development of AsC workforce plan -People and Culture to deliver care and support that enables district planning and puts our population, families and carers experience at its heart.	CAR009	March 2026
Commission supporting strategies from corporate support departments including estates, eHealth, finance	CAR010	March 2026
Commence AHP (OT/Physio) presence in ED in Raigmore - development of model and substantive recruitment	CAR011	April 2025 (Model)
Develop and implement functional Criteria Lead Discharge (CLD) in all hospital bed-based services in conjunction with medical and nursing CLD.	CAR012	June 2025
Scope and create business case for Discharge to Assess (D2A) in conjunction with social work and social care professional leadership	CAR013	May 2025
Development of a TOM for community rehabilitation.	CAR014	October 2025

TOM and D2A to factor all elements of intermediate care as alternatives to acute care. (scope and plan developed)	CAR015	March 2026
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9a Care Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Maximise use of NHS estate working with our partners in Highland Council to deliver place-based care.	MTP043	March 2027
Lochaber wider view of infrastructure and resources	MTP044	March 2027
Roll-out the implementation of 2:1 Care at Home pilot across HHSCP based on learning from Badenock and Strathspey.	MTP045	May 2026
New practice model for social work and social care - start 25/26 rolling programme into MTP	MTP046	May 2026
Roll out of Choice and Control (self-directed support)	MTP047	May 2026

9a Care Well: Key Performance Indicators	Target	Timeline	Reported through
Adult Social Care Integrated Quality and Performance Report (IPQR) currently being reviewed and will be reporting in April 2025. Measures currently collected include;			
Number of people assessed and awaiting a new package of care	TBC	Bi-monthly	IPQR
Unmet need (care at home)	TBC	Bi-monthly	IPQR
CAH waiting lists	TBC	Bi-monthly	IPQR
Long stay care home placements	TBC	Bi-monthly	IPQR
Number of delayed discharges	TBC	Bi-monthly	IPQR
SDS Care break scheme applications	TBC	Bi-monthly	IPQR
SDS1 Direct payments	TBC	Bi-monthly	IPQR
SDS2 No. Of clients	TBC	Bi-monthly	IPQR
Community Hospital delayed discharges	TBC	Bi-monthly	IPQR
Community Hospitals Length of Stay	TBC	Bi-monthly	IPQR
Adult Protection number of referrals	TBC	Bi-monthly	IPQR
Completed Adult Protection referrals	TBC	Bi-monthly	IPQR
DARS – ADP performance against completed waits	TBC	Bi-monthly	IPQR
DARS - % ongoing waits > 3 weeks	TBC	Bi-monthly	IPQR
Access to rehabilitation and reablement	TBC	Bi-monthly	IPQR

9a Care Well: Aspirational Key Performance Indicators	Target	Timeline	Reported through
Measures not currently collected and reported – to be discussed as future measures to support deliverables			
Shift in number of clients in Option 3 moving to option 1 or 2	TBC	TBC	TBC
Level of hand back – retention in resource to self-directed support	TBC	TBC	TBC
Prevention KPI (AHPs)	TBC	TBC	TBC
Number of falls prevention interventions	TBC	TBC	TBC

Outcome 9b: Care Well – Primary Care

Well Theme Description	Primary care is largely the first point of contact for patients accessing NHS care. Primary care services are core to the care provided to the population to support common illness, manage chronic conditions and diseases, and prevent future ill health through advice, immunisation, and screening programmes.
Well Theme Strategic Aims	<p>Strategy Development - a strategy will be developed outlining key issues and future direction of primary care services to support sustainable and equitable service provision.</p> <p>Enhanced Primary Care - the review of local enhanced services provides the platform and framework to deliver care closer to home through an enhanced range of services delivered in primary care.</p> <p>Increased Complexity – and ageing population and complex comorbidities increases health and social care need. Rurality and island provision creates challenges in service delivery requiring integrated models of care.</p> <p>Workforce – challenges exist in recruitment to remote and rural areas within certain disciplines requiring redesigned service models to be considered.</p> <p>Data-driven Improvement – improved use of data is required to inform service planning and quality improvement.</p>
Objectives	<p>1. Strategy A needs assessment will frame the development of a primary care strategy during 2025/26 encompassing dental, community optometry, community pharmacy and general practice.</p> <p>2. General Practice</p> <ul style="list-style-type: none"> • To provide a local strategic approach to high-quality, sustainable, Primary Care Services. • PCIP Programme Board will be restructured in line with the appointment of a refreshed clinical leadership team focussing on: <ul style="list-style-type: none"> ○ Frailty & Long-Term Conditions ○ Education & Training ○ Workforce Planning ○ Climate & Sustainability ○ Clinical Interface ○ Multi-disciplinary Team Working (PCIP) ○ Estates & Premises ○ Digital ○ Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health. <p>3. Dental Services</p> <ul style="list-style-type: none"> • Plan, organise, staff, lead and control critical Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile. • Utilising management information from NSS Scotland, to inform local oral assessment of needs. • Supporting dental contractors and bodies corporate to drive forward sustained improvements in NHS dental access because of payment reform. • Improve access through SDAI grant scheme. <p>Ophthalmic Services</p> <ul style="list-style-type: none"> • Implement the Community Glaucoma Service. This element will require engagement

	with NHS Greater Glasgow and Clyde due to the current services commissioned for patients in Argyll & Bute.
Scope	All HSCP commissioned or directly provided services provided in the community - General Practice, Dentistry, Community Optometry and Community Pharmacy
Link to NHS Scotland Delivery Planning Guidance	<p>5.1 Ensuring the Board Executive Team has clear oversight of planning and delivery of General Practice within the Board territory: Achieved through the Highland HSCP Performance Review, focussed on Primary Care and also the Programme Board for Primary Care Improvements.</p> <p>5.2 Improving interface working across secondary and primary care: An interface group has been established and led by the Clinical Leadership Group.</p> <p>5.3 Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the Primary Care Phased Investment Programme: Achieved and reported through the PCIP Improvement Plan.</p> <p>5.4 Ensuring the full provision of appropriately resourced Out of Hours services, with reporting of performance to the Board: Achieved through the Out of Hours Assurance Group.</p> <p>5.5 Working with Independent Contractor General Practices to:</p> <ul style="list-style-type: none"> (i) identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation (ii) support workforce and sustainability planning related to the General Practitioner workforce (in all localities). <p>5.6 Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.</p> <p>This work will be informed by the new Joint Strategic Needs Assessment (developed in January 2025) and led by the Primary Care Strategy Group.</p> <p>5.7 Dental Services: HHSCP Performance Review Board with a focus on Primary Care Dental Services. Oral surgery is dependent on theatre slot availability. The GA sessions and waiting list numbers and monitored by the Dental Team and reported as above.</p> <p>5.8 Ophthalmic Services: Dependent on implementation of Open Eyes which needs to be led by acute and informed by Community Ophthalmic Services. Covered in action PRI006,</p>
Policy Drivers	<ul style="list-style-type: none"> • Highland Health and Social Care Partnership - Adult Services Strategic Plan 2024-27 • Together We Care - with you, for you: NHS Highland Strategy 2022 -2027. (Together We Care NHS Highland) • NHS Highland Primary Care Improvement Plan (Primary care improvement plans: implementation progress summary - March 2024 - gov.scot) • Annual Delivery Plan (ADP) & Medium-Term Plan (MTP)
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • Improved outcomes through prevention and early intervention. • Improved outcomes through self-care and self-management of long-term conditions. • Reduction in health inequalities.

	<p>Key measurable areas:</p> <ul style="list-style-type: none"> • Alcohol brief interventions undertaken in primary care (HHSCP IPQR) • Cervical screening uptake rates • Vaccination uptake rates (HHSCP IPQR) <p>Health Improvement Work Plan</p> <p>1.1 - Promotion of Social prescribing through Community Link Workers</p> <p>1.2 - Build capacity and community resilience and tackle health inequalities using a place-based approach and provide support for newly emerging District Partnerships as appropriate</p> <p>4.1- Reduce harm from Substance Abuse</p> <p>4.2- Reduce smoking rates</p> <p>5.1 - Work with identified groups at risk including those with protected characteristics and those who live in poverty</p> <p>6.3 - Work with identified groups at risk including those with protected characteristics and those who live in poverty</p>
Data and Intelligence (link to KPIs table on next page)	The outcomes of the Joint Strategic Needs Assessment will be considered moving forward in terms of the Data and Intelligence required and reporting through the Highland HSCP IPQR.
Workforce	Workforce planning will be a key theme within the primary care strategy. Workforce challenges exist in remote and rural areas and within specific disciplines of staff (e.g. dentists). Further work to define workforce risks is in progress through analysis being conducted through workforce planning (complementary with Health Needs Assessment).
Risks	<ul style="list-style-type: none"> • Sustainability of the independent contractor model and the impact on directly delivered services (Public Dental Service, General Practice) • Continued service provision in remote and rural locations • Estates and premises requiring significant investment and maintenance. • Timescale for the availability of management information from NSS Scotland

Care Well: 2025/26 Deliverables		
Description	Ref	Due Date
Reduce variation in diagnostics by reviewing Investigation and Treatment Room (ITR) activity. <i>(Cross ref to diagnostics workstream in Treat Well)</i>	PRI001	March 2026
Reduce variation in prescribing and diagnostics across clusters and practices through a quality improvement approach aligned to our value and efficiency workstreams. <i>(Cross reference to prescribing efficiencies and contract)</i>	PRI002	March 2026
GP access (NHS Delivery Framework intelligence) and overall understanding of our delivery models of primary care (dental, optometry and pharmacy) will be part of our performance monitoring.	PRI003	March 2026
Explore opportunities with the Scottish Dental Access Initiative Grants to improve access to Dental Services	PRI004	March 2026
Progress the following Oral Health programmes; Continued delivery of Childsmile programme across NHS Highland, delivery of the Recycle & Smile scheme to recycle teeth cleaning equipment, and Caring for Smiles to continue the only awareness training to Community teams across NHS Highland	PRI005	March 2026
Sustain and enhance the minor oral surgery pathway within primary care in partnership with colleagues in acute sector.	PRI006	March 2026
Delivery of an NHS Highland strategy for Primary Care services based on the Joint Strategic Needs Assessment undertaken for the pan-Highland area.	PRI007	March 2026

Care Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
National Primary Care Improvement Plan – delivering local actions	MTP048	March 2027
Enabling data-driven services to drive improvement and quality through quality clusters.	MTP049	March 2027
Management of dental contracts with the independent sector including planning the delivery of dental services to the NHS Highland population in the face of workforce challenges and capitalise on any opportunities to increase the availability of additional service providers.	MTP050	March 2027
Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health	MTP051	March 2027
Community Glaucoma Service - Partner with the Scottish Government's Community Eyecare Team, NHS Education for Scotland Digital and National Services Scotland to develop the Enhanced Service for Community Glaucoma Service (CGS) across NHS Highland to support safe patient care	MTP052	March 2027

Care Well: Key Performance Indicators	Target	Timeline	Reported through
Development of a cluster quality improvement programme supported by PHS LIST data sets.	TBC	TBC	HHSCP
Number of independent providers and services directly delivered by HHSCP.	TBC	TBC	HHSCP
Reduction in inequalities associated with access to healthcare in a remote, rural and island geography.	Reduction	TBC	HHSCP
Increasing the number of patients registered for the Community Glaucoma Services in NHS Highland through engagement with new digital tools when available.	Increase	TBC	HHSCP
48-hour booking or advanced booking to an appropriate member of the GP team.	TBC	TBC	LDP Standard

Outcome 10: Live Well

Well Theme Description	We will ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health.
Well Theme Strategic Aims	<p>Highland HSCP Mental Health & Learning Disabilities (MHLD) services require to transform systematically to address barriers in access and treatment times, workforce models that are not sustainable and sustainably deliver on the national Core Mental Health Quality Standards.</p> <p>Our transformation journey will embark through working collaboratively with our workforce, partners and people with lived experience to enhance mental health services in NHS Highland through addressing systematic barriers and inequalities by developing improved, flexible models of high-quality care that meet the needs of our populations.</p> <p>NHS Highland Psychological Therapies have shown sustained improved in treatment time within the 18 work target but is currently not meeting the target of providing treatment to 90% of adults within 18 weeks of referral. Despite demonstrating a stable performance range of 86-89% over time, the primary focus since August 2022 has been on reducing the longest waiting times (>52 weeks). Moving forward, after successfully addressing the longest wait times, the goal is to sustain a 90% performance rate within the 18-week Referral to Treatment (RTT) period. This objective will be pursued through an ongoing service redesign, leveraging a whole-system approach to optimise service utilisation.</p>
Objectives	<p><u>Adult Mental Health, LD and DARS:</u></p> <ul style="list-style-type: none"> Consistently, collaboratively and compassionately implement five strategic commitments as defined by Highland HSCP Mental Health Strategy (2024 – 2028) across adult mental health (AMH) services, learning disability (LD) services, older adult (OA) and dementia services, drug and alcohol recovery services (DARS) and New Craigs (NC) hospital inpatient services: <ol style="list-style-type: none"> Respond quickly to support our population across our system who are vulnerable or in crisis. Provide evidence-based care and support models to people as close to home as possible. Provide exceptional care and support to citizens, utilising a lived experience approach to inform against quality framework once developed. Financial balance and opportunities identified to reduce spend and maximise income. Implementation of strategic drivers and professional standards. Activity is planned and undertaken within organised administrative systems. <p><u>Psychological Therapies</u></p> <ul style="list-style-type: none"> Enhance patient access to services by implementing the Psychological Therapies Improvement Plan, which focuses on reducing waiting list times and improving the quality of data.

	<ul style="list-style-type: none"> Embed the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland to ensure sustainable and high-quality psychological therapy services across Highland.
Scope	<ul style="list-style-type: none"> Adult mental health services Learning disability services Older adult and dementia services Drug and alcohol recovery services New Craigs inpatient services Psychological therapy services
Link to NHS Scotland Delivery Planning Guidance	Mental Health 4.1 - 4.10
Policy Drivers	<ul style="list-style-type: none"> Mental Health and Wellbeing Strategy (2022 – 2027) (2022) Mental Health and Wellbeing: Workforce Action Plan (2023) Coming Home Implementation Report (2022) Getting it Right for Everyone (GIRFE) (2023) Dementia in Scotland: Everyone's Story (2023) National Drugs Mission Plan: 2022 – 2026 (2022) Core Mental Health Quality Standards (2023) Medication Assisted Treatment (MAT) Standards (2021) Psychological Therapies and Interventions Specification (2023) Creating Hope Together: Suicide Prevention Strategy 2022 – 2032 (2022) Highland Health & Social Care Partnership Stronger Together Mental Health & Learning Disabilities Strategy (2023)
Outcomes for people and reducing health inequalities	<p>NHS Highland Health and Social Care Partnership are statutorily required to produce a detailed strategic plan. The Strategic Plan for Adult Services (2024 – 2027) explains the plan for the delivery of integrated health and adult social care services in the region covered by the Highland Health and Social Care Partnership.</p> <p>In August 2024, a short-life working group was formed to oversee the development of a Joint Strategic Needs Assessment (JSNA). The JSNA will analyse current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a partnership area, and will ensure the Strategic Plan for Adult Services is intelligence-led with a view to reducing health inequalities.</p> <p>Populations within scope of the JSNA:</p> <ul style="list-style-type: none"> Older Adults who need care and support including those in a care home setting Adults with a Learning Disability who require support to be as independent as possible Adults with a disability or illness who need support to live in their home Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible

	<ul style="list-style-type: none"> • Adults living with health conditions • Adults requiring support from Drug and Alcohol Recovery Services.
Data and Intelligence (link to KPIs table on next page)	<p>Psychological Therapies:</p> <p>NHS Highland Psychological Therapies have demonstrated consistent improvement in its performance, though it remains slightly below the national target. The latest performance rate is 88.8%, while the national target stands at 90% and national benchmarking at 81%. NHSH is currently positioned 3rd out of 14 boards, reflecting a welcome downward trajectory in waiting times and steady progress towards meeting targets.</p> <p>Adult Mental Health & Learning Disabilities Data Input & Validity:</p> <p>NHS Highland mental health services are currently reliant upon a mixture of paper and electronic records to manage and record patient activity, however there are plans in place to transform this barrier to high-quality data through maximising available digital opportunities through Trak (patient management system) and Morse (electronic patient record system) implementation division wide. To extract reliable, high-quality data from systems and enable intelligence-based decisions and improve risk management and support informed planning, a large-scale project optimising and reconfiguring the use of Trak is underway, running concordantly with the Partnerships Morse Implementation project and wider EPR initiatives, such as scanning. Current available data is manually validated between services and data analysts.</p> <p>Community Mental Health:</p> <p>The ongoing waits for Community Mental Health Teams (CMHTs) are not currently reported unless they fit the criteria for psychological therapies, such as Group Therapies. The delivery of Group Therapies were suspended during Covid pandemic and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24, and this has continued into 2024/25, although there has been a small increase in ongoing waits over the summer period.</p> <p>The reported waits for CMHT Non-Psychological Therapies are unvalidated and there is high confidence that once validation is complete, the number of waits for this category will be significantly lower than that reported.</p> <p>Validation work is ongoing around the CMHT Non-Psychological Therapies waitlist. Early validation has identified several duplicate wait list entries and waits that have been completed; therefore it is anticipated that the actual number of waits is lower than what is reported.</p> <p>There is a shortage in Systems Training for Emotional Predictability and Problem Solving (STEPPS) trainers within the UK, so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.</p> <p>Inpatient Mental Health:</p> <p>Bed capacity within New Craigs continues to be a risk. Guidance from the Royal College of Psychiatrists advises that occupancy within an Acute Mental Health hospital should ideally be 80%. New Craigs has consistently operated at or above 100%. New Craigs emergency admissions has decreased slightly from 2024/25, median length of stay and the number of</p>

	<p>emergency discharges has remained stable. There is tactical work underway within the portfolio of the Mental Health Urgent & Unscheduled Care Oversight Group to address capacity constraints through using a risk-based approach to: 1) respond quickly to support our population across or system who are vulnerable or in crisis; 2) Facilitate rapid discharge and support to embed the “home is best” approach; 3) Reduce occupancy and avoidable admissions and identify at-risk populations by working collaboratively across the system.</p> <p>We will measure success by monitoring performance against key metrics including: 1) Mental Health Assessment Unit attendances completed within 4 hours; 2) Reduce Length of Stay for delayed and non-delayed patients; 3) Increase the amount of patients discharged on their planned discharged date (PDD); 4) Increase the availability and choice of social care options; 5) Reduce standard delayed discharges; 6) Decrease time spent in OPEL 3+; 7) Following up every patient on discharge within 72 hours.</p> <p>DARS:</p> <p>Over FY 24/25, the proportion of patients waiting more than three weeks from referral to start of treatment has increased (62% HHSCP patients versus 14% Scottish average). 56% of HHSCP referrals to community-based services are being complete within 3 weeks, compared to a Scottish average of 94%. Further work is required to maximise capacity and staffing stability in this area and improve treatment access.</p> <p>Learning Disabilities:</p> <p>NHS Highland learning disability services are committed to enabling individuals to live purposeful and meaningful lives in their own homes in community settings. NHS Highland has now fully implemented the Dynamic Support Register (DSR) and continues to work to ensure implementation of the Coming Home Report. Actions are ongoing to liaise with housing providers to create housing opportunities. The quality of support provision remains high; NHS Highland and the Care Inspectorate respond quickly and in partnership when concerns are highlighted. The recent MWC inspection and report in New Craigs is positive and commends areas of good practice. Support providers continue to experience challenges in relation to recruiting and remaining staff resulting in individuals with complex needs remaining in inappropriate hospital and residential homes, far from their families in restrictive settings.</p>
<p>Workforce</p>	<p>Recruitment of Learning Disabilities Health and Social Care Staff: Muir of Ord facility has been developed as cluster model to support return of Out of Area patients and support delayed discharge in New Craigs Hospital. There is a risk that the Operating Unit will not be able to realise the capacity of this new facility due to challenges in attracting the social care workforce to support patients in this new cluster support facility.</p> <p>Recruitment of Mental Health and Learning Disabilities Medical Staff: There is a risk that we will be unable to recruit adequate substantive / locum medical staff (consultant and specialty doctor) to populate existing MDT service models. This applies across general adult, older adult, LD, forensic and DARS services.</p> <p>This is because of persistent shortages in the appropriately trained workforce.</p> <p>This results in:</p>

	<ul style="list-style-type: none"> • Use of high-cost locums to cover existing gaps. This will continue to be unavoidably necessary in some areas but is financially harmful and impedes service transformation/ development. • Inconsistent quality of care in some areas. • Precarious service delivery with the potential for short-notice gaps and failure to meet statutory requirements. • Unsustainable pressure on existing substantive staff which may lead to sickness / resignations thereby compounding the problem. <p>Recruitment of Psychological Therapies Staff: We still have certain services with a low critical floor and newer services, such as Clinical Health Psychology, where workforce planning still needs to be undertaken. a new, significantly larger, prison being built in Inverness, and we are currently working on estimating workforce requirements for this as we have no current psychology provision and are having to fund part of it through Enhanced Mental Health Outcome Framework monies.</p> <p>Our current situation is that, based on the approx. population size of 250,000, we only have 2.08 whole time equivalent (wte) of Clinical Psychologists per 100,000 of the population for Adult Mental Health. Even at a full staffing capacity of 8.4 wte, North Highland has 3.36 wte of Clinical Psychologists per 100, 000 of the population.</p> <p>This currently places us as the lowest workforce establishment on mainland Scotland (Only Shetland, Orkney, Western Isles have lower whole-time equivalents) Recent workforce data from NES shows that the whole of NHS Highland (includes Argyll & Bute) equates to 19.1wte per 100, 000 compared to a minimum requirement of 30wte per 100,000.</p>
<p>Risks</p>	<p>Sustainability of the Forensic Medical Examiner and Police Custody Healthcare Service: There is a risk that South and Mid Division will be unable to provide services within the allocated cost envelope because of the double running costs of the Forensic and Custody Service resulting in pressure on the overall budgets.</p> <p>Ligature Risks in New Craigs Hospital: There is a risk, without remedial built environment works, of patients coming to avoidable harm due to ligature risks in New Craigs Hospital</p> <p>Patient Escort: There is a risk of patients detained under the Mental Health Act being unable to be timeously escorted safely to New Craigs Hospital because there are not sufficiently trained nurse escorts in the right place or at the right time.</p> <p>Acute Admission Bed Capacity: It remains part of the remobilisation plan to increase the available adult acute admission beds to 34 across 2 wards, but at present this is not possible due to the need to retain a decant ward to allow for environmental and ligature improvement works to be completed. The Partnership remain constrained to 24 beds on one unit. This is insufficient for our population and clinical demand.</p> <p>Bed Utilisation and Patient Flow for Older Adult Mental Health Patients: There is a risk that older adult mental health patients requiring inpatient admission may not be able to access the right inpatient bed at the right time because of the current bed capacity in older adult mental health and a higher number of older patients classed as delayed in New Craigs Hospital due to delays accessing appropriate social care. This results in older adult mental health patients being cared for in the wrong settings (i.e. non-specialty wards).</p>

	<p>Out-of-Hours Medical Assessment Provision: There is a risk that a patient who requires a registered medical practitioner to undertake a face-to-face assessment for an Emergency Detention Certificate, but there is no registered medical practitioner is available. The result is that there would be no statutory authority for partner agencies to convey the person to an appropriate clinical setting for further assessment, care and treatment.</p> <p>Psychiatry Care Provision on the North Coast: Due to continuing challenges in recruiting to substantive community general adult psychiatry post covering communities on the North Coast and challenges in securing locum cover to this remote and rural district, there is a risk that we will be unable to meet obligations for statutory care reviews and that standards of care will be impacted which may resulting in harm to patients.</p>
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Live Well: 2025/26 Deliverables		
Description	Ref	Due Date
PT – Initiate implementation of national service specification and associated governance in line with Scottish Government priorities.	PT001	September 2025
PT – Improved patient outcomes and experiences as result of reduced waiting times therefore faster access to treatment.	PT002	March 2026
PT - 90% of patients referred to treatment have their first appointment within 18 weeks, with no patients waiting longer than 52 weeks for treatment.	PT003	March 2026
PT – Improved annual service planning as a result of better-quality data and easier access to performance data within PT and therefore better use of resource allocation and optimising skill mix.	PT004	March 2026
PT - Increase the number of patients accessing digital therapies therefore reducing waiting lists to improve patient access and efficiency.	PT005	March 2026
PT & MHL D - Improving data input quality and completeness of mental health data returns (i.e. CAPTND) and proactively engaging with PHS for analytical advice and support.	PT006	March 2026
MHL D – Refresh the Mental Health Programme Board to oversee the delivery of the Core Mental Health Quality Standards , address the inequalities in outcomes and experiences for people accessing mental health services, and deliver the implementation of transformation project and activities detailed in the Mental Health and Wellbeing Strategy Delivery Plan (2023 - 2025) and NHS Highland’s local Mental Health Strategy “Stronger Together.”	MHL D001	June 2025
MHL D – Working in collaboration with Healthcare Improvement Scotland (HIS), identify three priority areas in the Core Mental Health Quality Standards to be delivered in a 2025/26 local improvement plan.	MHL D002	June 2025
MHL D – Collaborate with Public Health Scotland (PHS) on the ongoing development of the national Mental Health Quality Indicators (MHQI) (including the 10% spend target) to monitor the performance of the Partnership in its progress in meeting the Core Mental Health Standards .	MHL D003	June 2025
MHL D – To support the overarching aim of the Mental Health and Wellbeing Workforce Action plan by delivering an evidence-based workforce plan to ensure the right workforce numbers, with the rights skills, to provide the right support, at the right time and in the right place.	MHL D004	March 2026
MHL D – Engage with and respond to the recommendations of the Forensic Governance Advisory Group to enhance collaboration and cooperation in forensic mental health services regionally and nationally.	MHL D005	September 2025
MHL D – Review access to neurodevelopmental assessments and professional	MHL D006	December

support by ensuring the most efficient referral and assessment pathways are in place.		2025
MHLD – Prioritise the Annual Health Checks for People aged 16+ with learning disabilities and engage with Scottish Government National Implementation Group to undertake an interim review of the Partnerships progress in the delivery of Annual Health Checks.	MHLD007	September 2025
MHLD - Maximise opportunities with Third Sector and Independent Sectors to ensure patients are seen at the right time, in the right place and with the right level of professional support.	MHLD008	September 2025
MHLD - Reduce the percentage of supplementary staffing in inpatient wards to the national reference range of 15%	MHLD009	March 2026
MHLD - Building on work already underway to improve unplanned and urgent mental health care, including for those in mental distress (this work includes implementing local psychiatric emergency plans).	MHLD010	Ongoing
MHLD - Ensure the mental health built estate enables the delivery of high-quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit.	MHLD011	December 2025

Live Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Fully implement the national specification for psychological therapies.	MTP053	March 2028
Expand 7-day access to services by assessing unmet need and refining shift patterns.	MTP054	March 2028
Strengthen community based crisis support to reduce unnecessary hospital admissions.	MTP055	March 2028
Enhance community inclusion and preventative care pathways by developing community hubs in partnership with independent and third sector organisations to offer early intervention and outreach.	MTP056	March 2028
Embed trauma-informed approaches across all services, ensuring staff training and service redesign align with best practices.	MTP057	March 2028
Develop enhanced dementia care pathways to improve early diagnosis, specialist support, and coordination with community services.	MTP058	March 2028
Improve job planning processes to ensure staff capacity aligns with service demand and evolving patient needs.	MTP059	March 2028
Expand capacity at existing facilities where demand is high, including potential repurposing of spaces.	MTP060	March 2028
Scale up digital therapies to improve access to mental health support, particularly for remote and underserved populations.	MTP061	March 2028
Enhance patient record systems by fully implementing Morse and optimising Trak for mental health and LD services.	MTP062	March 2028
Strengthen on-call arrangements to ensure timely, responsive mental health and learning disability support, enabling urgent access to specialist care, reducing delays	MTP063	March 2028

in decision-making, and improving outcomes for those in crisis.		
Enhance adult social care support by improving commissioning, reducing flow barriers, and strengthening partnerships with communities, third sector, and independent providers to ensure timely, person-centred care that supports recovery and independent living.	MTP064	March 2028

Live Well: Key Performance Indicators	Target	Timeline	Reported through
Drug and Alcohol; Waiting Times from referral to treatment <21 days	95%	Quarterly	IPQR
ASC Self Directed Support	TBC	TBC	IPQR
Mental Health Assessment Unit (MHAU) attendances complete within 4 hours	TBC	TBC	UUSC
Reduce Length of Stay for delayed and non-delayed people	TBC	TBC	UUSC
Increase the amount of people discharged on their Planned Date of Discharge (PDD)	TBC	TBC	UUSC
Increase availability and choice of social care options	TBC	TBC	TBC
Reduce people experiencing standard delayed discharge	TBC	TBC	UUSC
Reduction in incidents of self-harm within 7 days of discharge	TBC	TBC	CGC
Operational MH service is available for 7 days per week	TBC	TBC	TBC
Reduced Out-of-Area placements	TBC	TBC	IPQR
Waiting Time Performance targets achieved / improved	TBC	TBC	IPQR
Compliance to Core Mental Health standards (KPIs to be defined)	TBC	TBC	TBC
PT: Percentage of patients seen less than 18 weeks after referral	>90%	Quarterly	IPQR
PT: Total number of completed waits	Increase	Quarterly	IPQR
Reducing in total waiting list for Community Mental Health Services	Reduce	Quarterly	IPQR
Completed waits for Community Mental Health Services	Increase	Quarterly	IPQR
% of people who wait less than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Increase	Quarterly	IPQR
% of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days	TBC	TBC	TBC
Timely, safe, person-centred, effective, efficient, equitable KPIs contained within the PHS Mental Health Quality Indicators Dashboard.	TBC	TBC	TBC

****Please note the list above are under consideration for measurement at this time through review of the IPQR****

Outcome 11: Respond Well

Well Theme Description	Ensure that our services are responsive to our population's urgent care needs by adopting a "home is best" approach - linked to our Care Well theme
Well Theme Strategic Aims	<p>Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time, ensuring that those with serious or life-threatening emergency needs are treated quickly.</p> <p>To provide sustainable services which will improve the experience and outcomes for people living with frailty in Highland.</p>
Objectives	<ol style="list-style-type: none"> 1. Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time. 2. Ensure that those with serious or life-threatening emergency needs are treated quickly. 3. Work to minimise the length of time that hospital-based care is required.
Scope	All areas of urgent and unscheduled care, including Primary Care, Secondary Care and Mental Health services, pan Highland.
Link to NHS Scotland Delivery Planning Guidance	Urgent & Unscheduled Care
Policy Drivers	<ul style="list-style-type: none"> • Centre for Sustainable Delivery (CfSD) Urgent & Unscheduled Care Programme • 4 hour emergency access target • Delayed Discharge Mission
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • Reduce time to wait for urgent and unscheduled care services • Support people to access the right part of our system to meet their health and care needs • Improved patient outcomes – including morbidity and mortality rates
Data and Intelligence (link to KPIs table on next page)	<p>We will convert attendances from unscheduled to scheduled presentations at emergency departments and MIUs but optimising our FNC resources. We will also expand our use of ambulatory care responses and straight to specialty admissions to reduce unnecessary attendances and admissions through our emergency departments.</p> <p>Focused improvement plans within our emergency departments will also reduce the length of time people spend in emergency departments prior to discharge or admission. Areas under consideration are pathways for diagnostic tests and zero day stays.</p> <p>We will review the data provided by CfSD to identify areas of opportunity to reduce length of stay by targeting specific pathways or groups of patients. Our improved response to frailty will also contribute to reducing length of stay by ensuring people are only admitted to hospital when they are unwell.</p> <p>A dependency for this programme is the unmet need for community services, especially where people are affected by delay in their discharge from hospital. This is an area we will continue to monitor.</p>
Workforce	<p>We may need additional training and staffing to support the development of new models, for example, Hospital at Home, or look at redesigning workforce models around new pathways of care.</p> <p>There may be HR implications by changing models of care, for example in Out of Hours and Flow Navigation Centre.</p>

	<p>Services which enable discharge home or support people to remain at home (including Care Homes), are reliant on a workforce that is currently fragile and inequitable across different districts.</p> <p>Our recruitment process and systems may discourage applicants in particular sectors – alternative methods of recruitment are being developed.</p>
Risks	<p>There is a risk of delay in patients first assessment due to a sustained increase in attendance to ED due to a shortage of clinical rooms. Patients have been assessed in non-clinical rooms within ED and in adjacent areas out with the department. The current layout of the department and lack of clinical rooms has resulted in delays in assessment and treatment, increased number of patients breaching and significant pressure on staff.</p> <p>Due to the unpredictability of unscheduled care, it is difficult to mitigate. Systems introduced include:</p> <ul style="list-style-type: none"> • Sub waiting area created • Increased ED reception cover • Patient flow within department has been revised to maximise on clinical space • ED reconfiguration - Draft plans complete. Business Case to be finalised prior to submitting for authorisation to proceed with proposed plans as part of the Caithness Redesign Programme.

Respond Well: 2025/26 Deliverables		
Description	Ref	Due Date
Optimising FNC/OOH Clinical Pathway Development and workforce redesign	RES001	September 2025
Hospital at Home model implementation plan	RES002	December 2025
Design and delivery of a Step up/step down model to respond to crises	RES003	December 2025
Identification of frail people	RES004	April 2025
Intervention for frailty – comprehensive geriatric assessment embedded in acute services	RES005	December 2025
Intervention for frailty – pathways for support – falls, dementia, continence and malnutrition	RES006	December 2025
Electronic recording of frailty score linked to patient record	RES007	TBC
Develop models at front doors to meet principles of frailty teams ensuring early identification, assessment and redirection	RES008	March 2026
Develop our model of delivery in community to support redirection from hospital where appropriate (frailty specific)	RES009	March 2026
Targeted improvement plan to reduce Length of Stay in our emergency departments	RES010	October 2025
Embed and monitor efficient and effective discharge pathways across all sites	RES011	July 2025
Model CfSD leverage opportunities to identify areas to reduce length of stay (1-3 days)	RES012	October 2025

Respond Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Continue to implement the Urgent Care model and identify benefits and impacts	MTP065	March 2028
Intervention for frailty; comprehensive geriatric assessment embedded in community services	MTP066	December 2026
Intervention for frailty; pathways for support	MTP067	December 2026

Respond Well: Key Performance Indicators	Target	Timeline	Reported through
A&E Performance	80%	Weekly	IPQR ED Performance Systems Pressure UUC
Time in ED – all attendances	180	Weekly	IPQR ED Performance Systems Pressure UUC
Time in ED - admitted	365	Weekly	Systems Pressure UUC
Time in ED – non admitted	142	Weekly	Systems Pressure UUC
12 hour delays/rate per 1,000	4.8 per day	Weekly	IPQR ED Performance Systems Pressure UUC
8 hour delays/rate per 1,000	10.5 per day	Weekly	Systems Pressure UUC
Average acute occupancy	95%	Weekly	Systems Pressure UUC
Delayed Discharge – Standard	118	TBC	TBC
Delayed Discharge – AWI	35	TBC	TBC
Length of stay – total unscheduled	10.0 days	TBC	TBC
Length of stay 1-3 days	1.7 days	TBC	TBC
Length of stay 4-14 days	7.5 days	TBC	TBC
Length of stay >14 days	45 days	TBC	TBC
Length of stay >14 days – non delayed	20 days	TBC	TBC

UUC = Urgent & Unscheduled Care Programme

Outcome 12a: Treat Well (Scheduled Care)

Well Theme Description	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.
Well Theme Strategic Aims	<p>Deliver care as close to home as possible by working with the Highland Health and Social Care Partnership (HHSCP) to support shifting the balance from care being delivered in the acute setting, to care being delivered in the community, where appropriate</p> <p>Deliver sustainable workforce and service models to target our longest waiting patients and improve delivery against national standards (e.g. Time Treatment Guarantee (TTG) and Waiting Times Standards (WTS))</p> <p>Match unmet and future demand with capacity across Scotland through regional and national working including through the National Treatment Centres</p> <p>Increase productivity and efficiencies, and strive for consistency across all services</p> <p>Implement digital solutions to support workforce in delivering efficient and high-quality pathways for patients, from before referral to after discharge</p>
Objectives	<ol style="list-style-type: none"> 1. Ensure that all services meet Waiting Times Standards (WTS) and that waiting lists are validated regularly 2. Tackle long waits through annual service planning (ASP), focusing on key specialties, including dermatology, gastroenterology, gynaecology, orthopaedics, and ophthalmology 3. Implement Centre for Sustainable Delivery Initiatives (CfSD) and improve reporting 4. Support the delivery of the realistic medicine principles 5. Optimise theatre efficiencies and review options to increase day case theatre 6. Optimise the use of resources, space, and processes to increase and improve delivery of outpatient services 7. Review opportunities for treatment to occur out with outpatient settings 8. Support the delivery of active waiting and waiting well 9. Maximise efficiency, transparency and time to care, by ensuring that clinical digital systems are person centred and without boundaries 10. Support national demand and capacity issues through regional and national working
Scope	<p>This section of the ADP refers to Highland area only.</p> <p>Within the Highland area:</p> <ul style="list-style-type: none"> • All specialties delivering outpatient and inpatient services • All sites delivering outpatient and inpatient services • All pathways / waiting lists subject to TTG standards.
Link to NHS Scotland Delivery Planning Guidance	<p>SG ref.: 1.1: Tackling long waits and backlogs, focussing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics</p> <p>SG ref.: 1.2: Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres</p> <p>SG ref.: 1.3: Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation</p> <p>SG ref.: 1.4: Implementation of digital solutions</p>
Policy Drivers	<ul style="list-style-type: none"> • National Clinical Strategy: A National Clinical Strategy for Scotland - gov.scot • NHS Scotland Waiting Times Guidance: NHSScotland waiting times guidance: November 2023 - gov.scot • NHS Highland local access policy (under review)

	<ul style="list-style-type: none"> Waiting well: Waiting well NHS inform 																																																
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> Use innovative and integrated working to improve patient outcomes Care delivered as close to home as possible Improved equity of access through implementation of new Waiting Times Standards and guidance Implementation of the CfSD initiatives will support various strategies to reduce inequalities, improve outcomes, and waiting times 																																																
Data and Intelligence (link to KPIs table on next page)	<p>To maximise capacity locally, improve our performance against standards, and reduce longest waits, we will ensure core funded activity is maximised and there is inclusion of targeting long waiter new outpatients. We will ensure new outpatients are seen by the appropriate clinician e.g. Nurse Specialist, Specialty Doctors or Consultants.</p> <div> <div> <p>NHS Highland 2025/26 Planned Activity New Outpatients</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Planned Activity</th> </tr> </thead> <tbody> <tr><td>May-25</td><td>5210</td></tr> <tr><td>Jun-25</td><td>5210</td></tr> <tr><td>Jul-25</td><td>5210</td></tr> <tr><td>Aug-25</td><td>5210</td></tr> <tr><td>Sep-25</td><td>5215</td></tr> <tr><td>Oct-25</td><td>5215</td></tr> <tr><td>Nov-25</td><td>5215</td></tr> <tr><td>Dec-25</td><td>5210</td></tr> <tr><td>Jan-26</td><td>5230</td></tr> <tr><td>Feb-26</td><td>5230</td></tr> <tr><td>Mar-26</td><td>5230</td></tr> </tbody> </table> </div> <div> <p>NHS Highland 2025/26 Planned Activity Elective Inpatient/Day Case</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Planned Activity</th> </tr> </thead> <tbody> <tr><td>May-25</td><td>1050</td></tr> <tr><td>Jun-25</td><td>1050</td></tr> <tr><td>Jul-25</td><td>1050</td></tr> <tr><td>Aug-25</td><td>1100</td></tr> <tr><td>Sep-25</td><td>1080</td></tr> <tr><td>Oct-25</td><td>1080</td></tr> <tr><td>Nov-25</td><td>1150</td></tr> <tr><td>Dec-25</td><td>1150</td></tr> <tr><td>Jan-26</td><td>1150</td></tr> <tr><td>Feb-26</td><td>1180</td></tr> <tr><td>Mar-26</td><td>1180</td></tr> </tbody> </table> </div> </div>	Month	Planned Activity	May-25	5210	Jun-25	5210	Jul-25	5210	Aug-25	5210	Sep-25	5215	Oct-25	5215	Nov-25	5215	Dec-25	5210	Jan-26	5230	Feb-26	5230	Mar-26	5230	Month	Planned Activity	May-25	1050	Jun-25	1050	Jul-25	1050	Aug-25	1100	Sep-25	1080	Oct-25	1080	Nov-25	1150	Dec-25	1150	Jan-26	1150	Feb-26	1180	Mar-26	1180
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	<div data-bbox="440 136 1404 707"> <p>NHS Highland 2025/26 Projected Waits over 52 weeks New Outpatients</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Projected Waits</th> </tr> </thead> <tbody> <tr><td>May-25</td><td>4000</td></tr> <tr><td>Jun-25</td><td>4500</td></tr> <tr><td>Jul-25</td><td>4800</td></tr> <tr><td>Aug-25</td><td>5200</td></tr> <tr><td>Sep-25</td><td>5500</td></tr> <tr><td>Oct-25</td><td>6000</td></tr> <tr><td>Nov-25</td><td>6500</td></tr> <tr><td>Dec-25</td><td>6800</td></tr> <tr><td>Jan-26</td><td>7200</td></tr> <tr><td>Feb-26</td><td>7500</td></tr> <tr><td>Mar-26</td><td>8000</td></tr> </tbody> </table> </div> <div data-bbox="440 707 1404 1276"> <p>NHS Highland 2025/26 Projected Waits over 52 weeks Elective Inpatient/Day Case</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Projected Waits</th> </tr> </thead> <tbody> <tr><td>May-25</td><td>800</td></tr> <tr><td>Jun-25</td><td>850</td></tr> <tr><td>Jul-25</td><td>900</td></tr> <tr><td>Aug-25</td><td>950</td></tr> <tr><td>Sep-25</td><td>1000</td></tr> <tr><td>Oct-25</td><td>1100</td></tr> <tr><td>Nov-25</td><td>1150</td></tr> <tr><td>Dec-25</td><td>1200</td></tr> <tr><td>Jan-26</td><td>1300</td></tr> <tr><td>Feb-26</td><td>1400</td></tr> <tr><td>Mar-26</td><td>1500</td></tr> </tbody> </table> </div>	Month	Projected Waits	May-25	4000	Jun-25	4500	Jul-25	4800	Aug-25	5200	Sep-25	5500	Oct-25	6000	Nov-25	6500	Dec-25	6800	Jan-26	7200	Feb-26	7500	Mar-26	8000	Month	Projected Waits	May-25	800	Jun-25	850	Jul-25	900	Aug-25	950	Sep-25	1000	Oct-25	1100	Nov-25	1150	Dec-25	1200	Jan-26	1300	Feb-26	1400	Mar-26	1500
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<p>Workforce</p>	<p>National shortages in workforce are compounded in NHS Highland due to our remote and rural geography, distance to education centres and locally delivered training. For some services recruitment to the Inverness area is successful, however recruiting and retaining some cohorts of workforce across our more remote and rural areas remains challenging.</p> <p>Our workforce age demographic tells us we need to focus on succession planning and creativity in integrated service planning.</p> <p>For many services there is a high dependency on locum / agency staffing. Services include:</p> <ul style="list-style-type: none"> • Oncology • Vascular • OMFS • Rural General Hospital (RGH) sites • Gynaecology • Radiology (interventional / paediatric / breast) • Gastroenterology • Rheumatology • Nuclear medicine <p>Argyl and Bute</p>																																																

	<p>Acute care is delegated to the Integrated Joint Board in Argyll & Bute so while policy drivers and overall ambitions are the same board-wide, some challenges may be specific to NHSA&B. Circa 75% of all scheduled care pathways flow to NHS Greater Glasgow & Clyde under Service Level Agreement. Services offered locally are specialty dependent and much of the local outpatient activity is delivered by visiting NHSGGC consultants in an 'outreach' setting.</p> <p>Outreach services are subject to risk around service capacity and continuity, growing sub specialisation leading to difficulties linked to clinic frequency.</p> <p>Locally waiting times exceeding 70 weeks are being recorded within Oral Surgery and Paediatrics and Ophthalmology is also an area of considerable concern with local capacity unable to meet demand.</p>
<p>Risks</p>	<p>Finance</p> <ul style="list-style-type: none"> • Redesign and service development is challenging due to financial constraints • Confirmation of funding often received at short notice, this impacts planning <p>Digital and infrastructure</p> <ul style="list-style-type: none"> • Scottish Government pause on capital spending impacts upon physical infrastructure and the ability to ensure standards are maintained / improved <p>Mental health management</p> <ul style="list-style-type: none"> • There is a risk of harm to staff and patients because there are no national standards for the safe management of patients presenting in an acute hospital who are in a state of mental health crisis <p>Funded bed capacity</p> <ul style="list-style-type: none"> • Funded bed capacity is at times not sufficient to meet demand <p>Patient flow</p> <ul style="list-style-type: none"> • Patients delayed to discharge

Treat Well: 2025/26 Deliverables		
Description	Ref	Due Date
Increase theatre efficiency through review of theatre pathways, use, and scheduling across all theatre space	TRE001	March 2026
Implement Infix across all services utilising theatre space, with support from Corporate Services included eHealth	TRE002	December 2025
Complete annual service planning (ASP) for all services	TRE003	March 2026
Implementation of robust processes to deliver the standards of the waiting times guidance and inspect use and application of same, ensuring consistency and clinician engagement and awareness of the standards	TRE004	September 2025
Completion of local access policy, ensuring clarity of the policy through statements of its application and principles contained within	TRE005	September 2025
Delivery plan to reduce long waits by focussing on creating capacity to target our longest waiting patients	TRE006	March 2026
Designing our services for sustainability and consistent performance for our patients by embedding standard approaches and governance to support our Wells, particularly Treat Well. All services are to be covered here with a specific focus on dermatology, gastroenterology, gynaecology, orthopaedics, and ophthalmology due to waiting list position and trajectories.	TRE007	March 2026
Review Procedures of low clinical value (PLCV) regularly, to ensure consistency and capacity to deliver more impactful treatments	TRE008	March 2026
Inspect, review, and maximise use of TAM guidelines, pathways, and TAM website: TAM (Treatments and Medicines) NHS Highland Right Decisions	TRE009	March 2026
Set up strong links with pharmacy for clinic delivery, in particular biologic therapies	TRE010	March 2026
Develop all mediums of clinic delivery to support our geography and patient demographic	TRE011	March 2026
Continue work with NHSGGC to collectively plan outreach services to provide sustainable local secondary care services and prevent unnecessary patient flows into GGC. Redesign considering virtual or written patient management to improve sustainability and reduce need to travel.	TRE012	
Deliver hospital EPR (deliverable is included within board's Digital Delivery Plan)	N/A TRE013	March 2026

Treat Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Support the development of national models of care	MTP068	2027/28
Increase the volume of patient experience feedback we receive by proactively seeking this to shape service development and learn from our patients	MTP069	2027/28

Treat Well: Key Performance Indicators	Target	Timeline	Reported through
Proportion of New Outpatients seen <12 weeks from referral 95%	95%	Monthly	IPQR
Proportion of Outpatients waiting > 52 weeks from referral 0%	95%	Monthly	IPQR
Planned vs. Actual New Outpatients seen (activity)	TBC	Monthly	IPQR
Total Number of New Outpatients	TBC	Monthly	IPQR
Total Number of New Outpatients converted to Treatment Time Guarantee	TBC	Monthly	IPQR
Total Number of Patients on Return Outpatients Wait List	TBC	Monthly	IPQR
Total Number of Patients on Return Outpatients Wait List past Due Date	TBC	Monthly	IPQR
New Outpatients: Referrals vs Patients Seen Vs Trajectory	TBC	Monthly	IPQR
Total Number of Outpatient Waiting List and Projection	TBC	Monthly	IPQR
Outpatients Follow-Up Ratio	TBC	Monthly	IPQR
Treatment Time Guarantee; percentage of patients seen <12 weeks >95%	TBC	Monthly	IPQR
TTG: Referrals vs Patients Seen Vs Trajectory	TBC	Monthly	IPQR
TTG: Patients Waiting <78 and <108 weeks	TBC	Monthly	IPQR
TTG: Total Waiting List and Projection	TBC	Monthly	IPQR
Planned vs. Actual TTG seen (activity)	TBC	Monthly	IPQR
Clinic delivery (nearme / telephone / face to face)	TBC	Monthly	IPQR

****Treat Well indicators will be reviewed in line with Planned Care activity agreed as per ongoing process with Scottish Government****











12 Treat Well: Aspirational Key Performance Indicators	Target	Timeline	Reported through
Measures not currently collected and reported – reporting to be developed on these target areas.			
Theatre efficiencies	TBC	TBC	TBC
Application of the principles of Waiting Times Guidance. To be developed	TBC	TBC	TBC
Total number of Procedures of Low Clinical Value (PLCV) undertaken. (Reliant on nationally-published list of PLCV)	TBC	TBC	TBC
Number of TAM review breaches.	TBC	TBC	TBC
Quantity of prescribing undertaken by non-consultant.	TBC	TBC	TBC
Nurse led activity for NOP and TTG.	TBC	TBC	TBC

Outcome 12b: Treat Well (Diagnostics)

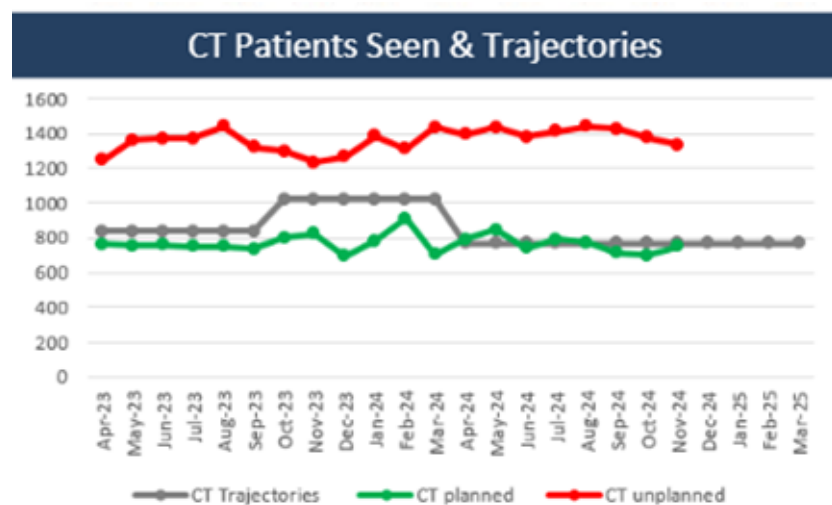
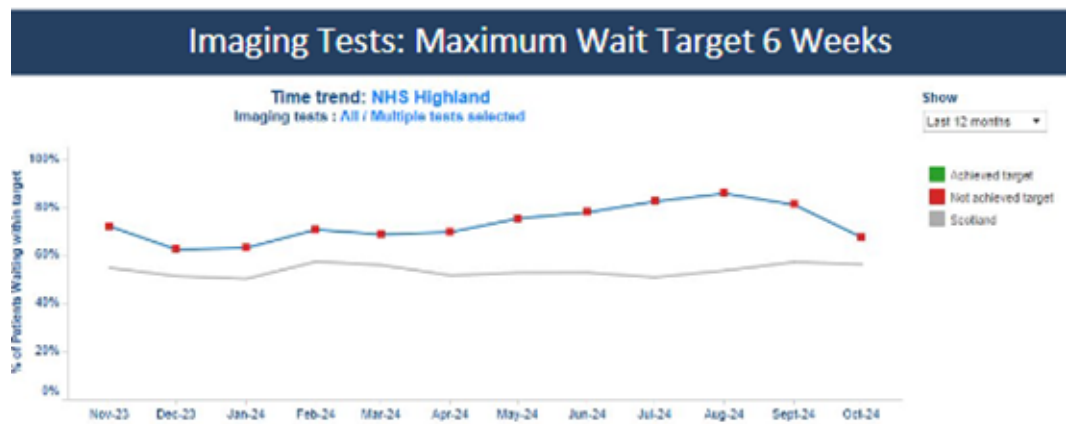
Well Theme Description	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.
Well Theme Strategic Aims	<p>Optimise diagnostic capacity, improve efficiency, and tackle backlogs through new service delivery models.</p> <p>Ensure our workforce is sustainable and able to deliver consistent, high-quality services through development and training.</p> <p>Reduce demand of diagnostic testing that adds little or no clinical value.</p> <p>Develop our digital infrastructure to improve efficiency, reduce risk associated with manual processes, and reduce duplicate diagnostic requests or those that add little or no clinical value.</p>
Objectives	<p>Diagnostics</p> <ul style="list-style-type: none"> To tackle long waits and backlogs by reducing demand for tests that add no / little clinical value by developing educational strategies to positively influence requestor behaviour. This will also support the realistic medicine plan, reduce over testing, and reduce variation in testing. <p>Laboratory services</p> <ul style="list-style-type: none"> To embed robust oversight and governance of Point of Care Testing (POCT) in our secondary care facilities in line with the Scottish Government's directive regarding the governance and management structure of POCT. To implement Order Communications in secondary care to allow healthcare providers to order tests and view results electronically. This will be done as part of our eHealth's department's EPR programme. To create an effective learning environment, particularly for our band 5 scientists, that focuses on continuous skill development and reflective practice. Develop awareness across primary and secondary care of the cost of diagnostic testing to positively influence requestor behaviour. <p>Radiology services</p> <ul style="list-style-type: none"> To improve our digital infrastructure by replacing our Radiology Information System (RIS) and Picture Archiving Communication System (PACS) To improve patient safety by reviewing and streamlining our IR(ME)R administration processes To reduce the number of incidents associated within missing referrals by implement Form Stream as an interim solution to receive radiology referrals digitally (OrderComms is preferred solution, but dependent on RIS and PACS replacement) To reduce Did Not Attend (DNA) rates by providing patients with information regarding the number and cost of missed appointments to positively influence behaviour To generate income for our department to reduce non-pay overspends by developing a cost conversion model to be applied for additional consultant activity To embed robust communications and processes during periods of operational challenges to consistently manage and respond to pressures <p>Endoscopy</p> <ul style="list-style-type: none"> GI Endoscopy in strong position, surveillance backlog reduced to just two months across Highland. Progress to reduce new urgent and routine wait. Cystoscopy appointment type review to be completed Change of booking process for cystoscopy to be implemented to support increased efficiency

Scope	Laboratory services Radiology services Endoscopy services
Link to NHS Scotland Delivery Planning Guidance	SG ref: 1.1: Tackling long waits and backlogs, focussing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics
Policy Drivers	<ul style="list-style-type: none"> • NHS Recovery Plan 2021-2026: NHS recovery plan - gov.scot • Realistic Medicine: Practising Realistic Medicine: summary - gov.scot • Digital health and care strategy: Digital health and care strategy - gov.scot • Genomics in Scotland - Scottish Government's strategic intent to deliver an equitable, person-centred, population-based genomics service: Supporting documents - Genomics in Scotland: Building our Future - gov.scot • Diagnostic Strategic Network: About Us – Scottish Strategic Network for Diagnostics • Medicines and Healthcare products Regulatory Agency (MHRA) guidance on the POCT governance framework: In vitro diagnostic point-of-care test devices - GOV.UK • Ionising Radiation (Medical Exposure) Regulations: Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) - Care Quality Commission • Scottish Government Waiting Times Guidance: NHSScotland waiting times guidance: November 2023 - gov.scot
Outcomes for people and reducing health inequalities	<p>Diagnostic testing is fundamental to diagnosis, prognosis, and treatment decisions. However, not all tests are needed. Low clinical value tests can lead to false positives, unnecessary follow-ups, and potential harm to patients. We will aim to support the principles of realistic medicine and improved outcomes through promotion and process for only those tests that add clinical value.</p> <p>We will implement demand-management strategies and tools to highlight over-testing and variation which can lead to an inequitable service for patients.</p> <p>The way services are accessed and utilised can also contribute to healthcare inequalities, particularly in our rural communities where there may be limited testing locally.</p> <p>Not all services operate a Highland wide booking process, meaning some patients may be booked out of turn and an inequity of access.</p>
Data and Intelligence (link to KPIs table on next page)	<p>Whilst national target is not met, performance in NHS Highland is the best ahead of Scottish average.</p> <p>Whilst data is available for performance against national standards and benchmarking against other boards, there is limited robust intelligence to monitor the objectives of:</p> <ul style="list-style-type: none"> • Reduction in low / no value testing The implementation of ordercomms will support the ability to gather this intelligence • Reduction in costs associated with low / no value testing The implementation of ordercomms and alignment with finance will support the ability to gather this intelligence • Reduction in vacancy rates A robust system is required to measure this. This will form part of the programme of ongoing improvement <p>Laboratory services</p>

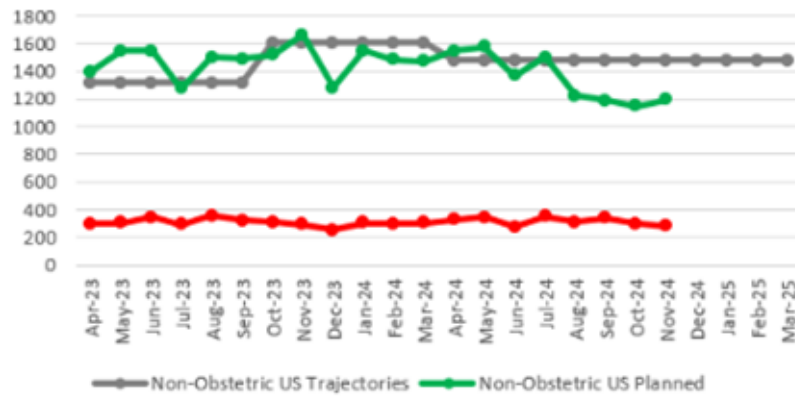
Laboratory performance data is not published, and the Labs teams manage their own intelligence. Previously performance has been published through the EDG report:

LABS	A&E FBC turnaround time (Raigmore)	< 1hr	90%	93.0%		Stable	Nov 24
	A&E FBC turnaround time (CGH)	< 1hr	90%	86.0%		Stable	Nov 24 (equipment issues)
	A&E FBC turnaround time (Belford)	< 1hr	90%	94.7%		Stable	Nov 24
	A&E U&E turnaround time (Raigmore)	< 1hr	90%	79.7%		Stable	Nov 24 (equipment issues)
	A&E U&E turnaround time (CDGH)	< 1hr	90%	86.4%		Stable	Nov 24 (equipment issues)
	A&E U&E turnaround time (Belford)	< 1hr	90%	81.7%		Stable	Nov 24 (equipment issues)
	A&E troponin testing (Raigmore)	< 1hr	90%	81.7%		Stable	Nov 24 (processes under review)
	Covid testing performance (lab)	% with TAT <24	95%	98.3%		Stable	Nov 24 (activity still high 120/wk)
	Blood cultures incubation commenced	< 4hr	95%				Report in development
	Histopathology reporting times	<= 10 days	80%	90.0%		Stable	Nov 24
	Number of Cell Path cases outsourced	Monitoring	10%	98 (5.4%)		Stable	Nov 24 (2 x Cons on leave +WLI work)

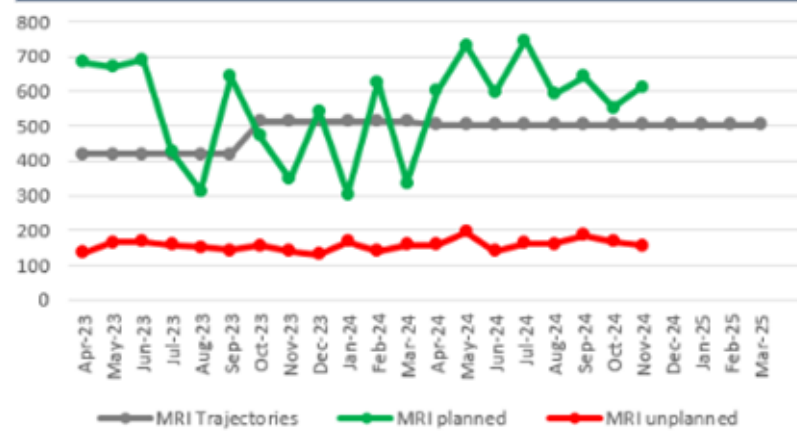
Radiology



Non-Obstetrics Patients Seen & Trajectories

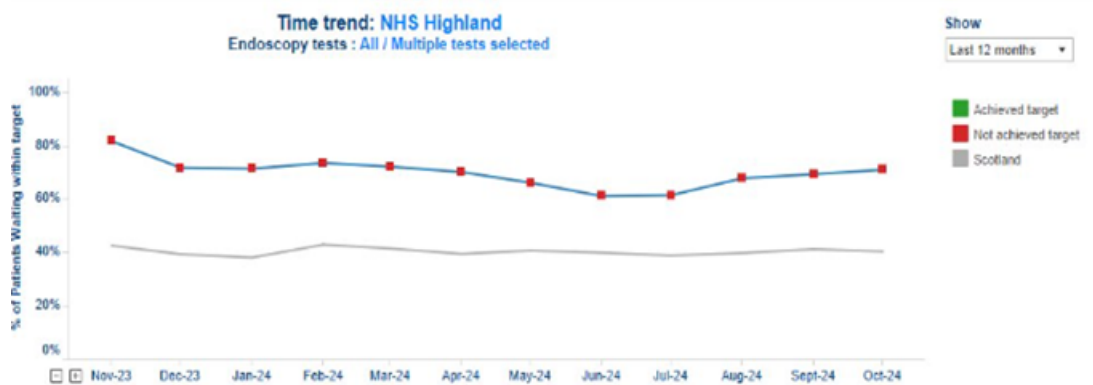


MRI Patients Seen & Trajectories



Endoscopy

Endoscopy Tests: Maximum Wait Target 6 Weeks



	<div data-bbox="470 145 1353 672"> <h3>Colonoscopy & Cystoscopy: Patients Seen & Trajectories</h3> <p>Legend: Colonoscopy Trajectories (grey line), Colonoscopy Patients seen (green line), Cystoscopy Trajectories (red line), Cystoscopy Patients seen (blue line)</p> </div> <div data-bbox="475 712 1353 1220"> <h3>Flexi Sig & Upper GI: Patients Seen & Trajectories</h3> <p>Legend: Flexi sig Trajectories (grey line), Flexi sig Patients seen (green line), Upper GI Trajectories (red line), Upper GI Patients seen (blue line)</p> </div>
<p>Workforce</p>	<p>Nationally, there is a critical lack of skilled workforce. This is exacerbated by an aging workforce and the time it takes to train some staff cohorts (e.g. lab technicians). Diagnostic services within Highland do and will support the ongoing development of national solutions to these issues</p> <ul style="list-style-type: none"> Recruitment is challenging at Band 6 level at Raigmore labs (generally have to recruit to B5 and take through specialist training in-house). Belford, Caithness and L&I labs have the same challenge but less resource to train staff in-house. Additionally, only Caithness General Hospital labs (as well as Raigmore) have approval to train staff onsite, therefore Belford and L&I staff must go to Raigmore for training 32.9% of the laboratory headcount (31.4% of WTE's) is aged over 50, which means a large proportion of service knowledge may be lost within a short timeframe Vacancies exist across all locations, meaning existing workforce may have an increased workload leading to stress / fatigue Vacancies in radiographer workforce
<p>Risks</p>	<p>Finance</p> <p>Diagnostic services are demand-led, with the cost of tests funded from a central budget (opposed to being recharged to the relevant department / specialty), resulting in non-pa overspends, particularly due to increased outsourcing. This limits financial awareness on the impact of requests on diagnostic services.</p> <p>Potential income generation opportunities such a clinical trials, research and development and private scanning are not exploited due to capacity constraints.</p> <p>Lack of resource will impact ability to deliver on objectives.</p>

	<p>Process</p> <p>Lack of digital systems results in risk to patient safety resulting in delays to investigation including risk of results not being returned due to manual / paper copies of diagnostic test requests and results.</p> <p>Many diagnostic services operate Monday to Friday, potentially creating accessibility issues for some patients and limiting the flexible working opportunities available for our staff.</p>
	<p>Digital and infrastructure</p> <p>From December 2025, the Radiology Information System (RIS) will no longer be supported by the supplier. The system is at risk of failing with no / limited support from the supplier. This is being mitigated by replacing our RIS system.</p>

Treat Well: 2025/26 Deliverables		
Description	Ref	Due Date
Labs: Increased workforce sustainability and increased ability to “grow our own” workforce through implementation of labs training manager	DIA001	August 2025
Labs: Develop a robust team and system to oversee the safe and effective use of POCT devices in secondary care, aligned with the Scottish Government’s directive regarding the governance and management structure for POCT	DIA002	November 2025
Deliver an education campaign to educate clinicians about low clinical value testing and ordering more tests than necessary to positively influence requestor behaviour	DIA003	March 2025
Deliver a costing model to raise financial awareness of the cost of testing to positively influence requestor behavior	DIA004	January 2026
Implementation of Ordercomms for the digital requesting of laboratory / radiology tests from secondary care within Raigmore and L&I hospital (delivered as part of the EPR portfolio ref.: Digital within ADP).	DIA005	March 2026
Labs: Transition A&B labs system to Ultra (delivered as part of the EPR portfolio ref.: Digital within ADP).	DIA006	TBC
Rad: Replace our Picture Archiving Communications System	DIA007	TBC (Digital)
Rad: Replace our Radiology Information System (RIS)	DIA008	TBC (Digital)
Rad: Improve our IR(ME)R administration processes to improve patient safety and efficiencies	DIA009	TBC
Rad: Develop a centralised and robust admin team to better support our department and make best use of available resources	DIA010	TBC
Rad: Develop a method to communicate the number and cost of missed radiology tests to patients to positively influence behaviour	DIA011	TBC
Endoscopy: TrakCare PMS being updated from 28 days to 42 days waiting time standard to be compliant with national target	DIA012	TBC (Digital)
Cystoscopy: All clinicians using EMS	DIA013	June 2025
Cystoscopy: Change appointment types to prepare for change to booking practice	DIA014	June 2025
Cystoscopy: Move booking to GI endoscopy central booking office to increase utilisation	DIA015	December 2025
GI endoscopy: Nurse endoscopist working independently	DIA016	June 2025
GI endoscopy: All elective patients referred via formstream	DIA017	September 2025
GI endoscopy: Booking team fully staffed	DIA018	September 2025
GI endoscopy: ERCP booking to move to booking office	DIA019	December 2025

Treat Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Labs: Improve the early diagnosis and management of liver disease by implementing intelligent liver function testing (iLFT) pathways	MTP070	2026/27
Labs: Enhance the blood donation process in our RGH sites to ensure safety, efficiency, and high-quality outcomes by implementing Haemonetics	MTP071	2026/27
Labs: Reduce demand on our labs and provide greater access to testing by increasing the use of POCT in secondary care and community hospitals (dependant on LAB002)	MTP072	2026/27
Labs: Improve the efficiency of our pathology department by reviewing options to upgrade / replace our Whole Slide Imaging (WSI) scanner	MTP073	2026/27
Make better use of our resources and improve patient care by developing a method/tool to identify unwarranted variation in test requesting (dependant on Ordercomms being successfully implemented)	MTP074	2026/27
Labs: Collaborate with the University of the Highlands and Islands (UHI) to explore whether there is demand for a Biomedical Science undergraduate degree locally and if so, whether there may be an opportunity to add this to their college curriculum and build a University-Industry Collaboration Framework (facilitating placements, creating joint research projects etc.)	MTP075	2027/28
Labs: Subscribe to the EQA scheme in digital histopathology (part of a national programme) (dependant on LAB008)	MTP076	2027/28
Labs: Ensure high-quality and consistent testing across all our labs by accrediting L&I hospital labs to ISO 15189:2022 standard (in line with the North Highland labs). (dependant on new equipment being installed which is not part of this programme).	MTP078	2027/28
Labs: Develop a system to oversee the safe and effective use of POCT devices in primary care.	MTP079	2027/28
Rad: Improve patient access to our services by reviewing our current staffing model (extended hours, 7 days working etc.)	MTP080	2026/27
Rad: Develop a cost conversion model and processes to ensure its application for additional consultant activity to reduce non-pay overspends	MTP081	2026/27
Rad: Develop a robust system to communicate and escalate periods of operational challenges and develop consistent processes to manage these pressures safely and effectively	MTP082	2026/27
Rad: Enhance our lung cancer pathways by implementing Annalise.ai	MTP083	2026/27
Rad: Reduce demand on our department by implementing Patient Hub as a method for patient waiting list validation	MTP084	2026/27
Enhance patient safety by developing a radiology planned returns policy to ensure patients clinically reviewed to assess appropriateness of test prior to a follow-up test being requested	MTP085	2026/27
Analyse the cost vs benefit of reintroducing a porter service internal to our department to enhance patient flow and ensure best use of our resources	MTP086	2026/27
Implement a patient online booking system	MTP087	2027/28
Enhance our patient booking processes by digitising patient appointment letters	MTP088	2027/28
Explore opportunities to generate income (private scanning, clinical trials, R&D) for our department that can be reinvested into our facilities and equipment	MTP089	2027/28

Treat Well: Key Performance Indicators	Target	Timeline	Reported through
Number of tests that add little / no clinical value	25% reduction	March 2026	TBC
Endoscopy Test: Waiting Times <6 weeks from referral to test	80% (Short-Term) 90% (National)	March 2026	IPQR
Colonoscopy and Cystoscopy: Total number of patients seen and activity trajectories	TBC	TBC	IPQR
Flexi Sig and Upper GI: Total Number of Patients Seen and activity trajectories	TBC	TBC	IPQR
Endoscopy: Percentage of Planned Activity Vs Actual Activity	TBC	TBC	IPQR
Total Waiting List Size: 24hr ECG, Nerve Conduction Tests and Spirometry	TBC	TBC	IPQR
Total Waiting List Size: Echocardiology & Sleep Studies	TBC	TBC	IPQR
Patients Waiting > 6 weeks: 24hr ECG, Nerve Conduction Tests and Spirometry	TBC	TBC	IPQR
Patients Waiting > 6 weeks: Echocardiology & Sleep Studies	TBC	TBC	IPQR
Rad: Reduction in non-pay overspends	Reduction	TBC	Finance Reporting
Improved compliance with Waiting Times Guidance	TBC	TBC	TBC
Imaging tests; percentage of patients receiving test <6 weeks from request	80% ST 90% LT	Mar 2026	IPQR
CT: Total number of patients seen vs. planned activity	TBC	TBC	IPQR
Non-Obstetrics Patients Seen vs. planned activity	TBC	TBC	IPQR
MRI: Total number of patients seen vs. planned activity	TBC	TBC	IPQR
All Imaging: Total number of patients seen vs. planned activity	TBC	TBC	IPQR

Outcome 13: Journey Well (Cancer)

Well Theme Description	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support
Well Theme Strategic Aim	<p>Through our Cancer Strategic Board, we aim to reduce the fragility which exists in many of the NHHSH Highlands cancer service specialities, particularly around the delivery of non-surgical cancer treatments. The aim is to move away from single handed, person dependent services. The Strategic Board also has a focus on a recruitment campaign, in collaboration with our workforce partners. This is to attract staff to vacant posts within the service.</p> <p>We will ensure that Cancer pathways are person-centred and that we embed patient experience into service redesign.</p> <p>NHS Highland has identified Non-Surgical Cancer Services as a sustainability risk within the board and work is progressing with Scottish Government through the Oncology Transformation Programme. This is based on a background of a rise in demand of 10% per year experienced nationally, with areas of Oncologist cover at risk due to dependence on individuals for medical care. Furthermore, nursing and pharmacy teams do not currently have the resources to match the increasing workload across Scotland. Part of this is due to increasing cancer incidence, new SACT medicines and increasingly complex treatment algorithms. The national Target Operating Model for Cancer will address and seeks to alleviate these pressures and associated risks in NHS Highland.</p> <p>While there has been recent improvement in Cancer Waiting Times performance, it is recognised this sits below the national targets and is affected by diagnostic capacity in the face of increased referrals for investigation for cancer symptoms. The Cancer WT Operational Groups will ensure The Operational compliance of Cancer Waiting Times Standards will be managed on a daily and weekly basis. Additionally, that specialties and Diagnostic services have a specific responsibility to manage patients every day in accordance with their agreed Timed Pathways</p> <p>A Cancer Performance and Delivery group is being formed, with first meeting in Q1 2025. This group will closely monitor performance against both Cancer QPIs and Cancer Waiting Time Standards. This group will also closely monitor the audit of QPIs, including the sign off of QPI submissions and any agreed action plans. This provides accountability and governance around QPIs in addition to Acute SLT and Clinical Governance.</p>
Objectives	<ol style="list-style-type: none"> 1. We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis. 2. We will further develop multi-professional teams to provide the most effective care during the active stages of treatment. 3. We will improve the experience of our population living with and beyond cancer. 4. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations
Scope	All services receiving USC referrals, and those involved in the diagnosis and treatment of cancer. The scope is NHHSH, however although there is some cancer related activity in A&B most treatments are delivered through NHS GGC cancer services for A&B.
Link to NHS Scotland Delivery Planning Guidance	<ul style="list-style-type: none"> • Impact on cancer waiting time standards • Specific improvement plan for 62-day cancer pathway • Diagnosis at disease stages III and IV • Cancer Quality Performance Indicators • SACT Waiting times

	<ul style="list-style-type: none"> Improving waiting times through ongoing delivery of Effective Cancer Management, specifically aimed at improving breast, colorectal and urology pathways Increasing diagnostic capacity including endoscopy and alternatives, alongside assurances to establish or maintain a Rapid Cancer Diagnostic Service Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care Configuring services in line with national guidance and frameworks. Specifically, the Framework for Effective Cancer Management, Six Principles of Good Rehabilitation, Prehabilitation (Key Principles for Implementation), Psychological therapies and support framework, and the Nutrition framework for people affected by cancer Supporting the work underway of oncology sustainable services including the next phase of considerations for implementation of the proposed Target Operating Model for oncology. <p>Links also to cancer screening described in Outcome 3: Stay Well</p>																																																				
Policy Drivers	National Cancer Strategy and Action Plan (2023-2026)																																																				
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> Improved outcomes for patients with timelier referral to diagnosis to treatment Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes Encouraging informed uptake of the cancer screening programmes to contribute towards the aim of facilitating earlier and faster diagnosis 																																																				
Data and Intelligence (link to KPIs table on next page)	<p>NHS Highland is committing to developing real-time data that supports cancer service delivery. Some of the areas we wish to monitor include;</p> <ul style="list-style-type: none"> Patient reported outcome measures – to be developed Patient reported experience measures – to be developed Staff experience measure – to be developed Reduced staff sick leave, Workforce data Increase in ability to recruit to substantive posts, workforce data Improvement in 62-day standard, with a focus on the earlier diagnosis of breast, colorectal and lung cancers. (awaiting further info from the service 11/2/25) QPI (National Quality Performance Indicators for Cancer) These will be closely monitored by the new Performance and Delivery Group. This includes actively monitoring the process of audit of Cancer QPI submissions and the agreement of any associated improvement plans. This is an additional level of accountability and governance for the management of QPIs, in addition to Acute SLT and Acute Clinical Governance. <div data-bbox="379 1433 1484 1892"> <p style="text-align: center;">31 Day Cancer Waiting Times</p> <table border="1"> <caption>Approximate data for 31 Day Cancer Waiting Times</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>October 2022</td><td>0.92</td></tr> <tr><td>November 2022</td><td>0.97</td></tr> <tr><td>December 2022</td><td>0.94</td></tr> <tr><td>January 2023</td><td>0.87</td></tr> <tr><td>February 2023</td><td>0.97</td></tr> <tr><td>March 2023</td><td>0.93</td></tr> <tr><td>April 2023</td><td>0.94</td></tr> <tr><td>May 2023</td><td>0.95</td></tr> <tr><td>June 2023</td><td>0.97</td></tr> <tr><td>July 2023</td><td>0.99</td></tr> <tr><td>August 2023</td><td>0.93</td></tr> <tr><td>September 2023</td><td>0.96</td></tr> <tr><td>October 2023</td><td>0.93</td></tr> <tr><td>November 2023</td><td>0.89</td></tr> <tr><td>December 2023</td><td>0.93</td></tr> <tr><td>January 2024</td><td>0.81</td></tr> <tr><td>February 2024</td><td>0.94</td></tr> <tr><td>March 2024</td><td>0.95</td></tr> <tr><td>April 2024</td><td>0.98</td></tr> <tr><td>May 2024</td><td>0.95</td></tr> <tr><td>June 2024</td><td>0.91</td></tr> <tr><td>July 2024</td><td>0.87</td></tr> <tr><td>August 2024</td><td>0.91</td></tr> <tr><td>September 2024</td><td>0.87</td></tr> <tr><td>October 2024</td><td>0.90</td></tr> </tbody> </table> </div> <p>Data Source: IPQR January 2025</p>	Month	Percentage	October 2022	0.92	November 2022	0.97	December 2022	0.94	January 2023	0.87	February 2023	0.97	March 2023	0.93	April 2023	0.94	May 2023	0.95	June 2023	0.97	July 2023	0.99	August 2023	0.93	September 2023	0.96	October 2023	0.93	November 2023	0.89	December 2023	0.93	January 2024	0.81	February 2024	0.94	March 2024	0.95	April 2024	0.98	May 2024	0.95	June 2024	0.91	July 2024	0.87	August 2024	0.91	September 2024	0.87	October 2024	0.90
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	<div data-bbox="387 147 1477 577"> <h3>62 Day Cancer Waiting Times</h3> <p>Data Source: IPQR January 2025</p> </div>
Workforce	<p>As with all boards, recruitment to Oncology, diagnostic and pathology posts are of high risk as are very difficult to recruit to currently. Aging population in NHS means a high number of retirees in all areas of Cancer Services and associated services which is a risk to a sustainable workforce, that coupled with unpredicted attrition. We will regularly review the Oncology workforce plan to ensure it is meeting service requirements and demand. We will work closely as the national Targeted Operating Model for Oncology moves towards implementation.</p>
Risks	<ul style="list-style-type: none"> • Workforce, including recruitment, staff retention and sustainability of service is a risk in the current climate. • Financial; available resources to meet demand.

Journey Well: 2025/26 Deliverables		
Description	Ref	Due Date
Implement the local actions identified to meet the Framework for Effective Cancer management through our local programme. This includes the set-up of a Cancer Operations and Performance Board to oversee the operational actions including Cancer Waiting Times, QPIs and other performance metrics.	JOU001	August 2025
Develop an action plan to meet national 31 and 62-day Cancer Waiting Times performance. Deep dive into key areas e.g. urology, colorectal and breast to understand issues. Ensure theatre access is prioritised to meet standards. This will be the remit of the Performance and Delivery Group.	JOU002	September 2025
Locally implement the National Target Operating Models for cancer, including any service re-design (full implementation)	JOU003	March 2026
Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.	JOU004	Ongoing
Engage with Maggie's Highland and others, focussing on the prehabilitation-rehabilitation continuum.	JOU005	December 2025
Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Within this consider capacity and demand for cancer surveillance (see Treat Well)	JOU006	July 2025

Journey Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Consider the outputs of the national benchmarking exercise on the psychological support framework for people affected by cancer and opportunities for increasing provision of support to our remote and island population.	MTP090	2026/27
Continue to implement CFSD's optimal diagnostic pathways and Scottish Cancer Network's clinical management pathways within available resources.	MTP091	2026/27

Journey Well: Key Performance Indicators	Target	Timeline	Reported through
National Quality Performance Indicators	Various	Annually	PHS North Cancer Alliance
62-day target; percentage of patients seen and total number of patients treated	95%	Monthly	IPQR
31-day target.; percentage of patients diagnosed within standard and total number of diagnosis	95%	Monthly	IPQR
NHS Highland Waiting Times for SACT as 1st Treatment, Radiotherapy as First Treatment and SACT patients overall (new and return)	<31 days average	Monthly	IPQR
Patient Reported Outcome Measures ***	New	TBC	Performance and Delivery Group

***Please note the list above are under consideration for measurement at this time. ***

Outcome 14: Age Well

Well Theme Description	We will deliver health services that practice realistic medicine and value-based health and care whilst being proactive, holistic, preventive and patient centred across the life span, enabling patients and clinicians to work together.
Well Theme Strategic Aim	Our system is designed to provide our communities with better information, choice and control over the development and maintenance of their own health and wellbeing particularly during their interactions with health services
Objectives	<ol style="list-style-type: none"> 1. Develop a tiered approach for long term conditions 2. Enable self-management 3. Co-ordinate services to improve patient experience and outcomes 4. Look after our own staff to meet their wellbeing needs 5. Deliver an updated Women's Health Plan 6. Deliver an updated Realistic Medicine plan
Scope	Adults, pan-Highland
Link to NHS Scotland Delivery Planning Guidance	<ul style="list-style-type: none"> • Primary and Community Care • Urgent & Unscheduled Care • Planned Care • Women and Children's Health • Population Health and Reducing Health Inequalities
Policy Drivers	<ul style="list-style-type: none"> • Value Based Health & Care • Realistic Medicine • GIRFE
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • Clear pathways for people to access relevant advice, support and services across all tiers • People take more control over their own health and wellbeing • People require fewer appointments to have their health needs met • People have positive experiences of receiving healthcare • Self service options are available for all elements of individual's health and care • Services deliver equity of outcomes • Employee satisfaction and motivation is improved
Data and Intelligence (link to KPIs table on next page)	<p>By implementing our plan across key areas, we aim to improve patient and staff experience. These outcome measures will be developed over the course of the Programme. With the delivery of our plan, we will make it easier for people to support their own health, navigate the health system, ultimately improving the meeting of their healthcare needs and their health outcomes.</p> <p>This programme will respond to the climate emergency by reducing unnecessary travel and addressing polypharmacy. It will also support the reduction of health inequalities by developing targeted interventions across all tiers.</p>
Workforce	Workforce risks included in overview.
Risks	No NHS Highland Level 2 Risks identified

Age Well: 2025/26 Deliverables		
Description	Ref	Due Date
Establish gaps in current tiered approach	AGE001	Mar 2026
Direct people to self-management resources	AGE002	Mar 2026
The Waiting Well programme is delivered	AGE003	Mar 2026
There is a joined up approach to clinics and appointments	AGE004	Mar 2026
The Women's Health Plan is delivered	AGE005	Mar 2026
Working practices support the health and wellbeing of staff	AGE006	Mar 2026
The Realistic Medicine plan is delivered	AGE007	Mar 2026

Age Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Commissioning plan is implemented to enhance tiered approach	MTP092	Mar 2028
Identify impact of direct self-management	MTP093	Mar 2028
We co-ordinate people's care in hospital based services	MTP094	Mar 2028
Targeted programme of activities, services and information is available for staff	MTP095	Mar 2028

Age Well: Key Performance Indicators	Target	Timeline	Reported through
Process measures: <ul style="list-style-type: none"> Number of people who access of digital resources, e.g. Phio Number of specialities with clinic build implemented to support self-booking Number of people who have accessed a Community Link worker Number of containment product prescriptions Number of polypharmacy reviews undertaken Number of anticipatory care plans 	TBC	TBC	TBC

Outcome 15: End Well

Well Theme Description	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond.
Well Theme Strategic Aim	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond.
Objectives	<ol style="list-style-type: none"> 1. In partnership, ensure our population has access to palliative and end of life services support round the clock care enabling people to have reasonable choice to die in the setting of their choice. 2. Proactively recognise people who may be in their last year of life and who wish support, being respectful of what matters to them by co-developing anticipatory care plans with them and for them. 3. Ensure we work together to deliver person centred care for our population (and their families) in the last year of life.
Scope	<p>The aspiration is for a pan-Highland approach to meeting the strategic aim of End Well but currently Argyll & Bute have links with NHS Greater Glasgow and Clyde for commissioned services.</p> <p>NHS Highland services and partnership working through the End of Life Care Together (EoLCT) Project with Hospice, Marie Curie, primary care, SAS etc.</p>
Link to NHS Scotland Delivery Planning Guidance	Urgent & Unscheduled Care
Policy Drivers	<ul style="list-style-type: none"> • Carers (Scotland) Act 2016 • Healthcare framework for adults living in care homes My Health – My Care – My Home is this correct? CEL (2012) 12 Hospice and NHS Boards • Palliative and end of life care: strategic framework for action 2016 – 2021 (to be renewed) • Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework June 2023
Outcomes for people and reducing health inequalities	<ul style="list-style-type: none"> • Reduce health inequalities to provide palliative care in a homely setting • Improved outcomes and experiences for patients and carers, through proactive anticipatory care planning
Data and Intelligence (link to KPIs table on next page)	By improving identification of people at the end of their life, we enable an improved response to their care needs. This will support a reduction in hospital admissions in the last 3 months of life. By developing confidence and skills in acute and community settings we will support people to die in the setting of their choice. To do this we must also consider the impact of capacity across adult social care, therefore, it will be important to monitor the quality of people's experience – we will do that by understanding how many people with an assessed need for social care die before they receive this.
Workforce	Workforce risks included in overview.
Risks	No Board Level 2 risks have been identified

End Well: 2025/26 Deliverables		
Description	Ref	Due Date
Increase identification of people at the end of life in GP practices	END001	March 2026
Impact of identification of people in GP practices assessed	END002	March 2026
Acute palliative care service development	END003	April 2025
Acute palliative care service outcomes identified	END004	July 2025
Pathways developed between the FNC and Palliative Care helpline	END005	July 2025

End Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Implement anticipatory care plans, to include electronic sharing of information with relevant professionals	MTP096	March 2027

End Well: Key Performance Indicators	Target	Timeline	Reported through
Reduction in hospital admissions in the last 90 days of life	TBC	TBC	IPQR
Reduction of occupied bed days for people in delay in the last 90 days of life	TBC	TBC	IPQR
Reduction in people with an assessed need for social care not receiving this before they die	TBC	TBC	IPQR

Outcome 16: Value Well

Well Theme Description	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise
Well Theme Strategic Aim	Improve capacity within health and care services through development of volunteers and third sector organisations
Objectives	<p><i>High-level planning priorities for 2025/26</i></p> <ul style="list-style-type: none"> Developing our partnership with those volunteers, carers, families and organisations who can help support health and social care <p><i>From NHS Highland's Health Improvement Work Plan 24-27:</i></p> <ul style="list-style-type: none"> Build capacity and community resilience and tackle health inequalities using a place-based approach and provide support for newly emerging District Partnerships as appropriate (Work plan 1.2) <p>Linked to Outcome 3: Stay Well and 13: Journey Well:</p> <ul style="list-style-type: none"> As part of our work to encourage informed uptake of the national screening programmes, we work with a range of community organisations Developing our partnership with those volunteers, carers, families and organisations who can help support health and social care, to enable healthy, inclusive and resilient communities.
Scope	Across NHS Highland
Link to NHS Scotland Delivery Planning Guidance	<p>Population Health and Reducing Health Inequalities:</p> <ul style="list-style-type: none"> Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan. Child Health - Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation
Policy Drivers	<ul style="list-style-type: none"> Fairer Scotland Duty Child Poverty Plan Equality Act (2010) Sustainable Procurement Duty Planning with People: community engagement and participation guidance Community Empowerment Act (2015)
Outcomes for people and reducing health inequalities	<p>Reducing inequalities by linking to services available in the voluntary and third sector. Key priorities as follows:</p> <ul style="list-style-type: none"> Reduced health inequalities resulting from enhanced volunteering and partnership working From Care Well – Home is Best: Evaluating spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge From Care Well – Home is Best: Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need
Data and Intelligence	Performance metrics will be developed as part of a relaunched IPQR report for Highland HSCP.

(link to KPIs table on next page)	
Workforce	Workforce risks included in overview.
Risks	No Board Level 2 risks have been identified

Value Well: 2025/26 Deliverables		
Description	Ref	Due Date
Develop partnerships with volunteers, carers and families	VAL001	Ongoing to March 2026
Develop community planning partnerships (linked with Anchor Well)	VAL002	Ongoing to March 2026

Value Well: Priorities to 2027/28		
Description	Ref	Due Date
Ongoing delivery of Anchors Strategic Plan to facilitate Community Planning Partnerships (CPPs)	MTP097	Ongoing
Ongoing work with the A&B Community Planning Partnership	MTP098	Ongoing
Ongoing work with the Highland Community Planning Partnership	MTP099	Ongoing

Outcome 17: Perform Well

Well Theme Description	<p>Ensure we perform and enable well by embedding all these areas in our day-to-day health and care delivery across our system;</p> <ul style="list-style-type: none"> • Quality & Population Experience • Realistic Medicine • Health Inequalities • Financial Planning and Procurement
Well Theme Strategic Aims	<ul style="list-style-type: none"> • Quality & Population Experience embedding a continuous improvement culture • Integration of Realistic Medicine principles into our patient care • Embedding NHS Highland's focus on prevention and to tackle health inequalities • Improved Financial Planning – become financially sustainable and achieving efficiencies and value by maximising our use of resources • Risk management systems are variable across NHS Highland. This can be a detriment to organisational learning in how care is delivered, and how resources are spent in pursuit of strategic objectives. <p>NHS Highland forecast deficit of £144.154M (v1 draft financial plan), but with 3% savings to baseline this is reduced to £115.950M including £19.184M within Adult Social Care.</p>
Objectives	<p>Quality: Create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care by an outstanding team every day.</p> <p>Realistic Medicine: Ensure our population have timely access to quality care using realistic medicine approach, within our financial means.</p> <p>Reducing Health Inequalities & Prevention: we will focus on delivering prevention strategies and reducing health inequalities with our partners across our system to reduce the gaps within our communities.</p> <p>Strategic Transformation: we will work in partnership to transform health and care outcomes for people and communities with</p> <p>Resilience and Risk: We will support all internal and external emergency planning, respond to major incidents and provide specialist advice to our workforce. We will work collaboratively to educate, document and mitigate risk</p> <p>Corporate Services: We will develop, implement and review our governance frameworks to demonstrate and deliver accountable information to our Board and committees, Government and our population</p> <p>Regional & National working collaboratively: We will work collaboratively across our NHS Board boundaries to be sustainable or where we cannot deliver the service within to benefit our population</p> <p>Adherence to the Blueprint for Good Governance: risk management principles. Value and Efficiency work will enable a path to balance in meeting financial and performance targets</p>
Scope	All aspects of care
Link to NHS Scotland Delivery Planning Guidance	Responses to the deliverables noted in the guidance
Policy Drivers	<ul style="list-style-type: none"> • National Clinical Strategy

	<ul style="list-style-type: none"> Value Based Health and Care Action Plan Blueprint for Good Governance (2022) Women's Health Plan Preventative and Proactive Care Programme
Outcomes for people and reducing health inequalities	<p>Delivering improvements in the processes of NHS Highland will improve outcomes for people in NHS Highland by delivering a health and care system that is efficient. This aligns to the Health Secretary speech to the Scottish Parliament on 4 June 2024 (https://www.gov.scot/publications/health-secretary-opening-speech-vision-health-social-care/)</p> <p>Reducing health inequalities is a key aspiration of NHS Highland's strategic transformation programme. Deliverables from Perform Well will contribute to ensure NHS Highland contributes to this vision for health and care services ensure an equitable provision of care, particularly important across the NHS Highland area which covers the largest land mass of any territorial health board in Scotland.</p>
Data and Intelligence (link to KPIs table on next page)	Through the board's financial reporting, updates will progress through NHS Highland's Finance Performance and Resources Committee for assurance on the delivery of the board's financial plan.
Workforce	Workforce risks included in overview.
Risks	There is a risk that NHS Highland will not deliver its planned financial position for 2025/26. NHS Highland will need to redesign to systematically and robustly respond to challenges faced.

Perform Well: 2025/26 Deliverables		
Description	Ref	Due Date
Quality: Implementation of NHS Highland's Quality Framework	PER001	March 2026
Realistic Medicine: Delivery of NHS Highland's Realistic Medicine Action Plan for 2025/26.	PER002	March 2026
Prevention Strategy & Reducing Health Inequalities: Developing a programme of work that focusses on an organisation-wide approach to embedding prevention in our transformation and improvement programmes and to reduce health inequalities across NHS Highland. These are detailed in each Outcome section	PER003	March 2026
Financial Planning: Aligning strategic transformation and ongoing efficiency programmes to support achievement of the board's three-year financial plan, including delivery of 3% savings to baseline	PER004	March 2026
Regional and National Working: Continue to work with partners across NHS Scotland to plan for the delivery of "at risk" sustainable services for the population of NHS Highland. This is an initial focus for Oncology and Vascular Surgery services.	PER005	March 2026
Risk Management: Implement a new system for Risk Management and undertake additional training to support improved documentation of risk.	PER006	March 2026
Resilience: Embed the board's resilience improvement plan into service planning and transformation programmes.	PER007	August 2025
Out-of-Area Pathways: Embed the next phases of NHS Highland's improvement plan to bring greater efficiency to health and care commissioning.	PER008	March 2026
Blueprint for Good Governance: Continue to take actions to embed the principles across NHS Highland	PER009	March 2026

Perform Well: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Realistic Medicine; further integrate within NHS Highland to promote shared decision making and person-centred care as far as possible within current resource.	MTP100	March 2027
Tackling Health Inequalities; We intend: <ul style="list-style-type: none"> • To reduce the gap in healthy life expectancy between rich and poor • To make an effective contribution to the reduction of poverty including child poverty • To ensure that people have access to opportunities to improve their health • To demonstrate equity of access to effective health services • To be an effective Anchor Institution within Highland and Argyll and Bute • To work effectively with community partners to tackle the most important threats to health and wellbeing and wider determinants of health 	MTP101	March 2027
Financial Planning; Ongoing delivery of cost efficiencies as detailed in the board's three-year financial plan. Implement revised secondary / tertiary care commissioning and cost recovery processes.	MTP102	March 2027
Financial planning that is patient outcomes-focused by ensuring efficiencies maximised.	MTP103	Ongoing

Outcome 18: Progress Well: Estates & Climate

Well Theme Description	NHS Highland Climate and Environmental Targets
Well Theme Strategic Aim	NHS Highland is committed towards adopting and meeting the Scottish Government Net Zero aspirations (within the current guidance and recommended timescales).
Objectives	<ul style="list-style-type: none"> • To be environmentally proactive as we work towards building a sustainable and efficient environment - in line with the national Net Zero carbon commitments (by 2045) to support the delivery of future healthcare in our area. • To reduce our greenhouse gas emissions: Net zero for building energy by 2038 and net zero including supply chain by 2045. Considered areas of heat decarbonisation, fleet and leased vehicles, waste, building energy and medical gases. • To continue to progress the formulation and implementation the boards Environmental Management System (EMS) to help achieve improved environmental performance, enhanced legal compliance, and more efficient use of resources. • Looking at areas within our estate where we can improve green spaces and biodiversity to aid the restoration of nature within our estate as well tackling any environmental pollution. • The development and progress of a Circular Economy culture within NHH to make the best use of the materials and resources available to us (reduce, reuse and recycle). • Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process. • Reducing environmental impact by adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach. • Reduce wastage and increase the reusing of resources as top goals of the waste hierarchy which will be central to changing our relationship with materials and products. Measures implemented will be based around promoting responsible consumption, production and re-use, while outlining pathways to reduce waste, particularly food waste. This will allow NHS Highland to work towards meeting the current NHS Scotland Route Map targets. • Promoting and where practical, implementing sustainable travel practices to reduce the board's carbon footprint and to protect the natural environment. • Reviewing practices within supply change partners to operate more sustainably to reduce the boards associated Scope 3 emissions.
Scope	The whole of NHS Highland Estate across acute, community and corporate services.
Link to NHS Scotland Delivery Planning Guidance	The delivery of programmes to meet NHS Highland's environmental targets.
Policy Drivers	NHS Scotland climate emergency and sustainability strategy: 2022-2026
Outcomes for people and reducing health inequalities	Clear Climate – improving Net Zero will help support the delivery of improved outcomes for patients through a more-efficient organisation.
Data and Intelligence (link to KPIs table on next page)	Please see Outcome 4 – Anchor Well.
Workforce	Culture change, awareness and education of the entire NHH workforce will be critical in achieving the required goals.

Risks	<p>The need to meet Net Zero obligations within some of our current infrastructure will require substantial investment to change from fossil fuel systems. Depending on the solution implemented, there may potentially be higher energy running costs depending on the source of supply and market pricing.</p> <p>Challenges in decarbonising fleet/transport in remote areas where there are limitations in the District Network Operator infrastructure or we do not own property to enable the facilitation of EV charging infrastructure.</p>
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Progress Well: Key Performance Indicators	Target	Timeline	Reported through
75% towards boards Net carbon Zero Targets	2030	TBC	E&S Board FRPC
Decarbonisation of Heating systems	2038	TBC	E&S Board FRPC
Board net Carbon Zero	2045	TBC	E&S Board FRPC

NHS Highland's Digital Delivery Plan

Well Theme Description	Provision and optimisation of digital systems that empower our communities and enable our staff to work seamlessly; delivering on value and efficiency initiatives and supporting longer-term strategic change and transformation of services.
Well Theme Strategic Aims	<ul style="list-style-type: none"> Delivering a digital change and transformation plan for NHS Highland that aligns to the organisation and national priorities, balanced with available resources (workforce and funding) Delivering a digitally enabled workforce to deliver new models of care that uses technology to transform services Continue the implementation of the Board's Digital Records Programme across Primary, Community, Social & Hospital Care, along with all the necessary (and funded) supporting infrastructure projects.
Objectives	<ol style="list-style-type: none"> Continue the Implementation of the new hosted GP system via the national GP IT-Reprovisioning programme across all practices in NHS Highland Continue the implementation of the Board's community systems (Morse & Eclipse) Support the procurement and future implementation of a replacement Social Care system ensuring that this links with the appropriate Health systems Continue the implementation of the TrakCare EPR solution across 'EPR Ready' hospitals in NHS Highland. Restart the HEPMA programme specifically focussed around Raigmore and Lorn & Isles hospitals Delivery all the supporting infrastructure programmes associated with the above digital records projects. Support the implementation of resourced national programmes of work i.e. OpenEyes EPR Support the implementation of resourced regional programmes of work i.e. Chemocare Support additional local programmes of work . Embed annual process of digital work planning that links into organisational priorities for operational, local strategic change and supports national programmes of work. This will allow NHS Highland to identify digital change priorities and must be considered alongside innovation and estates priorities. Deliver the clinical, patient, time and financial benefits that can be realised through the implementation of a reliable Digital Record Programme and transformation of the way services are delivered. Create a digital environment that delivers improvements in patient safety. Allow the clinicians of NHH to safely care for our patients in a timely way in the current digital world. Record essential patient data in a streamlined, accurate way that is easily transferred to other bodies as appropriate and easily retrieved by any clinician responsible for the care of patients. Provide the necessary user environment to allow clinicians to use the clinical applications within an EPR safely in the appropriate locations. Provide clinicians with the tools they require to manage their workload and patients in a modern standardised digital environment. Make NHS Highland a place that clinical staff are attracted to and want to commit to.
Scope	<p>The programme includes activities aimed at improving the efficiency and productivity of staff across NHS Highland (clinical and non-clinical). The expectation is that these service improvements will lead to financial savings across NHS Highland enabled by the deployed digital solutions.</p> <p>This strategy supports all the NHS Highland area</p>
Link to NHS Scotland	<ul style="list-style-type: none"> Digital Maturity Assessment (DMA) is being used dynamically throughout the year to support implementation of digital change strategy projects. Use of the DMA in this way provides progress reporting and baseline data gathering to support evaluation of implementation; benefits realisation; identification of lessons learned and areas for improvement that can be incorporated in digital improvement planning, priority setting and future digital Strategy.

Delivery Planning Guidance	<ul style="list-style-type: none"> Alongside this ongoing application of the DMA, the DMA staff survey is also carried out at least once per year. The staff survey outputs are compared with previous outputs to evaluate progress and to identify areas for improvement. A Digital Maturity improvement plan is being developed following the second DMA staff survey, this will be integrated with the Board's Digital Strategy to support priority setting and ensure that the strategy is aligned with where areas for improvement are identified. Digital Skills Matrix (DSM) is being developed to support the implementation of EPR. The DSM will provide a baseline for digital skills across the organisation, highlighting and enabling the development of training packages to address gaps in digital skills – a parallel DSM has been developed and trialled for administrative staff, the evaluation of which will inform further iteration of the EPR DSM Speech Recognition (Dragon Medical One) - Phase 1 deployment was approved in December 2024. Planning in progress for roll out in Acute and evaluation for further deployment across community services. Cyber Resilience National Digital Programmes
Policy Drivers	<ul style="list-style-type: none"> Digital Health & Care Strategy Scotland Digital health and care strategy - gov.scot NHSH Digital Delivery Plan Digital Plan March 2024v1.xlsx.url Digital Maturity Assessment Digital and Data Capabilities Framework https://learn.nes.nhs.scot/76142

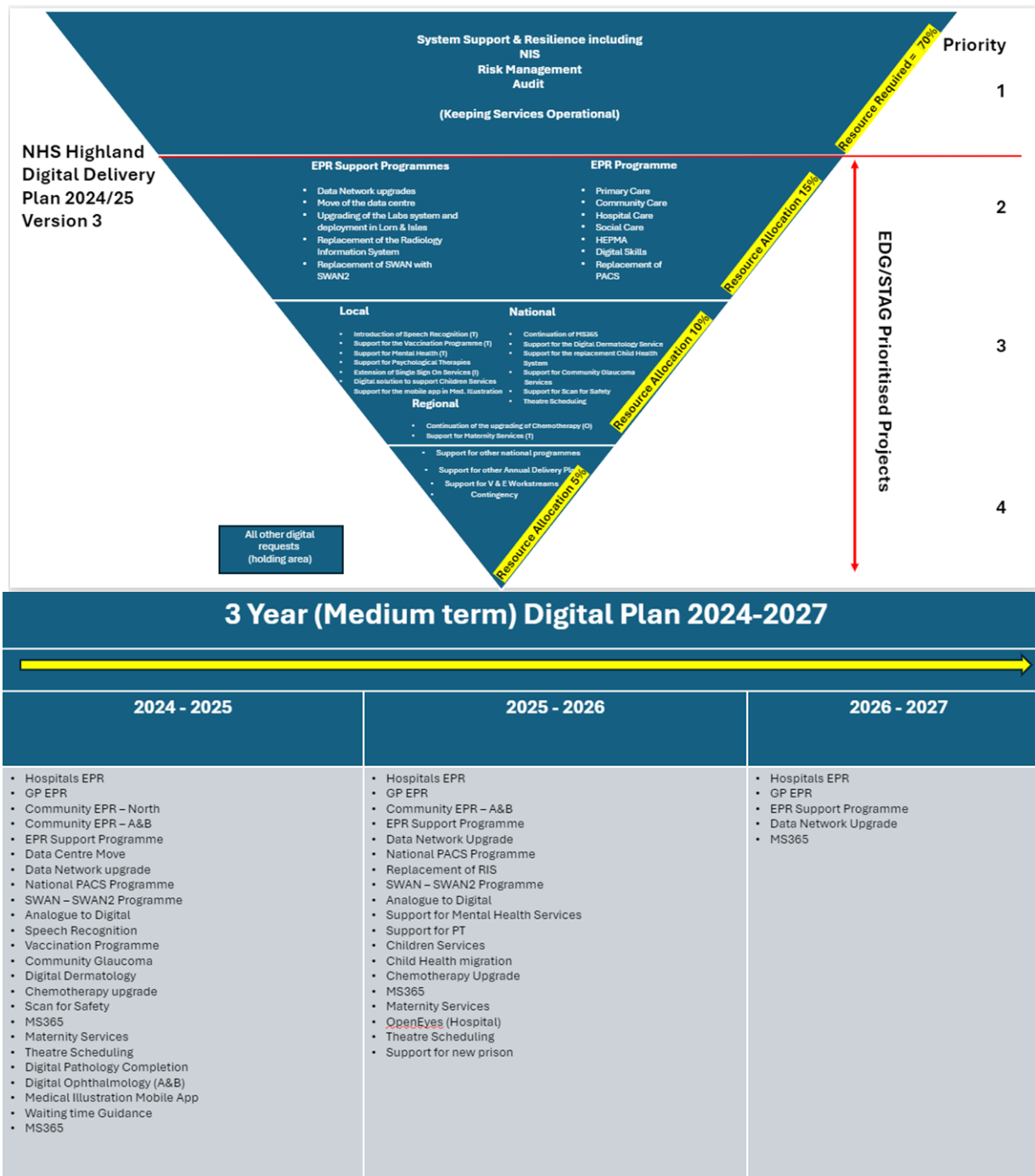
Digital Delivery Plan: 2025/26 Deliverables		
Description	Ref	Due Date
Hospitals EPR Programme – progress with phased delivery	DIG001	Phased Delivery to 2026/27
Speech Recognition – Phased deployment commenced February 2025	DIG002	March 2026
GP IT Reprovisioning	DIG003	June 2026
Community Morse	DIG004	Phased delivery to 2026/27
Community Eclipse – AHP Phase 2 Draft Business Case	DIG005	June 2025
PACS Replacement	DIG006	November 2025
Migration to SWAN2	DIG007	March 2026
Child Health system	DIG008	June 2025
Transition to new data centre and Network upgrades	DIG009	March 2025
HEPMA	DIG010	2025/26
Replacement RIS (North Highland)	DIG011	August 2025
MedsIDL	DIG012	TBC
National GP Document Management Replacement	DIG013	June 2026
Morse Implementation	DIG014	May 2025
OpenEyes Hospital eye services and community glaucoma / cataracts implementation	DIG015	March 2026
Migration of core services to new Data Centre	DIG016	July 2025
Continue the upgrading of the core data network	DIG017	Thru 2025/26
Upgrading of the Labs system in Lorn and Isles Hospital	DIG018	August 2025
Digital support for the Vaccination Programme	DIG019	August 2025
Digital Support for Mental Health Services	DIG020	2025/26
Digital Solution to support Children Services	DIG021	2025/26
Support for Psychological Therapies	DIG022	2025/26
Continuation of the M365 Programme	DIG023	2025/27
Support for Digital Dermatology Service	DIG024	August 2025

Complete upgrading of the regional Chemocare system	DIG025	2025/26
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Digital Delivery Plan: Medium Term Priorities to 2027/28		
Description	Ref	Due Date
Hospitals EPR	MTP104	2026/27
GP EPR	MTP105	2026/27
EPR Support Programme	MTP106	2026/27
Data Network Upgrade	MTP107	2026/27
M365	MTP108	2026/27
Digital Front Door	MTP109	2025/27

**** Please see Delivery Plans below**

Digital Delivery Plan: Key Performance Indicators	Target	Timeline	Reported through
Improve efficiency/productivity of NHS Highland staff by fully utilising digital solutions allowing time to be returned to care or returned to desk	TBC	TBC	TBC
Improve patient outcomes by providing clinical staff with access to a comprehensive Digital Health & Care record	TBC	TBC	TBC
Improve the digital skill of the workforce by introducing a Digital Skills Framework	TBC	TBC	TBC
Improve the way clinical staff are supported by the introduction of a Clinical Digital Champions network	TBC	TBC	TBC
Review existing digital solutions to identify if any systems can be removed from the digital environment, leading to cost reductions.	TBC	TBC	TBC
Improve the reputation of NHS Highland by building the case for an investment in Electronic Patient Records	TBC	TBC	TBC



Argyll and Bute HSCP ADP 25/26 and MTP priorities

Draft Joint Strategic Plan Priorities

- Quality and Safety
- Living Well, Prevention, Early Intervention and Enablement
- Addressing Inequalities and Protecting the Most Vulnerable
- Healthy and Engaged Workforce
- Service Sustainability

TB = A&B Transformation Board Priority

1.	Planned Care	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
1.1	<u>RGH Review</u> Review of services offered by RGH in Oban and Fort William. The HSCP will work with NHS Highland to look for opportunities to better co-ordinate activity in Oban and Fort William. It is anticipated that there may be some options to reduce duplication across the sites and create more joined up and sustainable staffing structures.	✓				✓	✓
1.2	<u>Hospital Dialysis</u> Review hospital dialysis services for the population of Argyll & Bute.	✓		✓		✓	
1.3	<u>Minor Oral Surgery Service and Maxillofacial Oral Surgery (MFOS)</u> Setting up a minor oral surgery service to reduce inappropriate referral to MFOS service.						
1.4	<u>Hospital Ophthalmology Service Improvement</u> Complete roll out of Digital Ophthalmology Imaging Hubs as part of overall improvement and modernisation of hospital ophthalmology service in A&B.						
1.5	Work with NHS GG&C to scope possibility of increasing ophthalmology injection clinics (including nurse-led provision) in A&B and changing cataract pathway to decrease travel and support capacity in GG&C.	✓				✓	

1.6	Work with primary care and planning to scope implementation of the Community Glaucoma Service across A&B.						
1.7	<u>Consultant-led Sexual Health Services</u> Ensure access to specialist consultant-led sexual health services NHS GG&C/Glasgow City HSCP as part of the overall sexual health service improvement plan for A&B.	✓				✓	
1.8	<u>Scope and plan introduction of Digital Dermatology Service</u>	✓				✓	
1.9	<u>Osteoporosis</u> In conjunction with primary and community care, agree osteoporosis therapies pathways following DEXA scan, improving timely and local access to treatment.	✓					
1.10	<u>Trauma</u> Improve trauma/fracture aftercare pathways delivered by QEUH to Campbeltown including arrangements for virtual fracture clinic.	✓				✓	
Indicative Priorities for 2026-27 and 2027-28							
Completion of RGH review and implementation of actions							
Further roll out of ophthalmology service changes including collaboration with primary care on Community Glaucoma Service and other CfSD ophthalmology pathways supported by Open Eyes							
Further roll out of other CfSD pathways							
Work on pathways likely to be ongoing as A&B responds to service redesign in GGC and ongoing need to review outreach arrangements							
Risks to Delivery							
Workforce, specifically where the A&B requirement is less than 1WTE							
Required investment in sexual health services outstrips available funding							
Complex cross border flows need to be considered and can slow implementation of national and board-wide transformation programmes							

2.	Urgent and Unscheduled Care						
	2025-26 Deliverables	1	2	3	4	5	TB
	Integrated Community Services Improvement Plan: <u>Review Models of Acute/Urgent Care</u> This work will include a review of MDT/decision making at the door. It will inform discussion with NHS 24/Flow Navigation Centre to progress locality/regional model. Linked to OOH and Community Standards work. There will be a focus on developing alternatives to admission and supporting timely discharge.	✓	✓	✓		✓	✓
2.1	Work includes: Review of meaningful activity in inpatient settings to support early enablement and rehab and reduce pressure and length of stay. Development of clear service specifications and assessment criteria for these services.						
2.2	Redefinition of Community Beds: in depth analysis of current use and proposals around re-shaping inpatient model and resource, including staffing and location (linked with care home strategic work).						
2.3	Redesign of Urgent Care: redefinition of A&E model to include Ambulatory Urgent Care/Same Day emergency Care. This work includes consolidation of external pathways and partnership working with partners across Scotland						
2.4	Review of national timescales (KPIs) for assessment and implement local performance monitoring						
2.5	Develop of a standard suite of documents (ensuring link up with digital work) and a clear end to end integrated discharge policy.						
2.6	Scope, define and implement discharge/flow navigation role as oversight and management for HSCP.						
2.7	Review of the Hospital @ Home Pilot and Virtual Ward in Mid Argyll and agreement on next steps						
2.8	Focus on virtual service delivery and review of TEC interface within assessment frameworks and role within emergency assessment, Home First, Discharge to Assess						
2.9	<u>WoS Thrombectomy Pathway</u> Complete LIH Onboarding for WoS Thrombectomy pathway to QEUH including putting in place SLA with NHS GG&C for remote stroke advice service from WoS Stroke Hub.	✓				✓	
Indicative Priorities for 2026-27 and 2027-28							

Ongoing Implementation new Acute/Urgent Models of Care to improve system flow and reduce inappropriate hospital admissions
Risks to Delivery
There is a risk that the required changes to how urgent and unscheduled care is provided cannot be delivered with the available funding.
Operationally complex delivery of acute stroke service is further delaying implementation of Thrombectomy pathway for the West of A&B HSCP.

3.	Mental Health	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
3.1	<u>Psychological Therapies</u> The service will continue to work alongside Scottish Government to develop in line with allocated funding and to improve wait times.	✓					
3.2	<u>Inpatient services</u> Ongoing issues and risks in relation to acute Mental Health inpatient ward. Recruitment challenges alongside lack of clear pathways to for access to IPCU. Review ongoing with NHS Highland to ensure appropriate service model and pathways in place.	✓				✓	
3.3	Review of dementia beds to develop a strategic and inclusive approach to dementia within A&B; and to define and improve pathways for those living with dementia and requiring assessment and/or step-up/step-down facilities within A&B.	✓		✓		✓	
	Standardisation of processes The community group explored variation across teams 2024-25, with the aim to minimise variation across the directorate.						
3.5	The associate lead nurse for MH has developed a skills framework in 2024-25 in which base skills and training needs are recorded and updated and further needs assessment will be develop from there.	✓			✓	✓	
3.6	Dementia services moved to the mental health directorate in 2024-25 and there are early plans to develop a training package to assist both care homes and local hospitals in caring for those presenting living with dementia.						
3.7	<u>Adult ADHD pathway</u> Neurodiversity pathway for adults continues to be developed within the review group, led by Senior Manager for	✓					

	Learning Disability services						
Indicative Priorities for 2026-27 and 2027-28							
Implementation of Dementia Bed and Pathways Review							
Implementation of Recommendations from review of inpatient psychiatry service and work on IPCU pathways							
Risks to Delivery							
There is a risk to the sustainability of the longstanding SLA with NHS GG&C for the provision of adult and elderly community mental health services to the Helensburgh and Lomond. Recruitment challenges may impact service delivery.							

4.	Primary and Community Care	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
	Primary Care	✓					
	<u>General Practice</u>						
4.1	Continue implementation of actions from comprehensive review of GP Cluster working in Argyll and Bute, to improve effectiveness of GP clusters to support quality improvement.						
4.2	Development quality strategy and plan for Board Managed Practices (2C) to deliver a quality service and improving continuity of care.	✓					
4.3	Support roll out of new contract for provision of sexual health services in primary care and Long Acting Reversible Contraception to support access to sexual health services.	✓	✓		✓	✓	
4.4	Scope and agree local actions arising from Scottish Government's Route Map for Primary Care [to be published in 2025, sets out conditions for achieving sustainable transformation in Primary Care]	✓	✓	✓	✓	✓	
	<u>CTAC</u>	✓				✓	
4.5	Improve activity recording and increase standardisation of CTAC services across the HSCP to support development of integrated phlebotomy services across primary and secondary care.						
4.6	Develop strategy for the delivery of INR/Anticoagulation service delivered through CTAC service across A&B.	✓				✓	
	<u>Community Glaucoma Service</u>	✓	✓	✓		✓	
4.7	Support the roll out of Community Glaucoma Service (in conjunction with planning team and hospital ophthalmology service).						
	<u>Dentistry</u>		✓				
4.8	Continue to focus on oral disease prevention by delivering Oral Health Improvement interventions and messages via national programmes – Childsmile, Smile4life, Caring for Smiles, Mouth Matters, Open Wide, including education for carers in different settings, toothbrushing programme, and National Fluoride varnish programme.						
4.9	Continue to provide National Dental Inspection Programme (NDIP) activity across the HSCP, targeting children identified as requiring urgent dental care.		✓				
4.10	Continue to improve access to dental care across Argyll and Bute HSCP by signposting to Scottish Dental Access Initiative, maintaining Public Dental Service provision and working in close partnership with Oral Health improvement colleagues. Continue to develop Orthodontic provision by increasing skill mix of local team.	✓	✓				

4.11	<u>Out of Hours</u> Revision and roll out of new business to business OOH GP contracts across the HSCP including a clear focus on preventing unnecessary admission, clear arrangements for ongoing contract management and quality improvement. Establish our current position and establish working group to establish integrated system approach to renewal. Links with Urgent and Unscheduled Care Programmes.	✓				✓	
4.12	Establish safe and cost-effective out of hours medical service in Jura that meets the healthcare requirements of local residents.						
4.13	<u>Overlapping Primary Care and Community Care</u> Community Link Working As part of the Primary Care Modernisation programme, continue to deliver community link working in identified GP practices. There is joint reporting of this work to the Living Well Programme Board due to the funding from Macmillan Cancer Support. This service is delivered under contract with the provider WithYou and contract monitoring is done by Public Health		✓	✓		✓	
4.14	<u>Community Services Standards</u> The Community Adult Services Integrated Plan sets out a number of actions in relation to agreeing community standards of care. Areas of work include: Redefinition of Single Point of Contact (SPoC) Access Redesign of assessment and care management frameworks, including care reviews Development of preventative models of care and urgent community response Development of Intermediate Care inpatient models – Stepping up and Stepping Down Develop a revised approach to Discharge Coordination Discharge to Assess (D2A) Digital First and Virtual Care Management, Including Virtual Ward	✓	✓	✓		✓	✓
4.15	<u>The Time to Care Project</u> Facilitated by Meridian and funded by NHS Highland. It is intended to model how staff time is used within community teams with the objective of increasing the time staff have available to spend with patients and clients. The process will also focus on the training and development of systems and people at team leader and management levels.	✓				✓	✓

4.16	<u>Mid Argyll Kintyre and Islay (MAKI) Service Model</u> Review all community and community hospital services delivered across the area to address consistent and continuing staffing shortages and identify areas of unnecessary duplication. Note this will be inclusive of all health, social work and social care resources.	✓				✓	
4.17	<u>Care at Home Strategy and Argyll & Bute organisational redesign</u> The care at home service is currently undergoing change both with external providers and organisational redesign of the Argyll and Bute delivered service. The new contract was introduced in November 2024. Full organisational redesign of the Argyll and Bute service is underway. The care at home service impacts on a wide range of other services such as those offered by community nurses, AHP teams and demand for residential care.	✓	✓			✓	✓
4.18	<u>Care Homes and Intermediate Care</u> A strategic development process is underway in respect of Argyll and Bute registered and HSCP operated care homes (but also the role of the independent provider provision) overseen by the Care Homes and Housing Programme Board. This strategic assessment is likely to inform models of care for the future and has key links with housing. Bowman Court Redesign (Mull): a proposal to change service delivery model and structure/use of building which is currently a progressive care/supported housing model.	✓	✓			✓	✓
4.19	<u>Day Services</u> The IJB asked for a review of day supports and services for older adults. Working with the Third Sector Interface to commission a mapping exercise.		✓	✓		✓	✓
4.20	<u>Responder Service and Mobile Teams</u> A working group has been established to review the responder and mobile teams service contracts and how it relates to the range of services and staffing models within the service to improve system efficiency and reduce duplication of effort.					✓	
4.21	<u>Distress Brief Intervention (DBI)</u> Develop a new service specification and funding model for DBI and provide first contact for people in distress throughout Argyll & Bute. This is being overseen by Public Health. The purpose of the service is to provide caring and compassionate support at the point of need and reduce the need for people to wait for HSCP services.		✓	✓		✓	

4.22	<p><u>Suicide Prevention Steering Group</u></p> <p>To co-ordinate the multi-disciplinary response to suicide prevention in Argyll and Bute. A Steering Group meets regularly to develop and oversee implementation of a local action plan and respond to national policy direction.</p>		✓	✓	✓	✓	
Indicative Priorities for 2026-27 and 2027-28							
Implementation of Community Standards							
Implementation of organisational change processes arising from MAKI and Time To Care Projects							
Implementation of actions arising from of Scottish Government's Route Map for Primary Care.							
Continue to roll-out and develop pathways for an integrated phlebotomy service across primary and secondary care.							
Complete roll out of Community Glaucoma Service for A&B by 2026.							
Risks to delivery							
Organisational change processes are likely to be a barrier to delivering service redesign. Adverse impact upon workforce and lack of HR and support service support to effect change.							
There is a risk that the HSCP is not in a position to support the implementation of the new GP contract as a result of availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk to full implementation across remote and rural areas.							
Complete roll out of Community Glaucoma Service may not be possible by end of 2025-26 as Open Eyes has not been rolled out yet by NHS Highland. In addition, secondary care pathways to NHS GG&C add an additional level of complexity.							
There is a risk the DBI will not be delivered due to lack of funding, staffing capacity, oversight and leadership. Work to establish an Implementation Group in Argyll and Bute has begun but is challenging due to staffing capacity.							

5.	Women and Children's Health	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
5.1	<p><u>A&B Children and Young Peoples' Service Plan 2023-26</u></p> <p><u>Priority 1</u></p> <p>Children's services are delivered through integrated systems, and strong, respectful, and collaborative leadership is an essential part of this. "Getting it right for every child" (GIRFEC).</p>	✓	✓	✓		✓	

5.2	<p><u>Priority 2:</u> Our children and young people have access to early help and support.</p> <p>The Child Poverty Action Group will coordinate child poverty work in Argyll and Bute and help interagency cooperation. Implementation of Argyll & Bute Child Poverty Plan actions for 2025-26.</p>			✓			
5.3	<p><u>Priority 3:</u> We improve the mental health and well-being of our children and young people</p> <p>Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while supplying more specialist support where needed</p>	✓	✓	✓			
5.4	<p>The partnership will improve assessment pathways for children, young people, and their families with neuro-developmental conditions. Implementation of Scottish Government Neurodevelopmental Service Specification including redesign of A&B service.</p>	✓	✓	✓			
5.6	<p><u>Priority 4:</u> We ensure our children and young people's voice is heard</p> <p>The Young Peoples Advisory Panel and Participation Groups will work to ensure that all</p>			✓			
5.7	<p>Renewal of Children and Young Persons Service Plan for 2026 – 2029</p>	✓	✓	✓	✓	✓	
5.8	<p><u>Family Nurse Partnership Service</u></p> <p>A&B is one of only a few areas in Scotland that do not have FNP coverage due to the low number of births annually (fewer than 100). Supported by the learning from the hybrid delivery models between FNP sites within NHS Lothian/NHS Borders and NHS Lothian/NHS Dumfries & Galloway plans have been progressed to deliver a hybrid model between NHS GGC and NHS Highland within A&B.</p>	✓		✓		✓	
5.9	<p><u>Review of Maternity Services</u></p> <p>Review underway and scheduled to complete in February 2025. Pilot for reviewing all of the services that sit within Children, Families and Justice Portfolio. The scope covers directly delivered service those services delivered under SLA with Greater Glasgow and Clyde for births which take place within their maternity units. Organisational change processes will follow, if the review recommends changes to service provision.</p>	✓				✓	✓
5.10	<p><u>Women's Health Plan</u></p> <p>Implementation of A&B HSCP's action plan.</p>	✓		✓			
Indicative Priorities for 2026-27 and 2027-28							
Implementation of Maternity Services Review Actions							
Launch and implementation of 2026-29 Children's Service Plan							
Further implementation of Family Nurse Partnership							

Neurodevelopmental Service Improvement and Redesign
Risks to delivery
Impact of remote and rural geography and the availability and accessibility of services for local communities as result of service redesign to support sustainability.
Whole system modelling and the links across education, health care, social care and 3rd sector is required with the aim to have an integrated diagnostic pathway for neurodevelopmental conditions, ensuring sufficient collective investment, workforce availability and pathway detail. The integrated model brings collective risk around available workforce, financial investment and assessment model.

6.	Population Health and Reducing Health Inequalities	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
6.1	<u>NHS Highland Joint Health Improvement Plan</u> Argyll and Bute health improvement staff will continue to work with colleagues in NHS Highland on a Joint Health Improvement Plan for 2024-2026, achieving efficiencies in some areas by working board wide. [Complete? Change to implementation of Joint Health Improvement plan for 2024-26?]	✓	✓	✓		✓	
6.2	<u>Living Well Programme</u> The Living Well Strategy continues to be delivered by a multi-agency programme board and has joint reporting to the Community Planning Partnership as well as the IJB. The strategy is in the process of being updated and a new iteration will launch in 2025. This will have updated actions in relation to how to better equip staff who deliver health and care services to have preventative conversations with the people they support. The three main programme deliverables are: <ul style="list-style-type: none"> - Community assets to build more community based support for people to live well - One front door to enable people to access this support - Targeted wellbeing coaching for people most likely to benefit from being more active eg those at risk of falls and/or fractures 	✓	✓	✓	✓	✓	✓
6.3	<u>Equality Outcomes and Mainstreaming Reporting</u> Report on the HSCP equality outcomes for the period 2021 – 2025 and prepare new Equality Outcomes for the next four years, taking account of the partner organisations, NHS Highland and Argyll and Bute Council.	✓	✓	✓			
6.4	<u>Launch a revised Alcohol and Drug Strategy in 2025</u>	✓		✓			
6.5	<u>Sexual Health</u> Implementation of system-wide sexual health improvement plan for A&B. Improve A&B-wide coordination and management of sexual health related stands of work across the HSCP including appropriate links with NHS Highland and NHS GG&C structures.	✓	✓	✓		✓	

Indicative Priorities for 2026-27 and 2027-28						
Joint Health Improvement Plan						
Living Well Programme						
Implementation of Alcohol and Drug Strategy						
Sexual Health Service Improvement Plan						

7. Finance, Infrastructure and Value Based Health and Care				JSP Priorities and Transformation Board		
2025-26 Deliverables				1	2	TB
Other Savings Proposals						
7.1	<u>Review of care packages</u>					
	<ul style="list-style-type: none"> Care @ Home packages LD/PD and Mental Health packages Direct payments (Self Directed Support) 					
7.2	<u>Fleet Tendering and Booking and Purchasing</u>					
7.3	<u>Review of HSCP Contracts and Service Level Agreements</u>					
7.4	<u>Value Based Care</u>					
	A&B will embed :					
	<ul style="list-style-type: none"> Reducing unwarranted variation Shared and informed decision making Reduction in lower value testing, treatments, care, and interventions GIRFE 					

Indicative Priorities for 2026-27 and 2027-28						
The following actions in relation to overall service and financial sustainability have been highlighted elsewhere in the ADP and may result in savings proposals for 2026-27 and beyond.						
<ul style="list-style-type: none"> Rural General Hospital Review Reducing unnecessary admission Review of care packages 						

- Time to Care
- MAKI model
- Review of Maternity Services
- Review of Responder and Mobile Teams Service

Risks to delivery

In the medium term, there is a risk of financial failure arising from costs and demand outstripping funding. This could be as a result of demand, cost pressures and inflation, failure to deliver savings or as a result of the level of delegated resource to the IJB from Scottish Government and / or partners being insufficient to deliver on strategic objectives.

Assets are owned by the Council and Health Board. Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or those assets are not being used or managed efficiently and effectively.

8.	Workforce	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
8.1	Argyll & Bute Strategic Workforce Plan 2022-25 Workforce Planning Oversight Group is in place with representation across the services and employers. Four working groups have been established to channel existing work and deliver against the workforce plan action plan: <ul style="list-style-type: none"> - Accommodation - Culture and Wellbeing - Attracting the workforce - Developing the workforce. 	✓			✓	✓	
8.2	Continue implementation of partnership approach to workforce planning, sharing best practice across employers using a workforce planning cycle and risk assessment to target additional support for managers.	✓			✓	✓	
8.3	Progress Implementation of Safe Staffing Act, including actions from Establishment Reviews and Service Workforce Plans	✓			✓	✓	
8.4	Review/Update Strategic Workforce Plan	✓			✓	✓	
8.5	Participation in Transformation and Resilience of Admin (TARA) Programme with NHS Highland				✓	✓	
Indicative Priorities for 2026-27 and 2027-28							
Progress Implementation of Safe Staffing Act, including actions from Establishment Reviews and Service Workforce Plans							
Implementation of actions for updated HSCP Strategic Workforce Plan							
TARA implementation							
Risks to delivery							
There is a risk that A&B will not have the required workforce to deliver strategic objectives which will impact the capacity to deliver new models of health and social care.							
9.	Digital and Innovation	JSP Priorities and Transformation Board					

	2025-26 Deliverables	1	2	3	4	5	TB
9.1	Scope and plan Digital First Programme with focus on: <ul style="list-style-type: none"> - Promotion of information about commercial TEC products that can support/prolong independence for people that do not require support from formal/statutory services - Prioritise workstreams in relation to preventing acute admissions and supporting discharge without delay - Piloting and introducing digital care at home solutions (remote welfare and medication checks, hydration kits etc.) 	✓	✓	✓		✓	✓
9.2	<u>Analogue to Digital Switchover</u> All A&B telecare clients have a digital solution in place by 31 December 2025	✓		✓		✓	✓
9.3	<u>MS Teams federation</u> To support collaboration across NHS and council. Phase 1 of federation is complete. Phase 2 of this project due to be started by the Digital Office. Scope of that work and what features will be available for HSCP purposes yet to be defined. Update?	✓				✓	
9.4	<u>Electronic Patient Record</u> Roll out of Track ED across all A&B ED departments to support data capture and ensure electronic patient record is in place.	✓				✓	
9.5	Working alongside NHS Highland to implement the 'Open Eyes' system which is the recognised EPR for Ophthalmology. This is central to roll out of Community Glaucoma Service and will minimise the clinical risk associated with the current viewing platform which is not considered appropriate long term.	✓				✓	
9.6	Roll out of 'Order Comms' whole system electronic process for requesting, reviewing and signing off tests and subsequent results via Trakcare PMS.	✓				✓	
	<u>Phase 2 of Eclipse Case Management System</u>	✓		✓		✓	
9.7	Phase 2 Discovery session completed in December 2024. Project Plan for testing and delivery to be presented to the Project Board in January 2025						
9.8	North of Scotland Care Portal- Further roll-out of the Dynamic Patient Summary is dependent on the completion of the Phase 2 Eclipse project in April 2025. OLM have confirmed that the link between Care Portal and Eclipse has been used in other partnerships successfully.						
Indicative Priorities for 2026-27 and 2027-28							
Progress of Digital First Programme priorities							

Further Roll out of Track ED
Open Eyes
MS Teams Federation
Risks to delivery
IT infrastructure in A&B

10.	Climate	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
10.1	<u>Estates</u> The HSCP has appointed a Senior Manager for Strategic Estates & Sustainability. Their responsibilities include the development of an integrated HSCP estates strategy in partnership with Argyll & Bute Council and NHS Highland to reduce carbon emissions. Ongoing support of blended/remote working for our staff where appropriate to reduce emissions relating to office accommodation					✓	
10.2	<u>Fleet</u> The Strategic Estates and Sustainability function is responsible for the HSCP fleet of vehicles and development of the EV charging infrastructure. These strands seek to minimise staff and patient travel where appropriate, partly to reduce carbon emissions. The HSCP is progressing well in the electrification of its vehicle fleet to reduce the carbon emissions associated with essential travel and transport.					✓	✓
10.3	<u>Digital Transformation</u> Introduction and further roll out of digital tools to ensure more is accomplished with less using new ways of working with or without technology including use of Near Me, Connect Me and other tools to reduce the need for staff and patient travel.					✓	✓
Indicative Priorities for 2026-27 and 2027-28							
Digital Transformation							

Further roll out of EV fleet and required infrastructure

Risks to delivery

Assets are owned by the Council and Health Board. Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or those assets are not being used or managed efficiently and effectively.

Annual Delivery Plan
2025 – 2026

Medium Term Plan
2027 – 2028



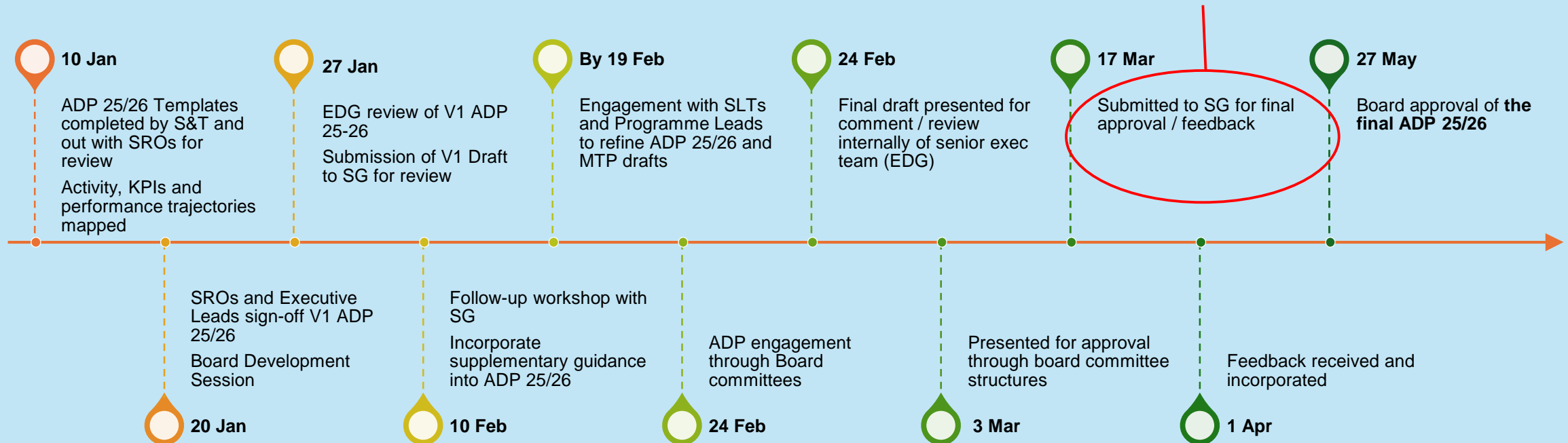


Summary of development of V3 FINAL DRAFT

- ADP 25/26 V3 incorporates updates to 12/03/25 at Noon
- The main development has been the categorisation of ADP 25/26 Deliverables and MTP priorities into a colour-coded scheme that designates where these are relevant to Highland-only, Argyll & Bute-only, pan-Highland, Regional or National actions
- the final document ahead of submission to SG, due 17th March
- Once approval received from SG, ADP 25/26 will progress through for approval of NHS Highland Board
- Quaterly updates on progress against 25/26 Deliverables will be reported to EDG, beginning in July 2025

ADP 25-26 Development Timeline

WE ARE HERE



25/26 Deliverables

List of actions NHS Highland commits to in 2025/26.

Colour-cording as follows:

Action applicable to:
Highland only
Argyll and Bute only
Highland and Argyll and Bute
Regional
National – Scotland-wide

Includes expected delivery date used for tracking.

BRAG status assessed end of each quarter and reported to EDG (quarterly), FRPC (6-monthly) and Scottish Government (6-monthly).

Medium Term Plan to 27/28

Priorities for strategic transformation, change and improvement over the next three-years aligned to Together We Care and related plans for Highland HSCP and Argyll & Bute HSCP.

Key Performance Indicators (KPIs)

Describing how we will measure success of the deliverables and monitor performance largely through the Integrated Performance and Quality Report (IPQR).

Performance Improvement

Describing the performance improvement we wish to make in 2025/26, or how we will approach a data-informed approach to the Deliverables.

Outcome 1: Start Well		ADP 25/26 V3 DRAFT		Executive Lead: Katherine Sutton	
25/26 Deliverables			Key Performance Indicators (KPIs)		
<ul style="list-style-type: none">Develop and enhance midwifery led care through implementation of a Midwifery Workforce Plan and associated governance - Aug 2025Clarify and strengthen governance structures across NHS Highland to ensure a Highland wide approach to achieving Start Well - June 2025Women, pregnancy, and additional support: trauma informed pathway of care: develop and implement plan that supports continuous improvement of services and pathway - March 2026Maintain full compliance with GROW package and foetal medicine requirements - June 2025Ensure services across Highland can receive (Health Improvement Scotland) HIS inspectors and evidence high quality, safe and patient centred care. - May 2025			<ul style="list-style-type: none">HIS standards will be released in draft May 2025 – KPIs TBCBreastfeeding trajectory to reduce attrition of any breastfeeding by 6-8 weeks coupled with formula supplementation rates for breastfed babiesAt least 80% of pregnant women I each SIMD quintile will have booked for antenatal care by the 12th week of gestationEligible patients commence IVF treatment within 12 months		
Medium Term Plan to 27/28			Performance Improvement		
<ul style="list-style-type: none">Redesign Maternity and Neonatal Services: Align workforce models and pathways to national redesign and implementation standards – 2027/2028Develop Infrastructure for Birth Choice: Meet Scottish Government recommendations for choices of place to birth, considering the financial climate and remote/rural geography - 2027/2028Maintain UNICEF Baby Friendly Accreditation: Ensure NHS Highland maintains Gold Standard accreditation - ongoingUpgrade Maternity and Neonatal Facility: Deliver care through a refurbished Level 2 facility, depending on future Scottish Government capital finance – TBCReview restructuring opportunities – Assess potential downsizing or restructuring in response to declining birth rates – 2027/2028Maintain Best Start principles – Ensure continued alignment with Best Start guidelines: ongoingMeet maternity service standards – Deliver services in line with <i>Maternity Services Policy: Scottish Government: DL (2025) 02</i> - 2027/2028Enhance scanning & screening services – Ensure compliance with GROW package and foetal medicine standards, while improving local services in Highland - 2027/2028Develop midwifery education – Expand undergraduate midwifery training in NHS Highland in partnership with Robert Gordon University and University of the West of Scotland – Sept 2026Support maternity support worker training – Facilitate distance learning and provide local team support for training – September 2026			<p>Robust data for monitoring the deliverables is currently being developed in partnership with services. This will be developed over 25/26 and will include:</p> <ul style="list-style-type: none">Reduction in health inequalities for those with more complex health needs and continuity of carerImprovement of miscarriage careRoutine service performance metrics		

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">• Improvement Plan & Waiting List Initiatives: Develop and implement a plan to improve waiting list position, including targeted initiatives where extra finance and workforce are available - January 2026• Interim Referral Criteria & Processes: Introduce interim criteria and processes to manage the waiting list, ensuring complete referral information and improved vetting through a multidisciplinary approach with partner agencies - June 2025• Workforce & Finance Plan: Create a one-year plan to support improvement activities, stabilise the workforce, and reduce backlog waiting lists - March 2026• Enhanced Partnership Working: Strengthen collaboration with The Highland Council and third-sector organisations to establish a Highland-wide multi-agency approach, aligned with GIRFEC principles - March 2026	<ul style="list-style-type: none">• Improved access times from current position for the 18-week referral time – January 2026• Total waiting list for NDAS – January 2026• Coverage of 3 UHVP health reviews maintains or increases annually at health board level - March 2026
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">• Achieve alignment to the Early Child Development Transformational Change Programme, Health Visitor Action Plan, UNCRC, The Promise and the Child Poverty Action Plans. - March 2028• Implement the national Mental Health standards and meet the National Neurodevelopmental Specification - March 2028• Deliver a sustainable service by remodelling our workforce and making sure that we make best use of our resources through developing a 3 to 5 year improvement plan - March 2028	<ul style="list-style-type: none">• NDAS Improvement Programme: Aims to enhance access to NDAS by developing a Neurodevelopment Network of services through a collaborative approach with partners• Performance Focus: Primary improvement target is reducing referral-to-assessment times, measured against the 18-week KPI• Inequalities in Developmental Concerns: Children in the most deprived areas of NHS Highland (23%) are 3.3 times more likely to have developmental concerns at 27-30 months than those in the least deprived areas (7%), with the gap widening since 2022/23• Child Poverty: Around 13,000 children in NHS Highland live in poverty—nearly 1 in 4 in both Highland and Argyll & Bute HSCPs—with numbers rising

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">• Assess reserve/contingency fund use – Explore potential funding within NHS Highland to support recruitment before external allocations are confirmed – June 2025• Data Quality & Waiting List Management: Oversee data improvements and streamline waiting list processes with a fixed-term waitlist manager and TrakCare enhancements (due 29 March 2025) to improve CAMHS data quality - August 2025• Real-Time Data Provision: Ensure access to meaningful, real-time data for monitoring, reporting, and responding to changes in CAMHS capacity, outcomes, and interventions - January 2026• Sustainable 18-Week Standard: Build capacity to achieve and maintain the CAMHS 18-week waiting times target on a sustainable basis - December 2025• iCAMHS Implementation: Roll out Intensive Child and Adolescent Mental Health Services (iCAMHS) to enhance support for young people - December 2025	<ul style="list-style-type: none">• Improved access times for CAMHS (national standard is 90% <18 weeks from referral to treatment) - December 2025• Reduction in the numbers of people on the waiting list for CAMHS in line with data quality and other improvement actions - December 2025• A sustainable workforce model is in place for CAMH, resulting in a reduction in spending on supplementary staffing - December 2025• NHS Highland meets the national service specification for CAMHS - December 2025
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">• Implement a sustainable workforce model- March 2026• Reduction in spending on supplementary staffing with redesigned CAMHS - March 2027• Achieve alignment to the national service specification for CAMHS in NHS Highland - March 2027	<p>Primary Objective: CAMHS Pan-Highland to meet Referral to Treatment (RTT) KPI by end of 2025, a prerequisite for other performance indicators</p> <ul style="list-style-type: none">• Workforce Increase Projection: Additional 4 WTE staff from April 2025, each managing an average of 3 new appointments per month• Capacity Impact: Extra capacity will prioritise clearing the longest waits first, with 70% of new patient appointments expected to lead to treatment based on historical data• Waitlist Assumptions: Based on historical referral data, factoring in expected treatment appointments per cohort• Projected RTT Achievement: North Highland CAMH Service expected to meet RTT by end of November 2025

Outcome 3: Stay Well		ADP 25/26 V3 DRAFT		Executive Lead: Tim Allison	
25/26 Deliverables				Key Performance Indicators (KPIs)	
<ul style="list-style-type: none">• Smoking Cessation: Meet national targets, including a pilot at Raigmore to reduce admissions and Length of Stay, achieving 336 successful quits at 12 weeks in the 40% most deprived SIMD areas - March 2026• Hepatitis C Prevention: Continue prevention efforts and progress towards Scottish Government Treatment Targets, aiming for Target Zero (confirmation required) - June 2025• Health Inequalities: Deliver an equalities-based approach in services, including alcohol brief interventions (target: 3,600 per year), violence against women, infant feeding education (Stay Well), healthy weight education, and financial inclusion pathways - June 2025• Health Inequalities Plan: Develop an implementation plan for a health inequalities approach in specific services following the publication of the Director of Public Health’s Annual Report 24/25 - June 2025• National Screening Programmes: Encourage informed participation to achieve national targets, with participation reviewed as part of performance monitoring - Ongoing through to March 2026• Screening Inequalities Plan: Implement within available resources - March 2026• Health Improvement Delivery: Focused on alcohol brief interventions, smoking cessation, breastfeeding, suicide prevention, and weight management - Ongoing through to March 2026• HIV Transmission Elimination: Develop an implementation plan for delivery - March 2026, then MTP• Sexual Health & HIV Strategy: Assess needs to refresh and deliver strategy in line with sexual health service standards - March 2026, then MTP				<ul style="list-style-type: none">• Reduced admissions and Length of Stay in Respiratory Ward Raigmore – June 2025• Reduced HepC incidence - June 2025• Equity of access and demonstrated offer/ uptake for services noted above - June 2025• Health Inequalities Implementation plan approved -June 2025• Reduce premature deaths, below 75-years-old – March 2028• Reduced hospital admissions and related readmissions - March 2028• Implementation of Health Inequalities Plan - March 2028• Demonstrable engagement with protected characteristic groups, monitoring of service uptake by SIMD; reduction of delayed discharges; implementation of women’s health plan and anchors strategic plan - March 2028• National Screening Programmes - ongoing• Vaccinations Uptake - ongoing	
Medium Term Plan to 27/28				Performance Improvement	
<ul style="list-style-type: none">• Reduce Premature Deaths: Focus on reducing deaths in individuals under 75 - March 2028• Improve Quality of Life: Implement strategies to enhance overall well-being - March 2028• Reduce Hospital Admissions & Readmissions: Prevent unnecessary hospital stays through targeted interventions - March 2028• Reducing Health Inequalities: Engage with protected characteristic groups, monitor service uptake by SIMD, reduce delayed discharges, and implement the Women’s Health Plan and Anchors Strategic Plan - March 2028• Vaccination Programme: Improve disease prevention and reduce inequalities in access through a consolidated NHS Highland vaccination programme - March 2027• Increased Screening Uptake: Enhance early intervention, disease prevention, and reduce inequalities through improved participation in screening programmes - March 2027• Health Protection: Strengthen health protection services in and out of hours to safeguard the population and reduce inequalities - March 2027• Alcohol & Drug Partnerships: Deliver actions aligned with the Strategic Plan, including smoking elimination through the Quit Your Way programme - March 2027• Waiting Well Programme: Develop a coordinated approach to support people in maintaining their health while waiting for NHS treatment - March 2027				<ul style="list-style-type: none">• Review Stay Well reporting framework – Align measures with prevention and health inequality priorities• Ensure routine reporting – Continue reporting through the Population Health Programme Board• IPQR inclusion – Maintain a subset of measures within the NHS Highland Board’s IPQR	

25/26 Deliverables	Key Performance Indicators (KPIs)
<p>Employer Priorities:</p> <ul style="list-style-type: none">Expand NHS career pathways for young people in areas of deprivationImprove workforce data for targeted actionPromote EDI strategy to support equitable recruitment and retention <p>Procurement Priorities:</p> <ul style="list-style-type: none">Increase local supplier engagement (35% local spend target)Ensure social value in contractsPromote sustainable, net-zero procurement <p>Environment & Sustainability Priorities:</p> <ul style="list-style-type: none">Implement Environmental Management System with local councils and UHIEnhance community engagement on sustainabilityReduce carbon footprint and improve waste solutions <p>Community Planning Partnership Priorities:</p> <ul style="list-style-type: none">Implement Highland Outcome Improvement Plan (HOIP) - 2027Define and measure priority outcomes - June 2025Establish governance for monitoring objectives - ongoingContinue to work with the Argyll and Bute Community Planning Partnership to deliver the local outcomes improvement plan 2024-24 - ongoing	<ul style="list-style-type: none">Reduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics - OngoingImproved positive impact on environment via EMS measures - 2038Improvement from 23/24 position using national procurement metrics - OngoingImprovement from 23/24 position using national employer metrics - OngoingImprovement from 23/24 position using national land and assets metrics - Ongoing
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">Ongoing delivery of Anchors Strategic Plan - March 2028Ongoing engagement with the A&B Community Planning Partnership - March 2028Ongoing engagement with the Highland Community Planning Partnership - March 2028Implementation of Environment Management System (EMS) - March 2028	<ul style="list-style-type: none">Procurement dataTURAS and e:ESS data – recruitment data to be assessed and data inputs encouraged across the organisationEMS (Estates and Climate) dataNational metrics for reporting Anchors Institution PlansReduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics

25/26 Deliverables

Key Performance Indicators (KPIs)

<p>Workforce & Leadership:</p> <ul style="list-style-type: none">Develop workforce diversification plan - March 2026Enhance psychological safety, staff engagement, and leadership – October 2025Review partnership working for continuous improvement - October 2025 <p>Digital & Training:</p> <ul style="list-style-type: none">Implement digital automation - October 2025Increase training compliance - March 2026Report on Equalities Outcomes - March 2026 <p>Strategic Plans & Partnerships:</p> <ul style="list-style-type: none">Deliver leadership conference - June 2025Progress EDI strategies - March 2026Increase apprenticeships - March 2026 <p>Anti-Racism & Safety:</p> <ul style="list-style-type: none">Review Anti-Racism toolkit – March 2026Develop training for younger generations – March 2026Launch 3-year health and safety strategy – March 2026	<ul style="list-style-type: none">Sickness absence of staff across NHS Highland <4% - March 2026Statutory and Mandatory Training Compliance >95% - March 2026Turnover of NHS Highland staff <10% - March 2026Time to Fill for positions recruited by NHS Highland less than 116 days - March 2026Increase % of Appraisals/PDP&Rs checked and completed on TURAS Appraisal - March 2026
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Medium Term Plan to 27/28

Performance Improvement

<ul style="list-style-type: none">Leadership culture framework implemented – March 2028Workforce plan as part of Annual Service Planning – April 2026Employability strategy implemented – July 2026New workforce models with aligned pipelines – March 2028Strengthen local/joint partnership forums - March 2028Embed continuous staff engagement - March 2028Review workforce diversification progress - March 2026Publish 3-year workforce strategy - July 2026Roll out health roster for workforce planning - March 2026Review Health and Care Staffing Act impact - July 2026Deliver cohort training for SCNs - July 2026Review diversity and inclusion strategy - March 2027Review health and wellbeing strategy - March 2027	<p>Deliverables for Grow, Listen, Nurture, and Plan Well Strategy:</p> <ul style="list-style-type: none">Reduce workforce gaps and supplementary staffing useLower staff absence and minimise redeployment/pay protection costsDecrease agency use through better controlsImprove performance in recruitment, staff bank, and employee relationsReduce low-value tasks for staff <p>Medium-Term Priorities (2027/28):</p> <ul style="list-style-type: none">Foster a positive, psychologically safe culture with low formal HR casesImprove staff engagement and wellbeingExpand employment opportunities, including youth and local rolesIncrease workforce diversity with positive feedback from staff with protected characteristic
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25/26 Deliverables

- Joint Strategic Needs Assessment (JSNA) – **March 2025**
- ASC Target Operating Model – in draft awaiting approval – **March 2025**
- Strategy development; Care Home and C@H, Support, SDS / Choice & Control – **April / May 2025**
- Market Facilitation Plan – dependent on availability of strategies – **March 2026**
- Care at Home retendering exercise for hours or care provision – **March 2026**
- Developing local care model, building on discovery work in Lochaber, Caithness and North Coast – **March 2026**
- Develop NHS Highland’s Community Hospital strategy and consider future options for services - **March 2026**
- Roll out Annual Service Planning across all Health and Social Care areas - **June 2025 onwards**
- Development of ASC Workforce plan – **March 2026**
- Commission supporting strategies from Corporate Services – **March 2026**
- Commence AHP (OT/Physio) presence in ED Raigmore – **April 2025**
- Develop and implement Criteria Lead Discharge – **June 2025**
- Scope case for Discharge to Assess (D2A) in conjunction with SW and prof leads – **May 2025 for business case**
- Development of TOM for community rehabilitation – **September / October 2025**
- TOM and D2A to factor all elements of intermediate care as alternatives to acute – **March 2026**

Medium Term Plan to 27/28

- Maximise use of NHS estate working with our partners in Highland Council to deliver place-based care - **March 2027**
- Roll-out the implementation of 2:1 Care at Home pilot across Highland HSCP based on learning from Badenoch and Strathspey - **May 2026**
- Lochaber wider view of infrastructure and resources – **March 2027**
- New practice model for social work and social care – **May 2026**
- Roll out of Choice and Control (self directed support) – **May 2026**

Key Performance Indicators (KPIs)

- The Highland Health and Social Care IPQR will be refreshed to focus on performance improvements – meeting 25/02
- Number of people assessed and awaiting a new package of care
 - Unmet need (care at home)
 - CAH waiting lists
 - Long stay care home placements
 - Number of delayed discharges
 - SDS Care break scheme applications
 - SDS1 Direct payments
 - SDS2 No. Of clients
 - Community Hospital delayed discharges
 - Community Hospitals Length of Stay
 - Adult Protection number of referrals
 - Completed Adult Protection referrals
 - DARS – ADP performance against completed waits
 - DARS - % ongoing waits > 3 weeks
 - Access to rehabilitation and reablement
- A number of KPIs are under consideration and will be developed ahead of final submission of ADP to SG in March.

Performance Improvement

- The Highland Health and Social Care IPQR will be refreshed to focus on performance improvements – meeting 25/02
- Key data monitored currently includes:
- Delayed hospital discharges and community assessments
 - Long stay care home placements
 - SDS Options and community hospital discharges
 - Adult Protection referrals
 - AHP Services and rehabilitation support

25/26 Deliverables

- Reduce diagnostic variation by reviewing Investigation and Treatment Room (ITR) activity - **March 2026**
- Address prescribing and diagnostic variations through quality improvement and efficiency workstreams- **March 2026**
- Monitor GP access and primary care delivery models (including dental, optometry, and pharmacy)- **March 2026**
- Explore opportunities with the Scottish Dental Access Initiative Grants to improve dental services access - **March 2026**
- Continue key Oral Health programs like Childsmile, Recycle & Smile, and Caring for Smiles - **March 2026**
- Enhance minor oral surgery pathways in primary care, in collaboration with the acute sector (ongoing).Develop a strategy for Primary Care services based on the Joint Strategic Needs Assessment - **March 2026**
- Delivery of an NHS Highland strategy for Primary Care services based on the Joint Strategic Needs Assessment undertaken for the pan-Highland area - **March 2026**

LINK TO RESPOND WELL: Redesign existing services to create a community urgent care service

Medium Term Plan to 27/28

- Deliver local actions aligned with the National Primary Care Improvement Plan - **March 2027**
- Enable data-driven services to improve quality through quality clusters - **March 2027**
- Manage dental contracts with the independent sector, addressing workforce challenges and expanding service availability - **March 2027**
- Contribute to the Preventive and Proactive Care programme, supporting self-care and early intervention on health determinants - **March 2027**
- Develop the Community Glaucoma Service in partnership with Scottish Government, NHS Education for Scotland, and National Services Scotland to ensure safe patient care - **March 2027**

Key Performance Indicators (KPIs)

- Development of a cluster quality improvement programme supported by PHS LIST data sets.
- Number of independent providers and services directly delivered by HHSCP
- Reduction in inequalities associated with access to healthcare in a remote, rural and island geography
- Increasing the number of patients registered for the Community Glaucoma Services in NHS Highland through engagement with new digital tools when available
- 48-hour booking or advanced booking to an appropriate member of the GP team

Performance Improvement

- The outcomes of the Highland HSCP Joint Strategic Needs Assessment will be considered moving forward in terms of the Data and Intelligence required and reporting through the Highland HSCP IPQR for Primary Care services

25/26 Deliverables

Psychological Therapies (PT)	
<ul style="list-style-type: none">Implementation of National Service Specification and associated governance in line with Scottish Government priorities - September 2025Improved Patient Outcomes: Reduce waiting times, ensuring faster access to treatment, leading to better patient experiences and outcomes - March 2026Waiting Time Targets: 90% of patients referred to treatment have their first appointment within 18 weeks. No patients waiting longer than 52 weeks for treatment - March 2026Enhanced Service Planning: Improve annual service planning through better-quality data and easier access to performance data, leading to better resource allocation and optimised skill mix - March 2026Digital Therapies Expansion: Increase the number of patients accessing digital therapies, reducing waiting lists and improving overall access and efficiency - March 2026Mental Health Data Improvement (PT & MHL D): Enhance the quality and completeness of mental health data returns (e.g., CAPTND) and proactively engage with PHS for analytical support - March 2026	
Mental Health, Learning Disabilities (MHL D)	
<ul style="list-style-type: none">Mental Health Programme Board Refresh: Oversee the delivery of Core Mental Health Quality Standards to address inequalities in outcomes and experiences and implement transformation projects detailed in the Mental Health and Wellbeing Strategy Delivery Plan (2023-2025) and NHS Highland’s local Mental Health Strategy – "Stronger Together" - June 2025Quality Standards Improvement Plan: In collaboration with Healthcare Improvement Scotland (HIS), identify three priority areas in the Core Mental Health Quality Standards for a 2025/26 local improvement plan - June 2025Mental Health Quality Indicators: Work with PHS on developing national Mental Health Quality Indicators (MHQI), including monitoring the 10% spend target - June 2025Workforce Planning: Support the Mental Health and Wellbeing Workforce Action Plan by delivering an evidence-based workforce plan to ensure; right workforce numbers, right skills and right support, at the right time and in the right place - March 2026Forensic Mental Health: Engage with the Forensic Governance Advisory Group to enhance collaboration in forensic mental health services at regional and national levels - September 2025Neurodevelopmental Assessments: Review access to assessments and professional support by optimising referral and assessment pathways - December 2025Annual Health Checks for Learning Disabilities: Prioritise checks for people aged 16+ with learning disabilities and engage with the Scottish Government National Implementation Group for an interim review of progress - September 2025Maximise work with the Third Sector – September 2025Reduce the percentage of supplementary staffing in inpatient wards to the national reference range of 15% - March 2025Building on work already underway to improve unplanned and urgent mental health care, including for those in mental distress (this work includes implementing local psychiatric emergency plans) – OngoingEnsure the mental health built estate enables the delivery of high-quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit – December 2025	

Medium Term Plan to 27/28

- Full Implementation of National Specification for Psychological Therapies – to ensure consistent, high-quality psychological therapy services - **March 2028**
- 7-Day Access Expansion – Assess unmet need and refine shift patterns to enhance 7-day access to services - **March 2028**
- Community-Based Crisis Support – Strengthen crisis intervention services to reduce unnecessary hospital admissions and improve community-based alternatives - **March 2028**
- Community Hubs for Early Intervention – Develop community hubs in partnership with independent and third-sector organisations to enhance **early intervention** and **outreach**, promoting inclusion and preventative care pathways - **March 2028**
- Trauma-Informed Service Delivery – Embed trauma-informed approaches across all services by ensuring comprehensive staff training and service redesign aligns with best practices - **March 2028**
- Enhanced Dementia Care Pathways – Improve early diagnosis, access to specialist support, and better coordination with community services for dementia care - **March 2028**
- Workforce Job Planning – Enhance job planning processes to align staff capacity with service demand and evolving patient needs - **March 2028**
- Facility Capacity Expansion – Expand capacity at high-demand facilities, including potential repurposing of existing spaces to optimise service delivery - **March 2028**
- Scaling Up Digital Therapies – Improve access to mental health support, particularly for remote and underserved populations, by expanding digital therapy options - **March 2028**
- Optimising Patient Record Systems - Fully implement Morse for improved digital patient record management and optimise Trak for mental health and learning disability services to enhance efficiency and data integration - **March 2028**
- Strengthening On-Call Mental Health & LD Support – Improve responsiveness in crisis situations by ensuring timely access to specialist care, reduced delays in decision-making and better patient outcomes - **March 2028**
- Enhancing Adult Social Care Support – Improve commissioning, reduce flow barriers, and strengthen partnerships with communities, third sector, and independent providers to deliver timely, person-centred care that supports recovery and independent living - **March 2028**

Key Performance Indicators (KPIs)	Performance Improvement
<ul style="list-style-type: none">• Drug and Alcohol; Waiting Times from referral to treatment <21 days - Quarterly• ASC Self Directed Support• Mental Health Assessment Unit (MHAU) attendances complete within 4 hours• Reduce Length of Stay for delayed and non-delayed people• Increase the amount of people discharged on their Planned Date of Discharge (PDD)• Increase availability and choice of social care options• Reduce people experiencing standard delayed discharge• Reduction in incidents of self-harm within 7 days of discharge• Operational Mental Health service is available for 7 days per week• Reduced Out-of-Area placements• Waiting Time Performance targets achieved / improved• Compliance to <u>Core Mental Health</u> standards (KPIs to be defined)• PT: Percentage of patients seen less than 18 weeks after referral - Quarterly• PT: Total number of completed waits - Quarterly• Reducing in total waiting list for Community Mental Health Services - Quarterly• Completed waits for Community Mental Health Services - Quarterly• Core Mental Health Standards	<ul style="list-style-type: none">• Digital Therapies: Increase access to digital therapies to reduce waiting times• Referral Pathways: Streamline and improve efficiency in MH service referrals• Resource Allocation: Optimise resource allocation through data-driven decisions• Supplementary Staffing: Reduce reliance on supplementary staffing by revising care models• Workforce: Strengthen the mental health workforce with the Mental Health and Wellbeing Workforce Action Plan• MHLD Focus Areas:• Delayed Discharges: Address delayed discharges at New Craigs and improve length of stay (LoS)• Out-of-Area Placements: Reduce OOA placements by improving community support• Community Mental Health Data: Improve data quality and availability for community mental health teams

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">Optimising FNC/OOH Clinical Pathway Development & workforce redesign - September 2025Hospital at Home model implementation plan - December 2025Design and delivery of a Step up/step down model to respond to crises - December 2025Identification of frail people - April 2025Intervention for frailty – comprehensive geriatric assessment embedded in acute services - December 2025Intervention for frailty – pathways for support – falls, dementia, continence & malnutrition -December 2025Electronic recording of frailty score linked to patient record - TBCDevelop models at front doors to meet principles of frailty teams ensuring early identification, assessment and redirection – TBCDevelop our model of delivery in community to support redirection from hospital where appropriate - TBCTargeted improvement plan to reduce Length of Stay in our emergency departments – October 2025Embed and monitor efficient and effective discharge pathways across all sites - July 2025Model CfSD leverage opportunities to identify areas to reduce length of stay (1-3 days) – October 2025	<p>The key measures currently under routine reporting are as follows;</p> <ol style="list-style-type: none">Percentage of A&E attendances completed within 4 hours: Percentage of 'unplanned' attendances at Emergency Departments that are admitted, discharged or transferred within 4 hours - 78.5%Number of A&E attendances lasting more than 12 hours: Number of 'unplanned' attendances at Emergency Departments that are admitted, discharged or transferred more than 12 hours after they arrived at the Emergency Department – 101To reduce the average number of patients in Acute & Community hospital beds with a LOS >14 days – 339To reduce the average number of non-delayed patients in Acute and Community hospital beds with a LOS >14 days – 179To reduce the average number of patients in Acute and Community hospital beds affected by standard delays -118To reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm and 5am (overnight) – 389To reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am and 5pm (day time) – 370
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">Continue to implement the Urgent Care model and identify benefits and impacts – March 2028Intervention for frailty; comprehensive geriatric assessment embedded in community services - December 2026Intervention for frailty; pathways for support - December 2026	<ul style="list-style-type: none">Shift unscheduled ED/MIU attendances to scheduled presentationsIncrease ambulatory care and straight-to-specialty admissionsReduce ED waiting times and length of stay (focus on diagnostics and zero-day stays)Use CfSD data to identify and target length of stay reduction opportunitiesEnhance frailty response to prevent unnecessary hospital admissionsAddress unmet community services to reduce discharge delays

25/26 Deliverables

Increase theatre efficiency:

- Review theatre pathways, use, and scheduling – March 2026
- Implement Infix across all services using theatre space – December 2025

Service Planning & Standards:

- Complete annual service planning for all services – March 2026
- Implement processes to deliver waiting times standards, ensuring consistency and clinician engagement – September 2025
- Finalise local access policy with clear application and principles – September 2025

Targeting Long Waits:

- Delivery plan to reduce long waits, focusing on longest waiting patients – March 2026
- Design services for sustainability and consistent performance, with a focus on dermatology, gastroenterology, gynaecology, orthopaedics, and ophthalmology – March 2026

Clinical Value & Pathways:

- Review Procedures of Low Clinical Value (PLCV) to ensure consistency and capacity – March 2026
- Inspect and maximise use of TAM guidelines, pathways, and TAM website – March 2026

Clinic Delivery & Pharmacy Collaboration:

- Set up strong links with pharmacy for biologic therapies – March 2026
- Develop clinic delivery mediums to support geography and patient demographics – March 2026
- Continue work with NHSGGC to collectively plan outreach services to provide sustainable local secondary care services and prevent unnecessary patient flows into GGC. Redesign considering virtual or written patient management to improve sustainability and reduce need to travel –
- Deliver hospital EPR (deliverable is included within board’s Digital Delivery Plan) – March 2026

Key Performance Indicators (KPIs)

- Proportion of New Outpatients seen <12 weeks from referral 95% - monthly
- Proportion of Outpatients waiting > 52 weeks from referral 0% - monthly
- Planned vs. Actual New Outpatients seen (activity) - monthly
- Total Number of New Outpatients - monthly
- Total Number of New Outpatients converted to Treatment Time Guarantee - monthly
- Total Number of Patients on Return Outpatients Wait List - monthly
- Total Number of Patients on Return Outpatients Wait List past Due Date - monthly
- New Outpatients: Referrals vs Patients Seen Vs Trajectory - monthly
- Total Number of Outpatient Waiting List and Projection - monthly
- Outpatients Follow-Up Ratio - monthly
- Treatment Time Guarantee; percentage of patients seen <12 weeks >95% - monthly
- TTG: Referrals vs Patients Seen Vs Trajectory - monthly
- TTG: Patients Waiting <78 and <108 weeks - monthly
- TTG: Total Waiting List and Projection - monthly
- Planned vs. Actual TTG seen (activity) - monthly
- Clinic delivery (NearMe / telephone / face to face) - monthly
- Theatre efficiencies - TBC
- KPI required around application of the principles of Waiting Times Guidance. To be developed - TBC
- Total number of Procedures of Low Clinical Value (PLCV) undertaken. To be developed and reliant of published list of PLCV - TBC
- Theatre efficiencies - TBC
- KPI required around application of the principles of Waiting Times Guidance. To be developed - TBC
- Total number of Procedures of Low Clinical Value (PLCV) undertaken. To be developed and reliant of published list of PLCV - TBC
- Number of TAM review breaches. To be developed - TBC
- Quantity of prescribing undertaken by non-consultant. To be developed - TBC
- Nurse led activity. To be developed - TBC

Medium Term Plan to 27/28

- Support the development of national models of care - 2027/28
- Increase the volume of patient experience feedback we receive by proactively seeking this to shape service development and learn from our patients - 2027/28

Performance Improvement

- Maximise local capacity and improve performance against national standards
- Focus on reducing longest waits by targeting long-waiting new outpatients
- Ensure new outpatients are seen by the appropriate clinician (e.g. Nurse Specialist,

25/26 Deliverables	Key Performance Indicators (KPIs)
<div><ul style="list-style-type: none">Labs:<ul style="list-style-type: none">Workforce Sustainability: Implementation of labs training manager - August 2025POCT Devices: Develop team/system for safe use of POCT devices - November 2025Education Campaign: Educate clinicians on low clinical value testing - March 2025Costing Model: Raise awareness on the cost of testing - January 2026OrderComms Implementation: Digital requesting of tests (Raigmore & L&I hospitals) – March 2026Labs System Transition: Transition to Ultra for A&B labs (EPR portfolio) - TBCRadiology:PACS Replacement: Replace Picture Archiving Communications System - TBC DigitalRIS Replacement: Replace Radiology Information System - TBC DigitalIR(ME)R Processes: Improve administration for safety and efficiency - TBCCentralised Admin Team: Develop centralised admin team to optimise resources - TBCMissed Test Communication: Communicate missed radiology test numbers/costs to patients - TBCEndoscopy: TrakCare PMS being updated from 28 days to 42 days waiting time standard = national target – TBC DigitalCystoscopy:All clinicians using EMS – June 2025<ul style="list-style-type: none">Change appointment types to prepare for change to booking practice – June 2025Move booking to GI endoscopy central booking office to increase utilisation – December 2025GI Endoscopy:Nurse endoscopist working independently – June 2025<ul style="list-style-type: none">All elective patients referred via formstream – September 2025Booking team fully staffed – September 2025ERCP booking to move to booking office – December 2025</div>	<div><ul style="list-style-type: none">Number of tests that add little / no clinical value - 25% reduction – March 2026Endoscopy Test: Waiting Times <6 weeks from referral to test - 80% (Short-Term) - 90% (National) – March 2026Colonoscopy and Cystoscopy: Total number of patients seen and activity trajectoriesFlexi Sig and Upper GI: Total Number of Patients Seen and activity trajectoriesEndoscopy: Percentage of Planned Activity Vs Actual ActivityTotal Waiting List Size: 24hr ECG, Nerve Conduction Tests and SpirometryTotal Waiting List Size: Echocardiology & Sleep StudiesPatients Waiting > 6 weeks: 24hr ECG, Nerve Conduction Tests and SpirometryPatients Waiting > 6 weeks: Echocardiology & Sleep StudiesRad: Reduction in non-pay overspendsImproved compliance with Waiting Times GuidanceImaging tests; percentage of patients receiving test <6 weeks from request - 80% ST - 90% LT - March 2026CT: Total number of patients seen vs. planned activityNon-Obstetric Patients Seen vs. planned activityMRI: Total number of patients seen vs. planned activityAll Imaging: Total number of patients seen vs. planned activity</div>
	Performance Improvement

Medium Term Plan to 27/28		
<div>Labs:<ul style="list-style-type: none">Implement iLFT pathways for liver disease - 2026/27Enhance blood donation process with Haemonetics - 2026/27Increase POCT use in secondary care & community hospitals - 2026/27Upgrade/replace WSI scanner for pathology - 2026/27Develop tool to identify unwarranted test variation - 2026/27Explore UHI Biomedical Science degree - 2027/28Subscribe to digital histopathology EQA - 2027/28Accredit L&I hospital labs to ISO 15189:2022 - 2027/28Develop POCT system for primary care - 2027/28</div>	<div>Radiology:<ul style="list-style-type: none">Review staffing model to improve access - 2026/27Develop cost model for consultant activity - 2026/27Improve communication for operational challenges - 2026/27Implement Annalise.ai for lung cancer pathways - 2026/27Implement Patient Hub for waiting list validation - 2026/27Enhance safety with planned returns policy - 2026/27Analyse porter service reintroduction - 2026/27Implement online booking system - 2027/28Digitise patient appointment letters - 2027/28</div>	<div><p>Whilst not all national targets are met, performance in NHS Highland is the best ahead of Scottish averages. Whilst data is available for performance against national standards and benchmarking against other boards, there is limited robust intelligence to monitor the objectives of:</p><ul style="list-style-type: none">Reduction in low / no value testing: The implementation of OrderComms will support the ability to gather this intelligenceReduction in costs associated with low / no value testing: The implementation of Ordercomms and alignment with finance will support the ability to gather this intelligenceReduction in vacancy rates: A robust system is required to measure this. This will form part of the programme of ongoing improvement<p>This will be a focus of our Diagnostics programmes to support the transformation of services aligned to national models of care.</p></div>

25/26 Deliverables

Key Performance Indicators (KPIs)

- **Local actions for Cancer management:** Set up Cancer Operations and Performance Board to oversee Cancer Waiting Times, QPIs, and performance metrics - **August 2025**
 - **31 & 62-day Cancer Waiting Times:** Develop an action plan with a deep dive into urology, colorectal, and breast cancer; prioritise theatre access - **September 2025**
 - **National Target Operating Models for cancer:** Implement service redesign - **March 2026**
 - **Single Point of Contact programme:** Continue embedding Community Link Workers within the Highland Health and Social Care Partnership - Ongoing.
 - **Prehabilitation-rehabilitation:** Engage with Maggie’s Highland and others, focusing on the continuum - **December 2025**
 - **Rapid cancer diagnostic pathways:** Develop a collaborative plan aligned with Diagnostics workstream, considering capacity and demand for cancer surveillance - **July 2025**
- National Quality Performance Indicators – Various - **Annually**
 - 62-day target; percentage of patients seen and total number of patients treated - 95% - **Monthly**
 - 31-day target.; percentage of patients diagnosed within standard and total number of diagnosis - 95% - **Monthly**
 - NHS Highland Waiting Times for SACT as 1st Treatment, Radiotherapy as First Treatment and SACT patients overall (new and return) - <31 days average - **Monthly**
 - Patient Reported Outcome Measures – New - **TBC**

Medium Term Plan to 27/28

Performance Improvement

- **National benchmarking exercise on psychological support:** Consider outputs for increasing provision to remote and island populations - **2026/27**
 - **CFSD’s optimal diagnostic pathways:** Continue implementation of Scottish Cancer Network’s clinical management pathways within available resources - **2026/27**
- **Patient reported outcome measures:** To be developed - **2026/27**
 - **Patient reported experience measures:** To be developed - **2026/27**
 - **Staff experience measure:** To be developed - **2026/27**
 - **Staff sick leave:** Reduced staff sick leave, workforce data - **2026/27**
 - **Recruitment to substantive posts:** Increase ability to recruit, workforce data - **2026/27**
 - **Improvement in 62-day standard:** Focus on earlier diagnosis of breast, colorectal, and lung cancers - **2026/27** (awaiting further info from the service 11/2/25)
 - **QPI (National Quality Performance Indicators for Cancer):** Monitored by Performance and Delivery Group, including audit process and improvement plans - **2026/27**

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">Establish gaps in current tiered approach - March 2026Direct people to self-management resources - March 2026The Waiting Well programme is delivered - March 2026There is a joined-up approach to clinics and appointments - March 2026The Women’s Health Plan is delivered - March 2026Working practices support the health and wellbeing of staff - March 2026	<p>Process measures:</p> <ul style="list-style-type: none">Number of people who access digital resources - TBCNumber of specialities with clinic build implemented to support self-booking - TBCNumber of people who have accessed a Community Link worker - TBCNumber of containment product prescriptions - TBCNumber of polypharmacy reviews undertaken - TBCNumber of anticipatory care plans - TBC
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">Commissioning plan is implemented to enhance tiered approach - March 2028Identify impact of direct self-management - March 2028We co-ordinate people’s care in hospital-based services - March 2028Targeted programme of activities, services and information is available for staff - March 2028	<ul style="list-style-type: none">Improve patient and staff experience through developed outcome measuresSimplify self-management and healthcare navigation, enhancing health outcomesRespond to the climate emergency by reducing unnecessary travel and polypharmacyReduce health inequalities with targeted interventions across all tiers

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">• Increase identification of people at the end of life in GP practices - March 2026• Impact of identification of people in GP practices assessed - March 2026• Acute palliative care service development - April 2025• Acute palliative care service outcomes identified - July 2025• Pathways developed between the FNC and Palliative Care helpline - July 2025	<ul style="list-style-type: none">• Reduction in hospital admissions in the last 90 days of life - TBC• Reduction of occupied bed days for people in delay in the last 90 days of life - TBC• Reduction in people with an assessed need for social care not receiving this before they die - TBC
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">• Implement anticipatory care plans, to include electronic sharing of information with relevant professionals - March 2027	<ul style="list-style-type: none">• Improve identification of people at the end of life for better care response• Reduce hospital admissions in the last 3 months of life• Support people to die in their preferred setting through skill and confidence development in acute and community settings• Monitor adult social care capacity and quality by tracking how many people with assessed care needs die before receiving care

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">Develop partnerships with volunteers, carers and families - ongoing to March 2026Develop community planning partnerships (linked with Anchor Well) - ongoing to March 2026	<ul style="list-style-type: none">None at present
Medium Term Plan to 27/28	Performance Improvement
<p>Ongoing delivery of Anchors Strategic Plan to facilitate CPPs - Ongoing</p> <p>Ongoing work with the A&B Community Planning Partnership</p> <p>Ongoing work with the Highland Community Planning Partnership - Ongoing</p>	<ul style="list-style-type: none">Reduced health inequalities resulting from enhanced volunteering and partnership working - Increase in hours / people working with usFrom Care Well – Home is Best: Evaluating spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed dischargeFrom Care Well – Home is Best: Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need

25/26 Deliverables	Key Performance Indicators (KPIs)
<ul style="list-style-type: none">Quality: Implementation of NHS Highland’s Quality Framework - March 2026Realistic Medicine: Delivery of NHS Highland’s Realistic Medicine Action Plan for 2025/26 - March 2026Prevention Strategy & Reducing Health Inequalities: Develop a programme to embed prevention in transformation and reduce health inequalities - March 2026Financial Planning: Align strategic transformation and efficiency programmes to the board’s three-year financial plan - March 2026Regional and National Working: Collaborate with partners to deliver sustainable services for NHS Highland, starting with Oncology and Vascular Surgery - March 2026Risk Management: Implement a new system and training for better risk documentation - March 2026Resilience: Embed the board’s resilience improvement plan into service planning - August 2025Out-of-Area Pathways: Continue embedding phases of NHS Highland’s improvement plan for health and care commissioning - March 2026Blueprint for Good Governance: Embed principles of good governance across NHS Highland - March 2026	<ul style="list-style-type: none">None at present
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">Realistic Medicine: Further integrate to promote shared decision-making and person-centred care within current resources - March 2027Reducing Health Inequalities - March 2027:<ul style="list-style-type: none">Reduce the gap in healthy life expectancy between rich and poorContribute to the reduction of poverty, including child povertyEnsure access to opportunities for improving healthDemonstrate equity of access to effective health servicesBe an effective Anchor Institution within Highland, and Argyll & ButeWork with community partners to tackle health and wellbeing threats and wider determinants of healthFinancial Planning: Ongoing delivery of cost efficiencies and implementation of revised secondary/tertiary care commissioning and cost recovery processes - March 2027Financial Planning (Patient Outcomes-Focused): Ensure efficiencies are maximised with a focus on patient outcomes - Ongoing	<ul style="list-style-type: none">Updates will be reviewed by NHS Highland’s Finance Performance and Resources Committee to ensure the delivery of the Board’s financial plan

25/26 Deliverables	Key Performance Indicators (KPIs)
<p>Key deliverables are contained within Outcome 4: Anchor Well:</p> <ul style="list-style-type: none">Implement Environmental Management System with local councils and UHIEnhance community engagement on sustainabilityReduce carbon footprint and improve waste solutions	<ul style="list-style-type: none">75% towards Board's Net Carbon Zero Targets - TBCDecarbonisation of Heating Systems - TBCBoard Net Carbon Zero - TBC
Medium Term Plan to 27/28	Performance Improvement
<ul style="list-style-type: none">Meeting the requirements of the Scottish Government in terms of Net Zero aspirations (within the current guidance and recommended timescales)	<ul style="list-style-type: none">Procurement dataTURAS and e:ESS data – recruitment data to be assessed and data inputs encouraged across the organisationEMS (Estates and Climate) dataNational metrics for reporting Anchors Institution Plans

3 Year (Medium Term) Digital Plan 2024 - 2027



2024 - 2025	2025 - 2026	2026 - 2027
<ul style="list-style-type: none">• Hospitals EPR• GP EPR• Community EPR – North• Community EPR – A&B• EPR Support Programme• Data Centre Move• Data Network upgrade• National PACS Programme• SWAN – SWAN2 Programme• Analogue to Digital• Speech Recognition• Vaccination Programme• Community Glaucoma• Digital Dermatology• Chemotherapy upgrade• Scan for Safety• MS365• Maternity Services• Theatre Scheduling• Digital Pathology Completion• Digital Ophthalmology (A&B)• Medical Illustration Mobile App• Waiting Time Guidance	<ul style="list-style-type: none">• Hospitals EPR• GP EPR• Community EPR – A&B• EPR Support Programme• Data Network upgrade• National PACS Programme• Replacement of RIS• SWAN – SWAN2 Programme• Analogue to Digital• Support for Mental Health Services• Support for PT• Children Services• Child Health migration• Chemotherapy upgrade• MS365• Maternity Services• OpenEyes (Hospital)• Theatre Scheduling• Support for new prison	<ul style="list-style-type: none">• Hospitals EPR• GP EPR• EPR Support Programme• Data Network upgrade• MS365

25/26 Deliverables	Key Performance Indicators (KPIs)
<div>Deliverables developed for:</div> <div><div>1. Planned Care</div><div>2. Urgent & Unscheduled Care</div><div>3. Mental Health</div><div>4. Primary and Community Care</div><div>5. Women & Children’s Health</div><div>6. Population Health and Reducing Inequalities</div><div>7. Finance, Infrastructure and Value Based Health and Care</div><div>8. Workforce</div><div>9. Digital and Innovation</div><div>10. Climate</div></div> <div>Alignment to Well theme Deliverables is ongoing to describe where work will be pan-Highland.</div>	<div>In development aligned to both the IPQR (Board-wide) and IPMF</div>
Medium Term Plan to 27/28	Performance Improvement
<div>Joint Strategic Plan Priorities</div> <div><div>• Quality and Safety</div><div>• Living Well, Prevention, Early Intervention and Enablement</div><div>• Addressing Inequalities and Protecting the Most Vulnerable</div><div>• Healthy and Engaged Workforce</div><div>• Service Sustainability</div></div>	<div>Performance trajectories in development aligned to KPI development.</div>

Action applicable to:
Highland only
Argyll and Bute only
Highland and Argyll and Bute
Regional
National