Agenda Item 7

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28th July 2026**
Title:	**Annual Delivery Plan 2026/27 Final and Operational Improvement Plan 2026/27**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Bryan McKellar, Whole System Transformation Manager**

Report Recommendation:
NHS Highland board are asked to approve NHS Highland's Annual Delivery Plan for 2026/27 and note the subset of deliverables comprising the Operational Improvement Plan 2026/27.

1 Purpose

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

This is presented to the Board for:

- Approval

This report relates to a:

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

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

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

NHS Highland has developed its Annual Delivery Plan (ADP) for 2026/27, which articulates the high-level planning and change deliverables for the year as an agreement with our population.

A subset of the ADP – the Operational Improvement Plan (OIP) – will be tracked and represents the key deliverables expected from Scottish Government policy and engagement.

The ADP 26/27 is presented to NHS Highland board on Tuesday 28 July for approval.

2.2 Background

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

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

The development of the ADP has included stakeholders from across NHS Highland in capturing the high-level deliverables across each Well Theme. The ADP also captures the high-level deliverables associated with our planned and unscheduled care plans, and agreement with Scottish Government that are captured as part of our Operational Improvement Plan (OIP).

The ADP is no longer required to be submitted to Scottish Government, however this represents our board's agreement with our population on the key areas for development and service improvement in 2026/27.

In 2026/27, we have rationalised the total number of deliverables from over 150 in 2026/27 to 73 in 2026/27 across all Well themes. This will allow for a more succinct update on the delivery of the ADP deliverables, which represent the totality of agreed change programmes progressing in NHS Highland.

The OIP (Appendix 2) as a subset of the ADP will oversee specific deliverables aligned to the Scottish Government's Annual Operating Priorities – these will be reported on a bi-monthly frequency to FRPC and include 11 deliverables carried forward from Operational Improvement Plan (OIP) 2025/26, and include additional specific actions identified in relation to the 8 areas.

ADP deliverables will have a BRAG status assessed at the end of each quarter and reported to EDG. This update will be reported at six-monthly intervals to FRPC and NHS Highland board.

Argyll & Bute KPIs will be ratified and included in a future version of the ADP, following local governance processes, due for completion in August 2026.

The OIP deliverables will be reported on bi-monthly through EDG and FRPC with aligned performance information highlighted as part of the Integrated Performance and Quality Report (IPQR).

2.3 Assessment

Over the past number of months, the ADP has been developed incorporating feedback from FRPC, EDG and other groups.

There has been further refinement of the ADP 26/27 in terms of presentation, wording and inclusion of key performance targets where these have been set for performance metrics. In some areas, such as for Maternity and Community services, this is the subject of continued discussion and it is anticipated KPIs will be added in these areas through the 2026/27.

Changes and updates to ADP 26/27 will be progressed as per our Standard Operating Procedure (Appendix 3).

The OIP deliverables for 2026/27 have been developed incorporating our plans for Unscheduled Care and Planned Care submitted to NHS Scotland's Centre for Sustainable Delivery (CfSD). These plans are moving forward on the basis they will be accepted.

Therefore, OIP deliverables will now enter a cycle of bi-monthly reporting to EDG and FRPC. Furthermore, performance reporting in the IPQR will be adjusted to recognise the performance targets and trajectories that have been agreed.

FRPC received the final copy of the ADP 26/27 and the OIP deliverables at their meeting on 10th July.

The development of a public contract document is in progress, alongside a communication to share NHS Highland's ADP 2026/27 externally. This will return to EDG and then board for approval, summarising the key elements of the ADP and OIP.

Internally, the ADP will be used as our anchor point for planning activity this year, while the OIP represents the key change deliverables required as part of Scottish Government policy. The ADP and OIP deliverables will similarly be shared through the organisation, and deliverables tracked and managed through existing governance processes.

Assurance around ADP and OIP deliverables will be reported to FRPC on the same schedule agreed last year, with performance information tracked through the IPQR.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

NHS Highland board are asked to take Substantial Assurance on the development of NHS Highland's Annual Delivery Plan for 2026/27 and the associated deliverables of the Operational Improvement Plan 2026/27.

NHS Highland Board are asked to approve ADP 2026/27.

3 Impact Analysis

3.1 Quality/ Patient Care

Reporting of OIP deliverables has been established to Clinical Governance committee. All deliverables have a focus on improving quality and patient care, as described in Together We Care.

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

The ADP 26/27 does not include any personal data.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

N/a

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

EDG – Thursday 12th March
NHSH Board Development Session – 24th March
FRPC – Friday 10th April
EDG – Thursday 30th April
EDG – Thursday 28th May
FRPC – Friday 5th June
EDG – Thursday 25th June
FRPC – Friday 10th July

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 Annual Delivery Plan 2026/27 – V3 – For FRPC

MASTER Annual Delivery Plan Slide Deck Version 3 Draft June 2026.pptx

Appendix 2 – Operational Improvement Plan Dashboard 02/07/26

OIP REF	Description	Executive Lead
1. REDUCE THE LONGEST WAITS FOR PLANNED CARE		
1a	Eliminate > 52 week waits for NOP and TTG by end of 2026, utilising sub-national approaches where required	Katherine Sutton
1b	Improve 62-day cancer performance to agreed trajectory by March 2027	Katherine Sutton
1c	Meet activity targets for funded Core and Additionality for NOP and TTG by March 2027	Katherine Sutton
2. INCREASE PRODUCTIVITY IN ELECTIVE AND DIAGNOSTIC		
2a	Meet activity targets for 8 Key Diagnostic Tests (Imaging and Endoscopy) by March 2027	Katherine Sutton
2b	Delivery of Hospital EPR solution for NHS Highland by March 2027	David Park
3. IMPROVE FLOW AND PERFORMANCE IN UNSCHEDULED CARE		
3a	Alignment of the community and secondary care OPEL process by September 2026	Louise Bussell
3b	Maximise the use of the FNC / OOH pathways through expansion of pathways and engagement with sub-national planning, with the aim to transact 1,000 calls per month by March 2027.	Louise Bussell
3c	Expansion of the Same-Day Emergency Care service at Raigmore to see an average of 120 patients per week. Scope the expansion of SDEC to RGHS by March 2027	Louise Bussell
3d	Development of standardised short-stay (24–72hr) pathways aligned to Raigmore's Acute Frailty Assessment Area (AFAA) by March 2027.	Louise Bussell
3e	Development of end-to-end frailty pathways across acute, community hospitals and primary care, including AHP at Front Door and AFAA	Louise Bussell
3f	Implement standardised Discharge to Assess (D2A) criteria across all districts. Establish consistent data collection and reporting to monitor volumes, conversion and outcomes by March 2027.	Louise Bussell

3g	Strengthening and standardising step-down rehabilitation capacity within community hospitals to support Discharge Without Delay (DwD) pathways and reduce acute LoS	Louise Bussell
3h	Consolidate processes in the Integrated Discharge Team that puts the use of the Planned Date of Discharge planning at the heart of processes.	Louise Bussell
3i	Delivery of specific Argyll & Bute-only Unscheduled Care actions	Evan Beswick
4. EXPAND HOSPITAL AT HOME AS A MAINSTREAM MODEL OF CARE		
4a	Full delivery of Inverness model by March 2027 incorporating a total of 15 beds by March 2027	Arlene Johnstone
4b	Expansion of Argyll & Bute Hospital at Home Service to 16 beds by March 2027	Evan Beswick
5. SUPPORT SAFE AND HIGH QUALITY MATERNITY AND NEONATAL SERVICES		
5a	Ensure full implementation of HIS Maternity Service inspection audit actions by March 2027	Katherine Sutton
5b	Take required actions (to be defined) to deliver national networked model for neonatal intensive care by March 2027	TBC
6. IMPROVE SUPPORT AND SERVICES AROUND MENTAL HEALTH, NEURODIVERSITY AND LEARNING DISABILITY		
6a	Progress locally-agreed plan to improve access to neurodevelopment support and assessments by March 2027	Katherine Sutton
6b	Strengthen pathways and support across wider mental health services in collaboration with local and national partners, including community-based supports.	Arlene Johnstone
7. ACCELERATE DIGITAL ACCESS AND MODERNISATION		
7a	Take local board actions that contribute to successful delivery of the MyCare.Scot roll-out (Digital Front Door)	David Park
7b	Delivery of the NHS Highland Digital Delivery Plan for 2026/27 - realising benefits of deliverables	David Park
8. BECOME A POPULATION HEALTH ORGANISATION		
8a	Agreement of a new strategic framework for NHS Highland by September 2026	David Park

8b	Agreement of new population-health focussed organisational strategy by March 2027	David Park
8c	Undertake the Population Health Maturity Matrix assessment and produce an action plan by March 2027	David Park

Appendix 3 - ADP Change Control / Escalation Standard Operating Procedure

ADP 2026–27 Deliverables: RAG Escalation Procedure

Executive Summary

ADP deliverables will be monitored by programme teams, reported quarterly to EDG, and six-monthly to FRPC. Any deterioration in RAG status (Green→Amber or Amber→Red) will trigger escalation to the SRO and Executive Lead to agree a mitigation plan. This process will also apply, should there be a need for Change Control - i.e. where deliverables change - for example new guidance from SG, or if a deliverable no longer becomes a board priority. The Executive Lead will notify EDG, ensuring appropriate oversight, support and system-level response.

This procedure will meet the recommendation of the internal audit 25-26. Operational Performance and Compliance monitoring, 2.2A Escalation Procedure. *"Management should develop a formal, documented escalation procedure to ensure prompt identification of delivery issues. The procedure should clearly define roles, responsibilities, timeframes, and monitoring requirements to maintain consistency and accountability. It should be made accessible to all relevant staff through appropriate channels, such as the intranet or shared folders.*
A Standard Operating Procedure will be developed and agreed through EDG. Once agreed, it will be made available on the intranet and a communication plan instigated."

1. Monitoring and Reporting Framework

- **Programme Teams**
  - Responsible for **ongoing monitoring** of deliverable status (RAG).
  - Maintain local oversight of progress, risks, and issues.
- **Executive Directors Group (EDG)**
  - Receive **quarterly reports** on ADP deliverables.
  - Provide strategic oversight and direction.
- **Finance, Resources and Performance Committee (FRPC)**
  - Receive **six-monthly assurance reports** on ADP delivery and performance.

2. RAG Status Definitions

- **Green** – On track; no significant risks to delivery
- **Amber** – Some risks/issues; delivery at risk without management action
- **Red** – Significant issues; delivery unlikely without major intervention

3. Escalation Trigger

Escalation is required where there is a **deterioration in status**, specifically:

- **Green → Amber**
- **Amber → Red**

or where there is a new deliverable required in year or where a deliverable is terminated (e.g. as a result of national policy change).

Escalation Process

Step 1 – Identification (Programme Level)

- Programme team identifies a **deterioration in RAG status**.
- Immediate internal review undertaken to understand:
  - Cause of deterioration
  - Impact on delivery
  - Initial mitigation options

Step 2 – Escalation to SRO and Executive Lead

- Change in status is formally escalated to:
  - **Senior Responsible Owner (SRO)**
  - **Executive Lead**
- Programme team provides:
  - Updated RAG status
  - Summary of issue
  - Impact assessment
  - Proposed mitigation actions

Step 3 – Mitigation Plan Agreement

- **SRO and Executive Lead**:
  - Review the issue and underlying risks
  - Agree a **clear mitigation plan**, including:
    - Actions required
    - Responsible owners
    - Timescales
    - Revised trajectory if required

Step 4 – Executive Notification

- **Executive Lead formally notifies EDG** of:
  - Change in RAG status
  - Key risks/issues
  - Agreed mitigation plan
  - Any support or decisions required

Step 5 – EDG Oversight

- EDG:
  - Reviews escalated deliverables
  - Provides strategic direction and support
  - Determines if further escalation or intervention is required

Step 6 – Assurance Reporting

- Escalated issues and mitigation plans are:
  - Included in **quarterly EDG reporting**
  - Reflected in **six-monthly FRPC reports** for assurance

5. Key Principles

- **Early escalation** – triggers at first deterioration, not failure
- **Clear accountability** – Programme → SRO → Executive Lead → EDG
- **Action-focused** – escalation must include mitigation, not just reporting
- **Transparency** – all changes visible through formal governance routes

Annual Delivery Plan 2026 – 2027

Version 3 Final Draft
02/07/26

NHS Highland
na Gàidhealtachd

A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

Together We Care
with you, for you

Chief Executive

Welcome and Introduction

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

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

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

Key context for 2026/27:

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

Àrd-oifigear

Fàilte agus Ro-ràdh

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

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

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

Co-theacsa cudromach airson 2026/27:

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

Fiona Davies

Chief Executive, NHS Highland

Àrd-oifigear, NHS na Gàidhealtachd

KEY TO NHS HIGHLAND'S ANNUAL DELIVERY PLAN 2026/27

2026/27 Deliverables

List of actions NHS Highland commits to in 2026/27, themed by Outcome area described in Together We Care.

Colour-coding as follows:

Highland only
Argyll and Bute only
Highland and Argyll and Bute
Subnational
National: Scotland-wide

BRAG status assessed monthly and reported to EDG (quarterly), FRPC (6-monthly) and Board (6-monthly). If adverse change to BRAG occurs, or a new deliverable is required, the deliverable will be escalated to SRO for mitigation reporting.

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).

Some KPIs will measure process outcomes depending on where we are in the transformation process, and others will measure health and care outcomes.

Medium Term Plan to 27/28

Priorities for strategic transformation, change and improvement over the next three-years aligned to the developing 10-year Strategy and related plans for Highland HSCP and Argyll & Bute HSCP.

Outcomes

Describing the change we wish to make in 2026/27 to the outcomes for our population.

Outcome 1: Start Well

ADP 2026/27 V3

Executive Leads: Katherine Sutton & Louise Bussell

2026/27 Deliverables

- Redesign and deliver safe, trauma-informed, person-centred maternity and neonatal pathways, including enhanced midwifery-led care, redesigned maternity and neonatal models aligned to national programmes, trauma-informed pathways for women requiring additional support, and maintaining high-quality scanning and screening services delivered as locally as possible
- Strengthen governance, assurance and compliance across maternity and neonatal services, including a clear Highland-wide governance approach, readiness for HIS inspection, delivery of national maternity policy requirements, and maintaining compliance with GROW, foetal medicine, DL 2025 , Maternity Standards, DL 2026 and UNICEF Baby Friendly (Gold) accreditation
- Develop a sustainable workforce and infrastructure to support future maternity and neonatal services, including implementation of the Maternity Workforce Plan, development of undergraduate and support worker training pathways, review of service configuration in line with changing birth rates, and maximising opportunities to improve facilities and choices of place of birth within current financial and capital constraints
- Looked after Children - fulfil executive leadership and corporate parenting responsibilities, to ensure that health and care services are focussed on improving outcomes for children

Key Performance Indicators (KPIs)

- Reduce the attrition of any breastfeeding at 6 –8 weeks by 10% by 2030/1
- Increase the number of pregnant women in each SIMD quintile who book antenatal care by 12 weeks gestation to 80% or above
- Increase the percentage of patients who commence IVF treatment within 12 months of being identified as eligible to 90% or above (Note: No IVF data available in NHSH)

KPIs described in pathways review developing Maternity dashboard e.g.

- Number of planned versus actual home births
- Percentage of women booking in a Board area that are allocated to a primary midwife - Target 100% on an ongoing basis - NHS Highland at 100%
- Percentage of scheduled antenatal care appointments delivered by the primary midwife and no more than one other midwife from the same team - Target 75% on an ongoing basis - NHS Highland at 84.74%
- Percentage of community based postnatal midwifery care appointments delivered by the primary midwife/no more than two midwives from the same team - Target 75% on an ongoing basis - NHS Highland at 60.05%
- Percentage of women who received midwifery care during the intrapartum period from their primary midwife or a member of the same team that the woman had met during her pregnancy. - Target 50% - NHS Highland unable to report due to low data completeness

Medium Term Plan to 27/28

- Redesign Maternity and Neonatal Services to national redesign and implementation standards and review restructuring opportunities
- Develop Infrastructure for Birth Choice to meet SG policy
- Maintain UNICEF Baby Friendly Accreditation and Best Start principles ongoing
- Meet *Maternity Services Policy: Scottish Government: DL (2025) 02*
- Enhance scanning & screening services
- Expand undergraduate midwifery training in NHS Highland in partnership with Robert Gordon University and University of the West of Scotland
- Facilitate distance learning and provide local team support for training

Outcomes

- Improved delivery through 26-27 of national maternity policy requirements, and maintaining compliance with GROW, foetal medicine, DL 2025 , Maternity Standards, DL 2026 and UNICEF Baby Friendly (Gold) accreditation
- Redesigned maternity and neonatal pathways
- Encourage and promote screening programmes
- Increase uptake across available screening programmes above national targets
- Implement the Maternity Workforce Plan through 26-27
- Undergraduate and support worker training pathways developed
- Service configuration reviewed
- Choice of place of birth and facilities improved
- Provide corporate parenting of children’s services in line with national standard

Outcome 2a: Thrive Well – NDAS

ADP 2026/27 V3

Executive Lead: Katherine Sutton

2026/27 Deliverables

Improve access and reduce waiting times for neurodevelopmental assessment services, can only be realised through sustained investment in workforce capacity. Achieving this will require a targeted improvement plan, deployment of time-limited initiatives where funding and staffing permit. Without adequate funding and recruitment of skilled professionals, efforts to improve access and reduce waiting times will remain limited in impact.

Strengthen partnership working and alignment with national children's priorities, including a multi-agency Highland-wide approach with The Highland Council and third sector partners in line with GIRFEC, and alignment with Early Child Development priorities, UNCRC, The Promise, Health Visitor Action Plan and Child Poverty Action Plans

Work towards delivery of a sustainable, standards-compliant NDAS service, by prioritising investment in workforce recruitment and training strategy, focusing on securing sustainable funding to attract, develop and retain skilled professionals. This includes implementing targeted recruitment campaigns, developing comprehensive induction and ongoing training programmes aligned with national mental health and neurodevelopmental standards, and establishing clear career progression pathways. A robust investment and training strategy will ensure workforce stability, support service improvement, and enable the delivery of high-quality, standards-compliant care in both the short and long term.

Key Performance Indicators (KPIs)

Expansion of locality team model by March 2027 (scale of expansion to be confirmed by THC)

150 private assessments complete by March 2027

250 triage cases complete by December 2026

Increasing percentage of patients seen within 18 weeks from referral, and towards meeting the national specification of greater than 95% by March 2027

Medium Term Plan to 27/28

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**

Outcomes

- 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

Outcome 2b: Thrive Well – CAMHS

ADP 2026/27 V3

Executive Leads: Katherine Sutton & Evan Beswick

2026/27 Deliverables

Deliver timely access to high-quality CAMHS aligned to national standards, sustain performance against 18-week waiting time standard and full alignment with the national CAMHS service specification including working towards increasing the age range to 18 across the Board

Strengthen data quality, performance management and waiting list oversight, including streamlined and standardised waiting list processes, improved mental health data returns and provision of real-time, meaningful data to monitor capacity, outcomes and demand

Establish a sustainable CAMHS workforce and financial model, including use of reserve or contingency funding to enable early recruitment, implementation of a sustainable workforce model and improved cost control alongside service redesign. Increasing age range to 18 across the Board will require workforce modelling, increase in workforce capacity & office/clinic space.

Key Performance Indicators (KPIs)

- Consistent Achievement of CAMHS national standard of 90% of patients < 18 weeks from referral to treatment by Mar27 (Tier 3).
- Reduction of people who are currently on the Tier 3 CAMHS waiting list by Mar27

Medium Term Plan to 27/28

Implement a sustainable workforce model - **March 2027**

Reduction in spending on supplementary staffing with redesigned CAMHS - **March 2027**

Achieve alignment to the national service specification for CAMHS in NHSH pan Highland - **March 2027**

Outcomes

Substantive finance model enables future planning to meet the national CAMHS specification including reduction in the waiting list and consistent achievement of waiting time standard.

Outcome 3: Stay Well

ADP 2026/27 V3

Executive Lead: Jennifer Davies / Evan Beswick

2026/27 Deliverables

- Improve quality of life and reduce preventable ill-health through primary prevention and early intervention, including delivery of vaccination and screening programmes, health protection services, smoking, alcohol and drug harm reduction, HIV transmission elimination and sexual health improvement, and coordinated support to help people stay well while waiting for treatment – **March 2027**
- Reduce health inequalities through:
    - ensuring reducing health inequalities is part of our new organisational strategy;
    - self-assessment against the national Population Health Organisation maturity matrix to assess our readiness and maturity for change and development of recommendations to inform actions;
    - review current approach / use of EQIA and identification of recommendations/actions for development of purposeful EQIA approach to demonstrate:
        - reduction in health inequalities – ensure the gap between the most disadvantaged and the least closes year on year;
        - robust decision-making processes;
        - data capture and measurement approach

Key Performance Indicators (KPIs)

•**Vaccination** - Key performance indicators are currently being developed to support closing the gap with the national vaccination standards as part of a SVIP Task & Finish Group. Ensure that delivery of key programmes (e.g. MMRV shows progress against national targets, moving from 93% uptake to 95% for first dose by March 2028)
•**Screening** - Support sustainable screening programmes and increase uptake across programmes to close the gap with national targets and between SIMD groups (e.g. for cervical screening, closing the gap in uptake between SIMD1 and SIMD5 to less than the current 14 percentage points and raise overall uptake from 70% to the target, 80% by 2030)
•**Smoking** - Delivery on national targets for smoking cessation interventions for the 40% most deprived areas (as measured by 12 week quits) of 84 per quarter
•**Breastfeeding** - Reduce the attrition rate of any breastfeeding at 6 –8 weeks to 25% by 2030/1
•**Drug & Alcoho**l - Achieve 90% of clients referred to DARS receiving a completed intervention or treatment plan within 3 weeks by March 27.
•**ABIs** - Deliver at least 100% of the planned Alcohol Brief Intervention (ABI) activity target by March 2027.
•Demonstration of closing the gap on **health inequalities** through IPQR reporting, EQIAs and other performance metrics.

Medium Term Plan to 27/28

- Development of organisational strategy based on PHM framework by Mar 27
- Develop workplan for Population Health & Planning Committee by Sept 26
- Refresh of Public Health strategic approach, aligned to organisational strategy by Dec 26
- Self assessment against population health maturity matrix Oct 26
- Population Health Maturity Improvement plan developed by Mar 27
- Develop population health outcomes framework [closely linked to national indicator development and 1, 3 and 4 above] Mar 27

Outcomes

- **Improve quality of life and reduce preventable ill health through prevention and early intervention**
- **Reduce health inequalities**
- **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

Outcome 4: Anchor Well

ADP 2026/27 V3

Executive Lead: Jennifer Davies / Evan Beswick

2026/27 Deliverables

Delivery of existing Anchors Strategic Plan - focus on national metrics in Procurement, Employability, Assets. Review of anchors plan in light of new organisational strategy and Population Health Framework - benchmarking with national metrics. Consider & scope anchors work alongside wider strategic partnerships and other anchors' plan/activity - **March 2027**

Key Performance Indicators (KPIs)

- Develop local targets against the 4 domains of the Anchors framework, engaging strategic partners to support delivery in 26-27
- Delivery of Anchors Plan 26-27 by Mar27 to show stability or improvement in previous national metric submissions
- Submission of the 26-27 medium term Anchors Plan to SG by Aug26
- Submission of 24-25 and 25-26 data to SG by July26 including:
    - TURAS and e:ESS data – recruitment data to be assessed and data inputs encouraged across the organisation
    - EMS (Estates and Climate) data
    - National procurement metrics for reporting Anchors Institution Plans

Medium Term Plan to 27/28

Ongoing delivery of Anchors Strategic Plan - **March 2028**

Ongoing engagement with the A&B Community Planning Partnership - **March 2028**

Ongoing engagement with the Highland Community Planning Partnership - **March 2028**

Implementation of Environment Management System (EMS) - **March 2028**

Outcomes

Supporting NHS Highland as an ANCHOR institution, with aims including reduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics.
Collaborative working and coproduction with communities and partners to improve our anchors outcomes.

Outcome 5 – Grow Well

ADP 2026/27 V3

Executive Lead: Gareth Adkins

2026/27 Deliverables

Improve staff appraisal compliance by implementing the organisational improvement plan, including awareness-raising, training and practical team support, to achieve 60% completion by year end.

Develop learning and development strategic plan and establish a Learning Academy to provide a comprehensive, coordinated approach to learning and development for all job families across the organisation

Key Performance Indicators (KPIs)

- Achieve performance improvement trajectory of 60% staff appraisal compliance across NHS Highland by March 2027
- Develop people strategy including learning & development plan
- Establish a Learning Academy for all job families by March 2027

Medium Term Plan to 27/28

- Publish 3-year people strategy - **July 2027**
- Review Health and Care Staffing Act impact - **July 2027**
- Annual Service planning embedded into Workforce planning – **March 2028**
- New workforce models with aligned pipelines – **March 2028**
- Embed continuous staff engagement - **March 2028**
- Roll out health roster for all job families- **March 2028**
- Review diversity and inclusion strategy - **March 2028**
- Review employability strategy – **March 2028**

Outcomes

Grow, Listen, Nurture, and Plan Well Strategy:

- Reduce workforce gaps and supplementary staffing use
- Lower staff absence and minimise redeployment/pay protection costs
- Decrease agency use through better controls
- Improve performance in recruitment, staff bank, and employee relations
- Reduce low-value tasks for staff

Medium-Term Priorities (2027/28):

- Foster a positive, psychologically safe culture with low formal HR cases
- Improve staff engagement and well-being
- Expand employment opportunities, including youth and local roles
- Increase workforce diversity with positive feedback from staff with protected characteristic

Outcome 6 – Listen Well

ADP 2026/27 V3

Executive Lead: Gareth Adkins

2026/27 Deliverables

Strengthen partnership working and embed a continuous improvement approach by implementing the refreshed staff governance standards monitoring arrangements and supporting effective, functioning Local and Joint Partnership Forums, with constructive relationships and consistent engagement across all areas.

Enhance our approach to communications and engagement across the organisation including staff and community engagement:

- Develop and deliver improvements to our internal communications/staff engagement approach to enhance and develop our effectiveness including adopting innovations from other sectors and how we use technology
- Develop and deliver improvements to our external communications and stakeholder management
- Continue review approach to community engagement and develop recommendations on ways to enhance and develop our effectiveness including how to embed good practice at all levels across the organisation and across different settings including community planning partnerships, integration partners and the wider public

Key Performance Indicators (KPIs)

- LPFs/JPF fully functioning with improved adherence to staff governance standards and partnership working by March 2027
- Improvements to our internal communications and engagement methods
- Improvements to our external communications and engagement methods

Medium Term Plan to 27/28

Publish 3-year people strategy - **July 2027**

Review Health and Care Staffing Act impact - **July 2027**

Annual Service planning embedded into Workforce planning – **March 2028**

New workforce models with aligned pipelines – **March 2028**

Embed continuous staff engagement - **March 2028**

Roll out health roster for all job families- **March 2028**

Review diversity and inclusion strategy - **March 2028**

Review employability strategy – **March 2028**

Outcomes

Grow, Listen, Nurture, and Plan Well Strategy:

- Reduce workforce gaps and supplementary staffing use
- Lower staff absence and minimise redeployment/pay protection costs
- Decrease agency use through better controls
- Improve performance in recruitment, staff bank, and employee relations
- Reduce low-value tasks for staff

Medium-Term Priorities (2027/28):

- Foster a positive, psychologically safe culture with low formal HR cases
- Improve staff engagement and wellbeing
- Expand employment opportunities, including youth and local roles
- Increase workforce diversity with positive feedback from staff with protected characteristic

Outcome 7 – Nurture Well

ADP 2026/27 V3

Executive Lead: Gareth Adkins

2026/27 Deliverables

Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected.

Strengthen the organisation's approach to health and safety management and governance by delivering year 1 of the three-year Health & Safety Strategy (Board Improvement Plan), with clear accountability, monitoring and reporting. Implement the associated action plan, tracking progress and addressing priority risks across services.

Deliver measurable progress on Equality, Diversity and Inclusion (EDI) commitments and workforce diversification by implementing EDI strategies, strengthening staff networks, and embedding the anti-racism toolkit through a coordinated communications and engagement plan.

Review and refresh the Health and Wellbeing Strategy to support a healthy, resilient workforce, including the creation of a wellbeing dashboard. Improve access to advice and support so colleagues can live well physically and mentally, including support available within their local communities.

Key Performance Indicators (KPIs)

- Regular monitoring of:
  - Number of contacts to Employee Assistance service
  - Number of Occupational Health referrals
  - iMatter employee engagement score
- Continue to monitor Equality, Diversity & Inclusion (EDI) metrics through the Annual Workforce Monitoring Report
- Refresh the health and wellbeing strategy by March 2027
- Delivery of the Health & Safety Strategy

Medium Term Plan to 27/28

Publish 3-year people strategy - **July 2027**

Review Health and Care Staffing Act impact - **July 2027**

Annual Service planning embedded into Workforce planning – **March 2028**

New workforce models with aligned pipelines – **March 2028**

Embed continuous staff engagement - **March 2028**

Roll out health roster for all job families - **March 2028**

Review diversity and inclusion strategy - **March 2028**

Review employability strategy - **March 2028**

Outcomes

Grow, Listen, Nurture, and Plan Well Strategy:

- Reduce workforce gaps and supplementary staffing use
- Lower staff absence and minimise redeployment/pay protection costs
- Decrease agency use through better controls
- Improve performance in recruitment, staff bank, and employee relations
- Reduce low-value tasks for staff

Medium-Term Priorities (2027/28):

- Foster a positive, psychologically safe culture with low formal HR cases
- Improve staff engagement and wellbeing
- Expand employment opportunities, including youth and local roles
- Increase workforce diversity with positive feedback from staff with protected characteristic

Outcome 8 – Plan Well

ADP 2026/27 V3

Executive Lead: Gareth Adkins

2026/27 Deliverables

Create a sustainable pipeline of talent for all roles and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally.

Grow and sustain the future workforce through employability, new career pathways and our role as an 'anchor institution'. This includes apprenticeships, 'earn as you learn' routes, community outreach and new workforce models to strengthen local supply pipelines. Develop practical guidance and training to help teams work effectively with younger generations.

Work with senior leadership teams and directors to review key drivers for workforce change and development and develop strategic workforce objectives for next 3 years taking into account:

- Workforce availability and sustainability
- Service redesign and improvement work that will influence the future shape and distribution of workforce across the system including OIP priorities, e.g. unscheduled and planned care programmes, Lochaber redesign
- Emerging board strategy and population

Key Performance Indicators (KPIs)

Ensure the average Time to Fill rate for positions within NHS Highland remains below the 116-day national target.

Reported in Employability strategy outputs and national anchors metrics:

- Demonstrate improved employability through increased numbers of apprentices in 26-27;
- Demonstrate new and additional workforce models to strengthen local supply pipelines in 26-27;
- Demonstrate guidance and training for staff working with younger colleagues in 26-27

Medium Term Plan to 27/28

Publish 3-year people strategy - **July 2027**

Review Health and Care Staffing Act impact - **July 2027**

Annual Service planning embedded into Workforce planning – **March 2028**

New workforce models with aligned pipelines – **March 2028**

Embed continuous staff engagement - **March 2028**

Roll out health roster for all job families - **March 2028**

Review diversity and inclusion strategy - **March 2028**

Review employability strategy - **March 2028**

Outcomes

Grow, Listen, Nurture, and Plan Well Strategy:

- Reduce workforce gaps and supplementary staffing use
- Lower staff absence and minimise redeployment/pay protection costs
- Decrease agency use through better controls
- Improve performance in recruitment, staff bank, and employee relations
- Reduce low-value tasks for staff

Medium-Term Priorities (2027/28):

- Foster a positive, psychologically safe culture with low formal HR cases
- Improve staff engagement and well-being
- Expand employment opportunities, including youth and local roles
- Increase workforce diversity with positive feedback from staff with protected characteristic

Outcome 9a: Care Well – Home First and Last and Adult Social Care ADP 2026/27 V3 Executive Lead: Arlene Johnstone

2026/27 Deliverables

- Transform models of care to support Home First, reduce reliance on acute care and improve flow, including Discharge to Assess, Criteria Led Discharge, community rehabilitation, intermediate care, AHP in ED, community hospital strategy, and locally-designed care models
- Continuation of transformation activity around: Care pathway redesign, Alternative delivery models, Service rebalancing, Prevention promotion, Technology and Workforce
- Strengthen practice models to enable sustainable, place-based care, including care at home commissioning and retendering, workforce planning, social work and social care practice reform, roll-out of Choice and Control, use of NHS estate with partners, and implementation of learning from pilots
- Conclusion of commissioning strategy and intentions plus market facilitation plan, and development of implementation plan.
- Mosaic Implementation Programme: Adult Social Work and Social Care IT system replacement
- Care homes: development of longevity assessment and forward care home strategy
- Care at home: repositioning of in-house service as reablement provider, and rebalancing of Independent Sector
- Support services: review of high-cost supported living and community support packages – seek better solutions for complex need
- Day care: review current provision, future needs and develop a forward direction
- Highland Care Model: develop a Community Led Support ethos to work across the system
- Personal Assistants - clarify the model and investment available for Option 2 brokerage service.
- Commence contractual work to realise the potential for existing Option 2 Brokers to expand their areas for operation such that:
  - Self-employed PAs can be developed and deployed
  - Personal Care can be brokered at appropriate rates; and
  - They can convert locally-identified potential PA relationships
- Technology: implement business case to support home based care services
- Third sector: sustain and review funding arrangements, develop strategic policy on commissioning unregistered services and create a small grant scheme / innovation fund

Key Performance Indicators (KPIs)

- Reduce unmet assessed critical care needs to zero
- Maintain ≥50 new long-stay care home placements (Older Adults) per month
- Reduce out-of-area placements (Younger Adults)
- Improve Home First delivery through 2026–27
- Reduce delayed discharges to 186 by 31 March 2027
- Eliminate 12-hour ED waits; achieve 75.3% within 4 hours by March 2027
- Increase community rehabilitation clinics by March 2027
- Increase SDS1 (Direct Payments) to 30%
- Increase SDS2 (ISF) to 11%
- Increase SDS3 to 50%
- Maintain overall SDS1–4 uptake
- Implement brokerage model to expand Personal Assistant provision by March 2027
- Monitor Adult Protection referrals
- Increase % of inquiries completed within 7 days
- Ensure investigations completed within timescales
- Reposition in-house Care at Home as a reablement service (including sector rebalancing)
- Review 100% of high-cost packages; progress alternatives where appropriate by March 2027
- Complete day care review and approve medium-term plan by March 2027
- Approve and begin implementation of Highland Care Model by March 2027
- Approve commissioning strategy, market facilitation and implementation plans; deliver ≥90% of 2026/27 milestones
- Complete longevity assessment and publish care home strategy
- Complete third-sector funding review; approve commissioning policy and establish innovation fund
- Implement Mosaic in line with programme plan by March 2027
- Approve care technology business case; deliver ≥90% of 2026/27 milestones

Outcome 9a: Care Well – Home First and Last and Adult Social Care ADP 2026/27 V3 Executive Lead: Arlene Johnstone

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 2027**
- Lochaber wider view of infrastructure and resources – **March 2027**
- New practice model for social work and social care – **May 2027**
- Roll out of Choice and Control (self-directed support) – **May 2027**

Outcomes

The Highland Health and Social Care IPQR refresh will be finalised to focus on performance improvements of services provided through Highland Health & Social Care Partnership to meet Care Well strategic outcomes.

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

Outcome 9b: Care Well – Primary Care

ADP 2026/27 V3

Executive Lead: Arlene Johnstone

2026/27 Deliverables

Deliver a coherent, needs-led Primary Care strategy and improvement programme, including implementation of the NHS Highland Primary Care Strategy informed by JSNA, delivery of the National Primary Care Improvement Plan, and contribution to Preventive and Proactive Care across NHS Scotland

Reduce unwarranted variation and improve quality, access and value across Primary Care services, including diagnostics and prescribing improvement, data-driven quality clusters, performance monitoring of access and delivery models.

Improve access to and sustainability of dental, oral health and eyecare services, including oral health programmes, dental contract management and access initiatives, minor oral surgery pathways, and delivery of enhanced community eyecare services

Key Performance Indicators (KPIs)

- Monitor the number of GP practices in Highland and number of GPs per cluster per 1,000 population
- Monitor the number of diagnostic tests booked by GPs per 1,000 population
- Monitor the rate of antibiotic prescribing across Highland HSCP GP clusters per 1,000 population against national averages
- Monitor registration and participation rates with NHS Dentists across Highland.
- Increase the number of patients discharged from Ophthalmology to the Community Glaucoma service per month
- Review the national patient experience survey for patients across Highland
- Increase screening uptakes by practice on a cyclical basis for the three primary care screening programmes - Cervical, Bowel and Diabetic Eye services
- Monitor the number of emergency admissions per registered practice, per 1,000 population and compare to national average
- Monitor the number of preventable emergency admissions per registered practice, per 1,000 population and compare to national average

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**

Outcomes

- Develop primary care strategy and implementation programme through 2026-27
- Demonstration of improved quality, access and value within Primary Care Services through 2026-27
- Improved patient access for dental, oral health and eyecare services through 26-27 e.g. Open Eyes system
- Board-approved NHS Highland Primary Care Strategy by March 2027
- Reduce waiting lists

Outcome 10 – Live Well ADP 2026/27 V3 Executive Leads: Arlene Johnstone & Evan Beswick

2026/27 Deliverables

Expand community-based, preventative and urgent support pathways to improve outcomes and reduce avoidable admissions by strengthening crisis and on-call arrangements (including psychiatric emergency plans), embedding trauma-informed approaches, developing enhanced dementia and neurodevelopmental pathways, prioritising annual health checks for people with learning disabilities, maximising third/independent sector partnership and community hubs for early intervention, addressing forensic recommendations, reducing reliance on supplementary staffing, and ensuring the mental health built estate supports safe, person-centred care.

Strengthen MHLD governance, quality standards, workforce and data through refreshed programme governance to oversee delivery of the Core Mental Health Quality Standards and related national specifications, an agreed local improvement plan (including priority areas), collaboration with Public Health Scotland on indicators/analytics and improved returns/data quality, an evidence-based workforce plan, and improved information systems/records (including full implementation/optimisation of key systems).

Deliver improved access and performance in Psychological Therapies (PT) by implementing the national service specification and governance, reducing waits (including achieving 18-week access and eliminating >52-week waits), improving service planning through better performance data, expanding digital therapies, and optimising capacity/skill mix (including job planning, shift patterns and (where needed) facility capacity).

Key Performance Indicators (KPIs)

- Delivery of core Mental Health quality standards and meet national specifications
- Increase number of patients demonstrating clinical improvement (outcomes) by 10% by Mar27
- Achieve 18-week access and eliminate >52-week waits for all Mental Health services under the standards through 26-27
- Reduce the total waiting list for Community Mental Health services in Highland
- Community/preventative pathways- Increase proportion of MHLD patients managed in community settings by 10–15% by Mar27
- Increase uptake of annual health checks for people with LD by greater than 75% by Mar27
- Reduce avoidable admissions by 10% by Mar27
- Reduce the number of people experiencing a delay in discharge from hospital (see Respond Well)
- Maintain the average Length of Stay for patients at New Craigs Hospital
- Implement enhanced dementia pathways across all localities by Mar27
- Monitor the percentage of readmissions to hospital within 28 days of discharge from a Mental Health hospital
- Ensure 95% of people discharged from an inpatient stay at New Craigs Hospital our followed-up within 72 hours
- Deliver £425k recurrent reduction in supplementary staffing spend by Mar27
- 100% of agreed 2026/27 actions relating to Core Mental Health Quality Standards, national specifications and the MHLD Improvement Plan delivered by 31 March 2027.
- Increase the number of completed waits for Psychological Therapies services
- Consistent achievement of the 90% 18-week access target for Psychological Therapies and eliminate >52-week waits Improving service planning through better performance data through 26-27

Outcome 10 – Live Well ADP 2026/27 V3 Executive Leads: Arlene Johnstone & Evan Beswick

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: Assess unmet need and refine shift patterns to enhance access **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 approaches across all services by ensuring comprehensive staff training and service redesign aligns with best practice **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**

Outcomes

- **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
- **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 Well-being Workforce Action Plan
- **Service Planning:** Improving service planning through better performance data
- **Data & Intelligence:** Improved returns / data quality through improved records by Mar27
- **Outcomes:** Improved outcomes through reducing avoidable admissions
- **Dementia Pathways:** Development of enhanced dementia pathways
- **Learning Disabilities:-** Increased annual health checks for people with LD
- Finance: Reduced supplementary staffing

Outcome 11: Respond Well

ADP 2026/27 V3

Executive Lead: Louise Bussell

2026/27 Deliverables

Implement effective urgent and unscheduled care models to improve flow and responsiveness, including optimisation of FNC/OOH clinical pathways and workforce redesign, implementation of Hospital at Home, step-up/step-down models (including community hospitals), continued delivery of the Urgent Care model, and targeted improvement plans to reduce emergency department length of stay

Embed a consistent, system-wide approach to identifying and supporting people living with frailty, including use of the Clinical Frailty Score across hospital and community settings, comprehensive geriatric assessment at admission and within community services, agreed front-door frailty pathways, dedicated frailty assessment areas, and primary and secondary interventions for frailty

Strengthen discharge pathways and information flow to reduce length of stay and support care closer to home, including efficient and effective discharge pathways across all sites, use of CfSD to reduce short stays (1–3 days), electronic recording and sharing of frailty and CGA information across hospital and community systems, and consistent referral and response processes via District Single Points of Access (SPOAs)

Key Performance Indicators (KPIs)

- Achieve 75.3% of the ED target for the number of patients attending A&E being seen, treated, admitted, or discharged within 4 hours by March 27.
- Reduce the number of patients waiting > 12 hours in A&E by March 27 to zero.
- At least 80% of people aged ≥75 on an integrated team caseload will have a documented Rockwood Clinical Frailty Scale (CFS) score recorded on MORSE by March 2027
- At least 80% of people aged ≥75 admitted to hospital will have a documented Rockwood Clinical Frailty Scale (CFS) score recorded on Trak by March 2027
- Delayed Discharges (target to be agreed with CfSD) reduce the total number of patients experiencing delay in discharge from hospital across NHS Highland:
  - to 221 by end June 2026
  - To 210 by end September 2026;
  - to198 by end December 2026;
  - To 186 by end March 2027.

Medium Term Plan to 27/28

Continue to implement the Urgent Care model and identify benefits and impacts – **March 2028**

Intervention for frailty; comprehensive geriatric assessment embedded in community services - **December 2027**

Intervention for frailty; pathways for support - **December 2027**

Outcomes

- Reduce the number of people experiencing a delay in discharge from hospital
- Shift unscheduled ED/MIU attendances to scheduled presentations
- Increase ambulatory care and straight-to-specialty admissions
- Reduce Emergency Department waiting times and length of stay (focus on diagnostics and zero-day stays)
- Use CfSD data to identify and target length of stay reduction opportunities
- Enhance frailty response to prevent unnecessary hospital admissions
- Address unmet community services to reduce discharge delays

Outcome 12a: Treat Well (Scheduled Care) ADP 2026/27 V3

Executive Lead: Katherine Sutton/Evan Beswick

2026/27 Deliverables

Maintain planned care core capacity and reduce long waits through improved theatre utilisation, service planning and flow, including review and optimisation of theatre pathways and scheduling, implementation of Infix, completion of Annual Service Planning, and delivery of targeted plans to address the longest-waiting patients

Increase the proactive and systematic gathering of service user feedback and use insights to continuously refine and improve existing service delivery models. Deliver the hospital Electronic Patient Record (EPR) to support safer, more efficient and integrated care. Continue structured engagement with the Centre for Sustainable Delivery (CfSD) to align local models of care with national pathways and best practice.

Audit standards, governance and value-based decision-making across scheduled care to address deficiencies, including implementation and assurance of Waiting Times Guidance, completion and application of the Local Access Policy, regular review of National Referral Protocol, and strengthened clinical engagement and awareness

Key Performance Indicators (KPIs)

- Eliminate all > 52 week waits for New Outpatient (NOP) and Treatment Time Guarantee (TTG) across all specialities utilising sub-national planning, by December 2026
- The number of completed new outpatient appointments is equal to or exceeds the monthly target
- Total number of patients currently waiting for return outpatient appointments to be equal to or less than previous year's monthly average
- Reduce the number of patients on the return outpatient waiting list who have not been seen within two years of their due date
- The number of completed TTG is equal to the monthly target
- Improved and increased service user feedback and demonstration of improved service delivery models through 26-27, e.g. implement Order Comms and EPR
- Fulfil agreed programme of work with CfSD during 26-27
- Annual service planning pilot in maternity and care at home will incorporate planning using feedback during 26-27
- Introduce a measure of Procedures of Low Clinical Value (PLCV) via Clinical Advisory Group process through 26/27

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**

Outcomes

- 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, Specialty Doctors, or Consultants)

Outcome 12b: Treat Well (Diagnostics) ADP 2026/27 V3 Executive Lead: Katherine Sutton

2026/27 Deliverables

Reduce unwarranted variation and low clinical value diagnostic activity to protect capacity and improve timeliness, including education and behavioural change approaches, improved visibility of diagnostic costs, and development of tools/approaches to identify over-testing and variation across requestors and pathways

Modernise and integrate diagnostic digital systems and patient booking processes to improve safety, efficiency and access, including digital requesting/Order Communications, replacement/upgrade of core radiology and laboratory systems, and digitised/standardised booking and communications processes across diagnostics pathways.

Build sustainable, safe and resilient diagnostic services through workforce development, governance and standardised operating models, including "grow our own" training approaches, robust POCT governance across settings, strengthened radiology administration/safety processes, and service redesign in endoscopy/cystoscopy to maximise utilisation and reduce backlog risk.

Key Performance Indicators (KPIs)

- Order Comms implementation by September 202 for diagnostic and labs specialities
- Order Comms metrics to help with the design of KPIs for tests of low clinical value, once implemented
- Right test, right time - Campaigns on challenging the use of low clinical value tests to be undertaken through 26-27
- Modernisation and integration of patient booking processes and digital systems that improve safety, efficiency and access will be introduced through 26-27 (linked to digital prioritisation deliverables and detailed in Digital delivery plan)
- All waiting times guidance and targets for diagnostics and imaging are met

Medium Term Plan to 27/28

Implement iLFT pathways for liver disease

Enhance blood donation process

Increase point-of-care testing use and develop in primary care

Develop tool to identify unwarranted test variation

Explore UHI Biomedical Science degree

Subscribe to digital histopathology EQA

Accredit L&I hospital labs to ISO 15189:2022

Review staffing model to improve access - Develop cost model for consultant activity - Improve communication for operational challenges

DIGITAL Implement Annalise.ai for lung cancer pathways - Implement Patient Hub for waiting list validation - Enhance safety with planned returns policy - Analyse porter service reintroduction

Implement online booking system

Digitise patient appointment letters

Outcomes

- Increasing access time for investigations to national standards
- Reducing duplicate / unwarranted testing
- Developing labs and radiology services to maximize efficiency

Outcome 13: Journey Well (Cancer)

ADP 2026/27 V3

Executive Lead: Katherine Sutton

2026/27 Deliverables

Achieve improvements in 62-day cancer waiting times to agreed trajectories for 2026/2027, whilst working towards achieving the national 96% targets for 31 and 62 day standards

Review and improve of the big 4 cancer pathways as well as rapidly implementing national TOM to ensure continuation of services, this includes new mutual aid and joint working agreements with other cancer centres/boards in both North and West of Scotland

Continue to work with Maggies and others on prehabilitation pathways.

Key Performance Indicators (KPIs)

Cancer Waiting Times

- **All patients -** 95% of patients should begin treatment within 31 days of the decision to treat, regardless of the referral route
- **Urgent Suspicion Cancer referrals -** Meet agreed improvement trajectory towards 95% of patients referred urgently with a suspicion of cancer (USC) - whether through a GP referral, national screening programme, should be their first cancer treatment within 62 days of receiving the referral.
- **SACT -** The average waiting times for SACT as 1st Treatment, Radiotherapy as First Treatment and ASCT patients overall (new and subsequent) will be no more than 28 days

Medium Term Plan to 27/28

National benchmarking exercise on psychological support: Consider outputs for increasing provision to remote and island populations - **2027/28**

CFSD's optimal diagnostic pathways: Continue implementation of Scottish Cancer Network's clinical management pathways within available resources - **2027/28**

National Oncology Target Operating Model (TOM): participate in the implementation of the national oncology TOM – **2027/28**

Outcomes

- Review of 4 main cancer pathways for Breast, Lung, Colorectal and Prostate Cancer
- Continued development of prehab services in partnership with Maggies by March 2027
- **Improvement in 62-day standard**: Focus on earlier diagnosis of breast, colorectal, and lung cancers - **2027/27**
- **National Quality Performance Indicators for Cancer**: embed system of review of QPIs and benchmarking within NHS Highland and take action to improve outcomes for NHS Highland patients
- **Models of Care:** Enhance the NHS Highland cancer services by working in partnership with other boards to improve cancer waiting times and access for patients requiring specialist care and treatment

Outcome 14: Age Well

ADP 2026/27 V3

Executive Leads: Louise Bussell & Boyd Peters

2026/27 Deliverables

- Person Centred Care - Strengthen and implement a consistent tiered approach to care for adults - developing new ideas to demonstrate strategic value of population health including identifying gaps in the current models of care.
- Enable people to self-manage and experience coordinated, person-centred care, including directing people to self-management resources, assessing the impact of self-management, coordinating hospital-based care, and improving joined-up clinics and appointments
    - e.g. Community Access Days developed
    - Digital solutions for LTC service development
    - Diagnostic service demand review and population impact
    - Diagnostic car use
    - Seismic Shift opportunities delivering the Waiting Well programme
    - Implementing commissioning plans to enhance access and flow across services
- Focus on delivery of realistic medicine plan 26-27 (Nourish)
- Women's Health plan - monitoring BAU through 2026-27. assessing gaps and allocation within current service resource.

Key Performance Indicators (KPIs)

- National Women's health plan - delivery through 26-27
- Tests of change - implemented in line with developing strategic priorities in 26-27
- Community Access Days (CAD) days - customer and staff satisfaction demonstrated
- Delivery of Realistic Medicine Plan 2026-27 by Mar27
- e.g. deliver It's okay to ask campaign across the organisation in Q1

Medium Term Plan to 27/28

- Commissioning plan is implemented to enhance tiered approach - **March 2028**
- Identify impact of direct self-management - **March 2028**
- We co-ordinate people's care in hospital-based services - **March 2028**
- Targeted programme of activities, services and information is available for staff - **March 2028**

Outcomes

- Improve patient and staff experience through developed outcome measures
- Simplify self-management and healthcare navigation, enhancing health outcomes
- Respond to the climate emergency by reducing unnecessary travel and polypharmacy
- Reduce health inequalities with targeted interventions across all tiers

Outcome 15: End Well

ADP 2026/27 V3

Executive Lead: Arlene Johnstone / Evan Beswick

2026/27 Deliverables

Develop and strengthen palliative care services across community and acute settings, including service development and agreed outcome measures and financial resource management across the HHSCP partnership in line with national strategy

- Stage one - to undertake joint strategic needs assessment of palliative care provision
- Stage 2 - to develop and implement coordinated anticipatory end of life care pathways

Key Performance Indicators (KPIs)

- Joint Strategic Needs Assessment complete in 2026-27
- Care pathways articulated within HSCPs

Medium Term Plan to 27/28

Implement anticipatory care plans, to include electronic sharing of information with relevant professionals - **March 2027**

Outcomes

- 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

Outcome 16 : Value Well ADP 2026/27 V3 Executive Leads: Arlene Johnstone/Jennifer Davies/Evan Beswick

2026/27 Deliverables

Strengthen relationships with volunteers, unpaid carers, families and communities to support co-production, strengthen community fabric and local value, ensuring their voices and contributions help shape services and support delivery across NHS Highland

Carers – Options developed and agreed for future commissioning arrangements to support unpaid carers

Strengthen our contribution to and working with our strategic partners through the Community Planning Partnerships to deliver shared priorities and population outcomes aligning with our new organisation strategy and population health framework

Develop and monitor metrics to show impact on community wealth building

Scope an approach to build a systems approach to our role as an Anchors organisation

Key Performance Indicators (KPIs)

- Feedback demonstrates improved relationships with volunteers, unpaid carers and communities through 2026/27
    - Evidence of co-production approaches embedded within Community Led Support implementation
    - Options developed and considered for future commissioning arrangements to support unpaid carers
- Develop and agree options for a carer support programme through medium term from 26-27, including strategic approval and tender process
- Demonstrate improved positive impact on population health through working with CPPs through 26-27, using agreed metrics
- Submit anchors national metrics for 24-25 and 25-26 in Q2
- Submit Anchors medium term plan in Q2

Medium Term Plan to 27/28

Ongoing delivery of Anchors Strategic Plan to facilitate Community Planning Partnerships - **Ongoing**

Ongoing work with the A&B Community Planning Partnership

Ongoing work with the Highland Community Planning Partnership - **Ongoing**

Outcomes

- Reduced health inequalities resulting from enhanced volunteering and partnership working - Increase in hours / people working with us
- 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

Outcome 17: Perform Well

ADP 2026/27 V3

Executive Leads: Louise, Boyd, David & Heledd

2026/27 Deliverables

Draft the quality strategy framework by end May 26 to Execs, then define the draft in Q2. Then engagement to develop the detailed strategy for Board Approval implementation plan to be developed and then in progress through 26-27. This will fundamentally link with the developing organisational strategy

Develop and agree a strategic framework for NHS Highland's 10-year organisational strategy, setting clear vision, priorities and outcomes a key component, working with a population health focus to improve prevention and reduce health inequalities

Develop the 10-year organisational strategy, translating the framework into agreed plans, actions and governance to drive implementation, setting clear vision, priorities and outcomes a key component is to reduce health inequalities and support sustainable services through prevention, partnership and Realistic Medicine, including delivery and further embedding of Realistic Medicine, organisation-wide prevention and health inequalities programmes, regional and national collaboration on at-risk services, and acting as an effective Anchor Institution working with communities and partners

Deliver sustainable, outcomes-focused financial and operational performance, including alignment of transformation and efficiency programmes to the Board's three-year financial plan:

- delivery of improvement, value & efficiency programme to track, manage and deliver recurrent savings required to meet the 3% national target,
- review cross-board commissioning arrangements and cost-recovery approaches (including out-of-area pathways) to ensure best value for Highland residents,
- ensuring financial planning supports patient outcomes and value through data benchmarking and engagement with professional leadership)

Key Performance Indicators (KPIs)

- Quality strategy draft framework in Q2
- Quality strategy developed and approved though 26-27
- Strategic framework in draft by June then refined in Q2
- Organisation strategy approved by Board by Mar27
- Updates will be reviewed by NHS Highland's Finance Performance and Resources Committee to ensure the delivery of the Board's financial plan

Medium Term Plan to 27/28

Financial Planning: Ongoing delivery of cost efficiencies and implementation of revised secondary/tertiary care commissioning and cost recovery processes - **March 2027**

Financial Planning (Patient Outcomes-Focused): Ensure efficiencies are maximised with a focus on patient outcomes – **Ongoing**

Performance Improvement

- Quality strategy approved and developed through 2026-27
- Deliver year one of financial plan by March 2027
- Strategic Framework approved by Board from September 2026
- Organisational strategy approved by Board by 31 March 2027

Outcome 18: Progress Well: Estates & Climate

ADP 2026/27 V3

Executive Lead: Richard Macdonald

2026/27 Deliverables

Delivery of programmes to meet NHS Highland's climate targets

Strategic Infrastructure Assessment to be completed by March 2027

Key Performance Indicators (KPIs)

- Reduce CO2 emissions in year by 3% of the 25/26 baseline, by March 2027 , as a continual annual decrease in direct carbon emissions
- Achieve board-wide reduction in emissions of 80% by 2045, from current baseline 25/26.
- Annual reduction of clinical waste by 3% of the 25/26 baseline

Medium Term Plan to 27/28

Meeting the requirements of the Scottish Government in terms of Net Zero aspirations (within the current guidance and recommended timescales)

Outcomes

Meeting the requirements of the Scottish Government in terms of Net Zero aspirations (within the current guidance and recommended timescales)

Decarbonisation of heat and power where possible contributing to ongoing decrease of emissions which will be dependent on investment.

Strategic Infrastructure Assessment to be approved by the Board by March 2027

Digital Delivery Plan – Progress Well

ADP 2026/27 V3

Executive Lead: David Park

2026/27 Deliverables

- Implement a Board-approved Cyber Security and Information Governance framework for NHSH digital platforms (incl. M365/Dataverse/Teams/Copilot), defining ownership, access controls, DPIA/assurance baseline, retention, and reporting to ensure safe, compliant use at scale; implementation of the necessary cyber defence solutions as specified by the Cyber Centre of Excellence (CCoE)
- Deliver a modern, integrated Electronic Patient Record (EPR) and clinical systems across hospital, community and primary care, including phased delivery of Hospitals EPR, GP EPR, Community Morse, EPT support Programme, Eclipse (A&B), OpenEyes, HEPMA, MedsIDL, RIS/PACS replacement, lab system upgrades and child health systems, APTVision (Radiology system)
- Strengthen digital infrastructure, resilience and productivity to enable safe and efficient services, including migration to the new data centre, network and SWAN2 remedial programme, core data network improvements, continuation of the M365 programme, Winvoice upgrade to support speech recognition, GP IT reprovisioning and GP document management replacement
- Enable service transformation and improved access through digital solutions and data, including digital front door, support for mental health, psychological therapies, vaccination and children's services, and digital tools that support community, preventative and remote care models

Medium Term Plan to 27/28

- Hospitals EPR
- GP EPR
- EPR Support Programme
- Data Network upgrade
- MS365
- Mosaic ASC
- Business Systems

Key Performance Indicators (KPIs)

- Updates will be reviewed by NHS Highland's Finance Performance and Resources Committee to ensure the delivery of the Board's digital plan
- **EPR i**mplemented, training available, reporting is confirmed established
- **Strengthen digital infrastructure 2026/27**
  - New data centre implemented
  - SWAN 2 implemented
  - M365 continued
  - Winvoice upgrade
  - GP IT reprovisioning and document management replaced
- **Enable service transformation**
  - Enable digital front door
  - Support for Mental Health, psychological therapies, vaccination and children services in place
  - Digital tools that support community, preventative and remote care models

Outcomes

During 2026/27:

- Implement cyber security and Info Governance framework by March 2027
- Digital system is implemented, training available, reporting is confirmed established
- New data centre implemented
- SWAN 2 implemented
- M365 programme continued
- Winvoice upgraded
- GP IT reprovisioning and doc management replaced
- Enable digital front door
- Support for mental health, psychological therapies, vaccination and children's services
- Digital tools that support community, preventative and remote care models

Below is the high-level view of the Digital Delivery Plan for 2026/27, showing the areas that are being progressed this year in the usual 'inverted triangle' format.

Argyll & Bute specific deliverables | ADP 2026/27 V3 | Executive Lead: Evan Beswick

2026/27 Deliverables

Financial and System Sustainability:
1. Develop and deliver a credible financial recovery plan
2. Review operating models, demonstrating impact of spend
3. Review GGC SLA
4. Redefine partnership working in line with public sector reform
5. Review estate and delivery sites
6. Care Home strategic review and capital business case
7. Create commissioning support function for contract and service monitoring

Preventative & Community Based Care:
1. Deliver Living Well Strategy (embed prevention and Community LW programme)
2. Expand enhanced primary care services to ensure accessibility
3. Implement Community Glaucoma Service
4. Expand Community Hospital at Home Model- MAKI Pilot

Integrated and Person Centred Care:
1. Embed co-production with service users, carers, communities and 3rd sector
2. Implement early and dynamic discharge planning
3. Adopt Home First / re-ablement approach
4. Improve post-discharge support via primary care
5. Improve NDAS support
6. Deliver planned care redesign for OP, Diagnostics, MH, NS, Theatre efficiencies, medical staffing models
7. Redefined extended community care teams
8. Rapid Access Primary Care - Cowal Pilot
9. Care at Home service redesign
10. Ambulatory Care - Cowal Pilot
11. Discharge to assess - Cowal Pilot
12. Expand H@H model - Oban
13. Relationship based MDT - Clyde Sector - in reach and virtual ward approach

Access and Tackling Health Inequalities:
1. Strengthen links between transport planning, health access and community provision
2. Implement the Promise
3. Deliver Child Poverty Action Plan commitments
4. Report progress against HSCP Equality Outcomes

Key Performance Indicators (KPIs)

UNDER DEVELOPMENT DUE IN Q2

Through 26-27:
- The financial recovery plan developed and delivered
- Operating models reviewed, demonstrating impact of spend
- GGC SLA reviewed
- Partnership working in line with public sector reformer defined
- Estate and delivery sites reviewed
- Care Home strategic review and capital business case
- Create commissioning support function for contract and service monitoring“
- Strategy delivered
- Capacity in enhanced PC services increased
- Glaucoma service implemented
- MAKI pilot implemented and reviewed
- Early and dynamic discharge planning implemented
- Home First approach in place, commencing
- Introduce single point of care approach
- Oban H@H pilot in place
- Clyde MDT pilot in place for virtual and in ward
- The Promise plan for 26-27 implemented
- Child Poverty Action plan for 26-27 delivered
- Equality Outcomes reported

2026/27 Deliverables

Our Health & Social Care Staff:
1. Undertake workforce skills gap analysis
2. Comply with safe staffing legislation
3. Progress signing of the Ethical Care Charter

Digital Transformation:
1. Complete analogue to digital telecare transition
2. Roll out new national digital services when available
3. Roll out Ophthalmology Imaging Hubs
4. Introduce Care at Home scheduling and reporting system
5. Participate in NHSH Digitally Enabled Workspace Programme

Strategic Enablers:
1. Implement Quality Management System
2. Review IPMF and publish annual JSP delivery reports

Key Performance Indicators (KPIs)

UNDER DEVELOPMENT DUE IN Q2

Through 26-27:
- Workforce skills gap analysis complete
- Proof of compliance with safe staffing by exception
- Ethical Care Charter developed so that signature can be approved

In 26-27:
- Telecare implemented:
- Rollout when made available
- Imaging Hubs rolled out
- Scheduling system implemented
- Proof of participation
- QMS implemented
- IPMF reviewed and annual reporting complete

Medium Term Plan to 27/28

<u>Joint Strategic Plan Priorities</u>

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

Outcomes