NHS Highland

Meeting:	Highland Health and Social Care Committee
Meeting date:	3 July 2025
Title:	Annual Delivery Plan 2025/26 Update
Responsible Executive/Non-Executive:	Kristin Gillies, Interim Head of Strategy & Transformation
Report Author:	Bryan McKellar, Whole System Transformation Manager

Report Recommendation:
Health and Social Care Committee are asked to note the update and take substantial assurance

1   Purpose

This is presented to the Board for:

- Noting

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive

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.

Health and Social Scare Committee are asked note that the development of ADP 25/26 has progressed in line with requirements and work to begin reporting these deliverables is underway.

2.2   Background

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	X	Moderate	
Limited		None	

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 review of ADP 25/26 – March 2025

3.9   Route to the Meeting

ADP – various discussions through EDG meetings Dec 2024 – March 2025
Previous updates given to FRPC

4.1   List of appendices

The following appendices are included with this report:

1. NHS Highland ADP V3 Presentation June 2025

Annual Delivery Plan
2025 – 2026

Medium Term Plan
2027 – 2028

NHS Highland
na Gàidhealtachd

North Highland

Argyll & Bute

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

Together We Care
with you, for you

KEY TO THE EASY-READ VERSION OF NHS HIGHLAND'S ADP 25/26

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).

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).

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.

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.

25/26 Deliverables

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

Key Performance Indicators (KPIs)

- HIS standards will be released in draft May 2025 – KPIs TBC
- Breastfeeding trajectory to reduce attrition of any breastfeeding by 6-8 weeks coupled with formula supplementation rates for breastfed babies
- At least 80% of pregnant women I each SIMD quintile will have booked for antenatal care by the 12th week of gestation
- Eligible patients commence IVF treatment within 12 months

Medium Term Plan to 27/28

- **Redesign Maternity and Neonatal Services:** Align workforce models and pathways to national redesign and implementation standards – **2027/2028**
- **Develop Infrastructure for Birth Choice:** Meet Scottish Government recommendations for choices of place to birth, considering the financial climate and remote/rural geography - **2027/2028**
- **Maintain UNICEF Baby Friendly Accreditation:** Ensure NHS Highland maintains Gold Standard accreditation - **ongoing**
- **Upgrade Maternity and Neonatal Facility:** Deliver care through a refurbished Level 2 facility, depending on future Scottish Government capital finance – **TBC**
- **Review restructuring opportunities** – Assess potential downsizing or restructuring in response to declining birth rates – **2027/2028**
- **Maintain Best Start principles** – Ensure continued alignment with Best Start guidelines: **ongoing**
- **Meet maternity service standards** – Deliver services in line with *Maternity Services Policy: Scottish Government: DL (2025) 02* - **2027/2028**
- **Enhance scanning & screening services** – Ensure compliance with GROW package and foetal medicine standards, while improving local services in Highland - **2027/2028**
- **Develop midwifery education** – Expand undergraduate midwifery training in NHS Highland in partnership with Robert Gordon University and University of the West of Scotland – **Sept 2026**
- **Support maternity support worker training** – Facilitate distance learning and provide local team support for training – **September 2026**

Performance Improvement

Robust data for monitoring the deliverables is currently being developed in partnership with services. This will be developed over 25/26 and will include:

- Reduction in health inequalities for those with more complex health needs and continuity of carer
- Improvement of miscarriage care
- Routine service performance metrics

25/26 Deliverables

- **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**

Key Performance Indicators (KPIs)

- 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

- 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**

Performance Improvement

- **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

- **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**

Key Performance Indicators (KPIs)

- 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

- 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 NHSH pan Highland - **March 2027**

Performance Improvement

Primary Objective: CAMHS Pan-Highland to meet Referral to Treatment (RTT) KPI by end of 2025, a prerequisite for other performance indicators

- 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

Executive Lead: Tim Allison

25/26 Deliverables

- **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

Key Performance Indicators (KPIs)

- 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

- **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**

Performance Improvement

- **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

Employer Priorities:
- Expand NHS career pathways for young people in areas of deprivation
- Improve workforce data for targeted action
- Promote EDI strategy to support equitable recruitment and retention

Procurement Priorities:
- Increase local supplier engagement (35% local spend target)
- Ensure social value in contracts
- Promote sustainable, net-zero procurement

Environment & Sustainability Priorities:
- Implement Environmental Management System with local councils and UHI
- Enhance community engagement on sustainability
- Reduce carbon footprint and improve waste solutions

Community Planning Partnership Priorities:
- Implement Highland Outcome Improvement Plan (HOIP) - **2027**
- Define and measure priority outcomes - **June 2025**
- Establish governance for monitoring objectives - **ongoing**
- Continue to work with the Argyll and Bute Community Planning Partnership to deliver the local outcomes improvement plan 2024-24 - **ongoing**

Key Performance Indicators (KPIs)

- Reduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics - **Ongoing**
- Improved positive impact on environment via EMS measures - **2038**
- Improvement from 23/24 position using national procurement metrics - **Ongoing**
- Improvement from 23/24 position using national employer metrics - **Ongoing**
- Improvement from 23/24 position using national land and assets metrics - **Ongoing**

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**

Performance Improvement

- 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
- Reduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics

25/26 Deliverables

Workforce & Leadership:
- Develop workforce diversification plan - **March 2026**
- Enhance psychological safety, staff engagement, and leadership – **October 2025**
- Review partnership working for continuous improvement - **October 2025**

Digital & Training:
- Implement digital automation - **October 2025**
- Increase training compliance - **March 2026**
- Report on Equalities Outcomes - **March 2026**

Strategic Plans & Partnerships:
- Deliver leadership conference - **June 2025**
- Progress EDI strategies - **March 2026**
- Increase apprenticeships - **March 2026**

Anti-Racism & Safety:
- Review Anti-Racism toolkit – **March 2026**
- Develop training for younger generations – **March 2026**
- Launch 3-year health and safety strategy – **March 2026**

Key Performance Indicators (KPIs)

- Sickness absence of staff across NHS Highland <4% - **March 2026**
- Statutory and Mandatory Training Compliance >95% - **March 2026**
- Turnover of NHS Highland staff <10% - **March 2026**
- Time to Fill for positions recruited by NHS Highland less than 116 days - **March 2026**
- Increase % of Appraisals/PDP&Rs checked and completed on TURAS Appraisal - **March 2026**

Medium Term Plan to 27/28

- Leadership culture framework implemented – **March 2028**
- Workforce plan as part of Annual Service Planning – **April 2026**
- Employability strategy implemented – **July 2026**
- New workforce models with aligned pipelines – **March 2028**
- Strengthen local/joint partnership forums - **March 2028**
- Embed continuous staff engagement - **March 2028**
- Review workforce diversification progress - **March 2026**
- Publish 3-year workforce strategy - **July 2026**
- Roll out health roster for workforce planning - **March 2026**
- Review Health and Care Staffing Act impact - **July 2026**
- Deliver cohort training for SCNs - **July 2026**
- Review diversity and inclusion strategy - **March 2027**
- Review health and wellbeing strategy - **March 2027**

Performance Improvement

Deliverables for 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 9a: Care Well – Home First and Last and Adult Social Care ADP 25/26 V3 DRAFT Executive Lead: Pam Stott

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 different ways of commissioning for hours of 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**

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.

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**

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

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

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**

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)

- **Implementation of National Service Specification** and associated governance in line with Scottish Government priorities - **September 2025**
- **Improved Patient Outcomes**: Reduce waiting times, ensuring faster access to treatment, leading to better patient experiences and outcomes - **March 2026**
- **Waiting 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 2026**
- **Enhanced 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 2026**
- **Digital Therapies Expansion**: Increase the number of patients accessing digital therapies, reducing waiting lists and improving overall access and efficiency - **March 2026**
- **Mental Health Data Improvement** (PT & MHLD): 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 (MHLD)

- **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 2025**
- **Quality 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 2025**
- **Mental Health Quality Indicators**: Work with PHS on developing national Mental Health Quality Indicators (MHQI), including monitoring the 10% spend target - **June 2025**
- **Workforce 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 2026**
- **Forensic Mental Health**: Engage with the Forensic Governance Advisory Group to enhance collaboration in forensic mental health services at regional and national levels - **September 2025**
- **Neurodevelopmental Assessments**: Review access to assessments and professional support by optimising referral and assessment pathways - **December 2025**
- **Annual 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 2025**
- **Maximise work with the Third Sector – September 2025**
- Reduce the percentage of supplementary staffing in inpatient wards to the national reference range of 15% - **March 2025**
- 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) **– Ongoing**
- **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 – 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)

- 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 Core Mental Health 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

Performance Improvement

- **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

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

Key Performance Indicators (KPIs)

The key measures currently under routine reporting are as follows;
1. 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%
2. 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 – 101
3. To reduce the average number of patients in Acute & Community hospital beds with a LOS >14 days – 339
4. To reduce the average number of non-delayed patients in Acute and Community hospital beds with a LOS >14 days – 179
5. To reduce the average number of patients in Acute and Community hospital beds affected by standard delays -118
6. To 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) – 389
7. To 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

- 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 2026**
- Intervention for frailty; pathways for support - **December 2026**

Performance Improvement

- Shift unscheduled ED/MIU attendances to scheduled presentations
- Increase ambulatory care and straight-to-specialty admissions
- Reduce 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 opportunities
- Enhance frailty response to prevent unnecessary hospital admissions
- Address 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

- **Labs:**
  Workforce Sustainability: Implementation of labs training manager - **August 2025**
- **POCT Devices**: Develop team/system for safe use of POCT devices - **November 2025**
- **Education Campaign**: Educate clinicians on low clinical value testing - **March 2025**
- **Costing Model**: Raise awareness on the cost of testing - **January 2026**
- **OrderComms Implementation**: Digital requesting of tests (Raigmore & L&I hospitals) – **March 2026**
- **Labs System Transition**: Transition to Ultra for A&B labs (EPR portfolio) - **TBC**

Radiology:**PACS Replacement**: Replace Picture Archiving Communications System - **TBC Digital**
- **RIS Replacement**: Replace Radiology Information System - **TBC Digital**
- **IR(ME)R Processes**: Improve administration for safety and efficiency - **TBC**
- **Centralised Admin Team**: Develop centralised admin team to optimise resources - **TBC**
- **Missed Test Communication**: Communicate missed radiology test numbers/costs to patients - **TBC**

Endoscopy:** TrakCare PMS being updated from 28 days to 42 days waiting time standard = national target – **TBC Digital**

Cystoscopy:**All clinicians using EMS – **June 2025**
- Change appointment types to prepare for change to booking practice – **June 2025**
- Move booking to GI endoscopy central booking office to increase utilisation – **December 2025**

GI Endoscopy:**Nurse endoscopist working independently – **June 2025**
- All elective patients referred via formstream – **September 2025**
- Booking team fully staffed – **September 2025**
- ERCP booking to move to booking office – **December 2025**

Medium Term Plan to 27/28

Labs:
- Implement iLFT pathways for liver disease - **2026/27**
- Enhance blood donation process with Haemonetics - **2026/27**
- Increase POCT use in secondary care & community hospitals - **2026/27**
- Upgrade/replace WSI scanner for pathology - **2026/27**
- Develop tool to identify unwarranted test variation - **2026/27**
- Explore UHI Biomedical Science degree - **2027/28**
- Subscribe to digital histopathology EQA - **2027/28**
- Accredit L&I hospital labs to ISO 15189:2022 - **2027/28**
- Develop POCT system for primary care - **2027/28**

Radiology:
- Review staffing model to improve access - **2026/27**
- Develop cost model for consultant activity - **2026/27**
- Improve communication for operational challenges - **2026/27**
- Implement Annalise.ai for lung cancer pathways - **2026/27**
- Implement Patient Hub for waiting list validation - **2026/27**
- Enhance safety with planned returns policy - **2026/27**
- Analyse porter service reintroduction - **2026/27**
- Implement online booking system - **2027/28**
- Digitise patient appointment letters - **2027/28**

Key Performance Indicators (KPIs)

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

Performance Improvement

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:

- **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

This will be a focus of our Diagnostics programmes to support the transformation of services aligned to national models of care.

25/26 Deliverables

- **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**

Key Performance Indicators (KPIs)

- 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

- **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**

Performance Improvement

- **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

- Establish gaps in current tiered approach - **March 2026**
- Direct people to self-management resources - **March 2026**
- The Waiting Well programme is delivered - **March 2026**
- There is a joined-up approach to clinics and appointments - **March 2026**
- The Women's Health Plan is delivered - **March 2026**
- Working practices support the health and wellbeing of staff - **March 2026**

Key Performance Indicators (KPIs)

Process measures:
- Number of people who access digital resources **- TBC**
- Number of specialities with clinic build implemented to support self-booking **- TBC**
- Number of people who have accessed a Community Link worker **- TBC**
- Number of containment product prescriptions **- TBC**
- Number of polypharmacy reviews undertaken **- TBC**
- Number of anticipatory care plans **- TBC**

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**

Performance Improvement

- 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

25/26 Deliverables

- 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**

Key Performance Indicators (KPIs)

- 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

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

Performance Improvement

- 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

- Develop partnerships with volunteers, carers and families - **ongoing to March 2026**
- Develop community planning partnerships (linked with Anchor Well) - **ongoing to March 2026**

Key Performance Indicators (KPIs)

- None at present

Medium Term Plan to 27/28

Ongoing delivery of Anchors Strategic Plan to facilitate CPPs - **Ongoing**

Ongoing work with the A&B Community Planning Partnership

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

Performance Improvement

- 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

25/26 Deliverables

- **Quality**: Implementation of NHS Highland's Quality Framework - **March 2026**
- **Realistic Medicine**: Delivery of NHS Highland's Realistic Medicine Action Plan for 2025/26 - **March 2026**
- **Prevention Strategy & Reducing Health Inequalities**: Develop a programme to embed prevention in transformation and reduce health inequalities - **March 2026**
- **Financial Planning**: Align strategic transformation and efficiency programmes to the board's three-year financial plan - **March 2026**
- **Regional and National Working**: Collaborate with partners to deliver sustainable services for NHS Highland, starting with Oncology and Vascular Surgery - **March 2026**
- **Risk Management**: Implement a new system and training for better risk documentation - **March 2026**
- **Resilience**: Embed the board's resilience improvement plan into service planning - **August 2025**
- **Out-of-Area Pathways**: Continue embedding phases of NHS Highland's improvement plan for health and care commissioning - **March 2026**
- **Blueprint for Good Governance**: Embed principles of good governance across NHS Highland - **March 2026**

Key Performance Indicators (KPIs)

- None at present

Medium Term Plan to 27/28

- **Realistic Medicine**: Further integrate to promote shared decision-making and person-centred care within current resources - **March 2027**
- **Reducing Health Inequalities** - **March 2027**:
    - Reduce the gap in healthy life expectancy between rich and poor
    - Contribute to the reduction of poverty, including child poverty
    - Ensure access to opportunities for improving health
    - Demonstrate equity of access to effective health services
    - Be an effective Anchor Institution within Highland, and Argyll & Bute
    - Work with community partners to tackle health and wellbeing threats and wider determinants of health
- **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

- 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 deliverables are contained within Outcome 4: Anchor Well:

- Implement Environmental Management System with local councils and UHI
- Enhance community engagement on sustainability
- Reduce carbon footprint and improve waste solutions

Key Performance Indicators (KPIs)

- 75% towards Board's Net Carbon Zero Targets - **TBC**
- Decarbonisation of Heating Systems - **TBC**
- Board Net Carbon Zero - **TBC**

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)

Performance Improvement

- 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

3 Year (Medium Term) Digital Plan 2024 - 2027

2024 - 2025	2025 - 2026	2026 - 2027
• 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	• 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	• Hospitals EPR • GP EPR • EPR Support Programme • Data Network upgrade • MS365

25/26 Deliverables

Deliverables developed for:
1. Planned Care
2. Urgent & Unscheduled Care
3. Mental Health
4. Primary and Community Care
5. Women & Children's Health
6. Population Health and Reducing Inequalities
7. Finance, Infrastructure and Value Based Health and Care
8. Workforce
9. Digital and Innovation
10. Climate

Alignment to Well theme Deliverables is ongoing to describe where work will be pan-Highland.

Key Performance Indicators (KPIs)

In development aligned to both the IPQR (Board-wide) and IPMF

Medium Term Plan to 27/28

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

Performance Improvement

Performance trajectories in development aligned to KPI development.

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