NHS Highland
Annual Delivery Plan
2026/27

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

Chief Executive Welcome and Introduction

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

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

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

Key context for 2026/27:

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

Àrd-oifigear, Fàilte agus Ro-ràdh

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

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

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

Co-theacsa cudromach airson 2026/27:

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

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

Purpose

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

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

The Context We Find Ourselves In

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

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

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

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

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

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

Executive summary

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

Detailed rationale by outcome-themed group

1. Our Young People and Families

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

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To improve life chances by strengthening maternity, neonatal, neurodevelopmental and child and adolescent mental	• To meet the rising demand for maternity, neurodevelopmental assessment services (NDAS) and child mental health services (CAMHS)	• Children, young people and families experience earlier help, clearer pathways and

health pathways. The deliverables are designed to intervene earlier, reduce avoidable delays, improve family experience, and maintain compliance with national standards and policy requirements	• Ensuring fair and equitable access to NDAS and Child and Adolescent Mental Health services (CAMHS) • Rates of developmental concerns in more deprived communities linked to child poverty prevalence • Sustaining the specialist workforce, training routes, governance and assurance across maternity, neonatal, NDAS and CAMHS services • Maintain NHS Highland's status with National Maternity Standards, UNICEF Baby Friendly accreditation and CAMHS/neurodevelopmental specifications thereby preventing more children from becoming unwell and narrowing the inequalities gap	improved access to assessment, treatment and support • Maternity, neonatal and children's services are safer, more person-centred and more consistently governed • Waiting times for assessment and treatment to reduce over time, with improved compliance against 18-week access standards • Services become more sustainable through better workforce planning, training, and partnership working

2. Population Health

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

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To shift the system from treatment and recovery towards prevention, earlier intervention, community wealth building, realistic medicine and better support across ageing and end-of-life pathways. The deliverables respond to the wider determinants of health and the need to reduce avoidable ill health and inequalities	• Persistent health inequalities experienced by some groups in Highland and Argyll and Bute • Vaccination provision and uptake, screening smoking cessation, alcohol and drug harm reduction and other preventative programmes to improve health • Our response to the ageing population, growing long-term conditions and need for more coordinated self-management and navigation support • Strengthening palliative and end-of-life identification, anticipatory	• Improved quality of life and reduced preventable ill health through prevention and early intervention • Reduced inequalities through informed use of data, Equality Impact Assessment (EQIA), population health maturity work, and routine reporting • Communities benefit from stronger anchor activity, partnership working, and co-production • Older people and people approaching end of life receive more coordinated, person-centred care closer to home where appropriate • The Lochaber Redesign Programme has entered the Full Business Case

	care, and preferred-place-of-care pathways • Opportunity to use NHS Highland's anchor role to influence employability, procurement, assets and community wealth	phase, focused on developing a sustainable and integrated health and social care model for the area. During 2026/27, NHS Highland will further develop service models, workforce and digital plans, benefits realisation and implementation arrangements, while continuing to work with communities, staff and partners to shape future services and improve care closer to home

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

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

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

4. Mental Health and Wellbeing

Together We Care Strategy Themes included: Live Well

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To improve access, outcomes and sustainability across mental health, learning disability, dementia and psychological therapies pathways. The deliverables focus on community-based prevention, urgent support, better data, governance and workforce, reducing avoidable admissions and long waits	• Reducing waiting times across mental health and psychological therapies • Community-based support, crisis response, and alternatives to admission • Delayed discharge, out-of-area placements and avoidable admissions affecting outcomes and flow • Explore use of digital systems and data quality, performance visibility, and records systems • Workforce sustainability, reliance on supplementary staffing, recruitment and retention pressures across mental health and care services	• Improved access to mental health and psychological therapies, including progress against 18-week standards and elimination of very long waits • More people supported in community and preventative settings, reducing avoidable admissions and out-of-area placements • Improved dementia, learning disability, and neurodevelopmental pathways • Better quality, governance, workforce planning and performance data to support sustainable improvement

5. Urgent Care

Together We Care Strategy Themes included: Respond Well

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

	community services require standardisation • Length of stay and discharge delays need targeted reduction using Centre for Sustainable Delivery and local improvement data	stay management, and community response

6. Planned Care

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

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

7. Our People

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

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To build a resilient, skilled, engaged and sustainable workforce capable of delivering service reform. The deliverables address appraisal, learning and development, staff governance, communications, wellbeing, equality, diversity and inclusion, recruitment, employability and strategic workforce planning	• Workforce gaps, recruitment and retention pressures across health and care services • Supplementary staffing, agency dependency, staff absence, and low-value activity • Staff appraisal compliance, learning and development infrastructure and workforce planning • Staff wellbeing, Equality Diversity and Inclusion, health and safety, and engagement require sustained improvement • Partnership working, staff governance, and internal/external communication need consistent strengthening	• Improved workforce sustainability through better planning, recruitment, onboarding, and talent pipelines • Improved staff engagement, health, wellbeing, inclusion, and psychological safety • Reduced workforce gaps, absence, supplementary staffing, and agency use over time • A stronger learning culture supported by appraisal, Learning Academy development and staff governance arrangements

8. Enablers

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

Rationale for deliverables	Areas for improvement	Overall anticipated outcomes
To create the organisational conditions required for delivery: social value and community partnerships, quality and strategy development, financial sustainability, digital transformation, cyber and information governance, infrastructure planning and climate commitments	• Financial constraint and need to demonstrate value-based health & care, efficiency and outcomes-focused performance • Development and deployment of a coherent 10-year organisational strategy, quality strategy and implementation governance • Requirement to strengthen relationships with carers, volunteers, communities,	• Clearer strategic direction, quality framework and financial sustainability supporting all delivery programmes • Stronger community partnership, co-production and anchor contribution to population outcomes • Digital systems, infrastructure and information governance enable safer, more

	and Community Planning Partnerships • Digital infrastructure, electronic patient record, cyber security, information governance, and data systems require sustained investment and assurance • Climate targets, estate constraints, and infrastructure planning require Board-level strategic direction	productive, and better-connected services • Climate, estate, and infrastructure plans support long-term sustainability and reduced emissions

Overall strategic intent

Taken together, the deliverables are intended to:

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

Delivery Framework and Assurance

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

Lawson Memorial Hospital, Golspie

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

Summary Delivery Dashboard and Leadership Focus

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

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

Climate and sustainability	Strategic Infrastructure Assessment, emissions reduction, and clinical waste reduction	• 3% reduction in CO2 and clinical waste by March 2027 • 80% emissions reduction by 2045 All from current baseline 2025/26

Tobermory, Isle of Mull