Agenda Item 3.3

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**02 September 2026**
Title:	**Drug & Alcohol Recovery Service (DARS) - Assurance Report**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer**
Report Authors:	**Lesley Campbell, Interim Service Manager** **Bev Fraser, Strategic Lead, DARS**

Report Recommendation:
The Committee is requested to consider the information presented within this report and take substantial assurance that appropriate arrangements are in place to monitor and improve the performance, access and outcomes of Drug and Alcohol Recovery Services within the Highland Health and Social Care Partnership.

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

well		well					

2 Report summary

2.1 Situation

Highland HSCP Drug and Alcohol Recovery Services (DARS) remains focused on delivering and embedding the Medication Assisted Treatment (MAT) Standards as a core component of high-quality, person-centred care. The publication of the new Alcohol and Drugs Strategic Plan 2026-2035 Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035 - gov.scot provides a refreshed national framework and builds upon a number of key policy commitments, including Rights, Respect and Recovery (2018), which promoted a human rights-based and recovery-focused approach to alcohol and drug treatment and support; the Alcohol Framework (2018), which advanced population-level measures to reduce alcohol-related harm; the National Mission on Drug Deaths (2021), which prioritised urgent and targeted action to save and improve lives; and the Cross Government Plan on Drugs (2023), developed in response to the Drug Deaths Taskforce to strengthen whole-system collaboration and coordinated action.

The Highland Alcohol and Drugs Partnership (ADP) has also published its own strategic plan, setting out local priorities and ambitions for improvement. During the coming year, DARS will work to align and benchmark service delivery, performance and outcomes against both national and local strategic objectives, ensuring that services continue to evolve in line with emerging policy expectations and the needs of people, families and communities affected by alcohol and drug use.

Data from the MORSE Electronic Patient Record (EPR) highlights significant variation in presenting need across Highland. Drug use is the primary reason for referral within Inverness, including Housing First, homelessness and harm reduction services, and is also the predominant reason for referral in Nairn, Mid and East Ross, and Caithness. In contrast, alcohol-related concerns remain the principal reason for referral to specialist Drug and Alcohol Recovery Services (DARS) across much of the rest of Highland.

This variation in demand creates competing service priorities, requiring a balance between the ongoing implementation of the Medication Assisted Treatment (MAT) Standards for people who use drugs and the provision of effective support for individuals experiencing alcohol dependency, who are often at similarly elevated risk of significant harm. Addressing these dual challenges is a key driver of the new Alcohol and Drugs Strategy and informs both service planning and resource allocation.

Performance against Referral to Treatment (RTT) waiting time standards has experienced some variation during the reporting period, reflecting a combination of internal and external factors affecting service capacity and demand. However, focused improvement activity has resulted in sustained progress over the most recent quarter, with the service achieving and maintaining RTT compliance. DARS continues to build on this improvement through the standardisation of practice, greater consistency across localities and the development of innovative models of care, helping to ensure that individuals at greatest risk receive timely access to assessment, treatment and support.

2.2 Background

Since 2011 there has been a national focus in reducing the harms caused by substance use. DARS performance is monitored against the target of 90% of people waiting no longer than three weeks to access treatment as well as Medication Assisted Treatment Standards (MAT) (2021) which requires same day assessment and treatment for opioid dependence.

National benchmarking confirms a journey of improvement for DARS over the past five years. Working in partnership with Highland Alcohol & Drug Partnership and public health, DARS has a key role in the delivery or MAT. A summary of NHS Highland's progress since 2022 is provided within this assurance report.

DARS is also monitored via Public Health Scotland using their Drug and Alcohol Information System (DAISy). The referral to treatment (RTT) standard is set at 90% of people will have commenced treatment within 3 weeks of referral and no-one will wait more than 6 weeks.

2.3 Assessment

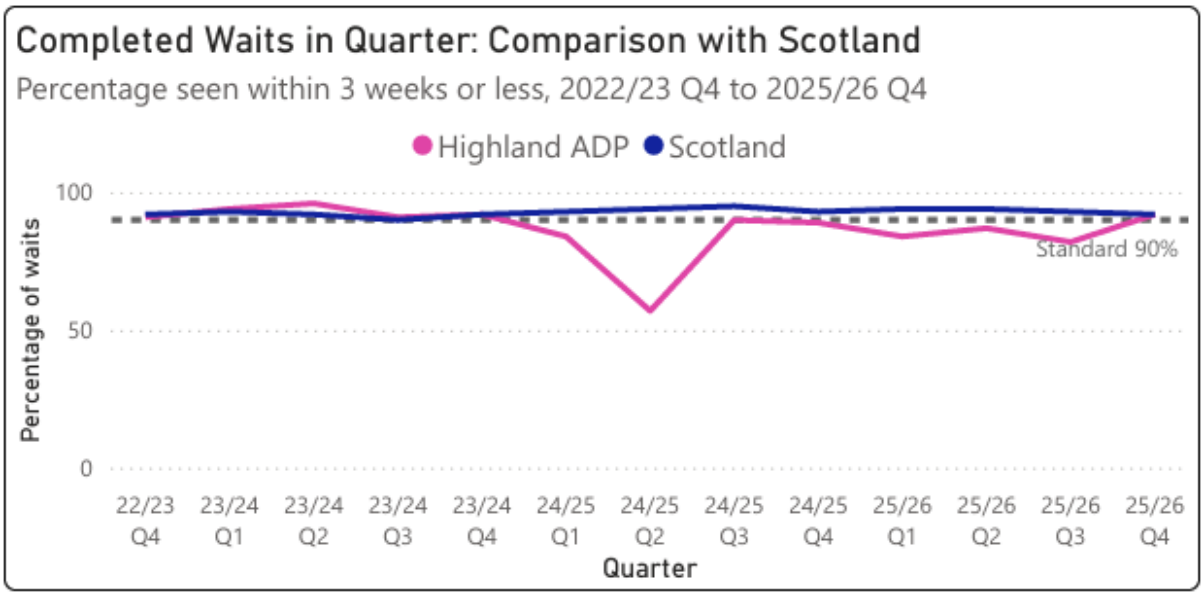
2.3.1 Referral to Treatment Waiting Times (RTT)

During the previous year, DARS have worked to standardise the reporting for the RTT and for discharge, working with PHS staff to support accurate reporting. This has now been implemented and is expected to provide accurate and timely data within Highland. In 2025 waiting lists were implemented across multiple regions due to a reduction in staff capacity and a surge in service demand. This development significantly impacted the Partnerships ability to meet its referral-to-treatment targets. To mitigate this issue, focused improvement initiatives were undertaken and proved successful.

Furthermore, work within Mid and East Ross to improve attendance and engagement has also show to support improvements in waiting times by freeing up time to manage demand. The CONNECT model is now being presented across Highland and NHS Scotland and is being standardised across all of our DARS teams over this next 6 months.

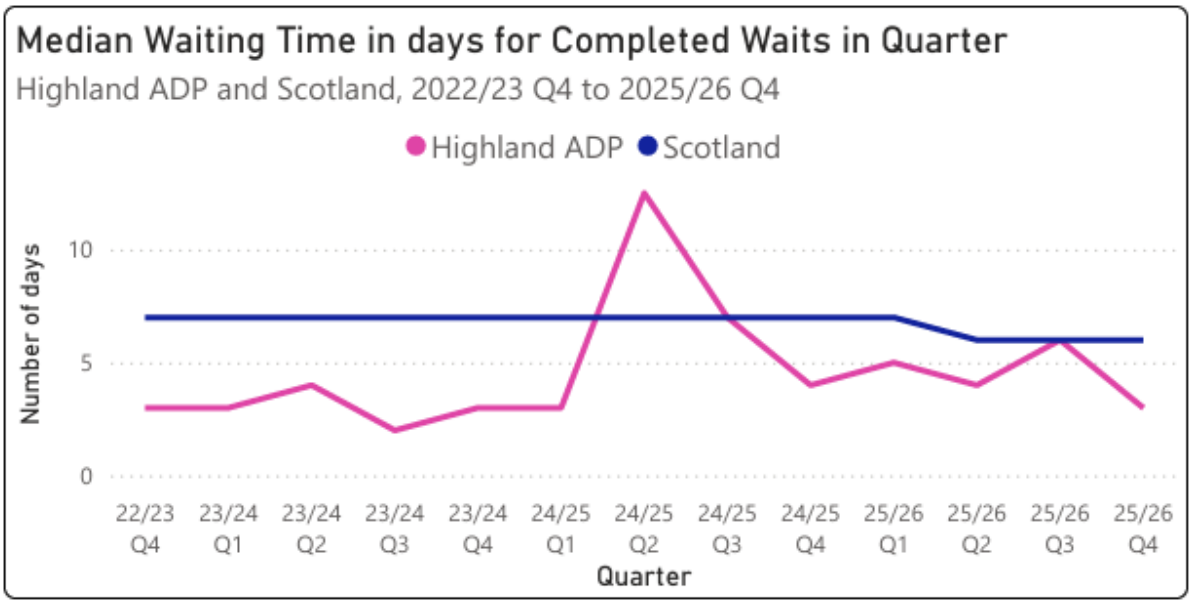
DARS has demonstrated a sustained improvement in Referral to Treatment (RTT) performance following a period of variation during 2024/25 (see chart 1). While compliance with the national standard of 90% was significantly impacted in Quarter 2 of 2024/25, focused improvement activity enabled a rapid recovery, with performance returning to target levels by the following quarter.

This improvement has been maintained throughout 2025/26, with the service consistently achieving or performing close to the national standard and ending the year above target. The overall trajectory provides assurance that measures introduced to strengthen access management, standardise practice and improve service responsiveness are having a positive and sustained impact on timely access to treatment.



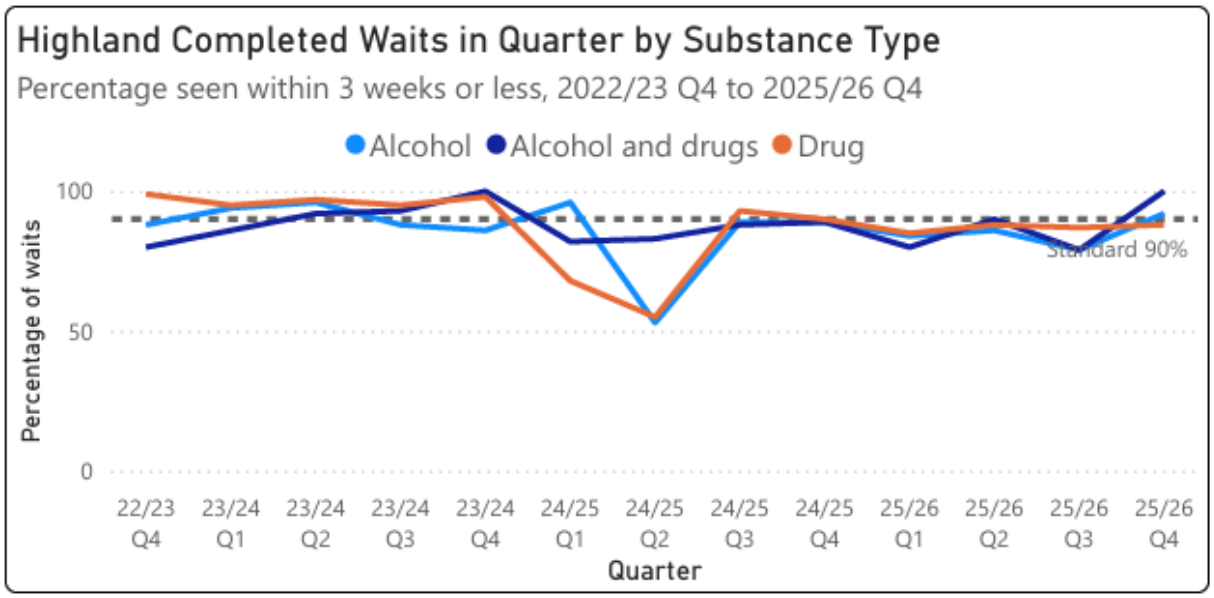
Analysis by substance type demonstrates that, while all treatment pathways experienced a period of reduced RTT performance during 2024/25, the decline was temporary and affected Alcohol, Drug and Alcohol and Drug referrals to varying degrees. Targeted improvement activity resulted in a rapid recovery across all pathways, with performance returning to the national standard by the following quarter.

Throughout 2025/26, compliance has remained consistently strong, and by Quarter 4 all substance groups were achieving or exceeding the 90% standard. This provides assurance that service improvements have been embedded across the whole system and that timely access to treatment is being maintained regardless of presenting substance use, despite the differing patterns of demand experienced across Highland.



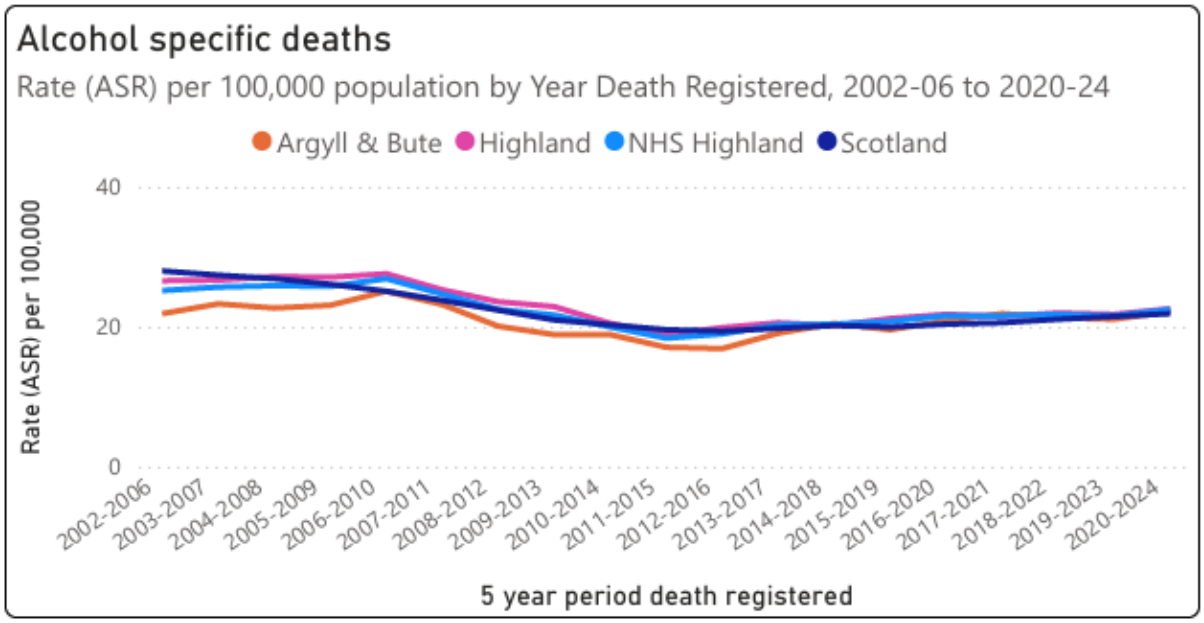
The Partnership has maintained comparatively low median waiting times throughout the reporting period and continues to perform favourably against the national position. Whilst a temporary increase in waiting times was experienced during 2024/25 Q2, targeted improvement activity resulted in a rapid recovery, with waiting times returning to previous levels within subsequent quarters. Performance during 2025/26 has been consistently strong, culminating in a median waiting time of approximately three days in Quarter 4.

This demonstrates sustained improvement in access to treatment and provides assurance that service developments and demand management measures are supporting timely access to care for individuals requiring alcohol and drug recovery services.

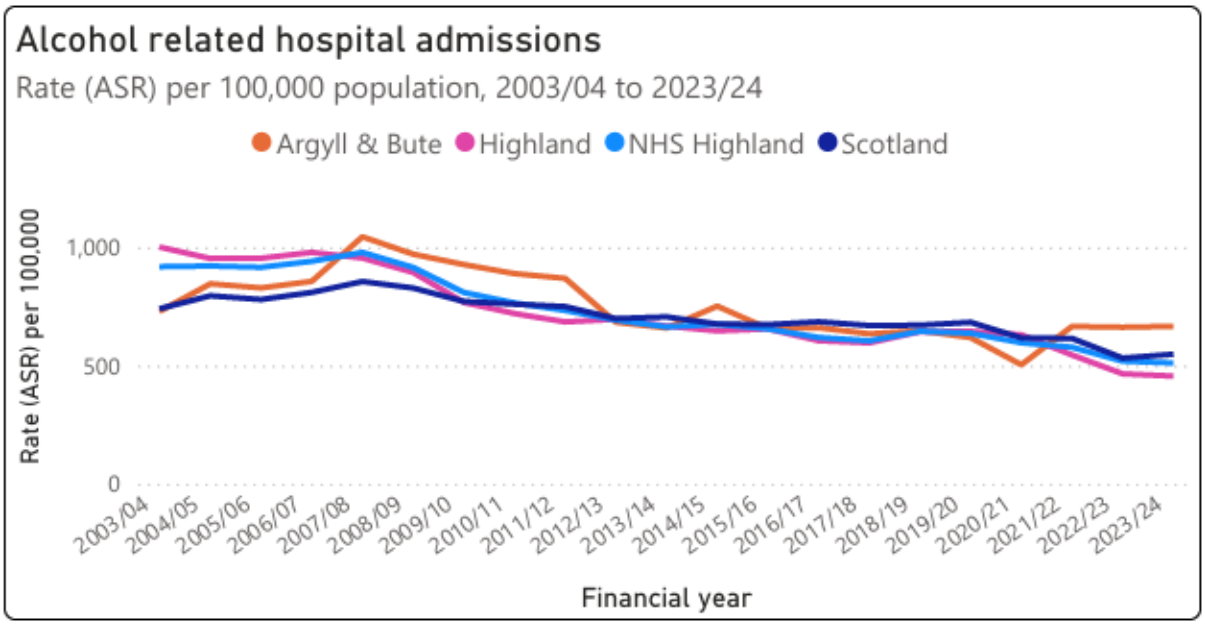


2.3.2 Alcohol Related Harm

Alcohol-specific mortality in NHS Highland has remained broadly stable over recent years following a significant reduction from peak levels observed in the early 2010s. Current rates are comparable to both the Highland local authority area and the Scottish average. While there has been no significant deterioration in performance, the recent plateau in improvement highlights the continued impact of alcohol-related harm and the need for sustained focus on prevention, treatment and recovery interventions. Ongoing delivery of the Alcohol and Drugs Strategic Plan (2026-2035) will be critical in achieving further reductions in alcohol-related mortality.



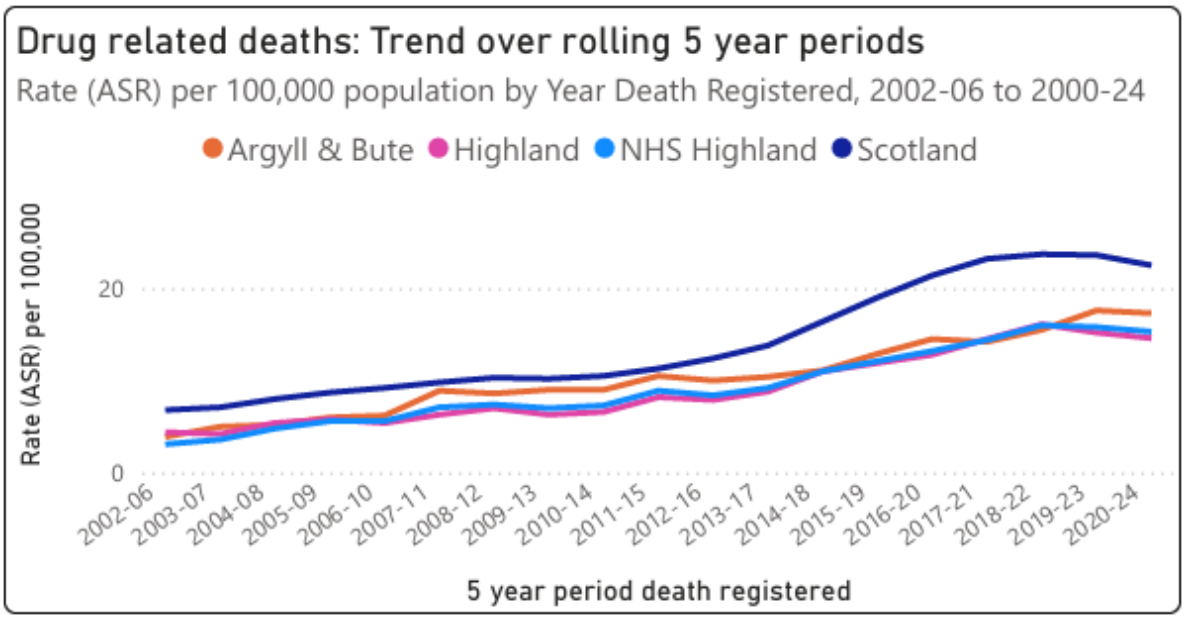
Alcohol-related hospital admissions across Highland have shown a sustained long-term decline and remain below the national average, providing assurance that progress continues to be made in reducing acute alcohol-related harm. While the service has maintained improvements in Referral to Treatment performance, challenges remain in relation to planned inpatient detoxification capacity due to ongoing pressures on mental health inpatient beds. The new Alcohol and Drugs Strategy will therefore continue to focus on strengthening prevention, early intervention, treatment and recovery pathways to address both alcohol-related mortality and the ongoing demand for specialist services.



2.3.2 Drug Related Deaths

Every drug-related death represents a preventable loss of life with a profound impact on families, communities and services. In 2024, 21 drug-related deaths were registered in Highland, representing a reduction of five deaths compared to 2023 and a reduction of 21 deaths (50%) from the peak of 42 deaths recorded in 2022.

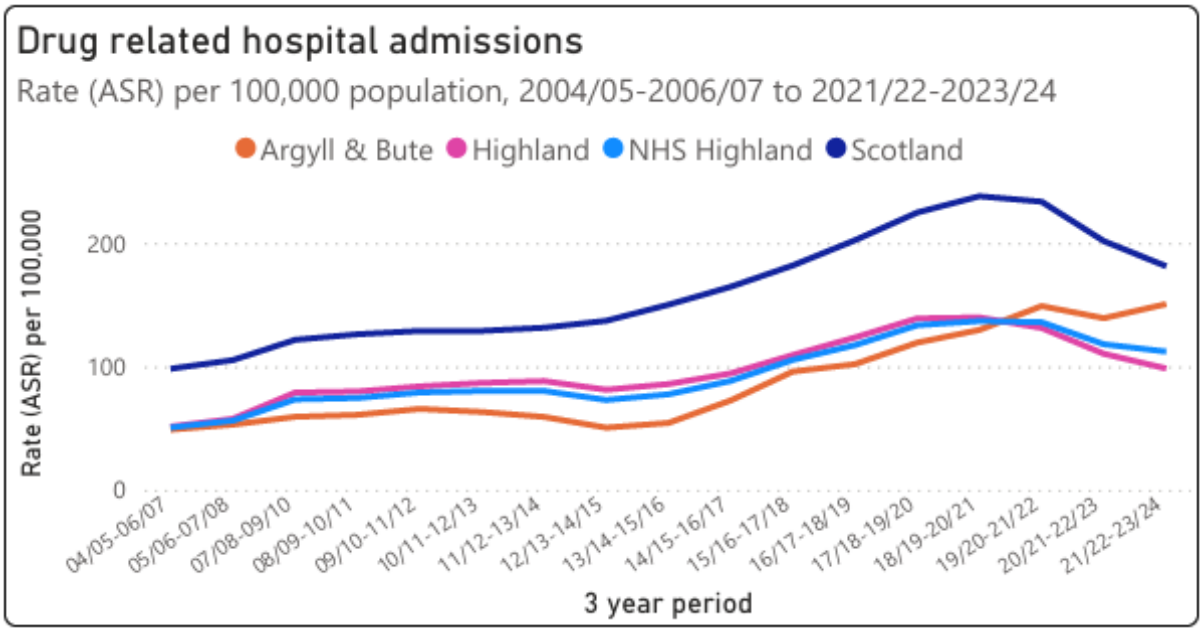
The rolling 5-year age standardised mortality rate within Highland has increased substantially over the past two decades, reflecting national trends. However, rates remain consistently below the Scottish average. Encouragingly, the most recent rolling five-year periods suggest a stabilisation of mortality rates.



Whilst this improvement is encouraging, each death remains a tragedy, and continued focus is required to reduce harm, improve access to treatment and recovery services, and support those most at risk. This includes ongoing improvement in the implementation of the Medication Assisted Treatment (MAT) Standards, strengthening access to evidence-based care, reducing barriers to treatment, and enhancing support for people with complex needs.

Drug-related hospital admission rates within Highland have increased significantly over the longer term, reflecting growing levels of substance-related harm and associated healthcare demand. However, rates remain substantially below the Scottish average.

Encouragingly, following a peak in 2019/20-2021/22, Highland has experienced a sustained reduction in admissions over the last two reporting periods. Whilst this may indicate positive impacts from harm reduction measures, implementation of Medication Assisted Treatment Standards and improved access to recovery services, admission rates remain elevated compared to historical levels. Continued focus on prevention, treatment, recovery and targeted support for those at highest risk will be essential to sustain progress and reduce avoidable harm across Highland communities.



2.3.3 Implementing MAT Standards

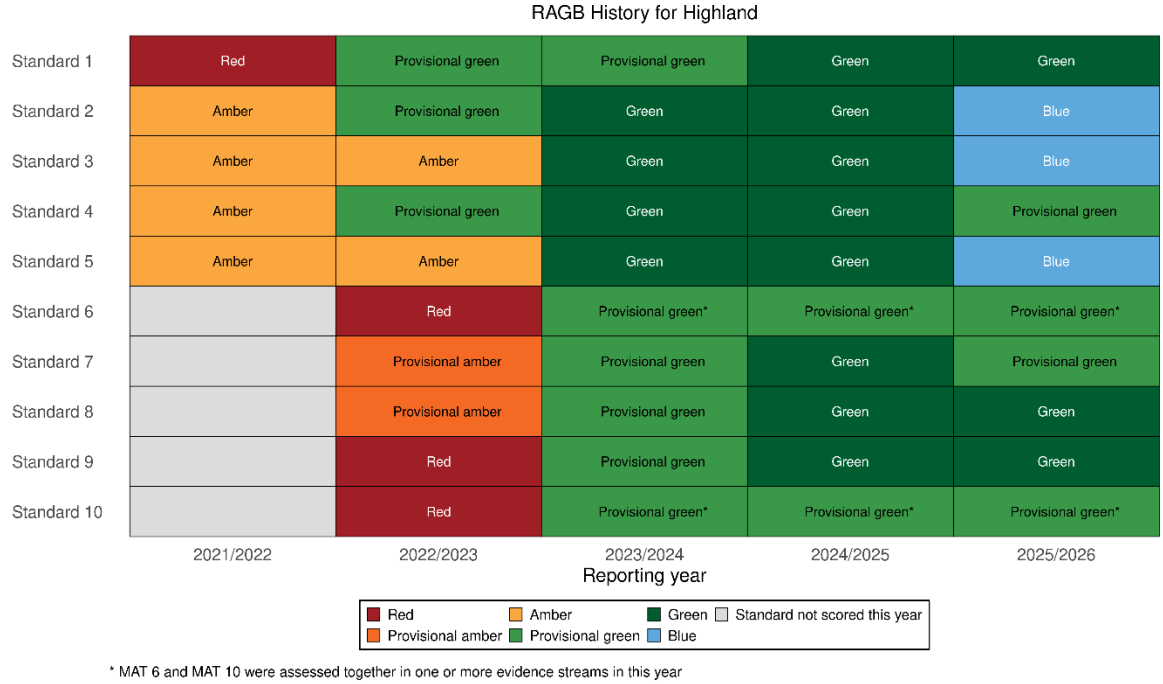
Overview

The MAT standards were introduced in 2021 as part of Scotland's National Mission to reduce drug deaths. They aim to improve the quality, consistency and accessibility of treatment and support for people affected by substance use.

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare, and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma-informed care.

The following section outlines NHS Highland's current position in relation to the findings presented within the Public Health Scotland Medication Assisted Treatment (MAT)

Standards Implementation Benchmarking Report 2025–26. Published on 7 July 2026, the report provides the final benchmarking update within the current reporting framework and reviews progress achieved across the five-year MAT Standards implementation programme



While overall performance against the MAT Standards has been maintained, Standard 4 has moved from Green in 2025 to Provisional Green in 2026. This reflects a change in the interpretation of the standard, specifically the requirement to offer Hepatitis B vaccination at the point of MAT provision. In Highland HSCP, people are currently signposted to local vaccination clinics rather than receiving Hepatitis B vaccination directly within MAT services. As a result, although access to vaccination is available, the standard is not fully met under the revised criteria. A multi-disciplinary working group is now being formed to pilot the delivery of Hepatitis B vaccinations within MAT services, with the aim of closing this gap and achieving full compliance.

A similar position applies to MAT Standard 7, which was recorded as Green in 2025. In some rural areas of Highland, shared care arrangements are in place and operating effectively; however, these are not consistently available across all localities. In 2026, scoring has been applied more rigorously at a whole-Highland level, meaning that partial or locality-specific provision no longer meets the threshold for full Green. The Provisional Green rating therefore reflects variation in availability rather than regression in practice and highlights the need to extend shared care more consistently to ensure equitable access across Highland.

MAT 1 – Same day prescribing

Prescribing on day of presentation where clinically appropriate is sustained across Highland. There are areas in Highland where services are based around one clinician. Meaning when they are off initiations must wait longer than standard. Some areas like Lochaber continue without prescribers with plans to increase Non-Medical Prescribers unsuccessful. Other areas i.e. Ross shire have limited access to prescribers. DARS is

also awaiting eHealth support to progress an electronic prescribing platform which will enable opportunity to develop new ways of working to improve MAT 1 waiting times.

DARS is undertaking improvement work to strengthen Non-Medical Prescribing (NMP) pathways and increase practitioner confidence in prescribing. An initial survey has been distributed to gather baseline information on current levels of confidence, perceived barriers, training needs, and support requirements. The findings will inform a targeted improvement programme aimed at enabling NMPs to practice to the full extent of their competency. A driver diagram has been developed to identify the key factors influencing prescribing confidence and capability, with a range of change ideas generated for testing. These include improvements to education and training, access to clinical supervision and mentorship, prescribing guidance and standard operating procedures, and opportunities for shared learning and peer support. Through the application of quality improvement methodology, DARS will test and evaluate these changes to support the development of a confident, sustainable, and effective NMP workforce.

MAT 3 - Assertive Outreach

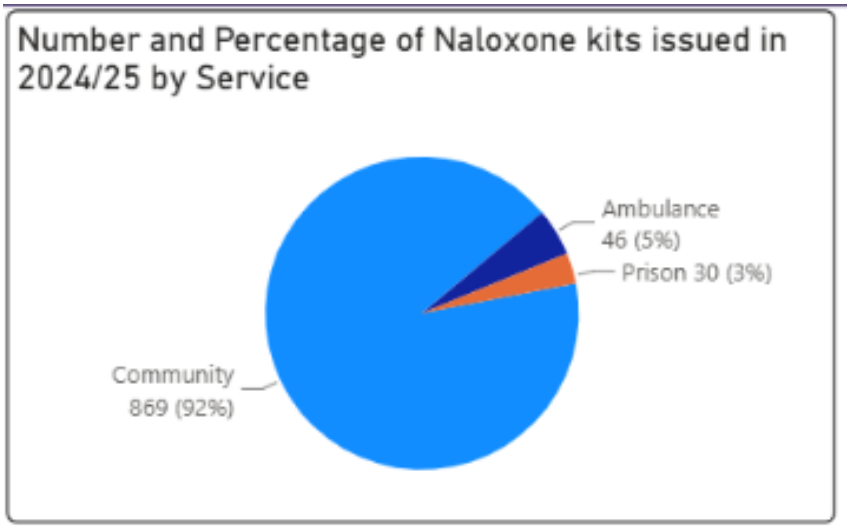
Assertive outreach continues to be a part of DARS routine work. Responding to non-fatal overdose (NFOD) as well as proactively attempting to engage people identified as at risk of harm before they experience an NFOD in the Inverness, Ross-shire, Caithness and Sutherland areas. There is a single point of referral for all NFODs, and outreach practitioners liaise with local DARS staff to ensure follow up where no local team exists. DARS continue to work together to standardise this practice across the Highland area, with appetite to strengthen pathways in Lochaber. There is a risk that workforce and financial pressures may adversely impact the sustainability of this work in the future if the required capacity and resources are not fully incorporated into the substantive establishment

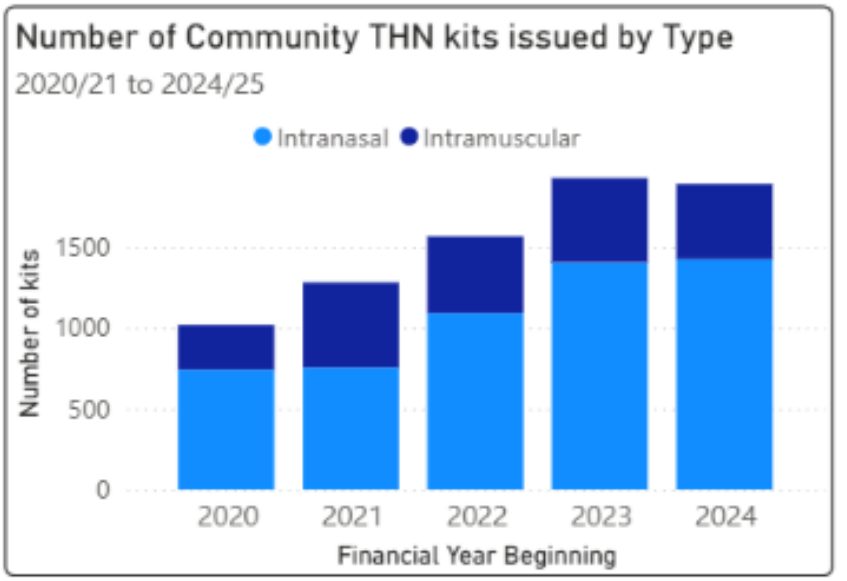
Trigger Checklist and Working Across Organisational Boundaries

This harm reduction initiative works on a low threshold, opt-out approach to preventative care. The trigger checklist also received national recognition at the Mental Health Nursing Forum, Scotland Awards in 2023. Q community funding was also use to understand how tools like the trigger checklist work to support initiatives across organisational boundaries. In partnership with University of the Highlands and Islands a realist evaluation was undertaken between DARS and the emergency department at Caithness General Hospital, the results of which are due for publication later this year. Following on from this the work was shared and spread to the emergency department in Raigmore Hospital and early indications are that referrals are rising and partnership working is successful.

MAT 4 – Harm Reduction

Naloxone can temporarily reduce the effects of an opiate overdose and prevent a non-fatal overdose from becoming a fatal drug overdose. Naloxone distribution across the Highland region fell slightly in 2024 compared to 2023, however was significantly more distribution from 2020 figures.



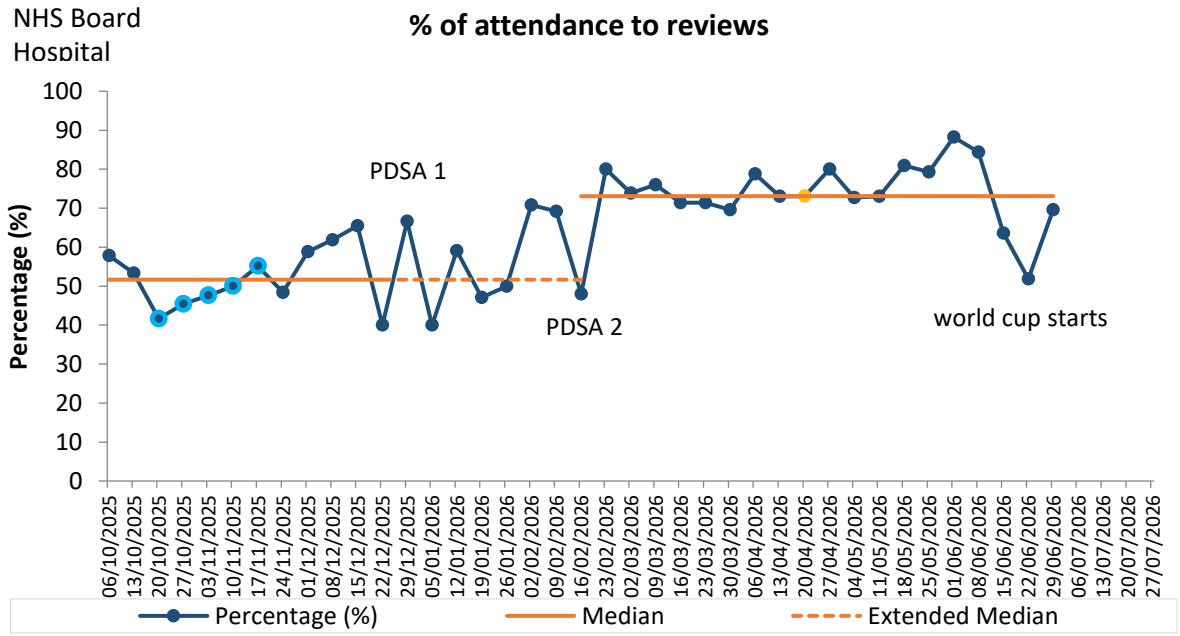


Naloxone distribution continues to demonstrate strong reach across Highland, with 385 kits issued during the first three quarters of 2025/26 (April to December 2025), alongside a further 23 kits administered within HMP Inverness. This reflects sustained efforts to increase access to this life-saving intervention and support the prevention of drug-related harm and deaths. While an overspend of £651 relating to naloxone was identified at M04, year-to-date expenditure remains within budget, suggesting that higher levels of distribution in July 2026 were effectively managed within existing resources. Current trends indicate increasing uptake and demand for naloxone, representing positive engagement with harm reduction initiatives. However, future financial planning will need to take account of both anticipated growth in distribution and increased unit costs associated with forthcoming labelling requirements to ensure this important intervention remains sustainable

MAT 5 - Retention in Treatment and Support

To improve performance against MAT Standard 5, the CONNECT project has been developed to strengthen engagement and support people to remain in treatment and recovery services. Using a quality improvement approach and informed by trauma-

informed principles, the project seeks to build trusting, compassionate relationships and create a service experience that is person-centred, psychologically safe, and responsive to individual needs. Through experiential interviews with people who use services and frontline staff, barriers to attendance and ongoing engagement were identified and used to inform the testing of change ideas. These include proactive motivational check-ins, flexible approaches to contact, and personalised support designed to maintain meaningful connections between appointments. Early learning suggests that reducing barriers, increasing flexibility, and adopting a trauma-informed approach can improve engagement, increase attendance, and support people to remain connected to treatment and recovery services for longer.

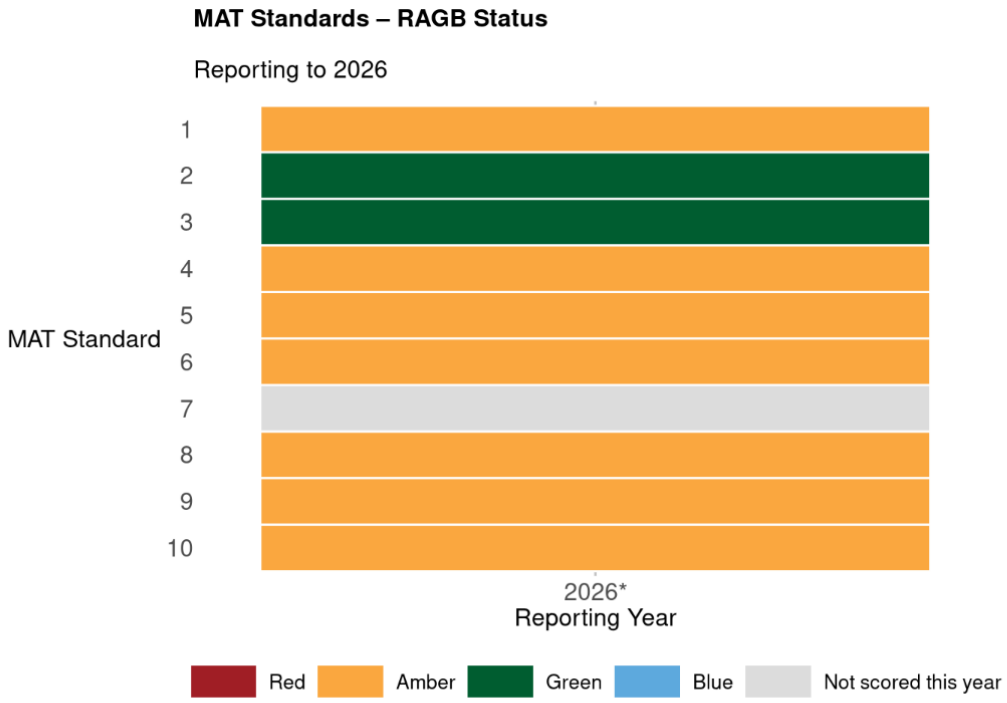


MAT Delivery in Custodial Settings

24% of all drug related deaths have been in prison / police custody in the six months prior to their deaths. The MAT pilot at custody toolkit (MATPACT) was created to proactively identify those at risk and offer health interventions from Burnett Road Custody Suite. MATPACT received national recognition, receiving an award in Mental Health Nursing Forum, Scotland Awards and is also now included in the national Justice Toolkit. MATPACT continues to be used within our custody suites as well as the use of partnership working with community justice partners link the Custody Link Project (a third sector interface project aimed at assertively outreaching and providing support to those who are vulnerable or have come to custody for the first time).

Th benchmarking RAGB (below) represents the first formal assessment of Medication Assisted Treatment (MAT) Standards within HMP Inverness and provides an important baseline from which future improvement can be measured. The results highlight areas of good practice, particularly in relation to MAT Standards 2 and 3, while also identifying several standards requiring further development over the coming year. The findings offer a valuable opportunity to strengthen systems, processes, and partnership working to improve outcomes for individuals in custody. An improvement plan is being developed to address the areas identified, with progress being supported through

quality improvement methodology, regular monitoring, and collaboration across Highland HSCP, HMP Inverness, and partner agencies. This work will focus on delivering sustainable improvements and improving performance against the MAT Standards in future reporting cycles.



**MAT 6 & 10 were either partially or wholly scored together in this reporting year.*

Tackling Health Inequalities

DARS Homeless Team and Specialist GP worked in collaboration with Highland and Islands Pharmacy Education and Research team and the University of Edinburgh on the PHEONIx Trial. A multicentre randomised control trial aimed at improving outcomes for individuals with severe and multiple disadvantage. The published results of which are due towards the end of 2026. Delivering care in non-traditional settings, provides improved access and engagement for people previously excluded from mainstream health services. The team involved stated "It has been a fantastic opportunity to highlight the benefits of assertive outreach and the advantages of shared working with third sector partners. Pharmacy colleagues have a lot to offer in this field".

Parity of Service Provision via a New Digital Service

The introduction of a Partnership wide joint commissioned service 'Anywhere Highland' from With You, has enable DARS to move towards a substance dependency only criteria with the vision that Highland HSCP commissioned service will be available for non-dependant use. The first year of this commission anecdotally appears to have been successful however the first official report for this service is due end of September 2026.

Residential Rehabilitation

Improvement work is at an early stage with the long-standing commission NHS Highland has with Crossreach's Beechwood House. A measurement framework is now in place to establish a baseline understanding of demand, pathways, and system

performance. Data is being collected on referrals, waiting lists, sources of referral, redirections, detox requirements, and triage processes to better understand current pressures and opportunities for improvement. This information will be used to identify variation, understand the factors contributing to delays or inefficiencies, and inform future quality improvement activity. Establishing robust baseline measures will enable services to track the impact of any changes introduced and support data-driven decision-making aimed at improving access to treatment and patient outcomes. Data is being monitored and discussed within a partnership monthly strategic group.

2.4 Proposed level of Assurance

Substantial	x	Moderate	
Limited		None	

Comment on the level of assurance

National Benchmarking Scores for MAT remain positive. Delivery however remains challenging with workforce constraints due to the NHS Scotland Agenda for Change staff reduced working week (RWW) resulting in 135 hours of patient facing time lost per week in DARS across Highland. Many of the posts developed to meet the MAT standards were provided by HADP, these are now requiring transfer over the NHS Highland establishment, with no existing resource to achieve this. There are creative plans in place to meet need but balancing resource, skillset and capacity across the service continues to require ongoing planning. The primary areas affecting performance and plans to address are summarised below:

- MAT 1 QI work commenced to strengthen Independent Prescribing pathways and improve prescribing confidence.
- MAT 3 Ongoing targeted spread of the assertive outreach work both within ED and in rural areas like Lochaber.
- MAT 5 the CONNECT model will be used across DARS to support engagement and improve access.
- MAT 7 outcomes relate to MAT being shared with primary care. Due to competing pressures, there continues to be limited appetite to progress this work. The DARS specialist GP and pharmacist continue to work with interested colleagues to increase MAT prescribing in primary care.
- MAT 9 work is ongoing to work more closely with wider MH services; work has started around the unscheduled care pathways as well as the review and adoption of the decision tree (four quadrant model) for referrers into DARS.
- MAT 6 & 10 is in relation to the availability of psychological interventions within trauma informed settings. Existing staff capacity, coupled with inadequate clinical space/ trauma informed rooms are continuing to prevent full implementation. Work is underway to look at how the Inverness DARS teams work together and how we strengthen this service.

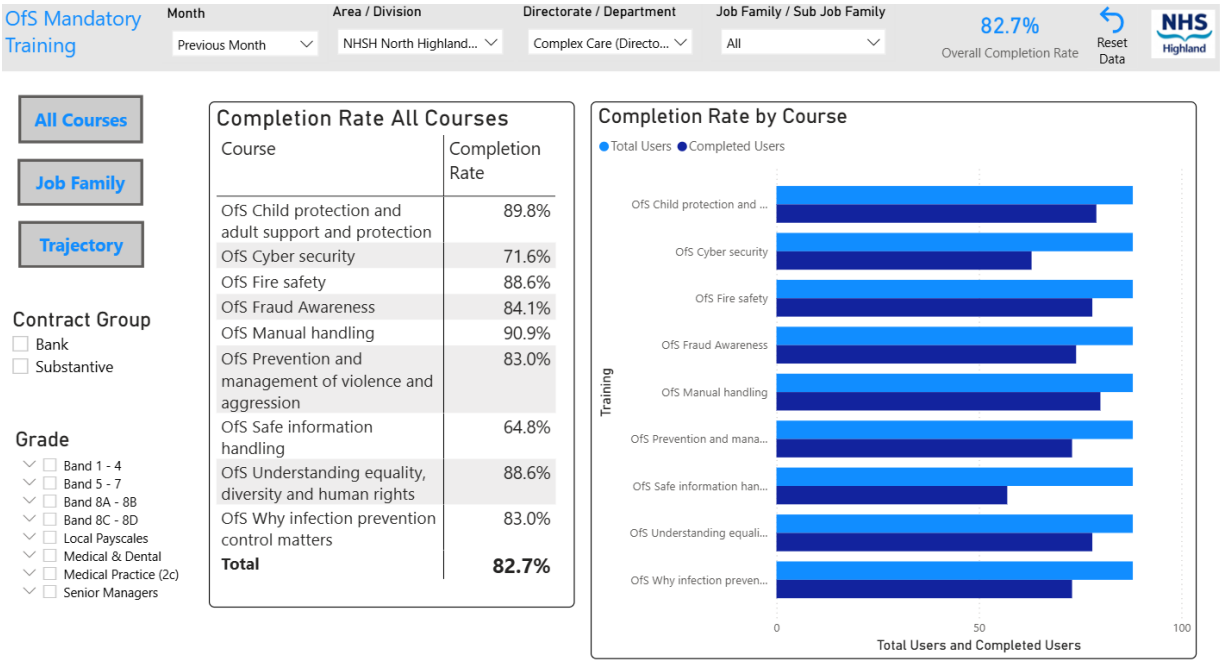
3 Impact Analysis

3.1 Quality/ Patient Care

Quality and patient experience is integral to the successful delivery of MAT. In 2024 HADP commissioned Scottish Drugs Forum to gather lived and living experience. This commission has continued to support MAT submission with multi-mode feedback methods also being used within DARS to routinely gather patient, family, carer, and staff feedback utilised for service improvement.

3.2 Workforce

Recruiting and retaining a skilled Drug and Alcohol Recovery Services (DARS) workforce across all localities continues to present challenges; however, significant progress has been made, with substantive Team Lead and Professional Lead posts now in place across all areas following the successful recruitment of a Professional Lead in West Highland. While the Reduced Working Week (RWW) has resulted in a reduction of approximately 135 hours of clinical-facing time per week, equivalent to around 4% of the workforce capacity, services have continued to perform strongly. This is evidenced by sustained achievement against Medication Assisted Treatment (MAT) Standards and the maintenance of good Referral to Treatment (RTT) performance. Collectively, this demonstrates the commitment and resilience of staff in ensuring timely access to treatment and support for a high-risk and often complex patient population, despite ongoing workforce pressures.



The service continues to demonstrate a strong commitment to workforce development and staff governance. Mandatory training compliance is currently 82.7%, significantly exceeding the NHS Highland benchmark of 65.2%, while appraisal completion stands

at 50%, compared with the NHS Highland benchmark of 32.6%. These results reflect sustained managerial focus on staff development, governance, and clinical safety, and provide assurance that the workforce is well supported to deliver safe, effective and person-centred care. Continued progress in these areas will further strengthen workforce capability, engagement and service resilience

The 2026 iMatter survey achieved a 100% response rate across the DARS Service Management Team, providing a strong level of assurance that the findings accurately reflect staff experience within the service. The Employee Engagement Index score of 74 is positive and is supported by improvements across a number of key engagement domains over the five-year reporting period. Notable strengths include consistently high scores relating to role clarity (88), fair and consistent treatment (85), team working (81), organisational values (83), and visible and approachable leadership (82), all of which are important foundations for effective service delivery and staff wellbeing

iMatter Questions	Staff Experience Employee Engagement Components	Average Response				
		2022	2023	2024	2025	2026
I am clear about my duties and responsibilities	Role Clarity	97	100	79	89	88
I am treated fairly and consistently	Consistent application of employment policies and procedures	94	83	83	86	85
My team works well together	Effective team working	89	75	75	81	85
My work gives me a sense of achievement	Job satisfaction	94	92	85	86	85
I understand how my role contributes to the goals of my organisation	Sense of vision, purpose and values	81	67	75	83	83
I am treated with dignity and respect as an individual	Valued as an individual	94	83	88	86	83
My direct line manager is sufficiently approachable	Visible and consistent leadership	97	71	85	92	83
I feel my direct line manager cares about my health and well-being	Assessing risk and monitoring work stress and workload	97	71	87	94	82
I am given the time and resources to support my learning growth	Learning & growth	94	75	77	83	82
I have confidence and trust in my direct line manager	Confidence and trust in management	97	71	81	89	81
I would recommend my team as a good one to be a part of	Additional Question	94	83	79	81	79
I get the information I need to do my job well	Clear, appropriate and timeously communication	89	92	79	75	79
I am confident my ideas and suggestions are listened to	Listened to and acted upon	86	79	75	78	79
I get enough helpful feedback on how well I do my work	Performance development and review	89	79	90	86	78
I have sufficient support to do my job well	Access to time and resources	92	75	81	78	75
I am confident my ideas and suggestion are acted upon	Listened to and acted upon	83	79	77	69	75
I would be happy for a friend or relative to access services within my organisation	Additional Question	56	50	62	69	72
I feel involved in decisions relating to my team	Empowered to influence	94	83	83	81	72
I feel appreciated for the work I do	Recognition and reward	89	67	83	86	72
I am confident performance is managed well within my team	Performance management	83	67	73	75	71
I feel involved in decisions relating to my job	Empowered to influence	94	75	81	78	68
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours and supportive relationships	56	46	65	56	65
I would recommend my organisation as a Good place to work	Additional Question	67	46	60	61	62
I feel my organisation cares about my health and wellbeing	Health and wellbeing support	50	33	50	56	60
I feel that Senior Leaders who are responsible for my organisation are sufficiently accessible	Visible and consistent leadership	36	21	33	53	58
I have confidence and trust in Board members who are responsible for my organisation	Confidence and trust in management	42	25	37	44	54
I am confident performance is managed well within my organisation	Performance management	39	33	50	47	54
I feel sufficiently involved in decisions relating to my organisation	Partnership working	42	25	44	44	50

3.3 Financial

DARS year-end forecast for 2026-27 is currently at £364k overspend this is within the pay budget and related to known pressures in both prison and custody current staffing spend. With savings project initiation documents (PIDs) in place around these it is expected to see an improved end of year financial position.

3.4 Risk Assessment/Management

Each RTT and MAT outcome is RAG rated and monitored via DARS management team. Progress continues to be reported to MIST quarterly.

3.5 Data Protection

The report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

MAT and wider service delivery focuses on addressing health inequalities for a marginalised and stigmatised patient group. It is assumed an impact assessment is not required.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

In recognition of the importance of lived and living experience in shaping services, the Highland Alcohol and Drugs Partnership (HADP) commissioned the Scottish Drugs Forum in 2024 to undertake independent engagement work with people accessing services. This has provided valuable insight into the experiences of individuals affected by substance use and has informed both local improvement activity and MAT Standards submissions.

Alongside this independent engagement, DARS continues to utilise a range of multi-modal feedback mechanisms to routinely capture the views and experiences of patients, families, carers and staff. These approaches include formal feedback processes, service user engagement activities, complaints and compliments, participation forums, lived experience representation, and staff engagement mechanisms. This ensures that service development is informed not only by performance data and clinical outcomes, but also by the experiences of those who use and deliver services.

The service is committed to meaningful communication, involvement and consultation, with feedback actively reviewed and used to identify improvement opportunities, shape service design and influence operational decision-making. This approach supports a culture of co-production, enabling people with lived and living experience to contribute to the ongoing development of services and ensuring that changes are responsive to local needs.

3.9 Route to the Meeting

Annual assurance following request from HHSCC

4 List of appendices

None.