NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**25 March 2025 – 9.30am**

Present

Dr Tim Allison, Director of Public Health & Policy
Alexander Anderson, Non-Executive
Emily Austin, Non-Executive
Graham Bell, Non-Executive
Sarah Compton-Bishop, Board Chair
Louise Bussell, Nurse Director
Garret Corner, Argyll & Bute Council stakeholder Non-Executive
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair
Heledd Cooper, Director of Finance
Albert Donald, Non-Executive
Fiona Davies, Chief Executive
Karen Leach, Non-Executive
Philip Macrae, Non-Executive
Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Janice Preston, Non-Executive
Catriona Sinclair, Non-Executive & Chair of ACF
Steve Walsh, Non-Executive

In Attendance

Gareth Adkins, Director of People and Culture
Dr Heather Bain, University of the Highlands and Islands
Evan Beswick, Chief Officer, Argyll & Bute Health & Social Care Partnership
Jane Buckley, Head of Operations, Acute (Item 5)
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications & Engagement
Kristin Gillies, Interim Head of Strategy & Transformation
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Heather Richardson, Head of Operations
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Nathan Ware, Governance & Corporate Records Manager

1.1   Welcome and Apologies for absence

The Chair welcomed attendees to the meeting, especially members of the public and press.

The Chair congratulated Ruth Fry on her appointment to the position of Chief Officer for Human Resources and Communications at The Highland Council and thanked her for her hard work. The Chair noted Ruth Fry had served as Head of Communications and Engagement since December 2020, excelling in staff engagement and external communications and noted her contributions were deeply appreciated.

The Chair expressed gratitude to Ruth Daly, Board Secretary who would soon be leaving the Board, acknowledging her dedication since 2016 in establishing governance systems, supporting reforms, and managing emergency governance during the pandemic.

The Chair also paid tribute to Ann Clark, whose term ended on 31 March 2025, highlighting her contributions as Vice Board Chair where she significantly contributed to Board and Committee business, championed health inequalities, and enhanced partnership arrangements in health and social care delivery.

The Chair also took time to highlight the importance to reflect on the challenges and sacrifices faced as part of the covid pandemic, and the impact on individuals, communities, and staff. It was important to honour the work of health and social care teams, and the volunteers who supported each other during tough times.

Apologies for absence were received from Elspeth Caithness, Joanne McCoy and Muriel Cockburn. It was noted Board Member Alexander Anderson would need to leave the meeting for a short time.

1.2   Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as a Highland Council Councillor, but felt this wasn't necessary after completing the Objective Test.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this wasn't necessary after completing the Objective Test.

1.3   Minutes of Previous Meetings and Action Plan

The Board approved the minutes as an accurate record of the meeting held on 28 January 2025, provided an amendment was made to item six to note the Board agreed the recommendations of the Director of Public Health's 2024 report and requested an update be brought back to the board in 6 months' time.

The Board **noted** the Action Plan, as amended, and **agreed** to close the three actions noted for closure.

1.4   Matters Arising

2   Chief Executive's Report – Update of Emerging Issues

The Chief Executive provided updates on National Reform and Collaboration, and Vaccinations and took the opportunity to congratulate:

- Broadford Hospital for resuming 24/7 maternity services after recruiting two full-time midwives and celebrating the birth of baby Jasper Latton on 11 March 2025.
- Staff at the Wade Centre in Kingussie were praised for their outstanding Care Inspectorate report, which highlighted the Centre's warm atmosphere and excellent care.
- Lochardil Pharmacy for their resilience after a car accident damaged their premises, earning them a nomination for the community pharmacy team of the year award at the Scottish Pharmacist Awards.

During discussion the following points were raised:

- Board Members highlighted their appreciation for starting meetings with good news and encouraged sharing more positive updates at future meetings. The Chief Executive welcomed the comments but acknowledged the need for balance to avoid the impression of glossing over challenges being faced across the organisation.
- Board Members asked about the role and future workload of National Treatment Centres (NTCs) in reducing waiting lists. The Chief Executive confirmed that plans had been submitted to the Scottish Government to address the longest waits and suggested that NTCs and other hospital centres with less unscheduled care demand could provide the necessary additional capacity.

    The Board **noted** the update.

3   Health Board Collaboration and Leadership

The Board received a report from the Chief Executive outlining NHS renewal and reform following the First Minister's statement on 27 January 2025. It noted new governance arrangements, including the NHS Scotland Executive Group and initiatives for collaboration across NHS Scotland. Boards were urged to balance local service delivery with the needs of wider populations, especially in planned care.

The Board was asked to take substantial assurance from the report and note the need to refresh the Board performance framework and Executive personal objectives, as referenced in the Director General Caroline Lamb's letter of 7 February.

During discussion the following points were raised:

- The Chair noted that processes for collaborative cross-Board working were already in place; something that NHS Highland was used to working with, for example with residents of Argyll and Bute accessing several services provided by NHS Greater Glasgow and Clyde. The Chair asked how wider collaborative working between boards was being considered regarding potential impact on health inequalities, given NHS Highland's unique remote and rural geography. The Chief Executive acknowledged the difficulty in articulating this and acknowledged it would be an opportunity to proactively identify and mitigate risks by improving access to hubs or specialist centres that NHS Highland do not currently have access to.

- Board Members raised concerns that most of the theatre capacity might be in remote areas. They sought clarity on how this would be managed, especially regarding the communication about travelling to these locations. They also questioned whether patients would have the option to be seen sooner at a remote location or wait longer to be seen at their preferred location. The Chief Executive confirmed travel concerns were being addressed but acknowledged NHS Highland's policies would require adjustment to take account of the expected requirements including the access to care policy to maintain public confidence.

- Board Members asked about the possibility of additional funding to reduce wait times, potentially through faster diagnostics. The Chief Executive confirmed there would be separate funding for Scheduled Care and Unscheduled Care. She added the operational plan included investing in diagnostics, particularly in primary care to support the overall strategy to reduce wait times.

The Board:

- **Noted** the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments

- **Noted** the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

- **Acknowledged and Endorsed**

o the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act

o the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

- **Noted** in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

- **Agreed** to take **substantial assurance** from the report.

4 Governance and other Committee Assurance Reports

a) Finance, Resources and Performance (FRP) Committee agreed minute of 7 February 2025 and summary of meeting of 14 March 2025

The Chair of FRP highlighted that the committee had received an update on the Business Continuity Investment Plan but noted the content appeared reactive in approach rather than proactive and confirmed the committee would monitor this moving forward.

He also noted that several papers were late for the March meeting so those items had been deferred to the April meeting to allow sufficient time for scrutiny and seek assurance.

b) Staff Governance Committee summary of 4 March 2025

The Chair of Staff Governance Committee highlighted a short life working group would be set up to identify the barriers impacting the appraisal and PDP completion rates. She suggested Board Members take the opportunity to read the staff engagement paper which provided comprehensive data on a variety of engagement sessions held.

It was noted the committee approved the proposal of a funded in-house confidential contact service which would be implemented in due course.

c) Highland Health & Social Care Committee summary of 5 March 2025

The Chair of Highland Health & Social Care Committee noted the committee received an update on community led support, particularly around self-directed support. It was noted that one of the main barriers was the lack of a robust commissioning strategy.

A report on care governance was reviewed but the Chair acknowledged that there was still the perception it was less important than clinical governance. Concerns were also raised around the impact the National Insurance increase would have on the independent and third sector.

He added that the committee's membership currently had no lay members and work was underway to refresh the approach. The Chair of the Board confirmed work was underway to review this process to ensure that public representation was meaningful.

d) Clinical Governance Committee summary of 6 March 2025

The Chair of Clinical Governance Committee noted the committee received updates on the Vascular service where ongoing work was underway to minimise risks. An update was received from the Chair of the Highland Transfusion Committee which noted a focus on continuing the recent improvements.

She added that committee received confirmation that a clinical governance group would be set up to work towards sustained improvements within the Infants, Children and Young People area.

e) Audit Committee summary of 11 March 2025

The Chair of the Audit Committee reported that internal audit updates on fraud risks, devolved procurement processes, and supplementary staffing led to extensive discussions. Audit Scotland also presented their latest NHS in Scotland overview report, which contained no unexpected issues. Many of the recommended actions were directed at the Scottish Government.

It was noted there had been significant progress with outstanding management actions and several had been downgraded. She added that the committee received notification that after some initial setbacks progress had been made with the Children's Services Audit with an update expected in June; the Director of Finance confirmed that all auditors and key stakeholders had agreed a joint plan.

f) Argyll and Bute Integration Joint Board (IJB) Minute 29 January 2025

The Vice Chair of the IJB highlighted ongoing recruitment challenges across the partnership, which were also evident at senior level with an increased number of interim posts. He acknowledged these challenges were not unique to Argyll and Bute but were prevalent across Scotland. He added that efforts were underway to address these issues.

The Board:

- **Confirmed** adequate assurance had been provided from Board governance committees.
- **Noted** the Minutes and any agreed actions from the Argyll and Bute Integration Joint Board.

5.   Integrated Performance and Quality Report (IPQR)

The Board received a report from the Deputy Chief Executive which detailed current Board performance and quality across the health and social care system. The report noted the need to maximise efficiency opportunities and to bring about service changes that would bolster resilience and use resources in a cost-effective way.

The Board was asked to take limited assurance due to the pressures faced by the health and care services in NHS Highland.

The Deputy Chief Executive spoke to the circulated report and highlighted:

- Child and Adolescent Mental Health Services (CAMHS) continued to make progress in reducing wait times with some recent recruitment assisting in reductions.
- Alcohol Brief Interventions performance had recovered and were now above target.
- Unscheduled Care performance remained challenging with Delayed Discharges impacting overall performance, he noted some improvements had been made and work was underway to ensure they could be sustained.

- Scheduled Care continued to perform well, particularly within outpatient, Treatment Time Guarantee (TTG) and diagnostics and were either on track to meet or exceed the National average.
- Cancer performance had reduced following the festive period and numbers had since recovered; this would be reflected in the next IPQR update.
- Complaints performance had improved and efforts were ongoing to sustain those improvements and achieve further enhancements.
- There had been sustained improvements made in both vacancy time to fill and statutory/mandatory training compliance.

During discussion the following points were raised:

- Board Members suggested the IPQR include narrative on significant transformation areas, particularly the use of the transformation fund in collaboration with Highland Council, focusing on issues like delayed discharges. The Chief Executive confirmed the Council and NHS Highland were collaborating to transform services through the Joint Strategic Plan. She welcomed the Council's specific funding and emphasised the importance of clear governance to avoid confusion through the Joint Strategic Plan.
- The Board Chair asked whether there was any national work taking place to understand the drivers behind declining MMR vaccination rates. The Director of Public Health acknowledged that despite overall improvements in vaccination rates, MMR uptake remained low. He confirmed potential reasons included hesitancy about vaccine effectiveness and efforts were underway to address this decline.
- Board Members sought clarity on when improvements would be seen in delayed discharge numbers. The Chief Officer for Highland Health and Social Care Partnership confirmed that interventions on delayed discharges were actively monitored through regular updates, including fortnightly reports to the Executive Director's Group. They have developed new data sets to better understand patient flow and trialled an Allied Health Professional 'on the door' project to support patients, though these impacts were hard to quantify in the IPQR. The Chief Officer for Argyll and Bute added that focus was on a proactive approach to delayed discharges by collaborating closely with community teams alongside NHS Greater Glasgow and Clyde as most delayed discharges occurred there rather than NHS Highland.
- Board Members sought clarity on NHS Highland's communication strategy for patients awaiting scheduled care. The Head of Operations emphasised the importance of keeping patients informed and explained that a local access policy was in place. She confirmed the policy included proactive management of waiting lists and ongoing discussions with primary care colleagues to ensure effective handling of these lists.
- Board Members highlighted that Tissue Viability metrics were rated red and asked about the implementation of more realistic targets mentioned in previous meetings. The Nurse Director acknowledged ongoing challenges and the need for further investigation to identify root causes but explained the metrics remained red due to Scottish Government's expectation of a 20% reduction in the target.
- Board Members noted that recorded absence reasons had remained unchanged for nearly 12 months and questioned if managers were informed about noting accurate reasons. The Director of People and Culture explained that this had been explored but the task was often delegated, especially for short-term absences where the person taking the call may not feel comfortable asking detailed questions. He added that work was underway to develop clear guidance for staff on what they can and cannot ask during absence calls.

After considering the level of performance across the system, the Board took **limited assurance** from the report and **noted** the continued and sustained pressures facing both NHS and Commissioned Care Services.

The Board took a break at 11.18am and the meeting resumed at 11.30am

6   Finance Assurance Report – Month 10 Position

The Board received a report from the Director of Finance which detailed the financial position as at Month 10. It was confirmed the Board's original plan presented a budget gap of £112.491m. With a brokerage cap of £28.400m which meant savings of £84.091m were required. The forecast assumed further action could be taken to deliver a breakeven Adult Social Care (ASC) position. The Forecast was £4.6m better than the revised brokerage limit set by Scottish Government and £5.5m better than the target agreed with the Board in May 2024.

The Director of Finance noted that despite slight declines in adult social care and acute positions, overall improvements in community, primary care, and mental health, along with significant gains in support services and progress in Argyll and Bute, were expected to enable the delivery of the revised brokerage cap by the year end.

Cost reduction workstreams continued, with an increase in the planned delivery value for the year being reported. The capital position required further spending to meet the full allocation, together with additional capital secured from Scottish Government.

A brief update on the 2025-26 budget position reported an initial deficit, which would reduce after recurrent savings and non-recurrent actions but still leaving a significant gap. Confirmation had been received for partial coverage of directly employed staff's National Insurance contributions, but not currently for independent sector providers.

The Board was invited to take limited assurance due to the gap from Scottish Government expectations.

During discussion the following points were raised:
• Board Members asked whether Scottish Government had provided any feedback relating to the proposed position. The Director of Finance confirmed detailed feedback from Scottish Government regarding the agreed position would be available ahead of the May board meeting.
• Board members questioned how collaborative working across boards might look financially, particularly around SLA charging arrangements in the future and whether there had been any discussions amongst finance directors. The Director of Finance advised this may be discussed at an upcoming Directors of Finance meeting, but it was likely a topic of discussion once a new Scottish Government Director of Public spending was appointed.
While cross-boundary flow and planned care submissions already supported some collaboration, the approach was still evolving, and definitive plans would depend on ongoing feedback and implementation of adjustments.

Having **examined** the draft Month 10 financial position for 2024/2025, the Board **considered** the implications and **agreed** to take **limited assurance** from the report.

7   Argyll and Bute Integrated Joint Board (IJB) Opening Offer

The Board received a report from the Director of Finance detailing the initial budget offer for Argyll & Bute IJB for the 2025/2026 financial year. The Director of Finance had been in dialogue with the IJB's Chief Officer and Chief Finance Officer (CFO) and an offer in principle had been made, subject to Board approval.

The Board was invited to take Moderate Assurance due to risks in relation to funding of pay settlements and potential changes to methodology for uplifting SLAs; the SLA accounts for £82.570 m of the IJB budget. They were also asked to approve the budget offer to Argyll and Bute Integration Joint Board.

The Director of Finance spoke to the circulated report and advised the process followed the same annual procedure, which considered all additional allocations/adjustments. Despite some risks around expected allocations, both teams worked collaboratively throughout the year with the IJB being aware of the estimated value of any opening offer.

During discussion the following points were raised:

• The Chief Officer for Argyll and Bute noted appreciation for the collaborative approach and consistent engagement between teams.
• Board members questioned whether the outstanding in-year allocations would be passed through on a National Resource Allocation (NRAC) basis, following the same pattern. The Director of Finance confirmed that some allocations sat outside NRAC but these were small and discussed between the IJB and NHS Highland first; otherwise, they were passed through NRAC.
• Board Members sought clarity on the relationship between the NRAC share and the scheme of delegation and how that impacted on services provided. The Director of Finance confirmed that all services were delegated to Argyll and Bute so nothing sat outwith the NRAC allocation provided. The Chief Officer for Argyll and Bute added that whilst a complicated area, there was a transfer of funding back to ensure equity in corporate services.

The Board **agreed** to take **moderate assurance** and **approved** the budget offer to Argyll and Bute IJB.

8   Corporate Parenting Update

The Board received a report from the Director of Public Health to raise awareness of the current and planned activity for 2025 relating to NHS Highland Board's corporate parenting responsibilities. The Board was invited

to take moderate assurance due to the requirement of a revised Improvement Plan aligned with the Promise and the UNCRC Act.

The Director of Public Health spoke to the report, noting differences in corporate parenting arrangements between Highland and Argyll and Bute Health and Social Care Partnerships. Despite the lack of a unified plan, both aimed for the same outcomes. He emphasised the importance of addressing the needs of care-experienced individuals and mentioned that a new improvement plan was due by June 2025.
During discussion the following points were raised:

- Board Members asked whether proactive collaboration was taking place between the two partnerships such as sharing resource and best practice. The Director of Public Health advised there was scope to do this, particularly in primary care which would be explored.
- The Child Commissioner added that Argyll and Bute had followed an integrated approach by comparison to North Highland but acknowledged she would be able to apply that learning in the revised improvement plan.
- Board Members sought clarity on how they could maintain visibility of their responsibility as corporate parents without complicating existing governance in place. The Child Commissioner confirmed that training was being planned for Board Members and suggested a future Board Development session focused on the topic.
- Board Members asked about the availability of data to show if actions were improving population health and if health assessments had been redesigned to gather more trauma-aware data. The Child Commissioner acknowledged challenges in obtaining clear data but mentioned various methods were being explored to address this. She noted that health assessment completion was below desired levels but would be part of a new approach with The Highland Council and updates would be provided to the Joint Monitoring Committee (JMC) as the correct route of governance with subsequent updates provided to the Highland Health and Social Care Committee.

The Board **noted** the update and **agreed** to take **moderate assurance** from the report.

9   Corporate Risk Register

The Board received a report from the Medical Director which provided an overview of the NHS Highland corporate risk register. The Board was invited to examine and consider the evidence provided and make final decisions on those risks and take substantial assurance.

The Medical Director spoke to the circulated report and highlighted there were no substantive updates to the risks and no risks were to be considered for closure.

Board Members asked how information from different parts of the system such as internal audit contributed to the completeness of the risk register. The Deputy Chief Executive confirmed that the risks were reviewed collectively on a quarterly basis. The Director of People and Culture added there would be opportunity to refresh the approach to the Boards corporate risk register over the next 12 months.

The Board **noted** the content of the report and took **substantial** assurance on compliance with legislation, policy and Board objectives.

10   Whistleblowing Standards Report – Quarter 3

The Board had received a report from the Director of People and Culture on the Whistleblowing Standards Quarter three activity covering the period 1st October – 31st December 2024. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021.

The Board was invited to take moderate assurance on basis of robust process but noting the challenge of meeting the 20 working days within the standards. The Director of People and Culture spoke to the circulated report and highlighted:

During discussion, Board members sought clarity on whether the expected timescales were a national challenge or unique to NHS Highland. The Director of People and Culture confirmed other Boards were experiencing similar challenges due to the complexity of some cases.

The Board took **moderate assurance** from the report based upon the robust process in place, and **took confidence** of compliance with legislation, policy and Board objectives noting challenges with timescales due to the complexity of cases and investigations.

11   Equality, Diversity and Inclusion Workforce Strategy

The Board had received a report from the Director of People and Culture on the Equality, Diversity and Inclusion (EDI) Strategy. The EDI strategy was at the final stage following an organisational wide consultation and the Board was asked to approve the strategy prior to the launch and take substantial assurance due to the reach of the consultation, the incorporation of feedback and the governance routes followed.

The Director of People and Culture spoke to the circulated report and highlighted the key purpose of the strategy was to strengthen NHS Highland's obligations under the Equality Act whilst taking a holistic approach to achieve improvements in EDI.

During discussion the following points were highlighted:

- Board Members sought clarity on whether the strategy would assist NHS Highland in supporting safe spaces for all patients and staff. The Director of People and Culture confirmed that national efforts were underway to support the workforce in this area by means of formal guidelines and emphasised the Equality Act was the foundation of the EDI Strategy.
- Board Members appreciated the integrated approach to Equality Impact Assessments (EQIA) and asked how the cultural change would be implemented. The Director of People and Culture explained that work was underway to adopt a simplified EQIA approach from another Board, making the required content clearer.
- Board Members asked about the strategy's impact on training and staff recruitment. The Director of People and Culture explained that while the strategy outlined high-level aspirations, some outcomes would be more tangible than others. The action plan and outcomes would be reviewed by the Staff Governance Committee.
- Board Members highlighted the key performance indicators were predominantly quantitative and sought clarity on whether there would be quantitative data included. The Director of People and Culture confirmed the mainstreaming report would pull together case studies to provide this data.
- The Chair suggested it would be helpful to pull each of the component parts together when considering future reporting so the Board could visualise how each part contributed effectively to the overall strategy. The Director of People and Culture agreed and confirmed a table would be included in future updates to articulate appropriately.

The Board **noted** the content of the report, **agreed** to take **substantial assurance** due to the reach of the consultation, the incorporation of feedback and the governance routes followed and **approved** the strategy document for publication.

The Board took a lunch break at 1.10pm and the meeting resumed at 1.40pm

12   Equal Pay Statement and Pay Gap Report 2025

The Board had received a report from the Director of People and Culture that considered the workforce and payroll data position as of 31st December 2024. The Board was asked to take substantial assurance that the publication of the report demonstrated compliance with the Public Sector Equality Duty.

The Director of People and Culture spoke to the circulated report and noted:

- The publication of the equal pay report was required every four years and the pay gap report bi-annually with both mean and median pay gap data being reported. It was confirmed the reporting framework and template were consistent across NHS Scotland to ensure the principles of equal pay and the term 'equal pay for equal work' considered as part of Agenda for Change job evaluation process were included.
- Occupational segregation was an area that required further development especially around protected characteristics which would form part of the Employability Strategy.
- The average pay gap in NHS Highland was 19.59% and males earned on average £4.99 per hour more than females and whilst the gender pay gap was small for Agenda for Change/Senior Managers, the size of the overall pay gap was driven by a larger disparity in Medical and Dental staff.

During discussion the following points were highlighted:

- The Chair sought explanation on how the pay gap in NHS Highland compared with other Boards and the reason overtime was not included in the report. The Director of People and Culture confirmed there were complexities involved in obtaining accurate overtime figures, noting these factors contributed to its exclusion.
- Board Members expressed concerns about the accuracy of disability data and questioned if it truly reflected the status in NHS Highland. They suggested promoting NHS Highland as an employer that encouraged staff to disclose disabilities or request reasonable adjustments. The Director of People and Culture acknowledged the challenge, noting that many staff may benefit from adjustments but do not identify as disabled. He added that a national policy on reasonable adjustments was being developed.
- Board Members asked if changes to equal pay were influenced by NHS Highland's actions or solely by mechanisms like Agenda for Change. The Director of People and Culture noted that whilst data was published, it often drew limited conclusions, he suggested future workforce monitoring reports could include positive actions taken.
- Board Members noted that higher salaries for dental and consultant staff were affecting overall figures and asked if this data could be separated for a clearer workforce overview. The Director of People and Culture confirmed this was under review and noted that pay was influenced by multiple factors, not just these two workstreams and it was important not to segregate pay statistics too far.

The Board **noted** the content of the report and **agreed** to take **substantial assurance** that the report provided confidence of compliance with legislation, policy and Board objectives.

13   Equalities Outcomes and Mainstreaming Progress Report 2021-25

The Board had received a report from the Director of People and Culture that provided an update on progress made against the three equality outcomes since 2021 and mainstreaming of equality within NHS Highland. The Board was invited to take moderate assurance due to some actions not being achieved within the 2021-2025 cycle and had been carried forward into the 2025-2029 Equality Outcomes. The Board was also asked to approve the Equalities Outcomes and Mainstreaming report prior to publication.

The Director of People and Culture spoke to the circulated paper, emphasising it was a collaborative effort between the People and Culture and Public Health Directorates. The Director of Public Health added that the report should be viewed in the context of health inequalities and protected characteristics, considering ongoing efforts to positively impact the local population.

During discussion the following points were highlighted:

- Board Members asked if the report included Argyll and Bute, as it only noted areas within Highland. The Director of Public Health confirmed the report should cover all of NHS Highland and would clarify and confirm the inclusion of Argyll and Bute figures.
- Board Members noted the report indicated the perinatal service was unable to provide direct interventions and sought clarity on the plans to measure the impact of these activities and how NHS Highland was addressing health inequalities. The Director of Public Health confirmed he would consult with colleagues and provide an update in due course.

The Board:

- **Noted** the content of the report.
- **Agreed** to take **Moderate Assurance** the content of the report provided confidence of compliance with legislation, policy and Board objectives.
- **Approved** the Equalities Outcomes and Mainstreaming report prior to submission and publication to meet the legal requirement.

14   Equality Outcomes 2025-29

The Board had received a report from the Director of People and Culture outlining the proposed Equality Outcomes for 2025-2029. This report demonstrated that NHS Highland had complied with the requirements of the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012.

The Board was invited to take substantial assurance due to the reach of the consultation, the incorporation of feedback and the governance routes followed. They were also asked to approve the Equalities Outcomes 2025-29 report prior to submission and publication to meet the legal requirement.

The Director of People and Culture spoke to the circulated paper and highlighted work was underway to ensure the Equality Outcomes linked appropriately to the Director of Public Health's Annual Report recommendations alongside the people and culture items discussed earlier in the agenda.

The Board:

- **Noted** the content of the report.
- **Agreed** to take **Substantial** Assurance the content of the report provided confidence of compliance with legislation, policy and Board objectives.
- **Approved** the Equalities Outcomes 2025-29 report prior to submission and publication to meet the legal requirement.

15 Health and Care (Staffing) Act 2019 Q3 Report and Annual Report 2024-25

The Board received a report from the Director of People and Culture on the Health and Care (Staffing) Act implementation. The Annual Report reviewed progress during the Act's first year and outlined priorities for 2025/26. It focused on progress up to the end of Quarter 3, with a Quarter 4 addendum to be submitted in Spring 2025.

The Board was asked to note the requirements placed on the Board by the Act and invited to take moderate assurance due to sound systems of governance, risk management and controls in place. The Director of People and Culture noted it had been shared with the Clinical and Staff Governance Committees. He confirmed that feedback was given to Scottish Government which highlighted the significant quantity of data requested and concerns about minimal changes between quarters.

During discussion the following points were highlighted:

- Board Members noted some potential immediate improvements, especially regarding the Operational Pressures Escalation Levels (OPEL) process. They sought clarity on the status of its full rollout and asked about the agility of our approach to transforming services.
- The Director of People and Culture confirmed that further development of the OPEL process would occur in 2026, aiming to extend its reach comprehensively. He noted that while the legislation itself was not agile, NHS Highland's approach to ensuring safe staffing levels was flexible due to the variety of available tools.
- Board Members noted the Act focused on clinically developed tools and asked how NHS Highland was addressing similar risks in the social care workforce. The Director of People and Culture confirmed that while the Act covered all areas, applying it holistically was challenging. He added that existing frameworks covered Councils, and the Integration Joint Board would seek assurance through those mechanisms.

The Board:

- **Noted** the requirements placed on the Board by the Act.
- **Approved** the Health and Care (Staffing) Act 2019 Q3 Report and Annual Report 2024-25.
- **Agreed** to take **Moderate Assurance** due to sound systems of governance, risk management and controls in place.

16 Employability Strategy

The Board had received a report from the Director of People and Culture on the Employability Strategy, the Board was asked to approve the strategy for publication and take substantial assurance due to the reach of the consultation, the incorporation of feedback and the governance routes followed.

The Director of People and Culture highlighted efforts to identify resources and gaps in attracting a diverse workforce. The aim was to enable flexible career progression, considering diverse perspectives like youth employment and career changes. Collaboration with partners was crucial due to the limited local workforce, with the employability lead playing a key role.

During discussion the following points were highlighted:

- Board Members welcomed the strategy and asked how each constituent area such as urban, semi-urban and remote/rural opportunities would be considered at grassroots recruitment level. The Chief Executive noted significant investment in renewable energy industries in remote areas, presenting opportunities for high-quality employment. However, with a small pool of young people and local employers competing for talent, it

would be crucial to leverage these opportunities strategically. She confirmed plans to invite colleagues from Highlands and Islands Enterprise to discuss NHS Highland's approach.

- The Nurse Director added it would be important to work in partnership with the local community to understand the gaps and bring them on the engagement journey.
- Board Members emphasised the importance of addressing challenges, especially the risk of staff moving to other employers. The Director of People and Culture agreed and noted that agility was a key element of the strategy to mitigate those concerns.

The Board **approved** the Employability Strategy for publication and **agreed** to take **substantial assurance** due to the reach of the consultation, the incorporation of feedback and the governance routes followed.

17   Review of Argyll and Bute HSCP Integration Scheme 2025

The Board received a report from the Director of People and Culture about the need to review the Argyll and Bute Health and Social Care Integration Scheme by 23rd March 2026. The proposed steps included forming a working group, with further updates to be provided to Argyll and Bute Council, the IJB, and NHS Highland Board. The Board was asked to take substantial assurance.

The Chair highlighted there was ongoing discussion about public sector reform and the single authority model in Argyll and Bute and while these were separate processes, there could be potential for convergence. The Chief Executive added the single authority model process coincided with the timeline of the scheme delegation review. She noted it was important for Ministers to understand the need for a functional organisation with good governance, without adding complexity.

The Board:

- **Noted** the requirement for a review of the current Argyll and Bute Health and Social Care Partnership Integration Scheme to be carried out by 23rd March 2026.
- **Noted** the steps being proposed by the Argyll and Bute Integration Joint Board in respect of carrying out the review, including the formation of a working group.
- **Noted** that further updates in respect of the review would be prepared for future meetings of Argyll and Bute Council, IJB and NHS Highland Board.
- **Agreed** to take **Substantial Assurance** from the report.

18   Annual Code of Corporate Governance Review

The Board received a report from the Board Secretary to take account of developments and changes that require to be reflected in the Code of Corporate Governance.

The Board Secretary spoke to the circulated report and highlighted it was considered and endorsed by the Audit Committee on 11 March 2025. The full suite of control documents would be revised and uploaded to the web once approved by the Board.

The Board:

- **Approved** and **Agreed** to take **Substantial Assurance** from the recommendation of the Audit Committee in agreeing revisions to the Code of Corporate Governance.
- **Noted** that the full suite of control documents would be revised and re-uploaded to the web once approved by the Board

19   Annual Board and Committee Workplans 2025-26

The Board received a report from the Board Chair to seek the Board's endorsement of Board and Governance Committee Workplans for the 2025-26 financial year.

The Board **agreed** to take **substantial assurance** and **approved** the Board and Committee workplans for 2025-26

20   Governance Committee Memberships

The Board received a report from the Board Secretary, on behalf of the Board Chair which outlined further changes to Governance Committee memberships to consider changes in Non-Executive Board membership. The Board last agreed revised Governance Committee memberships in January 2025.

The Chair highlighted there remained a vacancy on Audit Committee and confirmed work was underway to recruit an additional Non-Executive Director. It was noted that Dr Tim Allison appeared twice on the Joint Monitoring Committee Membership where it should be Dr Paul Treon.

The Board **agreed** to take **substantial assurance** from the report and that changes to Committee Memberships would commence from 1 April 2025.

21   Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting – 27 May 2025
The meeting closed at 2.31pm

NHS Highland Chief Executive's Update
May 2025

Fiona Davies,
Chief Executive NHS Highland

Cabinet Secretary Visit

We welcomed The Cabinet Secretary for Health and Social Care, Neil Gray MSP, to NHS Highland last month, as he visited the National Treatment Centre and our Emergency Department at Raigmore.

The Cabinet Secretary announced additional funding of £2.6 million for the National Treatment Centre (NTC) Highland. This funding will support us to continue to deliver thousands of additional orthopaedic and ophthalmic operations every year. It will also support us to recruit new nurses and specialist clinicians to build on the outstanding success the team at the NTC Highland have delivered since it opened in 2023. The additional funding is expected to allow the NTC to carry out around 8,418 procedures in the coming year – a 67% increase on the 5,054 commissioned by the Scottish Government last year.

The Cabinet Secretary visited the Emergency Department at Raigmore Hospital to learn more about the work being done by our dedicated teams to improve unscheduled care across our Board area. We recognise that, similar to other areas across Scotland and the UK, we have been experiencing high levels of demand across all of our services. However, we are always looking at ways we can improve our patient experience and ensure safe, person-centred, and effective care.

We work closely with our community colleagues to improve patient flow within our system, and have a good working relationship with the Scottish Ambulance Service colleagues to work together to try and mitigate waiting times through joint escalation plans. This work includes early indication of waits, clinical meets between Emergency Department and Admission Ward staff, opening of extra space and increasing patient movement and bed flow. I know the Cabinet Secretary was impressed by this work. I want to thank our leadership and clinical colleagues and teams who helped support this visit and conveyed this important work to the Cabinet Secretary. I also wish to thank our teams across our Emergency Departments and the NTC for their dedication to our patients.

Sutherland Care at Home

A planned Care Inspectorate inspection of NHS Highland's Care at Home Service in Sutherland in April highlighted a number of areas for improvement within the service. An Improvement Notice was issued to the service, and an Action Plan we had put in place to meet our quality standards through

our Adult Social Care Quality Assurance activity was strengthened to meet all areas of the Improvement Notice.

In addition to the improvement work of the service, NHS Highland, as part of the public protection partnership, is supporting the service and those in receipt of the service under Large Scale Investigation.

Finally, our Adult Social Care Quality Assurance activity continues to be strengthened. We recognise this may be a worrying time for service users, families, our colleagues and communities but we are working hard to address these concerns as soon as we can. I can report that our teams have been working hard to deliver the recommendations in the Improvement Notice.

Vascular

NHS Highland continues to receive support from other boards for complicated vascular procedures which require the services of an arterial centre. Simple vascular procedures such as renal access are being undertaken locally, along with diagnostics and assessment.

There is a national shortage of vascular surgeons and interventional radiologists. Boards throughout Scotland are competing for this specialist workforce group and Highland has not been successful as candidates tell us that they would prefer to work in larger centres. As I have updated the Board previously, myself and my team in medical and acute leadership have been working relentlessly with other Board Chief Executives and their teams to bring a resolution to both the short term challenges and a settled model for the future, ensuring that the population of the Highlands have access to services as recommended by the leaders in the Vascular field, the Vascular Society.

I am grateful to my chief officer and the medical leadership for their commitment to this work throughout the last 18 months, liaising with their equivalents in Boards across Scotland and with the Scottish Government team working on a national plan for Vascular Services.

They continue to work with colleagues to ensure the ongoing access to specialist vascular care and to ensure service can be delivered as locally as possible for the people of the Highlands.

Integration with The Highland Council

NHS Highland and The Highland Council are looking at different ways to manage some services. NHS Highland delivers Adult Social Care on behalf of the Council, and the Council delivers some child health services for the NHS. This is called the 'Lead Agency model'. We have found by talking to staff that this model could be clearer on how services are organised and how decisions are made.

All other councils in Scotland use a joint model, where an 'Integration Joint Board' oversees some health and social care services. The Council and NHS Highland are looking at whether this type of model might work better for Highland. They will be using funding reserved for transforming services to explore options and make recommendations.

This will be a long-term project, and you won't see any immediate change. We will make sure staff are involved and informed as the project progresses.

To take this forward over the next 12 months, a Models of Integration Steering Group has been set up. This includes Councillor and Officer representation from the Council and Executive and Non-Executive representation from NHS Highland. A Senior Officers' Group including relevant Chief Officers/Directors and professional leads will oversee the approach to analysis of data and

subsequent proposals for change. A number of subgroups will support this, including one dedicated to engagement with staff and a professional advisory group.

More information will be shared as the programme progresses and colleagues will have the opportunity to feed into decision making.

HEPMA

We are delighted to report that all wards, other than SCBU, in Raigmore Hospital are now live with HEPMA. SCBU is awaiting a WellBaby ward to be built on TrakCare.

This builds on the successful roll-out of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) programme in Caithness General Hospital, Dunbar Hospital and Wick Town and County Hospital in February 2023. The system is also in place in New Craigs Hospital, the National Treatment Centre, Badenoch and Strathspey Community Hospital and Broadford Hospital. We will also deliver the system in Lorn & Islands Hospital in Oban this summer. The remaining hospitals in our area will also have a roll-out of HEPMA once funding has been identified to upgrade their WiFi coverage. An upgrade at the Belford Hospital is currently being planned for 2025/26.

HEPMA is the new electronic prescribing and medicines administration system which will replace the paper-based system used across North of Scotland hospitals. HEPMA will effectively remove the 'kardex' from the end of a patient's bed and replace it with an electronic system.

It is a web-based application, meaning it will be accessible to healthcare professionals from any device (PC or laptop) which is connected to the secure NHS network. The HEPMA system will also provide all clinical staff with an integrated view of a patient's medication, as well as a robust audit trail. Crucially, the key driver for implementation of HEPMA is improvements in patient safety.

The system provides a range of significant clinical, safety, informatics and management benefits for the prescribing and administration of medicines, which could not otherwise be achieved using the current paper-based system.

I want to thank all colleagues at Raigmore Hospital during this phase of the roll-out for their patience and understanding.

Scottish Pharmacy Awards 2025

Congratulations to Lochardil Pharmacy and KinWell Pharmacy for winning at the Scottish Pharmacy Awards 2025. Lochardil Pharmacy won Community Pharmacy of the Year for their response to an unprecedented challenge when a vehicle crashed into their building. They demonstrated incredible resilience, reopening within 24 hours, and maintained patient care without disruption.
KinWell Pharmacy in Nairn won the Innovation in Community Pharmacy Practice for its ground-breaking development of Quick Care, the first ever digital Pharmacy First tool. A huge congratulations to everyone involved!

Lochardil Pharmacy

KinWell Pharmacy

Fiona Davies, Chief Executive NHS Highland

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HIGHLAND NHS BOARD		
MINUTE of the **FINANCE, RESOURCES AND** **PEFORMANCE COMMITTEE** **TEAMs**	**14 March 2025 at 9.30 am**	

Present   Alexander Anderson, Chair
Tim Allison, Director of Public Health (from 9.50am)
Graham Bell, Non-Executive Director (Vice Chair)
Heledd Cooper, Director of Finance
Garret Corner, Non-Executive Director
Fiona Davies, Chief Executive
Gerard O'Brien, Non-Executive Director
David Park, Deputy Chief Executive
Steve Walsh, Non-Executive Director

In Attendance   Kristin Gillies, Interim Head of Strategy and Transformation
Katherine Sutton, Chief Officer Acute
Rhiannon Boydell, District Manager (Mid Ross)
Nathan Ware, Governance and Corporate Records Manager
Ruth Daly, Board Secretary
Elaine Ward, Deputy Finance Director
Brian Mitchell, Committee Administrator
Kira Brown, Committee Administrator

1   STANDING ITEMS

1.1   Welcome and Apologies

An apology for absence was received from Committee member Richard MacDonald and also from Pamela Stott, regular attender.

At the commencement of the meeting, the Chair highlighted several reports had been submitted only the day before the meeting and requested that this practice be avoided in future. There would be no formal decisions taken in relation to these Items, as and where indicated.

1.2   Declarations of Interest

There were no formal Declarations of Interest.

1.3   Minutes of Previous meetings held on 7 February 2025 (with Rolling Action Plan and Committee Work Plan 2024/2025)

The draft Minute of the Meetings held on 7 February 2025 were **Approved.** The Committee further **Noted** the Rolling Action Plan.

2   NHS Highland Financial Position 2024/25 Report (Month 10) and Value and Efficiency Assurance Update

The Director of Finance and Deputy Director of Finance both spoke to the circulated report detailing the NHS Highland financial position as at end Month 10, advising the Year-to-Date (YTD) Revenue over spend amounted to £58.302m, with the overspend forecasted to be £45.1m as of 31 March 2025. There was a revised brokerage cap of £49.7m. The forecast assumed further action would be taken to deliver a breakeven Adult Social Care (ASC) position. The forecast was £4.6m better than the revised brokerage limit set by Scottish Government and £5.5m better than the target previously agreed by the NHS Board. The report further outlined planned versus actual financial performance to date as well as the underlying data relating to Summary Funding and Expenditure. Key Risks and Mitigations had not moved since Month 9.   Updates were also provided on Maternity Funding; Highland Health and Social Care Partnership; Adult Social Care; Acute Services; Support Services; Argyll and Bute; Cost Reduction and Improvement Activity; Supplementary Staffing; Subjective Analysis and Capital spend position.

The Director of Finance went on to advise, in relation to the overall financial position, current focus was on the forecast element, associated trajectory and delivery against the brokerage cap. The Adult Social Care position was under active discussion in association with Highland Council, and with Scottish Government aware of the ongoing discussions. Aspects relating to Transformation Fund allocations were under review.

There was discussion of the following:

- Supplementary Staffing. Noted challenging position in Argyll and Bute. Advised national level considerations underway in relation to number of associated aspects including both care and working models, shared services and potential for collaborative working across NHS Boards.   The importance of taking local decisions, in association with national considerations was highlighted, as was the breakdown between agency and locum activity.

After discussion, the Committee Noted the circulated report and updates provided.

3   Draft Budget Financial Plan 2025/26 – March 2025 Submission

The Deputy Finance Director gave a presentation advising as to the process for the forthcoming submission of the NHS Highland Draft Financial Plan 2025/26 the following week. The presentation detail covered aspects relating to the original December 2024 Budget Letter detail; an update on the overall funding position; initial 2025/26 Plan headlines; summary position; additional funding elements; additional cost and brought forward pressures; inflation and uplift assumptions; movement during January to March 2025; the cost reduction/improvement challenge; value and efficiency scheme proposals; update on 15 Box Grid activity; STAG programmes; Adult Social Care forecast aspects; and an outline of overall associated risk areas. It was confirmed there would be further discussion of this subject at the NHS Board Development Session on 18 March 2025.

The Chief Executive advised a national offer had been made in relation to the National Care Home Contract, with acceptance of the same yet to be confirmed. Scottish Care were due to hold an EGM on 21 March.

The following was discussed:

- National Insurance Impact. Advised 60% of direct costs are covered. There had been no additional funding elements relating to the impact on Primary Care or external service providers.

- Noted additional recurrent and non-recurrent allocations had been received for sustainability and were to be used to offset current pressures.
- Highland Council Discussions. Advised discussions were ongoing, with verbal confirmation of the relevant quantum figure having been received. A number of particular areas outlined in discussion had yet to be clarified at that time. Emphasised the need to focus on the longer-term position, including the model of integration and the Strategic Plan.

> **After discussion, the Committee Noted** the reported position.

4   15 Box Grid Quarterly Update

The Director of Finance referenced the recent submission to Scottish Government of the Quarter 3 assessment update, the detail of which was to be shared with members after the meeting along with the associated benchmarking pack recently received.

> **The Committee so Noted.**

5   Integrated Performance Report

The Head of Strategic Planning, Performance and Technology spoke to the circulated report and gave a brief presentation to members on Quarter 3 performance. The Executive Summary provided an outline of relevant performance indicators and highlighted particular positives in relation to Alcohol Brief Interventions (ABIs), Treatment Time Guarantee activity and Diagnostics (Endoscopy). Continuing challenges were noted in relation to Delayed Discharges, and Cancer Services. Particular individual aspects relating to CAMHS, NDAS, Vaccinations, Emergency Department Access, TTG and Outpatients were also highlighted. The number Outpatients going through the system had been recognised nationally, with current scrutiny on waiting times. A Planned Care Submission had been passed to Scottish Government. The report went on to indicate relevant Indicators and future reporting content/frequency. The report proposed the Committee take **Limited** assurance.

There was discussion of the following:

- Vaccination Data. Director Public Health and Policy shared latest vaccination information in relation to Six-in-One uptake at 12 months, and relevant MMR activity. There were no particular concerns in relation to school vaccine activity. The wider drop in vaccine uptake nationally was noted, particularly within more deprived areas.

Annual Delivery Plan

Members were advised the 2024/25 Quarter3 submission had been passed to Scottish Government, an update on which would be brought to the next meeting. The Annual Delivery Plan for 2025/26 had been through EDG and was to be submitted to Scottish Government the following week. Regular updates would be brought to this Committee, the reporting detail of which was being considered further at that time, including an update and refresh of relevant IPQR content and detail as well as future report frequency requirements. It was emphasised the work of Strategy and Transformation Assurance Group and associated framework underpinned the Annual Delivery Plan.

> **After discussion, the Committee Noted** the circulated report and updates provided.

6   Digital Health and Care Strategy

This was deferred to the next meeting on 4 April 2025.

7   Risk Register – Level 1 Risks

This was deferred to the next meeting on 4 April 2025.

8 Draft Committee Annual Report 2024/25

The Committee **Agreed** for the Draft Committee Annual Report 2024/25 to go to the Audit Committee Meeting in May.

9 Draft Committee Work Plan 2025/26

The Committee **Agreed** the Draft Committee Workplan 2025/26.

10   Committee Self-Assessment Survey Results

This was deferred to the next meeting on 4 April 2025.

11   2025/26 and 2026/27 Meeting Schedules

The committee **Noted** the dates provided as follows:

	10 July 2026
9 May 2025	7 August 2026
6 June 2025	11 September 2026
11 July 2025	2 October 2026
1 August 2025	13 November 2026
12 September 2025	4 December 2026
3 October 2025	8 January 2027
14 November 2025	5 February 2027
5 December 2025	12 March 2027
9 January 2026	
6 February 2026	
13 March 2026	
10 April 2026	
8 May 2026	
5 June 2026	

The Committee Noted the meeting schedules for 2025/26 and 2026/27.

8 ANY OTHER COMPETENT BUSINESS

None

9 DATE OF NEXT MEETING

The next meeting of this committee was to be held on Friday 4th April 2025 from 9.30 am.

The meeting closed at 10.45 am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	NHS Highland na Gàidhealtachd
MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**04 April 2025 at 9.30 am**	

Present   Alexander Anderson, Chair
                 Tim Allison, Director of Public Health
                 Graham Bell, Non-Executive Director
                 Heledd Cooper, Director of Finance
                 Garret Corner, Non-Executive Director
                 Fiona Davies, Chief Executive
                 Richard MacDonald, Director of Estates, Facilities and Capital Planning
                 Gerard O'Brien, Non-Executive Director
                 David Park, Deputy Chief Executive

In Attendance   Rhiannon Boydell, Mid Ross District Manager
                 Kristin Gillies, Interim Head of Strategy and Transformation
                 Brian Johnstone, Head of Energy, Environment and Sustainability
                 Brian Mitchell, Committee Administrator
                 Katherine Sutton, Chief Officer (Acute)
                 Nathan Ware, Governance and Corporate Records Manager

1   STANDING ITEMS

1.1   Welcome and Apologies

Apologies for absence were received from Committee member S Walsh.

1.2   Declarations of Interest

There were no formal Declarations of Interest.

1.3   Minutes of Previous Meetings held on Friday 7 February and 14 March 2025 and Associated Rolling Action Plan

The draft Minutes of the Meetings held on 7 February and 14 March 2025 were **Approved.** The Committee further **Noted** the Rolling Action Plan.

2   NHS Highland Financial Position 2024/25 Report (Month 11) and Value and Efficiency Update

The Director of Finance and Deputy Director of Finance both spoke to the circulated report detailing the NHS Highland financial position as at end Month 11, advising the Year-to-Date (YTD) Revenue over spend amounted to £59.182m, with the overspend forecasted to be £44.792m for the full financial year. There was a revised brokerage cap of £49.7m. The

forecast assumed further action would be taken to deliver a breakeven Adult Social Care (ASC) position, in relation to which it was reported £2.1m had been drawn down against the relevant Transformation Fund. The forecast was £4.9m better than the revised brokerage limit set by Scottish Government and £5.8m better than the target previously agreed by the NHS Board. The report further outlined planned versus actual financial performance to date as well as the underlying data relating to Summary Funding and Expenditure. Key Risks and Mitigations had remained constant. Updates were also provided on additional funding receipt, Highland Health and Social Care Partnership; Adult Social Care; Acute Services; Support Services; Argyll and Bute; Cost Reduction and Improvement Activity; Supplementary Staffing; Subjective Analysis and Capital spend position. The report proposed the Committee take **Limited** assurance.

On the point raised in relation to Value and Efficiency Planned Savings, against delivery of the same with regard to income generation the Director of Finance advised much of the planned activity had been achieved although this had been applied and captured across a number of finance coding areas. She gave a brief update on a number of associated elements.

The Director of Finance then went on to speak to the circulated letter dated 31 March 2025, from the Scottish Government relating to the NHSH Three Year Financial Plan 2025-28 which had been shared for information purposes. The letter outlined the financial requirements set out for NHS Highland in 2025/26, including the financial year end net financial position and associated recurring savings target. It was reported further discussion had been held with Scottish Government in relation to the options available to achieve the stated requirements, overall longer-term improvement trajectory and in year deliverables. Further discussions were planned on a range of associated aspects and potential central support arrangements. The Chief Executive went on to expand on a number of these elements in discussion, including the potential for improving future service planning framework arrangements. There was also further discussion on the associated impact on the financial year end reporting arrangements and scheduling of NHS Board Financial Plan development and consideration arrangements.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Noted** the detail of the circulated letter from Scottish Government and stated requirements.
- **Agreed** to take **Limited** assurance.

3   15 Box Grid Quarterly Update

The Director of Finance spoke to the circulated report, providing an assessment of progress against the 15 Box Grid and Quarter 3 position as reported to Scottish Government, the detail of which was also circulated. It was reported a benchmarking pack had been received, detailing some potential areas of opportunity to consider. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Wound Management. Advised relevant activity was being taken forward, with a number of associated suggestions received having been recognised and implemented previously.
- Sharing of Best Practice. Confirmed regular discussion held by Directors of Finance, noting improvement in relation to the Supplementary Staffing position for example.

After discussion, the Committee:

- **Examined and Noted** the data and current position.
- **Agreed** to take **Moderate** assurance.

4 Capital Asset Management Update

The Director of Estates, Facilities and Capital Planning spoke to the circulated report, providing an update on the NHS Highland Capital position at Month 11. It was reported all capital had been released and progress was being closely monitored through monthly monitoring reports, monthly one to one meetings with budget holders and through the Capital Asset Management Group (CAMG). Spend would continue to be closely monitored in the remaining weeks of the year to ensure expenditure followed the anticipated trajectory and the full allocation had been utilised. As at month eleven, the year to date spend was £5.903m, with most of the expenditure within Estates. Full details of expenditure were detailed. The report proposed the Committee take **Moderate** assurance.

In discussion, members were advised the Capital allocation spend for 2025/26 had been linked to the Business Continuity Investment Plan for eHealth, EPAG and Estates activity and associated defined risk areas as outlined. The Deputy Chief Executive highlighted NHS Highland success in securing additional Capital allocations in year, as a result of effective forward planning and prioritisation setting activity. The impact of a Capital pause in year, on the ability of NHS Highland to utilise resource in a more timely manner was noted. The planned backlog maintenance plan for 2025/26 was noted as approximately £1.97m.

After discussion, the Committee:

- **Noted** the update on the allocation and delivery of the Capital Formula Spend delivered through NHS Highlands Capital Asset Management Group.
- **Agreed** to take **Moderate** assurance.

5 Environment and Sustainability Update

B Johnstone provided a quarterly update presentation to the Committee and highlighted:

- Raigmore Hospital had reduced carbon emissions in 2024/25 by switching from heavy fuel oil to diesel, with exact figures pending. Despite progress, meeting the Scottish Government's 75% heat decarbonisation target by 2030 remained challenging without substantial infrastructure investment. There was an aim to transition from diesel to hydrogen fuel by the early 2030's.
- Utility costs had increased due to Ofgem's price cap rise, but national procurement anticipated a substantial reduction in electricity costs in 2025/26.
- The Environment and Sustainability Board had been restructured to include more grassroots input, continuing efforts to improve sustainability. A draft policy document had been circulated for comment, and the next E&S Board meeting in April 2025 would discuss the same.
- Discussions were ongoing about power purchase agreements with private energy providers to reduce costs and carbon emissions, with Raigmore Hospital a key focus.
- There had been developed an Environment Management System (EMS) with the Knowledge Transfer Partnership at UHI, aiming to achieve £2.2 m in savings over four years. Relevant development faced challenges in demonstrating commercial impacts, however progress had been made with expected graduate support from UHI.
- Health officials from Spain had visited to learn about NHSH initiatives, including Green Theatres and Pure Water International plant. The visit had included presentations on various sustainability initiatives, with relevant learning taken away.
- EV infrastructure improvements were underway, with new rapid charging units expected online later that week, and plans for additional sites. Funding for EV infrastructure may be available again in 2025/26, supporting the transition to a decarbonised fleet.
- The Pure Water plant had successfully removed 90 kg of microplastics from wastewater, prompting further analysis and potential process changes. The Pure Water plant's findings

had led to discussion with Scottish Government and NHS officials about improving associated laundry processes and materials.

- An e-bike dock was installed at Raigmore Hospital as part of the Inverness connectivity project, enhancing local connectivity and promoting sustainable transport options.

The following was discussed:

- The filtration system had resumed, with Northern Recycling Services continuing to handle relevant disposal whilst facing challenges due to their 70 kg weight limit per move. Efforts were ongoing to find a solution for managing and removing the waste from the site.
- Extracted Material. The extracted material was a slurry, vacuum-dried but still containing water, and disposed of as general waste due to its mixed plastic content. No clinical waste had been found in the analysis. Scottish Government provided funds for a high-level study on decarbonising Raigmore, including tying backlog maintenance to carbon reduction.
- The backwash process eradicated pharmaceuticals. Tested water showed no detection of pharmaceuticals, and the recycled water went through a three-stage backwash process, ensuring it was clear before reuse. Ongoing monitoring and sample testing were planned to validate the absence of pharmaceuticals and microplastics, with discussions with Scottish Water about trade effluent charges.
- The filtration system's results showed minimal concentration of pharmaceuticals after the first backwash, disappearing by the second stage. Samples taken depended on the linens being washed, and while results were promising, continuous validation was necessary to ensure the effectiveness of the process.
- The issue of plastic waste in water filtration was considered for wider alert across the NHS in Scotland, with caution exercised to ensure controls and processes were in place.
- Discussions identified a potential site near Caledonian Stadium for a hydrogen electrolysis plant powered by a solar field. The plant could supply hydrogen to Raigmore Hospital by 2030, with a pipe network expected by 2033. The project aimed to use green hydrogen, generated from renewable energy sources, to meet the hospital's future energy needs.

After discussion, the Committee:

- **Noted** the progress of the development of NHS Highlands Environmental & Sustainability Strategy and associated projects.
- **Agreed** to take **Moderate** assurance.

6   Integrated Performance Report

The Interim Head of Strategy and Transformation highlighted continued progress in diagnostics, psychological therapies, and TTG performance, which remained strong compared to the rest of Scotland. Planned care delivery was noted as robust, and screening efforts were also performing well. Concerns persisted in CAMHS data quality, with ongoing efforts to improve the same. Delayed hospital discharges remained challenging, with trajectories being reviewed as part of the whole system improvement plan submitted to Scottish Government. Improvement programmes for cancer services and vaccination performance were discussed, highlighting the need for further scrutiny and addressing these areas through the annual delivery plan.

The following was discussed:

- Long Waits. Advised emphasis over the previous twelve months had been on addressing long waits, with plans to develop the IPQR for better scrutiny. A dashboard had been created to track patients at various waiting stages, ensuring timely appointments and meeting targets by March 2026. The team was focused on understanding the reasons behind long waits in different specialties and ensuring proper appointment practices.

- Finance Performance and Resource Allocation. Financial performance and resource allocation were crucial for managing waiting lists and delivering services. The discussion highlighted the need to balance additional activity for extra funding with the expected funding already invested in services. The ability to deliver services effectively depended on visible financial management and prioritisation within the Health Board.

After discussion, the Committee:

- **Considered** the level of performance across the system.
- **Agreed** to take **Limited** assurance.

7 Strategy and Transformation Assurance Group Update

The Interim Head of Strategy and Transformation advised STAG priorities were divided into three categories: A (organisational-wide with executive oversight), B (sector-wide), and C (service-led). This structure helped manage and escalate complex programmes effectively. Over the previous few months, significant progress had been made, supporting the Annual Delivery Plan submission. Key programmes included strategic transformation, primary care strategy, mental health and learning disabilities, frailty, person-centred models of care, urgent care services, and prevention and reducing health inequalities. The focus was on financial and workforce planning to support these initiatives, with ongoing efforts to align value and efficiency work across the organisation.

The following was discussed:

- Reporting Process. Members emphasised the need for regular updates on key deliverables for assurance. The Interim Head of Strategy and Transformation confirmed monthly STAG meetings provided detailed scrutiny of selected programmes, offering to share the STAG pack with the committee.
- Programme Complexity and Correlation. Members highlighted the importance of correlating STAG programmes with value and efficiency work and financial returns, explained the complexity of some programmes, and the need to show progress through various lenses, including financial and performance plans.
- Multi-Year Approach and Transformation: Members expressed interest in a multi-year approach to programme progress and highlighted the potential linkage between radical transformation and ongoing work, noting that transformational change was part of the overall strategy and would influence programme development.

After discussion, the Committee:

- **Noted** the progress of the STAG ABC Change Framework in meeting the strategic outcomes of NHS Highlands Together We Care Strategy
- **Agreed** to take **Moderate** assurance.

8 Digital Health and Care Strategy Update

The Deputy Head of E-Health explained the significant work planned, using an inverted triangle model split into four levels. The top level addressed operational support for NHS Highland, including E-health and risk management. Major changes included the implementation of the Track EPR system, accelerating data sharing across five hospitals. The first phase, involving staff training, was set to go live in June-July, followed by the introduction of OrderComms in Secondary and Primary Care. Supporting these changes required infrastructure upgrades. The capital spend report highlighted a £1.36m allocation against £8m, with a need for £36m over five years for business continuity.

The following was discussed:

- Cloud-hosted systems. NHS Boards aimed to reduce standalone systems and move towards shared, cloud-hosted systems, facilitating easier access and better healthcare through data integration. The Orion portal was used for data sharing and decision-making.
- Budget. Members acknowledged the challenge of upskilling and retaining staff to support new technologies and systems, ensuring reliable and continuous operation, especially with the increasing reliance on cloud services.
- Nationally hosted system for GPs that went into administration. Members were assured that NHS Scotland was negotiating with a supplier and there had been no risks to patient care. Confidence was given that an agreement would be reached and NHS Highland was ready to resume the programme once confirmed.
- System Interconnectivity Risks. Members were assured that NHS Highland prioritised data protection and cybersecurity, highlighting the benefits of cloud services for continuity and redundancy. It was explained agreements were in place to ensure service continuity even if a supplier went into administration.

After discussion, the Committee:

- **Considered** the circulated report.
- **Agreed** to take **Substantial** assurance.

9 Risk Register – Level 1 Risks

The Deputy Chief Executive gave an update on the cybersecurity risk, mentioning several updates had been completed, while one had been deferred due to technical challenges. The Director of Finance provided an update on the financial risk and noted the final update would be provided after the month 12 position was known. She also advised of plans to review the presentation of the finance risk going forward due to it being a known issue rather than a traditional risk. The New Craigs risk remained on target for handover in June.

In discussion:

- Members raised concern about financial risk, acknowledged the certainty of overspending and questioned how to manage this in the risk register. They also questioned the need for a new risk related to a recent letter regarding spending authority, as well as the Adult Social Care risk and whether it would be carried over into the next year.
- The Director of Finance advised that the Adult Social Care risk would need to be closed for that year and rearticulated for the next, emphasising the importance of considering what could be influenced and changed within their control when presenting this risk.

After discussion, the Committee:

- **Considered** the circulated report.
- **Agreed** to take **Substantial** assurance.

10 Draft Committee Work Plan 2025/26

Committee members noted and agreed the draft Committee Work Plan for 2025/26.

After discussion, the Committee Agreed the Draft Committee Work Plan 2025/26.

11   Committee Self-Assessment Survey Results

The Committee Chair suggested the Self-Assessment Survey results showed minimal differences compared to the previous year. The Director of Finance highlighted issues with the timeliness of papers and suggested the need for training sessions for new committee members on finance, governance, and NHS relationships. Members discussed the need to differentiate between detailed delivery scrutiny and higher-level transformational scrutiny, suggesting different timelines for reports.

After discussion, the Committee Noted the content of the Self-Assessment Exercise.

12   2025/26 and 2026/27 Meeting Schedules

The committee **Noted** the dates provided as follows:

9 May 2025	7 August 2026
6 June 2025	11 September 2026
11 July 2025	2 October 2026
1 August 2025	13 November 2026
12 September 2025	4 December 2026
3 October 2025	8 January 2027
14 November 2025	5 February 2027
5 December 2025	12 March 2027
9 January 2026	
6 February 2026	
13 March 2026	
10 April 2026	
8 May 2026	
5 June 2026	
10 July 2026	

The Committee Noted the meeting schedules for 2025/26 and 2026/27.

13   ANY OTHER COMPETENT BUSINESS

There were no matters raised.

14   DATE OF NEXT MEETING

The next meeting of this committee was to be held on Friday 9 May 2025 at 9.30am.

The meeting closed at 11.40am

NHS Highland

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	Finance, Resources and Performance Committee
Date of Meeting	9 May 2025
Committee Chair	Alex Anderson

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

None.

ASSURE

- **Draft NHS Highland Year End Financial Position and Annual Accounts Update** – Limited.
- **Annual Delivery plan 2025/26 Submission and Feedback** – Substantial.
- **NHS Highland Capital Plan 2025/26** – Moderate.
- **NHS Highland Procurement Strategy** – Substantial.

ADVISE

None.

RISKS

None.

ACTIONS

- **Financial Plan 2025-28** – Agreed update be brought to June 2025 meeting.
- **NHS Highland Procurement Strategy** – Noted reporting metric relating to SME business activity to be included within Annual Report.

LEARNING

None.

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS** **Highland** na Gàidhealtachd
HIGHLAND NHS BOARD		
MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**4th March 2025 at 10.00 am**	

Present:

Ann Clark, Chair
Fiona Davies, Chief Executive
Kate Dumigan, Staffside Representative
Claire Laurie, Staffside Representative
Dawn MacDonald, Staffside Representative
Philip MacRae, Vice Chair
Steve Walsh, Non-Executive
Janice Preston, Non-Executive

In Attendance:

Gareth Adkins, Director of People and Culture
Evan Beswick, Chief Officer, Argyll and Bute Health and Social Care Partnership
Gaye Boyd, Deputy Director of People
Louise Bussell, Director of Nursing
Ruth Daly, Board Secretary
Ruth Fry, Head of Comms and Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Ruth MacDonald, Head of Service – Adult Social Care
David Park, Deputy Chief Executive
Liz Porter, Assistant Director of Financial Services
Pamela Stott, Chief Officer, Highland Health & Social Care Partnership
Karen Doonan, Committee Administrator (minutes)

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. It was noted that Philip Macrae would be recommended as the new Chair for Staff Governance Committee from May 2025.

Apologies were received from Committee Members Albert Donald and Alison Fraser.

1.2   Declarations of Interest

There were no declarations of interest.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1   MINUTES OF MEETING HELD ON 14 January 2025

The minutes were **approved** and **agreed** as an accurate record.

2.2   ACTION PLAN

> The Committee
> - **Noted** the latest version of the committee Action Plan and
> - **Agreed** to the proposed closure/amendments of noted actions**.**

2.3   COMMITTEE WORKPLAN 2024-2025

The Committee **noted** the Workplan as circulated.

COMMITTEE WORKPLAN 2025-2026

2.4

The Committee **approved** the Workplan for 2025-2026.

3   MATTERS ARISING

3.1   Staff Governance Monitoring Report
Verbal Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture confirmed that regular meetings continued to take place with staffside and a round table discussion was held in February to address areas where improvements were needed, particularly focusing on partnership working. He noted that whilst other issues were raised, a summary from the meeting had been circulated to staff, and actions associated with those issues have been taken.

It was noted that ongoing discussions were taking place to enhance collaboration between staffside and management but no specific assurance could be offered to committee at this time.

> The Committee **noted** the update

3.2   Staff Governance Committee Terms of Reference
Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture confirmed the Board Chair was the only 'Ex Officio' member of the committee and all other memberships were confirmed in the terms of reference.

> The Committee **noted** the update

3.3   Appraisal and PDP Improvement Plan
Update from Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the paper wherein it was highlighted:

- A plan had been drawn up looking at a phased approach to the appraisals and PDPs starting with Directors and their direct reports, however the data had shown that this has had little effect on increasing completion rates.
- There was further work to do to understand how to engage managers and staff in the process more fully and to understand the barriers to completion.
- Having time to complete an appraisal was challenging for those who were on the front line.
- It had been identified that the management structure was a challenge to completing appraisals with many managers having upwards of more than 10 direct reports.
- There appeared to be a culture wherein many staff did not see the value in completing an appraisal after not having an appraisal for some time.

The Director of People and Culture explained that further work required to be done to encourage both staff and managers to see the value of appraisals and build on this work.

D Macdonald highlighted Protected Learning Time (PLT) and suggested that once this was built in it may encourage more staff to engage with the appraisal process which she saw as a grass-roots led process. She went on to highlight the challenges for many staff who did not have easy access to laptops citing that password issues due to the length of time it often took for staff to gain access to a laptop.

P Macrae queried the ratio of staff to managers citing that if the data was accurate the ratio was of staff to managers was too high to be manageable. J Preston queried the data in respect of one-to-one meetings with managers suggesting that if the ratio was correct this would also present challenges as staff would not be able to talk things through with their managers.

S Walsh suggested that the PDP process could be streamlined to make it as straightforward as possible as this may encourage more completion of the appraisals and the PDP itself. It was noted that if managers gave more insight into what the organisation could offer staff this also would encourage completion.

The Director of People and Culture agreed that the process was not working effectively in the current approach and agreed that simplifying the process would be helpful. He went on to explain that one size did not fit all in relation to staff, some staff were perfectly happy completing their work and had no other aspirations whilst other staff were eager to learn more. It was important that managers were aware and could adapt their conversations accordingly and that managers were supported in all aspects of the process. It was noted that other Boards were also struggling with completion rates which remained low across all Boards.

It was noted that there was a national PLT group with a local group that fed into this group. Implementation of PLT for staff groups that did not have this built in would be required going forward. The Director of People and Culture confirmed that a Short Life Working Group required to be set up to take this work for and that an action plan required to be created.
.

Action: The Director of People and Culture to provide an update on progressing this work at the next meeting.

> The Committee **noted**:
> • Progress with identifying a key barrier to turas appraisal and PDP completion rates improving and further guidance provided to address incomplete sign-offs
> • Additional management level reporting which was assisting in identifying areas to focus on and progress discussions with managers on completing appraisals
> • Work required to understand from managers and staff at all levels what barriers exist to completing appraisals and PDPs and took **moderate** assurance.

4   Spotlight Session – None

It was noted that there had been challenges securing some of the spotlight sessions and the Chair queried whether a review of the spotlight sessions going forward would aid in understanding the implementation of some of the strategies that had come to committee for review and agreement going forward.

5   ITEMS FOR REVIEW AND ASSURANCE

5.1   People and Culture Portfolio Board Update
        Report by Gaye Boyd, Deputy Director of People

The Director of People and Culture explained that there had been significant work in relation to strategic planning and development done with the Health and Wellbeing Strategy being approved, it was noted that the Equality Diversity and Inclusion (EDI) Strategy and the Employability Strategy were both on the agenda.

More work would be done in relation to Learning and Development over the coming year with guidance having been issued by Scottish Government in relation to Workforce Planning and discussions taking place on how to progress this work. There would be an Acute Workforce Planning Group which would identify gaps and refresh strategy going forward.

The Deputy Director of People highlighted Appendix two which was the summary of the meeting that had taken place in January, this was sent out to the Local Partnership Forums (LPFs) and the Senior Leadership Teams (SLTs) to distribute across the organisation.

The Chair queried the movement of the strategies into "business as usual" in order that any other issues arising could be identified moving forward. It was note that this was a challenging question with the Director of People and Culture suggesting that the Leadership and Culture work may progress to business as usual although there were items that required to be addressed going forward. The Heath and Care Staffing Act was another workstream that would progress to business as usual. It was important to identify the changes that had been embedded before moving forward.

S Walsh queried EDI citing the example of events that were ongoing in a different Board and asked if this would affect any of the work that was being done. The Director of People and Culture explained that it was a complex situation which the Board were aware of. As the events were still ongoing there had been no national position taken at this time.

> The Committee **Noted** the content of the report and took **Moderate** Assurance.

5.2 **Integrated Performance and Quality Report**
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the paper wherein it was highlighted:

- Time to Fill had decreased and the recruitment team were continuing to analyse the data to maintain this decrease
- There had been an audit completed on Absence Management which had gone through the Audit Committee and there were a few actions to be completed
- Work was ongoing to look at the supervisory structure as challenges had been noted in the recording and divulging of reasons for sickness absence.
- Mandatory Training figures were increasing for completion, work was ongoing on e-modules

The Chair queried the Adult Social Care Data which had been an action from a previous meeting requesting assurance that the data had been scrutinised and was accurate. The Chief Officer for Highland Health and Social Care Partnership (HHSCP) assured committee that the agenda for the Service Leadership Team (SLT) had been refocused along with workforce performance. This allowed for regular scrutiny of the various areas across the organisation. Work had been done to look at the low figures of completion of appraisals to identify why these rates remained low.

The Head of Service – Social Care explained that a focus had been firstly placed on the statutory mandatory training making sure that the appropriate framework was in place to support managers. Focus was now being placed on appraisals again making sure that the correct framework and support was in place.

She went on to highlight the supervision component of Adult Social Care with it being a regulated and registered service. There was a difference between supervision and PDP and Adult Social Care were performing very well regarding supervision. A lot of work had been

done regarding supporting career pathways for staff within Adult Social Care. The Director of People and Culture agreed and highlighted that some of the work done around supervision was exemplary citing that some of the work could be replicated within other areas of the organisation.

The Committee agreed to close the action relating to Adult Social Care Metrics on the action plan.

J Preston queried the low rates of completion of the EDI questionnaire and why staff were not completing this. The Director of People and Culture explained that a Workforce Monitoring report had been completed recently as it was a statutory obligation of the Board to publish the information. On entry into the organisation staff were asked to complete the questionnaire and had a choice of whether to divulge information or not, it was noted that most Boards struggle to capture information especially with regard to disability.

> The Committee **noted** the content of the report and took **moderate** assurance

5.3 Workforce Policies Review
Report by Gaye Boyd, Deputy Director of People

The Deputy Director of People explained that this was the 6-monthly update and that the HR Subgroup were responsible for progressing local policies for NHS Highland which were then taken to the Area Partnership Forum to be ratified. It was noted that since the year 2020 the number of policies had reduced due to the publication of the Once for Scotland Policies which NHS Highland then implement. There were seven policies that were past their review date with six of them currently under review. These were within the appendix of the report and a workplan was in place to ensure that these policies were progressed.

The Chair asked for clarification around "monitoring" querying whether the HR Subgroup monitored only the policy or the implementation of the policies. The Director of People and Culture explained that the policies review was to ensure that the policies were up to date and to provide assurance to committee that this process was in place. Regarding implementation of policies this would be come through various sources of data. Work would be done over the coming year on SSTS and quality management. The Deputy Director of People explained that the HR Subgroup were currently reviewing two policies due to challenges and issues that had arisen from their use within the organisation and that was part of the remit of the HR Subgroup.

> The Committee **noted** the content of the report and took **substantial** assurance.

5.4 Equality, Diversity and Inclusion Gender Pay Gap
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that there had been work done at a national level with a standardisation of how the report was presented. It was noted that there were societal contributions to the pay gap, Agenda for Change terms and conditions were standardised nationally so there was a need to understand why there was a pay gap in various job families and how this pay gap could be bridged going forward to ensure a more diverse workforce.

> The Committee **noted** the content of the report and took **substantial** assurance.

5.5   Equality, Diversity and Inclusion Strategy (Final)
Report by Gareth Adkins, Director of People and Culture

This was discussed as part of Item 5.5.1

> The Committee **approved** the strategy document for publication and took **substantial** assurance.

5.5.1   Equality Outcomes 2021-2025 and 2025-2029
Report by Gareth Adkins, Director of People and Culture

It was noted that there were two parts to the report, one report looking at work that had been done 2021-25 the other looking at the work required to be done from 2025-29.

The Deputy Director of People explained that the report historically would have been contained within the Public Health report but had now been separated. It was noted that there were three workforce outcomes that would roll over as they had not yet completed.

The Chair queried the change in the approach and why this report was now separate from the Public Health report. The Director of People and Culture stated that previously the focus had been on public health but there was now a focus on the employer responsibilities of the Board, this report was part of this refocus.

The Director of People and Culture explained that a draft had come to committee previously and requested approval from committee. The Deputy Director of People explained that the feedback had gone to the EDI oversight group before being taken to the governance committees. It was noted that the Chair would have liked to read the feedback received along with the final version of the report.

Regarding the 2025-29 report the Director of People and Culture explained that there would be an update in two years' time, an action plan was in place and the update would be giving assurance that progress was being made in the work to be done.

> The Committee **approved** the strategy document for publication and took **substantial** assurance

<div align="center">Comfort break 11.20am until 11.30am</div>

The Chief Executive took the opportunity on behalf of the committee to thank the Chair for all her hard work during her time chairing this committee. The Chair thanked everyone and wished them all the best going forward.

5.6   Employability Strategy (Final)
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that the strategy was important for NHS Highland as it was a major employer in the area. S Walsh queried the interaction with other partners asking if it was possible to bring all partners together rather than the interaction with a few at a time. The Director of People and Culture agreed that there were opportunities to build relationships with other partners and it was important that work was done to highlight the connections more clearly to identify shared interests.

The Chair welcomed the work done and suggested that those who are carers within the organisation could be another group that was supported. The Chief Executive highlighted the importance of identifying those being targeted by strategies citing examples of other industries and employers who were also trying to target younger potential employees. Identifying actual

numbers instead of making assumptions would clarify the potential market and workforce that was available going forward.

> The Committee **approved** the strategy document for publication and took **substantial** assurance.

5.7 **Communications and Engagement 6-monthly Update / Staff Engagement Plan Update**
Report by Ruth Fry, Head of Communications and Engagement

The Head of Communications and Engagement spoke to the report wherein it was highlighted:

- One action had been paused – the development of an intranet hub using Sharepoint. However, this would now move forward later in the year once the licences had been approved.
- One action could not be progressed – Microsoft Viva Apps, this could not be progressed due to national licensing restrictions
- The areas which had consistently scored low on the iMatter survey had been looked at in more depth, these were visibility of leaders, being involved in decision making, performance management and celebrating success.
- Facilitated sessions had been run covering these topics which had involved approximately 235 staff. Thanks were expressed to those in the education, learning and development team who aided in facilitating these sessions.
- Feedback was consistent across the sessions – staff would like to see more of Executives and Directors face to face. There had also been a need to have organisational charts up to date so that staff could see where decisions had been made and more communication around the bigger picture for NHS Highland.
- A draft plan had been created from the outcomes with the ask of committee to agree said plan.

The Director of People and Culture highlighted the successful test of change that had been completed and the need to make sure that going forward these changes could be monitored to ensure that work was progressing. P Macrae highlighted the feedback regarding the visibility of Executives and Managers citing that on site visits staff often did not know who he was and queried whether there were other ways to show visibility across the organisation.

The Director of People and Culture agreed and explained that Executive visits were looked at previously and the creation of the Head of Corporate Governance post would help with this. He suggested reverse mentoring as a way forward noting that this topic was continually a work in progress which was being looked at in more detail.

The Chair queried the Microsoft Viva pilot and asked for clarification of what it would have been used for. The Head of Communications and Engagement explained that Microsoft Viva pulls together content into a e-newsletter that would then have been circulated to the relevant staff, she gave an example of the GP Bulletin which was sent out to GP practices with specific information relating to that staff group. The software would have made it easier to be information specific with staff groups. It was possible that Sharepoint could be used to generate information specific newsletters for staff groups moving forward.

Internal communication and how to navigate adverse events was discussed with it being noted that there were discussions ongoing at a national level in relation to information shared across Boards. The Head of Communications and Engagement explained that there were networks and protocols in place should there be a major incident. Resilience was being looked at in relation to communication across the various areas within the organisation.

The Chair queried whether it would be helpful to sense check the action plan with the staff who had given feedback. The Head of Communications and Engagement stated that would be possible to invite those involved in the feedback to comment on the action plan. The Director of People and Culture explained that it was process that would be refined as the process continued.

The Chair queried whether the feedback received would be communicated to managers going forward and if so, which format this would take. The Head of Communication and Engagement explained that the action plan and the feedback would be communicated widely across the organisation. The feedback would also be used to support different strands of the work going forward.

Committee thanked the Head of Communication and Engagement for all her work and wished her all the best for her new role out with the organisation.

> The Committee took **substantial** assurance of progress against the Communications and Engagement Strategy and **agreed** the Staff Engagement Plan.

Whistleblowing Q3 Report

5.8 Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report wherein it was highlighted:

- The data covered the period October 31st until December 2024
- One case had been closed and there were no active investigations ongoing.
- Two referrals had been received from the Independent Whistleblowing Officer (INWO), one had closed, and the other one was heading towards closure.
- Within the appendix there were two cases in the table, the first one was complete with an action on the action plan and the second one was completed and would be written up in due course.

The Director of People and Culture explained that since the report had been written INWO had asked for one case which had been titled "under review" to progress to an investigation. There had been a lot of work undertaken to address the concerns that had been raised. This would be in the next report that would go to INWO. The Director of People and Culture went on to clarify that it was the whistleblowers decision of whether to accept a decision or whether to ask INWO to investigate further. Where concerns were upheld there was an action plan put in place.

> The Committee took **moderate** assurance – and **noted** the content of the report gave confidence of compliance with legislation, policy and Board objectives **noting** challenges with timescales due to the complexity of cases and investigations.

Confidential Contacts Report

5.9 Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report wherein it was highlighted that both the Area Clinical Forum (ACF) and the Area Partnership Forum (APF) had taken assurance that the process of an options appraisal and discussion had been robust.

> The Committee accepted **substantial** assurance in relation to the process followed to develop and evaluate options for future delivery of our confidential contact's service. **Noted** the preferred option to establish an in-house funded confidential contact's service which will be progressed.

Health and Care Staffing Act Annual Report

5.10 Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that there had been discussion around the scheduling of the Annual report so this was a Q3report and an Annual Report in one. The implementation of the act was in April last year and this report gave clarity on the actions that had been taken to strengthen the approach to the Health and Care Staffing Act.

The Chair thanked everyone across the organisation involved in the implementation of the Health and Care Staffing Act.

> The Committee **noted** the requirements placed on the board by the Act. The Committee took **moderate** assurance and reviewed and scrutinised the information provided in the paper and appendices.

5.11 Strategic Risk Review
Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture spoke to the report wherein it was highlighted that risk no 156 was proposed to lessen, there had been significant work done on statutory and mandatory training and there would be further focus on this. It was noted that many of the actions had been on todays agenda and there was still work to be done on them.

> The Committee **noted** the content of the report and took **moderate** assurance from
> • The review and refresh of the people and culture strategic risks
> • Ongoing work to finalise level 2 risk

5.12 Staff Governance Committee Annual Report
Report by Gareth Adkins, Director of People and Culture

The Chair thanked the Board Secretary for drafting the report and thanked her for all her contributions to the organisation, wishing her well for the future. It was noted that the Board Secretary would be leaving her post in April.

> The committee **noted** the report.

5.13 Staff Governance Committee Self-Assessment Report
Report by Ann Clark, Chair of Staff Governance Committee

The Chair confirmed the committee self-assessment process had been undertaken; seven responses were received out of a possible 21. The Chair highlighted the following areas of action:

Refresh of roles and responsibilities of Committee Members and attendees in a development session.
Additional deliberate discussion at agenda planning sessions on timings of the agenda and discipline on including expected timings.There was no further feedback and no further questions.

> The Committee:
> • Discussed the proposed areas of focus for the 25/26 action plan and **agreed** any necessary actions arising from the Committee Self-Assessment.
> • The Committee took **moderate** assurance that the self-assessment for 2024 had been completed appropriately. The assurance level would be raised to substantial following implementation of any agreed actions.

6   ITEMS FOR INFORMATION AND NOTING

6.1   Area Partnership Forum update of meeting held on 14th February 2025

The Deputy Director of People explained that most of the items discussed at the Area Partnership Forum had been discussed at todays meeting. Guidance on Employee Files had been agreed at the Forum which contained general guidance for managers. There had also been guidance in respect of Visa requirement and the recruitment process. The Change of Base Policy had been ratified and there had been discussion around the Leadership Engagement Group Terms of Reference. There had been an overview of the Annual Delivery Plan for 2025/26 with an update on the three workstreams related to the Agenda For Change reform, which were the Reduction in the Working Week, the Band 5 Nursing Review and Protected Learning Time.

The Director of People and Culture explained that there had been discussion around the production of a Summary Report from the Governance Committees. The Summary Report would go to the Board with only approved minutes going to the Board going forward. This would be replicated for the groups feeding into the committees, going forward this would apply to the Area Partnership Forum with only agreed minutes coming to committee.

6.2   Health and Safety Committee minutes of the meeting held on 4th February 2025

The Director of People and Culture explained that there had been challenges in respect of management capacity in Argyll and Bute due to changes in roles. There had been challenges in respect of reporting and this was being addressed currently for Health and Safety. An update would come back to committee outlining the priorities. He went on to give thanks to Executive staff who had helped with the Health and Safety Group Governance arrangements in the Acute and Corporate areas.

Action: The Director of People and Culture to bring an update to the next committee outlining the priorities in respect of Health and Safety reports from Argyll and Bute.

7   ANY OTHER COMPETENT BUSINESS

None

7.1   Review / Summary of meeting for Chair to highlight to the Board

The Chair confirmed that the following items would be highlighted to Board:

- Appraisal/PDP Improvement Plan Progress
- Staff Engagement Pilot
- Confidential Contacts Agreement

The Chair thanked the Director of People and Culture, the Deputy Director of People and the Committee Administrator for all their support to her over her time as Chair. She went on to thank the wider group of attendees, the Executive Directors and their substitutes and staffside noting that the success of the committee was with the participation of all.

8.   Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 6 May 2025 at 10 am via Microsoft Teams.

9.   Future Meeting Schedule

The Committee **Noted** the remaining meeting schedule for 2025 as follows:

1 July 2025
2 September 2025
4 November 2025

Close of Meeting 12.35pm

NHS Highland

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	**Staff Governance Committee**
Date of Meeting	**5th May 2025**
Committee Chair	**Steve Walsh**

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

Spotlight Session Acute – A presentation was received by the committee detailing workforce, sickness absence, statutory and mandatory training, and appraisal statistics. An overview of the recent revised management structures in Acute services was provided.

The Committee received their first in Depth Spotlight Session on Employability – A presentation was received by the committee which focused on the delivery of the Employability Strategy over the next three years, linking Health and Inequalities.

Medical Education Annual report – an overview of the activity from the previous year was provided and despite challenges faced the Medical Education Team performed well and continued to provide high-quality education and met the required standards.

Education, Learning and Organisational Development Annual Review - an update was received on the EOLD offerings and the focus on aligning them with the organisation's aim to embed a culture that encourages interpersonal working and compassion.

Staff Governance Monitoring Report – update received on continued work with Staffside to improve Partnership working.

ASSURE

Assurances taken on:
- People and Culture Portfolio Board
- Integrated Performance and Quality Report
- Education, Learning and Organisational Development (ELOD) Annual Report
- Medical Education Annual Report
- Annual Delivery Plan
- Strategic Risk Review
- Staff Governance Monitoring 23/24

ADVISE

RISKS

- Statutory and mandatory training risk level remains high; actions taken to address the higher-level risks.
- Level two corporate risks would be reworked to improve wording and have clear controls and mitigations in place with due dates outlined.

ACTIONS

- **Staff Governance Monitoring** - Update on progression to reach agreement with staff side / creation of a SG monitoring group with staff side.

LEARNING

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE
Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 05 March 2025 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Committee Chair, Non-Executive
Philip Macrae, Vice Chair and Non-Executive
Cllr, Christopher Birt, Highland Council
Ann Clark, Non-Executive Director and NHSH Board Vice Chair
Cllr Muriel Cockburn, Non-Executive (till 3.45pm)
Claire Copeland (from 1.20pm)
Cllr David Fraser, Highland Council (from 1.45pm)
Julie Gilmore, Nurse Lead and Assistant Nurse Director
Joanne McCoy, Non-Executive
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Pamela Stott, Chief Officer, Highland Health and Social Care Partnership (HHSCP)
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Paul Chapman, Associate Director AHP
Jennifer Davies (for Tim Allison), Deputy Director of Public Health
Fiona Duncan, Chief Social Work Officer, Highland Council
Frances Gordon (for Elaine Ward), Head of Finance for HHSCP (item 2.1)
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS (until 2.50pm)
Michelle Keir, Carers Services Development Officer
Ruth MacDonald, Interim Deputy Director Adult Social Work and Social Care Leadership Team
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care (until 2.30pm)
Ian Thomson, Head of Service: Quality Assurance; ASC
Natalie Booth, Committee Administrator
Kira Brown, Committee Administrator
Stephen Chase, Committee Administrator
Nathan Ware, Governance & Corporate Records Manager

Apologies:
Cllr Ron Gunn.

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1   WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees. He advised the committee that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

J McCoy noted that she had considered making a declaration in relation to section 7.7 of the Chief Officer Report (item 3.5) and having applied the objective test declared her interest but felt that it did not interfere with the business of the committee.

The Chair expressed thanks on behalf of the committee to outgoing members, Ann Clark, who was stepping down from the Board from April, and Neil Wright as GP representative to take up a non-executive role on the Board (the GP Subcommittee would nominate a replacement in due course); and S Chase who would be replaced as committee administrator by N Booth from the next meeting.

The Chair noted that D van Ruitenbeek had resigned from the committee and that therefore the committee had no current lay representation. He noted that he would discuss the matter of recruitment of new lay representatives with the Board Chair.

The Chair requested that item 3.3 be taken ahead of 3.1, and that item 4.1 be considered ahead of 3.5.

1.2   Assurance Report from Meeting held on 15 January 2025 and Rolling Actions

The draft minute from the meeting of the Committee held on 15 January 2025 was approved by the Committee as an accurate record.

It was noted that there was only one rolling action and that this would be closed in item 4.1.

> **The Committee**
> – **APPROVED** the Assurance Report, and
> – **NOTED** the Rolling Actions.

1.3 Matters Arising From Last Meeting

2   FINANCE

2.1   Financial Position at Month 9 and the remainder of the 2024/25 Financial Year

The Head of Finance for HHSCP presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 9 with further detail presented on the HHSCP position. The forecast year end deficit £45.1 million with the assumption that additional action was taken to deliver breakeven ASC position. The forecast is £4.6 m better than the revised brokerage limit set by Scottish Government and £5.5 m better than the target agreed with the Board in May 2024. £1.102 m of funding was confirmed in Month 9, which had included an adjustment to the Mental Health Outcome Framework funding and Tranche 2 of ADP funding.

Key risks were presented which included, ongoing to deliver a breakeven position for ASC, the potential that spend on supplementary staffing could increase over the winter period, that prescribing and drugs costs could see increases in volume and cost, that ASC suppliers could continue to face sustainability challenges, alongside other ongoing issues such as recruitment and retention. Corresponding mitigations were outlined which included, that Adult Social Care had received a higher than anticipated allocation from SG, that robust governance structures around agency nursing utilisation continued to progress, that additional New Medicines funding had been received, and that MDT funding had been reinstated by SG following productive discussions.

A year-to-date (Month 9) overspend of £19.963 m was reported within the HHSCP, and it had been forecast that this would decrease to £5.060 m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £3.042 m overspend had been built into the forecast to acknowledge the continuing pressures around prescribing and drugs. A high risk was noted around the assumed delivery of £2.319 m of ASC

value and efficiency cost reductions and improvements in the forecast. Further detail was provided in a slide presentation circulated to the members around North Highland Communities; Mental Health Services; Primary Care; Adut Social Care; Cost Reduction/Improvement Target; Value and Efficiencies; HHSCP Supplementary Staffing.

In discussion, the following topics were discussed:

- The Chair noted a £3.5 million increase in the forecast for North Highland communities from month 9 to month 12. This was due to higher social care costs from ASC packages and sustainability payments and increased primary care costs from unaccounted invoices. It was noted that month 10 showed a slowdown, therefore there were no major concerns.
- Members asked about the strategy for managing the rise in National Insurance costs for Commission services without extra funding, stressing the need for a collective approach and clarity on the timing and decision process. The HSCP were reviewing their financial plan with the Scottish Government to address the National Insurance increase, but it was still early days with no commitment for extra funding yet.
- The Chief Officer for the HSCP advised that there had been national meetings and discussions about the impact of increased costs on the sector, including talks with the cabinet secretary and ongoing discussions about the National Care Home contract, but complete information and assurances were still pending.
- The Chair noted that the funding situation from the Scottish Government was still fluid, requiring a strategic approach to handling National Insurance requirements for providers, with plans to address these issues at the next committee meeting and the third sector programme board next week.

> **The Committee:**
> − **NOTED** from the report the financial position at month 9 and the associated mitigating actions, and
> − **ACCEPTED** limited assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Self-Directed Support Assurance Report

I Thompson noted that the strategy aimed to transform adult social care by aligning with SDS standards, fostering strong relationships between social workers, unpaid carers, and those needing support, and providing flexible access to resources. It emphasised creating tailored care plans and support solutions based on individual needs, promoting a learning culture, worker autonomy, and integrating community supports. The strategy also called for reevaluating policies and procedures to ensure systems supported workers and individuals effectively. This involved promoting local models of care, integrating community activities, and ensuring that systems acted intelligently and supportively, creating a supportive environment for quick decision-making and realistic resource information.

S Steer highlighted that the committee received moderate assurance due to the significant changes needed in adult social care, stressing the need for a major shift in service delivery. Efforts focused on monitoring service satisfaction, financial spending, and infrastructure support to improve decision-making speed and ease, with the strategy representing a fundamental change in practice requiring honest reporting and resource allocation

In discussion,

- The Chair questioned the ability to change the commissioning strategy, highlighting the need to rethink option two and remove barriers limiting effectiveness. He emphasised addressing unregulated staff like personal assistants and clearly outlining changes to improve resource utilisation and service delivery.
- Significant apprehension around SDS as a commissioning model within the third sector was highlighted, requiring substantial work to build confidence over the next few years. SDS should be seen as an enabler rather than a barrier, with efforts underway to shift this perception and use it effectively.
- It was noted that addressing issues would require more than one session and emphasised presenting the work as a programme linked to the strategic plan.
- The need for diverse relationships in adult social care beyond option three and registered services was highlighted, proposing a new model of eligibility for accessing community supports through advice and guidance.
- Incremental changes like third sector organisations offering option two services were suggested to better tailor care and strengthen community support.
- The importance of offering all four options of self-directed support for a more engaged commissioning landscape was emphasised, highlighting the need for a balance between safety and flexibility.
- The need for equal access to services, especially in rural areas where accessing services was explained as a significant challenge.
- S Steer emphasised the importance of ensuring equity across different populations and geographical areas in commissioning activities, noting that the strategic health needs assessment is being finalised by early February, with further work on commissioning intentions and care strategies expected by June.

The Committee:
- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance that purposeful work is being undertaken to ensure compliance with Self Directed Support legislation and policy.

3.2 Carers Strategy Update

The committee received an update on the unpaid carers' work, focusing on the refreshed carers' strategy, which was in draft and being shared with key stakeholders. This strategy, developed with carers, aimed to support the whole system approach for SDS, recognising unpaid carers as vital to the community and ensuring they had access to services, support, and information. The committee was moderately assured and informed that a clear framework for the strategy's outputs would be presented later.

M Keir noted the strategy, developed over a year, highlighted that unpaid carer in the Highlands provided vital support worth an estimated £694.5 million annually, yet less than 8% accessed support, indicating a critical service gap. The objectives included increasing carer awareness, expanding respite care, and enhancing partnerships for tailored support. The plan involved proactive engagement, early intervention, training, and creating a care-centric approach by involving carers and using their feedback. Additionally, it aimed to better utilise funding for respite services, raise awareness of various respite options, and strengthen partnerships to improve access to support.

In discussion,

- The committee noted the need for clarity on percentages in the report and suggested including examples of current work to illustrate the strategy's vision.
- They recommended creating an easier-to-read version for unpaid carers, celebrating achievements while acknowledging future ambitions.
- Insights from carers on broader issues like employment and housing were raised, emphasising the importance of addressing these factors through a population health lens.
- The strategy's link with the employability strategy was suggested, with questions on how changes would be implemented and funded.
- The importance of community awareness alongside carer awareness was highlighted, aiming for meaningful change beyond a healthcare-centric approach.
- The interaction between the adult carer strategy and the young persons' carers strategy was emphasised, maintaining connectivity between the two.
- The need for accessible and fit-for-purpose services, including flexible respite care options, was highlighted.

The Committee:
- **NOTED** the report.
- **ACCEPTED** moderate assurance that the strategy is complete, and that there is a requirement for it to have further socialisation and feedback from stakeholders in the HHSCP and with community stakeholders.

3.3 DPH Annual Report and Service Planning Update

The Deputy Director of Public Health emphasised health inequalities were significant, often stemming from avoidable factors. These disparities were measured in various ways, including life expectancy and healthy life expectancy which revealed stark differences between the least and most deprived areas and genders. Financial insecurity was a primary driver and impacted quality of life, disability, and premature death. While health services played a role, their contribution was small compared to factors like income security and living conditions. Addressing these would have the most significant impact on health equity. She highlighted NHS Highland was committed to tackling these issues and by considering all conditions of life, they could effectively reduce health inequalities and improve overall health outcomes.

In discussion,

- The committee valued the report on population health, noting the significant issue of years of life lost in the Highlands due to ischemic heart disease. Improving the Highland diet was deemed crucial, with a need to update outdated dietary guidelines to reflect current science. A joint post between the health service and local authority for Tim's successor was suggested to enhance public health efforts.
- Access to fresh food and proper cooking education in schools, especially in rural areas, was highlighted as crucial for healthy diets.
- Members questioned concrete ways the Community's directorate could contribute to implementing the report's recommendations. The joint strategic needs assessment provided essential data for the joint strategic plan, emphasising engagement with district planning groups and sector partners to improve service delivery and access.
- It was suggested that next year's work plan include specific reports on the progress of implementing the board's recommendations, with more frequent discussions agreed upon as beneficial.

- Addressing health inequalities requires political bravery and resource reallocation, even if unpopular. Resources should be directed to those in need rather than those capable of challenging decisions. Robust commissioning practices focused on impactful demographics were emphasised over non-essential activities.

> **The Committee:**
> - **NOTED** the update.
> - **ACCEPTED** substantial assurance that the requirement for the publication of the report has been met.

The Committee took a Break between 2.44pm and 3pm

3.4   IPQR for HHSCP

R Boydell discussed the executive summary performance indicators, noting improvements in SDS, waiting times for psychological therapies, and chronic pain. Care homes saw reduced longer stays and increased activity. However, delayed discharges and outpatient waits for the health and social care partnership were areas of concern. The number of delayed discharges decreased from 220 to 196 in the following month's data. Additionally, the Community Assessment Day by musculoskeletal physiotherapy significantly reduced waiting lists for physiotherapy, with findings to be applied to other services.

Members highlighted issues with SDS options one and two due to a lack of preferred services and suggested an indicator for budgets spent or recouped to show struggles in employing personal assistants. The Chair questioned how to measure SDS effectiveness, particularly option one, to avoid returning unspent money. The Chief Officer for the HSCP proposed discussing SDS development in a session, focusing on carers' experiences and choice, and acknowledged recruitment challenges for personal assistants, suggesting strategies for future changes.

Members inquired about delayed discharges due to guardianship and the complexity of the system, asking for a date for more data on wait lists post-Morse system move. The Chief Officer for the HSCP explained work on guardianship needs, monthly reports, and delays due to court closures, highlighting efforts to prioritise assessments and prevent hospital admissions. There was no confirmed date for the Morse system move. The Chair suggested emailing the date once available, with the committee agreeing to note the report and accept limited assurance.

> **The Committee:**
> - **NOTED** the report.
> - **ACCEPTED** limited assurance from the report.

3.5 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted:

- North Skye Actions: Efforts continued as per the Sir Lewis Ritchie report, with wider engagement to deliver the Joint Strategic Plan.
- Lochaber Projects: The Single Point of Access Project was in place, with progress on the Belford Hospital build, Falls Workstream, and Local Care Model.
- Digital Service Tender: A joint tender was issued for a digital service supporting recovery, focusing on rurality and access inequalities.
- Joint Inspection: An inspection was carried out by Care Inspectorate and Healthcare Improvement Scotland on partnership effectiveness for adult services.

- New Craigs Hospital: Significant pressures were experienced; exploration of redesigning the Critical Pressure Escalation Process was underway.
- Recruitment Success: Positive impacts were seen on patient discharge, reopening of beds and care facilities.
- Community Appointments: Beds were increased at Invernevis House and the MSK Community Physio Appointment Day was successful.
- Medical Practice Transformation: Alness and Invergordon Medical Practice recruited nine GPs.
- Time to Care Group: Weekly meetings were held to improve care productivity and support systems.
- QNIS Development Programme: A colleague was selected for the third consecutive year; Barry Muirhead was to be elected as Cochair of the National Mental Health Group.
- Tender Process: An alternative to tender wavering was needed to increase capacity.
- Governance and Marketing: These needed to be aligned with the Commissioning Strategy, with updated service specifications due by June.
- Service Specifications: Discussions took place on enhanced service specifications for diabetes, care homes, and urology.
- National Care Service: The integration model was reviewed as the Lead Agency Model needed dissolution.
- Steering Group Development: The development of a steering group with NHS Board and Highland Council was proposed.

The Chief Officer reiterated the importance of coproduction, community and partnership engagement, and staff retention in remote rural areas.

The Committee:
−   **NOTED** the Chief Officers report.

4   COMMITTEE FUNCTION AND ADMINISTRATION

4.1   Care Governance Final Report

C Copeland emphasised the collaborative effort behind the paper, highlighting significant work since autumn 2023, the embedding of a new system for recording and investigating issues, and the need for further refinement in governance practices. R MacDonald discussed integrating social work and social care governance into the clinical governance framework, noting improvements in language and reporting processes, the establishment of a multi-agency group, and the importance of retaining learning from adverse events.

In discussion,

- Members sought clarification on whether the new system, InPhase, would incorporate learnings from Datix to ensure user-friendliness for social work and social care staff, and expressed interest in hearing from frontline staff about workplace safety. The Committee were reassured that InPhase would allow for necessary adaptations and improvements, highlighting positive outcomes like reductions in falls and medication errors, and emphasising the importance of creating a safe space for learning rather than blame.
- Members reflected on the cultural shift in using Datix, noting positive progress in reporting adverse events and suggesting a review of the impact of these changes. F Duncan emphasised the need to balance data with broader governance and narrative for

comprehensive assurance. C Copeland highlighted the framework's blend of data and narrative to assess effectiveness and the importance of capturing team discussions for a culture of learning and safety.

- The Chair expressed appreciation for the progress made over the past 15-16 months, proposed closing the original action item related to concerns from 18 months ago, and suggested incorporating care governance into future reports, emphasising the importance of ongoing assurance and noting substantial progress.

> **The Committee:**
> – **NOTED** the report, and
> – **ACCEPTED** substantial assurance

4.2   Committee Workplan 2025-26

The Chair noted the draft committee workplan was presented with the expectation of making addendums throughout the year. He highlighted the challenge was to avoid continuously adding to it as this would be impractical. A discussion with the Chief Officer for the HSCP would be held to tweak the workplan to maximise efficiency. The first draft for 2025-2026 was provided for consideration.

> **The Committee:**
> – **APPROVED** the Committee Workplan for 2025-26.

4.3   Committee Annual Report 2024-25

The Chair highlighted the annual report for 2024-2025, which would be submitted to the Audit Committee in May as part of the overall assurance process for the board, leading to the Chief Executive signing the annual assurance statement. A discussion on this will be held at the next committee meeting or a future development session.

> **The Committee:**
> – **APPROVED** the Committee Annual Report for 2024-25.

5   AOCB

D Fraser inquired about the letter on the hubs and whether it would be discussed, noting emails received the previous day. The Chair confirmed that the issue would be addressed at the third sector programme board meeting next week, with ongoing internal discussions to conclude and respond accordingly.

DATE OF NEXT MEETING
The next meeting of the Committee will take place on **Wednesday 7th May 2025** at **1.00 pm** on a virtual basis.

The Meeting closed at 15.54 pm

NHS Highland

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	Highland Health and Social Care
Date of Meeting	7 May 2025
Committee Chair	Gerry O'Brien

KEY POINTS FROM DISCUSSION AND ESCALATION
ALERT
Care at Home Services in Sutherland - Following issues raised a Service Recovery Plan was put in place in February 2025. The Care Inspectorate visit week of the 7th of April led to Immediate actions being taken in response to feedback and subsequent Improvement Notice and include a Large Scale Investigation (LSI) process being put in place.
ASSURE
Assurances taken on: • Financial position for HHSCP at month 11 (2024-25). (Limited) • Care Home Oversight Board Annual Report 24/25 (Moderate) • Vaccinations Update. (Limited) • Fees and Charges 25/26 and implementation of £12.60 per hour minimum wage. (Substantial) • Dental Services national and local position update. (Limited) • Joint Strategic Plan Implementation. (Moderate) • Sir Lewis Ritchie Report Update. (Moderate) • Blueprint for Good Governance Improvement Plan Progress Update. (Moderate)
ADVISE
• **Membership:** Neil Wright had been appointed to the Committee as a Non-executive. Tom Brown was appointed Lead Doctor (GP). Dr Brown is currently the Vice Chair of the GP Subcommittee. • **Dental Services Update –** The Committee agreed limited assurance on the national and local provision of General Dentistry Services. Local application of SDAI funding is assisting but position remains challenging.. • **Sir Lewis Ritchie Report –** Noted that the core work in relation to Skye, Lochaber and Wester Ross would become part of the District Planning Group work programme. • **Blueprint for Good Governance Improvement Plan Progress Update** – noted the integrated approach to quality. • **Committee Self-evaluation results –** The Committee noted the self-evaluation results which reflected on committee vacancies, the role of the committee and the ability to influence services length and volume of papers, agenda timings.

- **Quoracy -** The Committee approved a temporary change to the quorum rules to enable quoracy to one third of occupied posts.

RISKS

Further financial insecurity arising from delays in National Care home contract and impact of rising costs.

ACTIONS

- **Care Home Oversight Board Annual Report 24/25 –** The Committee agreed to hold a development session on the Collaborative Care Home Support to enable further discussion and learning.
- **Vaccinations Update –** The Committee agreed for a further update to be provided to the committee in September 2025 due to limited assurance being offered.
- **Care at Home Services in Sutherland –** The committee agreed that a further update would be provided advising assurance mechanisms that had been put in place.
- **Sir Lewis Ritchie Report –** The Committee agreed for the final report to be circulated once available.

LEARNING

- **Year to date Financial Position report** – Considered a review of the financial reporting in relation to focus and understanding of certain areas within the HSCP.
- Care at Home Services and the need for a more transparent and obvious mechanism for assurance to be provided on service provision. Consideration to be given to an annual oversight report similar to the Care Home collaborative.

Present	Karen Leach, In the Chair Tim Allison, Director of Public Health Emily Austin, Non-Executive Board Director Louise Bussell, Board Nurse Director Liz Henderson, Independent Public Representative Joanne McCoy, Non-Executive Board Director Gerard O'Brien, Non-Executive Board Director Dr Boyd Peters, Medical Director/Lead Officer
In attendance	Gareth Adkins, Director of People and Culture (Item 3.1) Kira Brown, Committee Administrator (Observing) Sarah Buchan, Director of Pharmacy Pamela Stott, Chief Officer (North)/Director of Community Services Ruth Daly, Board Secretary Jennifer Davies, Deputy Director of Public Health and Policy Ruth Fry, Head of Communications and Engagement Fiona Gunn, Chair of Highland Transfusion Committee Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP Elaine Henry, Deputy Medical Director (Acute) Maureen Lees, Non-Executive Director, NHS Lanarkshire (Observing) Jo McBain, Director of AHPs Marie McIlwraith, Project Manager (Communications and Engagement) Brian Mitchell, Board Committee Administrator Mirian Morrison, Clinical Governance Development Manager Leah Smith, Complaints Manager Brydie Thatcher, Programme Manager (HR Services) (Item 3.1) Nathan Ware, Governance and Corporate Records Manager

1.1   WELCOME AND APOLOGIES

Formal Apologies were received from Committee members E Caithness, A Christie, M Cockburn and C Sinclair.

1.2   DECLARATIONS OF INTEREST

J McCoy advised that in her capacity as having been involved, in a private capacity, in a recent MSK CAD Day she had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude her involvement in the meeting.

1.3 MINUTE OF MEETING THURSDAY 9 JANUARY 2025, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 5 September and Committee was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis. The following was **Noted** in relation to the rolling action plan:

- **Action 25 -** Pharmacy Services Update deferred to May 2025 meeting.
- **Action 50** - Final report on Primary Care Workforce Survey awaited.

The Committee:

- **Approved** the draft Minute and Committee Work Plan.
- **Noted** the updates provided on the rolling action plan.

1.4   MATTERS ARISING

<u>NDAS Service Update</u>

E Henry advised relevant national CAMHS targets had recently been met, with a slight drop in NHS Highland performance through January 2025. Improvement activity was underway. Recent actions had been focussed on long waits, and improving access pathways. Members took the opportunity to recognise the work of those involved in recent improvement activity.

The Committee:

- **Noted** the reported position.
- **Agreed** a formal improvement trajectory update be brought to the next meeting.

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2   SERVICE UPDATES

There were no matters discussed in relation to this Item

3   EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1   Health and Care Staffing Act – Year End Report

The Director of People and Culture introduced the circulated NHS Highland Health and Care (Staffing)(Scotland) Act 2019 Year End report 2024/25, reflecting on the work undertaken and progress made during the Act's inaugural year and outlining key priorities for 2025/26. The document provided a focus on progress up to the end of Quarter 3. The circulated report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Standard Operating Procedure (SOP) Development. Advised balance to be struck between local aspects and ensuring overall organisational consistency was acknowledged and recognised.
- Front Line Social Care Staffing Impact. Advised positive engagement processes and activity in place, across relevant service areas. Aspects relating to integration were highlighted.
- Wider OPEL Framework Implementation. Recognised as longer term project.

> **The Committee:**
>
> - **Noted** the circulated report.
> - **Agreed** to take **Moderate** assurance.

3.2 Update on Vascular Services

The Board Medical Director advised as to the continued mutual aid arrangement with four other NHS Boards in Scotland, and current limited local assessment service. It was advised appropriate locum cover was being pursued. The future provision of specialist services moving forward was also referenced. The need for a revised Clinical Risk Register was noted as a required consideration, with a draft paper available for comment by members. There was discussion of wider aspects relating to service sustainability risk and identification processes at local, regional and national levels. The impact on patients requiring urgent vascular service care and the importance of appropriate communication channels was highlighted.

> **The Committee:**
>
> - **Noted** the reported position.
> - **Agreed** a draft paper on a revised Clinical Risk Register be circulated for comment to members prior to submission to the next meeting.

3.3 Lochaber Service Redesign Activity Update

The Committee **Noted** an update as to recent recommencement mobilisation activity, and potential matters relating to clinical service and associated clinical governance aspect considerations.

3.4 CAMHS Service Update

The Committee **Noted** an improving position in relation to CAMHS Services both locally and nationally. Achieving relevant local waiting times targets remained a challenge.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. An update was provided in relation to the potential for wider publication of such reports. The report proposed the Committee take **Moderate** assurance.

The following was raised:

- Route Cause Analysis (Communications). Advised as to number of associated initiatives, EDG discussion, theme identification activity, training and information sharing with local QPS groups.

> **The Committee:**
>
> - **Noted** the detail of the circulated Case Study documents.
> - **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints activity;

Scottish Public Services Ombudsman activity; Level 1 (SAER) and Level 2A incidents; Hospital Inpatient Falls, Care Home Resident Falls; Community Based Falls; Tissue Viability and Infection Control. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance against the 20-day working target for Complaints had increased. SPSO activity had remained steady, and SAER training activity was progressing. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Potential for Wider Reporting. Highlighted potential for improved holistic reporting, with particular focus on clinical governance aspects across all service areas. Aspects relating to clinical impact of longer waiting times, return activity were highlighted. Other areas suggested were related to Wait Well activity, service collaboration, pan highland considerations and community aspects. Associated reporting requirements should also be considered, reflecting a risk-based prioritisation approach.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

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6 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

6.1 Argyll and Bute

L Smith spoke to the circulated report, summarising key clinical governance topics from each service area within the Argyll and Bute Health and Social Care Partnership and providing assurance of effective clinical governance frameworks being in place. Specific updates were provided in relation to Health and Community Care; Primary Care, including an update on Sexual Health Services; Children, Families and Justice; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Adverse Events and Significant Adverse Events activity, and SPSO Investigations. Matters relating to progress on 2C practice sustainability were highlighted, along with ongoing sexual health service concerns. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Reporting Detail. Suggested increased focus on relevant learning aspects across operational area reports more generally. Consistency of reporting detail highlighted.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Moderate** assurance.

7.2 Highland Health and Social Care Partnership

P Stott spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was continuing. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. Detail was provided in relation to relevant Statutory and Mandatory training activity, staff sickness levels, and complaints activity. Updates were also provided in relation to SPSO activity and the weekly review of the Datix system to identify key issues for presentation at weekly QPS meetings. An

overview of SAER activity was provided. Current issues being highlighted were in relation to variation of SAER process across service divisions. Areas of positivity included the holding of an MSK Community Appointment Day (CAD). There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 4 February 2025. The report proposed the Committee take **Moderate** assurance.

The following was then discussed:

- Areas for Future Reporting. Suggested potential for greater focus on mental health services and the need for early identification of the concerns relating to the clinical impact of waiting times.

After further detailed discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** a future report be received on Community Mental Health Service access waiting times, associated safeguarding system arrangements and staff support arrangements across NHS Highland.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, providing an Executive Summary in relation to Vascular Services; Front Door Allied Health Professions (AHPs) Initiative; activity relating to adding additional patients into 6 bedded bays; cross working and SAER activity and OPEL process arrangements. It was advised there had been no adverse mortality data received across the reporting period. Updates in relation to Hospital Acquired Infection (HAI) and emergency access were also provided, noting work in relation to manage flow in the Emergency Departments and admission areas. The main points emerging from a recent Scottish Renal Registry Audit report were outlined. Other aspects relating to quality and patient care were also highlighted, including updates on challenges associated with additional bed capacity, SPSP workstreams, laboratory staffing, Care Opinions feedback, Caithness General Hospital discharge process mapping activity, improved delayed discharge within Belford Hospital, National Treatment Centre activity, insulin educational improvement programme, appointment of a new Stroke Consultant, relocation of the Neuro Rehab service within Raigmore, training activity, and ongoing SAER actions being taken forward within the Women and Child Directorate. Updates were provided on relevant NDAS and CAMHS Services, as well as adverse events; inpatient falls; tissue viability; violence and aggression; Outpatient Waiting Lists; TTG activity; workforce and financial performance summary for 2024/25 to date. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee on 21 January 2025, January 2025 Infection Prevention and Control Report, and Scottish Renal Registry Audit Report 2024. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Reporting Detail. Welcomed Executive Summary approach. Requested, where additional appendices included members are also given an indication of any additional ask of the Committee in relation to these. Recognised balance required in providing detail to Committee, and need for focus on staff support arrangements at times of increased challenge.
- Emergency Department Cases Where No Follow Up Required. Advised data analysis is carried out, providing appropriate drivers for future activity considerations and ongoing signposting of patients to the most appropriate place of care where required.

After further detailed discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Agreed** to take **Moderate** assurance.

7.4   Infants, Children and Young People's Clinical Governance Group

The Board Nurse Director spoke to the circulated report, advising The Child Death Review team had completed two reviews during the reporting period with associated recommendations focused on Sudden Unexpected Death in Infancy prevention and support for coordination of care and support for children at the end of life. A Bereavement Nurse post was in the process of being agreed and funding secured from a range of teams. The Joint Officers Group had discussed support for children who had experienced abuse and would be referred to Children's Services for further consideration. It was reported provision of this service was not part of the existing integration arrangements and could not be delegated to Highland Council.   The clinical service for sexual abuse medical examinations sat jointly within paediatrics and forensics (adult mental health). There was no agreed overall ownership of managing gaps in the paediatric out of hours service provision which remained a clinical and organisational risk. It was advised that ensuring readiness for the go live date was a challenging technical exercise that created risks and pressures for the safe and effective delivery of the Child Health Programme and associated administrative systems. The additional staff were to be located and managed within the North Highland Team in Inverness to assist with management, oversight, support/training and to manage a series of risks that are associated with the transformation of the national system. There had also been circulated two Child Death Review Reports and the NHS Highland Child Death Reviews Annual Report 2022-2024.   The report proposed the Committee take **Limited Assurance.**

There was discussion of the following:

- Funding Position for Childhood Abuse Survivors Service. Advised wider support levels required improvement. Aspects relating to integration had impacted on services and required further discussion. Relevant issues would be discussed with the Committee Chair.
- Forensic Services. Noting relevant risks had been identified, members requested greater detail of the plan and associated timescales for relevant implementation of the same. Advised the relevant governance group were looking at this point.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Limited** assurance.

The Committee adjourned at 10.55am and reconvened at 11.05am.

7   INFECTION PREVENTION AND CONTROL REPORT

The Board Nurse Director spoke to the circulated report and highlighted key points relating to water incidents in both Raigmore and Campbeltown facilities. The report proposed the Committee take a number of varying degrees of assurance, all as more indicated.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Substantial** assurance that the Infection Prevention and Control team were engaging with national workstreams and reporting to NHS Highland outcome data in relation to strategic delivery plans and mandated requirements.
- **Agreed** to take **Moderate** assurance that the Infection Prevention and Control team had the appropriate workforce to deliver services in line with the National Infection Prevention and Control manual and NHS Highland expectations.
- **Agreed** to take **Substantial** assurance that there is an Infection Prevention and Control governance structure in place which regularly captures, examines and reports on data ensuring accurate understanding, monitoring and control of known infections across NHS Highland
- **Agreed** to take **Limited** assurance.

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8   Area Drugs and Therapeutics Committee - 6 Monthly Update by Exception

The Director of Pharmacy spoke to the circulated report and advised the Committee was up and running, with appropriate Sub Groups functioning well. It was reported attendance at ADTC had historically been very Pharmacy heavy and in order to move away from this and to ensure there was cross sector and multi professional representation, colleagues around the table and across the system had been reached out to. The value of the Group was highlighted. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

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9   Highland Transfusion Committee – 6 Monthly Update by Exception

The Transfusion Committee Chair spoke to the circulated report and advised that much improvement had been made in the previous year, particularly in the last six months, and membership had increased. There had been better multidisciplinary representation although there was continued lack of engagement from Orthopaedic and General Surgery. This was important in relation to the infected blood inquiry recommendations and its link with theatres. A new page, just for transfusions, had been created on TAM and all policies and guidelines were in the process of being reviewed and updated, to include the anti-D Policy and the Major Hammond Haemorrhage Protocol. The circulated Appendix contained in the report alluded to the Emergency Blood Management Group (EBMG) recently passed by Committee and circulated to the Acute Senior Leadership Team. Recent audit activity and clinical work was also highlighted. The report proposed the Committee take **Substantial** assurance. The Chair welcomed the reporting detail provided.

There was discussion of the following:

- Staff Training Activity. Advised Group maintained oversight of relevant issues.

The Committee:

- **Noted** the report content.
- **Agreed** the Committee Annual Report include reporting on training compliance and associated oversight arrangements.
- **Agreed** to take **Substantial** assurance.

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10   Engagement Framework - 6 Monthly Update

The Head of Communications and Engagement spoke to the circulated report and advised the online engagement hub had been launched, with software provider engagement. Offline engagement methods still needed to be continued. An Appendix was provided which contained evidence of the work done with the Isabel Rhind Centre. Engagement HQ provided an oversight for online engagement as indicated. The attention of members was drawn to the ongoing need for operational support around engagement. A mapping exercise was being carried out across the organisation to identify gaps, thereby determining the need for a business case to identify additional resources. The Lochaber Service Redesign and Vaccination Transformation Programme were two of the large transformational programmes coming up. The report proposed the Committee took **Moderate** assurance.

After discussion, the Committee:
• **Noted** the report content. • **Agreed** to take **Moderate** assurance.

11 Pharmacy Services Annual Report and Strategic Plan

The Committee was advised this item had been deferred to the next meeting.

12 Risk Register – Clinical Risk and Way Forward

This matter had been addressed in earlier conversation.

13 Public Health – Vaccination Update

P Stott spoke to the circulated report, advising as to the work undertaken towards the end of 2024 in relation to the vaccine improvement plan and following the review from Public Health Scotland and engagement with the Scottish Government this activity continued, with ongoing focus and assurance around the improvements in line with the Level 2 performance escalation to the Scottish Government. An Option Appraisal had been submitted to the Scottish Government Primary Care Division as part of the Vaccine Improvement Group. Feedback had been received from the Cabinet Secretary who was content to support the outcomes put forward. A redesign programme to deliver the vaccines from General Practice as part of a hybrid model was underway. The actions of the Improvement Plan had been consolidated, and a timeline and implementation plan were under review. A draft outline was required by the Cabinet Secretary by the end of March 2025. The Vaccine Improvement Meeting was to take place directly after the Clinical Governance Committee meeting, with all key stakeholders attending. Nationally, the uptake of the Autumn and Winter programme of seasonal COVID and flu had been low, with a slight improvement in terms of percentage point in terms of adult COVID and flu. Vaccination of frontline staff for COVID and flu was very low and just in line with the national average. Focus over the winter period was on taking vaccinations to staff, this being particularly challenging in rural areas. The uptake of vaccines across Scotland had been low overall, with Argyll and Bute slightly higher than Highland Health and Social Care Partnership. The report proposed the Committee take **Limited** assurance.

There were discussions, as per the following:

- The Rotavirus (RSV) Vaccine was consistently a few percentage points lower than the others.
- Impact of Societal Change. The need for continued risk assessment to be carried out was emphasised. There were national programmes to address these issues in addition to vaccine hesitancy and vaccine fatigue, which was evident even prior to COVID.
- Seasonal Vaccination uptake by Staff. Advised staff groups were societal, with associated trends and patterns of behaviour. Most who could get the vaccine during the pandemic got it, with there being very few objectors or non-engagers. This was no longer the case.

After discussion, the Committee:
• **Noted** the report content. • **Agreed** to take **Limited** assurance.

14   Draft Clinical Governance Committee Annual Report 2024/25

There had been circulated draft Clinical Governance Committee Annual Report for 2024/25 for was provided for agreement and onward submission to the May 2025 Audit Committee meeting.

> **The Committee Agreed** the report for onward submission to the next Audit Committee meeting, subject to inclusion of attendance at this meeting.

15   Draft Committee Work Plan 2025/2026

There had been circulated for agreement, the Committee Work Plan for 2025/2026.

> **The Committee Agreed** the circulated Work Plan for 2025/26.

16   Committee Self-Assessment Outcomes

There had been circulated detail of the Committee Sel-Assessment exercise and associated results. was asked to **note** the content of the Self-Assessment Exercise Spreadsheet and **discuss** the results. Members were advised as to a number of recurring themes, including timely report submission by relevant officers. A low response rate was observed, noting the importance of self-assessment exercises in ensuring active and effective governance. Members were also advised that responses could still be made. The Self-Assessment Exercise would be recirculated to those requesting the same.

> **After discussion, the Committee otherwise Noted** the circulated report.

17   DATE OF NEXT MEETING

The Chair advised the Members the next meeting would take place on 1 May at 9.00am.

18   REPORTING TO THE NHS BOARD

The Medical Director confirmed the Chief Executive would continue to provide the NHS Board with updates in relation to Vascular Services.

Discussion of matters relating to water incidents would be referenced in the Committee Summary to be provided to the NHS Board.

> **The Committee so Noted.**

19   ANY OTHER COMPETENT BUSINESS

There was no discussion for this item.

The meeting closed at 12.00pm

NHS Highland

NHS Highland na Gàidhealtachd

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	Clinical Governance Committee
Date of Meeting	1 May 2025
Committee Chair	Karen Leach

KEY POINTS FROM DISCUSSION AND ESCALATION

ALERT

- **NDAS Service –** Challenging position recognised, and level of assurance presented was questioned. Conditional Limited assurance taken, with recovery plan detail (incl. Argyll and Bute) to be circulated. Executive Summary requested.
- **Vascular Service –** Governance arrangements highlighted, with patient outcomes and adverse events monitoring continuing.
- **Care at Home Service –** Noted challenges being faced, particularly in Sutherland area. Action Plan being developed.

ASSURE

- **Patient Experience and Feedback –** Moderate.
- **Clinical Governance Quality and Performance Data –** Moderate.
- **Argyll and Bute Update –** Moderate, noting improvement in reporting.
- **Highland HSCP Update –** Moderate.
- **Acute Update –** Moderate, with comment that the number of appendices circulated to Committee should be limited where possible.
- **ICYPCGG –** Moderate.
- **Infection Prevention and Control –** varying levels of assurance taken.
- **Health and Safety Committee –** Varying levels of assurance taken.
- **Radiation Committee –** Noting highlighted challenges on resource allocation for equipment replacement, requested a revised update for the next meeting. No assurance taken.
- **Risk Register – Clinical Risk and Way Forward –** Limited, noting high level approach at Committee level.
- **Public Health Update –** Substantial assurance on governance arrangements.

ADVISE

- **Long Wait Performance Report –** noted report content and reported activity. Recognised need for clinical safety matters to be considered in this Committee.
- **Risk Register – Clinical Risk and Way Forward –** Noted comments from L Henderson would be re-sent and reflected upon.
- **Clinical Governance Quality and Performance Data –** noted additional data being considered for reporting, including quality aspects. Quality Strategy development considerations being taken forward.

RISKS
• **NDAS Service –** acknowledged risk to service sustainability. • **Care at Home Service –** noted reported challenges in Sutherland area.

ACTIONS
• **NDAS Service -** Agreed Executive Summary be prepared, including update on service sustainability. • **Primary Care Workforce Survey –** Agreed be deferred next meeting. • **Adult Social Care/Commissioned Services -** Agreed be deferred t next meeting. • **Women's Services Six Monthly Update** – Agreed position statement on Raigmore and associated facilities resource be prepared. • **Pharmacy Services Annual Report and Strategic Plan** – Agreed be deferred to the next meeting.

LEARNING
• **Women's Services Six Monthly Update -** Agreed next update include aspects relating to team function and performance data. • **Care at Home Service –** Identified learning factors relating to governance and escalation. • **Radiation Committee –** Agreed as highlighting need for report authors to reflect on reporting purpose and assurance requirements. • **Risk Register – Clinical Risk and Way Forward –** agreed to reflect on reporting of impact on existing risks of introducing additional Risks in future updates. • **Committee Self-Assessment Outcomes –** noted key strengths and weaknesses, and also noted Development Session approach was being considered.

<table>
<tr>
<td>HIGHLAND NHS BOARD</td>
<td>Assynt House
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Highland
na Gàidhealtachd</td>
</tr>
<tr>
<td>MINUTE of MEETING of the
NHS Board Audit Committee
Microsoft Teams</td>
<td colspan="2">11 March 2025 9.00 am</td>
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Present:	Emily Austin, Non-Executive (Chair) Alexander Anderson, NHSH Board Non-Executive Heledd Cooper, Director of Finance Garret Corner, NHSH Board Non-Executive
In Attendance:	Gareth Adkins, Director of People and Culture Ruth Daly, Board Secretary Jamie Fraser, Azets, Internal Auditors Patricia Fraser, Senior Audit Manager, Audit Scotland, External Auditors Claire Gardiner, Audit Scotland, External Auditors Stephanie Hume, Azets, Internal Auditors L Johnston, Audit Scotland, External Auditors Arlene Johnstone, Head of Service (Learning Disability/Autism) Jo McBain, Director of AHPs Joanne McCoy, NHSH Board Non-Executive Bernadette Milligan, Audit Scotland, External Auditors Brian Mitchell, Board Committee Administrator Gerry O'Brien, NHSH Board Non-Executive David Park, Deputy Chief Executive Iain Ross, Head of eHealth Simon Steer, Head of Adult Social Care Pamela Stott, Chief Officer (Community) Nathan Ware, Corporate Governance and Records Manager

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Apologies were noted from A Christie, B Donald and D Eardley.

The Chair welcomed G O'Brien and J McCoy to the meeting, noting attendance as substitutes for those Non-Executive Director Committee members unable to attend, to ensure quoracy.

1.2 DECLARATION OF INTERESTS

There were no declarations of interest made.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 10 DECEMBER 2024

The Minute of the meeting held on 10 December 2024, associated Rolling Action Plan and Committee Work Plan were **Approved.**

> **The Committee Approved** the draft Minute, Rolling Action Plan and Committee Work Plan.

1.4. MATTERS ARISING

There were no matters raised in relation to this Item.

2   INTERNAL AUDIT PROGRESS REPORT AND INDIVIDUAL REPORTS

2.1 Internal Audit Progress Report

S Hume spoke to the report, advising as to the position as at 27 February 2025 and indicating three reviews had been completed since the previous meeting, in relation to Devolved Procurement Processes, Awareness of Fraud Risks and Supplementary Staffing. Work remained on track to deliver the Internal Audit Plan for 2024/25 by the June 2025 Audit Committee. It was noted discussions were ongoing in relation to the scope of the Children's Services Review. The plan for the following quarter was outlined, and internal audit themes identified as part of the 2024/25 audit process were indicated as relating to aligning financial and performance data, policies and procedures, and roles and responsibilities. An overall update on progress against the 2024/25 audit plan was provided along with an indication of the relevant audit outcomes to date and relevant Key Performance Indicator (KPI) status. An update in relation to global internal audit standards, updated and published in January 2025 was provided. The impact on local review arrangements was highlighted, including relevant root cause analysis activity. The Committee was invited to note the circulated report, endorse the plan for the next quarter and provide any relevant comment.

The following was discussed:

- Cyber Security – Network Controls. Advised the number and nature of matters identified, and progress against relevant actions would inform the overall audit opinion for 2024/25.
- Children Services Review. Advised current discussions were progressing regarding the scope of the audit, which was to be focussed on Transitions packages, with a further discussion scheduled for later that week. All relevant parties were aware of the relevant fieldwork requirements and associated timescales involved. Confirmed root cause analysis activity will be involved.

The Committee otherwise Noted the content of the circulated report.

2.2 Awareness of Fraud Risks (Advisory Audit)

S Hume spoke to the circulated report which provided an indication the relevant review background and scope, as initially agreed with management. The Executive Summary went on to outline a number of areas of good practice, alongside recommendations for improvement. Noting the opportunities for improvement outlined, it was stated management should be undertaking exercises to consider the fraud risks within key processes, ensuring these were documented for each process. The Management Action Plan indicated relevant findings and associated recommendations in relation to risk assessment processes and documentation; outdated Policies and Procedures; and fraud awareness and training.

The following was discussed:

- Nature of Review. Advised Review was requested by and agreed with management. Strong working arrangements in place with Counter Fraud Services team. Noted Counter Fraud report on formal agenda for this meeting. Existing NHSH Counter Fraud Policy to be reviewed in light of the findings presented.
- Reporting on progress. Advised it was anticipated any formal high-level reporting would be through this Committee.

The Committee otherwise **Noted** the content of the circulated report.

2.3 Supplementary Staffing

S Hume spoke to the circulated report, the Executive Summary for which concluded NHS Highland had demonstrated progress toward reducing spend on supplementary staffing, with sound governance arrangements in place to monitor closely and specifically the spend across service areas. A number of areas of good practice had been identified, along with areas for improvement which if actioned would contribute to continuous improvement and robust controls over supplementary staffing usage. The Review background and scope was also outlined, along with an indication of the relevant sample and data analytics utilised. The report provided a control assessment, indication of key findings including areas for improvement and an indication of the impact on the NHS Highland Corporate Risk Register. The Management Action Plan indicated relevant findings and associated recommendations in relation to review of Policies and Procedures; planned leave coverage; agency shift approvals and lead times; and local level monitoring.

There was discussion of the following:

- Management Response. Advised relevant findings, as formally outlined had been in line with expectations and in relation to which relevant actions had been initiated and were in the process of being taken forward including relevant technological aspects. The work and contribution of all those involved in the review was recognised.
- Staff Group Analytics. Advised representative sampling agreed in advance with management representatives, with no direct focus on any one group. Staff Bank oversight matters being considered in relation to Allied Health Professions.
- Timescales for Required Actions. Advised stated timeframe related to the development and ongoing implementation of an appropriate and clear roll out plan for action. Oversight would be provided by the Staff Governance Committee. Requested detail of plan roll out be provided as part of the final response and to the next meeting.
- Effective Roster Management. Advised Health and Social Care Staffing Act implications and links important. Agreed utilisation of effective roster management practice and associated systems/processes key to improvement, noting success in this area within Mental Health Services including relevant governance arrangements.

After discussion, the Committee: - **Noted** the content of the circulated report. - **Agreed** final response to the next meeting include detail of roll out of relevant actions.

2.4 Devolved Procurement Processes

J Fraser spoke to the circulated report, the Executive Summary for which concluded there were a number of significant issues regarding the application of procurement policies and procedures within eHealth and Estates services. The report acknowledged the work of management on a number of issues prior to audit fieldwork taking place, with actions being taken forward, with relevant review insights and recommendations to help direct and support such action. The Review background and scope was also outlined, along with a control assessment, and an indication of key findings, areas of good practice and areas for improvement, and an indication of the impact on the NHS Highland Corporate Risk Register. The Management Action Plan indicated relevant findings, risk and associated recommendations in relation to awareness of Procurement Policies and Procedures; review of Policies and Procedures; review of Procurement Strategy; the need to drive better compliance and demonstrably use resources efficiently; the Contracts Register; staff training; and performance monitoring.

There was discussion of the following:

- Known areas for improvement. Advised areas had been identified prior to review, including eHealth now being included within the locus of central procurement team. Acknowledged the value of audit sampling in identifying further improvement opportunities. Training activity was being taken forward, appropriate to individual roles, including online modules.
- Areas Out of Scope. Questioned if other service areas would benefit from review or refresh in relation to circulated review findings. Advised areas reviewed had been specific to those services referenced, with other service areas subject to strong organisational oversight.

The Committee otherwise Noted the content of the circulated report.

2.5 Internal Audit Actions Update

There had been circulated report, advising as to progress made by management in implementing agreed management actions previously identified. The summary of progress indicated that in relation to the 73 actions identified, some progress had been made in relation to each. 31 of the were now complete with a further action complete subject to evidence being provided to audit, and 2 actions to be moved to the Risk Register for monitoring. Of the 39 actions assessed as 'Action on track of being progressed with revised completion date' 28 had their due dates moved on at least one occasion from that set at the time of finalising the relevant report. Members acknowledged the progress made since the last Committee meeting, and recognised the efforts of all involved. In discussion, the Committee reiterated a request that where revised completion dates had been set these be made more easily identifiable within the report.

There was discussion relating to actions associated with reviews involving the following areas:

- Adult Complex Care Packages. Advised a Plan Do Study Act (PDSA) approach was being adopted with regard to consolidation of actions; ensuring appropriate processes and governance mechanisms were in place; and a transfer of appeals to the Feedback Team. A permanent Complex Care Manager had been appointed. Issues relating to continued relevancy of older actions and governance of the same were also discussed.
- Adult Social Care Services. Advised actions complete on delayed discharge matters; with other actions dependent on other considerations such as implementation of Care First system. A range of activity being taken forward in relation to CM2000 tool. Associated improvements made in relation to Care at Home. Relevant governance and management arrangements were under review.

After discussion, the Committee

- **Noted** the circulated report.
- **Noted** the updates provided in relation to Adult Complex Care and Adult Social Care Services Review actions.
- **Noted** a further recommendation would be brought to Committee in relation to open actions relating to CM2000.

2.6 Strategic Internal Audit Plan 2023/24-2025/26

S Hume spoke to the circulated report, setting out the proposed strategic internal audit plan for the three-year period 2023/24 to 2025/26 and reflecting discussion with the Director of Finance and wider Executive Directors Group as well as discussion at the Audit Committee. The report outlined the internal audit approach, delivery of the plan, proposed internal audit plan, corporate risk register, review timetable for 2025/26, internal audit universe, and proposed internal audit Charter. It was noted the existing plan could be subject to change.

There was discussion of the following:

- Inventory Control Audit. Noted to a live audit, relevant detail of which had yet to be defined.
- Third Sector Allocations Audit. Emphasised the importance of breadth of review scope, possibly including relevant strategic and best value aspects.

The Committee Agreed to **Approve** the proposed Strategic Internal Audit Plan 2023/24-2025/26.

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3   EXTERNAL AUDIT

3.1   External Audit Plan 2025/26

C Gardiner spoke to the circulated report, providing an overview of the planned scope and timing of the 2024/25 audit of NHS Highland's annual reports and accounts. The report outlined the audit work planned to meet the requirements set out in auditing standards and the Code of Audit Practice, including supplementary guidance. Matters relating to materiality were referenced, the relevant timeframe remained on track and overall fee was detailed.

The Committee otherwise Noted the content of the circulated report.

3.2   NHS in Scotland Report – Presentation by Audit Scotland

B Milligan gave a presentation to members in relation to the March 2025 NHS in Scotland 2024 Audit Scotland report, advising as to relevant key messages; summary of associated recommendations; detail on financial performance and outlook; and detail on operational performance and challenges. An update was also provided in relation to a current spotlight on NHS governance, a formal report on which was scheduled for publication in May 2025.

The following was discussed:

- National Activity Levels. Noted not back to pre-Covid levels. Stated as a complex area to study as dependent on multi-factorial pressures and influences. The ability to define and benchmark such issues was equally complex. Positive evaluation of productivity initiatives was an area where review was recommended.

After further discussion, the Committee otherwise Noted the content of the presentation provided.

The meeting adjourned at 10.40am and reconvened at 10.50am.

4   INFORMATION ASSURANCE GROUP 6 MONTH UPDATE

I Ross spoke to the circulated report, providing an update on the work of the Information Assurance Group and assurance NHS Highland was operating in compliance with applicable Information Security and Data protection legislation. The report covered the period from August 2024 to February 2025. Specific updates were provided in relation to regulatory audit and compliance activity; The Caldicott Guardian; Adult Social Care; Corporate Records; Clinical records Management; Freedom of Information; Subject Access Requests; ratified Policies and other significant areas of discussion as indicated. There had also been circulated Minute of Meeting of the Information Assurance Group held on 10 September 2024. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- Oversight of Cyber Security Concerns. Advised this was provided through the eHealth Senior Management/Leadership Teams, with relevant activity on track. Noted as very busy area of activity, with increasing demands.
- Service Demand. Advised as to level of Subject Access Requests and Freedom of Information request being received. Activity relating to MS365 continued at pace, noting this was a nationally controlled and supported programme of implementation.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Substantial** assurance.

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5   COUNTER FRAUD

The Director of Finance spoke to the circulated report, providing the Committee with an update as to the progress of Counter Fraud actions and services in order to highlight instances of fraud and provide assurance on the actions being taken to prevent fraud. The NHS Scotland Counter Fraud Standard contained 12 components against which organisations can assess how effectively they tackle fraud, bribery and corruption. Specific updates were provided in relation to Counter Fraud 12 components; Counter Fraud services; Cuber Scotland week, current cases and recent events; NFI exercise activity; and relevant training actions. There had also been circulated the Counter Fraud Services Quarterly report to 31 December 2024, noting the high response rate from within NHS Highland. The report proposed the Committee take **Substantial** assurance.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Substantial** assurance.

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6   Annual Review of Code of Corporate Governance

The Chair introduced the circulated report, advising as to a number of asks of the Committee, including approval of a number of revisions to sections of the Board's Code of Corporate Governance for onward submission to the Highland NHS Board on 25 March 2025. R Daly spoke to the report and outlined the proposed revisions to Governance Committee Remits and NHS Highland Fraud Policy. The report proposed the Committee take **Substantial** assurance.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take assurance from the revisions to the Code of Corporate Governance.
- **Approved** proposed changes to Terms of Reference for Clinical Governance and Staff Governance Committees.
- **Agreed** the updates to the Fraud Policy and Response Plan.
- **Agreed** that the full suite of updated documents be recommended to the NHS Board for approval on 25 March 2025.
- **Agreed** to take **Substantial** assurance.

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7   DRAFT ANNUAL WORK PLAN FOR 2025/26

The Chair spoke to the circulated draft Committee Work Plan for 2025/26, noting Risk Management and associated system oversight was to form a Standing Item on future agendas.

The Committee Agreed to **Approve** the draft Committee Work Plan 2025/26.

8   AUDIT SCOTLAND REPORTS

The Chair drew the committee's attention to the link for papers at the Audit Scotland website that had been selected for the interest of Committee members.

The Committee so Noted.

9   ITEMS ESCALATED FROM OTHER COMMITTEES

Members **Agreed** to provide the NHS Board with an update in relation to position regarding delays around the Internal Audit of Children's Services.

The Committee so Noted.

10   ANY OTHER COMPETENT BUSINESS

There were no matters discussed in relation to this Item.

11   DATE OF NEXT MEETING

The next meeting was to be on **Tuesday 13 May 2025** at **9.00 am** on a virtual basis.

The meeting closed at 11.10am.

NHS Highland

SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

Name of Committee	Audit Committee
Date of Meeting	13 May 2025
Committee Chair	Emily Austin

KEY POINTS FROM DISCUSSION AND ESCALATION
ALERT
• Internal Audit Progress Report – Noted Children's Services audit now due for completion with view to reporting to September 2025 meeting.
ASSURE
• Internal Audit Progress Report – Noted as otherwise on track.
• Cyber Security – Network Controls Update – Noted all actions completed, or on track to be delivered by stated delivery dates.
• Management Actions – Reported progress noted. Adult Social Care review to be reported to June 2025 meeting. Actions relating to CM2000 to be updated in terms of revised completion dates.
• Losses and Special Payments – Substantial assurance.
• Argyll and Bute IJB Audit Committee 6 Monthly update – Moderate assurance.
• Blueprint for Good Governance 6 Monthly Update – Moderate assurance.
• Counter Fraud Update – No formal issues reported. Updates on review of Standards and TURAS training for Finance staff to be brought to future meeting. (Substantial assurance).
• Governance Committee Annual Assurance Reports – Substantial assurance.
• Risk Management Update – Moderate assurance.
ADVISE
• Counter Fraud Update – Counter Fraud Standards review underway and to be referenced in future reports. CFS ADP also attached for reference.
• Audit Scotland National Reports – Noted.
RISKS
ACTIONS
• Internal Audit Progress Report (Children's Services) – Agreed report to September 2025 meeting.
• Internal Audit Progress Report (Supplementary Staffing) – Agreed action to be closed.

- Management Actions – Agreed Adult Social Care review to be reported to June 2025 meeting.   Actions relating to CM2000 to be updated in terms of revised completion dates.
- Risk Management Update – agreed will be Standing Item om future agendas.

LEARNING

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB)
held ON A HYBRID BASIS IN THE COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD AND
BY MICROSOFT TEAMS
on WEDNESDAY, 26 MARCH 2025**

Present: Councillor Dougie McFadzean, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Ross Moreland, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Emily Austin, NHS Highland Non-Executive Board Member
Karen Leach, NHS Highland Non-Executive Board Member
Janice Preston, NHS Highland Non-Executive Board Member

Evan Beswick, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Jan Chapple, on behalf of Linda Currie, Associate Director AHP, NHS Highland
David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP
James Gow, Head of Finance, Argyll and Bute HSCP
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Associate Nurse Director, NHS Highland
Julie Hodges, Independent Sector Representative
Kenny Mathieson, Public Representative
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kirstie Reid, Carers Representative, NHS Highland
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Fiona Thomson, Lead Pharmacist, NHS Highland
Tracey White, Carers Representative, NHS Highland

Attending: Gareth Adkins, Director of People and Culture, NHS Highland
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Interim Head of Strategic Planning, Performance and Technology, Argyll and Bute HSCP
Nikki Gillespie, Interim Head of Service – Mental Health, Disability and Dementia Services, Argyll and Bute HSCP
Douglas Hendry, IJB Standards Officer/Executive Director, Argyll and Bute Council
Hazel MacInnes, Senior Committee Officer, Argyll and Bute Council
Pippa Milne, Chief Executive, Argyll and Bute Council

Prior to the commencement of Business, the Chair advised that this was Caroline Cherry's last meeting of the Integration Joint Board as she would be leaving her role as Head of Adult Services on 1 June 2025. The Chair, on behalf of the Board, thanked Caroline for her hard work and support and wished her well for the future.

Caroline thanked the Chair, the Board and all staff within the HSCP for their support during her time as Head of Adult Services.

1. **APOLOGIES FOR ABSENCE**

    Apologies for absence were received from Linda Currie and Duncan Scott.

2. **DECLARATIONS OF INTEREST**

    There were no declarations of interest intimated.

3. **MINUTES**

    The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 29 January 2025 were approved as a correct record.

4. **MINUTES OF COMMITTEES**

    (a) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 February 2025**

    The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 February 2025 were noted.

    (b) **Argyll and Bute HSCP Audit and Risk Committee held on 18 February 2025**

    The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 18 February 2025 were noted.

    (c) **Argyll and Bute HSCP Finance and Policy Committee held on 25 February 2025**

    The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 25 February 2025 were noted.

    (d) **Argyll and Bute HSCP Strategic Planning Group held on 13 March 2025**

    The Minutes of the meeting of the Argyll and Bute HSCP Strategic Planning Group held on 13 March 2025 were noted.

    (e) **Argyll and Bute HSCP Finance and Policy Committee held on 18 March 2025**

    The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 18 March 2025 were noted.

5. **CHIEF OFFICER'S REPORT**

    The Board gave consideration to a report from the Chief Officer providing an update on activity across the Health and Social Care Partnership since the last report to the Board in January 2025.

    Decision

    The Integration Joint Board noted the report from the Chief Officer.

    (Reference: Report by Chief Officer dated 26 March 2025, submitted)

6. TRANSITION OF THE CHAIR AND VICE CHAIR OF THE INTEGRATION JOINT BOARD

The Board gave consideration to a report advising that the current Chair, Dougie McFadzean would complete his tenure on 31 March 2025 and the current Vice Chair and NHS Nominated Chair, Graham Bell would take up the office of Chair for the two year period from 1 April 2025 to 31 March 2027; with Council nominee Dougie McFadzean taking up the position of Vice Chair from 1 April 2025 to 31 March 2027.

Decision

The Integration Joint Board noted the transition to a new Chair and Vice Chair of the Integration Joint Board in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

(Reference: Report by Interim Head of Strategic Planning, Performance and Technology dated 26 March 2025, submitted)

7. REVIEW OF THE INTEGRATION SCHEME 2025

The Board gave consideration to a report advising of the requirement to review the Health and Social Care Integration Scheme (the Scheme) and the proposed steps to achieve this.

Decision

The Integration Joint Board noted –

1. the requirement for a review of the current Integration Scheme to be carried out by 23rd March 2026;

2. the proposed steps in respect of carrying out the review, including the formation of a working group; and

3. that further updates in respect of the review would be prepared for future meetings of Argyll and Bute Council, IJB and NHS Highland Board.

(Reference: Report by IJB Standards Officer dated 26 March 2025, submitted)

8. STANDARD REVIEW OF THE COMMITTEE TERMS OF REFERENCE

The Board gave consideration to a report recommending changes to the Committee Terms of Reference by the Committees and Strategic Planning Group to ensure that they remained fit for purpose.

Decision

The Integration Joint Board approved the updated Committee Terms of Reference as recommended by the Committees and Strategic Planning Group.

(Reference: Report by Interim Head of Strategic Planning, Performance and Technology dated 26 March 2025, submitted)

9. FINANCE

(a) Audited Annual Accounts 2023/24 & External Audit Report

The Board gave consideration to a report presenting the Audited Annual Accounts, Audit Report and Letter of Representation which had been considered and endorsed by the Audit & Risk Committee at its meeting on 18 February 2025.

Decision

The Integration Joint Board –

1. noted that Mazars had completed their audit of the Annual Accounts and for 2023-24 and issued a draft unqualified Independent Auditor's Report;

2. noted the Annual Audit Report prepared by Mazars and management responses to their recommendations;

3. noted that the IJB was reporting an underspend of £2.9m carried forward in general reserves;

4. approved the Letter of Representation and the Audited Accounts for signature and publication; and

5. noted that the accounts were prepared on a going concern basis.

(Reference: Report by Head of Finance dated 26 March 2025, submitted)

(b) Management Accounts - 11 Months to 28 February 2025

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at the end of month 11 and forecast to the year end.

Decision

The Integration Joint Board –

1. noted that the HSCP had overspent its budget by £2.2m;

2. noted an overspend of £2.3m was forecast;

3. noted Argyll & Bute Council had confirmed the HSCP could access £3.05m in pension saving resource they hold on behalf of the IJB;

4. noted reserves would be utilised to cover the remaining deficit and new projects funded from this source are on hold; and

5. noted savings of £5.1m had been delivered, 77% of target.

(Reference: Report by Head of Finance dated 26 March 2025, submitted)

Takki Sulaiman joined the meeting at this point.

(c) **Argyll and Bute HSCP Budget 2025/26**

The Board gave consideration to a report which sought approval for the HSCP operational budget for 2025/26.

Decision

The Integration Joint Board –

1. noted the budget gap before savings and use of non-recurring resources was £12.8m;

2. approved the HSCP expenditure budget for 2025/26 totalling £398.1m incorporating a savings plan totalling £5.6m and allocation of £3m in non-recurring resourcing;

3. noted the HSCP continues to face severe financial challenge and further savings were required as part of a financial recovery plan;

4. noted the HSCP had not been able to identify 3% in NHS savings and therefore expects to be required to implement further savings or it would require additional resource from NHS Highland. The gap was £4.2m as an opening position;

5. noted the HSCP had worked with both partners throughout the development of the budget; and

6. requested the management team urgently develop plans to move the HSCP into a more sustainable operating model.

(Reference: Report by Head of Finance dated 26 March 2025, submitted)

10. Q3 WORKFORCE REPORT 2024/25

The Board gave consideration to a report presenting the workforce data of the HSCP as at 31st December 2024 and providing the current demographic position, highlighting trends and advising of changes and progress made, as well as actions taken to address areas of concern.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Deputy Director of People dated 26 March 2025, submitted)

Janice Preston left the meeting during the consideration of the following item of Business.

11. ARGYLL AND BUTE HSCP PERFORMANCE REPORT FQ3 2024/25 (OCTOBER TO DECEMBER)

The Board gave consideration to a report detailing performance of the HSCP for Financial Quarter (FQ) 3 2024/25 (October – December 2024).

Decision

The Integration Joint Board –

1. acknowledged performance for FQ3 2024/25 (October - December);

2. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (Appendix 1); and

3. noted Delayed Discharge Sitrep as of 06 January 2025 (Appendix 2).

(Reference: Report by Interim Head of Strategic Planning, Performance and Technology dated 26 March 2025, submitted)

Councillor Gary Mulvaney, Councillor Ross Moreland and Kenny Mathieson left the meeting during the consideration of the following item of Business.

12.   UPDATE - RENEWAL OF THE JOINT STRATEGIC PLAN

The Board gave consideration to a report providing an update on the progress of the renewed Joint Strategic Plan.

Decision

The Integration Joint Board noted the updated timeline for the renewal of the Joint Strategic Plan.

(Reference: Report by Interim Head of Strategic Planning, Performance and Technology dated 26 March 2025, submitted)

13.   DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 28 May 2025.

NHS Highland

Meeting: NHS Highland Board

Meeting date: 27 May 2025

Title: Annual Delivery Plan 25/26 and Medium Term Plan 26/27

Responsible Executive/Non-Executive: David Park, Deputy Chief Executive

Report Author: Kristin Gillies, Interim Head of Strategy & Transformation

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Report Recommendation:

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

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1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:
- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive
- Local policy

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2   Report summary

2.1   Situation

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

2.2   Background
Annual Delivery Plan/Medium Term Plan

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

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

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

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

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

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

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

2.3   Assessment

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

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

• ADP deliverables for 25/26 and where they apply to (Highland, Argyll & Bute or NHS Highland as a whole)

• Medium Term Priorities to 27/28; from current Together We Care strategy

• Key Performance Indicators; suggested measures of success that will be reported aligned to each Well theme

• Performance Improvement; a description of the intended impact of ADP deliverables

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

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

2.4   Proposed level of Assurance

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

3.9 Route to the Meeting

It has been presented to the following committees and groups:
- Finance, Performance and Resources Committee
- Area Clinical Forum
- Executive Directors Group
- Engagement with Scottish Government

4 Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

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

Annual Delivery Plan 2025 – 2026 Medium Term Plan 2027 – 2028

V3 FINAL DRAFT

NHS Highland

1. Introduction
Fiona Davies, Chief Executive

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

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

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

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

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

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

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

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

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

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

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

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

Fiona Davies
Chief Executive, NHS Highland

2. Planning Approach

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

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

The focus of activities in 2025/26 will be to deliver on the strategic ambitions of the board within our change framework, ensuring these outcomes are progressed in partnership **with and for our communities and people.** There is additional focus on our prevention strategy and tackling health inequalities, ensuring this is a focus of all strategic change and transformation programmes.

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

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

Guide to Colour-Coding of Deliverables and Priorities

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

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

3. Strategic Outcomes

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

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

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

4. Alignment to NHS Scotland's Planning Guidance

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

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

*Working in collaboration with The Highland Council

5. Workforce and risks to delivery

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

Will be incorporated by Friday 14th March.

6. Highland Health and Social Care Partnership

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

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

Home – First and Last

You will receive the care and support that you need to remain at home for as long as possible. You will be informed about the options available to you including intermediate care and supported housing options which make care accessible and sustainable. Informal and community supports will be prioritised before considering paid support. We will promote realistic expectations, choice and control using self directed support and maximising the use of technology.

Communities Working Together

We will work with you, your family, informal support networks, and local organisations to help you get the support you need using the assets and resources within the community. We will focus on building local resilience and access to good quality support and services when you need them. We will work as partners to support change to reduce the inequalities in and across our communities.

Independence and living an ordinary life

We will work with you to enable you to be as independent as possible and to help you reach your goals and desires. We will support communities to ensure they are accessible and open to all, creating opportunities for innovative and creative support options to grow and develop

Health and Wellbeing

We will ensure that support for your health and wellbeing is available in the right place at the right time. You will be supported to be as healthy and well as you can be. You will be signposted to any health and social care services/agencies that can meet your need by the first professional that you see.

Supporting Carers

Unpaid carers will be supported to look after their own health and wellbeing. A range of options will be available including day care support, planned short breaks, respite and palliative care. Day Care will be enhanced and planned short break services will be available with a clear pathway for access. Respite and palliative care options will make more use of local resources. We will work with carers organisations to ensure they can also provide support to unpaid carers

Residential and Nursing Care Homes

It may be that your care needs in the future are best met in a care home setting. This specialist care will be suitable for individual needs and available in Highland. We will work with you to plan a move to a care home. Care homes that provide nursing care may not always be located in all areas.

Extract from the Highland Health and Social Care: Adult Services Strategic Plan 2024-2027:
https://www.nhshighland.scot.nhs.uk/media/qjkd4bvr/highland-hscp-strategic-plan-adult-services-2024-27.pdf

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

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

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

7. Argyll and Bute Health and Social Care Partnership

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

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

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

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

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

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

Outcome 1: Start Well

Well Theme Description	Give every unborn baby, infant and child the opportunity to start well in life by empowering parents and families through information sharing, education and support, before and during pregnancy to include the perinatal period (up to 6 weeks following birth). This would include babies and families cared for in the Neonatal unit.
Well Theme Strategic Aims	Make sure that families have more choice in where they give birth, supporting home birth and local community midwifery unit births across our remote and rural geography. Make sure that our workforce model is resilient, robust, and able to deliver care in remote and rural areas. Support and contribute to the governance of Women's Services, making sure they are robust and take a Highland wide approach.
Objectives	1. Continue to work with the recommendations outlined within "Best Start", and ensure parents and families have the best care experience possible throughout pregnancy and birth. The focus being health inequalities for those with more complex health needs and continuity of carer (Priority ref. 6.2) 2. Ensure NHS Highland engages and influences regional/national plans to redesign neonatal services across Scotland. (Priority ref. 6.4) 3. Ensure maternity services meet the needs of the Highland population through e.g. revised workforce modelling and pathways of care (Priority ref. 6.3) 4. Develop and enhance locally provided midwifery led care 5. Support the development of governance structures across NHS Highland to ensure a robust system is in place Highland wide. 6. Develop our infrastructure to meet as many SG recommendations for choices of place to birth as possible within current financial climate and across our remote and rural geography 7. Ensure the Maternity and Neonatal services (pan Highland) are fully engaged nationally, regionally, and locally to deliver services in line with national digital strategy 8. Engage with Higher Education Institutions (HEIs) to ensure students are supported to achieve their clinical competences during clinical placements across Highland 9. Increase knowledge and confidence to support women to breastfeed (Health Improvement Work plan 2.1) 10. Support the delivery of the Child Healthy Weight plan (Health Improvement Workplan Action 2.2) 11. Support the delivery of the Maternal and infant feeding plan (Health Improvement Workplan Action 2.3)
Scope	Maternity and Neonatal services provisioned within inpatient and community settings pan-Highland. Maternity and Midwifery services within the Argyll and Bute council area are within the remit of the Argyll and Bute IJB. Most women who reside in the Argyll and Bute HSCP area give birth in Glasgow, and the number of births in area (home and ad local midwifery units) has been low and declining in recent years. There are good links with midwifery and obstetric services within Glasgow and access is through a cross border SLA with NHS Greater Glasgow & Clyde.

Link to NHS Scotland Delivery Planning Guidance	**Maternity & Neonatal** • Meeting "Best Start" and delivery on recommendations • Introducing the New Pathways for Maternity Care • Implementing the new model of neonatal intensive care to improve outcomes for the very smallest and sickest babies • Develop the National Bereavement Care Pathways (NBCP) to implement and feedback nationally. • Develop workforce plan to recruit Highland wide post to cover bereavement across maternity and nursing, and develop bereavement training, skills and support with wider teams. • Continuing with implementation of the Lancet Series recommendations for improvements to miscarriage care, with Boards working towards delivery of the Framework for Miscarriage Care. • Continuing to tackle Racialised health inequalities in maternity care, with Boards working to develop and deliver actions in maternity services in their anti-racism plans, supported by the Scottish Government Action Plan and the associated Interpretation Toolkit
Policy Drivers	• Best Start 2017: The best start: five-year plan for maternity and neonatal care - gov.scot • A Healthier Future 2018: A healthier future: Scotland's diet and healthy weight delivery plan - gov.scot • Rights, Respect and Recovery 2021: Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot • National Guidance for Child Protection in Scotland 2023: Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot • SPSP Perinatal and Stillbirth Change Packages 2023: Scottish Patient Safety Programme (SPSP) Perinatal Programme - Resources to support perinatal care • Women's Health Plan: Women's health plan - gov.scot • Getting It Right for Every Child (GIRFEC): Getting it right for every child (GIRFEC) - gov.scot • UN Convention on Rights of a Child (UNCRC): UN Convention on Rights of a Child (UNCRC) - UNICEF UK • Maternity HIS standards – under development. Draft standards due to be released May 2025: Maternity care standards – Healthcare Improvement Scotland • Shaping Bereavement Care – A framework for action: CEL 9 (2011) - Shaping bereavement care: a framework for action • Trauma Informed Practice: Trauma-Informed Practice: A Toolkit for Scotland • National Guidance for Child Protection in Scotland 2023: Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot
Outcomes for people and reducing health inequalities	The pregnancy health needs assessment will be used pre-birth to support services to deliver care where it is needed most. Continuity of care improves outcomes, reduces health inequalities, and improves outcomes for expectant families across Highland. Families with additional social needs will be supported by early years practitioners to reduce health inequalities and improve outcomes.

	Our maternity services retain strong links to third sector organisations. Together, we will work with our communities across Highland to reduce health inequalities and create a network of care and support to those who need it most. The Public health information services hold allows for planning of specific interventions e.g. contraception, dietetic input, smoking cessation. As with all Boards in Scotland there is variation in the social deprivation categories seen across NHS Highland. We focus on expectant families who experience social and health inequalities.
Data and Intelligence (link to KPIs table on next page)	Robust data for monitoring the deliverables is currently being developed in partnership with services. KPIs will be developed over 25/26 and will look to cover; • Reduction in health inequalities for those with more complex health needs and continuity of carer • Improvement of miscarriage care • Routine service performance metrics including | Target	low	high | |---|---|---| | 3rd or 4th degree tear target | 2.5% | 3.0% | | Apgar <7 @5min target | 1.4% | 2.0% | | BBA target | 1.0% | 1.5% | | Blood loss target | 0.5% | 1.0% | | Forceps Ventouse target | 14.5% | 15.5% | | GestationBookingWeeks <10 target | 50.0% | 65.0% | | GestationBookingWeeks <12 target | 60.0% | 85.0% | | Induction target | 36.5% | 40.5% | | Midwife target | 85.0% | 95.0% | | Normal spontaneous target | 52.0% | 57.0% | | Skin Contact target | 85.0% | 95.0% | | Stillbirth total target | 0.4% | 0.6% | | Total CS target | 35.0% | 37.0% |
Workforce	Nationally, qualified midwives are available. However, remote and rural areas find it more challenging to attract both Midwifery and Medical workforce. Recent recruitment to the Inner Moray Firth area has been successful. Recruitment in Caithness and Skye remains challenging. A workforce plan is under development across the Board. This captures both inpatient areas, community teams and Community Midwifery Units. The workforce plan, together with a revised leadership structure, specialist roles and an investment in our newly qualified practitioners as well as our new to Highland Midwives, is prioritising both recruitment and retention of our staff to ensure longevity in our services and a developing skill mix. This workforce plan needs to be robust to ensure stability and safety within Women's Services. Maternity and neonatal services complete daily workforce assessments against capacity, in line with the Health and Care (Staffing) (Scotland) Act 2019. There are three universities who provide undergraduate training and education programmes for Midwifery. North Highland is mainly serviced by Robert Gordon University and Argyll and

	Bute by the University of the West of Scotland. Currently, an undergraduate degree is the one access route to midwifery education in Scotland.

We are reviewing opportunities for enhanced Board delivered bursaries for midwives for remote and rural areas (e.g. Caithness) to ensure harder to recruit to areas have sustainable workforce.

Screening and scanning services are facing considerable challenges to recruit to training posts as well as trained sonographers. This is impacting on the ability to provide a comprehensive, local service across North Highland.

Sustainability of remote and rural community service across Skye and Wester Ross area due to workforce challenges.

Reducing birth rates coupled with an increase in complexity make it difficult to maintain service and workforce skills. |
| **Risks** | **Maternity Services**

Maternity services being hosted in an IJB is unique when considering the national picture across Scotland. To enhance governance arrangements, it would be beneficial to incorporate Maternity services as a Highland-wide service both managerially and professionally.

Neonatal Services

NHS Highland is involved in the national redesign of Neonatal services.

Dialogue is underway between regional groups and with Scottish Government to ensure the safety of services, transfers and care of babies who are born at all gestations together with their families.

The unit in Raigmore will remain a Level 2 unit, a Local Neonatal Unit. However, given the changing landscape of services both regionally in the North and Nationally there may be additional expectations of our unit to support capacity across Scotland.

An updated and detailed workforce and service plan is required for Neonatal services in Highland.

Infrastructure/ Accommodation

The planned refurbishment at Raigmore was stopped due to pause in capital spending. The new build at Lochaber was also halted. The clinical space available in Raigmore, Lochaber, as well as some of our community hubs e.g. Clava in Inverness does restrict aspects service development. |

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

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

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

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

Outcome 2a: Thrive Well - NDAS

Well Theme Description	We will work together with our families, communities and partners to build joined up services that support our children and young people to thrive.
Well Theme Strategic Aims	Increase family wellbeing by shifting the emphasis to early intervention with ongoing support and care (rather than diagnosis and treatment). This will require a lead agency model approach. Reduce the backlog of patients on the waiting list and make sure that children and families who need it get timely access to NDAS, improving our position to meet the waiting times standards. 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. Integrate networks of care across Highland and bring together key agencies (NHSH / The Highland Council (THC) / third sector) to provide support to children and families across Highland experiencing ND concerns. Ensure that the principles of Getting It Right For Every Child (GIRFEC) are embedded into all areas of service provision.
Objectives	1. To develop sustainable, high quality, and cost-effective networked models, in partnership with THC and 3rd sector colleagues, to enable support and care throughout a child's life and into adulthood in conjunction with the GIRFEC principles. 2. To ensure that if diagnosis and treatment are required, this is timely, person centred, holistic and of high quality 3. To recover the waiting list to ensure that waiting times standards are being met through targeted waiting list intervention, updated referral criteria and processes, and workforce / resource review across both NHSH and THC 4. Alignment to national service specification for NDAS across NHS Highland 5. Alignment to national Early Child Development Transformational Change Programme and national Health Visitor Action Plan 6. Prioritise reducing child poverty through robust linkage with the Anchor strategic plan and UNCRC/children's rights improvement plan 7. Reduce the proportion of children with developmental concerns at 27-30 months by a quarter by 2030 8. Reduce health inequalities through partnership working to tackle child poverty and progress children's rights
Scope	NDAS Improvement Programme is for Highland only (not including Argyl and Bute at this stage). This includes engagement with the following services; CAMHS, NDAS, Community Paediatrics, Paediatrics, Public Health, Adult Mental Health, Highland Council (education / health / social work), third-sector partners, and service users and families.
Link to NHS Scotland Delivery Planning Guidance	**Mental Health** SG ref. 4.8: Work required around data quality and streamlining of accessibility across NHS Highland and THC. Support required for the implementation of a new interim referral process. SG ref. 4.9: NDAS is not a mental health service but will deal with stress and distress. Where appropriate, it will identify service users with mental health requirements and refer / signpost accordingly. **Child Health** Proactively collaborate with Local Authorities to deliver health related actions in the Local Child Poverty Action Report (links with Anchor Well)
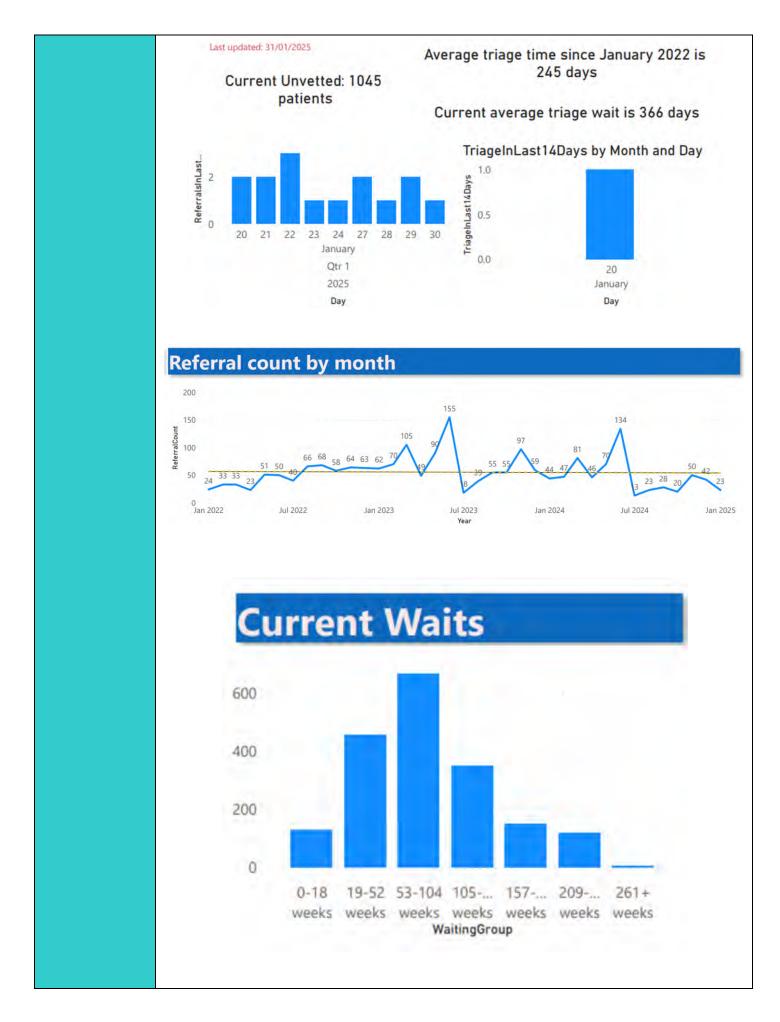
Policy Drivers	• National neurodevelopmental specification: principles and standards of care: [National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care](#) • Getting It Right for Every Child (GIRFEC): [Getting it right for every child (GIRFEC) - gov.scot](#) • UN Convention on Rights of a Child (UNCRC): [UN Convention on Rights of a Child (UNCRC) - UNICEF UK](#) • National Guidance for Child Protection in Scotland 2023: [Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot](#) • Early Child Development Transformational Change Programme: [Early child development transformational change programme - gov.scot](#) • Health Visitor Action Plan: [Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot](#) • Child Poverty (Scotland) Act 2017: [Child Poverty (Scotland) Act 2017](#) • The Promise: [The Promise](#) • Best Start, Bright Futures: [Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 - gov.scot](#) • Trauma Informed Practice: [Trauma-informed practice: toolkit - gov.scot](#) • Integrated Children Services Plans: [Integrated Children's Services in Scotland: Practice and Leadership - Social Work Scotland](#)
Outcomes for people and reducing health inequalities	The remote and rural geography of Highland results in access issues with regards to support. Geography also has implications with regards to assessment; • patients are required to travel to Inverness for certain elements of assessment, placing pressure and constraints upon families • NDAS staff are required to travel to school settings. Travel time impacts on service capacity Failure to implement national service specifications will result in an inequitable service for patients in NHS Highland. With reference to Risk section below; 1. Children living in poverty more likely to experience adverse health outcomes, a higher risk of mortality, physical and mental health problems. 2. Children in our poorest communities more likely to have developmental concerns than those living in more affluent areas. 3. Progressing UNCRC/ children's rights will contribute to strengthening foundations for good health across the life course and reduce inequalities.
Data and Intelligence (link to KPIs table on next page)	There are persistent inequalities in the proportion of children with developmental concerns at review. At 27-30 months, this proportion is 3.3 times higher among children living in the most deprived areas of NHS Highland (23%) than those in the least deprived (7%), a wider gap than previously observed in 2022/23. There are currently 13,000 children in NHS Highland growing up in poverty, which are almost 1 in 4 children in both Highland and Argyll and Bute HSCPs, with the number increasing. The NDAS Improvement Programme seeks to improve access to NDAS through a collaborative approach with partners to create a Neurodevelopment Network of services. Primarily performance improvement will be in relation to management of access times to assessment, currently measures through the 18-week referral-to-assessment KPI.
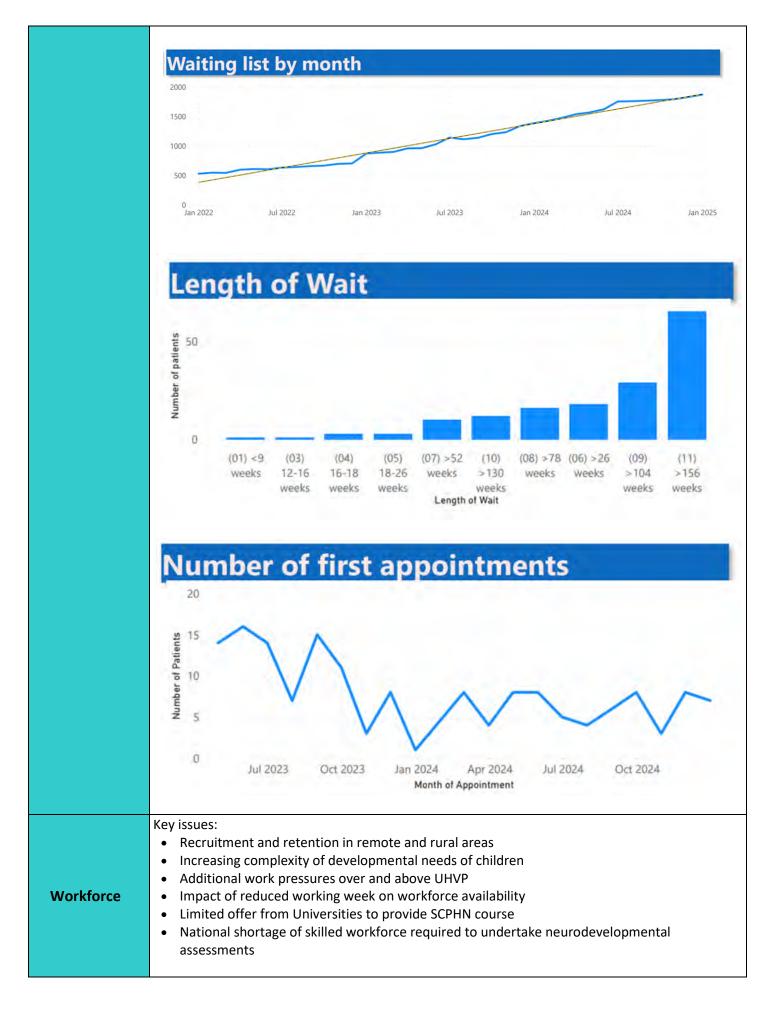
Current Unvetted: 1045 patients

Average triage time since January 2022 is 245 days

Current average triage wait is 366 days

TriageInLast14Days by Month and Day

Referral count by month

Current Waits

	## Waiting list by month ## Length of Wait ## Number of first appointments
Workforce	Key issues: • Recruitment and retention in remote and rural areas • Increasing complexity of developmental needs of children • Additional work pressures over and above UHVP • Impact of reduced working week on workforce availability • Limited offer from Universities to provide SCPHN course • National shortage of skilled workforce required to undertake neurodevelopmental assessments

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

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

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

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

Outcome 2b: Thrive Well - CAMHS

Well Theme Description	We will work together with our families, communities and partners to build joined up services that support our children and young people to thrive.
Well Theme Strategic Aim	There is a requirement to reduce the current long waits for access to Child and Adolescent Mental Health Services (CAMHS) in NHSH. From July 2022 significant reductions in longest waiting have been achieved. Ongoing work remains, to reduce longest waits to below one year and to achieve National RTT target (Referral to Treatment). Delivery of the projected outcomes for CAMHS in NHS Highland is directly dependent on successful recruitment to posts. There are however, known challenges in recruiting to this service across Scotland, but particularly in a remote and rural geographical area like NHS Highland There is variable integration of key agencies (NHSH / The Highland Council (THC) / Third Sector) to provide support to children and families across Highland experiencing MH concerns. This does not meet the principles of GIRFEC. Gaps in implementation of national specification around the requirement to extend services to those up to 18th birthday currently exist. Implementation of this will increase referrals to CAMHS be approximately 20%. To sustain this increase of referrals, additional resource will be required to meet demand and achieve standard. No provision of CAMHS out of hours. Work required at a local / regional / national level to develop sustainable out of hours service. Additional resource will be required to meet demand and achieve standard. The delivery of this service is dependent on psychiatry cover and regional / lifespan models need to be considered. Severe data quality issues are evident in CAMHS. This makes it difficult to gain an accurate understanding of services and plan both operationally and strategically, and there is an inability to deliver accurate local / national reporting.
Aims	1. Improve access times for CAMHS and achieve RTT per National Standard 2. Root cause and remediation of data quality issues 3. Develop a workforce plan that increases overall clinical capacity to meet demand 4. Develop specific skills and therapeutic modality capacity 5. Alignment to national service specification for CAMHS across NHS Highland 6. Work collaboratively with The Highland/Argyll and Bute Councils and 3rd sector partners to improve and develop preventative and early intervention across statutory and 3rd sector systems 7. Implement intensive community CAMHS team to reduce reliance on inpatient services and improve clinical outcomes 8. Benchmark service against recently published eating disorders specification and review outcomes against current provision
Scope	Pan Highland. The delivery of CAMHS incorporates a number of teams and services including CAMHS Core Team, Community Paediatrics, Paediatrics, Public Health, the Highland/Argyll and Bute Councils, Adult Mental Health Services, Adult Acute Inpatient Services, Rural General Hospitals, and other Third Sector partners. In addition, there are service level agreements with NHS Greater Glasgow & Clyde covering Argyll & Bute HSCP population for access to Child and Adolescent In-patient settings.
Link to NHS Scotland Delivery Planning Guidance	**Mental Health Services** and **Women and Children's Health** Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis. This is linked to the 2024/25 Programme for Government commitment which provided additional funding for NHS Boards to support continued improvements across a range of mental health services and treatments.

	Data quality and capture is being addressed as part of CAMHS improvement plans for NHSH North and Argyll and Bute Implementing National Standards for Mental Health services including the Core Mental Health Standards, the Specification for Psychological Therapies and Interventions, the CAMHS and Neurodevelopmental specifications and the Eating Disorder and IPCU Specifications, when published. This includes, where relevant, planning and delivery of the regional aspects of the CAMHS specification. Regional activity has focused on learning disability, forensic/secure care pathway, eating disorder and out of hours/unscheduled care. Local application of pathways require local interpretation and work force skilling up. Progress will be made towards 10% of frontline Board spend being utilised for mental health services, with 1% of frontline Board funding being spent on CAMHS.
Policy Drivers	• Child & Adolescent Mental Health Service specification • Care and treatment of eating disorders national specification • RTT • UNCRC • Keeping the promise to our children, young people, and families • GIRFEC • Mental health care and treatment Scotland act • National specification for the delivery of psychological therapies
Outcomes for people and reducing health inequalities	Failure to implement national service specifications will result in an inequitable service for patients in NHS Highland. Inequity of access resulting from an unconscious movement towards centralising services during Covid. Consideration of providing an equitable service taking in challenges around recruitment and geography; maximising available capacity in system but also demonstrating gaps in provision. Expanding the age range to 18 will require a phased approach with careful workforce planning, resource investment, and collaboration between CAMHS and AMH. This change represents an important opportunity to provide more inclusive, equitable care for all young people in Highland. Argyll & Bute will work as part of a wider focus on strategic children's plan to ensure a whole system approach to delivery, aim to align and build capacity across system, understand gaps and inform areas for investment but ensure this accommodates the broader challenges with meeting CAMHs specification. The development of a single point of access will provide the platform for delivery and a focus on managing inequality.
Data and Intelligence (link to KPIs table on next page)	The key objective is for CAMHS pan-highland to meet Referral to Treatment KPI by end of 2025. This is a pre-requisite to any other performance indicators being met. Below are two scenarios based on assumptions of increased workforce availability; **Projections based on increase in workforce of 4wte from April 2025** The projections below account for an increase in clinical capacity from April 2025, adding 4 WTE staff, with each clinician expected to manage an average of approximately 3 new appointments per month and the additional capacity used to clear the longest waits first. It is assumed that around 70% of these new patient appointments will lead to treatment, based on historical activity data. These appointments have been factored in as additional treatment activity starting from April. The waitlist assumption from April 2025 is based on the average number of accepted referrals per month, derived from historical referral data,

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

NH CAMHS Tier 3 Projected Waitlist (4 additional WTE)
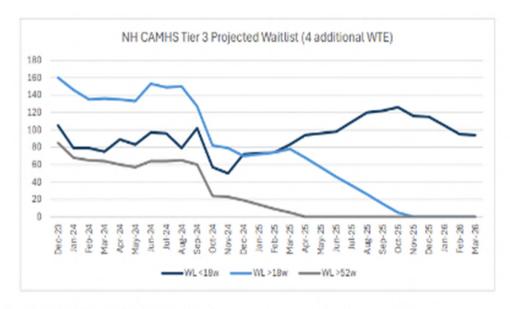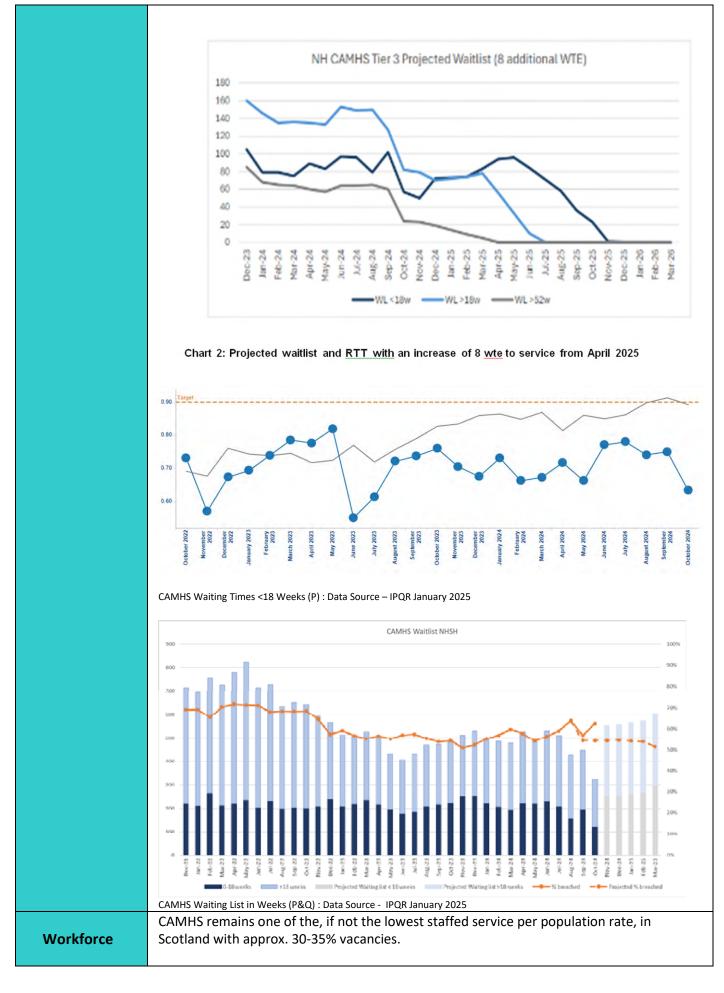
Chart 1: Projected waitlist and RTT with an increase of 4 wte to service from April 2025

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

Workforce

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

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

CAMHS Waiting List in Weeks (P&Q) : Data Source - IPQR January 2025 |
| **Workforce** | CAMHS remains one of the, if not the lowest staffed service per population rate, in Scotland with approx. 30-35% vacancies. |

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

Financial modelling
Clear appreciation of financial modelling, including investment requirement linked to CAMHs specification delivery, as highlighted with NHS Highland as a whole multiple financial envelopes and delayed decision making impacting on delivery.

Accommodation/Infrastructure
A requirement to map and secure accommodation suitable for children, young people and families across Argyll & Bute to meet need and be accessible, appreciating demography and geography and accessibility

Neuro-development/CAMHS
Whole system modelling and the links across education, health care, social care and 3rd sector is required with the aim to have an integrated diagnostic pathway, ensuring sufficient collective investment, workforce availability and pathway detail. The integrated model brings collective risk around available workforce, financial investment and assessment model.

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

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

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

*Projected Waiting List with x4 additional WTE

Outcome 3: Stay Well

Well Theme Description	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention
Well Theme Strategic Aim	- Organisational commitment to deliver our prevention agenda and to reduce health inequalities - Deliver robust screening and vaccination programmes ensuring timely uptake is maximised and access is equitable across our population - Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk - Ensure more people are empowered to take control of their own health and wellbeing
Objectives	Priorities from Service Delivery; 1. We will deliver robust screening and vaccination programmes ensuring timely uptake is maximised and access is equitable across our population 2. Engage with individuals, families, and communities to enable people to make healthier choices for their future and provide direct support when they are at risk 3. Ensure more people are empowered to take control of their own health and wellbeing, including for activities such as smoking cessation and alcohol and drug interventions 4. We will progress approaches to blood borne virus (BBV) case-finding, testing, awareness raising and supporting access to care. Priorities from Health Improvement Work Plan 2024 – 27 – NHS Highland Public Health 1. Promote Social Prescribing as a pathway to overall health and wellbeing (Work plan 1.1) 2. Reduce harm from substance use (Work plan 4.1) 3. Reduced smoking rates (Work plan 4.2) 4. Improve access and quality of food available for people in Highland (Work plan 6.1) 5. More people are active and can access nature and green space (Work plan 6.2) 6. Type 2 Diabetes Prevention and Adult Healthy Weight (Work plan 6.3) 7. Reduction in inequalities in screening participation (Work plan 7.1) 8. Sexual Health (Work plan 7.2) 9. Women's Health Plan (Work plan 7.3)
Scope	All services across NHS Highland , with the exception of Sexual Health Services where there is a specific model of delivery in Argyll & Bute, for which there are deliverables to revise Service Level Agreements within primary care settings in A&B, and with NHS Greater Glasgow & Clyde for services commissioned outwith A&B.
Link to NHS Scotland Delivery Planning Guidance	**Population Health and Reducing Health Inequalities:** - Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes. This links with Journey Well - Demonstrate the steps we are taking to implement and make progress towards meeting the interim national standards for vaccination services - Working with partners to maintain the progress achieved by the National Mission on Drugs to reduce deaths and improve lives, including the implementation of MAT Standards, increasing access to residential rehabilitation and supporting sustainability planning. This links with Living Well - Take forward the actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan, to support sexual health improvement, reduce sexually transmitted infections and unintended pregnancies, and help achieve viral hepatitis and HIV transmission elimination goals. - Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets - Taking forward the relevant actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan to support improvements to sexual health and BBV service delivery, and work towards HIV transmission elimination targets,

	including through interventions to increase HIV prevention, detection and retention in care, and work to improve the lives of people living with HIV • Actions to support improvements to access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum • Supporting improved population health, with reference to smoking cessation and weight management • Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment This links with Anchor Well and Care Well • Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health
Policy Drivers	• Preventative and Proactive Care Policy • National Clinical Strategy • HIS Sexual Health Standards • Diabetic Retinopathy Standards • Bowel Screening Standards • MAT Standards Women's Health Plan • Breast Screening Standards • HIS AAA Screening Standards • Cervical Screening Standards • The Scottish Government Suicide Prevention National Action Plan 2018 • Alcohol and Drugs Partnership Strategic Plans • Interim National Vaccination Standards • Creating Hope Together: Suicide Prevention Action Plan • Women's Health Plan • Sexual Health and Blood Borne Virus Action Plan 2023-2026
Outcomes for people and reducing health inequalities	• Improved outcomes through prevention and early intervention activity • Improved outcomes through self-care and prevention • Improved health inequalities
Data and Intelligence (link to KPIs table on next page)	The reporting framework for measures in relation to Stay Well is to be reviewed in line with the focus on prevention and tackling health inequalities. These measures routinely report through the Population Health Programme Board, and a subset are included within the IPQR for NHS Highland Board.
Workforce	Public Health has dedicated workforce for the leadership of the SG priorities and there is a requirement to operationalise the deliverables throughout the organisation.
Risks	• The capacity to embed these priorities as part of business as usual. • Data quality and quantity is an issue especially around multi professional eradication programmes. • Some of the workforce for these programmes is short term non recurrent funding, making longer term sustainable impacts more difficult to achieve.

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

Description	Ref	Due Date
Scotland by the end of the 2024/25 and by 2030 to reduce new HCV infections by **75% to 5 cases per 100,000**, and deaths by 50% to 2 per 100,000, while increasing the diagnosis rate from 30% to 90%, with 80% diagnosed and cured.		
Health Inequalities - continue to deliver an equalities approach in services for alcohol brief interventions (Target 3,600 in year), violence against women, infant feeding education (in Stay Well), healthy weight education, financial inclusion pathways	STY003	June 2025
Health Inequalities – Develop implementation plan for health inequalities approach in specific services following publication of Director of Public Health's Annual Report 2024	STY004	June 2025
Encourage informed participation in the national screening programmes with the aim of achieving national targets. Participation in the national screening programmes will be reviewed as part of our performance monitoring.	STY005	Ongoing through to March 2026
Implement screening inequalities plan within available resource.	STY006	March 2026
Health Improvement Delivery focused on: • Alcohol Brief Interventions • Smoking Cessation • Breastfeeding • Suicide Prevention • Weight Management	STY007	Ongoing through to March 2026
Develop an implementation plan for the delivery of the HIV Transmission Elimination programme	STY008	March 2026 then MTP
Undertake an assessment of need to support a refresh and delivery of the sexual health and HIV strategy, in line with sexual health service standards	STY009	March 2026 then MTP

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

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

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

PHPB: NHS Highland's Population Health Programme Board

Outcome 4: Anchor Well

Well Theme Description	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus
Well Theme Strategic Aim	As an established, large organisation, NHS Highland influences economic, social and environmental sustainability: • Through our position as an employer, by attracting, training and recruiting people from communities that need well-paid, skilled and sustainable jobs • Through our purchasing and procurement power, choosing to purchase goods and services from local businesses to support and sustain the local economy • By focusing on our environmental obligations and where appropriate in sharing our buildings and facilities for community use. We aim to: • Be a desirable employer • Treat people equally across our organisation • Have a sustainable workforce that reflects our communities • Make decisions through our social responsibility • Improve community wealth and to reduce child poverty.
Objectives	*High-level planning priorities for 2025/26* • Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health • Work with our population, communities and partners identifying priorities to co-produce and co-deliver health and care • Embed population experience ensuring people are at the centre of what we do • To support Population Health prevention approach and community wealth building • Reduce child poverty *From NHS Highland's Health Improvement Work Plan 24-27:* • Build capacity and community resilience and tackle health inequalities using a place-based approach and provide support for newly emerging District Partnerships as appropriate (Work plan 1.2) • Support the Integrated Children's Service plan in partnership with Highland Council and other partner organisations. (Work plan 2.4) • Improve Mental Health and wellbeing in the population (Work plan 3.2) • Work with identified groups at risk including those with protected characteristics and those who live in poverty (Work plan 5.1) • Reduction in violence against women and its harmful impact (Work plan 5.2) *Deliver priority actions in the Anchors Strategic Plan*
Scope	All services across NHS Highland
Link to NHS Scotland Delivery Planning Guidance	**Population Health and Reducing Health Inequalities** • Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions • Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan. **Child Health:** Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report

	Transport; Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation
Policy Drivers	• Fairer Scotland Duty • Child Poverty Plan Equality Act (2010) • Sustainable Procurement Duty • Planning with People: community engagement and participation guidance • Community Empowerment Act (2015) • NHSH Employability and Equality Diversity and Inclusion (draft) Strategies
Outcomes for people and reducing health inequalities	Improved outcomes for patients and clients through community designed and delivered health and care. Tackling health inequalities by: 1. Maximise spend on local progressive procurement 2. Provide fair work opportunities to those at most risk economic disadvantage 3. Land and assets used by / disposed of, for the benefit of local communities 4. Stakeholders recognise, understand and support our anchor institution contributions 5. Evidence base to measure and monitor progress to develop community wealth and reduce child poverty 6. Positive impact on climate and sustainability
Data and Intelligence (link to KPIs table on next page)	• Procurement data • TURAS and e:ESS data – recruitment data to be assessed and data inputs encouraged across the organisation • EMS (Estates and Climate) data • National metrics for reporting Anchors Institution Plans
Workforce	Public Health, Procurement, People & Culture, Estates & Facilities has dedicated workforce for the leadership of the SG priorities and there is a requirement to operationalise the deliverables throughout the organisation. Capacity is a pressure on some of the delivery.
Risks	The capacity within the organisation to operationalise these priorities and to meet public and partners' expectations.

Anchor Well: 2025/26 Deliverables		
Description	**Ref**	**Due Date**
Anchors Strategic Plan: top three priorities by corporate delivery areas. Leadership and working with communities will continue thought the period, followed by further refinement of priorities		Quarterly Reporting on Progress
A. Employer 1. Deliver inclusive NHS career pathways for young people in secondary education using learning from the pilot. Health inequalities will be reduced through work with councils, with focus on targeting areas of deprivation. (Part of the Employability Strategy work with Argyll and Bute and the Highland Councils). 2. Improve the process of data systems for data collection, targeted analysis and reporting. e.g. pay gap analysis to enable targeting of workforce data for those with protected characteristics and non-protected characteristics e.g. geography (remote, rural and island), poverty etc 3. Promote EDI strategy internally and externally to support equitable recruitment and retention in reducing system inequalities.	ANC001	
B. Procurement 1. Supplier Development & Engagement: Promote early engagement to foster innovative and entrepreneurial responses to our needs and requirements. Working with our national and regional partners (The Highland Council, HIE, Argyll and Bute Council, Supplier Development Programme, NHSS). Consider how procurements are conducted and contracts developed, to reduce barriers and enable participation for	ANC002	

SMEs, Third Sector, Local and Supported Businesses, with specific focus on the Highland region. *Target 35% of core spend with Local Suppliers* (2023-24 actual 32.61%).* 2. Community Benefits & Social Value: Collaborate with businesses and to deliver positive, green and inclusive social impacts within our contracts. Develop scored and measured community benefits delivery targets in all relevant contracts for Goods, Works and Services through whole life contract and supplier management. *Target to develop KPIs for all regulated contracts awarded (see Annual Procurement Report Key Contract Information data indicators d-k, previously unrecorded).* 3. Promote sustainable procurement through routine consideration of whole life costing to ensure value for money in procurement, minimise environmental damage and maximise socio-economic benefits. Making informed decisions as we engage early with suppliers to create innovative solutions to positively respond to the climate crisis. Eliminate waste throughout the supply chain where possible. Act in a way that will secure net zero emissions through a 'Just Transition' and promote a circular economy. *Commitment to review Contract Strategy and Tender Report templates in respect of the above objectives to capture balance of savings and social responsibility benefits.* 4. *Local Suppliers - suppliers within the same local authority area as your organisation (based on Postcodes). **Environment, Sustainability, Assets** 1. Develop and implement the Environmental Management System (EMS) in collaboration with Argyll and Bute and Highland Councils, and UHI. This will enable policy development and associated data reporting to demonstrate a targeted remote and rural approach to reducing inequalities 2. Improved engagement with our communities and partners to demonstrate our Anchors Institution values through example, e.g. demonstration of asset use and environmental and health benefits 3. Reduce our carbon footprint, in line with Scotland's Climate Emergency targets and to develop improved waste solutions to benefit communities, working with partners. (This is part of the NHSH Environment and climate response plan).	ANC003	
Continue to work with the Argyll and Bute Community Planning Partnership to deliver the local outcomes improvement plan 2024-24	ANC004	Ongoing
Continue to work with the Highland Community Planning Partnership to: • Implement the Highland Outcome Improvement Plan to 2027 • Develop actions, milestones and performance measures for the final set of outcomes. Draft indicators to be agreed June 2025 • Review and set up the necessary governance arrangements for delivery and monitoring of the refreshed set of priority outcomes. E.g. working with other organisations e.g. energy companies wealth sharing process (CPP paper Feb25)	ANC005	Ongoing

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

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

PHPB: NHS Highland's Population Health Programme Board

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

Well Themes Description	NHS Highland's People and Culture portfolio will deliver most of these outcomes through workforce change and transformation aligned to our strategic transformation programmes and our population's needs through workforce redesign and diversification, expanding employability routes into health and care and opportunities for 'growing our own'. The portfolio will also focus on 'being a great place to work' through our leadership and culture programme, learning and development, health and well-being and diversity and inclusion programmes. In addition, we will ensure that we have effective workforce systems and processes in place, supported by workforce policy implementation, to enable our workforce to deliver high quality care and services.
Well Themes Strategic Aims	The way we deliver health and care will transform to meet the needs of our population and deliver improved outcomes. We also need to address workforce shortage challenges through increasing attraction to the sector and making the best use of our current and future workforce. This will require different approaches to service delivery including digital solutions and new workforce models which will require workforce redesign including development of new and innovative roles and new educational and development pathways including digital skills development. Our culture and the wellbeing of our staff must be a priority if we are to attract and retain staff and enable them to fulfil their full potential. This will require ongoing work to strengthen and develop our leaders, ensure high staff engagement, healthy and diverse workforce and have a culture which supports our organisation as a great place to work. The support systems for our managers and staff need to be effective and efficient to ensure we are making the best use of our workforce. There are opportunities to improve our systems and processes to support managers and staff to manage and develop our workforce. This will reduce time and effort currently wasted through inefficient systems and processes and ensure we are effective in our management and governance of our workforce. We must also ensure our policies and agreed ways of working are designed and developed in partnership to enable staff to do their jobs well, are aligned with the principles of good staff governance and other national policy and legislative requirements including health and safety.
Objectives	Our aim is to make NHS Highland a great place to work through: • Designing and delivering our leadership and culture framework to enhance leadership skills, improve team effectiveness across the organisation and increase staff engagement • Design and deliver new workforce models needed for new models of health and care through strategic commissioning and acute service redesign • Strengthen our staff governance and partnership working to ensure we deliver and transform services together with our staff • Ensure we utilise digital approaches to enable new workforce models and ways of working • Develop, agree and deliver strategic approach to implementing new and existing non-registrant, advanced practice and medical associate roles that will increase workforce diversification including enhancing our employability framework to increase local employment, provide new career pathways to earn as you learn and 'grow our own' • Increasing apprenticeship opportunities for both current and future employees

	• Deliver on the health and wellbeing strategy that will support staff to live well physically and mentally including access to advice and support available in their communities • Launch and deliver on Equality, Diversity and Inclusion strategy, and action plan, to increase diversity of our workforce, create an inclusive culture and embed inclusivity in the design of our services • Implementing the Health and Care Staffing Act to support development of our workforce to meet the needs of our population, enable our workforce to work effectively and manage quality and risk associated with workforce availability and supply • Implement health roster across the organisation once double data entry issues have been resolved through a national interface • Adopt a quality improvement approach to support continuous improvement of our people systems, policies and processes that support staff governance standards as well as how we plan, manage and develop our workforce • Develop and strengthen our organisational approach to management and governance of health and safety • Support staff physical and mental health and wellbeing (NHS Highland's Health Improvement Plan 2024-27, Action 1.3) • Reduction in violence against women and its harmful impact (NHS Highland's Health Improvement Plan 2024-27, Action 1.3 5.2)
Scope	The portfolio will have an organisation wide reach including; • Leadership development across the organisation • Implementing new roles across all services to diversify workforce • Developing employability opportunities with our partners across all our regions, districts, localities and communities • Supporting all staff to live healthy lives and experience good health wellbeing • Developing our workforce to reflect the population demographics in our regions, districts, localities and communities
Link to NHS Scotland Delivery Planning Guidance	eRostering: We remain committed to the full rollout of erostering to all job families within the NHS Highland. During 25/26 a solution to the interface and the need to manually input data into systems is expected. This will allow a review of the rollout plan as it may release capacity. At this stage a completion date of 1st April 2026 is not achievable without further investment of resource. NHS Highland will continue to undertake a focus on reducing use of agency staff, optimising bank and achieving reductions in medical locum spending through our Value & Efficiency workstreams. Furthermore, work on administration and support services is also being progressed through our Transformation and Resilience of Admin (TARA) and Corporate Teams workstreams. One of the key aims of the People & Culture Portfolio is to work with Higher and Further Education institutions to work collaboratively and take actions to support the development of the future workforce required for NHS Highland. A board-wide strategy to increase the number of Apprenticeships in key professions is being progressed and will also progress the availability of work placements in line with the national position. NHS Highland is progressing its Equalities Outcomes framework and Employability Strategy to support the implementation of the national Attendance Policy in line with other operational actions. **FACE-FIT TESTING FOR FFP3 RESPIRATOR** Organisationally, we take direction on who we fit test clinically within NHSH from ARHAI Scotland (they specify what clinical staff / roles need Fit Testing) – NHS Highland's Infection Protection Control (IPC) Team then risk assess that advice and tell us who (what job roles)

	needs fit testing. HSE set the required standard of fit testing. NHS Highland then fit test in accordance with our Standard Operating Procedure. NHS Scotland National Specialist Services (NSS) coordinate with Health & Safety teams across Scotland, and they direct and set the priority order on which masks should be fitted. We "refit" priority staff every 3 years, and when we have an upcoming anniversary e.g. when lots of people now require refitting, we will monitor that and then link in with the Control of Infection Committee, undertake communications, liaise with Acute Nurse Managers and increase the fit testing programme. In the winter we increase the level of fit testing and that reduces in the summer months. If we have new and emerging disease outbreaks, e.g. Mpox Clade 1, we will liaise with Public Health, the IPC team and National Groups to first establish who needs what and we will take a measured and carefully considered approach first.
Policy Drivers	• NHS Scotland "Once for Scotland" Workforce Policies • Scottish Government's Equality and Human Rights Mainstreaming Strategy • Scottish Government's Anti-Racism Plan
Outcomes for people and reducing health inequalities	• A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum • Improved staff engagement • Strong employee relations • Increased range of employment opportunities and roles within health and care including youth and local employment • Improved staff health and wellbeing and presence at work • Higher diversity in our workforce and positive feedback from staff with protected characteristics
Data and Intelligence (link to KPIs table on next page)	Deliverables aligned to our Grow, Listen, Nurture and Plan Well strategy will be to; • Improved ability to deliver quality and performance standards by reducing workforce gaps and associated supplementary staffing use • Reduced staff absence • Minimisation of avoidable redeployment and pay protection costs • Reducing agency use and associated costs through increased organisational level controls • Improved performance and efficiencies within people services including recruitment, staff bank and employee relations processes • Reduce burden of low value tasks on our workforce This will include our Improvement Outcomes on our Medium Term Priorities to 2027/28; • A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum • Improved staff engagement • Increased range of employment opportunities and roles within health and care including youth and local employment • Improved staff health and wellbeing and presence at work • Higher diversity in our workforce and positive feedback from staff with protected characteristics
Workforce	Risks from Corporate Risk Register • There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.

	• There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action. • There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care. Mitigations • Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'. • The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through organisational performance management and governance structures including regular reporting to staff governance. • Leadership and management improvement plan underway which includes a few elements including developing leadership programme, approach to staff engagement, supporting training completion and focus on PDP and Appraisal processes.
Risks	As described above.

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

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

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

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

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

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

Review progress of health and wellbeing strategy and develop next strategy and action plan	MTP042	March 2027

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

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

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

Well Theme Description	Working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.
Well Theme Strategic Aim	• Rebalance capacity to demand for where the need is • Maximising use of finances • Reshape and prioritise • Clarity of responsibilities and processes • Create the conditions for integrated working
Objectives	High-level planning priorities for 2024/25: 1. To improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality and to build resilience with a more preventative and anticipatory approach. 2. Work in partnership with local people, third and independent sector organisations to plan and deliver change. 3. As a partnership we will make sure our services work well together in an integrated way from the point of view of individuals, families and communities and are responsive to the needs of individuals and families in our different localities. 4. Make the best use of available facilities, people and resources sustainably ensuring we maintain quality and safety standards as the highest priority through transformational change. 5. We will co-design and co-deliver services in partnership with our communities and individuals to reduce inequality, ill-health and dependence 6. We will enable more care and support to be delivered closer to home 7. We will ensure that we put the person at the centre and that the care is quality focused, respecting choice and independence 8. We value the workforce that delivers care to our population and work collaboratively to deliver our vision and aims
Scope	The Adult Services Strategic Plan is Highland only. Argyll & Bute are in the process of developing its Older Adults Services Strategy in 2025. • Older Adults who need care and support including those in a care home setting. • Adults with a Learning Disability who require support to be as independent as possible. *(referred to in Live Well)* • Adults with a disability or illness who need support to live in their home. • Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible *(referred to in Live Well)* • Adults living with health conditions. • Adults requiring support from Drug and Alcohol Recovery Services. *(referred to in Live Well)* • This includes clinical and care delivery by our integrated health and social care teams and support from services such as digital technology, telecare, equipment services, online support and local community supports. It reflects ongoing work with our partners in Housing, who have a key role to play both to support a sustainable workforce and to keep people in their home communities as much as possible. • General practitioners (GPs) and their teams are pivotal to empowering and supporting our Highland population to live healthy lives and to deliver holistic, preventative community based health care which enables people to access a range of high quality health and care services in their community. The support of our community teams, pharmacies, opticians and dental services will be pivotal to preventative and early detection. We will continue to work with these partners to deliver care in communities,

	and involve them in the strategic planning of our services *(referred to in 9a Care Well - Primary Care)* • All providers of Home Care including NHS Highland, independent providers, third sector, volunteers and carers working collaboratively • All adult services, including integrated health and care services, mental health, learning disability and primary care services, delivered to the population at District level.
Link to NHS Scotland Delivery Planning Guidance	**Planned Care Guidance** **Tackling long waits in diagnostics** • Rapid access to diagnostics • point of care testing • referral pathways – link to acute work • Increasing productivity and effectiveness and reducing variation across Scotland – time to care • Implementation of digital solutions; Telecare/tech solutions/single handed care/just in case assessment/social prescribing **Urgent & Unscheduled Care Guidance** **Reduce length of stay** **Reduce hospital admission for patients with low clinical value such as those aged over 85 and end of life care by improving urgent care in the community and increasing Hospital at Home pathways** • Hospital at home pathways • Virtual wards **Ensure people are discharged as soon as possible as they are medically safe by promoting robust and responsive operational management and providing early and effective discharge planning including rehabilitation and reablement in line with the 6 principles of good rehabilitation;** • AHP at the front door • flow for non-specialist rehab • Frailty/Hospital at Home in Respond Well/Jo McBain Rehab paper **Primary and Community Care Guidance**: Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the primary care phased investment programme. Contributing through the preventative and proactive care programme to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health *(Referred to in 9a Care Well Primary Care)* **Workforce planning priorities guidance** • Targeting recruitment/identifying where vacancies are, mapping across systems for accuracy, rapid recruitment to support individuals through recruitment process/navigating job train • Strategic Workforce Planning group established for AsC supporting in-house and independent care homes. • Stability and consistency in In-house services will be strengthened by: • Dedicated resource from HR team to enable continual recruitment and onboarding of new staff. • Building on learning and development resources in place to retain the workforce with a key focus on developing leaders and managers in the service. • Interface between inhouse and the sector;

	- Continuing to work collaboratively with the sector on recruitment initiatives. - Providing clear direction on areas where NHSH will deliver services as a provider to assist with recruitment and retention through the whole service. **Digital and Innovation Planning priorities guidance** - Morse implementation - Technology enabled care **Climate guidance** **Clinical waste/reduction in transport and travel** - Time to care work - Clinical dialogues - Near me
Policy Drivers	- [Rehabilitation and Recovery: A Once for Scotland Person-Centred Approach to Rehabilitation in a Post-COVID Era (www.gov.scot)](www.gov.scot) - [Preventative and Proactive Care Programme Launch Event (shsc.scot)](shsc.scot) – can't seem to find the home page – but this is the gist - [Physical activity referral standards (publichealthscotland.scot)](publichealthscotland.scot) - [Osteoarthritis: care and management | Guidance | NICE](NICE) - [Health and Care (Staffing) (Scotland) Act 2019: overview - gov.scot (www.gov.scot)](www.gov.scot) - Coming Home Implementation Report: www.gov.scot/news/coming-home-implementation-report - Getting it Right for Everyone (GIRFE) www.gov.scot/publications/getting-it-right-for-everyone-girfe - Dementia in Scotland: Everyone's Story www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/ - National Drugs Mission Plan: 2022 - 2026 www.gov.scot/publications/national-drugs-mission-plan-2022-2026 - Together We Care - with you, for you: NHS Highland Strategy 2022 -2027. - www.nhshighland.scot.nhs.uk/about/publications-and-public-records/together-we-care - Adult Services Strategic Plan 2024 - 2027: Highland Health and Social Care Partnership Strategic Plan www.nhshighland.scot.nhs.uk/about/highland-health-and-social-care-partnership/publications - ADL smartcare Life curve - Scottish burden of disease report - Health and Care Workforce
Outcomes for people and reducing health inequalities	- Focus our attention on prevention and early interventions to support people to maintain independence at home for as long as possible. - Ensure we empower people to exercise choice and independence and include unpaid carers as partners in the planning and provision of care and support. - Make it straightforward to access services when they are needed and ensure that health and social care professionals can direct people to the right organisation and service for their needs. - Commission services in a way that supports a diverse market for providers of care with reduced administrative burden. - Maximise the use of technology in supporting people. - Plan and deliver person-centred services which can respond quickly to support people who are in urgent need. - Build strong partnerships between community teams, hospitals, third sector and independent providers of care.

	- Support different delivery, as locally as possible, of services traditionally delivered in acute hospitals, through new and emerging professional roles. and making use of technological advances. - Implement immediate care options that prevent admission to hospital and avoid a stay in hospital for longer than is necessary. - Develop our workforce to be more adaptive and flexible - Co-produce and co-deliver services in partnership with our communities and individuals to reduce inequality, ill health and dependence - Enable more care and support to be delivered closer to or at home - Ensure that we put the person at the centre and that the care is quality focussed, respecting choice and independence. - Value the workforce that delivers care to our population and work collaboratively to deliver our vision and aim
Data and Intelligence (link to KPIs table on next page)	NHS Highland is progressing towards meeting the National Health and Wellbeing Outcomes as follows: - People can look after and improve their own health, wellbeing and live in good health longer - People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practical, independently and at home or in a homely setting in their community - People who use health and social care services have positive experiences of those services and have their dignity respected - Health and social care services are cantered upon helping to maintain or improve the quality of life of the people who use those services - Health and social care services contribute to reducing health inequalities - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing - People using health and care services are safe from harm - People who work in health and social care services feel engaged with work they do and are supported to continuously improve the information, support, care and treatment they provide - Resources are used effectively and efficiently in the provision of health and social care services Some of the data we monitor to help monitor service delivery include: - All delayed hospital discharges (DHDs) requiring a community assessment or service to enable discharge - Long stay care home placements including out of area - SDS Options - Community Hospital Delayed Discharges - Adult Protection – referrals - AHP Services in the Community - Link to MH&LD *(Referred to in Live Well)* - Rehabilitation, Reablement and Enablement As part of activity, the Highland Health and Social Care IPQR will be refreshed to focus on performance improvement measures requiring oversight.
Workforce	- There is a risk to service delivery due to the ongoing challenges with recruiting the right workforce, particular in remote and rural areas of North Highland Community Division in relation to health and social care professions, resulting in unsustainable services and potential patient harm. - There is a risk to achieving good levels of statutory and mandatory training due to

	difficulties in releasing staff and availability of training, resulting in harm or injury to staff and patients. • There is a risk of clinical services providing inconsistent care because there are no electronic patient records across community services, resulting in patient harm. • Service interruption due to staffing levels - There is a risk of commissioned service interruption because providers have insufficient staffing levels potentially resulting in needs not met, reduced service capacity and whole system impact.

Risks	• Service interruption due to staffing levels – There is a risk of commissioned service interruption because providers have insufficient staffing levels potentially resulting in needs not met, reduced service capacity and whole system impact.
	• Multiple care home closures occurring at the same time. Risk of significant loss of care home beds and large numbers of residents being located at the same time leading to
	    o Residents being moved to care homes a long way from current home and relatives (risk of harm to residents, reputational risk, financial risk)
	    o Staff in district teams being overwhelmed due to additional workload and the knock on effect of being unable to fulfil other statutory responsibilities
	    o Loss of capacity to the overall system and inability to place vulnerable adults in a care home

9a Care Well: 2025/26 Deliverables		
Description	**Ref**	**Due Date**
Completion of a Joint Strategic Needs Assessment (JSNA)	CAR001	March 2025
Target Operating Model (TOM) for Highland HSCP management structure – in draft awaiting approval	CAR002	March 2025

Strategies – dependent on approval of TOM
   – Care home and care at home
   – Support
   – SDS/choice and control (in place)
	CAR003	May 2025

Market Facilitation Plan – dependent on availability of strategies	CAR004	March 2026
Care at Home retendering exercise for hours of care provision	CAR005	March 2026
Developing local care model, building on discovery work undertaken in Lochaber, Caithness and North Coast - Outline vision of role of resources and shape of care village in Fort William	CAR006	March 2026
Develop NHS Highland's Community Hospital strategy based on the Community Hospitals specification developed in 24/25 and considering the future options for services.	CAR007	March 2026
Roll out of Annual Service Planning across all Health and Social Care areas.	CAR008	June 2025 onwards
Development of AsC workforce plan -People and Culture to deliver care and support that enables district planning and puts our population, families and carers experience at its heart.	CAR009	March 2026
Commission supporting strategies from corporate support departments including estates, eHealth, finance	CAR010	March 2026
Commence AHP (OT/Physio) presence in ED in Raigmore - development of model and substantive recruitment	CAR011	April 2025 (Model)
Develop and implement functional Criteria Lead Discharge (CLD) in all hospital bed-based services in conjunction with medical and nursing CLD.	CAR012	June 2025
Scope and create business case for Discharge to Assess (D2A) in conjunction with social work and social care professional leadership	CAR013	May 2025
Development of a TOM for community rehabilitation.	CAR014	October 2025

TOM and D2A to factor all elements of intermediate care as alternatives to acute care. (scope and plan developed)	CAR015	March 2026

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

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

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

Outcome 9b: Care Well – Primary Care

Well Theme Description	Primary care is largely the first point of contact for patients accessing NHS care. Primary care services are core to the care provided to the population to support common illness, manage chronic conditions and diseases, and prevent future ill health through advice, immunisation, and screening programmes.
Well Theme Strategic Aims	**Strategy Development** - a strategy will be developed outlining key issues and future direction of primary care services to support sustainable and equitable service provision. **Enhanced Primary Care** - the review of local enhanced services provides the platform and framework to deliver care closer to home through an enhanced range of services delivered in primary care. **Increased Complexity** – and ageing population and complex comorbidities increases health and social care need. Rurality and island provision creates challenges in service delivery requiring integrated models of care. **Workforce** – challenges exist in recruitment to remote and rural areas within certain disciplines requiring redesigned service models to be considered. **Data-driven Improvement** – improved use of data is required to inform service planning and quality improvement.

Objectives	1. **Strategy**
	A needs assessment will frame the development of a primary care strategy during 2025/26 encompassing dental, community optometry, community pharmacy and general practice.
	
	2. **General Practice**
	• To provide a local strategic approach to high-quality, sustainable, Primary Care Services.
	• PCIP Programme Board will be restructured in line with the appointment of a refreshed clinical leadership team focussing on:
	   o Frailty & Long-Term Conditions
	   o Education & Training
	   o Workforce Planning
	   o Climate & Sustainability
	   o Clinical Interface
	   o Multi-disciplinary Team Working (PCIP)
	   o Estates & Premises
	   o Digital
	   o Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.
	
	3. **Dental Services**
	• Plan, organise, staff, lead and control critical Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile.
	• Utilising management information from NSS Scotland, to inform local oral assessment of needs.
	• Supporting dental contractors and bodies corporate to drive forward sustained improvements in NHS dental access because of payment reform.
	• Improve access through SDAI grant scheme.
	
	Ophthalmic Services
	• Implement the Community Glaucoma Service. This element will require engagement

	with NHS Greater Glasgow and Clyde due to the current services commissioned for patients in Arygll & Bute.
Scope	All HSCP commissioned or directly provided services provided in the community - General Practice, Dentistry, Community Optometry and Community Pharmacy

Link to NHS Scotland Delivery Planning Guidance	5.1 Ensuring the Board Executive Team has clear oversight of planning and delivery of General Practice within the Board territory: Achieved through the Highland HSCP Performance Review, focussed on Primary Care and also the Programme Board for Primary Care Improvements.
	
	5.2 Improving interface working across secondary and primary care: An interface group has been established and led by the Clinical Leadership Group.
	
	5.3 Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the Primary Care Phased Investment Programme: Achieved and reported through the PCIP Improvement Plan.
	
	5.4 Ensuring the full provision of appropriately resourced Out of Hours services, with reporting of performance to the Board: Achieved through the Out of Hours Assurance Group.
	
	5.5 Working with Independent Contractor General Practices to:
	    (i) identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation
	    (ii) support workforce and sustainability planning related to the General Practitioner workforce (in all localities).
	
	5.6 Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.
	
	This work will be informed by the new Joint Strategic Needs Assessment (developed in January 2025) and led by the Primary Care Strategy Group.
	
	5.7 Dental Services: HHSCP Performance Review Board with a focus on Primary Care Dental Services. Oral surgery is dependent on theatre slot availability. The GA sessions and waiting list numbers and monitored by the Dental Team and reported as above.
	
	5.8 Ophthalmic Services: Dependent on implementation of Open Eyes which needs to be led by acute and informed by Community Ophthalmic Services. Covered in action PRI006,

Policy Drivers	• Highland Health and Social Care Partnership - Adult Services Strategic Plan 2024-27 • Together We Care - with you, for you: NHS Highland Strategy 2022 -2027. (Together We Care | NHS Highland) • NHS Highland Primary Care Improvement Plan (Primary care improvement plans: implementation progress summary - March 2024 - gov.scot) • Annual Delivery Plan (ADP) & Medium-Term Plan (MTP)
Outcomes for people and reducing health inequalities	• Improved outcomes through prevention and early intervention. • Improved outcomes through self-care and self-management of long-term conditions. • Reduction in health inequalities.

	Key measurable areas:
	• Alcohol brief interventions undertaken in primary care (HHSCP IPQR) • Cervical screening uptake rates • Vaccination uptake rates (HHSCP IPQR) **Health Improvement Work Plan** 1.1 - Promotion of Social prescribing through Community Link Workers 1.2 - Build capacity and community resilience and tackle health inequalities using a place-based approach and provide support for newly emerging District Partnerships as appropriate 4.1- Reduce harm from Substance Abuse 4.2- Reduce smoking rates 5.1 - Work with identified groups at risk including those with protected characteristics and those who live in poverty 6.3 - Work with identified groups at risk including those with protected characteristics and those who live in poverty
Data and Intelligence (link to KPIs table on next page)	The outcomes of the Joint Strategic Needs Assessment will be considered moving forward in terms of the Data and Intelligence required and reporting through the Highland HSCP IPQR.
Workforce	Workforce planning will be a key theme within the primary care strategy. Workforce challenges exist in remote and rural areas and within specific disciplines of staff (e.g. dentists). Further work to define workforce risks is in progress through analysis being conducted through workforce planning (complementary with Health Needs Assessment).
Risks	• Sustainability of the independent contractor model and the impact on directly delivered services (Public Dental Service, General Practice) • Continued service provision in remote and rural locations • Estates and premises requiring significant investment and maintenance. • Timescale for the availability of management information from NSS Scotland

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

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

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

Outcome 10: Live Well

Well Theme Description	We will ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health.
Well Theme Strategic Aims	Highland HSCP Mental Health & Learning Disabilities (MHLD) services require to transform systematically to address barriers in access and treatment times, workforce models that are not sustainable and sustainably deliver on the national Core Mental Health Quality Standards. Our transformation journey will embark through working collaboratively with our workforce, partners and people with lived experience to enhance mental health services in NHS Highland through addressing systematic barriers and inequalities by developing improved, flexible models of high-quality care that meet the needs of our populations. NHS Highland Psychological Therapies have shown sustained improved in treatment time within the 18 work target but is currently not meeting the target of providing treatment to 90% of adults within 18 weeks of referral. Despite demonstrating a stable performance range of 86-89% over time, the primary focus since August 2022 has been on reducing the longest waiting times (>52 weeks). Moving forward, after successfully addressing the longest wait times, the goal is to sustain a 90% performance rate within the 18-week Referral to Treatment (RTT) period. This objective will be pursued through an ongoing service redesign, leveraging a whole-system approach to optimise service utilisation.
Objectives	Adult Mental Health, LD and DARS: • Consistently, collaboratively and compassionately implement five strategic commitments as defined by Highland HSCP Mental Health Strategy (2024 – 2028) across adult mental health (AMH) services, learning disability (LD) services, older adult (OA) and dementia services, drug and alcohol recovery services (DARS) and New Craigs (NC) hospital inpatient services: 1. Respond quickly to support our population across our system who are vulnerable or in crisis. 2. Provide evidence-based care and support models to people as close to home as possible. 3. Provide exceptional care and support to citizens, utilising a lived experience approach to inform against quality framework once developed. 4. Financial balance and opportunities identified to reduce spend and maximise income. 5. Implementation of strategic drivers and professional standards. 6. Activity is planned and undertaken within organised administrative systems. Psychological Therapies • Enhance patient access to services by implementing the Psychological Therapies Improvement Plan, which focuses on reducing waiting list times and improving the quality of data.

	• Embed the [National Specification for the Delivery of Psychological Therapies and Interventions in Scotland](#) to ensure sustainable and high-quality psychological therapy services across Highland.
Scope	• Adult mental health services • Learning disability services • Older adult and dementia services • Drug and alcohol recovery services • New Craigs inpatient services • Psychological therapy services
Link to NHS Scotland **Delivery Planning Guidance**	Mental Health 4.1 - 4.10
Policy Drivers	• Mental Health and Wellbeing Strategy (2022 – 2027) (2022) • Mental Health and Wellbeing: Workforce Action Plan (2023) • Coming Home Implementation Report (2022) • Getting it Right for Everyone (GIRFE) (2023) • Dementia in Scotland: Everyone's Story (2023) • National Drugs Mission Plan: 2022 – 2026 (2022) • Core Mental Health Quality Standards (2023) • Medication Assisted Treatment (MAT) Standards (2021) • Psychological Therapies and Interventions Specification (2023) • Creating Hope Together: Suicide Prevention Strategy 2022 – 2032 (2022) • Highland Health & Social Care Partnership Stronger Together Mental Health & Learning Disabilities Strategy (2023)
Outcomes for people and reducing health inequalities	NHS Highland Health and Social Care Partnership are statutorily required to produce a detailed strategic plan. The Strategic Plan for Adult Services (2024 – 2027) explains the plan for the delivery of integrated health and adult social care services in the region covered by the Highland Health and Social Care Partnership. In August 2024, a short-life working group was formed to oversee the development of a Joint Strategic Needs Assessment (JSNA). The JSNA will analyse current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a partnership area, and will ensure the Strategic Plan for Adult Services is intelligence-led with a view to reducing health inequalities. Populations within scope of the JSNA: • Older Adults who need care and support including those in a care home setting • Adults with a Learning Disability who require support to be as independent as possible • Adults with a disability or illness who need support to live in their home • Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible

	• Adults living with health conditions • Adults requiring support from Drug and Alcohol Recovery Services.
Data and Intelligence (link to KPIs table on next page)	**Psychological Therapies:** NHS HIghland Psychological Therapies have demonstrated consistent improvement in its performance, though it remains slightly below the national target. The latest performance rate is 88.8%, while the national target stands at 90% and national benchmarking at 81%. NHSH is currently positioned 3rd out of 14 boards, reflecting a welcome downward trajectory in waiting times and steady progress towards meeting targets. **Adult Mental Health & Learning Disabilities Data Input & Validity:** NHS Highland mental health services are currently reliant upon a mixture of paper and electronic records to manage and record patient activity, however there are plans in place to transform this barrier to high-quality data through maximising available digital opportunities through Trak (patient management system) and Morse (electronic patient record system) implementation division wide. To extract reliable, high-quality data from systems and enable intelligence-based decisions and improve risk management and support informed planning, a large-scale project optimising and reconfiguring the use of Trak is underway, running concordantly with the Partnerships Morse Implementation project and wider EPR initiatives, such as scanning. Current available data is manually validated between services and data analysts. **Community Mental Health:** The ongoing waits for Community Mental Health Teams (CMHTs) are not currently reported unless they fit the criteria for psychological therapies, such as Group Therapies. The delivery of Group Therapies were suspended during Covid pandemic and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24, and this has continued into 2024/25, although there has been a small increase in ongoing waits over the summer period. The reported waits for CMHT Non-Psychological Therapies are unvalidated and there is high confidence that once validation is complete, the number of waits for this category will be significantly lower than that reported. Validation work is ongoing around the CMHT Non-Psychological Therapies waitlist. Early validation has identified several duplicate wait list entries and waits that have been completed; therefore it is anticipated that the actual number of waits is lower than what is reported. There is a shortage in Systems Training for Emotional Predictability and Problem Solving (STEPPS) trainers within the UK, so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity. **Inpatient Mental Health:** Bed capacity within New Craigs continues to be a risk. Guidance from the Royal College of Psychiatrists advises that occupancy within an Acute Mental Health hospital should ideally be 80%. New Craigs has consistently operated at or above 100%. New Craigs emergency admissions has decreased slightly from 2024/25, median length of stay and the number of

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

	- Use of high-cost locums to cover existing gaps. This will continue to be unavoidably necessary in some areas but is financially harmful and impedes service transformation/ development. - Inconsistent quality of care in some areas. - Precarious service delivery with the potential for short-notice gaps and failure to meet statutory requirements. - Unsustainable pressure on existing substantive staff which may lead to sickness / resignations thereby compounding the problem. **Recruitment of Psychological Therapies Staff:** We still have certain services with a low critical floor and newer services, such as Clinical Health Psychology, where workforce planning still needs to be undertaken. a new, significantly larger, prison being built in Inverness, and we are currently working on estimating workforce requirements for this as we have no current psychology provision and are having to fund part of it through Enhanced Mental Health Outcome Framework monies. Our current situation is that, based on the approx. population size of 250,000, we only have 2.08 whole time equivalent (wte) of Clinical Psychologists per 100,000 of the population for Adult Mental Health. Even at a full staffing capacity of 8.4 wte, North Highland has 3.36 wte of Clinical Psychologists per 100, 000 of the population. This currently places us as the lowest workforce establishment on mainland Scotland (Only Shetland, Orkney, Western Isles have lower whole-time equivalents) Recent workforce data from NES shows that the whole of NHS Highland (includes Argyll & Bute) equates to 19.1wte per 100, 000 compared to a minimum requirement of 30wte per 100,000.
Risks	**Sustainability of the Forensic Medical Examiner and Police Custody Healthcare Service**: There is a risk that South and Mid Division will be unable to provide services within the allocated cost envelope because of the double running costs of the Forensic and Custody Service resulting in pressure on the overall budgets. **Ligature Risks in New Craigs Hospital:** There is a risk, without remedial built environment works, of patients coming to avoidable harm due to ligature risks in New Craigs Hospital **Patient Escort:** There is a risk of patients detained under the Mental Health Act being unable to be timeously escorted safely to New Craigs Hospital because there are not sufficiently trained nurse escorts in the right place or at the right time. **Acute Admission Bed Capacity:** It remains part of the remobilisation plan to increase the available adult acute admission beds to 34 across 2 wards, but at present this is not possible due to the need to retain a decant ward to allow for environmental and ligature improvement works to be completed. The Partnership remain constrained to 24 beds on one unit. This is insufficient for our population and clinical demand. **Bed Utilisation and Patient Flow for Older Adult Mental Health Patients:** There is a risk that older adult mental health patients requiring inpatient admission may not be able to access the right inpatient bed at the right time because of the current bed capacity in older adult mental health and a higher number of older patients classed as delayed in New Craigs Hospital due to delays accessing appropriate social care. This results in older adult mental health patients being cared for in the wrong settings (i.e. non-specialty wards).

Out-of-Hours Medical Assessment Provision: There is a risk that a patient who requires a registered medical practitioner to undertake a face-to-face assessment for an Emergency Detention Certificate, but there is no registered medical practitioner is available. The result is that there would be no statutory authority for partner agencies to convey the person to an appropriate clinical setting for further assessment, care and treatment.

Psychiatry Care Provision on the North Coast: Due to continuing challenges in recruiting to substantive community general adult psychiatry post covering communities on the North Coast and challenges in securing locum cover to this remote and rural district, there is a risk that we will be unable to meet obligations for statutory care reviews and that standards of care will be impacted which may resulting in harm to patients.

Live Well: 2025/26 Deliverables		
Description	**Ref**	**Due Date**
PT – Initiate implementation of national service specification and associated governance in line with Scottish Government priorities.	PT001	September 2025
PT – Improved patient outcomes and experiences as result of reduced waiting times therefore faster access to treatment.	PT002	March 2026
PT - 90% of patients referred to treatment have their first appointment within 18 weeks, with no patients waiting longer than 52 weeks for treatment.	PT003	March 2026
PT – Improved annual service planning as a result of better-quality data and easier access to performance data within PT and therefore better use of resource allocation and optimising skill mix.	PT004	March 2026
PT - Increase the number of patients accessing digital therapies therefore reducing waiting lists to improve patient access and efficiency.	PT005	March 2026
PT & MHLD - Improving data input quality and completeness of mental health data returns (i.e. CAPTND) and proactively engaging with PHS for analytical advice and support.	PT006	March 2026
MHLD – Refresh the Mental Health Programme Board to oversee the delivery of the Core Mental Health Quality Standards, address the inequalities in outcomes and experiences for people accessing mental health services, and deliver the implementation of transformation project and activities detailed in the Mental Health and Wellbeing Strategy Delivery Plan (2023 - 2025) and NHS Highland's local Mental Health Strategy "Stronger Together."	MHLD001	June 2025
MHLD – Working in collaboration with Healthcare Improvement Scotland (HIS), identify three priority areas in the Core Mental Health Quality Standards to be delivered in a 2025/26 local improvement plan.	MHLD002	June 2025
MHLD – Collaborate with Public Health Scotland (PHS) on the ongoing development of the national Mental Health Quality Indicators (MHQI) (including the 10% spend target) to monitor the performance of the Partnership in its progress in meeting the Core Mental Health Standards.	MHLD003	June 2025
MHLD – To support the overarching aim of the Mental Health and Wellbeing Workforce Action plan by delivering an evidence-based workforce plan to ensure the right workforce numbers, with the rights skills, to provide the right support, at the right time and in the right place.	MHLD004	March 2026
MHLD – Engage with and respond to the recommendations of the Forensic Governance Advisory Group to enhance collaboration and cooperation in forensic mental health services regionally and nationally.	MHLD005	September 2025
MHLD – Review access to neurodevelopmental assessments and professional	MHLD006	December

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

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

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

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

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

Outcome 11: Respond Well

Well Theme Description	Ensure that our services are responsive to our population's urgent care needs by adopting a "home is best" approach - linked to our Care Well theme
Well Theme Strategic Aims	Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time, ensuring that those with serious or life-threatening emergency needs are treated quickly. To provide sustainable services which will improve the experience and outcomes for people living with frailty in Highland.
Objectives	1. Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time. 2. Ensure that those with serious or life-threatening emergency needs are treated quickly. 3. Work to minimise the length of time that hospital-based care is required.
Scope	All areas of urgent and unscheduled care, including Primary Care, Secondary Care and Mental Health services, pan Highland.
Link to NHS Scotland Delivery Planning Guidance	**Urgent & Unscheduled Care**
Policy Drivers	• Centre for Sustainable Delivery (CfSD) Urgent & Unscheduled Care Programme • 4 hour emergency access target • Delayed Discharge Mission
Outcomes for people and reducing health inequalities	• Reduce time to wait for urgent and unscheduled care services • Support people to access the right part of our system to meet their health and care needs • Improved patient outcomes – including morbidity and mortality rates
Data and Intelligence (link to KPIs table on next page)	We will convert attendances from unscheduled to scheduled presentations at emergency departments and MIUs but optimising our FNC resources. We will also expand our use of ambulatory care responses and straight to specialty admissions to reduce unnecessary attendances and admissions through our emergency departments. Focused improvement plans within our emergency departments will also reduce the length of time people spend in emergency departments prior to discharge or admission. Areas under consideration are pathways for diagnostic tests and zero day stays. We will review the data provided by CfSD to identify areas of opportunity to reduce length of stay by targeting specific pathways or groups of patients. Our improved response to frailty will also contribute to reducing length of stay by ensuring people are only admitted to hospital when they are unwell. A dependency for this programme is the unmet need for community services, especially where people are affected by delay in their discharge from hospital. This is an area we will continue to monitor.
Workforce	We may need additional training and staffing to support the development of new models, for example, Hospital at Home, or look at redesigning workforce models around new pathways of care. There may be HR implications by changing models of care, for example in Out of Hours and Flow Navigation Centre.

	Services which enable discharge home or support people to remain at home (including Care Homes), are reliant on a workforce that is currently fragile and inequitable across different districts. Our recruitment process and systems may discourage applicants in particular sectors – alternative methods of recruitment are being developed.
Risks	There is a risk of delay in patients first assessment due to a sustained increase in attendance to ED due to a shortage of clinical rooms. Patients have been assessed in non-clinical rooms within ED and in adjacent areas out with the department. The current layout of the department and lack of clinical rooms has resulted in delays in assessment and treatment, increased number of patients breaching and significant pressure on staff. Due to the unpredictability of unscheduled care, it is difficult to mitigate. Systems introduced include: • Sub waiting area created • Increased ED reception cover • Patient flow within department has been revised to maximise on clinical space • ED reconfiguration - Draft plans complete. Business Case to be finalised prior to submitting for authorisation to proceed with proposed plans as part of the Caithness Redesign Programme.

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

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

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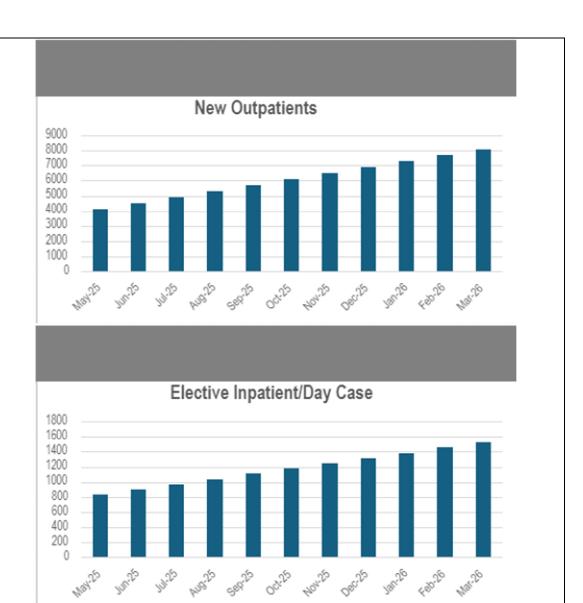
UUC = Urgent & Unscheduled Care Programme

Outcome 12a: Treat Well (Scheduled Care)

Well Theme Description	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.
Well Theme Strategic Aims	Deliver care as close to home as possible by working with the Highland Health and Social Care Partnership (HHSCP) to support shifting the balance from care being delivered in the acute setting, to care being delivered in the community, where appropriate Deliver sustainable workforce and service models to target our longest waiting patients and improve delivery against national standards (e.g. Time Treatment Guarantee (TTG) and Waiting Times Standards (WTS)) Match unmet and future demand with capacity across Scotland through regional and national working including through the National Treatment Centres Increase productivity and efficiencies, and strive for consistency across all services Implement digital solutions to support workforce in delivering efficient and high-quality pathways for patients, from before referral to after discharge
Objectives	1. Ensure that all services meet Waiting Times Standards (WTS) and that waiting lists are validated regularly 2. Tackle long waits through annual service planning (ASP), focusing on key specialties, including dermatology, gastroenterology, gynaecology, orthopaedics, and ophthalmology 3. Implement Centre for Sustainable Delivery Initiatives (CfSD) and improve reporting 4. Support the delivery of the realistic medicine principles 5. Optimise theatre efficiencies and review options to increase day case theatre 6. Optimise the use of resources, space, and processes to increase and improve delivery of outpatient services 7. Review opportunities for treatment to occur out with outpatient settings 8. Support the delivery of active waiting and waiting well 9. Maximise efficiency, transparency and time to care, by ensuring that clinical digital systems are person centred and without boundaries 10. Support national demand and capacity issues through regional and national working
Scope	This section of the ADP refers to Highland area only. Within the Highland area: • All specialties delivering outpatient and inpatient services • All sites delivering outpatient and inpatient services • All pathways / waiting lists subject to TTG standards.
Link to NHS Scotland Delivery Planning Guidance	SG ref.: 1.1: Tackling long waits and backlogs, focussing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics SG ref.: 1.2: Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres SG ref.: 1.3: Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation SG ref.: 1.4: Implementation of digital solutions
Policy Drivers	• National Clinical Strategy: A National Clinical Strategy for Scotland - gov.scot • NHS Scotland Waiting Times Guidance: NHSScotland waiting times guidance: November 2023 - gov.scot • NHS Highland local access policy (under review)

	• Waiting well: Waiting well | NHS inform
Outcomes for people and reducing health inequalities	• Use innovative and integrated working to improve patient outcomes • Care delivered as close to home as possible • Improved equity of access through implementation of new Waiting Times Standards and guidance • Implementation of the CfSD initiatives will support various strategies to reduce inequalities, improve outcomes, and waiting times
Data and Intelligence (link to KPIs table on next page)	To maximise capacity locally, improve our performance against standards, and reduce longest waits, we will ensure core funded activity is maximised and there is inclusion of targeting long waiter new outpatients. We will ensure new outpatients are seen by the appropriate clinician e.g. Nurse Specialist, Specialty Doctors or Consultants. **NHS Highland** **2025/26 Planned Activity** **New Outpatients** **NHS Highland** **2025/26 Planned Activity** **Elective Inpatient/Day Case**

New Outpatients

Elective Inpatient/Day Case

Workforce

National shortages in workforce are compounded in NHS Highland due to our remote and rural geography, distance to education centres and locally delivered training. For some services recruitment to the Inverness area is successful, however recruiting and retaining some cohorts of workforce across our more remote and rural areas remains challenging.

Our workforce age demographic tells us we need to focus on succession planning and creativity in integrated service planning.

For many services there is a high dependency on locum / agency staffing. Services include:
- Oncology
- Vascular
- OMFS
- Rural General Hospital (RGH) sites
- Gynaecology
- Radiology (interventional / paediatric / breast)
- Gastroenterology
- Rheumatology
- Nuclear medicine

Argyl and Bute

	Acute care is delegated to the Integrated Joint Board in Argyll & Bute so while policy drivers and overall ambitions are the same board-wide, some challenges may be specific to NHSA&B. Circa 75% of all scheduled care pathways flow to NHS Greater Glasgow & Clyde under Service Level Agreement. Services offered locally are specialty dependent and much of the local outpatient activity is delivered by visiting NHSGGC consultants in an 'outreach' setting.

Outreach services are subject to risk around service capacity and continuity, growing sub specialisation leading to difficulties linked to clinic frequency.

Locally waiting times exceeding 70 weeks are being recorded within Oral Surgery and Paediatrics and Ophthalmology is also an area of considerable concern with local capacity unable to meet demand. |
| **Risks** | **Finance**
• Redesign and service development is challenging due to financial constraints
• Confirmation of funding often received at short notice, this impacts planning

Digital and infrastructure
• Scottish Government pause on capital spending impacts upon physical infrastructure and the ability to ensure standards are maintained / improved

Mental health management
• There is a risk of harm to staff and patients because there are no national standards for the safe management of patients presenting in an acute hospital who are in a state of mental health crisis

Funded bed capacity
• Funded bed capacity is at times not sufficient to meet demand

Patient flow
• Patients delayed to discharge |

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

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

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

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

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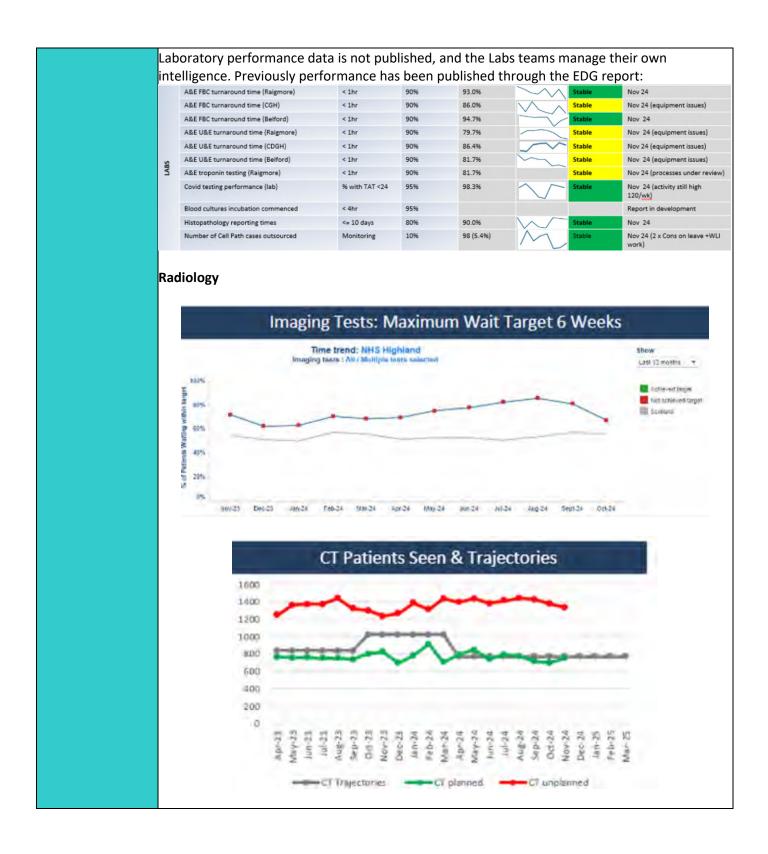
Outcome 12b: Treat Well (Diagnostics)

Well Theme Description	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.
Well Theme Strategic Aims	Optimise diagnostic capacity, improve efficiency, and tackle backlogs through new service delivery models. Ensure our workforce is sustainable and able to deliver consistent, high-quality services through development and training. Reduce demand of diagnostic testing that adds little or no clinical value. Develop our digital infrastructure to improve efficiency, reduce risk associated with manual processes, and reduce duplicate diagnostic requests or those that add little or no clinical value.
Objectives	**Diagnostics** - To tackle long waits and backlogs by reducing demand for tests that add no / little clinical value by developing educational strategies to positively influence requestor behaviour. This will also support the realistic medicine plan, reduce over testing, and reduce variation in testing. **Laboratory services** - To embed robust oversight and governance of Point of Care Testing (POCT) in our secondary care facilities in line with the Scottish Government's directive regarding the governance and management structure of POCT. - To implement Order Communications in secondary care to allow healthcare providers to order tests and view results electronically. This will be done as part of our eHealth's department's EPR programme. - To create an effective learning environment, particularly for our band 5 scientists, that focuses on continuous skill development and reflective practice. - Develop awareness across primary and secondary care of the cost of diagnostic testing to positively influence requestor behaviour. **Radiology services** - To improve our digital infrastructure by replacing our Radiology Information System (RIS) and Picture Archiving Communication System (PACS) - To improve patient safety by reviewing and streamlining our IR(ME)R administration processes - To reduce the number of incidents associated within missing referrals by implement Form Stream as an interim solution to receive radiology referrals digitally (OrderComms is preferred solution, but dependent on RIS and PACS replacement) - To reduce Did Not Attend (DNA) rates by providing patients with information regarding the number and cost of missed appointments to positively influence behaviour - To generate income for our department to reduce non-pay overspends by developing a cost conversion model to be applied for additional consultant activity - To embed robust communications and processes during periods of operational challenges to consistently manage and respond to pressures **Endoscopy** - GI Endoscopy in strong position, surveillance backlog reduced to just two months across Highland. Progress to reduce new urgent and routine wait. - Cystoscopy appointment type review to be completed - Change of booking process for cystoscopy to be implemented to support increased efficiency
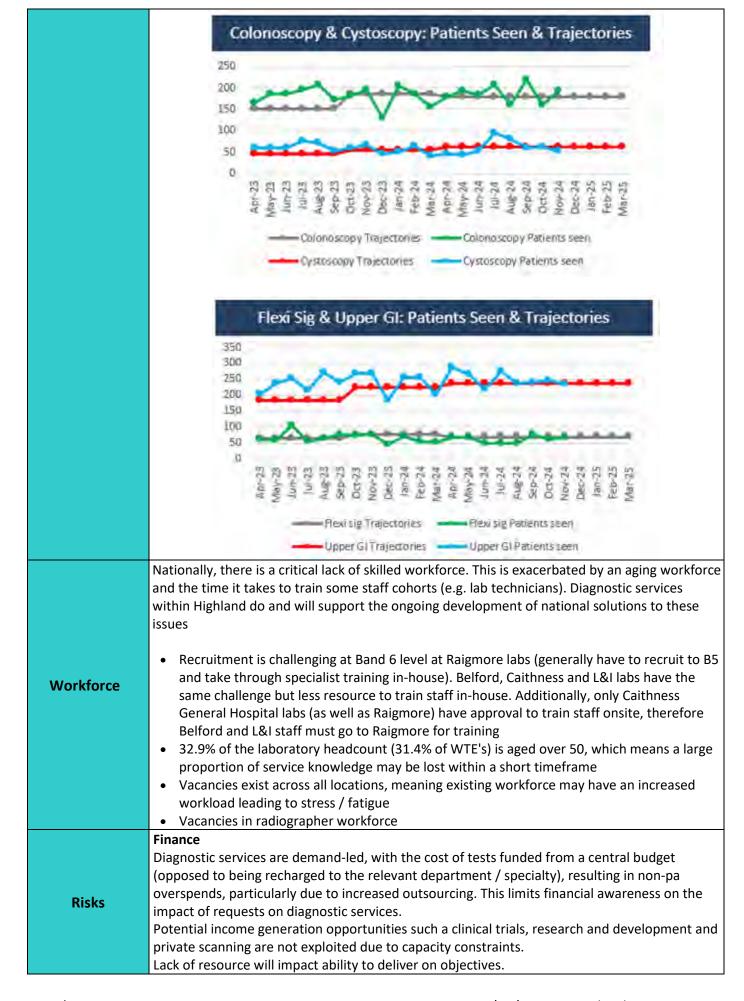
Scope	Laboratory services Radiology services Endoscopy services
Link to NHS Scotland Delivery Planning Guidance	SG ref: 1.1: Tackling long waits and backlogs, focussing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics
Policy Drivers	- NHS Recovery Plan 2021-2026: NHS recovery plan - gov.scot - Realistic Medicine: Practising Realistic Medicine: summary - gov.scot - Digital health and care strategy: Digital health and care strategy - gov.scot - Genomics in Scotland - Scottish Government's strategic intent to deliver an equitable, person-centred, population-based genomics service: Supporting documents - Genomics in Scotland: Building our Future - gov.scot - Diagnostic Strategic Network: About Us – Scottish Strategic Network for Diagnostics - Medicines and Healthcare products Regulatory Agency (MHRA) guidance on the POCT governance framework: In vitro diagnostic point-of-care test devices - GOV.UK - Ionising Radiation (Medical Exposure) Regulations: Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) - Care Quality Commission - Scottish Government Waiting Times Guidance: NHSScotland waiting times guidance: November 2023 - gov.scot
Outcomes for people and reducing health inequalities	Diagnostic testing is fundamental to diagnosis, prognosis, and treatment decisions. However, not all tests are needed. Low clinical value tests can lead to false positives, unnecessary follow-ups, and potential harm to patients. We will aim to support the principles of realistic medicine and improved outcomes through promotion and process for only those tests that add clinical value. We will implement demand-management strategies and tools to highlight over-testing and variation which can lead to an inequitable service for patients. The way services are accessed and utilised can also contribute to healthcare inequalities, particularly in our rural communities where there may be limited testing locally. Not all services operate a Highland wide booking process, meaning some patients may be booked out of turn and an inequity of access.
Data and Intelligence (link to KPIs table on next page)	Whilst national target is not met, performance in NHS Highland is the best ahead of Scottish average. 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 **Laboratory services**

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

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

Radiology

Imaging Tests: Maximum Wait Target 6 Weeks

CT Patients Seen & Trajectories

Non-Obstetrics Patients Seen & Trajectories

Legend: Non-Obstetric US Trajectories, Non-Obstetric US Planned

MRI Patients Seen & Trajectories

Legend: MRI Trajectories, MRI planned, MRI unplanned

Endoscopy

Endoscopy Tests: Maximum Wait Target 6 Weeks

Time trend: NHS Highland
Endoscopy tests : All / Multiple tests selected

Show: Last 12 months

Legend: Achieved target, Not achieved target, Scotland

	Colonoscopy & Cystoscopy: Patients Seen & Trajectories Flexi Sig & Upper GI: Patients Seen & Trajectories
Workforce	Nationally, there is a critical lack of skilled workforce. This is exacerbated by an aging workforce and the time it takes to train some staff cohorts (e.g. lab technicians). Diagnostic services within Highland do and will support the ongoing development of national solutions to these issues • Recruitment is challenging at Band 6 level at Raigmore labs (generally have to recruit to B5 and take through specialist training in-house). Belford, Caithness and L&I labs have the same challenge but less resource to train staff in-house. Additionally, only Caithness General Hospital labs (as well as Raigmore) have approval to train staff onsite, therefore Belford and L&I staff must go to Raigmore for training • 32.9% of the laboratory headcount (31.4% of WTE's) is aged over 50, which means a large proportion of service knowledge may be lost within a short timeframe • Vacancies exist across all locations, meaning existing workforce may have an increased workload leading to stress / fatigue • Vacancies in radiographer workforce
Risks	**Finance** Diagnostic services are demand-led, with the cost of tests funded from a central budget (opposed to being recharged to the relevant department / specialty), resulting in non-pa overspends, particularly due to increased outsourcing. This limits financial awareness on the impact of requests on diagnostic services. Potential income generation opportunities such a clinical trials, research and development and private scanning are not exploited due to capacity constraints. Lack of resource will impact ability to deliver on objectives.

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

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

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

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

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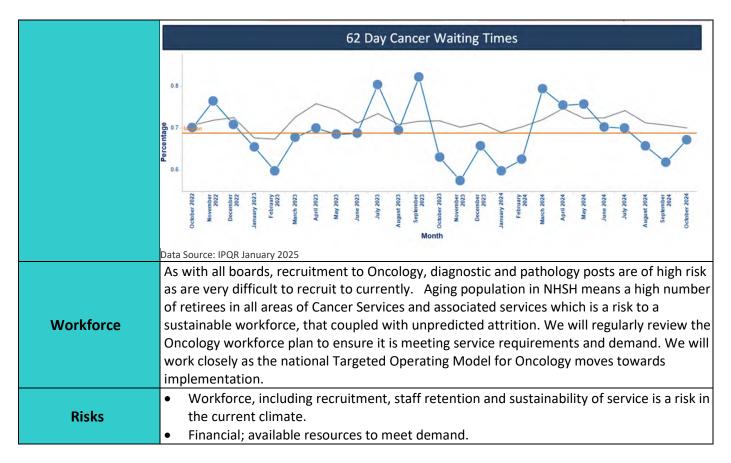
Outcome 13: Journey Well (Cancer)

Well Theme Description	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support
Well Theme Strategic Aim	Through our Cancer Strategic Board, we aim to reduce the fragility which exists in many of the NHSH Highlands cancer service specialities, particularly around the delivery of non-surgical cancer treatments. The aim is to move away from single handed, person dependent services. The Strategic Board also has a focus on a recruitment campaign, in collaboration with our workforce partners. This is to attract staff to vacant posts within the service.

We will ensure that Cancer pathways are person-centred and that we embed patient experience into service redesign.

NHS Highland has identified Non-Surgical Cancer Services as a sustainability risk within the board and work is progressing with Scottish Government through the Oncology Transformation Programme. This is based on a background of a rise in demand of 10% per year experienced nationally, with areas of Oncologist cover at risk due to dependence on individuals for medical care. Furthermore, nursing and pharmacy teams do not currently have the resources to match the increasing workload across Scotland. Part of this is due to increasing cancer incidence, new SACT medicines and increasingly complex treatment algorithms. The national Target Operating Model for Cancer will address and seeks to alleviate these pressures and associated risks in NHS Highland.

While there has been recent improvement in Cancer Waiting Times performance, it is recognised this sits below the national targets and is affected by diagnostic capacity in the face of increased referrals for investigation for cancer symptoms. The Cancer WT Operational Groups will ensure The Operational compliance of Cancer Waiting Times Standards will be managed on a daily and weekly basis. Additionally, that specialties and Diagnostic services have a specific responsibility to manage patients every day in accordance with their agreed Timed Pathways

A Cancer Performance and Delivery group is being formed, with first meeting in Q1 2025. This group will closely monitor performance against both Cancer QPIs and Cancer Waiting Time Standards. This group will also closely monitor the audit of QPIs, including the sign off of QPI submissions and any agreed action plans.   This provides accountability and governance around QPIs in addition to Acute SLT and Clinical Governance. |
| **Objectives** | 1. We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis.
2. We will further develop multi-professional teams to provide the most effective care during the active stages of treatment.
3. We will improve the experience of our population living with and beyond cancer.
4. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations |
| **Scope** | All services receiving USC referrals, and those involved in the diagnosis and treatment of cancer. The scope is NHSH, however although there is some cancer related activity in A&B most treatments are delivered though NHS GGC cancer services for A&B. |
| **Link to NHS Scotland Delivery Planning Guidance** | • Impact on cancer waiting time standards
• Specific improvement plan for 62-day cancer pathway
• Diagnosis at disease stages III and IV
• Cancer Quality Performance Indicators
• SACT Waiting times |

	- Improving waiting times through ongoing delivery of Effective Cancer Management, specifically aimed at improving breast, colorectal and urology pathways - Increasing diagnostic capacity including endoscopy and alternatives, alongside assurances to establish or maintain a Rapid Cancer Diagnostic Service - Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care - Configuring services in line with national guidance and frameworks. Specifically, the Framework for Effective Cancer Management, Six Principles of Good Rehabilitation, Prehabilitation (Key Principles for Implementation), Psychological therapies and support framework, and the Nutrition framework for people affected by cancer - Supporting the work underway of oncology sustainable services including the next phase of considerations for implementation of the proposed Target Operating Model for oncology. Links also to cancer screening described in Outcome 3: Stay Well
Policy Drivers	National Cancer Strategy and Action Plan (2023-2026)
Outcomes for people and reducing health inequalities	- Improved outcomes for patients with timelier referral to diagnosis to treatment - Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes - Encouraging informed uptake of the cancer screening programmes to contribute towards the aim of facilitating earlier and faster diagnosis
Data and Intelligence (link to KPIs table on next page)	NHS Highland is committing to developing real-time data that supports cancer service delivery. Some of the areas we wish to monitor include; - Patient reported outcome measures – to be developed - Patient reported experience measures – to be developed - Staff experience measure – to be developed - Reduced staff sick leave, Workforce data - Increase in ability to recruit to substantive posts, workforce data - Improvement in 62-day standard, with a focus on the earlier diagnosis of breast, colorectal and lung cancers. (awaiting further info from the service 11/2/25) - QPI (National Quality Performance Indicators for Cancer) These will be closely monitored by the new Performance and Delivery Group. This includes actively monitoring the process of audit of Cancer QPI submissions and the agreement of any associated improvement plans. This is an additional level of accountability and governance for the management of QPIs, in addition to Acute SLT and Acute Clinical Governance. Data Source: IPQR January 2025

Data Source: IPQR January 2025	
Workforce	As with all boards, recruitment to Oncology, diagnostic and pathology posts are of high risk as are very difficult to recruit to currently. Aging population in NHSH means a high number of retirees in all areas of Cancer Services and associated services which is a risk to a sustainable workforce, that coupled with unpredicted attrition. We will regularly review the Oncology workforce plan to ensure it is meeting service requirements and demand. We will work closely as the national Targeted Operating Model for Oncology moves towards implementation.
Risks	• Workforce, including recruitment, staff retention and sustainability of service is a risk in the current climate. • Financial; available resources to meet demand.

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

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

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

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

Outcome 14: Age Well

Well Theme Description	We will deliver health services that practice realistic medicine and value-based health and care whilst being proactive, holistic, preventive and patient centred across the life span, enabling patients and clinicians to work together.
Well Theme Strategic Aim	Our system is designed to provide our communities with better information, choice and control over the development and maintenance of their own health and wellbeing particularly during their interactions with health services
Objectives	1. Develop a tiered approach for long term conditions 2. Enable self-management 3. Co-ordinate services to improve patient experience and outcomes 4. Look after our own staff to meet their wellbeing needs 5. Deliver an updated Women's Health Plan 6. Deliver an updated Realistic Medicine plan
Scope	Adults, pan-Highland
Link to NHS Scotland Delivery Planning Guidance	• Primary and Community Care • Urgent & Unscheduled Care • Planned Care • Women and Children's Health Population Health and Reducing Health Inequalities
Policy Drivers	• Value Based Health & Care • Realistic Medicine • GIRFE
Outcomes for people and reducing health inequalities	• Clear pathways for people to access relevant advice, support and services across all tiers • People take more control over their own health and wellbeing • People require fewer appointments to have their health needs met • People have positive experiences of receiving healthcare • Self service options are available for all elements of individual's health and care • Services deliver equity of outcomes • Employee satisfaction and motivation is improved
Data and Intelligence (link to KPIs table on next page)	By implementing our plan across key areas, we aim to improve patient and staff experience. These outcome measures will be developed over the course of the Programme. With the delivery of our plan, we will make it easier for people to support their own health, navigate the health system, ultimately improving the meeting of their healthcare needs and their health outcomes. This programme will respond to the climate emergency by reducing unnecessary travel and addressing polypharmacy. It will also support the reduction of health inequalities by developing targeted interventions across all tiers.
Workforce	Workforce risks included in overview.
Risks	No NHS Highland Level 2 Risks identified

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

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

Age Well: Key Performance Indicators	Target	Timeline	Reported through
Process measures: • Number of people who access of digital resources, e.g. Phio • Number of specialities with clinic build implemented to support self-booking • Number of people who have accessed a Community Link worker • Number of containment product prescriptions • Number of polypharmacy reviews undertaken • Number of anticipatory care plans	TBC	TBC	TBC

Outcome 15: End Well

Well Theme Description	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond.
Well Theme Strategic Aim	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond.
Objectives	1. In partnership, ensure our population has access to palliative and end of life services support round the clock care enabling people to have reasonable choice to die in the setting of their choice. 2. Proactively recognise people who may be in their last year of life and who wish support, being respectful of what matters to them by co-developing anticipatory care plans with them and for them. 3. Ensure we work together to deliver person centred care for our population (and their families) in the last year of life.
Scope	The aspiration is for a pan-Highland approach to meeting the strategic aim of End Well but currently Argyll & Bute have links with NHS Greater Glasgow and Clyde for commissioned services. NHS Highland services and partnership working through the End of Life Care Together (EoLCT) Project with Hospice, Marie Curie, primary care, SAS etc.
Link to NHS Scotland Delivery Planning Guidance	Urgent & Unscheduled Care
Policy Drivers	• Carers (Scotland) Act 2016 • Healthcare framework for adults living in care homes My Health – My Care – My Home is this correct? CEL (2012) 12 Hospice and NHS Boards • Palliative and end of life care: strategic framework for action 2016 – 2021 (to be renewed) • Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework June 2023
Outcomes for people and reducing health inequalities	• Reduce health inequalities to provide palliative care in a homely setting • Improved outcomes and experiences for patients and carers, through proactive anticipatory care planning
Data and Intelligence (link to KPIs table on next page)	By improving identification of people at the end of their life, we enable an improved response to their care needs. This will support a reduction in hospital admissions in the last 3 months of life. By developing confidence and skills in acute and community settings we will support people to die in the setting of their choice. To do this we must also consider the impact of capacity across adult social care, therefore, it will be important to monitor the quality of people's experience – we will do that by understanding how many people with an assessed need for social care die before they receive this.
Workforce	Workforce risks included in overview.
Risks	No Board Level 2 risks have been identified

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

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

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

Outcome 16: Value Well

Well Theme Description	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise
Well Theme Strategic Aim	Improve capacity within health and care services through development of volunteers and third sector organisations
Objectives	*High-level planning priorities for 2025/26* • Developing our partnership with those volunteers, carers, families and organisations who can help support health and social care *From NHS Highland's Health Improvement Work Plan 24-27:* • Build capacity and community resilience and tackle health inequalities using a place-based approach and provide support for newly emerging District Partnerships as appropriate (Work plan 1.2) Linked to Outcome 3: Stay Well and 13: Journey Well: • As part of our work to encourage informed uptake of the national screening programmes, we work with a range of community organisations • Developing our partnership with those volunteers, carers, families and organisations who can help support health and social care, to enable healthy, inclusive and resilient communities.
Scope	Across NHS Highland
Link to NHS Scotland Delivery Planning Guidance	Population Health and Reducing Health Inequalities: • Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions • Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan. • Child Health - Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report • Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation
Policy Drivers	• Fairer Scotland Duty • Child Poverty Plan Equality Act (2010) • Sustainable Procurement Duty • Planning with People: community engagement and participation guidance • Community Empowerment Act (2015)
Outcomes for people and reducing health inequalities	Reducing inequalities by linking to services available in the voluntary and third sector. Key priorities as follows: • Reduced health inequalities resulting from enhanced volunteering and partnership working • From Care Well – Home is Best: Evaluating spend on community teams, unpaid carer services & short breaks, response services, care at home, community palliative care and NHS GG&C delayed discharge • From Care Well – Home is Best: Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need
Data and Intelligence	Performance metrics will be developed as part of a relaunched IPQR report for Highland HSCP.

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

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

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

Outcome 17: Perform Well

Well Theme Description	Ensure we perform and enable well by embedding all these areas in our day-to-day health and care delivery across our system; • Quality & Population Experience • Realistic Medicine • Health Inequalities • Financial Planning and Procurement
Well Theme Strategic Aims	• Quality & Population Experience embedding a continuous improvement culture • Integration of Realistic Medicine principles into our patient care • Embedding NHS Highland's focus on prevention and to tackle health inequalities • Improved Financial Planning – become financially sustainable and achieving efficiencies and value by maximising our use of resources • Risk management systems are variable across NHS Highland. This can be a detriment to organisational learning in how care is delivered, and how resources are spent in pursuit of strategic objectives. NHS Highland forecast deficit of £144.154M (v1 draft financial plan), but with 3% savings to baseline this is reduced to £115.950M including £19.184M within Adult Social Care.
Objectives	**Quality**: Create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care by an outstanding team every day. **Realistic Medicine:** Ensure our population have timely access to quality care using realistic medicine approach, within our financial means. **Reducing Health Inequalities & Prevention:** we will focus on delivering prevention strategies and reducing health inequalities with our partners across our system to reduce the gaps within our communities. **Strategic Transformation:** we will work in partnership to transform health and care outcomes for people and communities with **Resilience and Risk:** We will support all internal and external emergency planning, respond to major incidents and provide specialist advice to our workforce. We will work collaboratively to educate, document and mitigate risk **Corporate Services:** We will develop, implement and review our governance frameworks to demonstrate and deliver accountable information to our Board and committees, Government and our population **Regional & National working collaboratively:** We will work collaboratively across our NHS Board boundaries to be sustainable or where we cannot deliver the service within to benefit our population **Adherence to the Blueprint for Good Governance:** risk management principles. Value and Efficiency work will enable a path to balance in meeting financial and performance targets
Scope	All aspects of care
Link to NHS Scotland Delivery Planning Guidance	Responses to the deliverables noted in the guidance
Policy Drivers	• National Clinical Strategy

	• Value Based Health and Care Action Plan • Blueprint for Good Governance (2022) • Women's Health Plan • Preventative and Proactive Care Programme
Outcomes for people and reducing health inequalities	Delivering improvements in the processes of NHS Highland will improve outcomes for people in NHS Highland by delivering a health and care system that is efficient. This aligns to the Health Secretary speech to the Scottish Parliament on 4 June 2024 (https://www.gov.scot/publications/health-secretary-opening-speech-vision-health-social-care/) Reducing health inequalities is a key aspiration of NHS Highland's strategic transformation programme. Deliverables from Perform Well will contribute to ensure NHS Highland contributes to this vision for health and care services ensure an equitable provision of care, particularly important across the NHS Highland area which covers the largest land mass of any territorial health board in Scotland.
Data and Intelligence (link to KPIs table on next page)	Through the board's financial reporting, updates will progress through NHS Highland's Finance Performance and Resources Committee for assurance on the delivery of the board's financial plan.
Workforce	Workforce risks included in overview.
Risks	There is a risk that NHS Highland will not deliver its planned financial position for 2025/26. NHS Highland will need to redesign to systematically and robustly respond to challenges faced.

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

Perform Well: Medium Term Priorities to 2027/28		
Description	**Ref**	**Due Date**
Realistic Medicine; further integrate within NHS Highland to promote shared decision making and person-centred care as far as possible within current resource.	MTP100	March 2027
Tackling Health Inequalities; We intend: • To reduce the gap in healthy life expectancy between rich and poor • To make an effective contribution to the reduction of poverty including child poverty • To ensure that people have access to opportunities to improve their health • To demonstrate equity of access to effective health services • To be an effective Anchor Institution within Highland and Argyll and Bute • To work effectively with community partners to tackle the most important threats to health and wellbeing and wider determinants of health	MTP101	March 2027
Financial Planning; Ongoing delivery of cost efficiencies as detailed in the board's three-year financial plan. Implement revised secondary / tertiary care commissioning and cost recovery processes.	MTP102	March 2027
Financial planning that is patient outcomes-focused by ensuring efficiencies maximised.	MTP103	Ongoing

Outcome 18: Progress Well: Estates & Climate

Well Theme Description	NHS Highland Climate and Environmental Targets
Well Theme Strategic Aim	NHS Highland is committed towards adopting and meeting the Scottish Government Net Zero aspirations (within the current guidance and recommended timescales).
Objectives	• To be environmentally proactive as we work towards building a sustainable and efficient environment - in line with the national Net Zero carbon commitments (by 2045) to support the delivery of future healthcare in our area. • To reduce our greenhouse gas emissions: Net zero for building energy by 2038 and net zero including supply chain by 2045. Considered areas of heat decarbonisation, fleet and leased vehicles, waste, building energy and medical gases. • To continue to progress the formulation and implementation the boards Environmental Management System (EMS) to help achieve improved environmental performance, enhanced legal compliance, and more efficient use of resources. • Looking at areas within our estate where we can improve green spaces and biodiversity to aid the restoration of nature within our estate as well tackling any environmental pollution. • The development and progress of a Circular Economy culture within NHSH to make the best use of the materials and resources available to us (reduce, reuse and recycle). • Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process. • Reducing environmental impact by adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach. • Reduce wastage and increase the reusing of resources as top goals of the waste hierarchy which will be central to changing our relationship with materials and products. Measures implemented will be based around promoting responsible consumption, production and re-use, while outlining pathways to reduce waste, particularly food waste. This will allow NHS Highland to work towards meeting the current NHS Scotland Route Map targets. • Promoting and where practical, implementing sustainable travel practices to reduce the board's carbon footprint and to protect the natural environment. • Reviewing practices within supply change partners to operate more sustainably to reduce the boards associated Scope 3 emissions.
Scope	The whole of NHS Highland Estate across acute, community and corporate services.
Link to NHS Scotland Delivery Planning Guidance	The delivery of programmes to meet NHS Highland's environmental targets.
Policy Drivers	NHS Scotland climate emergency and sustainability strategy: 2022-2026
Outcomes for people and reducing health inequalities	Clear Climate – improving Net Zero will help support the delivery of improved outcomes for patients through a more-efficient organisation.
Data and Intelligence (link to KPIs table on next page)	Please see Outcome 4 – Anchor Well.
Workforce	Culture change, awareness and education of the entire NHSH workforce will be critical in achieving the required goals.

Risks	The need to meet Net Zero obligations within some of our current infrastructure will require substantial investment to change from fossil fuel systems. Depending on the solution implemented, there may potentially be higher energy running costs depending on the source of supply and market pricing. Challenges in decarbonising fleet/transport in remote areas where there are limitations in the District Network Operator infrastructure or we do not own property to enable the facilitation of EV charging infrastructure.

Progress Well: Key Performance Indicators	Target	Timeline	Reported through
75% towards boards Net carbon Zero Targets	2030	TBC	E&S Board FRPC
Decarbonisation of Heating systems	2038	TBC	E&S Board FRPC
Board net Carbon Zero	2045	TBC	E&S Board FRPC

NHS Highland's Digital Delivery Plan

Well Theme Description	Provision and optimisation of digital systems that empower our communities and enable our staff to work seamlessly; delivering on value and efficiency initiatives and supporting longer-term strategic change and transformation of services.
Well Theme Strategic Aims	- Delivering a digital change and transformation plan for NHS Highland that aligns to the organisation and national priorities, balanced with available resources (workforce and funding) - Delivering a digitally enabled workforce to deliver new models of care that uses technology to transform services - Continue the implementation of the Board's Digital Records Programme across Primary, Community, Social & Hospital Care, along with all the necessary (and funded) supporting infrastructure projects.
Objectives	1. Continue the Implementation of the new hosted GP system via the national GP IT-Reprovisioning programme across all practices in NHS Highland 2. Continue the implementation of the Board's community systems (Morse & Eclipse) 3. Support the procurement and future implementation of a replacement Social Care system ensuring that this links with the appropriate Health systems 4. Continue the implementation of the TrakCare EPR solution across 'EPR Ready' hospitals in NHS Highland. 5. Restart the HEPMA programme specifically focussed around Raigmore and Lorn & Isles hospitals 6. Delivery all the supporting infrastructure programmes associated with the above digital records projects. 7. Support the implementation of resourced national programmes of work i.e. OpenEyes EPR 8. Support the implementation of resourced regional programmes of work i.e. Chemocare 9. Support additional local programmes of work . 10. Embed annual process of digital work planning that links into organisational priorities for operational, local strategic change and supports national programmes of work. This will allow NHS Highland to identify digital change priorities and must be considered alongside innovation and estates priorities. 11. Deliver the clinical, patient, time and financial benefits that can be realised through the implementation of a reliable Digital Record Programme and transformation of the way services are delivered. 12. Create a digital environment that delivers improvements in patient safety. 13. Allow the clinicians of NHSH to safely care for our patients in a timely way in the current digital world. Record essential patient data in a streamlined, accurate way that is easily transferred to other bodies as appropriate and easily retrieved by any clinician responsible for the care of patients. 14. Provide the necessary user environment to allow clinicians to use the clinical applications within an EPR safely in the appropriate locations. 15. Provide clinicians with the tools they require to manage their workload and patients in a modern standardised digital environment. 16. Make NHS Highland a place that clinical staff are attracted to and want to commit to.
Scope	The programme includes activities aimed at improving the efficiency and productivity of staff across NHS Highland (clinical and non-clinical). The expectation is that these service improvements will lead to financial savings across NHS Highland enabled by the deployed digital solutions. This strategy supports all the NHS Highland area
Link to NHS Scotland	**Digital Maturity Assessment (DMA)** is being used dynamically throughout the year to support implementation of digital change strategy projects. Use of the DMA in this way provides progress reporting and baseline data gathering to support evaluation of implementation; benefits realisation; identification of lessons learned and areas for improvement that can be incorporated in digital improvement planning, priority setting and future digital Strategy.

Delivery Planning Guidance	- Alongside this ongoing application of the DMA, the DMA staff survey is also carried out at least once per year. The staff survey outputs are compared with previous outputs to evaluate progress and to identify areas for improvement. A Digital Maturity improvement plan is being developed following the second DMA staff survey, this will be integrated with the Board's Digital Strategy to support priority setting and ensure that the strategy is aligned with where areas for improvement are identified. **Digital Skills Matrix (DSM)** is being developed to support the implementation of EPR. The DSM will provide a baseline for digital skills across the organisation, highlighting and enabling the development of training packages to address gaps in digital skills – a parallel DSM has been developed and trialled for administrative staff, the evaluation of which will inform further iteration of the EPR DSM **Speech Recognition (Dragon Medical One)** - Phase 1 deployment was approved in December 2024. Planning in progress for roll out in Acute and evaluation for further deployment across community services. **Cyber Resilience** **National Digital Programmes**
Policy Drivers	- Digital Health & Care Strategy Scotland Digital health and care strategy - gov.scot - NHSH Digital Delivery Plan Digital Plan March 2024v1.xlsx.url - Digital Maturity Assessment - Digital and Data Capabilities Framework https://learn.nes.nhs.scot/76142

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

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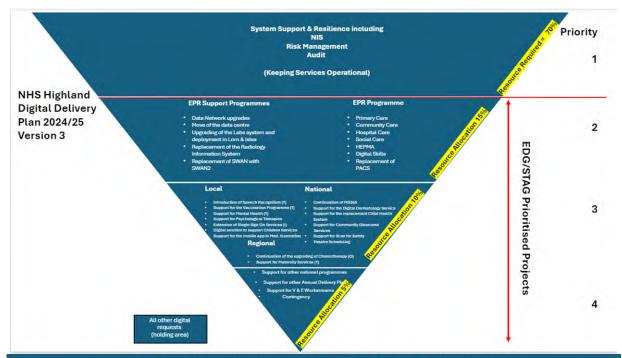
Digital Delivery Plan: Medium Term Priorities to 2027/28		
Description	**Ref**	**Due Date**
Hospitals EPR	MTP104	2026/27
GP EPR	MTP105	2026/27
EPR Support Programme	MTP106	2026/27
Data Network Upgrade	MTP107	2026/27
M365	MTP108	2026/27
Digital Front Door	MTP109	2025/27

** Please see Delivery Plans below

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

NHS Highland Digital Delivery Plan 2024/25 Version 3

Priority 1

System Support & Resilience including
NIS
Risk Management
Audit

(Keeping Services Operational)

Resource Required = 70%

Priority 2

EDG/STAG Prioritised Projects

EPR Support Programmes
- Data Network upgrades
- Move of the data centre
- Upgrading of the Labs system and deployment in Lorn & Isles
- Replacement of the Radiology Information System
- Replacement of SWAN with SWAN2

EPR Programme
- Primary Care
- Community Care
- Hospital Care
- Social Care
- HEPMA
- Digital Skills
- Replacement of PACS

Resource Allocation 15%

Local
- Introduction of Speech Recognition (T)
- Support for the Vaccination Programme (T)
- Support for Mental Health (T)
- Support for Psychological Therapies
- Extension of Single Sign On Services (I)
- Digital solution to support Children Services
- Support for the mobile app in Med. Illustration

National
- Continuation of MS365
- Support for the Digital Dermatology Service
- Support for the replacement Child Health System
- Support for Community Glaucoma Services
- Support for Scan for Safety
- Theatre Scheduling

Resource Allocation 10%

Regional
- Continuation of the upgrading of Chemotherapy (O)
- Support for Maternity Services (T)
- Support for other national programmes
- Support for other Annual Delivery Plan
- Support for V & E Workstreams
- Contingency

Resource Allocation 5%

All other digital requests (holding area)

Priority 3

Priority 4

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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 • MS365	• 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

Argyll and Bute HSCP ADP 25/26 and MTP priorities

Draft Joint Strategic Plan Priorities

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

TB = A&B Transformation Board Priority

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

1.6	Work with primary care and planning to scope implementation of the Community Glaucoma Service across A&B.					
1.7	**Consultant-led Sexual Health Services** Ensure access to specialist consultant-led sexual health services NHS GG&C/Glasgow City HSCP as part of the overall sexual health service improvement plan for A&B.	✔			✔	
1.8	Scope and plan introduction of Digital Dermatology Service	✔			✔	
1.9	**Osteoporosis** In conjunction with primary and community care, agree osteoporosis therapies pathways following DEXA scan, improving timely and local access to treatment.	✔				
1.10	**Trauma** Improve trauma/fracture aftercare pathways delivered by QEUH to Campbeltown including arrangements for virtual fracture clinic.	✔			✔	

Indicative Priorities for 2026-27 and 2027-28

Completion of RGH review and implementation of actions

Further roll out of ophthalmology service changes including collaboration with primary care on Community Glaucoma Service and other CfSD ophthalmology pathways supported by Open Eyes

Further roll out of other CfSD pathways

Work on pathways likely to be ongoing as A&B responds to service redesign in GGC and ongoing need to review outreach arrangements

Risks to Delivery

Workforce, specifically where the A&B requirement is less than 1WTE

Required investment in sexual health services outstrips available funding

Complex cross border flows need to be considered and can slow implementation of national and board-wide transformation programmes

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

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

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

	Learning Disability services						

Indicative Priorities for 2026-27 and 2027-28
Implementation of Dementia Bed and Pathways Review
Implementation of Recommendations from review of inpatient psychiatry service and work on IPCU pathways

Risks to Delivery
There is a risk to the sustainability of the longstanding SLA with NHS GG&C for the provision of adult and elderly community mental health services to the Helensburgh and Lomond. Recruitment challenges may impact service delivery.

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

#		C1	C2	C3	C4	C5	C6
	Out of Hours	✓				✓	
4.11	Revision and roll out of new business to business OOH GP contracts across the HSCP including a clear focus on preventing unnecessary admission, clear arrangements for ongoing contract management and quality improvement. Establish our current position and establish working group to establish integrated system approach to renewal. Links with Urgent and Unscheduled Care Programmes.						
4.12	Establish safe and cost-effective out of hours medical service in Jura that meets the healthcare requirements of local residents.						
	Overlapping Primary Care and Community Care		✓	✓		✓	
4.13	Community Link Working						
	As part of the Primary Care Modernisation programme, continue to deliver community link working in identified GP practices. There is joint reporting of this work to the Living Well Programme Board due to the funding from Macmillan Cancer Support. This service is delivered under contract with the provider WithYou and contract monitoring is done by Public Health						
4.14	Community Services Standards	✓	✓	✓		✓	✓
	The Community Adult Services Integrated Plan sets out a number of actions in relation to agreeing community standards of care. Areas of work include:						
	Redefinition of Single Point of Contact (SPoC) Access						
	Redesign of assessment and care management frameworks, including care reviews						
	Development of preventative models of care and urgent community response						
	Development of Intermediate Care inpatient models – Stepping up and Stepping Down						
	Develop a revised approach to Discharge Coordination						
	Discharge to Assess (D2A)						
	Digital First and Virtual Care Management, Including Virtual Ward						
4.15	The Time to Care Project	✓				✓	✓
	Facilitated by Meridian and funded by NHS Highland. It is intended to model how staff time is used within community teams with the objective of increasing the time staff have available to spend with patients and clients. The process will also focus on the training and development of systems and people at team leader and management levels.						

No.	Description						
4.16	**Mid Argyll Kintyre and Islay (MAKI) Service Model** Review all community and community hospital services delivered across the area to address consistent and continuing staffing shortages and identify areas of unnecessary duplication. Note this will be inclusive of all health, social work and social care resources.	✓				✓	
4.17	**Care at Home Strategy and Argyll &Bute organisational redesign** The care at home service is currently undergoing change both with external providers and organisational redesign of the Argyll and Bute delivered service. The new contract was introduced in November 2024. Full organisational redesign of the Argyll and Bute service is underway. The care at home service impacts on a wide range of other services such as those offered by community nurses, AHP teams and demand for residential care.	✓	✓			✓	✓
4.18	**Care Homes and Intermediate Care** A strategic development process is underway in respect of Argyll and Bute registered and HSCP operated care homes (but also the role of the independent provider provision) overseen by the Care Homes and Housing Programme Board. This strategic assessment is likely to inform models of care for the future and has key links with housing. Bowman Court Redesign (Mull): a proposal to change service delivery model and structure/use of building which is currently a progressive care/supported housing model.	✓	✓			✓	✓
4.19	**Day Services** The IJB asked for a review of day supports and services for older adults. Working with the Third Sector Interface to commission a mapping exercise.		✓	✓		✓	✓
4.20	**Responder Service and Mobile Teams** A working group has been established to review the responder and mobile teams service contracts and how it relates to the range of services and staffing models within the service to improve system efficiency and reduce duplication of effort.					✓	
4.21	**Distress Brief Intervention (DBI)** Develop a new service specification and funding model for DBI and provide first contact for people in distress throughout Argyll & Bute. This is being overseen by Public Health. The purpose of the service is to provide caring and compassionate support at the point of need and reduce the need for people to wait for HSCP services.		✓	✓		✓	

			1	2	3	4	
4.22	Suicide Prevention Steering Group To co-ordinate the multi-disciplinary response to suicide prevention in Argyll and Bute. A Steering Group meetsregularly to develop and oversee implementation of a local action plan and respond to national policy direction.		✓	✓	✓	✓	

Indicative Priorities for 2026-27 and 2027-28
Implementation of Community Standards
Implementation of organisational change processes arising from MAKI and Time To Care Projects
Implementation of actions arising from of Scottish Government's Route Map for Primary Care.
Continue to roll-out and develop pathways for an integrated phlebotomy service across primary and secondary care.
Complete roll out of Community Glaucoma Service for A&B by 2026.

Risks to delivery
Organisational change processes are likely to be a barrier to delivering service redesign. Adverse impact upon workforce and lack of HR and support service support to effect change.
There is a risk that the HSCP is not in a position to support the implementation of the new GP contract as a result of availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk to full implementation across remote and rural areas.
Complete roll out of Community Glaucoma Service may not be possible by end of 2025-26 as Open Eyes has not been rolled out yet by NHS Highland. In addition, secondary care pathways to NHS GG&C add an additional level of complexity.
There is a risk the DBI will not be delivered due to lack of funding, staffing capacity, oversight and leadership. Work to establish an Implementation Group in Argyll and Bute has begun but is challenging due to staffing capacity.

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

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

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

6.	Population Health and Reducing Health Inequalities	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
6.1	NHS Highland Joint Health Improvement Plan Argyll and Bute health improvement staff will continue to work with colleagues in NHS Highland on a Joint Health Improvement Plan for 2024-2026, achieving efficiencies in some areas by working board wide. [Complete? Change to implementation of Joint Health Improvement plan for 2024-26?]	✓	✓	✓		✓	
6.2	Living Well Programme The Living Well Strategy continues to be delivered by a multi-agency programme board and has joint reporting to the Community Planning Partnership as well as the IJB. The strategy is in the process of being updated and a new iteration will launch in 2025. This will have updated actions in relation to how to better equip staff who deliver health and care services to have preventative conversations with the people they support. The three main programme deliverables are: - Community assets to build more community based support for people to live well - One front door to enable people to access this support - Targeted wellbeing coaching for people most likely to benefit from being more active eg those at risk of falls and/or fractures	✓	✓	✓	✓	✓	✓
6.3	Equality Outcomes and Mainstreaming Reporting Report on the HSCP equality outcomes for the period 2021 – 2025 and prepare new Equality Outcomes for the next four years, taking account of the partner organisations, NHS Highland and Argyll and Bute Council.	✓	✓	✓			
6.4	Launch a revised Alcohol and Drug Strategy in 2025	✓		✓			
6.5	Sexual Health Implementation of system-wide sexual health improvement plan for A&B. Improve A&B-wide coordination and management of sexual health related stands of work across the HSCP including appropriate links with NHS Highland and NHS GG&C structures.	✓	✓	✓		✓	

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

7.	Finance, Infrastructure and Value Based Health and Care	JSP Priorities and Transformation Board					
	2025-26 Deliverables	1	2	3	4	5	TB
	Other Savings Proposals					✓	✓
7.1	Review of care packages - Care @ Home packages - LD/PD and Mental Health packages - Direct payments (Self Directed Support)						
7.2	Fleet Tendering and Booking and Purchasing					✓	✓
7.3	Review of HSCP Contracts and Service Level Agreements					✓	✓
7.4	Value Based Care A&B will embed : - Reducing unwarranted variation - Shared and informed decision making - Reduction in lower value testing, treatments, care, and interventions - GIRFE						
	Indicative Priorities for 2026-27 and 2027-28						
	The following actions in relation to overall service and financial sustainability have been highlighted elsewhere in the ADP and may result in savings proposals for 2026-27 and beyond. - Rural General Hospital Review - Reducing unnecessary admission - Review of care packages						

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

Risks to delivery
In the medium term, there is a risk of financial failure arising from costs and demand outstripping funding. This could be as a result of demand, cost pressures and inflation, failure to deliver savings or as a result of the level of delegated resource to the IJB from Scottish Government and / or partners being insufficient to deliver on strategic objectives.
Assets are owned by the Council and Health Board. Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or those assets are not being used or managed efficiently and effectively.

8.	Workforce	JSP Priorities and Transformation Board					
	2025-26 Deliverables	**1**	**2**	**3**	**4**	**5**	**TB**
8.1	[Argyll & Bute Strategic Workforce Plan 2022-25](#) Workforce Planning Oversight Group is in place with representation across the services and employers. Four working groups have been established to channel existing work and deliver against the workforce plan action plan: - Accommodation - Culture and Wellbeing - Attracting the workforce - Developing the workforce.	✓			✓	✓	
8.2	Continue implementation of partnership approach to workforce planning, sharing best practice across employers using a workforce planning cycle and risk assessment to target additional support for managers.	✓			✓	✓	
8.3	Progress Implementation of Safe Staffing Act, including actions from Establishment Reviews and Service Workforce Plans	✓			✓	✓	
8.4	Review/Update Strategic Workforce Plan	✓			✓	✓	
8.5	Participation in Transformation and Resilience of Admin (TARA) Programme with NHS Highland				✓	✓	
Indicative Priorities for 2026-27 and 2027-28							
Progress Implementation of Safe Staffing Act, including actions from Establishment Reviews and Service Workforce Plans							
Implementation of actions for updated HSCP Strategic Workforce Plan							
TARA implementation							
Risks to delivery							
There is a risk that A&B will not have the required workforce to deliver strategic objectives which will impact the capacity to deliver new models of health and social care.							

9.	**Digital and Innovation**	**JSP Priorities and Transformation Board**

2025-26 Deliverables	1	2	3	4	5	TB
9.1 Scope and plan Digital First Programme with focus on: - Promotion of information about commercial TEC products that can support/prolong independence for people that do not require support from formal/statutory services - Prioritise workstreams in relation to preventing acute admissions and supporting discharge without delay - Piloting and introducing digital care at home solutions (remote welfare and medication checks, hydration kits etc.)	✓	✓	✓		✓	✓
9.2 Analogue to Digital Switchover All A&B telecare clients have a digital solution in place by 31 December 2025	✓		✓		✓	✓
9.3 MS Teams federation To support collaboration across NHS and council. Phase 1 of federation is complete. Phase 2 of this project due to be started by the Digital Office. Scope of that work and what features will be available for HSCP purposes yet to be defined. Update?	✓				✓	
9.4 Electronic Patient Record Roll out of Track ED across all A&B ED departments to support data capture and ensure electronic patient record is in place.	✓				✓	
9.5 Working alongside NHS Highland to implement the 'Open Eyes' system which is the recognised EPR for Ophthalmology. This is central to roll out of Community Glaucoma Service and will minimise the clinical risk associated with the current viewing platform which is not considered appropriate long term.	✓				✓	
9.6 Roll out of 'Order Comms' whole system electronic process for requesting, reviewing and signing off tests and subsequent results via Trakcare PMS.	✓				✓	
9.7 Phase 2 of Eclipse Case Management System Phase 2 Discovery session completed in December 2024. Project Plan for testing and delivery to be presented to the Project Board in January 2025	✓		✓		✓	
9.8 North of Scotland Care Portal- Further roll-out of the Dynamic Patient Summary is dependent on the completion of the Phase 2 Eclipse project in April 2025. OLM have confirmed that the link between Care Portal and Eclipse has been used in other partnerships successfully.						
Indicative Priorities for 2026-27 and 2027-28						
Progress of Digital First Programme priorities						

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

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

Further roll out of EV fleet and required infrastructure
Risks to delivery
Assets are owned by the Council and Health Board. Risk that these do not meet the current and future requirements due to underinvestment in maintenance, equipment and ICT or those assets are not being used or managed efficiently and effectively.

Annual Delivery Plan
2025 – 2026

Medium Term Plan
2027 – 2028

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
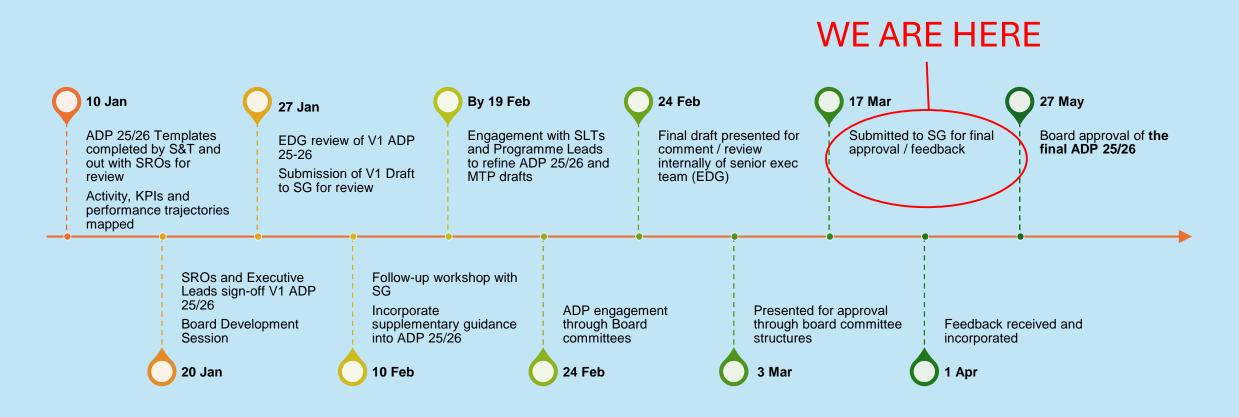
Summary of development of V3 FINAL DRAFT

- ADP 25/26 V3 incorporates updates to 12/03/25 at Noon

- The main development has been the categorisation of ADP 25/26 Deliverables and MTP priorities into a colour-coded scheme that designates where these are relevant to Highland-only, Argyll & Bute-only, pan-Highland, Regional or National actions

- the final document ahead of submission to SG, due 17th March

- Once approval received from SG, ADP 25/26 will progress through for approval of NHS Highland Board

- Quaterly updates on progress against 25/26 Deliverables will be reported to EDG, beginning in July 2025

ADP 25-26 Development Timeline

WE ARE HERE

10 Jan
ADP 25/26 Templates completed by S&T and out with SROs for review

Activity, KPIs and performance trajectories mapped

27 Jan
EDG review of V1 ADP 25-26

Submission of V1 Draft to SG for review

By 19 Feb
Engagement with SLTs and Programme Leads to refine ADP 25/26 and MTP drafts

24 Feb
Final draft presented for comment / review internally of senior exec team (EDG)

17 Mar
Submitted to SG for final approval / feedback

27 May
Board approval of **the final ADP 25/26**

20 Jan
SROs and Executive Leads sign-off V1 ADP 25/26

Board Development Session

10 Feb
Follow-up workshop with SG

Incorporate supplementary guidance into ADP 25/26

24 Feb
ADP engagement through Board committees

3 Mar
Presented for approval through board committee structures

1 Apr
Feedback received and incorporated

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

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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 retendering exercise for hours or care provision – **March 2026**
- Developing local care model, building on discovery work in Lochaber, Caithness and North Coast – **March 2026**
- Develop NHS Highland's Community Hospital strategy and consider future options for services - **March 2026**
- Roll out Annual Service Planning across all Health and Social Care areas - **June 2025 onwards**
- Development of ASC Workforce plan – **March 2026**
- Commission supporting strategies from Corporate Services – **March 2026**
- Commence AHP (OT/Physio) presence in ED Raigmore – **April 2025**
- Develop and implement Criteria Lead Discharge – **June 2025**
- Scope case for Discharge to Assess (D2A) in conjunction with SW and prof leads – **May 2025 for business case**
- Development of TOM for community rehabilitation – **September / October 2025**
- TOM and D2A to factor all elements of intermediate care as alternatives to acute – **March 2026**

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

Outcome 9b: Care Well – Primary Care ADP 25/26 V3 DRAFT Executive Lead: Pam Stott

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

Outcome 16 : Value Well

Executive Leads: Pam Stott and Tim Allison

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

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Outcome 18: Progress Well: Estates & Climate

Executive Lead: Richard Macdonald

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

NHS Highland

Meeting: **NHS Highland Board Meeting**

Meeting date: **27 May 2025**

Title: **Finance Report – Month 12 2024/2025**

                                   Draft Year End position

Responsible Executive/Non-Executive: **Heledd Cooper, Director of Finance**

Report Author: **Elaine Ward, Deputy Director of Finance**

Report Recommendation:

The Committee is asked to **Examine** and **Consider** the content of the report and take **Moderate Assurance**.

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1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:
- Annual Operating Plan

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	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 12 (March) 2024/2025. This report represents a draft year end position and is subject to change pending any final adjustments and Audit Scotland scrutiny of the Annual Report & Accounts.

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2024/2025 financial year in March 2024. This plan presented an initial budget gap of £112.491m. With a brokerage cap of £28.400m this meant cost reductions/ improvements of £84.091m were required. The Board received feedback on the draft Financial Plan 2024-27 on the 4 April 2024 which recognised that "the development of the implementation plans to support the above savings options is still ongoing" and therefore the plan was still considered to be draft at this point. The feedback also acknowledged "the significant progress that has been made in identifying savings options and establishing the appropriate oversight and governance arrangements".

Following submission and feedback from the draft Financial Plan confirmation was received that the cost of CAR-T, included within the pressures, would be funded nationally.

There was also notification of an additional allocation of £50m nationally on a recurring basis, specifically to protect planned care performance. The NHS Highland share on an NRAC basis was £3.3 million. This funding was to enable NHS Highland to maintain planned care performance whilst reducing the distance from the brokerage limit in 2024/25.

Additionally, Argyll & Bute IJB confirmed its ability to deliver financial balance through the use of reserves.

A paper was taken to the NHS Highland Board on 28 May recommending that the Board agree a proposed budget with a £22.204m gap from the brokerage limit of £28.400m, totalling a £50.6m planned deficit – this was agreed and was reflected in monitoring reports presented to the Finance, Resources & Performance Committee and the NHS Highland Board.

Following the quarter 2 review with Scottish Government the Board was informed of a revision to the brokerage cap. For the 2024/2025 financial year £49.700m has been made available.

2.3 Assessment

At the end of March 2025 (Month 12) an underspend of £0.206m is reported. This position has been delivered following the application of £49.700m of brokerage and additional funding from the Highland Council Transformation Fund to support the Adult Social Care position.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

It is only possible to give moderate assurance at this time. The position reported aligns with the Scottish Government Brokerage cap and was an improvement from the initial plan but still presents a position with is significantly adrift from financial balance.

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2024/2025 and beyond and are continuing to provide additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland continues to be escalated at level 3 in respect of finance.

3.4 Risk Assessment/Management

There is a risk associated with the delivery of the Value & Efficiency programme. The Board are developing further plans to generate cost reductions/ improvements. There is an emerging risk associated with allocations – this has been reflected in the forecast year end position.

3.5 Data Protection

There are no Data Protection risks associated with this report.

3.6   Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.7   Other impacts

None

3.8   Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Monthly financial reporting to Scottish Government
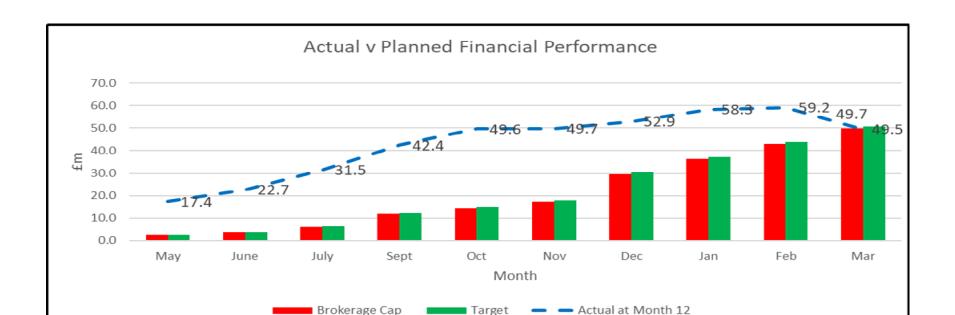
3.9   Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG
- FRPC

4.1   List of appendices

Month 12 Finance Presentation

Finance Report –Month 12 (March) 2024/2025
Draft – Subject to final adjustments & audit

MONTH 12 2024/2025 –MARCH 2025

Actual v Planned Financial Performance

Chart data (£m):

Month	Brokerage Cap	Target	Actual at Month 12
May			17.4
June			22.7
July			31.5
Sept			42.4
Oct			49.6
Nov			49.7
Dec			52.9
Jan			58.3
Feb			59.2
Mar	49.7	49.5	

Target	YE Position £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	49.5
Delivery against Brokerage Cap DEFICIT/ SURPLUS	0.2
Deliver against Target agreed with Board YTD DEFICIT/ SURPLUS	1.1

- Year end deficit of £49.5m before application of SG Brokerage
- £0.2m better than revised brokerage limit
- £1.1m better than target agreed with Board May 2024
- When brokerage applied reported year end position is a £0.21m underspend

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MONTH 12 2024/2025 – MARCH 2025

Summary Funding & Expenditure	FY Plan £m	FY Actual £m	FY Variance £m
Total Funding	1,305.241	1,305.241	-
Expenditure			
HHSCP	478.608	492.256	(13.648)
Acute Services	327.438	343.843	(16.405)
Support Services	217.944	187.686	30.258
Sub Total	**1,023.990**	**1,023.784**	**0.206**
Argyll & Bute	281.252	281.252	-
Total Expenditure	**1,305.241**	**1,305.036**	**0.206**

MONTH 12 2024/2025 SUMMARY

- Underspend of £0.206m reported following application of £49.700m brokerage received from Scottish Government
- Position without brokerage would be an overspend of £49.494
- Adult Social Care position has been offset via funding from Highland Council Transformation fund and application of brokerage

MONTH 12 2024/2025 – MARCH 2025

KEY RISKS
👎

- ASC – breakeven position confirmed for 2024/2025 but overall position continues to be a risk into 2025/2026

Generic risks which will continue into 2025/2026:

- Supplementary staffing – spend continues to fluctuate but overall less than 2023/2024

- Prescribing & drugs costs – increases in both volume and cost.

- Increasing ASC pressures – suppliers continuing to face sustainability challenges

- Health & Care staffing

- Ability to delivery Value & Efficiency Cost Reduction/ Improvement Targets

- SLA Uplift

- Allocations less than anticipated

MITIGATIONS
👍

- Funding position agreed to balance Adult Social Care

- Adult Social Care funding from SG confirmed as higher than anticipated

- Development of robust governance structures around agency nursing utilisation

- Additional New Medicines funding

- Financial flexibility / balance sheet adjustments

- MDT funding reinstated following positive discussion with SG

- Increase to the initial brokerage limit

- Reduction in CNORIS contribution

- Additional funding for AfC non pay element of 2023/2024 pay award

MONTH 12 2024/2025 – MARCH 2025

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	909.542
Baseline Funding GMS	5.291
FHS GMS Allocation	73.949
Supplemental Allocations	100.517
Non Core Funding	37.94
Total Confirmed SGHSCD Funding	**1,127.241**
Anticipated funding	
Non Core allocations	48.673
Core allocations	0.000
Total Anticipated Allocations	48.673
Total SGHSCD RRL Funding	**1,175.914**
Integrated Care Funding	
Adult Services Quantum from THC	141.522
Childrens Services Quantum to THC	(12.194)
Total Integrated care	129.328
Total NHS Highland Funding	**1,305.241**

FUNDING

- Full year funding of £1,305.241m received
- Final adjustments still in progress with SG.
- This includes £49.700m of brokerage

MONTH 12 2024/2025 – MARCH 2025

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	HHSCP			
272.451	NH Communities	272.451	278.733	(6.282)
58.317	Mental Health Services	58.317	60.040	(1.723)
164.066	Primary Care	164.066	165.698	(1.632)
(16.227)	ASC Other includes ASC Income	(16.227)	(12.215)	(4.011)
478.608	**Total HHSCP**	**478.608**	**492.256**	**(13.648)**
	HHSCP			
302.964	Health	302.964	305.698	(2.733)
175.643	Social Care	175.643	186.558	(10.915)
478.608	**Total HHSCP**	**478.608**	**492.256**	**(13.648)**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	782	6,168
Agency (Nursing)	451	3,310
Bank	780	9,441
Agency (exclu Med & Nurs)	171	2,009
Total	**2,184**	**20,928**

HHSCP

- Full year overspend of £13.648m reported
- The overspend within ASC has been offset with slippage on health funding and the application of brokerage and THC transformation funding
- Prescribing & Drugs contributed £2.249m to the overspend
- £2.519m of ASC V&E cost reductions/ improvements delivered
- Supplementary staffing costs of £20.928m within overall position
- £1.750m incurred in unbudgeted out of area placement costs

MONTH 12 2024/2025 – ADULT SOCIAL CARE

Services Category	Annual Budget £000's	Actual £000's	Variance £000's
Total Older People - Residential/Non Residential Care	60,227	58,610	1,617
Total Older People - Care at Home	38,008	41,151	(3,143)
Total People with a Learning Disability	49,969	54,222	(4,253)
Total People with a Mental Illness	10,370	9,360	1,009
Total People with a Physical Disability	9,352	10,226	(874)
Total Other Community Care	13,165	13,197	(32)
Total Support Services	(4,917)	(847)	(4,070)
Care Home Support/Sustainability Payments	0	1,349	(1,349)
Total Adult Social Care Services	176,173	187,268	(11,095)
Less ASC Estates	530	710	(180)
Total Adult Social Care Services - Revised	175,643	186,558	(10,915)

ADULT SOCIAL CARE

- The reported position for ASC is an overspend of £10.915m. This overspend has been covered by a combination of slippage on health funding and the application of brokerage.
- £2.161m was drawn down from THC transformation fund with a further contribution of £5.6m from the Transformation Fund to in support of the reported position
- £4.052m of supplementary staffing costs within in-house care homes are included within the year to date position

MONTH 12 2024/2025 – ADULT SOCIAL CARE

NHSH Care Homes Supplementary Staffing

Care Home	Month 12 Agency £000's	Bank £000's	Total YTD £000's
Ach an Eas	-	28	237
An Acarsaid	-	14	133
Bayview House	-	16	218
Caladh Sona	-	-	8
Dail Mhor House	-	1	3
Grant House	25	16	284
Home Farm	118	8	1,240
Invernevis	12	13	202
Lochbroom	-	14	206
Mackintosh Centre	-	3	9
Mains House	46	8	631
Melvich	-	4	63
Pulteney	-	24	290
Seaforth	-	26	287
Strathburn	-	-	70
Telford	1	11	58
Wade Centre	-	11	114
Total	**202**	**196**	**4,052**

- Ongoing reliance on agency/ bank staffing within Home Farm and Mains House

MONTH 12 2024/2025 – MARCH 2025

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000
88.916	Medical Division	88.916	100.113	(11.196)
23.678	Cancer Services	23.678	24.881	(1.203)
74.758	Surgical Specialties	74.758	78.732	(3.974)
40.858	Woman and Child	40.858	40.657	0.201
49.072	Clinical Support Division	49.072	48.784	0.288
(8.379)	Raigmore Senior Mgt & Central Cost	(8.379)	(7.778)	(0.601)
27.874	NTC Highland	27.874	26.459	1.414
296.778	Sub Total - Raigmore	296.778	311.849	(15.071)
15.008	Belford	15.008	15.273	(0.264)
15.652	CGH	15.652	16.721	(1.069)
327.438	Total for Acute	327.438	343.843	(16.405)

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	1,098	11,765
Agency (Nursing)	313	3,641
Bank	632	8,097
Agency (exclu Med & N	127	1,364
Total	2,170	24,867

ACUTE

- £16.405m overspend reported
- Main drivers for overspend were supplementary staffing and drug costs
- Non compliant junior doctor rotas contributed £1.078m to this position
- £3.756m of costs incurred on unfunded services
- Estimate of costs associated with patients being in the wrong care setting of £6.098m included outturn

MONTH 12 2024/2025 – MARCH 2025

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Support Services			
12.022	Central Services	12.022	34.784	(22.762)
52.531	Central Reserves	52.531	-	52.531
51.504	Corporate Services	51.504	49.515	1.988
55.174	Estates Facilities & Capital Planning	55.174	54.545	0.629
17.206	eHealth	17.206	17.728	(0.522)
29.507	Tertiary	29.507	31.113	(1.606)
217.944	**Total**	**217.944**	**187.686**	**30.258**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	-	2,187
Agency (Nursing)	55	59
Bank	616	4,092
Agency (exclu Med & Nurs)	246	572
Total	**917**	**6,910**

SUPPORT SERVICES
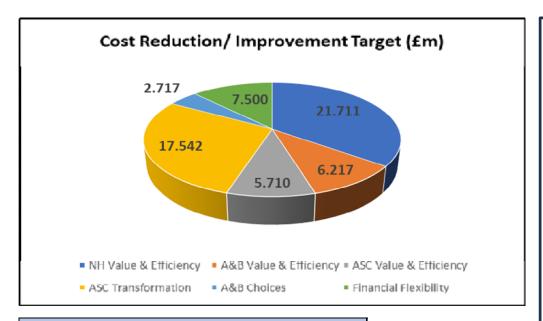
- YTD underspend of £30.258m – this is due to £49.700m of Brokerage received from SG
- Vacancies within the Estates and Facilities teams and income / rebates in respect of the New Craigs PFI have mitigated pressures in provisions, leases, postage and additional cleaning costs.
- Within eHealth significant increases in the costs of service contracts and IT contractor usage were the main drivers for the overspend
- Out of Area Forensic Psychiatry costs, TAVI procedures, rheumatology drugs continue have contributed
- towards the overspend within Tertiary. Increased SLA costs brought forward from previous years have also impacted

MONTH 12 2024/2025 – MARCH 2025

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Argyll & Bute - Health			
134.523	Hospital & Community Services	134.523	136.064	(1.542)
42.454	Acute & Complex Care	42.454	44.344	(1.890)
11.419	Children & Families	11.419	11.479	(0.060)
42.779	Primary Care inc NCL	42.779	42.864	(0.085)
24.877	Prescribing	24.877	25.040	(0.164)
13.310	Estates	13.310	13.469	(0.160)
7.864	Management Services	7.864	7.507	0.358
4.027	Central/Public health	4.027	0.484	3.543
281.252	**Total Argyll & Bute**	**281.252**	**281.252**	**-**

Locum/ Agency & Bank Spend	In Month £'000	YTD £'000
Locum	584	6,963
Agency (Nursing)	119	2,109
Bank	251	3,163
Agency (exclu Med & Nurs)	92	671
Total	**1,045**	**12,906**

ARGYLL & BUTE

- Argyll & Bute have delivered a breakeven position through flexibly utilising reserves
- The use of supplementary staffing continued to adversely impact on the financial position but was mitigated by a significant number of ongoing vacancies
- Out of Board cost per case charges and out of area long stay patient treatments have also impacted on the position

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Cost Reduction/ Improvement Target (£m)

Pie chart values:
- 2.717
- 7.500
- 21.711
- 17.542
- 5.710
- 6.217

Legend:
- NH Value & Efficiency
- A&B Value & Efficiency
- ASC Value & Efficiency
- ASC Transformation
- A&B Choices
- Financial Flexibility

Board agreed plan	
	Target £000s
Opening Gap	**112.001**
Closing the Gap	
NH Value & Efficiency	21.711
A&B Value & Efficiency	6.217
ASC Value & Efficiency	5.710
ASC Transformation	17.542
A&B Choices	2.717
Financial Flexibility	7.500
GAP after improvement activity	50.604
GAP from Brokerage limit	**22.204**

COST REDUCTON/ IMPROVEMENT

- At the NHS Highland Board Meeting on 28 May the Board agreed to a proposed budget with a £22.204m gap from the brokerage cap – subsequently the brokerage cap has been increased to £49.7m but this has not impacted on the cost reduction/ improvement target
- Overall savings of £43.129m have been recorded. This includes benefits from actions taken to mitigate slippage against the V&E programme

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MONTH 12 2024/2025 – MARCH 2025

V&E Reduction Programmes as per Area

Value & Efficiency M12	V&E Original Plan				V&E Current Plan Fy 2024-25			
	2024-25 Original Target (£'000)	Total Achieved & Forecasted (£'000)	GAP (£'000)	% of In Delivery vs Original Target	2024-25 Current Target/Plan (£'000)	2024-25 Plan Achieved (£'000)	2024-25 Plan Forecasted (£'000)	GAP
Value & Efficiency - North Highland	21,711	10,256	-11,455	47%	10,256	10,256	0	-0
Value & Efficiency - Argyll & Bute	6,217	5,610	-607	90%	5,610	5,610	0	-0
Total Value & Efficiency	**27,928**	**15,866**	**-12,062**	**57%**	**15,866**	**15,866**	**0**	**-0**
Value & Efficiency - ASC	23,252	14,522	-8,730	62%	14,522	14,522	0	0
Total Value & Efficiency incl ASC	**51,180**	**30,388**	**-20,792**	**59%**	**30,388**	**30,388**	**0**	**-0**

- 2024-25 Value & Efficiency target is set for £51.180m
- Current GAP in meeting this target is £20,792m
- Total value of savings delivered at the end of the FY 2024-25 is £ 30,388m of which:

   1). 34% (£ 10,256m) was delivered by North Highland
   2). 18% (£ 5,610m) was delivered by Argyll & Bute
   3). 48% (£ 14,522m) was delivered by ASC

Value & Efficiency – ASC includes £5.6m of additional funding provided by Highland Council

T&F Workstream/Value & Efficiency Area	V&A Plan			V&A Current Plan			GAP
	2024-25 Original Target (£'000)	2024-25 Current Target/Plan (£'000)	Plan Gap	Value of Efficiency in Delivery	Forecasted Value Still to be Delivered	Total Achieved & Forecasted	Original Target less (Achieved + Forecasted Efficiencies)
Accommodation staff/Agency	300	0	-300	0	0	0	-300
Bed Capacity Planning	0	0	0	0	0	0	0
Corporate Teams Consolidation	100	838	738	838	0	838	738
Delayed Discharge and Length of Stay	0	0	0	0	0	0	0
Diagnostics	0	0	0	0	0	0	0
District Redesign	100	0	-100	0	0	0	-100
External Room Hire	300	0	-300	0	0	0	-300
Income Generation	1,500	67	-1,433	67	0	67	-1,433
Integrated Service Planning	0	0	0	0	0	0	0
Leases & Agile Working	200	97	-103	97	0	97	-103
Management Restructure	0	280	280	280	0	280	280
Morse & TEC	0	0	0	0	0	0	0
On Call Rotas and Jnr Dr Compliance	600	0	-600	0	0	0	-600
OOH	1,000	0	-1,000	0	0	0	-1,000
Operational Digitisation Project	0	0	0	0	0	0	0
Oxygen Service	0	0	0	0	0	0	0
Patient Hub	0	0	0	0	0	0	0
Pelvic Health Pathway	0	0	0	0	0	0	0
People Review	0	0	0	0	0	0	0
Police Custody and SARC	200	221	21	221	0	221	21
Prescribing	6,500	3,174	-3,326	3,174	0	3,174	-3,326
Printing Devices	0	0	0	0	0	0	0
Procurement Consolidation and Efficiency	100	639	539	639	0	639	539
Rates Review Rebates (Historic)/VAT Recove	0	1,235	1,235	1,235	0	1,235	1,235
Remote Outpatients & Virtual Capacity	0	28	28	28	0	28	28
Service Level Agreements	310	305	-5	305	0	305	-5
Shared Services	0	0	0	0	0	0	0
Stock Management Review	0	0	0	0	0	0	0
Stores, Logistics and Fleet	0	19	19	19	0	19	19
Supplementary Staffing	8,500	3,299	-5,201	3,299	0	3,299	-5,201
Telephony	0	55	55	55	0	55	55
Theatre Optimisation & PLCV	0	0	0	0	0	0	0
Transformation and Resilience of Admin	1,000	0	-1,000	0	0	0	-1,000
Travel	1,000	0	-1,000	0	0	0	-1,000
Vacancy Panel	0	0	0	0	0	0	0
Vaccination Service	0	0	0	0	0	0	0
Waste Management / Infection Prevention &	0	0	0	0	0	0	0
Total North Highland	**21,710**	**10,256**	**-11,454**	**10,256**	**0**	**10,256**	**-11,454**
Argyll & Bute Schemes	6,218	5,610	-608	5,610	0	5,610	-608
Total North Highland & Argyll & Bute	**27,928**	**15,866**	**-12,062**	**15,866**	**0**	**15,866**	**-608**
ASC Schemes	23,252	14,522	-8,730	14,522	0	14,522	-8,730
Total North Highland, Argyll & Bute and ASC	**51,180**	**30,388**	**-20,792**	**30,388**	**0**	**30,388**	**-20,792**

NHS Highland efficiency schemes for FY 2024-25.

This summary highlights the differences between the original and current year plans and shows the performance of the efficiency schemes against the original targets.

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MONTH 12 2024/2025 – MARCH 2025
SUPPLEMENTARY STAFFING

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	20,928	24,378	(3,451)
Estates & Facilities	1,684	1,680	4
E Health	10	13.94	(4)
Corporate	943	1,275	(332)
Central	4,272	584	3,688
Acute	24,867	27,867	(3,001)
Tertiary	-	1.08	-
Argyll & Bute	12,905	13,139	(233)
TOTAL	**65,609**	**68,939**	**(3,329)**
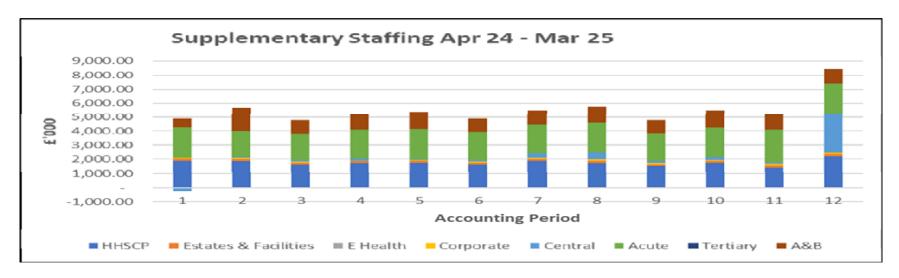
| Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
Pay			
Medical & Dental	135.123	142.033	(6.910)
Medical & Dental Support	7.046	8.898	(1.853)
Nursing & Midwifery	220.672	221.564	(0.891)
Allied Health Professionals	43.063	40.063	3.000
Healthcare Sciences	16.914	17.188	(0.274)
Other Therapeutic	23.774	23.328	0.446
Support Services	47.981	46.181	1.800
Admin & Clerical	87.683	84.743	2.940
Senior Managers	3.544	3.139	0.405
Social Care	59.846	56.943	2.903
Vacancy factor/pay savings	3.743	3.568	0.175
Total Pay	649.390	647.649	1.741
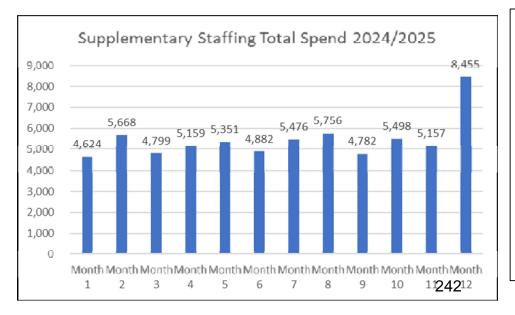
SUPPLEMENTARY STAFFING

- Recorded spend at end of Month 12 is £3.329m lower than at same point in 2023/2024.
- Underspend of £1.741m on pay costs at end of Month 12
- Position includes backdated costs associated with IR35 of £2.267m
- Spend in year is actually £5.596m less than 2023/2024 when the impact of the IR35 adjustment is removed.

MONTH 12 2024/2025 – MARCH 2025 SUPPLEMENTARY STAFFING

Supplementary Staffing Apr 24 - Mar 25

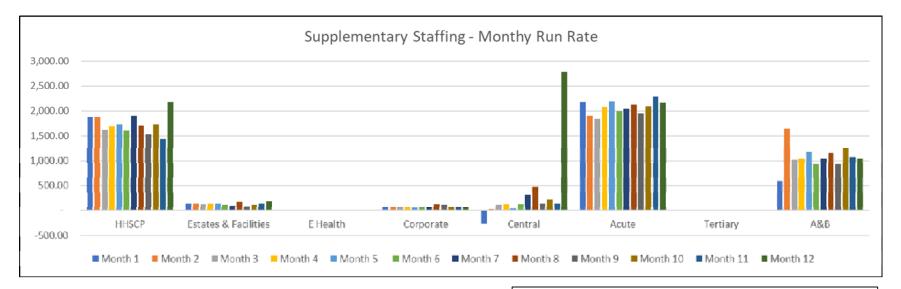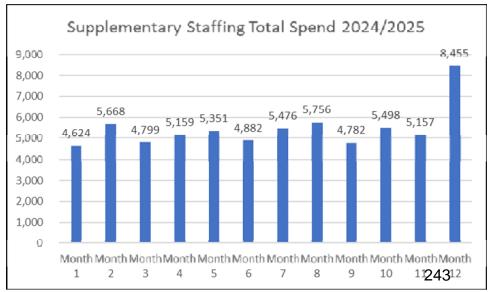Supplementary Staffing Total Spend 2024/2025

- Month 12 spend is £3.298m higher than Month 11
- £2.267m of this movement relates to the accrual for IR35 and is included within Central
- There has also been a significant increase within HHSCP relating to cost from earlier months which had not been captured

MONTH 12 2024/2025 – MARCH 2025 SUPPLEMENTARY STAFFING

Supplementary Staffing - Monthy Run Rate

Supplementary Staffing Total Spend 2024/2025

- Month 12 spend is £3.298m higher than Month 11
- £2.267m of this movement relates to the accrual for IR35 and is included within Central
- There has also been a significant increase within HHSCP relating to costs relating to earlier months that had not been captured

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MONTH 12 2024/2025 – MARCH 2025

Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
Expenditure by Subjective spend			
Pay	649.390	647.649	1.741
Drugs and prescribing	133.718	137.367	(3.649)
Property Costs	65.902	67.020	(1.118)
General Non Pay	61.605	63.429	(1.825)
Clinical Non pay	56.268	63.767	(7.499)
Health care - SLA and out of area	454.894	462.205	(7.311)
Social Care ISC	134.439	145.076	(10.637)
FHS	119.775	118.448	1.327

Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
Drugs and prescribing			
Hospital drugs	**55.009**	**55.937**	**(0.929)**
Prescribing	**78.710**	**81.430**	**(2.720)**
Total	**133.718**	**137.367**	**(3.649)**

SUBJECTIVE ANALYSIS

- Pressures have continued through the year within all expenditure categories
- Despite significant supplementary staffing costs pay is underspent due to the number of vacancies across the system
- Drugs and prescribing expenditure was overspent by £3.649m

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MONTH 12 2024/2025 – MARCH 2025

BUDGET (£000)	SCHEME	ACTUALS (£000)	VARIANCE (£000)
	FORMULARY ALLOCATION		
-	HISTORIC COSTS	698	(698)
2,860	EPAG	2,860	-
1,930	eHEALTH	1,930	-
2,504	ESTATES	2,691	(187)
417	CONTINGENCY	312	105
500	ERPCC LIFE CYCLE ADDITIONS	326	174
500	MID ARGYLL PFI	405	95
-	OTHER	(85)	85
8,711	FORMULA TOTAL	9,137	
	PROJECT SPECIFIC FUNDING		
284	ACT ACCOMMODATION PROJECT	284	-
659	GRANTOWN HEALTH CENTRE REFURB	659	-
584	EV CHARGERS	584	-
80	BELFORD DISTRIBUTION BOARDS REPLACEMEN	98	(18)
100	SSD STERILISER REPLACEMENT	631	(531)
1,788	ADDITIONAL CAPITAL	813	975
747	RADIOTHERAPY PROGRAMME	747	-
6	NSD RINGFENCED FUNDING	6	-
4,248	PROJECT TOTAL	3,822	426
12,960	**TOTAL**	**12,959**	

CAPITAL

- The Board has worked with SG to maximise use of available funding to deliver an on target position at financial year end
- Detailed monitoring is in place via the Capital Asset Management Group

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**27 May 2025**
Title:	**2025/26 Budget update**
Responsible Executive/Non-Executive:	Heledd Cooper, Director of Finance
Report Author:	Heledd Cooper, Director of Finance

Report Recommendation:

The Committee is asked to **Examine** and **Consider** the content of the report, to **Agree** the current budget and outline approach, and take **Limited Assurance**.

---

1   Purpose

This is presented to the Board for:

- Agreement

This report relates to a:
- Annual Operating Plan

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	X	Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

NHS Highland is required to agree a budget for the financial year 2025/26 based on projected spend, estimated inflationary and growth impact and agreed funding. A finance plan was submitted to Scottish Government (SG) on the 19th March 2025. Details of the plan will be provided below.

On the 31st March NHS Highland received its feedback letter (Appendix 1) stating that "The Board has the second highest level of outstanding brokerage across NHS Scotland at the end of 2024-25 and the forecast position for 2025-26 represents a further decline in the Board's financial sustainability. On this basis, I cannot approve the NHS Highland three year finance plan." Following the 2024/25 year end position, the full brokerage value totals £106.5m

This report is to provide the Board with a 3-year financial plan 2025/26 to 2027/28 for approval and sets out the process to identify and deliver further actions required to reduce the financial gap to the SG requirements.

2.2 Background

On 4 December 2024 all Boards received a Scottish Government Budget 2025/26 letter providing details of the indicative funding settlement for NHS Boards.

The key messages for the health and social care portfolio were as follows:

- 3% uplift on baseline funding in 2025/2026
- To meet expected costs of 2025/2026 pay awards in line with public sector pay policy and provides a 3% uplift to support non-pay inflationary pressures
- Recurring funding for impact of 2024/2025 pay awards has been built into baseline
- Additional £55.6m has been provided to ensure no Board is further than 0.6% from NRAC parity
- £150m of funding to support continued implementation of the 2023/2024 Agenda for Change pay deal
- Further discussions to take place on impact of changes to NI
- Commitment to provide additional funding to:
  - reduce waiting lists
  - support reduction of delayed discharges
  - renew primary care enhancements

- Number of areas of work underway to support NHS Boards and collectively improve the financial position:
    - 15 box grid
    - Productivity
    - Value Based Health and Care
    - In addition to the baseline uplift, funding aligned to policy commitments will be allocated to Boards in 2025/2026 – intention is to provide early indication of allocations with 80% confirmed in quarter 1
- £140m transferred to Local Government to support commitment to:
    - Real Living Wage
    - Free Personal Nursing Care rates
    - Provide additional voluntary sector short breaks funding for unpaid carers

The planning approach confirmed the needs for financial plans to present:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three year period
- an improved forecast outturn position in 2025-26 compared to the forecast outturn position reported at the start of 2024-25, with improvements in the financial position being achieved in each of the years to 2027-28 for those Boards not in financial balance
- trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved and the arrangements that will be implemented by the Board to oversee delivery
- No brokerage will be made available in 2025-26
- Should financial balance not be achieved this will be shown as an overspend in financial statements, leading to potential qualification of accounts and Section 22 report, as well as consideration of escalation status

The letter of the 31st March also confirmed an expectation for NHS Highland where:

"• You must not exceed a net financial deficit of £40 million. I therefore expect you, with support from your Board, to develop a recovery plan to reduce expenditure and operate within this set limit and for this plan to be submitted for review by 7 June 2025.

• You must deliver a minimum 3% recurring savings target, progress against which will be monitored monthly."

2.3 Assessment

Finance plan submission:

NHS Highland submitted a draft 3-year finance plan on the 19th March which detailed the funding assumptions, growth, national programmes and cost reduction options for 2025/26.

FRP committee has received regular updates on the Financial Plan over recent months, with each version providing the latest update available at that time.

Table 1 below provides a summary of the financial position for the 3 years to 2026/27 as submitted in March. A further breakdown for 2024/25 is provided in Appendix 2.

Table 1 – 3-year financial projections

	2025-26 £m	2026-27 £m	2027-28 £m
Deficit Brought Forward	(123.435)	(109.762)	(99.131)
New Funding	92.420	51.530	52.575
Additional costs	84.581	63.393	65.202
Net Gap before Savings	**(115.596)**	**(121.625)**	**(111.758)**
Recurring savings/ reductions	29.757	33.811	34.825
Non-recurrent reductions	30.116	22.051	22.711
Subtotal reductions	**59.873**	**55.862**	**57.536**
Total Financial Plan	**(55.723)**	**(65.763)**	**(54.222)**

Cost Improvement/ Reduction Programme

Given the scale of the financial challenge facing NHS Highland, the Board implemented a strategic planning and decision-making framework in order to plan for and deliver the short, medium and long term changes required to support a route to financial and service sustainability which continues to be adopted into 2025/26.

The cost improvement programme has been developed around the above framework and is summarised as follows:

Value and Efficiency:
The Board has continued with its Value and Efficiency programme which has an overall target of delivering 3% financial reductions on a recurring basis which in line with the requirement set out by Scottish Government. A series of workstreams were identified in 2024/25 which have been refreshed for 25/26 that will contribute to achieving financial efficiency for NHS Highland whilst maintaining the delivery of safe high-quality, person-centred care.

These areas have been included as areas where we can deliver the same service but either at a cheaper price (through procurement, fixed rates) or more efficient processes, (improved fleet utilisation, use of technology etc). The savings targets are provided in Appendix 3.

Financial flexibility:
There is level of non-recurrent benefit that occurs each year, either through slippage against allocations or through adjustment in annual balance sheet items. These are fortuitous but can be estimated from historic information. An estimated level of financial flexibility has been included within the plan.

Adult Social Care:
Due to the lead agency arrangement in place for delivering Adult Social Care Services within the NHS Highland area which is coterminous with Highland Council the costs of delivering services and the associated income from Highland Council are reflected in this financial plan submission.

It is estimated that there will be a gap of £23.060m between the estimated cost and available funding. The reduction in quantum in 24/25 of £7m has been confirmed as recurrent and no further reduction has been applied. Included within the plan is as estimate of the cost impact of the NI increase on directly employed staff, but nothing has been included for contracted independent providers. The Highland Council has confirmed a provision for ASC NI contribution within their budget but no confirmation of values has been provided at this time and therefore not included within the plan, but would reduce the current estimated gap.

Argyll & Bute HSCP:
The Argyll & Bute 2025/26 budget was presented at the March IJB Finance & Policy Committee meeting. The report set out an unbalanced budget, with a gap of £7.850m, which equates to 3% of baseline allocation.

The cost reduction/ improvement plan has currently identified £3.312m of savings, leaving an unidentified gap of £4.538m.

The Board's financial Plan has assumed that both the IJB and ASC lead agency model will live within their delegated resource, whilst acknowledging the risk.

Table 2 – summary of cost reduction actions identified.

	£m	£m
Financial Gap		**115.596**
Maximum Brokerage		-
COST REDUCTIONS/ IMPROVEMENTS		**115.596**
Cost Improvement/ Reduction Programmes		
Value & Efficiency 3% of baseline (NH)	20.353	
A&B - 3% of baseline	7.852	
ASC - 3%	6.192	
Delivering ASC to breakeven	19.838	
Allocations Slippage	1.000	
Financial Flexibility	4.638	
Other actions to be identified	-	
Opportunities		**59.873**
Gap to In Year Financial Balance		**55.724**

Next steps

Given the instruction by SG to reduce the position to £40m gap and resubmit a plan by the 7th June there are several stages that need to be undertaken to deliver this requirement.

The Executive team set out the approach to identify the options available to progress this and agreed a targeted intervention to:
1. Review all Value & Efficiency plans and scrutinise financial values and deliverability in order to ensure the 3% plan is delivered
2. Review the Strategic design plans to identify the potential financial benefits in 2025/26 and opportunity to accelerate change
3. Revisit the financial plan in light of the 2024/25 financial outturn and test planning assumptions
4. No service reductions would be presented to SG that do not align with current programmes of work.

This work is ongoing and will be presented to the Executive Team and Finance, Resource and Performance Committee prior to submission to SG.

Final Assessment and proposal

To progress an agree an opening budget for NHS Highland there is a need to recognise the plan as it stands and the ongoing work with SG to deliver an improved position.

OFFICIAL

Scottish Government has affirmed that there is a statutory responsibility for NHS Boards to live within the resources allocated and deliver a plan to financial balance. No Board is to be provided with brokerage in 2025/26 and NHS Highland is expected to deliver to a £40m deficit.

The current proposal is to agree the plan as represented within Table 2 above and to work with Scottish Government to refresh the plan which will then be re-presented to the Board.

2.4   Proposed level of Assurance

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

Only limited assurance can be given that NHS Highland can deliver the level of savings required by SG and the delivery of a plan that reduces the gap further in year. Although assurance should be taken from the robust approach and identification of pressures and mitigations.

3   Impact Analysis

3.1   Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

3.2   Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3   Financial

The scale of the challenge to deliver the planned deficit position and the requirement to produce a plan to reduce the deficit to £40m as per SG requirements.

3.4   Risk Assessment/Management

There is a significant risk that NHS Highland cannot deliver the required financial position for 2025/26.

The scale of challenge to deliver 3% recurrent savings is significant and cannot be underestimated which is reflected across the full Board area including Argyll and Bute – where the risk of non-delivery is high.

The risk to delivering the Adult Social Care reductions is high with no clear plan in place to deliver change to reduce the financial outturn in year to a balanced position.

There continue to be ongoing operational risks that may not have been fully provided for in the plan and will need in year mitigation.

3.5 Data Protection

There are no Data Protection risks associated with this report.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Value & Efficiency Group
- Finance, Resource and Performance Committee
- Area Partnership Forum
- Staff Governance Committee
- Monthly financial reporting to Scottish Government

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG
- FRPC
- Board Development
- SG

4.1 List of appendices

Appendix 1: NHS Highland 2025-28 Financial Plan letter

Appendix 2: Additional funding and costs

Appendix 3: List of identified areas and projected savings

Appendix 1: NHS Highland 2025-28 Financial Plan letter

NHS Highland 2025-28 Financial Pla **PLEASE NOTE: THIS EMBEDDED DOCUMENT IS INCLUDED AT THE END OF THIS REPORT FOR EASE OF ACCESS**

Appendix 2: Additional funding and costs

Table 1 – Additional funding

Additional Funding	
	£m
Baseline uplilft	27.010
NRAC adjustment	15.282
New Medicines	16.700
Other new allocations	29.235
Additional income	6.660
	94.886

In addition to the budget letter, further confirmation has been provided to include:

- Funding for National Insurance increase will be provided at 60% for directly employed staff only
- £250m sustainability payment has been made available to territorial boards on a non-recurring basis – with clarity that this is a one off exceptional item and should be used to reduce the deficit and is not for additional investment
- A further sustainability payment of £70m will be made recurrently to territorial boards (£10m available for national boards) and mush be used to offset in year pressures.

And have been included within the plan.

Table 2: Additional costs

Total Additional Costs	
	£m
Pay Uplift	19.961
Other Pay Pressures	3.256
Prescribing	17.531
Estates & Infrastucture	2.167
Digital	3.227
SLAs	6.501
National & Policy Decisions	15.220
Other Pay Pressures	16.719
	84.582

- Pay uplifts based on establishments
- Other uplifts in line with national assumptions (except Energy)
- Includes ASC uplifts
- Full impact of NI increase included

Table 3: Inflation/ uplift assumptions

Spend Area	Uplift Assumption	Notes
Drugs	10.0%	
Energy	0.0%	National assumption is -19%. Has been assumed as no movement based on local review
General	2.2%	
SLAs	3.0%	Based on non-pay baseline uplift. Will be higher when pay uplift built in but pay element should be fully funded
Rates	5.0%	
CHAS Contribution		Assume £9m on an NRAC basis

CNORIS Contribution		Assume £80m on same basis as 2024/2025
NSD Risk Share		Assume in line with 2024/2025

Table 4: Recurrent pressures brought forward from previous years:

Brought Forward Pressures	
	£m
Unachieved Savings (prior years)	15.161
AfC Staff	9.609
Medical & Dental Staff	9.795
Other	91.311
	125.876

- Includes savings not achieved or achieved non-recurrently in earlier years
- Investments not fully funded or where funding has ceased but service has continued (eg developments during Covid)
- Pressures accumulated over a number of years

Appendix 3: List of identified areas and projected savings:

Scheme	Estimate
Time to care	3.000
Nurse Agency Reduction	2.792
Reduction in locum use	1.138
Non Compliant Rota Review	0.275
AHP Direct Engagement	0.100
TARA	0.900
Corporate Consolidation	0.500
ONS Direct Supply	0.060
Prescribing Switches	1.670
Medicines Waste/ Polypharmacy Reviews	2.000
Energy Procurement	1.700
Leases & Agile Working	0.250
SLA Income	0.500
Income Generation	0.130
Travel	0.190
Review SLA expenditure	0.500
Vaccinations	0.300
Procurement	1.500
HHSCP Redesign	2.418
Other	0.430
TOTAL	20.353

Health and Social Care Finance
Alan Gray, Director

E: alan.gray2@gov.scot
31/03/2025

Scottish Government
Riaghaltas na h-Alba
gov.scot

Fiona Davies
Chief Executive
NHS Highland

Cc:
Chair, NHS Highland
Heledd Cooper, Director of Finance

Dear Fiona

NHS Highland – Three-Year Financial Plan

Thank you for the submission of NHS Highland's Three-Year Financial Plan, covering 2025-28.

I note that NHS Highland is forecasting a net financial challenge of £55.7 million in 2025-26, after taking account of the sustainability funding. This is a deterioration compared with the prior year (excluding sustainability) and despite a 3% baseline uplift. As a Board at level three of the NHS Scotland Support and Intervention Framework, I would expect to see improvement in your financial plan year on year.

The plan assumes total financial savings of £59.9 million, with a recurring savings target of £29.8 million, which does meet the Scottish Government target of at least 3% recurring savings. We also note a number of the savings schemes set out are high risk, and this target includes savings for Adult Social Care (ASC) for which it has been assumed will break even.

The Accountable Officer for NHS Highland has a statutory responsibility to achieve a breakeven position or where this cannot be met to set out a plan and timescale for this to be achieved.

The Board has the second highest level of outstanding brokerage across NHS Scotland at the end of 2024-25 and the forecast position for 2025-26 represents a further decline in the Board's financial sustainability. On this basis, I cannot approve the NHS Highland three year finance plan.

Requirements in 2025-26

For 2025-26, as Accountable Officer, you must work within the following financial parameters:

- You must not exceed a net financial deficit of £40 million. I therefore expect you, with support from your Board, to develop a recovery plan to reduce expenditure and operate within this set limit and for this plan to be submitted for review by 7 June 2025.

- You must deliver a minimum 3% recurring savings target, progress against which will be monitored monthly.

The Board must continue to work with both finance and performance colleagues within the Scottish Government to consider options to reduce expenditure to deliver an improved financial outturn, including managing the additional risk arising from ASC.

I understand you have had external support from Meridian during 2024-25. We expect to see opportunities identified through this work being aligned with future planning to ensure savings are realised.

We expect to see improvement against the financial plan throughout 2025-26 and continued engagement with the Director of Health and Social Care Finance and the Financial Delivery Unit. As a Board in escalation for financial reasons, I expect appropriate action to be taken to improve the position.

Financial Delivery Unit support

Colleagues in the Health Finance Financial Delivery Unit will work with you to:

1. Monitor progress against the financial parameters set out above;
2. Review the further development of the Board's savings plan,
3. Explore emerging risks and mitigating actions being taken by the Board; and
4. Work collaboratively with you to identify any further measures to reduce the Board's residual recurring financial gap.

We will also work with yourselves and NHS Scotland Chief Operating Officer in relation to the 2025-28 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review this with you.

Senior Finance Team engagement

I would also seek the continued representation of members of the Board's senior finance team at key forums such as: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This input is important to ensure we have a collective understanding of any emerging pressures, can continually review the assumptions underpinning the finance plans and access relevant knowledge and expertise. In

addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and opportunities for improvements.

Scottish Government Financial Allocations

We recognise the importance of providing certainty over funding and allowing NHS Boards to focus on delivering key outcomes. The Scottish Government's Health and Social Care Directorates are currently reviewing all allocations to identify which can be baselined, bundled, or issued early in 2025-26. We are also working to rationalise in-year allocations and will provide an update in due course.

The above sets out our expectations for the coming financial year and underlines the importance of the Board taking appropriate action to improving its financial position beyond that set out in your draft plan.

Should you wish to discuss the requirements in this letter further, I shall be happy to organise a call to respond to any questions or queries you may have.

Yours sincerely,

Alan Gray
Director of Health and Social Care Finance

NHS Highland

Meeting:	NHS Highland Board Meeting
Meeting date:	27 May 2025
Title:	NHS Highland Board Risk Register
Responsible Executive/Non-Executive:	Dr. Boyd Peters, Board Medical Director
Report Author:	Dr. Boyd Peters, Gil Paget, Grace Barron.

Report Recommendation:

The Board is asked to **Note** the content of the report and take **substantial assurance** it provides confidence and compliance with legislation, policy and Board objectives

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:
- Legal Requirement

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

This report is to provide Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure and/or additional risks to be added. This report covers board risks that are reported through Finances, Resources and Performance Committee (FRPC), Staff Governance Committee (SGC) and Clinical Governance Committee (CGC) for governance and oversight.

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

2.3 Assessment

The following section is presented to Board for consideration of the updates to the risks contained within the NHS Highland Board Risk Register. The following risks are aligned to the governance committee in which they fall within, and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

Finance, Resources and Performance Risks

Risk Number	1254	Theme	Financial Position
Risk Level	High	Score	16
Target Risk Level	High	Target Score	12
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

There is a risk that NHS Highland will not deliver its planned financial position for 2024/25 and that the brokerage cap set by SG will not be achieved due to:

1. Current underlying financial position represents a significant overspend against the allocation received and delivering the brokerage cap would represent in-year reductions of £84m (10%) and would impact the delivery of patient care

2. Identified risks presented in the finance plan may be realised and additional cost pressures presenting during the year may materialise

3. Inability to realise 3% reduction in spend in line with value & efficiency plans.

NHS Highland has not currently identified a financial plan that will safely deliver the £28.4m brokerage cap set

Mitigating Action	Due Date
Value and Efficiency programme is set out and plans are being progressed at pace, but there is a risk that they do not deliver at the required rate or that circumstances reduced the capacity available to focus on the work required. Bi-weekly meetings are in place to monitor the progress and identify and mitigate risk to the work streams.	Ongoing
There are a number of risks identified within the financial plan which could be realised throughout the year with no mitigation in place to offset costs	Ongoing
Limited assurance regarding the delivery of the Adult Social Care financial position	Ongoing
Regular reporting from A&B IJB monitoring financial position and previous assurance over delivery of the position gives greater assurance	
Monthly monitoring, feedback and dialogue with services on financial position.	
Ongoing dialogue with SG regarding the accepted financial position and the impact of non- delivery	

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Finance plan needed to identify the actions required to deliver financial balance for ASC and agreed position with THC - HHSCP team have been tasked with setting out a detailed plan to progress towards financial balance.	Ongoing
Discussion with SG around a plan that can be agreed from a perspective of deliverability and monitoring, which will minimise the impact of not delivering a break-even position through brokerage.	Ongoing
Recovery plan in place to offset the reduced Value & Efficiency workstreams delivery to deliver planned opening outturn	January 2025 – update will be via the 12 month report

Risk Number	666	Theme	Cyber Security
Risk Level	High	Score	16
Target Risk Level	High	Target Score	15
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			

Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business-as-usual arrangements entailed with resilience.

Mitigating Action	Due Date
NHS Highland is in the process of rolling out Trend Deep Security Tool. This tool mitigates disclosed vulnerabilities in out of support operating systems.	August 2025
Implement new eHealth Major incident plan aligned to NHSH Major incident plan.	March 2025 – First draft created
Create run and assess periodic phishing tests against NHSH staff.	March 2025
Introduce scheduled desktop exercising program to test response to cyber security major incidents.	March 2025
Implement Cylera IoT discovery and management tool.	Completed 25.03.25
Implement Panorays 3rd party security assurance tool. embed this tool into the procurement process and ongoing 3rd party security monitoring process. Process documentation to be produced/updated.	Completed 29.04.25
Deploy Microsoft defender for identity.	June 2025
NHS Highland continues to increase its NIS audit scoring and remediate issues found during the audit.	December 2025

Refresh the NHSH Information Security Management System documentation set using the national information Security Policy pack.	December 2025

Risk Number	1097	Theme	Strategic Transformation
Risk Level	High	**Score**	16
Target Risk Level	Medium	**Target Score**	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative

NHS Highland will need to redesign to systematically and robustly respond to challenges faced. If transformation is not achieved this may limit the Board's options in the future regarding what it can and cannot do for our population. The ability to achieve financial balance and the focus on the current operational challenges may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care needs of our population in a safe & sustained manner and the ability to achieve financial balance.

Mitigating Action	Due Date
Implementation of NHS Highland's Decision-Making Framework.	Complete
Refresh and implementation of Performance Management Framework (alignment of IPQR with ADP, performance reviews and EDG performance dashboard) to monitor implementation of strategic design and change programmes.	Complete
Set-up of monitoring and assurance structure for strategic design and transformation of services, including reporting of portfolio progress against deliverables, key risks and improvement trajectories.	Complete – approach to strategic transformation priorities in development through Strategic Transformation Assurance Group (STAG).
Governance of strategic design programmes through a portfolio approach is embedded within the NHS Highland governance structure	Complete
Agreement of strategic design priorities within the current portfolio approach	Complete
Appointment of Senior Responsible Officers and embedding programme management approach to document, mitigate and escalate risk to achievement of strategic transformation.	Complete
Integration of financial planning into strategic change programmes to ensure any financial benefits can be achieved.	Ongoing and will be reviewed in line with transformation programmes quarterly.
Strategic change priorities will be assessed by a Professional Reference Group to ensure	Ongoing

appropriate involvement to ensure change is clinically led.	
Adoption of Strategic Change process that follows the Scottish Approach to Service Design – Double Diamond	Complete

Risk Number	1255	Theme	ADP 24-25 Delivery
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to fragility of services and reliance on additional / unfunded resource to cope with current levels of demand and activity, there is a risk that ADP 24-25 will fail to deliver the outcomes being pursued to improve patient quality, care delivery and efficiency.			
Mitigating Action		**Due Date**	
Value & Efficiency Accountability Group (VEAG) established to monitor efficiency opportunities across system against agree priorities		Meeting fortnightly.	
Annual service planning across Acute, HHSCP and corporate areas to maximise capacity, efficiency and sustainability being incorporated into annual planning cycle governance.		In process of being established.	
Review associated governance of ADP deliverables across SLTs, STAG and VEAG underway.		Ongoing through STAG.	

Risk Number	1279	Theme	Financial Balance – Adult Social Care
Risk Level	High	Score	16
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that NHS Highland will not deliver its planned position of financial balance within the Adult Social Care delegated budget for 2024/25 due to: 1. Current underlying financial position represents a significant overspend against the allocation received with an opening deficit of £16.252m 2. Further reduction in Quantum of £7m 3. Inability to realise 3% reduction in spend in line with value & efficiency plans of £5.71m			
Mitigating Action		**Due Date**	
SLT review of cost reduction action being taken for Q4. Some areas still to quantify cost in		Complete	

relation to ASC plan against younger adult / complexity care packages	
£2.3.9m achieved of VEAG schemes for ASC.	Complete
Further remedy required in Q4 and financial plan for in development for 2025/26. Finance Clinic held with CEX and DoF 06/01/2025. Monthly monitoring and review and progress against action identified in place	February 2025 - ongoing

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	8
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			
Mitigating Action		**Due Date**	
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.		March 2025	
Preparing a Whole System plan (Business Continuity Plan) collating and prioritising all backlog maintenance for submission to Scottish Government to inform future funding levels - Planned Submission Date January 2025		January 2025	

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	6
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			
Mitigating Action		**Due Date**	
PFI hand-back Programme Board in place and actions are progressing in line with anticipated		Established and meeting monthly.	

due dates. Meeting frequency increased to monthly as handover date is approached.	
Development sessions being progressed to model the future estate utilisation and service delivery model.	In progress through the Programme and will be ongoing until hand-back date
Working with Scottish Futures Trust.	Ongoing
Programme Management commissioned from independent intelligence.	
Programme structure in place.	
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register.	Ad-hoc

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	Score	20
Target Risk Level	Medium	Target Score	9
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			

There is a risk of insufficient workforce to deliver our strategic objectives due to a shortage of available workforce and failure to attract and retain staff, resulting in failure to deliver new models of health and social care, reduced services, lowered standards of care and performance and increased costs as well as a negative impact on colleague wellbeing, morale and increased turnover levels.

Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well'

New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs

International recruitment team and processes developed in partnership with North of Scotland Boards

Mitigating Action	Due Date
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled **September 2023**	Recruitment improvement project plan developed and project team in place Work is ongoing to improve recruiting managers knowledge and understanding of their role and

	responsibilities and reduce delays in completing key tasks.
	It has been agreed that further work is required to review the service model as ongoing work to improve performance is having little impact. Further data analysis will be completed to review where delays are occurring and if this is related to capacity of managers to use the self-service model.
	Update to November staff governance committee. Further data analysis has identified that 75% of new starts are within the national target time to hire with outliers impacting on the average that is reported currently. Suggests focus now needs to be on the outliers and not the service model.
	Average time to fill now within national KPI, proposal to complete this action and move to business as usual.
	Complete
Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc **November 2023**	Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place –
	Formal update will be provided to EDG in January 2024 – This work has been delayed and will be tied into the proposal to review the models for recruitment we currently use.
	Further work will now be completed on strengthening existing self-service model and offering bulk recruitment where there are clear workforce plans developed and in place for services and/or job families.
	Work has been completed to test new approaches to recruitment

	including on the day interviews in social care settings. Summary of approach to be developed for next risk update **Next update July 2025**
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships **January 2024**	Employability working group being established and project charter agreed Work ongoing and will be reported through people and culture portfolio board. Workshops planned to progress these discussions. Work progressing well with initial workshops complete. Draft framework complete, work to finalise ongoing. Employability strategy ready for publication **Complete**
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care **November 2023**	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024 Delays in this area due to competing demands including agenda for change non-pay elements of 23/24 pay deal including reducing working week. This will be picked up through establishing workforce planning groups in each operational area to feed into strategic workforce planning group. Workforce planning groups due to meet in coming months to review strategic programmes and discuss priorities for workforce development **Next update July 2025**

Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce **November 2023**	Integrated service planning approach agreed and first cycle to be completed by end of March 2024 e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out Effective rostering programme agreed by Health and Care Staffing Act programme board and underway. Integrated Service Planning cycle complete and awaiting outputs. First cycle of integrated service planning complete and proposal agreed for second cycle of integrated service planning for 2024-2025. We are gaining better insights from this process into workforce challenges and potential solutions and it is anticipated this will improve further through the second cycle with a more robust and detailed workforce plan developed during 2024-2025. Next cycle of integrated service planning underway in parallel to annual delivery plan development **Next update July 2025**
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle **March 2024**	Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024. HCSA programme board meeting regularly overseeing action plan to embed and document/evidence existing processes and strengthen areas identified through self assessment

		1st Quarterly report produced for staff governance committee and board	
		Annual report developed and ready for submission to Scottish Government. Clear work plan in place for 2025/2026	
		Next update July 2025	

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	**Score**	20
Target Risk Level	Medium	**Target Score**	8
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.

The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

Mitigating Action	Due Date
Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **September 2024**	National Protected Learning Time (PLT) group in place and developing new suite of nationally agreed statutory and mandatory training modules as well as considering time required for protected learning. Outputs expected May 2025 which will then be incorporated into local PLT work **Next update July 2025**

Risk Number	632	Theme	Culture
Risk Level	High	**Score**	12
Target Risk Level	Medium	**Target Score**	9
Strategic Objectives		Our People	

Governance Committee	Staff Governance
Risk Narrative	
There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.	

Mitigating Action	Due Date
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – **October 2023**	Refreshed leadership and management development programme now in place. Leadership networks will be launched as part of leadership conference planned for May 2025. Cohort training for key groups of managers being explored **next update July 2025**
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Results of staff engagement approach reported to APF and due for discussion at SGC. Action plan proposed in relation to the findings of the engagement during 2024. Consideration of embedding annual cycle of staff engagement required. **next update July 2025**
Appraisal (personal development review - PDR) and PDP improvement plan approved in March 2024 to ensure all managers have PDR and PDP completed in 2024-2025	Short life working group in place to finalise details of PDR and PDP improvement plan including supporting materials, actions required and timelines. Plan launched with reports issued to managers and requirements to agree plans and trajectories for their areas. 1st two levels of management below director to be completed by December 2024. Further work has identified that there are around 2300 records of circa 11,000 (21%) where appraisals may have been undertaken but not fully signed off within Turas. Further instructions have been issued to managers which may result in an uplift in compliance rates. However, progress is still limited and further work with the executive team and senior management teams is required to ensure this is addressed in 2025. Discussions with staff and managers underway to understand barriers to PDP

	and appraisal completion. Early indications include: • Lack of staff engagement and understanding of purpose • Shortage of time for managers to complete appraisals potentially linked to high number of direct reports • Shortage of time for staff to complete appraisals linked to 'system pressures' **next update July 2025**

Clinical and Care Governance Risks

Vaccination uptake and delivery remain risks for NHS Highland. Adult vaccination uptake is close to national levels, but childhood uptake has fallen within Highland HSCP. Considerable work continues to be undertaken to improve the service and uptake including that relating to SG escalation and implementation of the recommendations of the PHS peer review. Action plan implementation is overseen by the Vaccination Improvement Group.

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	Score	12
Target Risk Level	Medium	Target Score	6
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Staff uptake has tended to be slightly higher than national rates. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Highland HSCP remains in performance escalation with SG. Improving children's vaccination has been a major focus of work including peer review, vaccination improvement group and plans for a new model of delivery.			
Mitigating Action		**Due Date**	
Actions to increase uptake rate and other measures of performance and quality improvement are in place		Quality improvement work has been undertaken concentrating especially on infant vaccination within Highland HSCP. There has been a considerable quarterly improvement in 6 in 1 vaccination uptake within HHSCP. **Next Review April 2025**	
Effective delivery model in place across Highland HSCP - Peer review has been undertaken and implementation group with action plan is in place		Submission made for flexibility in delivery model for Highland HSCP and this was accepted. Implementation details are being set up and timescale submitted to SG by end March 2025. **Next Review April 2025**	
Implementation of autumn/winter 2024 COVID and influenza vaccinations - Details of delivery will depend on agreed delivery model		Programme is now almost closed, and uptake has been similar to national levels. Population uptake is slightly lower, staff uptake tends to be slightly higher. New delivery model is being worked up for Highland HSCP. **Next Review April 2025**	

2.4   Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

3.2   Workforce

A robust risk management process will enable risks relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Staff Governance Committee.

3.3   Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4   Risk Assessment/Management

This is outlined in this paper.

3.5   Data Protection

The risk register does not involve personally identifiable information.

3.6   Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

3.7   Other impacts

No relevant impacts.

3.8   Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in in line with our strategic objectives and outcomes once strategy is approved.

3.9   Route to the Meeting

Through EDG, FRPC, SGC, CGC and Board.

4.1 List of appendices

None as summary has been provided for ease of reading

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**27 May 2025**
Title:	**Board Strategy Update**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Kristin Gillies, Interim Head of Strategy and Transformation**

Report Recommendation:

- **Approve** the requirement for a refresh to the TWC strategy (2022-2027) a year earlier than planned – 2026
- **Approve** the outline and approach to the development of a refreshed NHS Highland strategy
- **Approve** the new proposed Population and Public Health Committee. (see Appendix 1 – Terms of reference)

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:
- 5 Year Strategy, Together We Care, with you, for you.

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		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

Initial considerations for the development of NHS Highland's future Strategy to iterate TWC by 2026.

Policy focus is shifting not only to accessing healthcare but towards improving the health of the population through prevention and addressing of health inequalities, with efforts to target the needs of disadvantaged communities focusing on factors like socio-economic status and lifestyle. While no simple solution exists, we are required to play a role in reshaping strategies aligned with these principles.

The population health challenges which Scotland faces both now and in the future are vast. Life expectancy is stalling and health inequalities are widening; demand for and utilisation of our health and social care services continues to increase in an unsustainable way.

2.2 Background

The NHS Highland Together we Care Strategy 2022-2027 has focused on delivering on the strategic "well themes" to transform ways of working and begin to shift the balance of care closer to people's homes. It is clear now that NHS Highland must proactively build on this work to pursue fundamental change in how we improve health outcomes and approach the delivery of health and care, driving investment in prevention and early intervention.

2.3 Assessment

It is proposed that NHS Highland strives to deliver a new strategy for 2026 to refresh the Together we care strategy and ensure we are equipped to deal with the unprecedented challenges ahead for health and social care into the future.

To support the governance, development and delivery of a new Board Strategy it is proposed a new Population and Public Health Committee is created to oversee the development and deliver the new strategy. Further discussion is required around the functions below this committee but will need to represent a system wide approach to population health and health inequalities (see appendix 1 – Terms of reference)

The diagram below sets out what is required from the Board to shift focus to a population health approach.

Understand the needs of the population

System focused and collaborative

Governance and accountability

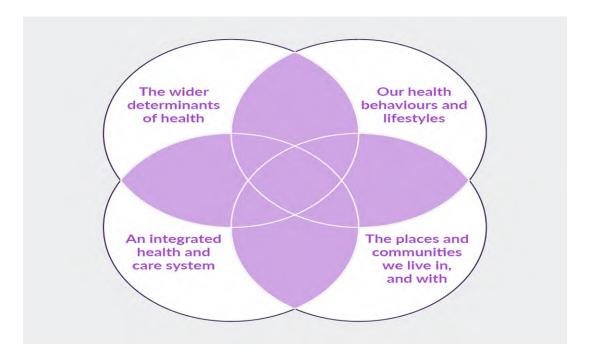**Prevention and tackling social determinants**

Focus on primary and community health care

Value Based Health and Care

A refresh of NHS Highland's vision and strategic objectives is essential to set out how we will deliver on high value and sustainable care into the future.

In creating the new strategy we need understand the Population Health of NHS Highland and plan for high value sustainable care by:

- Understanding the health and health needs of the population utilising our joint strategic needs assessment.
- Provide evidence to demonstrate needs and capture improvement in population health outcomes, as part of our governance framework.
- Community collaboration; learning from those with lived experience.
- Maximise use of health and wellbeing information intelligence.
- We need to work locally, regionally and nationally with our partners, including local councils, Health and Social Care Partnerships, voluntary organisations and community groups to develop a local population **health system** and to explore the best approaches. System focus and collaboration is essential to tackle system wide challenges that cannot be solved by one organisation, sector or profession alone to improve the health of the population and tackle inequalities.
- Decreasing health inequalities in conjunction with Community Planning Partners.
- Address social determinants of health.
- Ensure equity of access to health care.
- Reducing health harming activities and risks from smoking, drugs and alcohol, low levels of physical activity. (Implement and use the Public Health Annual report as a springboard for this work)
- Improve the mental health of our population
- Maximising the impact on our local economy through our role as an Anchor Institution utilising Marmot principles to target key communities or groups needing focus

The diagram above is from the Kings fund and it details a model for population health. It is proposed that this could be a potential framework on which to build the new board strategy.

2.4   Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

The report provides moderate assurance to the Board regarding the development of a refreshed strategic approach to NHS Highland's Strategy encompassing population health and proposing an early update to the current "Together We Care" strategy by 2026. It outlines a shift in focus from healthcare access to improving population health through prevention and addressing health inequalities, particularly among disadvantaged communities. To support this, the creation of a new Population and Health Planning Committee is recommended, which will oversee the strategy's development, ensure alignment with value-based care, and monitor progress against the outcomes in the Director of Public Health's annual report.

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

In order to increase the assurance level to substantial the proposed committee will require a period of transition so it can provide the Board assurance around

strengthening governance structures, enhancing data and evidence use alongside deepening community engagement and aligning with national and local partners.

3   Impact Analysis

3.1   Quality/ Patient Care

As part of the development of the new strategy, quality and improvements to patient care and experience will be an essential component.

3.2   Workforce

Developing a Workforce Strategy will be an integral part of the Board wide strategy and staff-side will be part of the development process.

3.3   Financial

The scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more. By setting out NHS Highlands new Strategy, we will aim to deliver a health and social care system fit for the future.

3.4   Risk Assessment/Management

Strategic - By not focussing the NHS Highland's strategic approach to delivery of Care at a population health angle will put significant risk for sustainability into the future.

Operational - There will be limited success if the organisation does not fully engage in the new strategic approach and implement the recommendations and strategic vision within operational working.

3.5   Data Protection

There will be no personal or identifiable information used in the creation of the strategy.

3.6   Equality and Diversity, including health inequalities

The Rights of the Child (UNCRC) - Priority areas for prevention are: Children and Young People, Child Poverty work and poverty across the life course will be reflected within the new strategy

The focus of the proposed Committee is on health inequalities; these include inequalities relating to protected characteristics, Socio-economic duties and UNCRC.

3.7   Other impacts

Describe other relevant impacts.

3.8   Communication, involvement, engagement and consultation

As part of the creation of a new strategy a full Communications and Engagement plan will be developed.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG 24TH March 2025

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 - **Population and Public Health Committee Terms Of Reference**

**Population and Public Health Committee
Terms Of Reference**

1. Purpose

The purpose of the Committee is to advise and assure the Board on the development and implementation of strategic plans that enable population health improvement. In addition the committee will provide assurance that population health measures are utilised to understand the impact and effectiveness of our board strategy and associated strategic plan on population health.

The committee will have oversight of the development and delivery of our NHS Highland's strategy and associated portfolio of strategic programmes to ensure:

- strategic and collaborative alignment of our partnership to maximise our contribution to improving population health and reducing health and inequalities
- alignment with value based health and care and making best use of our resources
- effective development, management and delivery of our strategic portfolio of programmes including capital planning

2. Role and Remit

The Population and Public Health Committee will function as a sub-committee of the board with a key role in developing our vision and expected outcomes for improving population health including how we measure our impact and effectiveness.

The committee will have a role in endorsing any changes in the strategic direction of the Board ensuring these are aligned with our vision and outcomes for population health and health inequalities.

The committee will

- Oversee the board strategy development and delivery lifecycle including monitoring progress in delivering outcomes and considering any changes to strategic direction required within the lifecycle

- Ensure alignment between board strategy and joint strategic plans of health and social care partnerships

- Oversee strategic development and delivery of population health improvement and health inequalities including progress, performance and integration within the board's strategic portfolio

- Oversee collaborative strategic partnerships to improve population health, address health inequalities, and advance value-based health and care.

- Oversee development of capital planning to ensure this is informed by and aligned with future service models that will be delivered through our strategic portfolio

- Have strategic oversight of the annual operating plan and medium term plan to assure the board of the development and progress of our strategic programmes to achieve strategic outcomes

- Ensure that the equality and diversity implications of Board developments are fully considered and acted upon.

- Provide assurance to the Board that significant strategic risks are being adequately managed, and agree remedial action where necessary.

- Assure the Board that all current strategic programme plans and their associated Key Performance Indicators (KPIs) are consistently and comprehensively monitored.

3.   Membership

The non-executive membership of the planning and population health Committee will be the employee director, vice chair (chair of committee) and the chairs of the following committees:
- Finance, resources and performance committee
- Clinical governance Committee
- Staff governance committee
- Audit and risk committee
- Highland Health and Social Care committee
- Area Clinical Forum

The committee will also include non-executive director representation from Argyll and Bute Health and Care Social Care Partnership

Executive Attendees:
- Chief Executive
- Deputy Chief Executive
- Director of Finance
- Director of Public Health
- Director of Nursing or Medical Director
- Director of Estates, Facilities and Capital Planning
- Director of People and Culture
- Chief Operating Officer (Acute Services)
- Chief Officer, Argyll and Bute IJB
- Chief Officer, North Highland

In attendance:
- Head of Corporate Governance
- Head of Strategy and Transformation

Ex-officio: Board Chair

The Deputy Chief Executive and the Director of Public Health will be the lead officers of the committee.

4. Quorum

4.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

5. Meetings

5.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.

5.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, the Committee Vice Chair will preside at the meeting. In the absence of both the Chair and the Vice Chair, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

5.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

6. Review and self-assessment

6.12 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

6.13 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the

end of May each year for presentation to the Audit Committee in June. The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

6.14 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

7. Authority

7.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

7.2 In order to fulfil its remit, the Committee may obtain whatever professional advice it requires and require Directors or other officers of the Board to attend meetings.

8. Reporting Arrangements

8.1 The Committee reports directly to NHS Highland Board on its work. The Chair of Committee shall provide assurance on the work of the Committee and the approved minutes will be submitted to the NHS Board meeting for information.

Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

8.2 The following Groups will report to the planning and performance committee:

- Strategy and Transformation Assurance Group
- Population Health Programme Board
- Board Strategy Development Group

NHS Highland

NHS Highland na Gàidhealtachd

Meeting:	NHS Highland Board
Meeting date:	27 May 2025
Title:	Governance Committee Annual Reports 2024-25
Responsible Executive/Non-Executive:	Fiona Davies, Chief Executive; Sarah Compton-Bishop, Chair
Report Author:	Nathan Ware, Governance & Corporate Records Manager

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Report Recommendation:

The Board is asked to:

(a) **note** that the Governance Committee Annual Reports for financial year 2024- 25 were considered by the Audit Committee on 13 May 2025; and

(b) **approve** the Annual Reports which form a key part of the evidence in support of the Board's Annual Accounts Governance Statement.

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1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement
- Local policy

This aligns 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 Strategic Outcomes	X		

2   Report summary

2.1   Situation

All Governance Committees of the Board are required to provide an Annual Statement of Assurance on their activities throughout the financial year to the Audit Committee and Board. This report encloses the Annual Governance Committee Reports for the period 1 April 2024 to 31 March 2025 which have been endorsed by the Audit Committee on 13 May 2025.

2.2 Background

Governance Committee Annual Reports are required to demonstrate how Committees discharge their role as defined by their Terms of Reference. They are also expected to comment on how effectively the systems of control within their respective areas are operating. In doing this, the Annual Reports provide an outline of Committee membership, attendance, frequency of meetings, business addressed, outcomes and assurances provided, and risk management.

2.3 Assessment

The Annual Reports support the Statement of Internal Control in the Board Annual Report and Accounts. Attached to this report are the Annual Reports from the Board's Governance Committees:

- Clinical Governance Committee
- Finance, Resources and Performance Committee
- Highland Health and Social Care Committee
- Pharmacy Practices Committee
- Remuneration Committee
- Staff Governance Committee

Governance Committees reviewed their Terms of Reference during November 2024 and January 2025 with agreed documents being endorsed by the Audit Committee in March 2025 and incorporated into a refreshed Code of Corporate Governance approved by the Board in March 2025.

The final annual reports for all the above Committees have been agreed throughout the March/April/May cycle of meetings. All the Governance Committee annual reports have been endorsed by the Audit Committee.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements includes production of Governance Committee annual reports. This is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts.

3.8 Communication, involvement, engagement and consultation

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item. The Board's Annual Report and Accounts will be submitted to Scottish Government and made public later in 2025.

3.9 Route to the Meeting

The appendices to this report have been considered by individual governance committees and the Audit Committee on 13 May 2025.

4 List of appendices

The following appendices are included with this report:

- Appendix A - Clinical Governance Committee
- Appendix B - Finance, Resources and Performance Committee
- Appendix C - Highland Health and Social Care Committee
- Appendix D - Pharmacy Practices Committee
- Appendix E - Remuneration Committee
- Appendix F - Staff Governance Committee

Draft NHS Highland
Clinical Governance Annual Report

To: NHS Highland Audit Committee

From: Karen Leach, Chair, Clinical Governance Committee

Subject: Clinical Governance Committee Report April 2024 - March 2025

1. Background

In line with sound governance principles, an Annual Report is submitted from the Clinical Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts. The TOR were revised in January 2024 to clarify the list of formal attendees at meetings with no other changes being made.

For the 2024/25 financial year the committee chose to focus in on the following areas in addition to its normal business:

- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to identify and oversee the development of Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report.
- Continue to scrutinise and give assurance to NHS Highland Board on Quality and Patient Safety in each of the Operational Areas.
- To review the Annual Delivery Plan Outcomes

2. Activity April 2024 to March 2025

The committee met formally on six occasions during 2024/25 on 2 May 2024, 11 July 2024, 5 September 2024, 7 November 2024, 9 January 2025 and 6 March 2025. Its minutes and assurance reports were submitted to NHS Highland Board at its public meetings during this period. A list of members and their attendance at the committee meetings is shown in Appendix A.

3. Committees Reporting to the Clinical Governance Committee

The following groups/committees were requested to report to the Clinical Governance Committee during 2024/25:

- NHSH Quality and Patient Safety Groups - every meeting
- Argyll and Bute Clinical & Care Governance Committee – every meeting
- Control of Infection Committee Assurance Report – every meeting
- Area Drug & Therapeutics Committee – 6 Monthly Exception Report
- Transfusion Committee - 6 Monthly Exception Report

- Organ and Tissue Donation Committee - 6 Monthly Exception Report
- Health and Safety Committee - 6 Monthly Exception Report on issues relating to Clinical Governance
- Research, Development and Innovation Committee

4. Any relevant Performance Indicators

(i) Adverse Events & Duty of Candour

Each Operational Unit has in place a weekly meeting where potential Duty of Candour Adverse Events are assessed. If an adverse event is confirmed as duty of candour, or likely to be duty of candour (but unknown until the case is investigated), an SAER should be commissioned to investigate and the duty of candour status is confirmed when all facts are known.

An Annual Duty of Candour report was prepared and published on the NHS Highland website

https://www.nhshighland.scot.nhs.uk/media/uvybs4du/duty-of-candour-annual-report-2023-2024.pdf

Adverse Event Figures
A total of 13624 adverse events were reported in 2023/24 (to date). The following table gives a breakdown of the confirmed investigation (DIF2) consequence and operational units.

	Acute Services Division	Argyll and Bute	Highland Health and Social Care Partnership (HHSCP)	Corporate Services	Estates	Highland Council - Children's Services	Pharmacy	Total
Negligible (Category 3)	2670	723	3305	30	4	10	38	6780
Minor (Category 2)	1578	456	1277	11	0	3	9	3334
Moderate (Category 2)	530	145	393	3	0	0	4	1075
Major (Category 1)	14	2	9	0	0	0	0	25
Extreme (Category 1)	11	10	17	0	0	0	0	38
Total	4803	1336	5001	44	4	13	51	11252

*2372 events do not have a DIF2 consequence recorded

(ii) Complaints Management

Complaints management and performance continues to be an area of focus and scrutiny. In 2023/2024 (01/04/2023 to 31/12/2023) there has been a decrease in Stage 2 complaints by 28%. The performance compared to 2022/2023 has increased by 22%.

Stage 1 complaint volumes In 2023/2024 (01/04/2023 to 31/01/2024) have followed trend with an increase in volume by 25%, with a consistent performance rate of 61%; showing that the operational units are driving first point resolution where possible; this may also be a reason for the fall in Stage 2 complaints being logged.

Weekly reports are issued to each operational unit to track performance. Towards end of 2023, discussions took place to refine the reporting Dashboard and development work has commenced in 2024 to reflect performance in context of volumes of complaint, and those which are high level or complex to ascertain where operational support is required to drive continuous improvements.

Improvement activity focuses on the training needs of the operational units to draft and deliver a quality complaint response and to audit actions taken by Operational Units to improve areas of service. In addition, activity began in March 2023 to review the end-to-end journey of a complaint within our organisation to streamline and improve the process to achieve better performance results.

Complaint Performance

Stage 1 Complaints
Total number of complaints received   331
% responded to within 5 days   61% (average)

Stage 2 Complaints
Total number of complaints received   453
% responded to with 20 working days   46% (average) *Caveat, this is total volume of Stage 2, divided by total volume excluding Further Correspondence, SPSO and Withdrawn volumes*

(iii) Quality and Patient Safety Dashboard

Each of the Operational Units has a well-established Quality and Patient Safety Group which meet throughout the year and who are responsible for reviewing the Quality and Patient Safety Dashboard for their area. In December 2023, the Clinical Governance Support Team launched a new PowerBi Dashboard (QPS Dashboard) which is more accessible and allows in-depth interrogation to service specific date held in Datix. Any exceptions identified are reported to the committee through the SBAR exception report.

Information in the dashboard (from Datix) is used to update the Integrated Quality and Performance Report which is tabled and discussed at each committee meeting. The measures in the report included adverse events, Significant Adverse Events Reviews (SAERs), Falls, Tissue Viability, Infection Control and Complaints

The Integrated Performance and Quality Report have been further developed and will continue to evolve in 2024/25 to support the growth of our Organisation. This will include dashboards for OOHs and Primary Care

(iv) Infection Prevention and control.

The Board remains committed to reducing to an absolute minimum the chance of acquiring an infection whilst receiving healthcare, and to ensure our hospitals are clean. An Infection Prevention & Control Report is reviewed by the Clinical Governance Committee at each meeting.

6. Emerging issues and key issues to address/improve the following year

The committee will focus on the following areas next financial year:

• Overview of Clinical Governance processes and systems within Acute & Community Services

• Seeking assurance for Social Care and Commissioned Children's Services

- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with Complaints in an appropriate and timely way.

- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.

- Continue to scrutinize the Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report and development of new measures.

- Support the delivery of the NHS Highland Strategy and Annual Delivery Plan

7. Conclusion

The Chair of the Clinical Governance Committee is confident, that through the scrutiny of internal and external reports and minutes, as well as systematic reviews of the reporting mechanism and regular presentations; that the systems of internal control of the delivery of safe clinical care are adequate. However, the Committee will continue to focus on assuring that any identified weaknesses in the system are addressed, and that a culture of continuous improvement in clinical governance is fostered across the Board area. The Chair would recommend that the Board take assurance from the Clinical Governance Committee's activities in 2024/25.

Karen Leach
Chair
Clinical Governance Committee
March 2024

NB Reports to be submitted to the May meeting of the Audit Committee each year.

Clinical Governance Committee Attendance List – 2024/25

Members	2/5/2024	11/7/2024	5/9/2024	7/11/2024	9/1/2025	06/03/2025
Alasdair Christie Chair until 9 Jan 2025 Member from 10 Jan 2025	✓	Apol	✓	✓	✓	Apol
Dr Gaener Rodger until 31 July	✓	Apol	N/A	N/A	N/A	N/A
Joanne McCoy	✓	✓	✓	✓	✓	✓
Muriel Cockburn	Apol	✓	✓	✓	✓	✓
Karen Leach member from 1 August 2024 Chair from 10 January 2025	N/A	N/A	✓	Apol	✓	✓
Catriona Sinclair (ACF Chair)	✓	-	-	-	-	-
Elspeth Caithness	-	-	-	-	-	-
Liz Henderson (Indep't Member)	✓	✓	✓	Apol	✓	✓
Dr Boyd Peters	✓	✓	✓	✓	✓	✓
Dr Tim Allison	✓	✓	✓	✓	✓	Apol
Louise Bussell	✓	Apol	✓	Apol	✓	✓
S Compton-Bishop (Ex Officio)	-	-		✓ part meeting Sub by Ann Clark	✓	-
F Davies (Ex Officio)	-	Apol		✓	-	-
Gerry O'Brien (substitute)	✓					✓
Emily Austin (substitute)		✓		✓		✓
Ann Clark (substitute)		✓		✓		

Annual Report

NHS Highland Finance, Resources and Performance Committee Annual Report

To: NHS Highland Audit Committee

From: Alexander Anderson, Chair of Finance, Resources and Performance Committee

Subject: Finance, Resources and Performance Committee Report – April 2024 to March 2025

1   Background

In line with sound governance principles, an Annual Report is submitted from the Finance, Resources and Performance Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Finance, Resources and Performance Committee is a formal Committee of the Board with the following remit :

a) To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:
- Resource allocation;
- Performance management;
- Environmental sustainability;
- Strategic planning.

b) To ensure that systems and procedures are in place to monitor, manage and improve performance, across the whole system, and liaise closely with relevant Governance Committees (Staff, Clinical and Audit) to ensure appropriate remedial action takes place.
c) To consider financial plans, and approve annual budget proposals and business cases for submission to the NHS Board.

The Finance, Resources and Performance Committee met 12* times in the reporting period, with Minutes of the Committee being submitted to the NHS Board. Due to the increasing concerns relating to the financial performance, it was agreed to move to monthly meetings of the committee.

Membership from 1 April 2024 – 31 March 2025:

Committee Members	In Attendance
Alexander Anderson, Non-Executive Board Member (Chair) Graham Bell, Non-Executive Board Member (Vice Chair) Gerry O'Brien, Non-Executive Board Member Garrett Corner, Non-Executive Board Member/Stakeholder Ann Clark, Non-Executive Board Member until 30 July 2024 Steve Walsh, Non Executive Board Member from 1 August 2024 Fiona Davies, Chief Executive David Park, Deputy Chief Executive Heledd Cooper, Director of Finance (Lead Officer) Dr Boyd Peters, Medical Director Tim Allison, Director of Public Health Louise Bussell, Board Nurse Director Richard MacDonald, Director of Estates, Facilities and Capital Planning	Katherine Sutton, Chief Operating Officer (Acute Services) Evan Beswick, Chief Officer, Argyll and Bute IJB Pamela Stott, Chief Officer, Highland HSCP Kristin Gillies, Interim Head of Strategy and Transformation Elaine Ward, Deputy Director of Finance Ruth Daly, Board Secretary

Attendance from 1 April 2024 – 31 March 2025:

Member	12/04/24	03/05/24	14/06/24	05/07/24	09/08/24	06/09/24	11/10/24	01/11/24	16/12/24	10/01/25	07/02/25	14/03/25
Alex Anderson	✓	✓	✓	✓	✓	✓	✓	✓	Apol	✓	✓	✓
Graham Bell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apol	✓
Garrett Corner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ann Clark	✓	✓	✓	✓	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A
Gerry O'Brien	✓	✓	✓	✓	✓	✓	✓	✓	Apol	✓	✓	✓
Steve Walsh	N/A	N/A	N/A	N/A	Apol	Apol	✓	✓	✓	✓	✓	✓
Fiona Davies	✓	✓	✓	Apol	✓	✓	✓	✓	✓	Apol	✓	✓
David Park	✓	✓	Apol	✓	-	-	-	✓	✓	✓	✓	✓
Heledd Cooper	✓	✓	✓	✓	✓	✓	Apol	✓	✓	✓	✓	✓
Dr Boyd Peters	✓	-	-	-	Apol	✓	Apol	✓	-	-	✓	
Dr Tim Allison	✓	✓	✓	Apol	-	✓	✓	✓	✓	✓	✓	✓
Louise Bussell	✓	✓	✓	Apol	✓	Apol	✓	✓	✓	✓	Apol	
Richard McDonald	✓	✓	Apol	✓	-	Apol	✓	✓	✓	✓	✓	Apol
Sarah Compton Bishop Ex Officio	✓	✓	Apol	✓	✓	✓	-	Apol	-	✓	-	

2   Activity 1 April 2024 – 31 March 2025

The Finance, Resources and Performance Committee considered the following key items at its meetings throughout the year:

Agenda item	12/04/24	03/05/24	14/06/24	05/07/24	09/08/24	06/09/24	11/10/24	01/11/24	16/12/24	10/01/25	7/2/25	14/3/25
Financial Position update & cost improvement	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
SG Feedback on Financial Plan 2024-27	✓											
Workstreams & SG 15 box grid					✓				✓			✓
Financial Escalation self assessment									✓			
Capital Asset Management	✓	✓		✓		✓	✓	✓	✓	✓	✓	
Asset Management Group minutes	✓	✓										
Strategy & Transormation Assurance Group	✓								✓		✓	
Annual Delivery Plan and Medium term plan	✓					✓		✓			✓	✓
Environment & Sustainability Update	✓		✓		✓		✓		✓			
Committee annual workplan	✓											✓
Committee Annual Report	✓											✓
FRP Committee Self Evaluation Report	✓											deferred
Budget Setting update		✓							✓	✓		
Caithness Capital Pause Position		✓										
Lochaber Capital Pause Position		✓										
Integrated Performance Report		✓		✓	✓	✓		✓		✓		✓
Risk Register		✓		✓		✓		✓		✓		deferred
Planned Care Submission		✓	✓						✓			
End of Year Financial Position			✓									
Adult Social Care risk profile			✓									
Best Value Framework			✓									
Annual Delivery Plan quarterly update			✓									
Resilience Update				✓							✓	
Digital Health and Care Strategy update				✓				✓	✓			deferred
Highland Charter for Climate, Nature & Health						✓						
Committee Terms of Reference review						✓				✓		
Planned Care Trajectories & ADP targets							✓					
Highland Urgent & Unscheduled Care Plan & Winter Planning guidance								✓	✓			
Meridian Progress Update – Community Services								✓				
Procurement Annual Report								✓				
National Treatment Centre Post Occupancy Report								✓	✓			
New Craigs PFI progress update										✓		

3   Sub Groups

The Asset Management Group minutes are taken as a standing agenda item at the FRP. In addition, all major projects and programmes are discussed with an update on progress provided by the Director of Estates.

The Strategy & Transformation Assurance Group (STAG) is accountable to the Finance, Resources and Performance Committee and its remit is to performance manage the delivery of the NHS Highland Cost Improvement Programme.

The Digital Health and Care Group submit a report to the FRP three times per year. This sub group ensures systems are in place and maintained across all digital functions within NHS Highland.

The Environmental and Sustainability Board routinely report to the FRP ensuring that all matters relating to the delivery of the NHS Scotland policy on climate emergency and sustainable development are reported so the FRP Chair can give assurance to the Board.

As of September 2024, the Resilience Committee also reports to the Finance Resources and Performance Committee on a twice yearly basis.

4   External Reviews

There have been no external reviews of the activity of the Finance, Resources and Performance Committee since its inception in early 2021.

5   Any relevant Key Performance Indicators

At the beginning of the financial year the initial budget gap for NHS Higland was £112.5m, and, with a brokerage cap limited to £28.4m, this led to the requirement to save some £84m through efficiencies, cost improvements and transformation, which was an impossible task in a 1 year timeframe. A Financial Plan for 2024-2027 was submitted to the Scottish Government and the budget for 2024/25 was set, which included an overspend target of £50.62m (a brokerage gap of £22.2m). A considerable amount of work has continued throughout the year and the forecast overspend has been reduced to some £45.5m, assuming the Adult Social Care provides a breakeven position at year end.

The Scottish Government informed NHS Highland in January 2025 that £49.7m of brokerage was now available, but included in the notification that no brokerage would be available in 2025/26. As a result of the increased brokerage the Board should deliver a breakeven position at the end of the financial year.

NHS Highland continues to be escalated at level 3 for finance and is receiving dedicated tailored support from the Scottish Government to assist in response to the size of the financial challenge in the reporting year and in future years.

As part of the implementation of NHS Highland Strategy, an Annual Delivery Plan (ADP) was developed which includes a number of KPIs and the performance against these KPIs relevant to this committee has been monitored throughout the year.

The Strategy & Transormation Assurance Group (STAG) has developed a change/transformation framework delegating responsibility to colleagues to make change within the parameters agreed for each programme. Monitoring progress against these programmes will continue as part of the FRP remit.

6   Emerging issues and key issues to address/improve the following year

Financial performance against required spending targets and bringing NHS Highland into financial balance will be exceedingly challenging over the next 5 years or so. Savings brought about through the STAG ABC programmes will hopefully reduce the overspend but it will take a considerable period of time for the Board to achieve a balanced position. The Scottish Government have stated, in writing, that there will be no brokerage available on 2025/26 financial year and therefore a financial deficit will have to be declared if, as expected, there is an overspend. This will create the requirement for a Section 22 audit/report in 2026.

Risk management is a developing area within the organisation and the Committee was tasked with the overview of several of the Risks within the NHS Board Assurance Framework. This work will continue to be a focus of the Committee in the coming year.

Further development of the Integrated Performance and Quality Report (IPQR) and the Annual Delivery Plan (ADP) including KPIs, will also be an area of continued focus as part of the remit of the Committee. Performance monitoring, to determine if targets and KPIs are being achieved will continue to be a key area on the agenda of each meeting.

7   Conclusion

The Finance, Resources and Performance Committee has a clearly defined Role and Remit which has been regularly reviewed. Attendance at the Committee has been satisfactory and Non-Executive Directors have demonstrated the appropriate challenge and scrutiny required.

Alexander Anderson, as Chair of the Finance, Resources and Performance Committee has concluded that the systems of control within the respective areas within the remit of the Finance, Resources and Performance Committee are considered to be operating adequately and effectively.

Alexander Anderson
Chair
Finance, Resources and Performance Committee
March 2025

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2024/25

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2024 to March 2025

The Highland Health and Social Care Committee met on six occasions during 2024-25. Development sessions formed an important element of committee development opportunities and two were held during financial year 2024-25. The minutes from each Committee meeting have been submitted to the appropriate Board meeting for assurance purposes. Membership and attendance are set out in the table below.

Membership and Attendance from 01 March 2024 to 31 March 2025

MEMBER (Voting)	6/3/24	8/5/24	10/7/24	4/9/24	6/11/24	15/1/25	5/3/25
Gerry O'Brien, Chair	✓	✓	✓	✓	✓	✓	✓
Philip Macrae, VC	✓	✓	Apol	✓	✓	✓	✓
Ann Clark	✓	✓	✓	✓	✓	✓	✓
Joanne McCoy	Apol	✓	✓	✓	✓	✓	✓
Muriel Cockburn	✓	✓	✓	✓	✓	✓	✓
Pam Stott, CO	✓	✓	✓	✓	✓	✓	✓
Tim Allison, Dir of Public Health	✓	✓	✓	✓	✓	✓	Apol Sub Jennifer Davies
Claire Copeland, Medical Lead	✓	✓	-	✓	-	-	✓
Cllr David Fraser	✓	✓	-	✓	Apol	✓	✓
Cllr Chris Birt	✓	✓	Apol	✓	Apol	Apol	✓
Cllr Ron Gunn	Apol	-	-		Apol	✓	Apol
Simon Steer, Dir of Adult Social Care	✓	-	✓	✓	✓	✓	✓
Elaine Ward, Deputy Dir of Finance	Apol Sub Frances Gordon	✓	✓	✓	✓	Apol Sub Frances Gordon	Apol Sub Frances Gordon
Julie Gilmore Associate Nurse Director	✓	✓	✓	✓	✓	✓	✓
IN ATTENDANCE (Stakeholders)							
Kaye Oliver (Staffside representative)	✓	✓	✓	✓	✓	✓	✓

Diane Van Ruitenbeek (Public/Patient rep)	✓	✓	Apol	✓	✓	Apol	N/A
Michelle Stevenson Public/Patient Rep Until 31 May 2024	Apol	✓	N/A	N/A	N/A	N/A	N/A
Wendy Smith Carer Rep Until 31 May 2024	-	-	N/A	N/A	N/A	N/A	N/A
Mhairi Wylie (Third Sector Rep)	Apol	✓	✓	✓	✓	-	-
Neil Wright (Lead Doctor	✓	✓	✓	✓	✓	✓	✓
Catriona Sinclair (Area Clinical Forum)	-	-	-	-	-	-	-
Kara McNaught (Area Clinical Forum)	-	-	✓	✓	-	-	✓
Fiona Malcolm (Highland Council Executive Chief Officer for Health and Social Care)	Apol	✓	✓	Apol	✓	✓	-
Fiona Duncan (Highland Council Chief Social Work Officer)	✓	✓	✓	Apol	✓	Apol	✓

During the period covered by this report the Committee Chair was Gerry O'Brien and Philip Macrae was Vice Chair. At the end of May 2024, the terms of appointment lapsed for one of the Committee's Public/Patient representatives and the Carer representative. Further recruitment exercises were held but with no suitable candidates having been identified. Efforts continue with further consideration being given as to how these roles can be filled.

2.1 Post Pandemic

The long-lasting changes arising from the 2020 pandemic continue to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users, carers and our workforce and the changes necessitated by measures to reflect revised delivery requirements and in many instances the change in behaviours of service users and workforce in 2024 and beyond.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Collaborative Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for SelfDirected Support services for adult social care. Common themes across all these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for most care homes across North Highland leading to increased sustainability issues for service providers.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

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The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. The Committee received regular updates on the vaccination programme option appraisal and was pleased with the recent decision by the Scottish Government to permit the development of a locally delivered service for adults. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

Although an undoubted success story, the implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. The 24/25 financial position was extremely challenging with the opening financial plan supported by the requirement for NHS Highland to deliver a savings target of £84.091m in order to deliver against a brokerage cap of £28.4m and an opening financial deficit in Adult Social Care of £17.5m. Across NHS Highland delivery of recurring savings has been a challenge with a total forecast delivery of £17m across North Highland and Adult Social Care. Additional expenditure pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. Prescribing costs, driven by volume of prescriptions and drug costs presented a significant challenge in year. The forecast outturn position at month 09 sits at an overspend of approximately £4.6m and this position assumes a degree of non-recurring support, £18.3m, from The Highland Council in relation to the delivery of Adult Social Care. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The committee undertook a self-assessment exercise in January 2025 and the results and resulting actions will be reflected in our 25/26 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

4 External Reviews

None

5 Key Performance Indicators

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all the year. This report has graphically illustrated the unmet need in our Adult Social Care Services with the report regularly showing a shortfall of circa 2,800 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 225 at January 2025. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive

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note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 15% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 25/26 work.

Performance against the Psychological Therapies target has been encouraging in the first half of the year with an increase to 87% in those receiving services within the 18-week target. Performance against the NDAS target is significantly below required levels. This area continues to be a major focus for scrutiny.

A report on performance for the 24/25 year will be published in July 2025. The 23/24 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

6 Emerging issues for 2025/26

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of post pandemic service recovery and improving outcomes for our population. The extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience. Implementation of Delayed Discharge actions will be closely monitored although it must be noted that the wide ranging system issues resulting in delayed discharges will be monitored across the full range of Board governance committees.

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are operating adequately.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE 5 March 2025 (Approved by Committee)

Suggested Template for Committee Annual Reports

[Name of Committee Reviewing the Report]
Date of Relevant Committee
Item ??

NHS Highland
Pharmacy Practices Committee Annual Report

To: NHS Highland Audit Committee

From: Ann Clark Chair, PPC

Subject: PPC Committee Report – April 2024 to March 2025

> **Note:** A maximum of approximately 4 sides of A4 should be aimed for. There should be no appendices unless fundamental to the work of the Committee.

1   Background

In line with sound governance principles, an Annual Report is submitted from the Pharmacy Practices Committee to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

The remit of the Pharmacy Practices Committee is to consider applications to provide pharmaceutical services within the Board area and to determine whether these applications will be granted, or not.

The Committee's consideration of any application is governed by the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 which were amended following the consultation Review of the Control of Entry Arrangements and the recommendations made in the subsequent summary report and came into force on 1 April 2011.

Further amendments were introduced as the 2014 Regulations came into force on 28 June, 2014.

In these Regulations there remains, at Regulation 5.10, the framework against which the Committee makes its decision. This is called the "Legal Test".

The Legal Test states that:

"An application ………shall be granted by the Board, ……. only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list."

Under the Regulations, the manner in which an application is considered, shall be a matter for the Committee to determine. In all circumstances NHS Highland's PPC holds an oral hearing. This ensures that the PPC understands the evidence and that points of clarification can be obtained from both the applicant and any other interested party through listening to evidence and asking questions of those present. The Committee may or may not convene its meetings in accommodation in the area local to the proposed premises and undertakes a site visit to obtain, first-hand, knowledge of the local area and of the suitability of the proposed premises. Due to the remote and rural nature of much of the services delivered by NHS Highland the site visit may be undertaken virtually.

The Pharmacy Practices Committee shall consist of seven members of whom–

a) one shall be the chair appointed as such by the Board; the chair shall be a member of the Board but shall not be an officer of the Board nor shall the chair be, nor previously have been, a doctor, dentist, ophthalmic optician or

pharmacist or the employee of a person who is a doctor, dentist, ophthalmic optician or pharmacist;

b) three shall be pharmacists of whom–
- one shall be a pharmacist whose name is not included in any pharmaceutical list and who is not the employee of a person whose name is so listed; and such pharmacist shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
- two shall be pharmacists each of whom is included in a pharmaceutical list or is an employee of a person whose name is so listed; and each shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and

c) three shall be persons appointed by the Board otherwise than from the members of the Board but none shall be nor previously have been a doctor, dentist, ophthalmic optician or a pharmacist, or an employee of a person who is a doctor, dentist, ophthalmic optician or pharmacist.

Where the premises that are the subject of the application are located in the same neighbourhood as premises from which a dispensing doctor dispenses, the Pharmacy Practices Committee shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

The current membership of the Committee is made up from:

Ann Clark, Non-Executive Director, Chairman
Garret Corner, alternate Non-Executive
Joanne McCoy, alternate Non-Executive
Ian Gibson, Lay Member
John (Mark) Sutherland-Fisher, Lay Member
Catriona Sinclair, Area Pharmaceutical Committee contractor representative
Gayle MacDonald, Area Pharmaceutical Committee non contractor representative
Jen Moncur, Area Pharmaceutical Committee Contractor representative
Susan Paterson, Area Pharmaceutical Committee Contractor representative
Fiona Thomson, Area Pharmaceutical Committee non contractor representative
Catriona Brodie, Area Pharmaceutical Committee non contractor representative
GP Sub Committee representative

2   Activity – March 2024 to April 2025

One Joint Consultation commenced on 29th January 2024 and ran until 5th June, 2024. This proceeded to a PPC Hearing which was held and granted on Friday 1st November, 2024. The new community pharmacy is due to open in April, 2025.

Two subsequent Joint Consultations were commenced – one running from 28th October 2024 and closed on 6th March 2025. A PPC Hearing is currently being arranged for this Application. The second commenced on 19th December 2024 and will run until 17th April 2025.

One Expression of Interest was received and the first formal meeting arranged on 12th December, 2024. This has not yet progressed to a Joint Consultation as information still awaited to complete this paper.

Three further Expressions of Interest were received. However, they have not been progressed as yet.

3   Sub Groups

The Committee has no sub-groups.

4   External Reviews

There are no specific reviews of the work of the Pharmacy Practices Committee, however, the decisions of this Committee are subject to appeal to the National Appeal Panel (NAP). The external appeal process to the NAP provides a proxy external review. The grounds for appeal are limited to the following circumstances:-

- there has been a procedural defect in the way the application has been considered by the Board
- there has been a failure by the Board to properly narrate the facts or reasons upon which their determination of the application was based
- there has been a failure to explain the application of the Regulations to those facts
- where the Board has erred in law in its application of the provision of these Regulations

If the Chair of the NAP decides there are grounds for appeal they remit the decision back to the PPC for reconsideration, however, the points raised in one appeal may not necessarily readily transfer to a further application unless the points raised are generic and not specific to the particular application.

5   Any relevant Key Performance Indicators

The process, which must be undertaken on receipt of an application, is driven by timescales and requirements set out in Regulations. Similarly, the conduct of the PPC and the reporting of the decision and the appeal process are driven by processes and timescales set out in the Regulations.

6   Emerging issues and key issues to address/improve the following year

In view of changes to the PPC committee, training will be required to allow the new members obtain a full understanding of the purpose of the committee. This has still to be arranged. It is anticipated that one PPC Hearing will be held in June, 2025 and one in September, 2025.

Additional lay membership of the Committee will require to be sought to comply with the Committee's constitution.

7   Conclusion

I confirm that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively and adhere to the statutory requirements as set out in the appropriate Regulations.

P. Ann Clark

Ann Clark
Chair
Pharmacy Practices Committee
27th March, 2025

NB Reports to be submitted to the May meeting of the Audit Committee each year.

Annual Reports

NHS Highland
Remuneration Committee Annual Report:

To: **NHS Highland Audit Committee**

From: **Ann Clark, Chair, Remuneration Committee**

Subject: **Remuneration Committee Report – April 2024 – March 2025**

1   Background

In line with sound governance principles, an Annual Report is submitted from the Remuneration Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Remuneration Committee is a formal Committee of the Board. The Role of the Remuneration Committee is:

- To consider and agree performance objectives and performance appraisals for staff in the Executive cohort, and to oversee performance arrangements for designated senior managers, and to endorse pay and terms and conditions for the Executive cohort. The Committee will be responsible for applying the remit detailed in NHS: MEL (2000) 25, NHS HDL (2002) 64 and subsequent guidance.
- To direct the appointment process for the Chief Executive and Executive Directors.

The membership of the Committee is limited to the Board Chair, Vice Chair, Employee Director and two other Non-Executive Board members.

The Remuneration Committee has met on four occasions during the financial year: 27 May 2024, 15 July 2024, 25 November 2024, and 24 February 2025.

2   Activity

Throughout the period of this annual review, the Remuneration Committee has provided the Board with assurance regarding the discharge of its remit through regular submission of minutes of meetings to the Board in private.

In May 2024 the Committee took substantial assurance on a suite of **Executive Director objectives, including corporate objectives, for 2024-25**. The Committee took assurance that both the corporate and individual objectives were aligned with the Annual Delivery Plan as well as being appropriate for the individuals. The Committee discussed and received full assurance that the objectives to ensure responsibility for vaccinations were explicit.

In terms of **Executive Director performance** against Board Level Objectives, in July the Committee took substantial assurance and agreed objective scoring and overall ratings for all end of year appraisals for 2023-2024. It was noted there were no changes in evidence or narrative required prior to final approval, and appraisals were submitted to National Performance Management Committee by the 26 July 2024 submission deadline.

The Committee accepted substantial assurance on the **Executive Cohort Mid-Year Performance Reviews** for 2024/25 in November 2024.

The Committee discharged its duties to oversee and take assurance on a range of **Executive Director appointments** throughout the year: In May 2024, the Committee noted that the process to

appoint to the position of Chief Officer for Argyll and Bute Health and Social Care Partnership was underway and managed through Argyll and Bute Council. In July it received an update and then confirmation of the appointment at the November 2024 meeting.

The recommendations of the Discretionary Points Advisory Committee for the award of discretionary points for consultants were ratified by the Committee in May 2025.

The Committee considered and re-affirmed its Terms of Reference in November 2024 and held a self-evaluation exercise of its functions during January 2025.

Membership from 1 April 2024– 2025:

Ms Ann Clark, Board Vice Chair (Committee Chair)
Mr Albert Donald, Non-Executive Director (Committee Vice Chair)
Ms Sarah Compton Bishop, Board Chair
Ms Elspeth Caithness, Employee Director
Mr Gerry O'Brien, Non-Executive Director

In Attendance:
Ms Fiona Davies, Chief Executive
Mr Gareth Adkins, Director of People and Culture.

Attendance from 1 April 2024 – 31 March 2025:

Meeting date	Ann Clark	Sarah Compton Bishop	Elspeth Caithness	Gerry O'Brien	Albert Donald	Fiona Davies	Gareth Adkins
27 May 2024	✓	✓	Apol	✓	✓	✓	✓
15 July 2024	✓	✓	✓	✓	✓	✓	✓
25 Nov 2024	✓	✓	✓	✓	✓	✓	✓
26 Feb 2026	✓	Apol	Apol	✓	✓	✓	✓

3　Subgroups
The Remuneration Sub Committee does not have any Subgroups.

4　External Reviews
The outcomes of the End of Year Reviews for the Executive Cohort were submitted to the National Performance Monitoring Committee and approved.

5　Any relevant Key Performance Indicators
There are no Key Performance Indicators for the Remuneration Committee. No External Audits were progressed in year.

6　Emerging issues and key issues to address/improve the following year
The Remuneration Committee is well established with a clearly defined Role and Remit and Work Programme, in the main set by national requirements. There has been very good attendance at the Committee and Non-Executive Directors demonstrate the appropriate scrutiny required in delivering assurance to the Board.

7　Conclusion
Ann Clark, as Chair of the Remuneration Sub Committee, has concluded that the systems of control within the respective areas within the remit of the Remuneration Committee are operating adequately and effectively.

Ann Clark, Chair March 2025

NHS Highland
Staff Governance Committee Annual Report

To: **NHS Highland Audit Committee**
From: **Ann Clark Chair, Staff Governance Committee**
Subject: **Staff Governance Committee Report April 2024 – March 2025**

1   Background

In line with sound governance principles, an Annual Report is submitted from the Staff Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2   Activity April 2024 - March 2025

The Committee has performed with full membership and with consistent professional, operational and support functions throughout the financial year.

The Staff Governance Committee gives assurance to the Board on the operation of Staff Governance systems within NHS Highland, regarding progress, issues, risks and mitigation and actions being taken, where appropriate. The Committee has met on six occasions throughout the year, with minutes being submitted to the Board for approval and attendance as shown on Appendix 1. The Committee Chair and Director of People & Culture meet ahead of each meeting to agree the agenda according to an agreed workplan. The workplan is also driven by the people elements of the Together We Care strategy and Annual Delivery Plan. As such the Committee has received frequent updates on the development and work of the **People and Culture Portfolio Board** which oversees the programmes included in the directorate's strategic portfolio and reports to the Area Partnership Forum. The main areas of oversight are: Culture and Leadership; Employability; Health & Wellbeing; Equality, Diversity and Inclusion; Health & Care Staffing Act; Corporate Learning & Development; and Workforce Transformation and Planning. The Committee's work is summarised below.

Spotlight sessions
Each Committee meeting receives a spotlight presentation from a chosen Board directorate outlining how they uphold the Staff Governance Standard. There have been presentations throughout the financial year from the following directorates: Deputy Chief Executive's Directorate covering Transformation and eHealth, Medical Directorate, Public Health, Estates and Acute Services. These sessions have helped the Committee understand the different operational areas and directorates in terms of their functions, workforce profile, performance, development work, headcount, sickness absence, statutory and mandatory training compliance, and iMatter results, among other things.

Well Informed
Good governance is essential in providing high quality, safe, sustainable health and social care services. The Committee interrogates metrics relating to the Staff Governance Standard at each meeting and takes assurance from it. Headline metrics are then incorporated into the Board **Integrated Performance and Quality Report (IPQR) .**

The Committee has also committed to ensuring it stays well informed by holding **development sessions** and in June 2024 the Committee refreshed its understanding of its own remit and responsibilities. The Committee also considered its provision of assurance to the Board on the operation of Partnership working with staffside representatives. In October 2024 the Committee explored the format and content of workforce data presented to it for assurance purposes through the Integrated Performance and Quality report.

Well Trained
A key priority for the Committee during 2024/25 was to provide assurance to the Board on continued improvements to **statutory and mandatory training** compliance and **staff appraisal** completions. The Committee has maintained focus on the work of a Statutory and Mandatory Training Short Life Working Group to develop proposals to refresh the overall learning and development framework. It has also constructively challenged the barriers to statutory and mandatory training compliance and taken assurance from an organisation wide Statutory and Mandatory Training Improvement Plan. Regarding staff appraisal completions, the Committee received a full analysis in January 2025 and noted the system challenges in reporting completion rates. Further sustained effort will be required in 2025/26 to continue to improve compliance.

The **Annual Medical Education report** was received by the Committee in March 2025, focusing on the support, development, delivery, innovation and quality assurance of medical education across NHS Highland and ensuring General Medical Council (GMC) standards are met.

Involved in Decisions

Regular updates have been provided on the development and implementation of the iMatter **Staff Engagement Plan.** Communications and Engagement six monthly updates have been received and the Committee agreed the **Communication and Engagement three-year Strategy** in July 2024. The Committee will consider a report on a new approach to engagement involving focus groups and various on-line engagement sessions exploring those elements of the imatter survey that consistently score less well.

Fair and consistent treatment of staff

The Committee continues to actively scrutinise quarterly **Whistleblowing Standards** reports and took assurance from the Whistleblowing Standards Annual Report in July 2024. Throughout the year additional administrative support had been allocated to support the Whistleblowing processes. Low case numbers and the requirement for confidentiality of participants limits the level of detail that can be provided and efforts continue to find ways of providing substantial assurance of organizational learning and completion of actions.

The Committee took assurance from the **Guardian Service** annual report in July 2024. The annual report described the organisational learning arising from the service and the support for colleagues in supervisory and managerial roles. A key finding was that there was confusion for staff regarding the role of the Guardian Service. The Committee noted that this impacted on trade union work and the Whistleblowing process. Noting that this had been considered at the Area Partnership Forum, the Committee took assurance that work would continue to provide better clarity for staff.

In July 20204 the Committee welcomed and took assurance from the **Workforce and Equalities Monitoring Annual Review report.** It was noted that the data gathered as part of the reporting exercise would be used to drive further improvements within the organisation. The data also has informed the **Diversity and Inclusion Strategy** developed throughout the year, agreed by the Committee and the Board in March 2025 and launched in April 2025. The Committee also agreed the Board's **Employability Strategy** in March 2025. This strategy was one of the outcomes of the Annual Delivery Plan to address outstanding work required on employability programmes to close workforce gaps and enhance more diverse career pathways for staff.

The Board submits an annual return to Scottish Government to provide assurance that NHS Highland is compliant with the **Staff Governance Standards**. This is fundamental in ensuring NHS Highland achieves and maintains exemplary employer status. In May 2024, the Committee took assurance and learning from Scottish Government feedback on its submission for 2022/23 highlighting areas of good practice and areas for future focus. It was noted at this time that the NHS Staff Governance monitoring arrangements were to be considered by Scottish Government's Scottish Workforce and Staff Governance (SWAG) Committee. Boards were initially informed that the process for 23/24 would be paused however subsequently Scottish Government requested a general submission on progress during that year. As yet, management and staffside have not reached consensus on a draft submission. A number of actions are underway to address concerns raised about partnership working in NHS Highland and the Committee will continue to receive updates on progress.

Safe Working Environment

The Committee has received progress updates throughout the year on the development and launch of the **Health and Wellbeing Strategy** which brings together all the elements of staff support across the organisation into one document. The Strategy aims to support colleagues' physical and mental health and wellbeing through all the stages of their life and career with the organisation and to foster an inclusive and kind culture where difference is valued and respected. The Strategy was launched in January 2025 following organisation-wide consultation, and consideration by both Local and Area Partnership fora, Senior Leadership teams, the Health and Wellbeing Group and Argyll and Bute Culture and Wellbeing Group. The Committee assured itself of how the Strategy would be evaluated and welcomed its release and reporting to the Board in January 2025. The Strategy was approved by the Board in January 2025

The Committee has scrutinised quarterly reports and an annual report of the Board's compliance with the **Health and Care (Staffing) (Scotland) Act 2019**. The Act provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns. Reports have covered the Board's workforce planning approach, how the Board is fulfilling its responsibilities with associated risks being managed, and how the short, medium and long term risks are being addressed.

The Committee maintained oversight of NHS Highland's approach to **Health and Safety** throughout the year, particularly in addressing HSE recommendations. A changed format for assurance reporting from the Health

and Safety Committee was introduced in May 2024 as part of a wider review of the Committee's function. In July 2024 the Committee received the Health and Safety Annual Report incorporating an action plan for the year ahead and a review of the previous year's achievements. This allows the Committee to be sighted on the key areas of focus and to be assured beyond the minutes of the quarterly Health and Safety Committee meetings. Throughout the year the Committee has received progress reports on the development of a Health and Safety Strategy and Improvement Plan which will be launched during financial year 2025/26.

Oversight and Assurance of our **Strategic People and Culture Risks** has also been a key focus for the Committee across the year. The Committee retains close oversight and reviews mitigation as appropriate, with assurance being provided to the Board. The mitigating actions are aligned to the ADP which ensures these are being progressed and monitored as part of day-to-day business. The Committee reviews the relevant Level 2 Risk Registers related to people and culture and each directorate presents these at Spotlight sessions, so the Committee can be assured the Strategic Risks, where relevant, are translated into Level 2 Risks and are being actively managed and mitigated at that level. A complete review of Level 2 risks is underway within the People and Culture Directorate and this is due to be completed during 2025.

3   Sub Groups

The **Health and Safety Committee** acts to assure the Staff Governance Committee that effective systems are in place for the management of Health and Safety, to monitor performance in this area and to highlight significant risks where appropriate. It has reported to the Staff Governance Committee for oversight and assurance through minutes of its meetings and an Annual Report. The Committee is co-chaired by the Director of People & Culture and Lead Executive for Health and Safety, and the Staffside Lead for Health & Safety. The Staff Governance Committee takes assurance and supports policy ratification by the Health and Safety Committee.

The Area Partnership Forum (APF) acts as the operational group of the Staff Governance Committee and considers relevant agenda items prior to submission to the Committee. The Forum meets six times per year, typically 3 weeks before the Staff Governance Committee. This year has seen good attendance from Management, HR and Staffside at APF meetings. The meeting is co-chaired by the Employee Director and the Chief Executive. In terms of achieving the Staff Governance Standard, the Staff Governance Committee takes assurance and supports policy ratification by APF.

Reporting to APF are further subgroups: HR, Terms & Conditions, Medical and Dental Bargaining and Organisational Change Oversight. Membership of the subgroups also includes representatives from management, staffside and HR. The APF also receives reports from the Local Partnership Forums and the Argyll and Bute Joint Partnership Forum.

4   External Reviews

An internal audit report on attendance management confirmed in December 2024 that the organisation uses the Once for Scotland (OFS) Attendance Policy in line with national guidance, and that management are using the reporting produced on absences, with an aim to identify initiatives to encourage attendance. Completion of necessary improvement actions will be monitored by the Audit Committee.

An audit on supplementary staffing was completed and the final report being considered by the Audit Committee in March 2025.

5   Any relevant Key Performance Indicators

The dashboards which have been used for the last year have allowed the committee to review key metrics according to the various organisational operating units. The data includes staff turnover, sickness absence, time to fill vacancies, appraisal completion and statutory and mandatory training compliance. Issues with recruitment processes, completion rates of appraisals and personal development plans and Stat Man training have been a consistent focus of scrutiny throughout the year. In November 2024 the Committee received a fuller report on the time to fill vacancies which explained the many factors affecting the organisation's ability to achieve the target. The Committee welcomed the further clarity and took assurance that the median time to fill vacancies was under 100 days, well within the KPI.

The Committee reviewed the high-level staff **iMatter 2024 survey** responses in November 2024, with an iMatter engagement report also being considered in March 2025. It was noted that the 2024 survey results had seen small improvements in overall response rates and employee experience index results.

6   Emerging issues and key issues to address/improve the following year

Work is planned in the coming months to build on existing foundations and to engage further with the **Area Partnership Forum.** This work will explore consultation pathways that impact on staff and which require staffside comment and agreement, particularly for major service change and proposals flowing from our strategy. Improvements required to the functioning of the Health and Safety Committee will also be progressed.

A key priority for this coming year will be ensuring strong partnership working is embedded through local and joint partnership forums and through programmes of work that impact on staff at various levels within the organization.

The Committee will continue to provide informal oversight of delivery of the Board's Blueprint Improvement Plan relating to areas within its terms of reference.

All Committee members were invited to complete a **self-assessment** questionnaire during January/February 2025 and a summary of responses and key themes for improvement were shared with the Committee in March 2025.

7   Conclusion

As the Chair of the Staff Governance Committee, I can confirm that the systems of control within the respective areas within the remit of the committee are operating **adequately and effectively.**

Ann Clark
Chair
Staff Governance Committee

Staff Governance Attendance 2024- 2025

Members	Date of Meeting					
	7/05/24	9/07/24	03/09/24	05/11/24	14/01/25	04/03/25
Ann Clark, NED, Committee Chair	✓	✓	✓	✓	✓	✓
Philip MacRae, NED, Vice Chair	✓	✓	✓	✓	✓	✓
Bert Donald, NED Whistleblowing Champion	✓	✓	✓	✓	✓	Apol
Steve Walsh, NED	✓	✓	✓	✓	Apol	✓
Elspeth Caithness, Employee Director	✓	✓	✓	Apol	✓	Apol
Kate Dumigan Staff side	✓	✓	Apol	-	✓	
Claire Lawrie Staff Side	✓	-	✓	✓	✓	✓
Dawn Macdonald Staff Side	✓	✓	✓	✓	Apol	✓
Fiona Davies Chief Executive	✓	Apol	Apol	Apol	✓	✓
Alison Fraser Staff Side	✓	-	-	-	-	Apol
Janice Preston, Non Executive as observer						✓
Ex Officio						
Sarah Compton Bishop	-	-	-	✓	✓	-
Attendees						
Director of People & Culture	✓	✓	✓	✓	✓	✓
Deputy Chief Executive	✓	✓	-	✓	✓	-
Nurse Director	-	Apol	-	-	✓	✓
Medical Director	-	-	✓	-	-	-
Director Of Public Health	-	-	-	✓	✓	-
Chief Officer, Acute	-	✓	✓	Deputy✓	✓	-
Chief Officer, A & B HSCP	-	✓	-	✓	✓	✓
Chief Officer, Highland HSCP	✓	Apol	-	-	✓	✓
Director of Estates & Facilities	✓	✓	✓	✓	✓	✓
Director of Finance	✓	✓	✓	✓	✓	-
Director Adult Social Care	-	-	-	-	✓	-
Deputy Director of People	✓	✓	✓	✓	✓	✓
Deputy Nurse Director	✓	✓	-	-	-	-
Head of Comms & Engagement	✓	✓	✓	✓	✓	✓
Director Medical Education	-	-	-	-	-	-
Highland H&SCP Service Manager	-	✓	-	✓	✓	✓

NHS Highland

NHS Highland
na Gàidhealtachd

Meeting:	NHS Highland Board
Meeting date:	27 May 2025
Title:	Community Empowerment (Scotland) Act 2015 Annual Reports 2024-25
Responsible Executive/Non-Executive:	Fiona Davies, Chief Executive
Report Author:	Nathan Ware, Governance & Corporate Records Manager

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Report Recommendation:

The Board is asked to **approve** the Annual Reports.

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1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement
- Local policy

This aligns 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	X	Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Strategic Outcomes			

2 Report summary

2.1 Situation

Attached to this report are NHS Highland Annual Reports dealing with Asset Transfers and Public Participation Requests for the period 2024/25 for the Board's approval.

2.2 Background

The Community Empowerment (Scotland) Act 2015 has been established to enhance community involvement in community planning by creating opportunities for influencing public service provision and decision making, including how community assets are owned and managed. The Act introduces rights to community bodies to make participation and asset transfer requests to Health Boards and other public service authorities.

2.3 Assessment

Sections 32 and 95 of the Act require that public bodies produce annual reports which include certain information on participation requests and asset transfer requests. The annual reports follow a standardised format and are appended to this report.

Asset Transfer

NHS Highland did not receive any Asset Transfer requests during financial year 2024-25.

An application was received in February 2021 relating to Ian Charles Hospital in Grantown on Spey which is still being progressed. The building is still in use by the Health Centre and awaiting confirmation the building is surplus. It is noted that the community have not yet produced their plans but this work is ongoing.

Public Participation Requests

Throughout the last financial year NHS Highland did not receive any Public Participation Requests. Board members will be aware of the ways in which NHS Highland actively engages with communities about its services and developments. While Boards have a duty under the Community Empowerment legislation to promote the offer of Public Participation Requests, our ongoing engagement activity has meant that communities may not have needed to use the formal route. However it may be appropriate to refresh the approach to ensure communities are fully aware of the process available.

Website and Accessibility improvements

A link to a specific page remains on NHS Highland's new website to signpost members of the public to the formal option and provide information on how to go about making an application. A new online engagement platform was launched in November 2024 to provide a central location for all engagement enquiries and further work is being developed in partnership to increase its use.

The previously implemented accessibility improvements have remained in place, including an online form, the option of requesting assistance from a colleague of NHS Highland to complete the form and a large print version for those who may benefit from this.

2.4   Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3   Impact Analysis

3.1   Quality/ Patient Care

Annual Reports provide assurance that healthcare is safe for every person, every time.

3.2   Workforce

Annual Reports provide assurance that staff feel supported and engaged.

3.3   Financial

Annual Reports provide assurance that there is the best use made of available resources.

There are no specific financial implications associated with this report.

3.4   Risk Assessment/Management

These are Annual Reports on business considered during the year, for which risk analysis would have been undertaken when requests were first made.

3.5   Data Protection

This report does not involve personally identifiable information.

3.6   Equality and Diversity, including health inequalities

These are Annual Reports on business considered during the year, for which EDIAs would have been considered when the issues were first raised.

3.7   Other impacts

No other impacts.

3.8   Communication, involvement, engagement and consultation

Public authorities have a responsibility to promote Asset Transfers and Participation Requests and there is a prominent link on NHS Highland website signposting members of the public.

3.9   Route to the Meeting

The Annual Reports have been prepared in collaboration with the respective Executive Leads

4   List of appendices

The following appendices are included with this report:

- Appendix No 1, Annual Report relating to Asset Transfers
- Appendix No 2, Annual Report relating to Public Participation Requests

Scottish Government
Riaghaltas na h-Alba
gov.scot

Asset Transfer Request
Reporting Template 2024/25 for Relevant Authorities

Section 95 of the Community Empowerment (Scotland) Act 2015 requires relevant authorities to produce an annual report on Asset Transfer Request activity and publish this no later than 30 June each year.

Following stakeholder feedback and in response to asset transfer evaluations, this template has been created to help gather asset transfer data for the period 1 April 2024 to 31 March 2025. Information provided will help inform policy and practice at local and national level as the data will be collated and shared by the Scottish Government's Community Empowerment Team. However, it will be for each relevant authority to make their own annual report publicly available by 30 June 2025, whether using this template or not.

Please provide information in the sections below and email the completed template by 30 June 2025 to community.empowerment@gov.scot .

Section One – Relevant Authority Information

Organisation: NHS Highland	Address: Assynt House, Beechwood Park, Inverness, IV2 3BW
Completed by: Helen Emery / Simon Banham	Role: Property Manager
Email: Helen.Emery2@nhs.scot	Telephone: 07976 862 792
Date of completion: 14.04.2025	
Are you the Asset Transfer Lead Contact for the organisation:	
If not please provide the name, job title and email address for the lead contact for any queries:	

Section 2: Asset Transfer Data in 2024/25

2.1 Please complete the following table for the 2024/25 reporting period:

Total Applications Received	Number of successful applications determined	Number of unsuccessful applications determined	Number received and yet to be determined	Number received prior to 2024/25 and yet to be determined
0	0	0	0	2 – details below
				Ian Charles Hospital Grantown on Spey. 19.02.2021 Expression of Interest - ongoing awaiting property to be declared surplus (building still in use by the Health Centre) and awaiting Community Company proposed plans for the development of the Hospital.
				Aviemore Allotment Association (AAA) - Lease of Land to the rear of Badenoch and Strathspey Community Hospital is to be leased to AAA for the use of community allotments.

2.2 Please provide details of Asset Transfer Requests received which resulted in transfer of ownership, lease, or rights from your relevant authority to a community transfer body in 2024/25:

Name of Community Transfer Body, or community group that will take ownership, lease, or management of the asset.	Date request was validated	Date decision was agreed to transfer the asset	Date transfer completed	Please provide further details, such as: description of the asset / area transferred / amount paid / discount given/ type of ownership / purpose of the transfer.

0	0	0	0	0

2.3 Please provide details of Asset Transfer Requests that went to a relevant authority appeal or review which were concluded in 2022/23:

Name of Community Transfer Body	Was the Asset Transfer Appeal/Review accepted? (Y/N)	Why was the Appeal/Review accepted/refused? *Please provide details of the asset transfer request and reasons for your decision.*
N/A	N/A	N/A

2.4 Please use this space to provide any further comments relating to the above data:

Section Three – Promotion and Equality

3.1 Please provide information on any action you have taken to promote the benefits of asset transfer or any support provided for communities to engage with the Asset Transfer Request process.

3.2 In particular what action has been taken to support disadvantaged communities to engage with the asset transfer process?

Section Four – Additional Information

4.1 Please use this space to provide any further feedback not covered in the above sections.

Section 5 – Community Empowerment Act Review

The following questions relate to the Scottish Government review of the Community Empowerment (Scotland) Act 2015. We would value your feedback as a relevant authority concerned with part 5 (asset transfers) of the Community Empowerment (Scotland) Act 2015.

5.1   Has the legislation made things easier or more difficult to access? Please provide some comments on your experiences as a relevant authority engaging with this legislation.

5.2   Where can things be further improved, and what needs to change?

5.3   Are you aware of what support is available to you when engaging with this legislation, and how you can access this? Please provide comments where possible.

5.4   What would you like to see now, to further empower Scotland's communities?

Please email the completed template by 30 June 2025 to community.empowerment@gov.scot

If you have any queries please contact Malcolm Cowie, Asset Transfer Policy Manager at Malcolm.cowie@gov.scot

Participation Requests Reporting Template 2024/25 for Public Service Authorities

Section 32 of the Community Empowerment (Scotland) Act 2015 requires public service authorities to produce an annual report on Participation Request activity and publish this no later than 30 June each year. This template has been created to gather participation request data for the period 1 April 2024 to 31 March 2025. Information provided will help inform policy and practice at local and national level as the data will be collated and shared by the Scottish Government's Community Empowerment Team. However, it is for each public service authority to make their own annual report publicly available by 30 June 2025, whether using this template or not.

Please provide information in the sections below and email the completed template by 30 June 2025 to community.empowerment@gov.scot .

Section One – Public Service Authority Information

Organisation: NHS Highland

Completed by: Nathan Ware   Role: Governance & Corporate Records Manager

Email: nathan.ware@nhs.scot

Date of completion: May 2025

Are you the Participation Request Lead Contact for the organisation: NO

If not please provide the name, job title and email address for the lead contact for any queries: Marie McIlwraith, marie.mcilwraith@nhs.scot

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1

Section 2: Participation Request Data for 2024/25

Please complete following overview table:

Total new applications received in 2024-25	Total applications received prior to 1 April 2022 which were still to be determined at 1 April 2025	Number of accepted applications in 2024-25	Number of applications agreed in 2024-25	Number of applications refused in 2024-25
None	None	None	None	None

2.1 Please provide details of Participation Requests received using the legislation and outwith the legislation in 2023/24 which resulted in changes to public services provided by or on behalf of your public service authority and tell us about those changes:

Name of Community Participation Body	Was the Participation Request successful? (Y/N)	Previous way of working	Way of working following changes	What difference did those changes make for the users of the service? Did they improve service user experiences or outcomes?	Details of any participation requests considered outwith the formal process e.g. agreements reached that resulted in changes to services.
N/A	N/A	N/A	N/A	N/A	N/A

2.2 Please use this space to provide any further comments relating to the above data, such as describing the outcome improvement process (whether or not it resulted from a formal participation request) and how the community participation body was involved in it, or details of any wider benefits, such as improved community engagement and ongoing participation.

2

Section Three – Partnership Working & Promotion of Participation Requests

3.1 Please provide details of any engagement with support organisations such as local Third Sector Interfaces and public sector Community Learning and Development staff or national organisations such as the Scottish Community Development Centre.

For example, has any new practices to support Participation Requests been developed from working with other bodies, or any learning gained?

NHS Highland's services engage with third sector and other partners relevant to the topic they wish to engage on. We are not aware of any services having engaged with external organisations about participation requests.

3.2 Please provide details of action taken to promote the use of Participation Requests or support Community Participation Bodies in making a Participation Request.

For example, this could include support before making a request, such as to determine whether a participation request is the most appropriate route; - Support to make the request such as assist groups to complete forms, or identify appropriate outcomes; and/or Support to take part effectively in outcome improvement processes (whether or not they resulted from a formal participation request).

NHS Highland has a web page specifically dedicated to Community Empowerment. Information on this web page provides a clear definition of what constitutes a Participation Request, clarity on who can make one, how to do so, contact details of local District/Locality Managers and contact details for a single point of contact. The website confirms that the Board Secretary has been designated the first point of contact for Participation Requests. The website details the process which would be followed, together with the associated timeframes. It also provides access to Scottish Government guidance. Participation requests | NHS Highland (scot.nhs.uk) I

3.3 Please let us know what actions you have been taking to ensure that your processes are inclusive.

For example, this could include accessible information and other support, which enable wider use of participation requests by all population groups including those with protected characteristics.

NHS Highland has made the application process more accessible by making the application form fully online so that applicants can fill it in and submit on screen to cut out the need for email. We have also offered the option of contacting NHS Highland to arrange for someone to complete the form for people unable to complete it themselves. We also offer the form in large print.

We have shared access to the forms through social media channels.

3

3.4 Please outline any plans you have to continue involving local people and local groups in outcome improvement processes as a result of your Participation Request policies (and also outwith formal participation requests).

The Board's Engagement Framework that was approved in 2022 is due to be refreshed this year. The Framework sets out how services should engage with communities, both around service change and more general ongoing engagement to inform service improvement. It was developed in partnership with patients, carers and communities, who were members of a working group which drafted the Framework. We plan to follow a similar format for the Framework's review. In November 2024, we launched our new engagement online platform, The Engagement Hub. The Engagement Hub will become the centre point for most of our engagement activities, creating a one stop shop for people to come and participate in the things that matter most to them. Early engagement on the Hub has focused on shaping our equalities strategies and developing the Engagement Hub site, using feedback from participants. We plan to continue to develop this space in partnership with others, to ensure it is an interesting and accessible space for people to use, both internally and within communities. We also plan to continue to engage and develop our engagement practice in other ways, collaboratively with partners, to ensure engagement is available to everyone.

We are now developing training, guidance and templates to support services to engage well both via the Engagement Hub and in other ways, and are building a network of groups and individuals with whom services can engage on different topics. Work is ongoing to promote Care Opinion as a way for patients to share their stories and contribute to improvement.

3.5 Please provide details about any work undertaken to consider wider reviews of participation practice, and any such methods used to engage with communities.

Please see above.

Section Four – Additional Information

4.1 Please use this space to provide any further feedback not covered in the above sections.

For example, we are interested in your reflections about what has gone well and what has gone less well in relation to Participation Requests over the past year?

Is there any aspect of the process that you intend to adapt or change in the year ahead?

Have you identified any needs for guidance or support that would support the process?

If you have developed any case study material or published new information about Participation Requests, please share links to those with us here.

Section Five – Community Empowerment Act Review

The following questions relate to the Scottish Government review of the Community Empowerment (Scotland) Act 2015. We would value your feedback as a public service authority concerned with part 3 (participation requests) of the Community Empowerment (Scotland) Act 2015.

5.1   Has the legislation made things easier or more difficult to access? Please provide some comments on your experiences as a public service authority engaging with this legislation.

5.2   Where can things be further improved, and what needs to change?

5.3   Are you aware of what support is available to you when engaging with this legislation, and how you can access this? Please provide comments where possible.

5.4   What would you like to see now, to further empower Scotland's communities?

Completed by: Marie McIlwraith   Role: Engagement Manager

Email: marie.mcilwraith@nhs.scot

Date of completion: May 2025

Please email the completed template by 30 June 2025 to community.empowerment@gov.scot

If you have any queries please contact Malcolm Cowie, Participation Request Policy Manager at Malcolm.cowie@gov.scot

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NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**27th May 2025**
Title:	**Integrated Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive (FPRC); Gareth Adkins (SGC); Louise Bussell, Director of Nursing & Dr Boyd Peters, Medical Director (CCGC)**
Report Author:	**Sammy Clark, Performance Manager**

Report Recommendation: The Board is asked:

- To **note** limited assurance and the continued and sustained pressures facing both NHS and commissioned care services.
- To **consider** the level of performance across the system.

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1 Purpose

Please select one item in each section *and delete the others*.
This is presented to the Board for:

- Assurance

This report relates to a:
- 5 Year Strategy, Together We Care, with you, for you.

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

Safe, Effective and Person Centred

OFFICIAL

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

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee, Staff Governance Committee and the Health and Social Care Partnership Committee a bi-monthly update on performance and quality based on the latest information available.

A narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements in the service, and what the anticipated impact of these improvements will be.

Further performance and quality indicators are being scoped to ensure ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

2.2   Background

The IPQR is an agreed set of performance indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

2.3   Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

2.4   Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial		Moderate	
Limited	X	None	

Comment on the level of assurance

The level of assurance has been proposed as Limited due to the current pressures faced across the health and care services in NHS Highland. The system requires to redesign systematically to maximise efficiency opportunities and to enable service changes that bolster resilience and utilise resources that are cost effective for the Board and maximise value for our population.

3   Impact Analysis

3.1   Quality/ Patient Care

IPQR provides a summary of quality and patient care across the system.

3.2   Workforce

This IPQR gives a summary of our related performance indicators relating to staff governance across our system.

3.3   Financial

Financial analysis is not included in this report.

3.4   Risk Assessment/Management

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5   Data Protection

The report does not contain personally identifiable data.

3.6   Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7   Other impacts

None.

3.8   Communication, involvement, engagement and consultation

This is a publicly available document.

3.9   Route to the Meeting

Sections through the relevant Governance Committees;

- o   Clinical Governance Committee –
- o   Finance Resource Performance Committee – 14th March 2025
- o   Staff Governance Committee –

4.1   List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – March 2025

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Integrated Performance and Quality Report
25 March 2025

Assuring NHS Highland Board on the delivery of the Board's 2 strategic objectives (Our Population and In Partnership) through our Well outcome themes.

NHS Highland na Gàidhealtachd

Our Population
Deliver the best possible health and care outcomes

Our People
Be a great place to work

In Partnership
Create value by working collaboratively to transform the way we deliver health and care

Together We Care
With you, for you

Executive Summary of Performance Indicators: March 2025

Well Theme (Slide #)	Area	NATIONAL TARGETS				PERFORMANCE AGAINST TARGETS
		Average 23/24 Performance	Current Performance	National Target	Activity (ADP) Target Set	Performance Rating
Thrive Well (4)	CAMHS	70.8%	70.2%	90%	No	🟥 (red)
Thrive Well (5)	NDAS	n/a	1892 waiting list	n/a	No	🟥 (red)
Stay Well (6)	Screening	Various	Various	90%	No	🟩 (light green)
Stay Well (7)	Vaccinations (Children & COVID)	n/a	n/a	n/a	No	(white)
Stay Well (8)	Alcohol Brief Interventions	n/a	77.4% vs. trajectory	n/a	Yes	🟦 (blue)
Respond Well (9)	Emergency Access	78.5%	76.1%	95%	No	🟧 (amber)
Care Well (10)	Delayed Discharges	195	220	30% reduction (interim)	Yes	🟥 (red)
Treat Well (11-12)	Outpatients	39.2%	36.1%	95%	Yes	🟩 (light green)
Treat Well (13-14)	Treatment Time Guarantee	56.5%	55.3%	100%	Yes	🟦 (blue)
Treat Well (15)	Diagnostics - Radiology	70.3%	54.0%	100%		🟩 (light green)
Treat Well (16)	Diagnostics – Endoscopy		68.9%	100%	Yes	🟦 (blue)
Treat Well (17)	Diagnostics Wait List – Other	n/a	n/a	n/a	No	(white)
Journey Well (18)	31 Day Cancer Target	93.6%	87.9%	95%	No	🟧 (amber)
Journey Well (19-20)	62 Day Cancer Target	68.8%	64.5%	95%	No	🟥 (red)
Live Well (21)	Psychological Therapies	83.1%	86.9%	90%	No	🟩 (light green)

Guide to Performance Rating

🟦 Meeting Target

🟩 <5% off target

🟧 >5% off target

🟥 >10% off target

Additional Guidance

Where applicable, upper and lower control limits have been added to the graphs as well as an average mean of performance.

Within the narrative section areas where action was highlighted in the previous IPQR all Executive Leads have been asked for assurance of insights to current performance and plans and mitigation in progress.

Not all performance indicators are included within this summary table.

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Integrated Performance & Quality Report Guidance

The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee and the Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available. The Argyll & Bute Integrated Performance Management Framework metrics will be included in the NHS Highland Board IPQR as an appendix.

For this IPQR, the format and detail has been modified to bring together the measurable progress against ADP deliverables across the Together We Care "Well" themes and to start to embed the themes of the quality framework across Highland. This is an update to end of Quarter 3 (31st December 2024) for deliverables linked to these performance measures.

In addition, a narrative summary table has been provided against each "Well" theme to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements detailed in the ADP, and what the anticipated impact of these improvements will be.

Together We Care
With you, for you

ADP Due Date Colour	Interpretation
R	ADP Deliverable is not on track to deliver by planned due date. Issues being resolved locally to ensure progression towards implementation.
G	ADP Deliverable is on track to deliver by planned due date OR ADP Deliverable has been achieved.
No Colour	Update to be provided at subsequent committee/Board meetings within Q3 and/or Q4 as target date is in the future.
A	Due date in next quarter (Q3) or ADP Deliverable has been delayed due to factor outwith NHS Highland's control

CAMHS (Child and Adolescent Mental Health Service)

Together We Care
with you, for you

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

| ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations.	Mar 25	CAMHS remains one of, if not the lowest staffed service per population rate in Scotland with approx. 30-35% vacancies Service remodelling and performance management around activity rates in place. all of which have brought improvements both in waiting times and in clinical quality and outcomes. Dec 2024, performance continues to decrease.	• Engagement appointments for all new referrals • Unused capacity directed to these cases most recently placed on wait list • New system for wait list management in place. • Unscheduled care team realignment in place • CAMHS Programme Board reestablished from Nov 2024, including A&B representation • Working closely with SG on the most effective service model to support delivery across A&B and the Higland HSCPs
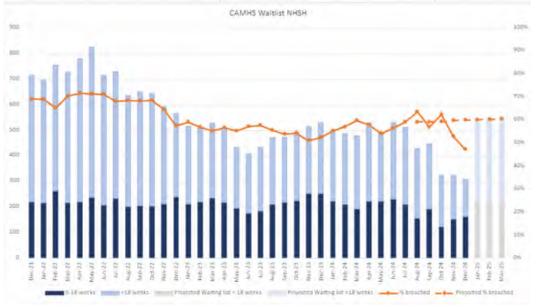
PERFORMANCE OVERVIEW
**Strategic Objective: Our Population
Outcome Area: Thrive Well**

Performance Rating	Decreasing
Latest Performance	70.2%
National Average	93.1%
National Target	Full compliance to the Service Spec by end March 2026
National Target Achievement	n/a
Position	14th out of 14 Boards

CAMHS Waiting Time < 18 Weeks (P)

CAMHS Waiting List in Weeks (P&Q)
(Draft trajectories currently being reviewed by service)

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Neurodevelopmental Assessment Service (NDAS)

Together We Care
with you, for you

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

ADP Deliverables
Progress as at End of Q3 2024/25

Deliverable	Target
Waiting list validation to offer 1st appointment <4 weeks	June 2024
All to receive a comprehensive NDAS, leading to shared and collaborative formulation and intervention plan	July 2024
Ensure systems and processes are in place to flex capacity	Dec 2024
Improve service user experience through communications	Dec 2024
Progress NDAS Service Development including reviewing structure, leadership and governance.	Mar 2025
Develop data recording SOP and reporting dashboard	Mar 2025

Insights to Current Performance

The NDAS North Highland / Highland Council position was presented to the Joint Monitoring Committee in November 2024.
- Interim Clinical Director in post
- Authority Framework is in place
- Targeted waiting list interventions using current resource / private assessment options investigated
- Comms delivered to all on waiting list. Comms strategy established to update colleagues / partners / public
- ICSP ND Programme Board is established and has been meeting monthly
- Waiting list cleansing exercise is completed
- ICSP GIRFEC and Child Planning training for MDTs rolled out

Plans and Mitigations

Actions agreed at NDAS programme board being progressed:
- Progression of joint leadership to improve NDAS position across NHSH North/ HC Co-chaired Programme Board
- 1 year interim workforce plan to be developed
- Alignment with Integrated childrens services
- Additionality planning 2025/26
- Communication with service users and professionals

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

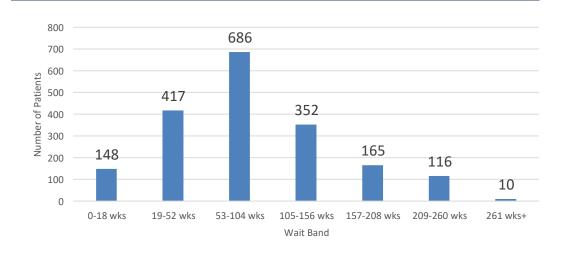|	
Performance Rating	
Latest Performance	1892 on waiting list
National Benchmarking	n/a
National Target	Full compliance to the National NDAS Service Spec by end March 2026.
National Target Achievement	n/a
Position	n/a

NDAS Total Awaiting 1st Appointment (inc unvetted)

Number of Patients by Month:
- Apr-23: 961
- May-23: 1027
- Jun-23: 1141
- Jul-23: 1113
- Aug-23: 1138
- Sep-23: 1201
- Oct-23: 1233
- Nov-23: 1336
- Dec-23: 1385
- Jan-24: 1426
- Feb-24: 1475
- Mar-24: 1537
- Apr-24: 1568
- May-24: 1621
- Jun-24: 1753
- Jul-24: 1758
- Aug-24: 1767
- Sep-24: 1776
- Oct-24: 1792
- Nov-24: 1828
- Dec-24: 1870
- Jan-25: 1892

New + Unvetted Patients Awaiting 1st Appointment by wait band

Wait Band	Number of Patients
0-18 wks	148
19-52 wks	417
53-104 wks	686
105-156 wks	352
157-208 wks	165
209-260 wks	116
261 wks+	10

Screening

Performance Rating	Increasing
Latest Performance	See chart
National Benchmarking	See narrative
National Target	2 of 4 cancer screening uptakes meeting target
National Target Achievement	See charts
Benchmarking	See charts

Exec Lead
Dr. Tim Allison, Director of Public Health

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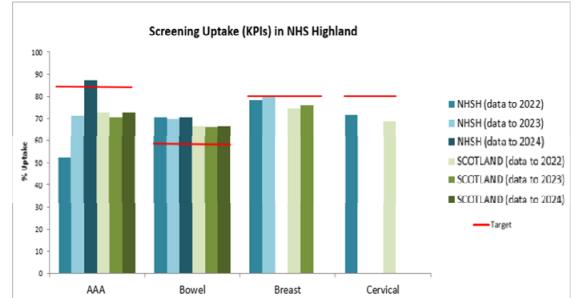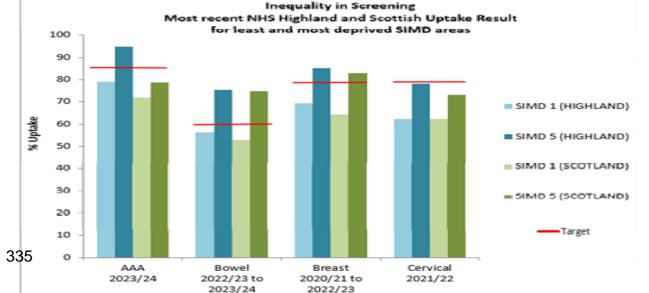| ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance (Updated 4 March 2025)	Plans and Mitigations
Encourage and promote screening programmes and increase uptake across available screening programmes above national targets.	Ongoing	• A comparison of screening performance against Scottish benchmarks shows that the overall participation for NHSH continues to be higher than average uptake levels throughout Scotland for Bowel, Breast, Cervical cancers and AAA screening programmes (based on latest information arising from locally sourced management data). • For internal performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet was completed at end of 2024. • The backlog in reporting on the UNHS (Universal Newborn Hearing Screening) has been almost filled by the newly established team in Raigmore at the beginning of 2024. • It must be acknowledged that the latest official figures are used to monitor uptake trends, so that comparisons against benchmark figures can be made. Such official figures are published with 1 year delay at the beginning of each financial year. Only the data for two programmes has been published in March 2025 (for data up to 2024 reporting period). • Provision of Diabetic Eye Screening (DES) and Pregnancy & Newborn KPI monitoring from Public Health Scotland is pending, so it is not possible to officially report on the performance of these programmes. However non verified management data indicates comparable performance with Scottish levels.	Work continues to drive improvements within the screening programmes. The NHS Highland Screening Inequalities Plan 2023-26 outlines focused activities to specifically address equality gaps and widen access to screening.

Screening Uptake (KPIs) in NHS Highland

Inequality in Screening
Most recent NHS Highland and Scottish Uptake Result
for least and most deprived SIMD areas

335

Vaccinations (Children's and COVID)

ADP Deliverables
Progress as at End of Q2 2024/25

Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.	October 2024
Medium-Term Plan priority: Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	March 2027

COVID Vaccine Uptake at 16/02/2025

Insights to Current Performance (updated Feb 2025)

Overall COVID & 'Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children's vaccination.

The Winter COVID vaccination programme has been undertaken for people aged 65+ and those more vulnerable. Other adult and child programmes also continue. Vaccine uptake comparable at 49% with other Boards.

There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations.

Plans and Mitigations

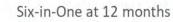Scottish Government is working with Highland HSCP in level 2 of its performance framework.

Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented.

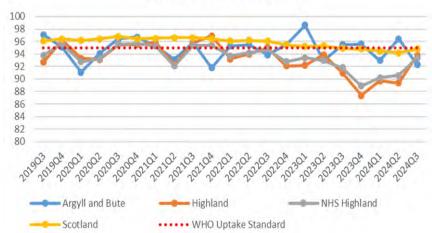Options are being considered for delivery models in Highland HSCP.

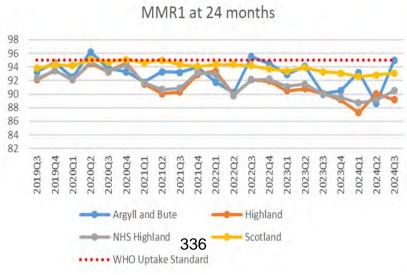The Vaccination Improvement Group has a detailed action plan for service improvement

PERFORMANCE OVERVIEW
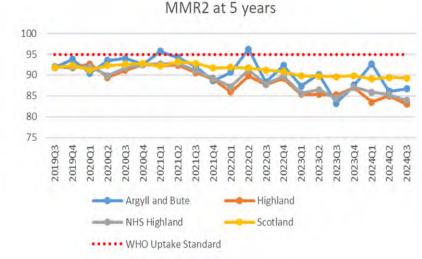## Strategic Objective: Our Population
Outcome Area: Stay Well

Performance Rating	MMR Below national averages
Latest Performance	MMR Range of 84-94%, Q2 data
National Benchmarking	MMR and COVID below national average
National Target	MMR 95%
National Target Achievement	See charts
Position	See charts

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Dr. Tim Allison, Director of Public Health**

Six-in-One at 12 months

MMR1 at 24 months

MMR2 at 5 years

Alcohol Brief Interventions (ABIs)

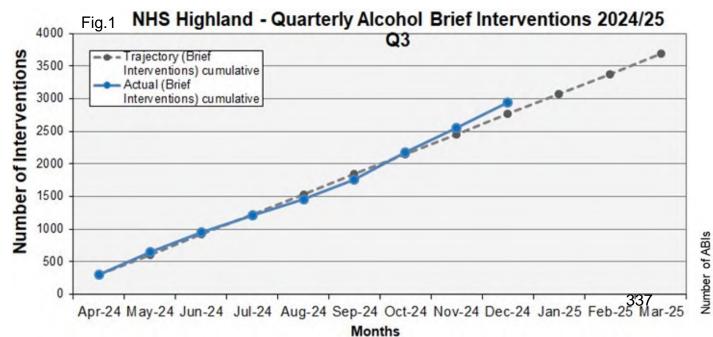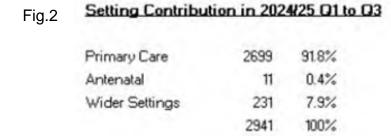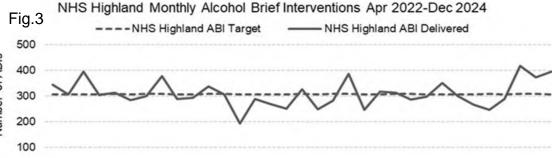| ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance (Updated 3 March 25)	Plans and Mitigations
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas.	Ongoing	•Fig. 1: ABI delivery is at or above target trajectory in each month of Q3 for NHS Highland. •Fig. 2: Almost 92% of NHSH ABI's comes from in GP settings in the Highland H&SCP. Wider Settings account for all most 8% and the large majority of these are recorded from Argyll and Bute. •Fig. 3: Show monthly ABI's from April 2022-Dec 2024. Last 3 months have seen a marked increase in NHSH ABI's. This is due to increase to implementation of Primary Care LES in Oct 24.	• ABI training – Training dates organised for period April- July 2025. • Target ABI work to begin supporting Whole family Wellbeing approach in Highland HSCP. Health visitors to be trained Exploring training opportunities for 3rd sector organisations working in early years settings. • Argyll and Bute continue to see increases in wider settings due to community link worker ABI recording. The 'We are With You' service are also going to start recording ABI's using the wider setting form to support increasing numbers in Argyll and Bute.
Embed MAT Standards within practice in NHS Highland.	Mar 2025		

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Performance Rating	Above trajectory
Latest Performance	2941 actual vs. 2750 trajectory
National Benchmarking	n/a
National Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.
National Target Achievement	n/a
Position	n/a

Fig.1 NHS Highland - Quarterly Alcohol Brief Interventions 2024/25

Fig.2 Setting Contribution in 2024/25 Q1 to Q3

Primary Care	2699	91.8%
Antenatal	11	0.4%
Wider Settings	231	7.9%
	2941	100%

Fig.3 NHS Highland Monthly Alcohol Brief Interventions Apr 2022-Dec 2024

337

Emergency Department Access

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Exec Lead
Katherine Sutton
Chief Officer, Acute

ADP Deliverables
Progress as at End of Q2 2024/25

Deliverable	Date
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024
Acute Front Door; Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.	March 2025
Optimising Flow; Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission	March 2025
OPEL; Develop whole system OPEL collaboratively to respond when our services are experience pressures to manage and mitigate risk across all services	March 2025

Insights to Current Performance

From the most recent PHS figure, the NHS Highland 4-hour performance is 72.9%, against the Scotland figure of 62.1%.

Scottish Ambulance Service performance for patients conveyed within 60 mins is currently 73.8% (aim = 100%). The median turn-around time is just over 33 mins (33:12).

The percentage of patients waiting over 12 hours in ED has remained steady at around 3.0%, for all attendance types, since a high of 3.9% at the end of Dec-24. This equates to an average of 38 patients waiting over 12-hours.

Please note the data reported here is board-wide and significant pressures remain at Raigmore Hospital.

Plans and Mitigations

Second 90 Day Urgent & Unscheduled Care planning cycle has ended. The plan up to March 2026 has been developed through STAG and is reflected within our annual delivery plan. Our focuses will be:
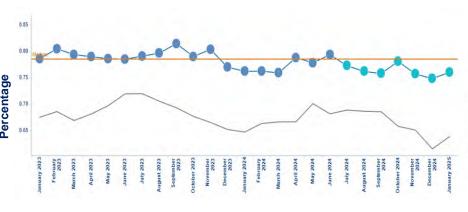- Frailty
- Community Urgent Response
- ED Improvement plans
- Targeted pathway redesign
- Discharge without delay

Progress will continue to be reported regularly to EDG/STAG

PERFORMANCE OVERVIEW
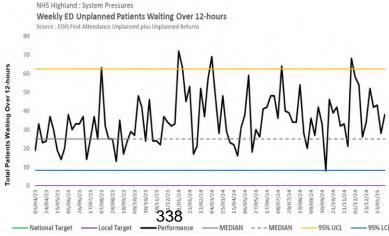**Strategic Objective: Our Population**
Outcome Area: Respond Well

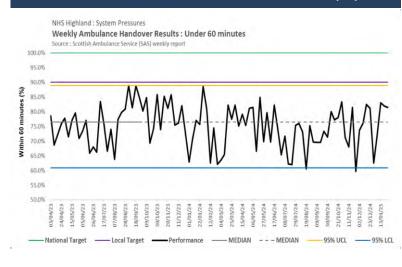|	
Performance Rating	Decreasing performance
Latest Performance	76.1%
National Benchmarking	63.9% Scotland average
National Target	95%
National Target Achievement	NHS H as a whole remains above the Scotland average, but off target
Position	5th out of 14 Boards

People seen in ED within < 4 hours (P)

Total Patients waiting > 12 hours in ED (Q)

NHS Highland : System Pressures
Weekly ED Unplanned Patients Waiting Over 12-hours
Source : EDIS First Attendance Unplanned plus Unplanned Returns

Ambulance Handover < 60 mins (Q)

NHS Highland : System Pressures
Weekly Ambulance Handover Results : Under 60 minutes
Source : Scottish Ambulance Service (SAS) weekly report

Delayed Discharges

ADP Deliverables: Progress as at End of Q2 2024/25

ADP Deliverables underpinned by Urgent & Unscheduled Care 90-plan, incorporating ADP discovery work and delivery of ADP actions	Oct 2024

Insights to Current Performance

There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 203 by mid February 2025 in Highland.

There has been a reduction in "standard delays" and for "other" delay reasons.

The main reasons for the reduction in the "other" reason category has been more assessments completed and a reduction in delays due to complex reasons - as this is a wide category, would require further analysis to identify any specific reason(s)

Standard reasons have reduced across waits for nursing and residential homes and care at home services.

Plans and Mitigations

The Urgent and Unscheduled Care Programme, as agreed by STAG will focus on the following areas from now until March 2026:
- Community Urgent Care Model
- Emergency Department Improvement Plans
- Discharge without Delay
- Targeted pathway redesign

A key metric for the programme is the reduction of delayed hospital discharges. In addition, a focused programme is being developed with managerial colleagues and professional leads focusing on improving decision making and allocation processes for adult social care which aim to reduce unmet need. This work has starting within the Inverness district with the care home allocation process and a targeted Care at Home plan..
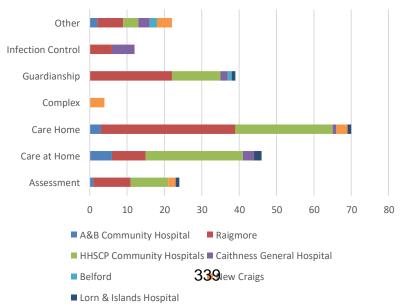
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**Exec Lead
Pamela Stott
Chief Officer, HHSCP**

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

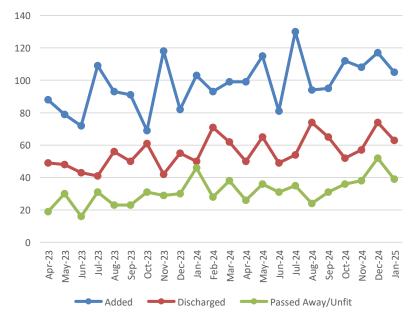| Performance Rating	Below trajectory
Latest Performance	220 at Census Point 6,948 bed days lost
National Benchmarking	Engagement through national CRAG group
National Target	30% reduction of standard delays from baseline
National Target Achievement	Not Met
Position	14th out of 14 Boards

Delayed Discharges at Monthly Census Point (P) - NHS Highland inc A&B

Delayed Discharge – Location and Code (P&Q)

HHSCP Delayed Discharge – Patients Added VS Discharged (Q)

Outpatients (New Outpatients – NOP – seen within 12 week target) – Slide 1 of 2

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**Exec Lead
Katherine Sutton
Chief Officer, Acute**

ADP Deliverables Progress as at End of Q3 2024/25	
Increase in virtual appointments to improve efficiency and reduce travel associated.	Aug 24
Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans	May 24
Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.	Mar 25
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.	Mar 25

Insights to Current Performance

The number of NOP seen within 12 weeks is 36.1% which is below the Scottish average.

Reasons for level of performance include:
- Inconsistencies in the application of clinic booking processes and Patient Access Policy
- Approach to adherence to principles of WTG at service level.
- Approach to list management for long waits at service level
- Managing the efficient use of clinic rooms and spaces to correlate with clinic types, e.g. face to face clinics/NHS Near Me clinics/telephone clinics
- CfSD initiatives not fully embedded across all specialties. This will move further forward when eHealth systems can be updated to accept the required changes on TrakCare PMS
- Overall increasing numbers of NOP referrals into services

Plans and Mitigations

Further modification of referral pathways, working with Primary Care to manage demand more efficiently. Provide a better patient journey and supports the validation of waiting lists, ensuring that appropriate patients only are waiting to be seen. Use NECU admin. Validation with CfSD agreement.

Focus on the delivery of ISP continues, zoning in on core new outpatient activity and its close management. Shortfalls in core delivery are identified early and required delivery targets increased to address shortfalls quickly.

Continuous governance and management of allocated SG additional activity funds to target longest NOP waiter.

Robust patient access/WTG policy management with teams at all levels.

Additional clinic space identified and now in use for dermatology, progressing well.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Decreasing performance but near Scotland average; activity levels above target
Latest Performance	36.1%
National Benchmarking	35.1% Scotland average
National Target	95%
National Target Achievement	Target not met Below lower control limit
Position	10th out of 15 Boards
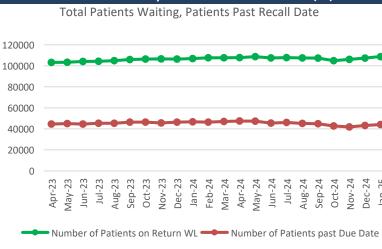
Outpatients Seen <12 Weeks (P)

OP Conversion Rates to TTG (Q)

Return Outpatients Wait List (P)
Total Patients Waiting, Patients Past Recall Date
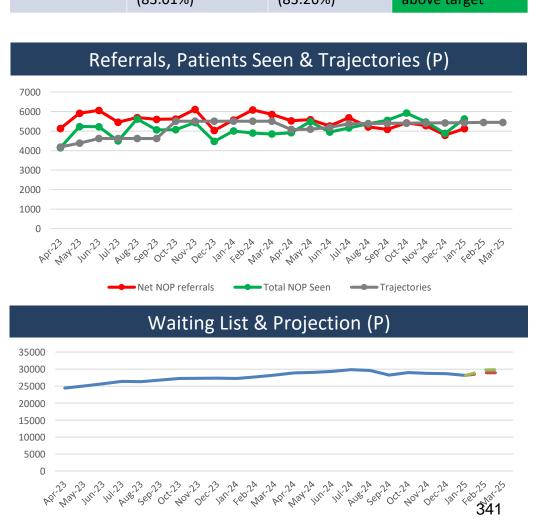
340

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**Exec Lead
Katherine Sutton
Chief Officer, Acute**
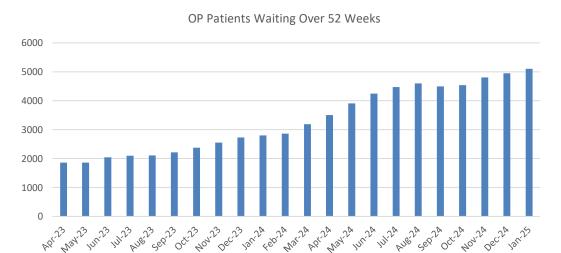
Target 2 – ADP Target

Yearly Trajectory	YTD Performance	Patients Seen – Jan 25	Overall
64,045	53,161 (83.01%)	53,321 (83.26%)	0.25% above target

Referrals, Patients Seen & Trajectories (P)

Legend: Net NOP referrals — Total NOP Seen — Trajectories

Waiting List & Projection (P)
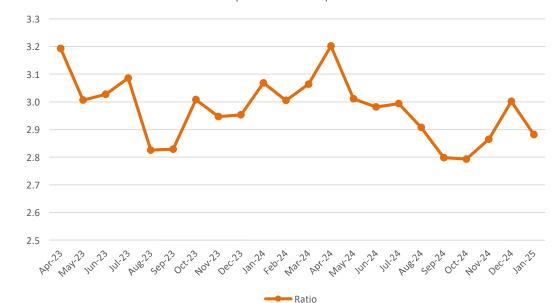
Legend: Total NOP waits — Forecast Based on Plan — Forecast Based on Actuals to Date

Target 3 – Long Waits

OP Patients Waiting Over 52 Weeks

Follow Up (Q)

Outpatient Follow Up Ratio

Legend: Ratio

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	0.02% below ADP target
Latest Performance	55.3%
National Benchmarking	58.6% Scottish average
National Target	100%
National Target Achievement	Target Not Met; Above median for 1 month after 2 below
Benchmarking	8th out of 15 Boards

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Exec Lead
Katherine Sutton
Chief Officer, Acute

ADP Deliverables
Progress as at End of Q3 2024/25

Deliverable	Date
Reduction in number of procedures of low clinical value	Aug 24
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU	Mar 25
Review of SLAs in Acute for patients who travel out with the board for treatment	Mar 25
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	Mar 25
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews	July 24
Continue to maximise the opportunities of the NTC with partner boards	Mar 25

Insights to Current Performance

- Increasing demand and complexity.
- Lack in some specialties of workforce to deliver care pathways.
- Patients referred into services with long waits who may realise better outcomes if care managed in primary care.
- Currently behind on TTG however confident that we can turn this around with focus on long waiting patients along with the use of the RGH capacity.

Plans and Mitigations

- Service planning implemented through ISP workstreams to realise efficiencies in process and alternative workforce models.
- Implementation of CfSD initiatives.
- Awareness and delivery of new WTG to ensure that only those who are fit, willing, and able are on a waiting list.
- Review of waiting list management processes
- Delivery of NHSH waiting times dashboard to support appropriate management of care pathways.

TTG Seen <12 Weeks (P)

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Katherine Sutton
Chief Officer, Acute**

ADP Targets (P)

Yearly Trajectory	YTD Performance	Patients Seen – Jan 25	Overall
17,603	14,672 (83.35%)	14,739 (83.73%)	0.38% above target

Long Waits (P&Q)

TTG Patients Waiting Over 78/104 Weeks

■ TTG waits over 78 weeks   ■ TTG Waits over 104 weeks

Referrals, Patients Seen & Trajectories (P)

Planned Care Additions, Patients Seen & Trajectories

● Total TTG Additions   ● Total TTG Patients seen   ● Trajectories

Waiting List & Projection (P)

─ Total TTG Waits   ─ Forecast Based on Plan   ─ Forecast Based on Actuals to Date

343

Diagnostics - Radiology

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plan and Mitigation
Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.	Mar 2025	Current performance is meeting planned trajectories. Unplanned demand remains fairly constant.	A workshop was held Dec 2024 to identify areas of improvement. Priorities for 2025/26s: • Review radiology admin team(s) incl booking • Review and streamline IR(ME)R admin processes • Replace Radiology Information System (RIS) • Upgrade PACS (national approach) • Implement TrakCare Order Comms for secondary care requests (Raigmore and L&I hospital)

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Exec Lead
Katherine Sutton
Chief Officer, Acute

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	1.19% below ADP
Latest Performance	54.0%
National Benchmark	57.4%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	11th out of 15 Boards

Yearly Trajectory	YTD Target	Patients Seen-Nov 2024	Overall
33,229	27,689 (83.33%)	27,292 (82.13%)	-1.19% Below target

Imaging Tests: Maximum Wait Target 6 Weeks

Benchmarking with Other Boards

CT Patients Seen & Trajectories
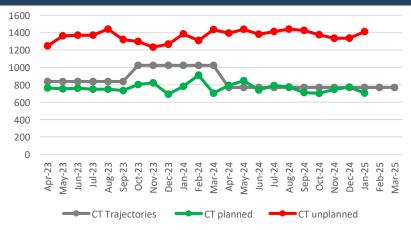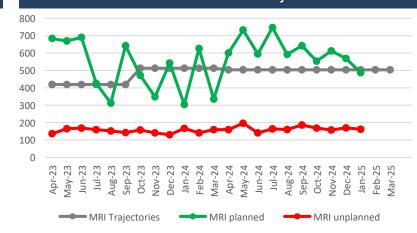
Non-Obstetrics Patients Seen & Trajectories

MRI Patients Seen & Trajectories

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

Diagnostics - Endoscopy

ADP Deliverables Progress as at End of Q3 2024/25	Insights to Current Performance	Plan and Mitigation
GI Endoscopy – on track

Cystoscopy – recovery plan and strategic plan to be developed. Medilogik EMS to be used for all Cystoscopy procedures from 1st February 2025 | TrakCare PMS to be reconfigured to measure waiting time rules against national 42-day target rather than local 28-day standard. This would provide a true reflection of current performance. | GI Endoscopy now in strong position, surveillance backlog reduced to just two months across Highland. Next step to reduce new urgent and routine wait.
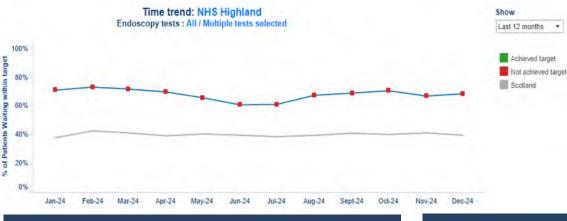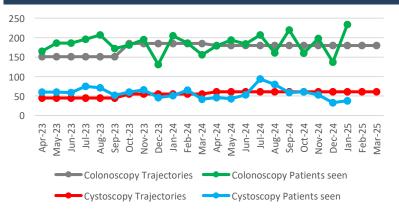
Cystoscopy – appointment type review to be completed |
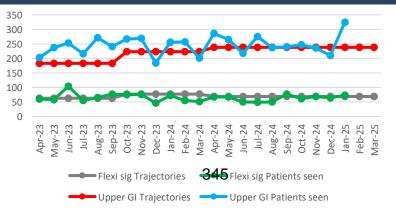
Performance Rating	Meeting ADP Target
Latest Performance	68.9%
National Benchmark	39.9%
National Target	80% (Short-term) 90% (Long-term)
National Target Achievement	While national target not met, performance in NHSH is best ahead of Scotland average
Benchmarking	3rd out of 14 Boards

Endoscopy Tests: Maximum Wait Target 6 Weeks

Time trend: NHS Highland
Endoscopy tests : All / Multiple tests selected

Show: Last 12 months

- Achieved target
- Not achieved target
- Scotland

Benchmarking with Other Boards

NHS Shetland	87.3%
NHS Fife	70.6%
NHS Highland	68.9%
NHS Dumfries & Galloway	67.7%
NHS Borders	66.7%
NHS Forth Valley	63.9%
NHS Western Isles	60.0%
NHS Lanarkshire	49.8%
NHS Orkney	45.5%
NHS Ayrshire & Arran	43.2%
NHS Scotland	39.9%
NHS Greater Glasgow & Clyde	39.9%
NHS Tayside	30.8%
NHS Grampian	29.9%
NHS Lothian	26.4%

Yearly Trajectory	YTD Target	Patients Seen - Oct 2024	Overall
6,576	5,480 (83.33%)	5,599 (85.14%)	1.81% over target
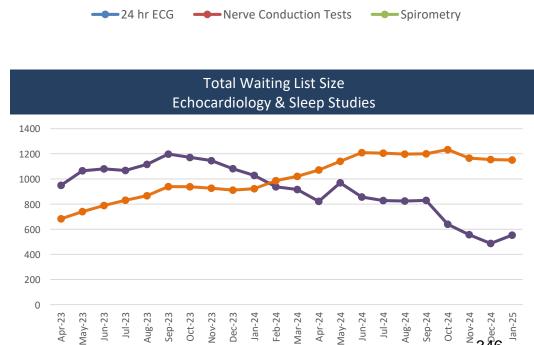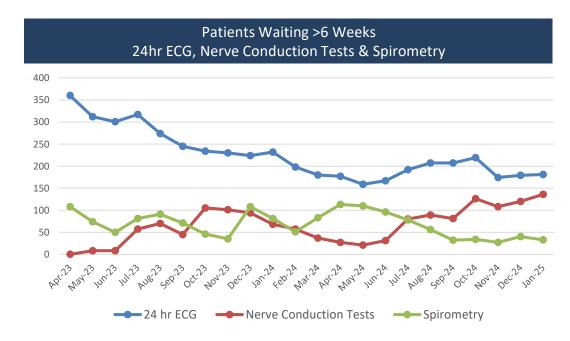
Colonoscopy & Cystoscopy: Patients Seen & Trajectories

- Colonoscopy Trajectories
- Colonoscopy Patients seen
- Cystoscopy Trajectories
- Cystoscopy Patients seen

Flexi Sig & Upper GI: Patients Seen & Trajectories

- Flexi sig Trajectories
- Flexi sig Patients seen
- Upper GI Trajectories
- Upper GI Patients seen

Diagnostics Wait List - Other

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Exec Lead
Katherine Sutton
Chief Officer, Acute

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31 Day Cancer Waiting Times

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Katherine Sutton
Chief Officer, Acute**
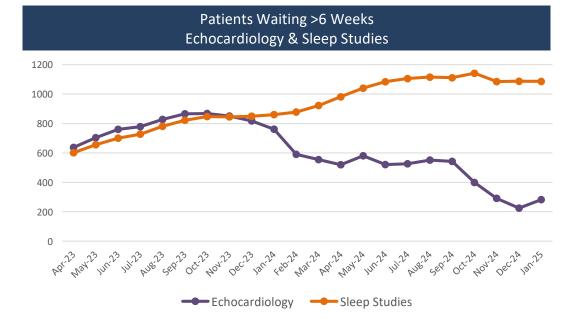
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plan and Mitigations
Implement the local actions identified to meet the Framework for Effective Cancer management	Mar 25	Increasing demand and lack of workforce to manage / deliver **oncology** services.	Breach analysis of every patient to learn lessons, on-going.
Implement review of Breach Analysis areas e.g. Breast, Renal, Bladder & Colorectal to understand issues re 31/62 day targets	Mar 25	"Batching" of mutual aid for Breast assessment leading to peak in surgery Performance most recently improved to above the required 95% standard.	1. Additional Operating availability for Urology and 2. Mutual aid for Breast assessment & treatment w/c 28 Oct from FV 3. CRC Oncology Mutual Aid from 15/12

Performance Rating	Below natonal average
Latest Performance	87.9%
National Benchmarking	92.0% Scotland average
National Target Achievement	Last met in December 2024
Position	13th out of 14 Boards

31 Day Cancer Waiting Times

Patients Seen on 31 Day Pathway

- Eligible Referrals
- Eligible Referrals treated within standard

31 Day Benchmarking with Other Boards

Board	Percentage
NHS Borders	100.0%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Forth Valley	98.9%
NHS Dumfries & Galloway	97.0%
NHS Ayrshire & Arran	96.2%
NHS Lanarkshire	95.3%
NHS Fife	94.5%
Golden Jubilee	92.9%
NHS Greater Glasgow & Clyde	92.5%
NHS Lothian	90.5%
NHS Tayside	89.7%
NHS Highland	87.9%
NHS Grampian	85.9%

62 Day Cancer Waiting Times

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Exec Lead
Katherine Sutton
Chief Officer, Acute

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Consider capacity and demand for cancer surveillance	Sept 24	The total number of patients receiving treatment increased but consequently performance decreased in August 2024. 50% of Problem - Breast One Stop Assessment capacity only meeting 50 per cent of demand due to lack of radiology support. Recurring aid requested from FV pending establishment of Con Radiographer model.	Improved implementation of national guidance (FECM) and learning lessons from Lanarkshire. Establishment of Cancer Performance & Delivery Group Recurring and frequent support from Forth Valley Breast Team
Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.	Mar 25		
Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.	Mar 25		
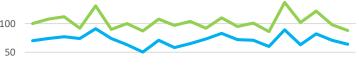
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below national average
Latest Performance	64.5%
National Benchmarking	66.7% Scotland average
National Target	95%
National Target Achievement	Nationally target not achieved in some time
Position	7th out of 14 Boards

Patients Seen on 62 Day Pathway
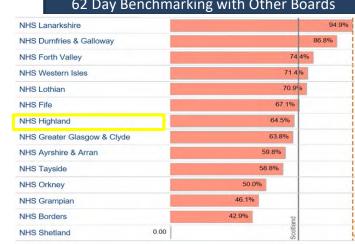
— Eligible Referrals   — Eligible Referrals treated within standard

62 Day Cancer Waiting Times

Month

348

62 Day Benchmarking with Other Boards

NHS Lanarkshire	94.9%
NHS Dumfries & Galloway	86.8%
NHS Forth Valley	74.4%
NHS Western Isles	71.4%
NHS Lothian	70.9%
NHS Fife	67.1%
NHS Highland	64.5%
NHS Greater Glasgow & Clyde	63.8%
NHS Ayrshire & Arran	59.8%
NHS Tayside	58.8%
NHS Orkney	50.0%
NHS Grampian	46.1%
NHS Borders	42.9%
NHS Shetland	0.00

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**Exec Lead
Katherine Sutton
Chief Officer, Acute**

SACT Access and Benchmarking

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plans and Mitigations
Moving towards networked delivery of Oncology & SACT services aligned to developing national strategy	Mar 25	Waiting times to start SACT and Radiotherapy treatment remain stable in 2024 following a sharp increase in recent years. The service is very much dependent upon senior clinicians to prescribe and trained nurses to administer. The latter position has improved with 2 additional nurses in post and 1 additional nurse being interviewed This is against a backdrop of increasing number of patients being treated in Highland, mirroring the national trend.	Development of national oncology target operating model to improve Oncologist capacity initially
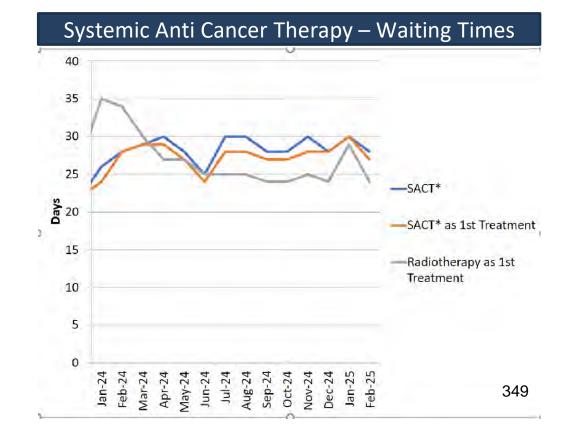
Appointment of 3rd additional SACT trained nurse.
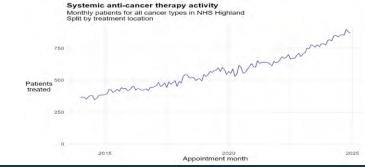
Review of the national cancer actions underway. Gap analysis report in creation to go to Cancer Strategy Board for review and prioritisation. |
| Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks. | Mar 25 | | |
| Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment | Mar 25 | | |

Performance Rating	Waiting times decreased
Latest Performance	24-29 days to start treatment
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a
Position	NHS Highland activity matches national trends

Systemic Anti Cancer Therapy – Waiting Times

Highland Patient Numbers (P)

Scotland Patient Numbers (P)

349

Psychological Therapies Waiting Times

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Exec Lead
Pamela Stott Chief Officer, HHSCP

ADP Deliverables Progress as at End of Q2 2024/25		Insights to Current Performance	Plan and Mitigations
Implementation of Psychological Therapies Local Improvement Plan with a focus on progressing towards achieving the 18-week referral to treatment standard. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	Mar 25	Scottish Government response to PT Improvement Plan submission confirmed that NHSH PT no longer require enhanced support from SG due to the recent performance improvement in 2024.	• Recruited x2 new Clinical Psychologists in Adult Mental Health Psychology. • The Psychological Therapies Steering Group is currently under review as we will be aligning it with the requirements of the PT National Specification • Our data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government. • The development of our digital dashboard and data gathering activities has allowed us to utilise intelligence proactively to improve waiting times.
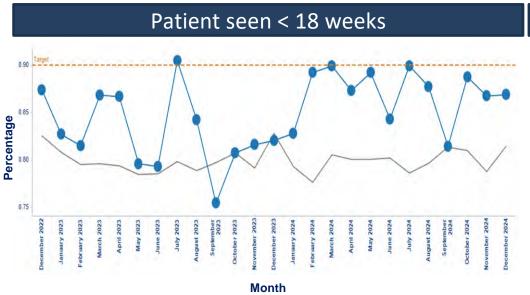
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance improved
Latest Performance	86.9%
National Benchmarking	81.5% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards

Patient seen < 18 weeks

Waiting List Size

Benchmarking with Other Boards

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**Exec Lead
Boyd Peters**

Stage 2 Complaint Activity (December 2023 – December 2024)

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		In December there was slight reduction in the number of stage 2 complaints received.

Performance against the 20 day target has improved. | Complaints training for Investigating Officers is being held on the 25th Feb, 27th Feb, 4th March and 13th March.

Training on the complaints process will be delivered monthly from April 2025. |

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	30%
National Benchmarking	None
National Target	60%
National Target Achievement	
Position	

Stage 2 Feedback Cases | Excludes FC and SPSO | Working Day Performance (%)

Top Issue Categories | Last 3 Months
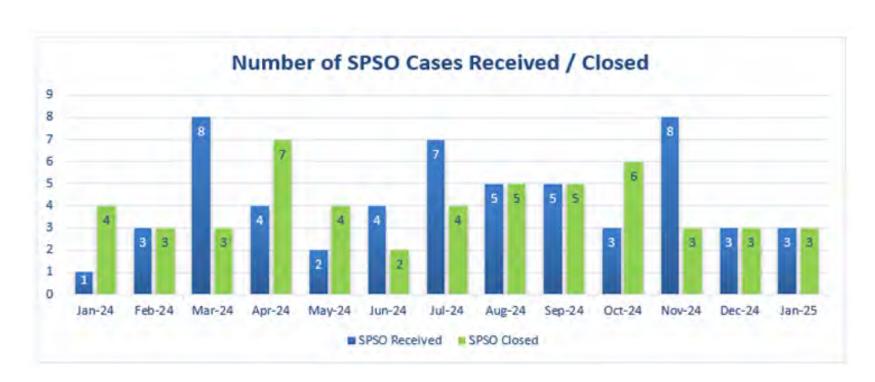
Year		2024			
Issue Category		October	November	December	Total
Treatment					
Poor Care		1	14	7	22
Delays in Diagnosis/Treatments		2	10	4	16
Consent to Treatment			1	2	3
Poor Nursing Care			2	1	3
Poor Co-ordination/Aftercare				1	1
Problems with medication or prescribing			1		1
Treatment/Investigations carried out poorly				1	1
Communication					
Patient/carers not given full information			12	8	20
Patient/carers not fully involved in treatment decisions			5	4	9
Poor communication between professionals/staff			3	2	5
Breach of Patient Confidentiality			2	1	3
Insensitive Information			2	1	3
Waiting Times / Delays					
Outpatient		1	14	5	20
Inpatient				1	1
Referrals Delays within admission/attendance			1		1

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Exec Lead
Boyd Peters

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		The number of enquiries from the SPSO has decreased in the last two months. Of the 9 cases closed in the last three months 7 cases were not take forward. Only one was partially upheld.	SPSO cases are closely monitored and reported via the Operational Areas Quality and Patient Safety Structures.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

SPSO cases received last 3 months:

14 received:
- 6 Acute
- 3 A&B
- 5 HHSCP

These relate to care and treatment, NDAS service and Adult Social Care Services

SPSO cases closed last 3 months:

9 SPSO enquiries closed.
- 7 not taken forward
- 1 Not Upheld
- 1 Partially Upheld
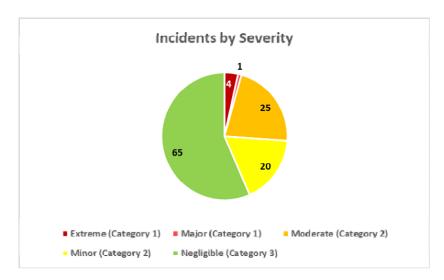
Number of SPSO Cases Received / Closed

Month	SPSO Received	SPSO Closed
Jan-24	1	4
Feb-24	3	3
Mar-24	8	3
Apr-24	4	7
May-24	2	4
Jun-24	4	2
Jul-24	7	4
Aug-24	5	5
Sep-24	5	5
Oct-24	3	6
Nov-24	8	3
Dec-24	3	3
Jan-25	3	3

■ SPSO Received ■ SPSO Closed

Listening and Responding to our Patients – Dementia (January 2024 – January 2025)

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**Exec Lead
Boyd Peters**

Incidents by Severity

- Extreme (Category 1): 1
- Major (Category 1): 4
- Moderate (Category 2): 25
- Minor (Category 2): 20
- Negligible (Category 3): 65

In the last 13 months there were 115 incidents relating to patients with Dementia. The majority (74%) were negligible or minor incidents. The top five categories were:

- Violent, Aggressive, Disruptive Behaviour
- Falls, Slips & Trips
- Staff Availability
- Transfer / Discharge
- Tissue Viability.

The Family Said..
The patient has dementia and was vulnerable and needed Care at Home. Despite repeated contact this had not been arranged.

What We Did..
District Nursing Team visiting daily until care package put in place.

Care package commenced in February 2024.

Family Involvement in patient care...
Patient has dementia and lives at home with family support and formal package of care. Previously assessed and ordered Cat A mattress had been returned by family, due to noise causing patient distress.

What We Did..
Following discussion with nursing team and development of pressure damage family and patient agreed to further trial of Cat A mattress.

Next steps...
Routine review of nursing needs by Community Nursing Team.
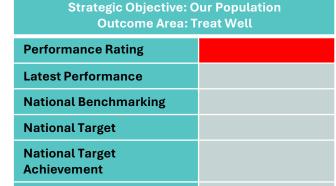
Level 1 (SAER) & Level 2A incidents (December 2023 – December 2024)
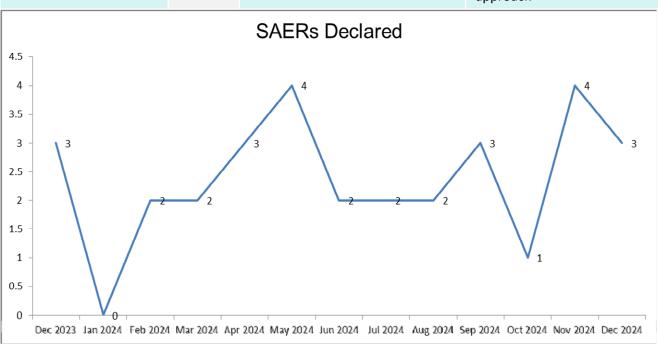
ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
N/A		• 10 SAERs are over the 26-week target • 33 2a reviews are over the 12-week target • On average declaring 2 SAERs per month	The new national framework for adverse events will be published by the end of February 2025 and thereafter policies and procedures will be updated. Completion of SAERs and Level 2a reviews and actions are monitored by each Operational Areas. Professional leads are meeting in March 2025 to review the SAER process to ensure consistency of approach

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Exec Lead Boyd Peters

SAERs Declared

Line chart of SAERs Declared by month:
- Dec 2023: 3
- Jan 2024: 0
- Feb 2024: 2
- Mar 2024: 2
- Apr 2024: 3
- May 2024: 4
- Jun 2024: 2
- Jul 2024: 2
- Aug 2024: 2
- Sep 2024: 3
- Oct 2024: 1
- Nov 2024: 4
- Dec 2024: 3

Current Status (no date restriction) :
- **121** major and extreme risk graded incidents remain open
- **23** active Level 1 cases, **10** have been active for over 26 weeks.
- **43** Active level 2A cases, **33** have been active for over 12 weeks
- **68** SAER action are overdue.
- **23** Level 2a actions are overdue.

All incidents reported in Datix are reviewed through the Quality Patient Safety structure.

In the 13-month period a total of **17350** incidents have been raised across NHS Highland. A total of **27 Level 1 (SAERs)** have been declared, giving a conversion rate of 0.15%.
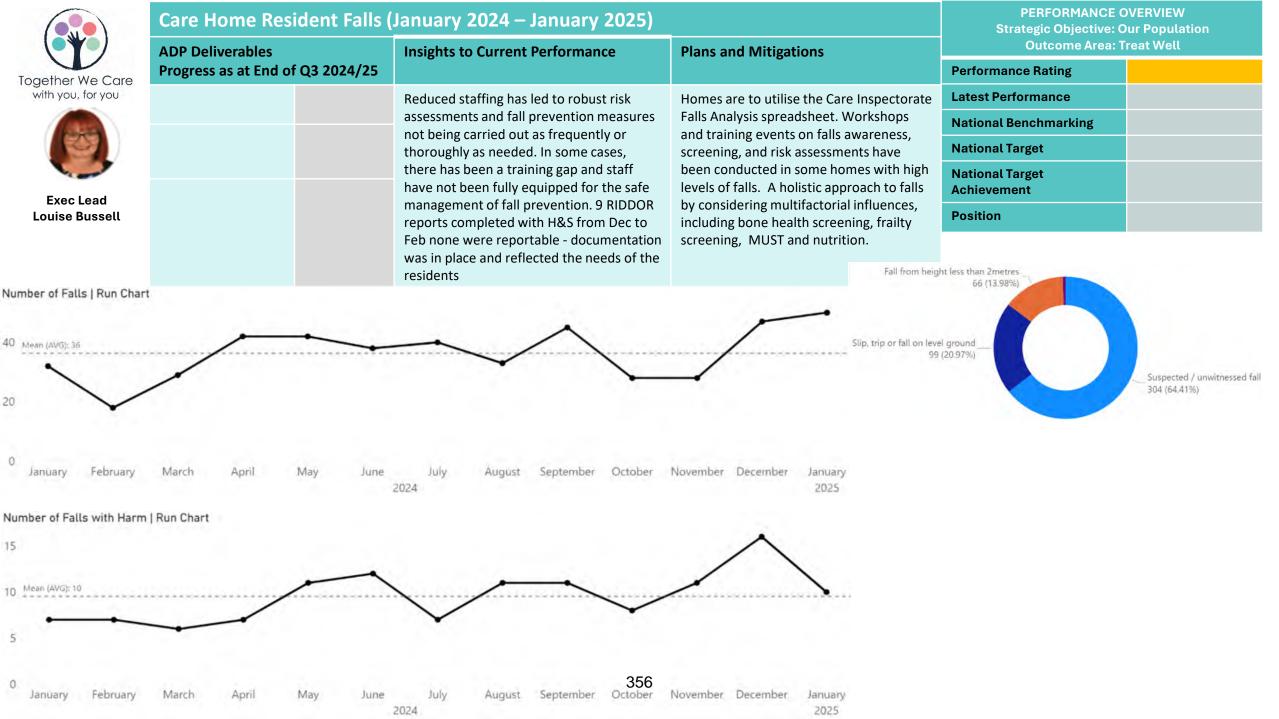
Current SAERs relate to:
- Access / Admission, Clinical Events / Assessments, Investigations, Staff Availability, Self-Harming Behaviour.

- **4 SAERs Closed – Last 3 months relating to:**
- Self-harming behaviour (suicide), (x2)
- Clinical Event – Unexplained / Unexpected / Avoidable death
- Clinical Event – Unexplained / Unexpected / Avoidable complication

Hospital Inpatient Falls (January 2024 – January 2025)

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**Exec Lead
Louise Bussell**

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
		Overall falls have remained static with slight increase in falls with harm over January and February. Surgical directorate have maintained falls below mean for 5 consecutive months. New craigs Hospital have met 20% reduction in falls for 7 consecutive months Increase in patient falls in November and December – review for any association with placing 7th patient in multi bed bays	• Focussed work in Lorn and Islands Hospital • Continued use of falls audit to drive improvement across all areas • Reinforcing Daily Care Plan completion and documentation of Safe Care Pause

PERFORMANCE OVERVIEW
**Strategic Objective: Our Population
Outcome Area: Treat Well**

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	20% reduction (falls) 30% reduction (falls with harm)
National Target Achievement	
Position	

Number of Inpatient Falls | Run Chart

Number of Inpatient Falls with Harm | Run Chart

Fall from height less than 2metres 315 (12.64%)

Slip, trip or fall on level ground 709 (28.44%)

Suspected / unwitnessed fall 1441 (57.8%)

**Exec Lead
Louise Bussell**

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
		Reduced staffing has led to robust risk assessments and fall prevention measures not being carried out as frequently or thoroughly as needed. In some cases, there has been a training gap and staff have not been fully equipped for the safe management of fall prevention. 9 RIDDOR reports completed with H&S from Dec to Feb none were reportable - documentation was in place and reflected the needs of the residents	Homes are to utilise the Care Inspectorate Falls Analysis spreadsheet. Workshops and training events on falls awareness, screening, and risk assessments have been conducted in some homes with high levels of falls. A holistic approach to falls by considering multifactorial influences, including bone health screening, frailty screening, MUST and nutrition.

**PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well**

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Number of Falls | Run Chart

Mean (AVG): 36

Number of Falls with Harm | Run Chart

Mean (AVG): 10

Fall from height less than 2metres 66 (13.98%)

Slip, trip or fall on level ground 99 (20.97%)

Suspected / unwitnessed fall 304 (64.41%)

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**Exec Lead
Louise Bussell**

ADP Deliverables Progress as at End of Q3 2024/25		Insights to Current Performance	Plans and Mitigations
		Falls in the community are recorded by all care givers in community. Slip, trips and falls on the level recorded as highest reason, with suspected/unwitnessed as the second highest. There have been a 6 points across the year falling under the mean, however there was a spike in December of falls with harm. Jan 25 shows a marked decrease in the number of falls, and with harm	Continued education

Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Number of Falls | Run Chart

Number of Falls with Harm | Run Chart

Tripped 8 (6.25%)
Fall from height less than 2metres 18 (14.06%)
Slip, trip or fall on level ground 54 (42.19%)
Suspected / unwitnessed fall 48 (37.5%)

357

Tissue Viability (January 2024 – January 2025)

Exec Lead
Louise Bussell

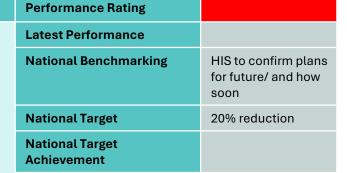**Together We Care** with you, for you

ADP Deliverables
Progress as at End of Q3 2024/25

- Continue to work with high risk areas which is proving successful
- Pressure Ulcer reduction documents for BSL and Easy Read in circulation. NATVNS new document with Medical Ills

- Leg Ulcer training in progress
- Wound Care Policy complete and for TVLG in April
- Leg Ulcer Policy for TVLG in April

Insights to Current Performance

- Awaiting new grading tool from EPUAP which influences training material
- November and December seem to be high risk months for increased PU occurrence and pre planning seems to be a necessary consideration, but factors such as staff and patient admissions cannot be predicted
- Consideration of review requirements for all pressure ulcers to ensure effective learning and improvements in practice.

Plans and Mitigations

- Showcase targeted approaches to change and adapting to specific areas
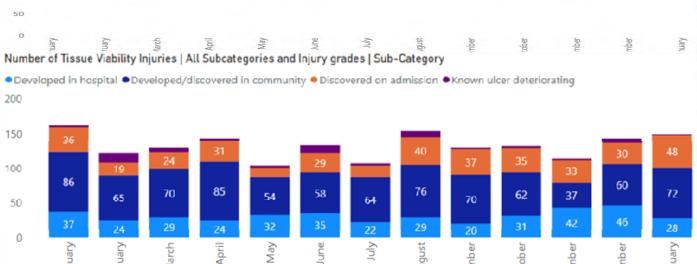- Consider Gaelic translation of NATVNS pressure ulcer prevention leaflet when ready- due very soon
- -Community Pressure Ulcer Prevention Pathway in progress
- Consider lowering the median so that we have more strategic and realistic targets
- Preventative Strategies as Grade 2 and Grade 1s are highest- Beds and hybrid Mattress and specialist equipment discussion due

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	
Latest Performance	
National Benchmarking	HIS to confirm plans for future/ and how soon
National Target	20% reduction
National Target Achievement	
Position	

Number of Tissue Viability Injuries | Run Chart

Number of Tissue Viability Injuries | All Subcategories and Injury grades | Sub-Category

Sub-category | Injury

	Developed in hospital	Developed/discovered in community	Discovered on admission	Known ulcer deteriorating	Total
Pressure ulcer Grade 2	827	1744	831	68	3470
Pressure ulcer Grade 1	529	593	454	13	1589
Pressure Ulcer - ungradable	177	446	182	63	868
Pressure ulcer Grade 3	78	304	203	79	664
Pressure Ulcer - deep tissue injury	97	292	102	18	509
Pressure Ulcer - combination lesions	58	84	86	17	245
Pressure ulcer Grade 4	9	79	69	38	195
Pressure ulcer (grade not specified)	30	34	50		114
Mucosal Pressure Damage	56	5	23		84
Total	**1861**	**3581**	**2000**	**296**	**7738**

358

Infection Control - SAB, CDI and ECOLI

ADP Deliverables Progress as at End of Q3 2024/25

Clostridioides *difficile* healthcare associated infections rate 24 Oct –Dec 2024
Current yearly rate of 31 against target of 15.6 (Jan – Dec 24)

Staphylococcus aureus **bacteraemia** healthcare associated infections rate 9 Oct-Dec 2024.
Current yearly rate of 8 against target of 15.3 (Jan – Dec 24)

Escherichia Coli Bacteraemia healthcare associated infections rate 24 Oct-Dec 2024.
Current yearly rate of 24 against target of 17.1 (jan-Dec24)

Insights to Current Performance

Concern over higher-than-expected case numbers of Clostridioides difficile over previous months has now stabilised. Not reported as an exceedance with ARHAI Scotland, and data remains within predicted limits.
NHS England and NHS Scotland are reporting national increases.
NHS Scotland are yet to publish the local delivery plan aims for 2025/2026 .
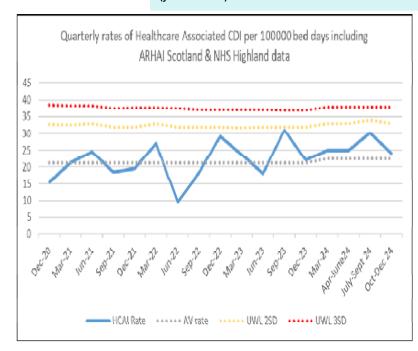
Plans and Mitigations

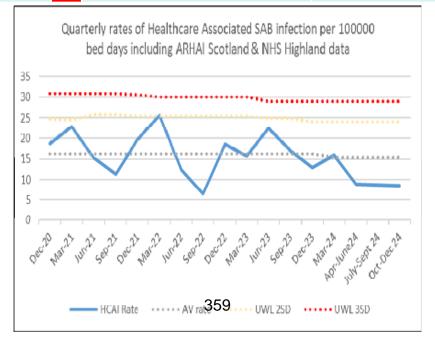Continue to review individual cases for learning.
Targeted work with antimicrobial prescribing continues
Continue to ensure adherence to national guidance for the management of infections.
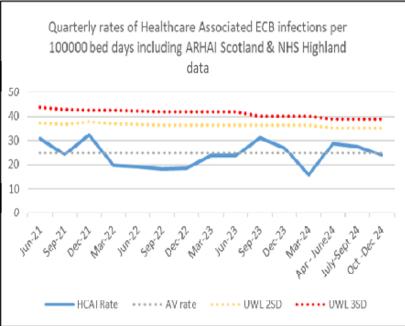
Performance Rating	
Latest Performance	
National Benchmarking	
National Target	
National Target Achievement	
Position	

Exec Lead Louise Bussell

Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data

Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data

Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data

Organisational Metrics Dec 2024

Sickness Absence Rate (%)
6.41

Long Term SA Rate (%)
3.70

Short Term SA Rate (%)
2.74

Recorded Absence Reason (%)
75.90
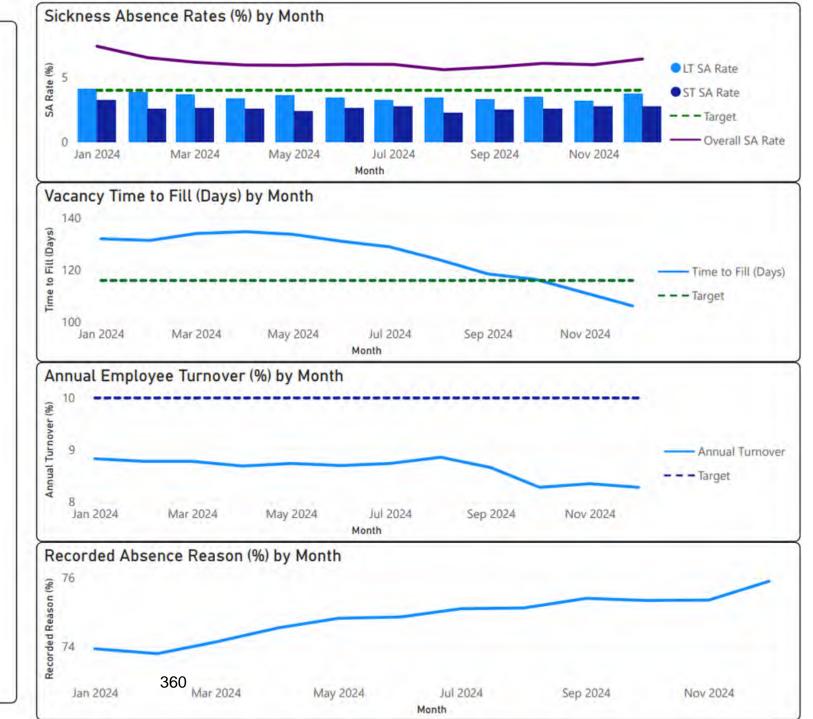
Vacancy Time to Fill (Days)
106.21

Annual Employee Turnover (%)
8.28

Sickness Absence Rates (%) by Month

- LT SA Rate
- ST SA Rate
- - - Target
- Overall SA Rate

Vacancy Time to Fill (Days) by Month

- Time to Fill (Days)
- - - Target

Annual Employee Turnover (%) by Month

- Annual Turnover
- - - Target

Recorded Absence Reason (%) by Month

360

Training Metrics Dec 2024

Mandatory eLearning Completion (%)

70.3

Note that from Jul 2024 V&A e-Learning module has been reintroduced to Mandatory Training compliance figures as a new course was launched in June for all Job Families. V&A Practical figures have dropped due to a new template report which is mirroring the new V&A training pathway requirements.
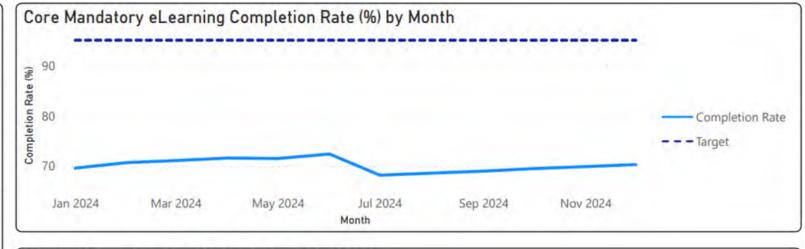
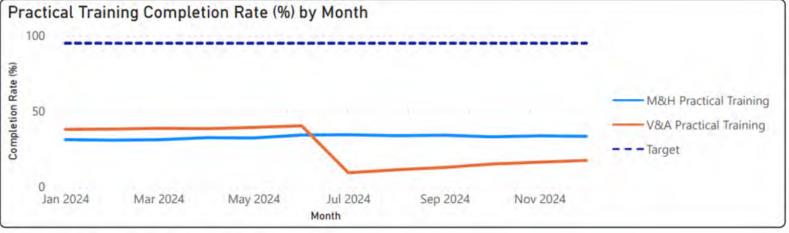## V&A Practical Training Completion Rate (%)

17.5

M&H Practical Training Completion Rate (%)

33.4

Appraisal Completion Rate (%)

28.1

Note that from Sep 2024, new starts are no longer excluded from Appraisal figures.

Core Mandatory eLearning Completion Rate (%) by Month

Practical Training Completion Rate (%) by Month

Appraisal Completion Rate (%) by Month

361

- NHS Highland absence remains above the national 4% target and has remained at around 6% for December 2024 . The absence rate has decreased since a peak of 7.39% in January 2024. 24.4% of Long-term absences are related to anxiety/stress /depression/other psychiatric illnesses. Short term absences in Cold, Cough, Flu (22.1% of short-term absences) remain high as well as gastro-intestinal problems (15.2% of short-term absences).

- Absences with an unknown cause/not specified remaining high (accounting for around 24.1% of all absence). Managers are asked to ensure that an appropriate reason is recorded and continuously updated. Manger attendance remains low on Once for Scotland courses Reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and eLearning.

- Attendance Management audit concluded with number of actions to progress to support managers.

- The NHS Highland Health and Wellbeing Strategy is in final draft and being presented to the appropriate Governance Committees prior to launch. The Strategy details our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce. An action plan detailing the short, medium and long-term actions is being progressed by the Health & Wellbeing Group.

- The average time to fill vacancies has dropped below the NHS Scotland KPI of 116 days. Its has improved markedly since its peak of 134.5 days in April and is now 106.2 days. Work continues to improve on timescales.

- NHS Highland's annual turnover sits at 8.28% for November 2024.

- In December 2024 we continued to see high levels of leavers related to voluntary resignation (26.3%) and retirement (43.9%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 15.8% of our leavers. Further encouragement is required to capture leaving reasons.

- An improvement plan for Appraisals is being progressed with refreshed awareness sessions for managers and staff. Compliance reports are distributed monthly to Senior Managers. All direct reports of a Director level post and the tier below them must be completed by Oct 2024.

- Detailed Statutory and Mandatory training compliance reports continue to be shared with the senior managers across the organisation to support planning and discussions with teams.

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
4	18 Weeks CAMHS Services Treatment	Monthly	March 2025	May 2025
4	CAMHS Waitlist HHSCP	Monthly	March 2025	May 2025
5	NDAS Total Awaiting 1st App (incl unvetted)	Monthly	March 2025	May 2025
5	New + Unvetted Patients Awaiting First Appointment	Monthly	March 2025	May 2025
6	Screening Programme Uptake KPIs in NHS Highland	Annual	March 2025	May 2025
6	Inequality in Screening Comparison of NHS Highland and Scotland	Annual	March 2025	May 2025
7	Children's Vaccination Uptake	Quarterly	March 2025	May 2025
8	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	March 2025	May 2025
8	ABI Trajectory & Delivery	Quarterly	March 2025	May 2025
8	Setting Contribution 2024/25	Quarterly	March 2025	May 2025
9	A&E – 4 Hour Target	Monthly	March 2025	May 2025
9	Weekly ED Patients Waiting 12-Hour Plus	Monthly	March 2025	May 2025
9	Weekly Ambulance Handover Results: Under 60 Minutes	Monthly	March 2025	May 2025
10	Delayed Discharges at Monthly Census Point	Monthly	March 2025	May 2025
10	Delayed Discharge – Location and Code	Monthly	March 2025	May 2025
10	HHSCP Delayed Discharge – Patients Added VS Discharged	Monthly	March 2025	May 2025
11	New Outpatients 12 Week Waiting Times (Ongoing)	Monthly	March 2025	May 2025
11	Outpatient Conversion Rates to TTG	Monthly	March 2025	May 2025
11	Return Outpatients Wait List	Monthly	March 2025	May 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	March 2025	May 2025
12	New Outpatient Total Waiting List & Projection	Monthly	March 2025	May 2025
12	OP Patients Waiting Over 52 Weeks	Monthly	March 2025	May 2025
12	Outpatient Follow Up Ratio	Monthly	March 2025	May 2025
13	Inpatient or Day Case 12 Week Waiting Times (Completed)	Monthly	March 2025	May 2025
14	Planned Care Additions, Patients Seen and Trajectories	Monthly	March 2025	May 2025
14	Total TTG Waits & Projection	Monthly	March 2025	May 2025
14	TTG Patients waiting over 78/104 weeks	Monthly	March 2025	May 2025
15	Imaging Tests: Maximum Wait Target 6 weeks	Monthly	March 2025	May 2025
15	Board Comparison % met Waiting time standard	Monthly	March 2025	May 2025
15	CT Patients Seen & Trajectories	Monthly	March 2025	May 2025
15	Non-Obstetric Patients Seen & Trajectories	Monthly	March 2025	May 2025
15	MRI Patients Seen & Trajectories	Monthly	March 2025	May 2025
16	Endoscopy Tests: Maximum Wait Target 6 Weeks	Monthly	March 2025	May 2025
16	Board Comparison % met Waiting time standard	Monthly	March 2025	May 2025
16	Colonoscopy & Cystoscopy: Patients Seen & Trajectories	Monthly	March 2025	May 2025
16	Flexi Sig Upper GI: Patients Seen & Trajectories	Monthly	March 2025	May 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
17	Diagnostic Waiting List: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	March 2025	May 2025
17	Diagnostic Patients Waiting > 6 Weeks: 24 hr ECG, Nerve Conduction Tests & Spirometry	Monthly	March 2025	May 2025
17	Diagnostic Waiting List: Echocardiology & Sleep Studies	Monthly	March 2025	May 2025
17	Diagnostic Patients Waiting > 6 Weeks: Echocardiology & Sleep Studies	Monthly	March 2025	May 2025
18	Cancer 31 Day Waiting Times	Monthly	March 2025	May 2025
18	Board Comparison % Met waiting time standard	Monthly	March 2025	May 2025
18	Patients Seen on 31 Day Pathway	Monthly	March 2025	May 2025
19	Cancer 62 Day Waiting Times	Monthly	March 2025	May 2025
19	Board Comparison % Met waiting time standard	Monthly	March 2025	May 2025
19	Patients Seen on 62 Day Pathway	Monthly	March 2025	May 2025
20	Systemic Anti Cancer Therapy – Waiting Times	Monthly	March 2025	May 2025
20	Monthly Cancer Patient Numbers Highland	Monthly	March 2025	May 2025
20	Monthly Cancer Patient Numbers Scotland	Monthly	March 2025	May 2025
21	18 Weeks All Ages Psychological Therapy Treatment	Monthly	March 2025	May 2025
21	Board Comparison % Met waiting time standard	Monthly	March 2025	May 2025
21	Psychological Therapies Waitlist HHSCP	Monthly	March 2025	May 2025

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
22	Highland Wide Stage 2 Complaint Volumes Received and % Performance Achieved	Monthly	March 2025	May 2025
23	SPSO Feedback Cases	Monthly	March 2025	May 2025
24	Type of Correspondence in Relation to Dementia	Annual	March 2025	May 2025
25	SAER & Level 2A Volumes: Declared Last 13 Months	Monthly	March 2025	May 2025
26	Number of Hospital Inpatient Falls 2024/25	Monthly	March 2025	May 2025
26	Number of Hospital Inpatient Falls with Harm 2024/25	Monthly	March 2025	May 2025
27	Number of Care Home Resident Falls 2024/25	Monthly	March 2025	May 2025
27	Number of Care Home Resident Falls with Harm 2024/25	Monthly	March 2025	May 2025
28	Number of Community Based Falls 2024/25	Monthly	March 2025	May 2025
28	Number of Community Based Falls with Harm 2024/25	Monthly	March 2025	May 2025
29	Number of Tissue Viability Injuries	All Subcategories and Injury Grades	Monthly	March 2025	May 2025
29	Number of Tissue Viability Injuries	All Subcategories and Injury Grades	Sub-Category	Monthly	March 2025	May 2025
30	Quarterly Rate of Healthcare Associated CDI per 100,000 Bed Days	Quarterly	March 2025	May 2025
30	Quarterly Rate of Healthcare Associated ECB per 100,000 Bed Days	Quarterly	March 2025	May 2025
30	Quarterly Rate of Healthcare Associated SAB per 100,000 Bed Days	Quarterly	March 2025	May 2025
31	Organisational Workforce Metrics	Bi-monthly	March 2025	May 2025
32	Workforce Training Metrics	Bi-monthly	March 2025	May 2025
33	Workforce IPQR Narrative	Bi-monthly	March 2025	May 2025