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 7 May 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
Tim Allison, Director of Public Health and Public Relations
Thomas Brown, Lead Doctor (GP)
Louise Bussell, Nursing Director
Cllr Muriel Cockburn, Non-Executive
Claire Copeland, Deputy Medical Director (until 3.31 pm)
Fiona Duncan, Chief Social Work Officer, Highland Council
Julie Gilmore, Nurse Lead and Assistant Nurse Director
Cllr Ron Gunn, Highland Council
David Park, Deputy Chief Executive
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance (until 3.00 pm)
Neil Wright, Non-Executive

In Attendance:
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Paul Chapman, Associate Director AHP (until 3.31 pm)
Jennifer Davies, Deputy Director of Public Health (from 2.30 pm)
Kristin Gillies, Interim Head of Strategy and Transformation
Gillian Grant, Interim Head of Commissioning (until 3.38 pm)
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS
John Lyon, Client Dental Director
Karen-Anne Wilson, Area Manager for Skye, Lochalsh and Wester Ross (until 3.35 pm)
Natalie Booth, Board Governance Assistant
Dominic Watson, Head of Corporate Governance (until 3.35 pm)
Nathan Ware, Governance & Corporate Records Manager

Apologies: Cllr Christopher Birt, Philip MacRae, Catriona Sinclair, and Pamela Stott.

1.1 Welcome

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.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Assurance Report from 05 March 2025, Action Plan and Workplan

The draft minute from the meeting of the Committee held on 5 March 2025 was **approved** by the Committee as an accurate record.

The Committee

- **APPROVED** the Assurance Report, and
- **NOTED** the Action Plan and Work Plan.

1.4 Matters Arising From Last Meeting

There were no matters arising from the last meeting raised.

2 FINANCE

2.1 Year to date Financial Position at Month 11 & the 2025/26 financial year ahead

Report by Deputy Director of Finance

The Head of Finance for HHSCP presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 11 with further detail presented on the HHSCP position. The forecast year end deficit £44.792 million with the assumption that additional action was taken to deliver breakeven Adult Social Care (ASC) position. The forecast is £4.9 m better than the revised brokerage limit set by Scottish Government and £5.8 m better than the target agreed with the Board in May 2024. £4.225 m of funding was confirmed in Month 11, with the most significant elements being the junior doctors pay award funding and additional allocation for AfC non-pay costs.

Key risks included, ongoing to deliver a breakeven position for ASC, the potential that spend on supplementary staffing continued to fluctuate, that prescribing and drugs costs could see increases in volume and cost, that ASC suppliers could continue to face sustainability challenges, the Health and Care Staffing Act. 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 11) overspend of £19.982 m was reported within the HHSCP, and it had been forecast that this would decrease to £2.481 m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £2.736 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; ASC; Cost Reduction/Improvement Target; Value and Efficiencies; HHSCP Supplementary Staffing.

In discussion, the following topics were discussed:

- The Deputy Director of Finance highlighted the gap between the month 11 forecast and the brokerage position close to the forecast, with transformation funds assisting to close the adult social care position.

- The Deputy Director of Finance attributed the primary cause of the underspend in the Dental department to challenges in filling certain vacancies.
- The Deputy Director of Finance Elaine noted additional Scottish Government funding had been provided for an ASC service in Skye and ongoing recruitment efforts for house care homes. K Wilson reported progress in recruiting for Home Farm, reducing agency reliance, and integrating workers, with the Skye working group aiding these efforts, though full local staffing remains incomplete.
- Members highlighted ongoing challenges in controlling prescribing costs, despite various efficiency schemes and control processes, noting the need for further examination of specific drug categories. The Deputy Director of Finance confirmed that the efficiency schemes, including a new addressing medicines wastage scheme, would continue into 2025/2026.

The Committee:

- **NOTED** from the report the financial position at month 11 and the associated mitigating actions, and
- **ACCEPTED limited** assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Care Home Oversight Board Annual Report 24/25

Report by Pamela Stott, Chief Officer Highland Health and Social Care Partnership

The Interim Head of Commissioning highlighted the circulated report included the Independent Sector Care Home Overview that provided an overview of commissioned independent sector care home issues as of April 2025. It was noted that there were 1,856 care home beds commissioned or delivered in Highland, with an 84 per cent commissioned from independent providers. Key issues in the independent sector care home delivery were highlighted in relation to the National Care Home contract, financial viability, recruitment and Moss Park. Further updates were provided on the quality-of-Care Home Services; Market and Service Changes; and Strategic Direction.

The Interim Head of Commissioning noted that the second section of the circulated report provided an update on Collaborative Support and arrangements to support independent sector care home delivery. It also covered the achievement of good outcomes for residents across Highland during the 2024/25 period. It was highlighted that the Collaborative Care Home Support Team had received baseline funding for 2025/26 and plans were being developed to ensure continuity. This had included the implementation of a comprehensive work plan to enhance training delivery to care homes.

In discussion,

- It was highlighted that training was an ongoing programme with no end date set due to the nature of ASC and could provide assurance to staff and service users that training focused on key areas of risk based on feedback from the collaborative team and care homes.
- It was confirmed that both virtual and in-person training methods were being used to efficiently engage staff, acknowledging the challenges of coordinating in-person training.
- Committee Members queried whether there was a significant short fall of potential beds. It was noted the forward strategy supported by the transformational programme was addressing the medium to long-term bed requirements and planned actions around the issue.
- Committee Members noted that overspending makes increased care home capacity unaffordable and destabilises existing homes. The financial implications of the National Care Home Contract were queried, and it was highlighted that the strategy focuses on balancing demand and supply by promoting independent living.
- The Chair highlighted a development session would be held to discuss the Care Home strategy further.

- Following Committee members wishing to clarify timescales for the delayed Care Home Strategy Commissioning Plan, it was noted that there were no defined timescales, but work progressed and would consider key data and models.
- Committee Members raised concern of care homes not meeting patients' needs and highlighted staffing issues. The Director of Adult Social Care highlighted the main challenge in the care home sector was ensuring that care homes meet the complex needs of residents, while balancing security, dignity, and rights. This included addressing concerns about staff groups and ensuring a good skillset to provide care for patients.
- Committee Members noted concerns about recruitment and retention, particularly regarding shift changes leading to staff turnover. Gathering data on staff turnover was suggested to understand issues in more detail.

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The Committee:

- **NOTED** the report and
- **ACCEPTED moderate** assurance

3.2 Vaccinations Update

Report by Tim Allison, Director of Public Health

The Director of Public Health spoke to the circulated report which focused on progress with vaccination uptake and the rollout of a new delivery model. The Vaccination rates at 12 months had improved significantly in the Highland HSCP, while uptake remained below the World Health Organisation target of 95 per cent, the trend remained positive. Rotavirus uptake remained lower due to strict timing requirements, but overall, quality improvement efforts over the past year had been effective.

It was highlighted that the adult vaccination rates were reasonable and broadly aligned with national figures. A new delivery model, involving general practice or a mixed approach, had been approved and was in early stages. Progress was being monitored, but caution was advised to ensure services remained safe, effective, and efficient.

In discussion,

- Following Committee members querying whether GPs and frontline staff had been actively involved in vaccination planning. The Director of Public Health confirmed strong GP engagement during the options appraisal, though acknowledged some communication gaps remained, with efforts ongoing to improve information flow and collaboration.
- Committee Members questioned whether the timeline for implementing the new vaccination model was realistic. The Director acknowledged the growing complexity of vaccine delivery and stressed the importance of collaboration and quality assurance to ensure a safe, effective service with high uptake.
- Committee Members raised concerns about unresolved IT issues in vaccine data sharing between GP systems and public health databases, especially compared to the smoother COVID-19 process. The Director of Public Health noted ongoing challenges with childhood vaccination data and noted that national efforts were underway to source initial fixes.
- Committee Members queried the reliance on manual data entry, citing negative GP feedback and potential friction with health boards. The Director of Public Health clarified this was not a long-term solution but a temporary measure until better IT systems were in place.
- The Deputy Medical Director reassured the committee of strong GP involvement through leadership roles and acknowledged the need to improve communication and digital solutions, while also recognising concerns about manual data handling.

The Committee Chair summarised that the committee had reviewed the vaccination update, , and agreed to a follow-up in September.

The Committee:
- **CONSIDERED** and **DISCUSSED** the report.
- **ACCEPTED limited** assurance.

3.3 Fees and Charges 25/26

Report by Pamela Stott, Chief Officer Highland Health and Social Care Partnership

The Interim Head of Commissioning spoke to the circulated paper that outlined the implementation of a government directive requiring all adult social care providers to pay staff a minimum of £12.60 per hour. The process involved engagement with relevant stakeholders and financial planning to assess the impact and identify a funding shortfall. The report confirmed that the required steps were followed, including collaboration with finance colleagues to manage the funding gap.

The Committee:
- **NOTED** the report.
- **ACCEPTED substantial** assurance.

3.4 Dental Services Update

Report by John Lyon, Clinical Dental Director

The Clinical Dental Director noted access to NHS dental services had partially stabilised following the national payment reform. Workforce challenges continued, included recruiting dentists willing to provide NHS services and job postings attracting fewer applicants. The Scottish Dental Access Initiative (SDAI) grants were one of the few tools available to improve access; three had been awarded, with one new practice expected to open in the summer. Sustainability concerns were noted, with at least one practice requesting direct financial support to avoid closure, highlighting the need for a national strategy for rural dental services.

In discussion,

- Committee Members queried whether there had been any changes to NHS dental registration issues since the last update received by the Committee. The Clinical Dental Director advised exact figures were unavailable due to fragmented data sources. He noted a new mapping tool was being developed to link registrations to specific areas.
- Committee Members queried the number of people involved in the Highland Dental Plan (HDP) and how oral health data can be better captured. The Clinical Dental Director noted the HDP were not required to share data with NHS Highland. He noted that data previously shared may be outdated or incomplete and capturing accurate oral health data remained challenging.
- Committee Members requested clarification on how dental care how local dental care for young children in the region compares to the rest of Scotland, particularly regarding programmes like oral health programmes. The Clinical Dental Director noted NHS Highland actively participates in five national oral health programmes. He highlighted strong engagement and positive feedback with the Board performing above national average in providing oral health support to young children.

- The Clinical Dental Director advised while cross-border patient movement was common, registration data did not include patients receiving treatment in other Board areas. Capturing data on the new mapping tool for cross-border patient movement would require further coordination with planning colleagues to ensure a more complete picture.
- Committee members queried whether young people from the Highlands pursue dental training and noted limited course availability. The Clinical Dental Director noted no specific data on local students entering dental school and highlighted the BSc Oral Health Sciences programme (via UHI) was highly oversubscribed. He advised planning for a dental school was in the early stages, but development of the plan was dependent on funding and national alignment.
- Committee members sought clarity on the impact reduced dental services has on oral health. The Clinical Dental Director noted it was too early to assess long-term impacts as national data reflects trends over five years. He highlighted there had been no increase in A&E visits or hospital admissions for dental issues, suggesting urgent care was being managed.

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

The Committee took a Break between 15.02 pm and 15.12 pm

3.5 Joint Strategic Plan Implementation

Report by Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP

The Head of Integration, Strategy and Transformation presented a paper outlining three main implementation routes: the Strategic Planning Group (SPG) and District Planning Groups (DPG), oversight by the Strategic and Transformation Accountability Group (STAG) within NHS Highland, and the Partnership Transformation Programme, which formed part of Highland Council's Delivery Plan.

The SPG and DPG met quarterly throughout the year. Despite some delays due to attendance, progress was steady with updates from workstreams to align with the bimonthly meetings. There had been discussions across all areas highlighted local issues, with recurring themes of workforce, sustainability, access, and service-specific concerns. The SPG and DPG focused on local engagement, involving NHSH partners, strategic stakeholders, the independent sector, third sector providers, and unpaid carers. STAG supported understanding and implementation of the plan's aims.

The various workstreams supported the Joint Strategic Plan (JSP), aiming to deliver care close to home, reduce hospital admissions, and avoid long stays. Emphasis was placed on the role of Community Integrated Teams and clarity was provided on how the Delivery Plan and SPG/DPG activities aligned with NHS Highland's planning processes. The Adult Social Care Transformation Programme, a three-year initiative backed by a £20 million Transformation Fund, focused on two main areas: shifting the balance of care and improving transitions. A target operating model had been developed, with initial work underway in Lochaber, including Moss Park Care Home. This work was integrated with STAG and the HHSCP senior leadership team.

In discussion, the Interim Head of Strategy and Transformation advised further information could be shared with Committee Members to help provide further detail on the governance structures and escalation processes. Committee Members sought clarity and transparency on the coordination of the multi-agency partnership, along with the measurement and assurance on possible risks. The Deputy Chief Executive highlighted the main challenge to coordination was determining the correct sequence for implementing the change.

The Committee:
- **NOTED** the update and
- **ACCEPTED moderate** assurance.

3.6 Chief Officer's Report

Report by Pamela Sott, Chief Officer for the Highland Health and Social Care Partnership

The Deputy Chief Executive highlighted the success of the AHPs in the Emergency Department of Raigmore as the results of this had been positive and measurable, positively impacting admissions.

The Director of Adult Social Care gave an update on the required improvement enforcement requirements at Sutherland Care Home which need to be made by 25 May 2025. The included a new scheduler, including a complete revision and review of visits; a changed management arrangement to be used longer term whilst the service was stabilised; Increased training, including the use of the improved CM2000 system for assurance of scheduled visits, and further training in pharmacy and engagement with the community nursing team.

He also advised there was concern regarding provision of weekend cover being put in place across the Highlands, with a permanent resolution across the Highlands for Care at Home provision being put to an oversight group meeting once a week.

In discussion,

- Committee members asked what steps had been taken to ensure issues in Sutherland were not present elsewhere in care-at-home services. The Adult Social Care Director confirmed that more robust, planned assurance visits were underway across all in-house services as part of an existing improvement plan.
- The Committee Chair requested a formal close-off report be shared with the committee, outlining the actions taken and evidence of progress.
- The Adult Social Care Director provided assurance to the Committee that the service standards surrounding the Adult Protection Element Process were being followed appropriately.

The Committee:
- **CONSIDERED** the Chief Officers Report and
- **IDENTIFIED matters** requiring further assurance / escalation.

3.7 Sir Lewis Ritchie Report Update

Report by Pamela Stott, Chief Officer Highland Health and Social Care Partnership

The Area Manager for Skye, Lochalsh and Wester Ross advised the final report remained in draft but was expected to be finalised shortly. The final report would outline the work NHS Highland had undertaken to act upon the 15 recommendations from the original Sir Lewis Ritchie report in 2018. She provided a brief update on work undertaken in conjunction with the recommendations noting Portree Out of Hours Service had received additional funding from Scottish Government and was in place.

She provided a brief update to the Committee on the position of the Community bed and care provision related to Care Homes and Portree Hospital; Closer Inter-Agency and Public Participation; Collaboration with Scottish Ambulance Service; Collaboration with NHS 24; First Responders; Workforce Capacity and Capability; Housing Solutions; Road Issues; Transport and Accessibility; Digital Innovation; Specific Localities; Centre for Excellence; Best Use of Resources; and Making it Happen.

The Committee Chair report noted that Sir Lewis had now completed his final report, with the work being integrated into the work of the Skye, Lochalsh and Wester Ross District Planning Group. Governance would continue under a new independent chair, as Sir Lewis Ritchie would be stepping back from the process.

The Deputy Chief Executive acknowledged the emotional and practical challenges of implementing change, and praised the those involved for their efforts in progressing the work.

The Committee:

- **NOTED** the update and
- **ACCEPTED moderate** assurance.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Blueprint for Good Governance Improvement Plan Progress Update

Report by Nathan Ware, Governance and Corporate Records Manager

The Governance and Corporate Records Manager advised the Board approved its Blueprint Improvement Plan on 25 July 2023 and agreed that Governance Committees should provide informal oversight of progress and delivery of elements relevant to their functions. He highlighted that from the original 17 actions, nice had been completed and open actions had longer-term completion dates and had an organisation-wide focus.

He explained the quality framework was progressing following an April 2025 EDG discussion, with plans to recruit a quality lead and involve senior clinical staff once funding is secured. Efforts to embed Care Opinion were ongoing, supported by the clinical governance manager, with over 250 instances recorded in the past year, providing assurance that actions are actively being addressed.

On behalf of F Duncan, the Director of Adult Social Care requested clarification on where Social Work and Social Care would sit within that structure. The quality of services across the full integrated world in relation to the role of Chief Social Work Officer when associated with the Medical Director and Nurse Director, also needed consideration.
Committee Members sought clarity on the figure of 250 was requested, in relation to it being an increase or decrease. The Governance and Corporate Records Manager advised it would be tracked from hereon, enabling 6-monthly comparisons to be made at future Committee Meetings.

The Committee:
- **NOTED** the progress update, and
- **ACCEPTED moderate** assurance.

4.2 Committee Self-evaluation results
Excel Spreadsheet

The Chair picked the following key themes from the results and proposed the points below were put forward to a future development session, for discussion and improvement options:

- The role of the Committee and its Members.
- The ability for lay members to have more effective inputs.
- Moving from a Lead Agency to an IJB and how the new governance framework would affect the Committee.
- Agenda items and time allocated versus papers and time allocated for discussion.

The Chair highlighted the potential transitioning to an alternative governance model and would consider further committee discussions in a development session.

The Committee:
- **DISCUSSED** and **NOTED** the Committee Self-evaluation results.

5 AOCB

A proposal was made by the Chair to make a temporary change for the quorate rules and terms of reference, to quoracy being granted for one out of three of the occupied pool, rather than one out of three of the membership. The Committee agreed this was to be put through the appropriate governance routes as quickly as possible.

DATE OF NEXT MEETING
The next meeting of the Committee will take place on **Wednesday 2nd July 2025** at **1.00 pm** on a virtual basis.

The Meeting closed at 4pm

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd July 2025**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP (Highland Health and Social Care Partnership)**
Report Author:	**Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP**

Report Recommendation:

The Health and Social Care Committee and committee are asked to:

- Consider and review the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership.

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns 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	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well					

2 Report summary

The HHSCP Integrated Performance & Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provides aligned to the Annual Delivery Plan.

A subset of these indicators will then be incorporated in the Board IPQR.

2.1 Situation

To standardise the production and interpretation, a common format is presented to committee which has been aligned to the Clinical and Care Governance Committee and the Finance, Resources and Performance Committee. Within this version the HHSCP IPQR presentation of the data has been revised, in particular with regard to care at home, care homes and Self-directed support to provide a single slide overview of the system. Additionally, further depth of information regarding Community Mental Health Teams access has been provided.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives.

The health and wellbeing indicators will be included at appropriate times along with consideration of the approved joint strategic plan indicators.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and indicators were agreed**.**

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Given the ongoing challenges with the access to social care, delayed discharges and access for our population limited assurance is offered today.

3 Impact Analysis

3.1 Quality / Patient Care

IPQR provides a summary of agreed performance indicators across the Health and Social Care system.

3.2 Workforce

IPQR gives a summary of our related performance indicators affecting staff employed by NHS Highland and our external care providers.

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

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

This report has been considered at the HHSCP previously and is now a standing agenda item.

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, May 2025**

NHS Highland
na Gàidhealtachd

Highland Health and Social Care Integrated Performance and Quality Report

2 July 2025

Assuring the HHSCP Committee on the delivery of the well outcome themes aligned to the Annual Delivery Plan

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Highland HSCP Integrated Performance and Quality Report (HHSCP IPQR)

- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Highland Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available.

- For this IPQR the format and detail has been modified to bring together the measurable progress aligned to the actions within NHS Highland's Annual Delivery Plan that will be reviewed by Finance, Resources and Performance Committee and the Clinical and Care Governance Committee. Where relevant, progress against these deliverables is referenced in the HHSCP IPQR.

- In addition, 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 and what the anticipated impact of these improvements will be.

- We will continue to develop this report to include further metrics as described on the following pages and to provide assurance of progress on the annual delivery plan deliverables.

- A performance rating has been assigned in relevant areas to provide an indication of the current level of performance in each area based on available information including national benchmarking.

Executive Summary of Performance Indicators

Well Theme (Slide Number)	Area	Performance Rating
Care Well (4)	Adult Protection	
Care Well (5-6)	Care Homes, Care at Home & Self Directed Support	Decreasing long stays and increasing activity
Respond Well (7-8)	Delayed Discharges	Below improvement trajectory but overall reduction in number of people in delay in recent months
Care Well (8)	Community Hospital: Length of Stay	N/a
Treat Well (9)	Psychological Therapies Waiting Times	Below target but performance consistently improved
Live Well (10)	Community Mental Health	N/a
Treat Well (11)	Overview of HSCP waiting lists	Total numbers waiting has stabilised in 2025

Guide to Performance Rating

- Meeting Target / Trajectory
- Improving / increasing
- Stable / decreasing
- Target / trajectory not met

Note: where performance ratings are N/A, this is because there is no target or performance trajectory agreed for this area and performance is provided as information.

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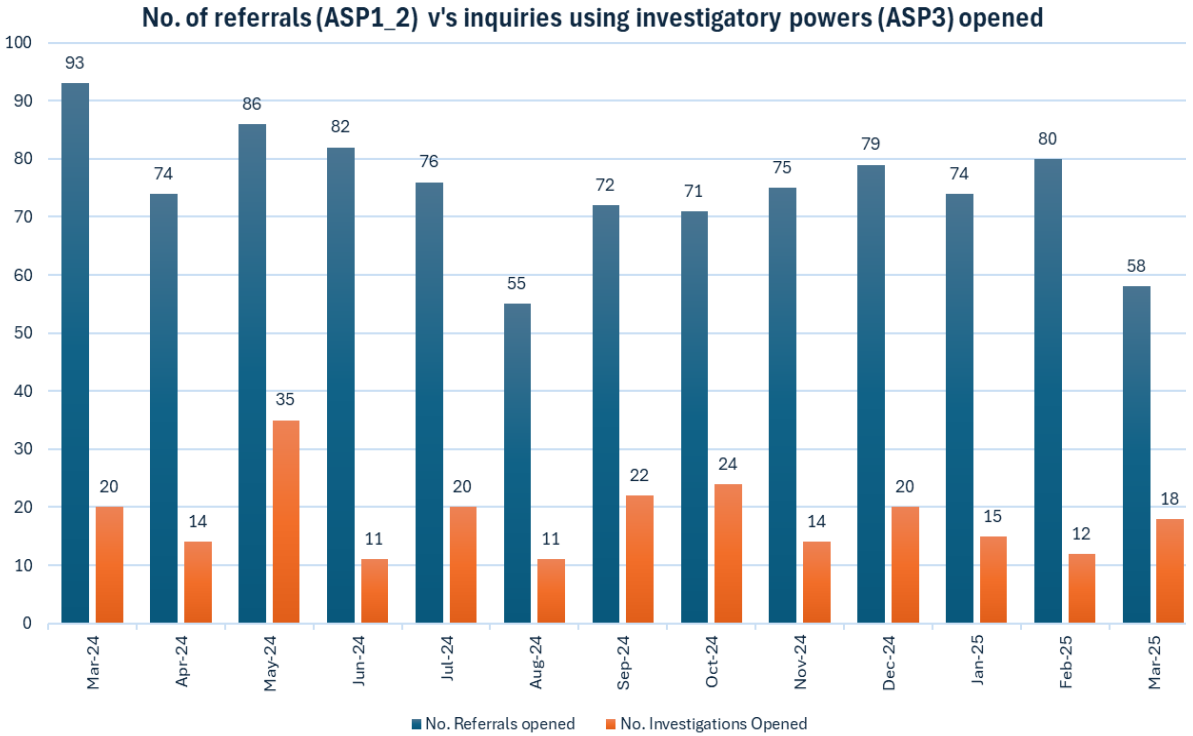
Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

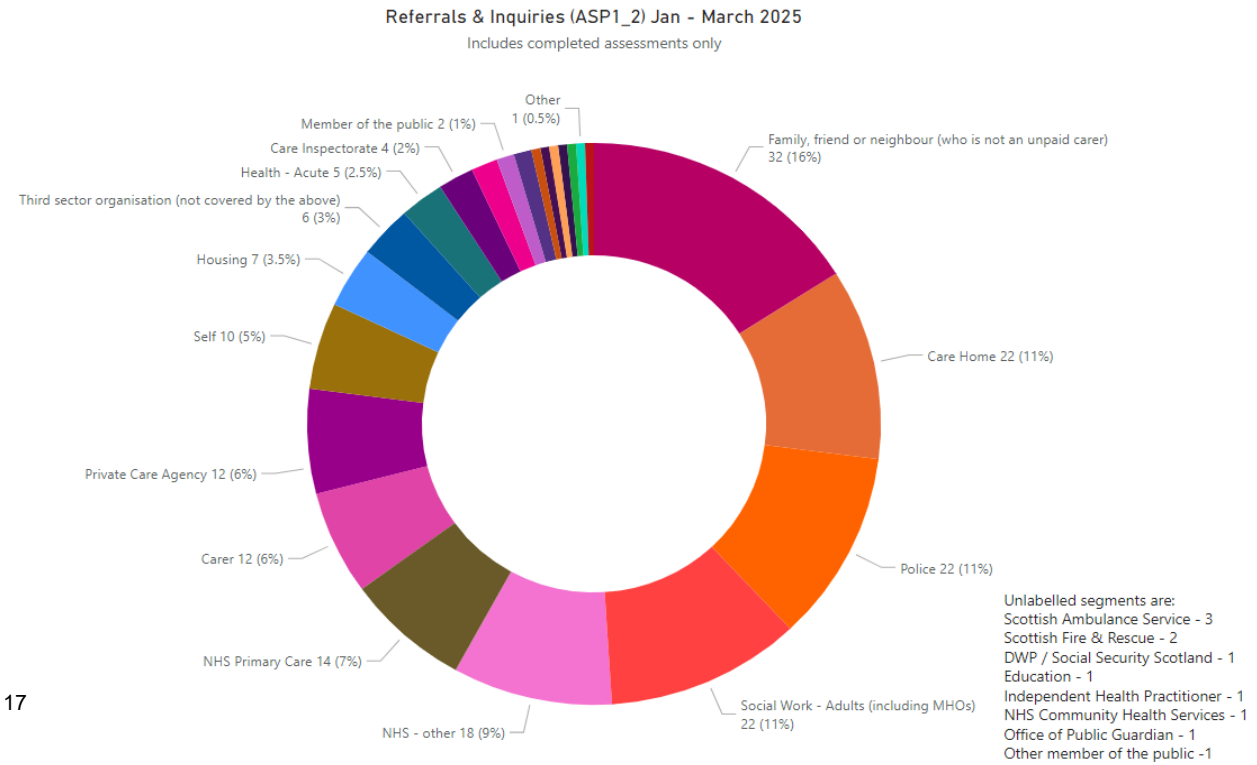
Highland HSCP Adult Protection

Insights to Current Performance	Plan and Mitigation	Expected Impact
The national minimum dataset is now in place and Highland have been placed in a family grouping for benchmarking in 2025. The QA sub-group reviews this quarterly to determine trends and areas of thematic focus for auditing. The triaging of referrals, combined with the application of the 3-point criteria, has allowed for timely and accurate identification of adults at risk of harm. Local ASP processes ensured that referrals were efficiently screened - reducing the likelihood of harm and increasing protection for adults who were identified as meeting the 3-point criteria.	An integrated action plan was developed for the Highland Adult Protection Committee following the Joint Inspection in early 2024 and the conclusion of two external learning reviews and one joint learning review with the Child Protection Committee. This is being worked on by respective sub-groups to address identified actions, in response to an analysis of current performance.	Three key areas and their expected impact have been identified: •**Enhanced Focus on Financial Harm Prevention:** Given the high proportion of cases involving financial exploitation, there is a need for preventative initiatives targeted at older adults. •**Community-Based Safeguarding:** Strengthening community networks and providing more robust support to informal caregivers can help mitigate cases of neglect and harm within the home. •**Qualitative Data Collection:** Gathering qualitative data from adults at risk will help create a fuller picture of the effectiveness of adult protection processes.

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating n/a





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Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Highland HSCP – Adult Social Care
Care Homes, Care at Home and Self-Directed Support

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Decreasing long-stays and increasing activity

Adult Social Care Services

Long-stay Care Homes — May-25

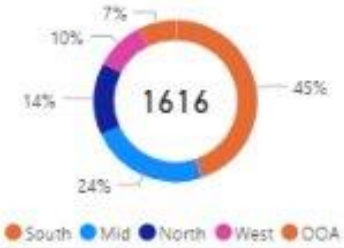
Delayed discharges (care homes)

Mid	North	Other	Raigmore	South	West	Total
9	11	3	36	13	2	**74**

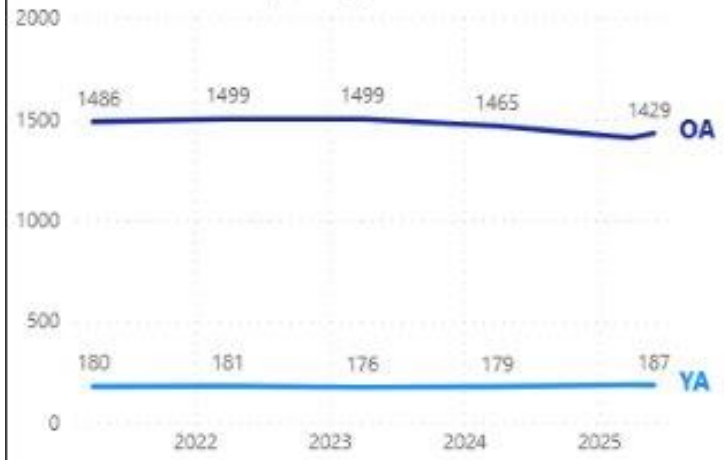
99.1	3.6
occupancy %	average length of stay (years)

placement type

location



long-stay placements



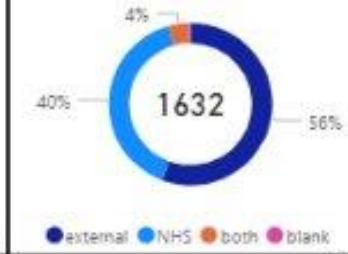
Care at Home — May-25

Delayed discharges (CAH)

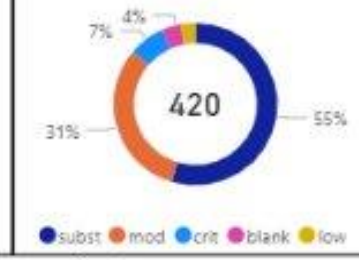
Mid	North	Other	Raigmore	South	West	Total
3	9	5	6	8	3	**34**

2.8	4.6	7.0
avg service length (yrs)	NHS median hrs pw	ext median hrs pw

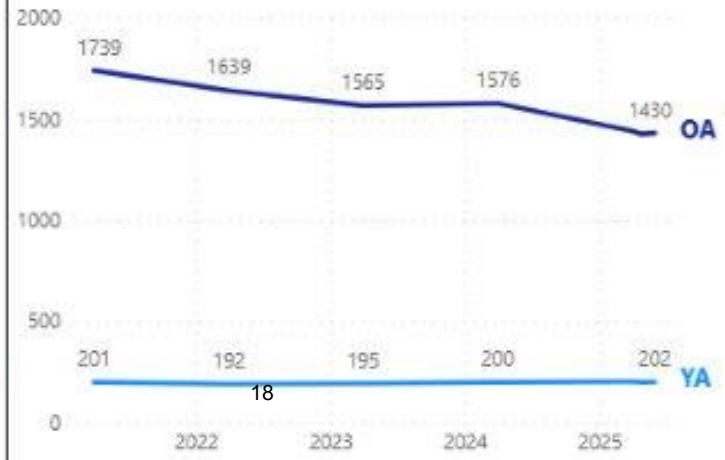
provider



waiting list level of need

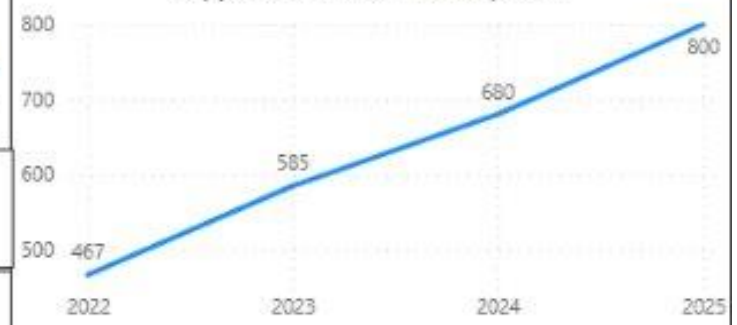


care at home clients

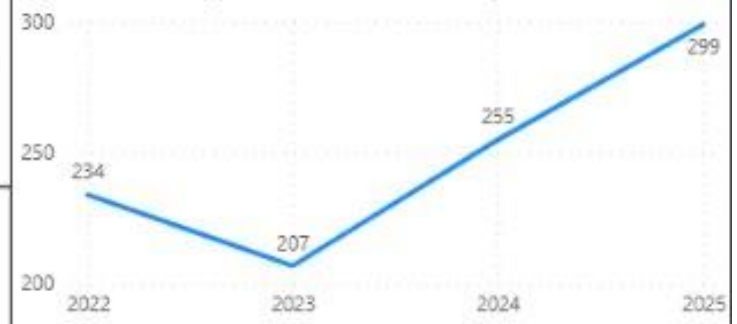


Self-Directed Support — Mar-25

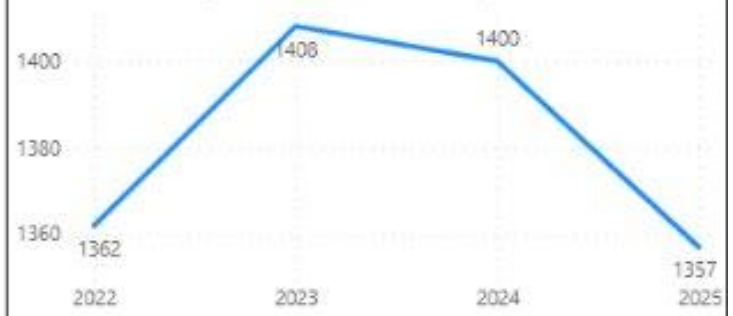
Support at Home - SDS Option 1



Support at Home - SDS Option 2



Support at Home - SDS Option 3



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Arlene Johnstone
Chief Officer, HHSCP

Highland HSCP – Adult Social Care
Care Homes, Care at Home and Self-Directed Support

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	Decreasing long-stays and increasing activity

Service Delivery Area	Insights to Current Performance	Plans and Mitigations
Care Homes	Demand for a care home placement remains our most common reason for delayed hospital discharges. There continues to be turbulence in the market related to operating on a smaller scale, and the challenges with rural operation – recruiting and retaining staff Since March 2022, 6 homes have closed, and the partnership has acquired Moss Park to prevent a further loss of bed provision Pittyvaich Care Home in Inverness is due to open in June 2025 with phasing of admissions agreed Reduced overall bed availability is impacting wider health and social care system and our ability to discharge patients timely from hospital 99.1% of all beds are occupied as per previous slide 74 delayed hospital discharges	There is a need for a Care Home Commissioning Strategy and Market Facilitation Plan to be developed. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations. High level commissioning intentions agreed.
Care at Home	There remains sustainable service and financial pressures in the market and since Dec 23, 6 providers have exited the market with the hours picked up by the sector and NHSH. 420 people waiting for a CAH service with 55% of these with a substantial care need 34 delayed hospital discharges Operational colleagues and our partner providers have worked tirelessly to avoid any service disruption during contracted notice period. Sustaining current reducing service delivery levels for care at home a priority	There is an urgent need for a plan for short term stabilisation and transition to longer term sustainable commissioning arrangements. Plans being developed Co-production of actions with our independent sector providers remain a priority to support stabilisation of the sector
Self-Directed Support	For Option 1s, we have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas. This accounts for 11% of all commissioned spend for this flexible and popular personalised care option For Option 2s, numbers reduced during 2022 although we have seen a sustained increase in service provision continuing with current numbers now exceeding pre pandemic levels. For Option 3's we continue to see a reduction in the number of people supported during 2024 into 2025 reflecting the significant market challenges and financial stressors impacting the care sector Despite these increases in both Option 1&2, this does highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, suggesting a significant market shift in Adult Social Care service provision.	Option 1 recipients have received a funded rate increase for 2025-26. NHSH is committed to increasing the level of independent support across all service delivery options. To sustain and to grow Option 2s, including exploring brokerage opportunities to support service users using a wide range of possible providers. To continue to proactively support all Option 3 providers

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Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

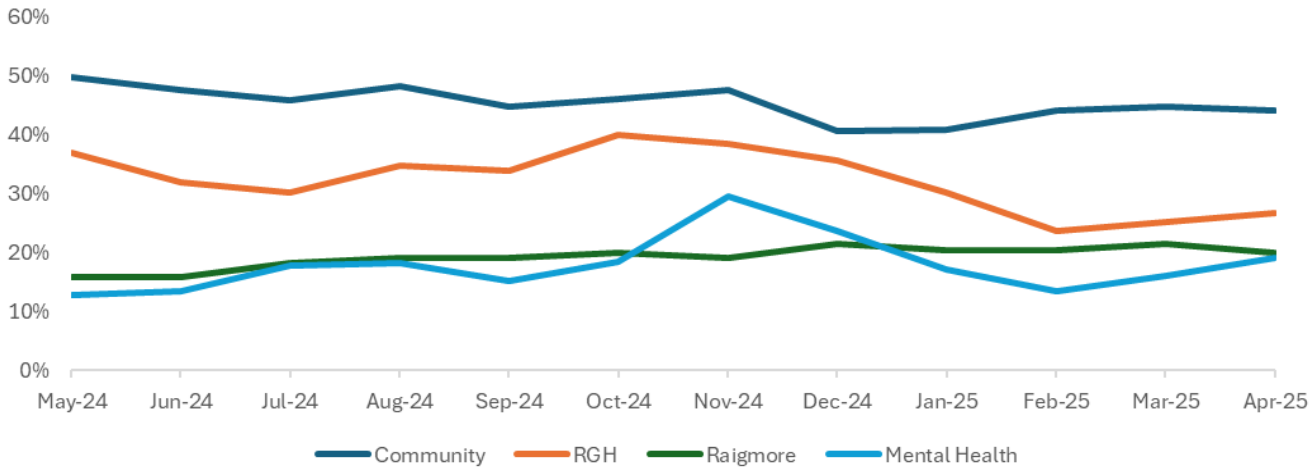
Highland HSCP Delayed Discharges

ADP Deliverables: Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 207 by Mid April 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.	The Urgent and Unscheduled Care Portfolio Board will continue to 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, this metric links the work of the Urgent and Unscheduled Programme Portfolio Board to the Adult Social Care Transformation Programme Work.

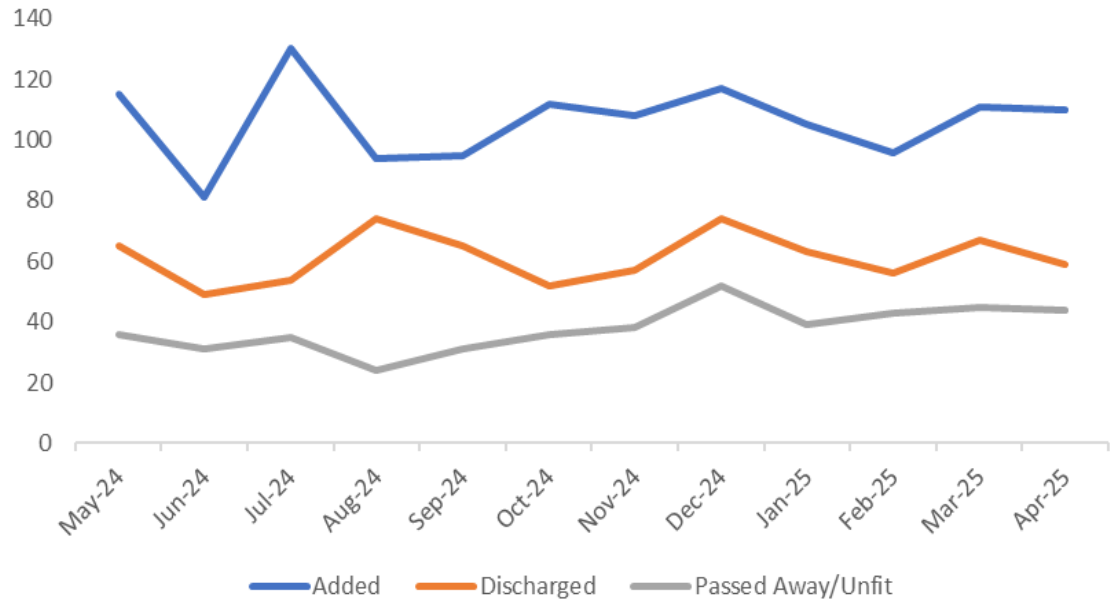
PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Respond Well

Performance Rating	Below trajectory but improvement in total number delayed
Latest Performance	209 at Census Point 6014 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	14 / 14 Boards

Percentage of Beds Occupied by Delays
Date Range: May '24 - Apr '25
Source: Weekly DD Snapshots & Bed Statistics View



HHSCP Delayed Discharges – Patients Added VS Patients Discharged



Highland HSCP Delayed Discharges

Slide 2 of 2

Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Respond Well

Performance Rating	Below trajectory but improvement in total number delayed
Latest Performance	209 at Census Point 6014 bed days lost
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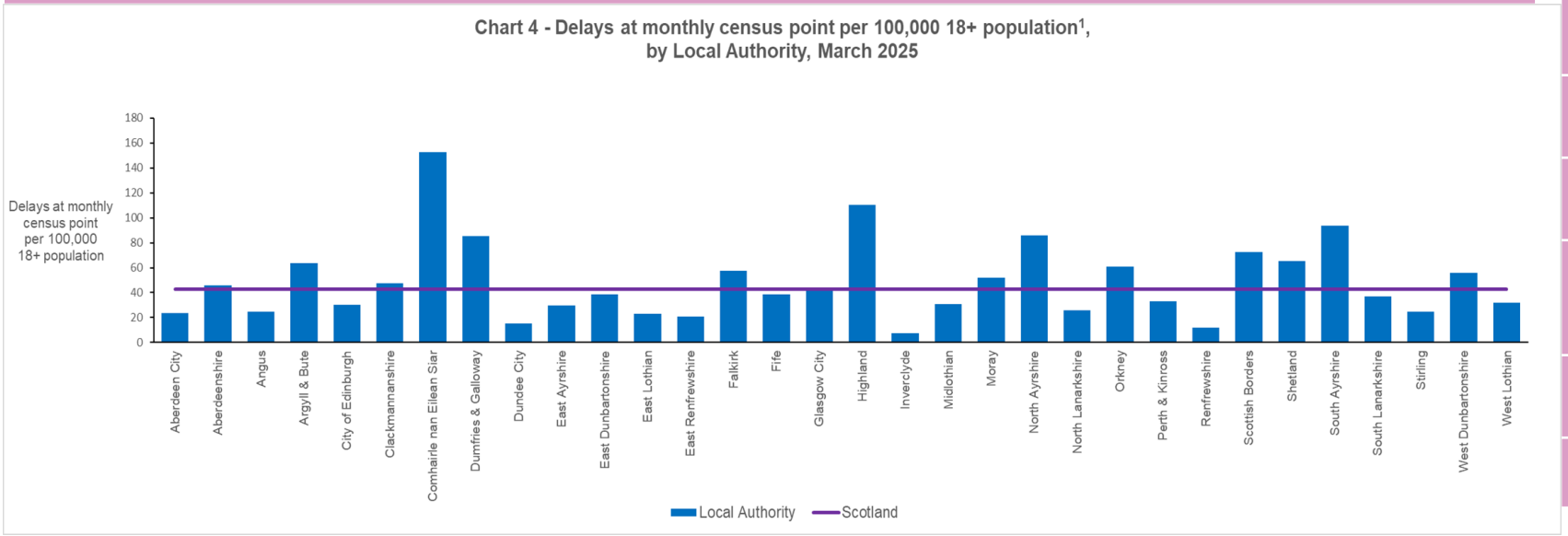
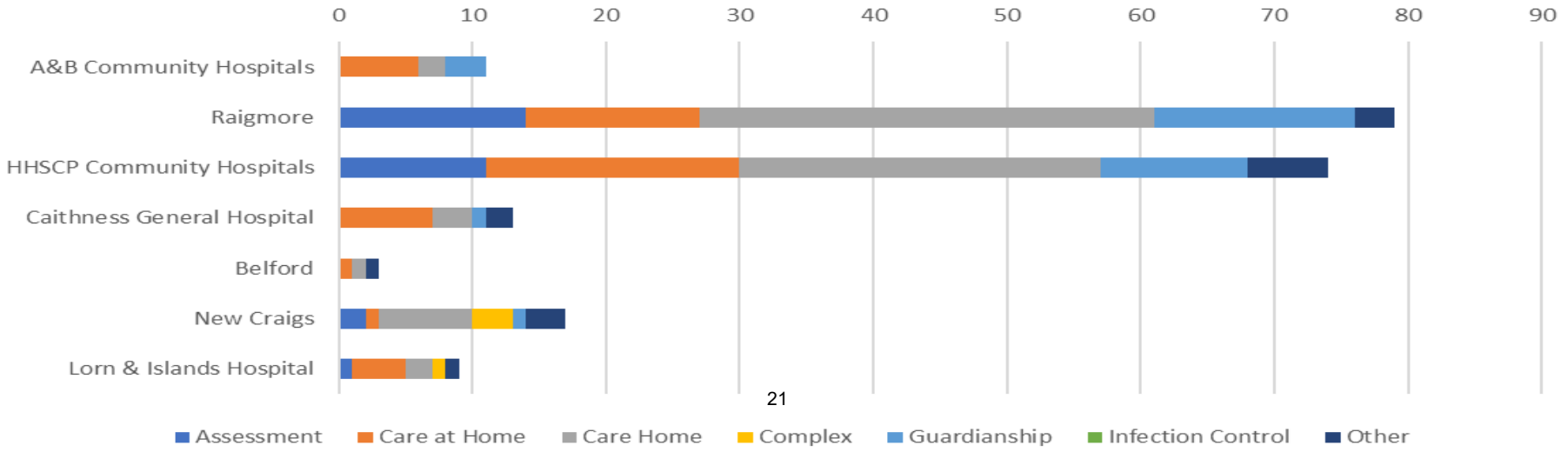
National Target Achievement	Not Met
Position	14 / 14 Boards



Delayed Discharge – Delay Type at Month end by location



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Arlene Johnstone
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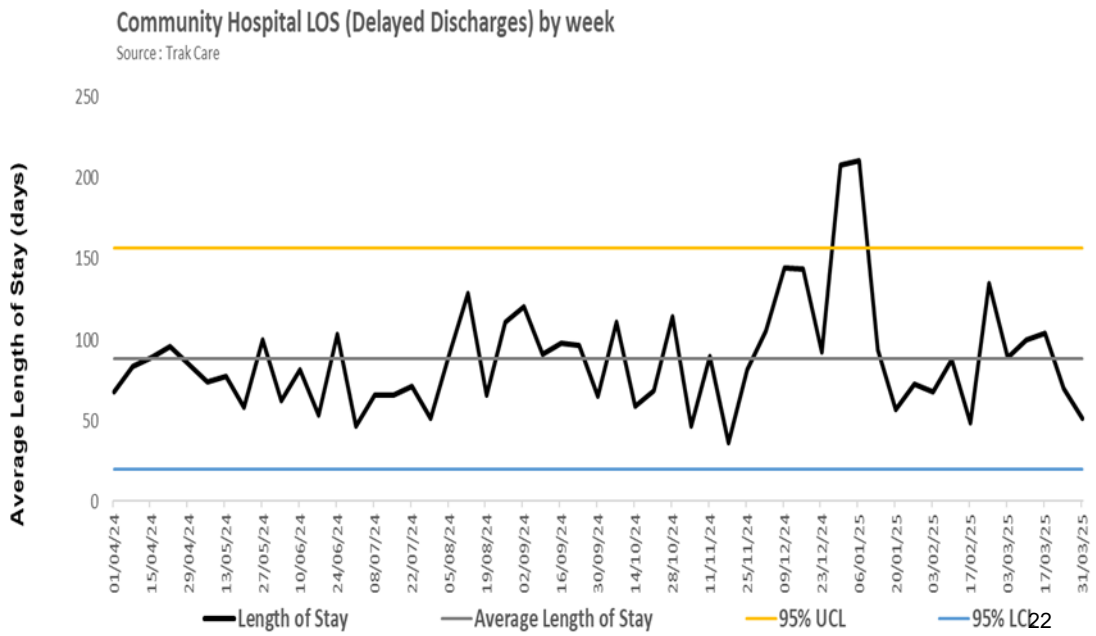
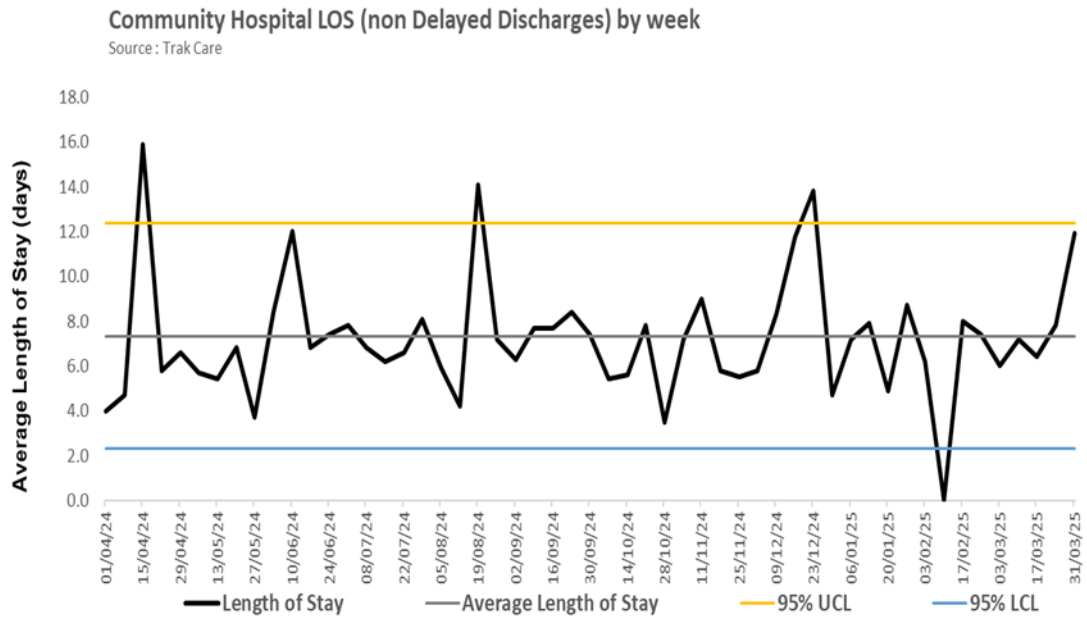
Community Hospital's Length of Stay

ADP Deliverables: Progress as at End of Q4 2024/25		Insights to Current Performance	Plans and Mitigations
ADP Deliverables superseded by Urgent & Unscheduled Care 90-day recovery mission, incorporating ADP actions in phased approach.	Oct 2024	Community Hospital LOS this is compounded by the current capacity within care homes & Care at Home and the increase DHDs that we are experiencing some of the mitigation for these will also impact on the LOS of those not in delay.	The Targeted pathway redesign workstream within the Urgent and Unscheduled Care Programme will be focusing on identifying opportunities to reduce length of stay for those not in delay. LIST is supporting the development of this information with the initial data set completed for the Lawson Memorial Hospital. This has highlighted areas for exploration with specific pathways and our medical cover models. Additional sites data sets are being developed. Continued implementation and focus on discharge without delay processes. Long LOS are being experienced by those in delay, not those who are not in delay. Expected Impact • Reduced LOS for DHDs possibly slight reduction for the non DHDs

PERFORMANCE OVERVIEW
Strategic Objective: In Partnership
Outcome Area: Care Well

Performance Rating	N/a
Latest Performance	8.4 days (all sites, including Acute sites)
National Benchmarking	Engagement through national CRAG group
National Target	Reduce LOS to 7.9 days by March 2026 (all sites, including Acute sites)
National Target Achievement	Not Met
Position	





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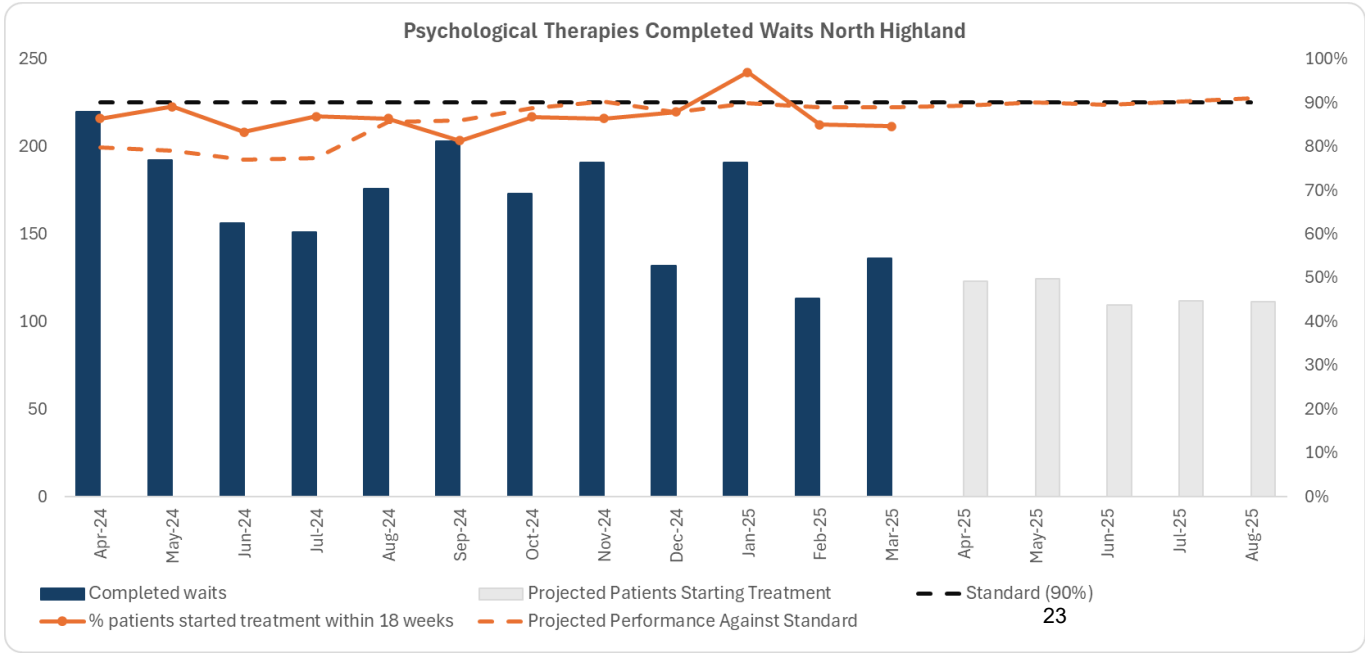
Arlene Johnstone
Chief Officer, HHSCP

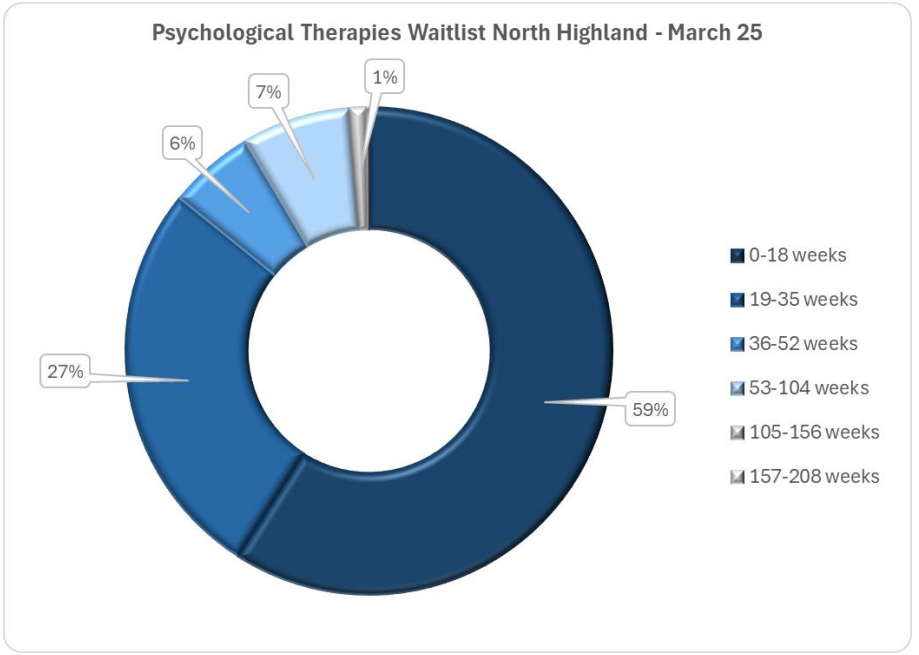
Psychological Therapies Waiting Times

ADP Deliverables Progress as at End of Q4 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.	• Continue to establish and embed senior leadership to support Psychological Therapies performance and effective delivery of services. • Enhance business support capacity to ensure efficient office operations and robust management support for clinical functions. • Conduct comprehensive financial review to strengthen forecasting accuracy and establish a forward-looking strategy that secures business continuity and succession planning. • Advance DCAQ and trajectory planning to benchmark clinical capacity and optimise critical floor planning for operational efficiency.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Below target but performance consistently improved
Latest Performance	84.6%
National Benchmarking	78.2% Scotland average
National Target	90%
National Target Achievement	Consistent improvements in targets and downward trajectory
Position	4th out of 14 Boards 3rd out of Mainland Boards





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Arlene Johnstone
Chief Officer, HHSCP

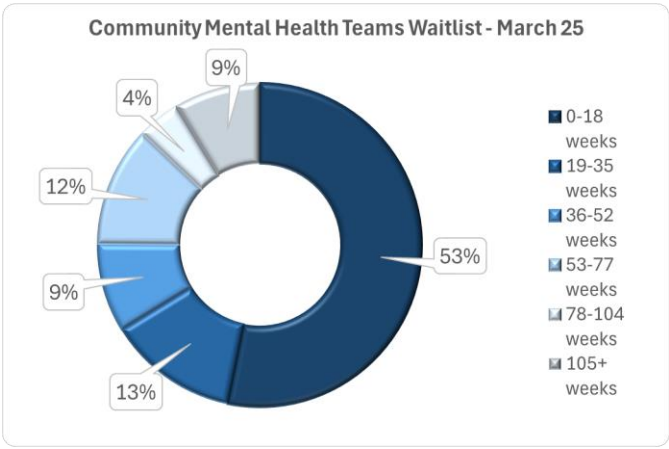
HHSCP Community Mental Health Teams

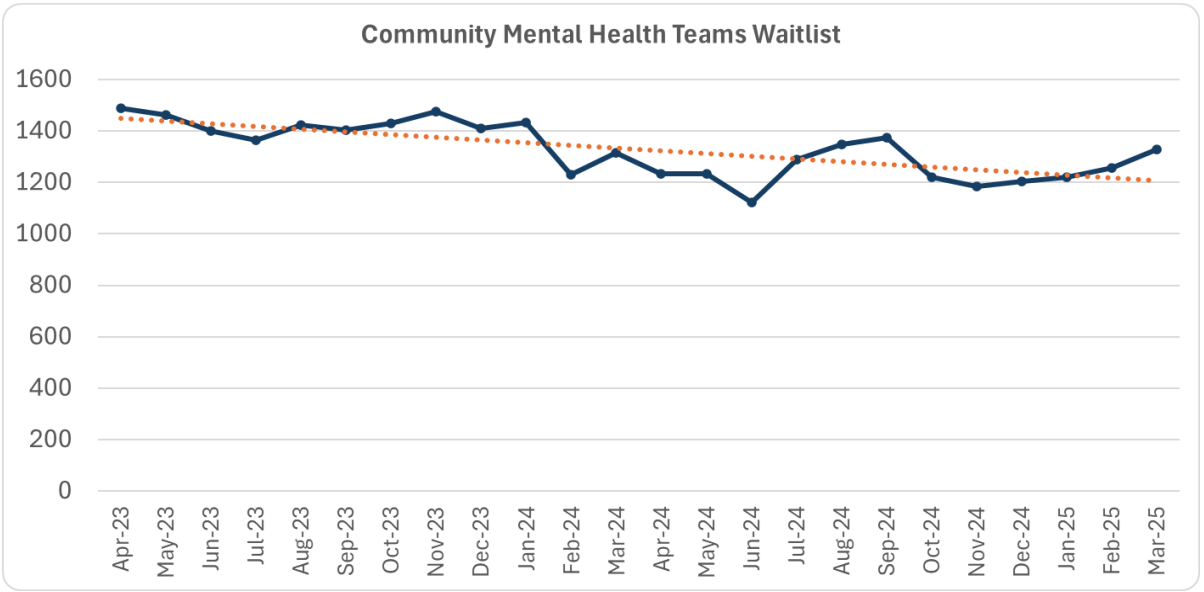
Completed and Ongoing Waits

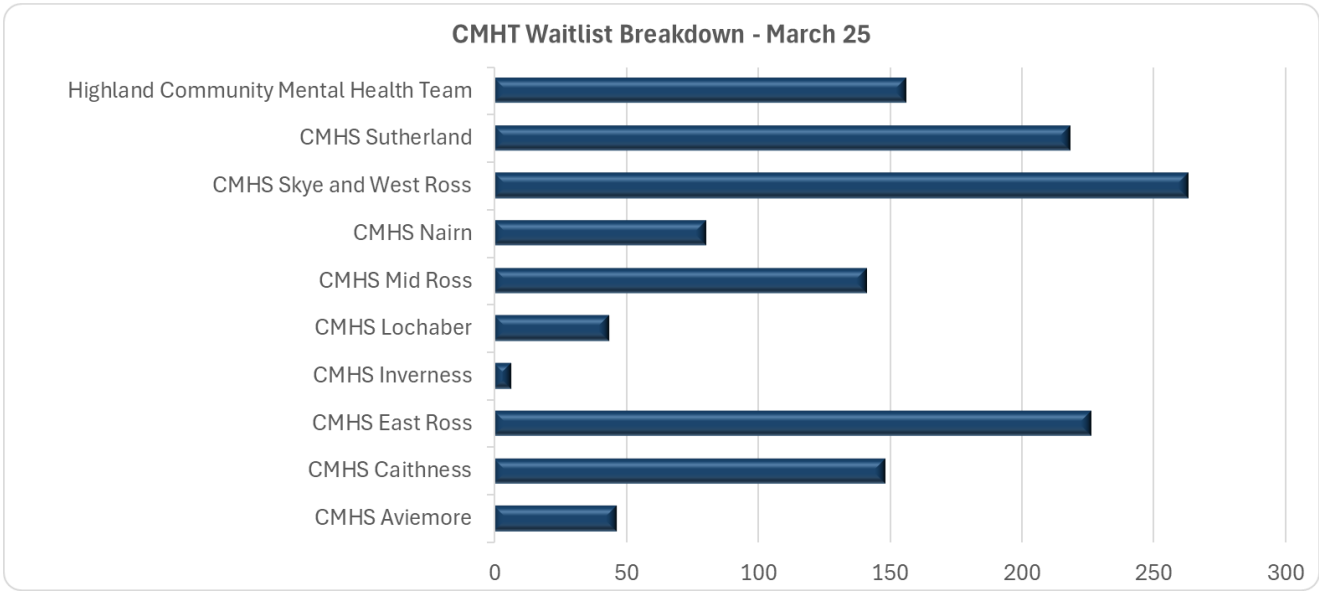
Insights to Current Performance	Plan and Mitigations	Expected Impact
The ongoing waits for CMHTs are not currently reported at a National level. The apparent waits for CMHTs are not validated and there is high confidence that once validation is complete, the number of waits for this category will be lower than that reported below.	Over Q2 validation will be undertaken to review the reported waits with an initial focus on Caithness and Sutherland which have disproportionate waits for population, and those waits more than 105 weeks.	Accurate waiting time position.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Live Well

Performance Rating N/a







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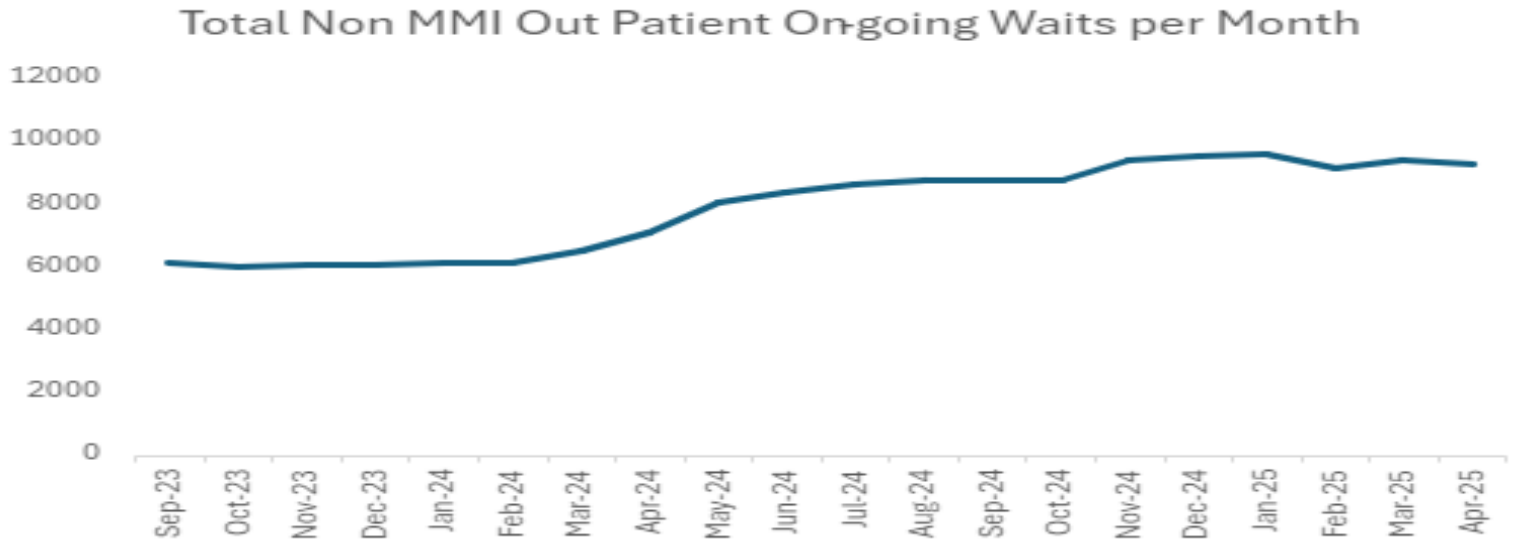
Exec Lead
Arlene Johnstone
Chief Officer, HHSCP

Overview of Other HHSCP Waiting Lists
Data provided to April 2025

Please note: this data is incomplete and provides only an indication of waiting lists sources from TrakCare PMS. Other data for individual specialities will be available on Morse once individual teams have moved over to this system; this data is provided as indication for non-reportable waits only.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Performance Rating	Total numbers waiting has stabilised in 2025



Count of CHI	LONGEST WAIT											
MAIN SPECIALTY	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	Total
Chiropody	4											4
Community Dental			1									1
Dietetics	59	8	4	3					1			75
Occupational Therapy							1		1			2
Physiotherapy	231	203	20		1	2	1	2				460
General Psychiatry	317	289	97	8	5		1					717
Learning Disability	346	105	74	78	44	19	18	13	9	10	5	721
Learning Disability Nursing	1											1
Psychiatry of Old Age	5	2		1								8
GP Acute	6											6
Investigations and Treatment Room		3	2	1								6
Social Work				1			1	1	1			4
Total	**969**	**610**	**198**	**92**	**50**	**21**	**22**	**16**	**12**	**10**	**5**	**2005**

Agenda Item 3.2

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd July 2025**
Title:	**Transformation Overview 2025/26**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Service, Integration, Strategy and Transformation**

Report Recommendation:
The Committee is asked to discuss and note the report and accept moderate assurance in that transformation work is occurring, is managed, monitored, connected and has oversight.

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

- NHS Board/Integration Joint Board Strategy or Direction

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	x	Live Well	x	Respond Well	x	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes			

2 Report summary

2.1 Situation

This report provides an overview of the transformation work currently being undertaken by Highland Health and Social Care Partnership (HSCP) and describes the transformation in relation to the delivery of the Joint Strategic Plan.

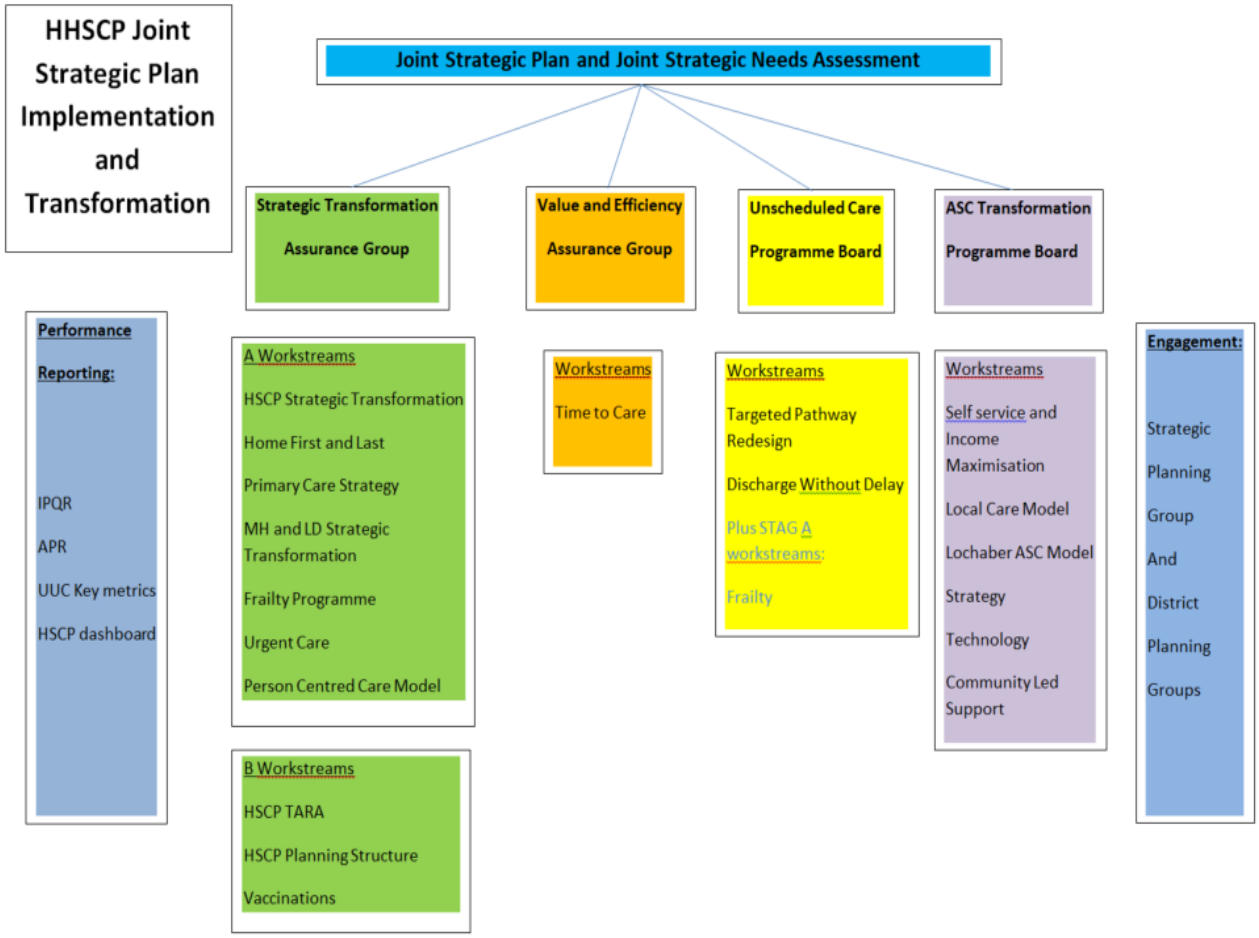
2.2 Background

The Highland Health and Social Care Partnership Joint Adult Services Strategic Plan 2024 – 27 is in its second year of implementation. The plans sets out the direction for Health and Social Care in Highland for the next 3 years and also the way in which the plan will be delivered, through engagement and collaboration with communities and partners. The plan acknowledges the challenges facing health and social care delivery, including financial and workforce challenges. Delivering the plan requires transformation.

Transformation programmes affecting the HSCP sit within NHS Highland Strategic Assurance Framework and taken forward collaboratively with partners and stakeholders through local District Planning Groups and also in formal partnership with the Highland Council through their delivery programme.

2.3 Assessment

The following diagram illustrates the high level transformational work streams being led by the HSCP and links them to the implementation of the Joint Strategic Plan, the mechanisms by which that is occurring through District Planning Groups and the ways in which performance is measured and demonstrated.

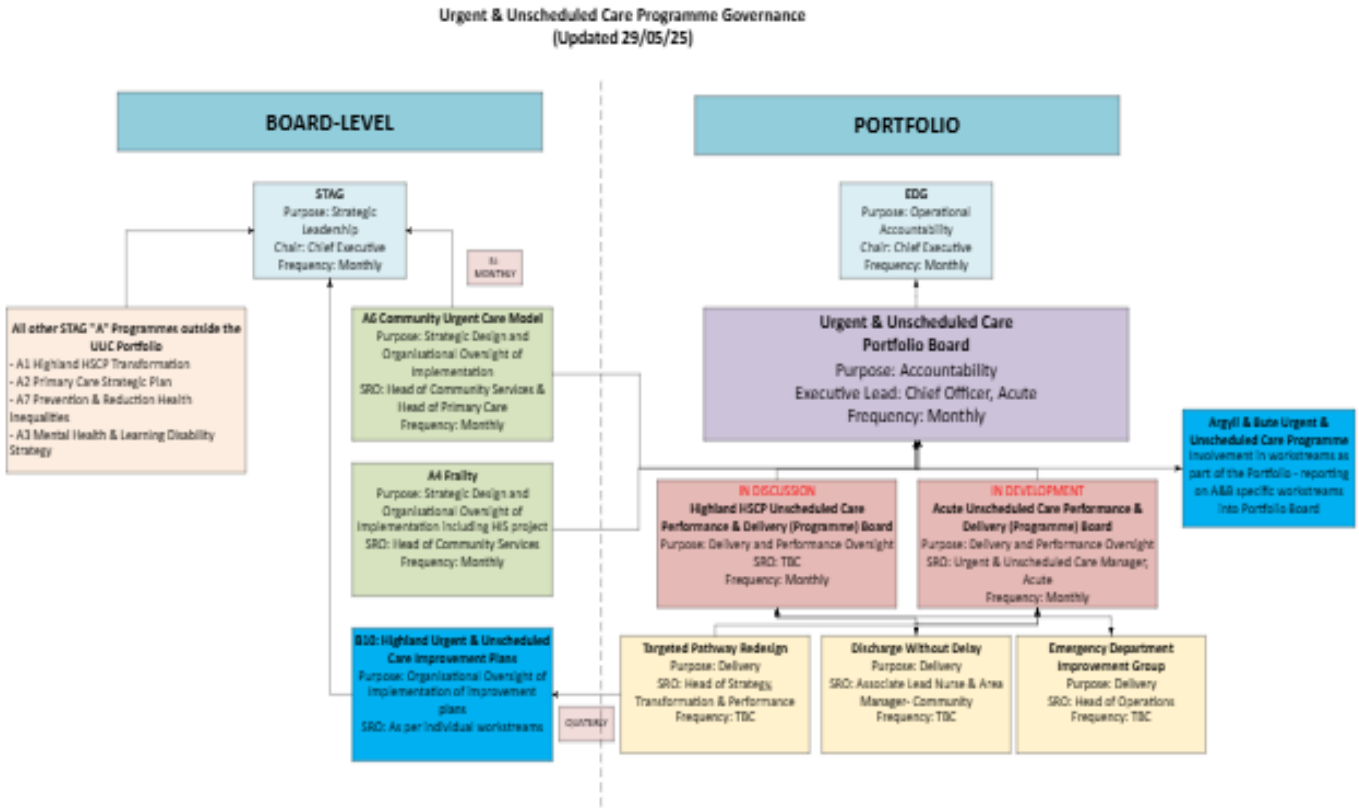


Beneath each work stream heading in the diagram are working groups, currently totalling 45, taking forward various elements of redesign.

For Adult Social Care transformation, a team is being formed to develop and action implementation plans linking the Transformation Programme project work to frontline practice and ongoing management.

The work streams are also being taken forward in a portfolio arrangement, thus ensuring they are interconnected and have a whole system perspective and consideration.

The following diagram illustrates this arrangement with the interconnections between the Urgent and Unscheduled Care (UUC) work streams and the Strategic Transformation Group (STAG). It also illustrates work streams with principally an acute focus and with leadership from acute services, such as the Emergency Department Improvement Group.



Highland HSCP are taking forward an extensive work plan of transformational change to develop safe, sustainable and affordable services across Highland. This is supported and overseen by the NHS Highland Strategic Governance framework and partnership working with the Highland Council.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The report provides moderate assurance in that transformation work is occurring, is managed, monitored, connected and has oversight. The work is at an early stage in the year and therefore does not provide assurance of achievement.

3 Impact Analysis

3.1 Quality/ Patient Care

Quality and patient care are expected to improve as a result of the transformation work. Work is undertaken through Project Implementation Plans which identify quality and patient care benefits.

3.2 Workforce

Transformation work may affect the way in which the workforce is structured and the way in which they work, including the development of new processes and roles. Workstreams may aim to improve conditions for the workforce including new development opportunities and improved staff experience.

3.3 Financial

Financial efficiencies are expected as a result of transformation work.

3.4 Risk Assessment/Management

Risks are managed through risk and impact assessment at project level.

3.5 Data Protection

The work described in this report does not use person identifiable information.

3.6 Equality and Diversity, including health inequalities

Transformational workstreams are managed through a project management approach which includes an impact assessment for each work stream.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

Transformational work streams include stakeholder working groups

3.9 Route to the Meeting

- The extent of the transformational work in the HSPC is shared at HSCP Senior Leadership Team
- The work is an integral part of the NHS Highland Performance Governance Structure

4.1 List of appendices

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**2nd July 2025**
Title:	**Learning Disability Services**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Interim Chief Officer**
Report Author:	**Andy Grant, Interim Service Manager LD**

Report Recommendation:

- To note the progress achieved in delivering Annual Health Checks to people with a Learning Disability and implementation of the DSR locally with real results in relation to Cluster development solutions.
- Support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings with opportunities to contribute as well.
- Note the risks associated with the provision of support to individuals with complex needs and the work which has been progressed in this area to support complex transitions out of hospital and the preventative work which is also occurring.

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
- Emerging issue
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This paper provides an update following last year's report (April 2024) in relation to the provision of care, support and treatment for individuals with a learning disability in North Highland. This report will provide details relating to the progress achieved thus far in the delivery of Annual Health Checks and to provide more details in relation to work related to the "Coming Home" report, the development of a "Dynamic Support Register" and commissioning of support provision.

The committee is asked to:

- Note the progress achieved in delivering Annual Health Checks to people with a Learning Disability.
- Support the actions to enable individuals with a learning disability to lead full and active lives in their own homes with opportunities to contribute within society and aspire to employment.
- Note both the continued risks and achievements associated with the provision of support to individuals with complex needs.

2.2 BACKGROUND

2.2.1 There are approximately 1200 adults with a learning disability in Highland, which represents around 0.5% of the population. NHS Highland has identified 1034 individuals with a learning disability who are currently in receipt of health and social care services.

2.2.2 HEALTH CHECKS:
To support the implementation and roll out of this work, the Scottish Government has allocated £92,000 per annum to NHS Highland. NHS Highland has recruited an Advanced Nurse Practitioner to complete the health checks and to embed this in practice across North Highland.

2.2.3 SUPPORT PROVISION: NHS Highland continues to commission support for individuals with a Learning Disability, in their own homes, from independent sector providers with the purpose of meeting the needs of individuals and creating opportunities to enable people to lead ordinary lives.

The Assessment and Treatment Unit in New Craigs (Willows) provides care and treatment to 6 individuals with a learning disability and complex needs who require hospital care. 5 of these people are awaiting a suitable adult social care setting to allow them to be discharged from hospital care.

Day opportunities continue to be offered to people in buildings-based day services across Highland: Isobel Rhind Centre, Corbett Centre, Montrose Centre, Thor House form the in-house offer which sits alongside partner providers also offering activity and learning based day services for example Nansen, Cantraybridge and L'Arche.

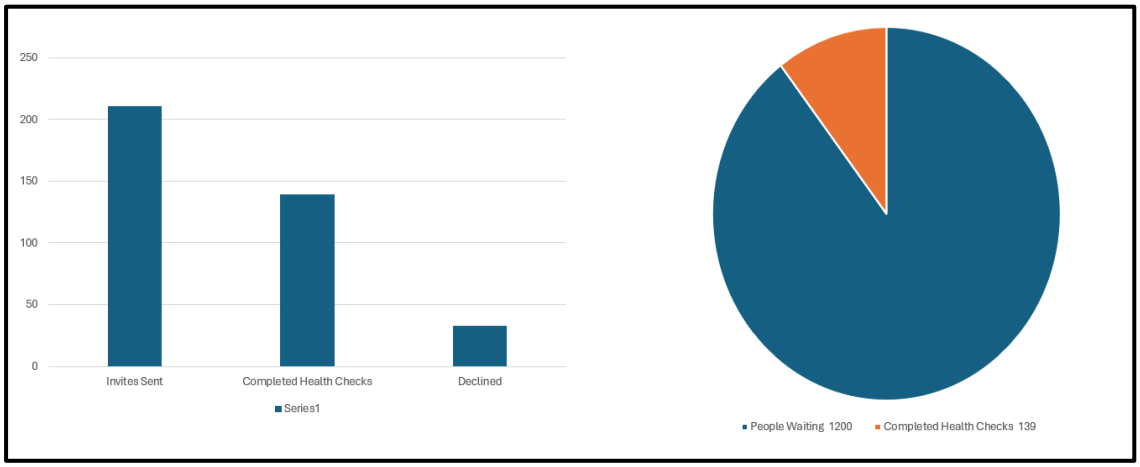
2.2.4 COMPLEX NEEDS: Work is continuing towards meeting the recommendations set out in the Scottish Government's Coming Home implementation plan, which seeks to eliminate inappropriate out-of-area placements and delayed discharges for people with learning disabilities and complex needs. Previous reports have outlined the specific recommendations and their relevance to local service planning and delivery, in this report we provide further data and examples detailing that this work is making progress for this cohort of individuals.

2.3 Assessment

2.3.1 HEALTH CHECKS:

The Nurse led model consisting of 1 Advanced Nurse Practitioner is fully operational; and 213 health checks (to date) have been offered to people with a learning disability in 2024/25, 139 have been successfully completed as of May 2025. 39 of those people offered a health check declined as they are satisfied with the existing reviews in place from their GP practice. It is important to add that the Annual Health checks are not replacing existing health care and review undertaken in primary care.

The funding provided will not enable a Health Check to be offered to every adult with a Learning Disability in Highland and therefore a prioritised system of identifying individuals is currently in place. This is in line with other Health Boards across Scotland and Highland participates in the national meetings to ensure regular feedback and learning from others to ensure maximum use of the resources available.



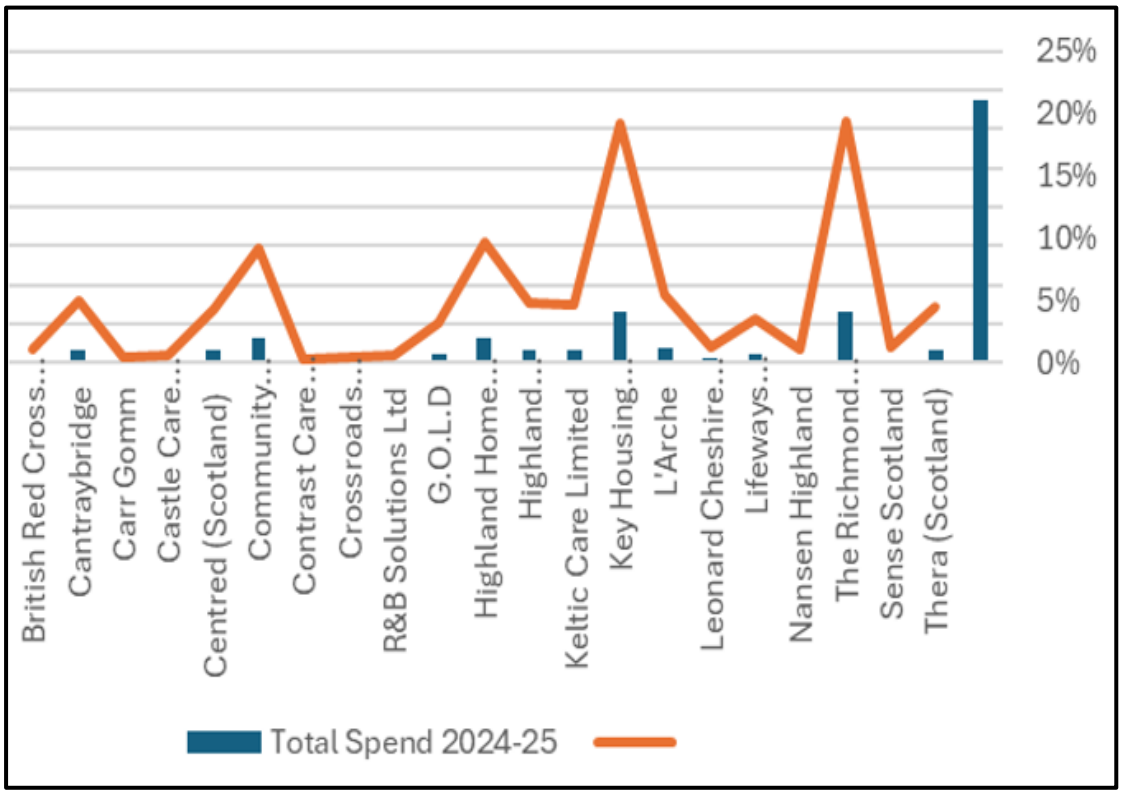
The fully completed health checks have also resulted in onward referral to Dietetics, Audiology, Speech and Language therapy, Learning disability nursing and social work services. Systems are in place in response to the recommendations made by the Significant Case Review investigating the circumstances surrounding the death of Margaret Fleming in Inverclyde, to

ensure that people with a learning disability are proactively followed up by healthcare professionals if no responses are received for direct review/input.

The service is in the early stages of gathering patient and carer feedback in relation to the delivery of the health checks, however early feedback is positive, noting the quality of the service and appreciative of the person –centred approach.

2.3.2 SUPPORT PROVISION:

INDEPENDENT SECTOR SUPPORT PROVISON



The total Independent Support Sector spend in 2024/2025 is £46.4m, and included an increase of 28% of people with a Learning Disability receiving support since 2022/2023.

The support sector continues to experience challenges relating to staffing and recruitment, which has led to a significant decrease in their ability to respond to

crisis or to establish new support packages for individuals. The Learning Disability Multi-Disciplinary Team work closely with social work, partner providers and the individuals/their representatives to plan effective care and support which is reviewed and adapted as necessary to achieve long-term sustainability.

Plans are being progressed to recommence the Highland support providers forum, previously facilitated by ARC Scotland through SG funds, that are now no longer available. This forum provides a vital strategic platform from which actions can be agreed in terms of future planning alongside addressing common shared challenges or issues.

DAY SERVICES

NHS Highland Day Services continue to evolve and develop what is offered locally. For example, the provision of employment-based opportunities and working with multi-disciplinary teams towards developing the independent living skills of inpatients with a view towards a successful transition/discharge into the community.

- The Isobel Rhind Centre shop on the High Street in Invergordon continues to deliver positive outcomes for individuals, with the intention of ensuring those working in the shop can move out into the wider world of work.
- The Montrose Centre in Fort William continues to operate a successful Vintage Café in the High Street in Fort William.
- The Corbett Centre in Inverness has for over a year now been supporting individuals who are inpatients in Willows ward access therapeutic environments away from hospital. Activities and opportunities to develop skills are being offered in a safe and caring environment. Plans within the service are being developed to strengthen and formalise this practice area, with the overall aim of reducing delays in discharge from hospital and improving the lives of people with a learning disability.

NEW CRAIGS ASSESSMENT AND TREATMENT UNIT (WILLOWS)

The Mental Welfare Commission completed an unannounced visit to the Assessment and Treatment Unit at New Craigs in May 25. During the visit, the commission were impressed with the efficacy of maintaining documentation and key forms relating to Mental Health Act and Adults with Incapacity legislation. They also commented on the effective use of seclusion guidance and the plans to ensure that the least restrictive option is maintained. The MWC that physical ward environment is not an optimal environment for recovery. This need remains within scope of the New Craigs site Masterplan; following the end of

PFI in July 2025. The Commission found that the nursing staff continue to provide high quality of care and compassion to the inpatients despite the challenges within the environment. The Commission also expressed their ongoing concerns with regards vacancies within the learning disability psychiatry workforce. The LD service alongside the MH&LD senior leadership team are progressing with work in this area.

THIRD SECTOR COLLOBARATION

In partnership with the Elsie Normington Foundation and the UHI, NHSH Learning Disability Senior Leadership Team co-hosted an Employability Conference in Inverness. Over 100 delegates attended to progress opportunities to enable people with a learning disability to achieve work.

2.3.3 COMPLEX NEEDS

NHS Highland has now fully implemented the Dynamic Support Register (DSR), with quarterly reporting to Scottish Government. The table below outlines the function of the DSR and presents current data, which is actively monitored to support the prioritisation of limited resources and to inform future service planning.

The Dynamic Support Register

Five categories of inclusion on the DSR:

- Red – in hospital (includes both in and out of area hospitals)
- Red – inappropriate out of area placement
- Red – at risk of service breakdown
- Amber – enhanced monitoring
- Green – appropriate out of area placement.

Anyone not fitting these categories or no longer of concern is removed from the register.

Current numbers (as of 09/06/25)

Red: in hospital	14
Red: Inappropriate out of area placement	0
Red: At risk of service breakdown	14
Amber: Enhanced monitoring	7
Green: Appropriate out of area placement	20

"The Moorings" is a cluster housing development in Muir of Ord, which now provides a home for 4 individuals with complex needs – enabling one individual to return from an out of area hospital placement and another individual to move to their home after a prolonged period of care (7 years) in the Assessment & Treatment Unit in New Craigs. The Moorings has 2 remaining vacancies; the support provider Key is continuing their efforts to recruit sufficient staff to allow the remaining tenancies to be filled. These vacancies will offer a community placement to 1 person who is a delayed discharge and another individual on the DSR within the Red category.

Alongside this project the LD service is actively collaborating with the Highland Council/Registered social landlords in exploring housing development opportunities that better serve current and projected need in line with the priority established within the DSR; and the success of the Moorings cluster model.

The service recently engaged in a soft marketing exercise with the framework providers for expressions of interest in providing a complex package of care to 1 Individual who remains in an out of area hospital. This exercise culminated in 4 providers expressing interest and will proceed to the next stage of procurement.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

Despite progress being noted for the provision of care and support to people with complex needs 5 out of 7 current inpatients remain delayed in hospital, with 6 other individuals' in Out of area hospitals with currently undeveloped solutions locally to repatriate.

3 Impact Analysis

3.1 Quality/ Patient Care

- NHS Highland Learning Disability services are committed to enabling individuals to live purposeful and meaningful lives in their own homes in community settings.
- Actions are ongoing to liaise with housing/support providers to create housing opportunities which incorporate effective models of care provision and provide stability.
- 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 with key recommendations being actioned by NHSH.
- People with complex needs remain in inappropriate hospital and residential homes, far from their families and communities. The development of the DSR has put into sharp focus the continuing levels of unmet needs. Although the fostering of better oversight and planning is positive; delivery and the realisation of more appropriate solutions remains slow.

3.2 Workforce

- Access to Learning Disability consultant grade doctors and Nurses continues to be challenging across North Highland – but this is also reflected nationally. NHSH is actively engaging with University's such as GCU and the OU in offering places for Highland based trainee nurses.
- Support providers regularly updating via contract monitoring regarding staffing levels/recruitment and retention. A noted reduction in packages being served notice on citing staffing issues suggesting that stability is occurring.

3.3 Financial

- The LD service's priority is to reduce costs associated with an out of area hospital placement by repatriating this individual to a more appropriate setting in Highland.
- NHS Highland learning disability services continue to operate within establishment funding.
- The HACAAG process is under review - enhancing the scrutiny of resource allocation in relation to people with complex needs and on the DSR.

3.4 Risk Assessment/Management

Risk of increased number of people placed out of area or inappropriately admitted to hospital due to lack of support available in local areas.

3.5 Equality and Diversity, including health inequalities

The life expectancy of people with a learning disability is up to 10-20 years lower than the general population. People with severe learning disabilities and additional co-morbidities have the lowest life expectancy. Research by the University of Glasgow found that respiratory and circulatory diseases are the main underlying causes of death. It concludes starkly that people with a learning disability continue to be more likely to die from causes that are amenable to treatment. People with complex needs continue to remain in hospital for longer than is necessary, with limited options for either repatriation or discharge.

3.6 Other impacts

The inability for individuals to live in their own home can lead to increased stress and distress for families. The distance from families may breach an individual's right to a family life. Noted increase in delays relating to young people transitioning from children to adult services – with aims to streamline this area alongside the DSR system and process.

3.7 Communication, involvement, engagement and consultation

People with a learning disability, their families, legal proxies and carers are informed and engaged with conversations, assessments, decisions and service provision related to their lives. The MDT continue to take person centred approaches to the provision of care, support and treatment. Spirit advocacy and People First worked with the LD service in the work and development related to the Annual Health Checks and are kept updated in relation to the DSR. Representatives of NHSH continue to meet with People First.

Agenda Item 3.4

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**2 July 2025**
Title:	**Primary Care Update**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Interim Chief Officer**
Report Author:	**Jill Mitchell, Head of Primary Care**

Report Recommendation:

The Committee are requested to note this update across the primary care portfolio.

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.
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

The papers attached provide a comprehensive summary of the current issues and developments across the Primary Care Division within Dental, Community Optometry, and General Practice.

2.2 Background

Primary care is where around 90% of all contacts occur, therefore the importance of accessible, high-quality care within this setting is of vital importance to a functioning health system.

2.3 Assessment

Within Community Optometry, a key development is the community glaucoma pathway. There are already qualified personnel available to deliver the community element of the programme when the electronic patient record (Open Eyes) is fully implemented by the end of 2025/26.

Dental recruitment and access remains a priority. Two areas of concern have been highlighted in relation to fragile services namely Skye, Lochalsh and West Ross and Caithness.

Within General Practice regulatory activity around payment verification has been re-established. Local enhanced service contracts have been introduced for ten services. Additional local enhanced services are being identified and discussed with acute for the direct commissioning of services in General Practice funded from acute supporting the care closer to home agenda. Recruitment to GP vacancies across the Board-managed practices has improved considerable resulting in less locum and agency expenditure.

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	X
Limited		None	

Comment on the level of assurance

The fragility of dental access requires close monitoring and both the dental team and dental advisors have close links with the independent contractors to monitor areas of potential concern.

3 Impact Analysis

3.1 Quality/ Patient Care

Regular contractual and governance visits are in place within Community Optemetry and consideration is being given to a similar rolling programme within General Practice.

3.2 Workforce

There have been positive results to recent recruitment campaigns within Board-managed GP Practices. This targeted approach will continue for all existing GP vacancies.

3.3 Financial

- Locum expenditure in Board-managed GP practices has been the major overspend within the primary care budget. It is envisaged that this will improve as vacancies are recruited to on a permanent basis.
- Any adverse impact on dental access may require Emergency Public Dental Services to be established which will create a budget pressure within dental services.

3.4 Risk Assessment/Management

- Dental access – under close monitoring by dental management team. Regular assessment of requirement for emergency public dental access provision.
- GP provision – operational oversight groups set up for Board-managed Practices and GMS portfolios. Work plans include actions from the audit report.
- Community Optometry access to Care Portal remains a frustration for the contractors and has been escalated to eHealth for resolution.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

No equality and diversity issues identified.

3.7 Other impacts

None identified.

3.8 Communication, involvement, engagement and consultation

Each of the operational teams within Primary Care has contributed to the compilation of this report.

3.9 Route to the Meeting

HHSCP Senior Leadership Team.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Primary Care HHSCP Report July 2025

Appendix 1 – Primary Care HHSCP Report July 2025

1 Community Optometry

Regulatory Practice Inspection/Governance Visits

The schedule of 3-yearly Practice Inspections for 2024/25 is almost complete, with all inspection work completed, and information updated on the NPCCD database. The team are progressing with arrangements for the visits in the 2025/26 schedule.

Community Glaucoma Service

The Community Glaucoma Service (CGS) is a new national NHS service in Scotland that provides a means by which patients who have lower risk glaucoma or ocular hypertension, and who have been under the care of the Hospital Eye Service, may be discharged to receive care from CGS accredited providers in the community. There is clearly huge benefit to these patients in terms of being able to be seen locally. There are nine Accredited Providers in NHS Highland who have signed up to the Enhanced Service for the provision of the Community Glaucoma Service and six Accredited Clinicians who are NESGAT qualified.

The service requires implementation of Open Eyes (electronic patient record EPR). This is being led by Strategy & Transformation Team. Initial discussions have commenced and this work will involve ophthalmology, e-Health, Primary Care, Health Records, and Strategy & Transformation Project Management representatives. This project will be across North Highland and Argyll & Bute, delivering Open Eyes EPR to support the development of the CGS and also the Hospital Eye Service.

The project is scheduled for completion during 2025/26 in order to meet Scottish Government's March 2026 expectation that NHS Boards can ensure 20,000 ophthalmology appointments can be made available each year via the implementation of Community Glaucoma Service.

General Ophthalmic Services (GOS) Changes to support Independent Prescribing (IP) Optometrists in managing more complex acute anterior eye conditions

As set out in the NHS Scotland Operational Improvement Plan, Scottish Government will introduce changes to GOS later in 2025 that will help further increase capacity within the Hospital Eye Service.

These changes will support Independent Prescribing (IP) Optometrists via a new tier of GOS Specialist Supplementary Eye Examinations, to manage patients with a specific complex acute anterior eye condition (ten conditions have been specified) who either self-present to the IP Optometrist or have been referred from a non-IP Optometrist. It is anticipated that most patients with these specific complex acute anterior eye conditions will be managed closer to home under GOS instead of having to attend the Hospital Eye Service.

Scottish Government Grants for Domiciliary Equipment for Community Optometrists

Grant funding was made available to Community Optometry practices to support the purchase of portable slit lamps for use in the provision of General Ophthalmic

Services in domiciliary settings in March 2025. National Services Scotland (NSS) is processing grant applications and the Health Board will be advised of the Community Optometry practices in receipt of this grant funding, once the process has been completed.

Care Portal

Following submission of a SBAR to the Information Assurance Group in March 2025, agreement in principle has been received, which allows us to proceed to the development of a business proposal for Community Optometry access to Care Portal.

2 Dental Services

General Dental Services (GDS) - Independent Contractors

Access

Patient registration with a General Dental Practitioner is life-long which makes participation an important measure of access. Participation is defined as a patient having attended their dental practice within the preceding two years. There has been a long-term decline in rates of participation within the NHSH and HHSCP areas.

Percentage of the HHSC population registered and Percentage of registered patients actively participating as at 31/12/24 is as follows:

	Registered Population	Participation
Adults	81.3%	53%
Children	85.1%	80%

The Skye, Lochalsh & Wester Ross locality has the lowest level of registration and the Caithness locality has the lowest level of participation.

Skye, Lochalsh & Wester Ross

A Scottish Dental Access Initiative grant has been made available to assist a dentist with the costs of setting up a new NHS dental practice in Kyle of Lochalsh. NHSH has been working alongside the dentist to ensure that the practice opens during July/August 2025. Previous patients of the Old Sick Bay dental practice, which closed in August 2024, will be prioritised for access.

Whilst the new practice will be provide a welcome improvement to access in the locality it will not have the capacity to meet the needs of all patients seeking registration. Recruitment and retention in this area remains challenging.

Caithness

The low participation rate in Caithness reflects the recruitment challenges faced by three of the five dental practices in the area. There is a high risk that these practices may significantly reduce their NHS commitment and focus on the provision of private dental care.

NHSH maintains regular contact with these practices and provides support through the GDP Clinical Lead and Dental Practice Advisor and contingency planning is

underway to ensure access to emergency care in the event of there being an increase in the level of unregistered patients in the area.

It is welcomed that the Scottish Government have indicated there is to be a commitment to reviewing the dental allowances for Remote, Rural & Island areas (RRI) in an effort to support the sustainability of the workforce in RRI areas.

Public Dental Service

Recruitment and retention of Dentists remains a challenge for the service. We continue to review availability of services dependant on workforce capacity.

Paediatric General Anaesthetic Provision

There are currently 101 children on the waiting list. We continue to utilise available theatre lists and continue to prioritise cases according to need. The service continues to look at options to avoid General Anaesthetic provision for identified groups of children.

Minor Oral Surgery

We are reviewing pathways for Primary Care Oral Surgery to ensure efficient waiting list management and to note this does not come under Treatment Time Guarantee.

3 General Practice

Board-managed Practices (2C Contract)

GP Vacancies

Positive recruitment to a number of posts has seen a significant reduction in the overall vacancy for GPs to 4.9WTE. Longer term vacancies have been filled in Carbost, Tongue and Armadale. This also sees a reduction in number of practices with no substantive GPs and full locum cover to two (Glenelg and Scourie/Kinlochbervie/Durness).

Alness & Invergordon

This practice is the second largest in HHSCP and came under Board-management in 2022 with no substantive GPs in place. It has undergone a significant transformation over the last few years. We are delighted to report that the practice has fully recruited to the GP funded establishment of 6WTE (8 GPs in post and 3 conditional offers to substantive posts). Vacancies within the Advanced Nurse Practitioner (ANP) and Practice Nursing teams have also been recruited to. A leadership team is in place consisting of Senior Practice Manager, Lead ANP, Senior Practice Nurse, Admin Team Leads, with a plan to include a Lead GP now that vacancies have been filled. Protected GP time for quality improvement has seen real benefit to systems and processes within the practice. Collaboration with Medical Education and a dedicated practice GP Lead for Medical Education has had a positive impact on recruitment and increasing stability for the practice in order to be able to develop and deliver education in practice. An integrated approach with County Community Hospital has developed a Lead ANP role with professional leadership across all services, which will allow for a more flexible approach for ANP rotation across services and include ANP training. A collaborative approach with Scottish Ambulance Service has seen the introduction of Advanced Practitioners as part of the clinical team within primary care.

Drumnadrochit
Options around the transfer of Drumnadrochit Medical Practice to a 17J GMS contractual status were considered and a market test exercise was carried out. The process did not secure a GMS provider, so the practice will continue to deliver services under a 2C board-managed arrangement.

GMS Practices – Independent Contractors

Payment Verification
The Clinical Director and Primary Care Manager have worked alongside NSS Payment Verification colleagues to restart the process following a pause during pandemic. We have recently undertaken four Payment Verification visits in North Highland to verify financial years 2022-2024 and have a further two visits planned in coming weeks. The visits have been a mix of virtual and in person and have highlighted a need for a focused piece of work on the terms of the Extended Hours.

Enhanced Services
A review of Local Enhanced Services concluded with the update of all service specifications and the application of a common costing methodology. This new commissioning framework has seen a move away from the historic inequitable 'basket' arrangements to an item of service basis with caps on activity levels removed. Early indications are that there is an increasing activity trend within General Practice under the new arrangements.

Services under the new arrangements include - alcohol brief intervention; anti-coagulation; contraceptive implants; DMARD monitoring; deep vein thrombosis; intrauterine contraceptive devices; minor surgery; minor injury, diabetes mellitus and care homes.

There are also discussions on-going with acute services (urology, gynaecology, dermatology) with a view to the direct commissioning a range of other local enhanced services from General Practice to invest and support delivery of care closer to home.

Early Career Fellowships
A bid has been submitted for funding for six Early Career Fellowships, a Scottish Government initiative as part of Recruitment and Retention Plan 2024-2026. Fellowships will be offered to GPs in first five years of qualifying and for Practices with active vacancies (or upcoming vacancies in next two years) to support succession planning. The fellowship will consist of a mixed portfolio of GP, Speciality (Psychiatry, Frailty etc), OOH and CPD.

Preconception Care Pilot
Thurso & Halkirk Medical Practice are commencing an innovative project around preconception care. Recent data shows rising preterm birth and termination rates in Scotland. This sharp increase, linked to socioeconomic challenges, limited access to contraception, and preventable risk factors, has been especially evident in rural areas of the Highlands. Adopting the learning from a successful pilot in Glasgow, the Practice is working in conjunction with Public Health.

A simple conversation screening tool has been developed called, One Key Question. The tool aims to facilitate discussions between patients and GP's and Practice

Nurses about pregnancy intention, helping identify those at risk of unplanned pregnancies and offering tailored preconception care in line with lifestyle questions. The Scottish Government are supporting this tool and are keen to have pilot in a rural area. The need for preconception care has been highlighted in the Programme for Government 2025-2025 Programme for Government 2025-26 .

GP IT Reprovisioning

Four Highland practices have successfully been migrated to the Vision hosted environment.

Earlier in the year, the provider of the GPIT system, INPS were placed in administration and are now under the control of Administrators. NSS are working with the Administrators to agree the preferred bidder. As a result, all migrations planned for mid-January onwards have been postponed, impacting 34 GP Practices to date who were on-boarded into GP IT Re-Provisioning and are part way through the readiness to migrate to hosted.

eHealth has been diligently keeping Practices updated on progress, achievements, migration readiness and are providing advance notice of cancellations of their Go Lives. Highland eHealth Facilitators and eHealth GP IT teams continue to on-board Practices as preparation and planning for migration.

As of mid-June, there is no national re-start date for migrations. Re-scheduled Go Live dates will be determined on conclusion of the Novation of Contract with the preferred bidder, expected by the end of June 2025.

Both the national GP IT Re-Provisioning Project and the national Docman 10 Project remain at red status.

Primary Care Premises

Portree Lease

Following a request from the practice, and in line with the National Code of Practice for GP Premises, the Board negotiated a new lease for Portree Medical Practice. This was the first time that the Board has taken on a third-party lease on behalf of a GP practice. Discussions are ongoing with some other practices that are considering asking the Board to take on their lease.

Highland Council Local Development Plan

The team are forging links with The Highland Council Planning Department to help influence the new Local Development Plan and identify opportunities for developer contributions to help increase GP premises capacity in response to increased demand created by new housing.

Culloden Practices

List closures remain in place with agreed closures expiring 31 July 2025. NHSH Estates have prepared and shared drawings for modular building options. Awaiting confirmation from the practices regarding the preferred option they would like to pursue.

Primary Care Strategy

The development of an NHSH primary care strategy has been proposed as a priority for 2025/26. A detailed health needs assessment has been compiled by Public Health and a summary document is in development. An engagement and consultation plan is in development and will be available in September 2025.

A proposal has been developed to reshape the current PCIP Programme Board to have a broader remit with specific areas of focus. This has been shared with the existing Programme Board members for initial feedback prior to wider consultation.

Clinical Leadership

A review of clinical leadership was undertaken and is outlined as follows:

Clinical Directors

The Clinical Director (CD) provides leadership and supports the planning, redesign, quality, and effectiveness of all clinical services across the North Highland Health & Social Care Partnership, including NHS Highland hosted services. Current postholders:

North	Dr Steve McCabe	
South & Mid	Dr Paul Treon	
West	Vacant – to be readvertised	
Community Urgent Care	Dr Khyber Alam	OOH, FNC

Key responsibilities include:

- Providing GP peer support, including leadership, performance appraisal, and re-validation.
- Collaborating with Primary Care Managers to ensure quality and patient safety (QPS) through robust clinical governance processes for 2C Board Managed Practices.
- Working collaboratively with GMS Practices to support their QPS processes where appropriate.

Key Roles and Collaboration

- Interface with Other Services: Work across the interface with Community Services, Mental Health, Acute Services, and partner agencies such as Scottish Ambulance and Adult Social Care.
- Portfolio Leadership: Each Clinical Director will lead on a specific portfolio, such as clinical governance or quality improvement.

Community Urgent Care Clinical Director

- Provide leadership and support for planning, redesign, quality, and effectiveness of Community Urgent Care clinical services.
- Works in partnership with Primary and Secondary Care colleagues, NHS 24, Rural Support Team, Rural Emergency Physicians, and the wider multidisciplinary team.
- Ensure systems are in place to support the medical workforce, including leadership, performance appraisal, and revalidation.

- Provide professional leadership to medical colleagues and ensure safe, effective service delivery through robust Clinical Governance and Quality Patient Safety frameworks.

GP Portfolio Clinical Leads

Each area of interest will take a strategic overview approach to meet the needs across North Highland. They will work with Primary Care Team to understand the needs in each area and develop local solutions linked to the aims and objectives of the emergent NHSH Primary Care Strategy.

Portfolio	Named Lead	Aim
Education & Training	Dr Daniel Simpson	Develop a Primary Care education program
Workforce	Dr Callum Hutchens	Understand Primary Care Highland workforce GPST Leavers Survey – to help with recruitment
Frailty & Long-Term Conditions	Dr Dawn Neville	Lead on the holistic assessment of people with frailty and other long-term conditions, planning services around their health and wellbeing as close to home as possible (e.g. Frailty identification and assessment in Primary Care)
Interface	Dr Linda Thurlow-White	Embedding the Primary and Secondary Care Interface group with the Deputy Medical Director. Working across the Interface to influence and guide service development
Priority Climate & Sustainability	Dr Andrew Dallas	To reduce the environmental impact of inhaler propellant across Highland by working in collaboration with key stakeholders Applying the ethos of realistic medicine in a meaningful and measurable way across Primary Care services
Digital Lead	Vacant - Advert due June 2025	
Out of Hours Clinical Leads	Dr John Pitman Dr Heidi Volmer	Works with the Clinical Director Urgent Community Care and other partner agencies to develop and streamline clinical pathways across North Highland. Takes a lead on Quality and Patient Safety (QPS) within Out of Hours Services
Flow Navigation Clinical Lead	Vacant - advert due June 2025	Works with the Clinical Director Community Urgent Care to further develop the FNC as a key

		interface service across North Highland. Takes a lead on Quality and Patient Safety (QPS)

Primary Care Improvement Plan

Work continues to embed the multi-disciplinary teams within General Practice in line with the new GMS Contract (2018). Workstream updates and progress as follows:

Pharmacotherapy
Financial allocation £3,158k
WTE Staff - 46.89 to rise to 54.9 by 31/03/26

Recently there has been a focus on developing pharmacy support worker and pharmacy technician roles. This reflects the focus of many practices to prioritise technical aspects of the pharmacotherapy service. Priorities include a focus on pharmacists having patient-facing generalist roles which utilises their clinical examination and prescribing skills and pharmacy technicians leading on the operational aspects of medicines management in practices, managing services and helping patients with medicines. This will ensure appropriate use and development of professional skills with appropriate skill mix and supervision, determined by the level of complexity and dependent upon the training, skills and competence of individual team members. Work continues on updating the Memorandum of Understanding. A number of posts are either being actively recruited to or are going through vacancy monitoring processes to recruit.

First Contact Physiotherapy (FCP)
Financial allocation £837k
WTE Staff – 9.13 rising to 11.5 by 31/03/26

The workstream has received additional funding to support FCP resource to Practices during periods of annual leave. Joint injections – the majority of FCPs have successfully completed joint injection training with four currently undertaking this training. Data extraction for last two years of FCP activity has been completed and will help inform service evaluation. PHIO (triage app) has received positive evaluation and goals and objectives being explored for the next three years, as well as enhancing the offer and increasing the uptake from Practices and patients. Work is on-going with NHSH Communications Team to explore style and approach to relaunch to maximise impact.

Community Link Worker
Financial allocation £920k
WTE Staff – 22.5 rising to 25.5 by 31/03/26

This service has been expanded to cover all GP Practices and recruitment to posts continues. Referral rates are increasing across the Practices who have recently come on-board but some barriers have existed due to recruitment challenges. The service may look to introduce waiting lists to Practices where referral levels are particularly high. A Directory of Services has been developed and launched https://www.elementalsoftware.site/nhshighlands/

Patient feedback survey to commence June/July 2025 using the Smart Survey tool. CLW Cluster funding panel established with £75k grants available for up to £10k – link to the info on HTSI's website for more info: https://www.highlandtsi.org.uk/clw-remote-rural-fund)

Mental Health
Financial allocation £500k (with additional £500k from Action 15 funding)
WTE Staff – 12.3 rising to 12.7 by 31/03/26

Recruitment continues to fill vacancies within the team. Staff vacancies are impacting on services to Aird (Beauly), Drumnadrochit, Strathpeffer and Croyard. The first planning stage of a service evaluation is underway.

Vaccination Programme
Financial allocation £1,133k
WTE Staff in post – 23.9

Options Appraisal for the formation of a hybrid vaccination model was approved by Scottish Government. This will allow GP flexibility within the vaccination programme. A Vaccination Collaborative Group has been established and rolling schedule of fortnightly meetings in place with wide stakeholder group. Hybrid Vaccination Digital Infrastructure sub group has been formed to guide the development of an IT infrastructure to support delivery of a hybrid vaccination model. A service specification has been shared with Highland LMC and contractual discussions will commence.

Community Treatment and Care
Financial allocation £1,612k

Transitional payments to GP Practices remain in place for 2025/26. A full formal rural options appraisal will be submitted to Scottish Government for this arrangement to continue.

Evidence is starting to come out from the national PCPIP demonstrator sites but final evaluation of PCPIP is not expected until December 2025. Interim evaluation report now expected from Healthcare Improvement Scotland in June 2025.

PCIP 8 Tracker
Scottish Government (SG) collect annual information, from all Health Boards, about the primary care workforce funded through the Primary Care Improvement Fund (PCIF) and other funding streams, the services being delivered by those staff and financial information relating to our Primary Care Improvement Plan. Indications are that our PCIF allocation for 2025/26 will be the same as for 2024/25, £9,058,239.

Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd July 2025**
Title:	**Sutherland Care at Home**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Interim Chief Officer HHSCP**
Report Author:	**Michelle Johnstone, Head of Service Community Services**

Report Recommendation:
To note the report and the assurance level in relation to Sutherland C@H and quality assurance plan for other inhouse services

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.
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		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			

2 Report summary

2.1 Situation

Following a planned visit by the Care Inspectorate in April 2025, an improvement notice was issued to Sutherland Care at Home Service, after serious concerns were identified around the care that clients are receiving. These relate to concerns about effective oversight and leadership within the service, a high level of missed visits, significant medication errors and poor medication administration practice and an insufficient number of suitably skilled care staff. Following a four-week period where a review of the service was carried out action plans had been put in place to support with medication training, skin integrity and medication audits to be carried out. Additional support was identified to work within the care at home office. The service had a further review inspection carried out on 27th May and while there was recognition that some elements of the requirements had been put in place none of the requirements were fully met therefore the improvement notice was extended until 13th July

2.2 Background

Sutherland Care at Home Service has been registered as a single service since April 2024, prior to this it was jointly registered with the Caithness Service. The service received its first Care Inspectorate inspection as a single service between 7th and 9th April 2025. The overall evaluation of the service was;

- How well do we support peoples wellbeing? 1 Unsatisfactory
- How good is our leadership? 1 Unsatisfactory
- How good is our staff team? 1 Unsatisfactory
- How well is our care and support planned? 2 Weak

There was also an Improvement Notice Issued. In summary;

- you must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with administration of medication, skin integrity and moving safely.
- you must ensure you keep people safe and healthy by ensuring medication is handled and administered correctly.
- you must ensure that there is effective governance at service level to monitor and manage quality of care. This should include but need not be limited to, the wellbeing and safety of service users and staff practice.

- you must ensure that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs

9 Adult Support & Protection Concerns were submitted to the social work service and a Large Scale Investigation (LSI) was commenced.

Following the initial inspection a number of actions were immediately initiated:

- an embargo was placed on any new individuals accessing the service
- Experienced staff were redirected to the service to provide support to the service and develop improvement plan/actions in response to the requirements.
- Dedicated training resource was identified with support to release staff to attend.
- Rapid recruitment events were carried out across Sutherland.
- Pharmacy team deployed to carry out medication reviews/audits
- Governance and Assurance Group was set up chaired by Director of Adult Social Care to monitor and review the action plan put in place to meet the requirements.

2.3 Assessment

The service was required to meet these requirements outlined in the Improvement Notice by 25th May 2025. These requirements were not met, a first and final extension was provided and all requirements are due to be met in full by 13th July 2025. Should the Improvements not be met after the next period then the Care Inspectorate cannot extend again and will progress to apply for a cancellation of registration, either under a S65 for an emergency cancellation or S64 for a longer term process

There have been a series of measures put in place. Including;

- LSI commenced (NHSH as a part of the public protection partnership)
- Placed an embargo on any new individuals being supported by the service, recognising the potential impacts.
- Redirected an experienced C@H Manager to lead on service improvement.
- Action plan developed in response to requirements and co-ordinated daily meetings to review.
- Established an Assurance and Governance structure to support and oversee actions.
- Dedicated training resource identified.
- Assistance from pharmacy colleagues in relation to audit and training.
- CRT deployed as a priority to assist with releasing staff for training.
- Person with significant experience relocated to be based within the C@H office in a mentoring and supportive role to enable temp manager to focus on improvements.
- Rapid Recruitment events.

Additional Measures (as at 17th June)

- Head of Service – Registered Services (ASC Leadership Team) has been fully deployed to oversee the work in relation to the improvement plan.
- Senior Team in place with clear roles and responsibilities to focus on key areas.
- Advice will be sought from legal services to prepare should the requirements not be met.
- CRT to be fully deployed to enable shift planning for the next 4 weeks.
- Operational management seeking assurance on the functioning and quality of other in-house registered C@H services.

The Chief Officer has implemented a senior escalation and assurance structure to support those already in place.
Senior representatives are meeting with Senior Care Inspectorate representatives on a minimum weekly basis to ensure open channels of communication and any additional supports/ interventions required.
It is essential that there is learning to the circumstances that led to the failures within the service and the systematic contributory factors to this. Incident reporting processes have been followed and this will lead to consideration of appropriate level of investigation and review.

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	X
Limited		None	

Comment on the level of assurance

At the time of writing Committee can be offered moderate assurance that the requirements will be met. This level of assurance is reflective of the amount of work required in a very short period of time balanced with the volume of professional resource that is providing dedicated assistance.

3 Impact Analysis

3.1 Quality/ Patient Care

All service users will be reviewed to ensure appropriate levels of care and medication management is carried out

3.2 Workforce

There has been an impact on staff wellbeing to ensure staff are heard there are regular 1-1 and team meetings have been initiated to support staff and targeted training is being carried out.

Recruitment events have been carried out with successful applicants recruited. Adverts are currently out for 12 month fixed term contracts for registered manager and schedular.

3.3 Financial

Any increased costs will be monitored and managed within the district.

3.4 Risk Assessment/Management

Governance and assurance group meetings have been initiated weekly these are chaired by the Director of ASC.
Report submitted to the Clinical and Care Governance Group HHSCP
The Sutherland Care at Home service has been added on to the HHSCP risk register

3.5 Data Protection

There are no data protection issues

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

Describe other relevant impacts.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.
Communication has gone out to all service users informing them of the CI report and findings this has been written and verbal
There was a follow up communication after the review inspection
Ther has been regular 1-1 and group meetings with staff

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.

- Committee/Group/Meeting Name, and date
- Committee/Group/Meeting Name, and date

4.1 List of appendices

The following appendices are included with this report:

Agenda Item 3.6

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2 July 2025**
Title:	**Sire Lewis Ritchie – Final Progress Report on the Independent Review of Skye, Lochalsh and South-West Ross Out- Of-Hours Service**
Responsible Executive/Non-Executive:	**Louise Bussell**
Report Author:	**Louise Bussell**

Report Recommendation:
The Committee are asked to note the final report and take substantial assurance that report identifies the current position and the actions and moderate assurance that the Board will continue to make progress in line with the outcomes.

1 Purpose

The report is provided to ensure the Committee is sighted on the final report by Sir Lewis Ritchie following the publication of his original report published in 2018. The final report will be presented to Board members after being reviewed at this Committee. The report will then be published on the Board website.

This is presented to the Board for:
Assurance

This report relates to a:

Together We Care and 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			

2 Report summary

2.1 Situation

The Committee heard details of the Board's current position in relation to the report at the last Committee and it was noted that Sir Lewis Ritchies report was available in Draft. The Board has now seen the final report which will be presented to Board members following consideration at the HHSCC.

2.2 Background

Sir Lewis Ritchie was requested to carry out an independent report in relation to out of hours services in Skye, Lochalsh and South-West Ross in 2017 following concerns raised about services in the north of Skye following the business case for a new Hospital to be located in Broadford. His report was received and accepted by the Board in 2018.

The report had recommendations relating to a broad range if areas and focused on the importance of multi-agency working and close collaboration and co-production with the community. Work has been going on to implement the report since its publication and continues both in relation to the existing actions and further developments given the time since the report was published. This is detailed in the last Committee report.

2.3 Assessment

Sir Lewis Ritchie has provided a detailed and balanced report that identifies where progress has been made as well as where there have been challenges and shortfalls to date. It identifies where recommendations have been completed in full or in part and notes what remains outstanding. It also references potential opportunities for the future.

The Board and partners need to continue to progress the outstanding recommendations in close collaboration with the community. Last months committee report sets out the intent to do and the structure to support the work which will ensure that actions already completed can be monitored and outstanding actions can be taken forward. These forums will consider the report in full and agree actions relating to it to form their future work plans.

Sir Lewis Ritchie acknowledges that dedication and commitment of the community and partners in taking forward the recommendations of his report and the need for this to be maintained.

2.4 Proposed level of Assurance

Substantial	x	Moderate	
Limited		None	

Substantial assurance in relation to the content of the final report from Sir Lewis Ritchie.

Substantial		Moderate	x
Limited		None	

Moderate assurance in relation to the Boards plans for continued implementation of the original report recommendation and response to additional points referenced by Sir Lewis Ritchie. This is in line with the previous report to the Committee in May 2025.

3 Impact Analysis

3.1 Quality/ Patient Care

The aim of Sir Lewis Ritchies original report was to assure and improve the quality of care for the community of SLSWR

3.2 Workforce

The report notes the outstanding recommendations relate to workforce shortfalls. Implementation of the recommendations has proved challenging for a number of agencies. Collaboration with partners and the community is in place and essential to seek optimum opportunities for enhancing and maintaining the workforce.

3.3 Financial

Implementation of the original report has had financial implication for the Board and other agencies. The original business case consolidated Hospital services at Broadford with a spoke model for Portree. The recommendations moved services away from this plan. The financial position needs to be evaluated against with the original plan.

3.4 Risk Assessment/Management

There is a risk to full implementation, primarily relation to workforce challenges and achieving resilience, particularly in relation to the out of hours service. The local recruitment group which is co-produced with the community is aimed at optimising all workforce opportunities.

There is an ongoing risk that the community lack trust in the Board and a belief that the recommendations will be concluded. Continued co-production in relation to all aspects of the implementation and proactive communication has been established.

3.5 Data Protection

No data protection implications.

3.6 Equality and Diversity, including health inequalities

It is essential that out of hours provision is in place to provide to the most vulnerable people in our community. No other equality and diversity implications.

3.7 Other impacts

High level of leadership and staff resilience required to take forward all of the work required.

3.8 Communication, involvement, engagement and consultation

Comprehensive structure of communication in place with community – Sir Lewis Steering Group is chaired by an independent chair and is a attended by partner agencies and the community.

Ongoing engagement and consultation with staff groups in relation to future planning.

Engagement with elected officials and MsPs on a regular basis.

Regular reporting to this Committee.

3.9 Route to the Meeting

Follow on report from previous Committee report on the Boards response to the Sir Lewis Ritchie report.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Sir Lewis Ritchie – Final report

INDEPENDENT EXTERNAL VIEW OF SKYE, LOCHALSH AND SOUTH-WEST ROSS OUT OF HOURS SERVICES

Final Progress Report

25 April 2025

Executive summary

Introduction

I was originally tasked to undertake an independent review of out of hours (OOH) services in Skye Lochalsh and South-West Ross (SLSWR) in November 2017, by the then Chair of NHS Highland, Dr David Alston. I undertook that review in good faith, over the period February to May 2018, supported by many health and social care colleagues and other public services agencies, public representatives from SLSWR and the welcome support of civil servant colleagues within Scottish Government. More than seven years have now passed since my original commission, so it is now time to take final stock.

My appreciation for the steadfast support of colleagues and the public of SLSWR is laid out in the original review report. This has been magnified ever since. I would want to emphasise the excellence of steadfast clinical care and social care throughout SLSWR, which I have been privileged to witness on many occasions. It is also amplified in a separate Acknowledgements section at the conclusion of this final review of progress.

The original Review report (the Review) was published in May 2018:

INDEPENDENT EXTERNAL View of Skye, Lochalsh And SOUTH West ROSS Out of HoURs ServIces

That report was fully and publicly endorsed by Dr Alston at the time, on behalf of NHS Highland Board. However, with some recent and welcome notable exceptions, NHS Highland's public endorsement at the time of all recommendations, subsequently proved lacking in their resolve to fully implement them.

Multiple changes since then, of senior leaders at NHS Highland Board level and of local management leadership have not helped. The Board of NHS Highland should reflect carefully about that and the challenge of leadership discontinuity for previous commitments. While this review is focused on SLSWR, the messages hold relevance for other remote & rural services provision in NHS Highland but also throughout NHS Scotland.

Co-production (where services users and those who provide services are entitled to shape them) was a founding principle of the original Review but subsequently proved to be asymmetrical. In my view, NHS Highland's contributions were lagging, placing an undue onus on public participation, without sufficient reciprocity. This has now changed markedly for the better and will be expanded upon within this report.

In spite of multiple and exceptional challenges, including the drastic impact of the Covid-19 pandemic, continuous 24/7 urgent care access has now been restored at Portree Hospital.

Portree Hospital will continue to work in synergy with the excellent facilities at the new Broadford Hospital, where higher acuity cases are cared for.

In particular, the publicly feared closure of Portree Hospital (see also Annex D) has been avoided, with inpatient services ongoing. Urgent care access has now been restored at Portree Hospital on a continuous, sustainable 24/7 basis.

The Scottish Ambulance Services (SAS) has invested heavily in increased capacity and capability throughout SLSWR, including the replacement of on-call staffing with shift working at both Broadford and Portree Hospitals. SAS staff are now co-located at both Broadford and Portree Hospitals, which buttresses immediate emergency and urgent care response, when on-site and available. SAS resilience could be amplified further, as available resources and other priorities allow. First responder schemes, supported by SAS, have expanded, including a new Portree based unit. There is more to do here, including coordinated first responder responses from other statutory and voluntary agencies, including BASICS, HM Coastguard, Mountain Rescue, NHS 24, Police Scotland, the Royal National Lifeboat Institution (RNLI) the Scottish Fire and Rescue Service (SFRS) and other charities, such as *Lucky2Bhere.*

Specific local services – particularly at Glenelg & Arnisdale and Raasay were deemed to be unsatisfactory in the original 2018 Review. I understand that service provision in both locations have been satisfactory and stable for some time. However, continued vigilance will be required to ensure this, including the encouragement of first responder unit provision.

While trying to address OOH immediate service inadequacies and inequities in SLSWR, the original review pointed to moving to higher ground by promoting digital innovation (Recommendation 11), learning, training and a centre of excellence approach (Recommendation 13). This was mooted not only to improve the lot of the people of SLSWR but of many others too - in other remote, rural & island areas and beyond.

There are two other points which I wish to comment on, which are outwith my original terms of reference:

Firstly, I believe there is considerable merit, recognising present severe capital and revenue resource constraints, to think ahead about optimal and synergistic future public health services provision at Portree and North Skye. A campus-based and collaborative public service approach should be seriously considered, going forward. That should include consideration of relocating NHS, Police Scotland, SFRS, SAS (all of whose separate premises and infrastructure are presently siloed and constrained if not outmoded) and future nursing home care provision on the same site at/near Portree, in due course. Many agencies, specified in my original review,

will be required to realise that aspiration, beyond NHS Highland. That includes Highland Council, Highlands and Islands Enterprise (HIE) and the Scottish Futures Trust. A civic boldness and sense of common purpose will be required, going forward.

Secondly, it was good to hear recently that 24/7 midwifery services have been restored to SLSWR effective 03/25, following their abeyance over recent years. Again, while outwith my original terms of reference, I did hear about these clamant concerns along the way. The future sustainability of these vital services is of paramount importance.

Report Structure

This review is divided into a number of sections as follows, after the opening Executive Summary [Page 2]:

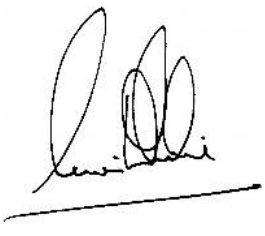
1. Purpose [Page 5]
2. Original Report – methodology and findings [Page 6]
3. Key Messages [Page 6]
4. Recommendations made and then agreed by NHS Highland [Page 9]
5. Recommendations implementation – making it happen [Page 9]
6. Assessing, engaging and promoting implementation [Page 9]
7. Original recommendations and assessment of progress [Page 13]
8. Acknowledgements [Page 33]

   Annex A – Letter to Councillor Calum Munro, copied to Professor Boyd Robertson then NHS Highland Board Chair and Ms Pamela Dudek then CEO, 16 June 2022 [Page 36]

   Annex B - Preliminary Report of Progress to Councillor Calum Munro copied to Ms Pamela Dudek, then CEO NHS Highland, 05 August 2023 [Page 40]

   Annex C – Requested letter from NHS Highland self-assessment of progress, received from present CEO, Ms Fiona Davies, 07 March 2025 [Page 46]

   Annex D – Requested note of engagement and assessment of progress by Professor Ronald MacDonald OBE, particularly for Recommendations 11 and 13, 10 March 2025. [Page 58].



Professor Sir Lewis D Ritchie OBE FRSE

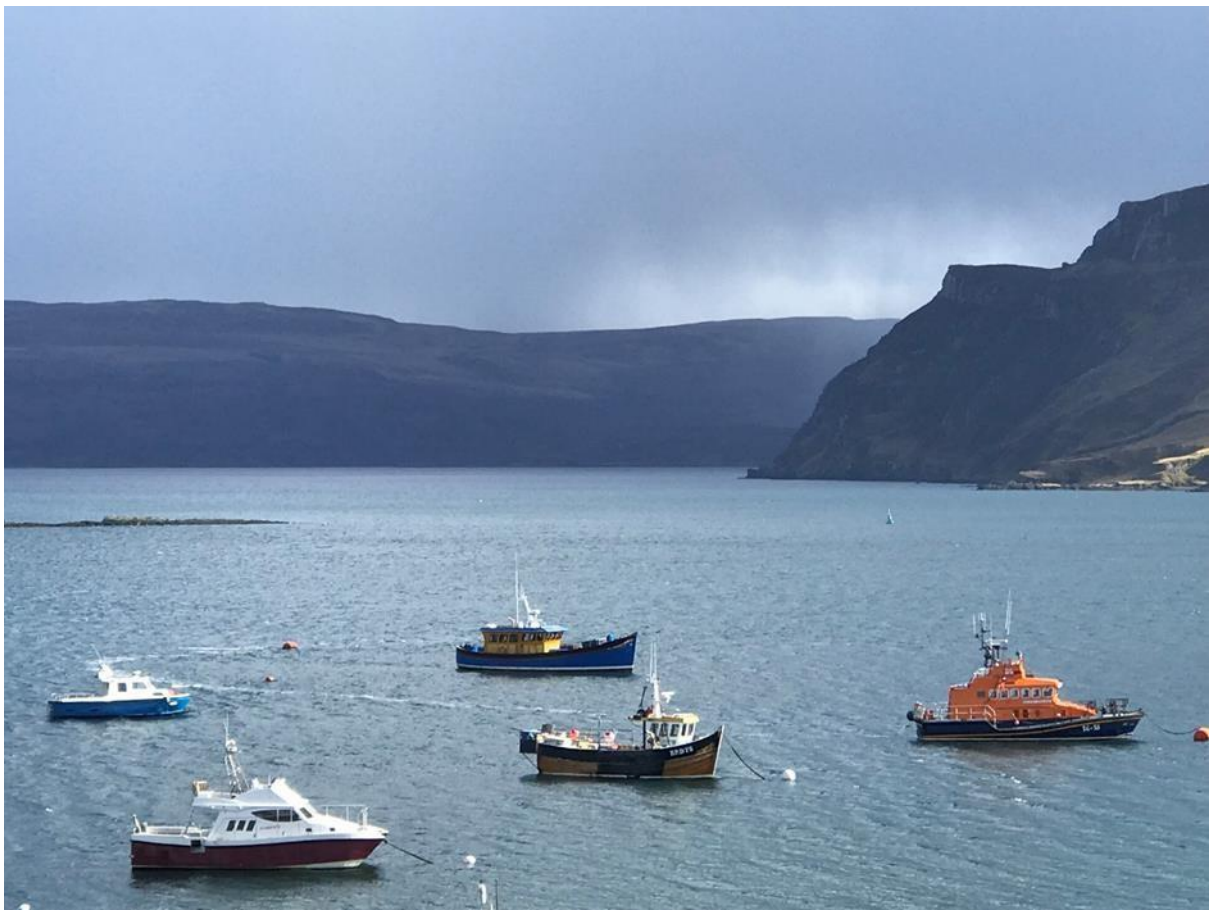
Chair, Independent Review of Out of Hours in Skye Lochalsh and South-West Ross

1 Purpose

This report culminates work assessing progress of the external independent external view report which was prepared in response to a request in late 2017 from Dr David Alston, then (now pre-penultimate) Chair of NHS Highland, to assess the sustainability of Out-of-Hours (OOH) services in Skye, Lochalsh and South-West Ross (SLSWR) - particularly North Skye.

The original report, published in May 2018 is available here:

INDEPENDENT EXTERNAL View of Skye, Lochalsh And SOUTH West ROSS Out of HoURs ServIces



A view of Portree Bay, including *RNLB Stanley Watson Barker*, nearby Portree Hospital

2 Original Report – methodology and findings

In our report we described our terms of Reference, listed in *Annex 1*. An independent External Panel was assembled, including health professional and public representation drawn from across Scotland *(Annex 2).* The process of the review was described in *Annex 3*.

3 Key Messages Identified (reproduced directly from the initial report)

- We were tasked to assess the sustainability of out-of-hours (OOH) services in Skye, Lochalsh and South-West Ross (SLSWR), with a specific emphasis on North Skye.

- During this external view, we witnessed the dedicated commitment and exemplary work of clinical, social care and support workers, delivering urgent and emergency care services on a 24/7 basis.

- Future delivery of high quality sustainable urgent and emergency care services with and for the people of SLSWR requires a shared vision and co-production. Clinical leadership, multi-agency collaboration and meaningful engagement with the public, will be essential to realise this.

- Recruitment and retention difficulties for clinical and support staff are seriously impacting on the resilience of OOH services. This issue is not confined to SLSWR, nor to remote and rural Scotland.

- Individual members of the public and public representatives of North Skye have vociferously expressed their stark opposition to the removal of overnight OOH services in the Minor Injury Unit at Portree Hospital, the recent and substantial diminution of available in-patient beds therein and the threat of closure.

- Our Terms of Reference specifically excluded us from reviewing the major service SLSWR redesign programme presently underway. However, the availability and location of community beds and other hospital services clearly impact on the resilience of OOH services. We have endeavoured to take that into account, in our findings and recommendations. We also took into account the Independent Review

of Primary Care Out of Hours Services: *Pulling Together: Transforming Urgent Care for the People of Scotland.*[1]

- Whatever the antecedents, it is evident that in parts of SLSWR, the relationships between NHS Highland and the public are now crucially compromised. This particularly applies to the North of Skye and in some local communities, such as Glenelg & Arnisdale and Raasay. NHS Highland should carefully reflect on why this has happened and respond accordingly.

- This has materialized, despite ongoing efforts and engagement by the NHS Highland management team and the very evident and clear commitment of local communities to actively collaborate to realise and improve resilient local services. This pressing issue of public confidence needs to be addressed four-square and resolved together, with dispatch.

- We regard current and future planned service provision by NHS Highland for OOH services in SLSWR as neither sufficiently sustainable nor equitable, and have framed our recommendations, in that light.

- Some of the recommendations here will take some time to fully implement and flexibility and understanding will be required.

- These recommendations can only be delivered by the combined endeavour of NHS Highland working intimately, fully and continuously with the public and with other care agencies in a genuine partnership to shape and deliver services – pulling together.

- We hope that the recommendations will not only support OOH services but will also promote 24/7 sustainability of urgent and emergency care. Getting this right will be of paramount importance not only for those who receive care but for those who provide care.

- We recommend that a shared and agreed implementation plan should be developed with robust governance and accountability, to assure delivery of these recommendations.

[1] http://www.gov.scot/Publications/2015/11/9014 http://www.gov.scot/Resource/0049/00490556.pdf

- SLSWR has the potential to become a centre of excellence for developing and evaluating new models of 24/7 remote and rural health care, including digital innovation.

- Multidisciplinary and multiagency learning and training opportunities should be also maximized and will further reinforce sustainability of services. If realised well, this will bring enduring benefits not only for the people in SLSWR, but also for the whole of Scotland and beyond.

4 Recommendations made and then agreed by NHS Highland

Fifteen main recommendations, including a number of sub-recommendations were made and fully agreed, without equivocation, by the Chair and senior officers of NHS Highland in early May 2018 and is a matter of public record.

5 Recommendations implementation – Making it happen

In Recommendation 15: 'Making it Happen', we laid out governance expectations, flagging the principle of: 'those who receive and deliver services are entitled to shape them' and the importance of co-production. We also noted the importance of independent facilitation. Accordingly, the late David Noble, the former and much respected Chief Executive of Skye and Lochalsh Community Council, was initially approached by NHS Highland and he kindly agreed to be the first chair of the Review Implementation Steering Group (the Implementation Group). In succession, Maggie Cunningham then kindly agreed to chair the Implementation Group and Dr Miles Mack OBE helpfully facilitated discussions about implementing Recommendation 12 'Specific Localities', regarding care provision in the communities of Glenelg & Arnisdale and Raasay, taking into account safe evacuation procedures in adverse weather conditions. Further, more detailed discussions of Recommendations 12 and 15 are made below.

6 Assessing, engaging and promoting implementation

I first revisited progress on the SLSWR OOH Review, six months later, in early December 2018, at a series of public meetings at Portree. At the time, I found encouraging commitment from the public of SLSWR for joint working, but with insufficient reciprocity from NHS Highland. Early progress was clearly unsatisfactory. I recommended a more streamlined governance process and the provision of programme officer support. That was accepted and then implemented. In May 2019, I revisited progress and found an encouraging community and NHS Highland cohesive spirit, primarily with the re-establishment of 24/7 urgent care access at Portree Hospital and the retention of in-patient facilities there. After the onset of the Covid-19 Pandemic in March 2020, I held a further (virtual) review of progress of the recommendations in October 2020, with Maggie Cunningham and senior NHS Highland staff, during unprecedented and unpredictable circumstances. Notwithstanding, a number of the Review recommendations had been achieved, by then:

- 24/7 urgent care access restored at Portree Hospital
- Ongoing in-patient care at Portree Hospital
- Mutual care synergies between Broadford and Portree Hospitals
- Stabilisation of local services at Glendale & Arnisdale and at Raasay
- Significant increased investment in capacity and capability by the Scottish Ambulance Service (SAS), including shift working instead of on-call working and co-location of SAS at Portree Hospital
- A substantive increase in voluntary first responder schemes throughout Skye.

At that point both Maggie Cunningham, as independent chair of the Implementation Group and I, agreed that a satisfactory point of progress had been reached. Maggie Cunningham then stepped down as Chair and I indicated that I would also step aside from the process. [Maggie Cunningham was then succeeded by local councillor Calum Munro as independent chair of the Implementation Group].

Unfortunately, shortly thereafter, the Covid-19 Pandemic, which erupted in March 2020, exerted an increasingly huge toll and severely impacted both health and social care services throughout SLSWR, as elsewhere.

While Portree Hospital continued to operate as a full-time in-patient facility, with variable numbers of inpatients accommodated in 2021, reliable 24/7 urgent care access at Portree Hospital proved not to be sustainable owing to staff recruitment and retention issues. This resulted in intermittent and unpredictable closures of the out of hours (OOH) service and rekindled the unsatisfactory urgent care access situation prior to the original 2018 OOH Review.

In consequence in April 2022, Cllr Munro invited me to re-engage with the process. I agreed to do so. I visited Portree on 31 May 2022 to meet with the Implementation Group. It was clear that 24/7 urgent care access at Portree had not only temporarily stalled but had been indefinitely halted by NHS Highland, at that point. This Implementation Group meeting at Portree clashed with a NHS Highland Board meeting on that day, so neither the then Chair of NHS Highland (Professor Boyd Robertson FRSE) and the former Chief Executive Officer (CEO) of NHS Highland (Pamela Dudek OBE) were able to be present. I separately spoke to them by phone on the same day, directly after the Implementation Group meeting, indicating my disappointment about lack of progress. I also formally wrote to NHS Highland about this. I enclose as **Annex A**, a copy of my letter to Cllr Munro (copied also to Professor Robertson and Ms Dudek).

I subsequently undertook a number of individual and group discussions (virtually and in person) including meetings with clinicians in Skye in 2023 and again in 2024. I consider that clinical engagement, leadership, and shaping the future of 24/7 NHS and care services in SLSWR is imperative, alongside public engagement and co-production.

Following reintroduction of weekend OOH services at Portree Hospital, I visited Portree again in June 2023 and met with a number of staff colleagues, members of the public and attended an Implementation Group meeting. At that meeting, the refractory issue of ongoing recruitment, retention and accommodation requirements for staff was highlighted once again. In order to secure meaningful progress, the formation of a Recruitment Working Group was mooted by the late Ross Cowie and accepted by the Implementation Group. That Working Group was established shortly afterwards, co-chaired by the Deputy Medical Director Community, NHS Highland and formerly by Ross Cowie as public representative. That group has met regularly since on an approximately fortnightly basis - I attended a number of their meetings (both virtually and in person, as observer). I will return to the impact of this Group below in relation to Recommendation 15 – its contribution has proved to be pivotal. Following the June 2023 meeting, I wrote a further letter to Cllr Calum Munro on 05 August 23, copied to Pamela Dudek, former CEO NHS Highland, which I attach as **Annex B**. I described this as a 'Preliminary Report' signalling a further, 'Final Report', in due course, which is this present document.

I also visited Skye again on three occasions in 2024 and met with clinicians, the public and NHS Highland Board management colleagues. I attended Implementation Group meetings both in person and virtually, on a number of occasions. Following the appointment of Fiona Davies as the new (current) CEO NHS Highland, who took up post on 1 April 2024, I requested an early meeting with the senior management team of NHS Highland, which took place (virtually) later that month. I was very encouraged by the positive resolve and expressed commitment at that meeting but emphasised that the continued and protracted delay in implementing 24/7 urgent care access at Portree Hospital was untenable, in my view. I recommended that NHS Highland should establish a 'Task and Finish' Group, including SAS and NHS 24 colleagues, with short deadlines. This was agreed by a communication from the Chief Officer, Highland Health and Social Care to me, on 29 April 2024. I also spoke (virtually) at the time with the present Chair of NHS Highland, Sarah Compton-Bishop and Fiona Davies, CEO of NHS Highland, together.

I have spoken frequently and encouragingly with Fiona Davies since, on a one-to-one basis. I also indicated that I would be grateful for further formal reports of self-assessment of progress by NHS Highland. This latest written version, received from Fiona Davies, current as at 7 March 2025, is included as **Annex C**.

Latterly, I visited both Portree and Broadford Hospitals to meet with clinical colleagues on 12 October 2024 and have since had a number of virtual discussions with NHS Highland staff, members of the public, locally elected Councillors, Scottish Ambulance Service (SAS), Police Scotland and Scottish Fire and Rescue Service (SFRS) colleagues.

Before I comment on progress in relation to each of the original 15 recommendations, it is important to flag that over the period 2018-2025, there have been significant changes in the senior Board and local (SLSWR) leadership within NHS Highland. That, including the

unprecedented adverse consequences and persistent sequelae of the Covid-19 Pandemic, should be taken into consideration and is reflected in securing current and future progress.

A view from the A87 between Broadford and Portree

7 Original recommendations and appraisal of progress

Models of Care

1. **Portree Hospital Out of Hours Service and Minor Injury Unit:**

We recommended that:

a) Out-of-hours urgent care access at Portree Hospital should be provided 24/7 -- there should be no closure of Portree Hospital in the out-of-hours period
b) Enhanced, and sustainable models of urgent care should continue to be developed and delivered in the Minor Injury Unit at Portree Hospital, involving combined teams and other agencies (see also Recommendations 3 and 6 below).
c) The services at both Broadford and Portree Hospitals should continue to work synergistically together to add resilience and to provide optimal services, provided by multidisciplinary teams for the whole of SLSWR.
d) It is essential that in the event of acute illness, services are used properly – dial 999 in the event of an emergency 24/7 (time-critical, immediate response required). If urgent OOH care is required (care that requires a response that cannot wait until the next routine service is available), contact NHS 24 by phone – dial 111 or via their website: https://www.nhs24.scot/. Only in this way will the safest and most effective care be delivered and received. This must be clearly understood by the public of SLSWR (see also Recommendation 14).
e) The excellent care provided by clinical and support staff at both sites must continue to be nurtured and supported.
f) Possible confusion about the nature and level of urgent and emergency care services provided at Minor Injury Units and Community Hospitals is unlikely to be confined to SLSWR. We offer a supplementary recommendation here for consideration by Scottish Government to review nomenclature, service definitions and signage of Minor Injury Units, throughout Scotland.

Assessment of Progress:

As indicated above, [Recommendations R1a and R1b] 24/7 urgent care access was established at Portree Hospital in 2019, but the staffing model in place did not prove

sustainable, with intermittent closures of OOH services beginning in 2021. OOH services at Portree Hospital were then suspended by NHS Highland from May 2022.

These services were then gradually introduced from January 2023 onwards, with a more sustainable model, in keeping with other Community Hospitals within NHS Highland with Minor Injury Units (for example Bowmore, Islay and Nairn) and elsewhere in NHS Scotland. Full 24/7 urgent care access was restored at Portree Hospital on 16 August 2024. As recommended [R1b and R3] this service is now buttressed by the presence of co-located SAS personnel who are available on station (approximately 52% of the time, when not deployed elsewhere) to support NHS Highland staff with urgent and resuscitative care, as required. Portree and Broadford Hospitals continue to work synergistically [R1c], both with in-patient facilities - the former designated as a Minor Injury Unit (MIU), the latter as an Accident & Emergency(A&E) Services Unit, seeing and treating patients with higher acuity and more serious illnesses and injuries. The recommendation [R1d] to first access optimal urgent care in the OOH period via NHS 24 (dial 111) or via NHS 24 website during the OOH period still stands, complemented by urgent care advice from Community Pharmacy (*Pharmacy First*), where and when available. In the event of a time-critical, health care emergency, 999 should be dialled. Recommendation [R1e] - valuing and nurturing staff, remains essential and ongoing. Recommendation [R1f]. I understand that a review of national signage by Scottish Government is under consideration, but importantly NHS Highland has now reinstated Minor Injury Unit (MIU) signage at Portree Hospital on 20 December 2024.

Summary: NHS Highland should continue to monitor the service resilience of OOH urgent care provision throughout SLSWR, particularly in relation to provision and access at both Portree and Broadford Hospital sites+. That will include robust clinical governance and case review mechanisms, in partnership with NHS 24 and SAS, where appropriate. The terms of reference of the original SLSWR 2018 Review were confined to OOH services. However, 24/7 urgent care resilience, including daytime (in-hours) cover, is of paramount importance throughout SLSWR and at Portree Hospital, in particular. NHS Highland, in partnership with other agencies, must ensure that this imperative is secured, at all times.

2. **Future community bed provision:**

   We recommended that:

   a) In-patient bed availability at Portree Hospital must continue until sufficient alternative resilient provision is provided in North Skye. This transition, which

will take time, must be informed and shaped through co-production with the community.

b) Difficulty in recruiting nurses and support staff to work in Portree Hospital may be exacerbated by ongoing service redesign uncertainties and the offer of short-term contracts in the recent past for prospective staff in a facility that is perceived to be closing. We understand that for the last 12 months or so contracts have been offered on a substantive basis. This latter policy should be maintained, and we note that with greater certainty recruitment may become easier.

c) A rapid review of care at-home and community bed provision for SLSWR should be undertaken, taking account of present requirements, transfer activity to out-of-area secondary care facilities and future socio-demographic factors. Such a review should also take account of current and potential partnership developments, including statutory and voluntary provision such as contributed by the Howard Doris Centre in Lochcarron and Skye Cancer Care.

d) NHS Highland has already committed to procure additional services in the form of a new ten-bedded community unit in the Portree area. We understand that negotiations are underway to deliver on this commitment. This should be progressed at pace, with any bed capacity and capability revision informed by the above community bed review.

NOTE: While the intention for a ten-bedded community unit was mooted as at May 2018, this is no longer current NHS Highland policy. Presently, NHS Highland has informed me of their ongoing commitment to building up further nursing care provision, including expansion at Home Care Farm Nursing Home, Portree and examining additional options across SLSWR.

e) NHS Highland plans to co-locate Portree Medical Centre into the present Portree Hospital premises. The timing of this must be subject to the above recommendation about in-patient beds retention. Such a combined Unit might be renamed Portree Community Hospital and Medical Centre, or similar, to signify its dual and complementary role.

NOTE: While this was under consideration by NHS Highland at May 2018, they have indicated that this is no longer the case.

Assessment of Progress:

Recommendation [R2a] – In the ongoing absence of alternative new facilities, continuous provision of in-patient at Portree Hospital has been sustained since publication of the

Review Report (May 2018). While in-patient bed numbers have fluctuated current bed occupancy at the time of writing is 9 beds. Recommendation [R2b] has now been implemented. Staff recruitment and retention challenges have proved difficult, including staff accommodation [R8], exacerbated by Covid-19. Following the Implementation Group meeting in June 2023, a Recruitment Working Group was established as noted earlier, mooted by the late Ross Cowie [see also **Acknowledgements Section**]. Convened by NHS Highland, I am advised that it has met frequently (approximately fortnightly since) to good effect. It has retained a focused agenda and there has been a a marked improvement in recruitment to vacancies with associated accommodation implications. This remains an encouraging work in progress.

However, Recommendations [R2c] has proved much more problematic. We asked for a rapid review of care at-home and community bed provision for SLSWR. NHS Highland undertook an internal assessment via their Public Health Directorate and externally commissioned an options appraisal exercise in consultation with the public. This options appraisal exercise, which consumed much time and the goodwill of public participants, proved to be controversial and was abandoned without any agreed consensus on the way forward. This failed process engendered considerable disappointment and frustration among the public involved. As indicated above, Recommendations 2d and 2e have since lapsed.

Summary: As outlined in response at **Annex C**, submitted by the Chief Executive Officer (CEO), NHS Highland has committed to pursue this further under new planning governance arrangements. This should include invoking opportunities for hospital-at-home provision and will be discussed again when considering Recommendation 15.

3. **Closer Inter-agency and public participation:**

We recommended that:

a) NHS Highland must collaborate much more closely on an ongoing, agreed basis with members of the public, public representatives, front line staff and other emergency and urgent care providers. Those who receive and those who deliver services are entitled to shape them. This is a joint endeavour with joint obligations - all must rise to the occasion.

Assessment of Progress:

This important recommendation for co-production [R3a] - essentially the need for closer and cohesive working between NHS Highland, the public of SLSWR and other agencies - was cast at a time when trust between NHS Highland and the public had ebbed away.

Promises were made in the past and reassurances given by NHS Highland, which did not then materialise. Apparent or perceived public mixed messaging by senior NHS Highland management, following publication of the Review Report in 2018, did not bolster much needed public confidence at the time, particularly following closure of OOH services and urgent care access at Portree Hospital in May 2022.

However, to look at this alone, through the troubled lens of the past, would be mistaken. Covid-19 Pandemic exigencies aside, changes of senior Health Care Partnership and NHS Highland Board leadership in 2023/24, in my view, have brought a fresh and encouraging impetus, previously lacking. While progress has been frustratingly slow at times, urgent care services access at Portree Hospital are now in a better and more resilient place. There are still more miles to travel, particularly around community and nursing home bed provision in North Skye and continued vigilance will be required.

Summary: I concur with the NHS Highland's assessment in **Annex C**. In securing the future of sustainable OOH services in SLSWR, it was always clear that NHS Highland, while accountable for these services, could not *'go it alone'*. Combined endeavour is imperative, both with the public and other agencies, both statutory and voluntary – in effect: *'Pulling Together.'*[2] This compelling principle is reflected in most of the recommendations and assessments that follow.

4. **Collaboration with the Scottish Ambulance Service (SAS)**

We recommended that:

a) The Scottish Ambulance Service (SAS) should increase its paramedical staff (paramedic) capacity and capability in SLSWR, in line with its then strategy: *Towards 2020: Taking Care to the Patient.*[3] This is particularly relevant for North Skye where SAS staff should be co-located at Portree Hospital as part

[2] http://www.gov.scot/Publications/2015/11/9014 http://www.gov.scot/Resource/0049/00490556.pdf
[3] strategic-plan_online-pdf.pdf - since superseded by: Our 2030 Strategy

of the wider Rural Support Team, jointly working within multidisciplinary teams, including Rural Practitioners based at Broadford.

b) SAS should review the availability, capacity and capability of all units in SLSWR, including fast response vehicle (FRV) provision.

c) SAS paramedics should be deployed on-shift rather than present on-call arrangements.

We envisage(d) that the recommendations made would buttress SAS support not only for OOH services but also daytime urgent primary care and emergency 24/7 response throughout SLSWR.

Assessment of Progress:

The resolute commitment by SAS to honour and implement these recommendations [R4a, R4b, R4c] has been unwavering throughout. SAS has invested significant extra resources and energy in realising these recommendations in concert with NHS Highland. This has included the deployment of 14 new SAS staff appointments across SLSWR, increasing 24/7 resilience throughout the area. The move to shift working at Portree and Broadford Hospitals with co-location at both sites, has brought undoubted benefits, including immediate assistance by SAS colleagues, when available and requested for support by NHS Highland colleagues. (SAS staff are on station at Portree Hospital, for ~52% of the time). When on-site, SAS personnel support urgent and immediate resuscitative care, in concert with NHS Highland staff. This exemplary experience and joint working with NHS Highland, described further in **Annex C**, has resonance for urgent and emergency care services beyond SLSWR, particularly in other remote, rural and island communities in Scotland.

Summary: SAS should continue to build up their evolving models of care, service response and resilience in SLSWR building on their experience there, but also other remote, rural and island locations, as resources and other priorities allow.

5. **Collaboration with NHS 24:** An issue for staff working in remote and rural areas is the maintenance and development of clinical skills, where workload volume might be low during OOH periods, set against the need for continuous availability for urgent and emergency cases.

We recommended that:

a) To optimise utility for staff on OOH shift patterns, dual roles should be considered and developed with NHS 24. The involvement of SAS paramedics should also be explored and evaluated.
b) NHS 24 should work with NHS Highland to develop a hybrid staffing role, based at Portree Hospital.

Assessment of Progress

Recommendations [5a and 5b]. NHS 24 like SAS, has been a committed NHS partner agency throughout this process and in my view, both have striven well to support NHS Highland and continue to do so. This recommendation was ambitious and cross-cutting with putative dual roles for NHS 24 and NHS Highland (and potentially SAS staff), to preserve and enhance clinical skills in remote and rural practitioners. NHS 24 did briefly establish a unit at Portree but staffing constraints, exacerbated by the Covid-19 Pandemic. did not allow a viable and sustainable model to be continued there.

Summary: NHS 24 are evolving their model of service delivery including remote/home working of nursing staff, in particular. This could be revisited again at some point in the future, with respect to SLSWR and other remote & rural settings. In the meantime, I welcome the ongoing active collaboration of NHS 24 with NHS Highland on promoting best access and use of their services, as outlined in **Annex C**.

6. First Responders

We recommended that:

a) A review of all present first responder schemes in SLSWR to identify deficiencies, remedies and support requirements.
b) That the feasibility of a systematic development plan should be explored for all statutory and voluntary first responders, with a view to ongoing collaborative working and mutual support. This would involve NHS Highland, SAS, SFRS, Police Scotland, HM Coastguard, the RNLI, Mountain Rescue Scotland, other third sector organisations, including *Lucky2BHere* and local community representatives.

Assessment of Progress

As described in **Annex C**, significant progress has taken place since inception of the original Independent Review in 2018. There are now five community first responder schemes across SLSWR, including a newly established group at Portree. This has included additional provision of equipment, including cardiac defibrillators and ongoing training provision and support.

I requested specific meetings with SAS, with Police Scotland and the Scottish Fire and Rescue Service (SFRS), in late 2024. I am grateful to SAS colleagues for arranging this. As well as multiplying and continuing to support community first responder schemes by SAS in SLSWR, there is a need to augment and coordinate the potential of statutory first responders, particularly for life-threatening immediate responses, where time is critical. In the immediate absence of SAS resources, the principle of *'all available hands-on-deck'* must be optimised to save lives and offer succour. That will include other agencies, such as HM Coastguard, Mountain Rescue Teams and the Royal National Lifeboat Institution (RNLI), and BASICS (British Association for Immediate Care), where and when available. I understand that all SFRS vehicles carry cardiac defibrillators, as do Police Scotland in their traffic vehicles.

Summary:

Good progress has been made for community first responders to date, supported by SAS. For the future, it is suggested that:

- NHS Highland and SAS should continue to work closely together to equip and support existing and new community first responder teams throughout SLSWR, on an ongoing basis.
- SFRS should look to piloting first responder response (Out of Hospital Cardiac Arrest – OHCA), in their retained SLSWR service. The potential role of SFRS for this response, when available, was already flagged in the Report of the National Review of Out of Hours Services in Scotland (2015)[4] and in the original Skye OOH Review Report (2018).[5] The communities of Glenelg & Arnisdale and Raasay were specifically mentioned [R12].

[4] http://www.gov.scot/Publications/2015/11/9014 http://www.gov.scot/Resource/0049/00490556.pdf
[5] INDEPENDENT EXTERNAL View of Skye, Lochalsh And SOUTH West ROSS Out of HoURs Services

I understand that Police Scotland officers are trained on an annual basis to ensure they are confident in cardiac arrest support, including accessing (static) community-based cardiac defibrillator devices and those carried in their traffic vehicles.

- Police Scotland should look at the potential of provision of cardiac defibrillators in their front-line vehicles, as is the case for SAS and SFRS, particularly in remote and rural areas. SLSWR might be a useful area to pilot and evaluate this.
- Effective coordination and the immediate support of all available first responders – both statutory and voluntary is vital. It is suggested that SAS should review their mechanisms to optimally mobilise all available emergency response assets, including BASICS, to secure this imperative.

Workforce Planning

7. **Workforce capacity and capability:**

We recommended that:

a) The capacity of the Rural Support Team and the numbers of Rural Practitioners should be reviewed and fully staffed, accounting for new models of joint working with SAS paramedics and NHS 24, to support 24/7 urgent care, as described above.
b) Going forward, ongoing clinical leadership and engagement will be essential for the development and delivery of future service provision, including a sustainable OOH service. We are encouraged that clinical colleagues recognise this imperative and NHS Highland must facilitate and support that.
c) As indicated for SAS, we suggest that shift working should supplant on-call working for members of the Rural Support Team.
d) While this External view was asked to focus on OOH services, we recommend that a comprehensive 24/7 Urgent and Emergency Care Workforce Plan should be developed, including inter-agency working and contractual arrangements which promote recruitment and retention of staff - with sufficient capacity and capability.

Assessment of Progress

The self-assessment response by NHS Highland is welcome. Robust workforce planning – recruiting, nurturing, supporting, developing and retaining the workforce is of paramount importance. Valuing colleagues must be evident in their professional workplace but also

takes account of personal circumstances, including accommodation requirements, discussed next [R8]. As indicated earlier, the formation of a specific Recruitment Working Group in July 2023 - also embracing accommodation requirements, was most welcome eclipsing the previous, rather formulaic approach of attempting to recruit additional staff, without taking account of their personal circumstances and needs. In relation to [R7d], I have not been sighted on a comprehensive 24/7 Urgent and Emergency Workforce Plan.

Summary:

There has been encouraging progress here but there is more to do. Urgent care models are evolving rapidly. Workforce capacity and capability needs must fully reflect that, including clinical and non-clinical leadership capacity. This is essential and will require continued close oversight and vigilance.

Accommodation

8. **Housing solutions**

We recommended that:

a) Novel staff accommodation solutions should be sought with Highland Council (lead agency for housing), public representatives, housing associations, the independent sector and local communities.

This is a pressing matter, which should also take account of temporary accommodation for undergraduate and postgraduate health care worker training, which requires flexibility (see Recommendation 13). Such training accommodation, when not in use for training purposes, might be re-deployed to give temporary accommodation to growing numbers of visitors and tourists, particularly in Skye. These accommodation solutions are also relevant for the resilience of other public sector organisations and should be pursued in common endeavour.

Assessment of Progress

Encouraging progress has been made on this front, also related to [R7] above, as described in **Annex C**, but the work remains incomplete. Further consideration is required for targeting available accommodation to the individual circumstances and geographical location of home dwelling and actual place of work of colleagues, including potential travel constraints.

Summary:

- The Recruitment Group has been working diligently on this. Regular formal reporting of issues, solutions and outcomes should be considered for information but for wider learning.
- Accommodation provision should be geared not only to trained staff, but for staff in training and also undergraduate trainees. That will require agility and may also intermittently bolster temporary accommodation for tourists, if/when available or vacant.
- Such accommodation needs are not peculiar to NHS personnel but also all those who work or who are training in other public sector roles. This requires a whole-system approach and joint public service endeavour.

Infrastructure, Road Issues, Transport and Accessibility

9. **Road issues:** We were conscious that significant road repair requirements were not confined to healthcare transport needs nor to the SLSWR area alone.

   We recommended that:

   a) Expressed concerns about adverse road surfaces and congestion issues should be shared with Transport Scotland and other relevant agencies with transport responsibilities. This should help to inform key road maintenance priorities.

Assessment of Progress and Summary

I concur with the self-assessment of progress in **Annex C,** by NHS Highland. The increased recent investment in road repairs reported in Skye and Raasay is welcome. This remains an ongoing issue and continued vigilance is required, particularly for single-track roads where access to emergency vehicles may be compromised by congestion, often associated with increased tourist traffic. This was a matter of recent particular public concern with multiple road-blockages over the 2024 peak visitor period.

10. **Transport and accessibility:** Ready accessibility to 24/7 urgent and emergency care services should be equitable.

We recommended that:

a) The Terms of Reference and membership of the SLSWR Service Redesign Transport Group should be reviewed in the light of wider inter-agency considerations and the recommendations from this External View.

b) A review of air evacuation services of patients should be considered, involving inter-agency discussions between NHS Highland, SAS, EMRS and HM Coastguard, to determine whether any improvements can be made

c) A review of sea evacuation procedures should be undertaken, involving inter-agency discussions between NHS Highland, SAS, CalMac and the RNLI.

d) The Memorandum of Understanding between SAS, HM Coastguard and the RNLI, recommended in the National Primary Care Out-of-Hours Review, should be finalised and implemented.

Assessment of Progress

I concur with the positive self-assessment of progress as outlined in detail in **Annex C**. This involves partnership working with other agencies, including Stagecoach, HITRANS,[6] the Regional Transport Partnership, Highland Council and SAS. It is recognised that ongoing dialogue is taking place and is welcome [R10a]. A short life working group (SLWG) has recently been established for transport, initially chaired by the Executive Nurse Director, NHs Highland.

The excellent Transport Review led by the late Tim Moore, initially presented and considered in 2019, merits revisiting to buttress future progress.

While independently facilitating Recommendation 12 (below), Dr Miles Mack OBE addressed sea evacuation options from Glenelg & Arnisdale [R10b & R10c] and Raasay, which appear to be presently sufficient, including the unfailing support of the Portree RNLI Lifeboat Station and crew for the public of Raasay. Again, there is more to do here. One specific example is the absence of immediate proximity of a helicopter pad at Broadford Hospital. On the issue of transport, I flagged in my letter to the then CEO NHS Highland (**Annex A**) in 2022, that those who are invited to travel to Broadford Hospital for optimal/assessment care should

[6] hitrans.org.uk

have transport provided if private/family/friends alternative transport is not available and where SAS transport is either not available nor commensurate with the immediate clinical need. It remains unclear that the [R10d] Memorandum of Understanding (MOU) has now been completed and fully understood, by all participants. That needs to be bottomed out soon and NHS Highland should take the lead in this in common purpose with all relevant agencies and the public.

Throughout the review process recurring concerns were expressed about individuals with disabilities securing access to NHS facilities, including at the new Broadford Hospital. In addition to the SLWG on Transport referred to above, the Director of Estates, Facilities and Capital, NHS Highland will take forward access issues as part of the Equality, Diversity And Inclusion work of that role.

Summary:

- Transport and accessibility issues remain a work in progress

Assessment of air/sea evacuation routes [R10b & R10c] appear to have been followed up satisfactorily, I agree with NHS Highland that this should be reviewed periodically [see **Annex C** response]. Patient transport support in SLSWR where urgent care patients are required to travel distances for clinical assessment (but without private means or public transport, if available) also needs to be reviewed. OOH care models elsewhere in Scotland should inform this, for example in NHS Greater Glasgow & Clyde. National work on patient transport within the NHS is presently underway[7] and HITRANS has commenced work to establish a Highlands & Islands-wide Health and Transport Action Plan.

- Disability access to NHS facilities in SLSWR should be reviewed again with remedy, taking national standards into account. This matter is now underway as referred to above.

11. **Digital Innovation:** Looking to the future, digital innovation will be increasingly important for the delivery of healthcare, including OOH and 24/7 urgent and emergency care.

Digital innovation has the potential to revolutionise healthcare provision, including: remote monitoring of frail older and vulnerable people, maintaining people at home, avoiding unnecessary hospital attendance/admission and residential/nursing home admission, and assisting earlier hospital discharge. Digital technology also offers the potential to avoid unnecessary travel for clinical assessment, through video-linking.

[7] Transport to health: delivery plan - gov.scot

We recommended that:

a) Ongoing collaboration with the Digital Health & Care Institute should continue to explore and evaluate emerging digital technology to enable remote monitoring and video consultations from people's homes.
b) A review of video-conferencing facilities at all relevant care sites should be undertaken to provide reliable 24/7 professional-to-professional communications.

Assessment of Progress

NHS Highland has intimated in their response (**Annex C**) that the original recommendations [R10a and R10b] are now complete but that ongoing digital innovation will continue apace. During the Covid-19 Pandemic remote working/meetings via Microsoft (MS) Teams and other digital platforms burgeoned, as did remote telephone and video patient consultations. NHS Highland have comprehensively deployed MS Teams, now used routinely and have established *Near Me* remote consultation infrastructure including Portree Hospital, Broadford Hospital, Raasay and Staffin.

NHS Highland has also established a Digital Health and Care Group aiming to have a positive impact on remote and rural communities and their staff groups. They are also collaborating with others, engaging regionally and nationally, including involvement in the *Digital Front Door*[8], remote home monitoring, including the *BP Connect Me*[9] programme.

Summary

NHS Highland has fulfilled the recommendations made in the original review and it is encouraging to note that they are continuing to innovate, with immediate oversight by the recently established Digital Health and Care Group. The Digital Health and Care Group need to reflect carefully on the lessons to be learned from the SkyeLab project and the importance of a joint, collaborative approach, going forward. Further clarification of the future tangible support role of the national Digital Health & Care Innovation Centre,[10] is essential.

Note: The SkyeLab project is considered separately under Recommendation 13 and is discussed further in **Annex D**, kindly provided by Professor Ronald MacDonald OBE.

[8] Digital Front Door - Digital Healthcare Scotland
[9] Connect Me for Patients | TEC Scotland
[10] DHI-Scotland | digital health and social care | Inovo Building, 121 George Street, Glasgow G1 1RD, UK

Specific Localities

12. During the External View process, we received submissions and held discussions about the needs of specific communities within SLSWR. Two local communities in particular: Glenelg & Arnisdale and Raasay, expressed much dissatisfaction about their emergency and urgent care services which they regarded as a significant deterioration from former provision. We concurred that the situation in both communities was unsatisfactory and must be remedied, by mutual agreement. We also discussed ongoing excellent care provision at the Howard Doris Centre in Lochcarron, a voluntary-statutory care collaboration.

For Glenelg & Arnisdale, we recommended that:

a) NHS Highland should continue to work with the Glenelg and Arnisdale community to agree jointly and rapidly a solution which is not only desirable, but feasible and sustainable. Independent external third-party facilitation should be considered to help achieve this.
b) The present GP led service at Glenelg should continue to be underpinned by adequate multidisciplinary support via the Rural Support Team and SAS, on a 24/7 basis.
c) Air and sea evacuation procedures for Glenelg and Arnisdale should be kept under review on a multi-agency basis, given the vagaries of road access in adverse weather conditions - see recommendation 10.
d) The Scottish Fire and Rescue Service (SFRS) have a unit based at Glenelg. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.
e) The imminent availability of superfast broadband should be exploited for the succour of the Glenelg & Arnisdale community. This community should be considered as a potential development site for digital innovation - see Recommendation 11.

For Raasay, we recommended that:

e) NHS Highland and other partners should continue to engage with the residents of Raasay in a meaningful way and to rapidly develop an agreed and sustainable service on the island that provides safe and resilient care 24/7. Independent external third-party facilitation should be considered to help achieve this.

f) As part of the review of sea evacuation procedures in Recommendation 10, Raasay is a key priority. Discussions should take place with CalMac whether the Raasay-Sconser ferry can be deployed on demand for urgent/emergency care transfers. Irrespective of these discussions and possible agreements, the ongoing role of the crew of the RNLI Portree Lifeboat is respected and appreciated.

g) The Scottish Fire and Rescue Service (SFRS) have a unit based at Raasay. Statutory first responder status should be pursued, in concert with the additional potential of a voluntary first responder scheme - see Recommendation 6.

h) The present availability of superfast broadband should be exploited for the support of the community. Raasay should be considered as a potential development site for digital innovation - see Recommendation 11.

Lochcarron: We also discussed ongoing excellent care provision at the Howard Doris Centre in Lochcarron, a voluntary-statutory care collaboration.

For Lochcarron, we recommended that:

i) The Lochcarron Centre should continue to be nurtured and supported.

Assessment of Progress

24/7 urgent care services have now been successfully re-established on a sustainable basis for some years in both Glenelg & Arnisdale and Raasay. The independent facilitation by Dr Miles Mack was welcome and appreciated. Raasay is referred to above [R12h] as a possible digital innovation site. As noted above [R11], Rassay has *Near Me* remote consulting digital infrastructure available.

In spite of best efforts of all concerned, the Lochcarron Centre has not continued in its previous 2018 form [R12i]. The service is now a NHS Highland Board-run provision with some welcome enhancements, implemented at the behest of Care Inspectorate requirements. This transition has bolstered sustainability and ensured ongoing local care provision at Lochcarron.

Summary:

The core recommendations have all been satisfactorily fulfilled. Regarding SFRS and their statutory first responder potential in Glenelg & Arnisdale [R12d] and Raasay [R12g], this is covered more broadly in Recommendation 6, above. The care provision at Lochcarron has been stabilised at this time.

There is more work to do here. Continued vigilance will be required as circumstances can change rapidly - specifically in relation to proactive workforce planning, taking into account potential future staff vacancies. This is particularly telling for small, remote and rural localities.

Learning, Education and Training

13. **Centre of Excellence for Learning, Education and Training:** SLSWR has the potential to become a centre for excellence for multidisciplinary undergraduate and postgraduate learning and training.

We recommended that:

a) NHS Highland should engage closely with education and training providers and including: NHS Education (NES), Scottish Ambulance Service (SAS), NHS24, Medical Schools and relevant academic partners, for example, the University of the Highlands and Islands (UHI). Highlands and Islands Enterprise (HIE) should also be included.

Assessment of progress

The original recommendation was founded on the principle that excellent and sustainable services needed to be founded on the principle of a valued and learning work environment. Multiple research-based evidence tells us that such local welcoming environments serve to better recruit and retain colleagues. Self-assessments of progress are available for further assimilation in both **Annex C** (provided by NHS Highland) and **Annex D** (provided by Professor Ronald MacDonald OBE). I believe there is much to learn from what has and has not happened. There is clearly more to do here, taking a centre of excellence approach in ongoing collaboration with the nascent National Centre for Remote and Rural Health and Care.[11]

Making Best Use of Services – Know Who to Turn To

14. **Best use of services:** It is imperative that whatever services are provided they should be used responsibly and appropriately. NHS Highland has already conducted developed and distributed materials to the public of SLSWR and have in place a

[11] National Centre for Remote and Rural Health and Care: Information Hub | Turas | Learn

Know Who to Turn To website: http://www.nhshighland.scot.nhs.uk/Services/KWTTT/Pages/welcome.aspx NHS 24 website resources may also be helpful: http://knowwhototurnto.org/ and accessing services through NHS 24's national directory which is accessed through NHS Inform: https://www.nhsinform.scot/national-service-directory

We recommended that:

> A programme of assisting the public to make best use of available services should be developed and implemented, including *Know Who to Turn To.* This will need to be done on a systematic and advocacy basis, with the full engagement of and advocacy by local communities and their representatives. Social media may be helpful.

Assessment of progress

Irrespective of the configuration of local 24/7 urgent and emergency services across SLSWR, it is crucial that best use and access to these services are made by the public. NHS Highland has been working closely with NHS 24 to inform and guide best access to urgent care and emergency care (life threatening, time critical need via 999). I have communicated with senior clinical leads in both NHS Highland and NHS 24 to consider their self-assessment of progress.

They indicated that the two organisations will continue to work together to build on the achievements to date and confirmed the following:

"NHSH and NHS 24 are committed to continued engagement and close collaboration with each other, with partners and with the community to ensure we make the best use of services. This will include forward planning and joint communications to assist the community in our ambition for the right services, at the right time and in the right place".

Summary:

This is welcome progress but needs to continue to be monitored and nurtured - please see **Recommendation 5** above.

Making it Happen – Pulling Together

15. **Making it Happen:** Major service redesign and transformation is complex and challenging as will be implementation of the recommendations in this report. Transformation and translation will neither be easy nor quick. Some

recommendations will bear fruit in the short term but others will take longer to come to fruition - flexibility and understanding will be required.

These recommendations can only be delivered by the combined endeavours of NHS Highland working intimately, fully and continuously with the public and with other care agencies in a genuine partnership to shape and deliver services – by truly pulling together. High quality leadership and ongoing commitment will be required, at all times.

We recommended that:

a) All future service development and delivery must be done in partnership with the people of SLWRS with a focus on co-production.
b) The National Standards for Community Engagement[12] must be observed by all.
c) All relevant partners should participate, including all emergency services, the third sector and those that control wider infrastructure.
d) An implementation plan with realistic timescales, adequately resourced, making best use of public funds and robustly governed - with clear accountability, reporting to the Highland Health and Social Care Committee.
e) Independent external third-party facilitation should be deployed as required and agreed.
f) In view of the aspiration in these recommendations and the Major Service Redesign Programme underway, Scottish Government should seek regular and robust assurance that satisfactory progress is being made

Assessment of Progress

After a faltering first six months (May-December 2018), following publication of the original review in May 2018, renewed 24/7 urgent care access and ongoing in-patient care was available at Portree Hospital by May 2019. This persisted into 2021 and then began to break down for 24/7 urgent care access, amidst the ravages of the Covid-19 Pandemic, taking its toll on the retention and recruitment of urgent care clinicians. 24/7 urgent care access at Portree Hospital was formally discontinued by NHS Highland in May 2022, but began to be re-instated in January 2023, on a part-time basis. This urgent care cover grew and as of August 2024, 24/7 sustainable urgent care access has now been restored at Portree Hospital, alongside ongoing in-patient care provision, throughout. The tide of progress began to turn

[12] http://www.scdc.org.uk/what/national-standards/

for the better in 2023, with new and focused senior leadership within NHS Highland, buttressed by the present Chief Executive Officer, in post at April 2024.

Such a sustainable model should have happened much earlier, in my view. NHS Highland needs to reflect carefully why that did not happen in spite of the detailed recommendations made and accepted by them, back in May 2018. The use of independent facilitators (R15e) however, was a singular success. Scottish Government colleagues (R15f) have confirmed that they will continue to monitor progress and to seek assurance from NHS Highland that the recommendations in the review are fully implemented.

It would be wrong however to dwell on the failings of the past and it is now time to move forward in common cause and in mutual respect, for both NHS Highland and the public of SLSWR, recognising the mighty endeavours of Save Our Services (SOS), Skye.

To achieve that and to nurture ongoing trust, I recommend that it is now time to refresh the governance of the implementation of my report. The core recommendations nave been achieved:

- 24/7 urgent care access at Portree Hospital
- Ongoing in-patient care at Portree Hospital
- Significantly enhanced Scottish Ambulance Service (SAS) capacity and capability throughout SLSWR
- Extended first responder schemes – supported by SAS
- Restoration of satisfactory 24/7 care for the communities of Glenelg & Arnisdale and of Raasay
- Ongoing support of local care provision at Lochcarron

Clearly, there is more still to do.

Summary

I am of the view that the future governance of my report should continue as a distinct workstream, nested within new and evolving NHS Highland district service governance and planning mechanisms. I suggest this workstream should be led by a new independent chair (co-chair/deputy chair to be considered to add to resilience), as envisaged in my original recommendation back in 2018, with full engagement, agreement and public membership from the community of SLSWR. This maps to my original guiding principle of co-production: those who receive services are entitled to shape them.

8 Acknowledgements

I would like to acknowledge the support of very many colleagues over a protracted period of time (2017-25). I will start with members of the expert panel listed in the original review whose independent expertise proved to be invaluable.

I am particularly grateful to Margaret Anderson, an exceptional public representative, who has been dedicated to this review, every step of the way.

Although this was an independent review, I was fortunate to receive the administrative support of Scottish Government colleagues and in particular: Fergus Millan, Gillian Stocks, Pauline Bennett, Rebecca Chalmers, Philip Rhodes, Sarah Halliday, Stephen Jones and Claire McManus. For most of my visits to SLSWR, I was accompanied by Fergus Millan and I am particularly indebted to him for his steadfast support and professionalism throughout.

I am most grateful to the late David Noble, Maggie Cunningham and to Dr Miles Mack OBE for acting as willing, highly effective facilitators and mediators. It has been a great privilege to work with Calum Munro who followed on from Maggie Cunningham as chair of the Implementation Group. A fine chair, a good public servant and now a friend.

I am particularly grateful for the steadfast commitment of the public of Skye Lochalsh and South-West Ross and their public representatives, for their resolve and courage, who have excelled, through thick and through thin. There are too many names to mention here, but you know who you are. I am particularly grateful to Professor Ronald MacDonald OBE for providing Annex D (and more) and to Dr Catriona MacDonald.

I would like to thank all NHS Highland clinicians/former clinicians working in Skye, Lochalsh and South-West Ross. It's possibly invidious to single out individuals, but I must mention Dr Ishbel MacDougall, Dr Hannah Macleod, Dr Will Nel, Dr Charles Crichton, Marje Naismith and Cathy Shaw MBE. I want to recognise again the excellence of services provided by health and care service colleagues throughout SLSWR, which I was privileged to witness, first hand, on many occasions.

I have been privileged to meet and work with many colleagues from other public services along the way, including NHS 24, Scottish Ambulance Service (SAS), Royal National Lifeboat Institution (RNLI), HM Coastguard, Mountain Rescue, Police Scotland and the Scottish Fire and Rescue Service (SFRS). I want to express particular appreciation to Milne Weir, Graham

Macleod and Alan Knox, SAS colleagues, for their fine leadership which has been instrumental in enhancing the capacity and capability of SAS throughout SLSWR. I have been also very grateful for the support of many NHS 24 colleagues, and I want to expressly thank Dr Ron Cook and Dr Laura Ryan.

Turning now to NHS Highland leadership colleagues, who are again too many to mention by name, with frequent staff changeovers throughout the period of the review and subsequent follow-up. However, I would want to single out Louise Bussell, Dr Claire Copeland, Pamela Cremin, David Park and the exemplary leadership of Fiona Davies.

I cannot conclude my acknowledgements without singing my highest praises for the late Ross Cowie. Ross contacted me immediately by email, on hearing that I had been commissioned to do the review. Leading a review as protracted as this one, can be a lonely and exposed place at times. But I was never alone because Ross Cowie was with me, all along the way. I am immensely grateful for his outstanding courage, his many achievements and his steadfast friendship. We are all the better for that.

Ross Cowie’s Skye Camanachd Tie

Annex A

16 June 2022

Calum Munro
Independent Facilitator
Implementation of SLSWR Primary Care Out of Hours Review*

Dear Calum,

Latest Review of Progress of the Skye Lochalsh and South-West Ross (SLSWR) Out of Hours Review – May 2022

Thank you for your kind invitation to review progress in relation to the (2018) SLSWR Out of Hours Review*. I am most grateful for the time and courtesy of all attendees and yourself who were present and for your facilitation of the latest review of progress for SLSWR Out of Hours Services and related issues, at our meeting in the council chambers in Portree on 31 May 2022.

I note that the last time we conducted a review was virtually in October 2020 when we were just coming out of the first Covid-19 Pandemic lockdown. I think it is important to note that even then, none of us imagined that it would be nearly two years before we could meet in person at Portree. The resilience of the community and NHS staff and other care colleagues delivering care has been truly remarkable, particularly during the Covid-19 Pandemic I had the opportunity to meet with several clinical staff during the visit and Dr Will Nel kindly agreed to circulate on my behalf, a note of my appreciation to all clinical, support and administrative staff working in urgent and emergency care services in SLSWR.

I want to reflect on a few points now some of which I have already begun to progress with colleagues and agencies concerned. These are my preliminary thoughts which I hope to further amplify following further discussions with NHS Highland management and other colleagues:

- I was once again humbled by the obvious commitment of the community of SLSWR, its public representatives, health and social care professional representatives, NHS Highland and partner agencies.
- As indicated in my Report, I felt the implementation of the 15 recommendations was always going to be a challenging exercise in the best of times, but instead we have lived through extraordinary times. I am deeply aware that there is a level of fatigue and frustration which was evident in the

meeting from the community but also from NHS Highland staff. In my last update in October 2020, I said that the building and nurturing of relationships, between all those who receive and deliver services must be shared and clearly communicated. This is an ongoing imperative and significant momentum has been lost since October 2020, and that now needs to be remedied. I noted some changes in managerial leadership within NHS Highland, with immediate oversight of Implementation of the Review and this now must be accorded clear, urgent and sustained priority. Following publication of my review in May 2018, as requested by the former Chair of NHS Highland, the Board accepted my findings in full, without equivocation, and I expect that to be honoured, recognising constraints and difficulties, particularly challenging workforce recruitment and retention.

- I was pleased to learn that there had been positive progress on a number of recommendations, particularly: resolution of local urgent care provision in Glenelg & Arnisdale and Raasay; increased provision and upskilling of Scottish Ambulance Service (SAS) personnel, including shift working and availability of a dedicated on-island fast response vehicle (FRV); provision of staff accommodation - some encouraging progress but still much to do; and excellent progress on the Centre of Excellence/ Digital Innovation approach, including the establishment of SkyeLab.
- Despite there being positive changes across a range of the recommendations, it is clear that the ongoing challenge of community bed provision in North Skye and the access to 24/7 safe and effective urgent care remains of paramount importance.
- In relation to hospital bed provision, during my visit, I understood that 10 out of the 12 beds in Portree Hospital were then in use.
- I recommended in my original Report that a rapid review of community bed provision in North Skye should be undertaken, taking account of changing population demographics and care needs, in tandem with closure of nursing home beds and Gesto Hospital, in recent years. This has yet to happen, and an options appraisal exercise has stalled. That such a review was necessary has been confirmed by the recent adverse circumstances of the Budhmor Care Home. I hope that this can be satisfactorily resolved - I have asked to be kept informed by NHS Highland about developments. The review of community bed provision should now be seen as part of a robust health and social care needs assessment exercise for SLSWR, fully identifying the care needs of North Skye.
- Regarding the provision of Urgent Care, it is clear that NHS Highland was again encountering serious difficulties in recruiting and retaining staff across Skye. Although this problem is not unique to Skye, it has resulted, since my visit on 31 May in the cessation of 24/7 urgent care delivery at Portree. This is

disappointing - provision of 24/7 urgent care at Portree was the initial recommendation in my original Review.

- In my Review, I envisaged that a new model of urgent care provision with NHS Highland working closely with both NHS 24 and enhanced Scottish Ambulance Service (SAS) provision, should be developed, implemented and evaluated. This could have resonance for other remote and rural areas in Scotland, beyond SLSWR. In reality, while SAS continues to increase capacity in SLSWR, and NHS 24 did establish a local contact centre, the latter ceased operations again because of staffing difficulties, compounded by the Covid-19 Pandemic. Prior to my visit to Portree, I wrote to the Medical Directors of NHS Highland, NHS 24 and SAS reminding them of this recommendation. I initiated an in-person conversation with senior executives of NHS 24 and SAS on the day after my visit to Portree (on 1 June). I will continue to engage NHS Highland, NHS 24 and SAS in common endeavour towards seeking shared and agreed solutions.
- I said in my last update report in October 2020 that while much has been achieved – there was more still to do. That was then. A 24/7 urgent care service was in place at Portree (and that service held until early 2022), Raasay, Glenelg & Arnisdale reprovision was underway and positive discussions about plans re community bed appraisal were heartening.
- Now that the climate of positivity and co-production has been blown off course and while the Covid-19 Pandemic looms large in all of that, there are a number of other significant factors at play and require urgent remedy. It is essential that trust and effective communications are restored and further progress made.
- The final (15th) recommendation in my Report was entitled 'Making it Happen'. As part of that, I expected an implementation plan, key milestones, and robust governance/scrutiny to be in place. That now indeed needs to happen and be fully evidenced by NHS Highland.
- In summary, there remains much more to do, and I sincerely hope that the community, NHS Highland and the other stakeholders can re-engage and reset that endeavour. I understand that a joint workshop has already taken place between NHS Highland colleagues and the community and that others are planned.
- I and my SG colleagues remain committed to supporting this work and I have indicated a personal willingness to return to Skye to review progress, provisionally in early October.

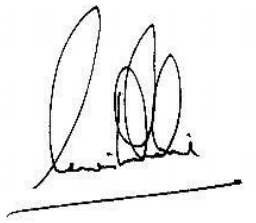
Calum, I would appreciate if you would circulate this note to all stakeholders as appropriate. I indicated to you that I would also be willing to undertake participation virtually in relevant meetings, as deemed appropriate as my other commitments allow.

I am copying this letter to Professor Boyd Robertson Chair, and Mrs Pam Dudek, Chief Executive, NHS Highland. I have already suggested to Mrs Dudek that where patients are expected to travel to Broadford Hospital for urgent care assessment, that NHS Highland should ensure that appropriate transport support is available if required, as is already the case in other Board areas in Scotland.

I remain most grateful to all for their unstinting and courteous input and commitment from the communities across SLSWR, throughout our review process. This has been greatly appreciated.

In closing, I wish to express my warm appreciation to my colleagues: Margaret Anderson and Fergus Millan who accompanied me at the meeting on the 31 May.

Kind regards
Yours sincerely



Lewis D Ritchie

*https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/Skye/Documents/1%20OOHs%202018/Out%20of%20Hours%20-%20Skye%20Report%20May%20250518%20Report.pdf

[Copied to Professor Boyd Robertson Chair and Mrs Pamela Dudek CEO, NHS Highland]

Annex B

05 August 2023

Calum Munro
Independent Facilitator
Implementation of SLSWR Primary Care Out of Hours Review

Dear Calum,

Preliminary Report OOH SLSWR following Meeting at Portree, 20 June 2023

I write following the meeting of the Skye, Lochalsh and South-West Ross (SLSWR) OOH Independent Review (the Review) Implementation Board meeting held at Portree on Tuesday 20 June 2023.

Context and Appreciation

Firstly, please accept my appreciation for your kind invitation and arrangements to attend this meeting. I was accompanied by Margaret Anderson (public representative and on-line Teams) and by my Scottish Government colleagues Stephen Jones (in-person) and Gillian Stocks & Pauline Bennett (on-line Teams).

Following the meeting, I was grateful for the opportunity to discuss by phone with you my future intentions regarding further engagement with the Review implementation process. I indicated that after further liaison with NHS Highland and SAS colleagues, in particular that I would submit a preliminary report to you as chair of the Implementation Board, copied to Mrs Pamela Dudek, CEO NHS Highland. I also indicated that I would submit, in due course a final report. The timing of that final report will be determined by implementation progress against declared intentions by NHS Highland and in particular to have in place a 7 day urgent care service at Portree Hospital (0800-2030) building up progressively on the Saturday/Sunday and Public Holiday service reinstated in January 2023.

My colleague Stephen Jones and I accepted a welcome invitation offered by Ross Cowie to attend a meeting of the Friends of Portree Hospital (which Ross chairs) on the morning of 20 June, prior to the Implementation Board meeting chaired by yourself.

As suggested, we did not follow the usual format of my visits, which in the past has taken the form of a systematic review of progress for each of the recommendations. Instead, as intimated in my previous visit in November 2022, I would seek to undertake/participate in a number of meetings/workshops involving clinical staff, NHS Highland and SAS

colleagues. I felt that clinical engagement/'buy in' was absolutely a pre-requisite for the re-establishment of 24/7 urgent care services in the North of Skye in particular, as mandated in my original Terms of Reference (from the pre-penultimate Chair of NHS Highland, Dr David Alston, in February 2018). As you are aware my Review Report was published in May 2018 with 15 recommendations, which were all immediately accepted without equivocation by the Board of NHS Highland:

Independent External View of Skye, Lochalsh and South West Ross Out of Hours Services — The University of Aberdeen Research Portal (elsevier.com)

Clearly many changes and challenges have occurred since my original review. In particular, the disastrous and devastating effects of the Covid-19 pandemic on us all, the serious impact on the residents of Home Care Farm and the unanticipated closure of Budhmor Care Home, on account of unforeseen and irremediable infrastructural issues.

Firstly, I have stated at the outset in all of the reviews of NHS services in Scotland that I have undertaken, in and beyond the SLSWR Review, that any recommendations made should be 'sense-checked' against changing and any unforeseen circumstances that might arise, to ensure 'future proofing'. I have since done that and would not wish to offer or make any substantive changes to the original recommendations, which I still stand by. Secondly, I wrote that I hoped that some of my urgent recommendations would bear fruit in the short term but indicated that others would take longer to come to fruition. Thirdly, I indicated that delivering resilient urgent care services in SLSWR and the experience gained in that process could help other remote and rural areas throughout Scotland and potentially beyond.

Progress

As above, we did not discuss all of the recommendations systematically, but I note the following:

- **Urgent care at Portree (Recommendation 1):** After slow initial progress, face-to-face urgent care 24/7 was re-established at Portree Hospital in 2019. A further (virtual) review conducted in October 2020, confirmed steady progress at which point, Maggie Cunningham and I withdrew from the review implementation process at that time. However, at the height of the Covid-19 Pandemic recurring staffing recruitment and retention issues resulted in the resumption of intermittent urgent care closures at Portree Hospital in early 2021. You invited me to return to review progress in early 2022 and I accepted this invitation to meet in May 2022. NHS Highland at the time declared indefinite closure of urgent care services at Portree Hospital. These services resumed part-time 0800-2030 Saturday/Sunday and public holidays in early January 2023 and at the meeting on 20 June a presentation given by Dr Claire Copeland, Deputy Medical Director NHS Highland, committed

NHS Highland to restoring 7 day 0800-2030 services on a progressive basis by end October 2023.

- **Portree Hospital (Recommendation 2):** It remains open, against fears of imminent closure, although bed capacity remains constrained by available nursing staff. No substantive progress has been made in relation to a new/replacement facility for provision for palliative, end-of-life care, rehabilitation and ambulatory care. There are ongoing positive discussions with the Scottish Futures Trust (which we heard about on 20/06) but these remain at an early stage.
- **Community bed provision (Recommendation 2):** We called for an urgent review of projected community bed requirements in the Review, taking into account dwindling numbers of nursing home bed provision (subsequently exacerbated by the unanticipated closure of Budhmor Home in Portree). Although an options appraisal exercise was undertaken (and subsequently abandoned without outcome), this issue needs to be revisited as a matter of urgency, taking into account alternative models of care such as hospital-at-home currently being piloted in Skye. I have heard instances of individuals who have had to be moved elsewhere (off-island) for treatment and longer-term care elsewhere, in the absence of available nursing home care provision locally. This also ties down Scottish Ambulance Service (SAS) staff on transport duties temporarily removing them from alternative urgent (and emergency) local care duties/roles.
- **Scottish Ambulance Service (SAS – Recommendations 3 & 4**): SAS has considerably increased resources allocated, including an enhanced and upskilled workforce across SLSWR moving from on-call to shift working, as envisaged in the Review. A major development was the co-location of Portree based SAS staff to Portree Hospital and subsequently the instigation of a test-of-change clinical assessment/triage by paramedics of patient 'walk-ins' in 04/23, supported by remote assessment by clinicians based at Broadford Hospital. The Review called for maximising synergies between Portree and Broadford Hospitals and this is one practical example. A Fast Response Vehicle (FRV) has been acquired by SAS for SLSW, but its optimal deployment has yet to be determined. Similarly, the current accommodation for SAS staff (on the first floor at Portree Hospital) is not as practicable as it should be for an immediate response particularly for emergency/life-threatening presentations. This should be remedied as a matter of urgency.
- **NHS 24 (Recommendations 3 & 5):** NHS 24 did establish a small unit at Portree Hospital, but this lapsed during the Covid-19 pandemic and has not been reinstated. NHS 24 have been active participants in the clinical engagement process, to determine how best to support urgent care services in SLSWR.
- **First Responder Schemes (Recommendation 6):** It was recommended that this should be expanded in a more systematic way and SAS have been instrumental in facilitating this. From two such schemes in 2018, I understand that there are now six and further developments are underway.
- **Housing (Recommendation 8):** This remains a work in progress with helpful acquisition of new accommodation for health care staff, including those in

training. The Review underlined that this should be addressed through the lens of staff and trainees working in the public sector and is not confined to NHS colleagues.

- **Transport (Recommendations 9 & 10):** I understand that progress on this workstream has stalled. I made a recommendation following my visit in May 22 that NHS Highland should look to transport support, in the absence of alternatives, of patients requiring in person clinical assessment, for example at Broadford Hospital, for those living in North Skye to ensure equitable access to urgent care. This work should be restarted, as soon as practicable.
- **Digital Innovation/SkyeLab (Recommendations 9, 11 & 13):** It was greatly encouraging to visit SkyeLab during my previous visit in November 2022, pursuing a 'centre of excellence' approach. This is very positive and the momentum should be maintained and continue to be supported.
- **Local Communities (Recommendation 12):** The Review concluded that the OOH services were unsatisfactory in Glenelg & Arnisdale and also in Raasay. This has been remedied in both communities, which are presently in receipt of satisfactory 24/7 urgent care services. Also positively, on the mainland at Lochcarron, NHS Highland has recently moved to shore-up the Howard Doris Centre, as recommended in the Review.

Assessment and Additional Recommendations.

A common theme running through the meeting on 20/06/23 was the insufficient capacity of the workforce, in order to deliver and underpin resilient urgent care services in SLSWR **(Recommendation 7)**. For example, the numbers of inpatient beds available for patients at both Broadford and Portree Hospital is below capacity in both sites because of insufficient staff number availability. At the meeting on 20/06 it was mooted by Ross Cowie that a specific short-life Working Group on Recruitment should be established as a matter of urgency. This has since been established with Dr Claire Copland as chair, meeting on a fortnightly basis. I view this group as pivotal and best recruitment practice examples from elsewhere, should be assimilated.

In summary my additional suggestions and recommendations following the meeting on 20/06 and subsequent informal discussion discussions are:

Portree Hospital Urgent Care (Recommendation 1): Portree Hospital should look to reforming to its original model of nursing care provision with a team of multifunctional nursing staff as opposed to division of the workforce into two teams separately providing in-patient and urgent care. This should buttress resilience and is common practice in most other small rural community hospitals in Scotland providing urgent care, including Bowmore, Islay as a local comparator. I have made suggestions to NHS Highland in keeping with that ethos suggesting that 24/7 urgent care at Portree is feasible and within grasp, particularly with the local support of SAS staff at Portree Hospital when available (the majority of the time) and remote support from clinicians at Broadford hospital, using

video-linking technology, continuously available. This should be fully assimilated, requiring co-production of integrated urgent care provision by both NHS Highland and SAS colleagues **(Recommendations 3, 4 & 5).** Clinical governance arrangements must be robust and fit-for-purpose for this new way of working, to ensure safe and effective care. Regular joint case review must underpin this, as well as joint training/learning activity. SAS personnel should be re-accommodated in more suitable accommodation at Portree Hospital in proximity to the main entrance, as soon as practicable. This will facilitate more accessible urgent and emergency care and a more integrated team-based approach between NHS Highland and SAS clinical colleagues.

Community Bed Provision in North Skye (Recommendation 2): As noted above, this matter has not been addressed as urgently or robustly as it should have been by NHS Highland. It is clear that there have been and continuing numbers of cases where individuals requiring nursing home care have had to be transferred outwith Skye in the absence of local suitable care and capacity. While accepting the unforeseen sequelae of the Covid-19 pandemic and the closure of Budhmor Care Home, this is disappointing, unsatisfactory and needs to change markedly and at pace, in concert with Highland Council, independent, third sector and other agencies.

Staff housing accommodation (Recommendation 8): As noted above, some progress has been made on this issue but there is much more to do. Existing mechanisms of engagement need to be revisited and responsibilities redefined.

Making Best Use of Urgent Care Services (Recommendations 3 & 14): It is essential that NHS Highland in concert with its partner agencies and the public of SLSWRS continue to promulgate best use of urgent care services that need to be used optimally and valued accordingly.

Health and Care Campus: This matter lies outside my Terms of Reference, but I have been present at and party to encouraging discussions about the longer-term potential provision of health, care and other public services on a new campus at Portree with interrelated synergies and shared facilities. While this may be ambitious and will not be realised in short-order, my personal view is that such a vision is entirely in keeping with the ethos of the Review and should be explored and pursued in joint endeavour.

Making it Happen (Recommendation 15): This was my final recommendation. NHS Highland and other agencies must rise to the occasion in order to realise the original intention and substance of the recommendations in the Review as they committed to do publicly, without reservation, in May 2018. I have been encouraged by more recent developments but that must be evidenced with further progress including refreshed governance, and sufficient programme support including a robust risk register process.

Next Steps

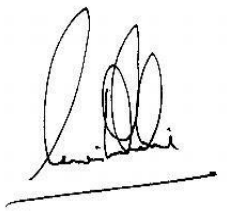
As I have indicated to you, I will continue to be engaged to offer appropriate support, where I can, to facilitate implementation of the Review over the next few months, ahead of submitting a Final Report, in due course.

Appreciation

In closing, I would like to commend the clinical, non-clinical, support and administrative health and social care staff, buttressed by other agencies, including the third sector, working throughout Skye, Lochalsh & South-West Ross, for their ongoing professionalism and dedication. I am grateful for the persistence, tenacity and selflessness of the members of the public who have directly contributed in co-producing and supporting the renewal of urgent care and out-of-hours services in SLSWR. I am also thankful to Margaret Anderson and Primary care support team colleagues within Scottish Government for their steadfast support throughout.

Please do not hesitate to contact me for any clarification/further discussion.

Kind regards
Yours sincerely



Lewis D Ritchie

Cc Mrs Pamela Dudek, CEO NHS Highland

Annex C

Received from Fiona Davies, CEO NHS Highland, 07 March 2025

Dear Lewis

Sir Lewis Ritchie – Independent Review of Skye, Lochalsh and South West Ross (SLSWR) Out of Hours Services 2018

Further to my last update dated 10 December 2024 I am writing to provide you with a further update on progress in relation to your 2018 report recommendations. As you know, I am committed to continuing the work both in relation to the outstanding actions within the recommendations and the future development for Skye, Lochalsh and South West Ross.

I have summarised the position in relation to each of the recommendations.

Recommendation 1: Portree Hospital Out of Hours Services
Following the publication of the recommendations, NHS Highland did establish a 24/7 urgent care service from Portree. As referenced later, there were attempts to do this in collaboration with NHS 24 and Scottish Ambulance Service, but this proved unsuccessful. Despite the service running from 2019 until 2022 (with a short suspension for COVID and some later overnight closures) the model did not sustain, and this inconsistency was not well received by the community.

In more recent years, the model now being implemented has been seen as preferable as it provides improved resilience and sustainability as it is not reliant on a small specialist team. It has clearly taken longer to establish than had been the intention and understandably this has further eroded confidence in NHS Highland from the community.

An agreed urgent care model is established, which came into place on 16 August 2024.

We have Advanced Practitioners based on site for the out of hours period seven days per week and extended hours throughout the weekend. They offer home visits where clinically appropriate, and are working in close collaboration with nursing and Scottish Ambulance colleagues to provide a 24/7 urgent care response at the Hospital. The ward staff have had both skills development and proactive leadership to get them to a more confident position in order to provide a service to people that attend the hospital at any time of the day. They access support from colleagues at Broadford and the Scottish Ambulance team when they are on site. Staff are generally reporting feeling more confident and comfortable with the model, having experienced it for several months and there have not been any complaints submitted from the public. We will be seeking more detailed feedback from our staff via our professional leads and from the community through our development of Care Opinion as a route to hear from the people that use our service.

We continue to engage with our GP colleagues about any expansion opportunities, in addition to their Urgent Care GMS responsibilities and their responsibility for the in-patient provision in the hospital. However, they are not in a position to offer any additionality. This is primarily due to a workforce shortage. In order to prioritise where that workforce is best deployed, we have been collating data to understand the need in relation to minor injuries demand. To date, the data shows a low level of service requirement during daytime hours, but we recognise the numbers will fluctuate throughout the year so we will continue to review the model going forward.

The actions within this recommendation were originally achieved shortly after your report was published; however the service was not sustained. The current model has been established to ensure resilience and best use of skills and resource at optimum times. We now need to build the trust of the community and the ensure longevity of the model. We will continue to develop the service based on need with our partners in the community and our agency partners through the re-established Urgent Care group. This has community and wider stakeholder representation including Primary care, Scottish Ambulance Service and NHS 24 and the group are exploring wider attendance including the police and fire service in order to ensure our future planning and decision making is collaborative and co-produced.

Recommendation 2: Future Community Bed and Care Provision

NHS Highland undertook a review of need as part of the original options appraisal that set out the bed number trajectories that would be required, depending on what the community provision would be provided as part of a future model. As you know, this work was not concluded, given the suspension of the options appraisal process, however the information remained of relevance.

Public Health have completed a health needs assessment that was presented to the Sir Lewis Ritchie Steering Group by Dr Tim Allison, Director of Public Health, NHS Highland at the end of 2022. This supports our ongoing service planning on Skye and across all Board areas.

Board representatives have been clear since the initial report that the beds will remain open in Portree Hospital. This would only change if there is an agreed plan for suitable bed provision in the north of Skye. NHS Highland remain committed to this position. Currently the care bed provision outwith the hospital in the north of the island is at Home Farm. The additional beds that we had previously committed to, and referenced in the recommendations, did not come to fruition as this was to be via an independent provider who has subsequently closed their care home in Portree.

The GP practice will not be moving into the hospital as the space would not permit that, but they have the comfort of an extended lease and they continue to work closely with us. There are a wide range of community health and care services and we are working to develop these, including local services such as our new facility in Staffin and implementation of the Highland Joint Strategic Plan. Engagement in the District Planning Group and specifically the Urgent Care Group with key stakeholders will continue the collaboration and engagement.

Importantly, there is now a Joint Strategic Plan in place to guide progress. This is part of the legislative expectations in the Public Bodies (Joint Working) (Scotland) Act 2014. In line with this, a District Planning Group has been established to engage with the community and to take forward the adult health and care provision elements for Skye, Lochalsh and Wester Ross.

This will be the process, in line with Health Improvement Scotland Guidance on identifying major health service changes, to consider and agree service transformation and redesign to meet the needs of Skye, Lochalsh and South West Ross residents. One key project will be in-patient beds and community services delivery for North Skye. This will also, for example, take account of the Hospital at Home pilot learning and virtual bed delivery, as well as a review of all in-patient bed capacity to ensure that this meets the health and care needs assessment for the residents of Skye. The District Planning Group is now well established, with the first meeting having taken place on 12 September 2024 and a further three meetings have taken place to date.

In relation to concerns about recruitment, we committed shortly after the initial report to substantive recruitment. More recently we have established a co-produced community and NHS Highland recruitment group which is now well established and with good evidence of success. For example, we have had high interest in the Band 5 and 6 nursing posts in both Broadford and Portree and have a target for fully established teams in the coming months. We have also had successful international recruitment to the island. We continue to work with the staff to develop their confidence in the longevity of services and our ongoing commitment to Portree Hospital in particular.

Clinical and operational leadership is now in place and well established. Communication has improved generally in the Board with weekly messages through my Chief Executive cascade briefing, although there is always more to do in this area.

There clearly is executive level support and active involvement and this will continue as we progress.

The actions within this recommendation have been taken forward as they were set out. However, in relation to action 2c we have not reached the conclusions we committed to. We set out that we would complete an options appraisal to establish a longer-term plan with regard to health and care provision in Portree. The options appraisal did not reach a conclusion and further work is required. To inform this, a new Joint Strategic Needs Assessment has been undertaken. This is due to report later this month. The report will be considered within the District Planning Group who will then take forward a process to implement a revised a health and care model for north Skye.

Recommendation 3: Closer Inter-Agency and Public Participation

There has been close inter-agency working over the last six years; however, this has not always been consistent and has had less success than may have been anticipated. NHS Highland

colleagues and Scottish Ambulance Service in particular, have made strides in closer working at both of the hospital sites, including piloting new ways of working, but we know we can achieve more.

The pandemic did impact on some of the emerging work that was taking place, which is a real shame, and we as a collective have at times struggled to re-establish those links and working practices. We are more hopeful that the groups now emerging, such as the inter-agency group led by the area manager, the recruitment and retention group co-produced with the community, and the reconnection with NHS Education for Scotland, will prove beneficial in the future.

The public have been active participants over the last six years in a variety of ways. The success of this is evident in a number of the specific locality projects identified later. They have been both supportive and challenging and, understandably, at times frustrated with us. We know that we need to continue to build better approaches to inclusion and engagement. The new district planning group is now established, with the intention of doing this to ensure a forward focus together as the SLR Steering Group comes close to an end. In addition, we have re-established the communication group to complement the well-received recruitment and retention group that is really making a difference. The firmly established Community Project Officer post that is funded by NHS Highland and two partner organisations has been particularly helpful.

The final, but hugely important part of this recommendation, was engagement with frontline staff. This has not always been as good as it should have been, for a number of reasons. We have, though, reviewed and redesigned our leadership structure in order to provide much more focussed clinical and operational leadership.

This recommendation as was set out in the original report has been achieved, recognising that inter-agency working and public participation require ongoing attention and oversight.

This will continue via the District Planning, Urgent Care and Communication Groups in addition to routine partnership working and community engagement. Scottish Ambulance Service colleagues have actively engaged in our meetings with SOS-NHS and they and NHS 24 continue to attend the SLR Steering Group. We are engaging with other partners including the Highland Council, NES, Scottish Futures Trust and HITRANS as we plan for the future.

We have good community engagement as we develop the new District Planning Group and are now seeking district wide community members for the re-established community and urgent care groups.

Recommendation 4: Collaboration with Scottish Ambulance Service
NHS Highland and the Scottish Ambulance Service have collaborated throughout the period since the report and remain committed to doing this in the future. This was highlighted in our meeting with the community.

In relation to the specific points in this recommendation, as was referenced in the meeting on 31 July 2024, Scottish Ambulance Service did review their capacity and capability, including the potential for using the rapid response vehicle. The outcome of this review was to increase their establishment by 14 paramedics and providing 24/7 on site, rather than on call, provision based at Broadford and Portree Hospitals. The review did not evidence the need to staff the response vehicle. As you know, the community did express concerns about this and Scottish Ambulance Service colleagues advised that they would keep the level of need under review whilst working with us on collaborative models.

Confirmation of completion was sent by Michael Dickson, Chief Executive Officer, Scottish Ambulance Service in correspondence to Louise Bussell on 3 July 2024.

This recommendation has been achieved for a number of years. Scottish Ambulance Service is committed to continued collaboration and review of service need. This will continue via the Urgent Care Group in addition to routine partnership working and engagement. They have actively engaged in our meetings with SOS-NHS and continue to attend the SLR Steering group.

Recommendation 5: Collaboration with NHS 24
Since 2018, NHS Highland has engaged with NHS 24 about the potential for joint service developments and new ways of working. Early on, in response to your report, there was a pilot of a new collaborative approach with locally based staff in a shared working model. This proved to be a challenge in terms of workforce and was unfortunately suspended during the pandemic. Since then, NHS 24 have consistently confirmed that they would not be contributing to a future local staffing model. The Chief Executive wrote to NHS 24 to seek their views on this recommendation, where they have affirmed this position and their view that the ongoing workforce challenges, coupled with a change in their model, means that they will not be pursuing the original ask.

They have, though, committed to continuing to work with NHS Highland for future closer pathway working and Louise and I will pursue this with them.

Confirmation of NHS 24's position was sent by Jim Miller, Chief Executive Officer, NHS 24 in correspondence to me on 11 July 2024.

The recommendation is concluded rather than completed, as the original action is not being taken forward. NHS Highland and NHS 24 have, though, committed to ongoing engagement and exploration of future collaborations. This will continue via the Urgent

Care Group in addition to routine partnership working and engagement. They have attended and actively engaged in the SLR Steering Group.

Recommendation 6: First Responders

This action has been completed. The Scottish Ambulance Service Chief Executive has confirmed this in his response to us. Community First Responder Schemes are in place across Skye, Lochalsh and South West Ross, with work ongoing to build the number of Community First Responders further. Scottish Ambulance Service currently has five Community First Responder Schemes active on Skye based at Dunvegan / Struan, Glendale, Portree, Sleat and Trotternish. Community First Responders are volunteers and therefore may not always be possible as volunteers 24/7 as they book on and off, depending on their availability.

Scottish Ambulance Service has a further five volunteers currently completing their four day Community First Responder training course being delivered on Skye. There will always be a turnover in Community First Responders, so Scottish Ambulance Service works to maintain numbers through training programmes.

Confirmation of completion was sent by Michael Dickson, Chief Executive, Scottish Ambulance Service in correspondence to Louise Bussell on 3 July 2024.

The original recommendation was completed, although it is always an area that will require ongoing support and development to achieve its intention. Scottish Ambulance Service have committed to further developments in this area and will report back via the Urgent Care Group.

Recommendation 7: Workforce Capacity and Capability

All agencies, including NHS Highland and Scottish Ambulance Service, have reviewed urgent care provision within their organisations and adjusted the workforce to meet need. Recruitment, retention and related resilience are the ongoing challenges to achieving establishments. Joint workforce planning and working was attempted and has been piloted with NHS 24 and Scottish Ambulance Service; however, there have been limitations to this. This was due to recruitment challenges, changes to how NHS 24 work nationally, and ambulance staff availability whilst the ambulance is out on calls. There is now agreement of working practices where Scottish Ambulance Service can complement but not replace NHS Highland provision.

Multi-professional clinical leadership is in place and supported at a local, service and board-wide level. There is evidence of clinically led developments, such as the model for out of hours provision in Portree and the implementation of local training and development plans.

This recommendation is completed. There will of course need to be ongoing work to ensure workforce, capacity and capability.

Recommendation 8: Housing Solutions

NHS Highland has worked with The Highland Council, the local housing association and the local community to find novel solutions, as was the recommendation. The Board leases a number of properties to support staff moving to the island, as well as sending out the housing list to all new starters and linking in with the local community via the recruitment group members. This has led to some success, including for example the rental of a yurt and access to locally offered shared accommodation.

The Highland Council continues to work with partners, through the Highland Housing Hub, to identify housing solutions geared towards NHS staff. A recent project in Broadford by Highland Housing Alliance was advertised as priority for NHS staff. Lessons have been learned from this, including the need to provide for greater choice of tenure (including mid-market rent options) and house type. Work continues in Portree and other locations in Skye to ensure a pipeline of housing supply, and to seek additional funding sources towards the provision of housing.

Whilst this is an area requiring ongoing involvement of all agencies, the original recommendation action has been completed.

Recommendation 9: Road Issues
The Highland Council has confirmed that the road conditions on Skye have been the subject of much discussion within the Council and with partners. This has led to an increased level of capital investment for the Skye and Raasay area over the last two financial years, and the number of schemes being completed has been significant. NHS Highland recognises there are still areas of concerns, and every effort is being made to accelerate activity on all routes throughout Skye and Raasay.

The original recommendation has been completed. The Highland Council works in partnership with NHS Highland in relation to any road concerns that are highlighted and continues to plan further developments.

Recommendation 10: Transport and Accessibility
The original recommendation in your report was to review the Terms of Reference for the Transport and Access Group. This took place and the group was re-established. The group was chaired by Stagecoach and comprises a number of partners, including HITRANS, the Regional Transport Partnership. It is currently not in place and a further consideration of future need is being explored as it is recognised a refresh to this group is required in order to reinvigorate the project.

HITRANS has just started work to establish a Highland & Islands-wide Health and Transport Action Plan which will look at many of the access to healthcare issues that need addressed. However, it is considered that the Skye, Lochalsh and South West Ross issues may still require a separate dedicated group. The Highland Council is aware of the position and will work with us and partners to ensure the right meeting infrastructure is in place to meet future needs.

All of the evacuation plans were reviewed by the relevant agencies, with plans implemented following the report. I understand these will continue to be periodically reviewed.

In the correspondence from Michael Dickson, Chief Executive, Scottish Ambulance Service to Louise Bussell on 3 July 2024 there was a commitment to review this again with partner organisations.

The original recommendations have been completed. There is, though, further discussion needed to consider future requirements for optimising transport and access for people in Skye, Lochalsh and South West Ross. In order to achieve this there have been three meetings chaired by Louise Bussell with community and local councillor representation as well as colleagues from the Board, SAS, HITRANS, Stagecoach and the Highland Council to consider how to take forward transport and accessibility matters for Skye, Lochalsh and South-West Ross. From these discussions a short life working group for transport has been established, initially chaired by Louise until a chair is agreed. The group is considering the actions from the previous report in 2020 to ensure anything outstanding is completed as well as a look forward to what else would be of benefit for

SLSWR. To achieve these actions the group now has membership from patient booking and outpatients at Raigmore and has sought advice from the South, West Ross Care Scheme.

Richard MacDonald, Director of Estates, Facilities and Capital Planning agreed to take forward access issues separately as part of his Equality, Diversity and Inclusion work.

Recommendation 11: Digital Innovation
Engagement in digital innovation has been ongoing and we continue to learn from other remote and rural areas. There are good IT links between sites via 'Near Me' and Microsoft Teams. There are 'Near Me' facilities in a variety of locations, including Portree Hospital, Broadford, Raasay and Staffin. Since the report was published there has been significant development in response to the pandemic and staff are now familiar with using Microsoft Teams as a regular and routine method of communication.

The original recommendation was completed; however, clearly digital innovation will remain an essential part of health, social care and community planning. The board has a Digital Health and Care Group with a number of key areas of work that will have a positive impact on remote and rural communities and our staff groups. In addition, we are linking in regionally, in a remote, rural and island context and nationally to ensure we work in collaboration and innovate for the future.

Examples of this are our engagement with the national work on the digital front door and remote home monitoring programme. In relation to the latter, we are now implementing the BP Connect Me monitoring pathway.

Recommendation 12: Specific Localities
The actions were specifically related to the service models for, and ensuring sustainability of, services in Glenelg and Arnisdale, Raasay and the Howard Doris Centre, Lochcarron. The local team has worked closely with the community and partners in order to find a solution in West Ross for each of these three distinct areas.

Local solutions have been implemented in other areas of Skye, Lochalsh and South West Ross, such as the new facility at Staffin which is now being used well as both a health and care facility and a community resource.

This recommendation has been achieved for a long period of time now, with further developments and adaptions in response to emerging issues and identified opportunities.

Recommendation 13: Centre for Excellence
Initially work was progressed locally with a number of organisations and community representatives. It was then progressed at a national level with NHS Education for Scotland taking the lead, but still ensuring support and engagement with Skye, Lochalsh and South West Ross. They have provided a helpful report of the progress, which includes some of the work to date.

Dr Pam Nicoll, Associate Director of Medicine & Interim Director of The National Centre for Remote and Rural Health and Care, provided a summary report to the Board on 13 August 2024 outlining the work that has followed on from the original recommendation.

NES has continued to provide educational support and training to the health and care staff located within Skye, Lochalsh and South West Ross and throughout NHS Highland.

In addition to this, the Centre for Excellence has taken forward a number of projects supporting needs identified within the joint working of the Centre for Excellence Working Group. This currently includes three projects working collaboratively with the local multi-agency Skye Recruitment and Retention Group:

- Highland Community Induction Officer Project – joint funding and evaluation
- Making it Work Framework Implementation Project 1 – project support and evaluation
- NHS Recruitment Group Skye Evaluation – project support and evaluation

The remote, rural and island specific needs identified throughout the work of the Centre for Excellence Working Group in Skye, Lochalsh and South West Ross are also reflected in the Centre Priority Programmes of Work underway at national level in the four priority areas of remote, rural and island research and evaluation; recruitment and retention; education and training; and leadership and good practice.

The recommendation was completed by the original workstream chaired by NES colleagues. We are, however, reviewing the work to date with colleagues in NES and wider stakeholders to explore what else can be achieved.

In relation to Skyelab, this is the most recent update: SkyeLab was originally incorporated in 2021 as SkyeLab CIC, a Community Interest Company. In May 2024, due to a lack of funding and long-term viability, the directors took the decision to dissolve the CIC and transfer all residual assets to the CIC's named beneficiary Portree & Braes Community Trust (PBCT). The hope and intention is that SkyeLab can continue its mission in a low cost virtual format. While no longer an independent CIC, SkyeLab will continue to operate the Technology Demonstrator & Library as a mini-project under the governance of PBCT and run on a voluntary basis by a PBCT member.

Recommendation 14: Best Use of Resources
This action was taken forward locally, including the partial funding of the Project Officer to assist in this work. This has included communication to and with the public in a variety of ways and using options for sign posting.

Social media has been an increasing focus of this work as it has significantly developed since 2018.

This recommendation has been completed and work will be ongoing as part of our business as usual with our community groups and partners.

Recommendation 15: Making it Happen
Partners and community representatives have engaged well over the last six years with the ambition to Make it Happen. The community and staff participation has been exceptional in exploring alternative solutions and novel approaches. There have been forums to achieve the work together; some of these concluded once the work was completed, others did not sustain as we would have wanted them to, but throughout, people have come together via the Steering Group.

There have clearly been challenges along the way, not least the disruption and changes brought about by the pandemic, and obviously we would have wanted to have made it all happen much sooner. However, on reviewing the work achieved, many of the recommendations have been completed and firmly established for a number of years. This is testament to the people who have been working and continue to work to make it happen.

As identified in this response, there are areas within the recommendations that require work to reach conclusion. This recommendation is therefore partially completed and the collaboration and co-production will need to be ongoing post conclusion of all the recommendations. To achieve this we have developed a new governance structure with a continued focus on community and partner engagement and co-production. All of the meetings within this structure are now in place and becoming more established.

I hope that this helps to set out what we have achieved to date, what we continue to plan for in the future, and provides assurance that my colleagues and I are all committed to working collaboratively and building trust with the community.

I look forward to receiving your final report, with the intention of ensuring that the Board of NHS Highland is assured of progress of their commitment.

Yours sincerely

Fiona Davies
Chief Executive

Copy to:

- Douglas McLaren, Deputy Chief Operating Officer, NHS Scotland
- Rebecca Chalmers, Unit Head, Community Urgent Care and Sponsorship of NHS 24 and the Scottish Ambulance Service, Scottish Government
- Councillor Calum Munro, Chair of the Sir Lewis Ritchie Steering Group

Annex D

Received from Professor Ronald MacDonald OBE, 10 March 2025

Public health services are the cornerstone, or foundation stone, of our rural communities. The geographically centralised health care redesign model in Skye Lochalsh and South West Ross (SLSWR), finally approved by the Scottish Government in 2019, was neither fair nor equitable. People living in the Northern (island) perimeter of SLSWR had very different access to health care provision compared to those in the southern (mainland) perimeter of the area before the redesign, and this was greatly exacerbated after the redesign. Furthermore, taking away key facilities, such as urgent care from the only urban settlement in the area introduced significant social costs, including public safety issues, given the very different socio demographic and risk profile of Portree relative to the rest of the area. According to the Scottish Capital Investment Manual NHS Highland had a statutory responsibility to account for these factors in its redesign. It did not.

Identifying the flaws in this redesign led to my election as a Highland Councillor in 2017 on an electoral turnout for Eilean a Cheo ward that was the highest in the Highland Council area. Shortly after I was elected, I was told by Ms Gill MacVicar, NHSH's then lead in the redesign process, that Portree Hospital was no longer viable structurally, nor in terms of the ability of NHSH to staff the hospital, and that it should be closed. In response, and along with my Councillor colleagues, a motion was raised in the Highland Council requesting that the then Cabinet Secretary for Health, Ms Shona Robinson, intervene in the situation in Skye. Following a meeting with the Cabinet Secretary, further local community protests in Skye, and a petition to the Scottish Parliament, NHSH commissioned Sir Lewis Ritchie to review the situation and this resulted in the publication of Sir Lewis Ritchie's Independent External Review of Skye, Lochalsh and South West Ross Out of Hours services, 2018 report (henceforth SLR's report). The report was accepted by NHS Highland, and they promised to implement it in full. A promise that is yet to be delivered despite Sir Lewis Ritchie reaffirming the recommendations of his original report in 2023.

Those in our community with a health economics or public health background recognised that SLR's report provided a set of mitigatory measures to address the key issues and concerns of the original redesign process and for these measures to be successful the report had to be implemented in full in the manner recommended by SLR, as detailed in Appendix 2 of the redesign Final Business Case.

The report had several actions for NHS Highland to implement jointly with partners. I was closely involved in efforts to implement recommendations 11 and 13 and therefore comment

on these here. Recommendation 11 concerned Digital Innovation and 13 involved the development of a Centre of Excellence (CoE) for Learning, Education and Training. NHS Education for Scotland's (NES) Remote and Rural Healthcare Educational Alliance (RRHEAL) were asked by NHS Highland to lead the CofE proposal in November 2018.

Recommendation 13 : Centre of Excellence

Taking the CofE workstream first, a range of multi-agency and community partners worked with RRHEAL to establish The Centre of Excellence Working Group (CoEWG) on behalf of and including NHS Highland. The CoEWG was led jointly by Dr Pam Nicoll, NHS Education Scotland (NES) and the Remote and Rural Health Care Alliance (RRHEAL) was the agency lead/chair for this workstream and Prof Ronald MacDonald, the community lead. The CoE WG worked together from 2019 until 2021. The aim of the CoE WG was to co-produce the proposal for the establishment of a Scottish Centre for Excellence (SCoE) in Remote, Rural and Island Healthcare.

From the outset Pam Nicoll had the full support of NES behind her and from the start the initiative felt like a true coproduction and continued that way until near the end of the process. The workstream, and subgroups, held literally scores, if not hundreds, of meetings since the publication of Sir Lewis's Report. In 2019 we produced our four-pillar model for the Centre, consisting of: Innovation and Best Practice, Recruitment and Retention, Education and Training, and Research and Evaluation. The report based on this model was submitted to the Scottish Government for funding in 2019 but that proved unsuccessful.

Going forward, multi agency groups were formed with full community involvement to take the four elements of the pillars forward and numerous meetings were held to formulate and elaborate the four pillars. A further proposal, based on a more fully fleshed out version of the model was submitted to the Scottish Government in 2021 but again failed to be funded. This resulted the co-chairs collaborating with colleagues in NHS England, and their associates, to seek funding for a revised version of the proposal from the Health Foundation.

A two-week Remote and Rural Festival of Learning was designed by the Education and Training Working Subgroup to be hosted in Portree in September 2022. This was unfortunately unable to be delivered due to pandemic restrictions in 2021 and the period of national mourning following the death of her majesty Queen Elizabeth II in September 2022. However, many of the planned education sessions were instead delivered at distance digitally within the RRHEAL Remote and Rural Series of Learning Events in 2023 -2024. The Recruitment and Retention Subgroup initiated a range of practical projects aimed at improving remote and rural recruitment and retention.

It is noteworthy that the four-pillar model developed with the Skye community is at the heart of the current National Centre for Remote and Rural Health care. It is also noteworthy that

during the formative stages NHS Highland managers played very little, if any, role in the development of the Centre with one NHSH manager indeed indicating that they had no need for such a Centre given NHSH's own training methods! This lack of interest and failure to see the huge potential of the Centre, and its digital counterpart, for Skye, and beyond, has meant that for most of the time spent the coproduction with NHSH has for the Skye community been a coproduction in name only.

Indeed, the failure of NHSH to see the significance of creating a model of primary care and beyond which could have been an exemplar for the rest of Scotland is surely one of the great tragedies of the failure to implement SLR's report as initially intended. That said, the financial support and creation of a National Centre for remote and Rural Health care has led to a successful collaboration with the Skye community under the umbrella of the Portree and Braes Community Trust and this in turns has led to new coproduction initiatives between the new National Centre and the Skye community. For example, a Skye based community co-produced programme of work aims to improve the attraction and retention of a range of health and care staff within Skye through the implementation and testing of the 'Making it Work Framework for Remote Rural Workforce Stability' of the National Centre. Through this structured and evidence-based approach, the National Centre team are producing a structured and replicable methodology for addressing issues around attracting and keeping staff that is easy for users across Scotland to use and adapt.

Also, the National Centre are funding a Community Induction officer role to support a multi-agency community led "Work on Skye" recruitment and retention project and the Centre team are supporting the implementation and evaluation of impact of this role. The Induction Officer lives within the local community and helps to support the integration of new healthcare recruits by signposting them to practical support for housing, local schooling and childcare provision, hobbies and interests as well as being available for a 'coffee and chat'.

Recommendation 11: Digital Innovation

The digital innovation workstream took some time to get off the ground and eventually it was combined with workstream 13 and the Centre of Excellence became Scottish Centre for Excellence (SCoE) in Remote, Rural and Island Healthcare and Digital Innovation. The digital work for the group was initially undertaken by the co-chairs liaising with interested parties in various agencies, including NHSH24 and successful links and meetings were also held with NHS Highland digital group.

The advent of Covid really emphasised the benefits of a focus on digital innovation and at that time Campbell Grant, the CEO of a successful Skye based digital company Sitekit Ltd, started to become more involved in the digital innovation team and as a result the local HIE manager,

Stuart MacPherson, also became involved in this initiative, as suggested in the initial SLR report. The work with the community and HIE then led to the digital workstream becoming a separate entity from the overall work of the Centre for Excellence and it eventually led to the creation of a Community Interest Company (CIC) called Skyelab CIC, with Ronald MacDonald as the chair and directors comprising Campbell Grant, Iain MacIvor (Lochalsh and Skye Housing Association) and Anne Gillies (Chair of Raasay Community Council) as codirectors.

SkyeLab Community Interest Company

SkyeLab had three key strands / objectives; namely, a centre for training, a centre to provide assistance with home digital systems, and thereby help to keep elderly people in their homes for longer, and a centre for research and development work in digital innovation. The initial funding for SkyeLab came from a substantial financial donation (£6k + further £15k = £21k total) from Sitekit and also a donation from An t-Eilean Gallery (owned by Catriona and Ronald MacDonald). Sitekit's free of cost provision of an office premises building in Portree (equivalent to 24m rent at £1k/m = £24k in-kind support) for SkyeLab activities to take place was pivotal in its success.

In its short life span, SkyeLab achieved many of its initial objectives. For example, the SkyeLab faciltiy was used by SAS, the local GP practice and local charities for various training exercises and the home digital initiative was eventually awarded capital funding of £25k by HIE. The range of devices purchased with this grant were housed in the SkyeLab building for local people to see what devices were available to help keep people living in their own homes for longer.

First step achievements were also made in the R and D side of SkyeLab with a dialogue established between the SkyeLab team and the digital innovation group of NHSH24 with the aim of trying to test pilot NHSH24 digital initiatives in a rural setting. This could have led to an alternative way of having an important presence for NHSH24 on Skye to address one of the key primary care objectives of SLR's report. SkyeLab was also involved in a pilot project with a private sector digital company (Archangel.Cloud) to provide digital connectivity in remote rural areas that have poor internet connectivity and SkyeLab employed a Technical Officer (Rad Rudek) to deploy a local telecare monitoring network using innovative 'LoraWAN' technology to trial its range and effectiveness in a rural/mountainous location.

A second R&D project, by MSc student Elspeth Macintosh, in partnership with and fully funded by Edinburgh University DataLab, was to develop a data model to predict and plan for future special housing needs as the local island demography changed over the next 50 years. Sadly, despite many promises, half promises and gestures for funding and moral support, especially that of the former CEO of NHSHighland, funding for a person to manage and run this initiative,

vital for the project's sustainability, never arrived and the funding for The National Centre arrived too late to be of help.

The experience of the implementation of recommendations 11 and 13 of SLR's report indicates that where there is an understanding of the issues that need addressing, a willingness to achieve these, and some start-up funding, great things can and were achieved by a coproduction process, especially with respect to the creation of a National Centre for Remote and Rural Health Care. Where this combination of understanding, willingness and funding does not exist then the Skye experience suggests that coproduction will not have a successful outcome which sadly is why SLR's original report has not been implemented in full as was initially intended and agreed. As a result, the mitigatory aspects of SLR's report have not yet been achieved, to the detriment of the North Skye community and beyond, since a successful co-production of all of SLRs report was intended to be an exemplar for the rest of Scotland.

As noted in my introduction, public health services are the cornerstone, or foundation stone of our remote communities, and especially so in the complex socio demographic that exists in SLSWR which SLR's report was designed to address. I believe the fallout from failing to implement SLRs report in full is already evident with the steady flow of those who have had to move from North Skye due to the redesign process and the failure of applicants with young families to take up jobs in North Skye due to the altered health provision. The latter seems to be clearly reflected in the recent report by the Highland Council showing that 8 out of 12 schools in Skye are projected to see significantly falling school rolls going forward (to 2028). Seven of these are in North Skye. Schools that are expected to buck this trend are in Broadford, Sleat and Raasay, three key areas that have not had health services removed during the redesign process.

Ronald MacDonald OBE.

10 March 2025

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**02 July 2025**
Title:	**Chief Officer Assurance Report**
Responsible Exec/Non-Exec:	**Arlene Johnstone, Interim Chief Officer**
Report Author:	**Arlene Johnstone, Interim Chief Officer**

1. Purpose

To provide assurance and updates on key areas of Adult Health and Social Care in Highland.

2. Digital, Telephones and Electricity

The Telecare Analogue to Digital Switchover in North Highland is part of a UK-wide transition driven by communication providers upgrading their networks. This change affects all analogue phone lines, which are being phased out in favour of digital services by January 2027. In North Highland, NHS Highland is leading the local transition, aiming to complete the switchover by March 2026. As of June 2025, approximately 50% of telecare clients in the region have already received their new digital telecare units.

BT / Openreach, the main communication providers, have not yet confirmed the exact dates for the analogue shutdown in the Highland area. However, they are currently running a telecare migration pilot until the end of July 2025, which is expected to inform the broader rollout. NHS Highland has been proactive in communicating with clients since 2020 through letters, newsletters, and social media, ensuring that people understand the reasons for the change and what to expect.

Clients are reassured that the new digital telecare units are provided free of charge, and they are warned to be cautious of scams involving fake charges for equipment. During installation visits, the Handyperson Service offers face-to-face support, written guidance, and answers to any questions. Staff involved in installations and support receive regular training from Tunstall Healthcare, with the most recent session held in April 2025.

To support the digital infrastructure, the Highland HUB's alarm receiving software will be upgraded in July 2025. This upgrade will improve the reliability and resilience of digital alarm calls. NHS Highland has also established data-sharing agreements with BT/Openreach and Sky to ensure that communication providers are aware of which households have telecare devices.
In terms of power resilience, BT has committed to providing free backup batteries and hybrid phones to people with additional needs. These hybrid phones can switch to mobile networks during power outages. For clients who do not use or want broadband, BT will offer a dedicated landline service from 2025 to 2030, allowing them to continue using their phones as they do today.

A robust Business Continuity plan is in place to protect telecare clients during power outages,

involving local emergency planning teams and Care for People groups. The Scottish Government's Digital Office is also working with Ofcom and communication providers to address the broader national challenge of maintaining digital services during power failures, which affect not only homes but also essential services like shops and petrol stations.

3. Community Led Wellbeing Hubs

There are currently six Wellbeing Hubs operating in Sutherland, one in Caithness, and one in Lochcarron. These hubs are locally managed charitable or not-for-profit organisations that deliver a wide range of services and activities tailored to the needs and interests of their communities. Their core aim is to support individuals to remain connected, active, and healthy within their local areas.

Wellbeing Hubs typically provide:

- **Health and wellbeing services**, including meals, physical activity sessions, advice, and referral pathways;
- **Social and recreational opportunities**, such as clubs, classes, outings, and community events;
- **Education and training**, through courses, workshops, and mentoring programmes;
- **Volunteering and employment opportunities**, including placements, skills development, and supported roles.

Despite their vital role, Wellbeing Hubs face ongoing challenges in securing adequate and sustainable funding to support their diverse and evolving functions. Given the breadth of services offered, it is expected that hubs will seek and receive funding from multiple sources. These may include service-level agreements with public sector bodies, charitable grants, donations, fundraising activities, social enterprise income, and legacy contributions.

NHS Highland currently has funding arrangements in place with the Wellbeing Hubs, although the level of funding has remained unchanged since the original agreements were established. NHS Highland has been engaging with the hubs to explore how best to support their valuable work. A constructive meeting took place in mid-May 2025, with further discussions scheduled.

Community-led Wellbeing Hubs are of strategic importance and are integral to the successful delivery of the Joint Strategic Plan. NHS Highland remains committed to working in partnership with these organisations to ensure their long-term sustainability and continued contribution to community health and wellbeing.

4. Update on the Redesign of Services – North Coast of Sutherland

The business case for the redesign of health and social care services across the North Coast of Sutherland is scheduled for a private, formal presentation to the Highland Council Full Council on Thursday, 26 June 2025. This proposal is a key component of NHS Highland's strategic programme to modernise service delivery in rural areas, addressing persistent challenges such as workforce sustainability, aging infrastructure, and fragmented care pathways.

A verbal update on the outcome of the Council's deliberations will be provided following the meeting, this will confirm the Council's position and outline the next steps for implementation, subject to approval.

5. Sutherland Care at Home Service

As the operational response to the current situation remains ongoing, a verbal update will be provided alongside the written report to the Health & Social Care Committee to ensure the most accurate and up-to-date information is presented.

6. Staffing Updates

Royal College of Nursing Scotland Nurse of the Year Awards - Nursing Support Worker of the Year: Chelsey Main, a nursing support worker from the NHS Highland Forensic Service, was announced as the 2025 Nursing Support Worker of the Year.

Nominated for the profound impact she has had on the lives of forensic inpatients and community patients, Chelsey offers tailored 1:1 activity, supporting patients with practical life skills to foster independence, confidence, and help patients re-engage with the community, encouraging transitions to more independent living. The judges praised Chelsey's enthusiasm and inspiring commitment to delivering exemplary care.

7. Joint Inspection of Adult Services

The Highland Health and Social Care Partnership (HHSCP) were informed of the Joint Inspection of HHSCP commencing on 10 February 2025 with consideration of the following question:

"How effectively is the partnership working together, strategically and operationally to deliver seamless services that achieve good health and wellbeing outcomes for adults?".

The inspection is considering the question by examining the provision of services for the lived experience of adults (aged 18 – 64) living with mental illness and their unpaid carers.

Current status:

Monday 23rd June 2025 Week 21 of 35 of the Inspection activity.

Staff Survey completed 21st March 2025 with 118 staff responses, Engagement with people, carers, commissioned providers, third sector and voluntary organisations throughout March where the Inspection team spoke to a total of 124 people, above average response with 93 people and 31 carers.

Review of records and Team Around the Person (TATP) completed with 33 records reviewed and 5 people with 4 carers interviewed directly. The Inspection team had a good geographical spread of people identified in TATP. A total of 18 Scrutiny focus groups were held with 90 staff involved across the sessions and two site visits included New Craig's Hospital, Mental Health Assessment Unit, Highland Forensic Services and Inverness Community Mental Health team.

Partnership Meeting 3 held on 18th June 2025 with Executive and Senior Leadership Team representation, positive headline findings included:

· Shared values and purpose: understanding roles

· Effective information sharing

· Early intervention and Prevention

· Providers included as partners

Good Practice: Collective advocacy approach through Spirit Advocacy served the partnership and people living with a mental illness well.

Report draft to be submitted to HHSCP for accuracy check on 28th July 2025, final Partnership

meeting to be held on Wednesday 30 July with report scheduled for publication on 19 August 2025.

8. New Craigs PFI

As previously reported, the PFI agreement with Robertsons will terminate on the 12th July 2025. All operational plans to transfer hard and soft FM services to NHSH Estates are fully underway. No impact on patient care is anticipated.

Item 4.1

HIGHLAND HEALTH & SOCIAL CARE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board approval 26 March 2024

1. PURPOSE

1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

2. JOINT MONITORING COMMITTEE

2.1 In line with section 15(3) of the Public Bodies (Joint Working) (Scotland) Act 2014, The Highland Council and NHS Highland have established an Integration Joint Monitoring Committee (known as "The Highland Partnership Joint Monitoring Committee"), which has oversight of both integrated Adult Services and Integrated Children's services and monitors the carrying out of integrated functions (both delegated and conjoined).

2.2 In terms of section 29(1) of the Act, each Partner is responsible for the planning of the integrated and conjunction services for which it is the Lead Agency. This means that NHS Highland must lead on producing an Integrated Adult Services Strategic Plan and The Highland Council must lead on producing an Integrated Children's Services Strategic Plan with both plans taking account of the other and together being monitored by the Joint Monitoring Committee.

2.3 Within NHS Highland, governance of Integrated Adult Services and services delegated to The Highland Council and assurance of service delivery is provided at the Health & Social Care Committee through arrangements put in place and overseen directly by the NHS Highland Board.

3. COMPOSITION

3.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Chief Finance Officer, Medical Director and Nurse Director
3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)
Public/Patient Member representative (2)
Carer Representative (1)
3rd Sector Representative (1)
Lead Doctor (GP)
Medical Practitioner (not a GP)
2 representatives from the Area Clinical Forum
Public Health representative
Highland Council Executive Chief Officer for Health and Social Care
Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

3.2 Ex Officio

Board Chair

The Committee Chair is appointed by the full Board.

4. QUORUM

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of ***active*** Committee members.

If the Committee is at full membership, a quorum is achieved with at least eight members present. However, vacancies should not be factored into the quorum calculation, so the required number may be lower as vacancies arise.

5. MEETINGS

5.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

5.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

5.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

5.4 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

5.5 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.

5.6 The Agenda format for meetings will be as follows:

- Apologies
- Declaration of Interests
- Minutes
  - Last Meeting
  - Formal Sub Committees
  - Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management
- Community Planning and Engagement
- Operational Unit Exception Reports

6. REMIT

6.1 The remit of the Highland Health and Social Care Committee is to:

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets
- Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements.

6.2 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.

6.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted 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.

6.4 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 Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

8. REPORTING ARRANGEMENTS

8.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

8.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

8.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

8.4 Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

Agenda Item 2.1

NHS Highland

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

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

1 Purpose

This is presented to the Board for:

- Noting

This report relates to a:

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

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

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

NHS Highland submitted its draft Annual Delivery Plan (ADP 25/26) to Scottish Government on 18/03/25. This paper provides an overview as to progress in developing the ADP, which is awaiting Scottish Government approval.

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

2.2 Background

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

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

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

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

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

Related work around Planned Care activity trajectories, Unscheduled Care performance metrics and the development of the board's Financial Plan will align to the final ADP 25/26. Feedback from Scottish Government will be incorporated to the final version for NHS Highland board approval.

NHS Highland will require to report quarterly on the delivery of ADP Deliverables for 25/26, with the first update required at the end of Q1 in July 2025.

2.3 Assessment

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

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

- ADP deliverables for 25/26 and where they apply to (Highland, Argyll & Bute or NHS Highland as a whole)
- Medium Term Priorities to 27/28; from current Together We Care strategy
- Key Performance Indicators; suggested measures of success that will be reported aligned to each Well theme
- Performance Improvement; a description of the intended impact of ADP deliverables

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

ADP 25/26 will be subject to quarterly reporting to EDG and Scottish Government, with 6-monthly progress updates planned for Finance Performance and Resources Committee.

Once approval from Scottish Government is received, a final version of the ADP 25/26 will be shared with FRPC for assurance prior to progression to NHS Highland Board.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

Development of ADP 25/26 is complete aside from incorporating any changes as a result of engagement with Scottish Government.

3 Impact Analysis

3.1 Quality/ Patient Care

ADP 25/26 seeks to improve quality and patient care and is aligned to the strategic outcomes of Together We Care, NHS Highland's current strategy.

3.2 Workforce

Outcomes 5-8 in the ADP cover actions in relation to Staff Governance. The ADP is developed collaboratively across NHS Highland to agree the deliverables in each Well Theme.

3.3 Financial

The board submitted an aligned Financial Plan to Scottish Government for 2025/26.

3.4 Risk Assessment/Management

Delay in approval of ADP 25/26 may impact on the timescales for individual deliverables.

3.5 Data Protection

Executive Leads are assigned to each Well theme. There is no other personal information mentioned within the ADP 25/26.

3.6 Equality and Diversity, including health inequalities

The ADP contributes to the board's duties, including actions that plan for tackling health inequalities.

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

EDG review of ADP 25/26 – March 2025

3.9 Route to the Meeting

ADP – various discussions through EDG meetings Dec 2024 – March 2025

Previous updates given to FRPC

4.1 List of appendices

The following appendices are included with this report:

1. NHS Highland ADP V3 Presentation June 2025

Annual Delivery Plan 2025 – 2026

Medium Term Plan 2027 – 2028

NHS Highland na Gàidhealtachd

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

Together We Care
with you, for you

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

25/26 Deliverables

List of actions NHS Highland commits to in 2025/26.

Colour-cording as follows:

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

Includes expected delivery date used for tracking.

BRAG status assessed end of each quarter and reported to EDG (quarterly), FRPC (6-monthly) and Scottish Government (6-monthly).

Key Performance Indicators (KPIs)

Describing how we will measure success of the deliverables and monitor performance largely through the Integrated Performance and Quality Report (IPQR).

Medium Term Plan to 27/28

Priorities for strategic transformation, change and improvement over the next three-years aligned to Together We Care and related plans for Highland HSCP and Argyll & Bute HSCP.

Performance Improvement

Describing the performance improvement we wish to make in 2025/26, or how we will approach a data-informed approach to the Deliverables.

25/26 Deliverables

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

Key Performance Indicators (KPIs)

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

Medium Term Plan to 27/28

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

Performance Improvement

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

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

25/26 Deliverables

- **Improvement Plan & Waiting List Initiatives**: Develop and implement a plan to improve waiting list position, including targeted initiatives where extra finance and workforce are available - **January 2026**
- **Interim Referral Criteria & Processes**: Introduce interim criteria and processes to manage the waiting list, ensuring complete referral information and improved vetting through a multidisciplinary approach with partner agencies - **June 2025**
- **Workforce & Finance Plan**: Create a one-year plan to support improvement activities, stabilise the workforce, and reduce backlog waiting lists - **March 2026**
- **Enhanced Partnership Working**: Strengthen collaboration with The Highland Council and third-sector organisations to establish a Highland-wide multi-agency approach, aligned with GIRFEC principles - **March 2026**

Key Performance Indicators (KPIs)

- Improved access times from current position for the 18-week referral time – **January 2026**
- Total waiting list for NDAS – **January 2026**
- Coverage of 3 UHVP health reviews maintains or increases annually at health board level - **March 2026**

Medium Term Plan to 27/28

- Achieve alignment to the Early Child Development Transformational Change Programme, Health Visitor Action Plan, UNCRC, The Promise and the Child Poverty Action Plans. - **March 2028**
- Implement the national Mental Health standards and meet the National Neurodevelopmental Specification - **March 2028**
- Deliver a sustainable service by remodelling our workforce and making sure that we make best use of our resources through developing a 3 to 5 year improvement plan - **March 2028**

Performance Improvement

- **NDAS Improvement Programme**: Aims to enhance access to NDAS by developing a Neurodevelopment Network of services through a collaborative approach with partners
- **Performance Focus**: Primary improvement target is reducing referral-to-assessment times, measured against the 18-week KPI
- **Inequalities in Developmental Concerns**: Children in the most deprived areas of NHS Highland (23%) are 3.3 times more likely to have developmental concerns at 27-30 months than those in the least deprived areas (7%), with the gap widening since 2022/23
- **Child Poverty**: Around 13,000 children in NHS Highland live in poverty—nearly 1 in 4 in both Highland and Argyll & Bute HSCPs—with numbers rising

Outcome 2b: Thrive Well – CAMHS

ADP 25/26 V3 DRAFT

Executive Lead: Louise Bussell

25/26 Deliverables

- **Assess reserve/contingency fund use** – Explore potential funding within NHS Highland to support recruitment before external allocations are confirmed – **June 2025**
- **Data Quality & Waiting List Management**: Oversee data improvements and streamline waiting list processes with a fixed-term waitlist manager and TrakCare enhancements (due 29 March 2025) to improve CAMHS data quality - **August 2025**
- **Real-Time Data Provision**: Ensure access to meaningful, real-time data for monitoring, reporting, and responding to changes in CAMHS capacity, outcomes, and interventions - **January 2026**
- **Sustainable 18-Week Standard**: Build capacity to achieve and maintain the CAMHS 18-week waiting times target on a sustainable basis - **December 2025**
- **iCAMHS Implementation**: Roll out Intensive Child and Adolescent Mental Health Services (iCAMHS) to enhance support for young people - **December 2025**

Key Performance Indicators (KPIs)

- Improved access times for CAMHS (national standard is 90% <18 weeks from referral to treatment) - **December 2025**
- Reduction in the numbers of people on the waiting list for CAMHS in line with data quality and other improvement actions - **December 2025**
- A sustainable workforce model is in place for CAMH, resulting in a reduction in spending on supplementary staffing - **December 2025**
- NHS Highland meets the national service specification for CAMHS - **December 2025**

Medium Term Plan to 27/28

- Implement a sustainable workforce model- **March 2026**
- Reduction in spending on supplementary staffing with redesigned CAMHS - **March 2027**
- Achieve alignment to the national service specification for CAMHS in NHSH pan Highland - **March 2027**

Performance Improvement

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

- Workforce Increase Projection: Additional 4 WTE staff from April 2025, each managing an average of 3 new appointments per month
- Capacity Impact: Extra capacity will prioritise clearing the longest waits first, with 70% of new patient appointments expected to lead to treatment based on historical data
- Waitlist Assumptions: Based on historical referral data, factoring in expected treatment appointments per cohort
- Projected RTT Achievement: North Highland CAMH Service expected to meet RTT by end of November 2025

Outcome 3: Stay Well

ADP 25/26 V3 DRAFT

Executive Lead: Tim Allison

25/26 Deliverables

- **Smoking Cessation**: Meet national targets, including a pilot at Raigmore to reduce admissions and Length of Stay, achieving 336 successful quits at 12 weeks in the 40% most deprived SIMD areas - **March 2026**
- **Hepatitis C Prevention**: Continue prevention efforts and progress towards Scottish Government Treatment Targets, aiming for Target Zero (confirmation required) - **June 2025**
- **Health Inequalities**: Deliver an equalities-based approach in services, including alcohol brief interventions (target: 3,600 per year), violence against women, infant feeding education (Stay Well), healthy weight education, and financial inclusion pathways - **June 2025**
- **Health Inequalities Plan**: Develop an implementation plan for a health inequalities approach in specific services following the publication of the Director of Public Health's Annual Report 24/25 - **June 2025**
- **National Screening Programmes**: Encourage informed participation to achieve national targets, with participation reviewed as part of performance monitoring - Ongoing through to **March 2026**
- **Screening Inequalities Plan**: Implement within available resources - **March 2026**
- **Health Improvement Delivery**: Focused on alcohol brief interventions, smoking cessation, breastfeeding, suicide prevention, and weight management - Ongoing through to **March 2026**
- **HIV Transmission Elimination**: Develop an implementation plan for delivery - **March 2026**, then MTP
- **Sexual Health & HIV Strategy**: Assess needs to refresh and deliver strategy in line with sexual health service standards - **March 2026**, then MTP

Key Performance Indicators (KPIs)

- Reduced admissions and Length of Stay in Respiratory Ward Raigmore – **June 2025**
- Reduced HepC incidence - **June 2025**
- Equity of access and demonstrated offer/ uptake for services noted above - **June 2025**
- Health Inequalities Implementation plan approved -**June 2025**
- Reduce premature deaths, below 75-years-old – **March 2028**
- Reduced hospital admissions and related readmissions - **March 2028**
- Implementation of Health Inequalities Plan - **March 2028**
- Demonstrable engagement with protected characteristic groups, monitoring of service uptake by SIMD; reduction of delayed discharges; implementation of women's health plan and anchors strategic plan - **March 2028**
- National Screening Programmes - **ongoing**
- Vaccinations Uptake - **ongoing**

Medium Term Plan to 27/28

- **Reduce Premature Deaths**: Focus on reducing deaths in individuals under 75 - **March 2028**
- **Improve Quality of Life**: Implement strategies to enhance overall well-being - **March 2028**
- **Reduce Hospital Admissions & Readmissions**: Prevent unnecessary hospital stays through targeted interventions - **March 2028**
- **Reducing Health Inequalities**: Engage with protected characteristic groups, monitor service uptake by SIMD, reduce delayed discharges, and implement the Women's Health Plan and Anchors Strategic Plan - **March 2028**
- **Vaccination Programme**: Improve disease prevention and reduce inequalities in access through a consolidated NHS Highland vaccination programme - **March 2027**
- **Increased Screening Uptake**: Enhance early intervention, disease prevention, and reduce inequalities through improved participation in screening programmes - **March 2027**
- **Health Protection**: Strengthen health protection services in and out of hours to safeguard the population and reduce inequalities - **March 2027**
- **Alcohol & Drug Partnerships**: Deliver actions aligned with the Strategic Plan, including smoking elimination through the Quit Your Way programme - **March 2027**
- **Waiting Well Programme**: Develop a coordinated approach to support people in maintaining their health while waiting for NHS treatment - **March 2027**

Performance Improvement

- **Review Stay Well reporting framework** – Align measures with prevention and health inequality priorities
- **Ensure routine reporting** – Continue reporting through the Population Health Programme Board
- **IPQR inclusion** – Maintain a subset of measures within the NHS Highland Board's IPQR

25/26 Deliverables

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

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

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

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

Key Performance Indicators (KPIs)

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

Medium Term Plan to 27/28

- Ongoing delivery of Anchors Strategic Plan - **March 2028**
- Ongoing engagement with the A&B Community Planning Partnership - **March 2028**
- Ongoing engagement with the Highland Community Planning Partnership - **March 2028**
- Implementation of Environment Management System (EMS) - **March 2028**

Performance Improvement

- Procurement data
- TURAS and e:ESS data – recruitment data to be assessed and data inputs encouraged across the organisation
- EMS (Estates and Climate) data
- National metrics for reporting Anchors Institution Plans
- Reduced child poverty and improved community wealth demonstrated via improved Employer, Procurement and Land and Assets national metrics

Outcomes 5 – 8: Grow, Listen, Nurture and Plan Well ADP 25/26 V3 DRAFT Executive Lead: Gareth Adkins

25/26 Deliverables

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

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

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

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

Key Performance Indicators (KPIs)

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

Medium Term Plan to 27/28

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

Performance Improvement

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

Medium-Term Priorities (2027/28):
- Foster a positive, psychologically safe culture with low formal HR cases
- Improve staff engagement and wellbeing
- Expand employment opportunities, including youth and local roles
- Increase workforce diversity with positive feedback from staff with protected characteristic

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

25/26 Deliverables

- Joint Strategic Needs Assessment (JSNA) – **March 2025**
- ASC Target Operating Model – in draft awaiting approval – **March 2025**
- Strategy development; Care Home and C@H, Support, SDS / Choice & Control – **April / May 2025**
- Market Facilitation Plan – dependent on availability of strategies – **March 2026**
- Care at Home different ways of commissioning for hours of care provision – **March 2026**
- Developing local care model, building on discovery work in Lochaber, Caithness and North Coast – **March 2026**
- Develop NHS Highland's Community Hospital strategy and consider future options for services - **March 2026**
- Roll out Annual Service Planning across all Health and Social Care areas - **June 2025 onwards**
- Development of ASC Workforce plan – **March 2026**
- Commission supporting strategies from Corporate Services – **March 2026**
- Commence AHP (OT/Physio) presence in ED Raigmore – **April 2025**
- Develop and implement Criteria Lead Discharge – **June 2025**
- Scope case for Discharge to Assess (D2A) in conjunction with SW and prof leads – **May 2025 for business case**
- Development of TOM for community rehabilitation – **September / October 2025**
- TOM and D2A to factor all elements of intermediate care as alternatives to acute – **March 2026**

Key Performance Indicators (KPIs)

The Highland Health and Social Care IPQR will be refreshed to focus on performance improvements – meeting 25/02

- Number of people assessed and awaiting a new package of care
- Unmet need (care at home)
- CAH waiting lists
- Long stay care home placements
- Number of delayed discharges
- SDS Care break scheme applications
- SDS1 Direct payments
- SDS2 No. Of clients
- Community Hospital delayed discharges
- Community Hospitals Length of Stay
- Adult Protection number of referrals
- Completed Adult Protection referrals
- DARS – ADP performance against completed waits
- DARS - % ongoing waits > 3 weeks
- Access to rehabilitation and reablement

A number of KPIs are under consideration and will be developed ahead of final submission of ADP to SG in March.

Medium Term Plan to 27/28

- Maximise use of NHS estate working with our partners in Highland Council to deliver place-based care - **March 2027**
- Roll-out the implementation of 2:1 Care at Home pilot across Highland HSCP based on learning from Badenoch and Strathspey - **May 2026**
- Lochaber wider view of infrastructure and resources – **March 2027**
- New practice model for social work and social care – **May 2026**
- Roll out of Choice and Control (self directed support) – **May 2026**

Performance Improvement

The Highland Health and Social Care IPQR will be refreshed to focus on performance improvements – meeting 25/02

Key data monitored currently includes:

- Delayed hospital discharges and community assessments
- Long stay care home placements
- SDS Options and community hospital discharges
- Adult Protection referrals
- AHP Services and rehabilitation support

25/26 Deliverables

- Reduce diagnostic variation by reviewing Investigation and Treatment Room (ITR) activity - **March 2026**
- Address prescribing and diagnostic variations through quality improvement and efficiency workstreams- **March 2026**
- Monitor GP access and primary care delivery models (including dental, optometry, and pharmacy)- **March 2026**
- Explore opportunities with the Scottish Dental Access Initiative Grants to improve dental services access - **March 2026**
- Continue key Oral Health programs like Childsmile, Recycle & Smile, and Caring for Smiles - **March 2026**
- Enhance minor oral surgery pathways in primary care, in collaboration with the acute sector (ongoing).Develop a strategy for Primary Care services based on the Joint Strategic Needs Assessment - **March 2026**
- Delivery of an NHS Highland strategy for Primary Care services based on the Joint Strategic Needs Assessment undertaken for the pan-Highland area - **March 2026**

LINK TO RESPOND WELL: Redesign existing services to create a community urgent care service

Key Performance Indicators (KPIs)

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

Medium Term Plan to 27/28

- Deliver local actions aligned with the National Primary Care Improvement Plan - **March 2027**
- Enable data-driven services to improve quality through quality clusters - **March 2027**
- Manage dental contracts with the independent sector, addressing workforce challenges and expanding service availability - **March 2027**
- Contribute to the Preventive and Proactive Care programme, supporting self-care and early intervention on health determinants - **March 2027**
- Develop the Community Glaucoma Service in partnership with Scottish Government, NHS Education for Scotland, and National Services Scotland to ensure safe patient care - **March 2027**

Performance Improvement

- The outcomes of the Highland HSCP Joint Strategic Needs Assessment will be considered moving forward in terms of the Data and Intelligence required and reporting through the Highland HSCP IPQR for Primary Care services

25/26 Deliverables

Psychological Therapies (PT)

- **Implementation of National Service Specification** and associated governance in line with Scottish Government priorities **- September 2025**
- **Improved Patient Outcomes**: Reduce waiting times, ensuring faster access to treatment, leading to better patient experiences and outcomes - **March 2026**
- **Waiting Time Targets**: 90% of patients referred to treatment have their first appointment within 18 weeks. No patients waiting longer than 52 weeks for treatment - **March 2026**
- **Enhanced Service Planning**: Improve annual service planning through better-quality data and easier access to performance data, leading to better resource allocation and optimised skill mix - **March 2026**
- **Digital Therapies Expansion**: Increase the number of patients accessing digital therapies, reducing waiting lists and improving overall access and efficiency - **March 2026**
- **Mental Health Data Improvement** (PT & MHLD): Enhance the quality and completeness of mental health data returns (e.g., CAPTND) and proactively engage with PHS for analytical support - **March 2026**

Mental Health, Learning Disabilities (MHLD)

- **Mental Health Programme Board Refresh**: Oversee the delivery of Core Mental Health Quality Standards to address inequalities in outcomes and experiences and implement transformation projects detailed in the Mental Health and Wellbeing Strategy Delivery Plan **(2023-2025)** and NHS Highland's local Mental Health Strategy – "Stronger Together" - **June 2025**
- **Quality Standards Improvement Plan**: In collaboration with Healthcare Improvement Scotland (HIS), identify three priority areas in the Core Mental Health Quality Standards for a 2025/26 local improvement plan - **June 2025**
- **Mental Health Quality Indicators**: Work with PHS on developing national Mental Health Quality Indicators (MHQI), including monitoring the 10% spend target - **June 2025**
- **Workforce Planning**: Support the Mental Health and Wellbeing Workforce Action Plan by delivering an evidence-based workforce plan to ensure; right workforce numbers, right skills and right support, at the right time and in the right place - **March 2026**
- **Forensic Mental Health**: Engage with the Forensic Governance Advisory Group to enhance collaboration in forensic mental health services at regional and national levels - **September 2025**
- **Neurodevelopmental Assessments**: Review access to assessments and professional support by optimising referral and assessment pathways - **December 2025**
- **Annual Health Checks for Learning Disabilities**: Prioritise checks for people aged 16+ with learning disabilities and engage with the Scottish Government National Implementation Group for an interim review of progress - **September 2025**
- **Maximise work with the Third Sector – September 2025**
- Reduce the percentage of supplementary staffing in inpatient wards to the national reference range of 15% **- March 2025**
- Building on work already underway to improve unplanned and urgent mental health care, including for those in mental distress (this work includes implementing local psychiatric emergency plans) **– Ongoing**
- **Ensure the mental health built estate enables the delivery of high-quality, person centred and safe care,** with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit – December 2025

Medium Term Plan to 27/28

- Full Implementation of National Specification for Psychological Therapies – to ensure consistent, high-quality psychological therapy services - **March 2028**
- 7-Day Access Expansion – Assess unmet need and refine shift patterns to enhance 7-day access to services - **March 2028**
- Community-Based Crisis Support – Strengthen crisis intervention services to reduce unnecessary hospital admissions and improve community-based alternatives - **March 2028**
- Community Hubs for Early Intervention – Develop community hubs in partnership with independent and third-sector organisations to enhance **early intervention** and **outreach**, promoting inclusion and preventative care pathways - **March 2028**
- Trauma-Informed Service Delivery – Embed trauma-informed approaches across all services by ensuring comprehensive staff training and service redesign aligns with best practices - **March 2028**
- Enhanced Dementia Care Pathways – Improve early diagnosis, access to specialist support, and better coordination with community services for dementia care - **March 2028**
- Workforce Job Planning – Enhance job planning processes to align staff capacity with service demand and evolving patient needs - **March 2028**
- Facility Capacity Expansion – Expand capacity at high-demand facilities, including potential repurposing of existing spaces to optimise service delivery - **March 2028**
- Scaling Up Digital Therapies – Improve access to mental health support, particularly for remote and underserved populations, by expanding digital therapy options - **March 2028**
- Optimising Patient Record Systems - Fully implement Morse for improved digital patient record management and optimise Trak for mental health and learning disability services to enhance efficiency and data integration - **March 2028**
- Strengthening On-Call Mental Health & LD Support – Improve responsiveness in crisis situations by ensuring timely access to specialist care, reduced delays in decision-making and better patient outcomes - **March 2028**
- Enhancing Adult Social Care Support – Improve commissioning, reduce flow barriers, and strengthen partnerships with communities, third sector, and independent providers to deliver timely, person-centred care that supports recovery and independent living - **March 2028**

Key Performance Indicators (KPIs)

- Drug and Alcohol; Waiting Times from referral to treatment <21 days - Quarterly
- ASC Self Directed Support
- Mental Health Assessment Unit (MHAU) attendances complete within 4 hours
- Reduce Length of Stay for delayed and non-delayed people
- Increase the amount of people discharged on their Planned Date of Discharge (PDD)
- Increase availability and choice of social care options
- Reduce people experiencing standard delayed discharge
- Reduction in incidents of self-harm within 7 days of discharge
- Operational Mental Health service is available for 7 days per week
- Reduced Out-of-Area placements
- Waiting Time Performance targets achieved / improved
- Compliance to Core Mental Health standards (KPIs to be defined)
- PT: Percentage of patients seen less than 18 weeks after referral - Quarterly
- PT: Total number of completed waits - Quarterly
- Reducing in total waiting list for Community Mental Health Services - Quarterly
- Completed waits for Community Mental Health Services - Quarterly
- Core Mental Health Standards

Performance Improvement

- **Digital Therapies:** Increase access to digital therapies to reduce waiting times
- **Referral Pathways:** Streamline and improve efficiency in MH service referrals
- **Resource Allocation:** Optimise resource allocation through data-driven decisions
- **Supplementary Staffing:** Reduce reliance on supplementary staffing by revising care models
- **Workforce:** Strengthen the mental health workforce with the Mental Health and Wellbeing Workforce Action Plan
- **MHLD Focus Areas:**
- **Delayed Discharges:** Address delayed discharges at New Craigs and improve length of stay (LoS)
- **Out-of-Area Placements:** Reduce OOA placements by improving community support
- **Community Mental Health Data:** Improve data quality and availability for community mental health teams

25/26 Deliverables

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

Key Performance Indicators (KPIs)

The key measures currently under routine reporting are as follows;

1. Percentage of A&E attendances completed within 4 hours: Percentage of 'unplanned' attendances at Emergency Departments that are admitted, discharged or transferred within 4 hours - 78.5%
2. Number of A&E attendances lasting more than 12 hours: Number of 'unplanned' attendances at Emergency Departments that are admitted, discharged or transferred more than 12 hours after they arrived at the Emergency Department – 101
3. To reduce the average number of patients in Acute & Community hospital beds with a LOS >14 days – 339
4. To reduce the average number of non-delayed patients in Acute and Community hospital beds with a LOS >14 days – 179
5. To reduce the average number of patients in Acute and Community hospital beds affected by standard delays -118
6. To reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5pm and 5am (overnight) – 389
7. To reduce the average LOS in the Emergency Department for patients that get admitted to hospital after arriving between the hours of 5am and 5pm (day time) – 370

Medium Term Plan to 27/28

- Continue to implement the Urgent Care model and identify benefits and impacts – **March 2028**
- Intervention for frailty; comprehensive geriatric assessment embedded in community services - **December 2026**
- Intervention for frailty; pathways for support - **December 2026**

Performance Improvement

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

Outcome 12a: Treat Well (Scheduled Care) ADP 25/26 V3 DRAFT Executive Lead: Katherine Sutton

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,

Outcome 12b: Treat Well (Diagnostics) — ADP 25/26 V3 DRAFT — Executive Lead: Katherine Sutton

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.

Outcome 13: Journey Well (Cancer)

ADP 25/26 V3 DRAFT

Executive Lead: Katherine Sutton

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

Outcome 15: End Well

ADP 25/26 V3 DRAFT

Executive Lead: Tim Allison

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

ADP 25/26 V3 DRAFT

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

Outcome 18: Progress Well: Estates & Climate

ADP 25/26 V3 DRAFT

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

- 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

2025 - 2026

- 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

2026 - 2027

- 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

Agenda Item 5.2

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**2 July 2025**
Title:	**Finance Report – Month 12 2024/2025 Year End position & 2025/2026 Financial Plan Summary**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP**
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**.

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 – 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.

For 2025/2026 NHS Highland submitted a revised financial plan to Scottish Government in June 2025 following on from feedback from the March submission. The request of Scottish Government was to reduce the net deficit to no more than £40 million. The revised plan has now been accepted.

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.

The HHSCP reported a year end overspend of £13.648m – this position reflects additional funding received from the Highland Council to reduce the ASC overspend.

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 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.

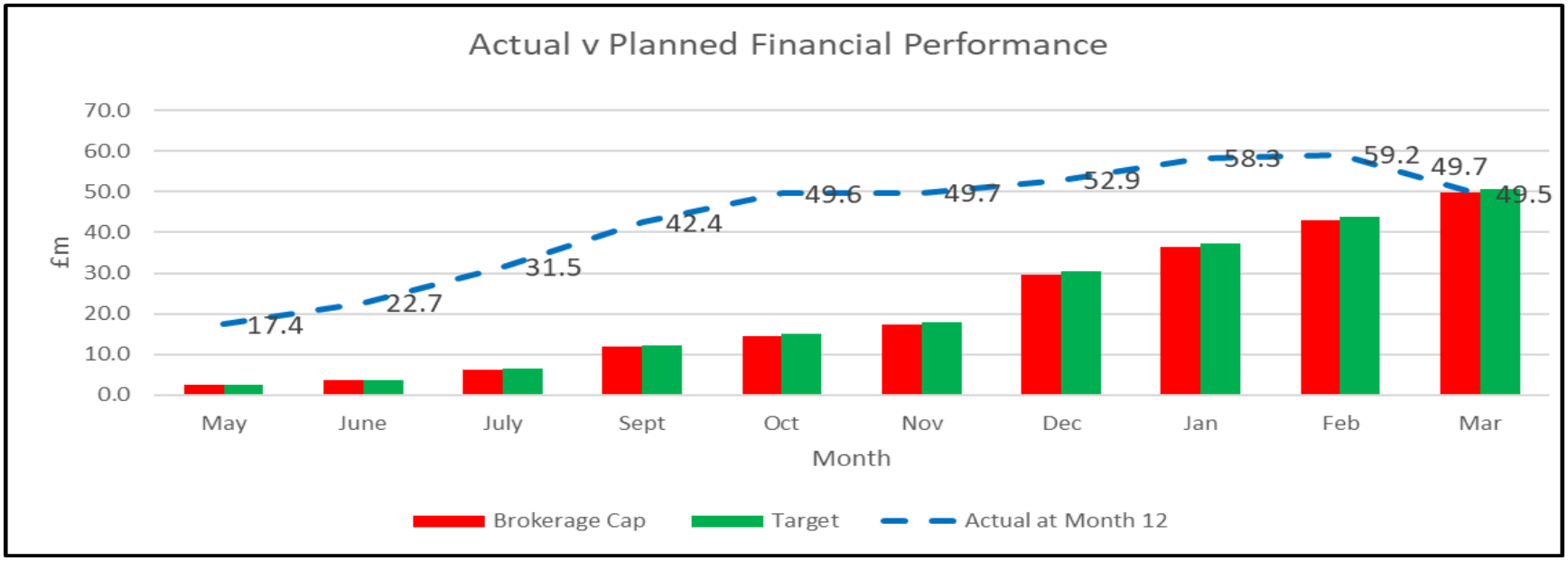
- EDG
- FRPC

4.1 List of appendices

N/A

Highland Health & Social Care Partnership
Finance Report – Month 12 2024/2025 (March 2025) & 2025/2026 Financial Plan Summary

MONTH 12 2024/2025 –MARCH 2025



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

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

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

	Month 12		
Care Home	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 – ADULT SOCIAL CARE

Workstream	Target	Achieved
12.5% Reduction in Management	300	310
Building Bases Services	220	
Younger Adults Complexity	510	
Income Maximisation care costs	900	900
Review of Option 1 and 2	500	500
Redesign of Care Homes and CaH	900	609
Integrated Teams and Support	354	200
Unidentified Balance	2,026	
Total	**5,710**	**2,519**

ASC COST IMPROVEMENT/ REDUCTION

- £5.7m V&E target
- Delivery of £2.519m
- Delivery impacted by ongoing system pressures, push to increase Care Home capacity and additional support requested by providers

NORTH HIGHLAND COMMUNITIES - MONTH 12 2024/2025 – MARCH 2025

Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000
79.363	Inverness & Nairn	79.363	82.616	(3.252)
57.489	Ross-shire & B&S	57.489	60.923	(3.434)
49.879	Caithness & Sutherland	49.879	50.904	(1.026)
58.146	Lochaber, SL & WR	58.146	58.002	0.143
12.115	Management	12.115	11.448	0.667
7.817	Community Other AHP	7.817	6.821	0.996
7.641	Hosted Services	7.641	8.019	(0.377)
272.451	**Total NH Communities**	**272.451**	**278.733**	**(6.282)**
94.266	**Health**	**94.266**	**92.305**	**1.960**
178.186	**ASC**	**178.186**	**186.428**	**(8.242)**

NORTH HIGHLAND COMMUNITIES

- £6.282m reported overspend
- Within Health ongoing vacancies, particularly within Community AHPs, are mitigating cost pressures within Enhanced Community Services, Chronic Pain, community equipment and agency staffing
- Within ASC the main pressure areas continue to be within independent sector provision particularly in Inverness & Nairn and Ross-shire & Caithness & Sutherland
- The year end forecast assumes delivery of ASC Value & Efficiency Cost Reductions/ Improvements of £2.519m

MENTAL HEALTH SERVICES - MONTH 12 2024/2025 – MARCH 2025

Current Plan £m's	Summary Funding & Expenditure	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's
	Mental Health Services			
43.620	Adult Mental Health	43.619	44.306	(0.687)
9.430	CMHT	9.430	9.082	0.348
2.241	LD	2.241	3.866	(1.625)
3.026	D&A	3.026	2.786	0.240
58.318	**Total Mental Health Services**	**58.317**	**60.040**	**(1.723)**
44.632	**Health**	**44.632**	**47.694**	**(3.062)**
13.685	**ASC**	**13.684**	**12.346**	**1.339**

MENTAL HEALTH SERVICES

- £1.723m reported overspend
- Within this service area Health is the driver of the overspend position
- The main drivers for the overspend continue to be agency nursing and medical locums
- Buvidal and Clozapine drug costs account for a further pressure of £0.249m
- A forecast of £1.500m has been built in for out of area costs and continues to contribute to the forecast overspend

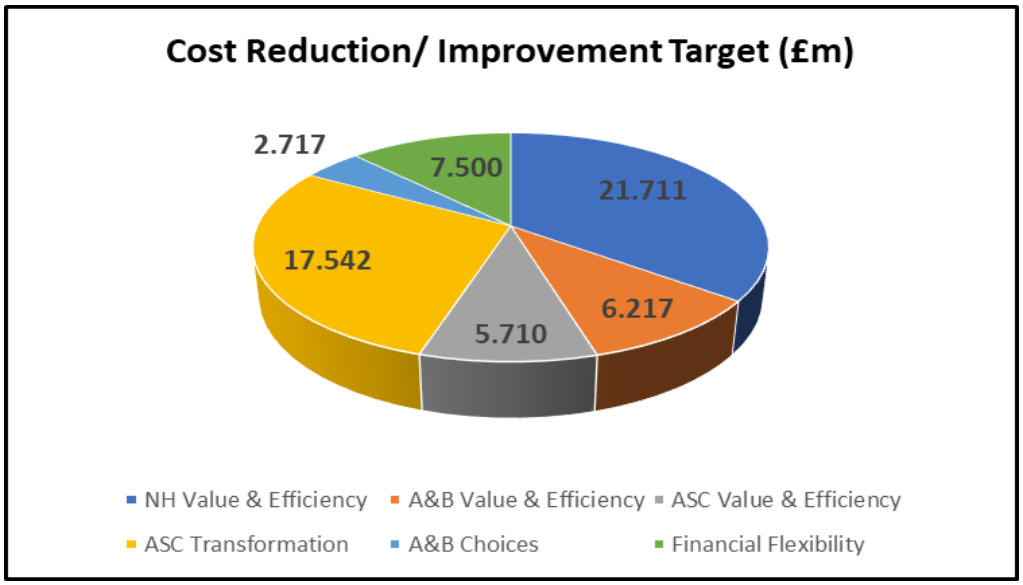
PRIMARY CARE - MONTH 12 2024/2025 – MARCH 2025

Current Plan £m's	Detail	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's
	Primary Care			
61.800	GMS	61.800	62.755	(0.954)
66.509	GPS	66.509	69.840	(3.331)
25.750	GDS	25.750	23.638	2.112
5.975	GOS	5.975	5.995	(0.021)
4.033	PC Management	4.033	3.470	0.563
164.066	**Total Primary Care**	**164.066**	**165.698**	**(1.632)**

PRIMARY CARE

- £1.632m reported overspend
- £2.001m overspend of prescribing has been built into the position – both cost and volume are contributing to this position
- £2.471m has been built in to the position in respect of locums in 2C practices
- Vacancies in primary care management and GDS are mitigating overspends in other areas
- Prescribing and 2C practices will continue to be a focus for the 2025/2026 cost improvement/ reduction programme

MONTH 12 2024/2025 – MARCH 2025



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 cost reductions/ improvements of £43.129m have been recorded. This includes benefits from actions taken to mitigate slippage against the V&E programme

MONTH 12 2024/2025 – MARCH 2025

NHS Highland

V&E Reduction Programmes as per Area

Value & Efficiency M12	V&E Original Plan			
	2024-25 Original Target (£'000)	Total Achieved & Forecasted (£'000)	GAP (£'000)	% of In Delivery vs Original Target
Value & Efficiency - North Highland	**21,711**	10,256	-11,455	47%
Value & Efficiency - Argyll & Bute	**6,217**	5,610	-607	90%
Total Value & Efficiency	**27,928**	15,866	-12,062	57%
Value & Efficiency - ASC	**23,252**	8,922	-14,330	38%
Total Value & Efficiency incl ASC	**51,180**	24,788	-26,392	48%

- 2024-25 Value & Efficiency target is set for £51.180m
- Current GAP in meeting this target is £26,392m
- Total value of savings delivered at the end of the FY 2024-25 is £ 24,788m of which:

1). 41% (£ 10,256m) was delivered by North Highland
2). 23% (£ 5,610m) was delivered by Argyll & Bute
3). 36% (£ 8,922m) was delivered by ASC

MONTH 12 2024/2025 – MARCH 2025

NHS Highland

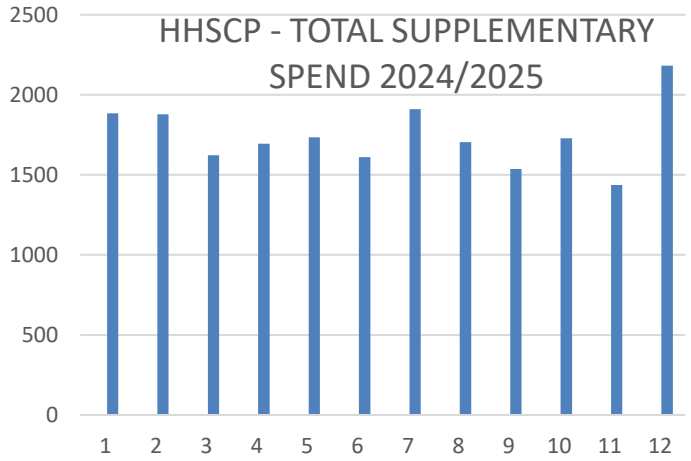
T&F Workstream /Value & Efficiency Area	V&A Plan			V&A Current Plan			GAP
	2024-25 Original Target (£'000)	2024-25 Current Target/Plan (£'000)	Plan Gap	Value of Efficiency in Delivery	Forecasted Value Still to be Delivered	Total Achieved & Forecasted	Original Target less (Achieved + Forecasted Efficiencies)
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 Recovery	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 & Co	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	8,922	-14,330	8,922	0	8,922	-14,330
Total North Highland, Argyll & Bute and ASC	**51,180**	**24,788**	**-26,392**	**24,788**	**0**	**24,788**	**-26,392**

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.

MONTH 12 2024/2025 – MARCH 2025

	2024/2025 YTD £'000	2023/2024 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	20,927	24,378	(3,451)

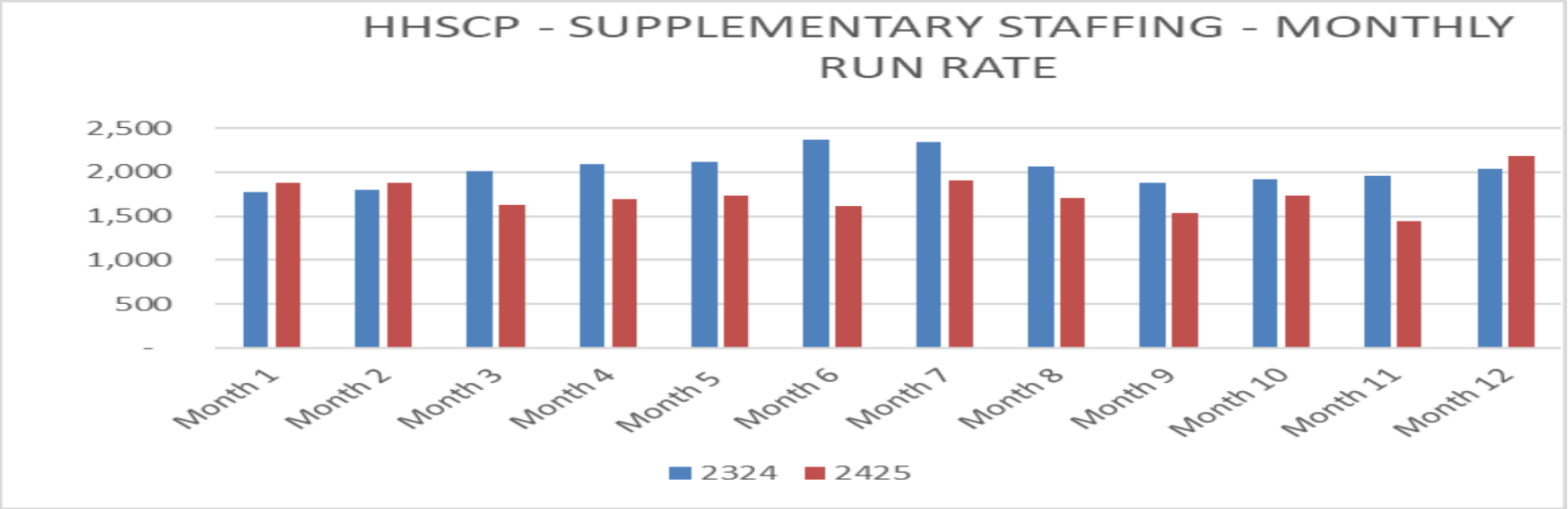


SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at end of Month 12 is £3.451m lower than at the same point in 2023/2024.
- There is an underspend of £5.006m on pay related costs at the end of Month 12

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
28.744	Medical & Dental	28.744	28.303	0.441
4.396	Medical & Dental Support	4.396	4.425	(0.029)
70.171	Nursing & Midwifery	70.171	68.722	1.450
17.561	Allied Health Professionals	17.561	15.974	1.587
0.074	Healthcare Sciences	0.074	0.031	0.043
9.620	Other Therapeutic	9.620	9.958	(0.339)
6.927	Support Services	6.927	6.463	0.465
22.762	Admin & Clerical	22.762	21.728	1.034
0.398	Senior Managers	0.398	0.150	0.248
52.886	Social Care	52.886	50.170	2.717
0.424	Ambulance Services	0.424	0.442	(0.018)
(2.612)	Vacancy factor/pay savings	(2.612)	(0.019)	(2.592)
211.352	Total Pay	211.352	206.345	5.006

MONTH 12 2024/2025 – MARCH 2025



- Month 12 spend is £0.746m higher than month 11 due to an adjustment from the previous month
- YTD Reduction of £3.451m compared to 2023/2024

2025/2026 FINANCIAL PLAN

	MARCH SUBMISSION		JUNE SUBMISSION	
	£m	£m	£m	£m
Financial Gap		**115.596**		**110.058**
Maximum Brokerage		-		-
Reduction required to deliver balance		**115.596**		**110.058**
Cost Improvement/ Reduction Programmes				
3% Cost Reduction/ Improvement	20.353		20.353	
A&B - 3% of baseline	7.852		7.852	
ASC - 3%	6.192		6.192	
Delivering ASC to breakeven	19.838		19.838	
Allocations Slippage	1.000		1.000	
Balance Sheet Adjustments	4.638		4.638	
Further non-recurrent actions				10.180
Opportunities		**59.873**		**70.053**
Gap to In Year Financial Balance		**55.723**		**40.005**

- The financial plan submitted to SG in March detailed an opening financial gap of £115.596m with opportunities identified to reduce this to £55.723m
- This submission was not acceptable to SG and they indicated that a resubmission was necessary with a requirement to 'not exceed a net financial deficit of £40 million'
- A revised plan has been submitted to and accepted by SG detailing a net financial deficit of £40.005m

2025/2026 FINANCIAL PLAN - Adult Social Care

2025/2026 Estimate at M10 2024/2025

Estimated Expenditure	194.7667	Quantum	141.522	**Emerging Gap**	**26.030**
Income	(0.560)	NHS Highland/SG	32.763		
Inflation	7.591	SG Funding 2025/2026 TBC	6.100		
Pay	1.894		**180.385**		
Non Pay	0.322				
NI Impact	1.236				
	205.249				
Moss Pk move in house	1.900				
Transition Rate Inc	0.375				
CCHST & Digital Switch Hubs	(1.109)				
	206.415				

Risks

- Support payments to ISC providers not built in – need to be revisited when current agreements reach end date and ensure tight governance and appropriate reporting around any agreement to provide support
- Potential collapse of National Care Home Contract
- Impact of national insurance uplift on independent providers

2025/2026 FINANCIAL PLAN - Value & Efficiency Schemes Proposal

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

- V&E schemes based around generation of 3% recurring cost reductions/ improvements
- 3% is based on baseline budget
  - £940.154m for NHS Highland
  - £678.419m for NH
  - £261.734m for A&B
- Number of schemes carried forward from 2024/2025
- Further development ongoing

2025/2026 FINANCIAL PLAN - 15 Box Grid

2024/2025

15 Box Grid		
Innovation & Value-Based Healthcare	**Workforce Optimisation**	**Service Optimisation**
1. Medicines of Low Clinical Value	6. Nurse Agency Reduction	11. Theatres Optimisation
2. Procedures of Low Clinical Value	7. Medical Locums' Reduction	12. Remote Outpatient Appointments
3. Medicines Wastage	8. Sickness Absence Reduction	13. PLICS Roll Out
4. Polypharmacy Review	9. Non-Compliant Rotas Review	14. Length of Stay Reductions
5. Medicine Switches	10. Central Functions Job Family Review	15. Energy Efficiency Schemes

2025/2026

15 Box Grid		
Innovation & Value-Based Healthcare	**Workforce Optimisation**	**Service Optimisation**
1. Medicines of Low Clinical Value	6. Agency Reduction	11. Theatres Optimisation
2. Clinical Variation Review	7. Sustainable Staff Bank Usage	12. Remote Outpatient Appointments
3. Digital Savings	8. Sickness Absence Reduction	13. PLICS Roll Out
4. Energy Efficiency Schemes	9. Non-Compliant Rotas Review	14. Length of Stay Reductions
5. Prescribing Savings	10. Central Functions Job Family Review	15. Non-pay Spend Review

- 15 box grid updated for 2025/2026
- NHS Highland continue to engage with national workstreams
- Established V&E schemes align with the 15 box grid
- £10.437m identified as an estimate for delivery in year

2025/2026 FINANCIAL PLAN - Risks

- 60% of the impact of the increase in employers' national insurance contributions funded
- Impact of national insurance uplift on suppliers and independent sector service providers
- SLAs – potential for different methodology to come into place for 2025/2026
- Ongoing impact / cost of Agenda for Change non-pay elements from 2023/2024 pay settlement
- Non-delivery of cost reductions/ cost improvements
- Continuation of NCHC
- Fluctations in rate of inflation and associated impact on non-pay costs
- Recruitment difficulties and potential impact on supplementary staffing costs

2025/2026 FINANCIAL PLAN - Targets

Summary	Target
Acute	7.750
HHSCP	6.760
Deputy Chief Exec (excluding eHealth)	0.037
People & Culture	0.476
Public Health	0.609
Finance	0.389
Medical	0.141
Nursing	0.130
Tertiary	1.094
Estates & Facilities	2.201
eHealth	0.639
Strategy & Transformation	0.127
TOTAL	**20.353**

- Targets based on combination of budget and type of V&E scheme
- Targets will be within devolved budgets from start of year rather than held centrally and reallocated when plans are in place/ cost reductions or improvements delivered
- Work with Finance and Strategy & Transformation to develop more detailed plans to support delivery of 3% recurring reductions

2025/2026 FINANCIAL PLAN - HHSCP

Value & Efficiency Position for the FY 2025-26 as at 26/06/2025

Area: HHSCP

Reduction Programmes	Value & Efficiency Plan as per Scheme			
	Allocated Target	Current Plan @ 100%	Risk Adjusted Forecast	Savings Achieved
Value & Efficiency - North Highland	**20,353**	**13,131**	**6,234**	**1,484**
HHSCP				
AHP Direct Engagement		50	25	0
Dental Redesign		1,000	750	0
HHSCP - Clinical Stores		5	3	0
HHSCP - Postages		10	1	0
HHSCP - Unfunded Posts		100	57	0
HHSCP Travel		59	6	0
LD/ASC- Transition Team Unfunded Posts		225	113	0
MHLD Discharge Pathway		50	5	0
MHLD Notes Retrieval		5	0	0
MHLD Reduction in Costs / Out of Area Placements		425	193	0
MHLD Reduction in Drug Costs		10	5	0
MHLD Reduction in Travel and Transport (inc taxis and pool cars)		50	25	0
New Craigs Hospital - Supplementary Nursing Staff		410	205	0
Oral Nutrional Supplements (ONS) Direct Supply		5	3	0
Police Custody/ SARC/ Forensic Medical Examiner (FME)		100	100	19
Prescribing - Highland - HHSCP		1,179	686	194
Prescribing - Sustainable - HHSCP		0	0	0
Supplementary Staffing - Medical - MH -SUPP REDUCTION IN LOCUM COSTS		50	30	14
Supplementary Staffing - Nursing - HHSCP (Community Hospitals)		579	58	0
Supplementary Staffing Primary Care 2C		0	0	0
TARA HHSCP		144	14	0
Time to Care		500	50	0
Total HHSCP		**4,956**	**2,329**	**227**