Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 May 2026**
Title:	**Operational Improvement Plan 25/26 final report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Bryan McKellar, Whole System Transformation Manager**

Report Recommendation:

NHS Highland Board are asked to take Substantial Assurance on NHS Highland's delivery against the Scottish Government Operational Improvement Plan (OIP) deliverables.

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

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

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 requirements of Scottish Government's Operational Improvement Plan (OIP) are included within the Board's Annual Delivery Plan (ADP) across the four areas of focus. FRPC are to receive regular bi-monthly reports on progress alongside the reporting of performance information in the Integrated Performance and Quality Report (IPQR).

This paper provides NHS Highland Board with assurance on the final status in NHS Highland with the Operational Improvement Plan deliverables as at 31st March 2026. The assessment includes the year-end status and the description of deliverables that are carried-forward into 2026/27.

2.2 Background

On 27th January 2025, the First Minister described plans to renew the health service and deliver the renewal of the NHS. The First Minister set out the Government's ambition for renewal to deliver more accessible, more person-centred care, trying to reduce immediate pressures across the NHS, shift the balance of care from acute services to the community, and use digital and technological innovation to improve access to care.

On 23 June 2025, the Government published three national frameworks, describing the reformation and renewal approach within NHS Scotland:

- Operational Improvement Plan
- Health and Social Care Service Renewal Framework
- Population Health Framework

The Operational Improvement Plan is described as the first component of 3 "products", the second product is the population health framework and the third the health and social care service renewal framework. Together these plans will focus on long-term sustainability, reducing health inequalities, the benefits of digital technology, and improving the population health outcomes in Scotland. They will set out how services for the whole population over the short, medium and longer term will be planned.

2.3 Assessment

The development of the OIP followed the substantial development of the board's ADP, which represents a far wider set of objectives for all the services provided by NHS Highland. The OIP focusses on key policy directions which are fundamental to our key transformation and service improvement plans.

The OIP covers four broad goals which are aligned to the strategic outcomes of our own NHS Highland strategy, Together We Care, and well themes;

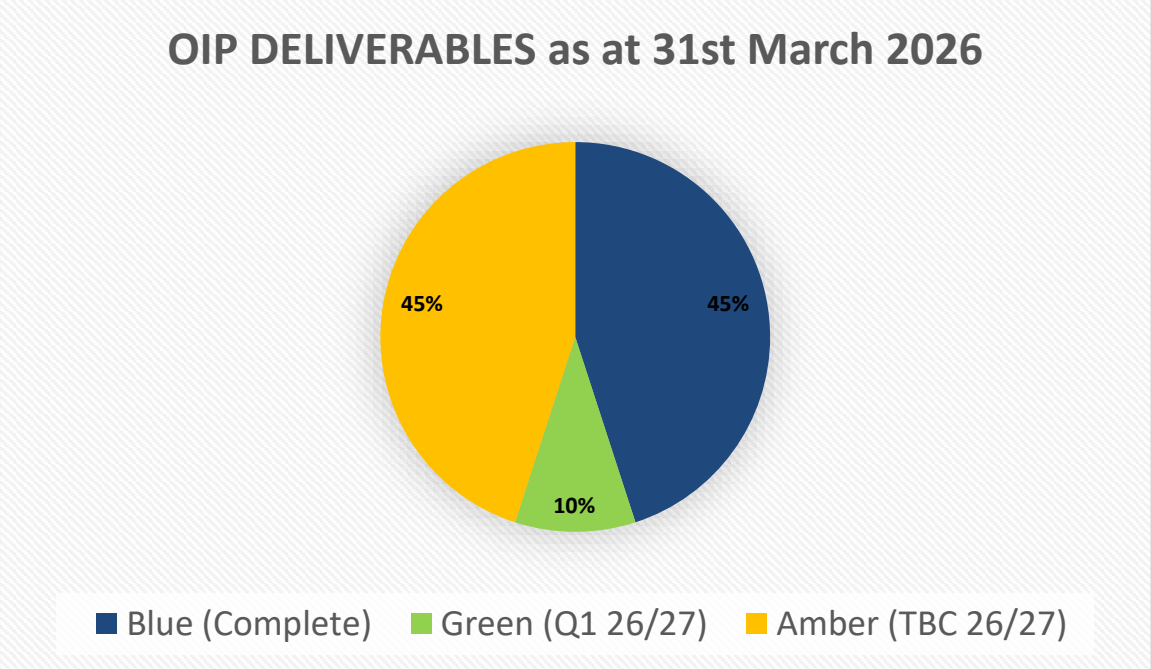
- Improving access to treatment
- Shifting the balance of care
- Improving access to health and social care services through digital and technological innovation
- Prevention – working with people to prevent illness and more proactively meet their needs.

Updates have been gathered through Strategy & Transformation working with Senior Responsible Officers (SROs) for each deliverable assessing progress to the 31st March 2026 and the end of the Operational Improvement Plan.

For this report, there is an assessment of the BRAG status at 31st March 2026 as follows:

BLUE - Deliverable complete for NHS Highland
GREEN - Deliverable on track for delivery in Q1 26/27 (by end of June)
AMBER - Deliverable not achieved, carried forward to 26/27 (timescale tbc)
RED - Deliverable not achieved, not carried forward.

In summary, of the 20 reportable areas, the following is the status of the deliverables as at 31st March 2026.



CATEGORY	19 February	31st March	Change
Blue (Complete)	0%	45%	↑
Green (On Track)	55%	10%	↓
Amber (At Risk)	35%	45%	↑
Red (Delayed)	10%	Nil	↓

A summary of the BLUE deliverables achieved in 2025/26;

- Reducing the number of patients waiting > 52 weeks for NOP and TTG
- Consistent achievement of CAMHS performance improvement to 90% seen within 18 weeks of referral
- Expansion of Same Day Emergency Care Service at Raigmore
- Delivery of Frailty Assessment Area in Raigmore
- Roll-out of Digital Dermatology system in NHS Highland
- Introducing new genetic testing pathways for stroke patients
- Implementing a Theatre Scheduling Tool
- Implementing a new GP enhanced service for cardiovascular disease
- Implementing a new GP enhanced service for frailty

There are two 25/26 deliverables carried over and on track for delivery by June 2026;

Prevention action embedded in new board strategy – the development of the first draft of strategic framework is scheduled to conclude by June 2026 following the engagement exercise undertaken

Plans for the expansion of Discharge to Assess programme – successfully piloted in East Ross – will be included in our 2026/27 Unscheduled Care delivery plans currently being developed and submitted for review with Centre for Sustainable Delivery. These plans are required to be approved by June 2026 utilising known funding for 2026/27.

Of the remaining deliverables, these have been carried forward to 2026/27 but the delivery timescales will be confirmed as part of development of the Annual Delivery Plan 2026/27;

- Improving access to **diagnostics to 95% < 6 weeks**
- Improving 31 and **62-day Cancer Waiting Times** performance

- Full implementation of the **AHP @ Raigmore service** following the conclusion of recruitment
- **Hospital at Home – Inverness**: roll-out of service from current capacity of 6 beds to agreed trajectories by December 2026
- **Flow Navigation Centre**: continuing with expansion of pathways covered by FNC while engaging with Scotland West discussions on future of these services.
- **Argyll & Bute unscheduled care:** progressing leadership posts to support delivery of A&B specific deliverables including Hospital at Home expansion to 16 beds
- **Open Eyes** – progressing engagement with NHS GGC for data migration to support full go live of system in Highland and Argyll & Bute, and invitations for patients to Community Glaucoma Service pathways
- **Digital Front Door** – continued readiness activities ongoing for NHS Highland coming on board as digital delivery plan priority for 2026/27
- **National digital intensive weight management system** – engagement with national team on looking work required and scheduling TBC.

Full details of the OIP delivery are included within Appendix 1 and the BRAG status for each deliverable.

Deliverables carried forward to 2026/27 will continue to be reported bi-monthly to EDG and FRPC. Additional deliverables aligned to the Annual Planning Priorities will be developed as part of the Annual Delivery Plan 2026/27 and will be added for reporting in these areas. Further planning guidance in relation to these areas is expected following the Scottish elections on May 7th.

2.4 Proposed level of Assurance

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

NHS Highland Board are asked to take Substantial Assurance on NHS Highland's delivery against the Operational Improvement Plan (OIP) deliverables, in that the 20 deliverables have been tracked throughout 2025/26.

3 Impact Analysis

3.1 Quality/ Patient Care

The strategic transformation of services across NHS Highland is required to support the delivery of sustainable services that meets the strategic outcomes of Together We Care.

3.2 Workforce

The OIP has been shared in board-wide communications on plans.

3.3 Financial

Benefits realisation remains a key area of programme management, specifically in relation to the shifting the balance of care and digital and innovation aspects of the OIP.

3.4 Risk Assessment/Management

Each programme will maintain a risk register. There are two Level 1 Corporate Risks relating to the delivery of our Annual Delivery Plan and Together We Care. This relates to resource and capacity to meet all the objectives required.

3.5 Data Protection

Each programme considers Data Protection considerations accordingly.

3.6 Equality and Diversity, including health inequalities

Each programme undergoes EQIA screening assessment to consider the impact to people with protected characteristics, and plan any mitigations / actions require.

3.7 Other impacts

N/a

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

EDG – Thursday 30th April
FRPC – Friday 8th May

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Operational Improvement Plan – Dashboard as at 31st March 2026

OIP	Description	Executive Lead	BRAG at 18/02/26	FINAL BRAG at 31/03/26	Comments on FINAL BRAG status
Improving Access to Treatment	Delivery of additional Planned Care activity (TTG and NOP) to reduce the longest waiting patients (target 0 >52 weeks by March 2026) across all specialities (or to target levels agreed with SG if 0 not possible)	Katherine Sutton	Updated	Updated	NHS Highland bettered the Scottish Government agreed trajectories for the longest waiting patients by 31st March 2026. The end year position for NOP > 52 weeks was 1051 vs. target of 1133, while for TTG it was 105 vs. 124 target.
Improving Access to Treatment	Drawing from the additional £100 million investment we will deliver additional MRI, CT, ultrasound and endoscopy procedures to target the backlogs. This will support delivery of 95% of referrals to radiology being seen within six weeks by March 2026.	Katherine Sutton	Updated	Updated	NHS Highland has significantly improved on the waiting times performance for Radiology and Endoscopy investigations. For the latest data available, performance was 88.1% for Endoscopy < 6 weeks from referral in January 2026, while it was 72.6% for Radiology investigations < 6 weeks from referral in February 2026. This reflects an improvement from the positions in July 2025, when performance was 62% for Endoscopy and 59% for radiology investigations. Work will carry on into 2026/27 to reach for our 80% local target for radiology, while endoscopy are focussed on meeting our 90% longer-term target. Note: this data is nationally-reported, hence there is a time lag in availability of the end year position for this indicator.
Improving Access to Treatment	Improving performance against the 31 and 62-day Cancer Waiting Times performance, improving access to cancer diagnosis and treatment	Katherine Sutton	Updated	Updated	NHS Highland did not make its performance improvement target of 80% by March 2026. This relates to challenges within the Breast Cancer diagnosis and treatment pathway relating to workforce. Good progress was made in 2025 against the trajectory, but performance in 2026 has been challenged. This deliverable to improve Cancer Performance has been carried over to 2026/27 with new improvement trajectories to be set.

Improving Access to Treatment	Continue to improve access to CAMHS services and meet the CAMHS waiting times standard of 90% starting treatment within 18 weeks of referral.	Louise Bussell	Updated	Updated	**23/04** The CAMHS RTT standard has been achieved, with over 90% of children and young people starting treatment within 18 weeks, all localities compliant, and performance recognised by the Programme Board as a significant milestone requiring continued focus to sustain Evidence: 94% of the waiting list is within 18 weeks, with only six patients beyond the 18-week threshold across North Highland and Argyll & Bute. That performance needs to be sustained for 2 reporting periods before SG enhanced support discontinued.
Shifting the Balance of Care	Expanding Same Day Emergency Care (SDEC) at Raigmore so more patients can be assessed, treated, and discharged on the same day – avoiding unnecessary overnight stays	Katherine Sutton	Updated	Updated	**27/04:** The SDEC was expanded with performance information monitored on a weekly basis. There has been an increase in the patients while the median Length of Stay for these patients was largely maintained. 24% increase in patients going through SDEC at Raigmore per week, while AMU admissions decreased 20% in 2025/26.
Shifting the Balance of Care	An AHP service, including physiotherapists and occupational therapists, will be based at Raigmore ED and medical receiving units to assess older and more frail patients as early as possible	Katherine Sutton	Updated	Updated	**27/04:** There was a delay to the full staffing of this service within 2025/26, and therefore this deliverable has been carried forward to 2026/27. Early review of pilot data shows a reduction in LoS by 3.5 days less than average LoS for those that undergone functional Criteria Led Discharge (CLD).
Shifting the Balance of Care	A safe and consistent Discharge to Assess model – to be trialled in East Ross before rolling out across all districts – will enable patients to return home as soon as they are medically ready, with care needs assessed in the comfort of their own surroundings.	Katherine Sutton	Updated	Updated	**27/04:** The trial of Discharge to Assess was rolled-out into East Ross from January and has seen 51 people to end of March 2026. Learning on pilot being explored and consideration of expansion into other districts will take place in 2026/27.

Shifting the Balance of Care	Hospital at Home services will be progressed, starting with Inverness in FY 25/26 with a view to implementing across other districts across the Highland area allowing more patients to receive hospital-level care in the comfort of their own home.	Katherine Sutton	Updated	Updated	**27/04:** Hospital at Home capacity expanded to 6 in Highland by 31st March - short of the target of 15. Plans are being revisited to bring up the full complement of Hospital at Home beds by 31st December 2026.
Shifting the Balance of Care	A dedicated Acute Frailty Assessment Area in Raigmore will give people identified as frail faster, specialist treatment, reducing the time they need to spend in hospital.	Katherine Sutton	Updated	Updated	**27/04:** Full staffing and delivery of the Frailty Assessment Area in Raigmore was completed by 31st March. Further work will be aligned to the Frailty Programme and delivery of pathways within hospital settings but AFFA sees a median of 15 patients per week for Comprehensive Geriatric Assessment.
Shifting the Balance of Care	There is additional planning work progressing to support developing a sustainable Flow Navigation Centre (FNC) and Out-Of-Hours (OOH) model that is integrated across primary and secondary care services and supporting patients to access care through more streamlined pathways.	Katherine Sutton	Updated	Updated	**27/04:** While a plan was agreed for the expansion of pathways covered by the FNC, there remains challenges with a physical space being identified to support developments of this service. Furthermore, there are considering within Scotland West around sub-national developments of FNC that are carried forward into 2026/27.
Shifting the Balance of Care	In Argyll & Bute, plans are progressing on redesigning and expanding its Extended Community Care Team (ECCT) to prevent deterioration, respond rapidly in the community, and deliver Discharge to Assess with a strong reablement focus. This	Evan Beswick	Updated	Updated	Provisional - deliverables carried forward to 2026/27.

	enhanced service will see a significant rise in frailty screening and early clinical assessments, helping more people return home quickly with tailored support.				
Shifting the Balance of Care	Expand the Community Glaucoma service in line with delivery of the national system Open Eyes, currently being led through NTC-Highland	Katherine Sutton	Updated	Updated	**31/03/26:** March 26 deadline for 'Go Live' missed. PAS (lite) Integration and testing completed by NHSH Highland. UAT testing signed off by NES. NES to move the code to production w/c 27/04 - GGC MDU to then complete CGS patient data migration from SCI store. Timeline for this will determine issuing of patient letters and final Go Live date for accredited CGS Community Optoms.
Digital and Technological Innovation	Digital Front Door' app by the end of 2025 to improve access to health and social care services, starting with a pilot in Lanarkshire and expanding nationwide over five years, supported by integrated data sharing through the Community Health Index.	David Park	Updated	Updated	**23/04/26:** NHSH is not currently an early-pilot Board and is therefore not enabling additional functionality beyond the national baseline. Local focus remains on understanding national rollout expectations and timelines, assessing readiness impacts and aligning local digital initiatives with digital front door direction of travel. NHSH has shared all communications from the national team and has a number of interfaces to the national programme.
Digital and Technological Innovation	A new Digital Dermatology Pathway, enabling GPs to attach skin images to referrals, is being rolled out across Scotland by spring 2025 to streamline diagnoses, reduce unnecessary consultant visits, and fast-track urgent cases, with impact tracked through usage and triage outcomes.	Katherine Sutton	Updated	Updated	**23/04/26:** Working with project team to develop next steps for phase two, moving this pathway into business-as-usual.

Digital and Technological Innovation	New national digital intensive weight management programme will support 3,000 newly diagnosed type 2 diabetes patients over three years from January 2026, aiming for significant weight loss and remission in up to 40% of participants, with outcomes tracked by recruitment, remission rates, and health improvements.	Katherine Sutton	Updated	Updated	**23/04/26:** National rollout approach will be a phased national adoption rather than board-by-board pilots - delivery is population based, not restricted to named early adopter Boards. - No Highland specific roll out plan to date.
Digital and Technological Innovation	Introducing new genetic testing for stroke patients, newborn babies with bacterial infections, and new stroke patients	Katherine Sutton	Updated	Updated	**20/04/2026:** Live at Raigmore 02 Feb 2026. sending samples to Tayside and all seems to be working well. RGH rollout under discussion with the national team and our own stroke team, pathway will be that RGHs send samples to Raigmore for us to send them onwards.
Digital and Technological Innovation	A theatre scheduling tool that boosts operating theatre productivity by up to 20% is being rolled out across all Scottish health boards by June 2025 to optimise theatre use, prioritise patients more effectively, and reduce treatment wait times.	Katherine Sutton	Updated	Updated	**20/04/2026:** The Infix tool is live within NHS Highland within two specialities. There remain actions to take this forward in further specialities.
PREVENTION - PATHWAYS / SERVICES					
Prevention	Preventative action at any stage of a person's health can significantly improve outcomes, with new investments in 2025–26 supporting proactive interventions for cardiovascular disease and frailty, including enhanced	Jennifer Davies	Updated	Updated	**April 26:** Preventative thinking forms a core throughout our Organisational Strategy development processes and is also at the core of our DPH Annual Report, focusing on health in the early years. This work continues to shape the agenda of the Population Health and Planning Committee.

	services and dedicated leads in general practice.				
Prevention	A new General Practice enhanced service (DES) launching in spring 2025 will target key cardiovascular disease (CVD) risk factors—like high blood pressure and cholesterol—by identifying those at highest risk and enabling early interventions to significantly reduce long-term health impacts.	Arlene Johnstone / Evan Beswick	Updated	Updated	**27/04/26:** The CVD DES is live in both Highland and Argyll & Bute - monitoring of participation is ongoing.
Prevention	A new Frailty Enhanced Service launching in April 2025 will support earlier identification and management of frailty in General Practice, with each practice appointing a Frailty Lead to improve care through training, data use, and collaboration.	Arlene Johnstone / Evan Beswick	Updated	Updated	**27/04/26:** On completion of the DES (by 28th February 2026), 50 / 62 Highland HSCP practices participated in the Frailty DES and met the requirements as detailed in 7a & b. The frailty DES has now concluded and no notice of plans to offer in 26/27.