

<h1>NHS Highland</h1>	
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Meeting:	Board Meeting
Meeting date:	27 July 2025
Title:	Board Strategy – Planning Policy Frameworks and Performance Reporting
Responsible Executive/Non-Executive:	David Park, Deputy Chief Executive
Report Author:	Kristin Gillies, Interim Head of Strategy and Transformation

Report Recommendation:

- **Note** the three Health and Social Care Reform Frameworks published in June 2025: Service Renewal Framework (SRF), Population Health Framework (PHF) and Operational Improvement Plan (OIP).
- **Note** that the NHS Annual Delivery Plan has been approved as a robust foundation for 2025-26.
- **Note** that Annual Delivery Plans have been considered within this evolving context and remain a valuable tool for supporting local planning and aligning with a broad range of national priorities.
- **Note** that in 2025-26 Scottish Government focus will be on the delivery of the Operational Improvement Plan, which includes reduction of waiting times, improving patient flow and to expand access through innovation. This and the other Frameworks will be governed by the SG Reform Executive.
- **Note** that Chief Executives are required to provide a consolidated progress report on OIP delivery to SG Executive Group meetings
- **Note** the current position statement, as the OIP develops
- **Note** that as the strategic framework and 10-year strategy develop, delivery plans and performance reporting will continue to be assurance mechanisms to the relevant governance committees

- 1 Purpose**
- This is presented to the Board for:**
- **Decision**
 - **Awareness**

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you
- Policy change

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Policy focus is moving from accessing healthcare and shifting the balance of care but also towards improving the health of the population through prevention and addressing of health inequalities. This will include efforts to target the needs of disadvantaged communities focusing on factors like socio-economic status and lifestyle. While no simple solution exists, we are required to play a role in reshaping strategies aligned with these principles, as part of a reformation and renewal of public service. Three national frameworks, published in June 2025, describe this reformation and renewal approach to the NHS in Scotland:

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

The need for renewal and reformation comes from the significant population health challenges which Scotland faces both now and in the future. Life expectancy is stalling and health inequalities are widening; demand for and utilisation of our health and social care services continues to increase in an unsustainable way. Waiting lists are significant and we have a need to make best use of our limited workforce and financial resources to treat patients more quickly and to shift the balance of care from acute to community settings. These are the overriding principles of each of the three national frameworks (Appendix 1-3)

2.2 Background

The NHS Highland Together We Care Strategy 2022-2027 has focused on delivering on the strategic “well themes” to transform ways of working and begin to shift the balance of care closer to people’s homes. With the publication of the 3 national frameworks in June 2025, it is clear that NHS Highland must proactively build on this work to pursue fundamental change in how we improve health outcomes and approach the delivery of health and care, driving investment in prevention and early intervention.

2.3 Assessment

The current NHS Highland Annual Delivery Plan 2025-26 was approved by the Scottish Government in July, as a robust framework for delivery of our Together We Care strategy.

Monitoring of performance will continue to be reported quarterly and linked with the IPQR through the year.

Going forward, the Government advises that ADPs have been considered within the evolving context of the NHS and remain a valuable tool for supporting local planning and aligning with a broad range of national priorities.

In May 2025, the Board approved the requirement for a refresh to the TWC strategy (2022-2027) a year earlier than planned, from 2026.

The Board also approved the outline and approach to the development of a refreshed NHS Highland strategy using a population health focus.

The Board also approved the development of the Population and Public Health Committee.

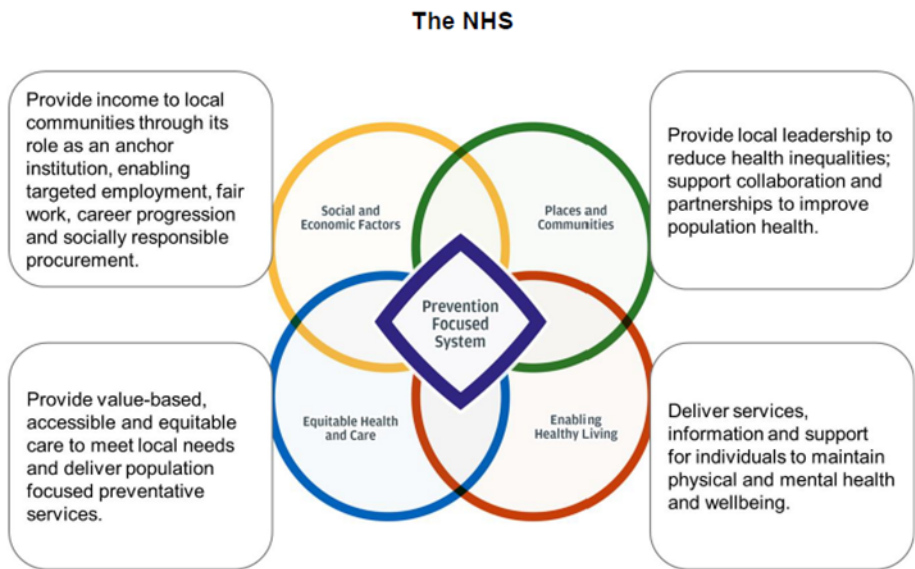
On 23 June 2025, the Government published three national frameworks, describing the reformation and renewal approach within NHS Scotland:

- 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 will be 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.

NHS Highland is developing a strategic framework to consider the delivery of the Health and Social Care Service Renewal and Population Health Frameworks, in order to deliver a new strategy for 2026 to refresh the Together We Care strategy and ensure we are equipped to deal with the challenges ahead for health and social care.

The diagram below is from the Population Health Framework and it details a model for population health, showing the role of the NHS. It is proposed that this will be part of the potential framework on which to build the new board strategy. It is recognised that to make this successful, this approach must be done in collaboration with local government, public sector, business sector and community and voluntary sector organisations.



To support the governance, development and delivery of the Board Strategy a Population Health and Planning Committee is being created with Terms of Reference Agreed at the May 2025 Board. The Committee will commence in autumn 2025.

Further discussions are in hand around the strategic framework development with a draft project plan in place that has been approved by EDG. How we develop a population health lens within other Committees and changing our approach from healthcare delivery to a system wide approach of population health are key considerations.

Performance monitoring of the developing strategic framework and 10-year strategy (i.e. the Population Health and Health and Social Care Renewal Frameworks) will be via the Annual Delivery plan (ADP) process used to performance manage the Together We Care Strategy. We will continue to annualise the reporting of each year's deliverables with Assurance being delivered via the quarterly ADP updates and bi-monthly IPQR.

These will report to Programme Groups and SLTs, the Committees, EDG and the Board.

The Operational Improvement Plan (OIP) for acute services has been under significant development since late May to:

- Review performance against waiting times (improving access to care);
- Improving patient flow (shifting the balance of care);
- Improving access via the use of technology;
- Improve prevention measures to prevent illness and more proactively meet patient needs.

For the waiting times work, weekly service meetings are in place, along with a systematic plan for training staff on the November 2023 waiting times guidance. For all deliverables, various dashboards have been developed to monitor performance against trajectories. There is a weekly meeting with CfSD and also with Chief and Deputy Chief Executives to discuss the OIP performance and progress, via a consolidated progress report at Executive Group meetings. Submissions will be made to the Government on a weekly and monthly basis. OIP deliverables are included in the ADP 2024-26 and will be reported internally via quarterly updates to EDG and 6-monthly to FRPC. All OIP performance reporting for assurance will be through the IPQR received by FRPC. Reporting will vary accordingly across the different types of commitments in the OIP, but wherever possible will quantify progress against planned trajectories and milestones.

Sector Performance Reviews will monitor sector-level deliverables and performance relating to the OIP with Key Performance Indicators (KPIs) in development with sectors. A weekly CE assurance huddle is in place and is currently focussed on Planned Care and Cancer performance and improvement actions.

Metrics developed include:

- Scheduled Care – core and additional new outpatients and Treatment Time Guarantee activity and reducing waiting times to less than 52 weeks, will be reported monthly to SG
- Cancer performance – 31 and 62 day cancer performance as standard across tumour groups
- Unscheduled Care – reducing in standard delayed discharges, improving ED4, 8 and 13 hour performance, and Length of Stay performance linked to projects. (Quarterly reporting to SG)

Unscheduled care trajectories aligned to additional funding made available (frailty unit and Hospital at Home as examples) are currently being developed for submission to SG by 08/08. Reporting against these trajectories will be aligned to IPQR and all performance reporting.

Current performance at week 3 of July 2025:

- Planned Care - dashboards available weekly to track both NOP and TTG activity vs. plan and any areas requiring deviation. Long waits dashboard being developed for trajectories to 0 > 52 weeks. Largely on track across all specialties, actions in place where activity is above / below committed trajectories.
- Cancer - NHS Highland is challenged relating to 62-day performance from USC referral to treatment - recent performance of 67% for June 2025 was due to capacity challenges within Breast service pathways, particularly for surgery. Recent data monitoring has noted an improvement into July. Similarly, urology pathways, particularly Prostate, are subject to fluctuation due to Consultant availability. We are exploring locum opportunities to maintain the throughput required to achieve the performance required.
- Unscheduled Care - NHS Highland has redefined its Urgent & Unscheduled Care portfolio of programmes and is now progressing Performance and Delivery groups for both Highland HSCP and Acute to monitor the key governance metrics of Delayed Discharges, ED 4/8/12-hour access and Length of Stay. Programmes of work are being prioritised to focus on

performance improvement of these measures and agreeing trajectories, for submission to SG by 8 August. Recent ED performance (4 hours = 71.7%) has been impacted by the holiday period, in particular. DDs are currently high and have remained this way for a number of weeks.

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

The report provides moderate assurance to the Board regarding the development of a refreshed strategic approach to NHS Highland’s Strategy encompassing population health and proposing an early update to the current "Together We Care" strategy by 2026. It outlines a shift in focus from healthcare access to improving population health through prevention and addressing health inequalities, particularly among disadvantaged communities. To support this, the creation of a new Population and Health Planning Committee is recommended, which will oversee the strategy’s development, ensure alignment with value-based care, and monitor progress against the outcomes in the Director of Public Health’s annual report.

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

In order to increase the assurance level to substantial the proposed committee will require a period of transition so it can provide the Board assurance around strengthening governance structures, enhancing data and evidence use alongside deepening community engagement and aligning with national and local partners.

3 Impact Analysis

3.1 Quality/ Patient Care

As part of the development of the new strategy, quality and improvements to patient care and experience will be an essential component.

3.2 Workforce

Developing a Workforce Strategy will be an integral part of the Board wide strategy and staff-side will be part of the development process.

3.3 Financial

The scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more. By setting out NHS Highlands new Strategy, we will aim to deliver a health and social care system fit for the future.

3.4 Risk Assessment/Management

Strategic - By not focussing the NHS Highland's strategic approach to delivery of Care at a population health angle will put significant risk for sustainability into the future.

Operational - There will be limited success if the organisation does not fully engage in the new strategic approach and implement the recommendations and strategic vision within operational working.

3.5 Data Protection

There will be no personal or identifiable information used in the creation of the strategy.

3.6 Equality and Diversity, including health inequalities

The Rights of the Child (UNCRC) - Priority areas for prevention are: Children and Young People, Child Poverty work and poverty across the life course will be reflected within the new strategy

The focus of the proposed Committee is on health inequalities; these include inequalities relating to protected characteristics, Socio-economic duties and UNCRC.

3.7 Other impacts

Describe other relevant impacts.

3.8 Communication, involvement, engagement and consultation

As part of the creation of a new strategy a full Communications and Engagement plan will be developed.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG 28 July 2025

4.1 List of appendices

The following appendices are included with this report:

- 1. [NHS Scotland Operational Improvement Plan](#) (March 2025)
- 2. [Scotland's Population Health Framework 2025-2035](#) (June 2025)
- 3. [The Health and Social Care Service Renewal Framework](#) (June 2025)