

<h1>NHS Highland</h1>	
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Meeting:	NHS Highland Board
Meeting date:	30 July 2024
Title:	Annual Delivery Plan 2024/25
Responsible Executive/Non-Executive:	David Park, Deputy Chief Executive
Report Author:	Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

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

NHS Highland submitted its draft Annual Delivery Plan for 2024/24 and Medium Term Plan 2026/27 to Scottish Government on 11 March 2024, aligned to the board’s Financial Plan for 2024/25.

Feedback was received in June 2024 and a letter of approval received from Scottish Government's Deputy Chief Operating Officer on 19 June 2024.

This paper summarises the main points of feedback that have been incorporated to the final version of the ADP and plans for the monitoring, reporting and assurance of the deliverables.

## 2.2 Background

### **Annual Delivery Plan/Medium Term Plan**

Guidance on the requirement for Annual Delivery Planning activity was provided to NHS Highland in December 2023, with an expectation on the timelines for submission of our ADP for 24/25, whilst also submitting our priorities for Medium Term Planning to 26/27.

Within the guidance it was asked that we explicitly link the ADP/MTP to the Board's Financial Plan, NHS Scotland's 10 recovery drivers, and in particular the 15-box model which has been shared to support NHS boards with developing their planning priorities for the forthcoming year.

The ADP/MTP has been aligned with the NHS Scotland recovery drivers and describes the key actions and deliverables for 2025/25, contributing to our priorities for improvement to 2026/27 and associated outcomes of how we will measure progress.

### **Feedback and Reporting**

The draft ADPMTP has been presented alongside the draft Financial Plan throughout the NHS Highland committee structure and assurance has been taken on the development of these plans to support our planning priorities and progress towards our strategic outcomes.

Progress reporting against the ADP will be submitted against overall progress to the Finance, Resources and Performance Committee, while it is anticipated that future updates can be provided throughout the NHS Highland governance committees and Board on the efficiency and strategic design programmes as they move into future stages of delivery.

Scottish Government have requested quarterly reporting on progress against the Delivery Plan aligned to timescales for NHS Highland's internal governance. Therefore it is anticipated the Q1 update will be reported to the Finance Performance and Resources Committee on 6th September, with further quarterly updates provided.

## 2.3 Assessment

### **Scottish Government Feedback**

Initial positive feedback was followed-up with written feedback received 6 June, representing updates through peer review by Scottish Government policy leads.

This was followed-up with a letter of approval of NHS Highland's Delivery Plan, received 19 June 2024 from the Deputy Chief Operating Officer, where it was also noted the significant challenges faced in the NHS recovery from

the ongoing impacts of the COVID pandemic, coupled with financial challenges. NHS Highland's approach in integrating service delivery and financial planning for the year was complimented, highlighting that this will help ensure that patient safety and front line services are appropriately prioritised while we work within agreed budgets.

The feedback also recognised the uncertainty of the current financial situation and the Scottish Government noted the requirement of the Annual Delivery Plan to remain dynamic and responsive to the fluid situation.

**Choices (SG terminology)**

It was noted that as part of the quarterly review of progress against the Delivery Plan and aligned Annual Financial Plan, there will continue to be focus on the financial situation impacts on health boards and how this is impacting the planned delivery and performance documented within ADP 24/25.

The initial draft ADP had reference to a number of local choices / emergency actions that may be required given the scale of the financial challenge faced by all boards in Scotland. NHS Highland is progressing a number of these areas aligned to activity in other NHS Boards.

Where local choices are to be progressed, the Scottish Government have noted they are committed to working closely to understand the nature of these impacts. Through an additional letter received 1 July 2024, Boards will require to progress any choices work locally and will not require further approval at a national level.

**Summary of Feedback**

The ADP 25/25 format was complimented including the close linkage to the board's Together We Care strategy. Feedback noted the use of deliverables for 2024/25 and priorities to 2026/27 – and associated improvement outcomes – was a helpful way to set-out the board's plans against these strategic outcomes.

Scottish Government highlighted that this ADP pulls together the closer working of the two localities, particularly in terms of reporting, to support the desired strategic outcomes of NHS Highland whilst recognising the differences in governance of the IJB in Argyll & Bute and the Lead Agency model of Highland.

There is both positive feedback as to the content of NHS Highland's delivery plan and areas where amendment(s) and/ or further discussions are required.

This Scottish Government feedback has been incorporated into the latest draft of the ADP MTP document in Appendix A. A summary is set out below;

**Recovery Driver: Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community**

Areas requiring further detailed context and identified deliverables in 2023/24 include Dentistry and Ophthalmology, and these have been updated in the Care Well and Treat Well sections of the ADP.

Further detailed action around Flow Navigation Service and Urgent & Unscheduled Care including specifics around the interface with Scottish Ambulance Service and future strategic plans being progressed in Argyll & Bute, and what this means for out-of-hours care. Further reference to the national Primary Care Improvement Plan is included.

**Recovery Driver: Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need**

There is to be further engagement with Scottish Government around the trajectories for improvement around the Urgent and Unscheduled Care portfolio and regular performance and improvement calls will support the definition of agreed trajectories.

**Recovery Driver: Improve the delivery of mental health support and services**

It was noted there is a reliance on supplementary staffing to deliver Mental Health services but there are clear performance trajectories in place for those areas in escalation, and particularly in relation to CAMHS. The CAMHS Improvement Plan was noted a key component in supporting improved performance from the current position.

**Recovery Driver: Recovering and improving the delivery of planned care**

The risks associated with maintenance of planned care in the current financial climate are noted, including the impact of proposals to reduce supplementary staffing. The initial submission was written prior to the additional Planned Care funding becoming available from Scottish Government. Whilst many of these risks are mitigated by the additional funding supporting the board to protect planned care activity to the levels of previous years, further strategic transformation of these services is required to develop Sustainable Operating Models, and this is recognised in the feedback.

**Recovery Driver: Delivering the National Cancer Action Plan (Spring 2023-2026)**

Further detail is required on plans to meet the National Cancer Action Plan – particularly around board plans for implementation of optimal cancer diagnostic pathways and Rapid Cancer Diagnostic Services. Optimal pathways have been adopted and NHS Highland has bid for some additional funding to support implementation. However full achievement of these best practice pathways will require further strategic transformation, as is the position across all boards in NHS Scotland. Assessment of progress against implementation will be picked-up through operational and strategic cancer groups in NHS Highland.

Another area requiring attention is planning the implementation of Rapid Cancer Diagnostic Services. NHS Highland has participated in the Discovery phase as part of the North of Scotland region, however at the time of submission of the Annual Delivery Plan had been awaiting the outcome of the Evaluation from the national pilots into the cost-effectiveness of pathways.

We are aware there is a commitment to organisational coverage of RCDS by March 2026, however further engagement is required as to how RCDS can operate in a rural and island context within the current financial context. This has been updated as a medium-term priority to March 2026.

Cancer Waiting Times performance was a key area where further actions need detailed to meet the Framework for Effective Cancer Management. Since submission of the ADP, a Cancer Operational framework and oversight group has been commissioned to take oversight of performance within the Acute sector. This action will help monitor and drive improvement in cancer waiting times performance and provide the Acute portfolio with assurance of progress against a local action plan for delivery, and the board with assurance of performance improvement through IPQR.

A reference to the Psychological Therapies and Support Framework has been included to highlight that NHS Highland participated in this programme through Macmillan Cancer Support. The benchmarking report should be available to NHS Highland later this year to assess where NHS Highland stands in meeting the framework, relative to other providers across the NHS and third sector providers.

**Recovery Driver: Enhance planning and delivery of the approach to health inequalities and improved population health**

Further reference is required to NHS Highland's participation in the Alcohol Drug Partnerships Strategic Plan has been added in, particularly around addressing health inequalities.

**Recovery Driver: Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.**

Feedback has highlighted the need to strengthen the aims and ambitions of the women's health plan in the ADP. Direct links have been added into the Start Well, Treat Well, Age Well and Perform Well. Adoption of further CfSD pathways relative to women's health are also noted as requiring further engagement.

**Recovery Driver: Implementation of the Workforce Strategy**

NHS Highland actions were noted as appropriate and realistic and it was positive to see engagement in both local and national forums. It was noted by Scottish Government that there has been a pause to the implementation of eRostering across the board, although since submission our board strategy for the underpinning software required for eRostering has been agreed given there were risks associated with double entry of data. This area has been

added to the Grow, Listen, Nurture and Engage Well section of the ADP and is aligned to the Digital Delivery Plan.

**Recovery Driver: Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes**

At the time of submission of the ADP, engagement was ongoing with regards to how the ADP 24/25 interlinks with the board’s Digital Delivery Plan (DDP) for 24/25. A number of priorities have emerged including Hospital EPR, Morse and Digital Dictation that can be added into the Digital Delivery Plan and through the strategic change process, work is ongoing to align transformation, improvement and digital change priorities.

**Recovery Driver: Climate Emergency and Environment**

More explicit explanation of Waste Management Climate Adaptation and Circular Economy to sit within the Anchor Well and Enable Well sections have been requested.

**Supporting Theme Value Based Health & Care**

It is recommended that Realistic Medicine is a consistent theme throughout the ADP 2024/25 and Scottish Government’s feedback is that NHS Highland should be commended for this.

The feedback from Scottish Government has helped draft the latest ADP 24/25 included in the appendix.

**Monitoring and reporting**

In order to ensure the ADP 24/25 deliverables are achieved, a tracker has been established to collate quarterly updates on the progress of each deliverable, which have been aligned to Executive Leads for the delivery of each “Well” theme in Together We Care.

With quarterly reporting expected to Scottish Government, reporting of the ADP deliverables will be undertaken through EDG (STAG and VEAG) and a quarterly update will be provided.

Assurance reporting will be undertaken through the Finance Resource and Performance Committee on the quarterly progress of ADP 24/25. There will be reporting of individual deliverables to various committees aligned to performance and quality trajectories.

Quarterly updates will be reported to NHS Highland board, with the Q1 update anticipated to be reported in September 2024.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<div><div></div></div>	Moderate	<div><div></div></div>
Limited	<div><div>X</div></div>	None	<div><div></div></div>

**Comment on the level of assurance**

At the time of writing the ADP has the key deliverables NHS Highland require to achieve transformation and improvement however the challenging financial situation and capacity of our teams may impact on our ability to meet the required level of change required. This level of assurance is complemented with a risk on the corporate risk register and the mitigating actions to support delivery.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Each deliverable of ADP 24/25 will be tracked through performance trajectories reported as part of the board's Integrated Performance Quality Report and EDG Performance Dashboard. A paper was recently submitted to the Clinical Governance Committee advising on the quality measures complementing the performance measures that would be taken to Clinical Governance Committee. NHS Highland Board will see a refreshed IPQR to complement the now approved ADP and trajectories.

**3.2 Workforce**

ADP 24/25 has a number of deliverables relating to workforce. The Staff Governance Committee is refreshing their section of the IPQR to provide awareness of progress of the key deliverables relating to the "Our People" section.

**3.3 Financial**

ADP 24/25 is aligned to the board's Financial Plan for 24/25. Both will be subject to quarterly reporting to Scottish Government.

**3.4 Risk Assessment/Management**

Risks to delivery of the Annual Delivery Plan are included within the Level 1 Strategic Risk Register for the health board.

**3.5 Data Protection**

ADP 24/25 has no person-identifiable information. All deliverables will undergo screening for Data Protection.

**3.6 Equality and Diversity, including health inequalities**

Each programme area within ADP 24/25 are subject to screening through the Equalities Impact Assessment for any actions required.

**3.7 Other impacts**

None

**3.8 Communication, involvement, engagement and consultation**

ADP 24/25 has been developed through consultation and engagement with senior management and clinicians across NHS Highland. The feedback from Scottish Government has been shared with EDG members to shape the final version.

**3.9 Route to the Meeting**

The initial draft ADP submitted to Scottish Government was a collated summary of deliverables from key stakeholders across NHS Highland, through assigned Senior Responsible Officers, Clinical Leads and Executive Leads. Development of ADP 24/25 has been overseen by the Head of Strategy & Transformation reporting to EDG.

**4 Recommendation**

NHS Highland board are asked to;

- **Approve** the Annual Delivery Plan for 24/25 as detailed in the Code for Corporate Governance
- **Awareness** that the reporting will commence to the Finance, Resources and Performance Committee on delivery of the Annual Delivery Plan and in turn the Board will receive 6 monthly reports on progress. The first of which will be September 2024

**4.1 List of appendices**

The following appendices are included with this report:

- ADP 24/25 220724 – following SG feedback



# Annual Delivery Plan 2024 – 2025 Medium Term Plan 2025 - 2027



Highland  
Argyll & Bute

## NHS Highland

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# Introduction

*Pamela Dudek, Chief Executive*

*Fiona Davies, Incoming Chief Executive*

In Highland, Argyll & Bute we want to deliver excellent health outcomes for our population so that they always feel safe, cared for and listened to. We also want to support our workforce to attract, retain and develop passionate and talented people, creating an environment where they can thrive.

We also recognise that public finances across Scotland and within the NHS are extremely challenging but that must not compromise our commitment to delivering safe and effective services for our population working collaboratively with partners, stakeholders, communities and other public sector organisations.

Within NHS Scotland and in Highland we have reached a critical point in remote, rural and island healthcare delivery where the cost of providing health and care to our dispersed population continues to rise, at the same time as demand, as well as expectations of the service rising continuously. There needs to be an open and honest conversation with the public about what the future health and care service looks like to ensure the sustainability of health and care in Highland so we can co-design and co-produce a positive way forward.

The pandemic has led to a more complex health and care system; an increase in inflation, backlogs in elective care, recruitment and retention challenges as well as the pay awards. Our costs are further challenged by an exponential rise in our population in delay in our hospitals as well as the acuity of patients, increasing prescribing costs and increasing cancer referrals which place a strain on our already stretched diagnostic resources.

This 3-year Delivery Plan will refresh our approach to our strategy; Together We Care which follows the life cycle from cradle to end of life through whole system working. As detailed in our Together We Care Strategy these outcomes were determined through consultation and engagement with our communities, partners and colleagues. It will also start our journey with the Joint Strategic Plan with Highland Council in our role as Lead Agency and be the final year in the Argyll & Bute Strategic Plan.

This year, we have embedded a comprehensive value and efficiency programme and strategic transformation programme to address immediate business as usual areas as well as ensuring we have a medium-term planning approach. This is all underpinned by clear governance and accountability processes.

We must work together to support the health and wellbeing of the population, to tackle inequalities and respond to the cost-of-living crisis to prevent further harm to the most vulnerable in our society.

Across NHS Highland we will do whatever we can to ensure we achieve the best outcomes for our population through a value based approach. We need to think differently, embrace innovation, maximise digital enablement and redesign how services are provided in the community and our hospitals.

## Our Approach

NHS Highland is currently working through the requirements for strategic transformational change driven by the need for recovery and reform of NHS services, responding to the increasing health and care needs of our ageing population whilst ensuring a focus on value and efficiency of services considering challenges in the world economy.

Underpinned by our five-year strategy **Together We Care and the Joint Strategic Plan with Highland Council, along with the Argyll & Bute Strategic Plan** the organisation continues to ensure services are planned and managed with a focus on delivering for the health and care needs of our population, particularly given the challenges that are faced doing this in a remote, rural and island context within the current financial envelope available within the public sector.

In recent years there has been great effort from our whole system to deliver the foundations needed to achieve our strategic ambitions, with a focus on ensuring these outcomes are done **with and for our communities and people**. Within our approach we are progressing a Strategic Assessment of services to support longer term sustainability aligned to the principles of Together We Care.

Through our 3-Year Delivery Plan, key milestones for April 2024 to March 2025 are laid out in the context of Together We Care and the areas where we will focus on achieving best value in the service provided as our strategic priorities for the next 3 years. NHS Highland faces some critical decisions to reach financial balance in 2024/25, with a significant gap in our budget.

These 24/25 milestones will contribute to the long-term vision to ensure sustainable, high-quality services are delivered as close to home as possible across NHS Highland, in partnership with Highland Health and Social Care Partnership, Argyll & Bute Partnership, Highland Council and the many other organisations we work with.

### Emergency Actions

Due to the financial situation we may have remaining actions that are not within our annual plan at present as they will be considered to be emergency, crisis actions which are solely intended to reduce costs and will have a significant impact on service delivery, the quality of services we provide and our performance against targets and are not supported as “choices” to be taken but presented as necessary actions to deliver a financial position.

## Our Strategic Outcomes

To deliver on each of our strategic objectives we have developed a set of 16 strategic outcomes and our perform, progress, and enable well areas. Each of these are core to the delivery of the 3-year Delivery Plan that will help us move towards achieving our vision and mission. Some will be delivered solely by NHS Highland however some will be delivered in collaboration with Highland Council and partners across NHS Scotland and external providers.

These outcomes set out the direction for NHS Highland in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre.



Our ADP (Annual Delivery Plan) for 24/25 and updated to our MTP (Medium Term Plan) 26/27 are based on these strategic outcomes for our population and outline the actions we plan to continue to build, utilising our approach to planning within NHS Highland.

We have also used this planning cycle to focus on our priorities to 2026/27 to deliver on the ambitions on Together We Care, building on the milestones of delivery for 2024/25 and our areas of focus.

## Alignment to NHS Scotland's Recovery Drivers

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

		their individual skills and expertise	
<b>ENABLERS</b>			
<b>17a</b>	<b>Perform Well</b>	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system - Quality & Population Experience / Realistic Medicine / Health Inequalities / Financial Planning.	All
<b>17b</b>	<b>Perform Well: TARA</b>	To refresh the administration support functions to support all operational divisions in NHS Highland, providing a patient-focused, efficient, resilient and sustainable admin facility.	8 Workforce
<b>18</b>	<b>Progress Well: Digital, RDI, Estates &amp; Climate</b>	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system.	9 Digital Innovation and 10 Climate Emergency & Environment
<b>19</b>	<b>Enable Well</b>	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population.	All

**\*Working in collaboration with The Highland Council**

# Highland Health and Social Care Partnership

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

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



*Highland Health and Social Care: Adult Services Strategic Plan 2024-2027:*

<https://www.nhshighland.scot.nhs.uk/media/qjkd4bvr/highland-hscp-strategic-plan-adult-services-2024-27.pdf>

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

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



## Enablers to Change

In order for NHS Highland to be move forward with the development and delivery of this ADP and updated MTP, there are several enablers that have been put in place to ensure that our strategic transformation and service change framework is effective. Intelligence and weekly reporting will be key and a number of reports have been designed to enable the actions in this report to be understood.

The following enablers are now in place and will support NHS Highland with the delivery of this plan for 2024/25;

**Approach to decision-making (Appendix A);** facilitating appropriate governance and assurance on decision-making in NHS Highland through embedding a structured process focused on 5 levels of decision-making.

**Sustainable Services Review (Appendix B);** engaging nationally with at-risk services where collaborative approaches may be required, for example in vascular surgery or oncology.

**Integrated Service Planning (Appendix C);** developing a baseline of services pulling together finance, workforce, quality and resources together.

**Value & Efficiency Workstreams (Appendix D);** immediate actions to deliver efficiencies within services aligned to the 2024/25 financial plan.

**Strategic Change Process (Appendix E);** a process for change to enable the critical decisions, emergency actions and strategic changes required. This incorporates a programme management approach based on the Scottish Approach to Service Design, and the embedding of Gateway Reviews.

**Risk-based assessment (Appendix F);** maintaining quality services by embedding our risk assessment processes aligned to our ADP and MTP work.

**Performance Framework (under review) (Appendix G);** aligning the reporting of performance measures at local board and Scottish Government level, including metrics aligned to the NHS Scotland recovery drivers.

**Digital change and transformation (Appendix H);** development of a prioritised NHS Highland workplan for the delivery of digital change and transformation of services is a key enabler of work to achieve our strategic and operational outcomes. This will be developed through prioritisation and available resources due to the limited nature of capital monies moving forward. At present we are considering spend in this area moving in to the next financial year and beyond.

**Whole Systems Infrastructure Planning (Appendix I);** development of a backlog maintenance plan aligned to the review of estates throughout our 2024/25 activities.

**Procurement;** there are several work streams underway on how we develop a whole system procurement approach in relation to the goods and services we buy across NHS Highland.

## Outcome 1: Start Well

<b>Description</b>	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy.
<b>Problem Statements</b>	<ol style="list-style-type: none"> <li>1. Access to Perinatal and Infant Mental Health (PNIMH) services is variable across NHS Highland</li> <li>2. Breast feeding support within acute and community settings is variable</li> <li>3. Continuity of carer rates are not as high as they could be due to workforce availability</li> </ol>
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• Empower parents and families through support and information to see the benefits of choosing to eat well, being a healthy weight and being physically active from pre-pregnancy to later life</li> <li>• Ensure that we implement all recommendations of Best Start policy and ensure parents and families have the best care experience possible throughout pregnancy and birth</li> <li>• Ensure the actions from the Women's Health Plan are embedded relative to Start Well</li> </ul>
<b>Scope</b>	Maternity and Neonatal services provisioned within Acute and Community settings in NHS Highland
<b>Link to NHS Scotland Recovery Drivers</b>	<b>2 Urgent &amp; Unscheduled Care</b> <b>4 Planned Care</b> <b>7 Women &amp; Children's Health</b>
<b>Other Policy Drivers</b>	<ul style="list-style-type: none"> <li>• Best Start 2017</li> <li>• A Healthier Future 2018</li> <li>• Rights Respect and Recovery 2021</li> <li>• National Guidance for Child Protection in Scotland 2023</li> <li>• SPSP Perinatal and Stillbirth Change Packages 2023</li> <li>• Women's Health Plan</li> </ul>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Service Level Agreements (SLAs) Review</li> <li>• Integrated Service Planning</li> </ul>
<b>Patient Outcomes &amp; Health Inequalities Impacts</b>	Improvements in clinical and care quality and accessibility across maternity and neonatal care delivery.
<b>Impact on Performance &amp; Finance</b>	Improvements in performance will come from improvements in the efficient use of resources and will be delivered within the current budgetary spend rate.

Start Well: 2024/25 Deliverables	
Description	Due Date
Development and implementation of a Midwifery Workforce Plan and associated governance, including future strategy for service.	April 2024
Review and update the Vulnerable Pregnancy Pathway and develop implementation plan that supports continuous improvement as part of business-as-usual.	May 2024
Achieve the UNICEF Baby Friendly Accreditation: Gold Standard.	May 2024
Deliver a full impact assessment on workforce, resource and facility required for enabling a networked neonatal intensive care model of care, per North of Scotland direction in partnership with NHS Grampian, including for any digital solutions required to enable.	August 2024
Embed the actions aligned to the Women's Health Plan including improving access to postnatal contraception being progressed through NHS Highland's community services in North Highland, and the Argyll & Bute Health and Social Care Partnership	March 2025

Start Well: Priorities to 2026/27	
Description	Due Date
Deliver more resilient midwifery workforce models by increasing available skill mix to meet individual needs of women and their families.	Ongoing
Implementation plan developed detailing better compliance with Vulnerable Pregnancy Pathway.	May 2025
Maintain the status of the UNICEF Baby Friendly Accreditation: Gold Standard within NHS Highland.	Ongoing
NHS Highland care delivered through a refurbished Level 2 Maternity and Neonatal facility. This will require capital monies.	March 2027
Implement a redesigned Maternity and Neonatal service to ascertain what we can do within current service profile to deliver a high quality, sustainable service that meets our patient's needs.	January 2026

Start Well: Improvement Outcomes	
Perinatal advice meeting and professional reflections (PAMPR) % of available sessions attended by health professionals.	
Breastfeeding trajectory to reduce attrition of any breastfeeding by 6-8 weeks coupled with formula supplementation rates for breastfed babies.	
Improved continuity of carer rates for maternity patients delivering at their choice of place of birth.	

## Outcome 2: Thrive Well

<b>Description</b>	Work together with our families, communities and partners by building joined-up services that support our children and young people to thrive.
<b>Problem Statement</b>	Reduce current long waits for access to Neurodevelopmental Assessment Service (NDAS) and Child and Adolescent Mental Health Services (CAMHS) which have grown exponentially since the COVID pandemic.
<b>Aims &amp; Objectives</b>	<ol style="list-style-type: none"> <li>1. Improve access times for both CAMHS and NDAS</li> <li>2. Create and support CAMHS to develop a workforce plan that supports different professionals</li> <li>3. Alignment to national service specification for both CAMHS and NDAS across NHS Highland</li> <li>4. Work collaboratively with The Highland Council to achieve</li> </ol>
<b>Scope</b>	CAMHS, NDAS, Community Paediatrics, Paediatrics, Public Health, Adult Mental Health, the Highland Council and other third-sector partners.
<b>Link to NHS Scotland Recovery Drivers</b>	<b>4 Mental Health Services</b> <b>7 Child and maternal health</b>
<b>Link to Policy Drivers</b>	<ul style="list-style-type: none"> <li>• Child &amp; Adolescent Mental Health Service</li> <li>• Specification National neurodevelopmental specification: principles and standards of care</li> <li>• Getting It Right for Every Child (GIRFEC)</li> </ul>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	Failure to implement national service specifications will result in an inequitable service for patients in NHS Highland.
<b>Impact on Performance &amp; Finance</b>	Reducing the spending on supplementary staffing whilst supporting aim to reduce access times for support requires further development.

Thrive Well: 2024/25 Deliverables	
Description	Due Date
Waiting list validation for patients on current NDAS waiting list, with the aim of offering a first appointment for all children and young people within 4 weeks.	June 2024
All our children and young people to receive a comprehensive neuro-developmental assessment, leading to shared and collaborative formulation and intervention plan.	July 2024
Ensure systems and processes are in place (including technology and digital) to monitor, report, analyse and respond to fluctuations in local planned capacity, outcomes and interventions for NDAS	December 2024
Improve service user experience, providing clear information and signposting and creating an environment where children feel comfortable appropriate to their needs for NDAS	December 2024
Progress NDAS Service Development including reviewing structure, leadership and governance.	March 2025
Develop data recording Standard Operating Procedures and a reporting dashboard to track reduction in NDAS waiting times on agreed trajectory to NHS Scotland Waiting Times Standards.	March 2025
Delivery of CAMHS Improvement Plan to reduce CAMHS waiting times and improved data quality for NHS Scotland Waiting Times Standards. Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations	March 2025

Thrive Well: Priorities to 2026/27	
Description	Due Date
Reduction in spending on supplementary staffing with redesigned CAMHS and NDAS services.	March 2027
Develop a workforce plan for CAMHS and NDAS that supports workforce diversification and cross profession skill sharing.	March 2026
Achieve alignment to the national service specification for both CAMHS and NDAS in NHS Highland.	March 2027

Thrive Well: Improvement Outcomes	
Improved access times for both CAMHS (national standard is 90% <18 weeks) and NDAS from current position.	
A sustainable workforce model is in place for CAMHS and NDAS, with a reduction in reliance on supplementary staffing.	
NHS Highland meets the national service specification for both CAMHS and NDAS.	

## Outcome 3: Stay Well

<b>Description</b>	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention.
<b>Problem Statements</b>	<ol style="list-style-type: none"> <li>1. Deliver robust screening and vaccination programmes ensuring uptake is maximised and access is equitable across our population</li> <li>2. Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk</li> <li>3. Ensure more people are empowered to take control of their own health and wellbeing</li> </ol>
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• We will deliver robust screening and vaccination programmes ensuring uptake is maximised and access is equitable across our population</li> <li>• Engage with individuals, families, and communities to enable people to make healthier choices for their future and provide direct support when they are at risk</li> <li>• Ensure more people are empowered to take control of their own health and wellbeing, including for activities such as smoking cessation and alcohol and drug interventions</li> </ul>
<b>Scope</b>	All services across NHS Highland.
<b>Link to NHS Scotland Recovery Drivers</b>	All
<b>Link to Policy Drivers</b>	<ul style="list-style-type: none"> <li>• National Clinical Strategy</li> <li>• HIS Sexual Health Standards</li> <li>• Diabetic Retinopathy Standards</li> <li>• Bowel Screening Standards</li> <li>• MAT Standards Women's Health Plan</li> <li>• Breast Screening Standards</li> <li>• HIS AAA Screening Standards</li> <li>• Cervical Screening Standards</li> <li>• The Scottish Government Suicide Prevention National Action Plan 2018</li> <li>• Alcohol and Drugs Partnership Strategic Plans</li> </ul>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Vaccination Service</li> <li>• Integrated Service Planning</li> <li>• District Redesign</li> <li>• Corporate Teams Consolidation</li> <li>• Corporate Efficiency Target</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	Improved outcomes for patients through innovative and integrated working and implementation of prevention and early intervention.
<b>Impact on Performance &amp; Finance</b>	<p>Reduction in demand and waiting times across all areas.</p> <p>Reduced admissions due to early intervention.</p> <p>Reduced bed day requirements.</p>

Stay Well: 2024/25 Deliverables	
Description	Due Date
Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland and improving performance overall of vaccination uptake	October 2024
Encourage and promote screening programmes and increase uptake across available screening programmes above national targets. Targets and trajectories will be developed and be part of our performance monitoring	Ongoing
Review the delivery of Health Protection out of hours services in line with NHS Highland's Leases and Agile Working Value & Efficiency workstream.	October 2024
Develop NHS Highland's Hepatitis C elimination strategy undertaking a Public Health approach.	March 2025
Release of NHS Highland Public Health Screening Inequalities Plan 2023-2026 and deliver actions within schedule of plan within current resources.	From Q1 2024-25

Stay Well: Priorities to 2026/27	
Description	Due Date
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	March 2027
Early intervention, improved disease prevention and reduced inequalities through increased uptake of screening programmes.	March 2027
Improved health protection for our population and reduced inequalities through refreshed Health Protection delivery model.	March 2027
Continue to focus on delivery of actions aligned to the Alcohol and Drug Partnerships Strategic Plan and activities that focus on elimination of smoking through the Quit Your Way programme of Scottish Government	March 2027

Stay Well: Improvement Outcomes	
Improved outcomes through prevention and early intervention activity.	
Improved outcomes through self-care and prevention.	
Improved health inequalities.	

## Outcome 4: Anchor Well

<b>Description</b>	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus.
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health</li> <li>• Work with our population, communities and partners identifying priorities to co-produce and co-deliver health and care</li> <li>• Embed population experience ensuring people are at the centre of what we do</li> </ul>
<b>Scope</b>	All services across NHS Highland
<b>Link to NHS Scotland Recovery Drivers</b>	All
<b>Link to Policy Drivers</b>	<ul style="list-style-type: none"> <li>• Fairer Scotland Duty</li> <li>• Child Poverty Plan Equality Act (2010)</li> <li>• Sustainable Procurement Duty</li> <li>• Planning with People: community engagement and participation guidance</li> <li>• Community Empowerment Act (2015)</li> <li>• Creating Hope Together: Suicide Prevention Action Plan</li> <li>• Women's Health Plan</li> </ul>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Shared Services Review – With Partners</li> <li>• Procurement Consolidation &amp; Efficiency</li> <li>• Leases &amp; Agile Working</li> <li>• Stores, Logistics &amp; Fleet</li> <li>• Shared Services Review</li> <li>• Income Generation</li> <li>• Corporate Teams Consolidation</li> <li>• Corporate Efficiency Target</li> </ul>
<b>Impact on Outcomes &amp; Health Inequalities</b>	Improved outcomes for patients and clients through community designed and delivered health and care. Reduced health inequalities.

Anchor Well: Priorities to 2026/27	
Description	Due Date
Continue to work with the Highland Community Planning Partnership to: <ul style="list-style-type: none"> <li>• Complete the engagement and consultation work to inform the refresh of the Highland Outcome Improvement Plan</li> <li>• Develop actions, milestones and performance measures for the final set of outcomes</li> <li>• Review and set up the necessary governance arrangements for delivery and monitoring of the refreshed set of priority outcomes</li> </ul>	March 2025
Anchors Strategic Plan: develop and deliver as part of Together We Care strategy to 2026/27.	Ongoing
Health Improvement Delivery focused on: Alcohol Brief Interventions, Smoking Cessation, Breastfeeding, Suicide Prevention and Weight Management as target areas. Targets and trajectories will be developed and be part of our performance monitoring.	Ongoing

Anchor Well: Improvement Outcomes
Improved outcomes and reduced health inequalities.
Sustainable services, meeting the health and care demands of our population.
Improved health services that are patient-focused and designed with partners and our population.



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

<b>Description</b>	<p>The people and culture portfolio will deliver these outcomes through workforce change and transformation aligned to our strategic transformation programmes and our population's needs through workforce redesign and diversification, expanding employability routes into health and care and opportunities for 'growing our own'. The portfolio will also focus on 'being a great place to work' through our leadership and culture programme, health and well-being and diversity and inclusion programmes.</p> <p>In addition, we will ensure that we have effective workforce systems and processes in place, supported by workforce policy implementation, to enable our workforce to deliver high quality care and services</p>
<b>Problem Statement</b>	<p>The way we deliver health and care will transform to meet the needs of our population and deliver improved outcomes. We also need to address workforce shortage challenges through increasing attraction to the sector and making the best use of our current and future workforce.</p> <p>This will require different approaches to service delivery including digital solutions and new workforce models which will require workforce redesign including development of new and innovative roles and new educational and development pathways including digital skills development.</p> <p>Our culture and the wellbeing of our staff must be a priority if we are to attract and retain staff and enable them to fulfil their full potential. This will require ongoing work to strengthen and develop our leaders, ensure high staff engagement, healthy and diverse workforce and have a culture which supports our organisation as a great place to work.</p> <p>The support systems for our managers and staff need to be effective and efficient to ensure we are making the best use of our workforce. There are opportunities to improve our systems and processes to support managers and staff to manage and develop our workforce. This will reduce time and effort currently wasted through inefficient systems and processes and ensure we are effective in our management and governance of our workforce.</p> <p>We must also ensure our policies and agreed ways of working are designed and developed in partnership to enable staff to do their jobs well, are aligned with the principles of good staff governance and other national policy and legislative requirements including health and safety</p>
<b>Aims &amp; Objectives</b>	<p>Our aim is to make NHS Highland a great place to work through:</p> <ul style="list-style-type: none"> <li>• Designing and delivering our leadership and culture framework to enhance leadership skills, improve team effectiveness across the organisation and increase staff engagement</li> <li>• Design and deliver new workforce models needed for new models of health and care through strategic commissioning and acute service redesign</li> <li>• Strengthen our staff governance and partnership working to ensure we deliver and transform services together with our staff</li> <li>• Ensure we utilise digital approaches to enable new workforce models and</li> </ul>

	<p>ways of working</p> <ul style="list-style-type: none"> <li>• Develop, agree and deliver strategic approach to implementing new and existing non-registrant, advanced practice and medical associate roles that will increase workforce diversification including enhancing our employability framework to increase local employment, provide new career pathways to earn as you learn and 'grow our own'</li> <li>• Develop and deliver a refreshed health and wellbeing strategy that will support staff to live well physically and mentally including access to advice and support available in their communities</li> <li>• Develop and deliver diversity and inclusion strategy to increase diversity of our workforce, create an inclusive culture and embed inclusivity in the design of our services</li> <li>• Implementing the Health and Care Staffing Act to support development of our workforce to meet the needs of our population, enable our workforce to work effectively and manage quality and risk associated with workforce availability and supply</li> <li>• Implement health roster across the organisation once double data entry issues have been resolved through a national interface</li> <li>• Adopt a quality improvement approach to support continuous improvement of our people systems, policies and processes that support staff governance standards as well as how we plan, manage and develop our workforce</li> <li>• Develop and strengthen our organisational approach to management and governance of health and safety</li> </ul>
<b>Scope</b>	<p>The portfolio will have an organisation wide reach including:</p> <ul style="list-style-type: none"> <li>• Leadership development across the organisation</li> <li>• Implementing new roles across all services to diversify workforce</li> <li>• Developing employability opportunities with our partners across all our regions, districts, localities and communities</li> <li>• Supporting all staff to live healthy lives and experience good health wellbeing</li> <li>• Developing our workforce to reflect the population demographics in our regions, districts, localities and communities</li> </ul>
<b>Link to NHS Scotland Recovery Drivers</b>	8 Workforce
<b>Link to Policy Drivers</b>	NHS Scotland National Workforce Strategy
<b>Value &amp; Efficiency Workstream Alignment</b>	<p>NHS Highland's People and Culture Value and Efficiency Portfolio will deliver the following to support value and efficiency:</p> <ul style="list-style-type: none"> <li>• Workplace of the future programme to redesign our workplaces and offices and agree new ways of working to meet the needs of different roles across the organisation including fully embedding hybrid working and optimising how staff travel for their work</li> <li>• Support to operational units to review staff absence, identify hotspots and develop actions to maximise attendance</li> <li>• Enhanced controls and governance to ensure we are implementing</li> </ul>

	<p>redeployment, pay protection and vacancy management policies effectively</p> <ul style="list-style-type: none"> <li>• Review and enhancement of supplementary staffing controls to ensure policies are effective at reduction use and costs of supplementary staffing</li> <li>• Integrated service planning to ensure performance and planning, finance and workforce teams work together with operational units to develop comprehensive plans covering service quality and performance specifications, workforce requirements and developments and financial plans</li> <li>• Develop and delivery digital automation solutions to reduce the burden of low value tasks on our workforce and increase productivity and efficiency</li> </ul>
<b>Choices</b> <b>Emergency Actions</b>	<p>NHS Highland has paused roll out of health roster due to the associated increased costs of double data entry. This has a potential to impact on implementation of the Health and Care Staffing Act and limits our ability to deliver the proposed benefits of the e-rostering programme</p>
<b>Impact on Outcomes &amp; Health Inequalities</b>	<p>A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum</p> <p>Improved staff engagement</p> <p>Strong employee relations</p> <p>Increased range of employment opportunities and roles within health and care including youth and local employment</p> <p>Improved staff health and wellbeing and presence at work</p> <p>Higher diversity in our workforce and positive feedback from staff with protected characteristics</p>
<b>Impact on Performance &amp; Finance</b>	<p>Improved ability to deliver quality and performance standards by reducing workforce gaps and associated supplementary staffing use</p> <p>Reduced staff absence</p> <p>Optimisation of physical estate and opportunities for estates consolidation (shared with estates)</p> <p>Minimisation of avoidable redeployment and pay protection costs</p> <p>Reducing agency use and associated costs through increased organisational level controls</p> <p>Improved performance within people services including recruitment, payroll, staff bank and employee relations processes</p> <p>Reduce burden of low value tasks on our workforce</p>

Grow, Listen, Nurture and Plan Well: 2024/25 Deliverables	
Description	Due Date
Launch refreshed leadership development programme	April 2024
Launch refreshed staff engagement programme and develop organisational priorities for improvements in staff engagement	January 2025
Implement ongoing review of redeployment and pay protection arrangements	May 2024
Review and refresh our approach to enabling staff to seek advice, raise concerns and discuss confidential issues	June 2024
Undertake workshops with to embed partnership working arrangements across our organisation	October 2024
Implement recommendations of national task and finish groups for medical, nursing and AHP (Allied Health Professionals) supplementary staffing	March 2025
Design and deliver workplace of the future programme to optimise opportunities for hybrid and agile working and make best use of our office space across the organisation	October 2024
Develop and deliver an organisational approach to analysing staff absence, identifying hotspots and agreeing interventions to reduce absence	October 2024
Refine our approach to integrated service planning and embed into our annual planning cycle	October 2024
Develop a digital automation programme to reduce or eliminate repetitive low value tasks from our corporate functions	July 2024
Develop an employability framework for the organisation to create new routes into health and social care and career development	October 2024
Launch our new Health and Wellbeing strategy and action plan	June 2024
Develop a diversity and inclusion strategy and publish a new suite of equality outcomes	March 2025
Deliver Health and Care Staffing Act programme to ensure we can produce our first annual report and we have a medium-term plan to embed the guiding principles of the act in how we work	March 2025
Develop and deliver an effective rostering programme to ensure we are optimising how we deploy our workforce using health roster (where this is in place)	January 2025
Relaunch our health roster programme once a national interface has been developed; a local strategy has been agreed regarding the double entry of data	September 2024
Plan and deliver our corporate improvement plan for health and safety	March 2025
Deliver a programme of improvement across people services including recruitment, payroll, staff bank and employee relations	March 2025

Grow Well: Priorities to 2026/27	
Description	Due Date
Delivery of leadership and culture framework to enhance leadership skills and improve team effectiveness across the organisation	Ongoing
Development of workforce plan informed by integrated service planning	April 2025
Development and delivery of workforce diversification strategic plan	April 2025
Delivery of our employability framework to increase local employment, provide new career pathways 'to earn as you learn' and 'grow our own'; Design and deliver new workforce models needed for new models of health and care; enhancing local supply pipelines and cement our role as an 'anchor institution' for instance our approach to apprenticeships and community outreach.	July 2026

Listen Well: Priorities to 2026/27	
Description	Due Date
Explore options for developing an organisational approach to enhancing psychological safety and plan future approach to speaking up	July 2025
Build on learning from our refreshed approach to staff engagement to embed good practice in empowering and visible leadership, listening and engaging staff in setting direction and priorities and involving staff in decision making	July 2025
Explore options for regular review and self-assessment in relation to partnership working to create a continuous improvement approach	October 2025

Plan Well: Priorities to 2026/27	
Description	Due Date
Review progress with workforce diversification and consider development of longer-term strategy	March 2026
Develop and publish updated 3-year workforce strategy and plan	July 2026
Complete roll out of health roster and ensure it utilised to inform workforce planning	March 2026
Review impact of Health and Care Staffing Act and ensure learning is embedded in longer term workforce planning and workforce development	July 2026

Nurture Well: Priorities to 2026/27	
Description	Due Date
Review leadership and culture framework and plan future strategy	July 2026
Review progress against diversity and inclusion strategy and publish equality outcomes mainstreaming	March 2027
Review progress of health and wellbeing strategy and develop next strategy and action plan	March 2027

Improvement Outcomes
<p>A positive, psychologically safe culture with low levels of formal HR cases and positive feedback from Area Partnership Forum and Area Clinical Forum</p> <p>Improved staff engagement</p> <p>Increased range of employment opportunities and roles within health and care including youth and local employment</p> <p>Improved staff health and wellbeing and presence at work</p> <p>Higher diversity in our workforce and positive feedback from staff with protected characteristics</p>

## Outcome 9a: Care Well – Home Is Best

<b>Description</b>	Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart and to support our communities in Highland to live healthy lives, achieve their potential and choice to live independently where possible. Treat delayed discharge as a potential harm event to our population at all times
<b>Problem Statements</b>	Workforce challenges persist in current model of delivery, there is need to reshape and prioritise services, creating the conditions for integrated working. There is increasing demand and complexity in the requirement for care and a need to rebalance Acute vs. Community care to match available resources. The delivery of these services in a remote, rural and island context presents challenges to NHS Highland and Highland Health and Social Care Partnership (HHSCP).
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• Embed a place-based approach to Home-based Care and Support and care homes so that proactive care is provided, tailored to the needs of the individual</li> <li>• Reduce the number of people who remain in our hospitals due to non-medical needs</li> <li>• Reshape services starting from a district level to be able to meet the future needs of the local population</li> <li>• Focus attention on prevention and early interventions to support people to maintain independence at home for as long as possible</li> <li>• Empower people to exercise choice and independence through codesign and coproduction and include unpaid carers as partners in the planning and provision of care and support</li> <li>• Build strong partnerships between community teams, hospitals, third sector and independent providers of care, and develop further horizontal integration</li> <li>• Support different and new ways to deliver services, traditionally delivered in acute hospitals, through new and emerging professional roles and making use of technological advances.</li> <li>• Implement intermediate care options that support preventing admission to hospital and avoiding a stay in hospital for longer than is necessary</li> <li>• Develop our workforce to be more adaptive and flexible and embed workforce plans in districts</li> <li>• All areas have targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>• All providers of Home Care including third sector, volunteers and carers</li> <li>• All adult services, including integrated health and care services, mental health, learning disability and primary care services, delivered to the population at District level.</li> </ul>
<b>Link to NHS Scotland Recovery Drivers</b>	<b>1 Primary and Community Care</b>
<b>Link to Policy Drivers</b>	Public Bodies Working Act (2014)
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> <li>• Delayed Discharge and Length of Stay</li> <li>• Out of Hours Care Model and Funded Nurse Care redesign</li> <li>• Bed Capacity Planning</li> <li>• Prescribing</li> </ul>

<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<b>Allied Health Professionals (AHPs);</b> more localised care with right care, right time, right place adopted. Reduction in variation and models of care. <b>Workforce models;</b> ensures safety and access more widely in the community. <b>Care home provision;</b> provided more care at home or closer to home in line with strategic direction; better use of workforce. <b>Reduced burden of disease;</b> increased years of life and increased quality of life.
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<b>Care Well – Home is Best: 2024/25 Deliverables</b>	
<b>Description</b>	<b>Due Date</b>
Develop a risk based standard generic assessment that has clear identification of need and reduced variation in allocation of care packages working in partnership with Highland Council	July 2024
Allocation of C@H resources that considers capacity and demand for services at a district level and use intelligence to help inform decision making	July 2024
Care pause, stop, re-start to reallocate care when people are receiving in patient health services. PDD will be an important factor in this approach	June 2024
Develop focused commissioning plan that places less reliance on internally delivered models of care. This will involve working collaboratively with partners and develop block commissioning models.	March 2025
Discharge to Assess model develop learning from other Boards with urgent ASC response with wrap around care. Facilitate social care assessment at home rather than in hospital setting.	July 2024
Complete cost benefit analysis of TEC to assess any reduction in reliance on physical approaches.	October 2024
Develop intelligence-based approach to flow at district level by understanding weekly projections and planning according to demand. This will be developed through our approach to performance monitoring to support our population being cared for in the right place.	May 2024
Develop care home strategy and an alongside intermediate care strategy that focuses on maximisation of our resources.	December 2025
Enhance access for Care Homes to FNC/OOH including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital.	June 2024
Complete and implement findings from 2:1 Care at Home pilot in Badenoch and Strathspey and plan for roll-out to other districts.	May 2024
Complete a costed capacity plan and block model commissioning plan for delivery of Care at Home across HHSCP.	June 2024
Develop a workforce plan to deliver the Home is best redesign in Inverness. Currently Inverness has the highest number of our population in the wrong care setting despite being clinically ready for discharge	July 2024
Review NHS Highland care home provision, consider sustainability of all sites and options for suspended services.	July 2024
Complete a market facilitation plan for independent delivery of commissioned Care Home services.	December 2024
Review of options for consolidation of Community Hospitals across five districts in the HHSCP.	March 2025
Review Community Hospital model across NHS Highland and develop overall understanding our provision of health and care in these setting through an agreed Community Hospital service specification.	Dec 2025
Focused review of length of stay for those not in discharge across all health and care setting across HHSCP and review intelligence to develop focused improvement plan (see Respond Well Optimising Flow).	July 2024
Roll out of Integrated Service Planning across all Health and Social Care areas. Implement integrated model across all districts including further understanding of district nursing model	June 2024 onwards



Care Well – Home is Best: Priorities to 2026/27* (This section will be further developed as we undergo a review of our overall strategic plan across the HHSCP)	
Description	Due Date
Care at Home – hours of care provision confirmed and secured.	April 2025
AHPs and roles across acute/community boundary implemented.	April 2025
Suspended care home closures; progress preferred option on the outcome of options appraisal.	April 2025
Complete Strategic Commissioning review and delivery of implementation plan, moving from contract monitoring approach to quality and effectiveness discussions based on person-centred outcomes.	June 2025
Consolidation of Districts based on review and options appraisal undertaken, building on discovery work undertaken in Lochaber, Caithness and North Coast.	March 2026
Commission supporting strategies from corporate support departments including estates, eHealth and People and Culture to delivering care and support that enable district planning and put our population, families and carers experience at its heart.	March 2026
Roll-out the implementation of 2:1 Care at Home pilot across HHSCP based on learning from Badenock and Strathspey.	May 2026
Maximise use of NHS estate working with our partners in Highland Council to deliver place-based care.	March 2027

Care Well – Home is Best: Improvement Outcomes
Care and assessment provided at home as standard, resulting in fewer hospital admissions, reduced length of stay in acute setting, fewer delayed discharges and better patient outcomes.
Improved patient experience of care evidenced through patient feedback.
Reduced demand for residential care with earlier intervention at home.
Improved sustainability of care home provision.
Reduced cost of supplementary staffing through revised workforce models and improving quality of care through continuity of staffing.
Improved sustainability of remaining Community Hospital sites and related workforce.
Improved access to care at home through reprovision of capacity made available.
Improved sustainability and ability to respond in the independent and third sectors.

## Outcome 9b: Care Well – Primary Care

<b>Description</b>	Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart.
<b>Problem Statement</b>	<p>A key focus of our Together We Care strategy is to work together with health and social care partners by delivering care and support that puts our population, families, and carers experience at its heart. Our Primary Care services are central to this, and focus is currently on our local strategic approach to sustainable primary care services within NHS Highland.</p> <p>There are several challenges in the delivery of services including the need to rebalance our primary and secondary care services to meet the needs of the person as close to home as possible.</p> <p>There is increasing health and social care complexity and need – due to ageing population and complex comorbidities – and widening social inequalities. In NHS Highland there are rural and island challenges in service delivery and close integration required across the health and care system to deliver whole system, integrated models of care..</p> <p>NHS Highland is seeking to develop a Primary Care strategy in 202/25 and in order to support these activities, work is ongoing to engage a wide range of stakeholders</p> <p>Data and intelligence will be pivotal to identify change priorities across Primary Care as part of our design of services across the Highland Health and Social Care Partnership.</p> <p>In Argyll and Bute, Primary Care services are a key strategic theme with key actions to focus on quality improvement and taking forward the recommendations of a comprehensive Cluster review to improve the effectiveness of working. This is all with the goal to improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.</p>
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• To provide a local strategic approach to sustainable, Primary Care Services within NHS Highland, including General Practice, Dentistry and Community Pharmacy services</li> <li>• To rebalance our Primary and Secondary Care services to meet the need of the person, as close to home as possible</li> <li>• To provide continuity of care of the person as close to home as possible</li> <li>• To deliver, whole system, integrated models of care</li> <li>• Build on positive interfaces with secondary care, for example in optometry</li> </ul>
<b>Scope</b>	All NHS Highland-commissioned services provided in the community.
<b>Link to NHS Scotland Recovery Drivers</b>	<b>1 Community and primary care</b> <b>3 Mental Health</b> <b>4 Planned Care</b>
<b>Link to Policy Drivers</b>	HHSCP Adult Services Strategic Plan NHS Highland Primary Care Improvement Plan
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> </ul>

	<ul style="list-style-type: none"> <li>• Delayed Discharge and Length of Stay</li> <li>• Out of Hours Care Model and Funded Nurse Care redesign</li> <li>• Bed Capacity Planning</li> <li>• Prescribing (1-4 from 15-box model)</li> </ul>
<b>Impact on Outcomes &amp; Health Inequalities</b>	<ul style="list-style-type: none"> <li>• Quality approach to improve health outcomes and reduce health inequalities</li> <li>• Understand and model capacity to match demand within Primary Care services</li> <li>• Create stability and build sustainable Primary Care services</li> </ul>

<b>Care Well – Primary Care: 2024/25 Deliverables</b>	
<b>Description</b>	<b>Due Date</b>
The creation of a community urgent care service through service redesign of existing services.	March 2025
Reduce variation in diagnostics by reviewing Investigation and Treatment Room (ITR) work and its relation to Community Treatment and Care (CTAC) services, aligning to outcomes at Practice and District levels.	March 2025
Reduce variation in prescribing and diagnostics across clusters and practices through a quality improvement approach aligned to our value and efficiency workstreams	March 2025
Using the Scottish Approach to Service Design (Double Diamond) methods at a district level, developing change plans with key milestone and outcomes for our 2C practice model.	March 2025
GP access (NHS Delivery Framework intelligence) and overall understanding of our delivery models of primary care (dental, optometry and pharmacy) will be part of our performance monitoring. Impact of new dental service contract needs understood	March 2025
Partner with the Scottish Government's Community Eyecare Team, NHS Education for Scotland Digital and National Services Scotland to develop the Enhanced Service for Community Glaucoma Service (CGS) across NHS Highland to support safe patient care.	March 2025
Explore opportunities with the Scottish Dental Access Initiative Grants to improve access to Dental Services	March 2025
Progress the following Oral Health programmes; Continued delivery of Childsmile programme across NHS Highland, delivery of the Recycle & Smile scheme to recycle teeth cleaning equipment, and Caring for Smiles to continue the only awareness training to Community teams across NHS Highland	March 2025

<b>Care Well – Primary Care: Priorities to 2026/27</b>	
<b>Description</b>	<b>Due Date</b>
National Primary Care Improvement Plan – delivering local actions.	March 2027
Reshaping and prioritising across the districts to meet local need, utilising a human rights and inclusive approach working to the principles of the Public Bodies 2014 Act.	March 2027
Enabling data-driven services to drive improvement and quality through quality clusters.	March 2027
Management of dental contracts with the independent sector including planning the delivery of dental services to the NHS Highland population in the face of workforce challenges and capitalise on any opportunities to increase the availability of additional service providers.	March 2027

<b>Care Well – Primary Care: Improvement Outcomes</b>	
Primary Care services matched to available capacity and demand, measured through access metrics.	
Eliminate variation across districts through quality improvement programme.	
Primary Care services planned to meet the needs of our NHS Highland population.	
Reduction in inequalities associated with access to healthcare in a remote, rural and island geography.	

Increasing the number of patient registered for the Community Glycoma Services in NHS Highland through engagement with new digital tools when available.

## Outcome 10: Live Well

<b>Description</b>	Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health and wellbeing
<b>Problem Statements</b>	<ol style="list-style-type: none"> <li>1. Secondary Care Mental Health Services workforce models not sustainable</li> <li>2. Workforce availability is limited with the current operating models of MH&amp;LD care delivery</li> <li>3. Continuing to use locum medical staff in the way at current run rate without system change is not sustainable</li> <li>4. There is a gap in consistent delivery of 24/7 services</li> <li>5. There is no neurodevelopmental pathway and ADHD is not a mental illness</li> <li>6. There are not clear mental health performance targets for each sub-specialty</li> <li>7. Staff wellbeing and retention is paramount</li> <li>8. Whole systems partnership working is required between operational and clinical leadership in MH&amp;LD to enable opportunities to transform services towards sustainable operating models</li> </ol>
<b>Aims &amp; Objectives</b>	<p>Deliver consistently excellent care that is quality focused, follows best practice, is data driven, efficient, consistent and supported by the latest digital technologies.</p> <p>We will develop integrated local services by working together with local partners in district planning to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention.</p> <p>We will improve the quality of care delivered to patients receiving enhanced care to support their mental health and develop individualised care planning and the right level of care to those in crisis.</p>
<b>Scope</b>	<ul style="list-style-type: none"> <li>• All adult services in mental health and learning disabilities and psychological therapies, delivered to the population at district level.</li> <li>• Reshaping and prioritising across the districts to meet local need, utilising a human rights and inclusive approach working to the principles of the Public Bodies 2014 Act.</li> <li>• Adult services to be seen a part of cradle to grave services working to achieve this with the Highland Council as partners.</li> <li>• Services delivered by district teams and those more centralised services serving district populations.</li> <li>• Commissioned and board delivered services.</li> <li>• The scope will build on existing redesign progress including redesigns in Lochaber and Caithness.</li> <li>• Using Double Diamond methods at a district level, developing change plans with key milestone and outcomes.</li> <li>• Ensuring a focus on Forensic Mental Health services and taking any improvement actions as required.</li> </ul>
<b>Link to NHS Scotland Recovery Drivers</b>	<b>3 Mental Health Services</b>
<b>Link to Policy Drivers</b>	Scottish Government Mental Health Strategy 2022-2027
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> <li>• Delayed Discharge and Length of Stay</li> <li>• Out of Hours Care Model and Funded Nurse Care redesign</li> <li>• Bed Capacity Planning</li> <li>• Prescribing</li> </ul>

<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<p>Improved patient outcomes by reducing variation and ensuring access to services is equitable across NHS Highland. Impact Assessments will be undertaken to understand the consequences of any changes required in services.</p> <p>Increasing the resilience of the workforce will ensure a focus on achieving the quality and national standards to meet the needs of our population in a sustainable way.</p>
<b>Impact on Performance and Finance</b>	Development of a sustainable model will ensure the required service works within the available finance to deliver what is required to our population in a sustainable way.

<b>Live Well: 2024/25 Deliverables</b>	
<b>Description</b>	<b>Due Date</b>
Develop a baseline of MH&LD service provision across NHS Highland through Integrated Service Planning.	May 2024
Develop benchmarking comparator position of MH& LD service provision across Scotland but especially with rural and island Boards to assess current service	June 2024
Shift balance of care to bolster resilience to statutory responsibilities through core resources	May 2024
Improve the delivery of care for individuals with complex and critical needs through focused improvement plan development	March 2025
Redesign operational structure to align with wider changes elsewhere in Highland	March 2025
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	March 2025
Embed MAT Standards within practice in NHS Highland.	March 2025
Review Mental Health services in prison and custodial care and implementing the deaths in custody toolkit.	March 2025

<b>Live Well: Priorities to 2026/27</b>	
<b>Description</b>	<b>Due Date</b>
Reduce total spend on Mental Health Supplementary Staffing through revised model of care.	March 2027
Implementing the Mental Health & Learning Disabilities Digital Plan to capitalise on digital opportunities in these pathways (this will depend on capital monies)	March 2027
Improve Mental Health built environment and patient safety.	March 2027
Bring psychiatry consultant budget into balance through Integrated Service Planning and reduction on reliance of supplementary staffing.	March 2027
Develop supporting healthcare service to support new HMP Inverness, which doubles the capacity of the current facility, and consider any links required to national digital programmes supporting.	2026

### Live Well: Improvement Outcomes

Delivering a care model that reshapes services that utilises digital opportunities, delivered according to best practice.

Matching capacity to demand within current budget available for these services.

Access to care is consistent across the districts in NHS Highland.

Improving access to Psychological Therapy treatment within NHS Highland with 90% achieving the 18-week referral to treatment standard.

Meeting the national quality indicators profile as per the national Mental Health Strategy 2022-2027.

## Outcome 11: Respond Well

<b>Description</b>	Ensure that our services are responsive to our population's needs by adopting a "home is best" approach linked our Care Well theme
<b>Problem Statements</b>	<p><b>Community Urgent Response:</b> No defined pathway to access urgent and unscheduled care.</p> <p><b>Flow Navigation:</b> Lack of pathways /dispositions for people accessing urgent care via 111.</p> <p><b>Hospital at Home:</b> Need to reduce acute hospital occupancy and reduce the number of older frail people suffering harm as a result of admission to acute hospitals.</p> <p><b>Acute Front Door:</b> Lack of pathways to reduce demand on inpatient acute beds.</p> <p><b>Optimising Flow:</b> Patients especially frail elderly are spending too long in hospital resulting in acquired harm and hospital overcrowding.</p> <p><b>Frailty:</b> No pathways or services to identify people with frailty syndromes and support them to remain at home as well as possible.</p> <p><b>Mental Health:</b> Pathways for urgent, unscheduled mental ill health care or emotional distress support are inconsistent across Highland and need to reduce length of stay in acute mental health hospital.</p> <p><b>OPEL:</b> Currently OPEL is used independently in our different teams; this needs brought together into one OPEL system across the Highland area</p>
<b>Aims &amp; Objectives</b>	<p>Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place, at the right time.</p> <p>Ensure that those with serious or life-threatening emergency needs are treated quickly.</p> <p>Work to minimise the length of time that hospital-based care is required.</p>
<b>Scope</b>	All areas of urgent and unscheduled care, including Primary Care, Secondary Care and Mental Health services, across the Highland Health and Social Care Partnership area.
<b>Link to NHS Scotland Recovery Drivers</b>	<b>2 Urgent &amp; Unscheduled Care</b>
<b>Link to Policy Drivers</b>	Urgent & Unscheduled Care Collaborative
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> <li>• Delayed Discharge and Length of Stay</li> <li>• Out of Hours Care Model and Funded Nurse Care redesign</li> <li>• Bed Capacity Planning</li> <li>• Prescribing (1-4 from 15-box model)</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<ul style="list-style-type: none"> <li>• Delivery of services as close to where people live as possible</li> <li>• Reduce time to wait for urgent and unscheduled care services</li> <li>• Support people to access the right part of our system to meet their health and care needs</li> <li>• Improved patient outcomes – including morbidity and mortality rates</li> </ul>

Respond Well: 2024/25 Deliverables	
Description	Due Date
<b>Hospital at Home</b> Development of a comprehensive H@H model to ensure equity of service delivery across the board area which helps to reduce acute hospital occupancy and reduce the number of older frail people suffering harm within current resources.	March 2025



<b>Acute Front Door</b> Develop a range of pathways to reduce demand on in patient acute beds – in primary care and secondary care.	March 2025
<b>Optimising Flow</b> Scope pathways and processes which support early diagnosis, promotion of realistic medicine and timely discharge from in-patient care for those requiring admission.	March 2025
<b>OPEL</b> Develop whole system OPEL collaboratively in order to respond when our services are experience pressures to manage and mitigate risk across all services	September 2024

Respond Well: Priorities to 2026/27	
Description	Due Date
<b>Urgent Care Response</b> Development of a one-stop shop to access Urgent and Unscheduled Care in Highland, integrating OOH and FNC services and dispositions	March 2027
<b>Optimising Flow</b> Place based approaches developed and delivering	March 2027

Respond Well: Improvement Outcomes
<p>Engagement with Scottish Government on the following trajectories for improvement in Unscheduled Care.</p> <ul style="list-style-type: none"> <li>• % of A&amp;E patients waiting times less than 4 hours – 85% by Q4 24/25</li> <li>• % of Flow Group 1 (minors) spending less than 4 hours in A&amp;E = 90% by Q4 24/25</li> <li>• % of A&amp;E patients waiting more than 12 hours = 0% by Q4 24/25</li> <li>• % Ambulance handover times under 60 minutes = 100% by Q4 24/25</li> <li>• Reduce emergency admissions = 4,550 per quarter by Q4 24/25</li> <li>• Acute hospital occupancy = 95% by Q4 24/25</li> <li>• Delayed Discharges = 60 by Q4 24/25</li> <li>• Emergency length of stay = 2 days by Q4 24/25</li> <li>• Increase number of patients 16-64 discharged with LOS of 1-2days = 545 per month by Sep26</li> <li>• Increase number of patients over 65 discharged within 72 hours = 737 per month by Sep26</li> <li>• Increase number of patients 16-64 discharged with LOS 3-7 days = 193 per month by Sep26</li> <li>• Increase number of patients over 65 discharged with LOS 4-14 days = 364 per month by Sep26</li> </ul>

## Outcome 12: Treat Well (Scheduled Care)

<b>Description</b>	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.
<b>Problem Statement</b>	<p>Theatre space is not being utilised to full capacity across NHS Highland. Day case theatre is not the norm due to travel distances for patients, causing delayed discharges within hospital settings.</p> <p>Rural General Hospital (RGH) sites are fragile, owing to their high dependency on locum and supplementary staffing. Low clinical volumes make it difficult to retain skills and attract new workforce. Estates and infrastructure of many sites is poor, requiring maintenance and capital spending.</p> <p>Diagnostics and clinical support services across NHS Highland have seen increased demand over the last three years. High costs and delays to diagnosis are associated with outsourcing in both in both radiology and pathology. Primary care diagnostic requests increasing. Many diagnostic test requests do not follow the principles of shared decision-making or realistic medicine.</p> <p>Many services across NHS Highland are not sustainable owing to workforce and financial pressures. Whilst there are national challenges to certain workforce cohorts, these are expounded in NHS Highland due to our rural geography and the lack of training facilities, resulting in a heavy reliance on locum and agency staffing.</p> <p>Outpatient space is at a premium in NHS Highland, with services struggling to deliver care due to lack of facilities and current digital systems do not support optimal processes. Outpatients return waiting lists are high and increasing.</p>
<b>Aims &amp; Objectives</b>	<p>NHS Highland's Planned Care submission for 2024/25 has detailed the requirements to maintain activity to the levels of previous years. In setting out to achieve this, NHS Highland has the following aims and objectives in the delivery of our scheduled care to the population including;</p> <ul style="list-style-type: none"> <li>• Ensure that all surgical services are operating efficiently and effectively, utilising maximum capacity of theatre space across NHS Highland, and drive to deliver day case surgery. Ensure that national guidance on procedures of low clinical value is being followed.</li> <li>• Ensure our population have timely access to planned care maximising our efficiency within current resources, making sure patients have the best experience possible, receiving high quality, sustainable care.</li> <li>• Ensure that only high priority, clinically effective, and cost-effective medicines are prescribed across NHS Highland to reduce costs and improve patient outcomes.</li> <li>• Optimise diagnostic capacity and improve efficiency with new service delivery models across Diagnostic services. Ensure all diagnostic interventions add value to the patient's journey. Ensure diagnostic interventions are underpinned by principles of shared decision making and realistic medicine.</li> <li>• Deliver a hospital without walls system that transforms the way we deliver outpatient services which will rethink the boundaries between patient and clinician to make the most of our valuable resources.</li> <li>• Ensure that delivery of all Women's and Families services focus on providing the services required for our population, including for paediatrics which includes close collaboration with other NHS boards</li> <li>• Maximise efficiency, transparency and time to care, by ensuring that clinical digital systems are person centred and without boundaries.</li> <li>• Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations</li> </ul>

<b>Scope</b>	All Acute / Planned Care services, including diagnostics. All inpatient and outpatient, medical and surgical services across NHS.
<b>Link to NHS Scotland Recovery Drivers</b>	<b>4 Planned Care</b>
<b>Link to Policy Drivers</b>	<ul style="list-style-type: none"> <li>National Clinical Strategy</li> <li>Women's Health Plan</li> </ul>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>Theatre Optimisation and Procedures of Low Clinical Value</li> <li>Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>Integrated Service Planning</li> <li>Delayed Discharge and Length of Stay</li> <li>Out of Hours Care Model and Funded Nurse Care redesign</li> <li>Bed Capacity Planning</li> <li>Prescribing (1-4 from 15-box model)</li> <li>Oxygen Service</li> <li>Waiting Times Guidance implementation</li> <li>On Call Rotas and Junior Doctor compliance</li> <li>Diagnostics (Primary Care &amp; Acute)</li> <li>Service Level Agreements</li> <li>Non-emergency Travel (Patient and Workforce)</li> </ul>
<b>Impact on Outcomes &amp; Health Inequalities</b>	Improved outcomes for patients through innovative and integrated working, with more timely referral pathways, diagnostics and treatment.

<b>Treat Well: 2024/25 Deliverables</b>	
<b>Description</b>	<b>Due Date</b>
Reduction in number of procedures of low clinical value (see also Perform Well for commissioning of PoLCV) and increase theatre utilisation through a trajectory for improvement.	August 2024
Prescribing efficiencies; delivering cost improvements through implementation of best practices to support value and efficiency requirements.	March 2025
Review of Service Level Agreements in Acute for patients who travel out with the board for treatment and embedding processes for cost recovery for out-of-area patients treated in NHS Highland.	March 2025
Increased theatre productivity (national target 90%) by utilising new processes including optimising the use of digital tools that are available within NHS Highland and exploring further opportunities, utilising available resource.	March 2025
Increase in virtual appointments to improve efficiency and reduce travel associated.	August 2024
On call rota review resulting in reduced locum spend by utilising current staffing workforce.	March 2025
Oxygen service cost reduction and improved governance implemented.	March 2025
Create a value-based diagnostic plan for NHS Highland through understanding delivery models and utilising a shared decision-making approach. Prioritised understanding and improvement plan for diagnostic capacity for USC and surveillance.	March 2025
Local improvement plans in place for all Acute fragile services working collaboratively with the national clinical sustainability reviews.	July 2024
Outpatient services immediate improvement plan including increasing the use of remote appointments, patient-initiated return, ACRT and rebase job plans to ensure those who need access to urgent services are accommodated to meet national waiting time targets	July 2024
Reduce supplementary staffing (medical) across Acute services.	June 2024
Reduce agency nurse staffing across Acute by 95%.	June

	2024
Utilise Patient Hub in acute settings to digitalise letters and reduction in use of consumables.	March Mr2025
Continue to maximise the opportunities of the National Treatment Centre in Inverness including opportunities to work with partner boards in maximising capacity utilisation.	March 2025
Implement the outcomes from work undertaken by the Centre for Sustainable Delivery / NECU in a planned and managed way across NHS Highland.	March 2025
Develop the plan for delivery of NHS Highland actions in relation to paediatric audiology service following national independent review of services.	March 2025

Treat Well: Priorities to 2026/27	
Description	Due Date
Review Rural General Hospital Model of Care options including access for Lorn & Isles Hospital, to ensure that efficient, high quality and sustainable care can be delivered to the population of Highlands. Implement preferred option.	April 2026
Implement a sustainable and quality service for the delivery of non-surgical cancer treatment for patients living in NHS Highland, focused on the direct and delivery stages of care	June 2026
Ensure that all acute services provided by NHS Highland are sustainable, working in partnership nationally for those services that require collaborative approach across NHS Scotland.	June 2026
Develop and consolidate models of diagnostic delivery that are not reliant on locum / agency staffing and take advantage of regional / national opportunities. Implement the right test first time. Ensure BRAG prompts are embedded in all conversations about diagnostics.	April 2026

### Treat Well: Improvement Outcomes

Ensure that we can provide sustainable and high-quality services now and in the future by:

- Undertaking integrated service planning for all service provided by NHS Highland or jointly through our partnerships to identify more efficient ways of working
- Ensure our workforce is resilient and sustainable by developing new workforce models that are flexible and adopt an MDT (Multi-Disciplinary Teams) approach
- Making decisions that benefit our population and ensure that we can continue to provide care within our financial budget
- Work with our population, partners and workforce to enable change and ensure that everyone has a voice in NHS Highland's future

Being as efficient as we can within our resources by:

- Ensuring that only those patients who are fit, willing and able are on a waiting list
- Optimising use of theatre and outpatient capacity
- Adhering to the waiting times guidance
- Implementing the principles of ACRT and PIR

Improved patient experience and quality of care by:

- Delivering the right treatment, in the right place, at the right time, with the right workforce
- Embedding the principles of shared decision making and realistic medicine at all points on a patient pathway
- Enabling patient feedback into service redesign to inform and improve the changes we make

Reduction in cost by:

- Ensuring that the principle of right test first time is embedded in all conversations around diagnostics
- Working with primary care colleagues to ensure a shared vision on patient pathways, diagnostics and prescribing
- Reduction of supplementary and locum staffing
- Removing unfunded beds from the system

Developing the efficiency of our services through digital innovations by:

- Increasing our use of virtual appointment types to provide care as close to home as possible
- Utilising Patient Hub to reduce waste and provide patient centred processes

## Outcome 13: Journey Well (Cancer)

<b>Description</b>	Support our population on their journey with, and beyond, cancer by having equitable and timely access to the most effective evidence-based referral, diagnosis, treatment and personal support.
<b>Problem Statement</b>	<p>Many of NHS's cancer service specialties are fragile, particularly the delivery of non-surgical cancer treatment (SACT and Radiotherapy) for certain tumour types. Services are single handed and person dependent, run with high vacancies, do not have trainees in post, are unable to recruit, rely heavily on costly locum medical staff, and resilience of staff in post is low. The service is fractured and cannot continue in its present state.</p> <p>Cancer pathways are not person-centred and patient experience is not embedded into service redesign.</p> <p>NHS Highland has identified Non-Surgical Cancer Services as a sustainability risk within the board and work is progressing with Scottish Government through the Oncology Transformation Programme. This is based on a background of a rise in demand of 10% per year experienced nationally, with areas of Oncologist cover at risk due to dependence on individuals for medical care. Furthermore nursing and pharmacy teams do not currently have the resources to match the increasing workload across Scotland. Part of this is due to increasing cancer incidence, new SACT medicines and increasingly complex treatment algorithms.</p> <p>While there has been recent improvement in Cancer Waiting Times performance, it is recognised this sits below the national targets and is affected by diagnostic capacity in the face of increased referrals for investigation for cancer symptoms.</p>
<b>Aims &amp; Objectives</b>	<p>We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis.</p> <p>We will further develop multi-professional teams to provide the most effective care during the active stages of treatment.</p> <p>We will improve the experience of our population living with and beyond cancer.</p> <p>Targets and trajectories will be developed and be part of our performance monitoring as part of NHS Board Delivery Framework expectations</p>
<b>Scope</b>	All services receiving USC referrals, and those involved in the diagnosis and treatment of cancer.
<b>Link to NHS Scotland Recovery Drivers</b>	<b>5 National Cancer Action Plan (2023-2026)</b>
<b>Link to Policy Drivers</b>	National Cancer Strategy and Action Plan (2023-2026)
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> <li>• Bed Capacity Planning</li> <li>• Prescribing (1-4 from 15-box model)</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	Improved outcomes for patients with timelier referral to diagnosis to treatment.

Journey Well: 2024/25 Deliverables	
Description	Due Date
Localised immediate improvement plan to reduce reliance on locum / agency staffing for non-surgical cancer treatment.	March 2025
Implement the local actions identified to meet the Framework for Effective Cancer management through our local programme. This includes the set-up of a Cancer Operations and Performance Board to oversee the operational actions including Cancer Waiting Times, QPIs and other performance metrics.	March 2025
Action plan to meet national 31 and 62-day Cancer Waiting Times performance. Deep dive into key areas eg urology, colorectal and breast to understand issues. Ensure theatre access is prioritised to meet standards.	March 2025
Moving, where clinically appropriate, from IV to oral medications through learning from other cancer networks.	March 2025
Moving towards a networked delivery of SACT services aligned to developing national strategy.	March 2025
Continue to deliver our Single Point of Contact programme of Community Link Workers and embed them within the Highland Health and Social Care Partnership.	March 2025
Engage with Maggie's Highland and other programmes of work focussing on the prehabilitation-rehabilitation continuum.	March 2025
Develop a collaborative plan aligned to the Diagnostics workstream of rapid cancer diagnostic pathways across our system. Within this consider capacity and demand for cancer surveillance (see Treat Well)	September 2024

Journey Well: Priorities to 2026/27	
Description	Due Date
Consider the evaluation of the Rapid Cancer Diagnostic Services pilots and how a model of RCDS can be established in NHS Highland within current workforce and pathways work. This will include linkages to our Diagnostics strategy and how NHS Highland can enable access to a non-specific symptoms pathways for patients with suspected cancer. This will include a review of our current GP direct access to CT pathway and consider how this can be rolled out in partnership with Scottish Government to achieve the aspiration for geographical coverage by March 2026.	March 2026
Service redesign to define and deliver Sustainable Operating Model (SOM) for Non Surgical Cancer Treatment which may be at local / regional / national level. Aim to reduce dependence on locum / agency staffing.	March 2027
Reduction in expenditure on locum / agency staffing. Improved patient experience and timely access to treatment Improved service resilience and staff wellbeing.	March 2027
Consider the outputs of the national benchmarking exercise on the psychological support framework for people affected by cancer and opportunities for increasing provision of support to our remote and island population.	March 2027
Continue to implement CFSD's optimal diagnostic pathways and Scottish Cancer Network's clinical management pathways within available resources.	March 2027

Journey Well: Improvement Outcomes	
Sustainable and robust service provision for NHS patients (with robust SLA in place for NHS patients), with service redesign on a local / regional / national network basis to define and deliver treatment.	
Improved experience for our population living with and beyond cancer by implementing person centred pathways and care delivery Patient experience embedded in improvement plans to enhance experience in the future.	
Cohesive working between all services receiving patients on a cancer pathway, diagnostics, and primary care to create a shared vision and understanding of a patient's journey.	





## Outcome 14: Age Well

<b>Description</b>	We will deliver health services that practice realistic medicine and value-based health and care whilst being proactive, holistic, preventive and patient centred across the life span, enabling patients and clinicians to work together.
<b>Problem Statement</b>	<p>We have not yet embedded realistic medicine methodologies in practice in NHS Highland.</p> <p>We do not currently have a long-term condition model in NHS Highland.</p> <p>We have not fully implemented the Women's Health Plan.</p>
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• Implement Realistic Medicine Plan</li> <li>• Implement Women's Health Plan</li> <li>• We will develop a coordinated service model for long term conditions</li> <li>• Delivery of the condition specific quality indicators</li> </ul>
<b>Scope</b>	Adults in North Highland.
<b>Link to NHS Scotland Recovery Drivers</b>	<p><b>1 Primary and Community Care</b></p> <p><b>2 Urgent &amp; Unscheduled Care</b></p> <p><b>4 Planned Care</b></p> <p><b>7 Women's Health Plan</b></p>
<b>Link to Policy Drivers</b>	Value Based Health & Care Action Plan and Realistic Medicine National quality indicators
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> <li>• Delayed Discharge and Length of Stay</li> <li>• Out of Hours Care Model and Funded Nurse Care redesign</li> <li>• Bed Capacity Planning</li> <li>• Prescribing (1-4 from 15-box model)</li> <li>• Pelvic Health Pathway</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<p>Digital solutions to widen access to remote health monitoring</p> <p>Women's health plan to reduce health inequalities</p> <p>Delivery of quality indicators to improve health outcomes for specific conditions</p>

Age Well: 2024/25 Deliverables	
Description	Due Date
Implement NHS Highland's Realistic Medicine Action Plan aligned to the national action plan, within current resources available.	March 2025
Implement NHS Highland's Women's Health Action Plan within current resources available.	March 2025
Develop generic approach to condition specific quality standards and targets for: <ul style="list-style-type: none"> <li>Stroke, Diabetes, Neurological, Respiratory, Cardiovascular, Arthritis, Hypertension, High cholesterol, Pelvic Health</li> </ul> <p>Targets and trajectories will be developed and be part of our performance monitoring bring together intelligence from acute and primary care to understand our specific quality improvement programmes in these areas</p>	March 2025
Waiting Well – Public Health leading on strategy development	March 2025

Age Well: Priorities to 2026/27	
Description	Due Date
Continue to implement NHS Highland's Realistic Medicine Plan.	March 2026
Continue to implement NHS Highland's Women's Health Action Plan.	March 2026
Integrate remote health monitoring options into appropriate care pathways.	March 2026
Embedded principles of rehabilitation for Scotland with a plan locally in NHS Highland.	March 2027
Waiting Well preventative and proactive support.	March 2026

Age Well: Improvement Outcomes	
<b>Realistic Medicine</b> <ul style="list-style-type: none"> <li>Increase in staff completing shared decision-making module on TURAS or SWAY by 10%</li> <li>Reduction of pharmaceutical waste</li> <li>Efficiency in prescribing cost savings delivered via prescribing efficiencies group</li> <li>Introduction of PROMS (patient reported outcome measures) - this will enable NHSH to measure improvement and value to patient procedures going forward</li> </ul>	
<b>Quality Standards</b> <ul style="list-style-type: none"> <li>Increase level of achievement of quality indicators <ul style="list-style-type: none"> <li>Cardiac rehab outcomes</li> <li>Respiratory rehab outcomes</li> <li>MSK admissions – arthritis and back pain</li> <li>Neuro rehab delivered post stroke period</li> </ul> </li> <li>Reduction in surgical listing for pelvic health and orthopaedics</li> <li>Reduction in continence product use and prescribing</li> </ul>	
<b>Women's Health Plan</b> <ul style="list-style-type: none"> <li>Reduction in waiting time for specialist Menopause service &lt; than 6 months</li> <li>Increase provision in LARC</li> <li>Implementation of all NHSH board actions</li> <li>Availability of free period products in NHSH workplaces</li> </ul>	

## Outcome 15: End Well

<b>Description</b>	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond
<b>Problem Statements</b>	Health and social care staff are often unaware of people's preferences in relation to dying. Palliative Care services may not be equitably available to the people of Highland
<b>Aims &amp; Objectives</b>	<p>In partnership, ensure our population has access to palliative and end of life services support round the clock care enabling people to have reasonable choice to die in the setting of their choice</p> <p>Proactively recognise people who may be in their last year of life and who wish support, being respectful of what matters to them by co-developing anticipatory care plans with them and for them</p> <p>Ensure we work together to deliver person centred care for our population (and their families) in the last year of life</p>
<b>Scope</b>	Residents of Highland Council area only NHS services and partnership working through the End of Life Care Together (EoLCT) Project with Hospice, Marie Curie, primary care, SAS etc
<b>Link to NHS Scotland Recovery Drivers</b>	<b>1 Primary and Community Care</b> <b>2 Urgent &amp; Unscheduled Care</b> <b>4 Planned Care</b>
<b>Link to Policy Drivers</b>	<p>Carers (Scotland) Act 2016</p> <p>Healthcare framework for adults living in care homes My Health – My Care – My Home CEL (2012) 12 Hospice and NHS Boards</p> <p>Palliative and end of life care: strategic framework for action 2016 – 2021 (to be renewed)</p> <p>Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework June 2023</p>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>Reducing Length of Stay</li> <li>Review of End of Life Care projects being undertaken in partnership with Third Sector</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<p>Reduce health inequalities to provide palliative care in a homely setting</p> <p>Improved outcomes and experiences for patients and carers, through proactive anticipatory care planning</p>

End Well: 2024/25 Deliverables	
Description	Due Date
Scope where people die of what and cost of services to inform improvement plan for End of Life Care.	March 2025
Review End of Life Together Programme Delivery Structure to identify outcomes and value.	March 2025
Integrate Palliative Care helpline to include access to bereavement/spiritual support.	March 2025

End Well: Priorities to 2026/27	
Description	Due Date
Guidance on reasonable supports that can be offered to individuals and families, monitored and reviewed through district care planning processes	March 2026
Explore the extent to which register of end of life patients is in place within GP practices	March 2026
Implement anticipatory care plans, to include electronic sharing of information with relevant professionals	March 2027
Review impact of End of Life Care Together Project with Third Sector Partnerships.	March 2026

End Well: Improvement Outcomes
Palliative care in a place of choice and more homely setting Improved use of public spend on palliative and related healthcare

## Outcome 16: Value Well

<b>Description</b>	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise
<b>Problem Statement</b>	Improve capacity within health and care services through development of volunteers and third sector organisations
<b>Aims &amp; Objectives</b>	<p>Developing our partnership with those volunteers, carers, families and organisations who can help support health and social care, to enable healthy, inclusive and resilient communities</p> <p>We will work with our Community Planning Partnerships to support delivery of the Local Outcome Improvement Plans and locality plans for Highland and Argyll and Bute.</p> <p>We will continue to work with our Community Planning Partnership to support delivery of locality based plans that help deliver partnership priorities at a more local level.</p> <p>We will support the ongoing medium/longer term work on the Community Planning Partnership priorities as follows: transport infrastructure, housing, wellbeing.</p> <p>We will continue to support and provide leadership to the current Highland Outcome Improvement Plan priorities throughout 2024/25. We will play an active role in partnership structures and lead delivery of the partnership priority on Mental Health and Wellbeing.</p> <p>We will continue to support delivery of locality based plans that help deliver partnership priorities at a more local level and provide leadership for two of the nine locality based Community Partnerships.</p> <p>We will support the ongoing medium/longer term work on the Community Planning Partnership priorities supporting the transition to a refreshed set of priority outcomes.</p> <p>Longer-term priorities will focus on People, Place and Prosperity.</p>
<b>Scope</b>	Across NHS Highland area
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	Reducing inequalities by linking to services available in the voluntary and third sector.
<b>Impact on Performance &amp; Finance</b>	Improved performance and finances through empowered partnerships with volunteers, carers and families

Value Well: 2024/25 Deliverables	
Description	Due Date
Review the commissioning process for distribution of the third sector funding stream and complete the process to agree distribution of funding for 2025 - 2028	Sept 2024
Work with partners to review and develop a refreshed Outcome Improvement Plan for the Highland Community Planning Partnership,	June 2024
Develop and implement a new carers strategy	Mar 2024

Value Well: Priorities to 2026/27	
Description	Due Date
Develop partnerships with volunteers, carers and families	Ongoing
Develop community planning partnerships (linked with Anchor Well)	Ongoing
Work with partners to progress a range of initiatives to support implementation of the Highland CPP Outcome Improvement Plans.	From June 24 ongoing
Develop and implement plan to support the pivotal role of volunteering and increase opportunities to volunteer	Ongoing

Value Well: Improvement Outcomes
Embedding partnerships with volunteers and third sector organisations to work in partnership with NHS Highland to meet the needs of our population.

## Outcomes 17: Perform Well

<b>Description</b>	Ensure we perform and enable well by embedding all of these areas in our day-to-day health and care delivery across our system; Quality & Population Experience / Realistic Medicine / Health Inequalities / Financial Planning / Procurement
<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• Quality &amp; Population Experience embedding a continuous improvement culture</li> <li>• Integration of Realistic Medicine principles into our patient care</li> <li>• Reduction of health inequalities</li> <li>• Improved Financial Planning – become financially sustainable and achieving efficiencies and value by maximising our use of resources</li> <li>• Risk management systems are variable across NHS Highland. This can be a detriment to organisational learning in how care is delivered, and how resources are spent in pursuit of strategic objectives.</li> <li>• NHS Highland forecast deficit of £121m, which is approximately 12% of overall budget. FY24/25 brokerage capped at £35m, which requires a 9% reduction to qualify for brokerage.</li> </ul>
<b>Aims &amp; Objectives</b>	<p><b>Quality:</b> Create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care by an outstanding team every day.</p> <p><b>Realistic Medicine:</b> Ensure our population have timely access to quality care using realistic medicine approach, within our financial means</p> <p><b>Health Inequalities:</b> we will focus on reducing health inequalities with our partners across our system to reduce the gaps within our communities and this will have a focus on protected characteristics</p> <p><b>Realistic Medicine:</b> We will have meaningful conversations with people to plan and agree care which will support all staff and patients to base care around what matters most to people with a shared understanding of what healthcare might realistically contribute to this</p> <p><b>Financial Planning:</b> review our commissioning processes (SLAs and Clinical Advisory Group specialist referrals) to facilitate improved and consistent patient outcomes, closer operational involvement and improved financial planning</p> <p><b>Procurement:</b> We will work with colleagues to improve the quality of care to every person, every day through the delivery of best practice and value for money procurement of goods and services working locally where possible.</p> <p><b>Strategy &amp; Transformation:</b> we will work in partnership to transform health and care outcomes for people and communities, empowering change from within. We offer support over the whole cycle of transformation – preparing for, designing, mobilising and implementing</p> <p><b>Resilience and Risk:</b> We will support all internal and external emergency planning, respond to major incidents and provide specialist advice to our workforce. We will work collaboratively to educate, document and mitigate risk</p> <p><b>Corporate Services:</b> We will develop, implement and review our governance frameworks to demonstrate and deliver accountable information to our Board and committees, Government and our population</p>

	<p><b>Regional &amp; National working collaboratively:</b> We will work collaboratively across our NHS Board boundaries to be sustainable or where we cannot deliver the service within to benefit our population</p> <p><b>Adherence to the Blueprint for Good Governance:</b> risk management principles. Value and Efficiency work will enable a path to balance in meeting financial and performance targets</p>
<b>Scope</b>	All aspects of care
<b>Link to NHS Scotland Recovery Drivers</b>	<b>6 Population Health</b>
<b>Link to Policy Drivers</b>	<p>National Clinical Strategy</p> <p>Value Based Health and Care Action Plan</p> <p>Blueprint for Good Governance (2022)</p> <p>Women's Health Plan</p>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Supplementary Staffing Review (incorporates 6: Nurse agency reduction and 7: Medical Locums reduction from 15-box model)</li> <li>• Integrated Service Planning</li> <li>• Prescribing (1-4 from 15-box model)</li> <li>• Vaccination Service</li> <li>• Pelvic Health Pathway</li> <li>• Corporate Teams Consolidation</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	Improved outcomes for patients through innovative and integrated working, with reduced unwarranted health inequalities.
<b>Impact on Performance &amp; Finance</b>	<p>Improved stability and performance.</p> <p>Supporting the organisation to meet the savings required in 2024/25 budget through Value &amp; Efficiency task and finish work.</p>

<b>Perform Well: 2024/25 Deliverables</b>	
<b>Description</b>	<b>Due Date</b>
<b>Quality:</b> improved complaints response process, oversight of quality outcomes, programme approach to HAI and TV.	March 2025
<b>Realistic Medicine:</b> progress NHS Highland's Realistic Medicine action plan that is aligned to the actions associated in the national Values Based Health and Care Action Plan (see also Person Centred Care), as available within current resource.	March 2025
<b>Health Inequalities:</b> develop implementation plan to reduce Health Inequalities.	March 2025
<b>Procurement:</b> Continue to deliver the NHS Highland Procurement service improvement plan that is linked to the NHS Highland Anchor's Strategic Plan (see Anchor Well) and Value & Efficiency Programmes	March 2025
<b>Resilience and Risk:</b> Level 2 risk registers aligned with barriers which may prevent progress in achieving strategic principles that are specific to directorate and level 3 risk registers aligned with Integrated Service Planning outputs.	August 2024
<b>Resilience and Risk:</b> Review overall corporate risk register to align to emerging risks and risk appetite statement	June 2024
<b>Strategy and Transformation team:</b> enable process of transformation and ensure appropriate escalation aligned with agreed key performance indicators. KPIs will be developed and reported weekly from the intelligence team where not available on Discovery.	May 2024



Perform Well: Priorities to 2026/27	
Description	Due Date
<b>Realistic Medicine;</b> further integrate within NHS Highland to promote shared decision making and person-centred care as far as possible within current resource.	March 2027
<b>Health Inequalities;</b> to improve health and reduce health inequalities. We intend: <ul style="list-style-type: none"> <li>To reduce the gap in healthy life expectancy between rich and poor</li> <li>To make an effective contribution to the reduction of poverty including child poverty</li> <li>To ensure that people have access to opportunities to improve their health · To demonstrate equity of access to effective health services</li> <li>To be an effective anchor institution within Highland and Argyll and Bute</li> <li>To work effectively with community partners to tackle the most important threats to health and wellbeing and wider determinants of health</li> </ul>	March 2027
<b>Financial Planning;</b> Ongoing delivery of cost efficiencies as detailed in the board's three-year financial plan. Implement revised secondary / tertiary care commissioning and cost recovery processes	Marc 2027
<b>Resilience and Risk</b> management improvement plan with associated governance, risk-aligned SMART objectives and suite of KPIs to ensure risk management standards withheld	August 2025
<b>Financial planning</b> that is patient outcomes-focused by ensuring efficiencies maximised.	Ongoing

Perform Well: Improvement Outcomes
Reduction of health inequalities across NHS Highland
Improved financial planning – become financially sustainable and achieving efficiencies and value by maximising our use of resources
Improvements in safety, experience and responsiveness to our population's needs
Integration of Realistic Medicine principles into our greater person centred care actions
Delivering cost efficiencies through our financial plan; including integration of our financial plan with this delivery plan.
Transparent and efficient commissioning and cost recovery processes, improving our financial position
Risk management systems pan-NHS Highland that are consistent with the principles and framework outlined in the Blueprint for Good Governance (2022).
Maximising value and efficiency savings; pay and non-pay controls in place to monitor expenditure.
Underpinning controls, value and efficiency opportunities are; impact assessments informing decision, quality impact assessments as required, and detailed plans with associated implementation and delivery governance.

## Outcome 18: Progress Well

### Digital, Research Development & Innovation, Estates & Climate

<b>Description</b>	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system.
<b>Problem Statement</b>	<p>Provision and optimisation of digital systems that empower our communities and enable our staff to work seamlessly; delivering on value and efficiency initiatives and supporting longer-term strategic change and transformation of services.</p> <p>Create partnership opportunities for research, development and innovation to improve our health and care services Improved efficiencies and quality of services.</p> <p>To make sure that we can support the organisation to provide the appropriate service, in the right place, in facilities that allow for safe and sustainable healthcare.</p> <p>To meet Scottish Government Net Zero aspirations in the timescales within the current guidance.</p>
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>Digital – we will deliver a prioritised plan for digital transformation across NHS Highland that links to the organisation’s immediate requirements and contributes to the achievement of strategic change and transformation in line with the capital and resources available</li> <li>Research, Development and Innovation – We will work in partnership to create opportunities for RD&amp;I to improve the health and care we deliver for our population</li> <li>Climate – Environmentally Proactive – We will work in a sustainable and efficient environment in line with national Net Zero carbon commitments to support delivery of health and care in the future.</li> </ul>
<b>Scope</b>	Digital / Research & Development / Estates and Climate
<b>Link to NHS Scotland Recovery Drivers</b>	All, including 9. Digital Innovation and 10. Climate Emergency & Environment
<b>Link to Policy Drivers</b>	Care in the Digital Age Delivery Plan NHSS climate emergency and sustainability strategy 2022-26
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>Prescribing (1-5 from 15-box model)</li> <li>Leases and Agile Working</li> <li>Morse Implementation</li> <li>TEC Enabled Care</li> <li>Estates Operational Digitisation Project</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<p>Enabling improved outcomes for patients through innovative and integrated working, through best use of public funds.</p> <p>Digital – improving efficiency and productivity by fully-utilising digital solutions to ensure our workforce can deliver the right care, in the right place at the right time.</p> <p>Climate – improving Net Zero will support the delivery of improved outcomes for patients through a more-efficient organisation.</p>
<b>Impact on Performance &amp; Finance</b>	<p>Improved performance by harnessing digital, innovation and low carbon solutions across NHS Highland and in particular;</p> <p>Digital – optimising the use of current systems, prioritising the use of current funding to digital projects that contribute to improved performance and finance.</p> <p>Climate – the need to meet Net Zero obligations in some of our current infrastructure will lead to higher running costs especially in energy if nothing is done.</p>

Digital, Research Development & Innovation, Estates & Climate: 2024/25 Deliverables	
Description	Due Date
<u>Digital</u> <ul style="list-style-type: none"> <li>Delivery of a priorities that support value &amp; efficiency workstreams with key areas as follows: <ul style="list-style-type: none"> <li>Supporting the roll-out of EPR (Morse) across Highland during 2024/25 as per the Value &amp; Efficiency workstream within current resources</li> <li>Supporting systems development to align to implementation plan of new Waiting Times Guidance in 2024/25</li> </ul> </li> <li>Delivery of an NHS Highland digital workplan for 2024/25 (Appendix H: draft) that considers local and national priorities requiring delivery, balanced against available resource and workforce for delivery</li> <li>Continue to roll-out the Digital Skills framework supported by the organisation's Digital Champions network</li> <li>Capitalise on the opportunities of Microsoft 365 to deliver change in services.</li> <li>Introduce a process to identify, assess and prioritise digital transformation opportunities that support colleagues to contribute to improvement of services</li> </ul>	March 2025
<u>Estates and Climate</u> <ul style="list-style-type: none"> <li>Deliver towards Net Carbon Zero national targets within current resource envelope</li> <li>Development of plans around EMS asset modelling outputs</li> <li>Review of current leases (in partnership with embedding agile working)</li> <li>Stage 1 Whole Systems Infrastructure Planning; backlog maintenance risk assessment</li> <li>Formalise public sector shared services plan</li> <li>Estates Operations digitisation and modernisation project</li> </ul>	March 2025 March 2025 Dec 2024 January 2025 Dec 2024 March 2025

Digital, Research Development & Innovation, Estates & Climate:: Priorities to 2026/27	
Description	Due Date
<u>Digital</u> Embed annual process of digital work planning that links into organisational priorities for operational, local strategic change and supports national programmes of work. This will allow NHS Highland to identify digital change priorities, and must be considered alongside innovation and estates priorities.	March 2026
<u>Research Development &amp; Innovation:</u> Ongoing partnership work to support innovation in service delivery linked to regional and national working	March 2027
<u>Estates and Climate</u> <ul style="list-style-type: none"> <li>Delivery of programmes to meet NHS Highland's environmental targets</li> <li>Implementation of Capital Planning review from EMS outputs</li> <li>Stage 2 Whole Systems Infrastructure Planning</li> <li>Complete PFI project hand back at New Craigs site</li> </ul>	March 2027 March 2026 January 2026 July 2025

Digital, Research Development & Innovation, Estates & Climate: Improvement Outcomes
Improved service delivery, reducing patient travel and better use of NHS Highland estate.
Improved efficiencies in service and support delivery through harnessing innovation into strategic transformation of services.
Improved environmental outcomes and contributing to reducing NHS Scotland's Net Zero carbon commitments.
Improved use of current estate to match service-delivery needs of NHS Highland.
Delivering a digitally-enabled workforce to deliver new models of care that uses technology to transform services.

Delivering a digital change and transformation plan for NHS Highland that aligns to the organisation and national priorities, balanced with available resources (workforce and funding).

## TARA (Transformation & Resilience of Admin)

<b>Description</b>	To refresh the administration support functions to support all operational divisions in NHS Highland, providing a patient-focused, efficient, resilient and sustainable admin facility.
<b>Problem Statement</b>	<p>The current operating model for administration across NHS Highland is not sustainable. There is wide variation in roles and responsibilities, little flexibility within admin teams and few opportunities for career progression.</p> <p>There is a high annual overspend on supplementary staffing, and there is a disjointed model with admin being aligned within services. NHS Highland is unable to maximise its current administration resources towards the priorities of the whole system.</p> <p>Furthermore, the age profile of the administration workforce is skewed with 37% over the age of 55, presenting challenges for succession-planning and workforce planning.</p> <p>NHS Highland is not fully maximising opportunities available through digital tools, including the use of M365 and the distributed service model allows for variation across teams and services in the digital tools used.</p>
<b>Aims &amp; Objectives</b>	<ul style="list-style-type: none"> <li>• Enhance consistency of our patient pathways between areas and departments</li> <li>• Provide a coherent structure for each role, with pathways for advancement and development</li> <li>• Improve operational performance, communication, data collection and provision</li> <li>• Fully utilise all digital opportunities to ensure we are as efficient as possible</li> <li>• Truly define administrative roles and ensure consistency across the community functions, streamlining and utilising generic job descriptions</li> <li>• Empower our admin staff to apply their skills and expertise to help deliver excellent patient care across the organisation, as efficiently as possible</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>• All admin support staff bands 2-7 in Corporate, Acute and Community teams</li> <li>• Potential change in line management structure – robust career pathways will be developed including apprenticeships, which will translate into more opportunities for this staff group</li> <li>• Reduction in the number of job descriptions across NHS Highland</li> <li>• Possible reductions in the total number of admin posts across the system</li> </ul>
<b>Link to NHS Scotland Recovery Drivers</b>	<b>9 Digital and data technology</b>
<b>Link to Value &amp; Efficiency Work Streams</b>	<ul style="list-style-type: none"> <li>• Corporate Teams Consolidation</li> </ul>
<b>Impact on Patient Outcomes &amp; Health Inequalities</b>	<ul style="list-style-type: none"> <li>• Consistent patient pathways between area and services</li> <li>• Efficient admin can change how people feel about health services, which has implications for how they interact with NHS Highland leading to less delays in treatment and potentially having an impact on their health outcomes.</li> <li>• Ensure patients, staff, equipment and information are in the right place at the right time</li> <li>• Patients, carers and staff will experience NHS admin processes consistently, positively affect their wellbeing.</li> <li>• For people who live with long-term conditions, use multiple health and care services or who have additional needs, their positive experience of admin can play a critical role in their overall experience of care.</li> </ul>

	<ul style="list-style-type: none"> <li>• High-quality admin has the potential to improve patient experience, reduce inequalities, promote better care and contribute to a better working environment for staff</li> <li>• Integrated care systems, and place-based partnerships within them are tasked with promoting more seamless care that better meet's peoples' needs</li> <li>• Co-design processes will be essential to developing truly high-quality admin in NHS Highland</li> <li>• Clear career pathways for progressions, training and development for staff</li> </ul>
<b>Impact on Performance &amp; Finance</b>	<ul style="list-style-type: none"> <li>• Decrease in NHS Highland's admin spend/budget</li> <li>• Decrease in total admin workforce but focussing on priorities for NHS Highland</li> <li>• Improve operational performance, communication, data collection and provision</li> <li>• Releasing clinical and management time by establishing whole system admin service</li> <li>• Positive difference to the working lives of admin staff</li> <li>• Increased digital skills through the development of a skills matrix and framework</li> </ul>

<b>TARA: 2024/25 Deliverables</b>	
<b>Description</b>	<b>Due Date</b>
Termination of Fixed Term Contracts through appropriate policy in Acute setting.	June 2024
Implementation of voice recognition software in areas of agreed benefit where funding is available.	March 2025
Reduce all excess hours and overtime within Acute admin setting.	June 2024
Expand the TARA Programme into Community and Corporate functions, using the principles agreed for Acute.	March 2025

<b>TARA: Priorities to 2026/27</b>	
<b>Description</b>	<b>Due Date</b>
Transformation and Resilience of NHS Highland's administration functions by delivery of Sustainable Operating Model (SOM)	March 2026

<b>TARA: Improvement Outcomes</b>
Reduction in supplementary staffing used totally within administration, representing cost efficiencies to NHS Highland.
Releasing clinicians and management from admin tasks by developing a structured whole system administration function, providing efficiencies to NHS Highland.
Improves overall staff experience by developing an administration service with career prospects; improving NHS Highland's recruitment and retention.
Improves overall patient and carer experience of care, and reduce inequalities.
Delivers a better working environment for staff with clear roles and responsibilities.
Increases flexibility across admin support to deal with planned and unplanned absence.
Enhances consistency of patient pathways between services.
Improves operational performance, communication and data collection.
Develops a digitally-enabled administration workforce through the whole system deployment of digital tools to support the service.
Generic Job Descriptions will promote flexibility of admin support across geographical services, reducing variation and reflecting the skills knowledge and experience required for roles within the Sustainable Operating Model

Creates baseline for training and development of administration staff in NHS Highland.
Supports workforce recruitment and retention with the upskilling of administrative staff in digital and technical skills.
Provide professional training and development opportunities for all administration staff in NHS Highland.

## Health and Social Care services in Argyll & Bute

Argyll & Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Care Partnership NHS Highland ensures the safe and effective delivery of the healthcare services in partnership with the Council Social Care Services, this too is supported by a partnership integration scheme determining the partnership agreements. All NHS Services are delegated to the Argyll & Bute IJB. The area is divided into four localities:

- Oban, Lorn and the Isles (including Lorn and Islands RGH in Oban)
- Mid Argyll, Kintyre and Islay
- Cowal and Bute
- Helensburgh and Lomond

Argyll and Bute HSCP also manage their own corporate services. Argyll and Bute IJB has approved, in May 2022, their 3 year Joint Strategic Plan and Joint Strategic Commissioning Strategy which establishes the vision, strategic objectives and priorities setting out the strategic direction for how health and social care services will be shaped in the coming years. There are a number of areas where Argyll & Bute IJB work with NHS Highland collaboratively and these are detailed and planned each year as part of our Annual Delivery Plan.

In Argyll and Bute, the HSCP delivers and purchases a broad range of services covering all aspects of health and social care. Some of these services are provided by NHS Highland, NHS Greater Glasgow and Clyde via SLAs or other Regional services. Included in the remit of the HSCP are:

- NHS services (local, from NHSGGC and NHS Highland); Community hospitals; Acute Care; Primary Care (including GPs); Allied Health Professionals, Community Health Services, Maternity Services
- Public Health services including the Prevention agenda
- Adult social care services including services for older adults; people with learning disabilities; and people with mental health problems
- Children & Families social care services
- Alcohol and Drug Services
- Gender Based Violence
- Child and Adult Protection
- Criminal and Community Justice Services

This submission is primarily based on actions from the Joint Strategic Plan (JSP) for 2022-25 and A&B HSCP submission for the Medium-Term Development plan (MDP) from last year. A new JSP will be developed in the course of 2024-25, published before 1 April 2025 and implemented from 2025-26. As a result, priorities beyond 2024-25 have not been fully established. In addition, the changed financial landscape including uncertainty regarding the financial allocation for 2024-25 could impact on plans for 2024-25.

1 Primary and Community Care – Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.	
2024-25	2025-26
<ul style="list-style-type: none"><li>• Implement recommendations/actions from comprehensive review of Cluster working in Argyll and Bute, to improve effectiveness of GP clusters.</li></ul>	Likely to carry over
<ul style="list-style-type: none"><li>• Continue to ensure that locality-based vaccination teams and campaign planning are sufficiently robust to deliver vaccination and immunizations' and childhood vaccination following their removal from GP practices from 1 April 2022</li></ul>	
<ul style="list-style-type: none"><li>• Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitional service arrangements (including additional payment arrangements)</li></ul>	



<ul style="list-style-type: none"> <li>Focus on the quality improvement and efficiency of services provided under the new GP contract</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Improve the urban/rural &amp; island equality of service provided under the new GP contract.</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Delivery of a strategy for island health and social care provision specifically for out of hours and urgent care by August 2024.</li> </ul>	Implementation will carry over
<ul style="list-style-type: none"> <li>Establish a safe and cost-effective OHH emergency medical service in Jura that meets the healthcare requirements of local residents. The focus is on providing community-based care that is responsive to the needs of the population.</li> </ul>	Implementation will carry over
<ul style="list-style-type: none"> <li>Continue to link with the wider HSCP preventative strategy.</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Develop a quality improvement approach and shore up sustainability within 2C (HSCP managed) practices</li> </ul>	Implementation will carry over
<ul style="list-style-type: none"> <li>Development of an INR/Anticoagulation service delivered through CTACs (Community Treatment and Care)</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Continue to rollout and develop pathways for an integrated phlebotomy service across primary and secondary care</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Extend the Community Hospitals into the community and provide a greater range of health-related skills and services at home</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Develop a community assets approach and identify a way in which people can be supported as much as possible within their own community before needing statutory services</li> </ul>	Likely to carry over
<ul style="list-style-type: none"> <li>Conduct review of sexual health services provided by A&amp;BHSCP including gap analysis and work with NHS GGC to ensure access to specialist Sexual Health Services via regional service agreement or additional commissioning schedule if require</li> </ul>	Implementation will carry over
<ul style="list-style-type: none"> <li>Carry out market testing of care at home by reviewing views on the quality of service. Extensive views have been gathered from service users as part of both modernising the service and creating a new tender for care at home</li> </ul>	Tender implementation likely to carry over
<ul style="list-style-type: none"> <li>The Self-Directed Support Steering Group to embed Self-Directed Support Improvement Standards -will be set up in the first quarter of 2024-25</li> </ul>	
<ul style="list-style-type: none"> <li>Review of the use of Extended Community Care Teams and link them to other community services. Standards including access points and hours of services are being refreshed</li> </ul>	
<ul style="list-style-type: none"> <li>Development of an older adult strategy, focused on place, with the following priorities: <ul style="list-style-type: none"> <li>Care at Home</li> <li>Care Homes and Housing</li> <li>Community Hospitals and Community Services</li> <li>Palliative and End of Life Care</li> <li>Self -Directed Support and Technology Enabled Care</li> <li>Planned Care</li> <li>Unscheduled Care</li> </ul> </li> </ul>	Implementation will carry over
<p><u>Living Well Strategy and Programme</u></p> <p>Within Argyll and Bute, the Living Well Programme Board has an aspiration to embody a philosophy of prevention, by focusing on wellness, not illness, empowering and enabling those within Argyll and Bute to live well. An Argyll and Bute wide multi-agency approach is required to ensure a cohesive strategic vision. This will be achieved using the background of the five-year Argyll and Bute Living Well strategy. Over the next 5 years the programme will focus on:</p> <ul style="list-style-type: none"> <li>Coordinating and developing the provision of supports and services for those requiring high level intensive interventions, such as those with unmanaged or unstable conditions such as cardiac, pulmonary, stroke or cancer, and who need a high level of support and encouragement to engage in physical activity.</li> </ul>	Likely to carry over

<ul style="list-style-type: none"> <li>Design, development and delivery of a comprehensive Living Well programme, focused on the holistic themes of: Self-Management; Information and Support; Healthy Weight; Physical Activity; Emotional and Mental Wellbeing; Culture and Creativity; and Connection: Nature and Community.</li> </ul>	
<b>2: Urgent &amp; Unscheduled Care – Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.</b>	
<b>2024-25</b>	<b>2025-26</b>
<ul style="list-style-type: none"> <li>Simplifying access and implementing effective MDT working through, enabling multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a reabling and rehabilitation ethos and high quality end of life care with the skills to provide simple care that currently involves a hospital admission. Working groups for discharge without delay, community teams and community hospitals set up to progress below actions/work streams: <ul style="list-style-type: none"> <li>Evaluating spend on community teams, unpaid carer services &amp; short breaks, response services, care at home, community palliative care and NHS GG&amp;C delayed discharge</li> <li>Assessing models for community services with the aim of minimising different services/staff visiting people in community and improving flow through hospital</li> <li>Plan and progress spend on the recurring funding from Scottish Government</li> <li>Enhance clinical education for all staff, develop skill mix, apprenticeships and health care support worker skilled roles</li> <li>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</li> </ul> </li> </ul>	Implementation will carry over
<b>3: Mental Health – Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.</b>	
<b>2024-25</b>	<b>2025-26</b>
<u>Implementation of Community Mental Health Services Review</u> <ul style="list-style-type: none"> <li>The review had 22 outcomes, this has progressed well with many complete; however, this will be revisited in 2024-25 to ascertain where we are now as part of the community short life working group.</li> </ul>	
<u>Psychological Therapies</u> <ul style="list-style-type: none"> <li>The realignment of teams to create an A&amp;B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4 is complete. A Business case has been developed, which was submitted to our Scottish Government colleagues. The service will continue to work alongside Scottish Government to develop our service in line with allocated funding and to improve our wait times</li> <li>Work to realign the care mental health team to work across GP surgeries and to support those presenting with mild and moderate mental health concerns via through an MDT approach is complete. A pathway refresh is underway and a pilot of self-referral is planned to commence this year with a PDSA cycle and soft launch.</li> <li>Care Reviews: Work to complete care reviews is ongoing.</li> </ul>	
<u>Inpatient services</u> <ul style="list-style-type: none"> <li>Ongoing issues, Sector Consultants are in reaching to the inpatient unit to allow consistency of care in community and transition from acute care. RMN recruitment, second year of earn to learn (new pathway developed in A&amp;B, being piloted in NHS Lothian and national interest), major recruitment drive, career fayres, advertising on ferries, social media etc.</li> <li>Retention and recruitment premium secured for Inpatient band 5 nurses to attract new applicants until 2025.</li> </ul>	Likely to carry over
<u>Standardisation of processes</u> ; roles and responsibilities; care and support	Implementation will

<p>coordination and utilisation of effective training and delivery models (i.e., specialist / generic), as appropriate to support mental health and dementia services locally</p> <ul style="list-style-type: none"> <li>• The community group are exploring variation across teams this year, with an aim to minimise variation across the directorate. This will extend out across all under the MH umbrella. The associate lead nurse for MH is developing a skills framework in which base skills and training needs are recorded and updated and further needs assessment will develop from there.</li> <li>• Dementia services have moved to the mental health directorate and there are early plans to develop a training package to assist both care homes and local hospitals in caring for those presenting living with dementia.</li> <li>• The community group as above have a remit to explore variation and to standardise practises across the localities. This will encompass the community review outstanding actions, ending exclusion and promote integrated service delivery.</li> <li>• Silvercloud platform has replaced Beating The Blues and is part of our developing and growing digital MH strategy and delivery pathway</li> </ul>		carry over
<p>Within Argyll and Bute, continue to deliver on the Medication Assisted Treatment (MAT) standards, encouraging trauma informed practise within the wider workforce. [Public Health]</p>		Ongoing work
<b>4: Planned Care – Recovering and improving delivery of planned care</b>		
<b>2024-25</b>		<b>2025-26</b>
<ul style="list-style-type: none"> <li>• See actions noted in sections 1 and 2, in relation to extending Community Hospitals into the community, and developing community assets approach, Island Strategy, Care at Home, Steering group for Self-Directed Support, Older Adult Strategy, Community Teams</li> </ul>		
<ul style="list-style-type: none"> <li>• Support care at home through winter, linking unscheduled care elements to limit duplication and make best use of the total resource available.</li> </ul>		Annual
<ul style="list-style-type: none"> <li>• Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact each other. A full winter plan was developed and approved by the IJB in 2024. An evaluation of winter planning is in train.</li> </ul>		
<ul style="list-style-type: none"> <li>• Building appraisal for internal care homes and development of an overarching care home and housing strategy. The appraisal for internal care homes and a strategic assessment is complete. Longer term planning around procuring housing with care/care home models and options for the future.</li> </ul>		Implementation will carry over
<ul style="list-style-type: none"> <li>• Encompass this within our commissioning strategy</li> </ul>		
<ul style="list-style-type: none"> <li>• Implement needs assessment and collaborative health and social care plan for Coll.</li> </ul>		
<ul style="list-style-type: none"> <li>• Develop a sustainable staffing model at Lorn and the Isles Hospital linking in with the Acute Structure [Acute]</li> </ul>		Implementation will carry over
<ul style="list-style-type: none"> <li>• Develop a strategic and inclusive approach to Dementia within Argyll and Bute which sees supporting people with dementia in our communities as essential and part of everyone's role (see Mental Health actions</li> </ul>		
<ul style="list-style-type: none"> <li>• Complete phase 1 of roll out of Digital Ophthalmology Imaging Hubs</li> </ul>		Phase 2 will carry over
<ul style="list-style-type: none"> <li>• Work with NHS GGC to improve and monitor outreach arrangements/pathways for: <ul style="list-style-type: none"> <li>○ Gastroenterology</li> <li>○ ENT</li> <li>○ Haematology</li> <li>○ Dermatology</li> </ul> </li> </ul>		Work on pathways likely to be ongoing as A&B responds to service redesign in GGC and ongoing need to review outreach arrangement
<ul style="list-style-type: none"> <li>• Implementation of Thrombectomy pathways to GGC</li> </ul>		
<b>5: Cancer Care - Delivering the National Cancer Action Plan (2023-2026)</b>		
<b>2024-25</b>		<b>2025-26</b>

See Living Well actions in Sections 6 and 1.	
<b>6: Health Inequalities and Population Health- Enhance planning and delivery of the approach to tackling health inequalities and improving population health</b>	
<b>2024-25</b>	<b>2025-26</b>
<u>NHS Highland Joint Health Improvement Plan</u> <ul style="list-style-type: none"> <li>Argyll and Bute health improvement staff to continue to work with colleagues in NHS Highland on a joint Health Improvement plan for 2024-2026, achieving efficiencies in some areas by working board wide.</li> <li>Evaluate the outcomes of the first joint plan in 2022-2024.</li> <li>Support a range of projects tackling health inequalities, including those related to child poverty, financial inclusion, and equalities.</li> </ul>	Implementation will carry over
<u>Living Well Programme</u> <p>Support the strategic direction and delivery of the Living Well Programme board and evaluate the 2019-2024 Living Well Strategy. Within this programme of work, projects include workforce development; self-management; community link working; physical activity; mental wellbeing.</p> <ul style="list-style-type: none"> <li>Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work.</li> <li>Respond to and deliver on national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland.</li> <li>Continue to support delivery of Equality Impact Assessment statutory duties throughout HSCP.</li> <li>Continue to support delivery of statutory engagement duties under Planning with People engagement guidance.</li> </ul>	Ongoing work
<u>Argyll and Bute Alcohol and Drug Partnership:</u> <ul style="list-style-type: none"> <li>Development of a new Argyll and Bute Alcohol and Drug Strategy (2024-2027).</li> <li>Implementation of new residential rehabilitation pathway in Argyll and Bute and collaboration with Healthcare Improvement Scotland to develop a residential rehabilitation improvement action plan. Develop a local evaluation process.</li> <li>Continue to work with partners and services across Argyll and Bute to develop and embed localised delivery plans to achieve Medication Assisted Treatment (MAT standards). Governance is through the Argyll and Bute MAT Standards Steering Group. A quality improvement approach is being taken to identify what is working well and identify the gaps. This process is being supported by MIST (a collaboration of Public Health Scotland and Healthcare Improvement Scotland.) The latest benchmarking report identified improvement in Argyll and Bute over 2023.</li> <li>Continue to deliver on requirements of the National Mission</li> <li>Support recovery and community hubs across Argyll and Bute, including lived and living experience engagement. - Support the voices of those with Lived and Living Experience to contribute to ADP planning</li> <li>Deliver and expand on a whole family approach to drug and alcohol treatment and recovery.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of strategy will carry over</li> <li>Implementation of rehabilitation improvement action plan will carry over</li> <li>Will carry over</li> <li>Ongoing</li> <li>Ongoing</li> <li>Implementation will carry over</li> </ul>
<b>7: Women and Children's Health - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.</b>	
<b>2024-25</b>	<b>2025-26</b>
<ul style="list-style-type: none"> <li>Implement Actions from Children Promise Change Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Likely to carry over</li> </ul>
<ul style="list-style-type: none"> <li>Report on performance against outcomes/Evaluate and report on service plans and transformation projects</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing/Annual</li> </ul>
<ul style="list-style-type: none"> <li>Deliver on the project outcomes for transforming responses to Violence against Women and Girls.</li> </ul>	<ul style="list-style-type: none"> <li>Likely to carry over</li> </ul>
<ul style="list-style-type: none"> <li>Ensure links with NHS Highland</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>

<ul style="list-style-type: none"> <li>• Monitor performance against Children and Young People's Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>• Work with NHS GGC to ensure sustainable paediatric consultant outreach services are in place</li> </ul>	
<ul style="list-style-type: none"> <li>• Collaboration with NHS Highland and GGC to support Phase 1 of expansion of family Nurse Partnership. Argyll and Bute is one of only a few areas in Scotland that do not have FNP coverage. Projected birth rates within Argyll &amp; Bute suggested less than 100 births per year, indicating that there would not be sufficient client numbers to implement the service independently. Supported by the learning from the hybrid delivery models between FNP sites within NHS Lothian/NHS Borders and NHS Lothian/NHS Dumfries &amp; Galloway plans have been progressed to deliver a hybrid model between NHS GGC and NHS Highland within the Argyll &amp; Bute HSPC</li> </ul>	<ul style="list-style-type: none"> <li>• Phase 2</li> </ul>
<p><u>A&amp;B Children and Young Peoples' Service Plan 2023-26</u></p> <ul style="list-style-type: none"> <li>• Children's services are delivered through integrated systems, and strong, respectful, and collaborative leadership is an essential part of this. "Getting it right for every child" (GIRFEC). This is the golden thread that encompasses all our partnership work; it supplies a shared approach and framework for professional standards. <ul style="list-style-type: none"> <li>• Implement an improved partnership approach to service delivery will result in better outcomes for children, young people, and their families.</li> <li>• Ensure that children and their families are fully engaged in decision-making and able to contribute to their support and learning.</li> </ul> </li> <li>• Our children and young people have access to early help and support. <ul style="list-style-type: none"> <li>• The Child Poverty Action Group will coordinate child poverty work in Argyll and Bute and help interagency cooperation.</li> <li>• The Child Poverty Action Group will consult and work with children and young people on the Child Poverty Action Plan and ensure that the local authority reporting duties on this plan are met.</li> <li>• The Employability Team's overarching objective is to ensure suitable opportunities for individuals of all ages and abilities based on tackling socio-economic disadvantage, removing inequalities, and removing multiple barriers to securing sustainable employment.</li> <li>• Young carers and their families will have access to information and resources tailored to their specific needs. Young carers and their families are more likely to experience higher levels of child poverty and therefore should be supported in maximising income.</li> <li>• Families with children and young people, as well as young people living independently, can access housing support services. Support services give recipients the tools to help them in sustaining their tenancies, helping to reduce the number of failed tenancies and homelessness applications. Assisting children and young people to remain in their homes, communities, and schools is a key element in mitigating child poverty</li> </ul> </li> <li>• We improve the mental health and well-being of our children and young people <ul style="list-style-type: none"> <li>• The development of added support for new mothers, where we know that many experience a variety of mental health needs and challenges that can be supported by universal services, while some mothers will benefit from or require specialist help and intervention. These are to be informed by attachment-led practice and trauma-informed approaches to understanding need.</li> <li>• Ensure that children and young people can access early mental health, wellbeing, and counselling support at school and in their communities.</li> <li>• Argyll and Bute have a trauma-informed children's and young people's</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of service plan will carry over</li> </ul>

<p>workforce with consideration of needs at the point of transition into adult services.</p> <ul style="list-style-type: none"> <li>• The partnership will improve assessment pathways for children, young people, and their families with neuro- developmental conditions.</li> <li>• Children and young people will have access to mental health and wellbeing programmes and supports to enhance prevention and early intervention while supplying more specialist support where needed.</li> <li>• Through access to advocacy services Children and young people will be supported in building healthy relationships.</li> <li>• We ensure our children and young people's voice is heard</li> <li>• The Young Peoples Advisory Panel and Participation Groups will work to ensure that all children and young people are actively engaged and involved in the development of future services.</li> <li>• The multi-agency focus across schools and communities for children and young people will ensure maximum impact in key areas such as good mental health and wellbeing, personal skills, leadership, team building, and communication.</li> <li>• Partners will ensure that children and young people have equal and equitable access to real and meaningful outcomes.</li> <li>• Children and young people's feedback will ensure that multiagency service delivery and support are focused on what is most important to them</li> </ul>	
<p><u>Women's Health Plan</u> Finalise A&amp;B HSCP's action plan to address the priorities of the Women's Health Plan and scope implementation of actions.</p>	<ul style="list-style-type: none"> <li>• Implementation will carry over</li> </ul>
<b>8: Workforce - Implementation of the Workforce Strategy</b>	
<b>2024-25</b>	<b>2025-26</b>
<p>In line with Scottish Government workforce planning guidance for health and social care, the HSCP have a 3 year Strategic Workforce Plan. Workforce Planning Oversight Group is in place with representation across the services and employers. Four working groups have been established to channel existing work and deliver against the workforce plan action plan: Accommodation, Culture and Wellbeing, Attracting the workforce, Developing the workforce.</p> <ul style="list-style-type: none"> <li>• Development of integrated workforce planning approach for A&amp;B HSCP linked with NHS and A&amp;B practice, which includes workforce planning cycles and risk assessment.</li> <li>• Focus on Workforce planning training for identified managers and monitoring of completed plans</li> <li>• Further development of partnership huddle including Skills Development Scotland, Developing the Young Workforce, Further and Higher education providers, council education service and workforce planners/Talent/Workforce Development representatives from ABC and NHS.</li> <li>• Development richer workforce planning data sets to support managers in their decisions and projections.</li> <li>• Improving the linkage and visibility to supplementary staffing, establishment control, vacancies and agency spend to inform workforce planning. Supporting improved attraction and recruitment in the following ways: <ul style="list-style-type: none"> <li>• Increasing the promotion and involvement in career fayres</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Work will carry over</li> </ul>

<ul style="list-style-type: none"> <li>Supporting HSCP focused recruitment through further development of existing promotional activity. Boosting posts on social media and targeting specific audiences.</li> <li>Improve the visibility of HSCP adverts, linking and promoting A&amp;B aplace2be and tapping into new advertising sources such as Calmac ferries and local visual marketing.</li> </ul>	
<b>9: Digital Services Innovation Adoption - Optimise use of digital and data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcome.</b>	
<b>2024-25</b>	<b>2025-26</b>
<ul style="list-style-type: none"> <li>Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll &amp; Bute</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Ensure Technology Enables Care (TEC) is a core service embedded in all aspects of delivery of care, which involves the promotion of all available services throughout patients/clients' journey and supporting colleagues to feel more comfortable using TEC available as a resource to support their delivery of care and free up time for direct patient care</li> <li>Specifically: <ul style="list-style-type: none"> <li>Continued promotion of NHS Near Me clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel</li> <li>Supporting roll out of further Silvercloud pathways</li> <li>Trial and evaluation of digital homecare solutions including remote medication prompts and digital hydration kits.</li> <li>Work with GP practices to promote further uptake of remote health monitoring for blood pressure.</li> <li>Scope utilisation of remote health monitoring for asthma and heart in A&amp;B HSCP and develop plans for subsequent years.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Potentially further roll out of hydration kits</li> <li>Potentially implementation of health monitoring for asthma and heart</li> </ul>
<ul style="list-style-type: none"> <li>Ensure all telecare clients have a digital solution in place in time for switch-over from analogue to digital telephone lines</li> </ul>	
<ul style="list-style-type: none"> <li>MS Teams federation to support collaboration across NHS and council. Phase 1 of federation is complete. This provides IM (instant messaging), presence management, voice/video calls between tenancies and access to NHS and council MS Teams channels. Phase 2 of this project due to be started by the Digital Office. Scope of that work and what features will be available for HSCP purposes yet to be defined</li> </ul>	<ul style="list-style-type: none"> <li>Work in relation to Phase 2</li> </ul>
<ul style="list-style-type: none"> <li>Complete the digital modernisation transformation projects within our records and appointment services within the NHS and social care. Specifically: <ul style="list-style-type: none"> <li>Continue to promote the Electronic Patient Record within the A&amp;E setting wherever an electronic system is in place to bring in line with Consultant led services.</li> <li>Working alongside NHS Highland to implement the 'Open Eyes' system which is the recognised EPR for Ophthalmology. This will minimise the clinical risk associated with the current viewing platform which is not considered appropriate long term.</li> <li>Support the roll out of 'Order Comms' whole system electronic process for requesting, reviewing and signing off tests and subsequent results via Trakcare PMS (Patient Management System) timescale dependent upon NHS Highland</li> <li>Implement electronic referral process for the Electrocardiography service.</li> <li>Working alongside NHS GGC to achieve a 100% referral rate into their services via SCI Gateway. This limits the risk of lost/delayed referrals our</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Likely to carry over</li> </ul>

services are currently subject to in some specialties	
<ul style="list-style-type: none"> <li>Phase 2 of Eclipse Case Management System, following successful implementation of Eclipse Case Management across the HSCP and go live in June 2023. Further work under way with system provider OLM and community health team to further develop additional functionality. Work ongoing with Eclipse system provider OLM to improve the existing data-sync, linking Eclipse with CIVCA.</li> </ul>	<ul style="list-style-type: none"> <li>Likely to carry over</li> </ul>
<ul style="list-style-type: none"> <li>Delivery of CIVICA Electronic Document Management System pilot including Adult Care Team in Mid Argyll, Admin Teams and the whole of the HSCP Justice Service. New business case has been developed with a phased delivery programme for the rest of the HSCP localities and teams.</li> </ul>	<ul style="list-style-type: none"> <li>If pilot successful work on further phases likely to carry over</li> </ul>
<ul style="list-style-type: none"> <li>The development of the North of Scotland Care Portal to establish an Argyll &amp; Bute Dynamic Patient Summary is planned for late 2024/25. This is dependent on the successful delivery of the Eclipse Phase 2 Community Health Partnership Agreement.</li> </ul>	<ul style="list-style-type: none"> <li>Likely to carry over</li> </ul>
<b>10: Climate - Climate Emergency &amp; Environment</b>	
<b>2024-25</b>	<b>2025-26</b>
<ul style="list-style-type: none"> <li>Contribute towards the achievement of net zero carbon emissions across HSCP services, working in partnership with Argyll &amp; Bute Council and NHS Highland</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Implement once for Scotland T&amp;Cs service facilitating blended/remote working for our staff and aiding recruitment and retention</li> </ul>	
<ul style="list-style-type: none"> <li>Progress the achievement of net zero carbon emissions across NHS commercial fleet, working in partnership with Argyll &amp; Bute Council and NHS Highland</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>
<ul style="list-style-type: none"> <li>Complete our digital transformation where more is accomplished with less using new ways of working with or without technology.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>



## Appendix A: Approach to Decision Making

To facilitate decision-making on strategic and operational change ideas, decision-making framework has been established to ensure appropriate governance and assurance on decision-making within NHS Highland.

Decision-making at levels 1-3 are those change ideas assessed that can be delivered within the current financial year and will consist of efficiency changes that have been identified within teams, within efficiency workstreams, replicate good practice from elsewhere, and are generally of lower risk.

Decisions at levels 4 and 5 are identified as more complex, have greater levels of change, may require investment / disinvestment, or involve complex multi-factorial change. These strategic transformation programmes may have deliverables in the current financial year but will extend beyond the current financial year for delivery and full benefits realisation.

It is also possible that change ideas identified within these categories may necessitate making changes at pace in order to stabilise workforce or service delivery.

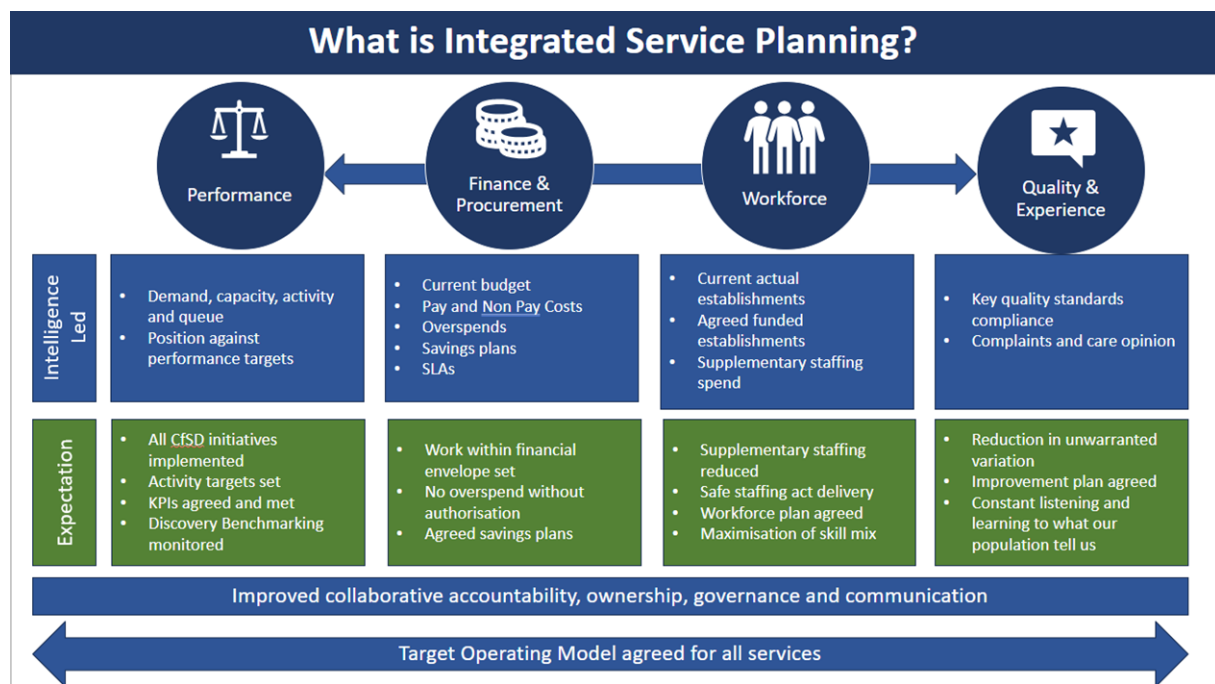
## Appendix B: Sustainable Services Review

A key focus within NHS Highland continues to be assessing services which may be unsustainable in their current form. This has included collaboration with Health Boards across Scotland as one NHS Scotland, to assess where we might be best to work collaboratively where we have shared concern around the sustainability of critical services.

These national conversations have identified overlap between NHS boards for services which may lend themselves to a national or multi-board approach to delivery of new models of care that reduce the risks associated with these unsustainable services.

Priority work is progressing around Vascular Surgery, Diagnostics and Oncology services as three areas to explore a single national approach to delivering sustainable services, and NHS Highland will continue to explore all opportunities with partner boards to meet shared challenges; this is at the heart of our collaborative approach to service design.

## Appendix C: Integrated Service Planning



As part of annual activity planning, Integrated Service Planning (ISP) is being implemented across NHS Highland to bring together finance, performance, workforce and quality & experience improvement drivers to deliver a baseline of current services. This includes a focus on key areas including supplementary staffing, current performance of services and available budgets matched to service demand.

ISP stretches across Acute, Community and Corporate functions and for the first time will deliver a baseline of services within NHS Highland at an operational level, which will be used to assess current services and as a baseline to developing Sustainable Operating Models (SOMs) for all services that ties together financial, workforce and performance requirements of NHS Highland.

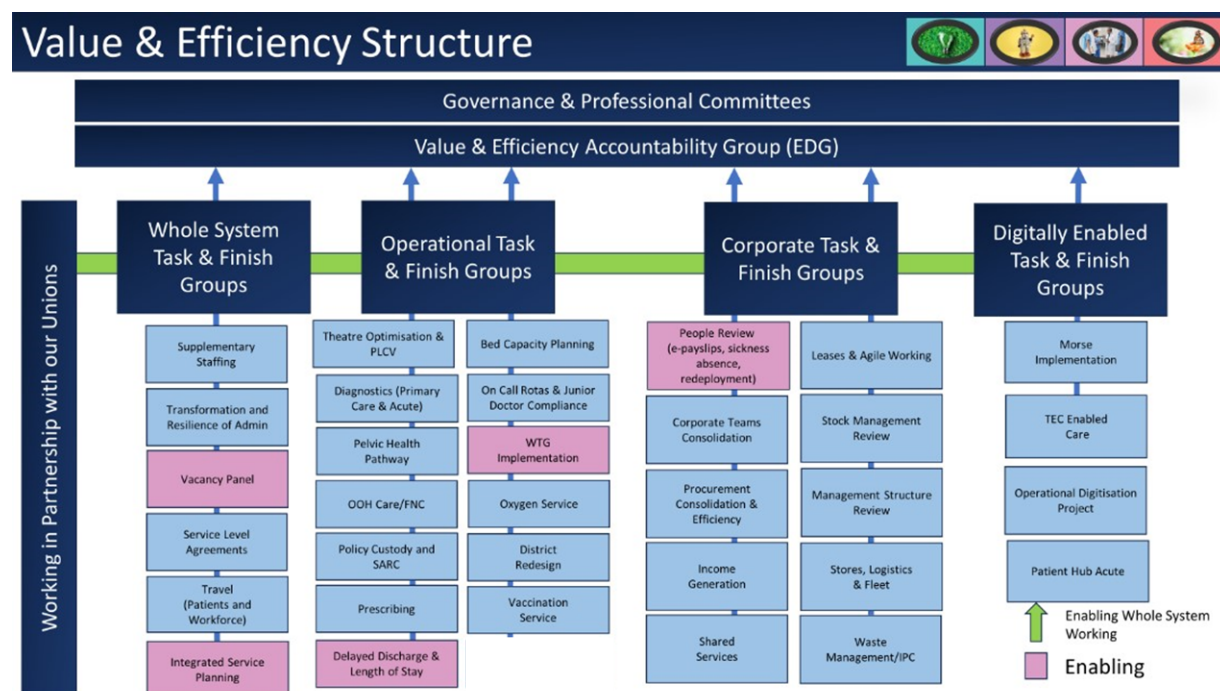
This is a significant undertaking across the whole system and will deliver an integrated service plan that will ensure equitable access to services and take a whole system approach to the identification of variation between services.

ISP is a core part of the service planning cycle within NHS Highland, providing a basis to identify services that require further tactical work in terms of short-term efficiency and longer-term transformational strategic change ideas.

## Appendix D: Value & Efficiency 2024/25 priorities

A series of workstreams have been identified to deliver NHS Highland's priority actions for 2024/25 that will contribute to achieving financial efficiency for NHS Highland whilst maintaining the delivery of safe high-quality, person-centred care.

The workstreams identified through engagement with the organisation, with Senior Leadership appointed to drive these key areas through to delivery and will contribute to savings in the NHS Highland budget if these can be fully realised. We have aligned these throughout the delivery plan.



The workstreams that have been identified are as follows:

ACTION	OUTCOME
<b>Whole System</b>	
Reduction in <b>supplementary staffing</b> across Acute, Community and Corporate functions.	Reducing overall spend in supplementary staffing by taking a whole system approach to assessing requirements.
<b>Transformation and Resilience of Admin</b> service starting with Acute, and moving into Community and Corporate functions	Enabling efficiencies in current admin spending while developing a model for NHS Highland that is fit-for-purpose and cost-efficient.
Embedding a whole system approach to recruitment by creation of vacancy panel	All vacancies are assessed and considered as part of a whole system approach.
Reviewing <b>service level agreements</b> and commissioning processes for patients who go out with NHS Highland for treatment. Review cost recovery processes for non-Highland patients	Ensuring agreements deliver value-for-money and are clinically-led, management-enabled.
Review of internal <b>travel</b> processes and procedures to assess value linked to Agile Working review	Reducing overall spend on travel by embedding agile working for staff to reduce requirement for non-essential travel.
<b>Integrated Service Planning</b> to develop a baseline of workforce, financial and quality service planning to inform future change activities	Identifying efficiencies and eliminating variation by taking a whole system approach to service planning for 2024/25 and beyond.

Operational	
<b>Optimise the use of theatres</b> across NHS Highland, including reviewing <b>Procedures of Low Clinical Value (PLCV)</b> .	Implement PLCV guidance and ensure that theatre space across NHS Highland is utilised as efficiently and effectively as possible, with a drive to delivering Day case theatre.
Review of <b>bed capacity</b> to ensure safe staffing of all ward areas	Ensure that services are delivered within funded bed complement and re-configure bed capacity to meet clinical demand.
Review of <b>Diagnostics used in Acute and Primary Care</b> and building Sustainable Operating Model	Optimise diagnostic capacity and efficiency. Ensure all diagnostic interventions add value to the patient's journey and are underpinned by principles of shared decision making and realistic medicine.
Review of medical <b>on call rotas</b> to optimise Emergency Department cover, including ensuring <b>junior doctor compliance</b> to training requirements	Maximising opportunities with junior doctor workforce to support our unscheduled care response and reducing A&E waiting times, whilst ensuring that our on-call rotas are centralised, flexible and adopt an MDT approach
Implementing the Centre for Sustainable Delivery's (CfSD) <b>Pelvic Health Pathway</b>	Changing pathways to ensure best practice is embedded in pelvic health pathways, reducing long-term follow-up required.
Implementing the Scottish Government's new <b>Waiting Times Guidance</b>	Improving patient experience and care by refreshing waiting times systems to meet the new guidance and ensure that only those patients who are fit, willing and able are on waiting lists.
<b>Out of Hours Care and Funded Nurse Care</b>	Optimising the flow of unscheduled care out of hours and utilising all resources available to triage potential admissions to acute.
Exploring efficiencies in the delivery of our <b>oxygen service</b>	Develop firm governance to ensure that only those patients who will benefit from oxygen receive it and reduce oxygen spend by exploring prescribing variation and control across NHS Highland.
Review of NHS Highland's legislative requirements in the delivery of <b>Policy Custody and SARC facilities</b>	Delivery of a sustainable workforce model that will ensure the Board can fulfil its statutory duties for the delivery of healthcare in police custody and Forensic Medical Services.
Consider the composition of the Highland Health and Social Care Partnership's delivery model for community care through a <b>redesign of districts</b>	Deliver a consolidated district model that provides equitable access to services across NHS Highland and delivery of a core model that is responsive to local population needs.
Seeking efficiencies in <b>prescribing</b> throughout Acute and Primary Care	Managing a reduction in total prescribing spend by assessing variation, ensuring that only high priority, clinically effective, and cost-effective medicines are prescribed across NHSH
Review and consolidation of the model required to deliver NHS Highland's <b>vaccination services</b> .	Bringing together vaccination services and seeking efficiencies in the workforce required to deliver these interventions.
<b>Optimising Flow and Length of Stay</b> to ensure the right care, in the right place, at the right time.	Ensuring the use of planned date of discharge and partnership working to optimise flow and identify ways to reduce length of stay within acute care pathways

Expanding the use of <b>Technology Enabled Care (TEC)</b>	Developing our clinical and adult social care workforce capacity with innovative uses of TEC
<b>Corporate</b>	
<b>People Review:</b> increasing use of epayslips, reducing sickness absence and maximise opportunities for staff currently being redeployed	Supporting greater staff health and well-being by ensuring adherence to national policies
<b>Leases and Agile Working:</b> Encourage the development of agile working across NHS Highland and review the Corporate estate required, capitalising on any opportunities in relation to current leased property	Matching the required office estate for NHS Highland with the requirement of our workforce, whilst maximizing the opportunities of agile working.
<b>Management Costs Review;</b> consider all work that is supported by Consultancy / agency in Corporate Services and where there are options to make cost efficiencies in this area.	Explore alternatives to the delivery of Corporate Services that are currently undertaken with third parties, seeking to reduce costs.
<b>Consolidating Corporate Teams</b> to support whole system working	Delivering efficiency by reviewing current Corporate Team resource and identify areas where teams / services could be consolidated.
<b>Consolidating procurement and stores</b> processes to maximise economy on purchasing within NHS Highland	Realising financial efficiencies in the purchasing of goods and services across NHS Highland.
<b>Digitise the operational aspects</b> of Estates & Facilities to deliver efficiency in process	Capitalise on digital products to redesign the operational tasks undertaken by Estates and Facilities
Maximise <b>income generation</b> from current Estate including review of current tenancy, catering and laundry facilities	Ensuring that income from leased NHS Highland space is maximised.
<b>Equipment:</b> Consolidate Estates and Facilities resources including Stores, Logistics and Fleet to maximise efficiencies.	Capitalise on opportunities for efficiencies across our Estates and Infrastructure services by embedding lean processes.
Formalise <b>shared services</b> agreements with public sector partners that focus on shared efficiencies and economies of scale	Maximise income and reducing costs by assessing what is required from shared services with partner agencies.
<b>Digitally-enabled</b>	
Deliver a digital intervention for <b>Patient Hub</b> that will reduce requirement for consumables for communications with patients	Enabling a patient hub will deliver a better patient experience and reduce NHS Highland's consumable costs by digitising communication.
Deliver the <b>Morse</b> solution and capitalize on the opportunities of <b>Technology Enabled Care</b> to enable future transformation of services	Delivering efficiencies by capitalizing on current available technology to support staff working remotely within the Community.

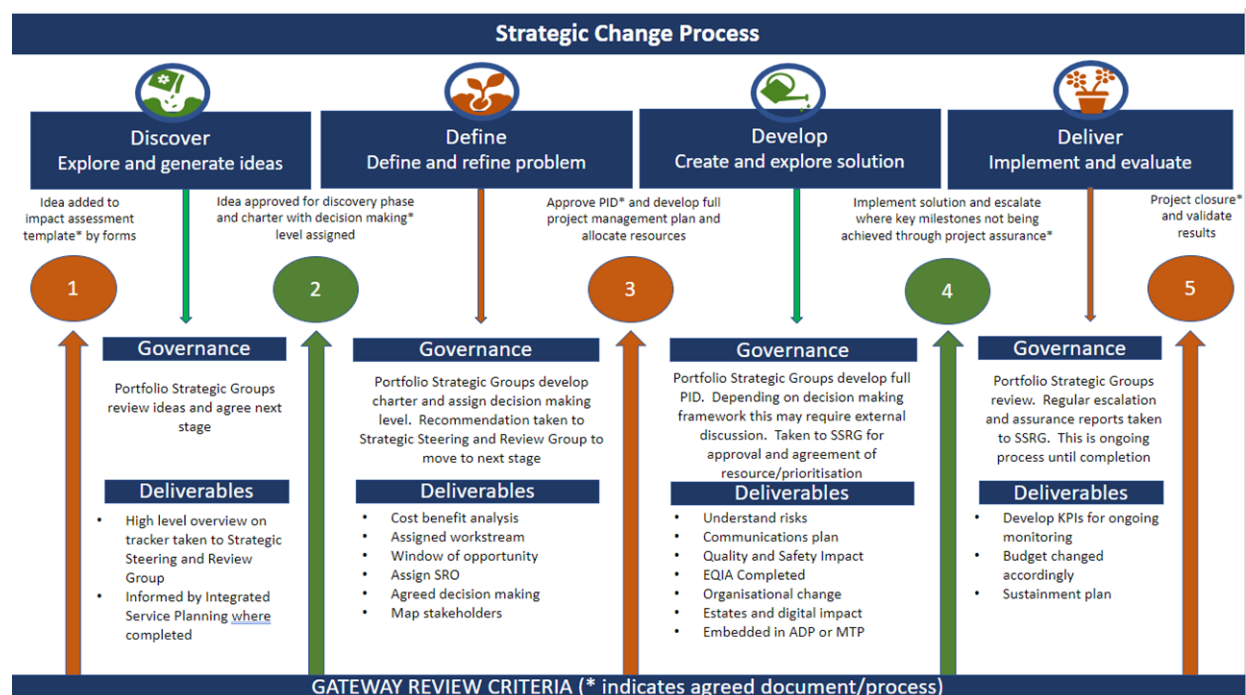
## Appendix E: Strategic change process

Together We Care, with you, for you is NHS Highland's five-year strategy which binds together the key strategic priorities for the organisation.

The focus for 2024/25 is to continue to build on strong foundations to strive towards strategic change of services that keeps the people of Highland, our colleagues, communities and partners, at the heart of our change strategy.

Each strategic outcome has been re-assessed as we enter the mid-way point of our long-term strategy, and milestones for delivery in 2024/25 have been identified to contribute to the strategic intentions of NHS Highland to build sustainable services for our 330,000 population.

A process for the identification of long-term strategic change priorities has been identified working in partnership with all colleagues across NHS Highland.



To facilitate business transformation, a strategic change process has been established within NHS Highland to discover, define, develop and deliver on the organisation's priorities for 2024/25. This Strategic Change Process is based on the Scottish Approach to Service Design, otherwise known as the Double Diamond.

A key part of the strategic change process is initiating change ideas for consideration within NHS Highland. Initially current change ideas have come through the development of service charters; Change Impact Assessments with senior leadership in Acute, Partnership and Corporate Services; and existing change programmes.

An online form will be available on the NHS Highland intranet site for all employees to make suggestions on change ideas to be logged with the Strategy & Transformation team, and taken forward for further assessment.

The Change Impact Assessment undertaken on each change idea considers the finance, workforce, impacts and risks of the change and, completed in liaison with the appropriate

members of EDG, will assess the level of decision-making required to take forward the change idea into a structured project or programme initiation.

### **Discover, Define, Develop, Deliver**

Once a change idea has undergone Impact Assessment and an agreement made to the level of decision-making, the idea will turn into a project or programme and move to the appropriate stage of the NHS Highland strategic change framework.

For example some Levels 3-5 work may require further Discovery work initially to understand current situation, the full extent of changes required and any consequences of change.

Other areas of work may need to be Defined or Developed further and this will form the basis of a Project Initiation Document and / or Project Management Plan.

Some change ideas at Levels 1-2 under the Value & Efficiency workstream may move straight to Deliver in the form of a Task & Finish group with a Senior Leader appointed to move the change idea through to delivery.

The next steps for moving each change idea to project / programme will be agreed with EDG as part of the outcome of the first review of the change idea.

### **Gateway Reviews**

To ensure delivery of the change ideas for all levels of change, accountability and assurance processes have been established.

For Value and Efficiency workstreams, this will be through appointed senior leadership reporting to the V&E Accountability Group on milestone deliverables on a regular basis.

For Levels 3 and above, strategic change programmes will go through Gateway Reviews in order to move through the Strategic Change Process. Therefore there will be regular monitoring of progress against milestone deliverables by members of EDG through the established monthly Strategic Transformation Assurance Group (STAG).

The Gateway Reviews for these Strategic Change programmes will include recommendations from the Senior Responsible Officer on the next steps for the programme to move through to Delivery.

## Appendix F: Risk-based approach

In recent years, NHS Highland has focused on the development and delivery of a risk management approach to the identification, management and mitigation of risk. This links to the committee structure of NHS Highland and providing assurance on the delivery of safe, quality and person-centred services.

In 2024/25, NHS Highland will continue to embed the defined process of risk management and support risk owners to ensure the Corporate Risk Register is maintained, and any emergent or risks that change are appropriately managed through the organisation.

Work is ongoing through the committee structure of NHS Highland to align risk management processes and ensuring risk is appropriately documented, managed, mitigated and escalated.

Furthermore risk management is a core part of change and transformation programmes, and equality impact assessments will continue to be undertaken on all change activities moving forward.



## Appendix G: Performance Framework

Aligned to our ADP and MTP has been consideration of the refreshed guidance in relation to the NHS Board Delivery Framework, which sets out key indicators for delivery to be reported back to Scottish Government.

The draft 2024/25 indicators already forms part of the NHS Highland Performance Framework and will be collected and reported as required. Each of these indicators sits against one of our delivery aims mapped in the table below.

NHS Recovery Driver	Indicator	Together We Care area
Primary and Community Care	GP Access	Care Well
Urgent & Unscheduled Care	SAS Turnaround Times Accident & Emergency Waiting Times Unplanned Care: Occupancy Unplanned Care: Emergency Length of Stay	Respond Well Respond Well Respond Well Respond Well
Mental Health	CAMHS Waiting Times Psychological Therapies Waiting Times	Thrive Well Live Well
Planned Care	Treatment Time Guarantee 12 Weeks First Outpatient Appointment Delayed Discharge	Treat Well Treat Well Respond Well
Cancer	Cancer Waiting Times Cancer Screening	Journey Well Stay Well
Health Inequalities	Asthma Drugs and Alcohol Vaccinations Smoking Weight	Perform Well
Workforce	Sickness Absence	Grow, Listen, Nurture, Plan Well
Climate	Climate Change – Greenhouse emissions	Progress Well

An assessment of trajectories for each of these indicators is being undertaken; this links into the decision-making framework for strategic change, choices and value & efficiency workstreams described above.

Furthermore in development of our ADP and MTP, we have undertaken a refresh of the Improvement Outcomes we wish to see linked to our Together We Care strategic outcomes. These improvement outcomes will be the basis of Key Performance Indicators (KPIs) being established in each programme area to agree the key metric for improvement linked to the problem statement of each area.

This will link into our refreshed NHS Highland Performance Framework and assurance reporting on this through our governance groups within NHS Highland.

It is also recognised there will be further work at a Scottish Government level to determine further indicators links to key performance replacing the Local Delivery Plan Standards previously collected.

## Appendix H: Digital change priorities

It is recognised that digital is a key enabler to strategic transformation and contributes to current efficiency work ongoing within NHS Highland.

A digital delivery plan will be developed that is integrated as part of our medium-term plan that considers system and infrastructure change required to enable; Value & Efficiency changes, critical choices, and longer-term strategic change priorities.

The impacts of some immediate change ideas as requiring Digital support are still being scoped, so it is likely this list will require to be prioritised. However this list provides the current priorities for work within our eHealth team to support our organisational priorities. This requires prioritisation and are subject to financial resources.

Current Proposed Plan for 2024/25 Programmes being continued			
Descriptor	Area	Detail	National/Local
Move of Data Centre	All Operational areas	NHSH is currently hosted in Nature Scot, they have given us notice that this arrangement will stop	Local
Wi-Fi Project (phase 3)	Acute Services	To upgrade Wi-Fi across NHS Highland	Local
Network replacements	All Operational areas	Replacement of parts of the core network	Local
Server Upgrades	All Operational areas	To upgrade core parts of the server estate	Local
HEPMA	All Operational areas	To potentially continue the rollout of HEPMA beyond the end of March (subject to funding)	Local

Current Proposed Plan for 2024/25 New Programmes			
Descriptor	Area	Detail	National/Local
Electronic Patient Record	All Operational areas	To implement a EPR across NHSH Hospitals	Local
Radiology Replacement	North Highland	To replace the current Radiology System as End of life (support only) and no enhancements also required to support enhancements (PACS and Order Comms)	Local
PACS Re-Provisioning	All Operational areas	To replace the current PACS system	national
SWAN2	All Operational areas	Transition from Scottish Wide Area Network to SWAN2	Local
Analogue to Digital	North Highland	To move services from analogue to digital services before 2025 switch off	Local
AAA - Screening Programme	All Operational areas	To support introduction of devices supplied nationally	Local
GP IT Re-Provisioning	Highland Communities and A&B	To upgrade all GP's (91) with a new hosted environment and new GP system	Local
Move to Docman 10	Highland Communities and A&B	Docman 10 required for GP Services	national

Network Upgrades to support EPR	All Operational areas	To upgrade essential equipment to support EPR including fibres	Local
Digital Dermatology	Acute Services and A&B	To support the introduction of the national Digital Dermatology Service	Local and National
NHSS National Prison Service IT development	National Programme	Introduction of the Clinical Portal to support prisoners	National
Community Glaucoma service	All Operational areas	To allow certain Options to be able to manage glaucoma patients in the community	Local
Support for Maternity	Acute Services	To support the maternity programme locally and regionally	Local
Support for Child Health	All Operational areas	National programme to replace the current child health system	Local
Preparation for move to Windows 11	All Operational areas	Windows 10 is end of support at the end of 2025, programme required to upgrade all devices	Absorbed
Introductions of national defender for servers (additional cyber security)	All Operational areas	The Cyber Centre of Excellence is establishing standards that all Boards are to adhere to this is one of the new cyber standards	Absorbed
Optoms move to VDI for SCI Gateway	North Highland	Community Optoms have a requirement to change the way they communicate with the acute service.	Local
Chemocare Phase 2		The move to the a regional instance of Chemocare	Local
National Business Systems	All NHS Highland	Review of current systems	
Capital allocation to ensure core replacement work continues	All Operational areas	Continuation of work to upgrade the core digital infrastructure across NHS Highland.	Local

Current Proposed Plan for 2024/25 Work being scoped			
Descriptor	Area	Detail	National/Local
Support for Mental Health	Mental Health Services	To support the digital aspects of redesign within Mental Health	TBA
Support for Childrens Health	Children Services	To support the desire to introduce an EPR solution within the Children Services function (Morse)	TBA
Introduction of Voice Recognition	All	Working with TARA on the costs and benefits of implementing a voice recognition solution	TBA
Plans for Morse rollout	North Highland	To complete the implementation of Morse with North Highland	Absorbed
Support for Telecare +	North Highland	Working with the TEC Team on establishing how TEC services can change the way Healthcare is delivered and how we can support patients remotely	TBA

Introduction of Digital Skills Programme	All Operational areas	A programme to enhance the digital skills of the workforce to ensure that they are equipped to use the new digital services	Absorbed
Work required to support other ADP and MTP deliverables	All Operational areas	Working across the whole system to understand the digital priorities to support strategic change and transformation across the organisation	
Work required to support Value & Efficiency workstreams	All Operational areas	Working with S&T and Finance to understand the digital asks from the immediate 2024/25 work streams not covered	
Digital development for Acute and Community services	All Operational areas	Scoping of the following areas for NHS Highland: <ul style="list-style-type: none"> <li>• Digital Dermatology</li> <li>• Community Glaucoma</li> <li>• Thrombectomy AI</li> <li>• Robotic-assisted surgery</li> <li>• Radiology systems</li> <li>• Digital Pathology</li> </ul>	National Local Local National / local National / local National / local

## Appendix I: Whole Systems Infrastructure Planning

With the current financial climate pausing a number of capital projects across NHS Scotland, work has begun to develop a deliverable Whole Systems Infrastructure Plan covering the next 20-30 years.

The first stage of this planning cycle – due for submission to Scottish Government in January 2025 – is required to develop a maintenance-only business continuity investment plan which takes a risk-based approach to assessing the board's current infrastructure and areas required for investment.

The second planning phase will be to develop a service-informed infrastructure investment strategy, which must consider any plans for regional or national service plans. This plan is scheduled for submission in January 2026.

NHS Highland's Estates and Infrastructure service are leading the development of these plans and engagement with the whole system will be progressed within 24/25 to ensure these plans are service led.

It is the intention these Whole Systems Infrastructure Plans will be updated on a five-year cycle and must be linked into the long-term strategic planning outcomes outlined within this Medium-Term Plan.

