Agenda Item 7

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 July 2023**
Title:	**Annual Delivery Plan 23-24**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Rhiannon Boydell, Head of Strategy and Transformation**

1 Purpose

This is presented to the Board for:

- Decision. The Board is asked to approve the ADP 23-24.

This report relates to a:

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

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

Safe, Effective and Person Centred

This report relates to all of 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					

2 Report summary

2.1 Situation

With the development of the Together We Care (TWC) Strategy the organisation has designed the Annual Delivery Plan (ADP) to ensure delivery of the TWC outcomes. The ADP started in 2022.

The ADP is designed in the same format as TWC with programmes of work and governance by way of Programme Boards aligned to the “wells” with plans aimed at delivering the TWC strategic objectives over 4 years. Programme Boards are accountable for the monitoring of their plans, and managing

associated risks, ensuring arrangements for scrutiny and assurance. The Commission for the ADP is received annually with progress reports against delivering the ADP reported on a quarterly basis to the Board and to Scottish Government (SG) with plans having Board/Committee approval prior to submission to SG.

2.2 Background

Annual Delivery Plan reports are required by SG and requested annually. This year the commission has been modified with an emphasis on Recovery and Renewal as well as Medium-Term Planning (MTP). In the next 12 to 18 months, the SG defined Recovery and Renewal phase will prioritise accelerating the completion of ongoing projects. An early and urgent focus will be placed on actions that can be implemented to boost capacity and sustainability quickly, supporting system performance through 2023/24. Concurrently, Boards must continue planning work for longer term redesign/renewal and transformation of services. SG have called this MediumTerm Planning (MTP) and are expecting boards to submit plans from 2023- 2026. The TWC Strategy and supporting ADP for NHS Highland is a five-year plan that is centred on Basics, Build, Better, and Best, therefore we are already able to respond to the commission for SG. Additionally, SG has created 10 Recovery Drivers that cover all of NHS Scotland's activities. We are ready to respond to this commission on behalf of SG since they correspond to the TWC "wells".

2.3 Assessment

The 4-year ADP started in 2022 which we defined as the “basics” year – understanding our current position and the corresponding data. We have rolled into the second year, “build” year and have refined the detail in the ADP to have robust plans to continue to deliver against the strategy.

Appendix A includes the draft submission to Scottish Government on 8th June 2023 along with some additional strategic context and links to Together We Care NHS Highland Strategy. The submission is in the template supplied by Scottish Government.

The submission was well received, and some supplementary information was requested, which was returned on 12th July 2023.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Assurance could be considered substantial when reports show consistent delivery against this plan.

3 Impact Analysis

3.1 Quality/ Patient Care

POSITIVE IMPACT: Our strategic Imperatives underpin TWC and ADP and focus specifically on Population and Pathways to ensure Quality / Patient Care.

3.2 Workforce

POSITIVE IMPACT: Our strategic Imperatives underpin this new structure and focus specifically on People, development, a culture of trust and integrity and on well-being – meaning a positive impact for our workforce. The 4 People Wells are defined as:

Grow Well - Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan

Listen Well – Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared

Nurture Well – Support colleague's physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture and workplace where difference is valued and respected

Plan Well - Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally.

Status for each of the areas is included in the report attached.

3.3 Financial

The transformation programmes are aligned to the Financial Recovery programme

3.4 Risk Assessment/Management

The current risk is that the interconnectivity of Finance, Performance and Quality is still developing. Pursuit or focus on just one element may be to the detriment of one or two others.

3.5 Data Protection

The proposed piece of work or project does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

EDG reviewed 05-June-2023, that draft was submitted to SG for review and feedback.

3.9 Route to the Meeting

The ADP has been previously considered by the following groups as part of its development. EDG have supported the content, SG provided feedback which has informed the development of the content presented in this report.

- EDG
- Scottish Government

4 Recommendation

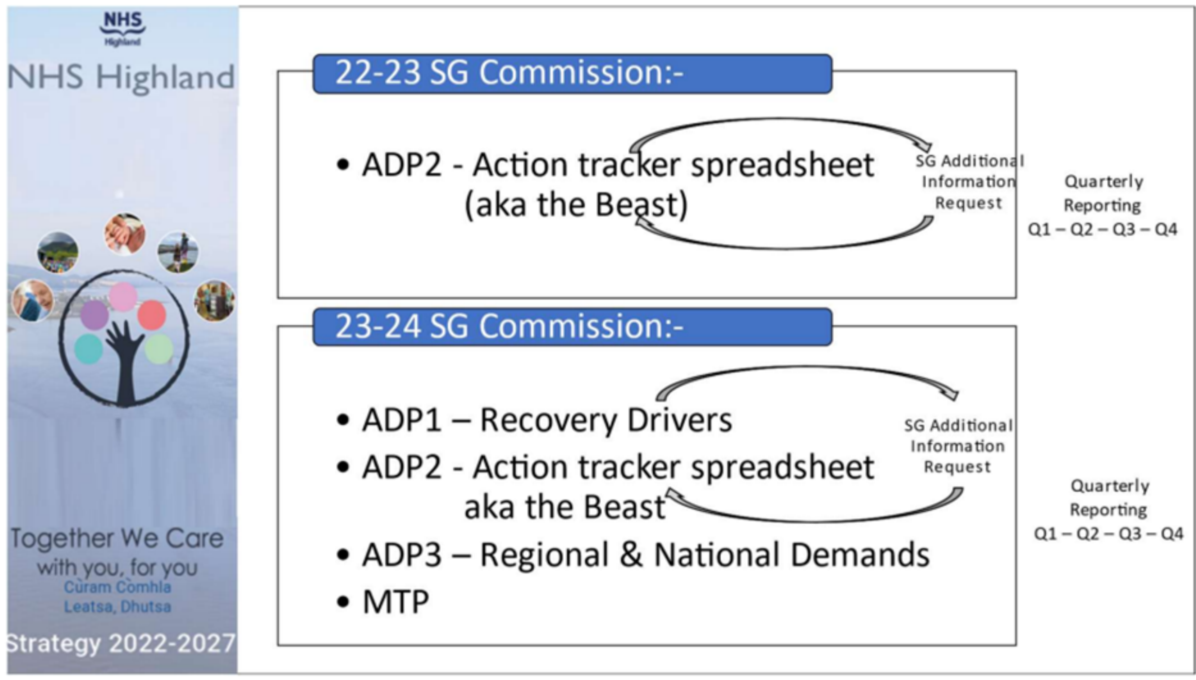
- **Decision** – To approve the Annual Delivery Plan 23-24 for submission to Scottish Government, noting compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

Appendix A: Annual Delivery Plan 2023-2024 draft submission to Scottish Government with links to Together We Care.

Appendix A: Diagram of Annual Delivery Planning



This shows the annual cycle of requests (the commission) from SG for ADP Planning Also shows the development / expansion of this activity in the 2023/24 commission from SG. Underpinning it all – NHSH TWC Strategy A summary of the annual process is:– • NHSH submit draft ADP to SG • SG review and come back with additional information requests • Once satisfied – SG will approve. We are also required to report monthly on progress. All reports to SG must be reviewed and approved by EDG Main Board approve final ADP annually and receive progress reports for info All other governance to be revised

NHS
Highland

NHS HIGHLAND & ARGYLL AND BUTE HSCP

Annual Delivery Plan 2023/24

<u>Section 1:</u> ADP1 draft as submitted to Scottish Government with links to NHS Highland Strategy Together We Care

<u>Section 2:</u> ADP1 draft as submitted to Scottish Government with links to Argyll & Bute Integration Joint Board Joint Strategic Plan Transforming Together

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Context – Requirements and approach

Scottish Government Guidance

In February 2023 Scottish Government issued guidance for developing Annual Delivery Plans for 2023/24. The guidance stated that plans were to focus on recovery and renewal and that the following objectives and 10 key drivers would form the basis of the plans:

2023/24 Planning Objectives

- Make rapid improvements in capacity and sustainability to support system performance through 2023 and in preparation for winter 2023/24
- Make progress in delivering the key ambitions in the NHS Recovery Plan
- Continue innovating and transforming the NHS for the future.

Recovery & Renewal: The 10 Drivers of Recovery

1	**Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community**
2	**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**
3	**Improve the delivery of mental health support and services**
4	**Recovering and improving the delivery of planned care**
5	**Delivering the National Cancer Action Plan (Spring 2023-2026)**
6	**Enhance planning and delivery of the approach to health inequalities**
7	**Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes**
8	**Implementation of the Workforce Strategy**
9	**Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access**
10	**Climate Emergency and Environment**

In developing our plan, we have taken cognisance of our strategies both in terms of the NHS Highland Strategy – Together We Care and them joint strategy of Argyll and Bute Integration Joint Board (IJB) – Transforming Together to ensure a strong read across to our strategic objectives.

This is critical in maintaining coherence in ambition and direction of travel. We have deliberately kept the NHS Highland ADP and the Argyll and Bute ADP separate however it should be recognised that there are many interdependencies, this does however better reflect the organisational arrangements. It should also be noted that all local services delivered through the Health and Social Care Partnership (HSCP) via NHS Highland are delegated to Argyll and Bute IJB including the local Rural General Hospital and that many pathways of care link directly into NHS Greater Glasgow and Clyde with whom we have a service level agreement. This is important to remember in the planning context and future delivery of services.

In the coming months we will have a new Joint Strategic Plan concluded for the Highland Lead Agency integration arrangements with the same principles applying in terms of connection to the NHS Highland Strategy and currently have included the actions relative to this part of our system of health and care within the section 1 the NHS Highland submission.

Annual Delivery Plan - NHS Highland

Section 2: NHS Highland Together We Care Strategy

Template: NHS Highland ADP1

NHS Highland 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 will be underpinned by the Annual Delivery Plan that will help us move towards achieving our vision and mission. These outcomes set out the direction for the next five years in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre however this ADP focuses on year 1.

The outcomes follow the life cycle from cradle to end of life using holistic care provision and 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.

No	Outcome	Description	Main Service
1	**Start Well**	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services / PNIMH
2	**Thrive Well**	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Paediatrics
3	**Stay Well**	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services
4	**Anchor Well**	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement
5	**Grow Well**	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services
6	**Listen Well**	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services
7	**Nurture Well**	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services
8	**Plan Well**	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services

9	**Care Well**	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care
10	**Live Well**	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services
11	**Respond Well**	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	Urgent and Unscheduled Care Services
12	**Treat Well**	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	Planned care and support services
13	**Journey Well**	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Cancer services
14	**Age Well**	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions
15	**End Well**	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services
16	**Value Well**	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers
17	**Perform Well**	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning
18	**Progress Well**	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate
19	**Enable Well**	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	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National

Section A: Recovery Drivers

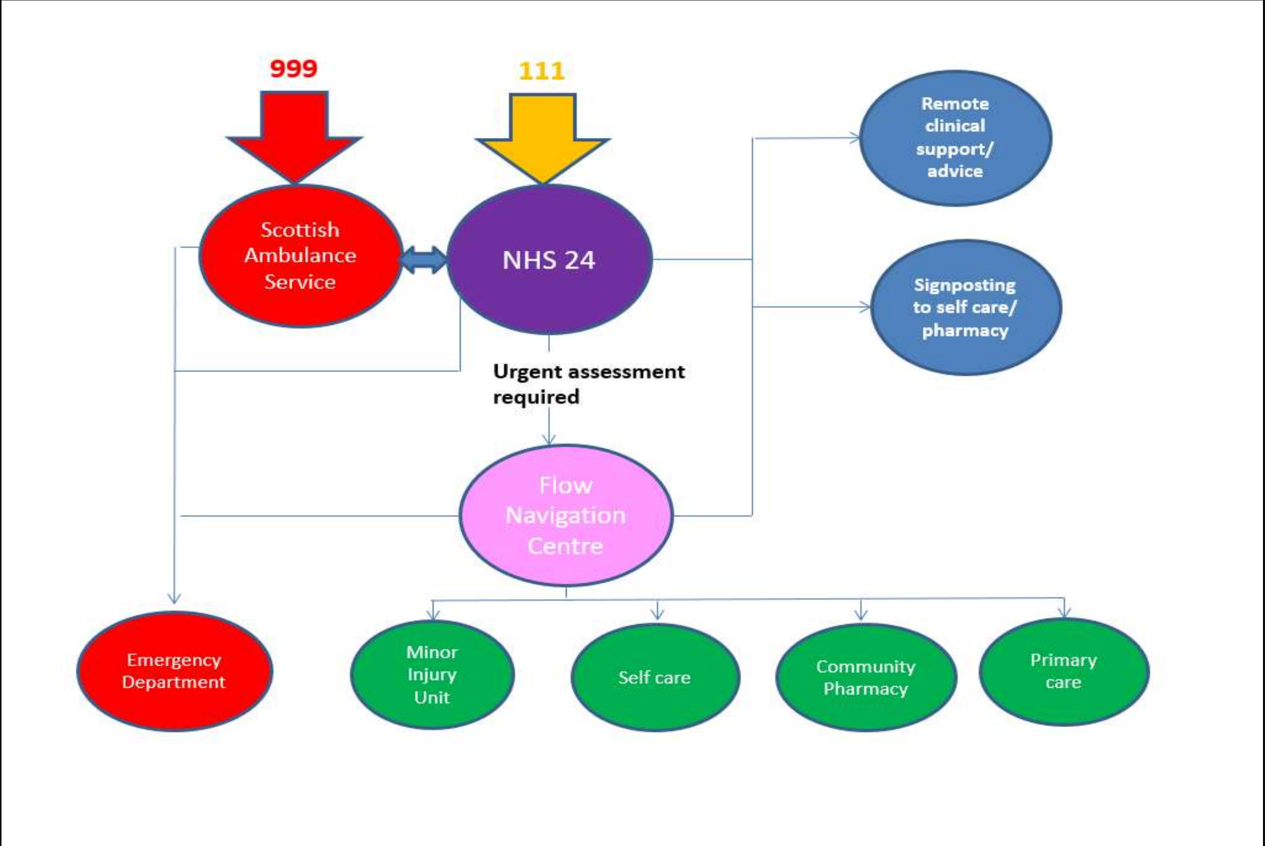
1	**Primary & Community Care** Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

Care Well, Age Well, End Well

No.	Board Action
1.1	Set out approach to extending and scale the multidisciplinary team preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventive care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term. Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.
	NHS Highland (NHSH) will: • develop the KPIs for the National Integration Indicators by August 2023 • develop the Health & Social Care IPQR (Integrated Performance and Quality Report) by August 2023 and once approved start the development of KPIs and a performance dashboard for integrated community health and social care services in partnership with The Highland Council. • establish coordinated clinical and operational leadership throughout the Highland community division, including expanding primary care colleagues' participation by Q3 2023 • conduct an organisation-wide review of our primary care estate along with a future requirements analysis in Q2. • agree a plan for digital technologies, including MORSE, to enable integrated working. Morse is partially implemented. The whole system plan to be addressed from Q2 2023 • continue the Implementation of Primary Care Improvement Plan with remaining workstreams of CTAC and urgent care • establish an evaluation framework to demonstrate the impact of additional MDT staff employed Through new General Medical Services contract (nGMS) contract pharmacotherapy, first contact physiotherapy, mental health locality teams, community link workers have been employed and embedded with GP practices. In March 2023 NHSH delivered against a plan for transfer of other vaccinations to a central board service. We have an SLA (Service Level Agreement) in place with community pharmacists for travel vaccination. Our CTAC (Community Treatment & Care) service model is in the development phase ensuring IT support is in place for Order Comms. The programme to extend Pharmacy First Plus (part of a national programme) is still underway. A combined ITR/CTAC and Vaccination service has potential to make more efficient use of staff time. To be determined by Q2 2023. NHSH will: • develop a Community Hospital strategy with the first phase of reviewing older estate from Q2 2023 and the second phase of a wider strategy from Q3 2023 • implement OPEL in the community development from Q2 2023

	• review community accommodation from Q2 2023 NHSH will promote public information and signposting to provide people with a first point of contact which directs them to the most appropriate source of help via 111 with signposting to the appropriate services via the Flow Navigation Centre (FNC). Application of the national redirection policy is now implemented at Raigmore. Through the Extended Access enhanced service in General Practice, an additional 1140 appointments are available out with contracted hours (08:00-18:00). NHSH are members of the National Healthcare Improvement Scotland CTAC Network which will focus on supporting the development of relationships between CTAC services across Scotland, capturing and sharing knowledge and insights into the successes and challenges of CTAC delivery across Scotland. Facilitating learning and improvement, supporting ongoing design, development, and implementation, and identifying key tools and resources to support service change and improvement. **Multi-Disciplinary Teams (MDT):-** Health visitors in Highland have an early preventative public health approach and already work as part of a MD Family Team which includes staff from universal (HVs) – targeted (school nursing, in the revised role) – and statutory/specialist (social work and specialist nursing such as Child Protection and Care Experienced Nurses). In Highland we have a single framework for service delivery. This is the Getting It Right Model, where we have, across the whole of HHSCP: - A common assessment framework Single child's plan -Key point of contact (named person and/or lead professional) -Single process to access all services (above – named person) -Locality based MD family teams across Highland -Integrated budgets All "family teams" have skill mix, which includes a variety of support practitioners including clinical support, family support, statutory support and specialist support. All Health Visitors are Advanced Practitioner qualified with 70% of their role being around early public health prevention and screening through the Child Health Pathway and 30% of the role as named person for infants with additional or complex need. There is limited capacity to extend the preventative role given the level of current resourcing. We are reviewing and enhancing preventative measures using our strategic MDT approach across all ages, to maintain people in their local environment, e.g. child health pathway, managing long term conditions, reablement and advanced care planning.
1.2	Boards to set out their plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review.
	NHSH will implement a new OOH (Out of Hours) model after reviewing service feedback from our customers. The redesign will create a single North Highland OOH service management and single budget structure developing management roles as a priority for implementation. This will provide a single, clear management route for: • addressing service sustainability and contingency arrangements • improving financial governance and performance, • ensuring consistent, equal, and fair processes for staff

The diagram shows the approach to meeting the Ritchie Review where the Urgent Care Resource Hub is the Flow Navigation Centre (FNC). In addition, there are direct links from the FNC to remote clinical support and self-help resources.



Pan Highland communications with the public are conducted over a variety of platforms to coordinate care scheduling in the appropriate service. This activity will continue in 23/24.

We have reviewed our governance structure to provide a single assurance group for the pan Highland area for current operational delivery and future transformation. Future modelling will be based on a MDT approach using our award-winning experience of the Rural Support Team.

1.3 Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.

NHSH will:

- Ensure that Public Health activities are integrated to the National and NHSH Mental Health and Wellbeing strategy
- The Primary Care Mental Health team will have, by the end of June, have a Mental Health Nurse or Practitioner embedded in every GP practice across Highland. This is a virtual service. The service covers a vast range of symptoms and diagnosis. Demand is increasing as a result of post covid anxiety, whilst still utilising resource that was determined pre covid. Demand is not being met across the more urban areas.
- Standardise waiting list management
- All those with a learning disability will have an annual health check
- There are approximately 1600 people living in Highland registered as having a learning disability. NHSH Adult Learning Disability Services to work with the GP Sub Committee in order to discuss and progress roll out. Nationally, funding this service is an issue, with limited resource available for delivery.

	Transformation of the mental health pharmacy will enhance the system's clinical capabilities while assisting primary care and Community Mental Health Teams. A pharmacy technician has been recruited and a pharmacist has been integrated into the perinatal team. Primary care is being supported to develop the use of clinical dialogue for medication advice.
1.4	*Analysis shows that the leading drivers of demand for urgent and unscheduled care are respiratory disease and CVD (for which diabetes is a major risk factor) and, for children, the way in which viruses are circulating in the population post pandemic.* In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.
	NHSH will: • review and develop a standardised approach to the management of Diabetes, Hypertension, Hypercholesterolemia, cardiovascular disease, neurological conditions, and chronic respiratory conditions. • develop educational approaches across Primary & Secondary care to support development of these pathways. The priority areas in year one will focus on: • Expand on and identify which neurological conditions are key under the term ‘neurological conditions’, as underpinned by intelligence • Identify current projects that link to the 6 LTC (Long term conditions) priorities such as frailty, OPAT, neurology • Map current patient pathways for these 6 conditions, identifying any common threads that connect them all with a focussed approach. To establish what part of the pathways will be focused on in year one • Following pathway mapping start to develop improved pathways of care • Mapping of prevention v’s secondary prevention including, prescribing, pathway and treatment with a focus on delaying or preventing multiple long-term conditions • Data and medical literature relating to co-morbidities and prevalence and commonality of existing co-morbidities As part of this programme of work, improvement of primary care pathways and interface between primary and secondary care relating to long-term conditions is paramount. The plan aims to implement approaches for earlier detection, improved management – including self-management strategies and support for these conditions. Our focus is on long term conditions service models that are proactive, holistic, preventative, and patient centred whilst embracing Realistic Medicine ensuring that patients are “Waiting Well” with the development of preventative and proactive support for those waiting for interventions. Currently there is a review of GP enhanced services taking place in 2023/24 and discussions around developing an enhanced service for early detection of type 2 diabetes. However, this is dependent upon funding and on-going discussions with the LMC.
1.5	**Frailty** In parallel with the development of the national frailty programme, Boards are asked to outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.

	NHSH will: • produce a plan for a whole system approach to frailty by Q2 2023. This will ensure collaboration with all relevant services and sectors, primary, secondary and community take a joint approach to frailty prevention and frailty as a condition. This approach will be taken in accordance with the development of the national frailty programme. Currently we have actions in place for a pharmacotherapy response to frailty, which will be a key component of our plan.
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24.
	NHS Highland has limited opportunities to increase NHS dental registration/routine dental care opportunities currently. NHS Highland is working with Dental Practices with Dentist vacancies, to transfer patients, that otherwise would be de-registered, to a temporary Dental Practice dental list number, with continued access to EDS for these patients, in the understanding that the Practice(s) continue to attempt to continue the recruitment process for vacant dentist posts. NHS Highland continue to engage and communicate on a regular basis with NHS Dental Practices and Corporate Dental Practices, to provide support and ascertain ongoing commitment to providing NHS dental services. NHS Highland Dental Access Group meets fortnightly, to monitor dental access across the Health Board area and plan service provision to provide registration opportunities and mitigate de-registrations from Dental Practices. Also, the Group reviews the availability of access to Emergency / Urgent Dental Services, in-hours and out-of-hours. The Group is chaired by the NHS Highland Director of Dentistry and the Group membership includes a variety of local Stakeholders, including Dental Public Health Consultant. The Director of Dentistry will escalate risks identified to NHS Highland executive cohort. NHS Highland review weekly Dental Helpline(s) activity and resilience of PDS to provide access to emergency dental Care/urgent dental care. Where required and now occurring, PDS routine dental care will be postponed accommodating EDS / Urgent unregistered / deregistered patients demand. Planning is in progress to extend the current NHS Highland Out of Hours service to provide evening sessions, subject to available resources. It is planned Dentists from the PDS, and GDPs will be offered the opportunity to provide EDS sessions at locally agreed remuneration rates, using NHS Highland accommodation. NHS Highland Oral Health Improvement Teams resilience and capacity to offer Oral Health advice for unregistered/de-registered patients, is under regular review, with support appropriate advice being offered to individuals / groups. Planning is underway, subject to resources being available, to provide local access where General Dental Practices have closed or de-registered patients. The current focus being Ullapool and Dunoon, potential other rural & remote or urban communities. It is proposed to utilise existing NHS Highland accommodation and where required recruit additional clinical / administrative staff to provide Emergency / Urgent dental care and review capacity to provide routine care. It may be that "Salaried plus Bonus" dentist posts or development of a distinct "Salaried Dental Service" offer an opportunity to incentivize NHS dental provision, for areas with no NHS dental access. NHS Highland PDS continues to recruit Dental Therapists to improve skill mix, recruitment has been more successful than Dentist recruitment, so far. It is anticipated that dental therapists will provide more EDS provision, within their scope of practice in the near future.

	NHS Highland has received expressions of interest in SDAI grant funding, one expression of interest has resulted in offer letter to register an additional 1,500 NHS patients being made. Unfortunately, the second SDAI application received is now on hold, as the Practitioner has concerns regarding the sustainability of NHS Dental Practices. NHS Highland will continue to seek further expressions of interest for SDAI at appropriate time periods. NHS Highland continue to explore more effective options to advertise Dental opportunities /SDAI / vacant posts to a wide audience e.g. social media and public communication on the current NHS status of Dental Practices. It should be noted successful recruitment to PDS posts, whether at basic or senior level, is currently very poor. NHS Highland will make potential eligible Dentists aware of Recruitment and Retention allowances. However, the limited nature of this Allowance offer has had little impact on recruitment to remote & rural dentist posts. Current risks include, the PDS being overwhelmed and routine PDS care for priority patient groups being delayed, including delay in referral process / impact on Outreach provision. There may be further deterioration in dental access for the local population, if local Dental Practitioners / Practices do not accept the reformed payment systems offered in the near future. It should be noted that development of NHS Highland Dental Services to provide additional routine care / EDS provision will be very limited, if no additional resources are available for development of staff and accommodation. Dental – Surgery (Acute Care) Trajectories for routine Acute Oral Surgery and Orthodontics in the NHSH Planned Care Monthly Activity Plan (Ref Appendix 1). Dental – Primary Care NHSH are unable to provide any robust estimate of trajectory presently due to current uncertainty about the future of NHS Primary Care Dental Service provision. Due to the ongoing national reform of Primary Care Dental Services, focused initially on payment reform - with the first stage of reform planned to be implemented at the beginning of November. However, no specific payment detail has been shared with Health Boards or the profession since details are still being negotiated with the British Dental Association. As a result, committing to a strong quarterly trajectory would be impossible until, at the very least, payment reform is implemented.
1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings
	NHSH will: • have more optometrists in the NES (National Education Scotland) training programme (NESGAT) this year • commence the rollout of Community Glaucoma Scheme Service next financial year once the training is complete • Work with the Hospital Eye Service to identify patients for discharge and to populate patient data on the national EPR (OpenEyes) Geographical coverage of optometrists in remote and rural areas is a challenge for which we are developing a mitigation plan.

	Trajectories for routine Acute Ophthalmology in the NHSH Planned Care Monthly Activity Plan (Ref Appendix 1). Trajectories for activities carried out in a community setting are not available yet as they are dependent on the launch of the national Community Glaucoma Scheme Service by SG (Scottish Government).
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future, e.g., the use of peripatetic IPC practitioners
	NHSH will: • Review the Care Home service with the Health Protection Team including independent GPs and Dentists. The financing for infection prevention and control (IPC) has been reviewed and centralised to ensure that services are provided to all Acute and Community Teams. To guarantee delivery throughout the community system, we have combined the community teams. The National IPC Strategy is now being implemented, with completion scheduled for March 2024. We are standardising with national advice as part of an assessment of the infection prevention workforce.

2	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.

Respond Well

No	Board Action
	Reducing Attendances: Phase 2 Redesign Urgent Care Transforming the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time.
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise. Plans should include: • Interface with NHS 24 in and out of hours • Mental health pathways • Development of new pathways for inclusion within FNC, including consideration of paediatric pathways. • Further reduce admissions by increasing professional to professional advice and guidance via FNCs, including access for SAS (Call before you convey) • Further develop public messaging (hard to reach communities) • Further develop signposting alternative pathways, including paediatric.
	1. NHSH met the De Minimis Specification go live date in December 2020. This included interface with NHS24, and public messaging of the use of 111. MH assessment unit was developed during the same period, with further refinements. Paediatric pathways were incorporated in May 2021, as per Govt deadline. There is an ongoing development programme for the Highland Flow Navigation Centre (FNC), recognising that the FNC could offer more opportunity to prevent hospital admissions. This will require redesigned patient pathways with relevant service centre disposals to be implemented as appropriate. 2. A&B is part of the pan Highland and islands plan. NHSH will support people to access right care delivered at right time in right place through integration of OOH, FNC & Minor injuries unit by: • Mapping of current urgent & unscheduled care pathways. • Mapping minor injury services and access across the region. • Developing shared integrated pathways across FNC, OOH (including Mental Health) and MIU (Minor Injury Units) (including support for Island Boards, OPAT, Community Respiratory and Heart Failure management). • Scope the implementation of scheduling within minor injury locations. • Supporting two pilot sites for Hospital @ Home (Caithness & Skye). • Supporting review of OOH service through a single management structure. These actions are aimed at reducing admissions by increasing the advice provided by FNCS.

	FNC governance has transferred to Acute management for greater linkage with acute urgent care redesign. Mapping will be undertaken to identify community potential and create a vision for the integration of FNC, OOH, and MIU.
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding. Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community & mental health services and to include children and babies
	NHSH will: • As part of our forthcoming winter plan response, we will put in place plans containing trajectories across pan Highland units in 16 MIUs and 4 ED departments. These plans include patients of all ages, including children and babies. • In 2021 we implemented paediatric pathways through our Flow Navigation Centre. • Further paediatric service developments are noted in Ref 2.5.optimise specialty in-reach to Emergency Department (ED) for appropriate patient pathway by agreeing and implementing streamlined pathways for ED admission into acute, including agreed fast track pathways. • implement a nurse/AHP delivered Frailty at the Front Door programme. • develop a data set in ED Trakcare to support the Frailty at the Front Door programme. • develop pathways for referral and receipt of patients requiring non acute ongoing care e.g.: in the community linked to development of Flow and District Hubs. • develop criteria-driven paths from ED to AEC. • develop system-wide pathway for fragile patient care, • Implement pathways for OPAT, Heart Failure, and Respiratory care • Maximise the use of Near Me with face-to-face appointments when absolutely required
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.
	During 2023/24 we will • map current urgent & unscheduled care pathways • integrate FNC, OOH and MIU through integrated pathways and standard work. The actions in the 'Respond Well' strategic priority for NHSH is being carried out under the direction of the Urgent and Unscheduled Care (UUSC) Programme Board following a self-assessment against the Scottish Government's Urgent and Unscheduled Care Collaborative High Impact Changes.
Reducing Admissions: Alternatives to inpatient care Optimise Virtual Capacity pathways to deliver care closer to home and prevent admission.	
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.
	OPAT and Respiratory pathways are already well established in North Highland delivering a significant saving of occupied bed days. As Hospital at Home (H@H) is extended across the board area and integrates with the existing pathways the impact of these pathways will be amplified. For example, Skye is already working closely with both pathways, and we expect to have services integrated in Caithness by Q3 2023/24, pending appropriate staffing availability. We are in discussion with a number of districts including Lochaber and Nairn, to implement H@H. Plans will be developed with HIS during Q2 2023/24.

	As the H@H services develop and mature, Heart Failure (HF) will be an integral part of the service supported by the acute based HF team. Actions to avoid hospital admission and to support early discharge will be integral to our capacity plans, to support flow especially through the winter period. We are reviewing and enhancing preventative measures using our strategic MDT approach across all ages, to maintain people in their local environment, e.g. child health pathway, managing long term conditions, reablement and advanced care planning. While there is good evidence that a Hospital at Home (H@H) service is safe and effective model in more urban areas, the challenge both in terms of resource and geography, is how to design a service that meets the needs of remote and rural communities. We were awarded £385,140 for the 2022/23 financial year and have pilot schemes in place in Caithness, Skye and Argyll and Bute. NHSH Highland is actively pursuing the current opportunity to apply for additional funding in 2023 to increase the availability of H@H services across the board area, The emerging model of H@H is as an enabler to support the delivery of acute level interventions in a domestic environment – including but not restricted to OPAT, Community Respiratory services, and heart Failure services. During 2023/2024 we will • develop a robust clinical governance framework to support the delivery of integrated H@H services. • Develop a suite of SOPs (Standard Operating Procedures) to support service delivery • Test a range of models of delivery • Agree a model for the implementation of H@H into the future • Develop plans to create sustainable services for all areas of Highland Within the integrated system described above there are several establish pathways: • Outpatient Antimicrobial Therapy (OPAT) • Community Respiratory Pathways • Community/Ambulatory Heart Failure There are interdependencies within all of the services in relation to workforce, finance, geographical challenge. However common to all of them are frail patients, typically older, that use their services. To ensure delivery of safe, sustainable services it is proposed to scope and create one Integrated Hospital at Home Service. The NHSH model will be based on frailty criteria to ensure the most appropriate patients can benefit from the service. Older people with frailty are the single biggest users of hospital beds and the fastest growing demographic. Across the UK the population of over-85s is predicted to double between 2018 and 2032
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure
	The Heart Failure team supports a portion of patients with heart failure due to significant resource shortages, making it difficult for them to provide remote or community heart failure assistance. We are still exploring the options for Heart Failure and but anticipate that this will be facilitated through the H@H roll out. People with Heart failure will be supported in the community as part of the roll out of H@H across NHSH. This includes clinical oversight via our cardiologists. NHSH have received details of the Hospital at Home Expansion programme and will consider the local expansion programme, focussed on frailty (Ref 2.4).

	A range of paediatric pathways are currently provided to help keep people at home. These include:- • Developing a H@H Nursing service in CAMHS for intensive treatments. We aim to have this in place by Q4 2023/24. This will be dependent on available workforce capacity • Home Support for Paediatric End of Life Care with a small team of Paediatric Community / Specialist nursing staff. The plan is to develop shared pathways with CHAS • Provision of 24/7 Home care for Children with Exceptional Health Care needs. These are individual child health packages, and we are looking at making the service more flexible to meet the ever-changing needs of this population • Where practical and clinically appropriate, the provision of Home IV therapy for patients who would otherwise require regular admission E.g. Cystic Fibrosis, where we train the parent through competency-based training with specialist nurse oversight.
Reducing Length of Stay: Rapid assessment and streaming Increasing proportion of patients on a short stay pathway	
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways. Response should include forecast reduction in length of stay through short stay patients being admitted into short-stay wards, and reduction in Boarding levels.
	Current improvement work at NHSH is focussed on: • developing plans which will include forecast reduction on length of stay through short stay patients being admitted onto short-stay wards and reduction in boarding levels. Metrics to this effect will be developed and reported as part of regular service/quality reporting. • agreeing and implementing streamlined pathways for ED admission into acute, including agreed fast track pathways. develop and test criteria led pathways from ED to AEC with ED access to RAC (AEC) within 48 hrs. We have defined pathway for referral and receipt of patients requiring non acute ongoing care e.g.: Community. Link to development of Flow and District Hubs. The current improvement work for rapid acute assessment and discharge (*High Impact Change 5*) is focussed on "Right Care, Right Place, Every Patient, Every Time" and Alternative Pathways to prevent admission to downstream ward areas. General Admissions (GA) NHSH will, by 31st July 2023: • improve pathways for acute receiving areas • improve Flow Group 3 performance from 30% to 50% Current improvement focusses in GA are: • Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway • Moving from an 'admit to assess' model to an 'assess to admit' model • Alternative pathways to prevent admission to downstream ward areas where appropriate • Introducing clinical decision earlier in the pathway • Rapid access to a senior clinical decision maker We are measuring: • Flow Group 3 aiming to improve performance of flow group 3 by 10% by 31/05/2023

	• Median time of transfer (MTOT) from GA to downstream wards aiming to reduce MTOT from 5pm to 2pm by 30/06/2023 • Number of same day discharges aiming to increase the number of patients d/c within 23hrs by 10% by 31/07/2023 <u>Surgical</u> NHSH will, by 31st July 2023: • improve pathways for acute receiving areas • improve Flow Group 4 performance from 40% to 60% Current improvement focuses in <u>Surgical</u> are: • Alternative pathways to prevent admission to downstream ward areas where appropriate • Testing a safe to sit streaming area We are measuring Flow Group 4 aiming to improve performance of flow group 4 by 10% by 30/06/2023 <u>Ambulatory Emergency Care</u> • NHSH will, by 31st July 2023: • optimise patient flow by increasing proportion of patients on a RAC/short stay pathway by 10% • improve Flow Group 2 performance from 75% to 85% Current improvement focuses for <u>AEC</u> are: • Criteria Led Pathways for ED/Medical Admissions • Development of SAH/PE Nurse Led Pathways • Direct to ANP/Direct to Consultant Pathways • Abbreviated Assessment Documentation We are measuring: • Nurse led PE pathway aiming for ANP led pathway for criteria appropriate PE patients by 30/05/2023 • Abbreviated Assessment Document aiming to increase available clinical capacity by reducing time spent on clerking by 30/05/2023 • ED streaming aiming to increase the number of criteria appropriate patients streamed directly from ED by 30th April 2023 • Flow Group 2 aiming to improve performance of flow group 2 by 10% by 31/05/2023
Optimise Flow to align discharge and admission patterns	
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the ‘Discharge without Delay’ approach.
	NHSH will: • Detail the plan and actions in the return to SG on 30 June 2023 (Ref: Self-assessment and assurance for whole system discharge planning). • Implement an action plan to: 1. review and implement learning from their discharge event to embed improvements in an ongoing, ‘business as usual’ way 2. Put systems in place to provide the assurance necessary to confirm the measures set out in ‘Getting the Basics 3. Right care consistently being applied

4. assess NHSH's systems and processes in terms of acute discharge planning and apply the DwD toolkit in every inpatient area, community hospitals and other off-site bed
5. Set reduction trajectories at district level and monitored as part of our system response to improving flow.

Review of community hospital capacity, bed utilisation and length of stay.

- Implement digital solution to discharge communication using MS365 Discharge App to improve timely communication between acute and community services.
- Implement a new process for identification and coding and reporting of DHDs to improve accuracy, visibility, and management.
- Review of care at home capacity and unmet need to inform a plan to deliver most efficient use of care at home capacity. Capacity will also be remodelled to deliver wrap around care for prevention of hospital admission and discharge.
- Review models for service delivery i.e., enablement and discharge to assess

The number of patients experiencing delays to discharge continues to be a significant challenge. Whilst the number of Delayed Discharges (DDs) has reduced since the previous reporting period, the overall position remains variable. Capacity within care at home services also remains an ongoing challenge.

Service redesign and development work continues, aimed at improving flow, reducing length of stay and DDs. This is a priority area of service development. A Discharge without Delay Delivery Group governed by the Urgent & Unscheduled Care Programme Board has progressed a model for discharge based on a whole system approach with the principle of community pull i.e., community services taking a lead role to pull people from hospital who are likely to require support in the community.

Actions to date

- Introduction of PDD (Planned Date of Discharge) setting at daily discharge huddles. Currently 80% of acute, community and mental health wards are participating in setting PDD and discharge huddles.
- Introduction of daily multi agency decision making teams (DMT) in all 9 Districts. Their purpose is to triage to most appropriate support and to collective problem solve to enable flow.
- Identification of minimum information to support communication for effective discharge. This is currently being developed into a MS 365 power app which will improve timing of communications and reduce duplication.
- Reviewed process for identification, coding, and management of DHDs. Introduced daily meetings for oversight of DHDs in all Districts.
- Temporary use of ward 5C for people that are delayed. This ward was operational for a temporary period from late December 2022 until 31 March 2023. Having a group of patients who were delayed cared for on one ward, whilst not without challenges, did enable strengthened MDT working with patients and their families and an enhanced focus to discharge planning.
- Whilst we continue to operate several in-house interim beds throughout NHSH in additional to spot purchase from the independent sector as need and opportunity permits, the additional 25% SG funding enabled a further 5 interim beds to be purchased and utilised over the winter months.

Local Priorities

Urgent and Emergency Assessment in ED (*UUSC High Impact Change 4*) - Consistent, efficient & safe patient flow at the hospital front door

Current Improvement Focus:

- Redirect / Reschedule Where appropriate
- Rapid Triage & early investigation
- Streaming ED and minors' flow

	• Early SDM (Shared Decision Making) input to patient pathway • Accelerated investigations and results • Alternate admission pathways • Prompt speciality input when needed • Introduction of Phased Flow Model Aim - By 31st July 2023 Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group performance from 90% to >95% We are measuring: • Flow Group 1 aiming to improve Performance to >95% by 30/06/2023 • 12-hour breaches aiming for Zero waits over 12 hours in the core ED by 31/05/2023 • SAS turnaround time aiming to reduce SAS TAT to <30mins for all conveyances by 31/05/2023 • Triage target aiming for compliance of target to 95%pts triaged within 15 minutes by 30/06/2023
Best Start Maternity and Neonatal Plan	
2.8	Best Start Maternity and Neonatal Plan: you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.
	NHSH will: • Implement a networked model of care with NHS Grampian. A standard business case was developed to support the implementation of a networked model of care with NHS Grampian as part of model 6 service features. The capital proposal as outlined in the NHSH business case will mitigate the inhibitors to the delivery of the Best Start principles through refurbishing an existing unit in line with Best Start strategic direction and will increase service provision that is midwifery led through establishing an Inverness-based Alongside Midwifery Unit. The refurbishment and establishment of the Alongside Midwifery Unit will support and facilitate patient-centred, individualised care delivery and will help contribute an increased capacity to meet the need of the networked, integrated model of care with NHS Grampian.

3	Mental Health Improve the delivery of mental health support and services.

Live Well

No.	Board Action
	Improving Access to Services In 2023/24, all very long waits (over 52 weeks) to be addressed within CAMHS and PT and demonstrable progress towards meeting and maintaining the 18 week waiting times standard within both services.
3.1	Outline your plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18-week referral to treatment waiting times standard.

	Psychological Therapies and CAMHS
	NHSH will:
	• Continue and progress the implementation of the action plans to improve waiting times to meet the national standard
	• Monitor progress towards planned trajectories – Ref Appendix 2
	
	NHSH are in the process of delivering on an improvement plan for Psychological Therapies to reduce waiting times. This plan has been reviewed with Scottish Government quarterly. Summary of key points of the plan:
	• Following a gap analysis, an initial diagnostic plan was submitted in March 2022 by the Director of Psychology for NHSH where the 3 overarching themes were identified: data, infrastructure, and cross-system working. Given the priority of the challenge, a programme team was established to support a full improvement plan being developed.
	• NHSH is committed to improving waiting times and performance for Psychological Therapies as a key element of our overall strategy to support the consistent and equitable delivery of services. Recruitment has progressed within Neuropsychology. Vacancies in Psychological Therapies are still present.
	• A core element to the plan is listening to lived experiences to ensure service user outcomes and satisfaction feedback are used as part of routine practice and embedded in continuous service improvement. This is supported through the development of the NHSH Mental Health and Learning Disabilities Services Framework (aligned to the Together We Care NHSH 5-year strategy) which involves engagement and feedback from those with lived experience / workforce/ partners / 3rd sector across all MHLD services, working towards a more cohesive and informed health and care service.
	• NHSH have implemented a clear governance structure with the Mental Health and Learning Disabilities Programme Board reporting to the Performance Oversight Board, who will closely monitor performance and implementation.
	• Psychological Therapies Steering Group has embedded. This group is held accountable through the Programme Board and is responsible for the operational delivery of the improvement plan.
	• A data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government. Additionally, Planning and Performance, eHealth and Strategy and Transformation working towards delivery of digital initiatives and prioritising resource to achieve these.
	• NHSH working through the identified gaps and priorities identified in the original improvement plan and measuring success for our service users through the agreed key performance indicators.
	• The waiting list and long waits have reduced (see below) through looking in-depth at our capacity and demand to support our referral, engagement, and treatment process:-
	  o CAMHS Waiting Times (Total Patients Waiting):-
	    ▪ Total: 779 in April 2022 - 433 in May 2023
	      • North Highland: 522 in April 2022 - 336 in May 2023

        - Argyll & Bute: 257 in April 2022 - 97 in May 2023
  - Psychological Therapies Waiting Times (Total Patients Waiting):-
    - Total: 2,072 in April 2022 - 1198 in May 2023
      - North Highland: 1,778 in April 2022 - 947 in May 2023
      - Argyll & Bute: 294 in April 2022 - 251 in May 2023
- The workforce model is under review to develop alternatives that focus on best value and utilisation of skills from our existing and future workforce.
- NHSH is working closely with our third sector colleagues to ensure we work as a whole system approach and to ensure we utilise all expertise to support our service users.
- framework for the development of career progression for Psychological Therapies
- Further development days scheduled to progress service development
- Develop trajectories and workforce models

CAMHS
NHSH are in the process of delivering on an improvement plan based on our commitment and the actions being taken to improving Children and Adolescent Mental Health Services across NHSH. This plan has been reviewed with Scottish Government quarterly. Summary of key points of the plan:

- NHSH are committed to an outcomes for children and young people approach as a key element of our overall strategy
- As part of this we consider a core element to our plan moving forward is listening to C&YPs lived experiences and we are developing plans with our public engagement professionals to embed this
- We are committed to implementing "The Promise" (Scottish Government, 2020), which underpins the need for intensive family support, a whole systems approach and the need for collaborative commissioning and engagement to deliver solutions.
- We have implemented a clear governance structure with a CAMHS Programme Board that reports to the Performance Recovery Board to monitor closely, implementation to benefit C&YP
- The leadership to CAMHS is important to us clinically and managerially therefore to implement effectively we will continue to meet weekly until we are assured this can be reduced to a more business as usual approach
- We have assessed ourselves against the service specification and identified the gaps and priorities and have a clear improvement plan that identifies measures of success for our C&YP through agreed key performance indicators derived from the improvement plan
- We have looked in-depth at our capacity and demand to support our referral, engagement, and treatment process to ensure we are meeting the needs of our C&YP who have experienced significant delays and are committed to meeting the 100% target by May 2026
- We are reviewing our workforce and funding model to develop alternative model that focuses on best value and utilisation of skills from our existing and future workforce benchmarking with other boards across the UK to learn from innovative approaches
- We are now working closely with our Highland Council colleagues to ensure we work as a whole system approach and to ensure we utilise all expertise to support our C&YP and support all tiers of delivery
- We will provide as part of this strong clinical leadership through a Deputy Medical Director to develop clear job planning to support our clinicians
- We are working with a temporary executive nurse to develop our nursing framework to support career progression and alternative role, and with our Director of Psychology to develop a framework for the development of career progression for Psychological Therapies – this will be in line with the National Specification for Delivery of psychological therapies and interventions, expected to be published in September 2023.

	To deliver services that meet standards The Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications outlining provisions young people and their families can expect from the NHS were published in February 2020.
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.
	NHSH are engaged in improvement work to reduce Child and Adolescent Mental Health Service (CAMHS) waiting times and meet the standards of the Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications, thereby improving the quality of care provided to children, young people and families who require our service. We have taken an "outcomes for children and young people" approach across our improvement plan to ensure we describe the benefit of our actions and measure success for our children and young people. A key aspect of this is listening and learning from C&YP and their families and we have engaged with our Communications Department, our Patient Experience Lead to develop a clear model of how we will work closely to ensure we have a clear engagement framework moving forward aligned to our strategy development. Engagement regarding service experience and improvement has been completed in the form of a survey for service users and their families. The information from this has been thematically analysed and will form the basis for Highland CAMHS service improvement, in line with national specifications. Scottish Government funding provides the opportunity to expand our team to sufficient levels to meet the core needs of our patients and we are mindful of the recruitment challenges and are looking at alternative models of care that will provide value to our C&YP. We recognise the importance of collaborative working to support children and young people across NHSH to ensure we have early interventions and de-escalation support to our C&YP with mental health challenges therefore our partnerships with Highland Council, third sector and our regional partners must be considered to ensure sustainability and resilience within our CAMH services. We are committed to adopting a commissioning approach at all levels to ensure we are all clear on delivery and utilising all areas that can contribute by a more structured approach. We are also clear that continued monitoring and leadership is required on a consistent basis to the CAMH team to support them with delivery of their service. We have embedded a clear line of sight from the improvement plan to our women & children's service/CAMHS Programme Board but also reporting to the performance recovery board as part of RMP4 to ensure we have oversight and management of risks. This provides assurance around the actions we are taking. The North Highland CAMHS service has never achieved the staffing complement required for our population and our ability to achieve the RTT has been fragile and quickly influenced by changing staffing levels. The pandemic has exacerbated this situation due to several factors including the pausing of routine care and increases in demand across all service delivery areas. Our team has also experienced a high level of staff turnover in the last year, depleting our capacity further. Additional recruitment to our nursing cohort has been successful. The team are committed to the implementation of the Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications through the improvement work associated with the recovery and renewal plan and funding, which offers us the opportunity to create a service which delivers high quality care in an accessible and timely way to the children and young people of North Highland. In Summary:- 1. CAMHS trajectories submitted June 23 for north Highland and Argyll & Bute areas. Risks detailed in implementation plan April 23, and mainly around workforce availability. 2. Pan-Highland, NDAS revised delivery model is in development in Q2 2023/24 with expected implementation thereafter.

	We meet monthly with the SG Mental Health Directorate to discuss delivery, demand and capacity, risks and mitigation, for both PT and CAMHS. Additional information is included in the recently submitted year end return for NDAS and CAMHS.
	Data–engagement with PHS to improve quality of data A core dataset –the CAHMS and Psychological Therapied National Dataset (CAPTND) has been developed and PHS has been working with all NHS Boards to put in place a robust collection to provide intelligence at an individual patient level. It was expected that the full core dataset would be routinely collected and reported by Boards by 2022
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.

	CAPTND Data set
	NHSH will:
	
	Continue to work with national contacts and local services to develop the systems necessary to capture the CAPTND data set. A working group has been established with support from PT Clinical Director, Planning and Performance, Strategy and Transformation, eHealth, and national colleagues to address the data issues.
	
	NHSH currently has the capabilities to deliver 25 of the data sets required. For the remaining 12, a form to capture and report is being developed within NHS Greater Glasgow and Clyde. The suggestion (supported by NHSH) is that this will be implemented nationally, so that all Boards, where possible, are working to the same process. Similarly, an SOP is being developed to ensure alignment for use and reporting.
	
	eHealth colleagues are aware of the changes that will be required to the TrakCare system, and are prepared to schedule these in, given the priority.
	
	At present, NHSH expects to meet the deadline for capturing the CAPTND dataset by September. This is partially dependant on the coding and form work being undertaken by NHSGGC, but we are supporting colleagues from other boards, and them us, wherever possible.
	
	Data Quality Improvements
	NHSH will:
	• implement an action plan to improve data quality. The workstreams are:
	  ○ Required Trak Changes
	  ○ Standardising Trak use
	  ○ Data Dashboards SLWG
	
	Electronic Patient Record
	NHSH will:
	
	• Introduce a one source of truth for the Electronic Patient Record (EPR).

	Programme for Government – Mental Health Spend
3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%. Boards are also asked to include within their return current percentage of total front line spend and the planned trajectory towards the 10% and 1% target.

	NHSH fully uses its allocations to deliver and develop our services. Details of MH spend have been recently submitted and highlighted the financial pressures that all Boards are facing in service delivery. 1. The profile of NHS Highland MH Budget for 22/23 is as follows:- • Acute Services £3.7M • Argyll + Bute £17.5M • HHSCP (north Highland)£45.2M • Support Services £8.7M o Grand Total £75.1M Core Funding 22/23 as per the Financial Performance Return (FPR) is £725.8M. Therefore, MH Spend as a percentage of Core Funding is 10.35% 2. The spend for CAMHS for 22/23 was 0.50%, with the plan to increase in 23/24 due to further recruitment and engagement of 3rd party services.

4	Planned Care Recovering and improving the delivery of planned care

Treat Well

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

No.	Board Action
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care. CfSD are working with Boards that already have developed plans to target increasing throughput in first instance
	NHSH will: • scope theatre space and capacity across the system Once scoping is complete, we will have a better understanding of the potential for NHSH to continue to roll out the hospital within a hospital approach. This is dependent on the anticipated improvements to patient flow as part of the Urgent & Unscheduled Care programme. • continuing to develop of our modular day case theatre and work with specialties to ensure we make progress towards the British Association of Day Surgery (BADS) targets • review the OPEL response within Urgent and Unscheduled Care with a view to protecting elective surgery at times of high system pressure
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.
	As with 4.1 above, NHSH has plans to make significant process with Day Surgery in NHSH in 23/24. This is being done per specialty supported by improved coding and clear expectations with staff and patients regarding day surgery.
4.3	Set out the plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks. Responses should include forecast reductions across specialties and in theatre productivity, day case activity or start and finish times. In addition, set out forecast increase in activity for certain procedures to levels recommended by Royal Colleges.
	NHSH will: • reduce variation through focus on the CfSD Heatmap. This is based on the following procedures and targets for 23/24 and will be monitored via the CfSD return: • 48 - Arthroplasty - Hip • 48 - Arthroplasty - Knee

	• 182 - Laparoscopic cholecystectomy • 3 - Laparoscopic hysterectomy Local data for day case procedures is being developed and targets with each specialty will be developed. Current working is with ENT with a view to Urology and Gynaecology will be the next specialties supported to improve their rates against the targets. In addition, NHSH is improving theatre scheduling with the development of several digital tools and software purchase. This includes: • Electronic Common Admissions document • Theatre Picking List • Infix theatre scheduling tool NHSH anticipates a productivity gain of 15% (1,700 patients) per year once live.
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.
	NHSH will: • Validate all patients in NHSH who have waited over 52 weeks for surgery through the Patient Hub app. The product is currently being developed and aligned with IT systems and will go live in May 2023 as part of a phased roll out across all acute specialties. This will enable further engagement with NECU and make use of clinical validation being developed. Waiting List validation is also in place for new outpatients and in the process of being rolled out for return patients. NHSH is seeing a return of approximately 10% of patients contacting requesting to be removed from the waiting list.
	Local Priorities.
	In addition to the activities NHSH will undertake to support the delivery of the national priorities, local Scheduled Care priorities for 23-24. Are: **TTG** • Theatre systems review to ensure timely, accurate information to support patient care • Develop sustainably staffed services by introducing Advanced Practitioner (Surgical, Anaesthetic Care, etc) roles **Outpatients** • Standardised clinic booking processes to ensure slots maximised and compliance with waiting times legislation and guidance, and as preparation for patient online booking of appointments • Clinic utilisation reporting to enable improvements at a service level • Patient Hub Letters Module to ensure accuracy and consistency of information sent to patients about their appointments as well as reducing the administration requirements • Ensure clinically appropriate referrals by continuing to develop ACRT processes and rolling out Patient Hub waiting list validation for new outpatients • Improving value of return appointments for patients by enhancing Patient Initiated Review processes and implementing Patient Hub waiting list validation for return outpatients • Improve general outpatients clinic utilisation to see more face-to-face patients with development and implementation of Charter and timetable

	Diagnostics • Implement digital pathology to ensure reduction in outsourcing costs, maximising capacity and efficiency • Develop methodology to allocate radiology reporting across the system to increase utilisation and throughput • Utilise AI technologies in radiology to increase productivity • Establish a third MRI to support reduction in outsourced van costs and increase capacity **Activity Plan** • Scheduled Care activity and recovery plan, reducing waiting lists and times

5	Cancer Care Delivering the National Cancer Action Plan (Spring 2023-2026)

Journey Well

No	Board Action
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives
	NHSH will: • Review the waiting times for cancer referral pathways to ensure consistently: **MRI, CT and Ultrasound** Waiting times for each of these modalities are monitored on a weekly basis as part of the PTL (Patient Targeted List) discussions with escalations as required. The review of Timed Pathways as part of the FECM compliance also provides an opportunity for review and there are specific areas of work focusing on maximising the use of One Stop services as a principle for Urology tumour types. **MRI** Work is being done on implementing AI solutions to increase patient throughput. Initial meeting regarding installing a radiotherapy MRI scanner which on installation will provide some extra diagnostic capacity. Work will start shortly on looking at the options of extended working days and the staffing model required to support this **Cystoscopy** It is essential that a two week wait to Cystoscopy for USC referrals is adhered to and an AccessQI project to review D&C within the Haematuria Pathway is near completion. This is expected to require the establishment of an additional list per week. **Endoscopy** NHSH is grateful for Scottish Government funding to improve our Endoscopy services which contribute to our cancer priority. We now have a fourth Endoscopy room fully built and providing additional capacity as planned. We have developed a single NHSH wide Endoscopy service which will standardise patient access across the NHSH area. There has been significant improvement in Endoscopy waiting times in the current financial year, continuing to give priority to patients with urgent suspicion of cancer. This is balanced with those patients who are clinically suitable for training sessions. Colon Capsule Endoscopy continues to be offered to patients vetted as urgent suspicion of cancer and therefore increases the capacity for any patient requiring optical endoscopy. The funding for capsule, reading and delivery of service is due to expire 31st December 2023 from Scottish Government. **Pathology** The department utilises outsourcing to help bridge a capacity shortfall related to vacancies in consultant pathologist workforce. As a result of this shortage there are capacity constraints in dealing with the specimen dissection and sampling and with in-house capacity for urgent cases. Whist the capacity of outsourcing companies is not immediately of concern the turnaround times for cases reported externally is problematic due to the high usage by NHS organisations across the UK and worsened by the current need to send the physical microscope slides via couriers or Royal Mail. Digitising the slides and transferring the images electronically is a medium-term goal as this would reduce turnaround time by 2-4 days and reduce the administrative burden

	within the department. In parallel the department is trialling alternative providers to support the service in key areas such as dermatopathology. **Breast Screening** NHSH is implementing a breast screening modernisation programme and work is ongoing with national colleagues to implement these recommendations country wide.
5.2	Plan for continued roll out of RCDS's - both Board level and regional approaches will be required.
	NHSH will: • establish a SLWG to review how we can make a Rapid Diagnostic Centres (RDCs) live. Focus is on those vague symptoms which would not fall into a specific tumour type or have increased emergency presentation to help diagnose patients more quickly and accurately. The model will be used to improve the diagnostic experience for patients who are suspected of having particular cancers including pancreatic, HPB, ovarian, UGI but also CUP which we know has a decreased experience for patients. • work collaboratively with the North Cancer Alliance to identify opportunities to work across boundaries and utilise skills and experience across Board boundaries.
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management
	Those elements of the FECM which are recurring will be updated to Scot Govt within a quarterly return on our compliance. It is planned that we will be substantially compliant by end of August. Our Action Plan was submitted in June 2023, with positive feedback.
5.4	Outline plans to improve the quality of cancer staging data
	NHSH will: • continue to engage in cancer audit process and continue to routinely collect cancer staging information data which is often required to allow QPI outcomes to be generated.
5.5	Confirm you have: • Implemented or have plans to implement provision of single point of contact services for cancer patients • Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways • Embed the Psychological Therapies and Support Framework • Signposting and referral to third sector cancer services embedded in all • cancer pathways In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme
	Plans will need to be developed as part of our medium-term plan, to provide patients with cancer access to Psychological Therapy and support. It is envisaged that this will need significant funding and workforce requirements. Currently there is some psychological provision by Maggies, and we need to review this in light of embedding the PT and Support Framework.

	In Summary:- 1. Gap analysis of currently available PT resource will be developed over the medium term (e.g. third sector, CNS, online provision of CBT etc). There is already some provision of psychological support for our patients. 2. We will continue to develop Home Support for Paediatric End of Life Care with a small team of Paediatric Community / Specialist nursing staff. The plan is to develop shared pathways with CHAS during 2023/24.

6	Health Inequalities Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

Stay Well, Anchor Well

The NHSH plan already covers the areas specifically highlighted by SG, including:-

- Treatment waiting times standards will be achieved through a detailed improvement plan to include embedding digital options, continuous monitoring and reflection on sustainment, continuous risk assessment and performance review - this will be for both drug and alcohol treatment. Treatment for alcohol problems continues as a priority as the main drug of choice in Highland
- Residential rehabilitation is covered in the plan. In partnership with commissioned service, we will review the Highland residential rehabilitation pathway with the aim of increasing choice, capacity and improved access for those most in need. This will commence Qtr 3 2023-24
- Monitoring of trends - we continue to improve regular multi-agency drug trend bulletin, HOPE App and other resources and interventions to respond to emerging trends and harms
- Continue improving regular multi-agency drug trend bulletin, HOPE App and other harm reduction resources and interventions. For example, the HOPE App is being updated to include more information on cocaine use as it's been identified by services as more prevalent among clients
- Work with localities across Highland to develop localised delivery plans to achieve MATS 1-10 by April 2024. MAT standards operational and oversight groups in place and monitoring progress. Progress will be monitored via North Highland MATS Implementation Group which is overseen by NHS Highland MATS Oversight Group.

No.	Board Action
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report
	With our Inequalities Action Plan, which focuses on eliminating disparities related to health screening, NHSH will demonstrate reduced screening inequalities. NHSH will implement the Scottish Government's women's health plan to enhance healthcare for women or individuals who identify as women. In order to advance the priorities, set by the Scottish Government in all pertinent care sectors, NHSH has appointed a Women's Health Lead for NHSH and are continuing to collaborate closely with Scottish Government policymakers. Included in the priorities for this year are improved access to specialist menopause services. Waiting times have reduced for this during 2023. Sexual and reproductive health is also a focus of the women’s health plan, and there is close working with the lead sexual health consultant and lead gynaecology consultant to ensure all actions relating to these are addressed. NHSH have a continued focus on providing equitable access to health care for all protected characteristics. 1. Our work around Poverty includes: - Midwifery and Health visiting financial inclusion pathways - Promoting uptake of Best Start grants - Delivering Money Counts courses to staff - Promotion of the Worrying about Money app - Pilot project of welfare advice officers in GP practices - Child Poverty Action plans

	2. To tackle race / racialised inequality, our work includes: - Equalities and Human Rights stat/man training for staff - Health inequalities training - Review of corporate induction - Work with Gypsy/Traveller communities Our Equality outcomes and mainstreaming report provides an update on actions taken to achieve our equality outcomes in order to meet our statutory requirements under the Scotland Specific Duties of Equality Act 2010.
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions. This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards. Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.
	NHSH have: • extended the work of the MATs delivery groups to include those in Prison and Custody Care • set-up the Health and Healthcare Prisons group with supporting action plans • committed to transitions and associated care which is being worked on with General Adult MH colleagues • ensured that general DARS (Drug Alcohol Recovery Service) support or MH support can be accessed on a more general level for those exiting prison or custodial We have identified issues with Sexual health screening for those in prison or custody, but there is a plan in place now to rectify **Current Status of service:** • Recent introduction of a Prison Healthcare Group to develop plans to address unmet need; develop standard pathways & smooth transitions between community and prison settings • Proactive identification of individuals at risk of drug related harm, offering harm reduction advice regardless of settings. This includes close working & onward referral to community services on leaving custody / prison • Full health needs assessment whilst in prison and referral on to in-house healthcare. • Multidisciplinary health care team in prison, including general and mental healthcare, drugs and alcohol specialised staff • Weekly forensic psychiatry hours in reaching to HMP Inverness • Recruitment of Cognitive Behaviour therapist into HMP • Monday – Friday contracted GP visits into healthcare wing HMP • Access to SCI store to share information between community / custody and prison settings • Strengthened links between custody and NHS Highland Mental Health Assessment Unit. This offers support, advice and onward referral for specialised mental health assessment where required. **Planned:** • Develop standard referral pathways between custody / prison healthcare & mental health, drug & alcohol recovery service and specialised services such as palliative care services and sexual health • Offer sexual health screening for all individuals entering prison • Investment to secure dedicated specialist pharmacist and drug and alcohol psychiatry sessions into prison health care

	• Introduction of a MATS Implementation Group to ensure MATS compliance within custody & prison healthcare settings **Challenges** • Different IT systems to record patients' healthcare interventions whilst incarcerated. Seeking to explore whether NHS Highland Drugs & Alcohol Team electronic record can be introduced into prison / custody setting which would ensure continuity of care, regardless of settings. • Risk that people can slip through the net regarding onward referral for healthcare needs if an individual is released directly following court appearance. We will develop plans and new ways of working to address this. In NHSH, the lead for prisoner healthcare and those in custody is the Older Adult MH Service Manager and is supported by our MH service team. The Executive Lead assigned to Prison Health is the Chief Officer of Highland HSCP (Health and Social Care Partnership). Prison & custody healthcare is integrated within addiction mental health & addiction services in North Highland. There are 4 separate work streams in place to respond to national recommendations and best practice for prison and custody healthcare. This includes a review of all pathways with the aim of ensuring seamless access / no wrong door approach by 3rd quarter of 2023/24. To enable this, we will determine IT solutions to improve direct access to electronic systems / information sharing between primary care, secondary care and & prison and custody settings. This will be achieved by inclusion of prison and custody healthcare into NHS Highland digital planning project. This project is due to commence July 2023. Prison and custody healthcare leads are fully integrated into NHS Highland MATS service delivery planning. Actions and milestones - Prison and custody health care will be fully compliant with relevant MATS by April 2024
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation
	NHSH will: • embed the Planet Youth model in prevention and education programmes across Highland by conducting lifestyle survey bi-annually and compare results. The model aims to demonstrate reduction in risk factors. We shall gather experiential data and secure additional resource to support roll out of this model • achieve treatment waiting times standard This will be achieved through a detailed improvement plan to include embedding digital options, continuous monitoring and reflection on sustainment, continuous risk assessment and performance review. NHSH have delivered an implementation plan to sustain and improve MAT standards 1 - 10 and shall undertake continuous monitoring.
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan
	In order to advance the priorities, set by the Scottish Government in all pertinent care sectors, a Women's Health Lead has been appointed by NHSH Included in the priorities for this year are improved access to specialist menopause services. We have reduced waiting times for this during 2023 but will continue to further drive down these waiting times. NHSH has representation on Scottish Governments national workplace policy for menstruation and menopause.

	Collaboration between Scottish Government women's health team and NHSH team is positive, and the plan is being communicated organisation wide via employee newsletter.
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.
	A lead for the development of the Anchors strategic plan has been identified (Head of Strategy and Transformation) in NHSH who will work with Scottish Government guidance when it is published. Ahead of the strategic plan NHS has: • Developed an action plan for the implementation of community wealth building will be delivered by NHSH by October 2023. We will map out every resource that the community has to offer in order to identify any potential gaps. Partners from the community and the third sector will work together on this project. The plan will contain considerations for our workforce, procurement and our estates partners embedded throughout. • committed to facilitating the development of Community led hubs. Starting with Hubs in three pathfinder areas, Caithness, Lochaber, Nairn. Hubs will be co-produced with all relevant stakeholders to provide asset-based conversations, signposting and advice in a holistic way making best use of technology to have strength-based conversations. Additionally, NHSH will promote the nationally created community benefit portal for neighbourhood community organisations this year.
6.6	Accessibility to services is as an integral part of healthcare, and NHS Boards should give consideration to transport needs in the planning and delivery of services. This should include consideration of how best to work with Regional Transport Partnerships (RTPs) and transport officers from local authorities. Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.
	In NHSH we pay for travel expenses within the YPFF criteria upon receipt of journey details and relevant documentation. Our Finance team can also help with booking travel on behalf of the patient. The high-level process is that the patient's relative completes the form which is signed by the ward / consultant and then this is taken to the cash office where it is paid and recorded. In addition, our website contains information on what can be claimed as part of our contribution towards travel expenses within our Policy of Financial Assistance to Support Travel to and from Hospital. Patients can access immediate refund of travel expenses from cash office located within Raigmore Hospital. NHSH will: • continue to work in partnership with Sustrans • continue to develop locality driven, for example with service redesign in Caithness and Lochaber. This is coordinated via HITRANS and The Highland Council in north Highland. Various local initiatives are in place to develop and support patient transport services and active travel across the area mainly covered by NH Transport and HITRANS, with some financial support from NHSH. • develop a Highland plan to reduce geographical variation.

7	Innovation Adoption Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

Progress Well

No.	Board action
7.1	Boards to set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.
	All patients in NHSH who have waited over 52 weeks for surgery will be validated by the Patient Hub app. The product is currently being developed and aligned with existing IT systems and will go live in May 2023 as part of a phased roll out across all acute specialties. NHSH have implemented Waiting List Validation for new outpatients and this will be rolled out for return patients. Currently, a return of approximately 10% of patients contacting are requesting to be removed from the waiting list. NHSH have 2 executive CfSD leads and we have programme boards with dedicated programme managers and team to execute these. NHS Highland is focused on continued engagement with CfSD, particularly Heatmap reportable initiatives, ANIA and NECU. NHSH supports the SBRI Programme through SHIP, supports projects being supported by ANIA (Accelerated National Innovation Adoption) (for example, the asynchronous diabetes app project) and by the Centre for Sustainable Delivery (which is led by ANIA). RDI seeks to directly support by the utilisation of staff and resources, the development and delivery of national adoption of innovations. NHSH is engaged with the ANIA programme with senior staff directly linked in with the ANIA and CfSD team. In addition, via the Digital Leads there is engagement with the ANIA programme which has resulted in medium term work being initiated on Infix (Theatre Scheduling) and Digital Dermatology. Current work includes rollout of the dermatology app. This has been supported through its development by staff in NHSH dermatology, and RDI have recently had discussions both with the ANIA and NHSH dermatology teams to determine when NHSH wants to roll out this national programme, and for RDI to assist in the delivery of this through pathway mapping for the dermatology department. Also, in the ANIA process but still under review is the Scot Cap (Colon Capsule Endoscopy) project and process - this is already operating in 10 HBs in Scotland and the project will be reviewed to determine whether further support is available to achieve national roll-out. NHSH RDI remain committed to support national projects through the ANIA process by deploying staff and resources through the national CSO funded test-bed system.

	Research Development and Innovation (RDI) reviews innovation opportunities in several ways. We have a triage process that assess the potential and risk for all business contacts made to us to ensure we do not get involved in anything that poses a high risk without equal benefit. The Innovation Infrastructure Group (IIG) that involves 6 departments (RDI, eHealth, TEC, Procurement, Medical Physics, Estates, Environment and Sustainability) meets to review all innovation activities new to NHSH and follows a decision process whether to support or not. Innovations likely to have high impact are supported through the national processes and are also supported in NHSH through the utilisation of the RDI Innovation Team and/or funding from the NHSH Innovation Testbed.
7.2	Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.
	NHSH continues to collaborate with a variety of national organisations and promote this to share best practice and shared learning opportunities and enhance innovation. NHSH RDI works as part of the North of Scotland Innovation Group (Hub) through regular Network meetings, as part of the North of Scotland AI Strategy and through funding from the CSO. We are also part of the SHIP SBRI (Small Business Research Initiative) Programme, and work with DataLab, DHI (Digital Health and Care Innovation Centre), CENSIS and other Innovation Centres in Scotland to design, deliver and generally support scaled innovations. To assist in reducing the barriers to national adoption RDI in NHS Highland supports the SBRI Programme through SHIP, supports projects being supported by ANIA (Accelerated National Innovation Adoption) (for example, the asynchronous diabetes app project) and by the Centre for Sustainable Delivery (which is led by ANIA). RDI seeks to directly support by the utilisation of staff and resources, the development and delivery of national adoption of innovations. Example collaborations include: • Collaboration with University of Strathclyde on systems engineering innovation hub for Multiple long-term Conditions (SEISMIC) Programme • Waiting list validation to support NECU • National learning and adoption of NTCH innovation and theatre scheduling <u>Palliative and End of Life Care – InAdvance</u> • A palliative care needs assessment to improve Quality of Life. To date, it has directly benefited 62 NHSH patients, leading the development of clinical guidance for European colleagues for early palliative care. This will be evaluated across Europe before implementation and publication of European guidelines for palliative care. • We are looking to develop further palliative service research projects in 23-24 <u>Support delivery of mental health services and wellbeing</u> • Short acceptability trial for use of Virtual Reality (VR) to reduce anxiety for surgical patients. • Ongoing weekly staff stress reduction trial. • Anaesthetic VR trial for patients undergoing knee replacements at NTCH, to assess positive outcomes, through 23-24. <u>Supporting remote and rural through drones, transport and technology</u> • Part of £10m Once for Scotland CAELUS2 trial, via UK Gov and CAA. One live trial likely in 24-25, for blood sampling across west Morayshire, Nairn and Raigmore. • Other drone trial in early planning stage, possibly to go live in 24-25. • Remote monitoring agenda to be developed. <u>Remote treatment – ScotCap (Pillcam), ultrasound and ECHO</u>

	• Pillcam now ScotCap is being reviewed by ANIA for national rollout. ScotCap reduces patient travel and the need for intrusive colonoscopies for many patients. • AEIC trial is using machine learning and Artificial Intelligence with 9 algorithms to speed up diagnostics obtained from colon capsule endoscopy to identify key images for further human investigation. This work will develop national systems and pathways. • Ultrasound / ECHO robotics is being tested in Golspie. Business case under development. This is a remote diagnostic tool. Originally tested in Raigmore and Caithness for trauma, fracture etc. Golspie is being used to test remote imaging, and could be valuable in rural and remote areas to reduce patient and clinician travel Zoonotic disease – The Lyme supply chain • Working with Pfizer and with primary care, initially in NHSH and now across NHSS. We have looked at quality and quantity of incidence of Lyme disease data and demonstrated more understanding of the incidence of disease. Now working through 23-24 on 3rd stage with 1,000 cases across Scotland to help us understand tick entomology. • EU /EAA funded NorthTick project is focusing on diagnostic and more sensitive Elizas research. NHSH recently hosted 150 strong international conference, as we are a world leader in this field. • Alpha-Gal syndrome - tick condition research. Developing pilot 23-24. Non-clinical innovation • Working with Tiny Air - automation and fast pre-cleaning of surgical instruments. This is done with cold not hot water, therefore is environmentally beneficial, and saves staff time. This is likely to reduce the rejection of unclean apparatus and will speed up the cleaning process. Sterile water • 40k litres bought each year in NHSH for a variety of clinical uses. We are developing a trial with a company that can provide sterile water at significantly reduced cost to existing suppliers. This might lead to patient trials e.g., in dental, and could lead to environmental benefits as well as cost savings. See also section 9 – digital delivery

8	Workforce Implementation of the Workforce Strategy.

Grow Well, Listen Well, Nurture Well, Plan Well

<table>
<tr><th>No.</th><th>Board Action</th></tr>
<tr><td>8.1</td><td>
NHSH workforce strategy is embedded in the Board's Together We Care strategy under the four "people" ambitions:
<table>
<tr><td>5</td><td>Grow Well</td><td>Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.</td><td>People & Culture / All services</td></tr>
<tr><td>6</td><td>Listen Well</td><td>Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared</td><td>People & Culture / All services</td></tr>
<tr><td>7</td><td>Nurture Well</td><td>Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected</td><td>People & Culture / All services</td></tr>
<tr><td>8</td><td>Plan Well</td><td>Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally</td><td>People & Culture / All services</td></tr>
</table>
NHSH have had some significant achievements to date with improved leadership, governance and culture as expressed below:

We have the first independent Guardian speak up service in Scotland
We have 24/7 Employee assistance programme
Whistle blowing standards are working well
We are embedding learning from the healing process
The early resolution toolkit has been rolled out with increasing uptake of early resolution
The Leadership and management development programme is embedded
NHSH is a Pathfinder for new blueprint for Good Governance
We have launched an All-Colleagues induction

In terms of Capacity and Recruitment

Turnover is 9.5% (down from 11% in April 2022)
More than 30% of our workforce is aged over 55
We are experiencing an increased rate of early retirement with the average age of 68 in 2016, now down to 61
Our absence rate is below Scottish average but remains challenging
We are experiencing vacancies on some challenging areas

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- We have seen success in NTC (National Treatment Centre) recruitment and overseas recruitment and will leverage learnings
- We have had successful collaborations with NES and UHI (University of the Highlands and Islands) and will leverage learnings
- Housing in remote and rural areas remain a challenge and impact recruitment

We will address issues and continue to improve in specific areas with our Workforce Plan aligned to our Together We Care Strategy. Our current workforce plan position is outlined below:

Strategic Ambition	**Ambition No.**	**Ref No.**	**Deliverable**	**Action**
Grow Well	5a	5a.1	Talent - succession planning, talent pool	We will roll out our newly developed training for PDP&R to all managers in the organisation by the end of December 2023. We will complete our options appraisal for the right succession planning and talent management tools, with the aim of piloting the approach with a completed review by the end of March 2024.
Grow Well	5a	5a.2	Management development – OfS policy implementation, essentials of management	We will ensure that managers have the core learning they required through the ongoing development and delivery of our Essentials of Management programme and other core learning.
Listen Well	6a	6a.1	Service Centre/Single Point of Contract	In collaboration with e-health colleagues we will identify and develop people workflows for ServiceNow by end of Sept 2023. We will develop a workforce model for the service centre, scoping the people processes involved and begin a pilot by the end of Dec 2023.
Listen Well	6a	6a.2	Process and quality improvement work	We will complete the recruitment rapid process improvement workshop by end of September 2023. Following which we will review, prioritise and implement, actions and recommendations. and prepare a programme of work We will set up a short life working group to review our processes around pay protection and agree a plan of work with the aim of completing that work by the end of end of March 2024.

Listen Well	6a	6a.3	Intranet and website development	We will work with colleagues in our website management team to develop an approach that ensures our people policies, processes and guidance information is available to all employees 24/7 365 days a year at a time that suits them.
Nurture Well	7a	7a.1	Equality/diversity and inclusion	To ensure We have clear understanding of and access to our diverse population across Highland and we know how they would like to engage with us and be supported and contributing towards driving our diversity agenda, we will develop and set up a network of forums each with workplans and priorities set by end of March 2024. In line with our Data Quality Assurance Framework noted under 8a.3 we will launch a campaign for employees to update their ED&I data on e:ESS.
Nurture Well	7a	7a.2	Onboarding review/introduction of onboarding approach	In partnership we will amend our Induction Policy by end of September 2023 to commit to undertaking an onboarding survey for all new start employees to the board. We will collate and analyse the feedback gained from the onboarding surveys and build a programme of improvement work for onboarding by the end of March 2024.
Nurture Well	7a	7a.3	Employability – Socially responsible recruitment/corporate responsibility	Recognising our role as an Anchor Institution within Highland and Argyll and Bute, by March 2024 we will develop a Socially Responsible Recruitment Strategy that reflects our commitment to both providing sustainable employment opportunities and supporting those who require it into sustainable employment with NHS Highland. (Refer across to Social Mitigation)
Nurture Well	7a	7a.4	Develop and implement Health and Wellbeing strategy (Bob)	By the end of March 2024, we will have developed and implemented a Health and Wellbeing Strategy for NHS Highland.

Plan Well	8a	8a.1	Career pathways – apprenticeships, succession planning, talent pool	Following collaborative work with SDS, DYW, UHI, Highland Council and NHS Highland, By the end of September 2023 we will have inducted and supported the first set of students onto the new health and care apprenticeships pathways. By the end of December 2023, we will have published an Apprenticeship strategy that reflects our position as an Anchor institution within Highland and Argyll and Bute and that will support our ambition to reduce the average age of our workforce.
Plan Well	8a	8a.2	Transformation – internal (OC), remobilisation, TUPE (nationally and locally driven)	
Plan Well	8a	8a.3	Integrated WFP – data quality, WFP	We will continue to build processes in collaboration with service and financial planning colleagues and services. We will implement and launch a Data Quality Assurance Framework by the end December 2023, using the roles and responsibilities within to continue to drive the quality of workforce data held.
Plan Well	8a	8a.4	Health roster implementation	We will continue to roll out HealthRoster to our NMAHP operational teams with the aim of completing by the September 2024. We will begin the roll out of HealthRoster to our Medical teams per the national timetable.

9 Digital

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

Progress Well

This section has been completed in conjunction with our digital lead

<table>
<tr><th>No.</th><th>Board Action</th></tr>
<tr><td>9.1</td><td><u>Optimising MS365</u>
NHSH (NHSH) has a well-established MS365 Programme in place which is supported by a growing network of MS365 champions (100 active champions currently in place). The MS365 programme is resourced by a fulltime Programme Manager who is supported by a Project Officer. We also have a technical resource and a Training/Change Manger aligned to the programme.

The MS365 programme has formal governance in place with a Programme Board that is chaired by the Deputy Chief Executive, an Assurance Group and Project Team all in place and active. Business change and benefits realisation is embedded into the programme and the main delivery mechanism for this is via the champions' network.

NHSH has rolled out Teams & Mail across the organisation and has run a pilot SharePoint migration across several areas. Intune has been rollout to approx. 70% of devices at 22-23 and there are plans in place to complete this work. A summary of the MS365 solutions that have been implemented is below:

Teams (May 2020), Approvals (2021), Updates (April 2023), Viva Insights (August 2022), Outlook (May 2020), SharePoint (pilot migrations in 2022), OneNote, Lists, Forms, Planner, Sway (all during 2022).

The plans for future role outs are detailed below:
<table>
<tr><td colspan="2">Plans for Future Role Out of MS365 Applications</td></tr>
<tr><td>Viva Engage</td><td>A 2023 phased rollout and engagement plan has been developed, aiming to commence with a pilot programme in June 2023 which will incorporate 3 groups within NHSH, all of whom will cascade information to the whole of the NHSH employee community.
An Acceptable Use Policy has been created with specific parameters to ensure the correct and safe use of the application with a Viva Engage Administrator assigned to each community.</td></tr>
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1.1.1 SharePoint	All NHSH users and their data is to be migrated to SharePoint in Q3 2023; a retention policy of current data <6 months will be implemented, and files in shared drives will become Read-Only. Use of SharePoint will predominately be as a Document Management System. Communication of this migration project will be communicated through a Viva Engage community, NHSH Intranet site, the MS365 Training Resources site, pop-up messages on devices and through the Champions network. Training will be offered to all employees, through webinars and on-line demos for: • SharePoint Use • SharePoint Build (for site owners only) • Sensitivity Labels. Recordings of these webinars/training courses will be available to view in the MS365 Training Resources site.
1.1.2 Office Online	In Q2 2023, all F3 license users in NHSH will be upgraded to the Office Online and will no longer have access to the desktop applications. Training will be offered to all employees, through webinars and on-line demos for: • Office on the Web • Sensitivity Labels. Recordings of these webinars/training courses will be available to view in the MS365 Training Resources site.
1.1.3 Office Evergreen	In Q2 2023, all E5 license users in NHSH will be upgraded to the evergreen version of Office. Training will be offered to all employees, through webinars and on-line demos for Sensitivity Labels. Recordings of these webinars/training courses will be available to view in the MS365 Training Resources site.
OneDrive	In conjunction with the Office on the Web and/or Evergreen versions, all users will be upgraded to OneDrive for storing their personal data. E5 license users will have both online and desktop versions, while F3 license users will have the online version only.
Security	Security features will be included in the SharePoint Migration and the upgrade to Office Online/ Evergreen version. The security features available will be: • Sensitivity Labels – users will have to apply Sensitivity Labels to Office documents, emails in Outlook, Microsoft 365 groups, Microsoft Teams sites and SharePoint sites. • Retention Policies - these will be in line with NSS Retention Policies • Deletion Policies - these will be in line with NSS Deletion Policies
Power Platform	Power Platform applications are available to all users in NHSH. Power Platforms applications will potentially be rolled out for NHSH in Q3 2023, dependent on a completed DPIA and AUP for each application
Applications in Power Platform:	

Power Automate	As indicated above, Power Automate will potentially be rolled out for NHSH in Q3 2023, dependent on a completed DPIA and AUP. Training sessions through webinars will be offered to all NHSH users as follows: Power Automate - the Basics – 2x 1hour sessions. Power Automate - Intermediate – 2x 1hour sessions
Power BI	As indicated above, Power BI will potentially be rolled out for NHSH in Q3 2023, dependent on a completed DPIA and AUP. Training sessions through webinars will be offered to all users as follows: Introduction to Power Bi - Using Power Bi with Lists – 2x 1hour sessions. More on Power Bi - Create a Power BI Report to Analyze Projects – 2x 1hour sessions

The plans for the retirement of legacy applications are detailed below:

Unsupported Versions of Office – 2007, 2010, 2013, 2016	All unsupported versions of MS Office including 2007, 2010, 2013 & 2016 will be removed within NHSH by end of Q3 2023.

License Management
Below is an overview of the staff within each of these groups:

User Type	User Count
NHSH	12,752
General Practice	1,519
Junior Doctor	319
Community Pharmacy	243
Non-Person Account	193
General Dental Services	181
Community Optometry	79
Care Home	16
Grand Total	**15,302**

The NHSH position when the licenses were last reviewed (May 2022) was 14,500 and since then there has been an overall increase of 802 licenses.

NHSH are using People and Culture systems e.g., eESS to help manage the license usage, NHSH has also appointed an Identity Management Officer who has a responsibility for licence management.

Information Security/Information Governance & data Protection Standards

The Information Security, Information Governance and Data Protection elements of the national MS365 project are being considered at both national and Board level. Due to this being a single tenancy managed at a national level Board are reliant on the national design implementation and support teams delivering a system that has adequate technical security controls and configurations in place to comply with applicable IS/IT/DP standards are being applied. At present there is limited national documented assurance available to the Board to evidence compliance to these standards.

A national information Security & Information Governance group has been in place to have oversight of the MS365 implementation. This group has representatives from multiple NHS Scotland Boards and draws on

	the knowledge and expertise of the Project Management, Information Security, IT Security, Information Governance, Data Protection and Record management professionals that make up the membership. At a Board level NHSH has committed project management, data protection and records management representation at the national IG&S group The NHSH MS365 assurance group has Data Protection, Information Governance, IT Security, and records management representation within its membership NHSH use national Data Protection Impact Assessments (DPIA) and System Security Policy (SSP) templates to risk assess new data processing activities and systems including those that utilise MS365 applications and functionality NHS endeavours to adopt the MS365 security tooling where national restrictions allow, in order to maximise benefits while minimising operational impact **Document Management Classification Scheme, Compliance with GDPR guidance** The NHS Scotland Business Classification Scheme will be implemented into 365 for asset tagging when we go live with the roll out of SharePoint. The 365-project manager is arranging for a demonstration of the business classification scheme to the Information Assurance Group w/c 8th May. As more is understood of this functionality business processes will be developed to utilise core aspects to manage records throughout their lifecycle (in line with national guidance and code of practice + Public Records 2011 legislation) on SharePoint. In respect to legacy data both that will remain on premise and what may be migrated onto SharePoint we are engaging with the supplier Varonis to apply sensitivity labels to files and looking at methods of identifying sensitive clinical records that may be saved as PDF files and indexing them with appropriate classifications and retention labels. This work is actively occurring and will be progressed fully in the first 3 quarters of 23/24 and or no later than any wider roll out of 365. **Digital Skills** NHSH has numerous initiatives have been devised and established by the NHSH MS365 team to allow for the continuation of developing and improving staff digital skills and ensuring the whole NHSH workforce recognise the operational benefits of MS365 in NHSH. These initiatives include: • Identifying the MS365 Skills Gap • Setting MS365 Adoption Goals • Understanding the MS365 eco-system and all its tools • The Champions' Team, Champion Team Site & Induction Pack for new MS365 Champions • SharePoint Site - NHSH MS365 Training Resources • MS365 Campaigns & Engagement Plans 2023
9.2	**National programmes** National and regional programmes are embedded in our Digital Plans, including areas outstanding, risks and mitigations, milestones for 23-24 **CHI/Child Health - Position** NHSH has a Programme Manager assigned to both the CHI and Child Health programmes. The Board Lead Officer has been confirmed as the Head of eHealth. NHSH is working on the local tasks required to support these programmes • High Level Milestones 23/24: Working to the plan as provided by the national team. **GP IT Re-Provisioning - Position** Programme structure and Programme Manager in place. 92 practices and 22 branches to be re-provisioned. The Cohort Collective Decision Group is in place chaired by a GP. Project timeline established and currently

	NHSH is the 5th Board in line for migration. Work has started with the Local Finance Team on how we support the local costs involved in the migration. • Issues: Local finance – which is being worked on with the help of the local Finance Team, though there are no identified funding streams • High Level Milestones 23/24: Commence migration from Q3 **eRostering - Position** We are preparing for implementation for the medical workforce during 2023 with the initiation stage being complete by September 2023. Engagement of the workforce and the implementation plan is currently underway. • **Issues:** Local finance – which is being worked on with the help of the local Finance Team, though there are no identified funding streams **LIMS - Position** NHSH is not part of the LIMS consortium. NHSH has a modern laboratory system in place (Cirdan Ultra), when the current system is due for renewal then NHSH will consider moving to the national solution **HEPMA - Position** NHSH is part of the regional North of Scotland consortium implementing HEPMA on a regional basis. NHSH is now live with HEPMA in the Caithness Area (3 hospitals), The National Treatment Centre and parts of New Craigs. Plans are in place for further rollouts during 23-24. • Issues: Whilst the Wi-Fi network in all hospitals is being updated, the lack of a robust, performant Wi-Fi network is limiting, and lack of capital funding is a significant issue. • High Level Milestones 23/24: Project completion in hospitals by Mar24 **Endoscopy Reporting System: Position** NHSH currently use a modern cloud-based Endoscopy Reporting System which meets the needs of the Endoscopy users. This is in contract until 2026. There are no plans in place for replacing this system until 2026. **Diagnostics (PACS) - Position** Awaiting the outcome of the National Procurement. The replacement PACs programme is in the current NHSH Digital Delivery Plan and work will need to be supported by a local business case to identify the local costs associated with this work. **Near Me - Position** As part of the NHSH Strategy, we will deliver a hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources. To deliver this NHSH is moving to a 'virtual first' approach to new and return outpatient appointments to maximise clinical resources, ultimately reducing waiting times for appointments and delivering best possible patient experience. This approach is recognised as part of the solution to meet the current challenges. There are continual changes to the Near Me system giving more flexibility for clinicians following the introduction of Connect Me (this allows a patient to go straight into a consultation on receipt of a link from their clinician without entering any personal details); Group consultations for up to 60 people, plus upgrades and development to the system. Continual offer of training/refresher training to anyone on request to the Near Me team. Issues: Optimising the system within clinical services High Level Milestones 23/24

	• Adoption of Near Me Position Statement by Senior Management and at Board level to ensure all non-hands-on appts or where tests are not required, virtual appointment are automatic and first option • Collaboration with 3rd party organisations as part of the Digital Inclusion Project set by the Scottish Government • Working with libraries to finalise provision of additional 'local' Hubs for patients without Wi-Fi/device/safe space at home, including lending service (including mobile libraries) provided by library service funded through grants from SG **Connect Me: Position** NHSH has been successfully using remote health monitoring since 2015, first using Philips Healthcare's Motiva tablet-based system, then using the Florence automated text messaging service, and now using Connect Me (powered by Inhealthcare). We are currently using the following Inhealthcare services: • **Asthma** monitoring & management - 37 active patients, with 74 still to be moved over from Florence • **BP** monitoring & management - 1,553 active patients, with a total of 2,626 enrolled to date. All patients discharged from Florence • **Heart failure** monitoring & management - 3 active patients, with a total of 8 patients enrolled to date • **COPD** monitoring & management - 0 active patients, with a total of 25 patients enrolled prior to stopping use of this service. The respiratory team opted to use the Lenus COPD service in preference. • **Chronic pain** pre-assessment questionnaire - 104 patients enrolled to date In addition, we are looking forward to using: • **Long term condition annual reviews** - we await the availability of this service, which may be of interest to GP practices • **Lymphoedema** pre-assessment & follow-up questionnaires - we have been involved in the development of this service, which is now in the final stages of testing, and should be deployed soon • **Spasticity** pre-assessment & follow-up questionnaires - we have been involved in the specification for this service and hopefully will also be involved in its development. The service is currently awaiting approval by the National Implementation Group Issues: N/A High Level Milestones 23/24 • Final patients discharged from Florence and Florence licence lapses – end of August 2023 • Ongoing recruitment of GP practices to use of Inhealthcare for BP monitoring and (when it becomes available) long term condition annual reviews - ongoing • Deployment of other Inhealthcare services - when they are made available by the national team **Scottish Vaccination Immunisation Programme - Position** Awaiting information from Highland Communities
9.3	**Digital Maturity review** We are undertaking the Digital Maturity exercise for the 9 June deadline and look forward to any digital optimisation opportunities this will identify, both within NHSH from our staff survey and the assessment and from others' undertaking the exercise.
9.4	**Leadership in Digital**

	The NHSH Digital Health & Care Group is chaired by the Deputy Chief Executive and has wide clinical and non-clinical membership. This group is responsible for agreeing the Digital strategy and the delivery of the supporting Digital Delivery Plan. The Digital Health & Care Group have started a discussion around maximising the value of the digital system in use across the Board to ensure that this is being maximised. NHSH is also committed to looking at how digital solutions could be used to create efficiencies and 'returning time to care'. Our Digital Health & Care Group is committed to optimising digital and technology enabled care. We have carried out, and plan further digital and Electronic Patient Record visioning events for Maternity, Mental Health, and condition management with our clinical leaders. The Digital Maturity Assessment will help us to develop our plans for further optimisation. NHSH has several staff taking part in the Digital Health & Care Transformational Leaders Masters Programme and the Digital Health & care Leadership Programme. A commitment has been given to participants that they will be supported by the digital function within NHSH and that any project work will be linked to the existing digital delivery plan.
9.5	**<u>Compliance with Cyber Resilience framework</u>** NHSH is fully engaged with the Cyber Centre of Excellence and sits on the governance board. Our recently introduced core mandatory Cyber Security Training currently has over 3,000 trained employees across the organisation. **<u>Scottish Health Competent Authority/Network & Information Systems Regulations (NI)s Regulation Audits</u>** NHSH has adopted the new evidence template ready for our audit in Oct 2023. Weekly reviews are being held so that the appropriate evidence is gathered in preparation for this Audit.

10 Climate
Climate Emergency & Environment

Progress Well

No.	Board Action
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).
	NHSH will: • work with our external stakeholders in reducing our carbon commitments and contributing to a highland wide strategy. NHSH is unlikely to meet the target of having a 100% electric fleet by 2025 due to the unique geographical challenges faced in remote and rural areas. NHSH are continuing to deploy charging facilities across the region in key locations, both urban and rural, and electric vehicles in communities where these meet the needs of the service. NHSH is working with colleagues in Transport Scotland to scope additional projects, unique to the Highlands, that can help to move us towards this target as well as continuing to decarbonise the existing fleet by introducing a mix of new electric, PHEV and hybrid vehicles. 50 Electric Vehicles (EV) are on order for A&B and a further 35 EV's expected for North Highland in 2023/24. This including the existing EV's on fleet would equate to 23% of the total fleet being EV by the end of this financial year. We have 53 EV's currently between North Highland and A&B, with an additional 85 coming in this Financial Year. Our current all fuel types of fleet number is 598. The 85 EV's coming in 2023/24 represents an additional 16% of EV's.
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.
	NHS Highland will be looking to develop their own strategy in line with Scottish Government Climate Emergency & Sustainability strategy 2022-26. The waste targets as defined in the Scottish Government Climate Emergency & Sustainability strategy 2022-26 document will be the target that NHS Highland will look to meet. NHS Highland are currently engaging with NHS Scotland Assure on a trial project on paper towels, this will feed into the work that is underway on the national contract. Non-clinical waste contract has been extended and NHS Highland are currently serviced by Northern Recycling for general and recycling waste for the following areas - Inverness, South and Mid, North to Golspie, Lochaber and Badenoch & Strathspey, North sites are serviced by Highland Council. Other waste streams - ad hoc requests by appropriate waste contractors locally where possible. The current status is with National Procurement and it is understood that this will go out for tender in the coming months. NHS Assure are currently revising the national waste strategy which is due to be released in October 2023. NHSH has been working with NHS Assure to develop this and will look to align with the national waste strategy when it is released. NHSH is in the process of installing innovative technology that will remove microplastics and pharmaceuticals from wastewater. The new system is anticipated to be online by autumn 2023.

	Medical waste reduction and appropriate recycling and disposing of medicines is part of the realistic medicines programme of work.
10.3	Set out plan to reduce medical gas emissions – N20, Entonox and volatile gases – through implementation of national guidance.
	NHSH will: • develop plans to look for Entonox alternatives where clinically appropriate, building on progress of a programme of work has taken place that has minimised the use of volatile inhalation anaesthetic gases that have detrimental impact on the environment NHSH has 4 sites that have operated piped gases: • Raigmore - N20 has been removed, Entonox still in use. • Caithness General Hospital - N20 has been removed, Entonox still in use. • Belford - N2O has been removed and decommissioned, bottled Entonox used by select depts. • Lorn & Isles - N20 in process of being decommissioned, No Entonox on site. N2O - Lorn & Isles N2O removal to take place in the next couple of months, with a contractor arranged to do the works. Programme to be agreed. Entonox - There has been discussions around an alternate to Entonox but nothing has been agreed yet. As there is still a clinical need for the use of Entonox, NHS Highland does not have a timeline for the removal within the remaining sites (Raigmore, Caithness General, Belford). NHS Highland's Medical Gas Safety Group are the collaborative group that make decisions on Medical Gas use across the Board area.
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.
	The Green Theatre programme was initiated in NHSH. There are regular meetings and consultation relating to the implementation of the innovations identified through the work carried out by the Green Theatre Group. Ongoing development of Green Theatres is now led by the centre of sustainable delivery and NHSH are represented in this group by consultant anaesthetists, procurement, and others. Bundles are being released by the CFSD. Green Theatre “Bundle A” was released in late May with 6 actions: • Action 1 (Desflurine) was complete in 2019 • Action 2 (Nitrous oxide) – planned completion in 2023/24. • Action 3 (Pre-op paracetamol to oral) - complete • Action 4 (Surgical fluid suction systems) - We have clinically appropriate use of 5 machines in high volume areas. Complete. • Action 5 (Embed waste segregation) - Raigmore is complete • Action 6 (Switching off OOH gas and ventilation heating) - plan in place, with National Treatment Centre being used as our pilot site and Raigmore to follow in 2023/24 using lessons learned and further development of our rollout plan. We will develop plans for Bundle B when released from Sept 23. We have a number of innovations taking place. These include 3 main pilot projects in association with industry and clinical quality improvement studies feeding into this programme of work.

10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.
	NHSH has had an external party carry out a NCZ route map for the region. The findings and outcomes from this report are being utilised to drive the priorities for the board in reducing energy use and improving generation solutions. NHSH has already begun to find solutions to the largest carbon contributors with feasibility studies being carried out. NHSH will liaise with NHS Assure transition lead to discuss boards progression. Our Energy Transition actions for 2023/24 are:- 1. Design and implementation of LED Lighting systems utilising SMART technology in some instances (i.e. SMART emergency light systems, PIR controls). Designs and quotations have been received for sections of Raigmore, Fort William Health Centre (HC), Robertson HC, various smaller HC's and ASC properties. BMS upgrades - currently being done at Raigmore Hospital. Initial plans to develop further across the estate has begun and look to progress over this year. 2. Decarbonisation actions. Please refer to answer provided in part 10.1. 3. Feasibility Study sites. This has been carried out at Raigmore by Hoare Lea. According to the NCZ route map created by Jacobs, Raigmore contributes to 57% of NHS Highland's carbon emissions. NHS Highland has seen this as a priority to decarbonise the heat network at Raigmore. Initial discussions have begun around the decarbonisation of heating systems at New Craigs Hospital. NHS Highland will be working with Robertson FM (PFI Operator) to create a decarbonisation plan for the site. NHS Highland have begun discussions with a 3rd party consultant about applying for additional funding for feasibility studies of sites. The priorities for this funding will be aligned with NCZ route map findings and the future anticipated use of buildings that will be defined by primary care.
10.6	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.
	NHSH has undertaken a Formulary review of inhalers, removing propellant inhalers where appropriate, removing high HFA inhalers where appropriate. NHSH is recommending dry powder inhalers first line where clinically appropriate, and communications are being developed to identify patients with target respiratory medicines. NHSH are developing guidelines to identify a pathway for clinicians to identify SABA patients, to reduce appropriately. (As per national therapeutic indicators). A plan is being developed to make this 'business as usual' as part of annual respiratory patient reviews.
10.7	Outline plans to implement an approved Environmental Management System.
	EMS is currently in development by NHS Assure, NHSH will request to be added to the SLWG developing this so NHSH will be actively involved in this development and implementation. Following advice / guidance provided by NHS Assure, NHS Highland has opened dialogue with a local further education body to utilise the student body to help NHS Highland create an EMS system. It is anticipated that this partnership will begin to put together an EMS system in the next 12 months.

Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

Perform Well

The plan also included our sustainability and value programme opportunities, which would not meet our projected 23-24 deficit.

Risks

The following risks were identified alongside NHSH's financial plan submission in March 2023.

- Pay inflation has been assumed at 2%, as directed by the PRG. Latest information suggests the pay settlement will be higher for 23-24. We have assumed any additional costs will be funded. There is an associated risk here around pay uplift for ASC staff as this sits out with baseline funding – there is no uplift in the funding transfer from Highland Council which creates a pressure due to pay awards and inflation.
- Ability to deliver cost improvement targets – a £29.5m programme has been proposed and delivery will be challenging and high risk.
- New pressures in Adult Social Care, for example, sustainability of some private care providers in remote and rural areas resulting in additional support being requested or packages of care being returned to the Board to provide.
- Changes to the SLA costs, particular with NHS Greater Glasgow and Clyde. GG&C are working on a new costing model – the impact of this is unclear; any change will be significant as the budget for the A&B IJB SLA with GG&C is more than its pay budget.
- The cost of untaken annual leave. The latest DL allows a relaxation of the rules.
- Inflation higher than planned level.
- Continuing recruitment difficulties – resulting in ongoing use of premium cost staffing.
- The 23-24 plan assumes full funding of the National Treatment Centre including the increased cost of depreciation.

The plan also included a high-level summary of savings/ cost reduction proposals. These proposals mirror the Sustainability and Value Programme. However, further programmes of work will need to progress locally to deliver financial balance. A savings programme of £29.5m has been proposed which leave an unfunded gap of £68.672m – work continues to identify actions to mitigate this position both locally and at a national level.

2023-24 Summary

	2023-24
	£m
Total Funding Uplifts	36.700
Total Additional Costs	76.233
In Year Gap	**(39.533)**
Deficit B/F	**(58.639)**
Total Gap	**(98.172)**
Cost Reduction Estimate	**29.500**
In Year Gap	**(68.672)**

Section C: Workforce

Please include an update on the implementation of Board workforce plans.

Grow Well, Listen Well, Nurture Well, Plan Well

NHSH is progressing our People and Culture ambitions that help create and nurture a sustainable workforce for all roles. The following is a summary of our recent successes and challenges that our workforce plan is striving to address.

NHSH continues to face unprecedented workforce shortages, which are exacerbated by the complex geography of the region, competition for scarce resources from other sectors and more recently, significant challenges with affordable and available housing in all parts of the Board. Whilst we are trying locally to address this issue in partnership with other agencies, it does require national intervention, and has been escalated to Scottish Government for further support on longer term provision.

Effective workforce planning across the partnership is vital to mitigate this and many other significant risks and this workforce plan builds on all the existing work giving us a clear direction for the next 3 years.

Transforming service delivery and the workforce to support will play a key role in ensuring NHSH manage the budget through this and successive financial years, and integrated planning, as noted above, will ensure that services and workforce are planned within budget.

Key elements to this will be:

- Reducing agency and locum spend and ensuring it's aligned to priorities and best value as well as performance
- Ensuring that all roles are working to the top of their licence
- Using advanced practice roles
- Developing new training pathways and career progression routes
- Ensuring appropriate support roles are available
- Reviewing our skills mix and workforce plans and vacancies so we recruit what we need most
- Scrutinising pay protection, grade protection, redeployment, long term bank and fixed term contract usage
- Absence management
- Identifying and reducing unfunded posts
- Identifying bank / locum / agency spend not linked to vacancies
- Reviewing vacant posts: do we need it, do we need the same, do we need it now, do we need it all - linked to finance and performance outcomes

NHSH commenced rollout of eRostering to our NMAHP teams across the organisation in 2020. We are preparing for implementation for the medical workforce during 2023 with the initial stage being complete by September 2023. Engagement of the workforce and development of the fully costed implementation plan is currently underway.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

Perform Well

In line with strategic ambitions, NHSH 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. This will include a shared understanding of what healthcare might realistically contribute to this.

NHSH has a Realistic Medicine Clinical Lead and a dedicated programme manager in place.

NHSH Realistic Medicine action plan sets out how we will deliver the 5 specific actions in the planned care guidance:

- Ensure all health and care professionals in Scotland complete online shared decision- making training available on TURAS;
- Ensure that patients and families are encouraged to ask the BRAN (Benefits? Risks? Alternatives? do Nothing?) questions.
- Ensure health and care teams begin to evaluate the impact of shared decision-making conversations from their patients' perspectives.
- Support local teams to work with the Centre for Sustainable Delivery on full roll out of ACRT, PIR, and best practice pathways, including the EQUIP pathways, as quickly as possible and report uptake in the six-monthly progress reports.
- Ensure local clinical teams engage with the Centre for Sustainable Delivery to consider current and future Atlas of Variation data to help identify unwarranted variation in health, treatment, service provision or outcomes and demonstrate how the board can improve

Over a longer period, NHSH will:

- Identify opportunities where Realistic Medicine can be further integrated into existing activities within NHSH to promote shared decision making and person-centred care Develop a bank of educational resources & use innovative methods to deliver education
- Empower our workforce to practice Realistic Medicine through engagement, education with leadership from the Board RM team
- Continue to promote and embed the principles of Realistic Medicine working with our communities
- Provide a service which is environmentally, socially, and financially sustainable while improving value, outcomes and experience
- Long Terms Conditions Model: develop long term condition model for the management of long-term conditions including a reduction in key polypharmacy and co-design of pathways, realistic medicine to be woven into pathways and solutions for management of Long-Term Conditions
- Waiting Well: Preventative & proactive support for those waiting for health and social care interventions with goals of ensuring their health & wellbeing does not deteriorate
- Promote educational resources & use innovative methods to deliver education around RM and VBHC

- Build a partnership with our community in order to promote Realistic medicine with a focus on prevention and self-management
-

NHS Highland has a Realistic medicine steering group and network of people, linking their work. Examples include those involved in green theatres project, polypharmacy/pharmaceutical waste work, values-based medicine.

Our local plan will monitor progress of actions, ADP reporting will monitor ADP actions and 6 month progress reports as per the REALISTIC MEDICINE FUNDING OFFER – 2023/24 and annual assurance reports will be provided to the Clinical Governance committee

Clinical Lead: Dr Kate Arrow Executive
Sponsor: Dr Boyd Peters (Board Medical Director)
Programme Manager: Kirsty Forman.

Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

Enable Well

Together We Care (TWC) launched in 2022. It is our first Board wide strategy, and clearly communicates the strategic vision, mission, and objectives we need to achieve over the next five years. At NHS Highland we have two integration authority models, in Highland Council area we operate the lead agency model with health leading on adult health and social care, actions relating to that part of our system as such as already noted, the contents of the NHS Highland ADP 1 are inclusive of the health and social care partnership actions for that area. In Argyll and Bute we have an Integration Joint Board (IJB)and as already noted given the delegation of all NHS services locally to the IJB and the connection to the NHS Greater Glasgow and Clyde system of healthcare the local HSCP have developed a separate version. It should be emphasised that there are significant interdependencies between the strategies and ADPs. Work between with the IJB and in the context of the lead agency is well connected and managed through the agreed governance arrangements.

To create the NHS Highland strategy, we engaged with our communities, population, colleagues, partners, and 3rd sector organisations to find out what was most important to them and what they thought we should prioritise for health and care delivery. We ensured that we engaged with all age groups and all localities across our remote and rural geography. We worked with partners to ensure that those harder to reach communities and those with protected characteristics had an opportunity to be heard. We received over 1700 group and individual responses through a range of mediums (e.g., surveys, virtual and face to face sessions, email, post, social media, etc).

The responses we heard covered all areas of health and care, from preconception to end of life. For this reason, we have taken a cradle to grave approach within our strategy. Likewise significant engagement on the Argyll and Bute Joint Strategy took place and we are currently out engaging on the Joint Plan for health and social care in Highland. We have taken care to ensure the learning and feedback gained across all engagement activities informing the ongoing development of our ADPs.

In addition to the health and care services we provide, people cited other things that they felt were important factors to NHSH. These elements are the things that underpin our delivery of health and care, and that we need to progress to ensure a sustainable future. These were things such as the reduction of health inequalities, sustainable finance, realistic medicine, digital developments and working to reduce our impact on the environment.

Whilst our NHS Highland strategy unites our focus and direction, our progress towards achieving its aim is set out and monitored in our Annual Delivery Plans (ADP). Our Senior Leadership Teams and Programme Boards are responsible for monitoring the progress and completion of these delivery plans and we have aligned these to our cradle to grave approach and strategy, ensuring that there is no area of health and care left uncovered. Our business-as-usual function of performance management will also have scrutiny and will oversee the progress.

In Argyll and Bute, the monitoring and programme of change will happen via the Senior Leadership Team and the Transformation Board as well as through the business as usual functions of performance management.

We recognise that, whilst our strategies cover longer periods than the ADP, this is not a finite process, it is dynamic and ever changing. We will embed lived experience in service development, ensuring that those who need our services inform practice, policy, and change. We will check and recheck our objectives to ensure that, as our population changes and grows, we can respond to their needs accordingly.

This indicates that more areas are covered by the TWC Strategy and Transforming Together Strategy and the ADP than are specifically mentioned in the most recent Annual Delivery Plan Guidance from SG. Additionally, we continue to be committed to executing our Scheduled Care Recovery Plan.

The Joint Strategy for Highland Health and Social Care Integration is currently being co-written by NHSH and THC, with a focus on Adult Social Care services, prevention and care closer to home. There will be participation and engagement with our community to finalise the strategy over the summer months with a publication date of 30 October 2023. Children's Services planning is being articulated through the Highland Integrated Children's Services Plan currently going through final approvals.

Other areas of significant collaboration in the wider partnerships:-

End of Life Care Together - By working together in the wider context of partnership with third sector partners and communities will make sure that our population has access to palliative and end-of-life services that support 24-hour care and allow people to live and die in the environment of their choice.

National Treatment Centre - We have been focussing on the establishment of National Treatment Centre Highland (NTCH), we can expand the capacity for orthopaedics and provide full-service capacity for ophthalmology in the brand-new facility that was specifically developed for those purposes. The new facility will house all surgical and outpatient eye care resources for NHSH. Additionally, the NTCH will provide a variety of elective orthopaedic services, including simple foot, ankle, and hand surgeries as well as hip and knee replacements. We are developing capacity in orthopaedics in stages, beginning in September 2023 with ophthalmology. The NHS Grampian's 434 primary joints will be managed, and cataract commissioning conversations are ongoing.

Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

Enable Well

We have an NHSH Performance Framework which was adopted in July 2022. The NHSH 5 Year Strategy (Together We Care) and our Annual Delivery Plan will bring together our strategic objectives, outcomes, and priorities and this will help structure our performance oversight through the Performance Oversight Board. Each Programme Board has dedicated support to enable this to be executed across our system.

Each improvement programme has a dashboard which will encompass performance (finance/targets), workforce overview and quality standards. Corresponding key performance indicators will be reviewed by the governance committee and embedded in our Integrated Performance and Quality Report which gets submitted to the Board bi-monthly for assurance.

No	Outcome	Description	Main Service
1	**Start Well**	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services / PNIMH
2	**Thrive Well**	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Pediatrics
3	**Stay Well**	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services
4	**Anchor Well**	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement
5	**Grow Well**	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services
6	**Listen Well**	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services
7	**Nurture Well**	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services
8	**Plan Well**	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services

9	**Care Well**	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care
10	**Live Well**	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services
11	**Respond Well**	Ensure that our services are responsive to our population's needs, by adopting a “home is best” approach	Urgent and Unscheduled Care Services
12	**Treat Well**	Give our population the best possible experience by providing person centered planned care in a timely way as close to home as possible.	Planned care and support services
13	**Journey Well**	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Cancer services
14	**Age Well**	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalized care planning at the heart	AHP services / Dementia / Long Term Conditions
15	**End Well**	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services
16	**Value Well**	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers
17	**Perform Well**	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning
18	**Progress Well**	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate
19	**Enable Well**	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	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National

Annual Delivery Plan - Argyll and Bute HSCP

Section 2: Argyll and Bute Argyll and Bute HSCP

Template: Argyll and Bute HSCP ADP1

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Joint Strategic Plan 2022-2025

Argyll and Bute

Argyll and Bute Integration Joint Board approved the Joint Strategic Plan (JSP) to cover the period April 2022 to March 2025.

The JSP was launched in March 2022. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a JSP for integrated functions and budgets that they control, reviewing the plan at least every three years.

With regards to the reporting of Board wide NHS performance, Argyll & Bute HSCP data is either aggregated from central reporting via the NHS Highland Data Mart or provided to NHS Highland separately.

The focus for A&B HSCP has been the development of a HSCP wide Integrated Performance Management Framework with a focus on integrated local and national reporting across both health and social care.

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Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Argyll and Bute HSCP Primary Care Actions
	• Establish immunisation teams to administer vaccines in all localities and assess recruitment priorities based on the impact on workload of delivering Covid vaccines and the additional flu vaccine cohorts. Majority of vaccinations will be carried out by HSCP nursing teams. • Full flexibility for island practices to continue to provide vaccinations. • Develop an HSCP model for travel health and travel vaccinations. Service Level Agreement with community pharmacists has commenced in some areas. • Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care. • Implement transitional arrangements where practices continue to provide some services. • Provide information of what services will not transfer from GP practices as an outcome of the rural options appraisal process. The Scottish Government and Scottish General Practitioner's Committee of the British Medical Association (SGPC) will negotiate a separate arrangement including funding for these practices who will continue to provide services after 1 April 2022 • Work with independent practices to support practice sustainability and resilience. Continue to deliver and improve (cost and quality) GP services delivered directly by the HSCP. • Promote and develop the support for training (GPs, Practice Nurses, Administrators) of key roles within Argyll and Bute. • Monitor access to general dentistry, and work engage with national partners around the reform agenda, recognising the worsening picture within general dentistry.

2

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.

No	Argyll and Bute HSCP Right Care Right Time Actions
	• Enhancing multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a re-able and rehabilitation ethos and high-quality end of life care with the skills to provide simple care that currently involves a hospital admission. • Enhance clinical education for all staff develop skill mix, apprenticeships and health care support worker skilled roles. • 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.

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3 Mental Health

Improve the delivery of mental health support and services.

No.	Argyll and Bute HSCP Mental Health Action
	• Progress planned developments associated with Transforming Together agenda for mental health. • The 2018 review outcomes continue to progress such as developing a Mental Health directorate, Consultant sector/locality model, developing Primary care teams and crisis interventions. This agenda was paused through Covid and will be refreshed to ascertain the aspects and recommendations remain outstanding. • Psychological Therapies (PT) – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4. • We continue to work with the Scottish Government to develop services and capacity planning to address waiting times. In the past 2 years we have realigned psychological therapies for tier 3 and 4 to develop a team with appropriate governance, oversight and ownership. • We recruited a Consultant Psychologist and strengthened the relationship with the Director of Psychology in NHS Highland. The business case was submitted, and we continue to apply developing capacity models and standards currently under development. • The primary care mental health team have also realigned to work across GP surgeries and to support those presenting with mild and moderate mental health concerns. This team have a Multidisciplinary Team approach and have a wellbeing nurse, Occupational Therapy (OT), guided self-help worker and primary mental health worker in each locality.

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4 Planned Care

Recovering and improving the delivery of planned care

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

No.	Argyll and Bute HSCP Older Adults/Adults and Hospitals Actions
	• Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available. • Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service. • Develop an Older Adult Strategy. • Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact on each other. • Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources. • Review the use of Extended Community Care Teams (ECCT) and link them to other community services. • Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute. • Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches. • Strengthen, develop and sustain patient care pathways into secondary care services in Glasgow and Clyde for Argyll and Bute residents. • Maximise patient choice by providing and commissioning services in settings that are closer to home and more convenient to patients. • Provide an environment that supports innovation, service redesign and delivery • Ratify and streamline patient care pathways to improve accessibility and build resilience. • Develop improved referrer guidance based on pathways into Glasgow and Clyde to improve oversight and governance of patients accessing services out with Argyll & Bute.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

No	Argyll and Bute HSCP Prevention Actions
	Argyll and Bute HSCP Prevention Group, related to the Living Well Strategy, links to prevention measures and incorporates our priority of Self-management and Healthy Living.

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6 Health Inequalities

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Argyll and Bute HSCP Public Health Action
	• Develop joint Health Improvement plan between Argyll and Bute and North Highland. • Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support. • Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation. • Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work. • Respond and deliver national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland. • Alcohol and Drug Strategy actions – reduce drug deaths; recovery orientated support.

7 Innovation Adoption

Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.	Argyll and Bute HSCP Planning Actions
	• We are currently implementing a centralised booking project which will maximise capacity across our hospital sites, facilitating joint working leading to efficiencies and ultimately improved patient care. • The analogue to digital TEC programme is underway and we are working to ensure clients who transfer to a digital line have continuity in service and remain supported with Telecare. • Ensure the innovative 'Just Checking' system is being fully utilised to support reablement and support decision making with appropriate care packages, leading to improved outcomes. • Introduce Near Me within unscheduled care with a view to transforming patient retrieval and instant access to clinically appropriate advice.

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8 Workforce

Implementation of the Workforce Strategy.

No.	Argyll and Bute HSCP Workforce Action
	There is a Workforce Planning Group within the Argyll and Bute HSCP. In line with Scottish Government workforce planning guidance for health and social care, the HSCP have a 3-year Strategic Workforce Plan. This plan supports the tripartite ambition of recovery, growth and transformation of our workforce and details strategic actions and commitments that will be taken to achieve this vision and ambition, using the national Five Pillars of Workforce strategic framework (Strategy (Plan, Attract, Train, Employ, Nurture). Following agreement and publication of the 3-year Strategic workforce plan an oversight group was established, with meetings being held initially every 6 weeks. Building on these initial discussions a questionnaire was circulated in March to gather feedback, comments and commitments from the wider group. This informed a workshop, which was held on 20th April to further review, the feedback and actions contained in the plan, grouping them into appropriate themes. Working groups were agreed and streamlined channelling pieces of work into existing groups as appropriate. The 3 groups going forward are: • Accommodation • Culture and Wellbeing • Attracting and Developing the workforce While work has been underway developing a robust framework for delivery of the Strategic workforce plan, it is important to note that all the usual workforce planning activity has been ongoing. Services continually review their service requirements, considering the opportunities for remodelling, development and succession planning. The development of the framework detailed in this report seeks to capture this activity and streamline it, supporting shared practice and collaboration across services. Service wide, key development that support improved attraction and recruitment have been: • Increased promotion and involvement in career fayres • Involvement in the existing DYW (developing the young workforce) and Employability partnership meetings/events • Supporting HSCP focused recruitment, supporting further development of existing promotional activity. Boosting posts on social media and targeting specific audiences. • Agreement to improve the visibility of HSCP adverts, linking and promoting A&B aplace2be and tapping into new advertising sources such as Calmac ferries and local visual marketing. • NHS Highland are currently recruiting a Careers Lead to focus on board wide careers development

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9 Digital

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

This section has been completed in conjunction with our Digital Lead.

No.	Argyll and Bute HSCP Technology Enabled Care Actions
	• Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll and Bute • Ensure TEC is a core service embedded in all aspects of delivery of care • Continue to develop NHS NearMe clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel. • Educate patients on the ability to request their appointment via NearMe where clinically appropriate, irrespective of where the appointment is being held. • Transition to InHealthcare system and continue expansion of Silvercloud cCBT programmes, conduct training and advertising. • Work with Mental Health to develop SOP for directing patients waiting for treatment into cCBT programmes. • Identify referral patterns and provide familiarisation resources to increase awareness and referral rates into TEC services among staff. • Facilitate closer working with hospital sites, promoting Telecare team presence at board round, virtual ward etc. • Develop a TEC strategy prioritising the importance of a proactive approach across the HSCP

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No.	Argyll and Bute HSCP Corporate Services/Digital Strategy Actions
	• Harness the opportunities of 'big data2 and the internet of things to improve services to users, patients and clients and reduce burden of work on staff • Continue with co-location of health and social care corporate staff to work together in the same locations and in the same teams both physically & virtually • Integrate health and social work administration and implement digital technology- progress digital health and care record • Facilitate and support agile and mobile working for community-based staff across the health and social care partnership including the independent sector • Progressing the plan to implement a single health, social care, and education catering service in Argyll and Bute • Explore further opportunities to rationalise estates and properties by co-location of staff • Continue to improve the cost and use of Health and Social care business fleet to improve service to users and reduce cost and CO2 footprint achieve 2025 target. • Complete the final phase of our 'Drone service' beta service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health Service. • Move to Eclipse- single integrated HSCP Community Case Management System- June 2023 • HSCP- Integrated Performance Management Framework- May 2023 • PORTAL Project-Dynamic Patient Summary- North of Scotland Portal & Orion Health- Dec 2023 • CIVICA- Electronic Document Management System- roll-out 2023/26 • Argyll & Bute will remain on the Medilogik Endoscopy Management System until 2026 at which point this contract will expire. Feedback and experience will be sought from boards moving to the National Endoscopy Reporting System in phase one and based on this should we look to do the same a pan-Highland business case will be developed alongside eHealth.

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Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

Section C: Workforce

Please include an update on the implementation of Board workforce plans.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

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Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

The SLA held with NHS Greater Glasgow & Clyde to provide outpatient, inpatient/daycase, plus a range of specialist services such as Renal Dialysis etc. is key to sustaining safe and high quality remote and rural patient access to either local secondary or outreach specialist secondary NHS services from NHS GG&C to the Argyll and Bute population.

Over time there have been significant changes to personnel, acutely impacted by the pressures seen throughout recent years by the Pandemic, and many changes to clinical practice and availability.
A number of outreach specialties within Argyll & Bute are fragile; this includes outreach specialties provided by NHS GG&C. There are key risks associated with these including service continuity, clinic schedules and provision frequency/referral options to NHS GG&C framed within increasing demand, compromising waiting times and treatment targets. As such we are working alongside Glasgow to review and refresh the SLA principles and arrangements and this piece of work is ongoing.

Across the HSCP there is a lack of standardised clinic access and appointment templates, sometimes due to different receiving hospital pathways, clinician preferences and varying waiting times. The introduction of a centralised appointing service has begun to address this risk, ensuring consistency and equity across sites. It will also embed the increased use of virtual appointments, either via NHS Near me or telephone, improving accessibility and ultimately patient care.
The transformation work within medical records has also seen the implementation of the Electronic Patient Record across all A&B sites, and we are in the process of rolling out ophthalmology imaging hubs which will reduce reliance on singled handed practitioners by allowing images to be reviewed by sub-specialists in GG&C asynchronously, increase the sustainability of the service and ensure patients requiring urgent review can be escalated appropriately.

Wherever possible we are looking to maximise our Allied Health Professional (AHP) services to support consultant led activity. During the past few years advanced physiotherapy practitioners have been triaging and treating patients referred to the orthopaedic consultant where clinically appropriate and based on the success of this we are now in the process of implementing a complete redesign of the orthopaedic service.

Joint working with the Endoscopy service in Northern Highland allowed for a centralised booking model to be put in place. This standardised approach has led to improved patient care and has protected clinical capacity for those most in need, leading to quicker diagnoses and improved condition management.
As part of this project Argyll & Bute now have an established Colon Capsule service which has already saved over £12,500 in clinical and travel costs, and 190 hours of travel time as patients are able to be seen close to home. Latest data on CCE return rates indicates a 26% return for colonoscopy thus saving 74% true scope capacity.

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Appendix 1

Planned Care Monthly Activity Plan

Template 2 - Planned Care - Mon

Appendix 2

CAMHS – North HIghland	Trajectory Template_CAMHS AB_
CAMHS – Argyll & Bute	Trajectory Template_PT_AB_(AM
Psychological Therapies – North Highland	Trajectory Template_PT_North H
Psychological Therapies – Argyll & Bute	Trajectory Template_CAMHS NH