NHS Highland

REMOBILISE
RECOVER
REDESIGN

SEPTEMBER 2021

DRAFT
V4.0 30/09/2021

REMOBILISATION PLAN 2021 - 2022

Table of Contents

How to use RMP4	3
Introduction	5
Structure Diagram	6
Governance Diagram	7
Executive Summary	8
Patient Facing Services	**11**
Public Health	13
Infection Prevention	32
Primary Care Services	37
Community Care Services	44
Emergency & Unscheduled Care	51
Acute Care including Elective Care, Outpatients, Woman & Child, Diagnostics and Cancer Care	57
Mental Health Services	82
Adult Social Care	88
Corporate Services	**95**
People & Culture	97
Planning & Performance	104
Education and Research	108
Digitally Enabled Services	112
Estates & Physical Environment	122
Communication & Engagement	131
Finance	137

APPENDICES

Delivery Plan Progress Report
Winter Planning Checklist
Activity & Performance Templates:

Template 1	Projections
Template 2	Planned versus Actual Activity, Additionality excluded
	Planned versus Actual Activity, Additionality included
Template 3	Wating List Estimate

CfSD Heat Map

How to use RMP4

Welcome to NHS Highland's Remobilisation Plan 4 (RMP4) for Oct 2021 and beyond. This document was commissioned by The Scottish Government (SG) in July 2021, requesting a progress report of RMP3 and including the detail of the 2021-2022 winter plan. The structure is explained below:

Plan on a Page
Each section has the key winter deliverables and KPIs.

Service Sections
Each service area describes the current position since the publication of RMP3. KPIs, deliverable, costs and linkages are also discussed.

Delivery Plan Progress Report
This is a template designed to capture key deliverables, indicators, milestones and risks with data sourced from operational services. These deliverables reflect the work-streams and activities described in RMP3, with a progress update for April to September 2021 and planned deliverables for October to March 2022. This will be a key tool for the next six months, monitoring progress and managing risks across the system.

Winter Planning Checklist
This checklist follows a similar approach to previous years and informs the deliverables included in the Delivery Planning Template. Where there are no impacts, this box is removed.

CfSD Heat Maps and Associated Action Plans
We have had an initial meeting with CfSD and recognise the need to develop our work plan over winter. This will ensure NHSH is aligned to the national redesign and transformation programmes. See attached Appendix which shows the developing plan.

Updated Activity and Performance Templates (Appendices)
These are updated versions of the 3 templates issued with previous Commissioning Letters and include projected activity levels and performance trajectories for the next six months, where applicable. Template 2 is submitted to show the effect that additional funding could make on acute activity and without. Template 3 only includes wating time trajectories over 12 weeks. We are not in a position to estimate the over 52 week waiting list numbers.

KEY TO THE TABLES

Description	Colour key
New or update key performance indicator (KPI)	N
Obsolete or deleted KPI	
RAG Indicator on September 2021 position, measured against RMP3 target	
New Key Deliverable	N
KEY DELIVERABLE, Unlikely to complete on time/ meet target	R
KEY DELIVERABLE, At risk, requires action	A
KEY DELIVERABLE, Green, on track	G
KEY DELIVERABLE, Complete/ Target met	C

STRATEGIC LINKS

We include details where service deliverables contribute to or deliver against national and local programmes, plans and strategies. This will allow The Scottish Government to collate and analyse performance of deliverables for each plan/strategy. These will include:

	Strategy	Scope
1	Remobilise, Recover, Redesign 2021 - 2022. 1 Year Strategy, NHS Highland	Local
2	Recovery and redesign: Cancer Services	National
3	Framework for Effective Cancer Management	National
4	Redesign of Urgent Care (RUC)	National
5	Trauma and Orthopaedic Recovery Plan	National
6	Pain Management Recovery Framework	National
7	National Treatment Centres	National
8	Realistic Medicine	National
9	Winter Preparedness	Local
10	Vaccination Programmes	Local
11	Test and Protect	Local
12	Primary Care Improvement Plans (PCIPs)	Local
13	Mental Health Recovery Strategy	National
14	Feely Report - National Care Service	National
15	Best Start	National
16	Digital Health and Social Care Strategy	National

Introduction to the Summary Document

NHS Highland's (NHSH) RMP4 updates the journey in its response to Covid19 and recovering and redesigning services in the context of the NHS Scotland Covid19 Framework for Decision Making of Remobilise, Recover and Redesign and the subsequent correspondence received from the Scottish Government (SG) regarding remobilisation (as at July 2021)

This plan takes us through the latter half of 2021-2022 and focuses on the areas agreed as priorities with the Scottish Government. A significant amount of work has been completed since the last remobilisation plan was submitted to the Government (March 2021) and we continue to develop and implement our service recovery and redesign plans.

We have also been rolling out our Covid19 vaccination plan in line with Govt. targets whilst maintaining Test and Trace Services.

Until lockdown in Dec 2021, NHS Highland had increasingly remobilised to new "business as usual" arrangements and has been working at a significant pace to deliver planned improvements and remobilisation and recovery. In Jan 2021 in line with SG guidance, elective inpatient / day case activity was once again reduced to clinically urgent and cancer surgery.

After coming out of lockdown in Spring 2021 we recommenced with non-urgent clinical and non-clinical business to again remobilise those services, whilst continuing to maintain service delivery in Primary, Community, Mental Health, Acute Care and Adult Social Care that delivered services during each of the lockdowns.

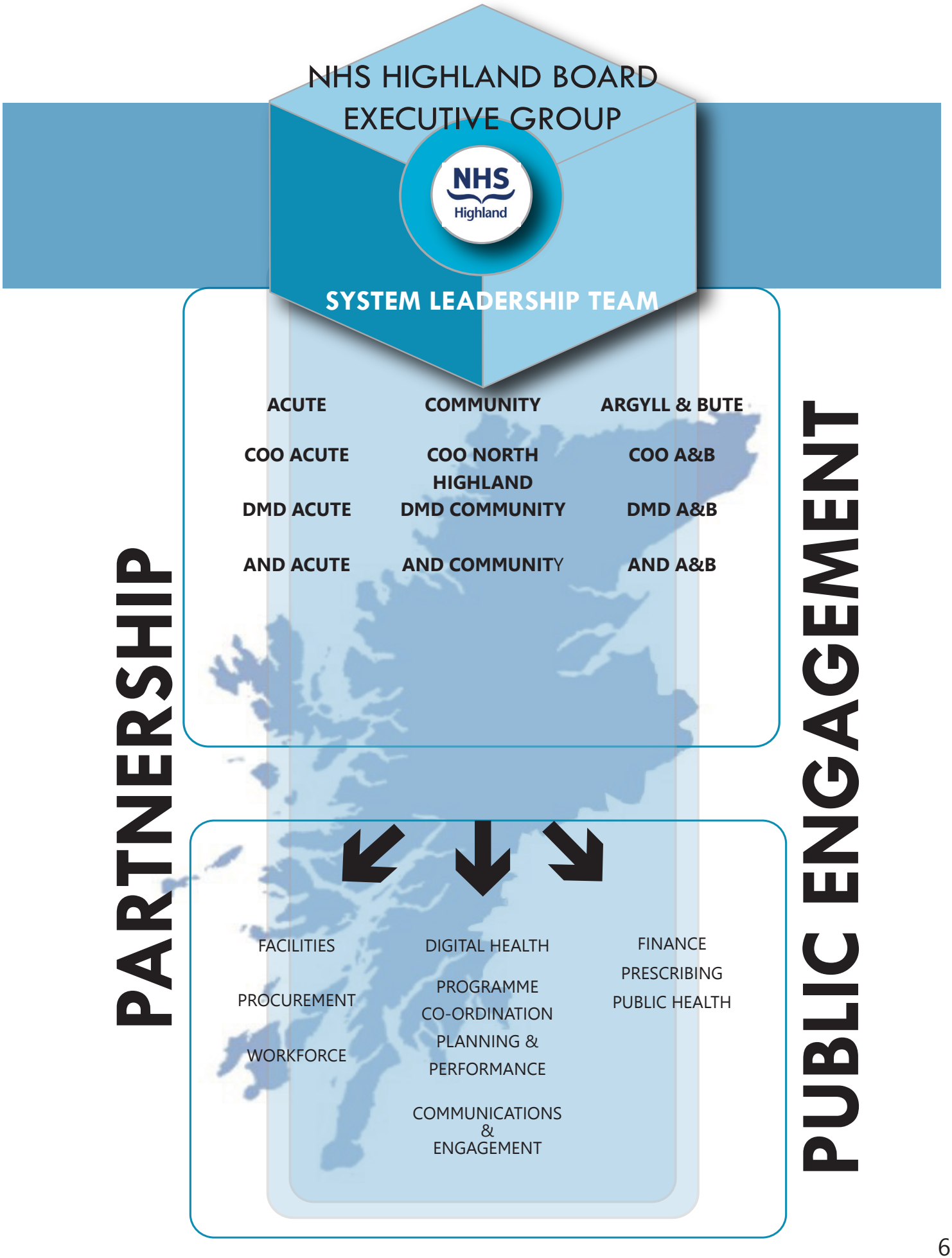
From June 2021 our emergency medical acute services were under significant pressures, necessitating occasional stepping down of some non-urgent outpatient and non-urgent elective admissions at our main hospital in Inverness. This has continued through September 2021, whilst we maintain core acute emergency and cancer services.

Our anticipation is that winter pressures may also affect our ability to deliver some elective services, if there are significant medical and emergency demands on our acute system. In addition there are significant local capacity pressures across other sectors, all of which will have unintended consequences in other service areas.

We are looking forward as an organisation to the future working with our workforce, key care partners, and communities to identify our priorities and the shape of future services looking to 2022 and beyond.

Our aim is to have a NHSH 5 year strategy finalised by mid 2022, that reflects the changes in our population profile, the learning from the pandemic response and the ambitions for the future in relation to health and care across NHS Highland.

MANAGEMENT STRUCTURE



GOVERNANCE

PRB/ IPQR/ RMP REPORTS VIA EDG TO THE BOARD

Remobilisation Plan

This is NHS Highland's Annual Operating Plan and the source document for the annual review with SGHD

RMP should contain all the deliverables for NHS Highland and be a dynamic, live document. It should be an opportunity to think strategically on co-dependencies and unintended consequences

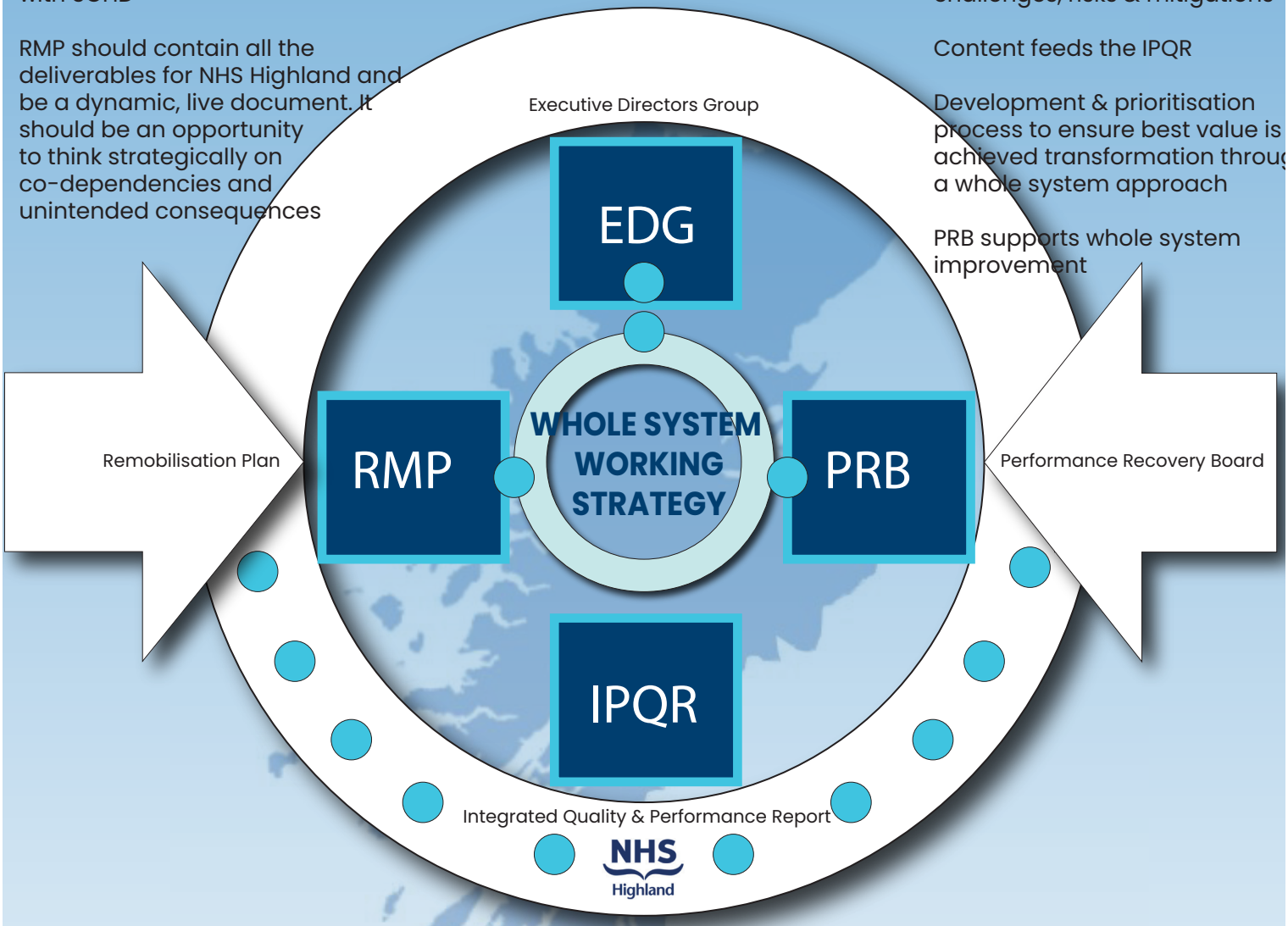
Performance Recovery Board

Scheduled Service led Reviews of key areas of RMP to provide assurance on escalated challenges, risks & mitigations

Content feeds the IPQR

Development & prioritisation process to ensure best value is achieved transformation throug a whole system approach

PRB supports whole system improvement



The IPQR is the governance document reviewing the performance measures for NHS Highland. The challenges and improvement actions inform the next deliverables to be included in the Remobilisation Plan

The above diagram demonstrates the continuous performance assurance processes that we have put in place to manage the delivery of RMP4.

Executive Summary

CURRENT POSITION & LESSONS LEARNED

NHSH Covid19 mobilisation plans (4th April 2020, 31st July 2020 and March 2021) describe how a whole system approach has been adapted to the mobilisation response. This whole system approach is mirrored in the work to resume services (or continue to deliver them) and founded on the following principles:

- Plans are aligned to regional and national strategies
- Plans incorporate the principles of realistic medicine
- Plans are developed in partnership with our staff, trade unions, communities and partners
- Patients are supported to access services appropriate to meet needs as local as possible and from a variety of community health and partners
- Resources are maximised to deliver prioritised care to those that have greatest need in as timely a fashion as possible

The lessons learned through the challenges faced in 2020-2021 has evidenced that Argyll and Bute have remobilised slightly slower within Outpatients than North Highland. This is due to the slower ability in NHSGG&C to remobilise due to their higher prevalence of Covid19. We anticipate this position will continue in 2021-2022. This is also based on the measure of total patient activity delivered by our modernising agenda (i.e. not just consultant activity).

Many of our services were not stepped down during or after the lockdowns in 2020-2021. In order to provide leadership, direction and oversight to the remobilisation, NHS Highland has established a Performance Recovery Board led by the Chief Executive. This, in collaboration with the Finance Recovery Board and Workforce Board, supports the NHS Highland Board and Executive Directors' Group in delivering change and improvement effectively.

This summary document contains a concise picture of operational and corporate services within NHS Highland and is intended to be read in conjunction with the more detailed operational plans. It is further supported by relevant appendices.

ARGYLL & BUTE INTEGRATED JOINT BOARD

Argyll and Bute will continue to remobilise, following the Scottish Governments route map. In line with NHSGG&C and NHS Highland, all services throughout 2021 - 2022 will work towards achieving remobilisation targets, ensuring clinical prioritisation and alternative pathways available, linking with AHPs.

The Health & Social Care Partnership has managed to temporarily increase outpatient and diagnostic capacity by procuring additional resource and waiting list initiative (WLI) clinics with the waiting times funding awarded in July 2020 and Feb 2021. This has again been limited by the availability of NHS GG&C consultants, however there has been a notable impact on the recent waiting times position and overall remobilisation level.

REGIONAL AND NATIONAL WORKING

NHS Highland continues to work nationally and regionally in the North and West Regions to deliver our planned care programmes and to develop sustainable services. For Argyll and Bute population the Health and Social Care Partnership has a strong relationship with the West Regional Planning Group and Greater Glasgow and Clyde Health Board. The Highland area links with the North of Scotland Planning Group.

We continue to work with CfSD, SAS, NHS24, PHS and other Boards to develop sustainable services in line with National Programmes of care redesign.

This document provides a summary of the narrative based submission, and highlights the key deliverables, key performance indicators and outcomes for each clinical service.

QUALITY & CARE STANDARDS - ASSURING PERFORMANCE REPORTING

NHSH have consulted with professional groups and multi-disciplinary management teams, developed and updated Project Initiation Documents and business plans for the workstreams, and commenced testing of the plan through workshops and consultation with key teams.

During lockdown, the further revision and development of our governance structure has included the Clinical Response Group, Performance Recovery Board, Financial Recovery Board and Workforce Board, together with the establishment of our Systems Leadership Team. NHSH has identified the following additional financial resources to deliver the RMP4 in 2021-2022. (N.B. Public Health contains elements of Primary Care vaccination costs, and Winter Planning funds are to be allocated).

Revenue Funding Requirement	RMP4	Funding Source to be identified
Public Health	14,907,943	123,851
Infection Prevention	864,800	-
Primary Care Services	307,200	307,200
Community Care Services	5,030,300	519,000
Emergency & Unscheduled Care	1,245,631	1,245,631
Acute Care - Elective Care	3,120,281	1,095,798
Acute Care - Outpatients	647,677	647,677
Acute Care - Woman & Child	365,151	365,151
CAMHS	1,839,495	-
Acute Care - Diagnostics	775,583	775,583
Acute Care - Cancer Care	1,342,000	1,342,000
Mental Health Services	387,481	-
Adult Social Care	5,413,000	5,193,000
Winter Planning	-	-
People & Culture	2,186,266	904,756
Planning & Performance	66,667	66,667
Education & Research	-	-
Digitally Enabled Services	1,447,944	1,447,944
Estates & Physical Environment	800,000	800,000
Communication & Engagement	-	-
TOTAL	40,747,419	14,834,258
Acute & Diagnostics initiatives per RMP3	11,066,773	3,792,992
Adjust for Chronic pain in RMP4	(778,009)	-
Unscheduled Care per RMP3	4,808,552	3,707,650
RMP4 Funding Requirement	**55,844,735**	**22,334,900**

Capital Funding Requirement	RMP4	Funding Source to be identified
C-Arm	78,000	-
Point of Care Testing Machine for RSV	104,111	104,111
TOTAL	182,111	104,111

Patient Facing Services

Public Health

Infection Prevention

Primary Care Services

Community Services

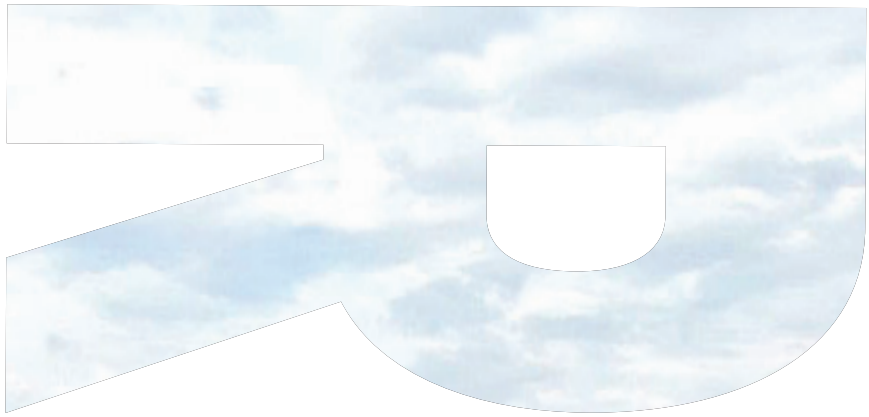
Emergency & Unscheduled Care

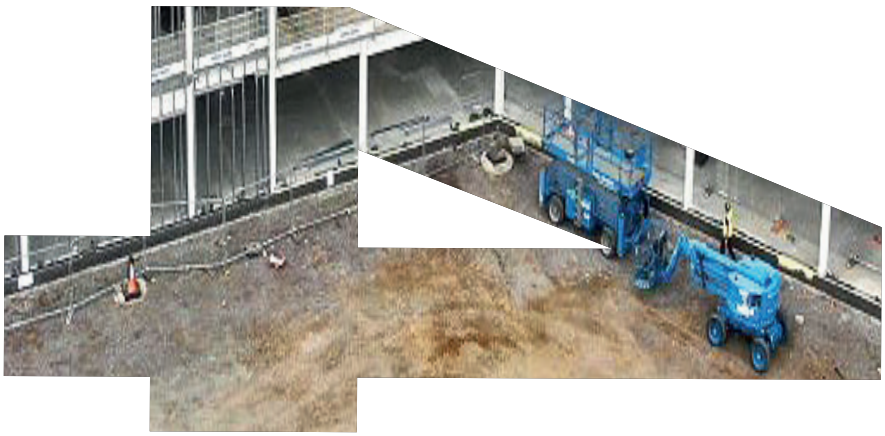
Acute Care

- Elective Care
- Outpatients
- Woman & Child Services
- Diagnostics
- Cancer Care Services

Mental Health Services

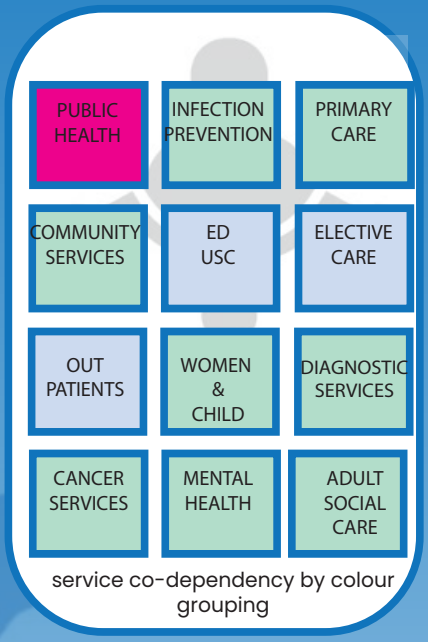
Adult Social Care





Public Health

Key Performance Indicators	current	target
Covid 19 Contact Tracing (staff)	10-12	25 WTE day
Smoking Cessation	75 Q1	
Alcohol brief interventions	SUSPENDED	
Breast feeding attrition rates by 2024-2025	33.5%	31.4%



service co-dependency by colour grouping

Key Risks

Funding
Capacity/ Demand
Late Presentation
Staff Welfare
Facilities
Covid impact
Low upatke of interventions
Recruitment/ retention
Competing priorities

Key Assurance Deliverables

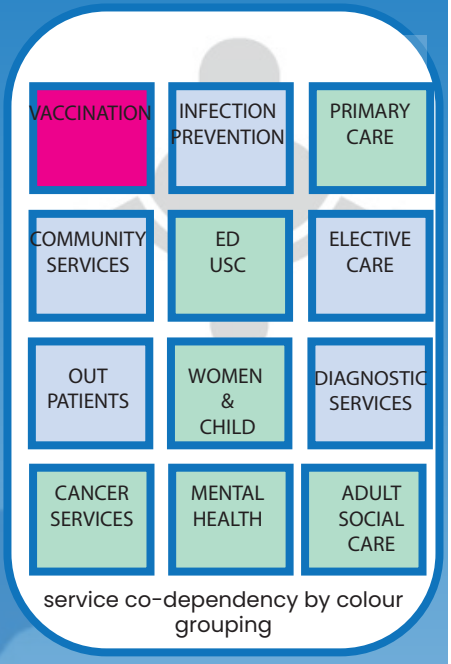
1. **Resilient test & trace programme**
2. **Mental health & social mitigation programme delivery**
3. **Alcohol & drug programme delivery reduction in drug related deaths**
4. **Screening programmes adult, pregnancy & newborn**
5. **Public Health priorities**

FUNDING REQUIREMENT

£ 4.443 M

Vaccination

Key Performance Indicators	current	target
Covid 19 vaccination	94.3%	90%
Covid 19 boosters	TBC	80%
Flu vaccination	TBC	75%



service co-dependency by colour grouping

Key Risks

Service Resilience
Capacity/ Demand
Stakeholder Management
Staff Welfare

Key Assurance Deliverables

1. **Delivery of Tranche 2 Objectives**
2. **Agree Vaccination Service Model (17 Dec 2021)**
3. **Implement Vaccination Service Model (31 Mar 2022)**

FUNDING REQUIREMENT

£ 10.465 m

PUBLIC HEALTH

SERVICE STATEMENT

The public health activities of the Board focus on improving and protecting the health of the population in Highland and Argyll and Bute, ensuring it is a place where everyone thrives. We can only do this working with our communities and with local and national partners, to address core public health challenges.

CONTEXT

We will continue to support the response to the Covid-19 pandemic alongside plans for wider service and social recovery and the development strategic programmes of work on sustainability and the wider determinants of health.

Our health improvement and inequalities programmes continue to be remobilised alongside pressures to support the Covid-19 programmes. This needs to be undertaken together with our programme of work focussing on the social mitigations of Covid-19 and required work on preventable mortality and support for the childhood deaths review. Screening programmes have been remobilised and we will continue to address issues that prevent a return to pre-Covid activity and meet the national screening standards and KPIs; we will re start awareness raising activity focusing on reducing inequalities in screening uptake. These work programmes are subject to resource pressures.

We continue to deliver our vaccination programmes in line with government priorities and during the course of this plan will undertake flu vaccinations and Covid-19 boosters as guided by the Scottish Government. Test and Protect services will continue through the period of this plan including community testing programmes. Our health protection services will continue to address non Covid activities, and our public health intelligence services will continue to underpin key programmes of work.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

These KPI's are updated from RMP3. The preceding plan on a page shows a comprehensive list of all service specific KPI's.

KPI statement	Current performance	Baseline (RMP3)	Target	Status	N/E
Covid19 Vaccination Programme	94.3% 18yo+ cf Scotland 91.5%	Meeting schedule for first cohort doses	To meet Scottish Government schedule for completion of vaccination cohorts		A
Covid19 Test & Trace	10 -12 WTE per day	25 WTE per day	80%min. of new Covid19 cases have close contacts traced and quarantined within 72 hours of case confirmation. Baseline is dependent on staffing levels.		A
Flu Vaccination Programme	no change	2020-2021 season cumulative uptake by week 7 Uptake among people aged 65 yrs. and over =80.5% Uptake among people in clinical at risk groups = 60.1%	Uptake among people aged 65 years & over: 75% Uptake among people in clinical at-risk groups: 75%		A

KPI statement	Current performance	Baseline (RMP3)	Target	Status	N/E
Pre-school vision screening programme		Finishing P1s and deferred entry who should have been screened academic year 2019/2020 (1350 from October) but have also started preschool cohort (2200 approx) in smaller nurseries when visiting P1s	Without any further lockdown and with anticipated extra SG funding we would hope to have started next years cohorts by autumn. Not possible to give exact numbers		G

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
Health Protection: Annual Flu and Covid 19 vaccination Programmes						
G	1.1	**Covid 19** To meet Scottish Government schedule for completion of Covid vaccination cohorts	Meet schedule for completion of vaccination cohorts	Vaccination sessions have been run across the NHS Board area delivered by GP Practices & NHS Board teams As of 29th July 2021, uptake of 1st & 2nd Covid vaccine doses within NHS Highland compares favourably with that achieved nationally: **1st doses** Highland: 92.1% Scotland: 89.6% **2nd doses** Highland: 73.1% Scotland: 71.0%	NHSH vaccine delivery model is heavily reliant on GP Practice engagement. If several Practices withdraw from the scheme, there is a risk that NHS Board vaccination teams may not be able to fill the gap. NHSH ability to recruit to NHS Board vaccination teams in a timely manner. The capacity of NHSH Vaccination Programme Management Team to effectively oversee & coordinate vaccine delivery. Action to address these risks will be monitored by the Board's Flu & Covid Vaccination Strategy Group, which reports to the Board's Executive Directors Group	To achieve levels of vaccine uptake which meet or exceed Scottish Government targets

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
G	1.2	Flu: To meet Scottish Government schedule for completion of flu vaccination cohorts	Uptake among people aged 65 years & over: 75% Uptake among people in clinical at-risk groups: 75%	During the 2020/21 flu immunisation campaign, sessions were run across the NHS Board area delivered by GP Practices & NHS Board teams. Planning is underway for delivering the 2021/22 campaign. During the 2020/21 campaign, vaccine uptake within NHS Highland compared favourably with that achieved nationally. For example: Uptake among aged 65yrs + Highland: 80.5% Scotland: 70.6% Uptake among at-risk groups Highland: 60.1% Scotland: 48.4%	AS ABOVE	AS ABOVE
A	1.3	Identification of a sustainable pan-Highland model for vaccination programmes leading to a sustainable vacccination programme	A model for action from 1st April 2022 will have been identified & agreed by 31st March 2022	An NHS Highland Vaccination Planning Group has been convened to take this forward. Ongoing discussion & engagement with key stakeholders to define a sustainable model for delivering vaccination programmes	Capacity to undertake the work & engagement with key stakeholders that will be necessary to define a sustainable model for delivering vaccination programmes in light of competing demands. Key stakeholders being unable to reach a consensus on a sustainable model for delivering vaccination programmes. Action to address these risks will be monitored by the Vaccination Planning Group, which reports to the Board's Executive Directors Group	A model for implementation from 1st April 2022 will have been identified & agreed by 31st March 2022.

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
Contact Tracing						
G	1.4	To meet the agreed service delivery targets	At least 80% of new COVID-19 cases have their close contacts traced and in quarantine within 72 hours of case confirmation. **NEW**.Staffing: A total of 25 Whole Time Equivalent (WTE) contact tracing staff rostered per day for NHS Highland	NHS Highland's contact tracing service is now fully established with f new contact tracing staff and the employment of an operational manager at Q4 2020. The service in Highland is integrated with NHS Highland's Health Protection Team. The expectation from Scottish Government (SG) is for a total of 25 Whole Time Equivalent (WTE) contact tracing staff rostered per day for NHS Highland. The service in Highland operates 7 days a week from 8am to 8pm. The service is not currently meeting the staffing requirements set by Scottish Government. A rapid recruitment drive has been undertaken to address this and by the end of the September 2021 we expect staffing levels to be 34.86 WTE of an expected 43 WTE, with further recruitment ongoing.	The key risk for the service is that of staffing. The SG staffing expectation must be maintained in order for the service to deliver as expected. There has been a successful recruitment drive which will enable the staffing target to be met in due course.	Cases of COVID-19 are contact traced promptly which enables rapid identification and isolation of contacts (as appropriate under new self-isolation policy) in order to prevent any further transmission and reduce the potential for outbreaks. Ultimately this aims to control the spread of COVID-19 in our communities to ensure the incidence is as low as possible and that the potential health harm from COVID-19 is minimised.
Screening						
N	1.5	Pregnancy and new born	Pre-school vision screen programme delivered	NEW		

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
A	1.6	Resumption of adult screening programmes (breast, cervical, abdominal aortic aneurysm, bowel, diabetic eye screening DES	Screening programmes resumed	Each of these national screening programmes has resumed. **Next 6 months** For each of the programmes we will: • Continue to reduce wait times to pre-COVID and meet the national screening standards and KPIs • Manage specific programme issues (see below) and service developments through services teams / programme steering groups • Restart awareness raising activity with focused activity on reducing inequalities in screening uptake	**Breast screening** Radiographer and mammographer capacity to deliver screening sessions. Pathology capacity to provide timely assessment of & reporting on tissue samples submitted for review. **Cervical screening** GP Practice capacity to provide timely screening appointments in light of competing priorities as Primary Care emobilises. Pathology capacity to provide timely assessment of & reporting on tissue samples submitted for review. Colposcopy capacity to assess women in a timely manner following referral by the screening programme. **AAA** COVID compliant appt. times reducing screening capacity Staffing capacity in A&B (ongoing) / course availability limited for staff training. Not able to address precovid pressures (catch up and demand gap prior to COVID) Managing staff welfare. For all screening programmes - the capacity of Public Health to effectively discharge the Board Screening Coordinator function in light of competing priorities.	

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
A	1.7	Reduction of colposcopy waiting lists	Waiting lists reduced	**Colposcopy** Additional clinics are being run to reduce the waiting list. A bid for funding has been submitted to National Services Scotland to train an additional Nurse Colposcopist, to develop a satellite Colposcopy Unit at the Lawson Memorial Hospital, Golspie & to fund additional clinic sessions to reduce waiting the list. As a result of additional clinics being run, the time from referral to assessment for women referred for urgent review is reducing. However, the time from referral to assessment for women whose referral has been classed as routine & for women awaiting return appointments exceeds that outlined within standards & key performance indicators. The outcome of the funding bid to National Services Scotland is awaited.	Delays in being assessed by the Colposcopy Service increases the risk of women being diagnosed with more advanced cervical cancer than they otherwise would have. Waiting times will be monitored by the Cervical Screening Steering Group.	waiting times will be compliant with standards / targets / key performance indicators
A	1.8	Reduction of colonoscopy waiting lists	Waiting lists reduced	**Colonoscopy** Service remobilisation. The programme is fully remobilised and average wait time to colonoscopy has reduced from high of 45 in Feb to 35 days by the end of July (latest available data). Over the next 6 months continue to reduce wait times and meet national bowel screening standards		Contiued sustained reduction in waiting times.

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
G	1.9	Diabetic Eye Screening (DES) Remobilise diabetic eye screening service - up to 1,000 screening appointments lost due to Covid-19	Screening programme back to pre-Covid 19 position. Performance criteria -100% patients invited in one year and 80% uptake	Our patient base at present in DES is 14100 eligible people to be seen annually. Total diabetic patient population for DES is 18,500 but the eligible screening figure details those who can attend appointments with DES. NHS Highland has never achieved the 80% uptake target in 12 months due to recognised demographics; 80% uptake is only achievable within a 15 month timeframe to allow return to periphery sites. Within 12 months, our usual uptake stands at 74% (pre COVID). Figures provided by NSS in the first four months of this screening year (April to July 2021) indicte we have seen 4,561 patients to date. If our screening rate continues in this way until the end of March 2022; we are very likely to achieve our 80% target. However, caveat to this is that the figures are being manually produced for the whole of Scotland at the moment whilst the National Team ensures that the KPI reports are accurate on a new system. There might also be an increase this year in Highland due to the fact that we recently changed screening formats within the A&B area.	Being restricted to 70% capacity for appointments has the potential to reduce our uptake figure by almost 10% to 65% and will continue to place pressure on the screening team to reach patients on time to comply with their screening requirements given most of our premises are not fixed. The scale of the demand and capacity gap has still to be confirmed. The case for maintaining the current COVID clinic format (ie 15 mins) will be monitored and serviceimprovement options will be scoped. Progress will be monitored by the DES Steering Group. Key performance measures are still being reviewed by the national DES IT Team to give a clearer picture of demand (following the pausing of the programme). Temporary staffing measures to be put in place with the full support of the staff involved	The DES programme will be delivered in accordance with DES standards & key performance indicators

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
N	1.10	**DES** Plan to meet anticipated increase in new demand.SG modelling anticipates a growing excess in demand against the current capacity of the programme over the course of this year. This excess is largely the product of the Covid pause last year, but is also exacerbated by the growth in the population of people with diabetes, which sees the eligible DES cohort increase by approximately 5% each year.	Plan to meet increased new demand. Funding proposal to meet new demand	New deliverable	Increased demand will not be met within existing resources. Delays increase the risk of retinopathy not being detected and therefore patients who need access to specialist treatment will be delayed. The scale of the demand capacity gap has still to be confirmed. Escalated at national level. SBAR to to be produced locally.Key performance measures are still being reviewed by the national DES IT Team to give a clearer picture of demand.	The DES programme will be delivered in accordance with standards and KPIs.
Health Inequalities & Social Mitigations						

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
A	1.11	Health Inequalities: resumption of mental health improvement & suicide prevention plans social mitigation programme initiatives to address alcohol, drug & tobacco misuse	Health & wellbeing programmes delivering key KPI targets	Suicide prevention training - training has been updated to be delivered virtually. Online mental health and wellbeing toolkit – updated resources and signposting to support for mental health and wellbeing. Paddlewell partnership programme on mental health and wellbeing for staff Development of Highland Overdose prevention and Engagement App (HOPE) Planet Youth pilot project for alcohol and drug prevention in 5 schools in Highland Delivery of Alcohol Brief Interventions SLA in place for delivery through GP practices Implementation of Housing First model in Highland Review of drug deaths in young people Promotion of Living Wage accreditation with NHS Highland suppliers Development of income maximisation initiatives Development of social prescribing initiatives Child Poverty plans – action plan updated Development of Community Link Worker services Smoking cessation services – adjustments made to deliver smoking cessation services remotely UNICEF BFI re-accreditation	Although capacity was limited, the actions within the strategy were monitored quarterly. Smoking cessation services continued remotely using NearMe and telephone support. Although capacity was reduced and referrals initially decreased, the service has become extremely busy. The incidence of DNA's has reduced significantly since the service has been delivered remotely	
New Deliverables delivered to March 2022						

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
A	1.12	Test & protect (Testing) Rural (PCR) testing programme	Establishment of PCR testing programmes in communities where there are gaps in access (geographical timing) to other testing routes	SFRS have over 24 fire stations where PCR testing can be obtained by booking through the NHS Rural Testing Line (which is run through the Public Health Contact Tracing teams at Larch House). The service provided meets with current demands and at short notice. Fire crews are able to extend their openings hours in line with increased demands in communities where out breaks have been identified by the Health Protection team. PCR testing is also provided via Mobile Testing Units (MTU) run by SAS. When an outbreak is identified by the Health Protection team, they request the services of an MTU. The NHSH Resilience Advisor identifies a suitable site and makes contact with the site owners to seek permission to use the site. An official request is made via NSS and the Scottish Ambulance Service carry out a visit to the site to establish suitability. Once approved, the MTU can be deployed to the relevant area in 24 hours to increase the capacity for PCR testing available to the community	Staff availibility	

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
A	1.13	Community Lateral Flow Device (LFD) testing programme Provide local opportunities for asymptomatic testing sites (ATSs) to increase access to and ormalise regular testing. ATS are utilised where there ay be suggestions of unknown community transmission but not in known outbreak	Weekly steering group established Action plans agreed March, May and July 2021Monthly reporting to/with SG officers Monitoring of testing numbers reported to steering group and NHSH Testing Strategy Group	As of September 2021 the following has been achieved: Highland Council has acquired three large vehicles which have been adapted to provide safe LFD testing in the community. These units can be deployed immediately to any area in the region.Argyll and Bute Council have developed pop up sites across their region where they can deploy to immediately and provide LFD testing . For the period 24th March 2021 to 17th August 2021 (test specimen dates) there has been a total of 33 deployments to 25 distinct sites across north Highland and Argyll & Bute and a total of 3156 LFD tests were conducted. Weekly steering group with 15+ regular attenders. Established deployment teams in north Highland and Argyll & Bute. The latter via the arms-length leisure provider Live Argyll.The Targeted Community Testing Data Group meet twice weekly to analyse current COVID hot spots with inputs from health protection, emergency planning, wastewater data and COVID public health intelligence. The group provide expert advice to the two councils on where to deploy the assets.LFD tests can now be obtained by post or can be collected via the fixed PCR sites (see above) or at the council mobile and pop up sites. Tests can also be obtained from pharmacies	Low uptake by community members Communication expertise commissioned externally and plan developed. Continuous improvement required in this area as number remain low. Sharing experiences and seeking ideas from other areas of Scotland via national networking group.	
Health Improvement						

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
G	1.14	Mental health and suicide prevention	Delivering key KPI targets: Smoking cessation Alcohol Brief interventions Breastfeeding attrition rates	There is reduced investment in health improvement work including SG Preventative Spend bundle and partnership funding · Many of the 70 NHSH Tobacco Strategy Actions are dependent on partners. Face to face smoking cessation support was paused and some advisers deployed into supporting the Public Health response to Covid e.g. contact tracing, testing, vaccination,supporting care homes	Staff availibility	
G	1.15	Highland Green Health Partnership		Support to increase the number of groups and organisations offering nature based health improvement activities Support 3 pilot sites to develop referral pathways and local green health projects Develop green health interventions for specific health needs including cancer care and cardiac rehab Develop and deliver training on green health	There is reduced investment in health improvement work including SG Preventative Spend bundle and partnership funding. Many of the 70 NHSH Tobacco Strategy Actions are dependent on partners. Face to face smoking cessation support was paused.	
G	1.16	Support Community Planning and delivering of community plans, health and wellbeing plans and local outcome improvement plans		Support local community planning in Highland and A&B including implementation of locality and thematic plans.	Many HI programmes rely on partnership support/ action. This may be at risk if partner staff are deployed into pandemic work or stood down from usual duties.	
G	1.17	Type 2 Diabetes prevention programme		Pathway development Implementation of type 2 diabetes education/self management programme Further development of adult healthy weight services Delivery of diabetes remission programme Develop support for women with gestational diabetes		

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
G	1.18	Child Healthy Weight interventions		Develop and deliver family based child healthy weight interventions Develop and implement maternal healthy weight guidance Deliver training on child healthy weight to relevant staff Develop digital solutions for child healthy weight information and support		
G	1.19	Adult Healthy Weight interventions		Deliver adult healthy weight interventions Implement adult healthy weight standards Deliver adult healthy weight training to relevant staff		
G	1.20	Alcohol and Drug Partnership delivery plans		Deliver digital information and support for overdose prevention through app development Update the substance use online toolkit Deliver ABI training Deliver ABI's Develop family based preventative intervention – including the Icelandic model in pilot areas – Planet Youth		
G	1.21	Violence Against Women Delivery Plans		Delivery of MARAC service to Highland and Island local authorities Deliver programme of VAW training Support/develop perpetrator interventions Commission VAW support services		
G	1.22	Breastfeeding programmes, including UNICEF BFI plan		Provision of specialist support for breastfeeding Provision of infant feeding support service Audit of practice for UNICEF BFI accreditation Delivery of breastfeeding training to relevant staff Update relevant policies to support breastfeeding		
G	1.23	Equality and Diversity policy implement		Support for EQIA's Commission interpretation and translation services Commission BSL services Delivery of equality outcomes		

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
G	1.24	Primary Care Modernisation		Commissioning and implementation of Community Link Worker Service		
G	1.25	Social mitigation plan		Enhance availability and access to support for income maximisation Develop community capacity to respond to mental health needs and resilience Development of more 'Fair Work' employment opportunities Develop procurement practice to increase local economic impacts Delevop a health literacy plan for NHS Highland Implement Community development for health approaches Implement active travel initiatives		
N	1.26	Perinatal and Infant Mental Health Provide System Leadership to the Programme for Government Perinatal Infant Mental Health service developments	Recruit to Project Manager Sep 2021 Recruit to teams Sep/ Oct 2021 Evalutation Framework Dec 21 (data/audit/ outcomes) Training and Education framework (March 2022) Peer Support options March 2022)Voices of Women and partners, ongoing.	Recruit to Project Manager Support recruitment to clinical posts and service/team development Data/audit outcomes Training and education Evidence of women and partners voices of experiences as per The Pledge Exolore and test options for peer support	Staff recruitment Capacity for non core roles Board Nurse Director supporting mitigation as per plan submitted to Scottish Government Jul. 2021	
N	1.27	New PH activities funding sought Preventable mortaility deaths by suicide, drugs, alcohol		NHS Highland wish to maximise learning and identification of intervention opportunities from deaths by suicide	Funding required	

RAG	Ref No	Key Deliverable	Target	Progress against RMP3/ Activity	Key Risks/ Controls	outcomes
N	1.28	Support for the childhood deaths review		Several Scottish areas now review deaths in a multi-agency group in a similar way to drug related groups. We would like to build a capacity to make this possible in Highland. We would also use this capacity to support the review of childhood deaths, which is now required. 1x WTE Band 6 Public Health Coordinator, 1x PH Intelligence Band 6/7 researcher, with some Band 5 officer and Band 4 admin support - would make adult review possible and add value to the process for childhood death reviews	Funding required	

WINTER PLAN CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	Various - key service in delivery of Winter Plan	

COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Covid and Extended Flu vaccination programme	Staffing, consumables and other non pay, DES & LES payments, and includes the costs of all the support functions (HR, Planning & Performance, E-health etc.)	Non Recurring / Recurring	£10,465,000	Costings being reviewed in line with national guidelines. Funding pending	£2.425m funding allocated by SG. Costs based on current direction on cohorts to be vaccinated for flu and Covid booster programme. Spend to end August 2021 = £3,855,000 (NH and A&B). Some of these costs will be recurrent but detail not available due to lack of clarity on requirements going forward
Test & protect (contact tracing)	Test & protect (contact tracing)	Non Recurring	£ 2,892,000	As above. Funding pending	
Community testing	Staffing, consumables and other non pay	Non Recurring	£ 1,427,092	Funding pending	Costs incurred by THC £624k, A&B Council £483k, UHI £20k and NHSH £300k
Mental health initiatives	2 x health improvement specialists, partner agency financing	Non Recurring	£ 74,000	New Request	Full year Costs = £295k. Additional resource for the promotion of mental health & wellbeing and mitigating health inequalities through further support for financial health as part of our recovery/ remobilisation. As not currently resourced and given time to recruit, funding from January 2022 to March 2023 requested or, if there is only one years' worth of funding, then January 2022 to January 2023.
Preventable mortality - deaths by suicide, drugs, alcohol and, Support for the childhood deaths review	1x WTE Band 6 Public Health Coordinator, 1x PH Intelligence Band 7 Researcher, with Band 5 Officer and Band 4 Admin support plus non pay	Non Recurring	£49,851	New Request	Full year Costs = £199k Would make adult review possible and add value to the process for childhood death reviews. 18 months funding requested with Jan start

Infection Prevention

Key Performance Indicators	current	target	
C Diff. Infection	16.2	14.9	per 100,000
SAB	15.3	11.8	
E Coli.	25.7	17.1	
Reduction in antibiotic use, primary & secondary care	TBC	TBC	

PUBLIC HEALTH	INFECTION PREVENTION	PRIMARY CARE
COMMUNITY SERVICES	ED USC	ELECTIVE CARE
OUT PATIENTS	WOMEN & CHILD	DIAGNOSTIC SERVICES
CANCER SERVICES	MENTAL HEALTH	ADULT SOCIAL CARE

Key Risks

Funding (care homes)
Capacity/ Demand

Key Assurance Deliverables

1. **Achieve C Diff SAB, E Coli infection rates**
2. **Achieve antibiotic targets**
3. **90% compliance hand hygeine mandatory training**
4. **Care Home resident to reduce dehydration**

FUNDING REQUIREMENT

£ 0.864 M

INFECTION PREVENTION

SERVICE STATEMENT
We will achieve all Scottish Government infection indicator targets and ensure patient and staff safety through adherence to strict infection prevention and control measures being in place in line with National Infection Prevention and Control Manual and national guidance relating to Covid19.

CONTEXT
We continue to achieve the Government indicator targets to ensure patient and staff safety. During the Covid pandemic the IPC team have undertaken additional working hours during the week and at week-ends creating a cost pressure. This situation is ongoing and it is forseen that this will continue into March 2022 at least, as a result of Covid and then the remobilisation of services work. Going into winter we are faced with modelling which is predicting an increase in respiratory viruses so workload is very likely to continue.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance (%)	baseline (RMP3)	target	status	N/E
Clostridium Difficile Infection	16.5	16.2	14.9 per 100,000 AOBD	on target	R
SAB	12.1	15.3	11.8 per 100,000 AOBD	on target	G
E-Coli	25.5	25.7	17.1 per 100,000	on target	R
Primary Care (10% reduction) antibiotic use	1.58	1.38	1.72 or less per 1000 patients per day	on target	G
Secondary Care use of IV antibiotics (use no more in 2022 than 2018)	0.52	0.54	0.666 DDDs per 1000 popn. per day	on target	G
Acute Hospital use of World Health Organisation (WHO) antibiotics (At least 60% of all antibiotic usage from WHO Access list)	62.2%	61.5%	60%	on target	G
Caesarian Section SSI	measure suspended		2% or below	Suspended	
Orthpaedic SSI	measure suspended		2% or below	Suspended	
Colorectal SSI	measure suspended		2% or below	Suspended	

WINTER PLANNING CHECKLIST

Ref. No.	Winter Planning Checklist	From previous winter plan?
	Various - key service in delivery of Winter Plan	YES/ NO
		YES/ NO
		YES/ NO
		YES/ NO

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/ Dependencies	outcomes 1-9
A	2.1	Achieve CDI target / achieve SAB target / Achieve E-Coli target	As KPI	For C Diff. Infection: End of year position validated by ARHAI Scotland identified a performance rate of 16.5 (Jan 2019-Dec 2020). 1.6 over the reduction aim. NHSH Q1 2021 identifies a rate of 21 (this represents 14 cases). A CDI action plan is being developed to identify and share any learning. ARHAI have been informed of our position and are not concerned and see the increase in cases Apr-June as seasonal fluctuation. The SAB: 2020-21position validated by ARHAI Scotland identified a performance rate of 12.1(Jan 2019-Dec2020), 3 under the reduction aim. NHSH Q1 2021 = a rate of 15% (this represents 10 cases), 0.3% under the reducation aim. For Ecoli Bacteraemia: validated by ARHAI Scotland identified a performance rate of 25.5. NHSH Q1 2021 identifies a rate of 36 (this represents 23 cases). 18.9 over the reduction aim. NHSH position is not an outlier when compared to other NHS Boards and ARHAI are not concerned re: our position. Following discussion at Control of Infection Committee a specific EColi action plan will be developed to take forward any reduction aims identified. Work is now progressing reviewing urine cultures and learning.	Contd reduction of antibiotic prescribing,robust management of indwelling devices and improved resident hydration in care homes	1,4,7

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/ Dependencies	outcomes 1-9
A	2.2	Achieve antibiotic usage targets	As KPI	Primary Care reduction aim: Rolling average from last 4 quarters is 1.58 items/100 patients per day. This is below the reduction aim. Intravenous antibiotics in secondary care reduction aim: Rolling average from last 4 quarters is 0.52 daily defined dose per 100 patients per day. This is below the reduction aim. Acute hospital use ofWorld Health organisation access antibiotics reduction aim: Rolling average of last 4 quarters is 62.2%. This is below the reduction aim.	Close co-operative working with prescribers including GPs	7,8
A	2.3	Reduced surgical site infection rates are achieved	As KPI	National Mandatory surgical site surveillance remains suspended due to the Covid19 pandemic.	Nat surveillance programme is restarted, robust implementation of PDSA cycle	7,8
A	2.4	Achieve 90% compliance with hand hygiene & Why IPC Matters mandatory training	90% Staff compliance on TURAS	Hand hygiene compliance: As of 30th June 2021 compliance across NHS Highland is 75% (Acute 78.3%; Argyll&Bute HSCP 72.1%; Corporate 66.4%; North Highland HSCP 77.5%) Why IPC matters compliance: As of 30th June 2021 compliance across NHS Highland is 72% (Acute 76.1%; Argyll&Bute HSCP 70.5%; Corporate 63.4%; North Highland HSCP 75.5%) Supporting staff to comply with mandatory training aims and the monitoring is being undertaken by the Associate Nurse Directors.	The IPC Team are a small specialist team with ageing experienced members nearing retirement. Recruiting experienced and qualified Infection Prevention and Control nurse specialists is extremely difficult across the NHS	7, 8
G	2.5	Ensure IPC measures continue to be in place in line with national guidance in relation to Covid-19		We are aligned with national guidance	Staff capacity	
A	2.6	Work with specified care home managers to improve residents hydration to help reduce risk of E-Coli infections		Work has commenced in July to perform a test of change across 2 care homes, this is supported by the Infection Prevention and Control Improvement facilitator and the Professional Lead for Care Homes.	Funding requirement	2,4,7,9
G	2.7	Resilience preparedness		NHS Highland Infection Prevention and Control team have been supported by the HAI Executive Lead to increase staffing capacity to manage Covid19.	Difficulty in recruiting	
G	2.8	Norovirus outbreak control measures		NHS Highland Infection Prevention and Control guidance is aligned with national guidance.	Staff capacity	

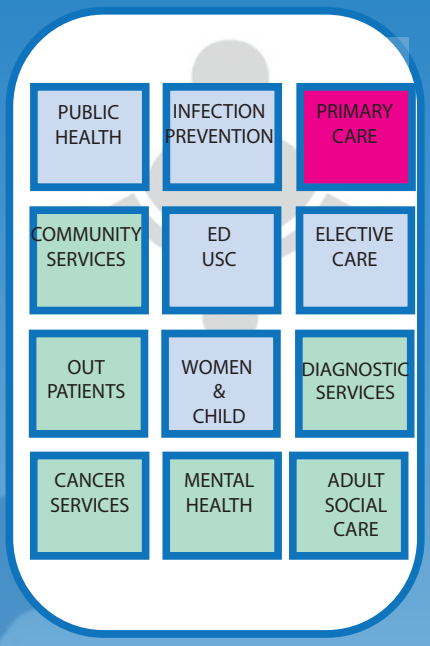
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
IPC services	Support for Care Homes	non recurring	£864,800	Funding provid-ed by SG	Additional Covid pressure

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Primary Care

Key Performance Indicators	current	target	
Access to routine General Practice Level 1	100%	100%	n=65 practices
Access to Community pharmacy	100%	100%	
Access to routine community eyecare	100%		
Access to routine dental care	100%		
Resume GP enhanced Services			n=practices
Reduce dental GA waiting list			n=patients



Key Risks

Staff vacancies (salaried GP's)
Locum availability
Vulnerable GP practices
Capacity & access

Key Assurance Deliverables

1. **Maintain Primary care access and increase resilience**
2. **Resume & increase range of GP enhanced services**
3. **Dental survey of ventilation systems & increase GA sessions**
4. **Delivery PCIP priorities of VTP and CTAC**

FUNDING REQUIREMENT

£0.307

PRIMARY CARE SERVICES

SERVICE STATEMENT

To improve access, provide high quality Primary Care Services and greater resilience. Around 90% of consultations occur in primary care, therefore quality, accessibility and resilience are key areas of focus.

CONTEXT

Physical distancing remains at Sept 2021, with impact on our estate and facilities, which is continuing to challenge the delivery of some primary care services. We are developing a new way to recruit staff into the sector, to enable resilient and sustainable services. As in other areas, we are developing our Workforce strategy.

Dental Services
Dental offering routine care, emergency and GA services. Dental capacity is limited in some areas due to limitations in ventilation systems. Physical distancing remains in place at Sept 2021 impacts on estate and facilities and service throughput.
Dental Ventilation system upgrades:Increased fallow time between patients impacting upon throughput
Upgrades require building warrants
Project group is required with estates
Funding to be confirmed – may need to be met through PDS/GDS allocation (impact on FRB savings scheme)
Weekly meetings are in place to prioritise urgent cases and we have an emergency pathway in place
Teaching: Maintaining commitment to teaching in partnership with UHI & Dundee (via NES). Current contract underfunded and discussions on-going with NES.
Approval for 4 dental pods in IDC, capital funding confirmed. Project team with estates required.

Community Pharmacy
Pharmacy First implemented, range of conditions/ailments to be extended, offering alternative pathways for first contacts.
Increasing number of providers involved in flu vaccination and Covid vaccination

Community Optometry
Routine eye care has resumed Enhanced services that can be delivered in community is under development. Extending NMP

General Practice
GP Practices have been vaccinating since January – massive undertaking
Pre-Covid levels of demand are being reported. Workforce challenges are evident around locum GP availability
Most practices operating triage systems – all patients receiving a telephone consultation to ascertain need for F2F appointments
SG circulated guidance to practices on social distancing measures (1m) rule for non-red room pathways
PC team to conduct a remobilisation survey (to include all enhanced services, spirometry, etc) but timing is an issue at present due to continued vaccination programme
VTP, CTAC, Pharmacotherapy key priority areas for PCIP 2021/22Workforce challenges in 2C practices (10 salaried GP vacancies)

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status	N/E
No of practices with capability to offer consultations by NearMe	96	96	96	met	C
No of practices resuming enhanced services	96	96	96	met	C
No of practices delivering national screening & vaccination programmes	**96**	**96**	96	met	C
No of optometry practices resuming full range of services	**52**	49	52	met	C
No of dental practices resuming full range of services					

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
Community Dental Services						
G	3.1	Phased approach to restarting dental activities, & resumption of Public Dental Service & procedures requiring general anaesthetic (GA)	Reduced waiting list	All GA sessions have been resumed and waiting lists have reduced	Availability of GA sessions to deliver waiting lists	

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
G	3.2	Public Health (PDS) restart the delivery of Childsmile and flouride varnishing programmes for "at risk" children in August 2021	100% of patients with urgent and essential need for treatment receive care	Restarted		
G	3.3	To develop an investment plan that sees GDPs providing pre-Covid activity	health protection measures are followed	SG have required HBs to identify GDP practices that have not yet achieved the delivery of 20% of their pre-Covid activity levels & whom are receiving Covid top up payments. There are 3 such practices in NHSH (1 north Highland, 2 A&B). Work is underway to support these practices & to agree an action plan that will see their activity increase by Dec 2021		
A	3.4	Develop a plan for Education for outreach BDS and UHI BSc Undergraduates	Introduction of pods within the poly clinic to deliver AGP procedures and identification of aditional staffing to accommodate 2x final year BDS Students	Developing 4 dental teaching pods in the IDC. Capital funding allocated and will progress with the Estates team.		
Community Optometry Services						
G	3.5	Complete phased approach to restarting general optometry & enhancing the range of non-GOS optometric services provided in primary care	Optometrists reopened with improved access for NHSH population Complete backlog of P1 and deferred entry (1350) start in October	Community Optometry reopened in line with Govt phasing. NHSH is working with Govt to roll out DES / LES as these are agreed and to develop enhanced services		
Community Pharmacy Services						
A	3.6	Implementation of NearMe consulting, increase serial prescribing & pharmacist prescribers within rural settings, launch & roll out Pharmacy First	PIP numbers now increasing. Pharmacy First fully rolled out. Link to FNC created to maximise use.	38 pharmacists in pimary care - 29 qualified as independent prescribers, and 6 are on the course to become prescribers. FNC link is part of phase 2 rollout.	Use of NearMe in CP is not high, as people still have full access to their pharmacy	

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
G	3.7	Increase serial prescribing by 10%, prioritise care home residents for medication review, establish central pharmacy hub with remote access to GP practice clinical systems	Improved medication for patients in care homes	GP practice clinical systems Our current rate of serial prescribing is 12.76% of patients prescription. In primary care we are actively prioritising care homes residents for medication review. We are looking to set up three central hubs - one each in Caithness, Lochaber and Inverness A dependency for establishing remote hubs is access to space. A dependency for serial prescribing is engagement from both GP Practices and Community Pharmacies		
General Practice						
G	3.8	Practice Quality Clusters engaged in quality improvement activities supporting organisational priorities	Programme of audit work aligned to organisational priorities to be developed.	Joint mechanisms and recording of quality outcomes to be developed	Organisational priorities to be defined through self generation in Practice Clusters	
G	3.9	Full implementation of Primary Care Modernisation Programme by 2023, to ascribed budget	Board delivered services developed for CTAC, VTP, Urgent Care and Mental Health	MH delivered. Seeking to resolve Estates needs for FCP and some AHP services. Pharmacotherapy developed as per SG MOU2, but not Urgent Care at this time. Vaccination Model in development as per PH chapter	Dependent upon local models of care being defined	
	3.10	Maintain the number of independent contractor providers	Maintain current number of GMS practices	Reviewing quality, finance & resilience of 2C services	Supporting viability of GMS practices, preventing practices from becoming 2C	
Improved Communication & service access						
A	3.11	Development of asynchronous reporting	Improved communication & service access	Not in eHealth plan	Limited capacity	Improved Comms & service access

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	3.12	Clinical dialogue for AHPs, FCPs, pharmacy	Improved communication & service access	Not in e-Health plan	Limited capacity	Improved Comms & service access
G	3.13	HEPMA system rollout	Efficiency and improvedquality	National rollout plan being developed	Part of national programme	Improved Comms & service access
A	3.14	GP direct referral to CT	Improved service access; reduce Ca waiting times	Not in eHealth plan	Limited capacity	Improved service access; reduce Ca waiting times
A	3.15	OOHs preparedness & resilience	Resilient service access	in Winter Plan checklist. Funding required to support festive period service	Limited funding	Improved sservice access

WINTER PLANNING CHECKLIST

Ref. No.	Checklist Item	From previous winter plan?
esp Sect 3	Various - key service in delivery of Winter Plan	YES/NO
		YES/NO
		YES/NO
		YES/NO

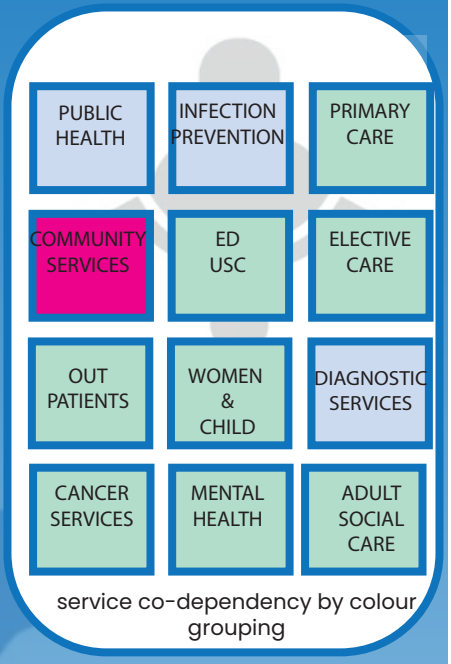
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Digital Elements of the Improvement Plan	Additional staffing and IT resource e.g. asynchronous reporting; direct CT ordering	recurring and non-recurring	TBC in future RMP	not funded	Needs to be embedded in Digital Strategy Plan
GP OOH cover for festive period	Includes 4 days each for Xmas and New Year	non recurring	£307,200	not funded	28-31 Dec and 5-8 Jan

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Community Services - North

Key Performance Indicators	current	target
Reduction in USC admissions, 65 yrs. +	1027	
Reduce bed days for people 65 yrs. + by 10%	12,762	11,485
Reduce inpatients delayed in acute sector	9%	
Reduce number of patients admitted in last month of life	TBC	
Post Covid 19 syndrome waiting times & access		
Reduction in AHP waiting times (max. 194 weeks)	51%	



service co-dependency by colour grouping

Key Risks

Funding
Recruitment
Data Capture
Whole System Working

Key Assurance Deliverables

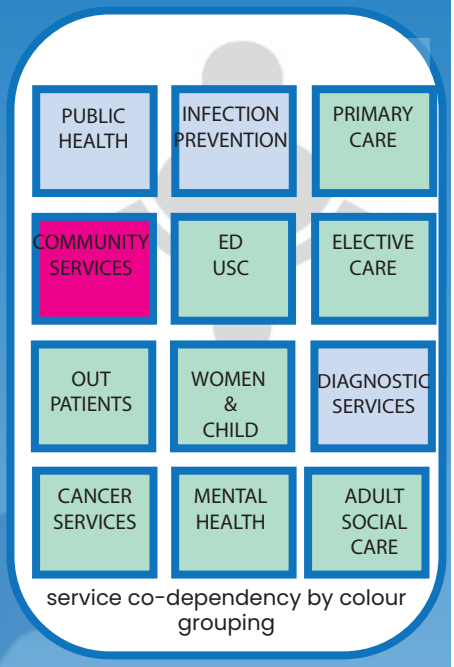
1. **Rapid Response Community provision**
2. **Expand EoL & palliative care provision**
3. **Identify extra community hospital bed capacity**
4. **Sustainable pathway for post-Covid 19 syndrome**
5. **ASC transformation Community led support**

FUNDING REQUIREMENT

£ 4.845 M

Community Services - Argyll & Bute

Key Performance Indicators	current	target
Reduction in USC admissions, 65 yrs. +	235	
Reduction in AHP waiting times in line with OP targets	>50	20
Reduce delayed discharge rate to <5 A&B, HSCP & NHSGG&C)	22	5
Post Covid 19 syndrome waiting times & access	TBC	



service co-dependency by colour grouping

Key Risks

Funding
Recruitment
Data Capture
Whole System Working

Key Assurance Deliverables

1. **WINTER resilient workforce to cope with winter**
2. **Recruitment to vacancies across community workforce**
3. **To ensure a sustainable service**
4. **Remobilise to 2019-20 activity levels with enhanced winter resource**
5. **ASC transformation Community led support**

FUNDING REQUIREMENT

COMMUNITY SERVICES

SERVICE STATEMENT

To maximise opportunities associated with delivering high quality care whilst maintaining people's independence. moving from institution centred and service led care delivery to community based, decentralised care delivery

CONTEXT

Continuing to develop Community services to create sustained (enhanced) community services. This pilot started in Inverness and is rolling out into Nairn, mid-Ross, Caithness, e.g. Discharge to Assess services, anticipatory care. These link in with the Redesigning Urgent Care Programme.
Continue to develop process for reducing delayed hospital discharges and in maximising flow into and out of community hospitals. The next focus is on developing a clinically led process. At Sept21, due to the challenges in the Care at Home provision in some areas and at key times of day, people are waiting for longer than we would like in community and acute hospitals. We are experiencing significant cost pressures in this part of the service with significant recruitment challenges.
In mid September our Adults with Incapcity Senior Practicioner came into post. This post will support hospital discharges in line with key legislation (See winter plan 2.5.1)
We are developing our Falls and Frailty strategy across the area, which once rolled out, will reduce hospital admissions.
The new hospital in Aviemore will be opened during the time of this plan, with consultation taking place in Lochaber and N Skye around the development of services.
To improve performance management and service delivery, options are to develop MORSE (for activity reporting) and Clinical Bridge (for identification of key vulnerable patients). These are cost and resource pressures for eHealth services.
This section has key interdependcies with Adult Social Care and Primary Care.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status	
Treat more patients closer to home, avoiding unnecessary admission to acute settings		1,423	Reduction in emergency/ unscheduled admissions for 65 yrs.+		G
Move from institution centre and service led care delivery to community based, decentralised care delivery		11,130 Bed days P/A	Reduce the rate of hospital bed days for people aged 65+ by 10%		G
Reduce % of inpatients delayed in acute sector		3,317 (??%)	Reduce in line with target		G

KPI statement	current performance	baseline (RMP3)	target	status
Reduce number of patients admitted in last month of life		9,965 P/A	Reduce by 10%	G
Post Covid. waiting times, referral numbers, conversion to local team/self-management will be monitored to assess longer-term requirements.			390 NHSH (NH 260, A&B 120)	G

DELIVERY PLANNING TEMPLATE 2022 - 2023

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
A	4.1	Implement robust intermediate care and rapid response community services provision including 24 hour access to community based adult health and social care to respond to crisis – extending the Inverness (Enhanced Care) model across Highland	Improved, more equitable and sustainable services	Identification of resource to support project implementation; North Area is recruiting additional resource provided through recent Govt funding.	Investment in sufficient staff capacity. Implementation of digital health strategy to support remote consultations, remote patient monitoring, telecare, telehealth and electronic patient records in community services.	Increase capacity to support people in their own community. Supports acute bed reduction. Reduces overall costs of service delivery. Reduces unscheduled hospital admissions. Improves efficiency of discharge planning supporting move to zero delayed discharges and zero patients waiting in hospital for assessment for long term care provision. Delivers discharge to assess and home first as default position for patient discharge
G	4.2	Expand palliative and end of life care provision	Reduce no of patients admitted in last month of life	Working with Highland Hospice; pilot sites in Aviemore and Wick. GPs are identifying people who fulfil service criteria and ensuring anticipatory care plans are in place.	Deliverable 1 needs to be in place with sufficient staffing capacity to support improved community support for palliative and end of life care. Supported by partnership working with Highland Hospice on End of Life Care Together project	Improve choice for patients at end of life, reduce numbers of patients and length of stay for patients in hospital for palliative and end of life care

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
G	4.3	Review and reconfigure community hospitals provision and function to support improved access to community based support including bed based support where required	Reduce no of inpatients delayed in acute sector	Rapid Improvment Plan underway. Process to be undertaken to review community hospital bed capacity in to support system flow and provide better place of care for patients with long term delays due to guardianship processes.	Capacity; pressures from delayed discharges and limited ASC resource	Opportunity to change primary function of community hospitals to support intensive rehabilitation. Support acute hospital bed reductions and length of stay.
G	4.4	Ensure full integration with the Adult Social Care plan and implementation of Community Led Support in a whole system approach to redesigning health and social care services across all sectors and professions	improved, more equitable and sustainable services	Community Led Support and Transformational programme with THC. Three pilot areas for Community Led Support - Caithness, Nairn and Fort Augustus. This work is linking with Redesign work in these areas including the wider Caithness Redesign and the Enhancing Community Services programme.	Part of Transformational Programme with Highland Council	Improve access to proportionate, timely support that is person focused rather than service led. Identify efficiencies in service delivery and reduce staff time spent on interventions. Reduce waiting lists. Reduce reliance on statutory services rather than reducing numbers of statutory services delivered

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
G	4.5	Design a diagnostic and rehabilitation pathway for Post Covid (Long Covid)	Pathways developed and funding strategy implemented	Recruitment of virtual team of OT, respiratory physio, psychologist. Developing e-learning package with independent sector.	Working across acute and community services. Numbers are projected. The need for the service is current, time and inability to recruit will impact. Risk of sustainability if funding from Govt neurological framework is ended. Initiatives to expand community resources are dependent on timely recruitment and deployment of staff, recruitment in Highland continues to be challenging. Management and leadership capacity to deliver implementation and scale up new operational processes and structures will be challenging	Effective virtual central provision of self-management, advice, monitoring and sign-posting to local services. Expert support across NHS Highland for clinical teams eg. AHP's and GP's. Planning for 18 months service, KPI's waiting times, referral numbers, conversion to local team/ self-management will be monitored to assess longer-term requirements. Requirement to implement a level of support as soon as possible.
N	4.6	Review of MSK AHP services, DCAQ & planning to be undertaken	Develop plan in Q4	To aid identification of required resource & impact on ortho services	Data recording and reporting	Effective use of whole system resource and ap-propriate care in the right place
N	4.7	New Broadford Hospital		Consultation underway	See Estates section	
	4.8	North Skye services redesign		Consultation underway	See Estates section	
N	4.9	Lochaber services redesign		Consultation underway	See Estates section	
N	4.10	Caithness services redesign		Consultation underway	See Estates section	
N	4.11	Badenoch & Strathspey hospital		Due to open during lifetime of this plan	See Estates section	

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
2.1.4, 2.5.1. 2.5.4, 2.6.2, 2.6.3	Various - key work area in delivering the winter plan	

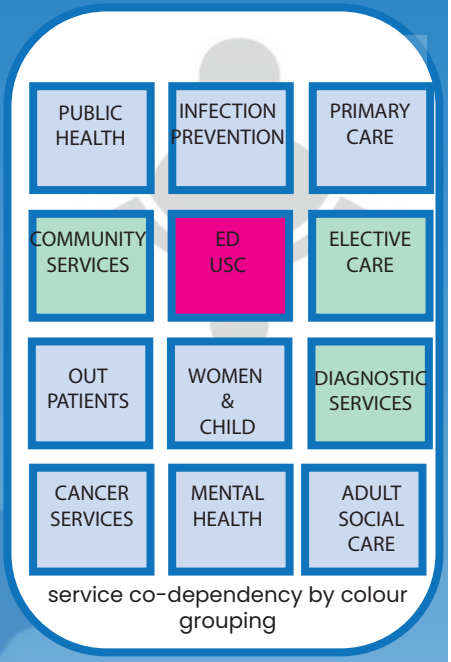
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Post Covid service	Develop pathways and service for Post Covid patients	non recurrent	£192,300	part funded	Funding is temporary and initial patient numbers do not include possible adverse effects of the delta variant. £90,300 funded.
Covid Assessment Centres ongoing testing	CAC requirement to continue service through winter	non recurrent	£4,421,000	funded by SG	Moved from Primary Care RMP3. Recorded as Covid related on FPR
Palliative Care in Community Services	Develop community and GP anticipatory plan service in pilot areas	non recurrent	£232,000	no funding	Seek for funding to be recurring
Responder Service gaps (A&B)	Anticipatory care and supporting discharges, reducing A&B and SAS pressures	non recurrent	£120,000	not funded	
Community Care Staffing Team (A&B)	Covering evening visits to reduce admissions, support early discharge, increase palliative care.	non recurrent	£65,000	not funded	

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Emergency & Unscheduled Care

Key Performance Indicators	current	target
Achieve ED 4hr performance of 98%	95%	98%
Monitor stays of over 12 hrs. in ED	15	
100% of breaches in Flow group 1	96.4%	
Reduction in delayed discharges	93	**Review based on Code 9's**



service co-dependency by colour grouping

Key Risks

Recruitment
Winter/ Covid 19
Capacity/ demand
Infrastructure

Key Assurance Deliverables

1. **Maximise potential of FNC/111/MIUs to reduce ED attendances**
2. **Increase medical bed complement by 29**
3. **Rapidly improve discharge planning processes & AEC**
4. **Reduce length of stay in all acute and community sites**
5. **Increase Raigmore ED medical workforce / AHPs**

FUNDING REQUIREMENT

£ 1.245m

EMERGENCY & UNSCHEDULED CARE

SERVICE STATEMENT

NHS Highland is invested in The Redesign of Urgent Care, supporting the local development of the Flow Navigation Centre (FNC) and the scheduling of unscheduled care. The Highland Health and Social Care Partnership Integration models (Argyll and Bute and North Highland) brings Acute and Community service arrangements together to transform and design services across NHS Highland. This has enabled us to better meet the health and care challenges that have a significant impact on the remobilisation of elective services. New ways of integrated working are emerging at clinical service level. Management and clinical leadership levels are supporting sustained improvements to patient flows and pathways that are designed to meet the health need of the Highland population and reduce challenges due to bed blocking and delayed discharges.

To provide safe delivery of emergency care across the Emergency & Unscheduled Care system. To support the safe delivery of Emergency Care as attendances increase in Emergency Departments across Highland.

To support delivery of an ED 4 hour performance of 98%.

CONTEXT

We are focussing on the 3 pillars of RUC National Programme:

Redesign of Urgent Care
Second phase of FNC extending service reach to more patients and peer to peer services with SAS, police custody, pharmacy and MSK.

Interface Care
Developing Ambulatory and Anticipatory Care processes such as Falls and Frailty Strategy and implementation. The strategy will be developed during the course of this plan; looking to develop strategic plans with SAS.

Optimising Patient Flow
Improving our discharge planning processes through robust clinical leadership and optimissing patient flow through the system; developing community responsiveness and sustainability to manage seasonal demand e.g. winter. See Winter Plan checklist.

Enhanced and Sustained Community Service - included in the NHSH strategy to underpin the above. Underpinning the 3 main pillars, through required additional SG funding, to develop Hospital at Home, Discharge to Assess and Home First models of care in strategic geographical areas. e.g. We have extended Discharge to Assess model outside of Inverness into Nairn and mid Ross and in time will introduce in Caithness if funding is available.

In acute hospitals we are focused on improving patient flow (daily huddle introduced) but significant bed pressures during summer 21 have affected our elective surgical plans with the decision made to reduce outpatient and non urgent elective activities.

During 2021-22 emergency medical bed pressutres, particularly in Raigmore, have been significant. Part of our winter plan is to increase our bed stock by 29 beds, which will be dependent on additional funding and our ability to recruit Nursing staff. If thhis is funded, this will also enable our Medical and Surgical elective plans to progress, as detailed in the next section.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status	
ED attendances - % reduction in the no of walk ins		3063	Reduce walk in activity by 7.5% through redirection of patients to suitable alternative services		A
ED 4hr performance - achieve at least 98% performance vs 4hr target	95%	88.9%	Achieve at least 98% of 4 hour target, taking into account unique geographic issues which prevent safe and timely discharge of patients		A
ED 12hr breaches - deliver zero 12hr breaches	**15 at Aug. 21**	4	Zero avoidable breaches		A
4hr breaches waiting for first assessment - deliver 100% in flow group 1	**93.7 at Aug.21**	96.4%	Zero breaches in flow group one through maximising use of all available MI services and scheduling appointments		A
Monthly AEC activity nos (Raigmore) - target increase to 10 daily AEC admissions (subject to including ED pull)	**495 (Aug 21 all 4 Units) 455 (less ortho AEC recently opened)**	340	increase by end of Q3 through improved awareness of AEC pathways in Primary Care		A
Reduction in delayed hospital discharges	**93(excluding code 9's)**	106	10 delayed discharges by Mar22 (exc code 9's)		A

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
G	5.1	Maximise the potential of FNC to reduce self presenters at ED & MIU through the expansion of pathways	Reduction in emergency / unscheduled care admissions for 65+yrs	Developing Phase 2 rollout plans e.g. professional to professiional / other services interface; potential outcomes for FNC.	Capacity of FNC; need to report planned attendances to understand full performance	Reduction in the number of walk ins
A	5.2	Reduction in Average LoS for non elective patients	Ave LoS reduced where possible	Refreshing the community hospital strategy	Risk in providing the capacity in Hospitals, Home First Services and D2A Teams	Clincially appropriate re-duction in Average LoS for non elective patients

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
A	5.3	Reduction in AvLoS for Community Hospital Inpatient beds	Reduce rate of hospital bed days for people 65+yrs by 10%	Development of Delayed Hospital Disharge clinically led process	Redesign of CH pathways to focus on rehabilitation functions. Flow challenges over winter will adversely affect ED flow affecting management and performance. Significant recruitment challenges.	Have a clear vision of use of Community Hospital resources which support system wide flow and providing care closer to home
A	5.4	Increase ED capacity at Raigmore through relocation of MIU/ Walk-In services elswhere	Improve performance times	Currently located in short stay unit and seeking funding to make this permanent.	Availability of Estate to house MIU services including x-ray facilities Resources to provide MDTassessment for this patient flow to redirect/support admission avoidance activity	Larger ED in Raignore for better flow and management of more complex patients
A	5.5	Improved discharge planning processes including robust implementation of choice guidance	Reduce DHDs, taking complex guardianship cases into account	This is a key priority for the USC programme of work and included in our USC Rapid Improvement Plan. Work is in place to implement a Flow Hub, real time bed management, improved discharge profiling and communication across services and system boundaries.	Availability of workforce development capacity to make significant cultural and practice change in hospitals	Fewer DHDs, more appropriate choices for long term care made by individuals; more rigourous approach to planned date of discharge for all patients and monitoring of patient journey
G	5.6	Delivery of Highland wide equipment coordination	Equitable and sustainable service	Improving coordination	Changed approach to equipment governance and provision across hospital and community	Improved coordination of equipment supply and availability. Faster response to requests, cheaper and more efficient procurement

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
G	5.7	RGHs introduction / expansion of patient triage, MIU / ailments streaming and introduction of AEC where not in place	ED 4hr target : 98% / 12hr breaches target : 0 / first assessment 4hr target : 100%	Review of Belford AEC undertaken. Need to develop staffing models and framework plan.	Resource requirements and potential estates work to support change in service delivery approach/ patient pathways	Provision of alternative streams for patient flows, consistent with delivery of FNC and RUC programme. Better mangement of flow in ED as a result.
A	5.8	Review Raigmore AEC pathways to increase volume of available pathways for referral. Increase capacity of AEC service to reduce ED referrals	Increase in AEC admissions target : 10 daily by Q3	Investment requested as part of winter preparations. All calls screened for appropriateness of AEC. Plan could devlop education of ED and GPs about AEC service.	Needs review of current pathways against ARC guidance. Space, infection control and capacity needs reviewed to determine how much volume can be safely managed	Reduction in ED referrals and improved flow. Faster turnaround of patients with reduced level of admissions
A	5.9	increase the ED medical workforce at Raigmore Hospital	Improved performance	As above	Staff recruitment	improve demand and flow through ED
A	5.10	increase number of general medical trainees in ED	Improved performance against national targets	As above	Staff recruitment	improve the training experience for junior doctors and encourage sustainability of recruitment
A	5.11	Create an infection control unit within Raigmore Hospital	Improved service	Interim phase, utilising the beds in AMU on ground floor. Business case to address the bed capacity.	Downstream beds. Downstream bed flow challenges over winter will adversely affect ED flow effecting ability to safely manage volume and deliver performance. This compromises the clinical safety of those waiting for a bed as well as the ability of hospital to deliver its elective programme. Many of the initiatives are dependent on timely recruitment and deployment of staff. Recruitment to posts continues to be challenging in Highland with a lack of available people to apply	Major risk. Various system wide initiatives to support admission avoidance and reduce LoS. Having a clear strategy and plan in place will support this being taken forward in a timely manner. Work is ongoing on improving processes. This is a known risk and is on the BAF for specific areas, but there has been a significant improvement in the interest in last 6 months in interest in posts, both hard to fill and A recruitment strategy group is being pulled together which will report to the Workforce Board which will further take this forward, along with targeted advertising and job pack work also in place.

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
A	5.12	To produce a business case for the funding of EDs module of Trakcare to be included on a pan Highland basis	New	Discussion around best system to use	Capacity to deliver	Business care fully developed+F49F18:F57

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
All	Various - key service in delivery of Winter Plan	

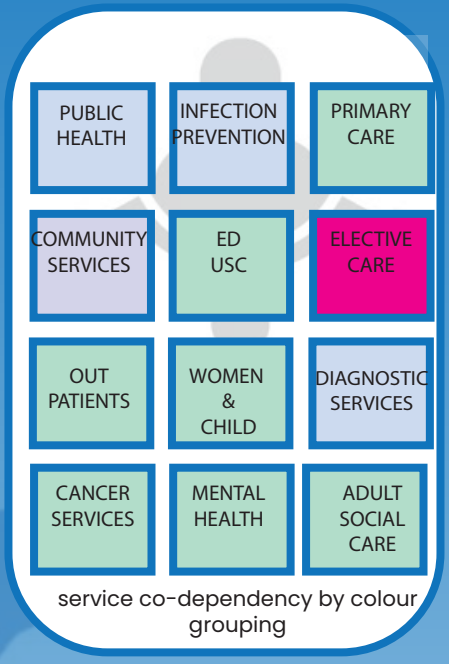
COSTS

Deliverable	Cost description	Cost type	Amount	Cost Status	Comment
RUC - Acute care	Govt funding	non recurring			See Acute - Elective
USC - Winter Plan	Increase in medical bed compliment (29 beds)	not funded	£1,167,631		part of medical recovery plan, pro rata for 5 months
L&I Hospital Clinical Fellow	To improve ED performance, early discharge, OP capacity	recurrent	£48,000	not funded	
Winter Planning Manager (A&B)	Whole system Coordinator across all pathways	recurrent	£30,000	not funded	

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Elective Care

Key Performance Indicators	current	target
How many patients meet 12 wk TTG?	561 (65%)	
How many patients over 12 wk TTG?	12,762	11,485
How many patients over 26 wk TTG?	9%	
How will we measure impact for P3-4		
Monitor vacancies across elective care		
Monitor equitability by RGH's v Raigmore		
Monitor cancellation of electives <2 days	115	



service co-dependency by colour grouping

Key Risks

Funding
ITU
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **Maintain and monitor P2 priority patient treatment**
2. **Management of P3 and P4 patients who are not getting treatment**
3. **Equitable access to elective care across NHSH**
4. **Sustainable recruitment internally and regionally**

FUNDING REQUIREMENT

£ 3.120 m

ACUTE CARE Elective Care

SERVICE STATEMENT

Acute services across NHS Highland are reshaping to deliver high quality clinical services that are accessible across the Rural General Hospitals and Raigmore Hospital through a one Hospital, Four sites model and across our unique and vast geographical area. Remobilisation of elective care is progressing in line with clinical prioritisation and in accordance with a clinically led and managerially enabled multidisciplinary approach to service restart. Prioritisation will be given to those with highest clinical need with a range of bespoke recovery plans being taken forward across a range of impacted services.

CONTEXT

Additional capacity was established when we opened the fourth endoscopy room in April 21, and the Highland Urology Centre in June 21. Further recruitment to maximise these facilities is ongoing. Both facilities are helping us to diagnose patients faster. During summer 2021 with the reduction of lockdown measures, the Highland area saw an increase in tourism and emergency admissions, which has been impacting our ability to deliver the planned elective consultant led TTG activity. During August non-urgent elective admissions were cancelled at Raigmore and outpatient services reduced. To counter this we have developed a plan to utilise fallow theatres in other hospitals, and also continued to use technology enabled outpatient services. We continue to treat patients based on their clinical prioritisation with plans to be able to report these during Q3 2021-2022, as per the national programme.

Patients are treated in order of clinical priority and we have made waiting list reductions in specialties such as colorectal. We have also been focusing on long waiting patients within Orthopaedics, which is the specialty with longest waits. Introduction of the Endoscopy Fourth Room and Highland Urology Centre have also impacted our ability to see more patients more quickly. Medical emergencies during summer 2021 have reduced our elective surgical plans for non-urgent patients and also reduced our outpatient services, creating longer waiting times.

Since RMP3, we received funding to open our fallow theatre to improve our capacity across Highland. E.g. We are extending our service reach from outside Raigmore for some specialties e.g. gynaecology in Wick and orthopaedics in Belford, to maximise the use of resources and to reduce waiting times. At time of publishing our robotic assisted surgical services commenced in colorectal then followed by gynaecology. (see Cancer Services). This will help to reduce length of stay and minimise the need for critical care.

We also received funding to provide an eighth bed in ITU to increase our capacity particularly as we are seeing a mix of high acuity patients since lockdown with / out Covid-19. We are developing bed and theatre modelling to enable the most efficient use of our resources. As part of our Referral Management Centre we are developing tools such as a single waiting list and SOPs to support this efficiency approach.

There has been a loss of core capacity related to the introduction of new Covid Infection Control Measures, in the region of 30%. e.g. a Consultant only clinic of 12 patients in 2019/20 now runs as a clinic of 9 patients in 2021-2022. The Nurse led / AHP activity transfer is estimated from the increase of Nurse led / AHP activity above baseline of 125 patients per month.In addition we had a SG Government direction to reduce activity in July / August 2021.

REDUCTION CORE ACTIVITY - NEW OUT PATIENTS	
Covid Infection Control Procedures - Loss of 30% Capacity in Consultant Led Activity	10,752
Reduction in Activity July / August 2021 as per SG Guidance	1,500
Transfer of Activity from Consultant to AHP / Nurse Led Activity	1,200
TOTAL	**13,452**

We develop our plans to open the National Treatment Centre in autumn 2022, and have recruited to key posts since RMP3 was published. More detail is included in the Estates & Facilities section.

Moving forward over winter, we anticipate delivery of circa. 105% of our 2019-20 core Consultant led new Out Patient activity, should funding allow and asumimg no other significant winter pressures.

For TTG, we anticipate significant bed pressures over winter, particularly in Raigmore. These are expected due to the high number of medical bed pressures we have experienced year to date and also inantici-pation of a challenging winter period. Our mitigation plan is dependent on additional funding and the ability to recruit to 29 additional medical beds. If this enabled, we anticipate a TTG projection of up to 85% of our 2019-20 core Consultant led TTG activity, should funding be available. These are shown in the table below. These additional activites will be dependent on real time service pressures which could affect activity levels e.g. due to surge pressures, theatre pressures, self isolation of staff and patients. These con-ditions will also pertain to A&B patients whn treated by NHSGG&C colleagues. If we undertake additional OP activity we will manage patient expectations for those converted to an admissions waiting list, using current methodologies.

Proposed additional consultant led activites, in Q3-4, dependant on funding.

Specialty	Consultant led New OP	TTG
Cardiology	100	
Colorectal	480	
Dermatology	1,134	
ENT	660	
General Medicine		14
General Surgery	155	
Gynaecology	400	
Neurology	450	
Neurosurgery	100	
OMFS	150	
Ophthalmology, General DC		84
Ophthalmology, Cataracts		264
Respiratory Medicine	15	
Rheumatology	172	
Orthopaedics	1,296	
Urology		60
TOTAL	**5,112**	**422**

Financial details are included in thie “Acute” and Finance chapters of this document.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status	
Meet national waiting times - Refer to Templates 2 & 3					G

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	6.1	Remobilise orthopaedic activity in the unstaffed theatre in Raigmore Hospital	400 - 560 patients	Development of Trauma and Orthopaedics Recovery Plan	Recruitment, staff availability and infrastructure issues. Significant current emergency medical pressures.	400-560 patients depending on case-mix. Open theatre that has not been utilised to date to deal with waiting list backlog. Activity based on 3-4 joints per list to allow for increased case mix complexity
A	6.2	Appoint 2 Consultant Gastroenterologist from Quarter 3 2021 to improve waiting list	300-400 new patients plus returns	Attempting to recruit and using Independent Sector. Gen surgeon starts Jan22 to assist with USC clinics and scopes.	Inflated waiting lists.. Challenging recruitment envidronment.	
A	6.3	Waiting times improvement bid in A&B as a result of GGC Covid 19 and remobilisation position	reduce backlog as per RMP3 funding	working with GGC to maximise clinical capacity	Waiting lists continue to rise and health needs of local population remaining unmet	
G	6.4	Referral Management Centre (central booking service process)	Improve efficiencies of admissions and OP service admin	Strategy developed to review & standardise SOPs - better tools for admin, with stronger leadership.	Capacity to take forward the redesign and modernised approach to delivering out patient services compromised	This is a three year redesign programme based on the recommendations of the access collaborative and the GG&C model
A	6.5	Dermatology National Tender	2000-2200 new and return patients P/A	Using service where capacity allows	Inflating waiting lists and lack of sustainable option	Use of national tender pending recruitment to consultant staffing as sustainable option

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
G	6.6	SCN in Medical Short Stay	12 Beds	Monies invested	Increased LOS for medical patients risk of impact on surgical bed capacity	
G	6.7	SSN and floor Co-ordinators in CDU	22 beds with a volume allowance for up to 60 patients per day	Monies invested	Increased Covid risk for hospital as a whole and increased risk of impact on surgical service delivery	
A	6.8	OMFS Head & Neck Service	15 - 20 complex surgeries p.a. plus 4-500 new out-patients	Discussion with Tayside to remobi-lise previous level of service. Currently seeing urgent.	Waiting list inflation and long waits for high risk patients. Capacity within Tayside	
A	6.9	Anaesthetic/ITU	8 ITU beds	Funding received. Opened 8th bed, with need to flex up during current period	Preserve core operating levels to approximately 150 - 170 operations per week.	ITU increased staffing to maintain operating levels through the next Covid resurgence
A	6.10	Chronic Pain Management Services	Create equitable and sustainable pain service	2-3 year improvement strategy. Delivery of AHP clinics and new models of working to increase access and capacity of service. e.g. third party; physio pilot seeing 41 patients; additional consultant resource; new psychology from Aug21; recruitment of lead nurse; additional resource to see patients; pathfirnder site; developing strategy workshop held	Chronic pain waiting lists will continue to deterioriate with further impact on physical and mental health waiting lists	2 year improvement strategy working with SG. Includes delivering virtual AHP clinics and new models of working to increase access and capacity of the service through new ways of working

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	6.11	Required recurrent funding as per previous agreements, e.g. orthopaedics, urology	maintain core capacities	28 June theatre opened. 3C opened with c8 beds initially. Theatres fully used until other (medical) pressures at end July. No elective joints for 3 weeks in Aug. Medical need additional c.30 bed, so plan is to recommence at end of Aug when medical beds are in place. Recruitment risk for 3C continues.	Staffing capacity - due to shielding, annual leave being taken. Patient concerns and risk to health due to Covid19 in the community / hospitals particularly for the over 70s and vulnerable population. Reduced capacity in the wake of Covid19 due to enhanced cleaning and turnaround times between patients. Required social distancing and infection control restrictions. Recruitment and Retention	Establishment reviews currently underway will ensure in future that we have the right level of staff in permanent posts to account for these sort of fluctuations in availability. Clinical contact with these patients and risk assessment. Services taken to patients wherever safe and appropriate to do so. Additional capacity to be sourced to meet demand. Additional capacity to be accessed either in the form of staffing or physical capacity. Workforce strategy - workstreams on both are being initiated and will report to the workforce board
A	6.12	Additional theatre funding to aid remobilisation (from July21)	increase theatre capacity	For fallow theatres. Mainly Raigmore & also some extra ortho in Belford, Gynae in CGH. Mainly day cases in Raigmore due to bed availability. £740k.	Bed pressures and acuity of patients are affecting theatre use	Improve capacity
G	6.13	National Treatment Centre	Improved Ophthalmology and Ortho capacities	On plan for Autumn 22 opening. Centre manager recruited. Key appointments recruited.	Recruitment challenges	Improved access to ortho & ophthalmology services
A	6.14	Additional TTG and New OP waiting list reductions for various services	Reduce waiting lists	Proposed additionality	Funding required	Increased capacity

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	Various - key service in delivery of Winter Plan	

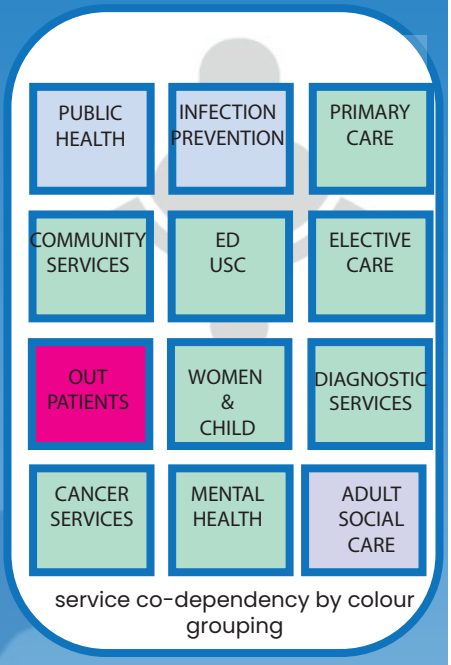
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Fallow Theatre use	Maximise use of NHSH theatre capacities	non recurring	£700,480	SG funded	
8th ICU bed	Investment in Critical Care to enable development of PACU to provide CC flexibility and sustainable rota.	non recurring	£528,503	SG funded	Also to enable sustainable rota and flexible HDU function in times of surge
Enhanced Community Services with Rapid Response	Development of enhanced whole system USC care services	non recurring	£600,000	SG funded	Following £1.1M bid, June 21 SBAR
ITR in Communities Services	Provision of community based ITR to reduce OP pressure in main hospitals	non recurring	£124,000	Not funded	As per RMP3 temporary funding creates sustainable service pressures
Chronic Pain Service Strategy Development	Development of pathfinder strategy and initial implementation phases	non recurring	£488,000	Not funded	As per RMP3 temporary funding creates sustainable service pressures
Ophthalmology Daycases TTG	84 WLI daycases	non recurring	£64,823	Not funded	Additional TTG activity
Ophthalmology Cataracts TTG	264 WLI daycases	non recurring	£195,870	Not funded	Additional TTG activity
Theatre Staffing - Synaptik	To support staff shortages due to Covid pressures	non recurring	£195,500	Not funded	To cover staff shortages
Urology TTG	Green light laser Clinics, Synaptik. 60 TTG patients	non recurring	£50,503	Not funded	Additional TTG activity
Urology	Locum cost pressure	non recurring	£147,602	Not funded	To cover 2 vacancies
Flow Manager (A&B)	To suppport transfers from GGCHB to A&B	recurrent	£25,000	Not funded	To facilitate discharges

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Outpatients

Key Performance Indicators	current	target
New Outpatient (12 wks. referral to OP)	2371(71%)	
OPWL > 12 weeks	8,890 (50%)	
OPWL >26 weeks	3,979 (23%)	
All OP activity (non-Consultant)	4356	



service co-dependency by colour grouping

Key Risks

Funding
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **Appropriate use of flexible resource**
2. **Proposed additional NOP capacities**
3. **Continued & increased use of digital technology**
4. **Ensure impact on other services is within capacity for intended and unintended consequence e.g. diagnostics and clinical services**

FUNDING REQUIREMENT

£ 0.647 m

ACUTE CARE Outpatient Services

SERVICE STATEMENT

Acute services across NHS Highland are reshaping to deliver high quality clinical services that are accessible across the Rural General Hospitals and Raigmore Hospital through a one Hospital, Four sites model and across our unique and vast geographical area. Remobilisation of elective care is progressing in line with clinical prioritisation and in accordance with a clinically led and managerially enabled multidisciplinary approach to service restart. Prioritisation will be given to those with highest clinical need with a range of bespoke recovery plans being taken forward across a range of impacted services.

CONTEXT

During 2021-2022, we continued to mobilise our outpatient services using virtual and face to face consultations using consultants, ANPs, AHPs as part of the modernising agenda. However there have been periods of reduced activity due to significant emergency pressures in the acute system. As waiting lists grow and the difficulty in recruiting consultant level staff it is anticipated that we need to continue to develop our AHP and ANP base to provide specialist care. If additional funding is available it might be possible to undertake waiting list initiatives in some specialties to reduce the overall waiting list.

We have continued to deliver outpatient services based on clinical prioritisation and using mixtures of technologies. Due to the high emergency demand in summer 2021, some reduction of outpatient services took place.

We are developing our plans for the Referral Management Centre which will bring a more equitable, standardised and higher quality approach to patient booking. Recruitmenr of key management posts is underway.

We are developing our plans for use of imaging as part of the Dermatology outpatient service to enable higher quality processes for our patients.

As noted in the Elective Care section there has been a loss of capacity related to the introduction of Covid Infection Control Measures of around 30%.

Also, as detailed in the previous chapter, we have plans to provide additional consultant led new outpatient activity during Q3 and 4, but this is dependant on funding and service capacity over the winter period.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
National wiating time targets. Refer to Template 2				

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
G	7.1	Outpatient Community Treatment Rooms to support virtual attendance	average of 1400 patients per month	Additional 5 virtual rooms established on Raigmore site to increase virtual capacity	Increased requirement for face to face intervention and a reduction in our ability to deliver required levels of virtual consultation	Enhanced access
G	7.2	Optimising Renal Dialysis and Discharge Flow patient transport to assist SAS	20 patients per week	Transport service supporting on M/W/F mainly. Renal patients, discharges and some outpatients, to support SAS. Additional funding required from SG to develop to 6 day service	Potential risk to patients care and financial risk	Continuation of 2021/22 activity
A	7.3	Community proposal - Enhanced Community Health & Care Model (Inverness)	1500 bed day saving per annum projected 1500 bed day saving per annum	Extending range to include Nairn and mid-Ross areas with future plans to extend parts of service in Caithness	Elective activity within the Raigmore Acute Hospital setting continues and will be impacted as remobilisation progresses operating levels will not be maintained due to delayed discharge. Funding dependant.	Continues to be progressed with learning todate. This bid is taking forward transformational change to support better patient outcomes for the future. It is a long and challenging piece of work as patient pathways are redesigned and reshaped to better meet local need.

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?

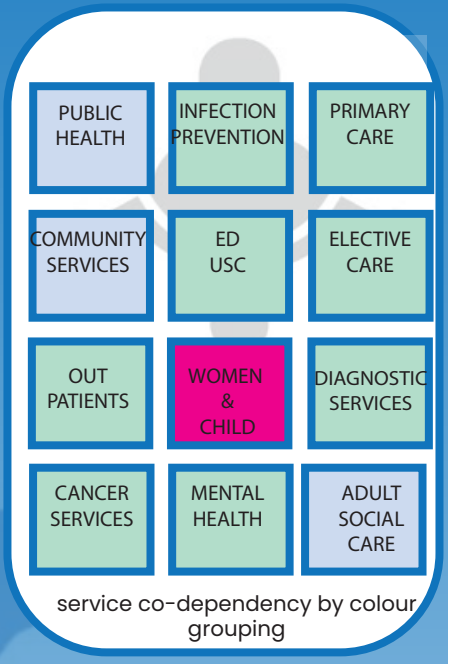
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Cardiology WLI	100 new OP	non recurring	£11,442	not funded	Proposed additionality
Neurology WLI	450 new OP	non recurring	£50,330	not funded	Proposed additionality
Rheumatology WLI	172 OP	non recurring	£19,375	not funded	Proposed additionality
Oral Surgery WLI	150 new OP	non recurring	£21,400	not funded	Proposed additionality
Neurosurgery WLI	100 new OP	non recurring	£7,935	not funded	Proposed additionality
ENT WLI	660 new OP	non recurring	£77,285	not funded	Proposed additionality
Colorectal WLI	480 new OP	non recurring	£79,806	not funded	Proposed additionality
Orthopaedics WLI	1,296 new OP	non recurring	£66,555	not funded	Proposed additionality
Dermatology WLI	1,134 new OP	non recurring	£189,000	not funded	Proposed additionality
Clinical Support Services	To support increased OP activity	non recurring	£57,994	not funded	
Facilities Support	To support increased OP activity	non recurring	£66,555	not funded	

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Woman & Child exc. CAMHS (N & A&B)

Key Performance Indicators	current	target
Waiting List (done through OP TTG KPI's)		
Maternity HEAT targets		
Number of cases of RSV into Acute Paediatrics		



service co-dependency by colour grouping

Key Risks

Recruitment
Regional Working
Capacity/ Demand
Long Term Funding

Key Assurance Deliverables

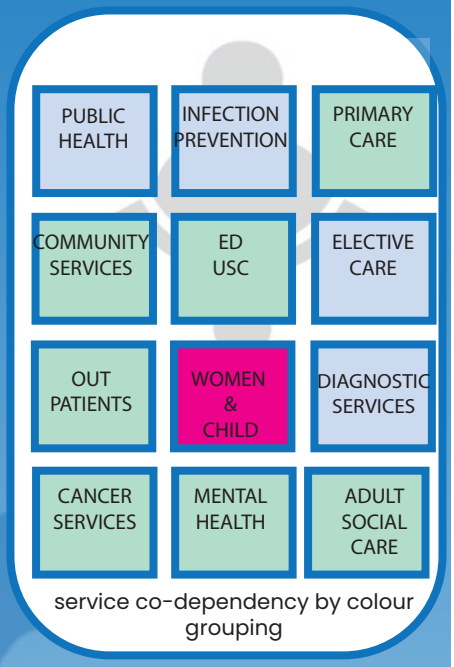
1. **Develop and/or maintain sustainable model in our maternity services**
2. **Develop sustainable paediatric service delivery inc RSV to prepandemic levels**
3. **Develop Gynae workforce and change service delivery (e.g. RGH) to increase patient capacity**

FUNDING REQUIREMENT

£ 0.365 m

CAMHS (N & A&B)

Key Performance Indicators	current	target
CAMHS Completed waits in 18 weeks	67.2%	55.0%
First treat appointments treated within 52 weeks	759	
Ongoing waits > 52 weeks, July 2021	187	80
Monitor vacancies in Service		



service co-dependency by colour grouping

Key Risks

Recruitment
Funding
Infrastructure
Capacity/ Demand

Key Assurance Deliverables

1. **Redesign CAMHS Service**
2. **Develop sustainable workforce model**
3. **Reduce waiting times**
4. **X**

FUNDING REQUIREMENT

£ 1.839 m

ACUTE CARE Woman & Child Services

SERVICE STATEMENT
See above

CONTEXT
Gynaecology – developing rollout plan for robotic assisted surgery from mid Sept. Looking to recruit 1.5 new consultants by November but due to retirement the net effect might be 0.5WTE. Re-establishing theatre services in Caithness. Maternity – design of Raigmore based service to provide care for complex deliveries for Moray and Caithness families. CAMHS – development of improvement plans using additional funds to reduce waiting lists and change the CAMHS service specification. Some WL improvement in A&B using agency staff for specific types of patients; plans to recruit across Highland. Significant staffing pressures in Q2 and Q3 will affect our plans to increase service delivery until Q4, This turnaround will however be dependant on successful recruitment and use of agency staff. Paediatrics - significant pressures noted in Aug / Sept around hospitalisation of children with RSV with prediction of signifianct imapct during winter.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Refer to Template 2				

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	8.1	Increase Gynaecology Workforce to increase capacity	2000 patients per annum	Delay in recruitment. 1.00wte not likely to start until November & might not be recruited as temporary funding only. 0.50wte will likely go ahead & backfill newly retiring consultant. RAS not likely to have impact til 2022 / 23. Colposcopy nurse went live in summer. Possible strategy in moving to other ANP services e.g. pessary & colposcopy	The number of referrals for gynaecology continue to rise, which will have an adverse impact on patient outcomes.	To address long waiting patients on the out patient waiting list. Aim is to improve and adress cancer waiting times also as outlined
G	8.2	Paediatric Workforce	30 new patients and 90 returns per week	Seeking to recruit to posts	The number of patients awaiting treatment would continue to inflate with significant risk to children	Requirement for workforce increase to support delivering a resilient and responsive service which reduces waiting times across key areas.

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	8.3	Develop and implement improvement plans for CAMHS specification change (May21)	Increase scope of service	NEW. Improvement Plans revised 27.09.21		
A	8.4	Reduce CAMHS waiting times (see template 1)	Reduce waiting times	NEW. Improvement Plans revised 27.09.21		
A	8.5	Maternity Service redesign	Improve capacity for families with higher acuity	NEW. Developing Plan.	Significant cost pressure if redesign funds are not provided recurrently. Risk of recruitment	Improved service
A	8.6	Develop RSV pathway (See winter checklist)	OptImal management of paeds RSV patients	NEW. Significant service pres-sures, funding for equipment requested.		Improved service

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	RSV	

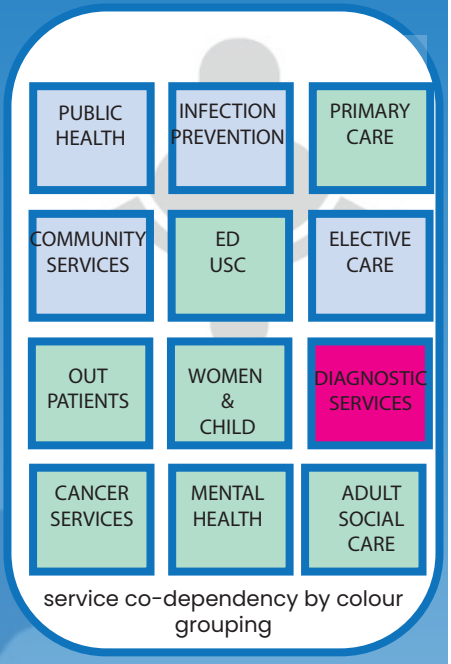
COST

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Gynaecology WLI	504 new OP	non recurring	£44,975	Not funded	Proposed additionality
Gynaecology pessary clinic	Return OP	non recurring	£26,582	Not funded	Proposed additionality
Colposcopy Nurse specialist	OP clinics	non recurring	£63,286	Not funded	Proposed additionality
CAMHS	Waiting times reduction	SG funded	£282,928	year 1 of 2	
CAMHS	Service Redesign	SG funded	£990,711	year 1 of 2	
CAMHS	25 YO age increase	SG funded	£565,856	year 1 of 2	
Paediatrics	EPLEX machine	non recurring	£230,308	not funded	respiratory infection support

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Diagnostics & Clinical Support Services

Key Performance Indicators	current	target
6 week Diagnostic Key Test National Target	various	
Labs - UKAS Accreditation Standards	compliant	maintain
Covid 19 Regulations for Patient and Staff safety	HSE Compliant	
Loss of Capacity due to Covid 19 Regulations	patient slots	minimise
Monitor outsourcing of radiology reporting		
Performance Reporting of Operational Services		



service co-dependency by colour grouping

Key Risks

Funding
Infrastructure
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **Short term recruitment to maintain activity and support**
2. **Maximise opportunities of outsourcing radiology reporting e.g. regional, national IS aid**
3. **Mitigate winter pressures from urgent and emergency activity; C19 RSV etc.**
4. **Impact of other service plans - cost resource, capacity e.g. WLI, Redesign of ED/AEC flow vaccination**

FUNDING REQUIREMENT

£ 0.775 m

ACUTE CARE Diagnostic & Clinical Services

SERVICE STATEMENT

Supporting health services from Primary, Community and Acute care. Services in clude Diagnostics - endoscopy, radilogy and Clinical Services such as Medical Physics, Nucelar MEdicine, Cardio Respiratory, Labs and Pathology and integral to delivery optimal patient care.

CONTEXT

Diagnostic Services

High quality Diagnostics are a key foundation stone of the full range of clinical services. A range of initiatives are being progressed to ensure these services are sustainable. Endoscopy very much focussed now on recruiting the sustainable workforce to continue with the delivery of the fourth endoscopy room and the urology hub and also increasing Radiology and Radiography staffing capacity within the Highland area. In addition further funding is sought to deliver further on the successes of Radiology equipment replacement programme.

We are aiming to develop our cohesive pan Highland approach to delivering services to enable equitable access and uptake.

Implementation of digital Pathology system is planned in Q4 21/22. The key benefits associated with Order Comms and other Digital strategy work. New hospitals will increase demand on Diagnostic services.

Review required for AHP services & healthcare scientists (e.g. 5 AHP groups in Diagnostics & Clinical Support. c1/4 AHPs and 1/2 H/c scientists sit in the directorate) to develop future plans based on DCAQ. Medical Physics directly enables patient pathways from most other workstreams. In Clinical Physiology, additional service pressures have been assessed against activity projections across all patient pathways / service areas supported, to support any intended increase in activity e.g. WLIs.
e.g. Where staff time directly provides clinical services, the overall budget for is £4.29m. A 10% increase in activity would require an increase of c.£429k.
In addition recurrent funding of £10k is noted for remobilisation of radiopharmacy in Nuclear Medicine and project management of health technology replacement c. £20,544.
In Labs we have noted significant impact on resource for the continuous Covid testing during the period.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Refer to Template 2				

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG	Ref No	Key Deliver-able	Target	Progress against RMP3	Key Risks	outcomes
G	9.1	Business case for the fourth Endoscopy room	1600 - 2400	Service com-menced in May. Significant capacity gains	Increased Cancer performance sustainable improvement increased capacity as described in business case	Continuation of 2021/22 funded activity scaled back by one third to allow for increased social distancing and cleaning associated with Covid19
A	9.2	Cross-Sectional Radiography (MRI & CT) Workforce	To match capacity with demand particularly cancer patients Ax and Rx. To increase the access to imaging daily and weekly by % volume demonstrated via 23%increased demand for urgent IP's	Using SG funding to aid recruitment	30% increase in capacity. Compliance with HSE Covid19 Safe working practices. Extended access to imaging. Improved/poor patient experience.	Increased capacity
A	9.3	Ultrasound workforce	To address forecasted demographic challenges proleptically.	2 sonographers due to start 27 Sept and will have no impact until qualified in Oct 22. Each will be able to see c.80 patients per week thereafter	will take 12 months before trainees are able to report	Extended roles and skill mix possibilities, increased training opportunities - possible new model of dispersed service delivery
A	9.4	Medical equipment - planned imaging upgrade	To ensure enabling works and infrastrutures in place for the necessary equipment relacement pan NHSH	CT due to go live 2022. construc-tion cost increase, Using CT pod in meantime.	Compliance with IRMeR regulations & H&S requirements. Modern and fit for purpose radiological equipment	independent national workforce MacRitchie Report which includes modelling based on national activity analysis and projections. Also to lead and deliver necessary service management and redesign as requested as a prioirty by the consultant group
A	9.5	Outsourcing of Radiology reporting	To maintain current but reducing levels of external reporting of images	Continue to out-source, based on increased service demands. Ad-ditional funding requuired.	Service stability & viability whilst agreeing the target operating model pan NHS Highland and securing digital benefits of order comms and PACS upgrade	This is a key area of performance improvement work supported through a programme management approach
N	9.6	National endoscopy reporting & review	new pathway x3 development fro inclusion in strategic plan	New. To be dis-cussed in strategic plan		Meet national strategy

RAG	Ref No	Key Deliver-able	Target	Progress against RMP3	Key Risks	outcomes
A	9.7	Radiology workforce	SG funding provided summer 2021. ATRs agreed July. Recruitment pressures.	To monitor activity levels as work restarts and maintain the ability to step down other non-urgent services. Work with eHealth on planning ahead and to identify key priority areas. Have a plan in place to source alternative options that are available	Increased activity within acute hospitals following remobilisation - staffing levels and resources will need to increase to meet demand and activity. eHealth capacity - It may be unavailable to support with the installation and integration of new systems and equipment. Impact of Brexit on supply chain - potential inability to sustain consumables	Additional consultant radiology capacity, redesign of services pan NHSH and improved capacity
A	9.8	Enable digital pathology	improved efficiencies	New	Capacity to implement	Improved efficiencies in accessing services

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	Various - key service in delivery of Winter Plan	

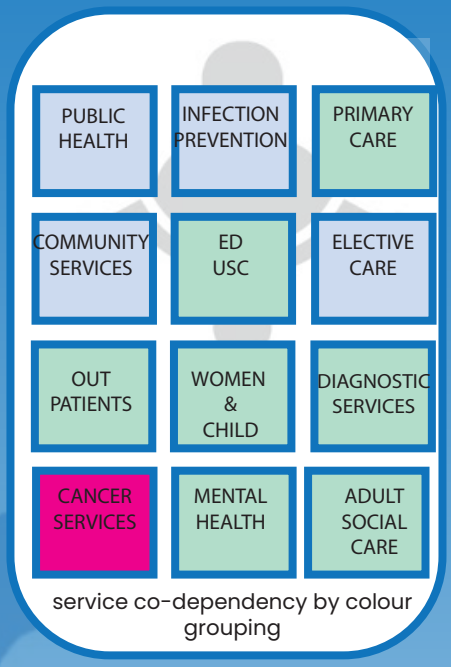
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Medical Physics	Radiopharmacy capacity plan	recurring	£10,000	not funded	Redesign
Medical Physics	Project Management of Health Technology replacement	recurring	£20,544	not funded	Redesign
Endoscopy WLI	150 new diagnostic OP	non recurring	£75,296	not funded	Proposed additionality
Radiology imaging services		non recurring	£112,500	not funded	
Radiology reporting		non recurring	£300,000	not funded	
Clinical Physiology	Supporting additional activity	non recurring	£81,611	not funded	Proposed additionality
Laboritories	increased post-lockdown service provision	non recurring	£175,632	not funded	Actual Additionality c.20%

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Cancer Services

Key Performance Indicators	current	target
31 Day Cancer waiting time target	97%	95%
62 Day Cancer waiting time target	72.8%	90%
Show Improvement in QPI's	QPI's not met	QPI's met
Implement Cancer Management Framework	5/18	all met
Monitor cancer surgical prioritisation <4 weeks		
Detect cancer early - proportion of stages 1 & 2		



service co-dependency by colour grouping

Key Risks

Funding
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **Continue to improve waiting times & quality**
2. **Develop acute Oncology service & redesign SACT**
3. **Implement cancer management framework**
4. **Single point of contact for patients**

FUNDING REQUIREMENT

£ 1.342 m

ACUTE CARE Cancer Care Services

SERVICE STATEMENT
Provisioin of Cancer Care and supporting health services from Primary, Community and Acute care.

CONTEXT
Since RMP3 we have continued to prioritise the treatment of our cancer patients. Development and implementation of cancer strategy to improve our 62-day performance started to show improvements from June 21. Highland Urology Centre (HUC) went live in June 21 and has increased our cystoscopy capacity and improving the flow of patients through these cancer pathways. Additional investment in nurse led capacity will further improve this performance. Our Robotic Assisted Surgery service started for Colorectal cancer patients on 31 Aug and Gynae patients will commence in mid Sept21. Plans are developing for ENT and Urology patients. Rollout of Patient Pathway Plus system will help identify bottlenecks in the cancer pathways helping us to provide optimal care for our patients. Additional funding bids will be made in Q3 2021/2022 to help us to further improve cancer services.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Use Template 1,2				
31 Day Cancer	97%	meeting target	95%	on target
62 Day Cancer	64.9%	below target	90%	recent improvement

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
C	10.1	Establishment of Patient Centred Care Project	Single point of contact for the 12600 people living with Cancer and the 600 referrals per month with a suspicion	Has not progressed as no funding	single point of contact, proactive management from pre diagnosis onwards, tailored support for the patient and their family	This Macmillan project currently funds the provision of support for patients from diagnosis onwards. This will permanently fund the initiative as well as extent its provision for from referral onwards

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
C	10.2	AHP Support Pre-surgery	This is a pilot programme commencing with approx 200 CRC patients p.a.	Has not progressed as no funding	Timescale assumes successful recruitment to posts	Co-ordination of a universal prehab service for cancer patients linking to a pan Scotland network
A	10.3	SACT - Additional Treatment staff	Reduction in waiting time from 3 to 2 weeks max.	Part of September 22 bid	Difficulties in recruitment to the SACT trained nursing posts are anticipated and alternatives solutions will be utilised in the short term if required until the posts are filled	Additional Systemic Anti Cancer Therapy capacity with evening and weekend opening providing a 20 % increase in treatment slots and reducing significant risk of treatment delays.
A	10.4	Acute Oncology Team	Reduced hospital visits, admissions and LoS. Improved outcomes and experience due to specialised team, improved co-ordination, communication and ability to meet increasing AO demand. Provide expertise and service across numerous hospital sites. Improve pathways and diagnostic experience of CUP for patients presenting with non-specific symptoms	Has not progressed as no funding	Recruitment and infrastructure	Reduced hospital visits, admissions and LOS. Improved outcomes and experience due to specialised team, improved co-ordination, communication and ability to meet increasing AO demand. Provide expertise and service across numerous hospital sites within Highland, ensuring patients are treated/cared for with minimal amounts of travel. · Improve the pathway and diagnostic experience of CUP for patients presenting with non-specific symptoms.
A	10.5	Pharmacist - Cancer Independent Prescriber	Increased number of SACT episodes managed by Pharmacist rather than Medical Teams	Has not progressed as no funding	Difficulty in recruitment to this post is anticipated and alternatives solutions will be utilised in the short term if required until the posts are filled	Increased number of SACT episodes managed by Pharmacist rather than Medical Teams.

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
G	10.6	Patient Pathway Plus	1500 patients being tracked	Planned rollout winter 2021	Capacity	More proactive and more timeous management of all patients being tracked. Improved ability to use systems for clinical purposes and decision making
A	10.7	Cancer Information Officer	1500 patients being tracked	To support P&P team when cancer reporting ismigrated	No funding	Supporting the Managment Team in the provision and analysis of meaningful date to inform decisions in operational/strategic processes
A	10.8	Consultant Radiographer - Prostate Radiography	200 patients per year	Attempting to recruit	National recruitment issues	An efficient and cost effective way of dealing with heavy workload. Reduced reliance upon Oncologists time. Improve the urology patient pathway through Oncology by freeing up the Consultant Clinical Oncologists to concentrate on other essential patient work with both Urology and others. Role will work in complement with the oncologists and have a take responsibility for implementing 'Lean' methodologies to "pull" patients from MDTs and minimise the delays in Oncology referral and treatment
A	10.9	Support Contact for Medical Imaging App	500 referrals per year	Capacity issues in implementation	No funding	The 31 & 62 day targets will measure how quickly melanoma patients are seen and treated. By being able to prioritise the most clinically urgent cases, we will also be able to list some patients directly for treatment. Trak care will help us audit how many patients can be reassured directly and avoid the wait for outpatient assessment

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
C	10.10	Pre-existing initiatives funded in 2020/21	Closed	Delviered in RMP2		CWT Initiatives established in 20/21 Melanoma, Haematology and GI Nurse Specialists, Consultant PA shortfalls and Asst. Service Manager
A	10.11	Mutual Aid/IS capacity at Dr Grays	estimated 360 scopes and 90 IP cases	136 patients seen & some seen in Raigmore as part of same service. At present no requirement for mutual aid but green light laser with Synaptik established in Raigmore every 2 weekends. Requires SG funding.	Funding required to develop additional TTG clinics	Additional capacity for 15 weekends to see USC patients dependent upon demand at time
C	10.12	Development of Urology component of patient portal	600 pts on Prostate Active Surveillance (AS)	Pilot delivered in RMP2		Rapid notification of results for patients on AS. Freeing up of NS staff (1 day per week) for more appropriate activity
A	10.13	Urology - Advanced Clinical Nurse Specialist	36 flexible cystoscopies per week once ACNS is fully trained	Additional staff-ing required	Funding required	This post addresses the inability to appoint new and replacement post and maximises the skills and abilities of the non medical workforce. In keeping with the aims and vision of the Scottish Access Collaborative. This would be a second NS post providing capacity in this area
A	10.14	Haematology Specialist Doctor	100 return per month	Has not pro-gressed as no funding	Part of Oct22 funding bids	With reduced cons capacity Spec Dr able to manage return cases and free up Cons to see more complex pts. Bridge gap between Nursing & Consultant level staff., improved ward level support
C	10.15	Urology Diagnostic Hub one stop clinic proposal	600 patients pa	Service commenced & looking to recruit ANPs to enhance capacity	see above	600 patients per annum for scope. Reduction in cancer patient journeys and improved cancer waiting times

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
A	10.16	Robot Assisted Surgery for Cancer	Will reduce LOS and CC use	Colorectal staredt Aug21; Gynae mid Sep then ENT & urology ?Q4? Unexpected additional costs for consumables, 2 x B6 posts, decontamination £700k. See business plan	Funding required	Introduction of surgical service in 21-22

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	Winter pressures may affect service delivery	

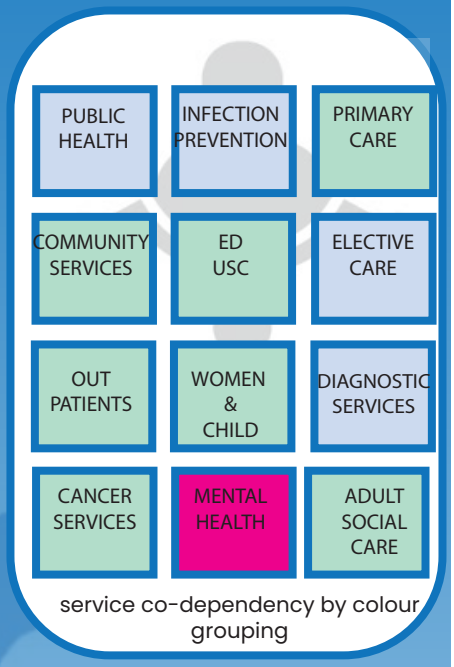
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Robotic Assisted Surgery	Cost pressure – decontamination, consumables, additional staff to meet national best practice	not funded	£402,000	recurring	Implementation plus 6 months recurring costs
SACT	second round of SG bids	not funded	£940,000	non recurring	Increased capacity
Cancer	second round of SG bids	not funded	TBC	non recurring	Expected Oct. 2021

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Mental Health Services (N & A&B)

Key Performance Indicators	current	target
Psychological therapies RTT in 18 weeks	81.9%	72.8%
PT First treatment < 52 weeks	661 (Q1)	951
PT First treatment > 52 weeks	48 (Q1)	128
Increase available bed days in adult pathway	2068	2250
Decrease number of delayed discharges	16%	8%
Decrease nursing & staffing vacancies	15%	8%
Monitor other key areas, e.g. ED, neuropsychology,AMH, GSH (not a KPI)	TBC	TBC



service co-dependency by colour grouping

Key Risks

Funding
Infrastructure
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **PT improvement plan implementation**
2. **recruit to achieve safe staffing levels**
3. **remobilise beds in acute mental health wards**
4. **Prioritisation of redesign of urgent & emergency mental health services**

FUNDING REQUIREMENT

£ 0.387 m

MENTAL HEALTH SERVICES

SERVICE STATEMENT

NHS Highland is committed to working with the SG's Enhanced Support Team to discuss and plan improvements in both CAMHS and PT services. MH services continue to plan for remobilisation of in-patient beds closed due to COVID red areas, provide an increase in support hours to people with a learning disability reflecting timescales and new models of support in the remobilisation of building based day services, improving rates of responsiveness to new PT referrals, reduction in waiting list numbers, increasing out of hours crisis response and increasing support to Primary Care.

CONTEXT

Scheduled care

Aim to improve rate of responsiveness to new referrals to Psychological therapies and reduction in waiting list numbers. We are greatful to Scot Govt for additional funding to facilitate this.

- Optimisation of medical capacity and digital delivery in outpatient settings.
- Managing increase in demand for PT services (pan Highland including Eating Disorders).
- Development of service models where no dedicated provision in place e.g. EI in Psychosis (pan Highland), Eating Disorders (pan Highland),
- Personality Disorder and Forensic (A&B),
- Primary Care (North Highland),
- Neuropsychology (pan Highland),
- Clinical Health Psychology (Pan Highland).
- Agreement of plan to increase support to Primary Care funded jointly via Action 15 & PCIF.

Significant service risks exist due to low baseline staffing and service models.

Unscheduled Care

Mental Health Assessment Unit (MHAU) now operational as a test of change. Plan to increase out hours specialist MH input including assessment and interventions at home, funding and recruitment challenges to achieve aspirations.

In-patient care

Plan for remobilisation of beds closed due to Covid Red areas will increase available bed days.
Developing our workforce strategy in an attempt to address significant recruitment challenges in both nursing and psychiatry posts.
The continuing pressures within the support sector has led to some people remaining in hospital for longer than we would like.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Scheduled Care (Psychological Therapies) - each service element to deliver to clinical priority	81.9%	77.5%	18 week RTT target	A
CAMHS (see Woman and Child section)	67.2%	85.2%	90%	

KPI statement	current performance	baseline (RMP3)	target	status
Scheduled Care- optimise the focus of outpatient activity through caseload reveiw and maximisation of digital delivery		30% Adult Psychiatry NH, 0% all other services	100% Adult Psychiatry(NH), 50% OA Psychiatry (NH), 100% PT (NH), 25% Psychiatry (A&B), 75% PT (A&B)	G
In-patient Services- increase in available bed days in adult acute pathway		NH 670 bed days per month, A&B 426 bed days per month	NH 1200, A&B 639 bed days per month by March 2022	A

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	11.1	For each service to deliver timely access in relation to its own clinical priortisation	Timely access to services	re: PT and CAMHS - additional investment for reduction of waiting time and service delivery plans to enable better access. Improvement plans updated 27.09.21	accurate digital capture, progress with improvement plans, IT equipment for digital delivery, group platform resolution	high quality performance reports
G	11.2	Increase in support hours being provided to supported people in any appropriate format	All individuals receiving support from in-house day services to receive full review of needs and support solutions identified	Models of support provision / day opportunities identified and agreed. Reviews completed.	lifting on lockdown restrictions on building based services, digital capture of support offered	People with Learning Disabilities will be enabled to access day support / opportunities either in traditional buildings based services or 1:1 support in community settings.
A	11.3	Scheduled Care- optimise the focus of outpatient activity through caseload review and maximisation of digital delivery	case load review underway, review of consultation methods	ongoing in adult PT, developing in A&B CAMHS. Ongoing DQ work with SG team to improve reporting abilities and to develop services	accurate digital capture, IT equipment for digital delivery.	cleansed waiting list

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	11.4	Unscheduled Care- Agreed investment plan with the Scottish Government Support Team in regard of development of extending in-hours and commencing out of hours assessment services and 24 hr home treatment service	Timely access to services	Attempting to recruit	Available funding, staff recruitment, agreement of service model	agreed invest-ment plan that is cogniscent of the remote and rural challenges faced by NHSH
A	11.5	Scheduled Care- Agreed investment plan with the Scottish Government Support Team in regard of development of new services where no current provision in place- EI in Psychosis (pan Highland), ED (A&B), PD (A&B), Forensic (A&B) Primary Care (North H) neuropsychology (pan Highland), Clinical Health Psychology (pan Highland)	100% adult psychiatry 50% OA psychiatry 25% psychiatry A&B	Attempting to recruit	funding and recruitment to new service, accomodation and digital delievry equipment	
A	11.6	Increase in adult care beds as Maree & Succoth Wards are remobilised between November 2021 - March 2022	NH 1,200 / A&B 639 bed days per month by Mar22	Clear and ongoing dialogue with patients, patient groups and families. Agreement of a suitable IT platform for group delivery with IT support. Current service provision would be a fall back and still ensures same level of safety. Planning to take into consideration of available or potential resource. Close liaison with other services including IT and estates	Objection to change from family will put pressure on not making change. Gap in the ability to run remote group sessions remotely. Difficulty in staffing Mental Health Assessment Centres. Lack of available resource including staff and infrastructure.	Improved in-patient care
A	11.7	Develop a programme to enable the implementation of the National CAMHS service specification outlined by the National Programme Board (See also Woman and Child section)	Improvement plans being implemented.	Progress submission of improvement Plan. Review service delivery - provide a reduced service within the scope of current capacity (A&B)	CAMHS funding and ability to recruit	SBAR accepted prior to Covid19 by SG; improvement plans issued Sept21

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
A	11.8	With increased resource develop mental health pathways & services for vulnerable children & young people, aligned to the work of 'The Promise'. Agree & support the implementation of a neurodevelopment service specification / principles & standards of care	Improvement plans being implemented.	Progress submission of Improvement Plan. Review service delivery - provide a reduced service within the scope of current capacity	Funding and ability to recruit	Clear guidelines for those referring into the service. Criteria directing service users to the most appropriate health professionals
A	11.9	Additional funding £2.1m to reduce CAMHS and PT waiting times and develop CAMHS specification	100% PT (NH) / 75% PT (A&B)	Improvement plans revised Sept 21 and recruiting team. Agency staff being used to reduce waits.	CAMHS & psychological therapies service doesn't take into account remote & rural challenges - additional staffing & infrastructure required to deliver safe & sustainable service	Improved service delivery
G	11.10	Recruit to Clinical Director post	Improve governance	Recruitment underway Oct21		Improved governance

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
7.1	MH in-patient services participate in Community Flow Huddle. Daily site and safety action huddles to maintain and monitor flow.	
5.7	All in-patient Mental Health services actively participating in all testing and vaccination requirements.	
5.8	OOH resilience - contingency plans in place.	

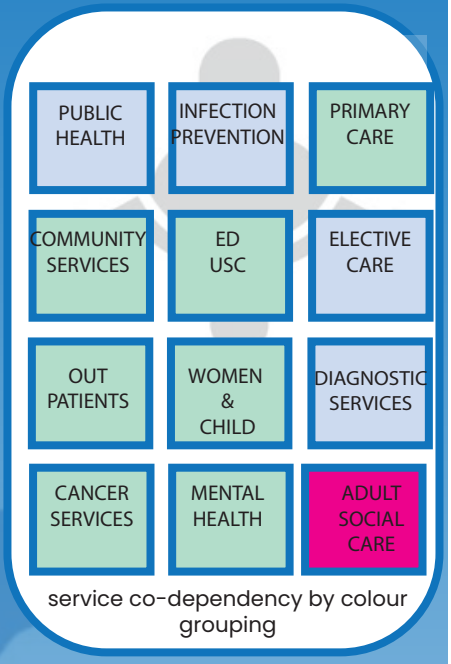
COST

Deliverable	Cost description	Cost type	Amount	Cost Status	Comment
Psychological Therapies (PT) waiting times	SG funds to reduce waiting times by June 2023	non recurring	£332,856	Funded	Year 1 of 2 funding. To reduce waiting times
PT Clinical Director	SG funded to provide additional governance and leadership	non recurring	£54,625	Funded	Risk to recruitment.
CAMHS	SG WT and service change funds			Funded	See W&C section

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Adult Social Care

Key Performance Indicators	current	target
Instability of provider base - package handback	X packages	reduce
Care Home bed availability	X beds closed	
Workforce availability (carer recruitment)	X Staff	X Staff
Care Home availability (needs articulated)	X beds	
% of Services registered to day care safely	delivery	100%
% of services registered for respite safely	delivery	100%



service co-dependency by colour grouping

Key Risks

Funding
Mutual Aid
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **Sustainable Care at Home service provision to meet winter pressures**
2. **Collaboratively review care pathways through a commissioned approach**
3. **Development of a provider relationship programme**
4. **Develop new self directed support strategy**

FUNDING REQUIREMENT

£ 5.413 m

ADULT SOCIAL CARE

SERVICE STATEMENT

To promote the wellbeing of adults with care and support needs through the development of sustainable, flexible and resilient Adult Social Care services

CONTEXT

- We have reviewed and agreed the Partnership Agreement with the Highland Council
- Significant management and operational resource continues to be in place to support the care home sector e.g. we have developed a flexible and responsive care home support team is available for deployment where necessary.
- To optimise flow there is a co-dependency between services, with a requirement to develop a "whole system" balance across all service areas. E.g. investment or changes in other workstream services needs to consider the upstream effect on ASC services, particularly at a time when our commissioning options are challenged.
- Need to undertake demand / capacity analysis to understand whole system impact from the hospital bed utilisation to care homes and care at home hours.
- Significant winter pressures will put other demands on Care Home and Care at Home services to keep patients out of hospitals.
- Significant level of vacancies with this sector at time of publication.
- There have been deaths, isolation of residents, financial issues and significant strain on staff within care homes for older adults.
- Significant recent concern over safety of Care Home placements by families and clients leading to reduction of placements . Care home placement acceptance from providers has slowed significantly.
- Since lockdown, the private Care Home sector has become vulnerable in Highland, which we are closely monitoring. Care Home remobilisation will not necessarily get to previous levels.
- In addition, there are significant concerns about future viability of some care homes.
- Home Farm new cost pressures of £1.3M.
- Focus on providing care in the adult's home as part of Care at Home commissioning plans and growing sector. National shift from Care Home use to Care at Home. (e.g. A net additional 700 hours per week at c.£0.728m cost commissioned since March 21. Additional emerging unmet need of c1,000 hours c.£1.1M at Aug21). This is causing significant cost pressures.
- Recruitment challenges in Care at Home sector – creating inequity across the area and time of delivery challenges
- Increased incidence of LSIs. Adult Support and Protection remains a significant issue due to isolation of individuals and large scale concerns referenced above. Nationally, an increase is expected during transition from lock-down.
- There is a recurring Funding gap of £11M in 2021-2022.

No	good practice indicator	KPI statement	current performance	target	status
1A	Remobilisation of all day services	Number of Day Care service users increased in line with opening / redesign plans	Status of plan and options for future of day care to be developed	Dependent on status of plan/ options for future day care	G
1B	Day Services are remobilised / redesigned where appropriate	% of Services Registered to provide day care are able to offer services safely	Of the services that are available we should see an increase in numbers	100% of the services due to open by Mar 22	G
2A	Respite Care / Short Breaks in a care home and at home	% of Services Registered to provide respite care/ short breaks are able to provide services safely	Limited access only Of the services that are available we should see an increase in numbers	100% of the services due to open by Mar 22	G
2B	Respite Care / Short Breaks in a care home and at home. Services are redesigned as appropriate	Number of Respite Care service users are increased in line with specific mobilisation plans	Limited access only Of the services that are available we should see an increase in numbers	Increase availability and usage of respite care and short breaks	G
3	Carers benefit from Short Breaks	Carers to receive a break; to include flexibility and choice	Limited access only Of the services that are available we should see an increase in numbers	Increase availability and usage of respite care and short breaks	G

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/Dependencies	outcomes
A	12.1	Review care pathways and capacity with a view to commissioning revised models, taking National Care Service consultation into account	Revised care pathways in place for ASC with a resource appointed to support flow. Additional capacity identified in care-at-home and priority community services within available finance	Plans under development	Whole system flow improvement from Acute to Community Services. Provider capacity will be dependent on future commissioning models Significant currentpressures in care home and care at home provision.	Improved service
G	12.2	Development of a Provider Relationship Programme	Agreed provider relationship programme in place for care-at-home and other key service delivery areas	Plans under development	Provider buy-in with sustainable, affordable and flexible services available	Improved service

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/Dependencies	outcomes
G	12.3	Development of Future ASC Commissioning Intentions, taking national care service consultation into account	Future ASC commissioning intentions agreed by 31st March	Plans under development	Single unified transformational vision agreed with NHS/ Highland Council with funding agreed	Improved integrated service
A	12.4	Identify flexible and increased capacity for planning and commissioning	1st draft expected Oct 21 Clearly articulated in final strategic commissioning plan	Transformation Plans under development. Strategic Lead recruited	ASC Costed Capacity Plan Capacity within a stressed sector/system	Improve capacity
A	12.5	Support the delivery of the Cost Improvement Plan 2021-2022	£3.3M savings plan to be delivered by all work streams.	Plans under development	Projects are agreed and deliverable within timescale for all workstreams	Savings achieved
G	12.6	Develop and commence implementation of Joint Transformational Change programme with Highland Council.	Transformational Programme agree work streams/projects /resources with expected delivery by 2024.	Plans under development	Single unified vision for integrated services agreed Transformational constituent projects to be agreed in 2021-22 for delivery in future years. Projects are agreed by Programme Management Board and are deliverable. Resource is identified to progress transformational projects.	Improved integrated service
G	12.7	Redesigning and restarting day care services, where appropriate, respite care and provision of short breaks for carers	Redesign/restarting options for day care service delivery are consulted upon and agreed	Plans under development	Dependent on agreeing final plan for future day care options/redesign for younger and older adults.	Reviewing day services
G	12.8	To work with our care-at-home partners to provide quality, flexible and sustainable community based services	Sustainable and affordable services in place with further capacity identified	Plans under development	Capacity within sector, ongoing dialogue and review of plans	Improved quality of service

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/Dependencies	outcomes
G	12.9	Develop a new Self-Directed Support strategy based on stakeholder engagement/ consultation	Seek to ensure the Strategy is consistent with policy developments, good practice and stakeholder feedback, including: Independent Review of ASC (National Care Service) Community Led SupportConsultation Report SDS Standards	Plans under development	Increase choice and control for services users and carers in respect of the ASC services they receive. Seek to build our capacity to work 'preventatively' with service users and carers	Improved service provision
G	12.10	Implement the new Carers Strategy and prioritise the development of Carers Services in line with the Carers Act.	Stronger infrastructure of Carer Services across Highland. Streamlined access to SDS Options as required.	Plans under development	Seek to ensure the components of the Implementation Plan are progressed. Progress Tender process to ensure appropriate services are purchased.	Improved service provision

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/Dependencies	outcomes
G	12.11	Carers benefit from short breaks - Respite Care	20% by end Aug21 / 50% by end of Oct21	Agree number of respite beds (done June21) then open 75% of all agreed beds by Sept21. Then review requirement. Measures to be reviewed	Identified funding gap with Highland Council not met. Shift of resources does not take place to reflect shift of activity from hospital to community. Additional Covid19 pressure relating to outbreaks. Recruitment Challenges. Provider viability via sustainability payments, due to end 30th June 2021. Reluctance / resistance around care placements	If necessary, Scottish Government facilitation. Include in NHSH Financial Plan. Maximise all available advertising options. Develop and enhance trainee work schemes in consultation with partners. Invest in current staff group utilising learning and development opportunities. Longer term, via nationally and locally agreed contract negotiations. Close working relationships, clear messaging and support to both in-house and external providers, ensuring increased confidence in new care placements. Testing and vaccine programmes building confidence for public
A	12.12	Development of long term C19 response team	To provide support to the ASC and community services	Current funding ends Dec21	Funding requried.Funding ends Dec 2021. Recommended to continue over winter	Extension of current service model to provide resilience
A	12.13	Review existing models of care within in-house care homes	To provide appropriate care	Ongoing review of significant service pressures. Funding requested	Cost pressures	Improved sustainable service provision

RAG	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks/Dependencies	outcomes
A	12.14	Three year Plan and Joint Transformational Change Programme with Highland Council	To deliver high quality, sustainable and cost effective residential and community based services to all adults. Actions: Develop Strategic Commissioning Plan Costed Care Capacity Plan – key dependency To plan the implementation of any incremental change within NHS and commissioned care home Clarify longer term role as in-house care provider Pursuing short term actions to enable longer term opportunities in-house	Strategic manager appointed Sept21	Cost pressures	Integratioin, and consideration of National Care Service implications

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	Various - key service in delivery of Winter Plan	
	Significant pressures in Staffing levels / rotas	
	Significant pressures in Care home packages and Care at Home facilities available	

COST

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Additional Care at Home demands during pandemic	650 additional hours, May 20 to June 21	non recurring	£ 636,000	Additional unfunded cost in 2021/22	
Further additional Care at Home unmet need	Unmet need, Oct 21 to Mar 22	non recurring	£2,312,000	minimum 800 hours unfunded pressure	Estimated that 75% of unmet need is delivered between Oct 21 to Mar 22 (cost for 6 months)
Home Farm additional costs	Running costs, from Sept 20	recurring	£1,300,000	not funded	
Assessment and reviewing costs	Focus on 1700 care home assessments	non recurring	£220,000	Funded	
Prediction of Care Home placements increasing	New 2021-22 cost pressure if placement levels increase to pre pandemic levels	recurring	£525,000	Cost/ Sustainability pressure	Supporting CH placements and SG supplier relief ending Mar 22. Based on an increase of 30 placements from Oct 21 to Mar22 (cost for 6 months)
Emergency Response Service	running costs	non recurring	£420,000	Cost pressure	Supports Enhanced Community Care model

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

CORPORATE SERVICES

People & Culture

Planning & Performance

Education & Research

Digitally Enabled Services

Estates & Physical Environment

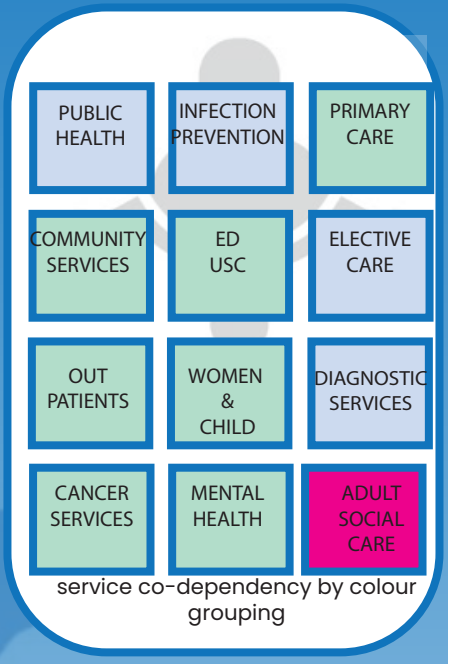
Communication & Engagement

Finance

RWA

People & Culture

Key Performance Indicators	current	target
Absence rates - understand and address mental health related absences	4.8%	4%
Colleague engagement -imatter	58%	>70%
Colleague engagement - listen & learn	41% 54%	60% 65%
Vacancy rates - new approach to recruitment	9.9%	5%
Supplementary staffing - unfilled rates	40.6%	20%



service co-dependency by colour grouping

Key Risks

Funding

Key Assurance Deliverables

1. **Culture programme is fully resourced & supported**
2. **Recruitment strategy/ transformation & workforce plans**
3. **Wellbeing strategy to support our people**
4. **Leadership management development programme**

FUNDING REQUIREMENT

£ 2.186 m

PEOPLE & CULTURE

NHS Highland delivered strongly on its Culture priorities in 2020/1, including the delivery of it's unique Healing Process to address past harms and implementation of an independent "Speak Up" Guardian Service, the first in Scotland. Healing Process panels will run until the end of the financial year and learning from these experiences continues to feed into and be tracked through the culture programme plans.

This ongoing culture programme has been delivered throughout the pandemic response, where we have adapted to innovative new ways of working and provided internal and external capacity for all the new activities required.

We are transforming how people work together and we've rolled out a significant "Courageous Conversations" learning package to nearly 1,000 leaders and colleagues, via Teams and will continue to do so. An e-learning module is currently being developed which will be available to the whole workforce.

We've invested in a colleague engagement platform (Culture Amp), with the first listening and learning baseline survey completed in July 2021. We are launching Listening and Learning Panels as an additional colleague forum to support our culture programme and the development of our strategy for 2022 onwards. We'll use the platform to check in on progress in key areas and get insights on inclusion and wellbeing as well as running onboarding and exit questionnaires to help direct our progress.

We are maximising opportunities for learning and development for our workforce via a programme of Leadership and Management Development targeted at all those having managerial and supervisory responsibility across the organisation. This modular approach which is being piloted from October 2021.

Given the importance of effective team-working and the need to have clear and shared values and behaviours, we will be piloting Team Conversation and Shared Values workshops, which once evaluated, we will roll-out across the organisation throughout 2022.

We've launched our own wellbeing website, a 24/7 employee assistance programme, and our Wellbeing Wednesday emails have been in place since May 2020 and have provided practical support to colleagues. We will have a dedicated Wellbeing project lead in place from October 2021, to bring together our longer term wellbeing strategy and to lead on making key workplace improvements including better break spaces

Since 2020, we recruited permanently to our leadership team, improved our governance structures, built sustainable relationships with the Board and elected members and participated in Board training sessions. This programme of development will continue across 2021/2 with improvements to our risk and assurance approaches and a focus on ensuring our staff governance standard is at the heart of how we work at all levels

We've focussed on listening and learning from past experiences, including the Healing Process, a root cause diagnostic and internal audit of our culture programme and this has informed the culture programme plans we have for 2021/2 and beyond

We have robust scrutiny of our culture programme and progress, via a dedicated oversight group, and then discussions at our leadership meetings, the Board, Staff Governance Committee and the Integrated Joint Board.

One of our biggest challenges is recruitment to many of our job families and within the Board. A new approach of "always on" recruitment is being developed which will be trialled in the autumn of 2021 and evaluated. Initially this will consider nursing but with the aim of rolling out to other job families. We will be working collaboratively with national and regional colleagues as well as local partners to ensure we have the right infrastructure and support in place and that we capitalise on our location, develop innovative new training and extend our accommodation supply, as well as improving the effectiveness of our recruitment process. This pilot will allow us to test some of the strategic actions that have arisen from our attraction, recruitment and retention strategy

workshops and have the building blocks in place to ensure a successful implementation of that strategy.

We have developed and commenced delivery of workforce planning education programme for managers which will support the development of system level workforce plans. An expanded workforce planning team, with two additional workforce planning managers, will work with managers to support the delivery of system level workforce plans.

We are investing in a Workforce Analyst role, initially fixed term, to support the increased demand for people analytics. This post will be key to developing a suite of people measures and dashboards for use by managers at all levels.

Implementing our Wellbeing Strategy and adopting a more agile way of working that balances the opportunities of remote and flexible working with the needs of our services and our colleagues ensures that when we do work together, benifits are maximised. We believe that all of this activity will ensure we are working towards our aspiration to be a Great Place to Work, and our 5 key people objectives for 2021/2:

- Growing talent.
- Leading by example.
- Being inclusive.
- Learning from experience.
- Improving wellbeing.

SERVICE STATEMENT
NHS Highland is committed to continuing to build on the progress made in strengthening our workforce and transforming our culture throughout 2021/2 and beyond. Keeping our workforce safe and well and rapidly responding to the need to deploy additional capacity to deliver critical services and support test and protect and vaccination will remain a priority for this year. We will continue to focus on culture and wellbeing through the many initiatives underway, such as the actions from our first Listening and Learning survey and the development of our Wellbeing strategy, the roll-out of our Leadership and Management Development programme and embedding our values and behaviours across teams.Our bespoke Healing Process continues through 2021-2022 and we are reinvigorating our governance and management structures and capability. We also adapted quickly to deploying services and support remotely and are working to transform our recruitment, attraction and retention to ensure we have a resource pipeline for the future. We've embraced increased partnership working to help us be more engaged and effective. Our priorities for 2021-2022 are described in our Vision, Objectives and Values which we launched at the start of this year. Our aspiration to be a "Great Place to Work" will be delivered by our five objectives of: growing talent, being inclusive, leading by example, learning from experience and improving wellbeing with our NHS Scotland values at the heart of this. Planned activities are outlined below.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Absence rates - we will work to understand and address mental health related absences with education, targeted intervention and support.	4.8 % (overall)	4.8%	4%	A
Colleague engagement - iMatter and introduction of other tools including In July the listening and learning survey was undertaken	iMatter engagement 2021 Listening and Learning survey July 2021 – completion 41% engagement 54%	iMatter engagement score 2020 - 58% iMatter engagement score 2019 - 74% Everyone Matters experience 2020 - 6.56	iMatter engagement 2021 - 70%+ plus Listening and Learning survey 2022 –completion 60% engagement 65%	A

KPI statement	current performance	baseline (RMP3)	target	status
Vacancy rates - we will implement a new approach to recruitment commencing with nursing as this represents 37% of our work and force. We will track key hard to fill areas	9.9% overall Current rate is 8.95 %(June)	c6.5% overall	5% overall	R
Supplementary staffing unfilled rates - we will reduce our reliance on agency and bank staffing by reviewing our establishment and filling key roles and workforce planning	Registered Nurse unfilled rate 40.6%for 3 months to August 31st 2021. Refocus on roster confirm and support process and continue to implement e Rostering for NMAHP's	c 25% + unfilled on average	20% (overall)	R

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG	Ref No	Key Deliverable	Tar-get	Progress against RMP3	Key Risks	Outcomes
G	13.1	Culture programme 2021-2 is fully supported and resourced to deliver its key objectives and actions and actions including conclusion of the Healing Process Panels by end June 2022		Confirmation of budget and resource. The funding required for additional resourcing has been defined and confirmed. Healing Process Panels are scheduled and continuing and funding secured	Pressure in system / workforce capacity to deliver and receive Culture actions.	Five cross-functional workstream teams have been established to progress the Culture work and a programme plan is in place. Additional resource to support the team-based Culture Workshops will shortly be procured. Healing Process concludes all of its session and feedback reports by end June 2022. Progress against identified learning completed by Dec 2022
A	13.2	Recruitment strategy and workforce plans are in place identifying and delivering talent, internally and externally.		Following establishment of a Workforce Board during 2020, workshops have been undertaken to progress the strategy for recruitment, retention and succession planning		Workforce plans in place for 2021/2 work has commenced on our 3- year plan.

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	Outcomes
A	13.3	Robust workforce data and control systems in place, along with established Culture metrics		First Culture Survey held.	Investment in culture tools Additional capacity in systems and data team	Robust new metrics available to track progress in IPQR reports, committees and local leaders. Reporting on a number of strategic metrics on a rotational basis An engagement platform to assess and monitor key components of culture is in place.
G	13.4	Our long- term leadership and management development programme will have been developed and piloted with key cohorts, ready for full roll out in 2022		Clear basic leadership upskilling proposition in place, in modular format and flexible delivery and prioritised plan in place to deliver across organisation.	Investment, as part of culture programme Organisational capacity to engage in the programme	Pilot sessions are on track for October 2021
G	13.5	Wellbeing Strategy developed and fully implemented by March 2022		resource identified	Resource allocated to support (as part of culture investment / endowment funding)	Clear and joined up approach to wellbeing, covering mental health and practical support for colleagues with resource identified to commence from 1 October
G	13.6	New and innovative ways of working are implemented and embedded as part of a clear strategy in how we work and how we deliver our services		Listening and Learning forum to be set up to test our thinking. Preparing to move out of an emergency footing to our future model and what works best for colleagues and service	Clarity of longer term restrictions Technology	Colleagues can work more flexibly , harnessing benefits of tech changes but retaining positive team culture and input.

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	Outcomes
G	13.7	Recruitment transformation programme to enhance our effectiveness at attracting and retaining key staff		New Deliverable.	Working collaboratively nationally / regionally on key programme areas including accommodation, international recruitment	Always on recruitment process for key roles, reducing lead time for hiring, identifying new sources of candidate, attractive marketing materials and strong online presence, capitalising on our attractive lifestyle and work settings
G	13.8	To maximise available clinical resources to meet service pressures, through flexible workforce models and reallocating non clinical responsibilities	N/A	New Deliverable.	Failure to use available resource to best effect will increase pressure on colleagues and impact service delivery	• Create dedicated non clinical roles to support face fit testing, Moving and Handling and other activity that has been sitting within clinical teams but can be done elsewhere to release capacity of registrants who can work front line • Create tactical workforce plans that identify how additional non trained workforce could be deployed safely and as needed to allow registered and experienced colleagues to work to the top of their licence, through periods of extreme pressure and staff shortage

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	relevant for Communications and H&S	

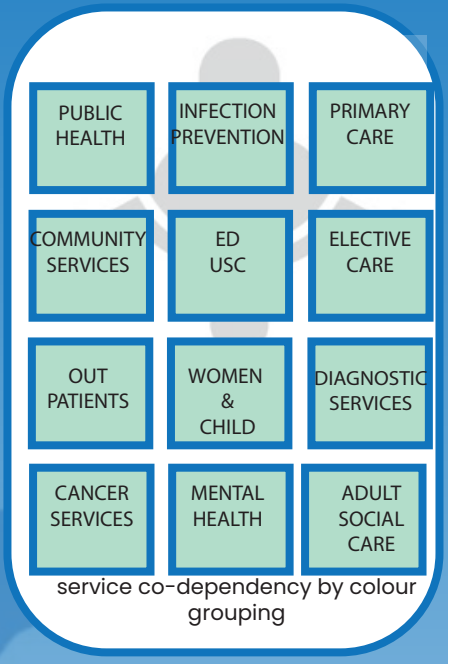
COSTS

Key Deliverable	Cost Description	Cost Type	Amount	Cost Status	Comment
1,4	Culture Programme	recurring	£605,750	not funded	
5	Wellbeing	recurring	£31,614	not funded	
	Healing Process	recurring	£1,281,510	not funded	
8	Face Fit Testing	recurring	£107,468	not funded	This will create capacity and will also address serious compliance challenges in moving and handling
8	Moving & Handling Training	recurring	£159,924	not funded	as above

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Planning & Performance

Key Performance Indicators	current	target
To develop NHS Highland Strategy	commenced	April 2022
To review analytics support and reports to meet the needs of the Board	commenced	Nov 2021
To support improved performance across the Organisation by working collaboratively	developing	Dec 2021
To improve efficiency by supporting all services with a comprehensive planning function	developing	Dec 2021



service co-dependency by colour grouping

Key Risks

Funding
Infrastructure
Capacity/ Demand

Key Assurance Deliverables

1. **Delivery of NHS Highland Strategy as per the plan**
2. **Establish PMO for performance**
3. **Review the analytics programme collaboratively**
4. **Develop an IPQR and dashboard that meets requirements**

FUNDING REQUIREMENT

£ 0.067 m

PLANNING & PERFORMANCE

SERVICE STATEMENT

To lead, facilitate and deliver proactive strategic and operational planning, specialist analytical services and performance management information to support continuous improvement in the delivery of health and social care services. We work with partners locally and nationally to improve the capture, processing and reporting of activity across Health & Social Care.

CONTEXT

During 2021 we developed and supported a new performance framework across the organisation, which included the establishment of the Performance Recovery Board and an Integrated Performance and Quality Report to support the delivery of the remobilisation plan activity and transformation agendas for Scheduled and Unscheduled Care and the Corporate Services. In addition a number of our team were seconded to support planning and delivery of the Covid19 vaccination programme.

There was a requirement for extended & more detailed reporting internally and to the SG. Our expectation in 2021-2022 is that national and regional planning will recommence.

We will develop our Clinical and Care Strategy by March 2022.

Working with CfSD, PHS and key partners, the new Programme Management Office will lead on the NHSH performance improvement function to implement the national redesign and transformation programmes. This will include the development and implementation of data analysis and whole system modelling to support targeted improvement. We have been developing an Acute theatre and bed model planner, to ensure that NHSH has the capacity to deliver the activity within our remobilisation plans. In 2021-2022 we will endeavour to add the workforce requirements into this model. An ASC planning model and Community bed model are also in development.

NHSH is committed to continue the use of data to inform decision making and planning, working with the Business Intelligence tools to make information more readily available across the organisation. Demand for services is higher than capacity, and more planners and analysts are required, whilst creating efficiencies through data automation. This will require work with eHealth and Operational Units to develop the plan to digitally capture and report activity . During 2021-2022 we will relaunch the Data Quality Programme that was suspended during lockdown. This work will involve working with national teams to resolve DQ issues in the vaccination proogramme.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Deliver Clinical & Care Strategy	ongoing	Further development of initial work commenced in 2020	Deliver first draft by end March 2022	G
Establish PMO	ongoing	New	Establish by Dec 2021	A
Establish standard reports for performance framework	**ongoing**	**some established**	Top 10 to be developed by end Dec 2021	A
Re-establish Data Quality Group	**suspended**	**suspended**	To be running in Dec 2021, resource permitting	A

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
G	14.1	Bed and Theatre Capacity Model	Approved business case by end March 2022	Case identified with next steps to develop plan with eHealth	Lack of resource and cultural shift for customers to self serve standard reports	Bed model improved. Resource use maximised
G	14.2	Deliver agile business information through automation of standard routine reports.	Deliver by end Sept 2022. Workforce to follow	NEW	Rapidly changing bed base and change of IPC regulations	Automated routine reporting. Resource use maximised
G	14.3	Adult Social Care Capacity Model	Deliver by Autumn 2022	NEW	Need to redefine business processes to capture data	model improved. Resource use maximised
G	14.4	Community bed model	Deliver by Autumn 2022	NEW	As above	model improved. Resource use maximised
A	14.5	Vaccination model and support programme	Through March 2022	Costs and Model established	No staff to support programme. Need to link into national resolver group	Delivery of vaccination programme

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes
G	14.6	Support the strategic planning of services as part of 3 year plan	Through March 2022	NEW	Limited planning & performance resource, and need to mitigate through clear prioritisation and involvement through national support teams	Improved whole system planning

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
2.1	Planning model for beds and theatre capacity	
2.3	ASC capacity model	

COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Agile business information	**Additional analytical support** Project Manager Analyst Assistant Analyst Developer Software Costs Trainer	recurring	£66,667	Not funded	• Release 120 hrs.+ per week of analytical time Consolidation of high value reports on front end dashboard Align all reporting to RMP, AOP, IPQR • Review the reporting catalogue Faster request turnaround times Closer synergy of P&P, e-Health and BI Teams to common approaches and standards Reduce the time cost of data led FOI enquiries Automation of standard routine reports • Increased ability for the customer to pull bespoke data instead of pushed to specification of varying quality Increased ability to recycle, reuse and mashup existing data to answer new queries
* 6 months costs, assumimg support ends at March 2022					

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Research & Education

Key Performance Indicators	current	target

PUBLIC HEALTH | INFECTION PREVENTION | PRIMARY CARE

COMMUNITY SERVICES | ED USC | ELECTIVE CARE

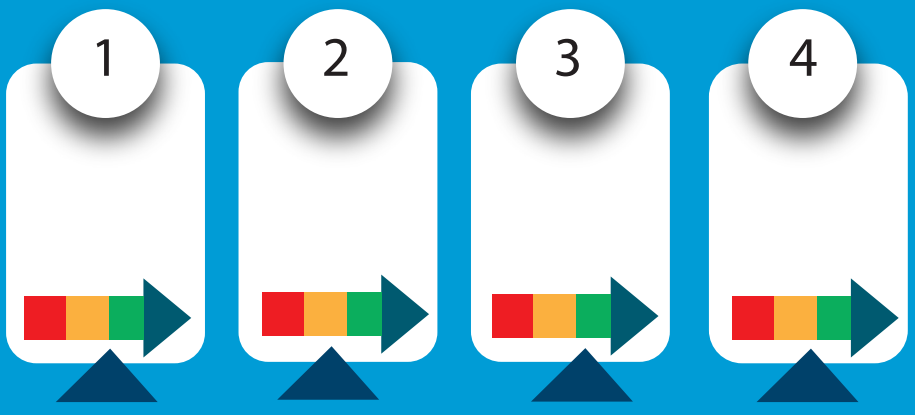
OUT PATIENTS | WOMEN & CHILD | DIAGNOSTIC SERVICES

CANCER SERVICES | MENTAL HEALTH | ADULT SOCIAL CARE

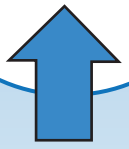
service co-dependency by colour grouping

Key Risks

Key Assurance Deliverables



FUNDING REQUIREMENT



EDUCATION & RESEARCH

SERVICE STATEMENT

To provide medical and other professional education support to our staff and trainees to ensure the best learning experience and the best patietn experience. In Research, to ensure we are at the vanguard of Research & Development in NHSH in conjunction with partners. to ensure that clinicalpractice is based on the best evidence available. In NHS Highland we will support healthcare professionals in the achievement of this aim by ensuring that clinical evidence is integral to all clinical care and by the development of a research culture. Good practice will be disseminated and under performance will be addressed.

CONTEXT

Since a brief period of initial disruption in early 2020, all Scottish medical programme student clinical placements in NHS Highland have been supported. The capacity to continue these placements reflects the both the commitment of all staff to ensure continued progression of our future colleagues and significant collaboration between the board and University partners to redesign placements, and teaching delivery in order to meet social distancing and Covid restrictions. NHS Highland has continued to support teaching and assessment for all our programmes, creating innovative approaches to teaching through development of virtual simulated clinical activities where access to clinical areas has been limited.

Postgraduate placements have also been maintained, with only very limited requests for redeployment of doctors in training within NHSH in the last 12 months. Scotland deanery quality visits were paused during the Covid response, and the Highland medical education team have restructured to ensure appropriate support to departments and trainees while maintaining a focus on the quality of training delivered. It is recognised that the impact of the pandemic response on service activity may have impacted on training opportunity particularly in craft specialties, and the medical education team will work will educational supervisors and training programme directors to identify and address any training deficit for individual doctors-in training.

For Nurses, Midwives and Allied Health Professionals, additional funding from NES brings additional practice in education facilitators who are currently being recruited to across the Board area and will see a review of practice placement opportunities across a wider range of all care settings to accommodate increased student numbers.

In this next phase of remobilisation, there remains a need for caution in placement capacity and return to face to face teaching activities, while recognising the need to support trainee and student wellbeing. We continue to support departments to host students through careful timetabling of activities, and will now pursue face-fit testing where required for key training experiences for students. We are exploring capacity across our clinical areas, addressing the need for enhanced simulation delivery, and when deemed safe to do so, will look forward to welcoming our volunteer patient group back into our teaching spaces.

Recognising the changing model of service delivery, we have identified the need to provide increased access to virtual clinic training and delivery for all our learners, and propose a renovation of some education spaces to enhance opportunity for virtual access. We are working with colleagues in Scotland Deanery to provide enhanced support to IMG colleagues joining our training programmes and board posts to ensure their wellbeing, safety and patient care. We recognise that support of our doctors- in -training will require the continued commitment of experienced trainers who may have to balance increased clinical service pressures. We will re –establish a programme of trainer support and training, including the medical education conference, through virtual platforms. In addition to our UG and PG activity the medical education team have continued to support schools activities across Highland, and supporting access to healthcare careers for pupils across NHSH remains a priority for the team.

Research Development and Innovation Division

Over the past 18 months RDI has focussed largely on supporting CV19 research trials, and will continue to support this activity going forwards, increasing the nearly 1000 participants who have been included since the start of the
pandemic. Also during the last 18 months, some existing trials – especially in cancer, but also non-cancer have continued to be supported, whilst most have been suspended. RDI is now opening up all of these trials, and opening new ones. Existing clinical areas that are active in drug and device trials are neurology, cardiology, stroke, diabetes, renal, ophthalmology, orthopaedics, surgery, primary care, psychiatry, emergency medicine, and others. RDI also supports all other research activity – for NHSH staff, for students, to support UHI and for any other activity.

In addition to clinical trials, RDI is seeking to increase its work in relation to Development over the next year – this will include more service design and redesign, service development and service evaluation. It plans to do this through systemic change, and for activities across any NHSH department.

From the innovation perspective, RDI has been extremely active over the past couple of years and is seeking to grow this component of the Division rapidly, and in line with the needs of NHSH as a whole. Activity covers a wide range of issues, and over the next year work in drones use, internet of things, digital health, remote health, palliative care, care homes, test-bedding of products and inventions, apps, big data are just a few of the things that will be supported.

RDI aim to support all staff, all departments and all patients / public, in the things that are of interest to all these groups, and always welcome contacts, questions and ideas from everybody.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
n/a				

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Target	Progress against RMP3	Key Risks	outcomes 1-9
		N/A				

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
n/a		

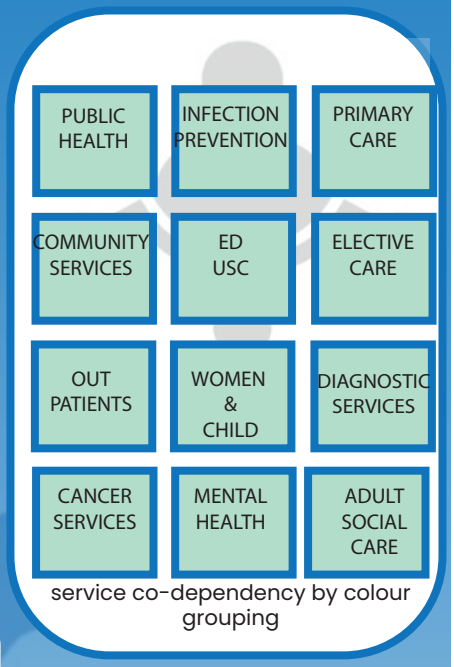
COST

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
n/a					

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Digitally Enabled Services

Key Performance Indicators	current	target
HEPMA - implementation to all Hospital settings	amber	stock control module 2021, HEPMA pilot wards mid 2022
MS O365	green	continued rollout
Order Communications - Primary care and Secondary care implementation	amber	delivery delay to complete est. July 22 - Oct 22
Care Portal - Access to Primary Care & Social Care data	green	to deliver shared data
Morse Community System - implementation after BC approval	amber	to deliver Morse
Infrastructure Improvements	amber	WiFi network in 5 locations March 2022



service co-dependency by colour grouping

Key Risks

Funding
Capacity/ Demand
Recruitment

Key Assurance Deliverables

1. **Increase use of digital technology as per Digital Health & Care Strategy**
2. **Implement digital technology not in Digital Health & Care Strategy**
3. **Maintain existing Infrastructure and systems**
4. **Improvement in infrastructure and WiFi**

FUNDING REQUIREMENT

£ 1.447 m

DIGITALLY ENABLED SERVICES

SERVICE STATEMENT

During 2020/21 the NHS saw a significant increase in the use of digital solutions fuelled by the need to work differently due to the Covid pandemic. SGHD direction in CEL of 14 December states "Remobilisation Plans should also show how you will, continue to embed and extend the role for Digital Health"

NHS Highland changed rapidly with a huge uptake in remote and flexible working across all staff groups with the introduction of MS Teams and a more robust remote access solution. The use of Near Me increased significantly as both patients and staff embraced the new way of delivering clinical care. Asynchronous consultations were also introduced with the vCreate solution working well in paediatric neurology and NHS Highland was involved in the development work for the Covid remote monitoring application (now live).

During 2020/21 there was a focus on upgrading the core digital infrastructure to support the increased demand for digital solutions during the pandemic and this has stretched and exceeded the core resource within eHealth. It is recognised that to embed and develop this 2021/22 and beyond requires an increase in the eHealth staff resource in not only system support but facilitation and organisational facilitation to ensure adoption of "Digital First".

The clinical and care remobilisation plans detailed will continue to be heavily reliant on these new ways of working. In fact, our ability to meet the current and future Covid-19 health and care needs requires ongoing transformation of services which are dependent on digital modernisation to achieve an integrated whole system and community health and well-being service.

The focus for the NHS Highland digital plans for 2021/22 are focused into two areas: firstly transforming clinical and care services with the introduction of a number of digital solutions into clinical and care settings; and secondly continuing the work to ensure that NHS Highland has a performant, security digital environment that provides benefits to patients and reduces the burden of work on staff and enhances productivity and efficiency of our systems.

Since the original RMP was published the department has progressed the work detailed in this section, however it has been a challenging few months with a number of retirement due to age and redefining personal priorities as a result of Covid, staff moving into project roles which has created gaps elsewhere within the team and the normal churn of posts through the system, workload pressures still remain and the key focus for the department is to ensure that current services and the digital enabled projects are delivered.

CONTEXT

The eHealth delivery plan for 2021/22 includes the projects that were stopped to focus on support the Covid response and includes ensuring that core technologies are upgraded to maintain service delivery levels as well as the delivery of core clinical systems that are part of the Digital Health & Care Strategy and system that have been identified as a priority via the national digital maturity exercise.

	Digital Outcome	Purpose
	Universal care record	Health and care professionals have immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history for all patients across Argyll & Bute;
	Universal clinical and care access	Health and care professionals can operate in the same way independent of their geographic location.
	Universal transactional services	Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway
	Shared health and business analytics	Health and care professionals have the analytical information they require to run an efficient and effective service for patients e.g. anticipatory care and patient risk profiles. This can be collated and used to inform population health management and achieve productivity and efficiency targets.
	Online and single points of access for patient and care services	Patients can access their medical and social care records online and use other online services e.g. book a GP or hospital appointment or ask a clinician or social worker a question or have a single point of access.
	Expert systems	Health and care professions and patients have access to knowledge bases to support the care processes
	Personal digital healthcare	Personal digital healthcare Patients or clients receiving care can use Technology Enabled Care including personal technology to support their health and care eg. a device can automatically send data to alert their GP or care agency or access and connect and share information their network of friends and family.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Implementation of the Hospital Electronic Prescribing & Medicine Reconciliation (HEPMA)	This work is being implemented on a regional basis (which will deliver significant benefits to the NoS Board's) however this has added complexity to the solution which has meant that phase 1 the move of the Pharmacy Stock Control Module to the single system has been delayed which means that the whole project needs to be re-profiled.		6 * Pharmacy Stock Control Module migrated to a single system and that HEPMA is operational in 2 wards in each Board	A
Implementation of Order communications - primary care	This project has had to be re-profiled due to the complexity of running two order communications project at the same time	Go live in all practices 31/3/22	Rollout to now begin in March 2022 and to be completed by end of June 2022	A
Implementation of Order communications - secondary care	This project has had to be re-profiled due to the complexity of running two order communications project at the same time	Order Communication within Secondary Care to be delivered by March 2022	Pilots to begin in January 2022 with rollout to be completed by July 2022	A
Replacement for the obsolete Immediate Discharge Letter System	No timescales had been identified as part of RMP3, work is now underway on defining the project plan which will include significant work on moving the Care Portal to the Cloud	Work to be completed in 2021/22	Work to be completed in 2021/22	G
Introduction of clinical documentation into hospital settings (medical, nursing and AHP)	Nursing and medical digital documentation now live as part of phase 1 (proof of concept). Business Case being created for a full implementation	Phase 1 to be completed and business case to be prepared for future funding	Phase 1 to be completed and business case to be prepared for future funding	G
Introduction of vital sign recording solution (NEWS2)	Phase 1 of this project went live in August 2021, this work will be evaluated and eHealth strategy funding allocated to continue the implementation	Phase 1 to be completed with partial rollout with the acute hospitals	Phase 1 to be completed with partial rollout with the acute hospitals	G
Increasing the functionality with the Care Portal to include access to both the Primary Care & Social Care datasets	Work is progressing on the data sharing agreements for both Primary & Social Care data. A&B IJB working on the technical requirements for Social Care sharing	To have Primary Care & Social Care data being shared within the Clinical Portal	To have Primary Care & Social Care data being shared within the Clinical Portal	G

KPI statement	current performance	baseline (RMP3)	target	status
Creation of a single digital domain across NHS Highland	Project has started with a pilot being setup with a single practice to prove that the solution works and to be able to demonstrate the benefits		Project to be in rollout stage with appropriate communications in place	G
Upgraded Wi-Fi service across healthcare sites with an initial focus on hospital settings	Project has been started involving eHealth and Estates, funding has been identified to allow work to progress on the first 5 sites Raigmore, 3 * RGH's and New Craigs		For 2021/22 5 sites to be completed and a business case produced that will identify the additional funding requirements for the remaining sites	G
Continued rollout of MS365	Some applications have been rolled out, however waiting for the detailed national project plan to be available		For 2021/22 the high level national project plan indicates that by March some more applications will be deployed and preparation will be underway for Sharepoint and Onedrive	G
Support for the National Digital Programmes	Senior Manager allocated to this project 2 days a week, linking in with the national standards for NTC's		Progression of both projects in line with national requirements	G
Support for the National Treatment Centre	Senior Manager allocated to this project 2 days a week, linking in with the national standards for NTC's		Progression of digital solutions that will support the NTC programme	A
Rollout of replacement laptops across NHS Highland	1489 laptops were purchased at the end of 2020/21 and to date 1046 devices have been replaced		All devices to be replaced during 2021/22	G
GP merge/server consolidation - change to single AD Infrastructure	Work progressing on a variety of GP mergers and server consolidation projects		Standardisation of Infrastructure enhance resilience and aid productivity	G
Rothesay and Argyll Street GP Dunoon merger/server consolidation			Single practice on same system saving cost and improving service support response in 2022	
EPR Digital Scanning			EPR & Electronic Care Record (CIVICA) Digital Scanning 2 year programme to 2023	
CareFirst - Portal link			CareFirst - portal link interface social care record in Argyll and Bute with Care Portal	
Replacement of CareFirst Social Care and Community Health system			Replacement of CareFirst social care & community health system with Eclipse. Procurment process completed implementation project underway- June 2023	

KPI statement	current performance	baseline (RMP3)	target	status
Primary care vision/ EMIS – portal link			Primary care vision / EMIS - portal link, interface primary care with Acute Care Portal in A&B 2022	
Replacement Argyll & Bute Hospital Telephone system			Replacement Argyll & Bute Hospital telephone system- Complete June 2021	
Digital/Telecoms Facilitator			Digital / Telecoms Officer post - Facilitate digital working and administer telecoms service. Post Banded 1July 202- out to advert recruit by October 2021	
Server Replacement			Core IT Server replacement	
Implementation of the 'Morse' community system	Discussions taking place on how the business case will be funded. Enterprise license in place.		Morse implemented across the HHCP	A
Increased rollout of Clinical Dialogue, eVetting and eOutcoming	Work is progressing on the rollout of these services focus on preparation for specialities moving to the NTC			G
Implementation of the 'Patient Hub' solution to support waiting validation	Work has started with the service and Netcall (the supplier) to define the work required to implement this solution		Solution Implemented and waiting lists validation being validated via this digital solution	G

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	start date	status
		Clinical Remobilisation & Recovery Initiative					
A	16.1	Hospital Electronic Prescribing & Medicine Reconciliation (HEPMA)	Clinically Excellent	Regional Project that is projecting a delay	Resources Maximised	APR 2021	Ongoing
A	16.2	Order communications - primary care	Clinically Excellent	Project progressing however will be delayed due to complexities within the Project	Supports access to services	APR 2021	Ongoing
A	16.3	Order communications - secondary care	Clinically Excellent	Project progressing however will be delayed due to complexities within the Project	Supports access to services	APR 2021	Ongoing
G	16.4	Replacement for the obsolete immediate discharge letter system	Clinically Excellent	Project has been established awaitingdates from supplier (Orion)	Resources Maximised	APR 2021	Ongoing

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	start date	status
G	16.5	Introduction of clinical documentation into hospital settings (medical, nursing & AHP)	Clinically Excellent	Pilot has been established and a busines case is being developed in conjunction with the service	Resources maximised	APR 2021	Ongoing
G	16.6	Introduction of vital sign recording solution (NEWS2)	Clinically Excellent	Pilot planned to started Aug 2021 and being evaluated, business case for implementation to be developed thereafter	Principles of realistic medicine	APR 2021	Ongoing
G	16.7	Increasing the functionality with the Care Portal to include access to both the primary care & social care datasets	Clinically Excellent	A&B working on the Social Care integration, The Primary Care Digital Group are working on the data sharing agreement for the Primary Care dataset	Resources maximised	APR 2021	Ongoing
C	16.8	Remote Patient Monitoring	Clinically Excellent	Remote Monitoring of patients delivered as part of Covid response	Resources maximised	APR 2020	Closed
		Core Services Initiatives					
G	16.9	Creation of a single digital domain across NHS Highland	Clinically Excellent	Work is progressing on migrating A&B and GP's in the North into the one AD Domain. Pilot to be started for the GP work	Resources maximised	APR 2019	Ongoing
G	16.10	Upgraded Wi-Fi service across healthcare sites with an initial focus on hospital settings	Clinically Excellent	Project in place for the management of the WiFi upgrade, Phase 1 includes Raigmore, Caithness General, Belford, Lorn and Isles and New Craigs	Resources maximised	DEC 2020	Ongoing
G	16.11	Continued rollout of Microsoft 365 tools	Clinically Excellent	The MS365 Project continues to introduce new services, next big step is to migrate data from on-prem systems to the cloud	Resources maximised	MAR 2020	Ongoing

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	start date	status
G	61.12	Cyber security / information governance	Clinically Excellent	Cyber security is an ongoing programme of work	Aligned to regional / national strategies	Ongoing	Ongoing
G	16.13	Data Protection	Clinically Excellent	Data Protection is an ongoing programme of work	Aligned to regional / national strategies	Ongoing	Ongoing
G	16.14	Support for National Digital Programmes GP IT Re-Provisioning CHI & Child Health replacement	Clinically Excellent	National programme and needs local resources	Aligned to regional / national strategies	Ongoing	Ongoing
G	16.15	Support for the National Treatment Centre	Clinically Excellent	Senior Member of staff allocated to the programme	Aligned to regional / national strategies	Ongoing	Ongoing
G	16.16	Replacement Devices	Clinically Excellent	Funding has been received and programme of work in place to replace circa 1400 devices	Resources maximised	Dec 2020	Ongoing
	Argyll & Bute Digital Plan						
A	16.17	GP merger / server consolidation - change to single AD infrastructure	Clinically Excellent	Not in eHealth Plan	Resources maximised		
A	16.18	Rothesay & Argyll Street GP Dunoon merger / server consolidation	Clinically Excellent	Not in eHealth Plan	Resources maximised		
A	16.19	EPR Digital Scanning	Clinically Excellent	Not in eHealth Plan	Aligned to regional / national strategies		
A	16.20	CareFirst - portal link	Clinically Excellent	Not in eHealth Plan	Aligned to regional / national strategies		
A	11.21	Replacement of CareFirst social care & community health system	Clinically Excellent	Not in eHealth Plan	Aligned to regional / national strategies		
A	11.22	Primary care vision / EMIS - portal link	Clinically Excellent	Not in eHealth Plan	Aligned to regional / national strategies		
A	11.23	Replacement Argyll & Bute Hospital telephone system	Clinically Excellent	Not in eHealth Plan	Resources maximised		
A	11.24	Handsets & server infrastructure for hospital telephone system	Clinically Excellent	Not in eHealth Plan	Resources maximised		
A	11.25	Digital / Telecons Facilitator	Clinically Excellent	Not in eHealth Plan	Resources maximised		

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	start date	status
A	16.26	Server replacement	Clinically Excellent	Not in eHealth Plan	Resources maximised		
		North Highland Digital Plan					
A	16.27	Implementation of the 'Morse' community system	Clinically Excellent	Business Case in the process of being agreed	Aligned to regional / national strategies	TBC	Ongoing
G	16.28	Support for new builds & redesigns	Clinically Excellent	Work progressing on supporting the new builds	Resources maximised		Ongoing
C	16.29	Increase use of NearMe	Clinically Excellent	Near Me now being mananged via a dedicated team	Principles of realistic medicine		Closed
G	16.30	Increased rollout of Clinical Dialogue, eVetting & eOutcoming	Clinically Excellent	This is an on-going programme with the eHealth function	Principles of realistic medicine	TBC	Ongoing
G	16.31	Implementation of Patient Hub to support waiting list validation	Clinically Excellent	Working with the service and supplier to implement waiting list validation	Resources maximised	TBC	Ongoing
A	16.32	Maternity Services - remote patient monitoring (CTG)	Clinically Excellent	no funding available	Resources maximised		
A	16.33	Implementation of single laboratory system	Clinically Excellent	no funding available	Aligned to regional / national strategies		
A	16.34	Mental Health Services	Clinically Excellent	no funding available	Aligned to regional / national strategies		
A	16.35	Adult Social Care	Clinically Excellent	no funding available	Aligned to regional / national strategies		

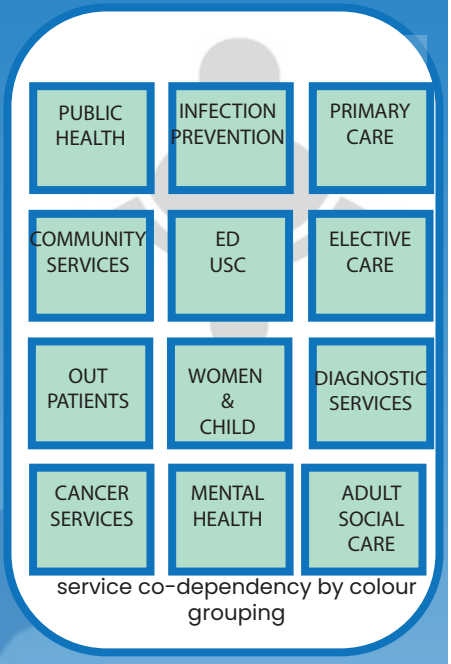
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
Order Comms Primary Care	Continuation of the Order Comms Programme	Salary	£65,944	not funded	
Continuation of the MS365 Programme	The MS365 Programme needs to be continued into 2022/23	Salary / Contractor	£136,000	not funded	
Implementations and support costs for Morse	Funding to complete the implementation of Morse	Business case funding	£101,000	not funded	
Increase in staffing resources RMP3 bid	To support RMP3 Deliverables with a Digital element	Salary (6 months)	£945,000	not funded	
Support within the network / telephony team to support additional work due to remobilisation	To implement the changes required to support remobilisation	Contractors	£200,000	not funded	

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Estates & Physical Environment

Key Performance Indicators	current	target
FMS Benchmarking PPM performance	93%	85.9%
Facilities Monitoring Tool (Estates)	96.6%	96.3%
Facilities Monitoring Tool (Domestic)	95.5%	95.3%



service co-dependency by colour grouping

Key Risks

Funding
Capacity/ Demand
Infrastructure

Key Assurance Deliverables

1. **Reduce significant risk backlog maitenance within the estate**
2. **Flow assessment in Raigmore & refurb areas to increase red & green zone capacities**
3. **Additional facilities impact if we increase activity**
4. **Redesign of Maternity Services**

FUNDING REQUIREMENT

£ 0.800 m

ESTATES & PHYSICAL ENVIRONMENT

SERVICE STATEMENT

We will continue to provide support to the operational units of the organisation to allow them to provide optimal patient care in a safe and suitable environment, supporting the clinical services to establish what facilities are needed, assisting them to remobilise as efficiently as possible and incorporating any changes needed to deliver their service.

We will assess all the current office accommodation and what changes need to be undertaken to allow for the creation of a safe working environment when remobilising services back to full capacity.

We will continue to progress with the capital planning for future service needs to allow for continual improvement of patient care throughout NHS Highland. Throughout the remobilisation, as an organisation, we will need to be mindful of our net zero carbon impending commitments and take this into consideration on how we shape our services going forward.

CONTEXT

With the lifting of Covid travel restrictions, the Environment & Sustainability team working with Weiss ApS engineering will look to complete the recommissioning of the main Raigmore biomass by Mid-September, bringing to an end to 20 months of stop- start work. The recommissioning of the biomass will greatly reduce the use of heavy fuel burned at Raigmore significantly decreasing the carbon dioxide produced from the site. In addition, with the return to a more business as usual approach the E&S team working with operational Estates Managers will begin the roll out of phase 1 of the Climate Change Risk Assessment tool starting with all NHS Highlands major hospital sites.

Porters
We have introduced a pilot of a Task Allocation System. It effectively works by allocating Tasks directly to a handheld device that each porter carries, the information is then transmitted to a Dashboard which allows the requester to see the status of their request. Each task has a full history from start to finish which allows us to gather information to ensure that we are producing the most effective efficient service to our patients and support our colleagues.

Domestic Services
Are also on the task allocation system. We have specific log ins for our high-pressured areas such as A&E & our scan areas, this allows for a domestic to be alerted straight away, the tasks are allocated directly to the domestic, giving them all the relevant information of where the task is required and what equipment is needed.

Bedside Ordering
We have utilised digital technology for daily meal ordering for patients. This is carried out on an iPad that is carried by the user, the menu choices for that ward are sent directly to the kitchen within allotted time frames for each meal, which helps the kitchen with correct numbers for food preparation orders. This system elevates the need for pen and papers, helping with our infection control processes, as the iPad Covers are fully washable. The staff have reported that this process is faster and far more efficient. They are also spending time with patients when they are doing the menu food choices with them, which is a positive from patient reviews. The bedside ordering also helps our nursing colleagues to have better control over dietary needs and also helps with the over ordering of meals which in turn, helps to control what is being ordered, allowing us to lower waste and overspend.

Accommodation Booking System
Is in the early roll out stages, but this system will allow our accommodation to have a more streamlined efficient booking service where people can look at our rooms available, before trying to book and will instantly see what is available. The hope for the future is that this system will allow us to generate more income from our accommodation.

CONTEXT

CONTEXT

Laundry
The laundry's has transitioned to Sleepknit which is a fitted bed system. Sleepknit is a tumble dry, no iron system, which significantly reduces the amount of power consumed, reducing environmental impact and driving down costs.

Estates
Estates will continue to work on a strategy for meeting the governments net-zero carbon target for 2045. This will require an organisation wide review of the way we work and how we reduce carbon in our daily delivery of services across a challenging geography. Projects that will be implemented in the year to move towards this target will include more decarbonising the vehicle fleet, investment in energy efficiency projects in controls and lighting along with establishing partnerships to improve energy usage with other public sector bodies. In particular we will work on shared energy schemes in Wick and Fort William. Smarter agile working will also have a significant role to play in meeting this target.

Our pioneering work with the Alliance for Water Stewardship will be further developed. This international standard ensures that NHSH works with all users of a water supply to improve standards and efficiency.

A programme of education and training will be undertaken to try to reduce clinical waste volumes and improve recycling rates within NHS Highland.

Work will continue to improve use of technology to reduce maintenance costs. Projects to move to condition-based maintenance will be implemented across the estate.

Work will continue to improve ligature points at New Craigs Hospital. This key patient safety work will focus on High-risk areas.

NHS Highland will also work on preparing the New Craigs site for the completion of the original contract in 2025. Focus will be on maximising cyclical investment and ensuring the buildings will be in the contractually agreed condition at the end of the contract. We will be supported by HFS and SFT in this work.

We will undertake the closure and disposal of the Sites in Skye and B&S following the opening of the new facilities.

We will continue to work on partnerships with Glasgow and UHI universities to look at ways we can partner external organisations to develop technology to improve management of our facilities. In this FY we will develop remote water temperature monitoring.

Estates will improve risk management and governance in line with the boards new risk management process. This will feed into the Property Asset Management Strategy (PAMS) and future capital investment

CONTEXT

National Treatment Centre
Construction of the new National Treatment Centre in Inverness is expected to be complete in July 2022 and fully open to the public by October 2022. This will deliver the best quality, state of the art, innovative Ophthalmology and Orthopaedic Healthcare to the People of the North of Scotland. It will provide five additional Theatres, which will help support the Recovery Programme within NHS Scotland.
This additional Capacity will support the population of NHSH, and will also support the National waiting times picture by providing Capacity for patients from outwith NHSH.

Active recruitment to Critical roles is progressing, as well as developing innovative recruitment methods. Pathway reviews are ongoing and transformational work is underway with the aim of achieving "best-in-class" service delivery upon opening. A Target Operating Model is under development.

Community Hospital for Badenoch & Strathspey, Aviemore
Construction of the new community hospital is expected to complete in September2021 and fully open by October. The new facility will have 24 inpatient rooms alongside an outpatient dept, Minor Injuries Unit, community team base, Scottish Ambulance base and the Aviemore Medical Practice. The building nestles between two railway lines in the heart of Aviemore and features timber cladding and a green roof to reflect the local Cairngorm landscape.

Community Hospital for Skye, Lochalsh and Southwest Ross
The new community hospital is under construction at Broadford. Work is expected to complete in December 2021 with the hospital becoming operational in January 2022. The facility contains 24 inpatient rooms plus one community midwifery bed, an Emergency Department, imaging department, outpatient department and an infusion and dialysis suite. The distinctive 2-storey design looks out over Broadford Bay towards the Skye Bridge.

Backlog Maintenance Investment.
Work will continue to reduce High and significant risk backlog maintenance tasks across the estate.
HV reinforcement and replacement at Raigmore will complete this year with the installation of a HV generator, giving 100% generator back up to the site. In addition, phase one of a three-year programme to replace the public lifts within the Raigmore complex will start. Another phase of street lighting replacement at Raigmore also be completed. Progress will also continue on the Fire Compartmentation should funding be available to progress this work. Work will also continue on the programme of Asbestos encapsulation.

North Coast Care Home
Work will continue to progress the new 15 bed care hub on the North Coast in conjunction with Highland Council and Wildlands a local developer. During this year we expect to complete design and planning phase of this work.

CONTEXT

Lochaber
Work will progress on an initial agreement for this project with the Initial Agreement Document issued to Scottish Government Capital Investment Group for their November meeting. We will also engage with public sector partners to investigate the possibilities of synergies and sharing investment , particularly West Highland College and HIE and we will also develop this in terms of a place-based approach. We are alsoworking on potential district heating solutions for the proposed Hospital Site.

Caithness service redesign.
The new maternity unit, outpatient's department and reconfigured Emergency department at Caithness General will be completed in this financial year. This will significantly improve patient flow and patient experience in Caithness General Hospital. The redesign business case Initial Agreement will be completed and submitted for approval at Scottish Governments Capital Investment Groups November meeting. Work will continue to develop the proposed service model with our partners and possibilities by means of a place-based review.

Maternity Redesign.
The Community Midwifery units for Inverness and Invergordon will potentially be completed this year. Design will be completed for the Raigmore acute and alongside units, construction will commence should funding be available to progress this work. This is to facilitate the delivery of more complex births from Moray and Caithness.

Inverness Primary Care premises.
Work continues towards delivering an initial agreement for the future of primary care in Inverness. This will progress in conjunction with our partners.

Raigmore Redevelopment.
Work will continue on the planning of the redevelopment of the Raigmore site. This year will see the finalisation of the local development plan for the Inshes and Raigmore areas of Inverness.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
FMS Benchmarking PPM performance	NHSH 93%	Scottish Average 85.9%	Exceed Scottish Average	G
Facilities Monitoring Tool (Estates)	NHSH 96.6%	Scottish Average 96.3%	Exceed Scottish Average	G
Facilities Monitoring Tool (Domestic)	NHSH 95.5%	Scottish Average 95.3%	Exceed Scottish Average	G

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Progress against RMP3	Key Risks	outcomes
A	17.1	Complete the changes to the current estate within New Craig's to reduce ligature risk and allow for service moves from Raigmore	Monitor construction program. Engage with service managers to allow for smooth transmission of service.	Ability for contractors to complete refurbishment work in line with programme	Services moved out of Raigmore to allow for provision of a better patient experience.
G	17.2	Reduce significant/ high risk backlog maintenance within the estate.	Produce annual risk based capital investment plan highlighting any funding shortfalls.	Allocation of capital funding being enough to eliminate all current risks.	Higher quality environment and systems for prevision of healthcare.
A	17.3	Continuation with the option appraisal process on North Skye.	Project steering group re-established and events organised.	Current restrictions are relaxed and resource available to conclude process.	Conclusion of outcomes from Ritchie report and allow for service redesign including capital investment
G	17.4	Initiate site master planning for Raigmore improvements to allow for redesign of services.	Establishment of a multi disciplinary team to lead on the development of the site plan.	Acute service redesign has been completed with clear outputs	Facilities will meet current guidance in relation to facility. Better patient experience.
G	17.5	Roll out of Phase 1 of the Climate Change Risk Assessment Tool	Establishment of a SWLG of key stakeholders to complete proforma documentation for their area of responsibility.	All relevent services supporting the information data gathering.	Provide action plan to reduce the risk on the current estate and futuer developments.
A	17.6	Upgrade work on Home Farm Care Home to meet statutory guidance.	Capital project management.	Capital funding provision provided previously allocated this financial year.	Facility suitable to provide safe, efficient care to the residents.

RAG 09.21	Ref No	Key Deliverable	Progress against RMP3	Key Risks	outcomes
G	17.7	Continue with the production of Initial agreement documentation for Caithness Hospital services redesign.	Project board established. Project team members agreed and have resource to participate	The clinical model of service being agreed. Setting up of governance groups for the process.	Issuing of the Initial Agreement document to SG for approval to proceed to Outline Business Case in line with programme
G	17.8	Establish areas within the estate that we can provide space for staff to have rest breaks outwith their working areas.	Utilise available funds to establish health and well being hubs to support staff.	Agreement with services on areas within current accomodation to be converted.	Better staff health and wellbeing
G	17.9	Complete review of all office accommodation needs for full remobilisation of services to allow for safe introduction of office based staff.	Accommodation groups set up for all areas. Quatify data collected from electronic desk booking system.	All directorates moving to agile working principles and responding with needs of service.	Confirmation of the Estate needed to all for safe working under updated physical distancing restrictions
A	17.10	Continue with assistance in the redesign of maternity services delivered within the Raigmore site and potential outcome of Dr Gray Grampian service review.	Reconvene maternity services steering group. Discuss capital implications with SG.	An agreed clinical pathway for patients. Capital funding from SG to carryout agreed option.	Facilities will meet current guidance in relation to facility. Better patient experience.
G	17.11	Carry out assessment in achieving better flow within Raigmore hospital and refurbishing areas to increase capacity whilst still needing red and green zoning due to pandemic.	Monitor the benchmarking performance results. Invest in technology and colleague development.	Agreement with key stakeholders on use of areas for set purpose.	Efficient use of budget funding in maintaining the healthcare estate. Improved infrastructure
G	17.12	Complete the Initial Agreement documentation for the redesign of Belford Hospital.	Project board established. Project team members agreed and have resource to participate.	The clinical model of service being agreed. Setting up of governance groups for the process.	Issuing of the Initial Agreement document to SG for approval to proceed to Outline Business Case in line with programme.
G	17.13	Completion of the new community hospital facilities in both Aviemore and Skye.	Continued project management and engagement with the clinical services that will be utilising the new facilities	Construction programme competing on time. Commissioning of building in line with programme.	New state of the art facilities for the communities of Skye and Aviemore allowing improved patient care.

RAG 09.21	Ref No	Key Deliverable	Progress against RMP3	Key Risks	outcomes
G	17.14	Continue to monitor the performance of the department making sure that we are utilising digital technology where appropriate to enable the department to work as efficient within the financial budgets attributed	FMS benchmarking PPM performance target : exceed Scottish ave / facilities monitoring tool (estates) target : exceed Scottish ave / facilities monitoring tool (domestic) target : exceed Scottish ave	There is a risk that the estates team has increased costs as a result of responding to the Covid19 pandemic. This could lead to increased costs as plans change. There is a risk that the estates team does not have the capacity required to respond to the changing circumstances in the operational work. Laundry breakdown due to capital funding not available for the upgrade of machinery which is over 20 years old and costing on average £60k per annum on repairs. Current accommodation capacity is unable to meet additional demand	Increased stakeholder engagement to ensure estates are sighted and engaged in potential to change plans. Teams to remain flexible and embrace agile working. To cover capacity issues. Continue to maintain the aging machinery with a contingency plan in place with NHS Grampian and Tayside. Accommodation review to assess current status & future requirement

WINTER PLANNING CHECKLIST

Ref No	Checklist Item	From previous winter plan?
	Key to enabling the winter plan deliverables	

COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
various	Costs associated with reconfiguration and remo-bilisation	non recurring	£800,000	not funded	

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Communications & Engagement

Key Performance Indicators	current	target

PUBLIC HEALTH | INFECTION PREVENTION | PRIMARY CARE

COMMUNITY SERVICES | ED USC | ELECTIVE CARE

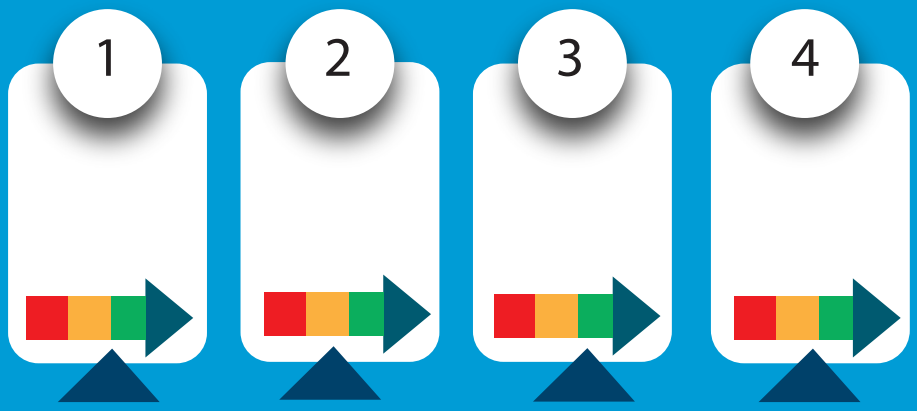
OUT PATIENTS | WOMEN & CHILD | DIAGNOSTIC SERVICES

CANCER SERVICES | MENTAL HEALTH | ADULT SOCIAL CARE

service co-dependency by colour grouping

Key Risks

Key Assurance Deliverables



FUNDING REQUIREMENT

COMMUNICATION & ENGAGEMENT

SERVICE STATEMENT

Communications and engagement is what keeps colleagues, patients, carers and other people with an interest informed about and involved in our work.

The role of the Communications and Engagement Team is to support best practice communications and engagement by providing high quality corporate channels, advice and training, and by leading on priority campaigns. This strategy sets out how we do that at present and how we aim to improve over the coming three years.

CONTEXT

The Communications and Engagement Action Plan sets out priorities for the development of the service and delivery of key campaigns by April 2022. These include a structure review of the team, with individuals' objectives set and PDPs in place. Major internal and external channels will be made more consistent, targeted and accessible, including improving manager cascade, reducing and streamlining email communications, producing a regular vlog, and pitching more proactive media content. The website is a particularly important project. Engagement has begun with users to ascertain the functionality needed and by April 2022 we expect a developer to have been contracted and redevelopment work to be well underway, making clear, up to date information and digital services more widely accessible. An Engagement Framework will also be in place, with two new team members supporting colleagues across all services to engage proactively with patients and people using our services.

Priority campaigns include continuing to support the culture change programme, 'Listening, Learning and Living Our Values', with internal and external communications. Recruitment, the National Treatment Centre, Flow Navigation Centre ('Right Care, Right Place'), screening programmes and national Whistleblowing Standards are also core campaigns which, successfully executed, will see recruitment and retention improve, patients treated more quickly in appropriate settings, an increase in screening attendances, and any issues of concern addressed promptly. We will also be investing time in community engagement in Caithness, Lochaber and Skye, where significant projects are underway and we need the expertise and local knowledge of people in the area to help inform our decision making.

KEY PERFORMANCE INDICATORS (KPI's) for RMP4

Note that KPI's that were obsolete or unverified in RMP3 are not included in this document. Greyed out and superceded KPI's will be removed in the next plan.

KPI statement	current performance	baseline (RMP3)	target	status
Refer to Comms Strategy and Action Plan				

DELIVERY PLANNING TEMPLATE 2021 - 2022

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	status
	Structure Review					
G	18.1	Team PDPs	A great place to work	PDPs agreed, objectives set reflecting annual action plan, interim reviews held		Initial one to ones held
G	18.2	Appropriate resourcing	A great place to work	Web Manager and permanent Community Engagement Manager recruited		CE Manager and Engagement Coordinator recruited
G	18.3	Prioritise workload STRETCH TARGET	A great place to work	SLA and commissioning procedure in place		
	Consistent Channels					
G	18.4	Intranet	A great place to work	Feedback in internal comms survey shows improvement		
G	18. 5	Manager cascade and reaching non-networked colleagues	A great place to work	Listening and Learning survey shows improvement		
G	18. 6	Chief Exec and Director vlog	A great place to work	Regular vlogs, improved hits and dwell time		
G	18. 7	Ask Me Anything sessions	A great place to work	Regular sessions, improved attendance and views		
G	18. 8	Friday round up	A great place to work	Increased readership, feedback in internal comms survey shows improvement		
G	18. 9	A&B HSCP weekly e-newsletter	A great place to work	Increased readership, feedback in internal comms survey shows improvement		
G	18.10	New audio channels explored STRETCH TARGET	A great place to work	Hospital radio listener numbers, listener participation up. Podcast series established and reaching target audience numbers		
G	18.11	Ensure communication between key partners, staff, patients & the public are effective & that key messages are consistent				

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	status
	Culture Programme					
G	18.12	Listening and Learning survey	A great place to work	Reach 65% completion rate		
G	18.13	Learning, development and support opportunities	A great place to work	Reach target take up of opportunities		
G	18.13	Overall culture programme	A great place to work	Listening and Learning survey shows improved recognition		
G	18.14	Position NHSH as thought leader in culture change STRETCH TARGET	A great place to work	NHSH invited to speak at conferences, contributes to best practice		
	Recruitment					
G	18.15	Social media	A great place to work	Recruitment teams in NH and A&B trained and supported to run own social media		Complete for NH
G	18 16	Area promotion	A great place to work	Joint campaign with partners promoting the Highlands and A&B as a great place to live and work		
	Engagement Framework					
G	18.17	Framework	Partners in care	Framework agreed, including governance arrangements, oversight committee/ group		
G	18.18	Training	Partners in care	Training programme established		Initial training offering underway
	Priority Campaign 2022 - 2027 Strategy Engagement					
G	18.19	Initial engagement	Partners in care	Target % of population respond, seldom heard groups represented, themes identified		
G	18.20	Draft Strategy	Partners in care	Significant participation in consultation on draft strategy, including public event / annual review		
	Skye					
G	18.21	New Broadford hospital	Partners in care	Positive engagement around naming, series of positive articles in local media		Naming engagement underway with good levels of participation

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	status
G	18.22	North Skye service redesign STRETCH TARGET	Partners in care	NHSH vision articulated, options appraisal refreshed and back on track, joint community/NHSH vision agreed		
	Lochaber					
G	18.24	Engagement	Partners in care	Timeline established, website updated to reflect current status, community input secured prior to planning, reflected in plans and fed back		
	Caithness					
G	18.25	Engagement	Partners in care	Timeline established, participation request considered, website updated to reflect current status		
	National Treatment Centre					
G	18.26	Recruitment	Partners in care	Recruitment targets achieved		
G	18.27	Internal engagement	Partners in care	Appropriate channels established and kept up to date, stakeholders report feeling informed and involved		
G	18.28	External engagement	Partners in care	Four proactive pieces of media coverage reflecting key messages and reaching key audiences achieved		
	Screening Programmes					
G	18.29	Cervical cancer Breast cancer Lung cancer Bowel cancer Abdominal aortic aneurysm	Clinical and care excell.	Significantly increased engagement with communications compared to previous years; at least one proactive media feature for each programme; targets achieved for increased take up of screening		
	Consistent Channels					
G	18.30	Website	Safe and sustain.	Beta site available, internal comms survey shows improvement, improved hits and dwell time		
G	18.31	Media policy		Policy updated to include HSCP		
G	18.32	Local media		Drop in sessions established with regular attendance by media and EDG		
G	18.33	Social media guidelines		Guidelines coproduced and in use		Guidelines complete, awaiting design
G	18.34	Tone of voice guidelines STRETCH TARGET		Guidelines coproduced and in use		

RAG 09.21	Ref No	Key Deliverable	Corporate Objective	Progress against RMP3	Strategic Principles	status
G	18.35	Key stakeholder update		Weekly update produced, positive feedback from stakeholders		
G	18.36	Social media		Increased engagement and followers on corporate Twitter and Facebook accounts		
	Flow Navigation Centre					
G	18.37	Promote the benefits of the FNC	Safe and sustain.	Increase in people calling 111 and reduction in people attending A&E with minor injuries or ailments		
	Whistleblowing					
G	18.38	National Whistleblowing Standards	Safe and sustain.	Standards promoted to colleagues, students, volunteers, contractors; concerns being raised appropriately		Standards promoted to colleagues, students, volunteers via email, social media, media, posters, newsletters, intranet
	Argyll & Bute Strategic Priorities					
G	18.39	Positioning of the HSCP		Beta site available, baseline established for hits and dwell time		
G	18.40	Vision and added value of the HSCP • Healthier lives • Longer lives • More independent • Seamless health and care		Visual identifiers and case studies produced for each of these bullet points; programme of human interest stories developed for release in conjunction with each IJB meeting		
G	18.41	Culture and performance		Consistent culture programme messaging developed, made available to managers, evidenced as being used		
G	18.42	Performance reporting		Infographics produced, increased engagement with and understanding of performance evidenced		

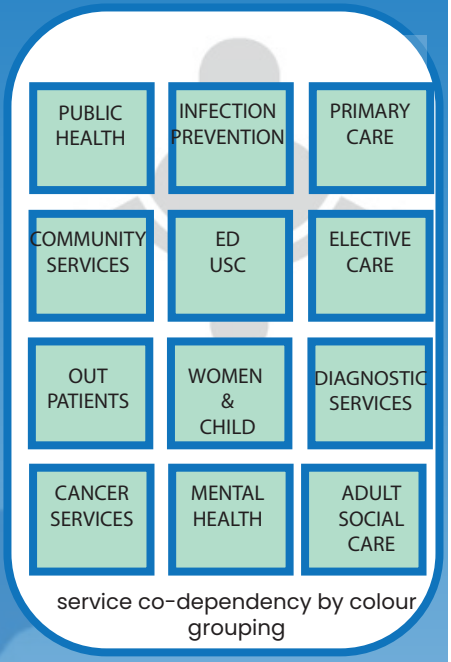
COSTS

Deliverable	Cost description	Cost type	Amount	Cost status	Comment
	N/A				

These are costs in addition to, or subsequent to those detailed in RMP3. For overall costs, please refer to the Finance Section

Finance

Key Performance Indicators	current	target
Financial Year Savings	c. £21m by year end	£32.9m



service co-dependency by colour grouping

Key Risks

Savings through transformation/ efficiencies
Timeliness and guarantee of SG funding
Funding

FUNDING REQUIREMENT

SEE TABLE

Key Assurance Deliverables

1

Reporting financial balance

To deliver the commitments within this Remobilisation Plan costs of £55,844,735 have been identified as required. This includes £15,097,316 brought forward from RMP3. Funding of £21,319,344 has been received, or is pending, in respect of elements of these costs.

It is again assumed that those costs within the Public Health Section associated with the roll-out of the Enhanced Flu and Covid Vaccination Programme, Test & Protect and the Asymptomatic Community Testing Programme will be funded via the Covid funding stream with regular submission of costs and estimates to SG Health Finance continue as per the agreed timetable. Elements of the Remobilisation Plan continue to flex dependent upon the prevalence of Covid and the agreed response of NHS Highland.

The table below summarises the individual service developments/ pressures presented earlier in the document and details where a funding source has not been confirmed. In addition the unfunded element of the Acute and Diagnostic requirements from RMP3 are referenced – delivery against the targets set in RMP3 is dependent upon this funding being available. In summary funding of £22,334,900 requires to be identified to delivery the activity within RMP4.

Revenue Funding Requirement	RMP4	Funding Source to be identified
Public Health	14,907,943	123,851
Infection Prevention	864,800	-
Primary Care Services	307,200	307,200
Community Care Services	5,030,300	519,000
Emergency & Unscheduled Care	1,245,631	1,245,631
Acute Care - Elective Care	3,120,281	1,095,798
Acute Care - Outpatients	647,677	647,677
Acute Care - Woman & Child	365,151	365,151
CAMHS	1,839,495	-
Acute Care - Diagnostics	775,583	775,583
Acute Care - Cancer Care	1,342,000	1,342,000
Mental Health Services	387,481	-
Adult Social Care	5,413,000	5,193,000
Winter Planning	-	-
People & Culture	2,186,266	904,756
Planning & Performance	66,667	66,667
Education & Research	-	-
Digitally Enabled Services	1,447,944	1,447,944
Estates & Physical Environment	800,000	800,000
Communication & Engagement	-	-
TOTAL	40,747,419	14,834,258
Acute & Diagnostics initiatives per RMP3	11,066,773	3,792,992
Adjust for Chronic pain in RMP4	(778,009)	-
Unscheduled Care per RMP3	4,808,552	3,707,650
RMP4 Funding Requirement	**55,844,735**	**22,334,900**

In addition to the identified revenue requirement an element of capital spend has also been identified, as per the table below, to support remobilisation of services.

Capital Funding Requirement	RMP4	Funding Source to be identified
C-Arm	78,000	-
Point of Care Testing Machine for RSV	104,111	104,111
TOTAL	182,111	104,111

This remobilisation plan is once again presented against a background of Financial Recovery. The aspiration when NHS Highland was escalated to level 4 of Government's escalation framework, was to return to financial balance over a period of 3 years.
Since escalation in 2018, the Board has;

- Implemented a best practice cost improvement delivery assurance process managed by the NHSH Programme Management Office (PMO).
- Ensured strong governance around financial improvement, including regular workstream meetings and a weekly Financial Recovery Board led by managers and clinicians, which is accountable to the Finance Committee.
- Delivered financial improvement training and education for staff, along with communications around the importance of using resources efficiently.
- Implemented enhanced grip and control processes for pay and non-pay.
- Developed a new process for the prioritisation, scrutiny and approval of requests for funding/investment.

The submission of a balanced budget for 2021/2022 was a significant milestone for NHS Highland and was in keeping with the original trajectory for recovery. However, the submission was made against a number of assumptions linked to the ongoing uncertainty around the required response to the pandemic and subsequent remobilisation.

The savings challenge for 2021/2022 is not insignificant with £32.900m of saving required to deliver in year financial balance. In setting a balanced budget the impact of Covid, both directly and indirectly has been underestimated, and cost pressures across the whole system continue to manifest.

The focus on delivery of savings has continued and FRB continues to meet and scrutinise performance on a weekly basis. However, at the end of month 5 there has been slippage of £5.100m identified and it is projected that by the end of the financial year savings of £21.000m will have been achieved resulting in an unachieved target of £11.900m. Pressures associated with managing ongoing operational challenges have impacted on the ability to focus on individual elements of the Cost Improvement Programme. This is set against an overall financial position which projects a year end overspend of £19.196m. Locum, agency and bank costs with the Acute service are driving a forecast overspend of £6.351m as the service deals with an increased prevalence of covid, ongoing staff absences due to illness and self isolating and higher acuity levels. This position is being reported to both the NHS Highland Board and Scottish Government.

The cost pressures identified within this remobilisation plan continue to be based around assumptions. Covid prevalence, availability of staff and social distancing requirements will all impact on delivery of both activity and financial balance. It is assumed that those costs directly incurred as a result of Covid will be funded in 2021/2022. These costs are being reviewed on an ongoing basis and are reported to SG quarterly, or more frequently if significant movement in the estimate becomes apparent, and are excluded from this submission.

Ongoing uncertainty around funding for both remobilisation and covid related costs impacts on service delivery targets and financial performance. As we move into 2022/2023 and beyond the recurring costs of

delivering services differently are currently estimated to be in excess of £48million – early discussion around potential funding would support both service and financial planning.

NHS Highland continue to work with Highland Council to deliver cost reductions and service transformation within Adult Social Care service. A gap of £11.300m has been estimated for 2021/2022 and agreement between NHS Highland, Highland Council and Scottish Government will fund £11.000m of this gap on a £2.000m/£2.000m/£4.000m basis. The balance of £3.300m has been identified as a savings requirement and forms part of £32.900m Board savings challenge for this financial year.

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This Draft is for approval and should not be printed or disseminated outside NHS Highland.

This Draft is subject to change at any time.