

Remobilise, Recover, Redesign: NHS Highland Strategic Direction 2021 – 2022

A one year strategy

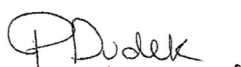
Welcome

We are delighted to be able to bring forward our strategy for the period April 2021 to March 2022, entitled “Remobilise, Recover, Redesign”. This summarises our key themes for the financial year, which are set out in more detail in our Remobilisation Plan, alongside our Vision, Aspirations, Objectives and Values.

We are keen that all of our colleagues, people who use our services, and everyone interested in NHS Highland are clear on what we need to achieve, how we will achieve this over the course of the year, and that they understand what part they will play in this. We hope this document and its content will support that.

We recognise how difficult the last 12 months have been and we appreciate the resilience and compassion that everyone has demonstrated and continues to show each day. This strategy will support us to Remobilise, Recover and Redesign over the next 12 months whilst we develop our 3-5 year clinical and care strategy, which will be in place from April 2022.

Thank you for everything you are doing to support our vision of “Partnering with our communities to improve the health and wellbeing of the people of Highland and Argyll and Bute” and our aspirations of Clinical and Care Excellence, being Partners in Care, a Great Place to Work and Safe and Sustainable Services..



Pam Dudek
Chief Executive



Boyd Robertson
Chair

What you will find in this document

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INTRODUCTION

NHS Highland will spend 2021/22 looking forward, working with our workforce, key care partners and communities to identify our priorities and the shape of services for the future, looking to 2022 and beyond. Our aim is to have a long-term Clinical and Care Strategy in place for 2022 and beyond that reflects the changes in our population profile, our learning from the pandemic response and our ambitions for the future.

This strategy has a focus on the year ahead, as we move out of the pandemic seeking to remobilise, recover and redesign. This overarching document provides a high-level overview of our Remobilisation Plan pulling out the direction of travel and the strategic themes. The Remobilisation Plan is our annual operating plan, containing the detail of what we are doing now and what we plan to do as services remobilise, how we will do this and how we will measure success through performance.

Argyll and Bute Integration Joint Board has an established Strategic Plan, in line with the legislation for integration, and this document should complement the NHS components of their local strategy which can be found here - [AB HSCP Draft STRATEGIC PLAN 2019-2022v26 .pdf \(scot.nhs.uk\)](#).

This strategy sets out our strategic themes as they currently sit and explains why these are important areas to consider. It sets the approach that we will take to realising a different relationship with our partners, communities and those individuals with whom we interact: a relationship of equals, in which lived experience and local knowledge are valued and integrated into service developments.

The drive is on to consider our future and to not be bound by the past. We will instead embrace our best history, ensuring we challenge ourselves to be bold and consider a modern future that will work for people in Highland and Argyll and Bute, in pursuit of good health and wellbeing.

Remote and rural health and social care is fundamental to the delivery of services across the Highlands and Argyll and Bute. We want to excel at delivering our services as locally as possible, whilst acknowledging the need for more specialist interventions to be at centres of excellence, ensuring people get the highest quality of health and social care possible with the best outcomes.

In 2022, a purpose-built National Treatment Centre will open, supporting delivery of elective treatment for the population of Highland and the North of Scotland. The National Treatment Centre - Highland will be part of a national network of treatment centres developed and supported by the Scottish Government, adding additional

capacity to target high-volume planned activity within our integrated planned care programme of work.

In 2021, we have new hospitals opening in Broadford on Skye and in Aviemore, which will provide first class facilities for these communities. We will also spend time considering and working on our longer-term plans, seeking to secure ongoing development of our estate and infrastructure, including digital and technology-enabled care.

Our key asset is our workforce. We have 10,500 employees and a comprehensive programme in place to address the culture concerns raised in 2018. This work continues, as does the journey to create the right conditions for our staff to flourish and be a great place to work.

As we look forward, we know that all that we do will continue to be affected by the ongoing impact of COVID 19. We will have additional duties associated with the likely ongoing delivery of mass vaccination; arrangements for managing COVID-19 in-patients; strong public health messaging; and intervention and the maintenance of infection, protection control measures to protect our staff and our citizens. This will continue to be prominent in all aspects of the service.

OUR VISION AND VALUES – WHO WE WANT TO BE

The graphic below shows how our Strategy brings together our Vision, our Aspirations, our Objectives and our NHS Scotland Values.



Our Vision

Our vision sets out the long-term aim for NHS Highland to achieve. We have described our vision as:

“Partnering with our communities to improve the health and wellbeing of the people of Highland and Argyll and Bute”

Our Aspirations

We have four aspirations, breaking down our Vision into four key elements.

- Clinical and Care Excellence
- Partners in Care
- A Great Place to Work
- Safe and Sustainable Services

Our Objectives

These describe what we will do to achieve our vision and aspirations.

Clinical and Care Excellence

- **Improving health:** We will improve the health and wellbeing of the communities of NHS Highland and reduce inequalities in health outcomes
- **Keeping you safe:** We will continuously improve the standard and safety of care and treatment
- **Innovating our care:** We will deliver integrated and efficient services built around principles of early intervention, home first and realistic medicine

Partners in Care

- **Working in partnership:** we will work within our communities to design and deliver effective people-led health and care outcomes
- **Listening and responding:** we will continually engage with and listen to our patients, colleagues, service users and communities, and take prompt action to address concerns and make improvements
- **Communicating well:** we will make our communications more accessible, informative, inclusive and straightforward

A Great Place to Work

- **Growing talent:** we will actively promote NHS Highland and use innovative practices to increase attraction and retention
- **Leading by example:** we will build leadership capability across the organisation to ensure colleagues have the best possible experience at work
- **Being inclusive:** we will ensure colleagues feel valued and engaged and are treated with dignity and respect
- **Learning from experience:** we will seek ongoing feedback and learnings and use this to improve colleague experience
- **Improving wellbeing:** we will proactively support the mental and physical health and wellbeing of our colleagues across NHS Highland

Safe and Sustainable Services

- **Protecting our environment:** reducing our environmental impact will be at the heart of our decision making and design, whilst promoting a safe and healthy care environment
- **In control:** we will effectively monitor and manage our data, systems, finances and services to ensure best possible standards and outcomes

- **Well run:** we will build the confidence of our communities and colleagues through effective strategic leadership and robust board governance

Our Values

The NHS Scotland Values describe how we will act in delivering our objectives.

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

THE LANDSCAPE IN WHICH WE OPERATE

NHS Highland does not work in isolation. There are many partners in the delivery of health and social care who need to be considered.

We work nationally and regionally in the North Region (NHS Grampian, Tayside, Orkney, Western Isles and Shetland) to deliver services. This will continue to be important as we seek to deliver our planned care programmes. We need to understand the potential of regional working, where working together gives resilience and improves outcomes for the population. For our Argyll and Bute population, the Health and Social Care Partnership has a strong relationship with the West Region and NHS Greater Glasgow and Clyde Health Board, as this board services most of the acute care needs for the population locally. These relationships are significant in optimising what we can do for people in accessing specialist services, so are critical partners in the delivery of health and care.

Locally we work with two local authorities, The Highland Council and Argyll and Bute Council, in the delivery of health and social care services. In Highland this is through a Lead Agency Model and in Argyll and Bute through a Corporate Body model – the Argyll and Bute Integration Joint Board.

We also work with wider partners in the private and third sector and are keen to optimise these relationships for the greater good. A key focus for NHS Highland is to engage more proactively with people who use our services, as well as professionals, specialists and others to make sure we are providing the best possible care.

We are a member of the Highland and Argyll and Bute Community Planning Partnerships. This gives us an opportunity to work across the wider stakeholder partners and with communities to achieve good access to health and care, with services shaped in collaboration with those who use them. We also can support the economic development of our communities as one of the largest employers, as well as considering our infrastructure and the potential to achieve best value and economies of scale where it is possible to do so.

QUALITY AND SAFETY

Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. (Sally and Donaldson, 1998.)

All our staff have a responsibility to contribute to equity of care for people who use NHS Highland health and social care services.

There are four levels of clinical governance responsibilities:

- Overseeing – members of clinical governance committee, members of quality and patient safety committees
- Delivering – management structure including clinicians
- Practising – clinical, administrative and support staff
- Supporting – staff employed in activities underpinning clinical governance eg those involved in clinical effectiveness, audit, complaints handling and risk management

Each of these is important if quality of care is to be given the highest priority.

Our ambition is that every day every one of us delivers, sees and experiences standards of healthcare that we would want for our own loved ones. This can only happen by putting the person receiving care, and their carer, at the centre of everything we do, working as a team and making sure we have the information and data we need to deliver excellent care and treatment.

A culture and practice of learning and improvement is a key component of clinical and care excellence. We will work to improve quality, to prevent harm and reduce variation.

In 2021-2022, quality and patient safety meetings will reconfigure to align with refreshed acute and community operational structures.

Work will start on a clinical governance strategy which will link to the developing five-year strategy for NHS Highland, to key NHS Scotland documents including Realistic Medicine, and will shape the clinical governance committee work plan in 2022 and onwards. We will further develop the clinical governance section of the integrated performance and quality report.

STRATEGIC NEEDS ASSESSMENT: WHAT DO WE KNOW ABOUT THE POPULATION OF THE HIGHLANDS LIVING WITH COVID-19?

Immediate Impact of the Pandemic

There are direct and indirect consequences of COVID-19. People will continue to be directly affected by COVID-19, and health and social care services need to support people suffering from acute illness. The longer-term impact of COVID-19 is also important, and some people have substantial rehabilitation and support needs.

The COVID-19 pandemic has badly affected waiting lists for elective procedures and has increased waits for many investigations and consultations. The mental health impact of the pandemic has been well documented and support for mental health is a Scottish Government priority. Inequalities are expected to increase, and this will have a disproportionate impact on children who have also experienced enormous educational disruption. While all children are affected, the greatest adverse impact is expected to be on children living in poverty, and in vulnerable children.

Broader Context in Highland

As with the rest of Scotland, the NHS Highland area already had significant inequalities in health. Compared to people in affluent areas, people living in the most deprived areas are:

- More likely to have a low birth weight
- Less likely to be exclusively breast fed at the six to eight week review
- More likely to be overweight or obese when starting Primary 1
- Less likely to take up screening programmes
- More likely to be hospitalised with asthma, COPD or because of a mental illness, and more likely to have a preventable admission for a chronic condition
- Likely to die younger

These differences show a social gradient, rather than an abrupt cut off so each incremental increase in deprivation produces greater adversity.

The differences are not confined to socio-economic adversity. For example:

- Scottish research examining differences in the health of ethnic groups in Scotland found that Gypsy/Travellers in Scotland had by far the worst health, reporting over three and a half times higher rates of 'poor general health' than their 'White: Scottish' counterparts.
- Health outcomes are generally worse for those who identify as lesbian, gay, bisexual and transgender (LGBTQI+) people compared to the rest of the population, with one in seven LGBTQI+ people (14%) in Scotland avoiding seeking healthcare for fear of discrimination from staff.

- The Institute for Health Equity highlights that some of the most vulnerable people in society - people with learning disabilities - die 15 to 20 years sooner on average than the general population, and are more likely to experience low incomes, poor housing, social isolation and loneliness, bullying and abuse.

Other important contexts for Highland are the relative rurality of the area, and steady ageing of the population. The geographical distribution of the population and the rapid changes in some areas such as the inner Moray Firth mean that services are both challenging to deliver and that existing ones are not always located in areas where the population is increasing.

Deaths have exceeded births in the area for many years, and population numbers are sustained by inward migration. In 1998, 17% of people in the NHS Highland area were 65 years old or over. By 2015-17 this was 23% and the Scottish Government projects that the figure will be 31% by 2038.

The ratio of people aged less than 65 years to those 65 years and over is lower than the Scottish average and the difference is particularly marked in Argyll and Bute. These differences are greater still in very remote small towns and very remote rural areas, suggesting that staff recruitment will be challenging in some of the areas expected to have the highest proportions of older people. The challenges in providing care are heightened by the expected increase in the proportion of older people living alone, with a reduction in multi-generational households. Combined with population movement this can be expected to increase the demand on formal care.

The changes to the age structure of the population also increase the number of people suffering from dementia and the proportion of the population who are frail. As people age, the demand for end of life care also increases.

OUR STRATEGIC THEMES

1. Working with people as partners in care
2. Good mental health for all
3. Population Health and wellbeing, tackling inequalities
4. Integrated Planned and Unplanned Health and Social Care
5. Improving outcomes for children and young people
6. Integrated Digital and Technology Enabled Care
7. Motivated and engaged workforce, shaped for the future
8. Infrastructure and facilities
9. Financial framework that is viable and balanced

1. WORK WITH PEOPLE AS PARTNERS IN CARE (*PHILOSOPHY/APPROACH*)

We are committed to working with people and communities to ensure that they have choice and control over the options of support, care and treatment available to them.

What will we do?

- We will deliver people-led, personalised care and support by working with individuals to explore their situation, illness or condition ensuring the right solution, promoting throughout the need to respect and consider what outcome individuals and their families are seeking from engagement with health and social care.
- We will support people to exercise their preference in relation to palliative and end of life care.
- We will work collaboratively at a local level to connect with the local intelligence of a community, to understand the strengths of the community and the ideas that may exist or already be underway that support positive health and wellbeing for the people who live there.
- We will work with partners to create a diverse and thriving marketplace for social care and support, optimising new and innovative ways of meeting the care needs of individuals.

Why is this important?

People should be in charge of their destination and be enabled to make the right informed choices for themselves and their families when faced with issues affecting their wellbeing, wellness and ability to function. The foundations of human rights-based practice, as set out in realistic medicine, require open and exploratory conversations to take place in order that choice and control are exercised in an informed way by individuals and their families. This ensures open communication, connection, allows empathy and compassion to prevail, but most of all supports the individual and their families to be at the centre of their own health and care needs.

2. GOOD MENTAL HEALTH FOR ALL

This top priority requires us to work collaboratively with communities, third sector organisations, public sector partners and individuals to ensure the shape of support and services are responsive to what is likely to be a growing need. We expect general stress and distress to have increased and we know that our experience of suicide and drug-related deaths gives cause for concern. We also know that our specialist mental health services are stretched and, whilst there have been innovative ways of working discovered, there is still much to do in understanding how the future can be shaped in a sustainable and meaningful way.

What are we going to do?

- In remobilisation we will expand our use of virtual platforms to deliver services across the NHS Highland area
- We will work with partners, communities and individuals throughout 2021/22 to agree a broader strategy for mental wellbeing and wellness that ensures a locality-based approach to delivering both community and personal resilience.
- We will improve access to emergency and unscheduled care for people in acute mental health need across a seven-day period and establish a new and comprehensive psychiatric emergency plan.
- We will ensure improved access to psychological therapies and wider psychological support. This will be by reducing waiting times for psychology, supporting the further development of the Distress Brief Intervention (DBI) model and improving access to mental health support in primary care.
- We will ensure that our in-patient facilities are safe, effective and sustainable to meet the needs of patients that require admission, and are joined up with community services to minimise their length of stay
- We will review our multi-disciplinary community mental health team roles and responsibilities to ensure they meet the needs of their community from early intervention to older adult services provision as part of an integrated care system.
- We will provide trauma-informed services, ensure we have a recovery-focussed approach and support new ways of working to achieve evidence-based practice. We will ensure an inclusive, service user-led model of care for the future.
- The Drug & Alcohol Recovery Service are committed to the ongoing partnership work required to reduce drug-related deaths in line with the national Drug Related Death Taskforce recommendations and associated work.

Why is this important?

Mental wellness is a top priority country wide and we know that from recent surveys across the country that people are reporting a reduction in mental wellness. Isolation, poverty, employment status, grief, increased use of drugs and alcohol and suicide are some of the causes and consequences of poor mental health.

Mental Health – Scotland’s Transition and Recovery describes in detail the Scottish Government’s proposed response to the impact of COVID-19 on mental health. Like the existing 2017 – 2027 Mental Health Strategy, it emphasises the importance of building resilience and ensuring that people receive the right support at the right time in the right setting. It speaks of a necessary “renewal” of mental health services with attention paid to the pervasive effects of trauma, socio-economic adversity and loneliness, as well as the potential value of distress interventions and a co-ordinated approach to suicide prevention.

3. POPULATION HEALTH AND WELLBEING: TACKLING INEQUALITIES

There has been significant improvement in life expectancy over the past 100 years and people are living longer, healthier lives than ever before. However, these improvements have stalled, and health inequalities continue to widen. An important shift is happening in relation to the burden of disease, from mortality to morbidity where more people are living for many years with chronic health conditions that affect their quality of life, resulting in increasing demands on health and social care services. Much of this burden of disease is preventable and requires a comprehensive approach to keeping people well.

To address this, we need to move towards a system that is based on promoting wellbeing and preventing ill health, with a renewed focus on reducing health inequalities. The determinants of health are well documented and many of them lie outside the direct influence of the NHS, such as tackling poverty, improving housing and education. However, NHS Highland can effectively influence these factors through our work with community planning partners and the way that we engage with communities and our service users. We publish, jointly with our local authority partners, an annual child poverty action plan. We can also affect the social determinants of health through how we design and deliver our services and we have an important role in delivering health improvement programmes.

What are we going to do?

- We will work with our partners and communities to implement a series of actions to mitigate the wider social impact of COVID-19. Our COVID-19 social mitigation plan will focus on issues of unemployment and the economy; income and financial security; food security; mental wellbeing; digital exclusion; capacity and community resilience and transport and active travel.
- We will renew our focus on equalities outcomes, ensuring that services are fair and equitable, and that we meet the health needs of equality groups and marginalised groups and communities.
- We will work with individuals, partners and communities to deliver health improvement programmes that reflect the national Public Health priorities for Scotland and contribute to outcomes of the National Performance Framework.
- We will work collectively as co-producers of population health improvement and health equity with our community planning partnerships and maximise what we do as an advocate and partner for improving our populations' health and reducing health inequalities.
- We will make renewed efforts to ensure that prevention and reducing inequalities is a core part of our business through a shift to prevention in all our plans and strategies. We will support staff to be confident in promoting better health, prevent ill-health and reduce inequalities
- We will support actions to enhance the health and wellbeing of our staff.

Why is this important?

The benefits of improving population health and reducing health inequalities are economic as well as social and can be measured in human terms, lost years of life and healthy life; and in economic terms, the cost to the economy of additional illness. The impact of an aging population, changing demographics and increasing inequalities is well documented and there is recognition that current health and social care models of service delivery cannot adequately meet future demands. As well as supporting positive social and economic outcomes, improving population health and tackling health inequalities can also reduce the use of health and other public services.

The evidence for the cost-effectiveness of many health improvement and preventative activities is strong. Improving population health and reducing health inequalities can enhance quality of life and increase the number of years lived in good health.

4. INTEGRATED PLANNED AND UNPLANNED HEALTH AND SOCIAL CARE

Unplanned Care/Unscheduled/Emergency Care

The need for health and social care in an urgent or emergency situation occurs daily. It is important that as a Health Board in collaboration with partners we have pathways of care that are clear and easy to access. The routes into and out of health and care must be clear. We must ensure that access to health and care is integrated and responsive to the needs of our population. Primary Care is the most likely starting point in any journey, so the need for joined up and agreed ways of working across the health and care system remains critical to success.

What are we going to do?

- Deliver coherent integrated pathways of care for emergency unplanned care that are easy to navigate from community to hospital and home again, should hospital be necessary.
- Home first will be our starting position when working with people who experience an unexpected health or care event at home, always seeking to treat as locally as possible and to keep people at home unless otherwise required.
- Have Digital and Technology Enabled Care embedded in what do.
- Embed people-led planning that supports a human rights-based approach to decision making, ensuring choice and control for individuals and their families.
- Continue to develop integrated teams and services (primary care, community health and social care working together) at a local level.

Why is this important?

We know that people do best when in their own home, surrounded by their familiar belongings and people. Having responsive and connected services at a local level is fundamental to this working well for people and the services themselves. We know that particularly for older people hospital stays can be necessary. However, we also know that prolonged periods in hospital can lead to individuals losing confidence and losing their independence in a way that can be life changing. This is why we need to ensure our integrated pathways of care are in place and supporting positive outcomes.

Integrated Planned Care/Scheduled/elective care programme

Planned care encompasses all the daily diarised workload that comes through Primary care (general practice, optometry, dentistry, pharmacy) and Community Health and Social Care, outpatients, day surgery and general surgery. In the post pandemic era we have a number of considerations to make. How do we now deliver these services, learning from the changes that have taken place as we have lived with COVID-19? And how do we get back on track with providing a robust service to people in our communities who have had to live with long-term conditions or with a deterioration in their health status as they wait for routine diagnostics or surgery?

What are we going to do?

- Ensure that we continue to prioritise, picking up and treating urgent conditions ahead of those more routine procedures or interventions. Work on our revised remobilisation plan to deliver a recovered position in our elective care programme of work.
- Ensure that we support people with long-term conditions to be able to continue to self-care and self-manage their conditions with monitoring built in as required by the appropriate health and care professional.
- Optimise our use of NHS Near Me, our virtual platform that enables appointments to be conducted where hands-on examination is not required.
- Work with other health boards and nationally to address any aspects of care that we are unable to deliver in Highland at pace or at volume.

Why is this important?

We know that throughout the pandemic people have been left with very difficult circumstances to contend with as planned care has been suspended in many cases, and people living with long-term conditions have not been able to access the supports they might normally turn to, particularly if they are regarded as routine care. We also know that the health debt is yet to be defined but that we need to be prepared to work with people to understand the scope of this and the requirements of services to assist recovery for individuals.

National Treatment Centre

The Treatment Centre Highland will provide:

- Uncomplicated hip and knee replacement surgery (ASA 1&2)
- Foot and ankle surgery
- A full range of ophthalmic care including outpatients and surgical treatment

The facility will have,

- 24 beds (three flexible use for ophthalmic patients)
- Five operating theatres
- 13 consulting rooms
- A full range of ophthalmic diagnostic and treatment services
- A patient / staff café

Why is this important?

The National Treatment Centre – Highland is a flagship development opening at the end of 2022, that has been designed to maximise efficiency and deliver elective care for 52 weeks of the year. It will be a place of innovation and excellence, providing exemplary patient care to the highest clinical standards and outcomes for patients.

As part of the national network of Treatment Centres, the NTC Highland will facilitate learning and development for our staff and in partnership with the University of the Highlands and Islands. Highlands and Islands Enterprise will seek to provide innovative opportunities for research and development across academic, health and care and commercial sectors.

5. IMPROVING OUTCOMES FOR CHILDREN AND YOUNG PEOPLE ACROSS THE HIGHLANDS

The first 1001 days from conception to three years lays the foundation for health and wellbeing across our lives. The interplay of genes, early relationships and early environments shape children's health and wellbeing, and are central to the intergenerational transmission of early adversity and trauma. This is reflected in an associated and increased risk of experiencing difficulties in childhood, and developing mental and physical health conditions in childhood and adolescence and into adult life.

What are we going to do?

- Work within an ethos of prevention across primary, secondary and tertiary layers of service, for both physical and mental health needs.
- Explore and understand the implications of implementing the United Nations Convention on the Rights of the Child (UNCRC) for infants, children and young people and family health for the NHS Board, HSCPs and wider partners
- Explore and test out approaches to involving children, young people and families in the design and delivery of services and better understand their experiences of care.
- Initiate an improvement approach to attachment-led, trauma-informed and responsive cultures and practice with professional and clinical leaders.
- Understand, mitigate and respond to the unanticipated consequences of COVID-19 on the health and development and day to day lives of infants, children and young people.
- Better understand the workforce risks and pressures for paediatric nursing, medical, allied health professionals and neonatal services to inform workforce planning.
- Prioritise identified areas of clinical risk and finance in relation to access to child and adolescent mental health services, neurodevelopmental assessment and diagnostic services.
- Understand and address financial risk regarding sustainable funding required for children and young people with exceptional health care needs, infant and perinatal mental health services and implementation of the Children and Young People Death Review Process, and Forensic Medical Services.
- Explore and test out intergenerational approaches to working with parents where there is conflict and or violence and abuse, mental health and/or drug and alcohol needs.
- Develop a design-led and improvement-focussed approach to whole systems of care for vulnerable infants, children and young people from pre-birth to the early twenties to ensure health gain and life opportunities are maximised.
- Develop an e-health road map for infant, children and young people's services and refresh our approach to performance and outcome measurements.

Why is this important?

Every pound spent in maternity, early years, childhood and adolescence can be understood as an investment in the health and wellbeing of an individual, family and community level across the life course. It is well understood that poverty and inequality have an independent relationship to poor health outcomes, and that abuse and neglect irrespective of family income, are also harmful to growth and development. Meanwhile, experience of the two together is the more impactful.

The national drivers of Scotland implementing the UNCRC and the development of trauma-informed and responsive systems and services, present opportunities to refresh and reframe the Board's approach to babies, children and young people: the environments that allow them to thrive and the services they require.

6. TRANSFORMATION THAT EMBRACES DIGITAL AND TECHNOLOGY-ENABLED CARE SOLUTIONS

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-19 pandemic.

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 this 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 our core digital infrastructure to support the increased demand for digital solutions. This work will continue in 2021/22 and beyond.

What will we do?

The digital delivery plan for 2021/22 builds on this need to deliver digital solutions that improve experiences for patients and colleagues. It includes:

- Implement the regional HEPMA (Hospital Electronic Prescribing and Medicines Administration) solution with the first wards going live during 2021/22, including replacement for the Immediate Discharge Letter System (IDL)
- The implementation of Order Communications (electronic ordering and tracking of tests and treatment) across primary and secondary care
- Clinical digital documentation will be implemented across Medical, Nursing and AHP staff groups; including a solution to record vital signs (NEWS2)
- The Care Portal will also be further developed
- Implementation of national solutions that support remote patient monitoring
- Continue the implementation of Microsoft 365 with the rollout of new applications
- Improvements to the WiFi infrastructure across all sites
- Support for a range of National Programmes including the National Treatment Centre - Highland and our ongoing building and remobilisation programmes

Why is this important?

NHS Highland is committed to improving the way we deliver care using digital technology where appropriate. The digital programme for 2021/22 will have an impact across all staff groups in all locations and will improve the way that clinical care is delivered and reported. Digital solutions mean that people can access care more quickly and with less need to travel. They can also reduce costs.

The delivery of this programme will mean staff will see an improvement in the way they access and record clinical activity, with better access to the right information at the right time and with the right security in place.

7. MOTIVATED AND ENGAGED WORKFORCE SHAPED FOR THE FUTURE

We will work towards our aspiration to become a Great Place to Work, through delivery of our Board-level objectives. We will have a well-led and resourced programme of work which builds a strong foundation for ongoing transformation in the coming years.

In determining our priorities, we have assessed and prioritised the learnings from the various culture reviews, reports and audits, examined the current capacity and capability of our workforce and considered what is needed for NHS Highland colleagues to be able to support delivery of the strategy through the coming year.

These objectives give a clear set of priorities for the organisation to work towards at all levels and bring together the work of the Culture programme workstreams with other activity that is currently underway or planned.

Our detailed plans, resources and timelines which sit underneath these objectives will be delivered through a range of workstreams and specialist teams and progress will be monitored and tracked through channels including the Culture Oversight Group, the Workforce Board, Staff Governance Committee and the Partnership Forum.

What will we do?

- **Growing talent:** we will build our strategy and promote NHS Highland to recruit our future workforce and maximise opportunities for our existing talent
- **Leading by example:** we will build leadership capability across the organisation to ensure colleagues have the best possible experience at work
- **Being inclusive:** we will ensure colleagues feel valued and engaged and are treated with dignity and respect
- **Learning from experience:** we will seek ongoing feedback and learnings and use this to improve colleague experience
- **Improving Wellbeing:** we will proactively support the mental and physical health and wellbeing of our colleagues across NHS Highland

Why is this important?

Our workforce is our greatest asset and we are committed to ensuring that we have the right workforce in place and a sustainable pipeline of talent to draw on, to make our services sustainable. If our colleagues have the best possible support, training and leadership and are engaged and proud to work for us, they in turn will deliver the best possible care and services to our communities.

8. INFRASTRUCTURE

Our buildings are critical to allow each service within the organisation, to deliver a safe and sustainable service to our communities.

What are we going to do?

- We will continue to work with the various clinical services to assess the current facility needs for their services, making sure that they are able to provide the most efficient model of care within the current infrastructure and working restrictions.
- We will engage in an exercise to highlight where both space utilisation of current facilities is low and where the functional suitability of facilities is not appropriate for the needs of the service, working with the service users to establish the needs to provide a better solution.
- We will continue to invest in digital technology so as to allow for the Estates and Facilities services to work more efficiently, both in terms of workforce and supplies. This will include digital room booking systems, electronic patient meal ordering and digital management of all facilities workforce resources.

Why is it important?

Due to the current levels of backlog maintenance investment needed and the annual revenue and capital allocations, it is imperative that we invest what funding we have in the right areas. We currently have insufficient levels of funding to keep our estate in the conditions we would like, so we need to be prudent with our investment strategy, prioritising spend in the relevant areas.

If we continue to invest in digital technology, then this will allow for the organisation to become more efficient and use our workforce in better ways. We will also continue to invest in our teams' training needs to allow them to develop both on an individual and team basis, giving them the confidence to embrace the use of digital technology.

9. FINANCIAL FRAMEWORK THAT IS VIABLE AND BALANCED

Financial Balance

As a publicly-funded organisation, it is important that we deliver our services sustainably and live within our financial means.

We have improved our financial performance significantly over the last two years. This continued during the pandemic, albeit after a brief pause, and savings of £20million will be delivered in 20/21.

Significant financial uncertainties existed throughout the year and whilst financial breakeven will be achieved, almost £63million of COVID-19 funding was required.

Further uncertainty is expected during 2021/22 as the vaccination programme rolls out and services remobilise, with further additional funding expected to cover these costs. We have also benefited from an increase of over £16m in funding due to a change in the NHS funding formula.

Agreement must be reached with The Highland Council around closing the financial gap in respect of adult social care costs within the scheme of integration for the Highland H&SCP and work on this is continuing at pace. A joint board has been set up to oversee the delivery of specific cost improvements within social care.

What are we going to do?:

- Continue to use the programme management office and financial recovery board approach to the delivery of cost improvements
- Ensure that all parts of the strategy are fully costed to demonstrate affordability
- Develop a coherent and viable financial plan to support the strategic plan and demonstrate the return to financial balance
- Work with our partners to ensure that organisational financial barriers do not prevent us from delivering the best care in the most appropriate setting
- Reach a settlement and agree a revised scheme of integration with The Highland Council, supported by government

HOW WILL PROGRESS BE MONITORED?

We have set up a system of oversight for all elements of the NHS Highland performance against our strategy and objectives.

We have introduced an Integrated Performance and Quality Report (IPQR) during the last year and this is presented at each Committee and Board meeting to enable scrutiny of performance and quality standards. We will be further refining and adding to this report over the course of 2021/22.

Our Financial Recovery Board has been in place for some time and is a highly effective method of scrutinising financial savings progress. During 2020/21 we introduced a Performance Recovery Board, which oversees key elements of our hospital and care performance, and in 2021/22 will also have regular focus on operational unit performance more widely.

We have also introduced a Workforce Board, which will oversee these elements of our strategy and plans, to ensure we have the right workforce in place, now and in the future. The Culture elements of our progress are overseen by the Culture Oversight Group, which reports directly to the Staff Governance Committee.

With these focused forums and the re-implementation of the Systems Leadership Team to bring together the senior leaders of the operational, professional and support functions in our system, we will have a robust monitoring process in place. This will enable our Executive Directors Group to focus on the longer-term strategic planning and priorities for NHS Highland.

Partnership colleagues are embedded in all operational and programme meetings to ensure appropriate engagement and input from our staffside representatives.

We will also finalise our internal and external communications and engagement strategy to ensure the ongoing engagement and involvement of colleagues, patients and communities in the delivery of our strategic plans for 2021/22 and the creation of our 2022 Clinical and Care strategy.