

NHS Highland



Meeting: NHS Highland Board

Meeting date: 26 November 2024

Title: Annual Delivery Plan 2024-25 Quarter 2 Update

Responsible Executive/Non-Executive: David Park, Deputy Chief Executive

Report Author: Bryan McKellar, Whole System Transformation Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

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

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

As part of the Scottish Government's annual delivery planning process, we are required to submit quarterly reports on progress against the agreed deliverables in our Annual Delivery Plan (ADP).

This report provides NHS Highland Board with assurance on the progress of the Q1 and Q2 2024/25 ADP deliverables to 30 September 2024.

NHS Highland provides quarterly updates to Scottish Government, the Q2 update was provided to the Finance Resources and Performance Committee on 1 November and submitted to Scottish Government thereafter.

2.2 Background

NHS Highland's ADP 2024/25 was approved by Scottish Government in June 2024 and ratified through NHS Highland Board in July 2024.

The ADP captures the high-level deliverables in each "Well" theme of our Together We Care strategy. The Argyll & Bute Joint Strategic Plan uses the IPMF to measure performance and is incorporated into the NHS Highland ADP 2024-25 tracker.

The ADP planning cycle is an evolving process to move NHS Scotland towards an integrated strategic planning model, to incorporate delivery, workforce and financial planning, ensuring a whole system approach and specifying how we will meet service and policy needs within our capacity and resource limits.

We are required to submit our ADP 2024/25 update to include RAG status at each quarter, milestones, risks and controls. This is a light touch response with information taken from programme and performance teams and what is reporting through internal governance structures.

The Q1 update was submitted to Scottish Government in September 2024, with general verbal feedback received on the progress of deliverables.

The Q2 update was submitted to Scottish Government in November 2024. Feedback is anticipated in the coming weeks.

2.3 Assessment

Process

Throughout the first 6 months of ADP 2024/25, Strategy and Transformation programme managers have worked with deliverable leads, Senior Leadership Teams (SLTs) and Senior Responsible Officers (SROs) to collate the progress on these deliverables.

The quarterly update process uses information from programme delivery plans and assurance reports to draft the relevant response for each deliverable in the

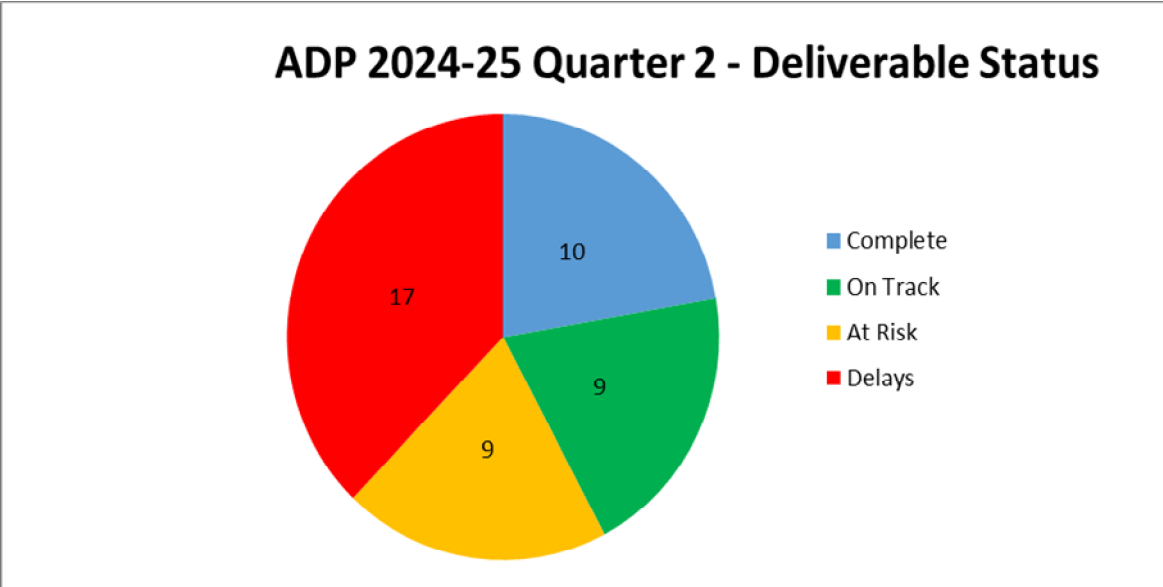
template. This has involved discussion with SROs, deliverable leads and relevant support colleagues.

It is recognised the ADP 2024/25 was written at a point in time, and reviewing and rationalisation of deliverables is ongoing, to reflect any changes e.g. as a result of new Government directives or updates in committed deliverables. An example of this is the existence of the 90-day Urgent & Unscheduled Care recovery mission which was instigated in August 2024, and subsumes many of the ADP deliverables of Respond Well.

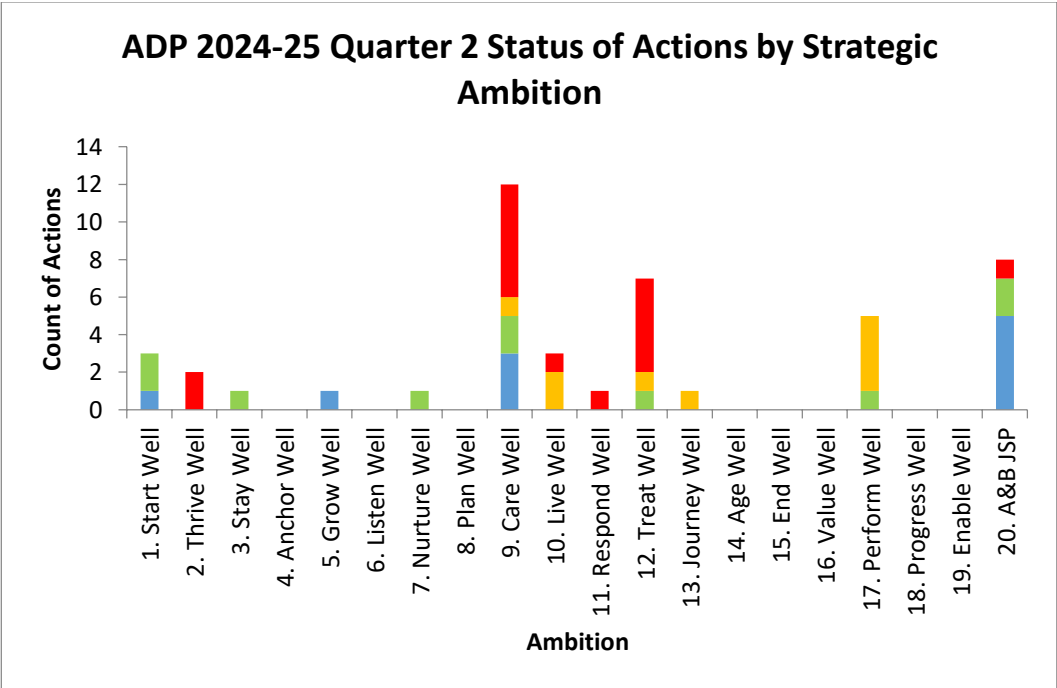
Q1 and Q2 ADP Deliverables update

When NHS Highland’s ADP was agreed in June 2024, there were 258 current actions or deliverables, representing our transformational objectives across the ADP and medium term plans (MTP). There are 143 ADP deliverables and 115 MTP deliverables. 45 deliverables had a delivery target date by the end of Q1&Q2. An overview of the current actions in the ADP due by the end of Q2 are shown in the table and chart below. This excludes projects not started or where the deliverable is not due until Q3 or Q4.

Complete	10	22%
On Track	9	20%
At Risk	9	20%
Delays	17	38%
Total	45	100%



20% of the deliverables or actions were on track (green) and just over 22% were completed by Quarter 2. 20% were at risk (amber) and just under 40% of the actions were delayed (red), generally due to capacity or resourcing issues.



By Strategic Ambition, the status at Quarter 2 (for those deliverables due by 30 September 2024) is shown below, using the same legend as the chart. Where risks are identified, mitigation plans are in place or under development. Green and amber deliverables are expected to conclude in Q3.

A summary of all these actions is provided in Appendix A.

Included within the 10 completed actions includes:

- Implementation of NHS Highland’s Vulnerable Pregnancy Pathway
- Refresh of NHS Highland’s Leadership Programme
- Enabling the use of intelligence-based flow at district levels
- Development of a strategic commissioning capacity plan
- Review Care Home provision in the Highland HSCP area
- A number of actions in Argyll & Bute, including the development of an Island Health and Social Care Provision Strategy

In terms of the Q2 deliverables that remain outstanding as Red risks, below is a summary of the explanation.

Strategic Outcome	Outstanding deliverables	Explanation
Care Well	Reprioritisation of deliverables in Care Well was undertaken as part of phase one of the 90-day Urgent & Unscheduled Care mission. Any red deliverables have been reprioritised for later stages of delivery.	
Live Well	<p>Benchmarking MH&LD models of care to other Scotland boards</p> <p>Resilience of statutory responsibilities in current delivery models</p>	Outstanding Q2 deliverables to be progressed as part of STAG MH&LD models of care programme.
Respond Well	Delivery of whole system OPEL	System Capacity Group developing proposals for whole system OPEL aligned to performance management framework; delivery commenced in Q3.
Treat Well	<p>Supplementary Staffing and reducing beds</p> <p>Increase in virtual Appointments</p> <p>Procedures of Low Clinical Value</p>	<p>V&E workstreams progressing, but remain some risk areas</p> <p>Requires agreed trajectory, current high comparable use of remote and near-me appointments</p> <p>Awaiting publication from SG.</p>
Thrive Well	NDAS – waiting times to assessment	NDAS Programme Board established and moving forward with improvement plan into Q3
A&B JSP	Reducing LOS in Community Hospitals	IPMF currently going through internal structures for reporting of Q2 deliverables

ADP deliverables have been incorporated alongside performance reporting in relevant sections of the Performance IPQR since September. This is to support the links between performance and our ADP deliverables.

Risks and Challenges

ADP deliverables continues to be tracked and managed. There is a risk on our Level 1 Strategic Risk Register that notes the risks against delivery of the ADP 24/25 and provides plans and mitigations in place.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Comment on the level of assurance

NHS Highland Board is to be assured that the ADP 24-25 Q2 update has been submitted to Scottish Government as required having undertaken an assessment of the status of current deliverables.

For deliverables not currently achieved, there are mitigations and actions in place to move these forward in Q3, and for those deliverables delayed (risk), explanation is provided to provide FRP with assurance on these reasons.

3 Impact Analysis

3.1 Quality / Patient Care

KPIs on quality of care and waiting times continue to be developed in the ADP. These include how we introduce the measurement of the impact of value based health care incorporating realistic medicine.

3.2 Workforce

Impact on staff including resources, staff health and wellbeing are described at a high level in the ADP, as we move to more integrated planning.

3.3 Financial

Financial impact and risk is described at a high level in the developing ADP as we move towards a more detailed and integrated plan.

3.4 Risk Assessment/Management

Risks are identified in relevant deliverables with controls and mitigations developed, as part of the continuous reporting process

3.5 Data Protection

This does not involve personally identifiable information

3.6 Equality and Diversity, including health inequalities

We are seeking to reduce inequalities as part of the strategic intent, although an overall impact assessment has not been completed. EQIAs for each programme / ambition to be established and / or reviewed.

3.7 Other impacts

Assurance process to be delivered as part of the Strategic Planning Stages process (See above diagram)

3.8 Communication, involvement, engagement and consultation

Involvement and consultation continue to be carried out through the performance framework process via Programme Boards, SLTs, assurance and delivery groups and individual discussions

3.9 Route to the Meeting

This has been compiled through discussion with the facilitation of Strategy and Transformation team and with programme boards, intention leads and senior responsible officers involved with delivery of our strategy and development of the ADP 2024-25 and MTP 2026-27. The Q2 update was presented for Approval at EDG 28 October 2024 and assurance at the Finance Resources and Performance Committee on 1 November.

4 Recommendation

Action being requested:

Assurance – NHS Highland Board is to be assured that progress against the ADP 24-25 deliverables is being tracked and quarterly updates submitted to Scottish Government.

4.1 List of appendices

The following appendices are included with this report:

- Appendix A– Summary of Strategic Outcome deliverables by BRAG status by 2024-25 Quarter 2 (see next page)

START WELL	THRIVE WELL	STAY WELL	ANCHOR WELL	GROW WELL	LISTEN WELL	NURTURE WELL	PLAN WELL	CARE WELL	LIVE WELL
Vulnerable Pregnancy Pathway	NDAS Waiting List Validation	Screening Inequalities Plan 2023-2025	No deliverables due	Refreshed leadership programme	No deliverables due (merged with H&W Strategy)	Health & Wellbeing Strategy and Action Plan	No deliverables due (merged with H&W Strategy)	Intelligence-based flow at district levels	Baseline MH&LD integrated service planning
UNICEF Gold Standard	Comprehensive NDAS Assessment							Strategic commissioning capacity plan	MH&LD service benchmarking
NICU Impact Assessment								Review Care Home provision	Resilience to deliver statutory responsibilities
								Enhanced access for Care Homes to FNC / OOH	
								Cost/benefit analysis of TEC	
								Workforce plan for Home is Best plan	
								Generic assessment for care	
								Allocation of C@H at district level using data	

								Care pause, stop, re-start, reallocate for inpatients	
								Discharge to Assess model – facilitate social care home assessment	
								Implement findings – 2:1 Care at Home B&S pilot	
								Develop improvement plan using review of LoS for those not in delay	

(Continued)

RESPOND WELL	TREAT WELL	JOURNEY WELL	AGE WELL	END WELL	VALUE WELL	PERFORM WELL	PROGRESS WELL	ENABLE WELL	A&B JSP
Whole System OPEL across acute and community	Outpatients performance improvement plan	Capacity plan aligned to Rapid Cancer Diagnostic Services	No deliverables due	No deliverables due	No deliverables due	Align transformation programmes with measures of success (KPIs)	No deliverables due	No deliverables due	Island health and social care provision strategy
	Improvement plans for fragile acute services in place					Resilience and Risk – aligned Level 2 and 3 risk registers			INR services through CTACs
	Reduce procedures of low clinical value`					Resilience and Risk – review overall Corporate Risk Register			Integrated phlebotomy service
	Increase in virtual appointments					TARA: reduction in fixed-term contracts in acute through appropriate policy			Review of sexual health services
	Review of acute beds to reduce in line with Care Well					TARA: reduce all excess hours and overtime within Acute setting			Set-up review of governance of SDS

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	Reduce supplementary staffing across acute								Establish safe and cost-effective OOHs
	Reduce agency nurse staffing across Acute by 95%								Develop community assets approach
									Extend the Community Hospital services into communities