

NHS WESTERN ISLES BOARD MEETING

Meeting date:	26 June 202
Meeting date.	ZO Julie ZUZ

Item: 8.3

Title: NHSWI ADP MTP 2025-28

Responsible Executive/Non-Executive: Frances Robertson - Nurse Director/AHP

Director and Chief Operating Officer

Report Author: Lachlan Mac Pherson - Hospitals Manager

1 Purpose

This is presented to the Committee Members for:

Assurance	X
Awareness	
Decision	
Discussion	

This report relates to a:

Annual Operating / Delivery Plan	X
Emerging issue	
Government policy/directive	
Legal requirement	
Local policy	
NHS Board / Integration Joint	
Board Strategy or Direction	

This aligns to the following NHS Scotland quality ambition(s):

Safe	X
Effective	X
Person Centred	X

Please select the level of assurance you feel this report provides to the Board / Committee and briefly explain why:

Significant	Х
Moderate	
Limited	
None	
Not yet assessed	
Comment	
Specify:	

Please indicate which of the Boards Priorities the paper relates to:

Financial Sustainability / Recovery Plan	Х
Capital	
Hospital Based Services Model – Rural General Hospital / Community	Х
Workforce Health & Wellbeing	X
Health Inequalities	X
Sustainability of Community Health & Social Care Model	X
Primary Care Transformation Programme	Х
Digital Transformation / Digital Health	Х
Public Protection Priorities	Х
Women and Children's Services	Х
Climate Emergency and Sustainability	Х
None of the above	
Other – please explain	
Comments:	•

The report is directly linked to a Recovery Driver(s) within the Annual Delivery Plan:

DDC1	T	
RD01	Primary & Community Care - Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.	X
RD02	Urgent & Unscheduled Care – Access to urgent and unscheduled	Χ
	care, including scaling of integrated frailty services to reduce	
	admissions to hospital.	
DD03	·	V
RD03	Mental Health - Improve the delivery of mental health support and	X
	services, reflecting key priorities set out in the Mental Health and	
DDO4	Wellbeing Strategy.	
RD04	Planned Care - Recovering and improving the delivery of planned	X
	care.	
RD05	Cancer Care - Delivering the National Cancer Action Plan (Spring	X
	2023-2026).	
RD06	Health Inequalities and Population Health - Enhance planning and	X
	delivery of the approach to tackling health inequalities and improving	
	population health.	
RD07	Women and Children's Health - Take forward the actions in the	X
	Women's Health Plan and support good child and maternal health, so	
	that all children in Scotland can have the best possible start in life.	
RD08	Workforce - Implementation of the Workforce Strategy.	X
RD09	Digital Services Innovation Adoption - Optimise use of digital &	Χ
	data technologies in the design and delivery of health and care	
	services for improved patient access and fast track the national	
	adoption of proven innovations which could have a transformative	
	impact on efficient and patient outcomes.	
RD10	Climate - Climate Emergency and Environment.	X
RD11	Finance & Sustainability – Approach to achieving financial balance	
	and aligning with S&V financial improvement programme of work.	
RD12	Value Based Health & Care – Approach to embracing and adopting	
	Value Based Health and Care.	
RD13	Integration & population Need – Boards are asked to set out the key	
	actions to respond to population needs and how you will work in	
	partnership to address and respond to these needs.	
RD14	Regional & National – Approach to working regionally and nationally	
	across services through collective and collaborative approaches to	
	planning and delivery, where required.	
_	None of the above	
L	I	1

This aligns to the following NHS Western Isles Corporate Objective(s):

CO1	To provide person-centred care, focusing on the evidence based health needs of our increasingly diverse population, identifying and taking every opportunity to improve out patients' health, experience and outcomes	X
CO2	To protect individuals from avoidable harm to continually assessing and managing risk, learning, and improving the reliability and safety in everything we do.	Х
CO3	To champion efficiency and effectiveness in our services that delivers minimum possible waiting times.	X
CO4	To pro-actively stimulate and intensify our research and application of effective innovation to improve how we care for patients today and into the future.	X
CO5	To promote and support people to live longer healthier lives	X
CO6	To specifically target early years, health inequalities, vulnerable and underrepresented and more difficult to engage with groups.	X
CO7	To continually improve and modernise our integrated healthcare services and assurance systems.	X
CO8	To value, support the wellbeing of, and develop and sustain a compassionate, confident, competent, flexible and responsive workforce.	X
CO9	To deliver our commitment to partnership working to deliver national standards, targets and guarantees.	X
CO10	To have a sustained focus on prevention, anticipation, support self-management and care at home.	Х
CO11	To ensure that all resources are deployed to the best effect, achieving desired outcomes, values for money and progressive approach to sustainability.	X
-	None of the above	

2 Report summary

2.1 Situation

All Health Boards are to produce Annual Delivery Plans. Board Delivery Plans are updated annually and intended to focus on short-to medium-term planning.

Scottish Government have provided guidance to give NHS Boards clarity around the national policy priorities, which should be reflected in their own Board level plans. This guidance has been issued alongside the annual financial planning guidance and has been developed in reference to the workforce planning guidance. Boards should develop Delivery Plans to align with their financial and workforce planning.

It is however essential that Delivery Plans are aligned to the national priorities of the Scottish Government and NHS Scotland as a whole, and this is particularly important as planning becomes more collaborative, as set out in the recently issued Scottish Government's Director Letter - "A renewed approach to population based planning for services across NHS Scotland".

Where this guidance sets out planning priorities an expectation that additional separate, more detailed plans will be developed, the Delivery Plan should not seek to replicate material covered elsewhere, but rather to cross reference it and set it within the context of the Board's planning as a whole, with particular consideration as to how different areas of planning impact on one another.

Board Delivery Plans are ultimately approved by an NHS Board itself. However, there is an expectation that this does not take place until the Scottish Government has indicated it is content that the draft plan is aligned with the national priorities as set out in this guidance. This is intended to be a collaborative and supportive process aimed at helping improve the quality of the final plans.

Early Draft Plan was shared with Scottish Government at the end of January 2025. There was engagement and feedback throughout February and early March with Scottish Government to finalise Delivery Plan. Two additions were made to Planned Care section of the Delivery Plan, after further discussion with Scottish Government:

- a) We are reviewing our own capacity with a view to offering spare capacity in certain specialties to other Boards where appropriate.
- b) We are engaging with National Theatre scheduling team with a view to implementing the Theatre Utilisation Tool.

Delivery Plan were scheduled for submission by 17 March 2025. Scottish Government agreed to an extension to 21 March 2025 to take account of NHS Western Isles meeting schedules. Following submission, Scottish Government were to review plan to ensure it aligned with the relevant guidance, and whether any changes were required before proceeding to Health Board for final approval.

Scottish Government have not approved Annual Delivery Plans and their focus will now be on three interconnected products: an NHS Scotland Operational Improvement Plan (OIP), a Population Health Framework (PHF), and a Health and Social Care Service Renewal Framework (SRF).

The OIP will describe short-term commitments and actions across NHS Scotland that are needed to improve the experiences of patients. The PHF will provide a long-term, cross-government and cross-sector approach to improving health in Scotland.

The SRF will set out the framework to plan services for the future, building on what we already know works well. The SRF is designed in line with the principles of Value Based Health and Care, to deliver better outcomes through equitable, sustainable, appropriate and transparent use of resources, delivered through the practice of Realistic Medicine.

No decision has been made on future approval and reporting on Annual Delivery Plans. They may continue as local plans with local reporting for assurance purposes.

The Annual Delivery Plan (ADP MTP 2025-28) is shown at Appendix 1, with a List of Acronyms added at Appendix 2.

2.2 Background

Previous years' guidance focussed on recovery of services following the pandemic, and whilst the impacts of such an event will continue to be felt for many years still to come, it is increasingly important that planning looks ahead to reforming services to ensure they meet the changing needs and expectations of the population of Scotland.

In particular, for NHS services there will be an increasing shift in planning for services based on the most appropriate population for which they are required, as set out in the recent Scottish Government's DL (2024) 31 "A renewed approach to population based planning for services across NHS Scotland".

The Chief Medical Officer has highlighted the population health challenges which Scotland faces both now and in the future: threats from infectious diseases remain; life expectancy is stalling and health inequalities are widening; demand for and utilisation of our health and social care services continues to increase in an unsustainable way; and the climate emergency requires adaptation and is already affecting Scotland's health and wellbeing.

Given the scale of growing demand our health service faces, the NHS requires major reform to ensure that we have a sustainable health service. On 4 June 2024, the Cabinet Secretary for Health and Social Care set out a new a vision for health and social care services in Scotland to address these challenges and give focus to reform work. This vision is to 'enable people to live longer, healthier and more fulfilling lives' and is supported by four key areas of work: improving population health, a focus on

prevention and early intervention, providing quality services, and maximising access, all underpinned by a person-centred approach.

Nationally, steps are being taken to improve our health and care system and the health of the nation. This requires work across health and care, government and public sector partners, and support for individuals and families, including on the First Minister's four clear priority areas of eradicating child poverty; growing our economy; tackling the climate emergency and improving public services.

Delivery Plans are intended to set out the overarching planning being undertaken by the Board and as such, they are not intended to include detailed, granular and operational planning detail.

2.3 Assessment

The 10 'Drivers to Recovery' of previous plans, have been updated to 11 'Delivery Areas' as shown below for Territorial Boards:

Planned Care
 Urgent and Unscheduled Care
 Cancer Care
 Mental Health
 Primary and Community Care
 Women and Children's Health
 Population Health and Reducing Health Inequalities
 Finance, Infrastructure and Value Based Health and Care
 Workforce
 Digital and Innovation
 Climate

Finance, Infrastructure and Value Based Health and Care (Section 8) has been added for 2025-26.

2.3.1 Quality/ Patient Care

The scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more.

The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years.

An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions will inevitably place additional pressure on health and care services.

2.3.2 Workforce

Workforce will now be monitored through the ADP process.

2.3.3 Financial

Our waiting times allocation and subsequent spend will be monitored closely to ensure achievement of targets alongside supporting a break-even position.

Accountants Name	Signature
Corinne Maclean	alecteen

Comment from the Accountant:

The expectation from Finance is that activity will be managed within the funding available from SG. Finance will monitor and report spend on a monthly basis to assist in planning of clinical activity.

2.3.4 Risk Assessment/Management

Regular meetings to improve patient flow and maximise capacity.

2.3.5 Equality and Diversity, including health inequalities

Dedicated section for Health Inequalities in ADP.

2.3.6 Climate Emergency and Sustainability Development

Dedicated section for Climate in ADP.

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement and consultation

Regular meetings with stakeholders to progress actions.

2.3.9 Route to the Meeting

ADP sub group, CMT, Scottish Government.

2.4 Recommendation

Health Board is asked to note Annual Delivery Plan (NHSWI ADP MTP 2025-28).

- Discussion Examine and consider the implications of Annual Delivery Plan (ADP MTP 2025-28).
- **Decision** Approve Annual Delivery Plan (ADP MTP 2025-28).

3 List of appendices

The following appendices are included with this report:

- Appendix 1 ADP (NHS WI ADP MTP 2025-28).
- Appendix 2 Definitions