Medium Term Plan
2025-28

NHS WESTERN ISLES

1 Planned Care

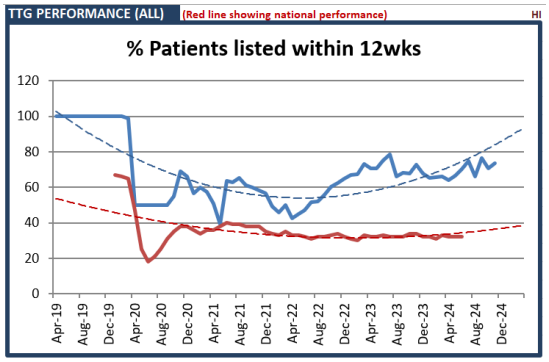
- **Tackling long waits and backlogs focusing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics**

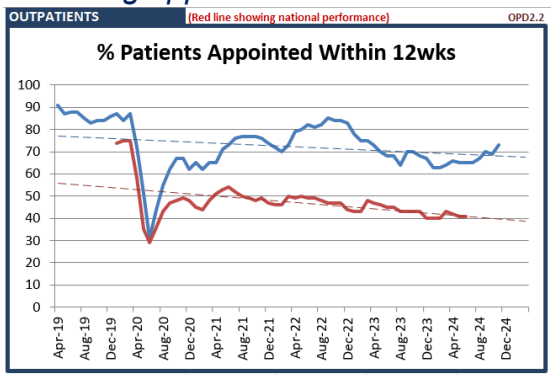
We monitor all TTG, Outpatient and Endoscopy waiting lists on a daily, weekly and monthly basis.

Waiting Times reports are discussed at monthly operational meetings such as Performance Group and OSDT and all speciality clinical leads are provided with regular updates on waiting times performance, referral rates, DNA rates, overdue returns and PIR usage.

*At present (Dec 24) **75%** of our TTG patients are being listed within 12 weeks with no patients waiting more than a year. Similarly, **70%** of all new Outpatient referrals are being appointed within 12 weeks which is particularly encouraging given the significant transport issues we have experienced over the last year.*
(Following the reduction of the flight service between Inverness and Stornoway we have lost 40% of capacity in many visiting specialities).

All urgent and USC endoscopy referrals are being appointed within 2 weeks.

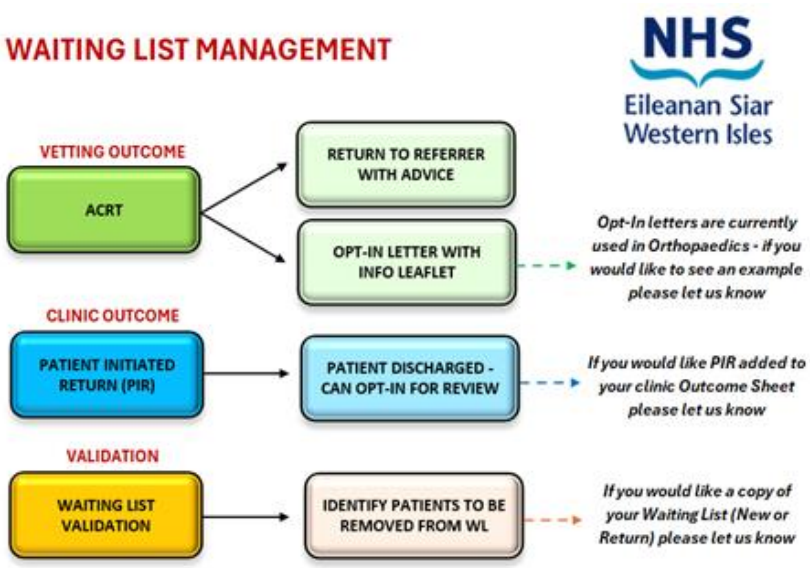




As part of our monitoring processes, we undertake weekly housekeeping and validation exercises to ensure that waiting lists are accurate and any missing outcomes are entered.

In order to maintain a strong waiting times performance Waiting List Initiatives are regularly being arranged in specialities such as ENT and Urology.

As part of our monthly engagement with clinical leads, encouragement is given to engage in activities such as ACRT and PIR and to undertake regular waiting list validation exercises.

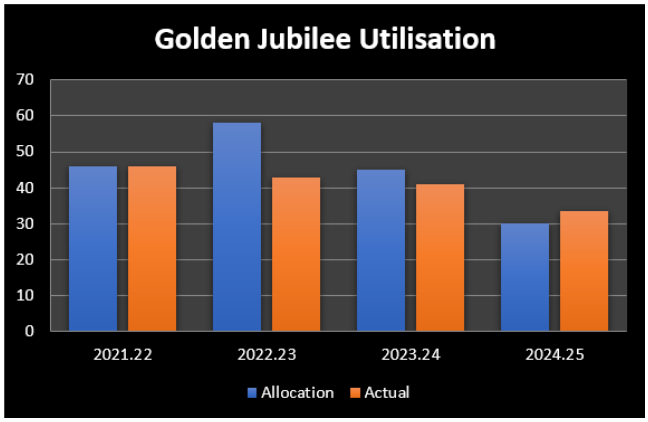


In terms of aims and objectives, we aim to maintain our current strong Waiting Times position (75% TTG patients listed within 12 weeks and 70% of Outpatient referrals appointed within 12 weeks) despite significant travel issues. We will continue to actively monitor and manage the small number of patients who appear to be waiting longer for their planned care.

Waiting Times performance will be continually assessed and discussed at monthly operational meetings.

- **Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs)**

We have an allocation for MRIs and orthopaedic joints at the Golden Jubilee National Hospital which is utilised for complex cases and for patients who may require Intensive Care facilities. We have monthly operational meetings with GJNH to ensure that our allocation is being effectively utilised and to address any issues.



We have no allocation at any other NTC due to small numbers and our ability to effectively manage waiting lists locally.

We aim to maintain an excellent working relationship with our colleagues at the Golden Jubilee and ensure that our allocations are being efficiently and effectively utilised.

We are reviewing our own capacity with a view to offering spare capacity in certain specialties to other Boards where appropriate.

- **Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation**

Following the revision of our theatre schedule and the appointment of an Arthroplasty Practitioner post Covid-19, we have significantly increased the number of arthroplasty cases we undertake each year.

We have also increased the number of cataract procedures from 12 per list to 16 per list.

Our Inpatient/Day Case service is comprised of 5 specialities. Theatre utilisation is excellent in Orthopaedics, Ophthalmology and General Surgery, although Gynaecology and OMFS have smaller waiting lists, and so the demand is not so high.

We have weekly Theatre Scheduling meetings to ensure that theatre lists are effectively and appropriately utilised. In the absence of a substantive general surgeon, we are working with different locums each week. This provides challenges for our theatre scheduling as different locums have different skillsets and work at different speeds. An MDT approach at this Theatre Scheduling meeting ensures that such challenges are successfully overcome.

We are engaging with National Theatre scheduling team with a view to implementing the Theatre Utilisation Tool.

- **Implementation of digital solutions**

Due to our location in the Western Isles, we have successfully utilised technology in a number of specialities. We have a number of clinicians who are based on the UK mainland and work remotely to do clinics, vet referrals, verify dictation and attend MDT meetings.

We have regular Near Me clinics in specialities such as Respiratory Medicine with our consultant based in the South of England. Other specialities who regularly utilise Near Me technology are Orthopaedics, PreOp, Neurology, Oncology, Renal and Haematology.

In order to overcome recent transport issues (Loganair have withdrawn the flight from Stornoway to Benbecula) our Orthopaedic consultants now do Near Me clinics with patients at Uist & Barra Hospital. These clinics are supported by Physiotherapy staff at Uist & Barra Hospital and have been very successful.

2 Urgent and Unscheduled Care

- **How Boards will continue to support the Scottish Government and COSLA's Joint Mission to reduce Delayed Discharges.**

Continue to recognise and implement a whole systems approach, committed to the provision of effective care in the right place at the right time ensuring appropriate discharge with access to appropriate services.

- **Ensure patients receive the right care in the right place by optimising Flow Navigation Centres, increasing scheduling of appointments and alternative services, increasing the routes for professional-to professional advice with a focus on care home support.**

Current referral from FNC low but does not reflect on our redirection. Pathways in place, and under constant audit to enhance delivery:

1. Call before convey
2. Prof 2 Prof advice
3. Direct care home access to Urgent Care ANPs
4. Direct access to H@H
5. ANP referrals to Rapid Assessment Unit

Partnership meetings with SAS re – utilisation of teams in rural areas for initiation of JIC meds, and collaborative working with ANP's and APP's.

- **Reduce hospital admissions for patients with low clinical value such as those aged over 85 and end of life care by improving urgent care in the community and increasing Hospital at Home pathways.**

- *Increase home assessments with increased UC staffing/SCDM/HaH*

- *Full integration of teams with robust protocols for admission avoidance where possible.*

- *Increased working alongside support services such as START to enable people to remain at home and be supported through periods of acute illness.*

- *Continued working with Care Home colleagues to ensure robust FCPs are in place for residents.*

- *Continuation of training (both in-house and through working with other boards/services) and development within services to ensure high acuity patients can be timeously and safely treated at home.*

- *Continued working alongside inpatient consultant colleagues to identify suitable step-down patients, enabling transfer home at the earliest opportunity to continue treatment*

- **Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.**

Redevelopment of WIHB Emergency Department is due to commence Mid-February 2025. Expanding the departmental footprint provides the opportunity for establishment review, and implementation of new workstreams. Triage training and triage staffing being high priority to provide rapid assessment and decision making to enhance appropriate redirection of care.

- **Ensure people are discharged as soon as they are medically safe, by promoting robust and responsive operational management and providing early and effective discharge planning including rehabilitation and reablement in line with the 6 principles of good rehabilitation.**

- *Continue to document PDD's on admission documents as a target for effective discharge and timeous rehabilitation.*

- *Maintain review of discharge plans at daily huddles and weekly Delayed Discharge meetings.*

- *Improve communications so that services are easily identifiable by patients and any barriers are removed to ensure easy access to rehabilitation and reablement.*

- *Maintain links with IJB SMT and explore 6 principles of good rehabilitation, injecting principles and discussion into patient delivery.*

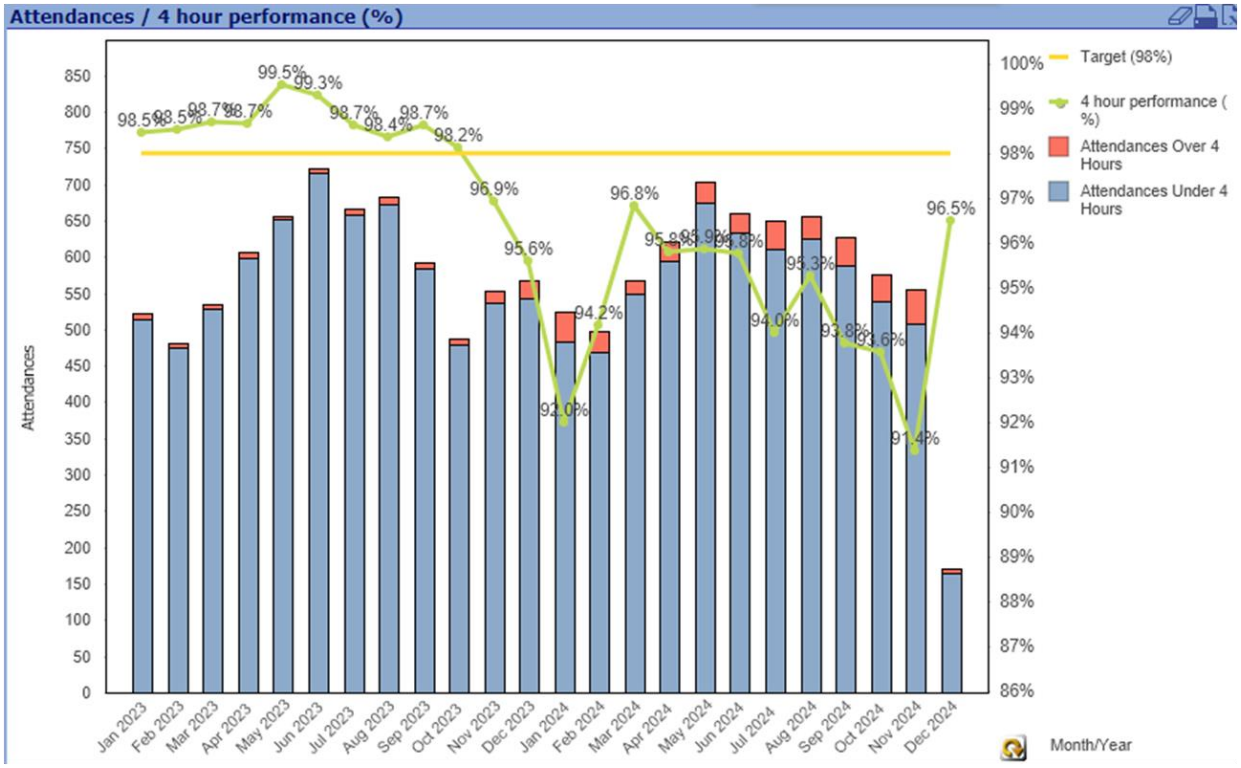
- **Deliver rapid assessment and move to implement Frailty Units or designated bed base at the front door aligned to dedicated enablement or discharge to assess support that will facilitate new services within 24-36 hours of request, 7 day per week to provide recovery in the community.**

- *Explore with front line services and reablement teams, how to build on our current service model to implement proactive reablement focused care for older people with frailty who use or are at risk of using our immediate care services.*

- *Become a host site for an IMPACT demonstrator project, providing critical expertise to support strategic evidence led frailty care.*

- *Ongoing review of front door model, communication in place re distribution of assets to provide a GPwER to the front of house, combining H@H U&UC and AAU with a view to 7 day service provision and improved communication through Urgent care, rapid assessment and hospital level care at home*

Performance against the 4-hour target Jan 2023 – Dec 2024



3 Cancer Care

- **Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.**

We will continue to collaborate with North Cancer Alliance and the Tertiary boards who provide cancer services in terms of improvements to cancer waiting times

We will continue with dynamic tracking and escalation of challenges within pathways to support local resolution and early identification of tertiary centre delays

Continue with delivery programme of Public Health interventions to promote uptake of screening programmes

- **Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish or maintain a Rapid Cancer Diagnostic Service.**

Ongoing project management of preparations for new MRI scanner with the aim to be fully operational by summer 2026.

We will work to ensure we match demand and capacity on our local diagnostic pathways (pathology, radiology, and endoscopy) - see planning priorities section

We continue to work with Scottish Government colleagues to ensure we fulfil the actions in the Effective Cancer Management Framework

We will continue to collaborate with North Cancer Alliance and Tertiary Boards who provide cancer services in terms of improvements to diagnostic capacity.

- **Embedding optimal cancer diagnostic pathways and clinical management pathways.**

Continue to deliver programme of education and awareness for 31-62 day pathways

Local MDT with Cancer Trackers and Macmillan team (Single Point of Contact)

Programme of audit Urgent Suspected Cancer referrals for quality assurance- plan for audit 6 monthly and reported through GP cluster to commence April 2025

Ongoing collaboration with Health Intelligence and Cancer Trackers to produce data for local and national use and as part of the North Cancer Alliance governance structure

- **Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care.**

The Single Point of Contact (SPoC) programme is already embedded within NHS Western Isles Macmillan Nursing Service and supports patients referred by their GP/Secondary Care for the investigation of urgent suspected cancer and onwards.

The SPoC are available to keep patients informed and supported throughout their journey - from the point of referral to the exclusion or diagnosis of a cancer by providing a dedicated single point-of-contact for any queries.

Macmillan Improving Cancer Journey project ongoing with Link workers employed by local 3rd sector organisation Western Isles Cancer Care Initiative.

- *Macmillan Team/Single Point of Contact collaborating in training and referral process*
- *Commenced taking referrals January 2025*

- **Configuring services in line with national guidance and frameworks. Specifically, the Framework for Effective Cancer Management, Six Principles of Good Rehabilitation, Prehabilitation (Key Principles for Implementation), Psychological therapies and support framework, and the Nutrition framework for people affected by cancer.**

Commenced project in January 2025 to test the feasibility of screening as the first stage in the cancer prehabilitation pathway, to identify the need of the patient so they can be provided with personalised interventions and supported by the right people, at the right place at the right time.

By April 2026, all patients with a confirmed diagnosis of cancer in the Western Isles will complete multimodal prehabilitation screening in line with Scottish Government Cancer Strategy 2023 – 2033 and Key Principles for Implementing Prehabilitation.

Funding received from Macmillan to recruit a project manager for 24 months to embed the nutrition framework for people affected by cancer in an island context

- **Supporting the work underway of oncology sustainable services including the next phase of considerations for implementation of the proposed Target Operating Model for oncology.**

We will contribute to the agenda by ensuring there is a developed understanding of what is required of remote, island cancer provision to inform innovative care models and equitable access across Scotland.

4 Mental Health

- **Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis.**

We continue to meet the targets and anticipate this will continue for the foreseeable future (see table below). However, any potential service model change, in addition to any additional service pressures, increase in demands, reduction in workforce will have an impact on service fragility and ability to guarantee full compliance.

CAMHS Projection Template

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2025, when do you project that 90% of all patients will start treatment within 18 weeks of referral?

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Projected Patients Starting Treatment total	8	10	11	6	5	11	8	16	9	4	8	7
Projected patients starting treatment within 18 weeks	8	10	11	6	5	11	8	16	9	4	8	7
Projected Performance Against Standard (Auto Populates)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Projected Waiting list < 18 weeks	5	5	5	3	6	6	9	6	4	4	9	7
Projected Waiting list >18 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0

Comments (please include here any assumptions caveats or other information that you feel is relevant).	CAMHS projection template. Based on average of 2023-2024 and 2024-2025 apart from Jan-Mar data, which is based on 2022-23 and 2023-24.

- **Implementing National Standards for Mental Health services including the Core Mental Health Standards, the Specification for Psychological Therapies and Interventions, the CAMHS and Neurodevelopmental (ND) specifications and the Eating Disorder and IPCU Specifications, when published. This includes, where relevant, planning and delivery of the regional aspects of the CAMHS specification.**

Eating Disorder Specification

NHSWIs does not have a specialist eating disorder service and does not have an SLA with a mainland ED service for the provision of specialist inpatient care. It is evident that early identification of eating disorders is important. Those identified can be referred to dietetics for nutritional intervention and that the dietitian would be part of a MDT around the person, working alongside primary care, mental health services and other relevant services that the patient is engaged with. Dietetics take referrals from a range of sources, including self referrals. Adult MH services have access to the north of Scotland islands eating disorder network for advice vis a vis individual cases.

In regard to CAMHs, Family Based Treatment training has been delivered to dietetics alongside other professionals who would form part of the multidisciplinary team around the child. Given the regional developments and anticipated integrated eating disorder care pathway local work is beginning to mitigate existing service gaps relating to provision of a safe and secure patient journey e.g. systemic psychotherapist post has been approved and will be advertised. The CAMHS team have recently employed a nurse with extensive experience in ED which will enhance intensive home treatment services and increase peer learning.

Core Mental Health Standards

Service assessments and readiness assessments have been completed and returned. Awaiting analysis which will inform us how to progress. Challenges associated with full compliance will relate to staff capacity, systems that don't capture all of the required information and financial pressures

Specification for psychological therapies and interventions

The publication of the new Psychological Therapies and Interventions specification in August 2024 has provided a solid framework from which to improve the quality of delivery of therapies in NHS Western Isles. Underpinning this paper is the right to the best mental health and wellbeing possible via a whole system approach to promote positive mental health, prevent mental health issues escalating or occurring and providing mental health and wellbeing treatments and support.

Critical to this delivery is having psychologically skilled practitioners in addition to those working at the enhanced and specialist psychological practice levels. At present, NHS Western Isles are in the process of recruiting 1 x WTE Principal Clinical Psychologist and will soon advertise a 1 x WTE Consultant Clinical Psychologists to enable an in-house service to begin to be established. At present,

and in response to the long waits in Adult Psychology, NHS Orkney now have a Service Level Agreement to support provision of adult psychological care whilst the service is being recruited to and thereafter to support those new employees. These staff will join our Clinical Associate in Applied Psychologist (CAAP) who is the sole qualified member of staff currently. This structure of three psychologists will mirror that in the Child Service and will be the basis from which further service development can take place.

CAMHs and ND specification

NHSWI CAMHS continue to work towards compliance with CAMHS specifications. Challenges exist around patient focus/involvement due to small island community and reluctance amongst service users to become involved in this area. In terms of waiting times, NHSWI CAMHS meet the 28-day specification as well as the aforementioned 18-week RTT. Service expansion continues with increased CAMHS availability to LD services through advertised LD Link Therapist post, while systemic family therapist post enhances capacity for this work. Existing staff are encouraged to develop and in last calendar year, have qualified as CBT Therapist and Advanced Nurse Practitioner. New CPN has applied for Non-medical prescribing, and these developments will support both CAMHS & ND where appropriate.

Integrated CYP ND pathway work continues and is approaching launch (pending infrastructure being in place – e.g. IT solutions for shared clinical documentation across MDT). Pathway is designed specifically with ND specifications in mind though it is anticipated that similar issues in terms of service user involvement may arise. Since moving to a single point of access for all ND assessments, we note an increase in referral numbers compared to previous years. The team has added more psychology capacity and are currently training a paediatric OT. It is worth noting that there is not a separate ND service, and all assessment work is presently undertaken by borrowing staff from several teams which limits absolute capacity and availability for assessment.

While there is no dedicated neurodevelopmental team, we continue to expand capacity through recruitment and training - with staff undertaking courses in ADOS-2 assessment for autism and diagnosis of ADHD for children and young people, extending their roles. Parts of our pathway already cover the lifespan (ASC / Learning disabilities), however as the CYP pathway is formally implemented across the multiagency/multidisciplinary team and capacity for assessment grows, it is intended that the CYP pathway becomes a lifespan pathway for all ND conditions. We anticipate that this will require a clinician to coordinate and bridge between services, and are developing an advanced nurse practitioner to fulfil this role - both in terms of clinical coordination, but also in identifying training needs within the wider team and supporting/*advising colleagues in both children's and adult services to deliver pre-, peri-, and post-diagnostic support appropriate to the service and resource pressures in small island teams.*

- **Building on work already underway to improve unplanned and urgent mental health care, including for those in mental distress, prioritising working with Public Health Scotland on data improvements and reviewing local Psychiatric Emergency Plans to align them to the national template.**

NHS WI are involved in the national urgent care forum meeting.
Data capture tool introduced and reporting begins in March 25. Awaiting development of national PEP template. Meantime review will be broken down into localities with the first meeting with U&B hospital. CMHT are also working closely with unscheduled care local meetings to include A&E and Primary care.

NHS Western Isles has recently introduced DBI service provided by third sector agency, that will accept referrals from Police, A&E, GP etc. and will action the referral for individuals in distress within a 24-hour period.

- **Delivering a more coherent system of forensic mental health services, by collaborating and cooperating across Health Boards and with the Forensic Network to address the governance, capacity and placement issues raised by the independent review into such services and applying the forthcoming escalation arrangements being developed by the Forensic Network.**

We do not have an SLA with access to forensic mental Health services. We access Forensic advice, and beds on a needs basis, as and when required. We link in with the MAPPA/CPA for any potential discharges of individuals from the prison service and or forensic beds based within other mainland health Board services. Concerns have been raised with MIST in relation to the MAT standards about last minute discharges/release from prisons where services were not given sufficient time to plan for the person's return to the islands. MIST are aware this is a national challenge.

We have close working relations with our criminal Justice team in relation to information sharing and planning of potential treatment following liberation or discharge from mainland forensic beds. Communication from prison services can be challenging at times for individuals being liberated especially with regards to medication regimes individuals have been established on in the Prison resulting in challenges for the Island Mental Health Service in providing on going medication regimes.

- **Implementing the Mental Health and Wellbeing Workforce Action Plan to support improved planning and retention of the workforce and service reform.**

We will continue to be challenged in regards the development of a primary care mental health workforce due to the SG funding for this purpose being withdrawn. A significant reduction in our 24/25 outcomes framework funding allocation has challenged our ability to consider service modelling whilst trying to maintain core services. Our CMHT has seen a steady increase in referrals since 2022, with the average number of 'routine' referrals being 579.3 between 2022 and 2024 and 'urgent' referrals being on average 94.3 for the same period. When compared to

2018 and 2019 routine referrals between 2022 and 2024 experienced a moderate increase with nearly a 16.2% rise compared to the pre Covid period. 'Urgent' referrals rose significantly to an average of 94.3 between 2022 and 2024 which represents a sharp rise of 68.5% when compared to 2018 and 2019. The overall total has increased by approximately 21.5%, indicating a significant upward trend in demand for services with urgent cases tending to put more pressure on an already fragile service.

However, we are fully committed to implementing the Mental Health and Wellbeing Workforce Action Plan and have developed a local delivery plan aligned with the national framework, ensuring clear objectives, effective monitoring and regular progress reviews. This will allow us to track progress on key deliverables and make necessary adjustments, ensuring that the outcomes at a local level are achieved bearing in mind the challenges identified above.

- **Continuing work to ensure the mental health built estate enables the delivery of high quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit.**

The above tool has yet to be introduced to NHS Boards. We understand it has been piloted and we will consider the toolkit when it is launched and its applicability to our small 5 bedded inpatient unit. Challenges will be around the capital programme which is fully committed should the toolkit identify significant environmental improvements.
Large scale works are underway in the inpatient unit and anticipated to continue over the coming months in relation to ligature reduction. This work is being led by NHSWI Chief Executive. Work includes replacement of bedroom and en-suite doors, showers, wash hand basins, alarm systems, window and radiator protectors.

- **Improving data input quality and completeness of mental health data returns (for example the CAMHS and Psychological Therapies National dataset (CAPTND) to PHS and workforce data to NES) and proactively engaging with Public Health Scotland for analytical advice and support.**

Until such times as CAMHS, PT & ND are migrated from paper notes to Morse, Data completeness and quality will not be fully compliant. TOPAS as a system is a patient administration system and does not capture all of CAPT-ND requests.

- **Boards are asked to describe their mental health services priorities under the Public Sector Equality Duty, listing their priority groups and those with complex needs for focus (including people affected by suicide, selfharm and addiction) and their rationale for focusing on these vulnerable groups, referencing impact assessments undertaken.**

All patients requiring mental health support are treated equally, with access to our services based on clinical need. All policies and service redesign programmes undergo a fairness assessment, and we follow guidance provided by PFPI and HiS.

- **Delivering annual health checks for all people 16+ with a learning disability known in their areas across Scotland, complying with their legal duty through the Annual Health Check Directions. This includes maintaining delivery models currently in operation as well as commencing delivery models that haven't yet started.**

We have now secured a General Nurse seconded to the Mental Health team to support the Learning disabilities annual health checks.
Annual Health check clinics are now established and taking place on a weekly basis in Lewis & Harris, with planned clinics arranged for the Southern Isles in March 2025.

Out with the clinic-based health checks we will also provide remote home visits to those Individuals we have identified that cannot travel to GP practices with the aim of ensuring all individuals with a Learning Disability receive their health check.
We now have agreement from all the GP Practices to access clinic space and are developing the EMIS template to ensure we gather the data collection.
We will audit this current service model in April with the hope that we are providing a quality service and highlight any areas for improvement.

5 Primary and Community Care

- **Ensuring the Board Executive Team has clear oversight of planning and delivery of General Practice within the Board territory, with approaches demonstrably supporting patient needs and regular monitoring of approaches in place.**

NHS Western Isles Executive team have oversight of Primary Care. This includes the following areas:

Independent Contractors
Urgent Care
Primary Care improvement Phased investment programme
Primary Care associated services
2C Practices

The services are regularly monitored through the governance structures with NHS Western Isles. This includes, change to service, risk, service development, change management and transformation work.

NHS Western Isles have appropriate monitoring systems in place through Health Intelligence. For independent contractors it is difficult to provide assurance and accurate data as not all data is accessible and comes with variation of data recording.

We aim to broaden the remit and agenda of the primary care improvement board to include Annual Delivery Plan priorities, engaging key stakeholders and a formal setting to set key deliverables and track progress.

- **Improving interface working across secondary and primary care so that patient journeys and experience are prioritised, and system efficiency is optimised.**

This remains a key priority for NHS Western Isles. Currently we aim to collate feedback from General Practice on the 4 key areas:

Clinical governance, referral pathways and system
Communication
Aligning with National agendas – Value based Healthcare
Clarity of roles and responsibilities

NHS WI aim to identify the local priority areas through gathering feedback from General Practice. In turn this will support a focussed programme of works to improve the interface between primary and secondary care. We aim to focus on

our local systems and concentrate our initial efforts on pathways and systems which we can influence in turn improving patient outcomes.

Our current improvement areas include:

Shared Care Medicines
Community Hospital access and service provision review
Discharge – Outpatients and Immediate Discharge

NHSWI are reliant on mainland referral partners, we will continue to work with the partners to provide an understanding of Western Isles Infrastructure and operating models. Our aim is to improve patient experience.

- **Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the Primary Care Phased Investment Programme.**

Primary Care Phased Investment Programme, remains focussed on improvement to services which we have established within the Western Isles. The services are offered to all practices, limited by the financial resource allocated through national funding. The current focus for the Western Isles is quality and evaluation. This provides a focus in clinical governance, improved pathways and standard operating procedures and support the practice to deliver patient outcomes.

The focus on quality aims to minimise waste, improve resilience and give an insight into the unmet demand. This will support in identifying the resources required to deliver the PCPIP.

Additional Multi-disciplinary areas we aim to focus on are

Alcohol and Drugs
Suicide Prevention
Adult protection

Working collaboratively with mental health teams, social care, health promotion and third sector to support risk reduction.

- **Ensuring the full provision of appropriately resourced Out of Hours services, with reporting of performance to the Board.**

NHS Western Isles have 3 localities all providing out of hours services. Lewis and Harris, Uists and Barra. OOHs operate through 2 community Hospitals in Uists and Barra which is GP lead due to the requirement for 24/7 Unscheduled Care. Primary Care 'Out of Hours' in Lewis and Harris is a stand alone service supported by Urgent Care ANP team.

An Urgent Care service operates with a team of ANPs/AP Paramedics in Lewis and Harris and Uists. The scope of service is to support NHS24 service, direct pathways with care homes and custody healthcare.

In the more remote areas, NHSWI operate on call community nursing to support patients in their own home.

Our rotas remain stable with contingency plans in place for the service.

Performance reports will be shared with the primary care improvement board and the IJB.

- **Working with Independent Contractor General Practices to (i) identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation; and (ii) support workforce and sustainability planning related to the General Practitioner workforce (in all localities).**

NHS Western Isles are focussed on sustainability of Primary Care. Health inequalities are a combination of efforts across all HSCP delegated services to maintain provision of services, MDT approach to care management and system resilience.

Primary Care improvement programme is delivered across all independent practices.

NHS Western Isles have commenced transformation work in the Southern Isles to reduce the risk of external factors such as transport. The aim is to develop service provisions locally creating integrated working practices and ensure appropriate skill mix within the workforce to meet the demand.

NHSWI have an aging workforce, this is across GPs and Nursing teams. Key initiatives that are planned are:

Development of nursing workforce within primary/community care to develop advanced nurse practitioner roles.

Support Medical Students and Fellows throughout the Western Isles, with a view to attracting GPs into the Western Isles.

Primary Care seek opportunities to build in link workers into the workforce to support vulnerable patient groups affected by remote and rural living.

- **Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.**

NHSWI continue to support a clinical lead role for Realistic Medicine. A programme of works has been agreed and is underway focussing in the following areas:

Hospital @ Home
Realistic Prescribing
Demand Optimisation (ACRT)

Value Based healthcare/Realistic Medicine Promotion

We consider the link workers as a role to support this programme of works once it is embedded into the workforce.

General Dental Services

- **Plan, organise, staff, lead and control critical Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile. Using newly acquired management information from NSS Scotland, provide local oral health needs assessments, alongside effective partnership programmes with dental contractors and bodies corporate to drive forward sustained improvements in NHS dental access in the immediate aftermath of payment reform.**

The Director of Dentistry is proposing an Organisational Change to the Board which will promote strategic planning within the Oral Health Improvement Department; increase staffing for the Oral Health Improvement Team; encourage leadership and upskilling; and ensuring roles are clear and appropriately allocated to avoid dilution of services, thereby promoting equity of access and driving improvement in oral health across Western Isles.

The Board eagerly awaits the management information to be shared by NSS Scotland so that a local Oral Health Needs Assessment can be considered, however progress cannot be made prior to this. The Board, as part of the Organisational Change proposal, intends to introduce management analysis of the service to better understand the throughput of clinical services and identify areas of weakness and services which need further support. This includes the analysis of referral services, which has proved more difficult to analyse to date in the absence of SCI gateway, which we are planning to deliver in 25-26.

With respect to our Hospital and Consultant Led Services, The Board is currently without support from a Restorative Consultant, and the Director of Dentistry will continue to liaise with the Managed Clinical Network to establish if independent contracting in the interim would support the need whilst a longitudinal solution is sought. Our Orthodontic Service is currently embarking on a period of transition, with the anticipated onboarding of an Orthodontic Specialist. The intention is that the Specialist will work with the Board to support the introduction of an Orthodontic Therapist, who will provide services across the Island chain. The Specialist also aims to support the introduction of remote and digital supervision, reducing travel and minimising service time lost whilst providing the appropriate support required in line with GDC standards. Our Oral and Maxillofacial consultant has continued to provide a regular service to the Board and has supported the upskilling of our Dental Officers as part of succession planning. NHS Western Isles is hoping to increase links with mainland Boards to strengthen resiliency.

To address the lack of access to Specialised Services, the Organisational Change proposes to undertake a Skills Analysis with our Dental Officers, and by assessing local need, we will identify upskilling requirements and subsequent delegation of

duties for specific services to ensure our Dental Officers effectively and appropriately manage waiting lists. This will be supported by providing competency frameworks, supportive Personal Development Plans and effective job planning. Alongside this development, we also intend to establish relationships and networking with Specialised services with other Boards; develop guidelines and strengthen clinical governance.

The Public Dental Service is anticipated to undergo significant change over the coming year; therefore, it may be challenging to commit to a dedicated timeframe for the release of an Oral Health Needs Assessment, however the Director of Dentistry is keen to have this noted as a key priority.

NHS Western Isles have been in close conversation with Scottish Government regarding our General Dental Service and aim to continue to provide appropriate support where possible to our Independent Contractors. The Board will collaborate with our Island counterparts and Remote and Rural Directors of Dentistry colleagues, as well as through the Dental Reference Group, to consider potential barriers to providing access to General Dental Services and consider creative solutions to entice Practitioners to relocate or provide services from the Islands.

General Ophthalmic Services

- **Continuing to roll out new initiatives such as the Community Glaucoma Service; where this service is live, Boards should set out planning to ensure patients are discharged by ophthalmology and registered with a CGS accredited provider. Where there is not a live service, Board Plans should set out how they intend to introduce this, and if this is not due to occur in 2025/26, the reasons behind this.**

NHS Western Isles is working closely with NHS Highland (secondary care provider) to identify the cohort suitable for CGS service. The first tranche is expected to be 40 patients which will increase as the service is established.

Primary Care are working through readiness actions including standard operating procedures with Community Optom, Consultants, medical records and IT.

We anticipate a go live date of 31st March 2025.

Further developments which are being developed are SCI gateway referral pathways, this includes:

Rapid Access
Paediatrics
Cataracts
Glaucoma
General

6 Women and Children's Health

Women's Health

- **Taking forward the relevant actions set out in the Women's Health Plan and take steps to ensure the particular needs of women and girls are considered in the context of NHS Board planning in all parts of the system**

Maternity services are working on areas we can influence for staff and patients alike particularly around access to contraception services for post-natal women, Termination services and support and awareness for all staff around menopausal issues.

Maternity and Neonatal Services

- **Continuing delivery of 'Best Start' policy, ensuring more women receive continuity of carer from the same midwife from pregnancy through birth, prioritising those who are most likely to benefit, such as minority ethnic women and women with additional social needs, with continuity of carer rolled out by mid-2026**

Maternity services NHS W.I have secured the continuity of cares in the antenatal and post-natal period but we are not pursuing the intrapartum period continuity with same midwife, as this will be impossible for us to achieve. We still have some work to undertake in post-natal period once full staffing compliment returns to normal in 2025

- **Introducing the New Pathways for Maternity Care**

This is relatively new and has yet to finalised by ministers along with birth place decisions leaflet currently considering this with Maternity Services Clinical Governance with colleagues. There is not a huge difference in the pathways to what we were previously working with from Keeping Childbirth Natural and Dynamic (KCND)

- **Implementing the new model of neonatal intensive care to improve outcomes for the very smallest and sickest babies, with the aim of having the new model in place by the end of 2025**

We do not have a neonatal intensive care facility. However, our newborns are transferred off island and the new model will influence where they are cared for and impact on families depending on where that is. We seek to be involved in discussions with mainland colleagues for this.

- **Continuing with implementation of the Lancet Series recommendations for improvements to miscarriage care, with Boards working towards delivery of the Framework for Miscarriage Care.**

In process and working with the national lead for Bereavement Care Pathways to ensure we have requirements in place or all loss. Guidance on miscarriage care will be reviewed with the policy group over the next year to ensure we cover all the areas that is possible for us to provide within our facilities and resources

- **Continuing to tackle Racialised health inequalities in maternity care, with Boards working to develop and deliver actions in maternity services in their anti-racism plans, supported by the Scottish Government Action Plan and the associated Interpretation Toolkit**

Maternity services have their own interpretation tool 'Language line', to allow use in the service for those whose first language is not English. Wider implications and health inequalities from national reports and RCM documents have been circulated to staff for awareness.

Child Health Services

- **Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.**

- **Ensuring that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years from a qualified Health Visitor or Family Nurse, that those reviews are conducted in the home and that assessment is supported by an appropriate version of the Ages and Stages Questionnaire.**

Health Visiting teams in the Western Isles offer home visits to all eligible children at 13-15 months, 27-30 months and 4-5 years using assessment with appropriate Ages and Stages Questionnaire.

- **Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report**

The Western Isles Public Health Team will work in partnership with colleagues in the Western Isles Council to tackle child poverty. This will be through the Children and Young People's Planning Partnership, the Community Planning Partnership, and the locality groups across the Western Isles. A designated member of the Western Isles Public Health Team will continue to work two days per week at the Resource Centre in the Cearns, to ensure strong links are built with those in the community most likely to experience child poverty, and third sector stakeholders.

7 Population Health and Reducing Health Inequalities

- **Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions**

NHS Western Isles' new public health strategy, which will apply from April 2025 onwards, will be modelled on the Population Health Framework. It will involve working with partners across the public, private, and third sectors to improve population health. Although the implementation will be coordinated by NHS Western Isles, individual topic leads will work with relevant external stakeholders as required.

- **Demonstrate the steps they are taking to implement and make progress towards meeting the interim national standards for vaccination services,**

Locally a strategic and operational group meet to build on assuring a successful vaccination and immunisation programme. Community Nurses have been upskilled across the Islands to deliver the childhood immunisations, this development assures timely and equitable access. Implementing a travel vaccination service is a priority and staff training is underway.

- **Demonstrate that there are local High consequence infectious diseases (HCID) pathways in place for assessment and management of suspected cases in secondary care (and for management until onward transfer of a confirmed case into the HCID network), and also ensure that any agreements with other NHS Boards in relation to HCID pathways are still relevant and up to date.**

With respect to MPOX, the Health Protection team led on the development of a Standard Operating Procedure (SOP). The SOP can be adopted for any HCID. NHS Western Isles have Infectious Disease support from NHS Highland. With respect to HCID there is acknowledgement that Public Health Scotland would be central to any management of a case.

- **Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes**

There are difficulties in using the SIMD in rural areas. Areas such as the Western Isles are sparsely populated, socially diverse and not as accurate in measures such as SIMD. However, we have worked to target the whole population at community events and online to raise the general profile of screening.

We will continue:

- *with a targeted approach to reach groups in smaller communities and those groups who are harder to reach.*

- *with campaigns and resources showing how screening is part of our lives as we grow but supporting that with more in-depth links, resources and talks for harder to reach groups such as carers and those who don't tend to engage via workplace information and community outreach sessions.*

- **Working with partners to maintain the progress achieved by the National Mission on Drugs to reduce deaths and improve lives, including the implementation of MAT Standards, increasing access to residential rehabilitation and supporting sustainability planning**

We will continue to work with partners by:

- *Working with the MIST team to ensure MAT Standards work is fully embedded and maintain green status.*
- *Ensuring commissioned services are working towards a whole family approach.*
- *Continuing to offer comprehensive alcohol and drug workforce training programme.*
- *Maintaining quarterly reporting to PHS and address any issues that arise.*
- *Continuing to work with stakeholders across Outer Hebrides to embed delivery plans to sustain Medication Assisted Treatment (MAT Standards).*
- *Implementing of new residential rehabilitation referral pathway for Outer Hebrides.*
- *Working in collaboration with Health Improvement Scotland to develop a local Residential rehabilitation action plan.*
- *Continuing to support recovery communities to develop Lived and Lived Experience Panel that will contribute to alcohol and drug service planning; outreach work.*
- *Continuing working with local service providers to ensure that numerical and experiential information is shared in a timely manner, to support continuous improvement of services and their delivery to those using Substance Services.*

- **Take forward the actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan, to support sexual health improvement, reduce sexually transmitted infections and unintended pregnancies, and help achieve viral hepatitis and HIV transmission elimination goals.**

Locally, in partnership with education, we have had a focus on increasing the number of RSHP lessons being delivered to young people. ensuring that young people who didn't receive this education during covid are prioritised.

Provide training for secondary school teachers to increase their skills and knowledge for delivering lessons on relationships, sexual health and parenthood.

- *Provide specialist inputs on sexual transmitted infections to secondary schools with an additional focus on gonorrhoea due to national increase in numbers.*
- *Provide specialist inputs on contraception and sexual wellbeing to S4 pupils to ensure they are informed about contraceptive choices and how to access support services.*
- *Provide sex and drugs training events to multi agency staff to increase their knowledge of the impact drug use can have on their sexual health and*

wellbeing. The trainings will ensure more staff are able to support the sexual wellbeing of clients/patients who use/misuse substances.

- *Develop our local Condom distribution scheme to be more accessible to young people.*
- *Provide young people with anonymous and confidential online service (Cool2talk website) for accessing information and support around sexual wellbeing. Provide training sessions for partner agencies to encourage testing and early treatment.*
- *Implement Social media campaigns targeting local young people aged between 13-25 through cool2talk covering topics such as relationships, contraception, violence against women and girls, stigma and sexuality.*
- *Provide mentor training sessions for young people to become Mentors in Violence Prevention (MVP's).*
- *MVP inputs delivered to secondary school pupils across S1-S3.*
- *Provide funding and inputs for Young mums group – in partnership with community education provide young mums with a user-friendly venue and support group for parenting and support them to improve their health and wellbeing and the future health outcomes of their children.*
- *Implement the work developing from the national parents research called 'the chat'. The chat research identified that parents of children and young people required additional information to ensure they were fully able to help and support children through adolescence into adulthood.*

- **Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets.**

- *Monitor data to ensure all NHS Western Isles patients who have received a positive result for a BBV continue to receive treatment.*
- *Further develop the PrEP pathway to ensure it meets the requirements of those requiring.*
- *Continue to work with Scottish Government and national groups to enable postal testing services to provide early detection of HIV & BBV.*

- **Taking forward the relevant actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan to support improvements to sexual health and BBV service delivery, and work towards HIV transmission elimination targets, including through interventions to increase HIV prevention, detection and retention in care, and work to improve the lives of people living with HIV.**

- *Provide training sessions for partner agencies to encourage testing and early treatment.*
- *Encourage staff to undertake new online learning opportunities to become updated and informed on HIV/BBV and treatments available.*
- *Further develop workforce education opportunities around HIV & BBV*

- **Actions to support improvements to access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum.**

- *Provide inputs to young people in schools on contraception and LARC.*
- *Provide inputs on contraception and LARC provided to young people in the informal education setting.*
- *Ensure LARC education is included in training sessions for multi-agency staff.*
- *Train additional midwives in LARC insertion for providing LARC for patients post abortion and postpartum. All patients using termination services or maternity services will be offered LARC or receive LARC before leaving the service.*

- **Supporting improved population health, with particular reference to smoking cessation and weight management.**

SMOKING

- *Reduce smoking prevalence to improve population health, decrease the burden of smoking-related diseases, and address health inequalities in line with Scotland's Public Health Goals.*
- *Target populations in the most deprived quintiles where smoking prevalence is highest.*
- *Support pregnant individuals and postpartum women in accessing smoking cessation services.*
- *Reduce exposure to second-hand smoke in vulnerable groups.*
- *Achieve measurable reductions in smoking rates among targeted high-risk groups.*
- *Implement new community outreach programs to increase engagement by Q2 2025.*
- *Expand access to Nicotine Replacement Therapy (NRT) and pharmacological support by Q3 2025*.

Collect and analyse data to track:

- *Smoking prevalence rates by socioeconomic quintile.*
- *Engagement and success rates of cessation programs (e.g. percentage of individuals quitting after 6 months).*
- *Hospital admissions and mortality reductions from smoking-related diseases.*
- *Use data to guide resource allocation to the areas and groups with the greatest need.*

Risk

- *Risks of not achieving smoking reduction targets (e.g., increased healthcare costs and health inequalities).*
- *Resource gaps in workforce and funding for cessation programs.*
- *Potential barriers to access for hard-to-reach populations.*
- *Training more healthcare professionals, community workers, and social care staff to deliver smoking cessation interventions.*
- *Ensuring sufficient staffing for cessation clinics and helplines.*
- *Highlighting workforce shortages or limitations that could affect service delivery.*

WEIGHT MANAGEMENT

- *Healthy Hebridean Kids website has been developed by the local Maternal and Infant Nutrition group, this promotes early interventions, signposts to useful resources and advises families on how to access child healthy weight programmes in the area.*
- *HENRY programme available for families to encourage healthy lifestyles from a young age.*
- *Open access to weight management services through self-referral as well as referrals through professionals. Dietetic team are exploring ways to simplify the process and promote the services available.*
- *Dietetic led programmes available in a range of formats - groups, one to one, in person, online.*
- *Digital programmes are also available and free to access.*
- *Local pathway in place offering GLP1 medications in line with national consensus on their use.*
- *A local weight management pathway is in place for both child and adult healthy weight, in line with the national standards for tier 2 and tier 3 weight management.*

The Community Fridge continues to be an asset to the Cearns community. It offers people a hot meal and access to surplus foodstuffs from the local Co-op and a number of smaller businesses.

Launch of physical activity "Step count challenge" in March for members of the public.
Training will continue to be offered for walk leaders to allow health walks to be offered in communities throughout the Western Isles.

- **Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment.**

NHS Western Isles' new health needs assessment is complete. It features quantitative and qualitative data identifying local health inequalities, enabling targeted interventions to address these. It will inform the forthcoming public health strategy, to ensure this is informed by the best available intelligence on population health.

- **On racialised inequalities, developing and delivering against antiracism plans covering workforce and service delivery, aligning with the Scottish Government framework for action set out in the guidance.**

NHS Western Isles have formed a group of representatives from Public Health, Human Resources and the Diversity and Equalities Department to lead on this work. The group will work to produce an action plan in line with the Framework, identifying leadership and accountability at Board level along with their aims.

- **Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan.**

We will continue working to the Fairer Healthier Economy Memorandum of Understanding agreement between Public Health Scotland and NHS Western Isles.

Outcome 1: Increased availability of fair work across the public sector and local employers
Outcome 2: Reduced level of economic inactivity due to poor health (Promoting access to and retention in work and the key reasons for absence and exit from work)
Outcome 3: Reduced child poverty through parental employment and income maximisation
Outcome 4: Increased adoption of community wealth building approaches across the public sector, including NHS Anchor Institutions.

The agreement includes measures and activities to meet each outcome and will form discussion at meetings with Public Health Scotland twice through the year to check progress.

NHS Western Isles will complete the Anchors report template by 17th March and the Workforce Metrics report by 31st March 2025 covering the 3 main areas of Employment, Procurement and Land and Assets.

Working towards achieving the Real Living Wage accreditation and introducing the NHS Credit Union scheme for NHS Western Isles staff.

***Procurement:** Local suppliers are used for a wide range of non-clinical supplies and services and all contract opportunities above the regulatory threshold of £50K value are advertised on the Public Contracts Scotland portal. Division into lots is considered for all contract issued by the Procurement team.*

Risks: Unable to access local and SME targeted expenditure as healthcare supplies are by nature a specialist commodity which can be expensive to design & manufacture.
Our biggest areas of expenditure are Patient Air Travel, Agency Staffing, Utilities and Pharmaceuticals – none of which have opportunities for supply through small businesses in remote rural locations.

***Land & Assets:** we are working with 2 communities looking at available land for growing opportunities.*

Further details can be found under Section 11 Climate.

- **Develop plans on integration of transport into wider health planning and reform, reflecting the Scottish Government's Transport to Health plan published October 2024 and Section 120 and 121 of the Transport (Scotland) Act in relation to Board provision of non-emergency patient transport services.**

The Local authority on behalf of the Western Isles Integration Joint Board have developed an Adult Social Care Assisted Transport Provision Policy Statement

2023 and is committed to promoting independence across all areas of service provision and seeks to ensure that all service users are able to live and travel as independently as possible.

The Policy is underpinned by the following key principles:

- *That a service user's benefits are used to meet their own transport needs*
- *That all other options will have been explored*
- *That service user safety is not compromised*
- *That any financial risks are assessed*
- *That assisted transport provision is cost-effective and subject to regular review*

- **How they will embed the GIRFE Toolkit, and the principles of GIRFE, into the planning and delivery of services**

The public health team support the GIRFE agenda in a variety of ways. They contribute to strategic and operational developments though clinical and community networks, working with internal and external stakeholders. With respect to services, they are involved in all of the managed clinical networks in the Western Isles and have oversight of immunisation and screening services. They ensure equity is considered in all decision related to the planning and delivery of services, and work closely with partner agencies to this end.

We will in partnership with a wider multidisciplinary team start to consider the "Team Around the Person" toolkit which will help us support services to move towards a person-centred approach to care and support. This work will be supported by wider partnership approaches working with people to capture their experiences of accessing and interacting with health and social care services.

8 Finance, Infrastructure and Value Based Health and Care

Finance

As of 21st January 2025, the 1st draft of NHS Western budget for 25/26 together with a draft for 26/27 and 27/28 with identified savings is shown below:

NHS Western Isle have safe guarded planned care and base allocations totalling £1,155k (with uplift) to reduced patient waiting times, have been matched to the relevant planned care expenditure budget. It has been agreed any further allocations received to reduce waiting times will be used for that purpose during the year 2025/26.

This is against a background of poor travel logistics which is affecting the level of visiting services undertaken by NHS Highland consultants both to Western Isles Hospital and at Uist and Barra Hospital. This has been escalated to the Scottish Government specifically Rural Primary Care and Transport to Health Division.

To note the first draft still has a budget gap of 1.15% totally £1.231m against base.

	25/26 £'000	26/27 £'000	27/28 £'000
Expenditure			
Board	36,610	37,867	39,166
Hospital	34,552	36,065	37,429
Health and Social Care	56,288	58,699	60,533
Total Expenditure	127,451	132,631	137,128
RRL	122,004	125,209	128,510
GAP	**(5,447)**	**(7,422)**	**(8,618)**
Identified Efficiency Savings	2,700	2,700	2,700
Financial Flexibility	1,516	500	500
Other Savings	**0**	**0**	**0**
Total Savings	**4,216**	**3,200**	**3,200**
Forecast variance against RRL	**(1,231)**	**(4,222)**	**(5,418)**
Original Gap % of base	**5.10%**	**6.74%**	**7.60%**
Draft Gap after Efficiences 27/01/2025	**1.15%**	**3.84%**	**4.78%**

Infrastructure

The board has developed a maintenance-only, do minimum business continuity investment plan (BCP) as required in DL 2024 (02). This BCP takes a risk-based approach in assessing the Board's existing infrastructure maintenance needs. The investment needs set out in the plan are the essential, do minimum requirements for maintaining the existing infrastructure in a safe and effective condition, to accommodate the Board's existing service delivery needs.

A holistic assessment of the BCP risks was undertaken which means that the risk assessments are not just assessing the risk relating to the age, condition, and the likelihood of failure of the assets themselves. They equally focus on the risks in relation to the business continuity of NHS Western Isles and any potential impacts to clinical services should these material assets fail.

The draft BCP was approved by the Board's Capital Management Group. Following the Capital Group approval the BCP was then assessed at the Corporate Management Team (CMT) before being submitted to Scottish Government for consideration.

The second planning phase of this new approach to infrastructure investment, will be to develop a longer-term service-informed, infrastructure investment strategy – referenced to as the 'Preferred Way Forward'. This second document will take a whole system, service led approach to long term service change and the infrastructure investment required to support and deliver these future service proposals. The preferred way forward will also need to take account of any regional and national strategic service delivery plans.

Value Based Health and Care

Cardiac:

- ***Launching new referral template for ECHO:*** *must include relevant blood work on referral form for 1ry and 2ry care referrals (BNP/FBC/TSH) so that other conditions are dealt with first and patients not sent inappropriately*
    - *Decrease number of referrals if BNP normal/fast AF until controlled. Decrease unnecessary vetting for the cardiac team as all info will be available. Decrease unnecessary journey for patient (carbon etc.) for a test that will add no value. Decrease pressure on scarce resource.*
- ***ETT****. Have stopped inappropriate ETT testing in Southern Isles. All referrals now have to be processed the same way as those in Lewis & Harris.*
    - *Decrease unnecessary testing for patient (Carbon saving for patient, time saving for clinician). Stopping a service that SIGN/NICE agree adds no clinical value. Decreasing testing overall (as Cardiac team vetting revealing unnecessary referrals for which alternative advice can be given)*

- ***HF.*** *Producing guidance for HF preserved Ejection Fraction with mainland colleagues. Based on new NICE guidance developing a simple guide for all clinicians on treatment of SOB patients with normal ECHO. Evidence shows this reduces hospital admission for this 'SOB/Fatigue' group*
    - *Reduce hospital admission for breathlessness with uptake of guidance. Implementing simple prescribing advice as no resource to develop a stand alone service (cohort of patients is the same volume of new patients that the HF team handle for reduced Ejection Fraction). This will form one of the periodical ADTC Realistic Prescribing updates (so far Antimicrobial Prescribing and Respiratory done)*

Respiratory:

- ***Breathing bag.*** *Hoping to further develop a resource (HaH as main driver with support from new Respiratory Nurse) for the breathing bag concept used in NHSH. Provides advice/education/Pulse Ox/a Fan/COPD info.*
    - *Experience suggests decrease in patient distress, decrease calls on services from patients, may decrease admission?*
- ***FeNO****. NICE/SIGN launching guidance on the use of this breath test for asthma diagnosis in all adults suspected of asthma (and children over 5 if any doubt). We have a large overuse of short acting inhalers and patients with suspect diagnosis. Providing this as a treatment room test could decrease this and the work that it brings in 1ry care and CTAC*
    - *Reduce inappropriate asthma diagnosis and the overuse of inhalers (carbon)*

Hepatology:

- ***Abnormal LFT pathway****. Soon to start as one of the pilot HB areas for a National Abnormal LFT investigation site (NHSH and GGC others). Reducing unnecessary waste and travel by:*
    - *Ensuring only those with an abnormal FIB-4 test are referred for USS Liver - will significantly decrease our USS requests from 1ry (mainly) and 2ry care. Easy one to vet at Radiology (no FIB-4, no test)- reduced carbon from less visits, reduced demand on USS*
    - *Reduces repeat USS for those with abnormal blood test and normal USS- follow up is by blood test only unless new level triggered- reduced carbon from less visits, reduced demand on USS*
    - *Reduces lab testing of LFT once initial FIB-4 +/- USS done, repeat testing is in 3 years (current practice varies widely from every 3 months to every year so significant reduction on lab time)*
    - *Access to ELF blood test for GP based on protocol criteria (lab vetting with appropriate FIB-4 level) to reduce referrals to NHSH- carbon saving/SLA cost saving,*

Dietetics:

- ***DESMOND.*** *Currently F2F but moving online early 2025 to allow equity across NHSWI*
    - *Education for self management to reduce burden on 1/2ry care. Reduced travel(Carbon)*

- ***Second Nature**. App based resource for pre-diabetes and Tier 2 weight management*
    - *Reduces F2F appointments. Self management with reduction in morbidity and travel (carbon)*
- ***Counterweight Core**. Online Tier 2 weight management option delivered by support worker (best use of skill mix) and available across NHSI*
    - *Reduced travel (carbon). Teaching self management.*
- ***Weight Loss**. Dietetic Lead has developed a simplified process which allows simple prescribing of weight loss medication without any monitoring requirements for 1ry care. Plan to launch soon to address concerns of Primary Care re onerous Amber drug policy*
    - *Reducing demands on primary care (initial reception positive) whilst maintaining good prescribing governance (only medication that does not need monitoring being used)*

ADTC:

- ***Newsletter.** Combined newsletter from ADTC members with support from specialists. Looking at Values Based/Realistic Prescribing for a topic each month/ADTC. Aim is to promote best practice, cost effective prescribing, reduction in unnecessary/unlicenced prescribing. This will continue as a regular series and act as a catalyst for PCP working with practices to effect change in Realistic prescribing.*
    - *Promoting cost effective branded generic prescribing*
    - *Promoting deprescribing in all areas where value is not added to patient care (anticholinergics, statins in palliation etc.)*
    - *Promoting realistic conversations around targets using BRAN approach. What happens if I decide not to take this drug?*
- ***Antimicrobial Stewardship**. As a separate stream ADTC are working with SAPG to promote effective use of antibiotics in Primary Care to reduce unnecessary prescribing and patient harm/antimicrobial resistance. NHSWI are the second highest prescribers of antibiotics in NHSS (and the highest for 4C drugs). Regular updates on antibiotic use as well as cluster work on 4C drugs active. Every newsletter to contain an item on antimicrobial stewardship. Working with SAPG to produce a series of education events (National rather than just local) to highlight individual pathway areas.*
- ***High Cost/Low Value drugs**. Largely led by Chief Pharmacist, identifying drugs of high cost that are either unlicenced or unwarranted and also using the list of drugs of limited value to change prescribing habits (including HEPMA warnings)*

Front Door Project

- *Major service transformation to integrate the current Hospital at Home virtual ward, Urgent and Unscheduled Care team, and Acute Assessment Unit services. The desired aim is to have a single Senior Clinical Decision Maker (SCDM) providing daily point of referral guidance for staff in each team to ensure that only patients who need hospital assessment are transferred for assessment, all who can be assessed, and subsequently safely managed at home, are kept in their home environment. By extending the hours of the current limited role SCDM there will be efficiencies in merging some of the OOH GP role and the SCDM role. In addition, there*

will be enhanced support for each team, which means that more patients will avoid unnecessary hospital admission. This will significantly impact on prolonged in patient stays and delay in discharge as the cohort seen are the same as those that quickly lose independence with a hospital admission. It is anticipated that this programme will have the biggest impact on reducing pressure on the secondary care services in the period 25/26 and beyond.

9 Workforce

- **Achieve further reductions in agency staffing use and to optimise staff bank arrangements**

- *Nursing & Midwifery as well as Allied Health Professionals use of agency is extremely low.*
- *The Nurse bank is well established with positive outcomes of recruitment. Bank vacancies are advertised on a regular basis to refresh and ensure capacity is maintained.*
- *All authorisation of agency staffing is robustly controlled with CEO approving any requests for this. Agency engagement is reviewed every three months to ensure value for money.*

- **Achieve reductions in medical locum spend**

- *We continue to actively promote and run advertising campaigns for our substantive medical vacant posts. Due to the intense on call requirements (1:2) does however make these posts appear less attractive to prospective applicants.*
- *We are progressing a model with a Trust in NHS England to support with sharing Psychiatry services via an SLA with presence in Western Isles hospital.*
- *In a small number of areas, the use of locums is the most efficient way of providing cover.*
- *There will be a review of the General Medical rota in respect of Geriatric Care.*

- **Increasing efficiencies across administrative and support services**

- *NHS Western Isles have strict vacancy controls in place, that require authorisation from the CEO prior to going out to advert.*
- *Defining the scope of what is categorised as "administrative and support services" to identify appropriate efficiencies to be made.*
- *It is however noted that the context of any recommendations are cast on the light of reduced capacity across the system due to the Reduced Working Week, with anticipated further reductions due in the period of this MTP.*

- **Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the NHS Scotland Attendance Policy**

- *Managers are actively trained in the use of this policy ensuring consistent approach across the organisation.*

- *There remains strict monitoring of all absences with our Occupational Health and Employee Relations Teams. Meetings take place monthly to discuss all absences.*
- *Director of HR and Workforce Development will meet with managers of areas where high absence rates continue. This is to support them in reducing the overall rate within their respective teams.*
- *Through our monthly Workforce Report, absence data is presented to Corporate Management Team, Staff Governance Committee and the Area Partnership Forum for monitoring and assurance purposes.*
- *The Wellbeing Group continue to meet every two months to put in place initiatives and support for all staff that seek to assist with improving absence rates and supporting the workforce.*
- *Occupational Health actively engage with mangers, the wellbeing group and wider workforce to support attendance at work, whilst considering reasonable adjustments to be considered.*
- *Current trajectory is a reduction in sickness absence from 2023/24.*

- **An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026**

- *Business As Usual Team embedded and working well.*
- *Corporate Management Team has accepted a plan for eRostering to be rolled out across all services by 31 March 2026 and resource is in place.*
- *46% of Rosters are currently on board with eRoster.*

- **How they are working with Further/Higher Education Institutions to improve the way they plan the education needs of their workforce, and what collaboration takes place to ensure education curriculums offered can respond to the changing population health needs both locally and nationally**

- *We have NHS Youth Academy Quarterly huddles with involvement from our local Higher Education Institute (UHI) along with Local Authority, Professional Practice team and Employability teams from NHS Western Isles*
- *We have a very strong collaborative working relationship with UHI and will continue to attend their Education Partnership, Postgraduate and Undergraduate Committees which gives us the opportunity to influence their undergraduate and post graduate programmes.*
- *We will continue to be part of programme approval and revalidation.*
- *We will participate in the annual workshop with HEIs and NES which we participate in to help inform future developments in education provision.*
- *We will continue to be actively involved with the Local Employability Partnership that highlights our commitment to offering placements and internships to students that align to education curriculums with the evolving health needs of our local population.*

- **Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.**

- *Current rate of face fit testing is over 90%*
- *A business case has been put forward to purchase dedicated face-fit testing equipment to support ongoing testing. Ordering of this equipment will be complete by the end of January 2025.*

10 Digital and Innovation

- **Adoption and implementation of the national digital programmes**

National digital programmes that will be adopted and implemented include:

- *Adoption of national NSS security baselines across all Windows client devices*
- *Implementation of NSS Microsoft Cloud App Security (MCAS) policies to restrict access to NHS data from unmanaged devices*
- *Adoption of new systems, such as Sectra (PACS replacement) and ANIA Digital Dermatology*

- **Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework**

The Infrastructure project aims to improve the resiliency of our server platform and provide Disaster Recovery/Failover capabilities. This project also includes the new network switches which will allow better network segmentation (to help protect critical systems) and network access control (NAC) which will help prevent unauthorised devices accessing sensitive parts of the network.

Other planned cyber resilience and compliance work includes:

- *Introduction of independent security testing, such as penetration testing*
- *Increased user awareness and training. E.g. Phishing exercises*
- *Plans to improve web filtering services for all staff*
- *Replacement/Upgrade of unsupported operating systems and other software*
- *Approval of an official BYOD policy*
- *Implementation of Cylera, a nationally procured system to monitor medical network devices*

- **Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce, including promotion of Digital and Data Capabilities Framework and Digital Learning Pathways**

Work in this area will be progressed via the new IT and digital project process established within NHSWI. This will facilitate the prioritisation of resources, ensuring those projects with the greatest impact on the delivery of health services and the development and maintenance of digital skills will be. All IT and digital projects are evaluated by an executive director, and the Digital Health and Care Programme Board forms the governance structure and oversight for this process.

- **Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway**

NHSWI actively participate with a range of organisations operating in the health innovation space inc. InnoScot, NSS, ANIA, CSO and interested SMEs/Start-Ups both via the North of Scotland Innovation Hub and directly. NHSWI have an SLA with NoS Innovation Hub to support regional innovation participation via the R&I Lead who reviews all innovation opportunities for potential within NHS Western isles in discussion with Medical Director and relevant clinical leads. As part of this a new 2 year Project Management resource has been identified specifically for island HBs to leverage participation in regional innovation activity over 2025-27. A plan for how this will operate across the three island HBs will be developed and implemented during 2025.

In terms of ANIA pathways NHSWI have participated in the development of Digital Dermatology pathway with the new pathway due to go live on 10th March 2025 initially in one GP Practice before wider board rollout. NHSWI will continue to review other ANIA innovation opportunities for suitable adoption.

- **How analysis of Digital Maturity Assessment updates informs planning, priority setting and progress reporting aligned to the Board's Digital Strategy**

This will be progressed by the NHSWI IT Team. Alignment to the Board's Digital Strategy will be ensured on an ongoing basis, with executive oversight from the Digital Health and Care Programme Board.

11 Climate

- **Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases.**

A feasibility study has been conducted for Health Board Offices, Stornoway, to transition to ASHP. Another one has been undertaken at Laxdale Court Staff Accommodation and Office block and the report is due. Progression is reliant on external funding, which will be actively pursued. Also, disruption to business operations required to implement environmental improvements, and potential increased costs during the transition period, may restrict progress.

A business case for a Waste Treatment Unit (WTU) has been completed, proposing the on-site autoclaving of clinical waste instead of transporting it to the mainland.

The Sustainable Travel subgroup, who report to the Sustainability Steering Group, will implement and update local actions and targets. Limited resources - including staff, expertise, and funding - may delay advancement or prevent some targets being met.

Funding was received from Sustrans, Paths for Everyone, in 2024 to engage a consultant to deliver Stage 2 concept design plans for three walk, wheel and cycle plans at the three hospital sites, by March 2025. On completion of Stage 2, funding will be sought to complete Stages 3-4 design plans. Behaviour change barriers, the island's inclement weather, the rural location and insufficient linked active travel pathways are major barriers to overcome.

Where possible, Western Isles Hospital pharmacy has begun supplying the whole of a prescription rather than, e.g. one month at a time therefore only requiring the patient / representative to make one trip, reducing the need to travel.

A HITRANS funded Step Count Challenge will run from March – June 2025, where participants will walk a virtual route around Portugal.

A fleet of staff Pool Bikes for Lewis (including some ebikes) were purchased 2024/25 and an e-booking platform set to launch in 2025. In 2025, the feasibility of expanding the scheme to the Uist sites will be assessed. A TURAS Learn element is under development.

The Health Improvement Practitioner has completed Cascade Training through Walking for Health funding and will provide upskilling opportunities for current Walk

Leaders throughout the Western Isles. This will include offering Strength and Balance training. The Walk Leader initiative will also be promoted to participants of the Step Challenges, capitalising on the interest in walking to recruit more Walk Leaders to support Active Travel initiatives. The Walk Leader training course now includes Wheelchair and Walking first aid training, provided by Occupational Therapy.

Working with Cycle Scotland, we will be offering Cycle Skills courses to staff, offering Train the Trainer Adult Bikeability training.

- **Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.**

NHSWI will continue to work with and promote the initiatives of Climate Hebrides, who are the working arm of the CPP Climate Change Working Subgroup and bring together communities, businesses and agencies to promote collaborative action throughout the WIs to tackle climate change. Examples include "Our Climate Story", an interactive online map where islanders can record their experiences and knowledge of how climate change is affecting the islands.

In partnership with Climate Hebrides and the OH CPP Climate Change Working group the NHS will support a Lottery Climate Action Fund application that will help deliver a community-led project to address climate change. Competition is high so the bid risks being unsuccessful, as was the case with two previous similar funding applications we supported.

We will deliver "climate emergency, sustainability and the NHS" awareness raising sessions with staff with Climate Hebrides. There will be a particular emphasis on highlighting concerns and issues with delivering healthcare in the community should extreme weather events become more severe.

NHSWI will be a partner agency and participant of the second Outer Hebrides COP (OH-CPO2) in 2025, expanding on OH-COP1 held in 2024.

We currently support a growing project in one of the areas identified as an area of high depravation. Another two sites are being assessed for more growing projects.

In general, balancing long-term climate adaptation with immediate healthcare needs could lead to resource allocation conflicts, delaying progress.

- **The achievement of national waste targets, local targets for clinical waste, and engagement with local procurement, waste leads and clinicians to progress Circular Economy programme within Boards**

Efforts will continue to locate funding for the Waste Treatment Unit.

Recruitment to build a network of Staff Green Champions began in December 2024. Staff will be offered training, including the Environmental Sustainability eLearning Turas module, and then begin work reviewing areas for improvement. There is a risk that staff may lack the time to dedicate to effective Green Champions work.

Sustainability and the NHS role in tackling the climate emergency will continue to be promoted through the Staff Corporate Induction on Turas Learn, which went live in December 2024.

A 25p fee to use disposable cups will be imposed in early 2025 on all takeaway drinks bought from hospital dining rooms. All staff will be offered a reusable cup to keep and use as an alternative.

The new food waste data gathering system will allow monitoring of food waste and opportunities for reductions. Two new food dryers have been approved for the Western Isles Hospital. At present, the food is macerated and flushed out with the water system. The new dryers will reduce waste bulk which can be sent to landfill, with reduced waste, water consumption, greenhouse gas emissions and improved resource recovery. It will also aid data monitoring of food waste.

Departmental waste reduction measures will continue through ongoing reviews and the continuous identification of new opportunities. The Pharmacy Department have introduced a number of new initiatives. A small number of examples are, encouraging patients to bring their own medications to the hospital, implementing checks by pharmacy staff to prevent over-ordering, exploring the transition to eco-friendly pharmacy bags, assessing implementing an electronic CD register to minimise paper records, and collaborating with wards to enhance the medication ordering system. These initiatives will continue to be actively promoted, with ongoing efforts to expand and improve upon them. Pharmacy have also identified non-cytotoxic agents which should go for incineration with cytotoxic waste to prevent chemicals from entering the atmosphere or water. This includes agents like hormones, some antibiotics and other 'unexpected' medicines. They will continue to monitor this practice.

Continue with awareness raising initiatives such as the “Gloves Off” campaign and supporting national campaigns. There is a risk with all awareness raising initiatives that “campaign fatigue” reduces their effectiveness.

We will continue to promote contracts to local suppliers through the local Business Gateway team at Comhairle nan Eilean Siar and Western Isles Business Directory. We will also continue to support national procurement initiatives. Baseline data is being established to allow better monitoring. The risks associated with procurement include:

- *National contracts restricting purchasing options.*
- *Budget constraints to reduce costs, balanced against best quality.*

- *Sustainable options often have a higher upfront cost, even if they offer longer term savings.*
- *Extreme weather events disrupting supply.*
- *Competing priorities leading to a lack of focus on circular economy principles giving rise to missed opportunities to reduce emissions and cut costs.*

NHSWI regularly collaborates with other island Boards and North of Scotland Boards to address waste, energy, and sustainability improvements. These meetings provide an opportunity to focus on the unique challenges and opportunities associated with being an island and rural Board.

- **Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.**

The Sustainable Travel Subgroup will continue to progress decarbonising the fleet, promoting Active Travel initiatives and developing a local action plan.

A Fleet Management Strategy was delivered by the Director of Finance in 2024. It is proposed when considering moving to EVs to switch from leasing vehicles to purchasing outright, to consider used vehicles in the first instance, and to delay the transition to a fully electric fleet beyond the government target of end 2025. Budgetary constraints and uncertainty, potentially straining other budget requirements, remain a risk factor. Other risks include the lack of island infrastructure to support EVs. Detailed funding bids will be prepared for transitioning the fleet to emissions-free and potential to upgrade the infrastructure.

On delivery of the Stage 2 Concept stage of the plans will begin to locate funding for stage 3-4 Design. There is a risk that Stage 3-4 funding cannot be sourced, or a suitable external partner identified to apply on our behalf. Behaviour change barriers is also a risk, with the islands weather and rural location with insufficient linked active travel pathways being major barriers to overcome.

Work will begin on the design specification stage to install an MRI scanner in Western Isles Hospital. One of the many benefits will the significantly reducing mainland travel for patients and escorts for ENT, Cardiology, Gastroenterology, and high-risk breast surveillance. It is expected to go live summer 2026.

- **Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHS Scotland estate.**

We will continue to provide EMS training support where possible. Staff time and resources are limited, and it expected that progress will be slow.

The two gardens situated in Western Isles Hospital: Our Hospital Garden and The Rose Garden provide havens for biodiversity as well as providing a range of health

benefits to staff, patients, visitors and community. We will continue to encourage the use of the gardens although installation of the new MRI unit will temporarily disrupt the Our Hospital Garden, potentially delaying any promotional campaigns planned.

We currently support a growing project in one of the areas identified as an area of high depravation. Another two similar sites are being assessed for starting more growing projects. Initially we will identify all Health & Safety and all IPC risks before proceeding. There is a risk that partner agencies may not be able to undertake the projects.

The NHSWI estate is being assessed for suitable properties to undertake the No Mow May movement in 2025.

- **Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process.**

Work on improving environmental performance through asset stewardship and Business Continuity Planning is currently in initial stages. While the Business Continuity Plan is under development, specific opportunities and improvements have not yet been identified or implemented. Progress will be reported in future updates once concrete actions and outcomes can be measured.

- **Reducing environmental impact through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach.**

We are liaising with the National Centre for Sustainable Delivery to be part of a pilot programme for the “lean tray system”.

Green Theatres remain an agenda item in the Theatre Group meeting. Clinical priorities often lead to meetings being cancelled which can impede progress. We will continue to work with the national team and keep abreast of new initiatives and identify opportunities to implement initiatives in line with Green Theatres.

Primary Care are leading transformative work in the Western Isles, focusing on sustainability of services within the 3 localities with a view to develop service provision and access. This includes use of Digital Appointments and Day Clinics within the Community Hospitals, including pre ops assessments. Upskilling the nursing teams to support visiting clinics, and enabling the local workforce to deliver support requirements, will reduce the need for multiple staff to travel. We are reviewing the Primary Care practices to reform the dispenser's operations and stock management. This aligns with environmental goals by implementing efficient ordering systems and optimising stock management.

A number of green inhaler initiatives have begun:

- *Change from pMDI to DPI where appropriate, using Switchscript guidance.*
- *Changing from separate inhaler devices to e.g. triple therapy inhalers.*
- *reducing unnecessary inhaler prescribing.*
- *Awareness campaigns will continue to promote proper recycling practices, including placing reminder stickers on prescription bags for patients to return unused inhalers to a dispensing practice or pharmacy for proper disposal.*
- *Try to get prescribers to use the new asthma guidelines which reduces the number of inhalers individuals receive.*
- *Staff are reminded to use the purple recycling bins*

These will be continued and expanded upon where possible.

Work to improve prescribing includes:

- *Pushing for oral dosing wherever possible, with IV prescriptions being reviewed after 48h with a view to switching to oral prescriptions.*
- *Using HEPMA - electronic records minimise use of paper and improve quality of prescribing*
- *Reducing prescription of medicines of low clinical value.*
- *Polypharmacy medicines reviews to reduce the number of medicines prescribed*
- *Swapping from injectable anticoagulants to tablets after arthroplasty. This has been hugely successful, delivering a reduction in volume of single use plastic waste and sharps for destruction.*

These will be continued and expanded upon where possible.

There are many areas where improvements can be made to reduce Pharmacy's environmental impact, but staff capacity restraints remain an issue, alongside regulatory and compliance constraints, balancing sustainability with patient care and national supply chain contract requirements.