

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 February 2025
Title:	Delivery Plan 2025-26
Responsible Director:	Kirstin Dickson, Director for Transformation and Sustainability
Report Author:	Gillian Arnold, Assistant Director of Planning and Commissioning Valerie Richmond, Senior Planning Officer

1. Purpose

This is presented to NHS Board members for:

- Awareness

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The NHS Scotland Delivery Plan Guidance for 2025-26 and covering letter were received on 29 November 2024 and outline the approach to planning for the next financial year and beyond. This guidance has been issued alongside the Scottish Government's financial planning guidance. It is expected that we develop our plans as part of a unified coherent planning process and take into account the interrelationships between their delivery, finance and workforce.

Boards are required to provide an early draft of the Delivery Plan (DP) to Scottish Government by 27 January, following which the Health Planning team will meet with each Board to provide feedback and support. Final draft plans require to be submitted on 17 March.

Board members are being provided with the NHS Scotland Joint Commissioning Letter (Appendix 1) and Delivery Plan Guidance (Appendix 2) at this time for awareness.

2.2 Background

NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities. The *NHS Board Delivery Planning Guidance 2025-26* supports this by setting out the national context and specific priorities which should be reflected in these plans. Delivery Plans should be developed in conjunction with Board financial and workforce planning and ensure that relevant trajectories for performance and outcomes take account of available resources and the need to maintain quality and safety.

The financial and operational position of NHS Scotland in 2024-25 remains extremely challenging and it is expected that these challenges will remain in 2025-26 and beyond; requiring Boards individually and collectively to work more collaboratively in terms of their forward planning. The recently established NHS Scotland Executive Group provides a focal point for progressing joint planning and action to support NHS Boards deliver financial sustainability and service transformation and it is important that Board delivery plans reflect the wider commitment to greater collaboration, as set out in the recently issued Scottish Government's DL (2024) 3 "*A renewed approach to population based planning for clinical services across NHS Scotland*".

2.3 Assessment

Boards have been asked to present realistic plans which reflect the extremely challenging financial position we face going into 2025. The planning priorities set out in the guidance are intended to give clarity on high level priorities which Boards should deliver in 2025-26, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within our own financial context.

We have worked alongside service leads across the health and care system within Ayrshire and Arran to develop the draft Delivery Plan. The plan provides details on how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.

The primary mechanism against which the progress and impact of the Delivery Plans will be reported in 2025-26 will be via the Performance Management Reporting structure.

Boards are required to provide an early draft of the delivery plan to Scottish Government by 27 January, following which the Health Planning team will meet with each Board to provide feedback and support. Final draft plans require to be submitted on 17 March.

Following submission of our draft Delivery Plan 2025-26 in March 2025 to Scottish Government, we expect to present the Delivery Plan to the Board for approval in May 2025. The Delivery Plan 2025-26 will then become our contract with Scottish Government for the year.

2.3.1 Quality/patient care

The quality of care for patients is a particular focus within the Delivery Plan and is described through the links with this document and the Delivery Plan.

2.3.2 Workforce

Workforce forms a component part of the DP and further detail is clearly set out in the 3 Year Workforce Plans completed by NHS Ayrshire & Arran and South, North and East Ayrshire Health and Social Care Partnerships (HSCPs).

2.3.3 Financial

The Financial Plan forms a key component of the DP.

2.3.4 Risk assessment/management

Risks to delivery of the various aspects of the DP will be assessed and will be managed throughout the lifespan of the plan.

2.3.5 Equality and diversity, including health inequalities

The DP is drafted within the context of the Programme for Government and takes cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes.

Impact assessments will be completed as required for the component parts of the DP.

2.3.6 Other impacts

The DP is set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It provides detail of how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.

2.3.7 Communication, involvement, engagement and consultation

The DP has been developed in collaboration with NHS Ayrshire & Arran, East Ayrshire Health and Social Care Partnership, South Ayrshire HSCP, North Ayrshire HSCP and key partners. It is a culmination of a number of plans which will have been communicated to staff and/or patients and public. The overarching strategic vision of the DP, through Caring for Ayrshire, will ensure that this and future plans have full engagement and consultation on the way forward for our health and care system in Ayrshire and Arran.

2.3.8 Route to the meeting

- 14 January 2025 - CMT Meeting
- 16 January 2025 - PGC

2.4 Recommendation

For awareness. Members are asked to note the information provided within these papers.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Scotland Joint Commissioning Letter
- Appendix 2, NHS Scotland Delivery Plan Guidance

Health and Social Care Finance

Alan Gray, Director

E: Alan.Gray2@gov.scot**Scottish Government**
Riaghaltas na h-Alba
gov.scot**NHSScotland Chief Operating Officer**

John Burns

E: John.burns@gov.scot

To: NHS Board Chief Executives

Cc: NHS Directors of Finance

Cc: NHS Directors of Planning

via email

28 November 2024

Dear Colleagues

PLANNING APPROACH FOR 2025-26

The financial and operational position of NHS Scotland in 2024-25 remains extremely challenging and it is expected that these challenges will remain in 2025-26 and beyond; requiring Boards individually and collectively to work more collaboratively in terms of their forward planning.

The recently established NHS Scotland Executive Group provides a focal point for progressing joint planning and action to support NHS Boards deliver financial sustainability and service transformation and we will be looking for this commitment to greater collaboration to be reflected in delivery plans.

We remain committed to integrating our different planning cycles - specifically financial, delivery and workforce. We acknowledge this is an iterative process, which began in earnest last year with the joint commissioning of financial and delivery planning. It remains our goal to jointly commission delivery and financial plans and to support greater alignment and integration of these plans, ensuring clear priorities and goals are set for the benefit of the population of Scotland, as well as providing you with the flexibility to deliver the best outcomes for your local population.

It is recognised the Delivery Plans will need to reflect the realities of the financial position that we face going into 2025-26. We are therefore asking Boards to present realistic delivery and financial plans, and to engage with Scottish Government colleagues to support the development of their plans.

In this context, we are writing to outline our approach to planning for the next financial year and beyond.



NHS Board Delivery Plans for 2025/26

NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities.

The *NHS Board Delivery Planning Guidance 2025/26* supports this by setting out the national context and specific priorities which should be reflected in these plans. Delivery Plans should be developed in conjunction with Board financial and workforce planning and ensure that relevant trajectories for performance and outcomes take account of available resources and the need to maintain quality and safety.

As noted above it is important that Board delivery plans reflect the wider commitment to greater collaboration, as set out in the recently issued Scottish Government's DL (2024) 3 "A renewed approach to population based planning for clinical services across NHS Scotland".

Boards are required to provide an early draft of the delivery plan by 27 January, following which the Health Planning team will meet with each Board to provide feedback and support. Final draft plans should be submitted on 17 March.

Draft plans, and any queries relating to the process, should be sent to DCOOHealthPlanning@gov.scot.

2025-26 Three Year Financial Plans

As set out in the Financial Planning letter of 9 October 2024, NHS Boards are required to develop detailed financial plans covering the three years: 2025-26 to 2027-28.

There is a clear expectation within the Scottish Government that NHS Boards financial plans for 2025-26 will present:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three year period,
- an improved forecast outturn position in 2025-26 compared to your forecast outturn position reported at the start of 2024-25, with improvements in the financial position being achieved in each of the years to 2027-28 for those Boards not in financial balance, and
- trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved and the arrangements that will be implemented by the Board to oversee delivery.

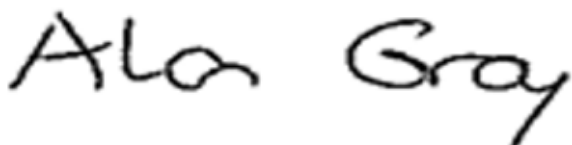
To support the preparation of these plans we are issuing a template and guidance. Financial Planning assumptions have previously been shared and will be updated if needed after the budget. The Finance Delivery Unit will host workshops on the completion of the templates in early January 2025.

NHS Boards are to provide a draft submission of their financial plans by 27 January, with financial submissions due on 17 March. We are proposing to provide early feedback on the draft plans and to use the Quarter 3 review meetings to discuss these in detail with you.

Please submit these returns to NHSFinanceReturns@gov.scot.

We would like to thank you for your continued support and engagement and we look forward to working closely over the coming weeks as you develop your plans for next year and beyond.

Yours sincerely,



Alan Gray
Director of Health and Social Care
Finance



John Burns
NHSScotland Chief Operating Officer

NHS Board Delivery Planning Guidance 2025/26

NHS Board Delivery Planning Guidance 2025/26

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Section 1

Overview of Delivery Planning for 2025/26

NHS Boards undertake a comprehensive range of planning at various levels dependent on the services to be delivered. The purpose of an NHS Board Delivery Plan is to provide the overarching planning and prioritisation context which sets out, at a Board-wide level, the planning for the key services the Board will deliver. It should be suitably informed by appropriate quality, financial and workforce planning, as well as setting the context for more detailed planning for the delivery of specific services and the effective running of the organisation, such as digital, governance, and other corporate functions.

NHS Board Delivery Plans are ultimately developed, approved and delivered by the Board itself and as such, should reflect the Boards own individual strategic context and priorities.

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

The purpose of this guidance is to provide NHS Boards clarity around the national policy priorities which should be reflected in their own Board level plans. This guidance has been issued alongside the annual financial planning guidance and has been developed in reference to the workforce planning guidance. Boards should develop Delivery Plans to align with their financial and workforce planning.

It is also important to recognise that whilst NHS Board Plans should be primarily focussed on setting out plans for services directly managed by individual Boards in support of national priorities, this takes place within an increasingly integrated health and social care landscape. Board level planning should not only ensure it reflects the priorities set out in this guidance but is also appropriately aligned to planning undertaken by other partners in the health and social care sector, with particular reference to Local Authorities and Integration Authorities planning.

This guidance is intended to be flexible and plans to be developed which meet local needs of Board and as such whilst Boards are expected to reflect how they are planning against the areas set out in this guidance, they should not be constrained to include only the priorities set out here.

Whilst an NHS Board Delivery Plan is ultimately approved by an NHS Board itself, there is an expectation that this does not take place until the Scottish Government has indicated that it is content that the draft plan is aligned with the national priorities set out in this guidance and the Scottish Government review of all these plans will take place in that context. More details on this process is set out later in this guidance under Section 3, "*Process and Timescales for developing NHS Board Delivery Plans for 2025/26*".

Section 2

Planning Context for 2025/26

The purpose of this section is to summarise the strategic context within which Boards will be developing their plans.

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

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

Health and Social Care Reform

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

The scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more. The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions will inevitably place additional pressure on health and care services.

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

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

Work is already underway and being coordinated through the Scottish Government's Health and Social Care Reform Executive. This will progress reform across all portfolios within Scottish Government to ensure long term sustainability, reduce health inequalities, further harness the benefits of digital technology, and improve population health outcomes in Scotland.

This approach to reform spans three overlapping horizons. Firstly, and a key priority in the short term, services should be delivered in a way that optimises current arrangements. Secondly and over the medium term, the focus is on beginning to transform ways of working and begin to shift the balance of care closer to people's homes and drive forward more proactive approaches. In the longer term, fundamental change is needed in how we approach the delivery of health and care, driving investment in prevention and early intervention.

Significant change is already underway to ensure sustainability of services, improvement of efficiency and productivity, reduction of health inequalities, adoption of innovation and technology, and overall improvement of health outcomes in Scotland. The NHS Reform and Preventative and Proactive care programmes are both developing new service reform models and are working with partners across health and care to take a connected and coherent approach.

This takes place together with the Place and Wellbeing programme, and connected reforms such as Mental Health, Primary and Community Care, work continues by partners across health and care to take a connected and coherent approach to reform

To deliver on the vision and provide a strong contribution to the overall package of Public Service Reform that delivers our strategic priorities we are:

- **Developing a National Clinical Framework** to reform and improve NHS acute services across Scotland, aiming to increase effectiveness, safety, productivity, and sustainability.
- Supporting Primary Care to deliver high quality preventative health and care services by increasing the capacity of, and access to, general practice, community pharmacy, dental and community eyecare services by end 2026, as part of a **Route Map for Primary Care reform**.
- Developing a **Mental Health Transformation Programme** to deliver the implementation of a number of related transformation projects and activities detailed in the Mental Health and Wellbeing Strategy Delivery Plan (2023 - 2025).
- Building on the positive and innovative actions already taking place across areas including tobacco and alcohol control to improve population health and reduce health inequalities, a long term **Population Health Framework** is being developed, which takes a cross-government and cross-sector approach to improve the key building blocks of health. The Framework is being co-developed with COSLA in collaboration with Public Health Scotland and Scottish Directors of Public Health and is expected to be published in early 2025.

- **Deploying digital technologies to modernise services**, including launching the first version of a personalised digital health and social care service which, over 5 years, will provide digital notifications, access to personal health information, and options for interacting online with health and social care services.

Specific planning priorities associated with reform are embedded throughout *Section 4* of this guidance which sets out the process for developing Delivery Plans. However, in addition to that more specific guidance, Boards should ensure that the overall approach of their plans is appropriately aligned with the national vision for health and social care reform.

Population based planning for services across NHS Scotland

In November 2024, Boards were issued the Scottish Government DL (2024) 31 “*A renewed approach to population based planning for services across NHS Scotland*” which sets out in more detail this approach. It included the specific actions that Boards should note and action when undertaking their own planning.

This guidance should be read in conjunction with that Directors Letter to help shape and inform their Delivery Plans. In particular, Boards will wish to consider how the following key points from the Directors Letter impact on their local planning.

- Leadership teams are asked to demonstrate a **strong commitment to collaborative working** and instil collaborative cultures and a common purpose within their organisations, from the frontline to the Board
- The annual publication, by the Strategic Planning Board, of **the list of indicative planning populations for acute services**
- The development and application of a new **Prioritisation Framework**
- The development of a **new construct for Clinical Networks**
- The **resetting of work on development of a 20-30 year Whole-System Infrastructure Plan**, which will be taken forward, in the first instance, through the National Infrastructure Board

The National Clinical Strategy

The *National Clinical Strategy (2016)* set the Scottish Government’s strategic intent for NHS Scotland for the 15 years following its publication. Designed to give an evidence-based, high-level perspective of why change is needed and what direction that change should take, it remains relevant and core to how NHS services should be planned and delivered. It sets out the case for:

- planning and delivery of **primary care services around individuals and their communities**
- planning **hospital networks at a national, regional, or local level based on a population paradigm**

- providing high value, proportionate, effective and **sustainable healthcare**
- **transformational change** supported by investment in e-health and technological advances

These principles remain at the core of how services will be reformed to meet the needs of the people of Scotland. However, it is important to recognise that the context has shifted since the original publication of the strategy in 2016, not least due to the global Covid pandemic.

In recognition of this, the **National Clinical Framework** will set out a refreshed delivery framework for the strategic direction already set and help inform future planning. Development of NHS Board Delivery Plans should account for the principles set out in the National Clinical Strategy and Framework once published, and this guidance should be read in association with these.

Getting It Right For Everyone (GIRFE)

GIRFE intends to shape the design and delivery of health and social care services, ensuring that people's needs are met and seeks to place the person at the centre of all the decision making that affects them.

GIRFE has been co-designed by the Scottish Government, Health and Social Care Partnerships, and the people of Scotland. This has included the co-design of a national toolkit, focused on developing a 'Team Around The Person', which can help support the move towards a person-centred approach to care and support in Scotland.

While the toolkit provides practitioners with the tools and guidance to embed the 'Team Around The Person' approach, the GIRFE principles help to ensure the ethos of GIRFE is present in all areas of policy development and professional practice.

Section 3 Process and Timescales

This section sets out the Scottish Government's expectations around process and timescales of applying this guidance to inform the development of Delivery Plans.

Integration of Delivery Planning with other Scottish Government Planning Expectations

This guidance has been issued alongside the Scottish Government's annual financial planning guidance. It is expected that Boards will develop their plans for these as part of a unified coherent planning process and taking into account the interrelationships between their delivery, finance and workforce.

Delivery Plans are intended to set out the overarching planning being undertaken by the Board and as such they are not intended to include detailed, granular and operational planning detail. Where relevant, separate guidance may be issued in support of more specific areas; for example additional guidance will issue shortly to support Boards to develop their Planned Care Plans.

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

Planning Horizon

Board Delivery Plans are updated annually and intended to focus on short-to medium-term planning. It is recommended that they cover a three year planning horizon, with a particular focus on planning for delivery in the 2025/26 financial year.

Service Change and Sustainability of Services

By its nature, delivery planning will involve setting out changes for how services will operate in future, and this is particularly true during a period of financial and workforce pressures and an ongoing programme of national reform.

Throughout the Delivery Plans, Boards should set out where they anticipate that services will undergo significant changes including, but not limited to, where this meets the criteria set out in the Healthcare Improvement Scotland "[Guidance on identifying major health service changes](#)". This is particularly important where Boards have identified that the longer term sustainability of a service may be at risk under the current delivery model.

In reflecting this, Delivery Plans should set out currently anticipated areas of risk, service change and how the long term sustainability of services can be supported. They should cover planning for any reductions in services Boards are making as part of their financial challenge. Understanding these reductions at both a Board

and national level will ensure work takes place collaboratively across NHS Scotland to review these to ensure we are providing equity of access.

Forecasting the Impact of Delivery Plans on Services

When setting out plans for delivery of services, it is important to include an assessment of how it is anticipated that planning will impact upon delivery. At a national level the 2016 Local Delivery Plan Indicators remain the high level national measures against which delivery is monitored. These are primarily relevant to Territorial Boards, and more detail on expectations on how the LDP indicators should support planning are included in the section setting out specific planning priorities.

The LDP indicators are broad, high level metrics which are primarily useful for looking at longer term impacts at a Board and national level. They do not cover the whole range of delivery undertaken, particularly for National Boards, and as such, Boards will utilise a range of more detailed local metrics and other assessments when looking at their own performance. Where appropriate, these local measures can also be incorporated into Delivery Plans to evidence the anticipated impact that plans will have on service delivery.

In addition, the Scottish Government undertakes ongoing engagement with Boards on specific and more detailed performance and improvement metrics, for example those relating to Planned Care or Mental Health. Whilst it will not usually be appropriate to include that level of detailed forecasting within the overarching Delivery Plan, as with local Board metrics, it may sometimes be useful to include elements of these to help evidence planned impacts on services.

Risks to Delivery

Effective risk management is a key element of delivery planning, and this is particularly relevant during a period of constrained resources and a focus on reform. Whilst detailed risk management information, such as a risk register, does not necessarily need to be included within the plan itself, it should set out the high level risks to delivery of the plan as a whole, and highlight where any specific planning priorities are at particular risk of not being delivered, including why this is the case and the mitigating action that will be taken. Within the plan it would be helpful to reference logged on the Board corporate risk register.

Format of Plans

Delivery Plans are produced and owned by Boards themselves, and as such their format and layout should meet their own local needs. It is important all the points set out in the guidance are clearly covered however Boards should lay out their documents in whichever way best meets their own needs.

In each section relating to the key focus areas the following should be included for all territorial Boards, and where applicable to national Boards:

- *Aims and Objectives - Overall aims and objectives for the high level planning and transformation priorities including any specific local priorities for 25/26 and 26-28*

- *Timelines* - Where there are local deliverable/actions indicate a completion date for the deliverable/action detailed. This should include any high level transformation actions that may or may not be included in the priorities.
- *Data and Intelligence* - Where there is an aligned LDP indicator, waiting time, quality or locally set improvement target or action/deliverable then the current and planned trajectory should be included within the plan to understand the impact the actions/mitigations within the plan will have on a numerical basis
- *Risk* - Detail where possible any explicit links to the corporate/Board risk register and any areas where a Board cannot deliver
- *Workforce* - Specifically in each section any areas that align with the Board's workforce planning that are areas which cannot be met due to mitigations not being within ability of the Boards

Approval Process and Timescales

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

Delivery and Financial Planning Guidance will follow the same timeline for drafting and approval.

In broad terms, Boards are asked to share early drafts of their plans with the Scottish Government Health Finance and Health Planning teams for the end of January, following which there will be a period of engagement and feedback throughout February and early March.

Final plans will be submitted in mid-March, following which the Scottish Government will formally review to ensure it aligns with the relevant guidance, and then notify Boards of either any required changes, or whether the Scottish Government is content for them to proceed to seek final approval at their own Board meetings.

The following submission dates apply to both the Delivery Plans and the Financial Plans; final approval for Financial plans must be confirmed by end of March as set out in the Financial Planning guidance; approval of Delivery Plans will take place as early in April as possible, however, this will be dependent on the outcome of the review process.

Action	Timing
Initial draft Delivery and Financial Plans submitted to relevant Scottish Government Planning Teams ¹	By 27 January 2025
Engagement with Boards on draft Plans In addition to scheduled meetings with Boards, Boards are encouraged to engage proactively with SG Health Planning on any aspect.	December 24- March 25
Final Delivery and Financial Plans submitted to Scottish Government	By 17 March 2025
Review of Delivery Plans and feedback to Boards regarding Scottish Government Approval.	April 2025 <i>Exact dates dependant on outcome of review process</i>

¹ Boards should note that supplementary guidance may be issued to Boards reflecting the position following the Budget announcement which will include requirement for specific plans on productivity, efficiency and sustainability.

We will not expect Boards to consider this within the first draft of Plans, rather any updated guidance should be reflected in the final version and will be part of discussions between SG Health Planning and Boards over January-February.

Section 4

Planning priorities to be addressed in Delivery Plans

This section sets out the current policy priorities which the Scottish Government expects to see covered in Delivery Plans.

Boards are also required to ensure that their plans reflect current work underway through the NHS Scotland Planning and Delivery Board. These are listed below, for ease of reference:

- **Planned Care Programme**
- **Urgent and Unscheduled Care Programme**
- **Cancer Improvement Programme**
- **Sustainable Services – vascular; oncology; diagnostics; remote, rural and Island; young people’s gender identity**
- **National Programmes – including business services and systems; eRostering; National Green Theatres, Theatre Scheduling; National Endoscopy Programme**

This section is comprised of three parts, as follows:

Part 1	Territorial Board Planning Priorities
Part 2	National Board Planning Priorities
Part 3	All Board Planning Priorities

Territorial Boards should cover all priorities set out in Parts 1 and 3. National Boards should cover priorities set out for their specific Board in Part 2, and all priorities in Part 3.

Should Boards have any questions about applying this guidance when developing their plans, please contact Gavin Reid (gavin.reid@gov.scot) in the first instance. National Boards may also wish to engage with their Scottish Government Sponsor Team.

PART 1 TERRITORIAL BOARD PLANNING PRIORITIES

This part is focussed on providing Territorial Boards with guidance for planning their patient facing core services, ensuring that Board planning is aligned with Scottish Government and NHS Scotland policies and priorities.

Territorial Boards should consider this part of the guidance alongside Part 3, which is relevant to all Boards and sets out guidance relevant to all Boards on what plans should cover relating to corporate business functions, such as finance and workforce.

Part 1 covers the following Delivery Areas setting out the policy priorities for the Territorial Boards as follows:

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Urgent and Unscheduled Care	14
Cancer Care	15
Mental Health	16
Primary and Community Care	18
Women and Children's Health	20
Population Health and Reducing Health Inequalities	22

Planned Care

As with 2024/25, a dedicated planning process for Planned Care in 2025/26 is proceeding within the framework of Boards' overall delivery planning. The intention is that this will result in Board-level plans for Planned Care, which will then be reflected and referenced as appropriate within final 24/25 Delivery Plans.

board Delivery Plans do not need to replicate the level of detail included in their specific Planned Care Plans, but rather should be the opportunity to set the activity set out in their Planned Care Plans within the context of the broader planning for Boards.

The Planned Care Planning Guidance is scheduled to be issued early December.

Planning Priorities for 2025/26

The Planned Care Planning Guidance will set out a clear focus on reducing long waits and increasing capacity through productivity and efficiencies. Plans for 2025/26 should set out high level detail on the following priority areas:

- **Tackling long waits and backlogs focusing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics**
- **Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs)**
- **Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation**
- **Implementation of digital solutions**

Urgent and Unscheduled Care

Performance against the 4-hour target continues to be challenged across the majority of Boards and work to address this should be a key focus of planning for 2025/26.

Following an in-depth process carried out by the Centre for Sustainable Delivery, each Board was issued with a number of actions that would improve their local performance against the 4-hour target. This work should continue to inform planning for 2025/26 to target improvement initiatives towards areas of greatest need, contributing to easing access block and associated risks of harm, improving the timeliness and safety of care, and the overall patient and staff experience.

Plans should identify how their plans will impact on improvement metrics, including the following:

- **Reduce self-presenters to Emergency Department**
- **Reduce time in Emergency Department**
- **Reducing length of stay over 14 days**
- **Reducing length of stay for those aged over 85**

Planning Priorities for 2025/26

Plans should set out how they will progress delivery in the following priority areas:

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

Cancer Care

When developing plans, Boards should reflect how they will progress the vision and priorities set out in the Scottish Government's *Cancer Action Plan 2023 to 2026* to improve cancer survival and provide excellent, equitably accessible care to all.

Planning should also reflect the aim to ensure that people living with cancer, their families and carers are at the heart of cancer services, and a focus on reducing inequities in access to cancer care and cancer outcomes, recognising each person's time of need.

NHS Boards should consider how they anticipate that their plans will impact on performance metrics, including the following:

- **Cancer waiting time standards**
- **Specific improvement plan for 62 day cancer pathway**
- **Diagnosis at disease stages III and IV**
- **Cancer Quality Performance Indicators**
- **Oncology Waiting Times**

Planning Priorities for 2025/26

Plans should set out how they will progress delivery in the following priority areas:

- **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.**
- **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.**
- **Embedding optimal cancer diagnostic pathways and clinical management pathways.**
- **Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care.**
- **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.**
- **Supporting the work underway of oncology sustainable services including the next phase of considerations for implementation of the proposed Target Operating Model for oncology.**

Mental Health

When developing their plans, Boards should reflect how they will progress the vision and priorities set out in the Scottish Government's *Mental Health and Wellbeing Strategy*, and in particular their contribution towards a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

Boards should also refer to the following links which provide the wider context for mental health planning.

- [Mental health and wellbeing strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/health/mental-health/strategy)
- [Mental health and wellbeing strategy: delivery plan 2023-2025 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/health/mental-health/strategy/delivery-plan)
- [Mental health and wellbeing : workforce action plan 2023-2025 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/health/mental-health/workforce-action-plan)

Boards are also asked to note the 2024/25 Programme for Government commitment which provided £120 million funding for NHS Boards to support continued improvements across a range of mental health services and treatments, including meeting the CAMHS waiting times standard nationally, with backlogs cleared by December 2025.

We continue to expect that progress will be made locally towards 10% of frontline Board spend being utilised for mental health services, with 1% of frontline Board funding being spent on CAMHS.

Delivery Plans should set out the high level actions and impacts to address mental health waiting times and note that a separate commission will follow in January to request more detailed trajectories from Boards for 2025/26 for progress towards meeting the CAMHS and Psychological Therapies waiting times standards.

Planning Priorities for 2025/26

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

- **Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis.**
- **Implementing National Standards for Mental Health services including the Core Mental Health Standards, the Specification for Psychological Therapies and Interventions, the CAMHS and Neurodevelopmental 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.**
- **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.

- **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.**
- **Implementing the Mental Health and Wellbeing Workforce Action Plan to support improved planning and retention of the workforce and service reform.**
- **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.**
- **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.**
- **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, self-harm and addiction) and their rationale for focusing on these vulnerable groups, referencing impact assessments undertaken.**
- **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.**

Primary and Community Care

Boards should reflect in their plans how they will progress the strategic priorities for primary care focussed on shifting the balance of care closer to people's homes, and driving a proactive approach of early intervention and prevention, and promoting value for money across the health system.

Working with the sector through the Primary and Community Health Steering Group, as well as with wider reforms, we are developing a Route Map for Primary Care which will set out the conditions for achieving sustainable transformation in Primary Care and shared critical priorities, over the medium- to long-term. This work is currently in progress, and we expect it to influence planning for 2025/26, whilst recognising that this may be limited for inclusion within 2025/26 Delivery Plans due to the differing timescales.

Planning should focus on Increasing capacity and access to Primary Care by the end of 2026, supporting the national reform programme, and shifting the balance of care to preventative and community-based support

Planning Priorities for 2025/26

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

- **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.**
- **Improving interface working across secondary and primary care so that patient journeys and experience are prioritised, and system efficiency is optimised.**
- **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.**
- **Ensuring the full provision of appropriately resourced Out of Hours services, with reporting of performance to the Board.**
- **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).**

- **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.**

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.**

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.**

Women and Children's Health

Plans should demonstrate how Boards will continue to ensure we improve women and children's health and health services, reduce health inequalities, and to give every child born in Scotland the best start in life. This should include how they will progress the Scottish Government's strategic priority to reduce early child development concerns at 27-30 months by a quarter by 2030 and supporting pregnant women, babies, children through the critical pre-birth to three period.

Plans should also set out how they will contribute towards the Women's Health Plan, and that the particular needs of women and girls should be considered in the context of NHS Board planning in all parts of the system, for example through effective use of EQIA and the Public Sector Equality Duty.

Planning Priorities for 2025/26

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

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

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

Population Health and Reducing Health Inequalities

When developing their plans, Boards should set out how their public health programmes will be designed and delivered in ways that meet the needs of all groups in society, maximising the health benefits and reducing health inequalities.

Prior to the 2025/26 planning year a new Population Health Framework will be published for Scotland which will take a cross-government and cross-sector approach to improve the key building blocks of health including: good early years and education; good work and income; and healthy places. It will also support ongoing work around healthy living and equitable health care.

Its purpose is to accelerate the recovery and improvement of population health in Scotland with a focus on whole system primary preventative action over the next decade. NHS Boards will be critical to the successful delivery of the Framework both in terms of the actions Boards can take themselves but also through work with local partners to support health and wellbeing and reduce inequalities within communities.

Planning Priorities for 2025/26

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

- **Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions**
- **Demonstrate the steps they are taking to implement and make progress towards meeting the interim national standards for vaccination services,**
- **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.**
- **Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes**
- **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**

- **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.**
- **Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets.**
- **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.**
- **Actions to support improvements to access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum.**
- **Supporting improved population health, with particular reference to smoking cessation and weight management.**
- **Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment.**
- **On racialised inequalities, developing and delivering against anti-racism plans covering workforce and service delivery, aligning with the Scottish Government framework for action set out in the guidance.**
- **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.**
- **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.**
- **How they will embed the GIRFE Toolkit, and the principles of GIRFE, into the planning and delivery of services**

PART 2 NATIONAL BOARD PLANNING PRIORITIES

This section provides guidance regarding the expectations of what each of the National Board Delivery Plans should cover, specific to the functions of each Board.

It sets out the planning priorities which reflect both the Boards' core functions, as well as specific priorities for the 2025/26 plan, aligned to Boards' own strategies and medium term plans and shaped by the priorities of the Scottish Government and NHS Scotland.

National Boards should note that additional guidance may follow in January in relation to work coming out through the NHS Scotland Executive Group on reform and transformation.

We will not expect Boards to consider this within the first draft of Plans, rather any updated guidance should be reflected in the final version and will be part of discussions between Scottish Government and Boards over January-February.

National Boards should consider this part of the guidance alongside Part 3, which sets out guidance which is relevant to all Boards relating to corporate business functions, such as finance and workforce.

In addition, whilst aimed at Territorial Boards, National Boards may wish to consider the guidance included in Part 1, and how their Board contributes to the priority areas listed here. It is acknowledged that not all of these will be applicable to all National Boards but relevant areas should be featured in National Board Delivery Plans.

Part 2 covers the National Boards as follows:

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NHS Golden Jubilee (NHSGJ)

The NHS Golden Jubilee (NHSGJ) Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular, it should include the following:

- **The Golden Jubilee University National Hospital, with a particular focus on reducing planned care waiting times lists for patients across Scotland**
- **Centre for Sustainable Delivery**
- **NHS Scotland Academy**
- **Golden Jubilee Hotel & Conference Centre**
- **Golden Jubilee Research Institute**

It is recognised that the NHS Golden Jubilee (NHS GJ) is undertaking a review of its Board Strategy, which is expected to conclude and launch by end March 2025. This developing strategy should inform, and be informed by, the Boards Delivery Plan for 2025/26.

The Delivery Plan should also focus on the following wider planning and policy frameworks which will shape health and care delivery in the short, medium and long term:

- **Population-based planning and Single Planning Framework**
- **Place-based Health and Care Planning and Collaboration**
- **Impact of the Prioritisation Framework**
- **Whole System Infrastructure planning.**

The following planning priorities should be reflected in the Board's plan for 2025/26.

- **Phased opening of the NHS GJ Phase 2 Surgical Centre**
- **Optimisation of core elective services including Phase 1 Eye Centre**
- **Delivering surgical care and diagnostic services to support delivery of the National Cancer Action Plan**
- **Sustainable delivery of the three NSD commissioned services:**
 - I. **Scottish National Advanced Heart Failure Service**
 - II. **Scottish Adult Congenital Cardiac Service**
 - III. **Scottish Pulmonary Vascular Unit**
- **Delivery of Regional Heart and Lung Services**, including the Regional Cardiology and Transcatheter Aortic Valve Implantation Services

- **Delivery of Centre for Sustainable Delivery National Programmes:**
 - I. Modernising Patient Pathways
 - II. National Elective Coordination Unit
 - III. Unscheduled Care
 - IV. Cancer Improvement and Early Diagnosis
 - V. National Endoscopy Programme
 - VI. Innovation
 - VII. National Green Theatres Programme
 - VIII. Planned Care Programme
- **Delivery, in partnership with NHS NES, of the NHS Scotland Academy Programmes:**
 - I. National Endoscopy Training Programme, including Assistant Practitioner
 - II. NTC Accelerated Workforce Programme – Foundations of Peri-operative practice, Anaesthetic Practitioner and Surgical First Assistants
 - III. National Clinical Skills for Pharmacists
 - IV. NMC OSCE preparation – digital learning programme
 - V. Preparing for work in health and social care- digital learning programme
 - VI. National Ultrasound Training Programme
- The role NHS Boards have in 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**
- Refresh of the **Workforce Plan and review of NHS GJ People Strategy**
- Adoption and implementation of the **national digital programmes**
- Deliver **Climate Emergency and Environment priorities**
- Delivery the strategic plan arising from the outcome of the **GJ Conference Hotel Review**

Healthcare Improvement Scotland (HIS)

The HIS Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular it should include the following:

- **Identifying improvement opportunities via its statutory functions by providing support to health and care services to implement sustainable improvements**
-
- **Ensure communities are at the centre of HIS' work**
- **Sharing evidence and intelligence, where identified, that would support the delivery and assurance of health care services provided throughout Scotland**

HIS' Delivery Plan for 2025/26 should be developed in the context of the Board's Three Year Plan and should reflect Healthcare Improvement Scotland (HIS)'s remit of supporting improvement in the quality and safety of health and care provided in Scotland which is integral to maintaining the delivery of safe, quality healthcare, and supporting NHS Boards to identify and address areas of improvement towards high level Scottish Government and NHSScotland aims.

The following planning priorities should be reflected in the Board's plan for 2025/26.

- **Anchor Planning – The role NHS Boards have in 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**
- **National leadership and intelligence sharing**
- **Maintaining agility and responsiveness to changing pressures and risks**
- **Supporting the shift in balance in relation to care closer to people's homes**
- **Supporting more sustainable primary care**
- **Maternal Healthcare assurance**
- **Mental Health assurance**
- **National Mission to reduce drug related deaths and harms**

National Services Scotland (NSS)

The NSS Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular it should include the following:

- **clinical areas**, such as the safe supply of blood, tissues and cells
- **non-clinical areas**, such as providing essential digital platforms and cyber security for health and care.

Planning should continue to reflect the broad range of services NSS provide, and the commitment to support health and care organisations to ensure users get the maximum possible value from services to support better outcomes.

It is anticipated the strategic approach to this year's update will be defined by the NSS Strategic Framework 2024-2026, which sets out the organisation's purpose, vision, values, priorities and objectives as set out below and as agreed with the Board and Scottish Government.

	Enable	Underpin	Assist
Priorities	NSS will support the implementation of national, regional, or local health and care solutions by harnessing the wide-ranging skills and expertise available in NSS.	NSS will continually improve the quality of the services they provide and that are essential to the functioning of the wider health and social care system.	NSS will be ready to provide support more widely by actively engaging and building relationships with stakeholders across all areas of health and care.

Objectives	<p>Service Excellence</p> <p>To continuously improve the quality and value of NSS services, so they are safe, efficient and effective and meet the needs of service users and stakeholders. This supports the delivery of the NSS <u>one year and three-year delivery plan</u>.</p>	<p>Financial Sustainability</p> <p>To ensure there is a culture of financial stewardship that creates value for money by driving the effective use of resources, assets and infrastructure. This supports the achievement of the NSS three-year financial sustainability plan.</p>
	<p>Workforce Sustainability</p> <p>To enable a diverse, knowledgeable and skilled workforce that can respond to the changing service needs of NHSScotland. This supports the attainment of the NSS three-year <u>workforce plan</u>.</p>	<p>Climate Sustainability</p> <p>To embed climate sustainability in everything NSS do and support NHSScotland to achieve net zero greenhouse gas emissions by 2040. This supports the realisation of the NSS long-term <u>environmental and sustainability strategy</u>.</p>

The following planning priorities should be reflected in the Boards plan for 2025/26.

- **Planned and Unscheduled Care:** Review all Healthcare Built Environment projects using the NHSScotland Design Assessment Process and implementation of the Plasma for Medicine delivery plan to ensure the sustainable supply of plasma.

- **Cancer Care:** Commissioning of networks and pathways to improve cancer care and support the achievement of the National Cancer Action Plan - including scoping two additional National Managed Cancer Networks, publication of two additional Clinical Management Pathways (CMPs), and the establishment of governance processes for existing CMPs to support improvements in cancer care.
- **Primary and Community Care:** Improving prescribing services and support to general practitioners, dentists, pharmacies, and optometrists through digital and data transformation. This includes the delivery of the National Primary Care Clinicians Database, support to flu and covid vaccine programmes, the development/implementation of a claims and payment process for a new Community Glaucoma Service and finalisation of requirements for a new General Ophthalmic Services Specialist Supplementary.
- **Digital and Data:** Implementing nationally agreed IT systems and solutions with a focus on business systems, cyber security and data, and tracking and tracing high-risk implantable devices. Including the implementation of the Scan for Safety Programme
- **Climate and Environment:** Enabling NHSScotland to adapt to climate change and reduce its greenhouse gas emissions and impact on the environment. Including the reduction of the overall carbon footprint of the National Distribution vehicle fleet by implementing a non-fossil fuel trial and 'merge on wheels' cross docking.
- **Corporate Shared Services:** Extending NSS support of payroll for NHSScotland and exploring other opportunities for corporate shared services with health board partners. This should be undertaken in alignment with the national work underway on single business services.
- **Population Health and Reducing Health Inequalities:** Continuing to lead the procurement strand of the Health and Social Care Anchors Programme and support the redirection of wealth back into local communities to help address the wider determinants of health inequalities, by progressing specific, measurable objectives that align with their Anchor Strategic Plan, and help Boards assess and manage the condition of their estates so NHSScotland buildings and spaces can contribute community, health and environmental benefits, locally and nationally.
- **Digital and data :** Implementing nationally agreed IT systems and solutions with a focus on business systems, cyber security and data, and tracking and tracing high-risk implantable devices.
- **Antimicrobial Resistance and Healthcare Associated Infections:** supporting the delivery of key strategies to control healthcare associated infection and antimicrobial resistance including Healthcare Associated Infection (HCAI) strategy 2023 to 2025 and UK AMR Action Plan 2024 to 2029.

Priorities relating to the work of National Services Division will be confirmed within the timeline of this planning guidance.

NHS 24

The NHS 24 Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular it should include the following:

- **'111' phone service**
- **NHS inform**
- **Breathing Space**
- **Care Information Scotland**
- **Quit Your Way Scotland**
- **'Living Life' phone service**
- **NHS 24 Online App**

The following planning priorities should be reflected in the Boards plan for 2025/26.

Digital Transformation

- **In partnership with Scottish Government, continue with the review and refresh the commission for NHS inform as a national asset for NHS Scotland for health information, advice and support and implement an agreed improvement plan to build required functionality and content.**
- **Develop roles, capacity and capability within NHS 24 that is digitally enabled to deliver services and work in new ways. Including building in video consultations into the current operating system as an option.**
- **Continue to exploit collaborative opportunities through NHS 24 digital transformation programme, including use of new technologies and streamlining of pathways.**
- **Take forward the recommendations from review of NHS inform working with Scottish Government to develop a national asset for NHSScotland with improved functionality and content for health information, advice and support.**
- **Implement new service models and ways of working making best use of digital technologies to deliver omnichannel services that are easy to access, navigate and provide a seamless and connected user experience.**

Service Transformation

- **A concentrated focus on the ongoing development and improvement of the Out of Hours/Community urgent care services, highlighting the importance of ‘right care at the right time in the right place’**
- **Continue to work collaboratively with key partners including Scottish Government and Police Scotland to streamline and improve the pathway for those in mental health distress, focusing on the patient journey.**
- **Strategic review of the NHS 24 estate to maximise utilisation and sustainability leveraging technology to rationalise and reduce physical and carbon footprint where possible.**
- **Implementation of an advanced business intelligence model with the right people, technology and culture to ensure decision making and continuous improvement is driven by data and insights.**
- **The role NHS Boards have in 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.**

Workforce

- **Recruitment and attrition continues to be an important focus for NHS 24 and improving wellbeing, support and training remains a key priority.**
- **In collaboration with SAS, identify and progress opportunities for joint working to develop common roles and career pathways, inclusive of rotational roles, highlighting progression opportunities and training programmes.**
- **Continue work on recruitment and service development to look to improve call waiting and patient journey times to bring these in line with agreed performance targets and improve patient experience.**

NHS Education for Scotland (NES)

The NES Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular it should include the following:

- **Acting as the lead education and training body and a national health board within NHS Scotland**
- **Developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies**
- **Taking a Scotland-wide role in undergraduate, postgraduate and continuing professional development.**

The following planning priorities should be reflected in the Boards plan for 2025/26.

Education & Training

- **Continue to provide leadership to and delivery of high-quality education, training, and workforce development for the health and social care workforce.**
- **Advise on the education and training capacity for health and social care disciplines across Scotland to ensure it meets future workforce requirements.**
- **Refocus elements of medical education to improve trainee experience in partnership with SG, 4 nations, Boards, GMC, Royal Colleges, and other relevant partners.**

Workforce Development

- **Deliver education, training, and workforce development activities to support continuous professional development, role development, and transformation across the range of health and social care disciplines.**
- **Work with partners across the system and the Centre for Sustainable Delivery to lead on the identification, assessment, and implementation of new workforce models involving role redesign and transformation to optimise care pathways.**
- **Work with partners across the social care sector to design and deliver workforce development activities to increase the capacity and capability of the social care workforce.**

Digital

- **Deliver SG digital priorities in line with the Digital Health & Care Strategy, including the development of the National Digital Platform and the Digital Front Door programme.**
- **Provide access to accessible and dynamic, digital learning and education infrastructure for Health and Social Care.**

Data

- **Continue to deliver timely and accurate publications as the national provider of workforce statistics for NHSScotland. Improve the range, quality, and granularity of workforce data through understanding and meeting user needs, developing coherent systems across partners, and enhancing data analysis and reporting.**

Innovation & Research

- **Work with the Chief Scientist's Office, Scottish Health and Industry Partnership Group, Accelerated National Innovation Adoption (ANIA) Pathway, Innovation Design Authority, and HEIs to scope and support the skills and training required to deliver and implement health care research, development, and innovation.**

Best Value

- **Identify and adopt actions designed to maximise the efficiency of the organisation, clearly demonstrating best value in its work and ensuring coherence with activity being delivered by partners to deliver a more sustainable and affordable Health and Social Care system.**

Anchor Institutions

- **Support the workforce strand of the Health and Social Care Anchors Programme, in addition to describing how NES will redirect 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.**

Public Health Scotland (PHS)

The Public Health Scotland (PHS) Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular it should include:

- **How it will work with partners across the system to protect investment in the building blocks of health, making the case for long term investment and action in prevention and supporting sustained collaboration**
- **Acting as Scotland's lead producer of statistics and insights about population health and how the health system is responding to people's care and treatment needs**
- **Continuing to build a world leading, person-centred and public health led vaccination and immunisation service and ensuring the population is protected from infectious and environmental hazards, in light of the pandemic experience**

In 2025/26 a new ten year ***Population Health Framework (PHF)*** will provide a cross-government and cross-sector approach to improve the key building blocks of health and wellbeing. It will set out how the Scottish Government, COSLA, Local Government, the NHS and partners across business, the third sector and communities themselves, can increase the positive effects that social and economic drivers have on population health, mitigate those areas that contribute to negative outcomes and build a Scotland that positively supports health and wellbeing.

It will be complemented by actions which will promote improved health and wellbeing, reduce health harming activities and support more equitable access to health and care. PHS will have a key leadership role in the ongoing implementation and evaluation of the PHF, and the Board Delivery Plan should reflect this.

The following priorities should be reflected in the Board's plan for 2025/26.

Health Inequalities and Population Health

- **Through the Care and Wellbeing Portfolio, Population Health Framework and established reform programmes provide public health leadership, evidence and expertise to support public sector reform, innovation, performance and whole system working.**
- **Support Scottish Government and COSLA on implementation of the Population Health Framework, developing prevention-focused, evidence-based interventions, improving joint accountability against shared outcomes and prioritisation in spending and activity across the whole system.**

Social and Economic Factors

- **Work on inclusion health, vulnerable groups, and equalities data improvement as per the Equality Evidence Strategy, addressing racialised health inequalities, justice system challenges, and risks to children and young people.**
- **Use data and evidence to assess economic policy and practice, reduce poverty, promote fair work, increase income and lower living costs.**
- **Support child poverty reduction through partnership working aligned with the Best Start, Bright Futures plan.**
- **Continue to lead on capacity building, building the evidence base, supporting ongoing improvement, and awareness raising of Anchors workstream and align work with wider Community Wealth Building agenda, and as a Board, support the redirection of wealth back into local communities to help address the wider determinants of health inequalities, by progressing specific, measurable objectives that align with their Anchor Strategic Plan.**

Place and Communities

- **Collaborate with partners on health equity in three localities using Marmot principles, capturing learning and driving national progress.**
- **Provide leadership and expertise on climate and health, supporting the NHS Climate Emergency & Sustainability Strategy and Recovery Plan.**

Enable Healthy Living

- **Reduce health harms from commercial and environmental factors, including drugs, alcohol, tobacco, vaping, gambling, diet, and inactivity. Evaluate the impact of interventions like pricing, marketing, availability and legislation, as well as care and treatment services.**
- **Support the National Mission to reduce drug deaths and support Alcohol and Drugs Services.**
- **Monitor and evaluate the Mental Health and Wellbeing Strategy and Delivery Plan. Support work on wider determinants and prevention, including suicide prevention, self-harm and distress interventions, workplace mental health and mental health services, support and recovery.**
- **Enhance public mental health data, expand the Mental Health Quality Indicator Dashboard, and continue support for ICD-11.**
- **Support the National Mission to reduce drug deaths and improve lives and support Alcohol and Drugs Services**

Equitable Health and Care

- **Work with partners locally, nationally and internationally on infectious and environmental hazard protection. Improve infectious disease intelligence systems and pandemic preparedness.**
- **Deliver surveillance programmes including the National Respiratory Surveillance Plan. Deliver the Public Health Microbiology Strategy, Wastewater Monitoring Programme, Pathogen Genomics Strategy, and lead development of Scotland's Pandemic Sciences Partnership.**
- **Develop the national leadership role and progress the 5-year vaccination and immunisation Framework and Delivery Plan. Improve planning and use data to improve programme delivery, uptake, and equity across all areas.**
- **Support Scotland's cancer action plan and provide data insights to enhance access and treatment, tracking outcomes across patient journeys.**
- **Support improved child and maternal health, including early child development, maternity and reproductive health, promoting rights and reducing inequalities.**
- **Progress actions in the Women's Health Plan, updating the evidence base and considering holistic approaches to women's health.**

Creating Insights from Data for the Health and Social Care System

- **The Data Strategy prioritises Creating Insights from Data, it wants to work in partnership with health and social care to adopt a whole-system approach to creating insight from data that allow us to improve services. This includes the creation of insight to: inform communities, inform policy, identify, measure and monitor differential outcomes, experiences and access to services for different population groups, target interventions and support, improve services and improve partnership working.**
- **Improve data through the modernisation of data systems and automation of processes, to support Health and Social Care Reform.**
- **Produce national statistics, that develop in line with, and support Health and Social Care Reform.**
- **Transparently improve and prioritise data collection to support collective understanding of current provision of services across primary/community and acute services as well as social care.**
- **Enhance whole-system analysis and optimise digital and data technologies to improve services, patient access and accelerate innovation.**

Scottish Ambulance Service (SAS)

The Scottish Ambulance Service Delivery Plan for 2025/26 should ensure the core functions of the Board are covered. In particular it should include the following:

- **Provision of immediate medical assistance or clinical advice to people across Scotland**
- **Offer the highest level of care to patients as and preserve life and promote recovery, with our skilled workforce bringing care and compassion to those who need it most**
- **Provision of ambulance care to patients who need support to reach their healthcare appointment, or for their admission to and discharge from hospital, due to their medical or clinical needs**
- **Provision of transfers for Scotland's most serious patients who need specialist care**

The following planning priorities should be reflected in the plan for 2025/26.

- ***Urgent and Unscheduled Care*** : provide the Right Care, in the Right Place, at the Right Time, through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need. In addition, implementation of outcomes and actions in the review of Demand and Capacity in Scheduled Care
- ***Hospital Turnaround Times*** : improvement of Turnaround/Handover times - work collaboratively with Boards to improve flow and implement the safe handover process, including any other actions designed to reduce the turnaround times that remain challenging across Scotland
- ***Scheduled Care*** : improving the delivery of Planned Care - explore opportunities and implement any actions that will improve the efficiency of the current Scheduled Care Service.
- ***Mental Health*** : improving the delivery of Mental Health support and services available - continue to work collaboratively with NHS 24, Police Scotland and partners to enhance further pathway usage for patients experiencing mental health distress, streamlining flow of calls between partners to improve the patient journey and access to the right care. In addition, further collaboration with partner organisations to assist patients with mental health distress, allowing them to access the support they need.
- ***Workforce*** : implementation of the three year Workforce Strategy including robust plans for recruitment and retention of newly qualified paramedics.
- ***Integrated Clinical Hub (ICH)*** : further development and expansion of the ICH, which has helped to significantly reduce the number of ambulances dispatched and hospital admissions.

- ***NHS 24*** : further collaboration on a range of issues as outlined in both board's Annual Delivery and Medium Term plans.
- ***Anchors*** : The role Boards have in 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

The State Hospital (TSH)

The State Hospital (TSH) Delivery Plan for 2025/26 should ensure the core functions of the Board are delivered. In particular it should include the following:

- **guarantee the effectiveness of the provision of high secure forensic mental health care**
- **achieve positive patient outcomes**
- **ensure the safety of staff, visitors, patients and the general public**
- **fostering an environment which focuses on staff wellbeing to continue the Board's aim to be an exemplar employer.**

When developing the plan, a number of national strategies such as the *Mental Health and Wellbeing Strategy*, *National Clinical Framework* and *National Performance Framework* should be considered.

In addition the overarching patient facing priorities that are appropriate and relevant for TSH, as set out in Section 1 guidance for Territorial Boards should be considered. More specifically, TSH should ensure the following priorities from Mental Health in Section 1 are incorporated into their plan:

- **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.**
- **Implementing the Mental Health and Wellbeing Workforce Action Plan to support improved planning and retention of the workforce and service reform.**
- **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, self-harm and addiction) and their rationale for focusing on these vulnerable groups, referencing impact assessments undertaken.**
- **The role NHS Boards have in 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**

TSH should be aware of upcoming changes to Forensic Mental Health services and ensure that flexibility is incorporated in the plan to address, adapt and collaborate with these changes. This especially critical when concerning the new forensic governance structure and the provision for high secure female care. These two points should be reflected and considered in any developed

plan, therefore, the following planning priorities should be reflected in the Board's plan for 2025/26.

- ***Forensic Mental Health Board for Scotland:*** The Scottish Government has constituted an expert advisory group to recommend how the new national forensic board should be established. The “Forensic Mental Health Board for Scotland” will have the aim of delivering a national approach to planning and governance for forensic mental health services, which is in line with our population needs based approach to planning of our acute services. The Board's plan should set out how it will engage with and implement work relating to the Forensic Mental Health Board for Scotland, recognising that the timescales for the development of The State Hospital 2025/26 plan means that it may not be able to cover this in detail.
- ***Forensic Female High Secure Service:*** It has been agreed that TSH develop a forensic female high secure service, and a proposal has been received from TSH to develop this on site at Carstairs. Whilst the detailed planning relating to this service will sit in separate dedicated planning documents, the 2025/26 Delivery Plan should set out anticipated impacts upon their overall Board planning for 2025/26. Specific consideration should be given to finance and capital investment, as well as workforce recruitment, training, all related therapy, care and security arrangements, operational protocols and pathways across all stakeholders in female forensic services provision.

PART 3 PLANNING PRIORITIES FOR ALL BOARDS

This part is focussed on providing all Boards, both Territorial and National, with guidance for planning their business and corporate focussed services, such as finance, infrastructure and workforce.

Part 3 covers the following Delivery Areas setting out Planning Priorities for both Territorial and National Boards

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Finance, Infrastructure and Value Based Health and Care

Financial Planning

This Delivery Plan Guidance has been issued in conjunction with this year's Financial Planning Guidance and delivery planning should inform, and be informed by, relevant financial planning.

The Scottish Government budget will be confirmed on 4 December 2024. Assumptions to underpin financial plans have been developed by the NHS Corporate Finance Network to drive the consistency across all Boards. These will be distributed alongside the Financial Planning template and guidance, and should be used to support the development of Boards' plans.

Whilst recognising the ongoing financial challenges, there is an expectation within the Scottish Government that NHS Boards will have financial plans which deliver a financial improvement on the 2024/25 position. Delivery Plans do not need to replicate the detail included in Finance Plans, but should instead focus on how service delivery can be achieved within the context of Boards budgets for 2025/26.

Infrastructure Planning

On 12 February 2024, the Scottish Government issued the Director's Letter to all NHS Boards *NHS SCOTLAND: Whole System Infrastructure Planning – DL (2024) 02*. This outlined the requirements for all NHS Boards to prepare a whole-system infrastructure plan, consisting of two elements:

- A submission to Scottish Government by January 2025 by Boards of a risk-based maintenance plan to support business & service continuity, aims to mitigate against some of the more serious inherent infrastructure risks.
- A second phase of work related to development of a 20-30 year Whole-System Infrastructure Plan, to support development of a national prioritised and deliverable investment programme.

When developing Delivery Plans, Boards should set out how plans for service delivery may be impacted by developing infrastructure plans, especially for the short and medium term in the context of risk assessment of inherent infrastructure risks.

Regarding longer term 20-30 year Whole-System Infrastructure Plans, these should be developed in the context of a move to population planning of clinical and non-clinical services and in the first instance will be led through the National Infrastructure Board. Inclusion of any Board level infrastructure planning within Delivery Plans should ensure that it fully takes into account the national whole system infrastructure planning approach.

Value Based Health and Care

The results of *Citizens' Panel 14 (November 2024)*, confirm that NHSScotland has a clear mandate from the public to make better use of its resources to reduce waste and potential harm. There is clear public recognition of the need for NHS Scotland to make best use of its resources in order to deliver the outcomes that matter to the people we care for.

The overwhelming majority of people want the NHS to involve them in decisions about their care so they can make an informed choice about their treatment and care. 93% of those who took part agree that people should be encouraged to ask their healthcare professionals the BRAN questions to help them choose the treatment and care that is right for them. This will ensure people receive care that they value and reduce waste.

NHS Boards must focus on practising Realistic Medicine, which aims to support shared decision-making between clinicians and patients and reduce the amount of healthcare interventions that cause waste and do not add value.

In his report *NHS in Scotland 2023*, the Auditor General recommends that Scottish Government and NHS Boards work together to implement the *Value Based Health and Care Action Plan (October 2023)*. The Plan sets out 13 high level actions which aim to support all health and care professionals across Scotland to practise Realistic Medicine and deliver better value care.

Delivery of the core actions will be reported through the NHS Scotland Planning and Delivery Board. NHS Board Delivery Plans should make appropriate links to the work they are undertaking in relation to Realistic Medicine and Value Based Health and Care and how this supports them to undertake planning and delivery more effectively and sustainably.

Workforce

The Scottish Government will continue to take forward key workforce reform in 24/25 designed to enhance staff and patient safety, improve working cultures, optimise workforce planning and staff deployment, and deliver sustainable improvement in conditions of service, and NHS Board delivery planning should take into account national workforce strategies.

The NHS Scotland Executive Group is considering the requirement for a national-level business services transformation and Boards should therefore take this into account when considering workforce planning of their own business services.

The Scottish Government's Workforce Planning teams will be engaging with Boards on workforce planning. Again, whilst it is not expected that this material is duplicated in Delivery Plans, these should be informing service delivery planning.

Planning Priorities for 2025/26

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

- **Achieve further reductions in agency staffing use and to optimise staff bank arrangements**
- **Achieve reductions in medical locum spend**
- **Increasing efficiencies across administrative and support services**
- **Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the NHSScotland Attendance Policy**
- **An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026**
- **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**
- **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.**

Digital and Innovation

Boards planning should align to the national Digital health and care strategy, which sets out how we will work together to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services, in a way, place and time that works best for them.

- [Digital health and care strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot)

Planning Priorities for 2025/26

Plans for 2025/26 should set out how they will progress delivery in the following priority areas:

- **Adoption and implementation of the national digital programmes**
- **Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework**
- **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**
- **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**
- **How analysis of Digital Maturity Assessment updates informs planning, priority setting and progress reporting aligned to the Board's Digital Strategy**

Climate

It is recognised priorities for climate action take place against a challenging financial settlement, but within that context, there is much that can and should be done to make progress.

Boards should continue to find ways to reduce greenhouse gas emissions and consumption through reductions in emissions under their direct control including medical gases, fleet and leased vehicles, waste and building energy.

Boards should also consider what action they can take in areas they do not have direct control but can significantly influence, such as metered dose inhalers, procurement and circular economy; staff commuting and patient and visitor travel.

Building energy is the biggest source of emissions in direct control with not all Boards on track to meet the 2030 target of 75% reduction against 1990 baseline. Board plans should set out how they will make progress on this. In addition, Boards should continue to plan for major energy transition to ensure the 2040 net zero target is met, ensuring projects are at hand if funds become available.

The restoration of nature and tackling environmental pollution are also critical and Boards should ensure that an Environmental Management System (EMS) is being proactively implemented. Boards also have a statutory duty to further biodiversity conservation and improvement on NHS land and can do so in a way which also supports climate adaptation.

Planning Priorities for 2025/26

Plans for 2025/26 should set out how delivery will be progressed in the following:

- **Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases.**
- **Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.**
- **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**
- **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.**
- **Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHS Scotland estate.**
- **Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process.**
- **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.**