

Board Meeting
09.10.25
Open Session
Item 8.1



How are we doing?

Q1 2025/26 Board Performance Report

October 2025



Contents	Page	Introduction
Our Approach to Delivering 2025/26 Priorities Reading Guide	<u>2</u> <u>3</u>	NHS Grampian's <i>Plan for the Future</i> sets out the strategic direction for 2022–2032 and provides the foundation upon which key enabling plans and activities are aligned. It defines the long-term outcomes we aim to achieve for the population we serve.
Executive Summary Voice of our Citizens Outcomes at a Glance (What is our Performance Story so far?) Organisational Performance Summary Quarter 1 (April 2025 to June 202)	5 6 8	To support delivery, NHS Grampian has embedded an Integrated Performance Assurance and Reporting Framework (IPARF), which ensures that performance is assessed, monitored, and reported in a consistent, transparent, and outcomes-focused manner. This framework enables the Board and its Assurance Committees to maintain oversight of progress, understand variation, and evaluate the impact of interventions across strategic, operational, and financial domains.
 Tier 1: Three Change Programmes Tier 1: Operational Improvement Plan Delivering our Priorities through Three Change Programmes 	<u>9</u> <u>10</u>	This Board Performance Report is a key component of that framework. It provides a high-level, balanced summary of the organisation's progress against its strategic aims and delivery commitments. For the 2025/26 reporting year, performance is structured around three Change Programmes that act as vehicles for delivering in-year outcomes aligned to our longer-term strategic intent. These are:
 ➤ Value & Sustainability Tier 2: Outcomes, Key Performance Indicators and Deliverables Tier 3: Spotlights ➤ Unscheduled Care Tier 2: Outcomes, Key Performance Indicators and Deliverables Tier 3: Spotlights ➤ Planned Care Tier 2: Outcomes, Key Performance Indicators and Deliverables Tier 3: Spotlights 	11 13 14 20 24	 Value and Sustainability Unscheduled Care Planned Care Each programme has a distinct focus, underpinned by clearly defined in-year outcomes, performance indicators, and deliverables. However, they are not standalone efforts. The three programmes form a coordinated and interdependent portfolio of change, connected by a shared emphasis on delivering the right care in the right place, reducing unwarranted variation, empowering our workforce, and measuring what matters through outcomesbased indicators. Progress in one programme supports and strengthens delivery across the others, enabling a more integrated, sustainable, and person-centred system.
 Operational Improvement Plan ➤ Tier 2: Critical Area - Improving Access to Treatment ➤ Tier 2: Critical Area - Shifting the Balance of Care ➤ Tier 2: Critical Area - Improving access to health and social care services through digital and technological innovation ➤ Tier 2: Critical Area - Prevention: ensuring we work with people to prevent illness and more proactively meet their needs 	26263137	In addition, the report reflects NHS Grampian's contribution to the Scottish Government's Operational Improvement Plan (OIP), which sets out national priorities for improving access, efficiency, and flow across the health and care system. These priorities are embedded within the relevant programmes to ensure alignment between national expectations and local delivery, and to support transparent reporting on progress. Together, these elements provide the Board with a clear line of sight from strategic vision to operational delivery, enabling assurance that NHS Grampian is progressing towards its intended outcomes in a sustainable and measurable way.
Overview of National Waiting Times Standards	<u>43</u>	

What do we need to deliver by 31st March 2026?

NHS Grampian Annual Delivery Plan (ADP) Objectives

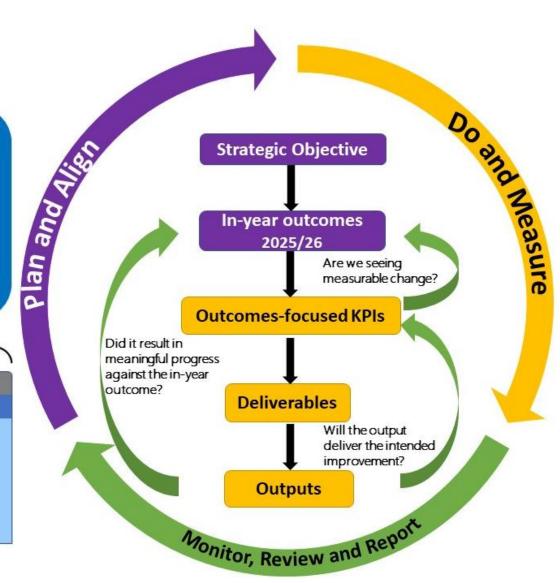
- Balance the system capacity to meet healthcare and population needs whilst delivering financial targets for 2025/26 in line with our finding balance principles
- Optimising system capacity and efficiency to enable wellness and respond to illness resulting in reduced clinical risk

Three Change Programmes						
1 Outcome	4 Outcomes	6 Outcomes				
4 KPIs	10 KPIs	6 KPIs				
1 Deliverable	9 Deliverables	6 Deliverables				
3 Outputs	27 Outputs	20 Outputs				
Value & Sustainability	Unscheduled Care	Planned Care				

Scottish Government Operational Improvement Plan (OIP)

The plan brings focus to four critical areas that the Government is committed to delivering, to help protect the quality and safety of care, supported by the increased investment for health and social care in the 2025-26 Scottish Budget: improving access to treatment.

	Four Criti	cal Areas	
2 Focus Areas	8 Focus Areas	4 Focus Areas	6 Focus Areas
Prevention	Shifting the balance of care	Improving access to treatment	Improve access via Digital and Innovation



NHS Grampian
Enhanced Performance Model
(2025/26)

Reading Guide

The format of this report supports a tiered approach on how we review performance information. The purpose of the reading guide is to help you navigate the sections in this report. These are intended to flow, enabling you the flexibility to view high level or drill down data.

(Tier 1)

Our Organisational Performance Summary

(High level overview of "How we are doing" as an NHS Board across our strategic intent)



(Tier 2)

Our Deliverables, KPIs & OIP status

(Summary of Key Performance Indicators and Deliverables across our Change Programmes and Operational Improvement Plan)

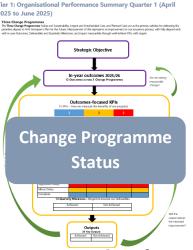


(Tier 3) Performance Spotlights

(Detailed focus on adverse performance with detailed commentaries on our in-year Outcomes)

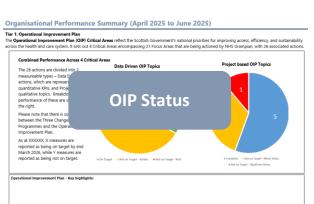
This section covers two key areas:

1) Our Board Performance Summary across our Change Programmes:



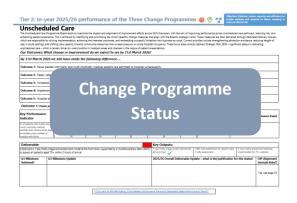
A high level overview of our performance as a Board across Value & Sustainability, Unscheduled Care, and Planned Care

2) Our Board Performance Summary in the Operational Improvement Plan:



A high level overview to provide the current status of the Critical Areas that NHS Grampian are actioning against the Scottish Government's OIP, supplementary and in support of our Change Programmes.

The Red, Amber, Green (RAG) rating assessment for the Key Performance Indicators (KPIs) and performance status criteria of our Deliverables can be found on the next page.



In this section,
Performance focuses on
the outcomes for
featured Change
Programmes.

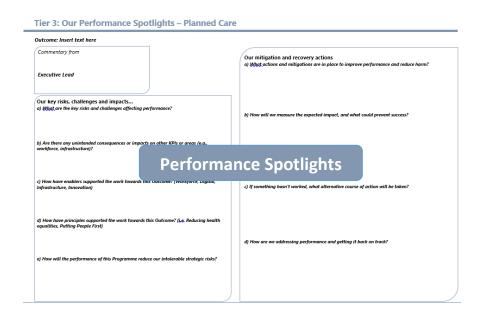
Within each Change Programme, aligned to its own Objective, you will be presented with in-year Outcomes, with targeted KPIs and Deliverables to demonstrate performance, supported by the completion of key Outputs.



In this section,
Performance focuses on
progress against
Scottish Government's
Operational
Improvement Plan.

This section provides updates against the 4 Critical Areas identified in the OIP, through the 21 focus topics, using quantitative and qualitative measures of performance, and providing a brief narrative update. It is recognised that there is some overlap between Change Programmes and OIP, and these are referenced and linked as appropriate.

Definitions of the key headings used throughout can be found in the next page.



In this section, our Performance Spotlights will provide more drilled down data and narratives, highlighting areas of adverse performance against our in-year Outcomes from the Three Change Programmes.

The detailed commentaries from Executive Leads cover:

- o Our Key Risks, Challenges and Impacts
- o Our Mitigations and Recovery Actions

Key spotlight components will focus on Outcomes that have one or more KPI or Deliverable with a RED status RAG rating, and aim to provide both an explanation of the performance and outline actions towards future improvement.

3

KEY

(A) RAG Ratings for Change Programmes and OIP:

The ratings of the Key Performance Indicators within each category highlighted in the Change Programmes and OIP are based on the criteria below, unless otherwise stated:

Assessment Rating	Criteria
Red	Current performance is outwith the target by
Keu	more than 5%
Amber	Current performance is within 5% of the target
Cucon	Current performance is meeting/exceeding the
Green	target

(B) Each KPI also has a marker to indicate the direction of performance from the previous quarter, in relation to current target:

Marker	Description
	Improvement in performance from previous quarter
	Decline in performance from previous quarter
0	There has been no change between previous and current quarter

Trend graphs to show trend lines will be provided to support circle markers

(C) Performance status reporting of 2025/26 Deliverables and OIP Critical Areas:

	ement of stones	Prognosis of delivering 2025/26 Deliverables by 31 st March 2026						
Yes	No	■ Will be Complete						
		Not on Target - anticipated Minor Delay						
		■ Not on Target - anticipated Significant Delay						

Click to return to:

- Three Change Programmes
 - Value & Sustainability
 - o <u>Unscheduled Care</u>
 - o Planned Care
- Operational Improvement Plan
 - o Improving Access to Treatment
 - o Improving Access through Innovation
 - o Shifting the Balance of Care
 - Prevention

DEFINITIONS

The following definitions will support you in your understanding of the various key words found throughout the report.

4 3 Change Programmes

These act as the primary vehicles for delivering the priorities aligned to NHS Grampian's Plan for the Future. Certain aspects of the Programmes such as Planned Care, Unscheduled Care should also drive improvement across focus areas in the Operational Improvement Plan.

Operational Improvement Plan (OIP)

The Operational Improvement Plan sets out how the Scottish Government plans to improve access to treatment, reduce waiting times and shift the balance of care from hospitals to primary care.

4 Key Performance Indicator (KPI)

A KPI is a carefully selected metric, directly linked to our Outcomes and indicative of overall performance. KPIs are chosen to provide actionable insights into the progress and success of specific goals and objectives, and help assess performance and drive decision-making.

4 Deliverables

A key deliverable is a task or project activities taking place, which will help us achieve our Outcomes. Typically outlined at the outset, key deliverables are quantifiable and linked to quarterly milestones for monitoring progress. Milestones serve as markers in time to track and measure progress

Outcomes

Outcomes are the specific, immediate or intermediate, tangible and measurable results or changes resulting directly from a programme/project's activities or interventions. They reflect changes in behaviour, knowledge, skills, attitudes, or conditions and are used to assess progress towards long-term goals and impact.

4 Baseline

This indicates the level of performance against each indicator at the end of 2025/26, serving as a reference point against which progress or change can be evaluated.

4 Targets

These indicate the performance we are seeking to achieve for the KPIs each quarter as we progress towards the overall Outcomes by March 2026. Each KPI will have quarterly targets, some of which will be level throughout the year and some will be cumulative.

Spark Graphs



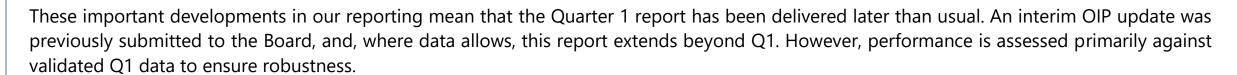
Each KPI has a spark graph which show the performance trend over the course of 12 months, where data is available (black line), together with the 2025/26 target (blue line)

Executive Summary

Whilst as the new Chief Executive of NHS Grampian I am very focussed on the future and taking the organisation forward, here I summarise the organisation's performance during Quarter 1 of 2025/26, which marked a step forward in how NHS Grampian reports on strategic performance. This saw greater alignment of our local Annual Delivery Plan (ADP) with NHS Scotland's Operational Improvement Plan (OIP), reflecting how our focus on local priorities will contribute to improvements against the challenges faced not only in Grampian but across Scotland.

This dual focus is underpinned by a revised Integrated Performance Assurance and Reporting Framework, which is more outcomes-focused and based around a framework designed to provide greater clarity and consistency. This will allow us to better demonstrate how our actions contribute to and are measured against expected progress towards in-year outcomes and progress.

While the ADP continues to be delivered through our three priority programmes; Value and Sustainability, Unscheduled Care, and Planned Care, the OIP contains four critical areas of national focus and our revised Integrated Performance Assurance and Reporting Framework recognises and reflects where these priorities overlap.



Overall, Quarter 1 presents a mixed but in some cases an encouraging picture. I am pleased to see early signs of progress in areas such as delayed transfers of care, cancer pathways, and outpatient access, supported by new models of care such as the Flow Navigation Centre and Hospital at Home. At the same time, challenges remain; particularly in achieving our financial savings target, addressing diagnostic capacity, and emergency access and ambulance turnaround times, where risks to delivery persist. Across both the ADP and OIP, the majority of deliverables remain on track, though I recognise some require increased pace and will be working with the relevant leads to maintain focus and ensure outcomes are achieved by year-end.

Listening to our patients, community, partners and staff remains central to NHS Grampian's approach and I am determined that we live up to our values of caring, listening, and improving, which I will do my best to role model. Feedback gathered through Voice of Our Citizens and Care Opinion continues to shape our priorities and actions, ensuring that our work remains grounded in lived experience and focused on delivering compassionate, safe and effective care.

Laura Skaife-Knight, Chief Executive NHS Grampian



Voice of our Citizens

Care Opinion stories January-June 2025

343 stories in Jan-Jun 2025

90% of stories have a response

1 story has a change planned

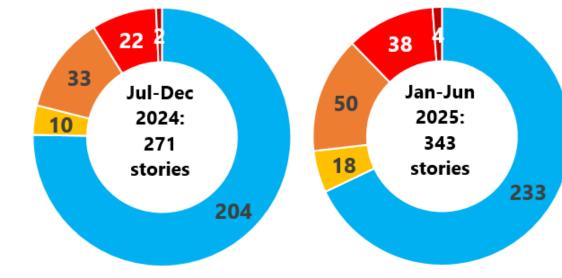
no stories had a change made

The 343 stories published to Care Opinion in the period January-June 2025 represent a 27% increase from the previous six-month period, and an 8% increase in comparison to the same period the previous year.

- The proportion of 'not critical' (or 'positive') stories decreased from 75% in the second half of 2024, to 68% in the first half of 2025
- The proportion of 'minimally', 'mildly', 'moderately', and 'strongly critical' stories have increased.
 - o 4 stories were rated as 'strongly critical', an increase from 2 in the previous six months. For all of these stories, the service areas responded within one working day, requesting the story authors contact them to discuss in more detail.
- Overall initial responsiveness has decreased but remains high, at 90% for the period.

Stories received equate to 0.04% of activity*

How moderators have rated the criticality of stories



■ not critical ■ minimally critical ■ mildly critical ■ moderately critical ■ strongly critical <u>Criticality scores</u> in relation to the most negatives statements within the story are assigned by moderators to support the alerting service in identifying issues which might need urgent response, action or escalation

Contributing to change

Sharing their experiences through Care Opinion stories allows change.

• For the January-June 2025 period, 1 of these stories' responses show a change has been planned or made (see next page for

Governance

Care Opinion (along with feedback and complaints) data is regularly provided to the Clinical Risk Management meeting and the Clinical Governance Committee.

It is important to note that Care Opinion stories are representative of a small sample of our population who choose to provide feedback through this method.

Other feedback routes are available, including compliments, complaints and patient surveys. An overview of complaints will be included in the next 'How are we Doing' report.

citizens to acknowledge good practice as well as contributing to

further detail), 3 fewer than the previous six-month period.

Key risk: are we missing an opportunity to build trust in our services

- Where areas for improvement are identified, completing the feedback loop with the story's author can help build trust and inspire confidence in our services.
- It also enables sharing of improvements with other service areas.

There are occasions where changes made are communicated directly with the story author and not recorded on Care Opinion. Responders receive an email reminder to complete the online feedback loop by sharing actions taken on the Care Opinion platform.

The majority of stories we receive are completely positive (not critical), these stories are shared with the relevant teams and no change is required within the service.

Ongoing actions to improve recording on Care Opinion:

- During Care Opinion training, the value of recording changes is being highlighted, together with the importance of ensuring responses to stories are person-centred.
- Service-specific links are being provided to all services for them to share, making it easier for citizens to provide feedback
- Work is ongoing to establish citizens' and colleagues' level of awareness of Care Opinion, with an increase in the number of stories in the latest quarter.
- Raising awareness through the Quality Improvement and Assurance Team newsletter, shared with all colleagues through the Daily Brief.

^{*} Inpatient, Outpatient, Emergency Department activity for the period 01/01/25-30/06/25

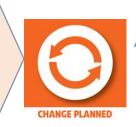
Voice of our Citizens

Citizens stories via Care Opinion January-June 2025

Changes planned

Sub-optimal care

My husband attended A&E upon referral from GP following attendance at their 'minor injuries' clinic. He had sustained a 'crush' injury to his thumb resulting in the skin 'bursting' at either side of his thumb- so significant open wounds. He arrived at A&E at 7pm (left GP at around 6pm & drove directly to ARI), was seen at approx. 8pm. The thumb & wounds were assessed (following removal of a sterile dressing applied by the GP prior to referral) On removing the dressing, the nurse stuck it on my husband's sleeve, inspected his wound & informed him he would have to return the next day as minor injuries closed at 8pm!...



Response from Lead Emergency Nurse Practitioner, Emergency Care (April 2025):

I am sorry to hear about the crush injury to your husbands thumb and hope he is recovering well. The Minor injury unit in the Emergency Department, ARI is open 7 days a week from 8am - 8pm. Outwith these times, patients are assessed at triage, and if an injury is not limb or life threatening, an appointment will be given to return. This saves lengthy waits, and although I understand that this may not be ideal, he was seen and assessed in the correct place the following day. I am glad that his wound was thoroughly cleaned and dressed after initial assessment and x-ray in the Minor Injury Unit. With regards to the dressing being re-applied at triage - I wonder if you could share details with me so that I can investigate further and review the knowledge of wound care and dressing technique. Thank you for taking the time to tell us your story.

www.careopinion.org.uk

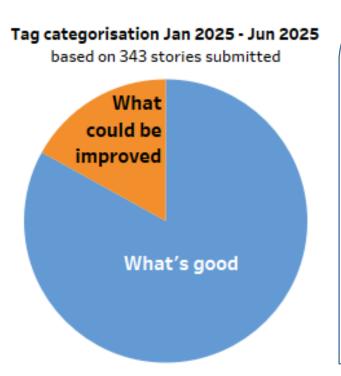
Themes from Care Opinion Feedback January-June 2025

The Care Opinion platform lets our citizens attach brief tags to their stories, providing a summary of what was good and what could be improved about their experience.

What's good?

Feedback is predominantly positive, with "professional" the most frequently used positive tag, alongside "nurse", "kindness", and "care"





What could be improved?

There are some areas where our citizens' stories suggest improvement can be made. "Communication" remains the most frequently tagged area for improvement, followed by "staff", and

"waiting tim not treated Access waiting list attitude privacy compassion empathy access to care Waiting Times

Communication doctor Discharge

information Follow-up lack of support spoken over pain relief reading notes waiting time medication rudeness facilities Nurse Staff

These word clouds provide a visual representation of the tags from citizens' stories: the larger and darker the word, the more frequently it was used as a tag. Tags are added by story authors to help summarise what was important to them at the time of writing. The content of stories may highlight themes which have not been tagged. To maintain the authenticity of the story, tags are not altered.

There were 41 stories in the period January-June 2025 where "communication" has been tagged as an area for improvement; the themes include: bedside manner and staff attitude, missed opportunities to communicate, poor explanations

It is recognised the local Clinical Governance Meetings regularly review complaints as one of the meeting agenda items, and encouragement is provided for staff within Portfolios to undertake the training modules available, with the theme of communication remaining an area of focus.

Outcomes at a Glance (What is our Performance Story so far?)

This Section provides a high level narrative on how we are progressing towards our in-year outcomes, it highlights what Quarter 1 performance is telling us about our ability to deliver the outcomes by March 2026.

Value and Sustainability:

Outcome: The in-year financial gap is reduced by £61.8m, to a deficit of no more than £45 million, through delivery of sustainable, cash-releasing recurring efficiency savings across the organisation by 31st March 2026.

What this means in Q1: Q1 delivery fell short of target (£9.1m vs £10.1m). Overall, total savings identified are £54.5m, with a gap to target of £7m. There remains considerable delivery risk. Efforts to develop new schemes must accelerate with a sustained focus if the full outcome is to be realised by 31 March 2026. The appointment of an interim Director of Improvement to commence in Q2 will provide additional capacity to drive the programme forward. Recurrent savings currently represent over 3% of our baseline budget, in line with Level 4 escalation requirements.

Three Change Programmes ———

Unscheduled Care:

Outcome: Earlier specialist input, faster and safer discharges, greater use of urgent care alternatives to admission, and shorter hospital stays with reduced waits. *Detailed outcomes are set out in Tier 2*.

What this means in Q1: Q1 shows partial progress towards the outcome. Frailty admissions, weekday occupancy and delayed discharges targets were met, new models such as the Flow Navigation Centre and Hospital at Home are demonstrating impact. However, KPI for H@H fell short of target, ambulatory care remains Amber, ED 4-hr performance is below target, despite ambulance turnaround times being on target. Q1 shows improvements are emerging, but sustained focus on readmissions, ambulatory care and ED flow will be essential if outcomes are to be realised by March 2026.

Planned Care:

Outcome: Reduced long waits for new outpatients and treatment, improved access to cancer pathways, and shorter waits for diagnostics. *Detailed outcomes are set out in Tier 2*.

What this means in Q1: Q1 shows strong progress towards the outcome in reducing outpatient and TTG waits; and cancer 31 and 62 day standards met Quarter 1 targets, showing improvement in patient access. However, Endoscopy did not meet its Quarter 1 target and Radiology, while meeting Quarter 1 target, remains fragile due to rising waits and delayed capacity solutions. Quarter 1 therefore shows that some improvements are making a difference, but risks in diagnostics must be resolved if diagnostic outcomes are to be achieved by March 2026.

Operational Improvement Plan

Critical Area: Improving Access to Treatment

Outcome: We will reduce waiting times ensuring that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient/day-case procedure. *Detailed outcomes are set out in Tier 2*.

What this means in Q1: Q1 shows a mixed position towards the outcome. Progress in outpatients, TTG, cancer and diagnostics is reported under the Planned Care Change Programme. Within mental health, CAMHS met national standards, while psychological therapies (PT) sustained local target but fell short of the national benchmark. The need to sustain performance in CAMHS while addressing variation in PT will support delivery of outcome in this area.

Critical Area: Shifting the balance of care

Outcome: We will work to ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families. *Detailed outcomes are set out in Tier 2*.

What this means in Q1: Q1 shows a mixed position across community services. Performance on Hospital at Home and frailty at front door is report under the Unscheduled Care Change Programme. In primary care, deliverables on improving access to GPs, pharmacy first are anticipating minor delays. In contrast, dentistry and primary care optometry are on track. Overall, shift towards care in community is progressing, pace in primary care access and pharmacy expansion to be improved to achieve outcomes by March 2026.

Critical Area: Improving access to health and social care services through digital and technological innovation

Outcome: Digital and technological innovations are embedded to improve access, diagnosis, treatment and scheduling across a range of health and social care services. *Detailed outcomes are set out in Tier 2*.

What this means in Q1: Q1 shows early progress towards outcome, but most areas are still embedding. Q1 shows that all 6 focus areas, spanning digital access, care pathways, genetic testing and theatre scheduling, are progressing in line with plan and expect to be completed by March 2026. Benefits for patients and services have yet to be realised.

Critical Area: Prevention: working with people to prevent illness and more proactively meet their needs

Outcome: We want to do more to detect and prevent ill health before it happens - improving health for people and reducing demand on our health and care services. *Detailed outcomes are set out in Tier 2*.

What this means in Q1: Q1 shows progress in both areas but with variation. Cardiovascular Disease work is on track for completion, though impact is not yet visible due to national data delays. Frailty prevention is anticipating minor delays with some initiatives advancing while others are slower to embed. Overall prevention programmes are progressing but frailty needs closer attention to realise its outcomes.

The following Tier 1 summaries build on this outcomes story by showing our Quarter 1 performance in two complementary ways: through the Change Programmes, where Outputs, Deliverables, KPIs and Outcomes are linked in the Performance Model; and through the Operational Improvement Plan, which tracks progress against four Critical Areas. The detailed actions and mitigations supporting delivery, and the steps taken to address risks, are set out in Tier 2.

Tier 1: Three Change Programmes

The **Three Change Programmes** (Value and Sustainability, Unscheduled Care, and Planned Care) act as the primary vehicles for delivering the priorities aligned to NHS Grampian's Plan for the Future. This represents an improvement in our assurance process, with measurement fully aligned to in-year Outcomes. Progress is tracked through well-defined and targeted KPIs, supported by deliverables, quarterly milestones, and outputs that collectively drive the achievement of these outcomes

Strategic Objective

In-year outcomes 2025/26

11 Outcomes across Three Change Programmes

Value & Sustainability
Unscheduled Care
Planned Care

Are we seeing measurable change?



Overall KPI Performance

14

.

2

Our KPIs are distributed across our Three Change Programmes

Value &	Unscheduled	Planned	Total KPIs (20)
Sustainability	Care	Care	
2	0	0	2 (10%)
0	3	1	4 (25%)
2	7	5	14 (70%)

8 KPIs have shown improved performance compared to Baseline, with 8 declining.

(V&S KPIs not rated against Baseline)

Did it result in meaningful progress against the in-year outcome?



Deliverables to enable the improvement of our KPIs

Prognosis of delivering 2025/26 Deliverables by March 31st 2026

16 Deliverables	V&S	USC	Planned Care	Total
Anticipated Significant Delay	0	0	2	2
Anticipated Minor Delay	0	5	0	5
Will be Complete	1	4	4	9

16 Quarterly Milestones – Waypoints towards our Deliverables

Achieved	Not Achieved			
8	8			

Will the output deliver the intended improvement?



Key Outputs driving our Outcomes

50 Key Outputs	V&S	USC	Planned Care	Total
Complete	1	1	0	2
Not Complete	2	26	20	48

Organisational Performance Summary (April 2025 to June 2025)

Tier 1: Operational Improvement Plan

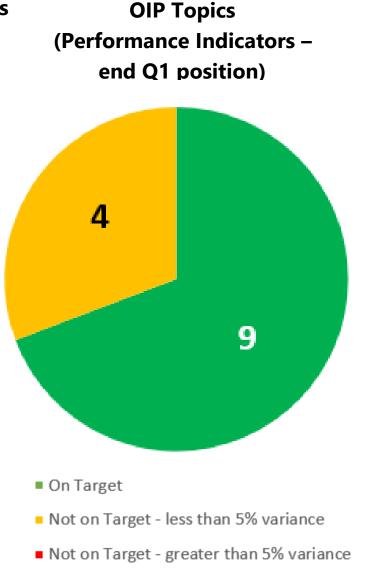
The **Operational Improvement Plan (OIP) Critical Areas** reflect the Scottish Government's national priorities for improving access, efficiency, and sustainability across the health and care system. It sets out 4 Critical Areas (<u>Improving Access to Treatment</u>, <u>Shifting the Balance of Care</u>, <u>Improving Access to Care through</u> <u>Digital and Technological Innovation</u>, and <u>Prevention</u>) encompassing 20 Focus Areas that are being actioned by NHS Grampian, with 29 associated actions.

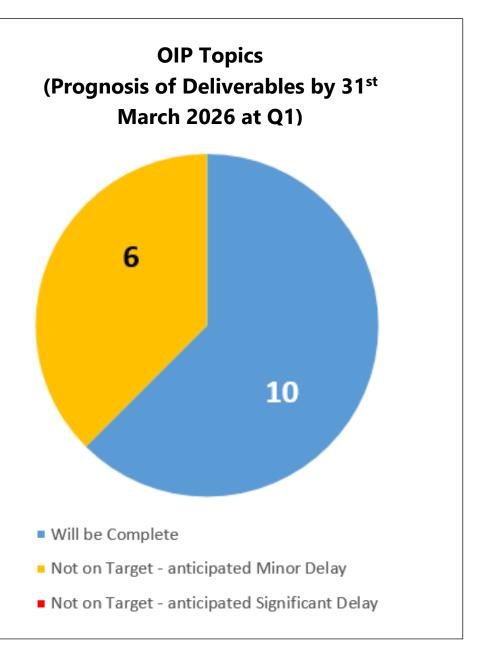
Combined Performance across 4 Critical Areas

The 29 actions are divided into 2 measureable types – Data Driven Performance Indicators, represented by quantitative KPIs, and qualitative Deliverables. Breakdown of performance of these are shown on the right.

Please note that there is some overlap between the Three Change Programmes and the Operational Improvement Plan.

19 measures are reported as being on target by end March 2026, while 10 measures are reported as being not on target.





Tier 2: In-year 2025/26 performance of the Three Change Programmes





Objective: Balance system capacity to meet health care and population needs whilst delivering financial targets for 2025/26 in line with our finding balance principles

Value and Sustainability

The Value and Sustainability programme focuses on achieving financial balance, through identifying and implementing efficiency improvements and cost savings measures. In 2025/26 the programme will enable the delivery of £61.8 million of savings, supporting the Board's requirement to deliver within a maximum deficit of £45 million. Key elements of the programme include increased efficiency and productivity of services, removing unnecessary waste from processes and supporting departments in identifying areas of improvements. The programme supports the management of the following strategic risk: *Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies*.

Our Outcomes: What change or improvement do we expect to see by 31st March 2026?

By 31st March 2026 we will have made the following difference....

Outcome: The in-year financial gap is reduced by £61.8m, to a deficit of no more than £45 million, through the delivery of sustainable, cash-releasing recurring efficiency savings across the organisation by 31st March 2026.

Key Performance	Baseline (As per	Quai	rter 1	Quar	ter 2	Qu	arter 3	Quar	Quarter 4 Planned delivery		KPI/Performance Comments
Indicator	financial plan)	Actual	Target	Actual	Target	Actual	Target	Actual	Target	with 2025/26 target	KPI/Periormance Comments
Total value of cash- releasing savings delivered year to date	£61.8m	£9.3m	£10.1m	At August £17.95m	At August £17.3m Q2 - £21.6m		£34.7m		£61.8m		Evidence based delivery of savings totalling £17.95m at August with savings plan reflecting assumed delivery timescales.
Total value of cash- releasing savings forecast for 2025/26	£61.8m	£54.5m	£61.8m	At August £60.4m	£61.8m		£61.8m		£61.8m		Forecasts trajectories deliver savings of £60.4m, albeit some risk is noted. Focus on underperforming schemes (£3.4m) and new opportunities to close gap. (April to August 2026)
% of recurring savings forecast for 2025/26	3%	3.2%	3%	At August 3.49%	3%		3%		3%	N/A	Current forecast exceeds Scottish Government requirement of 3% Revenue Resource Limit (RRL) recurrent savings.
Forecast outturn (deficit) for 2025/26	£45m	£45m	£45m	At August £45m	£45m		£45m		£45m	N/A	On plan, albeit risk from emergent cost pressures and savings slippage will be managed closely.

Deliverable:	Key Outputs:					
Embed within NHS Grampian a sustainable programme framework that supports year on year cost	Governance framework	Viable opportunities within the	Schemes approved by			
reduction to enable de-escalation and a return to financial balance	implemented from portfolio to	external diagnostic review and national benchmarking sources	Leadership teams are locally			
	Board level by Q3.	owned and driven by teams at				
		identified and implementation service level				
		plans developed and approved				
		by Board by March 2026.				

Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria

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Board Performance Report October 2025

Q1 Milestone Achieved?	Q1 Milestone: Establish core structures and leadership to support delivery of the savings programme and the identification of options to close the £7m gap	2025/26 Overall Deliverable Update – what is the justification for this status?	OIP Alignment (include links?)
Yes	Establish Value & Sustainability Delivery Group detailing roles, responsibilities and clarifying accountability across savings programme. – Achieved Commence reporting to the fortnightly Assurance Board - Achieved Develop a pipeline of savings to bridge the forecast £7m gap to £61.8m target with some mitigation allowance In Progress Appoint interim Director of Improvement to provide additional capacity to the programme Achieved	Value & Sustainability Delivery Group established with reporting templates and dashboard developed to support accurate tracking and monitoring of savings. Delivery Group supports operational accountability with attendance from service areas in attendance. Fortnightly reports submitted to Assurance Board to demonstrate confidence in ability to deliver £61.8m in-year savings. £4.8m of additional savings approved by Chief Executive Team to date, with work underway as part of Month 5 reporting to confirm a further £2.2m additional savings.	No

Tier 3: Our Performance Spotlights - Value and Sustainability

Outcome: The in-year financial gap is reduced by £61.8m, to a deficit of no more than £45 million, through the delivery of sustainable, cash-releasing recurring efficiency savings across the organisation by 31st March 2026.

> Commentary from Alex Stephen

Director of Finance



Our key risks, challenges and impacts...

a) What are the key risks and challenges affecting performance?

- Variant levels of information on implementation for a small means of schemes means providing robust assurance is limited.
- High-value savings associated with medical pay and maintaining savings trajectory dependent on medical staff buy-in to changes.
- Cost pressures across the organisation may increase the requirement for savings, which will be challenging to implement as the timeframe to realise in-year savings reduces.

b) Are there any unintended consequences or impacts on other KPIs or areas (e.g., workforce, infrastructure)?

- Some of the enhanced control measures related to pausing recruitment may impact on the ability to deliver core services; and may negatively impact on patient flow, a clean hospital environment or the inability to maintain current performance levels. This risk will be managed using our finding balance approach.
- Decisions to reduce cost may negatively impact on delivery of the unscheduled care agenda and the planned care agenda. The finding balance process and continued strong oversight by the Chief Executive Team will be a prime mitigation.

c) How have enablers supported the work towards this Outcome? (Workforce, Digital, *Infrastructure, Innovation)*

- Regular communication has created a culture of efficiency through embedding cost awareness thinking as Business as Usual (BAU).
- Pay and non-pay panels have increased transparency and inclusivity of decision-making.

d) How have principles supported the work towards this Outcome? (i.e. Reducing health equalities, Putting People First)

We have continued efforts to improve communication forums to ensure staff are engaged and informed. The finding balance process puts staff and patients first through assessing the impact of change against key factors of clinical care, patient experience and staff well-being.

e) How will the performance of this Programme reduce our strategic risks?

Ambition is for transformation of clinical or non-clinical services to maintain or improve clinical outcomes, drive productivity and utilisation to create capacity and improve access to care. We will look to maximise digital opportunities to optimise how services are supported. **Overview:** The programme continues to be at risk with savings to the £61.8m target still unidentified and some delivery risk to schemes. A validation at August with a detailed trajectory has been completed. Any unknown cost pressures that arise in-year will make achievement of the maximum £45m deficit position challenging and risk NHS Grampian meeting its requirement under level 4 escalation of the NHS Scotland Support and Intervention framework.

Our mitigation and recovery actions

a) What actions and mitigations are in place to improve performance and reduce harm?

- Monthly Value & Sustainability Delivery Group established from August.
- Weekly reporting and decision-making at Chief Executive Team
- Additional oversight through a fortnightly Scottish Government-chaired Assurance Board.
- Monthly Non- Executive Director (NED)-chaired Finance Recovery Board established from August.
- Additional focused resource from an interim Director of Improvement.
- Pay and non-pay controls enhanced.
- £4.8m of new schemes identified and on-going work with portfolios and finance to bridge remaining gap.
- An increase in the volume of pipeline opportunities.
- All schemes continue to be subject to the finding balance quality and equality impact assessment process.

b) How will we measure the expected impact, and what could prevent success?

- Development and implementation of a savings tracker to monitor monthly savings and identification of variant delivery of schemes.
- Regular reporting to Chief Executive Team and Performance Assurance, Finance and Infrastructure Committee (PAFIC).
- Success will be prevented through (i) an increase in unknown cost pressures; or (ii) increased operational pressures that result in a reduction in engagement and focus by operational and clinical teams.

c) If something hasn't worked, what alternative course of action will be taken?

- We have clear escalation routes in place through the V&S Delivery Group, direct to Chief Executive Team, alongside detailed monthly finance reporting.
- Strong executive oversight and engagement to agree mitigation schemes.

d) How are we addressing performance and getting it back on track?

- Regular engagement with workstream leads.
- V&S resource redirected delayed schemes to increase pace and focus.
- Strong engagement and ownership between teams and finance to escalate early.

This has resulted in another £4.8m of new schemes being identified during quarter 2 and improved performance to August as seen in the table above.

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Objective: Optimise system capacity and efficiency to enable wellness and respond to illness resulting in reduced clinical risk

Unscheduled Care

The Unscheduled Care Programme Board exists to maximise the impact and alignment of improvement efforts across NHS Grampian, with the aim of improving performance across unscheduled care pathways, reducing risk, and enhancing patient experience. This is achieved by identifying and prioritising the most impactful change measures that align with the Board's strategic vision. These measures are then delivered through dedicated Delivery Groups, which are responsible for driving implementation, achieving the intended outcomes, and embedding successful initiatives into business-as-usual. Current priorities include strengthening admission avoidance, reducing length of stay in acute settings, and shifting care capacity towards community-based services to ease pressure on acute hospital occupancy. These focus areas directly address Strategic Risk 3639 – significant delays in delivering unscheduled care – which is largely driven by overcrowding in inpatient areas and changes in the nature of patient presentations.

Our Outcomes: What change or improvement do we expect to see by 31st March 2026?

By 31st March 2026 we will have made the following difference....

Outcome 1: A greater number of people with frailty and complex medical patients get specialist input during initial assessment. Fewer are admitted to hospital unnecessarily, and a greater proportion of those admitted are treated in specialist areas.

Outcome 2: Faster, safer discharges from hospital are achieved through a streamlined discharge process, better coordination between hospital and community teams and an improved balance in the volume of care capacity

Outcome 3: Increased proportion of people access urgent care through the right setting first time (e.g. NHS 24, Flow Navigation Centre, Ambulatory Care), reducing demand on emergency departments.

Outcome 4: Implementation of an enhanced Unscheduled Care model which results in shorter stays in hospital and reduced wait times in emergency assessment areas.

Outcome 1: A greater number of people with frailty and complex medical patients get specialist input during initial assessment. Fewer are admitted to hospital unnecessarily, and a greater proportion of those admitted are treated in specialist areas.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1 Actual Target		Quarter 2 Actual* Target		Quarter 3 Actual Target		Quarter 4 Actual Target		Trend over latest 12 months with 2025/26 target	KPI/Performance Comments
Reduce the number of (unscheduled) General Medicine and Frailty admissions to ARI each quarter (compared to equivalent 2024/25 quarter)	3206	3313	<3457	2223 (Jul & Aug)	<3217	7101001	<3265	7101001	<3206		Admission volumes vary seasonally by quarter

^{*} Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Key Performance	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments
Indicator	(Mar2025)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
Reduce average acute hospital weekday occupancy (ARI and DG) to 95% by March 2026	112%	111%	111%	109% (Jul & Aug)	106%		98%		95%		General wards (excluding maternity and paediatrics)

Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria

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Deliverable:			Key Outputs:			
	frailty triage and assessment model at the front door, supported by a multidisciplinary team ts aged 75+ within 2 hours of arrival	(MDT),	7-day frailty triage model operational at front door	2-hour frailty asse implemented for p		
Q1 Milestone Achieved?	Q1 Milestone: Service design to be complete. Ensure clinical, operational and projumanagement is in place and an agreed governance structure regarding monitoring, reporting, risk management and escalation is established. Recruitment activity initial		2025/26 Overall Deliverable Up	or this status?	OIP Alignment (include links?)	
No	Service and workforce design has been completed. Project governance is in place via the Unscheduled Care Programme Board (USCPB) Downstream Delivery Group. Recruitment activity prepared.		funding now confirmed in Scottish G	iver all key outputs within the year ren Government letter of 19 th September 2 the NHS Grampian system, and so the	025. Many of the	Yes, <u>See page 34</u>

Deliverable:		Key Outputs:			
Rebalance of Acute spe	ecialty bed footprint to maximise efficiency and protect core planned care capacity.	Acute frailty footprint increased	Frailty criteria reviewed and adjusted as required	Boarding impinge care minimised	ement on planned
Q1 Milestone Achieved?	Q1 Milestone: Scope of work to be agreed and codified in commissioning document. Ensure clinical, operational and project management is in place and a agreed governance structure regarding monitoring, reporting, risk management escalation is established.	2025/26 Overall Deliverable Upda	te – what is the justification for this	status?	OIP Alignment (include links?)
No	Commissioning document remains under production. Project oversight will be undertaken by USCPB.	need to be understood to enable a	res which will positively impact frailty prebalance which is sustainable. Planned to be understood in detail ahead of the	d Care	Yes, <u>See page 34</u>

Outcome 2: Faster, safer discharges from hospital are achieved through a streamlined discharge process, better coordination between hospital and community teams and an improved balance in the volume of care capacity

Key Performance	Baseline	Quar	ter 1	Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments	
Indicator	(Mar2025)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target		
Increase the % of patients supported by Hospital at Home services who are discharged from hospital and not readmitted within 28 days	80.0%	78.9%	81%	83.3% (Jul)	82%		83%		84%		KPI currently based on patients discharged from ARI to Hospital at Home within 1 day	

Key Performance Indicator	Baseline (Mar2025)	Quar Actual	ter 1	Quar Actual*	ter 2 Target	Quar Actual	ter 3 Target	Quar Actual	ter 4 Target	Trend over latest 12 months with 2025/26 target	KPI/Performance Comments
Increase the number of patients supported by Hospital at Home services by direct admission from the Community		322	322	198 (Jul & Aug)	325		330		350		Hospital at home gradual expansion

Key Performance Indicator	Baseline	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments
	(Mar2025)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
No more than 15 Delayed Discharges in Acute Hospitals (ARI and Dr Gray's) by March 2026	38	29	36	46 (Aug)	35		30		15	₩	Delayed Discharges in ARI and Dr Gray's

Key Performance Indicator	Baseline (Mar2025)	_			ter 2	Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments	
marcator	(141412023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target		
Reduce the number of Delayed Discharges in all other Hospitals by March 2026		95	131	154 (Aug)	125		130		118		Delayed Discharges outwith ARI and Dr Gray's	

Deliverable:			Key Outputs:	
·	lardised discharge protocol across all inpatient sites that ensures clear, timely referrals to H munity Response teams for eligible patients, and follow up within 24 hours of discharge	ospital	Standardised discharge protocol implemented across all inpatient sites Streamlined referral process in place to downstream services	arge Hub established
Q1 Milestone Achieved?	Q1 Milestone: Benchmarking activity and cross-board liaison is to be completed. Er clinical, operational and project management is in place and an agreed governance structure regarding monitoring, reporting, risk management and escalation is estable		2025/26 Overall Deliverable Update – what is the justification for this status?	OIP Alignment (include links?)
Yes	Performance benchmarking/process mapping against Tayside and Highland complete. Liaison visits to each board undertaken and key learning points/design features captured. Initial service design of the Integrated Discharge Hub underway within the Downstream D Group workplan.		Discharge improvement work already underway within the Downstream Delivery Group and Integrated Discharge Hub project has been initiated.	Y, see page 32 see page 33

Deliverable:			Key Outputs:			
Reduction in Community admiss	munity Hospital Length Of Stay (LOS) to promote outflow from acute and increase capacity for sions	r direct	Revised discharge processes implemented in community hospitals	Admission criteria and pathways established for direct community access	Monitoring frame track LOS and out	
Q1 Milestone Achieved?	Q1 Milestone: Aberdeenshire Community Hospital Review workstreams to be configured clinical, operational and project management is in place and an agreed gover structure regarding monitoring, reporting, risk management and escalation is establed Confirm governance and reporting links between the Aberdeenshire Community Hospiew and Unscheduled Care Programme Board (USCPB).	rnance lished.	-	te – what is the justification for this	status?	OIP Alignment (include links?)
Yes	Aberdeenshire CH Review established and workstream leads identified. Links with USCPB being refined to include role for the newly created 'health' lead for the H	HSCP.	Organisations and structures undergenvisaged timeline	oing review and redesign to enable de	elivery within the	Y, see page 32

Deliverable:		Key Outputs:				
Discharge To Asses	s models implemented in all HSCPs	Discharge to Access (D2A) criteria agreed	Process for identifying patient cohorts via the Integrated Discharge Hub established	Touchpoints with Social Care within HSCPs established		
Q1 Milestone Achieved?	Q1 Milestone: Service design of Discharge to Assess (D2A) capabilities to be complete. Ensure clinical, operational and project management is in place and an agreed governance structure regarding monitoring, reporting, risk management and escalation is established.		ate – what is the justification for this	status?	OIP Alignment (include links?)	
Yes	Service design and workforce planning activities complete for all HSCP D2A models. USCPB Downstream Delivery Group undertaking programme management functions. Recruitment planning has been completed and awaiting confirmation of funding from Scottish Government to commence activity.		Government letter of 19 th September 2	025.	Y, see page 32	

Outcome 3: Increased proportion of people access urgent care through the right setting first time (e.g. NHS 24, Flow Navigation Centre, Ambulatory Care), reducing demand on emergency departments.

Key Performance	Baseline Quarter 1 (Mar2025)		ter 1	Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments
Indicator	(Mar2025)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
Increase the % of urgent care contacts routed away from ED through the Flow Navigation Centre (FNC) in order to reduce occupancy pressure in inpatient areas		55.2%	55%	54.0% (Jul & Aug)	55%		60%		65%		KPI captures FNC redirections to GMED, Primary Care, and Self Care

^{*} Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Key Performance Indicator	Baseline (Mar2025)	25)		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments	
indicator	(IVIai 2023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target		
Increase the % of urgent care contacts treated via ambulatory care capabilities in order to reduce occupancy pressure in assessment and inpatient areas	7.8%	7.5%	7.6%	6.7% (Jul & Aug)	7.5%		10%		12.3%	/ ~	Dr Gray's Surgical Ambulatory Care (SAC), together with ARI Rapid Assessment and Care (RAAC) expansion	

Deliverable:			Key Outputs:			
'	vigation Centre (FNC) model and enhance interface with NHS 24 and primary care by March 2026, ensu	uring		Integrated digital and clinical interface		ge protocols in place
	rals are consistently triaged to the most appropriate service		model operational	with NHS 24 and primary care	for urgent care re	
Q1 Milestone	Q1 Milestone: Service design of strengthened FNC to be complete and pathway		2025/26 Overall Deliverable Update	te – what is the justification for this	status?	OIP Alignment
Achieved?	expansion priorities identified. Ensure clinical, operational and project management is place and an agreed governance structure regarding monitoring, reporting, risk management and escalation is established. Recruitment to enable FNC strengthening underway.					(include links?)
Yes	Revised model for FNC submitted, and Urgent Care Hub expansion priorities agreed. Upstream Delivery Group confirmed as programme governance framework. Recruitment activity planned and awaiting confirmation of funds from Scottish Government.			Coverage over peak times has been r Plans to assume responsibility for NI tion in Jan 26.		Y, see page 32

Deliverable:			Key Outputs:			
Surgical Ambulatory	Care (SAC) clinic and Rapid Acute Ambulatory Clinic (RAAC) operating hours extended.		Weekend opening of SAC achieved	RAAC chest pain pathway established	SAS direct referra	Il pathways revised quired
Q1 Milestone Achieved?	Q1 Milestone: Service design of expanded services to be complete. Ensure clinical, operational and project management is in place and an agreed governance structure regarding monitoring, reporting, risk management and escalation is established. Recruitment activity to be initiated.		2025/26 Overall Deliverable Upda	ate – what is the justification for this	status?	OIP Alignment (include links?)
No	Service and workforce planning activities complete for both SAC and RAAC revised operat models. Unscheduled Care Programme Board (USCPB) Upstream Delivery Group undertak programme management functions. Recruitment planning has been completed and awaiting confirmation of funding from Sco Government to commence activity.	king		now confirmed in Scottish Government ay design work is well advanced and w		Y, see page 32

Outcome 4: Implementation of an enhanced Unscheduled Care model which results in shorter stays in hospital and reduced wait times in emergency assessment areas.

Key Performance Indicator	Baseline (Mar2025)	_	Quarter 1 Quarte		ter 2 Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments	
indicator	(IVIai 2023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
Increase the % of ED patients seen, treated, admitted or discharged within 4 hours	50.8%	50.7%	51%	47.1% (Jul & Aug)	53%		57%		60%	*	KPI is based on ARI and Dr Gray's Emergency Department activity only, see separate metric for board wide 4 hour A&E performance

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Key Performance Indicator	Baseline (Mar2025)	Quar	ter 1	Quarter 2		Quarter 3		Quarter 4			KPI/Performance Comments
marcator	(IVIAI 2023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
Reduce NHSG median SAS turnaround times to 45 minutes by March 2026	63	49	65	71 (Aug)	65		55		45	~~~ <u>~</u>	NHSG median turnaround time for the last full week of the quarter

^{*} Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria

Deliverable:			Key Outputs:			
	scheduled Care improvement measures in Acute settings by March 2026, including Same Day Emergen	cy Care		Domestics and Pharmacy capacity	7 Day AHP service	e introduced
(SDEC), Acute AHP	7 day service, and flow enabler enhancements.		extended	increased		
Q1 Milestone	Q1 Milestone: Service design of expanded services to be complete. Ensure clinical,		2025/26 Overall Deliverable Upda	te – what is the justification for this	s status?	OIP Alignment
Achieved?	operational and project management is in place and an agreed governance structure					(include links?)
	regarding monitoring, reporting, risk management and escalation is established.					
	Recruitment activity to be initiated where required.					
	Service and workforce planning activities complete for all improvement activities.		On release of funding prioritised rec	ruitment activity needs to be underta	ken with support	
	Unscheduled Care Programme Board (USCPB) Upstream Delivery Group undertaking progra	amme	of corporate services. Governance a	nd oversight arrangements which bri	ng together	
No	management functions.		programme and operational owners	hip offer an enhanced structure to gu	arantee delivery.	Y, <u>see page 32</u>
	Recruitment planning has been completed. Funding now confirmed in Scottish Governmer	nt				
	letter of 19 th September 2025.					

Deliverable:		Key Outputs:						
	scheduled Care improvement measures in HSCPs by March 2026, including establishment of Aberde	enshire	Hospital@Home expansion achieved	Aberdeenshire Frailty Unit established		nts transferred to care		
Q1 Milestone Achieved?	Q1 Milestone: Service design of expanded services to be complete. Ensure clinical,							
Achieved?	operational and project management is in place and an agreed governance structure regarding monitoring, reporting, risk management and escalation is established. Recruitment activity to be initiated where required.	е				(include links?)		
No	Service and workforce planning activities complete for all improvement activities. Unscheduled Care Programme Board (USCPB) USCPB Downstream Delivery Group undert programme management functions. Recruitment planning has been completed. Funding now confirmed in Scottish Government letter of 19 th September 2025.		of corporate services. Governance a	ruitment activity needs to be undertak nd oversight arrangements which brin hip offer an enhanced structure to gua	ng together	Y, see page 32		







Objective: Optimise system capacity and efficiency to enable wellness and respond to illness resulting in reduced clinical risk

Planned Care

Reducing the waits for elective treatment and diagnostics within NHS Grampian. Within year the focus is on the ministerial commitments and the number of people waiting at the end of the financial year. Longer term the focus is on redesign and transformation to achieve waiting times sustainably within core capacity, within year achieve and where we can better the agreed trajectories shared and agreed with Scottish Government. This programme relates to the inability to meet population demand for Planned Care. Reducing the waits to an acceptable level on a sustainable basis will reduces this risk directly.

Our Outcomes: What change or improvement do we expect to see by 31st March 2026?

By 31st March 2026 we will have made the following difference....

Outcome 1: We want to reduce the number of patients waiting over 52 weeks for their first New Outpatient appointment.

Outcome 2: We want to reduce the number of patients waiting over 52 weeks for their Treatment Time Guarantee procedure.

Outcome 3: People diagnosed with cancer begin their first treatment within 31 days of the decision to treat, with improved coordination and increased capacity helping services meet national standards.

Outcome 4: People referred with an urgent suspicion of cancer are diagnosed and begin treatment within 62 days, through faster access to diagnostics and more responsive, optimised pathways.

Outcome 5: Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral by the end of March 2026.

Outcome 6: Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral by the end of March 2026.

Outcome 1: We want to reduce the number of patients waiting over 52 weeks for their first New Outpatient appointment.

Key Performance Indicator	Baseline (Mar2025)		Quarter 1		Quarter 2		Quarter 3		rter 4	Trend over latest 12 months	KPI/Performance Comments
	()	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
<12,181 New Outpatients waiting over 52 weeks by the end of March 2026	8654	9800	≤9884	10732 (Aug)	≤10,657		≤10,029		≤10,038	معممه	The number of waits over 52 weeks continues to trend up, with a greater rate of increase over the last five months

Deliverable:		Key Outputs:				
Deliver all projects	s included in the planned care plan to time, budget a	nd All planned care projects delivered to	Outpatient capacity delivered	Redesigned pathways	Development of	a formal plan for
outcome. Seek to	reduce the recurring capacity gap going forward a	nd time, budget and scope	increasingly within core service	implemented to improve flow and	core balance acr	oss key specialties
redesign outpatier	t services to deliver sufficient capacity within core capac	ity	levels	reduce backlog growth		
Q1 Milestone	Q1 Milestone: Identification and implementation	on of targeted planned care	2025/26 Overall Deliverable Upd	ate – what is the justification for this	s status?	OIP Alignment
Achieved?	projects intended to enable achievement of Q1	trajectory				(include links?)
Yes	The Q1 position was achieved but it must be noted represents a declining performance. Following furtarijectory has been adjusted for Q2-4 as above and in the coming months. For Q2 to date we have divisippage of some key specialities	ther funding this performance d is expected to be modified further	recover the slippage as well as of dialogue around this trajectory of	e currently behind trajectory and the deliver on the overall trajectory. The currently though and we anticipate a available to modify this trajectory s	re is extensive additional	Y, see page 27

*Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Outcome 2: We want to reduce the number of patients waiting over 52 weeks for their Treatment Time Guarantee (TTG) procedure.

Key Performai	nce	Baseline (Mar2025)	Quai	rter 1	Qua	rter 2	Quarte	r 3	Qua	rter 4	Trend over latest 12 months KPI/Performand		ce Comments
indicator		(IVId12023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target		
<3,703 TTG patien over 52 weeks by 1 March 2026	•	5330	4879	≤5323	4652 (Aug)	≤4559				The number of waits o continues to trend dow			
Deliverable	:				Ke	y Outputs:							
Reinstate the Sh Grampian assets,	-	•		and merge		t Stay Theatre operational an		Elective as	to Operationalising aid delivered	g regional mutual			
Q1 Milestone Achieved?		ne: Achieve end Theatre Comple	-	-	and staffed			2025/26	Overall Delive	erable Updat	e – what is the justification fo	or this status?	OIP Alignment (include links?)
Yes	Following additional funding this trajectory has been modified as above. At present we are on trajectory to achieve this with only minor variations in specialities.							trajectory funding l	will be modi being supplied ery of the sho	ified further d.	at we are on trajectory. We and based on either additional control tre is critical but is currently	apacity or additional	Y, see page 27

Outcome 3: People diagnosed with cancer begin their first treatment within 31 days of the decision to treat, with improved coordination and increased capacity helping services meet national standards.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months	KPI/Performance Comments
		Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
95% of patients will be compliant with the 31 day standard as of end of March 2026	90%	93.2%	92%	88.5% (Jul & Aug)	93%		94%		95%	→	Performance was trending up through the first half of 2025, followed by a decrease for the latest two months

Deliverable:		Key Outputs:			
Deliver all projects included in the planned care plan, to time, budget and outcome. Continue to work to susta deliver the standard within core capacity		Cancer improvement projects delivered to time, budget and scope	Capacity secured to deliver standard within core capacity	Treatment coord strengthened to from decision to intervention	•
Q1 Milestone Q1 Milestone: M Achieved?	Naintain performance trajectory till end of Q1 trajectory	2025/26 Overall Deliverable Upda	status?	OIP Alignment (include links?)	
	pathways met or exceeded trajectory target narrowly missed target due to delay in mobilising additional capacity	improvement projects - Delay to change in utilisation	ty through recruitment and training of n of short stay theatres to increase cap egional support being provided by AR	pacity	Y, see page 27
		pathway			

Outcome 4: People referred with an urgent suspicion of cancer are diagnosed and begin treatment within 62 days, through faster access to diagnostics and more responsive, optimised pathways.

Key Performance Indicator	Baseline (Mar2025)	Quar	ter 1	Quar	ter 2	Quai	ter 3	Quar			KPI/Performance Comments
	(111012023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
85% of patients will be compliant with the 62 day standard as of end of March 20256	52.5%	61.2%	58%	58.6% (Jul & Aug)	67%		76%		85%	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Performance was trending up through the first half of 2025, followed by a decrease for the latest two months

^{*} Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Deliverable:			Key Outputs:				
Deliver all projects included in the planned care plan, to time, budget and outcome, continue to work to susta deliver the standard within core capacity			Cancer improvement projects delivered to time, budget and scope	Capacity secured to deliver standard within core capacity	Treatment coordination processes strengthened to reduce delays from decision to treat to first intervention		
Q1 Milestone Achieved?	Q1 Milestone: Achieved end of Q1 trajectory. Maintain performance trajectory		2025/26 Overall Deliverable Update	e – what is the justification for this s	tatus?	OIP Alignment (include links?)	
Yes	Actual performance exceeded the targeted trajectory		improvement projects - Delay in mobilising endoscopy a	rough recruitment and training of standitionality due to infrastructure issunal support being provided by ARI fo	es	Y, see page 27	

Outcome 5: Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral by the end of March 2026

Key Performance Indicator	Baseline (Mar2025)	Quai	rter 1	Quar	ter 2	Quar	rter 3	Quar	ter 4	Trend over latest 12 months	KPI/Performance Comments
indicator	(101812023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
No Endoscopy patients (4 key diagnostic tests) waiting over 6 weeks by the end of March 2026	2516	2645	2644	2685 (Aug)	1763		822		0	-	The number of waits over 6 weeks at month end decreased through the second half of 2024 and into 2025, but has been trending up over the last 6 months Spotlight on Pg 24

Deliverable:		Key Outputs:			
Open a fourth e service	urth endoscopy room at ARI, merge into a single Endoscopy Service for Grampian, restart the EndoSign opened and staffed ARI fourth endoscopy room opened and staffed Single Endoscopy service model in place with unified staffing and scheduling triage and reduce procedures				
Q1 Milestone Achieved?	Q1 Milestone: Achieve end of Q1 trajectory ARI fourth endoscopy room opened and staffed Single Endoscopy service model in place with unified staffing and scheduling EndoSign service reinstated to support triage and reduce unnecessary procedures	2025/26 Overall Deliverable Update	te – what is the justification for this s	status?	OIP Alignment (include links?)
No	We are behind trajectory as the re-start of the EndoSign service and significantly the fourth room have slipped leading to a worsening position. There has been progress with the integration of the service, with a single waiting list now in place	October. It is not clear that we will be a though we are looking to attempt to us	to start in September and the fourth room able to mitigate the delayed fourth room se weekends to recover some of this capa le to support this. At the point of a confir ofile our ability to meet this target	and lost capacity acity but it is unclear	Y, see page 28

^{*} Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Outcome 6: Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral by the end of March 2026

Key Performance Indicator	Baseline (Mar2025)	Quar	ter 1	Quar	ter 2	Quar	ter 3	Quar	ter 4	Trend over latest 12 months	KPI/Performance Comments
indicator	(141212023)	Actual	Target	Actual*	Target	Actual	Target	Actual	Target	with 2025/26 target	
No Radiology patients (4 key diagnostic tests) waiting over 6 weeks by the end of March 2026	3629	5145	6000	6570 (Aug)	6442		3000		0	•••••	The number of waits over 6 weeks at month end had been trending down through 2024, but has increased through 2025 Spotlight on Pg 25

^{*} Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Deliverable:		Key Outputs:	
Deploy the secor capacity	nd mobile MRI, implement funded improvements in capacity, in particular 7 day working as core	Second mobile MRI deployed and operational to increase scanning 7 day radiology service implemented as core capacity model Funded capacity place	improvements in
Q1 Milestone Achieved?	Q1 Milestone: Achieve end of Q1 trajectory Second mobile MRI deployed and operational to increase scanning 7 day radiology service implemented as core capacity model Funded capacity improvements in place	2025/26 Overall Deliverable Update – what is the justification for this status?	OIP Alignment (include links?)
No	We are behind trajectory due to estates and facilities challenges with finding a suitable location to install the second MRI van. Infrastructure upgrade works in the end required to be put in place to facilitate this and the van is expected to begin operating in September.	There is good progress on the other items of the Radiology plan and we are in negotiations with NHS Highland around access to capacity there to mitigate for the lost capacity here. We will re-profile our ability to reach the agreed position given this slippage once the Highland capacity is confirmed	e Y, see page 28

Tier 3: Our Performance Spotlights – Planned Care

Outcome 5: Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral by the end of March 2026

Commentary from Paul Bachoo

Acute Medical Director



Our key risks, challenges and impacts...

a) What are the key risks and challenges affecting performance?

The restart of the EndoSign service was delayed initially due to capacity issues impacting on the timeline for the software element sign off. Due to the change in product and this delay there was then a delay as staff retraining required to take place. This was intended for delivery in Q1 but is not anticipated in Q2

- The fourth Endoscopy room was intended to commence almost immediately within Q1. However this relies on a physical space being made available within the Short Stay Unit. This was intended to be achieved by the Eye Injection Service moving back to the Eye Outpatient Department following resolution of the infection control concerns. This lagged in implementation and resulted in an escalation to the CET Performance meeting to achieve a resolution. This was achieved and this is now anticipated for late Q2
- Facilities and estates colleagues have alerted us to a new risk with the resilience of the Endoscopy Decontamination Service based on the Foresterhill Site. This risk is being managed and to date has not been realised. It is expected to persist through to Q3
- b) Are there any unintended consequences or impacts on other KPIs or areas (e.g., workforce, infrastructure)?

The slippage in the delivery of in particular the fourth room has impacted on both the Endoscopy 6 week trajectory and commitment, but also the Cancer trajectories.

c) How have enablers supported the work towards this Outcome? (Workforce, Digital, Infrastructure, Innovation)

Key enablers are Digital and Information Governance for the EndoSign work. Infrastructure and IPCT team for the relocation of eye injections

d) How have principles supported the work towards this Outcome? (i.e. Reducing health equalities, Putting People First)

This is a key Operational Improvement Plan deliverable

e) How will the performance of this Programme reduce our strategic risks?

Direct impact

Our mitigation and recovery actions

a) What actions and mitigations are in place to improve performance and reduce harm?

EndoSign is now expected to start from September 2025. Once it restarts we do not anticipate service issues in maintaining the service.

The fourth room is now expected to be operational from October, though this is not yet in place. Additional weekend capacity is being explored to mitigate for the lost capacity but this will not fully mitigate the loss and may not be able to be supported by the Decontamination Team (which is not funded for weekend working). It is unlikely that we will fully be able to recover the delayed commissioning of the fourth room in capacity terms. Once the room is operational we will re-profile our end of year commitments.

The risk around the Endoscopy Decontamination Service is being monitored and is time limited. The service teams will continue to liaise closely with Infection Prevention and Control Team (IPCT) and Estates teams around this issue.

b) How will we measure the expected impact, and what could prevent success?

Once the fourth room is open we will see a capacity injection and this should reverse the worsening 6 week trajectory.

Assuming the fourth room is successfully implemented without additional issues being identified then the main risk would be the failure of the Endoscopy Decontamination Service.

c) If something hasn't worked, what alternative course of action will be taken?

Dynamic operational management will continue

d) How are we addressing performance and getting it back on track?

The Endoscopy Service is operationally managed by the Division of Medicine and Unscheduled Care. It is part of the Integration of Acute Pathways work and the element of the service previously delivered as a separate service by the Dr Gray's team is being implemented into a single Grampian Service. Operational Management and Performance monitoring are therefore carried out via the Division of Medicine and Unscheduled Care structures.

In addition as a key elective care metric it is considered in the weekly elective care report and discussed at the weekly operational huddles and the formal Weekly Acute Sector Waiting Times meeting. The focus at present is on operationalising the fourth room. When this is done the performance trajectory will be recalculated and ongoing performance will then be monitored against this trajectory weekly.

Tier 3: Our Performance Spotlights – Planned Care

Outcome 6: Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral by the end of March 2026

Commentary from Paul Bachoo

Acute Medical Director



Our key risks, challenges and impacts...

a) What are the key risks and challenges affecting performance?

The key risk has been the inability to commence the second MRI scanner. This is a mobile unit that has a specific power supply requirement and also spacing requirements considering the magnetic fields associated with an MRI scanner. Estates colleagues explored options across the NHS Grampian estate and a number of temporary mitigation measures but ultimately concluded that we did not have a sufficient electrical power supply in place to safely run the unit. At this conclusion a capital improvement project was commissioned to upgrade the infrastructure to achieve this. This project is now expected to be in place during Q2

As a secondary risk the Ultrasound Service is also behind trajectory due to an inability to recruit a second locum. This situation may deteriorate further based on known staffing changes. Efforts will continue to secure a locum.

b) Are there any unintended consequences or impacts on other KPIs or areas (e.g., workforce, infrastructure)?

The lost capacity on the second MRI is primarily impacting on the longer waiting diagnostic patients as patients on cancer pathways etc. are being prioritised. The primary impact is therefore on the diagnostic trajectory.

The infrastructure work was unexpected and will have diverted estates and facilities teams from other work.

c) How have enablers supported the work towards this Outcome? (Workforce, Digital, Infrastructure, Innovation)

The key enablers for this work are the estates and infrastructure team to facilitate the placement of the mobile unit.

d) How have principles supported the work towards this Outcome? (i.e. Reducing health equalities, Putting People First)

Achieving the diagnostic performance target is a key outcome of the Operational Improvement Plan.

e) How will the performance of this Programme reduce our strategic risks?

Directly reduces the planned care risk

Our mitigation and recovery actions

a) What actions and mitigations are in place to improve performance and reduce harm?

As well as the active engagement with the estates team to explore any mitigation options for the second MRI machine there has been engagement with the National Diagnostic lead to explore what options may be available nationally and regionally to recover the lost capacity. These discussions are ongoing but we are confident we will receive some capacity from NHS Highland via their scanner in Raigmore to part mitigate the lost capacity during Q2/Q3. The total volume is currently unknown. In addition we are exploring also upgrading the power supply in Dr Gray's and this may allow an additional mobile MRI machine to be placed there to add capacity. This is currently being explored.

Once these mitigation measures are more fully quantified we will reassess our ability to complexly or partially recover the lost capacity.

In terms of Ultrasound we are exploring if there is regional or national capacity that can be identified to support the recovery of the lost capacity in that service.

b) How will we measure the expected impact, and what could prevent success?

Once the second MRI machine is in place to key risk would be a breakdown of our core MRI machines. This happens reasonably frequently to an extent but they are normally able to be repaired within a fairly short timeframe. A more extensive shutdown would be the key risk.

c) If something hasn't worked, what alternative course of action will be taken?

Dynamic operational management will continue to take place. The radiology service is managed on a pan-Grampian service via the Division of Clinical Support Service.

d) How are we addressing performance and getting it back on track?

The second MRI mobile is expected to be operational during Q2 with Highland aid also in place and confirmed during Q2/Q3. This will allow a full assessment to be made as to whether we can fully recover the lost capacity or require to reprofile our trajectory.

Operational Improvement Plan 2025/26

The NHS Scotland Operational Improvement Plan is intended as a short term, realistic support to local health boards existing planning, and is the first part of a longer term commitment of reform and renewal to ensure long-term sustainability, reduce health inequalities, further harness the benefits of digital technology, and improve population health outcomes in Scotland, while focusing on the following 4 critical areas:

Improving access to treatment	Improving access to health and social care services through digital and technological innovation
Shifting the balance of care	Prevention – ensuring we work with people to prevent illness and more proactively meet their needs

Tier 2: Critical Area - Improving Access to Treatment

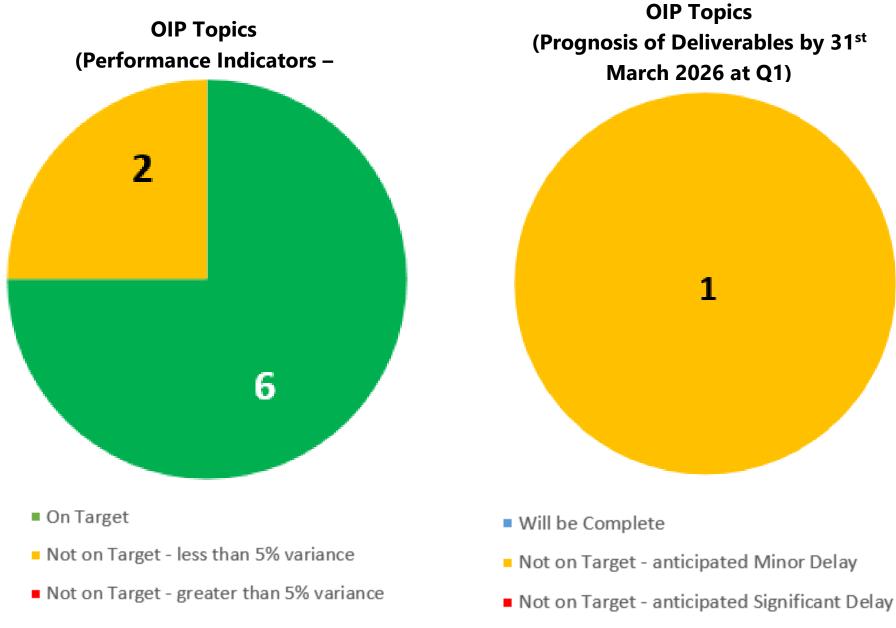
We will reduce waiting times ensuring that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient/day-case procedure.

9 performance indicators and deliverables across 4 Focus Areas:

- Increasing Capacity
- Diagnostics reducing the backlog
- Expand the Rapid Cancer Diagnostic
 Services
- Clear Child and Adolescent Mental Health
 Services Backlogs

Improving Access to Treatment consists of both Data Driven and Project Based measures, and has some overlap to the Three Change Programmes.

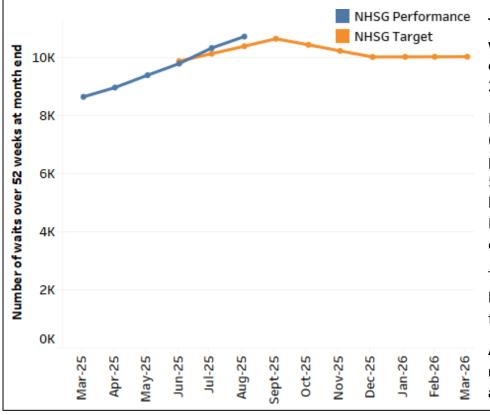
6 measures are reported as being on target by end March 2026, while 3 measures are reported as being not on target.



Critical Area: Improvi	ng access to treatment				
Focus Area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Increasing Capacity	We want to reduce the number of patients waiting over 52 weeks for their first New Outpatient appointment	Yes	Refer to Outcome 1 in Planned Care Programme	Paul Bachoo, Acute Medical Director	N/A
	We want to reduce the number of patients waiting over 52 weeks for their Treatment Time Guarantee procedure.	Yes	Refer to Outcome 2 in Planned Care Programme		
	People diagnosed with cancer begin their first treatment within 31 days of the decision to treat, with improved coordination and increased capacity helping services meet national standards.	Yes	Refer to Outcome 3 in Planned Care Programme		
	People referred with an urgent suspicion of cancer are diagnosed and begin treatment within 62 days, through faster access to diagnostics and more responsive, optimised pathways.	Yes	Refer to Outcome 4 in Planned Care Programme		

Performance against the outpatient 52 week target:

Reduce the number of waits over 52 weeks for a new outpatient appointment



The national target is to have no waits over 52 weeks for a new outpatient appointment by 31/03/2026.

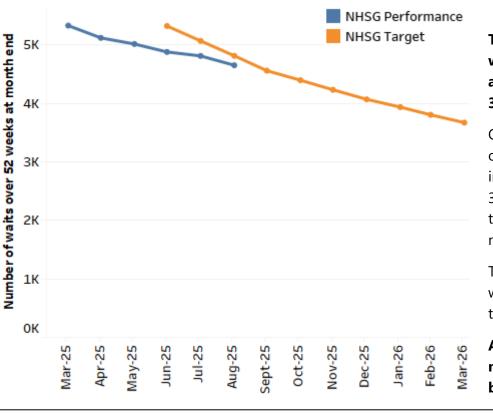
However our performance trajectory (shown in orange) is such that we are projecting the number of waits over 52 weeks will increase to September, before stabilising in 2025/26 quarter 4. Positive performance is where number of waits is below trajectory.

The number of waits over 52 weeks has been trending up over the last four years.

At the end of August 2025*, the number of waits over 52 weeks was above trajectory.

Performance against the TTG 52 week target:

Reduce the number of waits over 52 weeks to be admitted for treatment



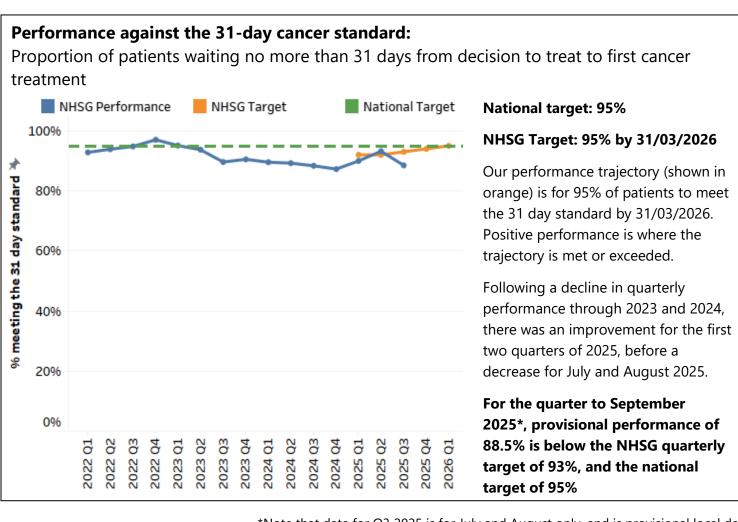
The national target is to have no waits over 52 weeks for TTG admission for treatment by 31/03/2026.

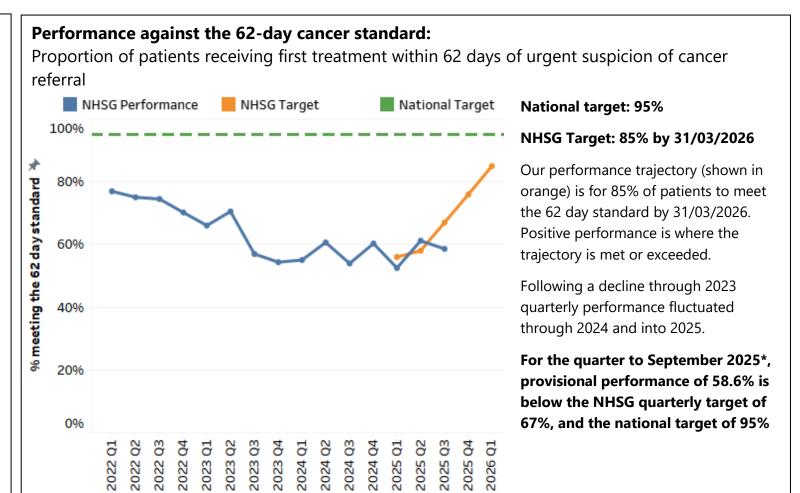
Our performance trajectory (shown in orange) will reduce the number of TTG inpatient waits over 52 weeks by 31/03/2026, but will not reach zero by then. Positive performance is where number of waits is below trajectory.

The number of waits waiting over 52 weeks has been trending down since the start of 2024.

At the end of August 2025*, the number of waits over 52 weeks was below trajectory.

^{*}Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

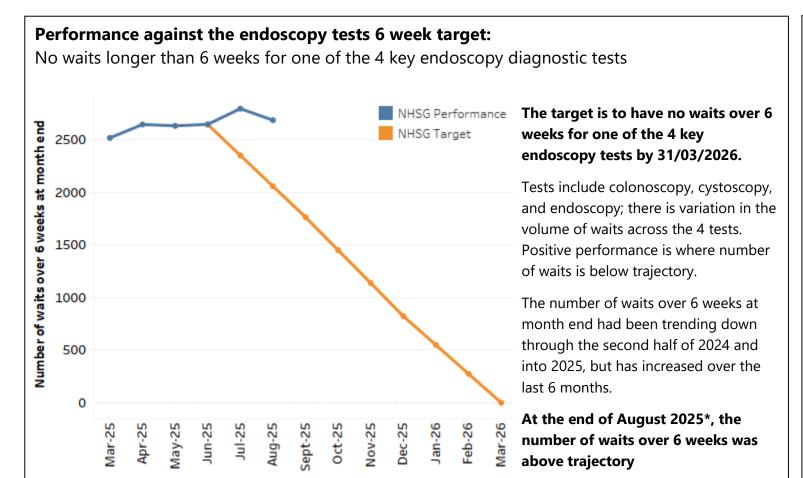


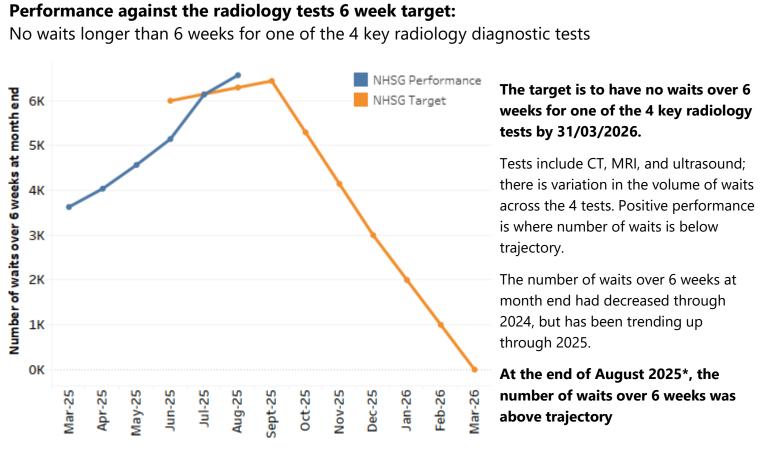


^{*}Note that data for Q3 2025 is for July and August only, and is provisional local data which may be subject to change prior to final publication and in subsequent reports

Critical Area: Improving acc Focus Area	What are we trying to achieve by 31 st	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Diagnostics – Reducing the backlog	Process in Endoscopy Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral by the end of March 2026	No	Refer to Outcome 5 in Planned Care Programme	Paul Bachoo, Acute Medical Director	N/A
	What are we trying to achieve by 31 st March'26	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)
	Process in Radiology Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral by the end of March 2026	Yes	Refer to Outcome 6 in Planned Care Programme	Paul Bachoo, Acute Medical Director	N/A

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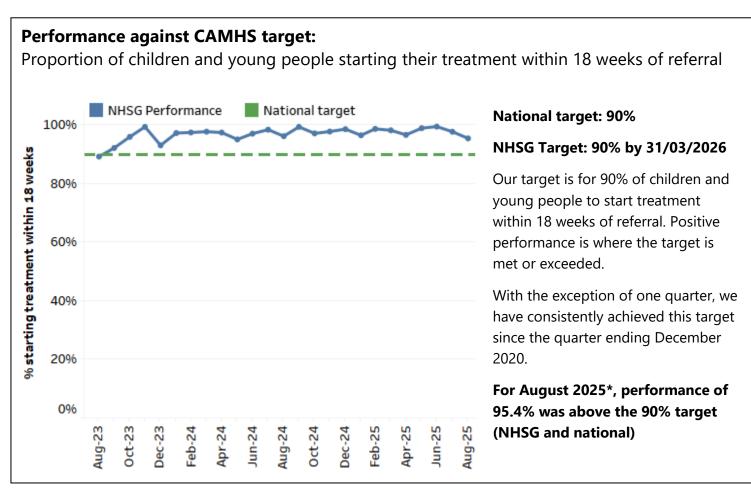


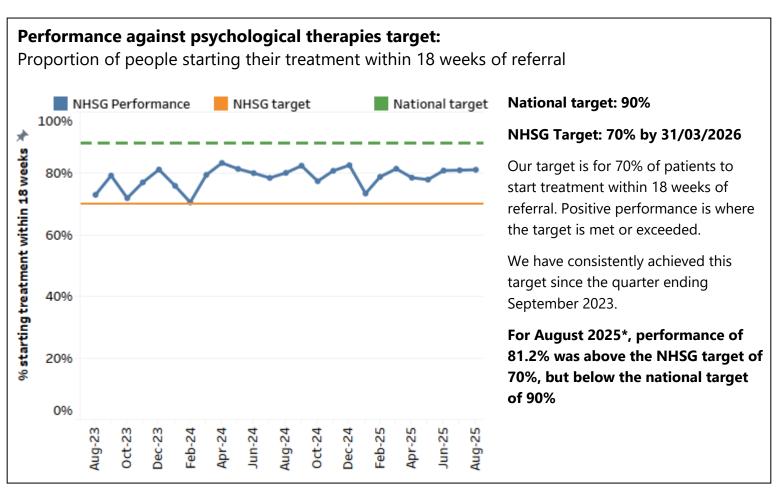
*Note that data for July and August 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Critical Area: Improving access to treatment								
Focus Area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions have been taken to recover from this position?		Notes (hyperlinks to national frameworks)			
Expand the Rapid Cancer Diagnostic Services	Cancer Management Framework	Anticipated Minor Delay	' , ,		Rapid Cancer Diagnostic Services The national Centre for S			

Critical Area: Improving access to treatment									
Focus Area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions can be taken to sustain this position?		Notes (hyperlinks to national frameworks)				
Clear Child and Adolescent Mental Health Services Backlogs	90% of children and young people should start treatment within 18 weeks of referral to CAMHS	Yes	 Ongoing Demand Capacity, Activity & Queue modelling across all clinical pathways, aiming to reduce wait to second treatment appointment. Focus on retention of staff and ongoing competency development across professions to maximise accessibility to psychological therapies. 	Fiona Mitchelhill, Chief Officer Aberdeen City HSCP	N/A				

Focus Area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Psychological Therapies	90% of people should start their treatment within 18 weeks of referral to psychological therapies	No	 We have maintained performance at over 70% of people accessing psychological therapies within the 18 week standard despite significant reduction in capacity We are focussed on our longest waits and we have no patients waiting over 52 weeks We are engaged with Scottish Government in applying new trajectory planning tool which should allow better predictability of performance and management of demand and capacity We continue to progress cross system modelling to manage longest waits as effectively as possible Biggest risk/challenge relates to resource being devolved to partnerships which makes overall service delivery planning highly complex and inefficient. We have proposed budget alignment strategy to IJB Chief Officers and await their review We also plan to become more closely involved with governance structures in the Acute service with same goal of more effective cross system working 	June Brown, Executive Nurse Director & Interim Deputy Chief Executive	N/A





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Tier 2: Critical Area – Shifting the Balance of Care

We will work to ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families.

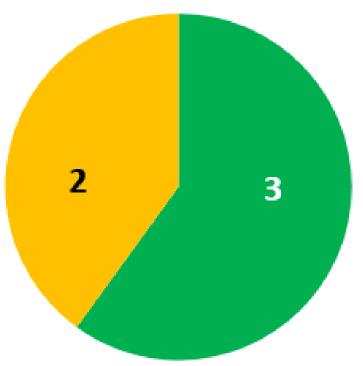
11 performance indicators and deliverables across 8 Focus Areas:

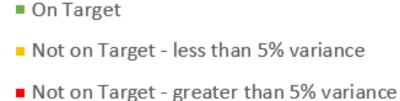
- Reducing the pressure in our hospitals
- Hospital at Home
- Specialist Frailty Services
- Frailty at the front door of the Emergency Department
- Access to GPs and other primary and community care clinicians
- Pharmacy First Service
- Dentistry
- Primary care optometry

Improving Access to Treatment consists of both Data Driven and Project Based measures, and has some overlap to the Three Change Programmes.

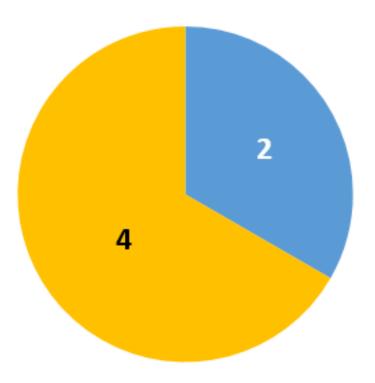
3 measures are reported as being on target by end March 2026, while 8 measures are reported as being not on target.

OIP Topics (Performance Indicators – end Q1 position)





OIP Topics (Prognosis of Deliverables by 31st March 2026 at Q1)



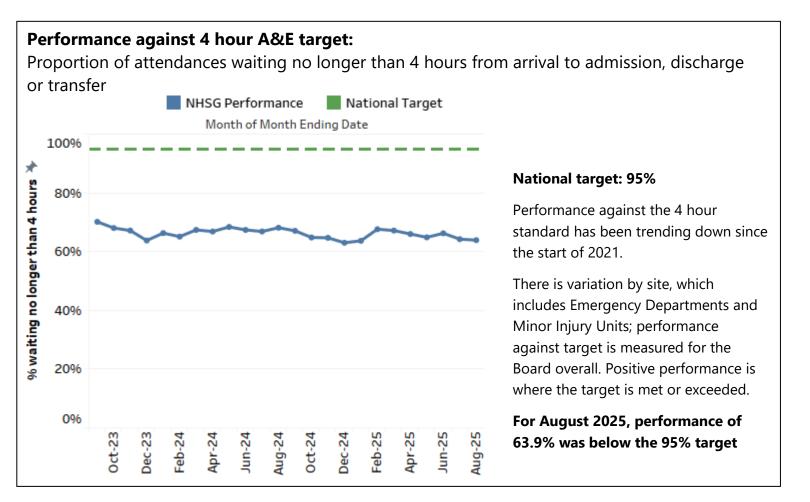
- Will be Complete
- Not on Target anticipated Minor Delay
- Not on Target anticipated Significant Delay

31

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Reducing the pressure in our hospitals	Embed Getting It Right For Everyone (GIRFE) principles, practice model and toolkit to provide a multi-agency and person-led approach to care planning (including aligning this with existing relevant tools and resources from connected approaches including PPF and Realistic Medicine):	Anticipated Minor Delay	It is recognised that a person centred approach is already a core component of Value Based Health and Care/Realistic Medicine, Putting People First and other person centred approaches within NHS Grampian. In order to avoid duplication, a working group has been established involving HSCP GIRFE leads and colleagues from Putting People First, Realistic Medicine and Trauma Informed Practice and HIS to plan the Hope Conference and develop a collaborate approach from this.	Shantini Paranjothy, Director of Public Health	Putting People First
	 identified and scoped the overlap/common ingredients and gaps in activity between GIRFE, Value Based Heath & Care/Realistic Medicine, Putting People First and other related approaches. delivery of a learning event called the Hope Conference scheduled for November 2025 where we will showcase current good practice and share tools to support further progress. test the GIRFE approach in activities underway in 		The Scottish Government are in the progress of developing an improvement collaborative to embed the GIRFE work. NHSG and the 3 HSCPs anticipate being active members. This will likely inform further actions in coming years. In order to mitigate the challenge re capacity and resourcing, the approach we are taking is to collaborate across similar agendas, and evolve a plan over time and based on initial learning which is deliverable and sustainable by the system.		
	the Putting People First delivery plan such as further delivery of Community Appointment Days, Real time feedback loops, Liberated Method and development of expert panel groups. From this initial activity, we will prioritise what and how we will embed GIRFE in 2026/27 and beyond.		In addition, in 2024, NHS Grampian developed Putting People First, (PPF) an approach to involving people which follows the GIRFE principles. Temporary funding from the NHS Grampian Charity will provide some additional capacity to test new approaches. We are about to go to recruitment and progress is dependent on how long the recruitment process takes.		
			Each HSCP has local plans for the implementation of GIRFE, for example via their strategic plans, and we aim to align and coordinate these approaches.		

Critical Area: Shifting the Balance of Care									
Focus Area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)				
Reducing the pressure in our hospitals	Improve flow throughout system, reduce delays into hospital and lengths of stay across all areas of a	No	Refer to Outcome 2 in Unscheduled Care Programme	Paul Bachoo, Acute Medical Director	N/A				
	hospital through optimising alternatives to hospital admission, reducing avoidable admissions, ensuring	No	Refer to Outcome 3 in Unscheduled Care Programme						
	discharge planning takes place from the point of admission, reducing delays to inpatient investigation and developing remote investigation services.	No	Refer to Outcome 4 in Unscheduled Care Programme						

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Critical Area: Shifting the Balance of Care								
Focus area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)			
Hospital at Home	Increase Hospital at Home capacity in line with demand, establishing direct referral pathways from Scottish Ambulance Service (SAS), NHS-Funded Nursing Care (FNC), ED & Frailty units, and contribute to coproduction of national KPIs	No	Refer to Outcome 2 in Unscheduled Care Programme	HSCP Chief Officers	N/A			

Critical Area: Shifting the Balance of Care									
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)				
Specialist Frailty Services	Prioritise care at home, or as close to home as possible, where clinically appropriate. Interventions that can help to do this include using technology that supports 24/7 remote monitoring, and additional preventative and 'home first' services with national and local partners working with providers and service users to develop alternative approaches based on local need and choice	Anticipated Minor Delay	Some aspects of the work are further ahead than others. Discharge to assess models are currently being implemented, however community hospital work and Integrated discharge hubs are lagging behind slightly. Efforts are being made by the team to support the work and the teams to get this back on track as quickly as possible by understanding the issues and requirements for pushing this forward.	Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP	N/A				

Critical Area: Shifting the Balance of Care								
Focus Area	What are we trying to achieve by 31 st March'26	Are we on target?	What actions have been taken to sustain this position?		Notes (hyperlinks to national frameworks)			
Frailty at the front door of ED	Ensure direct access to specialised staff in frailty team in EDs by March 2026	Yes		Geraldine Fraser, Chief Officer – Acute Services	N/A			

Critical Area: Shifting the Balance of Care									
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)				
Access to GPs & other Primary & Community Care Clinicians	Contribute to development of a new national quality framework and work to increase capacity and support recruitment and retention of GP workforce	Anticipated Minor Delay	The GP Vision Programme continues to make progress against its key aims and objectives. Agreed priority areas include reviewing contract options, recruitment and retention of General Practitioners and key enabling work relating to data, digital and premises. A programme review event was held in Spring 2025 which reaffirmed the priorities in order to align these with available resources within the programme. A dedicated recruitment and retention workstream is looking at maximising opportunities both in national and local (e.g. Career Start) programs. The more detailed delivery of primary care work will be contained within IJB strategic delivery plans, currently in development, and aligned to HSCP Primary Care Improvement Plans. These will require to be approved by IJBs. Discussions around proposals for a new national quality framework will require to be initiated by Scottish Government, but NHS Grampian is well-represented in this arena	HSCP Chief Officers	N/A				

		T		T	
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Pharmacy First Service	Expand Pharmacy First Service, enabling community pharmacists to treat a greater number of clinical conditions and prevent the need for a GP visit, working with national team to scope which conditions	Anticipated Minor Delay	Scottish Government announced Plans for the expansion of Pharmacy First in January 2025, with new conditions to be introduced beginning November 2025. Pharmacy First is operated on a once for Scotland basis in terms of the conditions treated and the medicines available. Boards are currently awaiting further detail regarding the proposed expansion, including any associated conditions and the mechanisms for implementation (e.g. Patient Group Directions) conditions to be included or the mechanisms of supply (e.g. PGDs). NHS Grampian Pharmaceutical Care Services Team will work with Community Pharmacy Contractors to support any expansion of Pharmacy First as directed by Scottish Government. This will include ensuring awareness of the service scope to Primary Care colleagues e.g. GP Practice to aid in appropriate utilisation. NHS Grampian has a strong track record in developing services via community pharmacy and developed the pre-cursor to Minor Ailments / Pharmacy First with local pharmacy treatment of simple urinary tract infection over a decade ago. Pharmacy First in Grampian sees around 400,000 clinical assessments undertaken by the 132 pharmacies in Grampian each year. Those interventions cost around £1M in medicine costs paid for by local HSCPs and around £4M in services fees (averaging £10-£11 for each consultation) paid for from the community pharmacy national global sum (external to NHSG). This compares extremely favourably in cost terms to a GP consultation or A&E attendance. NHS Grampian is well placed to deploy any new Pharmacy First PGDs quickly and support the other Boards across the NoS as we drive and host the joint regional approach to PGDs (This regional approach is unique to the North and reflects the close working partnership between Directors of Pharmacy in the six NoS Boards). Alternatively, if funding was to be made available locally, NHS Grampian is in a good position to develop and deploy additional local clinical conditions as part of local pathway redesign alone or in partnership wit	Hugh Bishop, Medical Director	Pharmacy First Background: NHS Pharmacy First Scotland: information for patients - gov.scot and NHS Pharmacy First Scotland (PFS) National Services Scotland Approved List of medicines available on Pharmacy First: NHS Pharmacy First Scotland: Approved List of Products National Statistics on utilisation: NHS Pharmacy First Scotland 6 May 2025 - NHS Pharmacy First Scotland - Publications - Public Health Scotland Scottish Government circular re Pharmacy First: Primary and Community Care Directorate

Critical Area: Shifting the Balance of Care								
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)			
Dentistry	Existing financial incentives and eligibility will be refreshed and targeted following completion of work with the Board Chief Executives' Dental Services Reference Group by the end of December 2025. This will bring benefit and greater sustainability to communities in accessing NHS dental care.	Will be Complete	 Board Chief Executives are taking forward this action of work as part of the Dental Services Reference Group with a time for completion by December 2025 following which we will assist in the implementation of any actions. Work has begun by NES to develop a training package, there is as yet no definitive timescale or further detail shared as to when this package will be published. The Scottish Funding Council (SFC) have confirmed 3 extra places of which one was for an overseas student have been offered to Aberdeen Dental School. 2 UK places appointed but unable to attract an overseas student due to short notice. This has increased the student numbers from 20 to 22 for the next intake. 	Shantini Paranjothy, Director of Public Health	N/A			

Critical Area: Shifting the Balance of Care								
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)			
Primary Care Optometry	Community Glaucoma – Develop a sustainable process within secondary care to identify and discharge patients suitable for the Community Glaucoma Service (CGS) Ensure primary care colleagues have access to all information required	Will be Complete	 Community Glaucoma Scheme (CGS) Situation summary submitted to SG outlining: As of Oct 2025 NHSG anticipated to have two National Education for Scotland Glaucoma Award Training (NESGAT)-trained Optometrists. An initial cohort of 250 patients have been identified as suitable for discharge to CGS. NHSG SPOC confirmed 	HSCP Chief Officers Paul Bachoo, Acute Medical Director	N/A			
			A business case is in draft for submission to SG w/e 05/09 outlining staffing and digital requirements to support identification and transfer of patients to CGS.					

Tier 2: Critical Area – Improving access to health and social care services through digital and technological innovation

We will work to ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families.

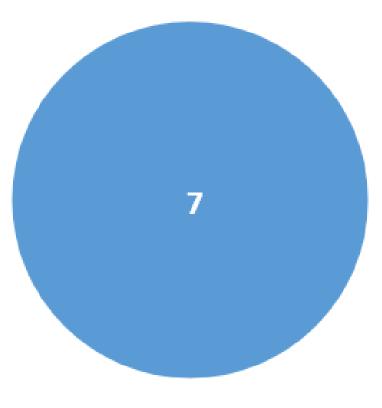
7 performance indicators and deliverables across 6 Focus Areas:

- Digital access for your health and social care
- <u>Digital Dermatology Pathway</u>
- National digital type 2 diabetes remission programme
- Genetic testing for recent stroke patients
- Genetic testing for new-born babies with bacterial infections
- An operating theatre scheduling tool

Improving Access to health and social care services through digital and technological innovation consists of Project Based measures, without established overlap to the Three Change Programmes.

7 measures are reported as being on target by end March 2026.





- Will be Complete
- Not on Target anticipated Minor Delay
- Not on Target anticipated Significant Delay

Critical Area: Improving access to health and social care services through digital and technological innovation									
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)				
Digital access for your health and social care	Participate in the plan for roll-out of 'Digital Front Door' (DfD) service beyond the early adopter board	Will be Complete	We have held the first DfD session with the representatives with NHS Education for Scotland (NES) but we have not been given any details on when the programme expects to start work in NHSG. NES is focusing on one speciality within NHS Lanarkshire as test case before next stages.	Stuart Humphreys, Director of Marketing & Corporate Communications	Further information is required from NHS NES on resourcing and funding requirements as this appears to be undecided at present. Our delivery is based upon access to programme but we have committed and held first meetings				

Critical Area: Improving access to health and social care services through digital and technological innovation									
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)				
Digital access for your health and social care	Digital Dermatology Pathway	Will be Complete	As of end July 2025 at least one representative from each GP practice across Grampian has been added to the Azure Admin Directory (AAD), equating to a total of 645 primary care colleagues across 68 practices who now have access to the application. Currently, approx. 64% of referrals via Scottish Care Information (SCI) have an image attached. Ongoing collaboration is required to ensure the application is utilised and this figure can be increased to align with Scottish Government's target that 90% of dermatology referrals include a triage-suitable image by September 2025.		N/A				

Critical Area: Improving access to health and social care services through digital and technological innovation											
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)						
Digital access for your health and social care	Validation processes for waiting lists	Will be Complete	 6 monthly admin validation and appropriate clinical validation if escalated for every OP and TTG patient. This is part of an ongoing process monitored weekly, and considered to be complete by 31st March 2026 This will result in clean lists consisting of appropriate patients only This is part of the suite of measures to reduce the planned care strategic risk 	Paul Bachoo, Acute Medical Director	N/A						

Critical Area: Improving access to health and social care services through digital and technological innovation												
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)							
National digital type 2 diabetes remission programme	Support roll out of new national digital intensive weight management programme for people newly diagnosed with type 2 diabetes	Will be Complete	 Tender published by SG 21/07/2025 Deadline for tender returns 19th August Evaluation process planned 19th August – 2nd Sept. Clinical and technical consensus and award meetings to be held 10 and 11th Sept. NHSG Public Health and dietetic representation on the Clinical Advisory Group continues NHSG Primary Care represented in development of this programme and will also be included in national Clinical leadership group overseeing the delivery of roll out (including communications) Development of engagement and communications plan with Primary Care colleagues NHSG Colleagues await further instruction from the Accelerated National Innovation Adoption (ANIA) Team Direct referrals to service planned to commence Jan 2026 	Shantini Paranjothy, Director of Public Health	A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes. Prevention and remission of type 2 diabetes. Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland.							

Critical Area: Improving access to health and social care services through digital and technological innovation										
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)					
	Participate in roll out of pathway for new stroke patients to receive a lab-based genetic test to inform what drug they are given to reduce the risk of a secondary stroke	Complete	Cross system services have provided information on readiness to implement and this has secured NHS Grampian to be included in phase 1 of the national rollout project in October 2025. This aligns with the point of care testing work concurrently being undertaken in Dr Gray's Hospital with the aim to reduce test turnaround times further. Launch meeting scheduled with Centre for Sustained Delivery (CfSD) and internal stakeholders for week of 25 August 2025.	Paul Bachoo, Acute Medical Director	N/A					

Critical Area: Improving access to health and social care services through digital and technological innovation										
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)					
Genetic testing for new-born babies with	Participate in roll out of pathway for new-born babies	Will be	Cross system services have provided information on readiness to	Paul Bachoo, Acute	N/A					
bacterial infections	to receive a genetic test via a point-of-care device to	Complete	implement securing NHS Grampian a position in phase 2 of the national	Medical Director						
	inform what drug they are given to manage an infection		roll out in January to July 2026. Programme Management support has							
			been aligned internally to facilitate this rollout.							

Critical Area: Improving access to health and social care services through digital and technological innovation What are we trying to achieve by 31st March 2026 Are we on **Exec Lead** Notes (hyperlinks to national Focus area What actions can be taken to sustain this position? target? frameworks) An Operating Theatre Scheduling Tool – deployed in Will be N/A Improving access to health and social eHealth project team in place to deliver Paul Bachoo, Acute Plan to deploy in two specialities (Paediatric & Adult Orthopaedics) Complete care services through digital and two specialities **Medical Director** this financial year technological innovation Improve theatre scheduling aims to increase utilisation and reduce time taken to do this, helping meet Reduced Working Week requirements This is part of the suite of measures to reduce the planned care strategic risk

Tier 2: Critical Area – Prevention: working with people to prevent illness and more proactively meet their needs

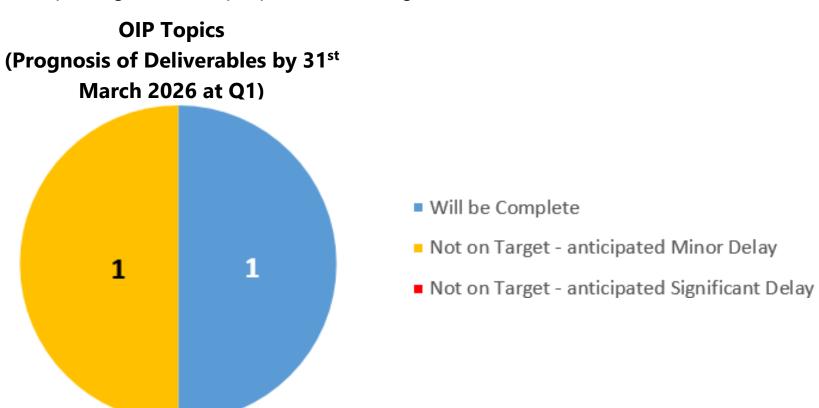
We want to do more to detect and prevent ill health before it happens - improving health for people and reducing demand on our health and care services.

2 performance indicators and deliverables across 2 Focus Areas:

- Cardiovascular disease (CVD)
- Frailty prevention

Improving Access to Treatment consists of both Data Driven and Project Based measures, and has some overlap to the Three Change Programmes.

0 measures are reported as being on target by end March 2026, while 1 measure is reported as being not on target. 1 measure remains outstanding.



Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs												
Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions can be taken to sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)							
Cardiovascular disease (CVD)	Support rollout of a General Practice enhanced service for CVD risk factors (including high blood pressure, high cholesterol, high blood sugar, obesity and smoking). This enhanced service is part of a wider national CVD risk factor suite of improvements.	Will be Complete	 Enhanced service uptake data is currently unavailable due to delays with national software provider rolling out access. Public Health Support: Ongoing engagement with interested GP stakeholders, primary care managers and community organisations to identify opportunities for collaborative and innovative work around the CVD Directed Enhanced Service (DES), as well as perceived and actual barriers to uptake in different localities. CVD community appointment day being explored utilising POCT ('point of care testing' e.g. lipids, glucose) supported by Live Life Aberdeenshire in Aberdeenshire, with initial interest from Portlethen GP Practice / Kincardine & Mearns GP Cluster lead Fraserburgh Community Appointment Days (CAD) targeting people waiting for psychological therapies Exploring possibility of combining support for CVD risk factors. 	Shantini Paranjothy, Director of Public Health	N/A							

Focus area	What are we trying to achieve by 31 st March 2026	Are we on target?	What actions have been taken to recover from this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Frailty Prevention	Support rollout of a Frailty Enhanced Service to General Practices, enabling each practice to identify a Frailty Lead. This lead will help drive improvements in frailty care through training, data optimisation, and cross-sector collaboration.	Anticipated Minor Delay	Awaiting guidance on the enhanced service. Guidance has gone out to all GP practices from SG on the ask for Frailty Leads. Interested parties are currently being collated. Some aspects of the work are further ahead than others. Discharge to assess models are currently being implemented, however community hospital work and integrated discharge hubs are lagging behind slightly. Efforts are being made to support the work to get this back on track as quickly as possible by understanding the issues and requirements for pushing this forward. Turriff General Practice has introduced the use of the E-frailty Index to identify patients with varying risk of frailty. Regular MDTs (Multi-Disciplinary Teams) are to be initiated to support patients identified with severe frailty. Maryhill Practice have also used the e-frailty index to identify frail patients. It is intended to scale up this approach if it proves effective.	Judith Proctor, Chief Officer - Moray HSCP	f N/A
			There has been some cross system interest in hosting a community appointment day for frailty. Further consideration of this is now required.		
			More detailed delivery of primary care work will be contained within IJB strategic delivery plans, currently in development, and aligned to HSCP Primary Care Improvement Plans. These will require to be approved by IJBs and have assurance that funding is available to deliver on every agreed priority workstream.		
			In line with our strategic plan, focussed prevention work is in the early stages and aligned to the work of the Active Ageing work being led by Public Health, tying in with the Frailty Board. Frailty scoring is being tested within ED and in the process of developing a frailty Icon to support identification. The community models or wrap around services are in the process of being developed/expanded and will link closely with Frailty leads in GP Practices.		

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National Waiting Times Standards

National Waiting Times Target/Access Standard (measurement definition, based on quarterly period unless otherwise stated)	Target		Quarter end Sep 2024	Quarter end Dec 2024	Quarter end Mar 2025	Quarter end Jun 2025	Benchmarking (of 11 mainland Boards quarter end Jun 2025: ranked 1st = best performing)	Commentary Comment from service on NHSG's position
95% of unplanned A&E attendances to wait no longer than 4 hours from arrival to admission, discharge or transfer (% admitted, discharged or transferred within 4 hours of arrival at an Emergency Department or Minor Injury Unit)	95%	67.9%	67.6%	64.3%	66.2%	65.7%	8th Scotland: 71.2%	Overall A&E performance decreased over the second two quarters of 2024, before increasing for the quarter ending March 2025. There has then been a 0.5 percentage point decrease for the latest quarter. The level remains lower than at the same time the previous year. Performance was 8th of the mainland Boards (having previously been 6th or 7th); we remain below the overall Scotland level. The rise in presentations to the ED over the period in question, as well as the consistent level of delayed discharges in the Acute settings which retains overall occupancy above 100%, has hampered the inability to significantly reduce the number of patients who wait for more than 4 hours at our Emergency Departments. Relieving exit block in our assessment areas through increased flow through the hospitals is key to positively impact this measure.
All patients requiring one of the 8 key diagnostic tests will wait no longer than 6 weeks (% of waits of 6 weeks or less at quarter end)	100%	42.2%	48.3%	50.1%	51.9%	47.6%	10th Scotland: 53.6%	Performance improved each quarter through 2024 and into 2025, before a decrease for the latest quarter. We remain 10th of the mainland Boards for the second consecutive quarter (previously 8th); we have been below the overall Scotland level for the last year. The declining performance is due to the delayed commissioning of the fourth Endoscopy Room at ARI and the delayed ability to commence the deployment of the second MRI van due to facilities issues. Both of these are now resolved with the second MRI van due to commence in September and the 4 th Endoscopy Suite in October. These should reverse the declining performance trend

National Waiting Times Target/Access Standard (measurement definition, based on quarterly period unless otherwise stated)	Target		Quarter end Sep 2024	Quarter end Dec 2024	Quarter end Mar 2025	Quarter end Jun 2025	Benchmarking (of 11 mainland Boards quarter end Jun 2025: ranked 1st = best performing)	Commentary Comment from service on NHSG's position
95% of New Outpatients should be seen within 12 weeks of referral (% of waits where patient was seen at a new appointment within 12 weeks of referral)	95%	65.9%	64.0%	62.0%	58.8%	65.1%	6th Scotland: 65.1%	Performance improved for the quarter to June 2025, following three consecutive quarterly decreases. This pattern was also observed at three other mainland Boards, as well as Scotland overall. We have moved from 8th to 6th of the mainland Boards, and have return to the overall Scotland level (after two quarters below). Our elective care plan does not directly address this metric with the focus on meeting no patients waiting more than 52 weeks by the end of this year. We are behind this trajectory due to slippages in a few key specialties. However there is extensive work ongoing to recover and improve this position
All TTG patients should be seen within 12 weeks of decision to treat (% of waits where patient was admitted for treatment within 12 weeks of decision to treat)	100%	46.2%	46.1%	48.1%	44.4%	47.9%	7th Scotland: 57.0%	There was an increase in performance for the quarter to June 2025, following a decrease the previous quarter. We have moved from 8th to 7th position of the mainland Boards; we remain consistently below the overall Scotland level. Our elective care plan does not directly address this metric and is focussed on achieving no patients waiting more than 52 weeks. We are on track against our current performance trajectory.
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment (% of waits where patient was treated within 31 days of decision to treat)	95%	89.2%	88.4%	87.3%	90.0%	93.2%	11 th Scotland: 94.1% (at end of Mar 2025: national June data not available at time of report preparation)	Following decreases for each quarter through 2024, performance increased through 2025 to the quarter ending June. Based on national data to the end of March, we remain with the lowest performance of the mainland Boards, and have been below the overall Scotland level since quarter ending June 2023. Although performance has fallen just short of the national target of 95%, 31-day performance has achieved the target trajectory as outlined in the planned care and cancer plan. This is in part due to mobilisation of additional capacity through funded improvement projects.

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Board Performance Report October 2025

National Waiting Times Target/Access Standard (measurement definition, based on quarterly period unless otherwise stated) 95% of patients receive first treatment within 62 days of urgent suspicion of cancer referral (% of waits where patient was treated within 62 days of urgent suspected cancer referral)	Target 95%	Quarter end Jun 2024	Quarter end Sep 2024	Quarter end Dec 2024	Quarter end Mar 2025	Quarter end Jun 2025 61.2%	Benchmarking (of 11 mainland Boards quarter end Jun 2025: ranked 1st = best performing) 10th Scotland 68.9% (at end of Mar 2025: national June data not available at time of report preparation)	Comment from service on NHSG's position Following a decrease to March 2025, performance improved to June 2025. Based on national data to the end of March, we moved from 11th to 10th of the mainland Boards, and remain consistently below the overall Scotland level. Although 62-day performance is below the national average, we have achieved the target trajectory as outlined in the planned care and cancer plan. This is in part due to mobilisation of additional capacity through funded improvement projects. Dynamic tracking and escalation of cancer patients continue to achieve the set-out trajectories.
90% of children and young people should start treatment within 18 weeks of referral to CAMHS (% of waits where patient started treatment within 18 weeks of referral)	90%	96.5%	97.9%	97.8%	97.7%	98.3%	7 th (meeting target) Scotland: 93.6%	Performance increased for the quarter to June 2025, having remained constant for the previous three quarters. CAMHS have consistently met the target over the last 24 months. The service continues to operate with reduced capacity due to various financial/funding challenges impacting recruitment of staff over the previous 2 quarters. NHS Grampian CAMHS is the lowest staffed Board in Scotland (16.2wte per 100,000 population). We continue to use Demand, Capacity, Activity and Queue (DCAQ) data to manage capacity to aim to reduce the wait between CHOICE (1st appointment) and Partnership (2nd appointment). The CAMHS service continues to meet 18 week RTT performance targets and focussed work is progressing around Partnership (2nd appointment waits). We are engaged with SG and health intelligence to continue our DCAQ data analysis and trajectory planning. With the Enhanced Mental Health Outcomes Framework (EMHOF) funding allocation received recently we should be able to maintain performance with associated greater security of clinical resource

National Waiting Times Target/Access Standard (measurement definition, based on quarterly period unless otherwise stated)	Target		Quarter end Sep 2024	end	Quarter end Mar 2025	end	Benchmarking (of 11 mainland Boards quarter end Jun 2025: ranked 1st = best performing)	Commentary Comment from service on NHSG's position
90% of people should start their treatment within 18 weeks of referral to psychological therapies (% of waits where patient started treatment within 18 weeks of referral)	90%	81.7%	80.4%	80.4%	77.8%	79.2%	5th Scotland: 78.3%	Performance increased for the quarter to June 2025, following a decrease the previous quarter. We have moved from 6th to 5th position of the mainland Boards, and have returned to above the overall Scotland level. Performance has been maintained this quarter. We are engaged with SG and health intelligence to continue our DCAQ data analysis and trajectory planning. With the EMHOF funding allocation received recently we should be able to maintain performance with associated greater security of clinical resource
90% of patients will commence IVF treatment within 52 weeks (% of waits for patients screened at an IVF centre within 52 weeks of a referral from secondary care to one of the four specialist tertiary care centres)	90%	100%	100%	100%	100%	100%	Scotland: 100.0%	We are continuing to perform comfortably at our targeted goal. Many of our patients are being brought through the pathway from referral to commencing of treatment on a much smaller timeline. We are managing outliers with delayed treatment for various reasons appropriately. For a straightforward round of IVF with no additional testing or complications/ consent delays we are at estimate waiting time 12 weeks.

From national waiting times publications