Unscheduled Care Improvement Plan: Grampian Health and Care System

Version 3: September 2025

Executive Summary: Statement of Intent

NHS Grampian has been asked by the Scottish Government Assurance Board to submit a plan to improve Unscheduled Care (USC) performance, with particular focus on improving ambulance turnaround times at Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital (DGH) through a whole system approach to reduce hospital occupancy, and to maximise flow and downstream community capacity. This approach is in line with the Scottish Government's Operational Improvement Plan and focuses on shifting the balance of care from acute to community.

This plan combines the efforts of the Health and Social Care Partnerships for Aberdeen City, Aberdeenshire and Moray and the Acute Sector who have worked together over several months to identify the approach which will give the most impact and benefit to the Grampian unscheduled care system to improve safety and patient experience, and to ensure that patients receive the right care in the right place at the right time. NHS Grampian has worked closely with the Centre for Sustainable Delivery (CfSD) in identifying opportunities which will give the greatest impact, and these are reflected in this whole system plan. NHS Grampian and the three Health and Social Care Partnerships are also part of the national Discharge without Delay Collaborative (DwD) and have committed to delivering the outputs of the programme, aiming to accelerating these from delivery by March 2026 in order to be in place by winter 25/26. The Scottish Ambulance Service has been engaged in developing our priorities and approach and will be partners in delivery, particularly in relation to existing workstreams such as the Flow Navigation Centre. We have also liaised with other health boards in relation to shared learning and best practice for unscheduled care improvement initiatives.

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Moray HSCP

Understanding our key challenges in Grampian

Feedback from CfSD (Dec 2024) strongly links sustainable performance improvement with reduced occupancy levels in our Acute settings. CfSD also closely links ambulance turnaround times with occupancy levels in the Emergency Department and Acute Medical Initial Assessment unit. Our most recent operational data reinforces the CfSD view that the link between flow through our receiving areas and principal national performance metrics are key.

The current balance of capacity within the NHS Grampian system demands early intervention and highly efficient flow throughout the system. Our system is characterised by:

- An already low presentation rate to secondary care.
- A reasonably low overall volume of delays within a constrained acute bedbase.
- Average volume of community hospital provision, but a significant difference in average Length of Stay to peer boards.
- A below average volume of care home places per head of population compared with other Scottish mainland boards.
- A steeper increase in the proportion of older residents in Grampian, particularly in Aberdeenshire and Moray, compared with the average rise across Scotland.

The operational reality sees significant challenges in the following areas:

- High levels of routine ambulance stacking at ARI and DGH.
- Well above average occupancy in secondary care assessment areas, with a high proportion of those occupying assessment spaces waiting for admission. On average, 50% of all bed waits are for our frailty and general medicine pathways.
- Significant routine use of non-standard patient areas in medicine and frailty wards and boarding to manage patient volume in acute areas.
- Increased proportion of DD/DTOC patients in frailty and general medicine wards compared with other specialities.
- High proportion of DD/DTOC patients in community hospitals.
- Significant waiting lists for Care Home places.

Our Shared Vision – GIRFE ‘getting it right for everyone’

Whole System Plan
Shared Vision

What the Plan will give us – Shifting the Balance of Care

- Alternatives to admissions
- People admitted to acute hospitals go to the right place every time
- Support people with more complex needs to be cared for in a homely setting or at home
- Supports discharge without delay
- Drives a cultural change in the organisation
- Foster confidence and collaboration across the system by working together
- Families have confidence in knowing they are supported to get the right care

How we will know we are making improvement

- Reduction in delayed discharges – each HSCP commits to no more than 5 patients in an acute hospital setting and meeting SG overall delayed discharge targets by March 26
- Length of stay reduced by 20% across the medical footprint by December 2026 (with individual specialty targets set based on current performance)
- Community hospital length of stay average of 28 days achieved by March 2026 (5.3 day reduction on current average LOS)
- ED access performance in line with national average by December 2026
- ‘Safe Transfer to Hospital: ensuring the timeous handover of ambulance patients’ - principles met by December 2026
- More admissions avoided through frailty at the front door and increased care at home capacity
- Reduction in frailty acute readmission rates through effective D2A

Phase 1 – Delivery Plan September 2025 – March 2026

1. Discharge to Assess teams established across Grampian covering all HSCPs areas, to ensure timely discharge of patients home and assessment at home, optimising discharge without delay and home first principles. Recruitment to commence with teams fully operational across 3 HSCP areas between October 25 – December 2025. Moray Home to Assess Team builds on existing Discharge to Assess Team to target admission avoidance, frailty management and facilitated discharge (See appendices 1 and 2 for further detail)
2. Frailty at the front door at ARI - this service will offer Geriatrician coverage in the Emergency Department (ED) (by Sept 25) supplemented by a multidisciplinary frailty liaison team expansion (by October 25) and 7 day therapy provision (by October 25). The MDT will work to promote the Home First principles and to reduce hospital admissions. The team will also extend their support throughout the hospital, to assist individuals identified as frail who are not within the frailty unit to reduce length of stay.
3. Improved discharge profiles each day through use of planned dates of discharge (PDDs), criterial led discharge, integrated discharge hub and phased flow models; promoting ownership at ward level in acute and community hospital settings, with a cultural shift supported by clinical and operational leadership, quality improvement methods, and organisational development support; facilitated by extended pharmacy opening times weekday and at weekends, increased domestic support to rapidly turnaround beds, increased AHP provision and use of discharge lounges (October-December 25).
4. Immediate stabilisation of staffing levels in the Flow Navigation Centre (FNC) to ensure 24/7 coverage of professional to professional advice, redirection to alternative pathways to admission where appropriate, and ensuring ambulance conveyances to hospital are supported by Call before you Convey (October 25); followed by an expansion to an ‘urgent care hub’ with increased specialist and multi-professional advisors, further links to primary care out of hours (GMED), increased pathways of redirection and targeting NHS 24 1 hour response calls (Dec-March 26).
5. Initiating a ‘firebreak’ for up to 30 Aberdeenshire patients in delay to restart flow from acute and community hospitals; at the same time Aberdeenshire will strengthen the flow arrangements of patients from acute frailty care to step-down frailty care in community hospitals through aligned geriatrician support and flow co-ordination, focusing on reducing length of stay in community hospitals and fully utilising the new Discharge to Assess team. (December 2025 onwards)
6. Hospital at home – expansion of existing Aberdeen City Hospital at Home service into Aberdeenshire with cross-boundary provision; and establishment of new hospital at home pathways in north Aberdeenshire

Year 1

	KPIs	Description	Accountable Officer	Recurring	Delivery Confidence	Projected Max IY Spend Total		Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	FY Total
Reduce inflow to Acute Settings	Reduction in average daily unscheduled General Medicine & Frailty admissions Increase % of urgent care contacts routed away from ED/AMIA through the Flow Navigation Centre	FNC Strengthening	Geraldine Fraser Chief Officer - Acute	N	Very High	£208,467	Spend	29,781	29,781	29,781	29,781	29,781	29,781	29,781	208,467
							Capability	50%	100%	100%	100%	100%	100%	100%	
		FNC Expansion	Geraldine Fraser Chief Officer - Acute	Y	Very High	£263,332	Spend	0	0	0	65,833	65,833	65,833	65,833	263,332
							Capability							100%	
		Frailty at the Front Door	Fiona Mitchelhill Chief Officer - Aberdeen City HSCP	Y	High - relies on external recruitment	£402,707	Spend	18,671	71,661	62,475	62,475	62,475	62,475	62,475	402,707
							Capability	20%	60%	80%	100%	100%	100%	100%	
		DGH Front Door AHP assessment	Geraldine Fraser Chief Officer - Acute	Y	High - relies on external recruitment	£95,288	Spend		9456	9,456	19,094	19094	19,094	19094	95,288
							Capability		50%	50%	100%	100%	100%	100%	
Redesign services to optimise LoS	Reduced ambulance stacking Reduced ED overcrowding	General medicine/acute medicine/frailty rebalance	Geraldine Fraser Chief Officer - Acute	Y	Moderately low - further modelling required	£0	Spend	0	0	0	0	0	0	0	0
							Capability								
		Expansion of RAAC/SDEC - Zero Day LoS	Geraldine Fraser Chief Officer - Acute	N	High - relies on external recruitment	£835,595	Spend	0	83,560	83,560	167,119	167,119	167,119	167,119	835,595
							Capability		50%	50%	100%	100%	100%	100%	
Increase pace of flow through Acute settings and increase weekend discharges to reduce pressure on Mon/Tue	Reduction in bed waiting times between 2pm and 8pm Increase in PDD usage/accuracy Increase in discharges Sat-Tues	Flow Enabler Support (F&E)	Alan Wilson Director of Infrastructure & Sustainability	Y	Very High	£81,250	Spend	0	0	16,250	16,250	16,250	16,250	16,250	81,250
							Capability			100%	100%	100%	100%	100%	
		Increase AHP provision (7 day service)	Geraldine Fraser Chief Officer - Acute	Y	High - relies on external recruitment	£172,664	Spend	0	17,666	17,666	34,333	34,333	34,333	34,333	172,664
							Capability		50%	50%	100%	100%	100%	100%	
		Enhance pharmacy coverage	Geraldine Fraser Chief Officer - Acute	N	Very High	£280,002	Spend	0	46,667	46,667	46,667	46,667	46,667	46,667	280,002
							Capability		100%	100%	100%	100%	100%	100%	
		Increase DGH Discharge Lounge hours	Geraldine Fraser Chief Officer - Acute	N	Very High	£63,342	Spend		10,557	10,557	10,557	10,557	10,557	10,557	63,342
							Capability		50%	100%	100%	100%	100%	100%	
		ARI Discharge Lounge	Geraldine Fraser Chief Officer - Acute	Y	Moderate - location not yet identified	£0	Spend	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
							Capability				100%	100%	100%	100%	
		Integrated Discharge Hub *HALO/Discharge Coord*	Geraldine Fraser Chief Officer - Acute	Y	High - concept requires refinement	£218,584	Spend	0	21,858	21,858	43,717	43,717	43,717	43,717	218,584
							Capability		20%	70%	100%	100%	100%	100%	
Expedite flow from Acute into community settings and reduce deconditioning/	Increase % of patients who are discharged from hospital supported by community response services (eg D2A) and not readmitted within 28 days 15% reduction in Delayed	Aberdeenshire enhanced step-down pathways to community hospitals	Leigh Jolly Chief Officer, Aberdeenshire HSCP	Y	High - relies on external recruitment	£128,944	Spend	0	0	0	32,236	32,236	32,236	32,236	128,944
							Capability								
		Moray Home Assessment service within our frailty pathways	Judith Proctor Chief Officer, Moray HSCP	Y	Very High	£247,000	Spend	0	22,000	45,000	45,000	45,000	45,000	45,000	247,000
							Capability		50%	100%	100%	100%	100%	100%	

sustain independence	Discharges in community hospitals by March 2026 (compared to March 2025 baseline)	Establish Aberdeenshire D2A	Leigh Jolly Chief Officer, Aberdeenshire HSCP	Y	High - relies on external recruitment	£221,985	Spend			28,193	28,193	28,193	68,703	68,703	221,985
							Capability						20%	50%	
		Rapid transfer of patients to most appropriate care location - firebreak	Leigh Jolly Chief Officer, Aberdeenshire HSCP	2 Yrs	Very High	£228,783	Spend	0	0	0	0	76,261	76,261	76,261	228,783
							Capability					100%	100%	100%	
Rebalance Care - increase downstream capacity to sustain system flow	Increase % of patients who are discharged from hospital supported by Hospital at Home and not readmitted within 28 days Reduction in Delayed Discharges in acute hospitals Increase in interim care beds (by 5) and care at home	Enhanced Home Assessment and prevention service across secondary/ community/primary care	Judith Proctor Chief Officer, Moray HSCP	Y	Very High	£385,000	Spend	0	35,000	70,000	70,000	70,000	70,000	70,000	385,000
							Capability		50%	100%	100%	100%	100%	100%	
		Hospital at home - expansion of City H@H Service into Aberdeenshire cross-boundary and creation of new additional Aberdeenshire H@H pathways	Fiona Mitchelhill Chief Officer - Aberdeen City HSCP Leigh Jolly Chief Officer - Aberdeenshire HSCP	Y	Moderate - workforce planning not complete	£500,000	Spend				125000	125000	125000	125000	500,000
							Capability								
		Aberdeen City increased community capacity – 5 interim care home beds and 700 hours Care @ Home additionally aligned to D2A	Fiona Mitchelhill Chief Officer - Aberdeen City HSCP	N	Very High	£655,998	Spend		109,333	109,333	109,333	109,333	109,333	109,333	655,998
							Capability		100%	100%	100%	100%	100%	100%	
Contingency to reflect agency spending requirement	Accelerated delivery of plan where necessary until substantive recruitment of posts	Recognising the likely challenge in recruiting permanent staff a 25% allowance has been included to reflect the premium payable for supplementary staff. On average we pay a 13% premium for nursing agency, 155% premium for other agency and 147% for M&D - 25% premium assumed. This is the expected maximum cost and all efforts will be made to substantial recruit wherever possible.				£986,986		£12,113	£78,303	£92,868	£181,567	£200,632	£210,760	£210,743	986,986
						5,975,927									**5,975,927**

Year 2

	KPIs	Description	Accountable Officer	Recurring	Delivery Confidence		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	FY26/27 Total Expected Spend
Reduce inflow to Acute Settings	Reduction in average daily unscheduled General Medicine & Frailty admissions Increase % of urgent care contacts routed away from ED/AMIA through the Flow Navigation Centre	FNC Strengthening	Geraldine Fraser Chief Officer - Acute	N	Very High	Spend	0	0	0	0	0	0							
						Capability													
		FNC Expansion	Geraldine Fraser Chief Officer - Acute	Y	Very High	Spend	65,833	65,883	65,933	65,983	66,033	66,083	66,083	66,083	66,083	66,083	66,083	66,083	£792,246
						Capability	100%	100%	100%	100%	100%	100%							
		Frailty at the Front Door	Fiona Mitchelhill Chief Officer - Aberdeen City HSCP	Y	High - relies on external recruitment	Spend	66,917	66,917	66,917	66,917	66,917	66,917	66,917	66,917	66,917	66,917	66,917	66,917	£803,000
						Capability													
		DGH Front Door AHP assessment	Geraldine Fraser Chief Officer - Acute	Y	High - relies on external recruitment	Spend	19,094	19094	19,094	19094	19,094	19094	19094	19094	19094	19094	19094	19094	£229,128
						Capability	100%	100%	100%	100%	100%	100%							
Redesign services to optimise LoS	Reduced ambulance stacking Reduced ED overcrowding	General medicine/acute medicine/frailty rebalance	Geraldine Fraser Chief Officer - Acute	Y	Moderately low - further modelling required	Spend													
						Capability													
		Expansion of RAAC/SDEC - Zero Day LoS	Geraldine Fraser Chief Officer - Acute	N	High - relies on external recruitment	Spend	167,119	167,119	167,119										£501,357
						Capability													
Increase pace of flow through Acute settings and increase weekend discharges to reduce pressure on Mon/Tue	Reduction in bed waiting times between 2pm and 8pm Increase in PDD usage/accuracy Increase in discharges Sat-Tues	Flow Enabler Support (F&E)	Alan Wilson Director of Infrastructure & Sustainability	Y	Very High	Spend	16,250	16,250	16,250	16,250	16,250	16,250	16,250	16,250	16,250	16,250	16,250	16,250	£195,000
						Capability	100%	100%	100%	100%	100%	100%							
		Increase AHP provision (7 day service)	Geraldine Fraser Chief Officer - Acute	Y	High - relies on external recruitment	Spend													£0
						Capability													
		Enhance pharmacy coverage	Geraldine Fraser Chief Officer - Acute	N	Very High	Spend													£0
						Capability													
		Increase DGH Discharge Lounge hours	Geraldine Fraser Chief Officer - Acute	N	Very High	Spend													£0
						Capability													
		ARI Discharge Lounge	Geraldine Fraser Chief Officer - Acute	Y	Moderate - location not yet identified	Spend	N/A	N/A	N/A	N/A	N/A	N/A							
						Capability	100%	100%	100%	100%	100%	100%							
		Integrated Discharge Hub *HALO/Discharge Coord*	Geraldine Fraser Chief Officer - Acute	Y	High - concept requires refinement	Spend	43,717	43,717	43,717	43,717	43,717	43,717	43,717	43,717	43,717	43,717	43,717	43,717	£524,604
						Capability	100%	100%	100%	100%	100%	100%							
Expedite flow from Acute into community settings and reduce deconditioning/sustain independence	Increase % of patients who are discharged from hospital supported by community response services (eg D2A) and not readmitted within 28 days 15% reduction in Delayed Discharges in community hospitals by March 2026 (compared to March 2025 baseline)	Aberdeenshire enhanced step-down pathways to community hospitals	Leigh Jolly Chief Officer, Aberdeenshire HSCP	Y	High - relies on external recruitment	Spend	32,236	32,236	32,236	32,236	32,236	32,236	32,236	32,236	32,236	32,236	32,236	32,236	£386,832
						Capability	100%	100%	100%	100%	100%	100%							
		Moray Home Assessment service within our frailty pathways	Judith Proctor Chief Officer, Moray HSCP	Y	Very High	Spend	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	£540,000
						Capability	100%	100%	100%	100%	100%	100%							
		Establish Aberdeenshire D2A	Leigh Jolly Chief Officer, Aberdeenshire HSCP	Y	High - relies on external recruitment	Spend	68,703	68,703	68,703	68,703	68,703	68,703	68,703	68,703	68,703	68,703	68,703	68,703	£824,436
						Capability	80%	100%	100%	100%	100%	100%							

		Rapid transfer of patients to most appropriate care location - firebreak	Leigh Jolly Chief Officer, Aberdeenshire HSCP	2Yrs	Very High	Spend	76,261	76,261	76,261	76,261	76,261	76,261	76,261	76,261	76,261	76,261	76,261	76,261	£915,132
						Capability	100%	100%	100%	100%	100%	100%							
Rebalance Care - increase downstream capacity to sustain system flow	Increase % of patients who are discharged from hospital supported by Hospital at Home and not readmitted within 28 days Reduction in Delayed Discharges in acute hospitals Increase in interim care beds (by 5) and care at home	Enhanced Home Assessment and prevention service across secondary/ community/primary care	Judith Proctor Chief Officer, Moray HSCP	Y	Very High	Spend	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	£840,000
						Capability	100%	100%	100%	100%	100%	100%							
		Hospital at home - expansion of City H@H Service into Aberdeenshire cross-boundary and creation of new additional Aberdeenshire H@H pathways	Fiona Mitchelhill Chief Officer - Aberdeen City HSCP Leigh Jolly Chief Officer - Aberdeenshire HSCP	Y	Moderate - workforce planning not complete	Spend	125000	125000	125000	125000	125000	125000	125000	125000	125000	125000	125000	125000	£1,500,000
						Capability													
		Aberdeen City increased community capacity – 5 interim care home beds and 700 hours Care @ Home additionally aligned to D2A	Fiona Mitchelhill Chief Officer - Aberdeen City HSCP	N	Very High	Spend	0	0	0	0	0	0							£0
						Capability													
Contingency to reflect agency spending requirement	Accelerated delivery of plan where necessary until substantive recruitment of posts	Recognising the likely challenge in recruiting permanent staff a 25% allowance has been included to reflect the premium payable for supplementary staff. On average we pay a 13% premium for nursing agency, 155% premium for other agency and 147% for M&D - 25% premium assumed. This is the expected maximum cost and all efforts will be made to substantial recruit wherever possible.					£72,614	£72,619	£72,624	£41,938	£41,942	£41,945	£41,945						£385,626
																			8,437,361

Local Key Performance Indicators aligned to deliverables in Plan

KPI number	Annual Delivery Plan 25/26 Key Performance Indicator	Baseline (End Mar 25)	Q1 Actual	Q1 Target	Q2 Actual (latest available)	Q2 Target	Q3 Actual	Q3 Target	Q4 Actual	Q4 Target	KPI notes
1	Reduce the number of (unscheduled) General Medicine and Frailty admissions to ARI (compared to equivalent 2024/25 quarter)	3206	**3313**	**<3457**	2223 (Jul & Aug)	<3217		<3265		<3206	Admission volumes vary seasonally by quarter
2	Reduce average acute hospital weekday occupancy (ARI and DG) to 95% by March 2026	112.0%	**111.0%**	**111%**	109% (Jul & Aug)	106%		98%		95%	General wards (excluding maternity and paediatrics)
3	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
4	Increase the number of patients supported by Hospital at Home services by direct admission from the Community	332	**322**	**322**	198 (Jul & Aug)	325		330		350	Hospital at home gradual expansion
5	No more than 15 Delayed Dishcarges 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
6	Reduce the number of Delayed Discharges in all other Hospitals by March 2026	145	**95**	**131**	154 (Aug)	125		130		118	Delayed Discharges outwith ARI and Dr Gray's
7	Increase the % of urgent care contacts routed away from ED through the Flow Navigation Centre in order to reduce occupancy pressure in inpatient areas	54.8%	**55.2%**	**55%**	54.0% (Jul & Aug)	55%		60%		65%	KPI captures FNC redirections to GMED, Primary Care, and Self Care.
8	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%		10.0%		12.3%	Dr Gray's Surgical Ambulatory Care (SAC), together with ARI Rapid Assessment and Care (RAAC) expansion
9	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 performance
10	Reduce NHSG median SAS turnaround times to 45 minutes by March 2026	63	**49**	**65**	71 (Aug)	65		55		45	NHSG median turnaround time for the last full week of the quarter

Hospital occupancy by site	Baseline (End Mar 25)	Q1 Actual	Q1 Target	Q2 Actual (latest available)	Q2 Target	Q3 Actual	Q3 Target	Q4 Actual	Q4 Target	
ARI average acute hospital weekday occupancy	111.4%	111.7%	111%	109.8% (Jul & Aug)	106%		97%		94%	
DGH average acute hospital weekday occupancy	116.0%	105.4%	105%	104.4% (Jul & Aug)	104%		103%		102%	

Ambulance turnaround times by site	Baseline (End Mar 25)	Q1 Actual	Q1 Target	Q2 Actual (latest available)	Q2 Target	Q3 Actual	Q3 Target	Q4 Actual	Q4 Target	
ARI median SAS turnaround times	75	51	75	79 (Aug)	75		60		45	ARI median turnaround time for the last full week of the quarter
DGH median SAS turnaround times	46	44	55	56 (Aug)	55		50		43	DG median turnaround time for the last full week of the quarter

NHS Grampian 4 hour access by site and overall

Date	4 hr performance					Weightings				Overall
	ARI		DGH Actions	RACH - Using 2024/25 baseline	MIU (from PHS) - using 2024/25 baseline	ARI	DGH	RACH	MIU	
Sep-25	47.4%		69.7%	88.6%	99.1%	44.1%	22.6%	14.7%	18.6%	68.1%
Oct-25	48.3%		67.7%	86.3%	99.2%	44.1%	22.6%	14.7%	18.6%	67.7%
Nov-25	50.6%		71.4%	87.2%	98.4%	44.1%	22.6%	14.7%	18.6%	69.6%
Dec-25	50.3%		72.0%	81.0%	99.4%	44.1%	22.6%	14.7%	18.6%	68.9%
Jan-26	50.4%		69.5%	88.6%	99.3%	44.1%	22.6%	14.7%	18.6%	69.4%
Feb-26	51.0%		71.0%	87.6%	99.1%	44.1%	22.6%	14.7%	18.6%	69.8%
Mar-26	52.0%		72.0%	86.9%	99.5%	44.1%	22.6%	14.7%	18.6%	70.5%
Apr-26	52.0%		70.0%	80.0%	98.6%	44.1%	22.6%	14.7%	18.6%	68.8%
May-26	52.0%		71.0%	78.9%	98.9%	44.1%	22.6%	14.7%	18.6%	69.0%
Jun-26	52.0%		72.0%	84.8%	99.2%	44.1%	22.6%	14.7%	18.6%	70.1%
Jul-26	54.0%		70.0%	90.4%	98.7%	44.1%	22.6%	14.7%	18.6%	71.3%
Aug-26	54.0%		71.0%	87.7%	98.4%	44.1%	22.6%	14.7%	18.6%	71.0%
Sep-26	54.0%		72.0%	88.0%	99.1%	44.1%	22.6%	14.7%	18.6%	71.5%
Oct-26	60.0%		71.0%	86.3%	99.2%	44.1%	22.6%	14.7%	18.6%	73.6%
Nov-26	60.0%		72.5%	87.2%	98.4%	44.1%	22.6%	14.7%	18.6%	74.0%
Dec-26	60.0%		74.0%	81.0%	99.4%	44.1%	22.6%	14.7%	18.6%	73.6%

Scottish Government unscheduled care return

NHS Grampian	Previous published data						Trajectory			
Metric	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Latest published time period / type	Jun-25	Sep-25	Dec-25	Mar-26
A&E 4-hour Performance	67.4%	67.1%	63.0%	67.2%	66.2%	June/ month		68.10%	68.90%	70.50%
Average Acute Occupancy	93.9%	93.7%	93.8%			Oct-Dec 2024 / quarter		102%	95%	95%
12 hour delays	512	329	590	523	520	June / month		603	267	141
8 hour delays	1,416	1,146	1,508	1,585	1535	June/ month		1651	1066	1111
Delayed Discharge (average daily beds occupied by delay, all reasons	166	170	172	169	172	June/ month		160	160	133
Mean Length of Stay (All Inpatients and Day Cases - days)	4.7	4.6	4.6			Oct-Dec 2024 / quarter		4.6	4.6	4.5
Ambulance turnaround time (90th Percentile - hh:mm:ss)	(w/c24/06/24)	(w/c23/09/24)	05:38:19 (w/c23/12/24)	(w/e24/02/2025)	(w/c09/06/25)	W/C 09-06-2025 / week		3:54:00	3:12:00	1:36:00

Delayed Discharge total targets by HSCP, with each HSCP committing to no more than 5 delayed discharges in acute hospitals by March 26 (included in overall figures)

Number of delayed discharges at census date

	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep-25	Dec-25	Mar-26
Aberdeen City	44	56	53	44	37	34	34	33
Aberdeenshire	78	82	85	94	98	97	97	71
Moray	28	39	31	39	31	26	26	26
Out of area	5	1	2	6	1	3	3	3
NHSG total	**155**	**178**	**171**	**183**	**167**	**160**	**160**	**133**

Joint NHSG and Scottish Ambulance Service Initiatives

- Tests of change implemented for cohorting of ambulance patients inside the hospital to release crews
- Expanding the Standard Operating Procedure for rapid release of ambulances for immediately life threatening calls (ILTs)
- Joint clinical governance review and joint tactical groups
- Reduction of conveyances through Call before you Convey (FNC) and community hub initiatives (e.g. sensitive troponin testing in the community)

Leadership and Communications

- There will be an agreed campaign and communications strategy internally and for public to increase awareness and understanding of radical change to the way we provide care and what people can expect from us
- There will be clear communication to patients about who is responsible for providing their onward care arrangements
- There will be daily whole system brief data report shared across system on operational performance, and weekly report on USC Plan delivery for awareness and learning
- Medical and nursing leadership to promote new culture to support patient placement and discharge norms

Governance Overview

- Weekly meeting of USC Programme Board
- Oversight at Chief Executive Team
- Board and PAFIC reporting through ‘How are we Doing’
- Performance KPI dashboards for acute and HSCPs
- Chief Officers accountable for delivery of Partnership Plans
- Acute Triumvirate accountable for delivery of acute plans
- CET commit to whole system leadership and prioritisation of programme with corporate support

Governance Structure