

Meeting:	NHS Grampian Board Meeting
Meeting date:	11 December 2025
Item Number:	7.1
Title:	Quarter 2 Board Performance Reporting 2025/26 via How Are We Doing Board Performance Report
Responsible Executive:	Alex Stephen, Director of Finance
Report Author:	Preston Gan, Head of Performance

1 Purpose and recommendations

This is presented to the Committee for:

- Assurance
- Decision
- Endorsement

Recommendation(s)

The Board is asked to:

- **Endorsement**
 - Endorse the Quarter 2 (July to September) organisational performance position, noting continued progress across the three change programmes, improved financial recovery within Value and Sustainability, operational pressures affecting KPI performance within Planned Care and Unscheduled Care.
- **Assurance**
 - Note the actions detailed in the Q2 HAWD Report to improve KPI performance:
 - **Planned Care:** Waiting times across New Outpatient, Cancer Pathways, Diagnostics
 - **Unscheduled Care:** Frailty Admissions; reduction in Acute hospital occupancy; Hospital At Home; delayed discharges, access to urgent care through the right setting; increase in number of Emergency Department patients seen within 4 hours; and reduction of ambulance turnaround times.
 - **Value and Sustainability:** Improvement of the forecast for cash-releasing savings
 - Note continued improvements in the timeliness of complaints handling as part of the wider Voice of our Citizens perspective
 - Note the limitations created by the timing lag of reporting, which means that recent operational developments and emergent risks are not reflected in the Quarter 2 snapshot.

- **Decision**

- Approve the Quarter 2 How Are We Doing (HAWD) Board Performance Report, and the continued utilisation of the performance model within the Performance Assurance Framework to ensure activity translates into measurable improvements across the three change programmes.

This report relates to:

- Q2 Performance Reporting 2025/26 via the How Are We Doing Board Performance Report

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

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Inability to affectively maintain and invest in NHS Grampian's infrastructure
- Deviation from recognised service standards of practice and delivery
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Inability to reduce demand through citizen engagement
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

Quarter 2 performance across the three change programmes – Value and Sustainability, Unscheduled Care, and Planned Care- presents a mixed overall position. Each programme remains critical to achieving NHS Grampian's intended Outcomes by 31st March 2026, but progress varies in pace and impact. This second reporting cycle builds on the Performance Framework introduced in Quarter 1 and provides greater visibility of how Deliverables, Outputs, KPIs and Outcomes are aligning in practice.

Value and Sustainability continues to show improvement, with in-year financial delivery strengthening and the savings position recovering beyond the Quarter 2 target. This has reduced the in-year financial gap to just under £1m and supports the organisation's Level 4 escalation requirements. While this represents clear progress, the sustainability and recurrence of savings require continued focus.

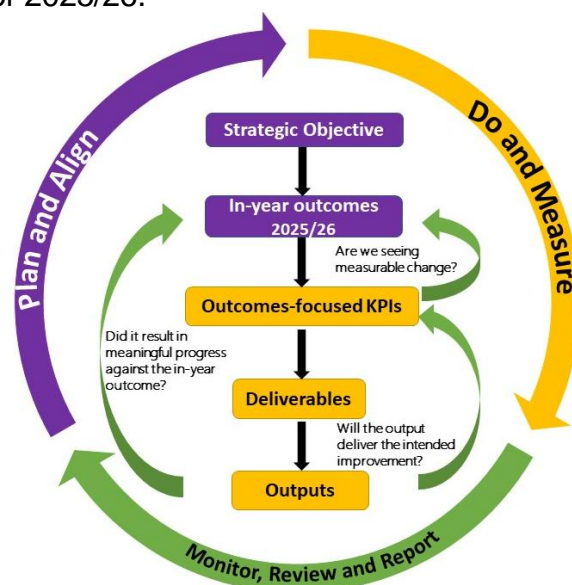
Unscheduled Care and Planned Care have experienced deterioration in several KPIs despite ongoing progress on Deliverables. Within Unscheduled Care, pressures in areas such as Hospital at Home and delayed discharges continue to challenge system flow, while ambulance turnaround performance remains stable. In Planned Care, improvements in Treatment Time Guarantee performance are offset

by declines in outpatient waits, cancer pathways and diagnostics, reflecting operational pressures and the time required for service change to embed.

The Quarter 2 position shows that while delivery activity is progressing across Programmes, the conversion of effort into measurable performance improvement remains variable. Continued adoption of the Performance Model will be essential to maintain alignment, target intervention and strengthen performance oversight as we work towards the Outcomes set for 2025/26.

2.2 Background

NHS Grampian has introduced a revised Integrated Performance and Assurance Reporting Framework (IPARF) and an enhanced Performance Model to strengthen the link between our strategic priorities and measurable outcomes. This moves us away from activity-based reporting towards outcome-focused assurance, ensuring we can clearly demonstrate whether improvement actions are making a real difference – answering the “**So What?**” question. Assurance centres on two key elements: 1) Three Change Programmes: Planned Care, Value & Sustainability, and Unscheduled Care. 2) Operational Improvement Plan. This approach ensures performance is managed through priorities that reflect both local and national focus.



The output of the IPARF is the How Are We Doing (HAWD) Board Performance Report. On the 4th September and 9th October 2025, PAFIC and the Board formally endorsed the revised IPARF and enhanced performance model as the foundation for a more aligned, outcome-driven approach. They also approved the Quarter 1 HAWD report and agreed that the enhanced model should be applied consistently to maintain a clear line of sight from actions through to outcomes.

2.3 Assessment

Are we progressing toward the outcomes?

Tier 1: Summary of Organisational Performance

Across the 20 KPIs aligned to the in-year Outcomes, several indicators have improved, while others have moved further from target or declined. This direction of performance, guided by the coloured circle markers provides early warning of where improvement activity is beginning to take effect and where further focus will be required over the coming quarters.

Value and Sustainability showed substantial improvement in KPI position, with movement out of Red status and more indicators now meeting or exceeding their Quarter 2 targets. In contrast, Unscheduled Care and Planned Care display a greater proportion of KPIs, with some improving but showing deterioration or deviation from target, signalling early pressure points and reinforcing the need for Outputs to translate into measurable impact as implementation continues.

Delivery confidence across the 16 Deliverables shows steady movement overall, with most progressing as planned. These Deliverables are the enablers for KPI improvement. Some are anticipating Minor Delay, and one is forecasting Significant Delay, reflecting the wider operational pressures present this quarter. Moderate progress across the 50 Key Outputs mirrors this position with only 7 Outputs completed so far, with the majority of enabling activity still underway. It is acknowledged that whilst Outputs may be completed, measurable improvement in KPI performance depends on full implementation and embedding. In some cases, emergent risks and delays in implementing actions have contributed to the recent decline. Milestone achievement in Quarter 2 similarly shows a mixed picture, with progress evident in some areas and continued pressure in others.

Taken together, organisational performance in Quarter 2 provides moderate assurance across all Programmes, but the pace of measurable improvement remains variable as Outputs embed and operational dependencies continue to influence KPI performance.

Assurance through the Performance Model

The Quarter 2 cycle has demonstrated that the performance model is enabling a clearer and more consistent assessment of contribution across all Programmes. By bringing Deliverables, Outputs, KPIs and Outcomes into a single view, the model helps identify where delivery activity is beginning to influence performance, where measurable change is not yet visible, and where wider system factors may be shaping progress. Through this lens, the Board can test whether:

- KPI movement reflects measurable change,
- outputs delivered to date are contributing to the intended improvement, and
- this is building evidence of progress against the in-year Outcomes.

This integrated view is supporting earlier identification of areas requiring further focus, alongside greater transparency about where progress is emerging and where dependencies may be affecting the pace of improvement. By triangulating these elements, the model continues to move performance discussions beyond activity updates and towards assessing whether delivery is making a demonstrable difference as we progress through 2025/26.

Timing of Reporting and Data Lag

A number of operational developments that occurred late in Quarter 2 or early in Quarter 3 are not fully reflected in this reporting cycle. This reflects the timing of the information-gathering process required to produce the Q2 report in line with early Board reporting schedules. The data snapshot used for this report was taken prior to some of the more recent operational challenges and improvement activity being known, including issues such as those experienced within the Central Decontamination Unit.

As a result, KPI movement, Deliverable status and Output progress may not yet capture the most recent position. This is a recognised limitation of the reporting timetable rather than the performance itself, and continued refinement of the cycle will help strengthen alignment between operational activity and Board reporting over time.

Voice of our Citizens

The “Voice of our Citizens” section continues to strengthen this quarter with increased triangulation of patient feedback, complaints and operational performance, particularly across Planned and Unscheduled Care. This provides a more rounded understanding of patient experience alongside system performance and its outcomes.

A total of 843 complaints were recorded, representing approximately 0.1% of activity across outpatients, inpatients and Emergency Department services. While this proportion is low, further work is required to understand levels of accessibility to feedback routes or wider system factors influencing how people raise concerns or provide feedback.

Performance against the 20-day response target has shown steady improvement over recent quarters, increasing from 35% to 47%. Although this direction of travel is positive, compliance remains below the required standard and ongoing work is in place to strengthen capacity and improve timeliness.

2.3.1 Quality / Patient Care

The HAWD Report supports improvements in patient outcomes by embedding clear measures of delivery across the Change Programmes. These address key areas of access, flow, safety, and experience, with further assurance provided through spotlight reporting in the HAWD reporting structure. The Voice of our Citizens is also represented in the HAWD report.

2.3.2 Workforce

Justification of deliverables and its outputs towards achieving KPI Performance and its outcomes, as well as targeted performance spotlights demonstrates visibility on the consideration of workforce when implementing actions and its unintended consequences.

2.3.3 Financial

Q2 HAWD Report supports financial recovery and sustainability by aligning deliverables and outcomes to the OIP and Value & Sustainability (V&S) programme. This enables clearer monitoring of progress and impact across both financial and non-financial priorities.

2.3.4 Risk Assessment / Management

Q2 HAWD report demonstrates visibility and scrutiny of key risks through targeted spotlighting, performance conversations across multi assurance layers, and escalation mechanisms built into the HAWD reporting cycle.

2.3.5 Equality and Diversity, including health inequalities

Targeted performance spotlights in the Q2 HAWD Report shows visibility in mitigating health inequalities considerations and promote person-centred care. It also prompts reflection on how principles such as “Putting People First” and equity considerations will support progress toward outcomes.

2.3.6 Other impacts

The Performance Assurance Framework and Model will support a more performance-aware culture across the organisation by improving transparency, reducing burden, and making assurance processes more meaningful and accessible at all levels.

2.3.7 Communication, involvement, engagement and consultation

- All Programme Leads, System Leaders, Exec Leads for the Change Programmes are jointly involved in the design, development and agreement of Outcomes, KPIs, Deliverables and Outputs of the Three Change Programmes and the OIP.
- Executive Leads, Chairs/Vice Chairs and Committee Members of the Board and Assurance Committees were involved in the consultation, review and agreement on the NHS Grampian Integrated Performance Assurance and Reporting Framework and Performance Model, repurposed How Are We Doing Board Performance Report.
- Involvement of System Leaders, Executive Leads, Chief Officers on providing updates to the Three Change Programmes and the OIP.
- Q2 HAWD Report presented at Chief Executive Team (CET) Performance Review Meeting on 4th November 2025.
- Q2 HAWD Report presented to PAFIC on 26th November 2025
- Q2 HAWD Report presented at pre-Board Meeting on 24th November 2025

2.3.8 Route to the Meeting

- Q2 HAWD Report presented at Chief Executive Team (CET) Performance Review Meeting on 4th November 2025.
- Q2 HAWD Report presented to PAFIC on 26th November 2025
- Q2 HAWD Report presented at pre-Board Meeting on 24th November 2025

2.4 Recommendations

The Board is asked to:

- Endorsement

- Endorse the Quarter 2 (July to September) organisational performance position, noting continued progress across the three change programmes, improved financial recovery within Value and Sustainability, operational pressures affecting KPI performance within Planned Care and Unscheduled Care.

- Assurance

- Note the actions detailed in the Q2 HAWD Report to improve KPI performance:
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- Decision

- Approve the Quarter 2 How Are We Doing (HAWD) Board Performance Report, and the continued utilisation of the Performance Model within the Performance Assurance Framework to ensure activity translates into measurable improvements across the Three Change Programmes.

3 Appendix

The following appendix is included with this report:

- Appendix 1: Q2 2025/26 HAWD Board Performance Report