

# Operational Improvement Plan

Q2 Performance Reporting for 2025/26

December 2025

➤ What is our Performance Story so far? (July 2025 to Sept 2025)

➤ Tier 1: Operational Improvement Plan Performance Overview

➤ 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

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REPORT KEY

Performance status reporting of 2025/26 Deliverables Critical Areas:

Prognosis of delivering 2025/26 Deliverables by 31 <sup>st</sup> March 2026
<div><div>■ Completed</div><div>■ Will be Complete</div><div>■ Not on target - Anticipated Minor Delay</div><div>■ Not on target - Anticipated Significant Delay</div></div>

# Operational Improvement Plan (OIP) - 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 focussing 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

## What is our Performance Story so far? (July 2025 to Sept 2025)

<p><b>Critical Area: <a href="#">Improving Access to Treatment</a></b></p> <p><b>Outcome:</b> 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. <i>Detailed outcomes are set out in Tier 2.</i></p> <p><b>What this means in Q2:</b> Q2 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 continues to meet national standards, while psychological therapies (PT) sustained local target but fell short of the national benchmark. Sustained performance while addressing variation will support delivery of outcome in this area.</p>	<p><b>Critical Area: <a href="#">Shifting the balance of care</a></b></p> <p><b>Outcome:</b> 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. <i>Detailed outcomes are set out in Tier 2.</i></p> <p><b>What this means in Q2:</b> Q2 shows a mixed position across community services. Performance on Hospital at Home and frailty at front door is reported under the Unscheduled Care Change Programme. In primary care, deliverables on improving access to GPs, pharmacy first have recovered pace, and now, with primary care optometry, are on track. Specialist frailty is anticipated to be slightly delayed, with Dentistry slowed by national constraints. Overall, shift towards care in community shows signs of positive progress but sustained performance will be essential to achieve outcomes by March 2026.</p>	<p><b>Critical Area: <a href="#">Improving access to health and social care services through digital and technological innovation</a></b></p> <p><b>Outcome:</b> Digital and technological innovations are embedded to improve access, diagnosis, treatment and scheduling across a range of health and social care services. <i>Detailed outcomes are set out in Tier 2.</i></p> <p><b>What this means in Q2:</b> Q2 continues to show progress towards outcome. Q2 shows that 5 focus areas, spanning digital access, care pathways, genetic testing continue progressing in line with plan and expect to be completed by March 2026, with only theatre scheduling delayed by external factors. Waiting list validation process is now fully in place. Benefits for patients and services have yet to be realised.</p>	<p><b>Critical Area: <a href="#">Prevention - working with people to prevent illness and more proactively meet their needs</a></b></p> <p><b>Outcome:</b> 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. <i>Detailed outcomes are set out in Tier 2.</i></p> <p><b>What this means in Q2:</b> Q2 shows continued progress in both areas but with variation. Cardiovascular Disease work is on track for completion, while Frailty prevention is anticipating more significant delays than previously; both areas are impacted by national factors. Overall prevention programmes are progressing but frailty needs closer attention to realise its outcomes.</p>
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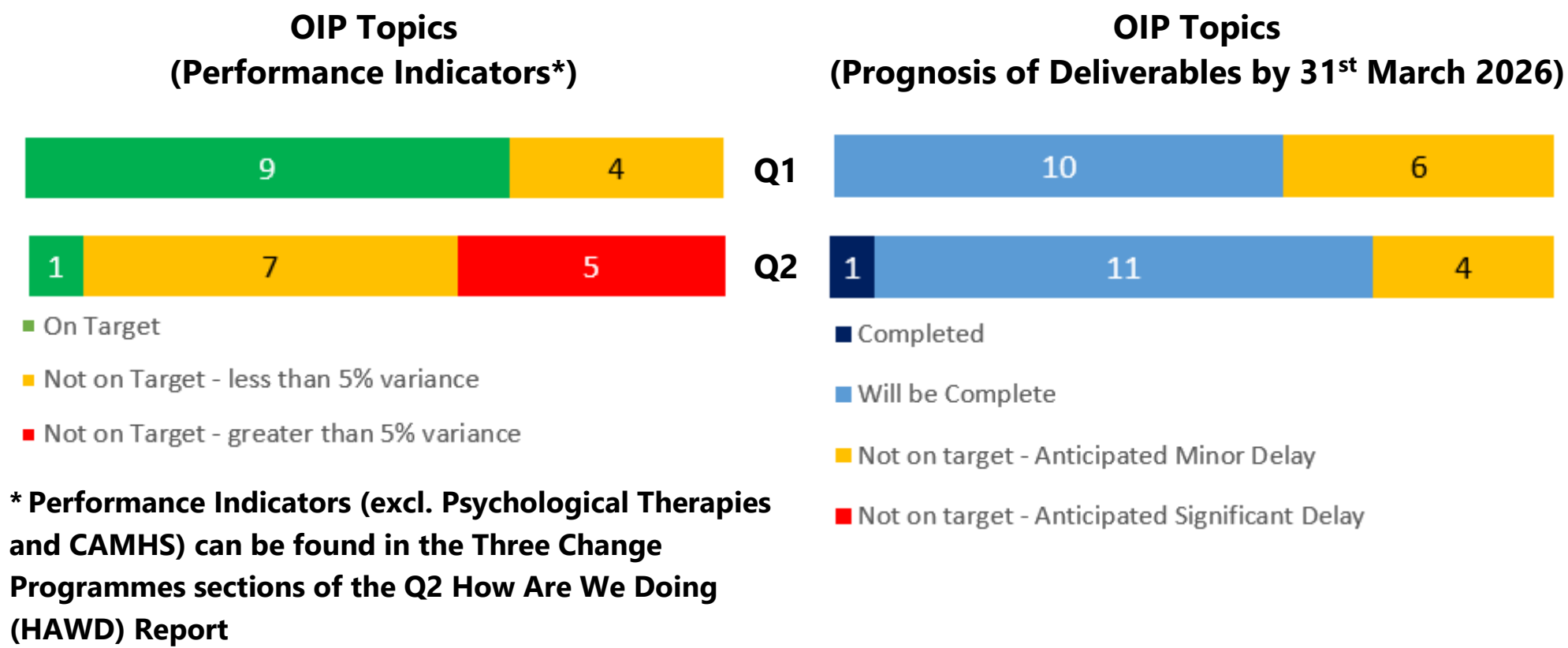
The following Tier 1 overview shows our Quarter 2 performance through the Operational Improvement Plan, which tracks progress against four Critical Areas. The detailed actions and mitigations supporting delivery, and the steps taken to address risks, are set out in Tier 2.

# Tier 1: Operational Improvement Plan Performance Overview

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 ([Improving Access to Treatment](#), [Shifting the Balance of Care](#), [Improving Access to Care through Digital and Technological Innovation](#), and [Prevention](#)) 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.
- KPIs for **Planned Care** and **Unscheduled Care** are featured in the Change Programmes section of the How Are We Doing (HAWD) Report.
- 13 measures are reported as being “On Target/Will Be Complete/Completed” by end March 2026, while 16 measures are reported as being “Not on Target”.
- The Performance Bars show current Q2 performance in comparison to Q1.



# Tier 2: Critical Area - Improving Access to Treatment

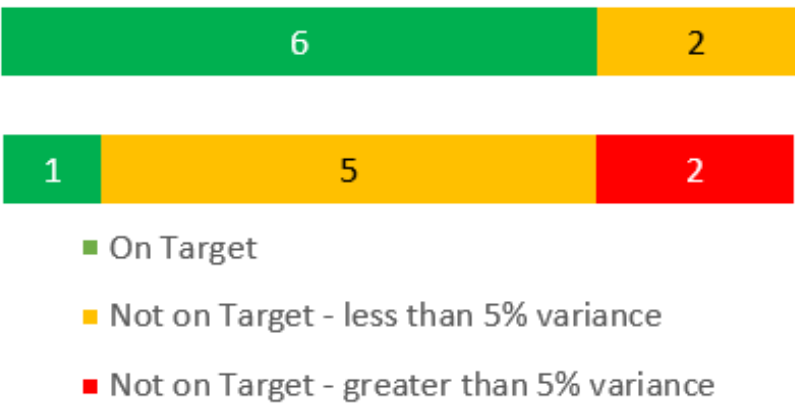
We will reduce waiting times ensuring that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient/day-case procedure.

## 9 performance indicators and deliverables

across 4 Focus Areas:

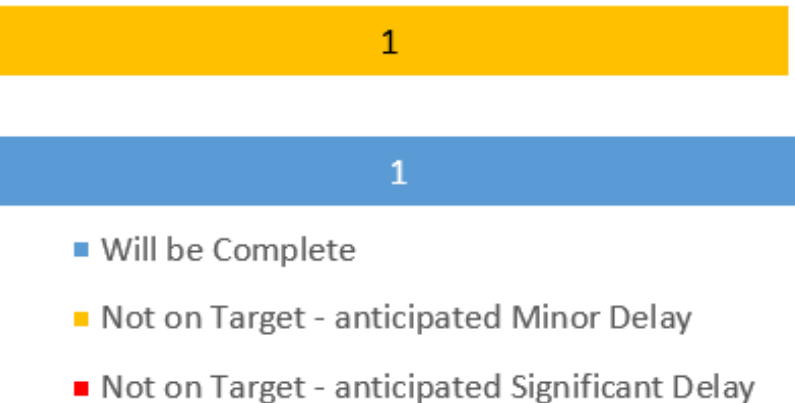
- Increasing Capacity
  - Diagnostics – reducing the backlog
  - [Expand the Rapid Cancer Diagnostic Services](#)
  - [Clear Child and Adolescent Mental Health Services Backlogs](#)
- Improving Access to Treatment consists of both Data Driven and Project Based measures. Please note that there is some overlap between the Three Change Programmes and the Operational Improvement Plan. KPIs for **Planned Care** and **Unscheduled Care** are featured in the Change Programmes section of the How Are We Doing (HAWD) Report.
  - 2 measures are reported as being “On Target/Will Be Complete” by end March 2026, while 7 measures are reported as being “Not on Target”.
  - The Performance Bars show current Q2 performance in comparison to Q1.

OIP Topics  
(Performance Indicators\* incl. Psychological Therapies and CAMHS)



\*Performance Indicators (excl. Psychological Therapies and CAMHS) can be found in the Three Change Programmes sections of the Q2 How Are We Doing (HAWD) Report

OIP TOPICS  
(Prognosis of Deliverables by 31<sup>st</sup> March 2026)

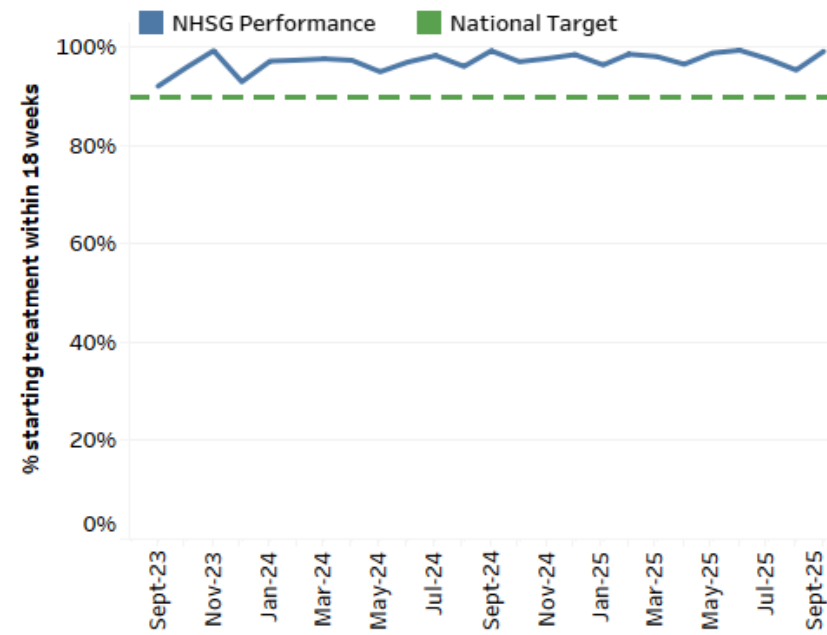


Critical Area: Improving access to treatment					
Focus area	What are we trying to achieve by 31st March 2026 (Deliverables)	Are we on target?	What actions can be taken to improve or sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Expand the Rapid Cancer Diagnostic Services	<b>Cancer Management Framework</b>	<b>Will be Complete</b>	<p>Direct Access to CT has been active in NHSG for several years. NHS Grampian is introducing a new pathway to improve diagnostic access for patients with an urgent suspicion of cancer (USC) but non-specific symptoms.</p> <ul style="list-style-type: none"> <li>Direct GP referrals for CT imaging will be supported.</li> <li>A Single Point of Contact Navigator, working with an Advanced Clinical Nurse Specialist, will coordinate USC referrals to ensure a patient-centred approach and equitable access.</li> <li>The pathway will be tracked under the 62-day Cancer Waiting Times standard, with Cancer Trackers monitoring progress and prioritizing cases at risk of delay.</li> <li>This aims to speed up diagnostics, enable targeted reporting for MDT discussions, and ensure timely treatment if cancer is diagnosed.</li> <li>The model aligns with the cancer management framework, covering patient voice, optimal referral, diagnostics, dynamic tracking, escalation, MDT effectiveness, and timely treatment.</li> </ul> <p>To develop a Rapid Cancer Diagnostic service, NHSG aims to establish an accurate referral-to-diagnosis conversion rate (currently 7.2–15% across Scotland). Real-time process measures, reviewed after 3 months, will track referral volumes, demographics, symptoms, conversion rates (cancer, pre-cancer, non-cancer), and time from referral to CT result.</p>	<i>Paul Bachoo, Acute Medical Director</i>	<a href="#">Rapid Cancer Diagnostic Services   The national Centre for S</a>
Clear Child and Adolescent Mental Health Services Backlogs	<b>90% of children and young people should start treatment within 18 weeks of referral to CAMHS</b>	<b>Anticipated Minor Delay</b>	<p>Modelling Demand Capacity, Activity &amp; Queue across all clinical pathways, aiming to reduce wait to second treatment (Partnership) appointment remains ongoing, reviewed on a monthly basis and has shown the second appointment called 'Partnership' wait is projected to increase to 34 weeks due to a reduction in workforce. However the wait for the first appointment, called 'CHOICE' will remain steady at 10 weeks therefore we will be able to maintain the 90% RTT standard.</p> <p>Recruitment to the first phase of posts funded by Enhanced Mental Health Outcomes Framework earmarked Scottish Government funding (EMHOF) are currently going through the approval process; we anticipate new clinicians can be in post by February 2026 to begin taking a full patient caseload by April 2026.</p> <p>To support workforce retention, we are continuously supporting staff wellbeing and development.</p> <p>In the next quarter we aim to have completed internal process mapping to identify key points of demand and consider ways to increase efficiency.</p> <p>There is a large demand for Neurodevelopmental assessment and treatment; pilots in the City and Shire HSCP's will allow us to understand if different models can reduce the demand on CAMHS.</p>	<i>Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP</i>	N/A
Psychological Therapies	<b>90% of people should start their treatment within 18 weeks of referral to psychological therapies</b>	<b>Anticipated Minor Delay</b>	<p>The 18 week Referral to Treatment (RTT) standard in Adult services remains challenging but internal standard goal (over 70%) has been maintained with most recent data at 81%. We continue to work with SG enhanced support piloting new trajectory modelling. In addition we aim to pilot clinic co-ordination to reduce Did Not Attends (DNAs)/maximise numbers of new patients seen. Clinic coordination will be piloted in January 2026. Further work will identify potential new ways of cross system working to maximise current resource. We also expect Enhanced Mental Health Outcomes Framework (EMHOF) funding to allow some further recruitment which will assist capacity and thus reduction in wait times. Some IJBs have completed financial analysis and supported some re-dress of posts lost under EMHOF which will provide some further capacity across PT services..this work needs to be completed by January 2026. National work with newly formed NHS24 Psychology service may allow some opportunities to gain capacity at national level via digital therapies. These plans are progressing with NHS 24. More broadly senior team workshop on 1/12/25 identified further opportunities for full cross system modelling approach to Adult PTs We will update a paper previously sent to Chief Officers by February 2026 and requesting support for a more flexible, agile adult PT service across the system to support more efficient PT delivery service across MH&amp;LD and Acute sectors which should reduce waiting times if supported.</p>	<i>June Brown, Executive Nurse Director</i>	N/A



Performance against CAMHS target:

Proportion of children and young people starting their treatment within 18 weeks of referral



National target: 90%

NHSG Target: 90% by 31/03/2026

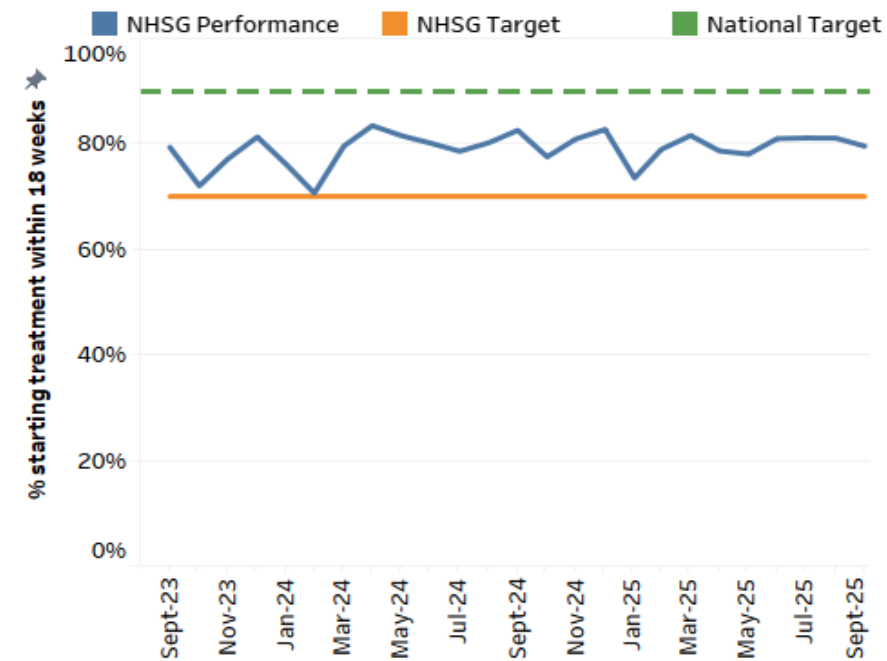
Our target is for 90% of children and young people to start treatment within 18 weeks of referral. Positive performance is where the target is met or exceeded.

With the exception of one quarter, we have consistently achieved this target since the quarter ending December 2020.

For the quarter to September 2025\*, performance of 97.8% was above the 90% target (NHSG and national)

Performance against psychological therapies target:

Proportion of people starting their treatment within 18 weeks of referral



National target: 90%

NHSG Target: 70% by 31/03/2026

Our target is for 70% of patients to start treatment within 18 weeks of referral. Positive performance is where the target is met or exceeded.

We have consistently achieved this target since the quarter ending September 2023.

For the quarter to September 2025\*, performance of 80.5% was above the NHSG target of 70%, but below the national target of 90%

\*Note that data for Q3 2025 is provisional local data which may be subject to change prior to final publication and in subsequent reports

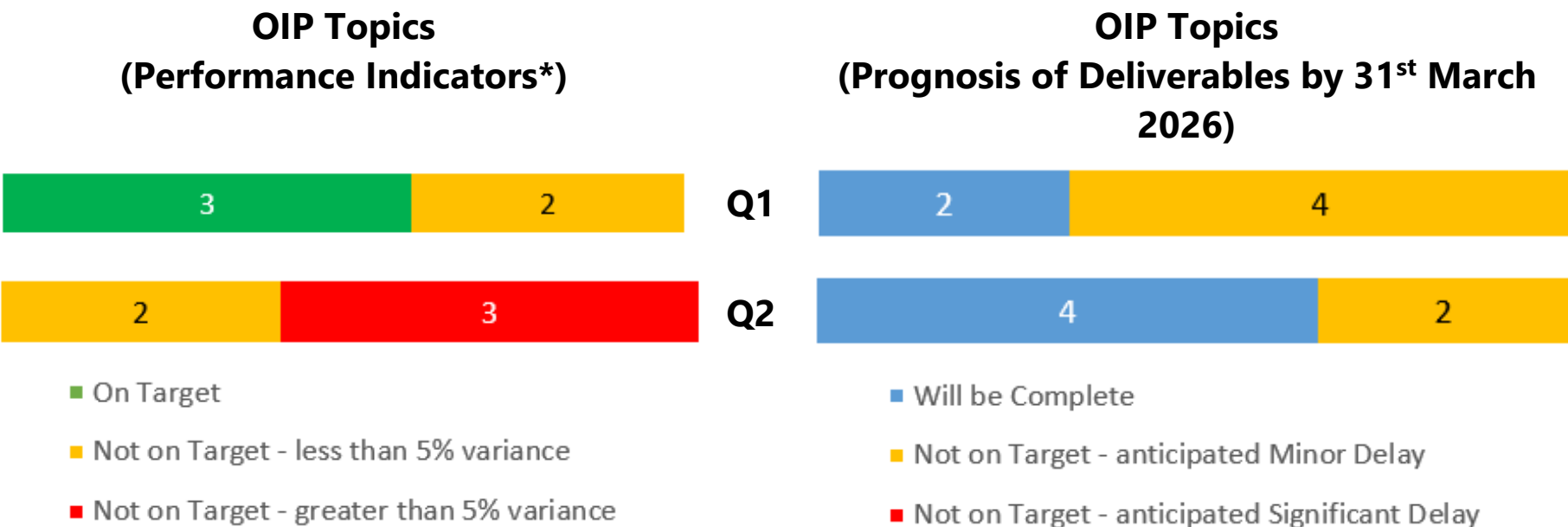
# Tier 2: Critical Area – Shifting the Balance of Care

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. Please note that there is some overlap between the Three Change Programmes and the Operational Improvement Plan. KPIs for **Planned Care** and **Unscheduled Care** are featured in the Change Programmes section.
- 4 measures are reported as being “On Target/Will be Complete” by end March 2026, while 7 measures are reported as being “Not on Target”.
- The Performance Bars show current Q2 performance in comparison to Q1.





Critical Area: Shifting the Balance of Care					
Focus area	What are we trying to achieve by 31st March 2026 (Deliverables)	Are we on target?	What actions can be taken to improve or sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Reducing the pressure in our hospitals	<b>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):</b> <ul style="list-style-type: none"> <li>identified and scoped the overlap/common ingredients and gaps in activity between GIRFE, Value Based Health &amp; Care/Realistic Medicine, Putting People First and other related approaches.</li> <li>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.</li> <li>test the GIRFE approach in activities underway in 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.</li> </ul>	Will be Complete	<p>Hope Conference working group established and successful event delivered on 12th November at Cults Academy. It is a springboard for further collaboration using the GIRFE tools to further strengthen person centred practice. Attendees at the event included leaders from Scottish Government, 3 X HSCPS and NHSG Grampian as well as operational leaders and people with lived experience. Mentimeter and other engagement approaches used to gather feedback to inform next steps at the event. Next steps in Q3: Using feedback from the conference and learning from the GIRFE pathfinders, we will agree actions with GIRFE and Realistic Medicine leads which will help embed GIRFE across the whole system – this will be developed in Q3 with delivery starting in Q4. The scale of activity will be subject to resource being found to progress this. We are mitigating the resource challenge by working together across GIRFE, Realistic Medicine and Putting People First. We will also test and refine the GIRFE approach in work underway including in for example in how we deliver Community Appointment Days, our delivery of Lived Experience panels and Real Time Feedback loops (progress subject to recruitment). This will allow testing of the GIRFE tools and approach in real situations, and build staff knowledge and skills in adopting a GIRFE mind-set and will be progressed in Q4.</p>	Shantini Paranjothy, Director of Public Health	<a href="#">Putting People First</a>
Specialist Frailty Services	<b>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</b>	Anticipated Minor Delay	<p>The key to frailty at the front door being successful relies on all elements of the USC programme being in place across all parts of the system ensuring there are pathways available to allow for the individual to be redirected to more appropriate settings. Individual projects within the USC programme continue at varying stages with Implementation of Discharge to Assess (D2A) service now being up and running within City, different models of this being implemented across other HSCPs and in progress. Planned discharge date/Integrated Discharge Hub continues to progress with some work continuing in relation to workforce requirements and advertising of posts. Progress in the community hospital step down work has been limited due to difficulties in commencing the group. A Grampian wide group is being progressed for the community hospital step down work and aiming to accelerate the required key actions. The first patient through the D2A service is scheduled by the end of November and plans are in place to embed this pathway rapidly. It is anticipated and aimed for all projects to be on track by next quarter.</p>	Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP	N/A
Access to GPs & other Primary & Community Care Clinicians	<b>Contribute to development of a new national quality framework and work to increase capacity and support recruitment and retention of GP workforce</b>	Will be Complete	<p>The GP Vision Programme continues to make progress against its key aims and objectives. A programme review workshop was held in Spring 2025 which reaffirmed the priorities in order to align these with available resources within the programme. The agreed priority areas from the workshop included reviewing contract options, recruitment and retention of General Practitioners and key enabling work relating to data, digital and premises. A GP Vision Transition paper is currently being worked on and will go to the GP Vision Programme Board on the 10th Dec and GP Sub on the 19th January. The report highlights how workstreams will transition to business as usual, and priority areas as resources become available and any risks/gaps. The governance for the GP Vision work will transition from the current Programme Board into the new proposed Primary Care Board for Grampian. The Primary Care Board is under construction currently with one workshop complete, anticipated the Primary Care Board will be in place before March 26. There is a pan Grampian x3 IJBs session to update on the 24th February. The workstreams are looking at maximising opportunities both in nationally and locally alongside the new funding package offer for general practice. Funding will be broadly directed into six priorities – core investment in workforce, practice expenses, digital and access, quality and data, premises, and inequalities. The key enablers around digital, data and quality, are essential to providing a strong foundation for increasing investment in years two and three.</p> <p>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 are progressing through the respective IJB governance and approval processes.</p> <p>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. At time of writing there are no further updates on this for Q2.</p>	HSCP Chief Officers	N/A

Critical Area: Shifting the Balance of Care					
Focus area	What are we trying to achieve by 31st March 2026 (Deliverables)	Are we on target?	What actions can be taken to improve or sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Pharmacy First Service	<b>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</b>	Will be Complete	<p>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.</p> <p>Draft Patient Group Directions (PGDs) for the treatment of oral thrush using nystatin suspension, and mild inflammatory skin conditions using hydrocortisone cream/ointment have been written nationally and NHSG are engaged in review prior to national finalisation.</p> <p>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.</p>	<i>Hugh Bishop, Medical Director</i>	<p>Pharmacy First Background: <a href="#">NHS Pharmacy First Scotland: information for patients - gov.scot</a> and <a href="#">NHS Pharmacy First Scotland (PFS)   National Services Scotland</a></p> <p>Approved List of medicines available on Pharmacy First: <a href="#">NHS Pharmacy First Scotland: Approved List of Products</a></p> <p>National Statistics on utilisation: <a href="#">NHS Pharmacy First Scotland 6 May 2025 - NHS Pharmacy First Scotland - Publications - Public Health Scotland</a></p> <p>Scottish Government circular re Pharmacy First: <a href="#">Primary and Community Care Directorate</a></p>
Dentistry	<b>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.</b>	Anticipated Minor Delay	<p>As part of the Dental Services Reference Group, commissioned by Board Chief Executives, this action remains due for completion by December 2025 following which we will assist in the implementation of any actions.</p> <p>Work continues by NES to develop a training package, there is still no confirmed timescale or further detail shared as to when this package will be published.</p> <p>An additional 2 UK students have commenced studies at Aberdeen Dental School. This has increased the student numbers for the current intake from 20 to 22.</p> <p>These actions all sit nationally, and NHS Grampian's direct involvement will follow once this is completed.</p>	<i>Shantini Paranjothy, Director of Public Health</i>	N/A
Primary Care Optometry	<b>Community Glaucoma – Develop a sustainable process within secondary care to identify and discharge patients suitable for the CGS</b> <b>Ensure primary care colleagues have access to all information required</b>	Will be Complete	<p>Business case submitted to SG w/e 05/09. Further information submitted to SG on 19/09 providing detail on digital development work and how it supports the process for identification of CGS-eligible patients. Business Case favourably received, with national delay in allocation. National programme team advised funding would be released in quarter three.</p> <p>Project team established with key stakeholders from primary and secondary care, and links to Digital Directorate, to enable planning to proceed in anticipation of the required funding. This allows coordination of the cross system response requiring secondary care to identify patients suitable for discharge to community and for community to have sufficient capacity to meet demand. In addition to this the business case includes funding to implement Open Eyes, IT system, for the community to enable appropriate access to the required clinical information, hence coordination with Digital Directorate is also required.</p>	<i>Paul Bachoo, Acute Medical Director</i>	N/A

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

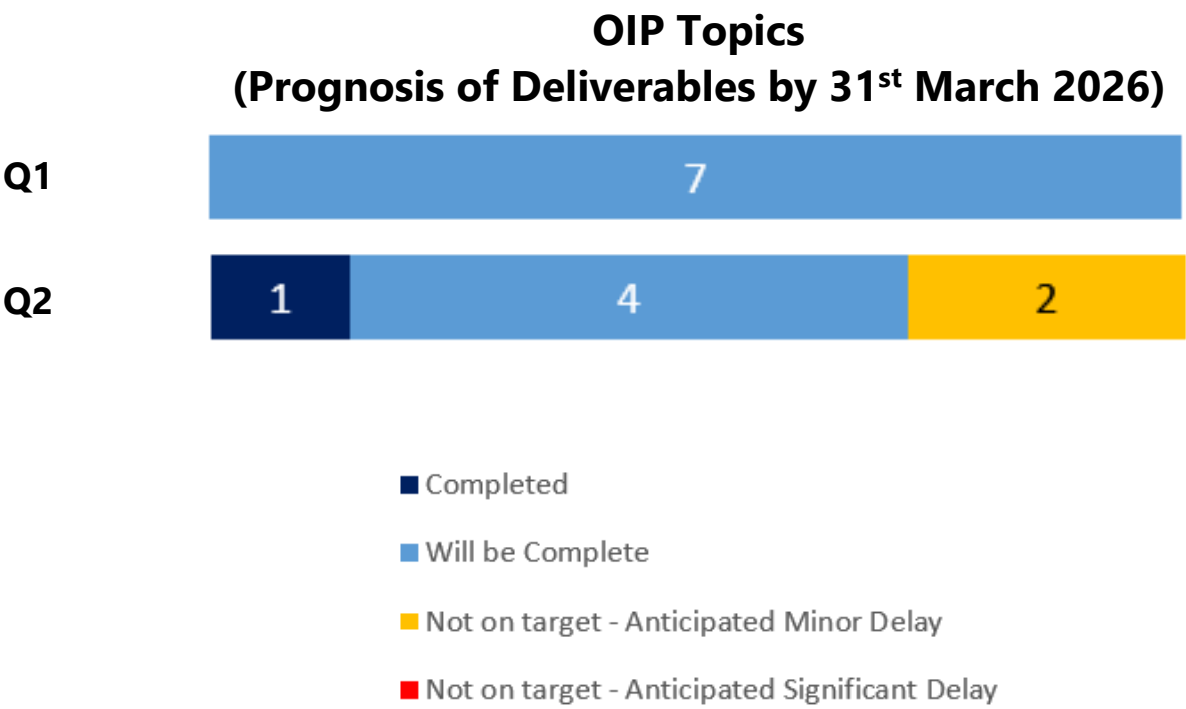
We will work to ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families.

## 7 performance indicators and deliverables across 6

Focus Areas:

- [Digital access for your health and social care](#)
- [Digital Dermatology Pathway](#)
- [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.
- 4 measures are reported as being “Will be Complete” by end March 2026, while 2 are now reported as anticipated to have a “Minor Delay”. 1 Deliverable is now noted as being fully “Complete”.
- The Performance Bars show current Q2 performance in comparison to Q1.



Critical Area: Improving access to health and social care services through digital and technological innovation					
Focus area	What are we trying to achieve by 31st March 2026 (Deliverables)	Are we on target?	What actions can be taken to improve or sustain this position?	Exec Lead	Notes (hyperlinks to national frameworks)
Digital access for your health and social care	<b>Participate in the plan for roll-out of 'Digital Front Door' (DfD) service beyond the early adopter board</b>	<b>Will be Complete</b>	Director Letter from the Chief Operating Officer & Deputy Chief Executive NHS Scotland (dated 26 Sept) confirmed initial launch of Digital Front Door - now entitled the MyCare.Scot service - will be for dermatology patients in Lanarkshire by the end of the year. The letter commits to publishing details of a national rollout in December. In the meantime funding arrangement for staff and technical resources is being sought from the national programme and a further meeting to discuss Appointment bookings using the DFD is scheduled for end of October. 'On target' assessment for delivery is based on full engagement and meeting participation held with national team to date. However, this will require review following publication of the rollout plan when resource demands and funding are clear.	<i>Stuart Humphreys, Director of Marketing &amp; Corporate Communications</i>	N/A
	<b>Digital Dermatology Pathway</b>	<b>Anticipated Minor Delay</b>	Approximately 31% of GP practices have used Consultant Connect, and around 64% of referrals via Scottish Care Information (SCI) include an attached image. Benefits of image capture at point of referral include: enabling clinicians to undertake enhanced vetting to identify the best pathway for a patients care; ensure most urgent cases can be prioritised; reduce waiting times for specialist treatment; provide quicker reassurance and advice to those that do not require a face to face appointment. Efforts to increase utilisation include: <ul style="list-style-type: none"> <li>Regular promotion of Consultant Connect as best practice via the GP bulletin</li> <li>Inclusion of Consultant Connect information in Grampian Guidance</li> </ul> Planned actions to be developed in Q3 and implemented in Q4 to further improve uptake: <ul style="list-style-type: none"> <li>A primary care questionnaire to assess awareness and identify barriers</li> <li>A training event led by local and national clinical leads</li> </ul>	<i>Paul Bachoo, Acute Medical Director</i>	N/A
	<b>Validation processes for waiting lists</b>	<b>Complete</b>	Planned achievement for this financial year is now complete. Business as usual process now in place.	<i>Paul Bachoo, Acute Medical Director</i>	N/A
National digital type 2 diabetes remission programme	<b>Support roll out of new national digital intensive weight management programme for people newly diagnosed with type 2 diabetes</b>	<b>Will be Complete</b>	NHSG Public Health and dietetic representation on the Clinical Advisory Group continues NHSG Primary Care representation within development of this programme, will have Primary Care Clinical leadership shortly within approach to and delivery of roll out which will include communications at appropriate stages. Development of engagement and communications plan with Primary Care colleagues NHSG Colleagues await outcome of tender process, confirmation of provider and further instruction from the ANIA Team Ongoing MDT local and National meetings to agree implementation plan aimed to work in parallel with the existing local remission service, with oversight provided by Healthier Futures Diabetes Steering Group Direct referrals to service planned to commence Jan 2026	<i>Shantini Paranjothy, Director of Public Health</i>	<a href="#">A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes.</a> <a href="#">Prevention and remission of type 2 diabetes.</a> <a href="#">Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland.</a>
Genetic testing for recent stroke patients	<b>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</b>	<b>Will be Complete</b>	On target to launch in October 2025. Aligning launch of lab based test with point of care test. NHS Grampian is in phase one of the national rollout with NHS Western Isles. Rolling out in Grampian in a phased manner with launch in DGH initially followed by ARI in early 2026. Phased approach is due to capacity for testing in the national laboratory. Availability of this test will ensure patients are on the effective treatment for them reducing morbidity and mortality from future stroke or TIA.	<i>Paul Bachoo, Acute Medical Director</i>	N/A
Genetic testing for new-born babies with bacterial infections	<b>Participate in roll out of pathway for new-born babies to receive a genetic test via a point-of-care device to inform what drug they are given to manage an infection</b>	<b>Will be Complete</b>	Launch meeting has taken place with local stakeholders and Centre for Sustainable Delivery (CfSD). Greater Glasgow and Clyde are launching first with NHS Grampian in a later phase in fourth quarter of 2025/26. Work has commenced to prepare for launch with establishment of a stakeholder group with representation from neonatal service and relevant support services. Information Governance, Pharmacy, and Laboratory colleagues all supporting.	<i>Paul Bachoo, Acute Medical Director</i>	N/A
Improving access to health and social care services through digital and technological innovation	<b>An Operating Theatre Scheduling Tool – deployed in two specialities</b>	<b>Anticipated Minor Delay</b>	This programme was progressing with a planned go live date of ~ November. However, this has been paused as the supplier has identified further development work is required to accommodate the ESCatS system. We are currently awaiting feedback and timelines for this from the supplier, following detailed clinical governance discussion between the supplier, NHS Grampian Digital Directorate Clinical Lead and Head of Access Performance. Although we anticipate the changes being simple to implement we cannot be certain until the provider gives us formal feedback.	<i>Paul Bachoo, Acute Medical Director</i>	N/A



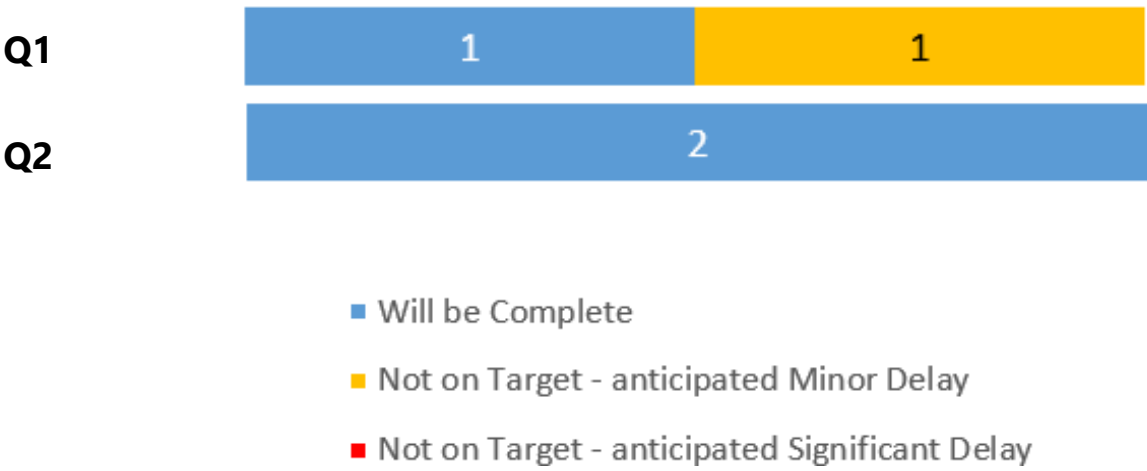
# Tier 2: Critical Area – Prevention: working with people to prevent illness and more proactively meet their needs

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.
- 2 of 2 measures are reported as being “Will be Complete” by end March 2026.
- The Performance Bars show current performance in comparison to Q1 and Q2.

OIP Topics  
(Prognosis of Deliverables by 31<sup>st</sup> March 2026)



Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs					
Focus area	What are we trying to achieve by 31st March 2026 (Deliverables)	Are we on target?	What actions can be taken to improve or 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 payment claim figures to date are 13.6% of eligible capped cohort however due to a delay in the reporting system the actual uptake figures may be higher. Survey identifying common themes of approaches/barriers to implementation of the DES to be circulated to use learning to improve uptake. Initiate a pilot for referrals to Healthpoint to better understand support required from primary care and potential future demand. Analysis of returns with preliminary findings to be reported in March 2026. Scottish Government hasn't set a target for uptake and our efforts are geared towards improving the uptake levels as much as possible given before the end of this phase of the programme in February 2026. Implement an awareness campaign to highlight CVD risk factors and support uptake of the DES incl. opportunities to support GP with enhanced communications for target populations. The CVD risk factors animation has been produced and shared with General Practices for dissemination to their patients. The animation will also be shared on NHS Grampian social media sites. Participation in Fraserburgh Big Conversation in November to determine opportunities to embed CVD prevention. Also exploring involvement in Women's Health CAD in January 2026. Explore opportunities around CVD data to understand how this can be optimised to target specific populations. We are in the very early stages of a needs assessment process and we estimate that the whole process is likely to be completed by July/August 2026.	Shantini Paranjothy, Director of Public Health	N/A
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.	Will be Complete	NHS Grampian has advised the Scottish Government that 73% of GP practices in the region have expressed interest in participating in the Directed Enhanced Service (DES). The remaining 27% continue to have the opportunity to opt in at a later date, should they choose to do so. All practices have until 28 February 2026 to submit confirmation to NHS Grampian that they have met the conditions outlined in the Local Enhanced Service (LES). At this time, no submissions have been received. Whilst this is early in the program for responses, NHS Grampian will follow up practices to ensure submissions are received by the deadline. Similarly, ongoing local dialogue may encourage practices who have not yet signed up to do so.	Judith Proctor, Chief Officer - Moray HSCP	N/A