# **NHS Grampian**



Meeting: NHS Grampian Board Meeting

Meeting date: 11 December 2025

Item Number: 7.2

Title: Operational Improvement Plan Update Report

Q2 (July to September)

**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

#### Recommendations

#### The Board is asked to:

- Note
  - Proposed change to reporting of the OIP as a separate report outwith the HAWD Report.
- Endorse
  - Endorse a return to separate reporting of delivery performance of the OIP priorities by NHS
    Grampian and that they will be excluded from the revised Board How Are We Doing report
    for the remainder of 2025/26, to provide a more focussed and targeted reporting against the
    three change programmes.

#### Assurance

- Shared performance indicators of OIP referenced critical areas Planned Care and Unscheduled Care are adequately addressed through the How Are We Doing Report.
- The actions addressing the remaining OIP critical areas are sufficient to support its prognosis for completion by 31<sup>st</sup> March 2026. Critical areas of focus showing "Anticipated Minor Delay":
  - Critical Area Improving Access to Treatment
    - CAMHS
    - Psychological Therapies
  - Critical Area Shifting the Balance of Care
    - Specialist Frailty Services
    - Dentistry
  - o Critical Area Digital and technological innovation
    - Digital Dermatology Pathway
    - Operating Theatre Scheduling Tool

# Decision

 Approve the Q2 (July–September) OIP Report, confirming that its progress toward completion by 31 March 2026 is on track and that the level of detail provided offers sufficient assurance to the Board that delivery aligns with stated commitments.

# This report relates to:

- Operational Improvement Plan (OIP)
- How Are We Doing (HAWD) 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

This paper provides an update on NHS Grampian's progress against the four priority areas outlined by the Scottish Government within the Operational Improvement Plan (OIP). The OIP is scheduled for delivery over the next 12–18 months, commencing in Quarter 1 of 2025/26, and is supported by additional investment through the 2025–26 Scottish Budget. The report excludes areas where there is overlap between the OIP and the Three Change Programmes, particularly where Key Performance Indicators apply. Instead, it focuses on distinct areas such as CAMHS, Psychological Therapies, and GP Access etc

This paper draws on content previously presented to the Chief Executive Team (CET) during their performance review in early November 2025, via the revised HAWD Report. The inclusion of the OIP within the HAWD Report has also been shared with PAFIC and the Board. This OIP update complements the HAWD Report submission and is presented as a separate agenda item.

## 2.2 Background

The OIP was published in March 2025 with the intention to progress reform to ensure long-term sustainability, reduce health inequalities, further harness the benefits of digital technology, and

improve population health outcomes in Scotland. The link to the Operational Improvement Plan can be found here: Operational Improvement Plan.

CET agreed that continued focus is required on the OIP priorities to deliver the desired outcomes by the SG target dates, and that performance reporting would also prioritise these issues, to ensure organisational focus and provide assurance about delivery. In response to this, a revised HAWD report was submitted including comprehensive updates of both the OIP and Three Change Programmes. This was endorsed and approved by both Board (14<sup>th</sup> August 2025) and PAFIC (3<sup>rd</sup> September 2025).

### 2.3 Assessment

This report provides an update on NHS Grampian's progress to the OIP's four critical areas:

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

Current performance continues to be presented through narrative submissions from operational teams.

Looking ahead, it is felt that future reporting for the OIP would be best suited to being reported as a supplementary report separate from the How Are We Doing report. This is envisioned as an attempt to make the HAWD report concise and targeted, with a clear focus on the Three Change Programmes, while also recognising that there is an overlap between the two areas of reporting, particularly in Unscheduled and Planned Care. This crossover is in the form of KPIs, which are signposted in the OIP and fully referenced in the relevant sections of the HAWD report.

## 2.3.1 Quality / Patient Care

This report includes information on elements required to achieve high quality, patient focused care, including waiting times, patient flow, diagnosis, finance, and workforce.

## 2.3.2 Workforce

This report includes performance elements indirectly relating to workforce.

#### 2.3.3 Financial

Financial issues that may impact on the likelihood of delivery of the SG outcomes is detailed where applicable in the individual topic areas.

## 2.3.4 Risk Assessment / Management

Risks and risk management are addressed in the narrative impact section; this is however not comprehensive.

## 2.3.5 Equality and Diversity, including health inequalities

Equality and diversity factors are being included in this report, around GIRFE and Frailty.

## 2.3.6 Other impacts

All are outlined above and in attached report.

## 2.3.7 Communication, involvement, engagement and consultation

• Q1 revised How Are We Doing Report presented to CET on 4th November 2025.

## 2.3.8 Route to the Meeting

Presented to the Chief Executive Team Performance Review Meeting – 4th November 2025

#### 2.4 Recommendations

### The Board is asked to:

- Note
  - Proposed change to reporting of the OIP to support the HAWD Report

### Endorse

Endorse a return to separate reporting of delivery performance of the OIP priorities by NHS
Grampian and that they will be excluded from the revised Board How Are We Doing report
for the remainder of 2025/26, to provide a more focussed and targeted reporting against the
three change programmes.

#### Assurance

- Shared performance indicators of OIP referenced critical areas Planned Care and Unscheduled Care are adequately addressed through the How Are We Doing Report.
- The actions addressing the remaining OIP critical areas are sufficient to support its prognosis for completion by 31<sup>st</sup> March 2026. Critical areas of focus showing "Anticipated Minor Delay":
  - Critical Area Improving Access to Treatment
    - CAMHS
    - Psychological Therapies
  - o Critical Area Shifting the Balance of Care
    - Specialist Frailty Services
    - Dentistry
  - Critical Area Digital and technological innovation
    - Digital Dermatology Pathway
    - Operating Theatre Scheduling Tool

#### Decision

 Approve the Q2 (July–September) OIP Report, confirming that its progress toward completion by 31 March 2026 is on track and that the level of detail provided offers sufficient assurance to the Board that delivery aligns with stated commitments.

# 3 Appendix

The following appendix is included with this report:

Appendix 1 – Operational Improvement Plan Update Report Q2