

Operational Improvement Plan

Performance Reporting for Financial Year 2025/26

August 2025

Operational Improvement Plan (OIP) - 2025/26

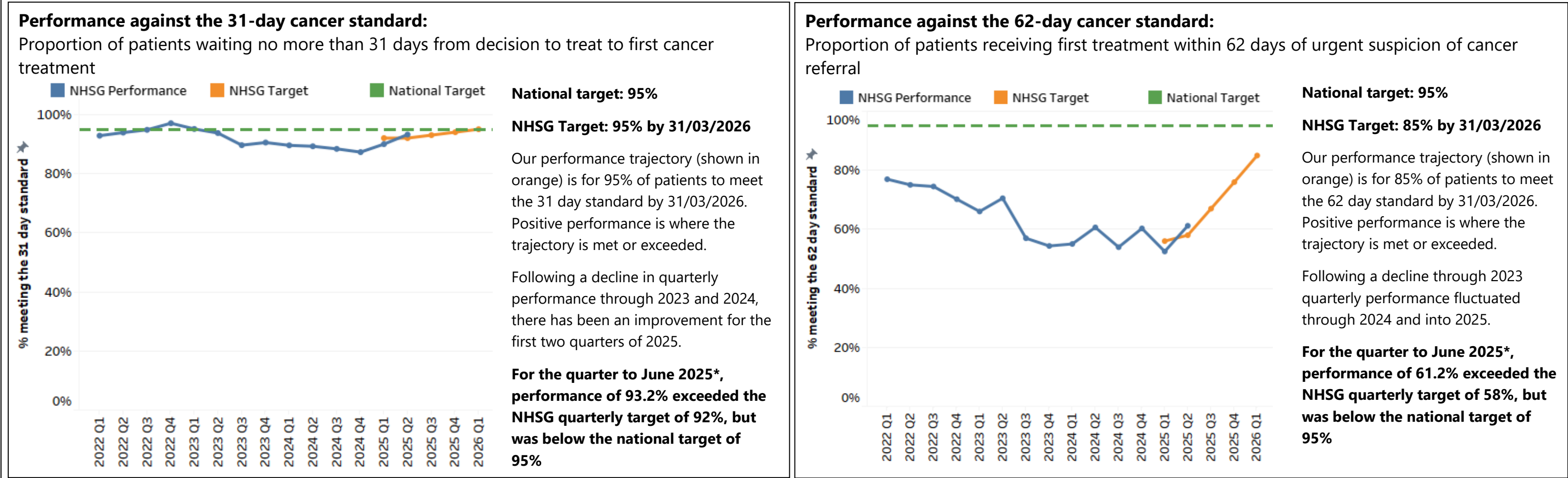
The NHS Scotland Operational Improvement Plan is intended as a short term, realistic support to local health boards existing planning, and is the first part of a longer term commitment of reform and renewal to ensure long-term sustainability, reduce health inequalities, further harness the benefits of 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

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.

1. Increasing Capacity - Make use of additional investment and work with regional and national pathways to meet waiting times targets	Grampian Lead - Geraldine Fraser & Paul Bachoo; Matthew Toms	Scottish Government (SG) Timeline: By March 2026
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Update – Planned Care Plan focuses on achieving 95% performance for the 31 and 62-day cancer targets and 52 week maximum waits for New Outpatients and Treatment Time Guarantee (TTG) patients. Our key strategic objectives are backlog recovery, sustainable service redesign and full exploitation of national and regional assets.



Implications for Finance / Workforce / Infrastructure

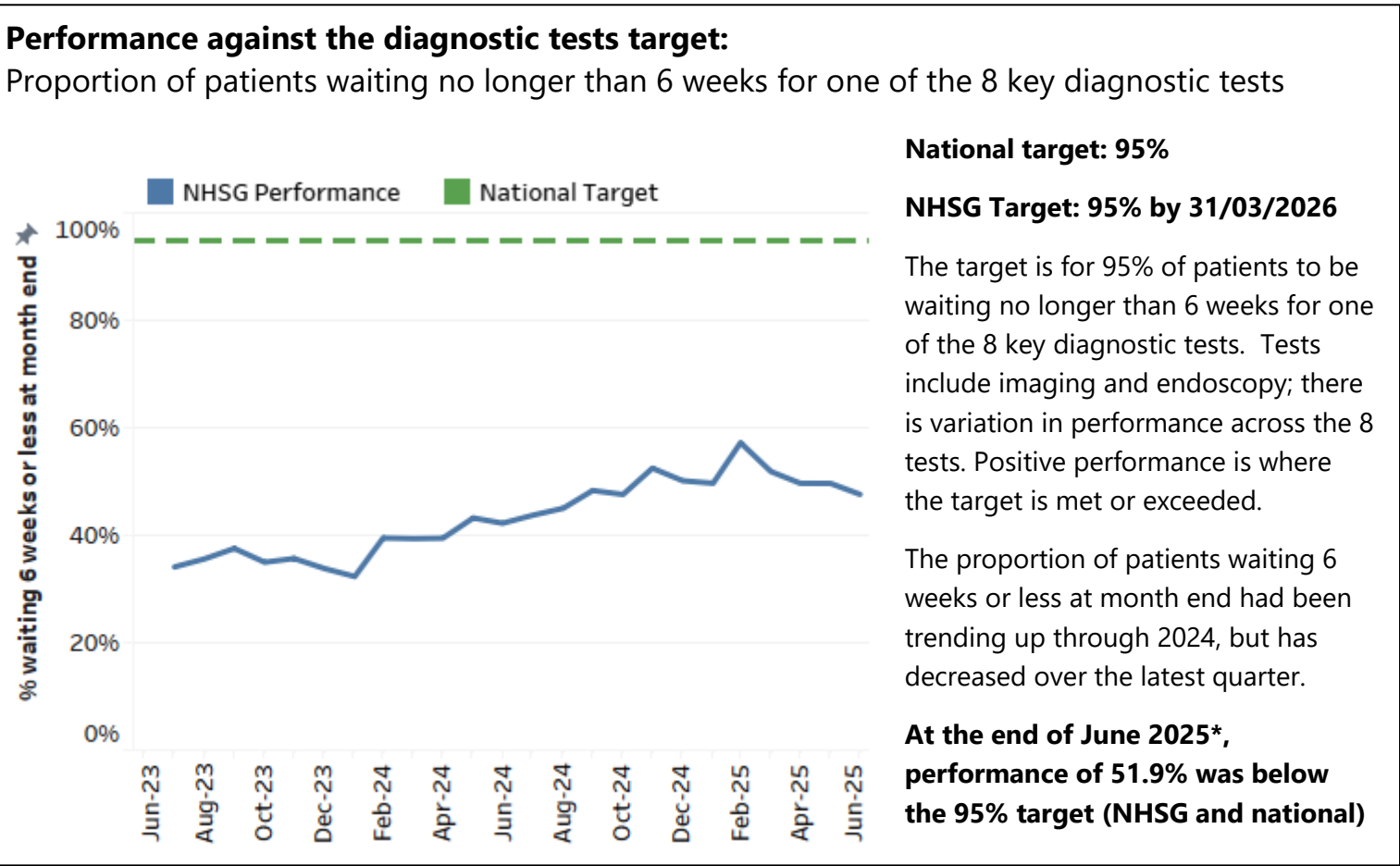
In order to address increased demand and financial and infrastructure constraints that limit capacity for planned care, NHS Grampian develops specific plans to utilise SG financial allocations when these are made available each year. The planning process is agile and services can respond quickly to implement plans when funding is allocated. Performance trajectories have been developed taking into account known

infrastructure limitations (eg the planned Central Decontamination Unit downtime in 2025) and will be revised through the year to reflect other changes in infrastructure capacity eg any increased capacity released through availability of short stay theatres and any significant reductions in capacity caused by unplanned failure of aging infrastructure. Time to recruit and onboard staff also impacts performance against trajectories, and this is built into the performance trajectories submitted to SG for funding.

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.

2. Diagnostics – reducing the backlog - Draw from additional investment to deliver additional Magnetic Resonance Imaging (MRI), Computed Tomography (CT), ultrasound and endoscopy procedures to target backlogs. This will support delivery of 95% of referrals to radiology being seen within six weeks by March 2026. This will be done through seven-day services, recruitment, and the use of mobile scanning units.	Grampian Lead - Geraldine Fraser & Paul Bachoo; Matthew Toms	Scottish Government (SG) Timeline: By March 2026
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Update – Planned Care Plan focuses on achieving 95% 6 week performance for the eight key diagnostic tests. Our key strategic objectives are backlog recovery, sustainable service redesign and full exploitation of national and regional assets.



Implications for Finance / Workforce / Infrastructure

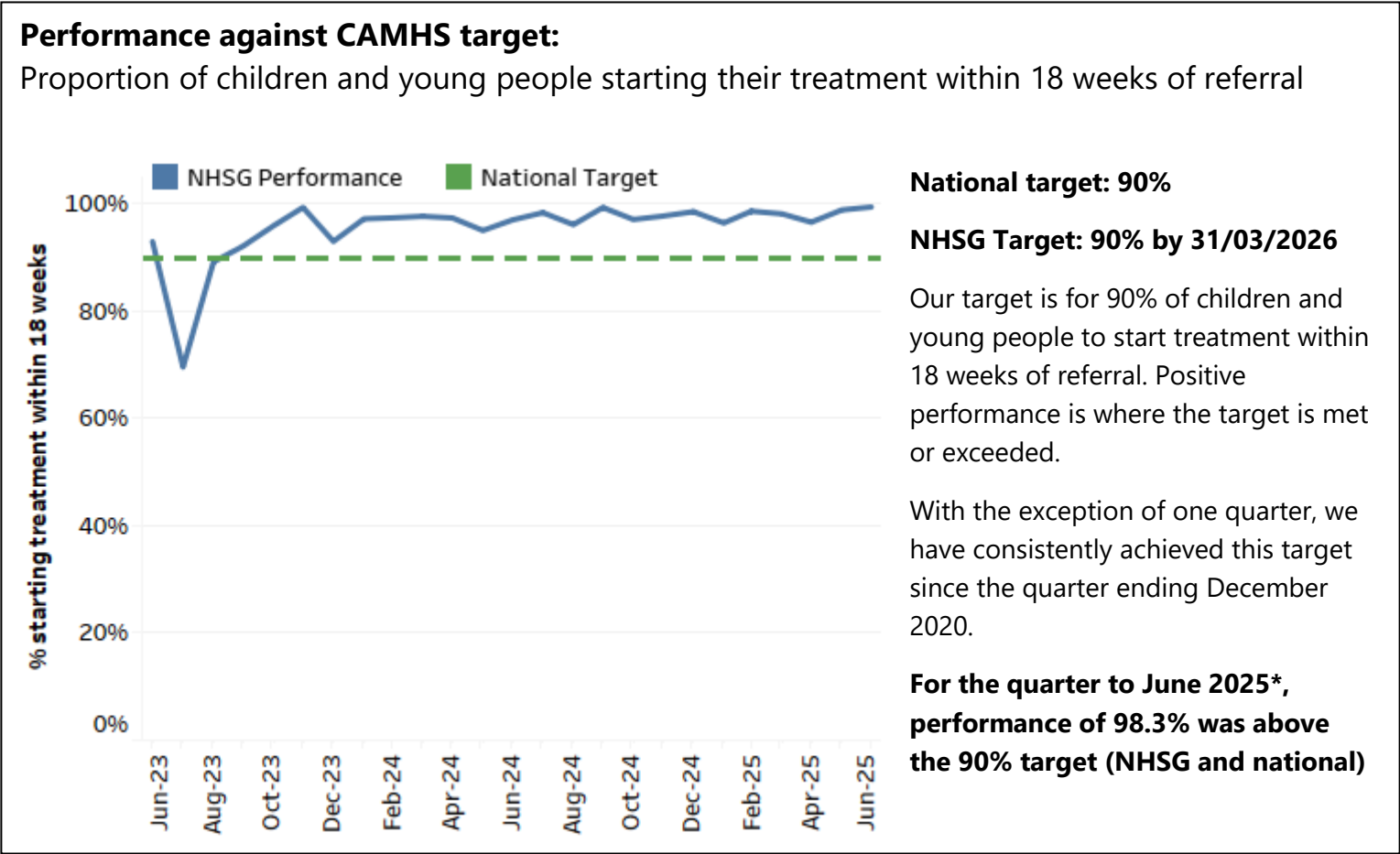
In order to address increased demand and financial and infrastructure constraints that limit capacity for planned care, NHS Grampian develops specific plans to utilise SG financial allocations when these are made available each year. The planning process is agile and services can respond quickly to implement plans when funding is allocated. Performance trajectories have been developed taking into account known infrastructure limitations (eg the planned Central Decontamination Unit downtime in 2025) and will be revised through the year to reflect other changes in infrastructure capacity eg any increased capacity released through availability of short stay theatres and any significant reductions in capacity caused by unplanned failure of aging infrastructure. Time to recruit and onboard staff also impacts performance against trajectories, and this is built into the performance trajectories submitted to SG for funding.

*Note that data for the quarter to 30/06/2025 (2025 Q2) is provisional local data and may be subject to change prior to final publication and in subsequent reports

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.

3. Clear CAMHS backlog - Provide trajectories to show how the 18-week standard will be achieved by December 2025 for Child and Adolescent Mental Health Services (CAMHS)	Grampian Lead - June Brown; Sean Harper / Amanda Farquharson	Scottish Government (SG) Timeline: By March 2026
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Update – Deliverables in Annual Delivery Plan (ADP) to sustain CAMHS Performance at 90% of referrals seen within 18 weeks to improve timely access to services. The service continually hits the Scottish Government (SG) target for the 18-week standard. Referral rates are stable but numbers of those waiting are slowly increasing.



<p>Implications for Finance / Workforce / Infrastructure - Finance</p> <p>The CAMHS Service strives to deliver service to the performance level within established budget. As demand increases there is a risk of insufficient funding to meet needs of individuals and families.</p> <p>Workforce</p> <p>CAMHS team remain stable. As the national 18 week target for 1st appointment is being met, the service is reviewing workforce focus in order to reduce waits for 2nd appointments while still achieving the target for 1st appointment.</p>
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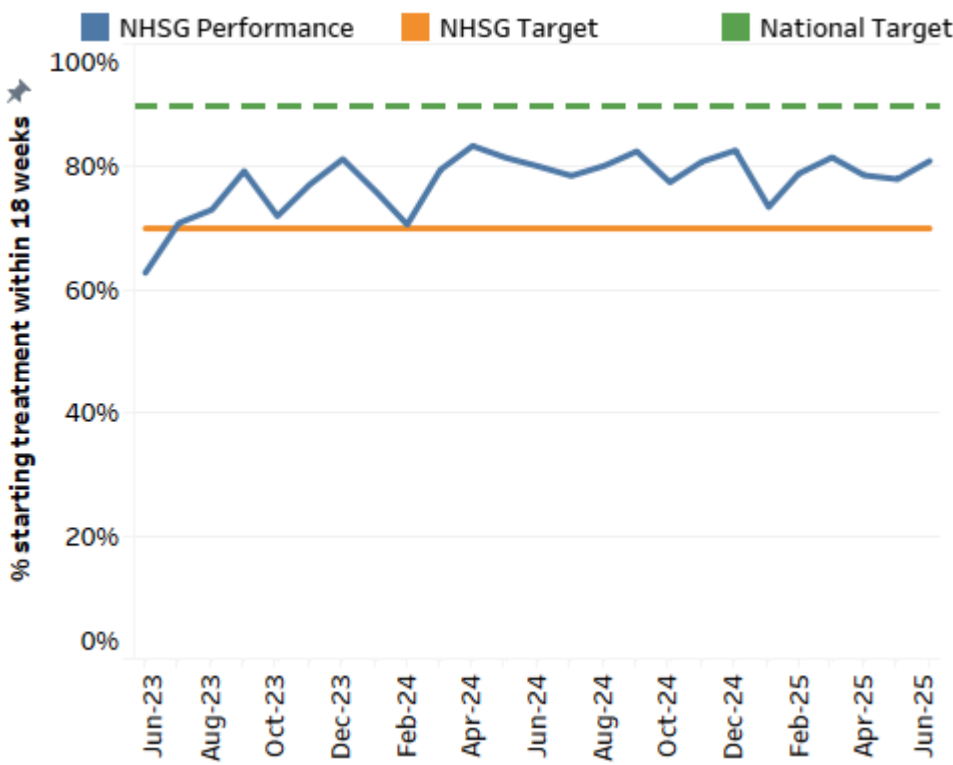
4. Psychological Therapies (PT) - Provide trajectories to show how the 18-week standard will be achieved by December 2025 for psychological therapies	Grampian Lead - June Brown	Scottish Government (SG) Timeline: By March 2026
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Update – Local target to sustain PT performance at 70% of referrals seen within 18 weeks to improve timely access to services

The service currently has Enhanced Status with Scottish Government.
Service efficiencies have enabled performance at 70% of referrals seen within 18 weeks to be maintained despite loss of fixed-term posts due to withdrawal of national funding for these posts. Referral rates are stable but numbers of those waiting are slowly increasing.

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 June 2025*, performance of 79.2% was above the NHSG target of 70%, but below the national target of 90%

Implications for Finance / Workforce / Infrastructure

Finance

Some fixed term funding streams have been removed. There are added complexities with the budget for this service not held by one budget holder but split across NHS Grampian & HSCPs - this is not the case in all Boards – and planning is underway to produce options to address this issue.

Workforce

There is a good workforce structure, experience and culture within the service and low staff turnover. NHS Grampian has the lowest WTE staffing for Psychological Therapies in Scotland (16.5 vs. 20 average), with recruitment impacted by reduced funding and financial controls. Trainees are not guaranteed posts, further affecting capacity. By working together across the three HSCPs, we can make better use of shared resources, strengthen our case for investment, and begin to reduce waiting times through more coordinated and efficient workforce planning.

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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.		
5. Expand the Rapid Cancer Diagnostic Services - Cancer Management Framework	Grampian Lead - Geraldine Fraser & Paul Bachoo; Matthew Toms	Scottish Government (SG) Timeline: By March 2026
<p>Update – Scottish Government (SG) re-launched the Framework for Effective Cancer Management (FECM) in March 2025, incorporating ten key elements to guide NHS boards in planning and delivering cancer services. These elements, including corporate responsibility and pathway management, are designed to support the achievement of national cancer standards and improve patient outcomes. The refreshed framework has been expanded to include data collection to monitor demand and capacity as well as incorporating patient experience feedback as standard practice in cancer service planning. It is anticipated that self-assessment of NHSG’s compliance in the delivery of the FECM will be reported to SG on a regular basis with defined outcome measures.</p> <p>One of the elements in the framework focusses on effective breach analysis processes, in collaboration with management teams and clinicians, to support data validation when a breach of cancer waiting times target occurs, governance around escalation of cancer pathway ‘pinch points’ as well as providing an opportunity for shared learning to mitigate future breaches. Ongoing work to gather validated data throughout the continual breach analysis process has been used to inform performance trajectories and develop the annual cancer improvement plan along with business case bids submitted to SG with aim to improve 62-day cancer waiting times performance by March 2026. Most of the cancer bids submitted for financial year 25/26 have been funded and are in the process of being operationalised to increase capacity.</p> <p>NHS Grampian have an operational pathway in place for GPs to refer patients with non-specific cancer symptoms directly for a CT scan. Work is underway to streamline the management of these patients, in collaboration with the single point of contact service, in order to redesign the pathway in line with the Rapid Cancer Diagnostic Services (RCDS) model by March 2026. This model is expected to be implemented in August 2025.</p>		

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6. Improving access to health and social care services through digital and technological innovation - Digital Dermatology Pathway	Grampian Lead - Paul Bachoo; Matthew Toms	Scottish Government (SG) Timeline: By March 2026
<p>Update: As of the week beginning 17 March 2025, five GP practices successfully went live with the digital dermatology application. Building on this initial implementation, a wider rollout across Grampian commenced week beginning 20 April 2025. To date, a total of 296 primary care colleagues across 24 practices now have access to the application. This group includes clinicians, doctors in training, and administrative staff involved in the referral process.</p> <p>On-going targeted work through the Acute Transformation team in collaboration with representatives from Dermatology, Primary Care, Health Intelligence and Digital Services is in hand to increase the penetration of this technology across all practices to ensure achieving the Scottish Government’s target that 90% of dermatology referrals include a triage-suitable image by September 2025 (currently approx 64%). At present approximately 15% uptake with 28% of referrals returned to Primary Care with advice. Data is awaited to determine impact on waiting time for referral to 1st treatment in secondary care for Melanoma skin cancer.</p> <p>To ensure continued progress and alignment, weekly meetings are held between the NHS Grampian Planned Care Redesign Programme Manager and the CfSD Project Manager. These meetings focus on advancing the rollout across the region and exploring opportunities for benefits realisation. At present, there are no issues of concern reported. The potential benefits will be further explored and documented as part of the planned benefits realisation work.</p>		

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.		
7. Improving access to health and social care services through digital and technological innovation - An Operating Theatre Scheduling Tool	Grampian Lead - Paul Bachoo; Matthew Toms	Scottish Government (SG) Timeline: By March 2026
<p>Update – We have commenced the process of discovery to support the role out of Theatre Scheduling with planned delivery to two specialities by October 2025. As yet, we have not been able to quantify the level of efficiency this will bring to the services, but initial work has indicated that the organisation will benefit from a standardisation of coding from local codes to OPCS4 which will contribute to improvements in managing our waiting lists and support our plans for an overall reduction. We are awaiting Intersystems work to interface through to the product and planning for a workshop by the end of August with the services involved.</p>		

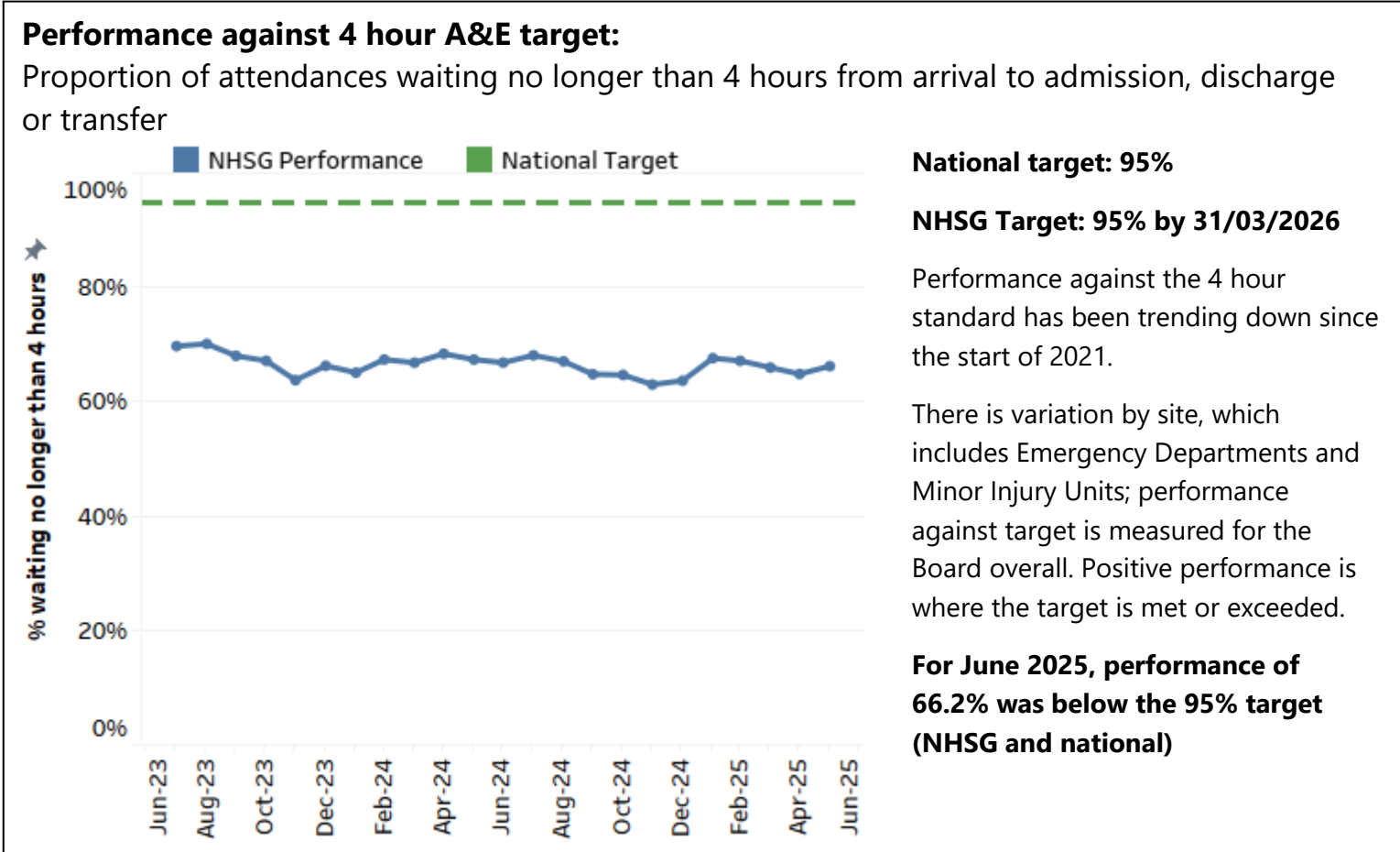
Shifting the Balance of Care - We will work to ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families. This will include making it easier to see a first point of contact with the NHS, for example a general practice team member, a dentist, optometrist or community pharmacist. It will also mean that, increasingly, assessments and specialist care will be delivered in new and innovative ways and settings, including at home.		
8. Reducing the pressure in our hospitals - Embed Get It Right For Everyone (GIRFE) practice model and toolkit to provide a multi-agency and person-led approach to care planning	Grampian Lead - Luan Grugeon	Scottish Government (SG) Timeline: By March 2026
Update – GIRFE is referenced as part of the wider Putting People First approach In Grampian, a local partnership has been established to join up GIRFE, Putting People First, Realistic Medicine, Human Learning Systems and other approaches which put people at the centre. We are in contact with the Scottish Government (SG) GIRFE team to develop a local conference showcasing our local approaches. Aiming for Q3 delivery of the conference to allow time for new senior leaders to join the system but this is also subject to staff capacity to deliver. Following the conference, and subject to the GIRFE toolkit being published, we will then agree next steps together		
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9. 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	Grampian Lead - Chief Officers; Clare Houston	Scottish Government (SG) Timeline: By March 2026
Update – Implementation of Discharge to Assess model across Grampian via the Discharge without Delay (DwD) Collaborative. Use of Technology Enabled Care (TEC) for e.g. Ethel and KOPPA to support remote monitoring and linking patients at home with a social network		
Implications for Finance / Workforce / Infrastructure - Implications in terms of requiring funding, workforce and infrastructure (physical and digital)		
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10. 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 co-production of national KPIs	Grampian Lead - Chief Officers; Clare Houston	Scottish Government (SG) Timeline: By March 2026 Expansion by Dec 2026
Update – Return to SG to confirm plan to increase to 194 beds: <ul style="list-style-type: none"> • Expand support to other acute specialities and widen boundaries. • Focus on pathways that link with existing community workforce and resources. • Other specialties include increase of/and provide support to Outpatient Parenteral Antimicrobial Therapy (OPAT), Respiratory, Heart Failure and Paediatrics • Reinforcement of OPAT, District Nurses and Occupational/Physio Therapy Teams to provide Multi-Disciplinary Team (MDT) to ease transition home or to prevent admission • GP Led service promoting sustainable interface between Primary and Secondary Care • Provide Neonatal Unit (NNU) outreach across Grampian 		
Implications for Finance / Workforce / Infrastructure - Requires recruitment of additional staff, clinical equipment and physical space.		

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11.Reducing the pressure in our hospitals - Improve flow throughout system, reduce delays into hospital and lengths of stay across all areas of a hospital through optimising alternatives to hospital admission, reducing avoidable admissions, ensuring discharge planning takes place from the point of admission, reducing delays to inpatient investigation and developing remote investigation services.	Grampian Lead - Geraldine Fraser; Chris Middleton, Clare Houston	Scottish Government (SG) Timeline: By March 2026
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Update

Improvement of the whole unscheduled care pathway is critical for the experience of both patients and colleagues. This is a priority for NHS Grampian and we are receiving additional support from the NHS



Scotland Assurance Board, to enable us to develop an integrated whole system unscheduled care plan. This plan will build on existing work, including expansion of the Flow Navigation Centre into an Urgent Care Hub, review of processes for Front Door Assessments and differentiation of patients, reduction of acute occupancy by improving discharge workflows and processes, and improving system flow using Discharge without Delay (DwD) principles.

In discussion with the Assurance Board it is very clear that the solution lies in both community services and acute hospital services having full ownership of unscheduled care. The plan, to be considered by the Assurance Board in mid-August, will articulate a more comprehensive whole system approach. Future performance reporting will include further detail of the projected performance improvement trajectories modelled using all the elements of the agreed plan.

Implications for Finance / Workforce / Infrastructure -
Discussions with the Assurance Board include the implications of funding, workforce and infrastructure (physical and digital) required to deliver the plan and more detail on this will be included in future performance reports.

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12. Frailty at the front door of ED - Ensure direct access to specialised staff in frailty team in EDs by March 2026	Grampian Lead - Geraldine Fraser; Chris Middleton, Clare Houston	Scottish Government (SG) Timeline: By March 2026 In place by summer 2025
Update – Ensure access to the acute frailty unit, facilitating admission within 4 hours of identified need. SG funding bid contains c£800k for this capability which will enhance Geriatrician cover and provide an uplift to the HAME team. It will also provide Frailty outreach into General Medicine and Boarding wards as well as increasing AHP services to 7 days.		
Implications for Finance / Workforce / Infrastructure - Discussions with the Assurance Board include the implications of funding, workforce and infrastructure (physical and digital) required to deliver the plan and more detail on this will be included in future performance reports.		

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13. 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	Grampian Lead – Shona Campbell	Scottish Government (SG) Timeline: By March 2026 GP capacity work by end of 2026
Update – 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. 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.		
Implications for Finance / Workforce / Infrastructure - GP Vision Programme – The Programme continues to operate within existing agreed programme resources and work is ongoing to ensure a prioritisation of workstreams to optimise outcomes within available budget. In relation to workforce and infrastructure, issues relating to a declining GP workforce, increasing demand, and sustainability alongside the frequently limited and limiting nature of some premises are key drivers for the programme and the need, through it, to develop new and sustainable models. Primary Care Improvement Programme – PCIP is funded through ring-fenced Scottish Government allocations which have remained static for the past three financial years. Each of the Grampian programmes operates within these financial constraints.		

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14.Primary Care Optometry - Community Glaucoma	Grampian Lead - Chief Officers	Scottish Government (SG) Timeline: By March 2026
<p>Update – NHS Grampian has made strong progress in implementing the Community Glaucoma Service (CGS), which enables the discharge of stable glaucoma patients from hospital eye services (HES) to NESGAT-trained community optometrists. This supports the wider ambition to reduce waiting times and move services closer to home. A key milestone has been the resolution of digital data transfer from Medisight to OpenEyes, now approved by Information Governance and expected to go live in the coming weeks. This will allow the first tranche of patient discharges by mid-summer, with a fully integrated pathway in place by March 2026. The work is aligned to NHS Grampian’s Route Map and national priorities to embed sustainable community eye care.</p> <p>Positive outcomes include early service streamlining through clinical risk stratification, reduced pressure on hospital services, and successful training of five NESGAT optometrists across two regions — with further expansion planned to ensure equitable access. The work directly supports two operational areas in the request: Community Glaucoma, as the primary focus of this initiative, and reducing waiting lists (including 52-week waits) by shifting appropriate care from hospitals to community optometry, thereby increasing hospital capacity and responsiveness.</p>		

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15.Dentistry - Support work to refresh and target existing financial incentives and eligibility, NHS NES innovative training package for GDC registered dental therapists and increase in student numbers	Grampian Lead - Chief Officers Jonathan Iloya, Mike Brown, Heather Tennant	Scottish Government (SG) Timeline: By March 2026
<p>Update – Scoping of Public Dental Service (PDS) models to identify preferred option in 2025/26 is underway.</p> <p>From 10 additional national student places, Grampian has indicated that they could accommodate up to 3 from Sep 2025. 23 places were approved, including 1 overseas. Due to short notice, it has not been possible to recruit the overseas student, so 22 places have been accepted.</p> <p>As part of shifting the balance of care, the dental team continue to focus on moving appropriate patients from PDS to General Dental Services. This is progressing in Aberdeen City.</p> <p>Grampian leads are willing to support SG & NES with the training package for General Dental Council-registered dental therapists who have qualified overseas as it develops.</p>		
<p>Implications for Finance / Workforce / Infrastructure -</p> <p>The detailed proposals are not yet clear; however, it is anticipated that funding will be allocated for student training and the therapist scheme. These elements would be considered for inclusion, subject to further discussion once full details are available.</p>		

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16. 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	Grampian Lead – Chief Officers HSCP planners David Pflieger	Scottish Government (SG) Timeline: By March 2026
Update – Scottish Government announced Plans for the expansion of Pharmacy First in January 2025, with new conditions to be introduced beginning November 2025. 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 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.		
Implications for Finance / Workforce / Infrastructure - Finance - Scottish Government are responsible for the payment structure for Pharmacy First Service to Community Pharmacy contractors, including how any expansion of the service will be managed. Medicines supplied on Pharmacy First are linked to Board Prescribing budgets. Workforce - The Community Pharmacy network provides access to healthcare professionals on the high street, this may aid with GP capacity but needs to consider Community Pharmacy capacity also.		
Improving access to health and social care services through digital and technological innovation - The deployment of digital technologies will help to modernise services and improve efficiency, as noted in the Programme for Government 2024-25. A stronger ‘digital first’ approach will support the provision of tools that enable personalised patient experiences, tailored health recommendations, and proactive health and care management. Implementation of, for example, remote monitoring of long-term conditions, digital mental health treatments and enhanced use of video access to care and support, alongside existing national digital services such as NHS inform and Care Information Scotland, will allow us to accelerate our ‘digital first’ approach. Fundamentally, we want it to be easier for people to navigate their way around the health and care system and, for example, manage their appointments in a more flexible, person-centred way. It is about accessing the right care and support, in the right way, and at the right time.		
17. Digital access for your health and social care - Participate in the plan for roll-out of 'Digital Front Door' service beyond the early adopter board	Grampian Lead - Stuart Humphreys, Martin Innes Heather Binns	Scottish Government (SG) Timeline: By March 2026
Update – The Annual Delivery Plan has a deliverable to publish a refreshed Digital Strategic Delivery Plan (2026-2032), setting out a clear, prioritised six-year roadmap that enables a progressive step change in digital transformation. Detail of specific areas of work will be within this plan. NHSG will be an early adopter of this roll-out, no official confirmation of the roll-out dates as yet.		
Implications for Finance / Workforce / Infrastructure - It is currently too early to determine the full implications; however, it is expected to have an impact across all three areas.		

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18.Genetic testing for recent stroke patients - 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	Grampian Lead - Paul Bachoo (SRO), Cathy Young Hazel Dempsey, Lorna Cameron (for CfSD Test of Change only)	SG Timeline: October 2025 onwards - rolled out over 12 months
<p>Update – Lab based Genetics testing of recent stroke patients who normally receive the standard preventative medication, Clopidogrel to help identify a sub-group of patients who have natural resistance to Clopidogrel and do not receive the benefits of stroke reduction risk. CYP2C19 lab-based testing will be rolled out across Scotland over 12 months by CfSD. By identifying this sub group we can offset the disability associated with acute stroke. NHSG should be one of the first health boards fully on-boarded due to the link to the test of change work that the NHSG Innovation Hub are leading on (see below). Genetics service leads are aware of the national roll out of lab-based testing and the test of change work.</p> <p>Test of Change - The NHSG Innovation Hub are leading on a test of change project for Remote & Rural point of care testing for stroke patients within Western Isles and Dr Gray’s Hospital. This will be a 12 month evaluation. This project is currently in pre-planning stage and is expected to go live on 1st October 2025</p>		
<p>Implications for Finance / Workforce / Infrastructure</p> <p>The CfSD team are leading on implementation and adoption. Links will be made shortly via board Senior Responsible Officers (SROs) and change management teams, likely to be the Acute Transformation Team for these projects.</p> <p>All work associated with the test of change is fully funded by the Scottish Government and commissioned by CfSD.</p>		
Improving access to health and social care services through digital and technological innovation - The deployment of digital technologies will help to modernise services and improve efficiency, as noted in the Programme for Government 2024-25. A stronger ‘digital first’ approach will support the provision of tools that enable personalised patient experiences, tailored health recommendations, and proactive health and care management. Implementation of, for example, remote monitoring of long-term conditions, digital mental health treatments and enhanced use of video access to care and support, alongside existing national digital services such as NHS inform and Care Information Scotland, will allow us to accelerate our ‘digital first’ approach. Fundamentally, we want it to be easier for people to navigate their way around the health and care system and, for example, manage their appointments in a more flexible, person-centred way. It is about accessing the right care and support, in the right way, and at the right time.		
19.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	Grampian Lead - Shantini Paranjothy; Emma Darling	Scottish Government (SG) Timeline: By March 2026
<p>Update – Leads aware of the planning for the National digital type 2 diabetes remission programme. Representatives from NHSG are on the National Planning Groups. National funding has been agreed, SG national advisor has noted that the expectation is that all boards will be able to refer to the programme from go-live which is currently scheduled for January 2026 and NHS Grampian is on track to meet this date. SG are working on the specification of the product and plan to tender for a provider of the agreed product.</p>		
<p>Implications for Finance / Workforce / Infrastructure -</p> <p>In relation to the Healthier Futures Diabetes /AWM pathways, this should not impact on NHSG finance, workforce or infrastructure as it is planned to be run by the ANIA National Team. Referrals will be made directly via Primary Care, therefore there will be a requirement for GP practices to discuss the programme with patients, assess suitability and refer patients on.</p>		

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20.Genetic testing for new-born babies with bacterial infections - 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	Grampian Lead - Paul Bachoo (SRO), Cathy Young	Scottish Government (SG) Timeline: By March 2026 Timeline: October 2025 onwards - rolled out over 18 months
Update – Neonatal Gentamicin POCT (Point of Care Testing) will be rolled out across Scotland over 12 months by CfSD. Genetics service leads aware of this work.		
Implications for Finance / Workforce / Infrastructure - The CfSD team are leading on implementation and adoption. Links will be made shortly via board SRO's and change management teams, likely to be the Acute Transformation Team for these projects.		

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21.Improving access to treatment - Waiting lists, reducing 52 week waits	Grampian Lead - Paul Bachoo (SRO), Matthew Toms	Scottish Government (SG) Timeline: By March 2026
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<p>Update –</p> <p>Whilst we are progressing well with our Board Level trajectories, we acknowledge that NHS Grampian remains short of the SG target to have no patients waiting beyond 52 weeks by the end March 2026. It is our ambition to achieve this target and we are continuing to develop plans that support progress to the zero position. Some of these plans were shared nationally in January 2025 but were not at that time funded from the £105 million national allocation for planned care. £5million of additional national funding has been made available recently, with £1.3 million allocated to NHS Grampian. This has allowed our March 2026 trajectories to be revised and new targets agreed with Scottish Government. There is an overall improvement in the residual numbers of patients who will breach the 52 week wait. In particular, patients waiting for a new out-patient appointment have improved by 2000 with the revised trajectories.</p> <p>Services receiving this additional funding are progressing recruitment for medical, nursing, administrative staff, and necessary equipment, with many posts already advertised or at interview stage. Plans using additional hours from existing staff are also on track.</p> <p>Activity tracking and performance trajectories are reviewed weekly at the Long Waiters Meeting, with monthly submission of overall planned versus actual activity.</p> <p>Out-patient performance:</p> <p>Out-patient performance remains our most significant challenge despite the activity level for out-patients being significantly higher in 2025 than in 2019: week commencing 28 July 2025 had 23,799 out-patient appointments compared to 18,092 in the same week in 2019 – 23% increase. A series of actions have been implemented to facilitate improvements:</p> <ul style="list-style-type: none">• Reduced missed appointments - all services continue to follow the Access Policy, applying processes around DNA (Did Not Attend) and CNA (Cannot Attend) to reduce wasted appointments and theatre time.• Cohorting capacity and staff to optimally utilise space and cohort unused space. Unused space, and the availability of multi-disciplinary teams, has allowed plans to be prepared for utilising additional capacity through insourcing or, if available, outsourcing.• Established practices such as Active Clinical Referral Triage (ACRT), Patient-Initiated Reviews (PIR), and Enhanced Recovery After Surgery (ERAS) remain in place where implemented, with support provided to services still onboarding. <p>We recognise that we have a very significant level of return activity across all services. By implementing initiatives such as patient Initiated Return (PIR) we are able to model the creation of capacity for new outpatient appointments within timetabled activity. It is possible to calculate the number of PIR appointments required to generate new outpatient capacity. Modest performance against these conversions from scheduled return appointments to PIR is enough for many services to achieve significant improvements. Work is under way to share this learning with all clinical teams, ACF and patients.</p> <p>In-patient performance</p> <p>Weekend operating sessions and outpatient clinics for Ear, Nose and Throat (ENT) and Orthopaedics continue through external providers to treat long-waiting patients, alongside clinics and surgeries run by local teams, although the latter may scale back in July due to limited funding. Services without additional funding are still prioritising their longest waits and exploring internal efficiencies.</p> <p>Plans are well advanced to re-open Short Stay Theatres which will provide significant additional capacity for day-case surgery. The performance trajectory in the graph below will be revised to reflect this additional capacity in future performance reports.</p> <p>Pre-assessment for surgical patients remains ongoing, though limited financial resources constrain the ability to scale up.</p> <p>Targeted work with individual services continues, including exploration of capacity across Scotland via NECU, and collaboration with CfSD to develop the national Perioperative Services Framework aimed at improving theatre efficiency and reducing waiting times.</p>

Use of National Treatment Centres

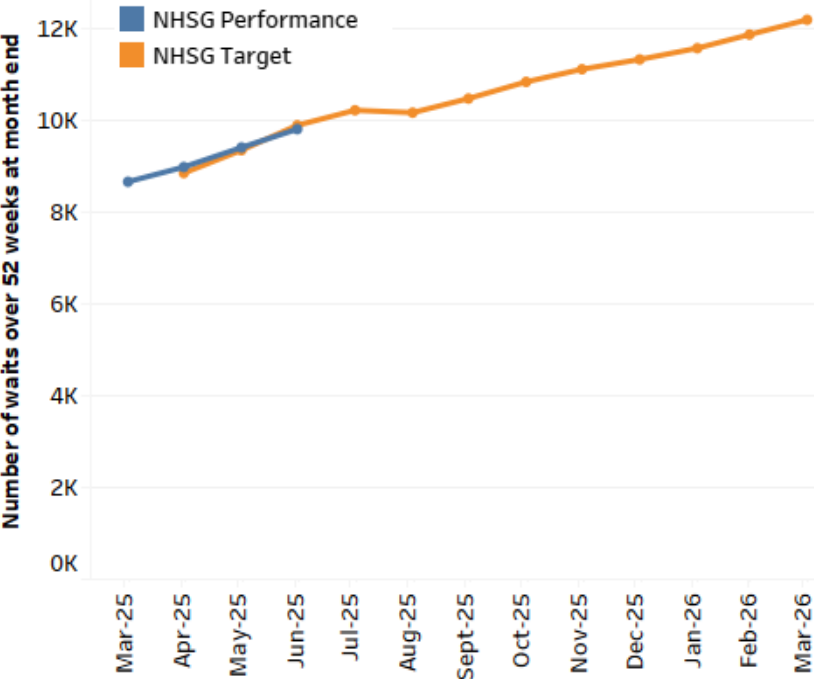
NHS Grampian have allocations to various external hospitals for patients to undergo elective procedures. Our capacity allocation has increased since the beginning of the financial year and is listed at the right.

In addition, NHS Grampian has access to 2 main theatre suites per day Monday to Friday within Stracathro Regional Treatment Centre. The theatre nursing team and anaesthetists are supplied by NHS Tayside but procedures are carried out on NHS Grampian patients by NHS Grampian surgeons.

Site	Speciality	2025/26 Allocation
GJNH	Ortho - Joints	389
	General Surgery	190
	Colorectal - Minor	48
	Colorectal - Major	72
	Endoscopy (Colons)	1,540
NTC Highland	Ortho - Foot and Ankle	30
	Ortho - Joints	600
	Ortho - Joints (Raigmore)	200
	Cataracts	1,753
	Cataracts - Additional Allocation	600 (with 360 pre-assessment slots)

Performance against the outpatient 52 week target:

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

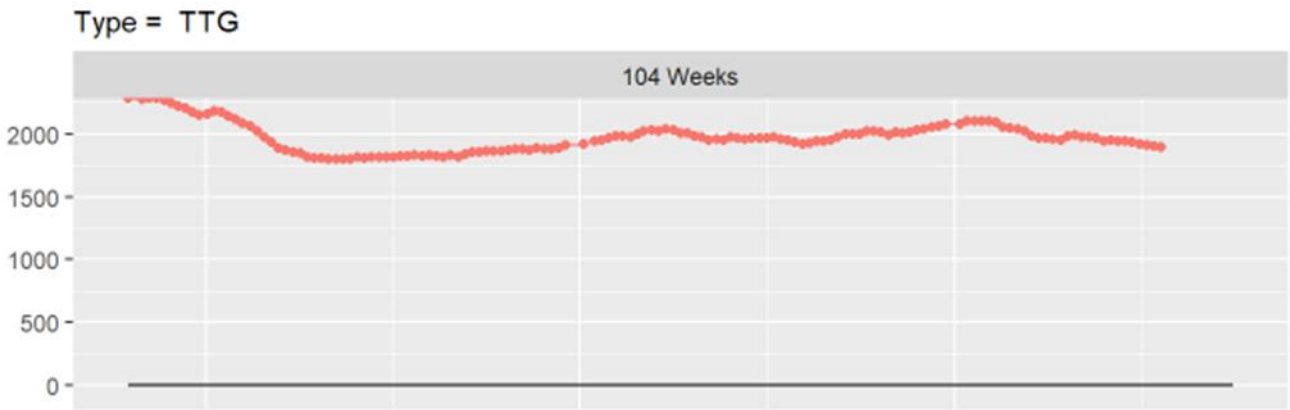
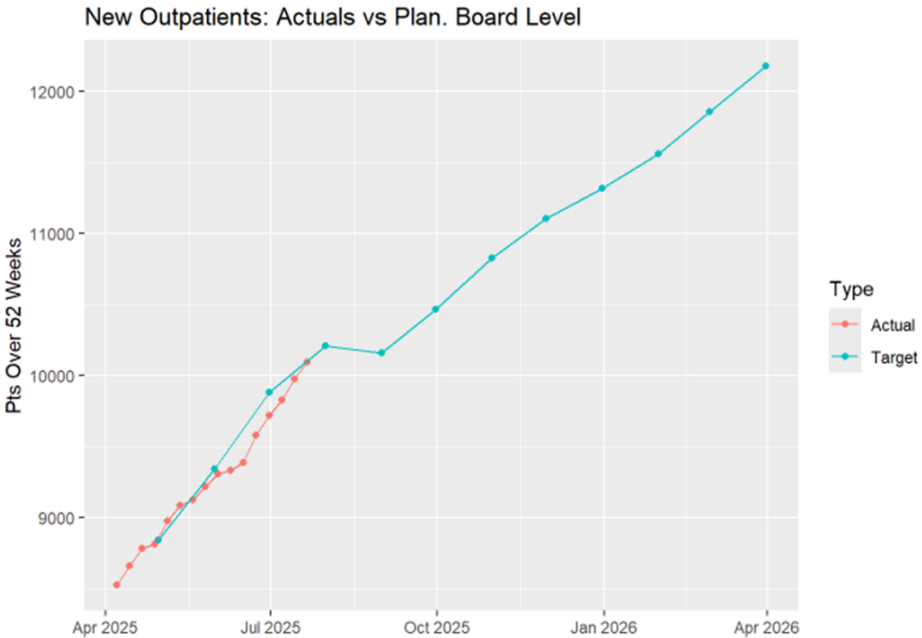


The national target is to have no waits over 52 weeks for a new outpatient appointment by 31/03/2026.

However our performance trajectory (shown in orange) is such that we are projecting the number of waits over 52 weeks will increase through the year. Positive performance is where number of waits is below trajectory.

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

We are currently within our planned trajectory but within this there are variances in three main specialities. Work is underway with these specialities to identify recovery options but it is likely that we exceed our plan shortly. The main reason for these variances are lagged recruitment and capacity being shifted to more urgent patients



We are within our planned trajectory for TTG though achievement will become more challenging as time progresses. The key risks remains infrastructure fragility, pre-operative assessment capacity and the successful reintroduction of a short stay theatre complex within ARI. It should be noted that the positive reduction in waits is being achieved within the 52 week cohort, and not the longer waiting 104 week cohort which is broadly static as a number. This longer waiting cohort particularly requires the short stay theatre complex to see a change.

*Note that data for the quarter to 30/06/2025 (2025 Q2) is provisional local data and may be subject to change prior to final publication and in subsequent reports

Improving access to health and social care services through digital and technological innovation - The deployment of digital technologies will help to modernise services and improve efficiency, as noted in the Programme for Government 2024-25. A stronger ‘digital first’ approach will support the provision of tools that enable personalised patient experiences, tailored health recommendations, and proactive health and care management. Implementation of, for example, remote monitoring of long-term conditions, digital mental health treatments and enhanced use of video access to care and support, alongside existing national digital services such as NHS inform and Care Information Scotland, will allow us to accelerate our ‘digital first’ approach. Fundamentally, we want it to be easier for people to navigate their way around the health and care system and, for example, manage their appointments in a more flexible, person-centred way. It is about accessing the right care and support, in the right way, and at the right time.

22. Improving access to treatment - Validation processes for waiting lists	Grampian Lead - Paul Bachoo (SRO), Matthew Toms	Scottish Government (SG) Timeline: By March 2026
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Update – All patients on a new outpatient waiting list and in-patient or day case waiting list should be administratively validated after waiting for 6 months and every 6 months thereafter. There are 2 mechanisms we have for doing this:

1. By accessing the National Elective Co-ordination Unit (NECU) who have digital means to contact large volumes of patients via text message. NECU then follow up via telephone any patients who have not responded, patients without a mobile number or patients who have chosen “unsure” or “No I do not require my appointment/admission” as a response to the text message. On completion of a validation campaign the information collated is sent back to NHS Grampians administration groups so that TrakCare can be updated for each patient as per the patient response.
2. via NHS Grampian’s administrative staff, who will validate the patients either at the point of a patient calling in or a proactive call to the patient for the purpose of validation.

In either type of validation the questions are the same, checking the patient’s details, asking if the patient still require their admission/appointment, and also allowing an opportunity for the patient to raise a comment or query. This ensures that patients on our waiting list have all appropriate information recorded and still plan to attend for their appointment or admission.

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23.Improving access to treatment - Diagnostics: Reducing the backlog – Process in Radiology	Grampian Lead - Paul Bachoo (SRO), Matthew Toms	Scottish Government (SG) Timeline: By March 2026
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Update – Last year, NHS Grampian received non-recurring funding to support reduction in the waiting time for diagnostic imaging across the three main modalities, CT, MRI and Ultrasound. This funding allowed provision of a Mobile CT Unit, Mobile MRI Unit and a Locum Sonographer. A proportion of funding was aligned to outsourcing of reporting to support increased activity and ensure timely reporting of imaging. Additional workforce provision within MRI allowed partial extension of the service. Radiology is a pan Grampian service, delivering activity across 8 locations in the region. There is also provision for the Island Boards, both in terms of remote support for clinical teams based in Orkney and Shetland and the delivery of care to residents transferred to Aberdeen.

- Key improvement actions delivered across 2024/25 include;
- Enhanced collaborative working and a move towards improved equity of wait across sites within Grampian
 - Regular review of demand and capacity with a focus on problematic imaging sub-groups
 - Targeting of additional activity to areas of longest wait
 - Centralisation of outsourcing allocation to improve equity of reporting timescales to Grampian.

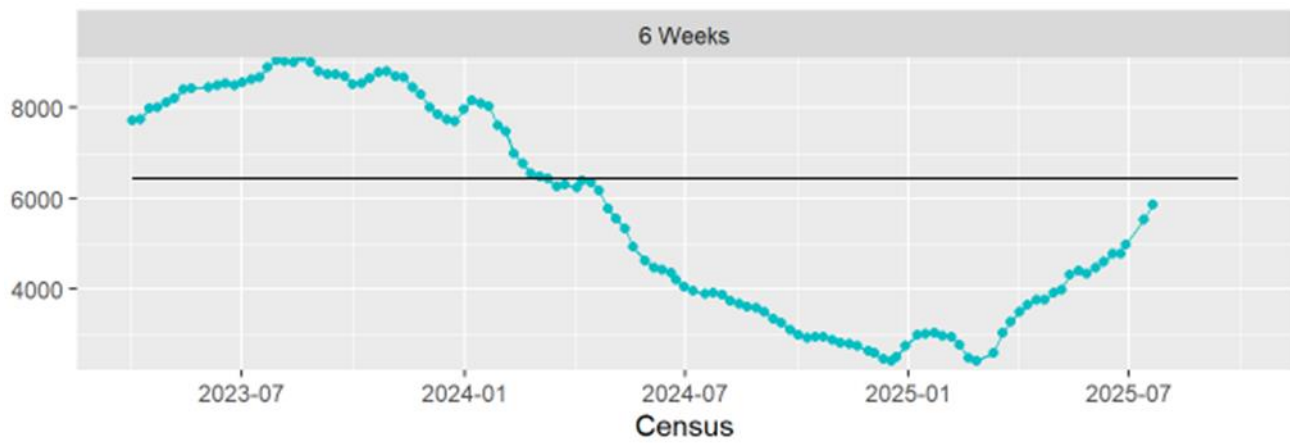
This facilitated a decrease in total list size across all three modalities (23% combined reduction) and a reduction in over 6 week waits across all three modalities (43% combined reduction). Pathways improved included reduction in waits for diagnostics in USC, Paediatrics, Cardiology and Primary Care.

This year Radiology has been fortunate in receiving confirmation of both recurring and non-recurring funding to the sum of £5.4m. Within CT and MRI, non-recurring funding will support the continuation of increased levels of activity through mobile units to reduce the backlog, whilst the recurring funding will enable expansion of the CT and MRI service. Service expansion will support the long-term objective of a self-reliant sustainable service. A Locum Sonographer and additional evening and weekend sessions within ultrasound will support a reduction in backlog and waiting time. Overall activity as a direct result of funding is projected to be around 35,000.

Continuation of insourcing and outsourcing of reporting will ensure reporting of imaging remains within recommended timescales. At the end of March 2026 the objective is 95% achievement of diagnostic imaging within 6 weeks.

Major capital improvement continues to be driven forward. In 2024/25, a replacement of a Trauma CT Scanner in the ED at Foresterhill was successfully undertaken with no negative impact on patient safety, which is no mean feat given the pressured environment of the ED. In recent years the entire Children’s Hospital Radiology service has been completely upgraded; this work has just completed, bringing higher quality images and lower doses of radiation to our youngest population. This year’s commitment is to deliver a safe and sustainable MRI service on the Foresterhill Campus and advanced planning is underway. Work is also progressing to deliver a new Radiology Information System (project costs circa £1.1m) in November and the National PACS Programme of work is on target for summer of 2026.

Plan vs Actual



The positive reduction in 6 weeks waits ceased at the end of last financial year and waits have now started to increase. The main reason for this change is our inability to date to find a suitable location to install a second MRI mobile. Estates work remains ongoing and it is likely that a location has been found along with required enabling work. Once this has finalised and a start date is set we will now need to re-profile our end of year commitment due to this lag.

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24.Improving access to treatment - Diagnostics: Reducing the backlog – Process in Endoscopy	Grampian Lead - Paul Bachoo (SRO), Matthew Toms	Scottish Government (SG) Timeline: By March 2026
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Update – The endoscopy service continues to rely on non-recurring investment to bolster its activity and has been successful in a number of bids that will continue to ensure we maximise capacity through utilisation of both external providers and internal recruitment. Through 2024/25 our Aberdeen service added a further 120 slots per week through the use of external providers as well as utilising NHS Scotland support for a further 25 slots per week through a supporting health board.

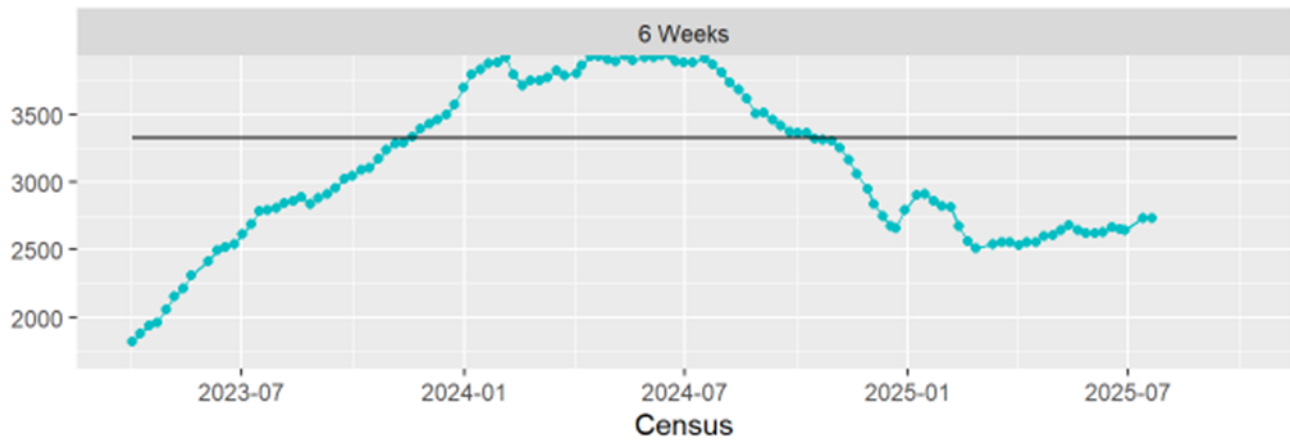
Further internal redesign enabled the Aberdeen service to reduce some reliance on external providers to use substantive staff to support delivery of further activity at the Aberdeen Royal Infirmary site. This also included speciality personnel to assist with additional General Anaesthetic clinics, to support a small number of patients who clinically require this additional support. The endoscopy service has again benefited from further funding support into 2025/26 to support recruitment to a number of posts based at Aberdeen; some were appointed to, others at advert, for further skilled practitioners to support delivery of endoscopy activity.

Further continuous service improvement work continues to ensure the service operates as efficiently as possible. This includes but is not limited to;

- A review of vetting and booking guidance and compliance
- Themed review of not attended appointments
- Review of clinic templates and room utilisation
- Waiting list re-validation and patient focused booking.

The endoscopy service in NHS Grampian is working towards integrating to a single service versus the current delivery model based at acute hospital sites (Aberdeen and Elgin). A key objective is to transition away from reliance on non-recurring funding to deliver the service and develop core capacity to improve access to this service

Plan vs Actual



Progress against the 6 week marker has stalled due to inability to commence the 4th Endoscopy Room at ARI which was planned to start in April 2025. This is linked to the short stay theatre complex and Ophthalmology workstreams. Once a confirmed date is available we may need to reconsider our end of year trajectories for Endoscopy based on this delay. In the meantime ad hoc locations and usage is being explored.

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.

The Population Health Framework, due to be published in spring 2025, will set out our long-term collective approach to improving Scotland’s health and reducing health inequalities. Improving Scotland’s health and reducing health inequalities are fundamental contributors to and enablers of each of this Government’s four key priorities. The Framework will stimulate and drive improvements – requiring the support of the whole of government and public services, the voluntary sector and private sector and communities – to the key building blocks of what makes for good health. It will take a long-term approach, starting now but with action across the coming decade on primary prevention – actions that support people to live healthy and fulfilling lives and stop problems arising in the first instance.

The Health and Social Care Service Renewal Framework will also then focus on the key reform areas that will drive our model of service to be more preventative, to find risk factors sooner and raise the level of early intervention and proactive care. This will help to detect and prevent ill-health. This Framework is due to be published late June 2025.

25. 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.	Grampian Lead - Julie Warrender	Scottish Government (SG) Timeline: By March 2026
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Update – Awaiting SG guidance on the enhanced service.

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 work is in the early stages and aligned to the work of the Frailty Board. Community Appointment Days are being discussed as are increasing falls prevention clinics and a Frailty indicator score being considered to enable a Trak icon for early warning.

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26. 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.	Grampian Lead - Shantini Paranjothy/Chief Officers	Scottish Government (SG) Timeline: By March 2026
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Update: A model for prevention of cardiovascular disease (CVD) in primary and secondary care in NHS Grampian will be established and implementation commenced.

Two meetings were held with GP leads to discuss a model for CVD prevention in Primary Care, in advance of the Direct Enhanced Service (DES) release. DES has now been circulated and Public Health are working collaboratively with GP leads to provide an overview of the DES and the opportunity for Public Health to support the development and implementation of innovative models to target CVD prevention activity in Primary Care in Grampian as part of the DES. Work is ongoing to put in place a process for monitoring uptake of the initiative by patients.

Work with secondary care has not yet progressed but an initial meeting was held with the medical leadership team in February 2025. There are potential opportunities to look at point of care testing within acute services and/or to consider reaching target patients from the primary care DES in secondary care settings.