

Meeting:	NHS Grampian Open Board Meeting
Meeting date:	8th October 2026
Item Number:	9.1
Title:	How Are We Doing Board Performance (HAWD) Report (Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care)
Responsible Executive:	Gail Woodcock, Director of Strategy, Transformation and Performance
Report Author:	Preston Gan, Head of Performance

1 Purpose and recommendations

This is presented to the Board for:

- Assurance
- Decision
- Endorsement

Recommendation(s)

The Board is asked to:

- Endorse the approach set out within the October 2026 How Are We Doing? (HAWD) Board Performance Report, which provides Board assurance on Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care performance through the monitoring of appropriate indicators and supporting narrative.
- Review and scrutinise the assurance provided within the report in relation to Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care including the areas where assurance remains limited and further improvement is required.
- Approve the October 2026 How Are We Doing? (HAWD) Board Performance Report for Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care and the assurance position presented within the report.

This report relates to:

- HAWD Board Performance Report on Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care performance

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)

- Deviation from recognised service standards of practice and delivery
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

This paper presents the How Are We Doing? (HAWD) Board Performance Report for October 2026 for the reporting period April 2026 to July 2026 for Workforce, April 2026 to June 2026 for Clinical Quality and Safety.

Workforce capacity has remained broadly stable, supported by modest growth in headcount and whole-time equivalent staffing, workforce stability of 95.6% and a reduction in annual turnover. However, sickness absence remains above the organisational target of 4%, statutory and mandatory training compliance remains below Board targets, and appraisal completion continues to vary significantly across services. These factors continue to present challenges to workforce wellbeing, workforce capability and workforce development.

Within Clinical Quality and Safety, performance is mixed. Complaints volumes remain low relative to overall healthcare activity; however, performance against complaint response timescales remains challenging, with variation between services. Falls and pressure ulcer reporting remained broadly stable during the reporting period, with no significant deterioration identified. Adverse event reporting continues to support organisational learning, although delays in completing Level 1 reviews remain a significant concern due to their impact on the timely identification of learning, assurance and implementation of improvement actions.

Within Urgent and Unscheduled Care, performance remains under pressure across a number of key indicators. Ambulance turnaround times, Emergency Department access performance and hospital occupancy continue to present challenges, although non-elective length of stay is performing better than trajectory. Performance across the wider urgent and unscheduled care pathway remains variable, with sustained improvement not yet demonstrated across the principal indicators. Current reporting provides assurance that performance is being actively monitored through an agreed suite of indicators and trajectories; however, continued improvement activity is required to strengthen performance, patient flow and timely access to care.

Background

The How Are We Doing? (HAWD) Board Performance Report provides assurance on progress against NHS Grampian's Strategic Priorities through the monitoring of agreed actions, Key Performance Indicators (KPIs), risks and mitigations.

The October report represents an interim step in the development of NHS Grampian's Integrated Performance Report (IPR). While the Strategic Priorities reporting approach remains in development for Quarter 2, this report introduces a more focused approach to reporting on Workforce, Clinical Quality & Safety, Urgent and Unscheduled Care

performance. These areas have been selected as priorities for Board oversight and provide an opportunity to begin bringing together performance measures, risks, mitigations and assurance in a format that will inform the future Integrated Performance Report. The intention is to support more comprehensive Board scrutiny and assurance by presenting a broader range of indicators and narrative than has traditionally been included within the HAWD report, whilst continuing to align with NHS Grampian's Performance Management and Assurance Model.

The report applies the three key questions within the model: **What are we trying to achieve? What are we doing? How do we know?**

2.2 Assessment

This section provides an assessment of performance, risks and assurance across Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care using the evidence presented within the report.

Within Workforce, there is some assurance that NHS Grampian has maintained workforce capacity during the reporting period, supported by workforce growth, high workforce stability and reduced turnover. However, assurance is more limited in relation to workforce wellbeing, capability and development, with further improvement required across a number of workforce measures.

Within Clinical Quality and Safety, there is assurance that patient experience, patient safety and clinical outcomes are being monitored through established governance arrangements and that improvement activity is in place where concerns have been identified. Complaints, Care Opinion feedback and SPSO feedback provide insight into patient experience, while falls and pressure ulcer reporting remained broadly stable during the reporting period. However, complaints timeliness, variation between services and overdue Level 1 adverse event reviews continue to limit the level of assurance that can be drawn in some areas and require continued management attention.

Within Urgent and Unscheduled Care, the evidence presented indicates that performance remains challenged across parts of the pathway and that continued improvement activity is required to support delivery of agreed performance trajectories.

2.3.1 Quality / Patient Care

The measures presented within the report support oversight of patient experience, patient safety and clinical outcomes. The report highlights the importance of continued focus on improving complaints responsiveness, reducing delays in adverse event reviews and sustaining improvement activity in relation to falls and pressure ulcer prevention, front door access, patient flow and capacity. These areas are important to supporting organisational learning, improving patient experience and reducing avoidable harm.

2.3.2 Workforce

The report highlights the importance of maintaining workforce capacity whilst continuing to improve workforce wellbeing, capability and development. Continued focus on sickness absence reduction, statutory and mandatory training compliance and appraisal completion will be important to supporting staff development and maintaining a workforce with the skills, capacity and support required to deliver safe, effective and sustainable services.

2.3.3 Financial

There are no direct financial implications arising from this report. However, workforce and quality-related issues may influence service sustainability, productivity and the effective use of resources and should continue to be monitored through existing governance arrangements.

2.3.4 Risk Assessment / Management

The report supports oversight of workforce, patient safety and experience risks by highlighting areas where continued improvement and management attention are required, including workforce wellbeing, workforce capability, complaints responsiveness and adverse event review timeliness, the report also highlights key risks and mitigations for clinical quality and safety, urgent and unscheduled care areas. These issues continue to be monitored through established governance and risk-management arrangements.

2.3.5 Equality and Diversity, including health inequalities

No specific equality, diversity or health inequality concerns have been identified through this report. However, variation in Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care measures should continue to be monitored to understand any impact on workforce experience, patient experience or health outcomes.

2.3.6 Other impacts

This report complements the quarterly HAWD Board Performance Report by providing a focused assessment of Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care performance, risks, mitigations and assurance.

2.3.7 Communication, involvement, engagement and consultation

- All Exec Leads and nominated direct reports for the scoped areas in this report i.e. Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care are involved in the agreement of actions, performance charts and information, risks and mitigations and narrative for assurance.
- Presented to Board Chair/Vice Chair 11th Sept 2026
- Presented at Executive Team Business Meeting on 15th September 2026.
- Presented at PAFIC Meeting on 30th September 2026.

2.3.8 Route to the Meeting

- Presented at Executive Team Business Meeting on 15th September 2026.
- Presented at PAFIC Meeting on 30th September 2026.

2.4 Recommendation

The Board is asked to:

- Endorse the approach set out within the October 2026 How Are We Doing? (HAWD) Board Performance Report, which provides Board assurance on Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care performance through the monitoring of appropriate indicators and supporting narrative.
- Review and scrutinise the assurance provided within the report in relation to Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care including the areas where assurance remains limited and further improvement is required.
- Approve the October 2026 How Are We Doing? (HAWD) Board Performance Report for

Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care and the assurance position presented within the report.

3 Appendix/List of appendices

The following appendix is included with this report:

Appendix 1: How Are We Doing Board Performance Report (Workforce, Clinical Quality and Safety, Urgent and Unscheduled Care).

HOW ARE WE DOING?

Board Performance Report

October 2026



Purpose and approach

The How Are We Doing? (HAWD) Board Performance Report provides assurance on progress against NHS Grampian's Strategic Priorities through the monitoring of agreed actions, Key Performance Indicators (KPIs), risks and mitigations.

The October 2026 report focuses on Workforce, Clinical Quality and Safety for the reporting period April 2026 to July 2026. It brings together performance information, risks, mitigations and assurance to support Board oversight and scrutiny of these areas.

The report is structured around NHS Grampian's Performance Management and Assurance Model and considers:

- **What are we trying to achieve?**
- **What are we doing?**
- **How do we know?**

Current Scope

1. Workforce

Focus Areas: Workforce Capacity, Workforce Wellbeing, Workforce Capability, Workforce Development

2. Clinical Quality and Safety

Focus Areas: Patient Experience, Patient Safety, Clinical Outcomes

3. Urgent and Unscheduled Care

Focus Areas: Front Door Access, Patient Flow and Capacity

1. Workforce. Exec Lead: Jay O’Brien, Director of People and Culture

What are we trying to achieve?

A workforce with the capacity, wellbeing, capability and development required to deliver safe, effective and sustainable services.

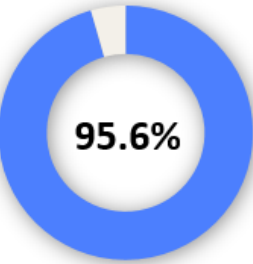
What are we doing?

Workforce Capacity	Workforce Wellbeing	Workforce Capability	Workforce Development
Monitoring workforce capacity and distribution, with through targeted growth in frontline clinical professions and workforce deployment aligned to organisational priorities	Targeted support and intervention in areas with above-average sickness absence, supported by a short-life working group focused on reducing sickness absence rates.	Continued focus on improving statutory and mandatory training compliance across the organisation. The current Board-level target for Statutory and Mandatory Training is 70% and 80% for Fire Safety.	Strengthening appraisal completion through enhanced accountability and increased focus on staff development. The current Board-level target for appraisal performance within NHS Grampian is 50% for Agenda for Change staff to have a completed appraisal recorded within the previous 12 months.

How do we know?

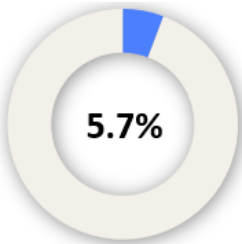
Workforce Capacity (Headcount and WTE at 31st July 2026)

STABILITY (Substantive Only, Excludes Resident Doctors)
01/04/2026 – 30/06/2026

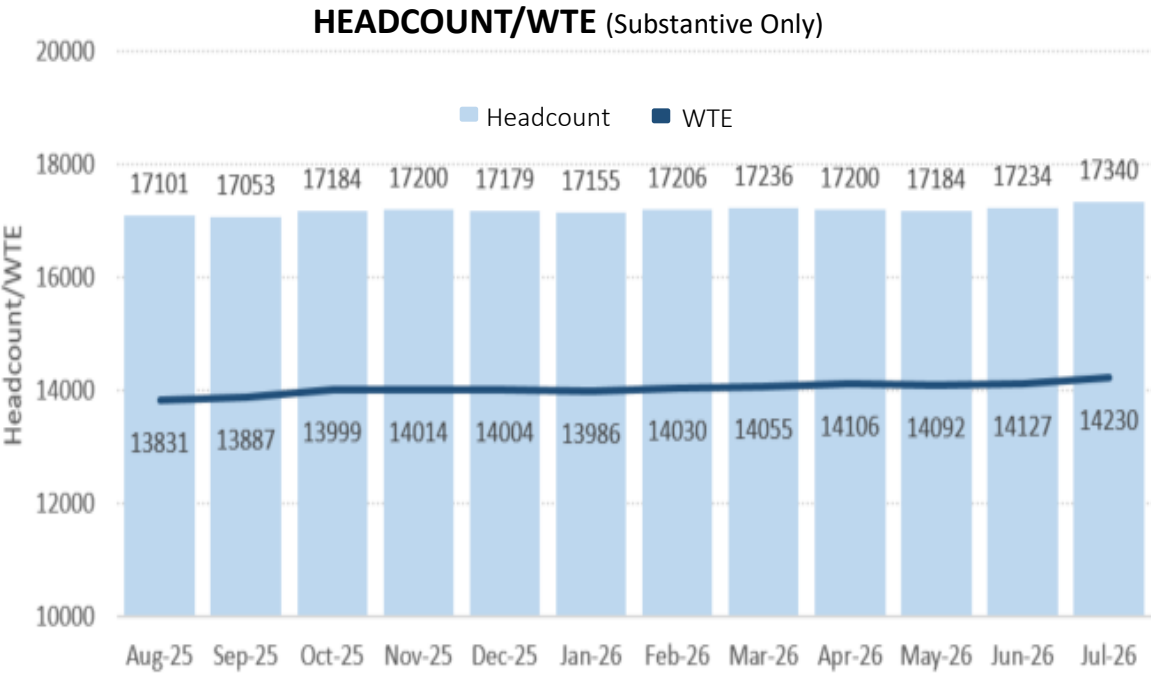


Stability is the percentage of the workforce that has been employed in NHS Grampian for a year or more. The stability for quarter 1 was 95.6%, higher than the 90% target.

TURNOVER (Substantive Only, Excludes Resident Doctors)
01/08/2025 – 31/07/2026



The turnover rate for the year ending 31st July 2026 was 5.74%, a decrease of 0.91 percentage points compared with 6.65% recorded in the previous year.



- Total headcount at 31 July 2026 stands at 17,340, representing a net increase of 165 employees from 31 July 2025 (1%). WTE increased by 313.6 (2.2%) over the same time period.
- WTE increased proportionately more than headcount, indicating an overall increase in workforce capacity. This suggests that growth has been driven not only by additional employees but also by higher average contracted hours across the workforce.

Job Family	Headcount	Change from previous year
Nursing & Midwifery	7592	186
Administrative Services	2504	-11
Support Services	2017	-40
Medical & Dental	1853	25
Allied Health Professionals	1475	-21
Other Therapeutic	736	12
Healthcare Sciences	701	19
Medical & Dental Support	374	3
Personal & Social Care	69	-2
Senior Managers	19	-6

- Nursing & midwifery recorded the largest increase, rising by 186 employees to 7,592. This increase accounts for more than the overall net growth, offsetting reductions across several other job families.
- Medical & Dental and Healthcare Sciences also increased, by 25 and 19 employees respectively.
- Smaller increases were recorded within Other Therapeutic (+12) and Medical & Dental Support (+3).

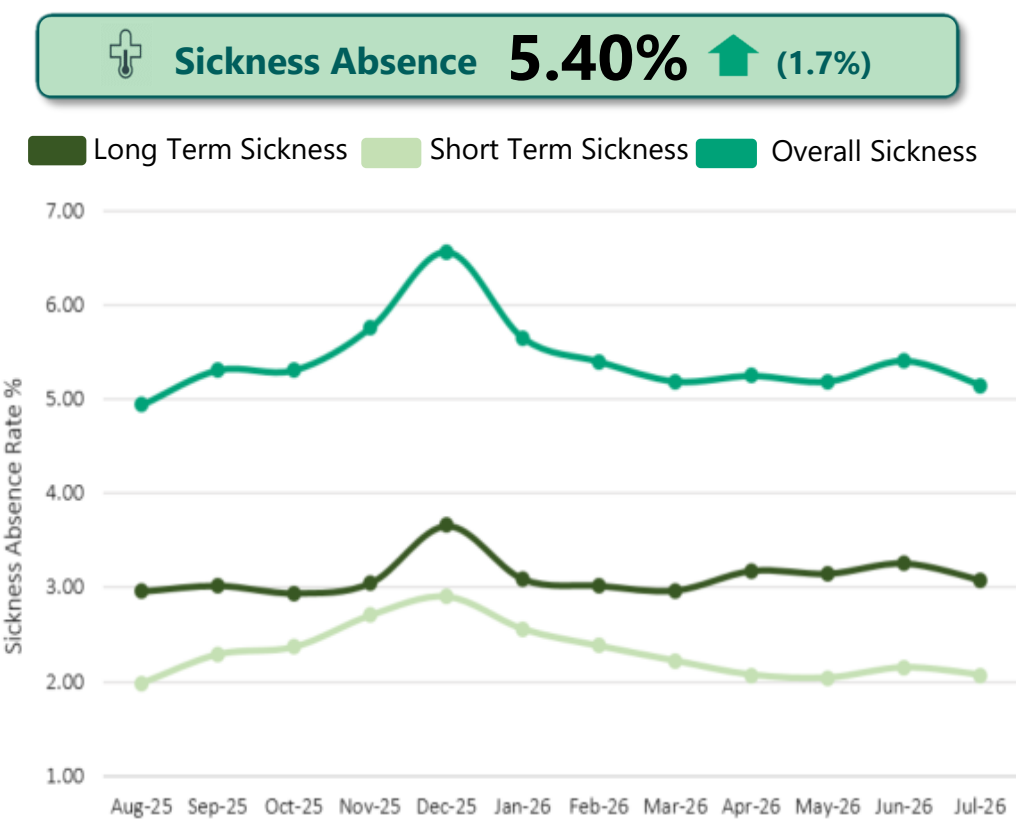
Key risks	Mitigating actions	By when	How progress will be monitored
Workforce capacity may be insufficient to meet current and future service demand	- Delivery of a comprehensive workforce planning approach aligned to service, financial, and population health priorities. - Ongoing monitoring of workforce data - Review of Workforce data requirements - Targeted recruitment campaigns for priority and hard-to-fill roles, including national and international recruitment where appropriate. E.g. Frailty. - Workforce redesign and skill-mix initiatives to optimise available workforce capacity and improve productivity. - Development of workforce supply pipelines through partnerships including employability with employability partners ,universities, colleges, apprenticeship programmes, and professional training bodies within the workforce plan - Escalation of significant workforce risks through Board governance structures, with oversight of mitigating actions and delivery plans.	Sept 27 Ongoing As required Ongoing activity Ongoing activity Quarterly Quarterly	Report via Staff Governance and the Executive Team. Power BI has been launched and training provided as a self-service model. This is reviewed on an ongoing basis to quality improvements within Workforce Data reports and the Targeted recruitment will be linked to Board initiatives and workforce planning requirements. Wide activity to support overall organisational effectiveness on an ongoing basis. Reporting via Local Employability Partnerships (LEPs), Educational Partners and Staff Governance. Reported via Staff Governance, GAPF and the Executive team. With an overview going to NHSG Board Reported via Staff Governance, GAPF and the Executive team. With an overview going to NHSG Board
Workforce growth is concentrated within a limited number of professional groups, creating potential areas of vulnerability elsewhere	- Implementation of targeted workforce plans for professions and services experiencing recruitment and retention challenges. - Alignment of workforce planning with service redesign, financial recovery plans, and projected population health needs to ensure sustainable workforce growth across all staff groups.	Sept 27	Ongoing integrated activity which will be reported via Staff Governance Committee.
Workforce availability and resilience may be affected by challenges in recruiting and retaining staff	Implement targeted recruitment and retention plans for professions and services experiencing persistent vacancies, turnover, or recruitment challenges linked to the Workforce plan and data.	Sept 27	This will be encompassed in the workforce plan, reported via the Executive Team and Staff Governance Committee
Headcount and WTE may not translate into sufficient workforce capacity to meet demand	Implement comprehensive workforce planning that considers capacity, capability, productivity, skill mix, and service demand, rather than headcount and WTE growth alone.	Sept 27	Via Staff Governance Committee

What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

Workforce capacity has remained broadly stable over the past year, with modest growth in both headcount and WTE. Growth has been concentrated within frontline clinical professions, particularly Nursing & Midwifery, indicating a continued focus on maintaining workforce capacity in areas most directly involved in patient care. This matters because workforce capacity is a key determinant of organisational resilience, service continuity and the ability to meet current and future demand. Sustaining capacity within frontline services helps support delivery of patient care and operational performance. Current workforce trends provide some assurance that staffing resources continue to be directed towards frontline clinical services and that overall workforce capacity has remained stable. However, workforce numbers alone do not demonstrate whether capacity is sufficient to meet demand or whether there are emerging workforce pressures in specific areas. Continued monitoring is required to understand the impact of vacancy levels, recruitment activity and workforce stability on organisational resilience, and to provide a more complete assessment of whether workforce capacity remains sufficient to support service delivery.

Workforce Wellbeing (as at May 2025 versus 31st May 2026)

Workforce Wellbeing (Sickness Absence)



Key risks	Mitigating actions	By when	How progress will be monitored
Sickness absence remains above the organisational target of 4%.	Continued focus on attendance management, workforce wellbeing initiatives and targeted absence reduction activity via an Attendance Management group which is reported on via KPMG. This group has key objectives and continued focus on workforce wellbeing, staff availability and data. Absence is monitored across the organisation and reported to Staff Governance and the Executive Team.	March 26	Reporting on an ongoing basis to Staff Governance and the Executive Team.
Higher absence levels remain concentrated within a small number of services and workforce groups.	Service-specific intervention and monitoring to understand and address underlying drivers of absence.	March 26	Again, as above – eg facilities / nursing/mental health have all got programmes and oversight on managing their individual absences
Sustained absence reduces workforce availability and places additional pressure on teams.	Ongoing support for staff wellbeing and resilience alongside proactive workforce planning.	Sept 27	Reporting via Staff Governance
Variation in absence rates across workforce groups may indicate differing workforce pressures and risks.	Reviewing approach across all staffing groups to support identified absence 'hot spots'	March 27	Reported via the Absence group and outcomes to Staff Governance Committee

What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

Sickness absence remains above the organisational target of 4%, with higher levels concentrated within a small number of services and workforce groups. Workforce wellbeing and attendance therefore continue to present a challenge in parts of the organisation, particularly within patient-facing roles where operational pressures and the physical demands of work can have a greater impact on absence levels. This matters because sustained absence reduces workforce availability, increases pressure on colleagues and can affect workforce resilience, service continuity and the organisation's ability to respond to operational demand. Current reporting provides assurance that workforce wellbeing and attendance trends are being monitored and that areas of higher absence can be identified and targeted for intervention. However, absence levels remaining above target indicate that workforce wellbeing and attendance continue to present a risk to organisational resilience in some areas.

Workforce Capability (as at 31st July 2026)

NHS Grampian Average **Mandatory Training Compliance**
(Substantive, Agenda for Change Workforce Only)



NHS Grampian Average **Statutory Training (Fire Safety) Compliance**
(Substantive, Agenda for Change Workforce Only)



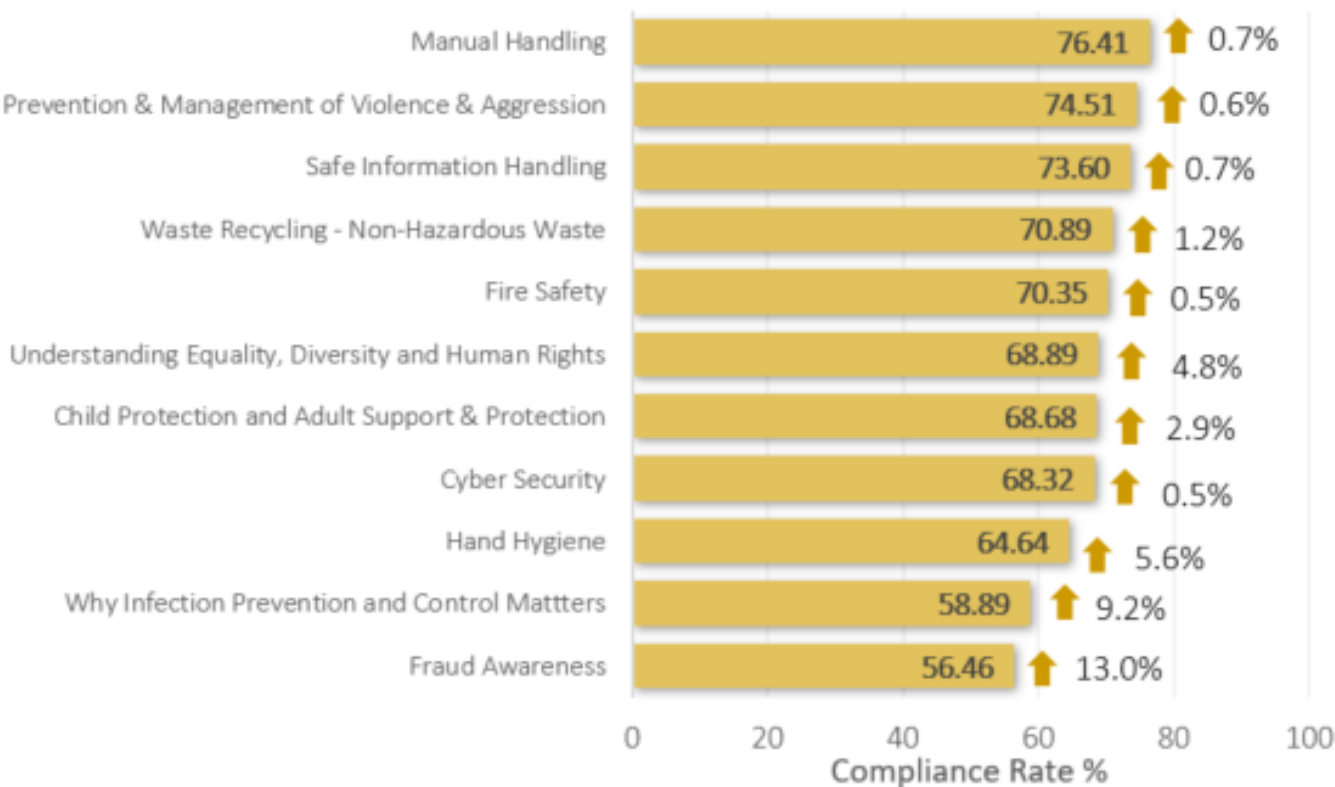
Mandatory Training Modules Compliance (as at 31st July 2026)

Current areas requiring the greatest focus that are less than 70% compliance:

- Fraud Awareness (Women and Children – 48%, Access and Performance – 41%)
- Infection Prevention & Control (Medicine and Unscheduled Care – 47%)

These modules show the most consistent variation across divisions and are contributing to the overall position remaining below target.

Statutory & Mandatory Training Compliance by Division
(Substantive, Agenda for Change Workforce Only)



- The current board-level target for statutory and mandatory Training within NHS Grampian is 70% compliance across all mandatory modules and 80% compliance for Fire Safety, the organisation's only statutory training requirement.
- Performance improved during July 2026, with average compliance across all mandatory modules increasing from 60.1% to 66.0%. Fire Safety compliance also rose from 65.9% to 68.1%. While these improvements represent positive progress, overall compliance remains below the required targets, indicating that further effort is needed to increase completion rates and achieve the Board's expectations.

Key risks	Mitigating actions	By when	How progress will be monitored
Statutory and mandatory training compliance remains below Board targets.	Continued organisational focus on improving overall compliance levels and monitoring progress.	End Mar 27	Monthly monitoring of improvement trajectory discussed at Directorate Leadership Team, with escalation to appropriate fora if required.
Significant variation in compliance across services and training modules.	Targeted support and follow-up within services and subject areas reporting the lowest compliance.	End Mar 27	Lowest areas of achievement identified and proactively being engaged with/supported as per agreed statutory/mandatory improvement plan
Staff may not consistently complete learning required for their roles.	Ongoing promotion, monitoring and local management oversight of training completion.	End Mar 27	Consideration and progression of further elements of Protected Learning Time implementation in respect of profession specific mandatory training; both confirming what is included and reporting mechanisms beyond statutory and mandatory for all training,
Low compliance in key areas such as Fraud Awareness, Infection Prevention & Control	Focused improvement activity within identified modules to raise compliance levels.	End Mar 27	Regular review of trends and highlighting via system communication any modules that require focused attention.
Reduced confidence that organisational learning requirements are being consistently met.	Continued monitoring and reporting of compliance trends to identify areas requiring intervention.	End Mar 27	Implementation of agreed improvement plan; monitoring or trajectory via Directorate Leadership Team and escalation to appropriate fora if improvement trajectory not on target.

What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

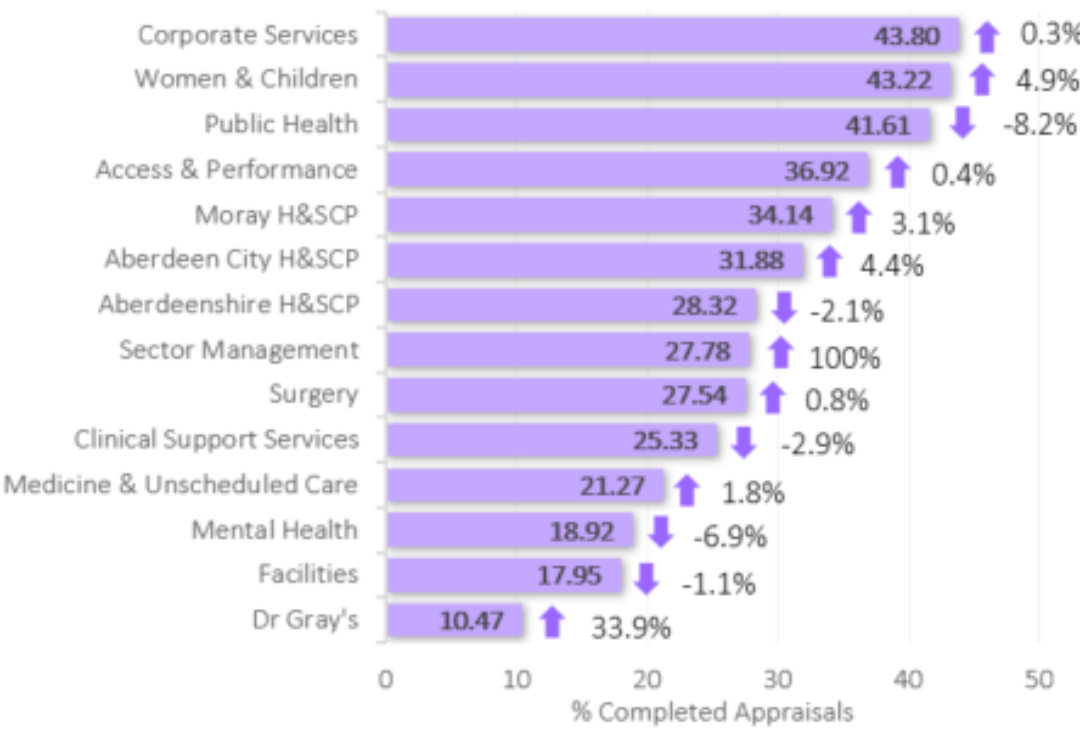
Statutory and mandatory training compliance continues to improve, indicating that more staff are completing the learning required for their roles. However, overall performance remains below Board targets and variation across training modules and services indicates that required learning is not yet being completed consistently across the organisation. This matters because statutory and mandatory training supports workforce capability, patient safety, regulatory compliance and organisational resilience. Inconsistent completion reduces confidence that staff across NHS Grampian have the knowledge and skills required to meet organisational, professional and legislative requirements. Current performance provides some assurance that compliance is improving; however, the level of variation means assurance remains limited in relation to consistent completion of required learning across all services. Continued monitoring and management attention are required, particularly in relation to Fraud Awareness and Infection Prevention & Control, where compliance remains comparatively low and continues to affect overall organisational performance.

Workforce Development

NHS Grampian Appraisal Compliance (as at 31st July 2026) (Substantive, Agenda for Change Workforce Only)

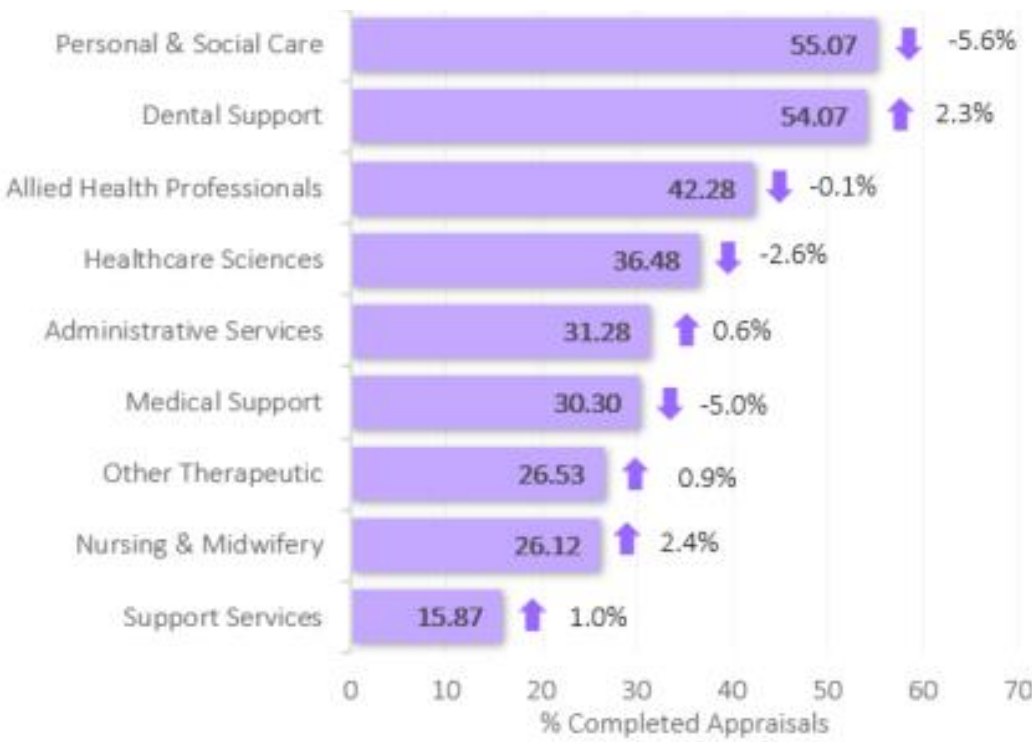


Appraisal Compliance by Division against target of 38% for the year ending 31st March 2027.



Appraisal compliance against the year-end target of 38% remains variable across divisions. Corporate Services (43.8%), Women & Children (43.2%) and Public Health (41.6%) have exceeded the target, while Access & Performance (36.9%) is close to achieving it. However, performance ranges from 10.5% to 43.8%, indicating significant variation between divisions. While several divisions reported improved compliance compared to the previous reporting period, others experienced a decline, highlighting the need for continued focus to achieve the target consistently across all areas.

Appraisal Compliance by Job Family (Substantive, Agenda for Change Workforce Only)



Appraisal compliance remains variable across job families, with completion rates ranging from 15.9% to 55.1%. Although several staff groups have demonstrated month-on-month improvement, performance has deteriorated in others, including Personal & Social Care and Medical Support. The level of variation across job families indicates a need for sustained focus to improve appraisal compliance and reduce unwarranted variation across the workforce.

Key risks	Mitigating actions	By when	How progress will be monitored
Appraisal compliance remains significantly below target; and as a result, staff are not having development conversations, including links to organisational objectives.	Continued management focus to improve appraisal completion rates across services.	End Mar 27	Implementation of agreed improvement plan; monitoring or trajectory via Directorate Leadership Team and escalation to appropriate fora if improvement trajectory not on target. Quality of appraisal improvement is built into improvement plan.
Significant variation in appraisal compliance across services.	Targeted management intervention and monitoring in services with the lowest compliance levels.	End Mar 27	Implementation of agreed improvement plan; monitoring or trajectory via Directorate Leadership Team and escalation to appropriate fora if improvement trajectory not on target.

What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

Appraisal compliance remains well below the Board target of 38%, with 28% of Agenda for Change staff having a completed appraisal recorded within the previous 12 months. Completion continues to vary considerably across services, indicating that appraisal and development conversations are not being undertaken consistently across the organisation.

This matters because appraisals are an important mechanism for supporting staff development and wellbeing, aligning individual objectives with organisational priorities and strengthening workforce capability. Low compliance therefore limits the organisation's ability to realise these benefits consistently and may impact workforce development and performance improvement. Current performance provides limited assurance that staff are consistently receiving the development, support and performance conversations required to support workforce capability and organisational improvement. Continued monitoring is required to understand whether compliance is improving across all services and whether progress is sufficient to strengthen workforce development, wellbeing and alignment between individual and organisational objectives over time.

2. Clinical Quality and Safety. Exec Lead: Rabina Tindale, Interim Nurse Director, Hugh Bishop, Medical Director

What are we trying to achieve?

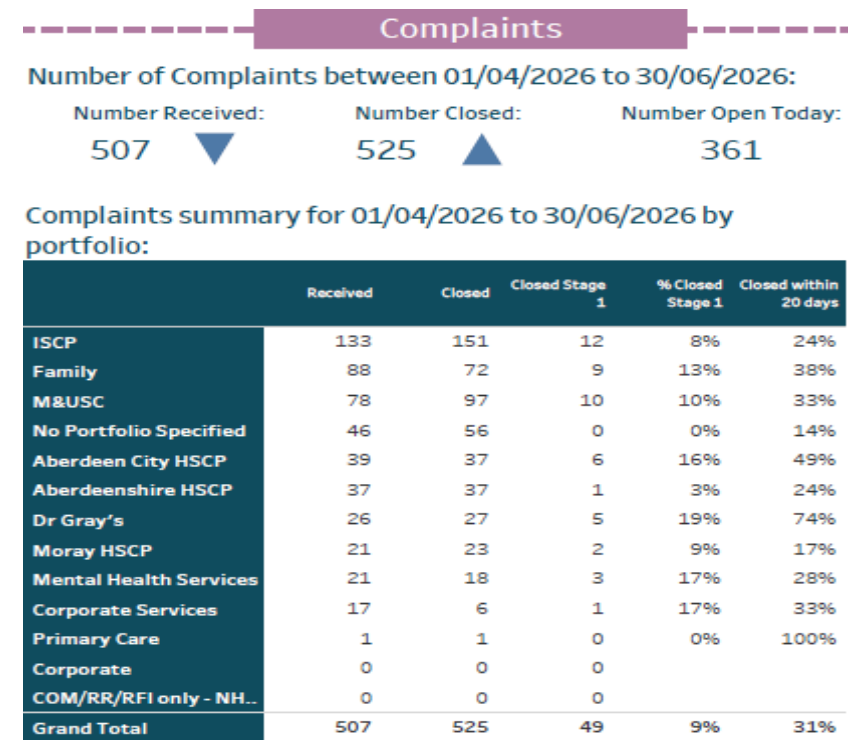
Safe, effective and person-centred care that continuously learns from patient experience, improves clinical outcomes and reduces avoidable harm.

What are we doing?

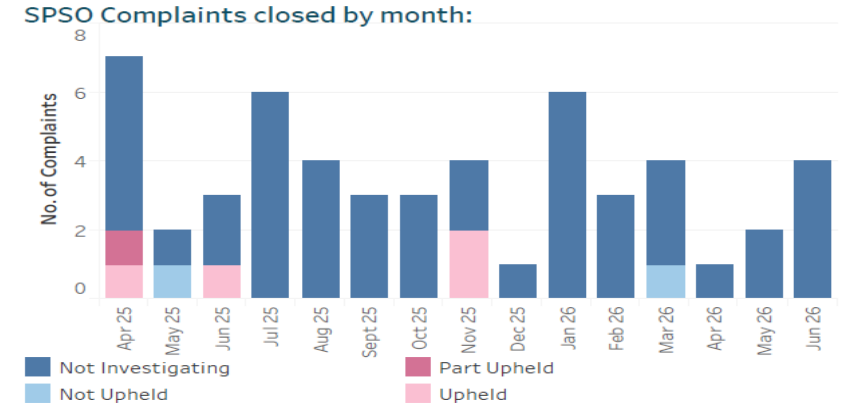
Patient Experience <i>(are we listening and responding to patient concerns?)</i>	Patient Safety <i>(are we reducing avoidable harm and managing safety risks?)</i>
Listening and responding to patient feedback and complaints.	Monitoring, reviewing and learning from adverse events, infections, falls and pressure ulcers.

How do we know?

Patient Experience – Complaints

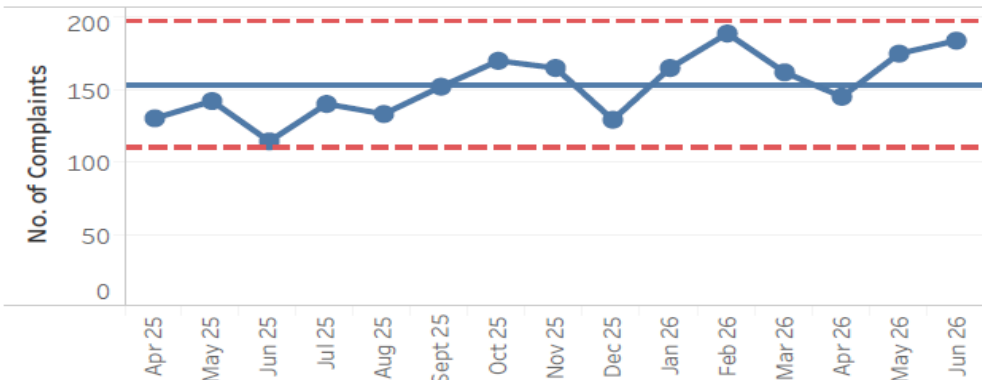


Number Open Today refers to the date when the above data was extracted. This was 24th July 2026.

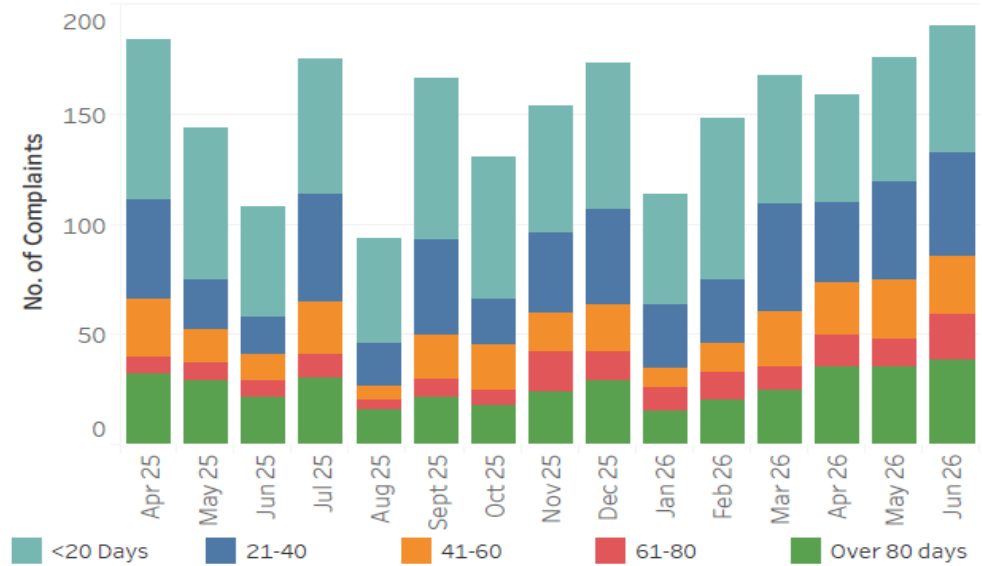


Complaints Backlog and Responsiveness

Number of complaints received by month:



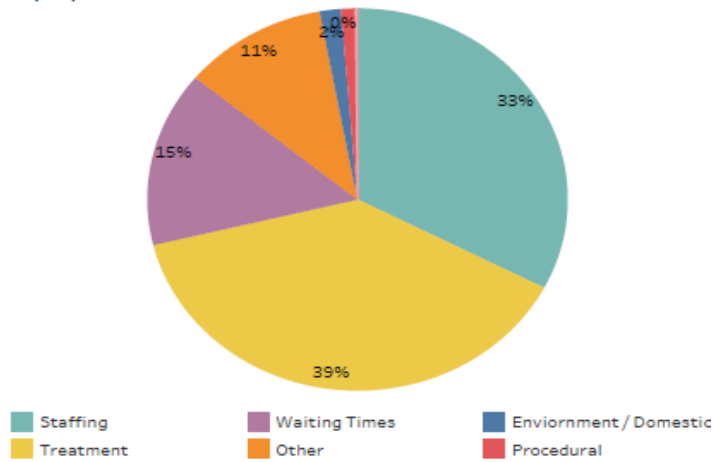
Complaints closed by month:



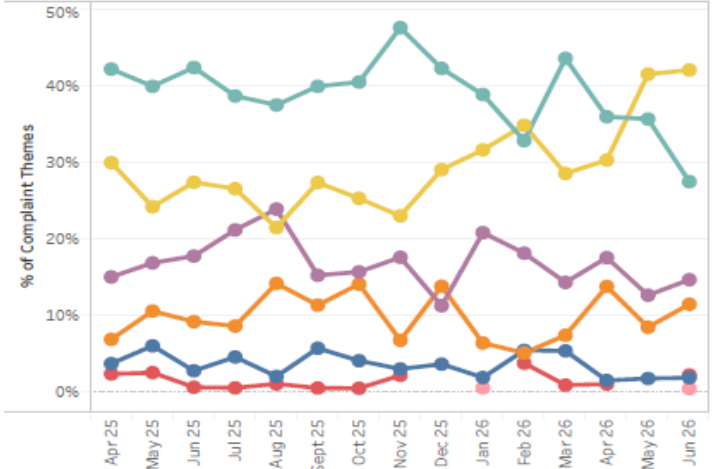
Complaint Themes

Please note, complaints may have more than one theme associated with it.

Themes of Complaints received between 01/04/2026 to 30/06/2026:



Complaint themes by month:



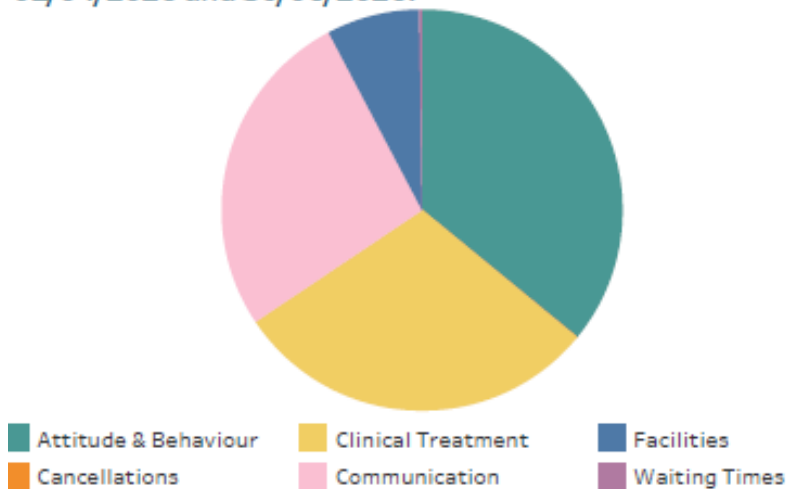
Patient Experience – Complaints (cont'd)

Compliments

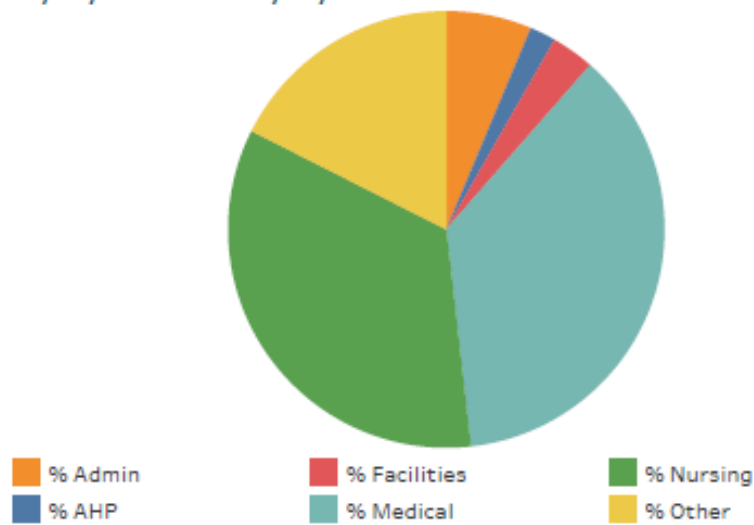
Number of Compliments received between 01/04/2026 and 30/06/2026:

60

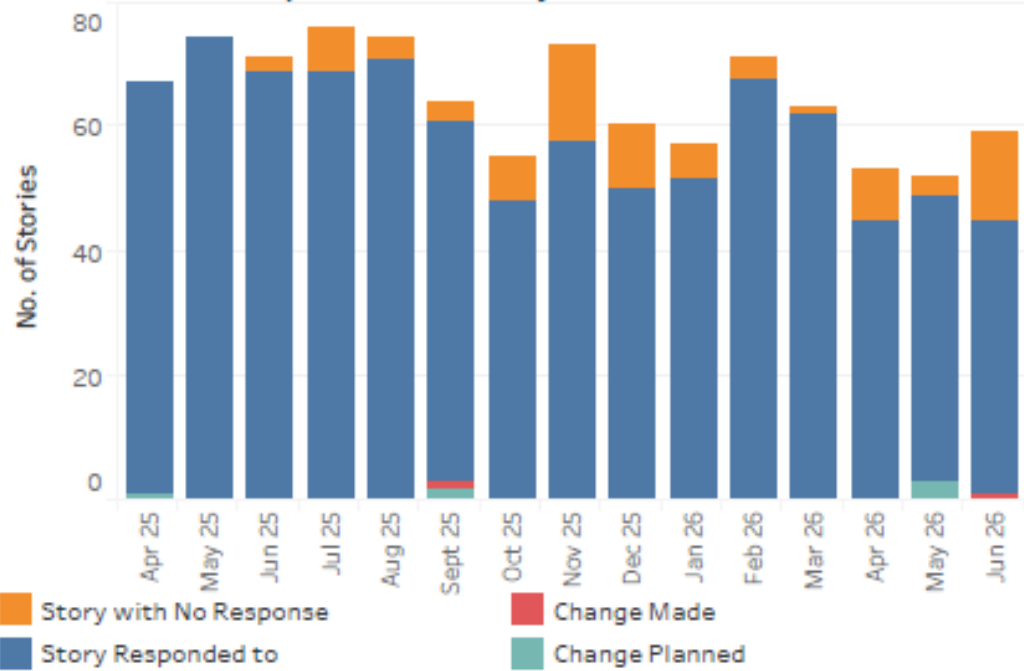
Compliment Themes for compliments received between 01/04/2026 and 30/06/2026:



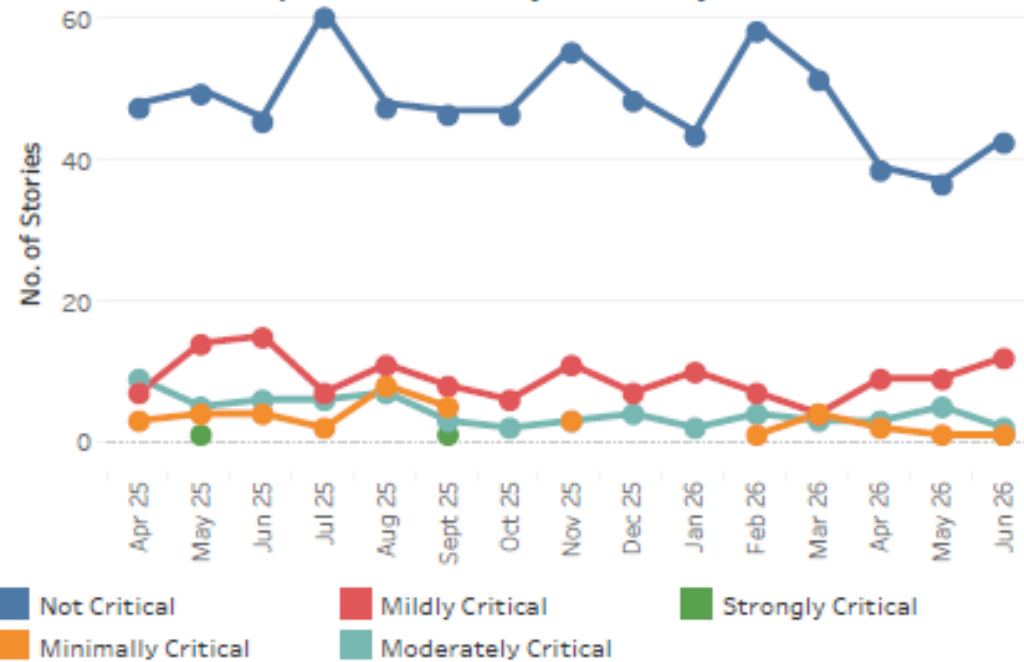
Compliment staff groups for compliments received between 01/04/2026 and 30/06/2026:



Number of Care Opinion Stories by Status:



Number of Care Opinion Stories by Criticality Score:



Care Opinion

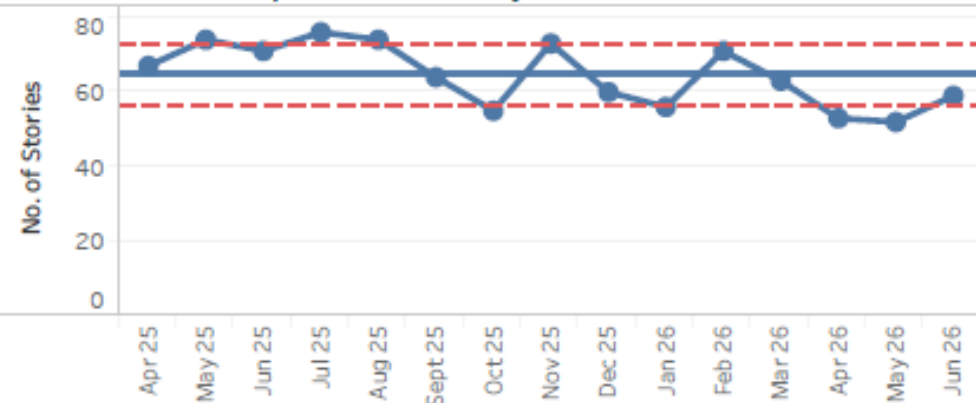
Number of Care Opinion Stories between 01/04/2026 and 30/06/2026:

164

Number of Care Opinion Stories by Hospital between 01/04/2026 to 30/06/2026:

Level 1 service	Criticality				
	Not Critical	Minimally Critical	Mildly Critical	Moderately Critical	Strongly Critical
Aberdeen Health and Care Village	1				
Aberdeen Maternity Hospital	8		2	1	
Aberdeen Royal Infirmary	44	2	16	6	
Community Services in Grampian	3				
Dr Gray's Hospital	33	1	2	1	1
GDENS (Grampian Emergency De...			2		
General Practices in Grampian	2		5	2	
Peterhead Community Hospital	4	1			
Roxburghe House	1				
Royal Aberdeen Children's Hospi...	9		3		
Royal Cornhill Hospital			1	2	
Woodend Hospital	10		1		
City Hospital			1		
Glen O'Dee Hospital	1				
Kincardine Community Hospital	1				
North East Scotland Breast Scre...	3				

Number of Care Opinion Stories by month:



What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

Complaints represent approximately 0.1% of NHS Grampian inpatient and outpatient activity and should therefore be considered alongside wider measures of patient experience. During April to June 2026, NHS Grampian received 507 complaints and closed 525 complaints. Clinical treatment, staff communication and waiting times were the most frequently reported complaint themes. Performance against the 20-working-day target remained challenging, with 31% of complaints closed within target timescales and variation evident between services.

During the same period, 164 Care Opinion stories were received, the majority of which reflected positive patient experience. The Scottish Public Services Ombudsman provided feedback on seven complaints and did not progress any of these to formal investigation. This information reflects the most recent quarterly reporting period considered through the Clinical Governance Committee and associated governance arrangements.

Patient feedback and complaints provide important insight into patient, family and carer experience and support organisational learning and improvement. Whilst complaints volumes remain low relative to overall healthcare activity, the data highlights ongoing challenges in complaints timeliness and variation between services. The information provides assurance that patient experience is being monitored through established governance arrangements and that learning opportunities continue to be identified through complaints, Care Opinion and SPSO feedback.

Key Risks: Delays in complaints handling and other non-clinical public interfaces remain one of the organisation's top organisational concerns. Prolonged response times and complex cross-service complaints may impact patient experience, public confidence and the timely identification of learning opportunities. Complaints performance remains recognised within Strategic Risk 3068.

Mitigations: Complaints performance is reviewed through established governance arrangements, including weekly review through the Clinical Risk Meeting, monthly reporting of complaints exceeding 80 working days to the Clinical Quality, Safety and Experience Management Group (CQSEMG), and detailed quarterly reporting to the Clinical Governance Committee, from which this summary is derived. An escalation process remains in place through Acute triumvirates and Chief Officers for complaints exceeding 80 days. Improvement activity continues through the Clinical Quality and Safety Improvement Board and associated complaints action plan, with a focus on reducing the longest open complaints, improving timeliness and strengthening organisational oversight.

Patient Safety – Falls, Tissue Viability, Adverse Events

Falls

Patient Falls

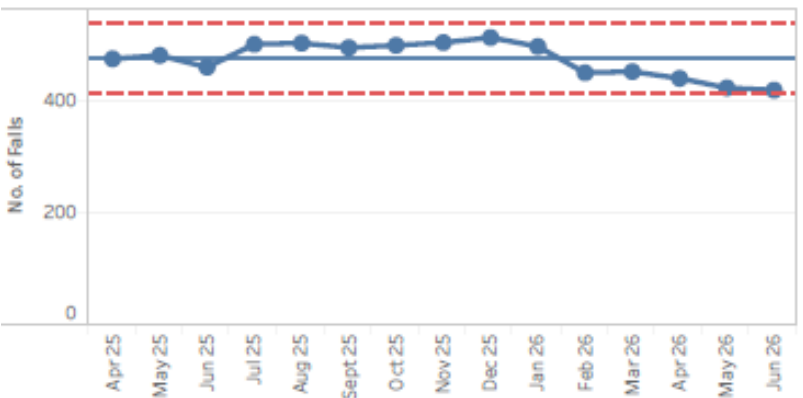
Number of Falls between 01/04/2026 and 30/06/2026:

1,288

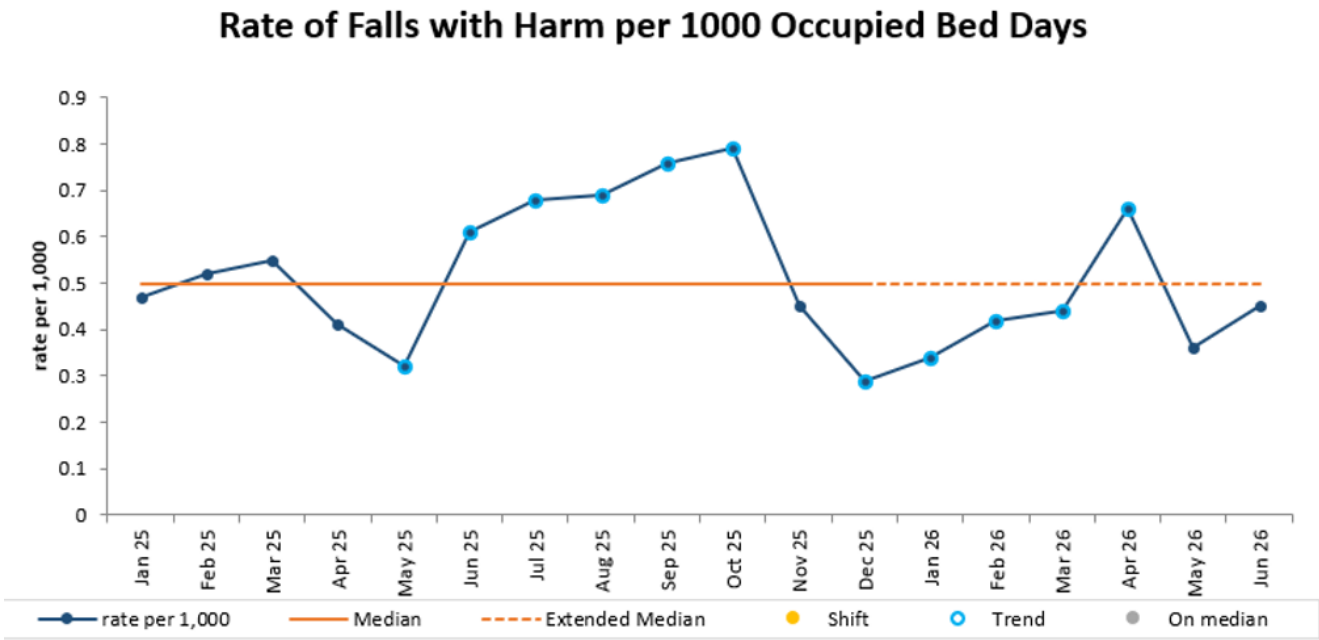
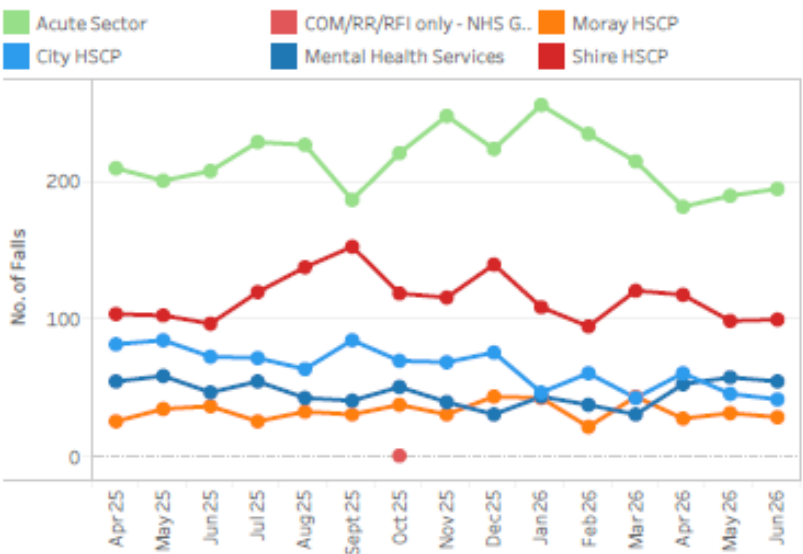
Number of Falls between 01/04/2026 and 30/06/2026 by Portfolio and Severity:

PORTFOLIO	Negligible	Minor	Moderate	Major	Grand Total
Aberdeenshire HSCP	249	64	4		317
M&USC	225	56	5		286
Mental Health Serv...	141	23	1	1	166
ISCP	130	22	3		155
Aberdeen City HSCP	122	25	2		149
Dr Gray's	100	18	2		120
Health and Social Car...	66	22	1		89
Family	4	2			6
Grand Total	1,037	232	18	1	1,288

Number of Patient Falls by Month:



Number of Patient Falls by Sector:



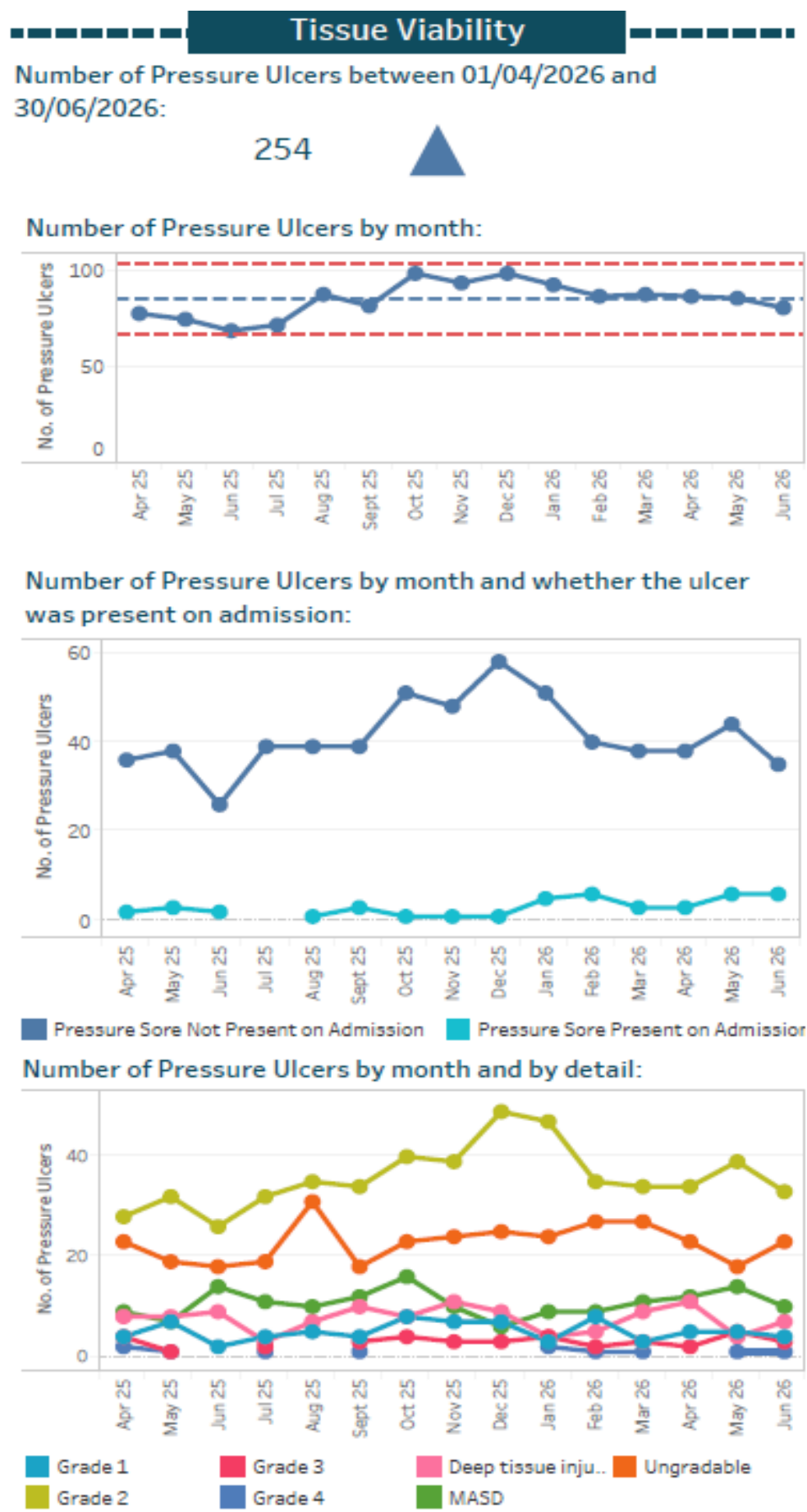
What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

A total of 1,288 falls were reported between April and June 2026. There continues to be natural variation in the number of falls across all sectors, with no significant deterioration identified during the reporting period. Falls remain one of the most commonly reported patient safety events across NHS Grampian and monitoring falls trends, including falls with harm, provides important assurance regarding patient safety, quality of care and the effectiveness of preventative measures. Following an increase in April 2026, the rate of inpatient falls with harm returned below the median during May and June 2026. Whilst the overall position remains relatively stable, ongoing surveillance is required to identify variation, understand contributory factors and ensure learning informs local and organisational improvement activity. The information presented reflects the most recent completed quarterly reporting period (April to June 2026) considered through the Clinical Governance Committee.

Key Risks: Patient falls have the potential to result in avoidable harm, prolonged hospital stay and poorer patient outcomes. The Strategic Falls and Safer Mobility Group identified potential missed opportunities for early intervention through variation in referral pathways, eligibility criteria and use of falls screening tools. Variation in falls activity across sectors may also indicate opportunities to strengthen falls prevention, assessment and care planning approaches.

Mitigations: Oversight is provided through the Strategic Falls and Safer Mobility Group, supported by operational groups across Acute Services, Mental Health and Learning Disability services and the three Health and Social Care Partnerships. Improvement activity includes: review of Scottish Ambulance Service referral pathways to strengthen early intervention opportunities; development of a digital solution within the inpatient Electronic Patient Record to support falls risk assessment and care planning; and review and refresh of the Falls and Safer Mobility Framework (to replace the previous Falls Strategy) and associated falls policies and falls related patient documentation; review of falls sensor mat use; and testing of the use of decaffeinated products to reduce falls. Falls data is routinely monitored through the operational groups to understand falls and falls with harm and identify appropriate actions. This is reported to the Strategic Group to help identify any cross system learning opportunities. Falls with harm rates returned below the median during May and June 2026 following an increase in April 2026. To strengthen governance, the Strategic Falls and Safer Mobility Group will now report to the Clinical Quality and Safety Executive Management Group.

Tissue Viability



What this means (what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

Pressure ulcers remain an important indicator of patient safety and quality of care. During April to June 2026, 254 pressure ulcer incidents were reported and the overall position remains broadly consistent with previous reporting periods. No significant deterioration or emerging concerns were identified during the reporting period. The information presented reflects the most recent completed quarterly reporting period (April to June 2026) considered through the Clinical Governance Committee.

Key Risks: Delays in equipment availability, including staff use of equipment and delays in ordering or delivery from stores, may impact pressure ulcer prevention and management activity. A continuing slight increase in heel damage has also been identified and requires ongoing monitoring.

Mitigations: Concerns relating to equipment availability and ordering have been escalated to local managers and are under review with the equipment team. Support is also being provided to the podiatry team through education events and service provision review in response to the ongoing increase in heel damage. All patient facing staff have the opportunity to gain knowledge and skills around pressure ulcer prevention and management, including HCSW, as the new competencies for band 4 and 3 are LIVE on Turas. No other significant concerns were identified during the reporting period.

Adverse Events

Level 1 Adverse Events

Level 1 Events between 01/04/2026 and 30/06/2026:
Number Opened: 12
Number Closed: 27
Number Open Today: 90
Number of Level 1 Adverse Events Opened between 01/04/2026 and 30/06/2026:

PORTFOLIO	Moderate	Major	Extreme	Grand Total
Aberdeenshire HSCP			2	2
Family	2			2
ISCP	1	1	1	3
M&USC			2	2
Mental Health Services			2	2
Primary Care Organisation			1	1
Grand Total	3	1	8	12

Number of Level 1 Adverse Events Reported by Month:

Number of Level 1 Adverse Events Closed by Month:

RAG Status of Open Level 1s:

PORTFOLIO	Green: <60 days	Amber: 61-90 days	Red: >90 days
Aberdeen City HSCP	0	0	5
Aberdeenshire HSCP	2	0	10
Dr Gray's	1	2	9
Facilities and Estates	0	0	1
Family	2	1	15
Health and Social Care Moray	0	0	8
ISCP	3	0	14
M&USC	1	1	8
Mental Health Services	2	1	2
No Portfolio Specified	0	2	0
Grand Total	11	7	72

Joint Reviews

Number of Joint Reviews between 01/04/2026 and 30/06/2026:
15
Number of Joint Reviews between 01/04/2026 and 30/06/2026 by Severity:

Number of Joint Reviews by Month:

Staffing Related Adverse Events

Number of Staffing Related Adverse Events between 01/04/2026 and 30/06/2026:
63
Number of Staff Related Adverse Events by Portfolio and Severity between 01/04/2026 and 30/06/2026:

	Negligible	Minor	Extreme	Major	Grand To..
Aberdeen City HSCP	1	1			2
Aberdeenshire HSCP	4	1			5
Dr Gray's	10	1			11
Facilities and Estates	13				13
Family	13	1			14
ISCP	3		1	1	5
M&USC	2				2
Mental Health Services	5				5
Moray HSCP	6				6
Grand Total	57	4	1	1	63

Number of Staffing Related Adverse Events by month:

Duty of Candour

Number of Duty of Candour cases reported between 01/04/2026 to 30/06/2026:
11
Number of Duty of Candour cases reported between 01/04/2026 to 30/06/2026 by Portfolio and Severity:

	Moderate	Extreme	Major	Grand Total
Aberdeen City HSCP		1		1
Dr Gray's	3			3
ISCP	2	1	1	4
M&USC		2		2
Moray HSCP	1			1
Grand Total	6	4	1	11

Number of Duty of Candour cases with moderate severity of above reported by month:

What this means what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

Adverse event reporting and review provides an important mechanism for identifying patient safety risks, supporting organisational learning and ensuring appropriate application of statutory duties. During April to June 2026, NHS Grampian commissioned 12 Level 1 reviews, reported 15 Joint Reviews, 63 Staffing Related Adverse Events and 11 Duty of Candour cases. Whilst the number of overdue Level 1 reviews reduced slightly from the previous reporting period, there continue to be significant challenges in achieving the national target to commence and complete reviews within 90 working day, with 72 reviews exceeding the target timeframe. The information presented reflects the most recent completed quarterly reporting period (April to June 2026) considered through the Clinical Governance Committee.

Key Risks: Delays in the completion of Level 1 reviews may delay organisational learning, assurance and implementation of improvement actions arising from significant adverse events. Overdue reviews remain one of the organisation's top concerns identified through the Clinical Risk Meeting and are recognised within Strategic Risk 3068.

Mitigations: Adverse event performance is monitored through quarterly reporting to the Clinical Risk Meeting and Clinical Governance Committee. The Adverse Events Short Life Working Group, established in January 2026 and reporting to the Clinical Quality and Safety Improvement Board, provides oversight of improvement activity relating to delays, variation in practice, backlog management and data quality. The Quality Improvement and Assurance Team undertakes monthly review of Category 1 Level 1 reviews prior to submission to Healthcare Improvement Scotland and provides feedback to operational teams through Datix. All Duty of Candour cases are reviewed through the Clinical Risk Meeting to ensure appropriate application and organisational learning.

3. Urgent and Unscheduled Care. Exec Lead: Leigh Jolly, Chief Officer for Aberdeenshire Health and Social Care Partnership

What are we trying to achieve?

We will improve the timeliness of and access to urgent and emergency care for our patients.

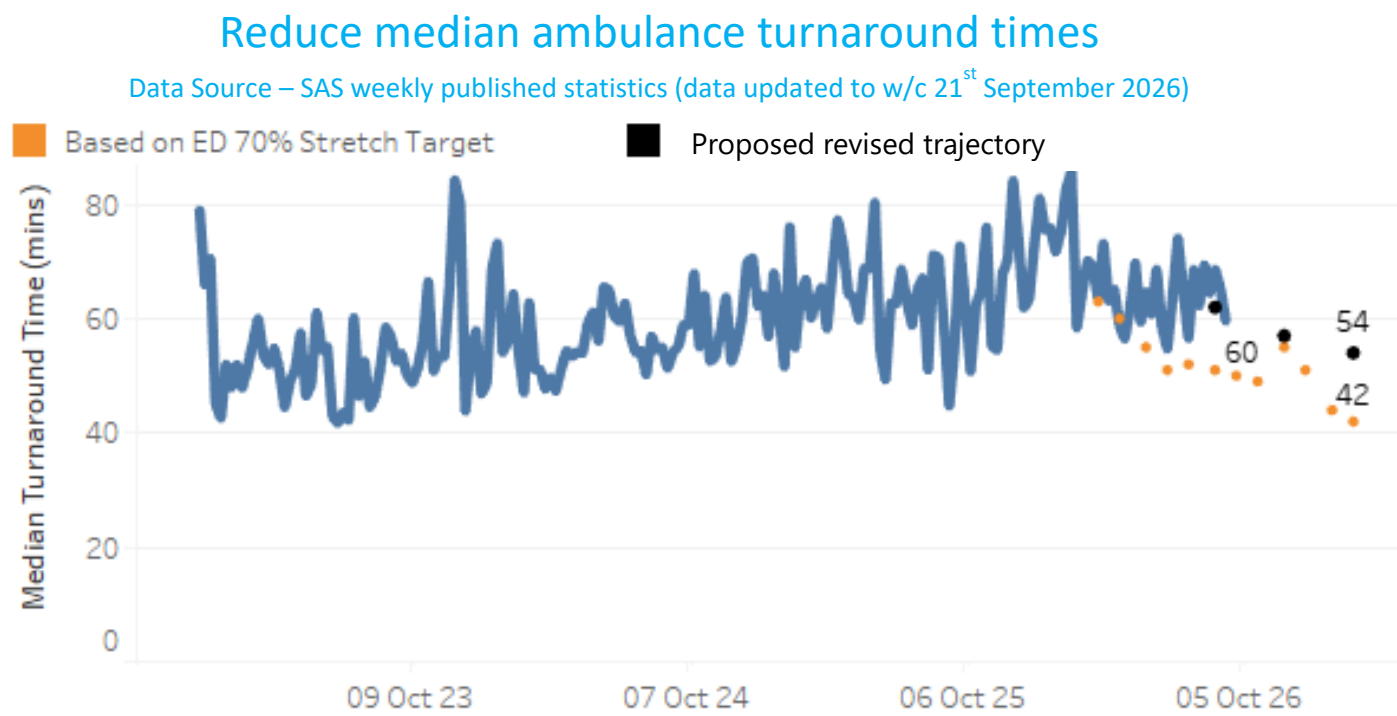
What are we doing?

Front-door access	Patient Flow and Capacity
Improving ambulance handover performance and Emergency Department access to reduce delays and support timely care.	Improving hospital occupancy and reducing length of stay to strengthen patient flow and maximise available hospital capacity.

How do we know?

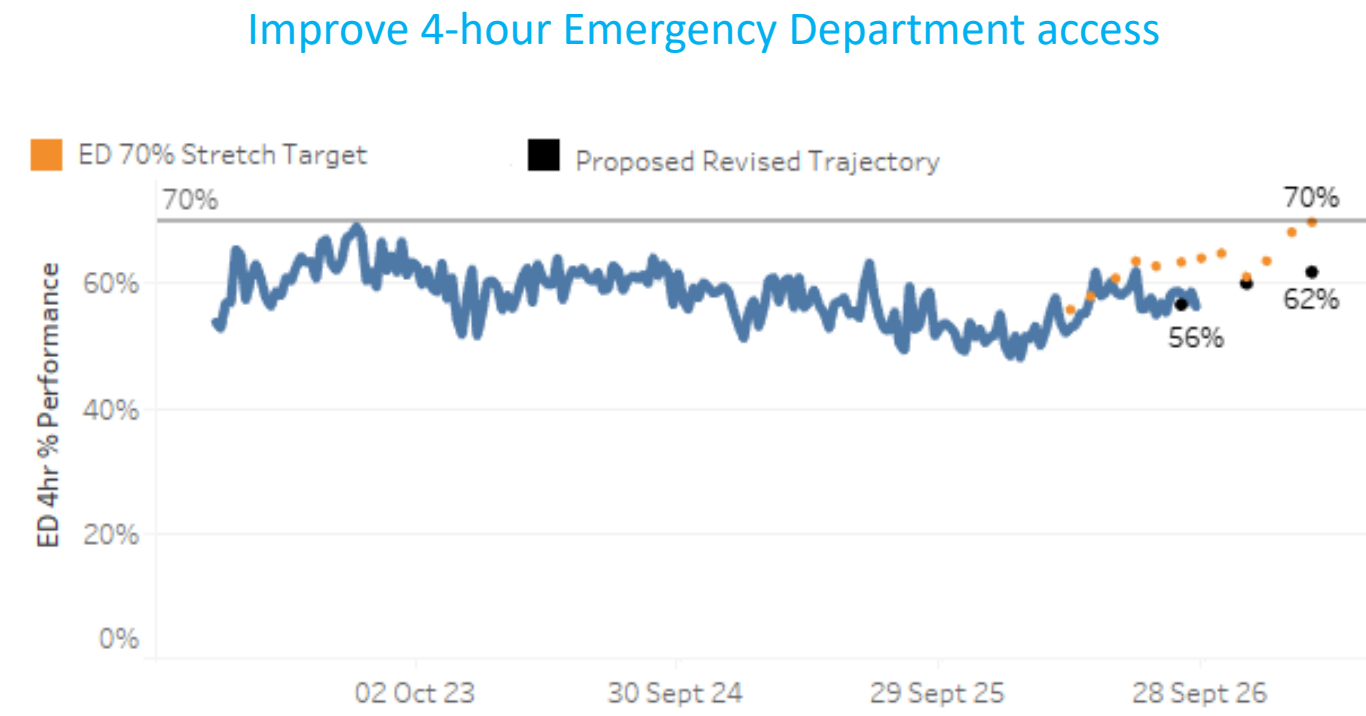
NHSG Unscheduled Care KPIs

Weekly Progress towards Trajectories for week commencing 21st September 2026



What is the data telling us:

Ambulance turnaround times continue to show week on week volatility, fluctuating around 64mins.



What is the data telling us:

ED 4hr % Performance is tracking around trajectory. Weekly performance decreased from 58.7% to 56.2% for week ending 27th September.

Achieve 98% average hospital occupancy

(2pm weekdays – ARI & DG - Exc ICU, HDU, Maternity)

% Occupancy = Occupied Beds / Allocated Available Beds



What is the data telling us:

ARI & DG Hospital % Occupancy consistently tracking above trajectory between about 110% to 116%. Current Occupancy sits at 113% - 13% above the trajectory of 100% occupancy.

Reduce acute hospital length of stay by 0.5 days

Discharged patients from ARI & DG with admission type non-elective

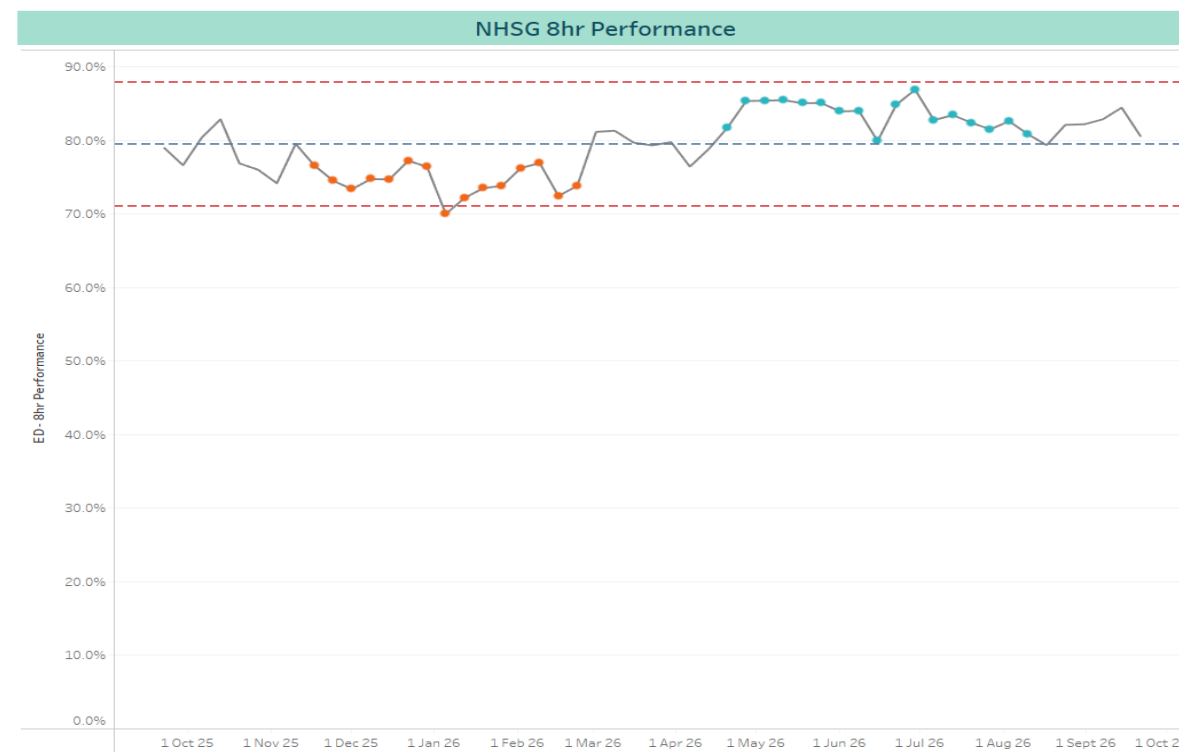


What is the data telling us:

ARI & DG monthly average length of stay is performing better than trajectory with LOS of 7.0 days – a day ahead of the trajectory of 7.3 days.

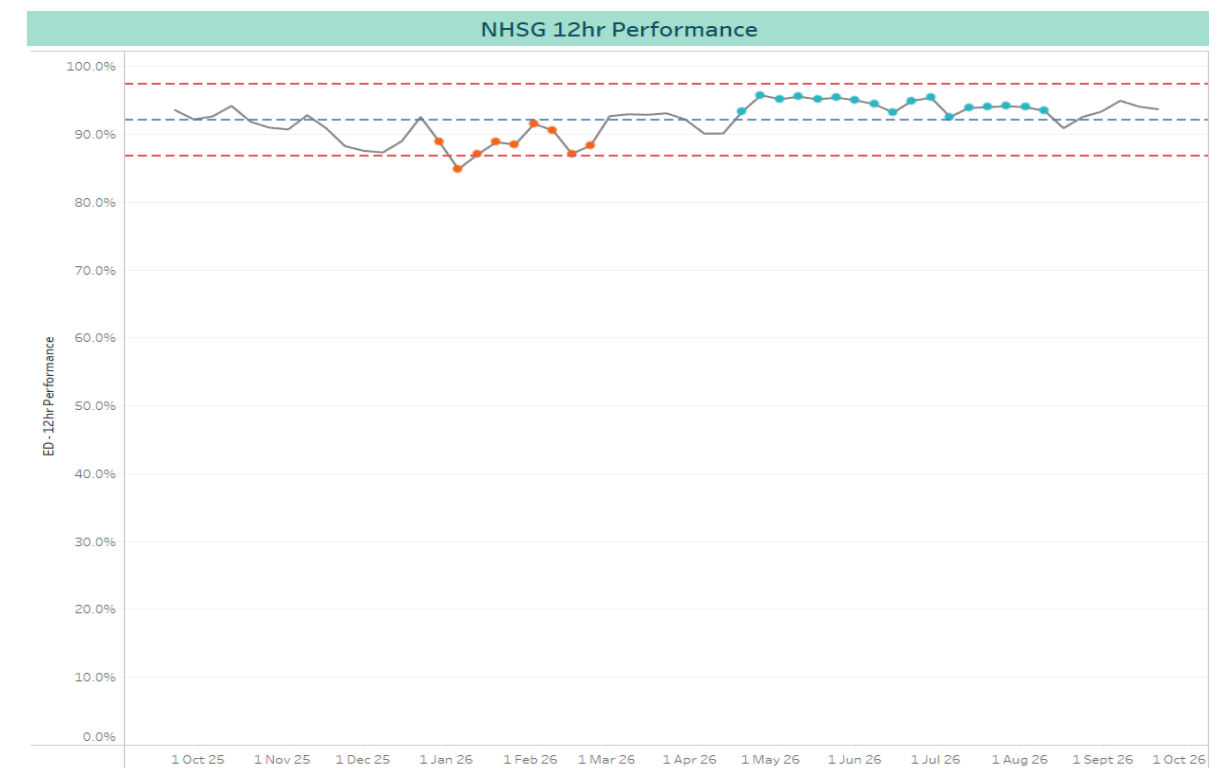
ED Pathway: 8 hour and 12 hour performance

Key: — Rolling Average — 2 standard deviations ● 6 consecutive points below mean ● 6 consecutive points above mean



What is the data telling us:

8-hour performance fell to 80.6% following a period of 3 consecutive increases. 8-hour performance is now below the Q2 Proposed Revised Trajectory.



What is the data telling us:

12-hour performance fell for second consecutive week down to 93.7% but remains in line with Q2 Proposed Revised Trajectory.

What this means what is the current position and trend, why it matters and impact on organisational capability and resilience, what assurance does this provide?, what requires further action, monitoring or assurance?)

For all KPIs highlighted above, progress continues to be monitored against both the ambitious stretch goals set out in NHS Grampian's Priorities for Delivery and a more realistic path, designed to demonstrate sustained improvement. In striving for this, we are looking to evidence progress across a wider set of indicators using a more holistic and realistic assessment of continuous improvement.

Urgent and unscheduled care performance remains under pressure across several key indicators. Ambulance turnaround times continue to show week-on-week volatility, fluctuating around 64 minutes, whilst Emergency Department four-hour performance has deteriorated slightly in recent weeks. Hospital occupancy also remains consistently above trajectory. Whilst non-elective length of stay is performing better than trajectory, performance across the wider urgent and unscheduled care pathway remains variable.

Performance within Emergency Department pathways also remains challenged. Eight-hour performance has fallen below trajectory, whilst twelve-hour performance remains broadly in line with expectations. This indicates that improvement has not yet been consistently achieved across the urgent and unscheduled care system.

This matters because pressure within urgent and unscheduled care affects timely access to care, patient flow and the organisation's ability to respond effectively to fluctuations in demand. High hospital occupancy reduces available capacity, places pressure on frontline services and can impact system resilience across the patient pathway.

Current reporting provides assurance that performance is being actively monitored through an agreed suite of key performance indicators and trajectories, enabling trends, variation and emerging issues to be identified. The current position also demonstrates that some measures, particularly length of stay, are showing improvement; however, improvement remains uneven across the urgent and unscheduled care pathway. Sustained improvement has not yet been demonstrated across the principal indicators and continued monitoring and improvement activity are required to strengthen performance, patient flow and organisational resilience.

Key Risks:

- Urgent and unscheduled care performance remains outside agreed trajectories across several key indicators, including ambulance turnaround times, Emergency Department performance and hospital occupancy.
- Continued pressure within Emergency Department pathways may affect timely access to care and patient flow.
- High hospital occupancy may constrain available capacity and reduce organisational resilience.
- Improvement across urgent and unscheduled care indicators remains variable and has not yet been consistently sustained.

Mitigations:

- Continued implementation of improvement activity focused on ambulance handover performance, Emergency Department access and reducing long waits across the urgent and unscheduled care pathway.
- Ongoing work to improve patient flow and maximise available hospital capacity through active management of hospital occupancy and length of stay.
- Targeted operational improvement approaches, including multidisciplinary operational huddles, rapid escalation processes and continuous review of patient flow, to identify and address barriers to performance improvement.
- Continued monitoring of urgent and unscheduled care performance through agreed KPIs, trajectories, basket of measures and statistical process control analysis to support early identification of variation and emerging risks.
- Ongoing review and prioritisation of urgent and unscheduled care improvement programmes and investment to focus resources on interventions expected to deliver the greatest impact on patient flow, access and operational resilience.
- Continued actions to strengthen urgent and unscheduled care capacity and resilience through workforce, flow and service improvement initiatives.