

Board Meeting
11.06.26
Open Session
Item 10.1.a

How are we doing?

Q4 2025/26 Board Performance Report

June 2026



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NHS Grampian's *Plan for the Future* sets out the strategic direction for 2022–2032 and provides the foundation upon which key enabling plans and activities are aligned. It defines the long-term outcomes we aim to achieve for the population we serve.

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To support delivery, NHS Grampian has embedded an Integrated Performance Assurance and Reporting Framework (IPARF), which ensures that performance is assessed, monitored, and reported in a consistent, transparent, and outcomes-focused manner. This framework enables the Board and its Assurance Committees to maintain oversight of progress, understand variation, and evaluate the impact of interventions across strategic, operational, and financial domains.

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This Board Performance Report is a key component of that framework. It provides a high-level, balanced summary of the organisation's progress against its strategic aims and delivery commitments. For the 2025/26 reporting year, performance is structured around three Change Programmes that act as vehicles for delivering in-year outcomes aligned to our longer-term strategic intent. These are:

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- Value and Sustainability
- Unscheduled Care
- Planned Care

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Each programme has a distinct focus, underpinned by clearly defined in-year outcomes, performance indicators, and deliverables. However, they are not standalone efforts. The three programmes form a coordinated and interdependent portfolio of change, connected by a shared emphasis on delivering the right care in the right place, reducing unwarranted variation, empowering our workforce, and measuring what matters through outcomes-based indicators. Progress in one programme supports and strengthens delivery across the others, enabling a more integrated, sustainable, and person-centred system.

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In addition, the report reflects NHS Grampian's contribution to the Scottish Government's Operational Improvement Plan (OIP), which sets out national priorities for improving access, efficiency, and flow across the health and care system. These priorities are embedded within the relevant programmes to ensure alignment between national expectations and local delivery, and to support transparent reporting on progress.

Together, these elements provide the Board with a clear line of sight from strategic vision to operational delivery, enabling assurance that NHS Grampian is progressing towards its intended outcomes in a sustainable and measurable way.

Executive Summary

A consistent and unrelenting focus on three clear organisational priorities during 2025/26 served us well and supported improvements to delivery and performance. Strengthened governance arrangements and more grip and control in each of our priority areas – (1) Value and Sustainability, (2) Unscheduled Care and (3) Planned Care – has been pivotal to the improvements we can evidence. This Quarter 4 Board Performance Report summarises our year-end position for 2025/26, including Executive Lead assessments of delivery against the agreed outcomes due by 31 March 2026.

While NHS Grampian continues to operate within a context of sustained service pressure, I am pleased that our results for 2025/26 signal a year of progress, whilst in no way shying away from the improvements to performance still necessary and which we will continue to focus on in the year ahead.

In particular, Value and Sustainability has demonstrated strong and sustained performance improvements, where we have exceeded what we set out to achieve. Planned Care presents a mixed but improving picture overall, with progress in reducing the number of longest-waiting patients and delivery against the 52-week trajectories we agreed with the Scottish Government, and improvements in diagnostic waits. Unscheduled Care remains our biggest challenge. Despite sustained focus, strengthened leadership, a clear whole-system plan and additional support aligned to priority workstreams, we are yet to see the improvements we expected to see by the end of 2025/26. This remains a top priority in 2026/27 so we can ensure our urgent and emergency patients receive the timely care and experience they deserve.

We exceeded our financial and savings plan targets for 2025/26. This reflects the consistent application of strengthened financial discipline and an exceptional effort by staff across the organisation, resulting in NHS Grampian reducing its deficit by a further £10 million beyond target. We exceeded our savings plan and our recurrent savings are among the highest in Scotland. I am also encouraged that our 2026/27 Financial Plan has been endorsed by the Scottish Government, reflecting increased confidence in our financial governance arrangements and the path to balance we have set out for the years to come.

We have also made important progress in strengthening our whole-system approach, via integrated financial planning with partners. Following engagement in Quarter 3 with local authority and Integration Joint Board partners, the refreshed North-East System Transformation Group held its inaugural meeting on 20 March 2026, bringing together all seven partner organisations. This is an important platform to develop a more integrated, place-based model of care, supporting greater efficiency through collaboration. Scottish Government funding has been secured to support an external diagnostic, which will inform this work and help shape a more co-ordinated and sustainable approach to service delivery and workforce planning across Grampian.

In Planned Care, performance in Quarter 4 improved compared to Quarter 3, including against the 52-week Treatment Time Guarantee and in diagnostics, as services continued to recover from the impact of the Central Decontamination Unit shutdown and as additional capacity has come on stream. However, cancer performance remains challenged, with both the 31-day and 62-day standards below target, reflecting the difficulty in sustaining earlier improvements over the course of the year. The inclusion of 62-day performance by tumour site in this report is welcomed and enables more focused scrutiny of the specialties experiencing the greatest challenge.

As above, it is clear that our most significant challenge remains Unscheduled Care. While there are early indications that our whole system improvement plan is beginning to have an effect, the scale and complexity of the challenge means this has not yet translated into the improvements we need to see against the national 4-hour emergency access standard and ambulance handover times. I am encouraged that delayed discharges met revised targets. However, too many of our patients continue to experience prolonged waits for care and treatment, and this therefore remains a top priority in 2026/27 as we have communicated with our patients, the public and staff.

Overall, this report provides a clear and evidence-based account of both the progress we have made and the challenges that remain. While there are areas where we have strengthened our position and delivery, particularly in relation to our financial performance and some aspects of planned care, we must sustain and build on these improvements to ensure continuous improvements. As we move into 2026/27, we do so with clear priorities and understanding what matters most to our patients, communities we serve, partners and staff. We are committed to building on the progress we can evidence, and remain focused on continuing this momentum and accelerating improvements where they are most needed so our patients more consistently receive the timely care and experience we all wish them to have at NHS Grampian.



Laura Skaife-Knight, Chief Executive NHS Grampian

Our Performance towards our Outcomes by 31st March 2026

Value and Sustainability



Improving our financial position by £61.8m

How Are We Doing?



Cash-releasing savings to date ✓



Recurring savings forecast ✓

KEY: Meeting/Exceeding target Slightly below target Well below target

Unscheduled Care



Faster and Safer Discharges



Shorter hospital stays and reduced ED waits

How Are We Doing?



Improve the percentage of ED patients seen and cared for within 4 hours ✗



Reduce ambulance turnaround times ✓

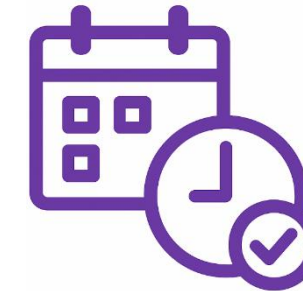


Reduce delayed discharges (all other hospitals) ✓

No more than 30 Delayed Discharges (ARI & Dr Gray's)* ✓

*(KPI revised Nov 2025)

Planned Care



Reduce waits and faster cancer pathways

How Are We Doing?



Cancer Treatment within 31 days ✗



Cancer Treatment within 62 days ✗



Reduce 52-week outpatient waits ✓



Reduce 52-week treatment waits ✓

These are a selection of our key performance indicators at a glance. Full coverage is available from [Page 6](#)

What does Quarter 4 tell us about delivery of our 2025/26 outcomes?

This section provides a high level view of how Quarter 4 performance shifted the organisation's position against outcomes due by 31 March 2026, using Quarter 4 as the year end reporting point. It highlights the key movements, themes and pressures across the three Change Programmes that shape the organisational picture presented in the Tier 1 summary that follows. Detailed evidence and data are set out within Tier 2, with year-end outcome assessments provided in each Change Programme section.

Three Change Programmes

Value and Sustainability:

Outcome: The in-year financial gap is reduced by £61.8m, to a deficit of no more than £45 million, through delivery of sustainable, cash-releasing recurring efficiency savings across the organisation by 31st March 2026.

What this means in Q4: End of year delivery has exceeded target (£63.8m vs £61.8m), meeting Q3 projection, with all indicators performing above planned trajectories. Recurrent savings currently represent over 3% of our baseline budget for the 4th consecutive quarter, in line with Level 4 escalation requirements. The in-year Outcome has been achieved.

Renewed focus will be required into the new financial year to continue this positive momentum and favourable performance.

Unscheduled Care:

Outcome: Earlier specialist input, improved flow and earlier discharges, greater use of urgent care alternatives to admission, and shorter hospital stays with reduced waits. *Detailed outcomes are set out in Tier 2.*

What this means in Q4: Despite completion of the majority of Deliverables and Outputs, performance in this area remains complex and challenging. Q4 performance showed a decline in performance, with only strong performance in Delayed Discharges meeting end of year expectations. Half of USC KPIs showed end of year performance at below baseline levels, although March only data shows encouraging improvements in acute bed occupancy at ARI, Hospital@Home patient support, and re-routing ED patients to other care pathways. It is clear that the actions taken during 2025/26 have not all had the anticipated transformational effect, and will require further planning and development into 2026/27 in order to create the sustained improvement targeted to keep pace with the increasing demand within this challenging service.

Planned Care:

Outcome: Outcome: Reduced long waits for new outpatients and treatment, improved access to cancer pathways, and shorter waits for diagnostics. *Detailed outcomes are set out in Tier 2.*

What this means in Q4: Q4 shows mixed performance compared to Q3, with improvement in Outpatient and Treatment Time Guarantee, and particularly Radiology waits, since the start of the year, all meeting Q4 trajectories. Endoscopy also showed in-year improvements, but fell just short of its final target due to issues with the expanded Endoscopy ARI facility. 62 day cancer standard performance dropped slightly, failing to meet Q4 target, although maintaining improvement on baseline performance over the year, while 31 day cancer performance was the only measure to drop back to baseline levels at the end of year. While not all Deliverables and Outputs have been completed over the course of the year, progress has been made by those that have, providing tangible impact in some areas.





How we assess our Performance

(A) RAG Ratings for Change Programmes:




Assessment Rating	Criteria
Red	Current performance is outwith the target by more than 5%
Amber	Current performance is within 5% of the target
Green	Current performance is meeting/exceeding the target

(B) Each KPI also has a marker to indicate the direction of performance from the previous quarter, in relation to current target:

Trend graphs to show trend lines will be provided to support circle markers

Marker	Description
	Performance has improved from previous quarter and moving closer/exceeding target
	Performance has improved from previous quarter but deviating from target
	Performance has declined from previous quarter and deviating from target.
	Performance has remain unchanged between previous and current quarter.

(C) Performance status reporting of 2025/26 Deliverables:

Status of 2025/26 Deliverables at 31st March 2026	
	Complete
	Minor Delay
	Significant Delay

(D) Year-End Assessment Status Definitions

<p>Achieved - Outcome was achieved by 31st March 2026, with evidence intended outcome-level impact has been realised. KPI performance and completed deliverables demonstrate sustained improvement consistent with plan for the year.</p> <p>In Progress - Outcome was not fully achieved by 31st March 2026, but progress has been made, with delivery actions implemented or underway. Some elements of the intended outcome have been realised; however, KPI evidence did not yet demonstrate full outcome-level impact by year-end and further delivery is required beyond 31st March 2026.</p> <p>Not Achieved - Outcome was not achieved by 31st March 2026; limited progress made during the year. Delivery actions did not result in outcome-level impact, and KPI evidence showed no improvement or credible trajectory towards achieving the intended outcome by year-end.</p>

Organisational Performance Summary Quarter 4 (Jan 2026 to Mar 2026)

This Tier 1 view reflects the year-end position as at Quarter 4, providing a high-level summary of organisational performance across the three Change Programmes – Value and Sustainability, Planned Care and Unscheduled Care, which are the primary mechanisms for delivering NHS Grampian’s priorities aligned to the Plan for the Future. This view brings together the scale of outcome commitments due by 31st March 2026 and the key performance signals that show how we have progressed towards those outcomes. Progress towards outcomes is shown through movement in performance, with the delivery outlook for planned work and completed actions indicating what has been put in place to support that progress. Performance information at Tier 1 is presented in aggregate to highlight patterns, signals and areas for further assurance.

The relationship between actions, KPIs and Outcomes is explored in detail at Tier 2.

Our Three Change Programmes	Number of Outcomes delivered by 31 st March 2026	Performance Movement (KPIs)	Delivery Outlook (Deliverables)	Actions completed (Outputs)
<u>Value and Sustainability</u>	1 Achieved 0 In Progress 0 Not Achieved	● (4)	■ (1)	☑ (3) ☐ (0)
<u>Planned Care</u>	4 Achieved 1 In Progress 1 Not Achieved	● (4) ● (2)	■ (3) ■ (2) ■ (1)	☑ (13) ☐ (7)
<u>Unscheduled Care</u>	1 Achieved 3 In Progress 0 Not Achieved	● (3) ● (1) ● (5) ● (1)	■ (5) ■ (2) ■ (1)	☑ (22) ☐ (6)

Delivery Outlook (Deliverables) reflects whether planned work has been delivered on time, informed by completed actions (Outputs) to improve performance

Key:

Marker	Description	Status of 2025/26 Deliverables at 31 st March 2026
●	Performance has improved from previous quarter and moving closer/exceeding target	■ Complete
●	Performance has improved from previous quarter but deviating from target	■ Minor Delay
●	Performance has declined from previous quarter and deviating from target.	■ Significant Delay
●	Performance has remained unchanged between previous and current quarter.	



Value and Sustainability – Executive Lead: Alex Stephen, Director of Finance

The Value and Sustainability programme focuses on achieving financial balance, through identifying and implementing efficiency improvements and cost savings measures. In 2025/26 the programme will enable the delivery of £61.8 million of savings, supporting the Board’s requirement to deliver within a maximum deficit of £45 million. Key elements of the programme include increased efficiency and productivity of services, removing unnecessary waste from processes and supporting departments in identifying areas of improvements. The programme supports the management of the following strategic risk: 3130 *Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies.*

Our Outcomes: What change or improvement do we expect to see by 31st March 2026?

By 31st March 2026 we will have made the following difference....	Executive Lead Year-End Assessment (As at 31st March 2026)
Outcome: The in-year financial gap is reduced by £61.8m, to a deficit of no more than £45 million, through the delivery of sustainable, cash-releasing recurring efficiency savings across the organisation by 31st March 2026.	Achieved
Note: The year-end assessment above reflects the Executive Lead’s position in delivery against each outcome as at 31 March 2026. The KPI scorecards, deliverables and outputs that follow set out the evidence informing this assessment.	

<p>Strategic Risk: Has this programme supported a reduction of the assigned Strategic Risks?</p>	<p>Strategic risk 3130 - the inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies</p> <p>The scale of the financial challenge facing NHS Grampian remains significant with a £35 million overspend reported in 2025/26. Strategic risk 3130, the inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies, has been reviewed with no change to the risk score highlighted due to the scale of the financial challenge and the level of savings required to return to financial balance.</p> <p>A number of actions have been delivered during 2025/26 to strengthen the control environment which has enabled a reassessment of the risk assurance level which has been modified from limited to reasonable assurance.</p>
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Key Performance Indicator	Baseline (As per financial plan)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target	
Total value of cash-releasing savings delivered year to date	£61.8m	£9.3m	£10.1m	£22.15m	£21.6m	£38.06m	£37.01m	£63.8m	£61.8m	Evidence based delivery of savings totalling £63.8m for the 2025/26 financial year with positive variation of £2.0m. Savings have delivered above target throughout the financial year.
Total value of cash-releasing savings forecast for 2025/26	£61.8m	£54.5m	£61.8m	£60.95m	£61.8m	£61.9m	£61.8m	£63.8m	£61.8m	Evidence based delivery of savings totalling £63.8m for the 2025/26 financial year with positive variation of £2.0m. Savings have delivered above target throughout the financial year.
% of recurring savings forecast for 2025/26	3%	3.2%	3%	3.49%	3%	3.51%	3%	3.6%	3%	Recurring savings delivered exceed Scottish Government requirement of 3% Revenue Resource Limit (RRL) recurrent savings.
Forecast outturn (deficit) for 2025/26	£45m	£45m	£45m	£45m	£45m	£45m	£45m	£35m	£45m	The Board have delivered an improved outturn against the Board's Financial Recovery Plan through ongoing cost control and savings delivery in the final quarter of the financial year. The outturn is within the agreed level of deficit support funding.

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Deliverable to enable Q4 KPI Target:	Status at 31st March 2026	COMPLETE
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Embed within NHS Grampian a sustainable programme framework that supports year on year cost reduction to enable de-escalation and a return to financial balance

Key Outputs to deliver intended KPI Performance:

<p>1. Governance framework implemented from portfolio to Board level by Q3</p> <p>Complete - completed in Q3 </p>	<p>2. Viable opportunities within the external diagnostic review and national benchmarking sources identified and implementation plans developed and approved by Board by March 2026</p> <p>Complete 19th March 2026 </p>	<p>3. Schemes approved by Leadership teams are locally owned and driven by teams at service levels by February 2026</p> <p>Complete March 2026 </p>
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Q4 Output Update

Output	What Actions have you taken in Q4?	When will this be complete?	How did Actions sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	Each savings scheme has a detailed written plan in agreed standardised templates to support implementation and phasing of financial savings by month through 2026/27.	March 2026	Improved delivery confidence as schemes move from development into implementation phase. Increased visibility of savings achieved through improved financial sequencing supports earlier identification of schemes that need additional support to achieve identifiable savings.	Risk: Slippage in scheme implementation due to prioritisation of operational pressures. Mitigation: Weekly or fortnightly workstream meetings to identify early risks. Escalation routes in place to mitigate delay via monthly Delivery Group or Programme Board. Monthly financial validation process has been strengthened with more granular oversight.	Carry forward enhanced programme governance framework into 2026/27 programme.
2	NHS Grampian Board approved the Value & Sustainability 2026/27 plan totalling £41.9m of identifiable savings.	March 2026	This action achieved Board deadline for final plan submission. Full plan now in place to increase confidence that full programme will be delivered through 2026/27	Risk: Not delivering on the £40m of savings. Mitigation: Local teams continue to meet weekly/fortnightly to deliver on the savings. Strong governance routes are in place for early escalation on schemes which may require additional support.	Continue to report monthly savings through PAFIC Committee.
3	All 2026/27 schemes presented to the Quality Impact Assessment (QIA) panel for approval are scrutinised by clinical leadership before implementation from local leadership teams.	March 2026	This action supports accountability and ownership of delivery of schemes by workstream teams and following approval by responsible Executive Directors. Each scheme was assessed by the QIA panel, consisting of three clinical executives to ensure schemes will not negatively impact on clinical safety, clinical outcomes, patient experience or staff health and well-being: thereby maintaining or improving performance standards and metrics.	Risk: Not achieving the monthly forecasted savings due to schemes being removed from the programme for contributing to a deterioration in performance standards or metrics. Mitigation: QIA panel to continue to assess all new schemes and monitor the impact of schemes in implementation on a quarterly basis	Continue with the QIA panel to assess all new schemes.

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)



Unscheduled Care

The Unscheduled Care Programme Board exists to maximise the impact and alignment of improvement efforts across NHS Grampian, with the aim of improving performance across unscheduled care pathways, reducing risk, and enhancing patient experience. This is achieved by identifying and prioritising the most impactful change measures that align with the Board’s strategic vision. These measures are then delivered through dedicated Delivery Groups, which are responsible for driving implementation, achieving the intended outcomes, and embedding successful initiatives into business-as-usual. Current priorities include strengthening admission avoidance, reducing length of stay in acute settings, and shifting care capacity towards community-based services to ease pressure on acute hospital occupancy. These focus areas directly address Strategic Risk 3639 – significant delays in delivering unscheduled care – which is largely driven by overcrowding in inpatient areas and changes in the nature of patient presentations.



Our Outcomes: What change or improvement do we expect to see by 31st March 2026?

By 31st March 2026 we will have made the following difference....	Executive Lead Year-End Assessment (As at 31st March 2026)
Outcome 1: A greater number of people with frailty and complex medical patients get specialist input during initial assessment. Fewer are admitted to hospital unnecessarily, and a greater proportion of those admitted are treated in specialist areas.	In Progress
Outcome 2: Faster, safer discharges from hospital are achieved through a streamlined discharge process, better coordination between hospital and community teams and an improved balance in the volume of care capacity	Achieved
Outcome 3: Increased proportion of people access urgent care through the right setting first time (e.g. NHS 24, Flow Navigation Centre, Ambulatory Care), reducing demand on emergency departments.	In Progress
Outcome 4: Implementation of an enhanced Unscheduled Care model which results in shorter stays in hospital and reduced wait times in emergency assessment areas.	In Progress
Note: The year-end assessment above reflects the Executive Lead’s position in delivery against each outcome as at 31 March 2026. The KPI scorecards, deliverables and outputs that follow set out the evidence informing this assessment.	

<p>Strategic Risk: Has this programme supported a reduction of the assigned Strategic Risks?</p>	<p>Strategic Risk 3639 - significant delays in delivering unscheduled care</p> <p>The Board’s Clinical Governance Committee reviewed Strategic Risk 3639 (significant delays in delivering unscheduled care) on 17 February 2026. The risk remains ‘very high’, with controls described as partially effective or inconsistently applied. System pressure continues across triage, assessment, treatment and discharge, driving high occupancy, ambulance stacking, delayed discharges and use of non-standard care areas. The Unscheduled Care Improvement Plan is the main programme response, supported by operational controls (e.g., SAS call management, escalation levels, daily system meetings, cohorting, Boarder Management Team, and bank/agency staffing). Since January 2026, activity has focused on earlier discharges and reducing boarders/non-standard bed use. Many improvement workstreams are still in implementation/recruitment phases, so full impact is not yet realised. The Whole System Improvement Plan is an 18-month plan (Sept 2025-Mar 2027), work is underway to define/refine predicted impact of workstreams in 2026/27. The USC Programme Board will hold a session on 11 May 2026 to strengthen governance, scrutiny and assurance; reinforce responsibility, ownership and engagement at all levels by creating a culture of greater accountability for improvement and patient flow across NHS Grampian and the HSCPs; and agree the scope of USC Board oversight, including services and improvement activity beyond the Whole System Improvement Plan.</p>
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Our Unscheduled Care Programme supports these OIP Critical and Focus Areas		
Critical Area	Focus Area	
Shifting the Balance of Care	Frailty at the front door of ED	
	Reducing the Pressure in our Hospitals	Improve flow throughout the system
	Hospital at Home	

Outcome 1: A greater number of people with frailty and complex medical patients get specialist input during initial assessment. Fewer are admitted to hospital unnecessarily, and a greater proportion of those admitted are treated in specialist areas.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3 (*KPI Targets revised Nov 2025)		Quarter 4 (*KPI Targets revised Nov 2025)		Trend over latest 12 months with 2025/26 target	Why are we in this position?						
		Actual	Target	Actual	Target	Actual	Target	Actual	Target								
A) Reduce the number of (unscheduled) General Medicine and Frailty admissions to ARI each quarter (compared to equivalent 2024/25 quarter)	3206	3313	<3457	3334	<3217	3367	<3265	3276	<3206		<p>General Medicine admissions fell but Frailty admissions rose as patients were routed into the correct pathway. Front door frailty assessment prevented admission for around 30% of patients. Permanent recruitment was challenging, however a Clinical Fellow was appointed in March 26 and a GP with an interest in frailty and an ANP have been working as part of the team. Q4 improved compared with Q3 and finished at the lower end of the March projection.</p> <table border="1"> <thead> <tr> <th colspan="2">Month of March 2026 Performance</th> </tr> <tr> <th>Actual</th> <th>Projected (agreed Feb'26)</th> </tr> </thead> <tbody> <tr> <td>1105</td> <td>1103-1136</td> </tr> </tbody> </table>	Month of March 2026 Performance		Actual	Projected (agreed Feb'26)	1105	1103-1136
Month of March 2026 Performance																	
Actual	Projected (agreed Feb'26)																
1105	1103-1136																
B) Reduce average acute hospital weekday occupancy (ARI and Dr Gray's) to 98% by March 2026*	112%	111%	111%	108.2%	106%	108.3%	106%*	111.2%	98%*		<p>Reducing hospital occupancy has been challenging despite projects to divert admissions and facilitate discharges coming on line near the end of the year. Intensive operational activity has focussed on discharges rather than generating surge capacity, regular MDT reviews of boarding and increased use of ambulatory pathways. Health Intelligence modelling predicted March occupancy of 110-112%. Actual March occupancy was 108%, showing improvement.</p> <table border="1"> <thead> <tr> <th colspan="2">Month of March 2026 Performance</th> </tr> <tr> <th>Actual</th> <th>Projected (agreed Feb'26)</th> </tr> </thead> <tbody> <tr> <td>108%</td> <td>110%-112%</td> </tr> </tbody> </table>	Month of March 2026 Performance		Actual	Projected (agreed Feb'26)	108%	110%-112%
Month of March 2026 Performance																	
Actual	Projected (agreed Feb'26)																
108%	110%-112%																

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	COMPLETE			
Implement a 7-day frailty triage and assessment model at the front door, supported by a multidisciplinary team (MDT), to assess all patients aged 75+ within 2 hours of arrival					
Key Outputs to deliver intended KPI Performance:					
1. 7-day frailty triage model operational at front door – <i>anticipated to be complete by January 2026</i> Complete September 2025	2. MDT frailty assessment directing patients into alternative pathways and supporting some patients to return home. Full implementation <i>anticipated to be complete by January 2026</i> Complete ARI- September 2025, Moray – January 2026	3. Streaming of patients in to frailty pathways showing benefits in terms of reduced length of stay. <i>Anticipate to be complete by March 2026</i> Not Complete - reduction on overall acute occupancy will require combined impact of ARI bed rebalancing – expected July 2026			
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1-3	USC03: Frailty at the Front Door at ARI service is in place with rotas in place for Monday to Friday coverage including locum. The Clinical Fellow post was successfully recruited on 26th March 2026. Advanced Nurse Practitioner cover in place. Stabilising staffing to continue into 2026/27.	Complete	This service has led to an improvement: On average 30% of patients seen are discharged home from the Emergency Department. Admissions to the frailty ward showed an increase but this is not stable due to bed capacity. For 2026/27, initiative will capitalise on interdependency with the bed rebalancing work and wider programme to flow patients to the most appropriate care setting beyond secondary care.	Risks: Decreased length of stay is reliant on additional frailty bed capacity. Bed closures at Rosewell will reduce capacity. Mitigations: Permanent recruitment and additional frailty bed capacity through the bed rebalancing planned in 2026/27. Aberdeen City D2A being increased.	Confirmation of USC funding for 2026/27. Clinical Fellow coming into post early 2026/7 and stabilisation of staffing. This workstream is linked to the Bed Rebalancing and increased D2A in Aberdeen City.
1-3	USC04: Dr Gray's Hospital Front Door Allied Health Professional Assessment service is partially operational with 75% of staff in place. Previous pilot reduced bed stay by 2 days per person seen for 53 people.	Complete	Admissions to ward 7 in Dr Gray's Hospital have decreased. Previous pilot of 53 persons saw 23% admission avoidance, discharge home rather than stepdown 17%, and will work in collaboration with Moray Home assessment pathway.	Complete	Complete




Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	SIGNIFICANT DELAY			
Rebalance of Acute specialty bed footprint to maximise efficiency and protect core planned care capacity					
Key Outputs to deliver intended KPI Performance:					
1. Initial commissioning work underway. – <i>Scheduled for completion in Q3 – scheduled for January 2026</i> Complete	2. Acute frailty footprint increased – <i>scheduled for completion in Q4</i> Not Complete – expected completion Sept 2026	3. Changes to bed base footprint will be delivered - <i>scheduled for completion in Q3</i> Not Complete - expected completion end 2026	4. Surge capacity in planned care will be minimised – <i>scheduled for completion in Q4</i> Not Complete - expected completion end 2026		
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1-4	Outputs 1-3 are dependent on the initial commissioning work which is not yet complete, they are sequential actions, not separate. USC05: ARI Bed base rebalancing - following workshops and engagement, given the complexity and wider impacts associated with the viable options, a proposal for the acute bed base rebalancing was considered at the CET on 24th March 2026. In principle agreement was given with further work required on infrastructure and workforce requirements to support this significant system redesign. Output 4 is reliant on completion of Outputs 1-3 as appropriate capacity for frailty will mean less surge requirement in Planned Care.	July 2026	No impact Q4; due dates for Outputs are deferred due to complexity of engagement and will require whole system alignment and sequencing of events	Risks: Worsening activity pressures; workforce gaps; short term operational disruption during transition Mitigations: 16 week phased transition; workforce planning and potential investment; monitoring and adaptive management.	Carried forward into 2026/27 <ul style="list-style-type: none"> Phase 1: mobilisation and planning Phase 2: core transition to expanded frailty model Phase 3: consolidation, optimisation and evaluation Completion of this Deliverable has been as a result of the size and complexity of the task, but anticipated to reach completion with an extended timescale. Additional funding may need to be identified and released to support. Ward operating from September 2026, with additional staffing required from then.

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Outcome 2: Faster, safer discharges from hospital are achieved through a streamlined discharge process, better coordination between hospital and community teams and an improved balance in the volume of care capacity

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3 (*KPI Targets revised Nov 2025)		Quarter 4 (*KPI Targets revised Nov 2025)		Trend over latest 12 months with 2025/26 target	Why are we in this position?				
		Actual	Target	Actual	Target	Actual	Target	Actual	Target						
A) Increase the % of patients supported by Hospital at Home services who are discharged from hospital and not readmitted within 28 days	80.0%	78.9%	81%	72.2%	82%	75%	82%*	75%	83%*		<p>Hospital at Home continued to prevent admissions and support discharges. Performance is close to original target and in line with projections.</p> <p>Month of March 2026 Performance</p> <table border="1"> <tr> <th>Actual</th> <th>Projected (agreed Feb'26)</th> </tr> <tr> <td>80% (prov.)</td> <td>77-100%</td> </tr> </table>	Actual	Projected (agreed Feb'26)	80% (prov.)	77-100%
Actual	Projected (agreed Feb'26)														
80% (prov.)	77-100%														
B) Maintain the number of patients supported by Hospital at Home services by direct admission from the Community	332	322	322	305	325	346	325*	318	330*		<p>In January 2026 Hospital at Home was expanded to cover Westhill and Portlethen for frailty. This has informed planning for a wider expansion into Aberdeenshire and general medicine. Limited scope of expansion is supporting 3-5 individuals a week but has been insufficient to impact on the overall KPI.</p> <p>Month of March 2026 Performance</p> <table border="1"> <tr> <th>Actual</th> <th>Projected (agreed Feb'26)</th> </tr> <tr> <td>107</td> <td>106-117</td> </tr> </table>	Actual	Projected (agreed Feb'26)	107	106-117
Actual	Projected (agreed Feb'26)														
107	106-117														
C) No more than 30 Delayed Discharges in Acute Hospitals (ARI and Dr Gray's) by March 2026	38	29	36	48	35	26	35*	22	30*		<p>Alongside tight operational management several workstreams were put in place to reduce delayed discharges. Two "firebreaks" periods supported flow over winter. Expanded/new D2A services commenced in January 2026; their impact was still building during Q4. Systematic adoption of the discharge tab in Trakcare provided tighter oversight and joint system working, highlighting patients who are medically fit for discharge but may need ongoing care in a timely manner.</p> <p>Month of March 2026 Performance</p> <table border="1"> <tr> <th>Actual</th> <th>Projected (agreed Feb'26)</th> </tr> <tr> <td>22</td> <td>28-32</td> </tr> </table>	Actual	Projected (agreed Feb'26)	22	28-32
Actual	Projected (agreed Feb'26)														
22	28-32														
D) Reduce the number of Delayed Discharges in all other Hospitals by March 2026*	145	138	131	128	125	129	125*	110	130*		<p>As set out in C), delayed discharge improvement activity has been delivered across community and mental health services. Aberdeenshire HSCP commenced work in Q4 to establish community hospital step-down capacity to improve flow, with full implementation expected in 2026/27.</p> <p>Month of March 2026 Performance</p> <table border="1"> <tr> <th>Actual</th> <th>Projected (agreed Feb'26)</th> </tr> <tr> <td>110</td> <td>114-124</td> </tr> </table>	Actual	Projected (agreed Feb'26)	110	114-124
Actual	Projected (agreed Feb'26)														
110	114-124														

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)



Deliverable to enable Q4 KPI Target:		Expected Status at 31st March 2026		COMPLETE	
Implement a standardised discharge protocol across all inpatient sites that ensures clear, timely referrals to Hospital at Home and Community Response teams for eligible patients, and follow up within 24 hours of discharge					
Key Outputs to deliver intended KPI Performance:					
1. Standardised discharge protocol implemented across all inpatient sites – <i>will be complete by March 2026</i> Complete in September 2025 		2. Streamlined referral process in place to downstream services – <i>will be complete by March 2026</i> Complete - November 2025 ARI, January 2026 Moray 		3. Integrated Discharge Hub established – <i>will be complete by March 2026</i> Complete – Fully staffed by June 2026 	
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	USC11 and 12: Integrated Flow Hub and Planned Date of Discharge (PDD): Integrated Flow Hub partially operational with 50% staff in place, 25% in recruitment, further workshop planned 13 April 2026 to agree IFH process flow. Phase 1 single point of referral commenced 18 March 26. The PDD Test of Change is ongoing in ward 108 and started in 110 on 23 March 2026, positive feedback from multiple MDT members from 110.	Complete	Improvements from baseline in number and % of discharges at the weekend, % of discharges with PDD, reduction in % of discharges readmitted in 7 days helped to support KPI C.	Risks: Integrated Flow Hub (IFH) is complex, multi-faceted and crosses at least 6 employers. Teams involved are simultaneously engaged in challenging operational delivery. Mitigations: Programme and system support. Chief Officers support to prioritise this work.	Increased scrutiny by IFH of Boarders and DDs/DTOCs/Hospital Transfers will assist flow and improved working with HSCPs and community resources will do the same. Carried forward into 2026/27 Priorities
2	Phase 1 single point of referral commenced 18 March 2026.	Complete	No discernible impact on KPI given delivery timeline within Q4		
3	Integrated Flow Hub partially operational with 50% staff in place, 25% in recruitment	June 2026	No discernible impact on KPI given delivery timeline within Q4	Risks: Integrated Flow Hub (IFH) is complex, multi-faceted and crosses at least 6 employers. Teams involved are simultaneously engaged in challenging operational delivery. Mitigations: Programme and system support. Chief Officers support to prioritise this work.	Completed full staffing by June 2026

Deliverable to enable Q4 KPI Target:		Expected Status at 31st March 2026		COMPLETE	
Reduction in Community Hospital Length Of Stay (LOS) to promote outflow from acute and increase capacity for direct community admissions					
Key Outputs to deliver intended KPI Performance:					
1. Revised discharge processes implemented in community hospitals – <i>will be complete by March 2026</i> Complete		2. Admission criteria and pathways established for direct community access – <i>will be complete by March 2026</i> Complete		3. Monitoring framework in place to track LOS and outflow impact – <i>will be complete by March 2026</i> Complete	
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1 & 3	USC13: Aberdeenshire Enhanced Stepdown Pathways to Community Hospitals: partially operational with 50% staff in place and 50% in recruitment. Progressing with MDT working and setting action plans, resource scoping and launch of document pack including Community Hospital Guidelines.	Complete	Improvements against the baseline are demonstrated in the number of patients transferred from acute hospital and increase in LOS for over 65s in community hospital.	Complete	Full impact of staffing coming into post will impact in 2026/27. Impact will continue to be measured by reviewing LOS data and the number of patients transferred from acute hospital settings.
2	USC16: Aberdeenshire Firebreak (supporting care home placements for delayed discharges, freeing up hospital beds): Fully operational. Phase 1 single point of referral commenced 18 March 26.	Complete	36 individuals moved to long term care with 728 bed days saved monthly.	Complete	Complete




Deliverable to enable Q4 KPI Target:		Expected Status at 31st March 2026		MINOR DELAY	
Discharge To Assess (D2A) models implemented in all HSCPs					
Key Outputs to deliver intended KPI Performance: (In Q3, all outputs were tied to the three HSCPs D2A projects)					
D2A in Aberdeen City agreed – <i>scheduled to be completed by December 2025</i> Complete in Q3		2. D2A in Moray Assessment Pathway – <i>scheduled for completion March 2026</i> Complete - enhanced January 2026		3. D2A in Aberdeenshire – <i>scheduled for completion March 2026</i> Not Complete now due for completion July 2026	
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	D2A criteria completed and this is implemented in Aberdeen City	Complete	KPIs measured through Aberdeen City HSCP; this helped support KPIs C and D.	Complete	Complete
2	USC14&17: Moray Home Assessment Pathway. Partially operational with 75% staff in post and 25% in recruitment and due to full service launch on 5th May 26.	Complete	Service has supported an additional 5 patients in Jan and 9 in Feb with partial staffing. Will increase to 20 persons per month for the initial stages - 240 persons per year. Decreased trend in the number of high intensity patients over 75 years attending ED. This helped support KPIs C and D.	Complete	Complete
3	USC15: Establish Aberdeenshire Discharge 2 Assess - Partially operational with 50% staff recruited and an activity pathway. Due to lack of internal care capacity agreement has taken place to commission associated care.	July 2026	Building up number of individuals supported with 25 individuals in second and third week March 26. This helped support KPIs C and D.	Risk: Inability to commission care Mitigation: Established commissioning process and providers with expertise.	AHP staff in post and operating pathway. Aim to have commissioned care in place by July 2026.

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Outcome 3: Increased proportion of people access urgent care through the right setting first time (e.g. NHS 24, Flow Navigation Centre, Ambulatory Care), reducing demand on emergency departments.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3 (*KPI Targets revised Nov 2025)		Quarter 4 (*KPI Targets revised Nov 2025)		Trend over latest 12 months with 2025/26 target	Why are we in this position?	
		Actual	Target	Actual	Target	Actual	Target	Actual	Target			
A) Increase the % of urgent care contacts routed away from ED through the Flow Navigation Centre (FNC) in order to reduce occupancy pressure in inpatient areas	54.8%	55.2%	55%	54.4%	55%	62.6%	55%*	56.6%	60%*		Initial funding stabilised the Flow Navigation Centre rota and increased diversions from ED through expanded pathways. Staffing remained unstable due to reliance on GMED cover. An additional 3 ED consultants were added into the rota which provided greater coverage and an extended skill set with knowledge of redirection pathways. A Lead ANP started in January 2026 to support a more sustainable ANP model. March performance was at the top end of the projected range. Performance of this KPI is expected to stabilise, as there is a maximum diversion that is possible.	
		Month of March 2026 Performance										
		Actual	Projected (agreed Feb'26)									
		59%	54-59%									
B) Increase the % of urgent care contacts treated via ambulatory care capabilities in order to reduce occupancy pressure in assessment and inpatient areas	7.8%	7.5%	7.6%	6.9%	7.5%	8.0%	7.5%*	8.9%	10%*		Ambulatory capacity expanded across medical and surgical services. RAAC (medical) extended operating hours from November 2025 (locum-dependent, non-recurrent funding), increasing activity in line with March projections. Surgical Ambulatory Care expansion began in March 2026. Operationally a new ambulatory pathway in ED is treating 18-20 patients a day, with performance expected to stabilise.	
		Month of March 2026 Performance										
		Actual	Projected (agreed Feb'26)									
		9.1%	8.1-9.5%									




[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Deliverable to enable Q4 KPI Target:		Expected Status at 31st March 2026		COMPLETE	
Expand the Flow Navigation Centre (FNC) model and enhance interface with NHS 24 and primary care by March 2026, ensuring all urgent care referrals are consistently triaged to the most appropriate service					
Key Outputs to deliver intended KPI Performance:					
1. Expanded Flow Navigation Centre model operational – <i>scheduled for completion within Q3</i> Completed in Q3 		2. Integrated digital and clinical interface with NHS 24 and primary care – <i>scheduled for completion within Q3</i> Completed in Q3 		3. Standardised triage protocols in place for urgent care referrals – Complete – (November 2025) 	
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	USC 01 & 02 – FNC Strengthening and Expansion – Development of a rotational ANP workforce commenced following lead ANP coming into post 9 March 26. Job planning underway to increase consultant coverage and career start GP. FNC has moved to new location, providing more space and opportunities for improved joint working with other service.	Complete	This action has improved/sustained by: Greater proportion of diverts achieved as a result of increased opening hours. Speed of call back at weekends has increased (51.6% achieved 15 minute callback in December 2025, 68% in March 2026) which has reduced ambulance presentations. Greater use of Near Me (baseline of 0.2% to 22%), number of FNC pathways now 18).	Complete	Consideration of the USC funding priorities for 2026/27 is underway. Currently funding for the expansion end in June 2026. The establishment of a substantive resilient workforce for the FNC will have a wide range of benefits to the wider Emergency and Unscheduled Care Pathway.
2	Discussions have taken place with NHS24 to quantify the clinical input required to redirect 1 hour calls (would result in a significant reduction in attendances). Putting this in place will require consistency in Senior Medical Decision making capacity.	Complete	This action has improved/sustained by: Reduction in proportion of callers attending ED as a result of further clinical advice. See KPI above.	N/A as actions completed	Further expansion of the NHS24 1 hour calls to be taken on by FNC when consistent Senior Medical Decision making is in place. This is dependent on resources available in 2026/27.
3	Standardised triage protocols in place for urgent care referrals now complete FNC Triage Matrix now established and underwent operational validation.	Complete	This action has improved/sustained by: Consistency in signposting to alternative pathways achieved which has increased take up and confidence in operators.	N/A as actions completed	Integration of Acute Services pathways to ensure consistent processes are in place across ARI and Dr Gray's Hospital.

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	COMPLETE
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Surgical Ambulatory Care (SAC) clinic and Rapid Acute Ambulatory Clinic (RAAC) operating hours extended

Key Outputs to deliver intended KPI Performance:



1. Weekend opening of SAC achieved – <i>scheduled for completion March 2026</i> Complete in March 2026 	2. Expansion of RAAC opening hours into the evening at ARI – <i>scheduled for completion within Q3</i> Completed in Q3 (November 2025) 	3. RAAC chest pain pathway established - <i>scheduled for completion within Q3</i> Completed in Q3 (November 2025) 
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Q4 Output Update

Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	USC06(a): Expansion of Surgical Ambulatory Care (SAC) Extended operating hours commenced 2 March 2026. Review of abdominal pain pathway to be revisited now SAC capacity is increasing	Complete	The SAC service is a fully established service, evidenced to have significant impact on patient flow, operating as a 'front door' for surgical patients and thus protecting ED and AMIA. The anticipated impact is that a greater number of patients (circa 30/week) will be seen in ambulatory setting. Within the first month of expansion, in which 3 evenings per week have been opened, an additional 12 patients per week have been diverted from ED/AMIA.	Risks: Inability to find suitable candidates, finite resource for skilled roles. Mitigation: bank covering additional hours from existing resource.	Case for longer term funding made and part of wider USC consideration of prioritised funding for 2026/27.
2	USC6(a): Expansion of Rapid Assessment and Care (RAAC) Increased dedicated Senior Decision Maker cover to 13 hours a day with locum. Appointment of 12 months fixed term consultant and a speciality doctor. Progression of opportunities for remote assessment. Expanded trial of Point of Care Troponin testing commenced on 17th March 2026 with research nurse capacity aligned to review impact.	Complete	This action has improved/sustained KPI performance of ambulatory care by: Extended hours opening into the evening. This has seen 6 additional patients being seen per session which has been an improvement which is within anticipated range of activity. Total number of patients seen increased from baseline 105 to 133.	Risks: Staffing model remains Locum/Bank due to the time bound nature of the initiative. Short notice cessation of service remains a risk. Mitigation: to seek recurring funding to make the posts attractive to recruit to.	Case for longer term funding made and part of wider USC consideration of prioritised funding for 2026/27, which will enable substantive recruitment and further expansion of pathways from ED/AMIA/H@H.
3	Revised RAAC Chest pain pathway to maximise opportunities to see patients in an ambulatory setting.	Complete	This action has improved/sustained by: Pathway now pulls suitable patients from ED into RAAC as well as from AMIA. See KPI Performance.	N/A as actions now completed	N/A as actions now completed

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Outcome 4: Implementation of an enhanced Unscheduled Care model which results in shorter stays in hospital and reduced wait times in emergency assessment areas.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3 (*KPI Targets revised Nov 2025)		Quarter 4 (*KPI Targets revised Nov 2025)		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) Increase the % of ED patients seen, treated, admitted or discharged within 4 hours (ARI & Dr Gray's only)	50.8%	50.7%	51%	47.7%	53%	45.6%	53%	45.3%	57%*		Operational pressures persisted throughout the year. Health Intelligence modelling indicated that, even at full delivery, improvement projects alone would not be sufficient to meet the 4 hour standard. Several key initiatives were still being implemented (e.g., D2A, Integrated Flow Hub). Targeted operational actions (e.g., '10 before 10', reducing boarders and non-standard care) will set the system up to deliver benefit in flow as well as care quality and safety. Performance has improved in April 2026 but improvement still showing variability. <i>NOTE: This KPI differs from the National Waiting Time target on Page 32, which includes other unscheduled attendances such as RACH ED and Minor Injuries Clinics</i>
Month of March 2026 Performance											
										Actual	Projected (agreed Feb'26)
										48%	46.3-48.3%
B) Reduce NHSG median SAS turnaround times to 55 minutes by March 2026*	63	49	65	55	65	62	65	69	55*		Long SAS waits reflected ongoing flow constraints at ARI and Dr Gray's. The Improvement Plan had limited system impact this year as several projects started from Q3. From January 2026, tighter maximum-wait for SAS handing over care (currently 4 hours with the plan to reduce this to 1 hour by September 26), contributed to performance that was better than predicted for March.
Month of March 2026 Performance											
										Actual	Projected (agreed Feb'26)
										69	62-68

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Deliverable to enable Q4 KPI Target:		Expected Status at 31st March 2026		COMPLETE	
Fully implement Unscheduled Care improvement measures in Acute settings by March 2026, including Same Day Emergency Care (SDEC), Acute AHP 7 day service, flow enabler enhancements					
Key Outputs to deliver intended KPI Performance:					
1. DGH Discharge Lounge hours extended Complete in Q2		2. Domestics and Pharmacy capacity increased Completed in Q2		3. Implement 7 Day AHP service - scheduled in completion (Jan 2026) Complete - mid-March 2026	
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	Completed in Q2.	Complete	Since the award of USC10 funding and the establishment of a Monday–Friday staffing model, the Discharge Lounge has been operational for 36 of a possible 40 days, demonstrating a high level of service reliability and delivery. From 18 February – 27 February 382 referrals were received.	N/A as actions completed	N/A
2	Completed in Q2.	Complete	The KPIs for this deliverable are influenced by a variety of factors and are ultimately indicators of whole system performance. It is challenging to draw a direct correlation between this particular output and the overall performance of the whole system.	N/A as actions completed	N/A
3	USC08: Increase AHP Provision (7 day service) Partially operational with 75% of staffing now in place. Occupational Therapist and Physiotherapist in place including weekends enabling direct discharges and earlier referrals to other agencies for discharge arrange, with additional resource in place from mid-March 2026.	Complete	Over three weekends in March 2026 where there has been extended cover (not 100% capacity) – 6 bed days saved with 4 discharged home on the weekend and 2 patients discharged on Monday.	N/A as actions completed	N/A

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	MINOR DELAY
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Fully implement Unscheduled Care improvement measures in HSCPs by March 2026, including H@H expansion, and the rapid movement of delayed patients to care home settings – Expected Status at 31st March 2026

Key Outputs to deliver intended KPI Performance:

1. Hospital@Home expansion of early discharge and admission avoidance from ARI including ED and AMIA project (Westhill & Portlethen) achieved – Scheduled for completion by 31st January 2026 Complete - January 2026	2. 2. Aberdeen City Increased Community Capacity – scheduled for completion by 31st January 2026 Complete - January 2026	3. Expand pathways across General Medicine (1 July 2026) and Frailty (January 2026) achieved Not Complete expected completion 1 st July 2026
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Q4 Output Update

Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1 and 3	USC18: Hospital@Home Expansion Expansion of Hospital@Home into Westhill and Portlethen complete. This covered Frailty and will move to General Medicine when there is a sustainable general medicine medical model. Planning commenced for wider expansion in 2026/27; funding for each workstream has not been confirmed.	Complete	Activity has been increasing and now between 3-5 patients a week.	Complete	Wider expansion into Aberdeenshire carried forward to 2026/27 priorities.
2	USC19: Aberdeen City Increased Community Capacity Fully operational.	Complete	Five care home beds – used for interim provision for those patients awaiting placement in their care home of choice or requiring further assessment outside a hospital setting. As of 3rd September 2025 54 delayed discharges in Aberdeen City reduced on 27th February 2026 to 26 recorded demonstrating impact.	Complete	Non-recurrently funded for 2025/26. Demonstrated an effective model if further funding is available. No further funding is currently scheduled or expected.

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Planned Care

Reducing the waits for elective treatment and diagnostics within NHS Grampian. Within the year the focus is on the ministerial commitments and the number of people waiting at the end of the financial year. Longer term the focus is on redesign and transformation to achieve waiting times sustainably within core capacity, within year achieve and where we can better the agreed trajectories shared and agreed with Scottish Government. This programme relates to the inability to meet population demand for Planned Care. Reducing the waits to an acceptable level on a sustainable basis will reduce this risk directly. This Programme addresses the Strategic Risk 3065: "Inability to meet population demand for Planned Care" relates to the current risk of avoidable patient harm (physically, emotionally, financially and in terms of quality of life) given the current waits and the current absence of a plan to sustainably deliver acceptable Planned Care performance within core services.

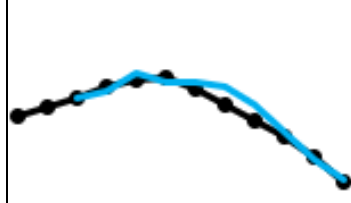
Our Outcomes: What change or improvement do we expect to see by 31st March 2026?

By 31st March 2026 we will have made the following difference....	Executive Lead Year-End Assessment (As at 31st March 2026)
Outcome 1: We want to reduce the number of patients waiting over 52 weeks for their first New Outpatient appointment.	Achieved
Outcome 2: We want to reduce the number of patients waiting over 52 weeks for their Treatment Time Guarantee procedure.	Achieved
Outcome 3: People diagnosed with cancer begin their first treatment within 31 days of the decision to treat, with improved coordination and increased capacity helping services meet national standards.	In Progress
Outcome 4: People referred with an urgent suspicion of cancer are diagnosed and begin treatment within 62 days, through faster access to diagnostics and more responsive, optimised pathways.	Not Achieved
Outcome 5: Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral by the end of March 2026.	Achieved
Outcome 6: Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral by the end of March 2026.	Achieved
Note: The year-end assessment above reflects the Executive Lead's position in delivery against each outcome as at 31 March 2026. The KPI scorecards, deliverables and outputs that follow set out the evidence informing this assessment.	



<p>Strategic Risk: Has this programme supported a reduction of the assigned Strategic Risks?</p>	<p>Strategic Risk 3065 – Inability to meet population demand for Planned Care.</p> <p>We have successfully achieved our in year end points in terms of the number of patients waiting over 52 weeks for their first consultant led outpatients appointment or treatment time guarantee procedure. We have also achieved our end point targets of the number of patients waiting over 6 weeks for one of the eight key diagnostic tests. This directly reduces the risk described in Strategic Risk 3065 relating to the inability to meet the population demand for Planned Care.</p>
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Our Planned Care Programme supports these OIP Critical and Focus Areas		
Critical Area	Focus Area	
Improving access to treatment	Increasing Capacity	Reduce the number of patients waiting over 52 weeks for their first New Outpatient appointment
		Reduce the number of patients waiting over 52 weeks for their Treatment Time Guarantee procedure
		People diagnosed with cancer begin their first treatment within 31 days of the decision to treat
		People referred with an urgent suspicion of cancer are diagnosed and begin treatment within 62 days
	Diagnostics – Reducing the backlog	Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral
		Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral


Outcome 1: We want to reduce the number of patients waiting over 52 weeks for their first New Outpatient appointment.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3 (KPI Targets revised Nov 2025)		Quarter 4 (KPI Targets revised Nov 2025)		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) ≤5,839 New Outpatients waiting over 52 weeks by the end of March 2026*	8654	9800	≤9884	10800	≤10,657	8752	≤9,516	5714	≤5,839		Successful delivery of tactical elective care plan for 2025/26. Revised trajectory agreed with Scottish Government, effective January 2026 Graph Pg. 31

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Deliverable to enable Q4 KPI Target:		Expected Status at 31st March 2026		COMPLETE	
Deliver all projects included in the planned care plan, to time, budget and outcome, continue to work to sustainably deliver the standard within core capacity					
Key Outputs to deliver intended KPI Performance:					
1. All planned care projects delivered to time, budget and scope – <i>ongoing until Q4</i> Complete 		2. Outpatient capacity delivered increasingly within core service levels – <i>ongoing until Quarter 4</i> Complete 		3. Redesigned pathways implemented to improve flow and reduce backlog growth – <i>ongoing until Q4</i> Not Complete Part of 26/27 Workplan	
4. Development of a formal plan for core balance across key specialties – <i>ongoing until Q4</i> Not Complete Part of 26/27 Workplan					
Q4 Output Update					
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	<ul style="list-style-type: none"> - Enhanced governance structure continues with weekly operational meetings and monthly Planned Care Programme Board performance reporting against all six outcomes and trajectories. - Monthly financial monitoring of NHS Grampian expenditure against Scottish Government funding. - 100% compliance in responding to all Scottish Government submission requests. - Worked with Scottish Government, other Health Boards and private providers to address forecast underperformance against plan in Dermatology due to Independent Sector due to a lack of Dermatology consultants. No improvement expected now through 2025/26. - Independent Sector contract for Gastroenterology to improve 52-week patient backlog successfully commenced during Q4 	31 st March 2026	Overall these actions have successfully delivered the agreed out turn position for Q4. Dynamic management was used to flex available funding and capacity to achieve the overall target position even where individual projects were lagging	Output Complete – risks to delivery no longer apply.	The final target has been achieved within Q4
2	<p>The Healthcare Improvement Scotland (HIS) sprint work in Dermatology and Urology services completed in December 2025. These have both identified opportunities for improvement in both services. These recommendations will be incorporated into the service planning cycle during 2026/27.</p> <p>All services have reviewed their use of Patient Initiated Return (PIR) with an aim of reducing the number of return patients seen and redirecting this capacity to the new patient cohort.</p>	31 st March 2026	<p>Adding core capacity creates sustainable additional capacity within the system that assisted with the Q4 position achievement.</p> <p>To deliver this output we still need resilient services in demand-capacity balance. For many services this still requires substantial service redesign.</p>	<p>Risk: securing appropriate clinical, managerial and change management time to robustly service plan and then implement these changes. To deliver this output we still need resilient services in demand-capacity balance. For many services this still requires substantial service redesign.</p> <p>Mitigation: This will be a focus of attention in 2026/27</p>	Continued to push all options to increase efficiency
3 & 4	<p>There is a crossover between these outputs and Output 2.</p> <p>The collection of non-recurring measures (mutual aid, independent sector contracts and additionality) are all reducing the longest patient's backlogs. The recurring capacity additions has increased core capacity</p>	31 st March 2026	We have significant gaps in our capacity versus the current demand profile. Without fixing this either by capacity expansion or redesign any reduction in waiting times is either temporarily or remains reliant on additionality. This will be an area of focus of 2026/27 but with supporting work completed during 2025/26	<p>Risk: capacity to deliver the required change remains stretched.</p> <p>Mitigation: this will be monitored going forward through 2026/27.</p>	Part of 2026 Workplan reporting to Planned Care Programme Board.





Outcome 2: We want to reduce the number of patients waiting over 52 weeks for their Treatment Time Guarantee (TTG) procedure.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3 (KPI Targets revised Nov 2025)		Quarter 4 (KPI Targets revised Nov 2025)		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) ≤3,933 TTG patients waiting over 52 weeks by the end of March 2026	5330	4879	≤5323	4505	≤4559	4388	≤4082	3789	≤3,933		Successful delivery of the 2026/27 elective care plan. Revised trajectory agreed with Scottish Government, effective January 2026. Graph Pg. 31

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	COMPLETE
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Reinstate the Short Stay Theatre Complex at ARI, stream and merge all NHS Grampian assets, work regionally to reduce waits

Key Outputs to deliver intended KPI Performance:


1. Short Stay Theatre Complex at ARI fully operational and staffed - <i>expected Q3</i> Complete in Q3 	2. Elective assets across optimised through merged scheduling – <i>ongoing until Q4</i> Complete in Q3 	3. Regional mutual aid delivered to reduce longest waits – <i>expected Q3</i> Complete in Q3 	4. Operationalising regional mutual aid delivered – <i>expected Q3</i> Complete in Q3 
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Q4 Output Update

Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	The additional short stay theatre was made available for during December 2025. Unfortunately due to reduced capacity due to the Central Decontamination Unit (CDU) issues only partial use of the theatre was made in December. Towards the end of Q4 ventilation issues have been discovered that have again limited the use of this facility until further assessment is completed. This will continue to be monitored into 2026/27	Dec 2025	The full opening in Q4 had a positive impact, but full utilisation has been impacted by ventilation restrictions.	Risk: The key risk now is the ventilation issue resulting in no capacity. Mitigations: ongoing work and risk assessment by Infection Control, Estates and Facilities, and operational teams to either resolve ventilation issues or risk assess the risk. but, once resolved, this will aid additional theatre activity	The target was met, though unfortunately the ventilation issue impacted on the anticipated impact. Going forward into 2026/27, reporting of this will be absorbed into Planned Care Programme Board.
2	On a board level the Acute Integration project has merged the Orthopaedics waiting list for all of Grampian residents. Gynaecology and General Surgery, outwith the acute integration process, has made significant improvements in removing variation in waiting times performance between the Aberdeen and Elgin based services by merging the waiting list and booking patients in turn irrespective of their postcode and irrespective of their local hospital.	March 2026	This contributed to the KPI performance by reducing variation in waiting times across NHS Grampian and therefore treating the longest waiting patients within these specialities, whilst some patients may now experience a longer, albeit consistent and equitable, wait.	Minimal risk, though for those services outwith the acute integration work, continued operational management is required.	Ongoing monitoring and analysis of combined waiting lists.
3	- NHS Grampian concluded formal discussions with seven Health Boards on the provision of Treatment Time Guarantee (TTG). - Initial offer of 560 patients to be seen and treated in 2025/26 was reduced to 0 patients mainly due to changing circumstances in other Health Board positions or patients not meeting clinical criteria for treatment. - Scottish Government written to on 15 th December to inform no agreements reached for TTG support. Lessons learned document created and shared with Board Chief	December 2025 November 2025 Completed and then 16 January 2026	Confirmed that the TTG contribution from Mutual Aid will be 0 patients in 2025/26. This is consistent with earlier TTG 52-week wait list trajectories submitted to Scottish Government and therefore there is no deterioration in the in-year position, as any agreements to treat patients would have improved the trajectory. As a result, we do not foresee any further Mutual Aid conversations to take place this financial year.	There are no risks associated with this outcome as the concluded position is in line with original activity planning assumptions. As such, there are no mitigations to apply.	No actions in Q4 as complete
4	As per narrative supplied in outcome 3 above, the TTG mutual aid offering of zero patients being treated by other Health Boards confirms this outcome will not be implemented this financial year and therefore can be closed.	December 2025	Confirmed that the TTG contribution from Mutual Aid will be 0 patients in 2025/26. This is consistent with earlier TTG 52-week wait list trajectories submitted to Scottish Government and therefore there is no deterioration in the in-year position, as any agreements to treat patients would have improved the trajectory.	There are no risks associated with this outcome as the concluded position is in line with original activity planning assumptions. As such, there are no mitigations to apply	No actions in Q4 as complete

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)


Outcome 3: People diagnosed with cancer begin their first treatment within 31 days of the decision to treat, with improved coordination and increased capacity helping services meet national standards.

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) 95% of patients will be compliant with the 31 day standard as of end of March 2026	90%	91.6%	92%	91.7%	93%	94%	94%	89.00%	95%		31 day performance continues to be most impacted by theatre capacity constraints, with a decline in Breast and Urology pathway performance later in the year due to breach backlog recovery

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	MINOR DELAY
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Deliver all projects included in the planned care plan, to time, budget and outcome. Continue to work to sustainably deliver the standard within core capacity

Key Outputs to deliver intended KPI Performance:


1. Cancer improvement projects delivered to time, budget and scope - ongoing until Q4 Not Complete Part of 26/27 Workplan	2. Capacity secured to deliver standard within core capacity – ongoing until Q4 Not Complete Part of 26/27 Workplan	3. Treatment coordination processes strengthened to reduce delays from decision to treat to first intervention Completed in Q2 
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Q4 Output Update

Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	Q4 - what final actions will be in place to achieve KPI target, by when in Q4?
1	A) Resume Central Decontamination Unit (CDU) to 100% capacity	January 2026	These actions have sustained/improved the KPIs by: A) Restoring surgical activity to full capacity increases the number of patients who can begin treatment promptly, reducing bottlenecks in high-volume tumour pathways (Breast, Colorectal, Urology) that are currently delaying performance recovery. Due to 2-4-6 week booking and backlog recovery the measurable impact to the KPI will not appear until 26/27.	Risk: Backlog recovery activity is increasing the number of breached patients now being treated, which is having a negative impact on performance Mitigation: We will prioritise clinically urgent cases, continue proactive tracking of breached patients, and use capacity planning to minimise further delays while ensuring that performance impacts are understood, monitored, and clearly reported	This KPI is a national waiting times standard that will continue to be monitored and reported locally by the Cancer Performance Team through the Planned Care Programme Board and nationally to the Scottish Government.
	B) Commence Breast cancer treatments in Stracathro Hospital	February 2026	B) Sending straightforward breast surgery to another site frees local theatres and specialist teams to focus on complex cancer cases, helping more high-risk patients start treatment within target times. Due 2-4-6 week booking and backlog recovery the measurable impact to the KPI will not appear until 26/27.		
	C) Continue daily monitoring and escalation of all potential breach patients to ensure delays are identified and acted on early as per actions in the national Framework for Effective Cancer Management.	Ongoing	C) This focused, early oversight directly reduces avoidable breaches and strengthens performance against cancer waiting time standards. Due to backlog recovery the measurable impact to the KPI will not appear until 26/27.		
2	Recruitment and commencement of staffing to support additional capacity delivered through extension of radiotherapy Linear Accelerator (LINAC) machine	January 2026	In Q4, the average time to radiotherapy treatment was 24 days, an increase from 20 days in Q3. Due to backlog recovery the measurable impact to the KPI will not appear until 26/27. Urology (Prostate) pathway is the main source of breaches, however the average time has decreased from 35 days in Q3 to 31days in Q4 which is a positive improvement in meeting this KPI.	As above	As Above
3	Completed in Q2	Complete	This output has supported the KPI by an overall sustained position in the average number of days from decision to treat to treatment of 11 days.	Output has been delivered	Further improvements in Q4 are limited due to the negative impact of backlog recovery on performance.

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)


Outcome 4: People referred with an urgent suspicion of cancer are diagnosed and begin treatment within 62 days, through faster access to diagnostics and more responsive, optimised pathways

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) 85% of patients will be compliant with the 62 day standard as of end of March 20256	52.5%	61.2%	58%	61.1%	67%	64%	76%	62.00%	85%		62 day performance is below the planned trajectory for 2025/26. This reflects ongoing system and capacity pressures, alongside the timing of additional capacity being mobilised, with improvement actions now embedded to support recovery into 2026/27.

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	SIGNIFICANT DELAY
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Deliver all projects included in the planned care plan, to time, budget and outcome, continue to work to sustainably deliver the standard within core capacity

Key Outputs to deliver intended KPI Performance:

1. Cancer improvement projects delivered to time, budget and scope— ongoing until Q4 Not Complete - continuing into 2026/27	2. Capacity secured to deliver standard within core capacity – ongoing until Q4 Not Complete - continuing into 2026/27	3. Treatment coordination processes strengthened to reduce delays from decision to treat to first intervention Completed in Q2 
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Q4 Output Update

Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	A) Resume CDU to 100% capacity	January 2026	These actions have sustained/improved the KPIs by: A) Restoring surgical activity to full capacity increases the number of patients who can begin treatment promptly, reducing bottlenecks in high-volume tumour pathways (Breast, Colorectal, Urology) that are currently delaying performance recovery. Due 2-4-6 week booking and backlog recovery the measurable impact to the KPI will not appear until Q1/Q2 of 2026/27.	Risk: Backlog recovery activity is increasing the number of breached patients now being treated, which is having a negative impact on performance Mitigation: We will prioritise clinically urgent cases, continue proactive tracking of breached patients, and use capacity planning to minimise further delays while ensuring that performance impacts are understood, monitored, and clearly reported	This KPI is a national waiting times standard that will continue to be monitored and reported locally by the Cancer Performance Team through the Planned Care Programme Board and nationally to the Scottish Government. This action has been carried forward into 2026/27 Priorities
	B) Commence additionality in molecular testing	January 2026	B) Rapid molecular genetics testing speeds up diagnosis, enabling earlier treatment decisions and reducing delays that lead to 31- and 62-day breaches. Breaches on the lung pathway due to delays with molecular testing have significantly reduced and the target KPI has been met for the Q3 and Q4.		
	C) Continue daily monitoring and escalation of all potential breach patients to ensure delays are identified and acted on early as per actions in the national Framework for Effective Cancer Management.	Ongoing	C) This focused, early oversight directly reduces avoidable breaches and strengthens performance against cancer waiting time standards. Due to backlog recovery the measurable impact to the KPI will not appear until Q1/Q2 of 2026/27.		

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)


Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
2	Capacity secured to deliver standard within core capacity – ongoing until Q4			January 2026		The number of patients breached but not yet diagnosed on the Colorectal pathway reduced by 50% from 400 patients at end of Q3 to 200 patients at end of Q4. 62-day cancer waiting times performance has increased from 44% in Q3 to 47% in Q4. The average number of days on the pathway has reduced by 10 days indicating faster diagnosis. Due to backlog recovery significant measurable impact to the KPI will not appear until Q1/Q2 of 2026/27.				As Above Risk: Increasing volumes of urgent suspicion of cancer referrals are placing additional pressure on diagnostic and treatment capacity, increasing the risk of delays and breaches Mitigation: The rollout of the new referral guidelines from February 2026 will support more appropriate referral triage and help manage demand, reducing pressure on the system and supporting pathway performance. Risk: The high interdependence between cancer pathways and diagnostics increases the risk of delays, as pressure on endoscopy and radiology capacity can slow key steps and negatively impact overall performance. Mitigation: Actions underway in Outcome 5 to expand endoscopy capacity and in Outcome 6 to increase radiology capacity will help relieve these diagnostic bottlenecks, reducing delays and supporting improved pathway performance.	As Above
3	Completed in Q2			Complete		This output has supported the KPI by an overall sustained position in the average number of days from referral to treatment of 73 days. Further improvements in Q4 are limited due to the negative impact of backlog recovery on performance. Backlog recovery temporarily is cancer waiting time performance because treating acutely breached patients increases recorded breaches, even though access and patient care are improving.				As Above	As Above

62-Day Cancer Treatment Times Specialties Performance

Cancer Pathway	Are we seeing measurable change (+/- 5% change in performance since the last quarter) Q3 to Q4	If not, why not	Cancer Pathway	Are we seeing measurable change (+/- 5% change in performance since the last quarter) Q3 to Q4	If not, why not
Breast	Yes - improved		HPB	Yes – improved	
Breast Screening	No – declined	Theatre capacity	Lung	Maintained	
Cervical	Maintained		Lymphoma	Yes – improved	
Cervical Screening	Maintained		OG	No – declined	Complex pathway
Colorectal	Yes – improved		Ovarian	Yes – improved	
Colorectal Screening	Maintained		Plastic Surgery	No – declined	Wait for first Outpatient Appointment
Dermatology	No – declined	Wait for first Outpatient Appointment	Urology – other	No – declined	Theatre Capacity
Head & Neck	Yes – improved		Urology – Bladder	Maintained	
Head & Neck (OMFS)	No – declined	Complex pathway	Urology - Prostate	Maintained	

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)



Outcome 5: Reduce waits so that 95% of New Endoscopy patients receive their Endoscopy within 6 weeks of referral by the end of March 2026

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) ≤1,685 Endoscopy patients (4 key diagnostic tests) waiting over 6 weeks by the end of March 2026	2516	2645	2644	2552	1763	2379	822	1759	≤1,685		Very close to being achieved but small slippage to ventilation issues within the short stay complex. Revised trajectory agreed with Scottish Government, effective January 2026. Graph Pg. 31

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	MINOR DELAY
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Deliver all projects included in the planned care plan, to time, budget and outcome, continue to work to sustainably deliver the standard within core capacity

Key Outputs to deliver intended KPI Performance:


1. ARI fourth endoscopy room opened and staffed Due to be completed by end Jan 2026 Not Complete – due for completion Q1 2027	2. Single Endoscopy service model in place with unified staffing and scheduling Completed in Q3 	3. EndoSign service reinstated to support triage and reduce unnecessary procedures Completed in Q3 
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Q4 Output Update

Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	The fourth room became operational in Q3. During Q4 a plan was deployed to achieve 5 days a week. Unfortunately before this plan could be operationalised the ventilation issues in the short stay theatre voided this plan and the assumptions. A revised plan for Q1 2026/27 is in place but is restrictive in terms of case mix for Endoscopy.	Q1 2027	Continued partial opening during Q4. Total impact will be reduced due to requirements to redesign plan for 2026/27. This partial opening is reflected in the improved KPI performance in Q4.	Risk: ventilation issue remains with impact on service delivery. Mitigation: Ongoing assessment of works involved, with Facilities and Estates.	Significant work to agree the surgical reduction to achieve the commitment to Endoscopy during Q4 but unfortunately now void. Work will continue during 2026/27
2	The Acute Integration Project has delivered a unified Endoscopy Service for Grampian. There is now a single waiting list in place across Grampian under a single management structure.	Dec 2025	The single service allows greater service resilience and equalises waiting times experience and therefore reduces the longest waiting times. This is assumed in the KPI trajectory so this action has supported the delivery of the KPI.	N/A as Output completed	N/A as Output completed
3	The Endosign Service has been restarted. This involves updated Information Governance and Information Security protocols to accommodate the new product and license along with staff retraining on the new product	Dec 2025	The service commencement has started to address surveillance patients. This has an indirect impact on the new patients as it reduces the total demand on Endoscopy and therefore frees capacity for other patients. As a less invasive test it has also improved the patient experience for these patients.	Considered a standard part of the service, so now standard operational risks	N/A as Output completed

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Outcome 6: Reduce waits so that 95% of Radiology patients receive their scan and report within 6 weeks of referral by the end of March 2026

Key Performance Indicator	Baseline (Mar2025)	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Trend over latest 12 months with 2025/26 target	Why are we in this position?
		Actual	Target	Actual	Target	Actual	Target	Actual	Target		
A) ≤2,151 Radiology patients (4 key diagnostic tests) waiting over 6 weeks by the end of March 2026	3629	5145	6000	6567	6442	5695	3932	1965	≤2,151		Year-end target has been achieved, through completion of Deliverable and Outputs. Graph Pg. 31

Deliverable to enable Q4 KPI Target:	Expected Status at 31st March 2026	COMPLETE
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Deliver all projects included in the planned care plan, to time, budget and outcome, continue to work to sustainably deliver the standard within core capacity

Key Outputs to deliver intended KPI Performance:

<p>1. Second mobile MRI deployed and operational to increase scanning Completed in Q2</p> <p style="text-align: right; color: green; font-size: 1.5em;">✓</p>	<p>2. 7 day radiology service implemented as core capacity model Completed in Q2</p> <p style="text-align: right; color: green; font-size: 1.5em;">✓</p>	<p>3. Funded capacity improvements in place – ongoing until Q4</p> <p style="text-align: center;">Complete</p> <p style="text-align: right; color: green; font-size: 1.5em;">✓</p>
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Q4 Output Update

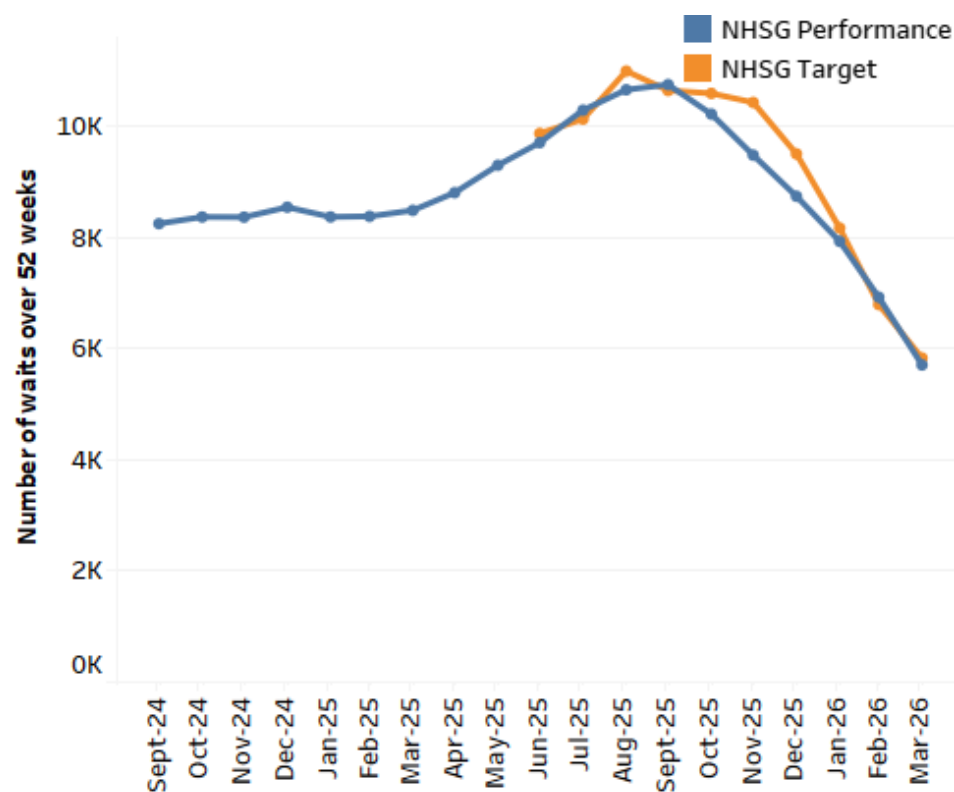
Output	What actions have you taken in Q4?	When will this be complete?	How did this sustain or improve KPI performance in Q4?	Risks to Delivery and Mitigations	What happens next?
1	The second MRI mobile scanner was made fully operational during Q3 as well as additional capacity at DGH via a visiting mobile to mitigate for the delay in getting this scanner in place	Completed Q3	This has provided additional capacity that has had a significant impact on the MRI trajectory.	Output Complete – risks to delivery no longer apply.	Complete
2	There has been successful recruitment, training and appropriate redesign to allow the 7 day service to be implemented	Complete	This has increased the core capacity on a recurring basis and has therefore improved (as per the improvement trajectory) the KPI.	Normal operational risks.	This is now established recurring additional core capacity.
3	All projects are progressing. To address drop in Ultrasound capacity due to the inability to replace the locum an in-reach independent sector contract was successfully deployed during Q4 which recovered our trajectory	31st March 2026	The additional US contract added significant additional capacity that recovered the 6+ week trajectory to the planned position.	Output Complete – risks to delivery no longer apply.	Complete

[**Click here for KPI RAG Rating, Circle Markers Performance Trend and Deliverable Status Performance Criteria**](#)

Planned Care Performance Charts

Outcome 1: 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.

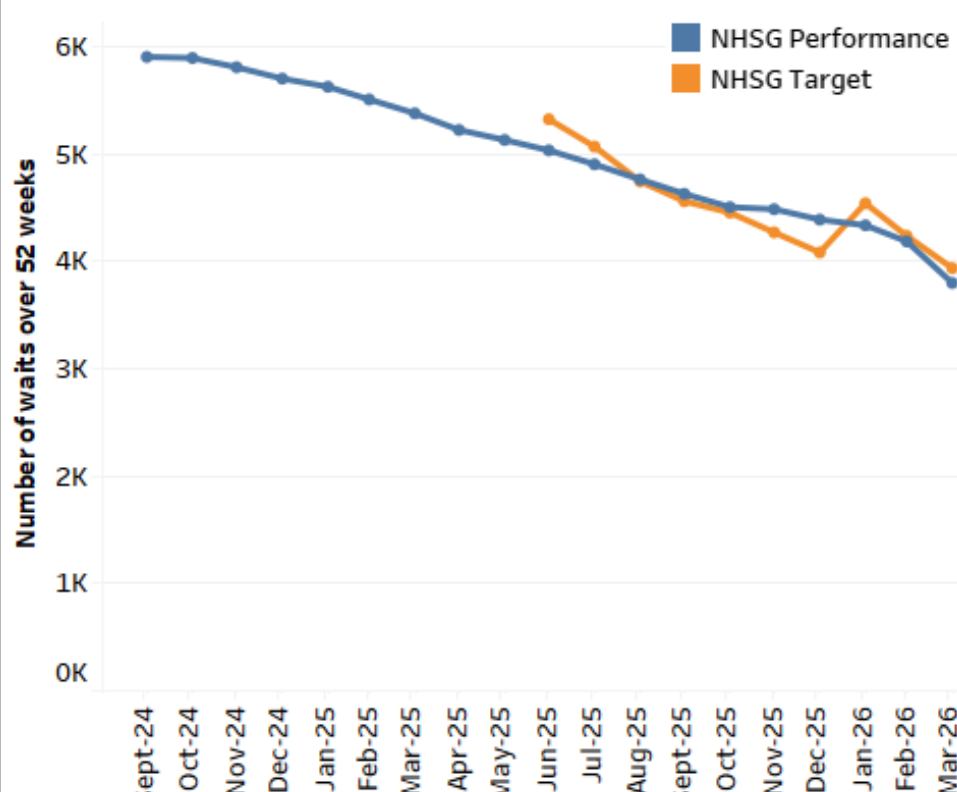
Our performance trajectory (shown in orange) is such that we projected the number of waits over 52 weeks would increase to August, before decreasing to 31/03/26 (but will not reach zero by then). Positive performance is where number of waits is below trajectory.

The number of waits over 52 weeks had been trending up over the previous four years, before decreasing through the last quarter.

At the end of March 2026*, the number of waits over 52 weeks had decreased, to below trajectory.

Outcome 2: Performance against the TTG 52 week target:

Reduce the number of waits over 52 weeks to be admitted for treatment



The national target is to have no waits over 52 weeks for TTG admission for treatment by 31/03/2026.

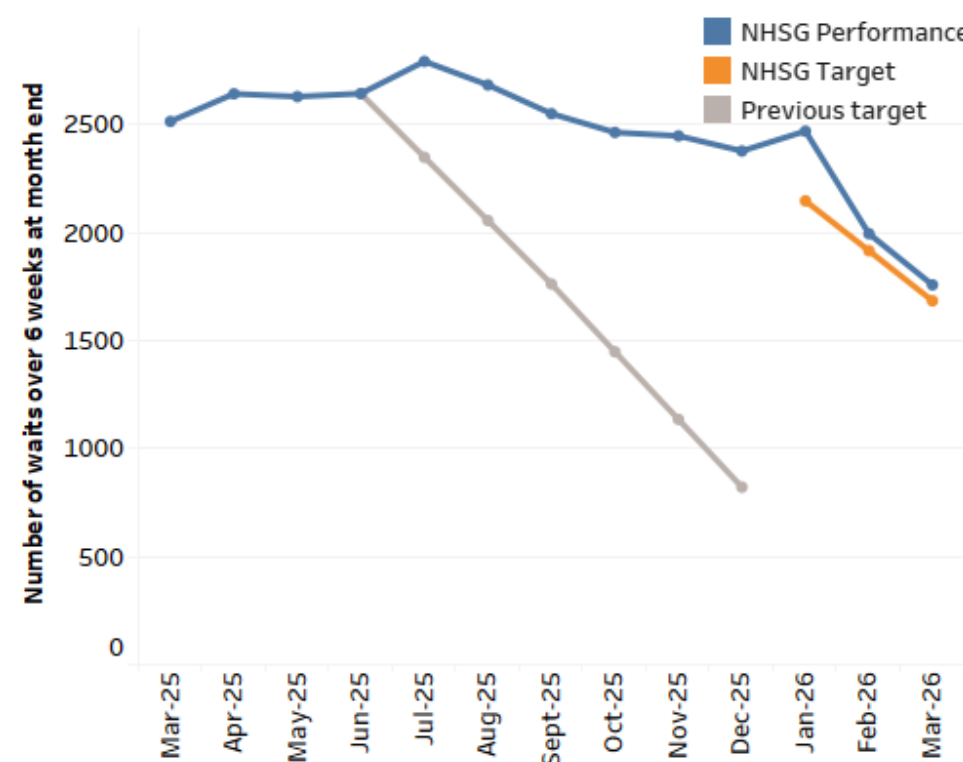
Our performance trajectory (shown in orange) will reduce the number of TTG inpatient waits over 52 weeks by 31/03/2026, but will not reach zero by then. Positive performance is where number of waits is below trajectory.

The number of waits over 52 weeks has been trending down since the start of 2024.

At the end of March 2026*, the number of waits over 52 weeks had decreased, remaining below trajectory.

Outcome 5: Performance against the endoscopy tests 6 week target:

No waits longer than 6 weeks for one of the 4 key endoscopy diagnostic tests



The target is to have no waits over 6 weeks for one of the 4 key endoscopy tests by 31/03/2026.

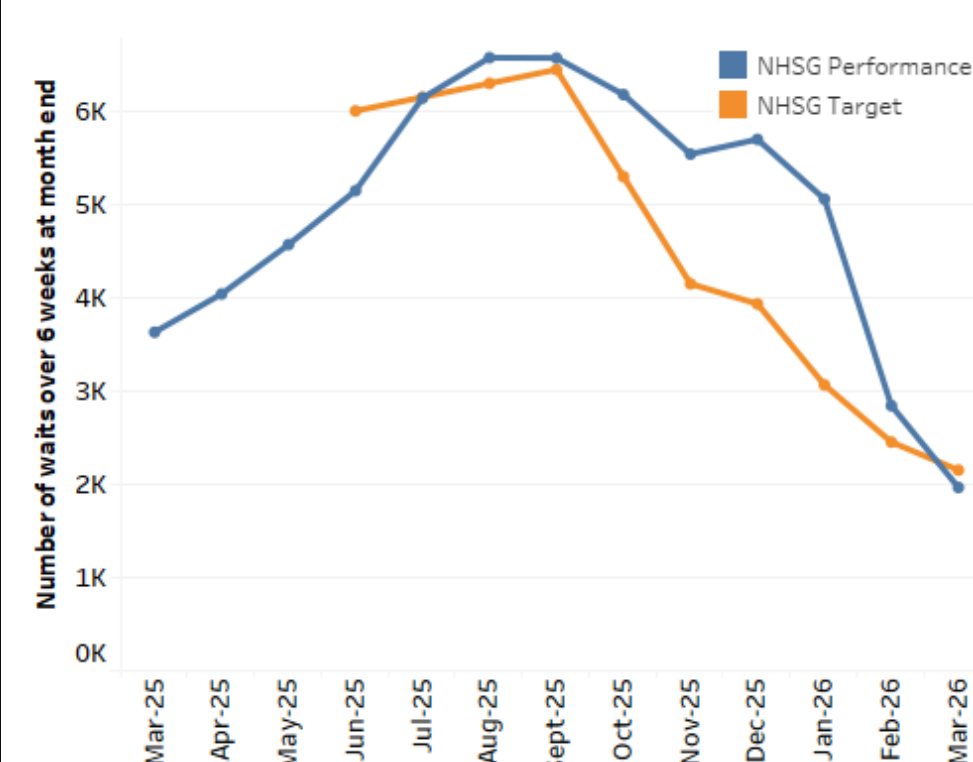
Tests include colonoscopy, cystoscopy, and endoscopy; there is variation in the volume of waits across the 4 tests. Positive performance is where number of waits is below trajectory.

The number of waits over 6 weeks at month end had been trending down through the second half of 2025 before increasing in January; there has since been a decrease.

At the end of March 2026*, the number of waits over 6 weeks was above trajectory

Outcome 6: Performance against the radiology tests 6 week target:

No waits longer than 6 weeks for one of the 4 key radiology diagnostic tests



The target is to have no waits over 6 weeks for one of the 4 key radiology tests by 31/03/2026.

Tests include CT, MRI, and ultrasound; there is variation in the volume of waits across the 4 tests. Positive performance is where number of waits is below trajectory.

The number of waits over 6 weeks at month end followed an upward trend through 2025 to August, before a decrease to November 2025; there was an increase in December, before a decrease over the last quarter.

At the end of March 2026*, the number of waits over 6 weeks was below trajectory

*Note that data for March 2026 is provisional local data and may be subject to change prior to final publication and in subsequent reports

National Waiting Times Target/Access Standard <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	Target	Quarter end Mar 2025	Quarter end Jun 2025	Quarter end Sep 2025	Quarter end Dec 2025	Quarter end Mar 2026*	Benchmarking** (of 11 mainland Boards quarter end Dec 2025: ranked 1 st = best performing)	Commentary <i>Comment from service on NHSG's position</i>
95% of unplanned A&E attendances to wait no longer than 4 hours from arrival to admission, discharge or transfer <i>(% admitted, discharged or transferred within 4 hours of arrival at an Emergency Department or Minor Injury Unit)</i>	95%	66.2%	65.7%	63.2%	60.8%	61.2%	9th Scotland: 66.4% (Quarter end Mar 2026)	Overall A&E performance decreased over the three quarters to December, before a fractional increase for the latest quarter (provisional). Performance remains lower than at the same time the previous year. Based on national data to the end of December, Grampian's performance was 9th of the mainland Boards (having been 8th for the previous two quarters); we remain below the overall Scotland level. <i>The consistent proportion of delayed patients in high-throughput Acute services, as well as a marginal increase in average Acute Length of Stay, retains overall midnight occupancy above 100%, and significantly higher in frailty and general medicine services. The backlog of these patient groups in ED who are waiting for beds in ward areas continues to constrain 4 hour access performance. Relieving exit block in our assessment areas through faster hospital flow remains key to positively impact this measure.</i>
All patients requiring one of the 8 key diagnostic tests will wait no longer than 6 weeks <i>(% of waits of 6 weeks or less at quarter end)</i>	100%	51.9%	47.6%	41.7%	40.3%	61.8%	11th Scotland: 71.7% (Quarter end Mar 2026)	Performance decreased during 2025, but has increased for the quarter ending March 2026. Based on national data to the end of March, we were 11th of the mainland Boards; we were below the overall Scotland level through 2025/26. <i>The improvement in performance during Q4 is reflective of the Ultrasound Contract commencing and the partial opening of the fourth endoscopy room</i>

* Provisional local data shown where quarter ending March 2026 national benchmarking data is not yet available

** National benchmarking data is for the quarter to March 2026 unless otherwise indicated; where national data to quarter end March 2026 is not available at time of report preparation, national data to quarter end December 2025 is used

National Waiting Times Target/Access Standard <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	Target	Quarter end Mar 2025	Quarter end Jun 2025	Quarter end Sep 2025	Quarter end Dec 2025*	Quarter end Mar 2026*	Benchmarking** (of 11 mainland Boards quarter end Dec 2025: ranked 1 st = best performing)	Commentary <i>Comment from service on NHSG's position</i>
95% of New Outpatients should be seen within 12 weeks of referral <i>(% of waits where patient was seen at a new appointment within 12 weeks of referral)</i>	95%	58.8%	65.1%	66.8%	61.0%	60.6%	7th Scotland: 59.2% <i>(Quarter end Mar 2026)</i>	Performance decreased for the two quarters to March 2026 (provisional). Based on national data to the end of March, we moved from 6th to 7th of the mainland Boards, and remained above the overall Scotland level. <i>Our elective care plan does not directly address this metric with the focus on meeting no patients waiting more than 52 weeks by the end of this year. We have successfully reduced the number of patients waiting beyond 52 weeks</i>
All TTG patients should be seen within 12 weeks of decision to treat <i>(% of waits where patient was admitted for treatment within 12 weeks of decision to treat)</i>	100%	44.4%	47.9%	50.3%	57.9%	50.8%	7th Scotland: 54.5% <i>(Quarter end Mar 2026)</i>	Following improvement for the three quarters to December 2025, performance decreased for the quarter to March 2026 (provisional). Based on national data to the end of March, we are 7th of the mainland Boards (previously 5th); with performance below the overall Scotland overall. <i>Our elective care plan does not directly address this metric and is focussed on achieving no patients waiting more than 52 weeks. We have successfully reduced the number of patients waiting beyond 52 weeks</i>
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment <i>(% of waits where patient was treated within 31 days of decision to treat)</i>	95%	90.0%	91.6%	90.1%	91.2%	89.8%	11 th Scotland: 95.6% <i>(Quarter end Dec: benchmarking for Q end Mar will be not be available until 30/06)</i>	Following an improvement to December 2025, provisional data shows a decrease to March 2026. Based on national data to the end of December, we remained 11th of the mainland Boards. We have been below the overall Scotland level since quarter ending June 2023. <i>The 31-day performance has fallen just short of the target trajectory as outlined in the planned care and cancer plan. The decline is driven by Urology and Melanoma tumour groups/pathways</i>

* Provisional local data shown where quarter ending March 2026 national benchmarking data is not yet available

** National benchmarking data is for the quarter to March 2026 unless otherwise indicated; where national data to quarter end March 2026 is not available at time of report preparation, national data to quarter end December 2025 is used

National Waiting Times Target/Access Standard <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	Target	Quarter end Mar 2025	Quarter end Jun 2025	Quarter end Sep 2025	Quarter end Dec 2025*	Quarter end Mar 2026*	Benchmarking** (of 11 mainland Boards quarter end Dec 2025: ranked 1 st = best performing)	Commentary <i>Comment from service on NHSG's position</i>
95% of patients receive first treatment within 62 days of urgent suspicion of cancer referral <i>(% of waits where patient was treated within 62 days of urgent suspected cancer referral)</i>	95%	52.5%	61.2%	60.8%	62.8%	62.2%	10 th Scotland 72.6% <i>(Quarter end Dec: benchmarking for Q end Mar will be not be available until 30/06)</i>	Following an improvement to December 2025, provisional data shows a decrease to March 2026. Based on national data to the end of December, we moved from 11th to 10th of the mainland Boards. We remain consistently below the overall Scotland level. <i>The median time from urgent suspicion of cancer referral to treatment and number of patients treated on the 62-day pathway has remained consistent over the last 3 quarters. Performance against the standard has marginally improved but remains below the anticipated trajectory – however this was predicted and confirmed during early Q3</i>
90% of children and young people should start treatment within 18 weeks of referral to CAMHS <i>(% of waits where patient started treatment within 18 weeks of referral)</i>	90%	97.7%	98.3%	97.8%	97.5%	96.6%	6th (meeting target) Scotland: 90.1% <i>(Quarter end Dec: benchmarking for Q end Mar will be not be available until 02/06)</i>	Performance decreased for the third quarter to March 2026 (provisional data). CAMHS has consistently met the target over the last two and a half years. Based on national data to the end of December, we moved from 4th to 6th of the mainland Boards. <i>CAMHS follows Public Health Scotland (PHS) guidance for defining and recording RTT times. All referrals meeting nationally set referral criteria are offered assessment or consultation to determine whether further treatment is recommended. At first contact, clinicians apply clinical judgement, in line with PHS guidance, to record whether this constitutes assessment only or the start of treatment. For the CHOICE and Partnership pathway (around 70% of demand), waiting times for a first CHOICE appointment are generally 10–12 weeks, meeting the < 18-week RTT target; however, waits for a second Partnership treatment appointment remain significantly longer than desired (currently 6 – 9 months), with improvement work ongoing. Continued investment across all CAMHS pathways is essential to deliver safe, comprehensive care, including areas not directly contributing to the RTT target however set out in the national CAMHS Specification.</i>

* Provisional local data shown where quarter ending March 2026 national benchmarking data is not yet available

** National benchmarking data is for the quarter to March 2026 unless otherwise indicated; where national data to quarter end March 2026 is not available at time of report preparation, national data to quarter end December 2025 is used

National Waiting Times Target/Access Standard <i>(measurement definition, based on quarterly period unless otherwise stated)</i>	Target	Quarter end Mar 2025	Quarter end Jun 2025	Quarter end Sep 2025	Quarter end Dec 2025*	Quarter end Mar 2026*	Benchmarking** (of 11 mainland Boards quarter end Dec 2025: ranked 1 st = best performing)	Commentary <i>Comment from service on NHSG's position</i>
90% of people should start their treatment within 18 weeks of referral to psychological therapies <i>(% of waits where patient started treatment within 18 weeks of referral)</i>	90%	77.8%	79.2%	80.5%	80.4%	73.5%	6th Scotland: 82.0% <i>(Quarter end Dec: benchmarking for Q end Mar will be not be available until 02/06)</i>	Performance decreased fractionally to March 2026 (provisional figure). Based on national data to the end of December, we moved from 5th to 6th of the mainland Boards. <i>Activity has increased in the most recent quarter (ending March 2026) with a focus on longest waiting patients. As a result proportionally more people waiting over 18 weeks have been seen and therefore despite higher number of patients starting treatment, the percentage of patients seen within 18 weeks has reduced. In addition, digital uptake was reduced by 14% from Q ending Dec 2025 to Q ending March 2026. Since digital therapy uptake is immediate and therefore always within 18 weeks, this reduction also impacted adversely on compliance. We continue to use DCAQ analysis and trajectory modelling to ensure we are working to capacity. We have an improvement plan for 2026 with a number of work streams focusing on further improvements and efficiencies.</i>
90% of patients will commence IVF treatment within 52 weeks <i>(% of waits for patients screened at an IVF centre within 52 weeks of a referral from secondary care to one of the four specialist tertiary care centres)</i>	90%	100%	100%	100%	100%	100%	Scotland: 100.0% <i>(Quarter end Mar 2026)</i>	We continue to consistently achieve the target <i>Despite an increase in clinical complexity and demand in overall services Aberdeen Fertility centre is able to still deliver a competitive waiting time to treatment, comparable to private sectors and practises across Scotland and England. Our current waiting time to start treatment fluctuates from 10-14 weeks (dependent on testing and cycle start dates) Our team continue to work hard to expedite referrals and get patients into treatment as smoothly, efficiently and most importantly safely as possible.</i>

* Provisional local data shown where quarter ending March 2026 national benchmarking data is not yet available

** National benchmarking data is for the quarter to March 2026 unless otherwise indicated; where national data to quarter end March 2026 is not available at time of report preparation, national data to quarter end December 2025 is used

What do we need to deliver by 31st March 2026?

NHS Grampian

Annual Delivery Plan (ADP) Objectives

- ❖ Balance the system capacity to meet healthcare and population needs whilst delivering financial targets for 2025/26 in line with our finding balance principles
- ❖ Optimising system capacity and efficiency to enable wellness and respond to illness resulting in reduced clinical risk

Three Change Programmes

1 Outcome	4 Outcomes	6 Outcomes
4 KPIs	10 KPIs	6 KPIs
1 Deliverable	9 Deliverables	6 Deliverables
3 Outputs	27 Outputs	20 Outputs
Value & Sustainability	Unscheduled Care	Planned Care

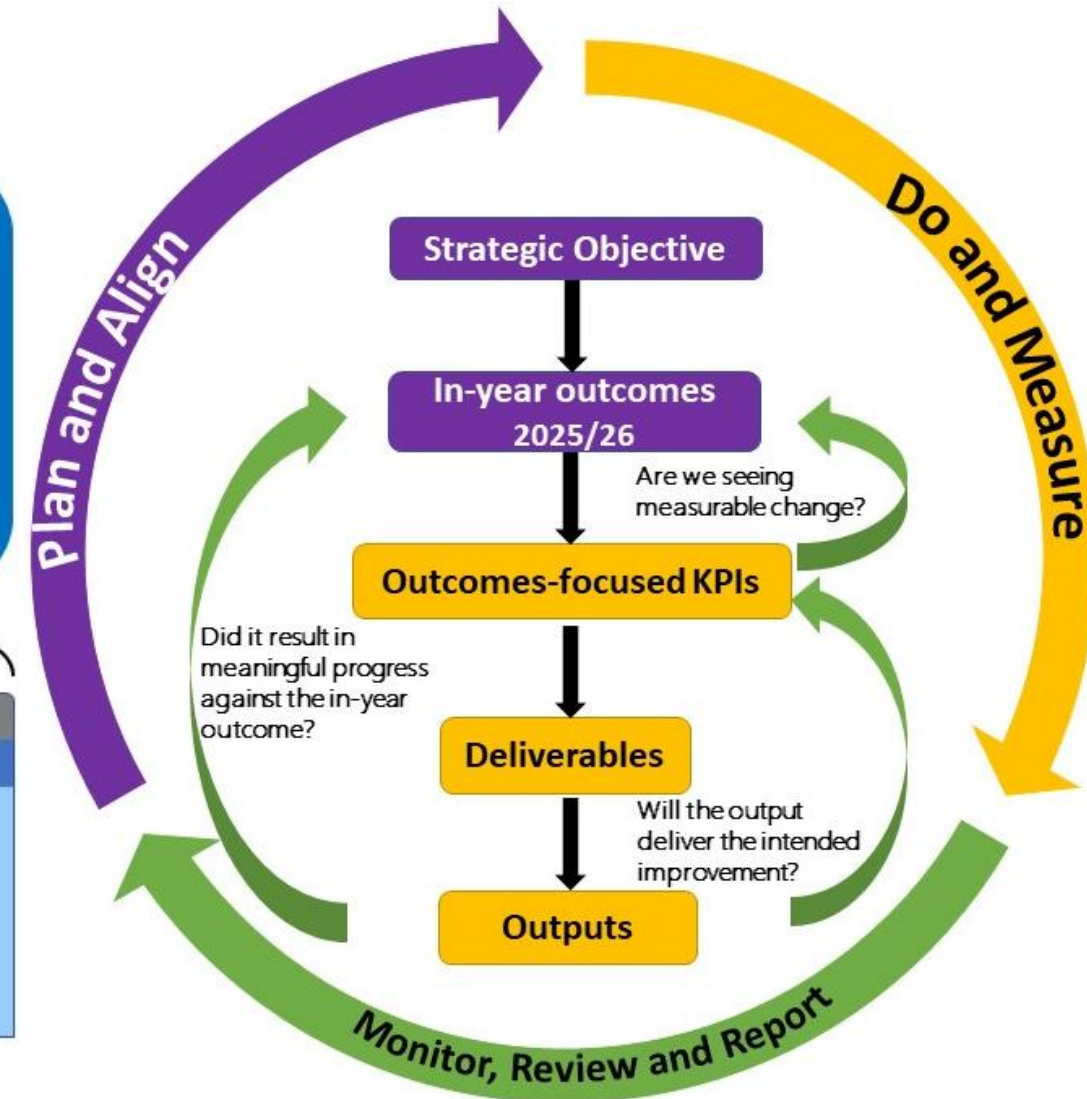
Scottish Government Operational Improvement Plan (OIP)

The plan brings focus to four critical areas that the Government is committed to delivering, to help protect the quality and safety of care, supported by the increased investment for health and social care in the 2025-26 Scottish Budget: improving access to treatment.

Four Critical Areas

2 Focus Areas	8 Focus Areas	4 Focus Areas	6 Focus Areas
Prevention	Shifting the balance of care	Improving access to treatment	Improve access via Digital and Innovation

NOTE: Detailed OIP update is included in a separate dedicated report



NHS Grampian Enhanced Performance Model (2025/26)

Appendix 2 - Definitions

The following definitions will support you in your understanding of the various key words found throughout the report.

3 Change Programmes

These act as the primary vehicles for delivering the priorities aligned to NHS Grampian's Plan for the Future. Certain aspects of the Programmes such as Planned Care, Unscheduled Care should also drive improvement across focus areas in the Operational Improvement Plan.

Operational Improvement Plan (OIP)

The Operational Improvement Plan sets out how the Scottish Government plans to improve access to treatment, reduce waiting times and shift the balance of care from hospitals to primary care.

Key Performance Indicator (KPI)

A KPI is a carefully selected metric, directly linked to our Outcomes and indicative of overall performance. KPIs are chosen to provide actionable insights into the progress and success of specific goals and objectives, and help assess performance and drive decision-making.

Deliverables

A key deliverable is a task or project activities taking place, which will help us achieve our Outcomes. Typically outlined at the outset, key deliverables are quantifiable and linked to quarterly milestones for monitoring progress. Milestones serve as markers in time to track and measure progress

Outcomes

Outcomes are the specific, immediate or intermediate, tangible and measurable results or changes resulting directly from a programme/project's activities or interventions. They reflect changes in behaviour, knowledge, skills, attitudes, or conditions and are used to assess progress towards long-term goals and impact.

Baseline

This indicates the level of performance against each indicator at the end of 2025/26, serving as a reference point against which progress or change can be evaluated.

Targets

These indicate the performance we are seeking to achieve for the KPIs each quarter as we progress towards the overall Outcomes by March 2026. Each KPI will have quarterly targets, some of which will be level throughout the year and some will be cumulative.

Spark Graphs



Each KPI has a spark graph which show the performance trend over the course of 12 months, where data is available (black line), together with the 2025/26 target (blue line)