

Meeting:	NHS Grampian Open Board Meeting
Meeting date:	11 June 2026
Item Number:	10.1a
Title:	Quarter 4 & End of Year Board Performance Reporting 2025/26 via How Are We Doing Board Performance (HAWD) Report
Responsible Executive:	Alex Stephen, Director of Finance
Report Author:	Preston Gan, Head of Performance

1 Purpose and recommendations

This is presented to the Board

for:

- Assurance
- Decision
- Endorsement

Recommendations

The Board is asked to:

Endorse NHS Grampian’s Quarter 4 and year-end performance outcomes, recognising

- strong delivery and outcome achievement within Value & Sustainability;
- partial achievement with improving performance in Planned Care; and
- continued challenges within Unscheduled Care, with the sustained system pressures influencing performance across 2025/26.

Agree that the following key areas require continued focus to support improvement in Key Performance Indicators (KPIs):

- **Planned Care:** Cancer treatment within 31 and 62 days, and sustaining improvements in waiting times and diagnostics alongside ongoing demand and capacity pressures
- **Unscheduled Care:** System-wide flow, including Emergency Department (ED) performance, ambulance turnaround times and reducing acute occupancy, to enable sustained improvement across the urgent care pathway
- **Value & Sustainability:** Maintain delivery of recurrent, cash-releasing savings and continued financial discipline to sustain financial recovery
- **Cross-cutting:** Strengthening the consistent translation of delivery activity into sustained KPI improvement and ensuring key system enablers are fully implemented and embedded in 2026/27.

Approve the Quarter 4 and year-end How Are We Doing (HAWD) Board Performance Report, and the continued application of the Performance Model within the Performance Assurance Framework, recognising its role in ensuring a clear line of sight from priorities through to delivery.

This report relates to:

- Q4 Performance and End of Year Performance Reporting for 2025/26 via the How Are We Doing Board Performance Report

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies

2 Report summary**2.1 Situation**

Quarter 4 presents a year-end organisational performance position reflecting sustained focus on the Three Change Programmes — Value & Sustainability, Planned Care and Unscheduled Care — supported by strengthened governance and greater grip and control, with variable success in translating this into measurable improvement. Ongoing system pressures, including demand, capacity constraints and pathway dependencies, have continued to influence flow and the extent of KPI movement.

Value & Sustainability has performed strongly across the year, exceeding both financial and savings targets and demonstrating sustained delivery against its intended Outcome. Planned Care shows a mixed but improving position by year-end, with progress in reducing long waits and improvements in diagnostic performance, although cancer standards remain below target and continue to require focused attention. In contrast, Unscheduled Care remains the most significant system challenge, with limited translation of improvement activity into sustained performance against key access standards, despite strengthened leadership, a clear whole-system plan and targeted interventions.

Overall, Quarter 4 reflects a system that has delivered planned outputs and achieved demonstrable improvement in specific areas, with consistent KPI performance not yet evident across all areas, particularly within Unscheduled Care. The year-end position provides evidence of progress alongside areas where outcomes have not yet been achieved, reinforcing the need for continued focus and acceleration of impact into 2026/27.

Background

NHS Grampian has implemented a revised Integrated Performance and Assurance Reporting Framework (IPARF) and enhanced Performance Model to strengthen alignment between strategic priorities and measurable outcomes. This shift moves the organisation away from activity-based reporting towards outcome-focused assurance, ensuring we can clearly assess whether improvement actions are making a demonstrable difference. The Board formally endorsed this revised approach in September and October 2025, confirming the model as the foundation for a more aligned, outcome-driven performance system and agreeing that it should be applied consistently to maintain a clear line of sight from actions through to outcomes.

The framework brings together assurance across two core elements:

1. the Three Change Programmes (Planned Care, Value & Sustainability, and Unscheduled Care); and
2. the Operational Improvement Plan (OIP).

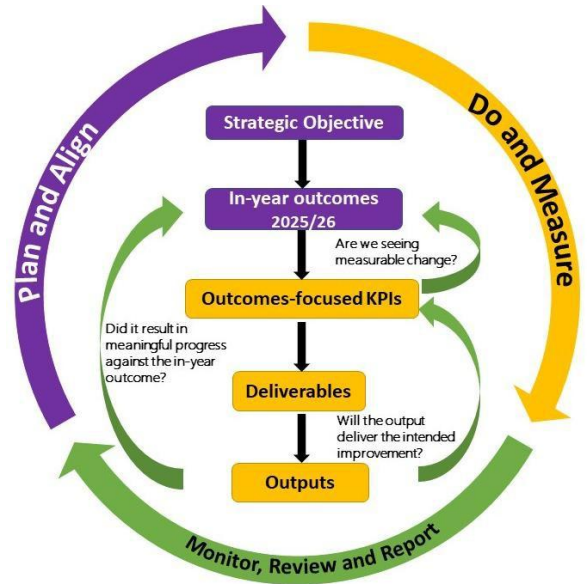
Together, these ensure performance is managed through priorities that reflect both national expectations and local system needs. The primary output of the IPARF is the *How Are We Doing* (HAWD) Board Performance Report.

2.2 Assessment - Have we achieved the Outcomes?

The Tier 1 view below provides a clear year-end position of how outcomes, KPI direction of travel and delivery align across the three Change Programmes, enabling an assessment of whether sustained improvement has been achieved at system level:

- **Value & Sustainability:** the outcome has been achieved, with KPI movement consistently positive and delivery completed as planned. This reflects a strong and sustained improvement trajectory at year end, with clear alignment between activity and outcome achievement.
- **Planned Care;** the position is mixed. While several outcomes have been achieved and there are areas of improving KPI movement, this is not consistent across all measures, with some deterioration and delays in delivery of the outputs. This indicates partial outcome achievement, with variability in performance trajectory across the programme.
- **Unscheduled Care;** outcomes have largely not been achieved at year end. Despite extensive delivery activity, KPI movement is not consistently positive, with several measures deteriorating or remaining unchanged. This indicates that a sustained system-wide improvement trajectory has not yet been established.

Taken together, the Tier 1 view highlights three distinct positions: where outcomes have been achieved with consistent positive trajectory, where outcomes have been partially achieved with mixed performance, and where outcomes remain unmet due to the absence of sustained improvement at scale. This provides a clear basis for further scrutiny within Tier 2 in the HAWD Performance Report.



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)
Value and Sustainability	1 Achieved	● (4)	■ (1)	<input checked="" type="checkbox"/> (3)
	0 In Progress			<input type="checkbox"/> (0)
	0 Not Achieved			
Planned Care	4 Achieved	● (4)	■ (3)	<input checked="" type="checkbox"/> (13)
	1 In Progress	● (2)	■ (2)	<input type="checkbox"/> (7)
	1 Not Achieved		■ (1)	
Unscheduled Care	1 Achieved	● (3)	■ (5)	<input checked="" type="checkbox"/> (22)
	3 In Progress	● (1)	■ (2)	<input type="checkbox"/> (6)
	0 Not Achieved	● (5)	■ (1)	
		● (1)		

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.	

This high level view is supported by performance summaries at Tier 2 below:

Tier 2 – Value and Sustainability Performance Summary Overview:

The Value & Sustainability programme has achieved its intended outcome at year end, with clear evidence that delivery has translated into sustained financial improvement. Cash-releasing savings of £63.8m exceeded the £61.8m target, recurrent savings remained above the 3% requirement, and the year-end deficit improved beyond plan.

KPI performance shows a consistent positive trajectory across the year, with delivery exceeding plan in each quarter, indicating that outputs have been effective in driving sustained improvement. All key deliverables have been completed, with outputs implemented as intended. There is a clear alignment between actions, KPI improvement and outcome achievement, supported by strengthened governance and financial oversight, providing confidence in delivery and sustainability.

While the overall financial challenge remains significant and the strategic risk score unchanged, the control environment has strengthened, with assurance improving from limited to reasonable.

Overall, Tier 2 evidence confirms that the outcome has been achieved, with strong alignment between delivery, performance improvement and outcome realisation, and a high level of confidence in sustainability into 2026/27.

Tier 2 – Planned Care Performance Summary Overview

The Planned Care programme has partially achieved its intended outcomes at year end. Clear progress has been made in reducing 52-week waits and improving diagnostics, with outcomes achieved in these areas. However, a significant number of patients continue to wait for access to services, indicating that underlying demand and capacity pressures remain. KPI performance shows a mixed and variable

trajectory, with sustained improvement in diagnostics but continued challenges in cancer pathways. The 31-day standard remains in progress and declined at year end, while the 62-day standard has not been achieved.

Delivery activity has supported improvement through increased capacity, pathway redesign and backlog reduction; however, not all deliverables have been completed and the impact of actions has not consistently translated into sustained KPI improvement. This is particularly evident in cancer pathways and elements of endoscopy, where capacity constraints and system interdependencies continue to affect performance.

Overall, outcomes have been partially achieved, with progress in key areas but insufficiently consistent improvement across the programme, reinforcing the need for continued focus into 2026/27.

Tier 2 – Unscheduled Care Performance Summary Overview

The Unscheduled Care programme has not achieved its intended outcomes at year end, with delivery activity not yet consistently translating into sustained improvement in overall system performance. Of the four outcomes, one has been achieved, with the remainder in progress. While improvements have been seen in areas such as delayed discharges, performance across the wider system remains mixed, with key measures including the 4-hour standard and ambulance turnaround times not improving as expected due to ongoing pressures in flow, capacity and demand.

KPI performance shows a mixed and variable trajectory, with some areas of improvement while others remaining static or showing limited progress. Although there are encouraging signs in Q4, including reduced occupancy and increased use of alternative pathways, these have not yet established a sustained system-wide improvement trajectory. A significant proportion of outputs and deliverables have been completed, supporting improvements in specific areas such as discharge and admission avoidance. The overall impact has been constrained by system complexity and interdependencies, with key enablers—including bed rebalancing, integrated flow and Discharge to Assess—remaining incomplete or continuing into 2026/27.

Overall, while progress has been made in targeted areas, this has not been sufficient to deliver sustained system-wide improvement, and outcomes have not been achieved, reinforcing the need for continued focus into 2026/27.

Note on Spotlights

Standalone performance spotlights have not been included in the year-end report. The focus is on programme-level evidence, strengthening the linkage between outputs, KPI performance and outcomes, and reducing duplication to provide clearer line of sight and assurance.

2.3.1 Assurance level

The Executive assessment of assurance level for Q4 and year-end is **moderate assurance**, reflecting a mixed position across the three Change Programmes:

- **High assurance in Value & Sustainability**, where outcomes have been achieved and performance has improved consistently
- **Moderate assurance in Planned Care**, where outcomes have been partially achieved, with mixed performance across pathways
- **Limited assurance in Unscheduled Care**, where outcomes have not been achieved and performance improvement has been mixed and variable

2.3.2 Quality / Patient Care

The HAWD Report supports improvements in patient outcomes by embedding clear measures of delivery across the Change Programmes. These address key areas of access, flow, safety, and experience, with further assurance provided through spotlight reporting in the HAWD reporting structure.

2.3.3 Workforce

Justification of deliverables and its outputs towards achieving KPI Performance and its outcomes, as well as targeted performance spotlights demonstrates visibility on the consideration of workforce when implementing actions and its unintended consequences.

2.3.4 Financial

Q4 HAWD Report supports financial recovery and sustainability by aligning deliverables and outcomes to the OIP and Value & Sustainability (V&S) programme. This enables clearer monitoring of progress and impact across both financial and non-financial priorities.

2.3.5 Risk Assessment / Management

Strategic risk 3130 - the inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies

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. 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.

Strategic Risk 3065 – Inability to meet population demand for Planned Care.

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.

Strategic Risk 3639 - significant delays in delivering unscheduled care

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.

2.3.6 Equality and Diversity, including health inequalities

Targeted performance spotlights in the Q4 HAWD Report shows visibility in mitigating health inequalities considerations and promote person-centred care. It also prompts reflection on how principles such as “Putting People First” and equity considerations will support progress toward outcomes.

2.3.7 Other impacts

The Performance Assurance Framework and Model will support a more performance-aware culture across the organisation by improving transparency, reducing burden, and making assurance processes more meaningful and accessible at all levels.

2.3.8 Communication, involvement, engagement and consultation

- All Programme Leads, System Leaders, Exec Leads for the Change Programmes are jointly involved in the design, development and agreement of Outcomes, KPIs, Deliverables and Outputs of the Three Change Programmes and the OIP.
- Executive Leads, Chairs/Vice Chairs and Committee Members of the Board and Assurance Committees were involved in the consultation, review and agreement on the NHS Grampian Integrated Performance Assurance and Reporting Framework and Performance Model, and How Are We Doing Board Performance Report.
- Involvement of System Leaders, Executive Leads, Chief Officers on providing updates to the Three Change Programmes and the OIP.
- Q4 and End of Year HAWD Report presented at Executive Team (ET) Performance Review Meeting on 5th May 2026.
- Q4 and End of Year HAWD Report presented at PAFIC Meeting on 27th May 2026.

2.3.9 Route to the Meeting

- Q4 and End of Year HAWD Report presented at Executive Team (ET) Performance Review Meeting on 5th May 2026.
- Q4 and End of Year HAWD Report presented at PAFIC Meeting on 27th May 2026.

3 Recommendation

The Board is asked to:

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Approve the Quarter 4 and year-end How Are We Doing (HAWD) Board Performance Report, and the continued application of the Performance Model within the Performance Assurance Framework, recognising its role in ensuring a clear line of sight from priorities through to delivery.

Appendix

Appendix 1: Q4 and End of Year 2025/26 HAWD Board Performance Report