Plan for the Future
Healthier Together
2022 - 2032

NHS Grampian

How are we doing?

Q1 2026/27 Board Performance Report

13th August 2026

Contents

How we assess our Performance

RAG Ratings for Strategic Priorities:

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
Grey	Data not available or awaiting update

For Q1, each KPI has a marker indicating change from baseline

Marker	Description
	Performance is improving
	Performance is declining
	Performance remains unchanged
	Performance information unavailable

Status reporting of 2026/27 Actions:

Status of our 2026/27 Actions	
Delivered	Completed as planned
On Track	Progress consistent with planned trajectory
Off Track	Risk of not delivering as planned
In Development	Preparatory work underway; implementation scheduled to commence in a future reporting period.
Not Started	Not yet commenced

Executive Summary

For 2026/27, our organisational focus has expanded from three to six strategic priorities, reflecting the areas most critical to improving performance and in turn the experience of our patients and staff and the need to deliver sustainable change. Building on the progress made during 2025/26, our strategic focus now includes: Quality and Safety; People, Leadership and Governance; Prevention; Planned Care; Urgent and Unscheduled Care; Value and Sustainability. This Quarter 1 Board Performance Report provides an overview of performance and progress across these priorities and is supported by our refreshed Integrated Performance Management, Assurance and Reporting Framework and Performance Model. Our Quality and Safety strategic priority was approved by the Board at its June 2026 meeting. Key Performance Indicators are under development and will be included in future reports (commencing October 2026).

At the end of Quarter 1, three of our five strategic priorities are assessed as On Track (People, Leadership and Governance; Prevention and People; Value and Sustainability) and two are assessed as Off Track (Planned Care; Urgent and Unscheduled Care).

With Planned Care, progress continues in reducing the number of longest-waiting patients (52-week waits), improving diagnostic waiting times and delivering against agreed trajectories for 2026/27 following confirmation of £9.7m Scottish Government funding for the year. However, this progress is not yet being realised consistently across all aspects of planned care performance, with cancer treatment times remaining a significant challenge. Even after meeting our trajectories for the year, NHS Grampian has significantly more 52-week waits than any other Board in Scotland and therefore developing recovery plans that address this, which will involve NHS Grampian and East of Scotland solutions, remains our priority.

With Urgent and Unscheduled Care, while there are early signs of improvement in ambulance turnaround times, four-hour emergency access performance and hospital length of stay, performance remains well below the level required with too many of our patients experiencing unacceptably long waits for care and treatment. Delivery of the agreed whole-system improvement plan, alongside continued focus on patient flow timely discharge – which are dependent on consistent daily practices and actions by staff across the organisation and improvements to culture and behaviours - will remain critical to securing the improvements our patients deserve, as will delivering the acute frailty bed expansion we have agreed in recent months which we are aiming to implement ahead of winter.

People, Leadership and Governance presents a developing but encouraging picture. While a number of planned actions remain in the preparatory stages of delivery, early indicators are positive, particularly in relation to improving staff engagement scores, as evidenced by our recent iMatter 2026 (staff survey) results, which show the areas we are focusing on are starting to yield results, including visible leadership and keeping staff well-informed. Further substantive Executive Team recruitment is supporting leadership stability and work continues to strengthen operational governance in the organisation with an initial focus on Clinical Governance, Acute Sector governance and Baird and ANCHOR project governance.

With Prevention, there is encouraging progress across a number of programmes, including breastfeeding, smoking cessation and community engagement initiatives. Some programmes are subject to data lags or longer-term delivery horizons, meaning their full impact will become clearer as the year progresses. Where performance remains below target, particularly within cardiovascular disease prevention and weight management services, with improvement activity underway and continuing for the remainder of the year.

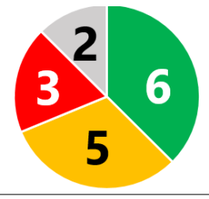
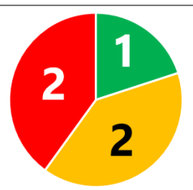
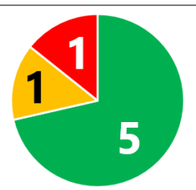
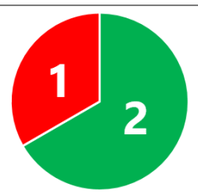
With Value and Sustainability, we remain on track to deliver our Financial Plan – continuing our progress in 2025/26 – and to deliver our year-end £40m savings requirement and £36m maximum deficit position, though our Quarter 1 position remains finely balanced. This will require a continued whole organisation and system effort.

Overall, this report provides a clear and evidence-based assessment of the progress we continue to make and the challenges that remain as described above. As we continue through 2026/27, our focus remains clear which is to further improve patient and staff experience, including the delivery of more timely care for our patients and improved communication with those patients who are experiencing unacceptably long waits to ensure people do not feel lost in our system, recognising this is not what we would wish for any of our patients, and recognising we need to do better.

Laura Skaife-Knight, Chief Executive NHS Grampian

Tier 1: Organisational Performance Summary Quarter 1 (Apr 2026 to Jun 2026)

This Tier 1 view provides a high-level summary of performance across our six priorities, focusing on KPI performance and direction of travel. It highlights where further assurance is required, with detailed analysis provided in Tier 2.

	Our Six Priorities	Overall Position (Assessment to be made by Executive Leads)	KPI Performance Summary: Total number of KPIs by Red/Amber/Green	*of which*	how many are improving or declining compared to Baseline
Quality & Safety	**Quality and Safety**	In Development			
People	People, Leadership and Governance	On Track		16 KPIs	9 improving 2 declining 3 unchanged 2 unavailable
Prevention	Prevention	On Track		13 KPIs	4 improving 2 declining 7 unavailable
Urgent Care	Urgent Care	Off Track		5 KPIs	3 improving 2 declining
Planned Care	Planned Care	Off Track		7 KPIs	5 improving 2 declining
Value and Sustainability	Value and Sustainability	On Track		3 KPIs	1 improving 1 declining 1 unchanged

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People

Tier 2: People, Leadership and Governance – Executive Lead: Melanie Saunders, Interim Director of People & Culture

Strategic Priority: Improve staff experience and wellbeing so colleagues feel valued, supported and able to deliver high-quality care.

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
People							
1	Improve how we engage with and listen to staff – visible leadership and strengthened communications	On Track	**Progress this quarter:** Leadership visibility and engagement increased through Executive Team and Extended Leadership Team development activities, leadership walkarounds, staff briefings, and organisation-wide engagement initiatives. **What this means:** These actions are intended to strengthen visible leadership, improve communication and engagement, reinforce organisational values, and create a more connected and inclusive culture across NHS Grampian	Increase in % score for iMatter questions about staff feeling listened to *Baseline: 77%*	77%	>77%	**Risk:** Reduced staff engagement and confidence in leadership. **Mitigation:** Visible leadership, staff engagement and clear communication. **Immediate Next Steps:** Implement leadership and engagement framework.
				Increase in % score for iMatter questions staff feeling appreciated for the work they do *Baseline: 77%*	77%	>77%	
				Increase in % score for iMatter questions: Board members being sufficiently visible *Baseline: 55%*	67%	>55%	
				Increase the overall engagement score for NHS Grampian in the iMatter survey. *Baseline: 76%*	77%	>76%	
2	Introduce Quarterly Pulse Surveys for KPIs related to staff feeling valued, supported and involved in decision-making	On Track	**Progress this quarter:** Governance and delivery arrangements are in place. Survey design work, resource identification and options appraisal have been completed, with the first pulse survey planned for Q2. **What this means:** On target for undertaking first pulse survey in Q2.	Increase the percentage of staff reporting feeling involved in decision making via Quarterly Pulse Surveys. *Baseline: 73%*	73%	>73%	**Risk:** Capacity and survey fatigue may affect participation. **Mitigation:** Dedicated resource and targeted staff engagement. **Immediate Next Steps:** Launch first pulse survey in Q2
3	Reduce the risk of harm from violence and aggression	On Track	**Progress this quarter:** Progress has been made in delivering the Prevention and Management of Violence and Aggression (PMVA) programme, including training review, revised training approaches and development of a behavioural protocol to support a zero-tolerance approach to violence and aggression. **What this means:** These actions are helping to strengthen staff safety through improved training, a more consistent approach to managing violence and	**A**) - Improve % scores in the following iMatter question: "I feel my direct line manager cares about my health and well-being" *Baseline: 86%*	87%	> 86%	**Risk:** Staff may feel unsupported or inadequately trained. **Mitigation:** Delivery of PMVA action plan and training oversight. **Immediate Next Steps:** Complete behavioural protocol and strengthen reporting.
4	Target wellbeing support for high-pressure teams	On Track	**Progress this quarter:** Initial review of wellbeing support arrangements completed, including engagement with high-pressure teams to identify priorities and opportunities for improvement. **What this means:** This will help shape future wellbeing support offered through Wellbeing, Culture and Development (WCD) and across the wider organisation.				**Risk:** Support may not reach teams with greatest need. **Mitigation:** Review and targeted promotion of wellbeing support. **Immediate Next Steps:** Complete review and implement recommendations.

Our Agreed Actions for 2026/27		STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1		Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
					Actual	Target	
5	Introduce an organisational approach to stress risk assessments and completion of its action plans	In Development	**Progress this quarter:** Preparatory work completed. Development of a consistent organisational approach to stress risk assessment remains scheduled to commence in Q3. **What this means:** Improvement work being enabled for Q3 as planned.	**B**) - Improve % scores in the following iMatter question: "I feel my organisation cares about my health and well-being" *Baseline: 70%*	71%	> 70%	**Risk:** Inconsistent management of workplace stress. **Mitigation:** Development of a standardised organisational approach. **Immediate Next Steps:** Commence implementation in Q3
6	Implement the use of real-time feedback process to 10 wards (Aberdeen Royal Infirmary and Woodend) by the 31st March 2027 with a view to additional 10 more in 2027/28.	On Track	**Progress this quarter:** Real-Time Feedback is live in three wards, with a further three identified for implementation. Additional resource has been secured to support delivery and expansion. **What this means:** This will give teams timely patient feedback and help celebrate positive staff contributions that reflect our values.				**Risk:** Capacity constraints may slow implementation. **Mitigation:** Additional resource and phased rollout. **Immediate Next Steps:** Extend implementation to additional wards.
Leadership							
7	Introduce "Focus on Fundamentals" leadership development to improve staff experience	In Development	**Progress this quarter:** The programme has been re-scoped following Executive Team direction. A revised commission focused on improving Statutory and Mandatory training and appraisal performance is being progressed. **What this means:** This plan is currently paused.	Achieve 100% completion of all Fundamentals modules by all members of the Extended Leadership Team (top 100 leaders) by the end of March 2027. *Baseline: no original baseline for this KPI*	to be reported in Q2	N/A	**Risk:** Competing priorities delay programme delivery. **Mitigation:** Revised and more focused implementation approach. **Immediate Next Steps:** Agree commission and commence delivery
8	Increase implementation of Team-level iMatter action plans that lead to improvement of staff and team experience	On Track	**Progress this quarter:** iMatter participation increased from 59% to 62%. Action-planning support, resources and training have been strengthened to support local improvement activity and delivery of action plans **What this means:** Increased participation and action planning support are helping teams turn staff feedback into meaningful improvements, enhancing staff and team experience across NHS Grampian.	Increase the % of staff who would recommend NHS Grampian as a good place to work in the iMatter survey. *Baseline: 73%*	75%	> 73%	**Risk:** Operational pressures may reduce engagement. **Mitigation:** Senior leadership sponsorship and local support. **Immediate Next Steps:** Monitor action plan completion and uptake of support
Governance							
9	Improve the effectiveness of our operational governance and moving to more inclusive decision-making	On Track	**Progress this Quarter:** The new Executive Team and Terms of Reference were implemented in April 2026. Plans and revised arrangements are in place to strengthen acute sector, Baird and ANCHOR, and clinical governance. Weekly Chair's Assurance Reports are now shared with all staff and will be reported publicly to the Board from August 2026. **What this means:** Governance and decision-making arrangements are clearer, with a stronger focus on key operational and clinical priorities. Improved reporting links operational governance with Board oversight, supporting greater transparency and assurance. The 2026 iMatter results highlight the need to strengthen staff involvement in decision-making. This will remain a focus in 2026/27, including improving awareness of how decisions are made and who is involved at different levels.	Increase the % of staff reporting feeling involved in decision-making in iMatter question. *Baseline: 59%*	62%	65%	**Risk:** There is a risk that NHS Grampian does not realise the full benefits of inclusive and effective decision-making, impacting organisational performance and staff engagement. **Mitigation:** To mitigate this risk, governance arrangements are being strengthened across the Executive Team, Acute Sector, Board/ANCHOR and Clinical Governance structures, with greater transparency through Chair's Assurance Reports and clearer links between operational and Board governance. **Immediate Next Steps:** We will continue to develop and implement the revised governance arrangements, embed consistent reporting and assurance processes, and continue to improve staff understanding of how decisions are made and how they can influence them.

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
10	Strengthen and develop joint working in Mental Health, Learning Disability and Neurodevelopmental (MHLD & ND) pathways across the Grampian system to improve access to these services for patients	**On Track**	**Progress this quarter:** The MHLD Board has continued its refresh work, including review of remit, membership, objectives, oversight arrangements and development of a delivery framework. ND pathway work has also commenced in Q1, with a Project Manager appointed and early engagement/mapping underway. **What this means:** This strengthens the governance platform for MHLD transformation and creates an opportunity to clarify how related pathway work, including relevant ND risks, dependencies and access issues, links into MHLD Board assurance	KPI under development: proposed measures to include delivery framework progress, agreed objective reporting and performance measures such as pathway access/demand measures relevant to MHLD/ND workplan activity	**To be reported in Q2**	**To be reported in Q2**	**Risk:** Refreshed MHLD Board arrangements may not fully align with related pathway work, including ND, limiting visibility of shared risks and dependencies**.** Baseline measures and reporting mechanisms not yet formally agreed. **Mitigation:** Use the Board refresh and delivery framework to clarify scope, membership, reporting routes and escalation arrangements. Establish meaningful KPIs aligned to evidencing measurable improvements against agreed actions including baselining of current state. **Immediate Next Steps:** Finalise Board objectives, membership, delivery framework and workplan; confirm relevant ND reporting links; and agree baseline measures and assurance routes to strengthen connection between related workstreams and cross-system governance services.
11	Maternity - Improving culture and experience for women: a) More timely triage assessment in maternity services	**In Development**	**Progress this quarter:** Early improvement activity has resulted in some reduction in waiting times for initial triage assessment however, performance within the induction of labour pathway remains more variable, reflecting ongoing capacity and flow challenges. Improvement work ongoing to support pathway redesign and strengthening daily operational oversight across both triage and induction of labour. **What this means:** Introduction on new face to face triage system Birmingham Symptom-Specific Obstetric Triage System (BSOTS) planned for go live 26th October 2026. This is expected to have a positive effect on the KPI after implementation.	Increase the % of women receiving initial face-to-face assessment within 15 minutes of admission. *Baseline: 58%*	**59%**	**≥60%**	**Risk:** Sustained performance improvement dependent on workforce availability and real-time escalation processes. Potential impact on women's experience, including prolonged waits. Labour ward capacity to maintain flow, resulting in delays to performance. **Mitigation:** Daily review of induction pathway and work to strengthen operational oversight and escalation processes where delays occur. Ongoing pathway redesign work to improve flow. Planned implementation of BSOTs triage system. Ongoing workforce review. **Immediate Next Steps:** Further strengthen real-time visibility of induction demand and labour ward capacity. Continue monthly monitoring and reporting of variation, with targeted actions in areas of highest areas of delay. Continue work to prepare teams for implementation of BSOTs and undertake workforce planning and review.
	b) Improve delays in induction of labour at Stage 1 and Stage 2	**In Development**	**Progress this quarter:** Performance within the induction of labour pathway remains more variable, reflecting ongoing capacity and flow challenges. Preparatory work is underway to facilitate this action. Further understanding to be gathered regarding factors impacting delays with Induction of Labour. Induction of labour is a 2-part process. **What this means:** Improvement work is scheduled for commencement w/c 7th September, with impact to KPI visible following implementation.	Fewer women are delayed in being called in to start stage 1 of the induction process. *Baseline 12 women delayed in Stage 1*	**10 delays**	**<5 delays**	**Risk:** Labour ward capacity constraints, competing clinical priorities, workforce pressures and limited bed availability and lack of capacity within the neonatal unit is a recurring cause for delay. **Mitigation:** Daily review of induction pathway and work to strengthen operational oversight and escalation processes where delays occur. Ongoing pathway redesign work to improve flow. MDT understanding of mitigation of clinical risk when delays occur. **Immediate Next Steps:** Further strengthen real-time visibility of induction demand and labour ward capacity. Continue monthly monitoring and reporting of delay data, with targeted actions in areas of highest areas of delay.
				Fewer women are delayed in transfer to labour ward for stage 2 of the induction process. *Baseline 10 women delayed in Stage 2*	**23 delays**	**<15 delays**	

Our Agreed Actions for 2026/27		STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1		Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
					Actual	Target	
11	c) Fewer planned caesarean section delays	In Development	**Progress this quarter:** Commence monitoring of planned caesarean section delays, with review of cases where procedures are postponed due to emergency activity, staffing pressures, theatre capacity constraints or lack of capacity within the neonatal unit. **What this means:** Planning due to be complete by end July, implementation of plan to following in August, with KPI improvement expected after implementation.	Reduce the number of additional elective caesarean lists that were required to maintain planned activity and reduce delays. *Baseline: 9 additional Lists*	2	≤2	**Risk:** Elective caesareans sections having to be performed outside normal working hours, by extending the working day or adding in lists at the weekend. **Mitigation:** Regular review of list, accurate monitoring of delay data, escalation of capacity concerns, prioritisation of women at highest risk of labour onset, continued review of theatre utilisation and scheduling. Balancing the risk of delays to planned caesarean sections against neonatal capacity, so risk is balanced between maternal, neonatal and foetal risks. **Immediate Next Steps:** Analyse cause of delays, implement targeted improvement actions, and monitor the number of postponed procedures and resultant emergency caesarean sections.
12	Supporting implementation of the new networked neonatal care model	Off Track	**Progress this quarter:** The national implementation of the new model is behind plan. Funding options continue to be explored with Scottish Government. **What this means:** Governance arrangements are under discussion to ensure alignment with new Sub-National structures for delivery and oversight of implementation.	Reduce the % days Neonatal Unit (NNU) closed to admitting some or all of North of Scotland (NOS) babies. *Baseline:* *Closed Status 44% (40/90 days)*	68% (59/86 days)*	≤20%	**Risk:** Inadequate staffed cots for NOS demand. **Mitigation:** When unit is closed NOS/NHSG babies +/- mothers are diverted to other centres in Scotland/England with associated psychosocial and clinical risks associated with transfer. **Immediate Next Steps:** further progress depends on the ability to increase Qualified In Speciality nurses to safely staff and open additional intensive and high dependency cots to meet the demands of the North of Scotland and NHSG. Awaiting funding decision. **What will be reported in the next quarter?** Red/black status % (closed to some or all NOS babies) will be reported in the next quarter, but no improvement is anticipated without further staffing investment.

*5 days data not available for Q1

Tier 2: Prevention – Executive Lead: Shantini Paranjothy, Director of Public Health

Strategic Priority: To reduce health inequities, prevent or mitigate the health conditions which cause the greatest burden of disease, and reduce the future burden of demand for hospital care

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
1	Deliver a programme of behavioural and lifestyle prevention pathways, early detection and intervention pathways, national population screening and vaccination programmes* * (Equity Statement: "All 8 prevention KPIs will be monitored with equity stratification, including analysis by Scottish Index of Multiple Deprivation (SIMD) quintile, geography, age, and other priority groups. Performance improvement should demonstrate narrowing inequality gaps, with particular focus on SIMD 1 and 2")	On Track	**Cardiovascular Disease Assessments (CVD)** delivery is via renewed annual DES contract, current work focussed on improving uptake and equity, patient surveys, planning a GP cluster event and a multidisciplinary CVD prevention workshop **Smoking Cessation** is provided through community pharmacy and specialist public health team, with an enhanced pathway for pregnant women introduced **Weight Management** is provided through specialist NHS services, with a focus this quarter on diabetes prevention, widening service eligibility, and finalising an Obesity Medication Pathway **Breastfeeding Support** is provided through trained and supported community groups and peer supporters, with work to widen provision for priority communities and settings underway **Screening Programmes** are delivered through national programmes, with local efforts to improve equity of access, currently focused on bowel screening in Camphill and Torry, and cervical screening in Maryhill and Torry **Vaccination Programmes** are balancing ongoing programmed vaccine schedules with the implementation of delivery for new or broadened cohorts, seasonal programmes, and managing the challenges that come with bedding in a new national IT system **Child Oral Health Improvement Plan** priorities have been agreed, and a survey has been undertaken to better understand barriers to dental registration for young children **Emergency Department Attendance:** there is a relatively small population of patients who make intensive use of the ED, and work is underway to explore new ways of supporting these patients to obtain the support and care that they required, initially through building understanding through engagement and listening with staff	CVD: Increase uptake of cardiovascular assessments by 30% to 7,585 assessments *subject to data lag – currently considered as on track *Baseline: 5835 at end March 2026*	123 (1.6%)*	1,517	**Risk:** principal risks across programmes are workforce capacity, funding constraints, increasing demand, and infrastructure limitations. **Mitigation:** Mitigations focus on targeted support, partnership working, service redesign, workforce resilience, and securing sustainable resources **Immediate Next Steps:** **CVD:** review workshop outputs, follow-up workshop for community and third-sector partners, potential community appointment day **Smoking:** Introduce text messaging support, improve follow-up processes, strengthen respiratory and vascular pathways **Weight Management:** Deliver GP engagement roadshows, expand referral options, implement revised Tier 3 criteria, launch the remission programme and progress the GLP-1 pathway **Breastfeeding:** Infant Feeding survey, new community groups and expand targeted breastfeeding-friendly initiatives **Screening:** Complete non-responder evaluation reports, explore funding opportunities and recruit additional practices to screening improvement projects **Vaccination:** continue targeted equity initiatives and strengthen reporting and dashboard development, targeted engagement programme to maximize uptake ahead of winter programme **Child Oral Health:** Report survey findings and develop interventions to improve access to NHS dental services for young children (0-2yrs) **ED Attendance:** Gather feedback from vulnerable groups, extend staff engagement, support test-of-change delivery and consider a learning symposium in Q3
				Smoking: Support 5% of the adult smoking population (16+) in Grampian to set a quit date *Baseline: Support 5% of the adult population (aged 16+) in Grampian who smoke to set a quit date (3042)*	824	800	
				Increase access to weight management services by 10% (n=678) *subject to data lag – currently considered as on track *Baseline: 2025/26 total n=616*	87*	170	
				Breastfeeding: increase rates at 6–8 weeks by 2% in SIMD1 & 2 areas *Baseline: Overall BF at 6-8 weeks- 59% (626) Grampian. 49% (97) SIMD 1. 55% (110) SIMD 2*	272	207	
				Screening: increase uptake of the six national programmes Cervical screening uptake 44.5%, (2024/2025 data published February 2026). Bowel screening uptake 70% (2023/2025 data published April 2026) Breast screening uptake 80.3% (2020/2023 data published May 2024) AAA screening uptake 89.2%, (2024/2025 data published March 2026)	Annual	Annual	
				Vaccination: achieve uptake levels in line with national KPIs *Baseline: awaiting national core indicators to establish baseline*	Annual	Annual	
				Dental health: increase the percentage of Primary 1 and Primary 7 children with no obvious dental decay *Baseline: Basic National Dental Inspection Programme (NDIP) Inspection 2025: P1 children with no obvious decay = 78.5% (Annual Target ≥ 75%)* *Basic NDIP Inspection 2025: P7 children with no obvious decay = 79.8% (Annual Target ≥ 76%)*	Annual	Annual	
				Reduce the number of ED attendance by "high-intensity" patients *Baseline: Nil as new initiative*	test of change agreed	N/A	

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
2	Enable NHS Grampian to become a Population Health Organisation (PHO)	On Track	**Progress this quarter:** A coordinated approach to completing the Population Health Organisation (PHO) Framework assessments has been agreed across the North East, with partner organisations confirming their commitment and arrangements established to assess all six domains. Preparatory work has also commenced to support delivery of the assessment programme. **What this means:** This establishes the foundations for NHS Grampian's transition to a Population Health Organisation by identifying strengths, opportunities for improvement and priorities for action across the system.	Annual improvement in PHO maturity score (overall and key domains) *Baseline: Nil as national assessment process only published in June 2026*	**scores expected in Q3**	**scores will set baseline**	**Risk:** time and capacity constraints **Mitigation:** proactive engagement to seek prioritisation **Next step:** plan and undertake assessment workshops
3	Develop the HOPE Collaborative for a system-wide unified approach to Putting People First, Getting it right for everyone (GIRFE) and realistic medicine	On Track	**Progress this quarter:** Progress has been made in embedding the HOPE approach across the system, with regular HOPE sessions agreed through the Medical Director's Clinical Board from July 2026. Shared resources and a process for capturing and sharing good practice have been developed, alongside work to establish a consistent approach to evaluating impact and organisational learning. Planning is also underway for the HOPE Conference in November 2026. **What this means:** This supports wider adoption of the HOPE approach, strengthens cross-system learning and provides a more consistent way of sharing, evaluating and applying good practice across NHS Grampian.	HOPE Collaborative priority milestones Q1 milestone is number of engagement sessions *Baseline: 0 engagement sessions*	**50**	**50**	**Risk:** system capacity to develop the collaborative, capacity of staff to use the tools and share their examples of good practice **Mitigation:** engagement will be monitored throughout the year via attendance at sessions **Next Steps:** Ability to evidence the impact the Hope Collaborative on staff skills and confidence to work relationally – metrics for this are being included in the PPF framework • Launch Hope Collaborative at the Clinical Board • Implement communications plan to raise awareness in line with planned activity to encourage colleague involvement • Plan Hope Conference • Use inputs at the clinical board to reach parts of the system who may benefit from the Hope approach • Evolve and evaluate presentation pack with key stakeholders
4	Support WPA (whole population availability) go-live of Digital Front Door/MyCare from April 2026 and roll-out of additional functionality throughout the year	On Track	**Progress this quarter:** The digital programme achieved a key milestone with the successful soft launch of core functionality in April 2025, delivered in line with the planned timeline. Dedicated iOS and Android applications were subsequently launched in June, improving accessibility and supporting wider user engagement with the platform. **What this means:** This provides a foundation for increased adoption of the platform, supporting continued digital development, service improvement and improved access for users.	All required Whole Population Availability readiness checks completed and confirmed ahead of go-live. *Baseline: 0%*	**100%**	**100%**	**Risk:** capacity constraints **Mitigation:** Vacancy SBAR (Situation, Background, Assessment & Recommendation report) produced and being reviewed **Next Step:** continuing support of ongoing national implementation. Update on availability of appointment letters in system. Map conflicts and dependencies. Work to identify where service practice is influenced by introduction of DFD service.
				Number of clinical-record-related queries captured via the agreed route per quarter, with top themes and actions taken. *Baseline: Not applicable*	**national data awaited**	**<10%**	
				Number of planned functionality releases delivered/adopted in the quarter (and year-to-date) against the agreed roadmap *Baseline: Not applicable*	**national data awaited**	**TBC**	

Urgent Care

Tier 2: Urgent & Unscheduled Care – Executive Lead: Leigh Jolly, Chief Officer for Aberdeenshire Health and Social Care Partnership (HSCP)

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

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual*	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
Actions will collectively contribute to the KPIs (A-E) and deliver clear benefits for our staff and patients through redesign of urgent and emergency pathways to reduce long waits, non-standard care and boarding. These have been informed through logic modelling and colleague engagement. KPIs cannot be attributed to individual actions. The quarter 1 position shows urgent care remains a significant area requiring continued assurance. Early progress is evident in pathway development, specialist assessment, discharge improvement and frailty planning, but delivery remains dependent on workforce capacity, recruitment, commissioned care availability, and effective use of existing estate and resources.							
1	Improve the number of patients who get specialist input during initial assessment. Ensure fewer patients are admitted to hospital unnecessarily, and a greater proportion of those admitted are treated in the most appropriate areas.	**Off Track**	**Progress this quarter:** Specialist input during initial assessment is being delivered through the Flow Navigation Centre, Rapid Access Ambulatory Care at Aberdeen Royal Infirmary, the Surgical Assessment Centre and the Allied Health Professional front door service at Dr Gray's Hospital. By the end of Quarter 1, the Flow Navigation Centre supported a weekly average of 148 Call Before Convey contacts and 515 calls, with 232 people discharged or redirected to alternative pathways. In June, Rapid Access Ambulatory Care saw a weekly average of 11.8 people during extended hours, with 52.5% of attendances of less than 24 hours managed through RAAC. The Surgical Assessment Centre saw a weekly average of 30.8 patients during extended hours, with 53% recorded as zero-day admissions. Scottish Ambulance Service hours lost (in excess of 30 minutes) waiting was 768 hours in June. **What this means:** This demonstrates progress in increasing access to specialist assessment during the initial stages of care. By supporting earlier assessment, redirection to alternative pathways and ambulatory care, the work is intended to reduce unnecessary hospital admissions and ensure a greater proportion of patients receive care in the most appropriate setting.	**A**) - Reduction in NHSG median ambulance handover times to 42 minutes by the end of March 2027 *Baseline: 69 minutes*	59mins	55mins	**Risk:** Availability of appropriately trained staff, recruitment and retention and capacity issues limiting effectiveness (pathways, estate footprint) **Mitigation:** Consideration of alternative roles, permanent contracts and partnership working. Redesigning the use of existing accommodation and utilising remote technology for review of patients' conditions. **Immediate Next Steps:** Continued embedding of services and increasing activity including recruitment, training needs assessments, redesign of rotas, use of bank and locums.
				B) -Improvement in NHSG 4-hour emergency access performance (ARI, DGH, RACH) to 70% by the end of March 2027 *Baseline: 54.9%*	58.7%	60.8%	
2	Achieve safe, clinically appropriate, timely discharges from acute hospitals through a streamlined discharge process, better coordination with community hospitals and community rehabilitation and enablement	**Off Track**	**Progress this quarter:** Discharge improvement work is progressing across Moray, Aberdeen City, Aberdeenshire, acute flow and Hospital at Home. The Moray Home Assessment process has launched and supported 58 additional people during Quarter 1. Discharge to Assess remains central to discharge pathways in Aberdeen City and Aberdeenshire, with Aberdeen City increasing capacity and Aberdeenshire progressing commissioned care arrangements. Discharge without Delay is being implemented across Aberdeenshire community hospitals, supported by physiotherapy recruitment. In June, a weekly average of 19 patients were transferred from acute care and the length of stay for non-elective patients aged 65+ was 36.4 days. The Integrated Flow Hub is supporting greater alignment of discharge processes within Aberdeen Royal Infirmary, with length of stay in Wards 108 and 110 reducing to 6.32 days in June. Expansion of Hospital at Home has continued across Aberdeenshire, remote monitoring has been tested, and 151 patients were admitted to Hospital at Home in June. **What this means:** This demonstrates progress in strengthening discharge pathways across acute, community and home-based care. Through improved discharge coordination, community rehabilitation and enablement, the work is intended to support safe, clinically appropriate and timely discharge from hospital, reduce unnecessary occupancy and improve patient flow.	**C**) - Reduce the number of delayed discharges in acute hospitals to 5 per Health and Social Care Partnership, by end March 2027 *Baseline: 22*	37	24	**Risk:** Recruitment delays, insufficient workforce capacity and lack of availability of commission care for Discharge to Assess provision **Mitigation:** Workforce planning supporting key functions, use of bank staffing and redesign of staffing model. On commissioned services, working alongside partners in community and procurement. Also effective triage of patients, managing capacity and enabling conversations with families and patients. **Immediate Next Steps:** Continued embedding of services and increased activity. In Aberdeenshire commissioning social care for Discharge to Assess. Continued expansion of Hospital@Home Service.
				D) - Average acute hospital occupancy (2pm weekday), 98% by the end of March 2027 (stretch target) *Baseline: 107.6%*	111.3%	106.8%	
3	Reduce hospital occupancy by rebalancing our existing bed base to closer reflect specialty demand, focusing initially on frailty and general medicine.	**On Track**	**Progress this quarter:** A proposal to expand and consolidate frailty services including the ARI bed base has been considered by the Executive Team with, if supported, an aim to expand services for winter. Increased patient flow was aided by embedding a 7 day Allied Health Professional assessment service with in June a weekly average of 219 discharges/community transfers Sat – Tues and 448.9 AHP contacts. **What this means:** This indicates progress towards providing access to frailty services at the right place at the right time.	**E**) - Reduce acute hospital Length of Stay by 0.5 days, by the end of March 2027 *Baseline: 7.5 days*	6.8	7.4	**Risk:** Workforce recruitment and finance **Mitigation:** Business case reviewed through USC Delivery Board and Executive Team and if supported building an attractive service model of recruitment **Immediate Next Steps:** Subject to Executive Team and NHS Board approval, progress plans to expand and integrate frailty services to meet anticipated winter demand.

* Note that data for Quarter 1 is provisional local data and may be subject to change in subsequent reports

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Planned Care

Tier 2: Planned Care – Executive Lead: Geraldine Fraser, Chief Officer of Acute Services

Strategic Priority: Further improve waiting times for planned care (operations, outpatient appointments, tests and scans) and cancer care

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual*	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
1	Reduce long waits for outpatient appointments and operations (52 & 104 weeks) We will cut the number of people waiting over 52 and 104 weeks for outpatient appointments and operations by improving capacity, using resources more efficiently, redesigning how patients move through planned care, and further reducing our longest wait patients.	On Track	Plans have been developed and submitted to the East of Scotland to improve our end of year position and confirmation of funding has been provided to the value of £9.7M. This will improve our end of year waiting times for new Outpatient appointments from 15,707 to 9,629 and for Treatment Time Guarantee from 6,107 to 4,740. The executive team agreed to maintain additionality running at the end of Financial Q4 2025/26 and into Q1 2026/27 to prevent a deterioration of our position. This has allowed continued improvement on the 52 week cohort across both TTG and OP along with maintenance of the 104 week cohort. We are conscious that our current trajectories are deteriorating but we are working by the East of Scotland's structure to improve them.	≤ New Outpatients waiting over 52 weeks by the end of March 2027 *Baseline: 5789*	4188	5206	**Risk:** The available funding is strictly non-recurring and at present even if fully funded would leave Grampian a sharp outlier in the East of Scotland (EoS). The ventilation issues with short stay theatre will impact on our proposed 104 week reduction plan. The ventilation issues mean the theatres cannot operate the necessary number of air changes required by national standards to safety carry out surgery. As a consequence, we have commissioned a strategic review of our available theatre assets and future requirements. This is being led by Facilities. **Mitigation:** We are engaging to understand the delivery context of the EoS structure to identify the optimum route to seek to improve our end of year position. **Immediate Next Steps:** We are in the process of agreeing our Q2, Q3 and Q4 trajectories based on confirmed funding which was allocated on 29 June 2026
				≤ New Outpatients waiting over 104 weeks by the end of March 2027 *Baseline: 827*	844	965	
				≤ TTG patients waiting over 52 weeks by the end of March 2027 *Baseline: 3757*	3147	3941	
				≤ TTG patients waiting over 104 weeks by the end of March 2027 *Baseline: 1539*	1206	1466	
2	Speed up cancer diagnosis and treatment so people begin treatment within 62 days. We will reduce delays across cancer pathways by improving coordination between teams, removing bottlenecks, and focusing capacity where it is most needed so that people referred urgently with a suspicion of cancer are diagnosed and start treatment within 62 days.	Off Track	Activity in April–June 2026 has focused on maintaining diagnostic and treatment capacity and embedding pathway improvements introduced in 2025/26, including continuation of one-stop clinics, mobile diagnostics and expanded endoscopy provision. This has supported sustained patient throughput and maintained pathway flow in Q1; however, emerging workforce challenges have begun to impact delivery in some areas, contributing to a growing backlog moving into Q2, with backlog recovery expected to result in a short-term decline in 62-day performance as long-waiting patients are prioritised.	% of patients will be compliant with the 62 day cancer standard as of end of March 2027. In part, this will be achieved by rigorous review of the breech analysis for each cancer pathway. *Baseline: 62.0%*	56.6%	63%	**Risk:** Workforce gaps in key areas, particularly breast radiology (already escalated), alongside wider demand–capacity pressures, are contributing to increasing waits for first appointment and a growing backlog into Q2, with risk to 62-day performance. **Mitigation:** Targeted use of additional capacity, strengthened tracking of delayed patients, and progression of mutual aid support via National Elective Co-ordination Unit (NECU) to address breast radiology procedures and first appointment waits are in place to maintain pathway progress. **Immediate Next Steps:** Secure and implement mutual aid arrangements through NECU, reduce waits for first appointment in breast, and focus backlog recovery activity on highest-risk pathways to limit further performance deterioration.
3	Improve access to key diagnostic tests by reducing waits over six weeks for endoscopy and radiology. We will cut the number of people waiting more than six weeks for vital diagnostic tests such as endoscopy and radiology by increasing capacity, improving scheduling, and focusing staff and resources where the pressures are greatest to ensure the maximum number of completed episodes of care.	On Track	Similar to OP and TTG non-recurring additionality has been supported to continue during Q1 at financial risk which has maintained our trajectories across diagnostic tests including imaging and endoscopy. This has been effective at maintaining reductions in waits over 6 weeks. Progress remains reliant on continuation of non-recurring additionality or conversion to recurring capacity. There is current lack of clarity around whether these are being considered within the East of Scotland structure or outwith it which is being actively chased, but associated bids have been submitted for both. Endoscopy is working on a trajectory profile which should be complete by the end of Q1.	≤ Endoscopy patients (4 key diagnostic tests) waiting over 6 weeks by the end of March 2027 *Baseline: 1759*	1277	1271	**Risk:** Despite positive feedback on our bids, it appears that there is no separate funding for diagnostic bids in 2026/27 beyond the £90M which has been allocated for long wait New Outpatient appointments and Treatment Time Guarantee. A reduction in funding from Q4 will negatively impact diagnostic waiting times. **Mitigation:** We are seeking to understand the funding route and decision making process for diagnostics (in common with all other boards). We are exploring the net impact of Endoscopy expansion on our TTG trajectory. **Immediate Next Steps:** We are preparing as much as possible to be able to enact the proposals at speed if funded,
				≤ Radiology patients (4 key diagnostic tests) waiting over 6 weeks by the end of March 2027 *Baseline: 1965*	1044	1118	

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Value and Sustainability

Tier 2: Value and Sustainability – Executive Lead: Alex Stephen, Director of Finance

Strategic Priority: Reduce the in-year financial gap by £40m, to a deficit of no more than £36m, through the delivery of sustainable, cash-releasing recurring efficiency savings across the organisation by the end of March 2027.

	Our Agreed Actions for 2026/27	STATUS (Q1)	Progress (What has been delivered this quarter?)	Key Performance Indicators for 2026/27	Quarter 1 Actual	Quarter 1 Target	Risks, Mitigations and Immediate Next Steps (What is the main risk, how is it being managed, and what happens next?)
Actions will collectively contribute to all KPIs (A-C) and deliver clear financial benefits to support delivery of long term sustainable services and financial stability for NHS Grampian and its citizens.							
1	We will work with system partners to develop pan-Grampian transformation opportunities that focus on redesign of services, sustainability and maximise use of collective resources Collaborative work across the North East with our partners will help support reaching our local financial targets.	**On Track**	The North East System Transformation Group has been re-established to support the transformation and redesign of health and social care services across the North East to maintain or improve health outcomes for its customers and patients while delivering long term financial sustainability. The group continue to meet, with its most recent meeting taking place on 3 July 2026. A diagnostic review is currently underway and will report to this group. This review will identify deliverable opportunities for transformation and service redesign across the North East system, helping to inform future priorities and support sustainable service delivery.	**A**) - Achieve a minimum of £40m in-year savings by the end of March 2027 *Baseline: £40m of savings as set out in NHS Grampian's approved Financial Plan*	**Forecast savings £40.5m at June 2026**	**£40m**	**Risk:** The scale of savings delivered within the system in recent years results in inherent risk related to the delivery of the savings plan. **Mitigation:** All savings included in the 2026/27 programme went through a robust process to provide assurance over the deliverability and impact of savings proposals. Savings continue to be reported on a monthly basis, via the Value and Sustainability Programme, ensuring oversight of both the year to date and forecast savings delivery. Schemes continue to be developed to manage under-delivery in the programme. Invest to save proposals developed and submitted to Scottish Government which may deliver further savings. **Immediate Next Steps:** All Executive leads will be required to provide an update on their aligned savings at the July Value and Sustainability Programme Board. Actions being put in place to manage under-delivering schemes.
2	Schemes approved by Leadership teams are locally owned, forecast to deliver and driven by teams at service level by February 2027.	**On Track**	All savings schemes have a named Executive Lead, Workstream Lead and Finance Lead, with support from Clinical, HR and Value and Sustainability leads where required. Workstream Leads are embedded within the services responsible for delivering the savings, ensuring clear ownership and accountability for implementation. The savings tracker, originally developed to support delivery of the 2025/26 programme, has been updated for 2026/27 and provides monthly oversight of both year-to-date and forecast savings performance. A risk-based approach is used to monitor delivery. Schemes are assigned a Red, Amber or Green (RAG) status, with all schemes assessed as **Red** or **Amber** against their savings target subject to additional scrutiny and escalation to identify recovery actions and assess the likelihood of delivery.	**B**) - Achieve 3% of continuing savings against our annual budget, in line with the Scottish Government requirement for all Boards *Baseline: 3% continuing savings*	**2.68%**	**3%**	**Risk:** NHS Grampian do not deliver 3% continuing savings against the annual budget, breaching the Scottish Government requirement for Boards and impacting on the Boards return to financial sustainability. **Mitigation:** The 2026/27 Value and Sustainability plan was developed via a robust process ensuring the delivery of 3% continuing savings. Savings continue to be reported on a monthly basis and action taken to address underperformance. Schemes continue to be developed to manage under-delivery in the programme **Immediate Next Steps:** All Executive leads will be required to provide an update on their aligned savings at the July Value and Sustainability Programme Board. Actions being put in place to manage under-delivering schemes.
3	Viable opportunities identified and implementation plans developed and approved by Board by March 2027 for 2027/28 financial year	**On Track**	A 20 week Value and Sustainability programme development plan in place which will launch 3rd August 2026 to develop savings schemes for future years. The is timetable ensures clear deliverables enabling the final Value and Sustainability plan to be approved in December to maximise in year savings and meet the de-escalation criteria. Key leads have been identified and notified of their roles and responsibilities via the July Value and Sustainability Programme Board. Quality Impact Assessment process, developed via the 2025/26 programme, in place to support finding balance principles.	**C**) - Make sure we don't overspend by more than £36 million by the end of March 2027 *Baseline: £36m reported deficit as set out in NHS Grampian's approved Financial Plan*	**Forecast deficit £36m**	**Year-end deficit £36m**	**Risk:** Operational and inflationary pressures drive additional costs not reflected in the financial plan impacting on the Board's ability to deliver its Financial Plan and a deficit within £36 million. **Mitigation:** Enhancements to financial monitoring and reporting remain in place and will support the management of this risk. A performance management framework has been developed to formalise the Board's approach to financial management. A provision for inflation on non-pay costs was included in the financial plan to manage risk linked to inflationary pressures. **Immediate Next Steps:** Robust financial management of NHS Grampian's resources will continue as we progress through 2026/27.

Our approach to Performance

NHS Grampian's Plan for the Future sets out the strategic direction for 2022–2032 and the long-term outcomes we aim to achieve for the population we serve.

To support delivery, NHS Grampian has implemented an **Integrated Performance Management, Assurance and Reporting Framework (IPARF)**, underpinned by a Performance Management and Assurance Model. The model provides a clear line of sight between our Strategic Priorities (what we are trying to achieve), Actions (what we are doing to deliver improvement) and Key Performance Indicators (KPIs), which provide the evidence used to assess whether improvement is being achieved.

The model supports both performance management and assurance by asking three fundamental questions: **Are we doing the right things? Are actions driving improvement in KPIs? Are KPIs showing measurable improvement?**

This Board Performance Report applies that approach by bringing together Strategic Priorities, Actions, KPI performance, risks and mitigations to support Board oversight, scrutiny and assurance of progress.

NHSG Performance Management and Assurance Model (2026/27)

Overview of National Waiting Times Standards

From PHS national waiting times publications

National Waiting Times Target/Access Standard *(measurement definition, based on quarterly period unless otherwise stated)*	**Target**	**Quarter end Jun 2025**	**Quarter end Sep 2025**	**Quarter end Dec 2025**	**Quarter end Mar 2026**	**Quarter end Jun 2026***	**Benchmarking**** (of 11 mainland Boards quarter end **Mar 2026**: ranked 1st = best performing)	**Commentary** *Comment from service on NHSG's position*
95% of A&E attendances to wait no longer than 4 hours from arrival to admission, discharge or transfer *(% admitted, discharged or transferred within 4 hours of arrival at an Emergency Department or Minor Injury Unit)*	95%	65.7%	63.2%	60.8%	61.2%	**65.0%**	8th Scotland: 67.8% *(Quarter end Jun 2026)*	Overall A&E performance increased over the first half of 2026. Based on national data to the end of June, Grampian's performance moved from 9th to 8th of the mainland Boards (we remain below the overall Scotland level). *Overall midnight occupancy remains 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, noting that marginal gains have been recorded through work to reduce time to triage and first assessment, expansion of ambulatory clinics in surgery, AMIA, and ED.*
All patients requiring one of the 8 key diagnostic tests will wait no longer than 6 weeks *(% of waits of 6 weeks or less at quarter end)*	100%	47.6%	41.7%	40.3%	61.8%	**74.6%**	11th Scotland: 71.7% *(Quarter end Mar: benchmarking for Q end Jun will be not be available until 25/08)*	Performance decreased during 2025, but has since increased for the first half of 2026 (provisional data to June 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. *The improvement in performance during Q4 is reflective of the Ultrasound Contract commencing and the partial opening of the fourth endoscopy room which has been continued into Q1*

* Provisional local data shown where quarter ending June 2026 national benchmarking data is not yet available; figures shown in subsequent reports may differ due to data updates

** National benchmarking data is for the quarter to March 2026 unless otherwise indicated as national data to quarter end June 2026 is not available at time of report preparation

National Waiting Times Target/Access Standard *(measurement definition, based on quarterly period unless otherwise stated)*	**Target**	**Quarter end Jun 2025**	**Quarter end Sep 2025**	**Quarter end Dec 2025***	**Quarter end Mar 2026**	**Quarter end Jun 2026***	**Benchmarking**** (of 11 mainland Boards quarter end **Mar 2026**: ranked 1st = best performing)	**Commentary** *Comment from service on NHSG's position*
95% of New Outpatients should be seen within 12 weeks of referral *(% of waits where patient was seen at a new appointment within 12 weeks of referral)*	95%	65.1%	66.8%	61.0%	60.6%	**61.5%**	9th Scotland: 64.2% *(Quarter end Jun 2026)*	Performance decreased for the two quarters to March 2026, before increasing in the quarter to June. Based on national data to the end of June, we moved from 6th to 9th of the mainland Boards, and are now below the overall Scotland level. *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 and this continues although the current prediction is for this number to increase during 2026/27*
All TTG patients should be seen within 12 weeks of decision to treat *(% of waits where patient was admitted for treatment within 12 weeks of decision to treat)*	100%	47.9%	50.3%	57.9%	50.8%	**54.1%**	6th Scotland: 56.3% *(Quarter end Jun 2026)*	Following a decrease for the quarter to March 2026, performance improved for the quarter to June. Based on national data to the end of June, we are 6th of the mainland Boards (previously 7th); with performance remaining below the overall Scotland level. *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 and this has continued, although the current prediction is for this number to increase during 2026/27*
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment *(% of waits where patient was treated within 31 days of decision to treat)*	95%	91.6%	90.1%	91.2%	89.0%	**89.9%**	11th Scotland: 95.6% *(Quarter end Mar: benchmarking for Q end Jun will be not be available until 29/09)*	Following a decrease to March 2026, performance improved fractionally for the quarter ending June (provisional). Based on national data to the end of March, we remained 11th of the mainland Boards. We have been below the overall Scotland level since quarter ending June 2023. *Breast, Colorectal and Urology continue to be the highest-volume cancer pathways and account for a significant proportion of patients requiring treatment within the 31-day standard. Sustaining treatment throughput remains dependent on maximising productive opportunities, including targeted treatment lists and use of additional capacity where available. Changes to national cancer waiting times guidance introduced on 1 June 2026 are anticipated to place further pressure on the Urology pathway and may impact future performance.*

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National Waiting Times Target/Access Standard *(measurement definition, based on quarterly period unless otherwise stated)*	**Target**	**Quarter end Jun 2025**	**Quarter end Sep 2025**	**Quarter end Dec 2025**	**Quarter end Mar 2026**	**Quarter end Jun 2026***	**Benchmarking**** (of 11 mainland Boards quarter end **Mar 2026**: ranked 1st = best performing)	**Commentary** *Comment from service on NHSG's position*
95% of patients receive first treatment within 62 days of urgent suspicion of cancer referral *(% of waits where patient was treated within 62 days of urgent suspected cancer referral)*	95%	61.2%	60.8%	62.8%	62.0%	**54.8%**	10th Scotland 72.2% *(Quarter end Mar: benchmarking for Q end Jun will be not be available until 29/09)*	Following an improvement to December 2025, performance decreased through the first half of 2026 (provisional data to June 2026). Based on national data to the end of March, we remained 10th of the mainland Boards. We remain consistently below the overall Scotland level. *Breast and Head & Neck pathways remain the main contributors to current performance pressures, with staffing gaps increasing the time to first outpatient assessment. Recruitment is underway and is being supported through a range of short, medium and long-term measures to improve capacity and support recovery of the 62-day pathway*
90% of children and young people should start treatment within 18 weeks of referral to CAMHS *(% of waits where patient started treatment within 18 weeks of referral)*	90%	98.3%	97.8%	97.5%	96.5%	**97.2%**	7th (meeting target) Scotland: 91.2% *(Quarter end Mar: benchmarking for Q end Jun will be not be available until 01/09)*	Following decreases for the previous three quarters, CAMHS performance increased for the quarter to June 2026 (provisional data). CAMHS has consistently met the target since September 2023. Based on national data to the end of March, we moved from 6th to 7th of the mainland Boards. *CAMHS follows Public Health Scotland (PHS) guidance for defining and recording referral-to-treatment times. All referrals that meet nationally set referral criteria are offered assessment or consultation to determine whether further treatment is required. At first contact, clinicians apply clinical judgement, in line with PHS guidance, to record whether the contact is assessment only or the start of treatment. For the CHOICE and Partnership pathway, which accounts for around 70% of demand, waits for a first CHOICE appointment are generally 10–12 weeks and therefore remain within the 18-week RTT target. However, waits for a second Partnership treatment appointment remain significantly longer than desired, currently around nine months, and improvement work is ongoing. Continued investment across CAMHS pathways is being progressed through recruitment to clinical posts.*

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** National benchmarking data is for the quarter to March 2026 unless otherwise indicated as national data to quarter end June 2026 is not available at time of report preparation

National Waiting Times Target/Access Standard *(measurement definition, based on quarterly period unless otherwise stated)*	**Target**	**Quarter end Jun 2025**	**Quarter end Sep 2025**	**Quarter end Dec 2025**	**Quarter end Mar 2026**	**Quarter end Jun 2026***	**Benchmarking**** (of 11 mainland Boards quarter end **Mar 2026**: ranked 1st = best performing)	**Commentary** *Comment from service on NHSG's position*
90% of people should start their treatment within 18 weeks of referral to psychological therapies *(% of waits where patient started treatment within 18 weeks of referral)*	90%	79.2%	80.5%	80.4%	73.6%	**75.9%**	10th Scotland: 79.4% *(Quarter end Mar: benchmarking for Q end Jun will be not be available until 01/09)*	Performance increased for the quarter to June 2026 (provisional figure). Based on national data to the end of March, we moved from 6th to 10th of the mainland Boards. *Performance against the waiting times standard for psychological therapies has stabilised. We are working to capacity and job plans and continue to consider ways of improving. We have a number of workstreams with that aim which will take some time to progress over the next 2 quarters, thereafter we aim to feedback on further improvement plans.*
90% of patients will commence IVF treatment within 52 weeks *(% 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)*	90%	100%	100%	100%	100%	**100%**	Scotland: 100.0% *(Quarter end Mar: benchmarking for Q end Jun will be not be available until 25/08)*	We continue to consistently achieve the target. *Aberdeen Fertility Centre continues to meet referral to treatment targets under the 52 week advised pathway. In the most recent quarter (April– June 2026) we have been focusing on streamlining our vetting procedures to maximise efficiency, leading to shorter wait time for our patients. One aspect of our streamlining procedure is the recruitment of additional medical staff to ensure our clinical capacity is met.*

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** National benchmarking data is for the quarter to March 2026 unless otherwise indicated as national data to quarter end June 2026 is not available at time of report preparation