NHS Grampian

Meeting:	NHS Grampian Board Meeting
Meeting date:	13 August 2026
Item Number:	8.1
Title:	Integrated Performance Management, Assurance and Reporting Framework (IPARF) and Quarter 1 2026/27 Performance Reporting via How Are We Doing Board Performance (HAWD) Report
Responsible Executive:	Gail Woodcock, Director of Strategy, Transformation and Performance
Report Author:	Preston Gan, Head of Performance

1 Purpose and recommendations

This is presented to the Board for:

- Assurance
- Decision
- Endorsement

Recommendation(s)

The Board is asked to:

- **Endorsement**

Endorse the refreshed performance management, assurance and reporting arrangements, comprising the IPARF, Performance Management and Assurance Model, and redesigned HAWD Board Performance Report. These establish the methodology, reporting approach and assurance arrangements for monitoring delivery of NHS Grampian's Strategic Priorities.

- **Assurance**

Receive assurance from the Quarter 1 2026/27 HAWD Board Performance Report regarding progress against NHS Grampian's Strategic Priorities, including associated actions, Key Performance Indicators, risks, mitigations and areas identified for continued focus and improvement.

- **Decision**

Approve:

- the refreshed Integrated Performance Management, Assurance and Reporting Framework (IPARF);
- NHS Grampian's Performance Management and Assurance Model; and
- the Quarter 1 2026/27 HAWD Board Performance Report.

This report relates to:

- Performance

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

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

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- Deviation from recognised service standards of practice and delivery
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

This paper presents NHS Grampian's refreshed Integrated Performance Management, Assurance and Reporting Framework (IPARF) for approval together with the Quarter 1 2026/27 HAWD Board Performance Report, which represents the first application of the framework.

The IPARF brings together strategic intent, delivery, performance measurement, assurance and governance within a single framework and provides a clear line of sight between NHS Grampian's Strategic Priorities, actions, Key Performance Indicators (KPIs) and governance arrangements. The framework supports informed decision-making, accountability, continuous improvement and Board assurance regarding delivery of the organisation's 2026/27 Priorities for Delivery.

The accompanying HAWD Board Performance Report operationalises this approach in practice by bringing together Strategic Priorities, actions, KPI performance, risks and mitigations within a single reporting product. Together, the framework and report provide the Board with a consistent approach to performance management, assurance and reporting against NHS Grampian's Strategic Priorities.

Quarter 1 presents a mixed but credible opening position for 2026/27. Three Strategic Priorities are assessed as On Track (People, Leadership and Governance; Prevention; and Value and Sustainability), two are assessed as Off Track (Planned Care and Urgent and Unscheduled Care), and Quality and Safety remains In Development pending implementation of KPI reporting later in the year. The report identifies encouraging progress across a number of areas whilst also highlighting significant challenges requiring continued focus, improvement activity and assurance throughout the remainder of 2026/27.

Background

NHS Grampian has operated a Performance Assurance and Reporting Framework since 2023 as a core component of its governance and assurance arrangements. Originally approved by the Performance Assurance, Finance and Infrastructure Committee (PAFIC) and NHS Grampian Board, the framework is reviewed annually to ensure it remains fit for purpose and has been subject to Internal Audit review and Annual Audit reporting arrangements.

The framework supports the Board, Assurance Committees and Executive Team in obtaining assurance that NHS Grampian is delivering its Strategic Priorities, managing performance effectively

and identifying and managing risks appropriately. It provides a consistent organisational approach to performance management, assurance and reporting, supporting informed decision-making, accountability and oversight.

Learning from previous reporting cycles, together with feedback from the Board, PAFIC, Executive Team and Operational Leads, identified opportunities to strengthen the alignment between Strategic Priorities, Actions and Key Performance Indicators (KPIs), and to demonstrate more clearly how delivery activity contributes to measurable improvement and intended outcome and the 2026/27 refresh reflects this continuous improvement approach.

2.2 Assessment

The refreshed framework is underpinned by NHS Grampian's Performance Management and Assurance Model (Figure 1). The model provides a practical methodology for translating Strategic Priorities into actions, measures and assurance, enabling NHS Grampian to assess not only whether activity has been delivered, but whether intended improvement and outcomes are being achieved. Through a continuous cycle of planning, delivery, measurement, review and learning, the model supports a shift from reporting activity alone towards demonstrating measurable improvement and organisational impact.

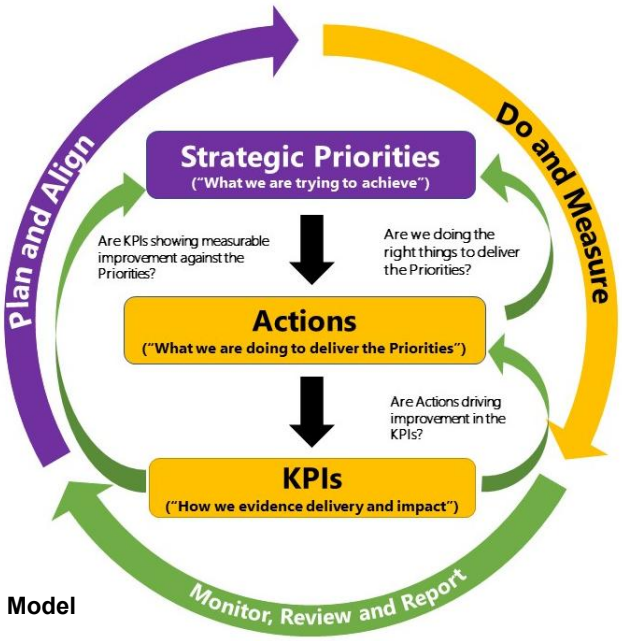


Figure 1: NHS Grampian Performance Management and Assurance Model

The following key features of the refreshed framework:

- **Performance Management and Assurance Model** which provides a structured cycle of *Plan and Align*, *Do and Measure*, and *Monitor, Review and Report*, linking strategic priorities, delivery activity, performance measurement and organisational learning.
- **Three core assurance questions** that guide both performance management and assurance activity:
  - Are we doing the right things?
  - Are actions driving improvement in KPIs?
  - Are KPIs showing measurable improvement?
- **A structured approach to operationalising Strategic Priorities**, with each priority supported by agreed Actions, KPIs, Risks and Mitigations, together with clear ownership, accountability and arrangements for measuring success.
- **Greater consistency in performance measurement and reporting**, supported through KPI Specification Tables, standardised reporting templates and agreed reporting arrangements.
- **A strengthened performance assessment methodology**, requiring consideration of KPI Performance, Direction of Travel, Action Status, Risks and Mitigations when forming an overall assessment of progress and assurance.
- **Defined governance and internal assurance arrangements**, providing structured review, challenge and escalation through Operational Review, Executive Lead Oversight, Executive Team Performance and Risk Review, Assurance Committees and NHS Grampian Board.
- **Clear accountability and responsibilities**, defining the respective roles of the Board, Assurance Committees, Chief Executive, Executive Team, Executive Leads, Operational Leads and Performance Team in supporting delivery, performance management and assurance.

To support implementation, these arrangements have been translated into agreed reporting products, governance processes and standardised reporting templates. The Quarter 1 2026/27 HAWD Board Performance Report forms the principal reporting product through which progress, performance, risks,

mitigations and assurance are reviewed and reported across NHS Grampian's Strategic Priorities. The report has been prepared using the methodology, reporting structure and assurance approach described within the framework.

The report is structured across two tiers. Tier 1 provides an organisational overview of performance through Overall Position, KPI Performance and Direction of Travel. KPI Performance and Direction of Travel should be read together, as it is important to understand not only current performance, but whether performance is improving, remaining unchanged or declining over time. This provides a more meaningful basis for assessing progress and assurance.

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.

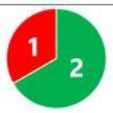
Our Six Priorities	Overall Position (Assessment to be made by Executive Leads)	KPI Performance Summary: Total number of KPIs by Red/Amber/Green	of which	how many are improving or declining compared to Baseline
Quality and Safety	In Development			
People, Leadership and Governance	On Track		16 KPIs	9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

Figure 2: Tier 1 Organisational Performance Summary

Tier 2 Performance Summaries:

People, Leadership and Governance: On Track

Delivery of planned actions is People, Leadership and Governance is assessed as On Track. Most actions are progressing as planned, with positive progress across staff engagement, leadership, wellbeing and governance. KPI performance is mixed but generally improving. Continued assurance is required in relation to maternity pathway performance and neonatal services, where operational pressures and national dependencies remain. Mitigating actions are in place and overall there remains reasonable assurance that delivery is progressing in the intended direction.

Prevention: On Track

All planned actions are progressing as expected, with encouraging progress across prevention programmes, population health, digital transformation and system-wide improvement initiatives. Whilst KPI performance is broadly positive, a number of indicators remain unavailable due to reporting cycles and data lag, with cardiovascular disease prevention and weight management services currently performing below target and requiring continued improvement activity. Key risks relate to workforce capacity, funding constraints, increasing demand and infrastructure limitations. Mitigating actions include partnership working, service redesign, targeted support and workforce resilience measures. Overall, there remains reasonable assurance that delivery is progressing in the intended direction, although further evidence of impact is required as additional KPI data becomes available

throughout 2026/27.

Urgent Care: Off Track
Urgent and Unscheduled Care is assessed as Off Track. Whilst progress is evident in the development of urgent care pathways, specialist assessment, discharge improvement and frailty services, two actions remain Off Track and performance remains below the level required. Early improvements are evident in ambulance handover times, emergency access performance and length of stay; however, delayed discharges and hospital occupancy have deteriorated and remain the principal constraints to patient flow and timely access to care. Key risks relate to workforce capacity, recruitment, commissioned care availability and sustained system pressure. Mitigating actions include expansion of Hospital at Home, Discharge to Assess, frailty services and ongoing service redesign. Overall, continued assurance is required to ensure improvement activity delivers the pace and scale of change required.

Planned Care: Off Track
Planned Care is assessed as Off Track. Progress continues in reducing long waits for outpatient appointments and treatment, improving diagnostic waiting times and delivering agreed recovery trajectories supported by Scottish Government investment. However, this progress is not yet being realised consistently across all aspects of planned care performance. Cancer treatment times remain a significant challenge and, despite continued improvement in long waits, NHS Grampian remains a significant outlier nationally. Key risks relate to workforce capacity, growing backlog pressures, reliance on non-recurring capacity and funding, and the scale of recovery still required. Mitigating actions include delivery of recovery plans, additional elective and diagnostic capacity, mutual aid through NECU, backlog recovery activity and continued implementation of East of Scotland solutions. Overall, continued assurance is required to ensure current improvement activity translates into sustainable improvements in patient waiting times and access to care.

Value and Sustainability: On Track
Value and Sustainability is assessed as On Track. Progress continues in delivering the Financial Plan, savings programme and wider transformation activity, with all actions progressing broadly as planned. Forecast savings and the projected year-end deficit remain aligned with approved targets; however, the Quarter 1 position remains finely balanced and delivery of recurring savings continues to require close oversight. Key risks relate to the scale of savings required, operational and inflationary pressures, and the potential under-delivery of individual schemes. Mitigating actions include strengthened financial governance, regular performance monitoring, executive oversight and the continued development of additional savings and transformation opportunities. Overall, there remains reasonable assurance that delivery is progressing in the intended direction, although sustained organisational and system-wide effort will be required to achieve the planned financial position.

2.3.2 Quality / Patient Care
The HAWD Report supports improvements in patient outcomes by providing a clear assessment of progress across NHS Grampian's Strategic Priorities. It brings together actions, key performance indicators, risks and mitigations to support oversight of performance in areas such as access to care, patient flow, prevention and workforce wellbeing, helping to identify where further improvement and assurance are required.

2.3.3 Workforce
The HAWD Report supports workforce improvement by monitoring progress across NHS Grampian's People, Leadership and Governance priority. It provides oversight of actions and performance measures relating to staff engagement, wellbeing, leadership, organisational culture and workforce sustainability, helping to identify where improvement is being achieved and where further assurance or action is required.

2.3.4 Financial

The HAWD Report supports financial sustainability through the monitoring of progress against NHS Grampian's Financial Plan, savings programme and transformation priorities. It provides assurance on delivery of the planned £40m savings requirement and £36m maximum deficit position, whilst highlighting risks, mitigations and areas requiring continued focus throughout the year.

2.3.5 Risk Assessment / Management

It has been agreed at the Executive Team Performance and Risk Review Meeting on the 28th July 2026, that strategic risks should remain aligned to existing risk categories rather than creating an additional standalone risk, with further refinement of risk descriptions and mitigations to be undertaken. Below (Figure 3) are the aligned strategic risks to the six Priorities.

	Our Six Priorities	Aligned Strategic Risks	Assurance Committees Oversight
Quality & Safety	**Quality and Safety**	3068 – Deviation from recognised service standards of practice and delivery	Clinical Governance Committee
People	**People, Leadership and Governance**	3125 – Deteriorating Workforce Engagement	Staff Governance Committee
Prevention	**Prevention**	3131 – Worsening health in Grampian particularly in those who experience multiple disadvantages	Population Health Committee
Urgent Care	**Urgent Care**	3639 – Significant delays in the delivery of Unscheduled Care	Clinical Governance Committee
Planned Care	**Planned Care**	3065 – Inability to meet population demand for Planned Care	Clinical Governance Committee
Value and Sustainability	**Value and Sustainability**	3130 – Inability to achieve the aspirations set out in the Plan for the Future due to financial resource constraints and inefficiencies	Performance Assurance, Finance and Infrastructure Committee

Figure 3: Aligned Strategic Risks to 2026/27 Priorities

Other strategic risks not included above will continue to be overseen by their respective Assurance Committees.

2.3.6 Equality and Diversity, including health inequalities

The HAWD Report supports NHS Grampian's commitment to equality, diversity and reducing health inequalities by monitoring progress across Strategic Priorities through an equity-focused lens. This includes oversight of prevention, access, workforce and service improvement activity, with a particular focus on identifying variations in outcomes and access for different population groups and supporting targeted action where inequalities are identified.

2.3.7 Other impacts

The IPARF supports a more performance-aware culture across the organisation by improving transparency, strengthening accountability and providing a consistent approach to performance management, assurance and reporting. This helps make assurance processes more meaningful, accessible and focused on improvement at all levels of NHS Grampian.

2.3.8 Communication, involvement, engagement and consultation

- All Exec Leads and nominated direct reports for the Strategic Priorities are jointly involved in the design, development and agreement of Actions and Key Performance Indicators (KPIs) aligned to individual strategic priority.
- Presented to Board Chair, Chair of PAFIC in the review of 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 Actions and KPIs.
- Q1 2026/27 HAWD Report presented at Executive Team Performance and Risk Review Meeting on 28th July 2026.

2.3.9 Route to the Meeting

- Q1 2026/27 HAWD Report presented at Executive Team (ET) Performance Review Meeting on 28th July 2026.

2.4 Recommendation

The Board is asked to:

- **Endorsement**

Endorse the refreshed performance management, assurance and reporting arrangements, comprising the IPARF, Performance Management and Assurance Model, and redesigned HAWD Board Performance Report. These establish the methodology, reporting approach and assurance arrangements for monitoring delivery of NHS Grampian's Strategic Priorities.

- **Assurance**

Receive assurance from the Quarter 1 2026/27 HAWD Board Performance Report regarding progress against NHS Grampian's Strategic Priorities, including associated actions, Key Performance Indicators, risks, mitigations and areas identified for continued focus and improvement.

- **Decision**

Approve:

- the refreshed Integrated Performance Management, Assurance and Reporting Framework (IPARF);
- NHS Grampian's Performance Management and Assurance Model; and
- the Quarter 1 2026/27 HAWD Board Performance Report.

3 Appendix/List of appendices

The following appendix is included with this report:

Appendix 1: Integrated Performance Management, Assurance and Reporting Framework (IPARF)

Appendix 2: Q1 2026/27 HAWD Board Performance Report