Mapping Table (SG National Priorities and NHSG 2026/27 Priorities for Delivery)

National Priority	National Key Focus	National Performance Requirements	Mapping to NHSG 2026/27 Strategic Priority	Mapping to NHSG Agreed 2026/27 Actions	Mapping to NHSG Agreed 2026/27 KPIs	Reporting Mechanism	Performance and Governance Route
Reduce the longest waits for planned care	Eliminate waits over 52 weeks	≤ New Outpatients and TTG patients waiting over 52 weeks	Further improve waiting times for planned care (operations, outpatient appointments, tests and scans) and cancer care	Reduce long waits for outpatient appointments and operations (52 weeks)	≤ New Outpatients and TTG patients waiting over 52 weeks	HAWD Board Performance Report (Quarterly)	Planned Care Programme Board - Executive Team - Board
	Improve cancer waiting times	≥ 95% for 31 day standard	**Not mapped**			HAWD Board Performance Report (Quarterly), Planned Care Operational Performance Report	Planned Care Programme Board – Executive Team - Board
		Achieve 80% performance against 62 day standard	Further improve waiting times for planned care (operations, outpatient appointments, tests and scans) and cancer care	Speed up cancer diagnosis and treatment so people begin treatment within 62 days.	% of patients will be compliant with the 62 day cancer standard as of end of March 2027.	HAWD Board Performance Report (Quarterly)	Planned Care Programme Board - Executive Team - Board
Increase productivity across elective and diagnostic services	Improve utilisation of workforce, theatre, diagnostic and treatment capacity	Not specified	Further improve waiting times for planned care (operations, outpatient appointments, tests and scans) and cancer care	Improve access to key diagnostic tests by reducing waits over six weeks for endoscopy and radiology.	≤ Endoscopy and Radiology patients (4 key diagnostic tests) waiting over 6 weeks	HAWD Board Performance Report (Quarterly)	Planned Care Programme Board - Executive Team - Board
Improve flow and performance in unscheduled care	Improve whole system flow through urgent and unscheduled care pathways	Ambulance Turnaround Times (max 45mins) 4 hr ED standard	We will improve the timeliness of and access to urgent and emergency care for our patients.	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.	- Reduction in NHSG median ambulance handover times to 42 minutes - Improvement in NHSG 4-hour emergency access performance (ARI, DGH, RACH) to 70%	HAWD Board Performance Report (Quarterly)	Unscheduled Care Delivery Board – Executive Team - Board
		Delayed Discharged ≤ 85% hospital occupancy levels		Achieve safe, clinically appropriate, timely discharges from acute hospitals through a streamlined discharge process, better coordination with community hospitals and community rehabilitation and enablement	- Reduce the number of delayed discharges in acute hospitals to 5 per Health and Social Care Partnership - Average acute hospital occupancy (2pm weekday), 98%		
		Average Length of Stay		Reduce hospital occupancy by rebalancing our existing bed base to closer reflect specialty demand, focusing initially on frailty and general medicine.	- Reduce acute hospital Length of Stay by 0.5 days		

		Develop and Embed Mental Health Distress Blueprint for support and services	**Not Mapped**			USC Operational Performance Report	Unscheduled Care Delivery Board – Executive Team - Board
National Priority	**National Key Focus**	**National Performance Requirements**	**Mapping to NHSG 2026/27 Strategic Priority**	**Mapping to NHSG Agreed 2026/27 Actions**	**Mapping to NHSG Agreed 2026/27 KPIs**	**Reporting Mechanism**	**Performance and Governance Route**
Expand Hospital at Home as a mainstream model of care.	Expand Hospital at Home provision and maximise alternatives to hospital admission.	Patients treated on a Hospital@Home Pathway Progress towards the 2000 Hospital@Home beds ambition Overall improvement in urgent and emergency care performance	We will improve the timeliness of and access to urgent and emergency care for our patients.	USC agreed actions as above	USC agreed KPIs as above	HAWD Board Performance Report (Quarterly)	Unscheduled Care Delivery Board – Executive Team - Board
Support safe and high-quality maternity and neonatal services	Implement Healthcare Improvement Scotland maternity inspection actions Implement the Miscarriage Framework priorities Deliver the networked neonatal intensive care model	Not explicitly specified within the priority narrative	Improve staff experience and wellbeing so colleagues feel valued, supported and able to deliver high-quality care.	a) More timely triage assessment in maternity services b) Improve delays in induction of labour at Stage 1 and Stage 2 c) Fewer planned caesarean section delays d) Supporting implementation of the new networked neonatal care model	a) Increase the % of women receiving initial face to face assessment within 15mins of admission b) Fewer women are delayed in being called into start Stage 1 and/or transferred to labour ward for Stage 2 of the induction process c) Reduce no. of additional elective caesarean lists that were required to maintain planned activity and reduce delays d) % days NNU unit closed to admitting some or all of NOS babies	HAWD Board Performance Report (Quarterly)	Maternity Programme Board – Executive Team - Board
Improve mental health, neurodevelopment and learning disability services.	• Deliver the CAMHS standard	90% of CAMHS patients seen within 18 weeks.	**Not Mapped**			HAWD Board Performance Report, Workforce Finance Access Performance Report	MHLD Board - Executive Team - Board, Psychological Practice Improvement and Governance Board
	• Improve access to neurodevelopmental supports and assessments	Not explicitly specified within the priority narrative	Improve staff experience and wellbeing so colleagues feel valued, supported and able to deliver high-quality care.	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	To be reported in Quarter 2	HAWD Board Performance Report (Quarterly)	MHLD Board – Executive Team - Board

	Eliminate long waits for Psychological Therapies	Eliminate waits over 52 weeks for Psychological Therapies.	**Not Mapped**			Workforce Finance Access Performance Report	MHLD Board, Psychological Practice Improvement and Governance Board
	Reduce delayed discharge for Mental Health, Learning Disability and Adults with Incapacity cohorts	Reduce delayed discharge for Mental Health, Learning Disability and Adults with Incapacity cohorts.	**Not Mapped**			Workforce Finance Access Performance Report	MHLD Board
National Priority	**National Key Focus**	**National Performance Requirements**	**Mapping to NHSG 2026/27 Strategic Priority**	**Mapping to NHSG Agreed 2026/27 Actions**	**Mapping to NHSG Agreed 2026/27 KPIs**	**Reporting Mechanism**	**Performance and Governance Route**
Accelerate digital access and modernisation.	Roll out MyCare.scot.	No specific national performance targets or standards were identified. The priority is primarily programme delivery and implementation focused.	To reduce health inequalities, prevent or mitigate the health conditions which cause the greatest burden of disease, and reduce the future burden of demand for hospital care.	Support WPA (whole population availability) go-live of Digital Front Door/MyCare from April 2026 and roll-out of additional functionality throughout the year	a) All required Whole Population Availability readiness checks completed and confirmed ahead of go-live. b) Number of clinical-record-related queries captured via the agreed route per quarter, with top themes and actions taken. c) Number of planned functionality releases delivered/adopted in the quarter (and year-to-date) against the agreed roadmap	HAWD Board Performance Report (Quarterly)	Population Health Programme Board – Executive Team - Board Digital Programme Board – Asset Management Group
	- Deliver the Digital Prescribing and Dispensing Pathways Programme. - Prepare for major national digital infrastructure changes. - Accelerate digital transformation across hospital, community and primary care services.		**Not Mapped**			**TBA**	**TBA**
National Priority	**National Key Focus**	**National Performance Requirements**	**Mapping to NHSG 2026/27 Strategic Priority**	**Mapping to NHSG Agreed 2026/27 Actions**	**Mapping to NHSG Agreed 2026/27 KPIs**	**Reporting Mechanism**	**Performance and Governance Route**
Become a population health organisation.	Complete a Population Health Organisation maturity matrix assessment	No specific national performance targets or standards were identified. The priority is	To reduce health inequities, prevent or mitigate the health conditions which cause the greatest burden of	Enable NHS Grampian to become a Population Health Organisation (PHO)	Annual improvement in PHO maturity score (overall and key domains)	HAWD Board Performance Report (Quarterly)	Population Health Programme Board – Executive Team - Board

	and develop an action plan. Deliver Population Health Framework priorities, including obesity prevention, vaccination, screening, alcohol and drug harms, and anti-racism. Use the learning to inform future local, regional and national reform activity.	primarily programme delivery, maturity assessment and implementation focused.	disease, and reduce the future burden of demand for hospital care	Deliver a programme of behavioural and lifestyle prevention pathways, early detection and intervention pathways, national population screening and vaccination programmes **Alcohol and drug harms, anti-racism not mapped**	Increase access to weight management services by 10% Achieve Vaccination uptake levels in line with national KPIs Increase uptake of the six national screening programmes		

First Minister 100 days commitments	Ask of NHS Boards	Mapped status to NHS Grampian 2026/27 Priority/Actions/KPIs	Reporting Mechanism
GP walk-in centres	Respond to SG call with full delivery plans including timelines, workforce, estate dependencies, costs and risks, and provide ongoing assurance updates.	**Not Mapped**	**Not Mapped**
Reduce waiting times (50,000)	Deliver agreed activity and procedures within funding envelope, maintain throughput and report regularly on performance and risks.		
National hospital flow plan	Engage fully in co-production, providing data, constraints and operational insight to shape a deliverable national plan.		
Heart & lung health MOTs	Support delivery through primary care and ensure capacity for follow-on diagnostics and treatment pathways.		
Community audiology plan	Participate in needs assessment and co-design, providing service insight and supporting implementation planning.		
Maternity review	Enable engagement with staff and patients and provide local insight to support the review process.		
IVF review	Provide modelling, data and service insight including capacity considerations.		HAWD Board Performance Report (Quarterly)
Midwifery apprenticeship	Nominate representatives and provide input on feasibility and workforce planning, particularly for rural services.		**Not Mapped**