

<b>Meeting:</b>	<b>NHS Grampian Open Board Meeting</b>
<b>Meeting date:</b>	<b>19 February 2026</b>
<b>Item Number:</b>	<b>8.1</b>
<b>Title:</b>	<b>Quarter 3 Board Performance Reporting 2025/26 via How Are We Doing Board Performance (HAWD) Report</b>
<b>Responsible Executive:</b>	<b>Alex Stephen, Director of Finance</b>
<b>Report Author:</b>	<b>Preston Gan, Head of Performance</b>

## 1 Purpose and recommendations

### This is presented to the Board for:

- Assurance
- Decision
- Endorsement

### Recommendation(s)

#### The Board is asked to:

- **Endorsement**

Note the Quarter 3 organisational performance position, recognising strong delivery within Value & Sustainability, mixed but progressing performance within Planned Care, and demonstrated improvement within Unscheduled Care, alongside the operational pressures that continue to shape system performance.

- **Assurance**

Note the key areas requiring continued focus in the Q3 HAWD Report to improve Key Performance Indicators (KPI):

- **Planned Care:** Treatment Time Guarantee (TTG), Cancer treatment within 62 days, Endoscopy and Radiology waits over 6 weeks.
- **Unscheduled Care:** Frailty admissions, reduction in acute hospital occupancy, no readmission within 28 days, reduction in delayed discharges, Emergency Department (ED) patients seen within 4 hours.
- **Value & Sustainability:** continue delivery of cash-releasing, recurring savings
- **Cross-cutting:** need to accelerate completion of all Outputs (where possible) in Q4 to meet targets; and refined Tier 1 and 2 reporting strengthening action-to-impact tracking

- **Decision**

Approve the Quarter 3 How Are We Doing (HAWD) Board Performance Report, and the continued utilisation of the Performance Model within the Performance Assurance Framework to ensure activity translates into measurable improvements across the Three Change Programmes.

**This report relates to:**

- Q3 Performance Reporting 2025/26 via the How Are We Doing Board Performance Report

**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
- Inability to affectively maintain and invest in NHS Grampian's infrastructure
- 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
- Inability to reduce demand through citizen engagement
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

## **2 Report summary**

### **2.1 Situation**

Quarter 3 presents a mixed organisational performance picture, with continued delivery activity across the Three Change Programmes — Value & Sustainability, Planned Care and Unscheduled Care — but variable progress in translating that activity into measurable improvement. Operational pressures, including winter demand, capacity constraints and pathway delays, have continued to influence system flow and the pace of KPI movement.

Value & Sustainability continues to perform strongly, with delivery exceeding target (£38.06m vs £37.01m) and recurrent savings remaining above the 3% requirement, supporting a positive outlook for achieving the in-year Outcome. Unscheduled Care shows partial recovery, with improvements in discharges, Hospital at Home support, Flow Navigation Centre (FNC), ambulatory care and SAS turnaround times reflected in five KPIs meeting target, although performance remains off-trajectory in several areas (e.g. waits in ED and ambulance turnaround times, readmission within 28 days) requiring sustained focus into Quarter 4. Planned Care experienced a general decline compared to Quarter 2, with Outpatients meeting

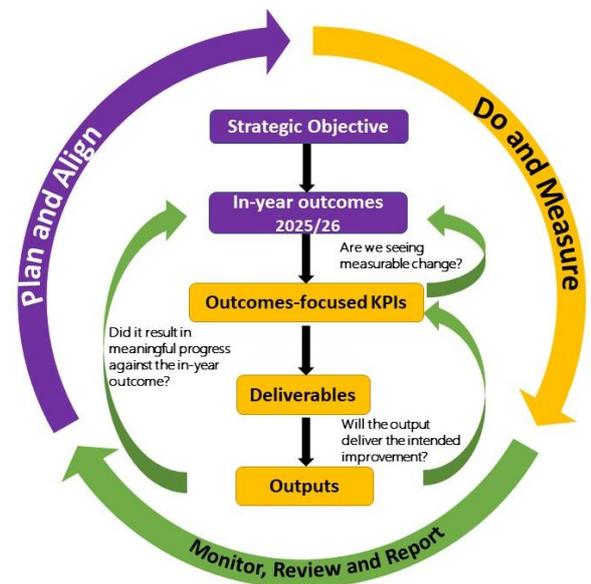
trajectory but TTG, Cancer 62 days, Endoscopy and Radiology remaining below Q3 targets while capacity improvements continue to embed. This was also compounded by the shutdown of the Central Decontamination Unit in October 2025, although mutual aid, independent sector support and the new mobile MRI at Dr Gray's have begun to support recovery.

Overall, Quarter 3 reflects a system that is actively delivering, with Deliverables largely progressing as planned, but where slow translation of Outputs into KPI improvement continues to constrain the pace of measurable change. Moderate assurance can be taken from activity underway, but focused acceleration is required in Quarter 4 to support full delivery of the 2025/26 Outcomes.

In response to feedback from the Board and Chief Executive at Quarter 2, the presentation of Tier-1 and Tier-2 information has been refined to provide greater simplicity and precision, improving the clarity with which Board members can interpret Quarter 3 performance and the evidence underpinning assurance.

## 2.2 Background

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



The framework brings together assurance across two core elements:

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

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

## 2.3 Assessment

### 2.3.1 Are we progressing toward the outcomes?

The Quarter 3 cycle again demonstrates the value of the Performance Model, which provides evidence for an assessment of how actions influence performance and if there are additional or replacement actions required to achieve the performance needed.

The Tier1 summary shows that measurable performance improvement is still uneven despite a considerable amount of activity for each Deliverable.

The KPIs show a blend of improvement and deterioration across 20 measures. Despite a lot of focussed activity some intended Outputs are not being achieved, which constrains how actions translate into KPI change. As of Quarter 3, only 37% of Outputs have been completed. The Spotlights and the Outputs sections provide context and explanations for delays in achieving the planned Outputs.

Applying this lens, **Value & Sustainability** offers high assurance. There is consistent evidence that

- completed Outputs are achieving the intended KPI shifts;
- a) delivery is ahead of trajectory; and
- recurrent savings are being delivered above the required 3% threshold.

The relationship between actions and measurable change in the Value & Sustainability Programme is clear and sustained, giving a high level of confidence that the in-year Outcome will be achieved.

For both **Planned Care** and **Unscheduled Care**, the Tier 1 and Tier 2 evidence presents a more complex picture.

Some KPIs are improving due to the impact of Output completion e.g., Outpatient waits, 31 day cancer waits, improvements in Flow Navigation Centre, ambulatory care, number of patients supported by Hospital at Home services, reduction in delayed discharges. However, these improvements are showing only a small change in KPI performance.

In several areas Outputs are being delivered without corresponding KPI improvement e.g. Endoscopy and Radiology diagnostics, ED access. The KPIs for these Outputs are indicators of whole-system performance and influenced by a variety of factors, as explained in the associated Spotlights and Outputs sections.

This mixed picture suggests there is an opportunity to consider whether the current actions are sufficient to drive performance improvement at the pace required, or if different prioritisation of activity or additional levers could accelerate improvement.

### 2.3.2 Assurance level

The Executive assessment of assurance level for Q3 is **moderate assurance**;

- High assurance in Value & Sustainability
- Moderate assurance across Planned Care and Unscheduled Care, with (i) the inter-dependencies for outputs for both programmes and (ii) external factors both contributing to the risk of underperformance against agreed targets

The Q3 data leads to the conclusion that achievement of the 2025/26 performance targets by the end of Q4 will require even more focus on high-impact activities in Q4, as far as resource and capacity constraints allow.

### **2.3.3 Voice of our Citizens**

The Voice Of Our Citizens feature alternates between complaints and Care Opinion, as two of the feedback routes available to our citizens. This section recognises the valuable contribution that feedback provides to our organisation.

For this report, we focus on stories published to Care Opinion in the second half of 2025. There is ongoing work to raise awareness of Care Opinion as a feedback route, and we continue to see an increase in the number of stories submitted. This report highlights three stories where changes have been planned in response to feedback, as well as key themes from stories to provide focus for improvement.

### **2.3.4 Quality / Patient Care**

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

### **2.3.5 Workforce**

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

### **2.3.6 Financial**

Q3 HAWD Report supports financial recovery and sustainability by aligning deliverables and outcomes to the OIP and Value & Sustainability (V&S) programme. This enables clearer monitoring of progress and impact across both financial and non-financial priorities.

### **2.3.7 Risk Assessment / Management**

Delivery of the outcomes in the Three Change Programmes will provide evidence when considering if the rating of following strategic risks should be reduced, because each programme is a significant control mechanism for these risks;

- 3065 Inability to meet population demand for Planned Care (Planned Care Programme)
- 3639 Significant delays in the delivery of Unscheduled Care (Unscheduled Care Programme)
- 3130 Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies. (Value & Sustainability)

Delivery of the Change Programmes continues to be affected by cross-cutting risks which impact the whole system. These include:

- Capacity and workforce pressures, particularly within specialist services and Primary Care.
- Dependence on national programmes, policy decisions, or national funding which affect the timing of several Deliverables.
- Digital and information-governance requirements, which must be met before new pathways and tools can be implemented.

- Supplier, technical or infrastructure dependencies, particularly for digital programmes and national technology roll-outs.

Discussion of performance against the agreed targets in the Change Programmes at Chief Executive Team performance review meetings included consideration of the controls for the associated strategic risk. We will continue to refine performance reporting to PAFIC and the Board so performance and strategic risk reporting are more aligned.

### **2.3.8 Equality and Diversity, including health inequalities**

Targeted performance spotlights in the Q3 HAWD Report shows visibility in mitigating health inequalities considerations and promote person-centred care. It also prompts reflection on how principles such as “Putting People First” and equity considerations will support progress toward outcomes.

### **2.3.9 Other impacts**

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

### **2.3.10 Communication, involvement, engagement and consultation**

All Programme Leads, System Leaders, Exec Leads for the Change Programmes are jointly involved in the design, development and agreement of Outcomes, KPIs, Deliverables and Outputs of the Three Change Programmes and the OIP.

Executive Leads, Chairs/Vice Chairs and Committee Members of the Board and Assurance Committees were involved in the consultation, review and agreement on the NHS Grampian Integrated Performance Assurance and Reporting Framework and Performance Model, and How Are We Doing Board Performance Report.

Involvement of System Leaders, Executive Leads, Chief Officers on providing updates to the Three Change Programmes and the OIP.

Q3 HAWD Report presented at Chief Executive Team (CET) Performance Review Meeting on 27<sup>th</sup> January 2026.

### **2.3.11 Route to the Meeting**

Q3 HAWD Report presented at Chief Executive Team (CET) Performance Review Meeting on 27<sup>th</sup> January 2026.

## **2.4 Recommendations**

### **The Board is asked to:**

#### **Endorsement**

Note the Quarter 3 organisational performance position, recognising strong delivery within Value & Sustainability, mixed but progressing performance within Planned Care, and demonstrated improvement within Unscheduled Care, alongside the operational pressures that continue to shape system performance.

## **Assurance**

Note the key areas requiring continued focus in the Q3 HAWD Report to improve Key Performance Indicators (KPI):

- **Planned Care:** Treatment Time Guarantee (TTG), Cancer treatment within 62 days, Endoscopy and Radiology waits over 6 weeks.
- **Unscheduled Care:** Frailty admissions, reduction in acute hospital occupancy, no readmission within 28 days, reduction in delayed discharges, Emergency Department (ED) patients seen within 4 hours.
- **Value & Sustainability:** continue delivery of cash-releasing, recurring savings
- **Cross-cutting:** need to accelerate completion of all Outputs (where possible) in Q4 to meet targets; and refined Tier 1 and 2 reporting strengthening action-to-impact tracking

## **Decision**

Approve the Quarter 3 How Are We Doing (HAWD) Board Performance Report, and the continued utilisation of the Performance Model within the Performance Assurance Framework to ensure activity translates into measurable improvements across the Three Change Programmes.

## **3 Appendix/List of appendices**

The following appendix is included with this report:

Appendix 1: Q3 2025/26 HAWD Board Performance Report