Appendix 1

Board Meeting
19.02.26
Open Session
Item 8.2.1

Operational Improvement Plan

Performance Reporting for Financial Year 2025/26

February 2026

Contents

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Organisational Performance Summary Quarter 3 (Oct 2025 to Dec 2025)

REPORT KEY

Performance status reporting of 2025/26 Deliverables Critical Areas:

Prognosis of delivering 2025/26 Deliverables by 31st March 2026

- Completed
- Will be Complete
- Not on target - Anticipated Minor Delay
- Not on target - Anticipated Significant Delay

Tier 1: Operational Improvement Plan

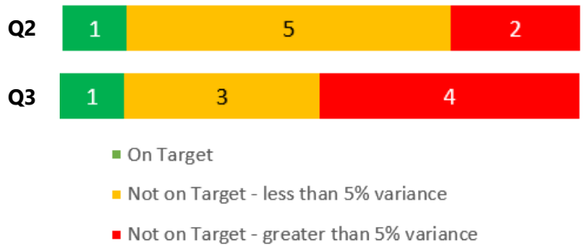
The **Operational Improvement Plan (OIP) Critical Areas** reflect the Scottish Government's national priorities for improving access, efficiency, and sustainability across the health and care system. It sets out 4 Critical Areas (Improving Access to Treatment, Shifting the Balance of Care, Improving Access to Care through Digital and Technological Innovation, and Prevention) encompassing 20 Focus Areas that are being actioned by NHS Grampian, with 29 associated actions.

Critical Area: Improving Access to Treatment

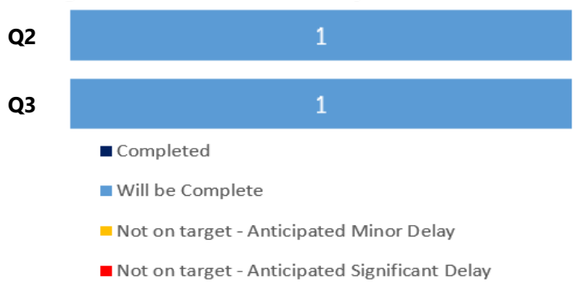
9 performance indicators and deliverables across 4 Focus Areas:

- Increasing Capacity
- Diagnostics – reducing the backlog
- Expand the Rapid Cancer Diagnostic Services
- Clear Child and Adolescent Mental Health Services Backlogs

OIP TOPICS
(Performance Indicators* incl. Psychological Therapies and CAMHS)



OIP TOPICS
(Prognosis of Deliverables by 31st March 2026)

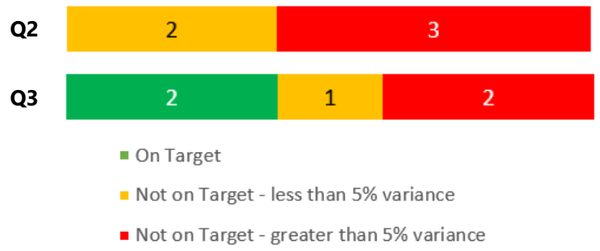


Critical Area: Shifting the balance of care

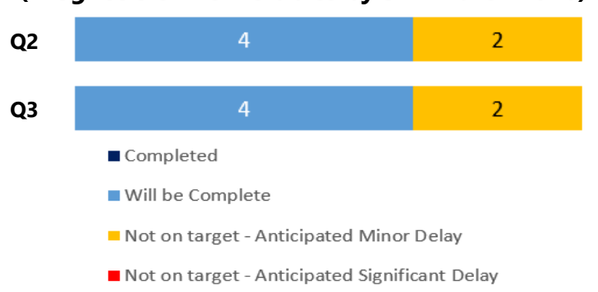
11 performance indicators and deliverables across 8 Focus Areas:

- Reducing the pressure in our hospitals
- Hospital at Home
- Specialist Frailty Services
- Frailty at the front door of the Emergency Department
- Access to GPs and other primary and community care clinicians
- Pharmacy First Service
- Dentistry
- Primary care optometry

OIP TOPICS
(Performance Indicators*)



OIP TOPICS
(Prognosis of Deliverables by 31st March 2026)

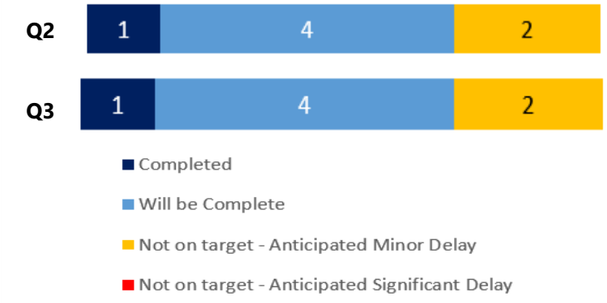


Critical Area: Improving access to health and social care services through digital and technological innovation

7 performance indicators and deliverables across 6 Focus Areas:

- Digital access for your health and social care
- Digital Dermatology Pathway
- National digital type 2 diabetes remission programme
- Genetic testing for recent stroke patients
- Genetic testing for new-born babies with bacterial infections
- An operating theatre scheduling tool

OIP TOPICS
(Prognosis of Deliverables by 31st March 2026)

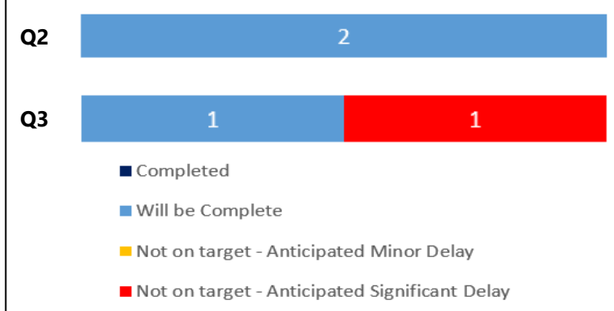


Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs

2 performance indicators and deliverables across 2 Focus Areas:

- Cardiovascular disease (CVD)
- Frailty prevention

OIP TOPICS
(Prognosis of Deliverables by 31st March 2026)



***Performance Indicators (excl. Psychological Therapies and CAMHS) can be found in the Three Change Programmes sections of the Q3 How Are We Doing (HAWD) Report**

Critical Area: Improving access to treatment

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Expand the Rapid Cancer Diagnostic Services	**Rapid Cancer Diagnostic Services- (RCDS)**	**Will be Complete**	**1. Current Position** Direct Access to Computed Tomography (CT) has been established in NHS Grampian for several years. NHSG is now implementing a new pathway designed to enhance diagnostic access for patients with an Urgent Suspicion of Cancer (USC) who present with non-specific symptoms. This includes enabling GPs to make direct referrals for CT imaging. A Single Point of Contact Navigator, in partnership with an Advanced Clinical Nurse Specialist, will oversee USC referrals to ensure a consistent, patient centred process and equitable access to diagnostics. The pathway will be monitored against the 62 day Cancer Waiting Times standard, with Cancer Trackers overseeing case progression and highlighting any risk of delay. Overall, the pathway is intended to accelerate diagnostic timelines, support focused reporting for MDT discussions, and facilitate timely treatment where cancer is identified. The current position remains on track. The DIRECT (Diagnostic Rapid Entry to CT) pathway launched on 16 December 2025. **2. Actions in Q3 and Impact So Far** The revised DIRECT referral pathway and associated Standard Operating Procedures have been finalised in collaboration with primary care cancer leads and the NHSG Cancer Nurse Consultant. These documents have been endorsed by the GP Sub-Committee. The DIRECT pathway became operational on 16 December 2025. Data collection is ongoing; it is currently too early to demonstrate measurable impact. Full analysis is scheduled for March 2026. Real-time process measures, to be reviewed after three months, will monitor referral volumes, patient demographics, presenting symptoms, conversion rates (cancer, pre-cancer, non-cancer), and the interval from referral to CT result. The model aligns with the cancer management framework, incorporating patient voice, optimal referral criteria, diagnostic efficiency, dynamic tracking, escalation, MDT effectiveness, and timely treatment. A key aim is to determine a robust referral-to-diagnosis conversion rate to support development of a future Rapid Cancer Diagnostic Service. Current Scottish data shows conversion rates of 7.2–15%. **3. Next Steps** Data collection will continue, with an interim three-month report to be produced by 31 March 2026 to support iterative improvement of the pathway. **4. External Support Considerations** Ongoing engagement with Centre for Sustainable Delivery (CfSD) and use of the published RCDS toolkit. Data analysis will be shared with CfSD, who will provide support and guidance for future pathway development in alignment with the RCDS model.	**Risk:** Lack of referrals from primary care **Mitigation:** Education sessions with primary care have been ongoing through regular communications and webinar sessions A minor IT coding issue with referrals was identified and now resolved	*Paul Bachoo, Acute Medical Director*	Rapid Cancer Diagnostic Services | The national Centre for S

Critical Area: Improving access to treatment

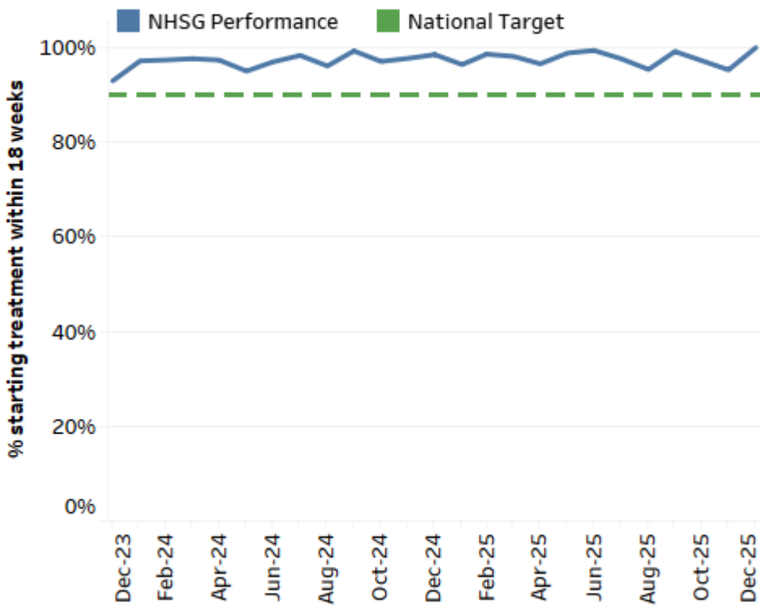
Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Clear Child and Adolescent Mental Health Services Backlogs	**90% of children and young people should start treatment within 18 weeks of referral to CAMHS**	**Anticipated Minor Delay**	**1. Current Position** • End of March 2026 prognosis remains unchanged • We continue to anticipate a minor delay due to delays in recruiting to posts funded by Enhanced Mental Health Outcomes Framework (further to loss of previous posts due to previous uncertainty regarding funding). As reported last quarter, we aim for these post-holders to begin taking a full patient caseload by April 2026. • Decreased capacity as a result of reduced working week for AFC staff. **2. Actions in Q3 and Impact So Far** • Continue collaborative working with Health Intelligence. This enables us to identify patients who are going to breach in real time and investigate. • Continue Demand, Capacity, Activity, Queue (DCAQ) modelling and active monitoring / management across all clinical pathways, this is an ongoing tasks which requires to be continuously updated. This allows us to prepare more accurate job plans and moving of capacity where demand or queues are increasing. • Service workforce planning. 5 year plan completed, additional staff in specific posts and succession planning to retain staff is planned. • Recruit to all posts identified as essential by March 2026 underway. • Utilise data to underpin job planning and cross service capacity utilisation. This work is live and will continue to be ongoing in line with DCAQ as above, ensuring capacity is continuously being reviewed and shifted in line with demand. • Recruitment to psychological therapy workforce to help fill up gap for reduced working week for AFC staff group to support MHLDS incl. CAMHS. This is currently awaiting organisational approval. • No measurable improvement has been recorded this quarter from these actions • Improvements aligned with achieving increased WTE clinical capacity and reduced unplanned absences – estimated by 31st October 2026. New trajectory modelling tools should allow us to identify by end of March 2026 the details of improvements. • Anticipated improvements will lead to fewer complaints related to external internal waits and better flow of patient in and out of service, ensuring that patients are content in their journey through the service, and not having to be reassigned clinicians. Waits for specific areas of the service result in more work needed from clinicians holding them, meaning they can't take as many new patients on therefore it impacts flow. **3. Next Steps** • Complete internal process mapping to identify key points of impact on flow and consider ways to increase effectiveness, efficiency and patient experience by end of March 2026. • Clinical pathways process map to find and be solution focused for 'bottlenecks' to flow as a key element of 2025 – 2026 service plan. Estimated completion end December 2025. • Potential issues to be identified and resolved – Too many clinical appointments, opportunities after non-attendance, transition planning to improve. **4. External Support Considerations** Monthly Scottish Government and Public Health Scotland reporting required. NHS Grampian continues to receive enhanced support for provision of psychological therapies with monthly tailored support meetings with SG including CAMHS involvement. Regional CAMHs development is likely to improve care in community for the most unwell patient group improving access and support. If Regional CAMHS development is not supported after March 2026 by SG it is likely to further hinder flow following decrease capacity for high need high intensity high risk patient group Performance Graph on Pg. 6	**Risks:** Increased demand and clinical acuity/complexity. Unplanned absences have given a large unallocated case load (circa 250) which have had to be prioritised based on risk, impacting on number of patients waiting. No updates on Neurodevelopmental (ND) pilot have encouraged a release of pilot dates so that outcomes can be anticipated. Long-term aims of this pilot are to prevent duplication and long waiting times across CAMHS and CCH. **Mitigations:** Short term locum use to manage demand (on track to discontinue end March 2026) Local Clinicians involved with regional / national / SG ND pathway work to influence continuous improvement locally. Job plans have been adjusted to reflect the Reduced Working Week (RWW) and reduction in capacity to ensure forward planning. Trajectory modelling in process, requirement to clear internal waits, which is underway; by end of March 2026 we should have completed new trajectory modelling tools to identify timelines.	*Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP*	

Critical Area: Improving access to treatment

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Psychological Therapies	**90% of people should start their treatment within 18 weeks of referral to psychological therapies**	**Anticipated Minor Delay**	**1. Current Position** • End of March 2026 prognosis remains unchanged **2. Actions in Q3 and Impact So Far** • We continue to work with SG enhanced support piloting new trajectory modelling. (This has clarified that we are working to capacity in high volume services) – complete • In addition we aim to pilot clinic co-ordination to reduce Did Not Attends (DNAs)/maximise numbers of new patients seen. Clinic coordination will be piloted in January 2026. (on going) – Q2 action continued into Q3; Scheduled for completion April 2026 • Further work will identify potential new ways of cross system working to maximise current resource. (on going-no specific completion date as dependent on support towards alignment of Psychology budgets/operational lines-(see section 4 for further details) • We also expect Enhanced Mental Health Outcomes Framework (EMHOF) funding to allow some further recruitment which will assist capacity and thus reduction in wait times. (Complete and some funding released to recruitment). • National work with newly formed NHS24 Psychology service may allow some opportunities to gain capacity at national level via digital therapies. These plans are progressing with NHS 24. (On going) –no clear timeline for completion at present • Senior team workshop on 1/12/25. (Complete-improvement plan/report complete) – Report distributed to staff team for further consultation/engagement-Follow up senior team workshops scheduled for June 2026 • We will update a paper previously sent to Chief Officers by February 2026 and requesting support for a more flexible, agile adult PT service across the system to support more efficient PT delivery service across MH&LD and Acute sectors which should reduce overall waiting times if supported. (on going) • The above and further improvement work detailed in next section will constitute programme of work for 2026). This work that has begun will be carried forward into Q4 and beyond for the remainder of 2026. • (Performance is being maintained at overall 80% of patients being seen within 18 week RTT standard which demonstrates improvement given resource reduction) • All actions are aimed at improving efficiency and increasing timely access to Psychology/PTs - improvements will be marginal within current resource) **3. Next Steps** • see list of mitigations in next section-we aim to complete by end of 2026 • Maintenance of performance can be expected within current resource/capacity up until end of March 2026 **4. External Support Considerations** • We continue to engage with SG at regular enhanced support meetings. We have also engaged with IJB CO's to suggest structural changes (i.e. alignment of Psychology/PT budgets and operational line management) which would assist in further service improvement –we await feedback from IJB's and Acute so no specific timescales available at present • The devolved nature of Psychology budgets and operational management to IJB's has hindered progress as it means we are unable to make timely decisions to respond to waits across the system through sharing resource from elsewhere, which leads to inequity of access Performance Graph on Pg. 6	**Risks:** • Insufficient capacity to manage demand in high volume referral services i.e. AMH/CAMHS **Mitigations:** • Cross system modelling • Consideration of alternative models of working in secondary care • MDT training and implementation of psychological therapies • Reduced working week bid/peripatetic post development • Permanent recruitment of data cleansing/PT clinic co-ordinator role • Trial of Clinic co-ordination • Elimination of internal referrals • Piloting of capacity, activity and trajectory planning tool • National digital group offer • Digitally supported appointments/reminders • Cross system waiting list clinics • Improved 3rd sector working • Performance is being maintained and we are working to capacity given current resource	*June Brown, Executive Nurse Director*	

Performance against CAMHS target:

Proportion of children and young people starting their treatment within 18 weeks of referral



National target: 90%

NHSG Target: 90% by 31/03/2026

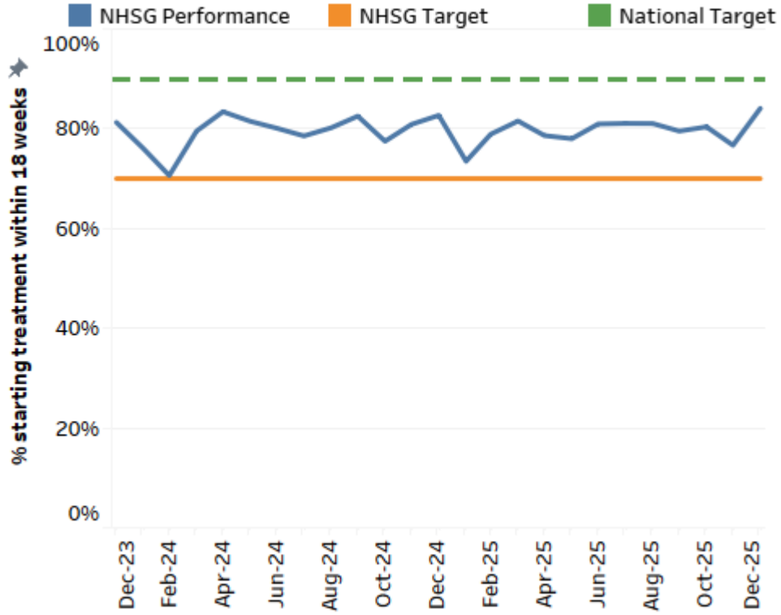
Our target is for 90% of children and young people to start treatment within 18 weeks of referral. Positive performance is where the target is met or exceeded.

With the exception of one quarter, we have consistently achieved this target since the quarter ending December 2020.

For December 2025*, performance of 100% was above the 90% target (NHSG and national)

Performance against psychological therapies target:

Proportion of people starting their treatment within 18 weeks of referral



National target: 90%

NHSG Target: 70% by 31/03/2026

Our target is for 70% of patients to start treatment within 18 weeks of referral. Positive performance is where the target is met or exceeded.

We have consistently achieved this target since the quarter ending September 2023.

For December 2025*, performance of 84.1% was above the NHSG target of 70%, but below the national target of 90%

*Note that data for December 2025 is provisional local data and may be subject to change prior to final publication and in subsequent reports

Critical Area: Shifting the Balance of Care

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Reducing the pressure in our hospitals	**Embed Getting It Right For Everyone (GIRFE) principles, practice model and toolkit to provide a multi-agency and person-led approach to care planning (including aligning this with existing relevant tools and resources from connected approaches including PPF and Realistic Medicine)**	**Will be Complete**	**1. Current Position** We are on target to deliver the actions we set out in initial plan. However, in terms of the overall achievement aim it will require a long term commitment to work whole system and fully align and embed GIRFE principles in our system. **2. Actions in Q3 and Impact So Far** Using feedback from the conference we will agree actions with GIRFE and Realistic Medicine leads which will help embed GIRFE across the whole system. The scale of activity will be subject to resource being found to progress this. We are mitigating the resource challenge by working together across GIRFE, Realistic Medicine and Putting People First. Delivered the Hope Conference on 12th November 2025 with around 100 people in attendance. This included presentations on the alignment across GIRFE, Realistic Medicine, Putting People First and showed real examples of these approaches collaborating to achieve good outcomes for people. Since the event: ✓ Summary conference report and next steps drafted. ✓ Sway toolkit developed (putting GIRFE toolkit, PPF tools, and Realistic Medicine tools all in one place). ✓ Short conference film produced. We will also test and refine the GIRFE approach in work underway including in for example in how we deliver Community Appointment Days, our delivery of Lived Experience panels and Real Time Feedback loops (progress subject to recruitment). This will allow testing of the GIRFE tools and approach in real situations, and build staff knowledge and skills in adopting a GIRFE mind-set and will be progressed in Q4. ✓ GIRFE principles embedded in CAD patient passport for all CAD which are being planned. 3 CADs will be delivered in Q4 using this approach. CAD dates 20th Jan, 17th Feb and 6th March 2026. ✓ CAD toolkit developed and shared ✓ CAD Learning and Evaluation report for year 1 completed ✓ Real time feedback loops (embedding GIRFE principles) is underway in one clinical area, focusing on what matters most to people experiencing in-patient care. In Q3, this has meant fortnightly feedback being gathered directly from patients. ✓ In Q3, 2 development sessions were held to form a plan for spreading Real Time feedback loops to additional clinical areas (when posts are recruited to) ✓ Delivery of Lived experience/expert panel groups and related PPF activities will start when charity posts are recruited to – recruitment underway in Q3 and aim for recruitment to be completed in Q4. The positive feedback from Hope Conference participants shows a clear appetite to continue this collaborative approach with lived experience at the centre.	**Risks:** • Capacity for leads to attend development sessions given system pressures • Lengthy process for NHS recruitment means expert panels and related PPF activities will commence in Q1 April 2026 **Mitigations:** • Aiming to join up existing workstreams rather than create additional work where possible.	*Shantini Paranjothy Director of Public Health*	Putting People First Getting it right for everyone (GIRFE) toolkit - gov.scot

			Working together to deliver the Conference has led to an agreement that GIRFE will not be a standalone new approach but will be delivered through the development of the Hope Collaborative in Grampian which brings together GIRFE with Realistic Medicine and Putting People First. Community Appointment Day Year 1 Learning and Evaluation report has been completed in Q3 showing the patient and staff benefit of working in this way. Each work stream (described above) will provide specific evidence of improvement as they are developed. The Hope Collaborative will provide opportunity to bring together the learning from a range of GIRFE/Realistic Medicine and PPF approaches into one space to spread effective approaches. Details will be developed via the Hope Collaborative in 2026 **3. Next Steps** We have agreed to maintain the Hope Collaborative to share learning and good practice across shared agendas (GIRFE, Realistic Medicine and Putting People First) We will finalise conference report and next steps and share back with attendees by 31st Jan 26. SG were actively involved in the planning and delivery of the Hope conference and we will maintain contact with the GIRFE lead re our 26 plans. We will hold a planning session across Realistic medicine, GIRFE and Putting People First to identify opportunities to join up working in 2026 by 31st March 26. We will identify other aligned agendas and invite to get involved in the Hope Collaborative by 31st March 26. We will ensure GIRFE principles are embedded in practice for new Putting People First posts and activities which are being recruited to now. We will continue to evaluate and learn from Community Appointment Days and other GIRFE influenced activities. **4. External Support Considerations** Moray HSCP GIRFE lead presented local activities including the Hope conference at national networking event in November 25. We will keep connected to SG via the GIRFE leads network. Each HSCP reports on GIRFE progress via their own reporting mechanisms. Winter pressures and level 4 escalation may make this work a challenge to prioritise. However, we are aiming to identify and strengthen existing programs of work and collaborate across shared agendas rather than create new activities.		

Critical Area: Shifting the Balance of Care

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Specialist Frailty Services	**Prioritise care at home, or as close to home as possible, where clinically appropriate. Interventions that can help to do this include using technology that supports 24/7 remote monitoring, and additional preventative and 'home first' services with national and local partners working with providers and service users to develop alternative approaches based on local need and choice**	**Will be Complete**	**1. Current Position** Changed from Minor Delay Discharge to Assess is currently in place across the City and Moray, Aberdeenshire will be in place by mid-January, currently in the process of recruitment to the required posts. Within the City Discharge to Access (D2A) is maximising the available hours and keen to increase to meet the demand. Frailty at front door is happening and successful, recruitment to posts remains underway to ensure this remains a sustainable way forward. Unsuccessful recruitment to Geriatrician therefore looking at alternative models to support. This will take time but hopefully in place over next few months. Hospital at Home (H@H) expansion is underway and expected to expand into Aberdeenshire (Westhill and Portlethen) the beginning of January. Discussions continue to understand what would be required to support the North of Aberdeenshire and how quickly this could be in place. This will take longer and unlikely to be in place by end of March, however expansion will have taken place. H@H team are also working closely with other boards to understand the use of tech and remote monitoring to support their work and improve expansion models. This is expected to be completed by end of March 2026. **2. Actions in Q3 and Impact So Far** Q3 has seen D2A deliver 700 hours and of that only a small number have required to go on to a care home, all others have reduced the need for care homes and reduced care packages. We are looking at data over Q4 to truly understand impact. The Frailty at Front Door team are redirecting 30% of the people they see in ED which ordinarily would have been admitted to hospital. **3. Next Steps** Next steps will be to discuss the data and understand what we are delivering and its impact, currently under review. D2A in Aberdeenshire will have started in January with H@H expansion also in place. This will support earlier discharge form hospital and admission avoidance, impacting on capacity within ARI. **4. External Support Considerations** Regular weekly reporting of Discharge without Delay (DwD) is done via the Unscheduled Programme Board to the Assurance Board and also to Scottish Government/Centre for Sustainable Delivery. IJBs are receiving service updates on the impact of the work and keen to support where needed.	Risks & Mitigations: Recruitment or retention in a new service is a risk. Induction is key for these roles and robust plans are in place to facilitate that. Frailty at the Front door is a Monday to Friday service. Additional funds would need to be sourced to expand the service. Senior decision makers are key to this work. The team are doing some work to understand what would be required to support them to allow for them to be released 7 days a week to support front door. This should be completed in the next 4-6 weeks. Recruitment of Geriatricians is a challenge locally and nationally. Looking to other posts and redesign in order to consider other models such as Advanced Nurse Practitioners/Clinical Fellows etc.	*Fiona Mitchelhill, Chief Officer - Aberdeen City HSCP*	

Critical Area: Shifting the Balance of Care

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Access to GPs & other Primary & Community Care Clinicians	**Contribute to development of a new national quality framework and work to increase capacity and support recruitment and retention of GP workforce**	**Anticipated Minor Delay**	**1. Current Position** • Forecast has changed from "Will be completed" to "Anticipated Minor Delay" • This is due to the ongoing work at a national level to develop and implement the quality framework. NHSG is represented at that level by Peter Maclean. For the capacity increase in recruitment and retention, the initial phase of the 15m offer to GP practices has injected funds for this for FY25/26. Details of the roadmap for FY26/27 are still under discussion **2. Actions in Q3 and Impact So Far** • NHSG involved in national discussions regarding both quality framework and implementation of the 15m offer to GP practices • Initial workshop held with stakeholders to identify opportunities and form and function of a new NHS Grampian Primary Care Board. A second workshop to finalise this is scheduled for 13/01/26, with inaugural board meeting expected before the end of FY25/26 • Grampian GP Vision Program Board in process of being wound down and constituent work to either become business as usual or subsumed into Primary Care Board. Dates as covered above. • **3. Next Steps** • Primary care board dates highlighted as part of response 2 above • SG held Quality Improvement Workshop 18/11/25 with further planned (dates TBC) • Discussions on funding and roadmap for the £15m GP offer are still to be finalised **4. External Support Considerations** • Several Elements of the £15m offer still require negotiation with SGPC	**Risks:** • Delay in implementation of quality improvement program • Delay in roadmap of £15m offer roadmap **Mitigations:** • For both above NHSG are around these conversations and pressing for progress along with SG colleagues	*HSCP Chief Officers*	

Critical Area: Shifting the Balance of Care

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Pharmacy First Service	**Expand Pharmacy First Service, enabling community pharmacists to treat a greater number of clinical conditions and prevent the need for a GP visit, working with national team to scope which conditions**	**Will be Complete**	**1. Current Position** • On target, subject to national Patient Group Directions (PGDs) being released **2. Actions in Q3 and Impact So Far** • Introduction of the two PGDS that are part of the expanded offer are very much business as usual and no actions can be undertaken locally until the PGDs are completed nationally. **3. Next Steps** • NHS Grampian Pharmaceutical Care • Services Team will work with Community Pharmacy Contractors to support any expansion of Pharmacy First as directed by Scottish Government. This will include ensuring awareness of the service scope to Primary Care colleagues e.g. GP Practice to aid in appropriate utilisation. **4. External Support Considerations** • SG have ownership of the Pharmacy First service as it is part of the national arrangements; the pharmacy first list that describes the treatments available are defined through an SG facilitated national group of Board representatives. • As far as we are aware the two PGDs are in draft form • Once they have been released we will utilise the business as usual North of Scotland PGD sign off process to approve them in terms of adoption. The BAU process for adoption of Pharmacy First PGDs normally takes 15 working days from receipt. Whilst we have exceptional processes for clinically urgent PGDs updates, such as flu and Covid vaccination/active vaccination programmes, it isn't anticipated that the two planned PGDs for pharmacy first would be expedited. Therefore as long as the PGDs were released to NHS Grampian before the 1st March it is anticipated that they could be released for sign up by the individual community pharmacies before the end of the month/within the financial year. • Training for Pharmacy First is the responsibility of the individual pharmacist and is usually delivered through a NES module.	**Risks & Mitigations:** • Delivery revolves around the timeliness of release of the PGDs and any support materials for this national service by SG colleagues • Once we have the PGDs we will use existing business as usual processes to implement at whatever pace is required. • This is a minor incremental development change to the existing offer and therefore internally remains low risk of failure	*Hugh Bishop, Medical Director*	Pharmacy First Background: NHS Pharmacy First Scotland: information for patients - gov.scot and NHS Pharmacy First Scotland (PFS) | National Services Scotland Approved List of medicines available on Pharmacy First: NHS Pharmacy First Scotland: Approved List of Products National Statistics on utilisation: NHS Pharmacy First Scotland 6 May 2025 - NHS Pharmacy First Scotland - Publications - Public Health Scotland Scottish Government circular re Pharmacy First: Primary and Community Care Directorate

Critical Area: Shifting the Balance of Care

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Dentistry	**Existing financial incentives and eligibility will be refreshed and targeted following completion of work with the Board Chief Executives' Dental Services Reference Group by the end of December 2025. This will bring benefit and greater sustainability to communities in accessing NHS dental care.**	**Anticipated Minor Delay**	**1. Current Position** • End of March 2026 prognosis remains unchanged. This action is being undertaken by Scottish Government (SG) not individual NHS Boards. **2. Actions in Q3 and Impact So Far** • These actions all sit nationally, and NHS Grampian's direct involvement will follow once this is completed. Boards anticipate further actions in the next financial 2026/2027. **3. Next Steps** • Awaiting further direction from Scottish Government. **4. External Support Considerations** • The actions are being driven by the Scottish Government. NHS Grampian is not involved at these stages.	**Risks:** • Acceptance by representative body may delay. Currently sitting with the policy team at Scottish Government. **Mitigations:** • SG engaging with stakeholders. • These actions all sit nationally, and NHS Grampian's direct involvement will follow once this is completed. No timetable given by SG at present.	*Shantini Paranjothy Director of Public Health*	

Critical Area: Shifting the Balance of Care

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Primary Care Optometry	**Community Glaucoma – Develop a sustainable process within secondary care to identify and discharge patients suitable for the CGS** **Ensure primary care colleagues have access to all information required**	**Will be Complete**	**1. Current Position** • Current position remains as on target with both a sustainable process developed for secondary care and plan in place to implement digital process. Community capacity is for approximately 500 patients therefore without expansion of community service for 2026/27 we will be unable to meet the target of capacity for 1251. **2. Actions in Q3 and Impact So Far** • Review of current VP3 – patients reviewed every 12 months and over - waiting list (approx. 1000 patients) initiated to identify patients suitable for discharge to CGS. 260 patients reviewed to date with 66% identified as suitable for discharge to CGS. This exceeds the Government target for Grampian of 110 patients. • TrakCare update requested to facilitate record of patients identified as suitable for CGS, to be implemented by end March 2026. • Comms circulated to optometrists promoting cohort 5 NES Glaucoma Award Training (NESGAT). Uptake is required to increase CGS capacity. The aim is to engage 6 optometrists to support anticipated capacity required for 2026 – 2027 SG figures. Submissions required by 31st December 2025. • National and Local discussions to agree actions required to transfer patient information from Hospital Eye Service to Open Eyes (Electronic Patient Record system utilised by community optometrists) Process required to facilitate discharge. This process is integral to the project as it is required to facilitate discharge of patients. Implementation required by March 2026 **3. Next Steps** • Ongoing review of VP3 patient waiting list. • Identification of number of applications submitted for NESGAT training following closing submission date of 31st December 2025. • Review Information Governance documents to ensure transfer of patient information by January 2026. • Expand community service (albeit not specifically stated as a requirement to meet the task by 2026 but if not in place will lead to significant pathway backlog held by secondary care on behalf of primary care). This is dependent on optometrist uptake of NESGAT training **4. External Support Considerations** Engagement with monthly National Delivery Board to highlight progress, risks and issues.	**Risks & Mitigations:** • There is a risk that key digital implementation tasks for OpenEyes—such as system configuration, data migration, and user access setup—are delayed beyond March 2026, which could prevent timely discharge of identified patients. To mitigate this we are establishing a detailed implementation plan and identifying contingency options i.e. temporary manual processes. This will be discussed and agreed with the project team by February 2026. • There is a risk the required No. of community optometrists do not apply for cohort 5 NESGAT training which could result in failure to meet Scottish Government targets for 2026 and 2027 and lead to increased pressure on secondary care services. To mitigate this we have engaged with community optometrists to promote cohort 5 and have fortnightly meetings established with community optometrist lead.	*Paul Bachoo, Acute Medical Director*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Are we on target?**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Digital access for your health and social care	**Participate in the plan for roll-out of 'Digital Front Door' (DfD) service beyond the early adopter board**	**Will be Complete**	**1. Current Position** • End of March 2026 prognosis remains unchanged. **2. Actions in Q3 and Impact So Far** • Ongoing participation in DfD programme board meetings with other Health Boards and NSS • Inaugural meeting of East sub-national digital group held • Questions raised re scope of product for April rollout, how IG issues will be managed and barriers to digital literacy will be addressed to inform feasibility and resource requirements **3. Next Steps** • Continue to participate in DfD Rollout Programme Board to determine plan for national rollout with expectations and impact for NHS Grampian. • Continue to assist with creation of plan and timescales for digital appointments and replacement of physical planned care patient communication. Ongoing • Determine resource requirements for NHS Grampian DfD systems implementation with help from national team and other Boards. Ongoing • Meet with suppliers to create mitigation plans for stop-gap functionality and other components of the DfD strategic solution. January 2026 • Seek clarity regarding funds available for resources to manage and implement NHS Grampian's responsibilities regarding the programme. **4. External Support Considerations** • It is the Government's intention that the MyCare.scot application will be available for all Scottish citizens in April 2026. This is a change to the initial approach that included rolling out the system to different specialties at different Boards with appointment booking and communication included. • The nation-wide implementation will NOT cover appointment booking or replacement of paper letters in the near-term. MyCare.scot scope has also changed from just a web application to also include a full Apple/Android "App". • Workstreams are being set up to determine what resources are required for the initial national rollout and future functionality.	**Risks & Mitigations:** • Availability of funding for project management and local implementation resource from national budgets still to be determined and allocated. Digital Head of Programmes (DfD project lead) in discussions with National Team regarding this • Local Project management resource is currently insufficient to deliver DfD due to staffing gaps/existing workload without pausing other priority work.	*Stuart Humphreys, Director of Marketing & Corporate Communications*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Are we on target?**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Digital access for your health and social care	**Digital Dermatology Pathway**	**Anticipated Minor Delay**	**Current Position** • Percentage of GP practices utilising the app has risen from 10% in April 2025 to 44% in November 2025. • Percentage of GP referrals via Scottish Care Information (SCI) including a digital image has remained static at approx. 60%, short of the Government Target of 90% by end of September 2025. • 47% of suspected cancer referrals include a triage suitable image. **2. Actions in Q3 and Impact So Far** • Communication with GPs continues via GP bulletin, Cancer Care Newsletter and directly with GP practices. NHS Grampian had high attendance at November National Webinar. Survey issued to GPs to obtain feedback on utilisation with closing date of 16th January 2026. Responses will be analysed by February 2026 • Service Now process in place to streamline new user registration. New user registration had previously been managed via the project team, to ensure a sustainable process this has now been set up via Service Now aligning with new user processes for extant digital systems. **3. Next Steps** • Utilise data and survey responses to identify focused actions by February 2026 • Facilitate local webinar utilising survey responses to inform content. Date to be agreed with dermatology consultants by February 2026 • Share national comms pack by January 2026 **4. External Support Considerations** Regular meetings in place with Accelerated National Innovations Adoption (ANIA) colleagues to share and obtain learning from other boards; SRO attends National meetings. No SG involvement.	**Risks & Mitigations:** • There is a risk that GPs do not utilise the app that provides appropriate information governance process, to support referrals resulting in longer patient waits and significant project over-run. To mitigate this we have issued a GP questionnaire on utilisation; planning a webinar with local colleagues; continue GP bulletin comms; presented at clinical interface group to highlight benefits of pathway. • Local GP Leadership (GP Sub co-chair and Local Medical Committees) are asking for payment to include image at referral. NHSG is the only board where this has been requested with other Boards seeing this as part of a making good referral and in line with General Medical Services contract. From data and feedback received this appears to be a key factor in not meeting the 90% target.	*Paul Bachoo, Acute Medical Director*	

Critical Area: Improving access to health and social care services through digital and technological innovation						
Focus area	**What are we trying to achieve by 31st March 2026**	**Are we on target?**	**What actions have been carried out, or are planned to enable delivery?**	**Risks to Delivery & Mitigations**	**Exec Lead**	**Notes (hyperlinks to national frameworks)**
Digital access for your health and social care	**Validation processes for waiting lists**	**Complete**	**Current Position** • This Priority was completed during Q2 and is now absorbed into Business as Usual processes.		*Paul Bachoo, Acute Medical Director*	

Critical Area: Improving access to health and social care services through digital and technological innovation

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
National digital type 2 diabetes remission programme	**Support roll out of new national digital intensive weight management programme for people newly diagnosed with type 2 diabetes**	**Will be Complete**	**1. Current Position** • End of March 2026 prognosis remains unchanged. • Awaiting confirmation of date from Scottish Government as to when the programme will be live to receive referrals. Start date for local access to the programme will be agreed on gaining Information Governance approval and GP Sub approval around referral processes. **2. Actions in Q3 and Impact So Far** • Programme governance established with Senior Responsible Officer appointed to role and attending monthly Programme Delivery Board meetings on behalf NHSG. • Local governance in place with oversight provided by quarterly Healthier Futures Diabetes Steering Group whereby item is held on running agenda, progress report provided at last meeting held 11th Dec, next meeting scheduled 18th March. • Confirmation of supplier Counterweight received 21st October 2025. • National Implementation Team recruitment complete and established, confirmation received 20th November 2025 via Programme Delivery Board meeting attended by Senior Responsible Owner (SRO). • Ongoing local and collaborative meetings held with NHSG Multi-Disciplinary Team and Accelerated National Innovations Adoption Implementation Team. Kick off meeting held 27th Nov, plus follow up meeting 11th Dec. Next general meeting scheduled 15th Jan 2026. Working to pre-go live checklist to ensure timelines met on target. • Direct meeting with Accelerated National Innovation Adoption (ANIA) and eHealth, 16th Dec, SCI-Gateway configuration in progress and to agree testing requirements. • Direct meeting with ANIA and IG, 23rd Dec, working to achieve local sign off for Data Protection Impact Assessment (DPIA), Serious Shortage Protocols (SSP) and Hazard Log review. Review of DPIA ongoing and initial queries raised by Alan Bell and Sam Collier-Sewell (NHS Shetland). Further meeting planned 14th Jan to address queries raised within DPIA review. Feedback provided to SRO and Director of Public Health (DPH) on 23rd Dec. • ANIA Team meeting scheduled to be held with GP Sub Committee 16 Feb 2026. • Development of National comprehensive comms plan to engage with relevant stakeholders, with education materials and referral guidelines to be shared in January. Signposting content to be agreed. Initial letter and general information resource shared with Primary Care colleagues. • National Privacy Notice and SSP in draft and will be shared with Health Boards for review, date not specified by Scottish Government (SG). • Development of NHS Scotland specific area on Counterweight website, date for completion not specified by SG. • Above work ongoing in line with direct referral of patients to the programme to commence Jan 2026, date not specified by SG. • Ongoing preparation for implementation of the programme late January is progressing as a result of the above actions with regards establishing Information Governance (IG) approval processes and eHealth referral pathways. Annual leave has delayed testing of specific EDT processes in eHealth however this is being followed up week beginning 12th January. • Local and national teams met again 8th January to provide progress update and discuss ongoing requirements around communication and the need to ensure referral processes to both local and national programmes are clearly outlined for Primary care colleagues to follow. Assurance provided by Clinical Lead that National Team are communicating closely with Primary Care colleagues to ensure readiness to refer to the programme late January. **3. Next Steps** • IG approval of DPIA and SSP reviewed and final sign off planned to be obtained in Jan 2026. A meeting to be held 14th Jan will determine an exact data of sign off to be agreed.	**Risks:** A delay in gaining NHSG Information Governance approval of National Data Protection Impact Assessment will impact on when referrals to the programme can start in Grampian. **Mitigations:** • National DPIA shared with NHSG IG, review ongoing and initial comments shared and to be addressed by the ANIA team. • Frequent communications between local IG and National ANIA teams to expedite IG processes in line with start date Jan 2026. Planned implementation date end Jan 2026 remains, exact date not specified by SG. Advised by IG to continue with operational preparation as planned.	*Shantini Paranjothy Director of Public Health*	A Healthier Future – Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes. Prevention and remission of type 2 diabetes. Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland.

			• Final communication materials to be agreed and shared Jan 2026, no specific dates have been confirmed by Scottish Government however the pre-checklist indicates 3 weeks prior to go live date. • Direct patient referrals to programme to commence end Jan 2026, date unable to be agreed until IG approval gained and SG confirmation of readiness to go live received. No specific allocation of places has been identified by Scottish Government, proportionality of referrals and uptake will be monitored by SG and fed back to NHSG accordingly. • Grampian wide awareness of difference between local and national programme and referral pathways to be discussed at local/national meeting 15th January. Communications plan to be agreed to develop and widely circulate relevant information by week beginning 26th Jan. • Equity of access of referrals for inclusion groups will be discussed directly with the national Team and Primary Care and monitored via ongoing data collection on TURAS. **4. External Support Considerations** • As described in sections 1-3. • The collaborative approach adopted throughout the development and implementation stages has provided an opportunity for Scotland-wide involvement from start up, and has been essential in working in line with local NHSG Adult Weight Management services.			

Critical Area: Improving access to health and social care services through digital and technological innovation

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Genetic testing for recent stroke patients	**Participate in roll out of pathway for new stroke patients to receive a lab-based genetic test to inform what drug they are given to reduce the risk of a secondary stroke**	**Will be Complete**	**Current Position** • End of March 2026 prognosis remains unchanged. • Phased roll out commenced with Dr Gray's Hospital (DGH) coming online in October 2025. • Plan for roll out to ARI in 4th Quarter of 2025/26, date to be finalised and not likely to be before March 2026. **2. Actions in Q3 and Impact So Far** • Go live achieved for DGH with successful amendments to individual patient pathways leading to improved outcomes. This has led to patients not put on medication that would not work for them due to their genetic predisposition. • Planning discussion underway for ARI due for completion 19th January 2026. **3. Next Steps** • Agreement on management of results from regional laboratory into NHS Grampian systems due for completion 19th January 2026. • Review of pathway and governance paperwork such as Data Protection Impact Assessment (DPIA) once agreement of results management is secured • Secure roll out date for ARI and commence, date to be finalised and not likely to be before March 2026 **4. External Support Considerations** Ongoing support from the Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption Team. Funding for first year provided by Scottish Government. The CfSD is facilitating meetings, sharing learning from other boards and linking to regional lab.	**Risks & Mitigations:** • Tayside laboratory capacity may delay roll out if insufficient capacity to meet demand, mitigated by the phased roll out approach taken. • Lack of consensus around results management and lack of resource to undertake the administration of this, as it was not considered required at national project planning level despite being raised by health boards as a need. This is mitigated by the Management Team working across departments to achieve consensus and implement viable solution.	*Paul Bachoo, Acute Medical Director*	

Critical Area: Improving access to health and social care services through digital and technological innovation

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Genetic testing for new-born babies with bacterial infections	**Participate in roll out of pathway for new-born babies to receive a genetic test via a point-of-care device to inform what drug they are given to manage an infection**	**Will be Complete**	**1. Current Position** • End of March 2026 prognosis remains unchanged. • Launch meeting has taken place to commence project planning for go live. **2. Actions in Q3 and Impact So Far** • Launch meetings undertaken with key stakeholders identified and involved to identify the required actions, timelines and owners. • Issue identified with national planning with inaccurate modelling of Grampian demand and hence insufficient funding allocated has been resolved. • No tangible impact to date, but facilitating roll-out on schedule. **3. Next Steps** • Data Protection Impact Assessment (DPIA) to be completed, next meeting scheduled for 21 January. Approval by end of February required to meet the project timeline. • Call down from national contract to be undertaken for test devises and consumables. This cannot happen until the DPIA is complete required by end of February to meet the project timeline. • Confirmation of the process and staff training to be completed by the end of March **4. External Support Considerations** Ongoing support from the Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption Team. Funding for first year provided by Scottish Government. The CfSD is facilitating meetings, sharing learning from other boards and linking to regional lab.	There is a risk of malalignment in coordinating the National project timeframe requirements and local priorities however this is mitigated with regular meetings and communication plan with key stakeholders	*Paul Bachoo, Acute Medical Director*	

Critical Area: Improving access to health and social care services through digital and technological innovation

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Improving access to health and social care services through digital and technological innovation	**An Operating Theatre Scheduling Tool – deployed in two specialities**	**Anticipated Minor Delay**	**1. Current Position** • No change to previous reported position • The national product is incompatible with NHS Grampians Elective Classifications system and addressing this will require additional funding from NHS Grampian to negotiate with the supplier. During Q3 we have identified a very minimal initial solution that we believe will be a minimally viable product for Grampian **2. Actions in Q3 and Impact So Far** Delay has been created due to the inability of Infix to accommodate the NHS Grampian Elective Surgery Categorisation System (ESCatS) system. The national programme board has been briefed and a number of meetings held with the supplier Infix. As a result of this a very minimal viable solution has been identified along with a preferred minimal viable solution. The supplier is confident of being able to deliver the very minimal solution and is working on the preferred minimal viable solution to allow deployment. A full solution is still required, currently no visibility on full solution, nor costs. **3. Next Steps** We have restarted the local programme board with a provisional go live date of 16th March. This will rely on the provider being able to progress the technical delivery **4. External Support Considerations** The national programme board has been briefed. They are clear that they have no funding to support making the product suitable for use in NHS Grampian and therefore there is a financial risk to fully adjust it to our requirements, as yet unquantified.	**Risks:** • Technical delivery of product alterations by the supplier within the timescale. • Potentially a small financial risk for the preferred minimally viable solution, plus a definite financial risk for a full solution. **Mitigations:** • No mitigation currently possible around technical delivery • Minimally viable solution to be assessed for suitability as alternative in Q1 2026/27	*Paul Bachoo, Acute Medical Director*	

Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)

Cardiovascular disease (CVD)	**Support rollout of a General Practice enhanced service for CVD risk factors (including high blood pressure, high cholesterol, high blood sugar, obesity and smoking). This enhanced service is part of a wider national CVD risk factor suite of improvements.**	**Anticipated Significant Delay**	**1. Current Position**
			• End of March prognosis has changed from BLUE to RED
			• We are continuing to deliver and build on the support offering to General Practice. Enhanced service payment claim figures till end of Q3 are 40% of capped cohort, an increase from 13.6% in Q2. At a meeting on 24 November Scottish Government stated that national uptake figures to date were approx. 33% which aligned with Grampians uptake figures for that same period. Scottish Government has not set a target for the funding period ending February 2026, and while our analysis indicates that uptake is steadily increasing month on month, it is unlikely that 100% uptake for this funding period will be reached as the recent survey findings from General Practice have indicated that delivery of the DES remains a challenge due to capacity, lack of engagement, IT/systems issues etc.
			2. Actions in Q3 and Impact So Far
			• Survey circulated (7 November) to GPs to identify common themes incl. approaches/barriers to implementation of the Directed Enhanced Service (DES), along with indication of areas of support requested from PH – a good response rate of 54% was received highlighting the challenges in delivering the DES:
			  ○ Lack of capacity within General Practice
			  ○ Lack of engagement from patients
			  ○ Issues with IT Systems & Coding
			• An awareness campaign in the form of the creation of an animation to support understanding of CVD risk factors was disseminated to General Practices end of November via the Primary Care Bulletin on 27 November for practices to include in their invitations to patients to support the uptake of appointments for the risk factor checks.
			• Meetings with Chest, Heart and Stroke Scotland (CHSS) and Healthpoint held on 18 November and 4 December to discuss pilot referral scheme for General Practice - further meetings to be held in Q4 define optimal approach.
			• Commenced data commission for CVD in December to inform Needs Assessment which is due to be completed in July/August 2026 to better understand opportunities for whole system actions to reduce cardiovascular disease rates in Grampian.
			3. Next Steps
			• Disseminate learnings from GP survey by 13 February to support uptake of the DES.
			• Confirm the approach for the pilot referral scheme from GP to Healthpoint/CHSS by end of February.
			• Confirm offering for CVD checks at Fraserburgh Wellbeing CAD on 6 March.
			• Initiate a Cardiovascular Health Needs Assessment (HNA) to identify system actions to reduce cardiovascular disease rates in Grampian - the whole process is likely to be completed by July/August 2026.
			• The learnings from the GP survey will provide a fuller understanding of challenges in delivering the DES. The public awareness campaign in the form of the animation will support increased understanding of the risk factors for CVD which in turn will continue to support the increased uptake of the DES for the remaining months of this funding period till end of February. While the evidence from the HNA will support a whole system approach to reducing CVD rates in Grampian.
			4. External Support Considerations
			• We will be sharing the learnings from the survey (feedback on capacity issues, lack of engagement, system/payments issues etc.) with SG to give insight from Grampian ahead of them commissioning a national piece of work to analyse the results and impact of the DES to date.
			• This feedback can support shaping further DES offering.
				Risks:
				• Capacity in Primary Care to deliver the DES remains a key risk.
				• Uncertainty of continued funding for the DES beyond February 2026 poses a risk to early identification of the risk factors for CVD
				
				Mitigations:
				• Initiating a pilot referral scheme for some volunteer General Practices for those eligible patients requiring lifestyle consultations and support to Healthpoint/CHSS, thereby freeing up capacity and enabling GPs to focus on clinical risk management and support.
				
				• Pilot referral scheme to be confirmed and implemented in Q4.
					Shantini Paranjothy Director of Public Health	

Critical Area: Prevention - working with people to prevent illness and more proactively meet their needs

Focus area	What are we trying to achieve by 31st March 2026	Are we on target?	What actions have been carried out, or are planned to enable delivery?	Risks to Delivery & Mitigations	Exec Lead	Notes (hyperlinks to national frameworks)
Frailty Prevention	**Support rollout of a Frailty Enhanced Service to General Practices, enabling each practice to identify a Frailty Lead. This lead will help drive improvements in frailty care through training, data optimisation, and cross-sector collaboration.**	**Will be Complete**	**1. Current Position** • No change to previous reported position. • Forecast remains that. 74% of practices are signed up and there remains the option for the remaining 26% to sign up in future. **2. Actions in Q3 and Impact So Far** • Practices were encouraged to sign-up to the Directed Enhanced Service (DES). Numbers signed up remain the same with deadline set as 28th February 2026. • No current improvements as sign-up remains ongoing to end of February 2026. **3. Next Steps** • Practices are required to complete a MS Form highlighting progress towards meeting the DES criteria by 28/02/26. To date 9 Grampian practices have completed this (around 15%). **4. External Support Considerations** • Support required from Primary Care for further inclusion.	• Public Health are offering support to practices to meet the terms of this DES.	*Judith Proctor, Chief Officer - Moray HSCP*	