

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 11 August 2025</b>
<b>Title:</b>	<b>Performance Report</b>
<b>Responsible Director:</b>	<b>Kirstin Dickson</b>
<b>Report Author(s):</b>	<b>Performance, Information and Insights Team; and Planning and Commissioning Team, Directorate of Transformation and Sustainability</b>

## 1. Purpose

This is presented to NHS Board members for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

This report has been aimed at providing NHS Board members with insight and intelligence on the key performance measures and updates on improvement actions outlined within the Delivery Plan.

In line with the recently published Operational Improvement Plan, future iterations of the Performance Report will be amended to incorporate any additional performance metrics as a result of this.

In addition, performance against National Waiting Times Targets and extant measures is also provided.

**Appendix 1** provides a focus on the following service areas:

- New Outpatients and Inpatients/Day Cases Waiting Times
- Radiology/Imaging, Endoscopy and Cancer Waiting Times
- Musculoskeletal Waiting Times
- Mental Health Waiting Times

- CAMHS
- Psychological Therapies
- Drug and Alcohol Treatment
- Urgent Care Performance
- Unscheduled Care Performance
- Delayed Discharges
- Workforce Sickness Absence

In addition, this report has widened its focus each Quarter to include an **Appendix 2**, which will contain quarterly updates on additional service areas which are not included in **Appendix 1**. These are as follows:

- Mental Health
- Custody Healthcare
- Women & Children's Health
- Public Health
- Primary & Community Care
- Workforce
- Digital Services Innovation Adoption
- Climate
- Community Wealth Building

## 2.2 Background

The final draft Delivery Plan for 2025/26 was submitted to Scottish Government (SG) on 25 June 2025 and approval received on 8 July 2025.

The Delivery Plan includes the key priority improvement actions linked to a suite of Delivery Framework Indicators with associated performance trajectories.

This paper provides the Quarter 1 update for 2025/26, with the inclusion of **Appendix 2** to provide additional updates on the Delivery Plan not covered in **Appendix 1**.

This reporting aligns with the vision to streamline requests to services for multiple submissions and prevents members from receiving the same information on more than one occasion in different formats.

## 2.3 Assessment

The latest monthly performance data within this report is mainly for the period up to June 2025; some measures are only available to May 2025.

## Executive Data Summary

### New Outpatients

- Performance against the 12-week 95% National target/standard for New Outpatients has continued on a decreasing trend from 36.9% at March 2025 to 35.4% at June 2025. NHS Ayrshire & Arran continues to report lower levels of compliance compared to the Scottish average although data from Public Health Scotland is only available up to March 2025.
- The overall total number of patients waiting continues to show an increasing trend, from 55,279 at December 2024 to 56,475 at June 2025. This is however a reduction from 56,543 at May 2025 therefore demonstrating improvement.
- The number waiting over 52 weeks has decreased from 11,450 at May 2025 to 11,214 at June 2025. This exceeds, and fails to meet, the delivery plan trajectory of fewer than 9,434 waiting, however is an improving position since May 2025.

### Inpatients/Day Cases

- Compliance against the 12-week 100% National target/standard for Inpatients/Day Cases (completed waits) has decreased from a three year high of 59.4% at May 2025 to 55.5% at June 2025. NHS Ayrshire & Arran continues to report lower levels of compliance compared to the Scottish average although data from Public Health Scotland is only available up to March 2025.
- Following a decreasing trend from a high of 8,227 at March 2024, to 7,610 at February 2025, the overall total waiting list for Inpatient/Day Case treatment has increased to 7,814 at June 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 7,791 waiting.
- The number waiting over 52 weeks for inpatient/Day Case treatment continues to show an increasing trend from 1,682 at April 2025 to 1,723 at June 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 1,285 waiting.

### Radiology/Imaging

- Performance against the 6-week National target/standard of 100% for Imaging has shown a worsening position, from 88.9% at February 2025 to 66.4% at May 2025. NHS Ayrshire & Arran continued to report higher levels of compliance compared to the Scottish average although data from Public Health Scotland is only available up to March 2025.
- The overall waiting list for Imaging has continued to increase from a low of 3,715 at November 2024 to 6,847 at May 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 5,859 patients waiting.
- The number waiting over 6 weeks for Imaging continues to show a sharp increase from 383 at December 2024 to 2,301 at May 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 841 waits.

### Endoscopy

- Compliance against the 6-week National target/standard for Endoscopy continues to show a decreasing trend, from 52.2% at August 2024 to 38.9% at May 2025. The latest national benchmarking data indicates, that having consistently been higher, NHS Ayrshire & Arran was reporting lower levels of compliance compared to the Scottish average in March 2025, the latest benchmarking position.
- The overall waiting list for Endoscopy has risen to 2,416 at May 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 2,197 patients waiting.

- The number waiting over 6 weeks for Endoscopy continues to show an increasing trend from 1,423 at April 2025 to 1,476 at May 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 1,306 waits.

### **Cancer**

- Performance against the 62-day 95% Cancer target/standard has shown an increase from 51.5% at April 2025 to 56.4% at May 2025. This is lower than, and fails to meet, the Delivery Plan trajectory of 79%.
- The latest national benchmarking data for March 2025 indicated, that NHS Ayrshire & Arran was at that point reporting higher levels of compliance compared to the Scottish average.
- Performance against the 31-day 95% Cancer target/standard continues to show an increasing trend from 93.7% at February 2025 to 98% at May 2025. This meets the Delivery Plan trajectory of 98%.
- The latest national benchmarking data for March 2025 indicated, that NHS Ayrshire & Arran was at that point reporting higher levels of compliance compared to the Scottish average.

### **Musculoskeletal**

- Compliance in relation to the National 4-week target for Musculoskeletal (MSK) waiting times for ongoing waits has shown an improvement, from 34.3% at May 2025 to 37.2% at June 2025. This is lower than, and fails to meet, the Delivery Plan trajectory of 40%.
- The latest national benchmarking data for March 2025 indicated that compliance remained lower than the national average.
- Orthotics was the only profession not to meet the 40% Delivery Plan trajectory, with compliance of 12.4% at June 2025. Occupational Therapy (48.3%), Physiotherapy (40.1%) and Podiatry (44.8%) all exceeded and met the Delivery plan trajectory.

### **Mental Health**

- In May 2025, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) continued to achieve 100.0%, exceeding the National target/standard and meeting the Delivery Plan trajectory of 90%. The latest national benchmarking data for March 2025 indicated that compliance remained higher than the national average.
- Although there has been some fluctuation, performance for Psychological Therapy (PT) waiting times is on a decreasing trend from 94.3% at March 2025 to 89.0% at May 2025, this is the first time compliance has been lower than the 90% National target since August 2024, and is lower than, and fails to meet, Delivery Plan trajectory of 92.0%. The latest national benchmarking data for March 2025 indicated that compliance remained higher than the national average.
- Drug and Alcohol Treatment services continue to exceed the 3-week National target/standard and Delivery Plan trajectory of 90% at May 2025, with compliance at 97.3%. The 6-week Delivery Plan trajectory of 100% continues to be met, with compliance having always achieved 100.0%. The latest national benchmarking data for March 2025 indicated that compliance remained higher than the national average.

## **Urgent Care**

- In June 2025, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 8950 contacts including patients navigating through the various pathways. 88% of NHS24 patient referrals were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During June 2025, 256 Call before Convey calls were received by AUCS with only 17 (7%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 239 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In June 2025, there were 680 calls from Care Homes into the AUCS service with only 10% (65) of these patients requiring to attend an acute hospital. Therefore, 615 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 179 patients were navigated through the Emergency Services Mental Health pathway in June 2025. This pathway provides Police Scotland and SAS with an alternative pathway to access community mental health services for those patients in need of urgent Mental Health intervention. These patients would have otherwise been conveyed to the EDs and may have experienced lengthy waits to access care of a mental health professional. This pathway provides direct access to the mental health team for these patients.
- Rapid Respiratory Response (RRR) within the Virtual Capacity Programme is a community-based service which supports individuals with exacerbations of COPD to remain at home whenever possible avoiding the need for front door attendance. So far over 1,200 patients have accessed the RRR service, some of who have engaged with the service on a number of occasions. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort; so far this has benefited over 220 patients. The service has now expanded to include 31 GP practices and covers 76% of all COPD patients residing in Ayrshire & Arran.
- The Urgent Care/General Practice Test of Change provides the opportunity for support to be provided by AUCS clinicians when patients contact their GP Practices between 3pm and 6pm with an urgent clinical need who require a home visit as triaged by the GP Practice. If assessed as clinically appropriate, they are visited by an AUCS clinician. This Test of Change now includes all 51 mainland GP practices with referrals increasing for home visits for patients in these practices; in the month of June 2025 there were 136 referrals with 22 of these being referred onwards to hospital.

## **Unscheduled Care:**

- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) was 63.2% in June 2025; a decrease from the 65.9% recorded in May 2025, although higher than the 61.6% recorded at the same time the previous year (June 2024). The latest national benchmarking data indicates that ED 4-Hour compliance in May 2025 was lower than the national average.
- Numbers of attendances at the Emergency Departments (EDs) in July 24 – June 2025 increased by 0.8% when compared to the same period of the previous year. This equates to an additional 710 attendances overall across both ED sites.
- ED 4-Hour performance for unscheduled attendances only was 63.2% in June 2025 – which failed to meet the Delivery Plan trajectory of 74.0%.
- On average, 28 patients per day waited over 12 hours to be discharged, admitted, or transferred from EDs in June 2025. This was a decrease from a high of 32 per day in

December 2024 however failed to meet the Delivery Plan trajectory of 25 or fewer per day by June 2025.

- In June 2025, the proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes decreased to 59.8%, failing to meet the Delivery Plan trajectory of 62.0%.
- The proportion of admissions to Combined Assessment Units (CAU) who were discharged or transferred to an acute ward within 72 hours of arrival was 86.2% in June 2025, the highest figure recorded since November 2024, although failing to meet the trajectory target of 100.0%.
- In June 2025, the proportion of arrivals to Acute Frailty Units who were discharged the same day decreased to 8.8%, down from 11.1% in April 2025, failing to meet the Delivery Plan trajectory of 30.0%.
- Occupancy levels in the acute hospital sites improved between March 2025 and May 2025, falling from 129.3% to 122.6%. Occupancy has since increased to 124.6% at the end of June 2025, failing to meet the Delivery Plan reduction trajectory of less than 120.0%.
- Average length of stay for Emergency inpatients reached a high of 10.4 days in February 2025, reducing to 8.8 days by June 2025, though failing to meet the Delivery Plan trajectory of 7.6 days or less.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay reduced significantly between April 2025 and May 2025, falling from 229 to 174, the lowest figure recorded over the past year. However, numbers have risen to 208 in June 2025, failing to meet the Delivery Plan trajectory of 185 or fewer.

### **Delayed Discharges**

- Total numbers of delayed discharges have been steadily increasing each month over the past year, reaching 248 at the May 2025 census point, the highest number recorded since the all-time high of 251 in July 2023. Most delays recorded in May 2025 were within North Ayrshire HSCPs (107 delays, 43%), followed closely by 102 in South Ayrshire HSCP (41%), with the remaining 39 in East Ayrshire HSCP (16%). Compared to May 2024, both North and South Ayrshire HSCPs reported higher delay numbers whilst East Ayrshire numbers were lower.
- Numbers of occupied bed days due to a delay reached an all-time high of 7,303 in May 2025, up from 5,376 in May 2024. Compared to the same period last year, occupied bed days due to delay have decreased in East Ayrshire HSCP, down from 1,206 in May 2024 to 1,104 in May 2025 (-8.5%). Occupied bed days have increased in North Ayrshire HSCP from 1,702 to 3,184 (+87.1%) and in South Ayrshire HSCP from 2,468 to 3,015 (+22.2%). The greatest proportion of beds days due to a delay continue to be from North Ayrshire HSCP.
- The national target is for zero non-complex delays over 2 weeks, however in May 2025 there were 97 such delays across NHS Ayrshire & Arran, the highest figure since July 2023, with 51 of these (52.6%) from South Ayrshire HSCP and 46 (47.4%) from North Ayrshire HSCP. There were no delays over 2 weeks recorded from East Ayrshire HSCP.
- Through the Delivery Plan, each HSCP has set improvement trajectories around the daily average numbers of occupied beds due to a delayed discharge and the total number of delays at the month end census point.
  - In East Ayrshire HSCP, there were an average of 36 beds occupied per day on average in May 2025, failing to meet their trajectory of 32 or fewer for the month. There were 39 delays at the month end census point, also failing to meet their trajectory of 35 or fewer.

- In North Ayrshire HSCP, there were an average of 105 beds occupied per day in May 2025, failing to meet their trajectory of 84 or fewer. There were 107 delays at the month end census point, also failing to meet the trajectory of 84 or fewer.
- In South Ayrshire HSCP, there were 99 beds occupied on average per day in May 2025, failing to meet their set trajectory of 92 or fewer. There were 102 delays at the month end census point, failing to meet the trajectory of 80 or fewer.

#### **Workforce Sickness Absence**

- In May 2025, sickness absence rates were recorded at 5.71% (short term: 1.83%, long term: 3.88%).

#### **2.3.1 Quality/patient care**

We seek to balance reforming and stabilising our services. Systems and procedures continue to be in place to monitor and manage the impact on performance in our provision of unscheduled and planned care for our citizens to ensure high quality of care for patients.

#### **2.3.2 Workforce**

A sustainable workforce and appropriate recruitment levels are imperative across all services as we provide services within the current circumstances. We will continue to monitor performance against key measures to understand how this will impact on workforce and recruitment levels; and to ensure appropriate levels of capacity are maintained to manage demand.

#### **2.3.3 Financial**

Through the Delivery Plan, the health and care system is ensuring appropriate levels of capacity are maintained to remobilise and stabilise services whilst also maintaining COVID-19 capacity and resilience. The impact on the delivery of key performance targets and trajectories are routinely being assessed and monitored.

#### **2.3.4 Risk assessment/management**

Through the Delivery Plan we have planned how we would safely prioritise service delivery, whilst also maintaining COVID-19 capacity and resilience.

#### **2.3.5 Equality and diversity, including health inequalities**

An Impact Assessment has not been completed as this paper provides an update on performance of the health and care system and incorporates progress in relation to the Delivery Plan.

#### **2.3.6 Other impacts**

- Best value

Successful management of waiting times and other targets requires leadership, and engagement with clinical staff. Local performance management information is used to provide as up to date a position as possible in this report. Some information may change when the data is quality assured by Public Health Scotland in readiness for publication.

- Compliance with Corporate Objectives

The achievement of the waiting times and other targets set out within this paper comply with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.

- Local outcomes improvement plans (LOIPs)

The achievement of the targets provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local LOIPs. The achievement of the patients awaiting discharge targets will have a positive contribution towards the Outcomes for Older People priority.

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

There is no legal duty for public involvement in relation to this paper. Any public engagement required for specific service improvement plans will be undertaken as required.

### **2.3.8 Route to the meeting**

The content discussed in this paper has been considered by the Senior Responsible Officer for each area and the Strategic Planning and Operational Group (SPOG). They have either supported the content, and/or their feedback has informed the development of the content presented in this report.

The content of this paper has also been considered by CMT and by the Performance Governance Committee at their meeting on 24<sup>th</sup> July 2025.

## **3. Recommendation**

For discussion - NHS Board members are asked to discuss the information provided in this report which provides assurance that systems and procedures are in place to monitor and manage the continued impact of whole system pressures on the provision of care for our citizens.

## **4. List of appendices**

**Appendix 1** – Performance Report

**Appendix 2** – Quarter 1 Additional Service Updates



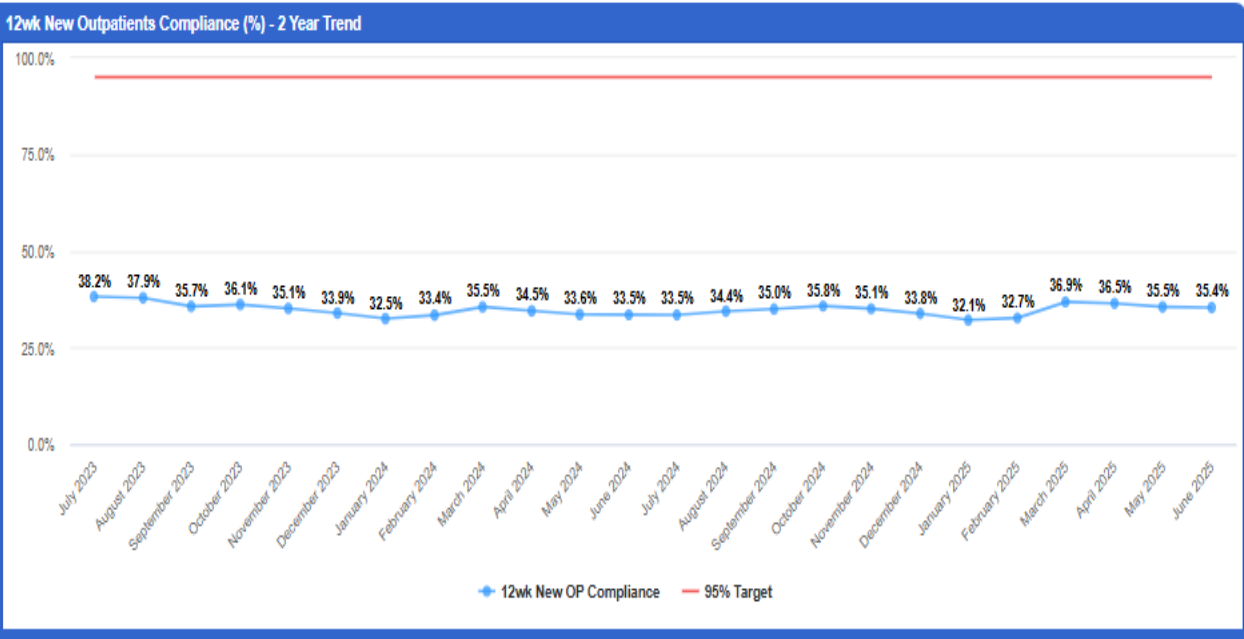
# New Outpatients – National 12 Week Standard/Target

12wk New Outpatients 95% Target

June 2025 result

35.4%

- National Standard/Target** – 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end census)



12wks Access Target (New Outpatients) by Worst Performing Specialty - 95% Target					
Title	Value	Target	Last Update	History	
Oral & Maxillofacial Surgery New OP Compliance - Max 12wks from Referral (95%)	24.6%	95.0%	June 2025		
Neurology New OP Compliance - Max 12wks from Referral (95%)	25.2%	95.0%	June 2025		
Dermatology New OP Compliance - Max 12wks from Referral (95%)	26.4%	95.0%	June 2025		
Diabetes & Endocrinology New OP Compliance - Max 12wks from Referral (95%)	26.6%	95.0%	June 2025		
ENT New OP Compliance - Max 12wks from Referral (95%)	28.0%	95.0%	June 2025		
Plastic Surgery New OP Compliance - Max 12wks from Referral (95%)	30.8%	95.0%	June 2025		
Gastroenterology New OP Compliance - Max 12wks from Referral (95%)	32.5%	95.0%	June 2025		
Orthodontics New OP Compliance - Max 12wks from Referral (95%)	33.3%	95.0%	June 2025		
Ophthalmology New OP Compliance - Max 12wks from Referral (95%)	33.7%	95.0%	June 2025		
General Surgery (inc Vaso) New OP Compliance - Max 12wks from Referral (95%)	34.0%	95.0%	June 2025		
Rheumatology New OP Compliance - Max 12wks from Referral (95%)	35.6%	95.0%	June 2025		
Respiratory Medicine New OP Compliance - Max 12wks from Referral (95%)	37.1%	95.0%	June 2025		
Gynaecology New OP Compliance - Max 12wks from Referral (95%)	38.0%	95.0%	June 2025		
General Medicine New OP Compliance - Max 12wks from Referral (95%)	38.3%	95.0%	June 2025		
Anaesthetics New OP Compliance - Max 12wks from Referral (95%)	43.1%	95.0%	June 2025		
Cardiology New OP Compliance - Max 12wks from Referral (95%)	50.8%	95.0%	June 2025		
Trauma & Orthopaedics New OP Compliance - Max 12wks from Referral (95%)	52.5%	95.0%	June 2025		
Urology New OP Compliance - Max 12wks from Referral (95%)	54.3%	95.0%	June 2025		
OTHER New OP Compliance - Max 12wks from Referral (95%)	58.5%	95.0%	June 2025		

## National Benchmarking – 12 Week New OP Target (95%)

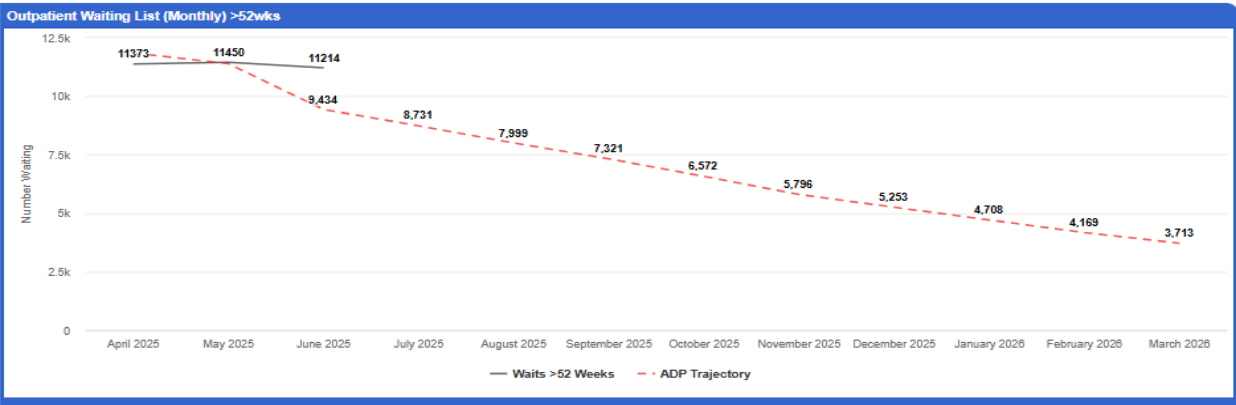
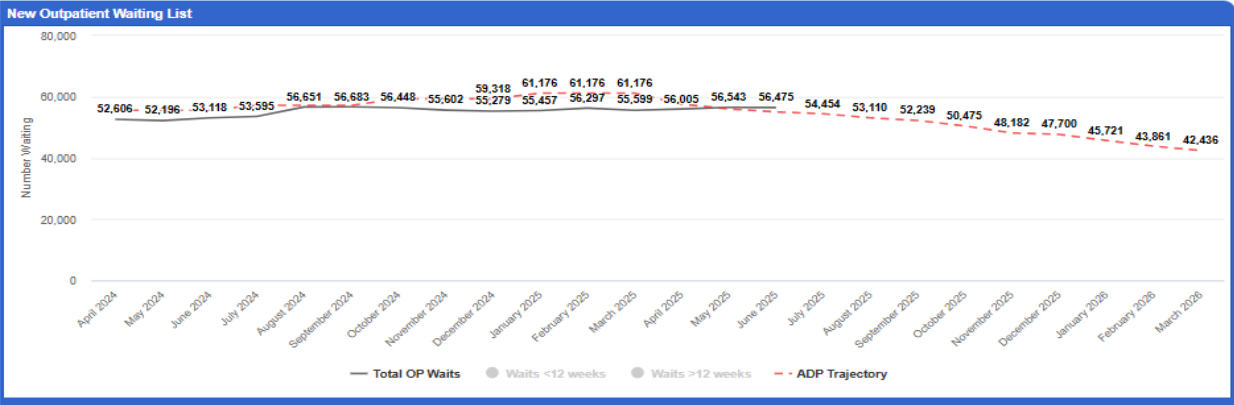
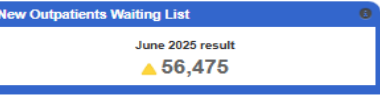
	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	35.5%	34.5%	33.6%	33.5%	33.5%	34.4%	35.0%	35.8%	35.1%	33.8%	32.1%	32.7%	36.9%
Scotland	42.7%	40.6%	40.6%	40.6%	38.6%	38.6%	38.6%	39.3%	39.2%	38.0%	37.0%	37.7%	41.4%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 26<sup>th</sup> August 2025

New Outpatients – Delivery Plan Trajectories 2025/26

By June 2025:

- The total number of patients waiting for a New Outpatient appointment is below 55,048.
- The total number of patients waiting for a New Outpatient appointment >52 weeks is below 9,434



## Delivery Plan Improvement Actions – New Outpatients

Delivery Summary	Improvement Actions
<p>Address Long Outpatient waiting times, working towards national target of no patients &gt;52wks by March 2026</p>	<p>A monthly improvement trajectory is set out which delivers an agreed maximum 3713 TTG patients waiting over 52 weeks at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none"> <li>• Reduce demand through expansion of Active Clinical Referral Treatment &amp; Patient Initiated Review.</li> <li>• Reduce wasted capacity by reducing did not attends (DNAs).</li> <li>• Reduce variation through introduction of new pathway for Benign Skin lesions in line with NHS Scotland Exceptional Referral Protocol.</li> <li>• Support the effective use of medical staff resources by embedding Allocate Job Planning process, and exploring opportunities to link to reporting on actual activity.</li> <li>• Implement specialty specific redesign plans including fully embedding Diabetes &amp; Endocrinology Redesign.</li> </ul> <p>Optimise opportunities for regional working and mutual aid:</p> <ul style="list-style-type: none"> <li>• Dermatology: Progress/scale up National Elective Coordination Unit Image capture and triage initiative.</li> <li>• Minor Ops / Skin lesions: deliver backlog reduction through mutual aid with NHS Forth Valley.</li> <li>• Diabetes &amp; Endocrinology: deliver increased capacity and sustainability through agreeing and implementing Service Level Agreements (SLA) with NHS Forth Valley.</li> <li>• Respiratory Sleep Pathway: deliver increased capacity and sustainability through agreeing and implementing SLA with NHS Greater Glasgow &amp; Clyde.</li> </ul> <p>Deliver supplemental short-term capacity utilising additional Scottish Government funding:</p> <ul style="list-style-type: none"> <li>• Procure and implement Insourcing contracts for Ophthalmology, Gastroenterology, Respiratory, Dermatology.</li> <li>• Deliver additional waiting list initiative activity in line with local plan.</li> </ul> <p>Implement Digital Solutions:</p> <ul style="list-style-type: none"> <li>• Dermatology: Implement Centre for Sustainable Delivery Accelerated National Innovation Adoption (ANIA) Digital Dermatology.</li> <li>• Ophthalmology: Implement Open Eyes to enable introduction of community glaucoma scheme and release capacity within the acute service.</li> </ul>

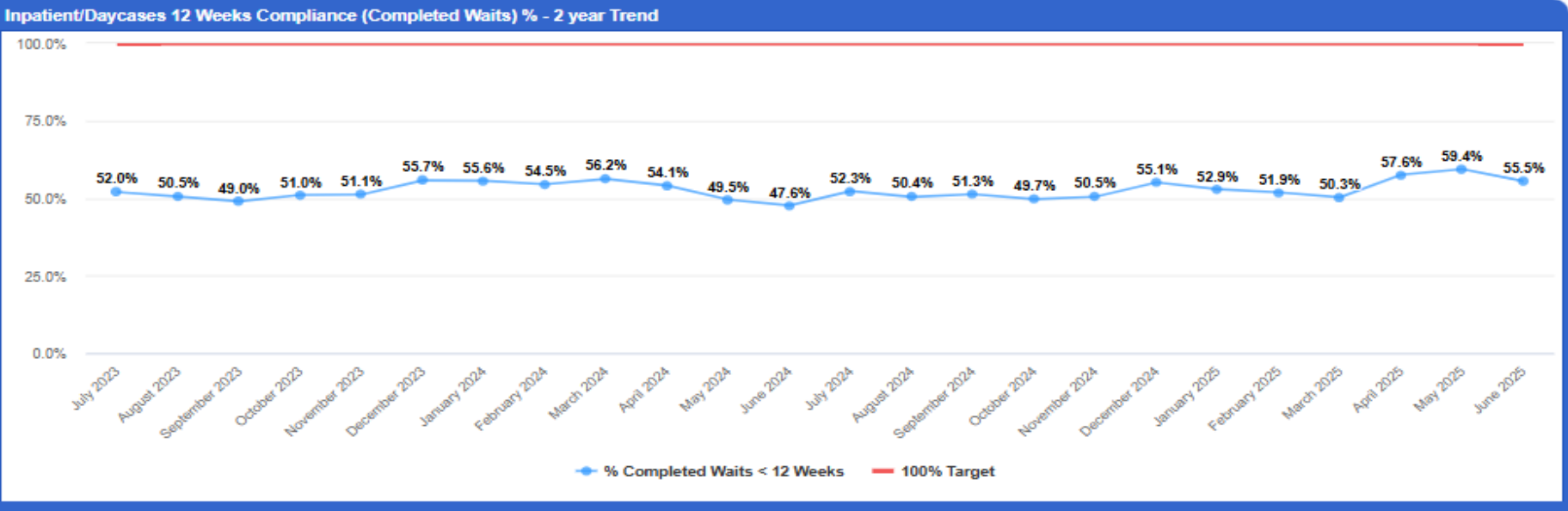
## Inpatients/Day Cases - National 12 Week Standard/Target

12wk IPDC 100% Target (Completed Waits)

June 2025 result

● 55.5%

- National Standard/Target** - 100% of eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed (completed waits)



### National Benchmarking – 12 Week IP/DC Target (100%)

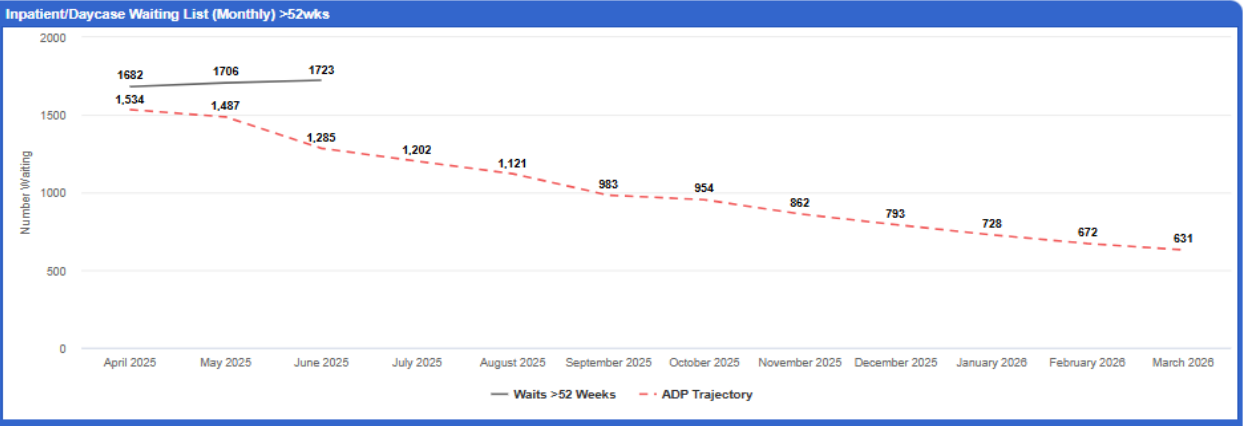
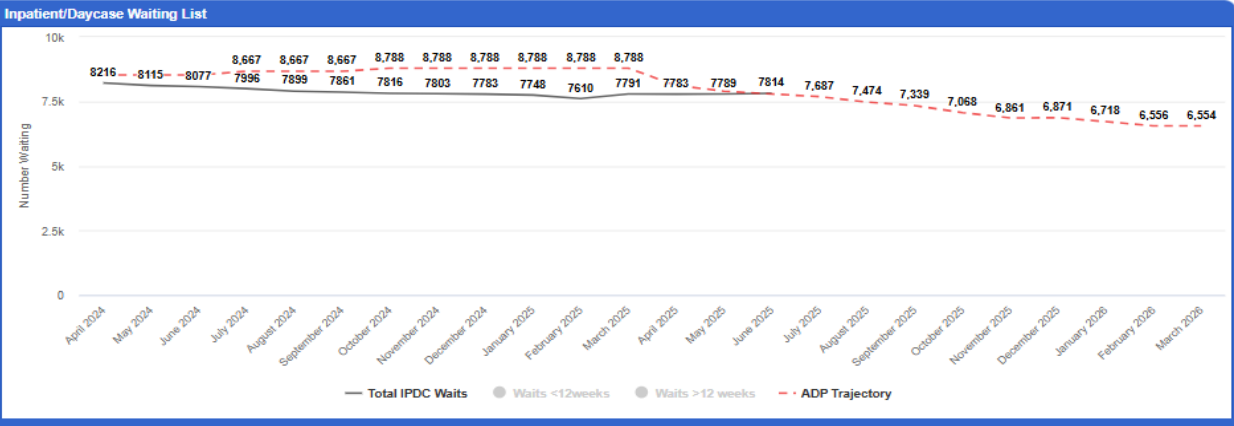
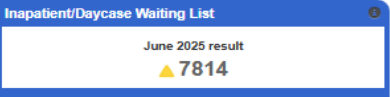
	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	56.2%	54.1%	49.5%	47.6%	52.3%	50.4%	51.3%	49.7%	50.5%	55.1%	52.9%	51.9%	50.3%
Scotland	57.0%	58.3%	58.3%	58.3%	57.6%	57.6%	57.6%	56.9%	56.9%	56.9%	56.7%	56.7%	56.7%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 26<sup>th</sup> August 2025

# Inpatients/Day Cases – Delivery Plan Trajectories 2025/26

By June 2025:

- The total number of patients waiting for Inpatient/Day case treatment is below 7,791
- The total number of patients waiting for Inpatient/Day case treatment >52 weeks is below 1,285



## Delivery Plan Improvement Actions – Inpatients/Day Cases

Delivery Summary	Improvement Actions
Address Long Inpatient/Daycase waiting times, working towards target of no patients >52 weeks by March 2026	<p>A monthly improvement trajectory is set out which delivers an agreed maximum 631 TTG patients waiting over 52 weeks at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none"><li>• Optimise theatre utilisation through robust management and monitoring processes.</li><li>• Further develop measurement of theatre fallow time.</li><li>• Develop and present business case for funding of theatre nursing shortfall in order to increase staffed theatre capacity. Deliver additional operating capacity through engagement of additional theatre nursing staff through recruitment and insourcing from independent sector.</li><li>• Progress and use Demand, Capacity, Activity and Queue (DCAQ) analysis to inform longer term investment in workforce.</li><li>• Improve productivity through further expansion of Centre for Sustainable Delivery/National Plan initiatives: minimum number cataract lists, orthopaedics 4 joint lists.</li></ul> <p>Deliver supplemental short-term capacity utilising additional Scottish Government funding:</p> <ul style="list-style-type: none"><li>• Deliver additional Waiting List Initiatives and insourcing capacity in line with local plan.</li></ul> <p>Implement Digital Solutions:</p> <ul style="list-style-type: none"><li>• Implement the Theatre Scheduling tool.</li></ul>

# Radiology/Imaging - National 6 Week Standard/Target

6wk Imaging Access 100% Target

May 2025 result

66.4%

- National Standard/Target – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)



Imaging Performance by Procedure - 100%Target					
...	Title	Value	Target	Last Update	History
🕒	Imaging - % Barium Studies patients waiting <6 weeks	88.0%	100.0%	May 2025	
🕒	Imaging - % (CT) patients waiting <6wks	78.0%	100.0%	May 2025	
🕒	Imaging - % (MRI) patients waiting <6wks	69.5%	100.0%	May 2025	
🕒	Imaging - % Non-obstetric US patients waiting <6 weeks	59.0%	100.0%	May 2025	

## National Benchmarking - 6 Week Imaging Target (100%)

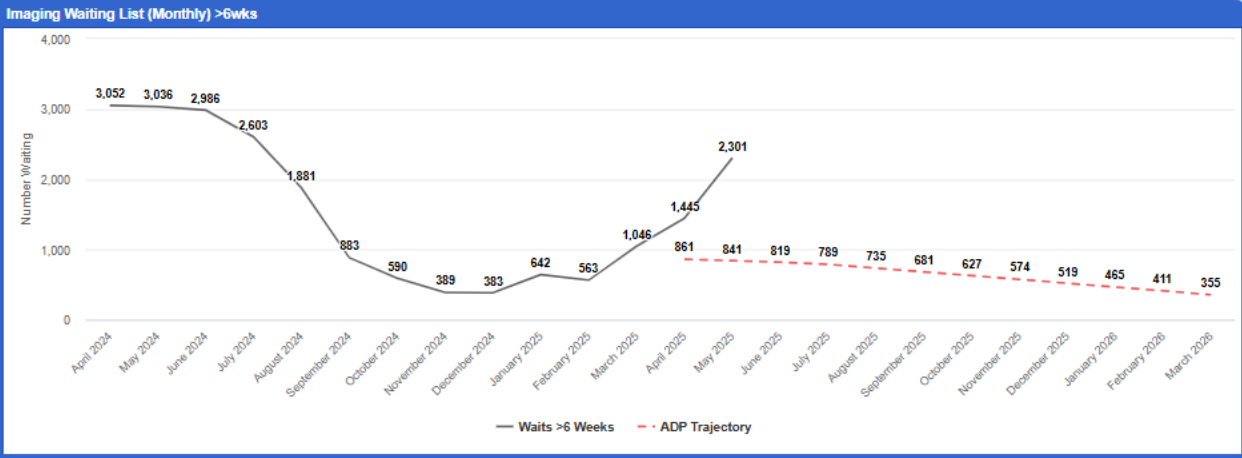
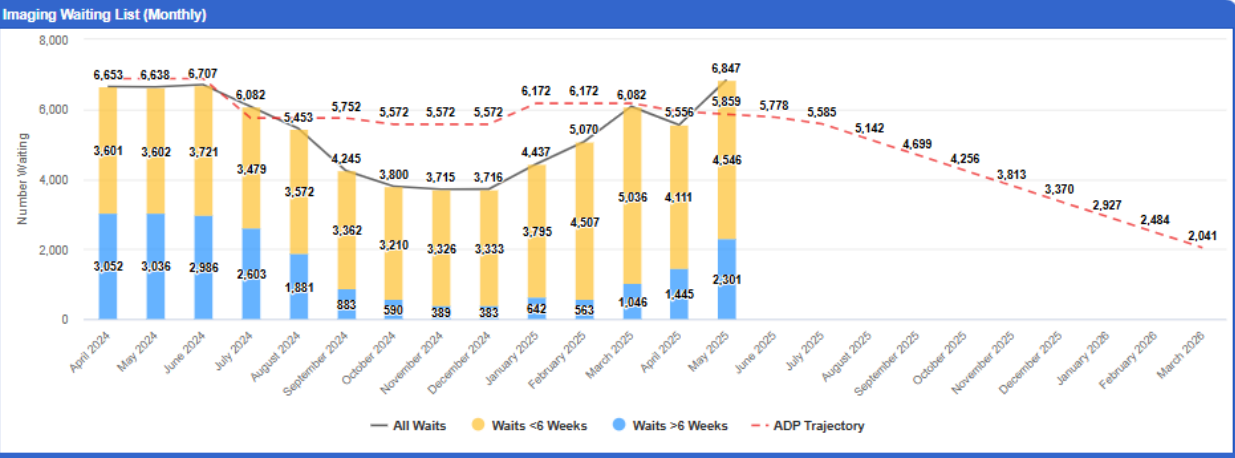
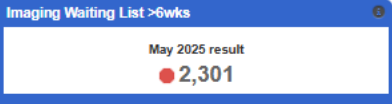
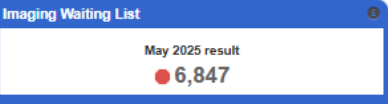
	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	59.8%	54.1%	54.3%	55.5%	57.2%	65.5%	79.2%	84.5%	89.5%	89.7%	85.5%	88.9%	82.8%
Scotland	56.1%	51.8%	52.9%	52.9%	51.0%	53.8%	57.4%	56.6%	60.4%	57.4%	55.3%	64.3%	63.0%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 26<sup>th</sup> August 2025

# Radiology/Imaging – Delivery Plan Trajectories 2025/26

By May 2025:

- Achieve an overall waiting list for Radiology/Imaging of less than 5,859
- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 841



Imaging Waiting List (Monthly) by Test

Title	Value	Target	Last Update	History
Barium Studies - Number of Patients waiting	25	27	May 2025	
CT Scan - Number of Patients waiting	1,692	1,896	May 2025	
MRI - Number of Patients waiting	1,688	1,614	May 2025	
Non Obstetrics Ultrasound - Number of Patients waiting	3,442	2,322	May 2025	

1 of 1

Imaging Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Imaging - No. (MRI) patients waiting >6wks - ADP Trajectory	514	147	May 2025	
Imaging - No. (CT) patients waiting >6wks - ADP Trajectory	373	361	May 2025	
Imaging - No. Non-obstetric US patients waiting >6wks - ADP Trajectory	1,411	331	May 2025	
Imaging - No. Barium Studies patients waiting >6wks - ADP Trajectory	3	2	May 2025	

1 of 1



# Delivery Plan Improvement Actions – Radiology/Imaging

Delivery Summary	Improvement Actions
Reduce waiting times for Medical Imaging Investigations working towards national target of a maximum 6 week wait	<p>A monthly improvement trajectory is set out which delivers an agreed maximum 355 patients waiting over 6 weeks at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none"><li>• Explore potential to increase patient throughput in MRI, by application of acceleration techniques.</li><li>• Fully embed 2 newly trained Ultrasonographers and commence training of 2 additional Sonographers.</li><li>• Implement extended MRI scanning days at UHA in line with SG funded National Plan.</li><li>• Install and introduce MRI extremity scanner. Optimise use of mobile MRI scanners including commissioning of a second mobile MRI scanner for 6 months in line with National Plan.</li></ul> <p>Deliver supplemental short-term capacity:</p> <ul style="list-style-type: none"><li>• Commission mobile MRI scanner for a further 12 months.</li></ul>

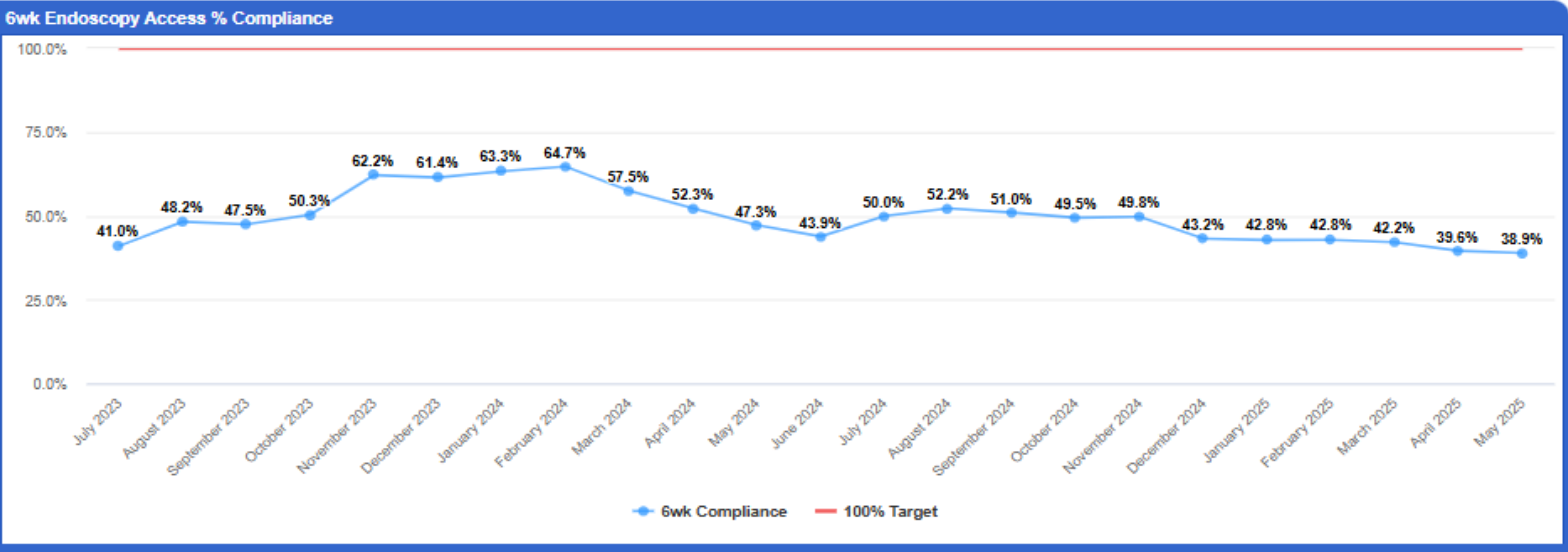
# Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Access 100% Target

May 2025 result

● 38.9%

- National Standard/Target** – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)



Endoscopy Performance by Procedure - 100% Target						
Title	Value	Numerator	Denominator	Target	Last Update	History
Endoscopy - % Colonoscopy patients waiting <8 weeks	51.4%	373	726	100.0%	May 2025	
Endoscopy - % Upper Endoscopy patients waiting <8 weeks	35.1%	489	1,393	100.0%	May 2025	
Endoscopy - % Lower Endoscopy patients waiting <8 weeks	26.6%	72	271	100.0%	May 2025	
Endoscopy - % Cystoscopy patients waiting <8 weeks	23.1%	6	26	100.0%	May 2025	
Endoscopy - % Cytosponge patients waiting <8 weeks	0.0%	0	0	100.0%	May 2025	

## National Benchmarking – 6 Week Endoscopy Target (100%)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	57.5%	52.3%	47.3%	43.9%	50.0%	52.2%	51.0%	49.5%	49.8%	43.2%	42.8%	42.8%	42.2%
Scotland	41.6%	39.6%	40.8%	40.0%	39.0%	39.9%	41.3%	40.5%	41.6%	39.9%	38.9%	43.3%	43.8%

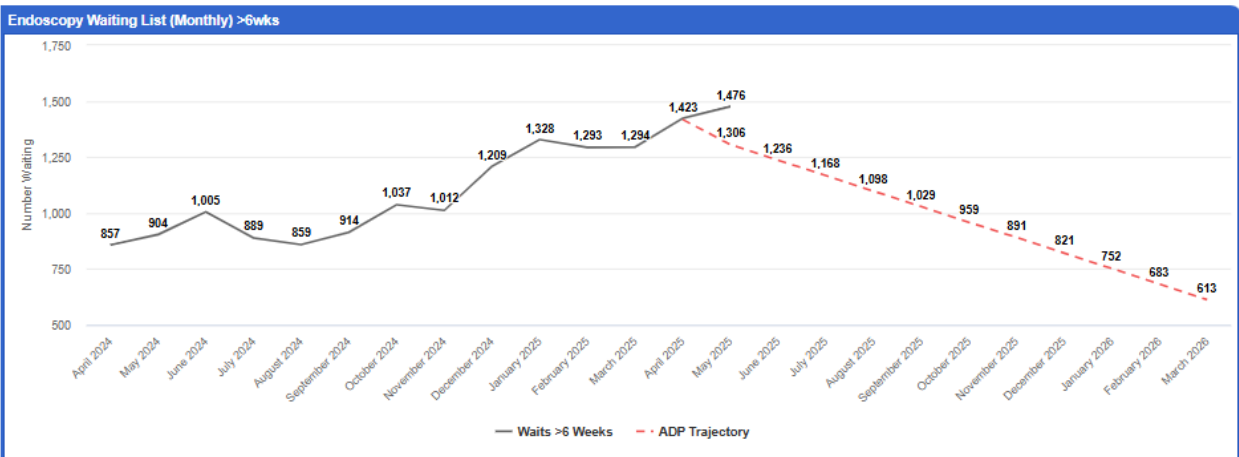
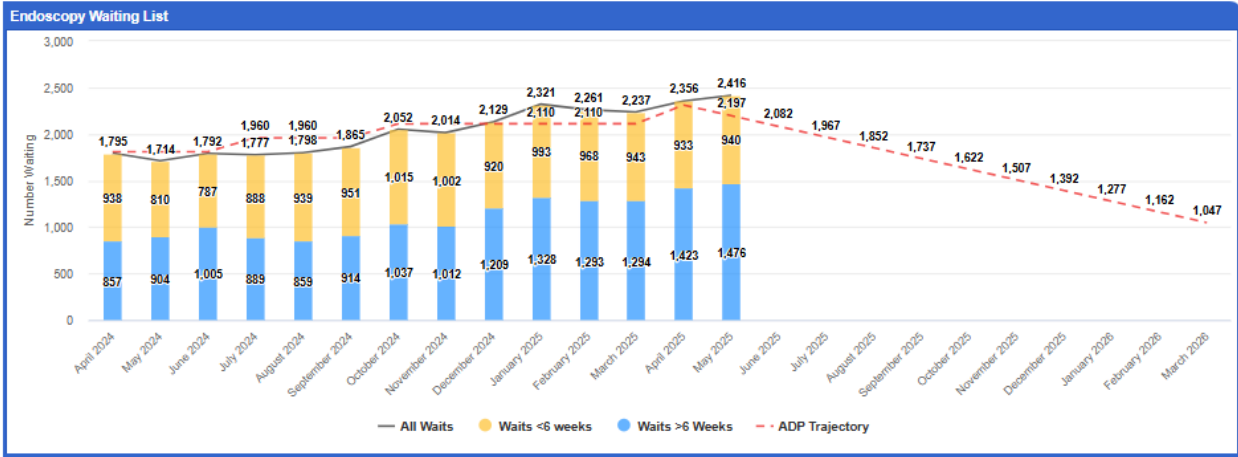
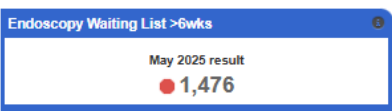
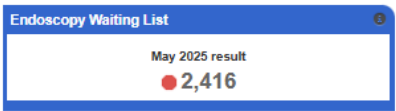
Source: Public Health Scotland and Local Management Reports

Next National Benchmarking Update: 26<sup>th</sup> August 2025

# Endoscopy – Delivery Plan Trajectories 2025/26

By May 2025:

- Achieve a Diagnostic Endoscopy Waiting List below 2,197
- Achieve a Diagnostic Endoscopy Waiting List >6 weeks below 1,306



Endoscopy Waiting List (Monthly) by Test					
Title	Value	Target	Last Update	History	
Upper Endoscopy - Number of Patients waiting	1,393	1,242	May 2025		
Lower Endoscopy - Number of Patients waiting	271	238	May 2025		
Colonoscopy - Number of Patients waiting	726	691	May 2025		
Cystoscopy - Number of Patients waiting	26	26	May 2025		

Endoscopy Waiting List (Monthly) >6wks by Test					
Title	Value	Target	Last Update	History	
Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory	904	783	May 2025		
Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory	199	184	May 2025		
Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory	353	323	May 2025		
Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectory	20	16	May 2025		

# Delivery Plan Improvement Actions – Endoscopy

Delivery Summary	Improvement Actions
Reduce waiting times for Endoscopy, working towards maximum 6 week wait	<p>A monthly improvement trajectory is set out which delivers an agreed maximum 613 patients waiting over 6 weeks at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none"><li>Fully embed primary care based qFiT.</li><li>Finalise plan for implementation of double qFiT.</li><li>Explore options to mitigate loss of recovery capacity at UHC.</li></ul> <p>Optimise opportunities for regional working and mutual aid:</p> <ul style="list-style-type: none"><li>Reduce waiting lists through utilisation of assigned Golden Jubilee National Hospital capacity.</li></ul> <p>Implement Digital Solutions:</p> <ul style="list-style-type: none"><li>Implement national Endoscopy Reporting System.</li></ul>

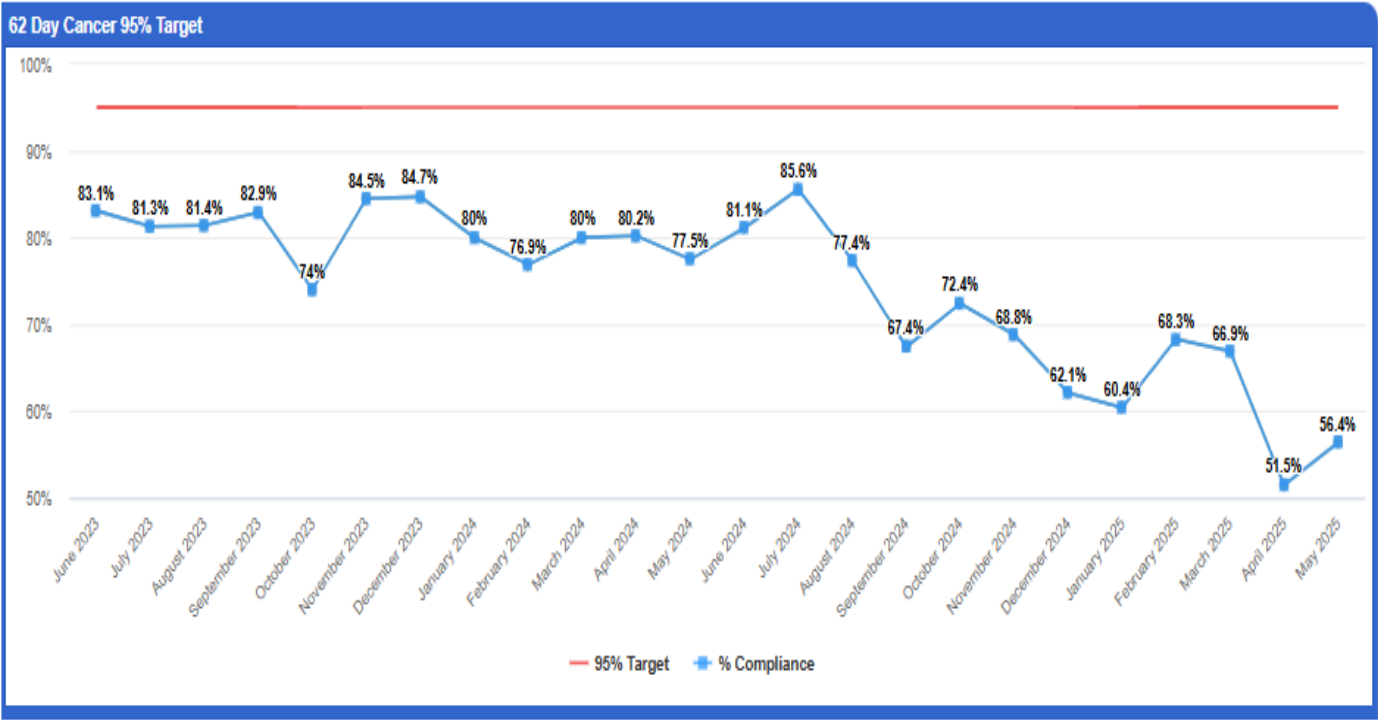
## Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

May 2025 result

● 56.4%

- National Standard/Target** - 95% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral



62		NHS Board															
Apr-25		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	56.5%	100.0%	100.0%	92.3%	100.0%	87.5%	99.1%	71.4%	100.0%	90.7%	-	50.0%	74.1%	-	-	89.2%
	Cx	100.0%	-	100.0%	0.0%	100.0%	-	12.5%	-	100.0%	-	-	-	100.0%	-	-	46.7%
	Colo	75.0%	100.0%	100.0%	94.4%	62.5%	35.5%	48.9%	80.0%	92.3%	68.0%	-	100.0%	50.0%	40.0%	-	64.6%
	H&N	60.0%	100.0%	-	100.0%	88.9%	25.0%	54.5%	66.7%	100.0%	94.7%	-	-	75.0%	0.0%	-	76.6%
	Lung	70.6%	80.0%	100.0%	75.0%	80.0%	71.4%	79.1%	90.0%	93.8%	85.7%	-	-	57.1%	66.7%	-	78.5%
	Lym	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	-	-	-	-	-	89.7%
	Mel	83.3%	0.0%	100.0%	100.0%	80.0%	33.3%	87.5%	100.0%	100.0%	100.0%	-	-	100.0%	-	-	86.7%
	Ov	100.0%	100.0%	100.0%	100.0%	-	100.0%	60.0%	-	100.0%	100.0%	-	-	100.0%	-	-	90.5%
	UGI	100.0%	100.0%	100.0%	80.0%	100.0%	64.7%	60.9%	100.0%	100.0%	91.7%	0.0%	83.3%	100.0%	100.0%	-	78.0%
	Urol	14.3%	25.0%	29.4%	20.0%	25.9%	26.2%	31.6%	72.2%	100.0%	25.5%	-	100.0%	29.4%	60.0%	-	35.9%
	All	51.5%	64.1%	77.4%	65.9%	63.4%	51.3%	66.9%	77.7%	97.5%	75.8%	0.0%	81.8%	53.8%	53.3%	-	68.1%

### National Benchmarking - 62 Day Cancer Target (95%)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	80.0%	80.2%	77.5%	81.1%	85.6%	77.4%	67.4%	72.4%	68.8%	62.1%	60.4%	68.3%	66.9%
Scotland	71.3%	72.9%	71.4%	70.9%	72.1%	69.5%	70.3%	70.1%	73.3%	72.6%	66.4%	73.9%	55.7%

## Cancer 62 day – Delivery Plan Trajectories 2025/26

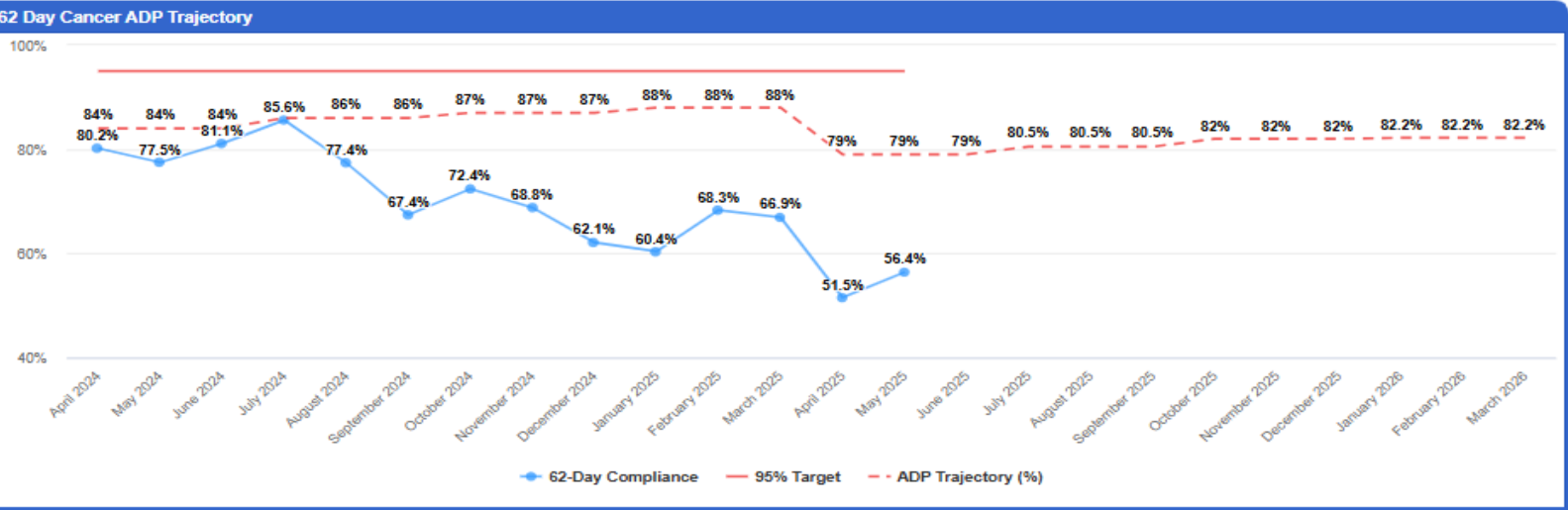
By June 2025, of those urgently referred with a suspicion of cancer:

- 79% to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

May 2025 result

● 56.4%



62 Day by Cancer type - ADP

Title	Value	Target	Last Update	History
Breast Cancer - Waiting Times - 62 Day ADP Target	67.7%	80.0%	May 2025	
Colorectal Cancer - Waiting Times - 62 Day ADP Target	64.7%	88.0%	May 2025	
Urological Cancer - Waiting Times - 62 Day ADP Target	24.1%	50.0%	May 2025	
Head and Neck Cancer - Waiting Times - 62 Day ADP Target	66.7%	65.0%	May 2025	
Cervical Cancer - Waiting Times - 62 Day ADP Target	0.0%	75.0%	May 2025	
Lung Cancer - Waiting Times - 62 Day ADP Target	80.0%	100.0%	May 2025	
Lymphoma Cancer - Waiting Times - 62 Day ADP Target	100.0%	80.0%	May 2025	
Melanoma Cancer - Waiting Times - 62 Day ADP Target	57.1%	70.0%	May 2025	
Ovarian Cancer - Waiting Times - 62 Day ADP Target	0.0%	100.0%	May 2025	
Upper Gastro-Intestinal Cancer - Waiting Times - 62 Day ADP Target	50.0%	80.0%	May 2025	

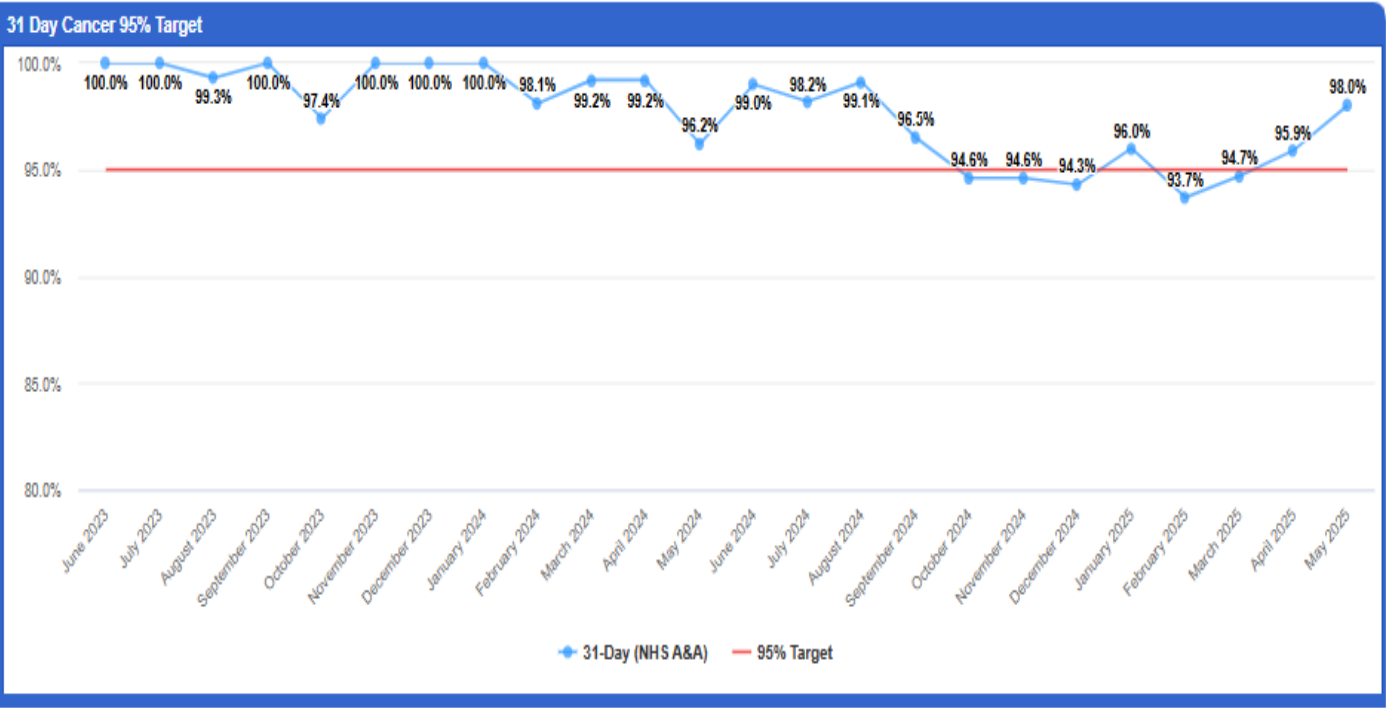
Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

May 2025 result

98.0%

- National Standard/Target - 95% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat



31		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Apr-25																
	Br	95.7%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	86.2%	100.0%	98.1%	-	100.0%	75.0%	-	-	95.7%
	Cx	-	-	100.0%	-	100.0%	100.0%	93.3%	-	-	100.0%	-	-	100.0%	-	-	95.5%
	Colo	100.0%	66.7%	100.0%	100.0%	95.0%	83.3%	93.7%	95.8%	100.0%	100.0%	-	100.0%	96.9%	100.0%	-	95.0%
	H&N	100.0%	-	100.0%	-	100.0%	71.4%	100.0%	80.0%	100.0%	100.0%	-	-	92.3%	-	-	95.7%
	Lung	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	91.7%	100.0%	95.5%	-	100.0%	100.0%	100.0%	100.0%	97.6%
	Lym	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	100.0%	-	-	100.0%
	Mel	100.0%	0.0%	100.0%	100.0%	100.0%	75.0%	96.9%	100.0%	100.0%	100.0%	-	-	100.0%	-	-	96.2%
	Ov	-	-	-	100.0%	100.0%	100.0%	100.0%	-	-	100.0%	-	-	100.0%	-	-	100.0%
	UGI	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	96.9%	100.0%	100.0%	94.2%	100.0%	100.0%	100.0%	100.0%	-	97.1%
	Urol	92.5%	100.0%	100.0%	96.0%	100.0%	88.7%	87.0%	95.3%	100.0%	69.1%	-	100.0%	93.4%	100.0%	-	89.3%
	All	95.9%	94.3%	100.0%	98.5%	99.0%	90.0%	94.6%	93.1%	100.0%	91.1%	100.0%	100.0%	92.3%	100.0%	100.0%	94.4%

National Benchmarking – 31 Day Cancer Target (95%)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	99.2%	99.2%	96.2%	99.0%	98.2%	99.1%	96.5%	94.6%	94.6%	94.3%	96.0%	93.7%	94.7%
Scotland	94.7%	94.6%	94.4%	95.4%	94.4%	93.7%	93.7%	94.4%	93.7%	93.7%	94.4%	93.7%	93.7%

# Cancer 31 day – Delivery Plan Trajectories 2025/26

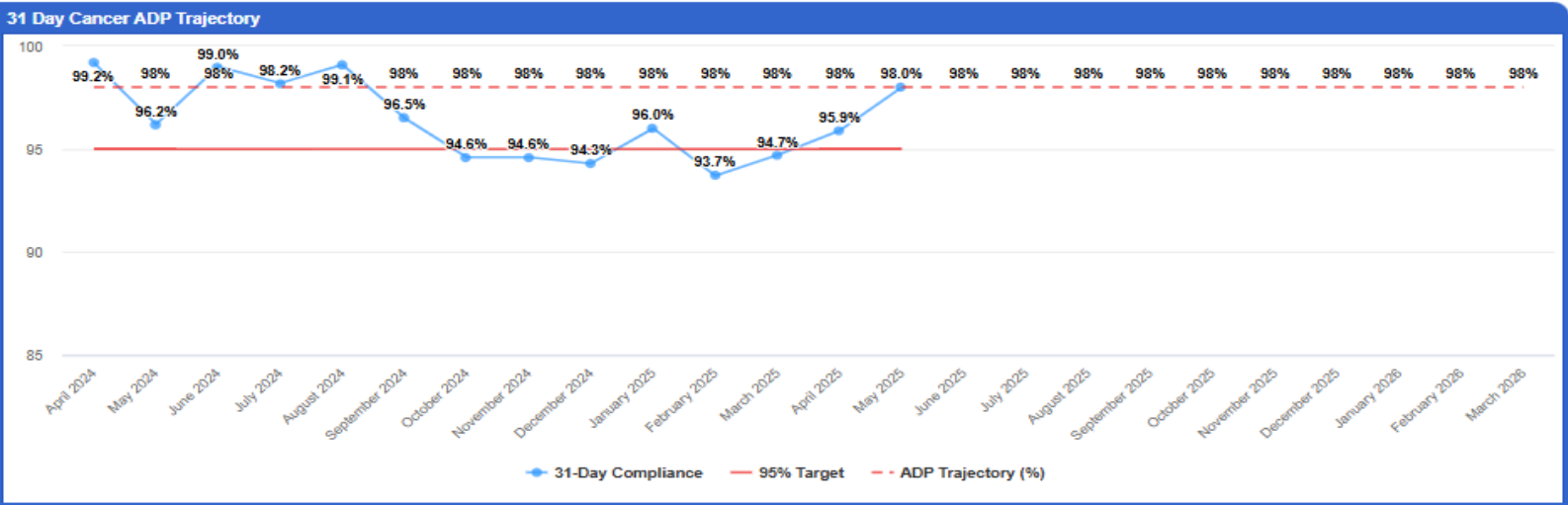
By June 2025:

- 98% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat

31 Day Cancer ADP Trajectory

May 2025 result

98.0%



31 Day by Cancer type - ADP

Title	Value	Target	Last Update	History
Breast Cancer - Waiting Times - 31 Day ADP Target	100.0%	98.0%	May 2025	
Cervical Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Colorectal Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Head and Neck Cancer - Waiting Times - 31 Day ADP Target	100.0%	95.0%	May 2025	
Lung Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Lymphoma Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Melanoma Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Ovarian Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Upper Gastro-Intestinal Cancer - Waiting Times - 31 Day ADP Target	100.0%	100.0%	May 2025	
Urological Cancer - Waiting Times - 31 Day ADP Target	93.5%	98.0%	May 2025	



# Delivery Plan Improvement Actions – Cancer

Delivery Summary	Improvement Actions
<p data-bbox="66 197 392 258"><b>Improve Cancer Waiting Time Targets</b></p> <p data-bbox="66 344 448 444"><b>62-day target to 82% and 31-day target to 98% by March 2026</b></p>	<p data-bbox="461 197 1411 225">Ensure sufficient diagnostic capacity in radiology, pathology and endoscopy:</p> <ul data-bbox="461 254 2387 925" style="list-style-type: none"> <li data-bbox="461 254 1997 282">• Deliver increased capacity and sustainability in medical imaging through implementation of the Imaging National Plan.</li> <li data-bbox="461 311 1411 339">• Recruit additional 1 WTE Breast Radiologist with additional SG funding.</li> <li data-bbox="461 368 1437 396">• Explore options to mitigate loss of endoscopy recovery capacity at UHC.</li> <li data-bbox="461 425 1768 454">• Further expand use of qFIT, Trans nasal Endoscopy and CytoScot to optimise endoscopy capacity.</li> <li data-bbox="461 482 1386 511">• Progress collaboration with NHSFV in relation to Pathology capacity.</li> <li data-bbox="461 539 2387 639">• Explore and implement opportunities to further develop and expand Robot Assisted Surgery including cross-board collaboration for Urological cancer surgery. Deliver additional short-term capacity for Robotic assisted laparoscopic prostatectomy via 12 additional weekend operating days funded by Scottish Government.</li> <li data-bbox="461 668 1742 696">• Manage demand through appropriate clinical prioritisation at vetting Active Clinical Referral Triage.</li> <li data-bbox="461 725 2023 753">• Support the effective use of medical staff resource by embedding Allocate job planning process across diagnostic teams.</li> <li data-bbox="461 782 2354 811">• Ensure sustainability through continued expansion of skilled non-medical staff e.g. reporting radiographers, dissectionists and nurse endoscopists.</li> <li data-bbox="461 839 2099 868">• Continued application of the Framework for Effective Cancer Management with robust organisational oversight of all services.</li> <li data-bbox="461 896 1513 925">• Consolidate governance through establishment of a Cancer Monitoring Group.</li> </ul>
<p data-bbox="66 989 384 1089"><b>Improve Quality Performance Indicators (QPI) Performance</b></p>	<p data-bbox="461 989 2321 1053">Representation at West of Scotland Cancer Network Regional Groups and continued engagement with local and regional clinical leads to identify and address any areas of lower performance or clinical concern. Key areas of QPI action based on recent data are:</p> <ul data-bbox="461 1082 2201 1340" style="list-style-type: none"> <li data-bbox="461 1082 1462 1110">• Diagnostic waiting times, specifically reporting for pathology and radiology.</li> <li data-bbox="461 1139 1411 1168">• Diagnostic capacity, specifically PET in NHS Greater Glasgow &amp; Clyde.</li> <li data-bbox="461 1196 2201 1225">• Adopt MS Teams PowerApp MDT system on phased roll-out across region to ensure timely and accurate recording of MDT outcomes.</li> <li data-bbox="461 1253 1844 1282">• Scope opportunity to use endoscopy technology to identify upper GI cancers at a pre-symptomatic stage.</li> <li data-bbox="461 1310 1819 1340">• Review melanoma pathway including more streamlined process for notification of melanoma diagnosis.</li> </ul>

## Delivery Plan Improvement Actions – Cancer

Delivery Summary	Improvement Actions
<p>Support the development of a Target Operating Model for oncology, and work across the region and locally to address shortfalls in oncology capacity</p>	<p>Support the Regional and National Planning approach to develop a Scottish Target Operating Model for Oncology. Meantime we will continue to work closely with colleagues in NHS Greater Glasgow &amp; Clyde and the Beatson West of Scotland Cancer Centre to explore and implement opportunities to increase capacity and sustainability including:</p> <ul style="list-style-type: none"> <li>• Maximise non-medical prescribing to support the visiting medical oncology teams and our own Haematology team.</li> <li>• Maximise advanced practice roles and ensure succession planning in CNS teams.</li> <li>• Expand the navigator/single point of contact workforce to support specialist nurses and free up clinical time.</li> <li>• Review any new treatments to ensure service impact is considered; take cognisance of horizon scanning for new medicines.</li> <li>• Review and scope plans for development of local facilities for Systemic Anti-Cancer Therapy (SACT) delivery which ensure safe and sustainable capacity.</li> <li>• Assess local capacity for any potential repatriation of SACT treatment normally delivered at the Beatson West of Scotland Cancer Centre.</li> </ul>
<p>Ensure earlier and faster diagnosis at stage I and II in line with Cancer Strategy</p>	<p>Earlier and faster diagnosis at stage I and II is a key aim of the Cancer Strategy. We will:</p> <ul style="list-style-type: none"> <li>• Optimise screening pathways (breast, cervical and colorectal), enhance diagnostics and prioritise time to first secondary care interaction.</li> <li>• Support innovation including use of AI developments such as chest-x-ray AI.</li> <li>• Targeted education and support to primary care to ensure appropriate Urgent Suspected Cancer referrals in line with new Scottish Referral Guidelines.</li> <li>• Develop Ref Help and improve referral templates.</li> <li>• Embed Rapid Cancer Diagnosis Service to include a Cancer of Unknown Primary MDT.</li> <li>• Implement the optimal lung and head and neck pathways, and forthcoming colorectal pathway.</li> </ul>

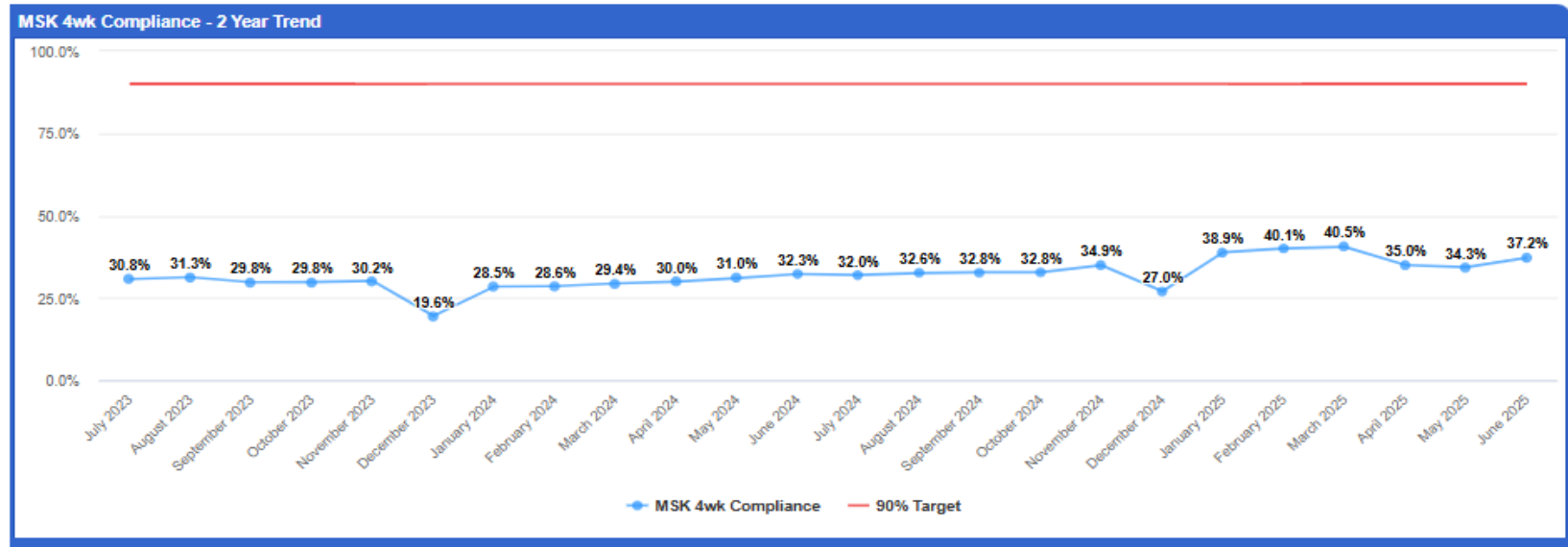
# Musculoskeletal (MSK) - National 4 week Standard/Target

MSK 4wk MSK 4 Weeks % Comp...

June 2025 result

37.2%

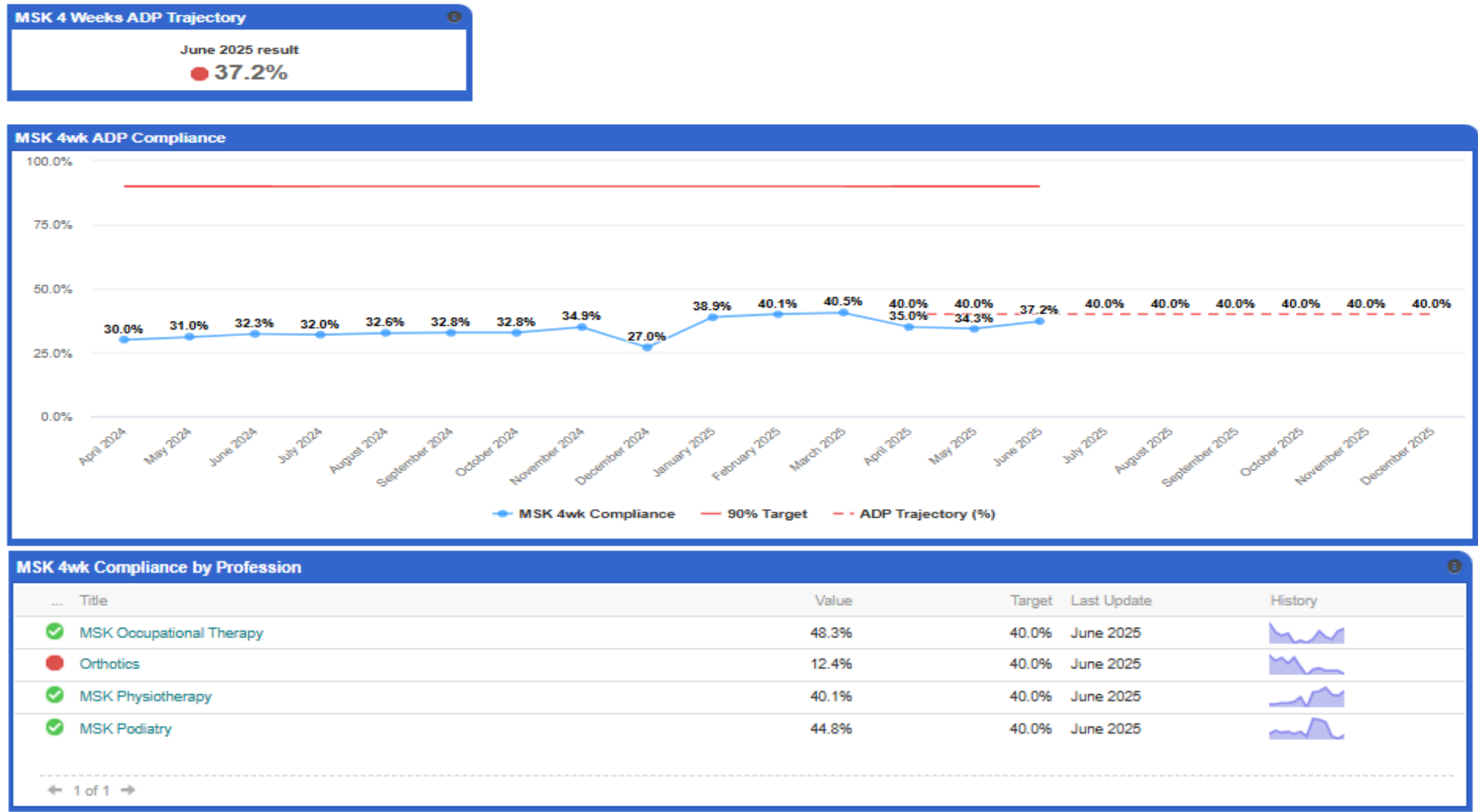
- National Standard/Target** - At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services.



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	29.4%	30.0%	31.0%	32.3%	32.0%	32.6%	32.8%	32.8%	34.9%	27.0%	38.9%	40.1%	40.5%
Scotland	53.5%	48.4%	51.0%	50.2%	49.6%	48.2%	50.0%	48.7%	48.7%	49.3%	43.8%	48.9%	50.3%

# Musculoskeletal (MSK) - Delivery Plan Trajectories 2025/26

- By June 2025:
- At least 40% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services.



## Delivery Plan Improvement Actions - Musculoskeletal (MSK) excluding Orthotics

Delivery Summary	Improvement Actions
<b>Increase MSK compliance with National 4 week waiting time target</b>	<ul style="list-style-type: none"> <li>• Develop MSK Performance Measurement Plan.</li> <li>• Test texting patient with invite to treatment to enable patient focussed booking.</li> <li>• Review of MSK conditions where Active Clinical Referral Triage (ACRT) has been implemented and expand to other presentations if able.</li> <li>• Routinely use MSK HQ outcome measure at entry and exit from service.</li> <li>• Review of MSK referral and vetting guidance.</li> <li>• Test early intervention clinic within South locality and assess impact on waiting times with a view to replicating in East and North.</li> </ul>
<b>Develop new models of care which support management of demand into MSK Services</b>	<ul style="list-style-type: none"> <li>• Test texting patients with self-management advice while on the waiting list.</li> <li>• Review MSK website content and update where clinically required, improve health literacy, fix broken links, inclusion of printable content.</li> <li>• Refine and further testing of Community Appointment Day model including hosting events in North and South Ayrshire localities.</li> <li>• Develop digital patient initiated referral platform for MSK Service.</li> <li>• Robust training and education programme developed for referrers to service.</li> <li>• Utilisation of Community Assets including engagement with primary care; and increased targeted education group clinics.</li> </ul>
<b>Facilitate recruitment and retention of MSK workforce</b>	<ul style="list-style-type: none"> <li>• Review current clinical supervision arrangements ensuring all staff have access to clinical supervision to support staff wellbeing.</li> <li>• Embed and further develop development roles within service to ensure resilience and succession planning.</li> <li>• Review of skill mix within the service including health care support worker role.</li> <li>• Embed a robust MSK education programme for all staff with collaborative delivery across all MSK teams.</li> <li>• Collaboratively deliver practice education placements to reduce duplication and enable peer support for students.</li> <li>• Implement job planning for all staff within the service.</li> <li>• Progress a review to understand the factors currently impacting on recruitment and retention of MSK Physiotherapy staff.</li> </ul>

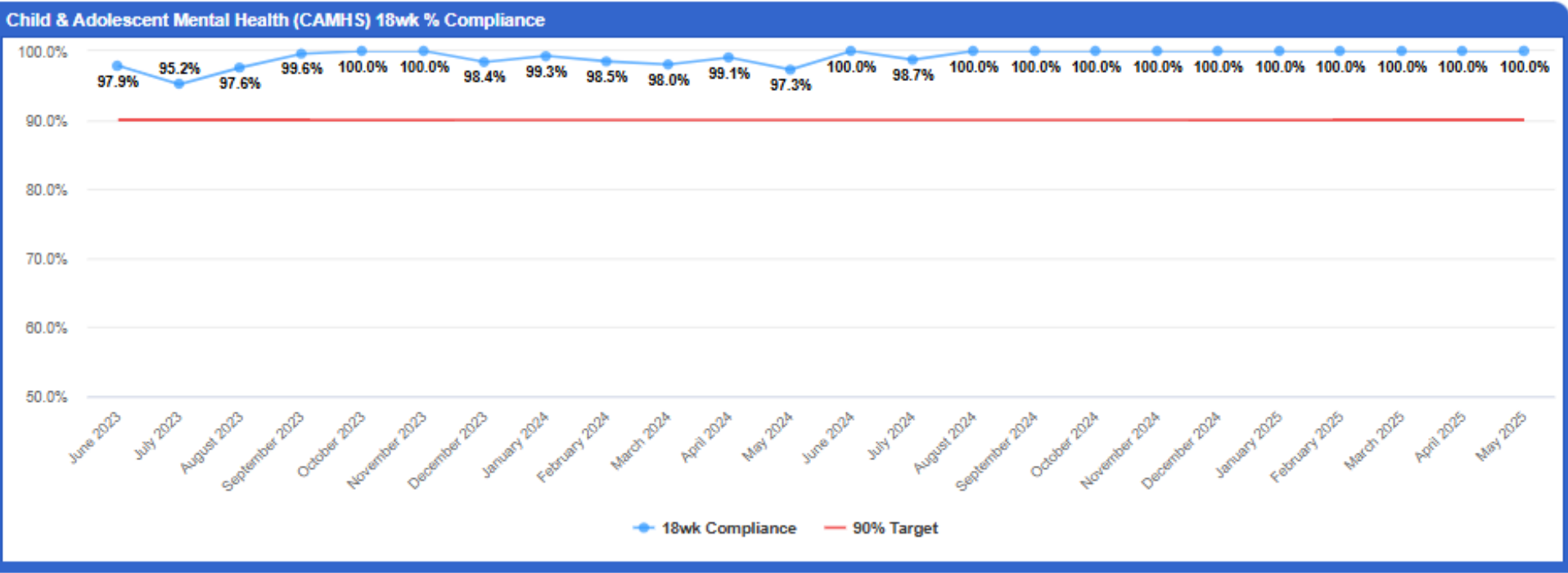
# CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

May 2025 result

100.0%

- National Standard/Target** – 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral.



## National Benchmarking - 18 weeks CAMHS Target (90%)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	98.0%	99.1%	97.3%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Scotland	78.4%	77.3%	79.1%	78.5%	74.9%	74.5%	77.3%	77.5%	79.9%	80.5%	80.0%	81.0%	80.4%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 2<sup>nd</sup> September 2025

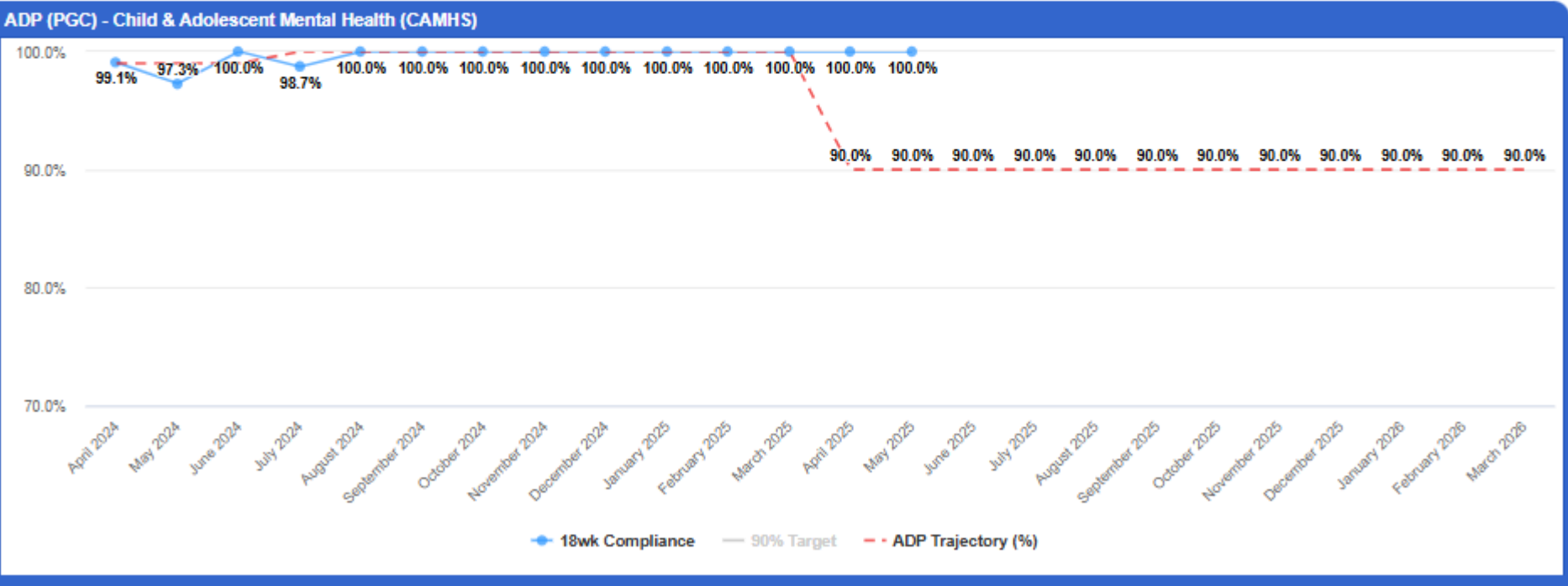
# CAMHS – Delivery Plan Trajectories 2025/26

- By June 2025:
- 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral

CAMHS 18wk ADP Trajectory

May 2025 result

✓ 100.0%



# Delivery Plan Improvement Actions – CAMHS

Delivery Summary	Improvement Actions
Maintain the CAMHS 18 week Referral to Treatment (RTT) and work towards the 4 week target within National Specification	<p>Improve access to mental health service.</p> <p>Build capacity and sustainable delivery.</p> <p>Utilise Trakcare and CAMHS Benson Wintere Demand, Capacity, Activity and Queue (DCAQ) Model.</p>
Improve service delivery and resilience with the recruitment and retention of CAMHS workforce	<p>Further develop and expand on the skill mix of the workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.</p>
Improving mental health environment and patient safety	<p>CAMHS business case will have been developed for CAMHS Inpatient beds in Ayrshire on the Woodland View Site. Recent communications regarding capital spend whilst remaining a key objective will result in a delay, whilst potential funding streams are sourced.</p>



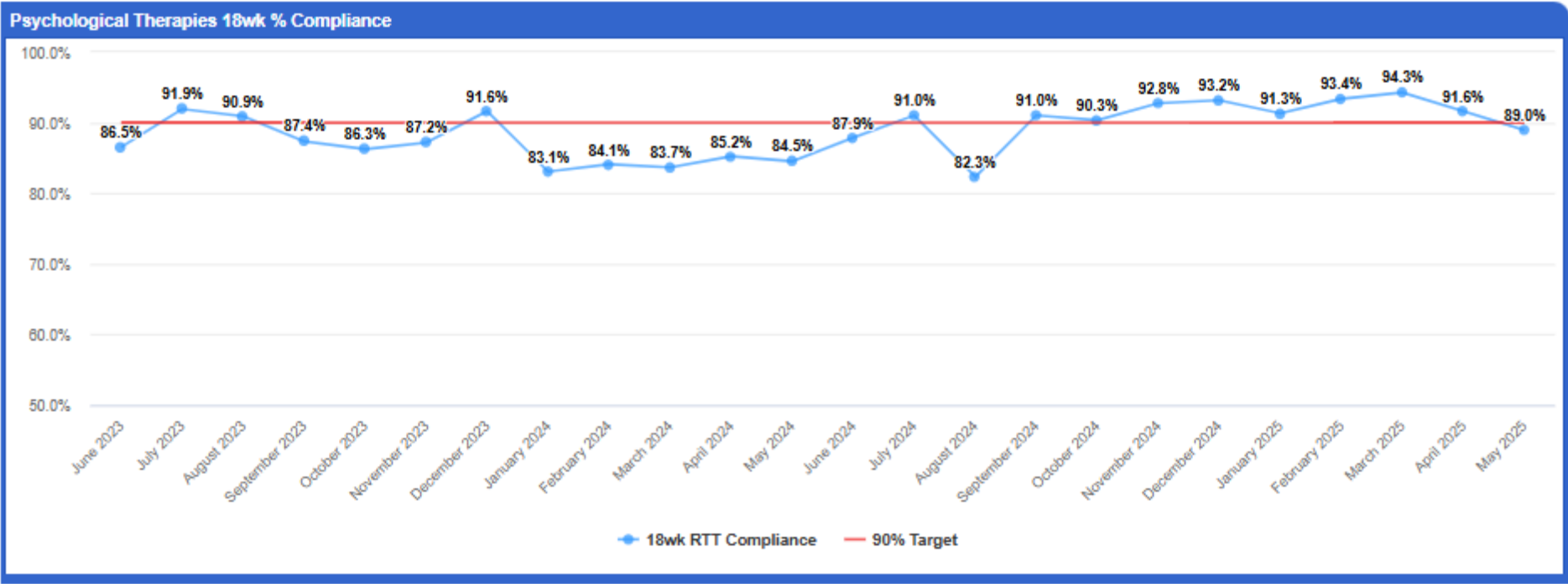
# Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

May 2025 result

▲ 89.0%

- National Standard/Target** – 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.



## National Benchmarking – 18 Weeks PT Target (90%)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	83.7%	85.2%	84.5%	87.9%	91.0%	82.3%	91.0%	90.3%	92.8%	93.2%	91.3%	93.4%	94.3%
Scotland	80.6%	80.2%	80.2%	80.4%	78.7%	79.8%	81.5%	81.1%	78.9%	81.6%	76.6%	78.3%	81.3%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 2<sup>nd</sup> September 2025

# Psychological Therapies – Delivery Plan Trajectories 2025/26

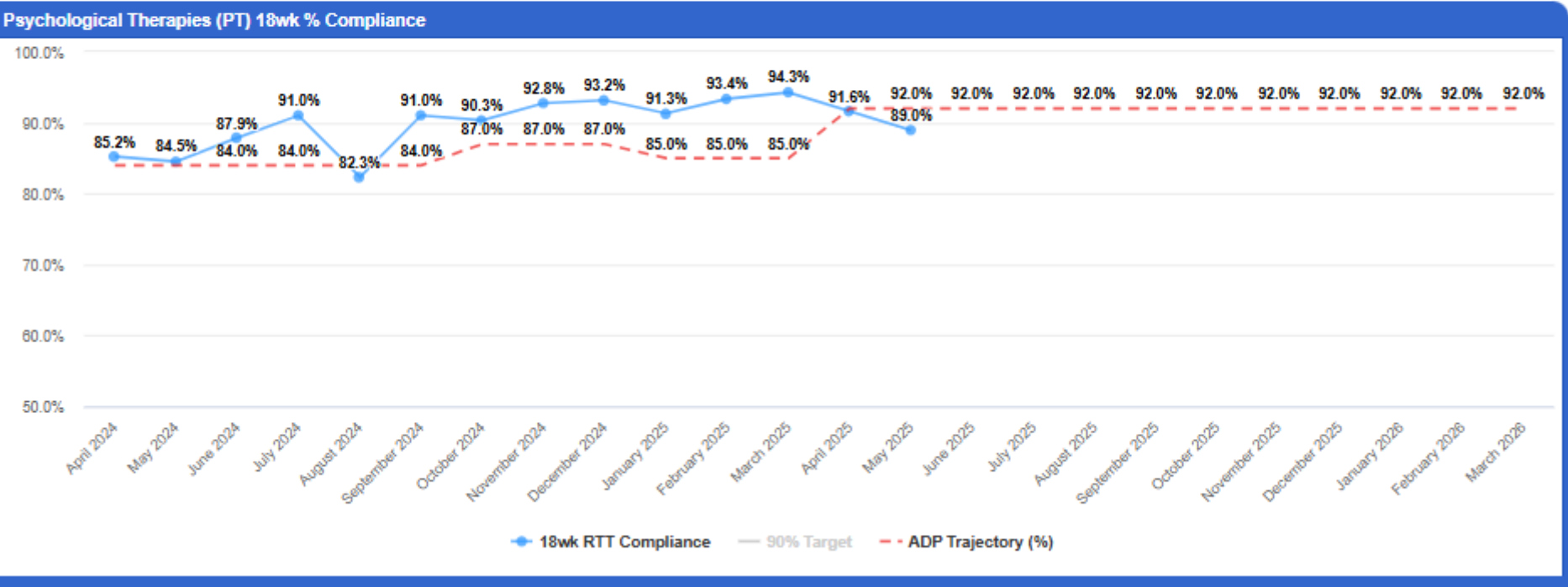
By June 2025:

- 92% of patients to commence Psychological Therapy based treatment within 18 weeks of referral

Psychological Therapies 18 ADP Trajectory

May 2025 result

▲ 89.0%



Source: Local Management Reports

# Delivery Plan Improvement Actions – Psychological Therapies

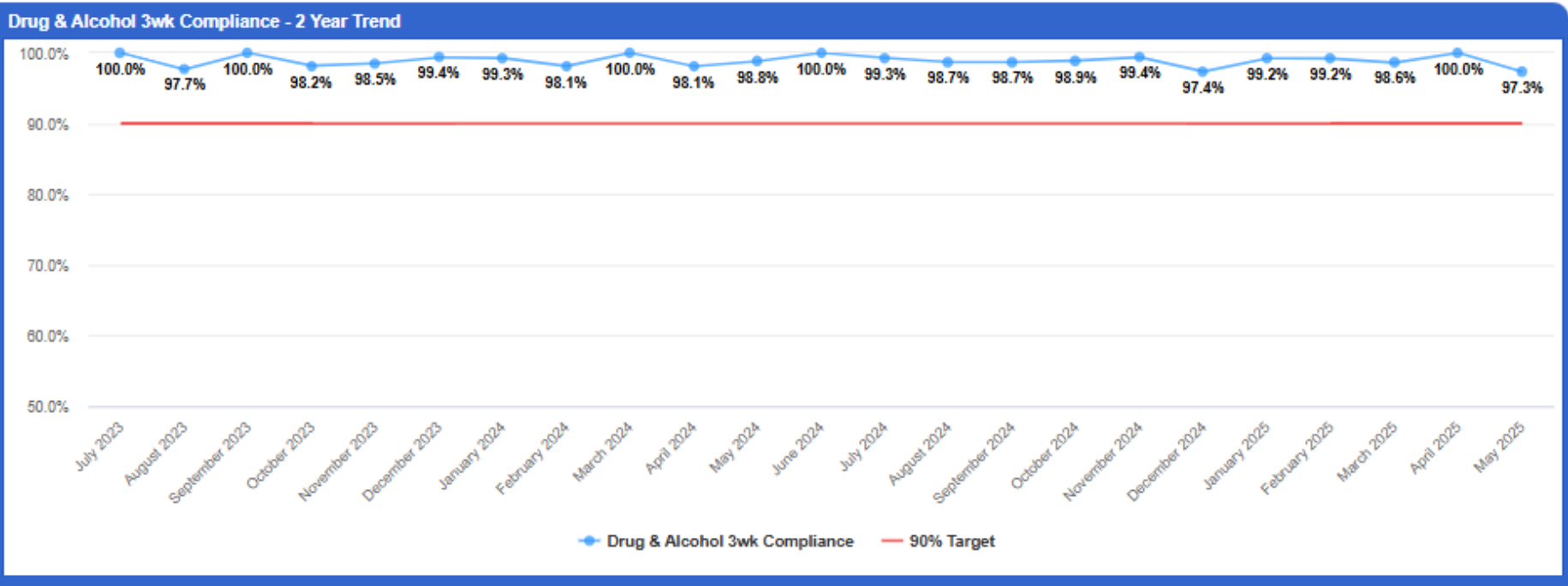
Delivery Summary	Improvement Actions
Improve access to service to ensure sustainable delivery of the National Target of 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	<ul style="list-style-type: none"><li>• Detailed Trajectory work in different specialisms – Demand, Capacity, Activity and Queue (DCAQ).</li><li>• Further analysis and formulation of data to create better understanding of reasons behind access in struggling specialisms.</li><li>• Redesign of service delivery model where needed.</li></ul>
Implementation of Psychological therapies and interventions (PT&I) standards	Implementation of the Assessment Tool for Psychological Therapies has been trialled in two specialties with good outcomes. The implementation will now be rolled out across services with the aim to set up improvement plans for the individual services over the coming 6 months.
Improve service delivery and resilience with the recruitment and retention of psychological workforce.	<p>Ongoing work on data and trajectory analysis is providing more clarity on workforce gaps and skillmix / safe staffing.</p> <p>Focus on staff wellbeing through consistent job planning, considering training needs and ensuring opportunities for CPD and required supervision and reflective spaces.</p>

Drug and Alcohol Treatment – 3 Week National Standard/Target

Drug & Alcohol 3wk 90% Target & Trajectory

May 2025 result  
✔ 97.3%

- National Standard/Target** – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. *Note – the Delivery Plan for 2025/26 is the same as the National Standard/Target of 90%*



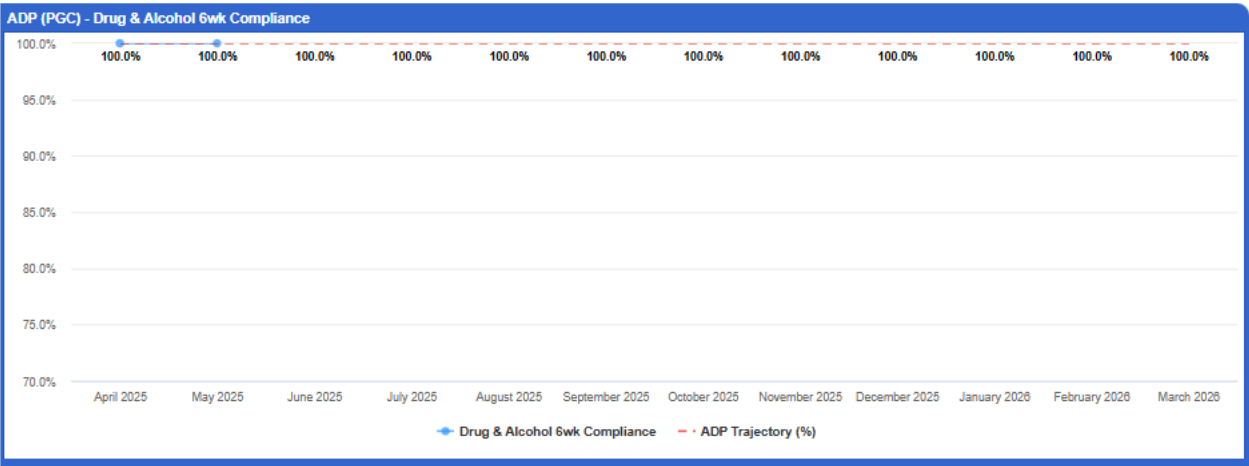
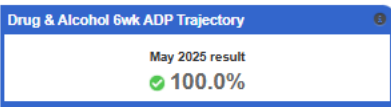
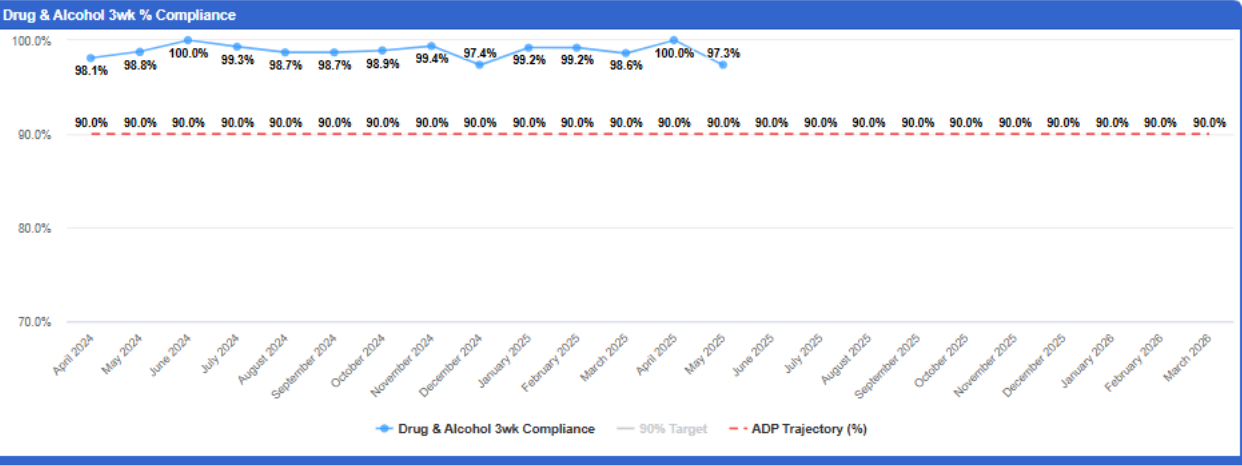
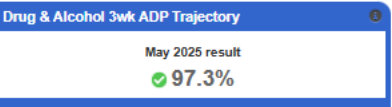
National Benchmarking – 3 Weeks Drug and Alcohol Target (90%)

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
NHS A&A	100.0%	98.1%	98.8%	100.0%	99.3%	98.7%	98.9%	98.9%	99.4%	97.4%	99.2%	99.2%	98.6%
Scotland	92.1%	93.1%	93.1%	93.1%	93.6%	93.6%	93.6%	95.1%	95.1%	95.1%	92.9%	92.9%	92.9%

# Drug and Alcohol Treatment – Delivery Plan Trajectories 2025/26

By June 2025

- 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- 100% of clients will wait no longer than 6 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.



# Delivery Plan Improvement Actions – Alcohol and Drug Services

Delivery Summary	Improvement Actions
Implement Medication Assisted Treatment (MAT) standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.	<p>North Ayrshire</p> <p>Sustain delivery in relation to MAT Standards 1 to 5 and implement improvement actions in relation to MAT Standards 6 to 10. Benchmark current provision to support individuals seeking help for stimulant and benzodiazepine use, work with partners to identify gaps and improvements, implement agreed actions and evaluate.</p>
	<p>South Ayrshire</p> <p>Test of change (TOC) to demonstrate proof of concept for a model to deliver on MAT 7. TOC will be evaluated in 2026, for any further developments or improvements.</p>
	<p>East Ayrshire</p> <p>An increase in ANP / Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level.</p>
Meet national 'access to treatment' Waiting Times Standards of 90% of individuals to commence treatment within 3 weeks of referral and 100% within 6 weeks across Ayrshire and Arran	<p>Pan Ayrshire</p> <p>Continue to deliver and meet the standard whilst supporting individuals to remain in treatment for as long as they require by offering additional supportive contacts.</p>

## Delivery Plan Improvement Actions – Alcohol and Drug Services

Delivery Summary	Improvement Actions
<p><b>Increase the supply of Naloxone kits (and emergency life-saving intervention).</b></p>	<p>Pan Ayrshire</p> <p>Implement local Naloxone action plan, offer Naloxone training and raise awareness and promote use of Naloxone.</p>
<p><b>Expansion of capacity to support individuals into, during and after residential rehabilitation</b></p>	<p>Pan Ayrshire</p> <p>Review and improve on current Residential Rehabilitation Pathway and Integrate use of the Scotland Excel rehabilitation provider framework into the pathway.</p> <p>Via the Multi agency Residential Rehabilitation Working Group, develop and implement a Residential Rehabilitation pathway which is clear, consistent and easy to navigate from pre rehabilitation to post rehabilitation stage.</p>
<p><b>Implement the use of Near Me technology for planned liberations from HMP Kilmaronock for individuals who are prescribed Opiate Replacement Therapy</b></p>	<p>East Ayrshire</p> <p>Rapid Access to Drug and Alcohol Recovery Service will work with HMP Kilmaronock Healthcare to implement a process to enable individuals who are East Ayrshire residents and are prescribed Opiate Replacement Therapy to be provided with a "SafeTalk" via Near Me technology prior to their planned liberation.</p>

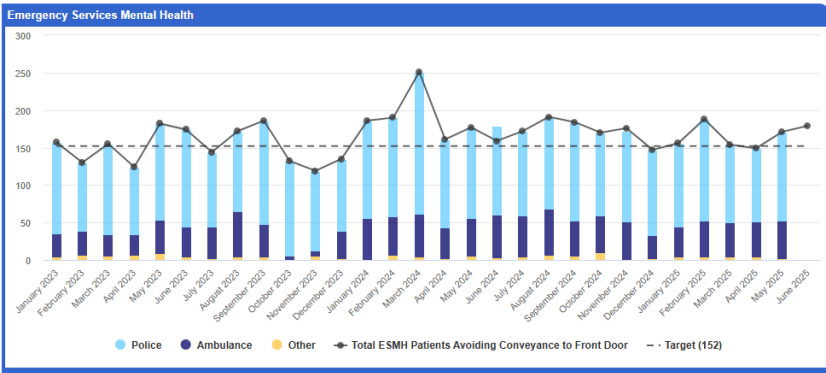
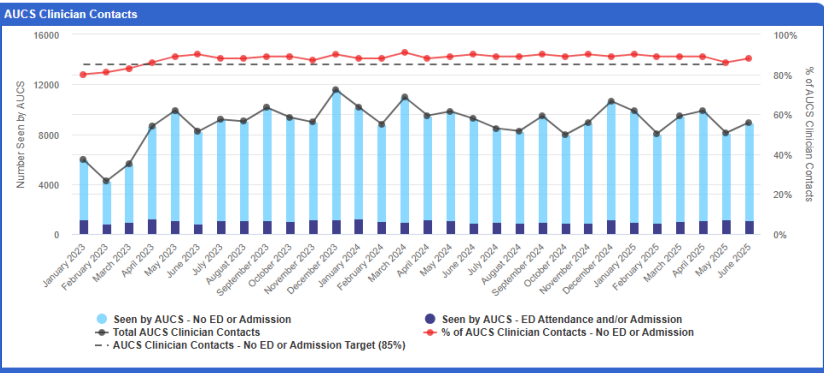
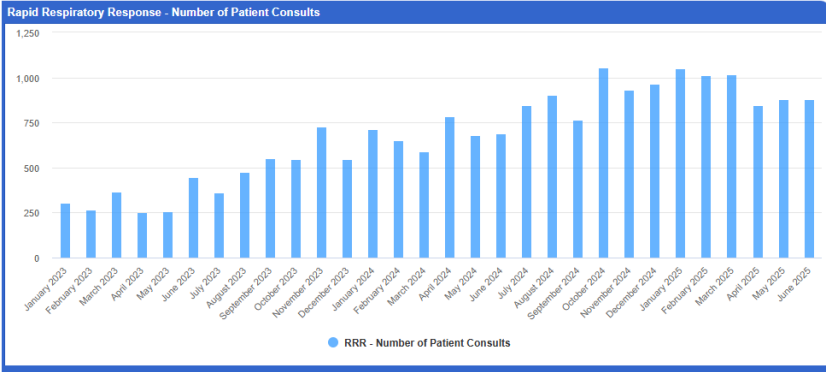
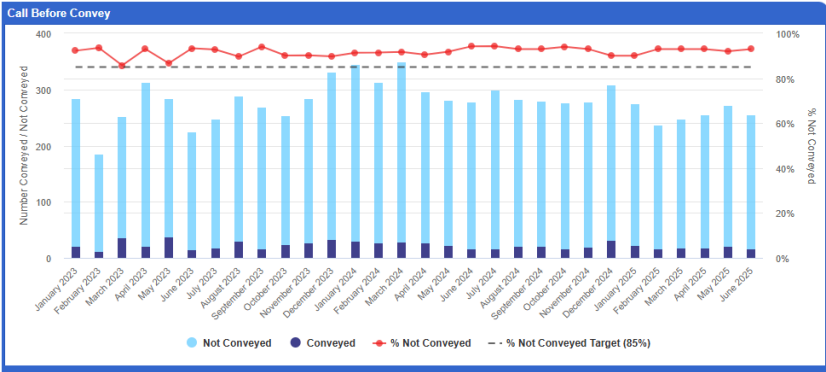
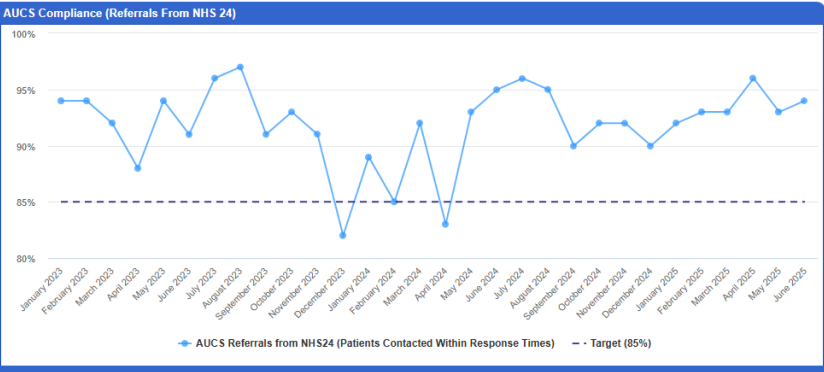
# Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance

June 2025 result

94%

- Local Target** - At least 85% of patients who contact AUCS will not require attendance at the Front Door and will receive alternative pathways of care in the right place, at the right time



No. of RRR Collaborating Practices

June 2025 result

31

% of COPD Registered Patients Within the Collaborating Practices

WC 30-Jun-2025 result

76%



## Delivery Plan Improvement Actions – Redesign of Urgent Care

Delivery Summary	Improvement Actions
At least 85% of patients who contact Ayrshire Urgent Care Service (AUCS) will not require attendance at the front door and will receive alternative pathways of care in the right place, at the right time.	<p>Deliver a virtual capacity network by developing a Single Point of Contact through Ayrshire Urgent Care Service (AUCS) Flow Navigation Centre (FNC) to encompass the Hospital at Home, Community Rapid Respiratory Response (RRR) programme to ensure a seamless pathway to all services for patients:</p> <ul style="list-style-type: none"><li>• Develop and embed a referral pathway from AUCS FNC to Hospital at Home Team.</li><li>• Develop a referral pathway from AUCS FNC to RRR Service.</li><li>• Implement organisational change for RRR and Hospital at Home operational staff to bring them under the Single Point of Contact (SPOC) model.</li><li>• Scope potential for Ayrshire Community Blood Service (ACBS) to be encompassed within the SPOC.</li></ul> <p>Maintain the FNC community pathways and explore all opportunities as they arise to enhance the service:</p> <ul style="list-style-type: none"><li>• Maintain and grow AUCS/FNC pathways with Senior Clinical Decision Maker oversight including appointing to MIU.</li></ul> <p>Develop and embed a community nursing based model for specialist care by supporting palliative patients and families who are within their last four weeks of life within Ayrshire and Arran during the Out of Hours period:</p> <ul style="list-style-type: none"><li>• Continue to look for reductions in palliative patients being admitted to hospital who have noted home as their preferred place of care through ongoing data collection.</li><li>• Evaluate responses from patient / family questionnaires to provide insight into the service and identify any improvements.</li></ul>

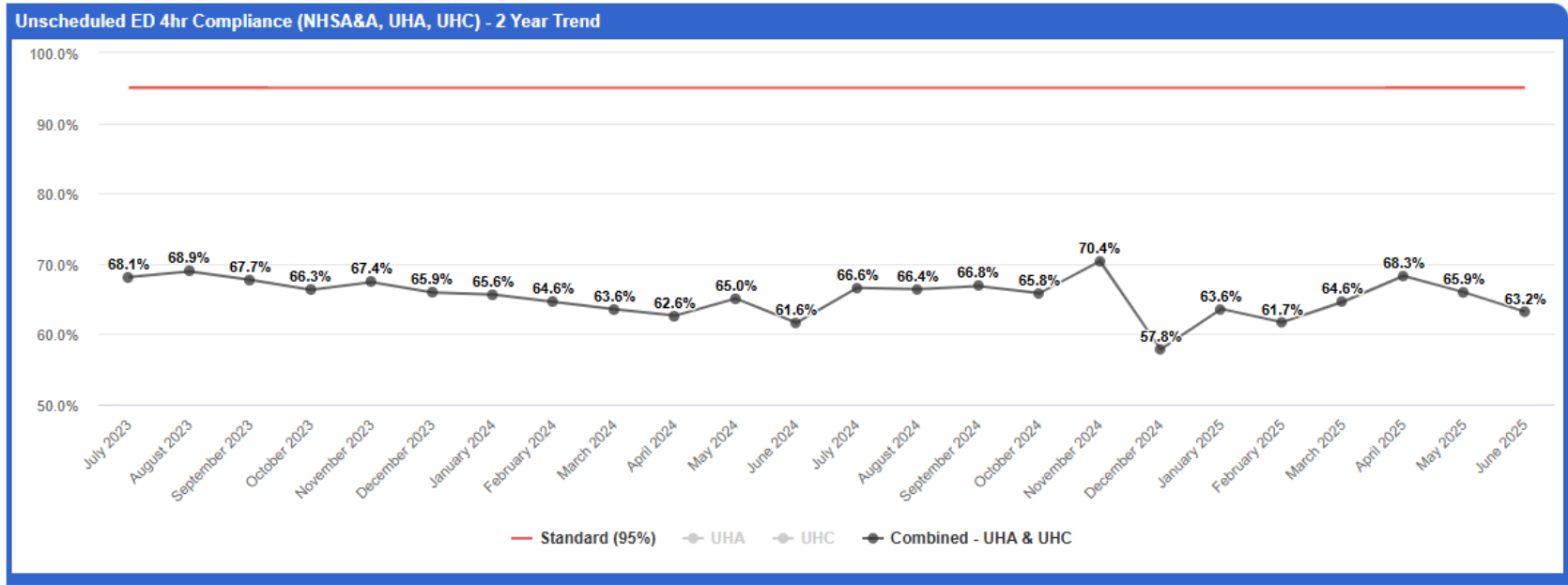
# Unscheduled Care – National ED 4 Hour Standard/Target

NHSA&A: Unscheduled ED 4hr (95% Target)

June 2025 result

63.2%

- National Standard/Target** - At least 95% of patients will wait less than 4 hours from arrival at Emergency Department (ED) to treatment, admission, or discharge (unscheduled attendances only)



## Numbers of Unscheduled ED Attendances

Jul 23 – Jun 24	93,225
Jul 24 – Jun 25	93,935
Change	+710 (+0.8%)

## National Benchmarking – Unplanned 4 Hour ED Target (95%)

	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
NHS A&A	61.9%	67.7%	66.3%	67.0%	65.8%	70.4%	57.9%	63.6%	61.7%	64.7%	68.2%	66.0%
Scotland	65.2%	66.1%	65.8%	65.8%	62.9%	62.2%	58.5%	61.2%	62.6%	65.9%	66.2%	67.1%

# Unscheduled Care – Delivery Plan 2025/26 – Reconfiguring Front Door Services

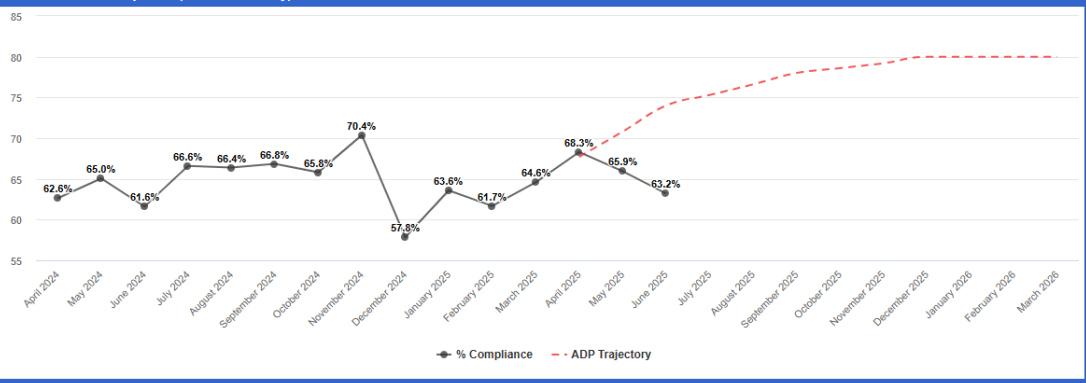
By June 2025:

- Improve overall ED 4hr compliance (unscheduled attendances only) to at least 74.0%
- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred, to 25 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 62.0%
- Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward) to 100%

Unscheduled ED 4hr Compliance ADP Target

June 2025 result  
● 63.2%

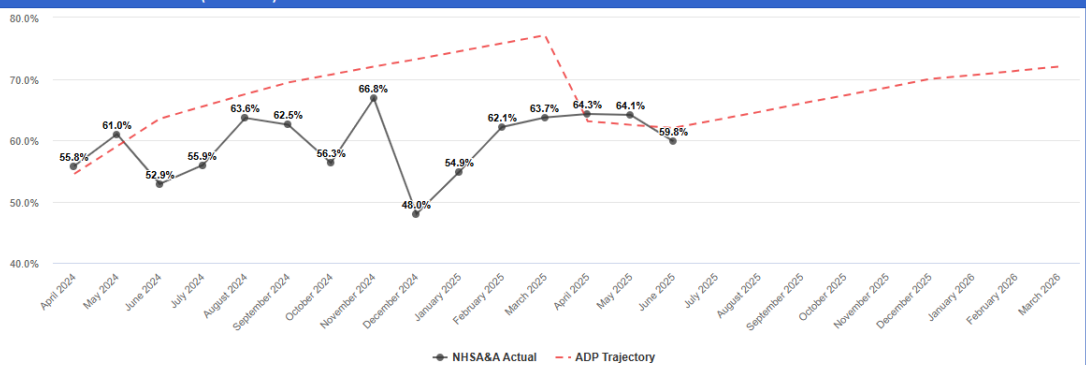
NHSA&A: ED 4hr Compliance (unscheduled only)



SAS Turnaround (%<60mins) ADP Target

June 2025 result  
● 59.8%

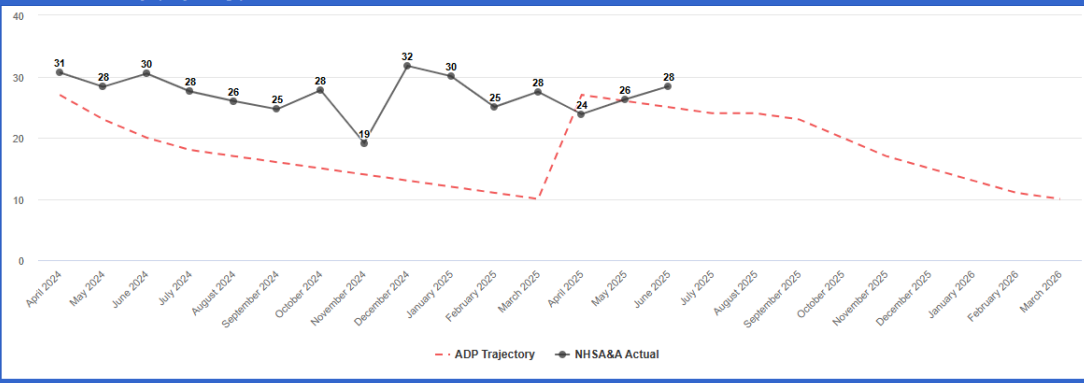
NHSA&A: SAS Turnaround Times (% < 60mins)



ED 12hr Waits (daily average) ADP Target

June 2025 result  
● 28

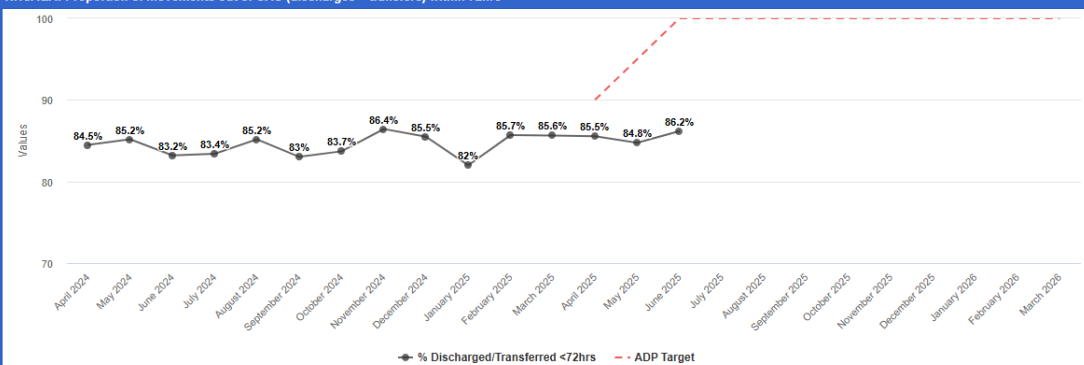
NHSA&A: ED 12hr Delays (daily average)



NHSA&A: CAU Movements <72 hrs ADP Target

June 2025 result  
● 86.2%

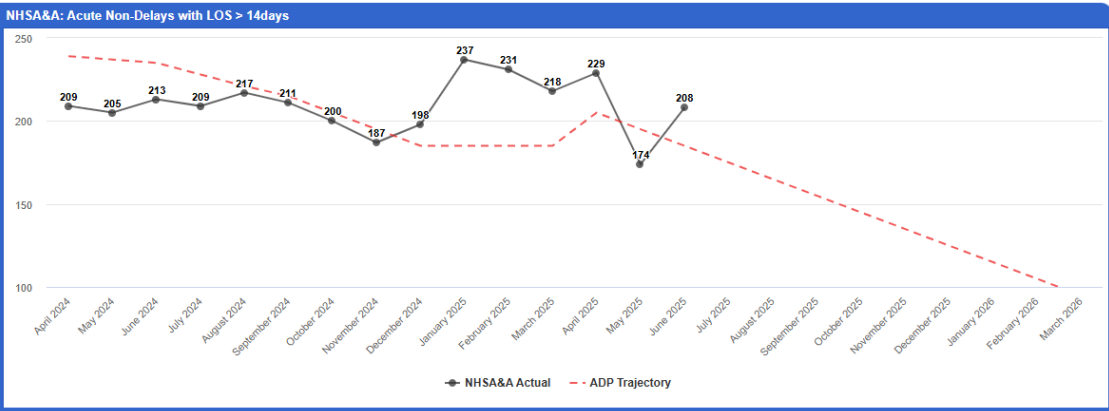
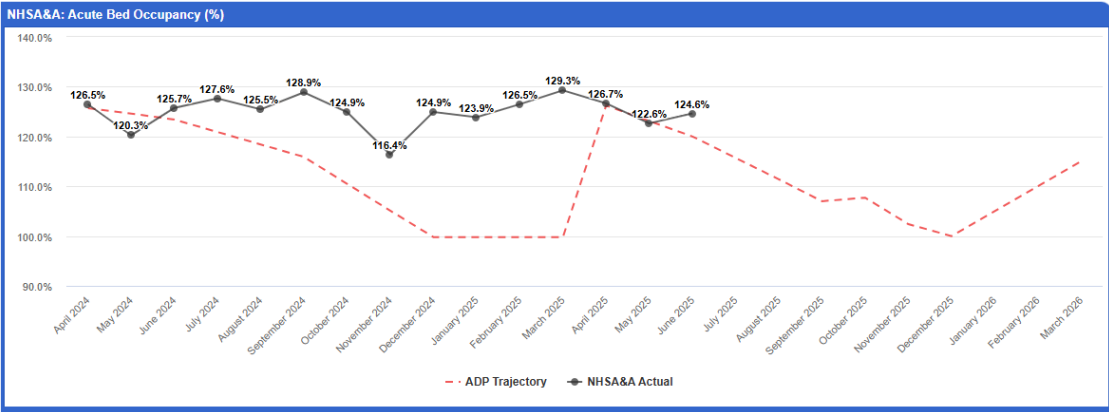
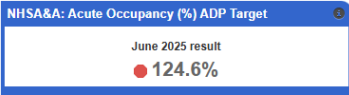
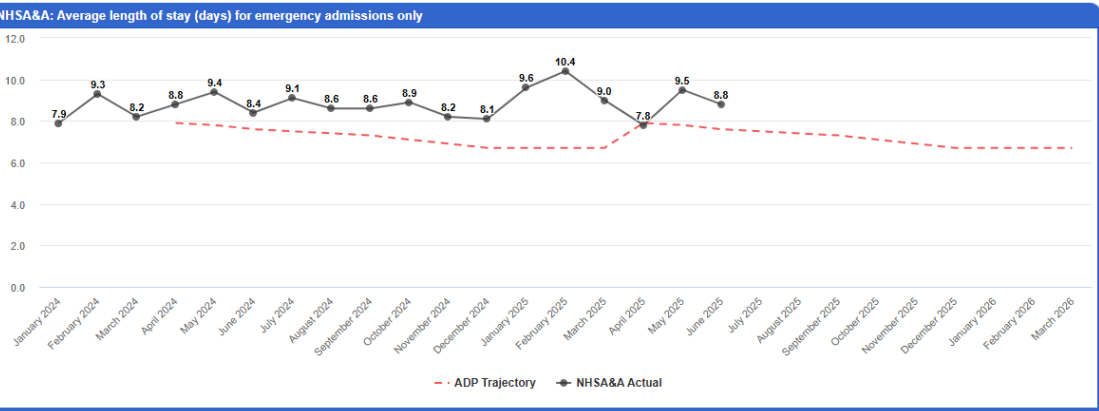
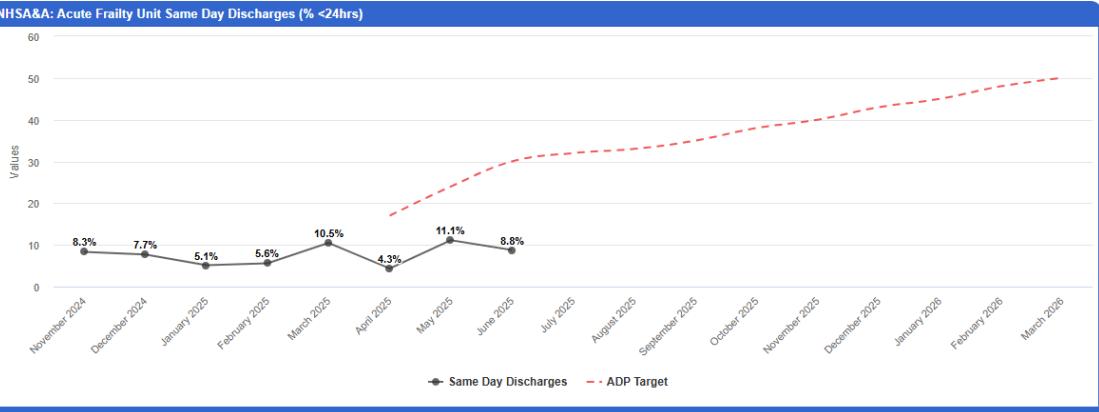
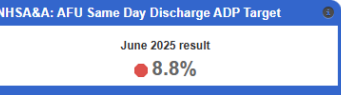
NHSA&A: Proportion of movements out of CAU (discharges + transfers) within 72hrs



# Unscheduled Care – Delivery Plan 2025/26 – Reducing Bed Footprint

By June 2025:

- Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 30%
- Reduce occupancy in our Acute sites to 120.0% or lower
- Reduce the Average Length of stay for emergency admissions to 7.6 days or lower
- Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 185 or fewer



## Delivery Plan Improvement Actions – Unscheduled Care

Delivery Summary	Improvement Actions
Improve overall Emergency Department (ED) 4hr compliance (both unscheduled and scheduled attendances) to at least 80% by March 2026.	<ul style="list-style-type: none"> <li>• Identification of further triage space/changes to environmental structures within the Emergency footprint to support timely patient assessment.</li> <li>• Implement 2 hourly huddles to support list reviews and escalations.</li> <li>• Development of bed management standard operating procedures with roles and responsibilities redefined.</li> <li>• Refresh of Escalation/Operational Pressures Escalation Levels (OPEL) framework and action trigger cards for acute sites and community.</li> <li>• Continuous flow moves to support timely placing of admitted patients.</li> </ul>
Redirection of self presenters in ED 5%.	Develop redirection model and pathways for both sites to reduce self presentations Pharmacy First, GP, NHS 24, Dental, etc.
Point of Care Testing (POCT) for Covid & Flu	Commission POCT for Covid & Flu to support seasonal demand, support flow from ED to assessment areas and base wards in compliance with national infection control guidelines.
Develop live digital dashboard for ED performance from Symphony and TRAKCARE.	Real time performance dashboard with numbers in department with timeframes, admitted performance, non-admitted performance, Scottish Ambulance Service conveyances, length of stay in department discharge to assess, etc.
Automated digital site sitreps for circulation 3 times a day, 7 days a week.	Develop digital solution to support flow and site wide escalation and escalation as per national OPEL requirements for Unscheduled Care and continuous flow.
Improve Ambulance handover times and hours lost.	<ul style="list-style-type: none"> <li>• Proactive planning by emergency department and bed management team to support ambulance activity in community through continuous flow.</li> <li>• Embedding of ambulance escalation process and joint responsibility for handovers and Scottish Ambulance Service responsibility for timely pin off.</li> </ul>

## Delivery Plan Improvement Actions – Unscheduled Care

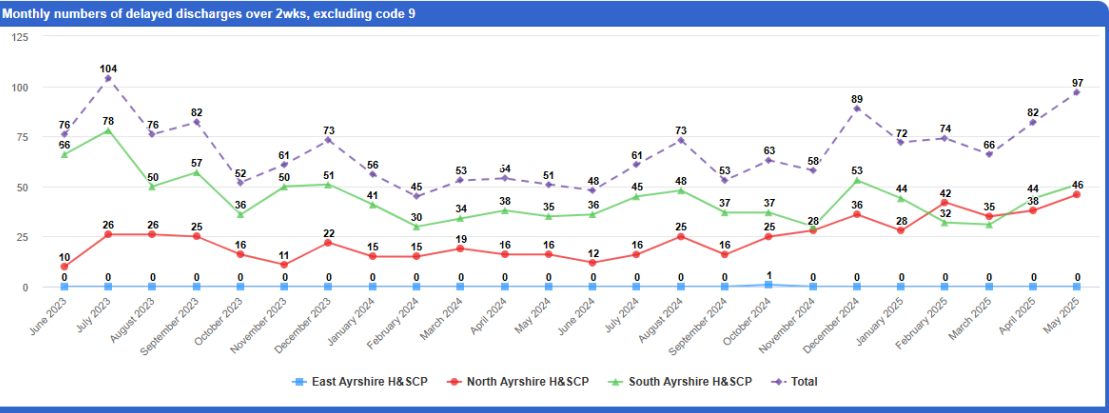
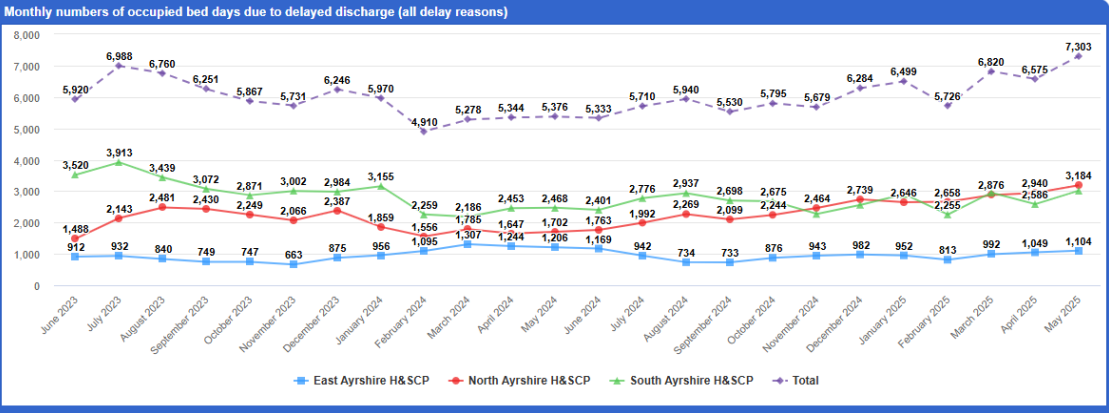
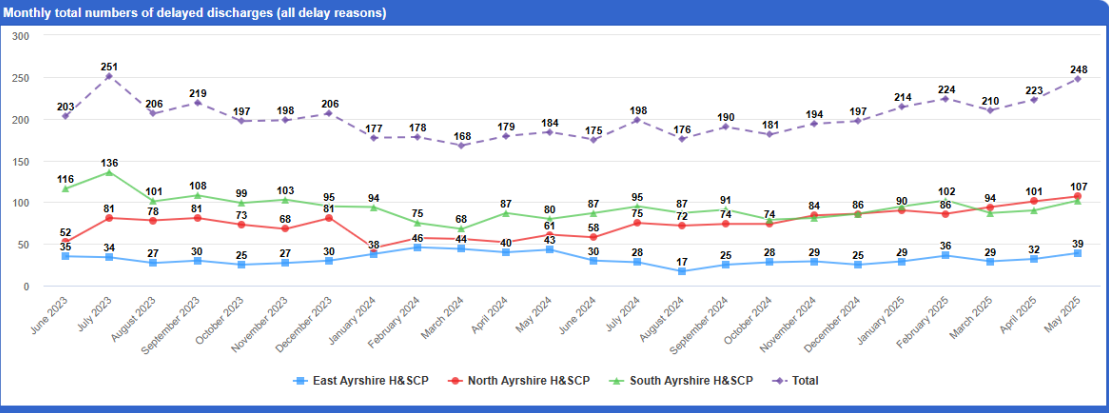
Delivery Summary	Improvement Actions
Reduce Scottish Ambulance Service (SAS) conveyances (6% reduction target for March 2026)	Scope alternative pathways to support patient centric care at home ie, palliative care pathway, Homefirst pathway.
Reduce delayed discharges	<ul style="list-style-type: none"> <li>• SAFER implementation on both sites.</li> <li>• Weekly MDT whole system Long Length of Stay reviews and Care and Treatment Review meetings at both sites led by site clinical leaders.</li> <li>• Reduce delays to inpatient investigations/ diagnostics.</li> </ul>
Frailty assessment and flow 50% same day discharges  60% 72 hour discharges by March 2026	<ul style="list-style-type: none"> <li>• Identification of frail patients with pull model, supported by daily board rounds to support reduction in time frail people spend in hospitals.</li> <li>• Utilising technology in social care to support remote monitoring 24/7 and standalone remote monitoring by families/carers.</li> <li>• Delivery of additional preventative and homefirst (discharge to assess) services, utilising staff across boundaries and performance.</li> <li>• Develop and deliver 7 day frailty service with AHP and MDT support.</li> </ul>
Expansion of Same Day Emergency Care (SDEC)/ Rapid Assessment and Care (RAC) to support 7 day service provision – 5% of weekend unscheduled care activity	Develop and deliver 7 day SDEC service to support ED and Combined Assessment Unit (CAU) over the weekends to support admission avoidance and care in the community.
Improve productivity of Combined Assessment Unit (CAU) to focus on admission avoidance and reduce Length of Stay (LOS) on CAU for all patients to optimise and support ED activity  68% for 72 hour discharges by March 2026	Reset of CAU to optimise the productivity of the assessment area, in line with national standards of a maximum LOS of 72 hours of all patients. This will ensure medical patients waiting for beds in general medicine are not blocking beds in CAU with long stay patients.

# Delivery Plan Improvement Actions – Unscheduled Care

Delivery Summary	Improvement Actions
<b>Reduce bed occupancy and median Length of Stay (LOS) 115% by March 2026</b>	<ul style="list-style-type: none"><li>• Medical workforce review to drive 5 day board rounds to optimise discharges and reduce bed occupancy.</li><li>• Median LOS targets to be agreed across all divisions and speciality areas to reduce occupancy. Development of dashboard to support monitoring of targets set.</li><li>• Reduce clinical variation through Discharge without Delay Principles.</li><li>• Weekend discharges and discharge planning to support admissions over weekends across Medicine, Surgery and Orthopaedics.</li></ul>

# Delayed Discharges – NHS Ayrshire & Arran

- Three main measures are monitored in terms of performance:
- numbers of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point;
  - numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month;
  - numbers of people experiencing a standard delay over 2 weeks (excluding complex code 9 delays).

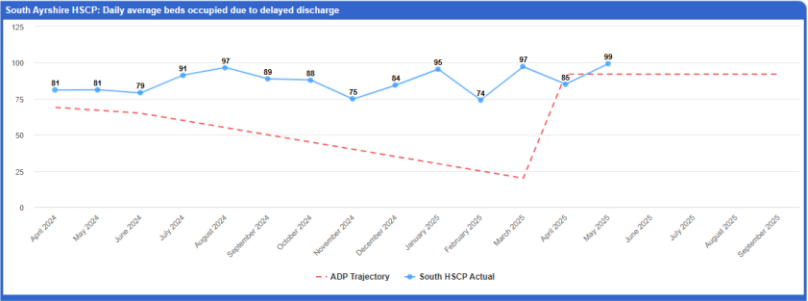
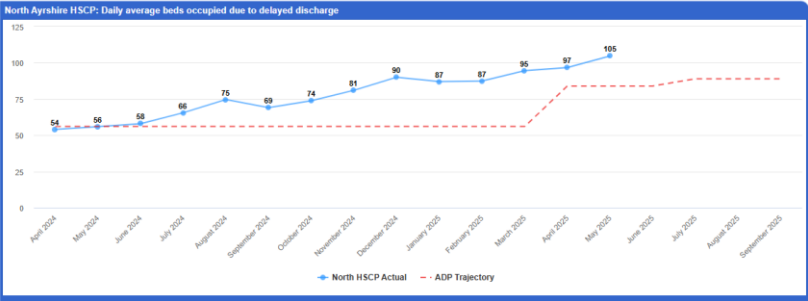
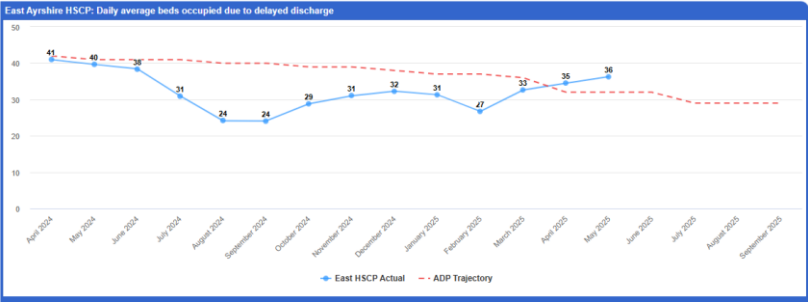




# Delayed Discharges – Delivery Plan Trajectories 2025/26

- Reduce the daily average number of occupied beds due to a delayed discharge in all hospitals

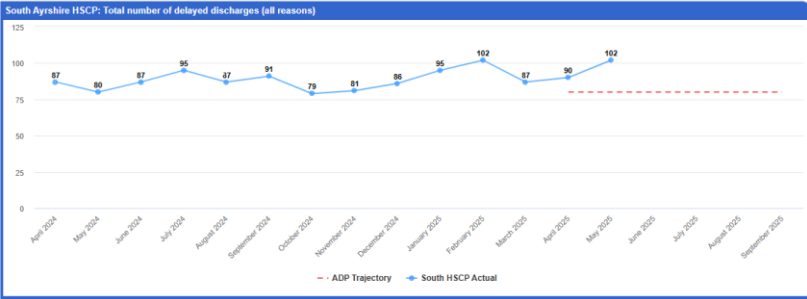
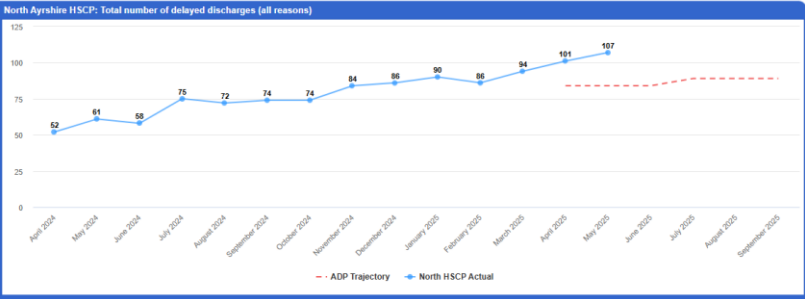
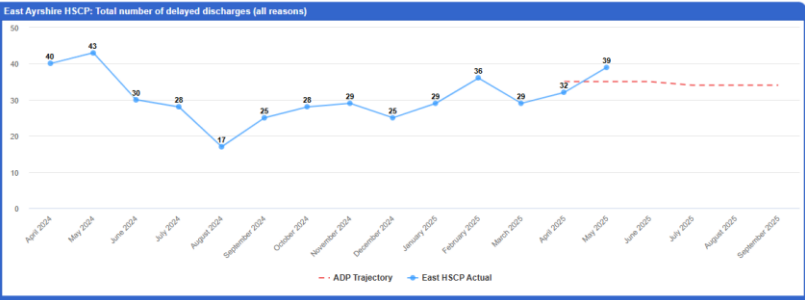
Trajectories	Baseline March 2025	Q1	Q2	Q3	Q4
East	33	32	29	28	27
North	95	84	89	94	99
South	97	92	92	92	92



# Delayed Discharges – Delivery Plan Trajectories 2025/26

- Reduce the total number of delayed discharges in all hospitals

Trajectories	Baseline March 2025	Q1	Q2	Q3	Q4
East	29	35	34	34	33
North	94	84	89	94	99
South	87	80	80	80	80



# Delivery Plan Improvement Actions – Delayed Discharges East Ayrshire HSCP

Delivery Summary	Improvement Actions
<p>Reduce the daily average number of occupied bed days due to a delayed discharge.</p> <p>Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p>	<ul style="list-style-type: none"><li>• Ensuring a Homefirst approach across services and pathways.</li><li>• Service-wide implementation of reablement.</li><li>• Implement recommendations from IJB Report on East Ayrshire Community Hospital.</li></ul>

## Delivery Plan Improvement Actions – Delayed Discharges North Ayrshire HSCP

Delivery Summary	Improvement Actions
<p>Reduce the daily average number of occupied bed days due to a delayed discharge. Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p>	<p>Maximise capacity and ensure efficient utilisation of care at home capacity to support discharge from hospital including the enhancement of reablement supports in the community:-</p> <ul style="list-style-type: none"> <li>• Refresh Care at Home Recruitment Strategy.</li> <li>• Refresh of a Wellbeing at Work Strategy.</li> <li>• Targeted care package review and re-ablement approach to care provision.</li> <li>• Review Call Monitoring data and care efficiency.</li> </ul> <p>Ensure robust systems are in place for the management and oversight of complex social work assessments:-</p> <ul style="list-style-type: none"> <li>• Daily Senior Management review of all Delayed Discharges including oversight of guardianship timescales.</li> <li>• Development of an Operational Procedure to utilise Mental Health Officer (MHO) lead to support in discharge planning (Adults with Incapacity Pathways demonstration of monitoring).</li> <li>• Communication sessions to encourage the use of home first to reduce social admissions.</li> </ul> <p>Utilise a Homefirst approach and ensure discharge to assess principles are embedded across Health and Social Care teams to ensure good discharge planning for people leaving hospital:-</p> <ul style="list-style-type: none"> <li>• Review how teams (Social Work assessment and Care at Home) are contributing in Crosshouse Hospital to multi-disciplinary team Planned Date of Discharge setting.</li> <li>• Refresh use of Discharge without Delay and Planned Date of Discharge Bundle in Community Wards.</li> <li>• Development of North Ayrshire specific Homefirst Strategy.</li> <li>• Development of North Ayrshire Referral Pathways.</li> <li>• North Ayrshire representation in both National and Ayrshire and Arran Discharge without Delay Workshops.</li> </ul>

# Delivery Plan Improvement Actions – Delayed Discharges South Ayrshire HSCP

Delivery Summary	Improvement Actions
<p>Reduce the daily average number of occupied bed days due to a delayed discharge.</p> <p>Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p>	<ul style="list-style-type: none"><li>• Recruit an additional 40 carers despite the financial challenges.</li><li>• Maintain care home numbers despite the financial challenges.</li><li>• Reduce the number of double handling care packages to maximise the spread of care at home.</li><li>• Maximise the use of step up and step down beds in Racecourse Road Intermediate Care Unit.</li><li>• Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships.</li></ul>

# Workforce – Delivery Plan Trajectories 24/25 – Workforce Sickness Absence

By March 2026:

- Reduce sickness absence rates – *trajectory targets to be confirmed*



Source: Local Management Reports, HR

# Delivery Plan Improvement Actions – Workforce Sickness Absence

Delivery Summary	Improvement Actions
Continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance	<p>Continue to ensure sickness absence is appropriately managed, including support of staff health and wellbeing, thus reducing demand for supplemental staffing.</p> <p>Sickness absence is continually monitored on a monthly basis and quarterly targets have been agreed for 2025/26 which will cumulatively contribute to our overall ambition of a 0.42% reduction for 2025/26 i.e. a rate of 5.15%.</p> <p>Undertake deep dive to look at how we may better address the largest reason for absence (approximately 30% of all sickness absence relates to anxiety, stress, depression and other mental illness).</p> <p>Consistent and ongoing organisational messaging to employees advising of support and wellbeing as well as encouraging all staff to use their annual leave entitlements fully, and throughout the year, to ensure they have rest and recuperation.</p>

## ADDITIONAL SERVICES – Q1 PROGRESS UPDATE

Appendix 2

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Mental Health – North Ayrshire</b>						
<b>Unscheduled Care</b> Reviewing local Psychiatric Emergency Plans to align them to the national template	Identify national template. Benchmark local planning against national template. Identify gaps and adaptations required of local plan. Update and ensure appropriate engagement with stakeholders.	March 2026	An initial review of our local existing PEP has been undertaken and shared with the working group, based on learning and experience since the prior plan was completed. Once draft is agreed, this will be taken through appropriate governance processes for sign off.	Workforce - management of time to undertake benchmarking. Joint working with stakeholders in process. National template - time scale for sharing of national template may impact on achieving thereafter milestones.	Local psychiatric emergency plan in place.	Green
To implement the Core Mental Health Standards into adult community mental health services.	Benchmark current service against Core Mental Health Standards. Identify gaps in attainment, what controls and supports are required to attain them. Seek appropriate help to attain controls and supports required. Re-evaluate impact and efficiency of implementation.	March 2026	With the support of professional leadership colleagues, 3 key priority areas have been identified from the standards. These priority areas will be worked on, on a pan Ayrshire basis ensuring continuity across community and inpatient services. 1) Improving use of patient data and experiences to inform service planning and delivery. 2) Work on improving care plan audit activity and using these results to inform service delivery development. 3) Ensuring we provide person centred care that reflects service user involvement and	Workforce - management of time to undertake benchmarking whilst responding to demand and capacity issues. Estates - some estate issues may be out with our control. However, they will be identified, managed and mitigated where possible. Finance - it is unlikely there will be any financial resource to manage any gaps. The service will require to consider what can be done within resource, what additionality may be required and if not obtained, what are the risks and mitigations.	Staff member to be brought in to support oversight of this.  Engagement officer resource obtained for staff and patient engagement.	Green



			choice through co-production.			
To ensure that individuals have access to mental health services within primary care in order to ensure we are supporting prevention and early intervention agenda.	Deliver the integration of the primary care mental health workforce into wider primary care multi-disciplinary teams and community and secondary care.	March 2026	In the absence of primary care mental health funding, an agreed model of primary care mental health and wellbeing services has been undertaken. Although part of this was to consider the opportunity for savings, a commitment was given by the group members to re-invest money. An initial plan has been scoped and consideration of procurement undertaken. The re-distribution of 2 key posts has also been acknowledged and requests via scrutiny recruitment processes begun.	Additional savings being made from primary care and/or wellbeing monies.  Time required to successfully procure and issue should no provider's bid.  Resource to plan and oversee service, should new re-distributed posts not be supported.  The inability to re-align other services to fit within new proposed model.	Some budgetary availability	Green

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Mental Health – South Ayrshire</b>						
To implement the Core Mental Health Standards into adult community mental health services.	Benchmark current service against Core Mental Health Standards. Identify gaps in attainment, what controls and supports are required to attain them. Seek appropriate help to attain controls and supports required. Re-evaluate	March 2026	Workforce remains challenging, with awareness that we are 4 WTE Nursing posts short, following workload evaluation, with no funding to staff these.  Estates is on hold in terms of reduction in space for MH services.	Workforce - management of time to undertake benchmarking whilst responding to demand and capacity issues. Estates - some estate issues may be out with our control. However, they will be identified, managed and mitigated where possible. Finance - it is unlikely there	Staff member to be brought in to support oversight of this. Engagement officer resource obtained for staff and patient engagement.	Amber

	impact and efficiency of implementation.			will be any financial resource to manage any gaps. The service will require to consider what can be done within resource, what additionality may be required and if not obtained, what are the risks and mitigations.		
To ensure that individuals have access to mental health services within primary care in order to ensure we are supporting prevention and early intervention agenda.	Deliver the integration of the primary care mental health workforce into wider primary care multi-disciplinary teams and community and secondary care.	March 2026	<p>The Network Team in South Ayrshire provides comprehensive coverage to Primary Care, including psychological interventions.</p> <p>The Team is made up of MHP's, CLP's and Self Help Workers delivering CBT interventions.</p>			Amber

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Mental Health – East Ayrshire</b>						
<p>Ensure service delivery aligns to and contributes towards national strategies relating to mental health</p> <p>When needed, provide complex or specialist treatment quickly, effectively and to the highest standard</p>	Improve access to mental health and wellbeing support, enabling more young people and families to get help sooner.	March 2026		<p>Increasing demand for neurodiversity / mental health support with increased pressure on workforce, waiting times and service response</p>	<p>Robust workforce planning to ensure sufficient service capacity</p> <p>Ongoing monitoring of the MHO service with dedicated reviews and audits</p> <p>Collaborative pan-Ayrshire working on consistency of access / solutions</p>	Amber
	Review the Adult Community Mental Health Services, including benchmarking against national standards and guidelines. Implement recommendations.		Review to commence 2026			
	Improve access to comprehensive wellbeing and self-management		An array of resources are hosted on the digital platform A Local			

	information, resources and supports.		Information System for Scotland (ALISS). The resource list was developed locally by Graduate Interns within the EAHSCP.		Consideration of alternative models of support	
	Implement improvements from the Mental Health Officer review and develop this service		There has been further improvement with recruitment to enhance the current MHO dedicated team.		Expansion to NEST to increase support for people living with neurodiversity	
To implement the Core Mental Health Standards into adult community mental health services.	Benchmark current service against Core Mental Health Standards. Identify gaps in attainment, what controls and supports are required to attain them. Seek appropriate help to attain controls and supports required. Re-evaluate impact and efficiency of implementation.	March 2026	This is being coordinated Pan Ayrshire with Senior Management and Associate Nursing Director.	Workforce - management of time to undertake benchmarking whilst responding to demand and capacity issues. Estates - some estate issues may be out with our control. However, they will be identified, managed and mitigated where possible. Finance - it is unlikely there will be any financial resource to manage any gaps. The service will require to consider what can be done within resource, what additionality may be required and if not obtained, what are the risks and mitigations.	Staff member to be brought in to support oversight of this. Engagement officer resource obtained for staff and patient engagement.	Amber
To ensure that individuals have access to mental health services within primary care in order to ensure we are supporting prevention and early intervention agenda.	Deliver the integration of the primary care mental health workforce into wider primary care multi-disciplinary teams and community and secondary care.	March 2026	This has not been developed due to decisions by Scottish Government.			Red

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Custody Healthcare</b>						
Further progress implementation of Medication Assisted Treatment (MAT) standards working with the national MIST (MAT implementation Support Team) to embed practice improvement in prison setting and develop improvement areas in Police Custody.	<ul style="list-style-type: none"> <li>• Benchmark HMP Kilmarnock practice against Prison Toolkit which is anticipated to be finalised in March 2025</li> <li>• Develop recommendations from review of staff training and support needs in relation to MAT 6 &amp; 10</li> <li>• Recruitment of Psychology post</li> <li>• Complete framework for range of evidenced interventions to be delivered by mental health MDT and addiction team</li> <li>• Explore improvement areas that be delivered by existing on-call FME healthcare model</li> </ul>	March 2026	<p>MAT 1-4 implemented in Prison.</p> <p>MIST team are currently scoping out options across prisons rate to work with Prison and ADPs to implement MAT.</p> <p>Recruitment to Psychology post not successful – will need to be re-advertised therefore further delaying progressing with interventions that can be delivered by the MH MDT.</p>	Recruitment challenges to the prison service for Psychology post. Increased prison population and service demands.	Successful retention of other MDT roles which support framework for psychology post. Liaison with Psychology service.	Green
Progress service improvement in priority areas identified by the Target Operating Model under the oversight of the National Prison Care Network (NPrCN). Particular focus on prison admission process where development is being led by HMP Kilmarnock healthcare	<ul style="list-style-type: none"> <li>• Six monthly (April / October) reporting into National Prison Care Network (NPrCN) on progress of improvement areas</li> <li>• Agree revised model focussing on immediate risk and need on day of admission and follow up appointments for holistic assessment of healthcare need</li> <li>• Build new admission process on Vision</li> <li>• Test revised model</li> <li>• Undertake evaluation of revised model with focus on evidence of improved</li> </ul>	March 2026	<p>Continuing to report progress on the TOM into the NPCN on a 6 monthly basis. Working with partners and wider NHS AA colleagues to progress areas not fully implemented.</p> <p>There is a national review currently being undertaken on admission to prison and the draft guidance document is currently out for consultation with the SLWG. One feedback has been received the</p>	Revised model will require national agreement. Changes to Vision will require resourcing from system hosts. Time and regime constraints working in the custody setting.	Work is being undertaken under the NPrCN with national leadership support for practice development. Admission process work is being led locally. Engagement with Scottish Prison Service.	Green

	outcomes and areas of model that may require adaptation		SLWG will meet again and look to progress changes to clinical IT systems. At that point a number of prison establishments will undertake a test of the revised admission assessment.			
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
Primary Care						
Embed and Review Implementation of GMS 2018 Contract	Embed a programme of annual reviews for GP Practices to review: - Practice operating models - Quality Indicators - Identify any improvement work	March 2026	The Annual contract review survey has been issued and completed by all 53 GP Practices.  Visits to all GP Practices by Primary Care Managers are in the process of being arranged to discuss the feedback around contractual matters and improvement work. These will take place between August 2025 and February 2026.	Capacity and compliance from GP Practices to complete reviews	Ongoing engagement and supporting practices.  Continued support from LMC and HSCP Clinical Directors to support completion of reviews	Amber
Ensure GMS Enhanced Services meet the needs of the patient population	Programme of review of Enhanced Services and work with wider clinical services to ensure joint up approach within Caring for Ayrshire agenda	March 2026	The programme of review for enhanced services recommenced in May 2025, with cognisance that some are being considered within the wider Caring for Ayrshire work. All enhanced services appropriate for review have now been categorised as High / Medium / Low priority level. The Local Medical Committee is supporting this work by commencing a group to review the pathways and funding	Enhanced services in Ayrshire and Arran have not been fully reviewed since 2010 therefore this has required significant joint work with various services	All development work will be taken forward jointly with primary care leadership team and acute and community leadership teams as required to ensure joint care models	Amber

			<p>attributed to each enhanced service and will feed their findings / recommendations into the Enhanced Services Review Programme Board for consideration. It is expected that the review will be completed by March 2026. Any amendments to the enhanced services pathway will be ratified by GP sub and approved at Primary and Urgent Care Clinical Governance Group</p>			
<p>Enhance digital telephony within General Practice and move to a single resilient digital telephony platform. This will enable telephone queuing systems and increase the number of lines into practices</p>	<p>Phased transfer of GP Practices on to new Board platform</p> <p>Digital team to link with line providers to progress timeous transfer of lines from practices current provider to new provider</p>	<p>40 practices complete by the end of year 2025-26.</p>	<p>The Fuse2 3CX Cloud hosted solution has been signed off by Cyber Security and Information Governance. This has allowed the digital telephony team to progress with the implementation and to roll out to the 15 practices who have agreed to transfer over onto the health board telephony platform.</p> <p>The timeframe from order to installation is approximately two to four weeks which will allow the programme to build momentum and the work to be completed for the remaining practices in Q3 and Q4 of this financial year.</p> <p>Some of the remaining 38/53 Practices already use digital platforms and /or are tied into lengthy contracts with their current provider. The primary care team will further engage with these 38 practices once the initial 15 Practices have</p>	<p>Practices need to be assured of financial, patient and staff benefit to confirm transfer</p> <p>Delay to roll out impacting on practices finding alternative provider</p> <p>Reliant on capacity within digital services support team for roll-out.</p> <p>External factors including telephone lines and external providers</p>	<p>Dedicated technical team assigned to infrastructure and network requirements</p> <p>Support team in place within primary care and digital services to fully understand individual practice requirements ahead of final roll-out.</p> <p>Additional resource recruited into digital services to support implementation.</p>	<p>Amber</p>

			transferred, to establish those on an analogue system for prioritisation and explore all options which would allow transfer to the Board platform for those wishing to do so.			
Deliver the Primary Care Phased Investment Programme (PCPIP) to demonstrate what a model of full implementation of the MDT can look like, focussing on CTAC and Pharmacotherapy Services.	<p>Expansion/development of the CTAC resilience model and Pharmacy Support Worker team</p> <p>Continuation and further development of the Primary Care Practice Educator role</p> <p>Audit of demand and activity to capture reliable, ongoing data around CTAC activity at both GP practice and HSCP level</p> <p>Undertake a review of the CTAC skill mix and practice allocation and define roles in both CTAC and Pharmacotherapy</p> <p>Ensure standardised processes</p> <p>Expansion of pharmacy hub</p> <p>Test of concept/impact - Advanced Pharmacist Practitioner</p> <p>Evaluate impact of a preceptorship programme</p>	End date for programme is December 2025.	<p>Currently 15 months into the 18-month programme (Apr 2024 to Sep 2025). This remains the target date for A&amp;A demo site to complete all deliverables in line with the Driver Diagrams and Measurement Plans. HIS will thereafter lead on any remaining deliverables supported by the local A&amp;A project team.</p> <p>As the closing months of the programme approaches, HIS has refocussed their resourcing and priorities. The A&amp;A programme team has also refocussed to prioritise the exit strategy and sustainability plans for PCPIP staff and deliverables beyond the programme, particularly as Scottish Government has advised this contingency planning is necessary, working on the assumption that the PCPIP funding is non-recurring. Governance groups have also been streamlined to better reflect the current requirements.</p> <p>All national evaluations continue to be fully supported by A&amp;A working in collaboration with HIS and</p>	<p>Programme may not deliver all recommendations by October 2025 due to volume and complexity of deliverables</p> <p>Recruitment to PCPIP has the potential to destabilise other areas of Primary Care or wider Services. Further risk around delays within recruitment process</p> <p>Sustainability risk to the PCPIP models and tests of change when funding ends</p> <p>Data and digital infrastructure needed as part of the data measurement plans may not exist, not in the format required, be incomplete / inconsistent; stored in ways or systems that cannot readily be extracted</p> <p>Long term sick leave amongst pharmacy technicians having an impact on delivery of some aspects of the programme</p>	<p>Revised local framework implemented to include robust governance around the programme</p> <p>Regular meetings at national and strategic level with Scottish Government, HIS, other PCIP demonstrator sites and AAA leadership team</p> <p>Inclusive and collaborative working with a wide range of colleagues and stakeholders</p> <p>Risk Register and Programme Plan Timeline created, maintained regularly and discussed at monthly Steering Group meetings</p> <p>Good working relationships formed with regular check-ins and everyone aware to flag timeously any capacity issues.</p>	Green

			<p>volunteer practices and participants.</p> <p>Local QI data and Tests of Change continue to be progressed and delivered.</p> <p>The bi-monthly News Bulletin continues to be produced.</p>			
<p>Further embed and explore all opportunities to expand the wider MDT roles aligned to the GMS 2018 Contract which are not included within the Phased Investment Demonstrator Site programme</p>	<p>Ongoing review of Service models and staff to maximise available resource to ensure equitable access and where possible resource in every GP Practice</p>	<p>March 2026</p>	<p>PCIF budget for 2025/26 has been confirmed as £13.4M plus £1M reserves carried forward from previous years. Discussions are still required to take place with all three HSCP's in relation to a pan-Ayrshire approach to the Primary Care Improvement Plan budget for 2025/26. The challenges with this budget not being managed pan- Ayrshire has continued to delay recruitment in some areas. Partnership representatives are now invited to attend the monthly Primary Care and Finance budget meetings.</p> <p>Accommodation within GP Practices to support service delivery of the MDTs remains a challenge.</p> <p>MDT Admin support remains an issue that continues to be raised locally and nationally.</p> <p>A Short Life Working Group is being convened with the MDT Service Leads to adopt a collaborative and cohesive approach to planning the</p>	<p>Ability to identify additional professional staff to fill the new roles within the PCIP</p> <p>No identified funding to recruit into additional MDT roles will mean only those posts currently funded through the PCIF can be recruited into This will pause the continued roll-out of MDT staff into General Practice to fully implement the MoU</p> <p>Lack of accommodation within GP practices to accommodate MDT staff resulting in inequitable patient access to services. Due to the volume of MDT's being allocated to GP Practices, space is becoming a real issue and concern</p>	<p>Work closely with Service Leads to identify recruitment risks. Monitor allocation of resource to practices via monthly MDT reporting process</p> <p>Ad-hoc discussions with practices as accommodation issues arise to identify and support solutions</p> <p>Participating in Scottish Government session on MDT challenges and the additional support and funding ideally required.</p> <p>Conduct local evaluation of MDT Services (to be specified by SG) and feedback to inform the national picture and potential GMS Contract changes in 2026</p>	<p>Amber</p>



			further one hour reduction of the Reduced Working Week. Scottish Government has directed boards to have plans in place by October 2025, to ensure implementation by 1 April 2026.			
Improve access to NHS dentistry to ensure a sustainable and equitable delivery model which supports the oral health needs of the local population	<p>Improve access to services with the aim to reduce waiting times with a specific focus on emergency and unscheduled care. Improving access for people in our most vulnerable groups.</p> <p>Support patients to manage their oral health for better health outcomes.</p> <p>Implement priorities and objectives identified from the programme of work to develop the vision and strategy for dental services</p> <p>Invest in the development of dental workforce to improve retention and capacity</p> <p>Review of current care within practices with the aim to provide a greater range of services within General Dental Practices</p>	March 2026	<p>Work has been ongoing within the PDS to review the management of referrals and to focus on the number of referral patients undertaken. This has highlighted that some of the patients being treated were referred to the service over 2 years ago. Plans are now in place to reduce the number of assessment sessions and focus on treatment. This, in the short term, will increase waiting times for assessment but will improve the patient journey.</p> <p>Several clinician posts have been approved for recruitment, which will add resilience to our team and improve service delivery in all areas.</p> <p>A local Determination 1 survey has been drafted and is with the ADPC Chair for comment, it will then be tabled at the next ADPC for approval. This will provide a qualitative analysis from the practice perspective. A review of practice income and patient registrations has been completed and will be included in the overall evaluation report.</p>	Inability to recruit to key professional roles resulting in decreased access to services and increase in waiting times	<p>Scoping future service vision and improvement from a Caring for Ayrshire Dental Services Reform programme</p> <p>Review of current oral health programmes and their effectiveness via data gathering</p> <p>Review current workforce plan and capacity</p> <p>Review of current care within practices with the aim to provide a greater range of services within General Dental Practices</p>	Green

			<p>Access to NHS dental services has remained stable with no significant changes. South Ayrshire has remained an area of concern due to the low numbers of practices accepting NHS patients however the situation has now improved due to two new practices opening in Troon and Ayr who are currently registering NHS patients.</p> <p>The Vision and Strategy for Dental Services along with the delivery plan is still in progress through the appropriate governance arrangements.</p> <p>Whilst the plan is currently awaiting approval, the Senior Dental Management Team are working towards the aims of the plan. Once formally approved, the plan will be the focus of work for the Dental Team throughout 2025/26.</p>			
Increased shared care, access to service and patient experience within community Optometry	Implementation of the Community Glaucoma Service (CGS) within NHS Ayrshire and Arran	March 2026	<p>Progress on the roll out of OpenEyes to facilitate the implementation of the CGS has been slow due to earlier delays from Digital Services in completing various actions. However, progress is now being made by Digital Services and Ophthalmology and we continue to be committed to ensuring the local elements of the CGS roll-out are in place by March 2026.</p> <p>The two Optometrists undertaking their NESGAT</p>	Cohort of CGS eligible patients (1600) far exceeds the capacity of four currently accredited practitioners within Ayrshire and Arran which may impact on roll out of service. Three new optoms training in Cohort 4 will enable CGS to be rolled out in North and East Ayrshire	Open Eyes in A&A is underway. A sub group of the Eyecare Development Group has been established to take this work forward which is being led by Digital Services	Green

	Roll out the Juvenile Idiopathic Arthritis (JIA) service to community optometry	June 2025	training are expected to qualify around September 2025.  The JIA Service has now been rolled out to Community Optometry (COMPLETE)			
Continue to roll out and embed an urgent care pathway for General Practice to refer patients for clinical care and treatment during the out of hours period.	Extend the urgent care General Practice model to cover all GP Clusters across Ayrshire.  Extend to a model for pre-bookable appointments at an AUCS primary care treatment centre following a referral from General Practice	September 2025  December 2025	The Urgent Care Home Visiting test of change (ToC) for General practice has been extended to all 51 mainland GP practices. 45 of the practices have so far engaged with AUCS requesting support for their patients.  An evaluation is underway with all GP practices and AUCS clinicians participating in the ToC as part of the ongoing review. The results of this, along with the outcome of a funding bid recently submitted to Scottish Government, will inform the future development of the 'unscheduled care' model within General Practice.	AUCS clinical workforce capacity to meet increasing demand from GP Practices as the model expands.  GP Practices using specific criteria for referring patients.	Continual monitoring of activity and demand including workforce availability with escalation arrangements in place.	Amber

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Workforce</b>						
Achieve further reductions in agency staffing use and continue to optimise bank arrangements.	Within our Acute Services sector work is ongoing in collaboration with external contractors to review establishment by all ward areas so there is clarity as to vacancy pressures and spend is more appropriately directed	March-2026 – ongoing programme of sustained reduction throughout the financial year	Increased scrutiny introduced for the request and booking of agency workers, now featuring Chief Nurse oversight.  Review nearing completion on the effectiveness and resource utilisation of the bank function for NMAHP services. To	National supply issues, particularly for registrant clinical staff groups continue to be challenging in terms of being able to make substantive staffing appointments	NHS Board Corporate Risk 764 sets out the risk profile for clinical registrants in terms of capacity and supply and is routinely reviewed on a 6 monthly basis and	

	<p>towards substantive staffing solutions.</p> <p>Work is underway in tandem regarding rostering practice to ensure that headroom / unavailability criteria and parameters are robustly followed and we have ongoing open adverts for staff joining our bank.</p>	<p>By September 2025 – All priority nursing areas rostered on Healthroster with rules and controls embedded.</p> <p>July 2025 – Review of supplementary spend processes, with bank review completed and additional controls on the booking of agency.</p>	<p>conclude with additional lead time for bank shifts, implementation of the bank pay file automated process.</p> <p>Roster Confirm &amp; Support meetings held monthly to challenge headroom and drive reductions in the demand for agency staffing. To include the re-launch of Safecare and the integration of staff redeployment within the daily workforce huddles.</p>	<p>Agency staffing requirements closely linked to additional and escalation bed position, requiring urgent and short term cover.</p>	<p>includes controls and mitigations</p> <p>Booking governance process and data driven insights to provide grip and control over usage and encourage the use of internal and bank resources.</p>	
<p>Achieve reductions in medical locum spend.</p>	<p>Continue to engage locums directly with the Board Medical supplemental staffing group in place and grip and control measures have been introduced.</p> <p>Work remains ongoing in looking at workforce planning across our medical specialties, and implementing our vision of Best Medical Workforce Strategy</p>	<p>March-2026 – ongoing programme of sustained reduction throughout the financial year</p>	<p>Introduction of supplementary medical spend forms to provide assurance over hours worked and job plans for locums.</p> <p>Implementation of monthly directorate level supplementary Medical Spend Assurance groups to ensure grip and control</p> <p>All locums are now under direct engagement. This will continue via processes agreed with Litmus.</p> <p>All Agency locums to be brought down to below the total reportable charge rate by end of Q2</p> <p>Advertisement for substantive staff for all areas with long-term medical locum.</p>	<p>National supply issues, particularly for registrant clinical staff groups continue to be challenging in terms of being able to make substantive staffing appointments</p>	<p>NHS Board Corporate Risk 764 sets out the risk profile for clinical registrants in terms of capacity and supply and is routinely reviewed on a 6 monthly basis and includes controls and mitigations</p>	<p>Green</p>

			<p>GIM and EM strategic analysis complete and plans in development.</p> <p>£152,459 reduction in spend compared with month 2 in 2024. Cost per hour has reduced from £135.24 to £113.08. Hours have reduced by 186 hours in the same time period.</p>			
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Digital Services &amp; Innovation</b>						
Adoption and implementation of the national digital programmes	Continue to work with DHAC and NSS on a number of national projects.	March 2026	National programmes continue to be slow to progress due to delays in national delivery timescales. The team continue to aim to drive forward where possible.	Resources may not be sufficient to develop and implement all new national initiatives while reforming our own infrastructure and systems.	Governance groups established with clinical representation to prioritise any conflicting digital requirements.	Amber
Improving cyber resilience and compliance	Improve on the overall compliance score for NHS Ayrshire & Arran in the 2024/25 NIS Audit	February 2026	Appropriate actions continue to be taken to protect our cyber estate. Cyber will be audited in October 2025 and preparations are underway.	Strategic Corporate risk (603) raised to reflect the nature of cyber security threats.	Several mitigations are in place and we continue to work towards compliance with all NIS Audit recommendations.	Green
Provide Executive support and commitment to optimising use of digital and data technologies	Continue with quarterly meetings of the Strategic Digital Delivery Group chaired by the Chief Executive	June 2026	Quarterly meetings are scheduled in advance. Attendance will be monitored, and any challenges will be highlighted. Governance of digital continues to be reviewed.	Attendance by senior clinical staff may drop below levels to make appropriate approvals for strategic decisions.	Annual programme of meetings to be circulated in advance. Deputies to be nominated for	Green

					attendance in the event of diary clashes.	
Work collaboratively with other organisations to scale and adopt innovation	Continue working with regional and national groups including the Accelerated National Innovation Adoption group.	March 2026	Continue to move forward with projects which are identified within ANIA pathway. Prioritisation required to ensure appropriateness to deliver and resource requirements.	Conflicts between national and local projects in terms of allocation of resources and finances.	Governance groups established with clinical representation to prioritise any conflicting requirements.	Amber
Set priorities and report progress in line with Board's Digital Strategy	Align with the national cloud first strategies to provide resilient access to systems, flexible approaches to our data and storage requirements and increased security of systems. Review and update the Board's Digital Strategy during 2025/26.	December 2025	Cloud hosting has been established. Team are working on moving systems to this solution, however this may be early next year for some solutions.  Storage within the cloud is currently being investigated, when complete, storage will be cloud first if appropriate. The Digital Strategy will be drafted prior to December 2025, however full governance approval may be early 2026.	Some key systems may not be suitable for hosting due to supplier constraints or high latency required for interfaces with medical equipment. Funding may not be available in future years to progress the strategy at an interval that keeps pace with advances in technology.	Architecture and design principles have been developed which support our hosting ambitions.  Developing a plan for replacement and associated costs included to enable bids for funding to be progressed in line with strategic ambitions.	Amber

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Climate</b>						
Greenhouse Gas Emission reduction (Energy) - Improve the overall Building Energy Emissions in line with national targets and from the previous year	Implement innovative modern day energy efficiency solutions, to reduce overall energy consumption across the estate.	March 2026	Confirmation received for funding approved from Scottish Government up to the value of £450,000 following on from a successful application to support the Boards Net Zero transition and to progress agreed energy efficiency and feasibility initiatives.	Objectives and Projects – Reduced scope with a reduction in the ability to meet project objectives in full or in part.	Board has full autonomy through existing governance to act with regards to disposals/demolition plans.  Working closely with other Directorates to	Green

generated from the Boards estate assets.			<p>Progress continues to be made to complete identified energy efficiency projects using Capital Investment Plan funding.</p> <p>Review of 2024/25 energy consumption against previous years and 1990 baseline.</p> <p>Attended NHS A&amp;A, D&amp;G, FV, Lanarkshire PPA Suppliers Day facilitated by NHSScotland Assure with a focus workshop planned for July 2025.</p>	<p>Lack of funding to support strategic objectives.</p> <p>Compliance – Failure to achieve national emission reduction targets from 1990 baseline.</p>	identify and implement viable solutions.	
Sustainable Travel - Improve the overall Transport Emissions in line with national targets and from the previous year generated from the Boards estate owned transport and infrastructure.	Implement the Boards fully developed EV transition programme.	March 2026	<p>Legalities completed to enable new power connections at UHA, UHC and Biggart Hospitals to be installed and chargers fully commissioned.</p> <p>Confirmation received for funding approved from Scottish Government following on from a successful application to support the installation of additional EV chargers at identified locations.</p> <p>Mitigation identified and being progressed in response to confirmation of CPS network phasing out by December 2025.</p> <p>Detailed assessments of Commercial Fleet usage have been completed by Transport Department to support key services in their rationalisation of the existing fleet in order to meet future demands.</p>	<p>Finance - Main risk is the failure of the manufacturer to deliver the electric vehicles requested by the board due to shortfalls in supply chain. (risk)</p> <p>Objectives and Projects - Charging infrastructure is not in place to support the transition to EV. (Issue)</p>	<p>Working closely with other Directorates to identify and implement viable solutions.</p> <p>Plans to work with companies able to provide charging infrastructure are being developed and will be progressed across 25/26 in order to meet the August 26 cut off for Chargeplace Scotland Obsolescence.</p>	Green

National Waste Targets - Reduce domestic waste by a minimum of 15%, and greater where possible, compared to 2012/13	Develop and introduce plans to reduce domestic waste, including reduction in use of hand towels	March 2026	<p>Waste Manager due to commence 4<sup>th</sup> August 2025.</p> <p>Weekly checks undertaken by CoTC (certificate of Technical Competence) highlighting non-conformances, with inappropriate waste in clinical waste bags – DATIX's raised and tagged to Dept Managers</p> <p>New waste stations bins placed in distributed working UHC 42-48 Lister Street and Catering Department.</p> <p>General waste recycles 11 lots contracts in place.</p> <p>Waste data being collected for Annual Health Board Climate Emergency &amp; Sustainability Report 24/25.</p>	<p>No Waste manager in post to progress actions- awaiting outcome of Job Evaluation.(issue)</p> <p>Lack of support from end users. (issue) Increased site activity/purchasing of services increasing waste volumes. (issue)</p> <p>Compliance - Failure to achieve target reduction from baseline. (Risk)</p> <p>Adverse publicity / reputation - Impact on perception of the organisation with media interest. (risk)</p>	<p>General waste recycles framework for boards to undertake mini-tenders.</p> <p>HoS on National waste steering group.</p> <p>Waste operational group meets bi-monthly.</p>	Green
National Waste Targets - Reduce food waste by 33% against 2015-16 baseline.	Develop further plans to identify areas of higher waste and implement plans	March 2026	<p>Waste manager due to commence 4<sup>th</sup> August 2025.</p> <p>Continued to be lowest unserved meals in NHS Scotland.</p> <p>Waste data being collected for Annual Health Board Climate Emergency &amp; Sustainability Report 24/25.</p>	<p>Staffing resources not available to collect and weigh food waste – delaying results. Compliance - Failure to achieve target reduction from baseline.</p> <p>Adverse publicity / reputation - Impact on perception of the organisation with media interest.</p>	<p>Unserved meals at lowest in Scotland.</p> <p>Monitored through the Catering Manager Professional Group.</p>	Green
National Waste Targets - Ensure 70% of domestic waste is recycled or composted.	Develop and implement plans to review all disposal.	March 2026	<p>New contract implemented 1st June 2025. Nil to landfill.</p> <p>Waste data being collected for Annual Health Board Climate</p>	<p>Supplier unable to provide confirmation. New tender out and may result in different supplier.</p> <p>Compliance - Failure to achieve target reduction</p>	<p>Current Supplier is on the National framework and new spec been issued.</p>	Green



			Emergency & Sustainability Report 24/25.	from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.		
National Green Theatre Actions - Improve on the reduction in medical gas related emissions across the board wide estate	Identify further work required to support the continued year on year emission reduction from medical gases in line with national targets.	March 2026	<p>Engagement with Hospital Management on F-Gas use in Ophthalmology Services with NHS Lothian exemplar performance tracking Scope 1 emissions template.</p> <p>A review of Nitrous Oxide Usage Report 2025 showing increased use of cylinders and decreased consumption from piped systems (tCO2e).</p> <p>Services have moved to portable cylinder use within University Hospital Ayr and Community Dental facilities in response to NO2 usage. Continue to progress work at University Hospital Crosshouse.</p> <p>Review of recently published HSE guidance designed to protect those exposed to exhaled anaesthetic gases in hospitals.</p>	Compliance – Failure to achieve national emission reduction targets from 2019 baseline.	Authorising Engineer (MGPS) technical support would be required. NHS Scotland Assure. SHTM 02-01 guidance. Existing policy and procedures.	Green
Greenspace & Biodiversity	This is a joint action between Public Health and Infrastructure and Support Services who continue to work with relevant groups to support greenspace and biodiversity	March 2026	<p>Woodland areas made safe following on from the significant impact of Storm Eowyn which resulted in a tree damage and rectification works.</p> <p>Approval and funding secured to support sapling planting.</p>	<p>Lack of engagement by various voluntary organisations and community Justice team may impact on progress of Kyle chemotherapy garden development.</p> <p>Lack of infrastructure to manage reduced grassland</p>	<p>Sub Group of CESOG in place to monitor progress attendance at National Greenspace and Biodiversity meetings.</p> <p>Good links with LA partners, and</p>	Green

			<p>Green gym volunteering works to sow yellow rattle seeds within an identified area of grassland at Ayrshire Central Hospital has been completed.</p> <p>The Conservation Volunteers (TCV) Green Gym volunteering works to sow yellow rattle seeds within an identified area of grassland at Ayrshire Central Hospital has been completed.</p> <p>Efforts are ongoing to secure future funding for TCV to continue to deliver Green Gyms and Health Walks at both ACH and UHA / Ailsa</p> <p>Tail garden plans are progressing, to determine what we can offer Local Authorities, schools, nurseries or community groups to utilise our vacant land for small scale projects such as Bee Hotels etc.</p> <p>Kyle Unit Garden project at Ailsa Hospital (created by Repollinate and HP Inc (community benefits contribution) and Impact Arts and supported by South Ayrshire community justice unpaid work has been completed with official opening on 4 July 2025.</p> <p>Grounds management plan has been developed to reduce the cutting of green spaces over the summer period.</p>	<p>cutting effectively may result in poorly managed and unsightly greenspace.</p> <p>Lack of further funding opportunities for TCV may result in cancellation of the activities they provide.</p>	<p>membership on their climate change groups by NHS staff.</p>	
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Community Wealth Building</b>						
Continue to lead on capacity building, Building the evidence base, supporting ongoing improvement, and awareness raising of Anchors workstream and align work with wider Community Wealth Building agenda, and as a Board, support the redirection of wealth back into local communities to help address the wider determinants of health inequalities, by progressing specific, measurable objectives that align with their Anchor Strategic Plan.	Refresh Community Wealth Building Strategy	March 2026	<p>The revised delivery date has been aligned with the conclusion of the 3 Year NHS A&amp;A Community Wealth Building Strategy (2023–2026).</p> <p>The PMO Senior Programme Manager will collaborate closely with Pillar Leads to update the strategy's content. This process will include a reflection on progress to date, key successes, and lessons learned through collaboration with internal teams and external partners.</p>	<p>There is a risk that competing demands on staff to develop the strategy could cause a delay to complete development of the published strategy.</p> <p>There is a risk that development of a three year action plan will not be delivered due to organisational capacity in terms of staff resource.</p>	PMO will have regular catch ups with pillar leads to ensure in year actions are discussed and mitigations considered. <p>PMO will ensure governance timelines for Y3 report are agreed early and communicated to leads.</p> <p>Quarterly reporting to CWB Programme Board (highlight report) to report progress and escalate issues for discussion.</p> <p>Internal departmental governance groups help drive and support Community Wealth Building (CWB) by embedding the pillar actions into local decision-making groups</p>	Green
	Develop in year actions (2025-2026) for each pillar (Plan on a Page)	June 2025	<p>As of June 2025, NHS A&amp;A has established an in-year action plan for 2025–2026 aligned with the six pillars of the Community Wealth Building (CWB) Strategy 2023–2026, structured using the PMO's "Plan on a Page" framework.</p> <p>The implementation of this workplan is being tracked through quarterly highlight reports and is subject to oversight via the organisation's internal governance processes.</p>			Green
	Complete SG Anchor metrics data return for FY24/25	March 2026	NHS A&A has successfully completed and submitted the Scottish Government Anchor Metrics data return for the financial year 2023/2024 by the required deadline of 17 March			Green

			<p>2025. This submission aligns with the expectations set out in the NHS Scotland Delivery Plan Guidance, which called for annual reporting on anchor institution activities. A follow up call with Scottish Government took place to discuss key aspects of the return.</p> <p>The PMO will lead on development of 2025/26 metrics when guidance is issued by Scottish Government.</p>			
	Pillar leads to progress in year actions and report implementation to CWB Programme Board.	March 2026	<p>Pillar Leads are currently progressing the 2025–2026 in-year actions aligned with the six pillars of the Community Wealth Building Strategy (2023–2026).</p> <p>Each lead has been actively implementing their respective workstreams and capturing outcomes and learning.</p> <p>To ensure robust oversight and accountability, implementation progress is being formally reported to the Community Wealth Building Programme Board, Corporate Management Team and Integrated Governance Committee through structured updates.</p> <p>These updates include:</p> <ul style="list-style-type: none"> <li>• Key milestones achieved</li> <li>• Key Risks and Issues for Escalation</li> </ul> <p>This reporting process supports continuous improvement and enables the Programme Board</p>			Green

			to provide strategic direction and support where needed.			
	Pillar leads to continue to implement in year actions and report progress to CWB Programme Board.	March 2026	As above			Green
	Prepare yearly report to reflect progress on in year actions.	March 2026	NHS A&A will start to develop its annual report to capture progress on the 2025–2026 in-year actions under the Community Wealth Building Strategy (2023–2026) in Q4. The report will be developed in collaboration with Pillar Leads and will be submitted to the CWB Programme Board for review and endorsement.			Green

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Population Health</b>						
Implement the interim national standards for vaccination services.	Plan and continue to deliver the Spring Covid-19 Vaccination Programme, Shingles (Phase 2), Pneumococcal, work with key stakeholders to implement new RSV vaccination programme.	Ongoing	<p>The Spring COVID-19 programme completed on 8<sup>th</sup> June with a mop up offer until 30<sup>th</sup> June 2025.</p> <p>Phase 2 Shingles and Pneumococcal programme started on 9<sup>th</sup> June with clinics arranged across the Health Board until 10<sup>th</sup> August 2025.</p> <p>The inpatient programme has now been expanded to include Shingles and Pneumococcal.</p>	<p>Funding arrangements still to be confirmed</p> <p>Lack of appropriately trained staff to manage the Autumn and Winter Covid-19 Flu Programme demands</p>	<p>Continual monitoring of budgets looking at CRES savings where applicable with our Finance colleagues</p> <p>Continue to ensure that we have substantial number of staff on our Bank workforce to support the additional work pressures.</p>	Amber

			<p>Planning is currently underway for RSV programme which will begin on 11<sup>th</sup> August 2025 until 14<sup>th</sup> September 2025.</p> <p>Winter planning has begun, Flu programme will start on 15<sup>th</sup> September, currently securing venues for clinics. Staff clinic programme is planned.</p>			
Reduce the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes.	<ul style="list-style-type: none"> <li>Widen cervical screening outreach clinics to include more deprived areas with low uptake</li> <li>Implement transport initiative for recall breast screening appointments to improve uptake for those women experiencing travel inequalities and low income</li> <li>Improve staff awareness and uptake of bowel screening in the local prison population</li> </ul>	March 2026	<p>Outreach clinics don't take place until January 2026. However, we have been able to relaunch our health board clinic, providing access to women who have experienced sexual or birth trauma. We are in discussions with Douglas Grant rehab with regards a clinic for women with physical disabilities.</p> <p>Bowel screening promotional work has been undertaken with the Men's Shed charity. Bowel screening input is being planned for a Health Improvement visit/event at Kilmarnock prison later in 2025.</p>	<p>Workforce - Engagement from primary care services to host outreach clinics, staff availability to deliver clinics</p> <p>Finance: access to screening inequalities funding to finance initiatives - reduced or no funding will make it difficult to increase access or adapt clinic times to meet patient needs.</p>	<p>Continued engagement with screening delivery partners to plan and discuss opportunities.</p> <p>Engagement with NSS and SG on funding streams through national networks.</p>	Amber
Increase HIV prevention, detection and retention in care.	BBV service review, including review of BBV testing policy, management of BBV exposure policy, implementation of BBV diagnosis lookback, reducing stigma education campaign.	March 2026	BBV exposure policy now agreed by ED clinical governance. Testing policy drafted and with design team. BBV diagnosis lookback process now commenced with biannual meetings. Stigma campaign in progress.	<p>Lab capacity for testing.</p> <p>Hidden MSM population locally who do not access PrEP.</p>	<p>Regular meetings with labs and monitoring of testing activity, including inappropriate repeat testing.</p> <p>Further work is planned to engage hidden MSM population through the syphilis taskforce, commencing Jun 25.</p>	Amber
Work towards viral hepatitis elimination goals, including	Improvements to prison SHBBV pathway, including dedicated	March 2026	HCV community pathway now commenced. NearMe adopted for use in HMPK. Pilot of DBS	Engagement from BBV clinical team	Fortnightly join meetings between	Amber

through achieving Board-level HCV treatment initiation targets.	testing clinics and NearMe consultations. Pilot of community treatment. Pilot of DBS testing in pharmacies		testing in pharmacies has commenced and progressing well. Improvements to prison pathway has been delayed due to capacity but will commence shortly.		clinical team and Public Health  Additional senior support identified due to work pressures for Executive Lead.	
Improved access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum.	Launch Women's Health academy in Jan 2025 to provide funded training to Primary Care staff in LARC, contraception, menstrual health, and menopause. Continue to support Post-Natal contraception project	March 2026	Women's Health academy has launched successfully with eight menopause trainees, 12 LARC trainees, and an advert due to go out this month to recruit 6 menstrual health trainees. Strategic group commenced and held second meeting in June 2025.	Engagement and capacity in Primary Care.  Capacity in gynaecology to offer shadowing opportunities.	Employment of lead for WHA academy who is salaried GP in A&A. Strategic oversight group to commence Jan 25.	Amber
Improve population health, with particular focus on smoking cessation and weight management priorities.	Increase number of referrals to and smoking quits by the specialist Quit Your Way cessation service from: <ul style="list-style-type: none"> <li>acute</li> <li>maternity</li> <li>mental health services and</li> <li>from those living in our 40% most deprived communities</li> </ul>	March 2026	<ul style="list-style-type: none"> <li>Within the acute setting, questionnaires have been developed for use in Paediatric Admissions and within Respiratory wards at UHC. The results of these surveys will allow us to better understand the barriers to raising the issues of smoking/vaping, including parental smoking/vaping, and referral/signposting to QYW for cessation support.</li> <li>A Nicotine Dependency in Pregnancy Taskforce has been established which is chaired by our Director of Public Health. This taskforce is developing and delivering on action to raise awareness of the risk associated with smoking/vaping in pregnancy, with an opt-out referral pathway being established for those who vape only during pregnancy. Additionally, tests of change are in development</li> </ul>	Requires other services to be raising the issue of smoking and completing referral to QYW for specialist cessation support	Awareness raising activities will be planned, along with tests of change with other services, such as Respiratory and Maternity to investigate methods to increase referrals; QYW staff will be aligned to support Waiting Well as it develops; training on Very Brief Advice (LearnPro) and bespoke training is offered as is available to support professionals to raise the issue of smoking and on referral pathways	Amber

			<p>to increase referrals from health visiting staff using CO monitors, and to offer wellbeing support to address the wider determinants of smoking behaviour – both are at the initial stages of development. The taskforce is also reviewing training for maternity care assistants and health visiting support workers, as well as QYW staff to address these wider determinants. The taskforce is also seeking funding opportunities to pilot a financial incentive scheme to support smoking cessation in pregnancy.</p> <ul style="list-style-type: none"> <li>• IMPACT training is being offered and delivered to staff within mental health services at Woodland View</li> <li>• A programme of work is being developed to support vaping cessation in HMP Kilmarnock; clinics are held in our areas of highest deprivation</li> </ul>			
	Develop, deliver and evaluate pilot which utilises QYW staff to address the wider determinants of health, including those which may make it more difficult to stop smoking	March 2026	<p>Following input from NHS Grampian who operate a similar service to that being proposed, it has been agreed that QYW will deliver a Test of Change to support the implementation of the Waiting Well agenda within NHS A&amp;A.</p> <p>Currently, a driver diagram, process map and a staff training plan are being developed along with a measurement and</p>	<p>Requires partnership working with acute to access waiting list to offer a service.</p> <p>Resilience of QYW to undertake this role.</p>	<p>Ensure full identification and engagement with partners/colleagues</p> <p>Ensure more than one member of staff trained, establish staff buy-in to the pilot</p>	Amber



			evaluation plan to support the operationalisation of this ToC.			
	<p>Diabetes Prevention and Adult Weight Management Services comprise of a number of work streams, each of which would support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease:</p> <ul style="list-style-type: none"> <li>• Provision of care for women at risk of gestational diabetes (GDM) post-natally;</li> <li>• Provision of early intervention and support for those at high risk of type 2 diabetes;</li> <li>• Provision of person-centred weight management support for those with a high BMI; and</li> <li>• Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes.</li> </ul>	March 2026	<p>Diabetes prevention (including GDM): Aim to offer treatment and support to 200 people  Tier 2 weight management: Aim to offer treatment and support to 200 people  Tier 3 weight management: Aim to offer treatment and support to 150 people  Remission programme: Aim to offer treatment and support to 15 people</p> <p>Referral to services from April – June:-  Diabetes prevention (including GDM): 182  Tier 2 weight management: 134 to NHS Services &amp; direct to services: 86 so total = 220  2025/26 saw the introduction of Second Nature a fully remote tier 2 service initial purchase was 40 places and to date 30 have been allocated.  Tier 3 weight management: 224  Services are supporting the national work developing remote pathways for remission and prevention, with the due date for remission being Jan 2026. Additionally, weight management services are supporting a local Innovate UK bid along with Holly Health.</p>		Referrals to Service	Amber

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Value Based Healthcare</b>						
Increase Awareness: Raise public awareness of Realistic Medicine and the need for NHS Scotland to optimise its resources particularly via social media.	<p>Promotion of RM externally in collaboration with the Comms Team, including via the organisation's X and Facebook accounts.</p> <p>Use of videos/information available via the national RM website.</p>	Communication and engagement plan to be developed by June 2025	Continued promotion of Realistic Medicine on X and Facebook as per communication and engagement plan	The main risk is that if engagement is poor then the value of time spend on engagement projects is low.	Prioritising regular analysis and evaluation of social media engagement so that adaptations can be made. Evaluating successful projects in other areas and learning from them.	Amber
Encourage Shared Decision-Making (SDM): Ensure all health and care professionals engage in shared decision-making and promote the "It's OK to Ask" campaign.	<p>Publicity materials available from NHS 24. Promotion of BRAN internally via Viva Engage, Comms Team and other internal methods of communication.</p> <p>There is a range of training and education on shared decision making, Realistic Medicine and Value Based Health and Care available on TURAS</p>	June 2025	Ongoing work trying to promote eLearning modules. RM modules are now on Turas and we are engaging with department heads to encourage them to promote amongst their staff. Ongoing discussions regarding eLearning being part of induction and appraisal for medical staff. Exploring how to promote similarly with nursing colleagues and medical students.	In order for engagement to be effective, sustained delivery is required. This would be challenging for the current RM team to deliver within their current capacity.	Utilisation of the dormant RM Champions to help deliver education might mitigate this risk. Production of bite sized videos may enable the team to scale up promotion of the TURAS modules	Amber
Utilise BRAN Questions: Promote and encourage people to ask their health and care professionals the BRAN questions.	<p>Ensure they are included on all outpatient appointment letters. Trial of appointment letter leaflets at Rainbow House Child Development Centre.</p> <p>BRAN information visible in waiting rooms to enhance decision-making</p>	<p>September 2025</p> <p>September/October 2025</p>	Trial of BRAN questions on Rainbow House outpatient letters complete. Feedback suggested that having space available to write questions was of value to patients but the link to It's Ok To Ask was not.	Risk highlighted by administration staff is that there may be an increase in enquiries regarding financial assistance as this is included in the appointment leaflet. Rainbow House currently does not send out any additional information with	Reception staff to be made aware of the HC5 Scotland refund form. To promote the use of SDM TURAS modules to all Rainbow House staff before role out of appointment leaflet.	Amber

	<p>via posters and note paper.</p> <p>Show BRAN/RM videos on screens within waiting areas.</p> <p>Gemba walkround in clinic areas to identify where BRAN could be promoted more effectively.</p>	October 2025		<p>appointment letters. There is also the risk that professionals may not engage with patients/families presenting with written questions perceiving SDM to take more time.</p>		
<p>Improve Communication: Enhance health and care professionals' communication skills, focusing on clear, accessible information and patient preferences, encouraging Shared Decision Making.</p>	<p>Continue to evaluate the CollaboRATE SDM measuring tool which is now embedded with Patient Experience Survey across Acute sites.</p> <p>Health and Care professionals will be encouraged to complete TURAS training via promotion on Viva Engage, eNews and other methods of internal communication.</p>	March 2026	<p>Monthly review of CollaboRATE SDM measuring tools and promotion via viva engage, eNews and other internal communication</p>	<p>Number of complete surveys is currently low and therefore not representative of the acute services patient population.</p>	<p>Recognise that the sample is self-selecting, not representative of the acute services population and that we can use the data to enable us to learn, evaluate and celebrate excellent care.</p>	Amber
<p>Sustainability and Unwarranted Variation: Develop tools that enable health and care colleagues to seek out and eliminate unwarranted variation in access to healthcare, treatment and outcomes.</p>	<p>Assist the Right Decision System and Ref Help steering groups to introduce best practice pathways for AA NHS. Encourage collaborative work that promotes the interface between Primary and Secondary care.</p> <p>Enable CDFs to carry out QI work relating to variations in practice and resource management via RM Champion supervision and the</p>	<p>Ongoing</p> <p>December 2025</p>	<p>Right decision and ref help steering groups continue to occur on a monthly basis with RM support when required.</p> <p>The Realistic Care Improvement Plan workshops have not yet occurred. These will help identify projects for CDF. The RM team is planning a workshop for November and will help leaders identify areas of</p>	<p>Capacity for RM team is limited and the scope of this work is wide reaching and exhaustive.</p>	<p>Recognizing the limits of the team and having support from the executive team to span boundaries, enabling the linking of having the right people in the right room at the right time.</p>	Amber

	<p>Realistic Care Improvement Plan.</p> <p>Establish a Primary Care Teams Channel to collate successful QI projects that could inform Steering Groups and enable a learning by doing and economy of scale approach to developing new pathways.</p> <p>Engage with QI to determine whether VBH&amp;C can become an educational element of AAIFS</p>	<p>June 2025</p> <p>September 2025</p>	<p>unwarranted variation and how to implement system's change</p> <p>Teams channel established. Plans to try to develop a casebook of projects</p>			
Focus on Resource Management: Prioritise initiatives to reduce waste and harm, including overprescribing and unwarranted tests.	<p>Continued use of Neptune Waste Management System supporting National Green Theatre programme</p> <p>Representation on Pharmacy Effective Prescribing Groups.</p>	<p>September 2025</p> <p>Ongoing</p>	<p>Neptune system embedded now in Ayrshire &amp; Arran theatres at UHC and UHA</p> <p>Continued engagement with group and RM support when/if required</p>	<p>Project is reliant on continuing funding</p> <p>Capacity for RM team is limited</p>	<p>Ongoing RM team support and funding</p> <p>Working within team capacity</p>	Amber
Innovation: Empowering the workforce to be improvers and innovators, bringing services closer to our community.	<p>Near Me Projects. Continued support of ongoing Near Me projects within Breast, Preoperative and Cochlear Implant services. Development of trials of Near Me within care home settings, Tissue Viability Nurse service, Neurodevelopmental Empowerment and</p>	December 2025	<p>Near Me Project manager successful in trialling areas including NEST and tissue viability service. Pre-operative assessment department being trained in the NearMe currently.</p> <p>Struggling with NearMe engagement in Acute Services.</p>	<p>Risks are that there may be a lack of engagement to carry out a trial of Near Me and also that the resources involved are out with the capacity of the RM team.</p>	<p>Teams have been approached where the RM team feel there is value to using Near Me and positive engagement has been sought out.</p>	Amber

	Strategy (NEST) Team and Rainbow House Child Development Centre					
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Quality and Safety</b>						
All relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.	Collaboration with Associate Nurse Director and Infection Prevention Control to identify priority areas in line with National Priority Risk Categorisation to assure that additional session are planned for both scheduled sessions for business as usual (BAU) and upscaling as required to respond to outbreak situations and emerging threats with additional trained staff out with Health and Safety Department to support.	Progress as at end of Q1	<p>From 07 January 2025 - 30 June 2025, a total of 48 Face Fit sessions were scheduled, offering 277 slots. 4 sessions were cancelled due to inclement weather or staff unable to attend the appointment.</p> <p>232 staff booked a fit test appointment with an attendance of 195 staff.</p> <p>Fit testing was also up-scaled during Jan –Mar 2025 to cater for the emerging MPox threat</p> <p>Work is ongoing to provide Face Fit sessions at Arran Memorial Hospital for those identified staff without an FFP3.</p>	<p>Higher risk of staff illness as a result of exposure to pathogen requiring FFP3 to be worn as PPE due to;</p> <ul style="list-style-type: none"> <li>• Non-attendance of to their fit test appointments;</li> <li>• Staff wearing FFP3 mask without being appropriately fit tested;</li> </ul> <p>Disruption to service with impact on patient care due to staff absence as a result of the above</p>	<p>Health and Safety department maintains and manages the fit test session programme to ensure level of preparedness is accurate;</p> <p>Fit tests are carried out by competent staff who are Fit2Fit accredited to ensure mask is correctly fitted to staff member and a seal achieved;</p> <p>Staff who cannot successfully achieve a fit with any of the FFP3 mask models available are excluded from areas where there is a requirement to wear these.</p>	Green
Deliver quality improvement and high quality care to enable and support delivery of our	Evaluate the impact of the current Quality Strategy with findings published in July 2025.	July 2025	Quality Strategy: Evaluation of current Quality Strategy in progress. Staff questionnaire completed and impact stories under development. On			Green

strategic objectives, and our ambition for health and care service transformation.			schedule to be tabled at HCG in Sept 2025.			
	Develop and publish revised NHS Ayrshire and Arran Quality Strategy	March 2026	Revised Quality Strategy: Work in underway. Current evidence review and mapping of national and international Quality strategies underway. Planning for Accelerated Design Event in Oct 25.			Green
	Evaluate, re-design and implement Quality and Safety Walkrounds	July 2025	Quality and Safety WalkRounds: Redesigned and new format in place from May 2025. Quarterly reporting to HCG established.			Green
	Co-design a Quality Improvement Capacity and Capability Strategy	August 2025 - Revised to December 2025	Quality Improvement Capacity and Capability Strategy: Completed baseline work. Map current delivery of QI training, evaluation framework developed, AAIFS evaluation complete and tabled at HCG. Next steps: Review existing strategies from other NHS Boards. Establish working group to co-design strategy.	Some delay due to unplanned absence in QI Team. Completion timescale revised to December 2025		Amber
	Develop and publish Duty of Candour Policy	June 2025	Develop and publish Duty of Candour Policy: Draft policy drafted, some slippage as waiting on national revised Duty of Candour Guidance which was published in April 2025. Policy to go out for consultation July and will be tabled at RARSAG thereafter. Next steps: Consultation and approval stage.	Some delay due to delay with national guidance.		Amber
	Develop and implement an improvement plan to reduce overdue Significant Adverse Event	June 2025	SAER Reports and Action Plans: Improvement plan developed and being implemented, KPIs in place and reported at RARSAG and HCG			Green

	Review (SAER) reports and action plans		Monitor and report on improvement plan progress until trajectories are achieved.			
	Review of Nursing, Midwifery and Allied Health Professionals audit templates and operational definitions to ensure standardisation of reporting	December 2025	Update: Completed review and implementation of NEWS2 audit, with agreed programme of review of all EiC and Quality of Care audits ongoing. Monitor progress and assess usability using System Usability Score.			Green
	Launch and implementation of reviewed Care Assurance Boards in in-patient areas	December 2025	Procurement process completed for purchase of boards with mounting an implementation due for completion by August 2025.			Green
	Increase the number of users accessing the Care Assurance and Improvement Resource (CAIR) Dashboard by 50%	October 2025	Care Assurance Workshops Pilot completed with Community Hospitals – Co-delivery of bespoke CAIR user session by EiC Team and PHS, thus increasing CAIR users from 17 to 41 users in NHSAA.	CAIR dashboard access inhibited as available data not relevant to all NMAHP clinical teams.	Continue to raise awareness of CAIR dashboard to clinical teams, inclusion of bespoke training in Care Assurance Workshops	Green
	Implementation of Healthcare Improvement Scotland (HIS) Quality of Care Review Process	September 2025	The Scottish Approach to Service Design is being used to understand where the system is. Currently in the discovery phase seeking to understand in terms of all 3 components of assurance and avoid duplication. Quality of Care review tool has been utilised in UHC. Discussions with both Acute Chief Nurses has taken place as to how might we test this to allow us to move into the defining stage before wider roll out of a strategic plan.	Requires support from a number of stakeholders.	Review implementation from other NHS Boards	Amber

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Mental Health – Learning Disabilities</b>						
Continue delivery of Annual Health Check under new specification, and identification of learning and innovation opportunities linked to this and pre-existing experience of delivery of enhanced primary care services to people with learning disabilities across Ayrshire	Develop an overarching understanding of activity and associated outcomes linked to delivery of the new Health Checks in each Ayrshire authority.	April 2026	Delivery of the new Annual Health Checks within Ayrshire has been paused, as a result of decisions taken to prioritise the work required by government, within the funding stream they have made available. To a large extent, this reflects a risk that was flagged some months ago, in that funding for the Health Checks was distributed to Boards as part of a bundle to support a variety of mental health activity, as opposed to being explicitly ear marked for this purpose. Learning from the previously completed evaluation around initial implementation continues to be shared, and NHS Ayrshire & Arran continues to contribute to national discussions surrounding the Health Checks agenda.	The new Health Checks are linked to Scottish Government's commitment of 2-million per annum. In the work so far, there has been no increase in the allocated amount. There is also the risk that this funding stream may be vulnerable to other pressures within Government. In addition, the new Health Check specification differs considerably from that previously in place, and the positive flexibilities within it which enabled ownership of that activity by Primary Care itself.	Within the confines of the existing commitment, the LD Service will work pro-actively with Primary Care and other colleagues to better understand the opportunities and challenges of this work in the broader context of Primary Care, Population Health, and Realistic Medicine, and seek to find ways to build on those in order to achieve sustainable benefit to people with learning disabilities.	Red
Building on work to date, review provision of care and built environment within Ward 7A, with a view to identifying necessary development work for enhanced or alternative provision	Benchmark against provision elsewhere in Scotland; review admissions to date and associated learning e.g. around admission avoidance; explore workforce requirements, informed by recruitment to date and use of Bank Staff; review delayed discharges to date and implications for community infrastructure;	July 2025	While the priority of this work has in no way lessened, overall good progress is being made on the various strands of activity. A first draft of the national benchmarking work has been shared with the Scottish LD Senior Nurse Group, and is due to be subsequently presented at other meetings (CRAG). Discussions with the 3 Learning Disability Community Teams has taken place to review past admissions and will be	Ongoing situation in 7A is impacting significantly on staff and clients, and there is a need to balance timely responding to this with a process which will support appropriately informed and progressive development action. Any change in delivery will impact on staff, clients, and the family of	Through adopting a collaborative approach to this issue and involving a range of staff, capacity will be created from amongst that already existing to ensure relevant analysis and exploration activity takes place. A range of communication mechanisms will be put in place to support	Amber



	review physical environment within Ward 7A informed by experiences to date.		summarised in order to identify themes/key learning. Some workforce information has been gathered as part of the benchmarking activity and will be developed further as needed. Proposals around a possible redesign of the ward environment are being generated currently, for consideration alongside other possible development routes as part of a larger option appraisal exercise. Engagement with staff and individuals/families directly affected by the work has been key to progress so far, and discussions have started regarding how to involve a broader spread of individuals in the work	clients, and there is a risk of misconception and anxiety linked to this process.	the work (e.g. regular staff meetings with LD Senior Nurse or other Management; making best use of existing communication routes to families).	
Further develop collaboration with Public Health Scotland (Local Information Support Team) as part of a broader programme of learning and co-design within the service, and with a view to annual delivery of reporting.	Continue to link regularly with PHS colleagues and ensure appropriate use of learning data, as well as ensuring that the LIST team stay informed about and involved in the ongoing learning and improvement work.	Ongoing	Work is currently underway to secure the necessary approvals to allow for a repeat and extension of the analysis work undertaken last year (the work for this year will include examination of number and cost of prescribed items). PHS colleagues are also linked into discussions around staff sessions to explore the potential development and implications of the work, and have already presented about it within local forums (Learning Disability Transformation Board).	The positive links with the LIST team to date are vulnerable due to limited engagement with broader LD service in early discussions. Positive work undertaken around data identification and analysis is inherently valuable but needs to be acted on and owned by the whole service and partners.	Broadening involvement of the LD Management team and practitioners in discussions with PHS will diversify support and encourage ownership of the process and outputs. Acting on learning acquired by the service will be part of the public commitment within the LD learning plan, and will be supported by the service as a whole, but also the HSCP and its partners.	Amber

Deliverable Summary	Improvement Actions	Action Completion Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Infrastructure</b>						
Ensure that sustainability and net zero aspirations are embedded within brief requirements for major developments and comprehensive refurbishments	Development of key sustainable requirements within a transferrable document that can be embedded within briefing documents.	March 2026	Continued reference to Sustainable Design and Construction (SDaC) Guide SHTN 02-01 within major developments and comprehensive refurbishments to be as a means of driving forward the delivery of Board aspirations and targets.  Individual energy efficiency project initiatives require to be evaluated on their cost, CO2/tonne reduction and their Return in Investment prior to submission for a decision through existing governance.	Sustainable requirements not being practicable in terms of funding or project scope.	Engagement with energy manager during project brief development with design teams.	Amber
Improve utilisation of accommodation to support the reduction in energy use.	Develop and implement an estates rationalisation programme to allow exit from under-utilised poor quality buildings.	March 2026	The demolition of several buildings on the Ailsa Campus has not been progressed due to the pause with Distributed Working moves and a moratorium on the use of AME funding to write down the building values (this has now been resolved as of 25/6/25 to use ADEL funding as confirmed by SG). Appointment of professional advisors to “design” and manage the demolition work is progressing meantime. The affected buildings include:	Organisational agreement to the estates rationalisation plan being delivered. Completion of associated preparatory work in main building.	Manage programme through appropriate governance groups with necessary representation.	Amber

			<p>Eglinton, Greenan &amp; Stair, Lochranza and Afton House.</p> <p>The DWER HR Sub Group are aiming to resolve the issues associated with the DW staff moves.</p> <p>There is potential for additional clinic disposals on Arran and at Dalrymple which are being actively progressed with the relevant HSCP services.</p>			
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Progress Update as at June 2025	Risks & Issues	Controls	RAG Status
<b>Pharmacy and Prescribing</b>						
Work with colleagues in the West of Scotland to develop a Regional Formulary process and implement a Regional Formulary	<p>Programme Board convened.</p> <p>Project working group to be convened.</p> <p>Key project personnel to be recruited.</p> <p>Governance processes to be developed, agreed by ADTCs and implemented.</p> <p>Board Formulary processes to be stood down.</p> <p>Regional Formulary Governance structure to be implemented following approval by Board ADTCs.</p>	March 2026	Dates for the first 2 chapters review groups have been issued (cardiovascular and GI). Representatives from NHS A&A supporting these reviews. NHS A&A also supporting the Programme Board.	<p>Workforce - engagement, recruitment to project posts. Board ADTCs not approving proposed governance processes and structures.</p> <p>Board ADTCs not standing down local formulary processes.</p>	<p>Programme Board has representatives from all WoS Boards.</p> <p>Good engagement with Board ADTCs in early stages.</p> <p>Project manager delivered East Region Formulary.</p>	Green
Deliver the pharmacotherapy elements of the	Expand pharmacy support worker role in delivery of service.	March 2026	Pharmacy Support Worker Team Leads in post in all 3 localities. Roles &	Workforce - recruitment to new roles on a FTC basis, availability of workforce,	New posts recruited on a permanent basis at risk (held by Pharmacy	Green

PCPIP demonstrator site programme within East Ayrshire	<p>Clearly define roles of each member of the team- right person, right task.</p> <p>Expand pharmacy hubs - skill mix and resilience.</p> <p>Develop a supervision/ preceptorship programme to improve Pharmacists confidence in clinical decision making and risk management.</p> <p>Test and evaluate Advanced Pharmacist Practitioner role.</p>		<p>Responsibilities Ven diagram developed and will be shared with whole team, aiming to promote awareness of right person, right task.</p> <p>Different pharmacy hub models being piloted in each locality. North locality developing pharmacist involvement in hub to test resilience. South &amp; East localities progressing with pharmacy technician led hub.</p> <p>Pharmacist-pharmacist preceptorship programme complete for first cohort and feedback and evaluation underway. Pharmacist-GP preceptorship programme ongoing with data collection and feedback and evaluation to follow at end of programme.</p> <p>Advanced pharmacist practitioners (APP) in post in all 3 localities. Developing daily workload templates, focusing on patient facing clinical time 3 days per week and education &amp; training and research focus for other 2 days. Data collection has recently started to measure impact of APP role including number and type of patients seen and number and outcome of polypharmacy reviews completed.</p>	<p>engagement of workforce (GP practice staff and pharmacy staff) in projects. Insufficient time for meaningful data collection to evaluate impact of projects.</p>	<p>Directorate). Regular communication with practices and pharmacy team to ensure good engagement.</p> <p>Measurement plan developed and implemented; some evaluation being undertaken by HIS.</p>	
Scope the redesign and delivery of 7 day clinical pharmacy services to critical & high care areas to improve	Identify clinical areas where 7 day clinical pharmacy service is required. Design service specification, define roles and scope workforce	March 2026	Scoping exercise carried out by Acute Services Senior Team. High care and critical areas agreed, and staffing numbers and costs required to	Funding - likely significant investment required. Workforce - availability of workforce with existing skillset or capacity to obtain skillset within	Whole system engagement. HR & Staff side engagement. Regular communication with pharmacy staff,	Amber

compliance with national standards for clinical pharmacy services and contribute to reducing length of stay.	required to deliver ensuring right person right task. Secure funding to recruit workforce. Address any contractual changes required. Implement training programme to ensure appropriate skillmix and resilience for service delivery over 7 days.		provide the service over 7 days is being worked on. HR and Staff side have been involved and will help us address any contractual changes required as a result. Timescales for training of staff to provide cover in high care/critical areas is also being scoped.	timeframe, engagement of workforce in 7 day working / contractual changes (will require HR & staff side support).	pharmacy leads and acute leads.	
Scope the expansion and delivery of the current 7 day operational pharmacy service to provide an equitable service across the full week	Agree the operational areas that require to be covered at weekends. Scope the workforce required to deliver the service robustly. Ensure appropriate skills mix and secure funding to recruit additional workforce to deliver this service.	March 2026	Scoping carried out by Acute Service Senior Team and areas which will be covered have been agreed. Options appraisal paper with updated costs will be presented to CMT. HR and Staff side are supporting due to contractual changes that will be required for staff. Once option agreed plan will be shared with staff and the wider team	Significant funding required to ensure both current and potential service is fully funded. Recruitment challenges in recruiting trained and qualified staff to deliver the service. HR issues around changes to contracts/organisational change process	Engage with staff, HR, Staff side at an early stage. Regular communication.	Amber
Work with colleagues across NHS Scotland THBs to implement, maintain and develop the Pharmacy Early Warning (PhEW) score to ensure patients are prioritised appropriately for clinical pharmacy review	Implement PhEW tool to all WoS boards. Identify boards out with WoS wishing to adopt PhEW. Provide clinical & digital pharmacy support to adopting boards to ensure successful implementation. Establish SLA with participating boards. Embed governance process for maintenance and validation of PhEW score. Scope clinical specialties that would benefit from bespoke PhEW score, develop modified PhEW score for identified clinical specialties.	March 2026	Implementation complete for FV, GGC, D&G, Lan and Lothian. Discussions ongoing with GJNH and Boards in the North. Revalidation exercise complete. Development of a tool for paediatrics currently being scoped. Arrangements for national governance to be discussed and agreed by Directors of Pharmacy.	Lack of engagement with clinical staff leading to varying levels of PhEW use within THBs. Inability to link lab data to PhEW dashboard in THBs. Capacity within A&A Digital Pharmacy Team to support implementation, maintain governance procedures and develop bespoke PhEW for identified clinical specialties.	WoS Clinical & Digital Transformation Group & PhEW Oversight Group hold responsibility for delivery of PhEW within WoS. SLA in place outlining board responsibilities for participation. Governance processes approved by each WoS board and outlined within SLA. Regular communication with clinical pharmacy leads, digital leads.	Green

In line with Scottish Cancer Action Plan 2023-26, ensure available pharmacy infrastructure, capacity and workforce to ensure that SACT medicines are available to people with cancer.	Review Cancer Forward-Look reports to anticipate growth in SACT provision. Complete capacity planning exercises for aseptic and dispensary areas to ensure appropriate capacity for growth. Implement SACT Dispensing Hub to ensure capacity, dedicated workforce and appropriate procedures for safe dispensing of SACT. Complete workforce review to inform recruitment, training and allocation. Regularly evaluate provision of SACT services, workforce & capacity. Implement training programme to ensure appropriate skillmix and resilience for service delivery.	March 2026	Capacity planning complete for clinical Pharmacy Oncology Team to be reviewed locally. Capacity planning complete for Aseptic dispensing including prefilled supply to be reviewed locally. SACT hub implemented successfully- appropriate procedures in place. Training of aseptically trained staff currently under review. Non medical prescribing is over 50 percent from nursing and pharmacist prescribers. Technician led verification being worked on regionally. Training of rotational Band 6 pharmacists to verify high volume, low risk SACT during their 3 month Band 6 rotation. Consideration of community pharmacy review/ prescribing of high volume low risk SACT (nearer to patient home treatment.	Funding - likely significant investment required. Workforce - availability of workforce with existing skillset or capacity to obtain skillset within timeframe, engagement of workforce in 7 day working / contractual changes (will require HR & staff side support).	BCP with contingencies for SACT delivery in place and regularly reviewed. Rotational training programme for pharmacists builds resilience within team. SOPs for dispensing of SACT products in place and regularly reviewed.	Amber
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