NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 11 August 2025**
Title:	**Delivery Plan 2025-26**
Responsible Director:	**Kirstin Dickson, Director for Transformation and Sustainability**
Report Author:	**Gillian Arnold, Assistant Director of Planning and Commissioning** **Valerie Richmond, Senior Planning Officer**

1. Purpose

This is presented to the Board for:

- Decision

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

NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities.

The Delivery Plan has been developed in conjunction with Board financial and workforce plans to ensure that relevant trajectories for performance and outcomes take account of available resources and the need to maintain quality and safety.

The final draft Delivery Plan (Appendix 1 and 2) was submitted for consideration to Scottish Government on the 25 June 2025.

On 8 July 2025, a letter was received from Scottish Government (Appendix 3) confirming formal approval of our Delivery Plan as a robust foundation for 2025-26 and support for the plan now being presented to the Board for approval and then publication.

The approval letter acknowledges the evolving context in which the Delivery Plan was written and the publication of the new Health and Social Care Reform Frameworks, Service Renewal Framework (SRF), Population Health Framework (PHF) and Operational Improvement Plan (OIP).

The attached Delivery Plan is a consolidation of the Scottish Government commissions around development of a Delivery Plan and incorporating the asks from the Operational Improvement Plan.

The Plan details what we have committed to as an NHS Board and will remain a live document throughout its term.

It currently reflects the updated Planned Care trajectories in line with additional funding allocation. However, the allocation received to improve patient flow was significantly less than the submitted bid and does not align to our aspirations for the service.

Whilst a prioritisation exercise is conducted alongside a scoping for additional funding, the trajectories for Unscheduled Care have not been amended and a further iteration of the plan will be submitted on conclusion of this exercise.

Oversight of performance in relation to the Delivery Plan will continue through Corporate Management Team, Performance Governance Committee and Board.

Following approval of the attached Delivery Plan, all future briefings and reports for the Chair, Chief Executive and Board will cover the breadth of the Delivery and Operational Improvement Plan.

2.2 Background

All NHS Boards are required to submit, to Scottish Government, a Delivery Plan for 2025-26. This plan will be referred to as Delivery Plan 2025-26 (DP) and includes actions which are expected to be taken forward over the current financial year.

The Delivery Plan has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have realistic plans in place which reflect the extremely challenging financial position we face and demonstrate ongoing improvement and resilience of our health and care system. The DP sets out key deliverables for 2025-26 which focus on how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us. Concurrently, we continue planning work for longer term redesign/renewal and transformation of services, which will seek to deliver sustainable healthcare that also improves population health and reduces health inequalities.

This plan sits alongside our strategic ambition, Caring for Ayrshire, which is our whole system health and care redesign and reform ambition and aligns to our current Financial and Workforce Plan.

2.3 Assessment

There is now a requirement for the NHS Board to approve the final draft of the Delivery Plan for 2025-26.

The governance route of the final draft Delivery Plan will be as follows:

- 11 August 2025 - NHS Ayrshire & Arran Board Meeting
- 21 August 2025 - Integration Joint Board North
- 17 September 2025 - Integration Joint Board South
- 24 September 2025 - Integration Joint Board East

Following internal governance process, the Delivery Plan will become our contract with the Scottish Government for 2025-26.

2.3.1 Quality/patient care

The quality of care for patients is a particular focus within the Delivery Plan and is described through the links with this document and the Delivery Plan.

2.3.2 Workforce

Workforce is a component part of the Delivery Plan and further detail is set out in within Workforce Plans completed by NHS Ayrshire and Arran and South, North and East Ayrshire Health and Social Care Partnerships (HSCPs).

2.3.3 Financial

NHS Boards are required to provide financial plans in line with the NHS Scotland Financial Plans Guidance covering the three financial years: 2024-25 to 2026-27, to ensure consistency and to facilitate meaningful comparisons across NHS Scotland Boards. The Delivery Plan is aligned to the Financial Plans.

2.3.4 Risk assessment/management

Risks to delivery of the various aspects of the Delivery Plan have been assessed and will be managed throughout the lifespan of the plan.

2.3.5 Equality and diversity, including health inequalities

The Delivery Plan has been drafted within the context of the Programme for Government and takes cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes. Impact assessments will be completed as required for the component parts of the Delivery Plan.

2.3.6 Other impacts

The Delivery Plan has been set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It provides details of how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.

The Delivery Plan strives for best value by focusing on strategic resource allocation, prevention and early intervention, and efficient service delivery. It aims to maximise the impact of available resources by prioritising areas where they achieve the most significant outcomes.

2.3.7 **Communication, involvement, engagement and consultation**
The Delivery Plan has been developed in collaboration with NHS Ayrshire & Arran, East Ayrshire Health and Social Care Partnership (HSCP), South Ayrshire HSCP, North Ayrshire HSCP and key partners. It is a culmination of a number of plans which will have been communicated to staff and/or patients and public.

2.3.8 **Route to the meeting**

- 14 January 2025 – CMT Meeting – NHS Scotland Delivery Plan Guidance
- 3 February 2025 – Board Meeting – NHS Scotland Delivery Plan Guidance
- 11 March 2025 – CMT - Final Draft Delivery Plan 2025-26

2.4 Recommendation

For decision. Members are asked to approve the Delivery Plan for 2025-26; and be assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, Delivery Plan 2025-26
- Appendix 2, Delivery Plan 2025-26 – Key Deliverables (Excel)
- Appendix 3, Scottish Government Delivery Plan Approval Letter

Appendix 1

NHS AYRSHIRE AND ARRAN DELIVERY PLAN 2025-2026

Contents

Chief Executive Summary

NHS Ayrshire and Arran faces financial challenges in 2025/26 and beyond with a requirement to create and deliver a sustainable health and care service within the envelope of funding available.

The financial context for NHS Ayrshire and Arran is challenging with a forecast budgetary gap of £33.1M for 2025/26. The Board will continue to develop a wide range of cash releasing savings through service improvement and collaborations with our Health and Social Care and System partnerships. It is acknowledged by the Board that the route to achieving financial balance will require service reform that will be delivered over the next 2 – 5 years.

Our health and social care partners are also experiencing financial challenges, and it is acknowledged that these financial pressures could impact some of the improvements that are forecast within our acute service improvement plans. However, as a system we are committed to working together to mitigate and manage these system pressures as they emerge.

The Board continues to have strategic workforce risks in relation to medical, nursing and AHP supply and capacity. This is particularly challenging with regards to the medical workforce and is maintained on the Strategic Risk Register as a very high risk, despite treatment. These risks will require national support and change as they are not unique to our Board but are linked to national supply chains for controlled staff groups and as such constrains our local ability to get traction on some of the prescribed planning priorities for the Delivery Plan.

Unscheduled Care and Planned Care demands continue and the Health Board remains committed to achieving high standards of efficiency and productivity while ensuring robust performance management and governance structures are in place to monitor safe delivery.

The core aim to our service improvement programme being to enhance care pathways, reduce duplication, and eliminate waste without compromising the quality and safety of our patients and staff.

1. Introduction

The Delivery Plan (DP) has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to demonstrate how our health and care system will continue to stabilise and improve from the incredible pressure which continues to be experienced.

The Delivery Plan sets out our strategic context and priorities, and those of our partners in the health and social care sector, which are aligned to the national priorities of the Scottish Government and NHS Scotland as a whole.

We have worked alongside service leads across the health and care system within Ayrshire and Arran to develop the Delivery Plan which focuses on system redesign and improvement, to strengthen our services to meet increasing and more complex demand within a backdrop of significant financial pressures.

The Delivery Plan continues to be underpinned by our Caring for Ayrshire Vision, which is driven by the need to rebalance health and care so that it is less acute focussed and there is a stronger emphasis on delivering care in a variety of alternative and more locally based settings. Caring for Ayrshire is a longer term vision which will take a number of years to fully deliver and will require significant service change aligned to investment in infrastructure.

The Delivery Plan is informed by appropriate quality, financial and workforce planning, as well as setting the context for more detailed planning for the delivery of specific services and the effective running of the organisation, such as digital, governance, and other corporate functions.

Recognising the significant level of reform and redesign required we will maintain robust stakeholder engagement to foster a bottom-up development and delivery process that leverages the expertise of staff, patients, partners and communities, in line with the Planning with People Framework.

Detailed actions for the recovery and stabilisation of our services are included in Delivery Plan. The delivery plan will be monitored regularly by the Improvement Programme Steering Group, with each priority championed by the Recovery Director and managed through the Operational Delivery Unit (ODU).

2. Population Health and Reducing Health Inequalities

In June 2024, the Cabinet Secretary for Health and Social Care outlined our vision: *A Scotland where people live longer, healthier and more fulfilling lives.* The vision is supported by four key areas of work: improving population health, a focus on prevention and early intervention, providing quality services and maximising access. Building on the positive and innovative actions already taking place across areas including tobacco and alcohol control to improve population health and reduce health inequalities, a long term Population Health Framework is being developed, which the work we are prioritising will align to.

Ayrshire, with an estimated population of 368,549, presents a diverse demographic landscape. The majority of its residents, about 70%, live in urban areas, totaling 257,984 people. The remaining 30%, or 119,565 individuals, reside in rural settings.

The age distribution reveals a varied population structure. Young residents aged 0-14 constitute 15.5% (56,992), while those in the 15-29 age bracket make up 16.1% (59,171). The 30-44 age group also represents 16.1% (59,392), indicating a stable young adult population. The largest age group is 45-59, comprising 22% (81,049) of the population, followed by those aged 60-74 at 20.1% (74,105). Seniors aged 75 and above form 10.3% (37,840) of the population, highlighting a significant elderly demographic.

Health inequalities in Ayrshire and Arran are influenced by various socio-economic factors. Here are some key areas of concern:

Life Expectancy and Mortality: Life expectancy in Ayrshire and Arran is generally lower than the Scottish average, with notable disparities between different areas. For example, North Ayrshire has some of the lowest life expectancy, whereas South Ayrshire is closer to or above the Scottish average.

Chronic Diseases: The region has higher rates of chronic diseases such as chronic heart disease (CHD), chronic obstructive pulmonary disease (COPD), and asthma. These conditions are closely linked to socio-economic deprivation.

Mental Health: Mental health issues are prevalent, with higher rates of hospital admissions for mental health conditions compared to the national average. This includes conditions such as depression, anxiety and self-harm.

Emergency Hospital Admissions: Ayrshire and Arran have higher rates of emergency admissions, which can be indicative of underlying health inequalities and access to primary care services.

Health Behaviors: Behaviors that impact health, such as smoking, alcohol consumption, drug use and poor diet, are more common in deprived areas. These behaviors contribute to the higher prevalence of chronic diseases and lower life expectancy.

Access to Services: There are disparities in access to healthcare services, with rural areas facing more significant challenges in accessing timely and adequate care.

Getting it Right for Everyone (GIRFE)
Getting it right for everyone (GIRFE) is a multi-agency approach to health, social work, and social care support and services from young adulthood to end of life care. As a practice model it intends to shape the culture, design and delivery of health and social care services, providing a more personalised way to access help and support when it is needed. The ambition of GIRFE is to place the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life. GIRFE has been co-designed by the Scottish Government, Health and Social Care Partnerships, and the people of Scotland.

A national toolkit has been developed with a focus on a 'Team Around the Person' approach, which was developed collaboratively with people with lived experience and those with professional experience. The 'Team Around the Person' toolkit provides a starting point and a framework which can support the implementation of a GIRFE approach.

East Ayrshire and South Ayrshire Health and Social Partnerships have been pathfinders in this process, along with other HSCP's, to inform the national toolkit. GIRFE has been and continues to be an ongoing iterative process and we continue to be involved in monthly national meetings focussed around embedding GIRFE and sharing learning with other HSCP's across Scotland. Good progress has been made in testing GIRFE within our delivery models over the last year and this work will continue to embed the GIRFE Team Around the Person Toolkit to support a person-centred, consistent and individualised

approach to health and social care support, based on multi-disciplinary and inter-agency working, with ongoing learning and feedback within 2025-26.

Child Poverty

Public Health are progressing a life course approach to mitigating and preventing poverty, internally through a dedicated action plan for tackling child poverty for the organisation, and externally through our work supporting development of Local Authority and Community Planning Partners through the development of Local Child Poverty Action Reports.

In the initial stages of the year ahead we will continue to work closely with our partners in terms of developing actions and sharing the evidence base with regards to poverty. We will look across our internal NHS activity with regards to how our actions can support our partners plans and identify what expertise, evidence and knowledge we can provide to support planning and reporting.

As an organisation the NHS has little control over the drivers of child poverty, however, through providing assistance to partners and through internal assurance processes we will endeavour to influence local and partnership activity which can.

Tobacco

Locally, our NHS Ayrshire and Arran Tobacco Action Plan for our smoking cessation service, Quit Your Way, have identified two improvement actions to be included within this Delivery Plan. The first is to increase smoking cessation referrals from other services such as secondary/acute and mental health. The Quit Your Way team can support staff within these services to raise the issue of smoking and referral pathways through the delivery of training and awareness raising sessions. Additionally, the team can support the development and delivery of specific quality improvement projects which aim to increase the identification and offer of support to those who smoke.

The second is to skill Quit Your Way staff to support the wider determinants of smoking behaviour by identifying wider supports required and by providing information, signpost or referral in response.

These actions also contribute to the wider Public Health, and Healthcare Public Health, agenda by supporting developing “Waiting Well” action, which aims to improve the health of those on our acute services waiting lists and so contribute to more positive outcomes for both patients and services.

Cancer Screening

In 2023 National Services Scotland (NSS) published the Scottish Equity in Screening Strategy 2023-2026 which provides direction on national and local actions to achieve equity for those eligible for screening. This national plan documents five areas for action and this applies to all six screening programmes.

Within Ayrshire and Arran a local screening inequalities plan for 2023-2026 was developed along the themes of:

- Communications, engagement and learning
- Access to screening
- Data collection and monitoring

- Research and evaluation
- Overarching issues

NHS Ayrshire and Arran have utilised a fund from Scottish Government to tackle screening inequalities, developing projects which aim to improve the uptake of screening. This fund is for the three cancer screening programmes only.

This funding stream provides the Health Board opportunities to implement initiatives which are out with core programme delivery. Over the last two years access to the funding has changed and with increasing financial pressures across the whole system it is unclear what funding will be available in 2025/26 and future years. Any reduction to this funding stream will pose substantial challenges to develop and implement projects to tackle inequalities within cancer screening programmes which are out with core programme delivery.

If there are no additional monies provided through inequalities funding there may be proposed actions that cannot be met due to workforce. This is due to the fact these projects are in addition to core programme delivery and form pilots which aim to gather evidence to support service improvement and change. These projects require staff to work additional and unsocial hours.

Vaccination
The delivery of the vaccination programme is based on building and retaining a trained and skilled workforce, investing in the infrastructure to support the programme and an effective and trusted partnership with all key stakeholders, both local and national.
There are imminent introductions of further changes to the programme with the potential inclusion of a vaccine for chickenpox as part of wider changes to the routine childhood immunisation schedule which are expected to be delivered in 2025/26.

There are currently no strategic risks associated with vaccination programmes in NHS Ayrshire and Arran, however there are a number of operational risks including:

- The dependence on substantive staff working additional/extra contracted hours, supported by bank staff, to enable the successful delivery of winter vaccination programmes (COVID-19 and flu);
- Funding allocation for vaccinations still to be confirmed for 2025/26; and
- Forthcoming changes to the routine childhood immunisation schedule and associated requirement for additional clinic accommodation, workforce; with additional funding as yet still to be agreed.

Sustainable Transport
In order to support and deliver on the strategic goals set out in the NHS Scotland Climate Emergency and Sustainability Strategy (2022-2026) as well as our own NHS Ayrshire and Arran Climate Change and Sustainability Strategy (2021-2032) and Anchor/ Community Wealth Building Strategy (2023-2026) we have formed an Active Travel and Sustainable Transport sub group of our Climate Emergency and Sustainability Operational Group (CESOG). With the support of Travelknowhow Scotland, the group has prepared an Action Plan for NHS Ayrshire and Arran on Sustainable Travel for the three financial years (2024/25 to 2026/27). The Action Plan sets out how we will implement actions towards the organisation's overall strategic goals on sustainable travel, and how we will monitor progress.

The action plan is informed by and interfaces with national, regional and local transport policy and strategy which includes the Scottish Governments Transport to Health Delivery Plan. The Action Plan provides a framework for practical measures tailored to the needs of the organisation, individual sites, employees, patients, and visitors. It will be reviewed and updated on a regular basis to ensure its relevance and to maintain progress on strategic goals. Actions are grouped according to six themes:

- Governance, monitoring, and reporting
- Reducing the need to travel
- Enabling active travel
- Promoting public, community, and shared transport
- Decarbonising our fleet and business travel
- Reducing single occupancy car use

There continues to be positive engagement and support in both the development and implementation of the action plan from across NHS Ayrshire and Arran and with support from NHS Assure and our partners in Ayrshire Roads Alliance, North Ayrshire Council and Strathclyde Passenger Transport. Although positive progress has been made to date, there remain clear challenges and risks which include our capacity to deliver the actions, the ongoing capacity and engagement of our local transport partners and colleagues and limited funding to take work forward in the manner and at the pace we would like.

Antiracism Strategy NHS Ayrshire and Arran

The development of an anti-racism strategy is being led by the Organisational and Human Resource Department and Public Health with support from the NHS Ayrshire and Arran Inequalities Lead and will report back to Scottish Government on progress early 2025.

Aims/Objectives 2025-2026 (Year 1)	KPI
Reduce the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes.	Improve cervical screening uptake in deprived areas by 20%. Improve breast screening recall appointment uptake by 40%. Improve bowel screening uptake in prison by 40%.
Increase HIV prevention, detection and retention in care.	100% of new diagnoses have completed lookback review. Reduce late diagnosis of HIV to zero. Increase testing for HIV by 30% compared to Q4 2024/25.
Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets.	Improve HCV treatment uptake by 100% on Q4 2024/25
Improved access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum.	Improve overall LARC uptake by 40% on Q4 2024/25
Improve population health, with particular focus on smoking cessation and weight management priorities.	**Smoking Cessation** Increase referrals by 5% each quarter **Weight Management**

	Diabetes prevention (including Gestational Diabetes Mellitus (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

Actions 2025-2026 (Year 1)	By When
Cancer Screening Programmes - Widen cervical screening outreach clinics to include more deprived areas with low uptake; - Implement transport initiative for recall breast screening appointments to improve uptake for those women experiencing travel inequalities and low income; and - Improve staff awareness and uptake of bowel screening in the local prison population.	March 2026
Blood Borne Virus (BBV) - BBV service review, including review of BBV testing policy; - Management of BBV exposure policy; - Implementation of BBV diagnosis lookback; and - Reducing stigma education campaign.	March 2026
HCV treatment initiation targets - Improvements to prison Sexual Health and Blood Borne Virus (SHBBV) pathway, including dedicated testing clinics and NearMe consultations; - Pilot of community treatment; and - Pilot of DBS testing in pharmacies.	March 2026
Smoking Cessation Increase number of referrals to smoking quits by the specialist Quit Your Way cessation service from - Acute - Maternity - Mental health services and - From those living in our 40% most deprived communities 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
Diabetes Prevention and Adult Weight Management Services - Provision of care for women at risk of gestational diabetes (GDM) post-natally; - Provision of early intervention and support for those at high risk of type 2 diabetes; - Provision of person-centred weight management support for those with a high BMI; and - Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes.	March 2026

3. Quality and Safety

NHS Ayrshire and Arran's Quality Strategy describes our commitment to deliver quality improvement and high quality care that will enable and support delivery of our strategic objectives, and our ambition for health and care service transformation. The Healthcare Governance Committee proposed that the current Quality Strategy would be extended to include the period 2023-2025 and this was supported by the Board members. An evaluation of the impact of the current Quality Strategy will begin in January 2025, with a report detailing the findings published in July 2025. Consultation and co-design with a range of stakeholders to guide the direction of NHS Ayrshire and Arran's future Quality Strategy will begin in January 2025 with a revised Quality Strategy published in 2026.

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence they will receive a consistent standard of high-quality care no matter where they receive treatment in NHS Scotland. Commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry recommendations, Excellence in Care seeks to improve, integrate and coordinate the way quality care services are delivered. The NHS Ayrshire and Arran EiC team conduct data surveillance of all reportable measures on a monthly basis. Additionally, provision of EiC data to senior leadership and healthcare governance team is included in all directorates' quality and safety papers. Quality data is sent from our local data management system to Senior Charge Nurse's, Clinical Nurse Manager's and Senior Management monthly, to give an oversight of compliance with each of their measures. This provides the opportunity for these staff to review compliance and identify any issues/risks and where possible make changes.

Aims/Objectives 2025-2026 (Year 1)	KPI
Deliver quality improvement and high quality care to enable and support delivery of our strategic objectives, and our ambition for health and care service transformation.	Delivery of Strategic Objectives

Actions 2025-2026 (Year 1)	By When
Evaluate the impact of the current Quality Strategy with findings published in July 2025.	July 2025
Develop and publish revised NHS Ayrshire and Arran Quality Strategy	March 2026
Evaluate, re-design and implement Quality and Safety Walkrounds	July 2025
Co-design a Quality Improvement Capacity and Capability Strategy	August 2025
Develop and publish Duty of Candour Policy	June 2025
Develop and implement an improvement plan to reduce overdue Significant Adverse Event Review (SAER) reports and action plans	June 2025

Review of Nursing, Midwifery and Allied Health Professionals audit templates and operational definitions to ensure standardisation of reporting	December 2025
Launch and implementation of reviewed Care Assurance Boards in in-patient areas	December 2025
Increase the number of users accessing the Care Assurance and Improvement Resource (CAIR) Dashboard by 50%	October 2025
Implementation of Healthcare Improvement Scotland (HIS) Quality of Care Review Process	September 2025
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. - Sessions have been established on our Acute sites in rotation for half a day weekly to provide testing to those staff requiring a test. - Upscale of addition sessions is being planned should this be required.	March 2026

4. Value Based Health and Care

The Realistic Medicine team continue to support the 13 high level actions from the Chief Medical Officer's Value Based Health and Care Plan (October 2023). This seeks to use the principles of Realistic Medicine as an approach to achieve this. We have set out a delivery plan that aligns to these objectives. The main constraints to this are the limited resources that compose the Realistic Medicine team and of the limited service engagement resulting from a stretched and under-pressure healthcare system.

There will be ongoing work within the Realistic Medicine Team to take forward the aims of Value Based Health & Care (VBH&C) whilst we transition to the Realistic Care Improvement Programme. This will enable NHS Ayrshire and Arran's reform to be viewed through the lens of VBH&C and an opportunity for Realistic Medicine to support embedding VBH&C into the heart of reform and improvement.

Going forward the aims and objectives of the Realistic Medicine teams will be advanced in collaboration with the Realistic Care Improvement Programme at a strategic level. The final development plan for year 2025/2026 will be integrated into the existing plan.

Aims/Objectives 2025-2026 (Year 1)
Increase Awareness: Raise **public** awareness of *Realistic Medicine* and the need for NHSScotland to steward its resources well particularly via social media.
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.
Service Users to Utilise BRAN Questions and encourage them to ask their health and care professionals the BRAN questions.
Improve Communication: Enhance health and care professionals' communication skills, focusing on clear, accessible information and patient preferences, encouraging Shared Decision Making.

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.
Focus on Resource Management: Prioritise initiatives to reduce waste and harm, including overprescribing and unwarranted tests.
Innovation: Empowering the workforce to be improvers and innovators, bringing services closer to our community in line with Caring for Ayrshire.

Actions 2025-2026 (Year 1)	By When
Social Media Promotion of Realistic Medicine externally in collaboration with the Communications Team, including via the organisation's X and Facebook accounts. Use of videos/information available via the national RM website.	Communication and engagement plan to be developed by June 2025
BRAN Publicity materials available from NHS 24. Promotion of BRAN internally via Viva Engage, Communication Team and other internal methods of communication. Ensure BRAN questions are included on all outpatient appointment letters. Trial of appointment letter leaflets at Rainbow House Child Development Centre. BRAN information visible in waiting rooms to enhance decision-making via posters and note paper. Show BRAN/RM videos on screens within waiting areas.	June 2025 September 2025 September 2025
Continue to evaluate the CollaboRATE SDM measuring tool which is now embedded with Patient Experience Survey across Acute sites.	March 2026
Health and Care professionals will be encouraged to complete TURAS training via promotion on Viva Engage, eNews and other methods of internal communication.	March 2026
Assist the Right Decision System steering groups to introduce best practice pathways for NHS Ayrshire and Arran.	December 2025
Encourage collaborative work that promotes the interface between Primary and Secondary care.	Ongoing
Enable CDFs to carry out QI work relating to variations in practice and resource management.	December 2025
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.	June 2025
Engage with QI to determine whether VBH&C can become an educational element of AAIFS.	September 2025
Explore use of Demand Optimization Dashboard for Laboratory Diagnostic Tests with in Primary Care.	December 2025
Support permanent introduction of Neptune Waste Management System supporting National Green Theatre programme.	September 2025
Representation on Pharmacy Effective Prescribing Groups.	Ongoing
Near Me Projects - Continued support/exploration of Near Me projects within Breast, Preoperative and Cochlear Implant services. Development of trials of Near Me within care home settings, Tissue Viability Nurse service,	December 2025

Neurodevelopmental Empowerment and Strategy (NEST) Team and Rainbow House Child Development Centre.	

5. Women and Children's Health

Women's Health Plan

NHS Ayrshire and Arran is committed to contributing to the outcomes outlined in the National Women's Health Plan for Scotland which underpins actions to improve women's health inequalities by raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health. Actions to achieve this across Ayrshire and Arran requires cross departmental and multi-agency support and action. The two leading directorates for the strategic vision and delivery of this are Women and Children's Services and Public Health.

Building on previous activity, the Women's Health Plan Strategic Oversight Group (WHP SOG) was established in 2024, to deliver the ambitions of the WHP. The group is co-chaired between Women and Children's Services and Public Health with representation from across the Board to drive forward actions.

The ultimate aim of the women's health plan is to improve the general health and wellbeing of all women and girls, whilst reducing health related inequalities. The underpinning tenants of Realistic Medicine and Value Based Health and Care will be integral to delivering meaningful change and improvement for the population of Ayrshire and Arran. A new iteration of the plan is expected in the coming years and will feed into the work of the WHP SOG.

Moving into 2025/26 the priorities will be to continue to deliver against the NHS Ayrshire and Arran Women's Health action plan with the currently identified priorities of pre-conception care, endometriosis, and menopause. We will continue to monitor and implement the national Menopause and Menstrual Health Policy within NHS Ayrshire and Arran and improve the support provided to our staff.

It is recognised that there are nationally significant challenges for patients accessing gynaecological appointments and laparoscopic surgery for the diagnosis and treatment of endometriosis. NHS Ayrshire and Arran recognise the challenges in providing access to endometriosis care and surgery and the associated risks and recognise that endometriosis is a progressive disease, and the current wait times increase the risk of the disease becoming more complex, requiring more costly and specialist care.

Work has been underway in 2024/25 to redevelop a cohesive pathway for Polycystic Ovary Syndrome (PCOS) patients across both primary and secondary care services. It is expected that this pathway will be presented to governance groups for approval in the final quarter of 2024/25 with a launch in early 2025/26 with ongoing monitoring of impact.

Following on from this the next pathway which will be reviewed and improved is the endometriosis pathway, including the creation of dedicated assessment clinics and implementing patient initiated reviews. Waiting times for endometriosis assessment have remained high and this action will seek to address some of the drivers of these long waiting times.

The women's health academy seeks to create better training and competence within primary care staff to be able to diagnose and manage women's health concerns more robustly at the point of presentation. This will not only improve the service provided to patients, reduce demand on secondary care services but also promote career development for primary care staff to be strong advocates for women's health within their settings.

During the period of time when families are planning a pregnancy they may not be in routine contact with healthcare services, however this is a time when optimal health is important to provide the best possible chance of a successful pregnancy. A board wide Short Life Working Group will explore what information and support families need during this time and how best to deliver this.

Cardiovascular disease is often under-recognised and diagnosed in women. Early identification and modification of risk factors can improve long term outcomes. Therefore a test of change based within primary care services will seek to explore how CVD screening can be delivered through routine appointments to begin the journey of early identification and management.

As we continue our journey towards supporting staff experiencing challenges associated with menstrual health and the menopause a key priority for 2025/26 will be to establish a network of Women's Health Champions to provide staff support. The primary remit of this network will be to provide peer based support to understand the support available within the organisation, signpost to and provide training to staff and line managers and continue to create a culture of openness and awareness.

Health Visiting and Family Nurse Partnership

The universal child health reviews are core to the Universal Health Visiting Pathway. The reviews provide an opportunity to work with parents to assess children's wellbeing, provide age-appropriate health promotion advice, build parenting capacity, identify needs for support, and facilitate early access to effective interventions. Within 2025-26 all eligible children will continue to receive child health reviews at 13-15 months, 27-30 months, and 4-5 years from a qualified Health Visitor or Family Nurse, with ongoing review and assessment of staffing across children's health services, to ensure assessments continue to be completed by qualified HV/FNs. Continue to work with partners to build on understanding of wider determinants of health with regards to insecurity of income, housing and food across the life course.

There is extensive evidence on the benefits of breastfeeding on the short and long term health of mothers and their babies. The percentage of babies who were exclusively breastfed in 2023/24 at NHS Ayrshire and Arran level was 25.6% - that is the highest rate we have achieved since the Pre-School Child Health Surveillance data has been published since 2002/03. Breastfeeding initiation, exclusive breastfeeding rates at 11-14 days (first Health Visitor visit) and at 6-8 weeks has increased at Ayrshire and Arran level and for each

local authority area, with the exception of rates at 6-8 weeks in East Ayrshire. These positive statistics demonstrate that the culmination of work we have been doing collectively across midwifery, health visiting and family nurse services, including our specialist maternity and community infant feeding teams, over the last few years is starting to build momentum.

In addition, the significant investment made by the Health and Social Care Partnerships to enable ongoing work with a third sector partner who provides mother to mother breastfeeding peer support, is clearly contributing to this change. Over the last year, the maternity service and neonatal unit at Ayrshire Maternity Unit achieved UNICEF Baby Friendly reaccreditation and the health visiting and family nurse service achieved reaccreditation with Gold Baby Friendly status.

Public protection

There is a well-established safeguarding team within maternity and neonates. However, it has been identified that there is not a consistent approach throughout women and children's services as a whole. To ensure a more robust approach a lead for public protection within Women and Children's Services has been identified to establish a consistent and robust nonperson dependant approach within the women and children's directorate.

Maternity

NHS Ayrshire and Arran continue to deliver on recommendations from the Best Start national Policy to ensure women and their families have a positive experience of maternity and neonatal care which takes account of their individual needs and preferences. It is important that all families are aware of the support and choices that are available to them in order that they can be partners in care and achieve the best outcomes for them. Of the 76 Best Start recommendations we have seven remaining as still to meet locally and three of these require Scottish Government input.

We require support to progress further with key challenges around lack of recurring funding for midwifery care, lack of community estate to deliver statutory maternity care in community settings, a rise in morbidity for the care model and continuity of carer in the high-risk pregnancies. The non-recurring funding for Best Start has now ceased. This will impact on our ability to continue to implement recommendations, this issue exists for all health boards.

Nationally there is a review of the impact on maternity in relation to the implementation of the neonatal Best Start recommendations and locally we have commenced our own data capture. Locally community accommodation has been reviewed with no solutions agreed and this is being further impacted by local distributed working arrangements and further estate reduction.

Gynaecology

We continue to develop and implement a Gynaecology Outpatient Procedure Unit for patients requiring clinical interventions, which may have previously required a theatre session and subsequent in-patient stay. This has been developed and will be implemented within current estate in Ayrshire Maternity Unit in 2025.

Paediatrics

We will look at expansion of direct access to Paediatric Assessment Unit (PAU) for GP referrals, negating any unnecessary time spent in Emergency Department (ED) for triage, unless clinically required. Developing measurable outcomes will evidence compliance on ED attendances after GP referral and 4-hour compliance from attendance at PAU to discharge or admission.
To ensure on-going consistent exacting standards of high dependency critical care delivery it is essential to support a planned programme of staff attendance in the recognised critical care education.

Neonates
Neonatal services, now a recognised local neonatal unit in keeping with Best Start recommendations has well embedded criteria for admission in Ayrshire and transfer to the tertiary unit in Queen Elizabeth University Hospital for delivery and then repatriation here as appropriate.

The Unit occupancy remains consistently in keeping with the required number of respiratory care days, high dependency intensive care days and number of exceptionally low birth weight babies cared for in the current recommendations for a local neonatal unit.

Support with the on-going succession planning for the Advanced Neonatal Nurse Practitioner team is acknowledged along with the recent approval of a sixth neonatal consultant appointment.

These on-going service developments and appointments will continue to enhance safe and effective service delivery and sustainability.

Aims/Objectives 2025-2026 (Year 1)	KPI
Maternity Strategy (Best Start) – National review of continuity of care model and sustainability of service delivery.	National driver – local benchmarking assessment will be used to determine our RAG status as we progress.
Development of a Gynaecology (Gyn) Outpatient Procedure Unit within Ayrshire Maternity Unit for patients requiring clinical interventions, which may have required a theatre session and subsequent IP stay.	Completion of planned moves, and uptake of additional services including new colposcopy suite.
Expansion of direct access to Paediatric Assessment Unit (PAU) for GP referrals.	Scoping and service definition to be prepared prior to implementation plan.
Deliver care in line with expectations for a 'local' neonatal unit and in keeping with BAPMM guidance.	Data available from Badgernet system. Evaluation of implemented in-utero transfer form.
Staffing and competency for high-dependency (critical care) beds.	Competency framework completion – determination of staff percentages completing critical care academic training.
Ensure a robust approach to safeguarding that is consistent across the Women and Children's directorate.	Placement of Public Protection midwife and associated delivery plan.

Actions 2025-2026 (Year 1)	By When
Maternity - Progress national overview of continuity of care model.	March 2026
Maternity - Carry out a review to identify accommodation for community midwives to deliver care.	October 2025

Gynaecology - Forecasting of procedures to be transferred from IP theatre list to Gyn OP procedure unit and impact of waiting times.	December 2025
Gynaecology - Review of accommodation within Acute Maternity Unit footprint and estates work required to develop Gyn OP procedure unit.	August 2025
Paediatrics - Change the service model to negate unnecessary time spent in Emergency Department for triage, unless clinically required.	March 2026
Public Protection Establish a lead for Public Protection within the directorate. Expand the approach current in Maternity and Neonates towards consistency across the directorate.	 June 2025 March 2026
Women's Health Plan - Launch revised PCOS Pathway; - Review Endometriosis Pathway; - Launch Women's Health Academy; - Establish a preconception SLWG to provide board wide recommendations; - Implement a test of change in primary care practice to explore cardiovascular screening for women at routine appointments; and - Recruit and train Women's Health Champions to provide a staff support network.	March 2026
East Ayrshire - Implement the East Ayrshire's Cherishing Our Families Strategy and the Safe and Together model of practice; - Improve holistic family support for children affected by drugs and alcohol; - Implement the Health Visiting Pathway and Breastfeeding Friendly - Early Learning Scheme; - Provide every child with the access dental care and oral health education/support; - Support children and young people to access neurodiversity supports; - Provide access to training in mental health interventions; - Implement Trauma Informed Contact and Care; and - Pilot Equally Safe at School resource (EA Violence Against Women's Partnership).	March 2026
Breastfeeding – Pan Ayrshire • To implement the Breastfeeding Friendly Scotland Early Years and Local Authority Schemes across Ayrshire; and • To continue to increase breastfeeding rates across Ayrshire at the first Health Visitor visit and the 6-8 week Health Visitor visit.	March 2026 Ongoing

6. Planned Care

There is considerable overlap between planned care and cancer services and performance measurement, and so we progress the planning of these two areas together. This plan presents both the planned care and the cancer planning in order to avoid duplication.

The Planned Care and Cancer Delivery Plan incorporate the "core" activity which can be delivered by the available funding through the previously agreed Board allocation, in addition

to the additional activity which has been commissioned through additional Scottish Government funding in 2025/26. This additional funding totals £7.04M plus a further £1.65M for mobile MRI scanners. The detailed plan associated with this funding is set out on the Planned care planning template document. The plan assumes that discussions regarding the Board's financial position do not result in any adjustment to the allocation of planned care funds.

Planned Care

As we move into 2025/26 we recognise a number of significant challenges to the delivery of planned care.

The steady increase in urgent care demands continues to result in planned care capacity being reduced with increasing workforce resources re-assigned to support urgent care needs.

The proportion of referrals into planned care being made on an Urgent Suspicion of Cancer and Urgent basis has increased significantly. The result is that much less capacity remains for routine-priority cases which generally represent the longest waiting patients. It also places significant pressure on the cancer pathways which are required to manage much larger volumes of referrals with minimal increase in the number of cancers diagnosed.

The Board continues to face significant recruitment challenges. This includes a number of clinical specialties with notable numbers of long standing consultant vacancies, particularly in some of the medical specialties.

There remain some facility-based constraints which arose as a result of changes made during the COVID-19 pandemic, which have not since been possible to reverse. In particular the loss of the UHC day surgery unit, and recovery area for endoscopy are notably reducing the operating theatre and endoscopy capacity and productivity.

Cancer

NHS Ayrshire and Arran's key priorities reflect the vision and priorities set out in the Scottish Government's Cancer Action Plan 2023 to 2026 to improve cancer survival and provide excellent, equitably accessible care to all. The aim is to ensure that people living with cancer, their families and carers are at the heart of cancer services, and a focus on reducing inequities in access to cancer care and cancer outcomes, recognising each person's time of need.

However, there are a number of challenges faced in the delivery of cancer services. There has been a sustained increase in demand, with a significant increase in the number of Urgent Suspicion of Cancer referrals. This places significant additional demand on the diagnostic parts of the pathway required to diagnose cancer pathology. The actual number of cancers diagnosed has risen, but by a smaller amount.

There is a particular capacity challenge in relation to the prostate cancer pathway, with the most significant shortfall relating to operating theatre capacity for robot assisted surgery. It is also anticipated that there will be a significant increase in demand for both the diagnostic and treatment elements of the prostate cancer pathway during 2025/26 resulting from the impact of a recent high-profile prostate cancer case.

Diagnosis of cancer is becoming an increasingly sub-specialised area. As a result there are capacity based bottlenecks for certain cancer pathways within Pathology and Radiology in particular.

Within radiology, there is a capacity constraint impacting the cancer service in relation to MRI and ultrasound. The National Plan for imaging is expected to address the ultrasound aspect, but there will remain a capacity shortfall for MRI.

Diagnostic capacity in endoscopy related to the reduced recovery facilities at UHC impact the upper GI and Colorectal pathways.

There are significant challenges with West of Scotland oncology capacity, and also capacity for PET scanning.

A number of cancer pathways have identified unfunded shortfalls in consultant capacity.

Against this backdrop the Board will prioritise work which further progresses the five main areas of focus:

1) Understanding the changing service demand and capacity

- Through 2024/25 additional DCAQ analysis has provided further insight into particular areas of pressure. All individual specialties have either completed or are in the process of updating DCAQ analysis;
- Consultant job planning, including the use of the Allocate job planning system for the first time in NHS Ayrshire and Arran, will further support this work but allowing a much clearer identification of core capacity and will support development of tools to monitor delivery of clinical activity against the expected levels;
- We have also completed a review of theatre (nursing capacity) in order to better understand the capacity and workforce shortfalls in this area, and further discussion will progress consideration of this outcome within the available funding envelope;
- We will develop an online referral guidelines portal using the Right Decisions Platform. This tool will be co-produced between primary and secondary care and is expected to positively impact on ensuring that the right patients reach the right service, first time; and
- We will review our robot assisted surgery capacity, particularly in relation to capacity for prostate cancer surgery, and will participate in ongoing regional and national work to identify opportunities to increase surgical capacity to improve the prostate cancer pathway.

2) Productivity and Efficiency Opportunities

- Close monitoring of theatre utilisation continues to be a feature of “business as usual” within the Board, and this is evidenced through the strong theatre utilisation performance data. We plan to introduce the national theatre scheduling solution in 2025/26 and will closely monitor the impact that this has on both utilisation and productivity;
- Through the newly created “outpatient utilisation group” we will review and progress initiatives to further increase efficiency and productivity through setting local targets and action planning to improve DNA rates and reduce Review:New ratios; and

- We will ensure that our waiting lists are up to date with an ongoing in-house programme of outpatient waiting list validation, and through bi-annual validation of the IP/DC waiting list through the established National Elective Coordination Unit (NECU) process.

3) Modernisation

- In 2024/25 we held 2 “summit events” which supported our clinical teams to focus on opportunities to modernise their planned care services. Following on from that we will support the teams in the further expansion of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) through a programme managed approach;
- Implementation of the Ophthalmology Open Eyes system is expected to support more patients being managed within the community setting, and a reduction in demand for the acute service;
- Implementation of the Digital Dermatology Service is expected to support a reduction in demand through improved referral information. Subject to continuation of funding, we anticipate that this development will run in parallel to a NECU-led campaign using the same technology which will also enable mutual aid support from other NHS Scotland Boards to NHS Ayrshire and Arran in order to reduce the dermatology backlog;
- We will develop an online Referral Pathway guidance portal which we anticipate will lead to improved appropriateness of referrals, ensuring that patients reach the right service first time. This may also contribute to reducing the increase in referral demand both for general referrals and for urgent suspicion of cancer referrals. Within the cancer pathways in particular, reducing overall demand and so enabling faster review and diagnosis we anticipate that this will positively impact on cancer stage of diagnosis;
- We will work towards implementation of optimal cancer pathways in the lung cancer, head and neck cancer and colorectal cancer pathways subject to the availability of the necessary resources and funding;
- We will continue to deliver a Rapid Cancer Diagnostic Service, subject to continuation of funding; and
- We will use QPI data to drive further improvement in cancer care and outcomes, coordinated through our new Cancer Management Group. We will focus on specific priority QPIs, namely Upper GI QPI11 by exploring the opportunity to identify cancers at pre-symptomatic endoscopies using available technology, Melanoma QPI6 and QPI7 by reviewing the pathway and improving the process for notification of melanoma diagnosis.

4) Investment in Sustainability

- Significant recurring investment of Access funding has already been targeted at orthopaedics, endoscopy and CT scanning services, and additional investment during 2024/25 prioritised Anaesthesia, Urology and Diabetes and Endocrinology.
- Additional areas for recurring investment have been agreed and will be implemented in 2025/26 including ENT surgical staffing, Neurology medical staffing, Gastroenterology multidisciplinary team, Breast Radiologist and operating theatre nursing. Additionally additional Orthopaedic surgeon staffing which had previously

been put in place non-recurringly has now been allocated recuring funding by Scottish Government subject to delivery of agreed additional activity.

- We will work locally, and with regional colleagues to develop plans for sustainable delivery of oncology and SACT services. This will include development plans for the establishment of safe and appropriately sized oncology ward facilities within the Board, as well as supporting regional development of a Target Operating Model for Oncology. We will continue to further develop local SACT capacity through workforce diversification and expansion where funding allows.

5) Tackling Long Waits

- We will continue to target the longest waiting patients, where capacity allows and within the context of relevant clinical prioritisation. The longest waiting TTG patients will be tracked individually with action plans developed for each;
- Short term additional capacity to address the longest waiting patients will be put in place in line with agreed Scottish Government funding plans. This includes recruitment to additional fixed term posts in General Surgery and Orthopaedics. This will also include contracting of independent sector capacity and waiting list initiative type approaches;
- There has already been considerable investment to reduce waiting times in orthopaedics. The development of a business case for development of a National Treatment Centre outlined the requirement for further investment in service and capacity in order to manage demand, and although this particular project has been paused, we will continue to engage with Scottish Government colleagues to consider how this significant capacity shortfall can be addressed, and we will actively participate in the development of an Orthopaedics National Plan; and
- Recognising that ophthalmology and gynaecology are two other areas of national priority, and that we have some waiting list challenges in these areas, we will seek to identify opportunities to establish additional capacity as funding allows but recognising also that NHS Ayrshire & Arran has a number of other waiting times areas of particular high priority, most notably within some outpatient specialties. Prioritisation of resources will reflect the respective level of risk and challenge.

Aims/Objectives 2025-2026 (Year 1)	KPI
Address Long Outpatient waiting times working towards target of no patients >52 weeks by March 2026.	WL Size = 42436 >52 Wks = 3713
Address Long Inpatient/Daycase waiting times working towards target of no patients >2yrs by March 2026.	WL Size = 6554 >52 Wks = 631
Reduce waiting times for Medical Imaging Investigations working towards maximum 6 week wait by March 2026.	WL Size = 2041 >6 Wks = 355
Reduce waiting times for Endoscopy working towards maximum 6 week wait by March 2026.	WL Size = 1047 >6 Wks = 613

Actions 2025-2026 (Year 1)	By When

Increase planned care productivity in outpatients and inpatients/daycases through a range of different actions.	March 2026
Optimise opportunities for regional working and mutual aid through implementing a number of individual initiatives.	March 2026
Implement new digital solutions including Ophthalmology Open Eyes, Digital Dermatology and Theatre Scheduling tool.	March 2026
Deliver supplemental activity, in line with funding plan	March 2026
Implement the initiatives supported by the National Plan for Imaging.	March 2026

6.1 Cancer

Aims/Objectives 2025-2026 (Year 1)	KPI
By Dec 2025 82% of all those urgently referred with a suspicion of cancer are to begin treatment within 62 days of receipt of referral.	82%
From March 2025 98% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat.	98%
Identify and address areas of lower performance or clinical concern through representation at WoSCAN Regional Groups and continued engagement with local and regional clinical leads.	Identified and addressed areas of lower performance or clinical concern.
Support the development of a Target Operating Model for oncology, and work across the region and locally to address shortfalls in oncology capacity.	Development of a Target Operating Model for Oncology
Ensure earlier and faster diagnosis at stage I and II in line with Cancer Strategy.	Earlier and faster diagnosis at stage I and stage II

Actions 2025-2026 (Year 1)	By When
Ensure sufficient diagnostic capacity to support cancer pathways, through implementation of a range of actions.	March 2026
Use QPI data to focus on and address particular shortfalls in cancer pathways.	March 2026
Support the development of a Target Operating Model for oncology, and work across the region and locally to address shortfalls in oncology capacity	March 2026
Ensure focus on achieving faster and earlier diagnosis through implementation of optimum cancer pathways and other actions.	March 2026

6.2 Musculoskeletal Health

Musculoskeletal (MSK) conditions continue to be one of the leading causes of sickness absence across Scotland and constitutes 30% of the primary care demand. With increasing demand and complexity of presentation there is acknowledgement that the MSK Service needs to develop new models of care to better support citizens to access the right care in

the right place at the right time. A key priority of the service in delivering this goal is development of a digital platform to enable patient initiated access and supported self-management. This would also bring benefit to primary care and unscheduled care services. The development of a digital platform would enhance the existing digital resources already in place within the service with the Ayrshire and Arran MSK website and social media already having good engagement. The community appointment day (CAD) model is another service development which is seen to be key in better supporting patients in a more timely manner while improving access to the service. In delivering new models of care the expectation is that the performance against the 4 week waiting target improves in line with the national average.

Aims/Objectives 2025-2026 (Year 1)	KPI
Increase compliance with national MSK 4 week waiting time target	Improve percentage compliance with 4 week waiting time target to 40% by December 2025 across Physiotherapy, Occupational Therapy and Podiatry MSK services.
Develop new models of care which support management of demand into MSK Services	Increase website engagement by 20% by December 2025.
Facilitate recruitment and retention of MSK workforce	100% of staff have a job plan relevant to their job role by June 2025. Introduce and recruit to MSK podiatry development post by December 2025.

Actions 2025-2026 (Year 1)	By When
4 week waiting time target • Develop MSK Performance Measurement Plan • Test texting patient with invite to treatment to enable patient focussed booking • Review of MSK conditions where Active Clinical Referral Triage (ACRT) has been implemented and expand to other presentations if able • Routinely use MSK HQ outcome measure at entry and exit from service • Review of MSK referral and vetting guidance • Test early intervention clinic within South locality and assess impact on waiting times with a view to replicating in East and North	August 2025 August 2025 December 2025 March 2026 June 2025 August 2025
Develop new models of care which support management of demand to MSK Service • Test texting patients with self-management advice while on the waiting list • Review MSK website content and update where clinically required, improve health literacy, fix broken links, inclusion of printable content • Refine and further testing of Community Appointment Day model including hosting events in the North and South • Robust training and education programme developed for referrers to service • Develop digital patient initiated referral platform for MSK Service	 December 2025 October 2025 August 2025 March 2026 March 2026

• Utilisation of Community Assets including engagement with primary care; and increased targeted education group clinics.	December 2025
Facilitate recruitment and retention of MSK workforce • Review current clinical supervision arrangements ensuring all staff have access to clinical supervision to support staff wellbeing • Embed and further develop development roles within service to ensure resilience and succession planning • Review of skill mix within the service including health care support worker role • Embed a robust MSK education programme for all staff with collaborative delivery across all MSK teams • Collaboratively deliver practice education placements to reduce duplication and enable peer support for students • Implement job planning for all staff within the service • Progress a review to understand the factors currently impacting on recruitment and retention of MSK Physiotherapy staff	 September 2025 March 2026 March 2026 December 2025 March 2026 June 2025 April 2025

7. Unscheduled Care

NHS Ayrshire and Arran has taken a 'People First' approach to aligning the unscheduled care priorities and operational guidance through a recovery and reset programme of work through Quarter 4 of 2024/2025. This work focussed on immediate, short term and long term plans to drive improvements on:

- Unscheduled care performance metrics;
- Quality of care;
- Patient safety;
- Staff safety, morale and engagement; and
- Culture.

It was acknowledged and recognised throughout the reset programme that we need to 'break the cycle' by carrying out a full reset of processes to support empowering staff to deliver high quality care for all of our patients across our front doors and ward areas.

The Unscheduled Care Delivery Plan and improvement actions have been written from the perspective of a refreshed approach across the whole patient journey to support the 'right care right place' principles.

The plan outlines that we need to take forward a radical organisational journey of change which requires high impact changes to support performance and quality of care. This programme of work also includes actions to support culture change and improve staff engagement. These plans fully align to the focussed piece of data and improvement work carried out by the Centre for Sustainable Delivery in 2023 and throughout 2024.

The 'People First' initiative focused on three areas of change whilst supporting a financial recovery programme and the ambition to drive best practice. These are noted below in more detail.

1. Leadership

A senior leadership group was set up, over and above the existing unscheduled care governance structure, to support the reset and recovery plan for Q4. This has ensured executive level commitment along with enhanced oversight and governance arrangements to drive and monitor the unscheduled care remedial actions to support the improvements at both hospital sites.

The commitment to an open and transparent leadership approach was critical to support the 'People First' reset with a focus on improving culture and performance whilst balancing quality and safety with front door overcrowding and consistent high occupancy on ward areas. The launch of the 'People First' reset has focused on zero tolerance to corridor care, improving ambulance offloads and eradicating full capacity utilisation to support the wellbeing of staff and the dignity of our patients.

2. Function

Flow

The development and governance to oversee the implementation and delivery of operational strategies focused on reducing the front door overcrowding and performance. In depth reviews were undertaken of the overcrowding across both sites. Site wide processes have been fully reviewed which has enabled an evidence based analysis of flow within areas of the emergency care footprint, Scottish Ambulance offload delays, corridor care and flow through the hospitals.

The review of the site wide processes and gaps in process have been developed into a detailed action plan across all divisions and areas. These actions will support continuous flow improvement which feeds into the reset and recovery plan for performance with the ambition to improve our patients' journeys through the acute sites.

A series of system-wide Multi-agency Discharge Event (MADE) took place over two weeks followed by a two week recovery cycle with ward sponsors to support optimising discharges and reducing bed occupancy through the Criteria to Reside process. The learning from these events has also informed the current detailed action plans.

Frailty Assessment Units

The frailty assessment units were mobilised at both hospital sites in November 2024, with capacity to support patient flow, admission avoidance with Multi-disciplinary Team (MDT) led board rounds.

The initial 4 weeks evidenced 33%+ same day discharge. However, this has been impacted with 12% same day discharge due to the restricted flow and productivity through the units due to the site wide high occupancy due to the recent Winter unscheduled care demand.

Monthly monitoring will continue through the reset and recovery process.

SAFER

Phase 1 of a SAFER 'test of change' - Senior review of all patients, supporting Flow and Early discharge, supported by MDT Review) has been implemented at the University Hospital Crosshouse site. The first phase has evidenced a 2.5 day reduction in the LOS for

two orthopaedic wards. Quarter 4 of 2024/25 will continue with the embedding of the SAFER board rounds.

Phase 2 will commence in Quarter 1 of the 2025/2026 where the SAFER boards will be expanded to other wards to support MDT input to reduce Length of Stay (LOS).

Phase 2 will also include the replication of the SAFER process to commence at the University Hospital Ayr site which will be initiated with the same training and workshops that took place at the University Hospital Crosshouse site.

Length of Stay
Site huddles have had a greater focus on LOS in the Emergency Department and initial assessment units which has led to a new huddle process being implemented to support the decompressing of the front doors through continuous flow.

Weekly, long length of stay reviews on the wards have commenced at the University Hospital Crosshouse site led by the Associate Medical Director for the site using an MDT approach. The challenge shared across the board is workforce challenges to support patient discharges with higher packages of care and an improvement workstream to focus on patients with delirium in the discharge process.

The weekly long length of stay review process will be implemented at the University Hospital Ayr site during Q4 of 2024/25.

Measurement
The digital development needed to support the flow processes for unscheduled care has been recognised as a priority area to progress to support live/same day data dashboards to measure continuous flow and daily board rounds. This will be delivered in Q4 of 2024/2025.

This will be an evolving area with service driven digital developments. This will further support the culture change journey to share progress on performance and quality with all staff evidencing 'good news stories' on their hard work.

Best Practice
The engagement with staff through focus groups, wider engagement and workshops has supported the 'People First' process with a refresh of roles, responsibilities and accountability across the acute sites.

This includes a review of job planning across the medical workforce and a review of what resource is required to support 7 days working.

The education and coaching to support best practice processes, SOPs and board rounds to enable optimal flow across both sites forms part of the enablers needed to deliver the 2025/2026 Delivery Plan to provide a resilient workforce across the acute sites.

The narrative outlined above and the delivery plan outcomes and objectives below and in the spreadsheet builds upon the reset and recovery which has been mobilised through 2024/2025 through the 'People First' process and plans.

Aims/Objectives 2025-2026 (Year 1)	KPI

Improve overall ED 4hr compliance (both unscheduled and scheduled attendances)	To at least 80% by March 2026
Reduce time in Emergency Department	New metric to be measured: Time to Initial Assessment within 15 minutes = 70% compliance by March 2026 Reduce LOS in ED (daily average) = 17 by March 2026 Reduce 12 hour breaches = 10 by March 2026
Improve Ambulance handover times and hours lost	72% within 60 minutes by March 2026
Reduce SAS conveyances using alternative pathways	6% reduction target by March 2026
Increase >65s discharged from CAU : LOS<72 hours	68%
Reduce total delayed discharges for all 3 partnerships	<95 by March 2026
Frailty assessment and flow	Same day discharges 50% by March 2026
Reduce bed occupancy and LOS	20% reduction in geriatric LOS and 20% reduction in acute hospital LOS
Reducing length of stay over 14 days	No of patients non-delay LOS >14 days
Reducing length of stay for those aged over <65 and >85	20% reduction in geriatric LOS and 20% reduction in acute hospital LOS
Develop automated digital site sitreps for circulation 3 times a day, 7 days per week	To be scoped – Quarter 1
Develop live digital dashboard for ED performance from Symphony and TRAKCARE	Quarter 2
Allied Health Professionals Contribute to the delivery of Caring for Ayrshire models of care in relation to reablement, end of life care and frailty. Improve care pathways providing the right care, from the right person at the right time.	Funding and targets to be agreed. Increased activity through frailty assessment units at both sites. Reduced LOS for palliative patients and frailty patients across both sites supported by 3 IJBs community provision and access to community beds.

Action 2025-2026 (Year 1)	By When
Identification of further triage space/changes to environmental structures within the Emergency footprint to support timely patient assessment.	Quarter 1
Reset of CAU processes and twice daily board rounds	Quarter 1

Implement 2 hourly huddles to support list reviews and escalations.	Quarter 1
Develop redirection model and pathways	Quarter 2
Development of Bed management standard operating procedures with roles and responsibilities redefined.	Quarter 1
Refresh of Escalation/OPEL framework and action trigger cards for acute sites and community.	Quarter 1
Continuous flow moves to support timely placing of admitted patients.	Quarter 1
Proactive planning by emergency department and bed management team to support ambulance activity and expected demand in community through continuous flow.	Quarter 2
Embedding of ambulance escalation process and joint responsibility for handovers and Scottish Ambulance Service responsibility for timely handover	Quarter 1
Increase weekend discharges from CAU and Medicine	Quarter 1
Scope alternative pathways to support patient centric care at home i.e., palliative care pathway, Homefirst pathway.	Quarter 2 - Completion Quarter 4
SAFER implementation on both sites to deliver daily MDT board rounds, supported by a digital solution to capture outcome data.	Phased through both sites over 2025/26 Completion 2026
MDT Whole system LLOS reviews and CTR meetings.	Quarter 1
Medical workforce review to drive 7 day board rounds to optimise discharges and reduce bed occupancy.	Quarter 1
Allied Health Professionals - Develop Multidisciplinary Teams and robust care governance arrangements to enable issue identification, escalation and resolution; - Develop practice development tools and techniques to support innovation, change and excellence; - Ensure effective information sharing across systems, to support positive outcomes for supported people; - Develop targeted responses to reduce the need for specialist level interventions; and - Develop points of access for support, advice and requests for assistance, including advice lines, physical, digital drop-ins and clinical.	Completion of acute AHP review and proposal for change agreed and enacted by June 2025. Digital solution to support data capture from referral to completion to be scoped and implemented by late Summer/ Autumn 2025 including development of an AHP digital dashboard. (Subject to approval of the Acute AHP review and subsequent proposal, and subject to investment outlined in the Digital Strategy). Review and develop a whole system approach to improve patient care and flow across the acute and community interface by Winter 2025.

7.1 Delayed Discharges

Shifting the balance of care is an objective for all of our services and for everyone we support: from childhood to old age. For older people's services, a key priority that requires concerted effort is bringing down delayed discharges. A delayed discharge is defined by NHS Services Scotland as "a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date". Reducing delays in discharge from hospital matters for many reasons, but most importantly it is almost never an appropriate place for someone to be if they no longer need hospital care. Time spent in hospital when medically fit is an unnecessary risk to health and welfare, involving risks such as hospital acquired infection and loss of mobility.

We will continue our focus on bringing down delayed transfers of care, to get people to the right place for their care needs in Ayrshire and Arran with constant oversight of local performance. Improvement actions for 2025/26 include the continuation of Weekly Delayed Transfers of Care (DTOC) meeting, involving all partners in order to ensure services are allocated to areas of priority. There are a number of working groups looking at double handed care packages with a view to increasing capacity in a way that is safe for patients and staff. Ongoing recruitment with a communications plan in place for recruitment and retention of care staff.

Aims/Objectives 2025-2026 (Year 1)	KPI
Delayed Discharges Reduce the daily average number of occupied bed days due to a delayed discharge.	**By March 2026** East Ayrshire - 27 North Ayrshire - 99 South Ayrshire - 92
Delayed Discharges Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.	**By March 2026** East Ayrshire - 33 North Ayrshire - 99 South Ayrshire - 80

Actions 2025-2026 (Year 1)	By When
East Ayrshire HSCP • Ensuring a Home First approach across services and pathways; • Service-wide implementation of reablement; and • Implement recommendations from IJB Report on East Ayrshire Community Hospital.	March 2026
North Ayrshire HSCP • 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; • Ensure robust systems are in place for the management and oversight of complex social work assessments; and • 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.	March 2026

South Ayrshire HSCP • Recruit an additional 40 carers despite the financial challenges; • Maintain care home numbers despite the financial challenges; • Reduce the number of double handling care packages to maximise the spread of care at home; • Maximise the use of step up and step down beds in RRICU; and • Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships.	March 2026

8. Urgent Care

The new pathways introduced through the Redesign of urgent Care (RUC) programme delivered by the Ayrshire Urgent Care Service (AUCS) has continued to help attract and retain the clinical workforce to sustain rotas for the 24/7 urgent care service in NHS Ayrshire and Arran. The Flow Navigation Centre (FNC) provides rapid early triage and clinical assessment of patients to identify the most appropriate pathway for their care which is provided to people closer to home wherever possible and avoid an acute attendance. This includes appointing patients directly to their local Minor Injuries Unit or alternative community based service.

Various other pathways are also embedded within AUCS supported by the FNC including a Call before Convey pathway with Scottish Ambulance Service (SAS). This allows SAS crews to liaise with a senior clinician in the FNC for supported decision making on alternative care options to help keep patients within their own home where appropriate. This pathway works alongside our professional to professional lines for Care Home and Community Pharmacy staff to be supported in relation to clinical decision making ensuring the best outcomes for patients. It also enables patients to be treated/managed within care homes and avoids unnecessary presentations within the healthcare system and by utilising the Pharmacy First Scotland pathway.

The Ayrshire Palliative Urgent Care Service was introduced in June 2024 as part of the AUCS FNC. This service improves access to District Nursing Services 24/7 for all patients living in Ayrshire and Arran who are approaching the last few weeks of their life and support for their families. Since June, 94% of patients have remained in their preferred place of care. This model will continue to be developed and embedded within the FNC during 2025/26.

Aims/Objectives 2025-2026 (Year 1)	KPI
Ayrshire Urgent Care Service (AUCS) – 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.	85%
Create a virtual capacity network by developing a SPOC through Ayrshire Urgent Care Service (AUCS) Flow	Seamless pathway to all services for patients.

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.	
Maintain the FNC community pathways and explore all opportunities as they arise to enhance the service.	Enhanced FNC Community Pathways
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.	A community nursing based model for specialist care to support palliative patients and families who are within their last four weeks of life within Ayrshire and Arran during the Out of Hours period.

Actions 2025-2026 (Year 1)	By When
Develop and embed a referral pathway from AUCS FNC to Hospital at Home Team.	March 2026
Develop a referral pathway from AUCS FNC to RRR Service.	March 2026
Implement organisational change for RRR and Hospital at Home operational staff to bring them under the SPOC model.	March 2026
Scope potential for Ayrshire Community Blood Service (ACBS) to be encompassed within the SPOC.	March 2026
Maintain and grow AUCS/FNC pathways with Senior Clinical Decision Maker oversight including appointing to MIU.	March 2026
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. Evaluate responses from patient / family questionnaires to provide insight into the service and identify any improvements.	March 2026

9. Primary and Community Care

Delivery of safe and effective healthcare provision is a priority for all services to ensure our citizens can access the right care in the right place at the right time. Relationships with service providers across the whole of Ayrshire and Arran, including all Primary Care Independent Contractors, SAS, Mental Health teams and acute services, continues to be strengthened to ensure provision of priority care. The efficient handling of demand by in-hours Primary Care services has enabled Urgent Care to be accessible to those with the most urgent need.

Delivered by Ayrshire Urgent Care Service (AUCS), delivery of primary urgent care during the out of hours (OOH) period is a robust well embedded service within NHS Ayrshire and Arran. The team continue to utilise and maximise any opportunity to further review and enhance the service linked to activity and patient outcome data. AUCS continues to test new models of delivery using Advanced Nurse Practitioner models and wider MDT services (e.g. District Nursing, Social Work Services, Emergency Mental Health Crisis Team, and Advanced Paramedics).

A programme for annual review of General Medical Services (GMS) Contracts has been developed and due to be implemented by the primary care team to review practice operating models, quality indicators (including chronic disease management) and identify any improvement work. This will enhance oversight of core service delivery by the Board and help to early identify any issues or additional support GP Practices may need to sustain service delivery.

A project is underway to enable the set-up of the national Community Glaucoma Scheme in Ayrshire and Arran. This scheme will enable stable Glaucoma patients to be transferred from acute to community optometry practices for their continued care. Meetings are taking place to aid the roll out of the Open Eyes system that will be used to manage the sharing of patient information from secondary care to primary care providers. The local shared care scheme for Glaucoma patients will continue to ensure wait times are minimised for stable glaucoma patients. We are aiming for a full transition by September 2025.

NHS Pharmacy First Scotland is a national service delivered from community pharmacies where citizens can access healthcare advice, treatment and/or referral to other healthcare services without an appointment. The number of consultations by community pharmacy through Pharmacy First Scotland increases year on year which otherwise would have occurred in another part of the primary and unscheduled care system. The addition of independent prescribers allows pharmacies to offer the Pharmacy First Plus service which includes assessment and treatment of acute common clinical conditions which is beyond the scope of the standard Pharmacy First service. 53% of 97 community pharmacies across Ayrshire and Arran offer this enhanced service which reduces the need for onward referral of patients to other healthcare providers even further. The pharmacy team are supporting to train additional pharmacies to become independent prescribers which will facilitate expansion of the Pharmacy First Plus network supporting more patients access care from the right professional for their need as close to home as possible.

An Urgent Care Test of Change within Ayrshire Urgent Care Service (AUCS) continues to be rolled out and evaluated working alongside General Practice. This supports local practices with home visits between 3.30pm and 5.30pm. This was developed recognising the impact on access within General Practice when patients present late in the afternoon with an urgent care need requiring a house visit. Rolled out on a phased basis, this model now extends to 44 of 53 GP Practices with the aim to extend to all Ayrshire Clusters by April 2025. Feedback from participating practices has been positive reporting that clinicians can focus on planned appointments without the worry or stress they will be required to attend a last minute house call.

NHS Ayrshire and Arran were successful in a recent bid to be a Primary Care Phased Investment Programme (PCPIP) Demonstrator site to work with the Scottish Government and NHS Health Improvement Scotland (HIS). Having commenced in April 2024, Demonstrator sites will be supported to work at pace and use improvement methodologies to fully implement elements of the 2018 GMS Contract, focussing on Pharmacotherapy and CTAC services locally. It seeks to understand the impacts for people, the workforce and the healthcare system with the key aims to improve patient outcomes. Data will be collected and utilised to model full national implementation of priority areas of the GMS 2018 Contract. Development work will also continue alongside this to further embed MDT teams into

practice through the GMS Contract, which would continue in tandem with the focussed work on Pharmacotherapy and CTAC.

An Oral Health Needs Assessment was undertaken by Public Health alongside scoping on the vision and strategy for dental services across Ayrshire and Arran. A delivery plan will be presented to NHS Ayrshire and Arran Corporate Management Team for endorsement which sets out the short, medium and long term goals to improve access to dentistry.

Oral Health Improvement is a key priority across Ayrshire and Arran. The Oral Health Improvement Team continue to strengthen links within the community, delivering local training programmes, educating the population on good oral health practice, with a priority on prevention and providing support for local groups and events. The team deliver training and interventions for priority groups following recognised national oral health improvement programmes such as Childsmile. The OHI programmes are tailored to individual needs of the population within each of the priority groups.

Aims/Objectives 2025-2026 (Year 1)	KPI
Ensure GMS Enhanced Services meet the needs of the patient population.	Review, develop and identify priority enhanced service specifications.
Enhance digital telephony within General Practice and move to a single resilient digital telephony platform to enable telephone queuing systems and increase the number of lines into practices.	All interested practices surveyed and costed up with 90% of these practices transferred over onto the HB system by the end of year 2025-26. = 40 practices complete.
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.	Continue to progress actions towards the key deliverables.
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.	Expansion of the wider MDT roles aligned to the GMS 2018 Contract.
Improve access to NHS dentistry to ensure a sustainable and equitable delivery model which supports the oral health needs of the local population.	Improved access to NHS Dentistry.
Increased shared care, access to service and patient experience within community Optometry.	Community Glaucoma Service (CGS) and Juvenile Idiopathic Arthritis (JIA) service to community optometry implemented within NHS Ayrshire and Arran.
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.	Fully deliver the model and embed within AUCS as Business as Usual.

Actions 2025-2026 (Year 1)	By When
Embed a programme of annual reviews for GP Practices to review: - Practice operating models; - Quality Indicators; and - Identify any improvement work	March 2026
Programme of review of Enhanced Services and work with wider clinical services to ensure joint up approach within Caring for Ayrshire agenda.	March 2026

Phased transfer of GP Practices onto new Board platform. Digital team to link with line providers to progress timeous transfer of lines from practices.	40 practices complete by the end of year 2025-26.
Primary Care Phased Investment Programme (PCPIP) - Expansion/development of the CTAC resilience model and Pharmacy Support Worker team; - Continuation and further development of the Primary Care Practice Educator role; - Audit of demand and activity to capture reliable, ongoing data around CTAC activity at both GP practice and HSCP level; - Undertake a review of the CTAC skill mix and practice allocation and define roles in both CTAC and Pharmacotherapy; - Ensure standardised processes; - Expansion of pharmacy hub; - Test of concept/impact - Advanced Pharmacist Practitioner; and - Evaluate impact of a preceptorship programme.	End date for programme is December 2025.
NHS Dentistry:- - 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 through; - Support patients to manage their oral health for better health outcomes; - Implement priorities and objectives identified from the programme of work to develop the vision and strategy for dental services; - Invest in the development of dental workforce to improve retention and capacity; and - Review of current care within practices with the aim to provide a greater range of services within General Dental Practices.	March 2026
Community Optometry:- - Implementation of the Community Glaucoma Service (CGS) within NHS Ayrshire and Arran; and - Roll out the Juvenile Idiopathic Arthritis (JIA) service to community optometry.	March 2026 June 2025
Urgent Care Pathway for General Practice:- - Extend the urgent care General Practice model to cover all GP Clusters across Ayrshire; and - 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

10. Mental Health

The Mental Health and Wellbeing Strategy MHWBS published in September 2023, sets out a vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. Locally we will take a life-course approach to understanding mental health and will endeavour to develop a programme of work, with partners, over the coming year to identify and align actions in Ayrshire and Arran to the national delivery plans. Also published in September 2023, The Core Mental Health Quality Standards (CMHQS), sets out the expectations for what services will provide and are structured around the themes that emerged from engagement with people with lived

experience of using mental health and psychological services and the workforce. Along with the Core Mental Health Quality Standards, 4 service specifications have been published in the past 24 months and are being implemented across NHS Ayrshire and Arran:

- National Specification for Psychological Therapies and Interventions;
- National Specification for Eating Disorder Care and treatment in Scotland;
- CAMHS Service Specification; and
- Children and Young People – National Neuro-developmental specification.

Since the publication of the new strategy and delivery plan in 2023, Mental Health Services have undertaken a mapping exercise of the existing local priorities and outcomes as set out in the Ayrshire Mental Health Conversation against the Mental Health and Wellbeing Strategy Delivery Plan. We are assured that local priorities and outcomes in place and The Ayrshire Mental Health Conversation: Priorities and Outcomes (2019 -2027) continue to be reflective of the three areas of focus and 9 outcomes set out in the Mental Health and Wellbeing Strategy.

A Mental Health and Wellbeing Workforce Plan was published in November 2023 in recognition that delivering on the Mental Health and Wellbeing Strategy can only be achieved with the right workforce, supported to have the right skills, in the right place at the right time. As in other service areas, there are significant workforce challenges facing Mental Health services. The Community Mental Health Team (CMHT) have not seen the same levels of investment as other Mental Health services in recent years. This has led to a significant gap in service demand and capacity. Recognising recruitment challenges for qualified Mental Health workers (with many posts expected to take up to a year to fill), the service will consider new advanced/enhanced roles and different ways of working. In CAMHS, recruitment challenges are particularly around Psychiatry, Nursing and Psychology. The service will continue to look at the skill mix required for the service, based on these challenges, recruit more Allied Health Professionals (AHP's) and look at innovative ways to encourage Psychiatrists to work in Ayrshire. Psychological Services are also experiencing challenges in recruiting to specific priority posts, including Child and Adult Mental Health in the Community. Although training places are increasing year on year, there is currently an insufficient specialist workforce to fill all vacant posts across Scotland so there is currently a competitive workforce context.

Within 2025-26 we continue work to ensure the mental health built estate enables the delivery of high quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit. In addition to work on the building toolkit, we continue to utilise the Scottish Government infrastructure budget to support digital pilots. The newly refurbished West Road CAMHS/CEDS unit will launch early in 2025 following circa £600k investment and we plan to refurbish Kilne Walk in Irvine for our Perinatal Mental Health service. Early stage improvement work is being assessed for Ward 7a at Woodland View and the Mental Health Assessment Hub opened in 2024 all with infrastructure investment.

10.1 CAMHS

Within Ayrshire and Arran, CAMHS services are provided by multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems. This is provided through three distinct teams to ensure that children and young people are on the correct pathway at a much earlier stage: Specialist Community CAMHS (SCAMHS), CAMHS Urgent Assessment and Intensive Treatment (CUAIT) and Neurodiverse CAMHS (N-CAMHS).

Whilst transforming and developing our services we will continue to learn from children, young people, families and Carers with 'Lived Experience' of the service and continue to work to gain feedback through KIDSCREEN which is a health related quality of life questionnaire for children, young people and their parents.

Within 2025/26 CAMHS will continue to work towards the waiting time targets set out in the CAMHS NHS Scotland National Service Specification. Already CAMHS has met the 4-week first appointment response time in alignment with the national specification through a redesign of the service and implementation of the three pathways and by fully implementing the revised service access criteria of accepting only those referrals where there are underlying mental health needs in alignment with the national specification. This has enabled meaningful redirection of referrals to wider whole system supports and services to more appropriately meet the needs of children and young people who do not have an underlying mental health condition. Focus is now on providing interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks.

Within 2024/25 NHS Ayrshire and Arran worked in partnership with North Ayrshire Council to create a specialist centre for CAMHS, as well as the all-age Community Eating Disorder Service (CEDS) in Ayrshire and Arran. With building works completed in 2025, the centre at West Road, Irvine will aim to change the way the residents of Ayrshire and Arran access and receive mental health care. It will also provide a base for outpatient services for the CEDS and Neuro-CAMHS team.

In addition, we will continue to work with our IT systems and through a programme of wider transformation linked to the Mental Health Digital Transformation Board, will endeavour to develop effective data collection systems that provide robust data and reports to inform service improvement, redesign and monitoring of performance. This will also prepare the service for reporting on delivery of the forthcoming Mental Health Standards.

Aims/Objectives 2025-2026 (Year 1)	KPI
Improve access to mental health service and build capacity and sustainable delivery to maintain the CAMHS 18 week RTT and work towards the 4 week target within National Specification.	18 week RTT and 4 week SG Target
Improve service delivery and resilience with the recruitment and retention to CAMHS workforce.	% staff retention in key disciplines
Improving mental health environment and patient safety.	Feedback from young people, parents/carers through QR codes to Microsoft questionnaires, Care Opinion and verbal feedback through CAMHS Participation Officer.

CAMHS will continue to learn from children, young people, families and Carers with 'Lived Experience' of the service.	Feedback from young people, parents/carers through QR codes to Microsoft questionnaires, Care Opinion and verbal feedback through CAMHS Participation Officer.
N-CAMHS will continue to see young people who are currently on the N-CAMHS waiting list.	The N-CAMHS waiting list will be reduced and young people will be seen more timeously.

Actions 2025-2026 (Year 1)	By When
Using Trakcare and CAMHS Benson Wintere DCAQ Model to identify ways to meet the additional contact at 4 weeks.	March 2026
Further develop and expand on the skill mix of the workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.	March 2026
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.	Start discussions for Inpatient facility 2025/26
Access qualitative feedback through Kidscreen as well as quantitative data.	Ongoing
Commission external providers to assess children and young people.	March 2026

10.2 Psychological Therapies

The latest published data, November 2024, indicates that compliance for Psychological Therapies (92.8%) remains higher than the Scotland average. Developments over the next 12 months will address the requirements and standards dictated by the Psychological Therapies Service Specification with a specific program of work, linked to Scottish Government timescales, for implementation.

The Self-Assessment tool to consider compliance with the Psychological Therapies Service Specification will be available from January 2025. Some parts of Psychological Services have already started with mapping their service delivery against the service specification and improvement work is underway. This work is led by the Senior Psychology Leadership team and will involve cross discipline and specialty engagement to ensure adequate outcomes. Dedicated clinical governance routes have now been established with the start of the Psychological Therapies and Interventions Clinical Governance Group and the Psychological Services Clinical Governance Group. Both groups are chaired by the Director of Psychological services.

Patient centred areas of focus will continue to address issues of longest waits, matched-stepped care within services for children and young people, neurodevelopmental service provision (both Children and Adults) and whole board alignment to the updated Matrix Treatment Recommendation for Psychological Therapies (2023) and the implementation of the National Specification for the delivery of Psychological Therapies and Interventions (Scottish Government, September 2023). This will sit alongside continued work in ensuring a Trauma informed approach is embedded within all directorates of the organisation.

Working with partners in acute/ neurological services to increase workforce capacity of the psychological therapy provision is a key objective. Specific gaps in Cancer Care and Stroke need to be considered as a priority.

Ayrshire and Arran has been successful in obtaining funding to be a pilot site for Early Intervention in Psychosis. Recruitment is underway and establishment of Early Intervention in Psychosis service is planned for Quarter 1 2025/26.

Risks over the coming financial year are the reduction in Scottish Government funding streams and savings targets. Reduction of these streams of funding risks a significant impact on core mental health services. The lack of allocation to Primary Care funding also adversely impacts on demands upon secondary care and our ability to meet waiting times targets.

Implementation of the National Specifications relating to children and young people with neurodevelopmental conditions, and the Community Wellbeing Framework for Children and Young people, are considered important to specialist secondary mental health services being able to meet waiting times targets. These specifications sit outside specialist mental health, but any failure will directly affect the pressures upon our service. Recent work within the areas of Child and Adult Neurodevelopmental Assessment has concluded that development of sustainable assessment services will necessitate specific, additional funding requests to meet the increasing demand for neurodevelopmental condition assessment and treatment.

Aims/Objectives 2025-2026 (Year 1)	KPI
Improve overall 18 week RTT to consistently comply with standard across all specialisms.	RTT 92%
Implementation of Psychological Therapies and Interventions (PT&I) Standards.	Psychological Therapies and Interventions (PT&I) Standards implementation
Improve service delivery and resilience with the recruitment and retention of Psychological workforce.	Improved service delivery and resilience

Actions 2025-2026 (Year 1)	By When
RTT - Detailed Trajectory work in different specialisms - DCAQ; - Further analysis and formulation of data to create better understanding of reasons behind access in struggling specialisms; and - Redesign of service delivery model where needed.	March 2026
- Assessment Tool for PT Spec implementation will be rolled out. - Assessment to commence for all Psychological Therapy specialties/teams. - Engagement with wider services delivering Psychological therapies needed.	September 2025
- Through data and trajectory analysis gain more clarity on workforce gaps and skill mix/safe staffing levels; and - Develop workforce plan for overall service.	March 2026

10.3 Community Mental Health Services

Adult Community Mental Health Services are devolved in Ayrshire and Arran to their respective Health and Social Care Partnerships (HSCP). Although they might work and look slightly different in each area, the fundamental service delivery is the same. As such the following aims/ objectives have been agreed collectively by all three HSCP's.

Aims/Objectives 2025-2026 (Year 1)	KPI
To implement the Core Mental Health Standards into Adult Community Mental Health services.	Implementation of the Core Mental Health Standards
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.	Access to mental health services within primary care.
Ensure service delivery aligns to and contributes towards national strategies relating to mental health. When needed, provide complex or specialist treatment quickly, effectively and to the highest standard.	Minimise average (median) wait for initial assessment (Community Mental Health Team). Maximise % of people subject to Mental Health Act supported via care programme.

Actions 2025-2026 (Year 1)	By When
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
Deliver the integration of the primary care mental health workforce into wider primary care multi-disciplinary teams and community and secondary care.	March 2026

10.4 Unscheduled Care

The Unscheduled Care Mental Health Service is delivered Pan Ayrshire, managed operationally by the North Ayrshire HSCP. The service has seen many developments and opportunities for growth over the past number of years. The main aim is to embed service changes, and this year to ensure local delivery is in attainment or excel of national standards.

Aims/Objectives 2025-2026 (Year 1)	KPI
Reviewing local Psychiatric Emergency Plans to align them to the national template.	Alignment of local Psychiatric Emergency Plans to national template.

Actions 2025-2026 (Year 1)	By When
Psychiatric Emergency Plans - Identify national template; - Benchmark local planning against national template; - Identify gaps and adaptations required of local plan; and - Update and ensure appropriate engagement with stakeholders.	March 2026

10.5 In Patient

Within the Mental Health Inpatient Service key priorities for 2025/26 will be to improve patient flow, reduce the average length of stay and number/duration of delayed discharges.

To support these improvements and deliver a more coherent system of forensic mental health services, we will work to:

- Improve referral pathways and increase expectation of 'pace'/throughput;
- Implement more robust bed projection processes;
- Continue to develop relationships with the West of Scotland Forensic Network, being part of wider bed capacity solutions;
- Continue to review impact of recently opened Unscheduled Care Assessment Hub and opportunities for Adult Mental Health Admission wards;
- Review persons subject to unplanned (UNPACs) placement and repatriate locally as clinically appropriate;
- Seek support to develop a Data Dashboard to provide robust data on service performance against key measures to inform service delivery and improvement; and
- Utilise the new Band 4 Assistant Practitioners to enhance service delivery, reducing supplementary staffing spend.

Aims/Objectives 2025-2026 (Year 1)	KPI
Improve patient flow by reducing ALOS from Q1 Baseline.	By March 2026 Average Length of Stay AMH Acute = tbc days EMH Acute = tbc days
Improve patient flow by reducing duration of delayed discharges from Q1 Baseline.	By March 2026 Delayed Discharges AMH Days = EMH Acute days =
Deliver a more effective system of Forensic Inpatient Services. .	Referral Pathways agreed/implemented. Ongoing participation in West of Scotland Forensic Network meetings. Increased scrutiny around UNPACs referrals to exhaust all local solutions. Themed analysis of persons subject to UNPACs to consider generation of local options.
Reduce supplementary staffing spend.	Q3 – reduction of 5% Q4 – further 5% reduction

Actions 2025-2026 (Year 1)	By When
Reducing LOS	March 2026

Robust bed management processes including use of traffic light system to monitor progress against PDD. Analyse impact on admission patterns of unscheduled care assessment hub opening and activity for AMH Acute beds.	
Reducing Duration of Delayed Discharges Monitoring/escalation of delayed discharges via Discharge Liaison Groups. Participate in HIS supported workstream to review Delayed Discharges and identify improvement actions.	Ongoing Initial engagement September 2024. Scoping programme currently with expectation of recommendations April 2026.
Forensic Inpatient Services Generate and implement referral pathways to increase 'pace'/throughput. More robust bed projection processes. Continue to develop relationships with WoS Forensic Network, part of wider bed capacity solutions. Look to repatriate persons on UNPACs placement as soon as possible.	March 2026
Reduction of use of supplementary registered staff from Q3 2025/26 on Band 4 APs taking up post.	March 2026

10.6 Alcohol and Drug Service

NHS Ayrshire and Arran work with partners to support the National Mission on Drugs to reduce drug related deaths and improve lives. Priority areas include the implementation of Medication Assisted Treatment (MAT) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

Services will prioritise the delivery of the MAT standards by implementing their local improvement plans with the support of the national MAT support team (MIST). Whilst reviewing and improving MAT access through established community alcohol and drug services, the additional focus over the next 3 years will be on implementing actions to support MAT access through wider settings e.g. primary care, prison and police custody.

A specific challenge in implementing and embedding MAT within primary care is the absence of recurring funding. Discussions continue with colleagues across primary care, finance, the Health Board, Health and Social Care Partnerships (HSCP's) and Alcohol and Drug Partnerships (ADP's) to highlight the funding challenges and explore ways to continue to resource this work.

Services will continue to offer an 'open' referral process and be flexible in their approach to meet the ongoing national 'Access to treatment' waiting time's standards. The promotion of Alcohol Brief Interventions will continue across core and wider settings. We will work with our partners to implement additional measures to reduce both drug and alcohol related deaths. Increased support will be available to individuals following a Non-Fatal Overdose, local ADP drug related death prevention strategies will be implemented, improved pathways

of support will be available to better support individuals with co-occurring mental health and drug and/or alcohol use (with updated guidance being available for staff) and Naloxone related training and supply will be prioritised.

In March 2022, the Minister for Drug Policy set a new 'substance use' treatment target to increase the numbers of individuals accessing treatment support by April 2024. Pathways and processes are in place to offer quick access to treatment including having an 'open' referral system and supporting more individuals into treatment via MAT interventions. In terms of a future target, post April 2024, services are awaiting new information whilst advice has been sought from the Minister.

Individuals from across Ayrshire and Arran will continue to be supported, as required, to access local hospital based detoxification and rehabilitation support via Ward 5, Irvine. Families will be prioritised for support via access to the national family support facility (Harper House) based in North Ayrshire, who provide safe, structured support for the whole family to address their problematic drug and/or alcohol use, improve their mental health and quality of life. Individuals will also be supported to access external residential rehabilitation, however, due to current demand, the challenge will be securing sufficient funding from local ADP's and/or the Scottish Government.

Aims/Objectives 2025-2026 (Year 1)	KPI
Consistently deliver safe, accessible, high quality drug treatment across Ayrshire and Arran.	Sustain delivery of MAT Standards
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.	**Treatment Waiting Times Standard** **90% within 3 weeks** North Ayrshire – 90% South Ayrshire – 90% East Ayrshire – 90% **100% within 6 weeks** North Ayrshire – 100% South Ayrshire – 100% East Ayrshire – 100%
Ensure naloxone remains a priority and is accessible for those who most need it.	**Minimum kits will be supplied by March 2026** North Ayrshire - 480 kits East Ayrshire - 330 kits South Ayrshire - 350 kits
Build upon the residential rehabilitation pathways for individuals from pre rehabilitation, during and post rehabilitation.	Review and improve on current Residential Rehabilitation Pathway and Integrate use of the Scotland Excel rehabilitation provider framework into the pathway.

Actions 2025-2026 (Year 1)	By When
North Ayrshire 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.	March 2026
North Ayrshire	March 2026

Implement local Naloxone action plan, offering Naloxone training, raising awareness and promoting use of Naloxone. Supply a minimum of 480 Naloxone kits (and emergency life-saving intervention).	
North Ayrshire Continue to implement pathways of support into, during and after residential rehabilitation through the co-ordination and support of a Single Point of Contact (SPoC) and Recovery Development Workers (RDW) - peer workers.	March 2026
East Ayrshire An increase in ANP/ Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level.	March 2026
East Ayrshire Via the Multi agency Residential Rehabilitation Working Group, develop and implement the Residential Rehabilitation pathway which is clear, consistent and easy to navigate from pre rehabilitation to post rehabilitation stage.	March 2026
East Ayrshire Rapid Access to Drug and Alcohol Recovery Service will work with HMP Kilmarnock Healthcare to implement a process to enable individuals who are East Ayrshire residents and are prescribed Opiate Replacement Therapy to be provided with a "Safe Talk" via Near Me.	March 2026
East Ayrshire Implement the use of Near Me technology for planned liberations from HMP Kilmarnock for individuals who are prescribed Opiate Replacement Therapy.	March 2026
East Ayrshire Deliver a Recovery Oriented System of Care for drugs and alcohol via the Alcohol and Drugs Partnership Strategic Plan.	March 2026
South Ayrshire Test of change (TOC) in South Ayrshire 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.

10.7 Learning Disabilities

Learning Disability Services are delivered within each of the Health and Social Care Partnerships, with North Ayrshire HSCP taking the lead in relation to some elements of shared delivery, specifically the Assessment and Treatment facility delivered in Ward 7A Woodland View. The model of delivery within Ward 7A has already undergone review in recent years, with the result that the number of beds available within the ward have been scaled back in order to create a better care environment. Despite these positive changes, issues within the ward, compounded by the ongoing problem of delayed discharge linked to limited availability of appropriate community supports, have created an urgent need to again look closely at its model. This is being done with a view to informing possible changes, and the work is being led by North Ayrshire HSCP. The need for this work is further highlighted by the publication of reports by the Scottish Human Rights Commission (2025), and by the Mental Welfare Commission (2025), regarding the situation regarding delayed discharges across Scotland, and the lack of progress nationally in relation to meaningful delivery of human rights informed in this regard.

This national focus on hospital admissions is complemented by a national focus on more preventative activity, ideally delivered within Primary Care, namely Annual Health Checks. Implementation of the Scottish Government's new specification regarding Annual Health Checks for people with learning disabilities has been progressing at pace within Ayrshire. This work has benefited to a large degree from the pre-existing work around the establishment of GP Registers of people with learning disabilities, linked to a previous Enhanced Service specification. While a great amount of positive work has been undertaken regarding delivery of the new Health Checks, there remains an awareness of the need to learn from their delivery, and that of the Learning Disability Health Checks which preceded them, with a view to informing future activity. To a large degree, this reflects findings of note identified in initial delivery of the new checks in North Ayrshire, including the large number of individuals for whom the check identified no required actions (over those already in place).

In their ideal form, the Annual Health Checks represent an opportunity to support mainstream and other services in meeting their obligations regarding the care and inclusion of people with learning disabilities. While much evidence already exists regarding the needs of people with learning disabilities, and how services can best respond to these, understanding this from a local context remains a necessary activity. With this in mind, the North Ayrshire Learning Disability Service has commenced a collaboration with the Local Information Support Team from Public Health Scotland, with a view to understanding the service use and health needs of the local known learning disability population; how this might differ the general population; and what this suggests about relevant service responses. While this work has started with a focus on North Ayrshire, the hope is that LD Services in East and South Ayrshire will also become involved.

Aims/Objectives 2025-2026 (Year 1)	KPI
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.	Delivery of report on 2025-26 activity and identification of development plans for coming years.
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.	Deliver relevant change in model of inpatient delivery.
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, with a view to annual delivery of reporting.	Annual delivery of reporting.

Actions 2025-2026 (Year 1)	By When
Develop an overarching understanding of activity and associated outcomes linked to delivery of the new Health Checks in each Ayrshire authority.	April 2026
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.	July 2025

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

11. Healthcare in Custody

In 2023 the Scottish Government established a Short Life Strategic Leadership group to drive meaningful improvement to prison health care. This identified three priority areas with one of these being to develop a Target Operating Model (TOM) for healthcare service delivery. The National Prison Care Network has been asked to lead on the development of a TOM. The aim of this work is to provide a framework for nationally consistent model for healthcare delivery in prisons alongside tangible change ideas to deliver this. A TOM has been developed with 9 domains identified. Baseline information has been recorded with a plan for 6 monthly updates of progress made that is shared in a data dashboard. Areas of work have been identified with the HMP Kilmarnock healthcare leading on national work in relation to the prison admissions process.

Drug misuse treatment and reducing drugs deaths continue to be a priority for service improvement. Nationally the MIST team are co-ordinating work on the delivery of MAT standards in custodial settings with a prison toolkit being finalised. Reporting on progress of MAT standards in custodial settings will commence in 2025.

Improvement work for prison healthcare is in the context of some particular service pressures following HMP Kilmarnock moving from SERCO the private provider to the Scottish Prison Service in March 2024. Principally these are in relation to an 18% increase in the prison population and changes to the prison regime which have an impact on clinical service delivery.

Aims/Objectives 2025-2026 (Year 1)	KPI
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.	Implementation of Medication Assisted Treatment (MAT) standards in Prison and Police Custody.
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.	Implementation of service improvement in priority areas identified by the Target Operating Model.

Actions 2025-2026 (Year 1)	By When
MAT Implementation • Benchmark HMP Kilmarnock practice against Prison Toolkit which is anticipated to be finalised in March 2025; • Develop recommendations from review of staff training and support needs in relation to MAT 6 & 10; • Recruitment of Psychology post;	March 2026

• Complete framework for range of evidenced interventions to be delivered by mental health MDT and addiction team; and • Explore improvement areas that be delivered by existing on-call FME healthcare model.	
Target Operating Model • Six monthly (April / October) reporting into National Prison Care Network (NPrCN) on progress of improvement areas; • Agree revised model focussing on immediate risk and need on day of admission and follow up appointments for holistic assessment of healthcare need; • Build new admission process on Vision; • Test revised model; and • Undertake evaluation of revised model with focus on evidence of improved outcomes and areas of model that may require adaptation.	March 2026

12. Pharmacy

The priorities for the pharmacy directorate in 2025/26 are to support our key areas of risk, cancer services including aseptic dispensing; to deliver the objectives of the Primary Care Phased Investment Programme (PCPIP); to support acute services to optimise patient flow and minimise delays to discharge; and to work collaboratively with regional colleagues on developing and implementing a Regional Medicines Formulary and joint priorities to support clinical pharmacy services using Hospital Electronic Prescribing and Medicines Administration system (HEPMA). Focussing on digital solutions to support clinical pharmacy service delivery will lead to movement of the workforce away from tasks that can be automated to more complex roles such as polypharmacy reviews and long term condition management.

Where additional workforce is required this is dependent on available funding and available workforce. Limited pipeline of pharmacists via the Foundation Training Year Trainee Pharmacist programme and lack of pipeline of Pre-registration Pharmacy Technician Trainees are key risks to recruitment to support the additional workforce required to deliver safe care to patients in high care areas, cancer services and to deliver pharmacy services across 7 days. Uncertainty regarding ongoing funding of workforce recruited to the PCPIP is also a risk to delivery of the programme and, subsequently, fuller implementation of pharmacotherapy.

Aims/Objectives 2025-2026 (Year 1)	KPI
Work with colleagues in the West of Scotland to develop a Regional Formulary process and implement a Regional Formulary.	The development of a Regional Formulary process and implementation of a Regional Formulary.
Deliver the pharmacotherapy elements of the PCPIP demonstrator site programme.	PCPIP demonstrator site programme pharmacotherapy elements delivered.
Scope the redesign and delivery of 7 day clinical pharmacy services to critical & high care areas to improve compliance with national standards for clinical pharmacy services and contribute to reducing length of stay.	Deliver a 7 day clinical pharmacy services to critical & high care areas.

Scope the expansion and delivery of the current 7 day operational pharmacy service to provide an equitable service across the full week.	Equitable pharmacy service across the full week.
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, maintain and develop the Pharmacy Early Warning (PhEW) score.
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.	SACT medicines are available to people with cancer.

Actions 2025-2026 (Year 1)	By When
Regional Formulary process - Project working group to be convened; - Key project personnel to be recruited; - Governance processes to be developed, agreed by ADTCs and implemented; - Board Formulary processes to be stood down; and - Regional Formulary Governance structure to be implemented following approval by Board ADTCs.	March 2026
PCPIP demonstrator site programme - Expand pharmacy support worker role in delivery of service; - Clearly define roles of each member of the team- right person, right task; - Expand pharmacy hubs - skill mix and resilience; - Develop a supervision/ preceptorship programme to improve pharmacists confidence in clinical decision making and risk management; and - Test and evaluate Advanced Pharmacist Practitioner role.	March 2026
7 day clinical pharmacy services critical and high care areas - Identify clinical areas where 7 day clinical pharmacy service is required; - Design service specification, define roles and scope workforce required to deliver ensuring right person right task; - Secure funding to recruit workforce; - Address any contractual changes required; and - Implement training programme to ensure appropriate skillmix and resilience for service delivery over 7 days.	March 2026
7 day operational pharmacy service - Agree the operational areas that require to be covered at weekends; - Scope the workforce required to deliver the service robustly; and - Ensure appropriate skills mix and secure funding to recruit additional workforce to deliver this service.	March 2026
Pharmacy Early Warning (PhEW) score - Implement PhEW tool to all WoS boards; - Identify boards out with WoS wishing to adopt PhEW; - Provide clinical and 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; and	March 2026

- Scope clinical specialties that would benefit from bespoke PhEW score, develop modified PhEW score for identified clinical specialties.	
Scottish Cancer Action Plan 2023-26 - 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 and capacity; and - Implement training programme to ensure appropriate skill mix and resilience for service delivery.	March 2026

13. Infrastructure

Scottish Government issued a Director's Letter (DL) to all NHS Boards outlining the requirements for all NHS Boards to prepare a whole-system infrastructure plan. Since receiving this, efforts were renewed on the whole-system Programme Initial Agreement (PIA) document.

Work was restarted and has been repositioned to reflect the impact of the pandemic and the reform narrative will form the whole-system PIA, our plan is to become operationally and financially sustainable through significant reform. This version builds upon the original PIA while incorporating the specific details requested in the DL letter.

Scottish Government indicated in the DL that the PIA should be submitted by NHS Boards in January 2026 however, given the substantial progress made, NHS Ayrshire and Arran intends to submit this PIA document in draft in January 2025, aligning with the submission of the Business Continuity Plan. At this stage, we do not anticipate formal feedback on the PIA but rather seek a discussion with Scottish Government on its content and the proposed direction of travel.

The whole-system PIA narrative will empower us to focus on engaging our stakeholders, communities, staff and services in the essential work now needed to take service reform and redesign to the next level. To deliver on our Caring for Ayrshire ambition, it is crucial that we elevate our engagement with stakeholders, to actively listen and learn from their experiences and perspectives. Our commitment to effectively engage with citizens, communities, and staff is paramount. We therefore propose a comprehensive approach, involving widespread stakeholder engagement using co-production methodologies to redesign care models with a 'whole system' perspective. We will maintain open and transparent communication and engagement with both internal and external stakeholders, as well as our citizens, to inform and shape the programme.

A dedicated engagement and communications group will provide advice, support and guidance on all associated stakeholder engagement activity aligned to the Caring for Ayrshire ambition. Engagement and communication will be embedded throughout work

streams and plans, to provide clarity, guidance and consistency for those leading on the high impact changes.

The Board's Business Continuity Plan (BCP) was submitted to Scottish Government in January 2025 and confirmation of what funding will be provided is expected by end of March 2025. The Board's submission plans for an additional £12.2m of funding for FY25-26 with main areas of expenditure targeting:

- Improved accommodation for Critical Care and Oncology at UHC;
- Purchase of and improvement works to several GP Premises;
- Backlog Maintenance Work; and
- Investment in digital and medical equipment.

What will be able to be delivered will be dependent upon the final funding allocation provided by Scottish Government.

Sustainability and Net Zero investment will be reflected through investment in building infrastructure.

Aims/Objectives 2025-2026 (Year 1)	KPI
Ensure that sustainability and net zero aspirations are embedded within brief requirements for major developments and comprehensive refurbishments.	March 2026
Improve utilisation of accommodation to support the reduction in energy use.	March 2026

Actions 2025-2026 (Year 1)	By When
Distributed Working and Estates Rationalisation.	TBC
Completion of Lister Street Distributed working Hub.	31 March 2025
Consolidate non clinical offices within Ailsa Main Building facilitating exit from Eglinton, Greenan and Stair Buildings.	TBC (Except Eglinton Meeting Room 1) TBC (Including Eglinton Meeting Room 1)
Exit from Afton House.	
Demolition of Arrol Park Houses 4 to 9.	30 April 2025
Demolition of Lochranza ward, Ailsa.	TBC
Demolition of Eglinton Greenan and Stair Building.	TBC
Demolition of Afton House, Ailsa.	TBC
Commence design and procurement work for wind turbine UHA.	30 April 2025 (Subject to BCP funding)

14. Community Wealth Building / Anchor

NHS Ayrshire and Arran has developed an Anchor/Community Wealth Building (CWB) Strategy to harness our power as an anchor institution and to positively impact health, social, economic and environmental outcomes in Ayrshire and Arran. NHS Ayrshire and Arran's Anchor / Community Wealth Building (CWB) Strategy 2023-26 sets out the Board's plans to deliver on the anchor organisation ambitions alongside our anchor partners in the Ayrshire

Community Wealth Building Commission and in support of the Ayrshire Regional Economic Strategy and the Ayrshire Growth Deal.

The strategy sets out the Board's ambition to support creation of a fair local wellbeing economy which enhances local wealth, reduces poverty and inequality through investing and spending locally, creating fair and meaningful employment, designing and managing our buildings, land and assets to maximise local and community benefits and reduce our environmental impact.

Tackling Ayrshire's social and economic inequalities will not be easy. Poverty rates in Ayrshire and Arran are higher than the Scottish average, Ayrshire's workforce has fewer qualifications, and it is forecast to experience less economic growth and greater reductions in workforce in the short and medium-term. Given these stark economic inequalities, if Ayrshire's health inequalities are to be reduced, strategies must tackle the 'fundamental causes' driving inequality. This requires a joined-up approach, bringing together local partners to tackle inequality and to maintain a long-term vision of developing a local Ayrshire wellbeing economy.

Our Anchor/CWB programme is governed by the Community Wealth Building Programme Board which meets quarterly. Our Anchor/CWB Programme focuses on the six pillars of Community Wealth Building (Fair Work/ Workforce; Procurement; Land and Assets; Financial Powers; Service/ Plural Diverse Ownership and Climate Change) with leads appointed for each pillar.

The Anchor/CWB Year 2 Annual Report was presented to the NHS Board in October 2024. The report provided assurance that progress has been made to deliver on NHS Ayrshire and Arran Anchor/Community Wealth Building (CWB) Strategy in line with requirements of the NHSScotland Annual Delivery Plan 2024. The report shared progress to-date on building our Anchor/CWB programme demonstrating some of the work carried out during year 2 of the programme. A Year 3 plan has been drafted and will be presented through governance in Quarter 4 2024/25 for approval.

The Community Wealth Building Programme Board will continue to progress workstreams set out in our Anchor/CWB Strategy 2023-2026 and to deliver the actions set out in the accompanying Year 3 plans.

Aims/Objectives 2025-2026 (Year 1)	KPI
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.	Delivery of the Anchor Strategic Plan 2023-26

Actions 2025-2026 (Year 1)	By When
Complete refresh of Community Wealth Building Strategy.	June 2025

Meet with pillar leads to develop in year actions (2025-2026).	June 2025
Agree sign off at CWB Programme Board of in year actions.	June 2025
Complete SG Anchor Metrics Return for FY 23/24.	June 2025
Pillar leads to progress in year actions and report implementation to CWB Programme Board.	September 2025
Pillar leads to continue to implement in year actions and report progress to CWB Programme Board.	September 2025
Prepare yearly report to reflect progress on in year actions.	March 2026

15. Workforce

Further detail on our workforce positon will be submitted in accordance with the requirements of Directors Letter on workforce planning and in addition, some detail is and will continue to be provided via the NHS Scotland Financial Delivery Unit 15 box grid quarterly self-assessment returns.

Strategically the Board continues to have strategic workforce risks in relation to clinical registrant supply and capacity, with a distinct medical staffing supply and capacity risk being established this year, both being very high risk and ongoing work to treat. These risks materially require national intervention as they are not unique to our Board and supply chains for controlled staff groups are determined by government and as such constrains our ability to make significant traction on some of the prescribed planning priorities for the Delivery Plan.

We anticipate that a consequence of the Agenda for Change Pay reform reduced working week, and to a lesser extent protected learning time, will materially impact on our clinical registrant risk stimulating further challenges in relation to supply and capacity which again will not be unique to our Board. NHS Ayrshire and Arran is proactively taking steps to assess the risk and potential staffing resource required as mitigation in implementing the residual hour that remains of the reduced working week which will have a material impact across all organisational activity both clinical and non-clinical.

An implementation plan for eRostering was in place during 2024/25 with the early adopter areas being Nursing, Midwifery and Allied Health Professions by November 2026, with a full rollout to the organisation by approximately November 2027. Following a review, the rollout was paused in October 2024, due to a number of issues and challenges that had been identified during the first phase of the roll out. A recovery plan is being drafted detailing the challenges and barriers identified and recommendations to progress with implementation.

The University of the West of Scotland (UWS) work in partnership with NHS Ayrshire and Arran Nursing and Midwifery Teams to provide Practice Learning Experience for their students. The overall aim of the UWS pre-registration programmes are to prepare students for the academic awards and eligibility to apply for Professional Registration with the NMC. The Executive Nurse Director along with Chief Nurse for Professional Development meet with Strategic UWS Partners to ensure robust planning is in place.

Post registration education is supported through an education fund (previously known as SLA). This supports Nursing, Midwifery and Allied Health Professionals (NMAHP) Registrants with continual professional development.

NMAHP clinical teams from NHS Ayrshire and Arran, led by the Chief Nurse for Professional Development, work with UWS lecturers to ensure appropriate transition from 3rd year undergraduate student to Newly Graduated Practitioners. This ensures clear communications on recruitment processes, support in terms of the National Flying Start Programme.

The Practice education facilitators (PEFs) team support clear collaborative between service and Higher Education Institutions (HEIs). PEFs are a national network of nursing and midwifery registrants that support learning in practice by working with staff within the practice learning environments. They work alongside other partners in practice education such as Care Home Education Facilitators (CHEFS) and Practice Education Leads. Practice education involves teaching and learning that happens in practice or work based settings. PEF's work in partnership involving NHS Education Scotland (NES), National Health Service Boards (NHS) and HEIs.

Close partnership working with Ayrshire College and NMAHP Professional Development Teams, has led to the development and graduation of 19 band 4 Assistant Practitioners within Acute Services with a further Mental Health Cohort of 11 trainees this academic year.

A Practice Development Unit has been opened over the last 12 months by the Lead for Practice Development. This allows an education space that can be utilised for education of both registrants and Healthcare Support Workers. This unit supported the education of 30 Internationally Educated nurses to achieve NMC registration.

AHP Workforce transformation has continued through four distinct work streams:

- Digital and business support;
- AHP Healthcare support workers;
- Recruitment and retention; and
- Advancing practice.

A block recruitment approach for newly qualified AHPs was tested in 2024/25 with successful outcome in terms of appointment to Band 5 posts across professions. International recruitment has also been utilised with success, in particular in filling previously hard to fill posts in radiography.

The AHP Leadership team continue to work in partnership with Ayrshire College in delivering the 'Access to AHP' programme and are building strategic links with the Scottish HEIs who deliver pre-registration AHP programmes.

Aims/Objectives 2025-2026 (Year 1)	KPI
Achieve further reductions in nursing agency staffing use and continue to optimise bank arrangements.	• Zero off framework usage • HCA usage via bank only • £1.2 m reduction in nurse agency expenditure related to reduced agency rate cards

	• £2.1 m reduction in nurse agency 2025/2026
Achieve reductions in medical locum spend.	Lower level of agency spend via substantive appointments to vacant medical posts (reduction in consultant vacancies) and where locum spend is necessary appointment as NHS locum or adherence of Direct Engagement compliance.
Encourage attendance - continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance.	Cumulatively will contribute to our overall ambition of a **% reduction for FY 2025/26 i.e. rate of **%. Please note this trajectory will be set once we have the final outturn for FY 2024/25, which has been an atypical performance year with significantly elevated levels of absence, and can assess the position and determine a realistic trajectory of improvement for 2025/26

Actions 2025-2026 (Year 1)	**By When**
Within our Acute Services sector work is ongoing in collaboration with external contractors to review establishment by all ward areas so as there is clarity as to vacancy pressures and spend is more appropriately directed towards substantive staffing solutions. 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.	March 2026
Continue to engage locums directly with the Board Medical supplemental staffing group in place and grip and control measures have been introduced. Work remains ongoing in looking at workforce planning across our medical specialties, and implementing our vision of Best Medical Workforce Strategy	March 2026
Make best use of our technology to increase efficiencies in administrative and support services.	March 2026
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).	March 2026
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.	March 2026
Develop and launch a programme for undergraduate nursing students to increase their knowledge of NHS Ayrshire and Arran to further support their transition into a Newly Graduated Nurses.	April 2025
Introduce a leadership programme for Band 6 and 7 within NMAHP in line with the NMAHP Strategy to ensure a prepared workforce.	May 2025
To educate the current Practice Assessors and Supervisors on the new C25 programmes for undergraduate BSc Adult and Mental Health Programmes.	August 2025

Increased communication and processes of the 2025 yearly recruitment for Newly Graduated Nurses and Midwives to both students, HEIs and clinical teams.	September 2025

16. Digital

The NHS Ayrshire and Arran Digital and Data Strategy 2023–2026, titled "Digital Excellence in Healthcare: A Platform for Change," outlines our vision for creating a unified digital infrastructure. This will ensure our organisation is equipped to seamlessly connect with health and social care partners and national networks. The strategy establishes a technical foundation for integration, enabling the delivery of efficient, patient-centred care when and where it is needed.

Our digital strategy takes a system-wide approach and embodies a commitment across Ayrshire and Arran to deliver an integrated care record. Capital investment has been prioritised to advance this strategy, as it is seen as a cornerstone of reforming how the Health Board delivers care closer to the patient. By embracing digital transformation, we aim to introduce new ways of working across clinical and non-clinical settings, reducing duplication, mitigating clinical risks, and supporting our workforce to deliver health and care services effectively.

The optimisation of digital and data technologies is central to improving health and care services. Enhanced patient access, improved safety, and continuity of care are achieved through integrated single patient records that track the patient journey. This transformation enables real-time care delivery supported by accurate and insightful data, live bed management tools, and improved collaboration across the health system. These initiatives prepare the Board for the future demands of the National Care Service and support reform programmes, such as the integrated care record and distributed working.

Ongoing investment in TrakCare, our Patient Management System, is pivotal to developing a fully integrated care record. The first milestone in this journey was migrating to a Software as a Service (SaaS) solution, which ensures system stability and availability while reducing hardware costs and aligning with national cloud-first objectives. TrakCare as a Service supports innovation by enhancing clinical decision-making through real-time data integration. The system’s scalability accommodates growth without significant investment in physical infrastructure, underscoring its long-term value.

Maximising M365 capabilities remains a priority. Ayrshire and Arran participate in the federation project, enabling seamless collaboration with two local authorities via Teams. Work is underway to bring the third local authority onto the M365 platform. Developers are also exploring the Power Platform to reduce reliance on third-party digital solutions. One early success is the creation of a Desk Booking app to support the Distributed Working Programme. Applications nearing the end of their lifecycle are being evaluated for replacement with M365-based solutions to ensure cost-effectiveness and return on investment. Additionally, dedicated resources are developing multidisciplinary teams (MDTs) within the Teams environment for cancer care, fostering efficiency and cross-specialty collaboration.

Cyber resilience is an ongoing focus. Over the past 12 months, compliance with the Refreshed Public Sector Cyber Resilience Framework (NIS audited areas) has increased by 19%, compared to a 2% rise the previous year. Improvements in supplier and risk management, alongside initiatives such as the Digital Champions Network and digital training for non-executive directors, have been highlighted as examples of good practice. Continued engagement with the Cyber Centre of Excellence ensures proactive monitoring, reporting, and incident response.

Developing digital skills is integral to our strategy. A Digital Skills Champion role has been established to lead this work, complemented by a growing Digital Champions Network. A recent digital skills survey is informing resource planning to ensure staff are equipped to navigate the digital world as both employees and citizens.

A governance framework for Accelerated National Innovation Adoption (ANIA) projects is in place to ensure alignment with local and national priorities. This process includes pre-scoping checklists, business case development, and approval workflows to coordinate resources, avoid duplication, and support evidence-based decision-making. A Strategic Digital Delivery Group (SDDG), chaired by the Chief Executive, oversees the implementation of the digital strategy. This group ensures strategic alignment across NHS Ayrshire and Arran, including close collaboration with the three Health and Social Care Partnerships. By adhering to this structured approach, the following benefits are realised:

- Efficient resource utilisation to deliver best value;
- Improved coordination to identify synergies and minimise overlap;
- Informed, strategic decision-making; and
- Elimination of siloed working practices.

The SDDG ensures that NHS Ayrshire and Arran remain at the forefront of digital transformation, driving innovation and delivering sustainable improvements in healthcare delivery.

Aims/Objectives 2025-2026 (Year 1)	KPI
Adoption and implementation of the national digital programmes.	- Open Eyes Optometry project initial implementation complete in first services. - National Child Health system to go live within Ayrshire and Arran. - M365 launch of One Drive and Sharepoint pilot to expand to other areas following completion of work in Digital Services. - eRostering - completion of Nursing Directorate rotas.
Improving cyber resilience and compliance.	Cyber resilience and compliance
Provide Executive support and commitment to optimising use of digital and data technologies.	Optimisation of use of digital and data technologies.
Work collaboratively with other organisations to scale and adopt innovation.	- Options appraisal for Digital Dermatology project approved - Scan for Safety project implemented within Ayrshire and Arran
Set priorities and report progress in line with Board's Digital Strategy.	New Digital Strategy for the Board.

Actions 2025-2026 (Year 1)	By When
Continue to work with Digital Health and Care and NSS on a number of national projects.	March 2026
Improve on the overall compliance score for NHS Ayrshire and Arran in the 2024/25 Network and Information Systems (NIS) Audit.	February 2026
Continue with quarterly meetings of the Strategic Digital Delivery Group chaired by the Chief Executive.	June 2026
Continue working with regional and national groups including the Accelerated National Innovation Adoption group.	March 2026
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.	March 2026
Review and update the Board's Digital Strategy during 2025/26.	December 2025

17. Climate

To establish a greener, board-wide estate, continuous engagement with stakeholders, including building occupiers, is essential. These teams play a crucial role in promoting efficient energy use. Despite the current system pressures, sustainability must remain a priority alongside patient care. Emphasising the benefits and importance of sustainability is critical, as it contributes to creating a safe, energy-efficient, and environmentally friendly estate, which ultimately enhances patient care.

Energy consumption is a key factor in decarbonising the NHS Ayrshire and Arran estate and requires a flexible approach to reduction. A significant challenge lies in transitioning the retained estate's heat sources to low-carbon alternatives. Implementing innovative technologies such as solar power and heat pumps is particularly challenging in ageing buildings, where structural limitations can restrict feasibility. Additionally, hospitals operating around the clock require a dependable, uninterrupted energy supply.

There is strong interest in exploring new renewable and green energy sources. The Board will collaborate with NHSScotland colleagues, other health boards, and external partners to better understand the processes required to procure such energy solutions. It is recognised that achieving this will require robust infrastructure planning, sufficient time, and coordination, particularly for transitioning high-emission sites within the ageing estate.

The transport fleet transition to fully electric vehicles is progressing, with the pool car fleet procurement complete and efforts underway to convert the commercial fleet. Over the next 12 months, charging infrastructure will be expanded to ensure all EV pool and commercial users can charge their vehicles at work. Additionally, the NHS Ayrshire and Arran Sustainable Travel Action Plan (2024–2027) will be implemented through the Active Travel and Transport subgroup of the Climate Emergency and Sustainability Officers Group (CESOG).

We will continue to optimise greenspace to enhance biodiversity for the benefit of patients, visitors, and staff. This includes advancing the Kyle Chemotherapy Garden project in 2025/26 and exploring creative uses of greenspace for therapeutic purposes, such as green gyms, mindfulness activities, walking groups, and other outdoor initiatives known to support physical and mental health. Active travel to our sites will also be encouraged, and we will collaborate with local authority partners to develop active travel routes.

Our pharmacy sustainability program will continue efforts to reduce the use of harmful substances and adopt more sustainable delivery methods, including reducing the prescription of antimicrobials.

Progress on these initiatives will be monitored and reviewed by our Climate Emergency Sustainability Operational Group (CESOG).

Aims/Objectives 2025-2026 (Year 1)	KPI
Greenhouse Gas Emission reduction (Energy) Improve the overall Building Energy Emissions in line with national targets and from the previous year generated from the Boards estate assets.	Complete the delivery of agreed list of in year energy efficient projects and agreed programme of works for the next 12 months. Report on savings to be achieved based upon actual datasets.
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.	Completion of the fleet hand over to the various services across the organisation. Report on progress.
National Waste Targets - Reduce domestic waste by a minimum of 15%, and greater where possible, compared to 2012/13.	Reduce domestic waste by a minimum of 15%, and greater where possible, compared to 2012/13.
National Waste Targets - Reduce food waste by 33% against 2015-16 baseline.	Reduce food waste by 33% against 2015-16 baseline.
National Waste Targets - Ensure 70% of domestic waste is recycled or composted.	Ensure 70% of domestic waste is recycled or composted.
National Green Theatre Actions - Improve on the reduction in medical gas related emissions across the board wide estate.	Implementation of changes to current processes and procedures.
Greenspace and Biodiversity	Kyle Chemotherapy Garden will be producing year 1 spring bulbs and patients, visitors and staff making use of the area. Green gym and walking programmes fully embedded at UHA/ Ailsa and woodland view and walking programme in place for UHC and other sites

Actions 2025-2026 (Year 1)	By When
Reduction of Boards carbon and greenhouse gasses through estates rationalisation and demolition programme – risk that distributed working is resisted and unable to vacate buildings earmarked for demolition.	March 2026
Continue to reduce emissions from travel and transport activities through: - Electrifying fleet – risk that suitable commercial vehicles are not available at this time to replace current fleet vehicles; and - Continue to work with public health on the development and delivery of the sustainable travel Action plan-24-27	Ongoing until 2035 Ongoing until 2027

and installing infrastructure with funding available in 25/26.	
Waste - Reducing domestic waste by 15% compared to 2012/13; - Reduce food waste by 33% against 2015-16 baseline; and - Ensure 70% of domestic waste is recycled or composted.	All ongoing throughout year and will all be tied into the new waste contract commencing 1/4/25
Work in conjunction with Local Authorities and other partner organisation to adopt more environmentally friendly processes for grassland management on grassland management.	All Ongoing throughout year, with different phases being implemented in different seasons.
Continue to progress the development of Kyle chemotherapy garden and green gym initiatives with partner organisations and community wealth building initiatives. Opportunity to support community justice teams in the Kyle garden project.	All Ongoing throughout year, with different phases being implemented in different seasons.

18. Finance

Situation
The health board set a deficit budget of £56.4 million for 2023/2024 financial year and £53.5 million for 2024/2025. For 2025/26, the scale of cost pressures requires the Board to achieve 3% CRES to stand still.

The funding for New Medicines is less than the cost pressure. In 2024/25 the NHS Ayrshire and Arran deficit is about £8.8 million expected gap between funding (£16.7 million) and expected spend (£25.5 million). A 10% increase in 25/26 would increase cost to £28 million.

The Board is striving to achieve 3% (£30 million) cash releasing efficiency savings in 2025/2026, however currently not all of these have firm plans. We expect CRES to rise to £30 million recurring savings in the next plan due in mid-March 2025.

A significant risk for 2025/2026 will be the pay settlement which is not within the Board's control.

Background
Throughout 2022/2023 our acute hospitals had 180 unfunded beds open at a cost of £12.5 million. Many of these were occupied by Delayed Transfer of Care (DToC) patients. Our objective in 2023/2024 was to close all of these unfunded beds and achieve cost avoidance. We only partially achieved this in 2023/2024 and still had 150 unfunded beds open with a cost of around £12.5 million. During 2024/2025 further progress has been made, however we still have 90 unfunded acute beds which could all be closed if we achieved the Scottish average length of stay through the SAFER programme.

NHS Ayrshire and Arran is unusual in that our integration scheme leaves the risk for primary care prescribing overspends and the associate cost pressure with the Health Board rather than Integration Joint Boards. In 2022/2023 the primary care prescribing volumes increased by 2% which was budgeted for, however the price per item increased by over 10% which was not budgeted for and resulted in a 2023/2024 cost pressure of about £12.5 million. This contributed to the underlying deficit position. As part of the updating of the Integration

Scheme finance leads requested for Integration Joint Boards to take full financial responsibility from 2024/2025 for primary care prescribing and in 2024/25 finance leads agreed to a shadow year. However, as the year has progressed there is no consensus nor partnership agreement that enables that transfer of this cost pressure and it remains an area of discussion as part of the partnership agreement review.

£11.3 million of the underlying recurring financial deficit has been in place since 2017/2018 and relates to a number of cost pressures in that year where the general allocation funding uplift was 0.4% and the balance could not be met from efficiency savings. In 2022/2023 this deficit increased to £26.4 million as a result of unfunded Covid related costs and inflationary and demand pressures.

The core e-health infrastructure for NHS Ayrshire and Arran was very poor and therefore there is a requirement to upgrade systems, make networks more secure and increase band width to improve speed of connection. A strategy of moving toward cloud based hosting (in line with Scottish Government policy) comes with significant costs and is a revenue cost pressure as opposed to capital cost for replacing servers etc. The additional costs of Microsoft Office 365 were only partially funded in previous years and therefore in 2023/2024 there was a cost pressure of £1.4 million for Microsoft Office 365 and in 2024/2025 a further £0.5 million. In addition there was a £3.15 million cost pressure for other system infrastructure upgrades, additional digital staff and some cloud hosting of key systems in 2023/2024 with a further £0.5 million investment in digital in 2024/2025.

Historical Deficit Contribution	**£million**
New medicines	8.8
Unfunded acute beds	12.5
Primary care prescribing	12.5
Pre pandemic deficit	11.3
Covid and inflationary pressures	15.1
Teams and digital investment	5.6
Total	65.8

In the 2024/2025 revenue plan, planned CRES of £24.1 million (plus sustainability funding of £5.6 million) exceeded the cost pressures of £18.5 million by £11.2 million which reduced the underlying deficit of around £54 million, however inflationary pressures on supplies budgets and delays in CRES delivery have required non-recurring measures to live within the £53.5 million deficit for 2024/25. The underlying recurring deficit remains similar to the table above as some of the 24/25 CRES was not achieved recurringly and backfilling measures are non-recurring.

Assessment

The energy cost increase over 2022/2023 and 2023/2024 amounted to over £5 million which required a doubling of the recurring budget. The £1.6 million further cost pressure in 2024/2025 was treated as non-recurring (in the expectation of a price fall) as was the clinical negligence or risk indemnity scheme (CNORIS) contribution temporary increase of £1.1 million.

Demand increased for pathology reporting which required extra reporting capacity to be purchased from the private sector in 2023/2024 and 204/2025 at a cost of £0.5 million. Biochemistry test volumes from GPs have increased the cost of the managed service

contract.

The integration scheme sets out the position in relation to the set aside budget that the Integration Joint Boards should contribute financially if they are responsible for increased use of acute services and an analysis of occupied bed days used by them on relevant specialties show an increase by 22,000 compared to pre-pandemic. Risk sharing in these areas is an area of discussion between NHS Ayrshire and Arran and the Integration Joint Boards as the Integration Schemes are being reviewed however the financial aspect of commissioning will not be implemented in 2025/2026.

Actions Being Implemented

Governance
The Board has re-set and strengthened the governance supporting and enabling CRES creation and delivery, during 2024-25 with additional Programme Management support provided by external contractors.

Best practice documentation and the introduction of an Improvement Programme Steering Group, which is the improvement delivery group reporting through to an Executive assurance and delivery group (Financial Improvement Scrutiny Group).

Quality / Patient Care
The Corporate Management Team have approved a CRES approach based on the national strategy 'Delivering Value Based Health & Care; A Vision for Scotland'. The Medical Director is the Executive lead supported by the Recovery Director. This will ensure clinical buy-in for fundamental service change.

The aim is to build out from the Realistic Medicine approach and implement a three year programme that is a clinically led value-based efficiency approach to support delivery of the medium-term efficiency programme. The efficiency programme will run alongside the cost reduction approach to reduce costs further. Enhanced performance management arrangements and reporting will provide additional scrutiny and assurance. To achieve the latter an extension of the support from external contractors has been sought.

The average length of stay within the Ayrshire acute hospitals post pandemic has been around 10 days which is significantly higher than the Scottish average and much higher than that achieved in England. Actions being taken to reduce the length of stay include pathway reviews, training of clinical staff on SAFER methodology and cohorting of patients clinically fit for discharge with more AHP and less medical input. The wards where SAFER has been introduced have seen a reduction in length of stay therefore it is being rolled out more widely.

Workforce
The use of agency staff is largely driven by the acute unfunded beds. Agency nurse spend for 2022/2023 was £10.6 million and reduced to £9.7 million in 2023/2024 with further reduction projected in 2024/2025. Medical agency has been around £6 million per annum due to consultant vacancies, however has a target to reduce this by £1 million in 2025/2026. Both reducing agency and the closure of the unfunded beds are cost reduction rather than cash releasing efficiency savings as there is no recurring budget for these. A reduction in sickness absence would reduce the need for agency staff.

To support the CRES programme, there is a need to continue the Recovery Director in 2025/2026, supported by Programme Management and a Finance Business Partner. We are structuring the 2025/2026 plan around Realistic Medicine (Better Value Better Health) to get strong clinical support and leadership of change. Individual schemes will be approved through an Improvement Programme Steering Group which has strong operational membership and each scheme will have a workbook and Quality Impact Assessment. An operation Programme Management Office within our Acute Directorate will comprise Improvement Leads, Project Managers and will be supported by finance, HR, digital etc.

Operational Grip and Control
Additional grip and control measures have been introduced during 2024-25 across core pay and non-pay areas. Each area being Director led.

The Board is currently refreshing the bed demand model which will be used to inform the relevant establishment (demand and supply) requirements from 2025-26. Through this work the whole system bed requirements will be better understood.

Integration and whole system working will improve from 2025-26 with a focus on population health, public health and prevention with the aim of adopting an open book policy, optimisation of the Ayrshire resource budget, development of integrated pathways, to support workforce transformation, clear Partnership Agreement underpinned by a clear risk share and reward framework.

Financial
The financial plan details the CRES plan for 2025/26 which includes IJB CRES as these count towards the 3% CRES target (although these do not offset any of the Health Board cost pressures and a net 3% increase in funding for IJBs has been 'passed through').
Tighter grip and control on non-pay spend through procurement controls, reducing waste in theatre consumables, managing demand for laboratory tests, replacing taxis with community transport provider for renal patients and reducing energy expenditure will reduce overspending areas through cost reduction schemes.

To minimise the deficit, three parallel streams of work are needed:-

- Reform of acute services to reduce length of stay, close speedily all unfunded beds (cost avoidance) and thereafter close funded acute beds to release cash releasing efficiency savings.
- Achievable cash releasing efficiency savings targets set for most Directorates (3%) except Integration Joint Boards. The savings template does not yet reflect all of these as firm plans for savings and the pipeline is being validated to get a realistic target.
- Rebalance the financial risk between the Health Board and Integration Joint Boards in relation to:-
  - primary care prescribing and overspends; and
  - payments through set aside for acute beds occupied by delayed discharge patients.

Risk Assessment / Management
Added unfunded beds have been a constant cost pressure for the Board and securing the right sized bed-based for care in all care settings, remains a priority for the system. This work is being supported with the additional and experienced resources provided by external contractors and remains an important part of the Boards sustainable recovery plan.

For the first time our IJBs, North, South and East Ayrshire have raised concerns for the sustainability of the services devolved to them. Our IJBs no longer have financial reserves, and North Ayrshire has required a year end settlement to break even. The 3% uplift does not cover the cost pressures for our IJBs and service reductions will need to be made which will put further pressures throughout all parts of our system. We will continue to work in partnership, revised the partnership commission and secure an Urgent and Unscheduled Care commission in order that system pressures are as transparent as they need to be.

It is acknowledged that any significant redesigns of service provision would require public and clinical consultation, and Scottish Government support therefore cannot be implemented speedily however a major driver for change is delivering a sustainable health service within the envelope of funding available. It is difficult to quantify the savings from the above as the main driver is reduction in the acute bed base.

Policy Drivers

A significant cost pressure for 2024/2025 is the New Medicines Fund where the cost of medicines approved by the Scottish Medicines Consortium continually increases in line with the Government policy to increase access to medicines. This includes cystic fibrosis medicines, end of life cancer drugs, orphan drugs and ultra-orphan drugs which have a very high cost per quality adjusted life year. A potential new cost pressure of £11 million for injectable drugs for weight loss has not been included in the financial plan.
Limited investment for social care through our Local Councils.

Finance Projections

A three year financial plan has been developed showing detailed cost pressures for 2025/26 and estimates for future years. Funding settlements for 2026/27 and 2027/28 are currently unknown, however the assumption is that cash releasing efficiency savings of at least 3% will be required each year. The financial plan is to reduce the deficit to move towards financial sustainability over a number of years, as major service change requires public consultation and Scottish Government approval.

Appendix 2

NHS AYRSHIRE AND ARRAN - DELIVERY PLAN 2025-26

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan	Delayed Discharge	**East Ayrshire** 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.	Ensuring a Home First approach across services and pathways Service-wide implementation of reablement Implement recommendations from IJB Report on East Ayrshire Community Hospital	Occupied Bed Days 30 Number of Delays 35	Occupied Bed Days 29 Number of Delays 34	Occupied Bed Days 28 Number of Delays 34	Occupied Bed Days 27 Number of Delays 33	Over-reliance on intensive supports and hospital admissions	MDT Development Programme System Pressures Investment Plan Collaboration with 3rd and independent sector delivery partners	East Ayrshire HSCP
Delivery Plan	Urgent Care	Ayrshire Urgent Care Service (AUCS) – 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.	Develop a virtual capacity network by developing a SPOC 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:- - Develop and embed a referral pathway from AUCS FNC to Hospital at Home Team - Develop a referral pathway from AUCS FNC to RRR Service - Implement organisational change for RRR and Hospital at Home operational staff to bring them under the SPOC model - Scope potential for Ayrshire Community Blood Service (ACBS) to be encompassed within the SPOC Maintain the FNC community pathways and explore all opportunities as they arise to enhance the service:- - Maintain and grow AUCS/FNC pathways with Senior Clinical Decision Maker oversight including appointing to MIU. 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:- - Continue to look for reductions in palliative patients being admitted to hospital who have noted	85%	85%	85%	85%	Need to recruit additional operational staff to ensure SPOC rotas can be sustained Additional financial resource to AUCS budget required to deliver model Success is reliant on multiple services agreeing pathways and delivery model	Discussions taking place across service areas to identify additional budget for increased workforce spend Regular meetings with Service Leads to develop and evaluate model	East Ayrshire HSCP
Delivery Plan	Mental Health Psychological Services	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.	Detailed Trajectory work in different specialisms - DCAQ. Further analysis and formulation of data to create better understanding of reasons behind access in struggling specialisms. Redesign of service delivery model where needed.	**RTT** 92%	**RTT** 92%	**RTT** 92%	**RTT** 92%	Reduction in funding and savings target might lead to decrease in workforce which might negatively impact on RTT. Estates: lack of sufficient workspaces for teams to function and deliver clinical appointments	Whole system engagement and operating - ensuring clear transitions between different parts of the system Systemic solutions need to be considered - services can't operate in isolation.	Psychological Therapies
Delivery Plan	Mental Health Psychological Services	Implementation of Psychological therapies and interventions (PT&I) standards	Assessment Tool for PT Spec implementation will be rolled out in January 2025 - Assessment to commence for all Psychological therapy specialties/teams in Q1/Q2; Engagement with wider services delivering Psychological therapies needed	Assessment of compliance with PT Spec in different specialties - Roll out Assessment tool by SG	Number of Delays	Assessment of compliance with PT Spec in different specialties; improvement plans available - start of improvement work	Assessment of compliance with PT Spec in different specialties; improvement plans available - start of improvement work	(1) Engagement with wider services (outside Psychological therapies) brings complications around data, knowledge of service and willingness to engage with the PT specification	Conversations with service management of the different services and senior management of MH Directorate required to understand and work with the resistance in the system	Psychological Therapies
Delivery Plan	Mental Health Psychological Services	Improve service delivery and resilience with the recruitment and retention of Psychological workforce.	Through data and trajectory analysis gaining more clarity on workforce gaps and skillmix/ safe staffing levels; workforce plan for overall service	Individual services to use data/ trajectories to gather information on service gaps/ skill mix requirements to meet demand/ considering safe staffing levels	35	Gathering information of different teams in overall workforce plan	Gathering information of different teams in overall workforce plan	(1) Reduction in funding and savings target might lead to decrease in workforce (2) Estates: no sufficient workspaces for teams to function and deliver clinical appointments; (3) development of workforce in particular acute areas needed without funding availability (neuro-stroke/ cancer services); (4) impact of demand for Neurodevelopmental assessments on capacity availabitlity in core services.	Whole system engagement and operating - ensuring clear transitions between different parts of the system Systemic solutions need to be considered - services can't operate in isolation.	Psychological Therapies
Delivery Plan	Mental Health Alcohol and Drug Service	**North Ayrshire -** Implement further improvement actions in relation to the MAT standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.	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.	Sustain delivery of MAT Standards 1 to 5 and implement agreed improvement actions in relation to MAT Standards 6 to 10. Benchmark current provision in relation to stimulant and benzodiazepine support	Engage with ADP partners to identify gaps and improvement actions	Implement to test out new pathways of support	Gather experiential feedback from service users, families and staff to identify further improvements	Recurring funding required from April 2026 to ensure ongoing implementation of all MAT Standards.	Non-recurring funding for 3 years has been identified by the North Ayrshire Alcohol and Drug Partnership (ADP) to implement the MAT Standards. The impact of this resource will be evaluated by March 2026.	North Ayrshire HSCP

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan	Mental Health Alcohol and Drug Service	**South Ayrshire -** Implement MAT standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.	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.	Staff member will be in post as a secondment for 12 months from January 2025.				Recurring funding required to implement MAT 7 in full. Funding to increase and enhance Specialist Pharmacist and Specialist GP provision to enhance the delivery of a shared care model has not been confirmed or agreed with ADP	Confirmation of funding to recruit to ANP post have been agreed for a fixed term period of 1 year.	South Ayrshire HSCP
Delivery Plan	Mental Health Alcohol and Drug Service	**East Ayrshire -** Implement MAT standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.	An increase in ANP/ Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level.					No funding available at this time to support an increase in ANP/Clinical Nurse Specialist or additional Specialist GP Prescribers		East Ayrshire HSCP
Delivery Plan	Mental Health Alcohol and Drug Service	**Pan Ayrshire** - 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	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	**Treatment Waiting Times Standard** 90% within 3 weeks North Ayrshire - 90% South Ayrshire - 90% East Ayrshire - 90% 100% within 6 weeks North Ayrshire - 100% South Ayrshire - 100% East Ayrshire - 100%	**Treatment Waiting Times Standard** 90% within 3 weeks North Ayrshire - 90% South Ayrshire - 90% East Ayrshire - 90% 100% within 6 weeks North Ayrshire - 100% South Ayrshire - 100% East Ayrshire - 100%	**Treatment Waiting Times Standard** 90% within 3 weeks North Ayrshire - 90% South Ayrshire - 90% East Ayrshire - 90% 100% within 6 weeks North Ayrshire - 100% South Ayrshire - 100% East Ayrshire - 100%	**Treatment Waiting Times Standard** 90% within 3 weeks North Ayrshire - 90% South Ayrshire - 90% East Ayrshire - 90% 100% within 6 weeks North Ayrshire - 100% South Ayrshire - 100% East Ayrshire - 100%	Service not able to offer quick access to treatment support	Monitor service response & ensure pathways & processes are adaptable to shift resource to ensure the standard is met.	North Ayrshire HSCP South Ayrshire HSCP East Ayrshire HSCP
Delivery Plan	Mental Health Alcohol and Drug Service	**Pan Ayrshire** - Supply a minimum of 480 Naloxone kits (and emergency life-saving intervention).	Implement local Naloxone action plan, offer Naloxone training and raise awareness and promote use of Naloxone	**Naloxone Kit Supply** North Ayrshire - minimum of 120 kits South Ayrshire - minimum of 75 kits East Ayrshire - minimum of 75 kits	**Naloxone Kit Supply** North Ayrshire - minimum of 120 kits South Ayrshire - minimum of 90 kits East Ayrshire - minimum of 80 kits	**Naloxone Kit Supply** North Ayrshire - minimum of 120 kits South Ayrshire - minimum of 110 kits East Ayrshire - minimum of 85 kits	**Naloxone Kit Supply** North Ayrshire - minimum of 120 kits South Ayrshire - minimum of 75 kits East Ayrshire - minimum of 90 kits	Difficulty in identifying and engaging with individuals to receive Naloxone kits	Promotion of Nalxoone training and raise awareness of the benefits of Naloxone across the staff group and service users and families	North Ayrshire HSCP
Delivery Plan	Mental Health Alcohol and Drug Service	**Pan Ayrshire** - Expansion of capacity to support individuals into, during and after residential rehabilitation	Review and improve on current Residential Rehabilitation Pathway and Integrate use of the Scotland Excel rehabilitation provider framework into the pathway.	Secure ongoing funding for the associated staffing resource - SPoC and RDW's. Agree with Healthcare Improvement Scotland (HIS) a local NA improvement plan based in recent thematic report	Set up and implement a NA inclusive steering group to oversee and support agreed improvement actions	Implement agreed improvement actions and begin to gather experiential feedback from service users, families and staff	Complete experiential feedback process and analyse results to identify impact and further improvements	Unable to secure funding for associated staffing complement	Work with local ADP to explore and identify funding opportunities	North Ayrshire HSCP
Delivery Plan	Mental Health Alcohol and Drug Service	**East Ayrshire** - Build upon the residential rehabilitation pathways for individuals from pre rehabilitation, during and post rehabilitation	Via the Multi agency Residential Rehabilitation Working Group, develop and implement the Residential Rehabilitation pathway which is clear, consistent and easy to navigate from pre rehabilitation to post rehabilitation stage.	Establish financial sustainability for the East Ayrshire Residential Rehabilitation Pathway and Integrate use of the Scotland Excel rehabilitation provider framework into the pathway	Implement and progress actions that are agreed by the multi agency working group for residential rehabilitation	Develop & integrate a monitoring framework for residential rehabilitation within the pathway	Review the East Ayrshire Residential Rehabilitation Pathway to aid understanding of future and unmet need for rehabilitation / rehabilitation support in East Ayrshire	Funding for residential rehabilitation placement	Work with East Ayrshire ADP to access the Scotland Excel Additional Placement funding	East Ayrshire HSCP
Delivery Plan	Mental Health Alcohol and Drug Service	**East Ayrshire** - Implement the use of Near Me technology for planned liberations from HMP Kilmarnock for individuals who are prescribed Opiate Replacement Therapy.	Rapid Access to Drug and Alcohol Recovery Service will work with HMP Kilmarnock 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 libertation	Implement a pathway between EA RADAR and HMP Kilmarnock Healthcare to enable a 3 way appointment to take place	Begin to collate experiential data from individuals and utilise this to support any further improvements			Staffing resource to support the 3 way appointments with Near Me technology	The appointments being for planned liberations so that staffing resource can be put in place for the video consultation appointment with indivdual being liberated	East Ayrshire HSCP

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan	Workforce	Continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance	Continue to ensure sickness absence is appropriately managed, including support of staff health and wellbeing, thus reducing demand for supplemental staffing; Sickness absence is continually monitored on a monthly basis – we have quarterly targets for FY 2025/26: Q1 target = **% Q2 target = **% Q3 target = **% Q4 target = **% Cumulatively will contribute to our overall ambition of a **% reduction for FY 2025/26 i.e. a rate of **% 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); and 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.	Cumulatively will contribute to our overall ambition of a **% reduction for FY 2025/26 i.e. a rate of **%. Please note this trajectory will be set once we have the final outturn for FY 2024/25, which has been an atypical performance year with significantly elevated levels of absence, and can assess the position and determine a realistic trajectory of improvement for 2025/26	Cumulatively will contribute to our overall ambition of a **% reduction for FY 2025/26 i.e. a rate of **%. Please note this trajectory will be set once we have the final outturn for FY 2024/25, which has been an atypical performance year with significantly elevated levels of absence, and can assess the position and determine a realistic trajectory of improvement for 2025/26	Cumulatively will contribute to our overall ambition of a **% reduction for FY 2025/26 i.e. a rate of **%. Please note this trajectory will be set once we have the final outturn for FY 2024/25, which has been an atypical performance year with significantly elevated levels of absence, and can assess the position and determine a realistic trajectory of improvement for 2025/26	Cumulatively will contribute to our overall ambition of a **% reduction for FY 2025/26 i.e. a rate of **%. Please note this trajectory will be set once we have the final outturn for FY 2024/25, which has been an atypical performance year with significantly elevated levels of absence, and can assess the position and determine a realistic trajectory of improvement for 2025/26	It is highly unlikely that the national target of 4% is achievable even in the long term. Sustainability of any reduction in sickness absence rate will be challenging and our projected FY 2025/26 positon of a **% reduction is ambitious against a backdrop of the system operating beyond its funded bed capacity, the age demographic of our workforce, seasonal variations which impact on short term sickness rates there are multi-factorial drivers that impact on our sickness absence rate.	Continue to utilise extant Once for Scotland policy for promoting attendance. Continue to emphasise the importance of rest and recuperation as well as wider suite of health and wellbeing supports. Continued focus on hot spot absence areas. Internal Audit of sickness scheduled for late FY 2024/25.	Workforce
Delivery Plan	Planned Care MSK	Increase MSK compliance with National 4 week waiting time target	• Develop MSK Performance Measurement Plan • Test texting patient with invite to treatment to enable patient focussed booking • Review of MSK conditions where Active Clinical Referral Triage (ACRT) has been implemented and expand to other presentations if able • Routinely use MSK HQ outcome measure at entry and exit from service • Review of MSK referral and vetting guidance • Test early intervention clinic within South locality and assess impact on waiting times with a view to replicating in East and North			Improve percentage compliance with 4 week waiting time target to 40% by December 2025 across Physiotherapy, Occupational Therapy and Podiatry MSK services.				MSK
Delivery Plan	Planned Care MSK	Develop new models of care which support management of demand into MSK Services	• Test texting patients with self-management advice while on the waiting list • Review MSK website content and update where clinically required, improve health literacy, fix broken links, inclusion of printable content • Refine and further testing of Community Appointment Day model including hosting events in the North and South • Robust training and education programme developed for referrers to service • Develop digital patient initiated referral platform for MSK Service • Utilisation of Community Assets including engagement with primary care; and increased targeted education group clinics.			Increase website engagement by 20% by December 2025.				MSK
Delivery Plan	Planned Care MSK	Facilitate recruitment and retention of MSK workforce	• Review current clinical supervision arrangements ensuring all staff have access to clinical supervision to support staff wellbeing • Embed and further develop development roles within service to ensure resilience and succession planning • Review of skill mix within the service including health care support worker role • Embed a robust MSK education programme for all staff with collaborative delivery across all MSK teams • Collaboratively deliver practice education placements to reduce duplication and enable peer support for students • Implement job planning for all staff within the service • Progress a review to understand the factors currently impacting on recruitment and retention of MSK Physiotherapy staff	100% of staff have a job plan relevant to their job role by June 2025.		Introduce and recruit to MSK podiatry development post by December 2025.				MSK

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan / Operational Improvement Plan	Mental Health CAMHS	Improve access to mental health service and build capacity and sustainable delivery to maintain the CAMHS 18 week RTT and work towards the 4 week target within National Specification.	Using Trakcare and CAMHS Benson Wintere DCAQ Model. What are we doing to prepare to meet additional contact at 4 wks	Continue to comply with 18 week RTT 90%	Continue to comply with 18 week RTT 90%	Continue to comply with 18 week RTT 90%	Continue to comply with 18 week RTT 90%	Capacity not meeting demand would result in service unable to meet the Scottish Government Target and the Board begin put in Special measures. Loss of external provider of PowerBI contract who provide the NHS A&A CAMHS DCAQ (Demand Capacity and Queue) Benson Wintere Model	QI, Data and Engagement Team weekly monitoring of RTT. Ongoing discussions with finance and procurement and MH Digital Transformation Group.	CAMHS
Delivery Plan / Operational Improvement Plan	Mental Health CAMHS	Improve service delivery and resilience with the recruitment and retention of CAMHS workforce.	Further develop and expand on the skill mix of the workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.	% Staff retention in key disciplines				Reduction in key disciplines – lack of ability to attract these disciplines to Ayrshire.	National and local recruitment events, bespoke visits of interested individuals.	CAMHS
Delivery Plan / Operational Improvement Plan	Mental Health CAMHS	Improving mental health environment and patient safety	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.	Feedback from young people, parents/carers through QR codes to Microsoft questionnaires, Care Opinion and verbal feedback through CAMHS Participation Officer.				Delay in the build being completed, staff attack alarms in situ. CAMHS Inpatient is not approved.	Work streams developed and meeting regularly. Ongoing discussions with nationally and locally around inpatient facilities	CAMHS
Delivery Plan	Delayed Discharge	**South Ayrshire** 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.	· Recruit an additional 40 carers despite the financial challenges. · Maintain care home numbers despite the financial challenges. · Reduce the number of double handling care packages to maximise the spread of care at home. · Maximise the use of step up and step down beds in RRICU. · Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships.	Occupied Bed Days 92 Number of Delays 80	Occupied Bed Days 92 Number of Delays 80	Occupied Bed Days 92 Number of Delays 80	Occupied Bed Days 92 Number of Delays 80			South Ayrshire HSCP
Delivery Plan	Delayed Discharge	**North Ayrshire** 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.	· 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 · Ensure robust systems are in place for the management and oversight of complex social work assessments · 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	Occupied Bed Days 84 Number of Delays 84	Occupied Bed Days 89 Number of Delays 89	Occupied Bed Days 94 Number of Delays 94	Occupied Bed Days 99 Number of Delays 99			North Ayrshire HSCP
Delivery Plan	Cancer Care	Cancer Waiting Times	Ensure sufficient diagnostic capacity in radiology, pathology and endoscopy - Deliver increased capacity and sustainability in medical imaging through implementation of the Imaging National Plan (see Planned Care section). - Recruit additional 1 WTE Breast Radiologist with additional SG funding - Explore options to mitigate loss of endoscopy recovery capacity at UHC - Further expand use of qFIT (see planned care section), Trans nasal Endoscopy and CytoScot to optimise endoscopy capacity - Progress collaboration with NHSFV in relation to Pathology capacity - 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 - manage demand through appropriate clinical prioritisation at vetting (ACRT) - support the effective use of medical staff resource by embedding Allocate job planning process across diagnostic teams - ensure sustainability through continued expansion of skilled non-medical staff e.g. reporting radiographers, dissectionists and nurse endoscopists - continued application of the Framework for Effective Cancer Management with robust	62-day target : 79% 31-day target: 98% Number UCS Referrals in Quarter : 4572	62-day target : 80% 31-day target: 98% Number UCS Referrals in Quarter : 5067	62-day target : 82% 31-day target: 98% Number UCS Referrals in Quarter : 4715	62-day target : 82% 31-day target: 98% Number UCS Referrals in Quarter : 4370	Workforce availability including retirement profile Funding availability for both revenue and capital elements of National Plan Lack of availability/suitability of clinical accommodation (particularly endoscopy) Digital constraints which limit the opportunity for cross-board working	Undertake review of workforce and anticipated retirement within next 5 years; ensure succession planning and development for staff is maximised Physical estate - work with estates and capital planning colleagues to ensure current accommodation fit and safe for purpose	Cancer Care

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan	Cancer Care	QPI Performance	Representation at WoSCAN 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 : - diagnostic waiting times, specifically reporting for pathology and radiology - diagnostic capacity, specifically PET in NHSGGC - adopt MS Teams PowerApp MDT system on phased roll-out across region to ensure timely and accurate recording of MDT outcomes - scope opportunity to used endoscopy technology to identify upper GI cancers an pre-symptomtic stage - review melanoma pathway including more streamlined process for notification of melanoma diagnosis					Radiologist and Pathologist workforce availability, particularly in certain sub-specialty areas. Local diagnostics waiting times Shortfall in regional capacity for specialist cancer diagnostic and treatment services	Contribute to regional and national approaches to optimise networked approaches Regular review of requirement for regional capacity (surgery, radiotherapy and systemic oncology)	Cancer Care
Delivery Plan	Cancer Care	Support the development of a Target Operating Model for oncology, and work across the region and locally to address shortfalls in oncology capacity.	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 NHSGGC and the BWoSCC to explore and implement opportunities to increase capacity and sustainability including : - maximise non-medical prescribing to support the visiting medical oncology teams and our own Haematology team - support new models of oncology care e.g. GPwSI roles to support oncology teams - maximise advanced practice roles and ensure succession planning in CNS teams - Expand the navigator/single point of contact workforce to support specialist nurses and free up clinical time - review any new treatments to ensure service impact is considered; take cognisance of horizon scanning for new medicines - review and scope plans for development of local facilities for SACT delivery which ensure safe and sustainable capaciity - assess local capacity for any potential repatriation of SACT treatment normally delivered at the					Shortfall in Regional capacity for radiotherapy and systemic oncology Inadequate estate and facility provision New medicine approvals with significant service and budget impact	collaborate with WoSCAN, BWoSCC teams and Regional Planning to ensure outreach oncology job plans and SLA are kept under review and ensure support in place from A&A staff e.g. NMP	Cancer Care
Delivery Plan / Operational Improvement Plan	Cancer Care	Ensure earlier and faster diagnosis at stage I and II in line with Cancer Strategy.	Earlier and faster diagnosis at stage I and II is a key aim of the Cancer Strategy. We will - - optimise screening pathways (breast, cervical and colorectal), enhance diagnostics; prioritise time to first secondary care interaction - support innovation including use of AI developments such as chest-x-ray AI (dependent on funding) - targeted education and support to primary care to ensure appropriate USoC referrals in line with new Scottish Referral Guidelines; - develop RefHelp and improve referral templates - embed Rapid Cancer Diagnosis Service to include a Cancer of Unknown Primary MDT (dependent on funding) - implement the optimal lung and head and neck pathways, and forthcoming colorectal pathway.					Public engagement with screening and early presentation with symptoms is variable Time resource required		Cancer Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Improve overall ED 4hr compliance (both unscheduled and scheduled attendances) to at least 80% by March 2026	Identification of further triage space/changes to environmental structures within the Emergency footprint to support timely patient assessment	Improve overall ED 4hr compliance to at least 74% end Q1	Improve overall ED 4hr compliance to at least 78% end Q2	Improve overall ED 4hr compliance to at least 80% end Q3	Improve overall ED 4hr compliance to at least 80% end Q4	Estates - additional triage space identified adaptations awaiting approval for alterations to environmental structures	ED huddle discussions along with Clinical Director and senior triumvirate support to delivery. Weekly analysis and reviews through ED performance meetings as part of governance process	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Implement 2 hourly huddles to support list reviews and escalations	Improve overall ED 4hr compliance to at least 74% end Q1	Improve overall ED 4hr compliance to at least 78% end Q2	Improve overall ED 4hr compliance to at least 80% end Q3	Improve overall ED 4hr compliance to at least 80% end Q4	Workforce - Engagement and capacity to deliver escalation actions	Site huddle and whole system engagement.	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Development of bed management standard operating procedures with roles and responsibilities redefined.	Improve overall ED 4hr compliance to at least 74% end Q1	Improve overall ED 4hr compliance to at least 78% end Q2	Improve overall ED 4hr compliance to at least 80% end Q3	Improve overall ED 4hr compliance to at least 80% end Q4	Workforce training and development to support competency in roles and responsibilities	Site huddle and whole system engagement. Triumvirate support to deliver.	Unscheduled Care

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Refresh of Escalation/OPEL framework and action trigger cards for acute sites and community	Improve overall ED 4hr compliance to at least 74% end Q1	Improve overall ED 4hr compliance to at least 78% end Q2	Improve overall ED 4hr compliance to at least 80% end Q3	Improve overall ED 4hr compliance to at least 80% end Q4	Workforce - Engagement and capacity to deliver escalation actions	Site huddle, incident room set up supported by whole system engagement.	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Continuous flow moves to support timely placing of admitted patients.	Reduce LOS in ED (daily average) = 27 patients Reduce 12 hour breaches = 25	Reduce LOS in ED (daily average) = 24 patients Reduce 12 hour breaches = 23	Reduce LOS in ED (daily average) = 20 patients Reduce 12 hour breaches = 15	Reduce LOS in ED (daily average) = 17 patients Reduce 12 hour breaches = 10	Bed occupancy and actions to create capacity via moves to the lounge and reverse-boarding of patients for discharge. Reduction in delayed discharges to support reduction in bed occupancy across all 3 HSCPs	Site huddle and whole site responsibility.	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Redirection of self presenters in ED	Develop redirection model and pathways for both sites to reduce self presentations Pharmacy First, GP, NHS 24, dental, etc	Scope and agree pathways and model	Go live	Monitor uptake of redirection	Monitor uptake of redirection	Skillmix, training and buy in from staff	ED Performance	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	POCT testing for Covid & Flu	Commission POCT for Covid & Flu to support seasonal demand to support flow from ED to assessment areas, and base wards inc ompliance with national infection control guidelines	Scope costs and BC	Approval to procure	Implement in Q3	Embedded in flow	Restricted flow with all patients having to reside in ED and CAU when numbers of covid and flu patients increase. This is an essential diagnostic process for ED and Initial Assessment to support safe patient moves to avoid outbreaks	Support flow out of ED through immediate POCT testing within the ED footprint	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	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, SAS conveyances, LOS in department DTAs, etc	Scope costs and BC if needed to build on TRAKCARE and agree go live	Go live	Go live	Go live	Site wide response to support OPEL levels. This is essential to support performance, quality and safety over 7 days a week	ED Performance, bed management and duty management	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	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 USC and continuous flow	Scope costs and BC if needed to build on TRAKCARE and agree go live	Go live	Go live	Go live	Site wide response to support OPEL levels. This is essential to support performance, quality and safety over 7 days a week	ED Performance, bed management and duty management	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Improve Ambulance handover times and hours lost (Target to be confirmed once data is available)	Proactive planning by emergency department and bed management team to support ambulance activity in community through continuous flow.	Reduce handover times SAS turnaround times 62%	Reduce handover times SAS turnaround times 66%	Reduce handover times SAS turnaround times 70%	Reduce handover times SAS turnaround times 72%	Bed occupancy and actions to create capacity via moves to the lounge and reverse-boarding of patients for discharged	Site huddle and whole site responsibility.	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Embedding of ambulance escalation process and joint responsibility for handovers and Scottish Ambulance Service responsibility for timely pin off	Reduce handover times SAS turnaround times 62%	Reduce handover times SAS turnaround times 66%	Reduce handover times SAS turnaround times 70%	Reduce handover times SAS turnaround times 72%	Bed occupancy and actions to create capacity via moves to the lounge and reverse-boarding of patients for discharged	Site huddle and whole site responsibility.	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Reduce SAS conveyances (6% reduction target for March 2026)	Scope alternative pathways to support patient centric care at home ie, palliative care pathway, Homefirst pathway,	2% conveyance reduction	4% conveyance reduction	5% conveyance reduction	6% conveyance reduction	Potential challenge with community service resource and provision. Subject to SAS agreement	To be outlined through systemwide pathway mapping and negotiation	Unscheduled Care
Delivery Plan / Operational Improvement	Unscheduled Care	Reduce delayed discharges (% reduction to be confirmed)	SAFER implementation on both sites	<65 delayed discharges across both sites	<65 delayed discharges across both sites	<65 delayed discharges across both sites	<65 delayed discharges across both sites	Workforce and financial challenges limiting discharges	Monitoring through USC Performance and Flow Board, divisional LOS reviews, and executive meetings	Unscheduled Care
Delivery Plan / Operational Improvement	Unscheduled Care		Weekly MDT whole system LLOS reviews and CTR meetings at both sites led by site clinical leaders	<65 delayed discharges across both sites	<65 delayed discharges across both sites	<65 delayed discharges across both sites	<65 delayed discharges across both sites	Workforce and financial challenges limiting discharges	Monitoring through USC Performance and Flow Board, divisional LOS reviews, and executive meetings	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Reduce delays to inpatient investigations/diagnostics	Escalation process to optimise discharge and discharge planning	Escalation process to optimise discharge and discharge planning	Escalation process to optimise discharge and discharge planning	Escalation process to optimise discharge and discharge planning	Workforce and financial challenges limiting discharges	Site huddles and escalation process	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Deliver direct access to specialist Frailty teams in Emergency Department	Identification of frail patients with pull model, supported by daily board rounds to support reduction in time frail people spend in hospitals	Same day discharges 30%	Same day discharges 35%	Same day discharges 43%	Same day discharges 50%	Workforce and financial challenges limiting discharges	Monitoring through USC Performance and Flow Board, divisional LOS reviews, and executive meetings	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Utilising technology in social care to support remote monitoring 24/7 and standalone remote monitoring by families/carers	to be confirmed	to be confirmed	to be confirmed	to be confirmed	Workforce and financial challenges limiting discharges	To be outlined through systemwide pathway mapping and negotiation	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Delivery of additional preventative and homefirst (discharge to assess) services, utilising staff across boundaries and performance	Detail to be scoped and agreed with DWD team through Needs Assessment	to be confirmed	10% reduction in geriatric LOS and 10% reduction in acute hospital LOS	20% reduction in geriatric LOS and 20% reduction in acute hospital LOS	Workforce and financial challenges limiting discharges	To be outlined through systemwide pathway mapping and negotiation	Unscheduled Care
Delivery Plan / Operational Improvement	Unscheduled Care		Develop and deliver 7 day frailty service with AHP and MDT support	Agree funding recruitment to deliver 7 day MDT resource	Mobilise 7 day service with integrated communty frailty	Increase same day discharges to 50%	Same day discharges to 55%	Workforce and financial challenges limiting discharges	To be outlined through systemwide pathway mapping and negotiation	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Expansion of SDEC/RAC to support 7 day service provision	Develop and deliver 7 day SDEC service to support ED and CAU over the weekends to support admission avoidance and care in the community	Agree scope and funding to deliver 7 dayservice	Mobilise 7 day service	Evaluation and monitoring against 7 day activity and breach avoidance for ambulant patients	Evaluation and monitoring against 7 day activity and breach avoidance for ambulant patients	High occupancy and reduced admission avoidance to support decompressing of ED	Monitoring through USC Performance and Flow Board, divisional LOS reviews, and executive meetings	Unscheduled Care

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Improve productivity of CAU to focus on admission avoidance and reduce LOS on CAU for all patients to optimise and support ED activity	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	CAU LOS <72 hours = 58%	CAU LOS <72 hours = 64%	CAU LOS <72 hours = 68%	CAU LOS <72 hours = 68%	High occupancy and reduced admission avoidance to support decompressing of ED	Monitoring through USC Performance and Flow Board, divisional LOS reviews, and executive meetings	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Reduce bed occupancy and median LOS (to be confirmed)	Medical workforce review to drive 5 day board rounds to optimise discharges and reduce bed occupancy	Detail to be scoped and agreed commencing with 3 day consultant led morning board arounds	Go live	Go live	Review and scope 5 day consultant led board rounds to optimise discharges	Job planning, potential financial and recruitment challenge	Financial controls through Divisional Triumviratesand monitoring through USC Performance and Flow Board	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Median LOS targets to be agreed across all divisions and speciality areas to reduce occupancy. Development of dashboard to support monitoring of targets set.	Detail to be scoped and agreed with DWD team through Needs Assessment	to be confirmed	10% reduction in geriatric LOS and 10% reduction in acute hospital LOS	20% reduction in geriatric LOS and 20% reduction in acute hospital LOS	Potential financial and recruitment challenge, delayed discharges over weekends from HSCPs	Financial controls through Divisional Triumviratesand monitoring through USC Performance and Flow Board	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Reduce clinical variation through Discharge without Delay Principles	Detail to be scoped by Board and Partnerships through DWD programme	to be confirmed	10% reduction in geriatric LOS and 10% reduction in acute hospital LOS	20% reduction in geriatric LOS and 20% reduction in acute hospital LOS	Potential financial and recruitment challenge, delayed discharges over weekends from HSCPs	Financial controls through Divisional Triumviratesand monitoring through USC Performance and Flow Board	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care		Weekend discharges and discharge planning to support admissions over weekends across Medicine, Surgery and Orthopaedics	Reduce occupancy to 120% at each site	Reduce occupancy to 107% at each site	Reduce occupancy to 100% at each site	Reduce occupancy to 115% at each site	Potential financial and recruitment challenge, delayed discharges over weekends from HSCPs	Financial controls through Divisional Triumviratesand monitoring through USC Performance and Flow Board	Unscheduled Care
Delivery Plan / Operational Improvement Plan	Planned Care	Address Long Outpatient waiting times working towards target of no patients >52wks by March 2026	**Increase Productivity and Efficiency :** - Reduce demand through expansion of ACRT & PIR - Reduce wasted capacity by reducing DNAs - Reduce variation through introduction of new pathway for Benign Skin lesions in line with NHS Scotland Exceptional Referral Protocol - Support the effective use of medical staff resources by embedding Allocate Job Planning process, and exploring opportunities to link to reporting on actual activity - Implement specialty specific redesign plans including fully embedding Diabetes & Endocrinology Redesign	WL Size =-55048 >52 wks = 9434	WL Size = 52239 >52 wks = 7321	WL Size = 47700 >52 wks = 5253	WL Size = 42436 >52 wks = 3713	Clinical Engagement and adherence Funding and workforce capacity to progress digital solutions to benefit DNAs Potential loss of capacity through job planning process	Involvement of teams in CfSD SDGs Share learning from local or national teams	Planned Care
Delivery Plan / Operational Improvement Plan	Planned Care		**Optimise opportunities for regional working and mutual aid :** - Dermatology :Progress/scale up NECU Image capture and triage initiative - Minor Ops / Skin lesions : deliver backlog reduction through mutual aid with NHSFV - Diabetes & Endocrinology : deliver increased capacity and sustainability through agreeing and implementing SLA with NHSFV - Respiratory Sleep Pathway : deliver increased capacity and sustainability through agreeing and implementing SLA with NHSGGC	As above	As above	As above	As above	Workforce availability	SLWG established to support NECU Image Capture	Planned Care
Delivery Plan / Operational Improvement Plan	Planned Care		**Deliver supplemental short term capacity in line with the agreed Planned Care planning template and additional Scottish Government funding :** - Procure and implement Insourcing contracts for Ophthalmology, Gastroenterology, Respiratory, Dermatology - Deliver additional waiting list initiative activity in line with local plan	As above	As above	As above	As above	Available access funding Capacity limitations with providers Workforce availability	Annual delivery planning process Planned Care Programme Board to oversee and coordinate	Planned Care
Delivery Plan / Operational Improvement Plan	Planned Care		**Implement Digital Solutions :** - Dermatology : Implement CfSD ANIA Digital Dermatology - Ophthalmology : Implement Open Eyes to enable introduction of community glaucoma scheme and release capacity within the acute service	Derm - April 2025 Ophth - Summer 2025				GP engagement eHealth workforce capacity		Planned Care

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan / Operational Improvement Plan	Planned Care	Address Long Inpatient/Daycase waiting times working towards target of no patients >52wks by March 2026	**Increase Productivity and Efficiency :** - Optimise theatre utilisation through robust management and monitoring processes - Further develop measurement of theatre fallow time - Deliver additional operating capacity through engagement of additional theatre nursing staff both through recruitment and insourcing from independent sector - Progress and use DCAQ analysis to inform longer term investment in workforce - Improve productivity through further expansion of CfSD/National Plan initiatives : minimum number cataract lists, orthopaedics 4 joint lists	WL Size = 7791 >52 wks = 1285	WL Size = 7339 >52 wks = 983	WL Size =-6871 >52 wks = 793	WL Size = 6554 >52 wks = 631	Difficulty recruiting Clinical engagement Reluctance to change	Regular theatre governance meetings Share learning from national teams Involvement in CfSD SDG	Planned Care
Delivery Plan / Operational Improvement Plan	Planned Care		**Deliver supplemental short term capacity in line with the agreed Planned Care planning template and additional Scottish Government funding :** - deliver additional WLI and insourcing capacity in line with local plan	As above	As above	As above	As above	Available access funding Workforce availability		Planned Care
Delivery Plan / Operational Improvement	Planned Care		**Implement Digital Solutions :** - Implement the Theatre Scheduling tool	Awaiting further National guidance				eHealth capacity to support Staff availability for training	Oversight of Acute Digital Group	Planned Care
Delivery Plan / Operational Improvement Plan	Planned Care	Reduce waiting times for Medical Imaging Investigations working towards maximum 6 week wait	**Increase Productivity and Efficiency :** - Explore potential to increase patient throughput in MRI, by application of acceleration techniques - fully embedd 2 newly trained ultrasonographers, and commence training of 2 additional sonographers - Implement extended MRI scanning days at UHA in line with SG funded National Plan - Optimise use of mobile MRI scanners including commissionsing of a second mobile MRI scanner for 6 months in line with National Plan	WL Size = 5778 >6 wks =-819	WL Size = 4699 >6 wks = 681	WL Size = 3370 >6 wks = 519	WL Size = 2041 >6 wks = 355	Available funding Development / availability of acceleration software for particular MRI models in situ Delays in procurement Workforce availability	National Plan for Radiology	Planned Care
Delivery Plan / Operational Improvement Plan	Planned Care		**Deliver supplemental short term capacity :** - Commission mobile MRI scanner for a further 12 months					Available funding Availability of mobile scanners Delays in procurement	Linkage with NSS	Planned Care
Delivery Plan	Planned Care	Reduce waiting times for Endoscopy working towards maximum 6 week wait	**Increase Productivity and Efficiency :** - Fully embed primary care based qFiT - Finalise plan for implementation of double qFiT - Explore options to mitigate loss of recovery capacity at UHC	WL Size = 2082 >6 wks = 1236	WL Size = 1737 >6 wks = 1029	WL Size = 1392 >6 wks = 821	WL Size = 1047 >6 wks = 613	Clinical engagement (GP and Consultant) Reluctance to change	Continue with local team interpreting results Continue with single qFit	Planned Care
Delivery Plan	Planned Care		**Optimise opportunities for regional working and mutual aid :** - reduce waiting lists through utilisation of assigned GJNH capacity							Planned Care
Delivery Plan	Planned Care		**Implement Digital Solutions :** - Implement national Endoscopy Reporting System	Awaiting further National guidance				eHealth capacity to support National delays Ongoing costs		Planned Care
Delivery Plan / Operational Improvement Plan	Unscheduled Care	Increase Hospital @ Home beds by December 2026	Additional funding has been identified, however, this does not align to our aspirations for the service, nor will it deliver our share of the 2000 beds. Alternative funding streams are being scoped including an ask to the next board around filling any gap in USC through spend to save.							Unscheduled Care

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan / Operational Improvement Plan	Primary Care	Access to GPs and other primary and community care clinicians: increase the capacity in general practice and make GP services more consistent across Scotland	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 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.							
			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:- - Expansion/development of the CTAC resilience model and Pharmacy Support Worker team - Continuation and further development of the Primary Care Practice Educator role - Audit of demand and activity to capture reliable, ongoing data around CTAC activity at both GP practice and HSCP level - Undertake a review of the CTAC skill mix and practice allocation and define roles in both CTAC and Pharmacotherapy - Ensure standardised processes - Expansion of pharmacy hub - Test of concept/impact - Advanced Pharmacist Practitioner - Evaluate impact of a preceptorship programme 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:- - Ongoing review of Service models and staff to maximise available resource to ensure equitable access and where possible resource in every GP Practice							
Operational Improvement Plan	Primary Care	Dentistry: deliver a 7% increase in student numbers from September 2025	Further scoping work requires to be carried out to accommodate an increase to dental student placements. This would involve infrastructure development to existing facility or new facilities found.							
Operational Improvement Plan	Primary Care Pharmacy	Pharmacy: expand Pharmacy First Service	To expand the Pharmacy First Service to allow community pharmacists to treat more clinical conditions via PGD reducing the need for GP visits							
Operational Improvement Plan	Primary Care	Eyecare: deliver a new acute anterior eye condition service during 2025	Roll out of the new specialist supplementary eye examination within GOS to manage patients with 10 specific acute anterior eye conditions by IP Optometrists.							
Operational Improvement Plan	Unscheduled Care	Adopt new innovations: Before the end of 2025-26, start using genetic testing for recent stroke patients								
Operational Improvement Plan	Women and Children	Adopt new innovations: Before the end of 2025-26, start using genetic testing for newborn babies with bacterial infections								

Plan	Service Area	Aim / Objective	Improvement Actions	Q1 Milestone	Q2 Milestone	Q3 Milestone	Q4 Milestone	Risks and Issues - Description	Controls	Service Lead
Delivery Plan / Operational Improvement Plan	Public Health	Adopt new innovations: Support people newly diagnosed with type 2 diabetes over the next three years	Diabetes Prevention and Adult Weight Management Services work to support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease: •Provision of care for women at risk of gestational diabetes (GDM) post-natally; •Provision of early intervention and support for those at high risk of type 2 diabetes; •Provision of person-centred weight management support for those with a high BMI; and •Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes.							
Operational Improvement Plan	Digital	A new online app for health and social care: roll this out from December 2025, starting in Lanarkshire	Participate in the roll out of a health and social care app – a 'Digital Front Door' – that will enable people to interact more effectively with health and social care services.							

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NHS Territorial Board Chief Executives

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8 July 2025

Dear Chief Executives

NHS BOARD DELIVERY PLANS 2025/26

Thank you for submitting your NHS Board Delivery Plan 2025/26 and to you and your teams for the considerable work involved.

I wanted to allow for the publication of our Health and Social Care Reform Frameworks before formally responding. The three Frameworks are: the Service Renewal Framework (SRF), Population Health Framework (PHF) and Operational Improvement Plan (OIP), and NHS Board Delivery Plans have been considered within this evolving context. NHS Board Delivery Plans remain a valuable tool for supporting local planning and aligning with a broad range of national priorities. They serve as both a clear direction of travel and a dynamic framework that can adapt to changing circumstances.

In that context, I can confirm that I am content to approve your Delivery Plan as a robust foundation for 2025/26. I understand that many of you have already secured local Board approval in line with local governance arrangements. For those yet to do so, this letter confirms formal approval and support for you to proceed with this when ready.

For the remainder of this year, the focus of our assurance will be on delivery of the Operational Improvement Plan. In parallel, I look forward to working with you and your teams on the implementation plans for reform as set out in the SRF and PHF.

Feedback on individual Board Plans has been shared with your respective Directors of Planning, for local reflection only. Any follow-up will be through existing topic-specific engagement (e.g. Planned Care), rather than on Delivery Plans as a whole.

Thank you again for your continued leadership and commitment. I look forward to continuing to work with you on delivering sustainable, efficient, high quality, and accessible services to the people of Scotland.

Yours sincerely

Christine McLaughlin
Chief Operating Officer NHS Scotland