

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 6 October 2025
Title:	Performance Report
Responsible Director:	Kirstin Dickson
Report Author(s):	Performance, Information and Insights Team, and Planning and Commissioning Team, Directorate of Transformation and Sustainability

1. Purpose

This is presented to NHS Board members for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

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

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

The core Performance Report, **Appendix 1**, focuses on the following service areas:

- New Outpatients and Inpatients/Day Cases Waiting Times;
- Radiology/Imaging, Endoscopy and Cancer Waiting Times;
- Musculoskeletal Waiting Times;
- Mental Health Waiting Times
 - CAMHS;
 - Psychological Therapies; and
 - Drug and Alcohol Treatment.
- Urgent Care Performance;

- Unscheduled Care Performance;
- Delayed Discharges; and
- Workforce Sickness Absence.

The Delivery Plan now incorporates the additional priorities from the Operational Improvement Plan and these will be included in the NHS Board paper moving forward.

2.2 Background

The final draft Delivery Plan for 2025/26 was submitted to Scottish Government (SG) on 25 June 2025 and approval received on 8 July 2025. The Delivery Plan includes the key priority improvement actions linked to a suite of Delivery Framework Indicators with associated performance trajectories.

On 31 March 2025 the Operational Improvement Plan was published and moving forward these additional priorities will be included as part of, and referred to, as the Delivery Plan.

2.3 Assessment

The latest monthly performance data within this report is mainly for the period up to August 2025 although for some measures only July 2025 data is available.

Executive Performance Summary

New Outpatients

- Performance against the 12-week 95% National target/standard for New Outpatients has decreased from 36.7% in July 2025 to 35.4% in August. NHS Ayrshire & Arran continues to report lower levels of compliance compared to the Scottish average although published data from Public Health Scotland is only available up to June 2025.
- The overall total number of patients waiting has shown an improving trend, from 57,129 in July 2025 to 56,858 in August 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 52,170 waiting.
- The number waiting over 52 weeks shows a decreasing trend from 10,559 in July 2025 to 10,275 in August 2025. Although an improving position, this exceeds, and fails to meet, the delivery plan trajectory of fewer than 6,863 waiting.

Inpatients/Day Cases

- Compliance against the 12-week 100% National target/standard for Inpatients/Day Cases (completed waits) has shown a slight increase from 55.9% in July 2025 to 57.0% in August 2025. NHS Ayrshire & Arran reports lower levels of compliance compared to the Scottish average although published data from Public Health Scotland is only available up to June 2025.
- The overall total number of patients waiting continues to show an increasing trend, from 7,958 in July 2025 to 8,063 in August 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 7,434 waiting.
- The number waiting over 52 weeks for inpatient/Day Case treatment has however stabilised with 1,701 in July 2025 and 1,702 in August 2025. This failed to meet the Delivery Plan trajectory of fewer than 1,057 waiting.

Radiology/Imaging

- Performance against the 6-week National target/standard of 100% for Imaging continues to show a decreasing trend, from 58.8% in June 2025 to 57.9% in July 2025. NHS Ayrshire & Arran continues to report higher levels of compliance compared to the Scottish average although published data from Public Health Scotland is only available up to June 2025.
- The overall waiting list for Imaging continues to increase from 7,133 in June 2025 to 8,188 in July 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 4,737 patients waiting.
- The number waiting over 6 weeks for Imaging has increased from 2,940 in June 2025 to 3,451 in July 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 789 waits.

Endoscopy

- Compliance against the 6-week National target/standard for Endoscopy continues to show a decreasing trend, from 40.7% in June 2025 to 37.3% in July 2025. The latest published national benchmarking data in June 2025 indicates NHS Ayrshire & Arran was reporting higher levels of compliance compared to the Scottish average.
- The overall waiting list for Endoscopy has decreased from 2,505 in June 2025 to 2,402 in July 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 1,967 patients waiting.
- The number waiting over 6 weeks for Endoscopy continues to show an increasing trend from 1,486 in June 2025 to 1,505 in July 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 1,168 waits.

Cancer

- Performance against the 62-day 95% Cancer target/standard has shown improvement, from 50.5% in June 2025 to 53.3% in July 2025. This remains lower than, and fails to meet, the Delivery Plan trajectory of 80.5%.
- The latest national published quarterly benchmarking data which provides data up to March 2025 indicated that NHS Ayrshire & Arran was reporting higher levels of compliance compared to the Scottish average at that time. However, Heatmap performance for NHS Scotland suggests that NHS Scotland compliance was 70.8% in July 2025 compared with NHS Ayrshire and Arran at 53.3%, therefore showing lower levels of compliance than Scotland.
- Performance against the 31-day 95% Cancer target/standard has increased from 97.5% in June 2025 to 98.2% in July 2025. This is higher than and meets the Delivery Plan trajectory of 98%.
- The latest national published quarterly benchmarking data up to March 2025 indicated that NHS Ayrshire & Arran was reporting higher levels of compliance compared to the Scottish average at that time. Heatmap performance for NHS Scotland suggests that NHS Scotland compliance was 95.5% in July 2025 compared with NHS Ayrshire and Arran at 98.2%, confirming higher levels of compliance than Scotland.

Musculoskeletal

- Compliance in relation to the National 4-week target for Musculoskeletal (MSK) waiting times for ongoing waits has decreased further, from 36.5% in July 2025 to 34.3% in August 2025. This remains lower than, and fails to meet, the Delivery Plan trajectory of 40%.

- The latest published national benchmarking data for March 2025 indicated that compliance remained lower than the national average at that time.
- Occupational Therapy (41.0%) was the only profession that met and exceeded the 40% Delivery Plan trajectory in August 2025. Orthotics (16.2%), Podiatry (36.0%) and Physiotherapy (37.2%) were all lower than, and failed to meet the Delivery plan trajectory.

Mental Health

- In July 2025, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) continued to achieve 100.0%, exceeding the National target/standard and meeting the Delivery Plan trajectory of 90%. The latest published national benchmarking data for June 2025 indicated that compliance remained higher than the national average at that time.
- Performance for Psychological Therapy (PT) waiting times has increased from 88.8% in June 2025 to 92.0% in July 2025. The latest published national benchmarking data for June 2025 indicated that compliance remained higher than the national average at that time.
- Drug and Alcohol Treatment services continue to exceed the 3-week National target/standard and Delivery Plan trajectory of 90% in July 2025, with compliance in 97.7%. The 6-week Delivery Plan trajectory of 100% continues to be met, with compliance having consistently achieved 100.0%. The latest published national benchmarking data for June 2025 indicated that compliance remained higher than the national average.

Urgent Care

- In August 2025, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,579 contacts including patients navigating through the various pathways. 88% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During August 2025, 266 Call before Convey calls were received by AUCS with only 17 (6%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 249 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In August 2025, there were 734 calls from Care Homes into the AUCS service with only 8% (59) of these patients requiring to attend an acute hospital. Therefore, 675 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 188 patients were navigated through the Emergency Services Mental Health pathway in August 2025. This pathway provides Police Scotland and SAS with an alternative pathway to access community mental health services for those patients in need of urgent Mental Health intervention. These patients would have otherwise been conveyed to the EDs and may have experienced lengthy waits to access care of a mental health professional. This pathway provides direct access to the mental health team for these patients.
- Rapid Respiratory Response (RRR) within the Virtual Capacity Programme is a community-based service which supports individuals with exacerbations of COPD to remain at home whenever possible avoiding the need for front door attendance. So far over 1,200 patients have accessed the RRR service, some of who have engaged with the service on a number of occasions. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort; so far this has benefited over 230 patients. The service has now

expanded to include 31 GP practices and covers 76% of all COPD patients residing in Ayrshire & Arran.

- The Urgent Care/General Practice Test of Change provides the opportunity for support to be provided by AUCS clinicians when patients contact their GP Practices between 3pm and 6pm with an urgent clinical need who require a home visit as triaged by the GP Practice. If assessed as clinically appropriate, they are visited by an AUCS clinician. This Test of Change now includes all 51 mainland GP practices with referrals increasing for home visits for patients in these practices; in the month of August 2025 there were 101 referrals with 22 of these being referred onwards to hospital.

Unscheduled Care:

- Numbers of attendances at the Emergency Departments (EDs) have increased by 1.9% in the past year (September 2024 – August 2025) when compared to the same period of the previous year. This equates to an additional 1,727 attendances overall across both ED sites.
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) was 63.6% in August 2025; an increase from the 61.2% recorded in July 2025 and lower than the 66.4% recorded at the same time the previous year (August 2024). The latest national benchmarking data indicates that ED 4-Hour compliance in July 2025 remained lower than the national average.
- ED 4-Hour performance for unscheduled attendances in August 2025 failed to meet the Delivery Plan trajectory of 76.6%.
- Average length of stay in ED for all attendances reduced from 5h 30m 22s in July 2025, to 5h 05m 19s in August 2025. However, this failed to meet the Delivery Plan Trajectory of 4h 26m 00s.
- Average length of stay in ED for overnight arrivals (8pm-8am) resulting in admission reduced to 697 minutes in August 2025 against a Delivery Plan trajectory of 608 minutes or less, and for daytime arrivals (8am-8pm) resulting in admission was 671 minutes in August 2025 against a trajectory of 638 minutes or less.
- On average, 26 patients per day waited over 12 hours to be discharged, admitted, or transferred from EDs in August 2025. This was a decrease from the previous month. However this did not meet the Delivery Plan trajectory of 24 or fewer per day by August 2025.
- In August 2025, the proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes increased to 62.7%, though failed to meet the Delivery Plan trajectory of 64.6%.
- On average there were 58 patients per day conveyed by SAS to ED in August 2025 marginally failing to meet the Delivery Plan trajectory of 55 per day or fewer by August 2025.
- In August 2025, the proportion of arrivals to Acute Frailty Units who were discharged the same day increased to 14.3%, up from 13.1% in July 2025, though failing to meet the Delivery Plan trajectory of 33.0%.
- The proportion of admissions to Combined Assessment Units (CAU) who were discharged or transferred to an acute ward within 72 hours of arrival was 87.8% in August 2025, the highest figure recorded over the past 16 months, although failing to meet the trajectory target of 100.0%.
- Occupancy levels in the acute hospital sites decreased to 121.6% at the end of August 2025, failing to meet the Delivery Plan reduction trajectory of under 111.4%.

- Average length of stay for Emergency inpatients reduced from 8.5 days by July 2025 to 7.9 days in August, though failing to meet the Delivery Plan trajectory of 7.4 days or less.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay reduced significantly between April 2025 and May 2025, falling from 229 to 174, the lowest figure recorded over the past year. However, the figure for August 2025 was 184 patients, failing to meet the Delivery Plan trajectory of 165 or fewer.
- Numbers of new admissions to the Hospital at Home service increased to a peak of 91 in July 2024, reducing steadily thereafter down to 69 by August 2025. Similarly, the numbers of active patients in the service increased to a peak of 99 in May 2024, reducing thereafter to 78 patients by August 2025. Meanwhile, total numbers of acute hospital bed days avoided as a result of the Hospital at Home service have varied over the past year, reaching a high of 543 bed days in June 2024 and a low of 356 bed days in February 2025, with 488 bed days avoided in August 2025.

Delayed Discharges

- Total numbers of delayed discharges have been steadily increasing each month over the past year, reaching 253 at the July 2025 census point. Most delays recorded in July 2025 were within North Ayrshire HSCPs (116 delays, 45.8%), followed by 87 in South Ayrshire HSCP (34.4%). There were 50 delays reported in East Ayrshire HSCP (19.8%). Compared to the census for the same period in 2024 (July 2024), North Ayrshire HSCP reported higher delay numbers whilst South Ayrshire numbers were lower.
- Numbers of occupied bed days due to a delay have reached a high of 7,885 in July 2025, significantly higher than the same period last year (5,710 in July 2024). Compared to the same period last year, occupied bed days due to delay have increased in East Ayrshire HSCP, up from 942 in July 2024 to 1,275 in July 2025 (+35.4%) and increased in South Ayrshire HSCP from 2,776 to 2,883 (+3.9%). The greatest proportion of beds days due to a delay continue to be from North Ayrshire HSCP, increasing from 1,992 in July 2024 to 3,727 (+87.1%) in July 2025.
- The national target is for zero non-complex delays over 2 weeks, however in July 2025 there were 99 such delays across NHS Ayrshire & Arran, the highest figure recorded since 104 in July 2023, with 52 of these (52.5%) from North Ayrshire HSCP and 47 (47.5%) from South Ayrshire HSCP. There were no delays over 2 weeks recorded from East Ayrshire HSCP for the ninth consecutive month.
- Through the Delivery Plan, each HSCP has set improvement trajectories around the daily average numbers of occupied beds due to a delayed discharge and the total number of delays at the month end census point.
 - In East Ayrshire HSCP, there were an average of 42 beds occupied per day due to a delay in July 2025, failing to meet their trajectory of 29 or fewer for the month. There were 50 delays at the month end census point, also failing to meet their trajectory of 34 or fewer.
 - In North Ayrshire HSCP, there were an average of 123 beds occupied per day due to delay in July 2025, failing to meet their trajectory of 89 or fewer. There were 116 delays at the month end census point, also failing to meet the trajectory of 89 or fewer.
 - In South Ayrshire HSCP, there were 95 beds occupied on average per day due to delay in July 2025, failing to meet the trajectory target of 92 or fewer. There were 87 delays at the month end census point, failing to meet the trajectory of 80 or fewer.

Workforce Sickness Absence

- In July 2025, sickness absence rates were recorded at 5.74% (short term: 1.85%, long term: 3.89%).

2.3.1 Quality/patient care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk assessment/management

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

2.3.5 Equality and diversity, including health inequalities

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

2.3.6 Other impacts

- Best value

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

- Compliance with Corporate Objectives

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

- Local outcomes improvement plans (LOIPs)

The achievement of the targets provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local

LOIPs. The achievement of the patients awaiting discharge targets will have a positive contribution towards the Outcomes for Older People priority.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the meeting

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

The content of this paper has also been considered by CMT and by the Performance Governance Committee at their meeting on 26th September 2025.

3. Recommendation

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

4. List of appendices

Appendix 1 – Performance Report

Appendix 1

Performance Report

Planned Care

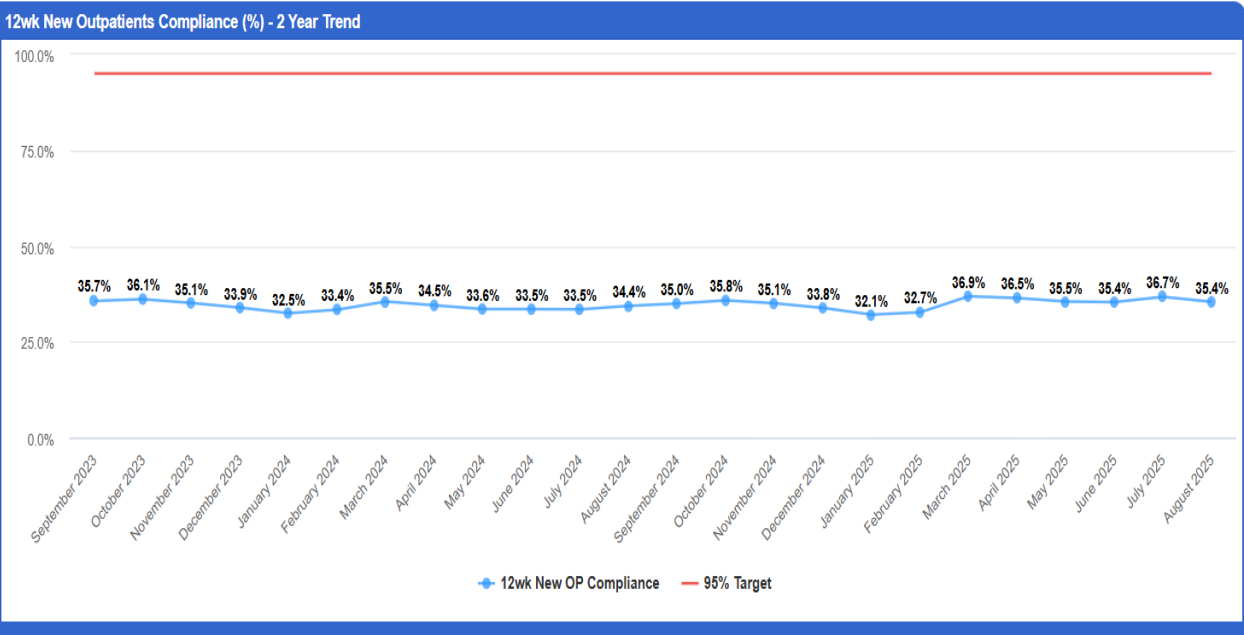
New Outpatients – National 12 Week Standard/Target

12wk New Outpatient 95% Target

August 2025 result

35.4%

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



Worst Performing PIs				
Title	Value	Target	Last Update	History
Neurology New OP Compliance - Max 12wks from Referral (95%)	23.0%	95.0%	August 2025	
Oral & Maxillofacial Surgery New OP Compliance - Max 12wks from Referral (95%)	23.5%	95.0%	August 2025	
Plastic Surgery New OP Compliance - Max 12wks from Referral (95%)	28.1%	95.0%	August 2025	
ENT New OP Compliance - Max 12wks from Referral (95%)	28.6%	95.0%	August 2025	
Dermatology New OP Compliance - Max 12wks from Referral (95%)	28.7%	95.0%	August 2025	
Diabetes & Endocrinology New OP Compliance - Max 12wks from Referral (95%)	30.1%	95.0%	August 2025	
Ophthalmology New OP Compliance - Max 12wks from Referral (95%)	30.5%	95.0%	August 2025	
General Medicine New OP Compliance - Max 12wks from Referral (95%)	32.9%	95.0%	August 2025	
Gastroenterology New OP Compliance - Max 12wks from Referral (95%)	33.5%	95.0%	August 2025	
General Surgery (inc Vasc) New OP Compliance - Max 12wks from Referral (95%)	34.1%	95.0%	August 2025	
Rheumatology New OP Compliance - Max 12wks from Referral (95%)	34.6%	95.0%	August 2025	
Orthodontics New OP Compliance - Max 12wks from Referral (95%)	35.1%	95.0%	August 2025	
Respiratory Medicine New OP Compliance - Max 12wks from Referral (95%)	36.0%	95.0%	August 2025	
Anaesthetics New OP Compliance - Max 12wks from Referral (95%)	38.4%	95.0%	August 2025	
Gynaecology New OP Compliance - Max 12wks from Referral (95%)	40.4%	95.0%	August 2025	
Cardiology New OP Compliance - Max 12wks from Referral (95%)	47.7%	95.0%	August 2025	
Trauma & Orthopaedics New OP Compliance - Max 12wks from Referral (95%)	53.8%	95.0%	August 2025	
OTHER New OP Compliance - Max 12wks from Referral (95%)	54.4%	95.0%	August 2025	
Urology New OP Compliance - Max 12wks from Referral (95%)	56.9%	95.0%	August 2025	

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

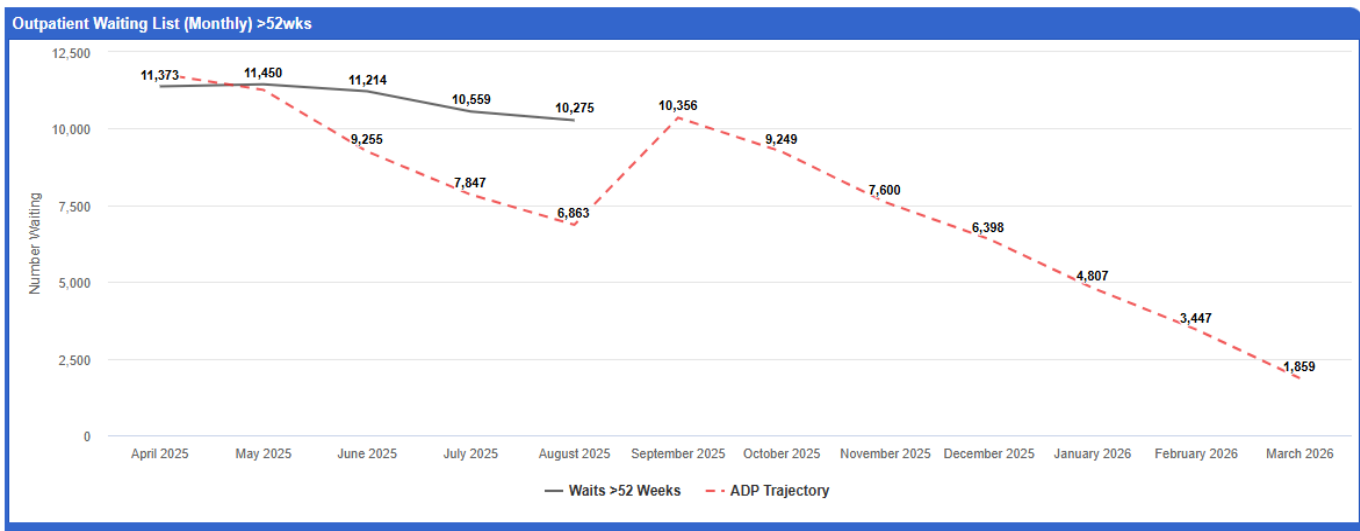
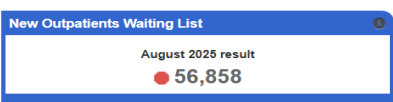
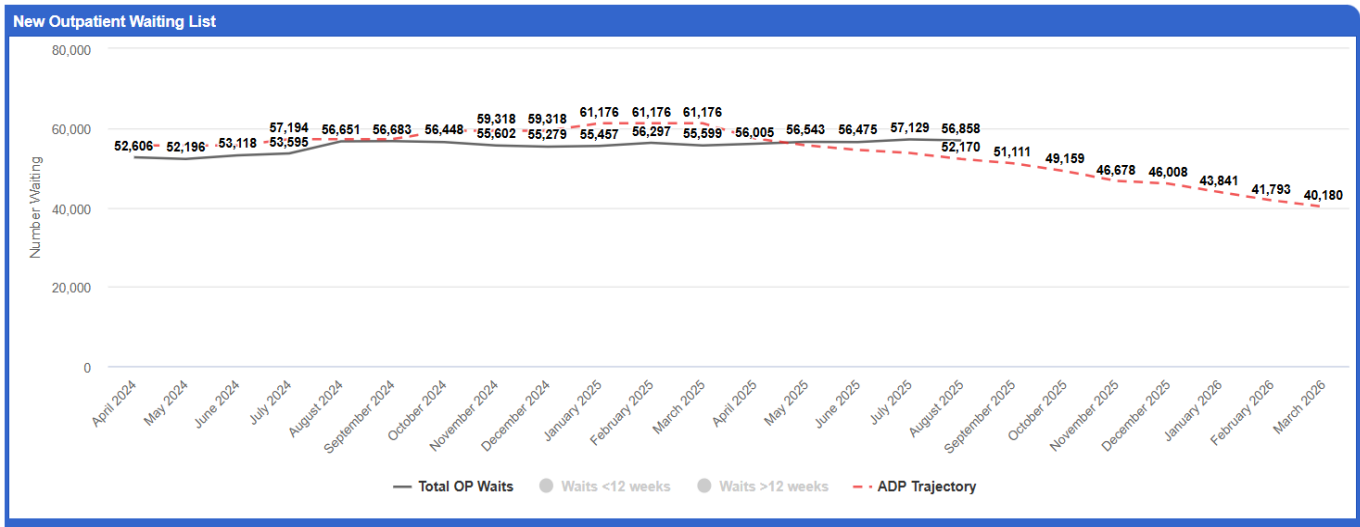
	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
NHS A&A	33.5%	33.5%	34.4%	35.0%	35.8%	35.1%	33.8%	32.1%	32.7%	36.1%	35.9%	34.7%	34.0%
Scotland	40.6%	38.6%	38.6%	38.6%	39.3%	39.2%	38.0%	37.0%	37.7%	41.3%	41.0%	40.4%	40.5%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 28th October 2025

New Outpatients – Delivery Plan Trajectories 2025/26

By August 2025:

- The total number of patients waiting for a New Outpatient appointment is below 52,170
- The total number of patients waiting for a New Outpatient appointment >52 weeks is below 6,863



Delivery Plan Improvement Actions – New Outpatients

Delivery Summary	Improvement Actions
<p>Address Long Outpatient waiting times, working towards national target of no patients >52wks by March 2026</p>	<p>A monthly improvement trajectory is set out in the Planned Care Planning template which delivers a revised maximum 1528 NOP (previous 3713) patients waiting over 52 weeks at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none"> • Reduce demand through expansion of Active Clinical Referral Treatment & Patient Initiated Review. • Reduce wasted capacity by reducing did not attends (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. <p>Optimise opportunities for regional working and mutual aid:</p> <ul style="list-style-type: none"> • Dermatology: Progress/scale up National Elective Coordination Unit Image capture and triage initiative. • Minor Ops / Skin lesions: deliver backlog reduction through mutual aid with NHS Forth Valley. • Diabetes & Endocrinology: deliver increased capacity and sustainability through agreeing and implementing Service Level Agreements (SLA) with NHS Forth Valley. • Respiratory Sleep Pathway: deliver increased capacity and sustainability through agreeing and implementing SLA with NHS Greater Glasgow & Clyde – SLA with NHSGGC is not feasible, NHSAA to consider what alternative service models are feasible. <p>Deliver supplemental short-term capacity utilising additional Scottish Government funding:</p> <ul style="list-style-type: none"> • Procure and implement Insourcing contracts for Ophthalmology, Gastroenterology, Respiratory, Dermatology. • Deliver additional waiting list initiative activity in line with local plan. <p>Implement Digital Solutions:</p> <ul style="list-style-type: none"> • Dermatology: Implement Centre for Sustainable Delivery Accelerated National Innovation Adoption (ANIA) Digital Dermatology. • Ophthalmology: Implement Open Eyes to enable introduction of community glaucoma scheme and release capacity within the acute service.

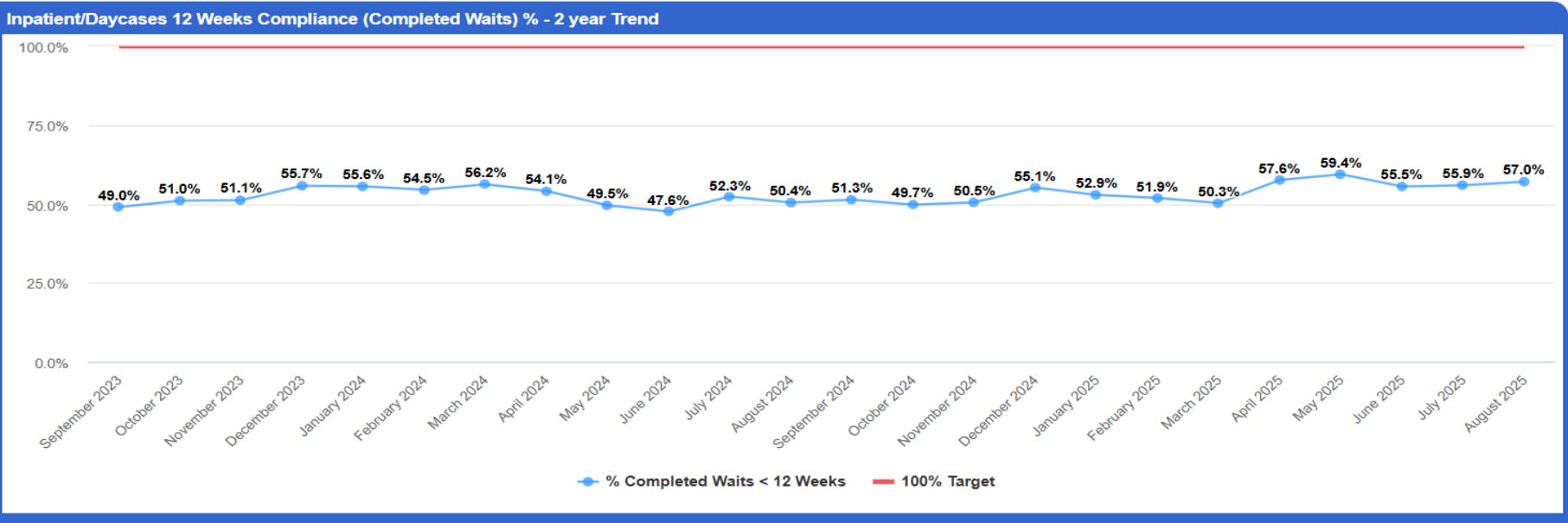
Inpatients/Day Cases - National 12 Week Standard/Target

12wk IPDC 100% Target (Completed Waits)

August 2025 result

● 57.0%

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



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

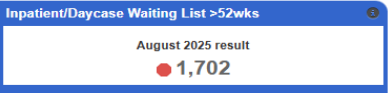
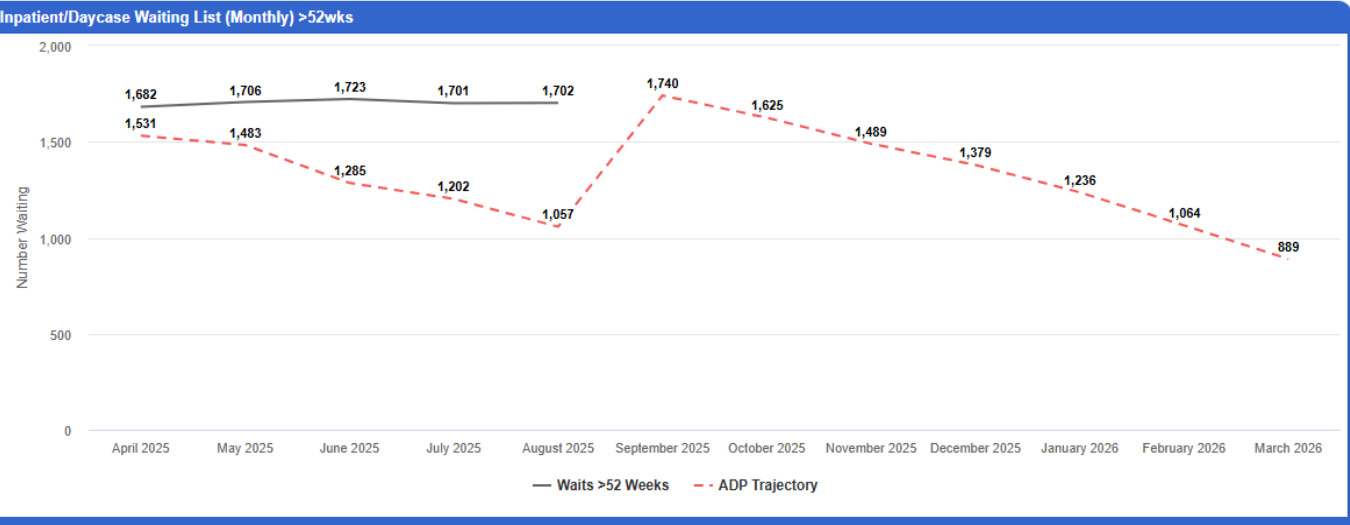
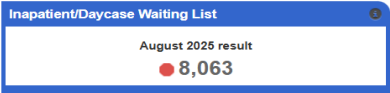
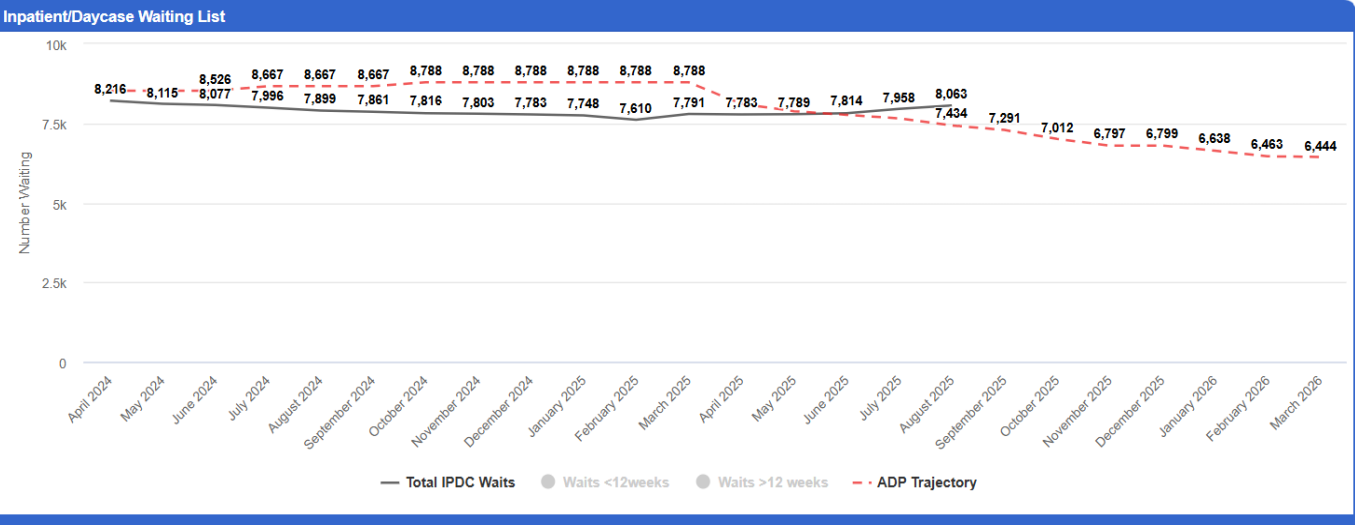
	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
NHS A&A	47.6%	52.3%	50.4%	51.3%	49.7%	50.5%	55.1%	52.9%	51.9%	50.3%	57.6%	59.4%	55.5%
Scotland	58.3%	57.6%	57.6%	57.6%	56.9%	56.9%	56.9%	56.7%	56.7%	56.7%	57.0%	57.0%	57.0%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 28th October 2025

Inpatients/Day Cases – Delivery Plan Trajectories 2025/26

By August 2025:

- The total number of patients waiting for Inpatient/Day case treatment is below 7,434
- The total number of patients waiting for Inpatient/Day case treatment >52 weeks is below 1,057



Delivery Plan Improvement Actions – Inpatients/Day Cases

Delivery Summary	Improvement Actions
<p>Address Long Inpatient/Daycase waiting times, working towards target of no patients >52 weeks by March 2026</p>	<p>A monthly improvement trajectory is set out in the Planned Care Planning template which delivers an agreed revised maximum 533 TTG patients waiting over 52 weeks (prev 631) at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none"> • Optimise theatre utilisation through robust management and monitoring processes. • Further develop measurement of theatre fallow time. • Develop and present business case for funding of theatre nursing shortfall in order to increase staffed theatre capacity. Deliver additional operating capacity through engagement of additional theatre nursing staff through recruitment and insourcing from independent sector. • Progress and use Demand, Capacity, Activity and Queue (DCAQ) analysis to inform longer term investment in workforce. • Improve productivity through further expansion of Centre for Sustainable Delivery/National Plan initiatives: minimum number cataract lists, orthopaedics 4 joint lists. <p>Deliver supplemental short-term capacity utilising additional Scottish Government funding:</p> <ul style="list-style-type: none"> • Deliver additional Waiting List Initiatives and insourcing capacity in line with local plan. <p>Implement Digital Solutions:</p> <ul style="list-style-type: none"> • Implement the Theatre Scheduling tool.

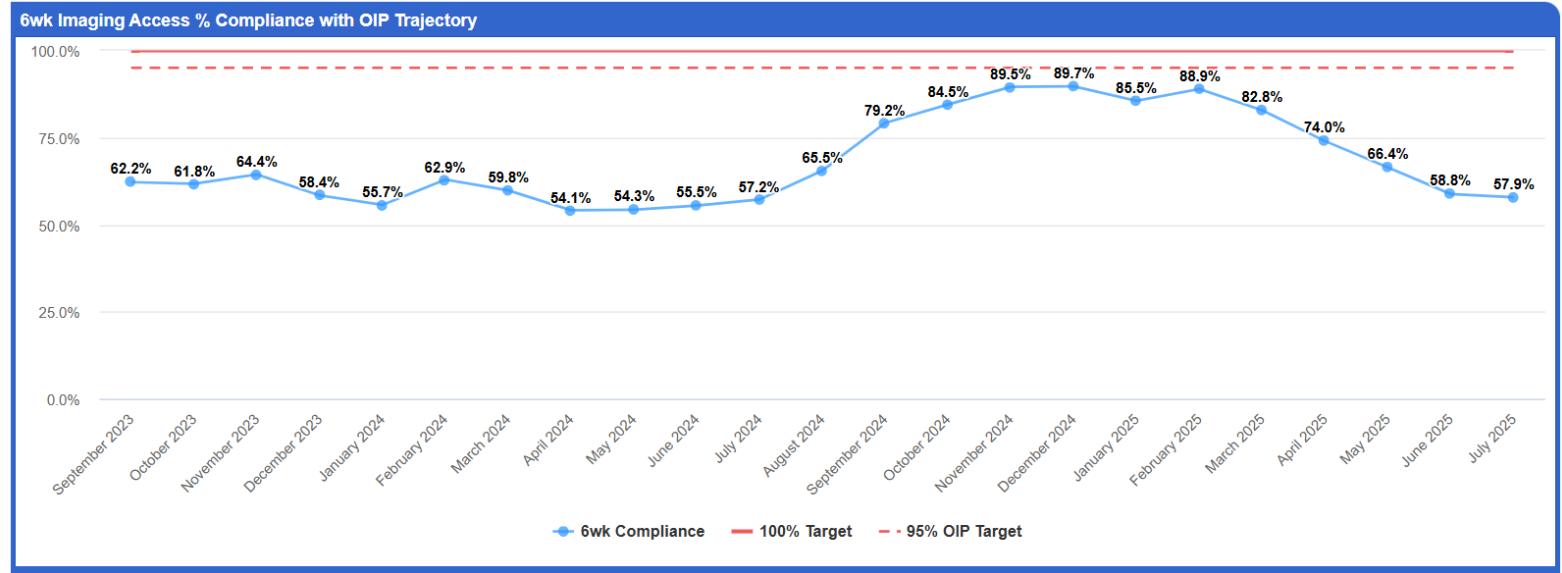
Radiology/Imaging - 6 Week Standard/Target

6wk Imaging Compliance

July 2025 result

● 57.9%

- **National Standard/Target** – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)
- **OIP Target** – 95% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days) by March 2026



Imaging Performance by Procedure - 100% Target					
Title	Value	Target	Last Update	History	
Imaging - % Barium Studies patients waiting <6 weeks	82.4%	100.0%	July 2025		
Imaging - % (CT) patients waiting <6wks	70.1%	100.0%	July 2025		
Imaging - % (MRI) patients waiting <6wks	56.1%	100.0%	July 2025		
Imaging - % Non-obstetric US patients waiting <6 weeks	52.9%	100.0%	July 2025		

National Benchmarking - 6 Week Imaging Target (100%)

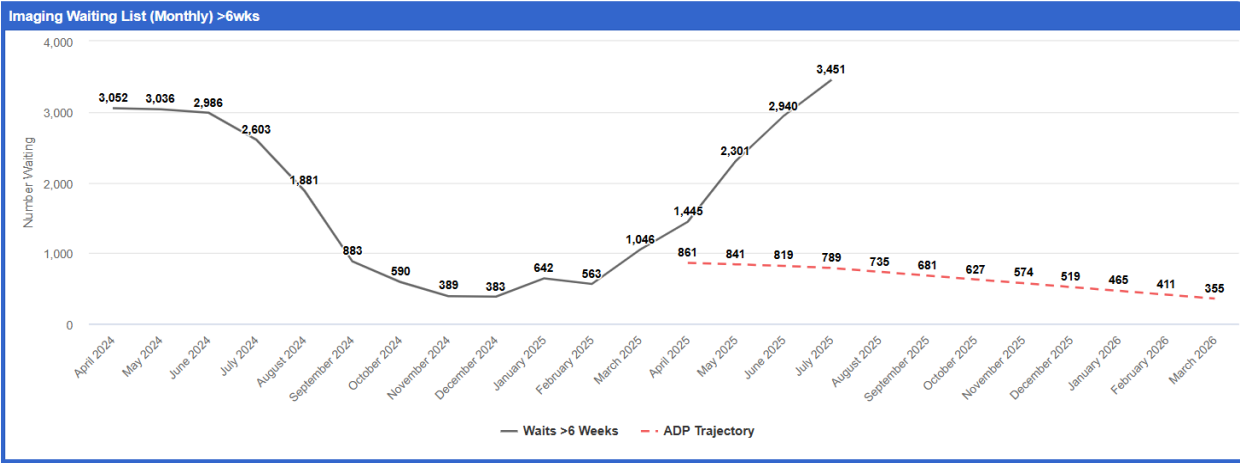
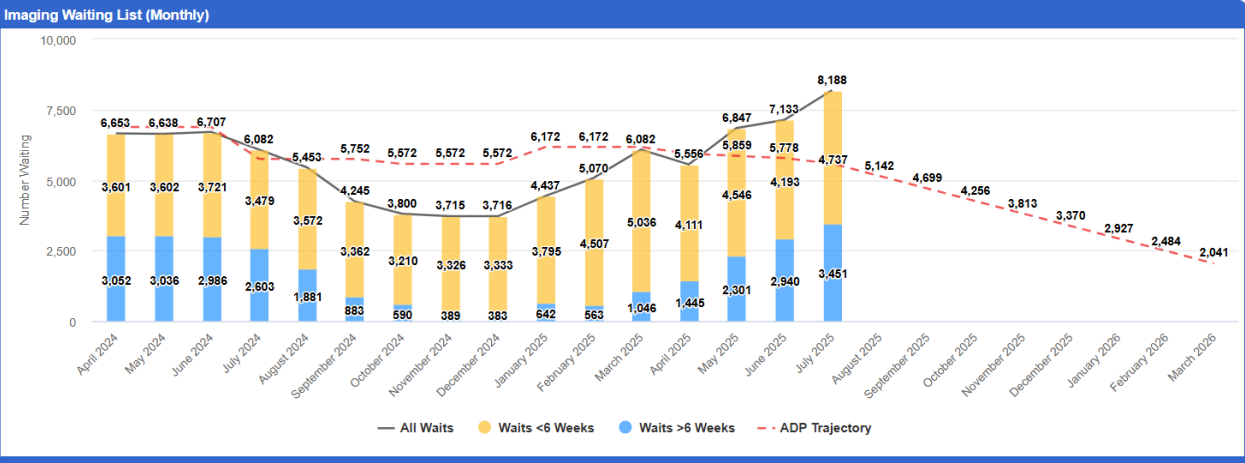
	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
NHS A&A	55.5%	57.2%	65.5%	79.2%	84.5%	89.5%	89.7%	85.5%	88.9%	82.8%	74.0%	66.4%	58.8%
Scotland	52.9%	51.0%	53.8%	57.4%	56.6%	60.4%	57.4%	55.3%	64.3%	63.0%	57.4%	56.6%	57.5%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 26th November 2025

Radiology/Imaging – Delivery Plan Trajectories 2025/26

By July 2025:

- Achieve an overall waiting list for Radiology/Imaging of less than 4,737
- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 789



Imaging Waiting List (Monthly) by Test

Title	Value	Target	Last Update	History
Barium Studies - Number of Patients waiting	34	25	July 2025	
CT Scan - Number of Patients waiting	1,911	1,848	July 2025	
MRI - Number of Patients waiting	2,016	1,830	July 2025	
Non Obstetrics Ultrasound - Number of Patients waiting	4,227	1,882	July 2025	

Imaging Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Imaging - No. (MRI) patients waiting >6wks - ADP Trajectory	885	167	July 2025	
Imaging - No. (CT) patients waiting >6wks - ADP Trajectory	571	352	July 2025	
Imaging - No. Non-obstetric US patients waiting >6wks - ADP Trajectory	1,989	268	July 2025	
Imaging - No. Barium Studies patients waiting >6wks - ADP Trajectory	6	2	July 2025	

Delivery Plan Improvement Actions – Radiology/Imaging

Delivery Summary	Improvement Actions
Reduce waiting times for Medical Imaging Investigations working towards national target of a maximum 6 week wait	<p>A monthly improvement trajectory is set out in the Planned Care Planning template which delivers an agreed maximum 355 patients waiting over 6 weeks at the end of March 2026.</p> <p>Increase Productivity and Efficiency:</p> <ul style="list-style-type: none">• Explore potential to increase patient throughput in MRI, by application of acceleration techniques (dependent on technology availability and funding circa £100k).• Fully embed 2 newly trained Ultrasonographers and commence training of 2 additional Sonographers (dependent on funding of National Plan).• Implement extended MRI scanning days at UHA (dependent on funding of National Plan) in line with SG funded National Plan.• Install and introduce MRI extremity scanner (dependent on funding of National Plan). Optimise use of mobile MRI scanners including commissioning of a second mobile MRI scanner for 6 months in line with National Plan. <p>Deliver supplemental short-term capacity:</p> <ul style="list-style-type: none">• Commission mobile MRI scanner for a further 12 months (dependent on funding of National Plan).

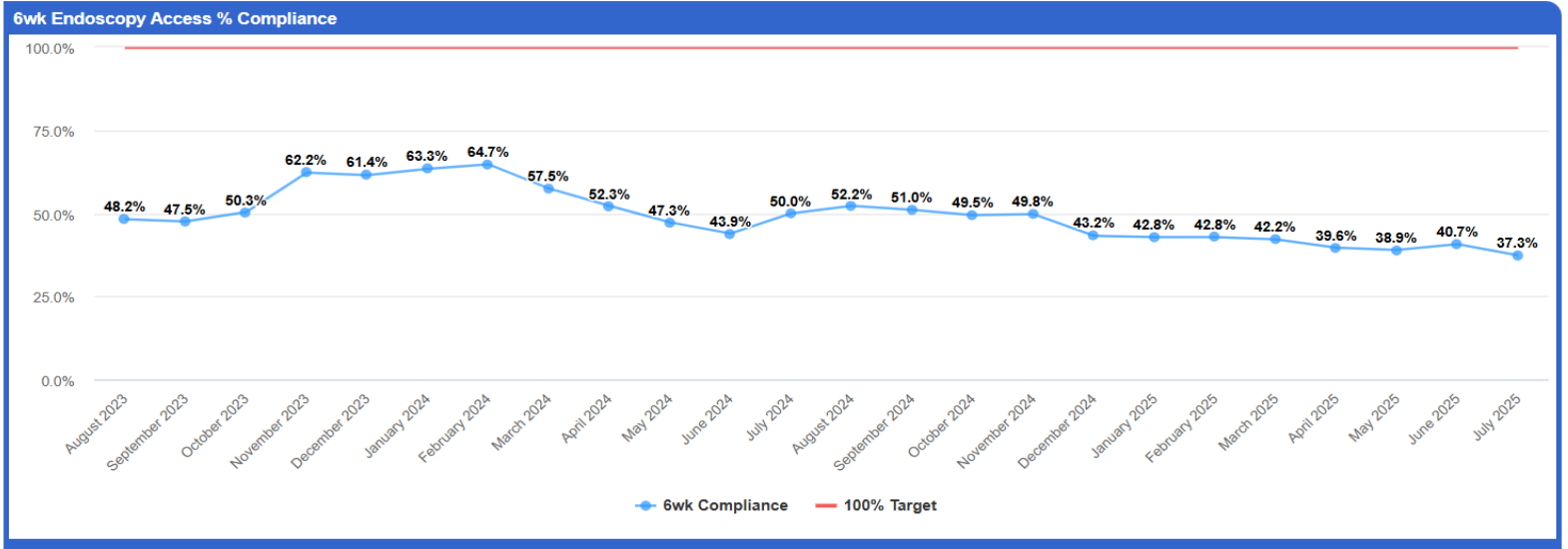
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Compliance

July 2025 result

● 37.3%

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



Endoscopy Performance by Procedure - 100% Target					
...	Title	Value	Target	Last Update	History
●	Endoscopy - % Colonoscopy patients waiting <6 weeks	48.7%	100.0%	July 2025	
●	Endoscopy - % Cystoscopy patients waiting <6 weeks	43.8%	100.0%	July 2025	
●	Endoscopy - % Upper Endoscopy patients waiting <6 weeks	33.7%	100.0%	July 2025	
●	Endoscopy - % Lower Endoscopy patients waiting <6 weeks	27.6%	100.0%	July 2025	
●	Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	100.0%	July 2025	
← 1 of 2 →					

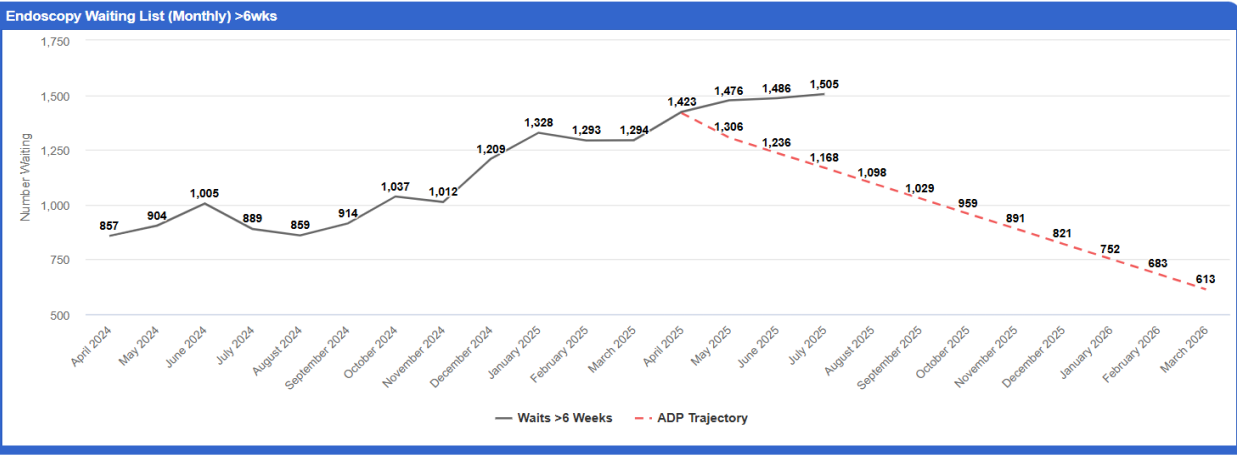
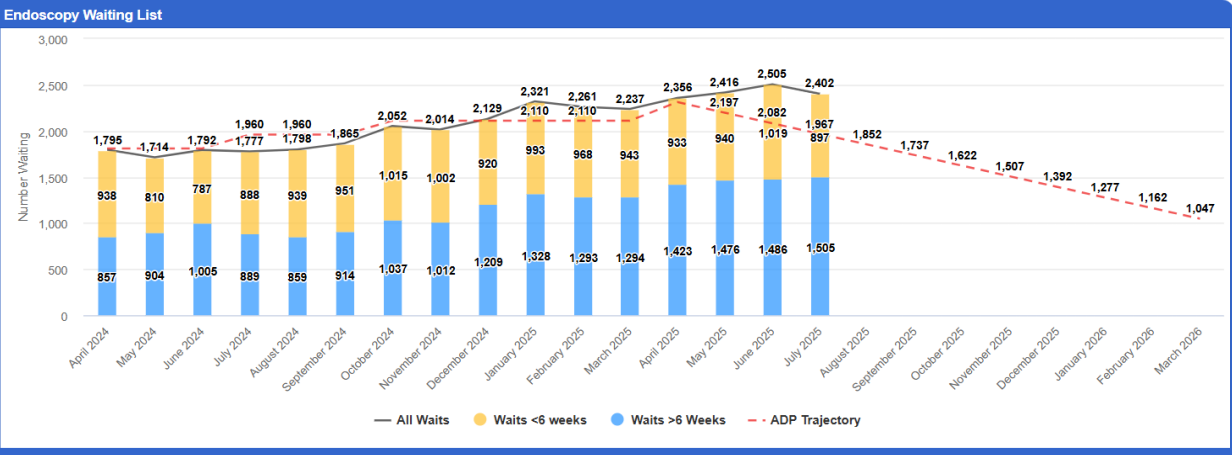
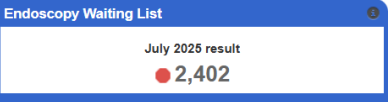
National Benchmarking – 6 Week Endoscopy Target (100%)

	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
NHS A&A	43.9%	50.0%	52.2%	51.0%	49.5%	49.8%	43.2%	42.8%	42.8%	42.2%	39.6%	38.9%	40.7%
Scotland	40.0%	39.0%	39.9%	41.3%	40.5%	41.6%	39.9%	38.9%	43.3%	43.8%	41.4%	40.9%	40.1%

Endoscopy – Delivery Plan Trajectories 2025/26

By July 2025:

- Achieve a Diagnostic Endoscopy Waiting List below 1,967
- Achieve a Diagnostic Endoscopy Waiting List >6 weeks below 1,168



Endoscopy Waiting List (Monthly) by Test

Title	Value	Target	Last Update	History
Upper Endoscopy - Number of Patients waiting	1,405	1,100	July 2025	
Lower Endoscopy - Number of Patients waiting	286	212	July 2025	
Colonoscopy - Number of Patients waiting	679	629	July 2025	
Cystoscopy - Number of Patients waiting	32	26	July 2025	

Endoscopy Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory	932	694	July 2025	
Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory	207	164	July 2025	
Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory	348	294	July 2025	
Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectory	18	16	July 2025	

Delivery Plan Improvement Actions – Endoscopy

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

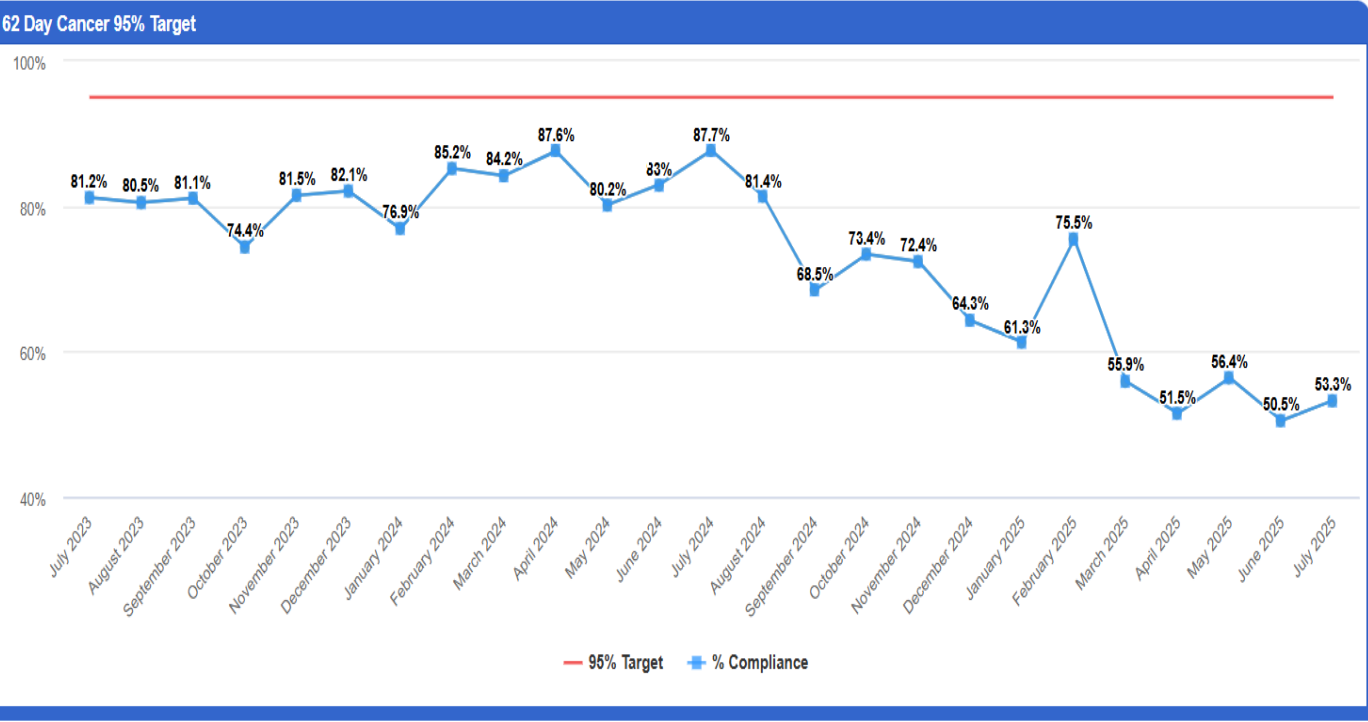
Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

July 2025 result

● 53.3%

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



62		NHS Board															
Jul-25		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	15/25 60.0%	6/6 100.0%	6/6 100.0%	20/20 100.0%	18/18 100.0%	27/35 77.1%	104/106 98.1%	18/26 69.2%	26/26 100.0%	65/78 83.3%	0/0 -	0/0 -	22/22 100.0%	0/0 -	-	327/368 88.9%
	Cx	0/2 0.0%	0/0 -	0/0 -	0/0 -	2/2 100.0%	0/0 -	1/3 33.3%	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	-	3/7 42.9%
	Colo	9/18 50.0%	2/2 100.0%	10/12 83.3%	14/16 87.5%	10/12 83.3%	3/16 18.8%	32/51 62.7%	14/21 66.7%	19/22 86.4%	25/39 64.1%	0/1 0.0%	0/0 -	4/6 66.7%	4/5 80.0%	-	146/221 66.1%
	H&N	5/6 83.3%	1/1 100.0%	2/3 66.7%	0/0 -	3/3 100.0%	4/5 80.0%	14/20 70.0%	5/5 100.0%	6/6 100.0%	7/12 58.3%	0/0 -	0/1 0.0%	3/3 100.0%	0/0 -	-	50/65 76.9%
	Lung	17/19 89.5%	3/5 60.0%	9/9 100.0%	7/9 77.8%	17/19 89.5%	16/16 100.0%	37/52 71.2%	5/6 83.3%	16/16 100.0%	13/13 100.0%	0/0 -	1/1 100.0%	10/12 83.3%	1/1 100.0%	-	152/178 85.4%
	Lym	1/1 100.0%	1/1 100.0%	0/0 -	0/0 -	4/4 100.0%	1/2 50.0%	2/6 33.3%	2/2 100.0%	2/2 100.0%	2/2 100.0%	0/0 -	0/0 -	0/0 -	0/0 -	-	15/20 75.0%
	Mel	0/0 -	4/4 100.0%	1/1 100.0%	1/1 100.0%	5/5 100.0%	2/3 66.7%	26/29 89.7%	4/5 80.0%	12/12 100.0%	15/15 100.0%	0/0 -	0/0 -	2/2 100.0%	0/0 -	-	72/77 93.5%
	Ov	3/3 100.0%	0/0 -	1/1 100.0%	2/2 100.0%	0/0 -	4/4 100.0%	5/8 62.5%	2/3 66.7%	0/0 -	4/4 100.0%	0/0 -	0/0 -	1/1 100.0%	0/0 -	-	22/26 84.6%
	UGI	3/4 75.0%	0/0 -	4/4 100.0%	10/11 90.9%	6/7 85.7%	15/16 93.8%	27/37 73.0%	11/12 91.7%	10/12 83.3%	22/28 78.6%	1/1 100.0%	1/1 100.0%	11/13 84.6%	1/1 100.0%	-	122/147 83.0%
	Urol	12/44 27.3%	6/12 50.0%	7/16 43.8%	12/30 40.0%	9/13 69.2%	7/25 28.0%	28/87 32.2%	19/31 61.3%	36/40 90.0%	21/78 26.9%	0/1 0.0%	0/1 0.0%	15/39 38.5%	2/3 66.7%	-	174/420 41.4%
	All	65/122 53.3%	23/31 74.2%	40/52 76.9%	66/89 74.2%	74/83 89.2%	79/122 64.8%	276/399 69.2%	80/111 72.1%	127/136 93.4%	174/269 64.7%	1/3 33.3%	2/4 50.0%	68/98 69.4%	8/10 80.0%	-	1083/1529 70.8%

National Benchmarking - 62 Day Cancer Target (95%)

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

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 30th September 2025

Cancer 62 day – Delivery Plan Trajectories 2025/26

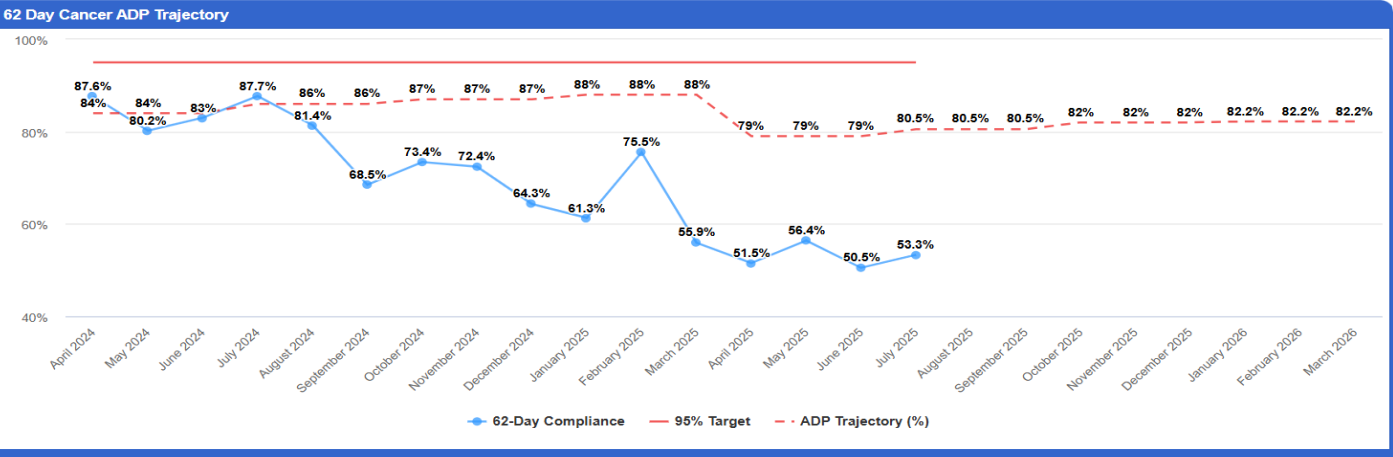
By July 2025, of those urgently referred with a suspicion of cancer:

- 80.5% to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

July 2025 result

53.3%



62 Day by Cancer type - ADP							
Title	Value	Numerator	Denominator	Target	Last Update	History	
Breast Cancer - Waiting Times - 62 Day ADP Target	60.0%	15	25	82.0%	July 2025		
Colorectal Cancer - Waiting Times - 62 Day ADP Target	50.0%	9	18	92.0%	July 2025		
Urological Cancer - Waiting Times - 62 Day ADP Target	27.3%	12	44	50.0%	July 2025		
Head and Neck Cancer - Waiting Times - 62 Day ADP Target	83.3%	5	6	70.0%	July 2025		
Cervical Cancer - Waiting Times - 62 Day ADP Target	0.0%	0	2	75.0%	July 2025		
Lung Cancer - Waiting Times - 62 Day ADP Target	89.5%	17	19	100.0%	July 2025		
Lymphoma Cancer - Waiting Times - 62 Day ADP Target	100.0%	1	1	80.0%	July 2025		
Melanoma Cancer - Waiting Times - 62 Day ADP Target	0.0%	0	0	70.0%	July 2025		
Ovarian Cancer - Waiting Times - 62 Day ADP Target	100.0%	3	3	100.0%	July 2025		
Upper Gastro-Intestinal Cancer - Waiting Times - 62 Day ADP Target	75.0%	3	4	85.0%	July 2025		

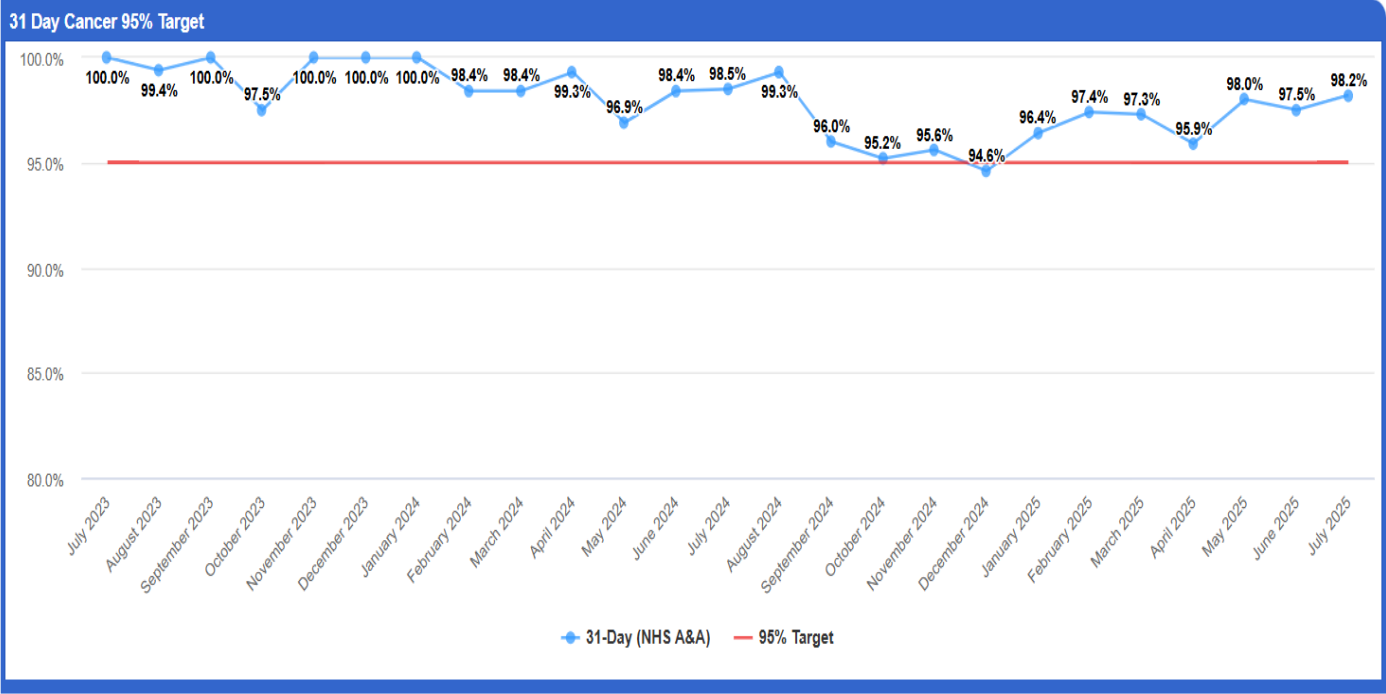
Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

July 2025 result

98.2%

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



31 Jul-25		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	34/34 100.0%	8/8 100.0%	6/6 100.0%	31/31 100.0%	24/25 96.0%	41/43 95.3%	122/123 99.2%	23/28 82.1%	45/45 100.0%	68/72 94.4%	0/0 -	1/1 100.0%	34/34 100.0%	0/0 -	0/0 -	437/450 97.1%
	Cx	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	9/9 100.0%	0/0 -	0/0 -	2/2 100.0%	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	11/11 100.0%
	Colo	23/23 100.0%	3/3 100.0%	15/17 88.2%	26/26 100.0%	15/15 100.0%	20/26 76.9%	53/59 89.8%	24/24 100.0%	27/28 96.4%	42/47 89.4%	0/0 -	0/0 -	13/13 100.0%	2/2 100.0%	1/1 100.0%	264/284 93.0%
	H&N	2/2 100.0%	1/1 100.0%	2/2 100.0%	0/0 -	2/2 100.0%	9/9 100.0%	41/42 97.6%	5/5 100.0%	6/6 100.0%	24/24 100.0%	0/0 -	0/0 -	7/7 100.0%	0/0 -	0/0 -	99/100 99.0%
	Lung	23/23 100.0%	4/4 100.0%	8/8 100.0%	8/8 100.0%	24/24 100.0%	29/29 100.0%	83/86 96.5%	9/10 90.0%	18/18 100.0%	45/46 97.8%	0/0 -	1/1 100.0%	21/21 100.0%	1/1 100.0%	47/47 100.0%	321/326 98.5%
	Lym	5/5 100.0%	1/1 100.0%	0/0 -	8/8 100.0%	6/6 100.0%	14/15 93.3%	15/15 100.0%	2/2 100.0%	4/4 100.0%	18/18 100.0%	0/0 -	0/0 -	9/9 100.0%	0/0 -	0/0 -	82/83 98.8%
	Mel	0/0 -	5/5 100.0%	4/5 80.0%	3/3 100.0%	5/5 100.0%	5/5 100.0%	34/35 97.1%	4/4 100.0%	12/12 100.0%	22/22 100.0%	0/0 -	0/0 -	4/4 100.0%	1/1 100.0%	0/0 -	99/101 98.0%
	Ov	2/2 100.0%	0/0 -	1/1 100.0%	4/4 100.0%	1/1 100.0%	7/7 100.0%	19/20 95.0%	1/1 100.0%	2/2 100.0%	6/7 85.7%	0/0 -	0/0 -	3/3 100.0%	0/0 -	0/0 -	46/48 95.8%
	UGI	14/14 100.0%	1/1 100.0%	8/8 100.0%	14/14 100.0%	6/6 100.0%	33/33 100.0%	71/72 98.6%	16/17 94.1%	11/11 100.0%	53/55 96.4%	0/0 -	0/0 -	25/25 100.0%	0/0 -	0/0 -	252/256 98.4%
	Urol	63/66 95.5%	15/15 100.0%	21/22 95.5%	57/65 87.7%	23/23 100.0%	57/68 83.8%	144/156 92.3%	36/39 92.3%	61/62 98.4%	103/121 85.1%	0/0 -	1/1 100.0%	56/58 96.6%	2/2 100.0%	0/0 -	639/698 91.5%
All	166/169 98.2%	38/38 100.0%	65/69 94.2%	151/159 95.0%	106/107 99.1%	215/235 91.5%	591/617 95.8%	120/130 92.3%	186/188 98.9%	383/414 92.5%	0/0 -	3/3 100.0%	172/174 98.9%	6/6 100.0%	48/48 100.0%	2250/2357 95.5%	

National Benchmarking – 31 Day Cancer Target (95%)

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

Delivery Plan Improvement Actions – Cancer

Delivery Summary	Improvement Actions
<p>Improve Cancer Waiting Time Targets</p> <p>62-day target to 82% and 31-day target to 98% by March 2026</p>	<p>Ensure sufficient diagnostic capacity in radiology, pathology and endoscopy:</p> <ul style="list-style-type: none"> • Deliver increased capacity and sustainability in medical imaging through implementation of the Imaging National Plan. • 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, 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 Active Clinical Referral Triage. • 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 organisational oversight of all services. • Consolidate governance through establishment of a Cancer Monitoring Group.
<p>Improve Quality Performance Indicators (QPI) Performance</p>	<p>Representation at West of Scotland Cancer Network Regional Groups and continued engagement with local and regional clinical leads to identify and address any areas of lower performance or clinical concern. Key areas of QPI action based on recent data are:</p> <ul style="list-style-type: none"> • Diagnostic waiting times, specifically reporting for pathology and radiology. • Diagnostic capacity, specifically PET in NHS Greater Glasgow & Clyde. • Adopt MS Teams PowerApp MDT system on phased roll-out across region to ensure timely and accurate recording of MDT outcomes. • Scope opportunity to use endoscopy technology to identify upper GI cancers at a pre-symptomatic stage. • Review melanoma pathway including more streamlined process for notification of melanoma diagnosis.

Delivery Plan Improvement Actions – Cancer

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

Musculoskeletal (MSK)

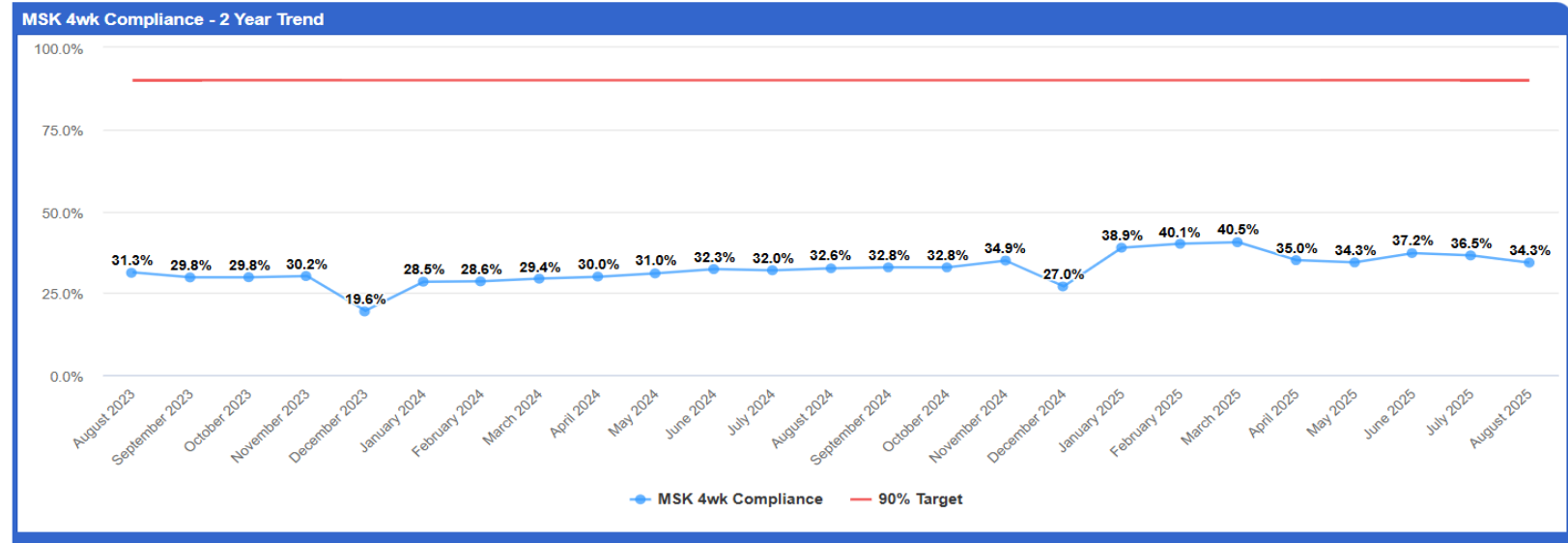
Musculoskeletal (MSK) - National 4 week Standard/Target

MSK 4wk % Compliance

August 2025 result

● 34.3%

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



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

Musculoskeletal (MSK) - Delivery Plan Trajectories 2025/26

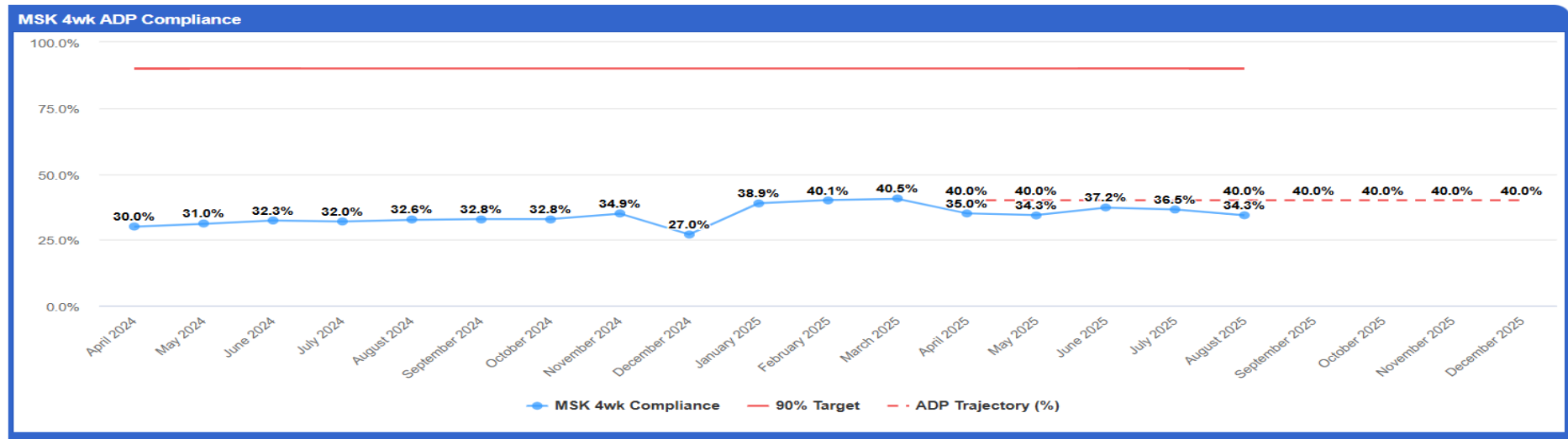
By August 2025:

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

MSK 4 Weeks ADP Trajectory

August 2025 result

34.3%



MSK 4wk Compliance by Profession					
Title	Value	Target	Last Update	History	
MSK Occupational Therapy	41.0%	40.0%	August 2025		
Orthotics	16.2%	40.0%	August 2025		
MSK Physiotherapy	37.2%	40.0%	August 2025		
MSK Podiatry	36.0%	40.0%	August 2025		

Delivery Plan Improvement Actions - Musculoskeletal (MSK) excluding Orthotics

Delivery Summary	Improvement Actions
Increase MSK compliance with National 4 week waiting time target	<ul style="list-style-type: none"> • 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.
Develop new models of care which support management of demand into MSK Services	<ul style="list-style-type: none"> • 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 North and South Ayrshire localities. • Develop digital patient initiated referral platform for MSK Service. • Robust training and education programme developed for referrers to service. • Utilisation of Community Assets including engagement with primary care; and increased targeted education group clinics.
Facilitate recruitment and retention of MSK workforce	<ul style="list-style-type: none"> • 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.

Mental Health

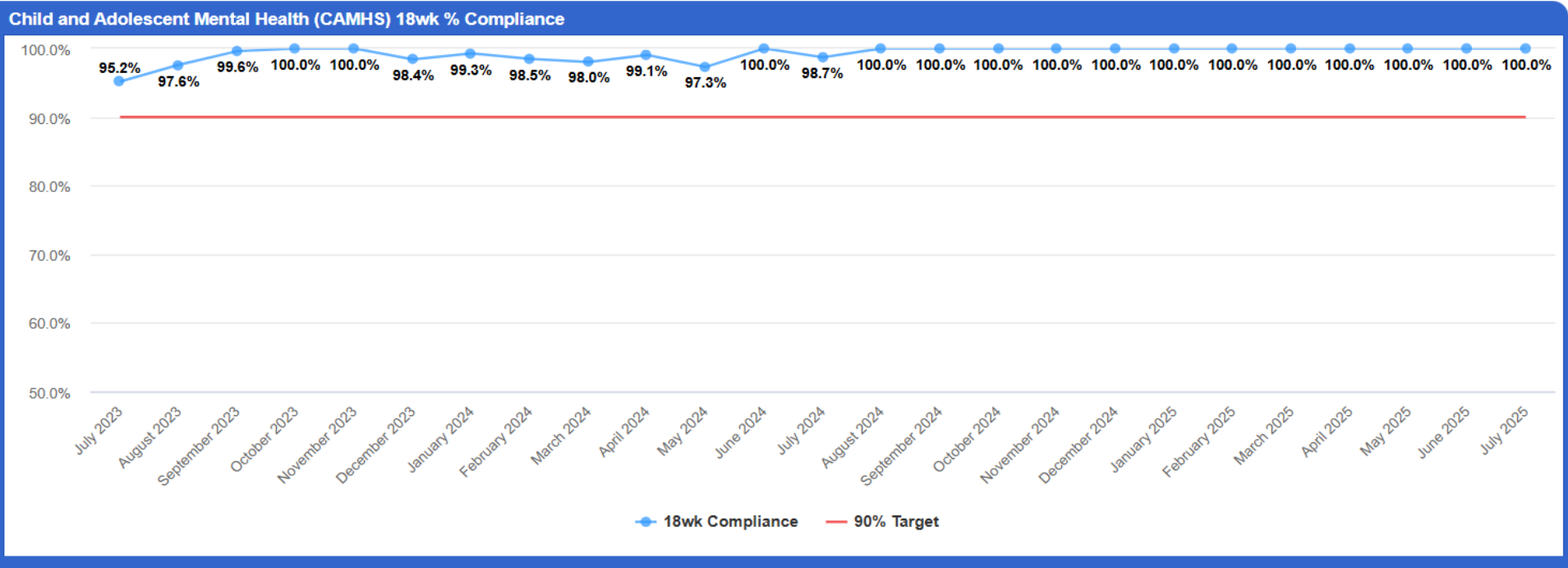
CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

July 2025 result

100.0%

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



National Benchmarking - 18 weeks CAMHS Target (90%)

	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
NHS A&A	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Scotland	85.0%	86.2%	89.8%	91.3%	89.3%	90.1%	93.1%	89.7%	90.9%	94.1%	92.4%	91.6%	91.4%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 2nd December 2025

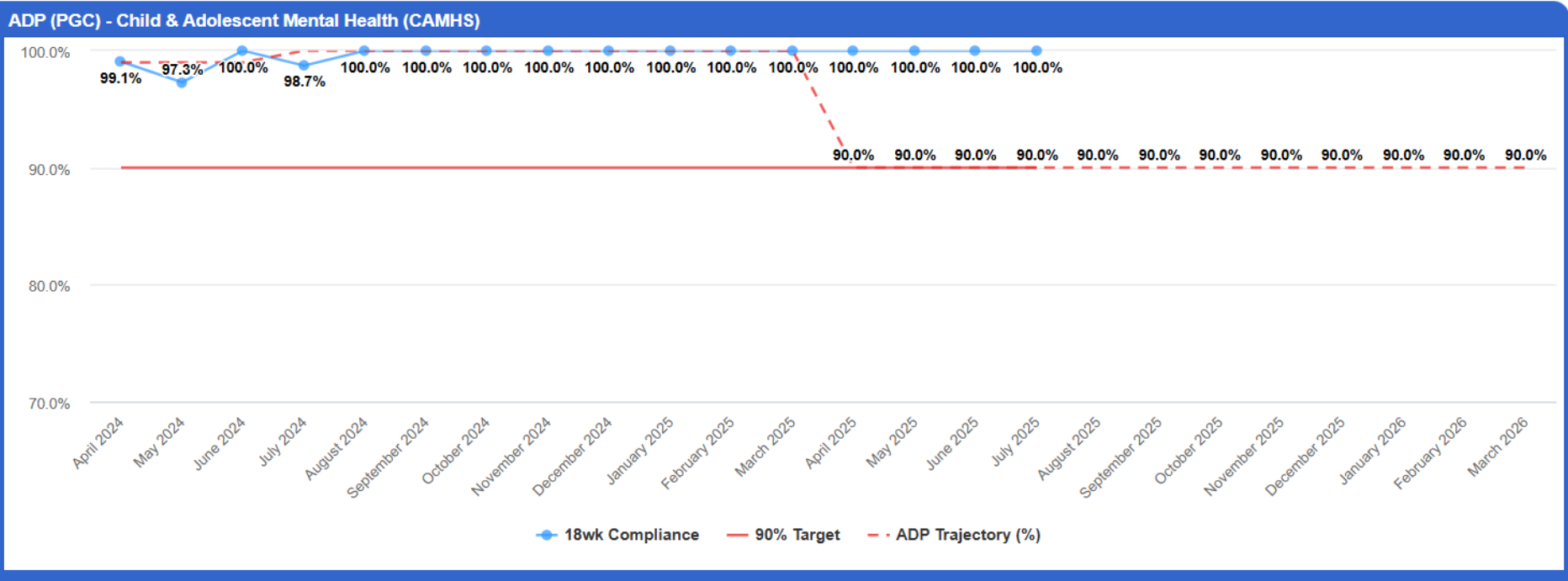
CAMHS – Delivery Plan Trajectories 2025/26

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

CAMHS 18wk ADP Trajectory

July 2025 result

100.0%



Delivery Plan Improvement Actions – CAMHS

Delivery Summary	Improvement Actions
Maintain the CAMHS 18 week Referral to Treatment (RTT) and work towards the 4 week target within National Specification	<ul style="list-style-type: none">• Improve access to mental health service.• Build capacity and sustainable delivery.• Utilise Trakcare and CAMHS Benson Wintere Demand, Capacity, Activity and Queue (DCAQ) Model.
Improve service delivery and resilience with the recruitment and retention of CAMHS workforce	<ul style="list-style-type: none">• Further develop and expand on the skill mix of the workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.
Improving mental health environment and patient safety	<ul style="list-style-type: none">• 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.

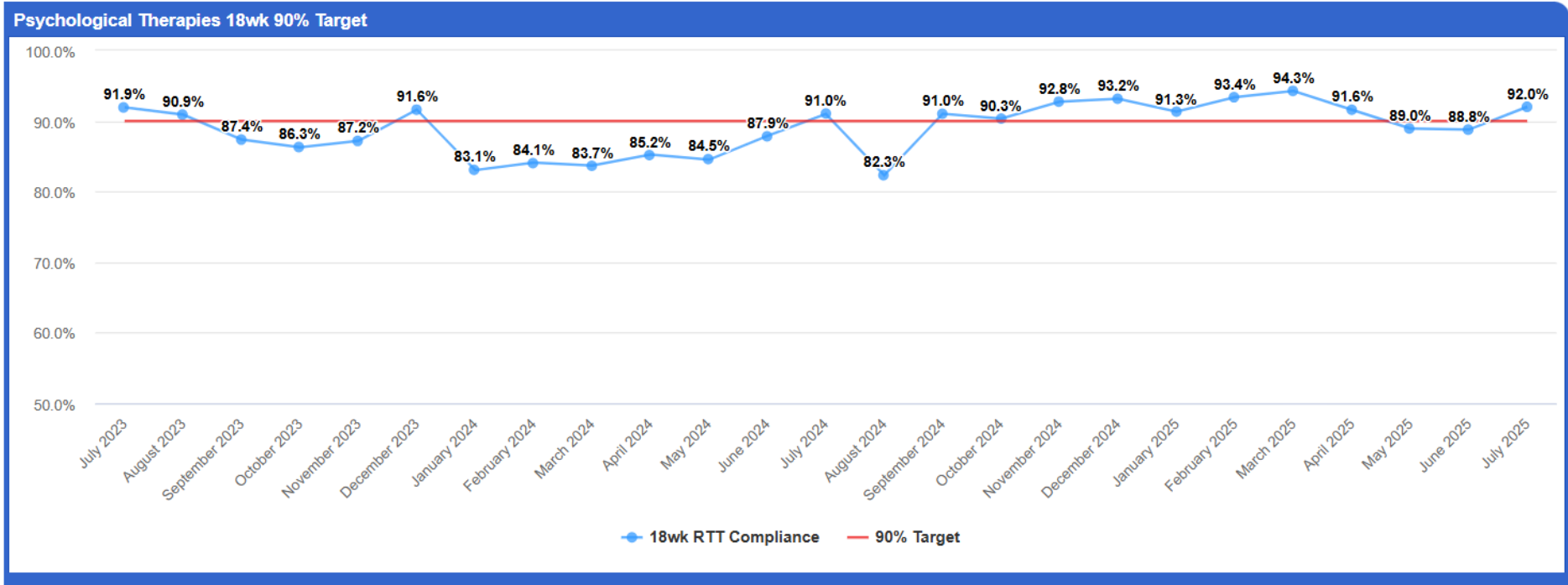
Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

July 2025 result

92.0%

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



National Benchmarking – 18 Weeks PT Target (90%)

	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
NHS A&A	87.9%	91.0%	82.3%	91.0%	90.3%	92.8%	93.2%	91.3%	93.4%	94.3%	91.6%	89.0%	88.8%
Scotland	80.4%	78.7%	79.8%	81.5%	81.1%	78.9%	81.6%	76.6%	78.3%	81.3%	78.0%	77.5%	79.4%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 2nd December 2025

Psychological Therapies – Delivery Plan Trajectories 2025/26

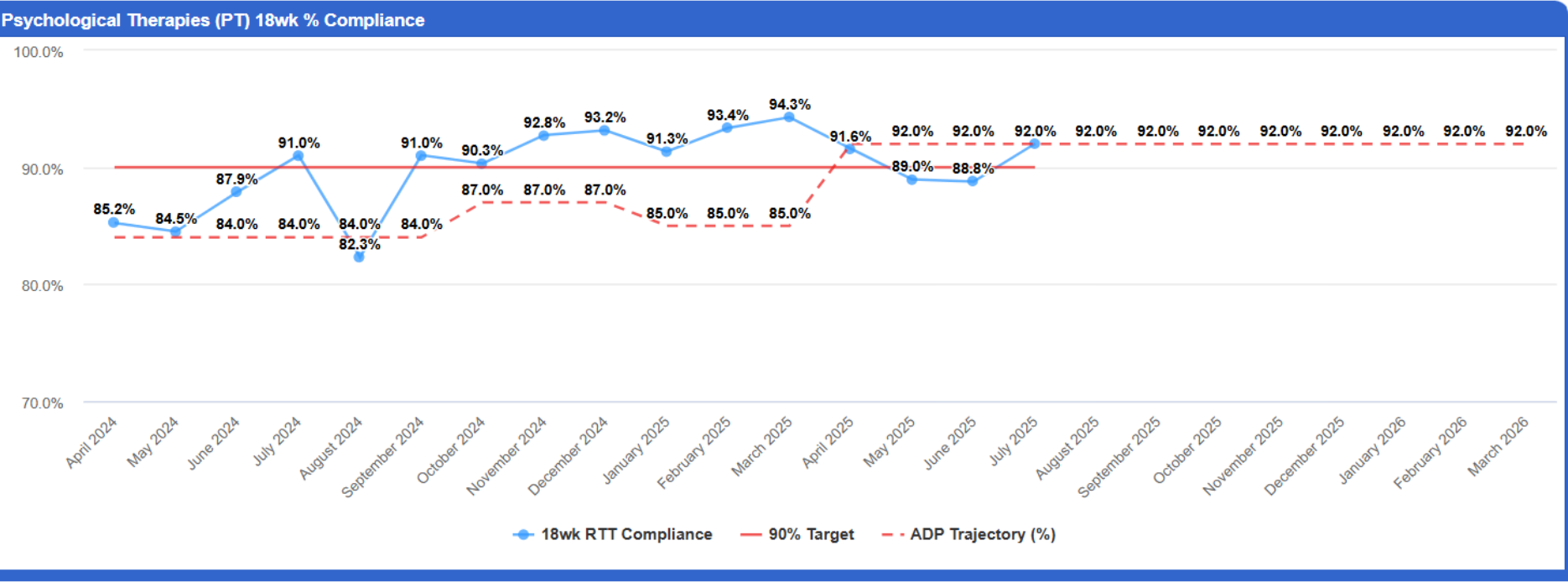
By July 2025:

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

Psychological Therapies 18 ADP Trajectory

July 2025 result

✓ 92.0%



Source: Local Management Reports

Delivery Plan Improvement Actions – Psychological Therapies

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

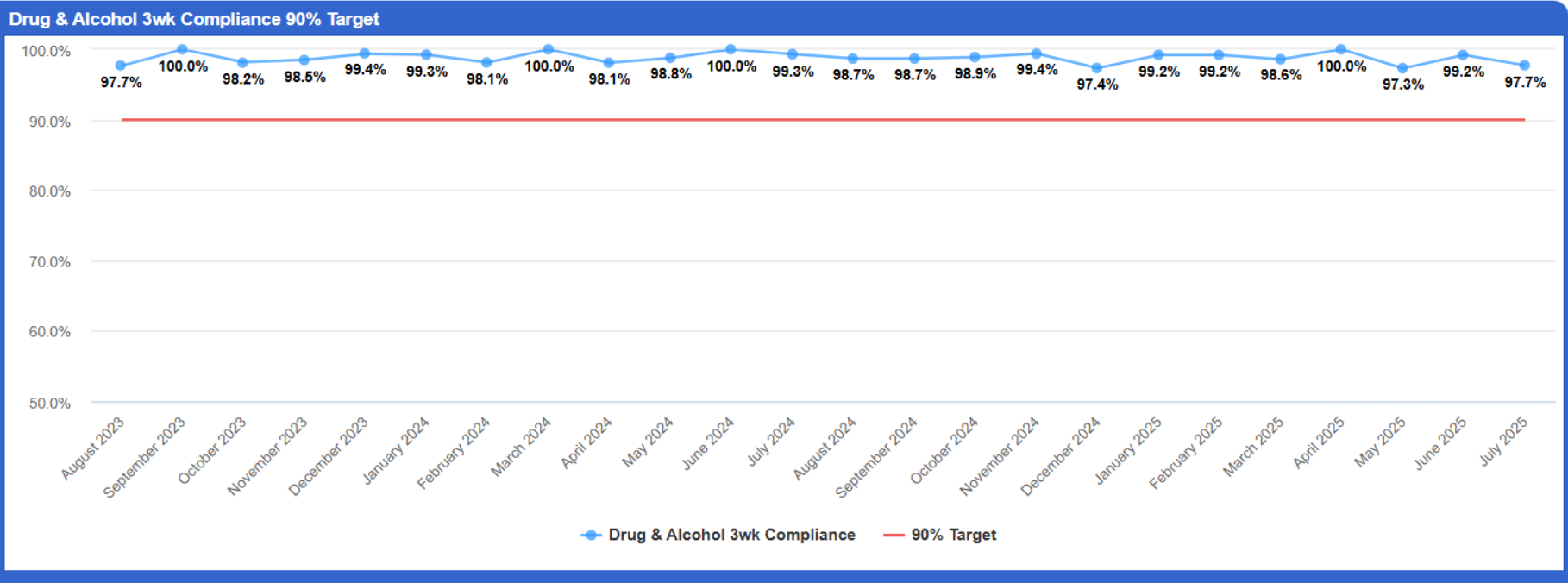
Drug and Alcohol Treatment – 3 Week National Standard/Target

Drug and Alcohol 3wk 90% Target

July 2025 result

97.7%

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



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

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

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 30th September 2025

Delivery Plan Improvement Actions – Alcohol and Drug Services

Delivery Summary	Improvement Actions
Implement Medication Assisted Treatment (MAT) standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.	<p>North Ayrshire</p> <ul style="list-style-type: none">Sustain delivery in relation to MAT Standards 1 to 5 and implement improvement actions in relation to MAT Standards 6 to 10. Benchmark current provision to support individuals seeking help for stimulant and benzodiazepine use, work with partners to identify gaps and improvements, implement agreed actions and evaluate.
	<p>South Ayrshire</p> <ul style="list-style-type: none">Test of change (TOC) to demonstrate proof of concept for a model to deliver on MAT 7. TOC will be evaluated in 2026, for any further developments or improvements.
	<p>East Ayrshire</p> <ul style="list-style-type: none">An increase in ANP / Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level.
Meet national 'access to treatment' Waiting Times Standards of 90% of individuals to commence treatment within 3 weeks of referral and 100% within 6 weeks across Ayrshire and Arran	<p>Pan Ayrshire</p> <ul style="list-style-type: none">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.

Delivery Plan Improvement Actions – Alcohol and Drug Services

Delivery Summary	Improvement Actions
<p>Increase the supply of Naloxone kits (and emergency life-saving intervention).</p>	<p>Pan Ayrshire</p> <ul style="list-style-type: none"> Implement local Naloxone action plan, offer Naloxone training and raise awareness and promote use of Naloxone.
<p>Expansion of capacity to support individuals into, during and after residential rehabilitation</p>	<p>Pan Ayrshire</p> <ul style="list-style-type: none"> Review and improve on current Residential Rehabilitation Pathway and Integrate use of the Scotland Excel rehabilitation provider framework into the pathway. Via the Multi agency Residential Rehabilitation Working Group, develop and implement a Residential Rehabilitation pathway which is clear, consistent and easy to navigate from pre rehabilitation to post rehabilitation stage.
<p>Implement the use of Near Me technology for planned liberations from HMP Kilmarlock for individuals who are prescribed Opiate Replacement Therapy</p>	<p>East Ayrshire</p> <ul style="list-style-type: none"> Rapid Access to Drug and Alcohol Recovery Service will work with HMP Kilmarlock Healthcare to implement a process to enable individuals who are East Ayrshire residents and are prescribed Opiate Replacement Therapy to be provided with a "SafeTalk" via Near Me technology prior to their planned liberation.

Urgent Care

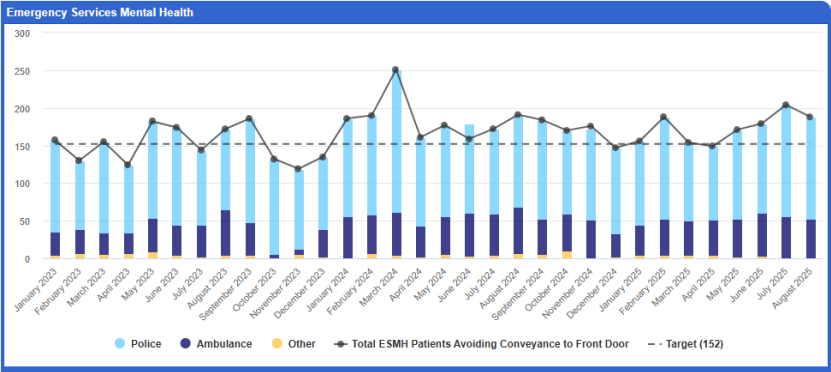
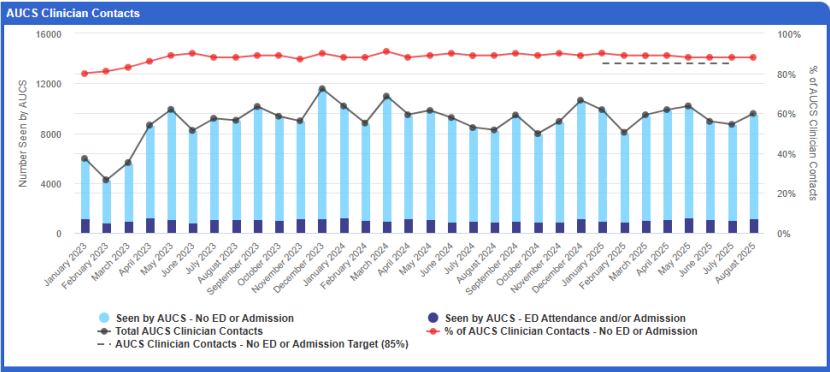
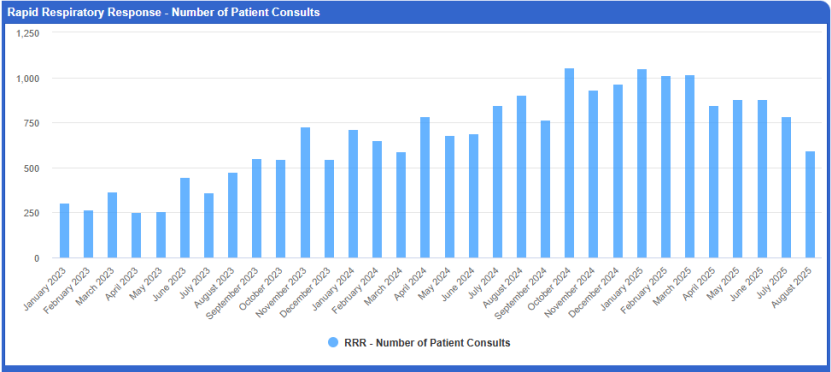
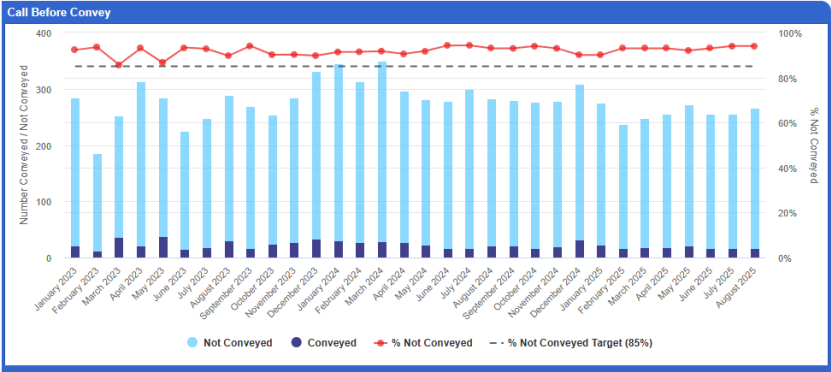
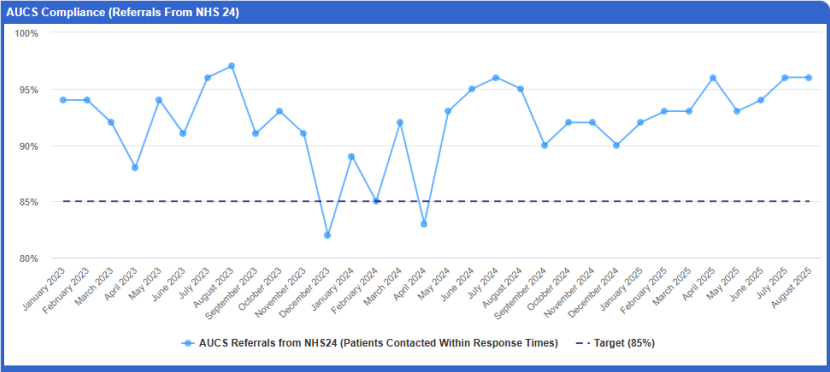
Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance

August 2025 result

96%

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



No. of RRR Collaborating Practices

August 2025 result

31

% of COPD Registered Patients Within the Collaborating Practices

WC 25-Aug-2025 result

76%

Delivery Plan Improvement Actions – Redesign of Urgent Care

Delivery Summary	Improvement Actions
<p>At least 85% of patients who contact Ayrshire Urgent Care Service (AUCS) will not require attendance at the front door and will receive alternative pathways of care in the right place, at the right time.</p>	<p>Deliver a virtual capacity network by developing a Single Point of Contact through Ayrshire Urgent Care Service (AUCS) Flow Navigation Centre (FNC) to encompass the Hospital at Home, Community Rapid Respiratory Response (RRR) programme to ensure a seamless pathway to all services for patients:</p> <ul style="list-style-type: none"> • 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 Single Point of Contact (SPOC) model. • Scope potential for Ayrshire Community Blood Service (ACBS) to be encompassed within the SPOC. <p>Maintain the FNC community pathways and explore all opportunities as they arise to enhance the service:</p> <ul style="list-style-type: none"> • Maintain and grow AUCS/FNC pathways with Senior Clinical Decision Maker oversight including appointing to MIU. <p>Develop and embed a community nursing based model for specialist care by supporting palliative patients and families who are within their last four weeks of life within Ayrshire and Arran during the Out of Hours period:</p> <ul style="list-style-type: none"> • 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.

Unscheduled Care

Unscheduled Care – National ED 4 Hour Standard/Target

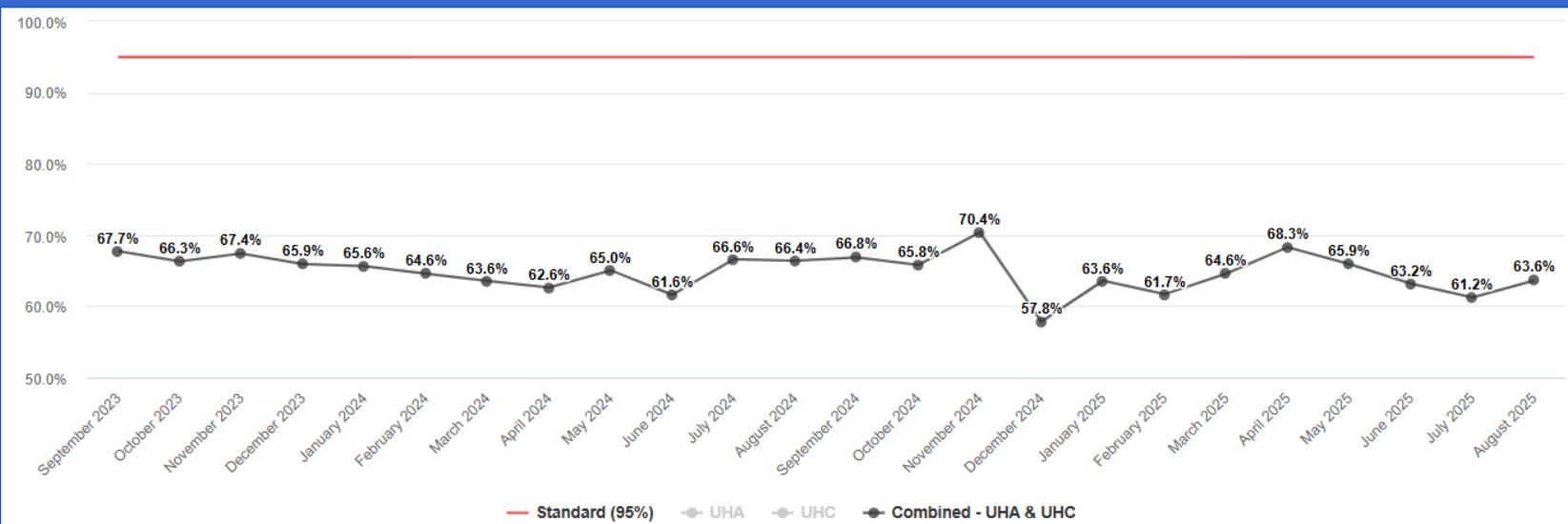
NHS A&A: Unscheduled ED 4hr (95% Target)

August 2025 result

63.6%

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

Unscheduled ED 4hr Compliance (NHS A&A, UHA, UHC) - 2 Year Trend



Numbers of Unscheduled ED Attendances

Sep 23 – Aug 24

93,134

Sep 24 – Aug 25

94,997

Change

+1,863 (+2.0%)

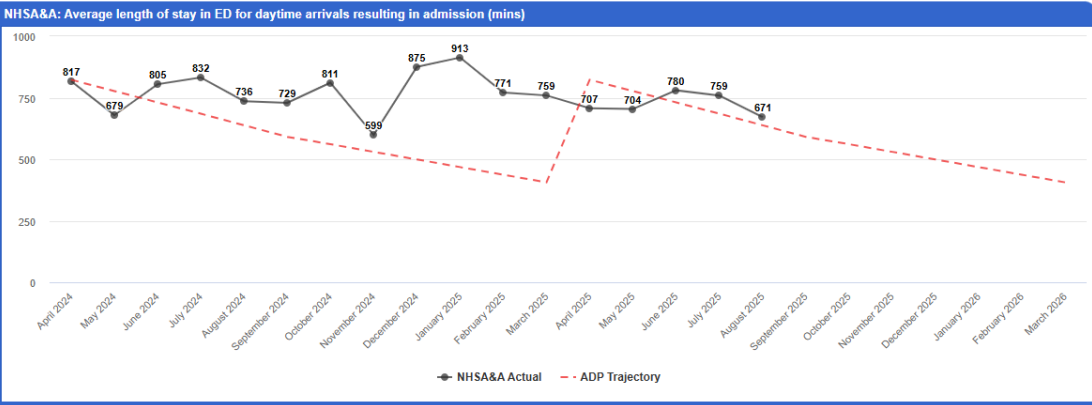
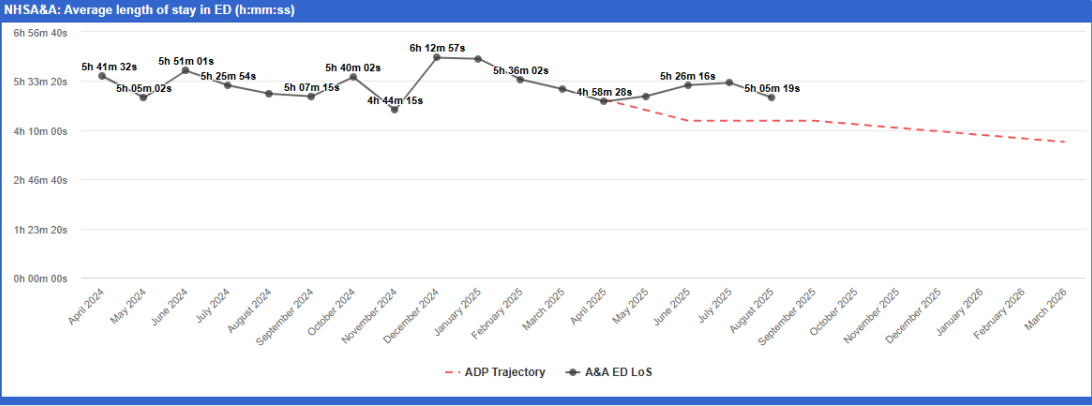
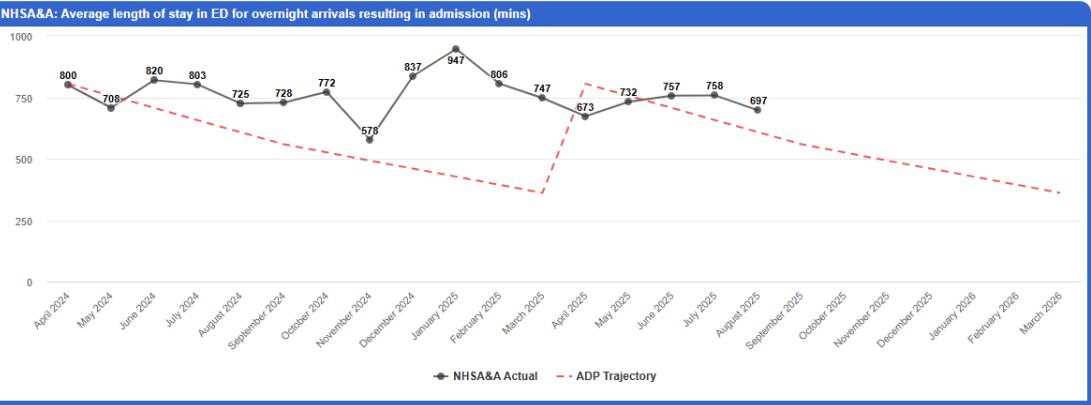
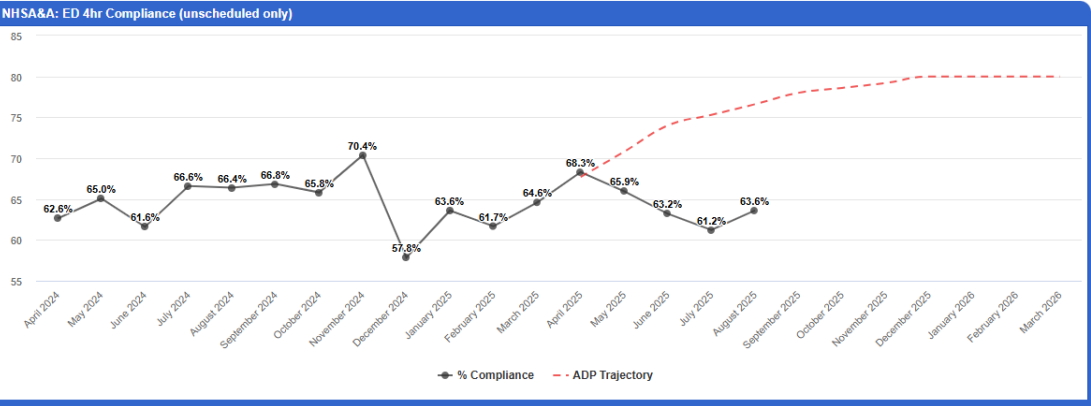
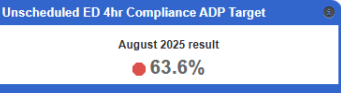
National Benchmarking – Unplanned 4 Hour ED Target (95%)

	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
NHS A&A	66.3%	67.0%	65.8%	70.4%	57.9%	63.6%	61.7%	64.7%	68.2%	66.0%	63.3%	61.3%
Scotland	65.8%	65.8%	62.9%	62.2%	58.5%	61.2%	62.6%	65.9%	66.2%	67.1%	66.1%	66.6%

Unscheduled Care – Delivery Plan 2025/26

By August 2025:

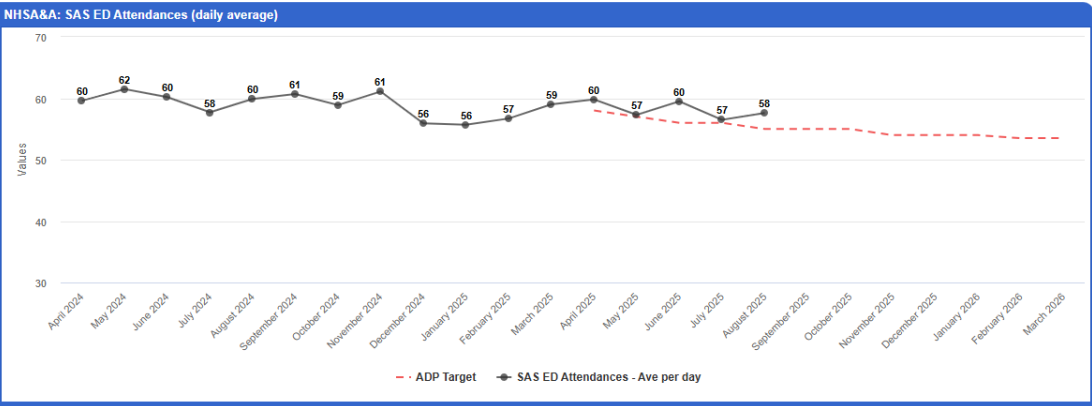
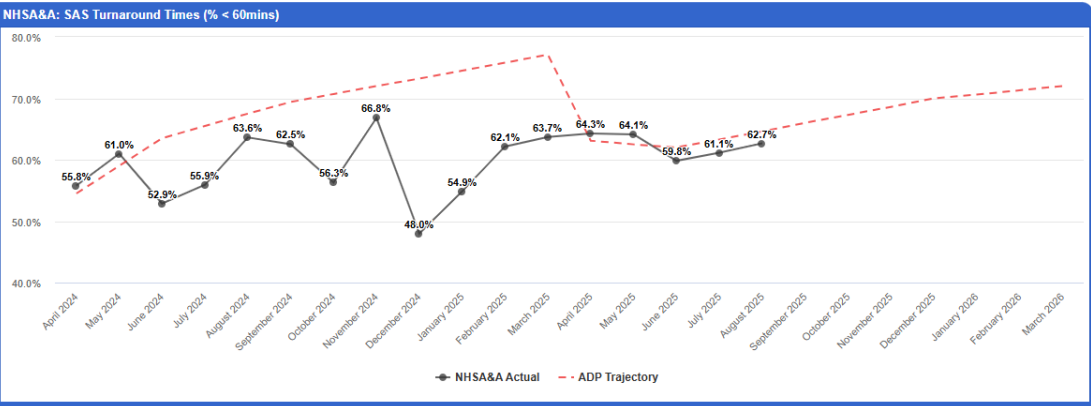
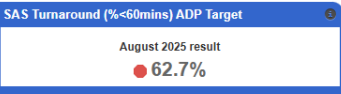
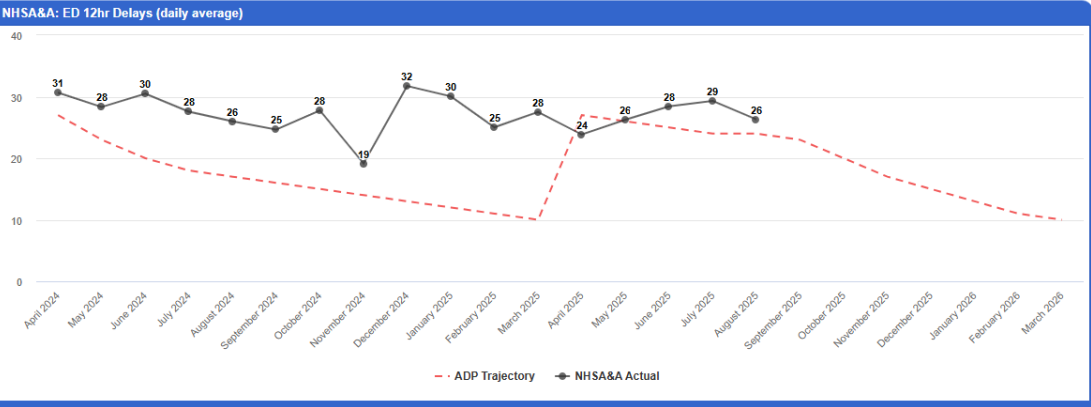
- Improve overall ED 4hr compliance (unscheduled attendances only) to at least 76.6%
- Reduce average length of stay in ED for all attendances to 4h 26m 00s or less
- Reduce average length of stay in ED for admitted overnight arrivals to 608 minutes or less
- Reduce average length of stay in ED for admitted daytime arrivals to 638 minutes or less



Unscheduled Care – Delivery Plan 2025/26

By August 2025:

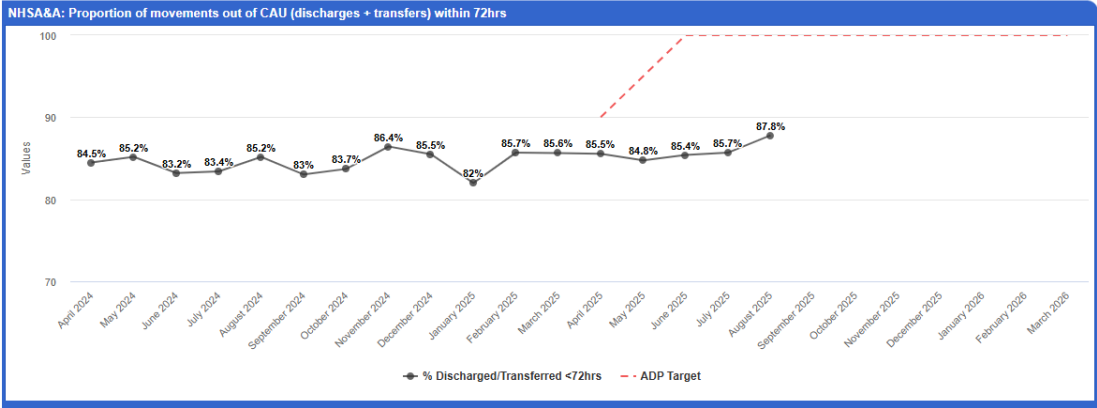
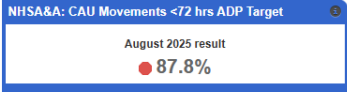
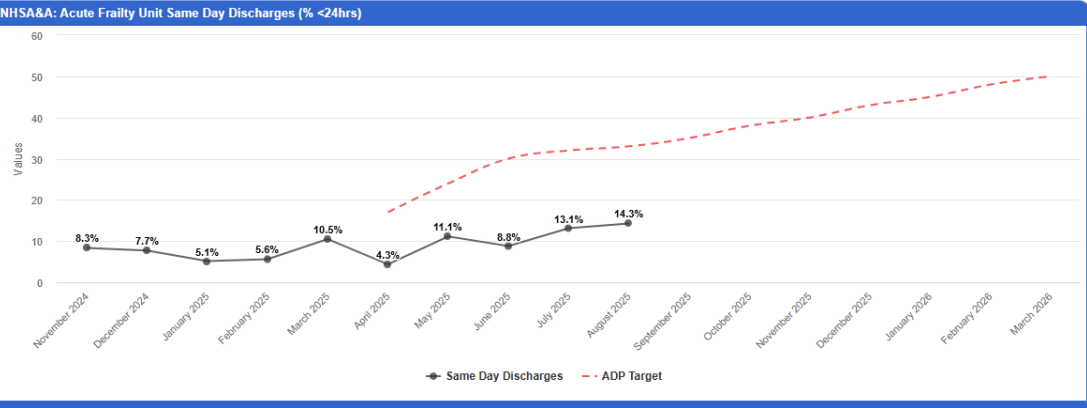
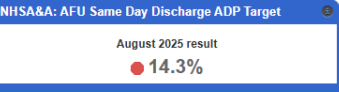
- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred, to 24 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 64.6%
- Reduce the average number of SAS conveyances to ED to 55 or fewer per day



Unscheduled Care – Delivery Plan 2025/26

By August 2025:

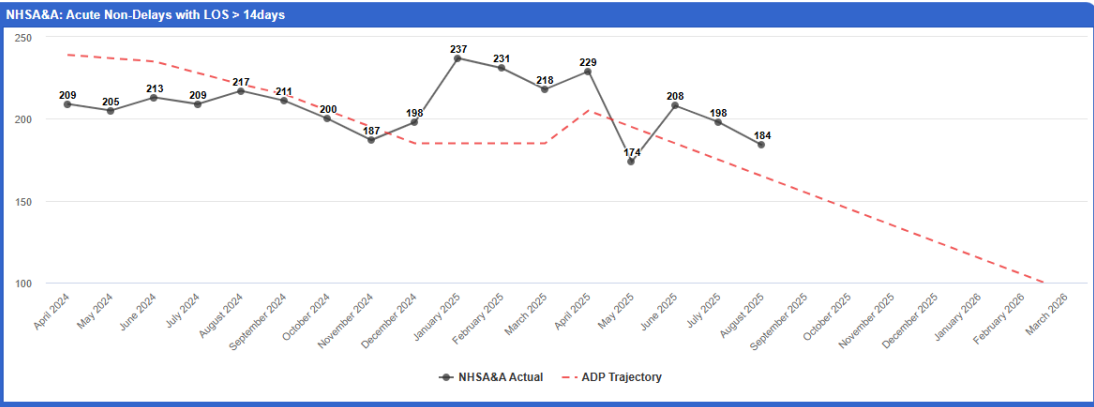
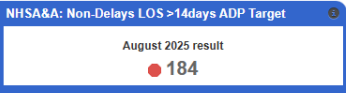
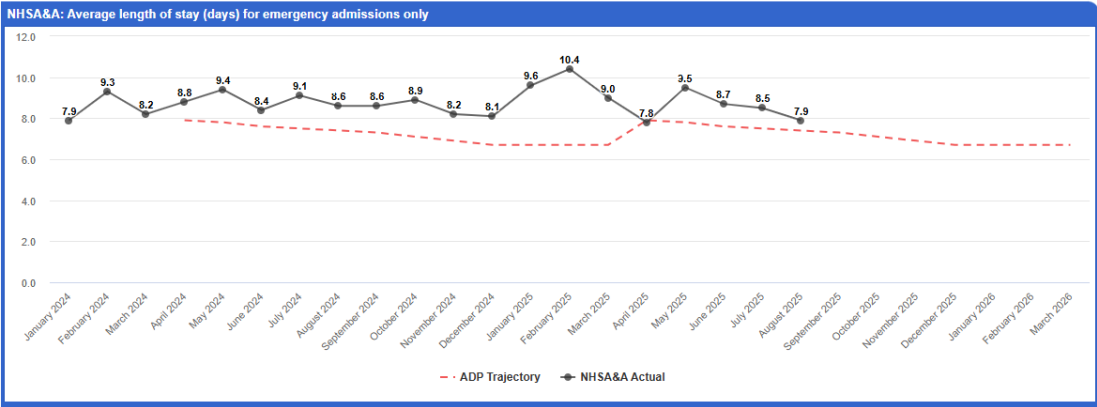
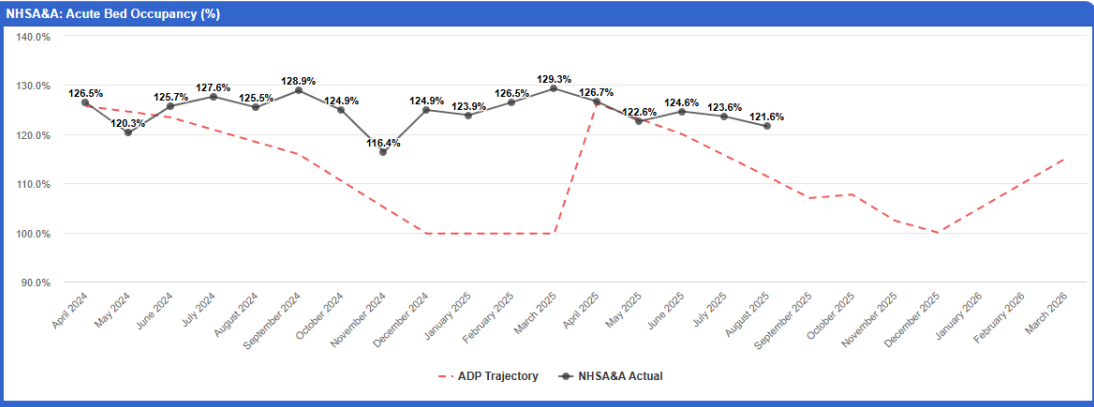
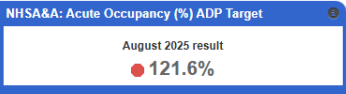
- Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 33%
- Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward) to 100%



Unscheduled Care – Delivery Plan 2025/26

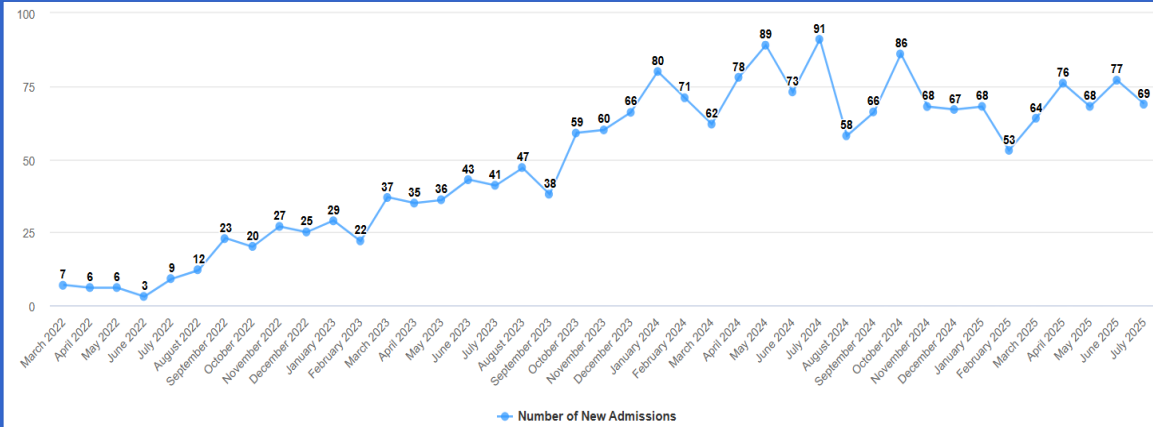
By August 2025:

- Reduce occupancy in our Acute sites to 111.4% or lower
- Reduce the Average Length of stay for emergency admissions to 7.4 days or lower
- Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 165 or fewer

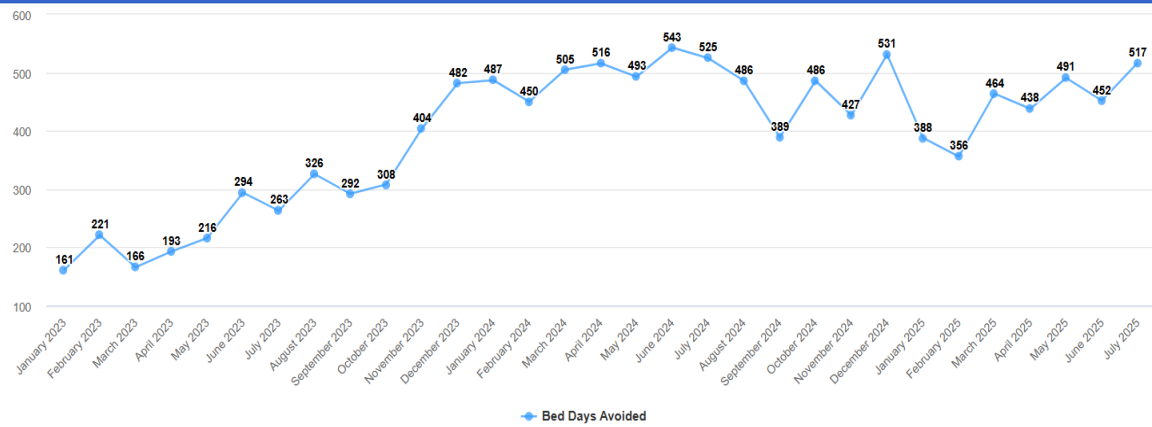


Hospital at Home (Acute Elderly)

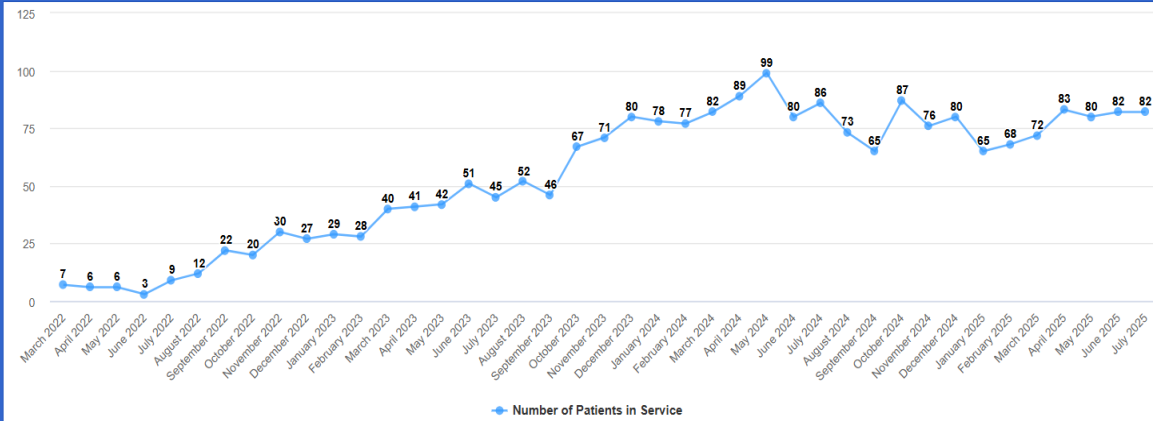
UUC - Hospital at Home - New Admissions



UUC - Hospital at Home - Bed Days Avoided



UUC - Hospital at Home - Patients in Service



Delivery Plan Improvement Actions – Unscheduled Care

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

Delivery Plan Improvement Actions – Unscheduled Care

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

Delivery Plan Improvement Actions – Unscheduled Care

Delivery Summary	Improvement Actions
Reduce bed occupancy and median Length of Stay (LOS) 115% by March 2026	<ul style="list-style-type: none">• Medical workforce review to drive 5 day board rounds to optimise discharges and reduce bed occupancy.• Median LOS targets to be agreed across all divisions and speciality areas to reduce occupancy. Development of dashboard to support monitoring of targets set.• Reduce clinical variation through Discharge without Delay Principles.
Increase Hospital @ Home beds by tbc December 2026	<ul style="list-style-type: none">• Some additional funding has been allocated to enhancing H@H. This does not fully align to our aspirations for the service, to deliver our share of the 2000 beds previously outlined. The team are now undertaking a full review of what can be delivered in the current year with the allocation that has been received. This will also take into consideration models from other Boards and remote/digital options to maximise on funding.

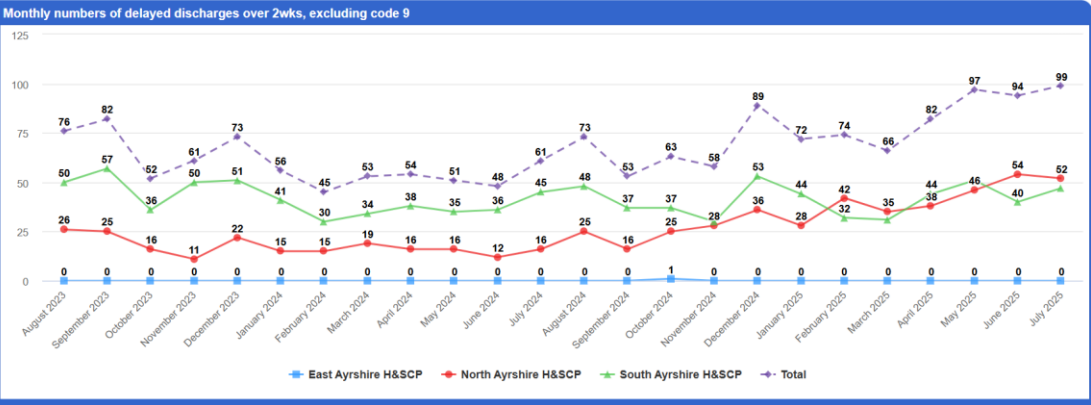
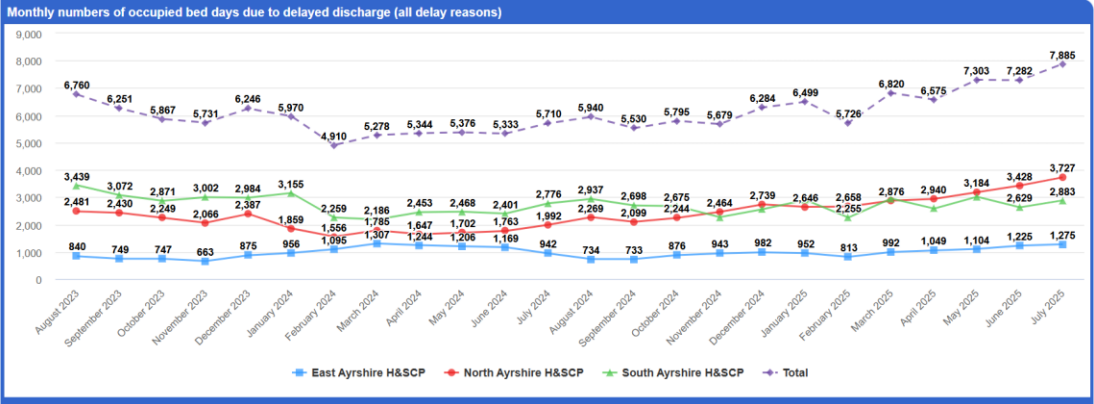
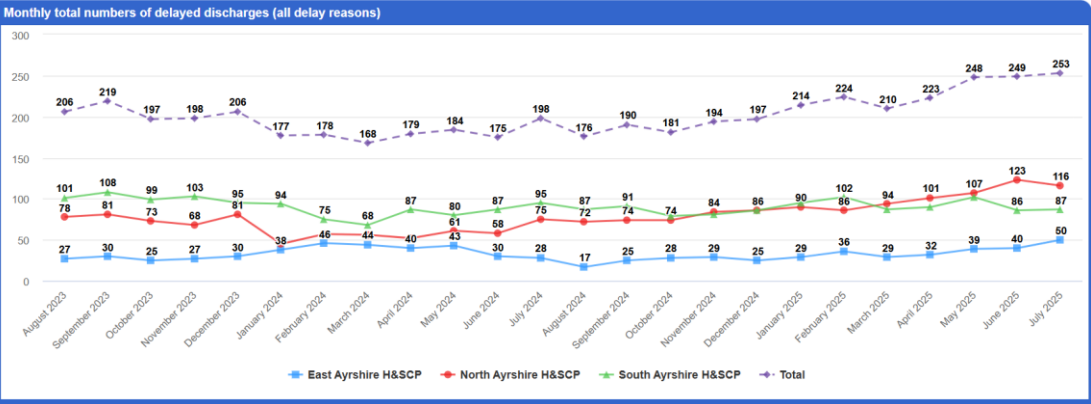
Delivery Plan Improvement Actions – Whole System

Delivery Summary	Improvement Actions
Strengthen community rehabilitation, reablement and step-down facilities	North – Actions currently being scoped and developed
	South - Actions currently being scoped and developed
	East - Actions currently being scoped and developed

Delayed Discharges

Delayed Discharges – NHS Ayrshire & Arran

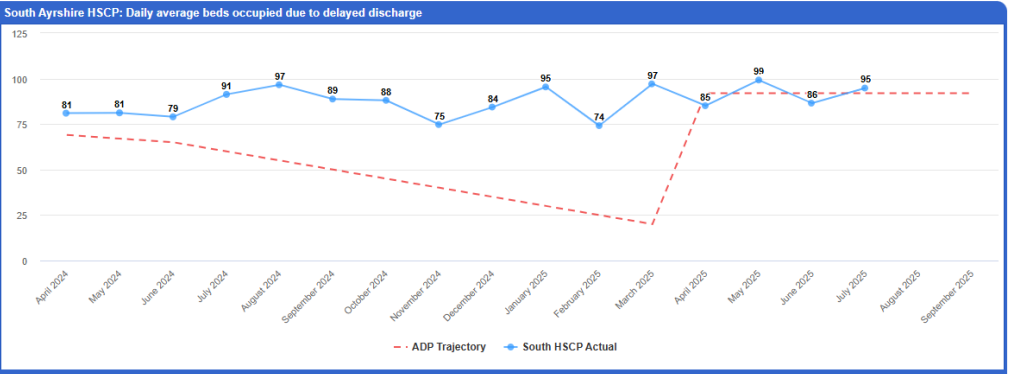
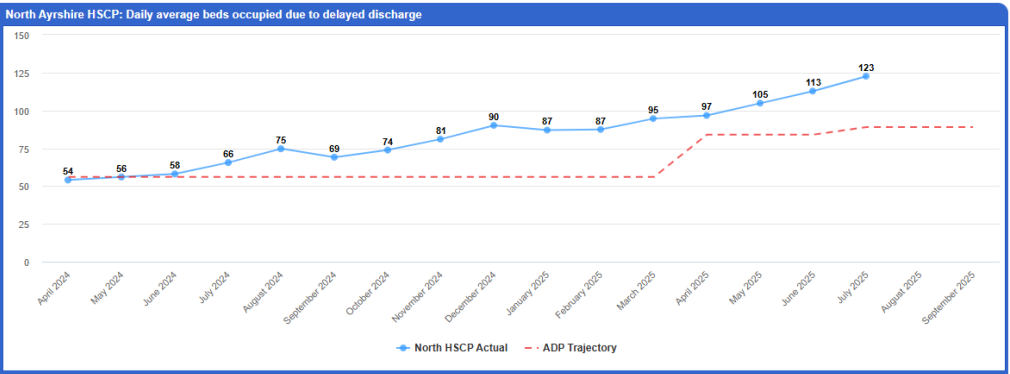
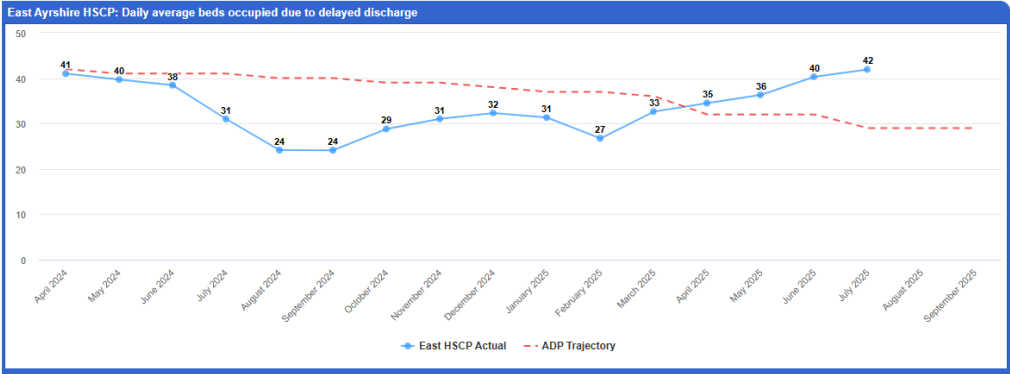
- Three main measures are monitored in terms of performance:
- numbers of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point;
 - numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month;
 - numbers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



Delayed Discharges – Delivery Plan Trajectories 2025/26

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

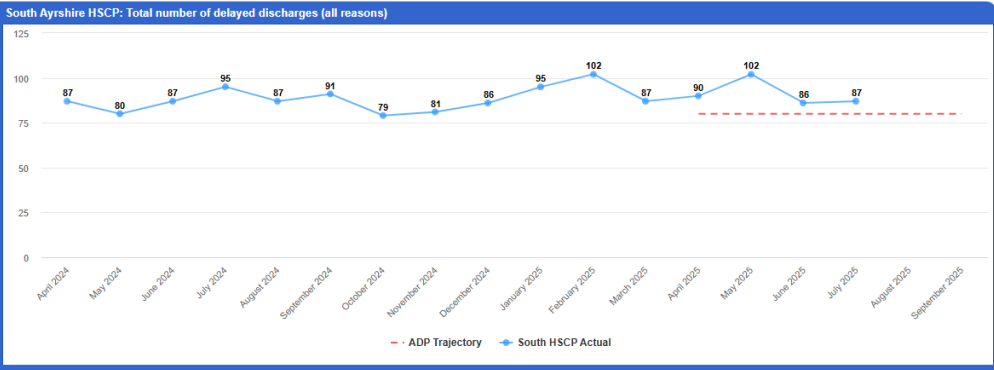
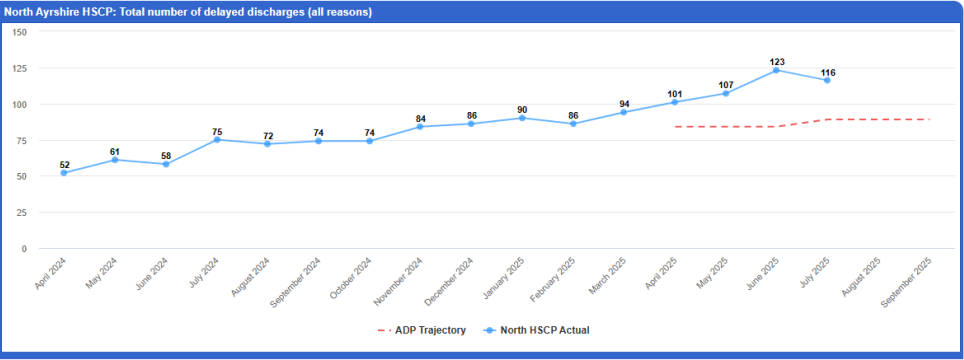
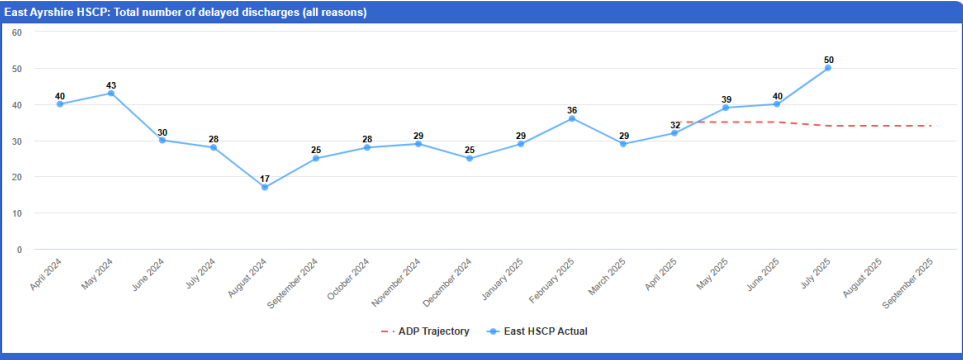
Trajectories	Baseline March 2025	Q1	Q2	Q3	Q4
East	33	32	29	28	27
North	95	84	89	94	99
South	97	92	92	92	92



Delayed Discharges – Delivery Plan Trajectories 2025/26

- Reduce the total number of delayed discharges in all hospitals

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



Delivery Plan Improvement Actions – Delayed Discharges East Ayrshire HSCP

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

Delivery Plan Improvement Actions – Delayed Discharges North Ayrshire HSCP

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

Delivery Plan Improvement Actions – Delayed Discharges South Ayrshire HSCP

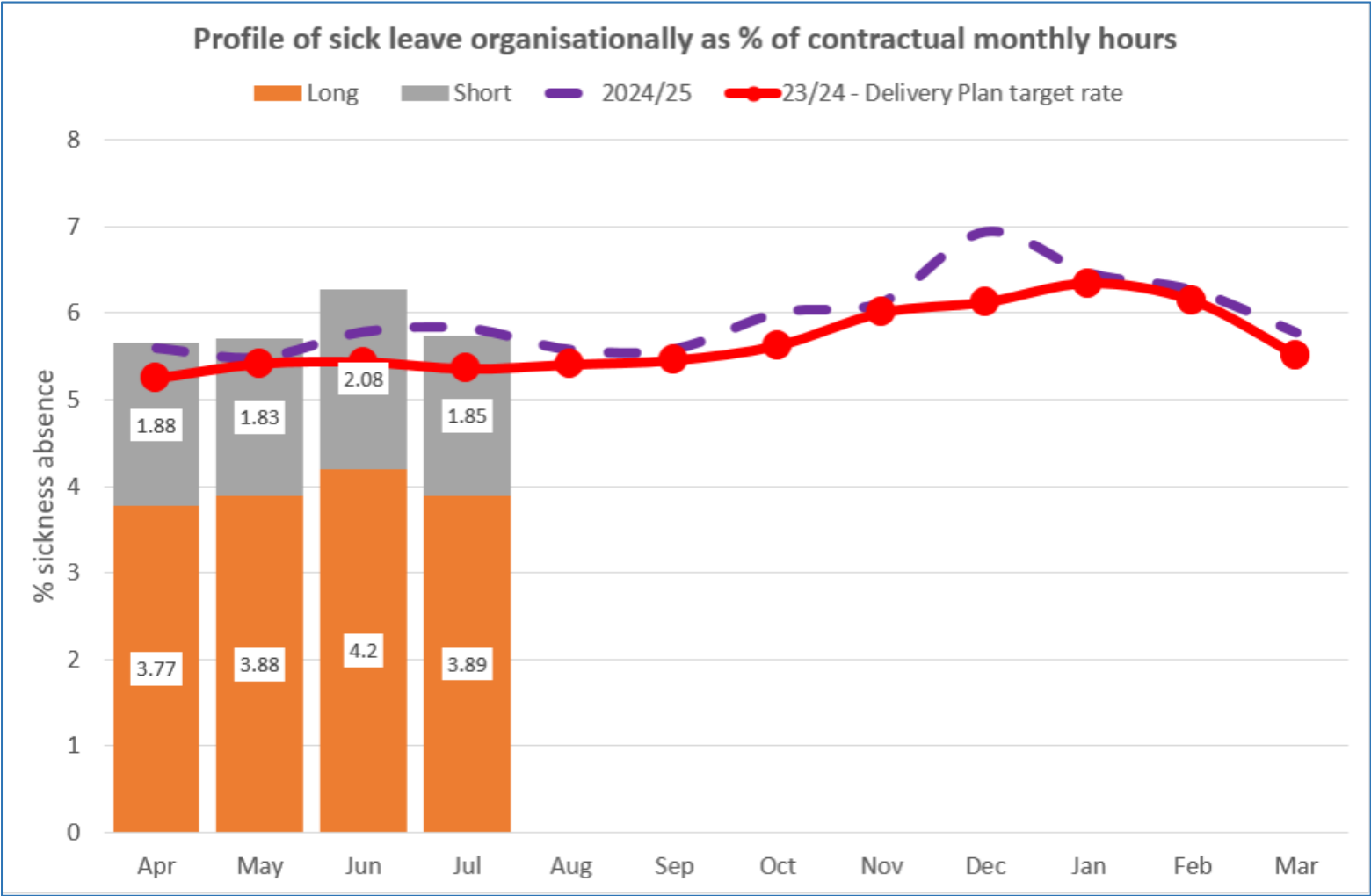
Delivery Summary	Improvement Actions
<p>Reduce the daily average number of occupied bed days due to a delayed discharge.</p> <p>Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p>	<ul style="list-style-type: none">• Recruit 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 Racecourse Road Intermediate Care Unit.• Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships.

Workforce

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

By March 2026:

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



Source: Local Management Reports, HR

Delivery Plan Improvement Actions – Workforce Sickness Absence

Delivery Summary	Improvement Actions
Continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance	<ul style="list-style-type: none">• 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 and quarterly targets have been agreed for 2025/26 which will cumulatively contribute to our overall ambition of a 0.42% reduction for 2025/26 i.e. a rate of 5.15%.• 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).• 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.

Primary Care

Delivery Plan Improvement Actions

Delivery Summary	Improvement Actions
<p>Access to GPs and other primary and community care clinicians: increase the capacity in general practice and make GP services more consistent across Scotland</p>	<ul style="list-style-type: none"> • 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 • 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

Delivery Plan Improvement Actions

Delivery Summary	Improvement Actions
Engage in recruitment and retention initiatives, including GP fellowships and retainer schemes	<ul style="list-style-type: none">• Increase resilience within the GP workforce and support succession planning
Participate in new CVD and Frailty Enhanced Services in General Practice	<ul style="list-style-type: none">• The provision of prevention and early intervention reducing avoidable1 CVD deaths by 20% in 20 years
Identify Frailty Leads in practices and support proactive interventions	<ul style="list-style-type: none">• Actions currently being scoped and developed

Delivery Plan Improvement Actions

Delivery Summary	Improvement Actions
Collaborate with NHS Education for Scotland on training for pharmacists, dentists, and optometrists	<ul style="list-style-type: none">• Dentistry: deliver a 7% increase in student numbers from September 2025• Pharmacists: Actions currently being scoped and developed• Optometrists: Actions currently being scoped and developed
Eyecare: deliver a new acute anterior eye condition service during 2025	<ul style="list-style-type: none">• Roll out of the new specialist supplementary eye examination within GOS to manage patients with 10 specific acute anterior eye conditions by IP Optometrists.
Pharmacy: expand Pharmacy First Service	<ul style="list-style-type: none">• To expand the Pharmacy First Service to allow community pharmacists to treat more clinical conditions via PGD reducing the need for GP visits

Innovations

Delivery Plan Improvement Actions

Delivery Summary	Improvement Actions
Adopt new innovations: Before the end of 2025-26, start using genetic testing for recent stroke patients	<ul style="list-style-type: none">• A pathway established across Scotland for new stroke patients to receive a lab-based genetic test to inform what drug they are given to reduce the risk of a secondary stroke
Adopt new innovations: Support 3,000 people (nationally) newly diagnosed with type 2 diabetes over the next three years	<ul style="list-style-type: none">• To implement a digital intensive weight management programme to support 3,000 people (nationally) recently diagnosed with type 2 diabetes.
Adopt new innovations: Before the end of 2025-26, start using genetic testing for newborn babies with bacterial infections	<ul style="list-style-type: none">• A pathway will be established across Scotland for newborn babies to receive a genetic test via a point-of-care device to inform what drug they are given to manage an infection.

Digital

Delivery Plan Improvement Actions

Delivery Summary	Improvement Actions
A new online app for health and social care: roll this out from December 2025, starting in Lanarkshire	<ul style="list-style-type: none">• 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.
Support integration of CHI numbers across health and social care systems	<ul style="list-style-type: none">• The use of the CHI in local government will support the appropriate sharing of information across health, social work and social care settings by expanding the use of a common identifier for verification and data matching.