

NHS Ayrshire & Arran



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| Meeting: | Ayrshire and Arran NHS Board |
| Meeting date: | Monday 9 February 2026 |
| Title: | Performance Report |
| Responsible Director: | Kirstin Dickson, Director of Transformation and Sustainability |
| 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 are 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 which are included in the NHS Board paper.

Note 1 - Following the agreed allocation of Whole System funding, there has been a revision to the Delivery Plan trajectories for Delayed Discharges from November 2025 onwards.

Note 2 – Public Health Scotland have revised their methodology in relation to the ED 4 Hour Performance standard of 95% where new planned attendances are now included. The Delivery Plan Trajectory is still based on unscheduled attendances only. Both sets of measures are included in this report.

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 December 2025, although for some measures only November 2025 data are available.

Executive Performance Summary

New Outpatients

- Performance against the 12-week 95% National target/standard for New Outpatients continues to show an improving trend from 35.4% in September 2025 to 41.9% in December 2025. 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 November 2025.
- The overall total number of patients waiting continues shown an improving trend, from 57,129 in July 2025 to 48,359 in December 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 48,146 waiting.
- The number waiting over 52 weeks continues to show a decreasing trend from 11,450 in May 2025 to 4,729 in December 2025. This is lower than and meets the delivery plan trajectory of fewer than 6,398 waiting.

Inpatients/Day Cases

- Compliance against the 12-week 100% National target/standard for Inpatients/Day Cases (completed waits) remains static with a slight decrease from 54.5% in November 2025 to 54.0% in December 2025. NHS Ayrshire & Arran reports higher levels of compliance compared to the Scottish average

although published data from Public Health Scotland is only available up to November 2025.

- The overall total number of patients waiting continues a general increasing trend. This did however decrease from 8,534 in November 2025 to 8,499 in December 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 6,332 waiting.
- The number waiting over 52 weeks for Inpatient/Day Case treatment shows a decreasing trend from 1,702 in August 2025 and 1,354 in December 2025. This is lower than and meets the Delivery Plan trajectory of fewer than 1,379 waiting.

Radiology/Imaging

- Following an improving trend from 57.9% in July 2025, performance against the 6-week National target/standard of 100% for Imaging has decreased from 79.8% in November 2025 to 71.8% in December 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 September 2025.
- The overall waiting list for Imaging continues to show a decreasing trend from 8,188 in July 2025 to 4,695 in December 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 3,370 patients waiting.
- The number waiting over 6 weeks for Imaging increased from 1,133 in November 2025 to 1,326 in December 2025. This is the first increase since July 2025 which exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 519 waits.

Endoscopy

- Compliance against the 6-week National target/standard for Endoscopy shows a reduction from 41.1% in November 2025 to 37.4% in December 2025. 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 September 2025.
- The overall waiting list for Endoscopy shows an increasing trend from 2,307 in August 2025 to 2,775 in December 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 1,392 patients waiting.
- The overall total number of patients waiting over 6 weeks for Endoscopy continues a general increasing trend from 1,294 in March 2025 to 1,736 in December 2025. This exceeds, and fails to meet, the Delivery Plan trajectory of fewer than 821 waits.

Cancer

- Performance against the 62-day 95% Cancer target/standard continues an improving trend, from 50.5% in June 2025 to 80.5% in November 2025. This is higher than and exceeds the Delivery Plan trajectory of 70.0%.
- The latest national published quarterly benchmarking data which provides data up to September 2025 indicated that NHS Ayrshire & Arran was reporting lower levels of compliance compared to the Scottish average at that time. Heatmap performance for NHS Scotland is available for November 2025 and suggests that NHS Ayrshire and Arran are reporting higher levels of compliance than Scotland with compliance of 73.3%.
- Performance against the 31-day 95% Cancer target/standard has increased from 98.7% in October 2025 to 100.0% in November 2025. This meets and exceeds the Delivery Plan trajectory of 98.0%.

- The latest national published quarterly benchmarking data up to September 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 is available for November 2025 and suggests that NHS Scotland compliance was 95.4% 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, from 36.5% in November 2025 to 31.1% in December 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 (44.0%) was the only profession that met and exceeded the 40% Delivery Plan trajectory in December 2025. Physiotherapy (35.3%), Podiatry (20.6%) and Orthotics (17.2%) were all lower than, and failed to meet the Delivery plan trajectory.

Mental Health

- In December 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 September 2025 indicated that compliance remained higher than the national average at that time.
- Performance for Psychological Therapy (PT) waiting times decreased from 92.5% in October 2025 to 87.1% in November 2025. This is the first time since June 2025 that compliance has been lower than 90%. The latest published national benchmarking data for September 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 November 2025, with compliance of 98.8%. 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 September 2025 indicated that compliance remained higher than the national average.

Urgent Care

- In December 2025, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 10,046 contacts including patients navigating through the various pathways. 90% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During December 2025, 307 Call before Convey calls were received by AUCS with only 18 (6%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 289 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In December 2025, there were 841 calls from Care Homes into the AUCS service with only 7% (58) of these patients requiring to attend an acute hospital. Therefore, 783 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.

- A total of 173 patients were navigated through the Emergency Services Mental Health pathway in December 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 1,400 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 240 patients. The service has now expanded to include 31 GP practices and covers 76% of all COPD patients residing in Ayrshire & Arran.

Unscheduled Care:

- A total of 98,497 ED attendances were reported during the period January 2025 to December 2025. This is an increase of 2,352 attendances (+2.4%) compared to the same period in 2024 and equates to an additional 6 ED attendances per day on average. Both acute sites reported an increase in the number of attendances when compared to the same period in the previous year.
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled and new planned attendances) was 64.7% in December 2025; an increase from 63.7% recorded in November 2025 and higher than the 58.8% recorded at the same time the previous year (December 2024). The latest national benchmarking data indicates that ED 4-Hour compliance in November 2025 (63.6%) was below the national average (66.0%).
- ED 4-Hour performance for unscheduled attendances was 64.5% in December 2025 and failed to meet the Delivery Plan trajectory of 73.9%.
- Average length of stay in ED for all attendances increased from 5h 27m 08s in November 2025, to 5h 48m 23s in December 2025. This failed to meet the Delivery Plan Trajectory of 4h 08m 00s.
- Average length of stay in ED for overnight arrivals (8pm-8am) resulting in admission increased to 768 minutes in December 2025 against a Delivery Plan trajectory of 460 minutes or less, and for daytime arrivals (8am-8pm) resulting in admission was 808 minutes in December 2025 against a trajectory of 499 minutes or less.
- In December 2025, there were 28 patients waiting over 12 hours in our ED departments on average per day. This is a fall compared to the previous two months and compared to December 2024 (32 patients waiting over 12 hours on average per day) but fails to meet the Delivery Plan trajectory of 15 or fewer per day.
- In December 2025, 54.0% of ambulances were turnaround within 60 minutes at our acute sites. This was a fall of almost 4.5% points in comparison to the previous month but was slightly higher than the 48.0% reported in December 2024. Performance remains below the Delivery Plan Target of 68.0%.
- On average there were 56 patients per day conveyed by SAS to ED in December 2025 marginally failing to meet the Delivery Plan trajectory of 55 per day or fewer.
- The proportion of arrivals to Acute Frailty units (AFUs) who were discharged the same day had been on an increasing trend since the units opened in November

2024, reaching a peak of 14.3% in August 2025 before steadily decreasing to 11.0% by December 2025, failing to meet our Delivery Plan aim of 43.0%.

- The percentage of admissions to our Combined Assessment Units (CAUs) who were discharged or transferred within 72 hours of arrival was 85.9% in December 2025 against a Delivery Plan Target of 100%. Performance reached a high of 87.5% in September 2025 but has remained stable over the last three months at around 86%.
- Since April 2025, there has been a general decrease in our Acute occupancy levels, falling to 122.9% in December 2025 against a Delivery Plan aim of 110.0%.
- The average length of stay for emergency patients has increased in the last few months from 7.9 days in October 2025 to 8.7 days in December 2025. This is above the 8.1 days reported in December 2024 and fails to meet the Delivery Plan trajectory of 6.7 days.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay reduced significantly between April 2025 and November 2025, falling from 229 to 180. However, the figure for December 2025 increased to 241 patients, failing to meet the Delivery Plan trajectory of 125 or fewer.
- The number of new admissions into the hospital at home service reached 88 in December 2025, the highest since July 2024. The number of bed days avoided via our Acute Hospital at Home service increased from 388 in January 2025 to a high of 552 in October 2025, falling slightly to 533 in December 2025.

Delayed Discharges

- Total numbers of delayed discharges had been steadily increasing each month over the past year, reaching 244 at the September 2025 census point before falling to 220 at November 2025. Most delays recorded in November 2025 were within North Ayrshire HSCPs (97 delays, 44.1%), followed by 86 in South Ayrshire HSCP (39.1%). There were 37 delays reported in East Ayrshire HSCP (16.8%). Compared to the census for the same period in 2024 (November 2024), East and North Ayrshire HSCPs reported higher delay numbers.
- Occupied bed days due to a delay reached a high of 7,885 in July 2025 and have since been gradually falling, reaching 6,817 in November 2025. East and North Ayrshire HSCPs recorded marginal increases compared to October 2025, whereas there has been a fall from 3,262 in South Ayrshire HSCP in October 2025 to 2,718 in November 2025.
- The national target is for zero non-complex delays over 2 weeks, however in November 2025 there were 97 such delays across NHS Ayrshire & Arran. The majority of the delays (53) were from North Ayrshire HSCP and 44 from South Ayrshire HSCP. There were no delays over 2 weeks recorded from East Ayrshire HSCP for the 13th 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.
 - The daily average number of occupied bed days due to a delay increased between February and August 2025 in East Ayrshire HSCP but fell in September 2025 to 35 and levels have remained constant in October and November 2025. Despite the decrease, East Ayrshire HSCP failed to meet the Delivery Plan Target of 28 or fewer. Correspondingly, the number of delays at the monthly Census point had also been increasing before falling to 34 in September and October 2025. There has been a slight increase to 37 in November 2025, failing to meet the Delivery Plan Target of 29 or less.

- Since April 2024, the daily average number of occupied bed days due to a delay had been increasing each month in North Ayrshire HSCP, reaching a high in July 2025. Since then, the number of occupied bed days has gradually fallen to 100 as at November 2025 and meets the Revised Delivery Plan Target of 105 or less. Correspondingly, the number of delays at the monthly Census point had also been increasing but has reduced to 97 at November 2025; this was against a Revised Delivery Plan Target of 105 or fewer.
- In South Ayrshire HSCP, the daily average number of occupied bed days due to a delay increased month on month between July 2025 and October 2025, before falling to 89 in November 2025. This fails to meet the Revised Delivery Plan Target of 80 or fewer. Similarly, the number of delays at the monthly Census point had been increasing but have fallen to 86 at November 2025; this was against a revised Delivery Plan Target of 80.

Workforce Sickness Absence

- In November 2025, sickness absence rates were recorded at 6.75% (short term: 2.49%, long term: 4.26%).

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. 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 29th January 2026.

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

NHS Ayrshire & Arran

Board Report

09 February 2026

Appendix 1

Performance Report

Planned Care

New Outpatients – National 12 Week Standard/Target

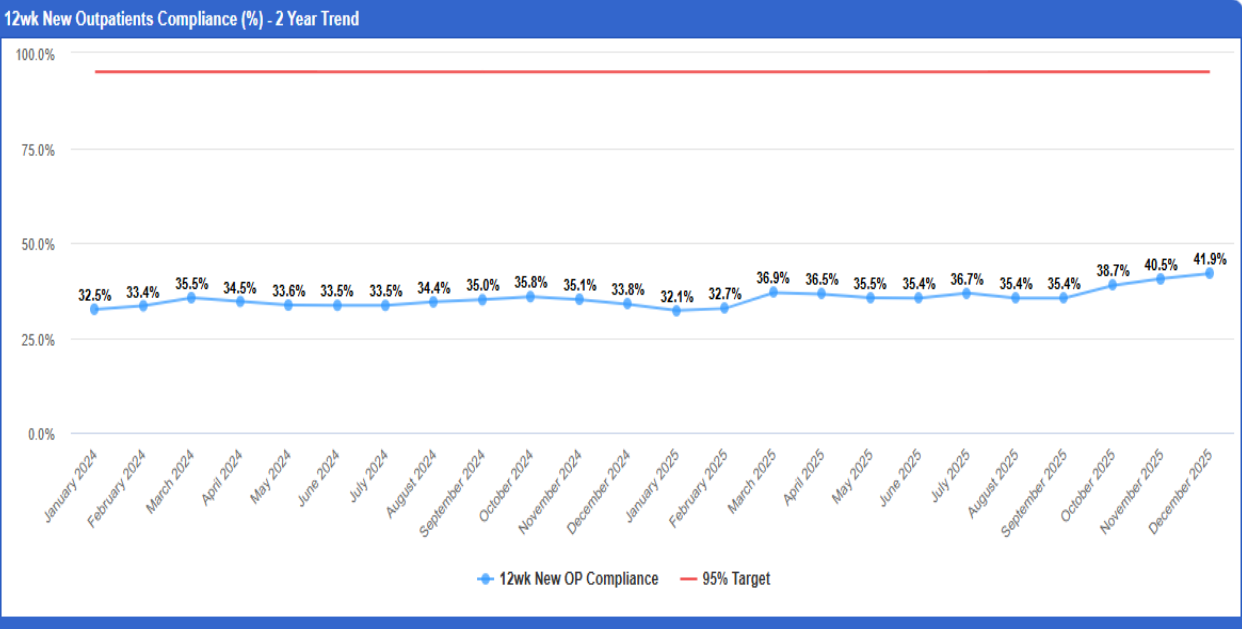
12wk New Outpatient 95% Target

December 2025 result

41.9%

Appendix 1 Performance Report

- 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)



| 12wk New Outpatients Compliance (%) by Specialty | | | | | |
|--|-------|--------|---------------|---------|--|
| Title | Value | Target | Last Update | History | |
| Neurology New OP Compliance - Max 12wks from Referral (95%) | 26.8% | 95.0% | December 2025 | | |
| Dermatology New OP Compliance - Max 12wks from Referral (95%) | 30.5% | 95.0% | December 2025 | | |
| Oral & Maxillofacial Surgery New OP Compliance - Max 12wks from Referral (95%) | 32.2% | 95.0% | December 2025 | | |
| Rheumatology New OP Compliance - Max 12wks from Referral (95%) | 32.5% | 95.0% | December 2025 | | |
| General Surgery (inc Vasc) New OP Compliance - Max 12wks from Referral (95%) | 35.7% | 95.0% | December 2025 | | |
| Ophthalmology New OP Compliance - Max 12wks from Referral (95%) | 38.0% | 95.0% | December 2025 | | |
| Plastic Surgery New OP Compliance - Max 12wks from Referral (95%) | 38.4% | 95.0% | December 2025 | | |
| Respiratory Medicine New OP Compliance - Max 12wks from Referral (95%) | 38.5% | 95.0% | December 2025 | | |
| Anaesthetics New OP Compliance - Max 12wks from Referral (95%) | 40.6% | 95.0% | December 2025 | | |
| ENT New OP Compliance - Max 12wks from Referral (95%) | 42.6% | 95.0% | December 2025 | | |
| Diabetes & Endocrinology New OP Compliance - Max 12wks from Referral (95%) | 43.0% | 95.0% | December 2025 | | |
| Gastroenterology New OP Compliance - Max 12wks from Referral (95%) | 45.5% | 95.0% | December 2025 | | |
| General Medicine New OP Compliance - Max 12wks from Referral (95%) | 46.7% | 95.0% | December 2025 | | |
| Gynaecology New OP Compliance - Max 12wks from Referral (95%) | 47.6% | 95.0% | December 2025 | | |
| Cardiology New OP Compliance - Max 12wks from Referral (95%) | 48.8% | 95.0% | December 2025 | | |
| Trauma & Orthopaedics New OP Compliance - Max 12wks from Referral (95%) | 58.7% | 95.0% | December 2025 | | |
| OTHER New OP Compliance - Max 12wks from Referral (95%) | 61.9% | 95.0% | December 2025 | | |
| Urology New OP Compliance - Max 12wks from Referral (95%) | 74.1% | 95.0% | December 2025 | | |
| Orthodontics New OP Compliance - Max 12wks from Referral (95%) | 85.9% | 95.0% | December 2025 | | |

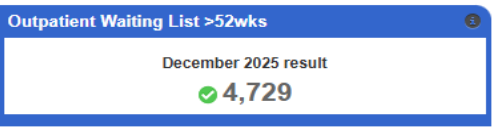
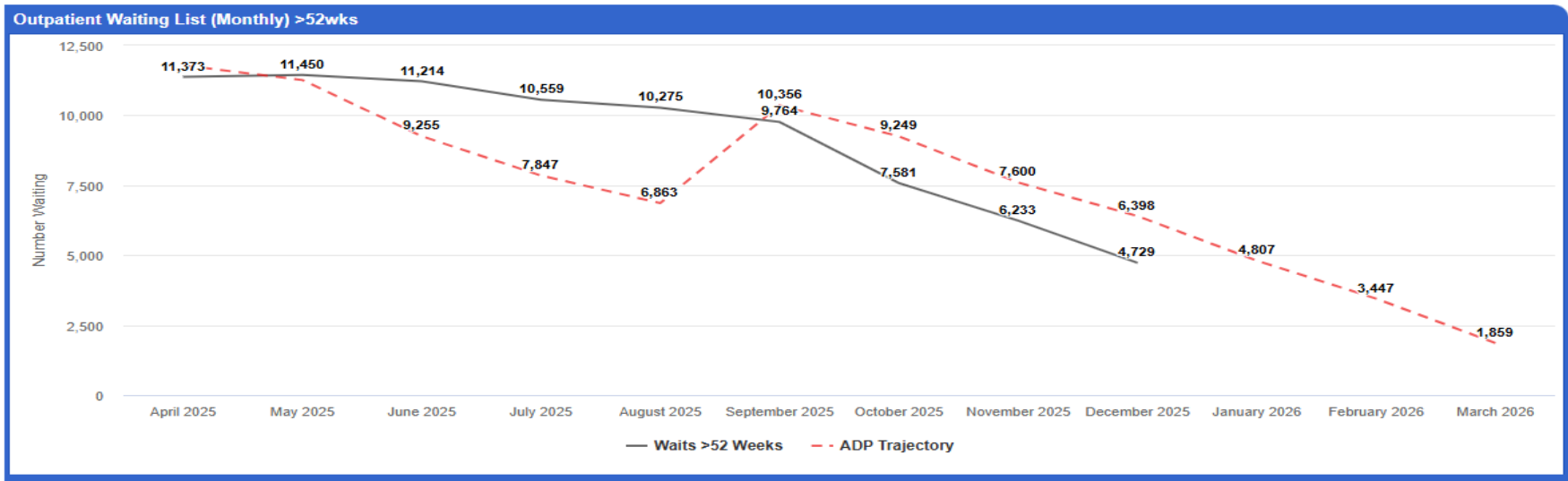
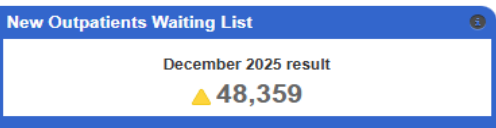
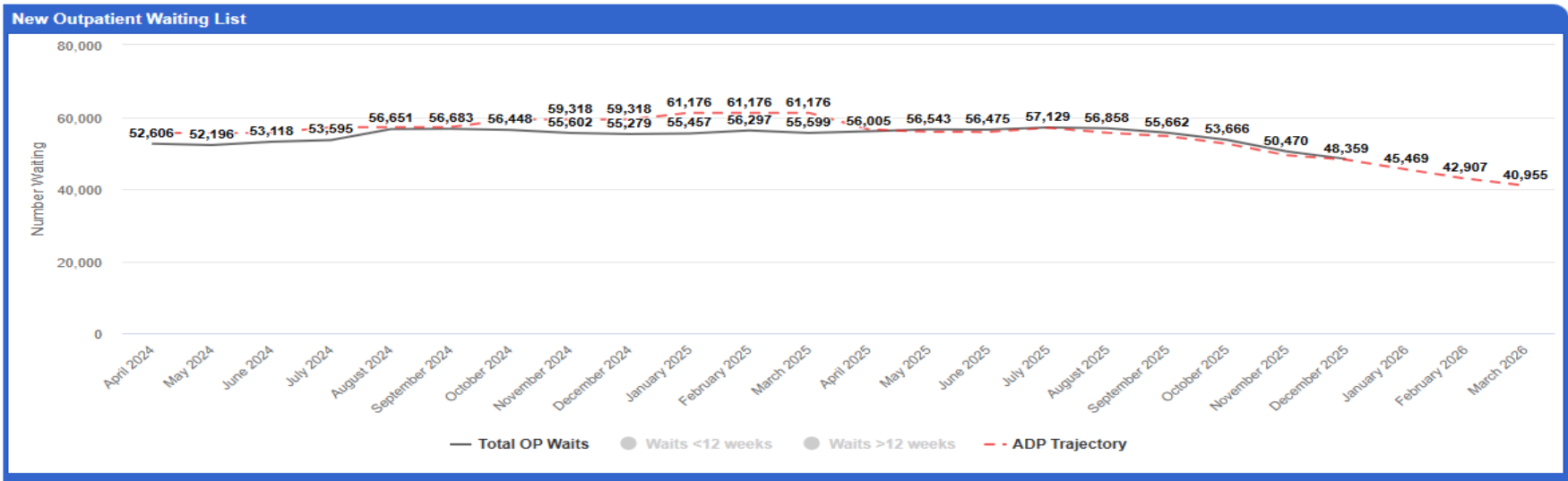
National Benchmarking – 12 Week New OP Target (95%)

| | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 34.50% | 33.30% | 31.70% | 32.20% | 36.40% | 36.30% | 35.50% | 35.60% | 37.20% | 36.10% | 35.90% | 37.70% | 40.10% |
| Scotland | 39.20% | 37.90% | 37.00% | 37.60% | 41.30% | 41.20% | 40.60% | 41.00% | 42.20% | 41.60% | 42.00% | 42.80% | 43.30% |

New Outpatients – Delivery Plan Trajectories 2025/26

By December 2025:

- The total number of patients waiting for a New Outpatient appointment is below 48,146
- The total number of patients waiting for a New Outpatient appointment >52 weeks is below 6,398



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)

December 2025 result

● 54.0%

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



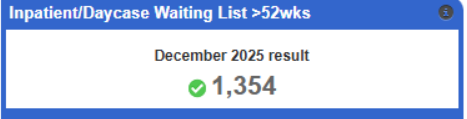
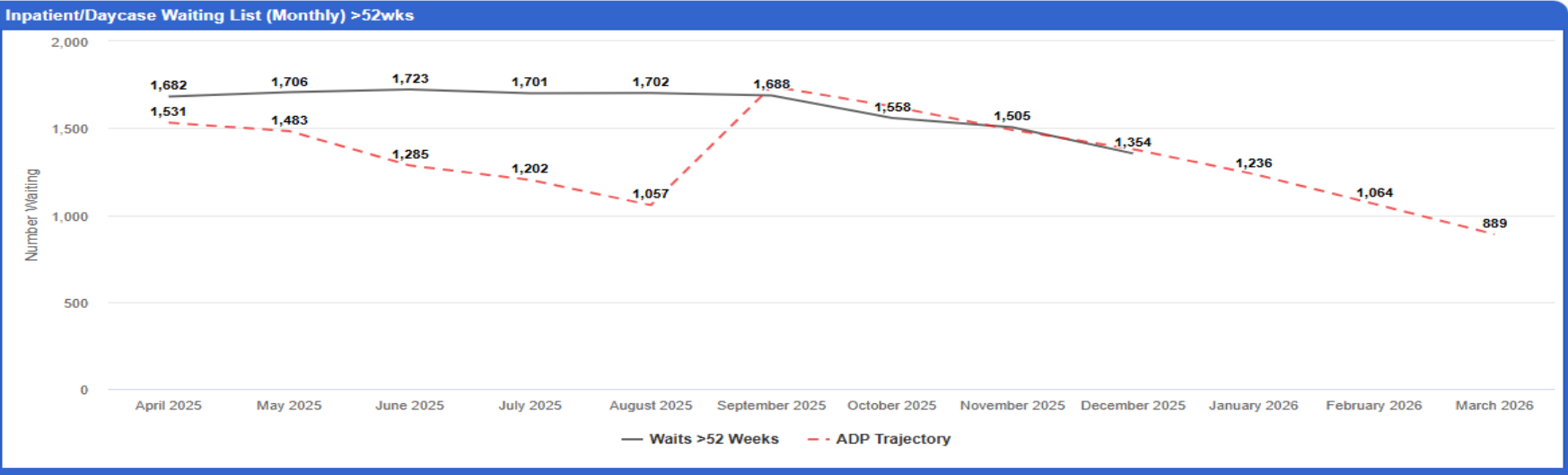
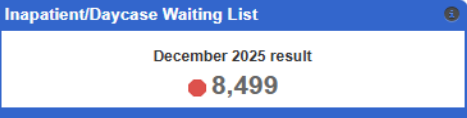
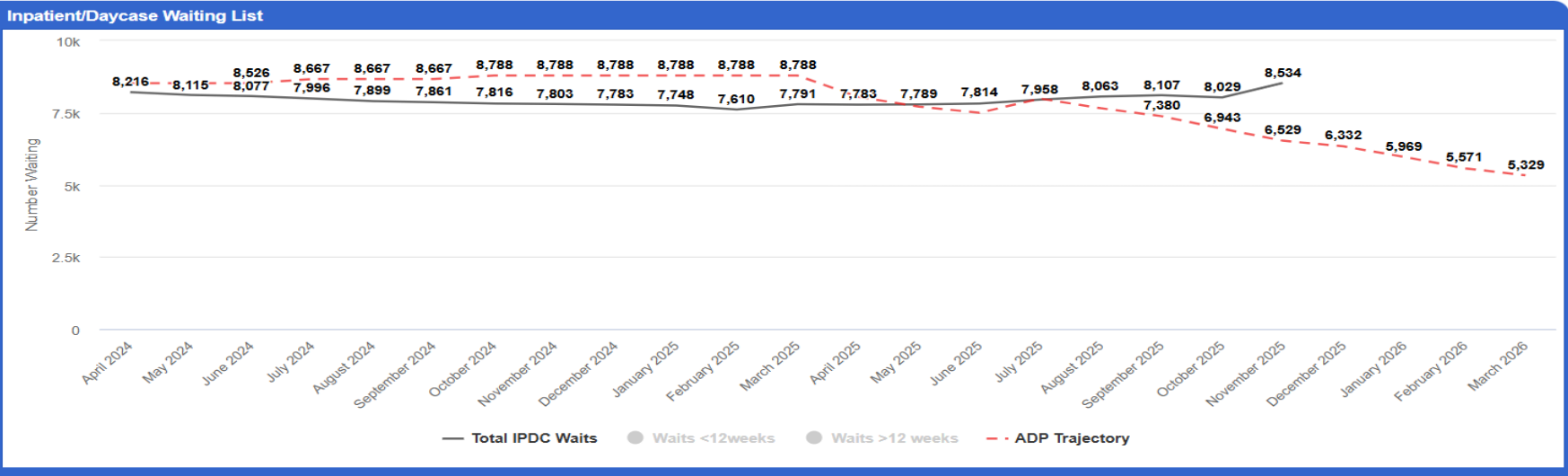
National Benchmarking – 12 Week IP/DC Target (100%)

| | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 57.30% | 61.10% | 59.20% | 58.70% | 59.10% | 65.30% | 65.90% | 62.30% | 62.20% | 64.20% | 66.10% | 60.80% | 62.70% |
| Scotland | 56.40% | 57.90% | 58.40% | 56.50% | 55.50% | 57.90% | 56.80% | 56.20% | 55.90% | 58.20% | 56.60% | 58.30% | 57.40% |

Inpatients/Day Cases – Delivery Plan Trajectories 2025/26

By December 2025:

- The total number of patients waiting for Inpatient/Day case treatment is below 6,332
- The total number of patients waiting for Inpatient/Day case treatment >52 weeks is below 1,379



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. |

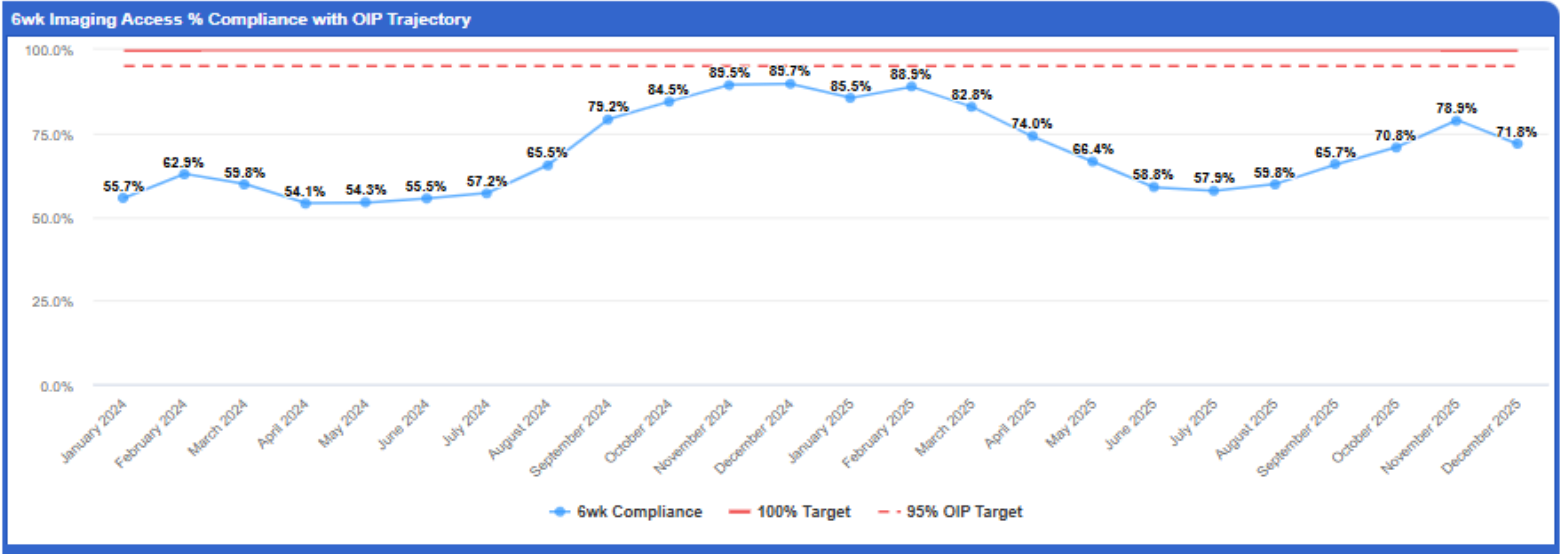
Radiology/Imaging - 6 Week Standard/Target

6wk Imaging Compliance

December 2025 result

71.8%

- **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 - % (CT) patients waiting <6wks | 88.8% | 100.0% | December 2025 | | |
| Imaging - % (MRI) patients waiting <6wks | 88.7% | 100.0% | December 2025 | | |
| Imaging - % Barium Studies patients waiting <6 weeks | 61.5% | 100.0% | December 2025 | | |
| Imaging - % Non-obstetric US patients waiting <6 weeks | 60.3% | 100.0% | December 2025 | | |

National Benchmarking - 6 Week Imaging Target (100%)

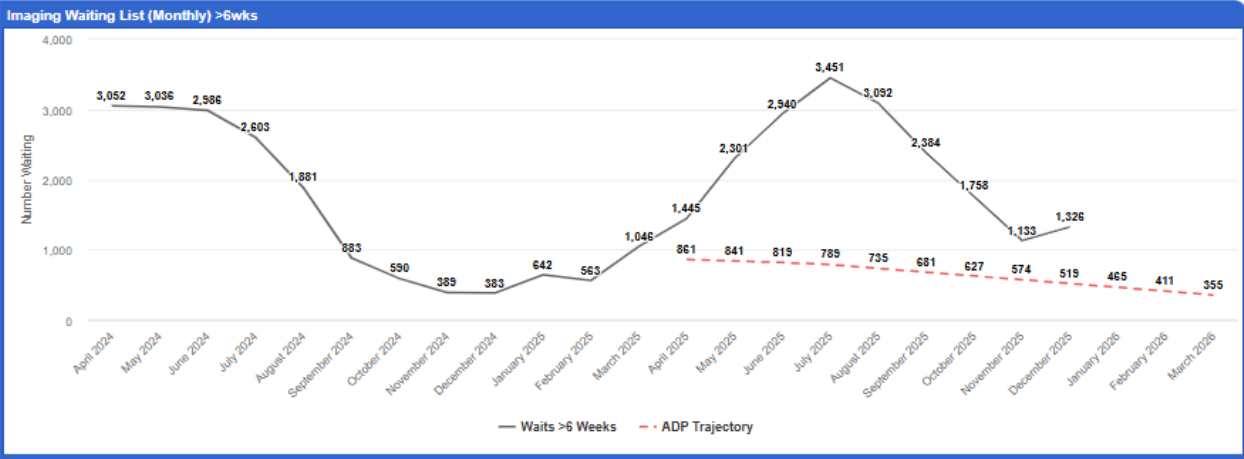
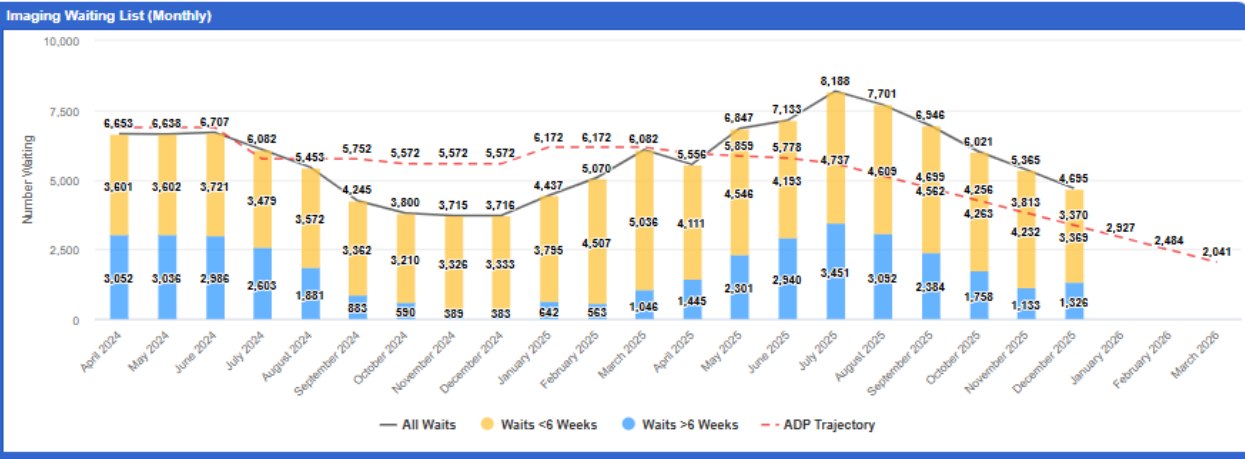
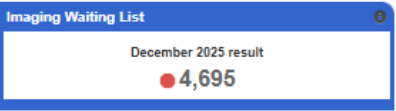
| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 79.20% | 84.50% | 89.50% | 89.70% | 85.50% | 88.90% | 82.80% | 74.00% | 66.40% | 58.80% | 57.90% | 59.80% | 65.70% |
| Scotland | 57.40% | 56.60% | 60.40% | 57.40% | 55.30% | 64.30% | 63.00% | 57.40% | 56.60% | 57.50% | 54.20% | 54.60% | 57.70% |

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 24th February 2026

Radiology/Imaging – Delivery Plan Trajectories 2025/26

By December 2025:

- Achieve an overall waiting list for Radiology/Imaging of less than 3,370
- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 519



Imaging Waiting List (Monthly) by Test

| Title | Value | Target | Last Update | History |
|--|-------|--------|---------------|---------|
| Barium Studies - Number of Patients waiting | 52 | 20 | December 2025 | |
| CT Scan - Number of Patients waiting | 1,172 | 1,728 | December 2025 | |
| MRI - Number of Patients waiting | 714 | 840 | December 2025 | |
| Non Obstetrics Ultrasound - Number of Patients waiting | 2,757 | 782 | December 2025 | |

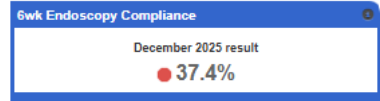
Imaging Waiting List (Monthly) >6wks by Test

| Title | Value | Target | Last Update | History |
|--|-------|--------|---------------|---------|
| Imaging - No. (MRI) patients waiting >6wks - ADP Trajectory | 81 | 77 | December 2025 | |
| Imaging - No. (CT) patients waiting >6wks - ADP Trajectory | 131 | 329 | December 2025 | |
| Imaging - No. Non-obstetric US patients waiting >6wks - ADP Trajectory | 1,094 | 111 | December 2025 | |
| Imaging - No. Barium Studies patients waiting >6wks - ADP Trajectory | 20 | 2 | December 2025 | |

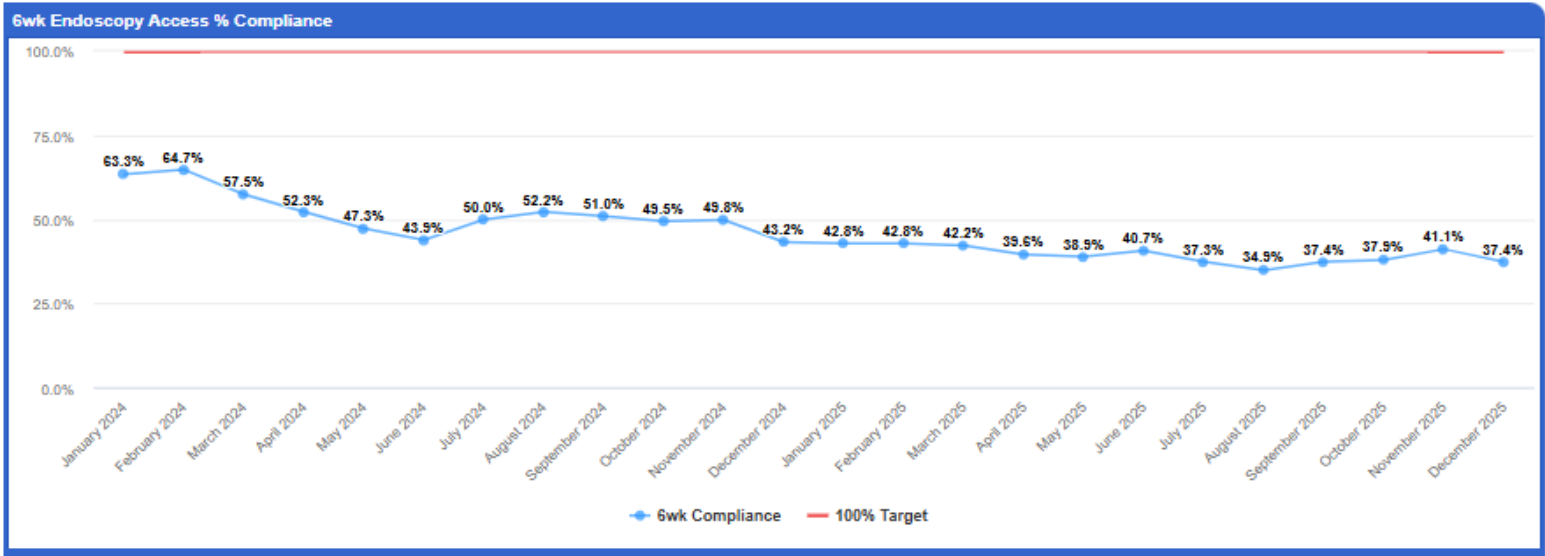
Delivery Plan Improvement Actions – Radiology/Imaging

| 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



- 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 - % Cystoscopy patients waiting <6 weeks | 60.0% | 100.0% | December 2025 | | |
| Endoscopy - % Colonoscopy patients waiting <6 weeks | 43.1% | 100.0% | December 2025 | | |
| Endoscopy - % Upper Endoscopy patients waiting <6 weeks | 36.9% | 100.0% | December 2025 | | |
| Endoscopy - % Lower Endoscopy patients waiting <6 weeks | 25.2% | 100.0% | December 2025 | | |
| Endoscopy - % Cytosponge patients waiting <6 weeks | 0.0% | 100.0% | December 2025 | | |

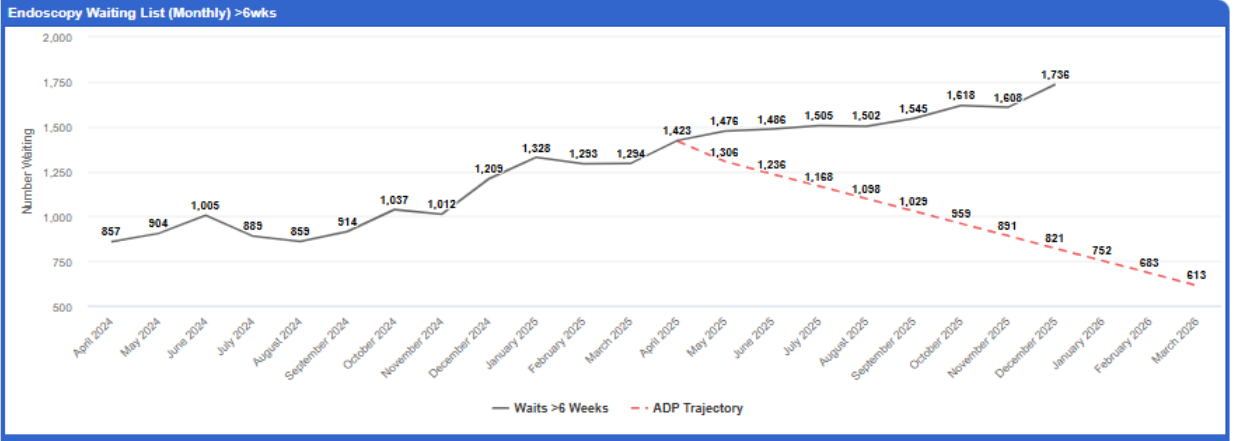
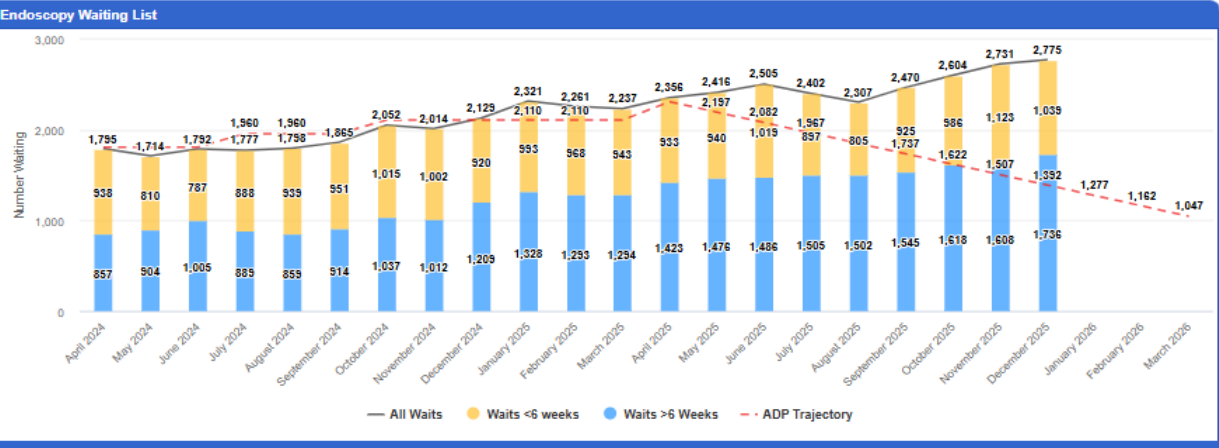
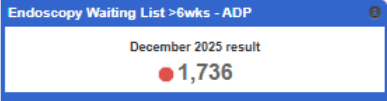
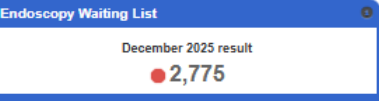
National Benchmarking – 6 Week Endoscopy Target (100%)

| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 51.00% | 49.50% | 49.80% | 43.20% | 42.80% | 42.80% | 42.20% | 39.60% | 38.90% | 40.70% | 37.30% | 34.90% | 37.40% |
| Scotland | 41.30% | 40.50% | 41.60% | 39.90% | 38.90% | 43.30% | 43.80% | 41.40% | 40.90% | 40.10% | 38.80% | 39.00% | 42.10% |

Endoscopy – Delivery Plan Trajectories 2025/26

By December 2025:

- Achieve a Diagnostic Endoscopy Waiting List below 1,392
- Achieve a Diagnostic Endoscopy Waiting List >6 weeks below 821



Endoscopy Waiting List (Monthly) by Test

| Title | Value | Target | Last Update | History |
|--|-------|--------|---------------|---------|
| Upper Endoscopy - Number of Patients waiting | 1,882 | 745 | December 2025 | |
| Lower Endoscopy - Number of Patients waiting | 310 | 147 | December 2025 | |
| Colonoscopy - Number of Patients waiting | 788 | 474 | December 2025 | |
| Cystoscopy - Number of Patients waiting | 15 | 28 | December 2025 | |

Endoscopy Waiting List (Monthly) >6wks by Test

| Title | Value | Target | Last Update | History |
|--|-------|--------|---------------|---------|
| Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory | 1,081 | 470 | December 2025 | |
| Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory | 232 | 114 | December 2025 | |
| Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory | 437 | 221 | December 2025 | |
| Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectory | 8 | 16 | December 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. |

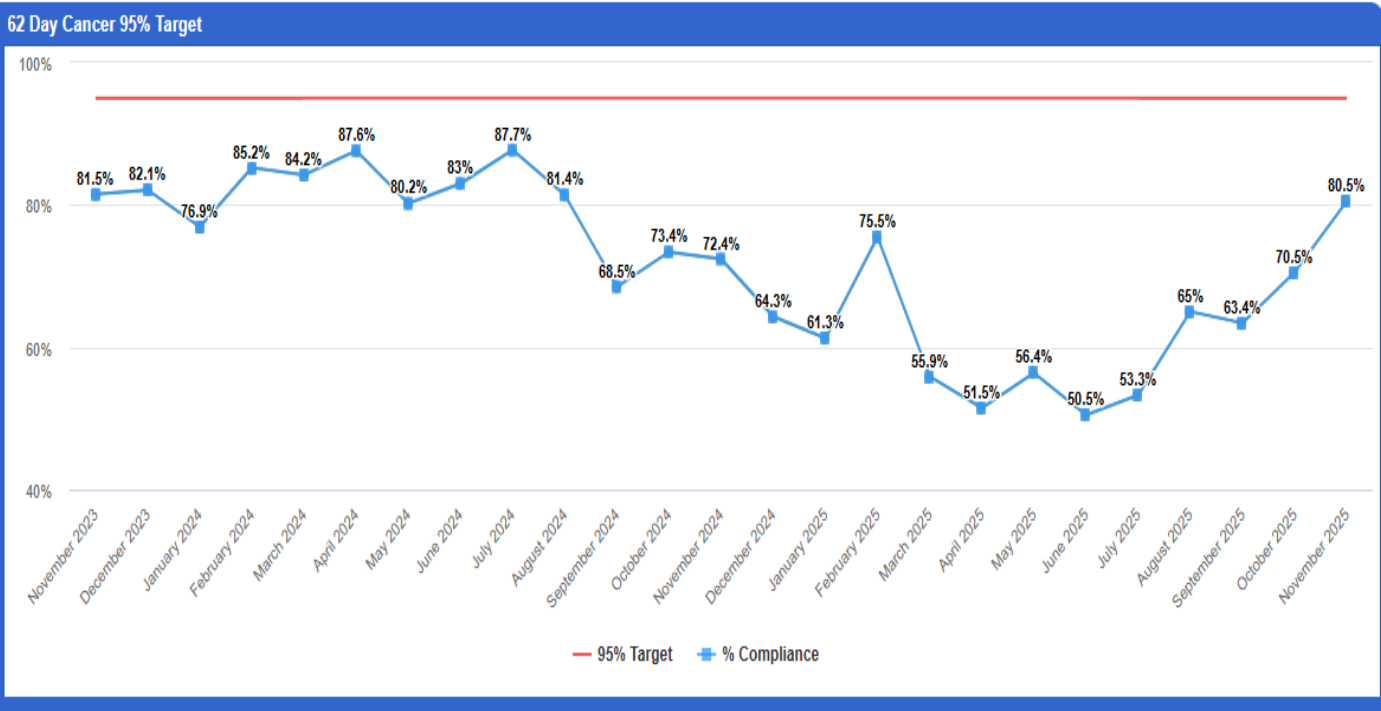
Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

November 2025 result

80.5%

- 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 | | | | | | | | | | | | | | | |
|-------------|--------|-----------|--------|--------|--------|---------|---------|---------|---------|---------|--------|-------|-------|--------|--------|-----------|---------|
| Nov-25 | | AA | B | DG | F | FV | Gr | GGC | H | La | Lo | O | S | T | WI | GJNH | Scot |
| Cancer Type | Br | 22/24 | 4/4 | 4/4 | 12/12 | 20/20 | 51/58 | 120/124 | 30/34 | 26/26 | 25/28 | 0/0 | 1/2 | 19/26 | 0/0 | - | 334/362 |
| | | 91.7% | 100.0% | 100.0% | 100.0% | 100.0% | 87.9% | 96.8% | 88.2% | 100.0% | 89.3% | - | 50.0% | 73.1% | - | - | 92.3% |
| | Ct | 0/0 | 0/0 | 0/0 | 0/1 | 0/0 | 0/0 | 2/3 | 0/2 | 1/1 | 0/3 | 0/0 | 0/0 | 0/1 | 0/0 | - | 3/11 |
| | | - | - | - | 0.0% | - | - | 66.7% | 0.0% | 100.0% | 0.0% | - | - | 0.0% | - | - | 27.3% |
| | Colo | 12/12 | 2/3 | 17/17 | 13/13 | 6/9 | 6/13 | 31/45 | 5/9 | 19/21 | 14/27 | 0/1 | 0/0 | 3/4 | 2/4 | - | 130/178 |
| | | 100.0% | 66.7% | 100.0% | 100.0% | 66.7% | 46.2% | 68.9% | 55.6% | 90.5% | 51.9% | 0.0% | - | 75.0% | 50.0% | - | 73.0% |
| | H&N | 1/1 | 0/0 | 1/1 | 2/3 | 2/3 | 1/3 | 16/27 | 1/1 | 4/5 | 15/16 | 0/0 | 0/0 | 3/3 | 0/0 | - | 46/63 |
| | | 100.0% | - | 100.0% | 66.7% | 66.7% | 33.3% | 59.3% | 100.0% | 80.0% | 93.8% | - | - | 100.0% | - | - | 73.0% |
| | Lung | 13/15 | 0/0 | 9/9 | 11/13 | 12/14 | 16/17 | 34/40 | 10/12 | 15/16 | 18/18 | 0/0 | 0/0 | 8/14 | 0/0 | - | 146/168 |
| | | 86.7% | - | 100.0% | 84.6% | 85.7% | 94.1% | 85.0% | 83.3% | 93.8% | 100.0% | - | - | 57.1% | - | - | 86.9% |
| | Lym | 2/2 | 1/1 | 1/1 | 0/0 | 1/1 | 3/3 | 4/10 | 2/2 | 2/2 | 4/6 | 0/0 | 0/0 | 0/0 | 0/1 | - | 20/29 |
| | | 100.0% | 100.0% | 100.0% | - | 100.0% | 100.0% | 40.0% | 100.0% | 100.0% | 66.7% | - | - | - | 0.0% | - | 69.0% |
| | Mel | 6/6 | 0/0 | 1/1 | 2/2 | 3/3 | 1/4 | 19/22 | 7/7 | 5/5 | 5/5 | 0/0 | 0/0 | 1/1 | 1/1 | - | 51/57 |
| | | 100.0% | - | 100.0% | 100.0% | 100.0% | 25.0% | 86.4% | 100.0% | 100.0% | 100.0% | - | - | 100.0% | 100.0% | - | 89.5% |
| | Ov | 3/3 | 0/0 | 0/0 | 0/0 | 1/1 | 2/3 | 3/6 | 0/0 | 0/0 | 5/5 | 0/0 | 0/0 | 2/2 | 0/0 | - | 16/20 |
| | | 100.0% | - | - | - | 100.0% | 66.7% | 50.0% | - | - | 100.0% | - | - | 100.0% | - | - | 80.0% |
| UGI | 5/5 | 2/2 | 7/7 | 8/8 | 11/12 | 17/20 | 34/40 | 7/10 | 11/13 | 30/32 | 0/0 | 0/0 | 4/6 | 0/0 | - | 136/155 | |
| | 100.0% | 100.0% | 100.0% | 100.0% | 91.7% | 85.0% | 85.0% | 70.0% | 84.6% | 93.8% | - | - | 66.7% | - | - | 87.7% | |
| Urol | 6/19 | 7/13 | 16/21 | 14/26 | 4/19 | 5/28 | 40/94 | 22/25 | 27/28 | 18/95 | 0/0 | 2/3 | 7/17 | 3/5 | - | 179/393 | |
| | 31.6% | 53.8% | 76.2% | 53.8% | 21.1% | 17.9% | 42.6% | 88.0% | 96.4% | 18.9% | - | 66.7% | 41.2% | 60.0% | - | 43.5% | |
| All | 70/87 | 16/23 | 56/61 | 62/78 | 60/82 | 102/149 | 303/411 | 84/102 | 110/117 | 134/235 | 0/1 | 3/5 | 47/74 | 6/11 | - | 1053/1436 | |
| | 80.5% | 69.6% | 91.8% | 79.5% | 73.2% | 68.5% | 73.7% | 82.4% | 94.0% | 57.0% | 0.0% | 60.0% | 63.5% | 54.5% | - | 73.3% | |

National Benchmarking - 62 Day Cancer Target (95%)

| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 68.50% | 73.40% | 72.40% | 64.30% | 61.30% | 75.50% | 55.90% | 51.50% | 56.40% | 50.50% | 53.30% | 65.00% | 63.40% |
| Scotland | 70.30% | 70.10% | 73.30% | 72.60% | 66.40% | 73.90% | 55.70% | 68.20% | 67.80% | 68.90% | 70.80% | 69.30% | 69.70% |

Cancer 62 day – Delivery Plan Trajectories 2025/26

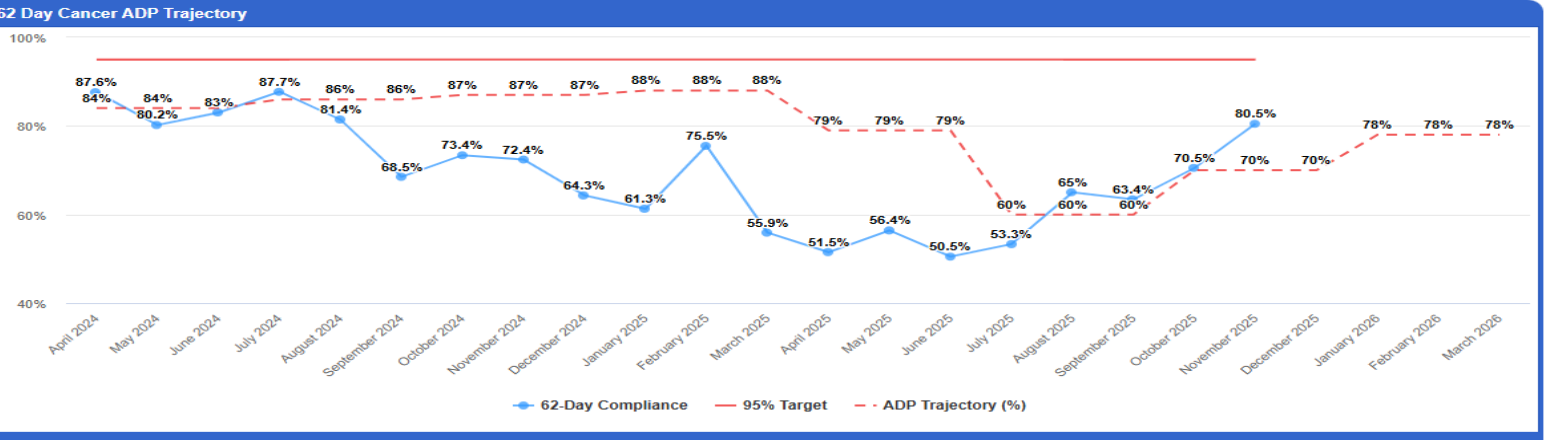
By November 2025, of those urgently referred with a suspicion of cancer:

- 70.0% to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

November 2025 result

80.5%



| 62 Day by Cancer type - ADP | | | | | | |
|--|--------|-----------|-------------|--------|---------------|---------|
| Title | Value | Numerator | Denominator | Target | Last Update | History |
| Colorectal Cancer - Waiting Times - 62 Day ADP Target | 100.0% | 12 | 12 | 78.0% | November 2025 | |
| Head and Neck Cancer - Waiting Times - 62 Day ADP Target | 100.0% | 1 | 1 | 67.0% | November 2025 | |
| Lymphoma Cancer - Waiting Times - 62 Day ADP Target | 100.0% | 2 | 2 | 88.0% | November 2025 | |
| Melanoma Cancer - Waiting Times - 62 Day ADP Target | 100.0% | 6 | 6 | 82.0% | November 2025 | |
| Ovarian Cancer - Waiting Times - 62 Day ADP Target | 100.0% | 3 | 3 | 86.0% | November 2025 | |
| Upper Gastro-Intestinal Cancer - Waiting Times - 62 Day ADP Target | 100.0% | 5 | 5 | 69.0% | November 2025 | |
| Breast Cancer - Waiting Times - 62 Day ADP Target | 91.7% | 22 | 24 | 75.0% | November 2025 | |
| Lung Cancer - Waiting Times - 62 Day ADP Target | 86.7% | 13 | 15 | 85.0% | November 2025 | |
| Urological Cancer - Waiting Times - 62 Day ADP Target | 31.6% | 6 | 19 | 41.0% | November 2025 | |
| Cervical Cancer - Waiting Times - 62 Day ADP Target | 0.0% | 0 | 0 | 67.0% | November 2025 | |

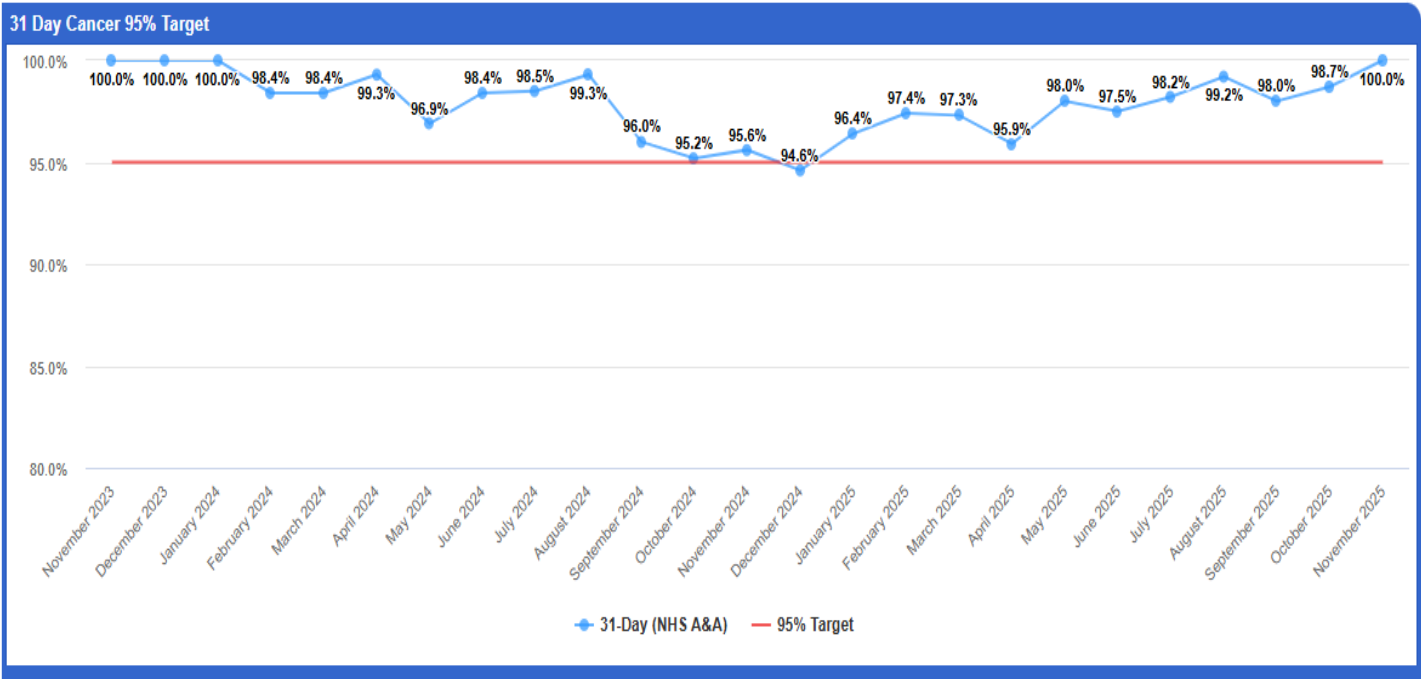
Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

November 2025 result

100.0%

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



| 31 | | NHS Board | | | | | | | | | | | | | |
|-------------|------|-----------|--------|--------|---------|---------|---------|---------|---------|---------|---------|-----|--------|---------|--------|
| Nov-25 | | AA | B | DG | F | FV | Gr | GGC | H | La | Lo | O | S | T | WI |
| Cancer Type | Br | 26/26 | 6/6 | 5/5 | 22/24 | 31/32 | 64/66 | 121/123 | 27/33 | 47/49 | 27/27 | 0/0 | 3/3 | 34/35 | 2/2 |
| | | 100.0% | 100.0% | 100.0% | 91.7% | 96.9% | 97.0% | 98.4% | 81.8% | 95.9% | 100.0% | - | 100.0% | 97.1% | 100.0% |
| | Cx | 0/0 | 1/1 | 0/0 | 0/0 | 0/0 | 3/3 | 6/6 | 2/2 | 0/0 | 6/6 | 0/0 | 0/0 | 2/2 | 0/0 |
| | | - | 100.0% | - | - | - | 100.0% | 100.0% | 100.0% | - | 100.0% | - | - | 100.0% | - |
| | Colo | 17/17 | 8/8 | 19/19 | 17/18 | 12/12 | 21/22 | 61/61 | 12/12 | 28/28 | 34/38 | 0/0 | 1/1 | 15/15 | 3/3 |
| | | 100.0% | 100.0% | 100.0% | 94.4% | 100.0% | 95.5% | 100.0% | 100.0% | 100.0% | 89.5% | - | 100.0% | 100.0% | 100.0% |
| | H&N | 2/2 | 0/0 | 2/2 | 2/2 | 5/5 | 8/8 | 44/45 | 1/1 | 4/4 | 27/27 | 0/0 | 0/0 | 8/9 | 0/0 |
| | | 100.0% | - | 100.0% | 100.0% | 100.0% | 100.0% | 97.8% | 100.0% | 100.0% | 100.0% | - | - | 88.9% | - |
| | Lung | 19/19 | 1/1 | 8/8 | 11/11 | 17/17 | 23/23 | 85/86 | 16/16 | 17/17 | 58/58 | 0/0 | 0/0 | 23/23 | 0/0 |
| | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.8% | 100.0% | 100.0% | 100.0% | - | - | 100.0% | - |
| | Lym | 4/4 | 1/1 | 6/6 | 9/9 | 3/3 | 10/10 | 24/24 | 3/3 | 7/7 | 11/11 | 0/0 | 0/0 | 5/5 | 0/0 |
| | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | - | - | 100.0% | - |
| | Mel | 6/6 | 0/0 | 1/1 | 5/5 | 3/3 | 5/5 | 31/31 | 8/8 | 6/6 | 9/10 | 0/0 | 0/0 | 2/3 | 0/0 |
| | | 100.0% | - | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 90.0% | - | - | 66.7% | - |
| | Ov | 1/1 | 0/0 | 0/0 | 2/2 | 1/1 | 4/4 | 12/12 | 0/0 | 0/0 | 5/5 | 0/0 | 0/0 | 1/1 | 0/0 |
| | | 100.0% | - | - | 100.0% | 100.0% | 100.0% | 100.0% | - | - | 100.0% | - | - | 100.0% | - |
| | UGI | 15/15 | 2/2 | 6/6 | 10/10 | 16/16 | 25/25 | 61/61 | 13/13 | 14/14 | 57/61 | 0/0 | 2/2 | 14/14 | 0/0 |
| | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 93.4% | - | 100.0% | 100.0% | - |
| | Urol | 32/32 | 15/15 | 31/32 | 44/50 | 21/21 | 49/66 | 139/158 | 33/34 | 44/50 | 120/138 | 0/0 | 2/2 | 31/33 | 0/0 |
| | | 100.0% | 100.0% | 96.9% | 88.0% | 100.0% | 74.2% | 88.0% | 97.1% | 88.0% | 87.0% | - | 100.0% | 93.9% | - |
| | All | 122/122 | 34/34 | 78/79 | 122/131 | 109/110 | 212/232 | 584/607 | 115/122 | 167/175 | 354/381 | 0/0 | 8/8 | 135/140 | 11/11 |
| | | 100.0% | 100.0% | 98.7% | 93.1% | 99.1% | 91.4% | 96.2% | 94.3% | 95.4% | 92.9% | - | 100.0% | 96.4% | 100.0% |

National Benchmarking – 31 Day Cancer Target (95%)

| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 96.00% | 95.20% | 95.60% | 94.60% | 96.40% | 97.40% | 97.30% | 95.90% | 98.00% | 97.50% | 98.20% | 99.20% | 98.00% |
| Scotland | 93.70% | 94.10% | 95.00% | 94.10% | 91.40% | 97.10% | 97.20% | 94.20% | 94.60% | 95.80% | 95.50% | 93.70% | 95.70% |

Cancer 31 day – Delivery Plan Trajectories 2025/26

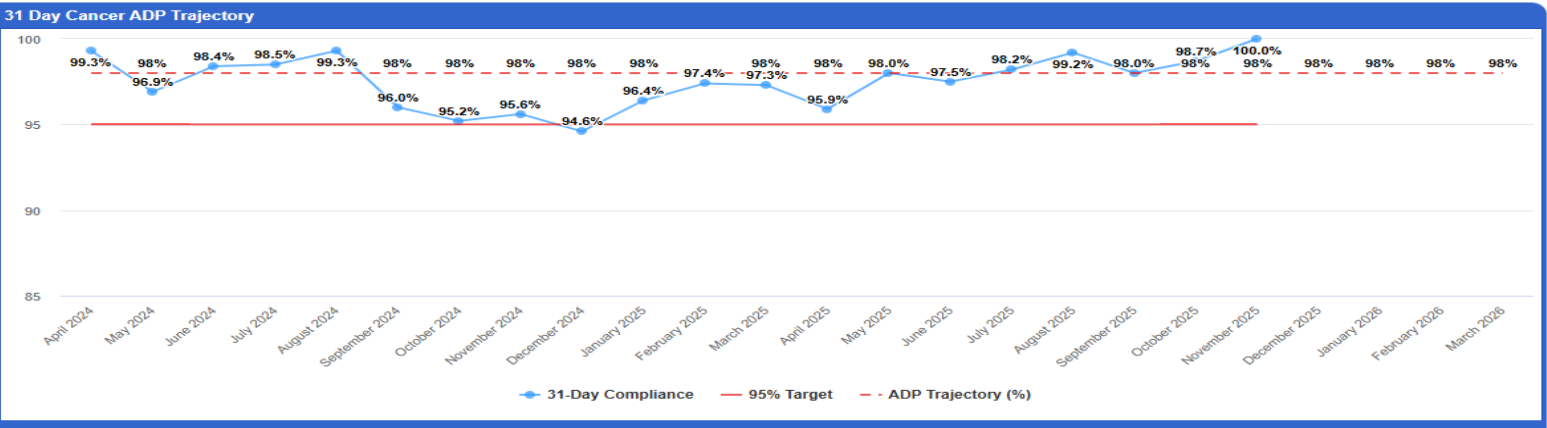
By November 2025:

- 98.0% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat

31 Day Cancer ADP Trajectory

November 2025 result

100.0%



31 Day by Cancer type - ADP

| Title | Value | Numerator | Denominator | Target | Last Update | History |
|--|--------|-----------|-------------|--------|---------------|---------|
| Breast Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 26 | 26 | 98.0% | November 2025 | |
| Cervical Cancer - Waiting Times - 31 Day ADP Target | 0.0% | 0 | 0 | 100.0% | November 2025 | |
| Colorectal Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 17 | 17 | 100.0% | November 2025 | |
| Head and Neck Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 2 | 2 | 95.0% | November 2025 | |
| Lung Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 19 | 19 | 100.0% | November 2025 | |
| Lymphoma Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 4 | 4 | 100.0% | November 2025 | |
| Melanoma Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 6 | 6 | 100.0% | November 2025 | |
| Ovarian Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 1 | 1 | 100.0% | November 2025 | |
| Upper Gastro-Intestinal Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 15 | 15 | 100.0% | November 2025 | |
| Urological Cancer - Waiting Times - 31 Day ADP Target | 100.0% | 32 | 32 | 98.0% | November 2025 | |

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)

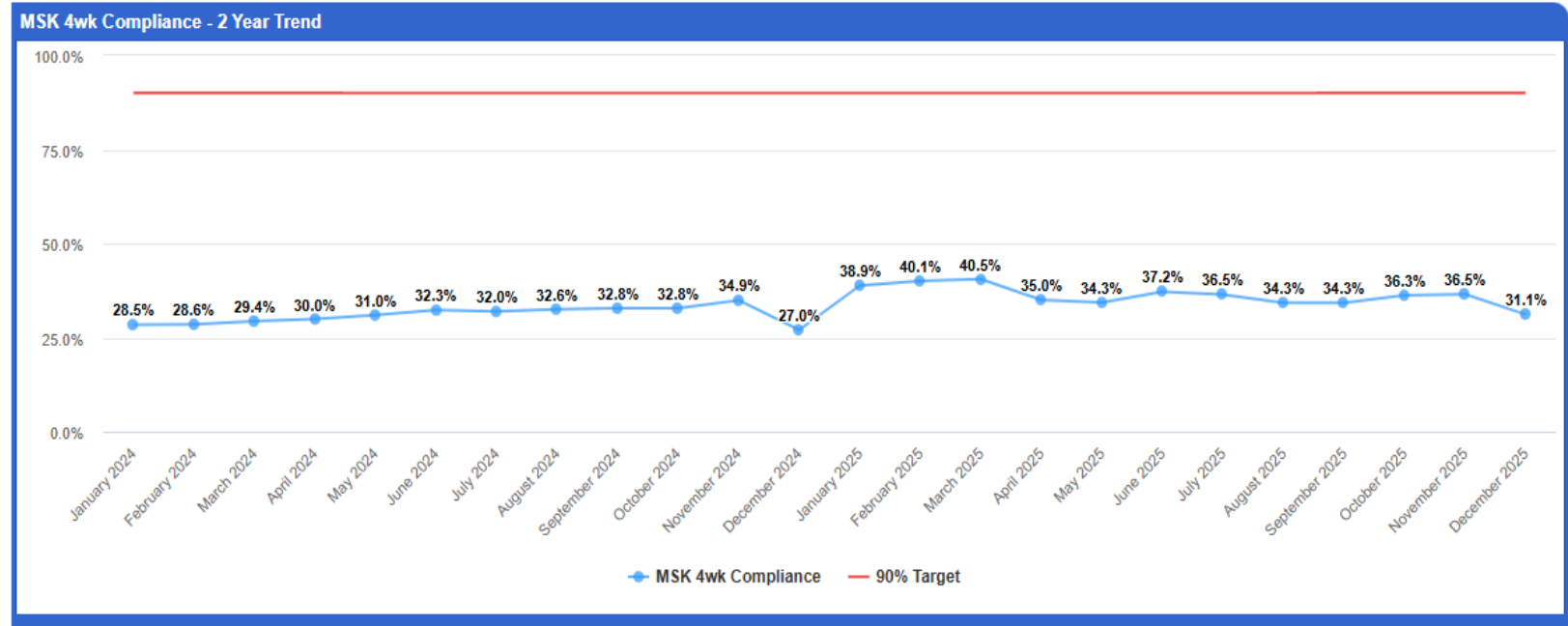
Musculoskeletal (MSK) - National 4 week Standard/Target

MSK 4wk % Compliance

December 2025 result

● 31.1%

- 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.



National Benchmarking – MSK 4week 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 | 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

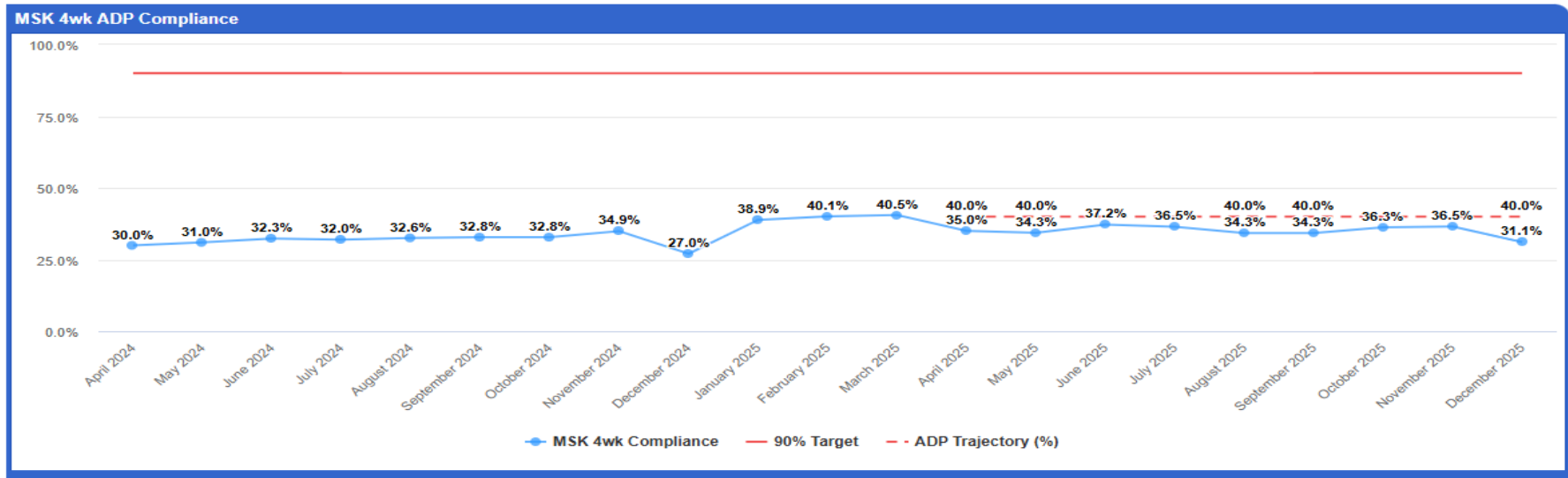
By December 2025:

- 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

December 2025 result

31.1%



MSK 4wk Compliance by Profession

| Title | Value | Target | Last Update | History |
|--------------------------|-------|--------|---------------|---------|
| MSK Occupational Therapy | 44.0% | 40.0% | December 2025 | |
| MSK Physiotherapy | 35.3% | 40.0% | December 2025 | |
| MSK Podiatry | 20.6% | 40.0% | December 2025 | |
| Orthotics | 17.2% | 40.0% | December 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. North evaluation underway with South taking place early 2026. • 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

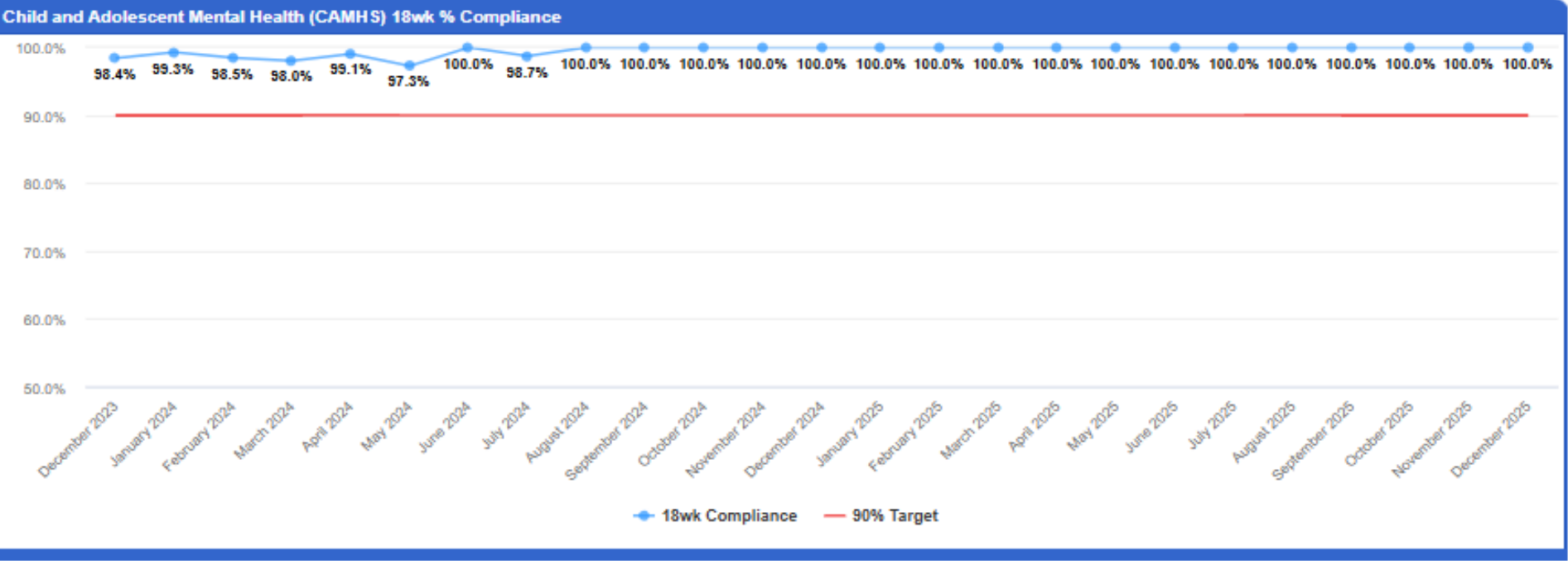
CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

December 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%)

| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| NHS A&A | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Scotland | 91.30% | 89.30% | 90.10% | 93.10% | 89.70% | 90.90% | 94.10% | 92.40% | 91.60% | 91.40% | 91.30% | 90.40% | 92.70% |

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 3rd March 2025

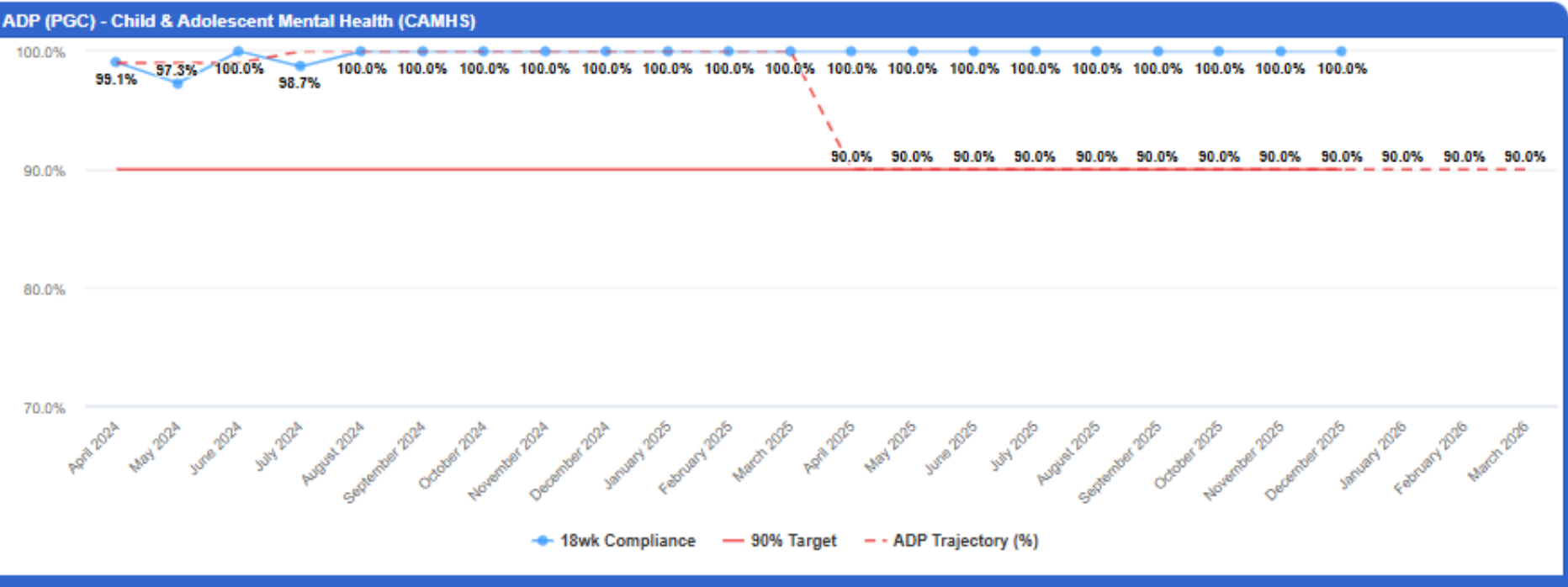
CAMHS – Delivery Plan Trajectories 2025/26

- By December 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

December 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. |

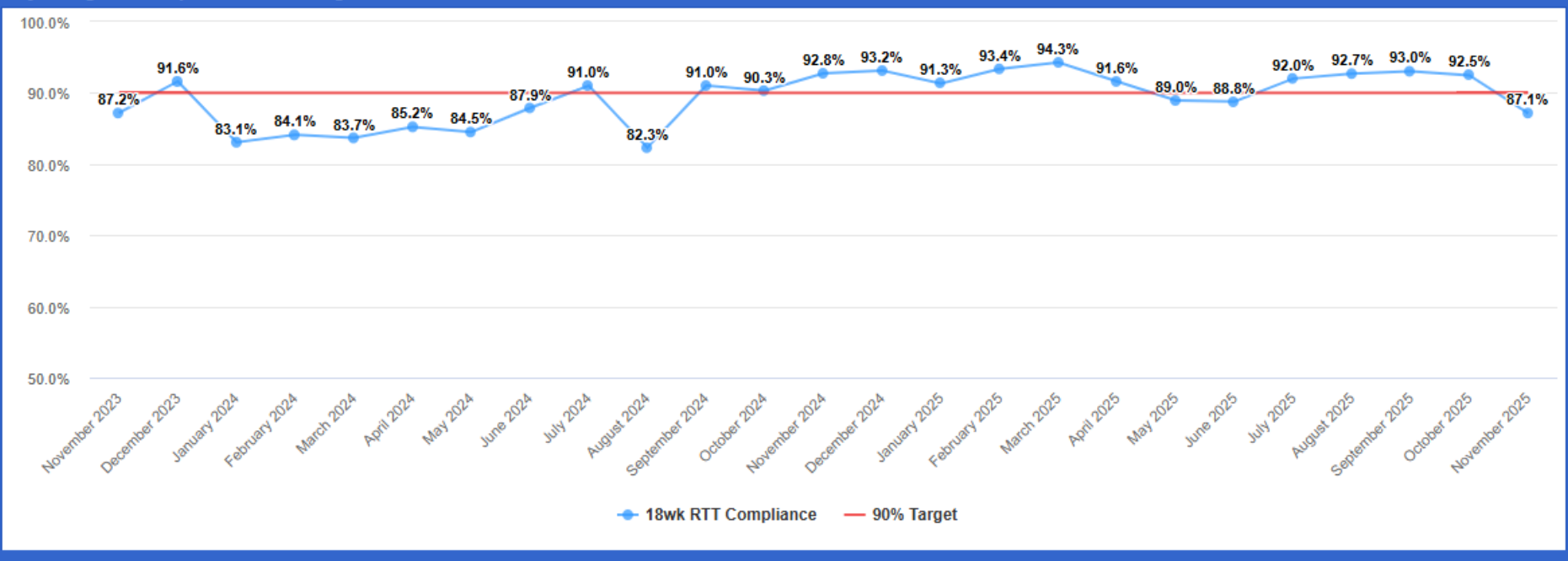
Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

November 2025 result
▲ 87.1%

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

Psychological Therapies 18wk 90% Target



National Benchmarking – 18 Weeks PT Target (90%)

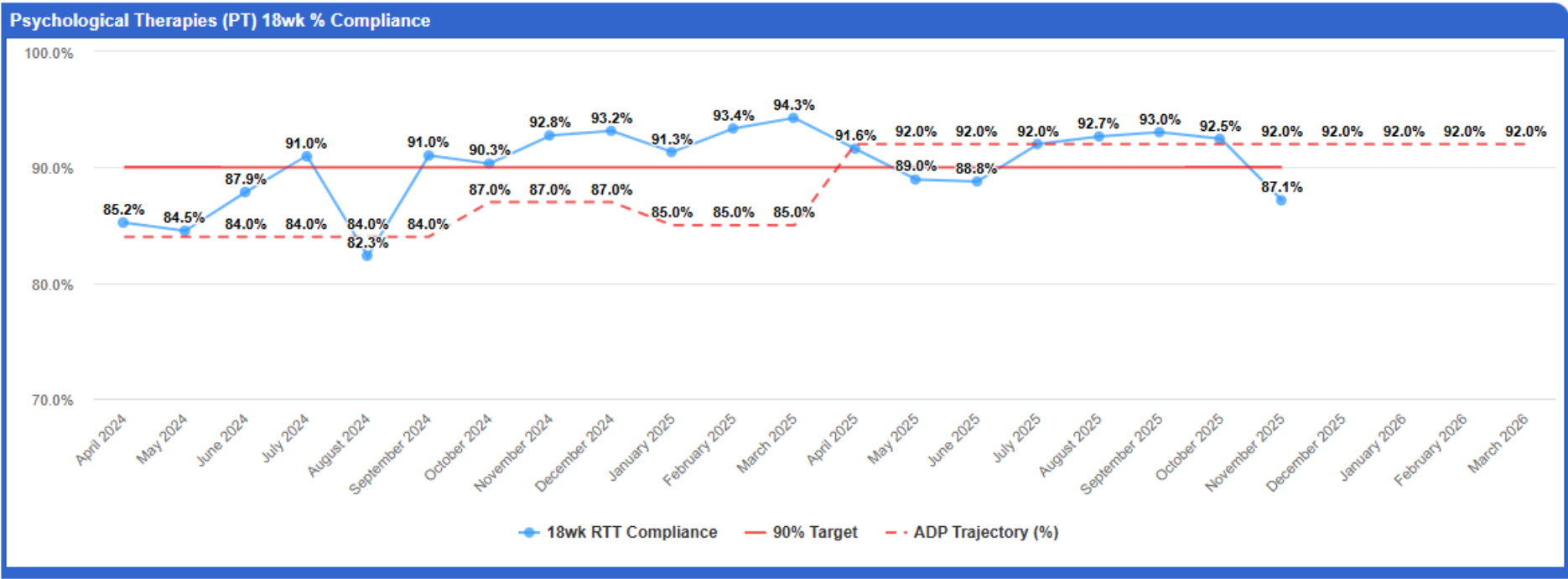
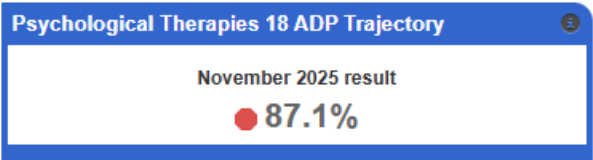
| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 91.00% | 90.30% | 92.80% | 93.20% | 91.30% | 93.40% | 94.30% | 91.60% | 89.00% | 88.80% | 92.00% | 92.70% | 93.00% |
| Scotland | 81.50% | 81.10% | 78.90% | 81.60% | 76.60% | 78.30% | 81.30% | 78.00% | 77.50% | 79.40% | 80.60% | 80.10% | 81.20% |

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 3rd March 2026

Psychological Therapies – Delivery Plan Trajectories 2025/26

By November 2025:

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



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. |

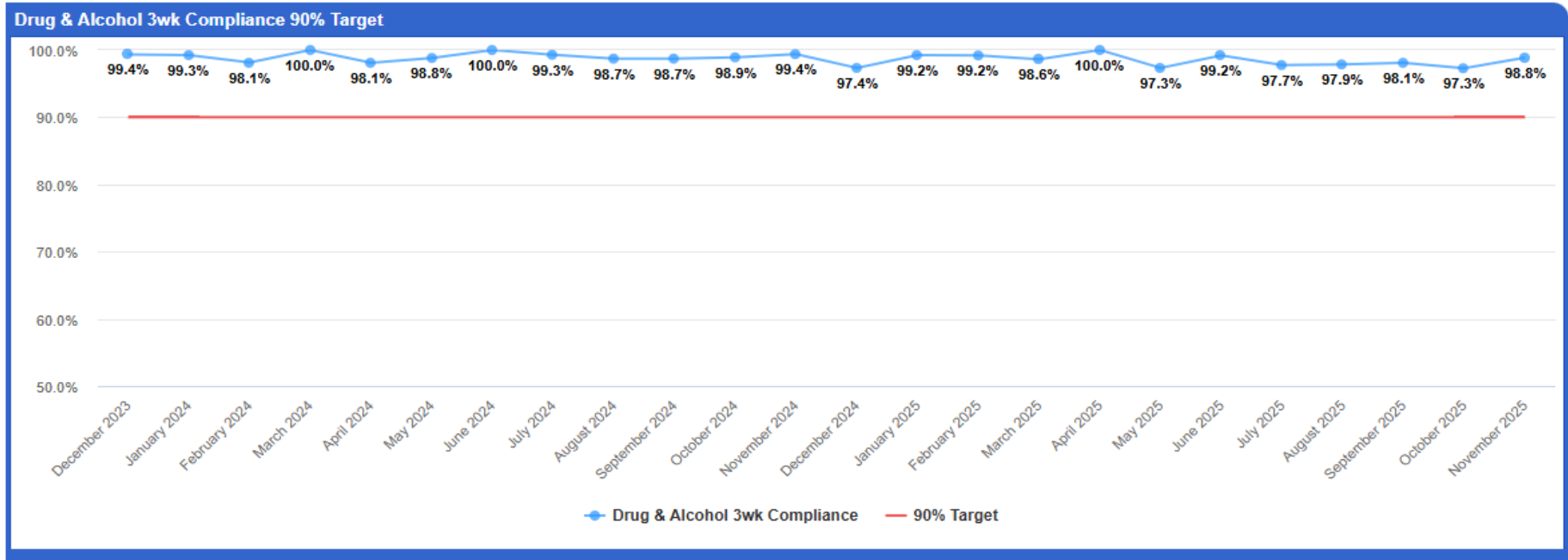
Drug and Alcohol Treatment – 3 Week National Standard/Target

Drug and Alcohol 3wk 90% Target

November 2025 result

98.8%

- 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%)

| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|
| NHS A&A | 98.70% | 98.90% | 99.40% | 97.40% | 99.20% | 99.20% | 98.60% | 100.00% | 97.30% | 99.20% | 97.70% | 97.90% | 98.10% |
| Scotland | 93.60% | 95.10% | 95.10% | 95.10% | 92.80% | 92.80% | 92.80% | 94.20% | 94.20% | 94.20% | 94.70% | 94.70% | 94.70% |

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

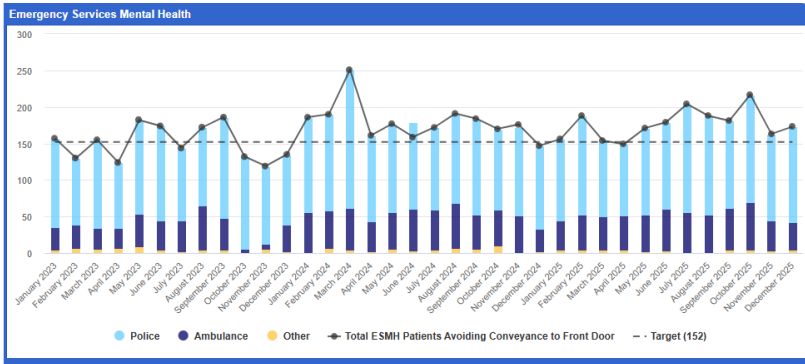
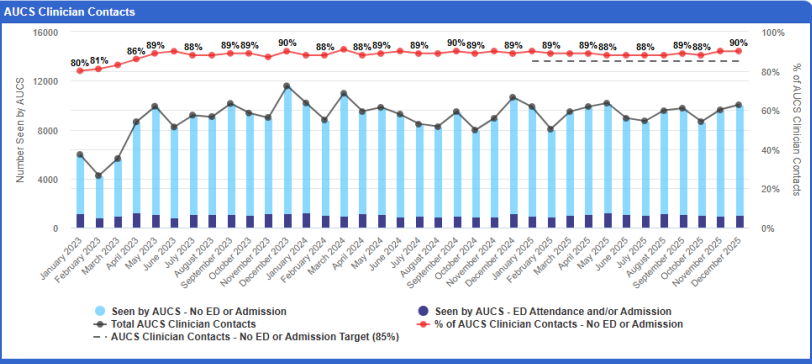
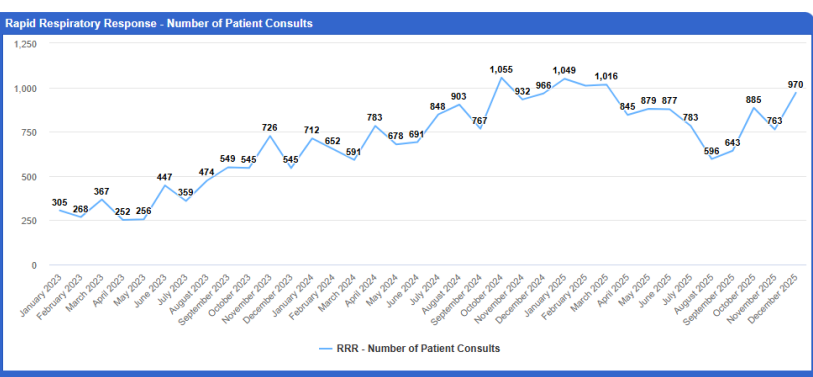
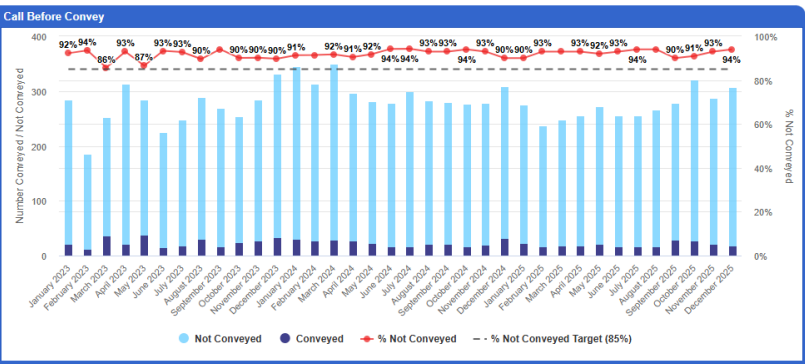
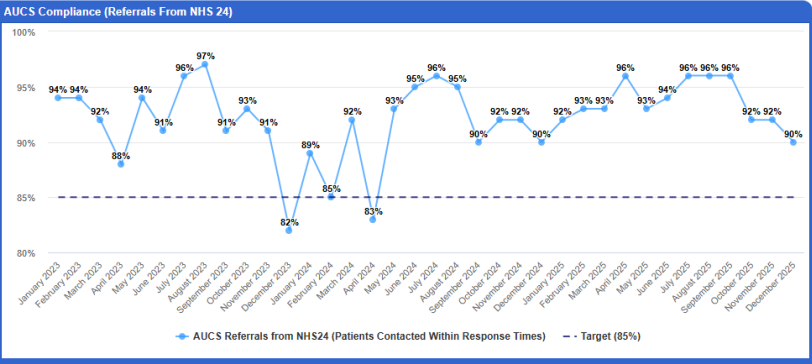
Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance

December 2025 result

90%

- 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

December 2025 result

31

% of COPD Registered Patients Within the Collaborating Practices

WC 29-Dec-2025 result

76%

Delivery Plan Improvement Actions – Redesign of Urgent Care

| Delivery Summary | Improvement Actions |
|--|---|
| At least 85% of patients who contact Ayrshire Urgent Care Service (AUCS) will not require attendance at the front door and will receive alternative pathways of care in the right place, at the right time. | <p>Deliver a virtual capacity network by developing a Single Point of Contact through Ayrshire Urgent Care Service (AUCS) Flow Navigation Centre (FNC) to encompass the Hospital at Home, Community Rapid Respiratory Response (RRR) programme to ensure a seamless pathway to all services for patients:</p> <ul style="list-style-type: none">• 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

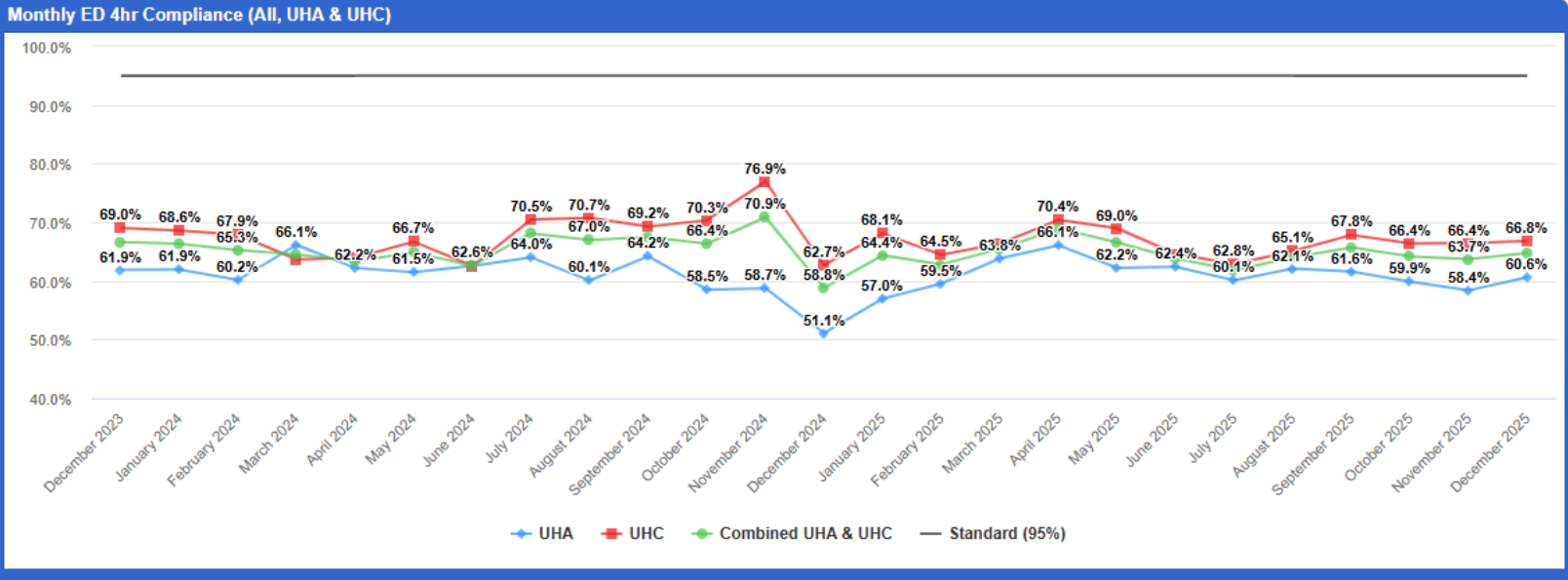
National ED 4 Hour Standard/Target

A&A - All ED waits <4 hours % c... 3

December 2025 result

64.7%

- 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 and new planned attendances*)



| Numbers of ED Attendances | | | |
|---------------------------|---------------|---------------|---------------|
| | UHA | UHC | Total |
| Jan 24 – Dec 24 | 33,157 | 62,988 | 96,145 |
| Jan 25 – Dec 25 | 34,328 | 64,169 | 98,497 |
| Change | 1,171 (+3.5%) | 1,181 (+1.9%) | 2,352 (+2.4%) |

| Numbers of ED Attendances | |
|---------------------------|-------------|
| | Total |
| Oct 24 – Dec 24 | 23,353 |
| Oct 25 – Dec 25 | 24,166 |
| Change | 813 (+3.5%) |

National Benchmarking – 4 Hour ED Target (95%) – *Unscheduled and New planned attendances*

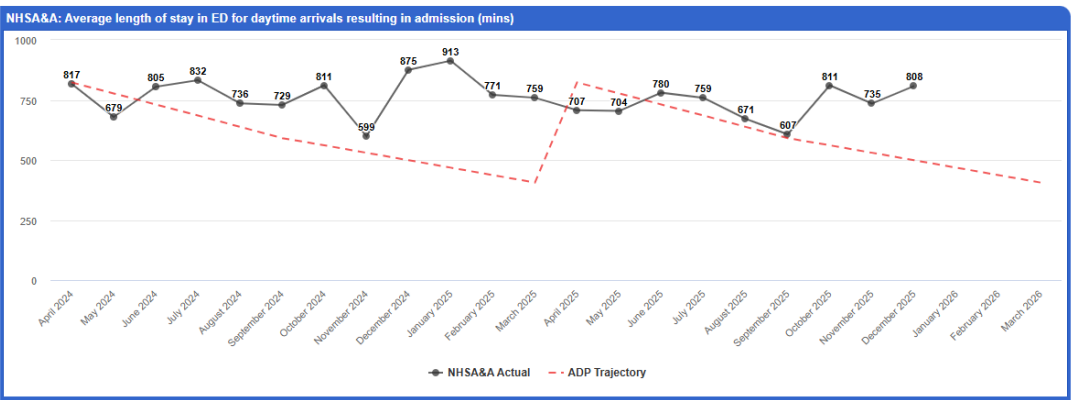
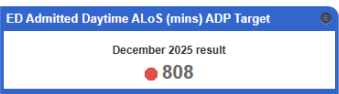
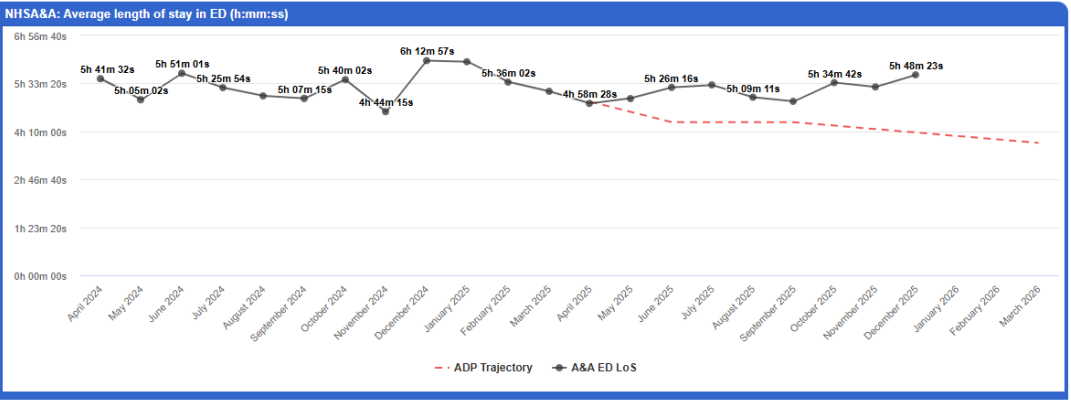
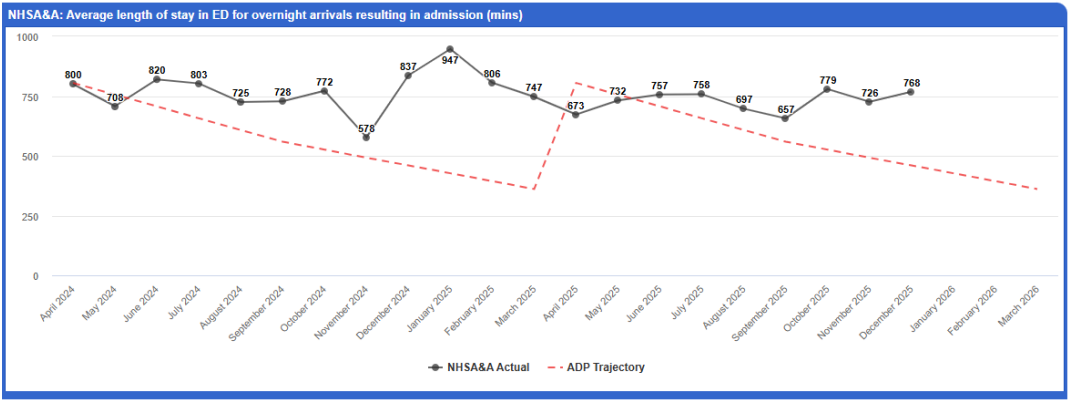
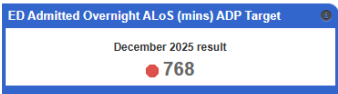
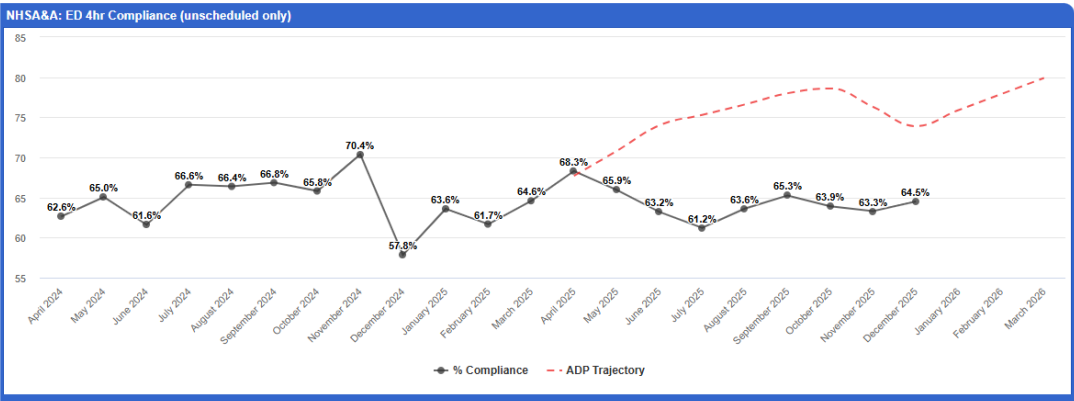
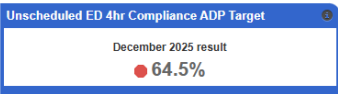
| | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHS A&A | 58.6% | 64.3% | 62.5% | 65.4% | 68.8% | 66.5% | 63.8% | 61.8% | 63.9% | 65.6% | 64.1% | 63.6% |
| Scotland | 62.6% | 65.6% | 67.0% | 70.0% | 70.4% | 71.2% | 70.1% | 70.4% | 68.1% | 67.1% | 66.0% | 66.0% |

Source: Local Management Reports and Public Health Scotland

Unscheduled Care – Delivery Plan Trajectories 2025/26

By December 2025:

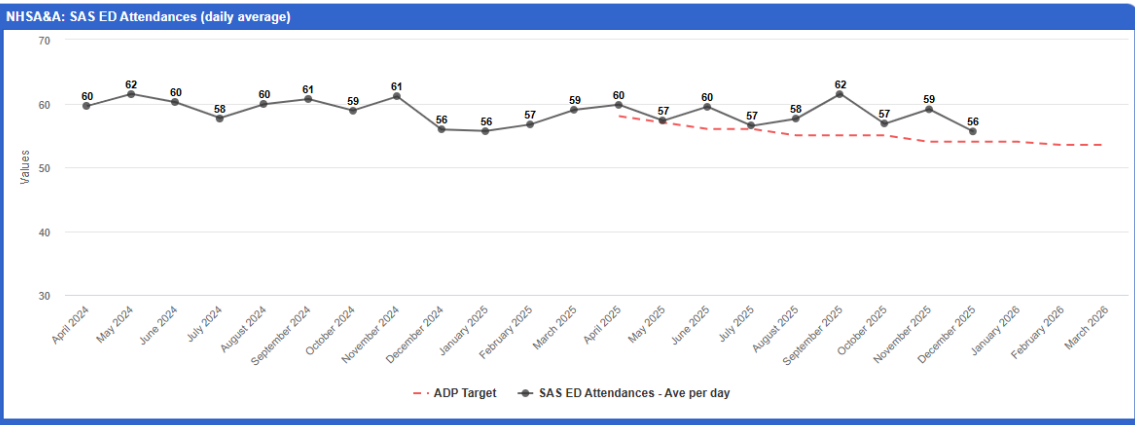
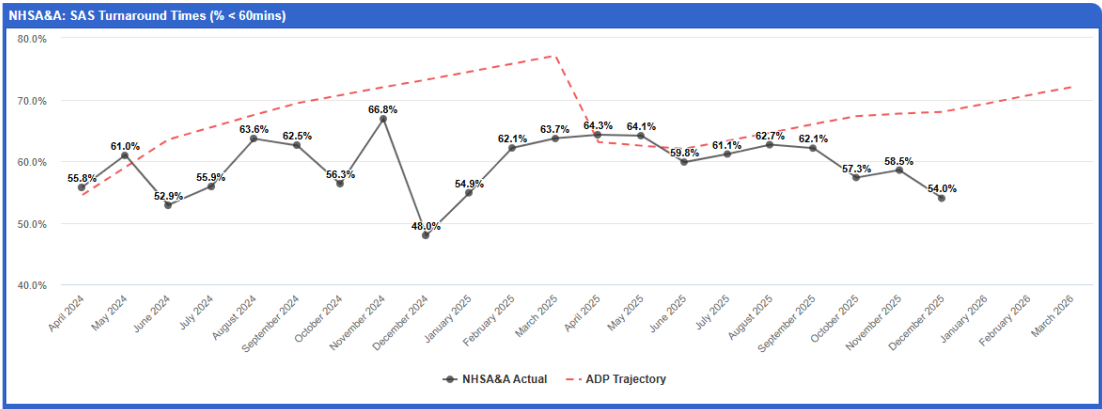
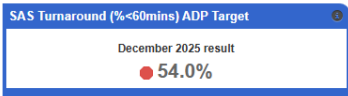
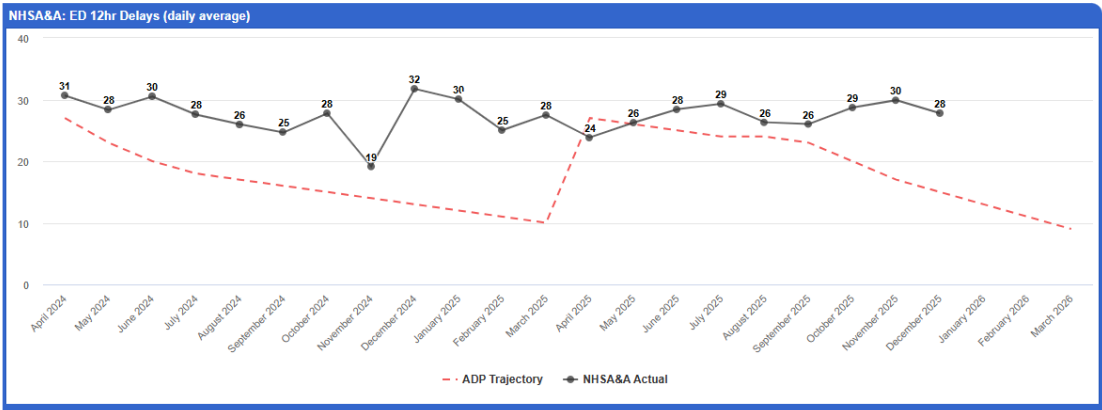
- Improve overall ED 4hr compliance (unscheduled attendances only) to at least 73.9%
- Reduce average length of stay in ED for all attendances to 4h 8m 00s or less
- Reduce average length of stay in ED for admitted overnight arrivals to 460 minutes or less
- Reduce average length of stay in ED for admitted daytime arrivals to 499 minutes or less



Unscheduled Care – Delivery Plan Trajectories 2025/26

By December 2025:

- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred, to 15 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 68.0%
- Reduce the average number of SAS conveyances to ED to 54 or fewer per day

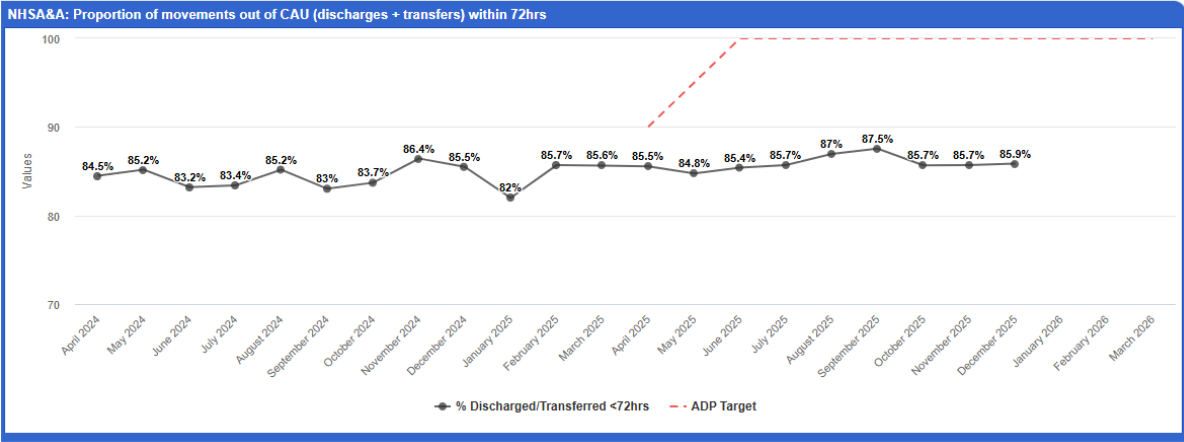
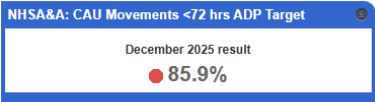
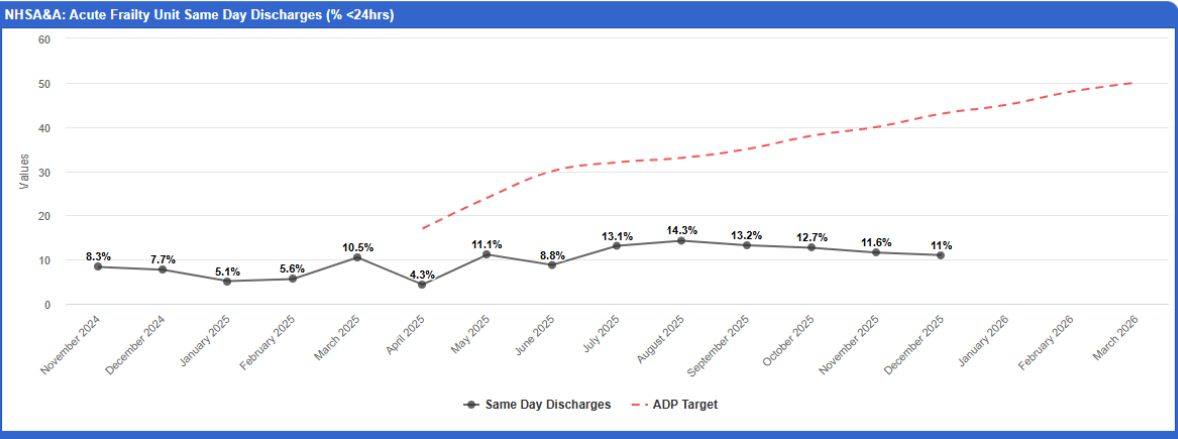
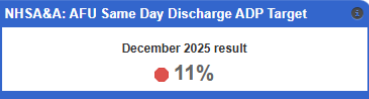


Source: Local Management Reports

Unscheduled Care – Delivery Plan Trajectories 2025/26

By December 2025:

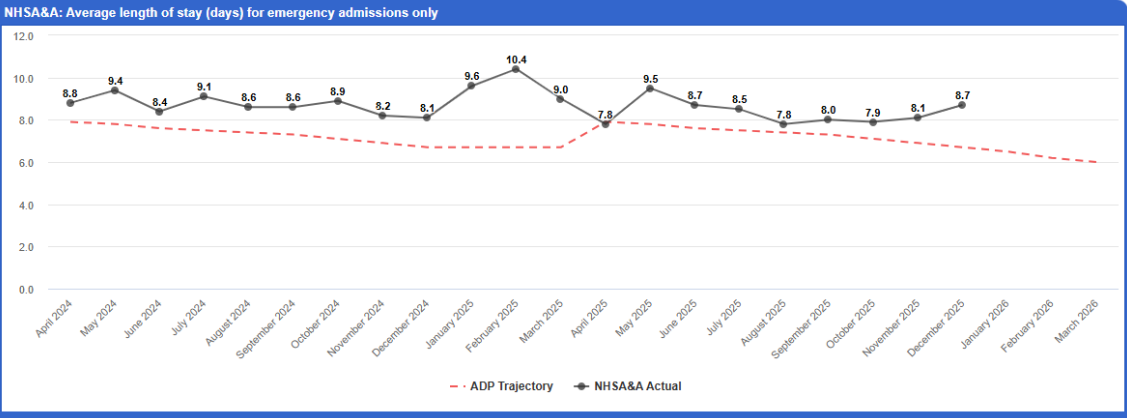
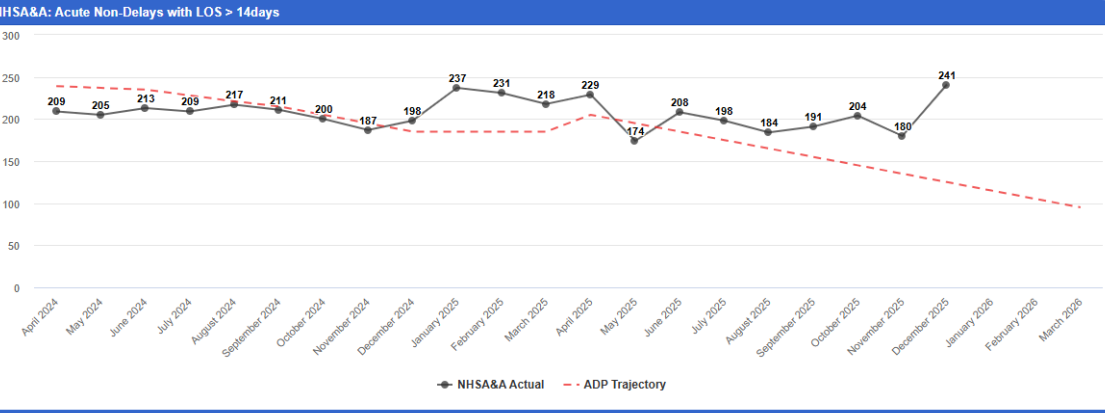
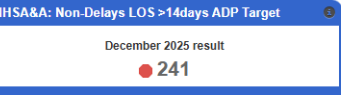
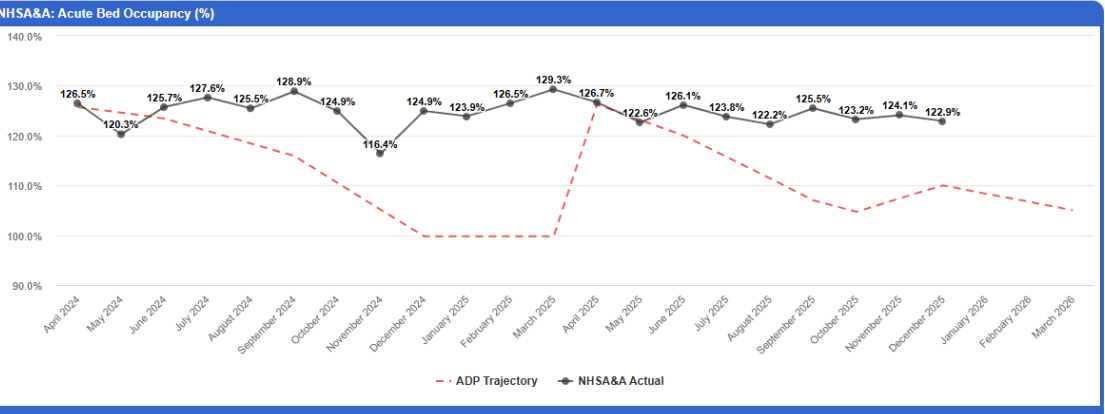
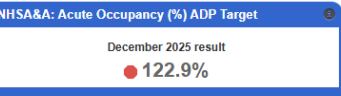
- Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 43%
- Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward) to 100%



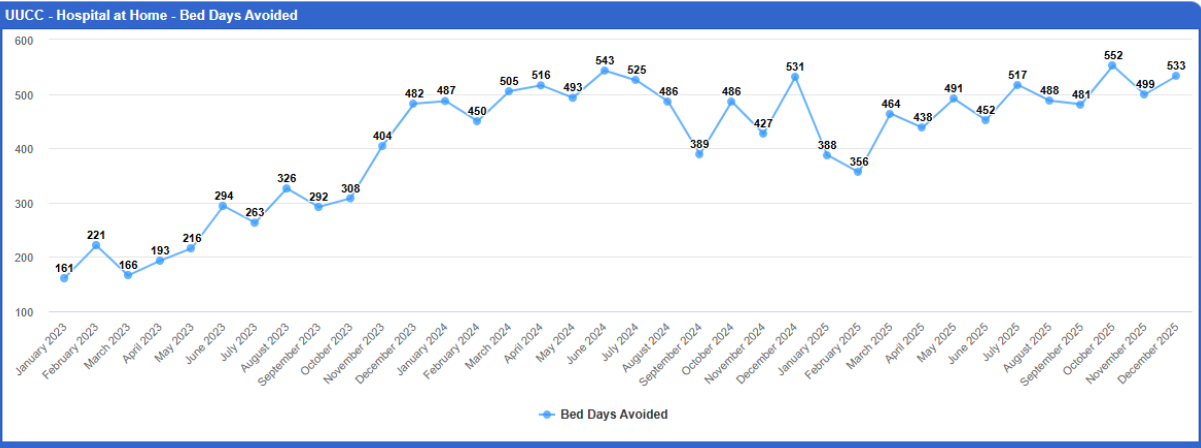
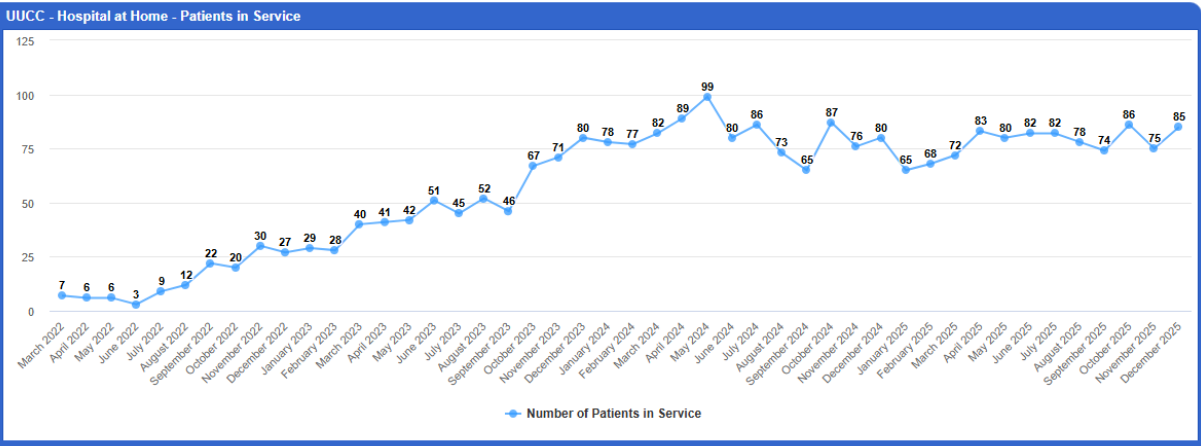
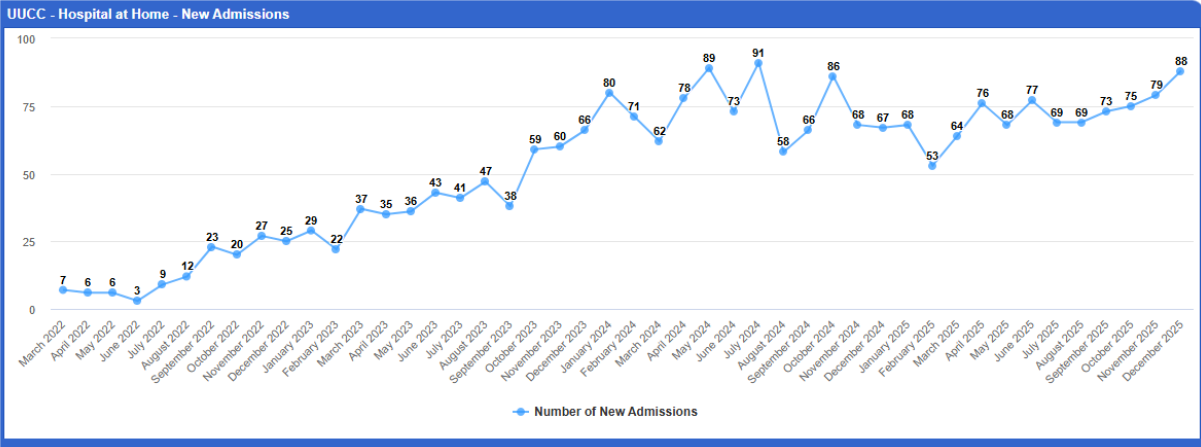
Unscheduled Care – Delivery Plan Trajectories 2025/26

By December 2025:

- Reduce occupancy in our Acute sites to 110.9% or lower
- Reduce the Average Length of stay for emergency admissions to 6.7 days or lower
- Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 125 or fewer



Hospital at Home – Acute Elderly – Scottish Government Operational Improvement Plan



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 i.e., 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. |

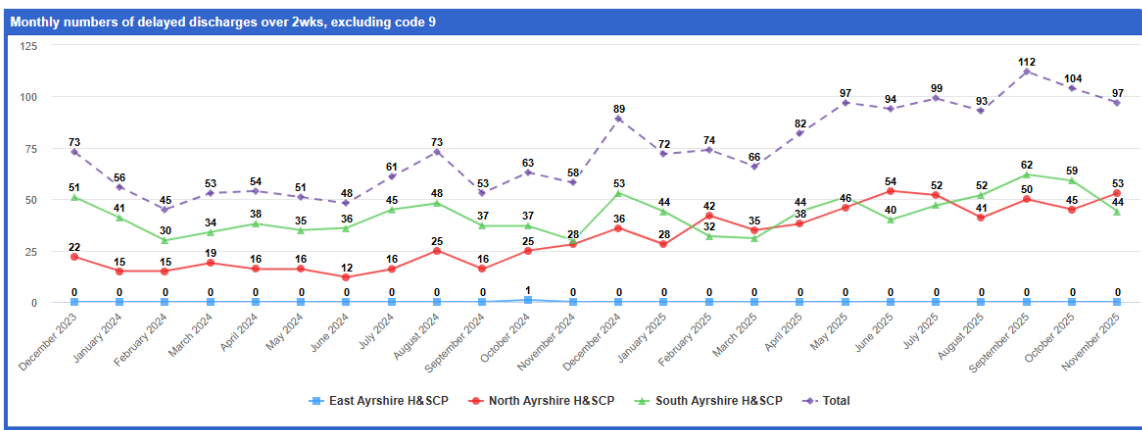
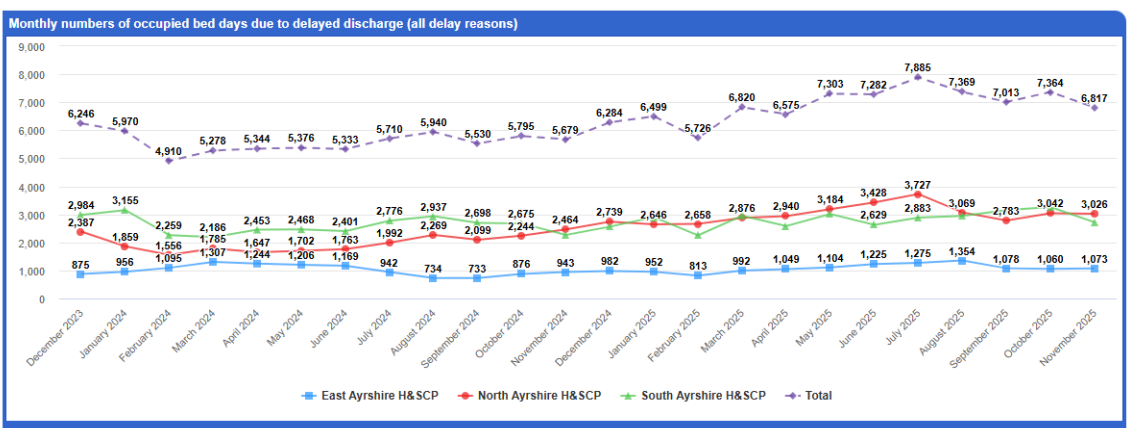
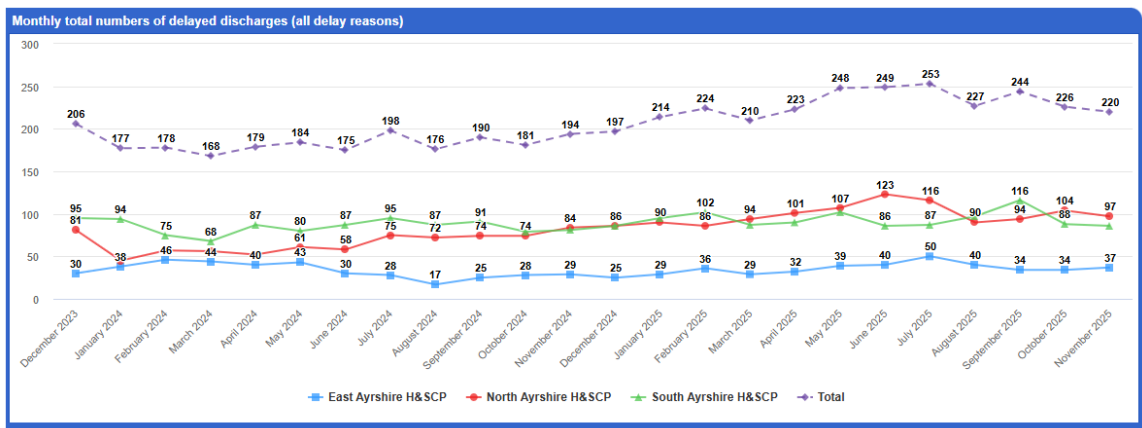
Delivery Plan Improvement Actions – Whole System

| Delivery Summary | Improvement Actions |
|--|--|
| Strengthen community rehabilitation, reablement and step-down facilities | <p>North</p> <p>The North Ayrshire Action Plan focuses on implementing principles locally by expanding Care at Home/reablement, embedding discharge to assess pathways and strengthening hospital-based MDT's.</p> <p>North Ayrshire plans to utilise non recurrent funding to accelerate improvements in patient flow and discharge performance, focusing on interim beds, telecare, moving/handling equipment, community rehabilitation, and D2A initiatives. All aligned with DwD and Home First principles.</p> |
| | <p>South</p> <p>Reduce the number of double handling care packages to maximise the spread of care at home – OT posts in place and progressing test of change to review individuals delayed in hospital requiring double handle care packages. Positive outcomes being seen with this approach.</p> <p>Maximise the use of step up and step down beds in RRICU - Original bed capacity now increased to 18 beds, with a view to moving to 30 beds in 2026. Recruitment for additional posts as part of WSI funding in progress. Job descriptions sourced and recruitment process in progress</p> <p>Recruit Nurse Consultant, Advanced Nurse Practitioner x3 Community Nursing x2, and Team Leader x1 resource to support a D2A and home first model.</p> |
| | <p>East</p> <p>Rehabilitation and Reablement – Advanced Nurse Practitioner recruited to enabling improved community hospital operation, Community Care Coordinators (flow) recruited to and Community Care Officers (rehabilitation and enablement) appointed. Additional hours offered to enhance capacity while additional Allied Health Profession, Technical Instructor/Assistants appointed to.</p> <p>Social Work (Mental Health Officer) capacity to be recruited to in New Year.</p> <p>Slippage plans agreed on whole system basis as per SBAR submitted to Scottish Government.</p> |
| | |

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).

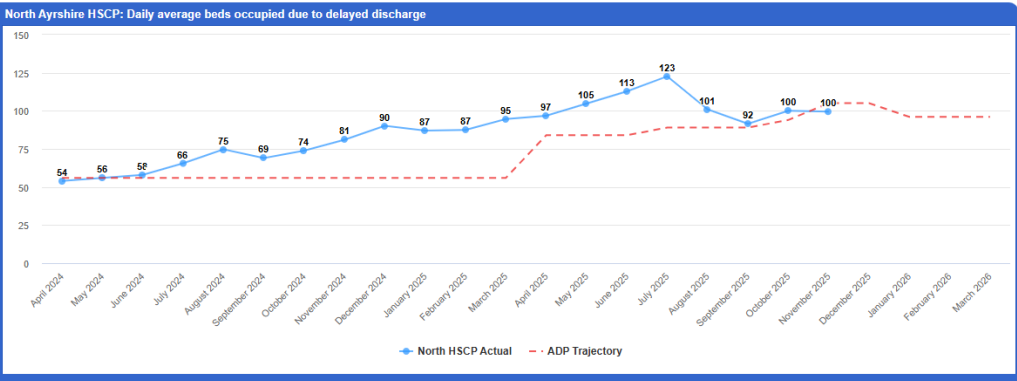
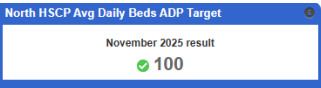
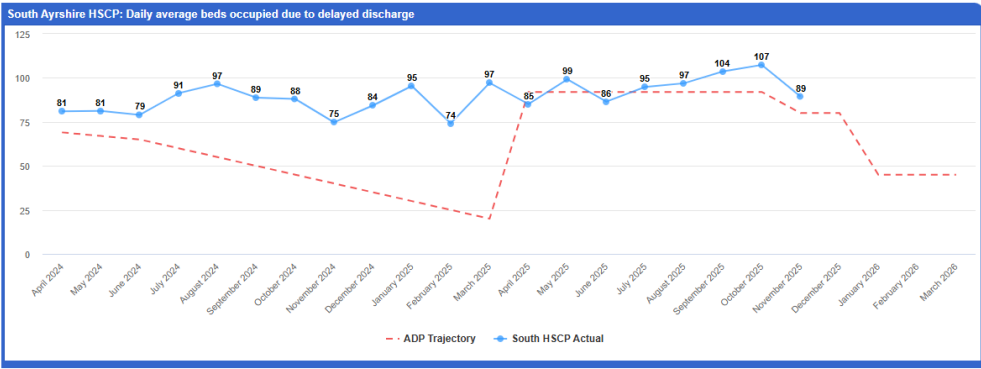
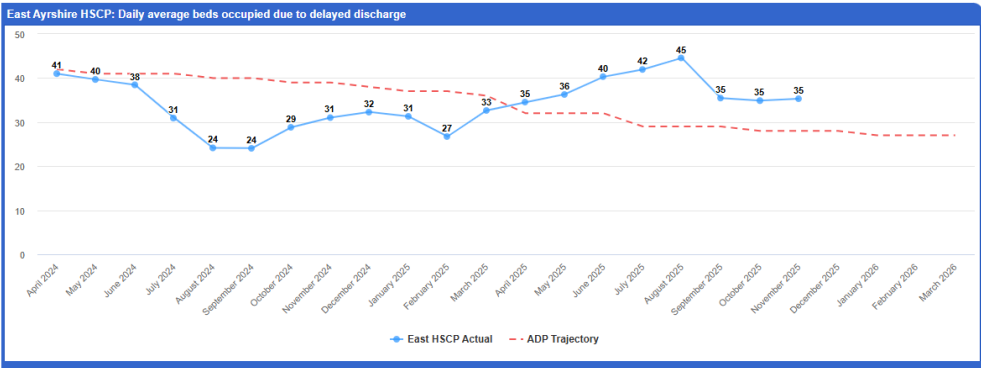


Delayed Discharges – Delivery Plan Trajectories 2025/26

- Reduce the total number of occupied bed days due to a delay in all hospitals

Annual Delivery Plan 2025/26 Trajectory (Revised Delivery Plan trajectories as part of Whole System allocations are in red brackets and are implemented from November 2025 onwards) – Achieve compliance levels of:

| | Q1 | Q2 | Q3 | Q4 |
|--|----|----|----------|---------|
| Reduce daily average numbers of occupied beds due to delayed discharge | | | | |
| • East Ayrshire Health & Social Care Partnership | 32 | 29 | 28 | 27 |
| • North Ayrshire Health & Social Care Partnership | 84 | 89 | 94 (105) | 99 (96) |
| • South Ayrshire Health & Social Care Partnership | 92 | 92 | 92 (80) | 92 (45) |

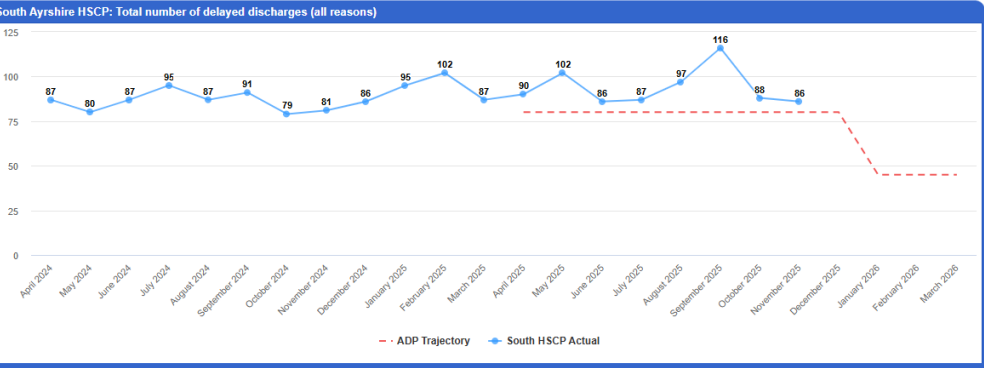
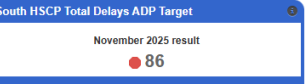
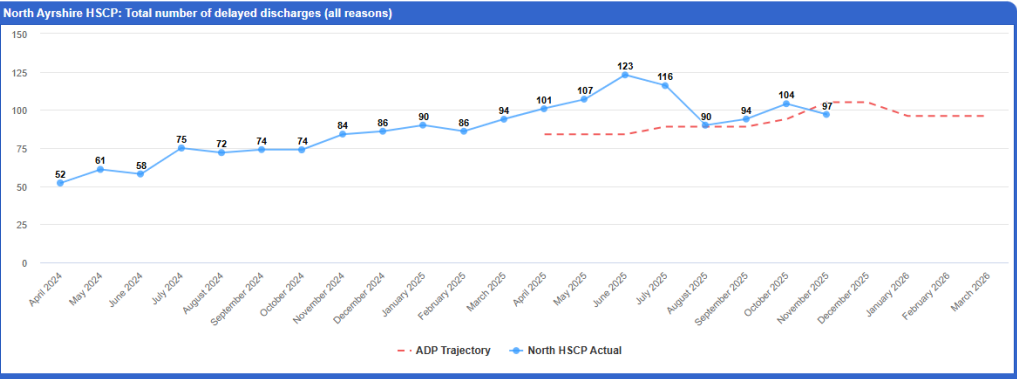
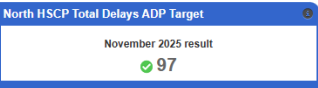
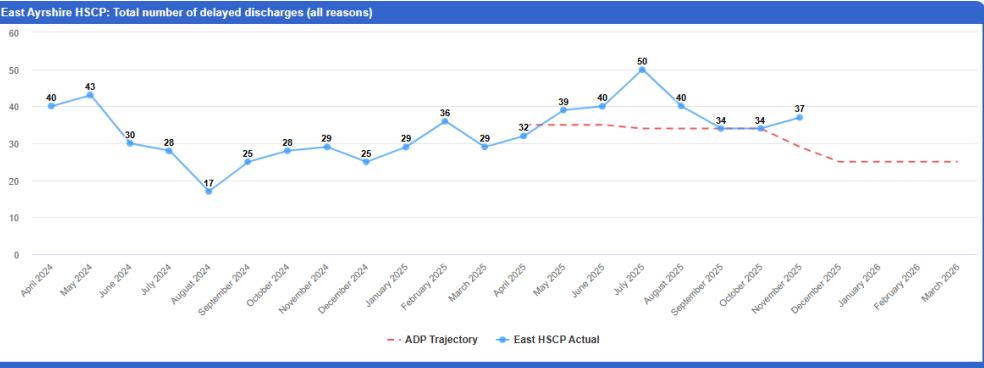
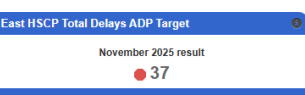


Delayed Discharges – Delivery Plan Trajectories 2025/26

- Reduce the total number of delayed discharges in all hospitals

Annual Delivery Plan 2025/26 Trajectory (Revised Delivery Plan trajectories as part of Whole System allocations are in red brackets and are implemented from November 2025 onwards) – Achieve compliance levels of:

| | Q1 | Q2 | Q3 | Q4 |
|---|----|----|----------|---------|
| • East Ayrshire Health & Social Care Partnership | 35 | 34 | 34 (29) | 33 (25) |
| • North Ayrshire Health & Social Care Partnership | 84 | 89 | 94 (105) | 99 (96) |
| • South Ayrshire Health & Social Care Partnership | 80 | 80 | 80 (80) | 80 (45) |



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. <ul style="list-style-type: none"> EAHSCP Home First staff well established; exploring WSI resource to proactively screen new admissions to contribute to MDT PDD setting. Workshop output used to shape D2A and pathways. Recruitment of Social Worker with Mental Health Officer qualification progressing in New Year. Collaborative opportunity with British Red Cross being further developed to support D2A and frailty/frequent attenders. Service-wide implementation of reablement. <ul style="list-style-type: none"> Reablement well-established - Staff continuing to promote Reablement and Rehabilitation pathways to maximise independence. Recruiting to additional reablement posts Implement recommendations from IJB Report on East Ayrshire Community Hospital. <ul style="list-style-type: none"> Ongoing strong LoS performance, Recruitment to Advanced Nurse Practitioners progressed in line with further development of the nurse-led model. Continuing liaison with delivery partners re in-reach, community support and wellbeing service offers. |

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 and provide recommendations. • 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. <p>NHS Renewal Framework</p> <ul style="list-style-type: none"> • Implementing principles locally. • Renewal funding performance monitoring. • Utilisation of non recurrent funding to accelerate improvements in patient flow and discharge performance. |

Delivery Plan Improvement Actions – Delayed Discharges South Ayrshire HSCP

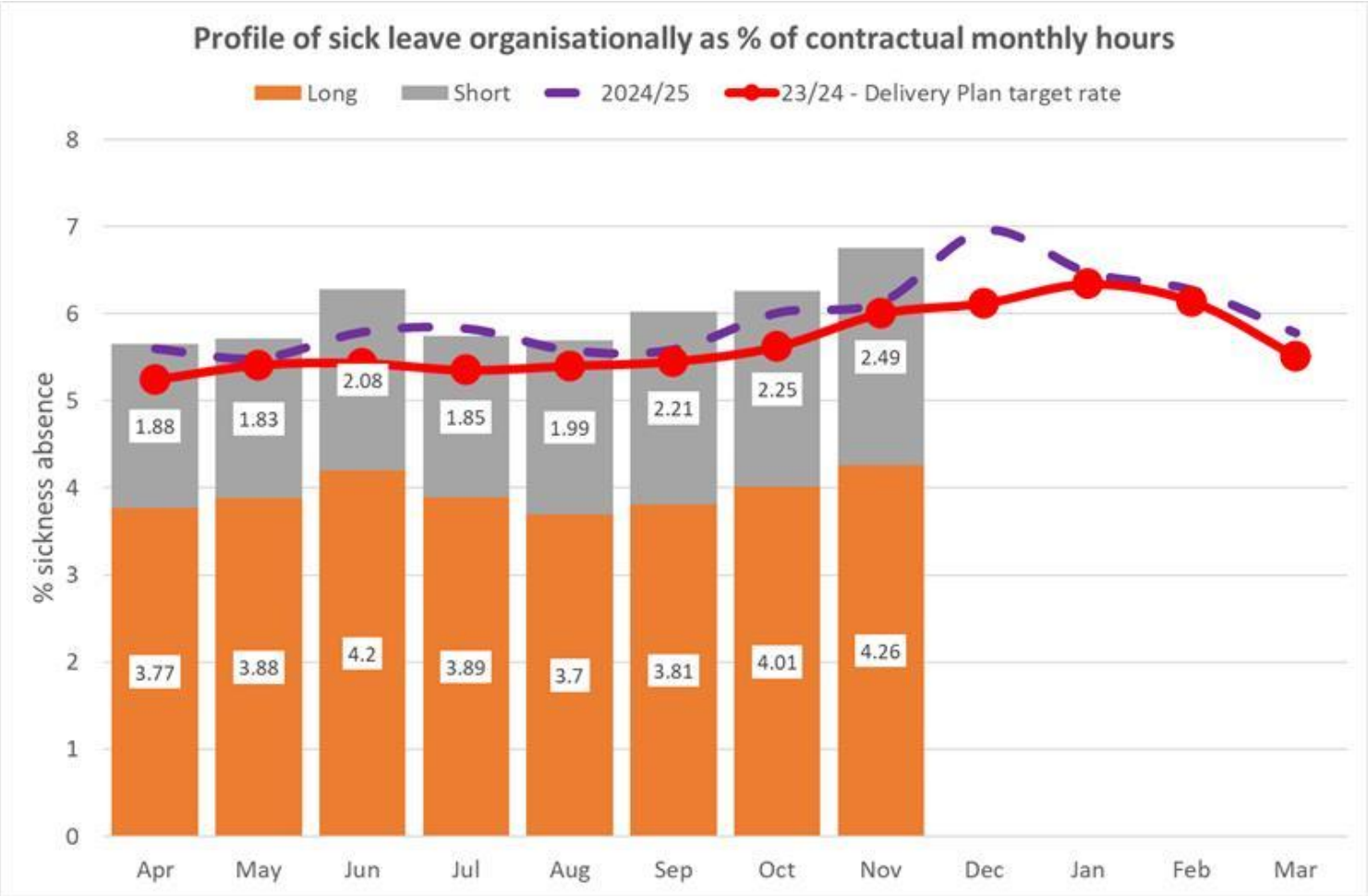
| Delivery Summary | Improvement Actions |
|---|--|
| <p>Reduce the daily average number of occupied bed days due to a delayed discharge.</p> <p>Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p> | <ul style="list-style-type: none">• Maintain care home numbers despite the financial challenges<ul style="list-style-type: none">• Care Home placements continue to reduce to meet the 878 placements as per budget. As of December 2025 care home placements now reduced to 911• Reduce the number of double handling care packages to maximise the spread of care at home<ul style="list-style-type: none">• Recruitment to 2 OT posts• Maximise the use of step up and step down beds in RRICU<ul style="list-style-type: none">• Original bed capacity now increased to 18 beds increased with a view to moving to 30 beds in 2026. Recruitment for additional posts as part of WSI funding in progress• Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships<ul style="list-style-type: none">• Biggart LOS reduced from 13 weeks to 8 weeks due to blanket referral and streamlined processes. Working with UHA to apply similar methodology |

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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 avoidable 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 |
| 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. NHS Ayrshire and Arran have asked to be within the 2nd cohort to onboard, we are awaiting further information in relation to timelines. |
| 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. Collaboration with each Health & Social Care Partnership is underway to take forward information sharing with the use of CHI. |