

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 7 April 2026
Title:	Performance Report
Responsible Director:	Kirstin Dickson, Director for Transformation & Sustainability
Report Author:	Performance, Information and Insights Team, and Planning and Commissioning Team, Directorate of Transformation and Sustainability

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This supports the following Corporate Objectives:

- **Better Value** – Delivering innovative and sustainable services for everyone
- **Better Health** – Supporting you to live a healthier life
- **Better Workplace** – Creating a great place for us to work
- **Better Care** – Improving your experience of care

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.

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.

This report therefore provides the NHS Board with assurance and oversight of current organisational performance against national targets and Delivery Plan priorities. Members are asked to examine and consider the implications of the content of the Performance Report and associated Appendix 1.

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
 - Child and Adolescent Mental Health Services (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.

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 February 2026, although for some measures only January 2026 data are available.

Executive Performance Summary

New Outpatients

- Performance against the 12-week 95% National target/standard for New Outpatients showed an improving trend with compliance of 46.5% in February 2026. 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 January 2026.
- The overall total number of patients waiting continues to show an improving trend, with 43,912 patients waiting for an outpatient appointment in February

2026. This failed to meet the Delivery Plan trajectory of fewer than 42,907 patients waiting.

- The number waiting over 52 weeks continues to show an improving trend with 1,573 patients waiting over 52 weeks in February 2026. This met the delivery plan trajectory of fewer than 3,447 waiting.

Inpatients/Day Cases

- Compliance against the 12-week 100% National target/standard for Inpatients/Day Cases (completed waits) showed a worsening trend of 47.0% in February 2026. NHS Ayrshire & Arran reports lower levels of compliance compared to the Scottish average although published data from Public Health Scotland is only available up to January 2026.
- The overall total number of patients waiting shows a worsening trend with 8,922 patients waiting for an Inpatient/Daycase appointment in February 2026. This failed to meet the Delivery Plan trajectory of fewer than 5,571 waiting.
- The number of patients waiting over 52 weeks for Inpatient/Day Case treatment continues to show an improving trend with 1,025 patients waiting in February 2026. This met the Delivery Plan trajectory of fewer than 1,064 patients waiting.

Radiology/Imaging

- Despite a reduction in performance in December 2025 to 71.8%, performance against the 6-week National target/standard of 100% for Imaging is improving, with compliance of 82.5% in January 2026. 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 December 2025.
- The overall waiting list for Imaging continues to show an improving trend with 4,694 patients on the waiting list in January 2026, a small reduction from the previous month. This failed to meet, the Delivery Plan trajectory of fewer than 2,927 patients waiting.
- Following an increase in December 2025 to 1,326, the number waiting over 6 weeks for Imaging continues a general improving trend with 821 patients waiting over 6 weeks in January 2026. This failed to meet the Delivery Plan trajectory of fewer than 465 waits.

Endoscopy

- Compliance against the 6-week National target/standard for Endoscopy shows a further reduction from 37.4% in December 2025 to 35.8% in January 2026. 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 December 2025.
- The overall waiting list for Endoscopy continues to show a worsening trend with 3,004 patients waiting in January 2026. This failed to meet the Delivery Plan trajectory of fewer than 1,277 patients waiting.
- The overall total number of patients waiting over 6 weeks for Endoscopy continues a general worsening trend with 1,929 patients waiting over 6 weeks in January 2026. This failed to meet the Delivery Plan trajectory of fewer than 752 waits.

Cancer

- Performance against the 62-day 95% Cancer target/standard continues a worsening trend, from 80.5% in November 2025 to 57.6% in January 2026. This failed to meet the Delivery Plan trajectory of 78.0%.
- 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 January 2026 and suggests NHS Scotland compliance was 69.9%, confirming NHS Ayrshire & Arran had lower levels of compliance than Scotland.
- Performance against the 31-day 95% Cancer target/standard has worsened slightly from 100.0% in December 2025 to 99.2% in January 2026. This however did meet 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 January 2026 and suggests that NHS Scotland compliance was 93.2% confirming NHS Ayrshire & Arran had higher levels of compliance than Scotland.

Musculoskeletal

- Compliance in relation to the National 4-week target for Musculoskeletal (MSK) waiting times for ongoing waits failed to meet the 90% National Target. The Delivery Plan trajectory of 40.0% by December 2025 was not met, with performance of 31.1%. No new trajectories were set for 2026. However, in February 2026, performance had increased was 39.6%.

Mental Health

- Child and Adolescent Mental Health Services (CAMHS) continued to exceed the 90% National target/standard and Delivery Plan trajectory in January 2026, with compliance consistently achieving 100.0%. Latest published national benchmarking data for December 2025 indicated that compliance remained higher than the national average at that time.
- Performance for Psychological Therapy (PT) waiting times decreased from 92.8% in December 2025 to 89.3% in January 2026, failing to meet the 90% National target/standard and the Delivery Plan trajectory of 92.0%. The latest published national benchmarking data for December 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 January 2026, with compliance of 98.1%. The 6-week Delivery Plan trajectory of 100.0% 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 February 2026, 92% of referrals from NHS24 to the Ayrshire Urgent Care Service (AUCS)/Flow Navigation Centre (FNC) were contacted within the response times. This was against the target of 85%. In total AUCS/FNC received 8,382 contacts including patients navigating through the various pathways. Of these contacts 88% of patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.

- During February 2026, 234 Call before Convey calls were received by AUCS with only 21 (9%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 213 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In February 2026, there were 801 calls from Care Homes into the AUCS service with only 10% (74) of these patients requiring to attend an acute hospital. Therefore, 727 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 137 patients were navigated through the Emergency Services Mental Health pathway in February 2026. This pathway provides Police Scotland and the Scottish Ambulance Service (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 Emergency Departments (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 Chronic Obstructive Pulmonary Disease (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 whom 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

- There were 99,466 Emergency Department (ED) attendances between March 2025 and February 2026. This is an increase of 3,986 attendances (+4.2%) compared to the same period in 2024/25. This equates to 11 additional attendances per day on average. Both acute sites reported year-on-year increases.
- ED 4-Hour Standard compliance (unscheduled and new planned attendances) was 61.8% in February 2026, up from 60.8% in January 2026 but below the 62.8% recorded in February 2025. National benchmarking shows January 2026 performance was below the national average of 61.2%.
- ED 4hr compliance (unscheduled attendances only) reached 61.5% in February 2026, failing to meet the 77.9% Delivery Plan Trajectory.
- The average ED length of stay for all attendances improved slightly from 7h 10m 22s in January 2026 to 6h 27m 26s in February 2026, but remained above the Delivery Plan Trajectory of 3h 56m.
- For overnight arrivals (8pm–8am) resulting in admission, average length of stay in the ED peaked at 1,076 minutes in January 2026 before improving to 957 minutes in February 2026, failing to meet the 394 minute Delivery Plan Trajectory. For daytime arrivals (8am–8pm), the average stay was 984 minutes in February 2026 against a Delivery Plan Trajectory of 437 minutes.
- In February 2026, an average of 31 patients per day waited over 12 hours in our EDs - an improvement from January 2026 but higher than February 2025 (25 patients). The Delivery Plan Trajectory was to achieve 11 or fewer.

- Ambulance turnaround within 60 minutes was 48.3% in February 2026, up from 41.1% in January but below the 62.1% achieved in February 2025 and the Delivery Plan Trajectory of 70.7% target.
- An average of 55 SAS-conveyed patients per day arrived at our EDs in February 2026, slightly above the 53.5 per-day Delivery Plan Trajectory.
- Acute Frailty Unit (AFU) same-day discharge rates peaked at 14.3% in August 2025, reduced to 7.6% in January 2026, and increased again to 11.8% in February 2026; below the 48% Delivery Plan Trajectory.
- Combined Assessment Unit (CAU) performance - patients discharged or transferred within 72 hours - fell from a high of 87.5% in September 2025 to 79.8% in January 2026, before improving to 85.7% in February 2026. This remains below the 100% Delivery Plan target.
- Acute hospital occupancy had been trending downward through 2025/26, reaching 122.9% in December 2025, but increased again to 127.2% in February 2026, above the 106.7% Delivery Plan aim.
- Average length of stay for emergency inpatients improved from 9.2 days in January 2026 to 8.8 days in February 2026 but remains above the 6.2 day Delivery Plan Trajectory. It is, however, lower than the 10.4 days recorded in February 2025.
- Patients with a length of stay over 14 days who were not in delay peaked at 241 in December 2025, improving to 208 in February 2026. This remains above the Delivery Plan aim of 105, though below the 231 recorded in February 2025.
- There were 69 new acute elderly admissions to Hospital at Home in February 2026, with 69 patients active in the service during the month. Bed days avoided via Acute Hospital at Home increased from 388 in January 2025 to 552 in October 2025, then reduced to 411 in February 2026. This equates to 15 Hospital at Home beds avoided in February 2026.

Delayed Discharges

- The total numbers of delayed discharges across all our hospitals reached a high of 253 at the July 2025 census point before falling to 202 by the end of December 2025. At the January 2026 census point, there was a subsequent increase to 229 with South Ayrshire Health and Social Care Partnership (HSCP) reporting the highest number of delays (105; 45.9%), followed by North Ayrshire HSCP (91; 39.7%) and East Ayrshire HSCP (33; 14.4%). East and South Ayrshire HSCPs recorded higher delays than the previous month.
- Occupied bed days (OBDs) due to delay peaked at 7,885 in July 2025 but reduced gradually to 6,624 in December 2025. In January 2026, occupied bed days increased with North Ayrshire HSCP reporting the highest number of occupied bed days (2,858; 42.1%) but showed improvement compared to December 2025. East and South Ayrshire HSCPs reported increases compared to the previous month.
- The national aim is zero non-complex delays over 2 weeks, however 92 were recorded in January 2026 (53 in South Ayrshire HSCP, 39 in North Ayrshire HSCP). East Ayrshire HSCP reported no such delays for the 15th consecutive month.
- Through the Delivery Plan, each HSCP 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. North Ayrshire HSCP is meeting both trajectories, whereas East and South Ayrshire HSCPs are failing to meet both metrics.

Workforce Sickness Absence

- In February 2026, sickness absence rates were recorded at 6.25% (short term: 2.39%, long term: 3.86%).

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.

There is no direct change to quality of care arising from this report; it provides assurance on current system performance.

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.

This report does not introduce new workforce implications; however, performance trends inform workforce planning.

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 is routinely being assessed and monitored.

There are no new financial implications arising directly from this report.

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.

Performance risks relate to access standards, patient flow, and longer waits.

2.3.5 Equality and diversity, including health inequalities

Whilst the targets and performance measures in this report do not currently provide breakdown by protected characteristic or socio-economic markers, they remain a key mechanism for monitoring the Board's progress in delivering high-quality, accessible services for all. By monitoring performance against the core standards and commitments, the Board ensures it is meeting its Public Sector Equality Duty and Fairer Scotland Duty to provide equitable care. This in turn ensures that any systemic performance issues are identified and addressed to improve the health outcomes across all communities and for all citizens of Ayrshire and Arran.

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 Best value

This report supports Best Value through Governance & Accountability (providing assurance and oversight), Performance Management (monitoring progress) and Use of Resources (supporting efficient deployment of system capacity).

2.3.7 Other impacts

- 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.

2.3.8 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.

2.3.9 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Corporate Management Team, 23 March 2026
- Performance Governance Committee, 26 March 2026

2.4 Recommendation

This report is for Discussion. Members are asked to examine and consider the implications of the content of the Performance Report and associated Appendix 1.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Board Performance Report