

NHS Ayrshire & Arran

NHS Board

07 April 2026

Appendix 1

Performance Report

Planned Care

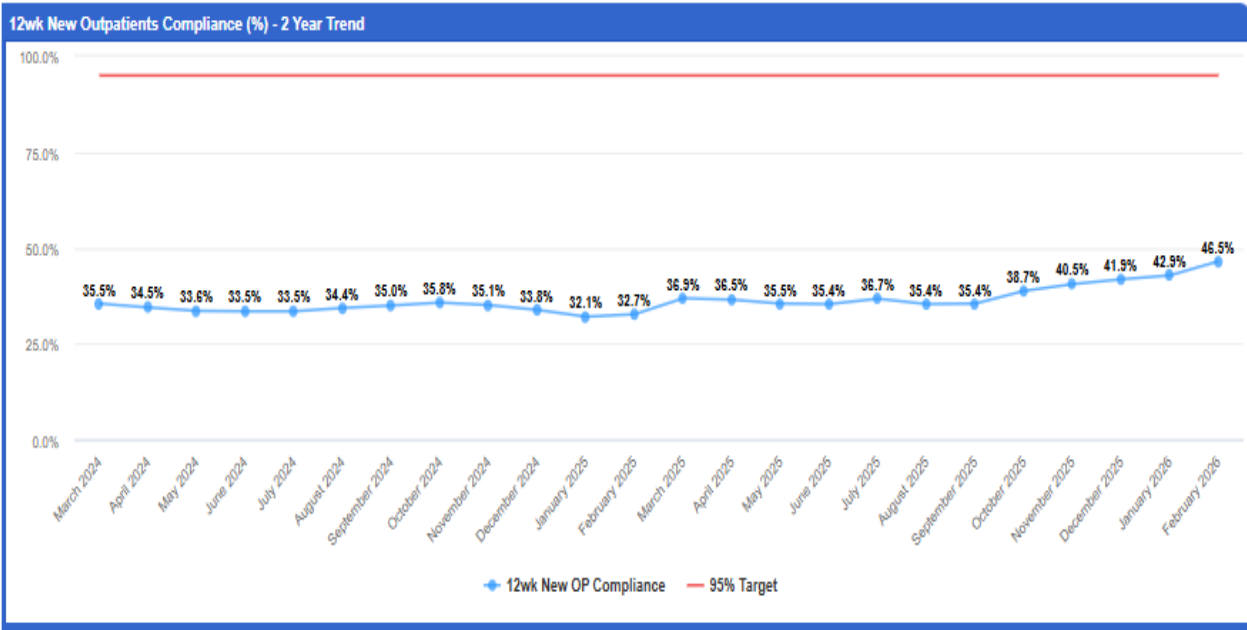
New Outpatients – National 12 Week Standard/Target

12wk New Outpatient 95% Target

February 2026 result

● 46.5%

- **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)



Title	Value	Target	Last Update	History
Oral & Maxillofacial Surgery New OP Compliance - Max 12wks from Referral (95%)	30.2%	95.0%	February 2026	
Rheumatology New OP Compliance - Max 12wks from Referral (95%)	30.6%	95.0%	February 2026	
Anaesthetics New OP Compliance - Max 12wks from Referral (95%)	35.2%	95.0%	February 2026	
Neurology New OP Compliance - Max 12wks from Referral (95%)	36.2%	95.0%	February 2026	
Gastroenterology New OP Compliance - Max 12wks from Referral (95%)	36.6%	95.0%	February 2026	
ENT New OP Compliance - Max 12wks from Referral (95%)	39.9%	95.0%	February 2026	
Respiratory Medicine New OP Compliance - Max 12wks from Referral (95%)	40.1%	95.0%	February 2026	
Ophthalmology New OP Compliance - Max 12wks from Referral (95%)	44.1%	95.0%	February 2026	
Dermatology New OP Compliance - Max 12wks from Referral (95%)	44.7%	95.0%	February 2026	
Plastic Surgery New OP Compliance - Max 12wks from Referral (95%)	46.8%	95.0%	February 2026	
General Surgery (inc Vasc) New OP Compliance - Max 12wks from Referral (95%)	47.0%	95.0%	February 2026	
General Medicine New OP Compliance - Max 12wks from Referral (95%)	47.9%	95.0%	February 2026	
Diabetes & Endocrinology New OP Compliance - Max 12wks from Referral (95%)	49.7%	95.0%	February 2026	
Gynaecology New OP Compliance - Max 12wks from Referral (95%)	51.7%	95.0%	February 2026	
Cardiology New OP Compliance - Max 12wks from Referral (95%)	54.1%	95.0%	February 2026	
Trauma & Orthopaedics New OP Compliance - Max 12wks from Referral (95%)	58.7%	95.0%	February 2026	
OTHER New OP Compliance - Max 12wks from Referral (95%)	63.0%	95.0%	February 2026	
Urology New OP Compliance - Max 12wks from Referral (95%)	75.0%	95.0%	February 2026	
Orthodontics New OP Compliance - Max 12wks from Referral (95%)	84.8%	95.0%	February 2026	

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

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
NHS A&A	32.3%	33.0%	37.1%	36.8%	35.9%	36.0%	37.8%	36.8%	36.8%	39.1%	41.1%	41.7%	42.0%
Scotland	37.0%	37.7%	41.3%	41.1%	40.6%	41.1%	42.3%	41.6%	42.1%	42.9%	43.5%	43.3%	43.4%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 31st March 2026.

New Outpatients – Delivery Plan Trajectories 2025/26

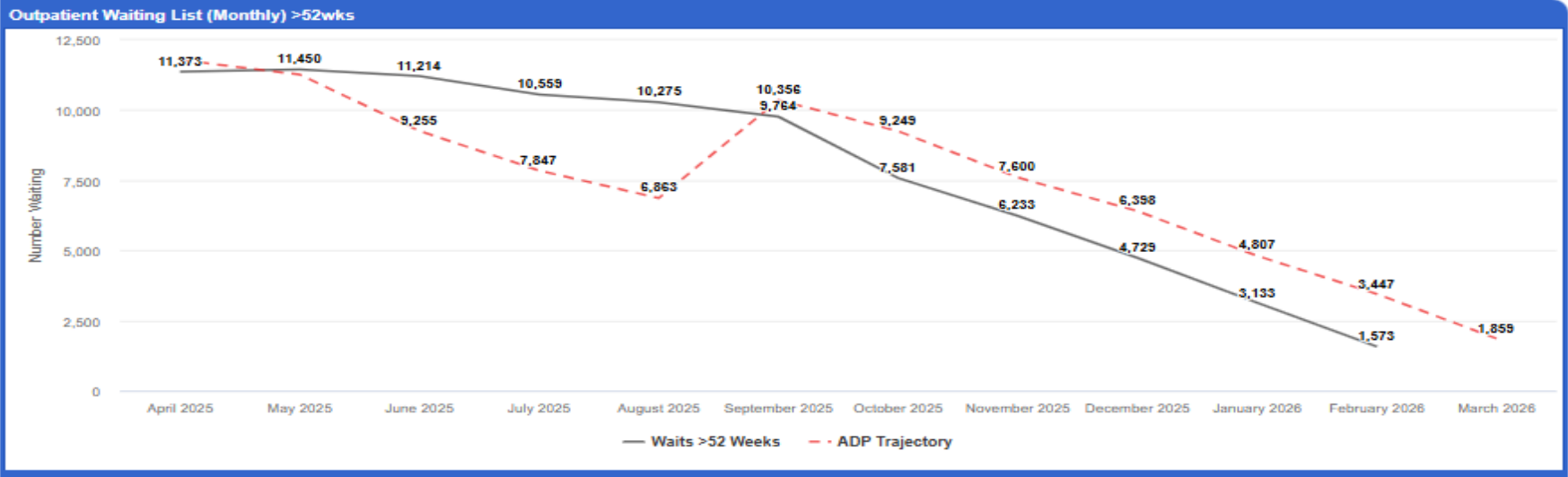
By February 2026:

- The total number of patients waiting for a New Outpatient appointment is below 42,907
- The total number of patients waiting for a New Outpatient appointment >52 weeks is below 3,447



New Outpatients Waiting List

February 2026 result
▲ 43,912



Outpatient Waiting List >52wks

February 2026 result
● 1,573

Source: Local Management Reports

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.

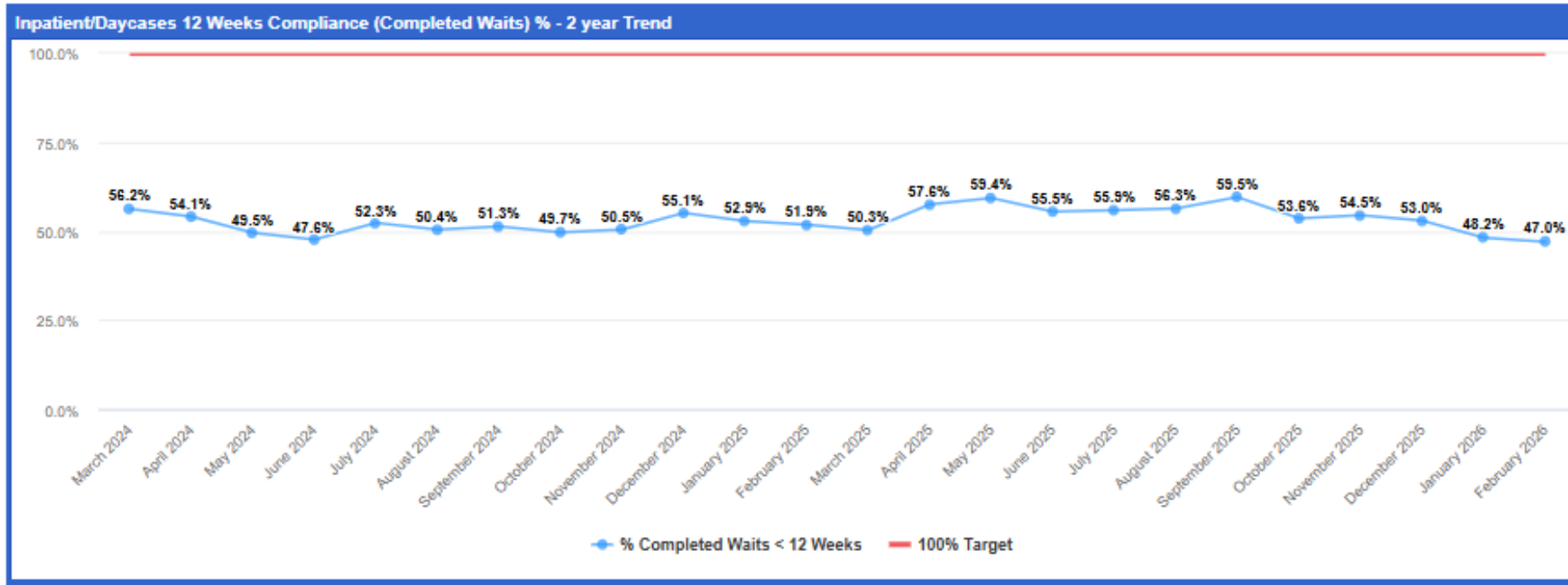
Inpatients/Day Cases - National 12 Week Standard/Target

12wk IPDC 100% Target (Completed Waits)

February 2026 result

● 47.0%

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



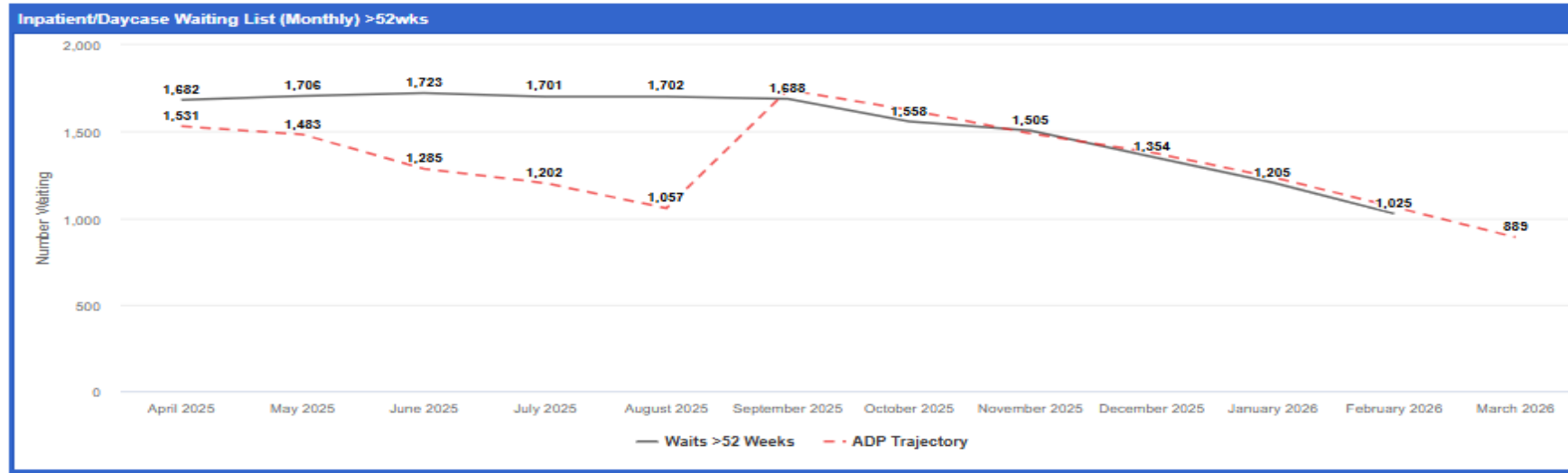
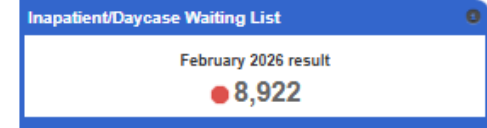
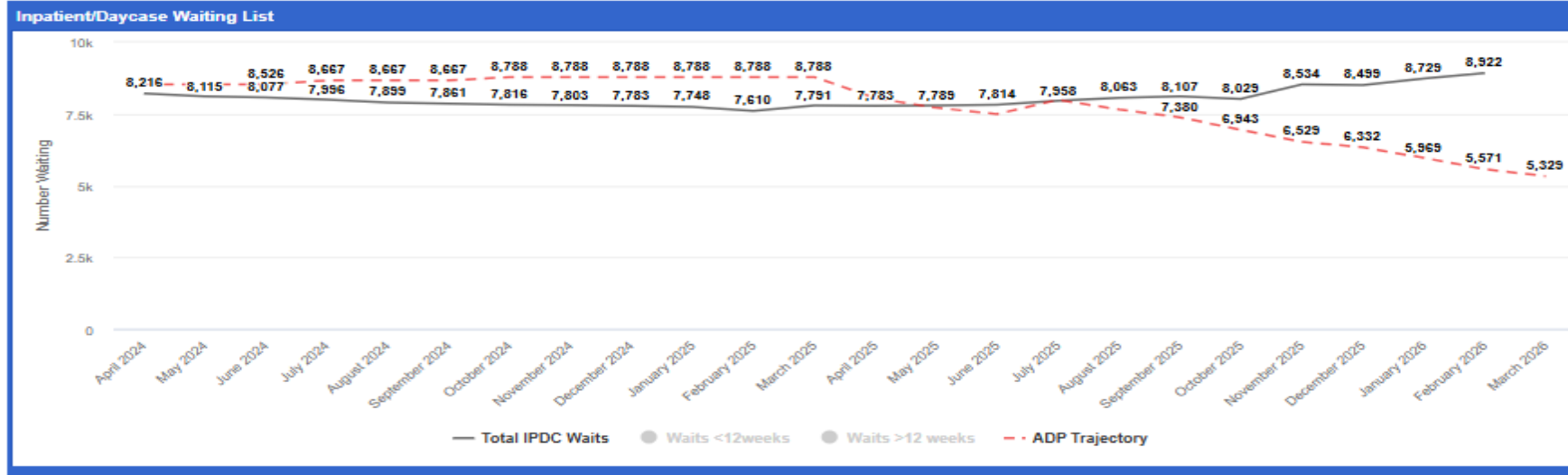
National Benchmarking – 12 Week IP/DC Target (100%)

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
NHS A&A	59.2%	58.7%	59.1%	65.3%	65.9%	63.0%	62.2%	64.2%	66.1%	60.8%	62.7%	60.6%	55.4%
Scotland	58.4%	56.5%	55.5%	57.9%	56.8%	56.2%	55.5%	58.0%	56.5%	58.0%	57.1%	58.4%	56.6%

Inpatients/Day Cases – Delivery Plan Trajectories 2025/26

By February 2026:

- The total number of patients waiting for Inpatient/Day case treatment is below 5,571
- The total number of patients waiting for Inpatient/Day case treatment >52 weeks is below 1,064



Delivery Plan Improvement Actions – Inpatients/Day Cases

Delivery Summary	Improvement Actions
Address Long Inpatient/Daycase waiting times, working towards target of no patients >52 weeks by March 2026	<p>A monthly improvement trajectory is set out in the Planned Care Planning template which delivers an agreed revised maximum 889 TTG patients waiting over 52 weeks (previously 533) 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.

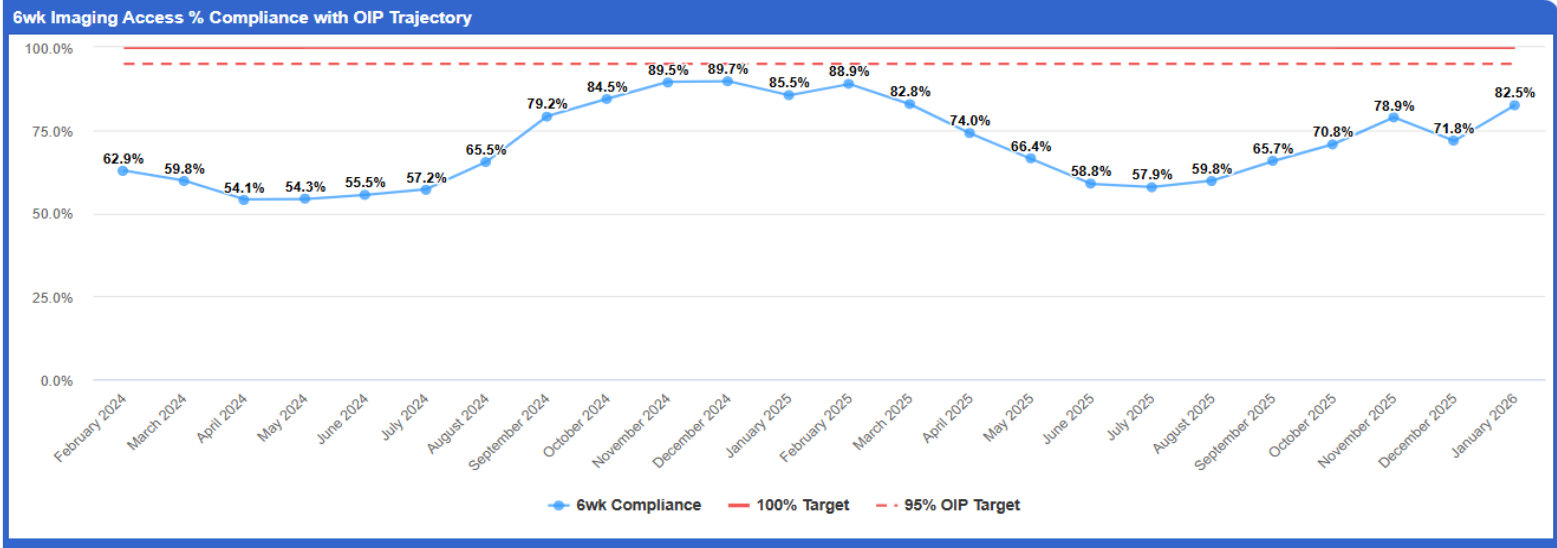
Radiology/Imaging - 6 Week Standard/Target

6wk Imaging Compliance

January 2026 result

● 82.5%

- **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



Title	Value	Target	Last Update	History
Imaging - % (MRI) patients waiting <6wks	90.4%	100.0%	January 2026	
Imaging - % (CT) patients waiting <6wks	89.7%	100.0%	January 2026	
Imaging - % Non-obstetric US patients waiting <6 weeks	77.2%	100.0%	January 2026	
Imaging - % Barium Studies patients waiting <6 weeks	53.8%	100.0%	January 2026	

National Benchmarking - 6 Week Imaging Target (100%)

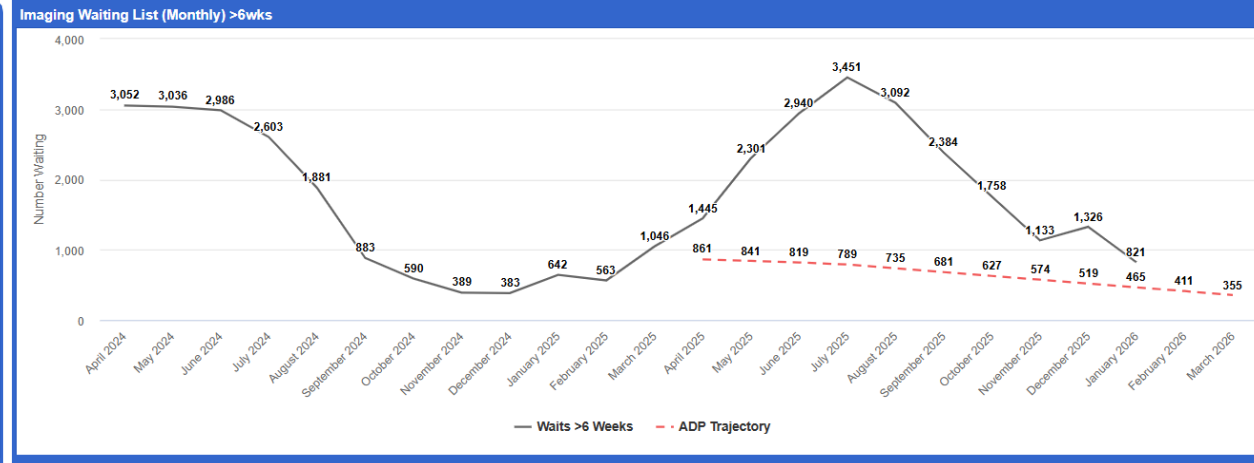
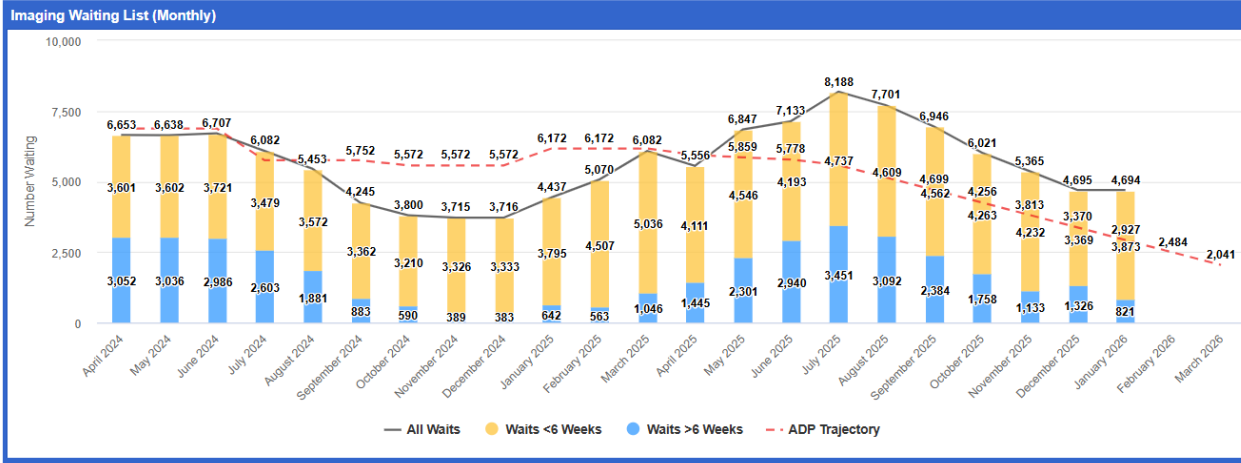
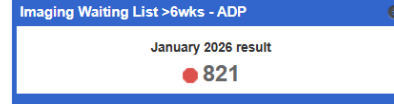
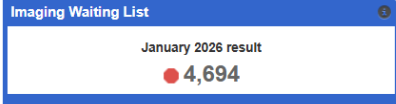
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
NHS A&A	89.7%	85.5%	88.9%	82.8%	74.0%	66.4%	58.8%	57.9%	59.8%	65.7%	70.8%	78.9%	71.8%
Scotland	57.4%	55.3%	64.3%	63.0%	57.4%	56.6%	57.5%	54.2%	54.6%	57.7%	57.1%	62.7%	62.1%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 26th May 2026

Radiology/Imaging – Delivery Plan Trajectories 2025/26

By January 2026:

- Achieve an overall waiting list for Radiology/Imaging of less than 2,927
- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 465



Imaging Waiting List (Monthly) by Test

Title	Value	Target	Last Update	History
Barium Studies - Number of Patients waiting	52	19	January 2026	
CT Scan - Number of Patients waiting	1,378	1,704	January 2026	
MRI - Number of Patients waiting	670	642	January 2026	
Non Obstetrics Ultrasound - Number of Patients waiting	2,594	562	January 2026	

Imaging Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Imaging - No. (MRI) patients waiting >6wks - ADP Trajectory	64	59	January 2026	
Imaging - No. (CT) patients waiting >6wks - ADP Trajectory	142	324	January 2026	
Imaging - No. Non-obstetric US patients waiting >6wks - ADP Trajectory	591	80	January 2026	
Imaging - No. Barium Studies patients waiting >6wks - ADP Trajectory	24	2	January 2026	

Delivery Plan Improvement Actions – Radiology/Imaging

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

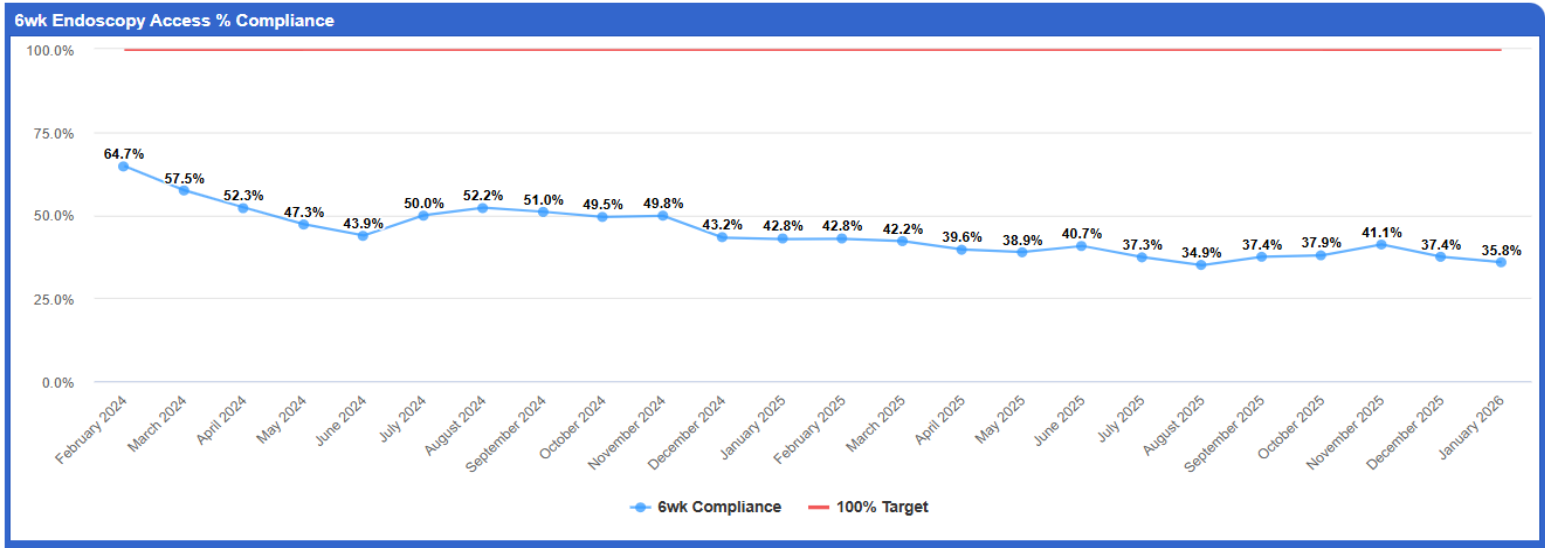
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Compliance

January 2026 result

● **35.8%**

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



Title	Value	Target	Last Update	History
Endoscopy - % Cystoscopy patients waiting <6 weeks	61.5%	100.0%	January 2026	
Endoscopy - % Colonoscopy patients waiting <6 weeks	42.1%	100.0%	January 2026	
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	33.8%	100.0%	January 2026	
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	28.5%	100.0%	January 2026	
Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	100.0%	January 2026	

National Benchmarking – 6 Week Endoscopy Target (100%)

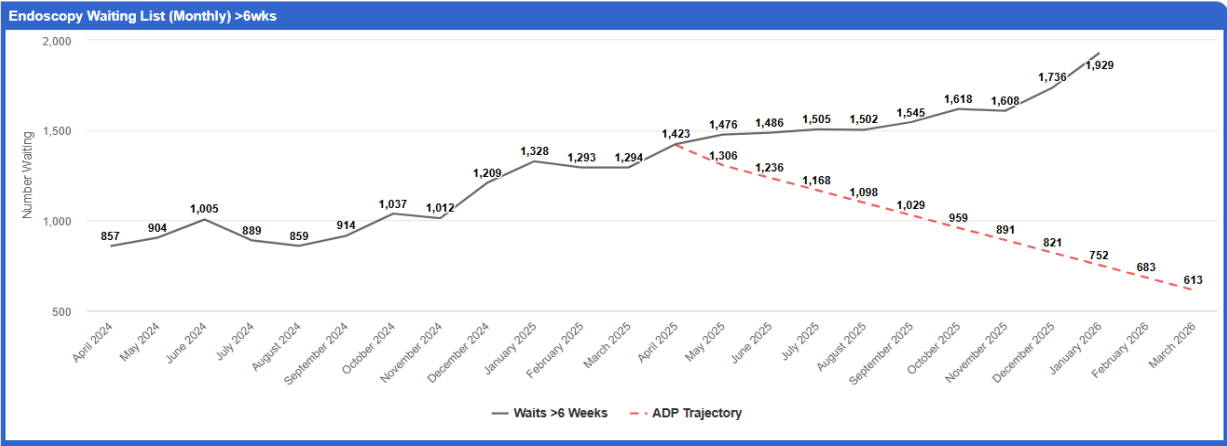
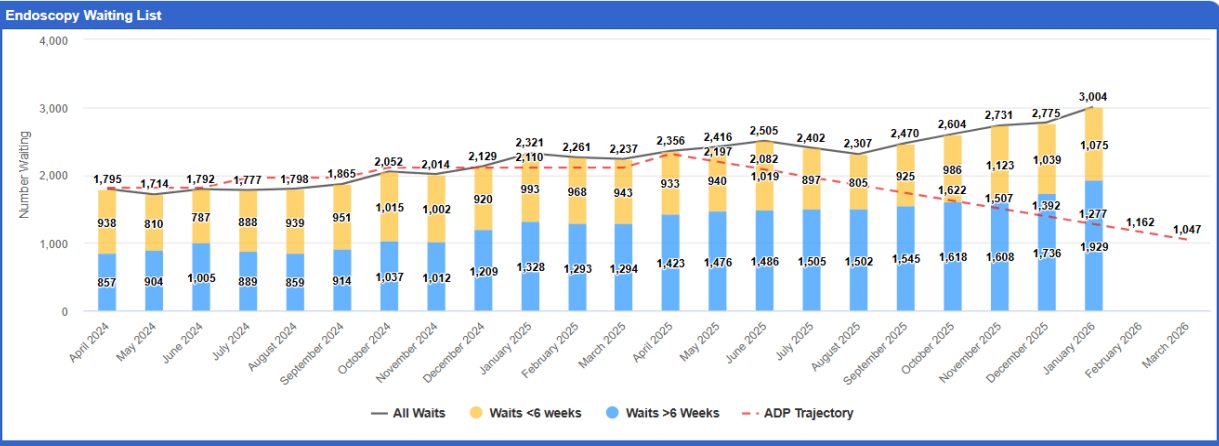
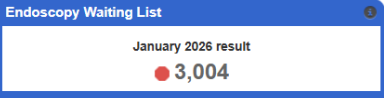
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
NHS A&A	43.2%	42.8%	42.8%	42.2%	39.6%	38.9%	40.7%	37.3%	34.9%	37.4%	37.9%	41.1%	37.4%
Scotland	39.9%	38.9%	43.3%	43.8%	41.4%	40.9%	40.1%	38.8%	39.0%	42.1%	43.2%	45.1%	41.8%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 26th May 2026

Endoscopy – Delivery Plan Trajectories 2025/26

By January 2026:

- Achieve a Diagnostic Endoscopy Waiting List below 1,277
- Achieve a Diagnostic Endoscopy Waiting List >6 weeks below 752



Endoscopy Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory	1,189	425	January 2026	
Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory	241	104	January 2026	
Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory	489	207	January 2026	
Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectory	10	16	January 2026	

Endoscopy Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory	1,189	425	January 2026	
Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory	241	104	January 2026	
Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory	489	207	January 2026	
Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectory	10	16	January 2026	

Source: Local Management Reports

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.

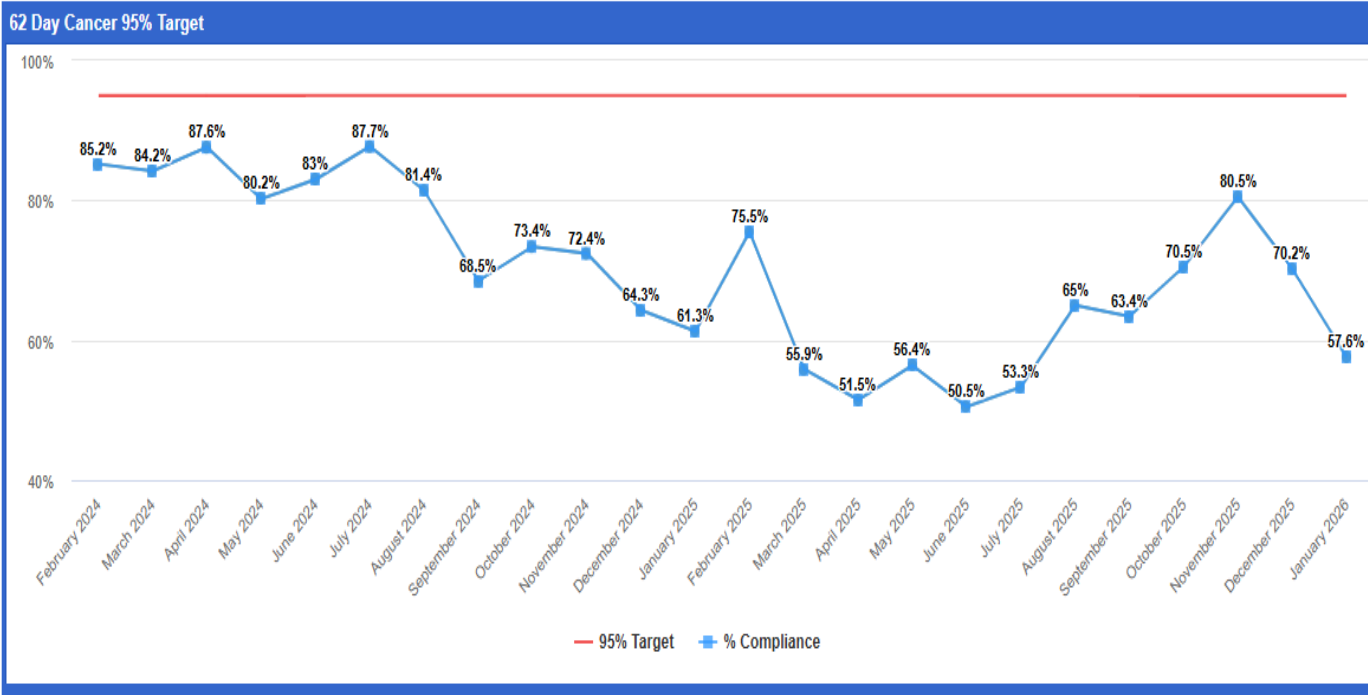
Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

January 2026 result

● 57.6%

- **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															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	20/24 83.3%	6/6 100.0%	6/6 100.0%	10/10 100.0%	17/17 100.0%	23/26 88.5%	93/98 94.9%	12/17 70.6%	14/14 100.0%	38/45 84.4%	0/0 -	1/1 100.0%	19/26 73.1%	0/0 -	- -	259/290 89.3%
	Cx	1/1 100.0%	0/0 -	2/2 100.0%	0/0 -	0/0 -	1/1 100.0%	1/4 25.0%	0/0 -	5/5 100.0%	0/0 -	0/0 -	0/0 -	1/1 100.0%	0/0 -	- -	11/14 78.6%
	Colo	9/13 69.2%	3/4 75.0%	11/11 100.0%	14/15 93.3%	13/14 92.9%	6/8 75.0%	40/54 74.1%	9/8 50.0%	32/33 97.0%	24/33 72.7%	0/0 -	1/1 100.0%	11/20 55.0%	0/0 -	- -	173/234 73.9%
	H&N	0/0 -	1/1 100.0%	0/0 -	1/1 100.0%	2/2 100.0%	5/5 100.0%	8/12 66.7%	0/1 0.0%	7/7 100.0%	6/9 66.7%	0/0 -	0/0 -	1/1 100.0%	0/0 -	- -	31/39 79.5%
	Lung	13/16 81.3%	3/4 75.0%	7/7 100.0%	11/13 84.6%	9/11 81.8%	21/21 100.0%	36/49 73.5%	8/9 88.9%	29/30 96.7%	9/11 81.8%	0/0 -	1/1 100.0%	11/16 68.8%	1/1 100.0%	- -	159/189 84.1%
	Lym	1/1 100.0%	2/2 100.0%	1/1 100.0%	0/0 -	1/1 100.0%	3/3 100.0%	4/6 66.7%	3/3 100.0%	1/1 100.0%	4/5 80.0%	0/0 -	1/1 100.0%	0/0 -	0/1 0.0%	- -	21/25 84.0%
	Mel	3/3 100.0%	0/0 -	1/1 100.0%	2/3 66.7%	1/1 100.0%	6/11 54.5%	16/19 84.2%	4/4 100.0%	2/2 100.0%	3/3 100.0%	1/1 100.0%	0/0 -	1/2 50.0%	0/0 -	- -	40/50 80.0%
	Ov	0/0 -	1/1 100.0%	0/0 -	1/1 100.0%	1/1 100.0%	1/1 100.0%	2/4 50.0%	2/2 100.0%	2/2 100.0%	2/2 100.0%	0/0 -	0/0 -	1/2 50.0%	0/0 -	- -	13/16 81.3%
	UGI	4/5 80.0%	2/3 66.7%	3/3 100.0%	6/8 75.0%	9/11 81.8%	15/16 93.8%	22/31 71.0%	9/10 90.0%	13/13 100.0%	26/29 89.7%	0/0 -	2/2 100.0%	9/10 90.0%	0/0 -	- -	120/141 85.1%
	Urol	6/6 16.7%	2/5 40.0%	7/14 50.0%	10/24 41.7%	10/23 43.5%	7/8 87.5%	41/104 39.4%	29/35 82.9%	25/33 75.8%	27/85 31.8%	0/0 -	1/1 100.0%	10/28 35.7%	3/3 100.0%	- -	178/439 40.5%
	All	57/99 57.6%	20/26 76.9%	38/45 84.4%	55/75 73.3%	63/81 77.8%	88/150 58.7%	263/381 69.0%	76/99 76.8%	130/140 92.9%	139/222 62.6%	1/1 100.0%	7/7 100.0%	64/106 60.4%	4/5 80.0%	- -	1005/1437 69.9%

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

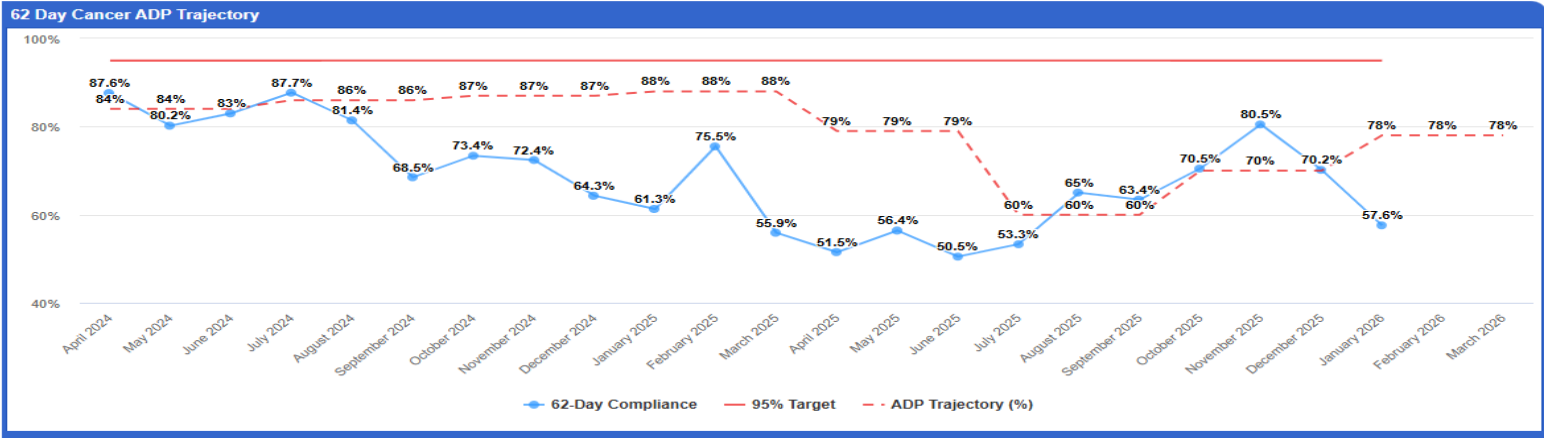
By January 2026, of those urgently referred with a suspicion of cancer:

- 78.0% to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

January 2026 result

● **57.6%**



62 Day by Cancer type - ADP

Title	Value	Numerator	Denominator	Target	Last Update	History
Cervical Cancer - Waiting Times - 62 Day ADP Target	100.0%	1	1	75.0%	January 2026	
Lymphoma Cancer - Waiting Times - 62 Day ADP Target	100.0%	1	1	88.0%	January 2026	
Melanoma Cancer - Waiting Times - 62 Day ADP Target	100.0%	3	3	85.0%	January 2026	
Breast Cancer - Waiting Times - 62 Day ADP Target	83.3%	20	24	90.0%	January 2026	
Lung Cancer - Waiting Times - 62 Day ADP Target	81.3%	13	16	91.0%	January 2026	
Upper Gastro-Intestinal Cancer - Waiting Times - 62 Day ADP Target	80.0%	4	5	76.0%	January 2026	
Colorectal Cancer - Waiting Times - 62 Day ADP Target	69.2%	9	13	84.0%	January 2026	
Urological Cancer - Waiting Times - 62 Day ADP Target	16.7%	6	36	47.0%	January 2026	
Head and Neck Cancer - Waiting Times - 62 Day ADP Target	0.0%	0	0	73.0%	January 2026	
Ovarian Cancer - Waiting Times - 62 Day ADP Target	0.0%	0	0	100.0%	January 2026	

← 1 of 1 →

Source: Public Health Scotland and Local Management Reports

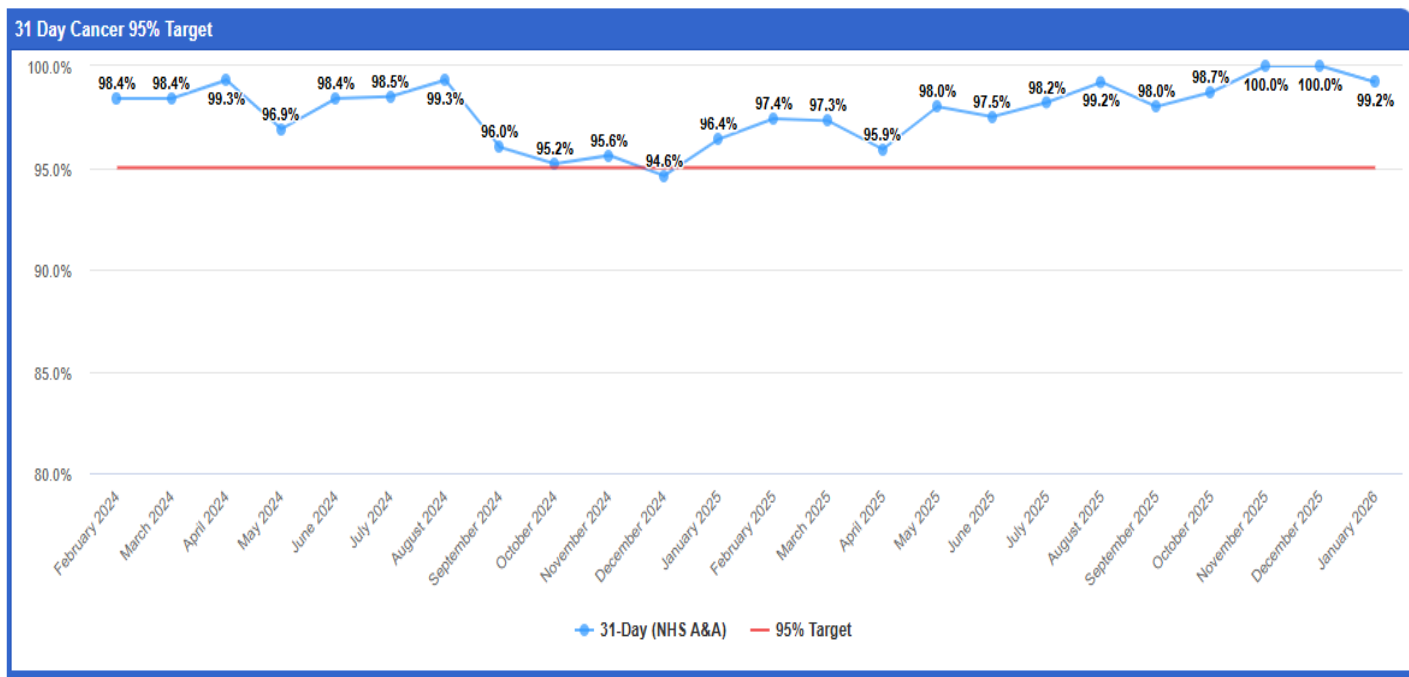
Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

January 2026 result

99.2%

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



31		NHS Board														Scot	
		AA	B	DG	F	FV	Gr	GCC	H	La	Lo	O	S	T	WI		GJNH
Cancer Type	Br	29/29 100.0%	11/11 100.0%	10/10 100.0%	15/16 93.8%	26/26 100.0%	30/33 90.9%	99/100 99.0%	13/17 76.5%	31/34 91.2%	36/51 70.6%	0/0 -	1/1 100.0%	33/37 89.2%	1/1 100.0%	0/0 -	335/368 91.5%
	Cx	1/1 100.0%	0/0 -	2/2 100.0%	0/0 -	0/0 -	2/2 100.0%	9/10 90.0%	1/1 100.0%	1/1 100.0%	3/3 100.0%	0/0 -	0/0 -	1/1 100.0%	0/0 -	0/0 -	20/21 95.2%
	Colo	18/18 100.0%	3/4 75.0%	16/16 100.0%	17/17 100.0%	16/16 100.0%	20/23 87.0%	71/73 97.3%	21/21 100.0%	36/37 97.3%	39/47 83.0%	0/0 -	1/1 100.0%	24/24 100.0%	2/2 100.0%	2/2 100.0%	286/301 95.0%
	H&N	1/1 100.0%	0/0 -	0/0 -	0/0 -	3/3 100.0%	11/11 100.0%	24/24 100.0%	3/3 100.0%	6/6 100.0%	17/20 85.0%	0/0 -	0/0 -	9/9 100.0%	0/0 -	0/0 -	74/77 96.1%
	Lung	18/18 100.0%	5/5 100.0%	9/9 100.0%	15/15 100.0%	11/11 100.0%	30/30 100.0%	94/95 98.9%	11/11 100.0%	29/29 100.0%	52/54 96.3%	0/0 -	1/1 100.0%	26/29 89.7%	0/0 -	34/34 100.0%	337/343 98.3%
	Lym	4/4 100.0%	3/3 100.0%	3/3 100.0%	5/6 83.3%	3/3 100.0%	9/9 100.0%	12/12 100.0%	6/6 100.0%	4/4 100.0%	13/13 100.0%	0/0 -	0/0 -	7/7 100.0%	0/0 -	0/0 -	69/70 98.6%
	Mel	5/5 100.0%	0/0 -	4/4 100.0%	4/4 100.0%	3/3 100.0%	10/11 90.9%	30/31 96.8%	5/5 100.0%	3/3 100.0%	6/7 85.7%	1/1 100.0%	0/0 -	4/8 50.0%	0/0 -	0/0 -	75/82 91.5%
	Ov	0/0 -	1/1 100.0%	1/1 100.0%	1/1 100.0%	0/0 -	2/2 100.0%	11/11 100.0%	3/4 75.0%	1/1 100.0%	3/3 100.0%	0/0 -	0/0 -	3/3 100.0%	0/0 -	0/0 -	26/27 96.3%
	UGI	11/11 100.0%	1/1 100.0%	7/7 100.0%	13/14 92.9%	12/12 100.0%	25/25 100.0%	55/55 100.0%	13/14 92.9%	15/15 100.0%	41/43 95.3%	0/0 -	0/0 -	19/20 95.0%	0/0 -	0/0 -	212/217 97.7%
	Urol	44/45 97.8%	5/5 100.0%	20/21 95.2%	35/40 87.5%	28/28 100.0%	72/98 73.5%	163/183 89.1%	41/45 91.1%	49/53 92.5%	111/123 90.2%	0/0 -	1/1 100.0%	36/43 83.7%	0/0 -	0/0 -	606/686 88.3%
	All	131/132 99.2%	29/30 96.7%	72/73 98.6%	105/113 92.9%	102/102 100.0%	211/244 86.5%	568/594 95.6%	117/127 92.1%	175/183 95.6%	321/364 88.2%	1/1 100.0%	4/4 100.0%	162/181 89.5%	6/6 100.0%	36/36 100.0%	2040/2190 93.2%

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%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 31st March 2026

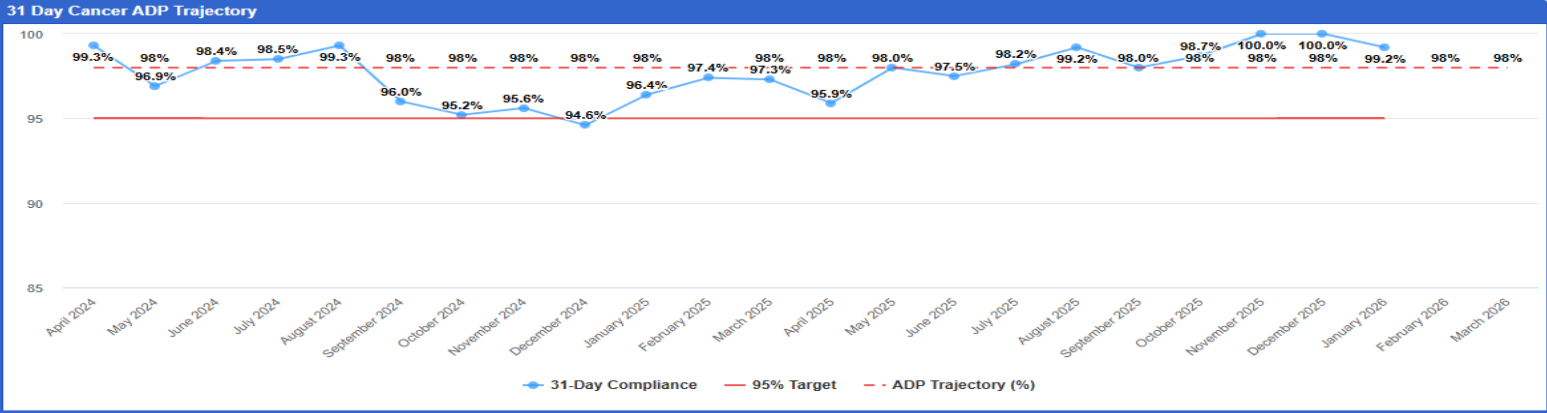
Cancer 31 day – Delivery Plan Trajectories 2025/26

By January 2026:

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

31 Day Cancer ADP Trajectory

January 2026 result
✔ **99.2%**



31 Day by Cancer type - ADP

Title	Value	Numerator	Denominator	Target	Last Update	History
Breast Cancer - Waiting Times - 31 Day ADP Target	100.0%	29	29	95.0%	January 2026	
Cervical Cancer - Waiting Times - 31 Day ADP Target	100.0%	1	1	100.0%	January 2026	
Colorectal Cancer - Waiting Times - 31 Day ADP Target	100.0%	18	18	100.0%	January 2026	
Head and Neck Cancer - Waiting Times - 31 Day ADP Target	100.0%	1	1	95.0%	January 2026	
Lung Cancer - Waiting Times - 31 Day ADP Target	100.0%	18	18	100.0%	January 2026	
Lymphoma Cancer - Waiting Times - 31 Day ADP Target	100.0%	4	4	100.0%	January 2026	
Melanoma Cancer - Waiting Times - 31 Day ADP Target	100.0%	5	5	100.0%	January 2026	
Ovarian Cancer - Waiting Times - 31 Day ADP Target	0.0%	0	0	100.0%	January 2026	
Upper Gastro-Intestinal Cancer - Waiting Times - 31 Day ADP Target	100.0%	11	11	100.0%	January 2026	
Urological Cancer - Waiting Times - 31 Day ADP Target	97.8%	44	45	98.0%	January 2026	

← 1 of 1 →

Source: Public Health Scotland and Local Management Reports

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 PowerApps eMDT 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
<p>Support the development of a Target Operating Model for oncology, and work across the region and locally to address shortfalls in oncology capacity</p>	<p>Support the Regional and National Planning approach to develop a Scottish Target Operating Model for Oncology. Meantime we will continue to work closely with colleagues in NHS Greater Glasgow & 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.
<p>Ensure earlier and faster diagnosis at stage I and II in line with Cancer Strategy</p>	<p>Earlier and faster diagnosis at stage I and II is a key aim of the Cancer Strategy. We will:</p> <ul style="list-style-type: none"> • 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)

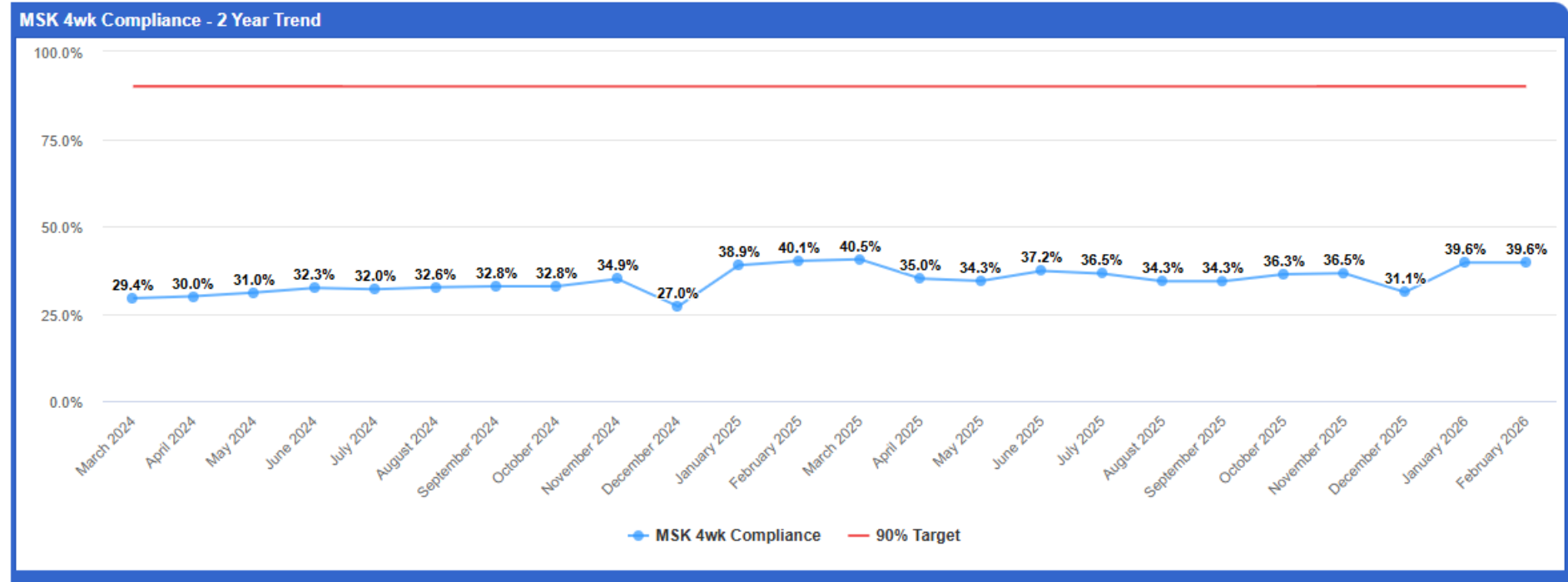
Musculoskeletal (MSK) - National 4 week Standard/Target

MSK 4wk % Compliance

February 2026 result

● 39.6%

- 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

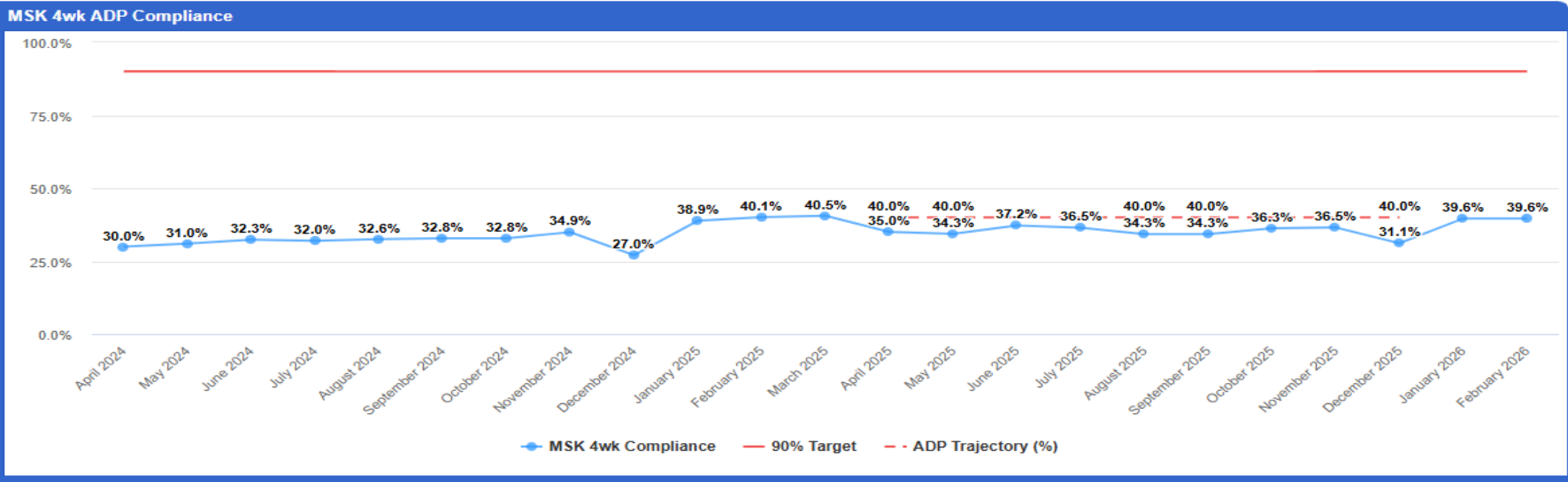
By December 2025:

- 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. *(Please note – no target set from January 2026)*

MSK 4 Weeks ADP Trajectory

February 2026 result

39.6%



MSK 4wk Compliance by Profession

Title	Value	Target	Last Update	History
MSK Physiotherapy	44.0%		February 2026	
Orthotics	34.9%		February 2026	
MSK Podiatry	28.2%		February 2026	
MSK Occupational Therapy	26.4%		February 2026	

← 1 of 1 →

Delivery Plan Improvement Actions - Musculoskeletal (MSK) excluding Orthotics

Delivery Summary	Improvement Actions
<p>Increase MSK compliance with National 4 week waiting time target</p>	<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.
<p>Develop new models of care which support management of demand into MSK Services</p>	<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.
<p>Facilitate recruitment and retention of MSK workforce</p>	<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.

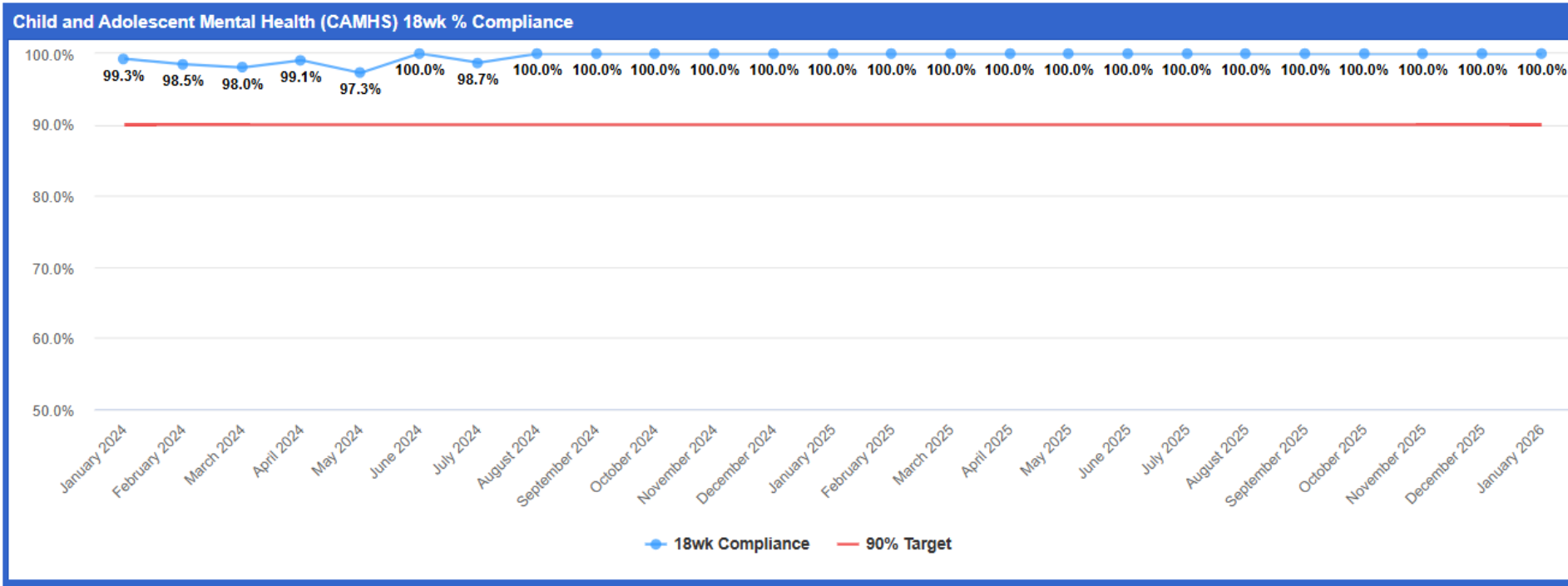
Mental Health

CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target 3

January 2026 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%)

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
NHS A&A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Scotland	93.1%	89.7%	90.9%	94.1%	92.4%	91.6%	91.4%	91.3%	90.4%	92.7%	91.5%	87.9%	90.9%

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

CAMHS – Delivery Plan Trajectories 2025/26

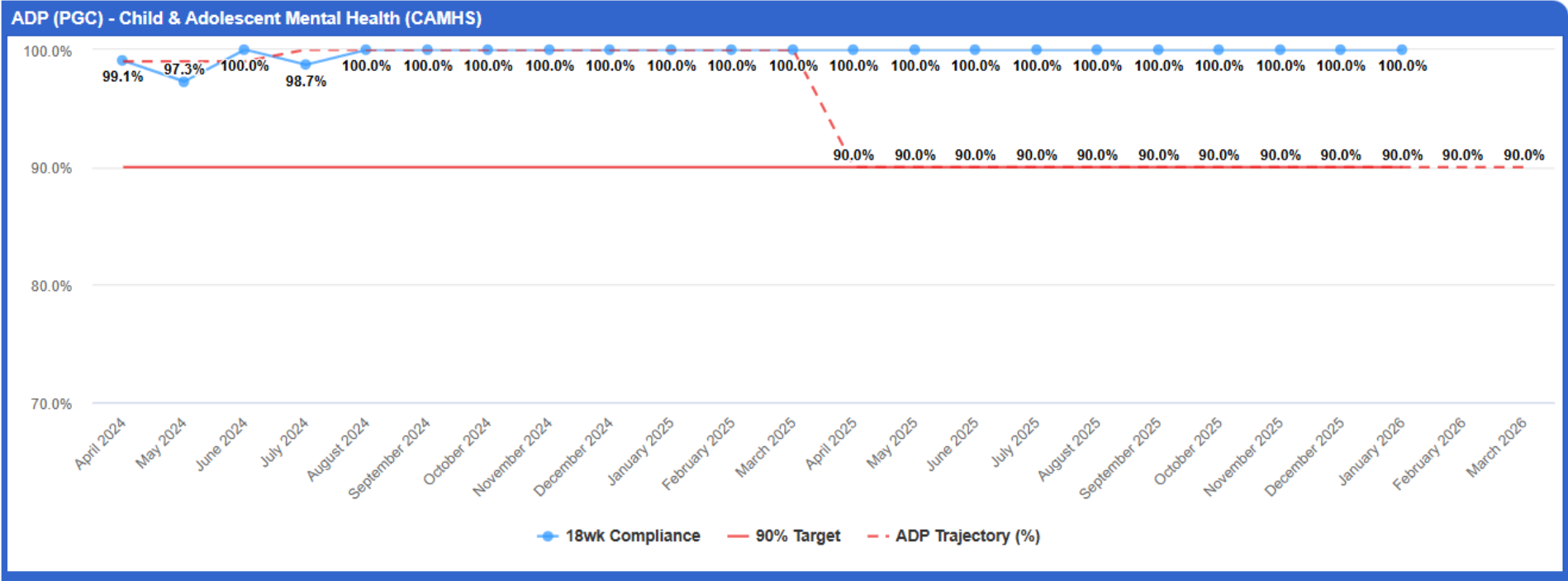
By January 2026:

- 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

January 2026 result

✔ 100.0%



Source: Local Management Reports

Delivery Plan Improvement Actions – CAMHS

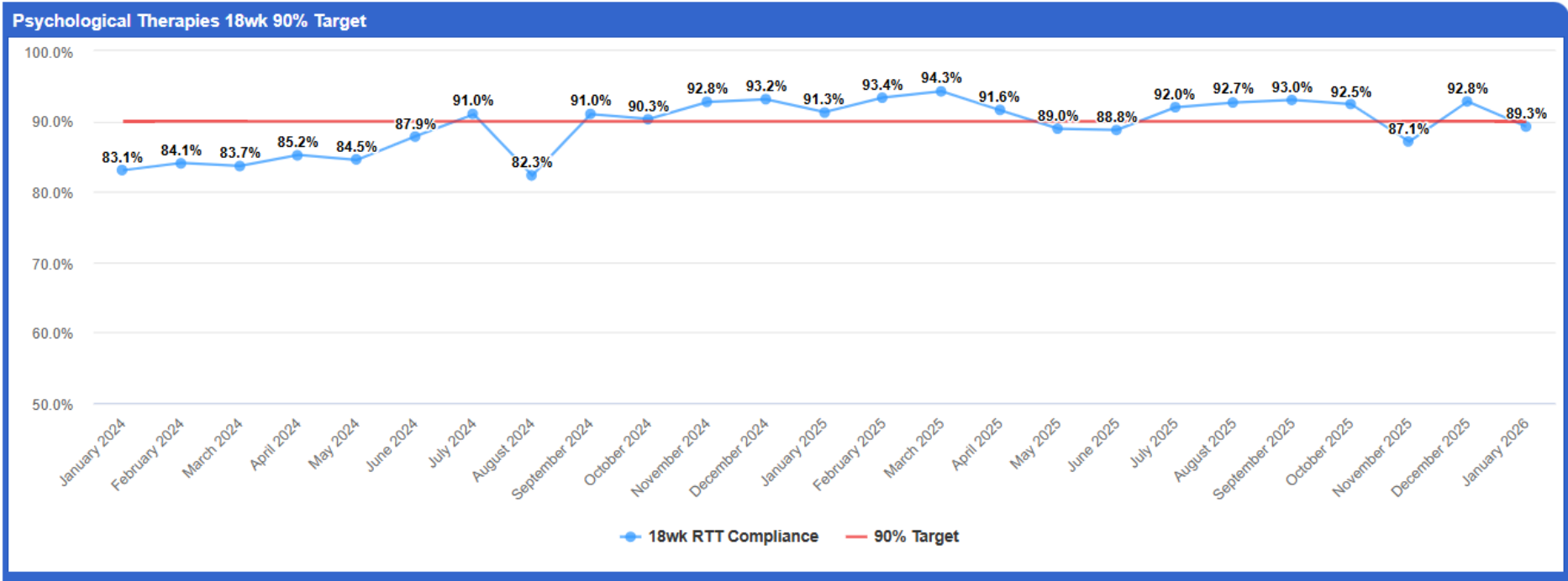
Delivery Summary	Improvement Actions
<p>Maintain the CAMHS 18 week Referral to Treatment (RTT) and work towards the 4 week target within National Specification</p>	<ul style="list-style-type: none"> • Improve access to mental health service. • Build capacity and sustainable delivery. • Utilise Trakcare and CAMHS Benson Wintere Demand, Capacity, Activity and Queue (DCAQ) Model.
<p>Improve service delivery and resilience with the recruitment and retention of CAMHS workforce</p>	<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.
<p>Improving mental health environment and patient safety</p>	<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.
<p>Improve mental health patient safety</p>	<ul style="list-style-type: none"> • Working with the West of Scotland CAMHS Network to provide a clear intensive care pathway acknowledging the reduction from 24 to 16 beds within Skye House

Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

January 2026 result
▲ 89.3%

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



National Benchmarking – 18 Weeks PT Target (90%)

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
NHS A&A	93.2%	91.3%	93.4%	94.3%	91.6%	89.0%	88.8%	92.0%	92.7%	93.0%	92.5%	87.1%	92.8%
Scotland	81.6%	76.6%	78.3%	81.3%	78.0%	77.5%	79.4%	80.6%	80.2%	81.4%	81.8%	80.3%	84.7%

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

Psychological Therapies – Delivery Plan Trajectories 2025/26

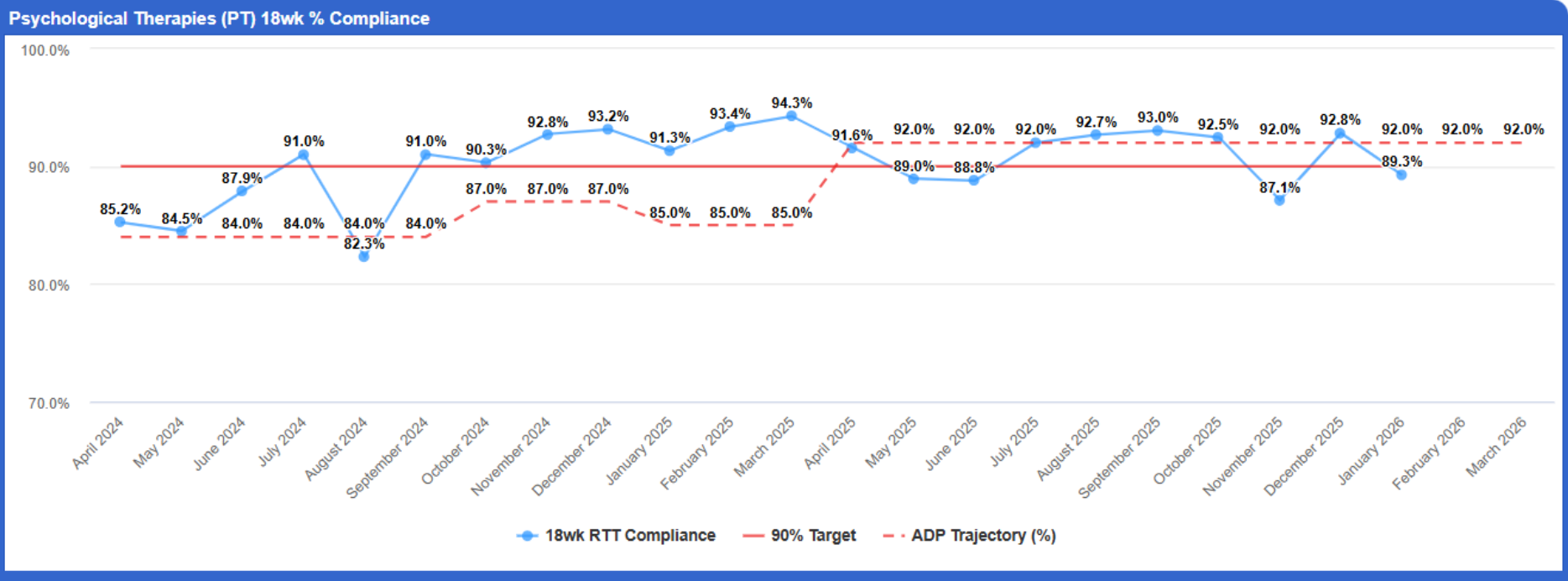
By January 2026:

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

Psychological Therapies 18 ADP Trajectory

January 2026 result

▲ **89.3%**



Source: Local Management Reports

Delivery Plan Improvement Actions – Psychological Therapies

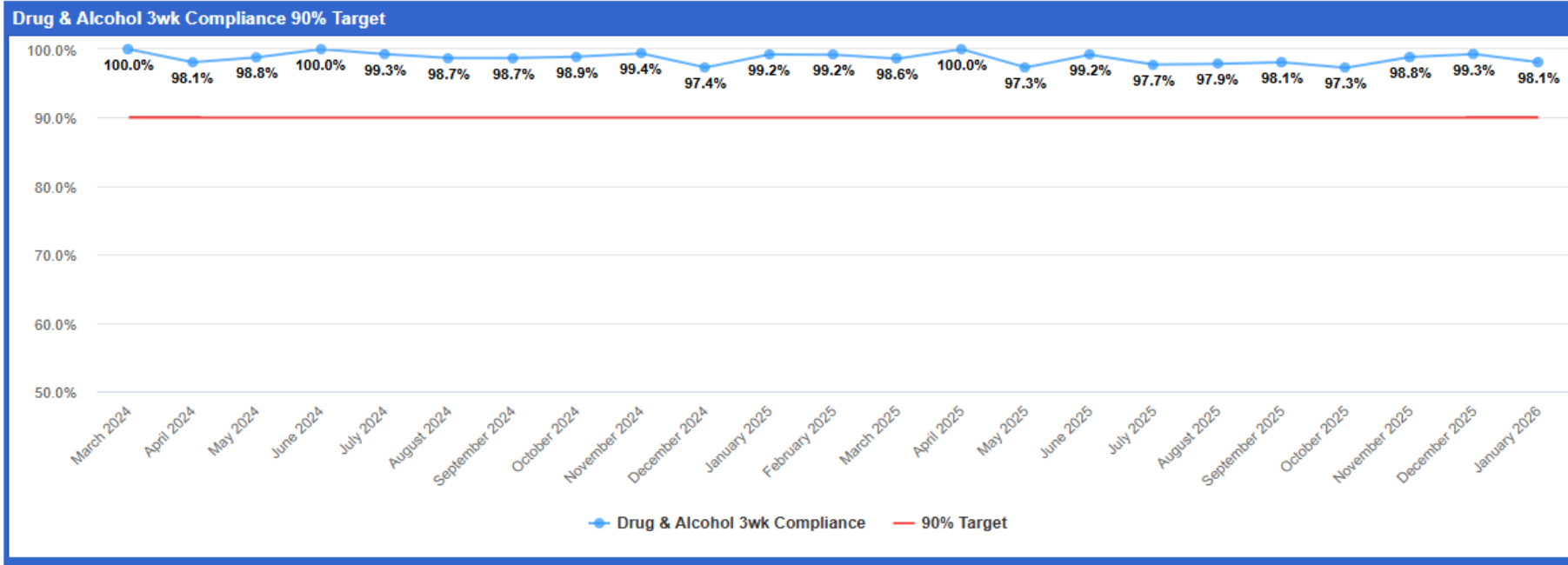
Delivery Summary	Improvement Actions
<p>Improve access to service to ensure sustainable delivery of the National Target of 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.</p>	<ul style="list-style-type: none"> • Detailed Trajectory work in different specialisms – 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.
<p>Implementation of Psychological therapies and interventions (PT&I) standards</p>	<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.
<p>Improve service delivery and resilience with the recruitment and retention of psychological workforce.</p>	<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

January 2026 result
✔ **98.1%**

- **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	98.7%	98.9%	99.4%	97.4%	99.2%	99.2%	98.6%	100.0%	97.3%	99.2%	97.7%	97.9%	98.1%
Scotland	93.6%	95.1%	95.1%	95.1%	92.8%	92.8%	92.8%	94.2%	94.2%	94.2%	94.7%	94.7%	94.7%

Delivery Plan Improvement Actions – Alcohol and Drug Services

Delivery Summary	Improvement Actions
<p>Implement Medication Assisted Treatment (MAT) standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.</p>	<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.
<p>Meet national 'access to treatment' Waiting Times Standards of 90% of individuals to commence treatment within 3 weeks of referral and 100% within 6 weeks across Ayrshire and Arran</p>	<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 Kilmarnock 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 Kilmarnock Healthcare to implement a process to enable individuals who are East Ayrshire residents and are prescribed Opiate Replacement Therapy to be provided with a "SafeTalk" via Near Me technology prior to their planned liberation.

Urgent Care

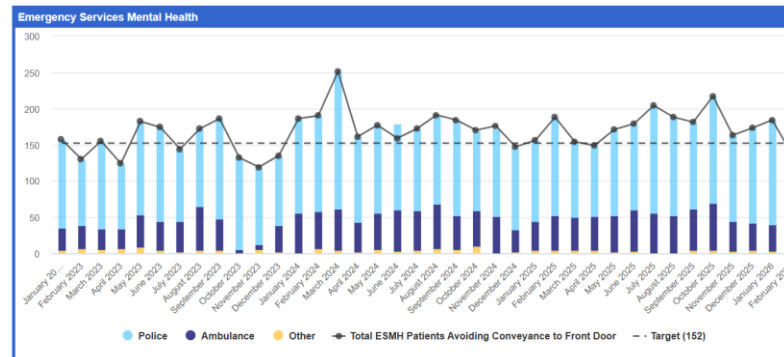
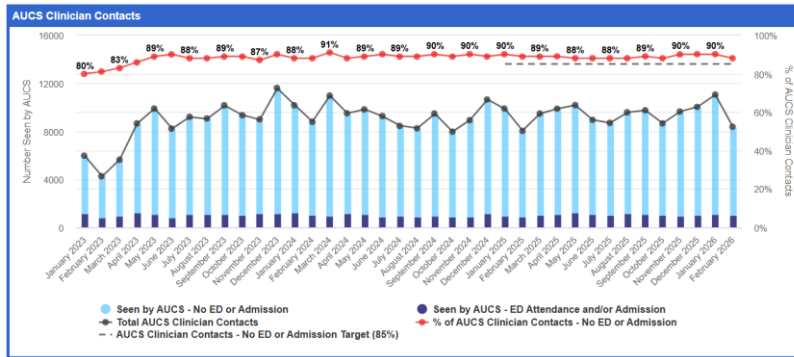
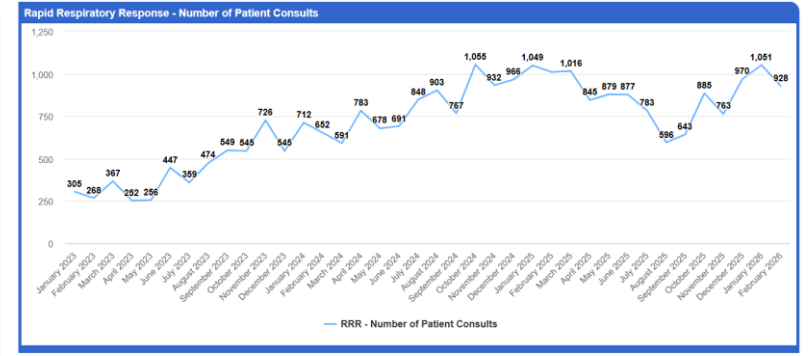
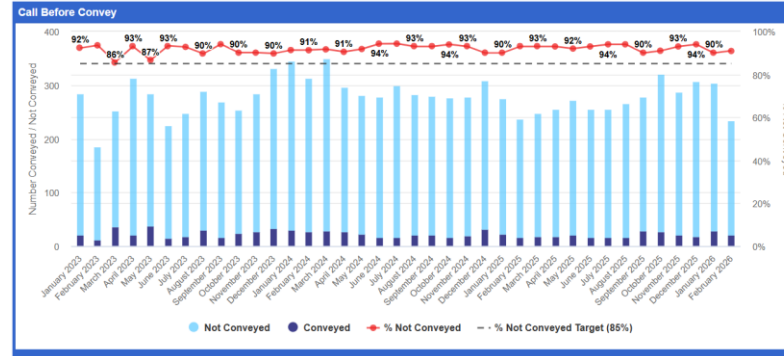
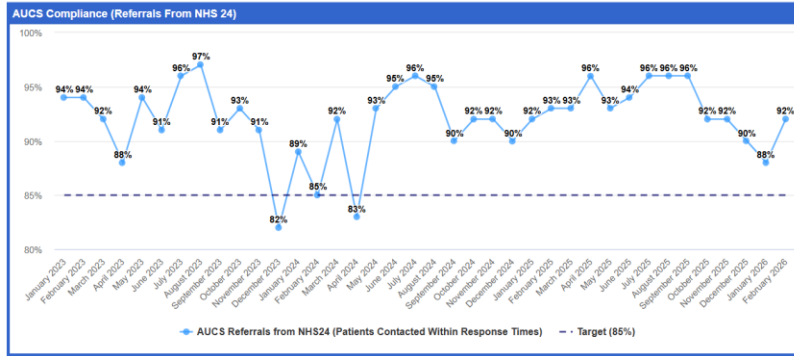
Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance 3

February 2026 result

✔ 92%

- 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 5

February 2026 result

✔ 31

% of COPD Registered Patients Within the Collaborating Practices 3

WC 23-Feb-2026 result

✔ 76%

Delivery Plan Improvement Actions – Redesign of Urgent Care

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

Unscheduled Care

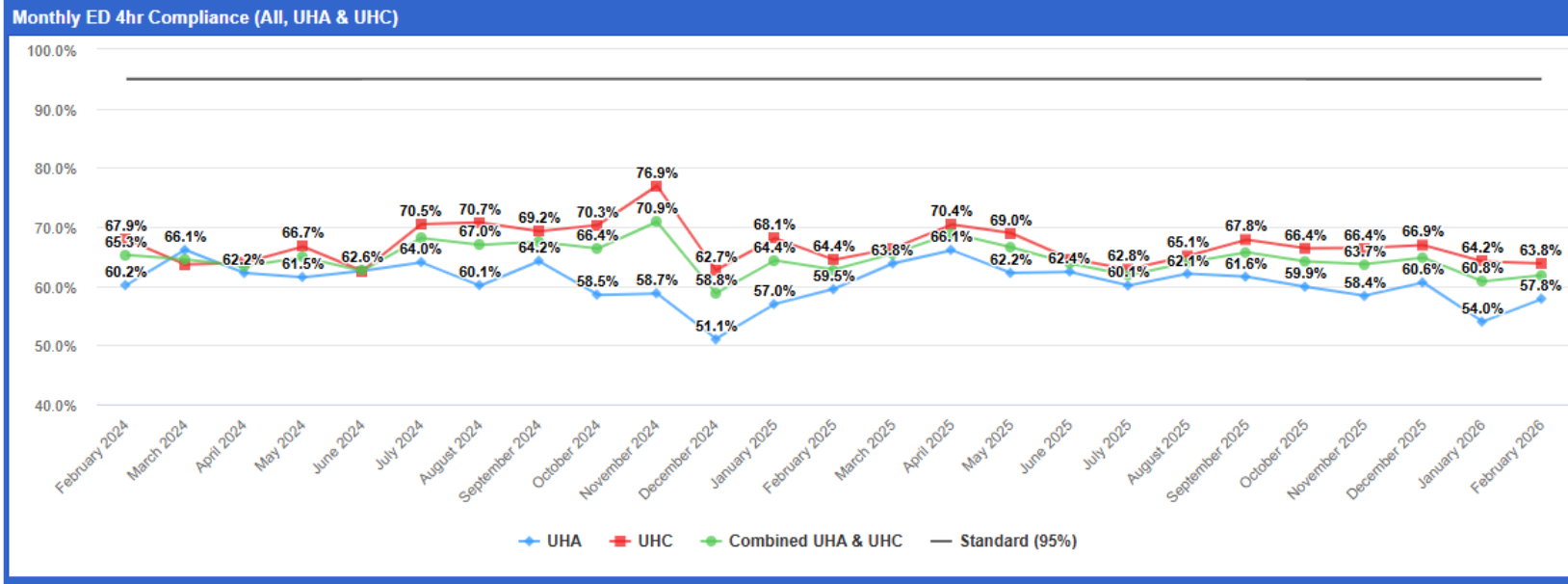
National ED 4 Hour Standard/Target – All Attendances

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

February 2026 result

61.8%

- **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



Numbers of ED Attendances			
	UHA	UHC	Total
Mar 24 – Feb 25	32,958	62,522	95,480
Mar 25 – Feb 26	34,582	64,884	99,466
<i>Change</i>	1,624 (+4.9%)	2,362 (+3.8%)	3,986 (+4.2%)

Numbers of ED Attendances	
	Total
Dec 24 – Feb 25	22,258
Dec 25 – Feb 26	22,850
<i>Change</i>	592 (+2.7%)

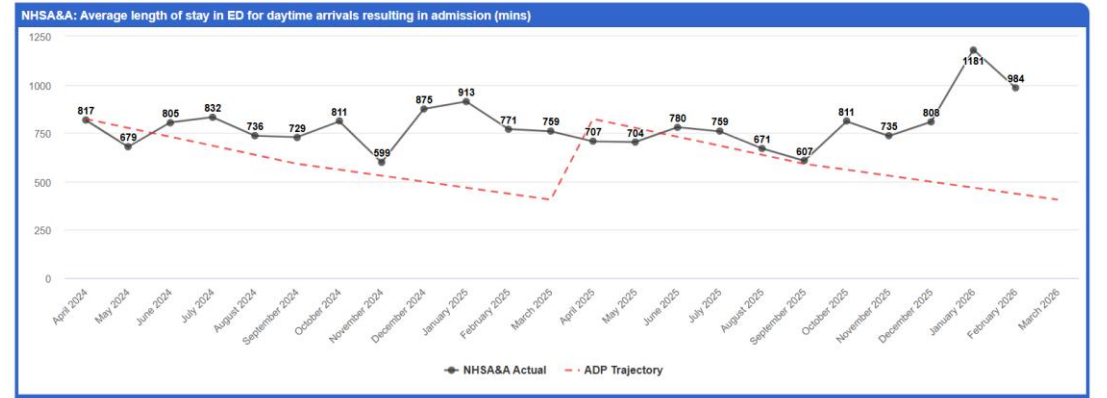
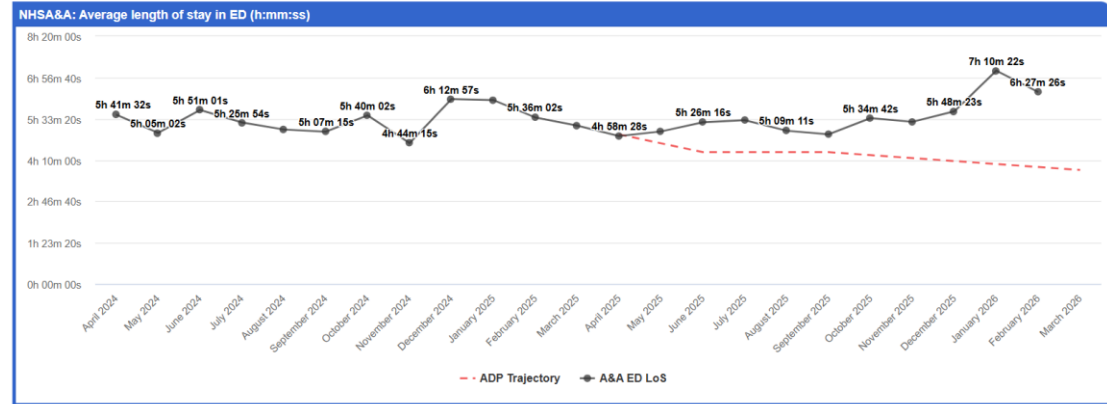
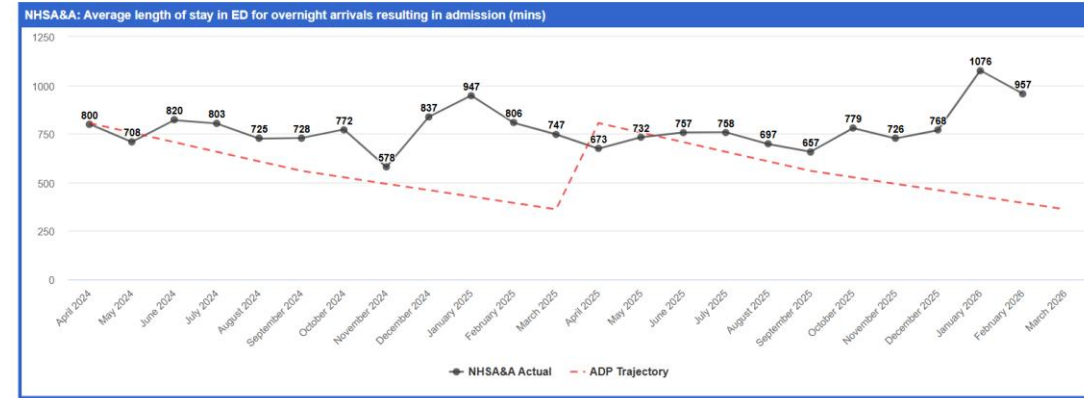
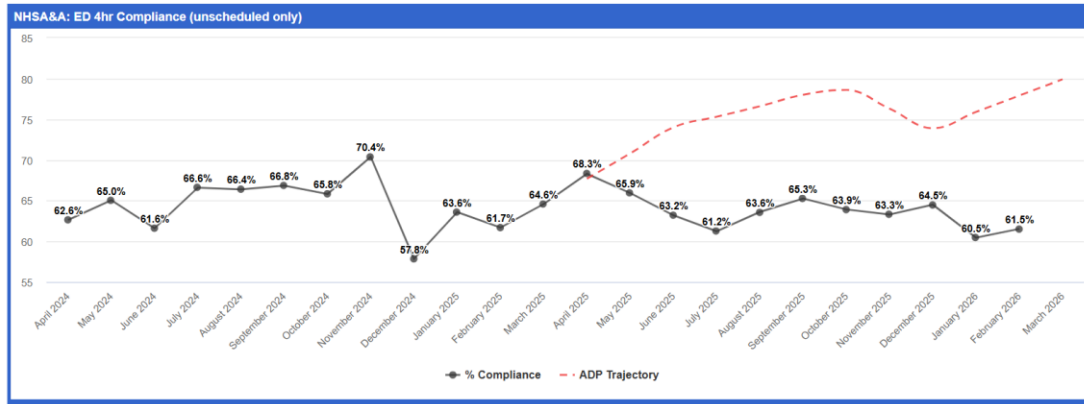
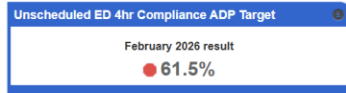
National Benchmarking – 4 Hour ED Target (95%) – All Attendances

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
NHS A&A	62.5%	65.4%	68.8%	66.5%	63.8%	61.8%	63.9%	65.6%	64.1%	63.6%	64.7%	60.6%
Scotland	63.5%	66.7%	67.0%	68.0%	66.9%	67.3%	64.7%	63.7%	62.8%	62.9%	63.4%	61.2%

Unscheduled Care – Delivery Plan Trajectories 2025/26

By February 2026:

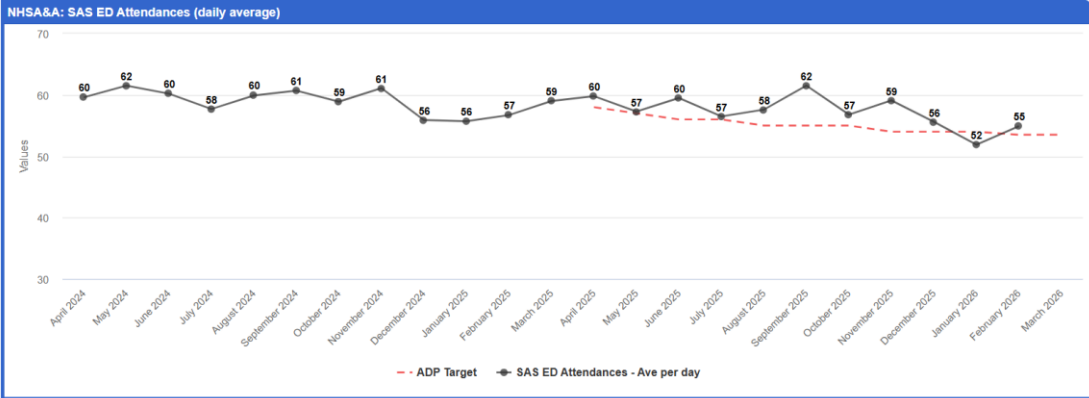
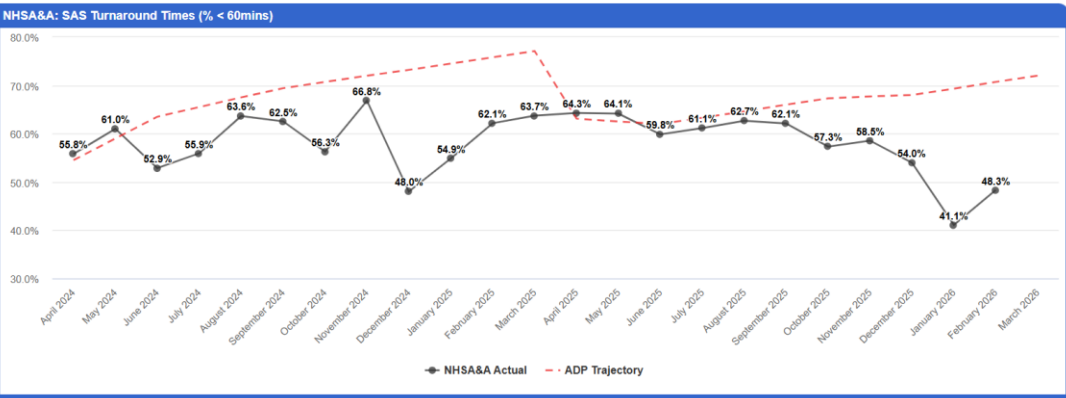
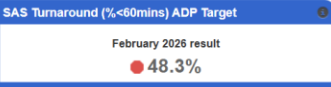
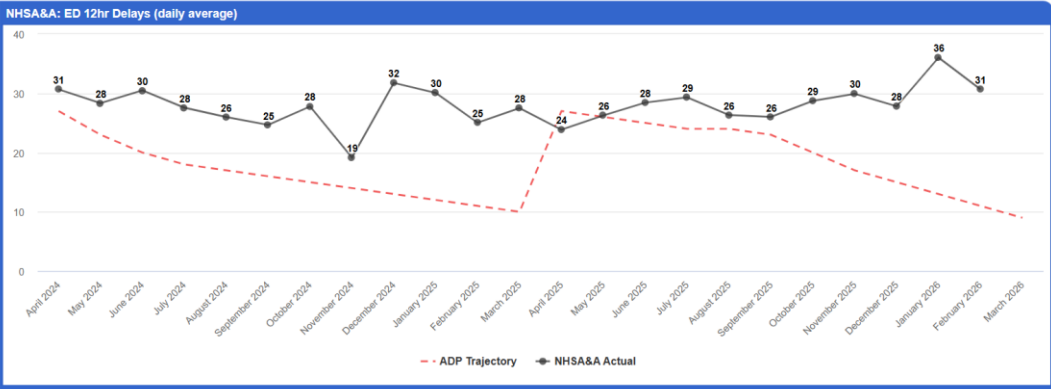
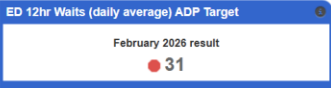
- Improve overall ED 4hr compliance (unscheduled attendances only) to at least 77.9%
- Reduce average length of stay in ED for all attendances to 3h 56m 00s or less
- Reduce average length of stay in ED for admitted overnight arrivals to 394 minutes or less
- Reduce average length of stay in ED for admitted daytime arrivals to 437 minutes or less



Unscheduled Care – Delivery Plan Trajectories 2025/26

By February 2026:

- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred, to 11 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 70.7%
- Reduce the average number of SAS conveyances to ED to 53.5 or fewer per day

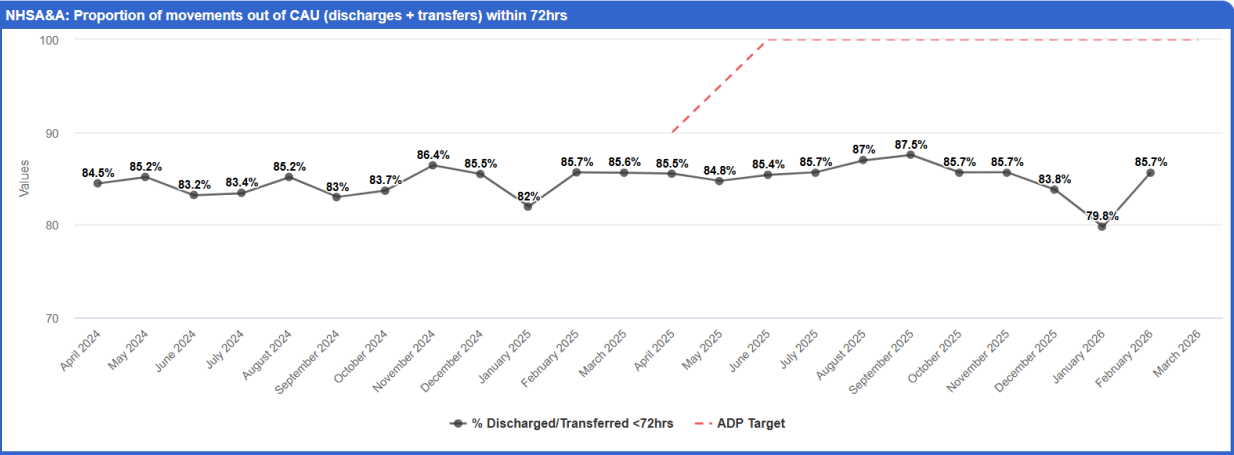
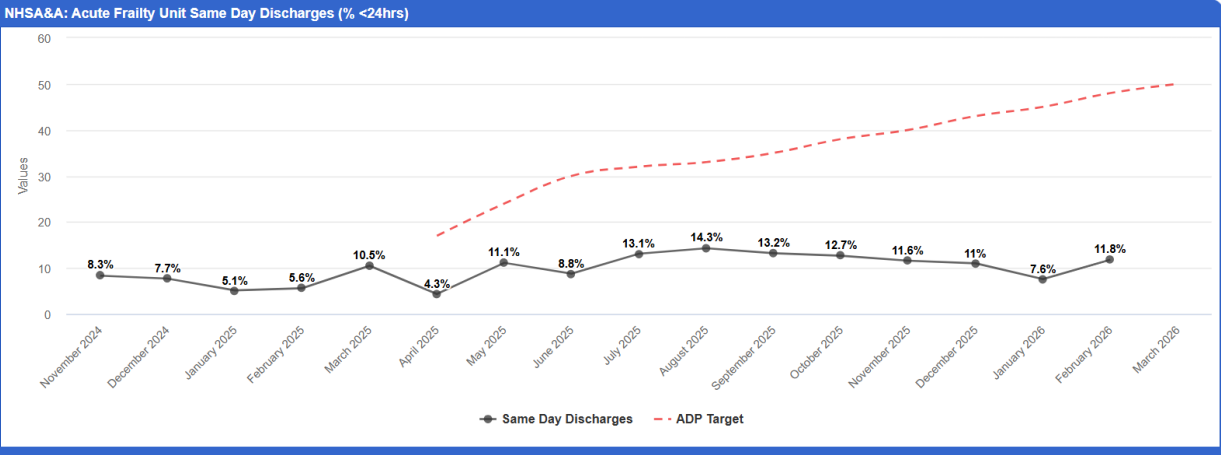
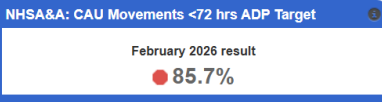
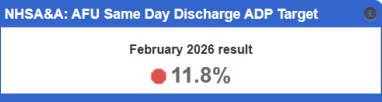


Source: Local Management Reports

Unscheduled Care – Delivery Plan Trajectories 2025/26

By February 2026:

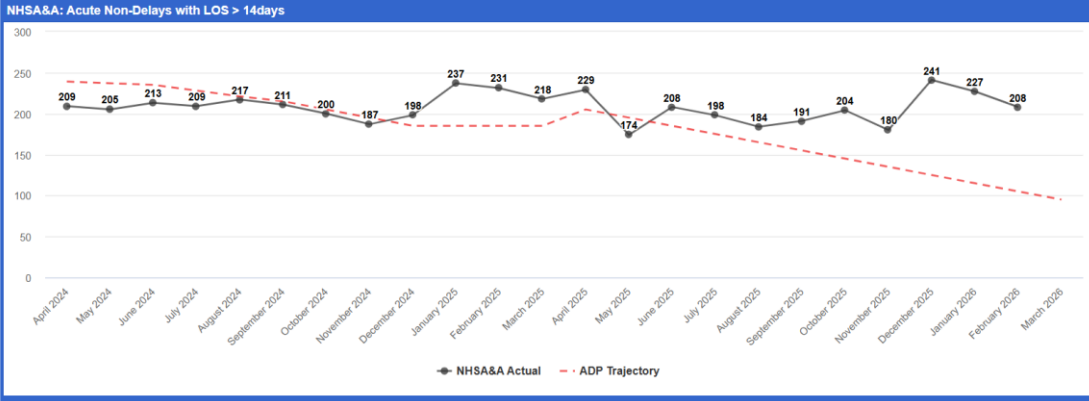
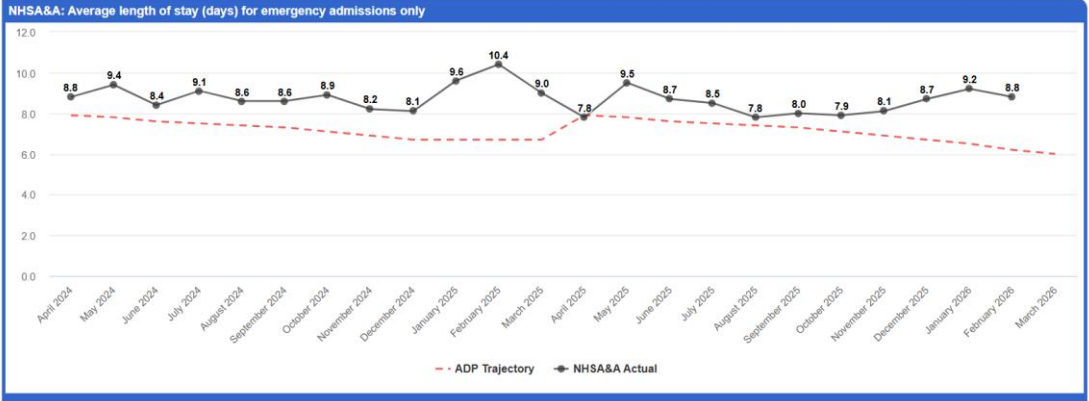
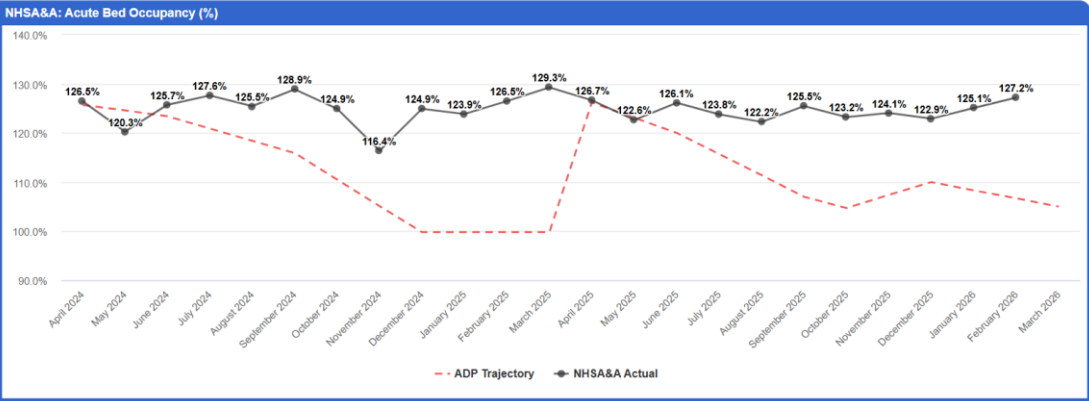
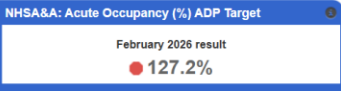
- Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 48%
- Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward) to 100%



Unscheduled Care – Delivery Plan Trajectories 2025/26

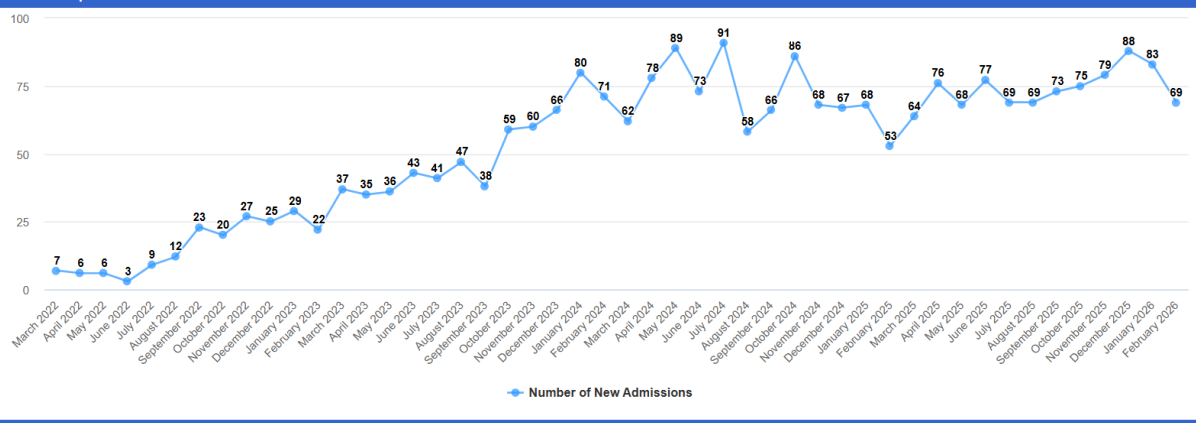
By February 2026:

- Reduce occupancy in our Acute sites to 106.7% or lower
- Reduce the Average Length of stay for emergency admissions to 6.2 days or lower
- Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 105 or fewer

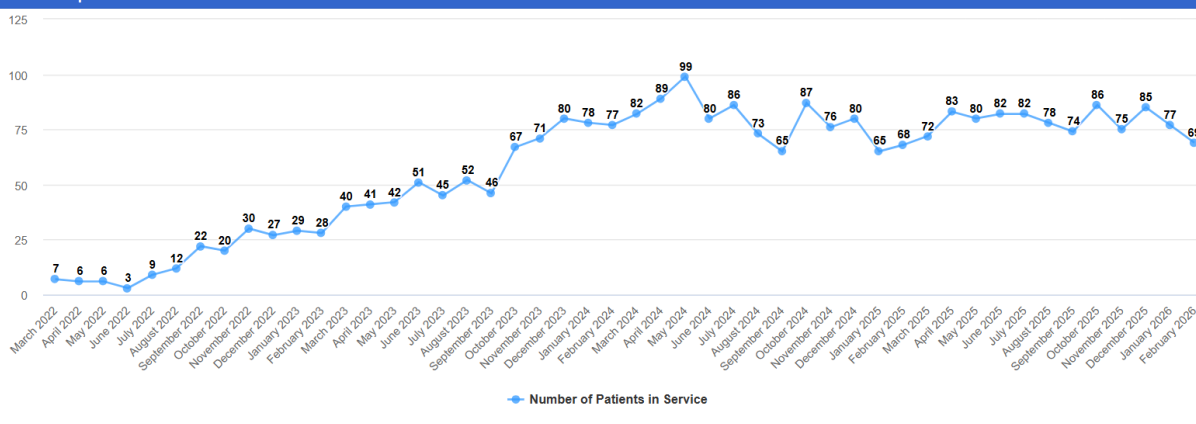


Hospital at Home – Acute Elderly – Scottish Government Operational Improvement Plan

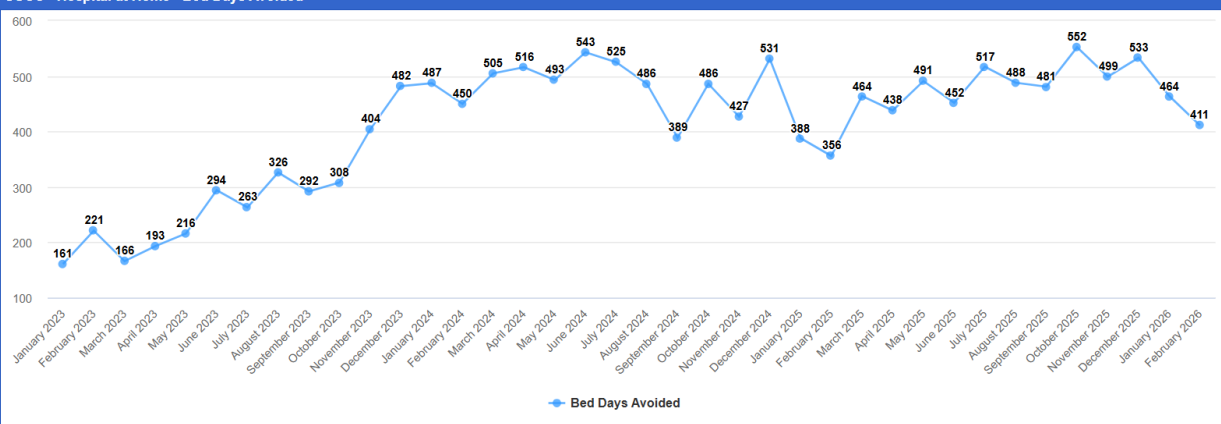
UCC - Hospital at Home - New Admissions



UCC - Hospital at Home - Patients in Service



UCC - Hospital at Home - Bed Days Avoided



Source: Local Management Reports

Delivery Plan Improvement Actions – Unscheduled Care

Delivery Summary	Improvement Actions
<p>Improve overall Emergency Department (ED) 4hr compliance (both unscheduled and scheduled attendances) to at least 80% by March 2026.</p>	<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.
<p>Redirection of self presenters in ED 5%.</p>	<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.
<p>Point of Care Testing (POCT) for Covid & Flu</p>	<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.
<p>Develop live digital dashboard for ED performance from Symphony and TRAKCARE.</p>	<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.
<p>Automated digital site sitreps for circulation 3 times a day, 7 days a week.</p>	<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.
<p>Improve Ambulance handover times and hours lost.</p>	<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
<p>Reduce Scottish Ambulance Service (SAS) conveyances (6% reduction target for March 2026)</p>	<ul style="list-style-type: none"> • Scope alternative pathways to support patient centric care at home i.e., palliative care pathway, Homefirst pathway.
<p>Reduce delayed discharges</p>	<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.
<p>Frailty assessment and flow 50% same day discharges 60% 72 hour discharges by March 2026</p>	<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.
<p>Expansion of Same Day Emergency Care (SDEC)/ Rapid Assessment and Care (RAC) to support 7 day service provision – 5% of weekend unscheduled care activity</p>	<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.
<p>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</p>	<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.• Weekend discharges and discharge planning to support admissions over weekends across Medicine, Surgery and Orthopaedics.
Increase Hospital @ Home beds by tbc December 2026	<p>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. Whole system virtual capacity model being developed which includes expansion to link with Flow Navigation Centre (FNC) to support admission avoidance for Outpatient Parenteral Antimicrobial Therapy (OPAT), respiratory, heart failure, etc.</p>

Delivery Plan Improvement Actions – Whole System

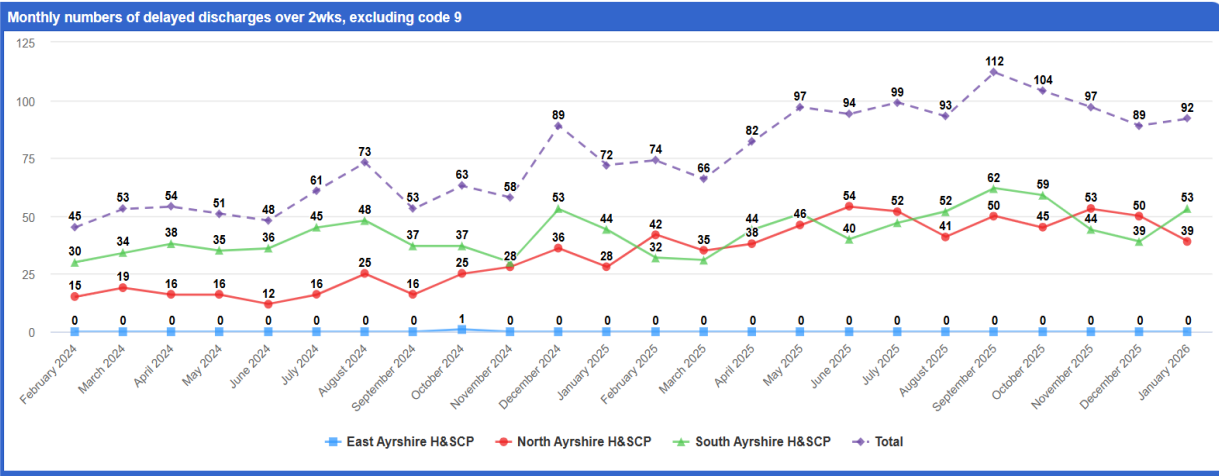
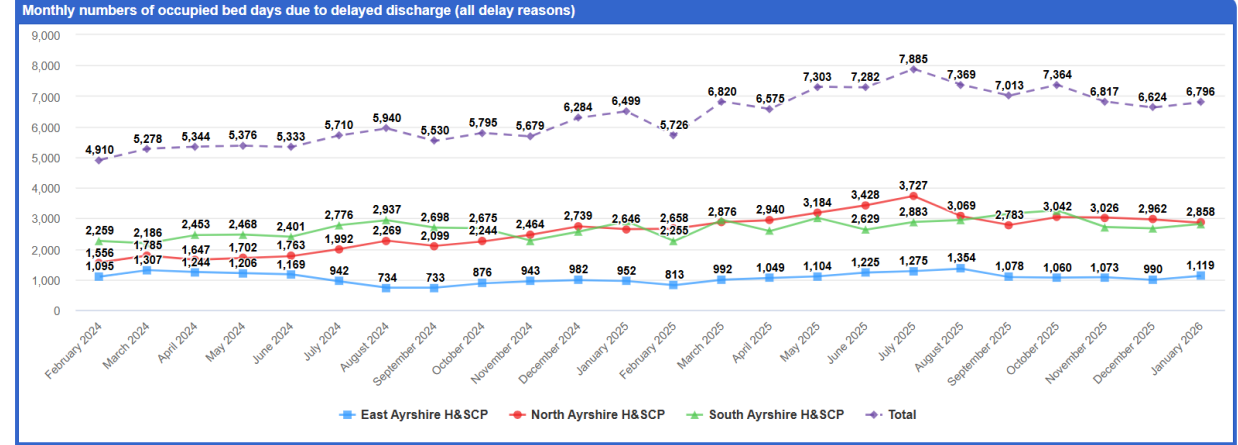
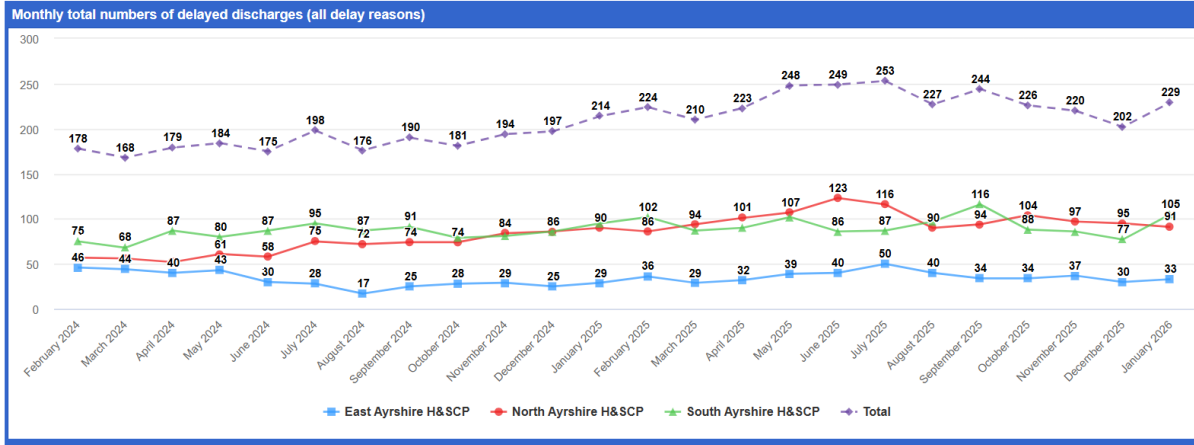
Delivery Summary	Improvement Actions
<p>Strengthen community rehabilitation, reablement and step-down facilities</p>	<p>North</p> <p>The North Ayrshire Action Plan focuses on implementing principles locally by expanding Care at Home/reablement, embedding discharge to assess pathways and strengthening 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

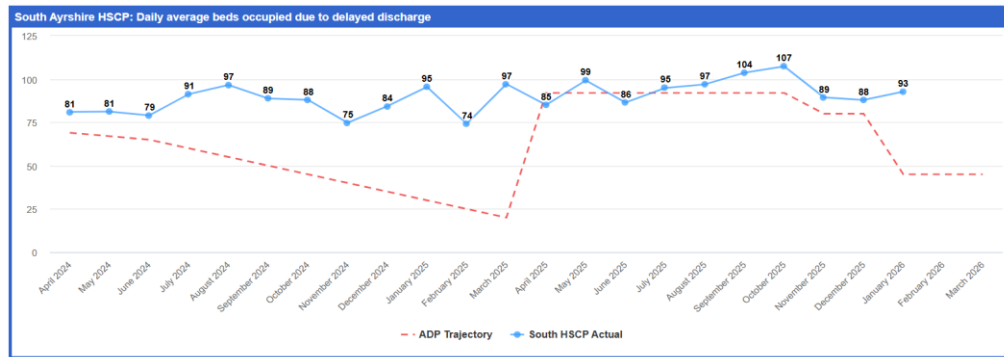
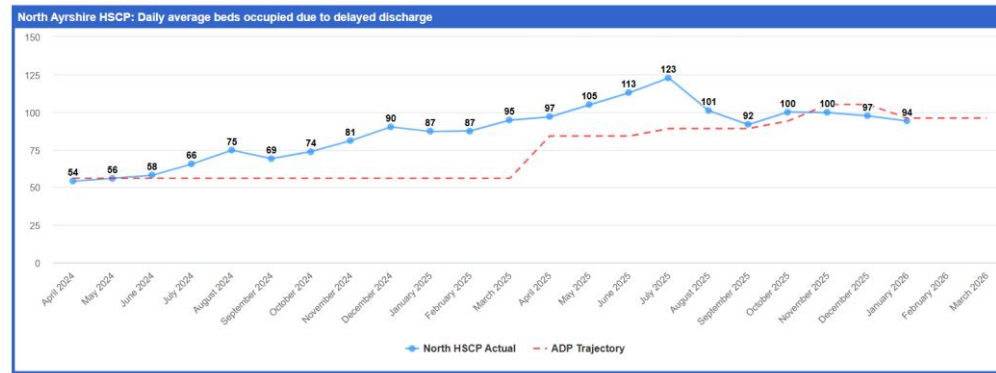
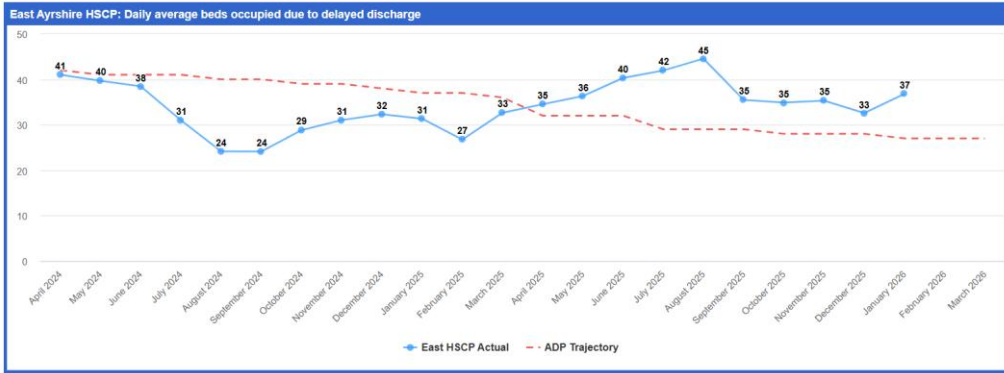
- Reduce the total number of occupied bed days due to a delay in all hospitals

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:

Reduce daily average numbers of occupied beds due to delayed discharge

- East Ayrshire Health & Social Care Partnership
- North Ayrshire Health & Social Care Partnership
- South Ayrshire Health & Social Care Partnership

	Q1	Q2	Q3	Q4
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)

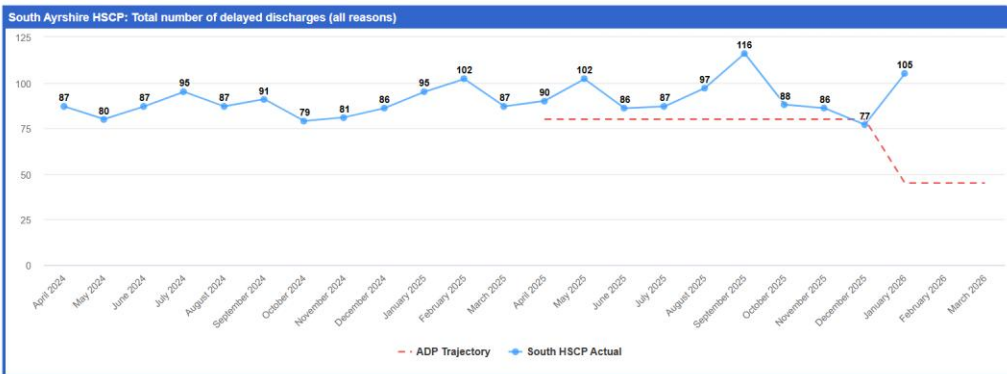
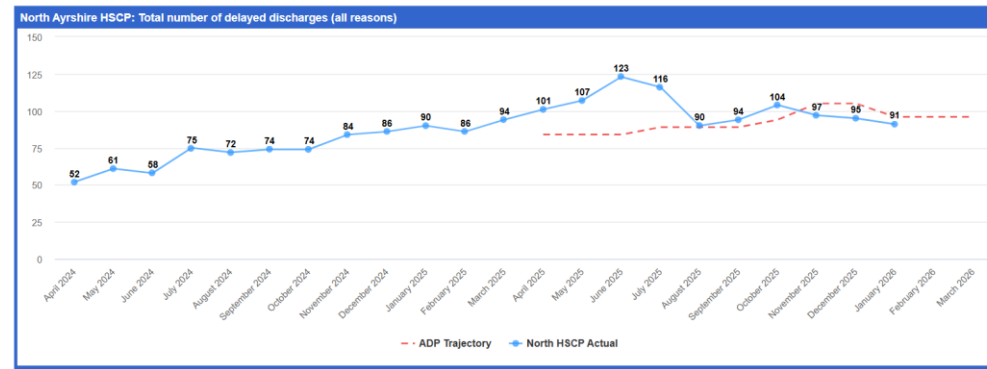
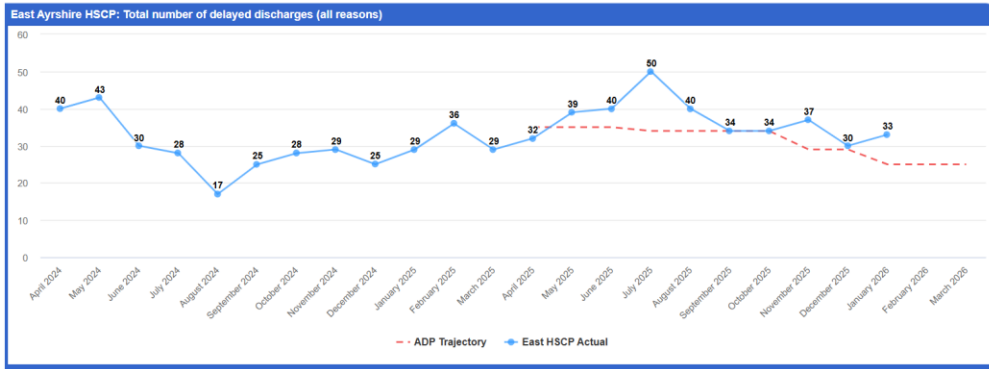
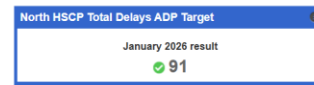


Delayed Discharges – Delivery Plan Trajectories 2025/26

- 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; agreed plans for investment in place. Plans for effective use of slippage to support reablement and flow. Recruitment of Social Worker with Mental Health Officer qualification progressing. 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

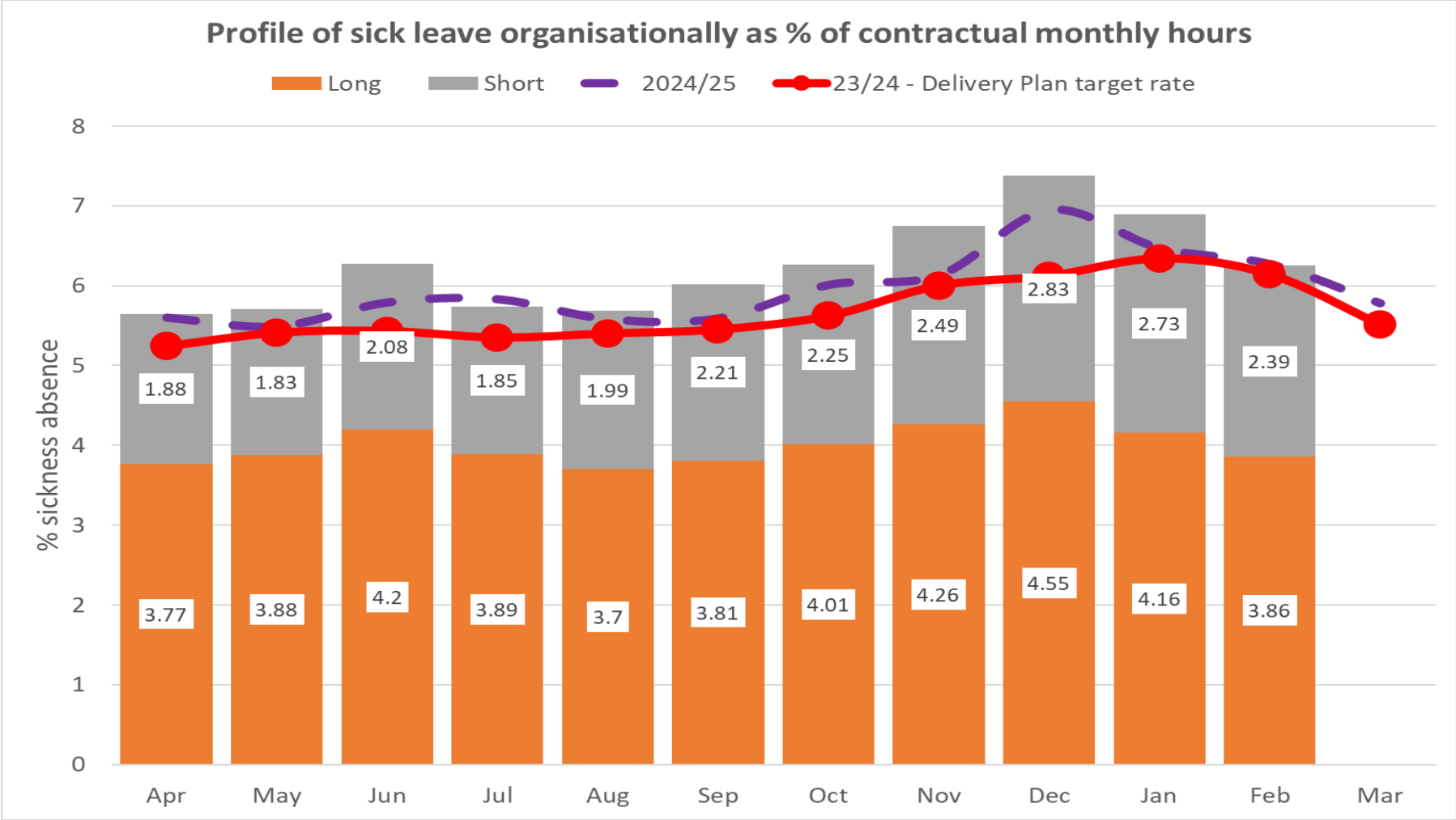
Delivery Summary	Improvement Actions
<p>Reduce the daily average number of occupied bed days due to a delayed discharge.</p> <p>Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p>	<ul style="list-style-type: none"> • Maintain 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 900 • 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 • Guardianship processes embedded and Guardianship orders appropriately progressed. Reduction in those individuals requiring guardianship orders.

Workforce

Workforce – Delivery Plan Trajectories 25/26 – 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
<p>Continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance</p>	<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 – Primary Care

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 – Primary Care (Contd)

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 – New Innovations (Acute)

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. This is on track to achieve a start date of 1st April 2026.
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. NHSAA will go-live with the ANIA T2 Diabetes Remission programme in March 2026.
Adopt new innovations: Before the end of 2025-26, start using genetic testing for newborn babies with bacterial infections	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 - Digital

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 requested to be an early Board to adopt.
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.