

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 June 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

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

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 2025/26 Delivery Plan.

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

The Delivery Plan for 2026/27 has yet to be agreed. In the absence of trajectories and targets being agreed this report has rolled forward the March 2026 trajectory position. Exceptions to this include measures where initial monthly trajectories for the first Quarter of 2026/27 have been submitted.

It is also worth noting that some of the data reported within this paper and the associated appendix relates to March 2026 and therefore these are reported against the 2025/26 Delivery Plan trajectories as normal.

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 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 April 2026, although for some measures only March 2026 data are available.

Executive Performance Summary

New Outpatients

- Following an improving trend from September 2025, performance against the 12-week 95% National target/standard for New Outpatients showed a worsening position of 51.3% in April 2026. NHS Ayrshire & Arran reports higher levels of compliance compared to the Scottish average although published data from Public Health Scotland is only available up to March 2026.
- The overall total number of patients waiting continues to show an improving trend, with 41,520 patients waiting for an outpatient appointment in April 2026. This failed to meet the levels agreed of fewer than 40,955 patients waiting by March 2026.
- The number waiting over 52 weeks continues to show an improving trend with 299 patients waiting over 52 weeks in April 2026. This met the new trajectory of fewer than 422 waiting in April 2026.

Inpatients/Day Cases

- Compliance against the 12-week 100% National target/standard for Inpatients/Day Cases (completed waits) showed a worsening position of 49.1% in April 2026. NHS Ayrshire & Arran reports higher levels of compliance compared to the Scottish average although published data from Public Health Scotland is only available up to March 2026.
- The overall total number of patients waiting shows a worsening trend with 9,253 patients waiting for an Inpatient/Daycase appointment in April 2026. This failed to meet the levels agreed of fewer than 5,329 patients waiting by March 2026.
- The number of patients waiting over 52 weeks for Inpatient/Day Case treatment continues to show an improving trend with 839 patients waiting in April 2026. This met the new trajectory of fewer than 841 patients waiting.

Radiology/Imaging

- Compliance against the 6-week National target/standard for Imaging shows a worsening trend to 92.3% in March 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 shows a worsening trend with 5,232 patients waiting in March 2026. This failed to meet the trajectory of fewer than 2,041 patients waiting.
- The overall total number of patients waiting over 6 weeks for Imaging has shown a slight worsening trend with 405 patients waiting over 6 weeks in March 2026. The March 2026 trajectory of 355 was not met.

Endoscopy

- Compliance against the 6-week National target/standard for Endoscopy shows an improving trend to 45.1% in March 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 shows an improving trend with 2,720 patients waiting in March 2026. This failed to meet the trajectory of fewer than 1,047 patients waiting.

- The overall total number of patients waiting over 6 weeks for Endoscopy continues to show an improving trend with 1,494 patients waiting over 6 weeks in March 2026.

Cancer

- Performance against the 62-day 95% Cancer target/standard continues an improving trend to 86.3% in March 2026. This met and exceeded the Delivery Plan trajectory of 78.0%.
- The latest national published quarterly benchmarking data which provides data up to December 2025 indicated that NHS Ayrshire & Arran was reporting marginally lower levels of compliance compared to the Scottish average at that time. Heatmap performance for NHS Scotland is available for March 2026 and suggests NHS Ayrshire and Arran reported higher levels of compliance than Scotland at 74.0%.
- Performance against the 31-day 95% Cancer target/standard has improved to 100.0% in March 2026. This meets and exceeds the Delivery Plan trajectory of 98.0%.
- The latest national published quarterly benchmarking data up to December 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 March 2026 and suggests that NHS Scotland compliance was 94.6% 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 April 2026, performance was 38.0%.

Mental Health

- Child and Adolescent Mental Health Services (CAMHS) continued to exceed the 90% National target/standard and Delivery Plan trajectory in March 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 increased from 89.4% in February 2026 to 90.1% in March 2026, meeting the 90% National target/standard but failing to meet 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 March 2026, with compliance of 98.7%. 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 December 2025 indicated that compliance remained higher than the national average.

Urgent Care

- In April 2026, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 10,011 contacts including patients navigating through the

various pathways. 96% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.

- During April 2026, 251 Call before Convey calls were received by AUCS with only 18 (7%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 233 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In April 2026, there were 781 calls from Care Homes into the AUCS service with only 8% (63) of these patients requiring to attend an acute hospital. Therefore, 718 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 199 patients were navigated through the Emergency Services Mental Health pathway in April 2026. This pathway provides Police Scotland and SAS with an alternative pathway to access community mental health services for those patients in need of urgent Mental Health intervention. These patients would have otherwise been conveyed to the EDs and may have experienced lengthy waits to access care of a mental health professional. This pathway provides direct access to the mental health team for these patients.
- Rapid Respiratory Response (RRR) within the Virtual Capacity Programme is a community-based service which supports individuals with exacerbations of COPD to remain at home whenever possible avoiding the need for front door attendance. So far over 1,400 patients have accessed the RRR service, some of who have engaged with the service on a number of occasions. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort; so far this has benefited over 240 patients. The service has now expanded to include 31 GP practices and covers 76% of all COPD patients residing in Ayrshire & Arran.

Unscheduled Care

- There were 99,629 Emergency Department (ED) attendances between May 2025 and April 2026. This is an increase of 3,638 attendances (+3.8%) compared to the same period the previous year. This equates to 10 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 65.7% in April 2026, a slight fall from 66.0% in March 2026 but below the 68.9% recorded in April 2025. National benchmarking shows March 2026 performance was below the national average of 66.8%.
- ED 4hr compliance (unscheduled attendances only) was 65.4% in April 2026, this was the second highest level of compliance since May 2025 but failed to meet the 79.9% Delivery Plan Trajectory rolled forward from March 2026.
- The average ED length of stay for all attendances improved slightly from 5h 25m 29s in March 2026 to 5h 21m 24s in April 2026, but remained above the March 2026 Delivery Plan Trajectory of 3h 50m.
- 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 708 minutes in April 2026, failing to meet the 361 minute Delivery Plan Trajectory for March 2026. For daytime arrivals (8am–8pm), the average stay was 740 minutes in April 2026 against a March 2026 Delivery Plan Trajectory of 406 minutes.
- In April 2026, an average of 28 patients per day waited over 12 hours in our Eds which is a month-on-month improvement from the 36 reported in January 2026

but higher than April 2025 (26 patients). The Delivery Plan Trajectory was to achieve 9 or fewer by March 2026.

- Ambulance turnaround within 60 minutes was 59.0% in April 2026, up from 55.2% in March 2026 but below the 64.3% achieved in April 2025. The Delivery Plan Trajectory was to achieve 72.0% by March 2026.
- An average of 58 SAS conveyed patients per day arrived at our EDs in April 2026, above the 53.5 per day Delivery Plan Trajectory but below the 60 reported in April 2025.
- In April 2026, 10.4% of arrivals to the Acute Frailty Units were discharged on the same day. This failed to meet the trajectory of 50.0%.
- The proportion of admissions to Combined Assessment Units (CAU) who were discharged or transferred to an acute ward within 72 hours of arrival decreased steadily from a high of 87.5% in September 2025 to a low of 79.8% in January 2026. Performance increased again in April 2026, reaching 86.8%, against a trajectory of 100%.
- Occupancy levels against our core funded beds in our Acute hospitals reached an 11-month high in February 2026 of 127.2% before falling to 119.8% in April 2026. This failed to meet the trajectory aim of 105.0%. Occupancy levels against all core beds will be monitored throughout 2026/27; the occupancy for all core beds at 30th April 2026 was 92.1%.
- Average length of stay for emergency inpatients increased to 9.3 days in March 2026, before falling to 8.7 days in April 2026. This did not meet the trajectory of less than 6.0 days and is higher than the 7.8 days recorded in April 2025.
- The numbers of patients with a length of stay (LOS) of over 14 days who are not in delay reached a high of 241 in December 2025 and has fallen month on month to a low of 168 in April 2026. This is against the trajectory aim of less than 95 patients.
- The number of new acute elderly admissions to Hospital at Home in April 2026 was 72. The in-month snapshot showed that the service also recorded 92 patients actively in the service. The number of bed days avoided via our Acute Hospital at Home service reached 725 in December 2025, falling over the last few months to 677 in April 2026. This number of bed days avoided is equivalent to 23 Hospital at Home beds in the month of April 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 March 2026 census point, there was a subsequent increase to 258 with North Ayrshire Health and Social Care Partnership (HSCP) reporting the highest number of delays (112; 45.9%), followed by South Ayrshire HSCP (97; 37.6%) and East Ayrshire HSCP (49; 19.0%). North 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 March 2026, occupied bed days due to delay increased to 7,899. Increases were noted across all three HSCPs.
- The national aim is zero non-complex delays over 2 weeks, however 99 were recorded in March 2026 (53 in South Ayrshire HSCP, 46 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. All three HSCPs failed to meet both metrics at the end of March 2026.

Workforce Sickness Absence

- In March 2026, sickness absence rates were recorded at 6.14% (short term: 2.03%, long term: 4.11%).

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, 25 May 2026
- Performance Governance Committee, 1 June 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

NHS Ayrshire & Arran

Appendix 1 – NHS Board Performance Report

8 June 2026

Appendix 1

Performance Report

Planned Care

New Outpatients – National 12 Week Standard/Target

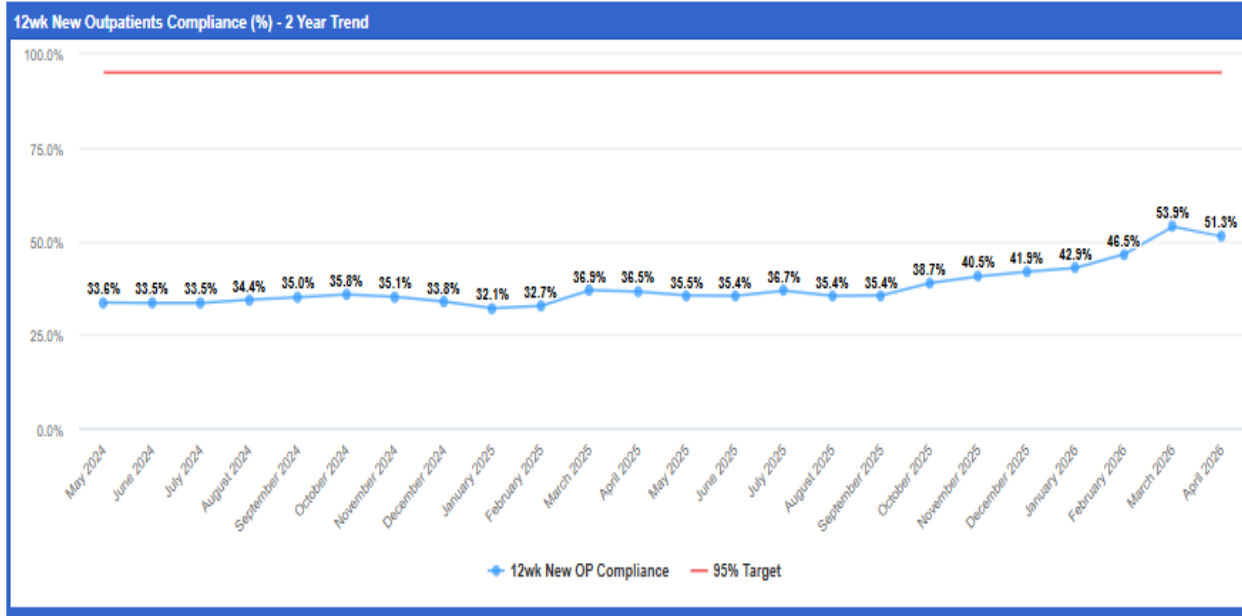
12wk New Outpatient 95% Target

April 2026 result

● 51.3%

Appendix 1 Performance Report

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



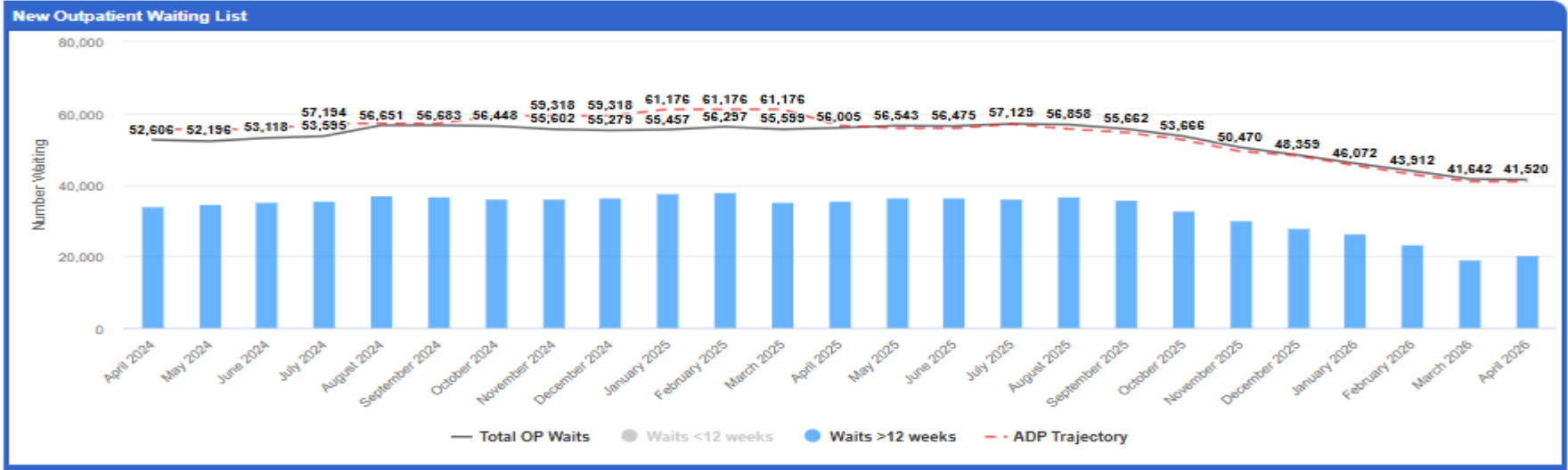
Title	Value	Target	Last Update	History
Gastroenterology New OP Compliance - Max 12wks from Referral (95%)	29.1%	95.0%	April 2026	
Oral & Maxillofacial Surgery New OP Compliance - Max 12wks from Referral (95%)	32.6%	95.0%	April 2026	
Anaesthetics New OP Compliance - Max 12wks from Referral (95%)	33.0%	95.0%	April 2026	
Rheumatology New OP Compliance - Max 12wks from Referral (95%)	34.3%	95.0%	April 2026	
Plastic Surgery New OP Compliance - Max 12wks from Referral (95%)	44.6%	95.0%	April 2026	
Respiratory Medicine New OP Compliance - Max 12wks from Referral (95%)	46.1%	95.0%	April 2026	
Ophthalmology New OP Compliance - Max 12wks from Referral (95%)	47.1%	95.0%	April 2026	
Dermatology New OP Compliance - Max 12wks from Referral (95%)	47.2%	95.0%	April 2026	
ENT New OP Compliance - Max 12wks from Referral (95%)	47.6%	95.0%	April 2026	
Neurology New OP Compliance - Max 12wks from Referral (95%)	47.8%	95.0%	April 2026	
Gynaecology New OP Compliance - Max 12wks from Referral (95%)	50.2%	95.0%	April 2026	
General Medicine New OP Compliance - Max 12wks from Referral (95%)	53.2%	95.0%	April 2026	
General Surgery (inc Vasc) New OP Compliance - Max 12wks from Referral (95%)	62.2%	95.0%	April 2026	
Diabetes & Endocrinology New OP Compliance - Max 12wks from Referral (95%)	62.8%	95.0%	April 2026	
Trauma & Orthopaedics New OP Compliance - Max 12wks from Referral (95%)	63.4%	95.0%	April 2026	
Cardiology New OP Compliance - Max 12wks from Referral (95%)	64.2%	95.0%	April 2026	
Urology New OP Compliance - Max 12wks from Referral (95%)	68.0%	95.0%	April 2026	
OTHER New OP Compliance - Max 12wks from Referral (95%)	68.9%	95.0%	April 2026	
Orthodontics New OP Compliance - Max 12wks from Referral (95%)	77.4%	95.0%	April 2026	

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

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
NHS A&A	37.1%	36.8%	35.9%	35.9%	37.7%	36.6%	36.7%	39.1%	41.1%	42.2%	43.4%	46.9%	53.5%
Scotland	41.3%	41.1%	40.6%	41.1%	42.4%	41.6%	42.0%	42.9%	43.5%	43.3%	43.4%	45.2%	50.5%

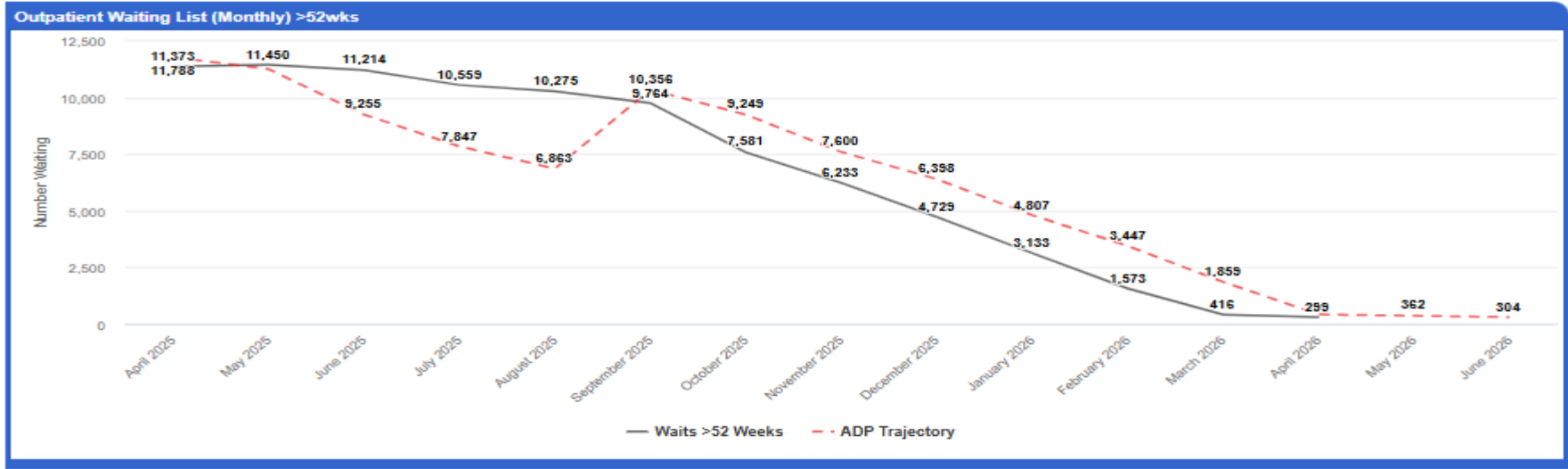
New Outpatients

- By April 2026:
- The total number of patients waiting for a New Outpatient appointment is below 40,995 - *Please note the March 2026 Delivery Plan target has been rolled forward pending the 2026/27 trajectories being agreed*
 - The total number of patients waiting for a New Outpatient appointment >52 weeks is below 422 – *Please note monthly trajectories agreed until June 2026*



New Outpatients Waiting List

April 2026 result
▲ 41,520



Outpatient Waiting List >52wks

April 2026 result
✔ 299

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. The revised overall landing position for Mar 26 is 1859 patients>52wks.</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.

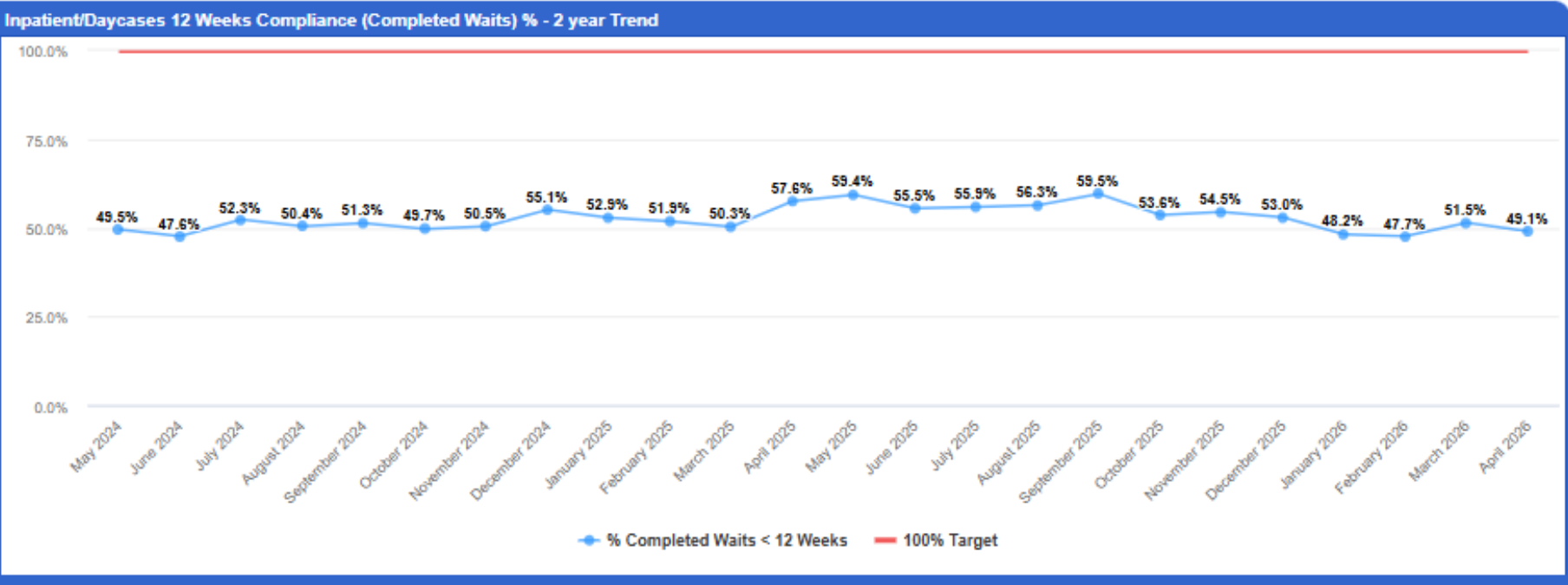
Inpatients/Day Cases - National 12 Week Standard/Target

12wk IPDC 100% Target (Completed Waits)

April 2026 result

● 49.1%

- **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%)

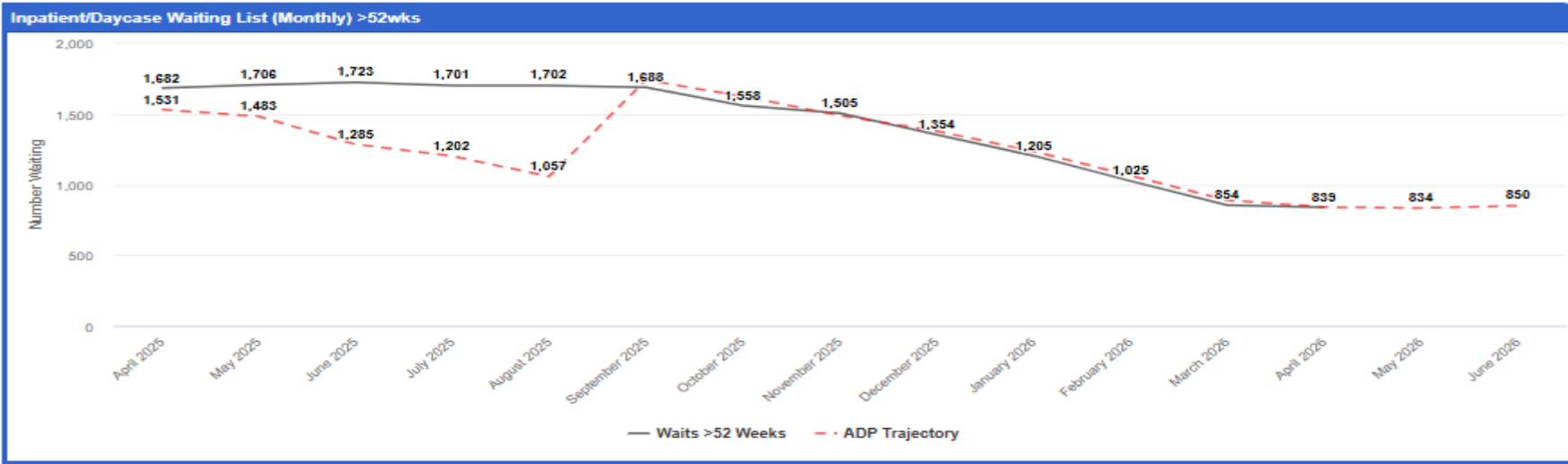
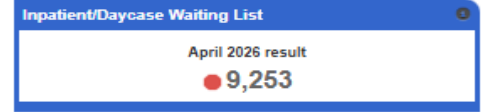
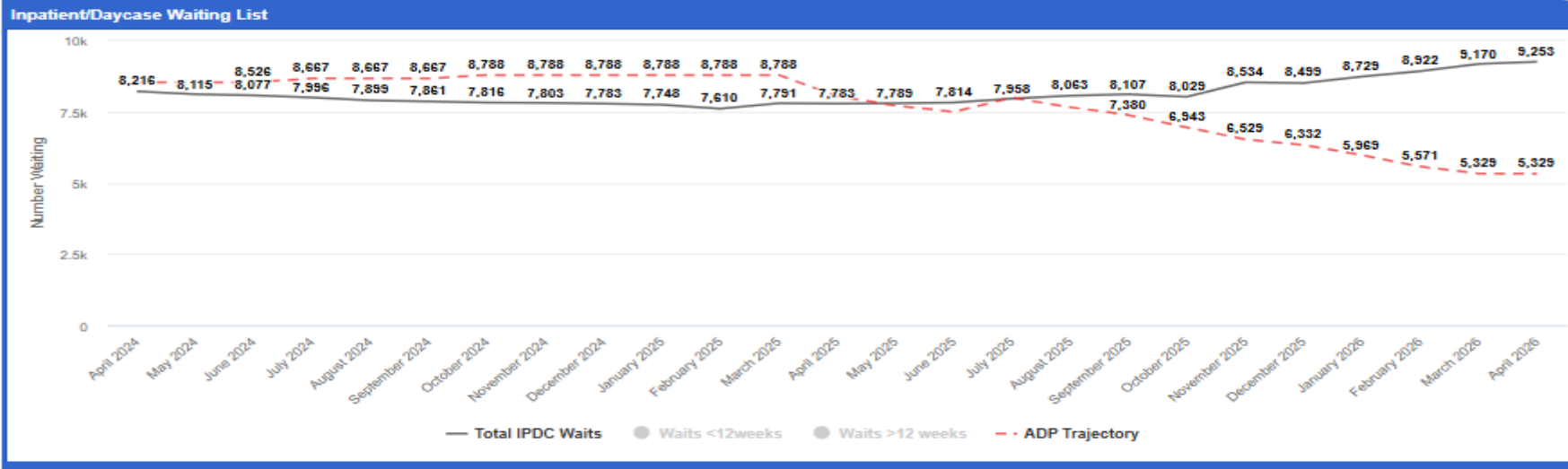
	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
NHS A&A	59.1%	65.3%	65.9%	63.0%	62.2%	64.2%	66.1%	60.8%	62.7%	61.0%	55.3%	54.3%	57.9%
Scotland	55.5%	57.9%	56.8%	56.2%	55.5%	58.0%	56.5%	58.0%	57.1%	58.4%	56.3%	53.5%	53.9%

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

Inpatients/Day Cases

By April 2026:

- The total number of patients waiting for Inpatient/Day case treatment is below 5,329 - *Please note the March 2026 Delivery Plan target has been rolled forward pending the 2026/27 trajectories being agreed*
- The total number of patients waiting for Inpatient/Day case treatment >52 weeks is below 841 - *Please note monthly trajectories agreed until June 2026*



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.

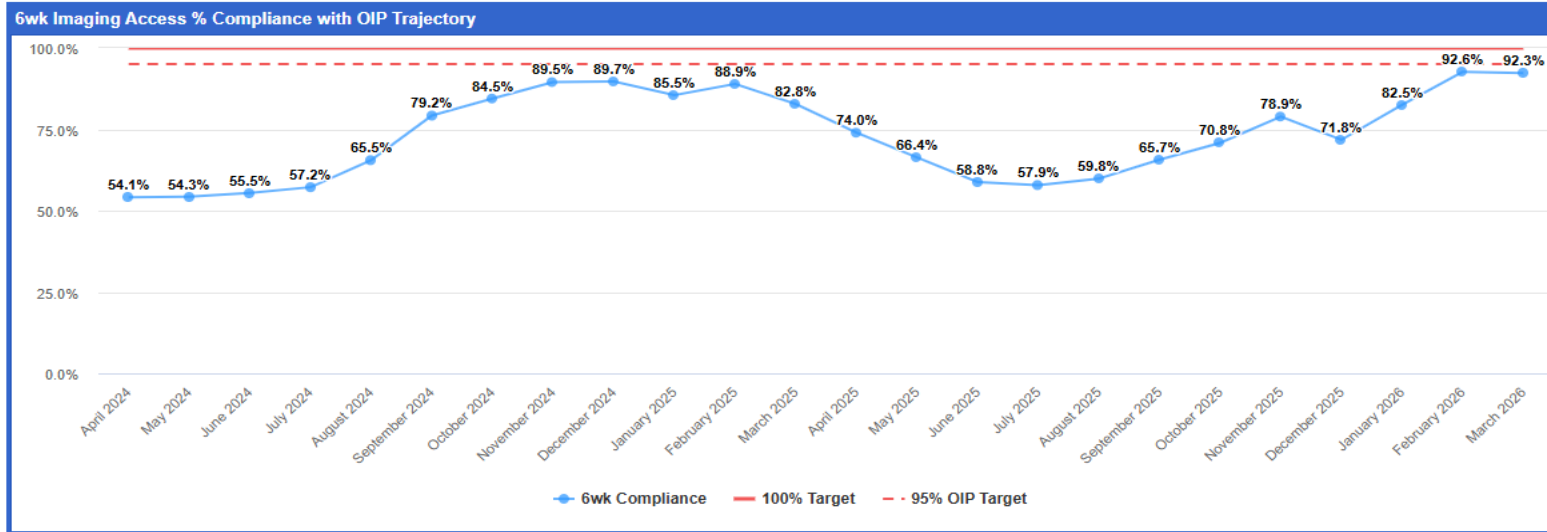
Radiology/Imaging - 6 Week Standard/Target

6wk Imaging Compliance

March 2026 result

● 92.3%

- **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	96.4%	100.0%	March 2026	
Imaging - % Non-obstetric US patients waiting <6 weeks	93.0%	100.0%	March 2026	
Imaging - % (CT) patients waiting <6wks	89.0%	100.0%	March 2026	
Imaging - % Barium Studies patients waiting <6 weeks	64.9%	100.0%	March 2026	

National Benchmarking - 6 Week Imaging Target (100%)

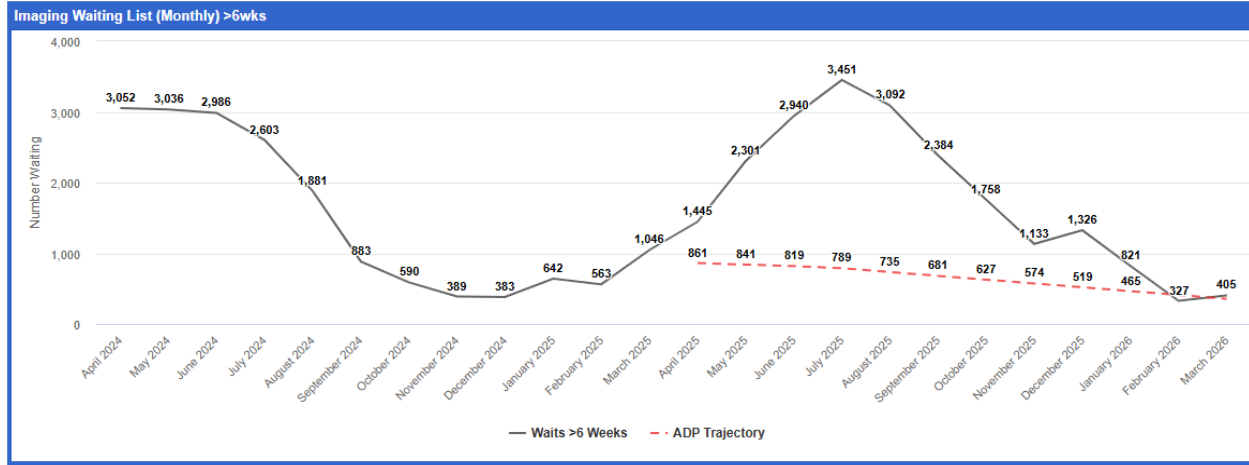
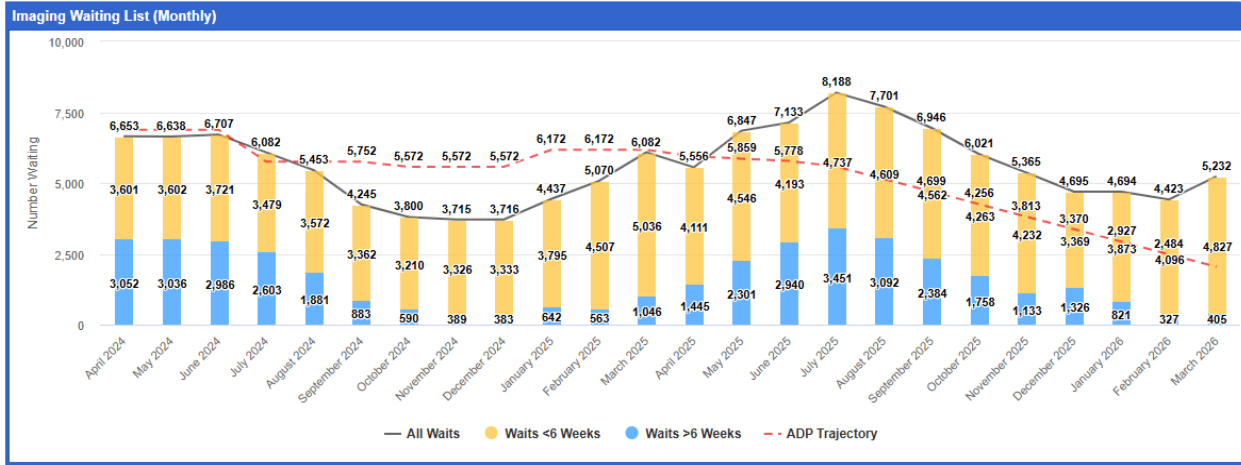
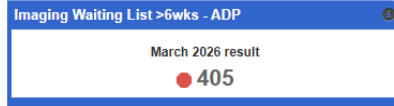
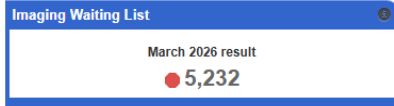
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
NHS A&A	89.7%	85.5%	88.9%	82.8%	74.0%	66.4%	58.8%	57.9%	59.8%	65.7%	70.8%	78.9%	71.8%
Scotland	57.4%	55.3%	64.3%	63.0%	57.4%	56.6%	57.5%	54.2%	54.6%	57.7%	57.1%	62.7%	62.1%

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

Radiology/Imaging

By March 2026:

- Achieve an overall waiting list for Radiology/Imaging of less than 2,041
 - Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 355
- Please note these measures are reported against March 2026 Delivery Plan target



Imaging Waiting List (Monthly) by Test

Title	Value	Target	Last Update	History
Barium Studies - Number of Patients waiting	37	17	March 2026	
CT Scan - Number of Patients waiting	1,729	1,656	March 2026	
MRI - Number of Patients waiting	1,236	246	March 2026	
Non Obstetrics Ultrasound - Number of Patients waiting	2,230	122	March 2026	

Imaging Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Imaging - No. (MRI) patients waiting >6wks - ADP Trajectory	45	22	March 2026	
Imaging - No. (CT) patients waiting >6wks - ADP Trajectory	190	315	March 2026	
Imaging - No. Non-obstetric US patients waiting >6wks - ADP Trajectory	157	17	March 2026	
Imaging - No. Barium Studies patients waiting >6wks - ADP Trajectory	13	1	March 2026	

Delivery Plan Improvement Actions – Radiology/Imaging

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

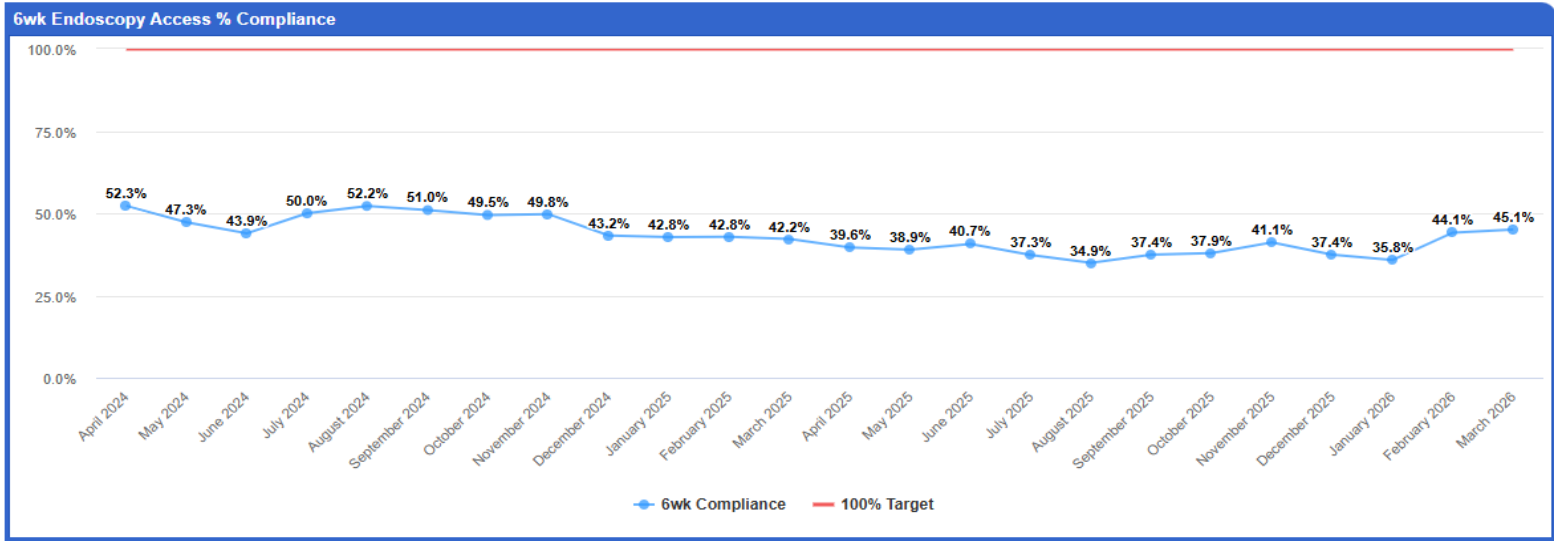
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Compliance

March 2026 result

● 45.1%

- **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 - % Cytosponge patients waiting <6 weeks	100.0%	100.0%	March 2026	
Endoscopy - % Cystoscopy patients waiting <6 weeks	65.4%	100.0%	March 2026	
Endoscopy - % Colonoscopy patients waiting <6 weeks	56.9%	100.0%	March 2026	
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	40.8%	100.0%	March 2026	
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	40.0%	100.0%	March 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

By March 2026:

- Achieve a Diagnostic Endoscopy Waiting List below 1,047
- Achieve a Diagnostic Endoscopy Waiting List >6 weeks below 613

Please note these measures are reported against March 2026 Delivery Plan target

Endoscopy Waiting List

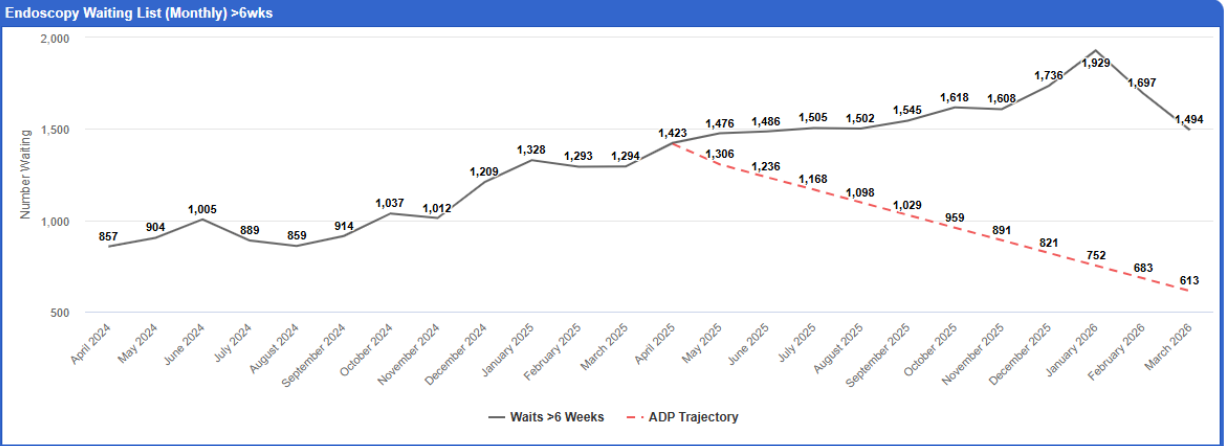
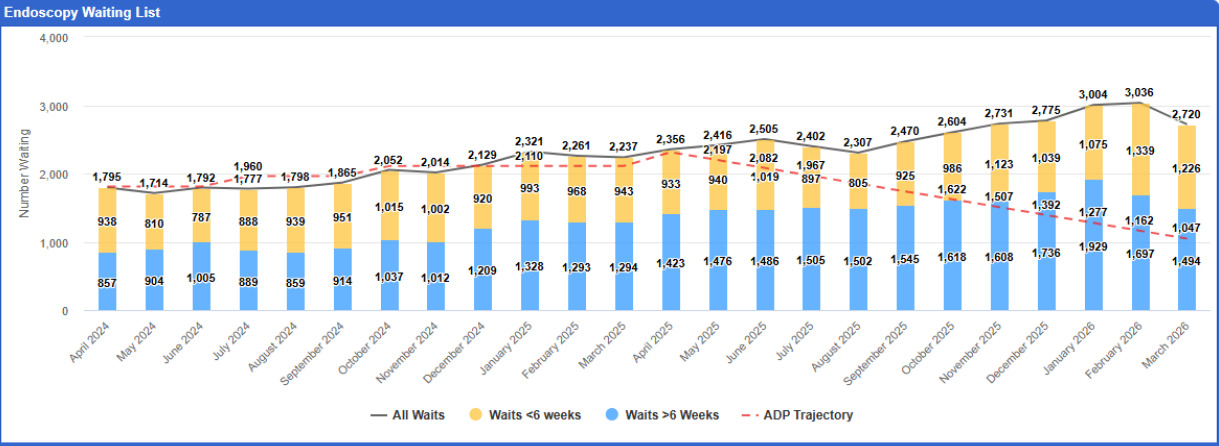
March 2026 result

● **2,720**

Endoscopy Waiting List >6wks - ADP

March 2026 result

● **1,494**



Endoscopy Waiting List (Monthly) by Test

Title	Value	Target	Last Update	History
Upper Endoscopy - Number of Patients waiting	1,529	532	March 2026	
Lower Endoscopy - Number of Patients waiting	414	108	March 2026	
Colonoscopy - Number of Patients waiting	750	381	March 2026	
Cystoscopy - Number of Patients waiting	26	26	March 2026	

Endoscopy Waiting List (Monthly) >6wks by Test

Title	Value	Target	Last Update	History
Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory	917	335	March 2026	
Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory	245	84	March 2026	
Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory	323	178	March 2026	
Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectory	9	16	March 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.

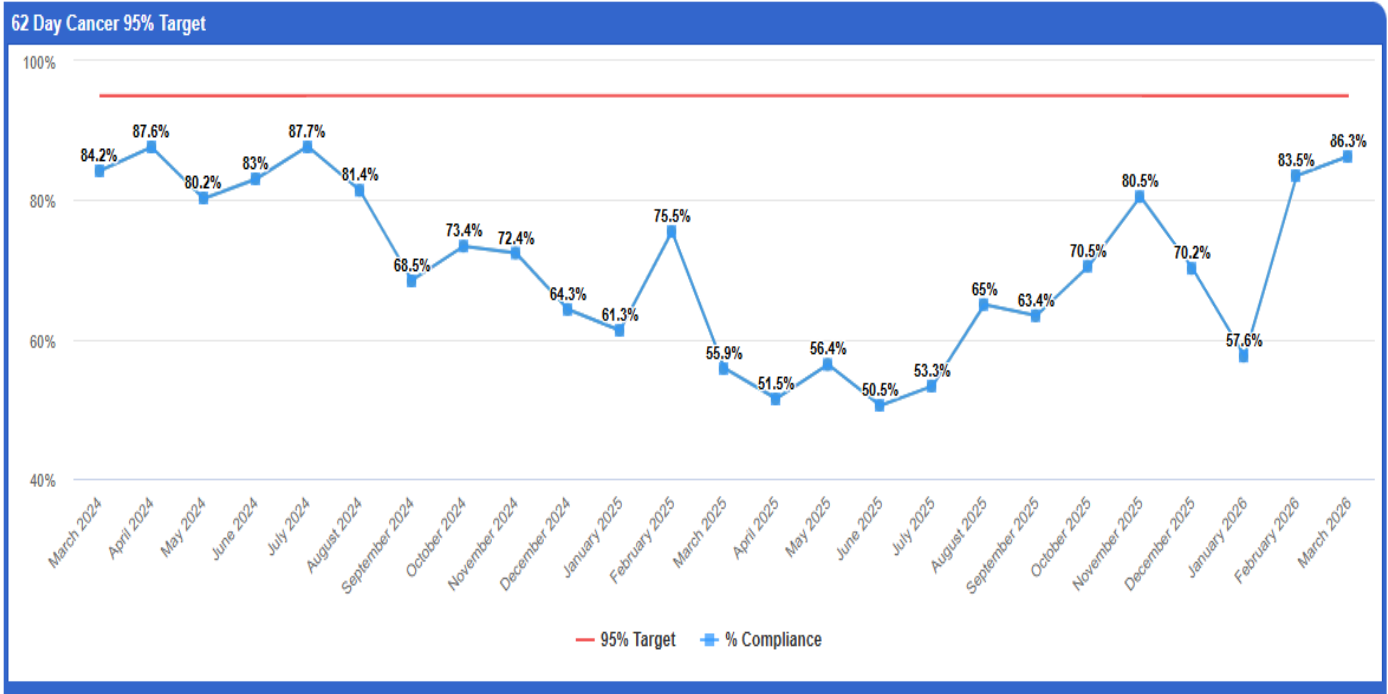
Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

March 2026 result

▲ **86.3%**

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



62		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	36/37	8/8	6/6	15/17	22/22	25/30	118/124	9/8	26/27	75/96	0/0	1/1	23/30	0/0	-	364/416
		97.3%	100.0%	100.0%	88.2%	100.0%	83.3%	95.2%	50.0%	96.3%	78.1%	-	100.0%	76.7%	-	-	87.5%
	Cx	1/1	0/0	0/1	0/1	0/0	0/0	1/1	0/1	1/2	1/1	0/0	0/0	2/3	0/0	-	6/11
		100.0%	-	0.0%	0.0%	-	-	100.0%	0.0%	50.0%	100.0%	-	-	66.7%	-	-	54.5%
	Colo	6/8	1/3	6/6	16/16	9/12	15/32	27/38	10/16	18/23	27/42	0/1	0/0	6/9	1/1	-	142/207
		75.0%	33.3%	100.0%	100.0%	75.0%	46.9%	71.1%	62.5%	78.3%	64.3%	0.0%	-	66.7%	100.0%	-	68.6%
	H&N	5/5	3/3	2/3	2/2	1/4	3/5	24/32	2/3	6/6	8/8	0/0	0/0	4/4	0/0	-	60/75
		100.0%	100.0%	66.7%	100.0%	25.0%	60.0%	75.0%	66.7%	100.0%	100.0%	-	-	100.0%	-	-	80.0%
	Lung	17/18	6/6	6/7	6/9	7/7	20/22	28/39	11/11	20/21	9/9	1/1	0/0	9/10	1/1	-	141/161
		94.4%	100.0%	85.7%	66.7%	100.0%	90.9%	71.8%	100.0%	95.2%	100.0%	-	-	90.0%	100.0%	-	87.6%
	Lym	1/1	1/1	1/1	4/6	1/1	1/1	8/9	6/7	5/5	2/5	0/0	0/0	0/0	0/0	-	30/37
		100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	88.9%	85.7%	100.0%	40.0%	-	-	-	-	-	81.1%
	Mel	6/6	0/0	0/0	3/5	4/4	0/3	20/20	2/2	4/4	3/3	0/0	0/0	3/3	1/1	-	46/51
		100.0%	-	-	60.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	-	-	100.0%	100.0%	-	90.2%
Ov	2/2	0/0	0/0	0/0	3/4	3/3	0/1	0/3	1/1	4/4	0/0	1/1	2/3	1/1	-	17/23	
	100.0%	-	-	-	75.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-	100.0%	66.7%	100.0%	-	73.9%	
UGI	8/10	1/1	5/5	6/9	11/14	21/24	18/24	4/6	19/19	27/32	1/1	0/0	8/10	0/1	-	129/156	
	80.0%	100.0%	100.0%	66.7%	78.6%	87.5%	75.0%	66.7%	100.0%	84.4%	100.0%	-	80.0%	0.0%	-	82.7%	
Urol	25/36	3/10	10/14	16/29	10/21	13/41	53/99	24/40	41/45	17/61	1/1	2/2	8/27	1/3	-	224/429	
	69.4%	30.0%	71.4%	55.2%	47.6%	31.7%	53.5%	60.0%	91.1%	27.9%	100.0%	100.0%	29.6%	33.3%	-	52.2%	
All	107/124	23/32	36/43	68/94	68/89	101/161	297/387	68/107	141/153	173/261	3/4	4/4	65/99	5/8	-	1159/1566	
	86.3%	71.9%	83.7%	72.3%	76.4%	62.7%	76.7%	63.6%	92.2%	66.3%	75.0%	100.0%	65.7%	62.5%	-	74.0%	

National Benchmarking - 62 Day Cancer Target (95%)

	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	64.3%	61.3%	75.5%	55.9%	51.5%	56.4%	50.5%	53.3%	65.0%	63.4%	70.5%	80.5%	70.2%
Scotland	72.6%	66.4%	73.9%	55.7%	68.2%	67.8%	68.9%	70.8%	69.3%	69.7%	71.5%	73.3%	70.4%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 30th June 2026

Cancer 62 day

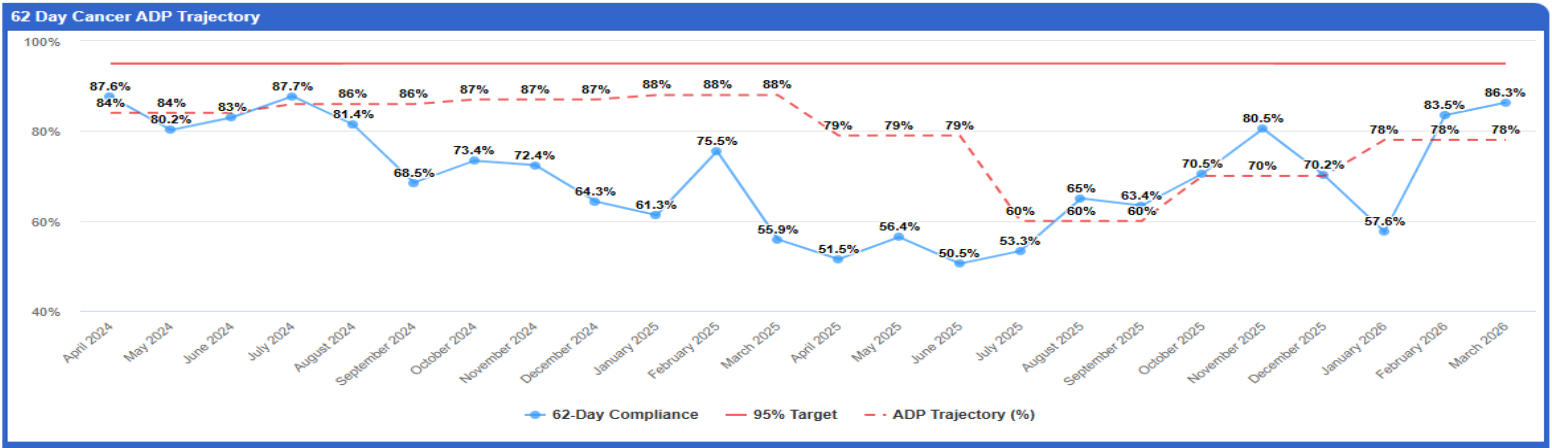
By March 2026, of those urgently referred with a suspicion of cancer:

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

Please note these measures are reported against March 2026 Delivery Plan target

62 Day Cancer ADP Trajectory

March 2026 result
✔ **86.3%**



62 Day by Cancer type - ADP

Title	Value	Numerator	Denominator	Target	Last Update	History
✔ Head and Neck Cancer - Waiting Times - 62 Day ADP Target	100.0%	5	5	73.0%	March 2026	
✔ Cervical Cancer - Waiting Times - 62 Day ADP Target	100.0%	1	1	75.0%	March 2026	
✔ Lymphoma Cancer - Waiting Times - 62 Day ADP Target	100.0%	1	1	88.0%	March 2026	
✔ Melanoma Cancer - Waiting Times - 62 Day ADP Target	100.0%	6	6	85.0%	March 2026	
✔ Ovarian Cancer - Waiting Times - 62 Day ADP Target	100.0%	2	2	100.0%	March 2026	
✔ Breast Cancer - Waiting Times - 62 Day ADP Target	97.3%	36	37	90.0%	March 2026	
✔ Lung Cancer - Waiting Times - 62 Day ADP Target	94.4%	17	18	91.0%	March 2026	
✔ Upper Gastro-Intestinal Cancer - Waiting Times - 62 Day ADP Target	80.0%	8	10	76.0%	March 2026	
● Colorectal Cancer - Waiting Times - 62 Day ADP Target	75.0%	6	8	84.0%	March 2026	
✔ Urological Cancer - Waiting Times - 62 Day ADP Target	69.4%	25	36	47.0%	March 2026	

← 1 of 1 →

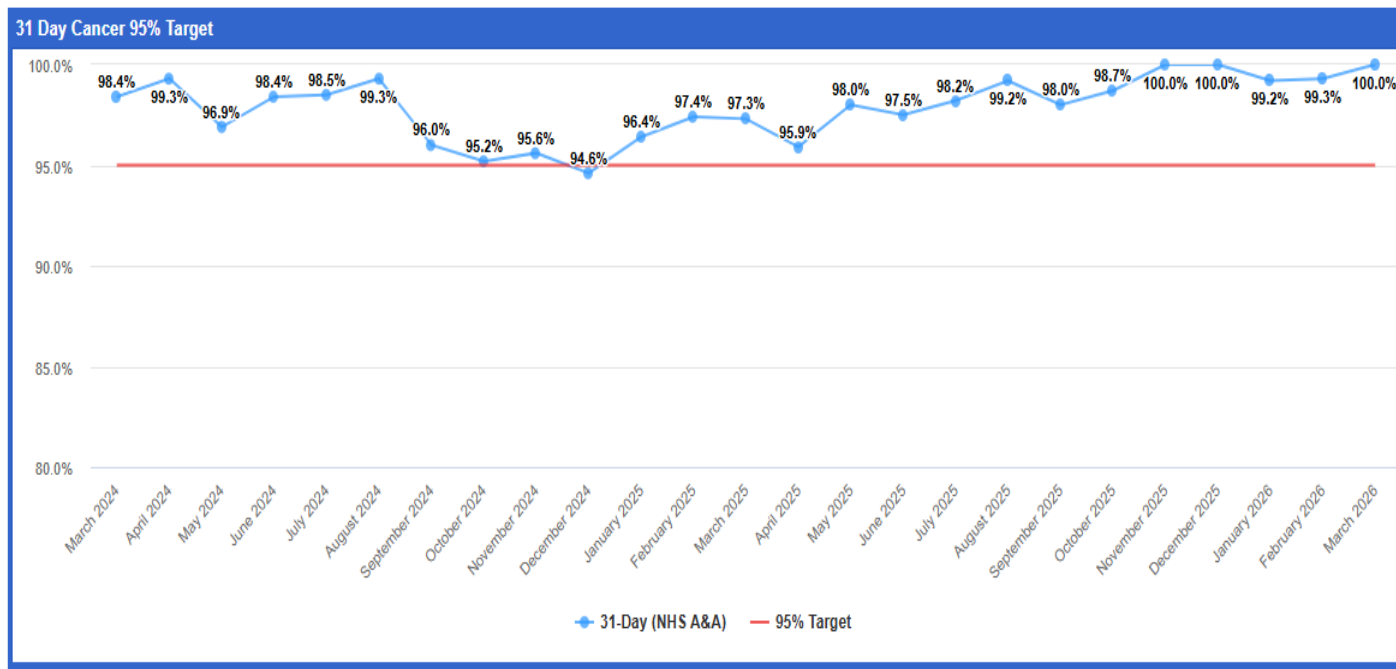
Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

March 2026 result

✔ **100.0%**

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



31		NHS Board															
		AA	B	DG	F	FV	Gr	GCC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	43/43 100.0%	15/15 100.0%	9/9 100.0%	25/25 100.0%	32/32 100.0%	35/37 94.6%	128/128 100.0%	12/18 66.7%	50/52 96.2%	79/87 90.8%	0/0 -	2/2 100.0%	38/40 95.0%	0/0 -	0/0 -	468/488 95.9%
	Cx	0/0 -	0/0 -	0/0 -	2/2 100.0%	0/0 -	2/2 100.0%	7/8 87.5%	1/1 100.0%	0/0 -	4/4 100.0%	0/0 -	0/0 -	4/4 100.0%	0/0 -	0/0 -	20/21 95.2%
	Colo	10/10 100.0%	3/4 75.0%	5/5 100.0%	19/19 100.0%	14/15 93.3%	40/40 100.0%	58/59 98.3%	22/22 100.0%	32/33 97.0%	44/53 83.0%	1/1 100.0%	0/0 -	17/17 100.0%	1/1 100.0%	0/0 -	266/279 95.3%
	H&N	5/5 100.0%	1/1 100.0%	1/1 100.0%	2/2 100.0%	1/1 100.0%	10/10 100.0%	53/53 100.0%	2/2 100.0%	4/4 100.0%	28/28 100.0%	0/0 -	0/0 -	12/13 92.3%	0/0 -	0/0 -	120/121 99.2%
	Lung	23/23 100.0%	6/6 100.0%	9/9 100.0%	19/19 100.0%	10/10 100.0%	33/33 100.0%	98/101 97.0%	12/12 100.0%	26/26 100.0%	70/73 95.9%	1/1 100.0%	1/1 100.0%	22/22 100.0%	0/0 -	39/40 97.5%	370/377 98.1%
	Lym	5/5 100.0%	1/1 100.0%	6/6 100.0%	5/5 100.0%	4/4 100.0%	5/5 100.0%	14/14 100.0%	8/8 100.0%	5/5 100.0%	14/15 93.3%	0/0 -	0/0 -	6/6 100.0%	0/0 -	0/0 -	73/74 98.6%
	Mel	7/7 100.0%	0/0 -	3/3 100.0%	4/4 100.0%	5/5 100.0%	4/5 80.0%	26/26 100.0%	2/2 100.0%	5/5 100.0%	9/9 100.0%	0/0 -	1/1 100.0%	7/7 100.0%	0/0 -	0/0 -	74/75 98.7%
	Ov	0/0 -	0/0 -	0/0 -	0/0 -	0/0 -	6/6 100.0%	11/11 100.0%	2/2 100.0%	0/0 -	5/5 100.0%	- -	100.0%	100.0%	100.0%	- -	100.0%
	UGI	10/10 100.0%	1/1 100.0%	6/6 100.0%	6/8 75.0%	12/12 100.0%	36/36 100.0%	57/57 100.0%	6/7 85.7%	22/22 100.0%	47/50 94.0%	0/0 -	0/0 -	20/21 95.2%	0/0 -	0/0 -	224/231 97.0%
	Urol	63/63 100.0%	13/13 100.0%	20/20 100.0%	63/66 95.5%	31/31 100.0%	59/65 90.8%	154/179 86.0%	49/49 98.0%	58/62 93.5%	94/109 86.2%	1/1 100.0%	5/5 100.0%	44/48 91.7%	0/0 -	0/0 -	652/731 89.2%
	All	166/166 100.0%	40/41 97.6%	59/59 100.0%	145/150 96.7%	109/110 99.1%	229/259 88.4%	606/636 95.3%	115/123 93.5%	202/209 96.7%	394/433 91.0%	3/3 100.0%	10/10 100.0%	174/182 95.6%	6/6 100.0%	39/40 97.5%	2297/2427 94.6%

National Benchmarking – 31 Day Cancer Target (95%)

	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	94.6%	96.4%	97.4%	97.3%	95.9%	98.0%	97.5%	98.2%	99.2%	98.0%	98.7%	100.0%	100.0%
Scotland	94.1%	91.4%	97.1%	97.2%	94.2%	94.6%	95.8%	95.5%	93.7%	95.7%	96.1%	95.4%	95.5%

Cancer 31 day

By March 2026:

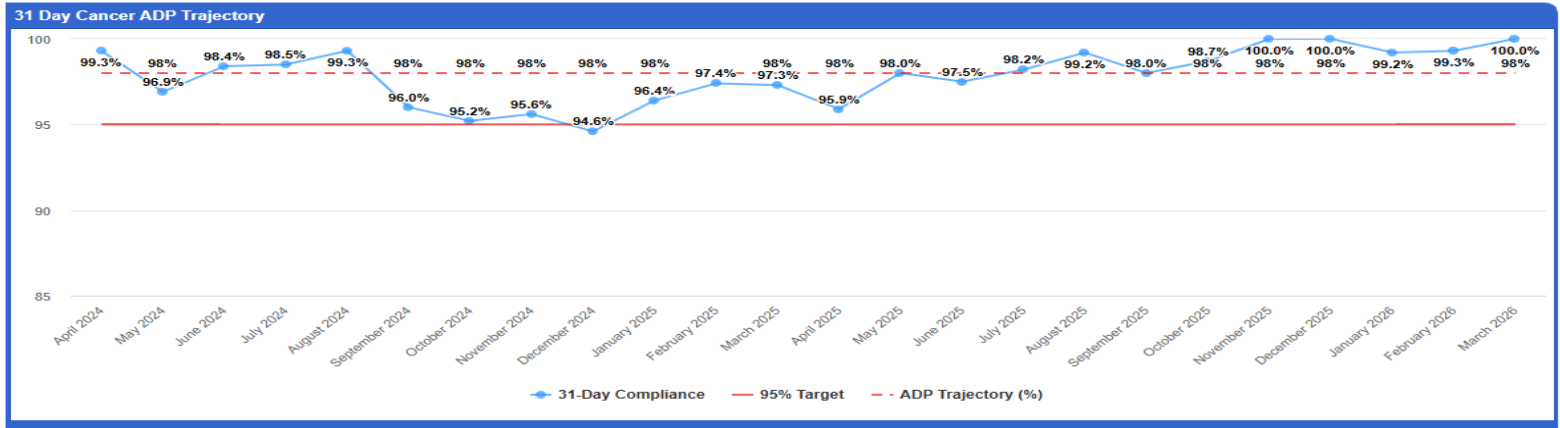
- 98.0% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat

Please note these measures are reported against March 2026 Delivery Plan target

31 Day Cancer ADP Trajectory

March 2026 result

✔ **100.0%**



Title	Value	Numerator	Denominator	Target	Last Update	History
✔ Breast Cancer - Waiting Times - 31 Day ADP Target	100.0%	43	43	95.0%	March 2026	
● Cervical Cancer - Waiting Times - 31 Day ADP Target	0.0%	0	0	100.0%	March 2026	
✔ Colorectal Cancer - Waiting Times - 31 Day ADP Target	100.0%	10	10	100.0%	March 2026	
✔ Head and Neck Cancer - Waiting Times - 31 Day ADP Target	100.0%	5	5	95.0%	March 2026	
✔ Lung Cancer - Waiting Times - 31 Day ADP Target	100.0%	23	23	100.0%	March 2026	
✔ Lymphoma Cancer - Waiting Times - 31 Day ADP Target	100.0%	5	5	100.0%	March 2026	
✔ Melanoma Cancer - Waiting Times - 31 Day ADP Target	100.0%	7	7	100.0%	March 2026	
● Ovarian Cancer - Waiting Times - 31 Day ADP Target	0.0%	0	0	100.0%	March 2026	
✔ Upper Gastro-Intestinal Cancer - Waiting Times - 31 Day ADP Target	100.0%	10	10	100.0%	March 2026	
✔ Urological Cancer - Waiting Times - 31 Day ADP Target	100.0%	63	63	98.0%	March 2026	

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)

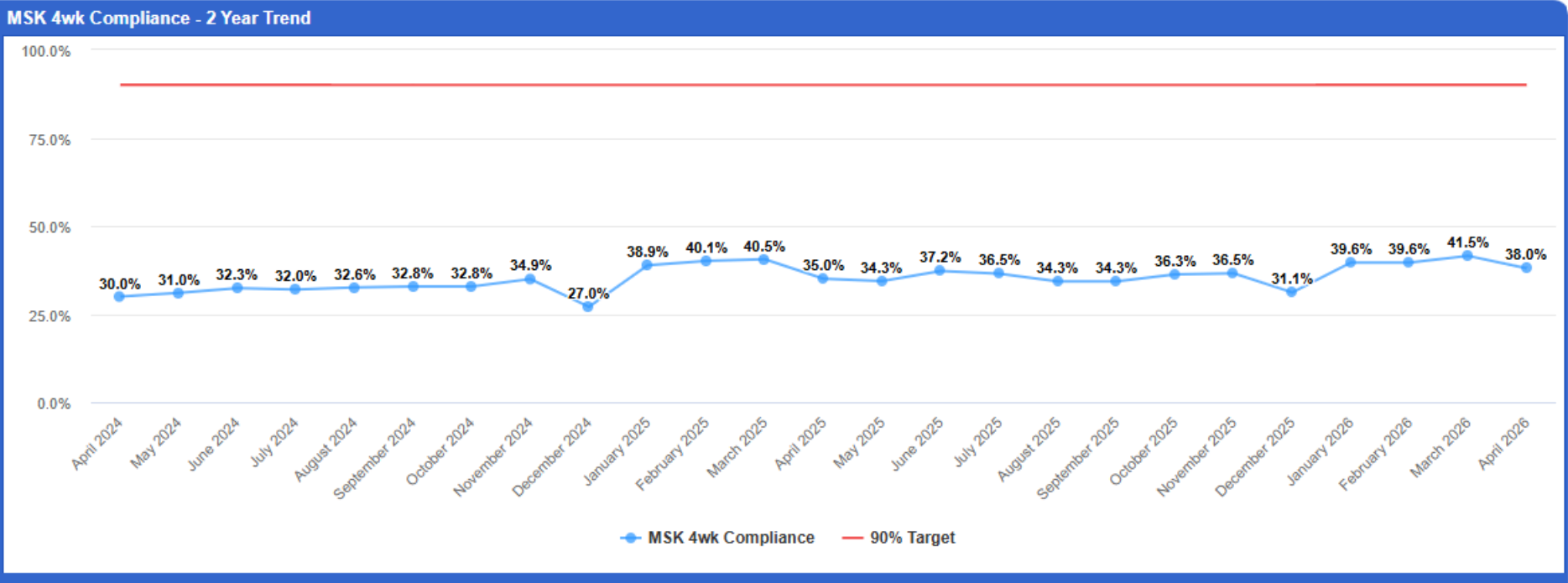
Musculoskeletal (MSK) - National 4 week Standard/Target

MSK 4wk % Compliance

April 2026 result

● 38.0%

- 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%

Source: Public Health Scotland
 Next National Benchmarking Update: 30th June 2026

Musculoskeletal (MSK)

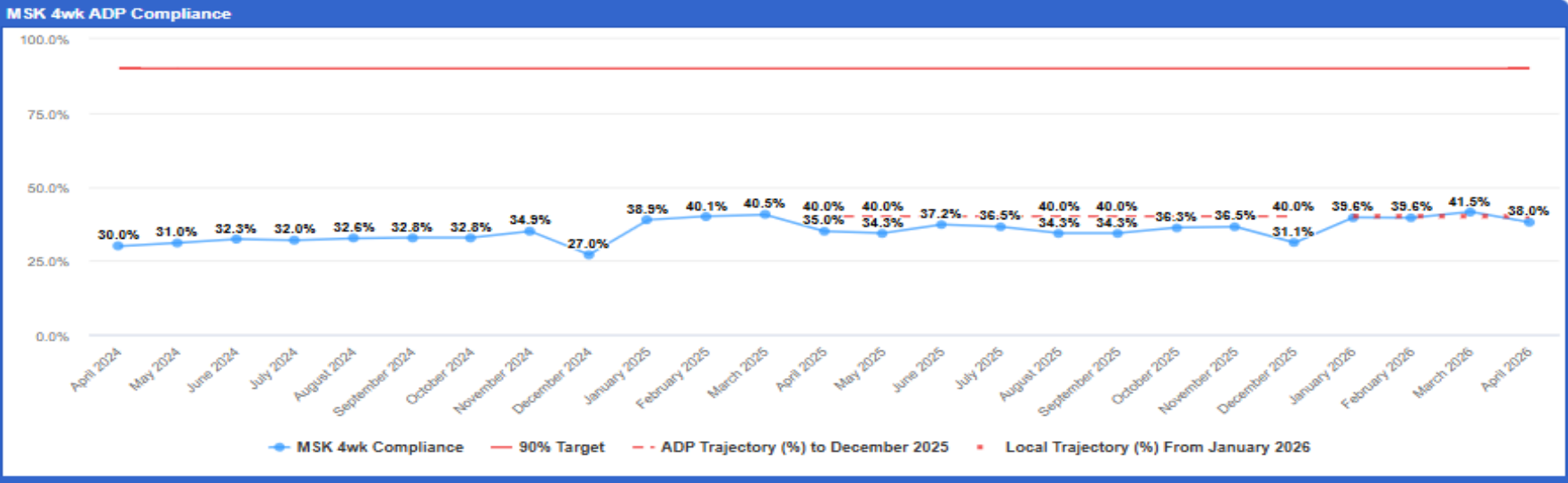
By December 2025:

- 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 further Delivery Plan targets were set after December 2025. A 40% target has been set locally by the service to continue to monitor performance.

MSK 4 Weeks ADP Trajectory

April 2026 result
▲ **38.0%**



MSK 4wk Compliance by Profession

Title	Value	Target	Last Update	History
Orthotics	59.3%		April 2026	
MSK Physiotherapy	39.4%		April 2026	
MSK Podiatry	33.1%		April 2026	
MSK Occupational Therapy	19.0%		April 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.

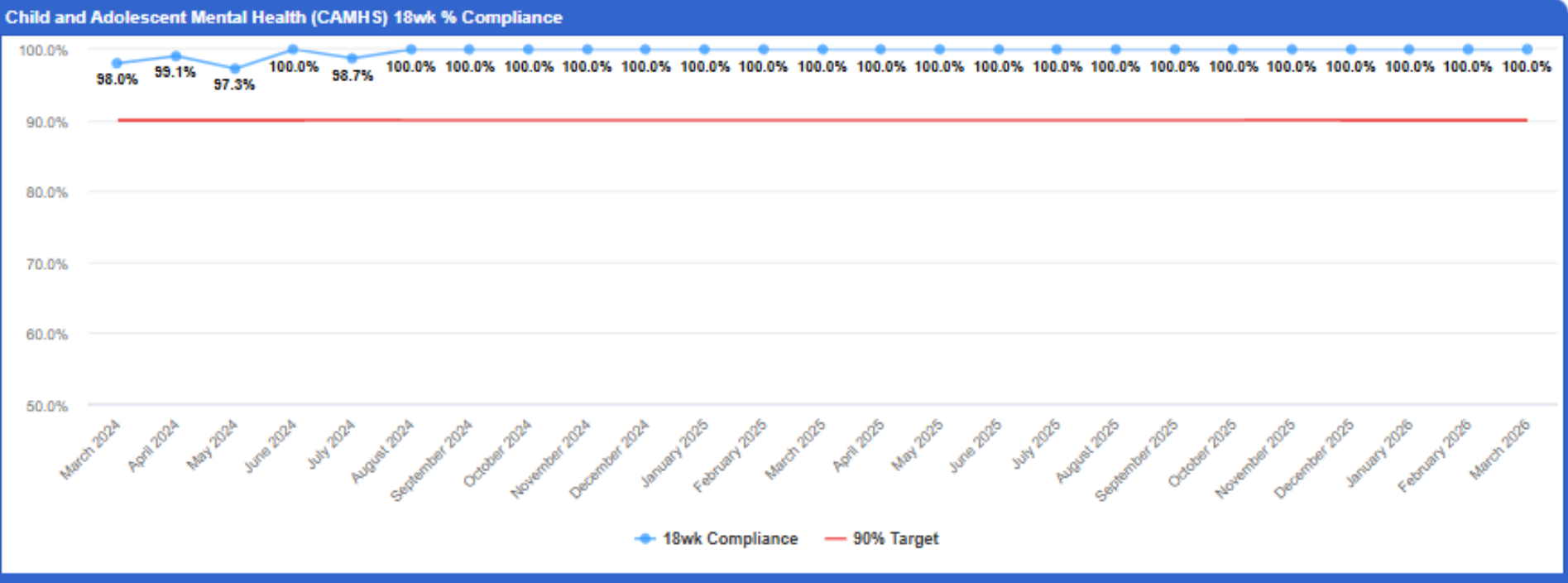
Mental Health

CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

March 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: 2nd June 2026

CAMHS

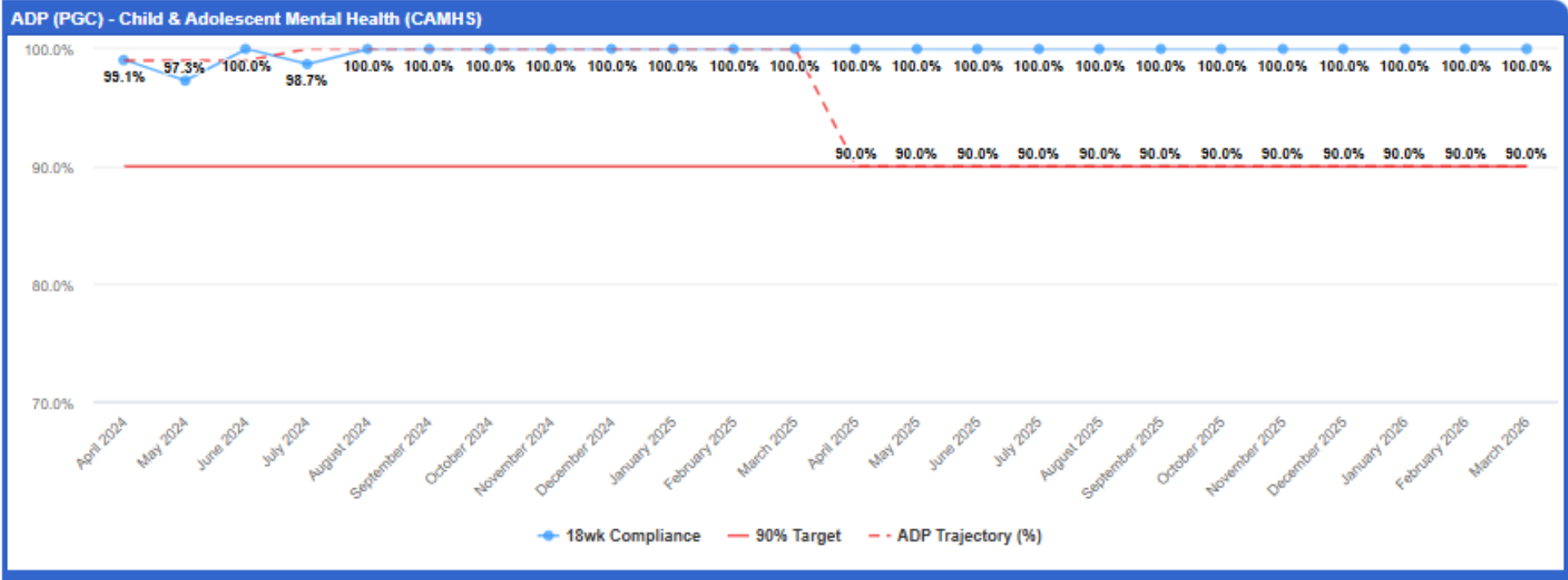
By March 2026:

- 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral
- Please note these measures are reported against March 2026 Delivery Plan target*

CAMHS 18wk ADP Trajectory

March 2026 result

✓ 100.0%



Source: Local Management Reports

Delivery Plan Improvement Actions – CAMHS

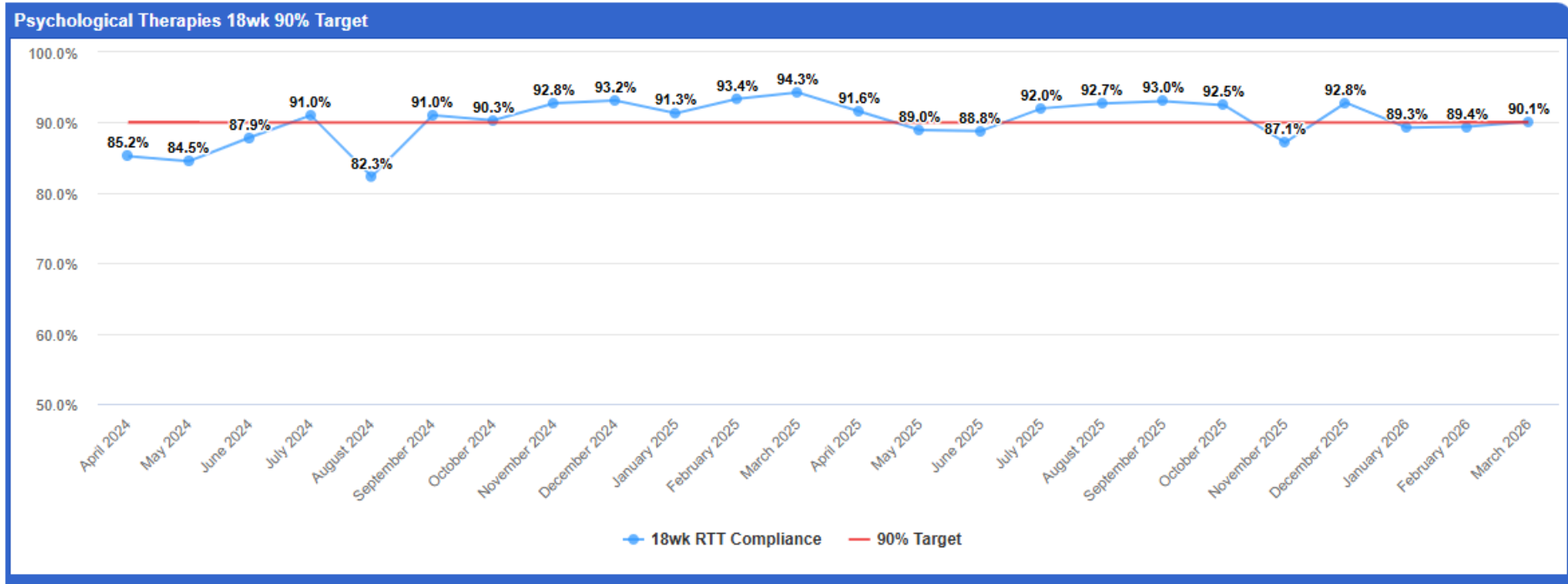
Delivery Summary	Improvement Actions
Maintain the CAMHS 18 week Referral to Treatment (RTT) and work towards the 4 week target within National Specification	<ul style="list-style-type: none">• Improve access to mental health service.• Build capacity and sustainable delivery.• Utilise Trakcare and CAMHS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

March 2026 result
✔ 90.1%

- **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: 2nd June 2026

Psychological Therapies

By March 2026:

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

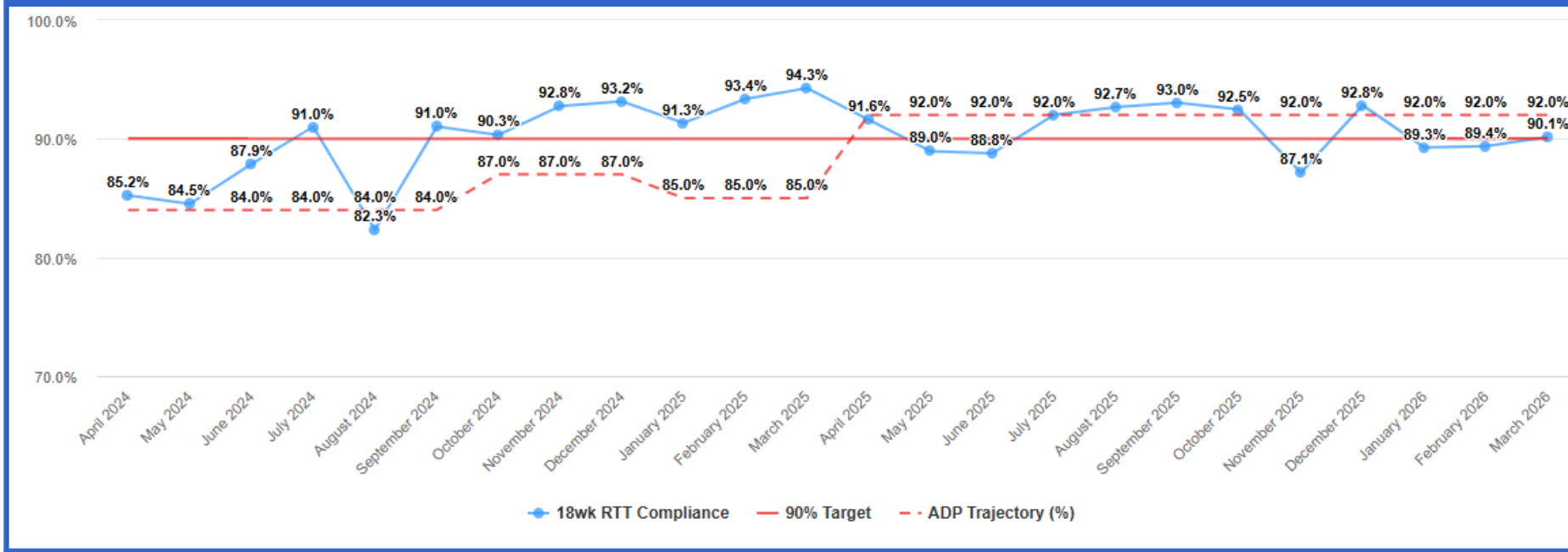
Please note these measures are reported against March 2026 Delivery Plan target

Psychological Therapies 18 ADP Trajectory

March 2026 result

▲ 90.1%

Psychological Therapies (PT) 18wk % Compliance



Delivery Plan Improvement Actions – Psychological Therapies

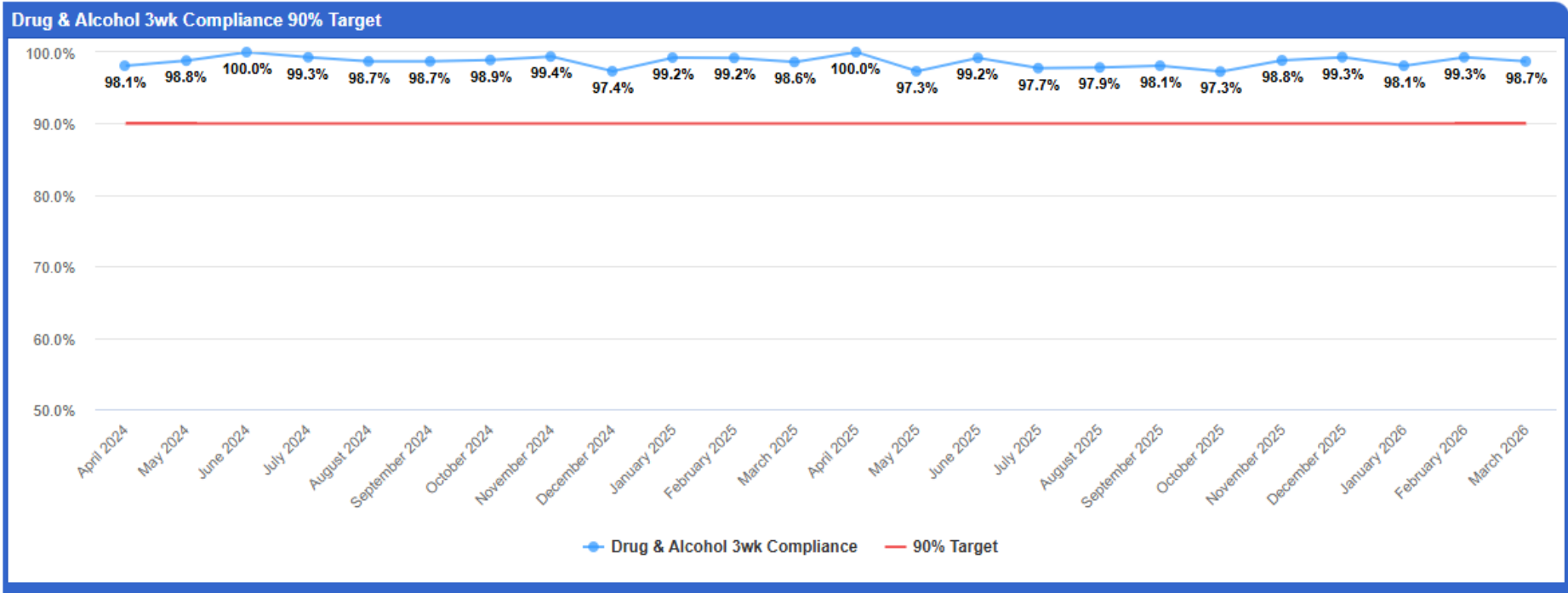
Delivery Summary	Improvement Actions
<p>Improve access to service to ensure sustainable delivery of the National Target of 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.</p>	<ul style="list-style-type: none"> • Detailed Trajectory work in different specialisms – 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

March 2026 result
✔ 98.7%

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



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

	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	97.4%	99.2%	99.2%	98.6%	100.0%	97.3%	99.2%	97.7%	97.9%	98.1%	97.3%	98.8%	99.3%
Scotland	95.0%	92.8%	92.8%	92.8%	94.2%	94.2%	94.2%	94.3%	94.3%	94.3%	92.7%	92.7%	92.7%

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

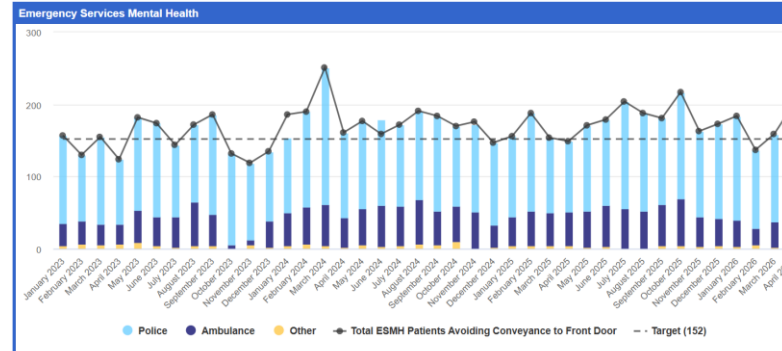
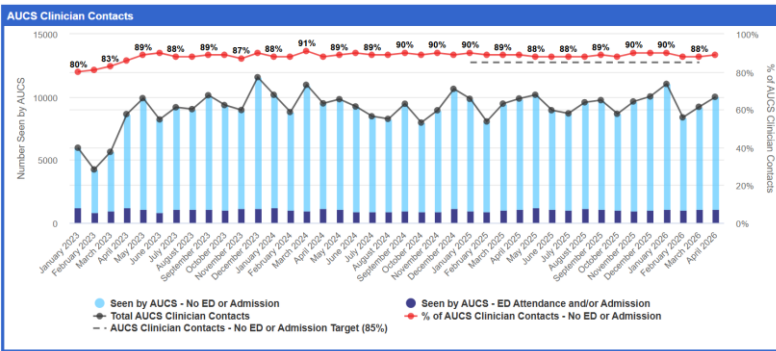
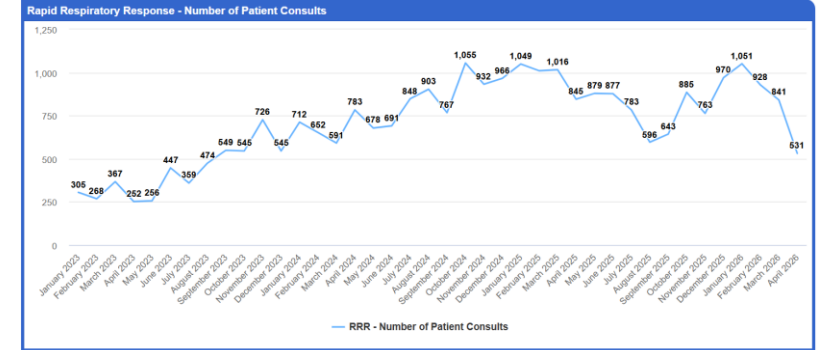
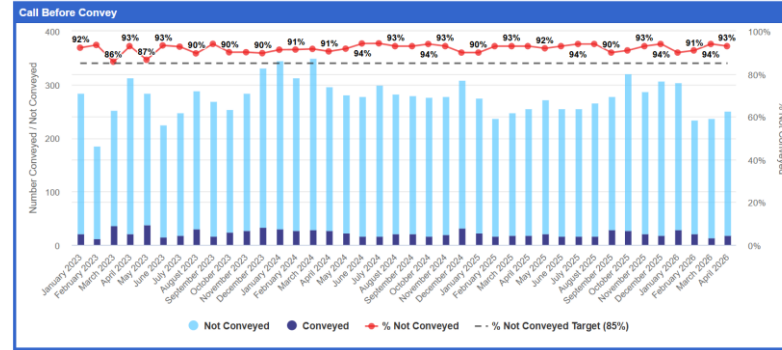
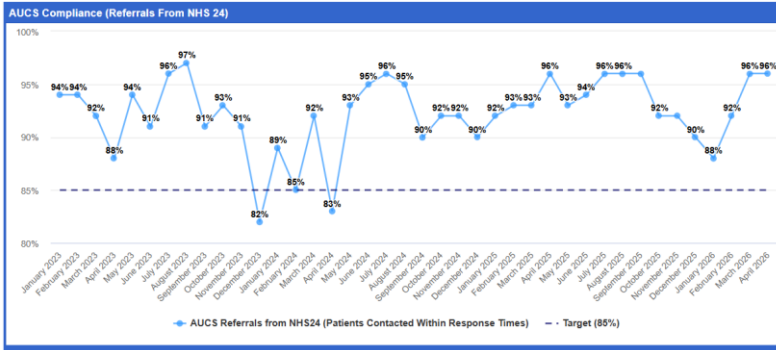
Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance 3

April 2026 result

✔ 96%

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



No. of RRR Collaborating Practices 3

April 2026 result

31

% of COPD Registered Patients Within the Collaborating Practices 3

WC 25-May-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

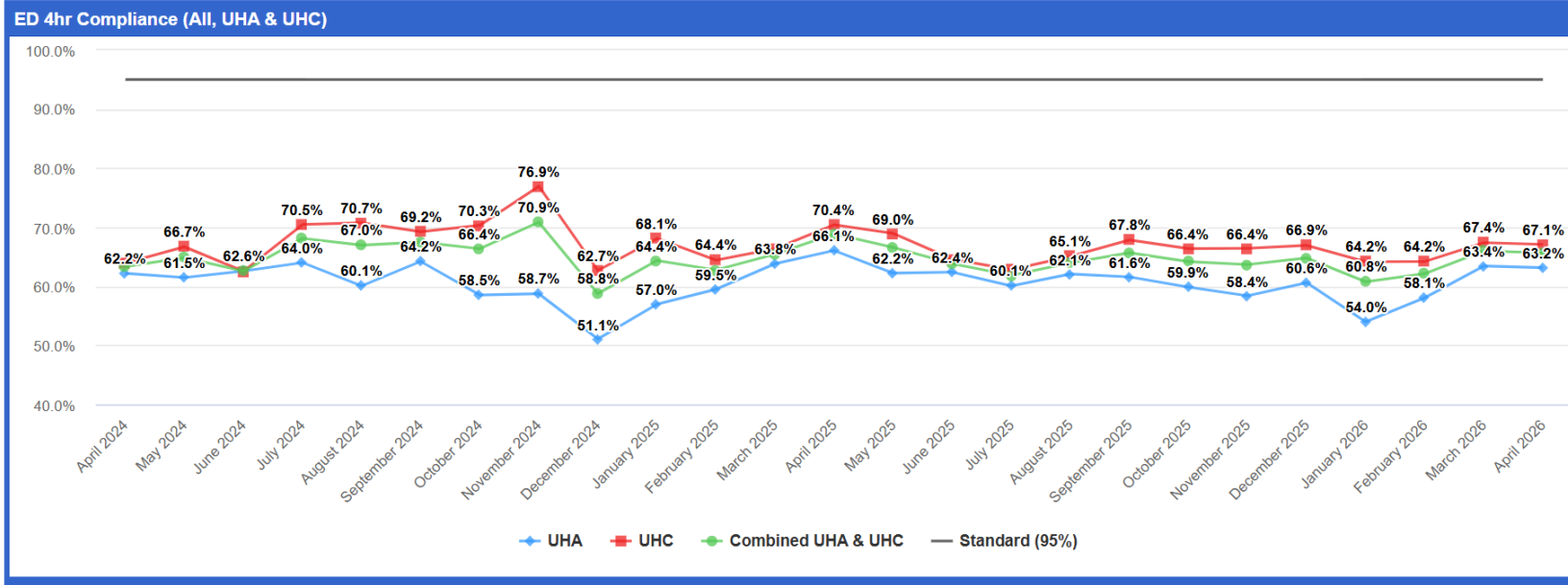
National ED 4 Hour Standard/Target – All Attendances

All - ED waits <4 hours % compliance

April 2026 result

65.7%

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



Numbers of ED Attendances			
	UHA	UHC	Total
May 24 – Apr 25	33,336	62,655	95,991
May 25 – Apr 26	34,712	64,917	99,629
<i>Change</i>	1,376 (+4.1%)	2,262 (+3.6%)	3,638 (+3.8%)

Numbers of ED Attendances	
	Total
Feb 25 – Apr 25	23,737
Feb 26 – Apr 26	24,064
<i>Change</i>	327 (+1.4%)

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

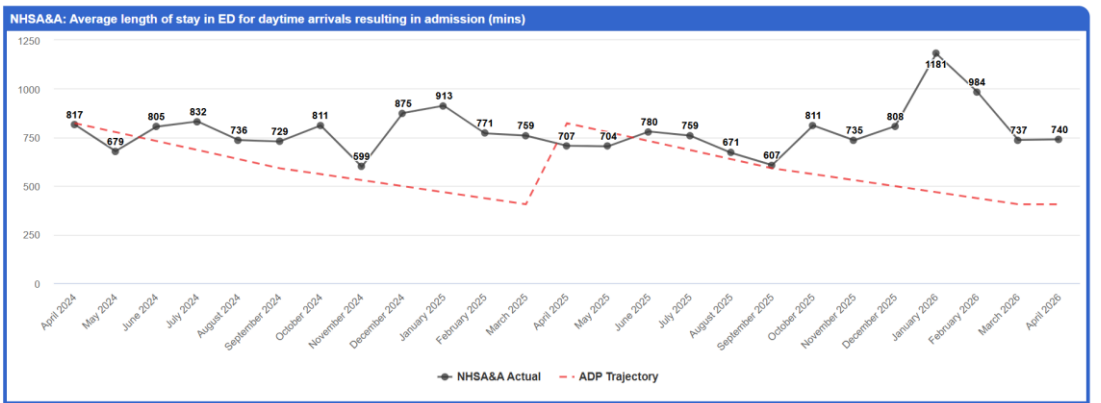
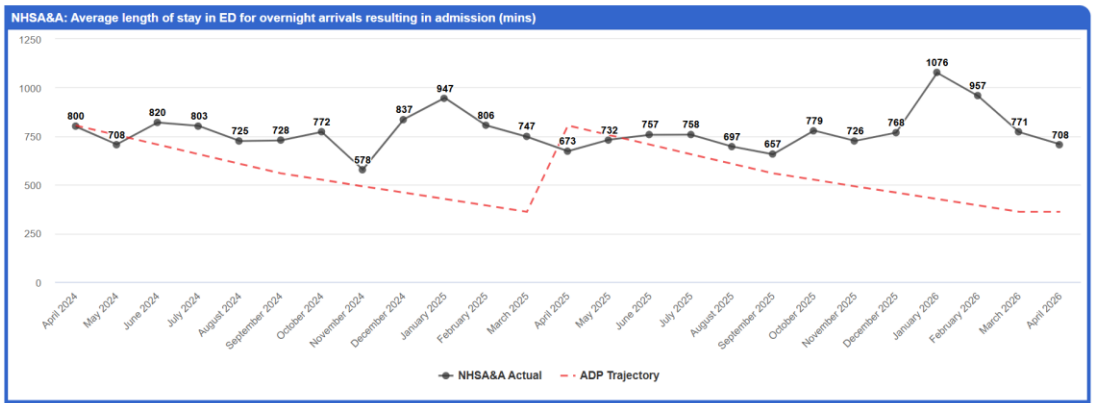
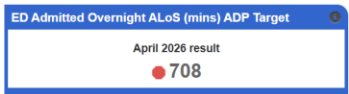
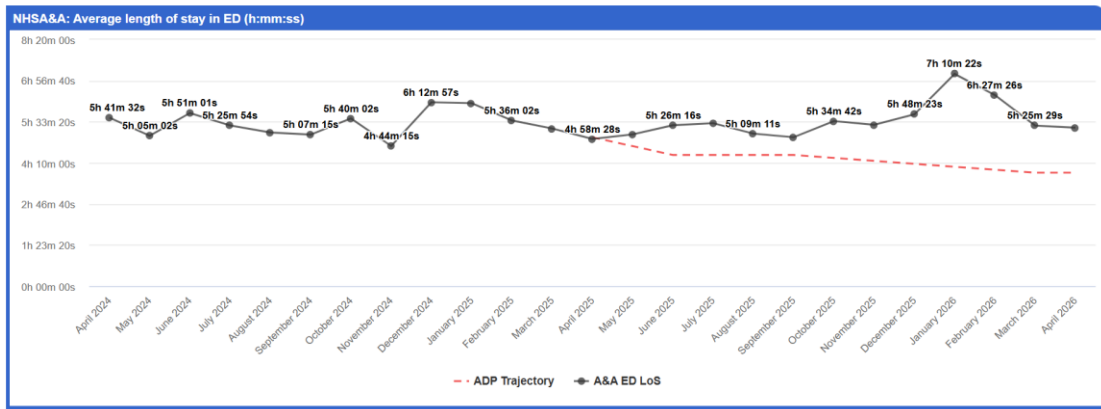
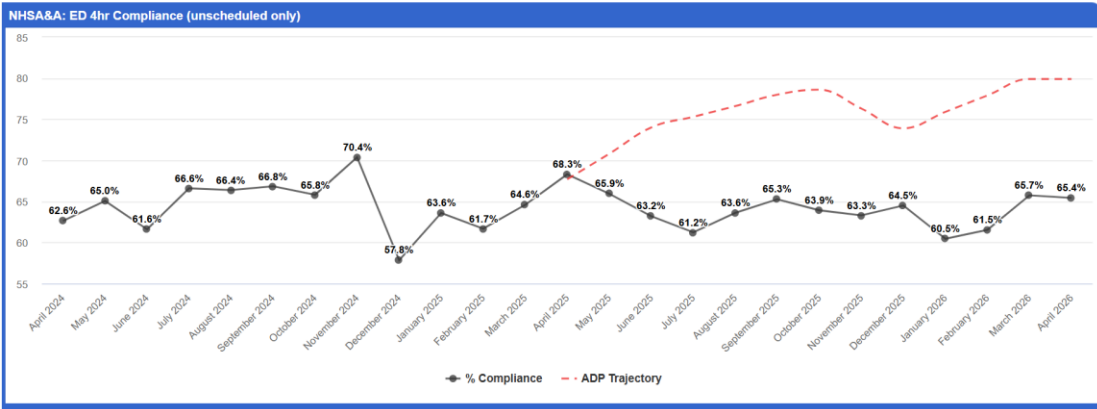
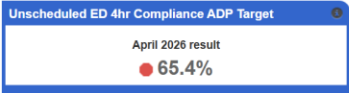
	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
NHS A&A	65.4%	68.8%	66.5%	63.8%	61.8%	63.9%	65.6%	64.1%	63.6%	64.7%	60.6%	62.0%	65.9%
Scotland	70.0%	70.4%	71.2%	70.1%	70.4%	68.1%	67.1%	66.0%	66.0%	66.2%	64.4%	65.7%	66.8%

Source: Local Management Reports and Public Health Scotland

Unscheduled Care

- Improve overall ED 4hr compliance (unscheduled attendances only) to at least 79.9%
- Reduce average length of stay in ED for all attendances to 3h 50m 00s or less
- Reduce average length of stay in ED for admitted overnight arrivals to 361 minutes or less
- Reduce average length of stay in ED for admitted daytime arrivals to 406 minutes or less

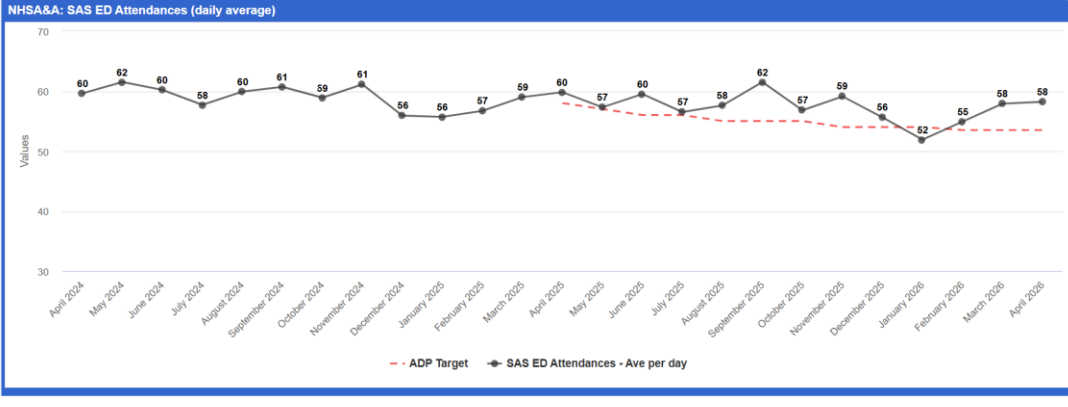
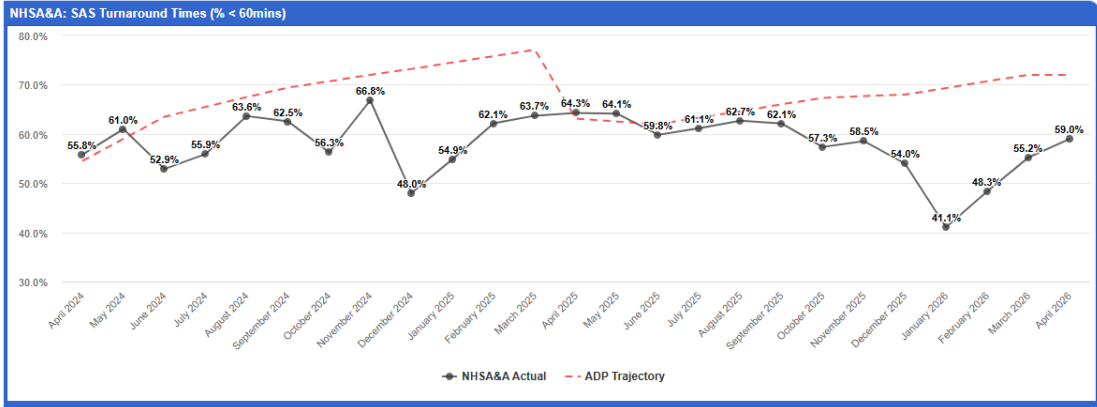
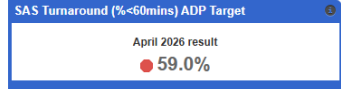
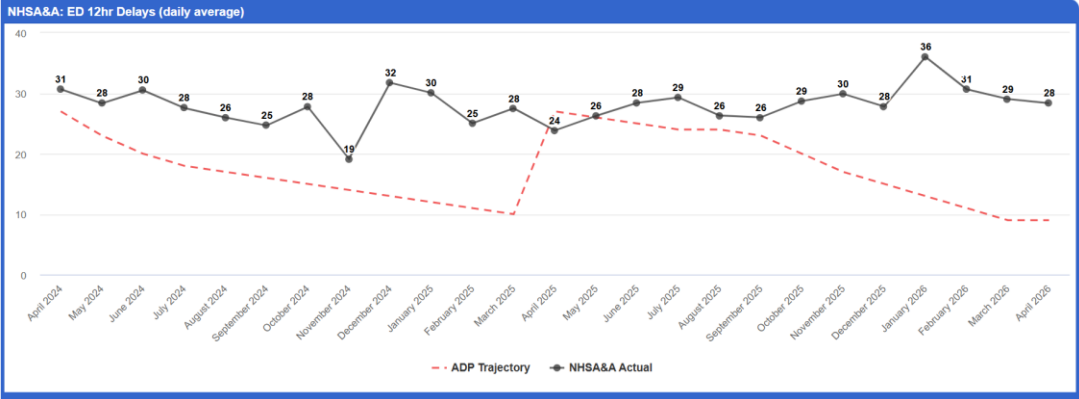
Please note the March 2026 Delivery Plan target has been rolled forward pending the 2026/27 trajectories being agreed



Unscheduled Care

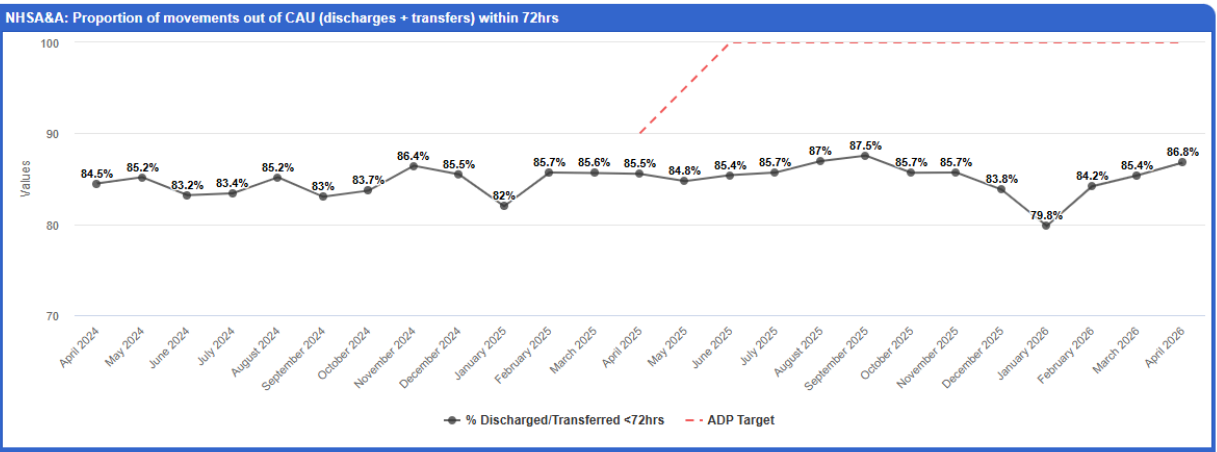
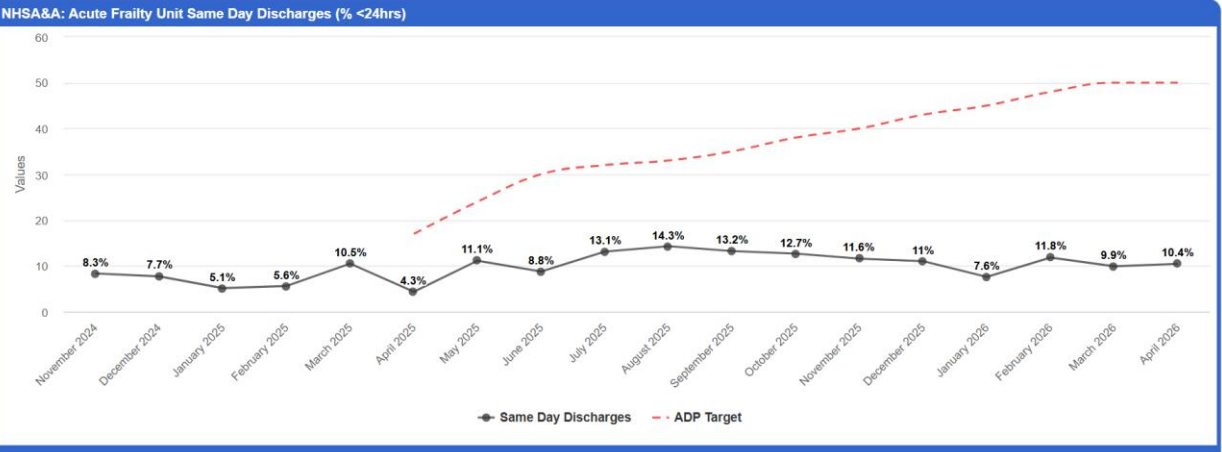
- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred, to 9 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 72.0%
- Reduce the average number of SAS conveyances to ED to 53.5 or fewer per day

Please note the March 2026 Delivery Plan target has been rolled forward pending the 2026/27 trajectories being agreed



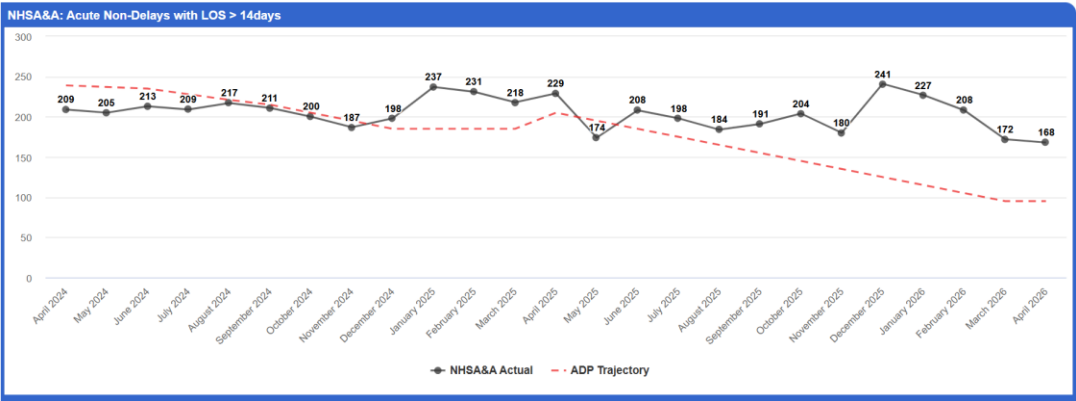
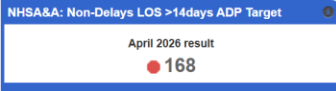
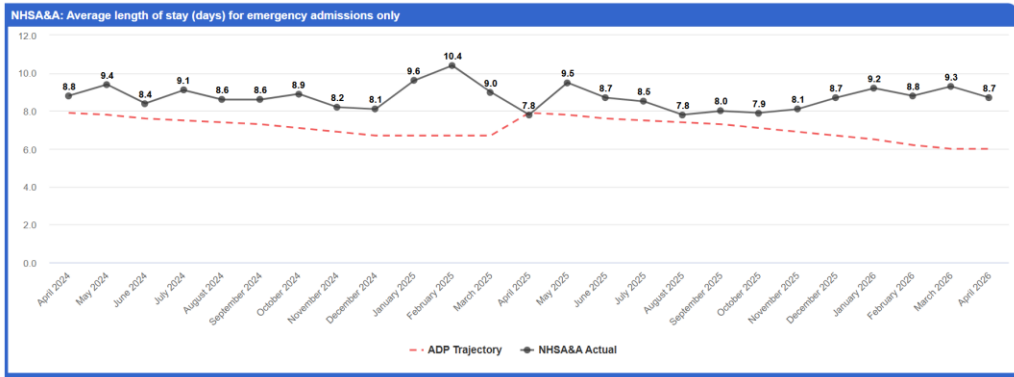
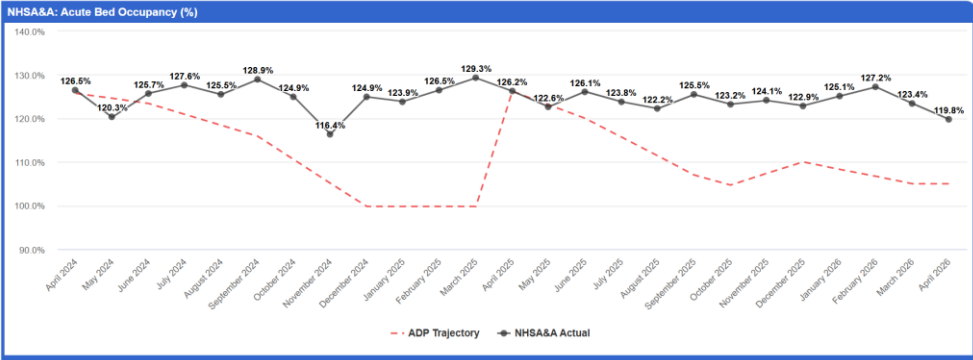
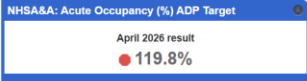
Unscheduled Care

- Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 50%
 - Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward) to 100%
- Please note the March 2026 Delivery Plan target has been rolled forward pending the 2026/27 trajectories being agreed*



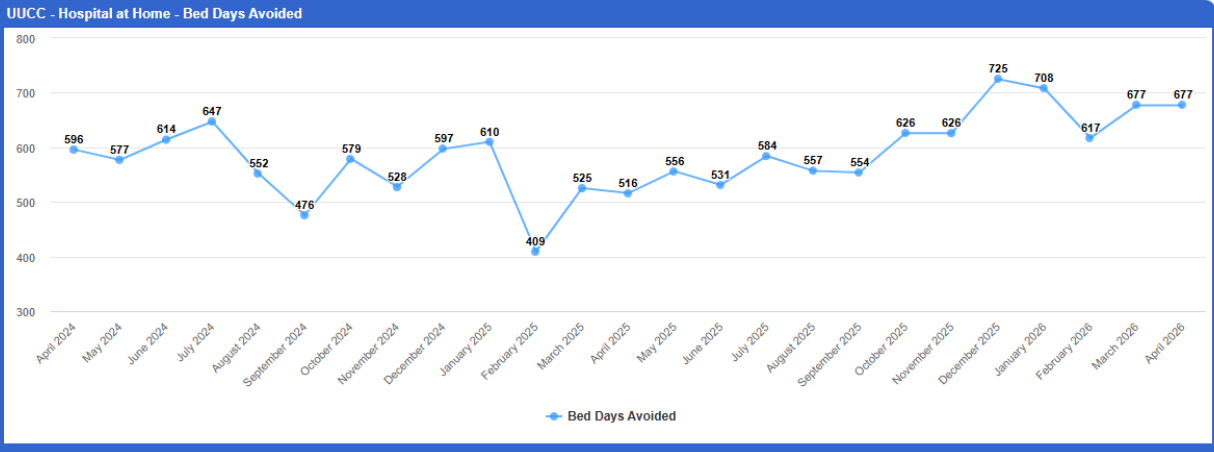
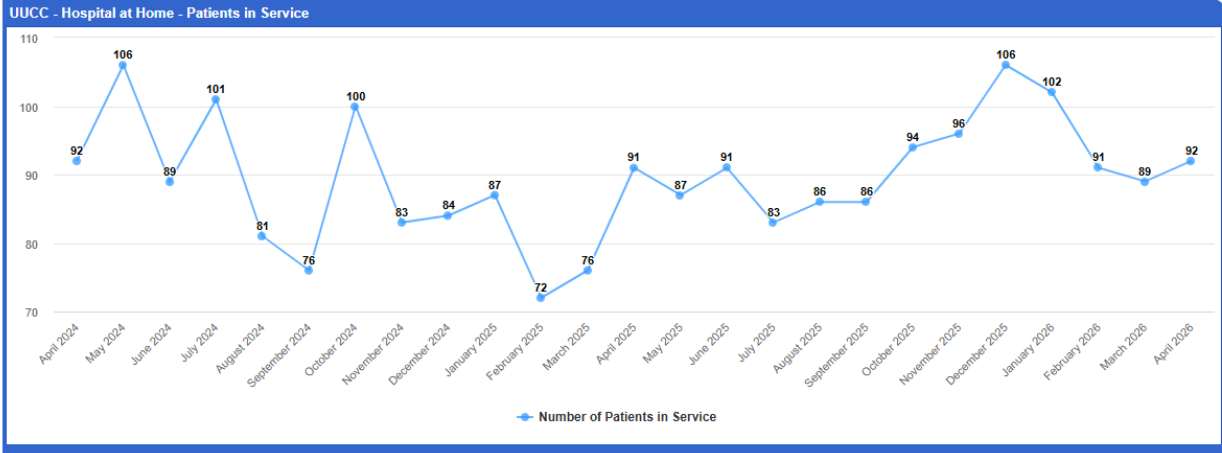
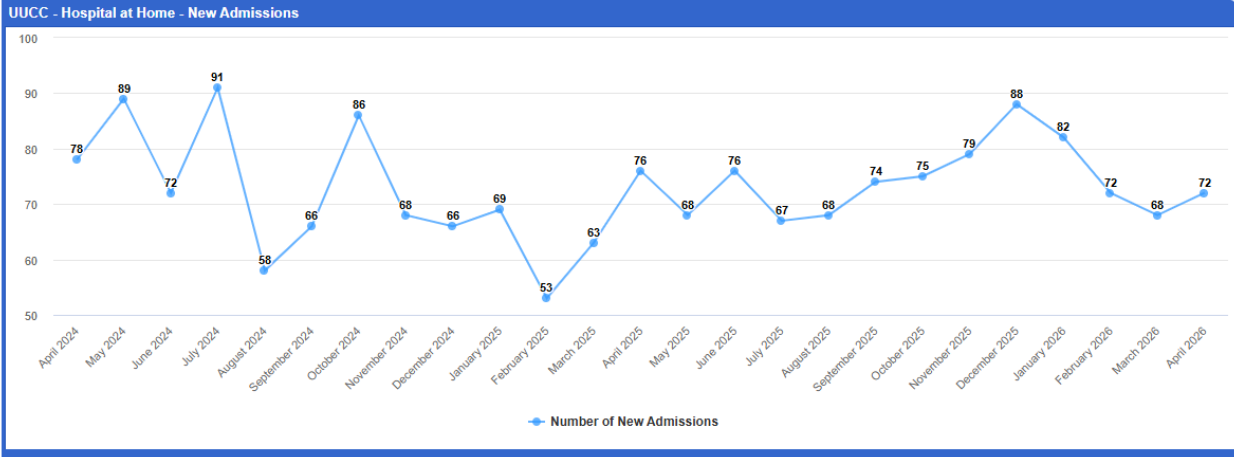
Unscheduled Care

- Reduce occupancy in our core funded Acute sites to 105% or lower*
 - Reduce the Average Length of stay for emergency admissions to 6.0 days or lower
 - Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 95 or fewer
- Please note the March 2026 Delivery Plan target has been rolled forward pending the 2026/27 trajectories being agreed*



*Occupancy levels against *all* core beds will be monitored throughout 2026/27; the occupancy for all core beds at 30th April 2026 was 92.1%.

Hospital at Home – Acute Elderly



* Following a review of H@H reporting criteria, the H@H data has been revised and backdated in the charts to March 2025

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. Allied Health Professional delivery for EACH in place, and OT/Physio progressing to recruitment (some delay due to job evaluation finalisation). Technician Assistants appointed to. Social Work (Mental Health Officer) recruited to.</p> <p>Slippage plans agreed on whole system basis as per SBAR submitted to Scottish Government and enacted.</p>

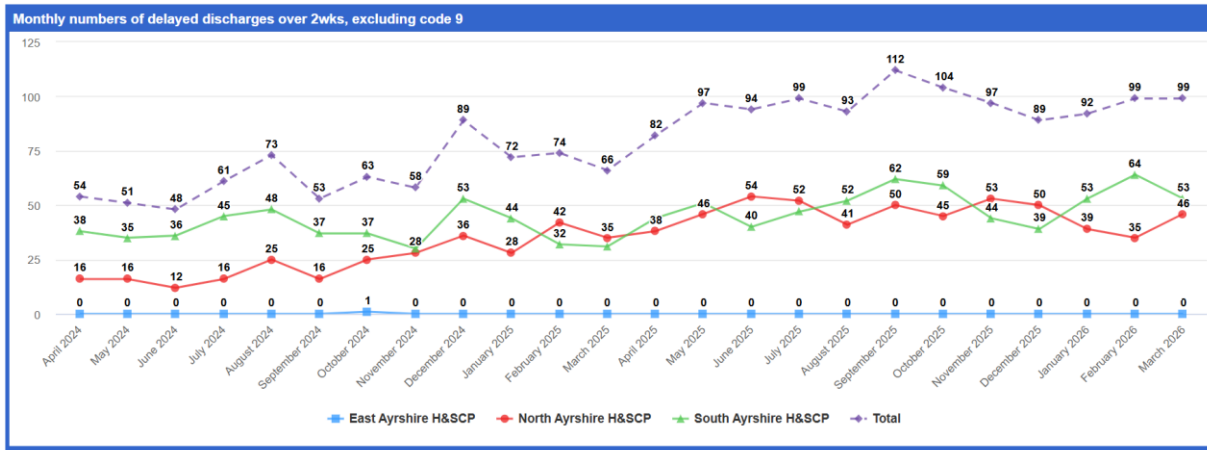
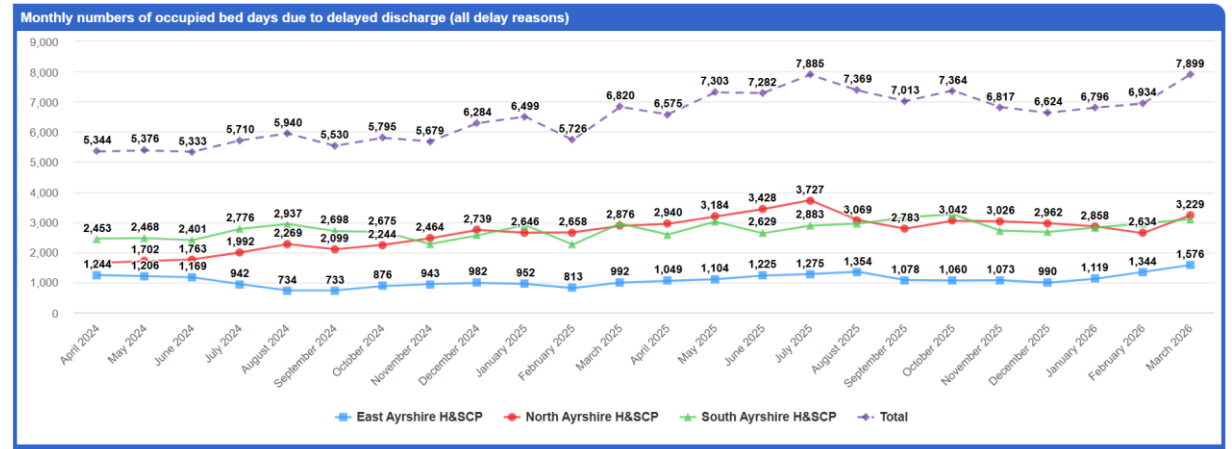
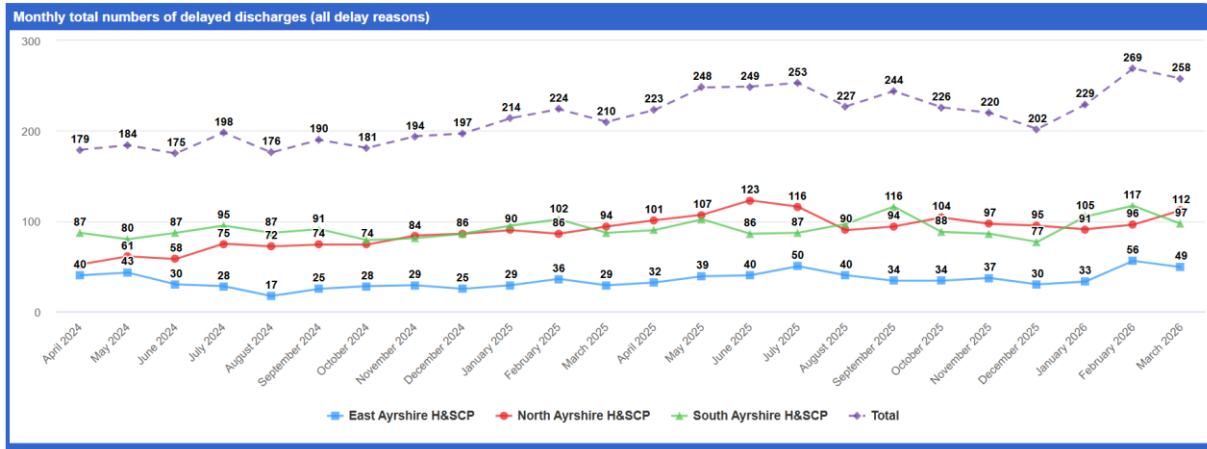
Delayed Discharges

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).

Please note these measures are reported against March 2026 Delivery Plan target



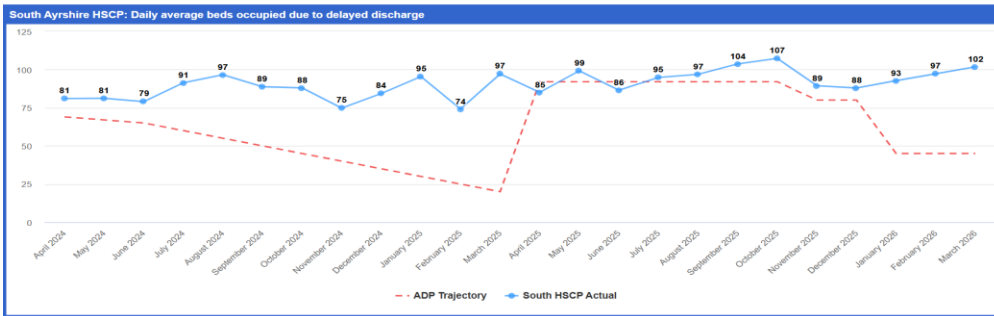
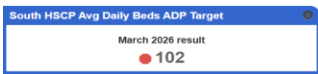
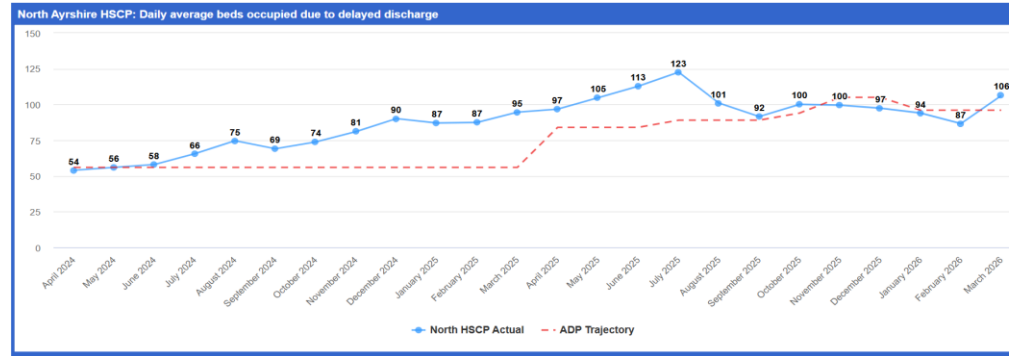
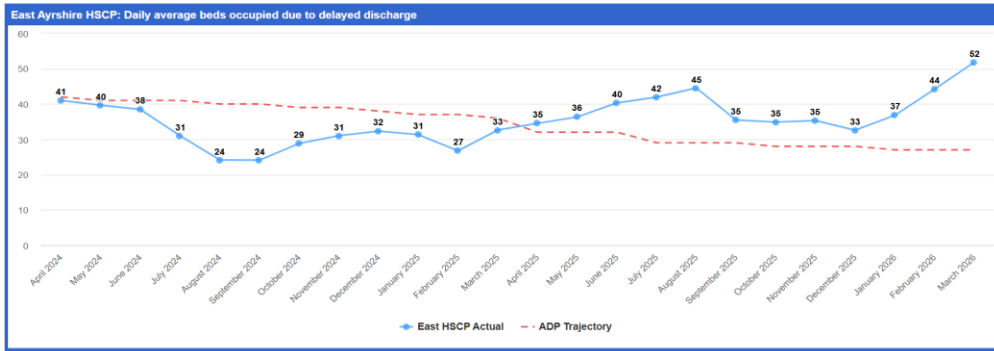
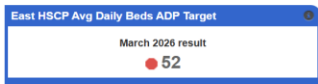
Delayed Discharges

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

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

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

Please note these measures are reported against March 2026 Delivery Plan target



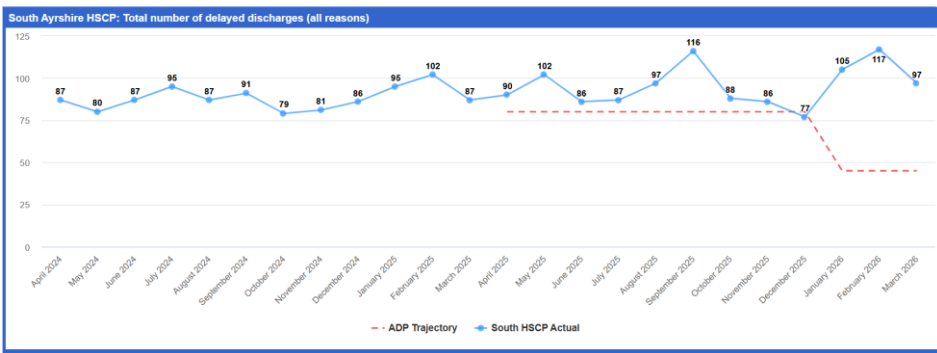
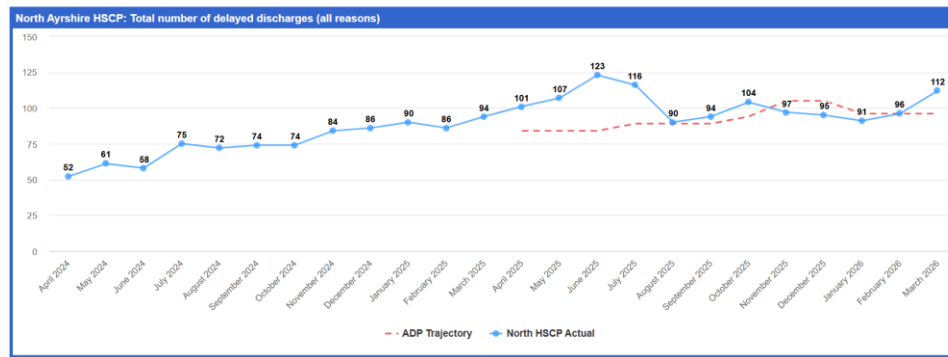
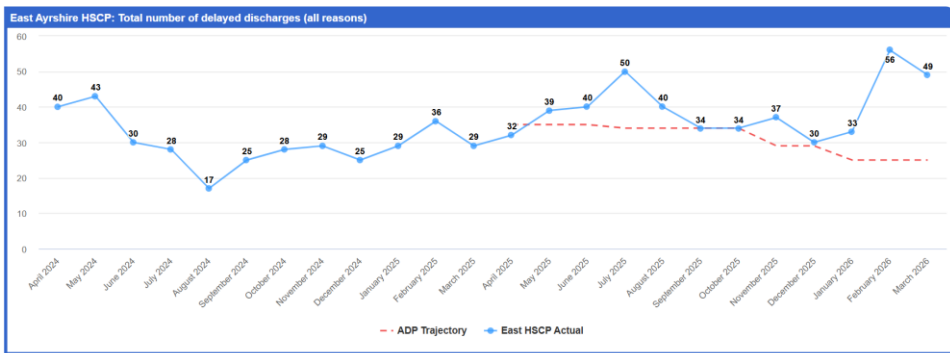
Delayed Discharges

- Reduce the total number of delayed discharges in all hospitals

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)

Please note these measures are reported against March 2026 Delivery Plan target



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. Social worker with Mental health qualification in post. Physiotherapy and Occupational Therapy posts in HR process. British Red Cross test of change being implemented.• 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. Posts recruited to in reablement and flow coordination roles.• Implement recommendations from IJB Report on East Ayrshire Community Hospital.<ul style="list-style-type: none">• Ongoing strong LoS performance, Advanced Nurse Practitioners recruited to 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. <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. • Progress includes successful expansion of Mental Health Officer capacity, which has eliminated inpatient allocation waits and reduced Adults with Incapacity delays. • Communication sessions with all Partnership services to reinforce and empower a homefirst and discharge to assess methodology now completed. Further communication is planned once pathway project is implemented. <p>NHS Renewal Framework</p> <ul style="list-style-type: none"> • Implementing principles locally. • Renewal funding performance monitoring.

Delivery Plan Improvement Actions – Delayed Discharges South Ayrshire HSCP

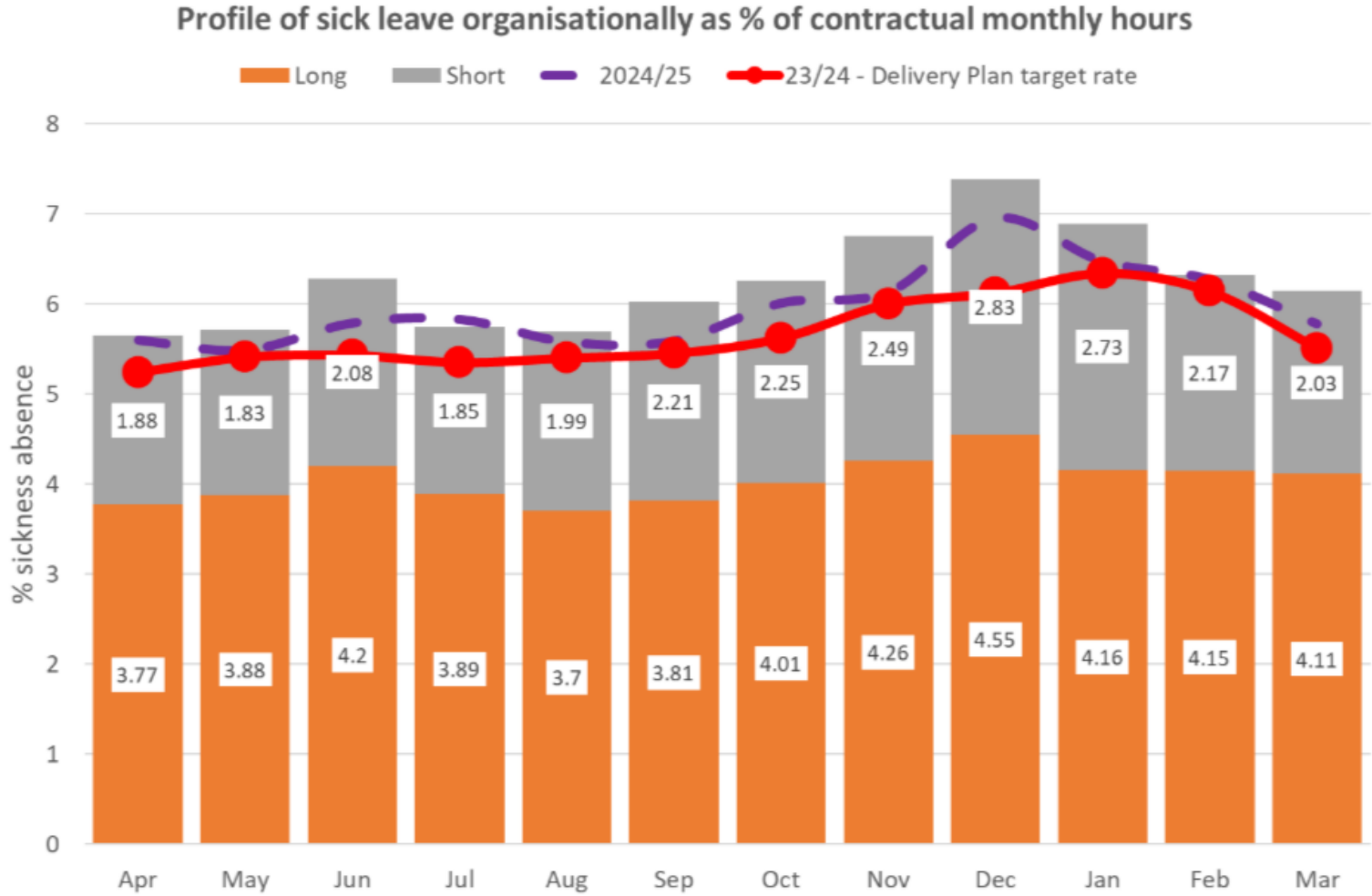
Delivery Summary	Improvement Actions
<p>Reduce the daily average number of occupied bed days due to a delayed discharge.</p> <p>Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.</p>	<ul style="list-style-type: none">• Maintain care home numbers despite the financial challenges<ul style="list-style-type: none">• Care Home placements continue to reduce to be managed through a weekly Resource Allocation Meeting managed by Senior Manager. This month has seen a number of care home placements being required but there remains some improvement in reaching the budgeted number.• 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. Advert closing date 23/3/26. Limited applicants and posts will require to be re-advertised.• Maximise the use of step up and step down beds in RRICU<ul style="list-style-type: none">• Additional posts recruited as part of WSI funding with starting dates at the end of March. Other posts such as ANP are key to the development of this unit and maximising their bed use. ANP posts are currently being recruited to support..• Positive flow through this service supporting transfer of patients from Acute sites. Service continues to utilise all available beds.• Additional bed capacity has now opened and good flow through these beds.• Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships<ul style="list-style-type: none">• Guardianship processes embedded and Guardianship orders appropriately progressed. Reduction in those individuals requiring guardianship orders.

Workforce

Workforce – Workforce Sickness Absence

By March 2026:

- Reduce sickness absence rates
- Please note these measures are reported against March 2026 Delivery Plan target



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
Access to GPs and other primary and community care clinicians: increase the capacity in general practice and make GP services more consistent across Scotland	<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
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. This is a national issue which we are unable to influence locally, but continue to engage in through professional networks • Primary Care has no involvement in pharmacist training but the pharmacy team has introduced Protected Learning Time for pharmacies which has been very successful. • Optometrists: Ongoing, A total of four educational events have taken place recently and all have received excellent reviews. A joint event is planned with NES soon. This event will be run by NES but facilitated locally. A fine example of joint working
Increased shared care, access to service and patient experience within community Optometry	<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
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. The ANIA T2 Digital Diabetes Remission Programme successfully launched in NHS A&A on 3.03.26.

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. Delay in implementation date has been requested to allow time to establish a digital system for tracking test requests and results, as a paper-only process is unsafe.
Adopt new innovations: Before the end of 2025-26, start using genetic testing for newborn babies with bacterial infections	<ul style="list-style-type: none">• A pathway will be established across Scotland for newborn babies to receive a genetic test via a point-of-care device to inform what drug they are given to manage an infection.

Digital

Delivery Plan Improvement Actions - 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. Governance Framework: Drafted a formal SBAR in collaboration with the Portal working group to define Role-Based Access Control (RBAC). Progressing the SBAR through formal Board governance to establish a secure and compliant framework for cross-system information sharing.