NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 10 August 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; and
- 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; and
- **Better Care** – Improving your experience of care.

2. Report summary

2.1 Situation

This report has been aimed at providing NHS Board members with insight and intelligence on areas of improvement, persistent challenges, and emerging risks against Delivery Plan trajectories and national standards.

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.

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;
- Workforce; and
- Quality.

2.2 Background

The performance data reflects activity and outcomes up to June 2026 where possible. This is aligned to the Delivery Plan measures outlined in the 2025/26 Delivery Plan with trajectories rolled forward from March 2026 pending the 2026/27 trajectories being agreed. It is also aligned to the strategic ambitions of NHS Scotland. The report is structured around monthly and quarterly reporting cycles and includes divisional accountability across Acute, Health and Social Care Partnerships (HSCPs), Quality and Workforce. The data is drawn from local management reports and national sources including Public Health Scotland.

2.3 Assessment

The latest monthly performance data within this report is mainly for the period up to June 2026, although for some measures only May 2026 data are available.

Executive Performance Summary

New Outpatients

- The focus on reducing long waits for a NOP appointment resulted in 522 patients waiting over 52 weeks at the end of June 2026. Only 34 patients were waiting over 78 weeks and 2 patients were waiting over 104 weeks. A total of 41,979 patients were waiting for a new outpatient appointment and 9,730 appointments were delivered during June. While progress has been made in reducing the longest waits, challenges remain within Ophthalmology, Respiratory and ENT services.

Inpatients/Day Cases

- At the end of June 2026, 9,368 patients were waiting for an IP/DC treatment, including 890 patients waiting over 52 weeks. Activity increased compared to May 2026. Despite the reduction in the overall waiting list, the number of

patients waiting over 52 weeks increased. The longest waits continue to be concentrated within Trauma & Orthopaedics and ENT, where further improvement is required.

Radiology/Imaging

- During June 2026, 4,170 imaging tests were delivered, with 89.1% of patients receiving their test within 6 weeks. While performance remained below the 95% standard, compliance across most imaging modalities was strong. The principal challenge continues to be MRI services, where the majority of patients waiting longer than 6 weeks are concentrated.

Endoscopy

- Activity levels increased during May 2026 and achieved the rolled-forward March 2026 Delivery Plan trajectory. Despite this, 1,554 patients were waiting longer than 6 weeks for an endoscopic test. The greatest challenges continue to be within upper GI endoscopy, lower GI endoscopy and colonoscopy services, while cystoscopy performance remains strong, with waits above 6 weeks remaining within planned levels.

Cancer

- Performance against both national Cancer Standards remained strong in May 2026. A total of 89.0% of patients started treatment within 62 days of referral and 99.3% started treatment within 31 days of the decision to treat, exceeding the 2026/27 trajectories for both measures. Performance also compared favourably to the Scotland position, where 73.6% of patients started treatment within 62 days and 95.2% within 31 days. The national Cancer HEAT map continues to demonstrate NHS Ayrshire & Arran's strong relative performance compared to other territorial NHS Boards.

Musculoskeletal

- Access to MSK services remains challenging, with 35.5% of patients seen within the 4-week standard in June 2026. Performance remains below both the national standard of 90% and the planned trajectory of 45%, highlighting the continued need to reduce waiting times and improve timely access for patients.

Mental Health

- CAMHS and Drug and Alcohol Services continued to meet and exceed the 90% national standard. Psychological Therapies performance reduced to 81.0% in May 2026, falling below both the national standard and the local trajectory of 92.0%. This represents a notable departure from the sustained performance achieved throughout 2025/26 and reflects a combination of workforce pressures, staff absence and changes to reporting within one specialty.

Urgent Care

- Ayrshire Urgent Care Service continued to achieve all performance standards during June 2026, including NHS 24 response times, clinician contacts, Call

Before Convey and the Emergency Services Mental Health pathway. These services continue to support patients to access the most appropriate care and contribute to reducing avoidable attendance and conveyance to Emergency Departments.

Unscheduled Care

- **ED Performance**: Performance across Emergency Departments remained under significant pressure during June 2026. Against the national standard of 95%, 52.5% of patients were admitted, transferred or discharged within 4 hours. An average of 32 patients waited more than 12 hours each day, reflecting ongoing challenges in maintaining timely patient flow through the acute care pathway. Delays in patient flow also continued to impact ambulance turnaround performance, with 47% of handovers completed within 60 minutes. Patients spent an average of 5 hours and 58 minutes within Emergency Departments, highlighting the continued impact of system-wide capacity and flow pressures.
- **Patient Flow:** Patient flow through acute services remains challenging. The proportion of patients discharged on the same day from Acute Frailty Units improved to 11%, whilst 87% of patients attending Combined Assessment Units were discharged or transferred within 72 hours. Whilst both measures have improved, performance remains below planned trajectories. Acute hospital occupancy remained high at 92.9% of funded beds at the end of June 2026. The average length of stay for emergency inpatients was 9.0 days, compared to the trajectory of less than 6 days, reflecting continuing pressure on patient flow and bed availability. The number of patients with a non-delayed length of stay exceeding 14 days reduced from a peak of 241 in December 2025 but remained elevated at 199 in June 2026, more than double the planned trajectory of 95 patients. These patients continue to occupy acute bed capacity that could otherwise support admission flow from Emergency Departments and assessment areas.

Delayed Discharges

- Delayed discharges continue to be a significant constraint on patient flow and acute hospital capacity. At the May 2026 census point, 298 patients were delayed, an increase from 291 in the previous month, with all three HSCP areas reporting a deterioration in performance. Occupied bed days attributable to delay increased from 7,874 in April 2026 to 8,864 in May 2026, further reducing bed availability and contributing to sustained pressure across the urgent and unscheduled care system.

Workforce

- Performance and Development Reviews (PDR) compliance was 48% in June 2026. Performance has remained relatively stable over the past year, with little variation in compliance levels.
- Mandatory and Statutory Training (MAST) compliance improved to 79% in June 2026, increasing from 77% in the previous month.
- Sickness absence reduced slightly to 6.06% in May 2026, comprising 1.70% short-term absence and 4.36% long-term absence.
- Maternity leave accounted for 2.08% of the workforce in May 2026.

- Workforce stability was maintained during June 2026, with 37.5 starters and 33.12 leavers recorded during the month.
- The number of substantive staff in post remained stable at 9,709.45 whole-time equivalent in May 2026.
- The quarterly staff turnover rate remained low at 1.06% at the end of Quarter 1 2026/27.

Quality

- The rate of patient falls across acute services has continued to improve, with a sustained reduction since January 2023. The median falls rate has reduced by 13%, demonstrating continued improvement in reducing harm associated with inpatient falls.
- Pressure ulcer rates across acute services have shown a sustained increase since May 2022. The median rate has increased by 8% over this period, indicating a continued deterioration in performance.
- Cardiac arrest rates remain variable. Whilst the most recent five data points are below the local median, performance remains above the national median rate.
- Mortality performance remains positive, with both acute hospital sites continuing to perform below the national average Hospital Standardised Mortality Ratio (HSMR) of 1.0.
- Healthcare-associated infection indicators remain within expected levels of variation and continue to operate within statistical control limits.
- Complaints handling performance remains mixed. Stage 1 performance has improved but remains below target, whilst Stage 2 performance has declined. A Phase 2 complaints improvement sprint is underway.
- Timely completion of Significant Adverse Event Reviews (SAERs) remains challenging. At the end of June 2026, 75 reviews (69%) were overdue for completion, representing a slight deterioration compared to the previous month.

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, 27 July 2026; and
- Performance Governance Committee, 30 July 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