NHS Ayrshire & Arran

Appendix 1 – NHS Board Performance Report

As at end June 2026

Executive Summary

Responsible Directorate:

Acute | HSCPs

Reporting cycle: Monthly
Report Date: June 2026

Executive Summary – Planned Care, MSK and Mental Health Waiting Times

Monthly trajectories have been submitted to Scottish Government for both New Outpatient and Inpatient/Daycase waits over 52 weeks and Cancer 62 and 31 days. All other measures are reported against the rolled forward March 2026 Delivery Plan target pending the 2026/27 trajectories being agreed.

- **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.
- **Inpatient/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.
- **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.
- **MSK:** 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 Services:** 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.

Scorecard - Service

Responsible Directorate:

Acute | HSCPs

Reporting cycle: Monthly
Report Date: June 2026

Service Area	NHS Ayrshire & Arran KPIs	Executive Lead	Target	Actual	Latest RAG	↑↓	Data up to
Planned Care - NOP	NOP Waiting List >52 weeks	Director of Acute Services	304	522	Red	↑	Jun-26
Planned Care - NOP	NOP Waiting List >78 weeks	Director of Acute Services	n/a	34	Amber	⇔	w/c 6/07/26
Planned Care - NOP	NOP Waiting List >104 weeks	Director of Acute Services	n/a	2	Amber	↑	w/c 6/07/26
Planned Care - TTG (IP/DC)	TTG (IP/DC) Waiting List >52 weeks	Director of Acute Services	890	850	Amber	↓	Jun-26
Planned Care - TTG (IP/DC)	TTG (IP/DC)Waiting List >78 weeks	Director of Acute Services	n/a	190	Amber	↓	w/c 3/07/26
Planned Care - TTG (IP/DC)	TTG (IP/DC)Waiting List >104 weeks	Director of Acute Services	n/a	30	Amber	↓	w/c 3/07/26
Planned Care - Diagnostics Imaging	Diagnostic 6wk Imaging % Compliance and by Test	Director of Acute Services	95.0%	89.1%	Red	↓	Jun-26
Planned Care - Diagnostics Imaging	Diagnostic Imaging WL>6 weeks and by Test	Director of Acute Services	355	458	Red	↑	Jun-26
Planned Care - Endoscopy	Endoscopy 6wk % Compliance	Director of Acute Services	95%	89%	Red	↑	Jun-26
Planned Care - Endoscopy	Endoscopy Waiting List >6 weeks	Director of Acute Services	613	1,554	Red	↑	Jun-26
Cancer	Cancer 62 days % Compliance	Director of Acute Services	81.8%	89.0%	Green	↑	May-26
Cancer	Cancer 31 days % Compliance	Director of Acute Services	98.0%	99.3%	Green	↓	May-26
MSK	MSK 4 weeks % Compliance	Director of Acute Services	45%	35.5%	Red	↑	Jun-26
Mental Health	CAMHS 18wk % Compliance	HSCP Directors	90%	100%	Green	⇔	May-26
Mental Health	Psychological Therapies 18wk % Compliance	HSCP Directors	92%	81.0%	Red	↓	May-26
Mental Health	Drug & Alcohol Treatment 3wk % Compliance	HSCP Directors	90%	100%	Green	↑	May-26

- Value has increased, indicates improvement
- Value has decreased, indicates improvement
- Value has decreased, indicates deterioration
- Value has increased, indicates deterioration
- Performance has remained the same
- Insufficient data available to allow comparison

Executive Summary

Responsible Directorate:

Acute | HSCPs

Reporting cycle: Monthly
Report Date: June 2026

Executive Summary – Urgent Care, Unscheduled Care, Reducing Acute Bed Footprint and Delayed Discharges
March 2026 Delivery Plan targets have been rolled forward pending the 2026/27 trajectories being agreed

- **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.
- **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.

Scorecard – Service

Responsible Directorate:

Acute | HSCPs

Reporting cycle: Monthly
Report Date: June 2026

Service Area	NHS Ayrshire & Arran KPIs	Executive Lead	Target	Actual	Latest RAG	↑↓	Data up to
Urgent Care	AUCS Clinician Contacts not requiring ED attendance	HSCP Directors	85%	88%	Green	↓	Jun-26
Urgent Care	Call Before Convey (% Not Conveyed)	HSCP Directors	85%	93%	Green	↔	Jun-26
Unscheduled Care	ED 4hr Compliance (National standard *Scheduled and Unscheduled)*	Director of Acute Services / HSCP Director	95%	52.5%	Red	↓	Jun-26
Unscheduled Care	Reduce ED 12hr delays (average per day)	Director of Acute Services / HSCP Director	9	32	Red	↔	Jun-26
Unscheduled Care	Ambulance Turnaround within 60 minutes (%)	Director of Acute Services / HSCP Director	72%	47%	Red	↓	Jun-26
Unscheduled Care	ALOS (Days) Emergency Admissions	Director of Acute Services / HSCP Director	3h 50m 00s	5h 57m 42s	Red	↑	Jun-26
Unscheduled Care	AFU Same Day Discharges	Director of Acute Services / HSCP Director	11%	50%	Red	↑	Jun-26
Unscheduled Care	CAU movements within 72 hrs	Director of Acute Services / HSCP Director	87%	100%	Red	↑	Jun-26
Unscheduled Care	Acute Occupancy (Total Funded Beds)	Director of Acute Services / HSCP Director	92.9%	105%	Green	↓	Jun-26
Unscheduled Care	Non Delayed LOS (over 14 days)	Director of Acute Services / HSCP Director	95	199	Red	↑	Jun-26
Unscheduled Care	HaH Acute Elderly: New Admissions	Director of Acute Services / HSCP Director	n/a	62	n/a	−	Jun-26
Hospital at Home	HaH Acute Elderly: Patients in Service	Director of Acute Services / HSCP Director	n/a	81	n/a	−	Jun-26
Hospital at Home	HaH Acute Elderly: Bed days Avoided	Director of Acute Services / HSCP Director	n/a	618	n/a	−	Jun-26
Delayed Discharges	Total Delayed Discharges (all delay reasons) - All Ayrshire Residents	Director of Acute Services / HSCP Director	166	298	Red	↑	May-26
Delayed Discharges	Delayed Discharges OBDs - All	Director of Acute Services / HSCP Director	n/a	8,864	n/a	↑	May-26
Delayed Discharges	Delayed Discharges in Acute hospitals (all delay reasons) - All Ayrshire Residents	Director of Acute Services / HSCP Director	113	183	Red	↑	May-26
Delayed Discharges	Delayed Discharges OBDs - Acute	Director of Acute Services / HSCP Director	n/a	1,141	n/a	↑	May-26

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↔ Performance has remained the same

− Insufficient data available to allow comparison

Executive Summary

Responsible Directorate:

OHRD

Reporting cycle: Monthly
Report Date: June 2026

Executive Summary - 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:** Sickness absence reduced slightly to 6.06% in May 2026, comprising 1.70% short-term absence and 4.36% long-term absence.
•**Maternity Leave:** Maternity leave accounted for 2.08% of the workforce in May 2026.
•**Starters and Leavers:** Workforce stability was maintained during June 2026, with 37.5 starters and 33.12 leavers recorded during the month.
•**Staff in Post:** The number of substantive staff in post remained stable at 9,709.45 whole-time equivalent in May 2026.
•**Turnover:** The quarterly staff turnover rate remained low at 1.06% at the end of Quarter 1 2026/27.

Scorecard - Workforce

Responsible Directorate:

OHRD

Reporting cycle: Monthly
Report Date: June 2026

Service Area	NHS Ayrshire & Arran KPIs	Executive Lead	Target	Actual	Latest RAG	↑↓	Data up to
PDR	PDR completion rate	Human Resources Director	80% national 60% local	48%	Red	↑	Jun-26
MAST	MAST completion rate	Human Resources Director	96%	79%	Red	↑	Jun-26
Sickness Absence	Sickness Absence	Human Resources Director	4% national standard /May delivery plan target 5.41%	6.06%	Red	↓	May-26
Maternity Leave	Maternity %	Human Resources Director	For info - 3 year average rate = 1.79%	2.08%	Red	↑	May-26
Starters and Leavers	Starters and Leavers	Human Resources Director	n/a	Starters = 37.50 WTE / Leavers 33.12 WTE	n/a	−	Jun-26
WTEs	WTEs in post	Human Resources Director	n/a	9,709	n/a	−	Jun-26
Turnover	Turnover Rate (Quarterly)	Human Resources Director	n/a	1.06%	n/a	−	Q1 2026/27
iMatter	iMatter (Annual)	Human Resources Director	n/a	55% Response / 78% EEI [2025]	n/a	−	Jul-26

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Executive Summary

Responsible Directorate:

Nurse Directorate

Reporting cycle: Quarterly
Report Date: June 2026

Executive Summary – Quality

- **Falls:** 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 Ulcers:** 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 Arrests:** 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 (HSMR):** 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 Infections:** Healthcare-associated infection indicators remain within expected levels of variation and continue to operate within statistical control limits.
- **Complaints Handling:** 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.
- **Significant Adverse Event Reviews:** Timely completion of Significant Adverse Event Reviews remains challenging. At the end of June 2026, 75 reviews (69%) were overdue for completion, representing a slight deterioration compared to the previous month.

Scorecard - Quality

Responsible Directorate:

Nurse Directorate

Reporting cycle: Monthly
Report Date: June 2026

Service Area	NHS Ayrshire & Arran KPIs	Executive Lead	Performance	Latest RAG	↑↓	Data up to
Falls	Acute Inpatient Falls Per 1,000 Occupied Bed Days	Executive Nurse Director	NHSAA aim to reduce inpatient falls by 10% by Sept 2026. National SPSP programme relaunch in 2025-2026. No revised national aim available as yet	Normal Variation	⊖	Jun-26
Pressure Ulcers	Acute Hospital Acquired Pressure Ulcers per 1,000 Occupied Bed Days	Executive Nurse Director	NHSAA aim to reduce hospital acquired pressure ulcers by 15% by September 2026. National SPSP programme relaunch in 2025-2026. No national aim available as yet.	Normal Variation	⊖	Jun-26
Cardiac Arrests	Rate of Cardiac Arrests per 1,000 discharges	Executive Nurse Director	NHSAA aim is a reduction by 25% of cardiopulmonary resuscitation attempts in acute sites by March 2026. National SPSP programme relaunch in 2025-2026. No revised national aim available.	Normal Variation	⊖	Jun-26
HSMR	Hospital Standardised Mortality Rate (HSMR)	Executive Nurse Director	The Scottish HSMR has a baseline of 1.00 and individual hospitals/health boards are compared to this.	Green	⊖	Jun-26
IPC	Gram-negative bacteraemia (healthcare associated E coli bacteraemia) (ECB)	Executive Nurse Director	209 cases of HCA Escherichia coli bacteraemia (ECBs)	Normal Variation	⊖	Jun-26
IPC	Staphylococcus aureus bacteraemia (SAB)	Executive Nurse Director	87 cases of HCA Staphylococcus aureus bacteraemia	Normal Variation	⊖	Jun-26
IPC	Clostridioides difficile infection (CDI)	Executive Nurse Director	70 cases of HCA Clostridioides difficile infection (CDI)	Normal Variation	⊖	Jun-26
Complaints	Complaints closed at Stage 1 with 5-10 working days, as as a % of closed Stage 1s	Executive Nurse Director	Target of 85% compliance for closing stage 1 within this timescale	Amber	⊖	Jun-26
Complaints	Complaints closed at Stage 2 within 20 working days, and as a % of closed Stage 2s	Executive Nurse Director	Target of 75% compliance for closing stage 2 within this timescale	Red	⊖	Jun-26
SAERs	Overdue Significant Adverse Event Reviews	Executive Nurse Director	HIS National Framework for Reviewing and Learning from Adverse Events describes the review stage of a SAER as 'Review completed, and report submitted for approval within 90 working days from commissioning date'	Red	⊖	Jun-26

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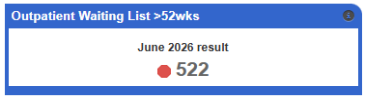
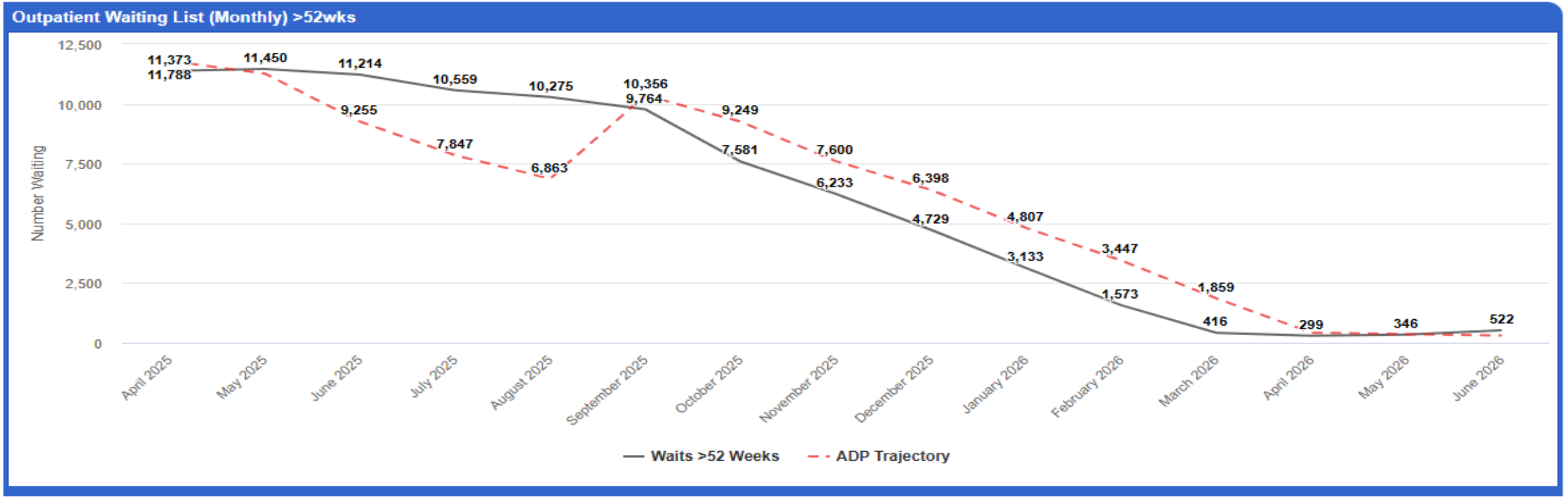
Planned Care

New Outpatient Waiting List >52 weeks



- The total number of patients waiting for a New Outpatient appointment >52 weeks should be below 304 ***by June 2026***

Please note monthly trajectories agreed until June 2026

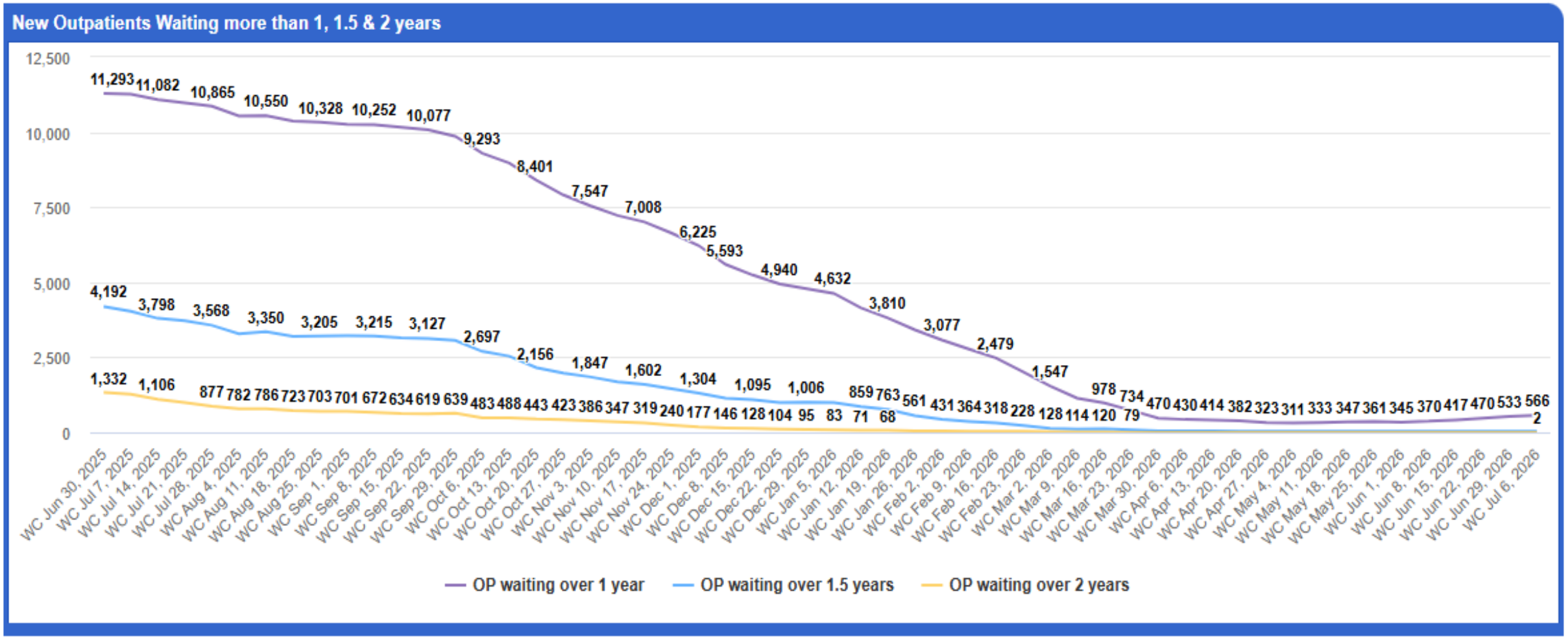


Current Position: The number of patients waiting over 52 weeks in June 2026 was 522 which is a worsening position from the previous month. This exceeded and did not achieve the planned trajectory of fewer than 304 patients waiting. A total of 9,730 outpatient appointments were delivered during June 2026.

Current Position Against National Target: No relevant target. 0.86% waiting over 52 weeks in May 2026, this compares to 2.94% at a National level (adjusted wait length) - published data from Public Health Scotland is available to May 2026.

Target for March 2027: Address long Inpatient/Day Case waiting times working towards national target of no patients >52wks within this calendar year and a provisional trajectory of a maximum of 850 patients waiting >52wks by June 2026

New Outpatient Waiting List >52, >78 & >104 weeks – Specialty detail (Weekly)



Current Position: The number of patients waiting over 52 weeks in w/c 6th July was 566. The number of patients waiting over 78 weeks was 34 and 2 patients were waiting over 104 weeks.

New Outpatient Waiting List >52, >78 & >104 weeks – Specialty detail (Weekly)

New OP waiting more than 1 year

Title	Value	History
Cardiology-Number of O...	0	
General Medicine-Numb...	0	
Neurosurgery-Number o...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Pain Management-Num...	0	
Paediatric Surgery-Num...	0	
Restorative Dentistry-Nu...	0	
T&O:Trauma & Orthopa...	0	
Neurology-Number of O...	1	
Paediatrics-Number of ...	1	
Urology-Number of Outp...	1	
Dermatology-Number of...	2	
Diabetes/Endocrinology-...	2	
Gastroenterology-Numb...	3	
General Surgery (inc Va...	6	
Gynaecology-Number of...	8	
Plastic Surgery-Number ...	13	
Rheumatology-Number ...	37	
OMFS:Oral & Maxillofac...	62	
Anaesthetics-Number of...	64	
Other-Number of Outpat...	66	
Respiratory Medicine-N...	86	
ENT(Ear, Nose & Throat...	94	
Ophthalmology-Number ...	120	

1 of 1

New OP waiting more than 1.5 years

Title	Value	History
Anaesthetics-Number of...	0	
Cardiology-Number of O...	0	
Gastroenterology-Numb...	0	
General Medicine-Numb...	0	
Gynaecology-Number of...	0	
Neurology-Number of O...	0	
Neurosurgery-Number o...	0	
Oral & Maxillofacial Sur...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Pain Management-Num...	0	
Paediatrics-Number of ...	0	
Paediatric Surgery-Num...	0	
Plastic Surgery-Number ...	0	
Restorative Dentistry-Nu...	0	
Rheumatology-Number ...	0	
Trauma & Orthopaedics-...	0	
Urology-Number of Outp...	0	
Other-Number of Outpat...	0	
Dermatology-Number of...	1	
Diabetes/Endocrinology-...	1	
ENT-Number of Outpati...	1	
Ophthalmology-Number ...	1	
General Surgery (inc Va...	2	
Respiratory-Number of ...	28	

1 of 1

New OP waiting more than 2 years

Title	Value	History
Anaesthetics-Number of...	0	
Cardiology-Number of O...	0	
Dermatology-Number of...	0	
Diabetes/Endocrinology-...	0	
ENT-Number of Outpati...	0	
Gastroenterology-Numb...	0	
General Medicine-Numb...	0	
Gynaecology-Number of...	0	
Neurology-Number of O...	0	
Neurosurgery-Number o...	0	
Ophthalmology-Number ...	0	
Oral & Maxillofacial Sur...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Pain Management-Num...	0	
Paediatrics-Number of ...	0	
Paediatric Surgery-Num...	0	
Plastic Surgery-Number ...	0	
Respiratory-Number of ...	0	
Restorative Dentistry-Nu...	0	
Rheumatology-Number ...	0	
Trauma & Orthopaedics-...	0	
Urology-Number of Outp...	0	
Other-Number of Outpat...	0	
General Surgery (inc Va...	2	

1 of 1

Current Position: At a specialty level, Ophthalmology had the highest number of patients waiting >52 weeks at 120, although at >78 and >104 weeks, Ophthalmology were performing well with only 1 patient waiting more than >78 weeks.

Outpatients

Deliverable Summary

Address long Inpatient/Day Case waiting times working towards national target of no patients >52wks within this calendar year and a provisional trajectory of a maximum of 850 patients waiting >52wks by June 2026

Improvement Actions	Monthly Progress
Increase Productivity and Efficiency Reduce demand through expansion of ACRT & PIR. Reduce wasted capacity by reducing 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.	Actual at 29 June: 533 versus plan 304. Several interim dashboards and reports have been developed to enable weekly monitoring of actual versus planned activity and performance. YTD (Dec) ACRT is 6%. Highest individual specialties are Rheumatology (16%) ,Vascular and Neurology (both 12%) and Cardiology (13%). Lowest is Plastic Surgery (0%). In all specialties NHSAA ACRT is bellow the NHS Scotland 75% percentile however investigations are ongoing into inter-board counting differences. YTD recorded PIR is 4%. Orthopaedics continues to be the highest specialty(13%) and then Cardiology (7%). Reducing DNAs group met 6 times. Several spot audits of recent DNAs undertaken and work underway to design smart survey to make this more sustainable. Social media campaign re DNAs went live in May 2026. An additional engagement with clinical staff re. DNAs is being developed for roll-out in 2026/27 commencing with presentation to CD Forum in July. Benign Skin Lesion Triage meeting 6-weekly. Updated outcomes = 72% referrals returned to referrers as not met national criteria. Allocate e-job planning: Completed job plans are at 23% with a further 18% awaiting approval and 59% under discussion. Diabetes and Endocrinology redesign progressed very well through 2025/26, with all >52wk waits eliminated by end March 2026 from a peak of 1216 in Sept 24.

Outpatients

Deliverable Summary

Address long Outpatient waiting times working towards national target of no patients >52wks within this calendar year and a provisional trajectory of a maximum of 304 patients waiting >52wks by June 2026

Improvement Actions	Monthly Progress
Optimise opportunities for regional working and mutual aid. **Dermatology** Progress/scale up NECU Image capture and triage initiative. **Minor Ops/Skin lesions** Deliver backlog reduction through mutual aid NHSFV. **Diabetes & Endocrinology** Deliver increased capacity and sustainability through agreeing and implementing SLA with NHSFV. **Respiratory Sleep Pathway** Deliver increased capacity and sustainability through agreeing and implementing SLA with NHSGGC. Deliver supplemental short-term capacity in line with the agreed Planned Care planning template and additional Scottish Government funding. Procure and implement Insourcing contracts for Ophthalmology, Gastroenterology, Respiratory, Dermatology. **Digital Dermatology** Implement CfSD ANIA Digital Dermatology. Ophthalmology: Implement Open Eyes to enable introduction of community glaucoma scheme and release capacity within the acute service.	**Dermatology re-assessment campaign** Phase 1 now fully completed with 1054 patients photographed and all fully outcomed. Phase 2 1001 patients, commenced in November and now completed. Phase 3 (small scale trial for non-lesion patients) was undertaken in February with 14 patients photographed however outcome was that this is not considered an effective approach. Phase 4 cohort is paused pending resolution of issues with licence for Consultant Connect photo app and issues in processes for payment of staff involved in mutual aid **Skin Lesion** biopsy backlog reduction via NHSFV mutual aid well established however, paused from July due to issues in the process of staff payment for mutual aid. **Diabetes & Endocrinology** SLA finalised with NHSFV and commenced in January 2026. **Respiratory** sleep apnoea pathway, short term plan progressing well, input from consultants in other Health Boards resulting in reduction in patients >52wks from 480 in Oct 2025 to 91 at 29 May, with ongoing work reducing this further. Service are exploring new model of care which would be largely physiologist delivered, pending funding confirmation **Contract extensions** in place for Ophthalmology, Neurology, Dermatology, Gastroenterology, Diabetes, General Surgery. & Endoscopy. These will be re-tendered over summer 2026 once funding is confirmed. A new Dermatology insourcing supplier is fully operational. **Digital Dermatology** The final report received by NHSAA showed for period 15/03/2026 - 29/03/2026, 608 dermatology referrals received from 18 practices (previous report 21), 50% with images attached and 20.4% of images via consultant connect app. **Community Glaucoma Service** went live in February although rollout will be staged. As at 29/03, 626 patient notes have been reviewed and 297 identified as suitable for transfer to primary care, 71 actual transfers completed, with the remaining 226 to be transferred once letters produced. SG estimate 1450 NHSAA glaucoma patients should be suitable for transfer to community optometry once fully rolled out. **Open Eyes** further delayed to May 26.

Inpatient/Day Case Waiting List >52 weeks

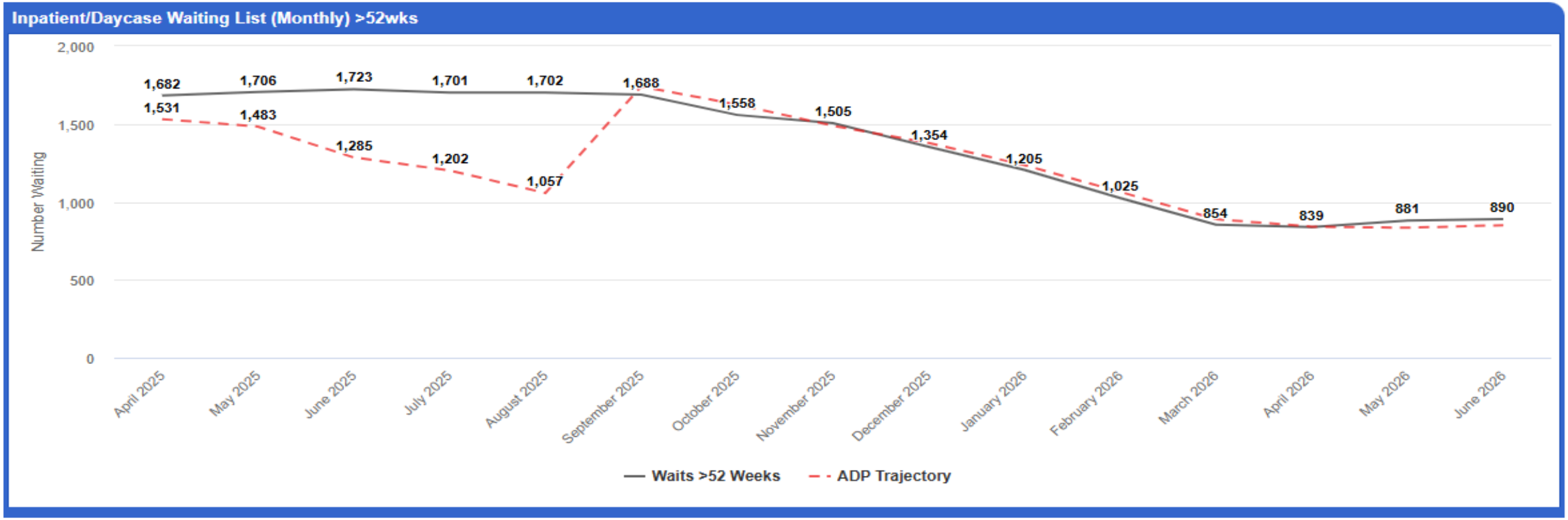
Inpatient/Daycase Waiting List >52wks

June 2026 result

▲ 890

- The total number of patients waiting for Inpatient/Day case treatment >52 weeks should be below 850 ***by June 2026***

Please note monthly trajectories agreed until June 2026

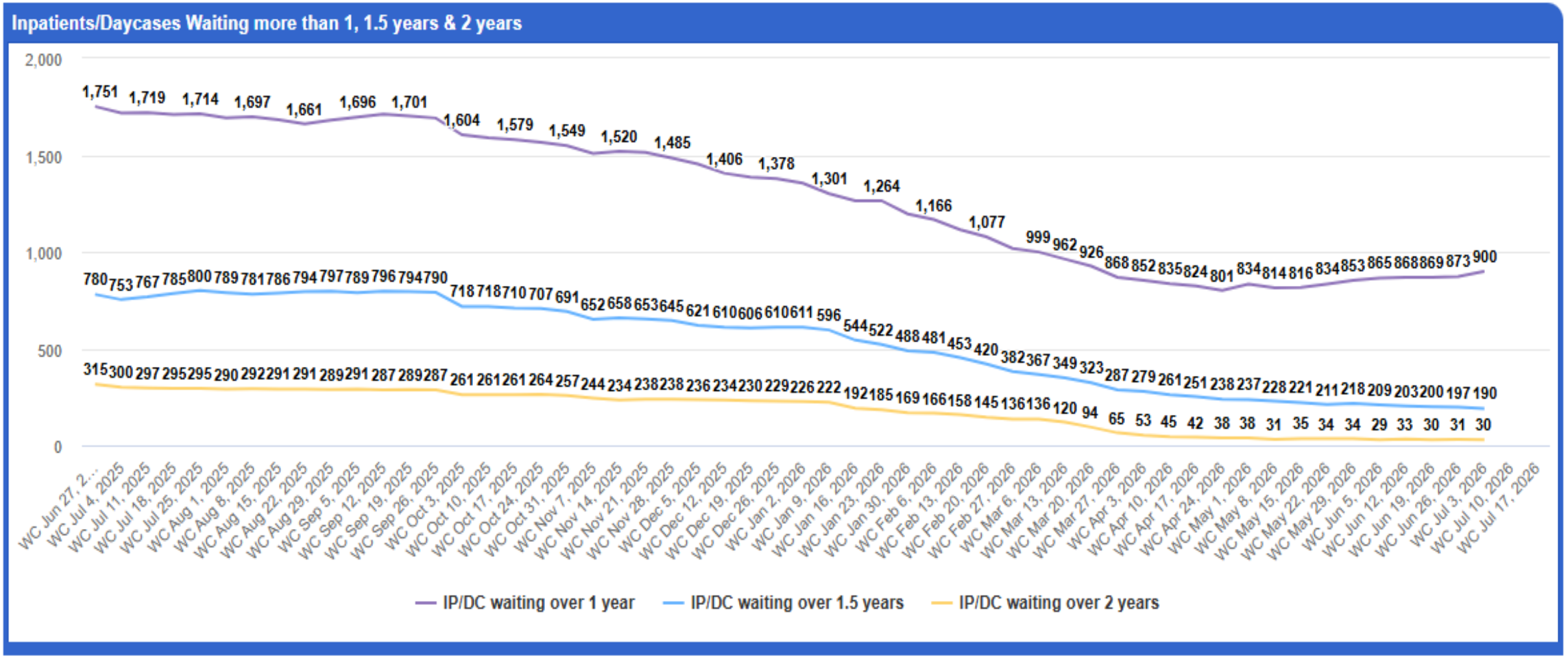


Current Position: The number waiting over 52 weeks was 890 in June 2026 which is a worsening position from the previous month. This exceeded and did not achieve the planned trajectory of fewer than 850 patients waiting. A total of 1,416 Inpatient/Day Case appointments were delivered during June 2026.

Current Position Against National Target: No relevant target. 8.70% waiting over 52 weeks in May 2026, this compares to 10.97% at a National level (adjusted wait length) - published data from Public Health Scotland is available to May 2026.

Target for March 2027: Address long Inpatient/Day Case waiting times working towards national target of no patients >52wks within this calendar year and a provisional trajectory of a maximum of 850 patients waiting >52wks by June 2026

Inpatient/Day Case Waiting List >52, >78 & >104 weeks – Specialty detail



Current Position: The number of patients waiting over 52 weeks in w/c 3rd July 2026 was 900. The number of patients waiting over 78 weeks was 190 and 30 patients waiting were waiting over 104 weeks.

Inpatient/Day Case Waiting List >52, >78 & >104 weeks – Specialty detail

IPDC waiting more than 1 year

Title	Value ▲	History
Gastroenterology-Numb...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Rheumatology-Number ...	0	
Other-Number of Inpatie...	0	
Urology-Number of Inpa...	4	
Plastic Surgery-Number ...	10	
General Surgery (inc Va...	13	
Oral and Maxillofacial S...	17	
Gynaecology-Number of...	90	
ENT-Number of Inpatien...	100	
Ophthalmology-Number ...	125	
Trauma & Orthopaedics-...	541	

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IPDC waiting more than 1.5 years

Title	Value ▲	History
Gastroenterology-Numb...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Rheumatology-Number ...	0	
Urology-Number of Inpa...	0	
Other-Number of Inpatie...	0	
Ophthalmology-Number ...	1	
General Surgery (inc Va...	2	
Plastic Surgery-Number ...	2	
Oral & Maxillofacial Sur...	3	
Gynaecology-Number of...	9	
ENT-Number of Inpatien...	30	
Trauma & Orthopaedics-...	143	

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IPDC waiting more than 2 years

Title	Value ▲	History
Gastroenterology-Numb...	0	
Gynaecology-Number of...	0	
Neurology-Number of In...	0	
Ophthalmology-Number ...	0	
Oral & Maxillofacial Sur...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Plastic Surgery-Number ...	0	
Rheumatology-Number ...	0	
Urology-Number of Inpa...	0	
Other-Number of Inpatie...	0	
General Surgery (inc Va...	1	
ENT-Number of Inpatien...	10	
Trauma & Orthopaedics-...	19	

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Current Position: At a specialty level, Trauma & Orthopaedics have the longest patients waiting at over 52, 78 and 104 weeks. Trauma & Orthopaedics accounted for 60% of the overall waits over 52 weeks.

Inpatients/Day Cases

Deliverable Summary

Address long Inpatient/Day Case waiting times working towards national target of no patients >52wks within this calendar year and a provisional trajectory of a maximum of 850 patients waiting >52wks by June 2026

Improvement Actions	Monthly Progress
Increase Productivity and Efficiency 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 both through recruitment and insourcing from independent sector. Progress and use DCAQ analysis to inform longer term investment in workforce. Improve productivity through further expansion of CfSD/National Plan initiatives: minimum number cataract lists, orthopaedics 4 joint lists.	Actual at 29 June : 803 versus plan 768. Refreshed Theatre Improvement Group, and theatre planning and scheduling meetings have been established on both supporting implementation of 6-4-2 from April 26. Theatre Nursing Team Insourcing contract awarded and commenced 06/10. Additional surgical staff commenced with SG funding: 2 NHS locum consultant general surgeons and one agency locum ENT surgeon started in Sept 25, Substantive ENT consultant commenced in January, and second substantive ENT post is recruited and commences in Sept 26. Additional intermittent locums also in place for plastic surgery and anaesthetics. Orthopaedics 4-joint lists made up 18% of arthroplasty lists in April 26 (most recently published data), which is a drop compared to previous months. It is notable that as NTC capacity expands, the proportion of 4-joint lists in non-NTC boards is decreasing which may reflect a changing balance of complexity of the cases which remain in Boards. Cataract minimum list size (7 in morning, 6 in afternoon) being delivered as BAU. Service review analyses completed in ENT, Dermatology, General Surgery and Ophthalmology Opportunities identified in the analyses are now being progressed via 2 Best Value projects in theatres and outpatients. A weekly elective Saturday theatre list established since October. Recruitment to theatre nursing at UHA linked to first tranche of Access funding has been successfully concluded allowing for a regular Saturday elective list.

Inpatients/Day Cases

Deliverable Summary

Address long Inpatient/Day Case waiting times working towards national target of no patients >52wks within this calendar year and a provisional trajectory of a maximum of 850 patients waiting >52wks by June 2026

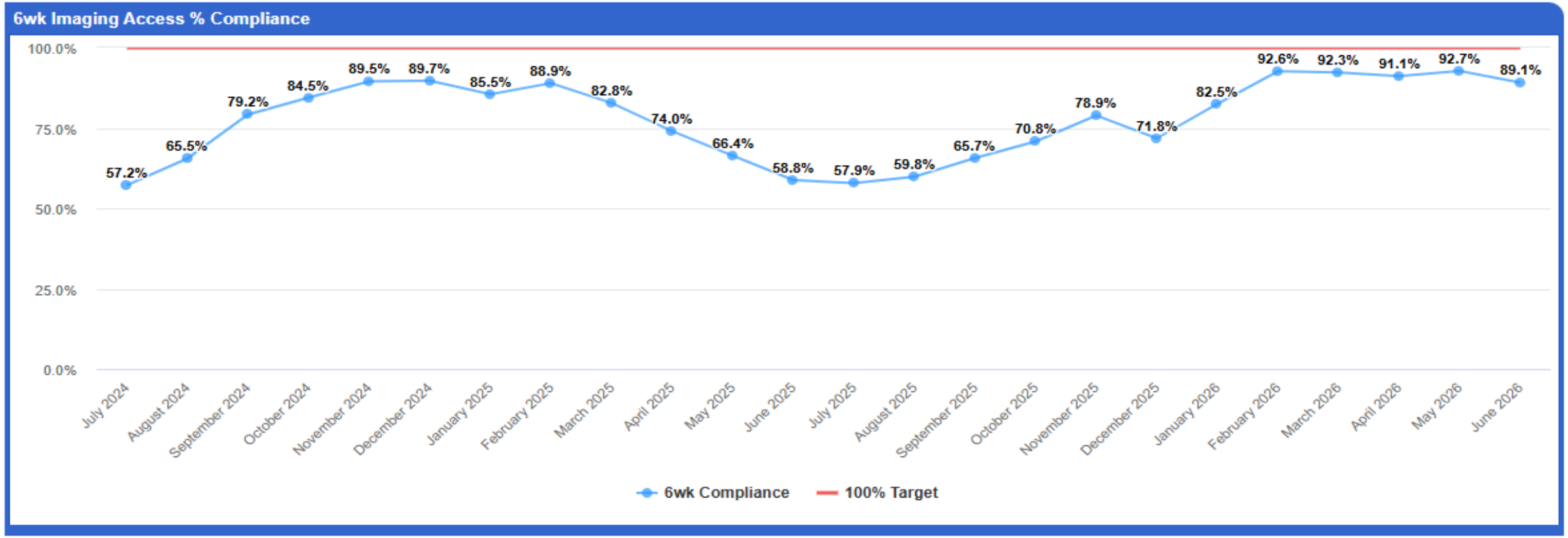
Improvement Actions	Monthly Progress
Deliver supplemental short-term capacity in line with the agreed Planned Care planning template and additional Scottish Government funding: Deliver additional WLI and insourcing capacity in line with local plan. Implement the Theatre Scheduling tool.	Additional activity was monitored weekly with exception reporting where there is variance from plan. Ophthalmology Insourcing TTG activity is 102 below plan as at June 26, but is being offset by over-delivery of insourced ophthalmology outpatients. General Surgery Insourcing contract commenced in December, delivering to plan and impacting positively on waiting times. GJNH allocation for 2026/27 increased for 2026/27 for Orthopaedics (705 cases) and Endoscopy (877 cases) and similar activity to 2025/26 in other specialties. Infix Theatre scheduling project team was live in all specialties by end March. Ongoing work focussing on changes to BAU processes to maximise the usage and impact of Infix.

Radiology/Imaging Compliance

6wk Imaging Compliance
June 2026 result
89.1%

- 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)

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



Current Position: Performance decreased from 92.7% in May 2026 to 89.1% in June 2026.

Current Position Against National Target: NHS Ayrshire and Arran failed to meet the 100% National Standard/Target. NHS Ayrshire & Arran (92.3%) continued to report higher levels of compliance compared to the Scottish average (78.3%) - published data from Public Health Scotland is available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Radiology/Imaging Compliance (by test)

- 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)

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

Imaging Performance by Procedure - 100% Target

...	Title	Value	Target	Last Update	History
▲	Imaging - % Non-obstetric US patients waiting <6 weeks	99.2%	100.0%	June 2026	
●	Imaging - % (CT) patients waiting <6wks	91.9%	100.0%	June 2026	
●	Imaging - % Barium Studies patients waiting <6 weeks	91.3%	100.0%	June 2026	
●	Imaging - % (MRI) patients waiting <6wks	76.1%	100.0%	June 2026	

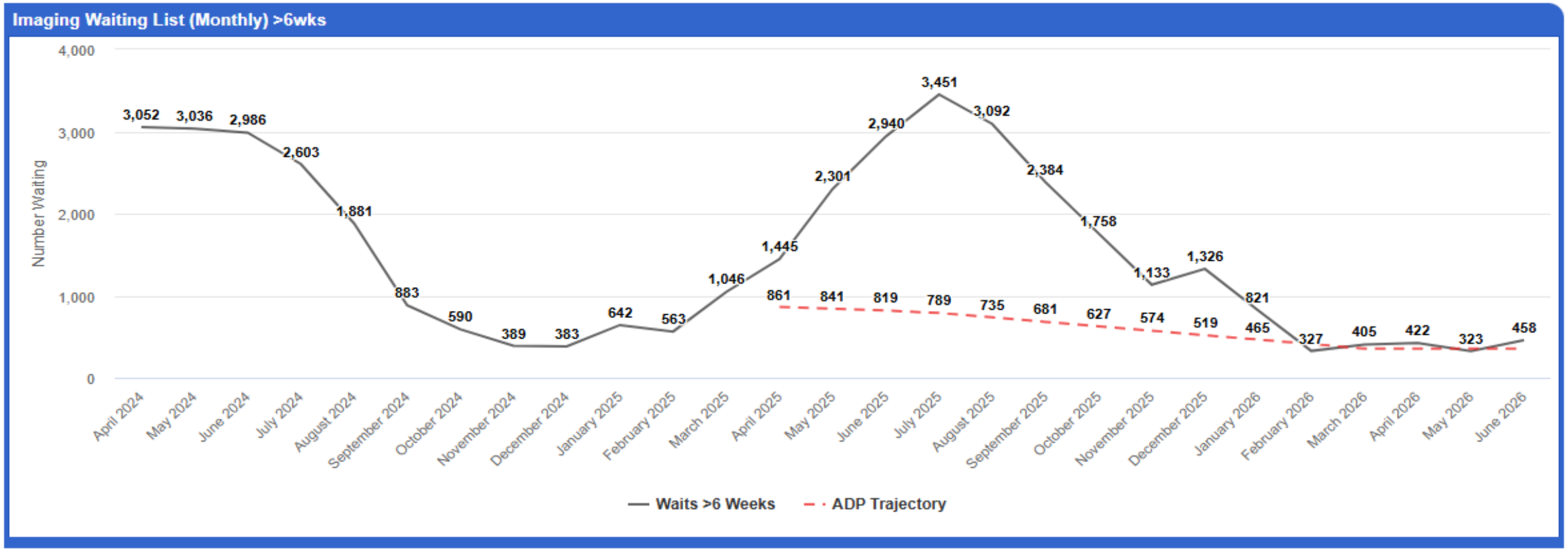
1 of 1

Current Position: Overall performance decreased from 92.7% in May 2026 to 89.1% in June 2026. Of the four tests, MRI is showing the lowest compliance, at 76.1% for June 2026. This is a reduction compared to previous months where the compliance has been above 90% since January 2026.

Radiology/Imaging Waiting List >6 weeks

- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 355

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



<u>*Current Position*</u>: The overall waiting list >6 weeks for Imaging shows increased from 323 in May 2026 to 458 in June 2026. This does not meet the March 2026 rolled forward Delivery Plan trajectory of fewer than 355 patients waiting. In month activity for June 2026 was 4,170.

<u>*Current Position Against National Target*</u>: No relevant target. 7.7% waiting over 6 weeks in March 2026, this compares to 21.7% at a National level - published data from Public Health Scotland is only available to March 2026.

<u>*Target for March 2027:*</u> The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Radiology/Imaging Waiting List >6 weeks (by test)

- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 355

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

Imaging Waiting List (Monthly) >6wks by Test

...	Title	Value	Target	Last Update	History
🔴	Imaging - No. (MRI) patients waiting >6wks - ADP Trajectory	348	22	June 2026	
🟢	Imaging - No. (CT) patients waiting >6wks - ADP Trajectory	95	315	June 2026	
🟢	Imaging - No. Non-obstetric US patients waiting >6wks - ADP Trajectory	13	17	June 2026	
🔴	Imaging - No. Barium Studies patients waiting >6wks - ADP Trajectory	2	1	June 2026	

1 of 1

Current Position: The overall waiting list >6 weeks for Imaging shows an increase from 323 in May 2026 to 458 in June 2026. Of this overall value, MRI makes up the biggest proportion, 76%, with 348 patients waiting. In May 2026 only 98 patients were waiting over 6 weeks for an MRI test.

Radiology/Imaging

Deliverable Summary

Reduce waiting times for key diagnostic tests and investigations working towards national target of a maximum 6 week wait.

Improvement Actions	Monthly Progress
These are split between the various imaging modalities: MRI : 22 patients >6wks CT : 315 Ultrasound: 17 Barium Studies : 1 **Increase Productivity and Efficiency** 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. **Deliver supplemental short-term capacity** Commission mobile MRI scanner for a further 12 months (dependent on funding of National Plan).	Actual at 29 June: 455 patients > 6wks No local trajectory yet for 2026/27. One mobile MRI scanner back on site 12/06-16/07 and then booked again for 17/07-10/08. In process of contracting one mobile MRI for a further 3 months. Extended days for UHA static MRI commenced w/b 05.01.26, monthly activity being monitored. 2 sonographers (1 fully trained and 1 trainee) started in post end Oct and contributing to steady reduction in waiting list, albeit still above trajectory. Number of patients >6wks reduced to 23 at 28.06.26. Ongoing challenges to staffing at CT all sites, due to long term absences and delays in recruitment process. Locum recruited for CT pod to minimise service impact for outpatients. Interviews undertaken and final candidate will commence early July. Further vacancy and ongoing absences. Capacity for NHS AA patients at GJNH for US, CT & MRI scans being fully utilised. Mobile MRI scanner contracted for 96 days, further funding needs to be agreed for Q2-4. DoF has requested move to cheaper supplier, work in progress to complete PSCL, IG / Cybersecurity documentation.

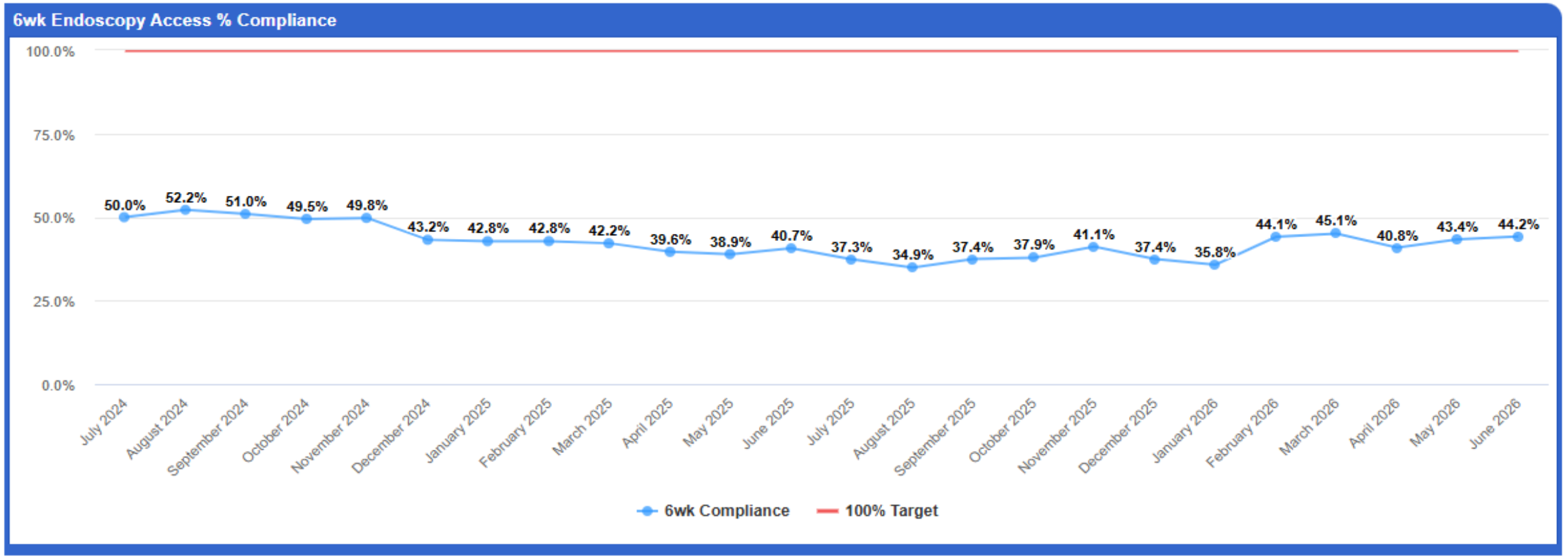
Endoscopy 6 week compliance

6wk Endoscopy Compliance

June 2026 result

44.2%

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



Current Position: The latest compliance for June 2026 was 44.2%, a slight improvement from the previous month.

Current Position Against National Target: No relevant target. 54.9% waiting over 6 weeks in March 2026, this compares to 48.4% at a National level - published data from Public Health Scotland is available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Endoscopy 6 week compliance (by procedure)

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

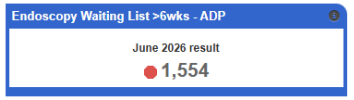
Endoscopy Performance by Procedure - 100% Target

...	Title	Value	Target	Last Update	History
	Endoscopy - % Cystoscopy patients waiting <6 weeks	64.3%	100.0%	June 2026	
	Endoscopy - % Colonoscopy patients waiting <6 weeks	50.6%	100.0%	June 2026	
	Endoscopy - % Upper Endoscopy patients waiting <6 weeks	47.3%	100.0%	June 2026	
	Endoscopy - % Lower Endoscopy patients waiting <6 weeks	21.6%	100.0%	June 2026	
	Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	100.0%	June 2026	

1 of 2

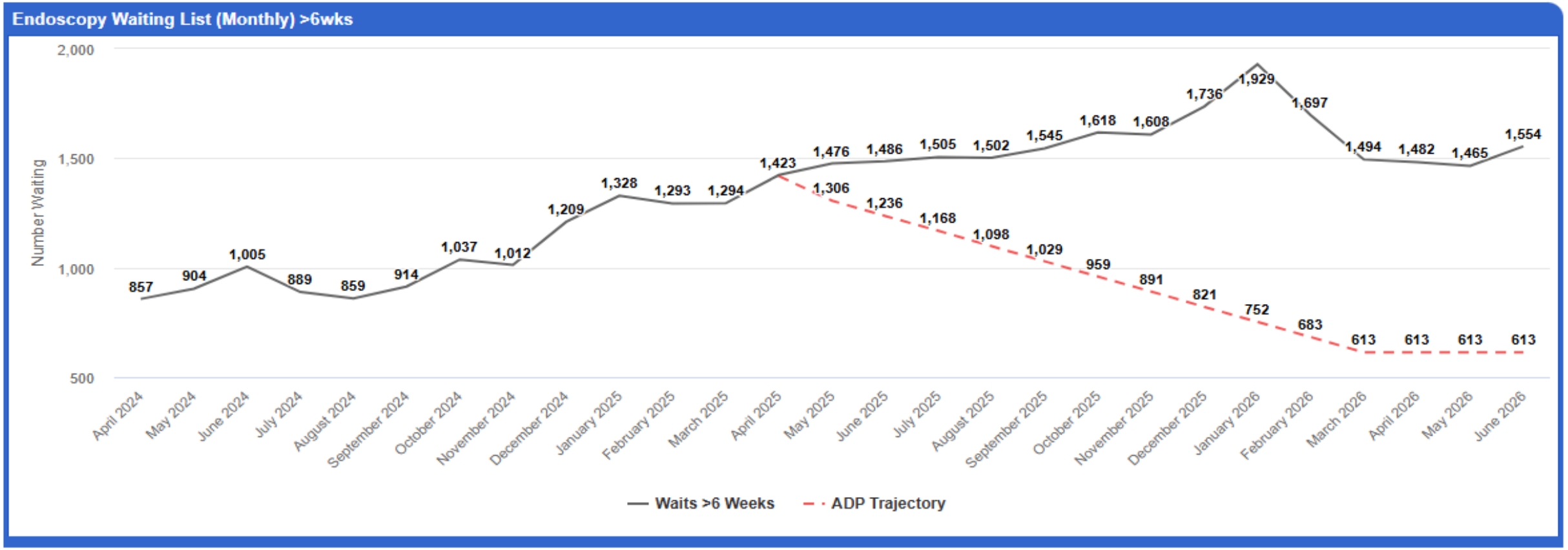
Current Position: Overall performance has remained around 44% since February 2026 to current month. Of the five procedures, Lower Endoscopy is showing the lowest compliance, at 21.6% for June 2026. This is consistent with previous few months, since April 2026 compliance has been below 30%.

Endoscopy Waiting List >6 weeks



- Achieve an overall waiting list for Endoscopy >6 weeks of less than 613

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



Current Position: The overall waiting list >6 weeks for Endoscopy shows a worsening position from 1,465 in May 2026 to 1,554 in June 2026. This failed to meet the March 2026 rolled forward Delivery Plan trajectory of fewer than 613 patients waiting. In-month activity levels for Endoscopy in June 2026 reached 897 appointments.

Current Position Against National Target: No relevant target. 54.9% waiting over 6 weeks in March 2026, this compares to 48.4% at a National level - published data from Public Health Scotland is available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Endoscopy Waiting List >6 weeks (by procedure)

- Achieve an overall waiting list for Endoscopy >6 weeks of less than 613

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

Endoscopy Waiting List (Monthly) >6wks by Procedure

...	Title	Value	Target	Last Update	History
🔴	Endoscopy - No. of Upper Endoscopy patients waiting >6wks - ADP Trajectory	845	335	June 2026	
🔴	Endoscopy - No. of Lower Endoscopy patients waiting >6wks - ADP Trajectory	348	84	June 2026	
🔴	Endoscopy - No. of Colonoscopy patients waiting >6wks - ADP Trajectory	351	178	June 2026	
🟢	Endoscopy - No. of Cystoscopy patients waiting >6wks - ADP Trajectry	10	16	June 2026	

1 of 1

Current Position: The overall waiting list >6 weeks for Endoscopy shows an increase from 1,465 in May 2026 to 1,554 in June 2026. Of this overall value, Upper Endoscopy makes up the biggest proportion, 54%, with 845 patients. This is a reduction compared to the start of the year, January 2026 in which 1,189 patients were waiting.

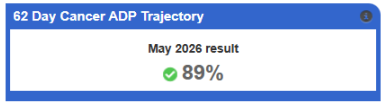
Endoscopy

Deliverable Summary

Reduce waiting times for key diagnostic tests and investigations working towards national target of a maximum 6 week wait.

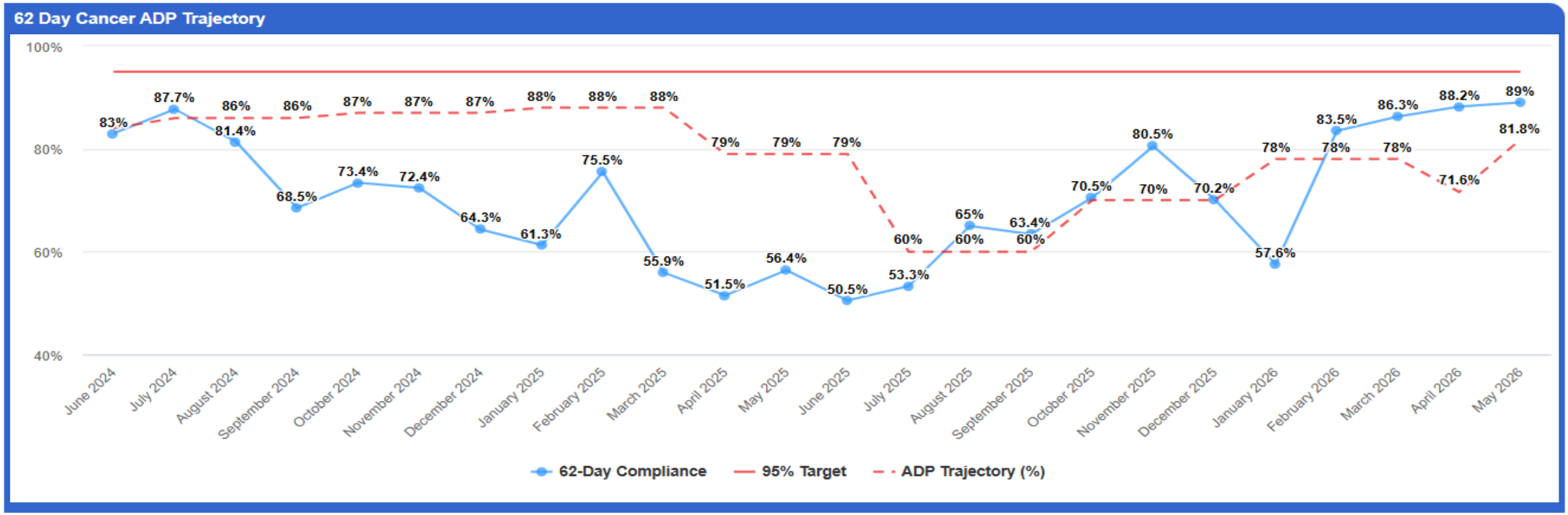
Improvement Actions	Monthly Progress
Increase Productivity and Efficiency Fully embed primary care based qFiT. Further expand use of qFiT, Trans nasal Endoscopy and CytoScot to optimise endoscopy capacity. Finalise plan for implementation of double qFiT. Ensure optimum scheduling to maximise core and additional capacity. **Optimise opportunities for regional working and mutual aid** Reduce waiting lists through utilisation of assigned GJNH capacity. **Implement Digital Solutions** Implement national Endoscopy Reporting System.	Actual at 29 June: 1,540 > 6wks. No local trajectory yet for 2026/27. Action plan agreed 19/12 with acute and primary care clinical and operational management to help increase rate of qFiT usage. Existing waiting list has been re-validated based on new qFiT guidelines. Insourcing contract has been suspended but some weekend WLIs continue to deliver additional capacity. Revised endoscopy roster created and now implemented. Team of nurse endoscopists contributing to endoscopy capacity. One remaining trainee nurse endoscopist will be completing training with assistance from NHS Fife. GJNH allocation for 2026/27 = 200 Colonoscopy + 877 Upper GI endoscopy. Some difficulties experienced in utilisation full GJNH allocation. Agreement with GJNH staff in June 26 to trial new way of patient booking which has been more effective with another NHS Board. Business case for Endoscopy Reporting to be re-visited.

Cancer – 62 day



- 81.8% of patients urgently referred with a suspicion of cancer to begin treatment within 62 days of receipt of referral by May 2026

Please note monthly trajectories agreed until June 2026



<u>*Current Position*</u>: 62-day 95% Cancer target/standard improved from 88.2% in April 2026 to 89.0% in May 2026. This exceeds and achieves the planned trajectory of 81.8%.

<u>*Current Position Against National Target*</u>: NHS Ayrshire and Arran failed to meet the 95% National Standard/Target. NHS Ayrshire & Arran (86.3%) reported higher levels of compliance compared to the Scottish average (74.0%) - published data from Public Health Scotland is only available up to March 2026. Heatmap performance for NHS Scotland in May 2026 was 73.6% which is lower when compared to NHS Ayrshire and Arran.

<u>*Target for March 2027:*</u> Nationally, achieve at least 80% against the 62 day standard by March 2027, and achieve a provisional local trajectory of 81.8% compliance by June 2026.

Cancer – 62 day

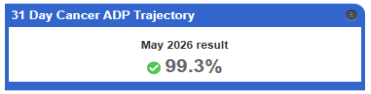
- 81.8% of patients urgently referred with a suspicion of cancer to begin treatment within 62 days of receipt of referral by May 2026

Please note monthly trajectories agreed until June 2026

62 day May 2026		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	34/34 100%	9/9 100%	4/4 100%	13/17 76.5%	12/12 100%	34/41 82.9%	107/108 99.1%	9/13 69.2%	22/22 100%	56/63 88.9%	0/0 0%	0/0 0%	29/34 85.3%	0/0 0%	- -	329/357 92.2%
	Cx	0/0 0%	0/0 0%	0/0 0%	0/0 0%	0/0 0%	1/3 33.3%	0/2 0%	0/0 0%	2/2 100%	0/1 0%	0/0 0%	0/0 0%	0/0 0%	0/0 0%	- -	3/8 37.5%
	Colo	14/18 77.8%	6/6 100%	4/4 100%	15/15 100%	11/12 91.7%	9/29 31%	26/42 61.9%	10/19 52.6%	21/23 91.3%	21/37 56.8%	1/1 100%	3/3 100%	9/13 69.2%	3/3 100%	- -	153/225 68%
	H&N	2/2 100%	1/1 100%	2/2 100%	0/0 0%	4/5 80%	2/4 50%	15/17 88.2%	7/8 87.5%	5/5 100%	9/9 100%	0/0 0%	0/0 0%	0/1 0%	0/0 0%	- -	47/54 87%
	Lung	13/13 100%	1/2 50%	2/2 100%	3/4 75%	5/7 71.4%	23/23 100%	34/43 79.1%	7/8 87.5%	19/20 95%	17/17 100%	0/0 0%	0/0 0%	7/11 63.6%	0/0 0%	- -	131/150 87.3%
	Lym	3/4 75%	0/0 0%	1/1 100%	1/1 100%	3/3 100%	2/3 66.7%	2/5 40%	3/3 100%	5/5 100%	2/3 66.7%	1/1 100%	0/0 0%	0/0 0%	0/0 0%	- -	23/29 79.3%
	Mel	6/7 85.7%	0/0 0%	2/2 100%	0/0 0%	4/5 80%	1/2 50%	16/19 84.2%	4/5 80%	7/7 100%	5/5 100%	0/0 0%	0/0 0%	2/4 50%	0/0 0%	- -	47/56 83.9%
	Ov	2/2 100%	3/3 100%	0/0 0%	0/0 0%	0/1 0%	1/1 100%	4/6 66.7%	1/1 100%	2/2 100%	3/3 100%	0/0 0%	0/0 0%	1/3 33.3%	0/0 0%	- -	17/22 77.3%
	UGI	6/8 75%	1/1 100%	7/7 100%	6/6 100%	6/8 75%	12/16 75%	26/29 89.7%	6/9 66.7%	6/6 100%	25/26 96.2%	0/2 0%	1/1 100%	4/4 100%	1/3 33.3%	- -	107/126 84.9%
	Urol	25/30 83.3%	4/8 50%	10/12 83.3%	14/38 36.8%	6/14 42.9%	8/38 21.1%	46/81 56.8%	23/34 67.6%	25/32 78.1%	15/68 22.1%	1/4 25%	1/2 50%	7/28 25%	2/2 100%	- -	187/391 47.8%
	All	105/118 89%	25/30 83.3%	32/34 94.1%	52/81 64.2%	51/67 76.1%	93/160 58.1%	276/352 78.4%	70/100 70%	114/124 91.9%	153/232 65.9%	3/8 37.5%	5/6 83.3%	59/98 60.2%	6/8 75%	- -	1044/1418 73.6%

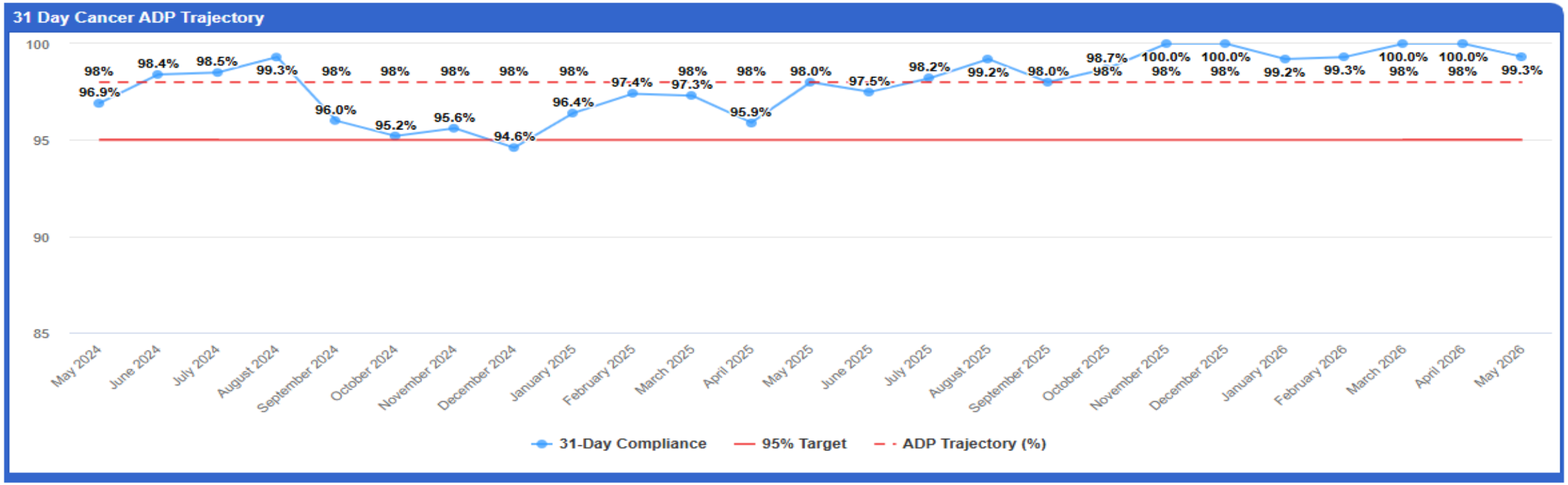
Current Position: 62-day 95% Cancer target/standard improved from 88.2% in April 2026 to 89.0% in May 2026. This exceeds and achieves the planned trajectory of 81.8%.

Cancer – 31 day



- 98.0% of patients diagnosed with cancer to begin treatment within 31 days of decision to treat by March 2026

Please note monthly trajectories agreed until June 2026



Current Position: Performance against the 31-day 95% Cancer target/standard continues to be met, with compliance at 99.3% in May 2026. This exceeds and achieves the planned trajectory of 98.0%

Current Position Against National Target: NHS Ayrshire and Arran continues to meet the 95% National Standard/Target. NHS Ayrshire & Arran (100.0%) continues to report higher levels of compliance compared to the Scottish average (94.6%) - published data from Public Health Scotland is only available up to March 2026. Heatmap performance for NHS Scotland in May2026 was 95.2% which is lower when compared to NHS Ayrshire and Arran.

Target for March 2027: Nationally, achieve at least 95% against the 31 day standard by March 2027, and achieve a provisional local trajectory of 98.0% compliance by June 2026.

Cancer – 31 day

- 98.0% of patients diagnosed with cancer to begin treatment within 31 days of decision to treat by March 2026

Please note monthly trajectories agreed until June 2026

31 day May 2026		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	41/41 100%	14/14 100%	6/6 100%	21/21 100%	20/20 100%	46/50 92%	110/111 99.1%	9/15 60%	33/36 91.7%	58/61 95.1%	0/0 0%	0/0 0%	37/38 97.4%	0/0 0%	0/0 0%	395/413 95.6%
	Cx	0/0 0%	0/0 0%	0/0 0%	0/0 0%	0/0 0%	4/4 100%	7/7 100%	0/0 0%	0/0 0%	0/1 0%	0/0 0%	0/0 0%	0/0 0%	0/0 0%	0/0 0%	11/12 91.7%
	Colo	18/18 100%	8/8 100%	13/13 100%	21/21 100%	15/15 100%	38/42 90.5%	59/62 95.2%	23/24 95.8%	33/33 100%	36/41 87.8%	0/0 0%	3/3 100%	16/16 100%	2/2 100%	1/1 100%	286/299 95.7%
	H&N	1/1 100%	0/0 0%	0/0 0%	1/1 100%	4/4 100%	11/11 100%	34/34 100%	7/7 100%	3/3 100%	19/19 100%	0/0 0%	0/0 0%	9/9 100%	0/0 0%	0/0 0%	89/89 100%
	Lung	19/19 100%	1/1 100%	3/3 100%	14/14 100%	11/11 100%	43/43 100%	102/103 99%	12/12 100%	23/23 100%	51/51 100%	0/0 0%	0/0 0%	32/32 100%	0/0 0%	28/28 100%	339/340 99.7%
	Lym	6/6 100%	1/1 100%	5/5 100%	8/8 100%	7/7 100%	19/19 100%	15/16 93.8%	3/3 100%	12/12 100%	16/16 100%	1/1 100%	0/0 0%	5/5 100%	0/0 0%	0/0 0%	98/99 99%
	Mel	10/10 100%	0/0 0%	4/4 100%	1/1 100%	5/5 100%	6/6 100%	28/29 96.6%	5/5 100%	8/8 100%	11/11 100%	0/0 0%	0/0 0%	4/5 80%	0/0 0%	0/0 0%	82/84 97.6%
	Ov	0/0 0%	2/2 100%	1/1 100%	0/0 0%	0/0 0%	2/3 66.7%	14/14 100%	1/1 100%	0/0 0%	5/5 100%	0/0 0%	0/0 0%	6/6 100%	0/0 0%	0/0 0%	31/32 96.9%
	UGI	9/9 100%	1/1 100%	8/8 100%	6/6 100%	8/8 100%	24/24 100%	54/54 100%	15/17 88.2%	14/14 100%	45/48 93.8%	1/1 100%	1/1 100%	14/14 100%	2/2 100%	0/0 0%	202/207 97.6%
	Urol	39/40 97.5%	7/7 100%	21/21 100%	56/60 93.3%	18/19 94.7%	59/78 75.6%	131/153 85.6%	47/48 97.9%	40/43 93%	104/113 92%	3/3 100%	3/3 100%	42/46 91.3%	2/2 100%	0/0 0%	572/636 89.9%
	All	143/144 99.3%	34/34 100%	61/61 100%	128/132 97%	88/89 98.9%	252/280 90%	554/583 95%	122/132 92.4%	166/172 96.5%	345/366 94.3%	5/5 100%	7/7 100%	165/171 96.5%	6/6 100%	29/29 100%	2105/2211 95.2%

Current Position: Performance against the 31-day 95% Cancer target/standard continues to be met, with compliance at 99.3% in May 2026. This exceeds and achieves the planned trajectory of 98.0%

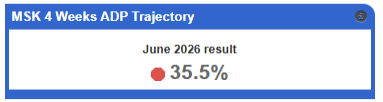
Cancer

Deliverable Summary

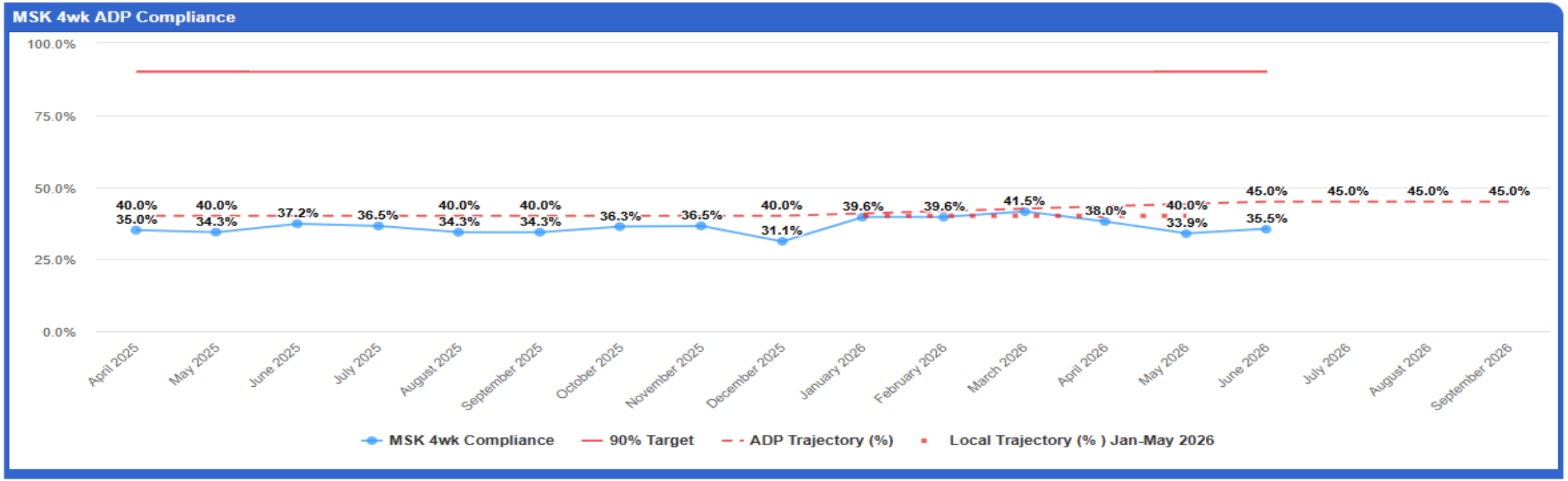
Improve Cancer Waiting Time Targets for 62-day target to 81.8% by June 2026 and 31-day target to 98% by June 2026.
Nationally, deliver and sustain 95% or above against the 31 day standard. Achieve at least 80% against the 62 day standard by March 2027.

Improvement Actions	Monthly Progress
Ensure sufficient diagnostic capacity Deliver increased capacity and sustainability in medical imaging through implementation of the Imaging National Plan (see Planned Care section). Progress collaboration with NHSFV in relation to Pathology capacity. Explore and implement opportunities to further develop and expand Robot Assisted Surgery (RAS) 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 (ACRT). 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.	New Breast radiologist started however another Consultant is leaving August 26. Review of Breast radiology service in progress, sustained demand from symptomatic breast clinics is placing pressure on the small breast radiology team. Additional Consultant Breast Radiographer recruited. SLA finalised with NHSFV for NHSAA to deliver NHSFV cystectomies. NHSAA & NHSFV to re-open discussion to further consider position re pathology support for other areas. All 12 planned Saturday RAS theatre lists for Robotic Prostatectomy were completed by end Mar. No more weekend lists funded at present. Business case for 2nd robot completed and shared with Director team. Allocate e-job planning, completed job plans at 23% with 18% awaiting approval and 59% under discussion. Advanced CNS breast cancer has now completed training and supporting breast team. Several other areas of well-established advanced practice e.g. Nurse hysteroscopists, consultant breast radiographers, Urology ANPs. 90% of specimen dissection in pathology is carried out by non-medical dissectionists. Technical Staff absence is at a high, therefore training is limited. WTI has also resulted in additional workload, and dissectors are having to accommodate this. Reporting radiographers are being utilised to report plain films. Cancer diagnostic workshops now completed for all main pathways. Action plans to be developed. Self Assessment against Framework for Effective Cancer Management completed – second assessment submitted 24/04/26. Actions arising from this to be developed into an Action Plan for 2026/27.

Musculoskeletal (MSK) 4 week Compliance



- At least 45% 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 ***by March 2027***



Current Position: Performance against the National 4-week Standard/Target of 90% was 35.5% in June 2026, which is an improvement from the previous month. This is lower than and fails to meet the planned trajectory of 45%.

Current Position Against National Target: NHS Ayrshire and Arran performance continues to remain below the 90% National Standard/Target. NHS Ayrshire & Arran (36.2%) continues to report lower levels of compliance compared to the Scottish average (52.1%) - published data from Public Health Scotland is now published annually and is only available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 of 45% target has been set to continue to monitor performance.

Musculoskeletal (MSK) excluding Orthotics

Deliverable Summary

Local target of at least 45% 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 by March 2027. National target aim is for 90% of these patients to be seen within four weeks.

Improvement Actions	Monthly Progress
Develop MSK Performance Measurement Plan.	MSK performance will be inputted into East AHP Data work as have been unable to progress as a service.
Test texting patients with self-management advice while on the waiting list, or invite for treatment.	Pilot around texting patients on self-management advice or to offer treatment invitations has been paused due to staffing issues within admin teams.
Develop digital patient initiated referral platform for MSK Service.	Continue to explore digital patient initiated referral platforms for MSK while contributing to national conversations.
Review of MSK conditions where Active Clinical Referral Triage (ACRT) has been implemented and expand to other presentations if able.	Plans to develop ACRT pathway for patients with plantar fasciitis.
Routinely use MSK HQ outcome measure at entry and exit from service.	Devices being purchased to enable outcome measures on entry and exit from service to be documented electronically and exploring pathways which could support this work.
Review of MSK referral and vetting guidance.	MSK referral and vetting guidance requires to be revised inline with implementation of New Ways Guidance.
Test early intervention clinic within South locality and assess impact on waiting times with a view to replicating in East and North.	Final data from the Girvan CAD highlights. 85.2% not opted in (27 patients), 14.8% did opt in (4 patients), 4 DNA
Review of skill mix within the service including health care support worker role.	Ongoing engagement with MSK Hand Service to develop resilience within the service .
Implement job planning for all staff within the service.	Job planning implemented across all teams, will be reviewed as part of implementation of RWW on 1st April.

New Innovations

New Innovations

Deliverable Summary

Adopt new innovations: Before the end of 2025-26, start using genetic testing for recent stroke patients

Improvement Actions	Monthly Progress
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.	No start date confirmed as still waiting on a digital solution for test requests. Clinical alert for TrakCare being progressed. Fortnightly implementation meetings with the Pharmacogenetics Delivery Team and monthly local meetings continue. Pathway and SOP will be finalised once digital solution confirmed. Stroke guidelines reviewed by guidelines group. Will be uploaded to Athena and Therapeutics app on roll-out start date. ADTC approved off-label use of ticagrelor in stroke and will be available to prescribe on roll-out date. The National patient information leaflet for genetic testing has been approved for local use.

Deliverable Summary

Adopt new innovations: Before the end of 2025-26, start using genetic testing for newborn babies with bacterial infections

Improvement Actions	Monthly Progress
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. To reduce the risk of antibiotic associated hearing damage within the neonatal unit.	Arrangements finalised for implementation in NHS A&A Q1 26/27. Order placed for Genedrive systems and test kits. Training commenced March 2026, with full go-live April 2026.

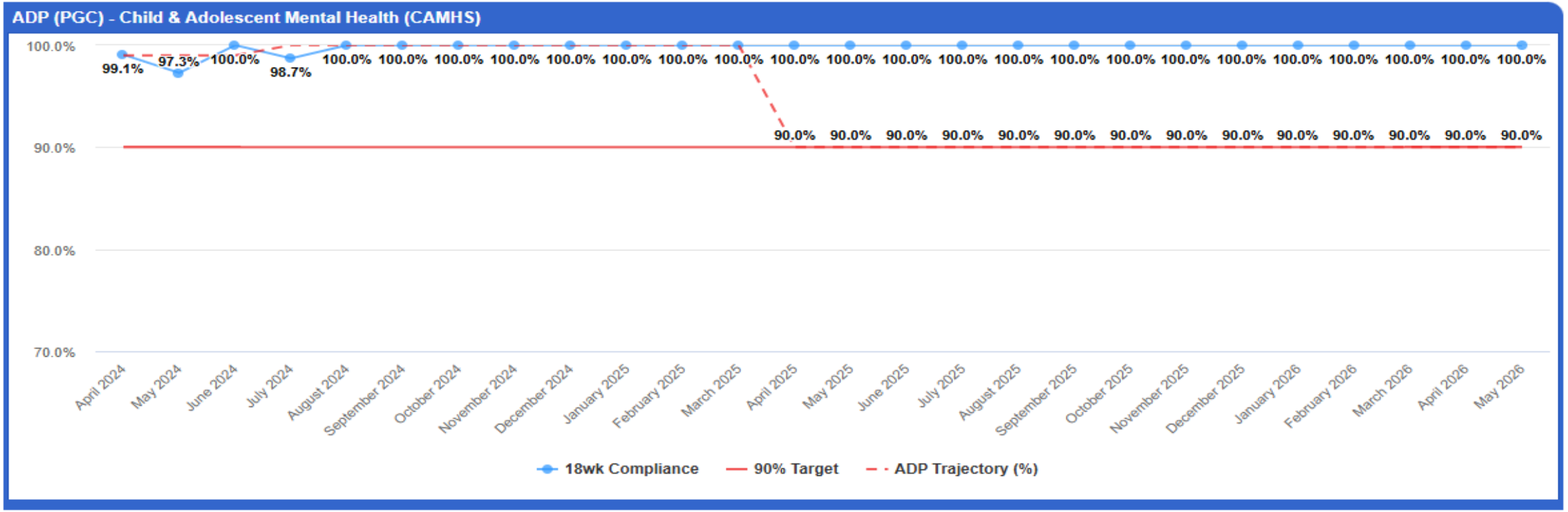
Mental Health

CAMHS - 18 week

CAMHS 18wk ADP Trajectory
May 2026 result
100.0%

- 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral

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



Current Position: In May 2026, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) continued to achieve 100%, which met the March 2026 rolled forward Delivery Plan trajectory of 90%.

Current Position Against National Target: NHS Ayrshire and Arran performance continues to exceed the 90% National Standard/Target. NHS Ayrshire & Arran (100%) continues to report higher levels of compliance compared to the Scottish average (92.0%) - published data from Public Health Scotland is only available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Child and Adolescent Mental Health Service

Deliverable Summary

National target is for 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral
Local target aim is for 100% of these patients to be seen within 18 weeks.

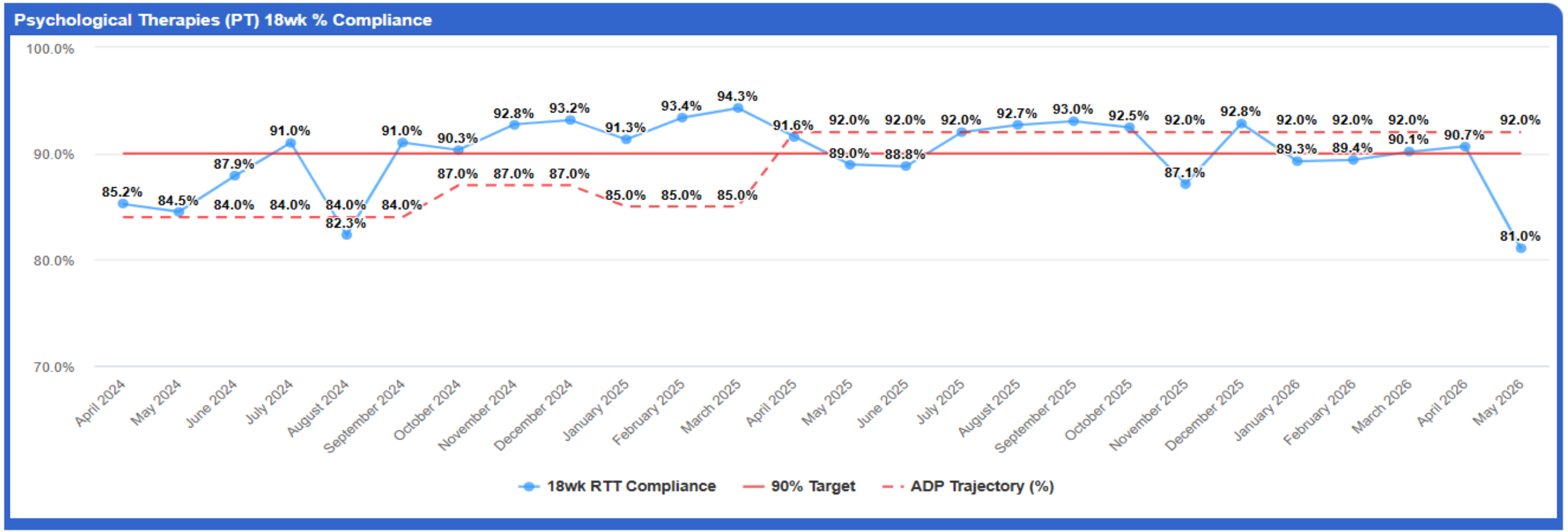
Improvement Actions	Monthly Progress
Using TrakCare and CAMHS Benson Wintere DCAQ Model.	CAMHS are continuing to track demand and capacity within the service. Developing plan within Senior leadership team which widens out responsibility for triage and assessment which will support a smoother journey through CAMHS. CAMHS are experiencing a high level of absence within the nursing team due to illness which has impacted on capacity. A tender waiver is being completed for Benson Wintere covering the next 12 months. CAMHS continues to experience a high level of absence within the Non medical prescribing cohort of staff, development of ACNS posts of staff within the neuro team and losing ACNS and other N-CAMHS staff to the private sector diagnosis companies. Continuing to develop skill mix with further posts being developed.

Psychological Therapies - 18 Week

Psychological Therapies 18wk 90% Target
May 2026 result
81.0%

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

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



Current Position: Compliance in relation to Psychological Therapies shows a worsening position from 90.7% in April 2026 to 81.0% in May 2026. This is the lowest recorded since August 2024 and failed to meet the March 2026 rolled forward Delivery Plan trajectory of 92.0%.

Current Position Against National Target: NHS Ayrshire and Arran performance continues to exceed the 90% National Standard/Target. NHS Ayrshire & Arran (90.1%) continues to report higher levels of compliance compared to the Scottish average (81.1%) - published data from Public Health Scotland is only available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Psychological Therapies

Deliverable Summary

National target is for 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral. Local target aim is for 92% of these patients to be seen within 18 weeks.

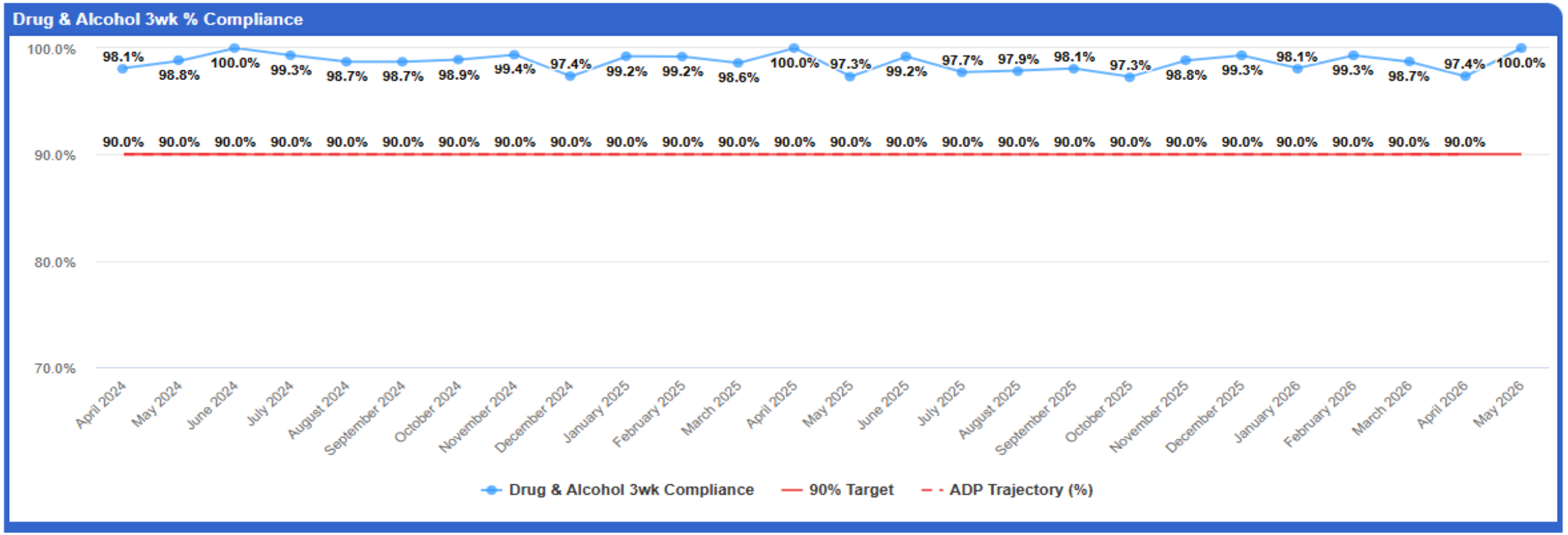
Improvement Actions	Monthly Progress
Ongoing Trajectory work in different specialisms – DCAQ utilising new PHS tools. Ongoing work on data and trajectory analysis gaining more clarity on workforce gaps and skillmix / safe staffing. Improved trajectory PHS tools now available for services to use. Focus for this is on specialties that are struggling to meet the target. Activity monitoring implemented in all specialties for further assessment of workforce shortage and safe staffing. Further analysis and formulation of data to create better understanding of reasons behind access in struggling specialisms. **Psychological therapies and interventions (PT&I) standards** Implementation of Assessment Tool across all psychological services specialties. Aim to set up improvement plans for the individual services over the coming 6 months.	18wks 90% RTT has fallen from 90% in April 2026 to 81% in May 2026 due to change in the reporting system in one specialty. Skill mix being raised with relevant Senior Managers in MDT settings. Identification of Primary Care Psychological Therapy service is a workforce gap ad would improve workflow and efficiency. ACMHT, CAMHS and Community Paediatric Psychology continue to experience longer waits in due to staffing levels sitting below those required following DCAQ analysis. Activity monitoring in some services has identified reduction of activity in small services where staff absences have occurred and backfill cannot be recruited to. Despite AMH aggregate reflecting a drop in RTT, activity has increased, with focus on the longest waits in the service. On-going work in conjunction with Digital staff in Lead Partnership to gain access to technology to support clinical delivery (e.g. AI clinical scribe and digital clinical assessment packages). Psychological service access criteria differs between CMHT for Adults and Older Adults and is identified as a current challenge for access to psychological therapies for older people due to workforce resource. Implementation of the Assessment Tool for PT spec has been piloted in Older Adult service and LD service. Roll out across services has been delayed by IT/system issues but is currently being resolved. Plans will be developed service-by-service once work on benchmarking service delivery compliance (via the Assessment Tool) with Psychological Therapies and Interventions Specification has been completed.

Drug and Alcohol Treatment - 3 Week

Drug & Alcohol 3wk ADP Trajectory
May 2026 result
100.0%

- 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery ***by March 2026***

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



Current Position: Drug and Alcohol compliance was 100.0% in May 2026 which was an improvement compared to the previous month. This continues to exceed and meet the March 2026 rolled forward Delivery Plan trajectory of 90%.

Current Position Against National Target: NHS Ayrshire and Arran performance continues to exceed the 90% National Standard/Target. NHS Ayrshire & Arran (98.7%) continues to report higher levels of compliance compared to the Scottish average (92.4%) - published data from Public Health Scotland is only available up to March 2026.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Drug and Alcohol Service

Deliverable Summary

North Ayrshire: Implement MAT standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.

Improvement Actions	Monthly Progress
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.	North Ayrshire has been rated a Blue score for MAT standards 1 – 5 signifying evidence of sustained implementation and ongoing monitoring for at least two years.

Deliverable Summary

South Ayrshire: Implement MAT standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.

Improvement Actions	Monthly Progress
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. Test of change pilot for a START led physical health clinic. The proposal promotes and enhances early identification and preventative care in improving individual health outcomes and reducing long-term demand on publicly funded services, while enabling necessary physical health assessment and monitoring alongside specialist-prescribed medications.	Scottish government funding has been extended until March 2027 and aims to expand treatment standards to include alcohol and MAT 7 expansion. Review of the TOC pilot occurred June and will be widened to all GP practices across South Ayrshire. The availably and continuation of funding for the delivery of after 2027 remains an issue Following last progress update, MAT Standards RAGB scoring for South Ayrshire 2025/26 has been rated blue for Mat Standards 1-5 and dark green (fully implemented) for standards 6-10. Psychology post has now been filled, and staff member will take up post in October. Funding agreed from ADP for GP session and SAHSCP innovation fund secured for 0.6 band 3 staff member who will support implementation of clinic

Drug and Alcohol Service

Deliverable Summary

East Ayrshire: Implement MAT standards to enable the consistent delivery of safe, accessible, high quality drug treatment across Ayrshire and Arran.

Improvement Actions	Monthly Progress
An increase in ANP / Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level.	Following last progress update, MAT Standards RAGB scoring for East Ayrshire 2025/26 has been rated blue for Mat Standards 1-5 and dark green (fully implemented) for standards 6-10.

Deliverable Summary

Pan Ayrshire: Meet national 'access to treatment' Waiting Times Standards of 90% of individuals to commence treatment within 3 weeks of referral.

Improvement Actions	Monthly Progress
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	The Standard was met across North, South and East H&SCPs with 99% of individuals commenced alcohol and/or drug treatment within 3 weeks and 100% within 6 weeks. The most up to date verified data is for Quarter 4 January – March 2026.

Drug and Alcohol Service

Deliverable Summary

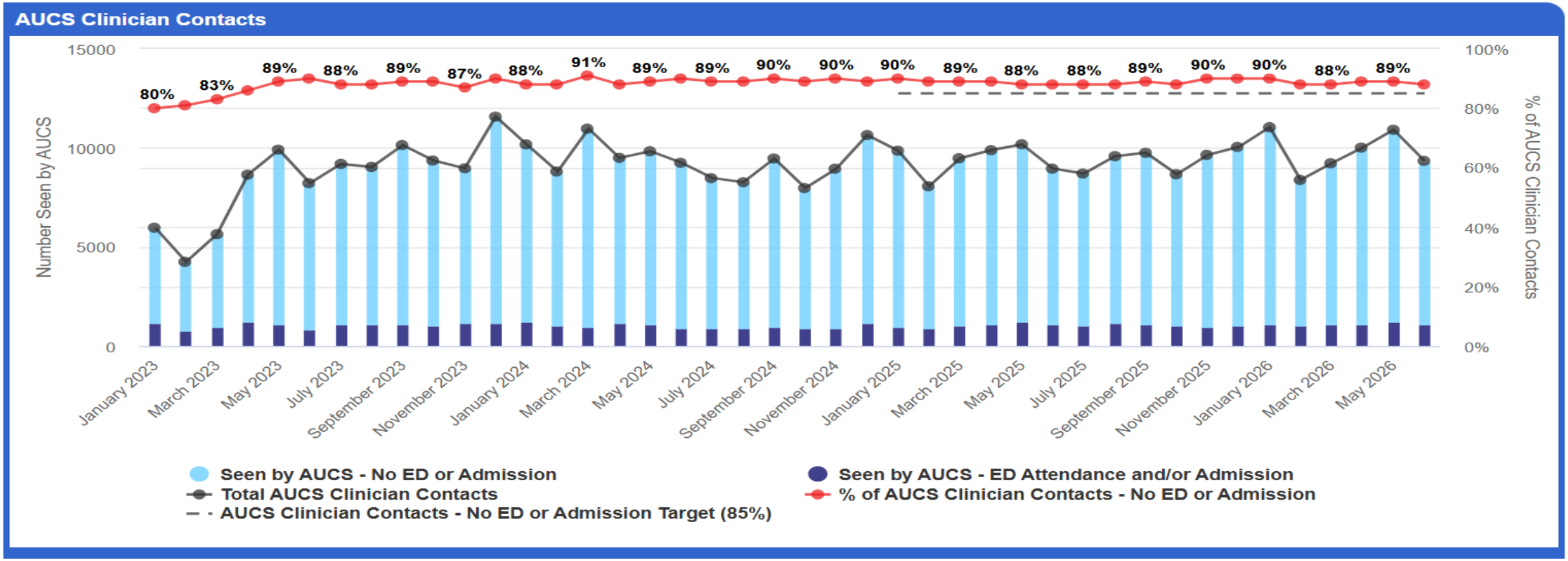
Pan Ayrshire: Expansion of capacity to support individuals into, during and after residential rehabilitation.
Meet national 'access to treatment' Waiting Times Standards of 90% of individuals to commence treatment within 3 weeks of referral.

Improvement Actions	Monthly Progress
Review and improve on current Residential Rehabilitation Pathway and Integrate use of the Scotland Excel rehabilitation provider framework into the pathway.	North Ayrshire Recovery Development Workers recruited and have increased capacity to undertake preparatory work, in reach and discharge planning and post discharge support from External Residential Rehabilitation. NADARS continue to utilise Ward 5 and support the pathways into, during and offer all patients follow-up on discharge. Turning Point Scotland also make contact with all North Ayrshire patients to offer support post discharge to access community recovery networks. National funding has been confirmed for 2026/27 as outlined in the published Scottish Government Preventing Harm, Promoting Recovery: Scotland's Alcohol & drugs Strategic Plan 2026-2035. Funding is in line with previous years allocation. No information is available in terms of 2026/27 availability of additional national funding if/when local funding is exhausted. South Ayrshire continue to utilise Ward 5 for Residential Rehabilitation, offering pre and post support. SA ADP have funded ROADS service (hosted by We Are With You) to undertake residential rehabilitation pre and post support. East Ayrshire National funding has been agreed for a further year to support Residential Rehabilitation placements once existing resource has been exhausted.

Urgent Care

AUCS Clinician Contacts

AUCS Clinician Contacts - % of AUCS Clinicia...
June 2026 result
88%



Current Position: In June 2026, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,342 contacts including patients navigating through the various pathways. 88% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting. Performance meets the current local target of 85%.

Current Position Against National Target: No relevant target.

Target for March 2027: To be confirmed.

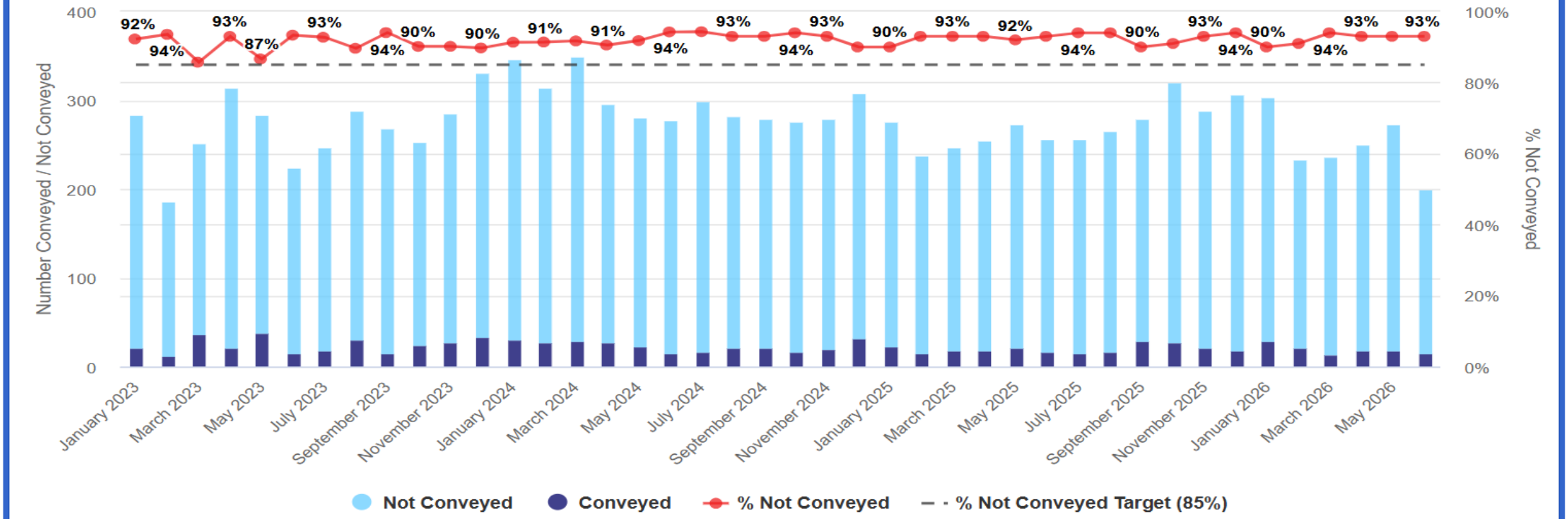
Call Before Convey – Non-Conveyance

% Non Conveyance through Call before Convey

June 2026 result

93%

Call Before Convey



Current Position: During June 2026, 200 Call before Convey calls were received by AUCS with 93% of these calls not resulting in onward conveyance to hospital. This is equal to the 93% reported in May 2026 but remains above the current local target of 85%.

Current Position Against National Target: No relevant target.

Target for March 2027: To be confirmed.

Urgent Care

Deliverable Summary

Ayrshire Urgent Care Service (AUCS) – 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.

Improvement Actions	Monthly Progress
Deliver a virtual capacity network to ensure a seamless pathway to all services for patients. Develop and embed a referral pathway from AUCS FNC to Hospital at Home Team. Develop a referral pathway from AUCS FNC to RRR Service. Scope potential for Ayrshire Community Blood Service (ACBS) to be encompassed within the SPOC. Maintain the FNC community pathways and explore all opportunities to enhance service. Maintain and grow AUCS/FNC pathways with Senior Clinical Decision Maker oversight including appointing to MIU.	Recruitment process is underway for Operational Facilitator posts with interview date scheduled. Discussions are ongoing to agree a streamlined delivery model that maximises funding. Revised September targets have been agreed for developing the referral pathway from AUCS FNC to the RRR Service; scoping the potential for the Ayrshire Community Blood Service (ACBS); maintaining and exploring FNC community pathways; and maintaining and growing AUCS/FNC pathways. The FNC pathway continues to perform strongly, consistently keeping hospital referrals below 15% and meeting key performance indicators across all monitored pathways. AUCS maintains effective collaboration with partners and stakeholders, ensuring patients receive timely, appropriate care in the right setting through the established AUCS/FNC pathways.

Unscheduled Care

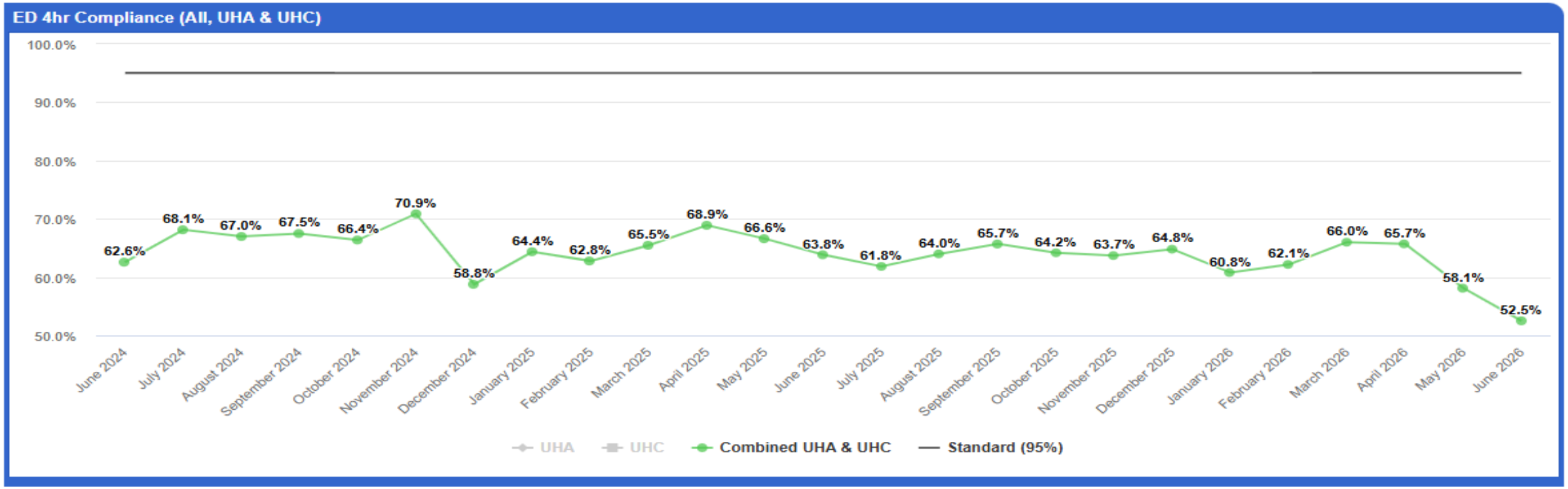
ED 4-Hour Compliance – National Target (scheduled and unscheduled)

All - ED waits <4 hours % compliance

June 2026 result

52.5%

- **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 (All attendances – scheduled and unscheduled)



Current Position: In June 2026, NHS Ayrshire & Arran reported a decrease compared to the previous months' position, from 58.1% to 52.5%. This was below the compliance reported in June 2025 and remains below the National Target of 95%.

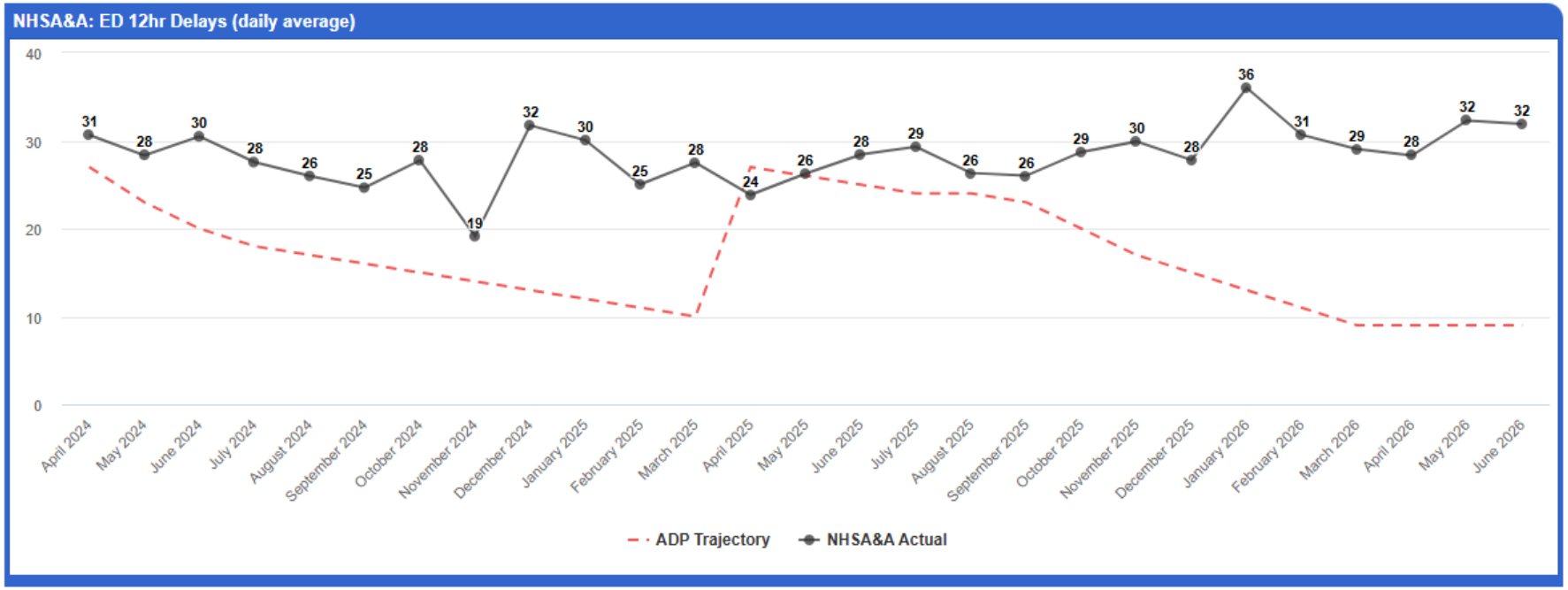
Current Position Against National Target: Performance in May 2026 (58.2%) was below the latest national published position of 66.9%.

Target for March 2027: National Target is 95%.

ED 12-Hour breaches

- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred, to 9 or fewer per day

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



No of 12-Hour Breaches (average per day)	UHA	UHC
June 24	13	18
June 25	12	17
June 26	**13**	**19**

Current Position: In June 2026, the number of patients waiting over 12 hours in our ED departments remained at 32 on average per day, failing to meet the rolled forward Delivery Plan trajectory of 9 or less. At site level, performance worsened at UHA and UHC compared to June 2025.

Current Position Against National Target: 10.7% of attendances were waiting over 12 hours in May 2026 across NHS Ayrshire & Arran, compared to 4.7% at a National level.

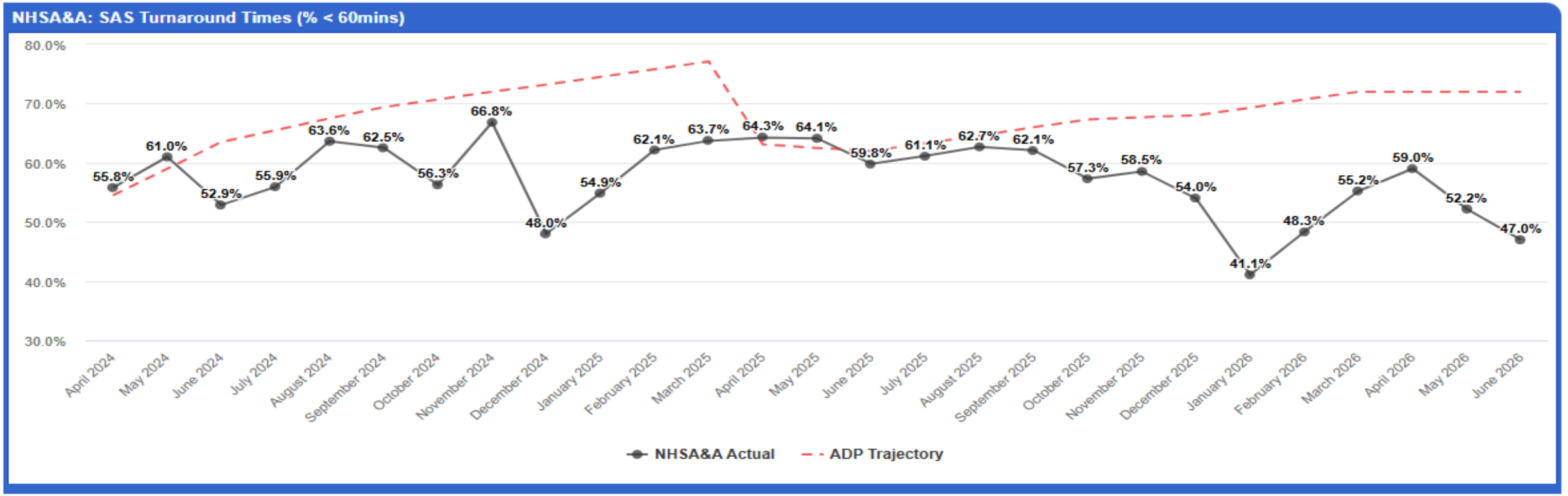
Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

SAS Turnaround Times

SAS Turnaround (%<60mins) ADP Target
June 2026 result
47.0%

- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 72.0%

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



Current Position: In June 2026, 47.0% of ambulances experienced a turnaround time within 60 minutes at our acute sites. This was a worsening position from the 52.2% reported in the previous month and below the 59.8 % reported in June 2025. Performance remains below the rolled forward Delivery Plan trajectory of 72.0%.

Current Position Against National Target: National aim is for 100% of ambulances to have a turnaround time of less than 60 minutes.

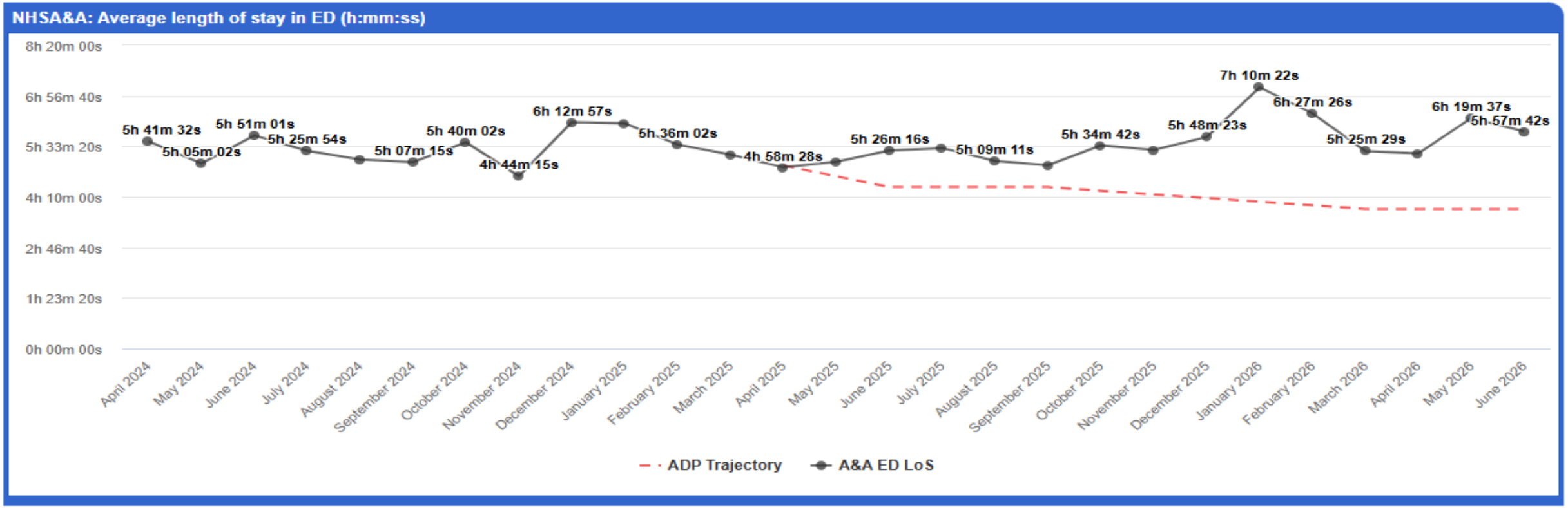
Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Average Length of Stay in ED

ED LoS (h:mm:ss) ADP Target
June 2026 result
5h 57m 42s

- Reduce the average length of stay in ED for all attendances to 3h 50m 00s or less

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



Current Position: The average length of stay in our ED Departments decreased from 6h 19m 37s in May 2026 to 5h 57m 42s in June 2026. This failed to meet the rolled forward Delivery Plan trajectory of 3 hours 50 mins.

Current Position Against National Target: No relevant target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Acute Frailty Unit (Same Day Discharges)

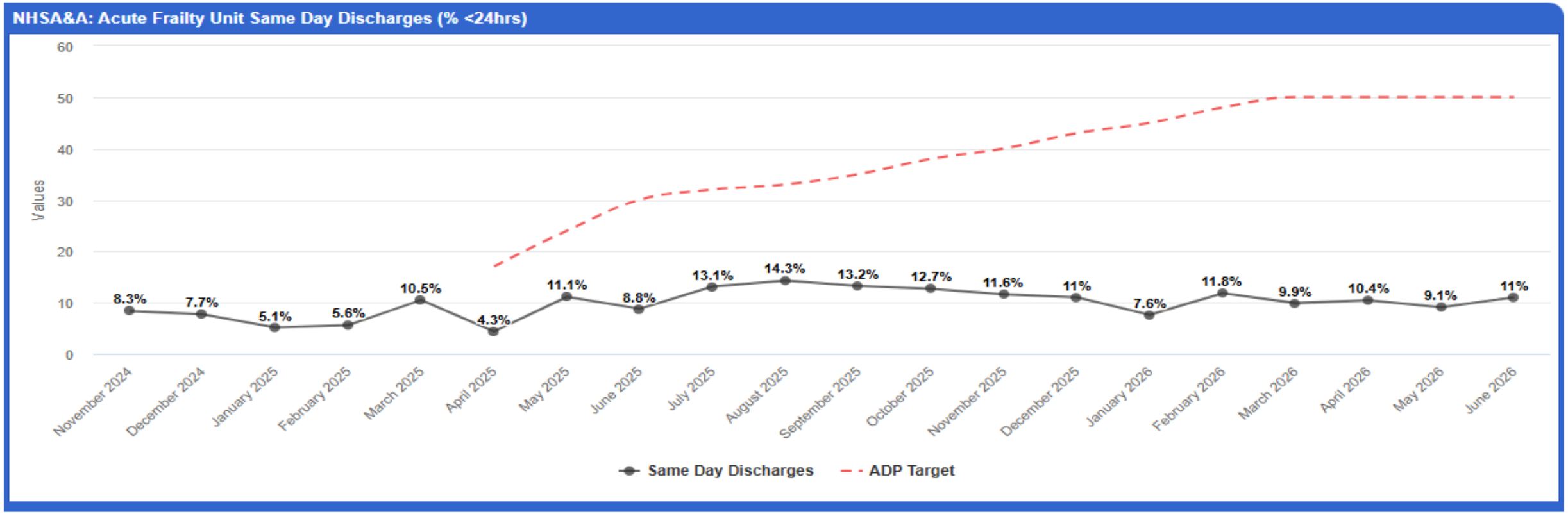
NHSA&A: AFU Same Day Discharge ADP Target

June 2026 result

11%

- Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 50%

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



Current Position: Performance in the proportion of arrivals into the frailty units discharged within 24 hours has been on a worsening trend overall , from a high of 14.3% in August 2025 to 11% in June 2026. Performance remains below the rolled forward Delivery Plan trajectory of 50%.

Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Combined Assessment Unit

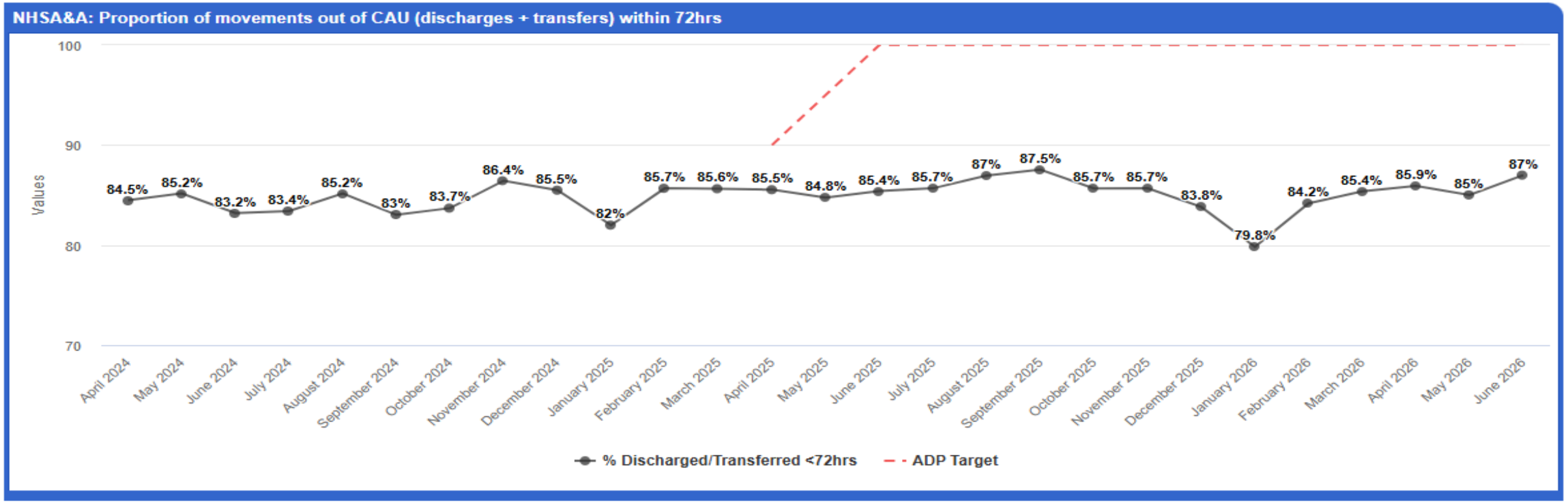
NHSA&A: CAU Movements <72 hrs ADP Target

June 2026 result

87%

- 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



Current Position: In June 2026, 87% of arrivals to our Combined Assessment Units were discharged or transferred to an acute ward within 72 hours. This was an improvement compared to the 85% recorded the previous month and the 85.4% reported in June 2025. Performance remains below the rolled forward Delivery Plan trajectory of 100%.

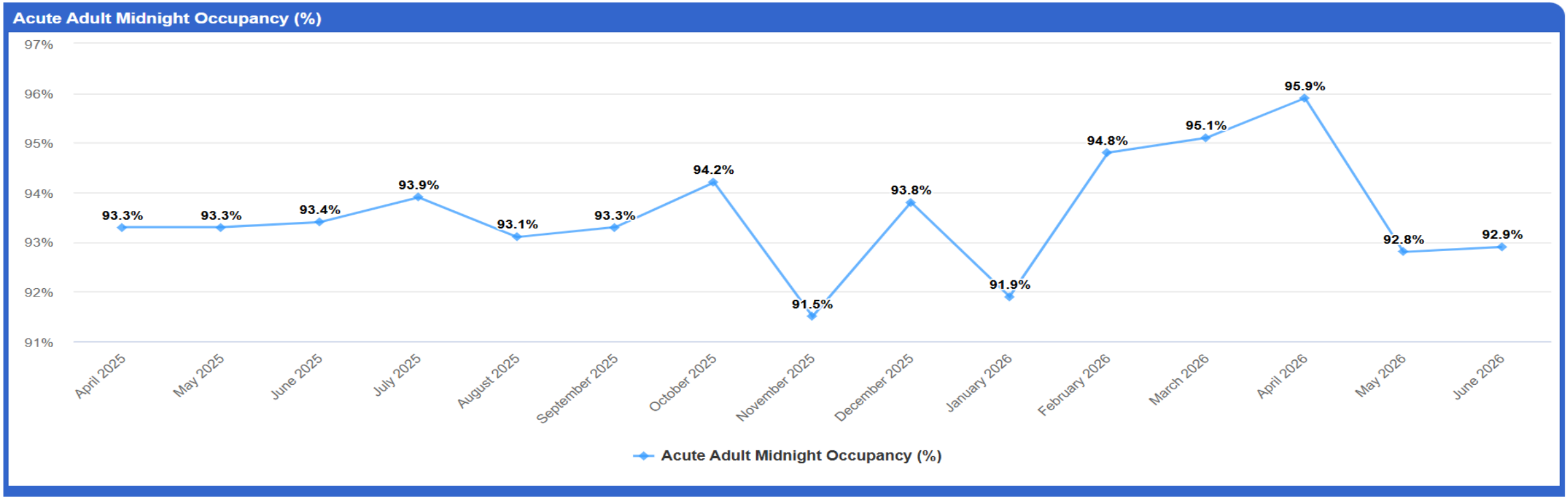
Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Acute Occupancy

Acute Adult Midnight Occupanc...
June 2026 result
92.9%

- Reduce occupancy in our Acute sites



Current Position: In June 2026, occupancy against our total funded bed complement was 92.9% in our Acute hospitals. This is an increase from May 2026 where it was 92.8%. Occupancy levels are now measured against the total funded beds, not against core beds as was previously the case.

Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Length of Stay over 14 days (non-delayed patients)

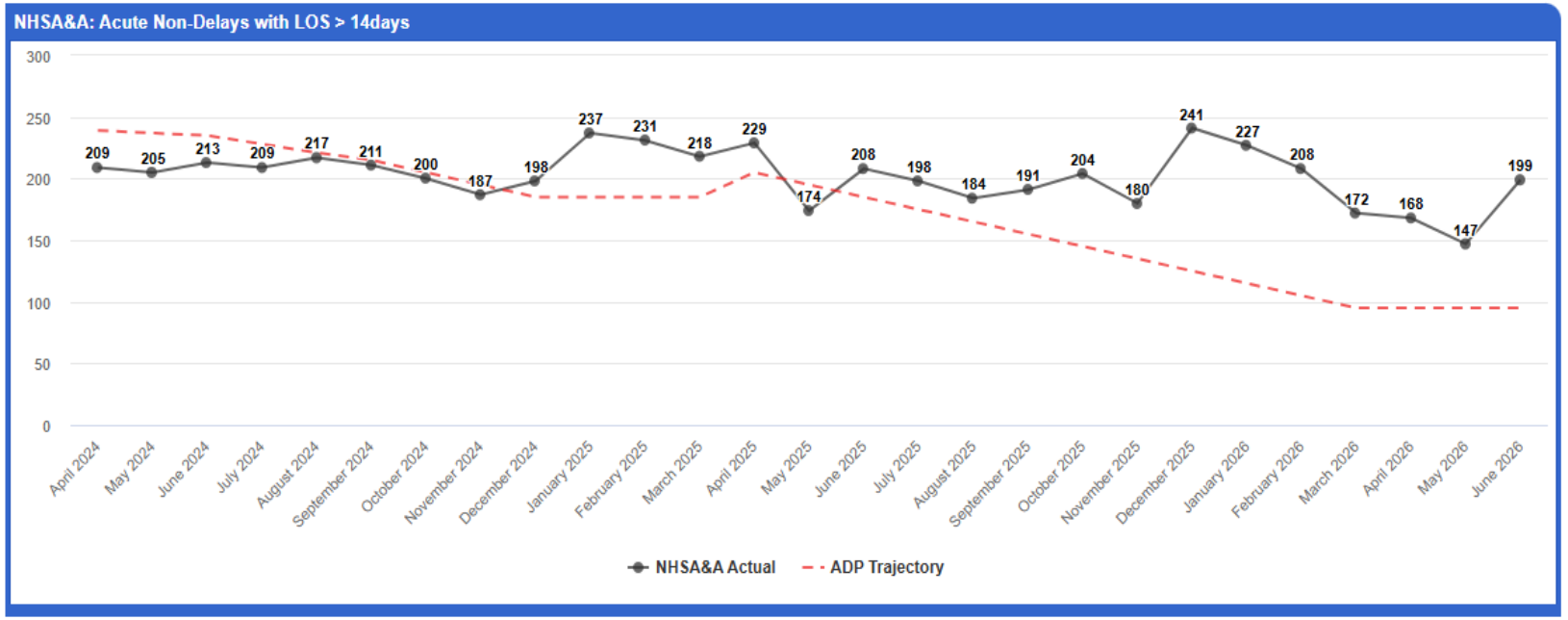
NHSA&A: Non-Delays LOS >14days ADP Target

June 2026 result

199

- 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



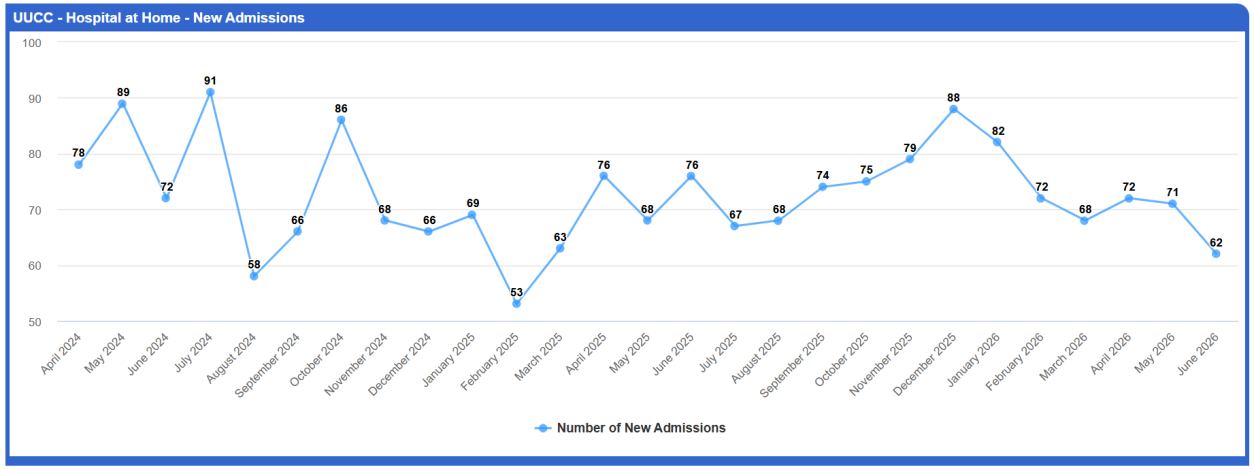
No patients LOS > 14 days (non-delay)	UHA	UHC
June 24	66	155
June 25	80	128
June 26	**67**	**132**

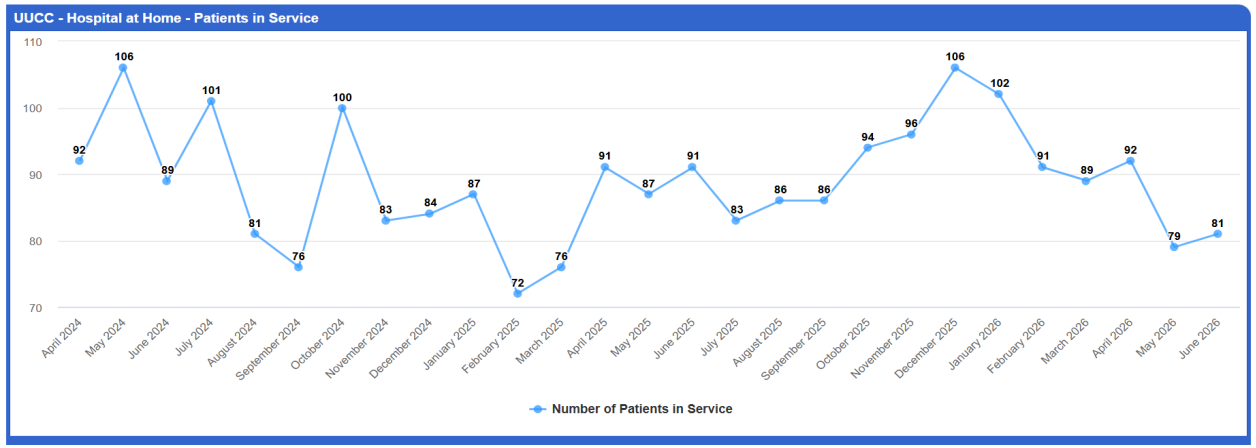
Current Position: At the end of December 2025 census point, the number of patients in our Acute hospitals with a length of stay of over 14 days who were not in delay reached a high at 241. Performance was improving to May 2026, falling to 147. But the latest month, June 2026 has seen an increase to 199. This failed to meet the rolled forward Delivery Plan trajectory of 95.

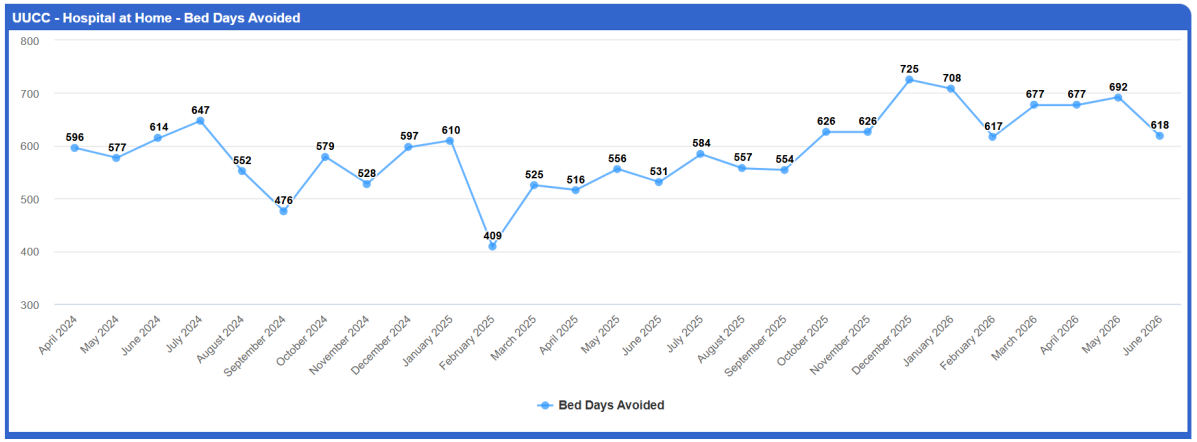
Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

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*

Source: Local Management Reports

Unscheduled Care

Deliverable Summary

Improve overall ED 4hr compliance (both unscheduled and scheduled attendances). National target is for 95% of patients will wait less than 4 hours from arrival at Emergency Department (ED) to treatment, admission, or discharge.

Improvement Actions	Monthly Progress
Development of bed management standard operating procedures with roles and responsibilities redefined. Refresh of Escalation/OPEL framework and action trigger cards for acute sites and community. Continuous flow moves to support timely placing of admitted patients.	The review of the Bed Management Process Policy has commenced in March 2026, with an anticipated completion in Q1 of 2026/27. Site huddles incorporate the OPEL framework and sitreps have been implemented to support OPEL triggers and action cards. Work is ongoing with the local digital team and Shrewd to agree final work required and revised timeline for phase 2 which is targeted for completion Q2. While moves towards continuous flow have been achieved through the site huddles, Q4 performance has continued to be a challenge due to high occupancy and high numbers of delayed discharges impacting the admitted pathway.

Deliverable Summary

Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 72.0%

Improvement Actions	Monthly Progress
Proactive planning by emergency department and bed management team to support ambulance activity in community through continuous flow.	Continuous flow has been implemented with an enhanced focus on UHA admitted flow. Ambulance turnaround times remain a challenge due to the lack of flow. Sundays to Tuesdays for both sites result in over-crowding of the EDs which arises from the lack of weekend discharges internally and HSCP packages of care impacting on flow and continuous flow moves. Refresh and recirculation of the SAS escalation process with roles and responsibilities. Live escalation channel by site, Continuous flow across both sites. Post site huddle escalation re moves Discuss SAS on-site clinical lead presence at ‘pinch points’. Fit to Sit, awaiting tests to support flow · Shrewd SAS visibility within ED and CAU and front door COMs co-location to support demand and movement.

Unscheduled Care

Deliverable Summary

Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs) to at least 50%

Improvement Actions	Monthly Progress
Identification of frail patients with pull model, supported by daily board rounds to support reduction in time frail people spend in hospitals.	This improvement action is in place for weekdays. The weekend staffing resource has not yet been mobilised with the Whole System DWD funding allocation. TrakCare upgrade in May will support functionality of frailty alerts.
Utilising technology in social care to support remote monitoring 24/7 and standalone remote monitoring by families/carers.	This improvement action requires collaboration through the MDT board rounds, and stake holder engagement with the clinicians, to work collaboratively to make informed decisions through care planning utilisation and signposting to technology linked services.
Delivery of additional preventative and homefirst (discharge to assess) services, utilising staff across boundaries and performance.	This action has not commenced due to the outstanding gap in service provision to support homefirst. This is being progressed through the Whole Systems Improvement Plan and DWD programme. Teams have utilised some bank staff to enable 7 day working and Discharge to Assess (D2A).
Develop and deliver 7 day frailty service with AHP and MDT support.	This action has not commenced due to the outstanding gap in workforce to support service provision aligned to homefirst. This is being progressed through the Whole Systems Improvement Plan, AHP Acute Review and DWD programme workshops.

Unscheduled Care

Deliverable Summary

Improve productivity of CAU to focus on admission avoidance and reduce LOS on CAU for all patients to optimise and support ED activity. Meeting the national standard of a maximum LOS of 72 hours for all patients.

Improvement Actions	Monthly Progress
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. Commission POCT for Covid & Flu to support seasonal demand to support flow from ED to assessment areas, and base wards in compliance with national infection control	Action commenced with a reset in Q1 including coding changes and highlighting LOS in CAU. There has been a significant improvement on LOS and 72 hours discharges over the past 6 months, which will improve further with DWD and whole systems case for change which delivers a comprehensive set of actions to reduce occupancy at both sites, develop 7 day working and the acute review on AHP workforce D2A from assessment units. Short life working group set up to reinstate POCT for respiratory. There requires to be a joint model of service delivery between Microbiology and Emergency Care re: sustainable long term plans.

Deliverable Summary

Reduce bed occupancy

Improvement Actions	Monthly Progress
Medical workforce review to drive 5 day board rounds to optimise discharges and reduce bed occupancy. Median LOS targets to be agreed across all speciality areas. 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.	Medical model and job planning in progress. Action is partially completed with dashboards developed and circulated every week. Performance meetings within the Divisions have been set up to review and monitor LOS which have been impacted by community resource and reduction in community service provision. DWD posts approved in late January are in recruitment stage and some posts on hold due to whole system case for change paper. Weekend discharge planning for all Divisions in place. Further work to be done across the Divisions to increase the number of discharges with consultant body across Medicine. Consultant posts awaiting approval in Medicine to review weekend coverage and COTE cover.

Unscheduled Care

Deliverable Summary

Reduce Longer Length of Stay
(% reduction outlined in CfSD and DWD recommendations)

Improvement Actions	Monthly Progress
Weekly MDT whole system LLOS reviews and CTR meetings at both sites led by site clinical leaders. Reduce delays to inpatient investigations/ diagnostics.	There is an improvement plan underway to focus on weekly LOS reviews to be Divisionally led and to fully embed best practice. Meetings are being refreshed and will align to LLoS reviews by the site AMD. The Chief Nurses will progress LLoS reviews for patients in true delay. Board Round App has been put on hold whilst seeking additional development support essential. Review of diagnostics capacity to support current demand. Outputs from the review will determine resource required to reduce delays, which significantly impact Ayr site. Review and audit in progress including transport and portering pick up times.

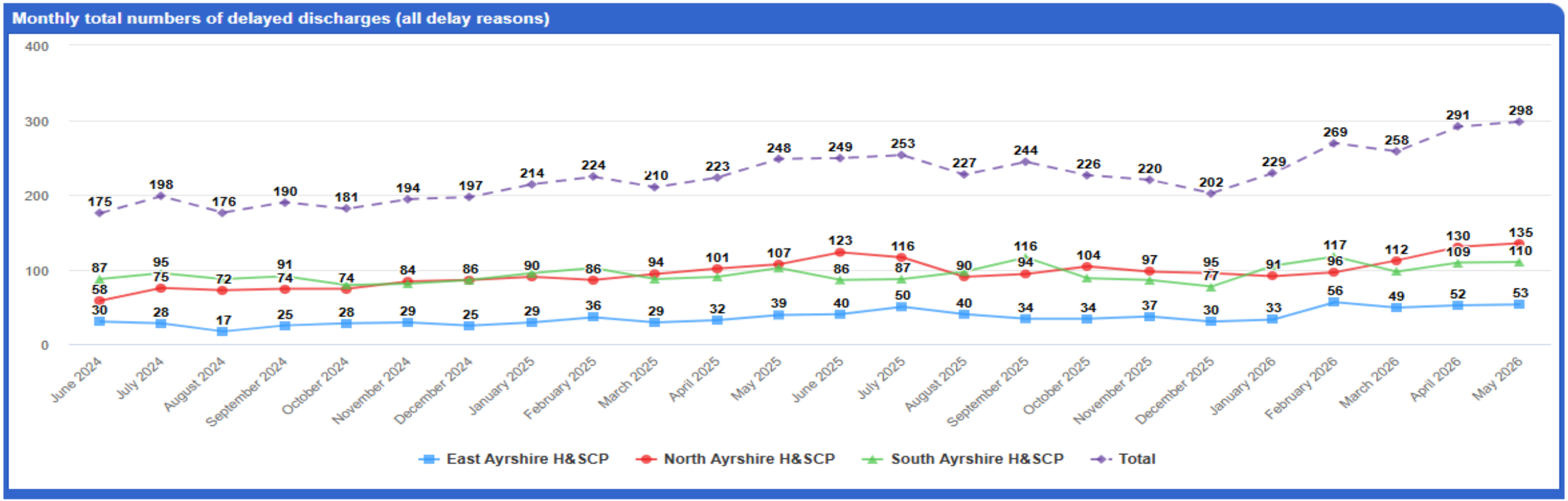
Deliverable Summary

Increase Hospital @ Home beds by December 2026

Improvement Actions	Monthly Progress
Develop Whole system virtual capacity model to include expansion to link with FNC to support admission avoidance for OPAT, respiratory, heart failure, etc.	Some additional funding has been allocated to enhancing H@H. This does not fully align to our aspirations for the service. The team have undertaken a full review of what can be delivered in the current year with the allocation that has been received. Workshops in progress with Ayrshire and Arran partners aligned to pathways and delivery of Virtual Capacity Pan-Ayrshire to support optimisation of allocation with the planning and implementation of OPAT and expanding the service into the North HSCP catchment area.

Delayed Discharges

Number of Delayed Discharges – All Delays by HSCP

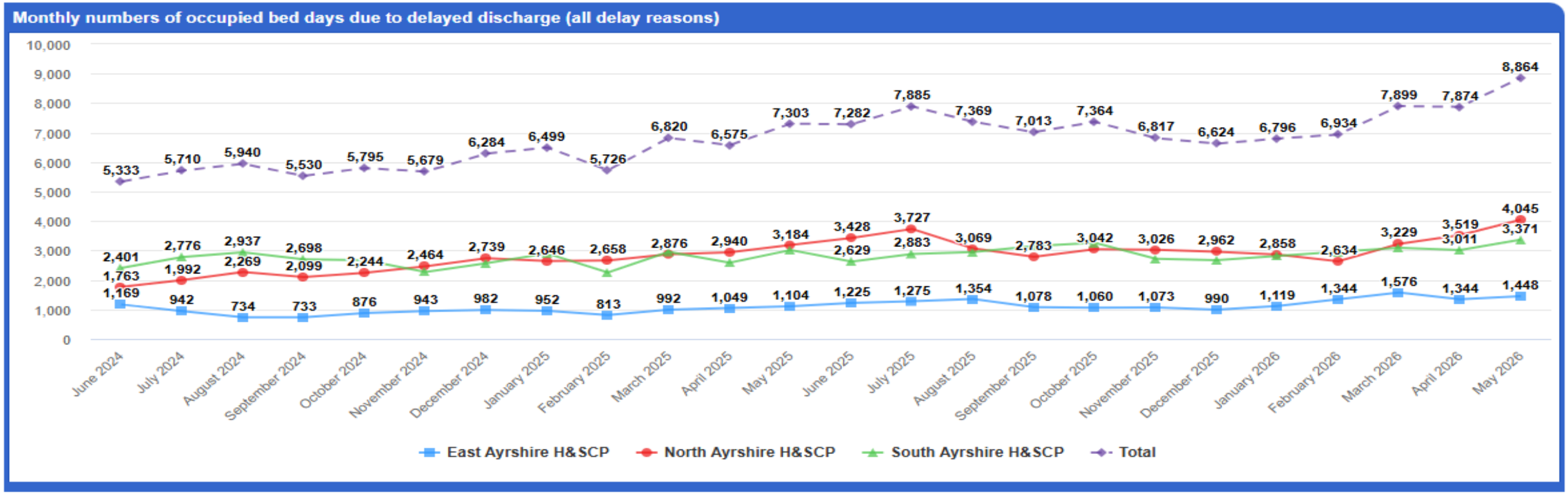


Current Position: A total of 298 delayed discharges were reported at the May 2026 monthly census point. This is an increase of 7 compared to the previous month. East Ayrshire HSCP reported 53 delays, an increase of 1 compared to April 2026; North Ayrshire HSCP reported 135 delays, an increase of 5; and South Ayrshire HSCP reported 110 delays, an increase of 1 delay compared to the previous month. The majority of delays are in North Ayrshire HSCP (45.3%).

Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Number of occupied bed days due to a Delayed Discharge – All Delays by HSCP



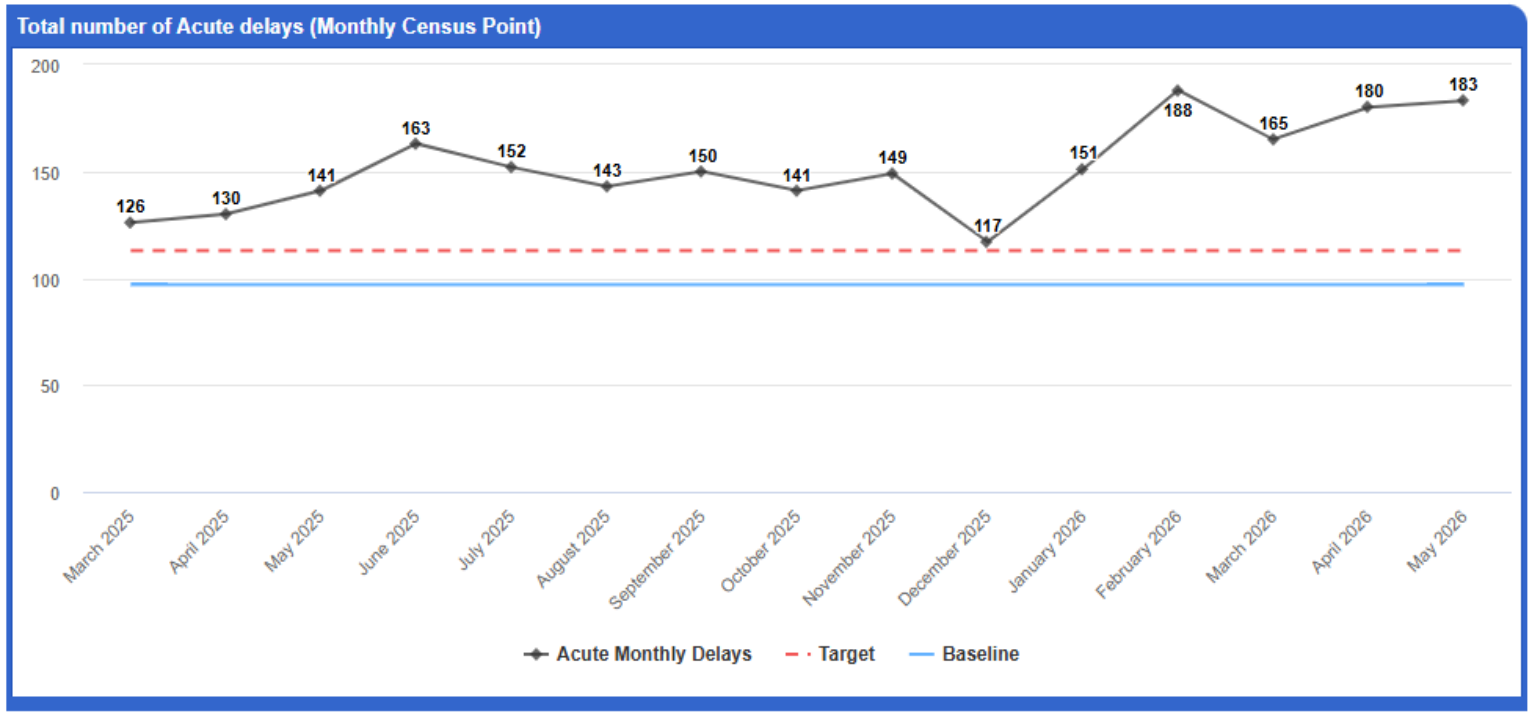
Current Position: Occupied bed days (OBDs) due to a delay have increased from 7,874 in April 2026 to 8,864 in May 2026. East, North and South HSCP's all reported a rise.

Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Number of Delayed Discharges – Acute Delays by HSCP

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



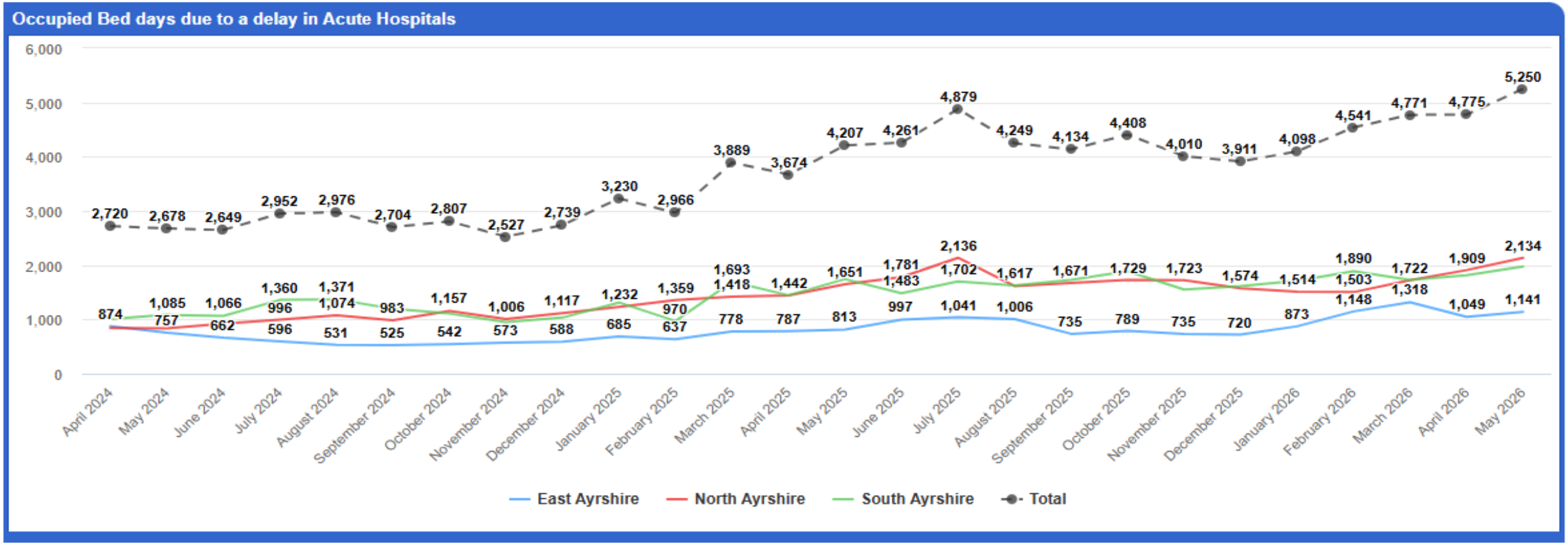
Weekly Management Information	Actual	Trajectory
	Sunday 5th July	Mar 2026
Number of Acute Delays (Total)	**151**	**113**
Number of Acute Delays (East)	43	20
Number of Acute Delays (North)	56	58
Number of Acute Delays (South)	52	35

Current Position: At the Census point at the end of May 2026, there were 183 delays in our Acute sites. The revised Whole System Target was to have no more than 113 delays at the end of March 2026 which has been rolled forward. Weekly management information at 5th July 2026 shows that only North HSCP met the target of 58 with 56 delays.

Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Number of Occupied Bed Days due to a Delayed Discharge – All Acute Delays by HSCP



Current Position: The monthly number of occupied bed days due to a delay in our Acute hospitals continue to increase from 3,911 in December 2025 to 5,250 in May 2026. East, North and South HSCP showed worsening delays.

Current Position Against National Target: No relevant comparison or target.

Target for March 2027: The Delivery Plan trajectory for 2026/27 has yet to be agreed.

Delayed Discharges – by HSCP

- Reduce the daily average number of occupied beds due to a delayed discharge
- Reduce the total number of delayed discharges at month end census point

	May 2026	
HSCP	**Average Daily Beds due to Delayed Discharges**	**Total Delayed Discharges (Census)**
East	48	53
North	133	135
South	111	110

Delayed Discharges East Ayrshire HSCP

Deliverable Summary

Reduce the daily average number of occupied bed days due to a delayed discharge.
Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point.

Improvement Actions	Monthly Progress
Ensuring a Home First approach across services and pathways. Service-wide implementation of reablement. Implement recommendations from IJB Report on East Ayrshire Community Hospital.	EAHSCP Home First staff well established, but impact of vacancies/absence. Plans for investment partially implemented – working towards seven-day MDT input. Slippage plans to support reablement and flow delivered. Social Worker with Mental Health Officer qualification in post. British Red Cross test of change being implemented from June 26. Financial constraints and management of access to key services e.g. Care Home funding is impacting on performance, and the number of delays is increasing. ICT Occupational Therapy posts completed HR process. Awaiting Vacancy approval to advertise. Involvement with Pan-Ayrshire ID hub proposals. Reablement well-established, Staff continuing to promote Reablement and Rehabilitation pathways to maximise independence. Posts recruited to in reablement and flow coordination roles. Advanced Nurse Practitioners recruited to in line with further development of the nurse-led model. Good ALoS performance at EACH. Continuing liaison with delivery partners re in-reach, community support and wellbeing service offers. Physio provision at EACH sourced.

Delayed Discharges North Ayrshire HSCP

Deliverable Summary

Reduce the daily average number of occupied bed days due to a delayed discharge.
Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point

Improvement Actions	Monthly Progress
Ensure robust systems are in place for the management and oversight of complex social work assessments. Daily Senior Management review of all Delayed Discharges including oversight of guardianship timescales. Maximise capacity and ensure efficient utilisation of the care at home resource to support discharge from hospital including the enhancement of reablement supports in the community. Targeted care package review strategy and reablement approach to care provision. Refresh use of DWD and PDD Bundle in Community Wards.	Daily review and scrutiny of delays continues with weekly Director oversight. Production of highlight report now provides continuous reporting in line with SG Winter Preparedness recommendations. These processes are embedded into normal practice and are now ongoing. Progress includes successful expansion of Mental Health Officer capacity, which has eliminated inpatient allocation waits and reduced Adults with Incapacity delays. Recruitment for a seven-day Enhanced MDT is complete. Service plans continue to be developed including to move to 7 day service. This process needs to be aligned with acute 7 day working. The enhanced MDT will support the agreed D2A criteria and model for care programmes for Home/reablement. The reablement review project concluded in 2025 with new criteria for service provision rolled out. Functional assessment tool also being reviewed with a view for review on ECM. The CAH service has commenced a planned programme of locality reviews, utilising service data, to ensure all rotas and capacity are being used as efficiently as possible. Lessons learning progressing, capacity and rota savings being identified. An eligibility criteria to enable social care services to be delivered within budget has been approved and is in the implementation phase. Care at Home/D2A – recruitment plans remain on hold pending funding. Bundle is in place, and the communication work to fully embed it has commenced. The modified Criteria to Reside process for Ayrshire Central Hospital was successfully introduced on 05 March 2026. We now provide a monthly summary of long lengths of stay within ACH wards to the DD meeting, along with the average length of stay report. Review of community hospital beds is underway to ensure patient safety, service continuity and system flow, with appropriate controls, safeguards and monitoring arrangements in place.

Delayed Discharges South Ayrshire HSCP

Deliverable Summary

Reduce the daily average number of occupied bed days due to a delayed discharge
Reduce the number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point

Improvement Actions	Monthly Progress
Maintain care home numbers despite the financial challenges.	Care Homes placements continue 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. Review Moving and Handling ways of working, to support approaches to risk assessed care, increasing capacity within care at home and ensure appropriate equipment to support individuals at home.	Recruitment to these posts has been held until decisions around recurring funding have been taken. In the mean-time we continue to develop pathways, standard operating procedures in preparation for the posts being recruited to.
Maximise the use of step up and step down beds in RRICU.	We have been unable to create the further capacity proposed until ANP posts are filled. However, there continues to be positive flow through this service supporting transfer of patients from Acute sites. Service continues to utilise all available beds.
Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships.	As part of the transformational work creating an Integrated Discharge Team, a Pan-Ayrshire approach is in progress. Discharge planning policy and single referral form are currently being progressed to support discharge planning. Guardianship processes embedded and Guardianship orders appropriately progressed with a reduction in those individuals requiring guardianship orders. A Pan-Ayrshire approach is also in development to support a consistent approach to guardianships, considering least restrictive options and promoting alternatives, where appropriate, to guardianship. A Sub- Group of the IDH Delivery Group, has been established to take this work forward.

Primary Care

Primary Care

Deliverable Summary

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.

Improvement Actions	Monthly Progress
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. Expansion of pharmacy hub. Test of concept/impact - Advanced Pharmacist Practitioner. Evaluate impact of a preceptorship programme.	2026/27 financial projections based on the M2 position indicate the majority of reserves will be needed to cover business as usual for the year. A Scottish Government business case is expected in Summer 2026 providing direction of travel for MDT Teams under the GMS Contract and potentially also regulatory changes. The formal decision on a Pan-Ayrshire PCIF budget in future years is being escalated via internal decision-making routes Accommodation to host MDT Teams within General Practices is becoming a pressure and risk.

Deliverable Summary

Improve access to NHS dentistry to ensure a sustainable and equitable delivery model which supports the oral health needs of the local population

Improvement Actions	Monthly Progress
Improve access to services with the aim to reduce waiting times with a specific focus on emergency and unscheduled care, improving access for people in our most vulnerable groups through. Implement priorities and objectives identified from the programme of work to develop the vision and strategy for dental services. Invest in the development of dental workforce to improve retention and capacity. Review of current care within practices with the aim to provide a greater range of services within General Dental Practices.	Paediatric referral waiting times continue to be stabilised at 18 weeks. Weekday and OOH Emergency dental care continue to receive a high level of unregistered and registered patients. PDS continue to have some long-term absences which are impacting on the delivery of the service and risk mitigations are in place to support. There is ongoing recruitment of dental places to return the workforce to full capacity. Access to NHS dental services remains stable with fluctuations in access with 18 practices accepting NHS Patients.

Digital

Digital

Deliverable Summary

A new online app for health and social care: roll this out from December 2025, starting in Lanarkshire

Improvement Actions	Monthly Progress
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.	The Population wide rollout has been undertaken with MyCare.Scot now available. Actively contributing to the West Sub-National Group, led by NHS Lanarkshire, to explore pooled resources and a unified delivery model for the Digital Front Door (DFD). No delivery plan has yet been agreed. Formalised the Board's position as an early adopter, proactively engaging with the National Implementation meetings, A&A meeting held end June to look at process in the meantime. Local Outline Business Case in draft however info awaited before finalisation.

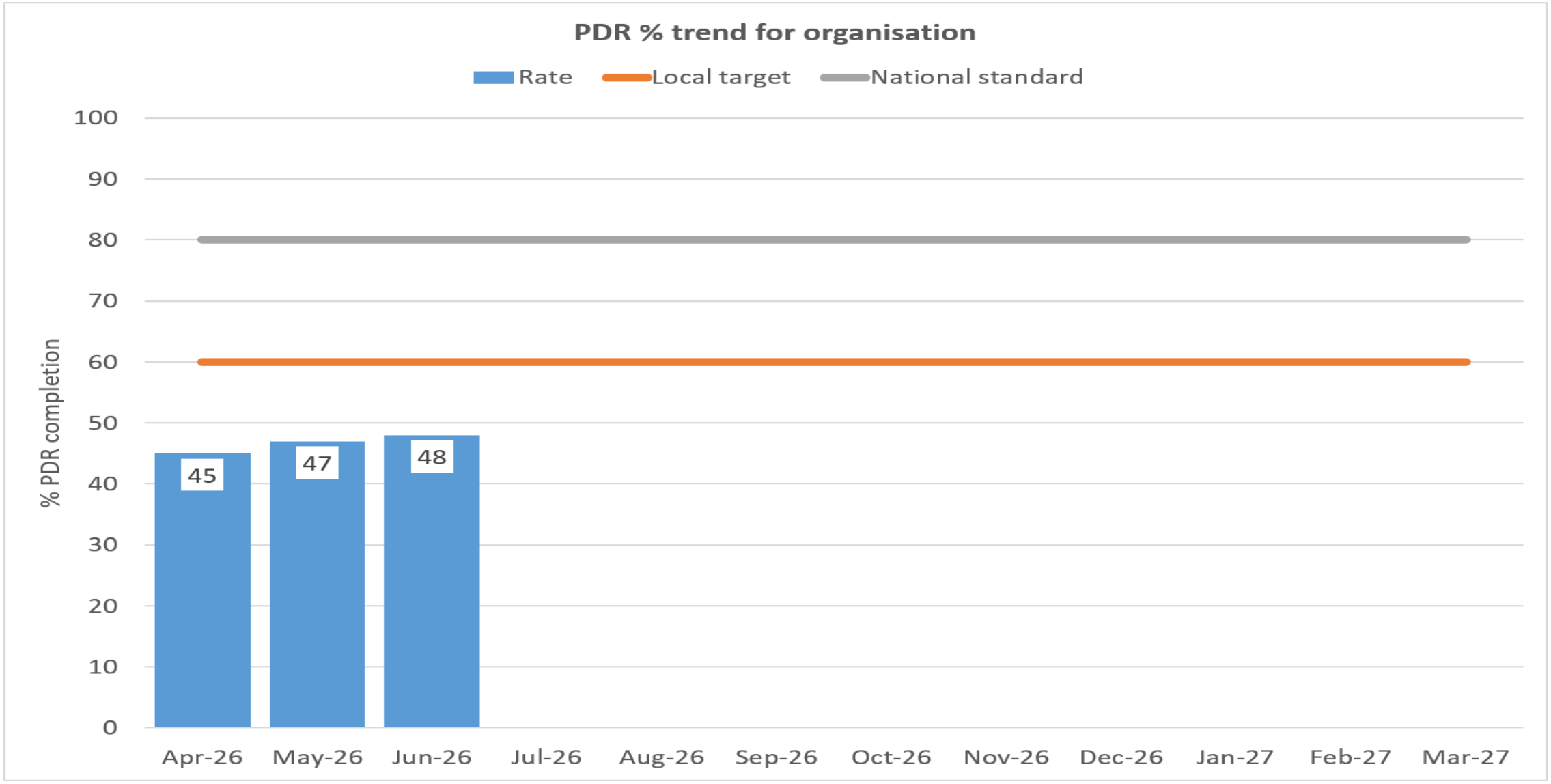
Deliverable Summary

Support integration of CHI numbers across health and social care systems

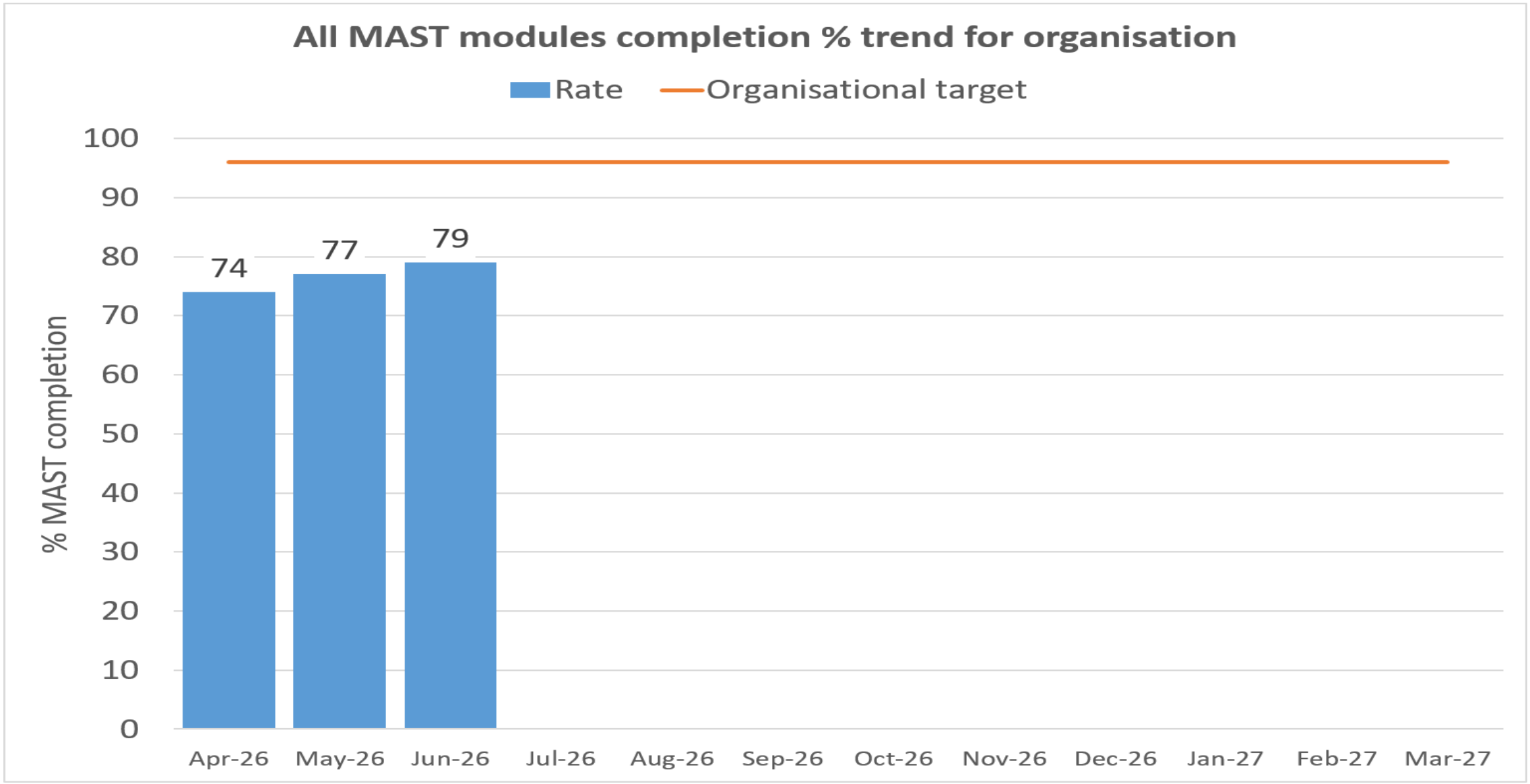
Improvement Actions	Monthly Progress
The use of the CHI in local government will support the appropriate sharing of information across health, social work and social care settings by expanding the use of a common identifier for verification and data matching.	Collaboration is underway with each Health & Social Care Partnership (HSCP) to embed CHI numbers into local government and social work systems, facilitating seamless data matching. SBAR to define Role-Based Access Control (RBAC) is still progressing through Board governance Prog Manager chasing.

Workforce

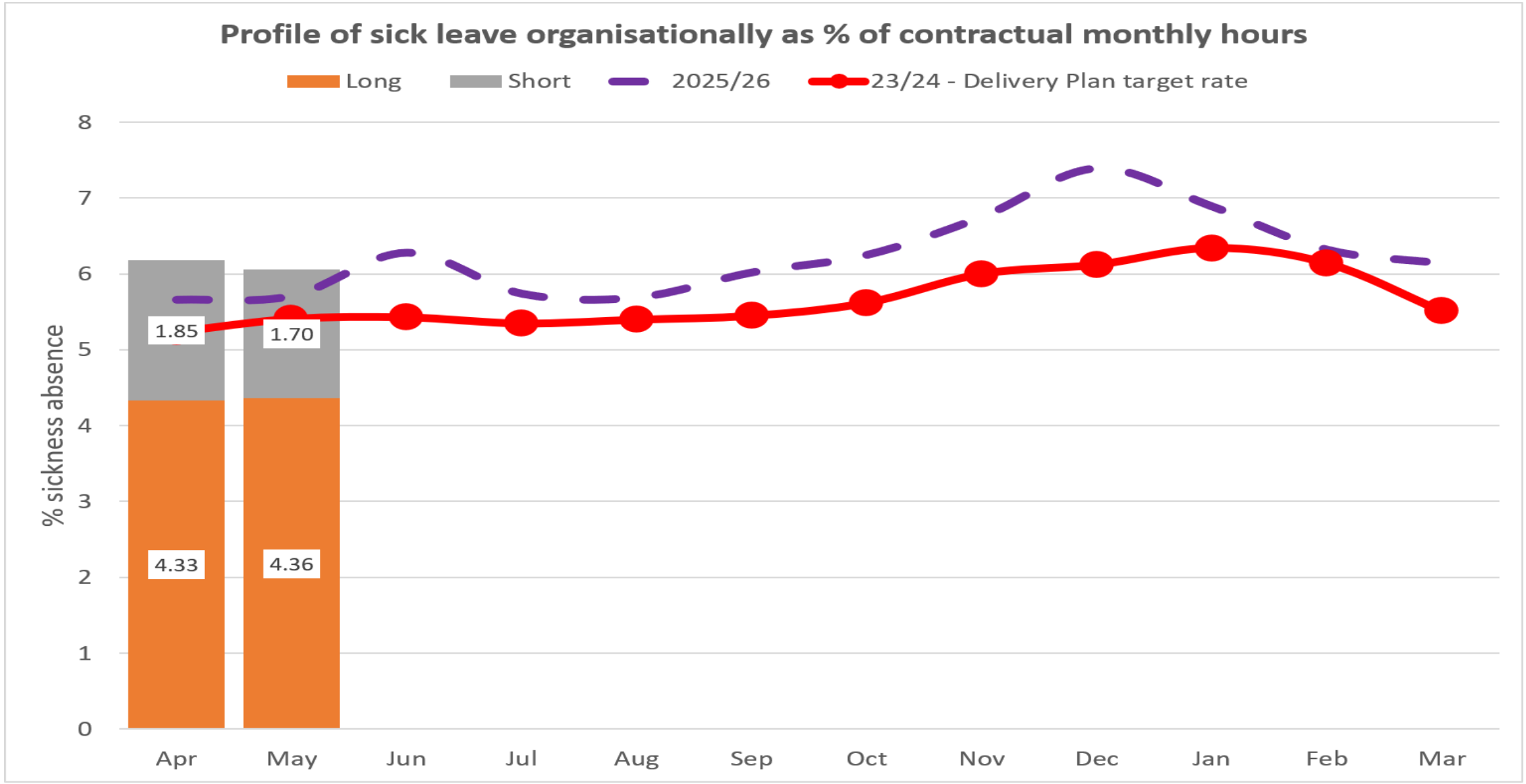
PDR Completed % Rate



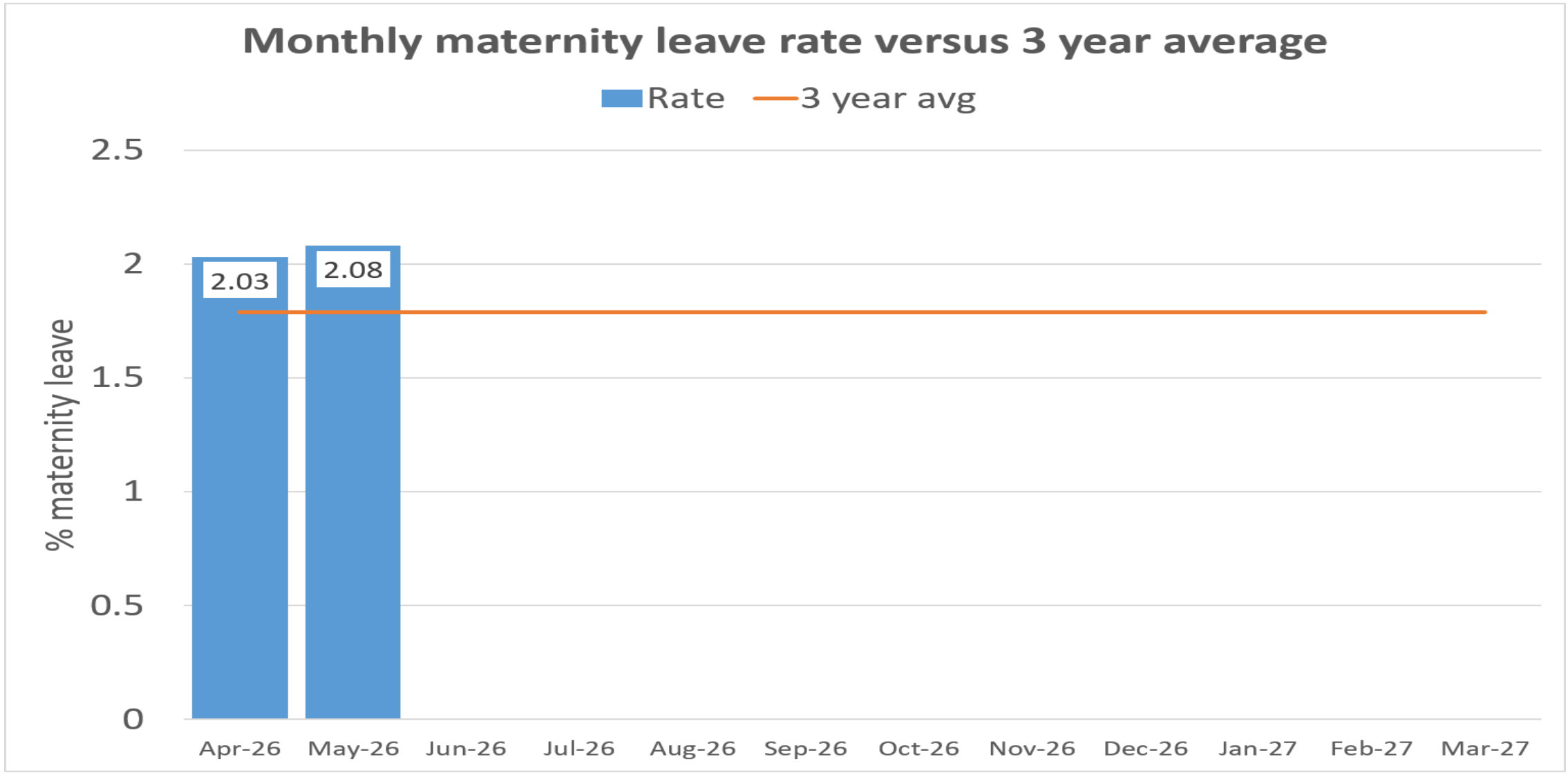
MAST - % Completion of all Modules



% Sickness Absence Rate

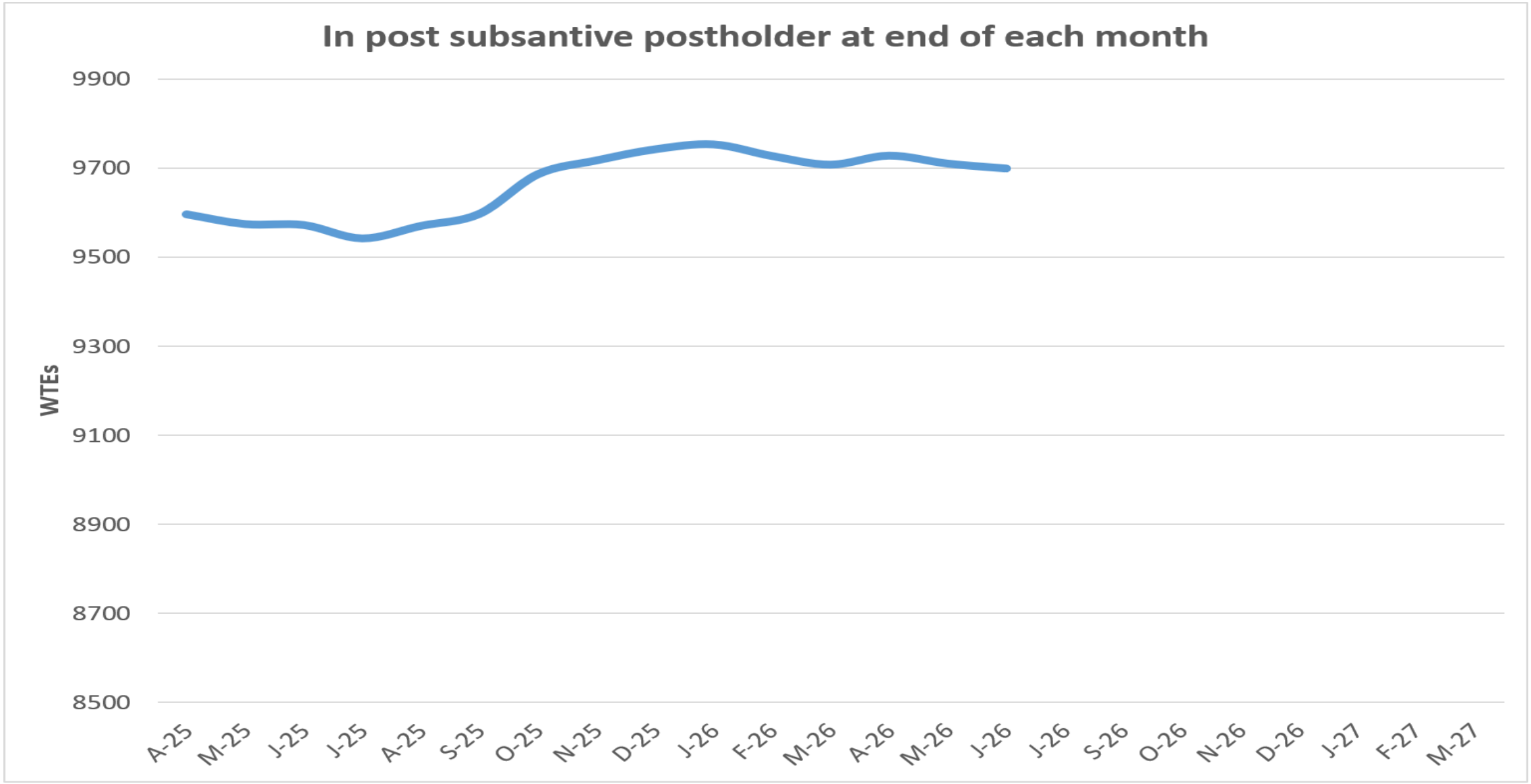


% Maternity Leave in Month

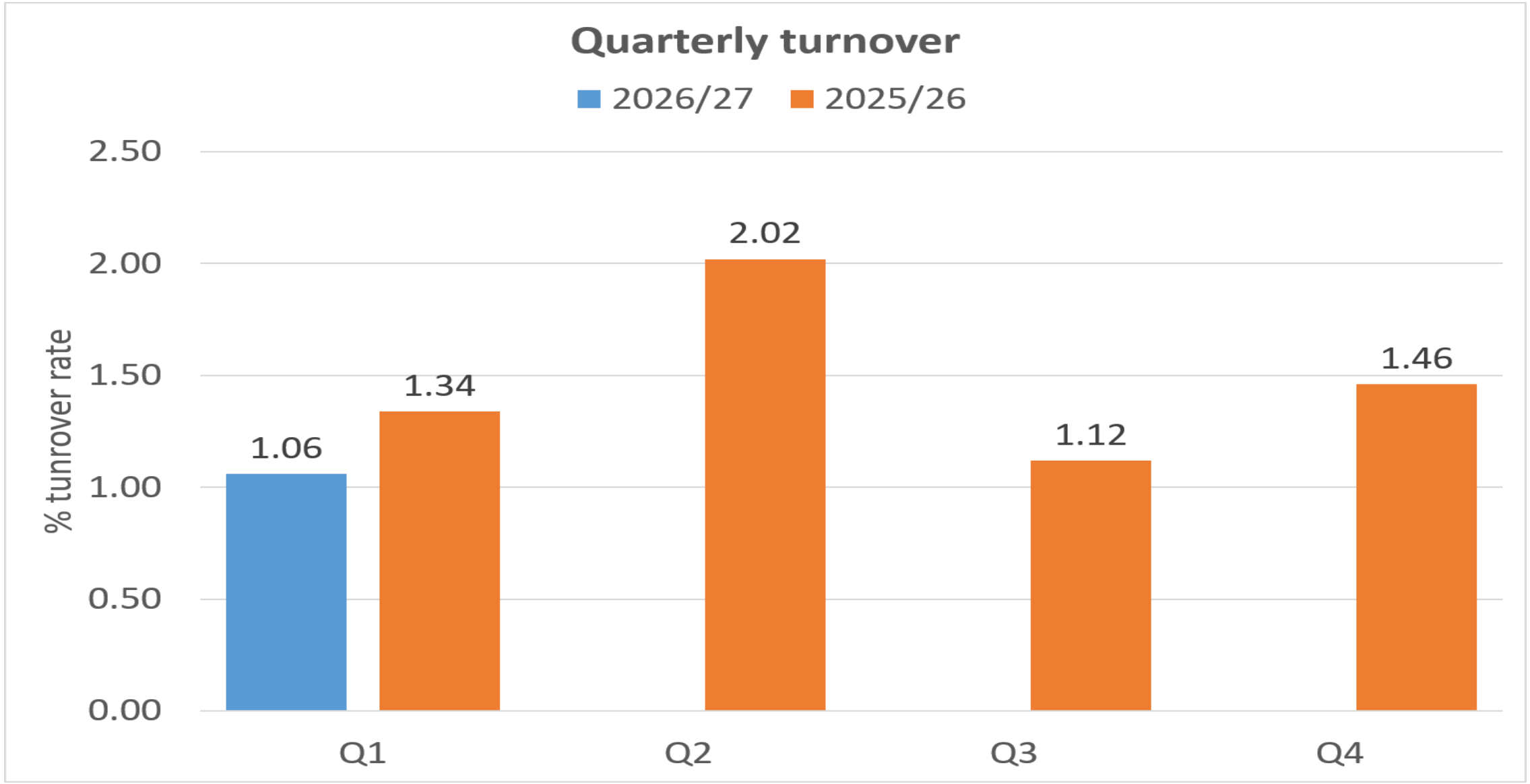


Monthly New Starts Versus Leavers

WTEs in Post on Monthly Basis



% Turnover Rate (quarterly)



iMatter (annual)

	2025	2024
Response Rate	55%	56%
EEI	78	78
Action plans	51%	57%

Workforce Sickness Absence

Deliverable Summary

Continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance.

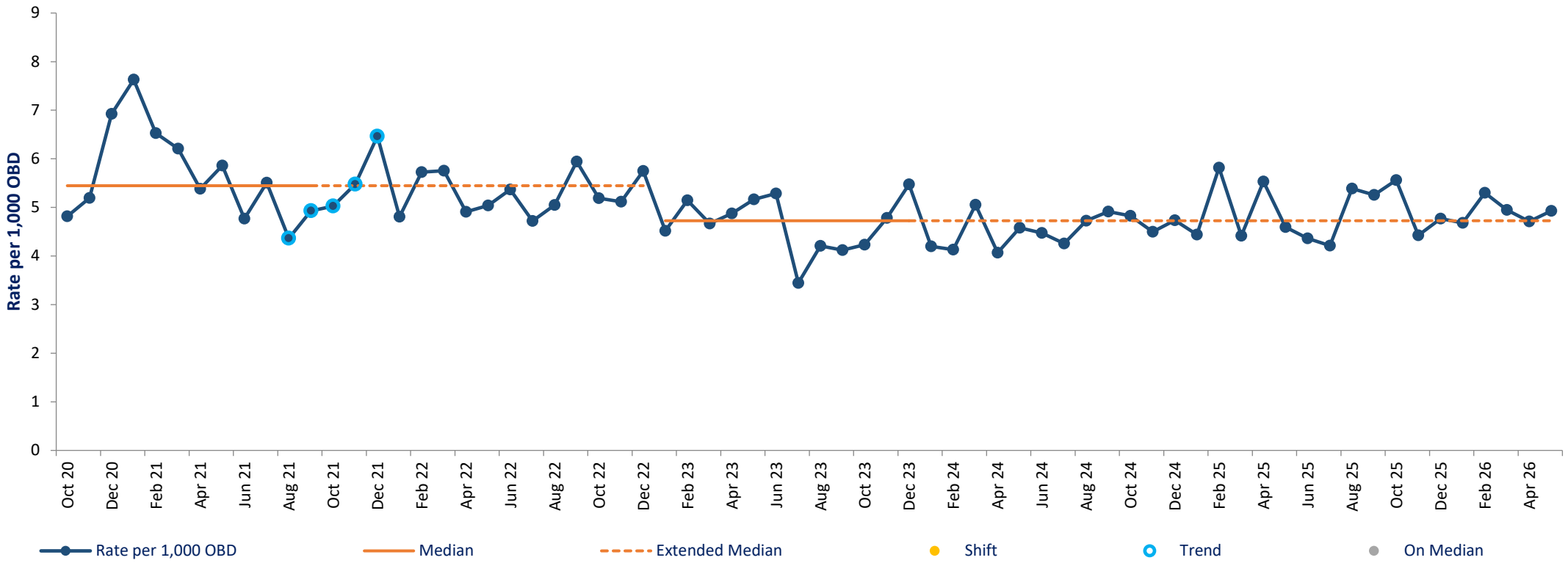
Improvement Actions	Monthly Progress
Continue to ensure sickness absence is appropriately managed, including support of staff health and wellbeing, thus reducing demand for supplemental staffing. Sickness absence is continually monitored on a monthly basis – we have quarterly targets for FY 2025/26: Q1 target = 5.32% Q2 target = 5.24% Q3 target = 5.88% Q4 target = 5.90% Cumulatively will contribute to our overall ambition of a 0.42% reduction for FY 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.	Our trajectory for 2026/27 is based upon achieving an outturn similar to 2023/24 before we saw a step change in our sickness absence rates which were also mirrored across wider NHS Scotland. Outturn for Month 2, May 2026, is an absence rate of 6.06% - this is above the level for the same period last year (5.71%) and above the trajectory level from FY 2023/24 for the same period (5.41%). The focus of the Promoting Attendance Team is on long term absence. We are seeing a trend of long term absence increasing month on month and short term absence is also on an upwards trajectory. Recommendation actions implemented arising from internal audit, which is reported on monthly to Azets, and includes refreshed sickness absence plans for Directorates and more focus on hotspot areas. Absence is a standing item on the established Acute Divisional Performance Meetings. We continue to monitor absence monthly and take cognisance of our performance in relation to our peer territorial NHS Boards. Despite having elevated levels of absence, we continue to have a rate lower than the NHS Scotland average.

Quality

Quality Indicator 1 - Acute Services Inpatient Falls per 1,000 Occupied Bed Days

NHS Ayrshire & Arran

All acute sites

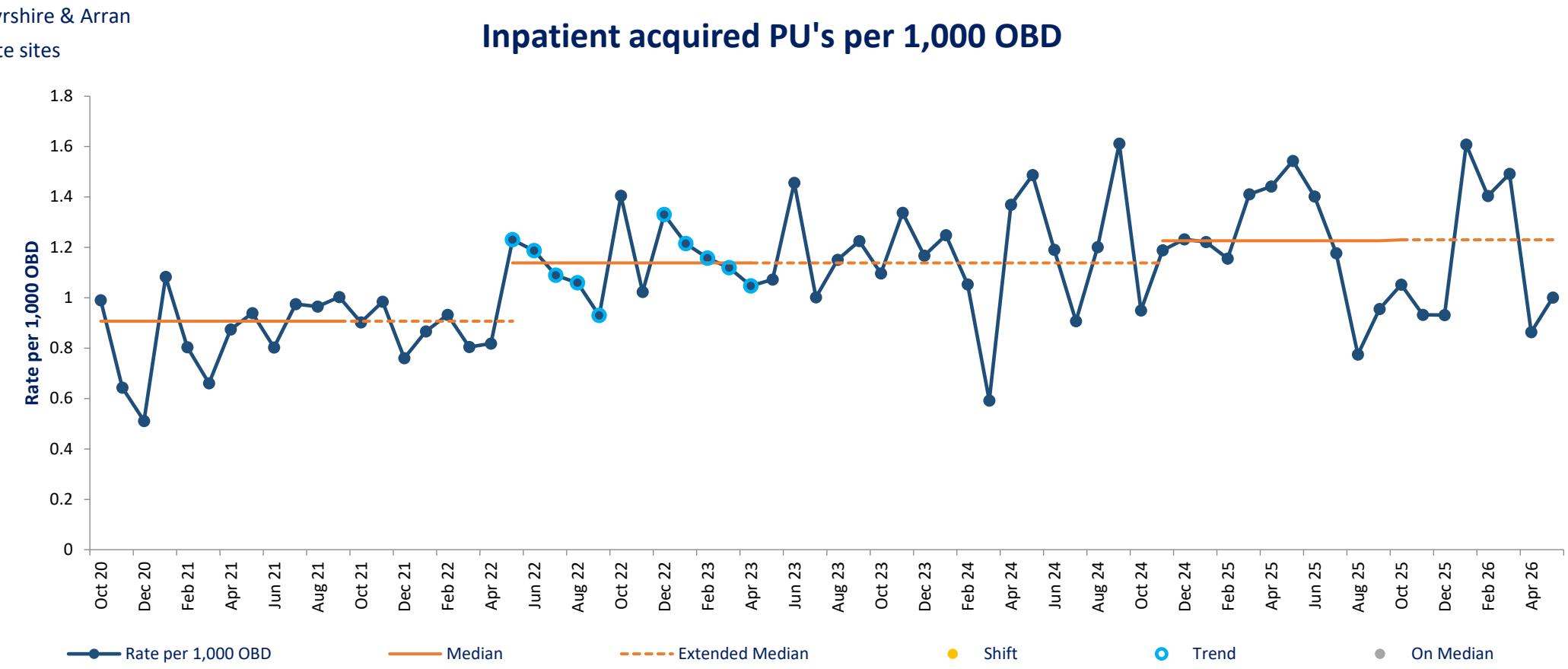


A sustained reduction in falls across acute services has been demonstrated since January 2023 with the median rate decreasing from 5.4 to 4.7 demonstrating a 13% reduction. This is below the national Scottish median rate which is 7 per 1000 OBD's

Quality Indicator 2 - Acute Hospital Acquired Pressure Ulcers per 1,000 Occupied Bed Days

NHS Ayrshire & Arran

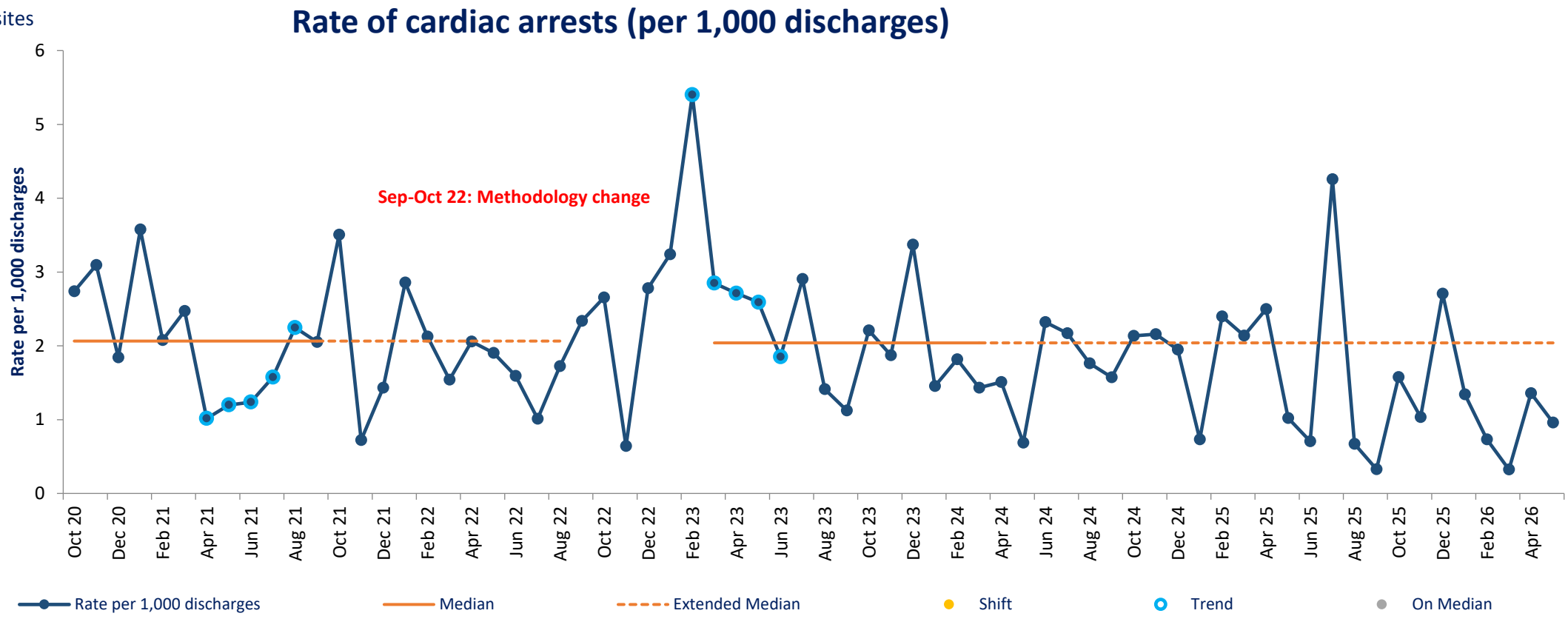
All acute sites



A sustained increase across acute services has been demonstrated since May 2022 with the median rate increasing from 1.14 to 1.23 demonstrating an 8% increase. There is currently no Scottish median to benchmark against.

Quality Indicator 3 - Rate of cardiac arrests per 1,000 discharges

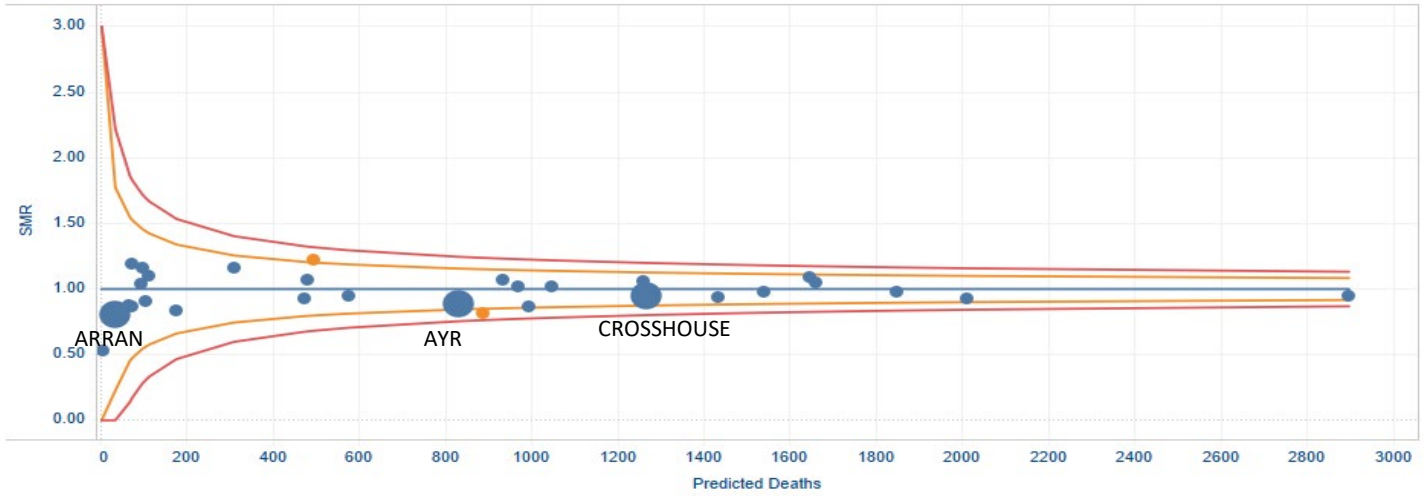
NHS Ayrshire & Arran
All acute sites



Cardiac Arrest rate for UHA and UHC demonstrates normal variation with the last 5 points below the median of 2. NHSAA median is above the national median of 1.2.

Quality Indicator 4 - Hospital Standardised Mortality Rate (HSMR)

Hospital Standardised Mortality Rate (HSMR) January 2025 - December 2025



Health Board of Treatment: NHS Ayrshire & Arran

Period: January 2025 to December 2025

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	**26,281**	**26,281**	**669,659**	**3.9%**	**1.00**	**n/a**
NHS Ayrshire & Arran	2,007	2,173	46,591	4.3%	0.92	n/a
Arran War Memorial Hospital	27	34	275	9.8%	0.80	●
University Hospital Ayr	730	831	18,566	3.9%	0.88	●
University Hospital Crosshouse	1,197	1,269	27,077	4.4%	0.94	●

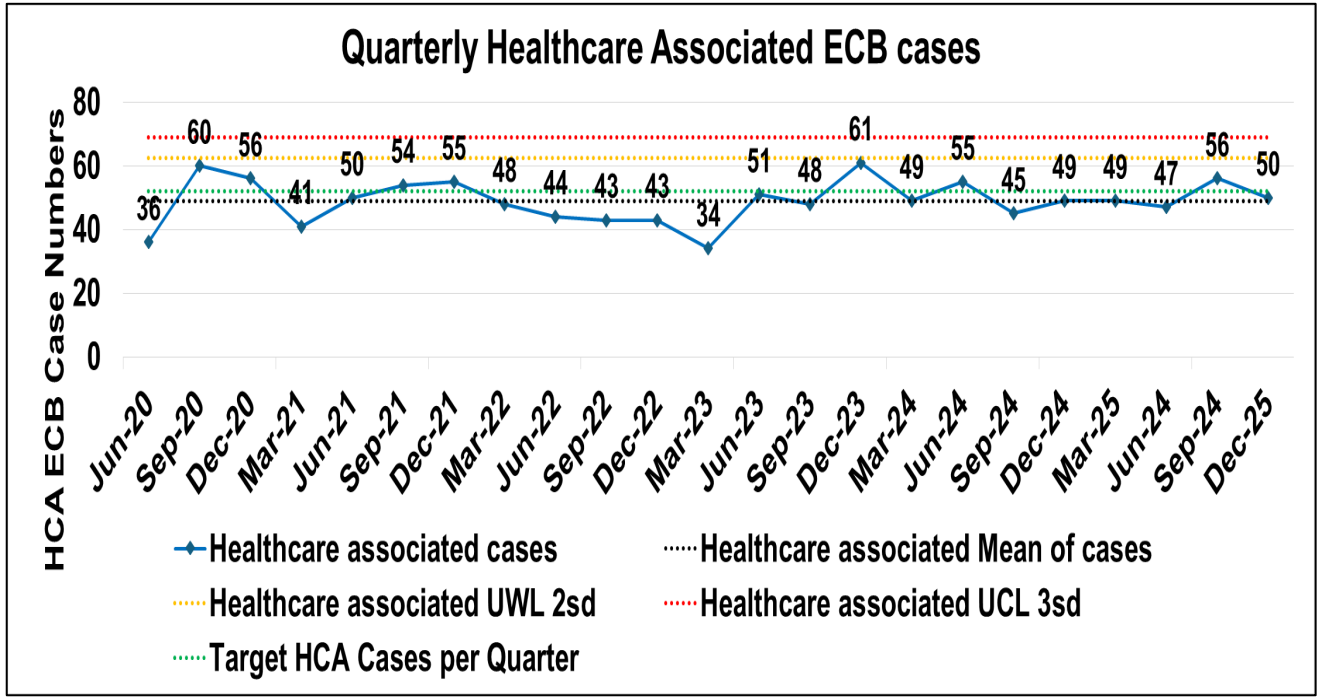
HSMR next data release will be available August 2026

Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect and incorporates patients who have died within 30 days of admission. HSMR data is published on a quarterly basis with the latest 12-month reporting period being Jan 2025 to Dec 2025.

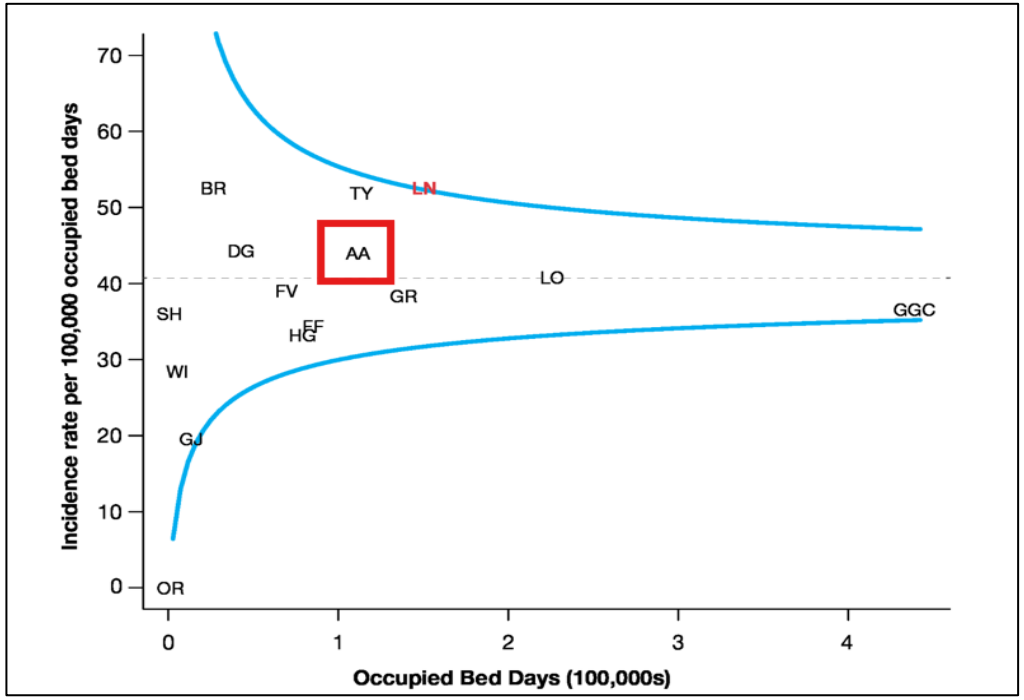
UHC is below the predicted HSMR ratio of 1.00 at 0.94

UHA is below the predicted HSMR ratio of 1.00 at 0.88

Quality Indicator 5 - Gram-negative bacteraemia (healthcare associated E. coli bacteraemia) (ECB)



Funnel plot of HCA ECB incidence rates (per 100,000 TOBD) for all NHS Boards in Scotland in Oct – Dec 2025.

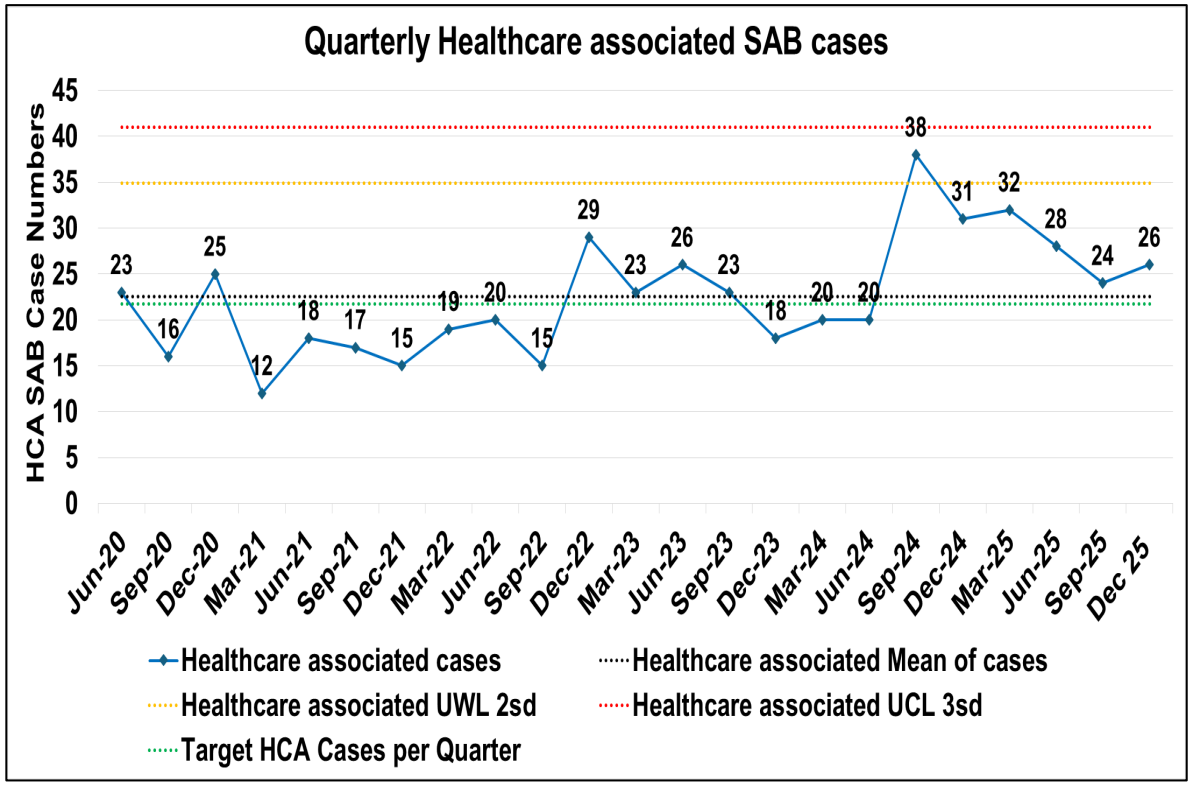


Case numbers remain stable, averaging around 50 per quarter and consistently stayed below established warning and control thresholds, indicating no significant deviations or outbreaks during the reporting period. This indicates sustained performance within expected limits, with no evidence of significant outbreaks during the reporting period.

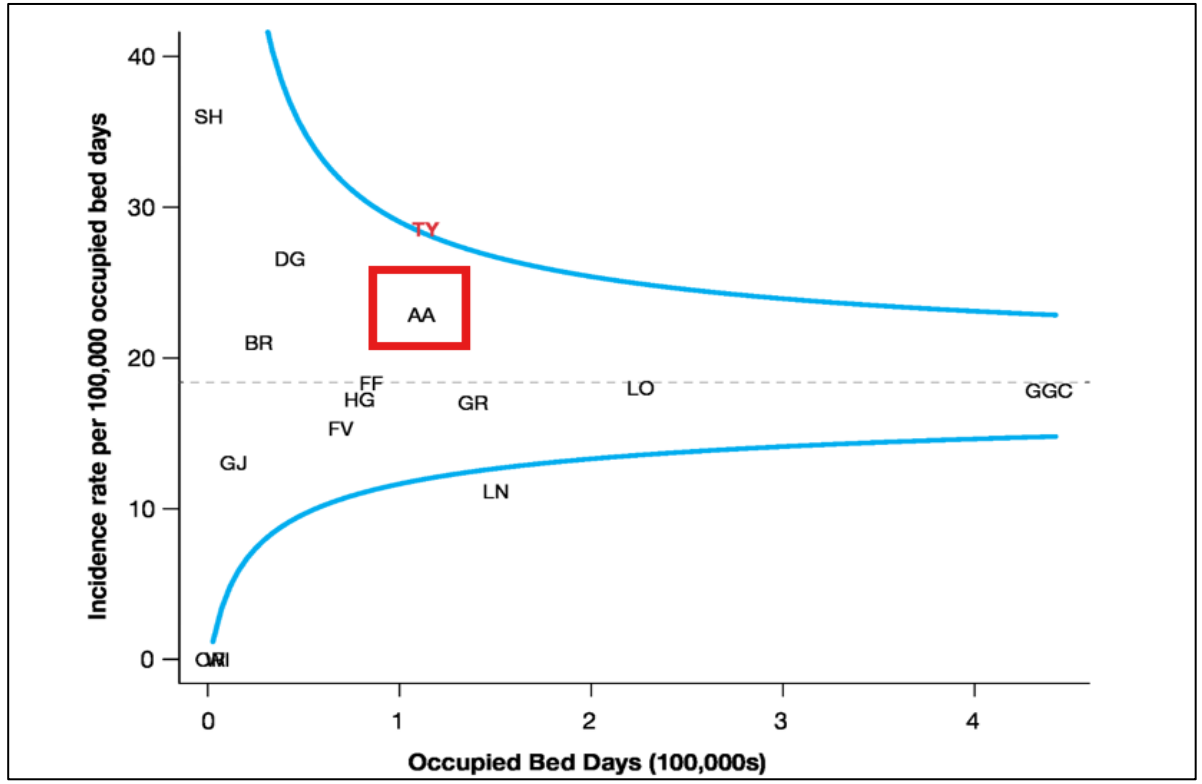
NHS AA rate of 44.0 (50 Cases) is within the 95% confidence interval upper limit and above the Scottish national average rate of 40.7 (625 Cases) per 100,000 TOBDs.

Next data will be available August 2026

Quality Indicator 6 - Staphylococcus aureus bacteraemia (SAB)



Funnel plot of HCA SAB incidence rates (per 100,000 TOBD) for all NHS boards in Scotland in Oct – Dec 2025

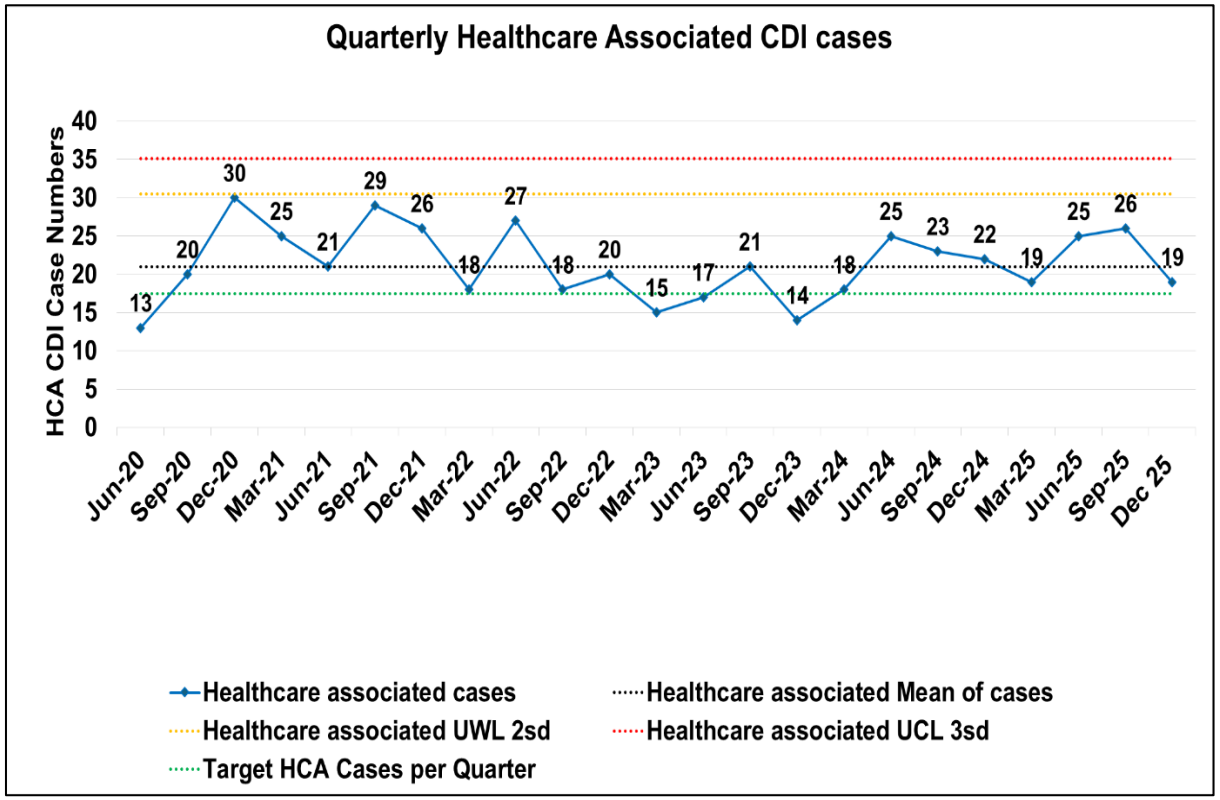


Although the current rate exceeds the Scottish average of 18.4 per 100,000 TOBDs, it remains within control limits, suggesting no special cause variation. The reduction in the previous quarters reflects the impact of sustained quality improvement efforts and enhanced patient safety.

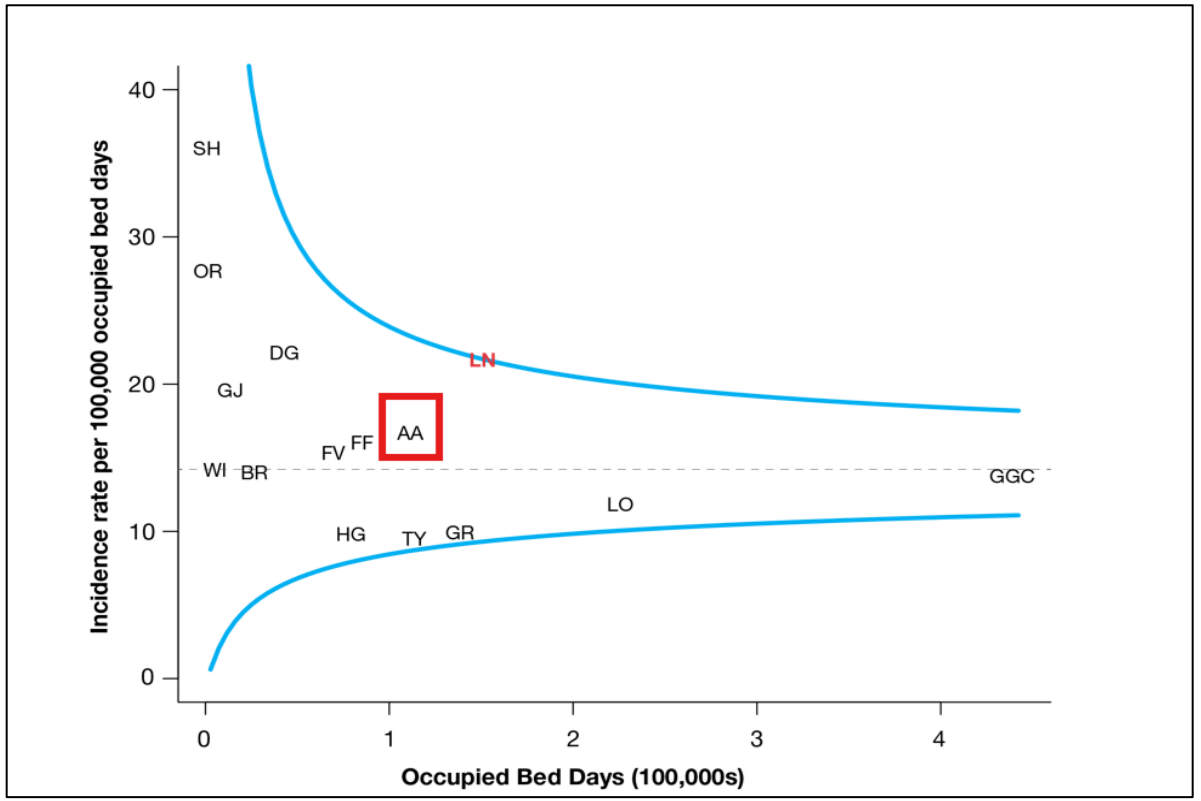
NHS AA rate of 22.9 per 100,000 TOBDs (26 Cases) is within the 95% confidence interval upper limit and above the Scottish rate of 18.4 per 100,000 TOBDs (282 Cases).

Next data will be available August 2026

Quality Indicator 7 - Clostridioides difficile infection (CDI)



Funnel plot of HCA CDI incidence rates (per 100,000 TOBD) for all NHS boards in Scotland in Oct-Dec 2025

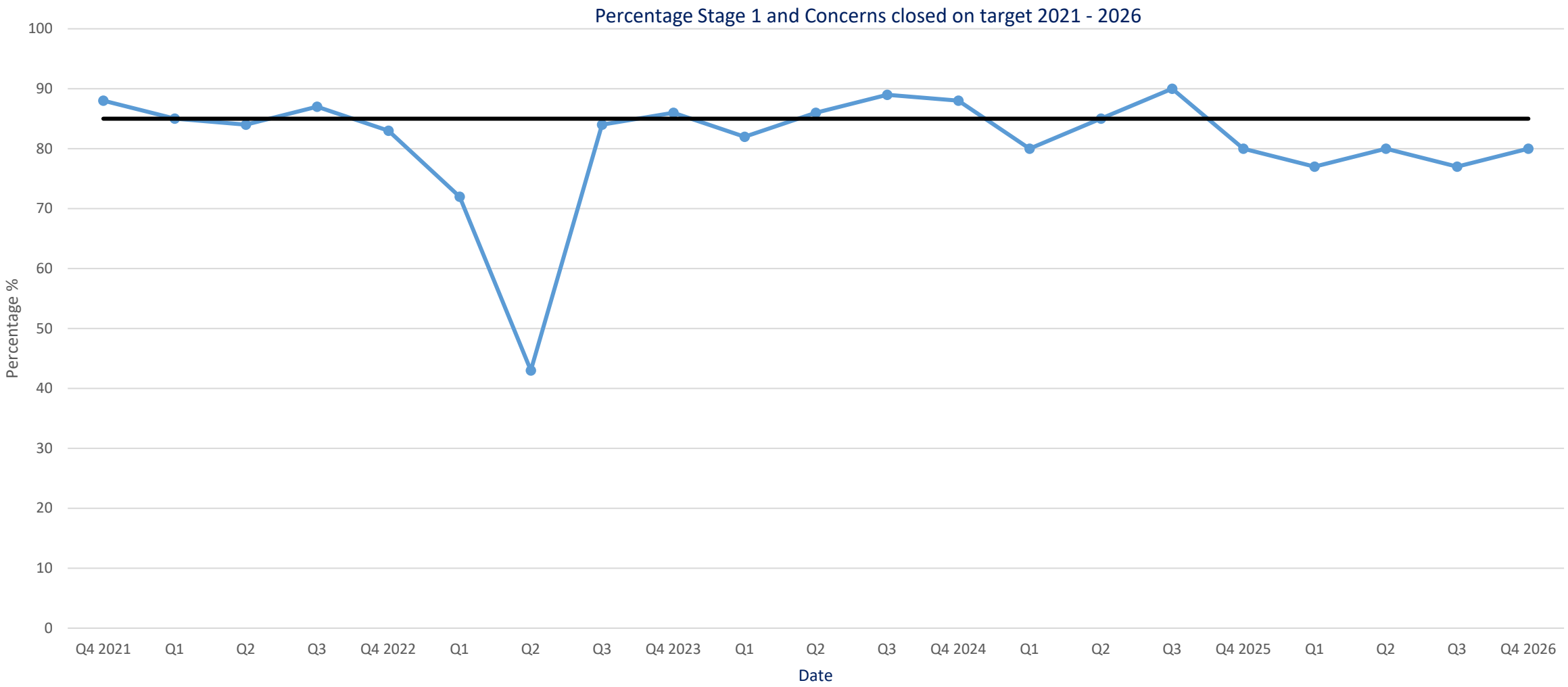


The current data for October to December 2025 shows a decrease in CDI cases compared to the previous quarters, with the rate just below the long-term average, remaining within statistical warning and control limits.

NHSAA rate of 16.7 (19 cases) is within the 95% confidence interval upper limit and is above the Scottish rate of 14.2 (218 cases) (per 100,000 TOBDs).

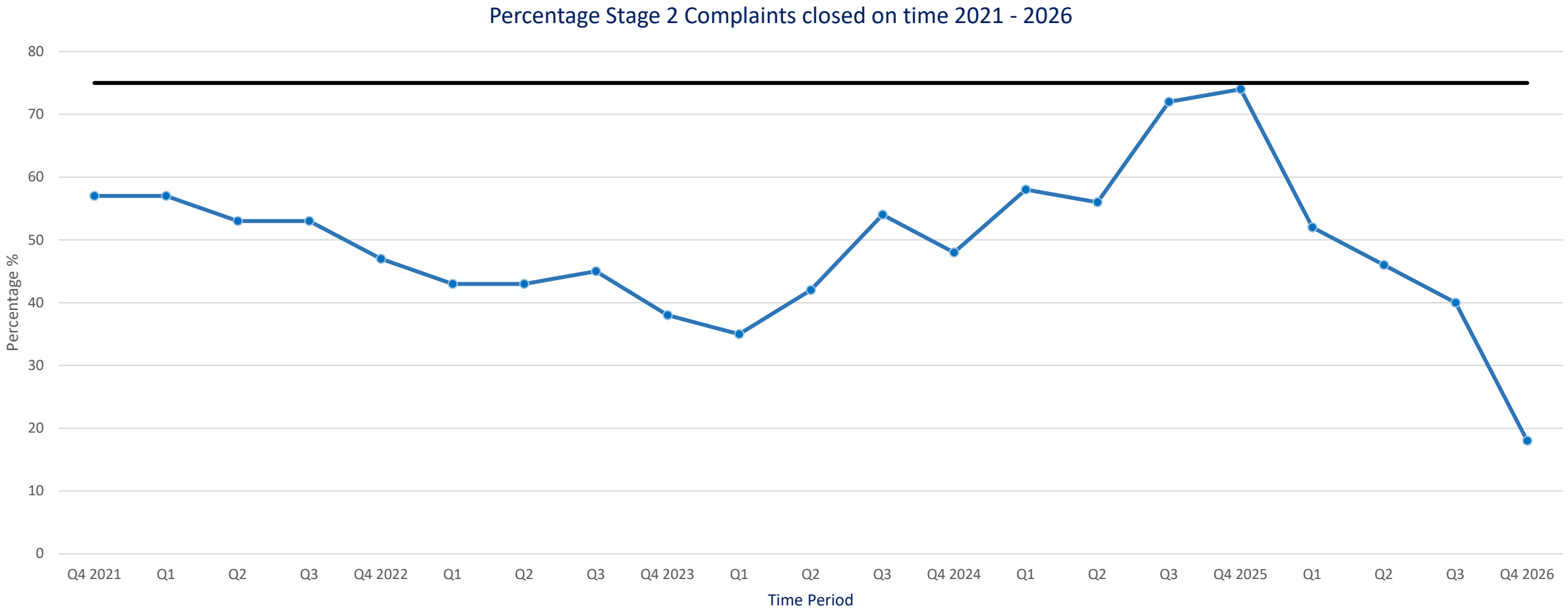
Next data will be available August 2026

Quality Indicator 8 - Complaints closed at Stage 1, 5-10 working days, & as a % of closed Stage 1s



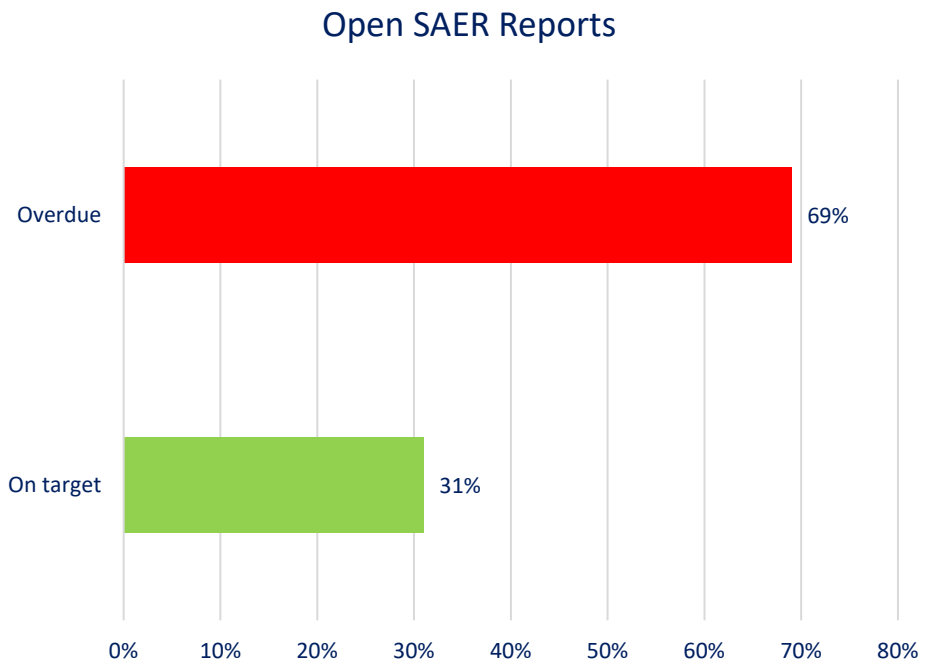
Percentage of Stage 1 complaints and concerns closed on target demonstrates an improvement from 77% in Quarter 3 to 80% in Quarter 4. This remains below the local target performance of 85%.

Quality Indicator 9 - Complaints closed at Stage 2, 20 working days, & as a % of closed Stage 2s



Stage 2 complaints closed on target demonstrates a decline in performance from 40% in Quarter 3 2026 to 18% in Quarter 4 2026.

Quality Indicator 10 –Significant Adverse Event Reviews



	On Target	Overdue	Total
Open Reports	34	75	109

4th July 2026: 109 open reports, 34 (31%) of these are on target and 75 (69%) are over the report completion due date