

NHS Ayrshire & Arran

NHS Board Performance Report – Appendix 1

September 2026

Executive Summary

Responsible Directorate:

Acute

HSCPs

Reporting cycle: Monthly
Report Date: August 2026

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

- **New Outpatients:** By the end of August 2026, 766 patients were waiting over 52 weeks for a NOP appointment. Four patients were waiting over 78 weeks, including three over 104 weeks. During August 9,253 outpatient appointments were delivered bringing the cumulative total since April 2026 to 46,724. While progress has been made in reducing the longest waits, challenges remain in ENT, Rheumatology and Plastic Surgery services.
- **Inpatient/Day Cases:** At the end of August 2026, 1,064 patients were waiting over 52 weeks for an IP/DC treatment. A total of 191 patients were waiting over 78 weeks, including 21 over 104 weeks. During August, 1,407 patients were treated, bringing the total since April 2026 to 6,947. The longest waits continue to be concentrated within Trauma & Orthopaedics, ENT and Gynaecology services, where further improvement is required.
- **Imaging:** During July 2026, 88.2% of patients received their test within 6 weeks, below the 100% National Standard/Target. A total of 485 patients were waiting over 6 weeks, an increase from the previous month. Performance was mixed across imaging modalities, with MRI and CT the main areas of challenge. MRI (62%) accounted for the majority of long waits.
- **Endoscopy:** During July 2026, 40.9% of patients received their endoscopy procedure within 6 weeks, below the 100% National Standard/Target. A total of 1,678 patients were waiting over 6 weeks, an increase from the previous month. The longest waits remain concentrated within Upper Endoscopy, Lower Endoscopy and Colonoscopy services, while Cystoscopy performance remains strong, with waits above 6 weeks remaining within planned levels.
- **Cancer:** During July 2026, 77.3% of patients started treatment within 62 days of referral, while 99.3% started treatment within 31 days of the decision to treat. Although 62 day performance failed to meet the National Standard/Target, both 62 day and 31 day performance met their Delivery Plan trajectories. 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 shows improvement, with 59.9% of patients seen within the 4-week standard in August 2026. Performance remains below both the National Standard/Target of 90%, however the Delivery Plan trajectory of 45% has been achieved.
- **Mental Health Services:** CAMHS and Drug and Alcohol Services continued to meet and exceed the 90% National Standard/Target and Delivery Plan trajectory. Psychological Therapies performance improved to 88.4% in July 2026 but was just below the 90% National Standard/Target. 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: August 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	972	766	Green	↑	Aug-26
Planned Care - NOP	NOP Waiting List >78 weeks	Director of Acute Services	38	4	Green	↓	Aug-26
Planned Care - NOP	NOP Waiting List >104 weeks	Director of Acute Services	0	3	Red	↑	Aug-26
Planned Care - TTG (IP/DC)	TTG (IP/DC) Waiting List >52 weeks	Director of Acute Services	926	1,064	Red	↑	Aug-26
Planned Care - TTG (IP/DC)	TTG (IP/DC)Waiting List >78 weeks	Director of Acute Services	182	191	Amber	↓	Aug-26
Planned Care - TTG (IP/DC)	TTG (IP/DC)Waiting List >104 weeks	Director of Acute Services	21	21	Green	↔	Aug-26
Planned Care - Diagnostics Imaging	Diagnostic 6wk Imaging % Compliance and by Test	Director of Acute Services	100.0%	88.2%	Red	↓	Jul-26
Planned Care - Diagnostics Imaging	Diagnostic Imaging WL>6 weeks and by Test	Director of Acute Services	364	485	Red	↑	Jul-26
Planned Care - Endoscopy	Endoscopy 6wk % Compliance	Director of Acute Services	100.0%	40.9%	Red	↓	Jul-26
Planned Care - Endoscopy	Endoscopy Waiting List >6 weeks	Director of Acute Services	1438	1,678	Red	↑	Jul-26
Cancer	Cancer 62 days % Compliance	Director of Acute Services	74.0%	77.3%	Green	↓	Jul-26
Cancer	Cancer 31 days % Compliance	Director of Acute Services	99.0%	99.3%	Green	↓	Jul-26
MSK	MSK 4 weeks % Compliance	Director of Acute Services	45.0%	59.9%	Green	↓	Aug-26
Mental Health	CAMHS 18wk % Compliance	HSCP Directors	90.0%	100.0%	Green	↔	Jul-26
Mental Health	Psychological Therapies 18wk % Compliance	HSCP Directors	90.0%	88.4%	Amber	↓	Jul-26
Mental Health	Drug & Alcohol Treatment 3wk % Compliance	HSCP Directors	90.0%	98.4%	Green	↓	Jul-26

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Executive Summary

Responsible Directorate:

Acute

HSCPs

Reporting cycle: Monthly
Report Date: August 2026

Executive Summary – Urgent Care, Unscheduled Care, Reducing Acute Bed Footprint and Delayed Discharges

- **Urgent Care:** Ayrshire Urgent Care Service continued to achieve all performance standards during August 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 August 2026 with 57.4% of patients admitted, transferred or discharged within 4 hours. This did not achieve the Delivery Plan trajectory of 67.0%. An average of 30 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 continue to impact ambulance turnaround performance, with 59.8% of handovers completed within 60 minutes. Patients spent an average of 5 hours and 48 minutes within Emergency Departments, highlighting the continued impact of system-wide capacity and flow pressures.
- **Patient Flow:** The proportion of patients discharged on the same day from Acute Frailty Units fell to 10.4%, while there was continued improvement of patients attending Combined Assessment Units being discharged or transferred within 72 hours to 88.4%. Acute hospital occupancy remained high at 92.5% of total beds at the end of August 2026. Following improvement from a peak of 241 in December 2025, the number of patients with a non-delayed length of stay exceeding 14 days was 161 at August 2026, achieving the revised Delivery Plan trajectory of fewer than 178 patients. These patients continue to occupy acute bed capacity that could otherwise support admission flow from Emergency Departments and assessment areas.
- **Hospital at Home:** The number of bed days avoided by the Hospital at Home Service was 541 in August 2026, which was a decrease from the previous month. This is the equivalent of 17 avoided beds per day.
- **Delayed Discharges:** Delayed discharges continue to be a significant constraint on patient flow and acute hospital capacity. The number of patients delayed at the July 2026 census point was 266, which is a slight improvement on the previous month but fails to achieve the Delivery Plan trajectory of fewer than 256 delays. Within the H&SCP, North and East Ayrshire showed an improvement while South Ayrshire showed a worsening position. The majority of delays (40.6%) are within North Ayrshire H&SCP. Occupied bed days attributable to delay increased from 8,410 in June 2026 to 8,736 in July 2026. Despite this improvement, high numbers continue to reduce bed availability and contribute to sustained pressure across the urgent and unscheduled care system.

Scorecard – Service

Responsible Directorate:

Acute

HSCPs

Reporting cycle: Monthly
Report Date: August 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	85.0%	87.0%	Green	↑	Aug-26
Urgent Care	Call Before Convey (% Not Conveyed)	HSCP Directors	85.0%	90.0%	Green	↓	Aug-26
Unscheduled Care	ED 4hr Compliance (<i>Scheduled and Unscheduled</i>)	Director of Acute Services / HSCP Directors	67.0%	57.4%	Red	↑	Aug-26
Unscheduled Care	Reduce ED 12hr delays (average per day)	Director of Acute Services / HSCP Directors	25	30	Red	↔	Aug-26
Unscheduled Care	Ambulance Turnaround within 60 minutes (%)	Director of Acute Services / HSCP Directors	68.0%	59.8%	Red	↑	Aug-26
Unscheduled Care	Average length of stay in ED	Director of Acute Services / HSCP Directors	n/a	5h 48m 59s	n/a	↓	Aug-26
Unscheduled Care	AFU Same Day Discharges	Director of Acute Services / HSCP Directors	n/a	10.4%	n/a	↓	Aug-26
Unscheduled Care	CAU movements within 72 hrs	Director of Acute Services / HSCP Directors	n/a	88.4%	n/a	↑	Aug-26
Unscheduled Care	Acute Occupancy (Total Beds)	Director of Acute Services / HSCP Directors	n/a	92.5%	n/a	↓	Aug-26
Unscheduled Care	Non Delayed LOS (over 14 days)	Director of Acute Services / HSCP Directors	178	161	Green	↓	Aug-26
Unscheduled Care	HaH Acute Elderly: New Admissions	Director of Acute Services / HSCP Directors	n/a	67	n/a	↔	Aug-26
Hospital at Home	HaH Acute Elderly: Patients in Service	Director of Acute Services / HSCP Directors	n/a	89	n/a	↔	Aug-26
Hospital at Home	HaH Acute Elderly: Bed days Avoided	Director of Acute Services / HSCP Directors	n/a	541	n/a	↓	Aug-26
Delayed Discharges	Total Delayed Discharges (all delay reasons) - All Ayrshire Residents	Director of Acute Services / HSCP Directors	256	266	Amber	↑	Jul-26
Delayed Discharges	Delayed Discharges in Acute hospitals (all delay reasons) - All Ayrshire Residents	Director of Acute Services / HSCP Directors	173	168	Green	↑	Jul-26
Delayed Discharges	Delayed Discharges Occupied Bed Days - All Ayrshire Residents	Director of Acute Services / HSCP Directors	n/a	8736	n/a	↑	Jul-26
Delayed Discharges	Delayed Discharges Occupied Bed Days in Acute hospitals	Director of Acute Services / HSCP Directors	n/a	4963	n/a	↑	Jul-26

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Executive Summary

Responsible Directorate:

People, Safety and Culture

Reporting cycle: Monthly
Report Date: August 2026

Executive Summary - People

- **Performance and Development Reviews (PDR):** Compliance was 49% in August 2026. Performance has remained relatively stable over the past year, with little variation in compliance levels.
- **Mandatory and Statutory Training (MAST):** Compliance improved to 82% in August 2026, increasing from 81% in the previous month.
- **Sickness Absence:** Sickness absence reduced slightly to 6.17% in July 2026, comprising 1.67% short-term absence and 4.5% long-term absence.
- **Maternity Leave:** Maternity leave accounted for 2.11% of the workforce in August 2026.
- **Starters and Leavers:** Workforce stability was impacted by higher levels of attrition, with 113.71 leavers and 123.3 starters recorded in August 2026.
- **Staff in Post:** The number of substantive staff in post remained stable at 9,670 whole-time equivalent in August 2026.
- **Turnover:** The quarterly staff turnover rate remained low at 1.06% at the end of Quarter 1 2026/27.

Scorecard - People

Responsible Directorate:

People, Safety and Culture

Reporting cycle: Monthly

Report Date: August 2026

Service Area	NHS Ayrshire & Arran KPIs	Executive Lead	Target	Actual	Latest RAG	↑↓	Data up to
PDR	PDR completion rate	Director of People, Safety and Culture	80% national 60% local	49%	Red	⦿	Aug-26
MAST	MAST completion rate	Director of People, Safety and Culture	96%	82%	Red	↑	Aug-26
Sickness Absence	Sickness Absence	Director of People, Safety and Culture	4% national standard	6.17%	Red	↓	Jul-26
Maternity Leave	Maternity %	Director of People, Safety and Culture	For info - 3 year average rate = 1.79%	2.11%	Red	↑	Aug-26
Starters and Leavers	Starters and Leavers	Director of People, Safety and Culture	n/a	Starters = 123.30 WTE / Leavers 113.71 WTE	n/a	⦿	Aug-26
WTEs	WTEs in post	Director of People, Safety and Culture	n/a	9,670	n/a	⦿	Aug-26
Turnover	Turnover Rate (Quarterly)	Director of People, Safety and Culture	n/a	1.06%	n/a	⦿	Q1 2026/27
iMatter	iMatter (Annual)	Director of People, Safety and Culture	n/a	55% Response / 78% EEI [2025]	n/a	⦿	2025 Position

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Executive Summary

Responsible Directorate:

Nurse Directorate

Reporting cycle: Quarterly
Report Date: August 2026

Executive Summary – Quality

- **Falls:** Sustained improvement since January 2023, the median rate decreased 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
- **Pressure Ulcers:** An early sign of improvement with 3 points below the median is noted. This is above the national median rate which is 0.9 per 1000 OBDs.
- **Cardiac Arrests:** Rate demonstrates improvement with the last 6 points below the median of 2. NHSAA median is above the national median of 1.2.
- **Mortality (HSMR):** Both acute hospitals remain below the national average of 1.0.
- **Healthcare Associated Infections:** Healthcare-associated infection indicators remain within statistical control limits.
- **Complaints Handling:** Stage 1 performance stable but remains below target; Stage 2 performance improvement on previous quarter performance but still requires focus and improvement.
- **Significant Adverse Event Reviews:** 78 (72%) are over the report completion due date. Further increase of 2% from August 2026.

Scorecard - Quality

Responsible Directorate:

Nurse Directorate

Reporting cycle: Monthly
Report Date: August 2026

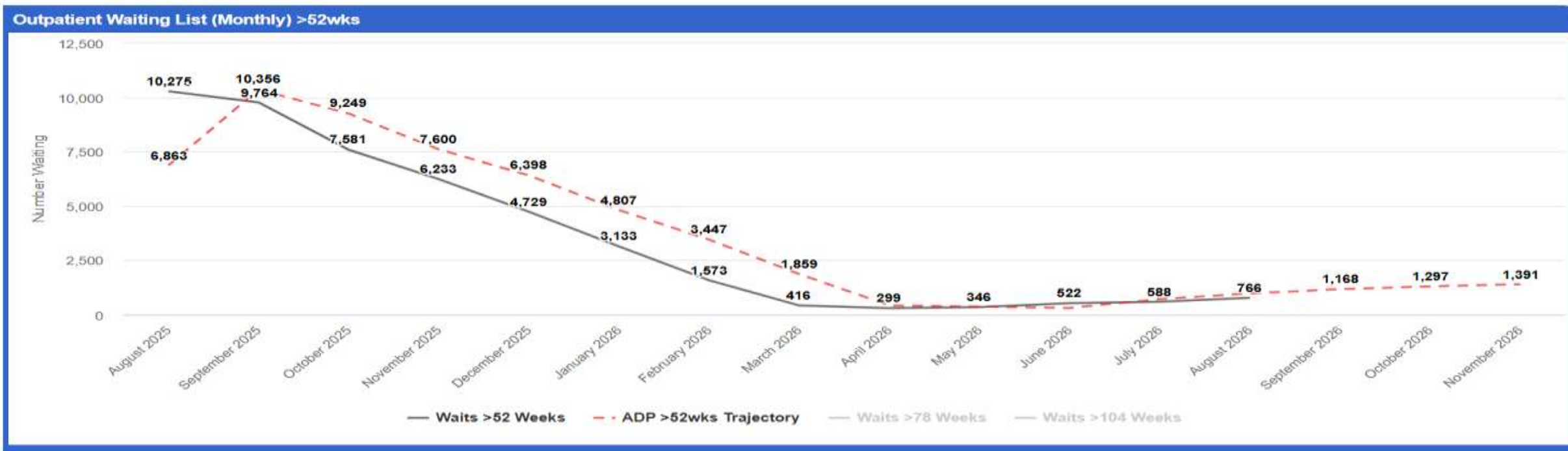
Service Area	NHS Ayrshire & Arran KPIs	Executive Lead	Performance	Latest RAG	↑↓	Data up to
Falls	Acute Inpatient Falls Per 1,000 Occupied Bed Days	Executive Nurse Director	National SPSP programme relaunch in 2025-2026. Revised national aim launched in August 2026. To reduce the rate of all falls and falls with harm by 10%, for adults in hospital by March 2028. NHSAA to review and advise of local aim.	Normal Variation	⬇️	Jul-26
Pressure Ulcers	Acute Hospital Acquired Pressure Ulcers per 1,000 Occupied Bed Days	Executive Nurse Director	National SPSP programme relaunch in 2025-2026. Revised national aim launched in August 2026. to reduce the rate of acquired pressure ulcers in adult inpatients by 20% by March 2028. NHSAA to review and advise of local aim.	Normal Variation	⬇️	Jul-26
Cardiac Arrests	Rate of Cardiac Arrests per 1,000 discharges	Executive Nurse Director	National SPSP programme relaunch in 2025-2026. Revised national aim launched in August 2026. To improve the early recognition and response to adults experiencing deterioration in hospital by March 2028. NHSAA to review and advise of local aim	Normal Variation	⬇️	Jul-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	⬇️	Mar-26
IPC	Gram-negative bacteraemia (healthcare associated E coli bacteraemia) (ECB)	Executive Nurse Director	209 cases of HCA Escherichia coli bacteraemia (ECBs)	Normal Variation	⬇️	Mar-26
IPC	Staphylococcus aureus bacteraemia (SAB)	Executive Nurse Director	87 cases of HCA Staphylococcus aureus bacteraemia	Normal Variation	⬇️	Mar-26
IPC	Clostridioides difficile infection (CDI)	Executive Nurse Director	70 cases of HCA Clostridioides difficile infection (CDI)	Normal Variation	⬇️	Mar-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
Complaints	Stage 2 Complaints - number and percentage	Executive Nurse Director	Number of open complaints by stage and directorate	n/a	⬇️	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	⬇️	Sep-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 972 *by August 2026*



Current Position: The number of patients waiting over 52 weeks in August 2026 was 766 which is a worsening position from the previous month. Despite this increase, the Delivery Plan trajectory of fewer than 972 patients waiting was achieved. There were 4 patients waiting longer than 78 weeks, including 3 waiting more than 104 weeks. A total of 9,253 outpatient appointments were delivered in August 2026. This brings the cumulative total delivered since April 2026 to 46,724, which exceeds and meets the cumulative Delivery Plan trajectory of 41,510. At a specialty level, Ophthalmology had the highest number of patients waiting over 52 weeks, with 158 in August 2026. The specialties where patients are waiting over 78 weeks are ENT, Plastic Surgery and Rheumatology.

Current Position Against National Target: 1.4% of NHS Ayrshire patients were waiting for a new OP appointment for over 52 weeks as at July 2026. This compares to 2.9% at a National level (adjusted wait length) - published data from Public Health Scotland is available to July 2026.

Target for March 2027: Achieve 1,728 or less patients waiting >52 weeks.

Outpatients

Deliverable Summary Address long Outpatient waiting times with a local trajectory of a maximum of 1,728 patients waiting >52wks by March 2027.	
Improvement Actions	Monthly Progress
Increase Productivity and Efficiency Reduce demand through expansion of Active Clinical Referral Triage (ACRT) & Patient Initiated Reviews (PIR). Reduce wasted capacity by reducing Did Not Attend (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.	Year To Date New Outpatient activity is ahead of plan for this period, demonstrating continued delivery of planned activity despite ongoing specialty-specific workforce and capacity pressures. There remains continued focus on the longest waiting cohorts of over 52 and 78 weeks. Active waiting list management, validation activity and use of insourcing and cross-board support arrangements continue to support delivery against trajectories. Targeted work has been progressed during August to support services experiencing sustained demand and capacity pressures, including Rheumatology, Ophthalmology, Gastroenterology, Renal, Plastic Surgery, Pain and Oral and Maxillofacial Surgery. Year To Date Active Clinical Referral Triage (ACRT) remains at 7% and recorded Patient Initiated Reviews (PIR) at 4%, with ongoing work to optimise referral management and reduce unnecessary demand on outpatient services. Improvement activities during August included reviewing demand management processes and strengthening referral management to ensure patients are directed to the most appropriate pathway

Outpatients

Deliverable Summary

Address long Outpatient waiting times with a local trajectory of a maximum of 1,728 patients waiting >52wks by March 2027.

Improvement Actions

Optimise opportunities for regional working and mutual aid.

Dermatology Progress/scale up National Elective Coordination Unit (NECU) Image capture and triage initiative.

Minor Ops/Skin lesions Deliver backlog reduction through mutual aid with NHS Forth Valley (NHSFV).

Diabetes & Endocrinology Deliver increased capacity and sustainability through agreeing and implementing Service Level Agreement (SLA) NHSFV.

Respiratory Sleep Pathway Deliver increased capacity and sustainability through agreeing and implementing SLA with NHS Greater Glasgow & Clyde (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 Centre for Sustainable Delivery, Accelerated National Innovation Adoption (CfSD ANIA) Digital Dermatology.
Ophthalmology: Implement Open Eyes to enable introduction of community glaucoma scheme and release capacity within the acute service.

Monthly Progress

Progress continues to maximise regional working and mutual aid opportunities across Dermatology, Ophthalmology, Sleep Services, Plastic Surgery, Pain and Paediatric Ear Nose & Throat (ENT) pathways.

During August, planned mutual aid activity within Dermatology and Sleep Services was partially impacted by ongoing arrangements relating to cross-board staff reimbursement, reducing the level of additional capacity available.

Dermatology, Audiology and Respiratory tenders were progressed during August and further procurement activity underway for Ophthalmology and Neurology services.

Work continues with regional partners and eHealth colleagues to develop sustainable arrangements for Dermatology reassessment activity and expansion of external capacity opportunities.

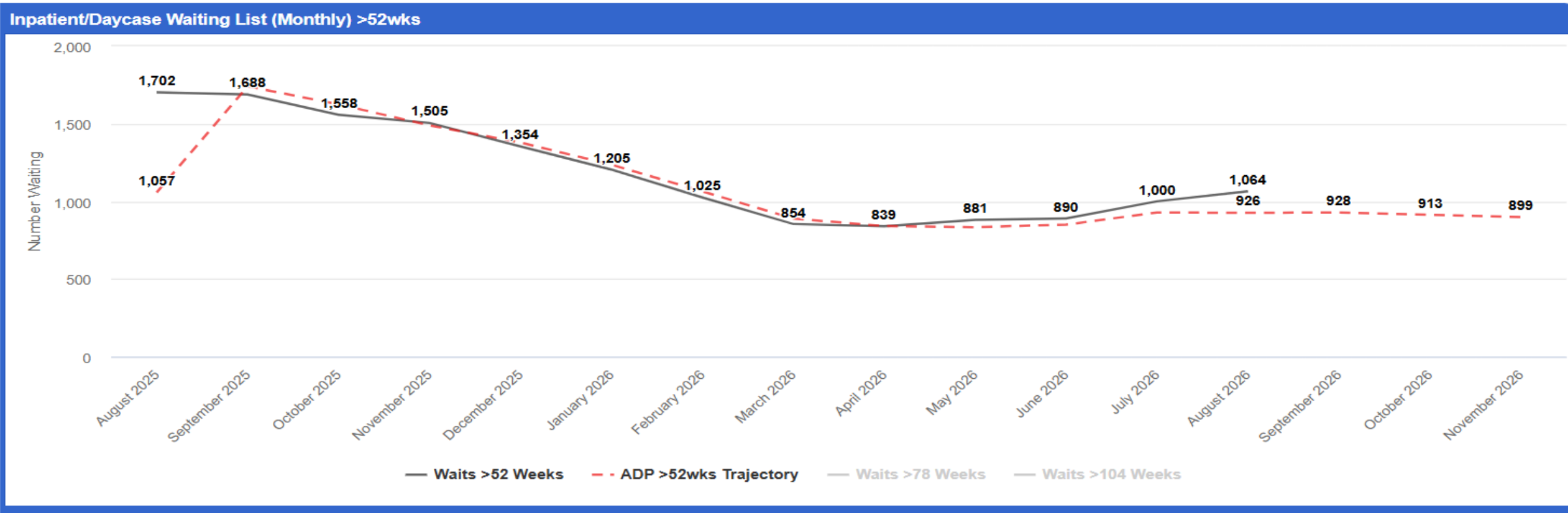
A number of additional regional opportunities continue to be explored through West of Scotland collaborative arrangements, including support for cataracts, Paediatric ENT, Sleep Pathways and Plastic Surgery.

These actions are intended to support both short-term waiting list recovery and longer-term sustainability of services experiencing the greatest pressures.

Inpatient/Day Case Waiting List >52 weeks



- The total number of patients waiting for Inpatient/Day case treatment >52 weeks should be below 926 *by August 2026*



Current Position: The number of patients waiting over 52 weeks in August 2026 was 1,064 which is a worsening position from the previous month. While an increase in the number of patients was expected, this exceeds and does not meet the Delivery Plan trajectory of fewer than 926 waits. There were 191 patients waiting longer than 78 weeks, including 21 waiting more than 104 weeks. A total of 1,407 patients were treated in August 2026. This brings the cumulative total treated since April 2026 to 6,947 which exceeds and meets the cumulative Delivery Plan trajectory of 6,309. At a specialty level, Trauma & Orthopaedics have the longest patients waiting at over 52, 78 and 104 weeks. Trauma & Orthopaedics accounted for 50% of the overall waits over 52 weeks.

Current Position Against National Target: 5.3% of NHS Ayrshire patients were waiting over 52 weeks for an Inpatient/Daycase as at July 2026, this compares to 10.7% at a National level (adjusted wait length) - published data from Public Health Scotland is available to July 2026.

Target for March 2027: Achieve 838 patients or less waiting >52 weeks.

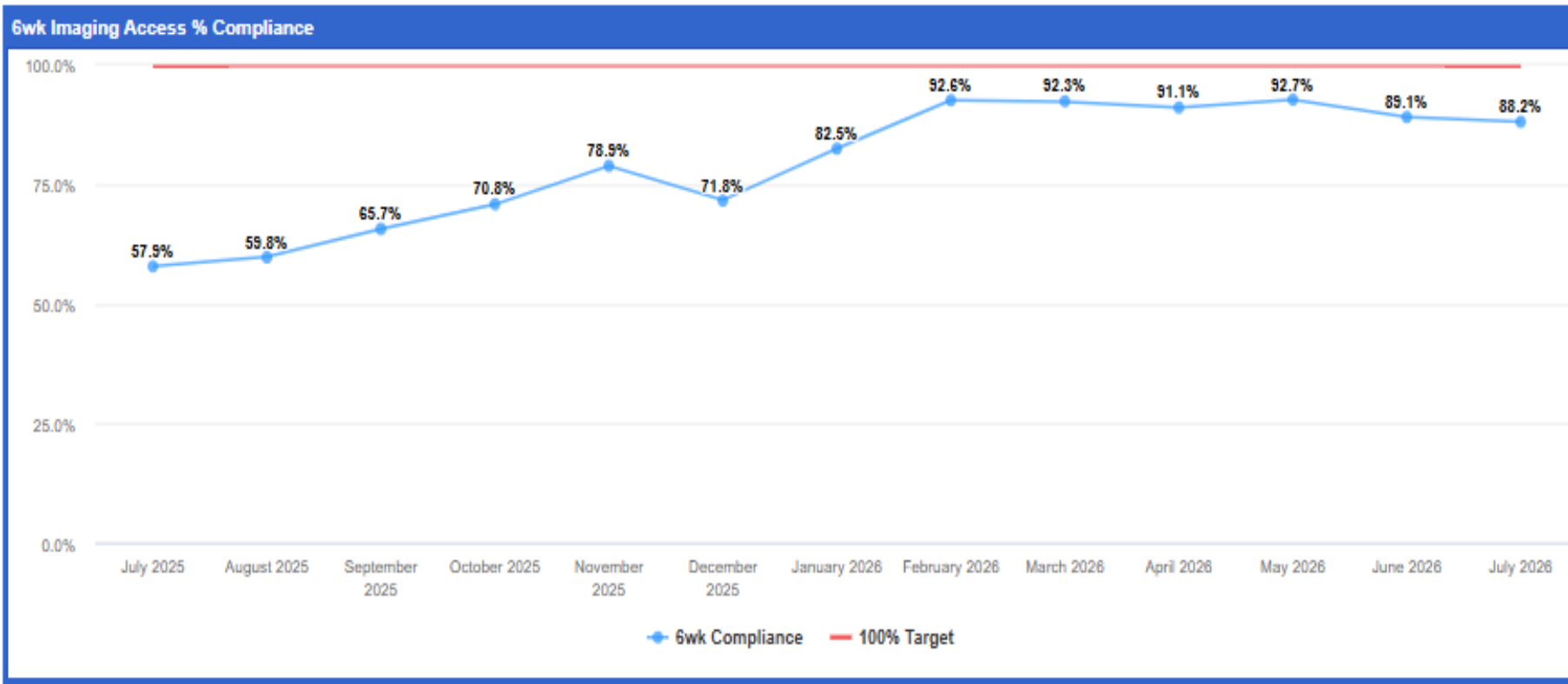
Inpatients/Day Cases

Deliverable Summary Address long Inpatient/Day Case waiting times with a local trajectory of a maximum of 838 patients waiting >52wks by March 2027.	
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 Demand, Capacity, Activity and Queue (DCAQ) analysis to inform longer term investment in workforce. Improve productivity through further expansion of Centre for Sustainable Delivery (CfSD)/National Plan initiatives: minimum number cataract lists, orthopaedics 4 joint lists.	Year To Date Inpatient Day Case activity is ahead of plan despite ongoing capacity pressures across a number of specialties. Reductions continue to be achieved across the longest waiting cohorts of patients waiting over 78 and 104 weeks. Theatre productivity continues to be supported through strengthened governance arrangements, specialty scheduling meetings and ongoing implementation of theatre improvement initiatives. The regular Saturday elective theatre programme is now embedded within business as usual arrangements, with further weekend operating capacity being progressed through Access Funding. Theatre Scheduling (Infix) is now live across all specialties, with ongoing work focused on optimising utilisation, embedding revised operating procedures and improving the scheduling process remaining a key focus during September.

Inpatients/Day Cases

Deliverable Summary Address long Inpatient/Day Case waiting times with a local trajectory of a maximum of 838 patients waiting >52wks by March 2027.	
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 Waiting List Initiative (WLI) and insourcing capacity in line with local plan.	Additional activity delivery continues to be monitored through established recovery governance arrangements, with exception reporting used to identify and address variance from planned activity. Insourcing contracts remain in place across a range of specialties and continue to support local recovery plans and management of long-waiting patients. During August, tenders were progressed to ensure continuity of additional capacity throughout 2026/27, including Orthopaedic outsourcing of 150 joint replacements and re-tendering arrangements for a number of clinical services. Tenders will be evaluated during September, with mobilisation commencing at the earliest opportunity thereafter. Regional and external capacity continues to be utilised where appropriate to support waiting list recovery and achievement of planned activity trajectories. During August, an additional 200 cataract procedures were agreed with the Golden Jubilee National Hospital to take place before the end of March 2027. Workforce investment, recruitment activity and use of supplementary funded capacity continue to support planned activity and waiting list recovery, while ensuring delivery remains aligned to recovery priorities and trajectory requirements.

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



Test Type	Value
Non-Obstetric Ultrasound	98.1%
Barium Studies	87.5%
CT	86.9%
MRI	77.7%

Current Position: The latest compliance for July 2026 was 88.2%, which is a worsening position from the previous month and shows a decreasing trend from 89.1% in June 2026. Of the four diagnostic tests, MRI is showing the lowest compliance, at 77.7% for July 2026, which is an improvement from 76.1% at June 2026. It is worth noting that compliance had previously been above 90% from January to May 2026.

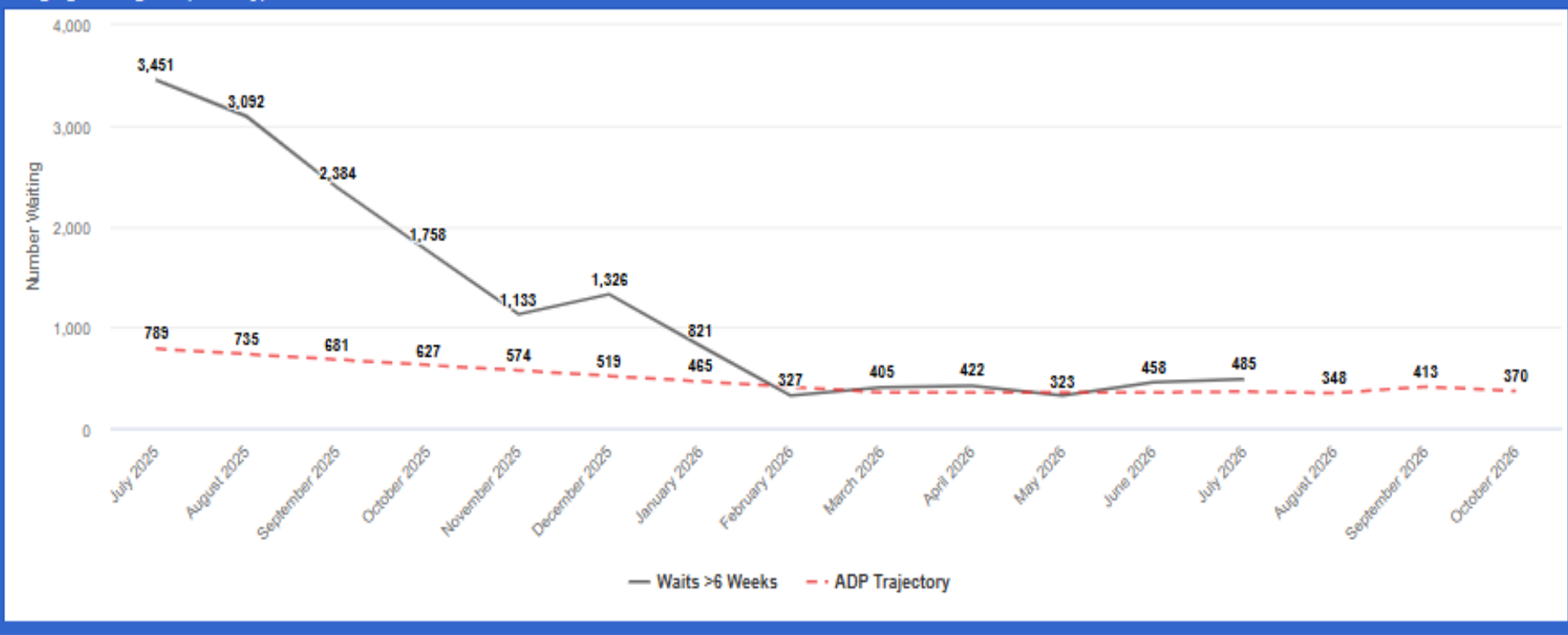
Current Position Against National Target: NHS Ayrshire and Arran failed to meet the 100% National Standard/Target.

Target for March 2027: 100% National Standard/Target.

Radiology/Imaging Waiting List >6 weeks

- Achieve an overall waiting list for Radiology/Imaging >6 weeks of less than 364 *by July 2026*

Imaging Waiting List (Monthly) >6wks



Test Type	Value
MRI	299
CT	153
Non-Obstetric Ultrasound	29
Barium Studies	4

Current Position: The overall waiting list >6 weeks for Imaging in July 2026 was 485, which is a worsening position from the previous month. This exceeds and does not meet the Delivery Plan trajectory of fewer than 364 patients waiting. Of the four diagnostic tests, MRI (62%) and CT (31%) make up the biggest proportion of waits >6weeks. The number of patients waiting for an MRI test reduced to 299 in July 2026, while the number waiting for a CT scan increased to 153 patients waiting. Both exceeded and failed to meet their Delivery Plan trajectories.

Current Position Against National Target: No relevant target.

Target for March 2027: Achieve 345 patients or less waiting >6 weeks.

Radiology/Imaging

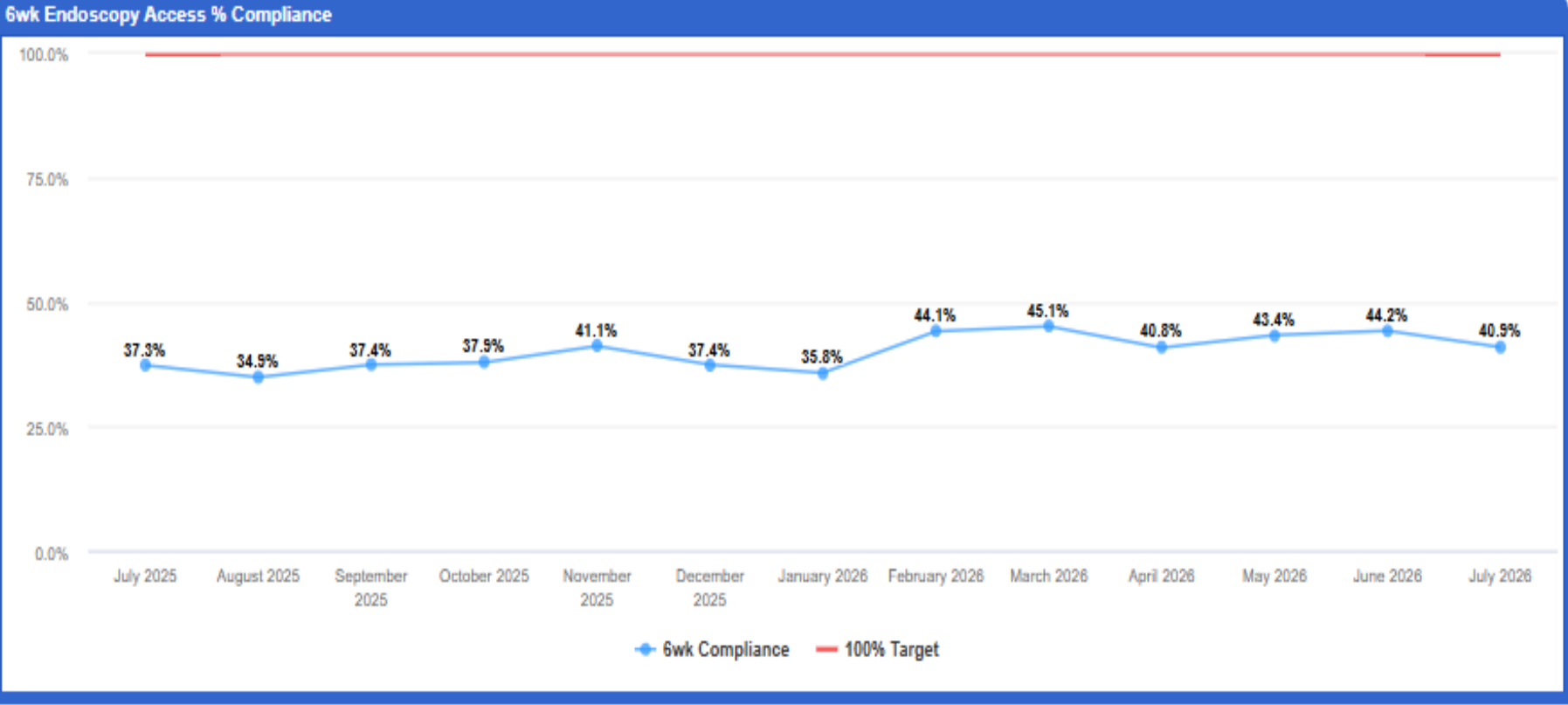
Deliverable Summary Reduce waiting times for key diagnostic tests and investigations working towards national target of a maximum 6 week wait. Reduce the waiting list to 345 patients or less waiting >6 weeks, by March 2027	
Improvement Actions	Monthly Progress
These are split between the various imaging modalities: MRI : 22 patients >6wks CT : 315 Ultrasound: 17 Barium Studies : 1 Increase Productivity and Efficiency Explore potential to increase patient throughput in Magnetic Resonance Imaging (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).	MRI waiting times continue to improve supported by the continued availability of the mobile MRI scanner through to March 2028. Continued focus has been placed on maximising available capacity across imaging modalities, utilising additional capacity at the Golden Jubilee National Hospital and progressing actions aligned to the Imaging National Plan. Workforce investment and service redesign initiatives continue to support sustainable improvement in diagnostic access and waiting times.

Endoscopy 6 Week Compliance

6wk Endoscopy Compliance

July 2026 result
● 40.9%

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



Procedure Type	Value
Cystoscopy	64.3%
Colonoscopy	50.6%
Upper Endoscopy	47.3%
Lower Endoscopy	21.6%
Cytosponge	0%

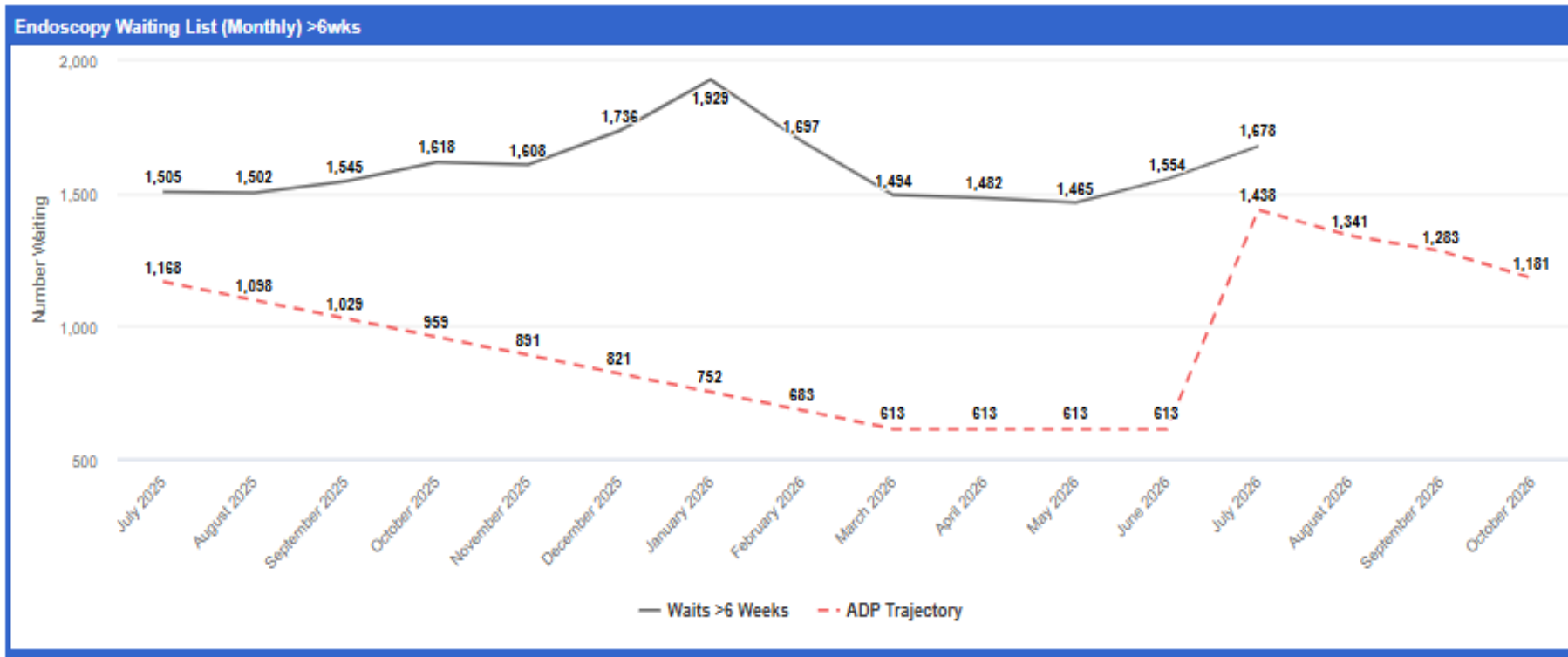
Current Position: The latest compliance for July 2026 was 40.9%, which is a worsening position from the previous month. Of the five diagnostic procedures, Lower Endoscopy is showing the lowest compliance at 21.6% for July 2026, which is the same as the previous month. It should be noted that there were no waits for Cytosponge.

Current Position Against National Target: NHS Ayrshire and Arran failed to meet the 100% National Standard/Target.

Target for March 2027: 100% National Standard/Target.

Endoscopy Waiting List >6 weeks

- Achieve an overall waiting list for Endoscopy >6 weeks of less than 1,438 *by July 2026*



Procedure Type	Value
Upper Endoscopy	915
Lower Endoscopy	378
Colonoscopy	379
Cystoscopy	6

Current Position: The overall waiting list >6 weeks for Endoscopy in July 2026 was 1,678, which is a worsening position from the previous month. This exceeds and does not meet the Delivery Plan trajectory of fewer than 1,438 patients waiting. Upper Endoscopy (55%), Lower Endoscopy (23%) and Colonoscopy (23%) make up the biggest proportion of waits >6 weeks for a diagnostic procedure. The total number of patients waiting for these three procedures has increased from the previous month, continuing to exceed and failing to meet their Delivery Plan trajectories.

Current Position Against National Target: No relevant target.

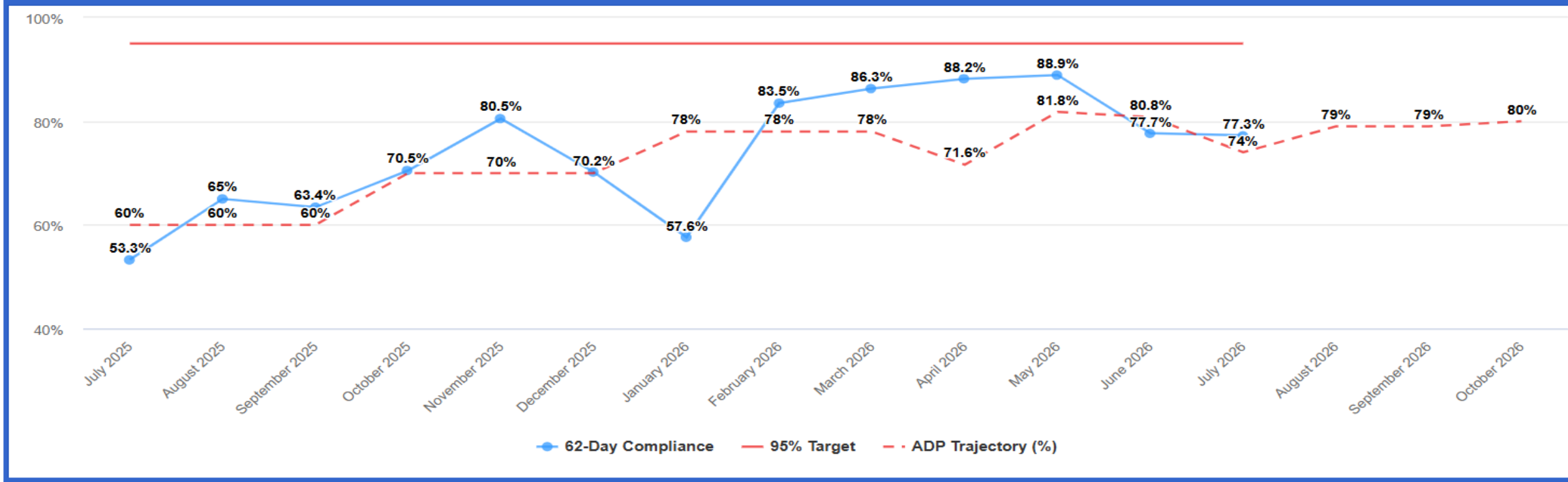
Target for March 2027: Achieve 814 patients or less waiting >6 weeks.

Endoscopy

Deliverable Summary Reduce waiting times for key diagnostic tests and investigations working towards national target of a maximum 6 week wait. Reduce the waiting list to 814 patients or less waiting >6 weeks, by March 2027.	
Improvement Actions	Monthly Progress
Increase Productivity and Efficiency Fully embed primary care based Quantitative Faecal Immunochemical Test (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.	Work is underway to develop a local trajectory working towards a reduction in the backlog of breaches. Endoscopy activity during August was impacted by the cancellation of one full list following flooding within the department. This constituted to 30 patients being cancelled on the day. A revised booking approach with Golden Jubilee National Hospital has been implemented, achieving initial uptake of 77% of patients consenting to travel supporting improved utilisation of available regional capacity. The Endoscopy Improvement Group continues to oversee delivery of a comprehensive operational and strategic improvement programme focused on service recovery and long-term sustainability. Work is ongoing to reduce waiting time breaches through a range of measures, including insourcing, waiting list initiatives (WLI), and clinical validation/secondary vetting of referrals. An options appraisal is also underway to assess opportunities to expand existing unit capacity and inform future capital investment requirements. Detailed analysis of referral patterns by scope type is being undertaken to better understand demand patterns and the factors contributing to higher volumes of upper Gastrointestinal (GI) referrals. Additional Access Funding of £375k has been secured to support clinical validation activity, weekend sessions and additional recovery capacity through the remainder of 2026/27. Work continues to maximise the use of qFiT, strengthen waiting list validation processes and improve utilisation of available capacity across the pathway.

- 74.0% of patients urgently referred with a suspicion of cancer to begin treatment within 62 days of receipt of referral *by July 2026*

62 Day Cancer ADP Trajectory

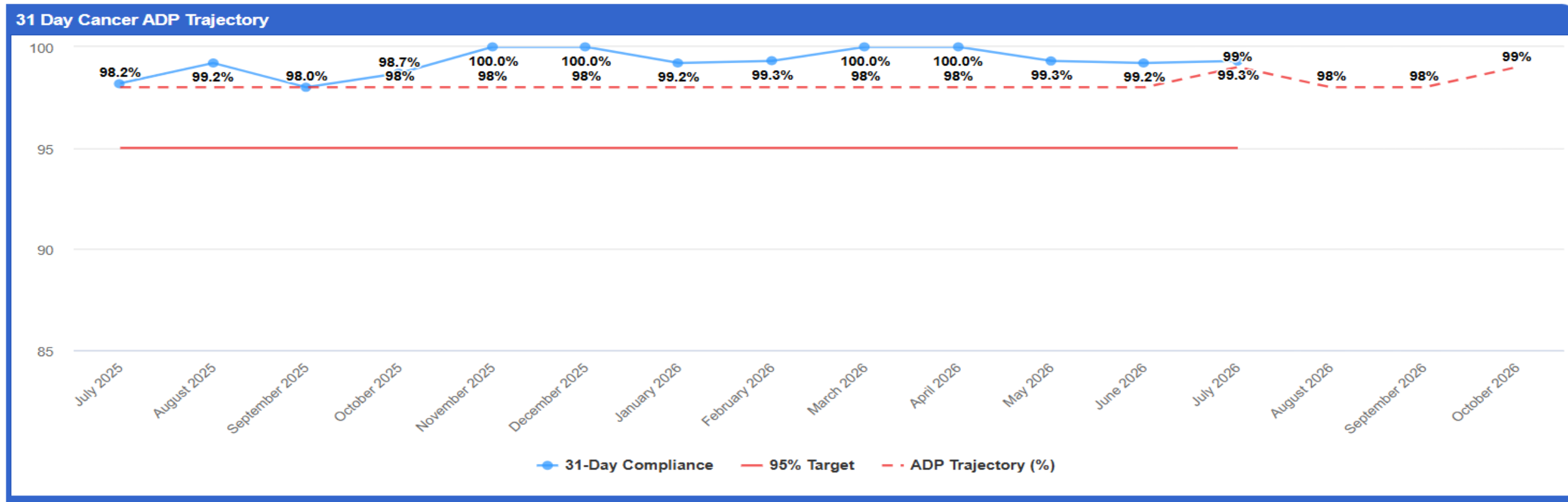


Current Position: Performance against the 62-day 95% Cancer Standard/Target in July 2026 was 77.3%, which is a similar position from the previous month. This however met and exceeded the Delivery Plan trajectory of 74.0%.

Current Position Against National Target: NHS Ayrshire and Arran failed to meet the 95% National Standard/Target. Heatmap performance for NHS Scotland in July 2026 was 74.4% which is lower when compared to NHS Ayrshire and Arran.

Target for March 2027: Achieve performance of 85.0%

- 99.0% of patients diagnosed with cancer to begin treatment within 31 days of decision to treat *by July 2026*



Current Position: Performance against the 31-day 95% Cancer Standard/Target continues to be met, with compliance at 99.3% in July 2026. This achieves the Delivery Plan trajectory of 99.0%

Current Position Against National Target: NHS Ayrshire and Arran continues to meet the 95% National Standard/Target. Heatmap performance for NHS Scotland in July 2026 was 94.6% which is lower when compared to NHS Ayrshire and Arran.

Target for March 2027: Achieve performance of 99.0%

Cancer – 31 day and 62 day Heatmaps

- 99.0% of patients diagnosed with cancer to begin treatment within 31 days of decision to treat **by July 2026**
- 74.0% of patients urgently referred with a suspicion of cancer to begin treatment within 62 days of receipt of referral **by July 2026**

31 day Jul 2026		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	28/28 100%	16/17 94.1%	11/12 91.7%	24/25 96%	36/37 97.3%	32/33 97%	113/113 100%	18/26 69.2%	50/51 98%	58/71 81.7%	0/0 0%	1/1 100%	45/47 95.7%	0/0 0%	0/0 0%	432/461 93.7%
	Cx	3/3 100%	0/0 0%	1/1 100%	0/0 0%	0/0 0%	3/3 100%	7/7 100%	1/1 100%	1/1 100%	3/3 100%	0/0 0%	0/0 0%	1/1 100%	0/0 0%	0/0 0%	20/20 100%
	Colo	25/25 100%	10/10 100%	7/8 87.5%	20/21 95.2%	14/15 93.3%	23/34 67.6%	60/61 98.4%	13/14 92.9%	26/26 100%	32/36 88.9%	1/2 50%	2/2 100%	24/24 100%	0/0 0%	0/1 0%	257/279 92.1%
	H&N	2/2 100%	0/0 0%	1/1 100%	0/0 0%	2/2 100%	4/4 100%	39/40 97.5%	1/1 100%	4/4 100%	13/13 100%	0/0 0%	0/0 0%	11/11 100%	0/0 0%	0/0 0%	77/78 98.7%
	Lung	10/10 100%	1/1 100%	7/7 100%	25/25 100%	21/21 100%	35/35 100%	107/110 97.3%	7/7 100%	27/27 100%	83/83 100%	1/1 100%	0/0 0%	23/23 100%	2/2 100%	42/42 100%	391/394 99.2%
	Lym	5/5 100%	4/4 100%	2/2 100%	18/18 100%	7/7 100%	11/11 100%	24/24 100%	5/5 100%	11/11 100%	21/21 100%	1/1 100%	0/0 0%	9/9 100%	0/0 0%	0/0 0%	118/118 100%
	Mel	5/5 100%	0/0 0%	2/2 100%	0/0 0%	12/12 100%	2/2 100%	28/28 100%	8/8 100%	12/12 100%	6/6 100%	0/0 0%	0/0 0%	9/11 81.8%	0/0 0%	0/0 0%	84/86 97.7%
	Ov	0/0 0%	1/1 100%	2/2 100%	3/3 100%	2/2 100%	7/8 87.5%	14/14 100%	0/0 0%	0/0 0%	5/5 100%	1/1 100%	0/0 0%	3/3 100%	0/0 0%	0/0 0%	38/39 97.4%
	UGI	14/14 100%	2/2 100%	7/7 100%	18/19 94.7%	11/11 100%	23/23 100%	65/65 100%	9/9 100%	15/15 100%	52/54 96.3%	1/1 100%	0/0 0%	22/22 100%	0/0 0%	0/0 0%	239/242 98.8%
	Urol	46/47 97.9%	3/3 100%	28/28 100%	28/31 90.3%	15/15 100%	65/75 86.7%	130/147 88.4%	40/46 87%	33/36 91.7%	100/121 82.6%	1/1 100%	3/3 100%	56/60 93.3%	0/0 0%	0/0 0%	548/613 89.4%
	All	138/139 99.3%	37/38 97.4%	68/70 97.1%	136/142 95.8%	120/122 98.4%	205/228 89.9%	587/609 96.4%	102/117 87.2%	179/183 97.8%	373/413 90.3%	6/7 85.7%	6/6 100%	203/211 96.2%	2/2 100%	42/43 97.7%	2204/2330 94.6%

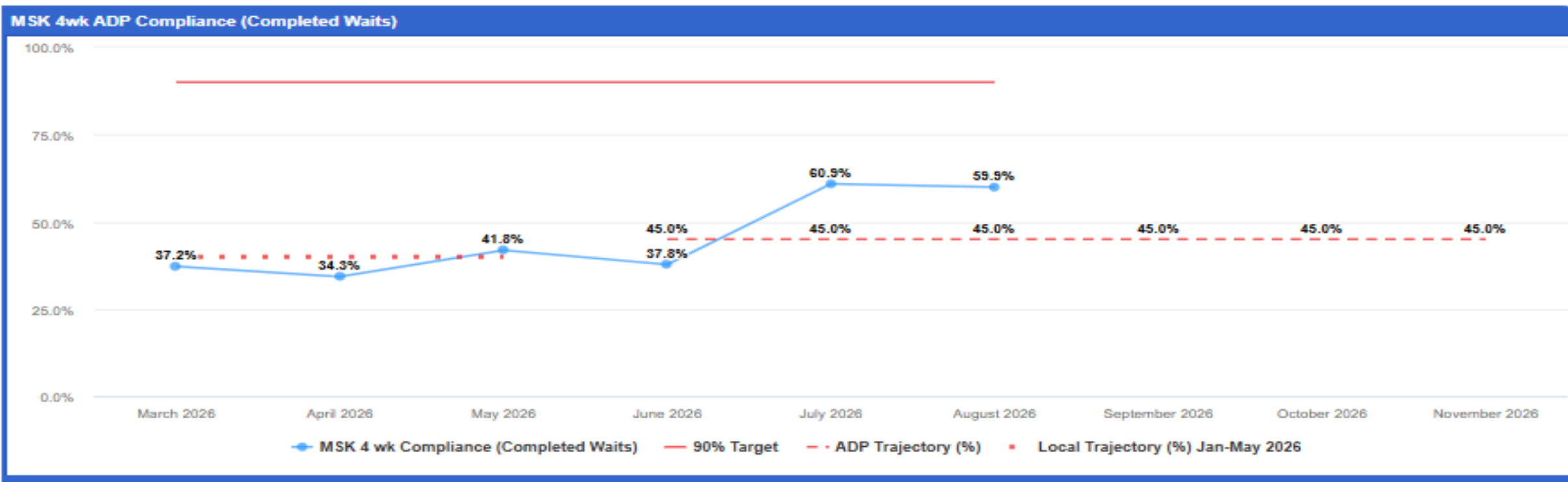
62 day Jul 2026		NHS Board															
		AA	B	DG	F	FV	Gr	GGC	H	La	Lo	O	S	T	WI	GJNH	Scot
Cancer Type	Br	22/24 91.7%	12/12 100%	6/6 100%	10/15 66.7%	18/18 100%	19/26 73.1%	114/118 96.6%	26/33 78.8%	25/25 100%	68/76 89.5%	0/0 0%	0/1 0%	30/39 76.9%	0/0 0%	- -	350/393 89.1%
	Cx	2/3 66.7%	0/0 0%	0/0 0%	0/0 0%	0/2 0%	2/3 66.7%	1/2 50%	0/1 0%	3/3 100%	1/1 100%	0/0 0%	0/0 0%	1/1 100%	0/0 0%	- -	10/16 62.5%
	Colo	16/21 76.2%	9/12 75%	6/6 100%	13/14 92.9%	7/11 63.6%	5/27 18.5%	42/48 87.5%	5/12 41.7%	14/16 87.5%	17/24 70.8%	0/0 0%	1/2 50%	12/18 66.7%	0/0 0%	- -	147/211 69.7%
	H&N	4/4 100%	0/0 0%	1/1 100%	2/2 100%	3/4 75%	0/2 0%	18/21 85.7%	1/1 100%	5/5 100%	4/5 80%	0/0 0%	0/1 0%	3/3 100%	0/0 0%	- -	41/49 83.7%
	Lung	6/9 66.7%	0/1 0%	5/5 100%	6/6 100%	10/16 62.5%	13/15 86.7%	43/49 87.8%	4/4 100%	19/21 90.5%	21/26 80.8%	0/0 0%	0/0 0%	8/17 47.1%	1/2 50%	- -	136/171 79.5%
	Lym	2/2 100%	1/1 100%	0/0 0%	2/2 100%	4/4 100%	1/1 100%	8/9 88.9%	3/5 60%	4/4 100%	3/8 37.5%	0/0 0%	0/0 0%	2/2 100%	0/0 0%	- -	30/38 78.9%
	Mel	3/4 75%	0/0 0%	0/0 0%	0/0 0%	11/11 100%	1/2 50%	18/20 90%	5/6 83.3%	13/13 100%	2/2 100%	0/0 0%	0/0 0%	3/3 100%	0/0 0%	- -	56/61 91.8%
	Ov	1/2 50%	1/1 100%	1/1 100%	3/3 100%	2/2 100%	3/3 100%	3/3 100%	0/0 0%	2/2 100%	2/2 100%	0/0 0%	0/0 0%	2/2 100%	0/0 0%	- -	20/21 95.2%
	UGI	11/11 100%	2/2 100%	5/5 100%	7/8 87.5%	9/9 100%	12/15 80%	30/38 78.9%	6/7 85.7%	10/10 100%	28/29 96.6%	0/0 0%	0/0 0%	10/12 83.3%	1/1 100%	- -	131/147 89.1%
	Urol	18/30 60%	1/7 14.3%	13/19 68.4%	9/18 50%	7/16 43.8%	9/36 25%	52/103 50.5%	24/40 60%	22/27 81.5%	25/71 35.2%	0/1 0%	2/2 100%	26/40 65%	3/5 60%	- -	211/415 50.8%
	All	85/110 77.3%	26/36 72.2%	37/43 86%	52/68 76.5%	71/93 76.3%	65/130 50%	329/411 80%	74/109 67.3%	117/126 92.9%	171/244 70.1%	0/1 0%	3/6 50%	97/137 70.8%	5/8 62.5%	- -	1132/1522 74.4%

Cancer

Deliverable Summary Local trajectories for Cancer Waiting Times, to achieve at least 85% for the 62-day target and 99% for 31-day target 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 NHS Forth Valley (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 Active Clinical Referral Triage (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.	Key performance challenges remain within Colorectal, Lung, Breast, Upper GI and Gynaecology pathways, with targeted improvement actions in place to address delays to first assessment. This has included development of a benchmarking dataset to support service planning, demand and capacity modelling, and targeted improvement activity within challenged pathways. Operational pressures during August included consultant sickness absence within Colorectal Surgery, resulting in impacts on treatment times and robotic surgery capacity as well as peak annual leave pressures across Outpatients and Diagnostics primarily. Focus continues on improving pathway performance through enhanced operational oversight, pathway redesign and strengthened performance monitoring arrangements. Progress continues across a range of workforce initiatives including expansion of advanced practice roles and development of diagnostic capacity to support sustainability. Work is ongoing with operational and clinical teams to undertake detailed analysis of patients who have not reached Multidisciplinary Team (MDT) review by Day 38, identifying delays and opportunities to streamline the referral-to-diagnosis pathway. Learning from this analysis is being used to support the adoption of a new local standard aimed at improving pathway efficiency and reducing future breaches. Delivery of the Cancer Improvement Action Plan and continued application of the Framework for Effective Cancer Management remain key priorities during 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 August 2027**



Current Position: Performance against the National 4-week Standard/Target of 90% was 59.9% in August 2026, which is a worsening position from the previous month. This does however achieve the Delivery Plan trajectory of 45.0%. Of the four professions only Occupational Therapy (48.8%) achieved the 45.0% Delivery Plan trajectory.

Current Position Against National Target: NHS Ayrshire and Arran performance continues to remain below the 90% National Standard/Target.

Target for March 2027: Achieve performance of 45.0%.

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 MSK outpatient appointment at by March 2027.	
Improvement Actions	Monthly Progress
Develop MSK Performance Measurement Plan. Test texting patients with self-management advice while on the waiting list, or invite for treatment. Develop digital patient initiated referral platform for MSK Service. Review of MSK conditions where Active Clinical Referral Triage (ACRT) has been implemented and expand to other presentations if able. Routinely use MSK Health Questionnaire (HQ) outcome measure at entry and exit from service. Review of MSK referral and vetting guidance. Test early intervention clinic within South locality and assess impact on waiting times with a view to replicating in East and North. Review of skill mix within the service including health care support worker role. Implement job planning for all staff within the service.	MSK performance will be input into the East Allied Health Professionals (AHP) Data as have been unable to progress as a service. Pilot around texting patients on self-management advice or to offer treatment invitations has been paused due to staffing issues within admin teams. Continue to explore digital patient initiated referral platforms for MSK while contributing to national conversations. Plans to develop ACRT pathway for patients with plantar fasciitis. 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. MSK referral and vetting guidance requires to be revised inline with implementation of New Ways Guidance. Ongoing engagement with MSK Hand Service to develop resilience within the service . Job planning implemented across all teams, will be reviewed as part of implementation of Reducing Working Week (RWW) on 1st April.

New Innovations

New Innovations

Deliverable Summary

Adopt new innovations: Commence use of genetic testing for recent stroke patients.

Improvement Actions

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.

Monthly Progress

A provisional implementation date of 21 September 2026 has been agreed. The digital solution for requesting pharmacogenetic tests has now been developed, with workbench training scheduled throughout September to support implementation. The TrakCare clinical alert has been developed and will be implemented as part of the go-live arrangements. Fortnightly implementation meetings with the Pharmacogenetics Delivery Team and monthly local governance meetings continue to oversee delivery and manage implementation risks. The Standard Operating Procedure (SOP) and clinical pathway are being finalised to align with the agreed digital solution and planned implementation date. Preparatory work remains on track for September rollout, including staff training, finalisation of supporting documentation and completion of system configuration requirements.

Deliverable Summary

Adopt new innovations: Commence use of genetic testing for newborn babies with bacterial infections.

Improvement Actions

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.

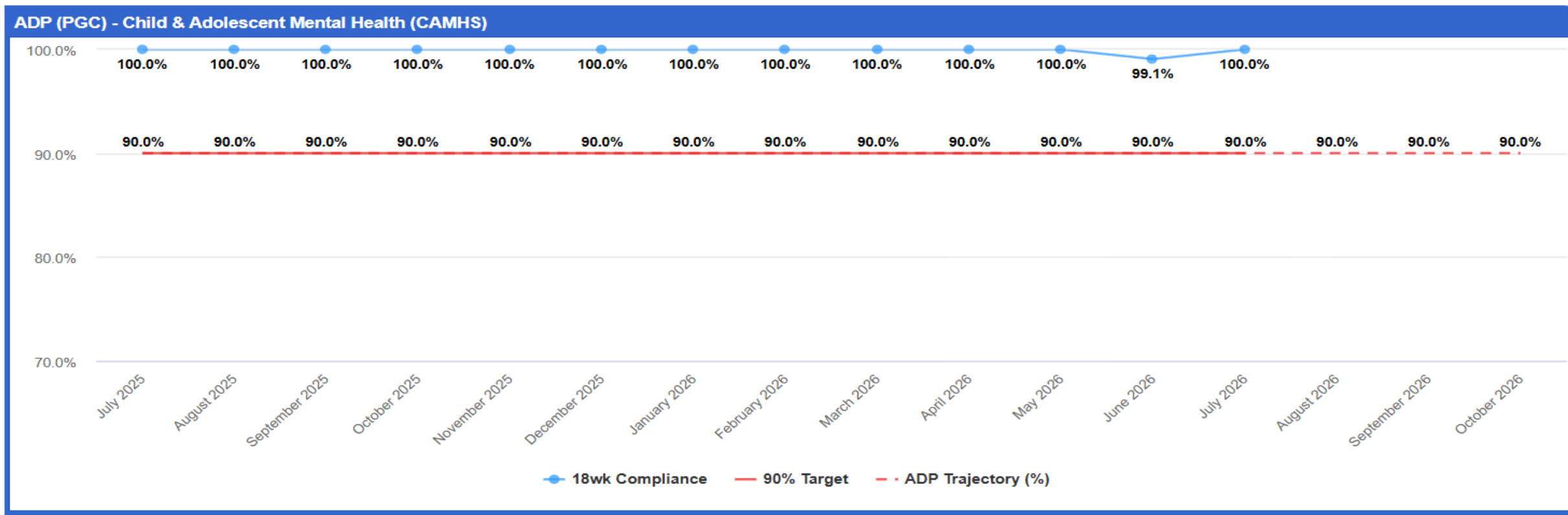
Monthly Progress

Arrangements finalised for implementation in NHS AA Q1 26/27.

Order placed for Genedrive systems and test kits. Training commenced March 2026, with full go-live April 2026.

Mental Health

- 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral *by July 2026*



Current Position: Performance against the 90.0% Child and Adolescent Mental Health Services (CAMHS) 18-week Standard/Target continues to be met, with compliance at 100.0% in July 2026. This continues to achieve the Delivery Plan trajectory of 90.0%

Current Position Against National Target: NHS Ayrshire and Arran performance continues to exceed the 90% National Standard/Target.

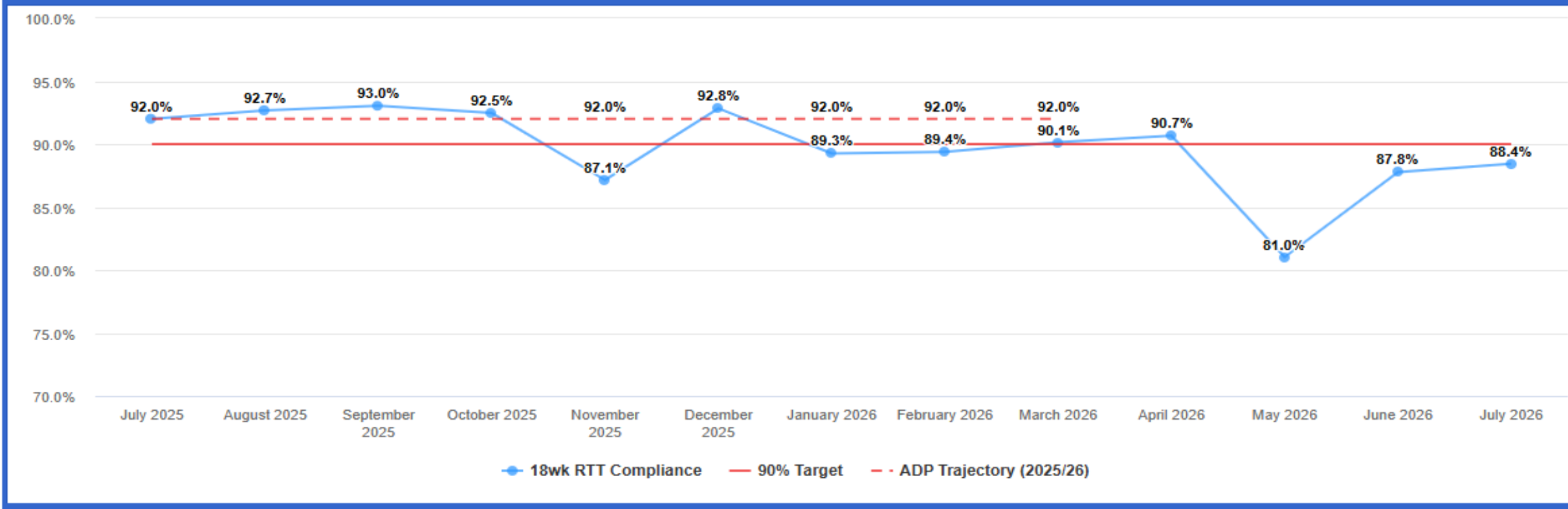
Target for March 2027: Maintain performance at or above 90.0%.

Child and Adolescent Mental Health Service

Deliverable Summary Maintain performance at or above 90% of young people commencing treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral.	
Improvement Actions	Monthly Progress
Using TrakCare and CAMHS Benson Wintere Demand, Capacity, Activity and Queue (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 Advanced Clinical Nurse Specialist (ACNS) posts of staff within the neuro team and losing ACNS and other Neurodevelopment Child and Adolescent Mental Health services (N-CAMHS) staff to the private sector diagnosis companies. Continuing to develop skill mix with further posts being developed. CAMHS are receiving a much higher level of detailed Freedom of Information Requests (FOI's), Member of Scottish Parliament (MSP) enquiries in relation to waiting times and particularly Neurodevelopmental waits.

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

Psychological Therapies (PT) 18wk % Compliance



Current Position: Performance against the 90.0% Psychological Therapies Standard/Target in July 2026 was 88.4%, which is an improvement from the previous month.

Current Position Against National Target: NHS Ayrshire and Arran performance did not meet the 90% National Standard/Target in July 2026.

Target for March 2027: 90.0% National Standard/Target.

Psychological Therapies

Deliverable Summary

Achieve performance of 90% or above, of patients commencing Psychological Therapy based treatment within 18 weeks of referral.

Improvement Actions

Ongoing Trajectory work in different specialisms – Demand, Capacity, Activity and Queue (DCAQ) utilising new Public Health Scotland (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.

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.

Monthly Progress

Adult Community Mental Health Team (ACMHT), CAMHS and Community Paediatric Psychology continue to experience longer waits due to staffing levels sitting below those required following DCAQ analysis. The skillmix in Adult Mental Health (AMH) will be monitored closely to see what capacity it creates in the system.

Despite AMH aggregate reflecting a drop in Referral to Treatment (RTT), activity has increased, with focus on the longest waits in the service, this includes Community Paediatric psychology. CAMHS percentage will be impacted by further vacancy.

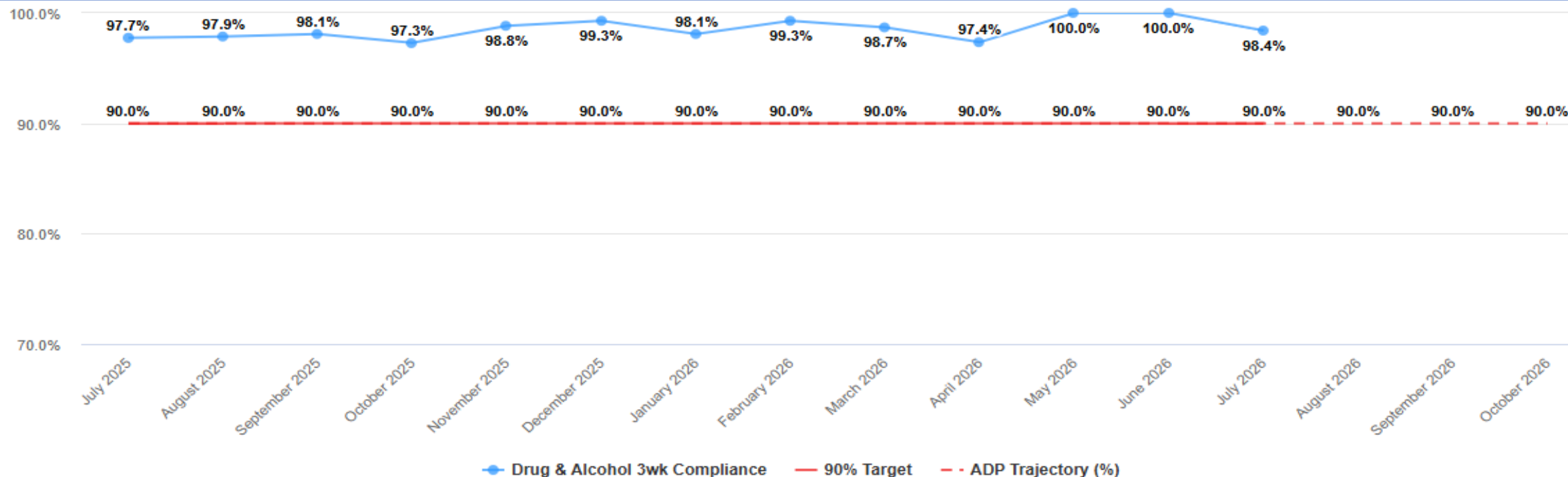
On-going work in conjunction with Digital staff in Lead Partnership to gain access to technology to support clinical delivery (e.g. AI clinical scribe). Digital clinical assessment packages have now been approved by Information Governance (IG) and Cyber Security and will be rolled-out across psychological specialties.

Psychological service access criteria differs between Community Mental Health Team (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.

Drug and Alcohol Treatment - 3 Week

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

Drug & Alcohol 3wk % Compliance



Current Position: Drug and Alcohol compliance was 98.4% in July 2026. This continues to exceed and meet the Delivery Plan trajectory of 90%.

Current Position Against National Target: NHS Ayrshire and Arran performance continues to exceed the 90% National Standard/Target.

Target for March 2027: Maintain performance at or above 90.0%.

Drug and Alcohol Service

Deliverable Summary <u>North Ayrshire:</u> 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 Medication Assisted Treatment Standards (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 <u>South Ayrshire:</u> 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 South Ayrshire Treatment and Recovery Team (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 availability and continuation of funding for delivery 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 Alcohol and Drug Partnership (ADP) for GP session and SAHSCP innovation fund secured for 0.6 band 3 staff member who will support implementation of clinic.

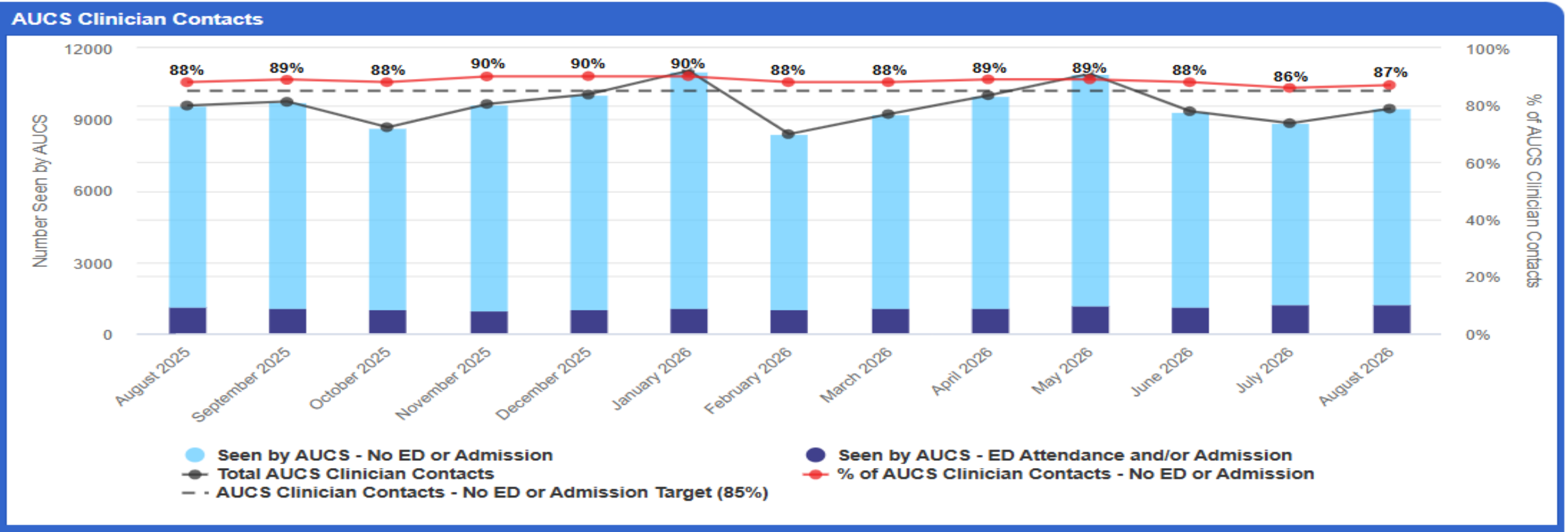
Drug and Alcohol Service

Deliverable Summary <u>East Ayrshire</u> : 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 Advanced Nurse Practitioner (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 <u>Pan Ayrshire</u> : Continue to 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 most up to date verified data is for Quarter 1 April – June 2026. The Standard was met across North, South and East HSCP with 99% of individuals commenced alcohol and/or drug treatment within 3 weeks and 100% within 6 weeks.

Drug and Alcohol Service

Deliverable Summary <u>Pan Ayrshire:</u> Expansion of capacity to support individuals into, during and after residential rehabilitation.	
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 have met with the Cora Team and are in the process of preparing a bid to request extension to the funding for Recovery Development Workers to support continuity and increased capacity to undertake preparatory work, in reach and discharge planning and post discharge support from External Residential Rehabilitation. North Ayrshire Drug and Alcohol Recovery Service (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. South Ayrshire Alcohol and Drug Partnership (ADP) have funded Recovery Out of Alcohol and Drug Support (ROADS) service (hosted by We Are With You) to undertake residential rehabilitation pre and post support. East Ayrshire Residential Rehabilitation Co-ordinator is working with Justice Service colleagues (inclusive of the prison to rehab pathway) to improve connections between pre- and post-rehabilitation workers, ensuring individuals receive coordinated support before admission, throughout their residential rehabilitation placement, and following discharge.

Urgent Care



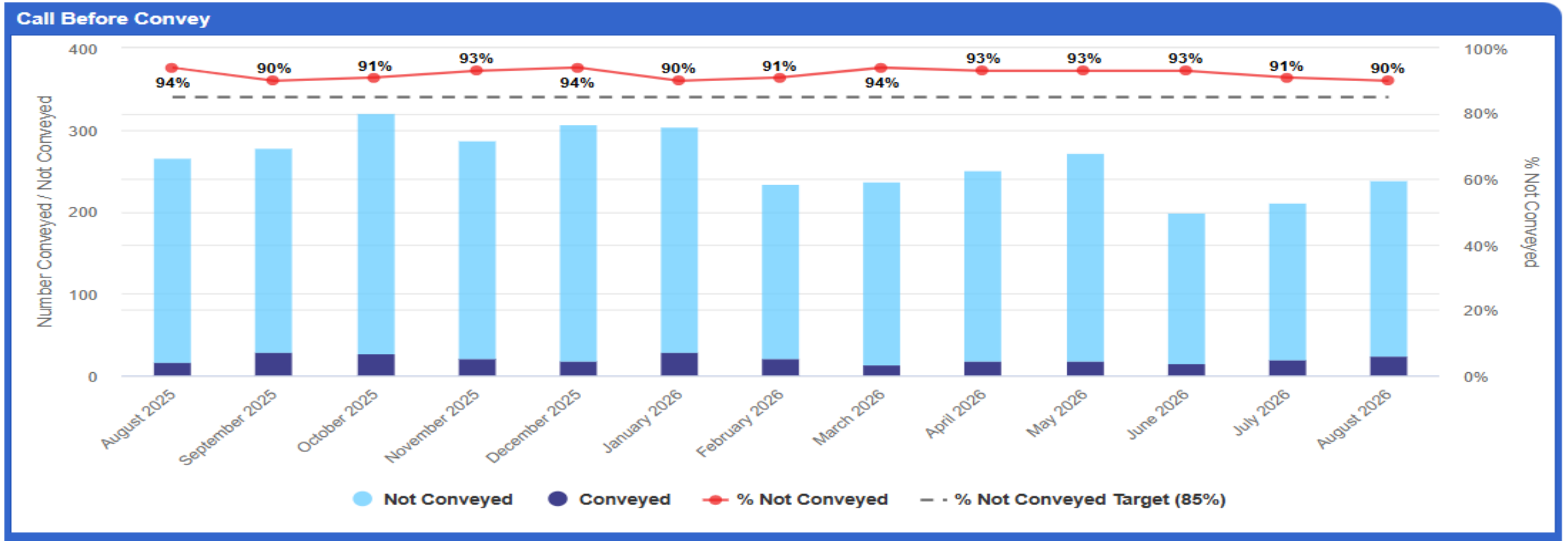
Current Position: In August 2026, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,451 contacts including patients navigating through the various pathways. 87.0% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting. Performance meets the current local target of 85.0%.

Current Position Against National Target: No relevant target.

Target for March 2027: Maintain performance of 85.0%.

Call Before Convey – Non-Conveyance

% Non Conveyance through Call before Convey
August 2026 result
90%



Current Position: During August 2026, 214 Call before Convey calls were received by AUCS with 90.0% of these calls not resulting in onward conveyance to hospital. This is fewer than the 91.0% reported in July 2026 but remains above the current local target of 85.0%.

Current Position Against National Target: No relevant target.

Target for March 2027: Maintain performance of 85.0%

Urgent Care

Deliverable Summary

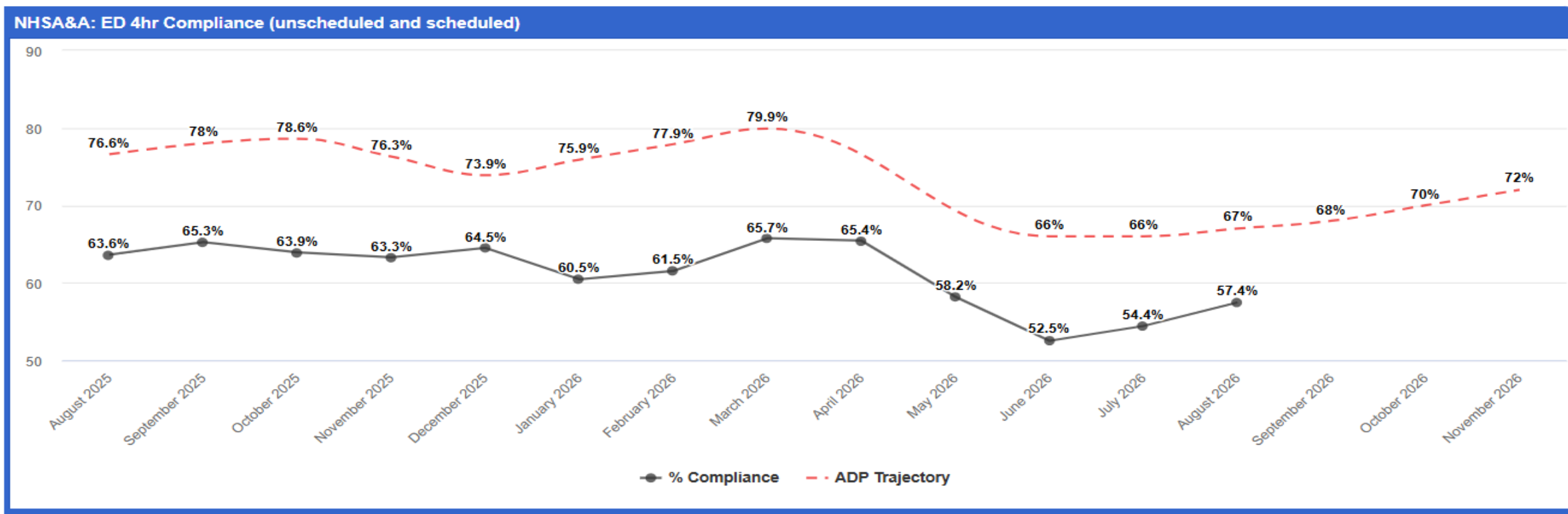
Ayrshire Urgent Care Service (AUCS) – at least 85% of patients who contact AUCS will not require attendance at the front door and will receive alternative pathways of care in the right place, at the right time.

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 Acute Unscheduled Care Service (AUCS) Flow Navigation Centre (FNC) to Hospital at Home Team. Develop a referral pathway from AUCS FNC to Rapid Respiratory Response (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 Minor Injuries Unit (MIU).	Two Operational Facilitator posts recruited due to commence in September 2026, and one post to be re-advertised. 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; A review of the Hospital at Home service has been commissioned to assess the current model, capacity and future requirements. 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 while continuing to develop and grow patient pathways.

Unscheduled Care

ED 4-Hour Compliance (unscheduled and scheduled)

- Improve overall ED 4-hour compliance to at least 67.0% **by August 2026**

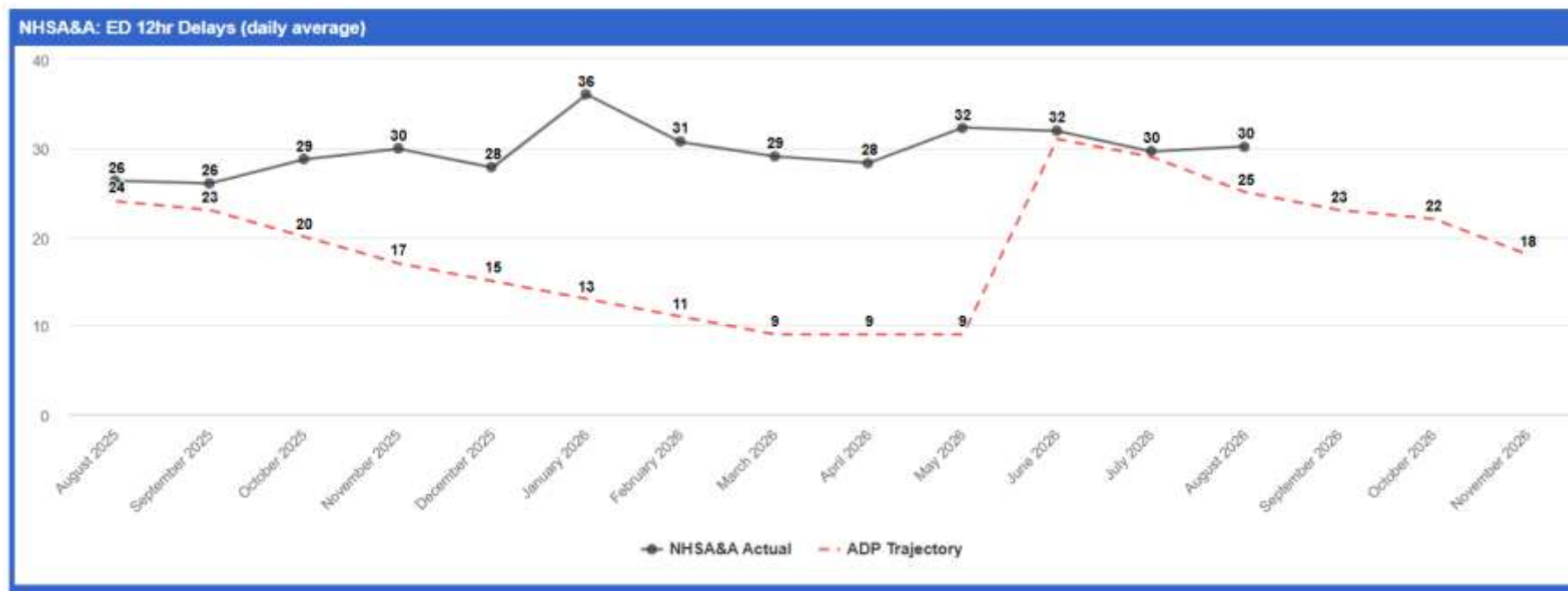


Current Position: In August 2026, NHS Ayrshire & Arran performance was 57.4%, which is an increase in compliance compared to the previous month. This failed to achieve the Delivery Plan Trajectory of 67.0%.

Current Position Against National Target: Performance in July 2026 was below the latest National published position of 69.1%. The National Standard/Target is 95%.

Target for March 2027: Achieve performance of 78%.

- Decrease the number of patients waiting over 12 hours in ED to be discharged, admitted, or transferred to 25 *by August 2026*



No of 12-Hour Breaches (average per day)	UHA	UHC
August 24	13	12.5
August 25	9.5	16.3
August 26	10.5	19.0

Current Position: In August 2026, the number of patients waiting over 12 hours in our ED departments remained at 30 on average per day, failing to achieve the Delivery Plan trajectory of 25 or less. At site level, performance at both UHA and UHC worsened when compared to August 2025.

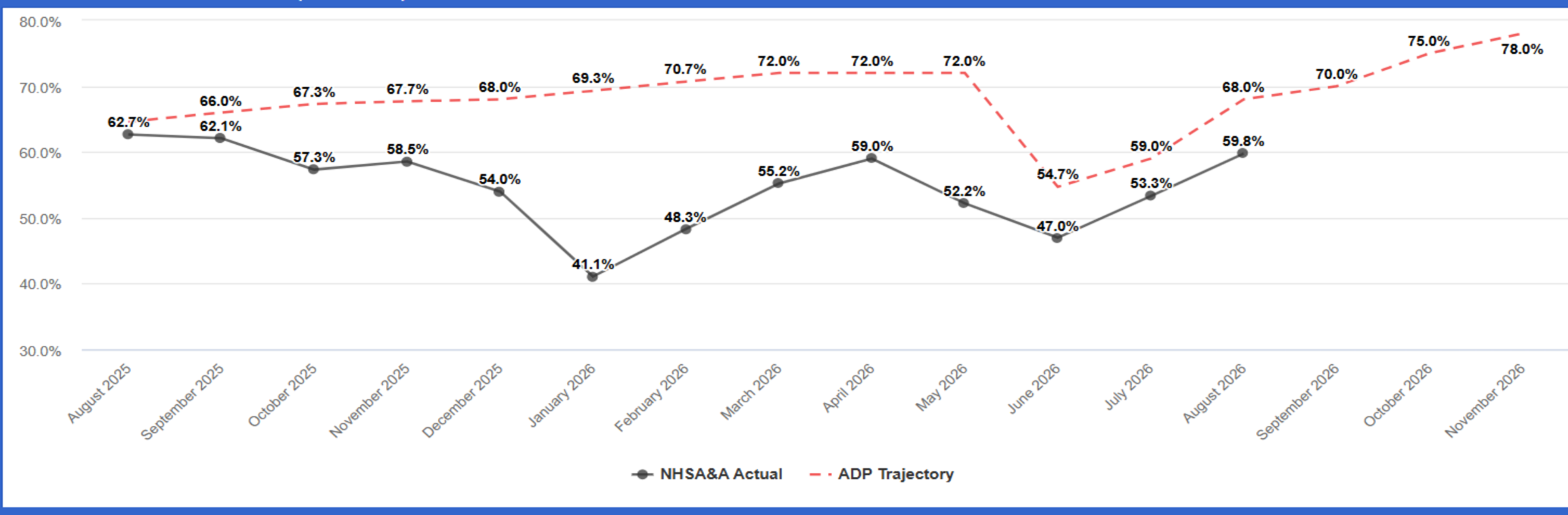
Current Position Against National Target: 10.8% of attendances were waiting over 12 hours in July 2026 across NHS Ayrshire & Arran, compared to 3.7 % at a National level.

Target for March 2027: Reduce number of 12-hour breaches to 8 or fewer per day.

SAS Turnaround Times

- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to 68.0% *by August 2026*

NHSA&A: SAS Turnaround Times (% < 60mins)

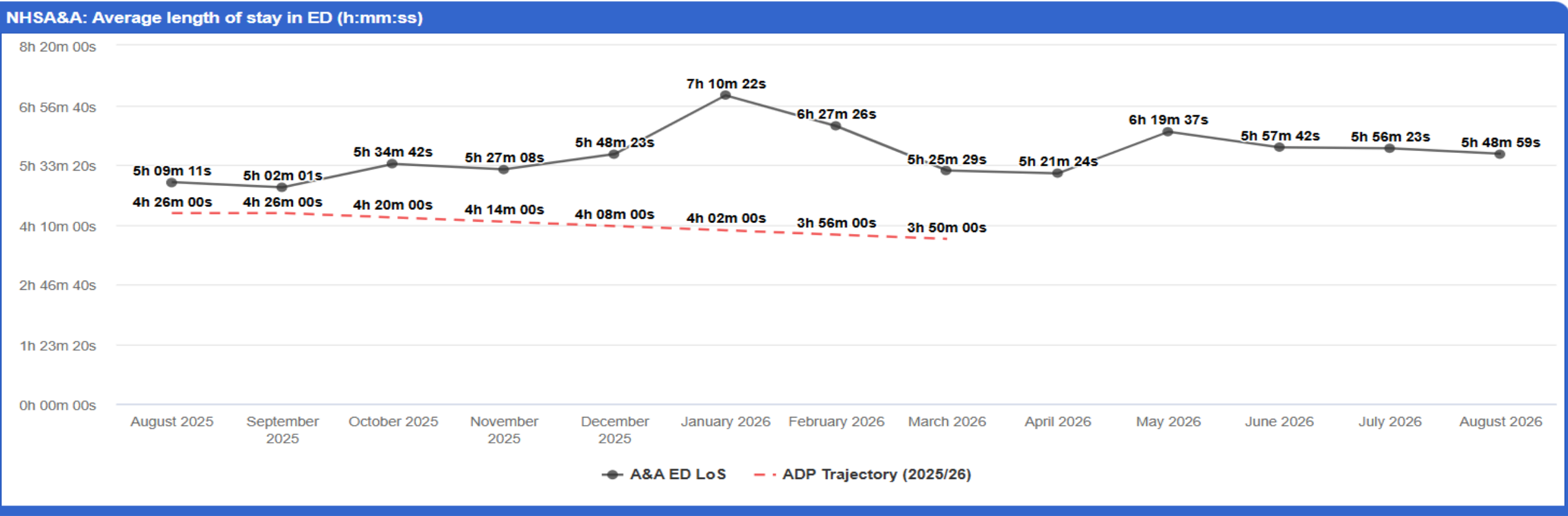


Current Position: In August 2026, 59.8% of ambulances experienced a turnaround time within 60 minutes at our acute sites, an improving position from the 53.3% reported in the previous month. This remains lower than and does not meet the Delivery Plan trajectory of 68.0%.

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: Increase turnaround times within 60 minutes to 90.0%.

- Reduce the average length of stay in ED for all attendances



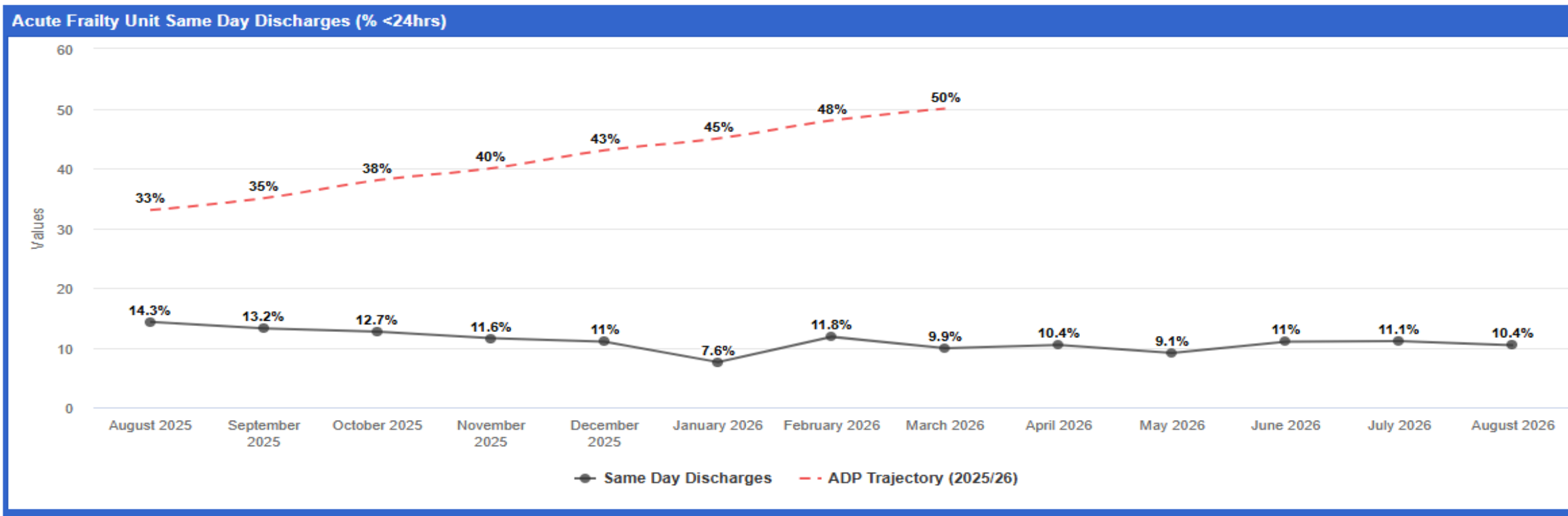
Current Position: The average length of stay in our ED Departments in August 2026 was 5h 48m 59s, which is an improvement from the previous month. While no new trajectories have been set for this measure, performance is higher than reported in August 2025.

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

Target for March 2027: No relevant comparison or target.

Acute Frailty Unit (Same Day Discharges)

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

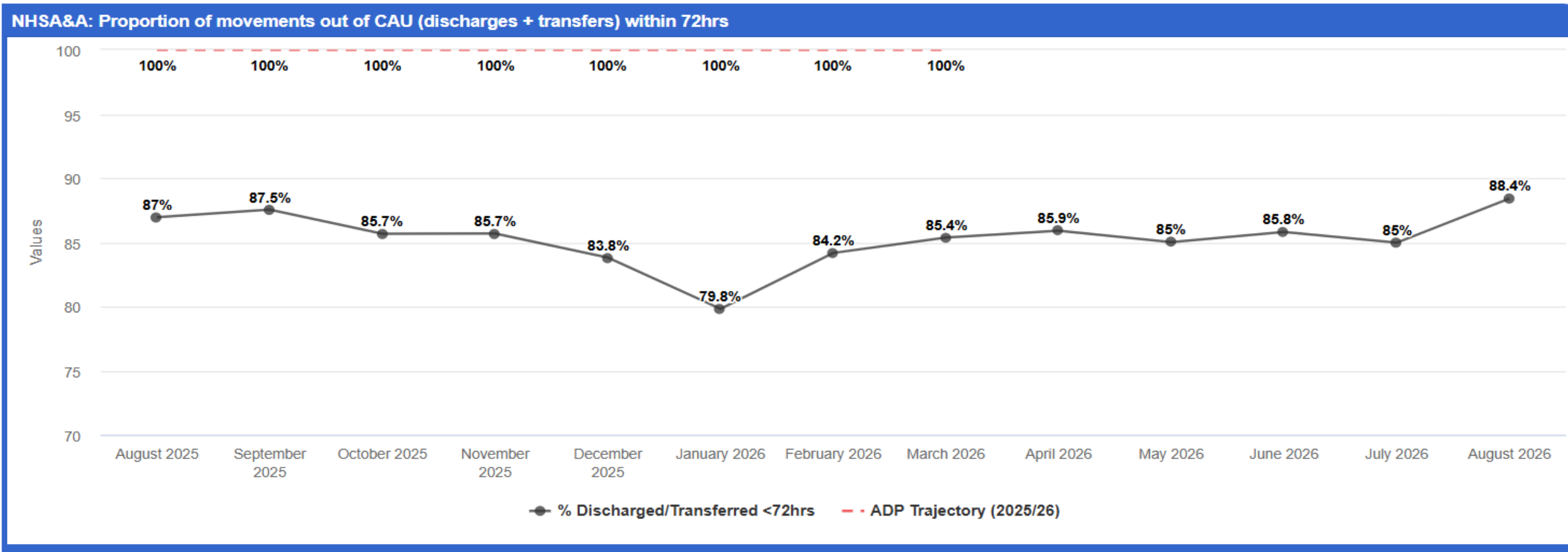


Current Position: Performance in the proportion of arrivals into the frailty units discharged within 24 hours has been on a worsening trend overall, from a high of 14.3% in August 2025 to 10.4% in August 2026. While no new trajectories have been set for this measure, performance is lower than reported in August 2025.

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

Target for March 2027: No relevant comparison or target.

- Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward)

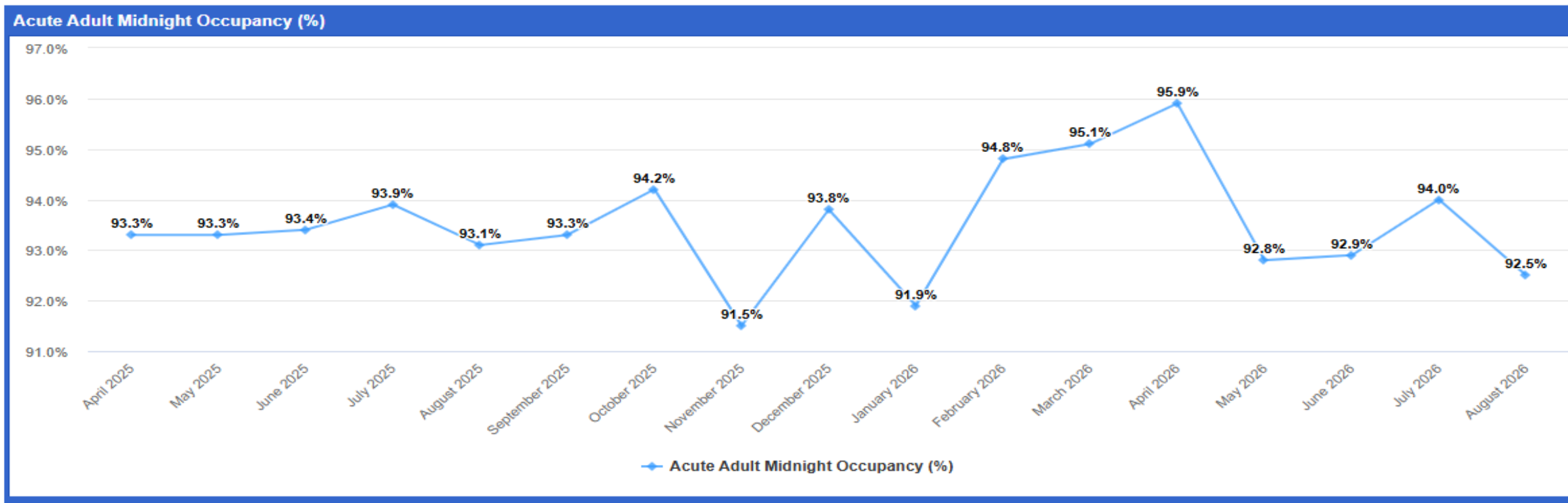


Current Position: In August 2026, 88.4% of arrivals to our Combined Assessment Units were discharged or transferred to an acute ward within 72 hours. This was an improvement compared to the 85.0% recorded the previous month. While no new trajectories have been set for this measure, performance is higher than reported in the previous month and in comparison to the same month in the previous year (August 2025).

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

Target for March 2027: No relevant comparison or target.

- Reduce occupancy in our Acute sites



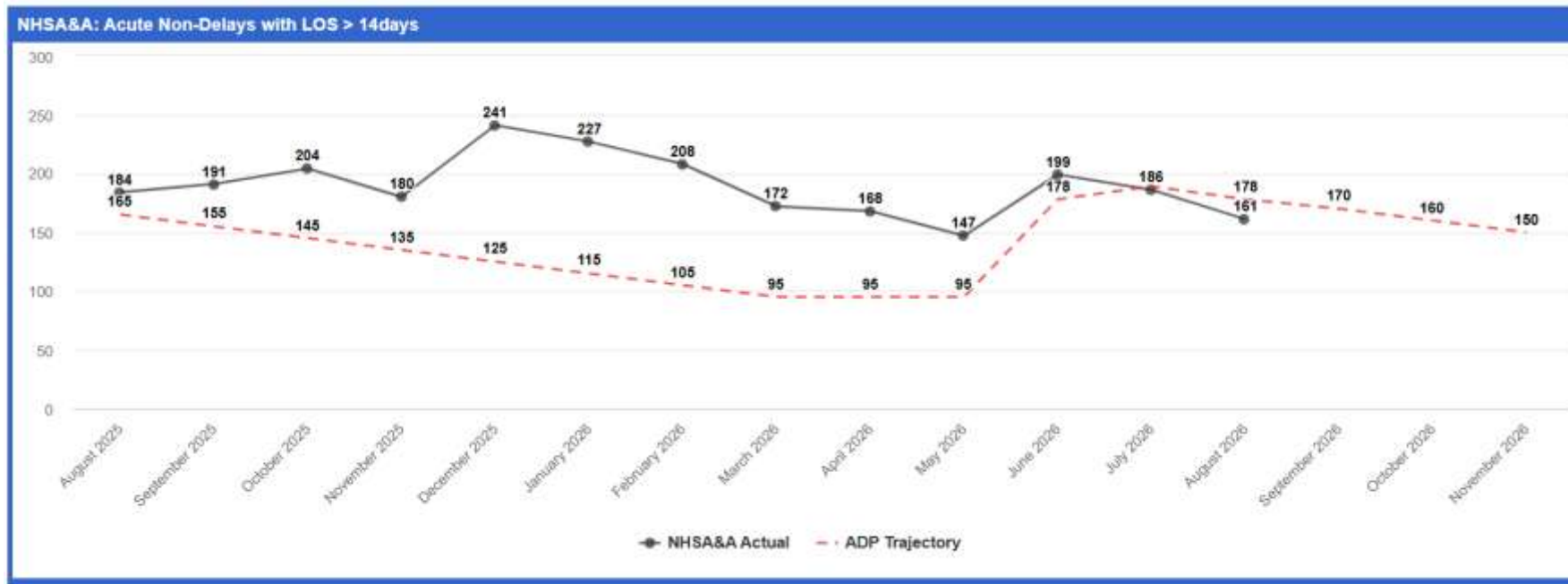
Current Position: In August 2026, occupancy against our total bed complement was 92.5% in our Acute hospitals. This is a decrease from July 2026 where it was 94.0%. Occupancy levels are now measured against the total beds, not against core beds as was previously the case.

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

Target for March 2027: No relevant comparison or target.

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

- Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 178 or fewer **by August 2026**



No patients LOS > 14 days (non-delay)	UHA	UHC
August 24	78	139
August 25	68	116
August 26	51	110

Current Position: The number of patients in our Acute hospitals with a length of stay over 14 days who were not in a delay, had been on an improving trend from a high of 241 in December 2025 to 147 in May 2026. Following an increase to 199 in July 2026, performance has since improved to 161 in August 2026. This was lower than and achieved the Delivery Plan trajectory of 178.

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

Target for March 2027: Reduce length of stay over 14 days who are not in delay to 104 or fewer.

Hospital at Home – Acute Elderly

UJCC - Hospital at Home - New Admissions



UJCC - Hospital at Home - Patients in Service



UJCC - Hospital at Home - Bed Days Avoided



Current Position: The number of new acute elderly admissions to Hospital at Home in August 2026 was 67. The in-month snapshot showed that the service also recorded 89 patients actively in the service. The number of bed days avoided via our Acute Hospital at Home service was 541 in August 2026, which is a decrease from the previous month. This is equivalent to 17 Hospital at Home beds in the month of August 2026.

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

Target for March 2027: No relevant comparison or target.

Unscheduled Care

Deliverable Summary

Working to improve overall Emergency Department (ED) 4hr compliance (both unscheduled and scheduled attendances), with a target of 78% of patients waiting less than 4 hours from arrival at ED to treatment, admission, or discharge by March 2027.

Improvement Actions

Development of bed management standard operating procedures with roles and responsibilities redefined.

Refresh of Escalation/Operational Pressures Escalation Levels (OPEL) framework and action trigger cards for acute sites and community.

Continuous flow moves to support timely placing of admitted patients.

Monthly Progress

Emergency Department (ED) 4-hour performance remained below the August trajectory, reflecting sustained demand, high occupancy and ongoing patient flow challenges. Improvement activity throughout August focused on strengthened operational oversight, protected "golden hour" arrangements and enhanced escalation processes to support ED decompression and flow. Delivery of Transfer of Care actions, including reductions in delayed discharge and length of stay, remains critical to achieving sustainable improvement in performance. Bed allocation processes at Ayr were revised during August, with Combined Assessment Unit (CAU) allocation transferring to the Communications Team to strengthen coordination and flow management. Escalation arrangements were strengthened during August through enhanced operational oversight, flow huddles, safety pauses and daily site reviews. Refreshed escalation processes continue to support earlier identification and management of capacity and flow pressures. Continuous flow principles remained embedded throughout August, supporting timely patient placement and improved management of bed capacity. Revised bed allocation arrangements and strengthened operational coordination continue to support patient flow across acute sites.

Deliverable Summary

Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 90.0% by March 2027.

Improvement Actions

Proactive planning by emergency department and bed management team to support ambulance activity in community through continuous flow.

Monthly Progress

Ambulance handover performance improvement during August, with Crosshouse achieving a fourth consecutive week of improvement and increasing handovers within 60 minutes, Ayr also demonstrated continued improvement. Delivery of the joint NHS Ayrshire & Arran and Scottish Ambulance Service Improvement Plan continued throughout August, including enhanced operational oversight, weekly Director escalation meetings, revised handover processes, strengthened escalation arrangements and daily joint demand reviews. Improved ambulance handovers, reduced emergency department length of stay and strengthened patient flow provide positive evidence that recovery actions are beginning to have an impact, although occupancy and delayed discharge remain key system challenges.

Unscheduled Care

Deliverable Summary Increase the proportion of arrivals to the Acute Frailty Unit who are discharged the same day (i.e. within 24hrs). Trajectory to be agreed.	
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. Utilising technology in social care to support remote monitoring 24/7 and standalone remote monitoring by families/carers. Delivery of additional preventative and homefirst (discharge to assess) services, utilising staff across boundaries and performance. Develop and deliver 7 day frailty service with Allied Health Professionals (AHP) and Multidisciplinary Team (MDT) support.	The frailty pull model remained embedded throughout August, supported by daily multidisciplinary reviews and board rounds to ensure frail patients receive care in the most appropriate setting. Continued application of the model has supported admission avoidance, earlier discharge planning and reductions in unnecessary time spent within acute hospital settings. Work continues to align frailty pathways with wider Transfer of Care priorities and Discharge Without Delay principles. Progress continued during August on the development of Home First and preventative services through the Whole System Improvement Plan. Collaborative work across acute, community and HSCP services is supporting the development of additional community capacity and alternative pathways to support admission avoidance and earlier discharge. Ongoing development of technology-enabled care solutions aims to enhance support for patients at home and reduce reliance on hospital-based care. Development of a seven-day frailty service continued during August through multidisciplinary and whole-system planning arrangements. The proposed model will support more consistent assessment, discharge planning and patient flow across the week. This remains a key component of the wider Transfer of Care Programme and supports delivery of occupancy, delayed discharge and length of stay improvement trajectories.

Unscheduled Care

Deliverable Summary

Increase the proportion of arrivals to CAU who are moved out within 72 hrs (i.e. discharged or transferred to acute ward). Trajectory to be agreed.



Improvement Actions

Reset of Combined Assessment Unit (CAU) to optimise the productivity of the assessment area, in line with national standards of a maximum Length of Stay (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 Point of Care Testing (POCT) for Covid & Flu to support seasonal demand to support flow from Emergency Department (ED) to assessment areas, and base wards in compliance with national infection control guidelines.

Monthly Progress

Progress during August focused on reducing delays within assessment areas and improving flow from CAU to downstream specialty wards through strengthened operational oversight, bed management arrangements and discharge planning activity.

Continued focus on timely patient movement, enhanced flow arrangements and strengthened operational coordination is supporting further progress towards delivery of the 72-hour standard. A business case is being developed through wider winter planning to provide seasonal POCT capacity during peak winter months, supporting patient flow from ED to assessment areas and base wards in line with national infection control requirements.

Deliverable Summary

Reduce Acute bed occupancy. Trajectory to be agreed.

Improvement Actions

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.

Monthly Progress

Performance against non-delayed patient length of stay trajectories showed sustained improvement during August, supporting reductions in avoidable delays and improved patient flow through acute services.

Additional consultant resource is being introduced to strengthen ward-based clinical review processes and support earlier discharge.

Continued application of Discharge Without Delay principles, enhanced discharge planning arrangements and targeted flow initiatives remain key to reducing occupancy and supporting wider unscheduled care performance recovery.

Unscheduled Care

Deliverable Summary

Reduce the numbers of patients with a length of stay over 14 days who are not in delay to 104 or fewer by March 2027. ■

Improvement Actions	Monthly Progress
Weekly Multidisciplinary Team (MDT) whole system Long Length of Stay (LLOS) reviews and Clinical Team Review (CTR) meetings at both sites led by site clinical leaders. Reduce delays to inpatient investigations/ diagnostics.	Focused activity on the implementation of the Length of Stay Improvement Programme was progressed during August, with improvement moving from diagnostic review into delivery through agreed workstreams, governance arrangements and performance monitoring processes. Weekly MDT reviews, Top 25 patient reviews, daily flow reviews and non-delay Length of Stay improvement sprints were implemented to support earlier discharge, reduce avoidable delays and improve patient flow across acute sites. Non-delay Length of Stay performance has improved since commencement of improvement activity, providing positive evidence that actions are beginning to have an impact. Continued focus remains on reducing long stays, improving discharge planning and supporting delivery of occupancy and flow improvement trajectories.

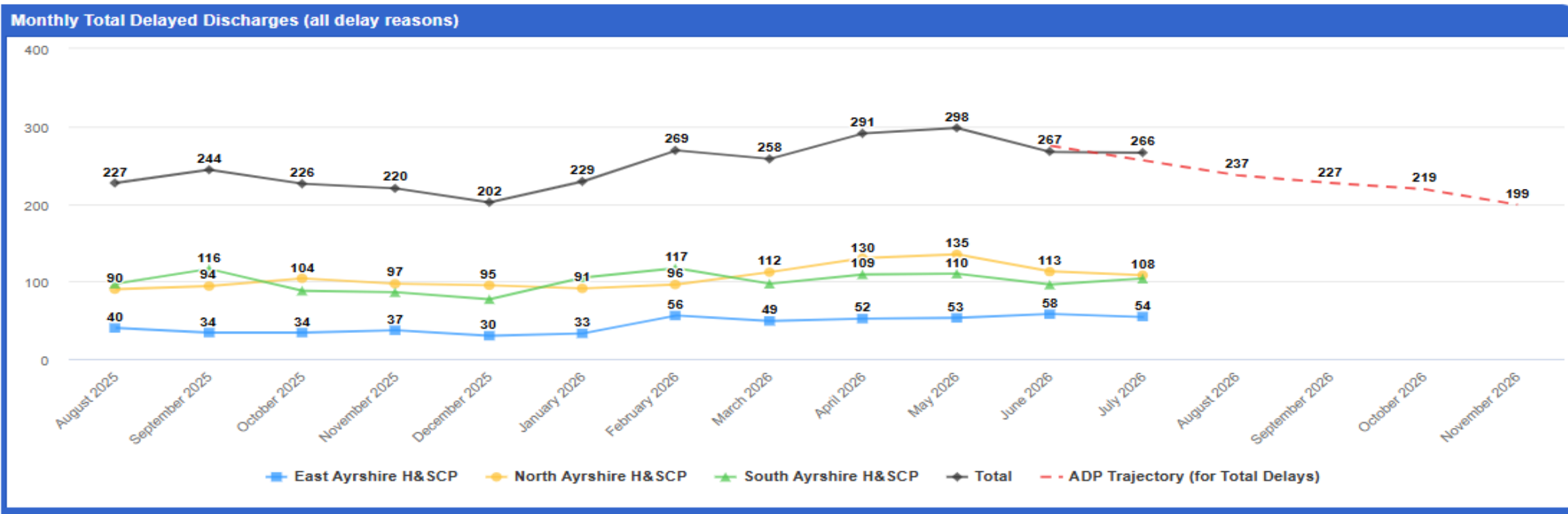
Deliverable Summary

Increase Hospital @ Home beds. Trajectory to be confirmed.

Improvement Actions	Monthly Progress
Develop Whole system virtual capacity model to include expansion to link with Flow Navigation Centre (FNC) to support admission avoidance for Outpatient Parenteral Antimicrobial Therapy (OPAT), respiratory, heart failure, etc.	Development of virtual capacity pathways, including Hospital at Home, OPAT and enhanced community alternatives to admission, continued throughout August as part of the wider Transfer of Care Programme. Mobilisation of approved Transfer of Care investments progressed across acute services and all three HSCPs, supporting additional community capacity, discharge pathways and alternative models of care. Expansion of community-based capacity remains a key enabler for reducing delayed discharge, supporting earlier discharge and delivering planned reductions in acute occupancy.

Delayed Discharges

Number of Delayed Discharges – All Delays by HSCP



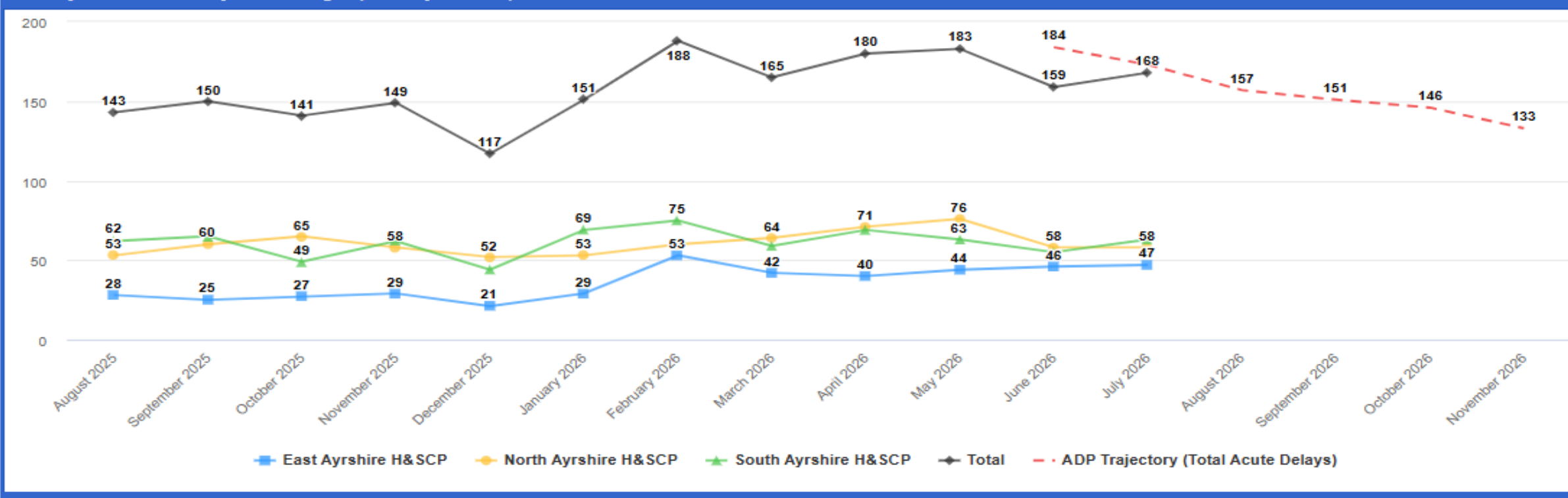
Current Position: A total of 266 delayed discharges were reported at the July 2026 monthly census point. This is a minor improvement compared to the previous month but fails to achieve the Delivery Plan trajectory of fewer than 256 delays. Within the Health and Social Care Partnerships, North and East Ayrshire showed an improvement while South Ayrshire showed a worsening position. The majority of delays are within North Ayrshire H&SCP (40.6%).

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

Target for March 2027: Achieve 156 or less delayed discharges.

Number of Acute Delayed Discharges – All Delays by HSCP

Monthly Total Acute Delayed Discharges (all delay reasons)



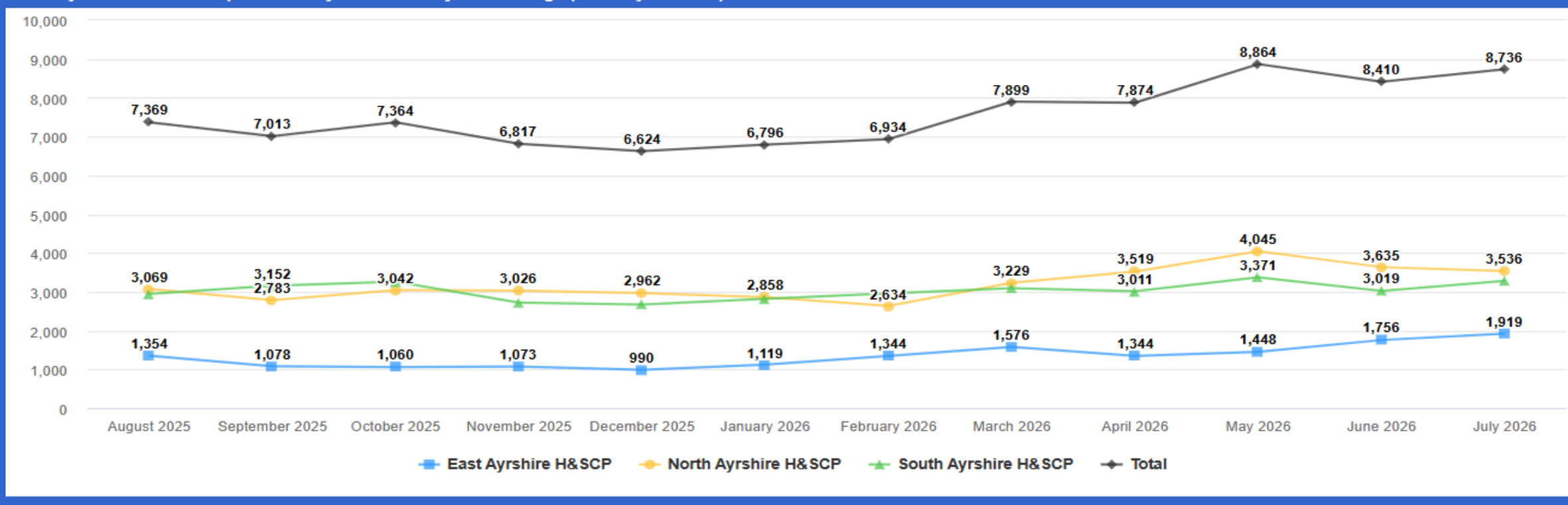
Current Position: A total of 168 Acute delayed discharges were reported at the July 2026 monthly census point. This is a worsening position compared to the previous month but achieves the Delivery Plan trajectory of fewer than 173 delays. Within the Health and Social Care Partnerships, North delays remained the same while South and East Ayrshire showed a worsening position. The majority of delays are within South Ayrshire H&SCP (37.5%).

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

Target for March 2027: Achieve 104 or less Acute delayed discharges.

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

Monthly numbers of occupied bed days due to delayed discharge (all delay reasons)

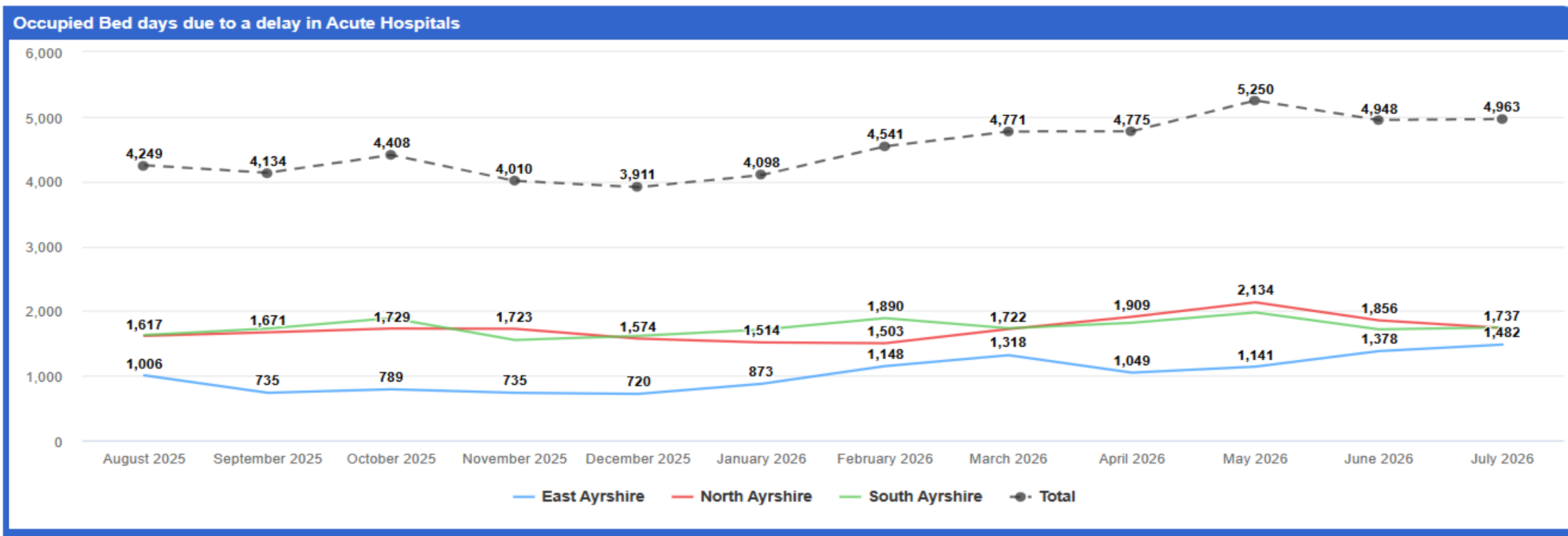


Current Position: The number of occupied bed days (OBDs) due to a delay in July 2026 was 8,736, which is a worsening position from the previous month. East and South Ayrshire H&SCP also showed a deterioration while North HSCP's all reported an improving position.

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

Target for March 2027: No relevant comparison or target.

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 increased from 4,948 in June 2026 to 4,963 in July 2026. East and South showed worsening delays while North HSCP showed improvement.

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

Target for March 2027: No relevant comparison or target.

Delayed Discharges East Ayrshire HSCP

Deliverable Summary Reduce the monthly number of occupied bed days due to a delay in our Acute hospitals. Trajectory to be confirmed. Reduce the number of people experiencing a delay of any length or reason, in our Acute hospitals, to 29 or less by March 2027.	
Improvement Actions	Monthly Progress
Ensuring a Home First approach across services and pathways. Service-wide implementation of reablement. Implement recommendations from Integration Joint Board (IJB) Report on East Ayrshire Community Hospital.	Phase 1 Whole System Intervention (WSI): EAHSCP Home First investment only partially implemented due to absence/ vacancy. Working towards seven-day Multidisciplinary Team (MDT) input; Social Worker with Mental Health Officer qualification in post; Additional Reablement resource in place; Integrated Care Team (ICT) Healthcare Support Worker (HCSW) recruited, interviews scheduled for OT x2; Advanced Nurse Practitioners recruited to optimise nurse-led EACH model. Phase 2 WSI/ Single Bed Oversight Centre (SBOC): British Red Cross Support at Home service Transfer of Care (TOC) implemented from June 26; EAHSCP total referrals at end August = 17 (end July = 4); Additional Care Home funding, 18/20 people discharged; Additional social care capacity funding, supported additional 4 Community Assessment Hub (CAH) discharges; Key Performance Indicator (KPI): 45 acute delays end August (trajectory 46).

Delayed Discharges North Ayrshire HSCP

Deliverable Summary Reduce the monthly number of occupied bed days due to a delay in our Acute hospitals. Trajectory to be confirmed. Reduce the number of people experiencing a delay of any length or reason, in our Acute hospitals, to 49 or less by March 2027.	
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 Discharge without Delay (DWD) and Planned Date of Discharge (PDD) Bundle in Community Wards.	Mental Health Officer capacity continues to eliminate inpatient allocation waits and reduced Adults with Incapacity delays. Service plans continue to be developed including a 7 day enhanced Multidisciplinary Team (MDT) service, aligned with acute 7 day working. The enhanced MDT continue to support the agreed D2A criteria and model for care programmes for Home/reablement. Reablement activity to support community care packages continues. Functional assessment tool review continues, as does the CAH service programme of locality reviews with key lesson learnings being captured and utilised to maximise available community support and improve discharge responsiveness. Eligibility criteria to enable social care services to be delivered within budget continues to be implemented. DWD and PDD 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. Monthly reporting on long lengths of stay and average length of stay continues to inform targeted escalation, discharge planning and system improvement activity. Review of community hospital beds continues with opportunities being identified to support flow, reduce length of stay and maximise use of available community capacity. Phase 2 Whole System Funding implementation continues across Care at Home, additional Care Home Placements and Anam Cara step-down beds, supporting a Home First approach and improving patient flow from acute hospitals into community settings. Work is progressing at pace to ensure transfer of care investment is translated into sustainable capacity, improved flow and better outcomes. Care at Home Capacity: Review and update of effective staffing requirements, recruitment requirements and delivery model is underway to ensure the additional investment provides an effective and sustainable resource. Recruitment activity continues, including progression of posts that have already completed scrutiny and approval processes. Care Home Placements: Agreed processes are in place to identify and approve appropriate placements. By the end of August, over 80% of the additional care home bed capacity had been identified and utilised, supporting the movement of patients from acute hospital beds into more appropriate community settings. Step Down Bed Model: Development of the service model is progressing at speed to support approval and implementation of a short term assessment, rehabilitation and reablement pathway. The model aims to improve flow from acute hospitals into the community whilst also supporting admission avoidance where appropriate. A suite of measures is being developed to evidence the utilisation, impact and outcomes associated with all transfer of care investments, including discharge performance, delayed discharges, admission avoidance and community capacity. Delayed Discharge performance for August 2026 is on target in line with the trajectories set for acute and community hospital delays. Whilst pressures remain, implementation of the additional transfer of care investments is supporting increased community capacity and improved patient flow, with early evidence seen through the utilisation of additional care home placements and ongoing development of community-based alternatives to admission.

Delayed Discharges South Ayrshire HSCP

Deliverable Summary

Reduce the monthly number of occupied bed days due to a delay in our Acute hospitals. Trajectory to be confirmed.
Reduce the number of people experiencing a delay of any length or reason, in our Acute hospitals, to 26 or less by March 2027.

Improvement Actions

Maintain care home numbers despite the financial challenges.

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.

Maximise the use of step up and step down beds in Racecourse Road Intermediate Care Unit (RRICU).

Further streamline referral and discharge planning processes for both simple and complex discharges including guardianships.

Monthly Progress

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.

Following the Right Care Right Place funding being agreed recruitment of additional posts is now in progress. This requires a paper to go through Council processes and is in progress. In the meantime, we continue to make full use of our step down beds to support flow through hospital sites.

As part of the transformational work creating an Integrated Discharge Team, a Pan-Ayrshire approach is in progress. Integrated Discharge Hub accommodation has been secured and a Pan-Ayrshire approach to staff resource has been agreed. Discharge planning policy and single referral form are currently being progressed to support discharge planning, linking these approaches with the wider community hospital work and Discharge without Delay national approach.

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 Integrated Discharge Hub (IDH) Delivery Group, has been established to take this work forward with a planned approach for the short life working group to consider current practice, appropriate use of legislation and professional autonomy.

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 Community Treatment and Care () and Pharmacotherapy Services.

Improvement Actions

Expansion/development of the 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 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.

Monthly Progress

2026/27 financial projections based on the Month 4 position indicate the majority of reserves will be needed to cover business as usual for the year. Finance is reviewing the Primary Care Improvement Fund (PCIF) budget for potential adjustments that may impact the projections. The formal decision on a Pan-Ayrshire PCIF budget in future years is being escalated via internal decision-making routes and governance groups.

A Scottish Government business case is expected in Summer 2026 providing direction of travel for Multidisciplinary Teams (MDT) under the General Medical Services Contract (GMS) and potentially also regulatory changes.

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

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.

Monthly Progress

Paediatric referral waiting times continue to be stabilised at 18 weeks.

Weekday and Out of Hours (OOH) Emergency dental care continue to receive a high level of unregistered and registered patients.

Public Dental Service (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. Dental capacity remains under established however critical posts have recently been filled, there is ongoing recruitment of remaining 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: National roll out from December 2025, starting in Lanarkshire.

Improvement Actions

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.

Monthly Progress

The Population wide rollout has been undertaken with MyCare.Scot now available.

Actively contributing to the West Sub-National Group, led by NHS Lanarkshire, we have agreed to pooled resources and a unified delivery model for the Digital Front Door (DFD). The project will be in 2 cohorts, with limited benefit in the first phases in relation to cost savings.

NHS Ayrshire and Arran remain strategically committed to DFD and will join at Phase 2 in September 2027. An interim solution is being proposed to support the board financially as this benefit may not be delivered until post Sept 2027.

Deliverable Summary

Support integration of CHI numbers across health and social care systems.

Improvement Actions

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.

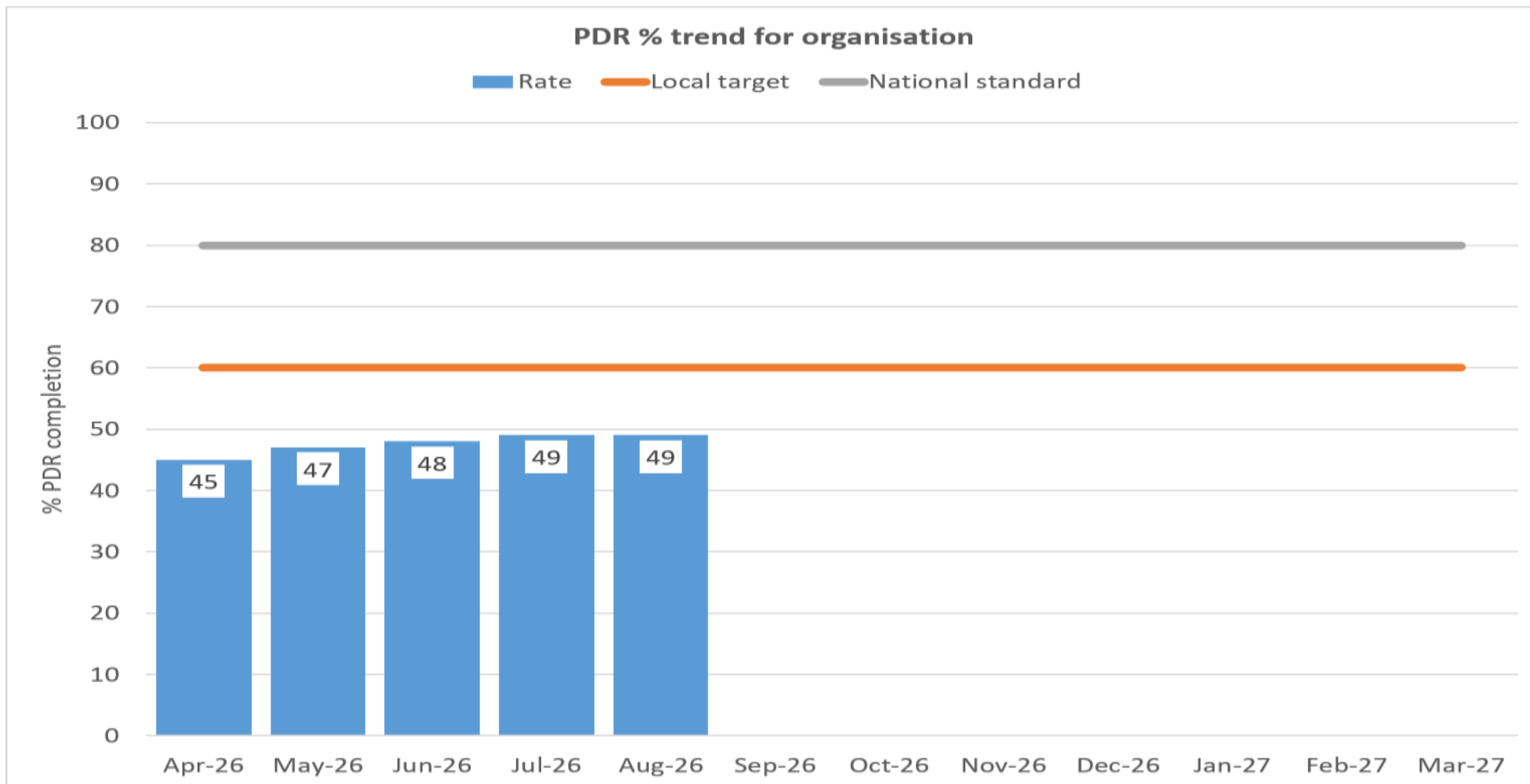
Monthly Progress

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.

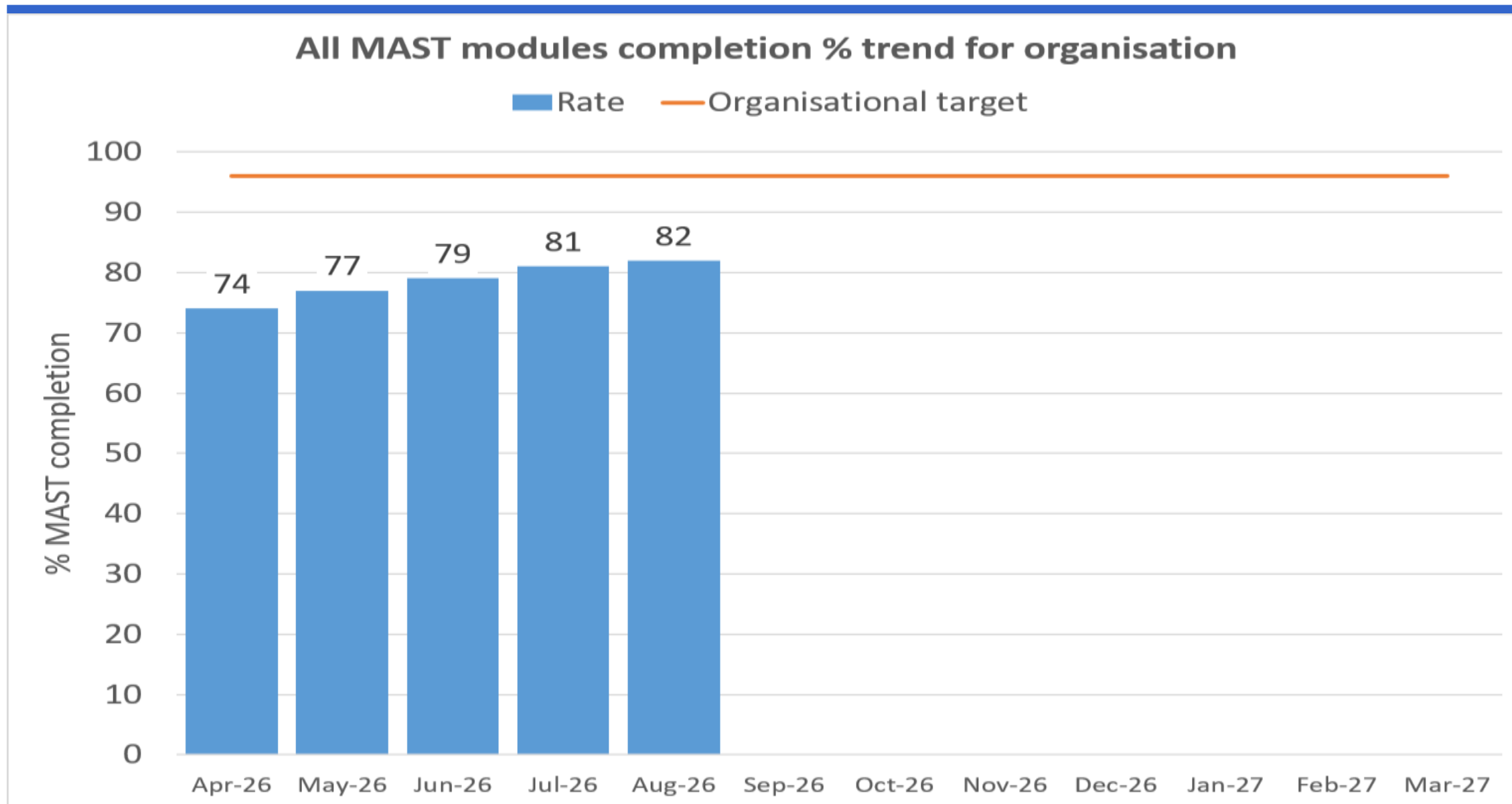
Role Based Access Control paper was approved and the funding has been allocated, project now in planning.

Workforce

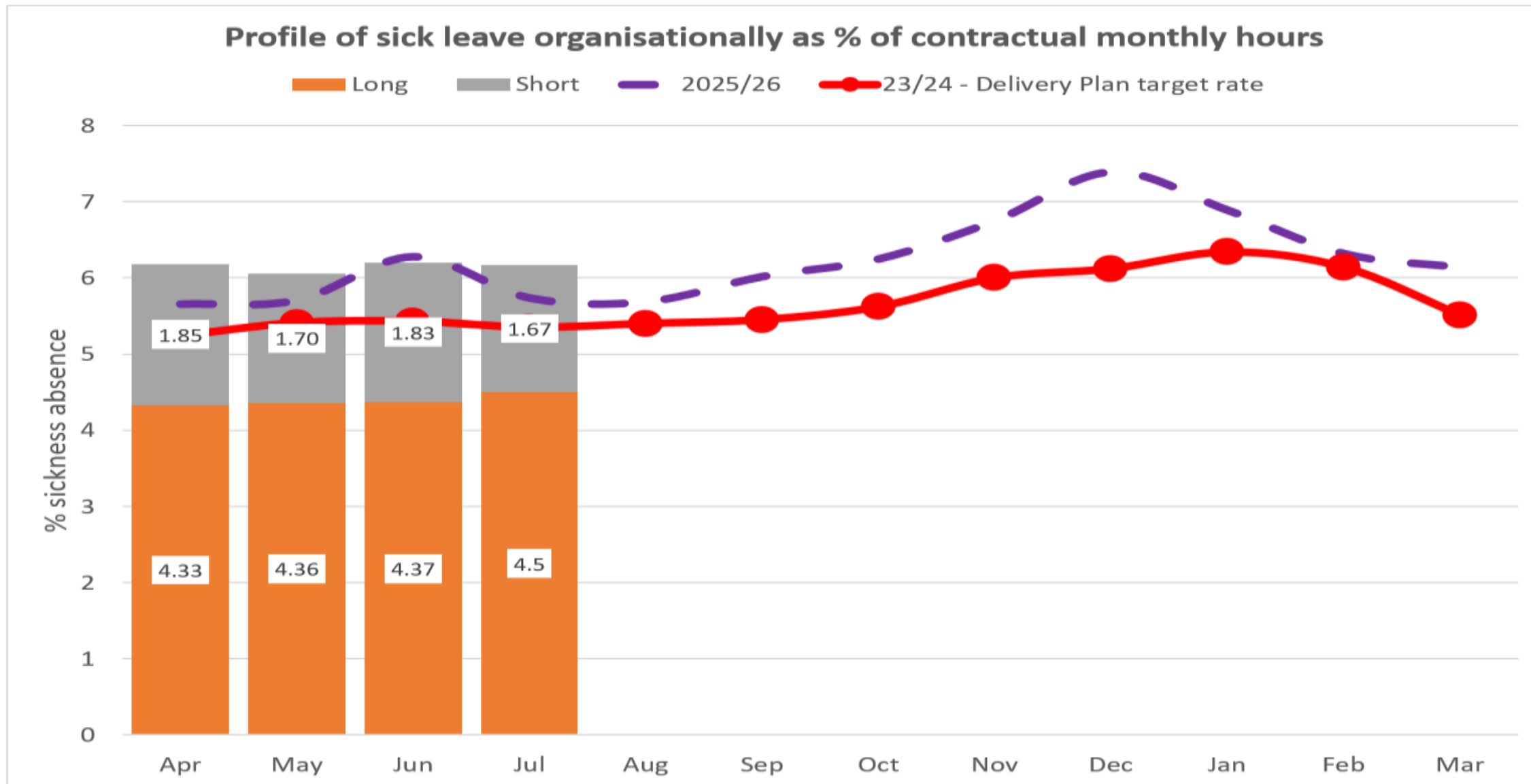
PDR Completed % Rate



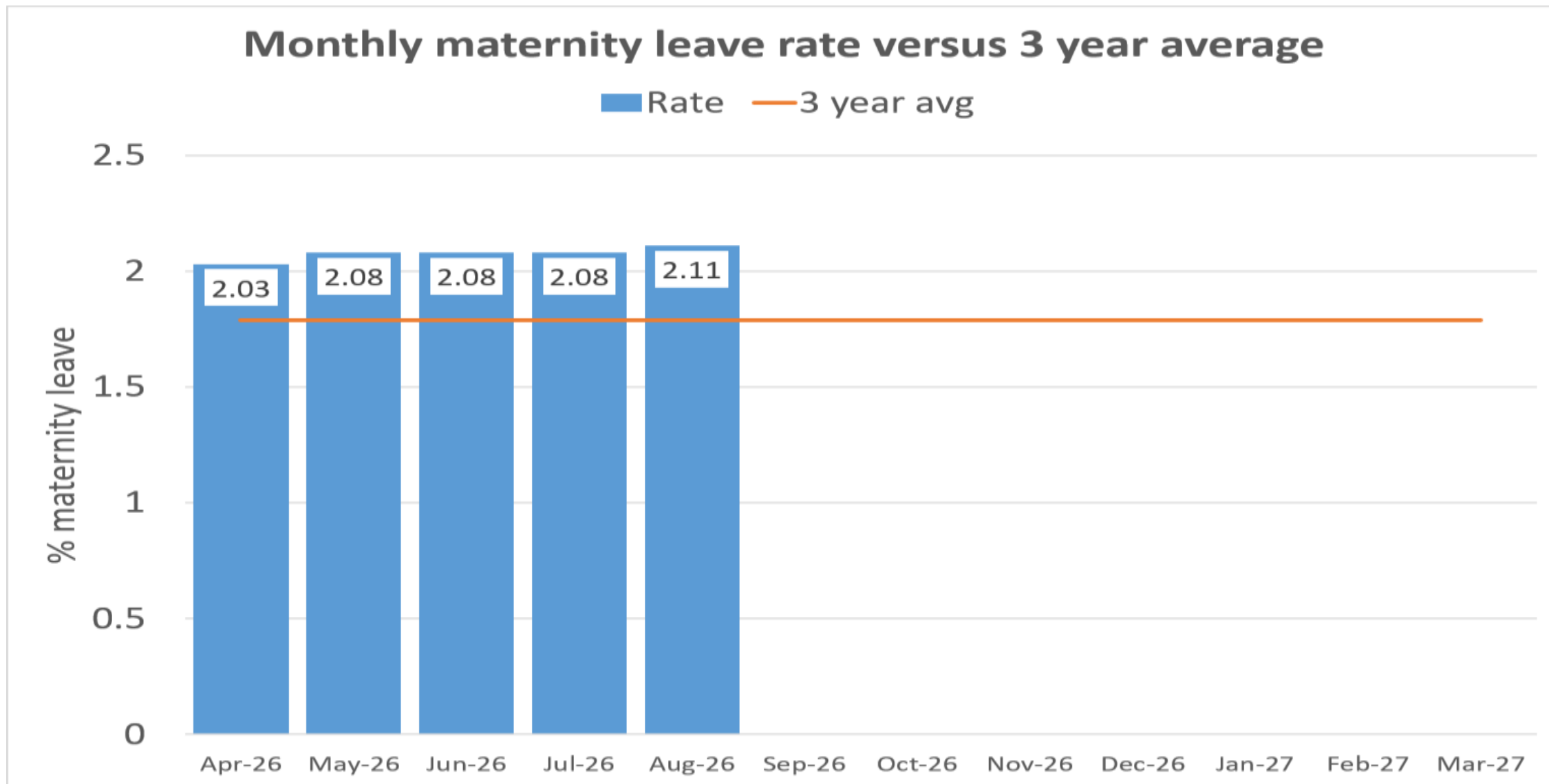
MAST - % Completion of all Modules



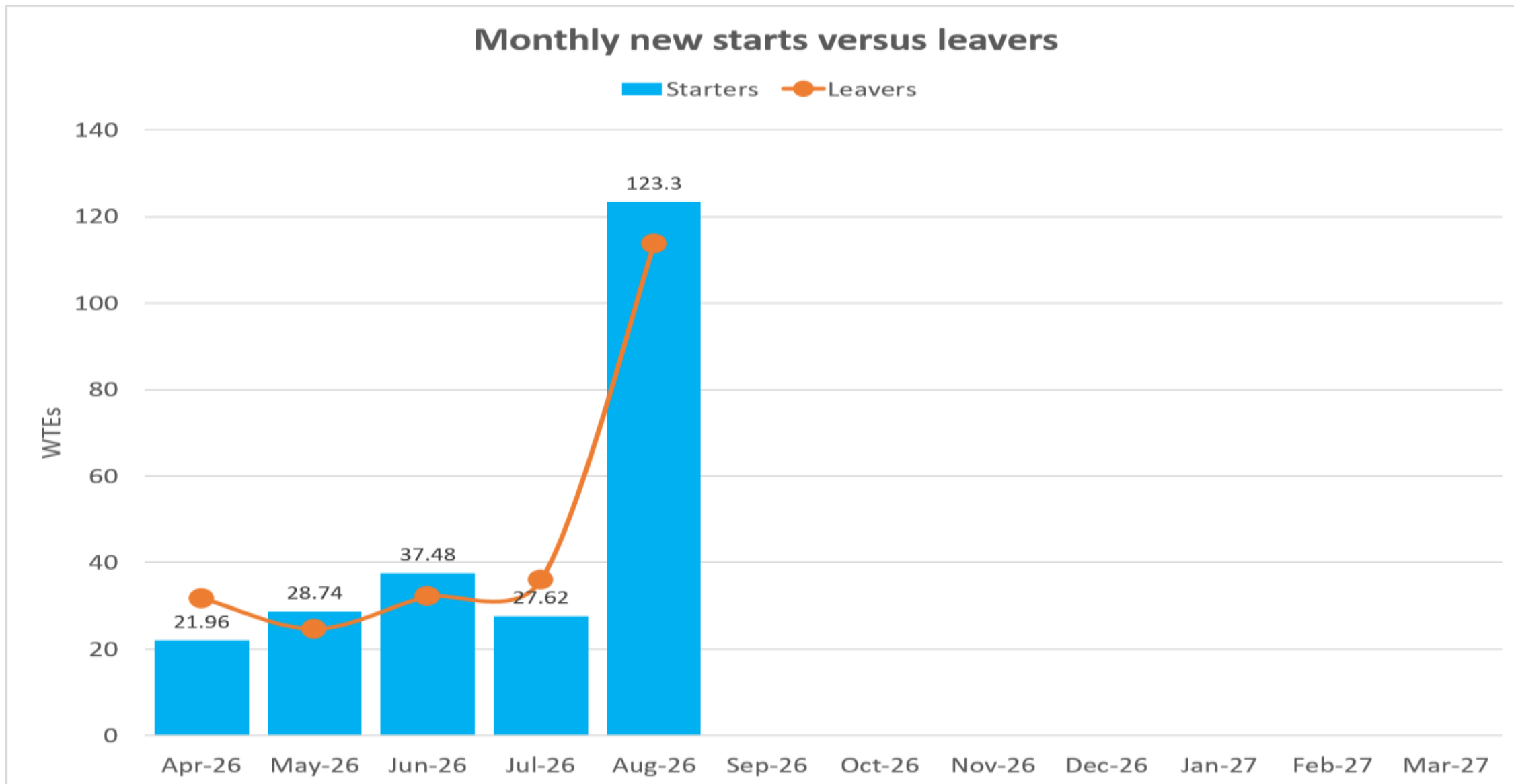
% Sickness Absence Rate



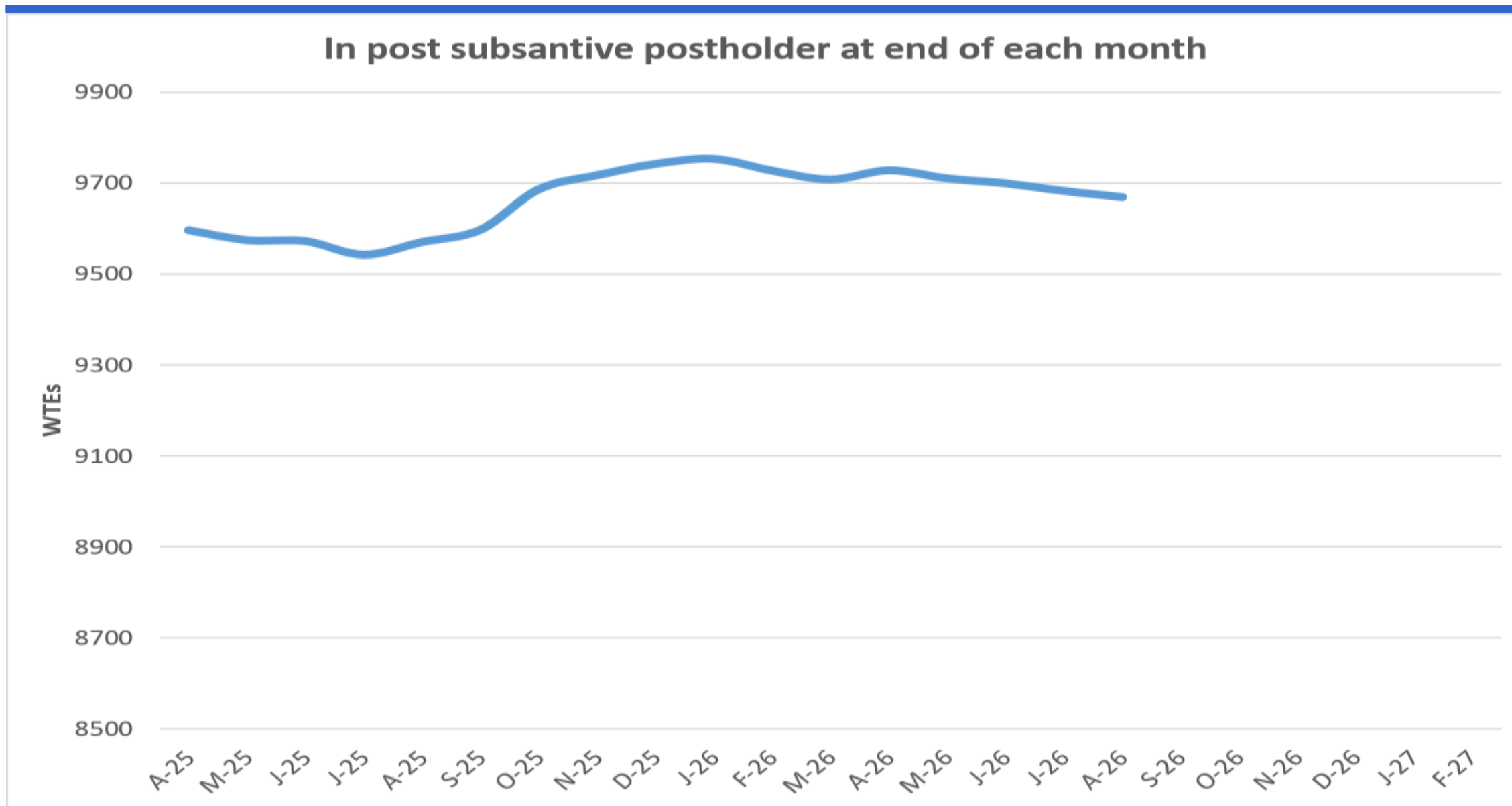
% Maternity Leave in Month



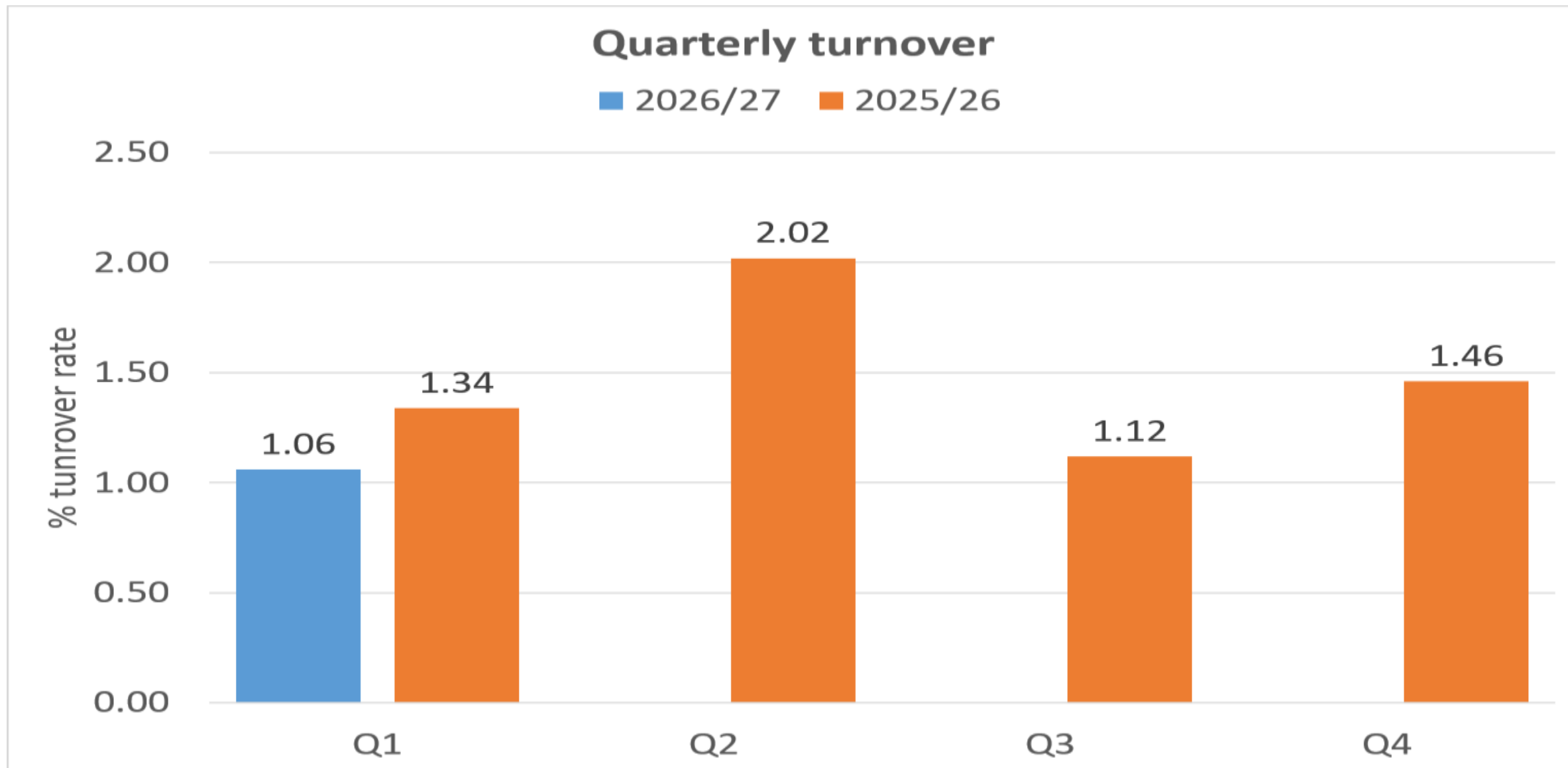
Monthly New Starts Versus Leavers



WTEs in Post on Monthly Basis



% Turnover Rate (quarterly)



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

Workforce Sickness Absence

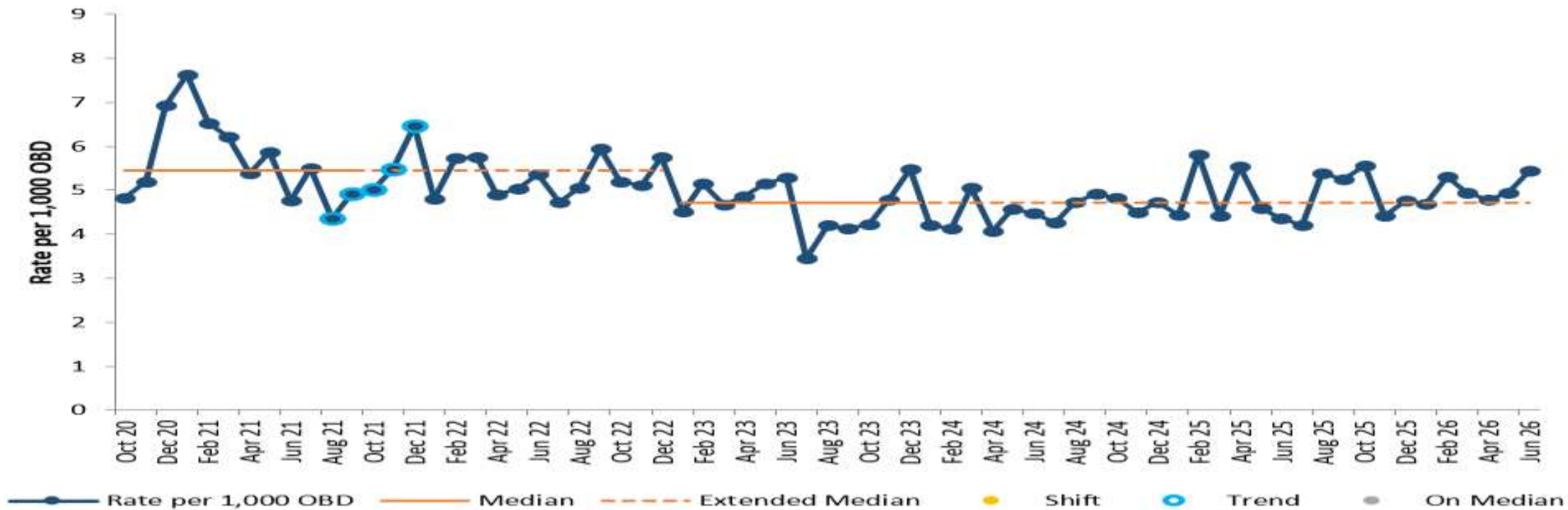
Deliverable Summary Continued focus on our sickness absence position with aspiration to narrow the gap between current versus 2019/20 performance.	
Improvement Actions	Monthly Progress
Continue to ensure sickness absence is appropriately managed (in accordance with Once for Scotland Promoting Attendance policy) 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 2026/27: 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 2026/27 i.e. a rate of 5.15%. 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. Promoting Attendance Team maintain focus upon long term sickness absence cases. All Directorates have Promoting Attendance Action Plans. Invest to save proposals for Musculoskeletal Occupational Health prevention and expanding the promoting attendance team, if approved are both intended to positively impact on sickness absence rate.	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 NHSScotland. Outturn for Month 4, July 2026, is an absence rate of 6.17% - this is a slight decrease compared to the previous month (6.20%) and is above the level for the same period last year (5.74%) and above the trajectory level from FY 2023/24 for the same period (5.35%). July saw an increase in long term sickness absence to 4.50% (the highest level of monthly long-term absence for FY to date) compared to 4.37% in June 2026 conversely these was a decrease in short term absence to 1.67% (the lowest level of short-term absence for FY to date) compared to 1.83% in June 2025. For Q1 the outturn is 6.10% against the trajectory target of 5.32%.

Quality

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

NHS Ayrshire & Arran
All acute sites

Inpatient Falls per 1,000 OBD

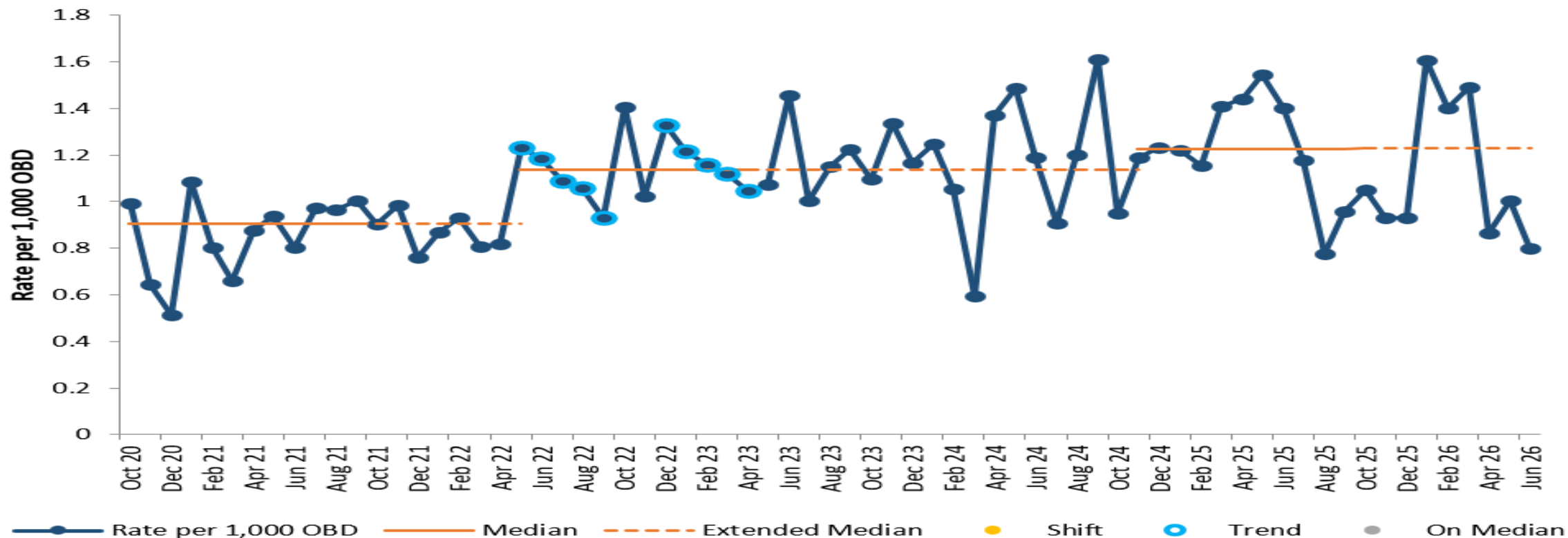


A sustained reduction in falls across acute services has been demonstrated since January 2023 with the median rate decreasing from 5.4 to 4.7 demonstrating a 13% reduction. This is below the national Scottish median rate which is 7 per 1000 OBD's

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

NHS Ayrshire & Arran
All acute sites

Inpatient acquired PU's per 1,000 OBD

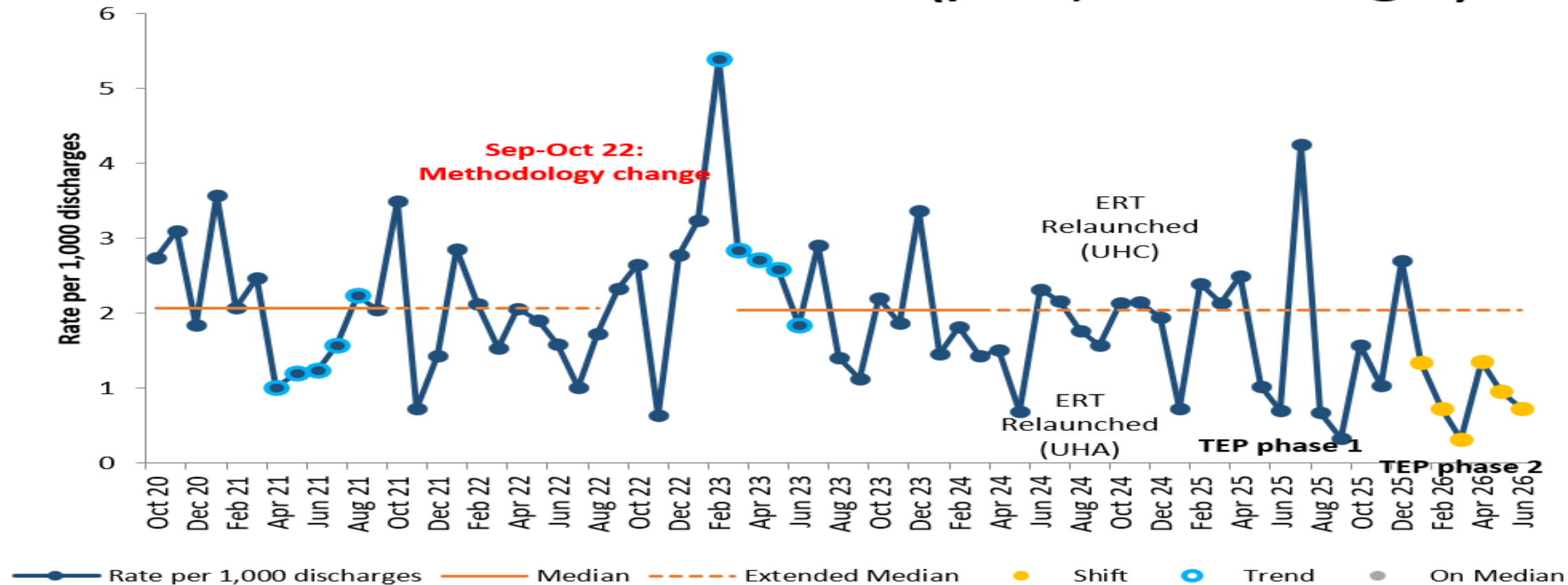


A sustained increase across acute services has been demonstrated since May 2022 with the median rate increasing from 1.14 to 1.23 demonstrating an 8% increase. An early sign of improvement with 3 points below the median is noted. There is currently no Scottish median to benchmark against.

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

NHS Ayrshire & Arran
All acute sites

Rate of cardiac arrests (per 1,000 discharges)



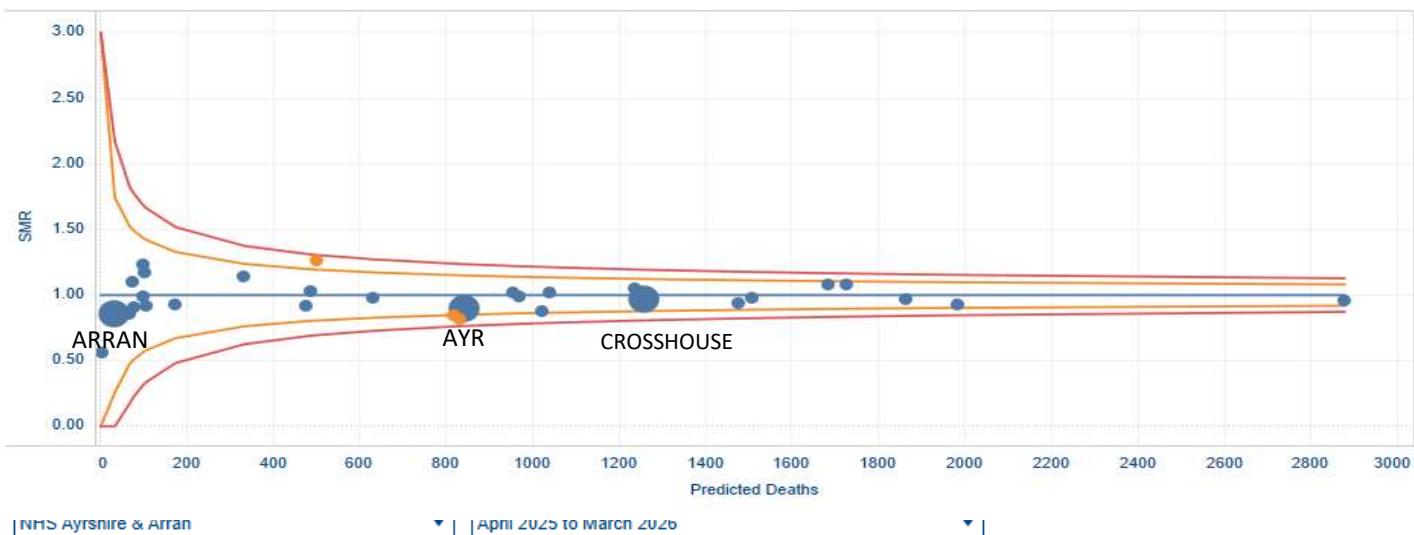
Cardiac Arrest rate for UHA and UHC demonstrates improvement with the last 6 points below the median of 2. NHSAA median is above the national median of 1.2.

Quality Indicator 4 - Hospital Standardised Mortality Rate (HSMR)

Hospital Standardised Mortality Rate (HSMR) April 2025 - March 2026

Funnel Plot by Hospital: April 2025 to March 2026

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



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 April 2025 to March 2026.

UHC is below the predicted HSMR ratio of 1.00 at 0.96

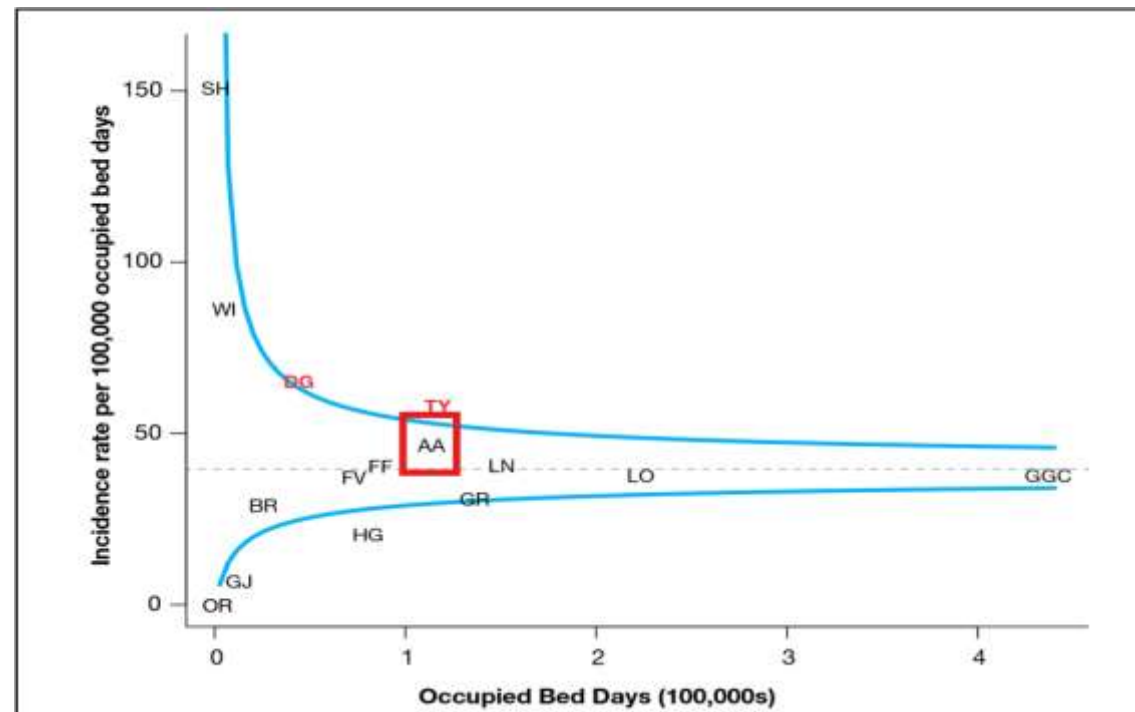
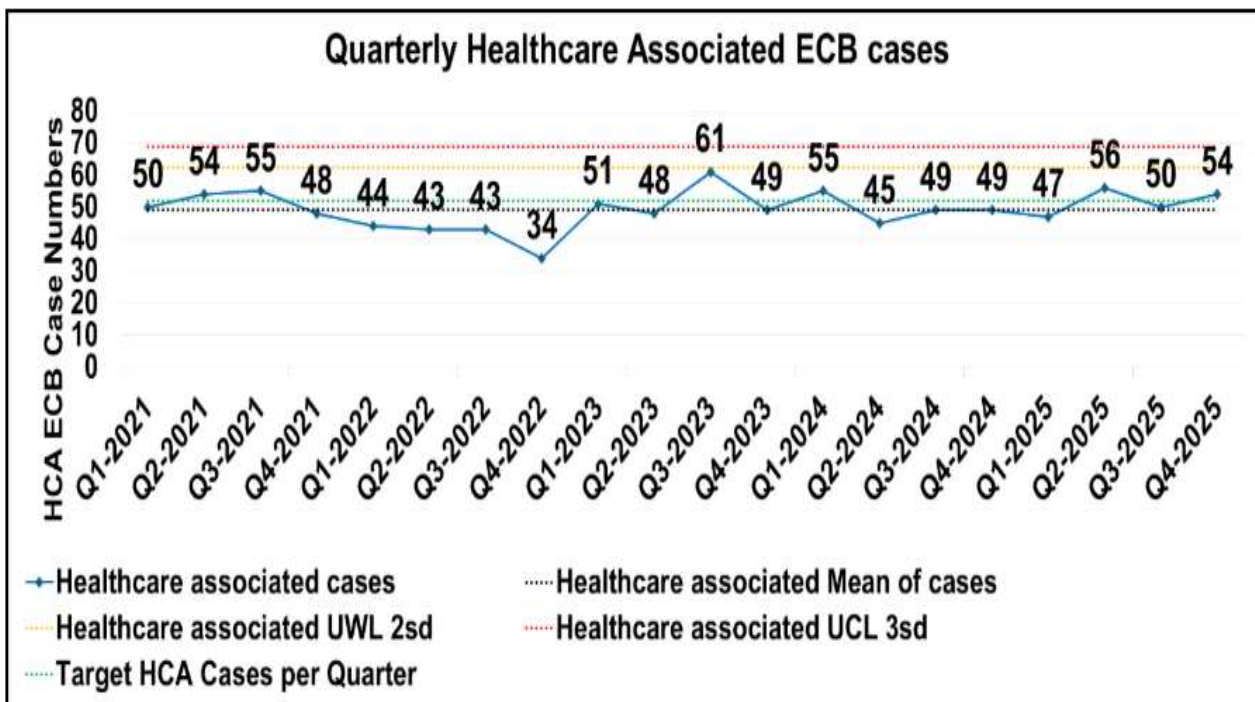
UHA is below the predicted HSMR ratio of 1.00 at 0.90

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR	Comparison to Scotland on the Funnel Plot
Scotland	26,390	26,390	685,036	3.9%	1.00	n/a
NHS Ayrshire & Arran	2,050	2,180	47,066	4.4%	0.94	n/a
Arran War Memorial Hospital	29	34	275	10.5%	0.85	●
University Hospital Ayr	756	844	18,683	4.0%	0.90	●
University Hospital Crosshouse	1,212	1,260	27,444	4.4%	0.96	●

The next pre-release access data will be available at the end of October and will be released into the public domain on Tuesday 10 November 2026

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 January – March 2026

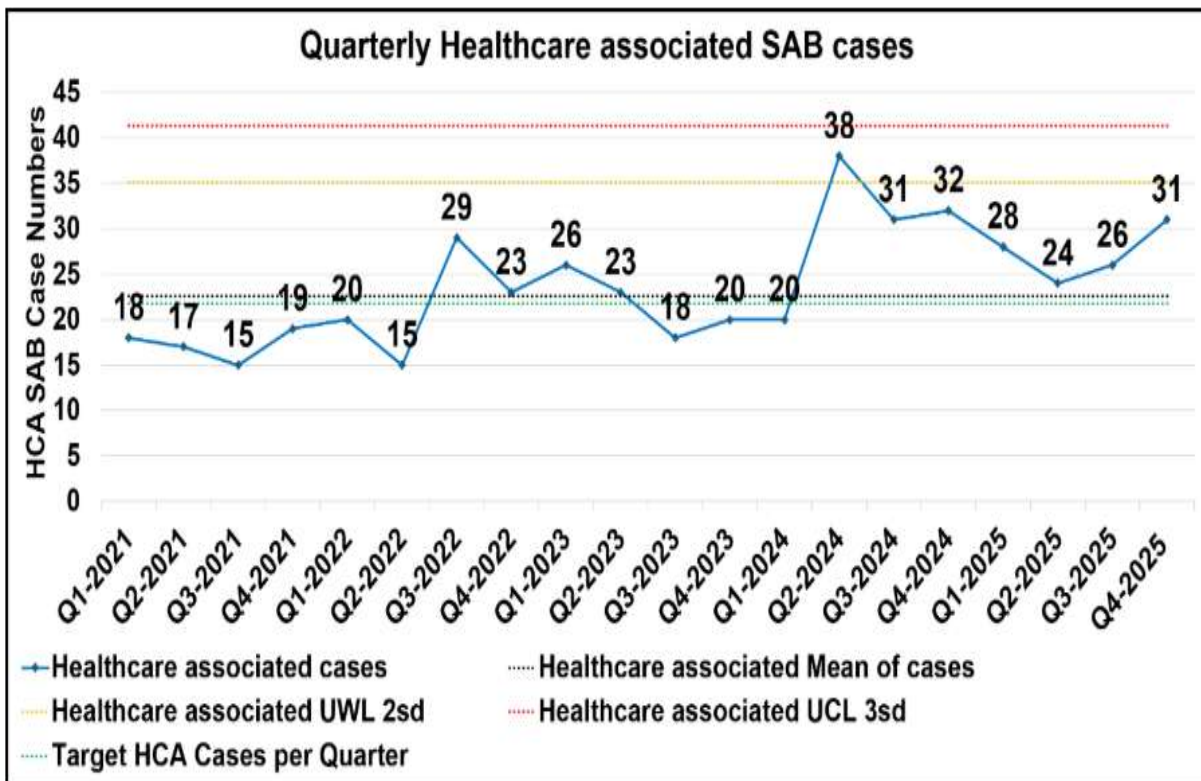


Case numbers remained stable, averaging around 50 per quarter and consistently stayed below established warning and control thresholds, indicating no significant deviations or outbreaks during the reporting period. This indicates sustained performance within expected limits, with no evidence of significant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

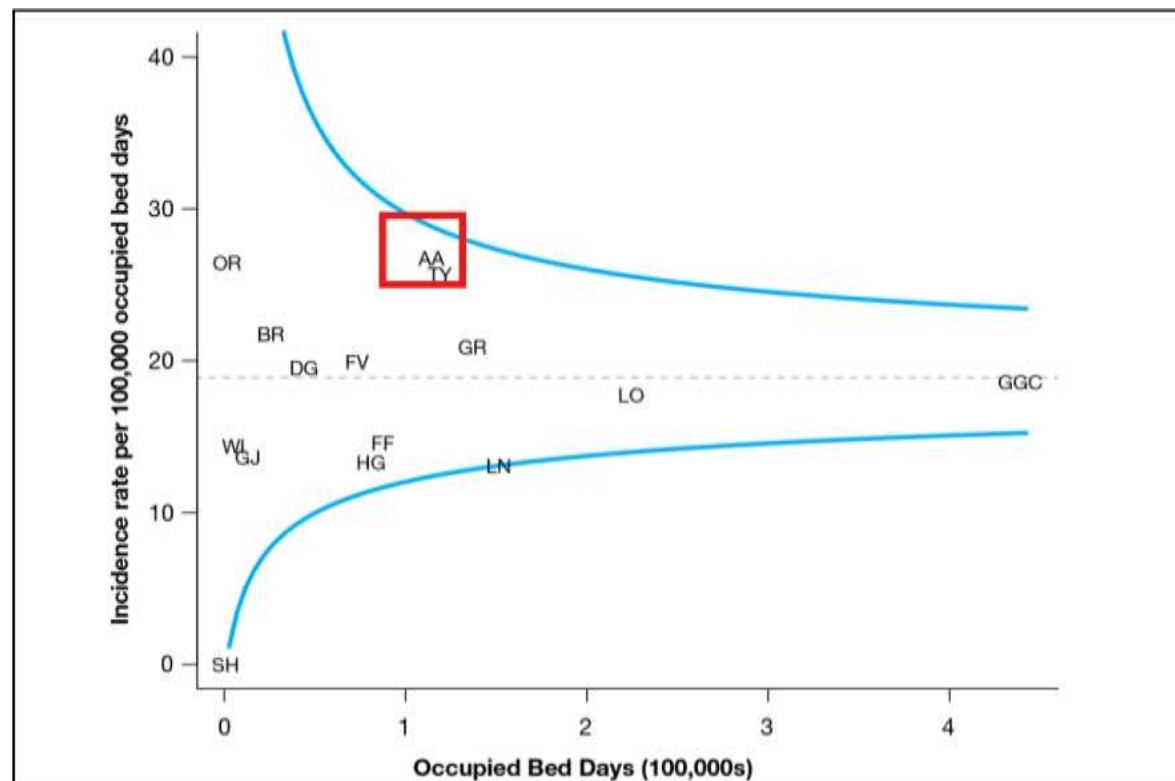
NHSAA rate of 46.6 (54 Cases) is within the 95% confidence interval upper limit and above the Scottish national average rate of 39.5 (609 cases) per 100,000 TOBDs.

Next data will be available October 2026 (April 2026-June 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 January – March 2026



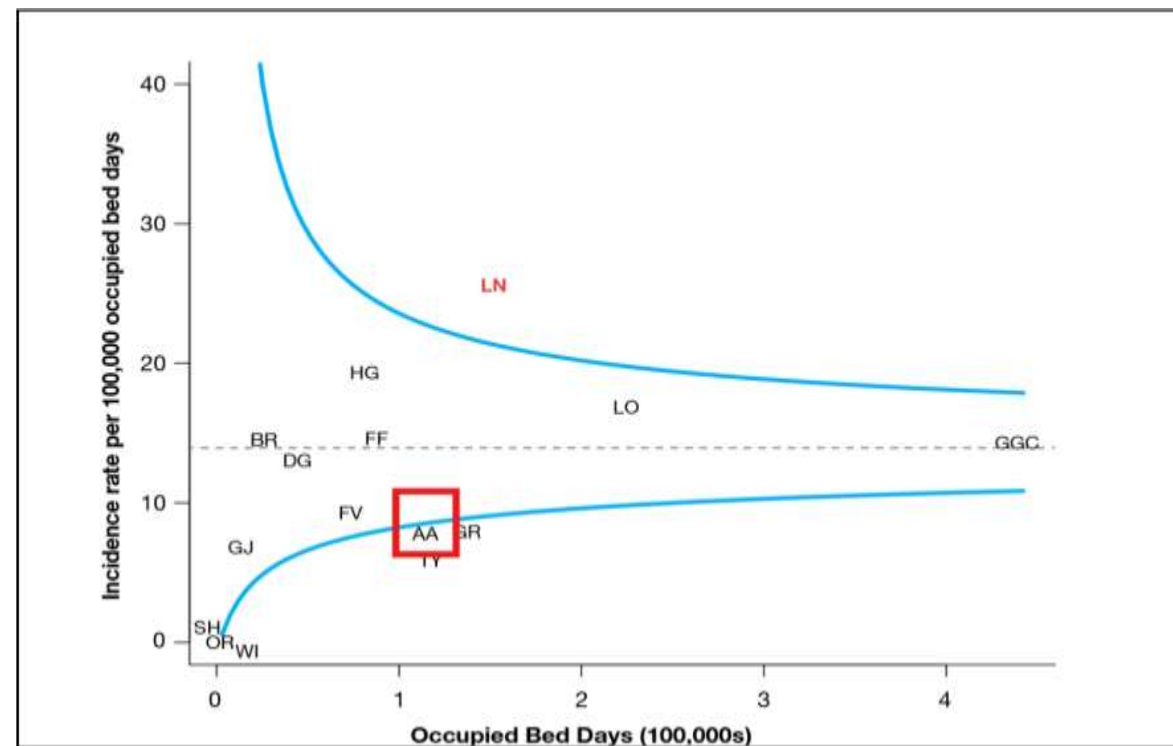
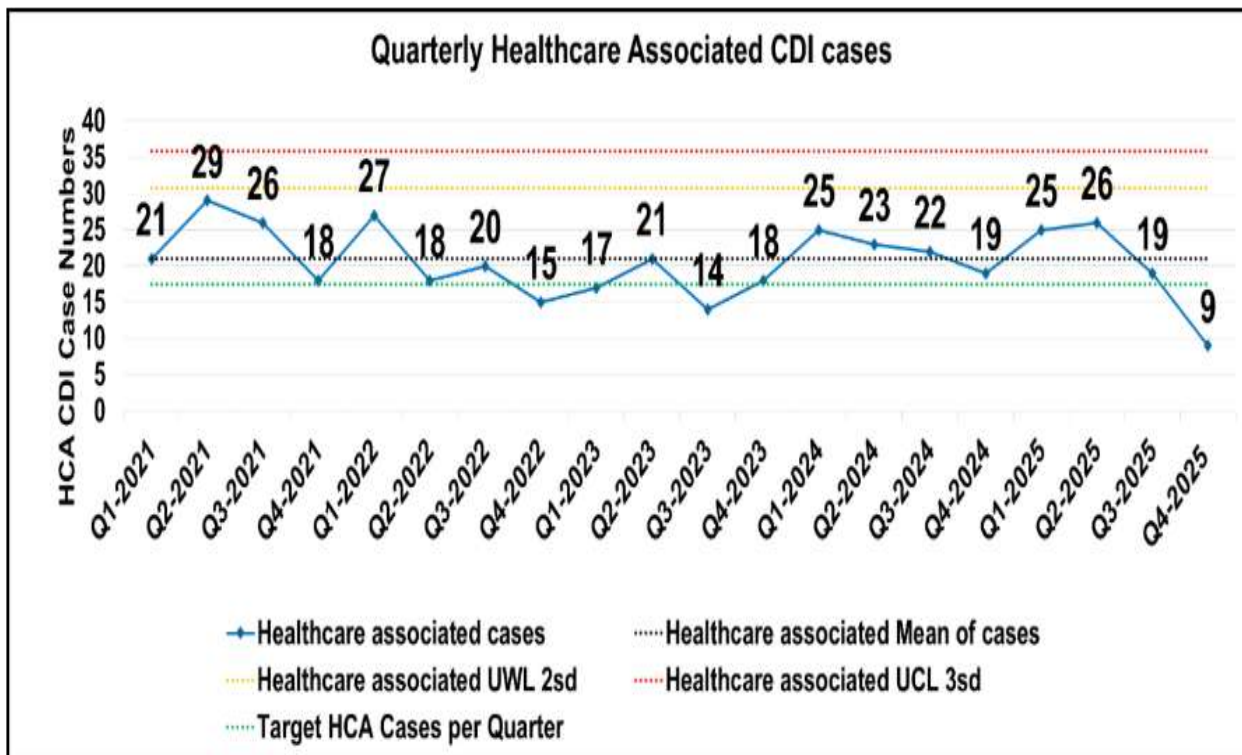
The latest data point (Q4 2025-26) indicates an increase in cases compared to the previous quarter. Although the current rate exceeds the Scottish average of 18.9 per 100,000 TOBDs, it remains within control limits, suggesting no special cause variation.

NHS AA rate of 26.8 per 100,000 TOBDs (31 Cases) was within the 95% confidence interval upper limit and above the Scottish rate of 18.9 per 100,000 TOBDs (291 Cases).

Next data will be available October 2026 (April 2026-June 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 Q4 2025 –26 (January – March 2026)



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

NHSAA rate of 7.8 (9 cases) is below the 95% confidence interval lower limit and is below the Scottish rate of 13.9 (214 cases) (per 100,000 TOBDs).

Next data will be available October 2026 (April 2026-June 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 a reduction from 80% in Quarter 4 to 75% in Quarter 1. This remains below the local target performance of 85%.

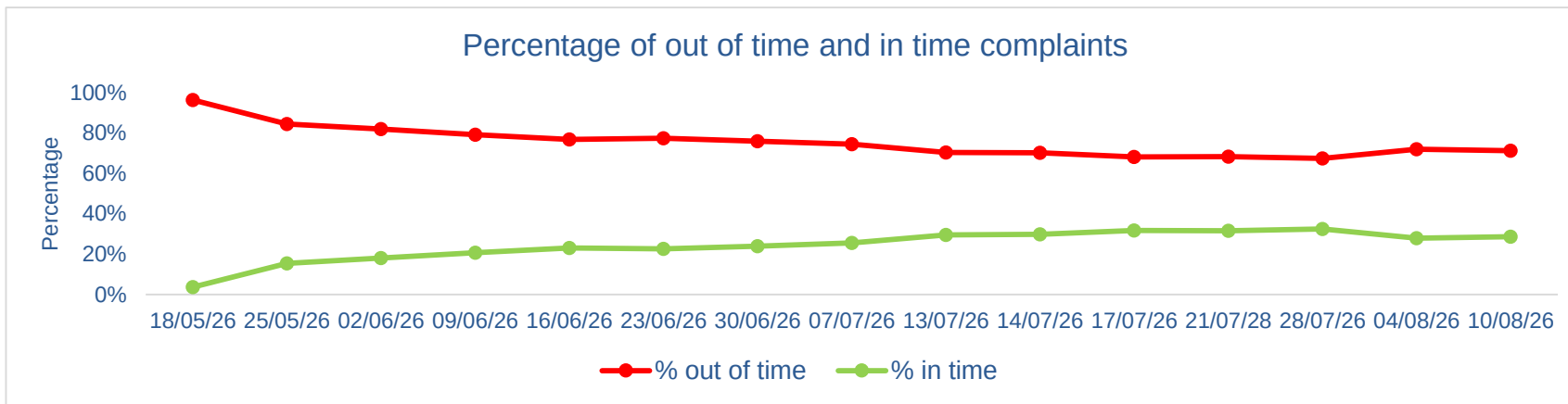
Quality Indicator 9 - Complaints closed at Stage 2, 20 working days, & as a % of closed Stage 2s



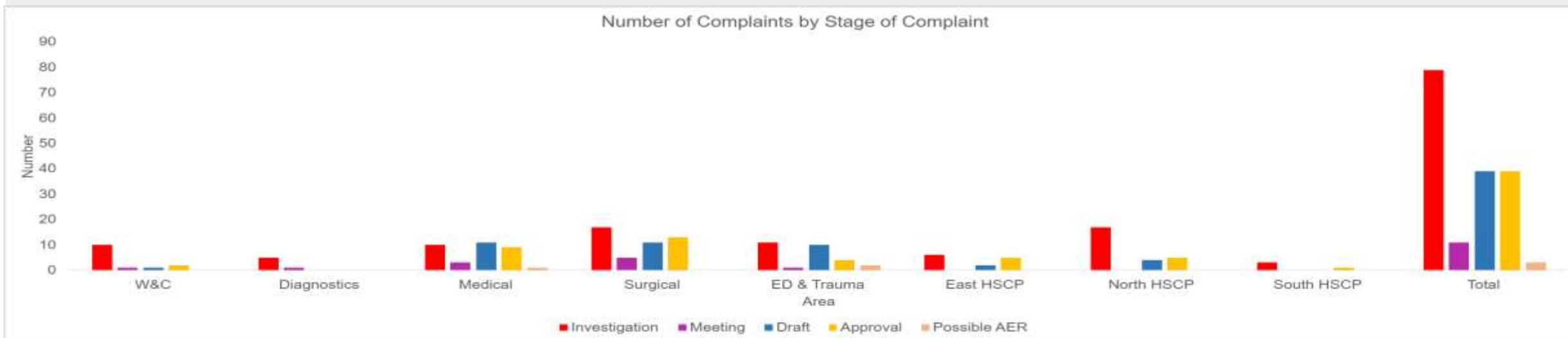
Stage 2 complaints closed on target demonstrates an improvement in performance from 18% in Quarter 4 to 33% in Quarter 1 2026.

Quality Indicator 9 – Stage 2 Complaints

Current position (04/08/26)	Total number/ percentage
Open	171
In time	49 (29%)
Out of time	122 (71%)

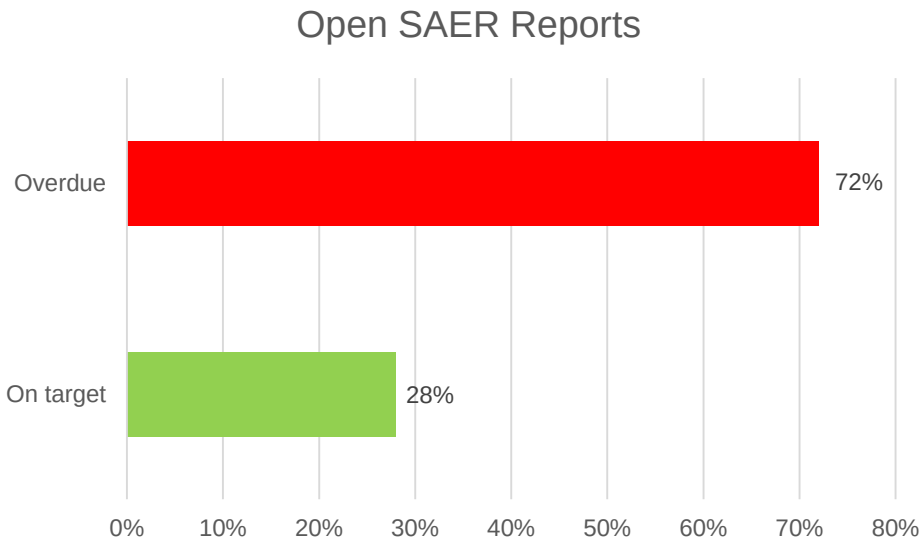


Number of open complaints by stage and directorate



Current position (10-08-2026)	Investigation	Meeting	Draft	Approval	Possible AER
	79	11	39	39	3

Quality Indicator 10 –Significant Adverse Event Reviews



	On Target	Overdue	Total
Open Reports	30	78	108

3rd September 2026: 108 open reports, 30 (28%) of these are on target and 78 (72%) are over the report completion due date.