

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/160</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>18 December 2025</b>
<b>Title:</b>	<b>Board Performance Report</b>
<b>Sponsoring Director:</b>	<b>William Edwards, Deputy Chief Executive and Chief Operating Officer</b>  <b>Michael Breen, Director of Finance</b>
<b>Report Author:</b>	<b>Stuart Donald, Head of Performance</b>

## 1. Purpose

**The purpose of this report is to:**

- Provide Board members with an update on performance against the key indicators as outlined in the Performance Assurance Information Framework (AIF).

## 2. Executive Summary

**The paper can be summarised as follows:** A summary of performance against the respective KPIs outlined in the AIF and based on the measures contained in the 2025-26 Delivery Plan (DP) and the 2025-26 Whole System Plan targets approved by the Scottish Government alongside key local and national performance measures.

As of the end of October 2025, 11 measures are currently delivering against target and rated green, seven are rated amber (<5% variance from trajectory), and eight have been rated red (>5% adverse variance from trajectory). The remaining measures (rated grey) are provided to add additional context to those measures with a rating.

**Key Areas of Performance in Need of Improvement:**

- The percentage of MSK Physiotherapy patients seen <4 weeks remains a challenge albeit the October 2025 position of 30% shows a marginal increase compared to the previous month and remains below the 41% trajectory for October 2025. The longest waiting time, at 18 weeks, remains static compared to the previous month.

## BOARD OFFICIAL

- October's performance against the A&E four hour wait target saw a marginal decrease on the previous months' position to 66.1% and is below the 2025-26 Whole System Plan target of 79.0%. Performance remains in line with the overall national trend.
- Inpatient/Daycase activity is 2% below the planned activity levels for the period April - October 2025 with a total of 42,373 patients seen against a trajectory of 43,003.
- New outpatient activity is 1% below the planned activity levels for the period April - October 2025 with a total of 174,296 patients seen against a trajectory of 176,771.
- Scope activity is 1% below the planned activity levels for the period April - October 2025 with a total of 17,852 patients seen against a trajectory of 18,108.
- Performance against the Cancer 62 Day standard improved in October 2025, increasing to 70.9% from 68.4% in September, closer to trajectory of 71.8%. A further deep dive into cancer performance has been appended to the report.
- The number of acute delayed discharges in October 2025 (347) is an increase on the previous month's position of 328. Local management information for 1 December 2025 shows an increase to 355 acute delays reported. The number of acute bed days lost to delayed discharge also increased by 11% when compared to the previous months' position, increasing from 9,816 in September 2025 to 10,897 in October 2025.
- The number of Mental Health delays saw an increase on the previous months' position and overall performance remains a challenge; the number of mental health delayed discharges increased from 76 in September 2025 to 84 in October 2025. Local management information for 1 December 2025 highlights an increase to 103. The number of mental health bed days lost marginally decreased by 1% when compared to the previous month, decreasing from 2,472 in September 2025 to 2,458 in October 2025.
- Compliance with the Psychological Therapies target saw an increase in October 2025, increasing to 88.4%, against 85.0% in September, however performance is below the national target of 90%.

More detail on each of the performance measures that either remain challenged or are below the planned position for October 2025 can be seen in the attached performance report.

### **Key Areas Delivering Against Trajectory:**

- The latest quarterly position for Alcohol and Drugs (April - June 2025) remained positive at 94.3% exceeding the national target of 90%.
- Diagnostic Imaging activity has continued to increase month on month from April, with the 17,218 patients seen in October 2025 representing the highest figure in the past year. The 104,243 patients seen in the year to date exceeds the target of 87,801 by 19%.

## BOARD OFFICIAL

- Performance in relation to the number of CAMHS patients seen within 18 weeks of referral remains positive, with current performance of 100% exceeding the national target of 90% in October 2025.
- Access to Podiatry Services saw an increase on the previous months' position, from 92% of patients seen within 4 weeks in September to 93% in October. Performance continues to exceed the national 90% target.
- 100% of GP Out of Hours scheduled shifts remained open during October 2025, by far exceeding the 90% trajectory.
- While performance in relation to the Cancer 31 Day waiting times standard saw a marginal decrease on the previous months' position decreasing from 95.9% in September 2025 to 95.7% in October 2025, performance has met the 95% national target.
- Staff absence for all reasons was 23% in October 2025 and below the target of 24%.

### Winter Plan Implementation 2025-26:

NHS GGC Board on 30 October 2025 approved the Winter Plan for 2025-26. This paper noted that the key metrics aligned to the Winter Plan, specifically performance across Unscheduled Care, Delayed Discharges, Planned Care and Cancer are reported through this Performance Report, which during the winter period will also contain an update on delivery of the Winter Plan.

A progress update on delivery against the winter plan is appended to the Performance Report, with relevant performance metrics included in the main body of the report as standard.

### 3. Recommendations

- The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the AIF.

### 4. Response Required

This paper is presented for assurance.

### 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment          | <u>Positive</u> impact |

## **6. Engagement & Communications**

**The issues addressed in this paper were subject to the following engagement and communications activity:**

These performance indicators have been discussed and agreed as part of the development of NHSGGC's AIF with the Chair, Vice Chair and Executive leads for the Board.

## **7. Governance Route**

**This paper has been previously considered by the following groups as part of its development:**

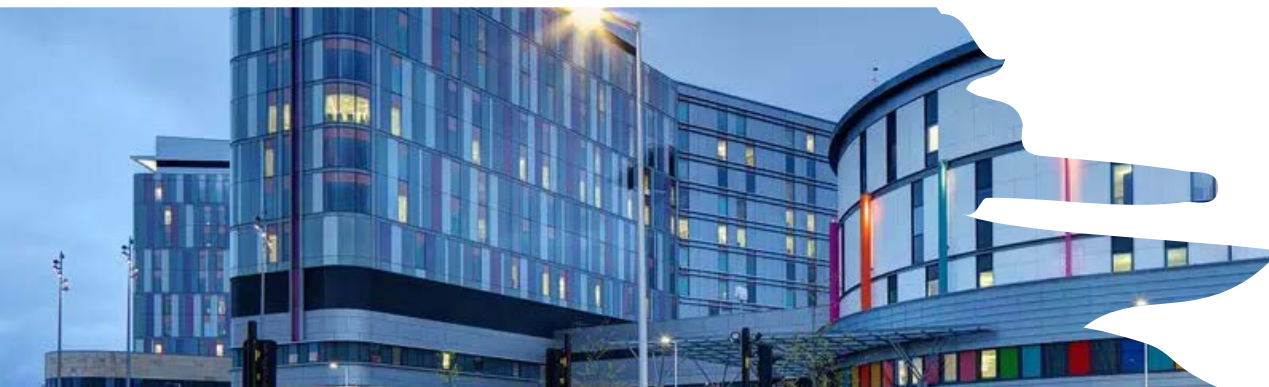
Corporate Management Team – 8 December 2025

Finance, Planning and Performance Committee – 11 December 2025

## **8. Date Prepared & Issued**

Paper prepared: 1 December 2025

Paper issued: 10 December 2025



# NHS GREATER GLASGOW & CLYDE Corporate Performance Report

Board Assurance Information Framework – December 2025

## Executive Summary

Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs, Acute & Corporate

Report Date:  
18 December 2025

Reporting Frequency:  
Bi-Monthly

### Executive Summary

This report covers performance up to October 2025, aligned to the 2025-26 Delivery Plan (DP), Whole System Plan, and key national and local targets. As of the end of October 2025, 11 measures are currently delivering against target and rated green, seven are rated amber (<5% variance from trajectory), and eight have been rated red (>5% adverse variance from trajectory). The remaining measures (rated grey) are provided to add additional context to those measures with a rating.

Performance across NHS Greater Glasgow and Clyde (NHSGGC) remains mixed. Cancer performance saw an improvement in October 2025 with compliance against the 62 Day standard increasing to 70.9% from 68.4% in September, closer to trajectory of 71.8%. Referral volumes continue to increase, particularly in Urology and Upper GI, placing sustained pressure on the pathway. 31 Day performance decreased very slightly to 95.7% (from 95.9%) but remains above target, reflecting continued resilience in treatment delivery.

NHSGGC continues to focus on reducing long waits for both new outpatient appointments and TTG inpatient/daycase procedures. At the end of October, 155,410 patients were waiting for a new outpatient appointment and 48,836 for inpatient/daycase care, with over 52 week waits for new outpatients marginally above trajectory, while inpatient/daycase waits over 52 weeks continue to reduce and remain within trajectory. Sustained delivery of additional activity and ongoing use of insourced and independent sector capacity remain essential to achieve the March 2026 targets.

There are encouraging signs in diagnostics, with endoscopy waiting lists down 2% month-on-month and a 25% reduction over the past year. The number of long waiting patients for endoscopy has also improved, though overall activity is still slightly below plan. Imaging activity is above trajectory and the number of patients waiting for imaging is within target.

Unscheduled care and delayed discharges continue to impact patient flow. A&E attendances are up 0.93% year-on-year and performance against the ED 4-hour standard has decreased and remains below target at 66.1%. Delayed discharges and bed days lost remain significantly above trajectory, with new discharge pathways and intermediate care beds being rolled out to address these pressures.

There are also areas of strong performance. CAMHS continues to exceed the 90% target, with 100% of eligible patients starting treatment within 18 weeks. Podiatry waiting times have further improved, with 93% of patients now seen within four weeks. Staff absence rate has reduced to 23%, below target of 24%.

During winter 2025/26 the Performance report also contains an appendix providing an overview of progress against actions to support winter preparedness. These are available from slide 54.








































## Contents

Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs, Acute & Corporate

Report Date:  
18 December 2025

Reporting Frequency:  
Bi-Monthly

AT A GLANCE										
BETTER HEALTH										
No	Corporate Objective	Operational Priority		Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
1	COBH1&3/ COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	94.3%	90.0%				✓	6
BETTER CARE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
2	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	66.1%	79.0%					7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances (target 2% reduction on previous year)	249,493	276,187					8
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	347	258					12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	10,897	7,889					15
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	84	58					17
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,458	1,857					19
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	44.6	34.6					21
9	COBC10	OPBC9.0	GP Out Of Hours Activity	12,156	FIO					22
10	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	100.0%	90.0%				✓	23
11	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	155,410	FIO					24
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	3	0					25
13	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	3,466	3,477					26










































# Contents

Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs, Acute & Corporate






















Report Date:  
18 December 2025




Reporting Frequency:  
Bi-Monthly

AT A GLANCE										
BETTER CARE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
14	COBC7	OPBC7.0	New Outpatient Activity	174,296	176,771					27
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	48,836	FIO					29
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	2,705	FIO					30
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	6,400	FIO					31
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	12,736	12,814					32
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	42,373	43,003					33
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	95.7%	95.0%				✓	35
21	COBC7	OPBC8.0	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	70.9%	71.8%					36
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	6,103	FIO					39
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	17,852	18,108					40
24	COBC8	OPBC6	Diagnostics: Imaging Waiting List	31,441	37,898					41
25	COBC8	OPBC6	Diagnostics: Imaging Activity	104,243	87,801				✓	42
26	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	88.4%	90.0%					43



Contents	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 18 December 2025	Reporting Frequency: Bi-Monthly
----------	---------------------------------------	---	----------------------------------	------------------------------------

AT A GLANCE										
BETTER CARE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
27	COBC7/COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	100.0%	90.0%				✓	45
28	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	30.0%	41.0%					46
29	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	93.0%	90.0%				✓	48
BETTER WORKPLACE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
30	COBW20	OPBW6.1	Staff Absence (Total)	23.0%	24.0%					49
31	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.8%	6.0%					50
31	COBW20	OPBW6.1	Short Term Absence Rate	3.3%	2.5%					50
31	COBW20	OPBW6.1	Long Term Absence Rate	4.5%	3.5%					50
BETTER VALUE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
	COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report							
32			Rationale for Control Limits Applied							51
			Appendix: Winter Preparedness							54

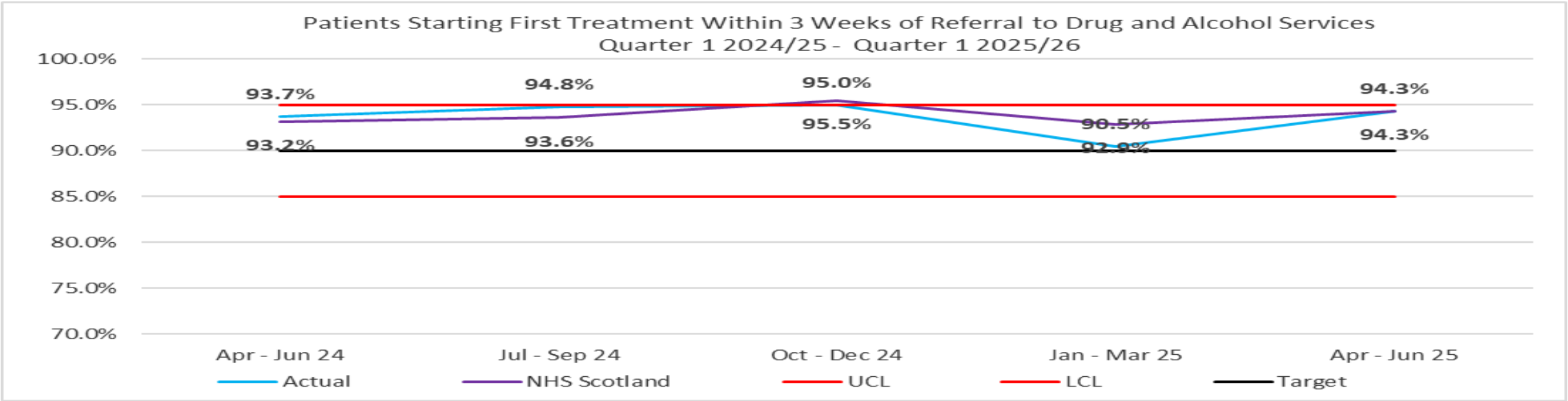
Legend	
Improvement on previously reported position	
Deterioration on previously reported position	
No change to previously reported position	

# 1. BETTER HEALTH: Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral

At least 90% of clients will wait no longer than 3 weeks from referral to start their first treatment

Target  
90%

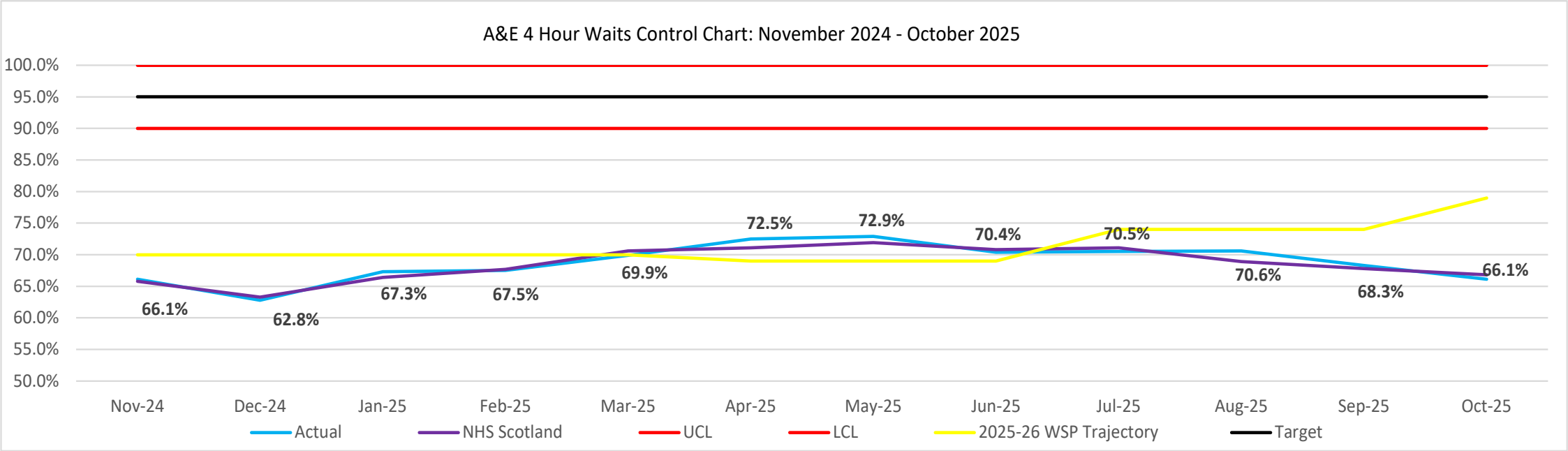
Performance  
94.3%



## Summary

Current Position (including against trajectory):	As at the quarter April - June 2025, 94.3% of patients referred for alcohol and drugs treatment treated <3 weeks of referral, above the 90% national target. <b>4.3% above target.</b>
Current Position Against National Target:	NHSGGC performance is equal to the latest national quarterly published position for the quarter.
Projection to 31 March 2026:	National Target 90%. <b>Performance is expected to continue to exceed target.</b>
The latest quarterly position shows that NHSGGC continues to exceed the Alcohol and Drugs waiting times target of 90%. Figures for Q2 2025/26 (July - September) are due to be published by Public Health Scotland in December 2025.	

<div>2. BETTER CARE: Accident and Emergency 4 Hour Waiting Times Standard</div> <div>At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident &amp; Emergency treatment</div>	<div>Target</div> <div>79.0%</div>	<div>Performance</div> <div>66.1%</div>
---	------------------------------------	---

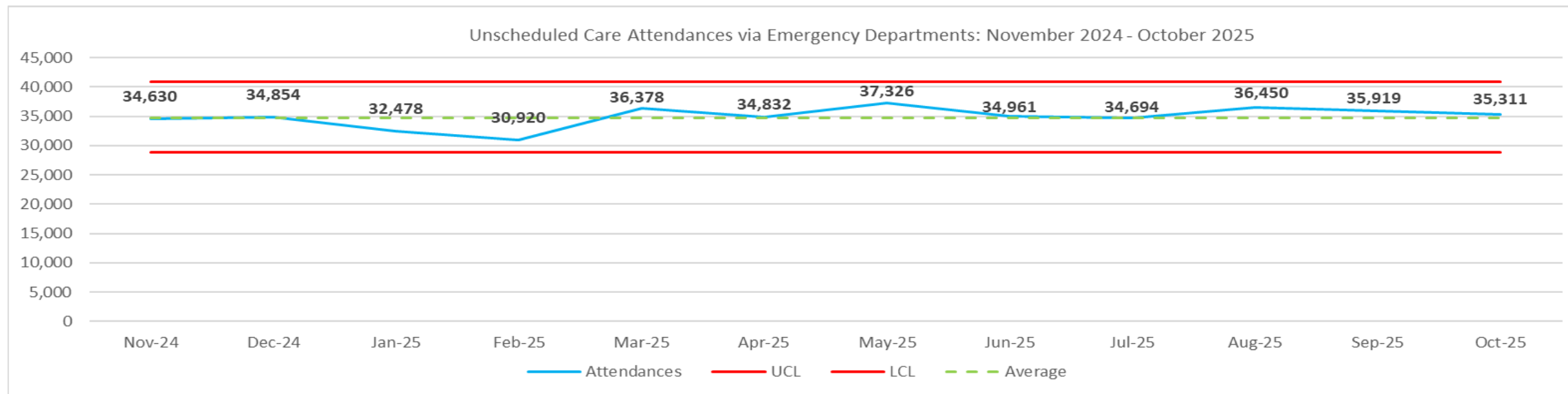


<b>Summary</b>	
<b>Current Position (including against trajectory):</b>	In October 2025, <b>66.1%</b> of patients were seen within four hours, a marginal decrease on the previous months’ position of 68.3%. 12.9% below the 2025-26 trajectory of 79.0%. %. Local management information for the week ending 30 November 2025 reported a decrease in compliance to 65.5%. Performance remains below the national target of 95%.
<b>Current Position Against National Target:</b>	NHSGGC’s performance (66.1%) was marginally below the latest national published position of 66.8% for October 2025 and overall performance is in line with the national trend.
<b>Target for 31 March 2026:</b>	National target 95%. Whole System Plan to Improve Unscheduled Care Performance trajectory 85%.
Actions in place to improve performance across Unscheduled Care are outlined on slide 11.	

### 3. BETTER CARE: Accident and Emergency Attendances

**Target (2% reduction on previous year) 242,249**

**Performance 249,493**



Please note: monthly data includes ED and MIU attendances.

#### Summary

##### **Current Position (including against trajectory):**

A total of 249,493 A&E attendances (including MIU attendances) were reported during the period April - October 2025. This is an increase of 2,300 (0.93%) compared to the same period in 2024-25 (the baseline year the provisional reduction target is based upon).

##### **Current Position Against National Target:**

No relevant target.

##### **Target for 31 March 2026:**

Provisional target of a 2% reduction in A&E attendances (Based on 2024-25 position and still to be agreed).

Actions in place to improve performance across Unscheduled Care are outlined on slide 11.

### 3. BETTER CARE: Accident and Emergency Attendances by Hospital Site (Continued)

**Target (2% reduction on previous year) 242,249**

**Performance 249,493**

Hospital Site								YTD 25/26 Total	YTD 24/25 Total	Var 2025/26 from 2024/25	% Var 2025/26 from 2024/25	2025/26 Trajectory (2% reduction on 2024/25)	25/26 YTD vs Trajectory
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25						
Queen Elizabeth University Hospital	8,610	8,891	8,551	8,969	9,176	8,992	8,905	62,094	60,069	2,025	3.37%	58,868	5.48%
Glasgow Royal Infirmary	6,944	7,484	7,174	7,218	7,550	7,296	7,401	51,067	50,209	858	1.71%	49,205	3.78%
Royal Alexandra Hospital	4,729	5,098	4,736	4,916	5,080	4,844	4,771	34,174	33,878	296	0.87%	33,200	2.93%
Inverclyde Royal Hospital	2,436	2,610	2,551	2,584	2,523	2,528	2,441	17,673	18,062	-389	-2.15%	17,701	-0.16%
Royal Hospital for Children	6,240	6,722	5,871	5,069	5,888	6,227	6,151	42,168	42,128	40	0.09%	41,285	2.14%
<b>Emergency Department Sub-Total</b>	<b>28,959</b>	<b>30,805</b>	<b>28,883</b>	<b>28,756</b>	<b>30,217</b>	<b>29,887</b>	<b>29,669</b>	<b>207,176</b>	<b>204,346</b>	<b>2,830</b>	<b>1.38%</b>	<b>200,259</b>	<b>3.45%</b>
Vale of Leven Hospital	1,742	1,863	1,694	1,686	1,778	1,624	1,501	11,888	12,015	-127	-1.06%	11,775	0.96%
Stobhill Hospital	1,734	1,977	1,836	1,810	1,890	1,863	1,786	12,896	12,929	-33	-0.26%	12,670	1.78%
New Victoria Hospital	2,397	2,681	2,548	2,442	2,565	2,545	2,355	17,533	17,903	-370	-2.07%	17,545	-0.07%
<b>MIU Sub-Total</b>	<b>5,873</b>	<b>6,521</b>	<b>6,078</b>	<b>5,938</b>	<b>6,233</b>	<b>6,032</b>	<b>5,642</b>	<b>42,317</b>	<b>42,847</b>	<b>-530</b>	<b>-1.24%</b>	<b>41,990</b>	<b>0.78%</b>
<b>Total</b>	<b>34,832</b>	<b>37,326</b>	<b>34,961</b>	<b>34,694</b>	<b>36,450</b>	<b>35,919</b>	<b>35,311</b>	<b>249,493</b>	<b>247,193</b>	<b>2,300</b>	<b>0.93%</b>	<b>242,249</b>	<b>2.99%</b>

#### Summary

The information above, provides a breakdown of A&E/MIU attendances by hospital site for the period April - October 2025. Overall, four of the eight hospital sites reported a reduction in the number of attendances when compared to the same period in the baseline year. The most notable reductions in actual values can be seen at IRH (-389) and the New Victoria Hospital (-370), however these are significantly outweighed by increases at QEUH (2,025), GRI (858) and RAH (296)

Actions in place to improve performance across Unscheduled Care are outlined on slide 11

### 3. BETTER CARE: Accident and Emergency Attendances by Health & Social Care Partnership (Continued)

**Target (2% reduction on previous year) 242,249**

**Performance 249,493**

HSCP	Number Of A&E/MIU Presentations							2025-26 YTD Total	2024-25 YTD Total	Var 2025/26 from 2024/25	% Var 2025/26 from 2024/25	2025/26 Trajectory (2% reduction on 2024/25)	25/26 YTD vs Trajectory
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25						
East Dunbartonshire	2,160	2,372	2,263	2,100	2,277	2,297	2,134	15,603	15,172	431	2.84%	14,869	4.94%
East Renfrewshire	1,880	2,002	1,873	1,794	2,022	2,026	1,864	13,461	13,533	-72	-0.53%	13,262	1.50%
Glasgow City	15,871	17,229	16,191	15,911	16,840	16,717	16,721	115,480	113,968	1,512	1.33%	111,689	3.39%
Inverclyde	2,390	2,569	2,538	2,463	2,418	2,410	2,395	17,183	17,666	-483	-2.73%	17,313	-0.75%
Renfrewshire	4,755	5,004	4,572	4,576	4,725	4,591	4,536	32,759	32,685	74	0.23%	32,031	2.27%
West Dunbartonshire	2,851	2,907	2,628	2,750	2,755	2,780	2,633	19,304	19,301	3	0.02%	18,915	2.06%
<b>HSCP Sub-Total</b>	<b>29,907</b>	<b>32,083</b>	<b>30,065</b>	<b>29,594</b>	<b>31,037</b>	<b>30,821</b>	<b>30,283</b>	<b>213,790</b>	<b>212,325</b>	<b>1,465</b>	<b>0.69%</b>	<b>208,079</b>	<b>2.74%</b>
Other	4,925	5,243	4,896	5,100	5,413	5,098	5,028	35,703	34,868	835	2.39%	34,171	4.48%
<b>Total</b>	<b>34,832</b>	<b>37,326</b>	<b>34,961</b>	<b>34,694</b>	<b>36,450</b>	<b>35,919</b>	<b>35,311</b>	<b>249,493</b>	<b>247,193</b>	<b>2,300</b>	<b>0.93%</b>	<b>242,249</b>	<b>2.99%</b>

#### Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs during April - October 2025. With the exception of East Renfrewshire and Inverclyde, all HSCPs are showing an increase in A&E activity when compared to the same period in the baseline year with the most significant increase in East Dunbartonshire (+2.84% against previous year, 4.94% above trajectory) and Glasgow City (+1.33% against previous year, 3.39% above trajectory)

Actions in place to improve performance across Unscheduled Care are outlined on slide 11.

## BETTER CARE: Unscheduled Care - actions to improve performance

Implementation of our Whole System Transformation programme continues with a focus on improving Unscheduled Care performance and reducing system pressures. Both the Interface Care Division and FNC+ Plus have progressed recruitment and pathway development to strengthen community pull and virtual capacity ahead of Winter. Both the Medical and Nursing Models for FNC+ Plus have been expanding through November, building towards 24/7 coverage. The first pathways went live during November 2025, with further pathways under development through the FNC+ Plus Pathways Group.

The System Reset, running from 20 November to 1 December 2025, will provide a concentrated period of whole-system action to stabilise flow, reduce occupancy and improve discharge performance. The System Reset will activate Discharge Multi-Agency Planning (MAP) audits and actions across all sites and specialties, supported by Acute, HSCP, Interface and Unscheduled Care teams, enabling safe and effective discharge for patients who no longer require to be in hospital. The System Reset will also support the launch of new Virtual Pathways (e.g. Headache & Hypertension), strengthen escalation and decompression processes (QUEST), and provide the basis for sustained improvement into Quarter 3 and Quarter 4.

Additional staffing has been put in place to support improved performance across the System Reset period - including Nursing, Medical, Pharmacy, Estates & Facilities and increased managerial support. Performance will be monitored daily through this period with additional reporting stood up with impact analysis following.

Intermediate Care Beds continue to be utilised across all HSCPs with positive bed-day impacts. Additional capacity has come online in November 2025, supporting further community discharge options. Complex Discharge Units continue to perform strongly, with 394 bed days saved in Meadowburn and 319 in Hawthorn across September. Additional legal resource is now in place to support AWI-related delays, with benefits realised through winter.

Recruitment to the Enhanced Home First Response Service is now complete, supporting movement to seven-day working. Work to expand Hospital at Home provision with HSCPs continues as part of wider frailty redesign to reduce avoidable admissions and support timely step-down, improving performance.

Across Quarter 2, we saw measurable improvements in flow, pathway utilisation, and reduced delays across several sites. Further gains are expected through Quarter 3 and into Quarter 4 as recruitment completes, pathways come online and System Reset actions embed. All actions remain aligned to improving Unscheduled Care performance by reducing attendances, improving whole-system flow and supporting reduced length of stay to deliver the best possible experience for patients and staff.

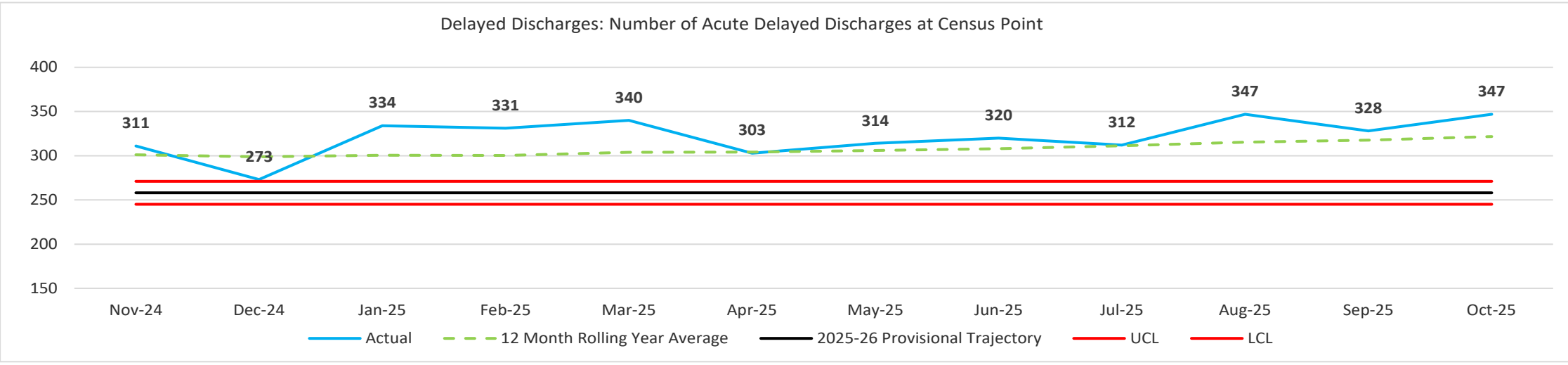


#### 4. BETTER CARE: Number of Acute Delayed Discharges

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point*

**Target**  
**258**

**Performance**  
**347**



#### Summary

##### **Current Position (including against trajectory):**

A total of **347** Acute delayed discharges were reported at the October 2025 monthly census point. Performance represents a 6% increase on the previous month's performance (328). Local management information for 1 December 2025 reported an increase to 355 acute delays.

##### **Current performance is National Target:**

No national target relevant.

##### **Target for 31 March 2026:**

Provisional target of no more than 258 acute delays each month by March 2026.

#### Key Actions

Actions to improve performance are outlined on the next slide.

#### 4. BETTER CARE: Number of Acute Delayed Discharges (continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point*

**Target**  
**258**

**Performance**  
**347**

A coordinated programme of work continues through both the Unscheduled Care Operational Improvement Plan (OIP) and the Director of Whole System Flow to reduce delayed discharges across NHS Greater Glasgow and Clyde. The Discharge Without Delay group has been refreshed and will drive targeted improvement activity throughout Q3 and Q4.

Focused actions are in place during the current System Reset period, including enhanced support across the 12-day period to strengthen whole-system working on discharge and flow. This includes HSCP attendance at twice-daily QUEST Escalation and Decompression Huddles, daily cross-system check-ins, and a comprehensive Discharge Multi-Agency Planning (MAP) audit process across all sites. Key themes emerging from these audits are being developed jointly by Acute and Unscheduled Care teams for implementation.

Daily internal Delayed Discharge meetings, chaired by the Director of Whole System Flow, continue alongside regular meetings with non-GGC HSCPs to progress the shared target of reducing delayed discharge numbers within NHSGGC beds.

Multiple Operational Improvement Plan actions are also underway to further support discharge improvement, including deployment of additional Solicitor and Red Cross support for legal and welfare processes, with enhanced staffing from 3 November. Integrated Discharge Teams are now fully embedded across all key acute sites, with a continued focus on facilitating timely movement of patients from hospital to the most appropriate care setting.

Progress and performance are reviewed weekly through the Directors' Meeting on Whole System Flow, supported by focused reporting on key metrics and ongoing engagement with HSCPs to set local targets and drive improvement discussions.

#### 4. BETTER CARE: Number of Acute Delayed Discharges by HSCP (continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point*

**Target**  
**258**

**Performance**  
**347**

Acute Delayed Discharges	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	20	24	23	35	28	36	28	31	34	33	41	47	47	0	27	20	74%
East Dunbartonshire HSCP	21	13	13	26	28	29	22	20	22	14	16	23	19	-4	18	1	6%
East Renfrewshire HSCP	10	9	10	9	10	13	13	14	15	18	19	17	15	-2	11	4	36%
Glasgow City HSCP	170	176	150	176	190	172	167	168	172	157	169	170	183	13	125	58	46%
Inverclyde HSCP	7	9	6	7	5	4	8	11	12	15	17	10	12	2	15	-3	-20%
Renfrewshire HSCP	14	13	8	9	10	14	6	8	8	9	6	4	6	2	9	-3	-33%
<b>HSCP Total Acute Delays</b>	<b>242</b>	<b>244</b>	<b>210</b>	<b>262</b>	<b>271</b>	<b>268</b>	<b>244</b>	<b>252</b>	<b>263</b>	<b>246</b>	<b>268</b>	<b>271</b>	<b>282</b>	<b>11</b>	<b>206</b>	<b>76</b>	<b>37%</b>
<b>Other Local Authorities Acute</b>	<b>58</b>	<b>67</b>	<b>63</b>	<b>72</b>	<b>60</b>	<b>72</b>	<b>59</b>	<b>62</b>	<b>57</b>	<b>66</b>	<b>79</b>	<b>57</b>	<b>65</b>	<b>8</b>	<b>52</b>	<b>13</b>	<b>25%</b>
<b>NHSGGC Total Acute Delays</b>	<b>300</b>	<b>311</b>	<b>273</b>	<b>334</b>	<b>331</b>	<b>340</b>	<b>303</b>	<b>314</b>	<b>320</b>	<b>312</b>	<b>347</b>	<b>328</b>	<b>347</b>	<b>19</b>	<b>258</b>	<b>89</b>	<b>34%</b>

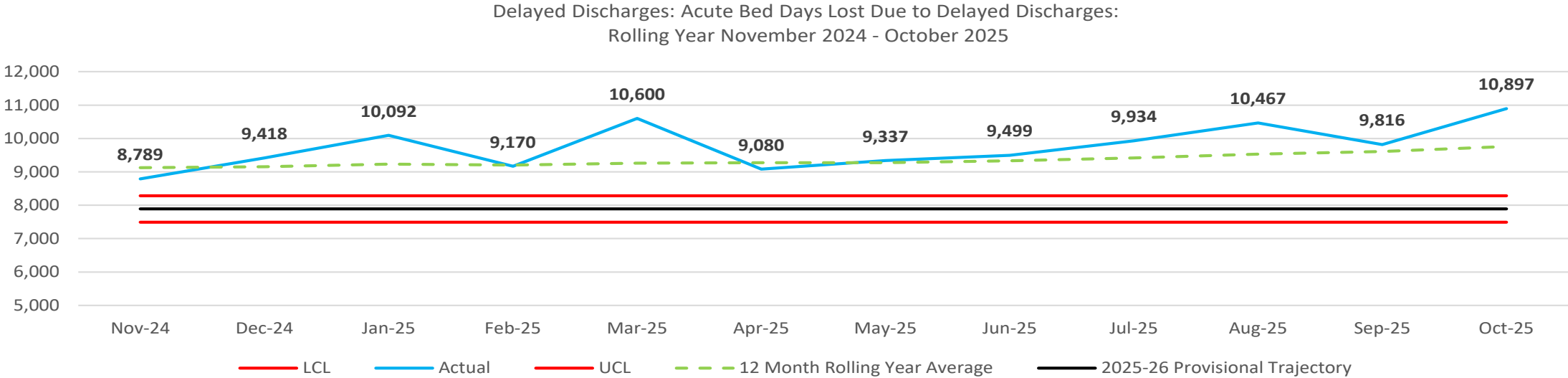
#### Summary

As at October 2025 monthly Census point, there were a total of 347 Acute delays reported representing a 6% increase on the previous months' position. Three of the six HSCPs reported an increase on the previous months' position with the biggest increase reported in Glasgow City HSCP (+13).

Overall performance is currently 34% above the provisional planned monthly performance of no more than 258 delays. Two of the six HSCPs met the 2025-26 provisional target namely Inverclyde and Renfrewshire HSCPs.

The number of NHSGGC Acute delays from other local authorities remains a challenge, current performance (65) represents a 14% increase on the number reported the previous month (57). Of these, 30 delays (46% of all out of area delays) were from patients with a home postcode in the NHS Lanarkshire area.

5. BETTER CARE: Number of Acute Bed Days Lost to Delayed Discharge	Target 7,889	Performance 10,897
A reduction in the number of hospital bed days associated with delayed discharges		



<b>Summary</b>	
<b>Current Position (including against trajectory):</b>	A total of <b>10,897</b> Acute bed days were lost to delayed discharges during October 2025, an 11% increase on the previous month's position. Current performance is 38.1% above the monthly 2025-26 provisional trajectory of 7,889.
<b>Current Position Against National Target:</b>	No national target relevant.
<b>Target for 31 March 2026:</b>	Provisional target of accumulating no more than 7,889 bed days lost to delayed discharge each month by March 2026.
<b>Key Actions</b>	
October 2025 saw an 11% increase on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outlined on slide 13 are aimed at reducing the number of Acute bed days lost to delayed discharge.	

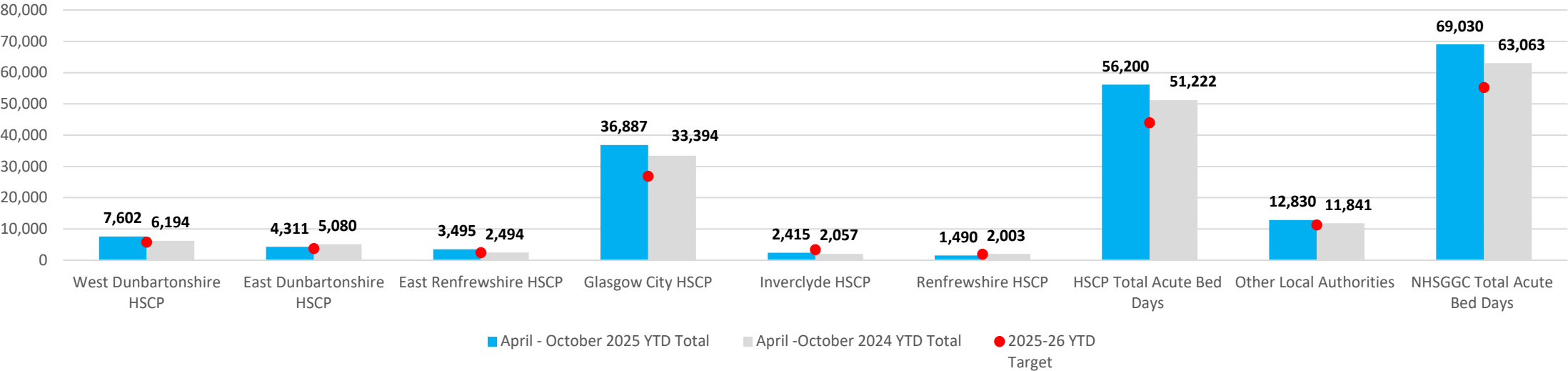
5. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

A reduction in the number of hospital bed days associated with delayed discharges

Target  
55,237

Performance  
69,030

Acute Bed Days Lost to Delayed Discharges - April - October 2025 Compared to April - October 2024



**Summary**

**Current Position (including against trajectory):**

During April - October 2025, a total of 69,030 acute bed days were lost to delayed discharges representing a 9.5% increase on the same period the previous year. Current **performance is 25% above the** provisional monthly trajectory of no more than 55,237 acute bed days lost to delayed discharge.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

Provisional target of accumulating no more than 94,692 acute bed days lost to delayed discharge by March 2026 (still to be agreed).

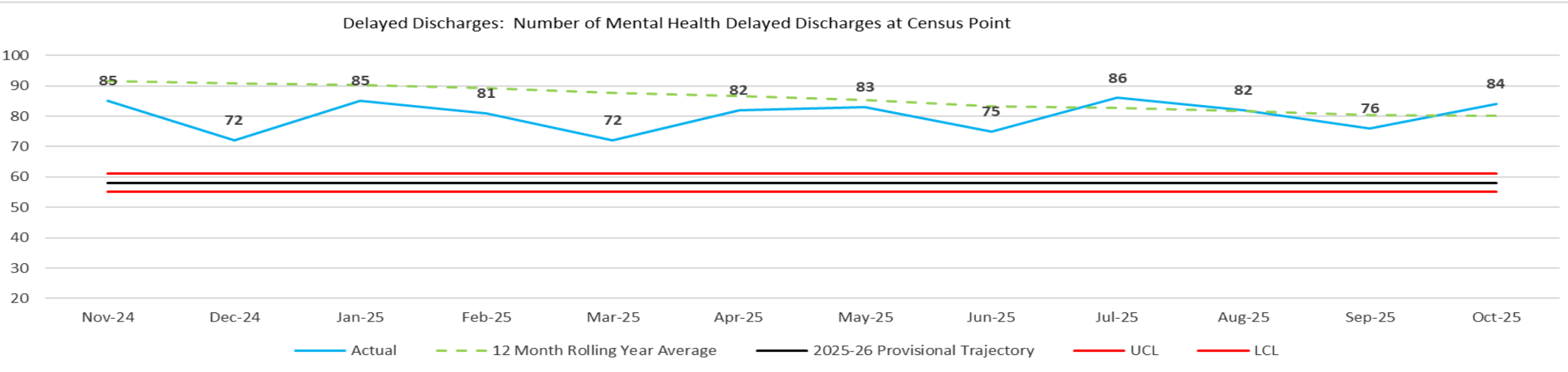
The graph above provides a year-to-date breakdown of acute bed days lost to delayed discharges by HSCP. The actions outlined in slide 13 are aimed at reducing the number of acute bed days lost to delayed discharge.

6. BETTER CARE: Number of Mental Health Delayed Discharges

A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Mental Health delayed discharges at monthly census point

Target  
58

Performance  
84



**Summary**

**Current Position (including against trajectory):**

At October census point, 84 Mental Health delayed discharges were reported, an increase from the previous months' position and remaining above the monthly trajectory of 58. Local management information for 1 December 2025 reported an increase to 103 mental health delays.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

**Provisional target of no more than 58 delays each month by March 2026.**

**Key Actions**

A dedicated bed manager post will be out to advert by December 2025, to assist in bringing a consistent approach to discharge planning across the city.

Work on the outcome of discharge team review has concluded, with regular engagement with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital.

To assist with the number of delays in mental health services, Glasgow city has set up dedicated contact point for discharge co-ordinators to receive all social work early referrals and delayed discharges. This allows screening to be carried out, and for timely case discussion and allocation.

A pilot programme in North East Glasgow will be launched before the end of the year This model will enable access to clozapine therapy without requiring hospital admission. Currently all Community Mental Health Centre staff and Mental Health Assessment Unit Consultations are undergoing Trak Care training on the system and standard operating procedures are being finalised to coincide with the start date.

## 6. BETTER CARE: Number of Mental Health Delayed Discharges by HSCP (Continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Mental Health delayed discharges at monthly census point*

**Target**  
**58**

**Performance**  
**84**

Mental Health Delayed Discharges	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	6	3	2	5	4	8	9	8	7	7	9	6	-3	2	4	200%
East Dunbartonshire HSCP	6	4	4	5	5	5	6	6	5	6	3	4	5	1	0	5	-
East Renfrewshire HSCP	2	2	2	0	1	3	1	2	1	2	2	1	2	1	0	2	-
Glasgow City HSCP	60	56	47	63	57	51	56	56	54	67	63	56	64	8	51	13	25%
Inverclyde HSCP	0	0	0	0	1	1	1	1	2	0	0	1	0	-1	0	0	-
Renfrewshire HSCP	5	3	3	4	3	2	2	2	2	1	1	1	2	1	2	0	0%
<b>HSCP Total Mental Health Delays</b>	<b>77</b>	<b>71</b>	<b>59</b>	<b>74</b>	<b>72</b>	<b>66</b>	<b>74</b>	<b>76</b>	<b>72</b>	<b>83</b>	<b>76</b>	<b>72</b>	<b>79</b>	<b>7</b>	<b>55</b>	<b>24</b>	<b>44%</b>
<b>Other Local Authorities Mental</b>	<b>9</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>67%</b>
<b>NHSGGC Total Mental Health</b>	<b>86</b>	<b>85</b>	<b>72</b>	<b>85</b>	<b>81</b>	<b>72</b>	<b>82</b>	<b>83</b>	<b>75</b>	<b>86</b>	<b>82</b>	<b>76</b>	<b>84</b>	<b>8</b>	<b>58</b>	<b>26</b>	<b>45%</b>

### Summary

All HSCPs with the exception of Inverclyde and Renfrewshire are currently above their planned position. Two of the six HSCPs reported an improvement on the previous months' position namely, West Dunbartonshire (-3) and Inverclyde (-1).

The actions outlined in slide 17 are aimed at reducing the number of mental health bed days lost to delayed discharge.

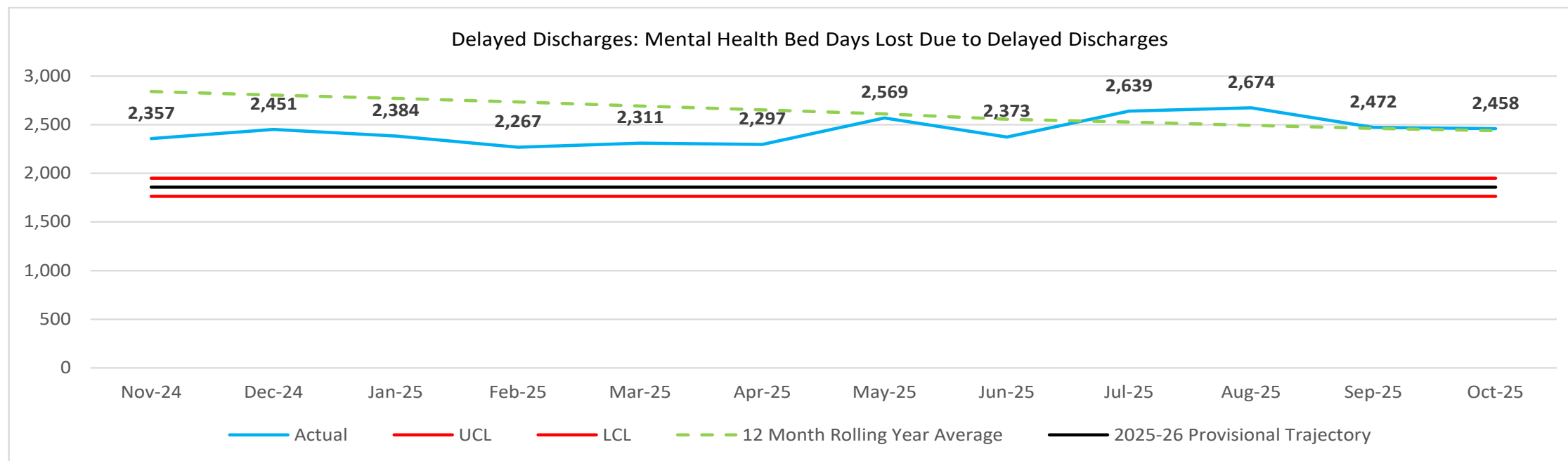


## 7. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge

*A reduction in the number of mental health bed days associated with delayed discharges*

**Target**  
**1,857**

**Performance**  
**2,458**



### Summary

#### **Current Position (including against trajectory):**

A total of 2,458 Mental Health bed days were lost to delayed discharges during October 2025, representing a 0.6% decrease on the previous month's position. Current performance is above the monthly provisional trajectory of 1,857.

#### **Current Position Against National Target:**

No national target relevant.

#### **Target for 31 March 2026:**

No more than 1,857 bed days lost to delayed discharge per month by March 2026.

The actions outlined in slide 17 are aimed at reducing the number of mental health bed days lost to delayed discharge.

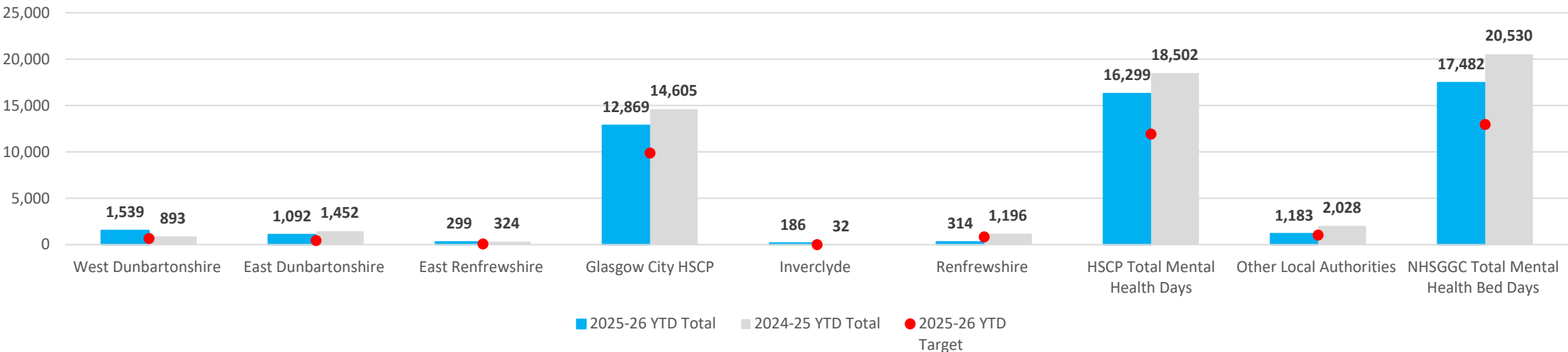
7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

A reduction in the number of hospital bed days associated with delayed discharges

Target  
12,975

Performance  
17,482

Mental Health Bed Days Lost to Delayed Discharges - April - October 2025 Compared to April - October 2024



**Summary**

**Current Position (including against trajectory):**

During the period April - October 2025, a total of 17,482 Mental Health bed days were lost to delayed discharges, a 15% reduction on the same period the previous year, however current performance remains above the provisional trajectory of 12,975.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

No more than 1,857 mental health bed days lost to delayed discharge per month by March 2026.

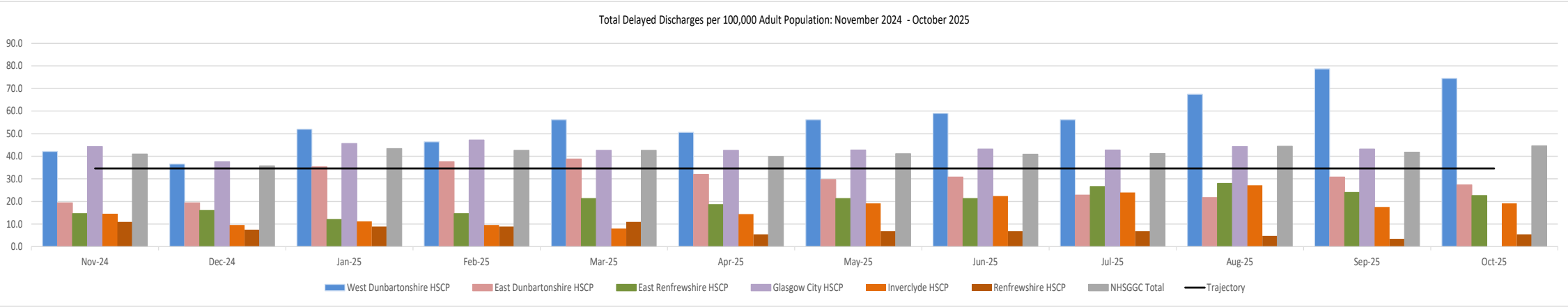
The graph above provides a year-to-date breakdown of mental health bed days lost to delayed discharges by HSCP. The actions outlined in slide 17 are aimed at reducing the number of mental health bed days lost to delayed discharge.

8. BETTER CARE: Total Number of Delayed Discharges Per 100,000 Adults (All delays)

A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed.

Target  
34.6

Performance  
44.6



**Summary**

**Current Position (including against trajectory):**

Overall, a total of **44.6** delayed discharges per 100,000 adult population were reported at the monthly census point in October 2025 across NHS GGC, above the national target of 34.6 per 100,000 adults. Current performance is an increase on the previous month's performance of 41.8, and 28.9% above the national monthly trajectory of 34.6 per 100,000 adult population. Within GGC, Glasgow City (47.2) and West Dunbartonshire (74.5) are above trajectory, with all other HSCPs below.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

**No more than 34.6 total delays per 100,000 population each month by March 2026.**

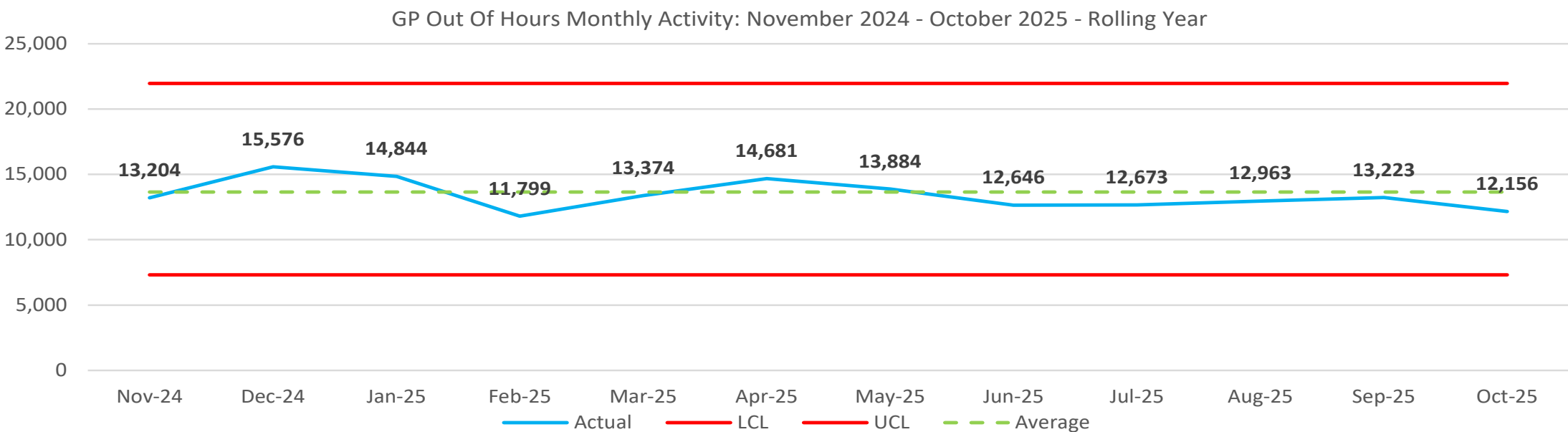
**Key Actions**

Actions in place to improve performance in delayed discharge are outlined on slides 13 (Acute) and 17 (Mental Health).

## 9. BETTER CARE: GP Out Of Hours Activity

*The number of patients using the GP out of Hours Services*

For Information



### Summary

**Current Position (including against trajectory):**

**Current Position Against National Target:**

**Target for 31 March 2026:**

A total of **12,156** GP Out Of Hours contacts were made during October 2025.

No relevant national target.

There is no target for GPOOH activity however, NHSGGC remain fully committed to ensuring access to GPOOH Service.

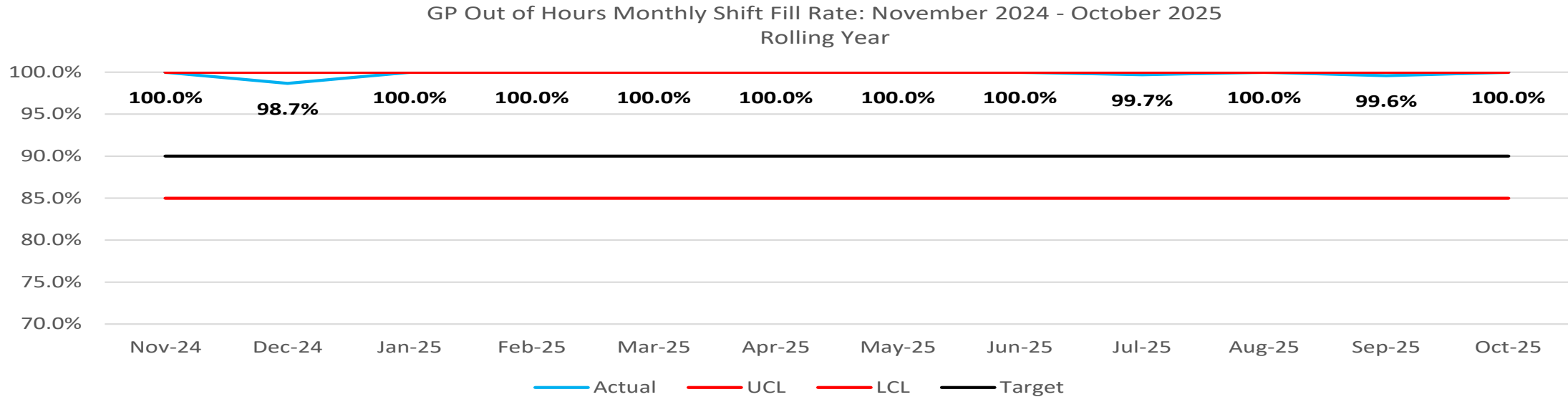
Activity year-to-date was 92,226 contacts, a 3% decrease compared to the previous year.

# 10. BETTER CARE: Number of GP Out of Hours Scheduled Shifts Open

The percentage of scheduled GP Out Of Hour Shifts that were open

Target  
90%

Performance  
100%



## Summary

**Current Position (including against trajectory):**

**Current Position Against National Target:**

**Target for 31 March 2026:**

In October 2025, 100% of all (288) scheduled shifts were open, exceeding NHSGGC’s target of 90%.

No relevant national target.

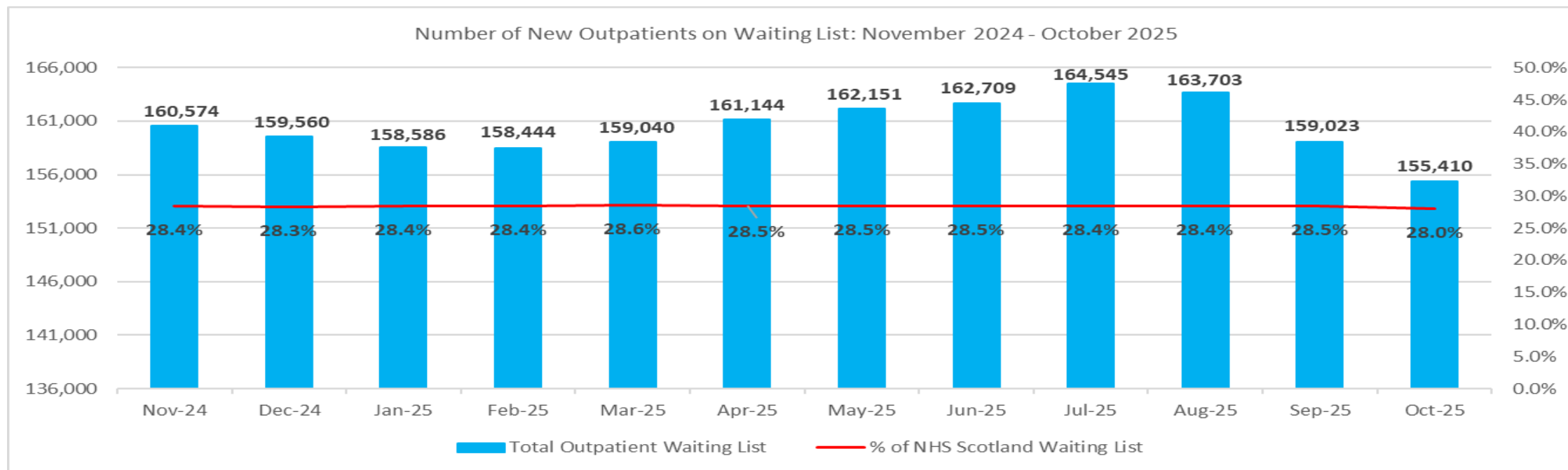
NHSGGC Target 90%. The target continues to be exceeded.

GP Out of Hours shift fill rates have remained at or close to 100% for the past 12 months, consistently exceeding the 90% target, reflecting stable workforce availability and rostering.

## 11. BETTER CARE: New Outpatient Wait List

*The number of new outpatients on the new outpatient waiting list*

**For Information**



### Summary

#### **Current Position (including against trajectory):**

The total outpatient waiting list remains high, with 155,410 patients waiting for a new consultant outpatient appointment as at end of October, however this is a decrease of 3,613 patients from the previous month and the lowest figure in the past 12 months

#### **Current Position Against National Position:**

28.0% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of October 2025 were NHSGGC patients.

#### **Projection for 31 March 2026:**

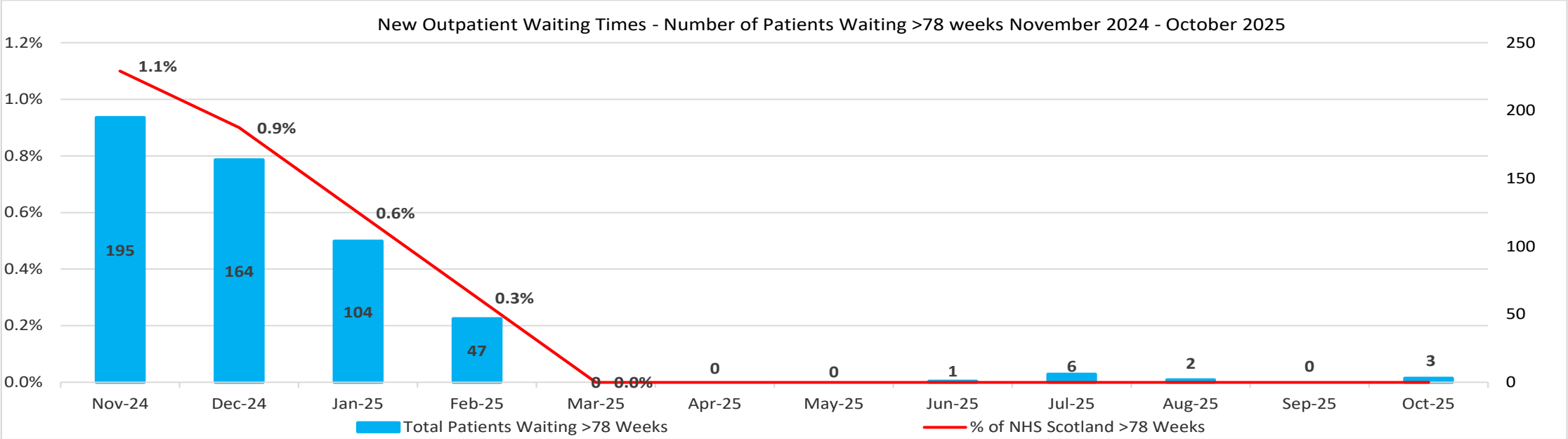
**For information only - no year end target has been set.**

Actions in place to continue to reduce the number of patients on the new outpatient waiting list are outlined on slide 28.

12. BETTER CARE: Number of New Outpatients waiting >78 weeks for a new outpatient appointment

Target  
0

Performance  
3



**Summary**

**Current Position (including against trajectory):**  
**Current Position Against National Position:**

At the end of October 2025, three patients were waiting >78 weeks for a first new outpatient appointment. >0.1% of NHS Scotland's total patients waiting >78 weeks at the end of October 2025 were NHSGGC patients.

**Target for 31 March 2026:** No patients to be waiting >78 weeks during 2025-26.

There were three patients waiting >78 weeks for a new outpatient appointment at end of October.

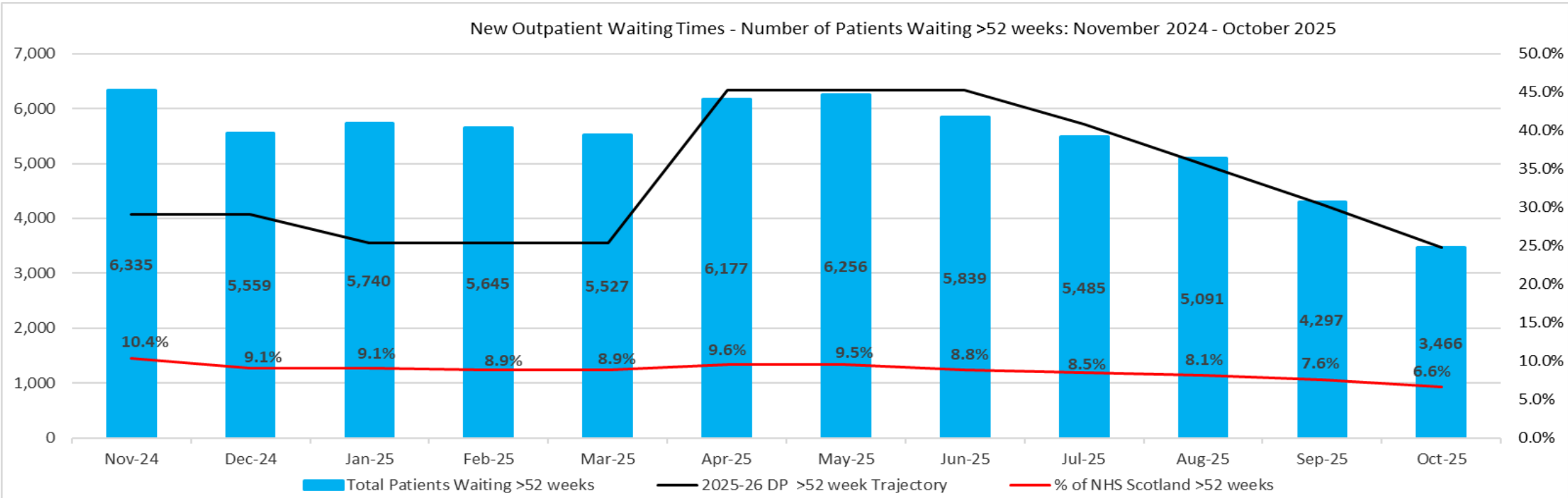
Actions to reduce the longest waiting patients waiting are outlined on slide 28.



### 13. BETTER CARE: Number of New Outpatients waiting >52 weeks for a new outpatient appointment

**Target**  
**3,477**

**Performance**  
**3,466**



#### Summary

##### Current Position (including against trajectory):

At the end of October 2025, there were a total of **3,466** patients on the new outpatient waiting list waiting >52 weeks for an appointment, a 19% improvement on the previous months' position. Current performance is now back within trajectory.

##### Current Position Against National Position:

6.6% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of October 2025 were NHSGGC patients.

##### Target for 31 March 2026:

**2025-26 DP target of no new outpatients to be waiting >52 weeks for a new outpatient appointment by March 2026.**

Actions to reduce the longest waiting patients waiting are outlined on slide 28.

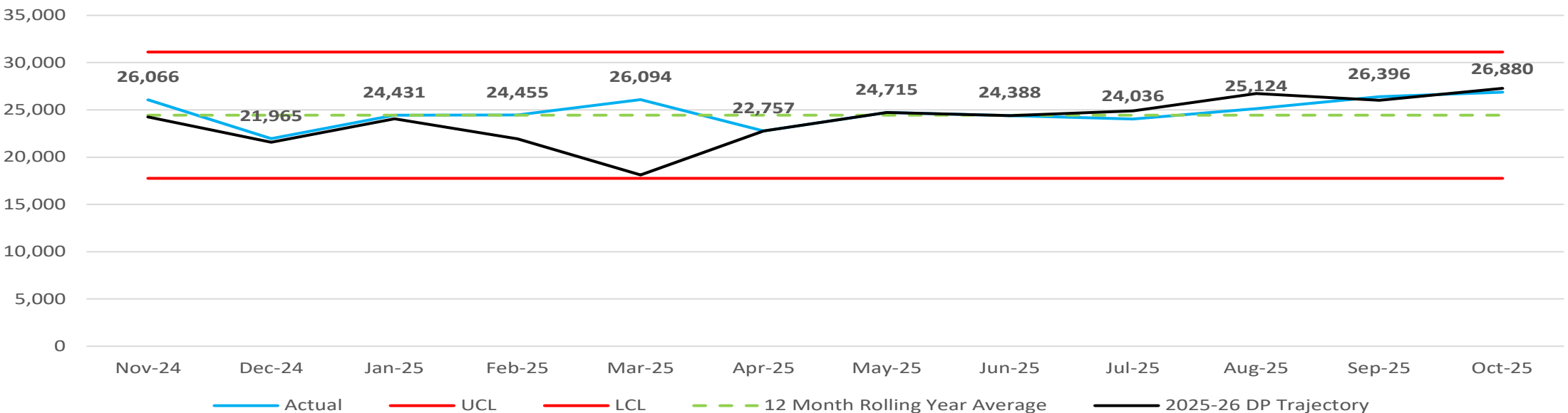
## 14. BETTER CARE: New Outpatient Activity

*The number of new outpatients seen*

Target  
176,771

Performance  
174,296

New Outpatient Activity: November 2024 - October 2025



### Summary

#### Current Position (including against trajectory):

New outpatient activity in October 2025 was 26,880, 1% below the monthly trajectory of 27,269. Year-to-date activity stands at 174,296, 1% below the cumulative target of 176,771.

#### Current Position Against National Target:

No national position relevant.

#### Target for 31 March 2026:

**2025-26 DP target of 299,286 new outpatients to be seen by March 2026.**

As seen from the chart above, NHSGGC was below the current planned activity levels - delivering 2,475 fewer new outpatient than planned - during the period April to October 2025.

Actions to recover the position are outlined on the next slide.

## BETTER CARE: New Outpatients waiting - actions to increase activity levels and reduce the number of new outpatients waiting

Particular specialties continue to face significant challenges. ENT, OMFS, Neurosurgery and Respiratory Medicine are all more than 40 patients above their planned trajectory for over 52 week waits. These specialties have action plans in place and are monitored weekly. The majority of the current long-waiting outpatients (80%) are now booked for appointments, around 20% remain unbooked, requiring further scheduling focus.

- Trauma and Orthopaedic (T&O) services had 915 patients waiting >52 weeks at the end of October 2025 (a reduction on the 1,540 waiting in September 2025). The continued MSK directed resource has ensured stability across spinal waits.
- Gynaecology had 361 patients waiting >52 weeks at the end of October 2025 an increase on the 209 patients waiting at the end of September. The service continues to be challenged in balancing Urgent Suspicion of Cancer and routine demand with further support from synaptik in place.
- Neurosurgery saw an increase, with 264 patients waiting >52 weeks at the end of October 2025 from 206 at end of September 2025. Four new staffing appointments have been made, with start dates ranging from 10 November to 15 December. Clinical review of long waiting patients also continues with Extended Scope Practitioner/Consultant review.
- Ophthalmology has seen a reduction to 253 at end of October 2025 from 306 patients waiting >52 weeks at the end of September 2025. The model of virtual care is working well in providing a diagnostic hub approach to care.
- ENT waits have been challenged due to constraints with consultant vacancies, but have reduced to 475 in October 2025, from 510 in September. Additional capacity from insourced clinics is now in place.
- OMFS waits have increased to 127 at the end of October from 124 at the end of September. Additional Consultant capacity is now in place from 17 November to bring back in line with trajectory.
- Respiratory medicine had 246 patients waiting over 52 weeks at the end of October, a reduction from 272 at the end of September. Further insourcing is being brought in to target challenges within the sleep service.
- Dermatology has also seen a reduction in patients waiting >52 weeks, from 128 in September to 60 in October, supported by access to support from NHS Lanarkshire, with capacity to see 1,500 additional patients.

A range of improvement actions are in place across all specialties:

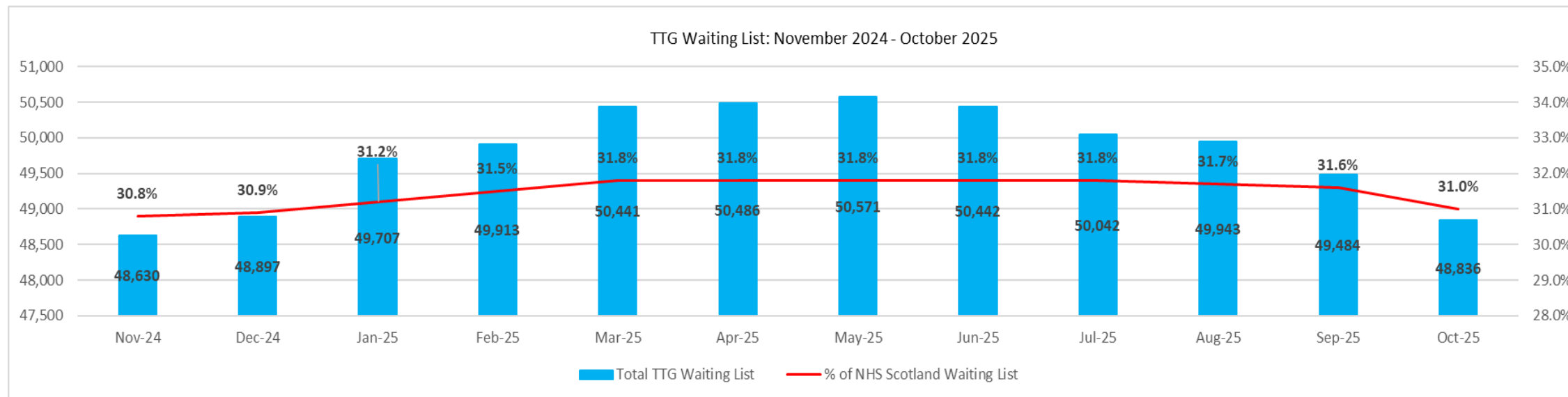
- Specialty-level action plans are being closely monitored, with weekly reviews to ensure delivery against recovery trajectories.
- Additional outpatient clinics are being scheduled, including Waiting List Initiatives (WLI) and the use of insourcing where possible, to increase throughput in the most challenged specialties.
- Booking and scheduling processes are being streamlined to ensure that all long-waiting patients are allocated appointments as quickly as possible.
- DP-funded proposals continue to be implemented e.g. increase in APP staffing in Orthopaedics.

Looking forward, the aim is to accelerate the reduction in over 52 week waits, with a target of reducing this number to 2,722 by the end of November and 2,033 by the end of December. The March 2026 DP target remains for no patient to be waiting over 52 weeks. Achieving this will require sustained delivery of core and additional activity, ongoing use of insourced capacity, and continued focus on booking all long-waiting patients.

## 15. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

For Information



### Summary

#### **Current Position (including against trajectory):**

At the end of October 2025, there were a total of 48,836 patients on the TTG waiting list waiting for an inpatient/daycase procedure, a 1.3% improvement on the previous months' position.

#### **Current Position Against National Position:**

31.0% of NHS Scotland's total TTG patients waiting at the end of October 2025 were NHSGGC patients.

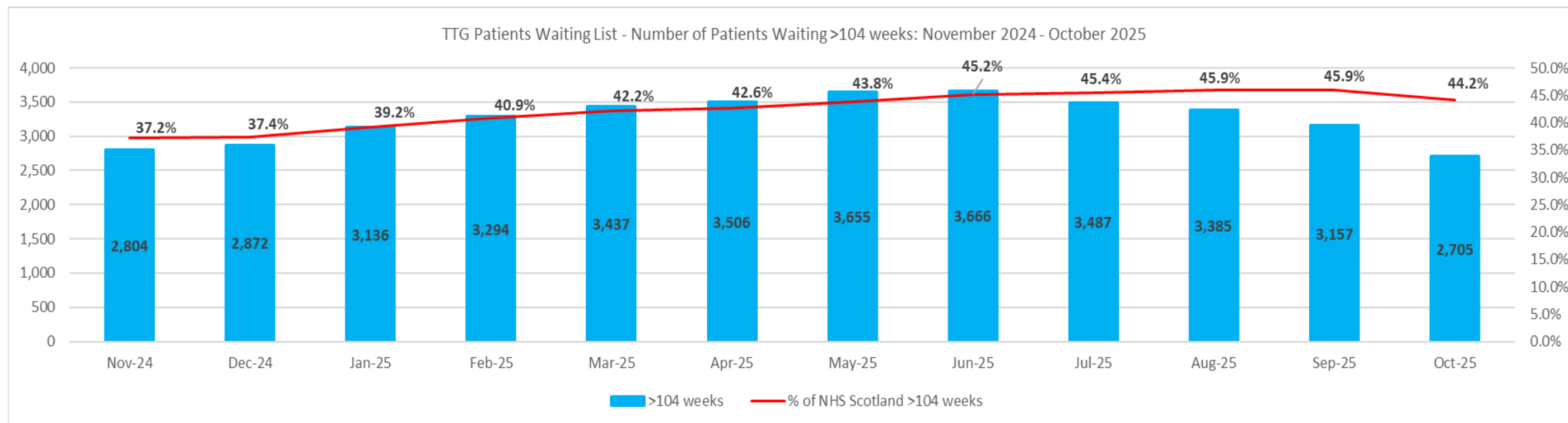
#### **Target for 31 March 2026:**

For information only - no year end target has been set.

Actions to reduce the number of patients waiting are outlined on slide 34.

## 16. BETTER CARE: Number of TTG patients waiting >104 weeks

For Information



### Summary

#### **Current Position (including against trajectory):**

#### **Current Position Against National Position:**

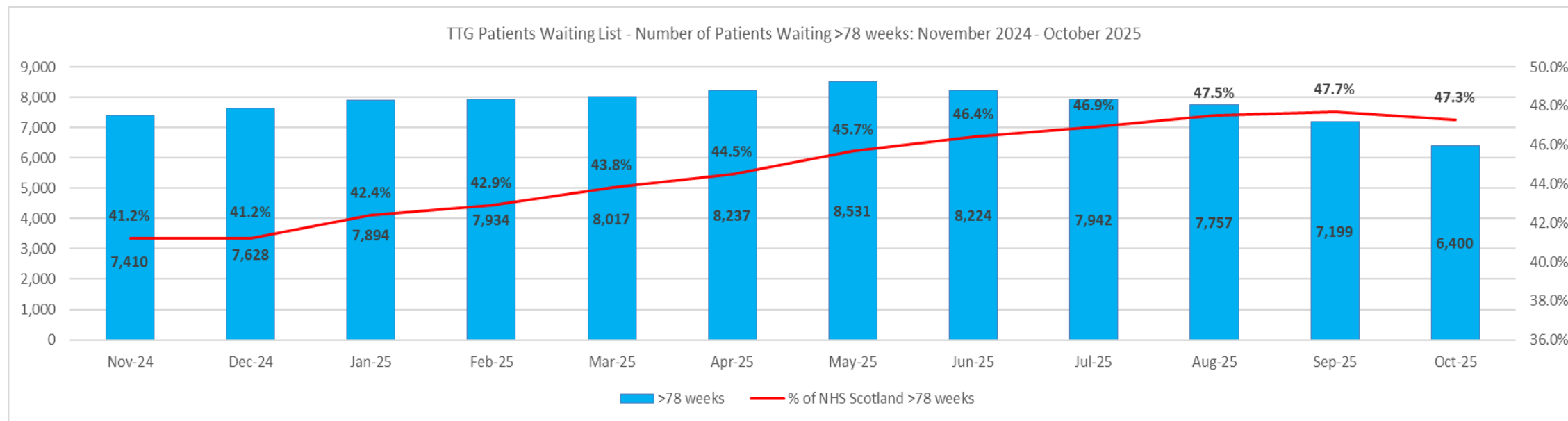
#### **Target for 31 March 2026:**

At the end of October 2025, there were a total of 2,705 TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list representing a decrease on the previous months' position. 44.2% of NHS Scotland's total patients waiting >104 weeks at the end of October 2025 were NHSGGC patients, a decrease compared to the previous month. For information only - no year end target has been set.

Actions to reduce the number of patients waiting are outlined on slide 34.

## 17. BETTER CARE: Number of TTG patients waiting >78 weeks

For Information



### Summary

#### **Current Position (including against trajectory):**

As at October 2025 month end, a total of 6,400 TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, representing an 11.1% improvement on the previous months' position.

#### **Current Position Against National Position:**

47.3% of NHS Scotland's total patients waiting >78 weeks at the end of October 2025 were NHSGGC patients, a marginal decrease on the previous month.

#### **Target for 31 March 2026:**

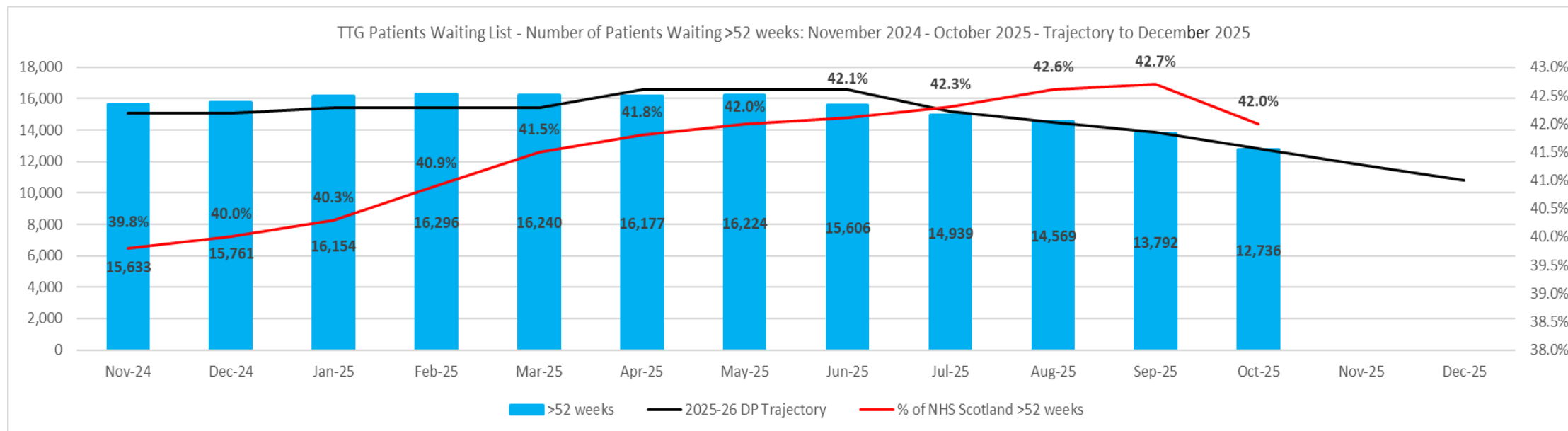
For information only - no year end target has been set.

Actions to reduce the number of patients waiting are outlined on slide 34.

## 18. BETTER CARE: Number of TTG patients waiting >52 weeks

**Target**  
**12,814**

**Performance**  
**12,736**



### Summary

#### **Current Position (including against trajectory):**

The inpatient and daycase waiting list stands at 48,836 as at the end of October 2025, with 12,736 patients breaching the 52-week TTG standard, 78 (0.6%) within trajectory of 12,814.

#### **Current Position Against National Position:**

42.0% of NHS Scotland's total patients waiting >52 weeks at the end of October 2025 were NHSGGC patients.

#### **Target for 31 March 2026:**

2025-26 DP target of no more than 7,750 TTG patients waiting >52 weeks by March 2026.

Actions to reduce the number of patients waiting are outlined on slide 34.

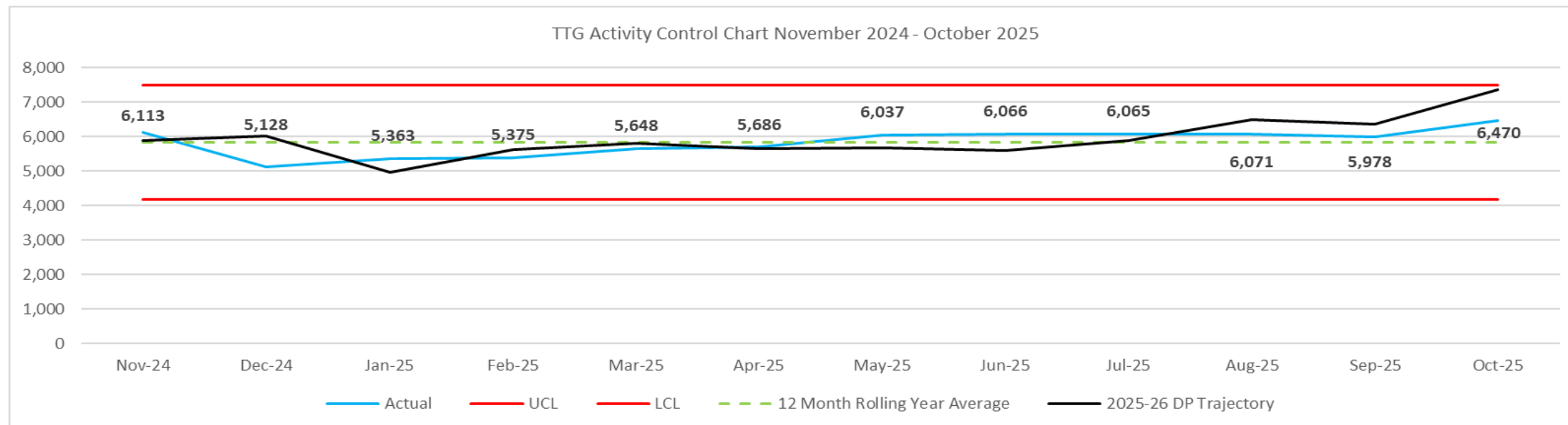


## 19. BETTER CARE: TTG Inpatient/Daycase Activity

*The number of TTG inpatient/Daycases seen*

**Target**  
**43,003**

**Performance**  
**42,373**



### Summary

#### **Current Position (including against trajectory):**

Activity has increased by around 8% in October 2025 from the previous month, from 5,978 to 6470. A total of 42,373 patients were seen during the period April - October 2025, slightly below the 2025-26 DP trajectory of 43,003 for April - October 2025 by 2%.

#### **Current Position Against National Target:**

No national target relevant.

#### **Target for 31 March 2026:**

2025-26 DP target of a total of 76,829 inpatient/daycases to be seen by March 2026.

Actions to increase activity and reduce the number of long waiting patients are outlined on the next slide.

## BETTER CARE: Actions in place to increase activity and reduce the number of long waiting TTG inpatients/daycases

### Key Actions

Seven specialties are over trajectory for >52 weeks by more than 25 patients: ENT, Gynaecology, Neurosurgery, Ophthalmology, Oral Surgery, Urology, Paediatric Surgery, and Paediatric Ophthalmology.

To tackle these issues, the following improvement actions are underway:

- Additional theatre capacity is being established, with a focus on providing protected sessions for long-waiting patients. This includes both weekday and weekend lists across multiple sites supported by insourced theatre teams.
- Additional capacity has come on stream throughout October for a number of specialties (Gynaecology, Plastic Surgery, ENT, Ophthalmology, General Surgery, Neurosurgery, Trauma and Orthopaedics), to support reduction in long waits. Further capacity has been agreed for ENT, Urology, and Spinal Orthopaedics and currently in the process of completing contracts.
- Paediatric specialties remain a particular challenge (ENT, Surgery, Plastic Surgery and Ophthalmology) and capacity has been increased at RHC through additional weekend lists.
- All specialty teams have been tasked with projecting capacity for long-waiting patients and proactively booking these patients in advance, prioritising those waiting the longest.

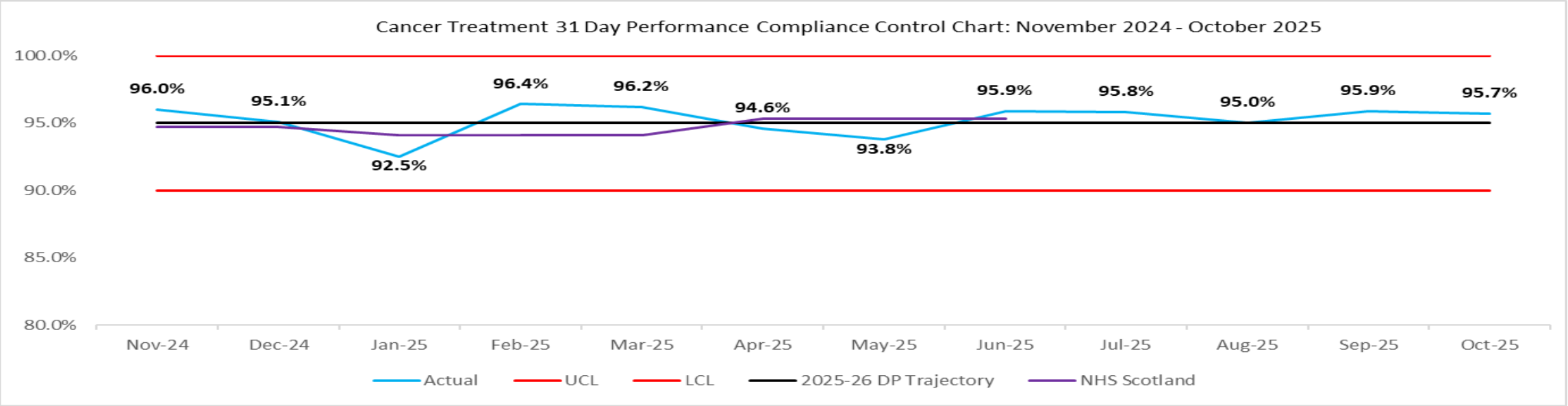
The impact of these actions is expected to accelerate the reduction in long waits over the coming months, with a target of reducing over 52-week TTG waits to 11,757 by the end of November and 10,793 by the end of December. The March 2026 DP target is for no more than 7,750 patients to be waiting over 52 weeks. Achieving this will depend on sustained delivery of core capacity, additional activity, effective use of insourcing and independent sector capacity, and robust booking of all long-waiting patients.

## 20. BETTER CARE: Access to Cancer Services Treatment Time: % of Patients Treated within 31 days of Decision to Treat

95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

**Target**  
**95.0%**

**Performance**  
**95.7%**



Please note: data from July 2025 onwards is provisional and subject to validation. The published data July - September 2025 is scheduled to be published during December 2025.

### Summary

#### Current Position (including against trajectory):

The latest provisional position is **95.7%** (647 of the 676 eligible patients started treatment within 31 days) for the month ending October 2025. **Target exceeded.**

#### Position Against National Target:

At the quarter ending June 2025, the latest national published position, NHSGGC's performance (95.9%) is above the latest national position of 95.3%.

#### Target to 31 March 2026:

**The 2025-26 DP target of 95% achieved during 2025-26.**

### Key Actions

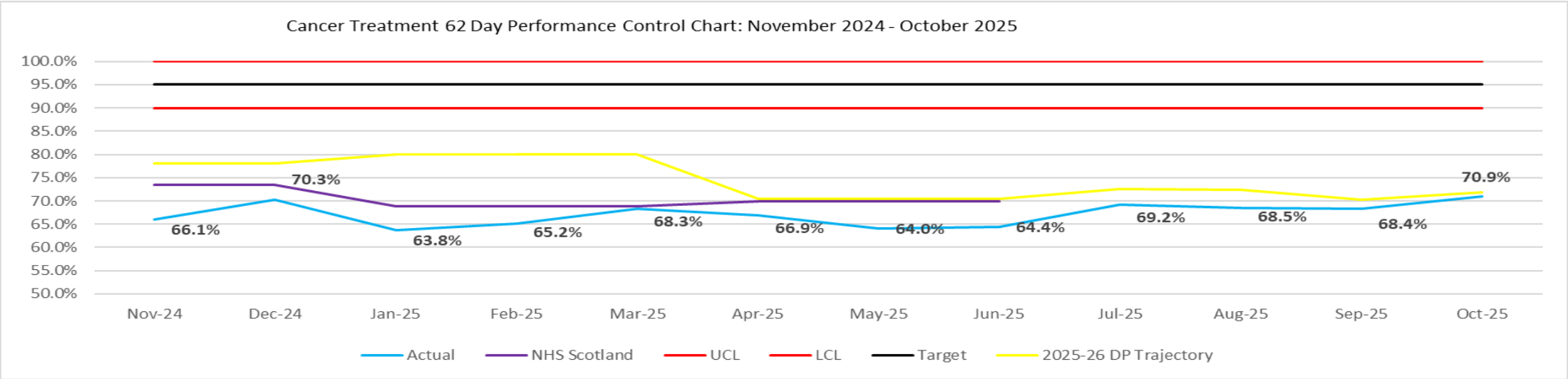
Overall compliance with the Cancer 31 Day Waiting Times Standard marginally decreased from 95.9% in September 2025 to 95.7% in October 2025, still exceeding target. A total of seven of the ten cancer types exceeded the 95% target (down one from the eight reported the previous month). The cancer types below target were Cervical (80% - eight of the 10 eligible referrals started their treatment within 31 days of referral), Melanoma (89.5% - 34 of 38 eligible referrals) and Urological (88.2% - 165 of 187 eligible referrals).

21. BETTER CARE: Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer

95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment

Trajectory  
71.8%

Performance  
70.9%



Please note: data from July 2025 onwards is provisional and subject to validation. The published data July - September is scheduled to be published during December 2025.

Summary

**Current Position (including against trajectory):**

The latest provisional position is **70.9%** (314 of the 443 eligible referrals were seen) for the month ending October 2025, an increase on the previous month's position of 68.4%. **Below the trajectory of 71.8%.**

**Against National Target:**

At the quarter ending June 2025, the latest national published position, NHSGGC's performance (67.9%) was below the national position of 69.9%.

**Target to 31 March 2026:**

**2025-26 DP trajectory of 86.0% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2026. National target remains at 95.0%. Work is underway to continue to improve the current position.**

Commentary

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (73.2% - 41 of the 56 eligible referrals started their treatment within 62 days), Urology (38.6% - 44 of the 114 eligible referrals) and Lung (64.4% - 29 of 45 eligible referrals). Other lower volume cancer types challenged during October 2025 include, Head and Neck (61.1% - 11 of the 18 eligible referrals). Cervical (20%, one of five eligible referrals and Ovarian (33.3% - one of three eligible referrals) also fall short of the target.

Key actions to address performance in those high volume cancer types facing ongoing challenges are outlined in the next two slides.

## 21. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

### Overall

- October 2025 performance is 70.9% against a trajectory of 71.8%, an increase from 68.4% in September 2025
- Performance increased in Colorectal, Head and Neck, Upper GI and Urology compared to September 2025.
- Focused improvement within cancer tracking is in place to improve escalation, data validation and breach analysis.

### **Cervical – October 2025 Performance: 20.0% - One of the five eligible referrals started treatment within 62 days of referral (behind the trajectory of 33.3%).**

- To address the outpatient waiting times all gynaecology outpatient activity including waiting list clinics for both one stop clinics and general gynaecology are being actively targeted to USOC longest wait areas. Waiting times for USOC in general gynaecology have fallen from 16 weeks to 12 weeks.
- A redesign of scanning pathways is now underway at weekends in collaboration with Diagnostic Imaging. This initiative aims to fast-track a pre-selected cohort of patients, bypassing general and one-stop gynaecology referrals where appropriate.
- Selected vetting criteria are being applied within pathways to identify and fast-track priority patients for assessment.
- The recent appointment of four gynaecology consultants and two nurse specialists, focused on hysterectomy, further strengthens the service's capacity and resilience moving forward.

### **Colorectal – October 2025 Performance: 73.2% overall - 41 of the 56 eligible referrals started their treatment within 62 days of referral (ahead of the overall trajectory of 70.0%)**

- Colorectal performance increased from 71.4% in September 2025 to 73.2% in October 2025. Colorectal activity also increased from 42 cases in September to 56 cases in October.
- Outsourcing of CT colon reporting commenced in August 2025, this has reduced the acquisition to report time to seven days from a median of 30 days. Non recurring funding is being used for the training of six consultant radiologists in CT colon to provide a robust in-house service to be implemented. The Clinical Team have agreed who is going to train and are liaising with eHealth to obtain and support the software and licenses.
- Additional surgical capacity for 30 colorectal patients is now in place at the GJNH. This will be used for benign cases to provide additional in-house capacity for the colorectal team for cancer patients.

## 21. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

### **Head & Neck – October 2025 Performance: 61.1% - 11 of the 18 eligible referrals started their treatment within 62 days of referral (behind the trajectory of 72.2%).**

- Head & Neck performance increased from 58.3% in September 2025 to 61.1% in October 2025.
- The first meeting of the clinical speciality improvement group took place on 20 November 2025.
- The key issues impacting Head & Neck performance are delays to first outpatient appointment (ENT and OMFS). OMFS wait for first OPA is now at 14 days as per the pathway – return slots have been converted to create capacity
- Diagnostic Hub model is progressing, two clinical nurse specialists have been recruited and will see full impact on Waiting Times following 12 month training period (February 2026). Incremental increases in patient numbers are being made each month and training is on schedule.

### **Lung – October 2025 Performance: 64.4% - 29 of the 45 eligible referrals started their treatment within 62 days of referral (behind the trajectory of 71.1%).**

- Lung performance decreased from 79.6% in September 2025 to 64.4% in October 2025. Early indications of November performance show recovery back in line with the Lung trajectory.
- Lung navigator posts are being embedded within the service to assist with patient flow through the pathway. The three postholders are supporting the release of Clinical Nurse Specialist clinical time and are facilitating the timely booking of initial CTs and follow up of reports.
- The clinical improvement group for Lung Cancer is being led by the Deputy Medical Director for Acute, the group will map current pathways against the National Optimal Lung Pathway to ensure there is a single agreed NHSGGC pathway in place.

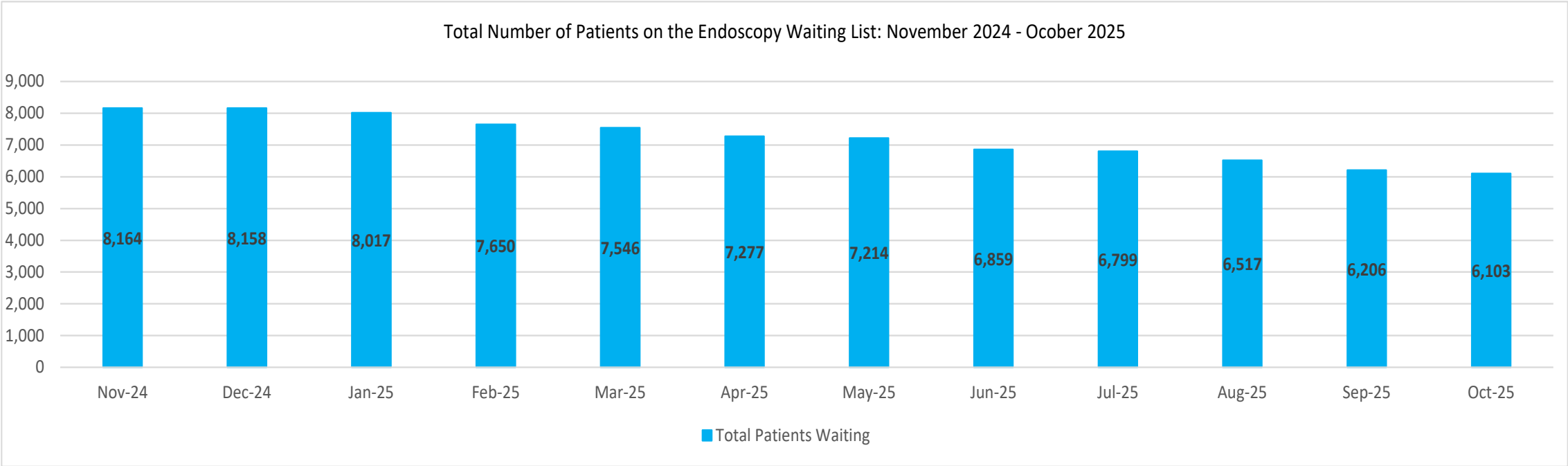
### **Urology – October 2025 Performance: 38.6% - 44 of the 114 eligible referrals started their treatment within 62 days of referral (ahead of the October overall trajectory of 37.9%).**

- Urology performance increased from 27.8% in September 2025 to 38.6% in October 2025. Urology activity was also 19 cases ahead of the October activity trajectory.
- Recruitment is progressing for appointment of four additional Cancer Nurse Specialists, interviews are scheduled on 28 November 2025, once appointed the training period will be 12 months, although some activity will commence sooner. Given the training period required, two locum consultant posts are being sought to bridge this: however there has only been one applicant for these posts.
- Uro-Oncology Outpatient waiting times, and associated Radiotherapy planning time, are under pressure. This service also anticipates a further capacity challenge as diagnostic backlogs are cleared and patients convert to requiring treatment. The service is reviewing internal pathways for patients post MDT and the use of SACT prescribing resource to support the release of Consultant Clinical Oncology time to direct into Radiotherapy planning.
- Additional RALP theatre session commenced October, this will support capacity to match demand; however, further waiting list sessions are required to clear backlog. The service has sought additionality from other NHS Boards, private sector and own staff and continue to drive this additionality.

22. BETTER CARE: Diagnostics – Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

For Information



**Summary**

**Current Position (including against trajectory):**

As at October 2025 month end, there were **6,103** patients on the overall waiting list, representing a further 1.7% improvement on the previous months' position.

**Current Position Against National Position:**

No relevant national position.

**Target for 31 March 2026:**

**For information only - no year end target has been set.**

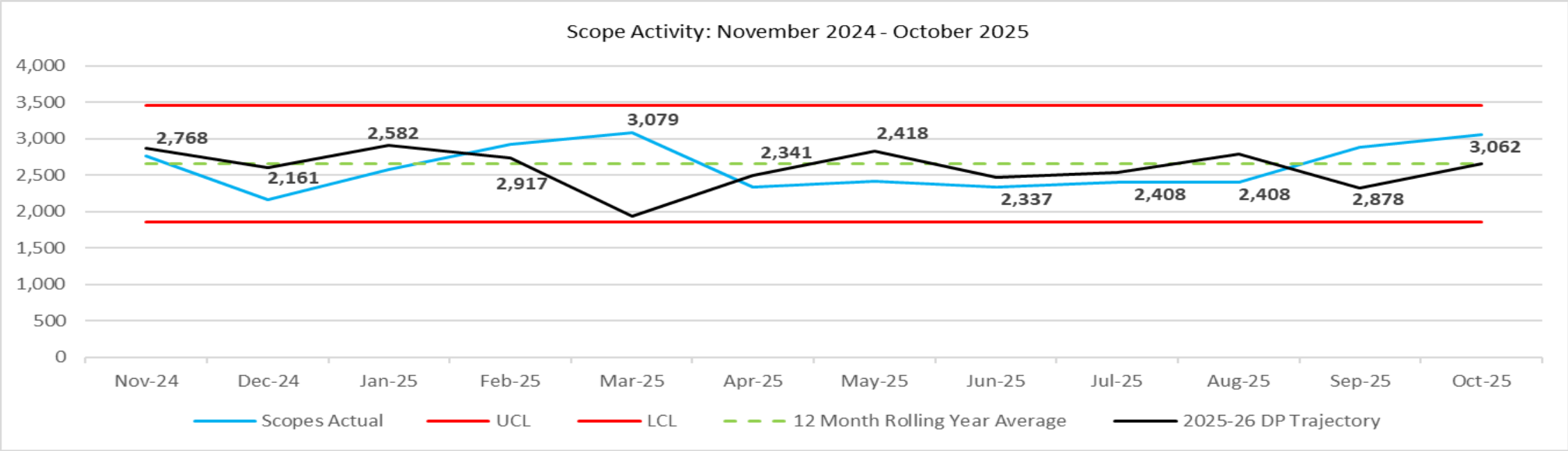
Performance has seen a month-on-month reduction in the number of patients on the endoscopy waiting list with 1.7% fewer patients waiting than the previous month, and the overall waiting list reducing by 25.2% over the past year.

### 23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target  
18,108

Performance  
17,852



#### Summary

**Current Position (including against trajectory):**

A total of **17,852** endoscopies were carried out during April - October 2025, below the 2025-26 DP trajectory of 18,108. **Below trajectory by 1%.**

**Current Position Against National Target:**

No national target relevant.

**Target for March 2026:**

**2025-26 DP target of 31,091 endoscopies to be carried out by March 2026.**

As seen from the chart above, NHSGGC is 1% below the planned activity levels for year to date April - October 2025.

Endoscopy capacity continues to be prioritised for clinically urgent patients. The mobile unit capacity ceased at the end of March 2025. WLIs and increased utilisation of base sessions has supported the continued balance of urgent and long waiting patients. Plans to expand core endoscopy sessions through increase of Transnasal Endoscopy sessions continues to progress. ICT risk assessments have been completed and are awaiting final approval. Changes to Colorectal Cancer referral pathways/Qfit categorisation has been actioned, a review of the impact of this is underway.

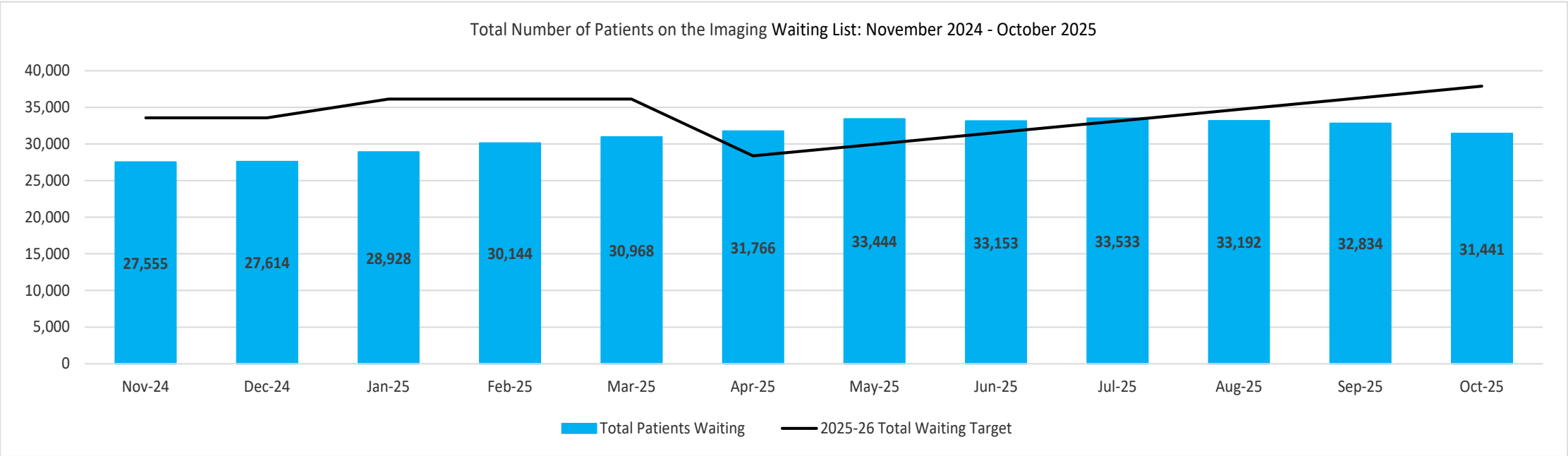


## 24. BETTER CARE: Diagnostics New Outpatient Imaging Waiting List

The number of patients on the new outpatient imaging waiting list

Target  
37,898

Performance  
31,441



### Summary

**Current Position (including against trajectory):**

As at October 2025 month end, there were 31,441 patients waiting on the imaging waiting list, a 4% decrease on the previous months’ position. Within trajectory by 17% for October 2025.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

2025-26 target of no more than 45,820 patients to be on the Imaging Waiting List by March 2026.

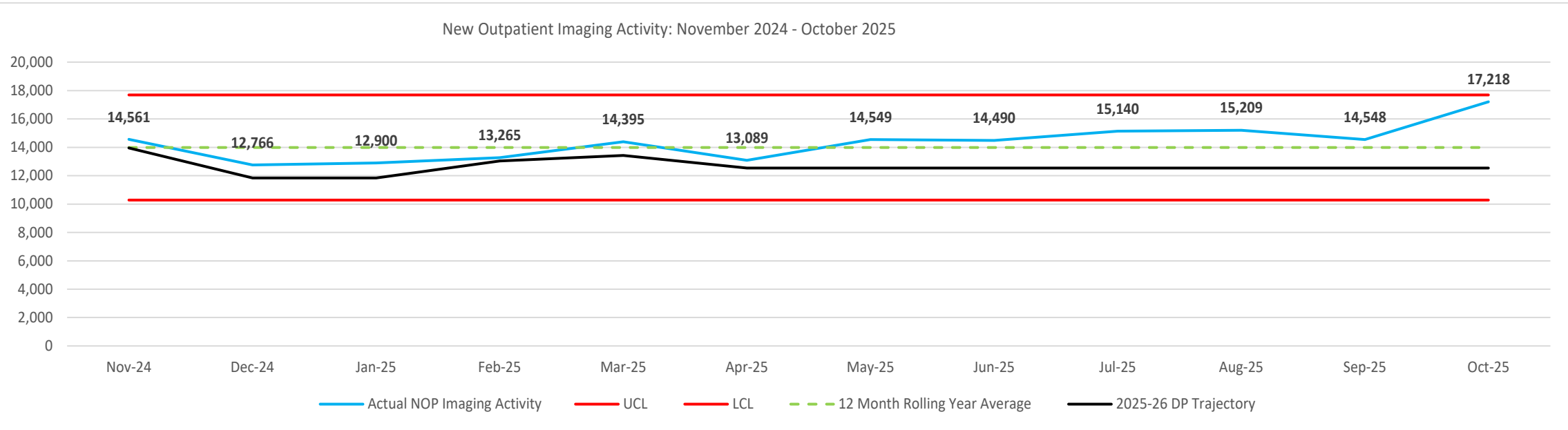
The overall number of patients on the new outpatient imaging waiting list had seen a month on month increase since January 2025, October 2025 is the third month that the numbers have decreased.

## 25. BETTER CARE: New Outpatient Imaging Activity

The number of new outpatient imaging tests carried out

Target  
87,801

Performance  
104,243



### Summary

**Current Position (including against trajectory):**

A total of 104,243 patients were seen during the period April - October 2025, exceeding the 2025-26 DP trajectory of 87, 801 for the period April - October 2025. Exceeding trajectory by 18.7%.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

**2025-26 DP target of 150,521 imaging tests to be carried out by March 2026.**

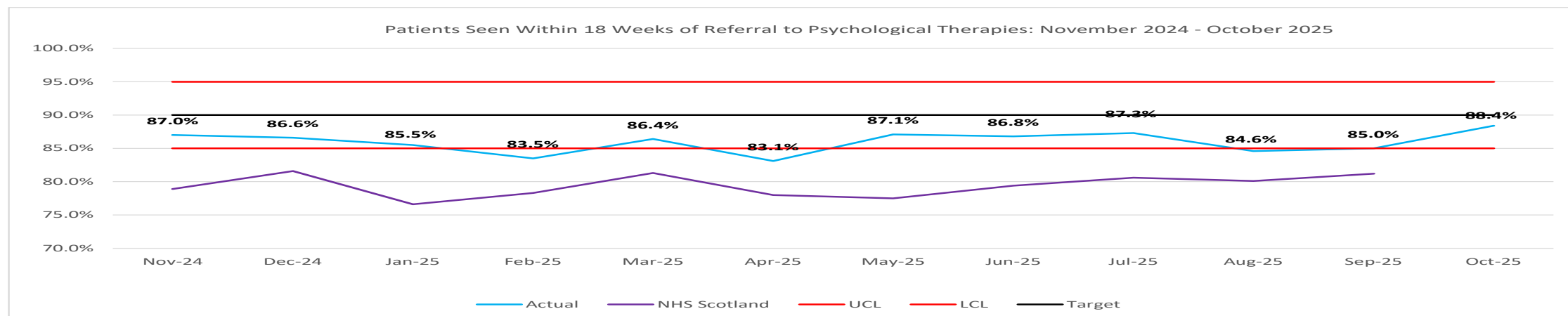
As seen from the chart above, NHSGGC exceeded the planned imaging activity levels providing 16,442 more patients than planned with access to diagnostic imaging.

## 26. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral

*At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment*

**Target**  
**90.0%**

**Performance**  
**88.4%**



### Summary

#### **Current Position (including against trajectory):**

In October 2025, **88.4%** eligible referrals were seen <18 weeks of referral, an increase on the previous months' position of 85.0%. **1.6% below the national target of 90%.**

#### **Current Position Against National Target:**

National Target 90%. Performance for the latest monthly published position (September 2025) was 85.0%, above the national position of 81.2%.

#### **Target for 31 March 2026:**

**Current performance is below the national target of 90%.**

### Key Actions

Actions to improve the position are outlined in the next slide

## 26. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral (continued)

*At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment*

**Target**  
**90.0%**

**Performance**  
**88.4%**

### Key Actions

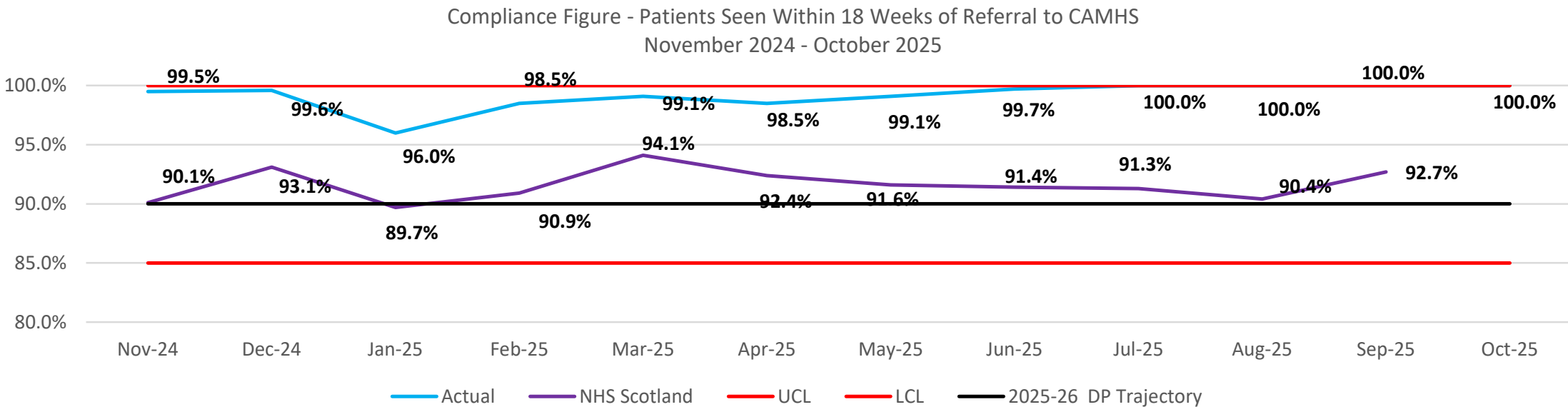
- Current projections continue to outline the challenge is reaching the 90% standard by the end of March 2026. This remains an area of further consideration at the collective Heads of Services meeting and by the Psychological Therapy Professional Lead(s). The 100 plus clinical teams who contribute to delivering the Health Boards psychological therapy service continue to evolve monthly action plans in light of the on-going state of activity and staffing. A significant enablement to the current performance remains aligning current composite policy on in-year recruitment with on-going activity demand.
- Operational leaders and services continue to deliver considered responses to recent challenges. Despite the on-going pressure phased psychology staffing recruitment has on meeting demand whilst contributing to financial goals, the shared ambition of the standard and performance has remained in month extremely high at 88% and within the process control upper and lower range based on the last two years.
- The key issue still continues to be reducing the number of patients waiting more than 18 weeks to begin treatment, and the ability of clinical teams to offer appointments in a timely way.
- Heads of service, professional leads and clinical teams report when long-term vacancies are filled, services are able to reduce these waits by prioritising patients for treatment. Local clinical services also employ localised short-term initiatives. The services' ongoing efforts to prioritise the longest-waiting patients and to initiate Psychological Therapies (PT) for those waiting over 18 weeks continue to include the boardwide digital and group programmes.
- Further pilot study is scheduled post-Christmas on the PHS workforce capacity tool, and this may include the timescale for amending individual clinicians agreed workplans in addition to local managers discussing with clinical leads the managerial/clinical split of clinical capacity. This is an area of work that does not in advance guarantee a reduction in on-going cost pressures.
- Heads of Service and Professional Leads will seek to discuss at the monthly Heads of Service meeting possible horizon shifting to beyond existing team and HSCP catchments. It is recognised identification of additional opportunities to strengthen service delivery with a reduced staffing complement through targeted changes or refinements cross boundary will not reap immediate benefits. This continues to remain an area of on-going monitoring for all Heads of Service for their specific HSCP services and collegiately pan NHSGGC.

27. BETTER HEALTH: Child and Adolescent Mental Health - % of eligible patients starting treatment <18 weeks of referral

At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment

Target  
90%

Performance  
100%



**Summary**

**Current Position (including against trajectory):**

In October 2025, 100% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, exceeding the national target of 90%. Above the 2025-26 DP target by 10%.

**Current Position Against National Target:**

National Target 90%. Performance for the latest quarterly published position (ending September 2025) was 100.0%, above the national position of 92.7%. NHS Scotland figures are published quarterly, with the next publication covering October - December due early 2026.

**Target for 31 March 2026:**

**2025-26 national target of 90%. Currently exceeding the national target.**

Current monthly performance continues to by far exceed the national waiting times target of 90% and NHS Scotland's overall position.

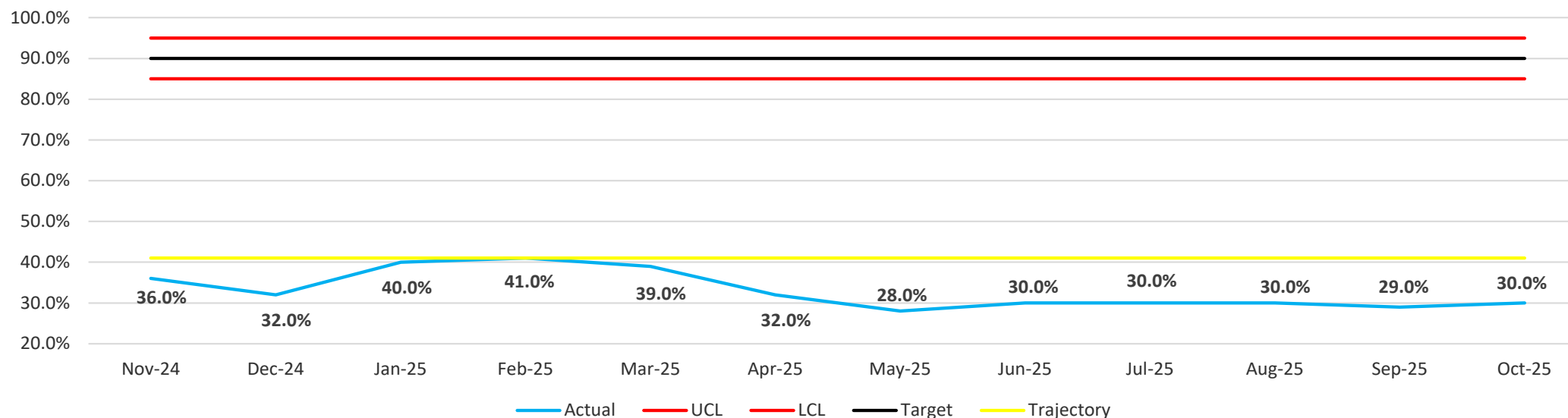
## 28. BETTER CARE: MSK Physiotherapy Waiting Times - % of patients seen <4 weeks

*At least 90% of referrals will wait no longer than 4 weeks from referral to start treatment*

**Target**  
**41.0%**

**Performance**  
**30.0%**

Patients Seen Within 4 Weeks of Referral to MSK Services: November 2024 - October 2025



### Summary

#### **Current Position (including against trajectory):**

In October 2025, **30.0%** of patients were seen within four weeks, marginally increasing compared to last month's position and below the trajectory of 41%. This figure relates to the percentage of urgent referrals seen. The percentage of patients seen within four weeks will not vary greatly (as they comprise the urgent referrals) until the routine waiting times are closer to the four-week target.

#### **Current Position Against National Target:**

Performance for the latest available national published position (ending March 2025) is 65%, above the national position of 48%.

#### **Target for 31 March 2026:**

41% by March 2026 (trajectory reflects referral rates being higher than the previously agreed trajectory).

Actions to increase activity and reduce the number of long waiting patients are outlined on the next slide.

## 28. BETTER CARE: MSK Physiotherapy – Actions to Increase Activity and Reduce Waiting Times

### Context and Actions

Overall compliance with the national target in October 2025 is challenged in the main due to ongoing rising demand and vacancy levels. In addition, the service continues to release 0.9 wte to support orthopaedic spinal waiting times. This is in addition to previous loss of sessional commitment provided by Ortho APPs (0.8 wte which has never been replaced). The two combined equate to a loss of almost 1,000 new patient appointments in one year. These factors have combined to impact on new patient capacity. Demand has risen by 20% over the last two years but workforce has remained static. Access monies now cover 1.5 wte Agency staff which covers some but not all staffing gaps. The support of Orthopaedics has been extended until end March 2026 as a Board priority.

The service has previously been able to ensure that all urgent referrals are seen within the four-week target (approximately 42% of total referrals are clinically prioritised as urgent). However, the rise in overall demand means that urgents continue to take up an increasing number of available new patient appointment slots. Over the last three months appointing all urgent referrals within three weeks has been challenging and the service continues to take action to rectify this. Breaches are highlighted to the MSK management team, and they ensure patients are appointed with no clinical detriment. This involves converting routine appointments to urgent and therefore routine waiting times have risen (maximum wait 18 weeks).

Healthcare Improvement Scotland (HIS) have supported MSK Physiotherapy service with a seven-week sprint Quality Improvement model to support waiting times work. The HIS team supported three projects all aimed at improving access and increasing service efficiency. The three projects are: Patient Initiated Review; Empowerment of patient at point of referral (Netcall evaluation); and the spread of Osteo Arthritis pathways work. These tests of change are small scale initially as advised by HIS (to have a purist QI approach). The data is being collected to support plans to spread the approach over the next few months.

Return slots not utilised continue to be merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. The service is considering further improvement actions.

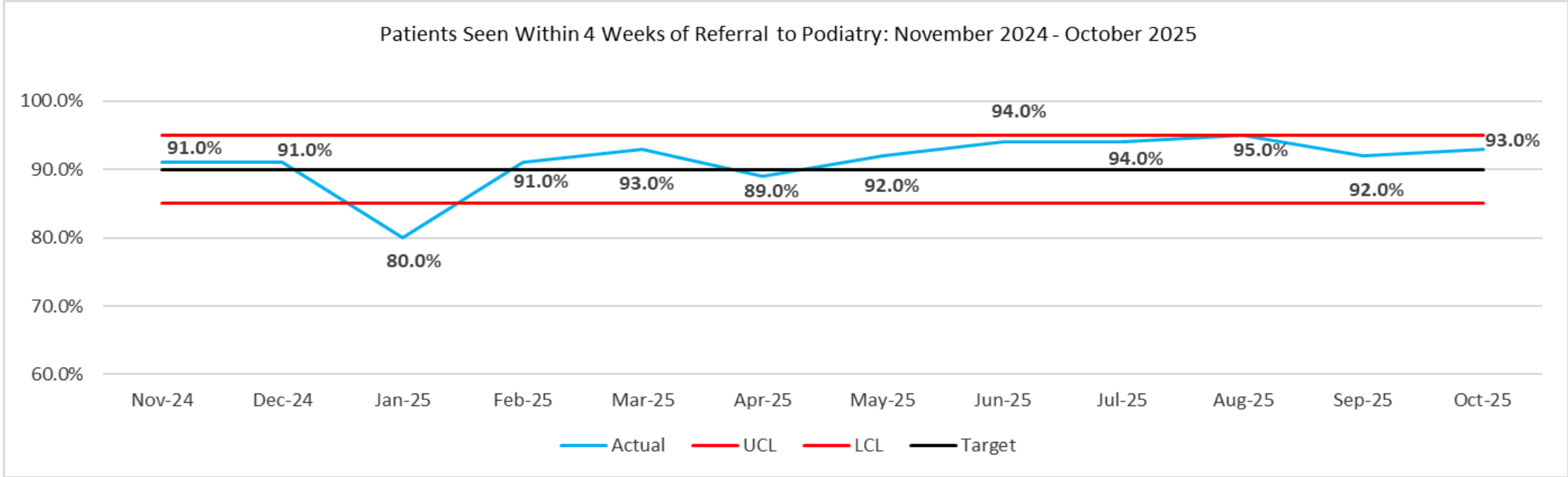
The new PHS website data shows that MSK Physiotherapy service in NHSGGC has significantly higher referral rates per 100,000 population than other Boards which demonstrates that services remain accessible to the population as a whole.

29. BETTER CARE: Podiatry Waiting Times: % of patients seen <4 weeks

At least 90% of clients will wait no longer than 4 weeks from referral to start treatment

Target  
90%

Performance  
93%



**Summary**

**Current Position (including against trajectory):**

93% of eligible podiatry patients were seen <4 weeks of referral in October 2025, a slight increase on the previous months' position and above national target by 3%.

**Current Position Against National Target:**

No national position available.

**Target for 31 March 2026:**

Target of 90% (national target). Performance is above the national target of 90%.

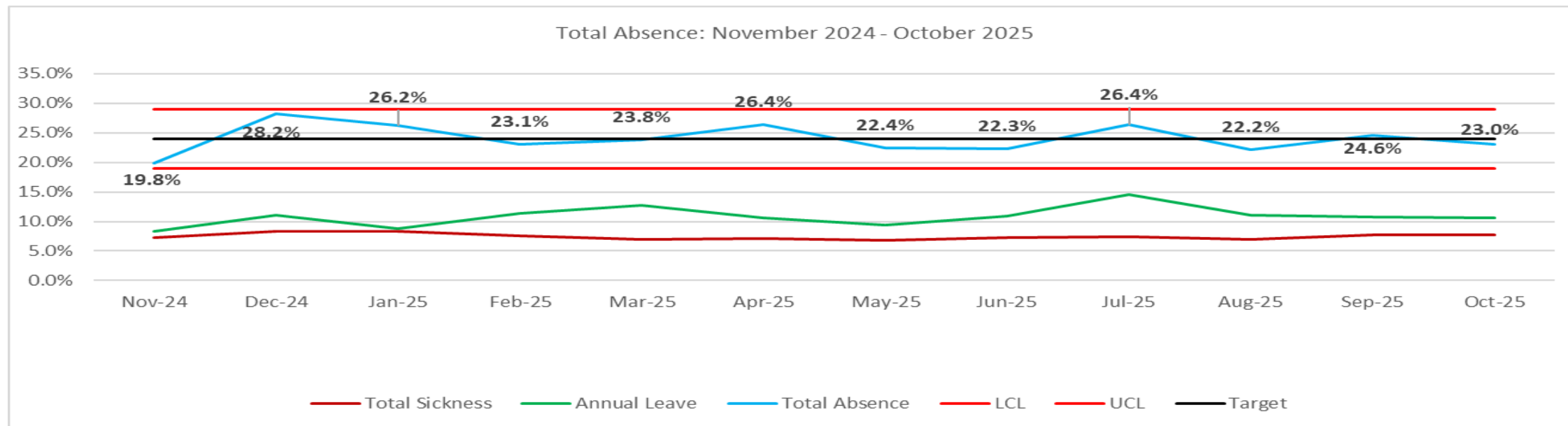


## 30. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

**Target**  
**24.0%**

**Performance**  
**23.0%**



### Summary

#### Current Position:

During October 2025, overall absence across NHSGGC was 23.0%, a decrease on the 24.6% reported the previous month. The highest levels of absence across NHSGGC are due to annual leave (10.6%, down from 10.7% the previous month) and sickness absence (7.8%, up from 7.7% the previous month).

#### Current Position Against National Target:

No relevant national target.

#### Target for 31 March 2026:

No projection has been agreed.

Actions to address sickness absence are outlined on the next slide.

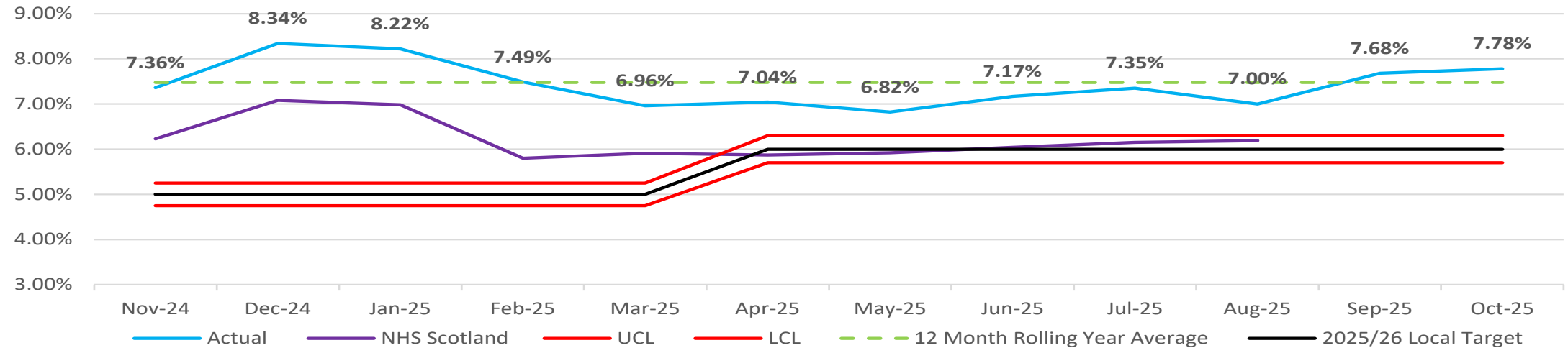
31. BETTER WORKPLACE: Staff Sickness Absence Rate

Reduce sickness absence percentage to meet local target of 5%

Target  
6.0%

Performance  
7.78%

Sickness Absence Control Chart: November 2024 - October 2025



**Summary**

**Current Position (including against trajectory):**

Current performance of 7.78%, is an increase on the 7.68% reported the previous month and above the 2025-26 DP target of 6.0%.

**Current Position Against National Target:**

Above national average of 6.19% for August 2025.

**Target for 31 March 2026:**

2025-26 target of 6% and national target of 4%. Current performance is above both targets.

**Key Actions**

We are committed to improving sickness absence rates across all levels of our organisation. The Board's Absence Action Plan focuses on enhancing wellbeing, refining attendance management, and fostering a supportive work environment. Our initiatives are designed to provide strategic support and direction, ensuring a holistic approach to employee wellness. Safety, Health, and Wellbeing form one of the four pillars underpinning our Workforce Strategy 2025-2030. This strategy is bolstered by a robust action plan dedicated to improving the wellbeing of our workforce. Directorates have established targeted programs and support systems, empowering staff with the tools they need to sustain attendance at work. Locally, teams are taking proactive measures, including regular monitoring and personalised employee support. These combined efforts strive to reduce sickness absence and cultivate a healthier, more resilient workforce. A proposal will be taken through relevant governance routes in December which recommends increased HR support for managers and employees and is aimed at significantly reducing sickness absence levels across NHSGGC. In parallel a proposal has been developed to increase admin support within wards to support attendance management.

## 32. Rationale For Control Limits Applied

RATIONALE				
BETTER HEALTH				
No	Measure	Targets	Control Limits	Slide Number
1	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	National Target	Based on 5% variance from target	6
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
2	Unscheduled Care: A&E 4 Hour Waits	2025-26 Whole System Plan Target	Based on 5% variance from trajectory	7
3	Unscheduled Care: A&E Attendances	Local Target (To be agreed)	Not Applied	8
4	Delayed Discharges: Number of Acute Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	12
5	Delayed Discharges: Number of Acute bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	15
6	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	17
7	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	19
8	Total number of Delayed Discharges per 100,000 adult population	National Target		21
9	GP Out Of Hours Activity	For Information	Not Applied	22
10	GP Out Of Hours: % of Scheduled Shifts Open	Local Target	Based on 5% variance from target	23








## 32. Rationale For Control Limits Applied

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
11	Number of patients on the New Outpatient Waiting List	For Information	Not Applied	24
12	Number of New Outpatients Waiting >78 weeks	For Information	Not Applied	25
13	Number of New Outpatients Waiting >52 weeks	2025-26 DP Target	Not Applied	26
14	New Outpatient Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	27
15	Number of patients on the TTG Waiting List	For Information	Not Applied	29
16	Number of TTG Patients Waiting >104 weeks	For Information	Not Applied	30
17	Number of TTG Patients Waiting >78 weeks	For Information	Not Applied	31
18	Number of TTG Patients Waiting >52 weeks	2025-26 DP Target	Not Applied	32
19	TTG Inpatient/Daycase Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	33
20	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	National Target / 2025-26 DP Target	Based on 5% variance from target	35
21	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target / 2025-26 DP Target	Based on 5% variance from trajectory	36
22	Diagnostics: Endoscopy Waiting List	For Information	Not Applied	39
23	Diagnostics: Endoscopy Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	40
24	Diagnostics: Imaging Waiting List	For Information	Not Applied	41
25	Diagnostics: Imaging Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	42

## 32. Rationale For Control Limits Applied

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
26	Access to Psychological Therapies - % eligible referrals starting treatment	National Waiting Times Target	Based on 5% variance from target	43
27	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	National Waiting Times Target	Not Applied	45
28	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Waiting Target	Based on 5% variance from trajectory	46
29	Podiatry Waiting Times - % of patients seen <4 weeks	National Waiting Times Target	Based on 5% variance from target	48
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
30	Staff Absence (Total)	Local Target	Not Applied	49
31	Staff Sickness Absence Rate	National / Local Target		50
31	Short Term Absence Rate	Local Target	Based on 5% variance from target	50
31	Long Term Absence Rate	Local Target	Not Applied	50
BETTER VALUE				
No	Measure	Targets		Slide Number
32	Rationale for Control Limits Applied			51

## Appendix – Winter Preparedness

Priority		Progress
	Whole System Escalation & Decompression Huddles via FNC+	<p>Whole System Escalation &amp; Decompression Huddles established System reset in place 20 November - 1 December. Week performance 16/11/25 (trajectory) (HIC Dashboard)</p> <ul style="list-style-type: none"> <li>• Pre-midday discharges 15.6% (30%)</li> <li>• PDD Accuracy 78.7% (90%)</li> <li>• Weekend Discharges 8.7% (12.3%Inc) Saturday; 6.0% (10%) Sunday</li> <li>• Bed Occupancy 96.1% (93%)</li> </ul>
	Interface - Expand our Virtual Hospital bed capacity & FNC+ moves to 24/7	<p>Interface Update (week 24/11/25)</p> <ul style="list-style-type: none"> <li>• Bed days avoided per week: <ul style="list-style-type: none"> <li>• OPAT - 436. Above national trajectory</li> <li>• CBYC, Discharge to scan Headache, Hypertension - 56</li> </ul> </li> </ul>
	Protecting Planned Care and Cancer Services	<p>Slide 26 - Slightly above ADP trajectory of patients waiting over 52 weeks for new outpatient. Slide 29 - 1.3% reduction on TTG waiting list Slide 36 – 71.8% performance 62 days target compared to trajectory of 70.2%</p>
	Implementing the Urgent Care and Improving Flow Commission High Impact actions	<p>Week performance (6/11/25) (HIC Dashboard)</p> <ul style="list-style-type: none"> <li>• 66.2% four hour target</li> <li>• Reduction on average emergency admissions</li> <li>• ED average attend to triage 27mins (trajectory 20mins)</li> <li>• ED average attend to first assess 106mins (trajectory 120mins)</li> </ul>
	Implementing and maximising the winter Flu and Covid 19 booster programme	<p>Slide 6 - 44% eligible population have had COVID vaccination, (above Scottish average 33% only two boards higher rate). 21.5% of adult population and 31.3% of children have received flu vaccinations - engagement programmes ongoing to increase uptake.</p>
	Workforce resilience & Staff Wellbeing	<p>Slide 49 - Staff absence 23% compared to 24% target</p>
	Reducing bed days and reduce the need for surge capacity- reduction in overall length of stay and reducing patients in delay.	<p>Emergency average length of stay 7.9 days compared to trajectory 7.7 Slide 21 - Delays per 100k adults 44.6 above target 34.6</p>

### **Key Highlights**

- Increasing number of virtual pathways
- Improving position in planned care
- Third highest rate in Scotland of COVID vaccinations within eligible population:
  - *above Scottish average for children's flu vaccinations, below average for adult flu with engagement programmes to increase uptake ongoing*
- Staff absence rates at target level
- Expected improvements in the next report:
  - *Increased number of virtual pathways active*
  - *Impact of System Reset*
  - *Improving Cancer performance*

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/160</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>18 December 2025</b>
<b>Title:</b>	<b>Cancer Performance Report</b>
<b>Sponsoring Director:</b>	<b>William Edwards, Deputy Chief Executive</b>
<b>Report Author:</b>	<b>Susan Groom, Director Regional Services</b>

## 1. Purpose

The purpose of this paper is to provide a briefing on the current cancer performance, and actions being taken to meet the cancer trajectories by the end of March 2026

## 2. Executive Summary

The 62 day cancer performance has shown improvement against the trajectories rising from 68.4% in September 2025 to 70.9% in October 2025. Provisional data for November 2025 shows a further increase to 73.2%. This level of performance is at the highest level since August 2022 and had not been above 70% between August 2022 and October 2025.

## 3. Recommendations

The Finance, Planning & Performance Committee is asked to note the improvements in the cancer performance and the actions underway through the tumour clinical improvement groups to ensure that the trajectories are met.

## 4. Response Required

This paper is presented for assurance.



## 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Neutral</u> impact  |
| • Better Workplace     | <u>Neutral</u> impact  |
| • Equality & Diversity | <u>Neutral</u> impact  |
| • Environment          | <u>Neutral</u> impact  |

## 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- Directors Group 2 – 1 December 2025
- Finance Planning and Performance Committee – 11 December 2025

## 7. Governance Route

This paper has been previously considered by the following groups as part of its development: None

## 8. Date Prepared & Issued

Paper prepared on: 3 December 2025

Paper issued on: 4 December 2025

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/160</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>18 December 2025</b>
<b>Title:</b>	<b>Cancer Performance Report</b>
<b>Sponsoring Director:</b>	<b>William Edwards, Deputy Chief Executive Russell Coulthard, Deputy Chief Operating Officer</b>
<b>Report Author:</b>	<b>Susan Groom, Director Regional Services</b>

## 1. Introduction

The purpose of this paper is to provide an update on the current cancer performance, and actions to improve performance that were outlined in the paper in October 2025.

The table below sets out the performance trends over the past three month in the 62-day performance against the target. The November position is an interim position and subject to further improvements through data validation and patients where pathology is still to be confirmed. Final figures will be available after submission to Public Health Scotland on 19<sup>th</sup> December

Tumour Type	September		October		November (as at 03.12.25)		% Change
	Trajectory	Performance	Trajectory	Performance	Trajectory	Performance	
Breast	98.3%	98.1%	98.5%	97.7%	98.2%	96.7%	-1.4%
Colorectal	64.0%	71.4%	70.0%	73.2%	70.0%	63.0%	-8.4%
Head & Neck	68.8%	58.3%	72.2%	61.1%	73.7%	59.3%	1.0%
Lung	71.1%	79.6%	71.1%	64.4%	80.0%	88.9%	9.3%
Lymphoma	75.0%	85.7%	87.5%	80.0%	87.5%	44.4%	-41.3%
Melanoma	88.0%	78.9%	85.7%	92.3%	88.9%	78.6%	-0.3%
Ovarian	66.7%	80.0%	66.7%	33.3%	66.7%	44.4%	-35.6%
Upper GI	62.0%	71.4%	63.3%	77.1%	78.8%	82.1%	10.7%
Urology	37.9%	27.8%	37.9%	38.6%	47.4%	42.4%	14.6%
Cervical	20.0%	25.0%	33.3%	20.0%	37.5%		
<b>Total</b>	<b>70.2%</b>	<b>68.4%</b>	<b>71.8%</b>	<b>70.9%</b>	<b>74.1%</b>	<b>73.2%</b>	<b>4.8%</b>

The 62 day performance is at its highest level since September 2021 and had not been above 70% between September 2022 and October 2025. Cancer performance

has improved over the period in head & neck, lung, upper GI and urology. These tumour types account for 48% of the overall 62 day cancer activity. Urology performance was last above 40% in August 2022. Lymphoma and gynaecology show significant decreases; however the volume of patients treated is 9 for each tumour type; therefore percentages are more sensitive.

## 2. Background

The 62 day cancer performance has been challenged with delays across the diagnostic pathways due to the increased USOC referral rates.

Given the Board's cancer performance, a series of improvement actions have been taken forward including tumour type improvement actions, review of the cancer performance team and external review by CfSD, Scottish Government and NHS Lanarkshire. This paper provides an update on these actions and their impact.

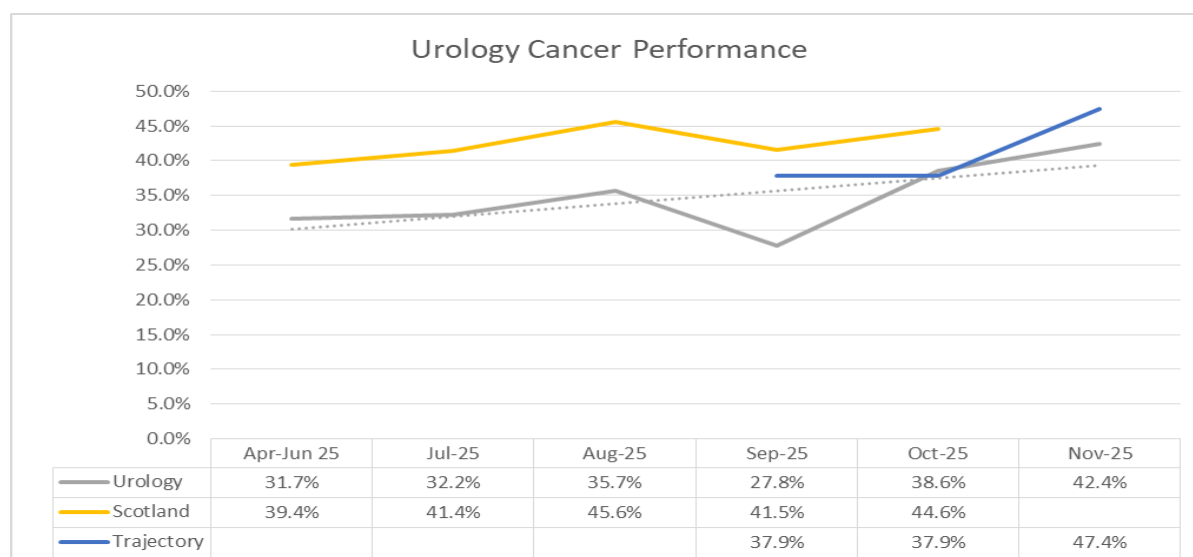
## 3. Assessment

### Tumour Type Improvement Actions

#### Urology

Urology cancer activity is high and accounts for approximately 25% of the total activity on the 62 day pathway. Therefore, there has been considerable focus on this area to make improvements. The cancer pathways for prostate and bladder cancer have been reviewed and benchmarked to other high performing centres and action taken to ensure that the staffing profile is in line with the demand for these cancer types.

The current 62 day performance for urology is detailed below.



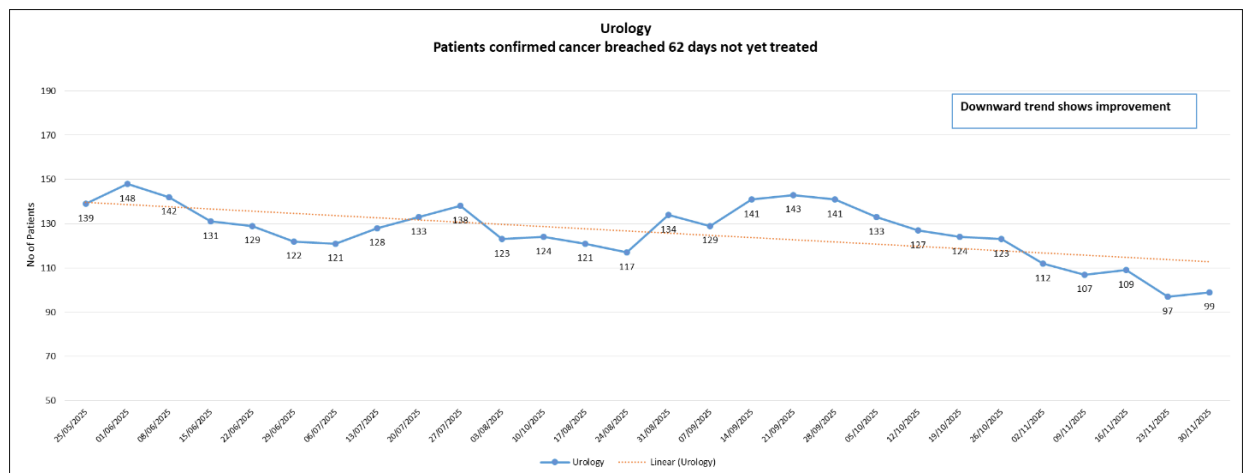
There is a slow upward trend in urology performance from April 25. This slow improvement plan was expected and recognised in the trajectories that were set from September 2025 onwards. Urology has seen a significant increase in cancer activity and this has led to a backlog in the number of patients diagnosed but not yet treated.

## BOARD OFFICIAL

The actions that are leading to this improved performance trend are:

- Vetting direct to MRI which is embedded in North/ Clyde sectors and anticipated to be embedded in South sector in December 2025
- The RALP theatre capacity has been expanded from 27<sup>th</sup> October 2025
- Increased clinic provision has been undertaken to reduce waiting times following MDT appointment in surgery and oncology
- Enhanced tracking and escalation procedures in place

The March 2026 trajectory has been set at a challenging level of 80%. To ensure this target is met, a key challenge is to clear the backlog of patients who have already breached the 62 day target and are awaiting treatment. With the increased demand in urology, notably in prostate cancer, the backlog in this area was substantial, peaking at 143 patients on 21<sup>st</sup> September 2025 and has now fallen to 99 patients on 30<sup>th</sup> November 2025. The graph below shows the reducing trend in the backlog; which is keeping performance at a lower level in the current months.

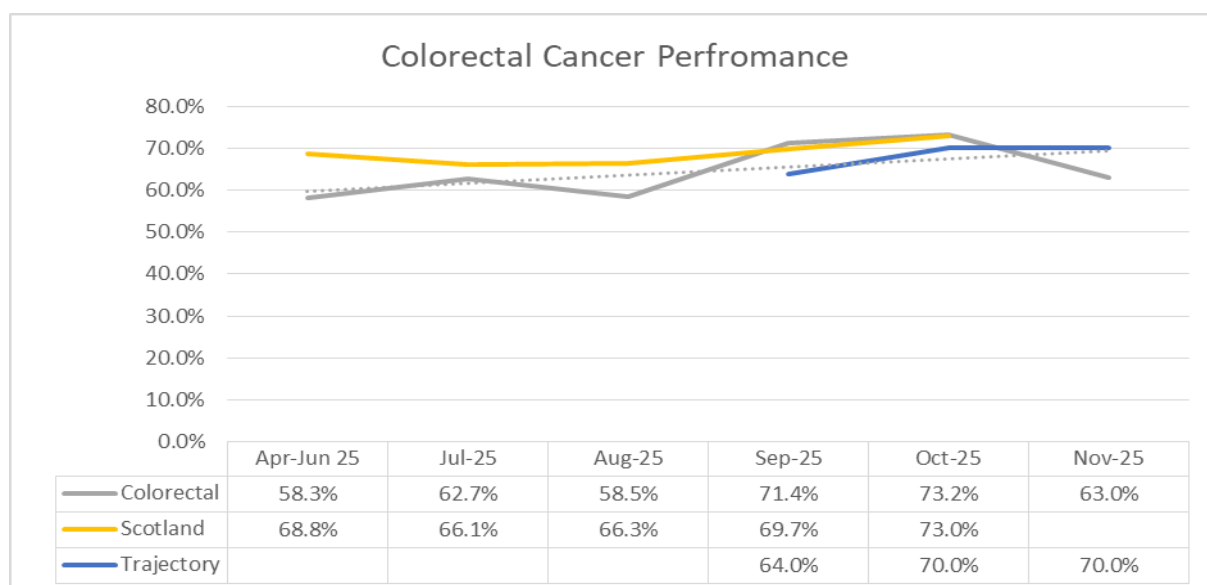


## Colorectal

Colorectal cancer is also a high volume specialty with increases in demand and a significant backlog of patients waiting over 62 days who had not yet been diagnosed. The Optimal Pathway for Colorectal Cancer was published this year and changes were introduced in the referral guidance in relation to qFIT scoring which would assist with the management of demand.

The trend in the 62 day performance for colorectal is detailed overleaf.

## BOARD OFFICIAL



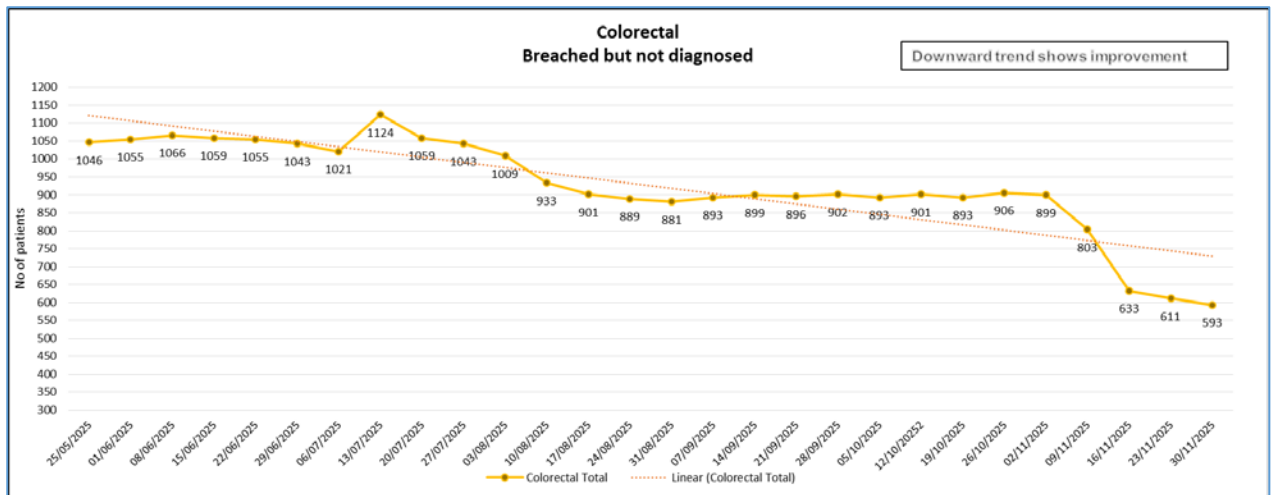
The trend line shows the continued improvement in colorectal cancer performance. Performance was consistently tracking below the Scottish position until September 2025. The performance in September and October is also tracking above trajectory. The provisional November data shows a fall in performance to 63%. Activity in November is currently below that expected at 46 patients against a trajectory of 60 patients. Further work is ongoing to ensure all activity has been included and that data validation has been completed. There are also 3 patients where pathology results are awaited and these may be excluded from the monthly performance figure.

The actions taken to support this improvement have included the outsourcing of CT colon reporting from August 2025 and has reduced request to report times from a median of 30 days to 7 days. Funding to support the sustainable in house solution of training for radiologists in this area was received in September 2025 and this is progressing as planned.

Additional surgical capacity for 30 colorectal patients at the Golden Jubilee National Hospital commenced in October 2025. This is being used for benign cases to provide additional in-house capacity for the colorectal team for cancer patients.

The March 2026 trajectory is set to improve the performance further to 80%. The updated action plan at Appendix 1 describes the further actions underway to ensure that this trajectory is met.

The impact of the qFIT changes and validation work on the undiagnosed backlog of patients has led to a significant reduction in the number of patients being tracked on this pathway. The clearance of this backlog ensures that the services are focused on the correct patients and escalating actions appropriately. The table overleaf shows the trend in the undiagnosed patients from May 2025 onwards, with a peak in patients in July at 1124 and reducing to 593 patients on 30<sup>th</sup> November.



### Cervical/ Ovarian

Performance across both these cancer types remains low; with compliance for October 2025 at 20.0% for cervical cancer (5 patients treated in month) and 33.3% for ovarian cancer (3 patients treated in month).

The service maintains strong performance on the 31-day cancer pathway; however, challenges persist in meeting the 62-day standard, primarily due to delays in achieving the two-week turnaround for USOC appointments. Progress has been made since October by switching activity including waiting list clinics to USOC. Waiting times for general gynaecology have reduced from 16 weeks to 12 weeks, one-stop gynaecology have reduced from 20 weeks to 19 weeks and the 2 week wait for colposcopy has been maintained.

To achieve a significant reduction in the one-stop and general gynaecology clinics, the service has been working on a redesign pathway to fast-track a pre-selected cohort of patients straight to scan, bypassing general and one-stop gynaecology referrals where appropriate. This initiative has now started at weekends and work is ongoing with radiology to provide base sessions during the working week.

The gynaecology service also focused on waiting time pressures, including cancer at the recent Hackathon 3 event with a dedicated session. Together with programmed work through Transforming Together, further actions are being developed to improve the overall gynaecology waiting times and service delivery.

### Cancer Performance Team Improvement and External Scrutiny

The Board continues to drive improvement in cancer tracking and escalation processes. New standing operating procedures are now in place to support the tracking team. A training needs assessment has been completed and a program of targeted training is in place. An experienced Cancer Service Manager for cancer performance commenced on 3<sup>rd</sup> November 2025 and this will assist in embedding the new practices. Work with CfSD and Scottish Government is now targeted at ensuring that NHS GGC has access to best practice models and learning from other Board areas.

#### **4. Conclusions**

The 62 day cancer performance is showing improvement from September 2025 with further actions underway to meet the challenging trajectories that have been set. The provision 62 day performance of 73.2% for November 2025 is at its highest level since September 2021 and performance had not been above 70% between September 2022 and October 2025.