

NHS Greater Glasgow and Clyde	Paper No. 25/161
Meeting:	NHSGGC Board Meeting
Meeting Date:	18 December 2025
Title:	Integrated Performance and Quality Report
Sponsoring Director:	Michael Breen, Director of Finance
Report Author:	Stuart Donald, Head of Performance

1. Purpose

The purpose of the paper is to:

- Seek approval for the implementation of the Integrated Performance and Quality Report (IPQR) as a core element of NHSGGC Board assurance and governance.
- Note that ongoing development and continuous improvement of the IPQR will be led by the Performance Team, in liaison with a number of stakeholders including Executive Leads, Corporate Management Team and Board members.

2. Executive Summary

- The IPQR proposal paper included as Appendix 1 can be summarised as follows.

Background:

The Integrated Performance and Quality Report (IPQR) will bring together operational, financial, clinical, care, and corporate governance measures into a single, accessible report which the purposes of improving assurance, clarity, and oversight.

Development:

The IPQR while retaining all core Assurance Framework performance measures also includes a number of new performance measures. The IPQR performance framework of key measures as presented has been endorsed by Executive

BOARD OFFICIAL

Directors, Corporate Management Team and a working reference group drawn from both Executives and Non-Executives.

Committee Oversight:

At this stage, it is proposed that the IPQR should be presented for the purposes of governance and assurance to:

- NHSGGC Board
- Finance Planning and Performance Committee
- Population Health and Wellbeing Committee
- Clinical and Care Governance Committee
- Staff Governance Committee

Practical Use of IPQR

The IPQR serves as an integrated reference point for scrutiny and decision-making.

Each IPQR measure is assigned a lead committee and responsible Executive ensuring accountability. Committees will receive the full IPQR for context but focus on measures within their remit and responsibilities set. Some IPQR measures will also appear in other statutory or Board reports.

Further details on the proposed IPQR measures, lead committee and lead director are included within Appendix 2.

Implementation:

The first full IPQR for December 2025 will be produced for NHSGGC Board review at the February 2026 meeting. Prior to the NHSGGC Board meeting in February 2026 the December IPQR will be reviewed by the Corporate Management Team at their February meeting.

- Significant work has been undertaken to consider the structure and format of the proposed IPQR e.g. the IPQR has been built on a Power BI dashboard structure which provides better consistency and quality assurance processes than the existing Excel document. Also, the readability and format have been considered through a number of iterations. Appendix 3 provides Board members with a sample of pages to consider the proposed IPQR Look and Feel

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Approve the proposal for implementation of an IPQR as outlined in Appendix 1, with the first full version to be presented to the next NHSGGC Board meeting on 26 February 2025

4. Response Required

This paper is presented for approval.

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 - supports improved oversight.
Better Care	<u>Positive</u> impact - supports improved oversight.
Better Value	<u>Positive</u> impact - supports improved oversight.
Better Workplace	<u>Positive</u> impact - supports improved oversight.
Equality & Diversity	<u>Neutral</u> impact - no direct impact identified.
Environment	<u>Neutral</u> impact - no direct impact identified.

6. Engagement & Communications

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

- Consultation with relevant Directors and leads.
- Corporate Management Team
- Reference Group of Executive and Non-Executive Directors

7. Governance Route

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

- Reference Group of Executive and Non-Executive Directors – 18 November 2025 and 1 December 2025
- Corporate Management Team – 8 December 2025

8. Date Prepared & Issued

Paper prepared on: 2 December 2025

Paper issued on: 10 December 2025

Appendices

- Appendix 1 - IPQR Proposal Paper
- Appendix 2 - Proposed IPQR measures, lead committee, and lead director
- Appendix 3 - Sample IPQR Look and Feel

Integrated Performance and Quality Report (IPQR) Proposal

1. Background

Within the current reporting framework of the Board, there are separate reporting routes for operational performance, finance, clinical and care governance, and corporate governance, which can make it challenging to consider and understand overall organisational performance.

Moving to an Integrated Performance and Quality Report (IPQR) will bring these elements together into a single, cohesive report.

The IPQR approach offers clear benefits including:

- Improved assurance by presenting operational, quality, clinical governance, corporate, and financial measures side by side.
- Greater clarity and accessibility for decision-makers, reducing duplication and ensuring consistency across governance groups.
- Enhanced ability to track progress against organisational priorities and provide a more meaningful overall view of how services are performing, not just what is being delivered.

The IPQR will support enhanced scrutiny and oversight and ensure that operational performance is considered alongside quality, safety, and resource use.

2. Development of the IPQR

The IPQR has been developed based on the model used by a number of other NHS Scotland Boards. All existing performance assurance framework measures are proposed to be retained within the IPQR. Proposed additional finance, quality, clinical and care governance and corporate governance measures have been agreed with relevant Directors based on what additional measures are proportionate and where verified data is routinely available.

While developing the measures for inclusion in the IPQR, the Performance Team have also taken the opportunity to revise the look and feel of the report, moving away from the largely spreadsheet and slide approach of previous years to a refreshed look and feel which also significantly reduces processing time and scope for human error in generation of data and visuals by using structures within Power BI.

The proposed IPQR measures are outlined at Appendix 2, and a sample of the proposed look and feel of the IPQR pages is included at Appendix 3

A Reference Group made of Executive and Non-Executive Directors was established to provide guidance and consideration into the development of the IPQR. The Reference Group met on two occasions - 18 November 2025 and 1 December 2025,

to consider the proposed format, measures, reporting cycle, use of verified against unverified data sources, and onwards governance arrangements.

Feedback from the Reference Group has been positive, with support for the proposed look and feel and proposed measures. In addition, a number of stakeholders have emphasised the need for concise narrative, and clear definitions of key performance indicators.

The Reference Group have also considered the proposal that the IPQR should be presented to the NHSGGC Board, Finance Planning and Performance Committee, Population Health and Wellbeing Committee, Clinical and Care Governance Committee, and Staff Governance Committees, as the respective lead committees for the measures within the IPQR.

The Reference Group also challenged the timelines around IPQR production and whether there were opportunities within existing systems to adopt more agile, up to date reporting by closing the production timeline by using more management information related data sources, rather than the current system of only reporting verified data. Having considered the risks inherent with using unverified local management information to only slightly accelerate the reporting time, the Reference Group are content that the current process of using verified data should continue.

As is current practice, time lag of data availability will continue to be mitigated by a verbal update being provided on the latest position on key measures 'as at' dates of NHSGGC Board or Committee meetings. Members also retain the right to request more detailed updates and briefings on areas of focus (for example where a performance area is consistently below trajectory or control limits) over and above the IPQR process.

Based on the above, following the end of each reporting month, the IPQR will be finalised by around the 27 of the following month (e.g. December 2025 IPQR will be finalised around 27 January 2026). The IPQR will be available for the next CMT meeting normally within the first week of the month, and then will move onwards to the relevant Board or Committee(s) from that date. This will be mapped out fully following approval of both this proposal and the Board's Annual Cycle of Business.

3. Practical Use of IPQR

For every measure included in the IPQR, a lead Committee and lead Executive are identified, as detailed in Appendix 2, ensuring accountability and clarity in oversight.

It is proposed that Committees will receive the full IPQR to provide comprehensive context for their discussions but are expected to focus primarily on the measures that fall within their specific remit. This targeted approach allows committees to concentrate on their areas of responsibility while still benefiting from the broader organisational perspective the IPQR provides.

It is important to note that some measures within the IPQR are also included in other statutory or Board reports, such as the HAIRT. The inclusion of these measures in the IPQR does not replace or discontinue the requirement for these separate reports; rather, it enhances visibility and coherence across reporting streams. Committees and the Board will continue to receive all necessary reports as required, with the

IPQR serving as an integrated reference point to support effective scrutiny and decision-making.

4. Implementation and Continuous Improvement

Upon approval of this proposal, the Performance Team will take forward the necessary steps to produce the first full IPQR by late January 2026, for review by the NHSGGC Board in February 2026.

5. Conclusion

The introduction of the Integrated Performance and Quality Report marks a significant step forward in strengthening the NHSGGC's approach to assurance, governance, and continuous improvement. By bringing together key performance and quality measures into a single, accessible report, the IPQR will enable more effective scrutiny, clearer accountability, and better alignment with organisational priorities.

The collaborative development process, involving input from Executive, Non-Executive Directors and other stakeholders, has ensured that the IPQR will be both robust and responsive to the needs of the Corporate Management Team, NHSGGC Board and Committees.

Approval of this proposal will allow the Performance Team to move forward with implementation ahead of February 2026 NHSGGC Board meeting. The ongoing principle of continuous evaluation will ensure that the IPQR remains fit for purpose and continues to evolve in line with feedback and user experience.

IPQR Current and Proposed Measures

Appendix 2

IPQR Current and Proposed Measures

Business Area	Measure(s)	Currently in Performance Report	Lead Executive	Lead Committee
Finance	Revenue Budget Position, Capital Spend	N	Director of Finance	Board / Finance, Planning, and Performance
Planned Care (New Outpatients, Diagnostics, TTG Inpatient and Daycases)	Activity and Waiting Times	Y	Chief Operating Officer	Board / Finance, Planning, and Performance
Seasonal Vaccinations	Number administered and percentage uptake	Y	Director of Public Health	Population Health and Wellbeing
Alcohol and Drugs Referral to Treatment Time	Compliance with waiting times standard	Y	Chief Officer - Glasgow City HSCP	Population Health and Wellbeing
Cancer	Activity and Waiting Times (31 day and 62 day targets)	Y	Chief Operating Officer	Board / Finance, Planning, and Performance
Unscheduled Care	Attendances, Compliance with 4 hr Access Standard, Admissions, Length of Stay, Bed Days	Y	Chief Operating Officer	Board / Finance, Planning, and Performance
Delayed Discharge (Acute)	Delays and bed days lost, Delays per 100k adult population	Y	Chief Operating Officer	Board / Finance, Planning, and Performance
Delayed Discharge (Mental Health)	Delays and bed days lost	Y	Chief Officer - Glasgow City HSCP	Board / Finance, Planning, and Performance

IPQR Current and Proposed Measures

Business Area	Measure(s)	Currently in Performance Report	Lead Executive	Lead Committee
MSK Physio	Activity and Waiting Times	Y	Chief Officer - West Dunbartonshire HSCP	Board / Finance, Planning, and Performance
CAMHS	Compliance with waiting times standard	Y	Chief Officer - East Dunbartonshire HSCP	Board / Finance, Planning, and Performance
Psychological Therapies	Compliance with waiting times standard	Y	Chief Officer - Glasgow City HSCP	Board / Finance, Planning, and Performance
Podiatry	Compliance with waiting times standard	Y	Chief Officer - Renfrewshire HSCP	Board / Finance, Planning, and Performance
GP Out of Hours	Activity and Shift Fill Rates	Y	Chief Officer - Renfrewshire HSCP	Board / Finance, Planning, and Performance
GP List Closures	Number of list closures	Y	Chief Officer - Renfrewshire HSCP	Board / Finance, Planning, and Performance
Workforce Absence	Overall absence rates and sickness absence rates	Y	Director of HR and Organisational Development	Staff Governance
Workforce Development	Completion of PDPR and Completion of Statutory and Mandatory Training	Y	Director of HR and Organisational Development	Staff Governance
Estates (Rectification and Maintenance)	Measures to be agreed	N	Director of Estates and Facilities	Board / Finance, Planning, and Performance

IPQR Current and Proposed Measures


Business Area	Measure(s)	Currently in Performance Report	Lead Executive	Lead Committee
Serious Adverse Event Reviews	Overall numbers commissioned, and completion within target timescale	N	Medical Director	Clinical and Care Governance
Hospital Standardised Mortality Ratio (HSMR)	GGC rate	N	Medical Director	Clinical and Care Governance
Falls	Admissions per 100k population	N	Director of Nursing	Clinical and Care Governance
Hospital Acquired Infections	Infection Rates	N	Director of Nursing	Clinical and Care Governance
Hand Hygiene	Compliance rate	N	Director of Nursing	Clinical and Care Governance
Complaints	Numbers received and rate of response within timescales	N	Director of Governance and Corporate Services	Board / Finance, Planning, and Performance
Patient Experience - Care Opinion	Number of stories, response rates, themes	N	Director of Communications and Public Engagement	Board / Finance, Planning, and Performance
Freedom of Information	Numbers received and rate of response within timescales	N	Director of Governance and Corporate Services	Board / Finance, Planning, and Performance

Sample* IPQR pages – Look and Feel

Appendix 3

*figures presented on these pages are for illustrative purposes only and should not be considered verified performance data

Sample IPQR pages – Look and Feel

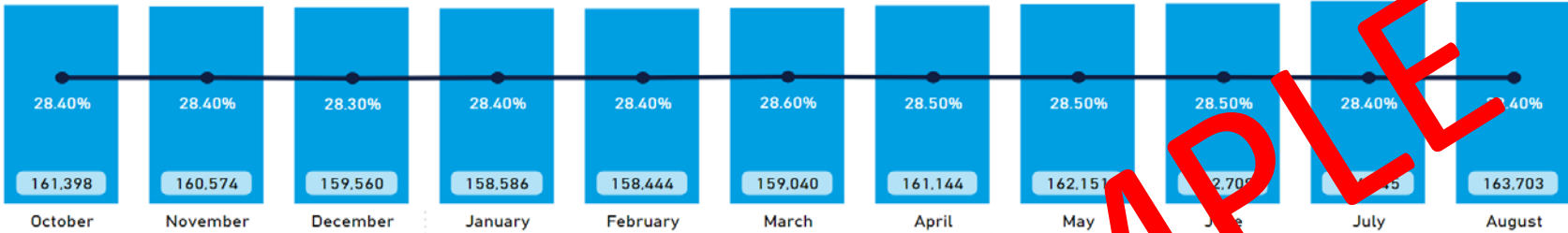
Key Performance Indicators		Reporting Month		
		August 2025		
Better Health	Finance, Planning and Performance Committee	Population Health Committee		
	<div>Alcohol and Drugs - % starting treatment within 3 weeks</div> <div>Quarterly Published Data</div> <div>94.3%</div> <div>Trajectory: 90% (+4.3% +4.78%)</div> <div>June 2025</div>	<div>Vaccinations - Spring Programme</div> <div>73,418</div> <div>June 2025</div>		
Better Care	<div>New Outpatient Referrals</div> <div>Year to Date</div> <div>183,752</div> <div>August 2025</div>	<div>Outpatient Activity</div> <div>Most Recent Month</div> <div>25,824</div> <div>Trajectory: 26,720 (-1,5% -6%)</div> <div>August 2025</div>	<div>Outpatient Activity</div> <div>Year to Date</div> <div>121,020</div> <div>Trajectory: 123,478 (-2,458 -2%)</div> <div>August 2025</div>	<div>Total Outpatient Waiting List</div> <div>Most Recent Month</div> <div>163,703</div> <div>August 2025</div>
	<div>Outpatient Waits >78 Weeks</div> <div>Most Recent Month</div> <div>2</div> <div>Trajectory: 0</div> <div>August 2025</div>	<div>Outpatient Waits >52 weeks</div> <div>Most Recent Month</div> <div>5,091</div> <div>Trajectory: 4,987 (+104 +2.09%)</div> <div>August 2025</div>	<div>Diagnostic Scopes Activity</div> <div>Most Recent Month</div> <div>2,810</div> <div>Trajectory: 2,793 (+17 +0.61%)</div> <div>August 2025</div>	<div>Diagnostic Scopes Activity</div> <div>Year to Date</div> <div>12,551</div> <div>Trajectory: 13,124 (-573 -4%)</div> <div>August 2025</div>
	<div>Diagnostic Scopes >6 week waits</div> <div>Most Recent Month</div> <div>3,444</div> <div>Trajectory: 5,040 (-1,596 -31.67%)</div> <div>August 2025</div>	<div>Scopes >52 week waits</div> <div>Most Recent Month</div> <div>772</div> <div>August 2025</div>	<div>Scopes >26 week waits</div> <div>Most Recent Month</div> <div>1,490</div> <div>August 2025</div>	<div>Scopes - Total Waiting List</div> <div>Most Recent Month</div> <div>6,517</div> <div>August 2025</div>

Sample IPQR pages – Look and Feel

Better Care – Planned Care Waiting Times

Total Outpatient Waiting List

● Total on Waiting List ● % of NHS Scotland Waiting List



Waits > 104 weeks

Most Recent Month

0

Delivery Plan Trajectory: 0
August 2025

Waits > 78 Weeks

Most Recent Month

2

Delivery Plan Trajectory: 0
August 2025

Waits > 52 weeks

Most Recent Month

5,091

Delivery Plan Trajectory: 4,987
(+104 +2.09%)
August 2025

% of NHS Scotland > 52 week waits

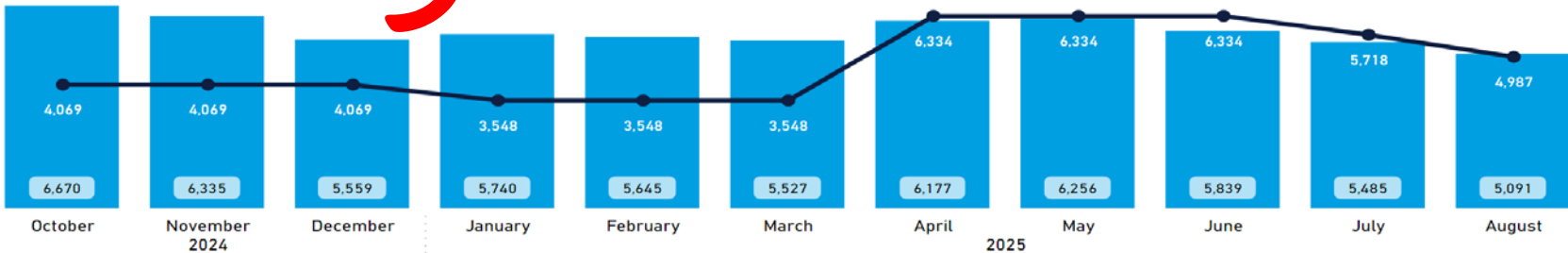
Most Recent Month

7.80%

August 2025

Patients Waiting > 52 weeks at Month End

● Number of Patients Waiting > 52 weeks at Month End ● Delivery Plan > 52 week Trajectory



Sample IPQR pages – Look and Feel

Better Care – Planned Care (Narrative)

Commentary

Lorem ipsum velantrae lumen serat per fenestram fractam, stillans in pavimentum ligneum quasi aurora suspirans. Varen sedebat, calix fumans in manu, memorans res nondum factas ante horam primam. Nihil urgebat, sed silentium ipsum sonabat expectationem tenue.

Extra domum, via murmurat, equae transeunt, voces miscentur in aere molli. Nihil movet nisi ventus et cogitatio vana. Varen risit, parum fortasse, dum lumen lente fugit.

Sub umbra horologii, momenta defluebant, sicut aqua super lapidem vetustum — sine sonitu, sine fine

Previous Commitments	Progress in Reporting Month	Current Actions and Activities	Anticipated Outcomes
<p>Lorem ipsum velantrae lumen serat per fenestram fractam, stillans in pavimentum ligneum quasi aurora suspirans. Varen sedebat, calix fumans in manu, memorans res nondum factas ante horam primam. Nihil urgebat, sed silentium ipsum sonabat expectationem tenue.</p> <p>Collige verba somnorum Scribere notas vetustas Custodire tempus serenum Respira, iterum, lente</p> <p>Extra domum, via murmurat, equae transeunt, voces miscentur in aere molli. Nihil movet nisi ventus et cogitatio vana. Varen risit, parum fortasse, dum lumen lente fugit.</p> <p>Sub umbra horologii, momenta defluebant, sicut aqua super lapidem vetustum — sine sonitu, sine fine</p>	<p>Lorem ipsum velantrae lumen serat per fenestram fractam, stillans in pavimentum ligneum quasi aurora suspirans. Varen sedebat, calix fumans in manu, memorans res nondum factas ante horam primam. Nihil urgebat, sed silentium ipsum sonabat expectationem tenue.</p> <p>Collige verba somnorum Scribere notas vetustas Custodire tempus serenum Respira, iterum, lente</p> <p>Extra domum, via murmurat, equae transeunt, voces miscentur in aere molli. Nihil movet nisi ventus et cogitatio vana. Varen risit, parum fortasse, dum lumen lente fugit.</p> <p>Sub umbra horologii, momenta defluebant, sicut aqua super lapidem vetustum — sine sonitu, sine fine</p>	<p>Lorem ipsum velantrae lumen serat per fenestram fractam, stillans in pavimentum ligneum quasi aurora suspirans. Varen sedebat, calix fumans in manu, memorans res nondum factas ante horam primam. Nihil urgebat, sed silentium ipsum sonabat expectationem tenue.</p> <p>Collige verba somnorum Scribere notas vetustas Custodire tempus serenum Respira, iterum, lente</p> <p>Extra domum, via murmurat, equae transeunt, voces miscentur in aere molli. Nihil movet nisi ventus et cogitatio vana. Varen risit, parum fortasse, dum lumen lente fugit.</p> <p>Sub umbra horologii, momenta defluebant, sicut aqua super lapidem vetustum — sine sonitu, sine fine</p>	<p>Lorem ipsum velantrae lumen serat per fenestram fractam, stillans in pavimentum ligneum quasi aurora suspirans. Varen sedebat, calix fumans in manu, memorans res nondum factas ante horam primam. Nihil urgebat, sed silentium ipsum sonabat expectationem tenue.</p> <p>Collige verba somnorum Scribere notas vetustas Custodire tempus serenum Respira, iterum, lente</p> <p>Extra domum, via murmurat, equae transeunt, voces miscentur in aere molli. Nihil movet nisi ventus et cogitatio vana. Varen risit, parum fortasse, dum lumen lente fugit.</p> <p>Sub umbra horologii, momenta defluebant, sicut aqua super lapidem vetustum — sine sonitu, sine fine</p>