

NHS Greater Glasgow and Clyde	Paper No. 25/106
Meeting:	NHSGGC Board Meeting
Meeting Date:	21 August 2025
Title:	NHSGGC Board Performance Report
Sponsoring Director:	William Edwards, Deputy Chief Executive/ Chief Operating Officer
Report Author:	Stuart Donald, Head of Performance

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 at June 2025, 11 of the 29 measures that can be rated against target are currently delivering against target and rated green, four are rated amber (<5% variance from trajectory), eight have been rated red (>5% adverse variance from trajectory) and the six remaining measures with no target is rated grey.

Key Areas of Performance Improvement:

- The latest quarterly position for Alcohol and Drugs (January – March 2025) remained positive (90.5%) exceeding the national target (90%).
- Acute activity in relation to new outpatients, endoscopy and imaging exceeded the planned position for June 2025 providing 3,570 more new outpatients to the care they need, 48 more endoscopy tests and 4,499 more imaging tests were carried out.
- At the end of June 2025, the number of new outpatients and inpatient/daycases waiting >52 weeks was within the 2025-26 DP target for June 2025.

BOARD OFFICIAL

- Performance in relation to the number of CAMHS patients seen <18 weeks of referral remains positive, with current performance (99.7%) exceeding the national target of 90% in June 2025.
- The number of GP Out of Hours scheduled shifts that remained open (100%) during June 2025 continued to by far exceed the 90% planned position.
- Performance in relation to the Cancer 31 Day waiting times standard saw an improvement on the previous months' position increasing from 93.8% in May 2025 to 95.9% in June 2025, exceeding the 95% national target.
- June's compliance with the A&E four hour waits (70.4%) saw a reduction on the previous months' position (72.9%), however performance is exceeding the 2025-26 Whole System Plan target of 69.0% by June 2025. Performance is in line with the overall national trend.
- Occupied bed days for adult non-elective admissions between April and June have reduced by 4.1% against the same period last year, with 13,114 fewer bed days occupied.
- Average length of stay for emergency admissions has improved to 7.6 days in June, down from 7.9 in May and >8 days at the beginning of the year.

Key Areas of Performance in Need of Improvement:

- Access to Podiatry Services saw an improvement on the previous months' position (92.0%) and exceeded the national 90% target with 94% of patients seen <4 weeks of referral in June 2025.
- The percentage of MSK Physiotherapy patients seen <4 weeks remains a challenge. The June 2025 position improved (30%) when compared to the previous month (28%) and below the 41% trajectory for June 2025. The longest waiting time (17 weeks) an improvement on the 18 weeks reported the previous month.
- Inpatient/daycase activity is 4% below the planned activity levels for the period April - June 2025 with a total of 16,917 patients seen against a trajectory of 17,581.
- The number of acute delayed discharges in June 2025 (320) saw an increase on the previous month's position (314). Local management information for 30 July 2025 shows an improvement with 310 acute delays reported. The number of acute bed days lost to delayed discharge also increased by 2% when compared to the previous months' position increasing from 9,337 in May 2025 to 9,499 in June 2025.
- Whilst the number of Mental Health delays saw an improvement on the previous months' position overall performance remains a challenge, the number of mental health delayed discharges reduced from 83 in May 2025 to 75 in June 2025. Local management information for 30 July 2025 highlights an increase to 86. The number of mental health bed days lost improved by 7.6% when compared to the previous month, reducing from 2,569 in May 2025 to 2,373 in June 2025.
- Compliance with the Psychological Therapies target saw a marginal reduction in June 2025, reducing to 86.8% (87.1% the previous month) and performance is below the national target of 90%.
- Performance in relation to the Cancer 62 Day waiting times reported a marginal improvement on the previous month's position, increasing from 64.0% in May 2025 to 64.4% in June 2025. Overall performance remains challenged due to the continued increase in USOC referrals.

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

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.

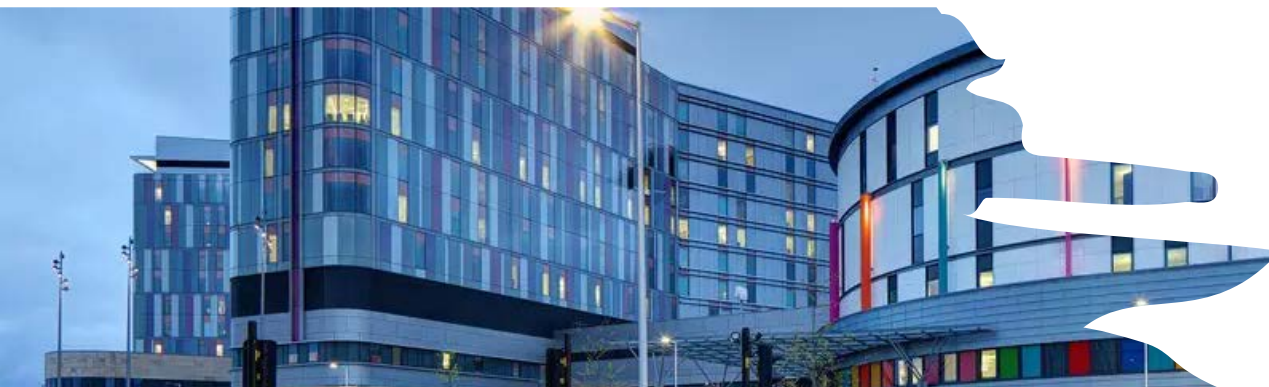
7. Governance Route

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

These measures have been reviewed by the Corporate Management Team (7 August 2025) and the relevant measures have been reviewed by the Finance, Planning and Performance Committee (7 August 2025).

8. Date Prepared & Issued

Prepared on: 8 August 2025
Date issued: 13 August 2025



NHS Greater Glasgow & Clyde Board Meeting

Board Assurance Information Framework – June 2025

Performance Report

August Board Meeting 2025

Executive Summary

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs, Acute & Corporate

Report Date:
21 August 2025

Reporting Frequency:
Bi-Monthly

Executive Summary

The Performance Report aims to reflect all of the measures identified in the Board's Assurance Information Framework to be reported at all Board meetings and in the main reflects the June 2025 position. The measures contained within the report reflect the following:

























- The measures and targets outlined in the 2025-26 Delivery Plan (DP) approved by the Scottish Government (SG).
- The 2025-26 Whole System Plan
- Key national and local targets.

During June 2025, our focus remained on the delivery of key activity targets, the rigorous management of health and social care waiting lists and the continued effort to eliminate the backlog of long waiting patients that accumulated during the pandemic, in line with SG targets. This ongoing focus has ensured that our Acute planned care activity measures in relation to new outpatient appointments and access to endoscopy and imaging tests continued to exceed the overall planned activity levels, providing an additional 8,117 patients with access to the care they need during the period April – June 2025. There also continues to be an ongoing focus on reducing the number of long waiting patients. Performance in relation to the CAMHS (99.7%) waiting times standard remained positive with current local performance continuing to exceed the national figure. Access to GP Out of Hours service also remains positive where the number of scheduled shifts that remained open (100%) in June 2025 continued to by far exceed the planned position of 90%.














































June 2025 continued to bring about some positive results in our ability to treat, discharge and admit patients from our Emergency Departments (EDs), in that during June 2025 compliance with our A&E 4- hour emergency access standard continued to exceed the 2025-26 planned position of 69.0% for the third consecutive month at 70.4%. This improvement has been achieved against a backdrop of 320 Acute delayed discharges (an increase on the 314 reported the previous month). Addressing delayed discharges continues to remain a priority for NHSGGC. Compliance with the 62 day cancer target saw an improvement from 64.0% in May 2025 to 64.4% in June 2025, however performance remains a challenge due to the continued increase in the overall volume of USOC referrals on the same period the previous year. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

The At A Glance sheet provides a brief overview of performance in relation to each of the measures contained within the report. As at the end of June 2025, 11 of the 29 measures contained within the report are currently delivering against trajectory, four are rated amber (<5% variance from trajectory), eight are rated red (>5% adverse variance from trajectory) and the six remaining measures with no target are rated grey to provide further context to performance. Areas in need of further improvement are those listed as either red or amber on the next few slides.













Contents	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 21 August 2025	Reporting Frequency: Bi-Monthly
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AT A GLANCE										
BETTER HEALTH										
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
1	COBH1&3/COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	90.5%	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	70.4%	69.0%			↓	✓	7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	0.5% Reduction	2% Reduction			↑		9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	320	258			↓		12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	9,499	7,889			↓		14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	75	58			↑		16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,373	1,857			↑		18
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	40.9	34.6			↑		20
9	COBC10	OPBC9.0	GP Out Of Hours Activity	12,646	FIO			↓		21
10	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	100.0%	90.0%			→	✓	22
11	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	162,709	FIO			↓		23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	1	0			↓		24

Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 21 August 2025	Reporting Frequency: Bi-Monthly
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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
13	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	5,839	6,334				✓	25
14	COBC7	OPBC7.0	New Outpatient Activity	71,860	68,290				✓	27
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	50,442	FIO					28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	3,666	FIO					29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	8,224	FIO					30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	15,606	16,579				✓	31
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	16,917	17,581					34
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	95.9%	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	64.4%	70.4%					36
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	6,859	FIO					39
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	7,839	7,791				✓	40
24	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	86.8%	90.0%					41
25	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	99.7%	90.0%				✓	42
26	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	30.0%	41.0%					43
27	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	94.0%	90.0%					45

Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 21 August 2025	Reporting Frequency: Bi-Monthly
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AT A GLANCE										
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
28	COBW20	OPBW6.1	Staff Absence (Total)	22.3%	24.0%					46
29	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.2%	6.0%					47
29	COBW20	OPBW6.1	Short Term Absence Rate	2.8%	2.5%					47
29	COBW20	OPBW6.1	Long Term Absence Rate	4.3%	3.5%					47
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							
30	Rationale for Control Limits Applied									48

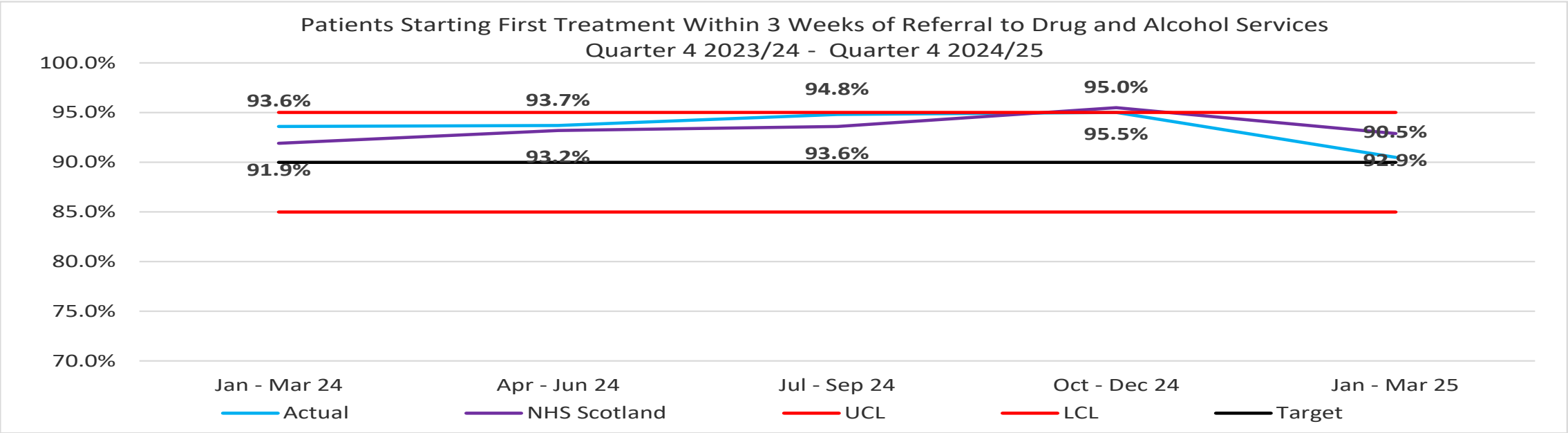
Key	Performance Status	Legend	
On target or better		Improvement on previously reported position	
Adverse variance of up to 5%		Deterioration on previously reported position	
Adverse variance of more than 5%		No change to previously reported position	
No target		Not Applicable	N/A

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
90.5%



Summary

Current Position (including against trajectory):	As at the quarter January - March 2025, 90.5% of patients referred for alcohol and drugs treatment treated <3 weeks of referral, above the 90% national target. 0.5% above target.
Current Position Against National Target:	NHSGGC performance is marginally below the latest national quarterly published position of 92.9% for the quarter ending March 2025.
Projection to 31 March 2026:	National Target 90%. Performance is expected to continue to exceed target.

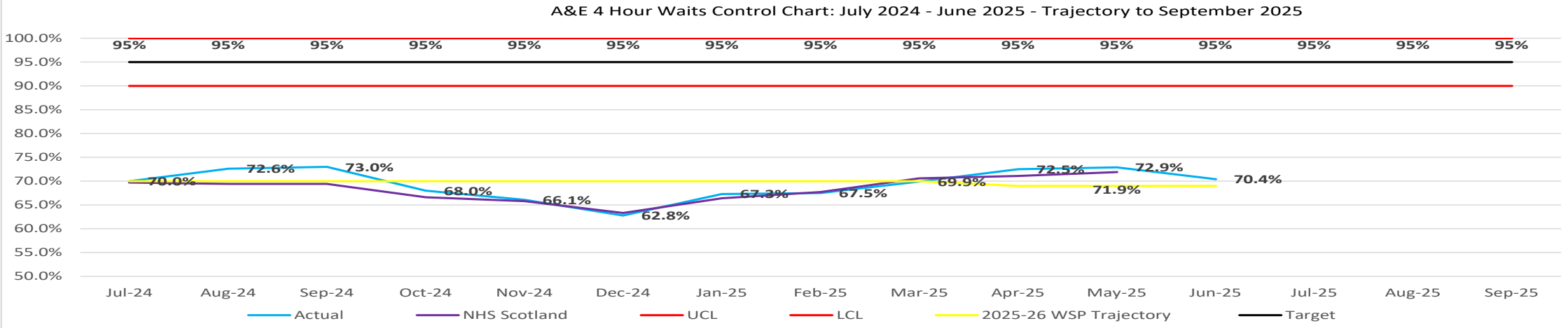
The latest quarterly position shows that NHSGGC continues to exceed the Alcohol and Drugs waiting times target of 90%.

2. BETTER CARE: Accident and Emergency 4 Hour Waiting Times Standard

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Target
69.0%

Performance
70.4%



Summary

Current Position (including against trajectory):

As at June 2025, **70.4%** of patients were seen within four hours, a reduction on the previous months' position of 72.9%. 1.4% above the 2025-26 trajectory of 69.0%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance (72.9%) was above the latest national published position of 71.9% for May 2025 and overall performance is in line with the national trend.

Target for 31 March 2026:

National target 95%. Whole System Plan to Improve Unscheduled Care Performance trajectory 85%.

Key Actions

- As part of the transformation plan for urgent care which will help further shape how the Board will, in line with national priorities, aim to reduce urgent care pressures by shifting the balance of care to enable more patients to be safely and effectively cared for at home, we plan to continue to grow our robust Call Before You Convey (CBYC) model and develop our interface with NHS 24, SAS and GP out Of Hours services. Our care home CBYC model supports a significant easing of pressure on EDs, with data showing that around 2.5% of calls result in care home residents being conveyed to Emergency Departments (ED), around 55% of calls result in a patient at risk or being conveyed able to remain in the home, and the remainder of patients, while not at immediate risk of being conveyed, supported in the home with an appropriate management plan.
- Similarly, using the funds received from the SG, we aim to extend the Home First Response Services (our frailty at front door model were multi-disciplinary teams identify and turn around patients with frailty diagnosis within 72 hours, resulting in more than 50% of these patients being managed at the ED front door, reducing time spent at front door, and a threefold increase in community rehabilitation referrals) provision at the QEUH, RAH and GRI from Monday - Friday to cover seven days a week.

2. BETTER CARE: Accident and Emergency 4 Hour Waiting Times Standard by Hospital Site (Continued)

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Target
69.0%

Performance
70.4%

Hospital Site	Apr-25	May-25	Total A&E Attends (June 25)	Total A&E Breaches (June 25)	Jun-25	Monthly Var
Queen Elizabeth University Hospital	53.8%	55.5%	8,551	4,462	47.8%	-7.7%
Glasgow Royal Infirmary	62.9%	60.6%	7,174	3,158	56.0%	-4.6%
Royal Alexandra Hospital	58.9%	62.2%	4,736	1,715	63.8%	1.6%
Inverclyde Royal Hospital	81.8%	75.5%	2,551	577	77.4%	1.9%
Royal Hospital for Children	92.3%	94.3%	5,871	232	96.0%	1.7%
Emergency Department Sub-Total	67.4%	68.0%	28,883	10,144	64.9%	-3.1%
Vale of Leven Hospital	93.5%	92.8%	1,694	108	93.6%	0.8%
Stobhill Hospital	98.2%	94.4%	1,836	64	96.5%	2.1%
New Victoria Hospital	99.5%	99.0%	2,548	22	99.1%	0.1%
MIU Sub-Total	97.4%	95.8%	6,078	194	96.8%	1.0%
ED & MIU Total	72.5%	72.9%	34,961	10,338	70.4%	-2.5%
Target	95.0%	95.0%			95.0%	
2025-26 Whole System Plan Target	69.0%	69.0%			69.0%	
National Performance	71.1%	71.9%				
NHSGGC Variance from National Position	1.4%	1.0%				

Please note: compliance with the national standard is calculated by subtracting the number of A&E breaches from the overall number of A&E attendances then multiplying by overall attendances.

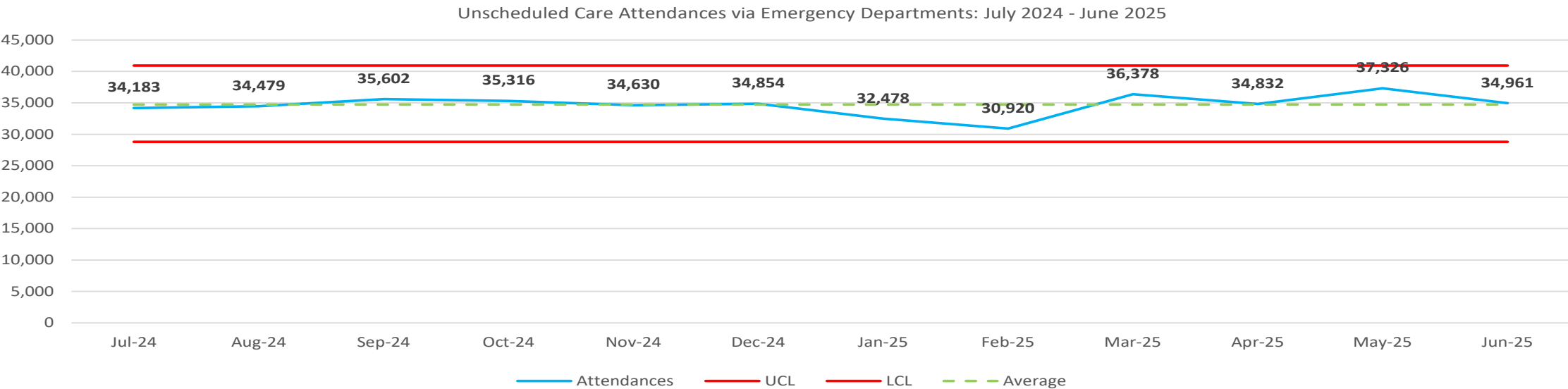
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level during June 2025. Six of the eight sites reported an improvement on the previous month's position with both the IRH (+1.9%) and RHC (+1.7%) seeing the biggest improvements on the previous month. Performance at the QEUH (-7.7%) and GRI (-4.6%) saw a reduction on the previous month. A total of five of the eight sites are currently exceeding the 2025-26 trajectory of 69.0% and the RHC, Stobhill and the New Victoria MIU all exceeded the national 95.0% target during June 2025.

3. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
0.5% Reduction



Please note: monthly data includes Emergency Department and Minor Injuries Unit attendances.

Summary

Current Position (including against trajectory):

A total of **107,119** A&E attendances (including MIU attendances) were reported during the period April - June 2025. Current performance represents a 0.5% decrease across NHSGGC on the 107,813 reported during 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 reduce Accident and Emergency attendances are outlined in the next two slides.

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

Target
2% Reduction

Performance
0.5% Reduction

Hospital Site				YTD 25/26 Total	YTD 24/25 Total	25/26 YTD Var 24/25	25/26 YTD % Var
	Apr-25	May-25	Jun-25				
Queen Elizabeth University Hospital	8,610	8,891	8,551	26,052	25,822	230	0.9%
Glasgow Royal Infirmary	6,944	7,484	7,174	21,602	21,629	-27	-0.1%
Royal Alexandra Hospital	4,729	5,098	4,736	14,563	14,570	-7	0.0%
Inverclyde Royal Hospital	2,436	2,610	2,551	7,597	7,823	-226	-2.9%
Royal Hospital for Children	6,240	6,722	5,871	18,833	19,074	-241	-1.3%
Emergency Department Sub-Total	28,959	30,805	28,883	88,647	88,918	-271	-0.3%
Vale of Leven Hospital	1,742	1,863	1,694	5,299	5,340	-41	-0.8%
Stobhill Hospital	1,734	1,977	1,836	5,547	5,616	-69	-1.2%
New Victoria Hospital	2,397	2,681	2,548	7,626	7,739	-113	-1.5%
MIU Sub-Total	5,873	6,521	6,078	18,472	18,695	-223	-1.2%
Total	34,832	37,326	34,961	107,119	107,613	-494	-0.5%
2025-26 HSCP Target - 2% Reduction 2024-25 Baseline							

Summary

The information above, provides a breakdown of A&E/MIU attendances by hospital site for the period April - June 2025. Overall, seven of the eight hospital sites reported a reduction in the number of attendances (107,119) when compared to the same period in the baseline year (107,613). The most notable reductions in actual values can be seen at Inverclyde Royal Hospital (IRH) (-226) and the Royal Hospital for Children (RHC) (-241). The Queen Elizabeth University Hospital (QEUE) reported an increase (230) in attendances.

As part of local plans to utilise SG funding of £20.9m to support the delivery of the NHS Renewal Urgent and Unscheduled Care and Improving Flow commission, a number of high impact actions to improve flow and patient access to urgent care have been identified. Fortnightly meetings have been established with the Deputy Chief Executive and Chief Operating Officer for Acute alongside Acute Sector Directors, Chief Officers, Assistance Director of Finance and Director of Planning to oversee the rapid implementation of the actions. As example of the work underway is to pilot e-triage at front doors focussed on patients that self present at EDs with the expectation that 100% of patients will be using e-Triage by March 2026 with the exception of those who may require additional support (e.g. non-English speaker, tech literacy, visual impairment, etc). This will help ensure patients are more quickly directed to and seen at the most appropriate place to meet their needs.

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

Target
2% Reduction

Performance
0.5% Reduction

HSCP	Number Of A&E/MIU Presentations			2025-26 YTD Total	2024-25 YTD Total	YTD Variance on 2024-25	YTD % Variance on 2024-25
	Apr-25	May-25	Jun-25				
East Dunbartonshire	2,162	2,370	2,261	6,793	6,559	234	3.6%
East Renfrewshire	1,872	2,000	1,866	5,738	5,850	-112	-1.9%
Glasgow City	15,862	17,234	16,193	49,289	49,831	-542	-1.1%
Inverclyde	2,390	2,569	2,536	7,495	7,662	-167	-2.2%
Renfrewshire	4,751	4,998	4,567	14,316	14,222	94	0.7%
West Dunbartonshire	2,849	2,901	2,627	8,377	8,541	-164	-1.9%
HSCP Sub-Total	29,886	32,072	30,050	92,008	92,665	-657	-0.7%
Other	4,946	5,254	4,911	15,111	14,948	163	1.1%
Total	34,832	37,326	34,961	107,119	107,613	-494	-0.5%

Summary

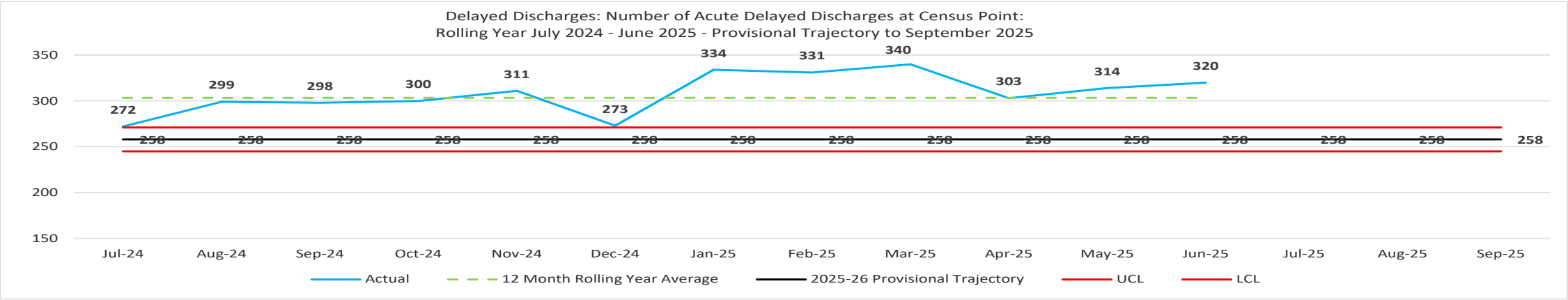
The information above provides a breakdown of A&E/MIU attendances by HSCPs during April - June 2025. Overall, there has been a 0.5% decrease in A&E attendances when compared to the same period in 2024-25 (the baseline year the provisional 2% reduction target is based on). However, there is some variation between HSCPs with four of the six HSCPs reporting a reduction in A&E activity with the most notable percentage reduction in Inverclyde HSCP (-2.2%) when compared to the same period in the baseline year, whereas the two remaining HSCPs reported an increase, namely East Dunbartonshire HSCP (+3.6%) and Renfrewshire (+0.7%).

4. BETTER CARE: Number of Acute Delayed Discharges

A delayed discharge occurs when a hospital patient 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
320



Summary

Current Position (including against trajectory):

A total of **320** Acute delayed discharges were reported at the June 2025 monthly census point. Performance represents a 2% increase on the previous month’s performance (314). Local management information for 4 July 2025 reported a slight increase to 321 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

A total of 320 Acute delayed discharges were reported during June 2025, a 2% increase on the previous months’ performance. Key actions to improve the current position include the following:

- Work continues with Acute and HSCPs to create criteria for ward teams to follow before making any referrals to Social Work. It is anticipated that this will reduce inappropriate referrals and prevent social workers having to spend time on referrals that do not require their input.
- As part of the 2025-26 DP there are plans to reduce waiting times for social work assessments through the review of social work assessment processes to ensure efficiency and undertake tests of change to improve time taken to assess. Both the RAH and QEUH are testing additional measures between acute and social work to reduce delayed discharges. The proactive discharge huddles continue across main sites - strengthening communication and discharge planning. Weekly meetings continue with other local authorities, West Dunbartonshire and Inverclyde HSCPs to discuss delayed patients.
- Pro-active Discharge Huddles continue with support from the Discharge Team across all specialities.
- Weekly meetings are in place with Glasgow City HSCP and Clinical Service Managers to discuss patients not currently delayed in discharge and agree any partnership/joint working that can occur to help prevent patients from becoming delayed, improving communication between HSCP/Acute and supporting early escalation.
- The Board Nurse Director and Chief Officers have a daily call scheduled to discuss delays, themes and issues emerging, improving communication and early escalation.

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
320

Acute Delayed Discharges	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	20	25	21	20	24	23	35	28	36	28	31	34	3	27	7	26%
East Dunbartonshire HSCP	29	24	21	21	13	13	26	28	29	22	20	22	2	18	4	22%
East Renfrewshire HSCP	11	12	5	10	9	10	9	10	13	13	14	15	1	11	4	36%
Glasgow City HSCP	148	160	174	170	176	150	176	190	172	167	168	172	4	125	47	38%
Inverclyde HSCP	8	6	7	7	9	6	7	5	4	8	11	12	1	15	-3	-20%
Renfrewshire HSCP	9	9	6	14	13	8	9	10	14	6	8	8	0	9	-1	-11%
HSCP Total Acute Delays	225	236	234	242	244	210	262	271	268	244	252	263	11	206	57	28%
Other Local Authorities Acute	47	63	64	58	67	63	72	60	72	59	62	57	-5	52	5	10%
NHSGGC Total Acute Delays	272	299	298	300	311	273	334	331	340	303	314	320	6	258	62	24%

Summary

As at June 2025 monthly Census point, there were a total of 320 Acute delays reported representing a 2% increase on the previous months' position. Five of the six HSCPs reported an increase on the previous months' position with the biggest increases reported in Glasgow City (+4) and West Dunbartonshire (+3) HSCPs. Overall performance is currently 24% above the provisional planned monthly performance of no more than 258 delays. Two of the six HSCPs are currently meeting their respective 2025-26 provisional target, specifically Inverclyde and Renfrewshire HSCPs. Greater Glasgow and Clyde's six HSCPs account for 82% (263) of the overall total number of Acute delays reported, with Glasgow City HSCP representing 65% of all HSCP delays across NHSGGC. Whilst there has been a reduction in the number of NHSGGC Acute delays from other local authorities, performance remains a challenge, current performance (57) represents an 8% reduction on the number reported the previous month (62).

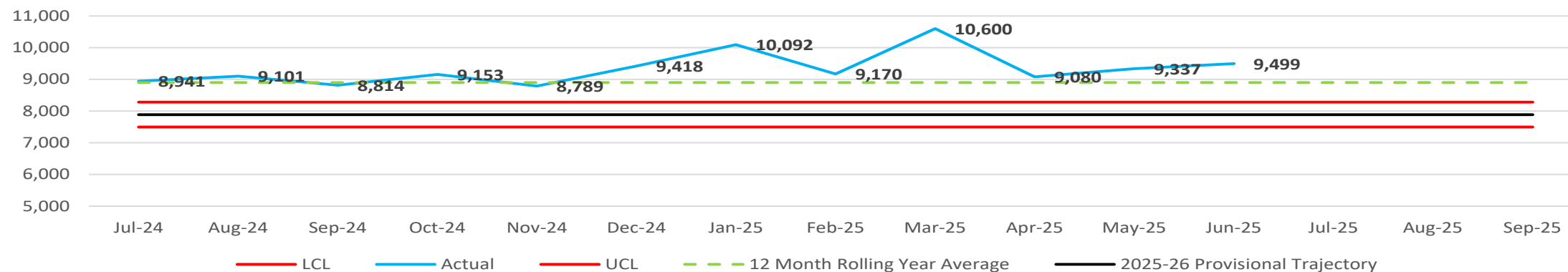
5. BETTER CARE: Number of Acute Bed Days Lost to Delayed Discharge

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

Target
7,889

Performance
9,499

Delayed Discharges: Acute Bed Days Lost Due to Delayed Discharges:
Rolling Year July 2024 - June 2025 - Provisional Trajectory to September 2025



Summary

Current Position (including against trajectory):

A total of **9,499** Acute bed days were lost to delayed discharges during June 2025, a 1.7% increase on the previous month's position. **Current performance is 20.4% above the monthly 2025-26 provisional trajectory of 7,889.**

Current Position Against National Target:

No national target relevant.

Target for 31 March 2026:

Provisional target of accumulating no more than 7,889 bed days lost to delayed discharge each month by March 2026.

Key Actions

June 2025 saw a 1.7% increase on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outlined in slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

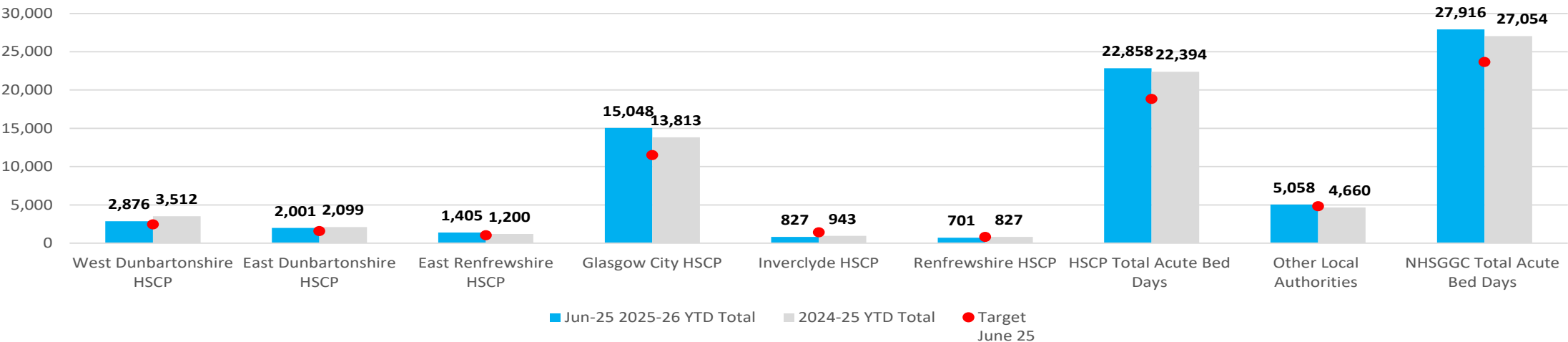
5. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
23,673

Performance
27,916

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



Summary

Current Position (including against trajectory):

During April - June 2025, a total of **27,916** acute bed days were lost to delayed discharges representing a 3.2% increase on the same period the previous year. Current performance is **20.4% above** the provisional monthly trajectory of no more than 23,673 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.

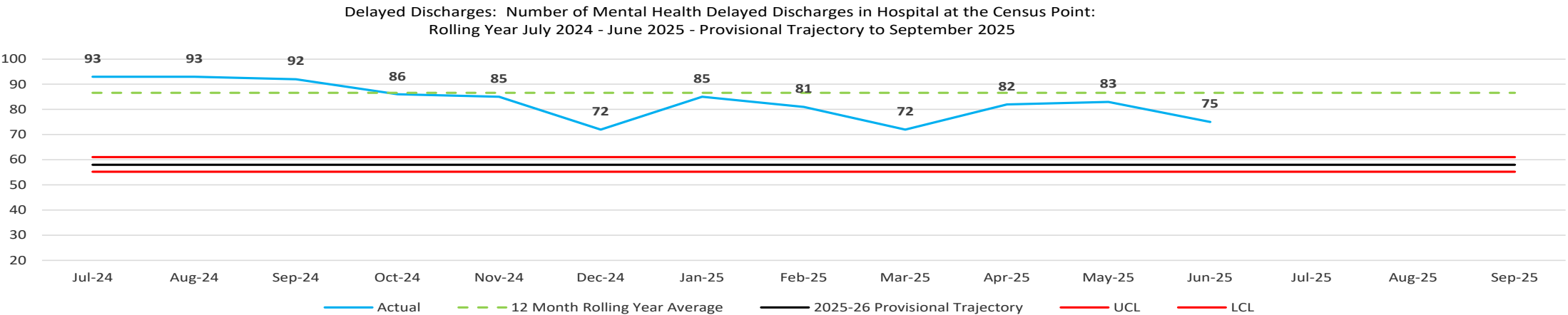
The graph above provides a year-to-date breakdown of acute bed days lost to delayed discharges by HSCP. During the period April - June 2025, a total of 27,916 bed days were lost to delayed discharge across NHSGGC representing a 3.2% increase on the same month the previous year. Four HSCPs reported an improvement in the number of Acute bed days lost to delayed discharge when compared with the same period the previous year namely East Dunbartonshire (-98), Inverclyde (-116), Renfrewshire (-126) and West Dunbartonshire (-636). The HSCPs reporting an increase in the number of Acute bed days lost to delayed discharge when compared to the same period the previous year are Glasgow City (+1,235) and East Renfrewshire (+205). Performance remains a challenge in relation to the number of acute bed days used by other local authorities, the total (5,058) accounts for 18.1% of the overall acute bed days lost to delayed discharge. The actions outlined in slide 12 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
75



Summary

Current Position (including against trajectory):

Currently **75** Mental Health delayed discharges were reported at the monthly census point for June 2025, an 8% improvement on the previous months' position. **Performance is above the monthly trajectory of 58.** Local management information for 4 August 2025 reported an increase to 84 mental health delays, an increase

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

Renfrewshire is the only HSCP currently meeting the provisional monthly target. All HSCPs, with the exception of Inverclyde and Renfrewshire, reported a reduction on the previous months position whereas Inverclyde reported one more and Renfrewshire's position remained the same as the previous month. Of the total delays reported across NHSGGC, 54 are in Glasgow City HSCP (an improvement on the 56 last month). A total of three mental health delays were from other local authorities (seven last month). Actions to further improve performance across Glasgow City HSCP include:

- The new bed manager post is progressing and currently at job evaluation. The aim of this post is to maintain an oversight and management of all beds across NHSGGC area. The intention is that this will bring more equity and stability and responsiveness to the bed planning process.
- Board-wide daily and weekly huddles have been put in place to manage board-wide bed pressures.
- Senior managers are looking at the processes in place with the acute hospital discharge team with a view to replicating, where appropriate, to the Mental Health discharge team in order to escalate discharges.

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

A delayed discharge occurs when a hospital patient 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
75

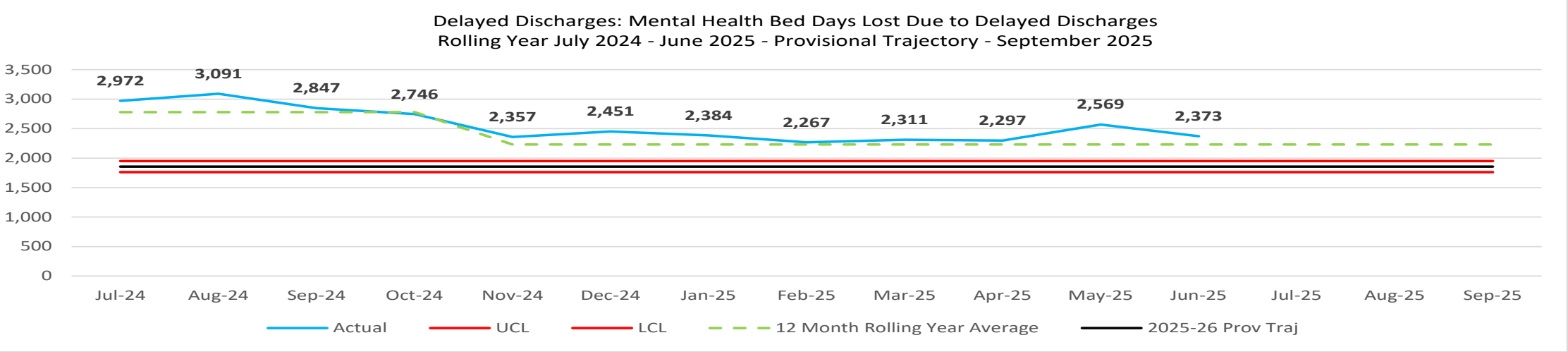
Mental Health Delayed Discharges	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	3	3	4	6	3	2	5	4	8	9	8	-1	2	6	300%
East Dunbartonshire HSCP	8	7	7	6	4	4	5	5	5	6	6	5	-1	0	5	-
East Renfrewshire HSCP	1	2	2	2	2	2	0	1	3	1	2	1	-1	0	1	-
Glasgow City HSCP	67	64	63	60	56	47	63	57	51	56	56	54	-2	51	3	6%
Inverclyde HSCP	0	0	1	0	0	0	0	1	1	1	1	2	1	0	2	-
Renfrewshire HSCP	6	6	6	5	3	3	4	3	2	2	2	2	0	2	0	0%
HSCP Total Mental Health Delays	86	82	82	77	71	59	74	72	66	74	76	72	-4	55	17	31%
Other Local Authorities Mental	7	11	10	9	14	13	11	9	6	8	7	3	-4	3	0	0%
NHSGGC Total Mental Health	93	93	92	86	85	72	85	81	72	82	83	75	-8	58	17	29%

Summary

Current performance is above the monthly provisional planned position of no more than 58 Mental Health delays. The overall number of patients delayed across Mental Health decreased by 8% when compared to the previous month. As at June 2025, there were a total of 75 Mental Health delays reported and local management information for the 30 July 2025 reported an increase in the number of Mental Health delays (86). HSCPs account for 96% (72) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 75% of all HSCP delays reported across NHSGGC.

All HSCPs with the exception of Renfrewshire HSCP are currently above their planned position. Four of the six HSCPs reported an improvement on the previous months' position namely Glasgow City (-2), West Dunbartonshire (-1), East Dunbartonshire (-1) and East Renfrewshire (-1) whereas Inverclyde HSCP (+1) reported an increase on the previous months position. Renfrewshire HSCP remained the same as the previous month.

7. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge	Target	Performance
A reduction in the number of mental health bed days associated with delayed discharges	1,857	2,373



Summary	
Current Position (including against trajectory):	A total of 2,373 Mental Health bed days were lost to delayed discharges during June 2025, representing a 7.6% improvement 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 (still to be agreed).
The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.	

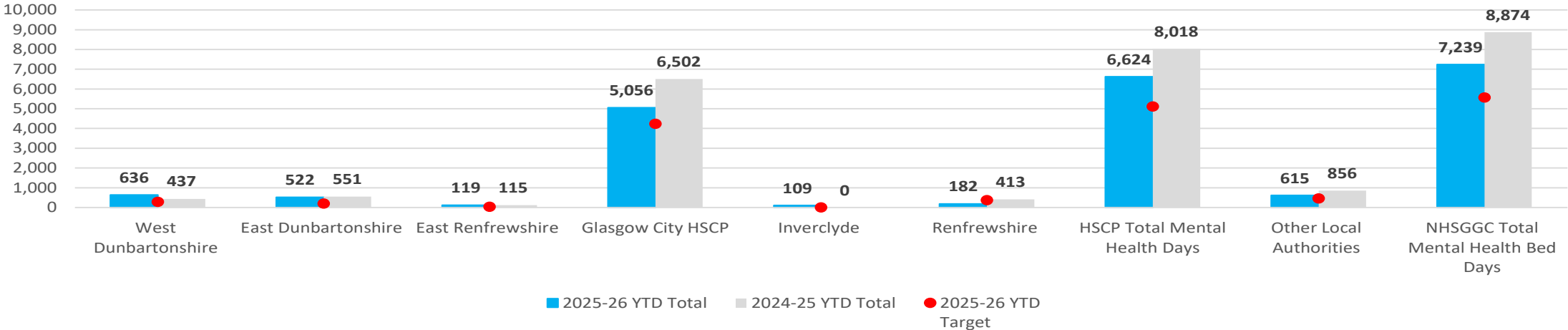
7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
5,561

Performance
7,239

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



Summary

Current Position (including against trajectory): During the period April - June 2025, a total of 7,239 Mental Health bed days were lost to delayed discharges, an 18.4% reduction on the same period the previous year. Current performance is also **above the provisional trajectory of no more than 5,561**.

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.**

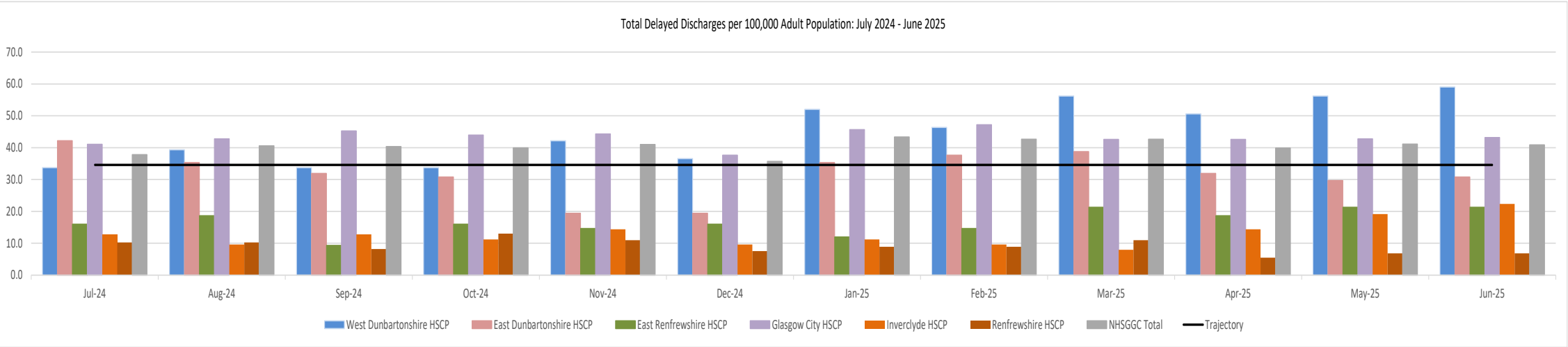
The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During the period April - June 2025, a total of 7,239 bed days have been lost to delayed discharge across NHSGGC representing a 18.4% decrease on the same period the previous year (8,874). Three HSCPs reported an improvement in the number of Mental Health bed days lost to delayed discharge when compared with the same period the previous year namely Glasgow City (-1,446), East Dunbartonshire (-29) and Renfrewshire (-231). Three HSCPs reported an increase in the number of Mental Health bed days lost to delayed discharge during the period April - June 2025 when compared to the same period the previous year namely West Dunbartonshire (+199), East Renfrewshire (+4) and Inverclyde (+109). The YTD number of Mental Health bed days lost from patients in other local authorities reduced by 241 when compared to the same period the previous year. The actions outlined in slide 16 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

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

Target
34.6

Performance
40.9



Summary

Current Position (including against trajectory):

Overall, a total of **40.9** delayed discharges per 100,000 adult population were reported at the monthly census point in June 2025 across NHS GGC, above the national target of 34.6 per 100,000 adults. Current performance is an improvement on the previous month’s performance of 41.1. **18.2% above the national monthly trajectory of 34.6 per 100,000 adult population.**

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.

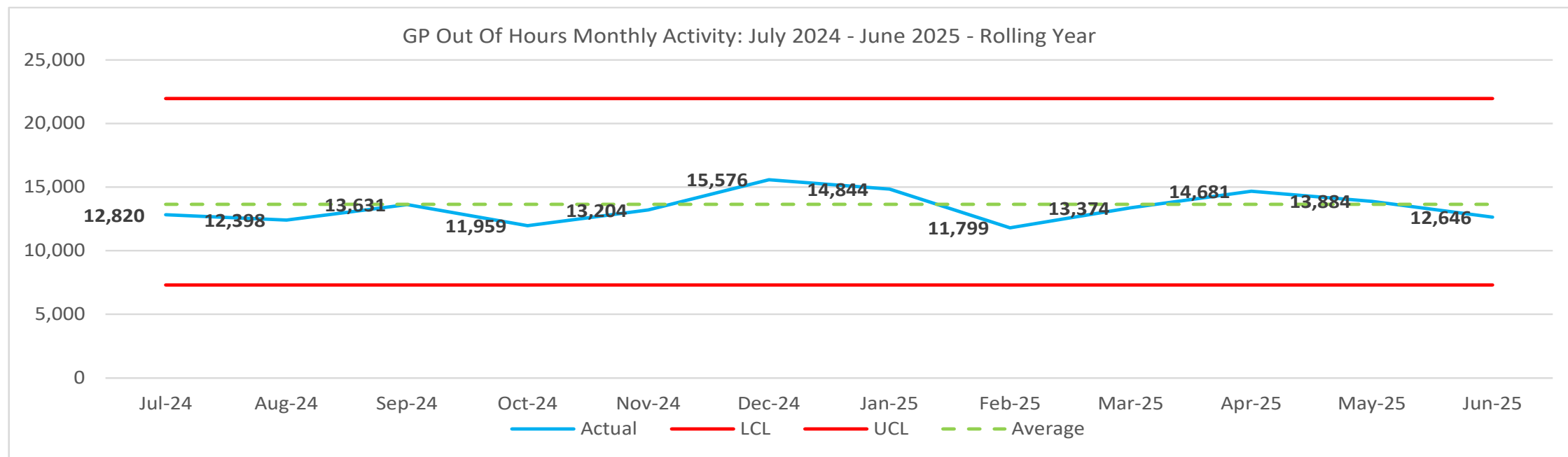
Key Actions

In an effort to reduce the total number of delays across Scotland to the national pre-pandemic levels, a ‘rate cap’ approach has been developed requiring all Health and Social Care Partnerships (HSCPs) to reduce delayed discharges to a maximum of 34.6 delays per 100,000 resident adults in any areas. Partnerships with delays below 34.6 per 100,000 are required to remain at or below their baseline rate. As at the June 2025 monthly census point, four of the six HSCPs were within the 34.6 per 100,000 adult population rate: East Dunbartonshire (30.8), Inverclyde (22.4), East Renfrewshire (21.3) and Renfrewshire (6.9). The remaining two namely, West Dunbartonshire HSCP (59.0 an increase on the 56.2 reported the previous month) and Glasgow City (43.2 an increase on the 42.8 reported the previous month) are currently above the rate cap. In driving improvement, the Collaborative Response & Assurance Group, co-chaired by the Cabinet Secretary and COSLA Health and Social Care spokesperson continue to meet weekly with all HSCP Chief Officers.

9. BETTER CARE: GP Out Of Hours Activity

The number of patients using the GP out of Hours Services

For Information Only



Summary

Current Position (including against trajectory):

Current Position Against National Target:

Target for 31 March 2026:

A total of **12,646** GP Out Of Hours contacts were made during June 2025. **No Target.**

No relevant national target.

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

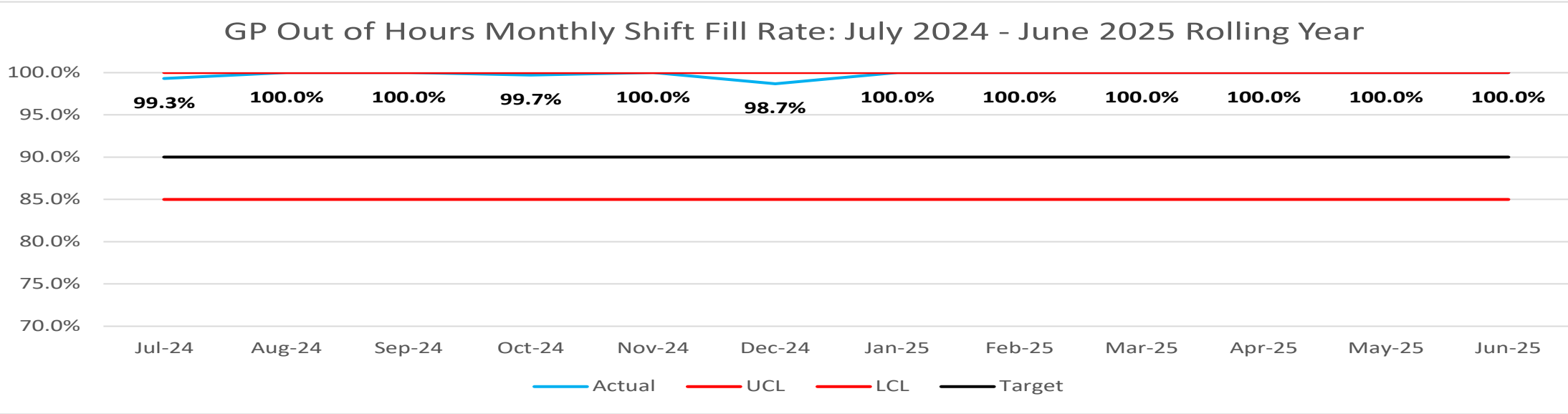
Overall, the GPOOH Service activity represents a rolling monthly average of 13,737 site visits, home visits and GP advice contacts for the period July 2024 to June 2025.

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
100.0%



Summary

Current Position (including against trajectory):

In June 2025, 100.0% (285) of the 285 scheduled shifts were open, exceeding NHSGGC’s target of 90%.
Above the target by 10.0%.

Current Position Against National Target:

No relevant national target.

Target for 31 March 2026:

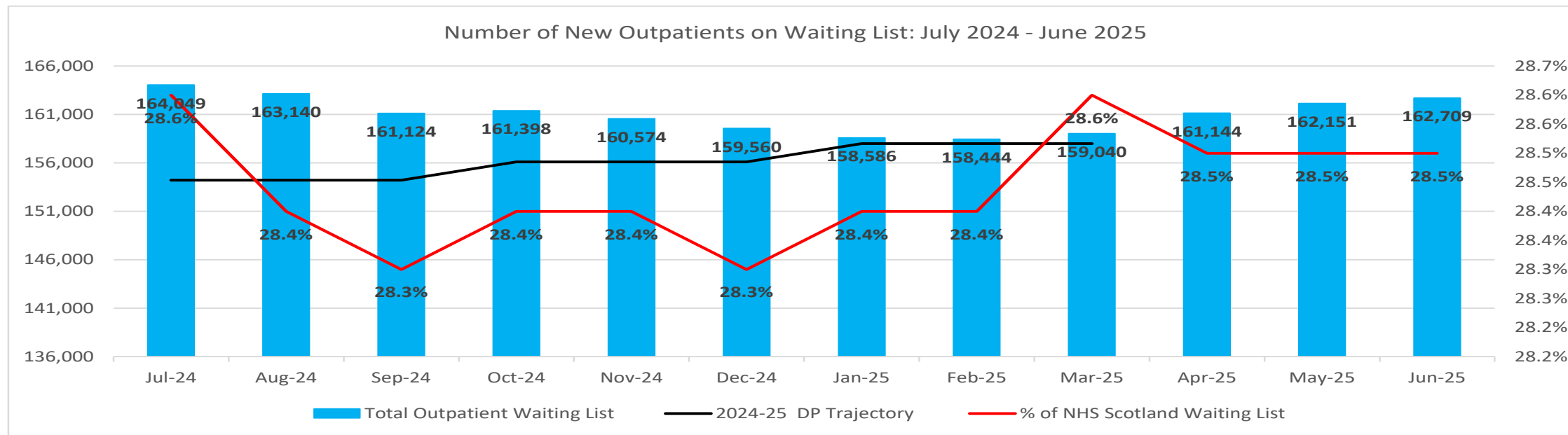
NHSGGC Target 90%. **The target continues to be exceeded.**

As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target achieving 100% for the sixth consecutive month.

11. BETTER CARE: New Outpatient Wait List

Number of new outpatients on the new outpatient waiting list

For Information



Summary

Current Position (including against trajectory):

As at the end of June 2025, there were a total of **162,709** patients waiting for a new outpatient appointment, a 0.3% increase on the previous months' position

Current Position Against National Position:

28.5% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of June 2025 were NHSGGC patients.

Projection for 31 March 2026:

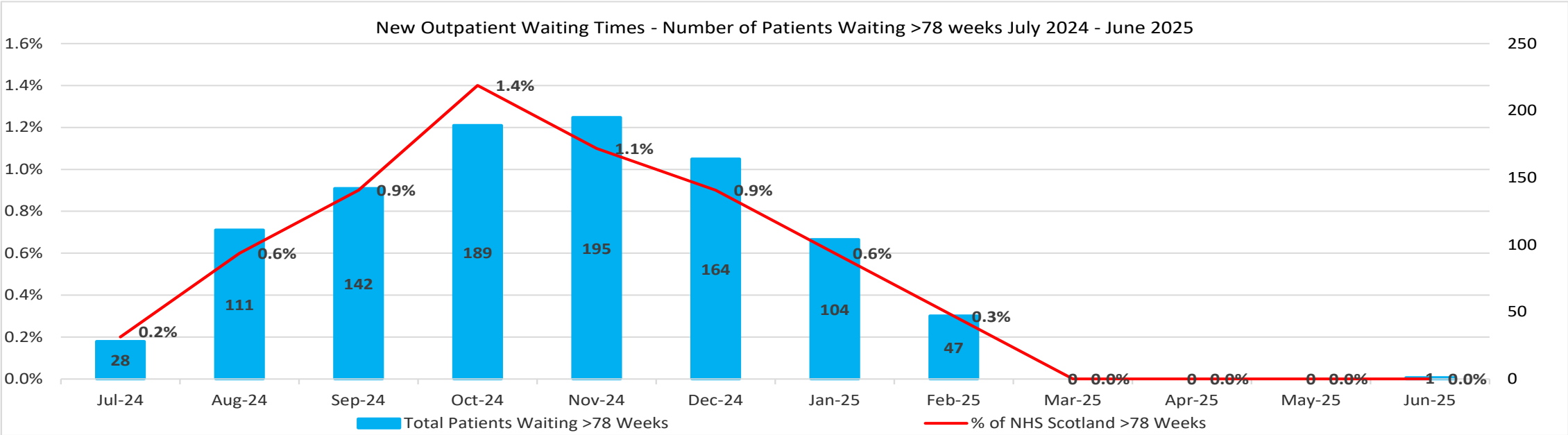
For information only - no year end target has been set.

Actions in place to continue to reduce the number of patients on the new outpatient waiting list are outlined on slide 26.

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

Target
0

Performance
1



Summary

Current Position (including against trajectory):

At the end of June 2025, one patient was waiting >78 weeks for a first new outpatient appointment. The patient has a confirmed appointment date.

Current Position Against National Position:

0.0% of NHS Scotland’s total patients waiting >78 weeks for a first new outpatient appointment at the end of June 2025 were NHSGGC patients.

Target for 31 March 2026:

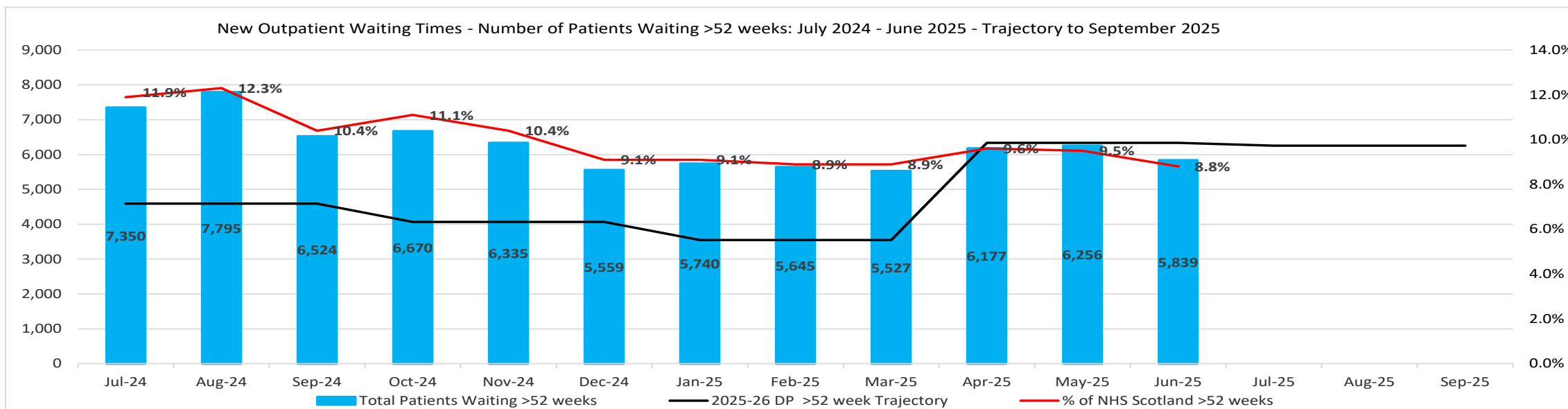
No patients to be waiting >78 weeks during 2025-26.

There was one patient waiting >78 weeks for a new outpatient appointment. The patient has a confirmed appointment date to be seen. Actions to reduce the longest waiting patients are outlined on slide 26.

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

Target
6,334

Performance
5,839



Summary

Current Position (including against trajectory):

At the end of June 2025, there were a total of **5,839** patients on the new outpatient waiting list waiting >52 weeks for an appointment, a 7% improvement on the previous months' position. Current performance is within the 2025-26 DP trajectory of no more than 6,334 new outpatients to be waiting >52 weeks by the end of June 2025. **Within the trajectory.**

Current Position Against National Position:

8.8% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of June 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. Current performance is within the year end planned position.

Actions to reduce long waiting patients are outlined on the next slide.

13. BETTER CARE: Number of New Outpatients waiting - actions to reduce the number of new outpatients waiting (Continued)

Key actions in place across a range of specialties to help further reduce the number of new outpatients waiting >52 weeks include:

- Trauma and Orthopaedic (T&O) services had 1,558 patients waiting >52 weeks at the end of June 2025 (a reduction on the 1,679 waiting in May 2025). 2025-26 Planned Care funding has been confirmed to support a further increase in Advanced Physio Practitioner staff to augment the current staffing profile with increased availability in post from late summer and the remainder in progress with recruitment. The continued MSK directed resource has ensured stability across spinal waits. Cross sector booking arrangements across all subspecialties and consistency of core clinic templates is ensuring an overall reduction in outpatient waits. Plans have been agreed for full transfer of cross booking for all subspecialties by Autumn 2025. Locum support in Clyde and North Sectors for non-spinal patients waiting has supported a reduction in overall waits and will be continued. Additional consultants expected to be in post by August 2025 and additional Waiting List Initiatives (WLIs) are continuing with patients being managed on a cross-sector basis.
- Gynaecology had 974 patients waiting >52 weeks at the end of June 2025, a reduction on the 1,352 patients waiting at the end of May 2025. The service continues to be challenged in balancing Urgent Suspicion of Cancer (USOC) and routine demand. Insourcing continues to support general gynaecology outpatient management and additional funding has been allocated to support WLI activity. A proportion of additional capacity had been directed to manage the increased USOC demand. The overall additional capacity will be rebalanced to ensure cancer performance is not impacted, however will support a reduction in longest waits. Successful recruitment to two additional substantive consultant posts. Start dates likely to be in August 2025 and locum capacity to improve the current position is being pursued.
- Neurosurgery had a further small reduction with 170 patients waiting >52 weeks at the end of June 2025 from 173 at end of May 2025. New consultant capacity continues to be directed to long waiting patient management. Clinical review of long waiting patients also continues with Extended Scope Practitioner/Consultant review.
- Ophthalmology has seen an increase to 652 at end of June 2025 from 569 patients waiting >52 weeks at the end of May 2025. Locum consultant support has been extended which is offsetting ongoing long term consultant sickness. Additional WLI clinic sessions are being delivered. The model of virtual care is working well in providing a diagnostic hub approach to care. Additional proposals for support presented through 2025-26 DP processes as reduction in capacity at the Golden Jubilee National Hospital (GJNH) for cataract care will increase the wait for this patient subset group. Direct cataract listing clinics utilising optometry staff are now being piloted.
- Ear Nose & Throat waits have been challenged due to constraints with consultant vacancies. Recruitment has been progressed with two posts filled at present. WLI clinic sessions are being delivered to facilitate the reduction in long waits and further options are being progressed.

14. BETTER CARE: New Outpatient Activity

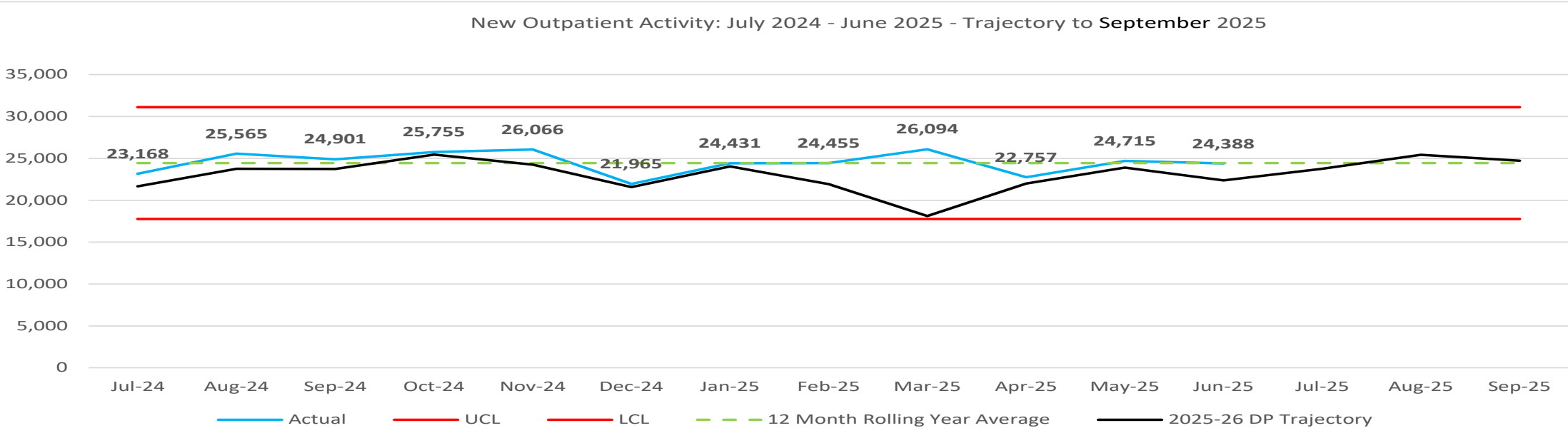
The number of new outpatients seen

Target

68,290

Performance

71,860



Summary

Current Position (including against trajectory):

A total of **71,860** new outpatients were seen during the period April - June 2025, above the 2025-26 DP trajectory of 68,290. **Above trajectory by 5%.**

Current Position Against National Target:

No national position relevant.

Target for 31 March 2026:

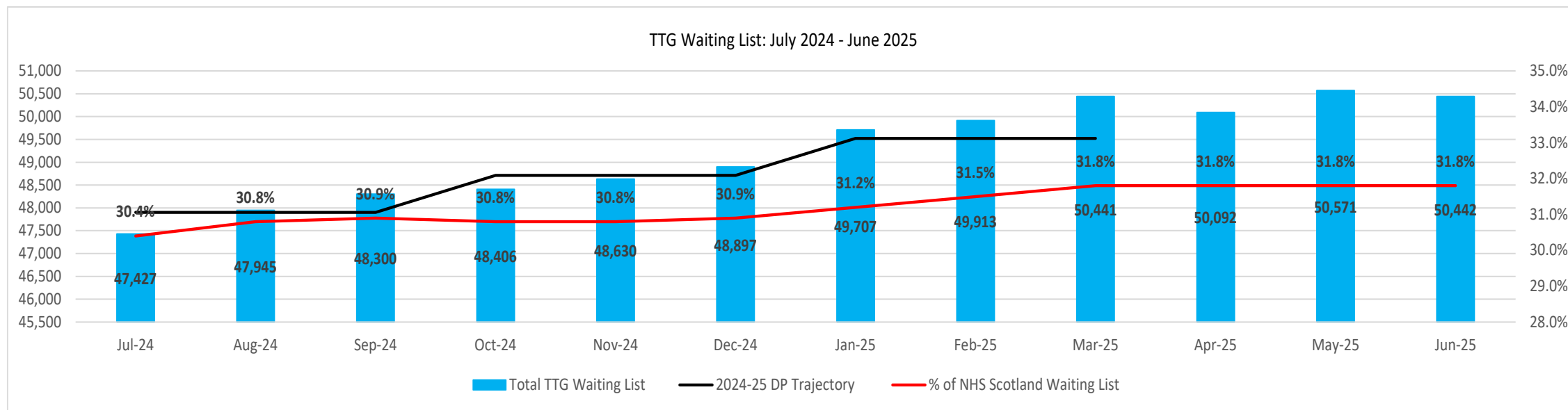
2025-26 DP target of 284,190 new outpatients to be seen by March 2026.

As seen from the chart above, NHSGGC exceeded current planned activity levels providing 3,570 more patients with access to the new outpatient care they need during the period April - June 2025.

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 June 2025, there were a total of **50,442** patients on the TTG waiting list waiting for an inpatient/daycase procedure, a 0.3% improvement on the previous months' position.

Current Position Against National Position:

31.8% of NHS Scotland's total TTG patients waiting at the end of June 2025 were NHSGGC patients.

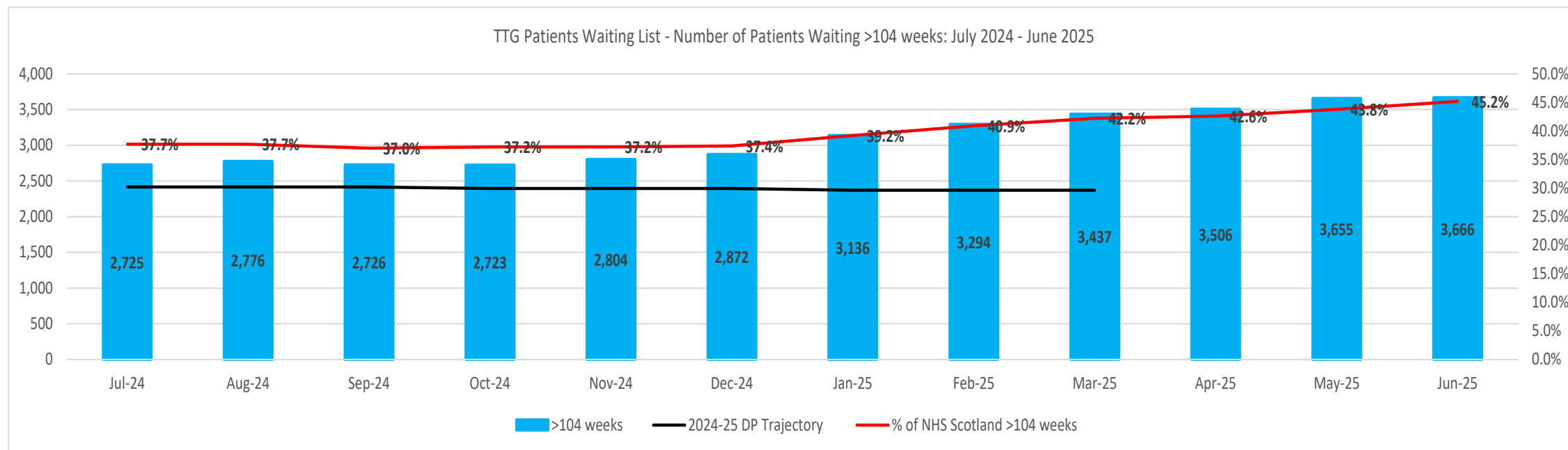
Target for 31 March 2026:

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

Current performance shows a 0.3% reduction on the previous months' position. Capacity continues to be targeted at urgent, highest priority cases. Actions to reduce the number of patients waiting are outlined on slide 33.

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

For
Information



Summary

Current Position (including against trajectory):

At the end of June 2025, there were a total of **3,666** TTG patients waiting >104 weeks for an inpatient/ daycase procedure on the TTG waiting list representing a marginal increase on the previous months' position.

Current Position Against National Position:

45.2% of NHS Scotland's total patients waiting >104 weeks at the end of June 2025 were NHSGGC patients.

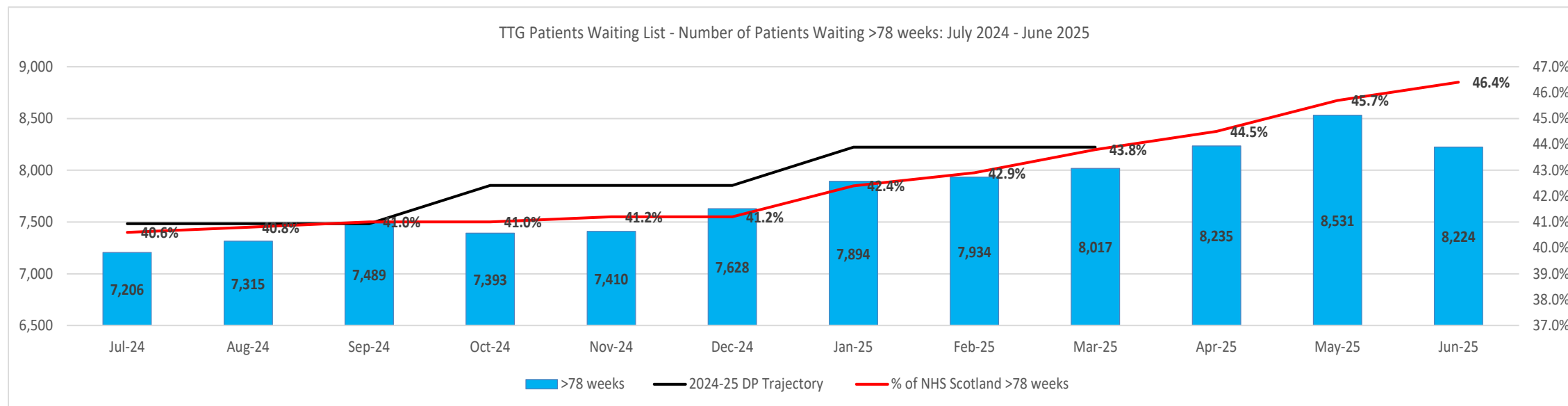
Target for 31 March 2026:

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

Actions to reduce long waiting TTG patients are outlined on slide 33.

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

For
Information



Summary

Current Position (including against trajectory):

As at June 2025 month end, a total of **8,224** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, representing a 3.6% reduction on the previous months' position.

Current Position Against National Position:

46.4% of NHS Scotland's total patients waiting >78 weeks at the end of June 2025 were NHSGGC patients.

Target for 31 March 2026:

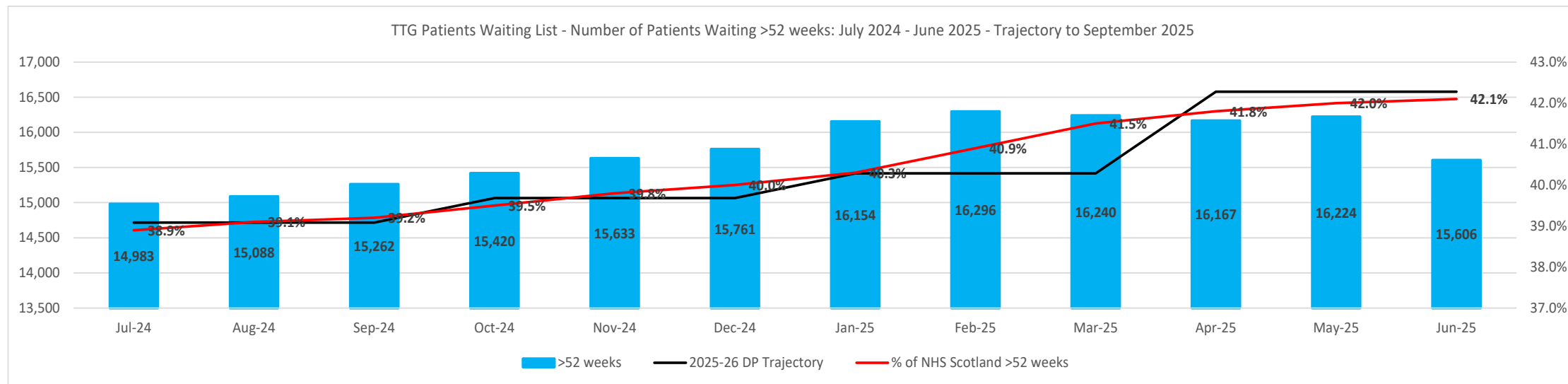
For information only - no year end target has been set.

Actions to reduce long waiting TTG patients are outlined on slide 33.

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

Target
16,579

Performance
15,606



Summary

Current Position (including against trajectory):

At the end of June 2025, there were a total of **15,606** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is within the 2025-26 DP target of no more than 16,579 by June 2025. **5.9% within trajectory.**

Current Position Against National Position:

42.1% of NHS Scotland's total patients waiting >52 weeks at the end of June 2025 were NHSGGC patients.

Target for 31 March 2026:

2025-26 DP target of no more than 9,944 TTG patients waiting >52 weeks by March 2026. Please additional information on the next slide re updated target.

Actions to reduce the number of TTG patients waiting are outlined on slide 33.

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

Target
16,579

Performance
15,606

Summary

Scottish Government have agreed to allocate a further £10million to NHSGGC to reduce the number of IPDC patients waiting over 52 weeks at the end of March 2026. The funding that has been secured will support a decrease from the current trajectory of 9944 patients at the end of March 2026 to a revised plan of 7750 patients, with activity targeted across the specialties detailed in the table below.

Overall activity and waiting times trajectories are currently being updated to reflect the additional funding and will be included in subsequent reports.

TTG Over 52 Weeks	Current Plan	Revised Plan	Additional Activity
ENT	2312	2252	60
General Surgery	1361	562	799
Gynaecology	1962	1562	400
Neurosurgery	300	100	200
Ophthalmology	380	265	115
Oral Surgery	111	111	0
Plastic Surgery	870	603	267
Trauma & Orthopaedics	1850	1497	353
Urology	359	359	0
Other	439	439	0
TOTAL - all specialties	9944	7750	2194

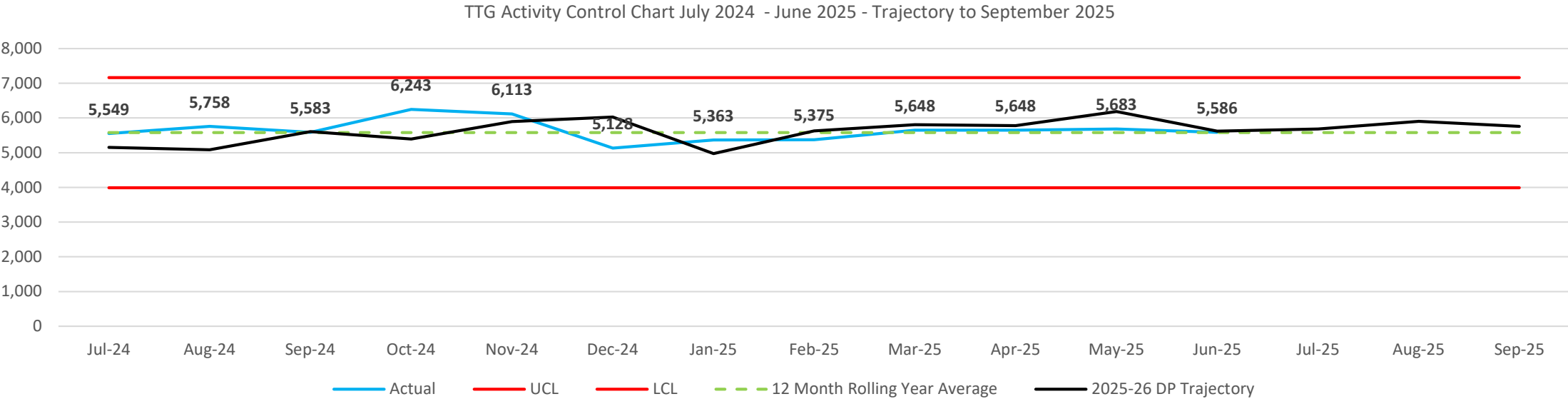
18. BETTER CARE: Actions in place to reduce the number of long waiting TTG inpatients/daycases (Continued)

Key Actions

Key actions in place to help reduce the number of long waiting TTG patients include the following:

- Gynaecology had 918 patients waiting >104 weeks at the end of June 2025 a reduction on the 936 patients at the end of May 2025. Cover of gynaecology theatre sessions remains compromised due to maternity leave in obstetrics. Locum consultant sessions recruited to support obstetric demand. Two additional substantive gynaecology consultant posts have been recruited to with expected start date in August 2025. Further locum recruitment is being progressed. 2025-26 DP outsourcing of TTG patient management approved for 350 - 450 patients. Tender published on 19 May 2025 with returns now received and evaluated and expected to start during the summer.
- T&O had a further reduction to 410 at the end of June from 429 patients at the end of May 2025. The trend reflects a downward trajectory for TTG long waiters in this specialty; cross sector smoothing is contributing to this reduction. Structured sector plans for the delivery of increased sessions and increased patient numbers including four joint lists is being worked through.
- The expansion of orthopaedic elective activity via surgical hubs at Gartnavel General Hospital (GGH) and Inverclyde Royal Hospital (IRH) remains a priority for sector teams. Elective sessions in GGH more consistently delivered in the third elective theatre. Expansion of bed capacity has been achieved to facilitate use of all sessions. Locum support for knee and upper limb operative care remains in place targeting longest waiting patients in North and Clyde sectors. Further plans for increasing theatre capacity through a fourth elective theatre at GGH have been approved through 2025-26 DP funding. Staffing recruitment is ongoing.
- Neurosurgery delivery of endoscopic spinal surgery continues to progress with proctoring for more complex patients now started. Additional base sessions being delivered for Endoscopic Spinal Surgery. 2025-26 given advance approval in order to focus on long waiting patients. No funding was received for the 2025-26 DP proposals.
- Plastic surgery had 369 patients waiting >104 weeks at the end of June 2025 a small increase on the 363 patients waiting >104 weeks at the end of May 2025. Sessions have been reinstated in the North sector to provide additional theatre activity. This will also support the breast risk reduction surgery. Locum posts have now been extended to March 2026. Further consultant capacity requested through 2025-26 DP to cover hand and skin demand. Plastic WLI sessions are being delivered.
- A targeted approach to clinical validation is in place to focus on the longest waits in the first instance with cross sector clinical engagement. 1,700 patients have been validated through this process to date with a removal rate of 7.2%.

<div> 19. BETTER CARE: TTG Inpatient/Daycase Activity The number of TTG inpatient/Daycases seen </div>	<div> Target 17,581 </div>	<div> Performance 16,917 </div>
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Summary

Current Position (including against trajectory):	A total of 16,917 patients were seen during the period April - June 2025, below the 2025-26 DP trajectory of 17,581 for April - June 2025. Below trajectory by 4%.
Current Position Against National Target:	No national target relevant.
Target for 31 March 2026:	2025-26 DP target of a total of 70,005 inpatient/daycases to be seen by March 2026.

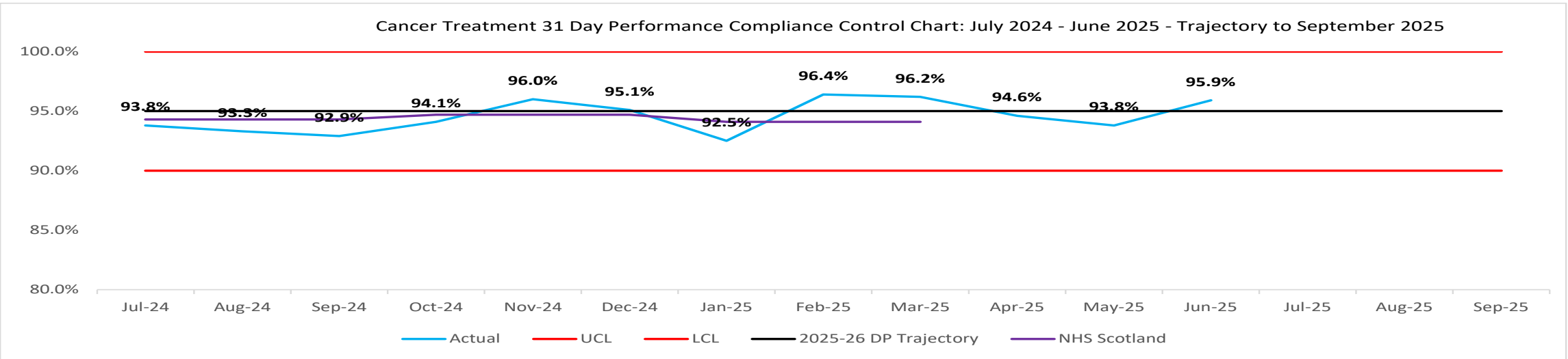
- As seen from the chart above, NHSGGC was below the planned inpatient/daycase activity levels for April - June 2025. Actions in place to bring activity in line with the planned position include:
- Maximising base theatre sessions across the sites. Approval given for agency anaesthetic sessions to optimise session delivery. This will start subject to recruitment with one post in place from 16 June 2025. Currently at evaluation phase with regard to insourcing solutions for full theatre teams.
 - Detailed review of productivity with theatre teams remains ongoing including for high volume programmes for joint and ophthalmology lists.

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%

Performance
95.9%



Please note: data from April 2025 onwards is provisional and subject to validation. The published data April – June 2025 is scheduled to be published on 25 September 2025.

Summary

Current Position (including against trajectory):

The latest provisional position is **95.9%** (607 of the 633 eligible patients started treatment within 31 days) for the month ending June 2025, **exceeding target by 0.9%**.

Position Against National Target:

At the quarter ending March 2025, the latest national published position, NHSGGC's performance (95.1%) above the latest national position of 94.1%.

Target to 31 March 2026:

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

Key Actions

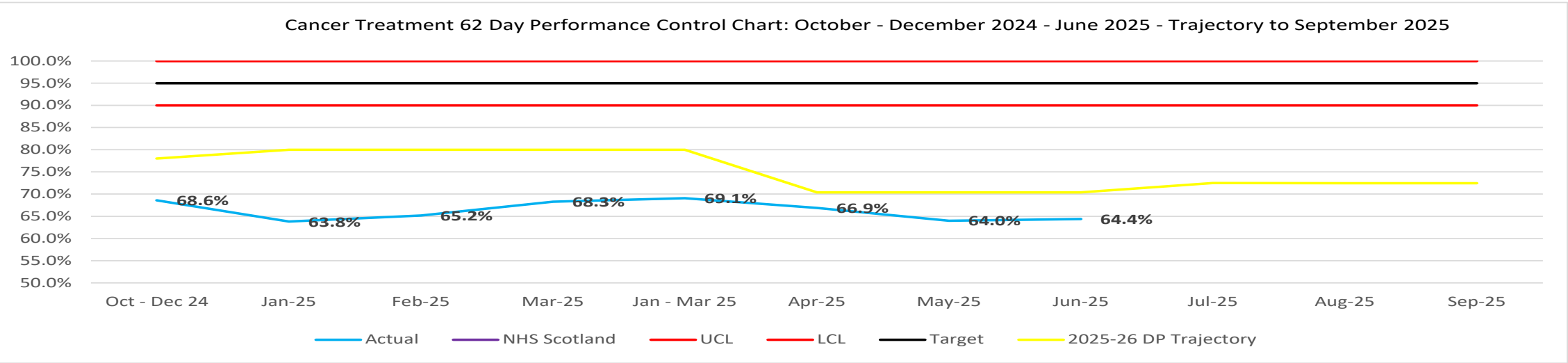
Overall compliance with the Cancer 31 Day Waiting Times Standard increased from 93.8% in May 2025 to 95.9% in June 2025. A total of eight of the ten cancer types exceeded the 95% target (an improvement on the seven reported the previous month). The cancer type below target was Urological (91.0% (an improvement on the 86.4% previously reported) - 152 of the 167 eligible referrals started their treatment within 31 days of referral). Actions to address performance in relation to Urological cancer are outlined on slides 37 and 38.

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
70.4%

Performance
64.4%



Please note: data from April 2025 onwards is provisional and subject to validation. The published data April – June 2025 is scheduled to be published on 25 September 2025.

Summary

Current Position (including against trajectory):

The latest provisional position is **64.4%** (257 of the 399 eligible referrals were seen) for the month ending June 2025, an improvement on the previous month's position of 64.0%. **Below the trajectory of 70.4%.**

Against National Target:

At the quarter ending March 2025, the latest national published position, NHSGGC's performance (69.1%) was above the national position of 69.9%.

Target to 31 March 2026:

2025-26 DP trajectory of 76.4% 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

Overall activity levels are down slightly from the previous month, from 442 patients in May 2025 to 399 in June. The main challenges to performance continue to be in Colorectal (38.5% - 15 of the 39 eligible referrals started their treatment within 62 days) and Urology (25.0% - 23 of the 92 eligible referrals started their treatment within 62 days of referral). Within Urology the volume of USOC referrals (prior to vetting) has increased by 17.3% on the same month the previous year, increasing from a total of 549 referrals in June 2024 to 644 referrals in June 2025. Other lower volume cancer types challenged during June 2025 include, Head and Neck (35.3% - six of the 17 eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals have increased by 17.0% when compared to the same month the previous year, Upper GI (65.6% - 21 of the 32 eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals increased by 6.1% on the same month the previous year and Cervical (25.0% - one of the 4 eligible referrals started their treatment within 62 days of referral). 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

- Overall performance should continue to be seen in the context of the increase in the number of USOC referrals when compared to the same period the previous year. By way of context the number of USOC referrals increased by 5.2% during the period April - June 2025 when compared to the same period last year, increasing from 19,173 in April – June 2024 to 20,165 in April – June 2025.
- A programme of review for Cancer Performance Management is underway to ensure best practice models have been implemented. NHS Lanarkshire and Scottish Government are supporting the programme which will incorporate a detailed review of performance data management, tracking and escalation processes; and reporting frameworks.

Colorectal - June 2025 Performance: 38.5% - 15 of the 39 eligible referrals started their treatment within 62 days of referral (below the April - June 2025 trajectory of 52.0%).

- Colorectal performance reduced from 50.0% in May 2025 to 38.5% in June 2025, driven by Colonoscopy delays which continue to be the main reason for breaches. Overall performance is below the 2025-26 DP trajectory for April - June 2025.
- Following the confirmation of funding to expand the Nurse Endoscopist service, posts have been recruited to. The posts will provide capacity to support the weekday activity that was previously being delivered via the Mobile Unit.
- The revised qFit parameters for colonoscopy continue to be implemented and have shown an improvement in the waiting times. Revalidation of the colonoscopy waiting list complete with only 6 patients remaining of the old scoring on the USOC waiting list, all with booked appointments.
- The regrading policy has been reiterated to all clinicians to ensure patients are correctly categorised at vetting and at point of biopsy.
- Dedicated CT Colon slots are in place to expedite investigation.
- Funding bids to support the implementation of the Optimal Colorectal Cancer Diagnostic Pathway were submitted on 14 July 2025 to the Centre for Sustainable Delivery. The outcome of these bids is awaited.

Head & Neck - June 2025 Performance: 35.3% - six of the 17 eligible referrals started their treatment within 62 days of referral (below the April - June 2025 trajectory of 60.0%).

- Head & Neck (H&N) performance reduced from 63.6% in May 2025 to 35.3% in June 2025. As referenced on previous slide, USOC referrals are 17% higher than in the corresponding period last year, meaning percentages can vary significantly because of a small number of cases. Capacity has been impacted by Ear Nose & Throat Outpatient Waiting Times, with a number of patients waiting over 14 days for a first outpatient appointment due to consultant vacancy and sickness. One Consultant returned from sick leave in June 2025 to a modified Job Plan, resuming full duties in July 2025. One vacancy has also been successfully recruited into, with a start date of October 2025.
- Locum activity has been secured to support Oral Maxillofacial Surgery USOC clinics.
- The activity through the Diagnostic Hub continues to increase with two Clinical Nurse Specialists each now providing 40 outpatient appointment slots per week. This will continue to increase month on month, the full impact of this development is anticipated in February 2026.

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)

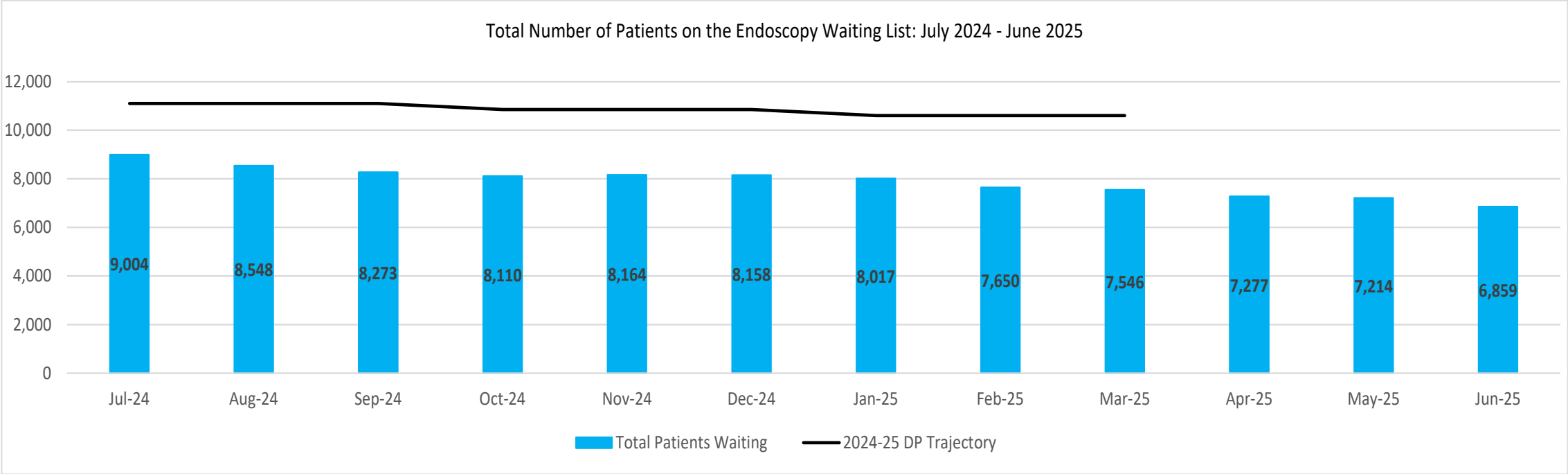
Urology - June 2025 Performance: 25.0% - 23 of the 92 eligible referrals started their treatment within 62 days of referral (below the April - June 2025 trajectory of 42.5%).

- Urology performance increased from 24.8% in May 2025 to 25.0% in June 2025.
- Additional TP Biopsy capacity being sought.
- Seven days of Locum Consultant time secured in August 2025 for Cystoscopy and TURBT work.
- A Robotic Fellow commenced in post in July 2025, the post will support additional capacity for clinics (clinic start date is being timetabled, this is anticipated to deliver six robotic and eight TRUS results slots per week).
- The third Robotic Nurse Assistant has been employed and once trained will increase the ability to run additional sessions both midweek and weekend.
- An additional RALP theatre session has been funded, based on clinician availability this is anticipated to start in August 2025.
- WLI sessions continue to be pursued for all aspects of the Urology diagnostic pathway.
- Uro-Oncology Outpatient waiting times remain under pressure. Ring fenced slots for tracked patients being protected.
- The Oncology Team are liaising with NHS Ayrshire and Arran to review their Nurse Led model and assess the opportunity to deploy this model within NHSGGC. This would potentially reduce the requirement for separate Surgical and Oncology Outpatient consultations to consider treatment options.
- A Urology Review Group commenced in March 2025. The objective is by September 2025 to develop a plan which leverages opportunities to achieve an optimal operating model, providing effective and efficient use of resources to improve patient pathways and patient access to Urology Services.

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 June 2025 month end, there were **6,859** patients on the overall waiting list, representing a further 4.9% 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.

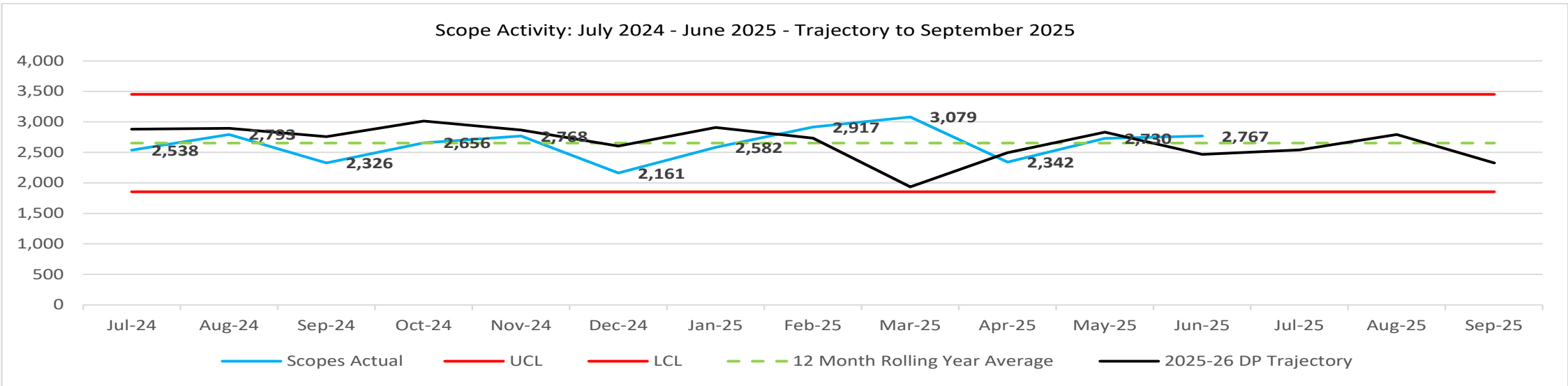
Performance has seen a month-on-month reduction in the number of patients on the endoscopy waiting list with 4.9% fewer patients waiting than the previous month.

23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
7,791

Performance
7,839



Summary

Current Position (including against trajectory):

A total of **7,839** endoscopies were carried out during April - June 2025, above the 2025-26 DP trajectory of 7,791. **Above trajectory by 0.6%.**

Current Position Against National Target:

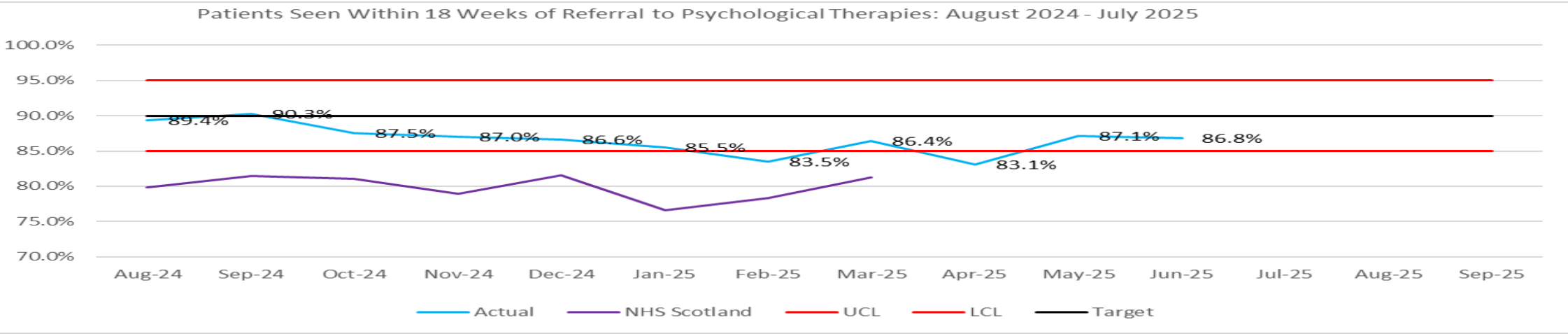
No national target relevant.

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 currently exceeding the planned activity levels providing 48 more patients with access to an endoscopy test during April - June 2025.

<div> 24. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral </div> <div> At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment </div>	<div>Target</div> <div>90%</div>	<div>Performance</div> <div>86.8%</div>
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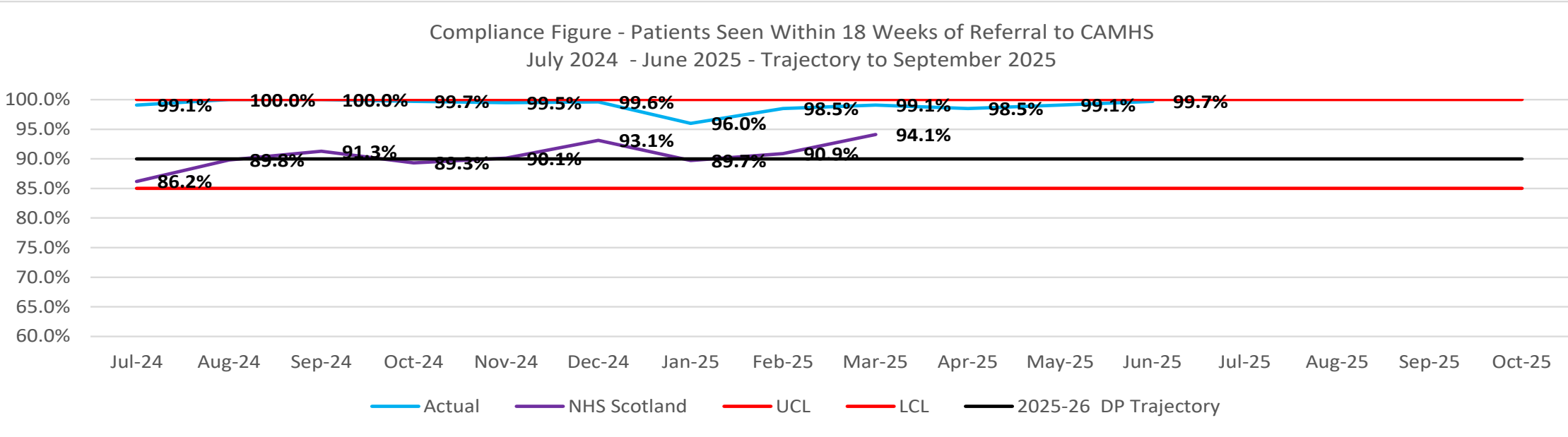
Summary

<div>Current Position (including against trajectory):</div>	In June 2025, 86.8% eligible referrals were seen <18 weeks of referral, a marginal reduction on the previous months’ position of 87.1%. 3.2% below the national target of 90%.
<div>Current Position Against National Target:</div>	National Target 90%. Performance for the latest monthly published position (March 2025) was 86.4%, above the national position of 81.3%.
<div>Target for 31 March 2026:</div>	Current performance is below the national target of 90%.

Key Actions

- Services continue to prioritise actions aiming to balance the delivery against the target and reduce the number of long waiting patients. Whilst compliance with target has reduced, overall activity has increased by 13% when compared to the same month the previous year increasing from a total of 1,139 patients seen in June 2024 to 1,287 in June 2025.
- June’s position follows the services’ continued focus on addressing the longest waiting patients and prioritising starting Psychological Therapies (PT) with patients waiting >18 weeks. For example, the number of patients seen who had been waiting > 18 weeks increased by 56% when compared to the same month the previous year, increasing from 109 patients in June 2024 to 170 patients in June 2025.. This, coupled with the effect of continual new demand, alongside the review of SG Mental Health funding and the impact this has had on PT funded posts compounded by the lengthy recruitment process are all having an impact on the ability to deliver a service to meet the target. These influencing factors are likely to continue to impact in 2025-26.
- Local short-term initiatives (e.g. targeting long waits following the process of a successful recruitment) results in a localised short-term increase both in the number starting a PT and the number starting a PT who had waited > 18 weeks. The aggregated effect of a few short-term initiatives can significantly impact on the numbers reported in the Board wide data.

<div>25. BETTER HEALTH: Child and Adolescent Mental Health - % of eligible patients starting treatment <18 weeks of referral</div> <div>At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment</div>	<div>Target</div> <div>90%</div>	<div>Performance</div> <div>99.7%</div>
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Summary	
Current Position (including against trajectory):	In June 2025, 99.7% 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 9.7%.
Current Position Against National Target:	National Target 90%. Performance for the latest quarterly published position (ending March 2025) was 99.1%, above the national position of 94.1%.
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.	

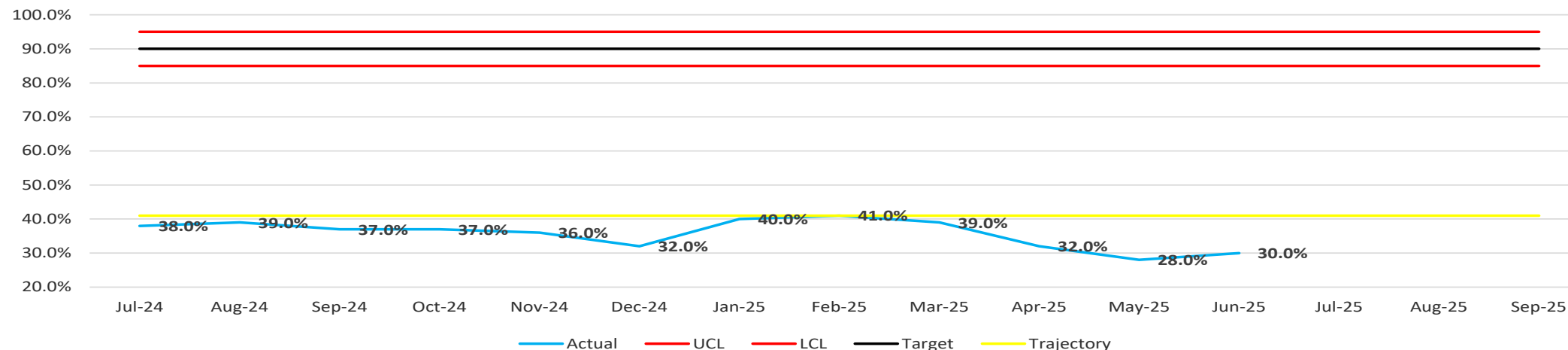
26. BETTER CARE: MSK Physiotherapy Waiting Times - % of patients seen <4 weeks

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: July 2024 - June 2025 - Trajectory to September 2025



Please note: The release of the next publication containing national data will be during the summer 2025. Data is now released annually.

Summary

Current Position (including against trajectory):

In June 2025, **30.0%** of patients were seen within four weeks, an improvement on last month's position of 28.0% 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 national published position (quarter ending March 2024) is 65%, above the national position of 51%.

Target for 31 March 2026:

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

The service continues to see an increase in demand. For example, the number of referrals increased by 4% during the period July 2025 - June 2026 (78,991) when compared to the same period the previous year (75,632). The number of new patient appointments increased by 4% increasing from 5,060 in May 2025 to 5,261 in June 2025 whereas the number of return appointments marginally reduced by 1.5% on the previous months' appointments reducing from 15,372 in May 2025 to 15,144 in June 2025. Actions to improve performance are outlined in the next slide.

26. BETTER CARE: MSK Physiotherapy Waiting Times: % of patients seen <4 weeks (Continued)

Commentary

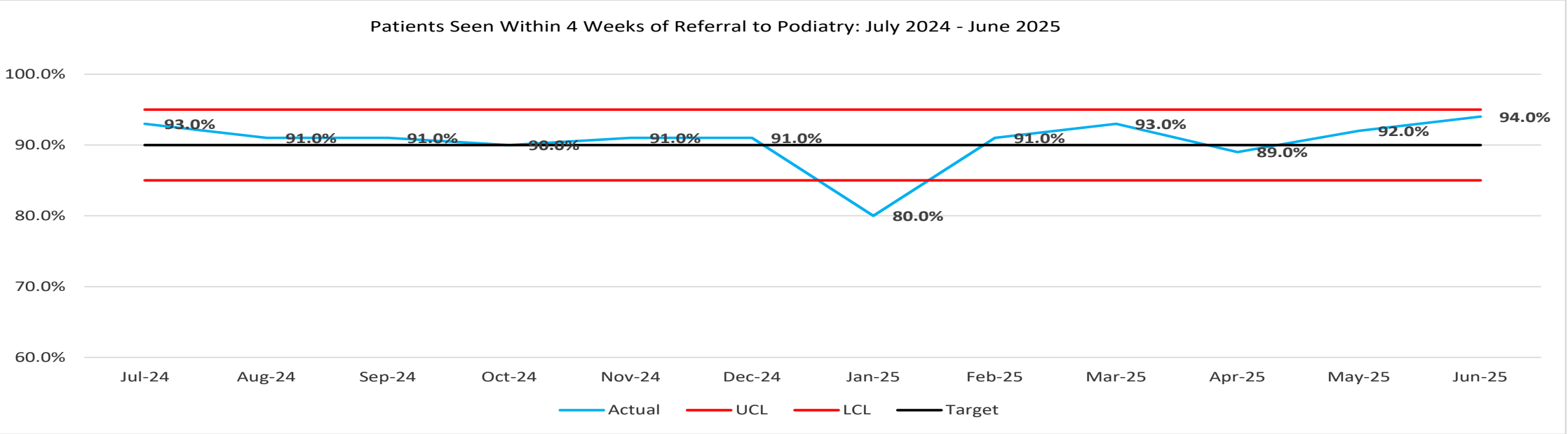
- Overall compliance with the national target in June 2025 is in the main due to the increase in vacancies, an increase in sickness absence, continuing to release 0.9 wte to support orthopaedic spinal waiting times, all of which has proven challenging during May and June 2025. These factors have combined to impact on new patient capacity. The service also continues to try and recruit two agency staff as the MSK service was expecting the staff released to support orthopaedic spinal waiting times to return and this has not happened and continues to impact on MSK waits.
- Healthcare Improvement Scotland (HIS) have supported MSK Physiotherapy service with a seven-week sprint QI 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. The first two tests of change are just starting as part of the Sprint QI Model and the findings informed the larger project work. The two tests of change are small scale initially as advised by HIS.
- The service has refreshed representation on the priority project group to address routine waiting times. A webinar took place to generate staff ideas early May 2025 and there is a project group working through the ideas to produce a plan to be tabled at the next waiting times meeting mid-July 2025.
- The service has been challenged in accommodating urgent new patient slots (due to a proportionate increase in urgent referrals) and routine appointment slots have been converted to meet the urgent demand.
- 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. This resulted in 129 additional new patient appointments in June 2025.

27. 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
94.0%



Summary

Current Position (including against trajectory):

94% of eligible podiatry patients were seen <4 weeks of referral in June 2025, an improvement on the previous months' position. **Above the national target by 4%.**

Current Position Against National Target:

No national position available.

Target for 31 March 2026:

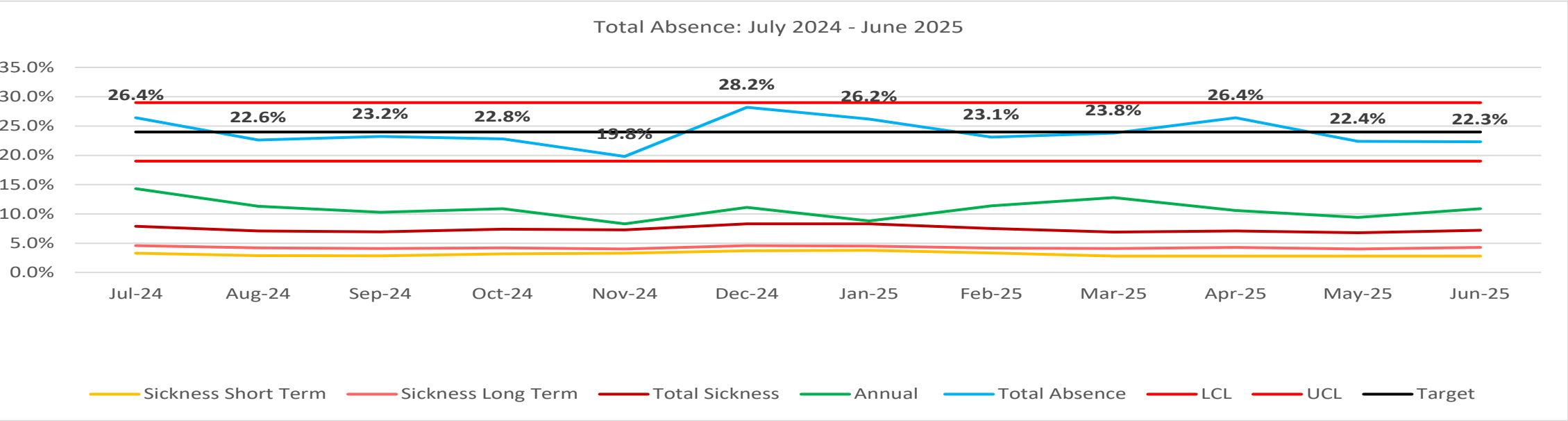
Target of 90% (national target). **Performance is above the national target of 90%.**

28. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
22.3%

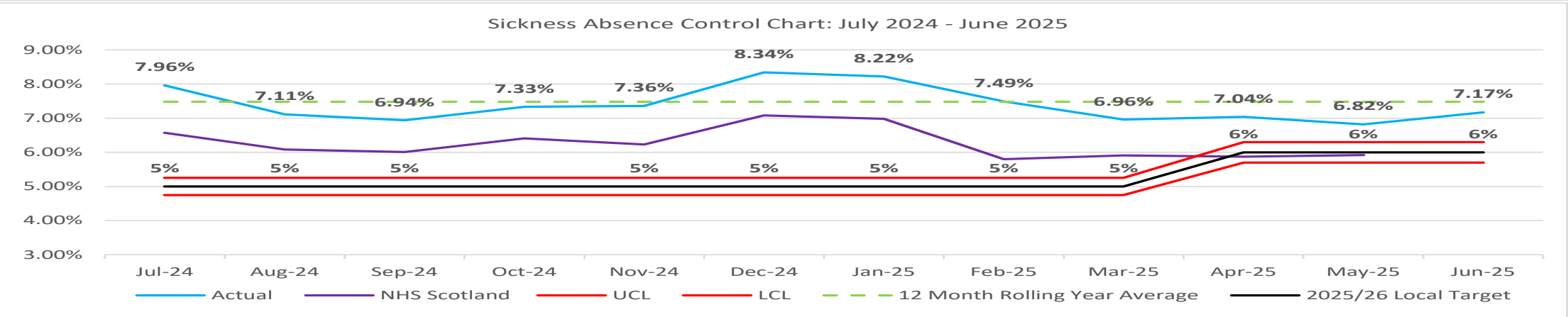


Summary

Current Position:	During June 2025, overall absence across NHSGGC was 22.3%, an improvement on the 22.4% reported the previous month. The highest levels of absence across NHSGGC are due to annual leave (10.9% an increase on the 9.4% the previous month) and sickness absence 7.2% an increase on the 6.8% the previous month).
Current Position Against National Target:	No relevant national target.
Target for 31 March 2026:	No projection has been agreed.

Overall absence across NHSGGC was 22.3% in June 2025, a small improvement on the 22.4% reported the previous month. Actions to address sickness absence are outlined on the next slide.

<div> 29. BETTER WORKPLACE: Staff Sickness Absence Rate Reduce sickness absence percentage to meet local target of 5% </div>	<div> Target 6.0% </div>	<div> Performance 7.2% </div>
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Summary

Current Position (including against trajectory):

Current performance **7.17%**, an increase on the 6.82% reported the previous month. **1.17% above the 2025-26 DP target of 6.0%.**

Current Position Against National Target:

Above national average of 5.92% for May 2025 (June 2025 position unavailable at present).

Target for 31 March 2026:

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

Key Actions

The current performance of 7.17% (with 2.8% short term and 4.3% long term) is an increase on the May 2025 figure of 6.82%. The short-term absence has increased slightly, while long-term absence has increased by 0.32% compared to the previous month. Acute absence shows an increase of 0.22%, HSCPs increased by 0.5%, Estates and Facilities saw an increase of 0.21% and Corporate Services increased by 0.81% relative to last month. Trajectories have been established for each sector to address sickness absence.

In 2025, the primary focus remains on addressing long-term sickness absence following a 0.63% rise in long-term absence reported in December 2024 and consistently high long term absence reporting. The absence partnership working group has been refreshed and expanded and a board wide action plan which focuses on enhancing wellbeing, improving attendance management, fostering a supporting working environment, promoting work life balance, strengthening employee engagement and facilitating knowledge sharing. Actions include an analysis of occupational health data to identify trends and improve OH interventions, better use of system capabilities to support in the management of absence, review of management training, review of re-employment and temporary redeployment options to support staff who may not be fit for their own post, greater focus and promotion of workplace adjustments to support employees with long term conditions and disabilities.

30. Rational 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	9
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	14
6	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	16
7	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	18
8	Total number of Delayed Discharges per 100,000 adult population	National Target		20
9	GP Out Of Hours Activity	For Information	Not Applied	21
10	GP Out Of Hours: % of Scheduled Shifts Open	Local Target	Based on 5% variance from target	22
11	Number of patients on the New Outpatient Waiting List	For Information	Not Applied	23
12	Number of New Outpatients Waiting >78 weeks	For Information	Not Applied	24
13	Number of New Outpatients Waiting >52 weeks	2025-26 DP Target	Not Applied	25
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	28
16	Number of TTG Patients Waiting >104 weeks	For Information	Not Applied	29

30. Rationale For Control Limits (Applied Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
17	Number of TTG Patients Waiting >78 weeks	For Information	Not Applied	30
18	Number of TTG Patients Waiting >52 weeks	2025-26 DP Target	Not Applied	31
19	TTG Inpatient/Daycase Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	34
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	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	National Waiting Times Target	Based on 5% variance from target	41
25	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	National Waiting Times Target	Not Applied	42
26	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Waiting Target	Based on 5% variance from trajectory	43
27	Podiatry Waiting Times - % of patients seen <4 weeks	National Waitng Times Target	Based on 5% variance from target	45
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
28	Staff Absence (Total)	Local Target	Not Applied	46
29	Staff Sickness Absence Rate	National / Local Target		47
29	Short Term Absence Rate	Local Target	Based on 5% variance from target	47
29	Long Term Absence Rate	Local Target	Not Applied	47
BETTER VALUE				
No	Measure	Targets		Slide Number
30	Rationale for Control Limits Applied			48