

NHS Greater Glasgow and Clyde	Paper No. 26/78
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 June 2026
Title:	Integrated Performance and Quality Report (April 2026)
Sponsoring Director/Manager:	Michael Breen, Director of Finance
Report Author:	Stuart Donald, Head of Performance

1. Purpose

The purpose of the paper is to: provide a monthly update on performance against key corporate indicators included within the Integrated Performance and Quality Report (IPQR).

Appendix 1 to this paper provides in full a copy of the IPQR for April 2026.

2. Executive Summary

The paper can be summarised as follows:

April 2026 reflects continued progress in several core areas, while a number of persistent system pressures remain across the system.

Across key performance indicators:

- 17 are rated Green indicating performance in line with or ahead of agreed trajectories.
- 12 are rated amber, where performance has not met trajectory but is within a tolerable range.
- 15 are rated Red, not meeting trajectory and outside of tolerable range.
- Grey-rated measures, which do not have agreed trajectories, are provided for information and context.

Summary of Key Performance Indicators by Committee:

Committee	Green	Amber	Red
Clinical and Care Governance	2	1	3
Population Health and Wellbeing	1	0	0
Finance, Planning and Performance	14	9	10
People and Staff Governance	0	2	2
Total	17	12	15

Clinical and Care Governance:

- Hospital Standardised Mortality Ratio is below the Scottish average, and crude mortality aligns with national patterns.
- Healthcare Acquired Infection rates for SAB, ECB and CDI are all slightly above target. Hand hygiene compliance remains consistently high.
- Oversight of Significant Adverse Event Reviews (SAER) continues to strengthen. There were no SAERs closed within timescales, however, there continues to be more SAERs closed than commissioned.
- Patient experience indicators also remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. 69% of stories received in April 2026 reflected positive themes, although variation in timeliness of responses persists between sites.
- Overall complaints performance continues to meet national benchmarks.

Population Health:

- Waiting times for alcohol and drug treatment continues to exceed national standards.
- Uptake of the Spring Covid Booster continues to lag behind Scotland overall. The Spring Covid Booster programme runs from April to June 2026.

Finance, Planning and Performance

- New outpatients overall and over 52 weeks waits have increased in April 2026 with over 52 weeks waits in April 2026 slightly above trajectory.
- Treatment Time Guarantee (TTG) overall and over 52 weeks waits have reduced and over 52 weeks waits start the year ahead of trajectory.
- Diagnostic waits over six weeks for both Imaging and Scopes have increased compared to the previous month, while activity has decreased
- Cancer performance against the 31-day standard remains ahead of trajectory.
- Performance against the 62-day standard increased by 3% in April 2026 and is now exceeding the local trajectory, representing significant improvement from previous levels.
- CAMHS continue to meet the 18-week standard for time between referral and starting treatment.
- Psychological Therapies and MSK Physiotherapy continue to experience operational and workforce pressures, which impact delivery against trajectory.

BOARD OFFICIAL

- Emergency Department performance remains below local and national trajectories and has decreased marginally in April 2026 from the previous month.
- ED attendances continue to run above trajectory, although admissions from ED are down on the previous year and are ahead of trajectory.
- Delayed discharges remain significantly above trajectory across both Acute and Mental Health patients.
- Estates and Facilities, decontamination, laundry, and catering services continue to provide reliable support to clinical operations. Planned maintenance backlogs have decreased slightly from the previous month, while Reactive maintenance backlogs have slightly increased. Both however are significantly improved from figures seen in 2025.

People and Staff Governance

- Workforce absence increased to 25.9% in April 2026 (from 24.5% in March 2026), above the 24.0% trajectory.
- Sickness absence remained static at 7.3% with long-term absence continuing to drive the overall position.
- Mandatory training compliance remains below the 90% threshold, while PDPR completion remains static and out with trajectory.

3. Recommendations

The NHS GGC Board is asked to consider the following recommendations:

- Note the performance across the key indicators for NHS GGC within the Integrated Performance and Quality Report for April 2026.

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:

The performance measures within the IPQR are extracted from data held in NHSGGC systems, with narrative input from responsible service areas.

7. Governance Route

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

All presented data is verified within established governance routes, and service narratives reviewed by the responsible Executive.

8. Date Prepared & Issued

Date Prepared: 9 June 2026

Date Issued: 17 June 2026

9. Appendices

- Appendix 1 Integrated Performance and Quality Report - April 2026

Integrated Performance and Quality Report (IPQR)



Reporting Month:
April 2026

Committee Pathway:

CMT: 1 June 2026

NHSGGC Board: 25 June
2026



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April 2026 data shows that progress continues in several core areas, while a number of persistent pressures remain across the system

Across key performance indicators:

- 17 are rated Green indicating performance in line with or ahead of agreed trajectories
- 12 are rated amber, where performance has not met trajectory but is within a tolerable range
- 15 are rated Red and are not meeting trajectory and outside of tolerable range. Grey-rated measures are provided for information and context.

Clinical and Care Governance:

Hospital Standardised Mortality Ratio is below the Scottish average, and crude mortality aligns with national patterns. Healthcare Acquired Infection rates for SAB, ECB and CDI are all slightly above target. Hand hygiene compliance remains consistently high. Oversight of Significant Adverse Event Reviews continues to strengthen, and there continue to be more SAERs closed than commissioned.

Patient experience indicators remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. 69% of stories received in April 2026 reflected positive themes, although some variation in sentiment and timeliness of responses persists between sites. Complaints performance continues to meet national benchmarks.

Population Health:

Waiting times for alcohol and drug treatment exceed national standards. The Spring Covid Booster programme runs from April to June 2026, uptake is currently behind Scotland overall.

Finance, Planning and Performance:

New outpatients waiting over 52 weeks has increased slightly by end of April, but remain within tolerable limits. Diagnostic waits over six weeks have increased and activity has decreased in April. Treatment Time Guarantee (TTG) overall and over 52 weeks waits have reduced and over 52 weeks waits start the year ahead of trajectory.

Cancer performance against the 31-day standard remains ahead of trajectory. Performance against the 62-day standard increased by 3% in April 2026 and is now above the local trajectory, representing significant improvement from previous levels

CAMHS continues to meet the 18-week standard. Psychological Therapies and MSK Physiotherapy continue to experience operational and workforce pressures, which impact delivery against trajectory. Delayed discharges remain significantly above trajectory across both Acute and Mental Health patients

Emergency Department performance remains below local and national trajectories, and has reduced slightly in April 2026 from the previous month. ED attendances continue to run above trajectory, although admissions from ED are down on the previous year and are ahead of trajectory

Within Estates and Facilities, decontamination, laundry and catering services continue to provide reliable support to clinical operations, and maintenance backlogs have reduced from 2025 levels.

People and Staff Governance

Overall absence increased to 25.9% in April 2026 (from 24.5% in March 2026), outwith the 24% trajectory. Sickness absence remained at 7.3%, with long-term absences continuing to drive the overall position. Mandatory training compliance remains just below the 90% threshold, while PDPR completion is improving, though not yet meeting trajectory.

Better Health

Population Health and Wellbeing Committee

Alcohol and Drugs - %
starting treatment within
3 weeks

92.9%
Trajectory: 90%
December 2025

Vaccinations - Seasonal
Programme

22,070

03 May 2026

Better Care

Finance, Planning and Performance Committee

New Outpatient Referrals
(Year to Date)

28,770

April 2026

Outpatient Activity

22,598
Trajectory (Provisional): 22,784
April 2026

Outpatient Activity (Year
to Date)

22,598
Trajectory (Provisional): 22,784
April 2026

Total Outpatient Waiting
List

142,250

April 2026

Outpatient Waits >78
Weeks

0
Trajectory: 0
April 2026

Outpatient Waits >52
weeks

113
Trajectory: 0
April 2026

Diagnostic Scopes Activity

2,615
Trajectory: 2,601
April 2026

Diagnostic Scopes Activity
(Year to Date)

2,615
Trajectory: 2,601
April 2026

Diagnostic Scopes >6
week waits

3,074
Trajectory: 5,137
April 2026

Scopes >26 week waits

796

April 2026

Scopes >52 week waits

254

April 2026

Scopes - Total Waiting
List

6,485

April 2026

Better Care

Finance, Planning and Performance Committee

Imaging Activity

13,482
Trajectory: 12,543
April 2026

Imaging Activity (Year to Date)

13,482
Trajectory: 12,543
April 2026

Imaging >6 Week Waits

6,623
Trajectory: 6,104
April 2026

Imaging >26 Week Waits

8
Trajectory: 0
April 2026

Imaging All Waits

23,777
Trajectory: 22,643
April 2026

TTG Inpatient and Daycase - Activity

5,838
Trajectory (Provisional): 5,846
April 2026

TTG Inpatient and Daycase - Activity (Year to Date)

5,838
Trajectory (Provisional): 5,846
April 2026

TTG Inpatient and Daycase Waits >52 weeks

6,509
Trajectory: 6,922
April 2026

TTG Inpatient and Daycase Waits >78 weeks

2,456
April 2026

TTG Inpatient and Daycase Waits >104 weeks

701
April 2026

TTG Inpatient and Daycase- Total Waiting List

43,152
April 2026

Cancer - 62 Day Target

79.6%
Trajectory: 78%
April 2026

Cancer - 31 Day Target

96.1%
Trajectory: 95%
April 2026

Urgent Suspicion of Cancer Referrals (Year to Date)

6,039
April 2026

Cancer Activity (31 day pathway, Year to Date)

609
April 2026

Cancer Activity (62 day pathway, Year to Date)

407
April 2026

CAMHS - % starting treatment within 18 weeks

100%
Trajectory: 90%
April 2026

Psychological Therapies - % starting treatment within 18 weeks

82.1%
Trajectory: 90%
April 2026

MSK Physio - Patients Seen within 4 weeks

31%
Trajectory: 41%
April 2026

MSK Physio - Average Wait (Weeks)

8.3
Trajectory: 9.4
April 2026

Podiatry - Patients Seen within 4 weeks

94.0%
Trajectory: 90%
April 2026

ED Attendances (Year to Date)

35,162
Trajectory: 34,135
April 2026

Admissions from ED (Year to Date)

11,212
Trajectory: 11,644
April 2026

Length of Stay (Emergency Admissions)

7.85
Trajectory: 7.60
April 2026

Better Care

Finance, Planning and Performance Committee

ED 4hr Target

68.20%
Trajectory: 85%
April 2026

Unscheduled Care Occupied Bed Days (Adults, Year to Date)

108,662
Trajectory: 101,709
April 2026

Delayed Discharges per 100k of population

43.67
Trajectory: 34.6
April 2026

Acute Patients in Delay

326
Trajectory: 258
April 2026

Acute Bed Days Lost to Delay

9,501
Trajectory: 7,889
April 2026

Mental Health Bed Days Lost to Delay

2,928
Trajectory: 1,857
April 2026

Mental Health Patients in Delay

96
Trajectory: 58
April 2026

GP 00H Shift Fill Rate

100%
Trajectory: 90%
April 2026

GP 00H Activity

14,767
April 2026

GP List Closures

10
April 2026

Better Workplace

People and Staff Governance Committee

Total Absence (All Absence Types)

25.90%
Trajectory: 24.00%
April 2026

Total Sickness Absence

7.27%
Trajectory: 6.0%
April 2026

KSF PDP&R Conversations Recorded on Turas

71.9%
Trajectory: 80%
April 2026

Completion of Statutory & Mandatory Training

89.2%
Trajectory: 90%
April 2026

Key Performance Indicators

Achieving trajectory

Within tolerable range

Not achieving trajectory

No trajectory set



Better Care

Clinical and Care Governance Committee

Hospital Standardised Mortality Ratio

0.99

December 2025

Healthcare Acquired Infections - Escherichia Coli Bacteraemia (ECB)

57

Trajectory: 51
April 2026

Healthcare Acquired Infections - Clostridioides Difficile Infections (CDIs)

22

Trajectory: 21
April 2026

Healthcare Acquired Infections - Staphylococcus Aureus Bacteraemia (SAB)

30

Trajectory: 26
April 2026

Hand Hygiene Compliance Rate

96.00%

April 2026

SAERs Commissioned

18

April 2026

SAERs Closed within 140 Working Days

0.00%

April 2026

Stage 1 Complaints Received

238

April 2026

Stage 1 Complaints Closed Within 5 Working Days

89.0%

Trajectory: 70%
April 2026

Stage 2 Complaints Received

316

April 2026

Stage 2 Complaints Closed Within 20 Working Days

58.00%

Trajectory: 70%
April 2026

Overall Complaints Closed Within Timescale

75.00%

Trajectory: 70%
April 2026

Care Opinion Stories

418

April 2026

Percentage of Care Opinion Stories With Positive Themes

69%

April 2026

Better Value

Audit and Risk Committee

FOIs Received

156

March 2026

FOIs Responded to Within 20 Working Days

90.38%

March 2026

Better Value

Finance, Planning and Performance Committee

Estates and Facilities - Central Decontamination Unit Activity

31,758

April 2026

Estates and Facilities - Planned Maintenance Completed

76%

April 2026

Estates and Facilities - Reactive Maintenance Completed

58%

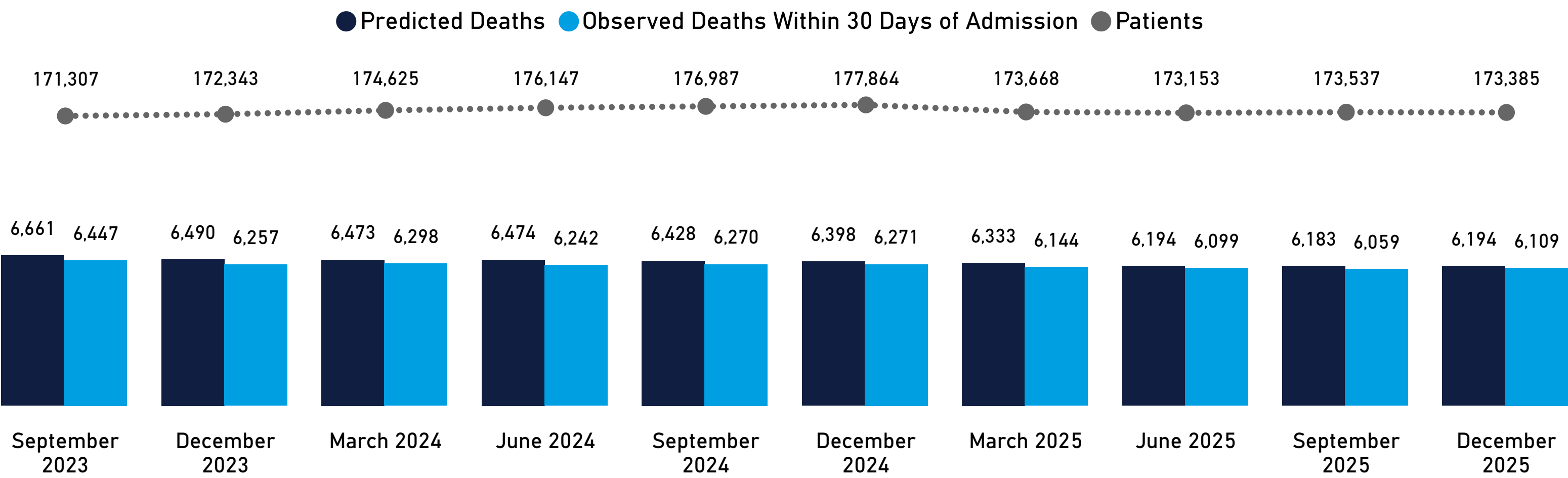
April 2026

Standardised Mortality Rate / Crude Mortality within 30 Days of Admission



Lead Director – Medical Director
Lead Committee – Clinical and Care Governance

Predicted and Observed Deaths Within 30 Days of Admission

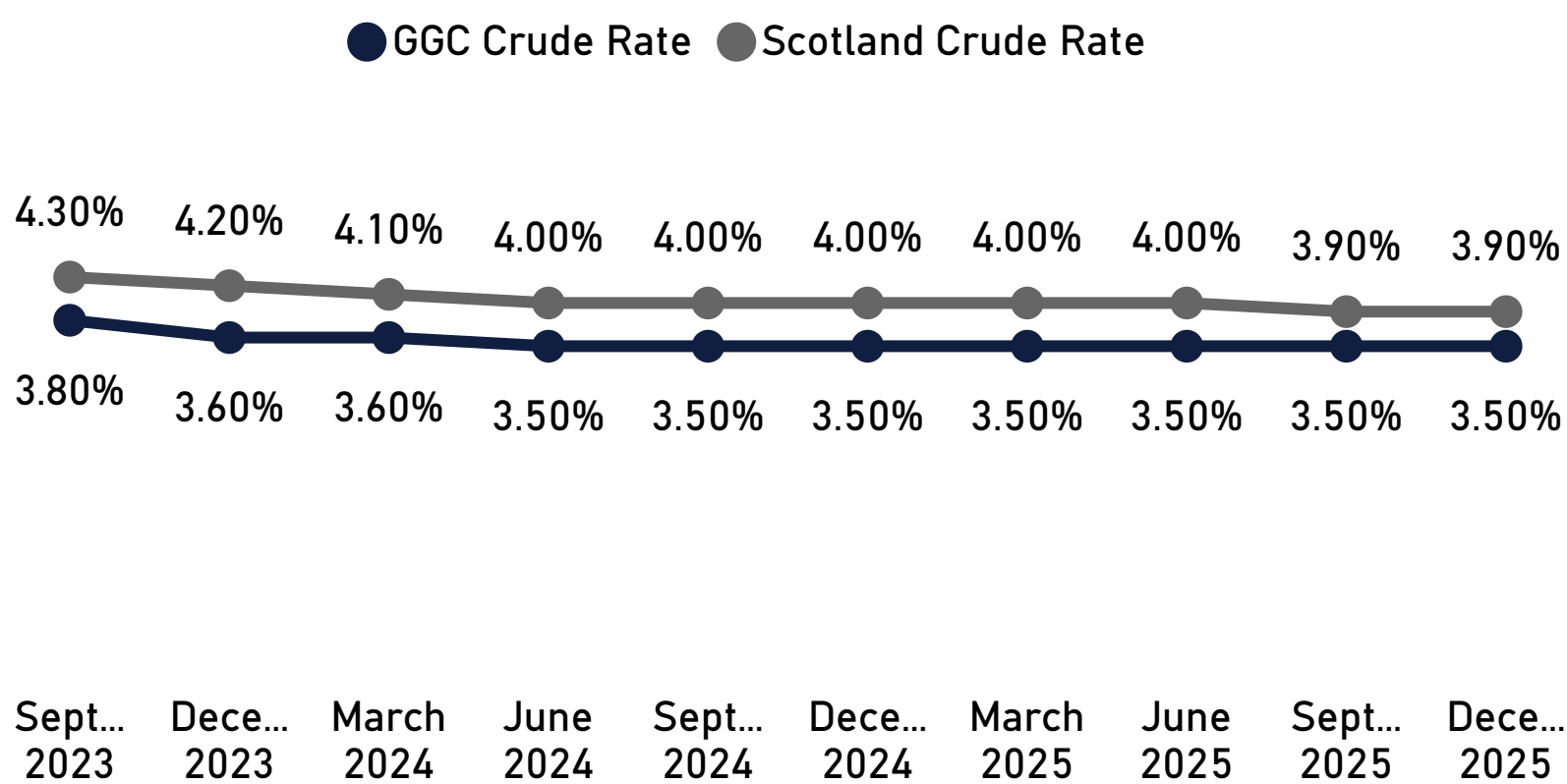


GGC SMR

The main purpose of HSMR is to compare hospitals/health boards to the national (Scottish) average. The Scottish HSMR has a baseline of 1.0 and individual hospitals and health boards can be compared against this.

NHSGGC Standardised Mortality Ratio (SMR) at December 2025* was 0.99, which is below the national average. HSMR is presented using a 12-month reporting period when making comparisons against the national average. This is advanced by three months with each quarterly update, which ensures that the Scottish HSMR is always representative of current outcomes and reflective of changing case-mix and provision of services. As the model updates every 3 months, HSMR values are not comparable over time, its purpose is to provide a snapshot at a particular point in time.

Crude Rate - Mortality Within 30 Days of Admission (GGC Level)



Hospital Standardised Mortality Ratio (Most Recent Publication)

January 2025 - December 2025

Board / Hospital	HSMR / SMR	Number of Patients	Number of Observed Deaths
NHSGGC	0.99	173,385	6,109
QEUH	0.94	72,072	2,736
GRI	0.98	45,177	1,508
RAH / VoL	1.06	27,084	1,329
IRH	1.06	10,640	513

GGC Crude Mortality

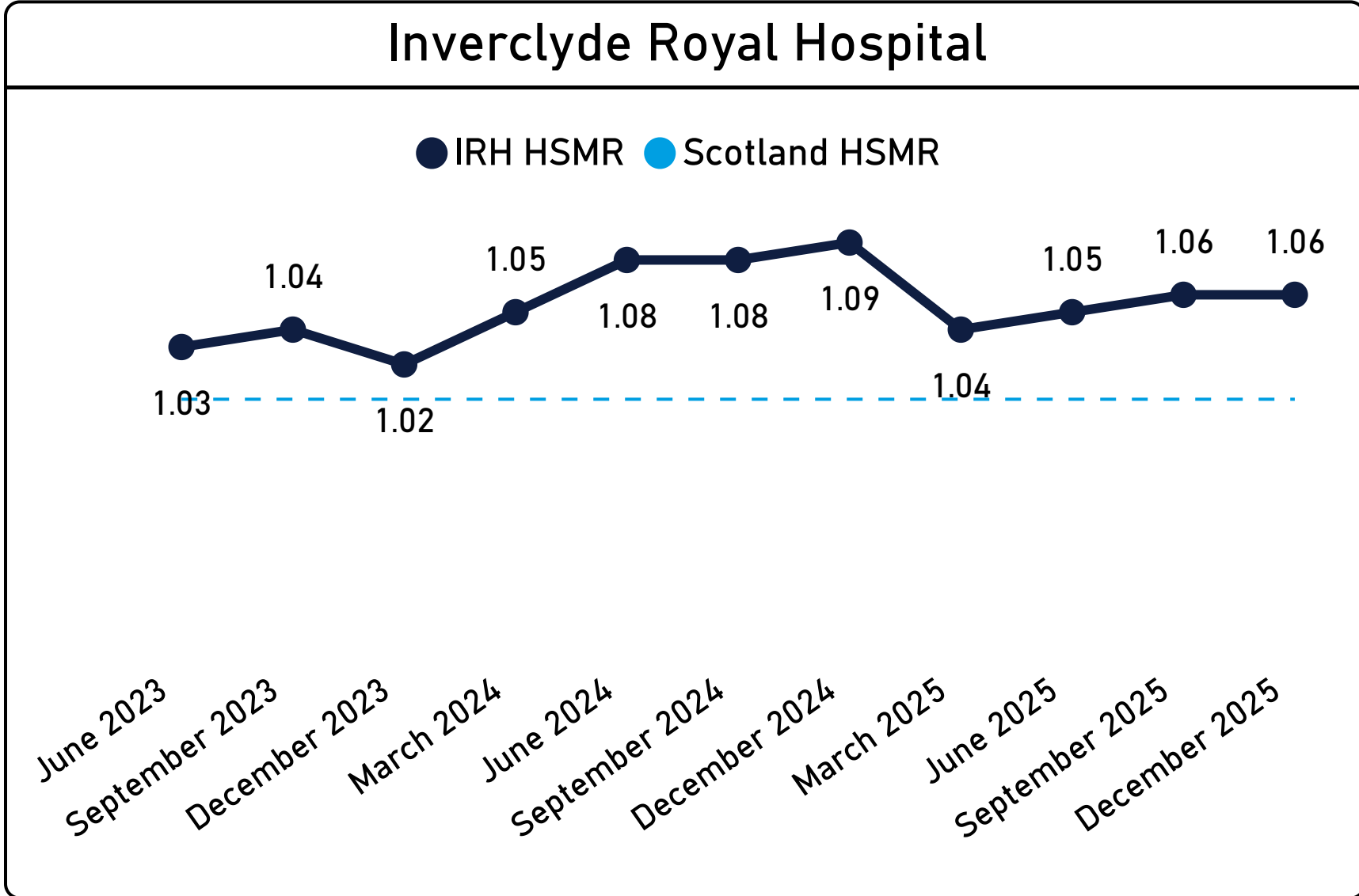
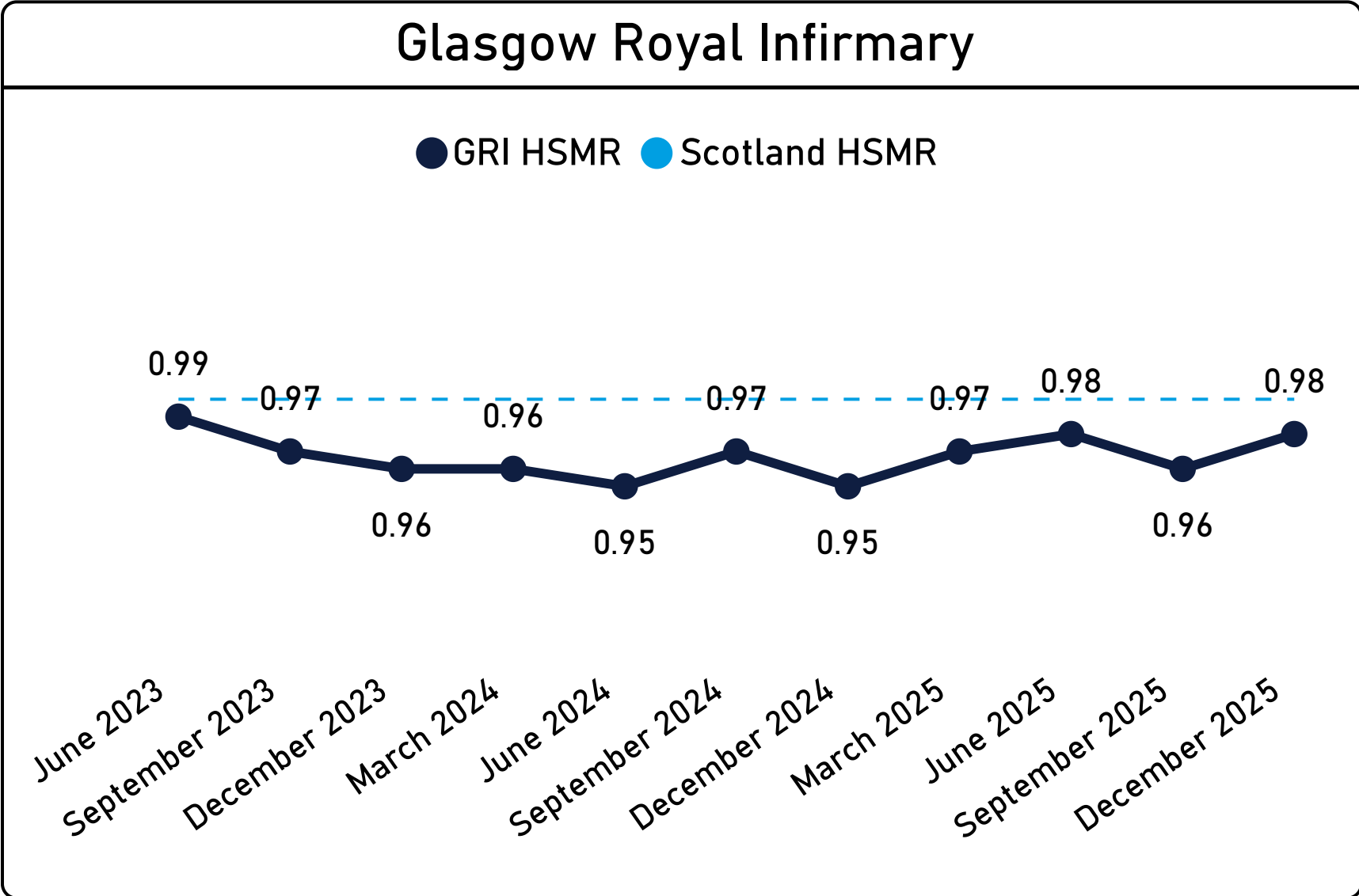
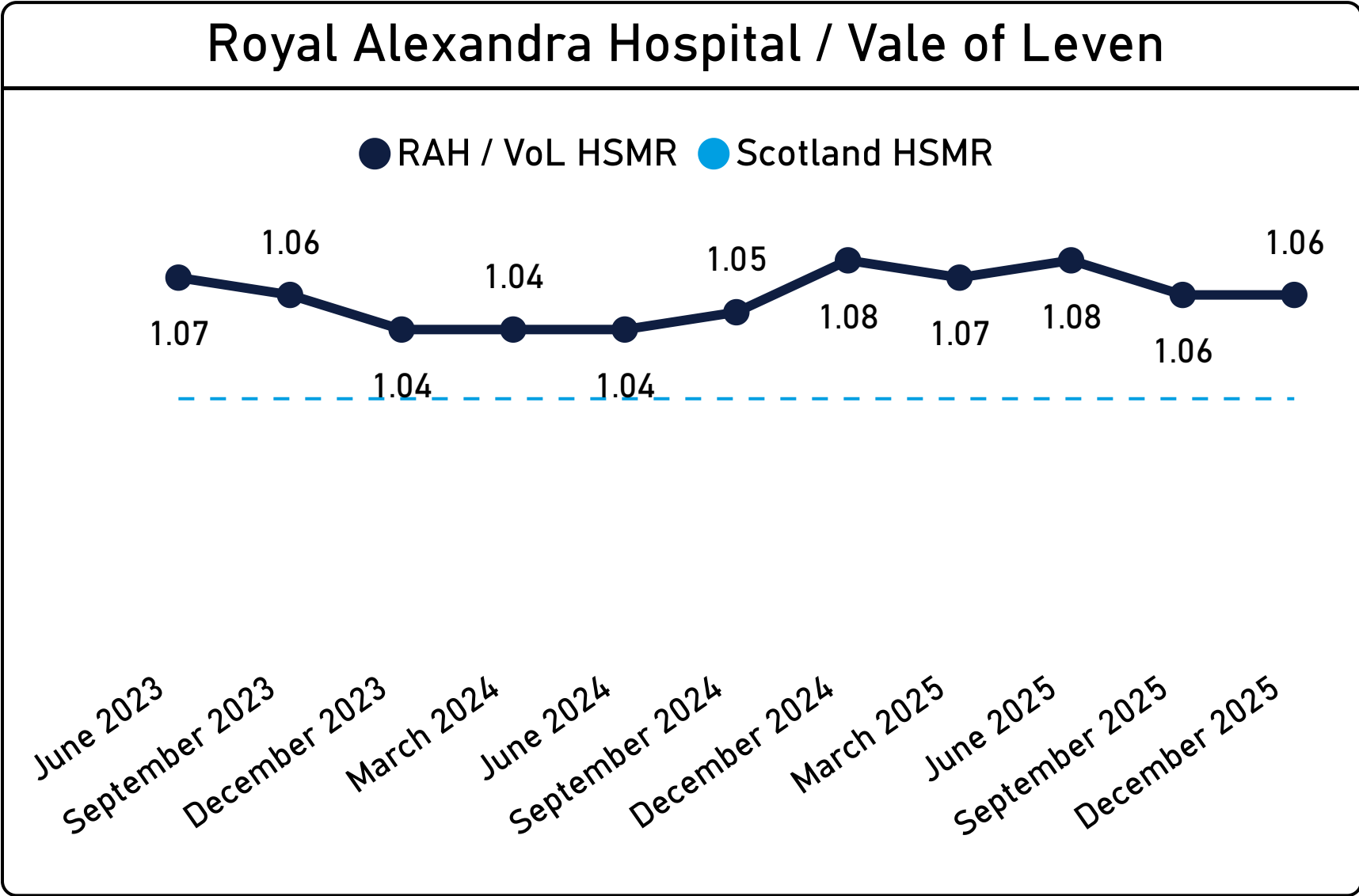
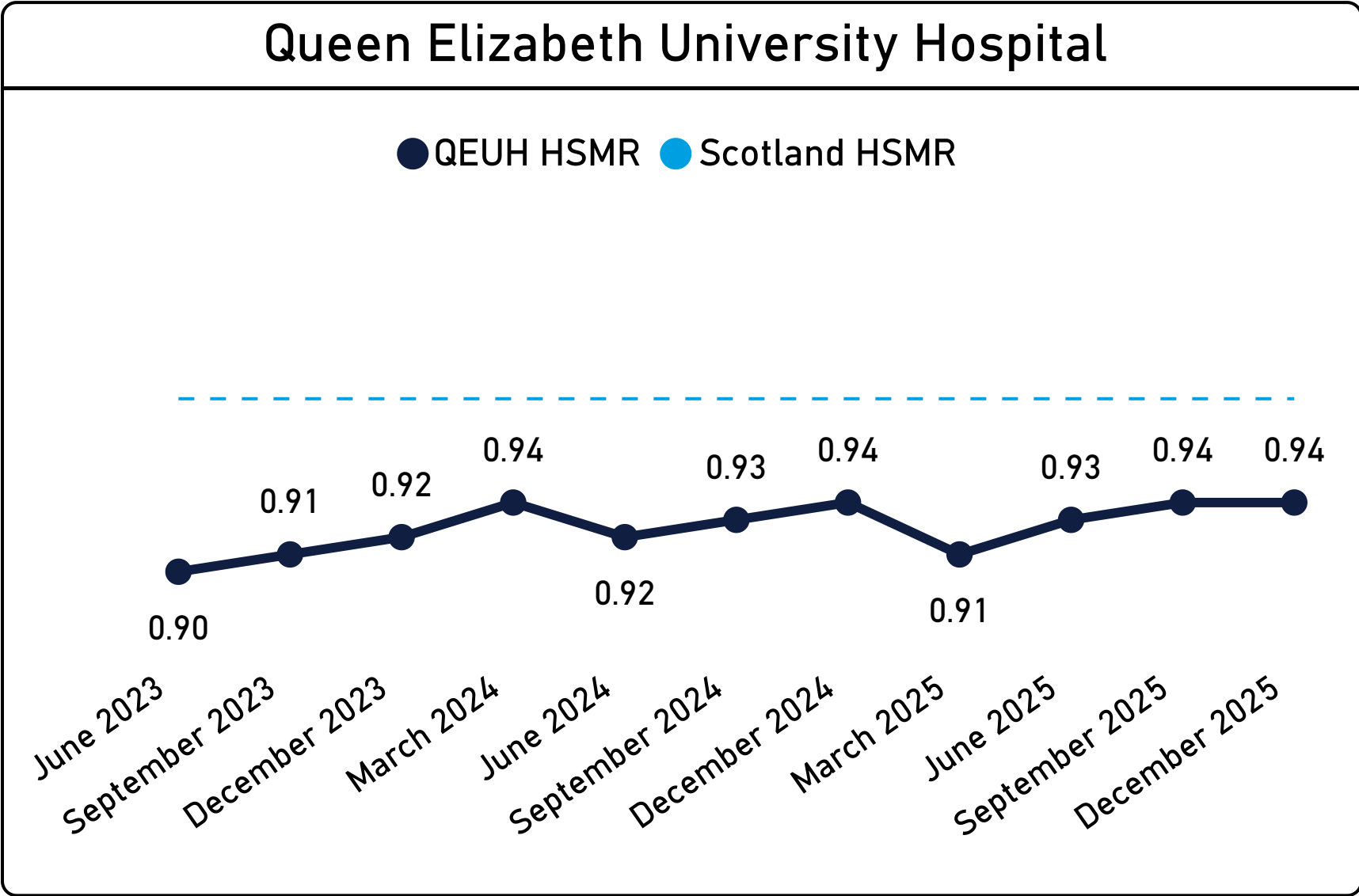
The advised method to monitor changes over time at hospital or board level is crude mortality rates. This data is available at both monthly and quarterly level.

GGC Crude Mortality Rate within 30 days of admission at December 2025* was 3.5%, for the latest 12 month reporting period. This figure is unchanged since June 2024, and is below the Scottish rate, with data showing a similar pattern in NHSGGC and Scotland

*the next release of data is expected in late summer 2026

Hospital Standardised Mortality Ratio by Site

Lead Director – Medical Director
Lead Committee – Clinical and Care Governance



All hospitals within NHSGGC are within control limits for HSMR. Two hospitals, RAH/VoL and IRH have an HSMR above the Scottish average.

HSMR is intended to compare hospitals/health boards to the national (Scottish) average. It is not appropriate to make comparisons between hospitals/health boards as HSMR uses indirect standardisation rather than direct standardisation.

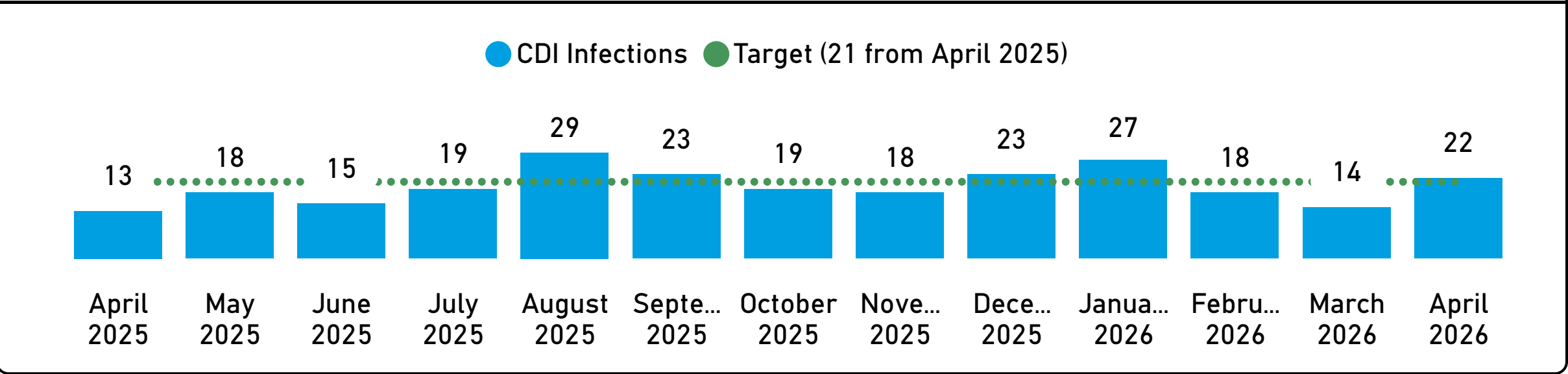
Although HSMR is above national average at Royal Alexandra Hospital / Vale of Leven and at Inverclyde Royal Hospital, it is within control limits and stable.

Healthcare Associated Infections and Hand Hygiene Compliance

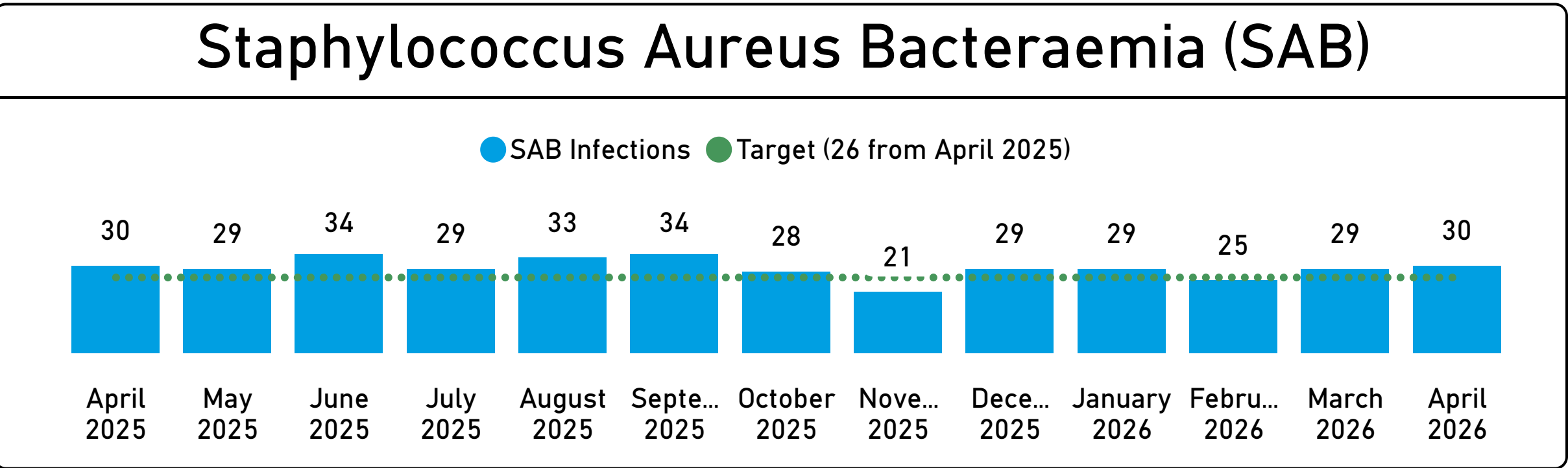
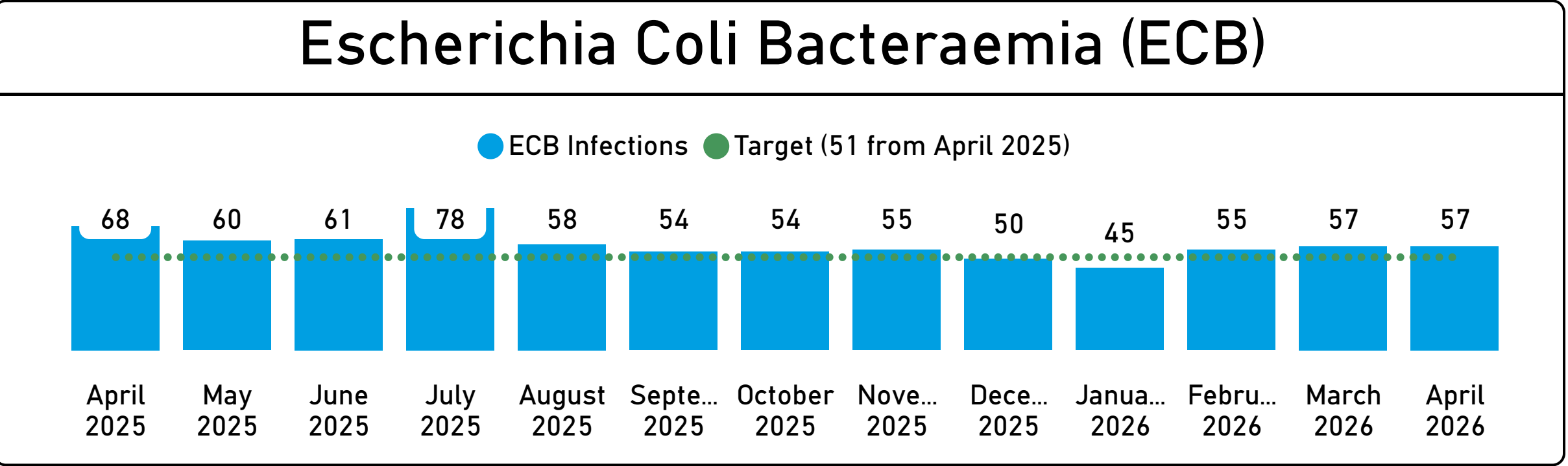
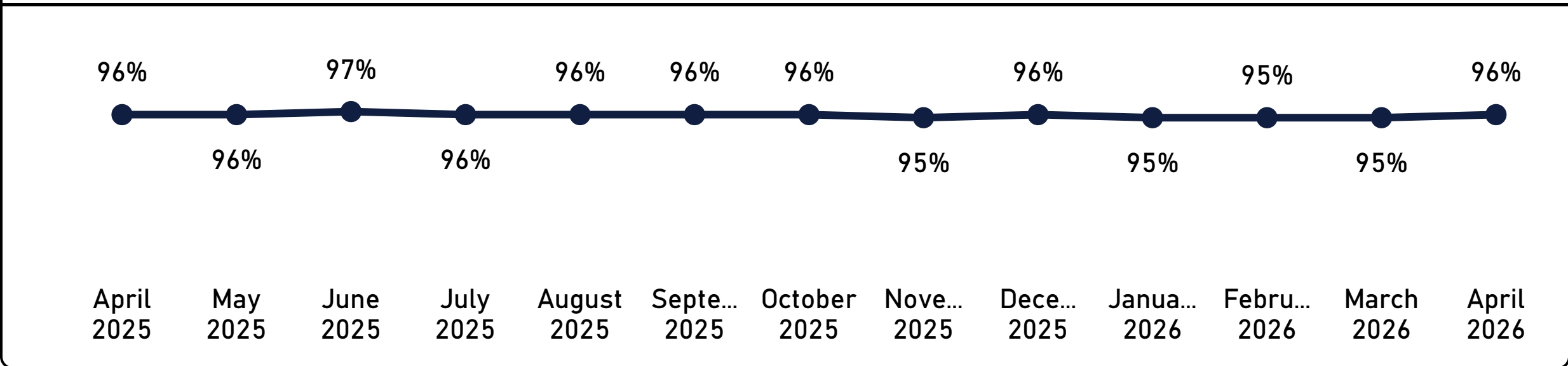
Lead Director - Director of Nursing
Lead Committee - Clinical and Care Governance



Clostridioides Difficile Infections (CDIs)



Hand Hygiene Compliance Rate



Note: this report focusses on the Scottish Government’s Healthcare Associated Infection indicators, and overall hand hygiene compliance. Detailed infection control activity and measures are reported to Board in the Healthcare Associated Infection Reporting Template (HAIRT).

CDI - Figures have been below target for eight of the past 13 months since the new target was introduced in April 2025, although are above target for April 2026, increased by eight from the previous month. GGC are below the national average for CDI infections.

ECB - Infections are above target in March for the eleventh time in thirteen months since the target was revised in April 2025. NHSGGC are below the national average for ECB infections. Ward level data of entry point of bacteraemia is available via MicroStrategy, which provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

SAB - Infections are above target for April 2026, up by one from the previous month, and slightly above the national average. We continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network and local SAB Groups. Sector SAB groups continue to meet to review SAB numbers and use shared learning to strive to reduce burden of SABs.

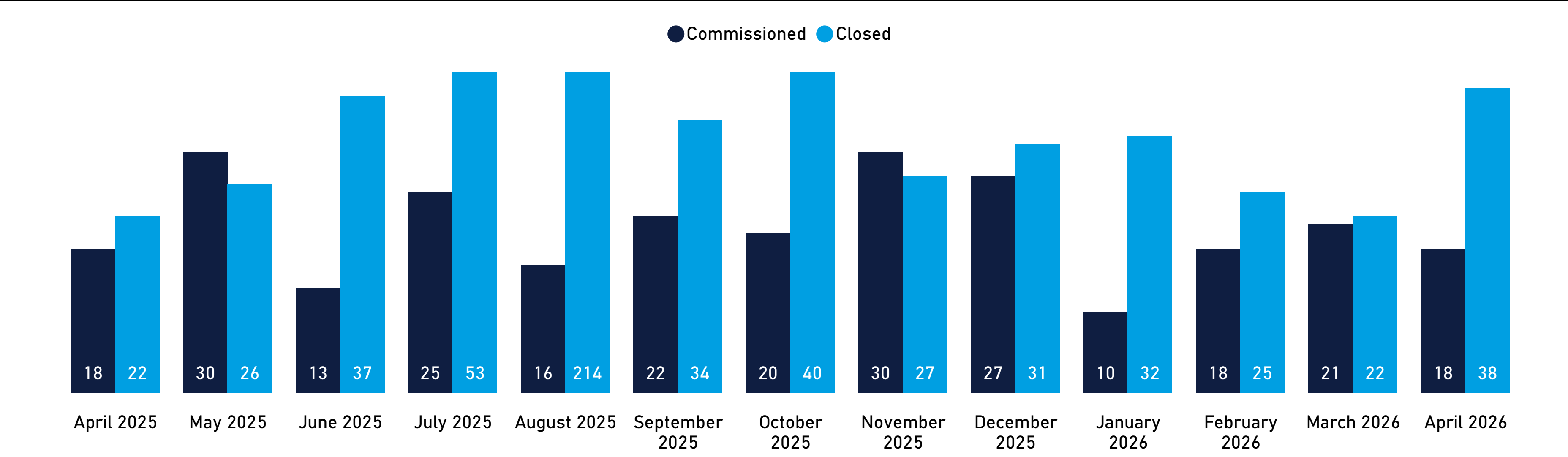
Hand Hygiene compliance rates remain consistent, having been within a range of 95% - 97% over the past year. An average of 350 audits are completed monthly, with audits carried out as required, such as during incidents and outbreaks of infection.

Significant Adverse Event Reviews

Lead Director - Medical Director
Lead Committee - Clinical and Care Governance



SAERs Commissioned and Closed Per Month



Closed within 140 Working Days

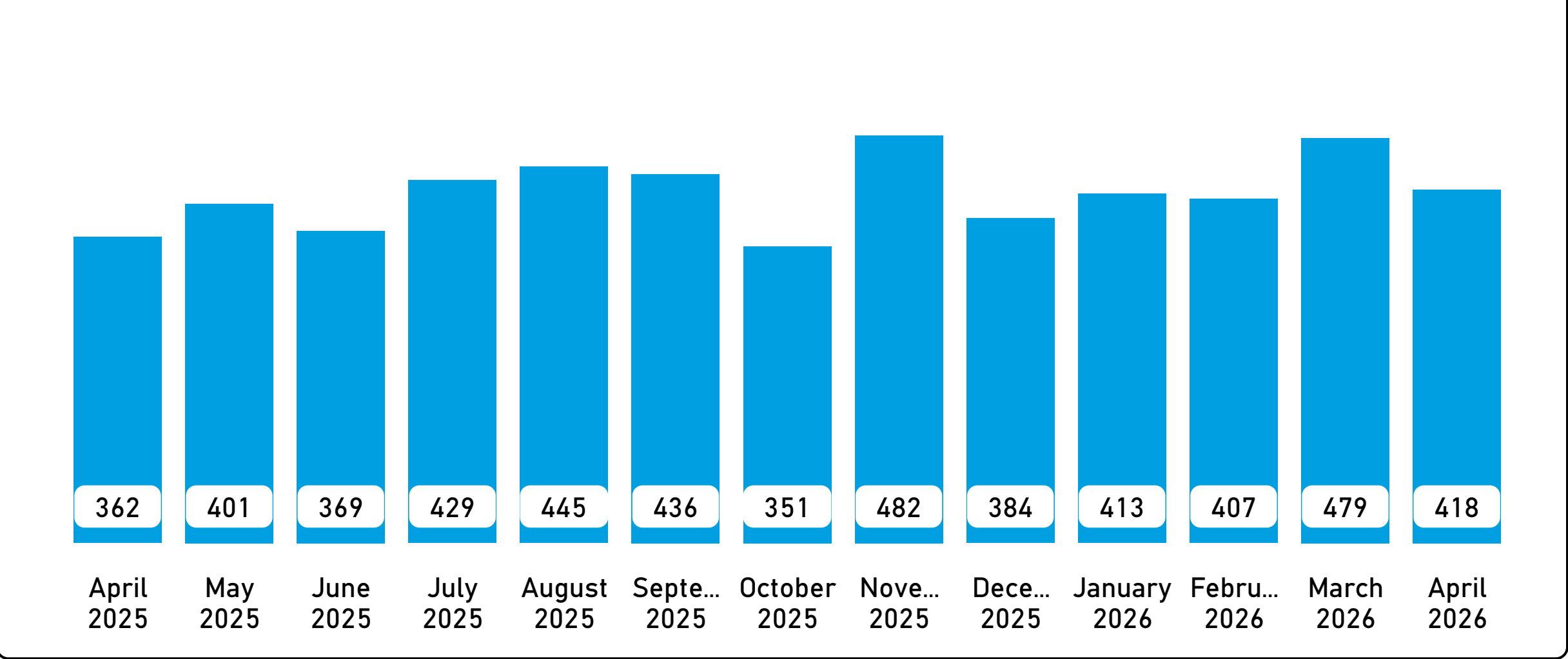
Month End	Number	Percentage
April 2025	0	0.00%
May 2025	0	0.00%
June 2025	0	0.00%
July 2025	0	0.00%
August 2025	0	0.00%
September 2025	0	0.00%
October 2025	0	0.00%
November 2025	0	0.00%
December 2025	1	3.23%
January 2026	8	25.00%
February 2026	2	8.00%
March 2026	0	0.00%
April 2026	0	0.00%

The number of SAERs commissioned per month has varied only slightly throughout the year, averaging around 21 per month. A significantly higher number of SAERs were closed in July and August 2025 than in previous months, and numbers remained higher for the remainder of 2025, reflecting increased management action and oversight. In April 2026, more SAERs were closed than commissioned. None were completed within the 140 days timescale, however this suggests that cases closed are those which have been open for longer periods, supporting reduction of the overall backlog.

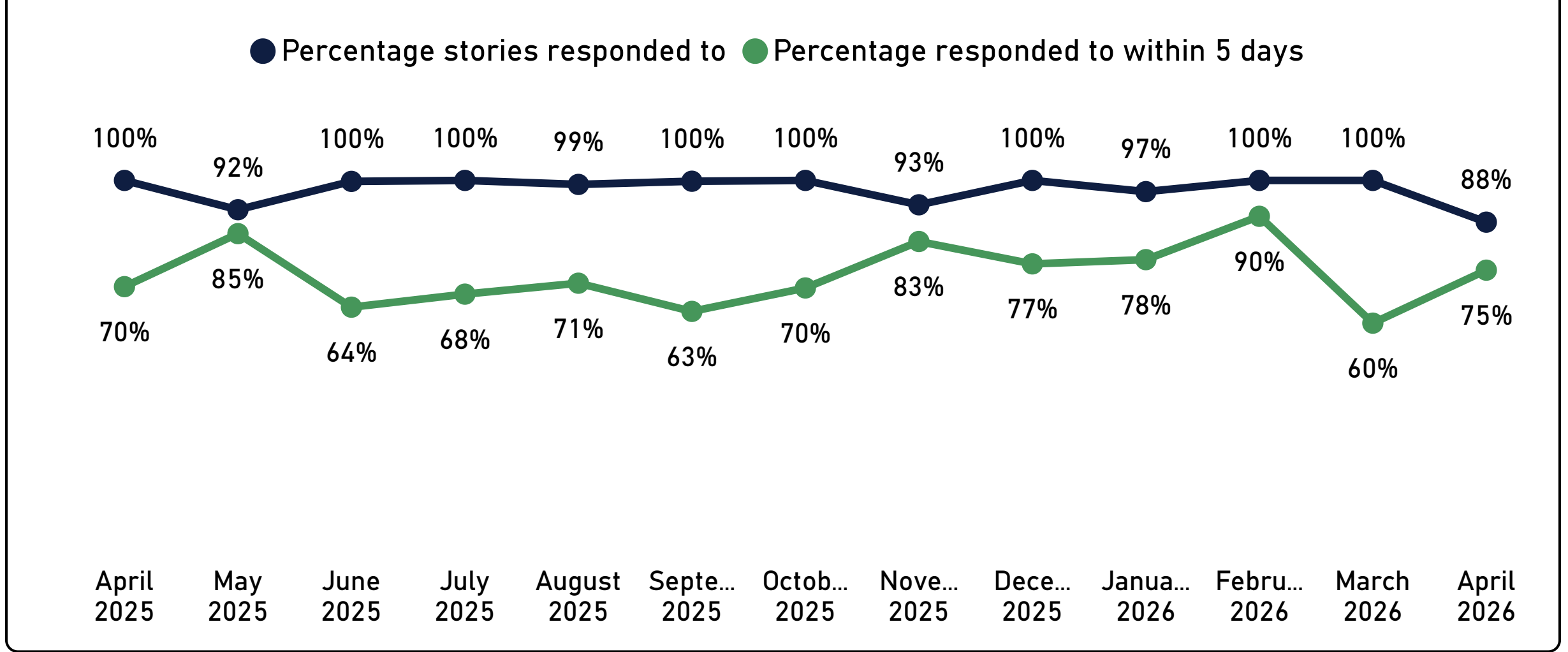
A plan has been developed for immediate improvement, with an aim to achieve a position of no overdue SAERs by mid-June 2026. This will take a PMO-supported approach to ensure improvement proposals are sustainable. A review of the clinical governance arrangements across NHSGGC has been commissioned and is likely to recommend further changes to the commissioning arrangements. In addition, an urgent need to allocate job planned time to senior clinicians to lead the review processes within individual services has been identified, and this will be a key agenda item for the new Job Planning Steering Group

Achieving a sustainable position with no breached reviews will require significant improvements in completion time and closure rate. The Corporate Adverse Events Oversight Group is exploring all options to improve the efficiency and oversight of this process including the use of AI (CoPilot) and enhanced corporate oversight.

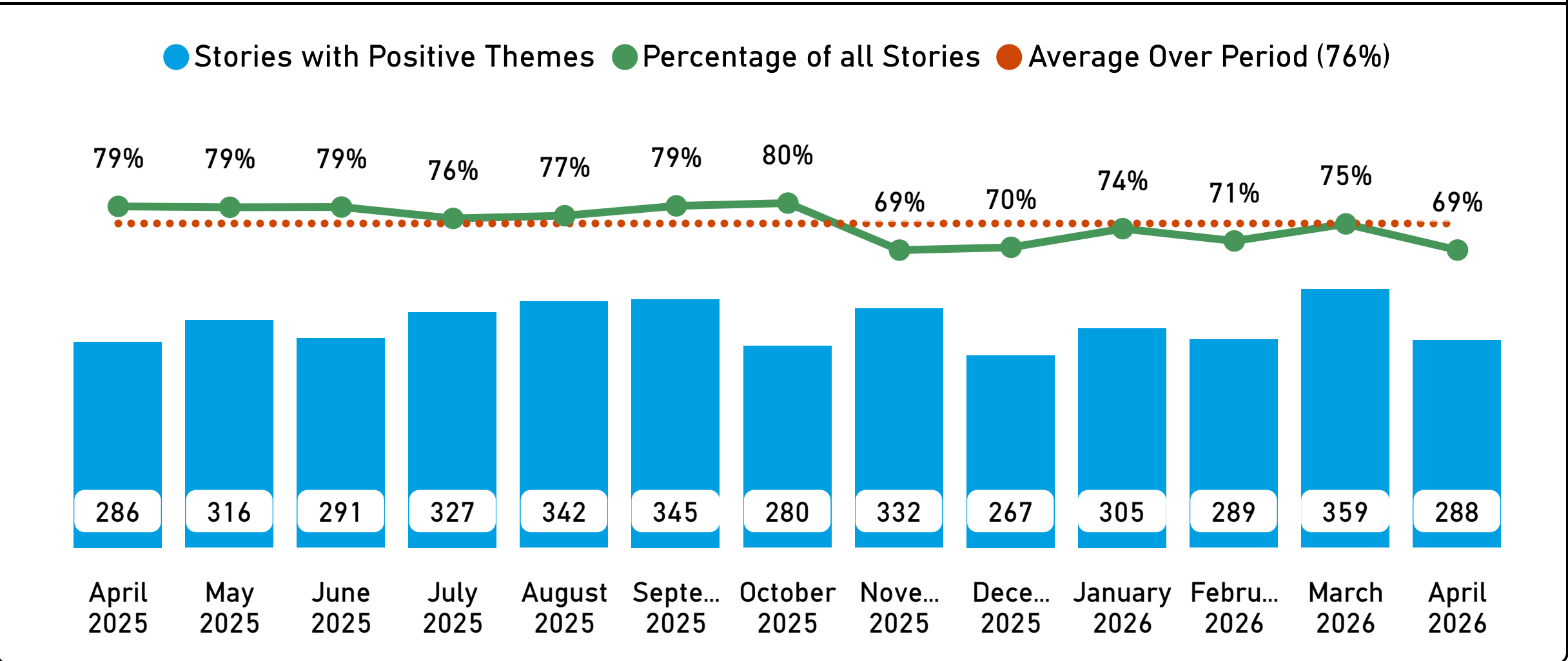
Care Opinion Stories Received About NHSGGC Services



Response Rate



Care Opinion Stories With Positive Themes



Response performance remains a key strength. 88% of stories posted on Care Opinion in April 2026 received a response, down from 100% the previous month. However, the proportion of responses sent within five days has recovered to 75%, from 60% in the previous month.

Previously, the Board worked to seven-day maximum response window prior to escalation, with an ideal response within three days. The five-day measure is therefore a new and more stretching indicator and should be viewed as part of an ongoing improvement journey rather than a replacement of earlier assurance arrangements.

A breakdown of response rates and positive themes by site is available on the next page.

Breakdown by Hospital Site

Hospital Site	All GGC Sites			GRI			IRH			Other sites			QEUH			RAH			RHC		
Month	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days
April 2025	362	79%	70%	60	65%	72%	8	75%	63%	115	85%	68%	75	72%	80%	58	83%	72%	46	89%	57%
May 2025	401	79%	85%	63	75%	97%	36	94%	94%	118	85%	76%	93	70%	86%	66	74%	83%	25	84%	90%
June 2025	369	79%	64%	54	61%	69%	12	100%	67%	121	88%	64%	95	77%	57%	56	75%	67%	31	77%	74%
July 2025	429	76%	68%	58	71%	76%	18	72%	50%	139	78%	68%	102	72%	72%	60	75%	62%	52	90%	65%
August 2025	445	77%	71%	65	66%	74%	19	74%	74%	139	84%	60%	107	68%	80%	63	70%	86%	52	98%	59%
September 2025	436	79%	63%	69	64%	72%	24	96%	58%	148	84%	67%	99	78%	57%	53	74%	81%	43	88%	30%
October 2025	351	80%	70%	63	81%	83%	9	67%	67%	119	85%	63%	79	72%	68%	46	72%	72%	35	91%	71%
November 2025	482	69%	83%	71	62%	86%	12	75%	92%	142	75%	78%	104	62%	78%	84	70%	87%	69	72%	88%
December 2025	384	70%	77%	51	45%	90%	12	58%	83%	132	73%	82%	86	77%	74%	60	68%	73%	43	77%	51%
January 2026	413	74%	78%	46	61%	93%	18	50%	94%	138	80%	70%	97	67%	78%	62	79%	69%	52	85%	90%
February 2026	407	71%	90%	57	75%	89%	23	70%	96%	113	79%	94%	83	65%	87%	102	60%	86%	29	90%	93%
March 2026	479	75%	60%	80	71%	79%	21	90%	52%	148	80%	57%	102	61%	64%	72	78%	49%	56	84%	50%
April 2026	418	69%	75%	68	59%	72%	5	60%	100%	121	70%	76%	116	71%	75%	63	68%	79%	45	78%	66%

This report section provides a detailed breakdown of Care Opinion activity by hospital site and highlights several variances across site. Care Opinion feedback is categorised using a criticality scale, which reflects the overall balance of positive, mixed or critical themes within each story. This means that a story is only recorded as purely positive where no concerns or suggestions for improvement are raised. As a result, sites receiving higher volumes of complex or mixed feedback including feedback on transport links and parking, facilities or interpersonal interactions may see greater month-to-month fluctuation in the proportion of stories recorded as positive, even where overall patient experience of clinical care remains strong. This is particularly relevant for larger or more complex sites.

The Patient Experience and Public Involvement (PEPI) team is currently reviewing how monthly reports can be refined to showcase five-day responsiveness more clearly to teams, supporting local ownership and learning, and helping services to identify opportunities to improve timeliness where required.

Overall, this data continues to demonstrate high levels of engagement, consistent response rates, and predominantly positive feedback, while also providing a more nuanced understanding of variation across sites and supporting ongoing improvement in how patient experience intelligence is shared and used. A selection of quotes from recent stories are shared on the next page.

Patient Experience - Extracts from Patient Stories on Care Opinion

Lead Director - Director of Communications and Public Engagement
Lead Committee - Clinical and Care Governance

RHC - Neonatal Unit

"I was very grateful that when my newborn decided to come early he had the option of receiving donor milk as I was very keen to breastfeed once he was ready. This also meant he had all the benefits of breastmilk when he was poorly and premature. The only thing that should be improved with regards to neonatal care is being able to stay with baby. Due to bed pressures on the postnatal ward, I was discharged home without my baby. Driving...was difficult after my unplanned section, and leaving baby behind very psychologically difficult. It would be good to have more accommodation for parents of sick babies to stay with them."

Royal Alexandra Hospital - Medicine

"I was admitted to hospital with abdominal pain....the care I received was excellent from start to finish. Every member of staff that I came across was professional, efficient and took time to explain to me what was going on and what was going to happen and why....they were kind and caring and never made me feel like I was ever any trouble, whenever I needed something. I found it to be an overwhelmingly positive experience especially considering how busy the ward was. I can not thank them enough for making me feel so safe and cared for and my experience being so positive."

Multiple Sites - Cancer Care

"My experience with the NHS during my mum's cancer treatment was mixed. Once things were finally moving, the actual tests, appointments and treatment were carried out very quickly, and the staff we dealt with were generally caring and professional. However, it took a huge amount of effort from our family to constantly chase referrals, follow up results and push for updates in order to keep things progressing. We also faced difficulties accessing medical records.... Another challenge was the limited availability of female surgeons and specialists..... Overall, while the care itself was good when delivered, navigating the system often felt exhausting and heavily dependent on how much we advocated for ourselves."

Glasgow Royal Infirmary - Accident and Emergency

"Recently our daughter ended up in A&E in Glasgow with a collapsed lung and we spent 16 hours there. During that time we were kept fully informed about every step. The doctors (Caitlin, Tom, Mark and Neil) were so very kind and understanding and explained everything in detail to us.... My daughter, who can be quite anxious, felt quite calm throughout and we all felt well looked after. The nursing staff (Stephanie and team) were so kind and keen to look after us....as we spent a sleepless night in the department. The only thing that I thought could be improved is the bed space on the ward, and gluten free food."

Queen Elizabeth University Hospital - Older Adults Medicine

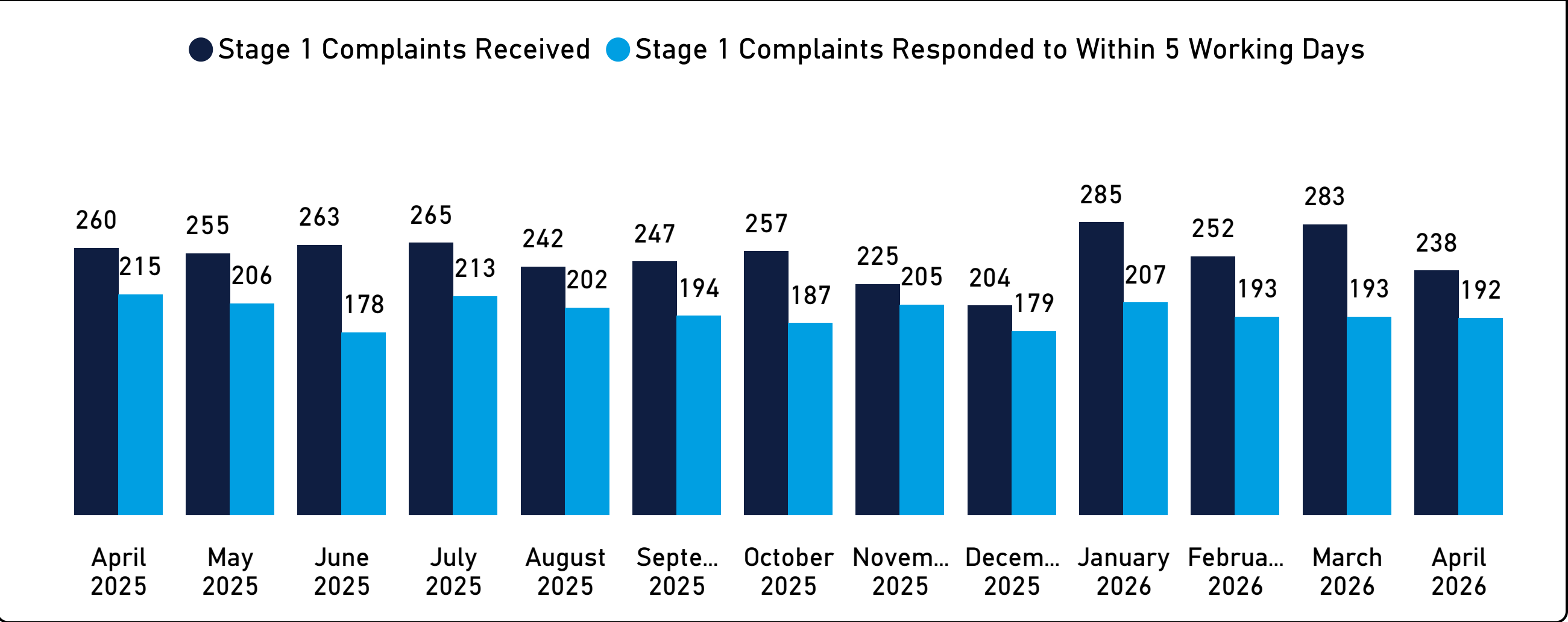
My family member was admitted to hospital as she was very poorly....She passed 4 days later. Throughout the time in QEUH Ward 54, the care received was exceptional....I was very grateful of the time each individual took with us in a daily basis to provide updates, with our loved one always looking clean and comfortable. Claire was amazing...very patient and caring and amazing at what she does. Each doctor took time to speak to me on a daily basis despite how busy they were. On the day of the passing, Callum took time to give me detailed update he was amazing and I appreciated this....Our loved one passed early hours the following day, as I struggled to get parked my son went in to collect her belongings as I could not go Callum called me to let me know what happens next which was very appreciated....Thank you so much for each staff member who provided excellent care until the end, she passed away in the best place surrounded by people who cared.

Complaints

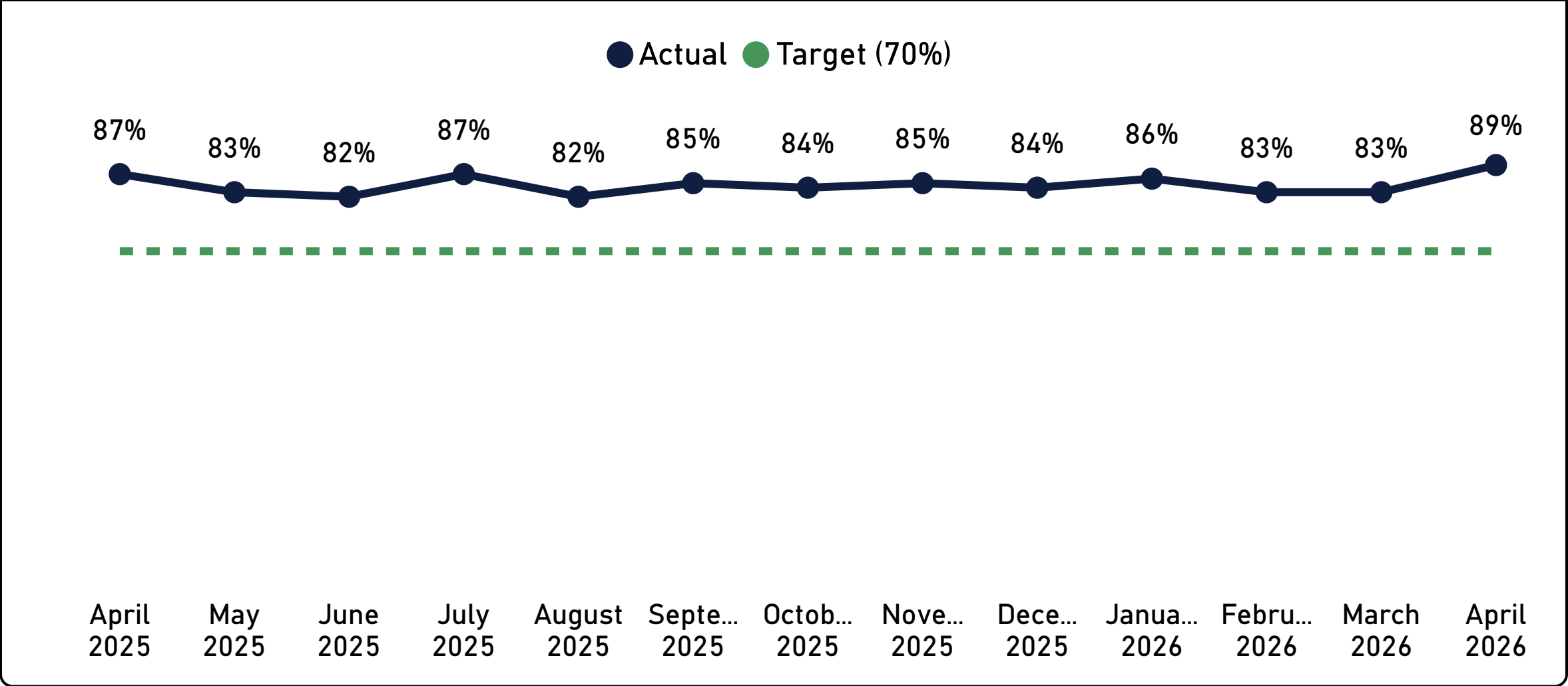
Lead Director - Director of Corporate Services and Governance
Lead Committee - Clinical and Care Governance



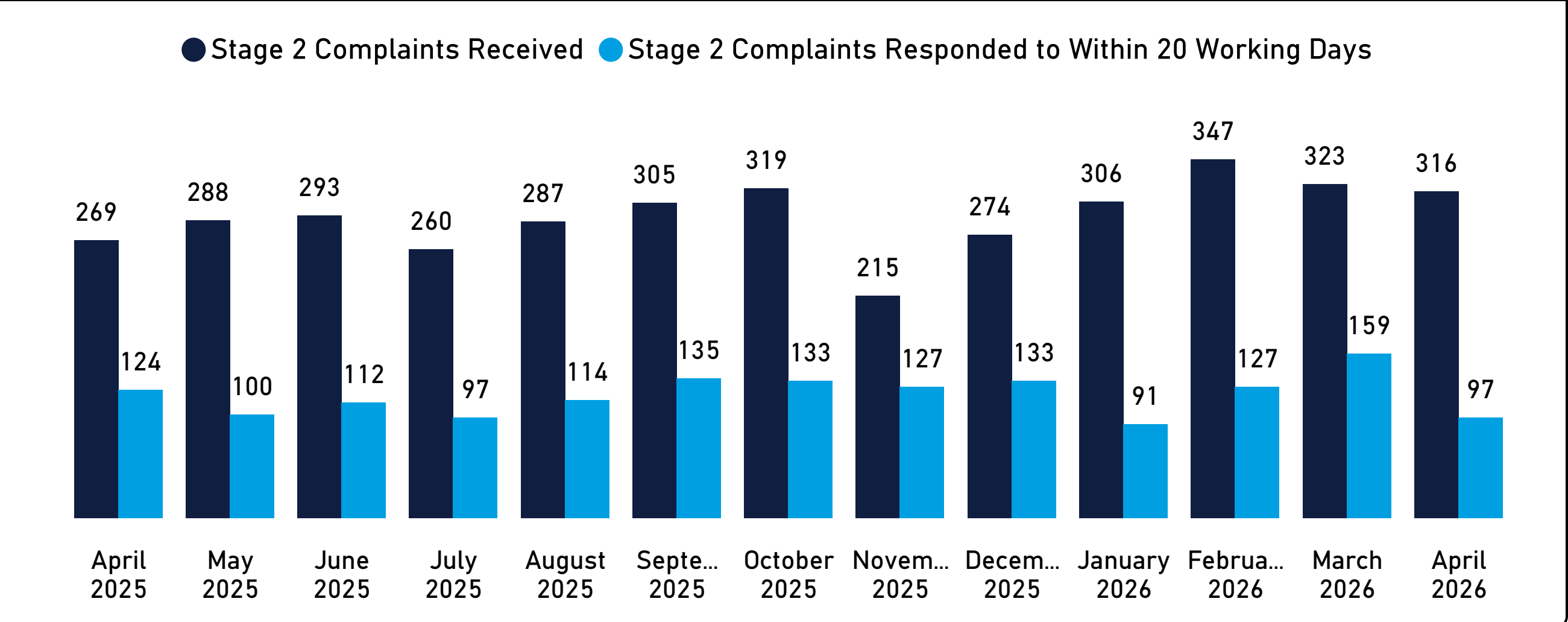
Stage 1 Complaints



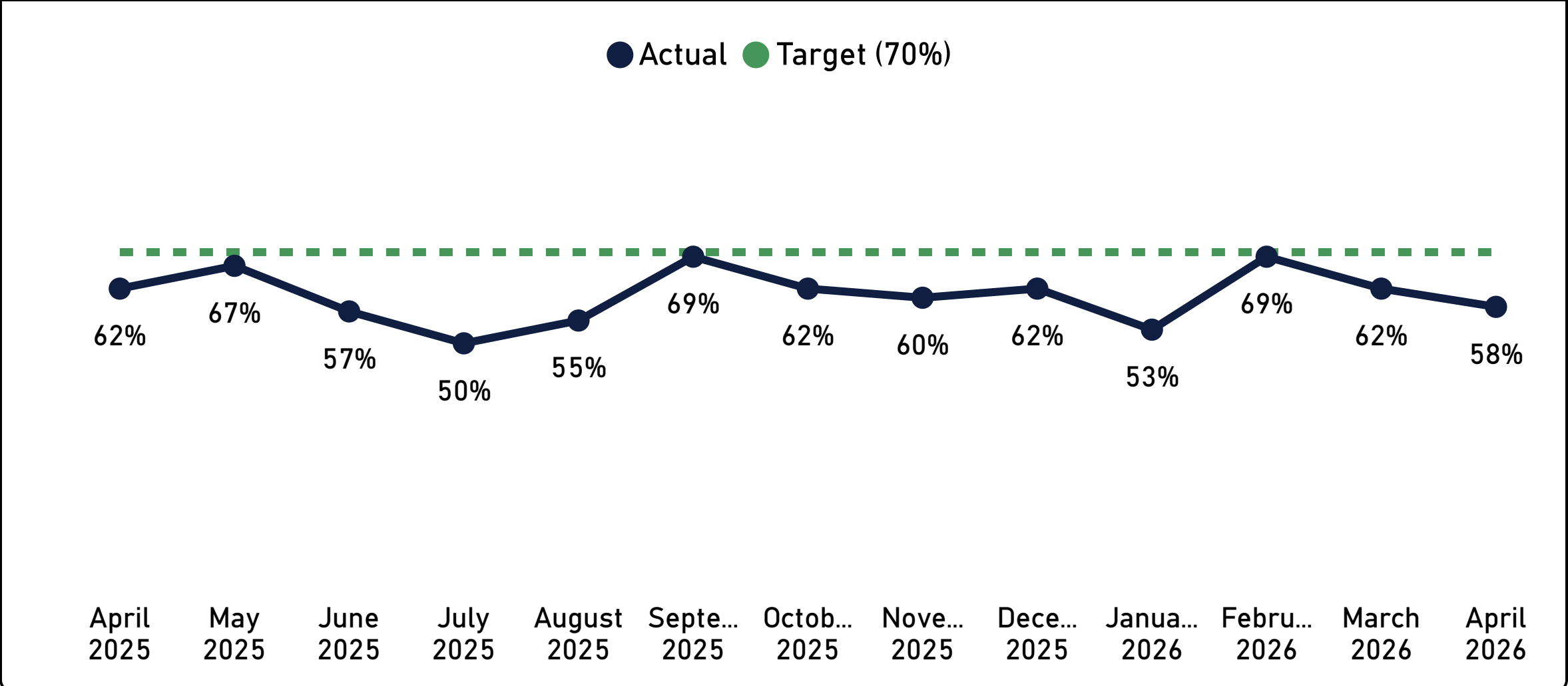
Percentage of Stage 1 Complaints Closed Within 5 Working Days



Stage 2 Complaints

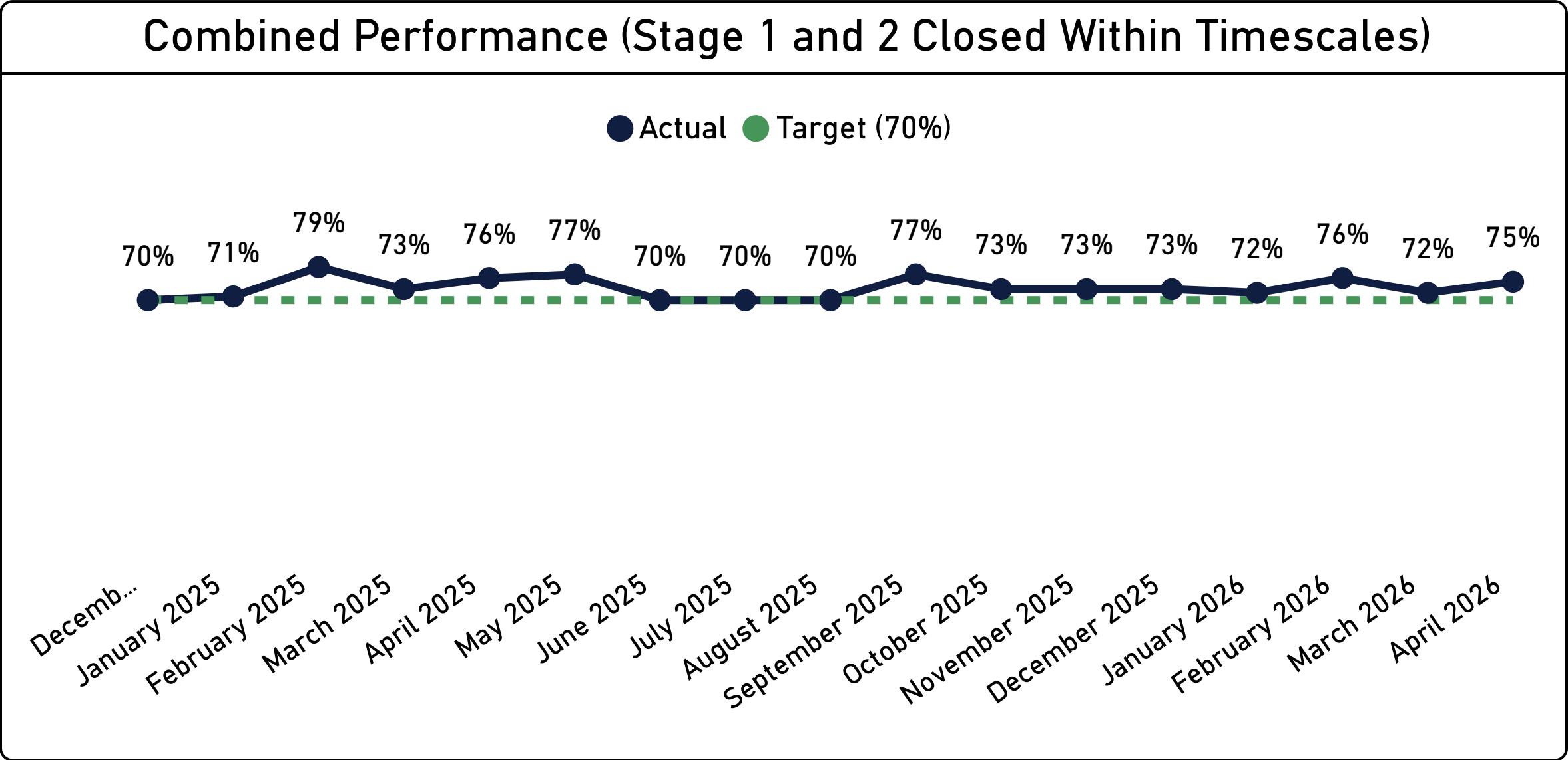
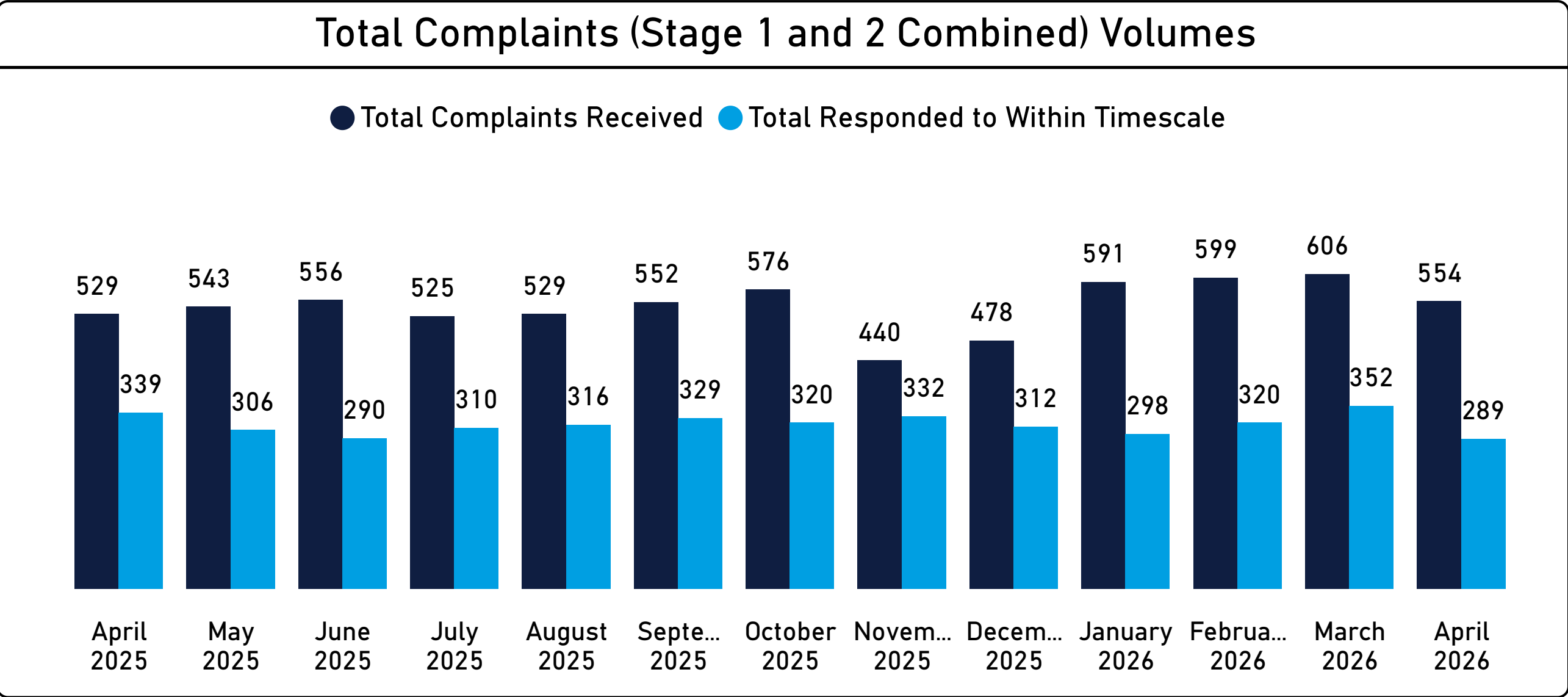


Percentage of Stage 2 Complaints Closed Within 20 Working Days



Complaints

Lead Director - Director of Corporate Services and Governance
Lead Committee - Clinical and Care Governance



The number of stage 1 complaints received in April 2026 has decreased compared to the previous month (238 vs 283, approximately 16% decrease) and is below the rolling one-year average of 251. Stage 1 responses within 5 working days have been above the 70% target in each of the past 13 months.

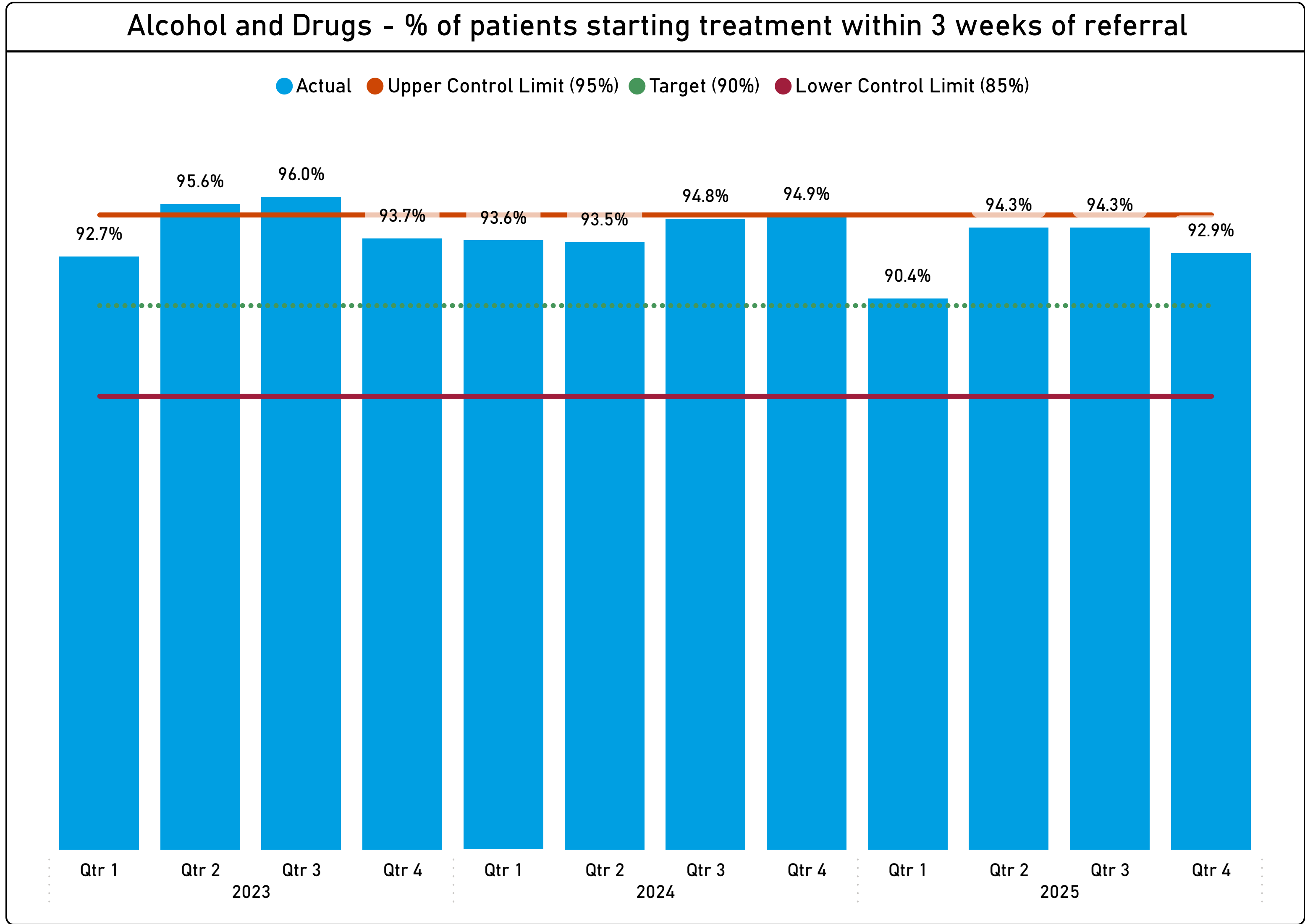
Stage 2 numbers have remained largely steady averaging 294 per month in a rolling year, with April 2026 volumes being slightly down (at 316) on the 323 received in March. The Stage 2 response rate in April 2026 reduced from the previous month, to 58% against the 70% target. Stage 2 response rate is impacted by an increasing national trend of complaints being more complex and covering multiple services, which take longer to investigate and provide a good quality response to.

Combined performance against timescales has averaged 73% over the past year, above the 70% target, while in April 2026 this figure sits above target at 75%.

Management oversight of performance is through monthly reports to each Acute Sector which highlights their performance, while a breaches report is shared weekly with the CEO and COO senior management team to allow for focussed remedial action to be taken. Quarterly reports are provided to the Board through Clinical Governance Forum and Committee which incorporates both Acute and the six HSCPs. A further quarterly report is provided to Glasgow City HSCP, whom the CSM supports. The other HSCPs are responsible for their own complaint reporting. These reports highlight the areas for improvement.

Alcohol and Drugs: Referral to Treatment Time

Lead Director - Chief Officer, Glasgow City HSCP
Lead Committee - Population Health and Wellbeing

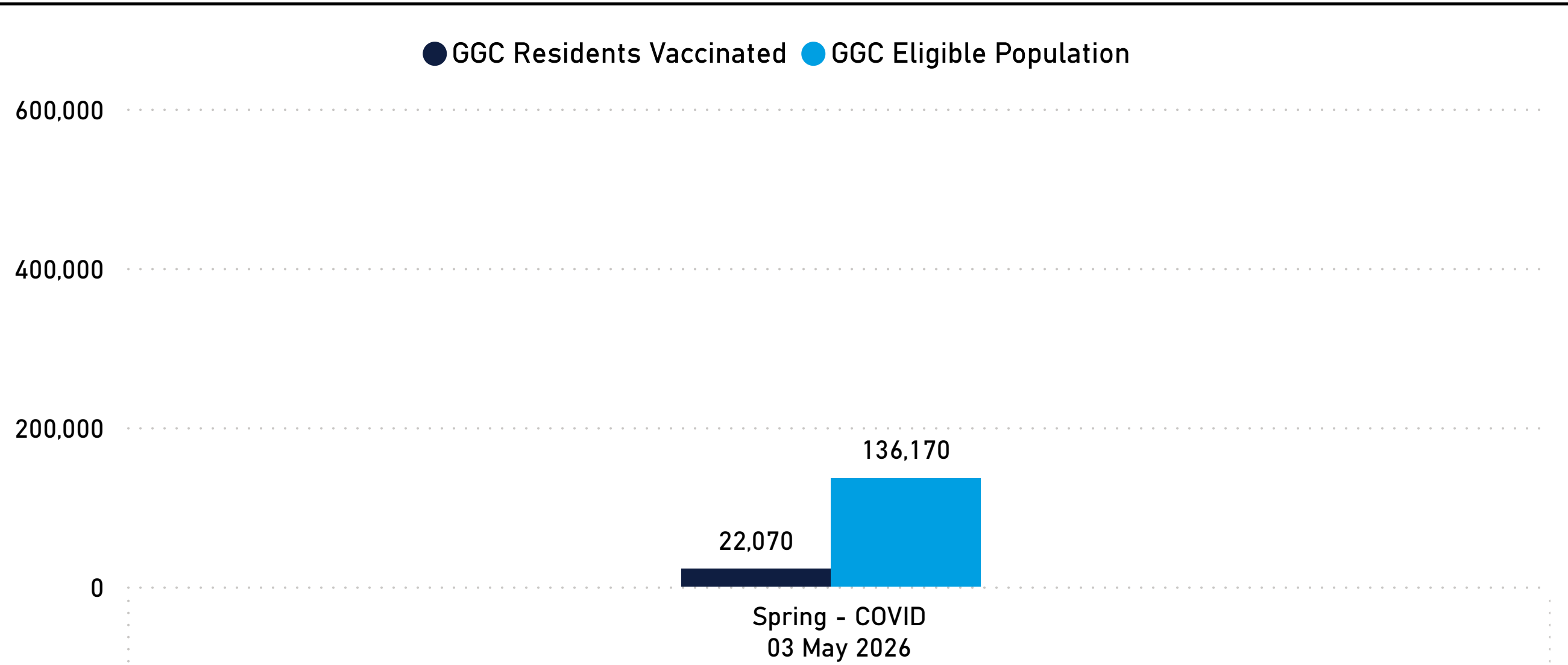


As at the quarter October - December 2025, 92.9% of patients referred for alcohol and drugs treatment started treatment within three weeks of referral. This is down slightly from the previous month, but above the 90% national target by 2.9%.

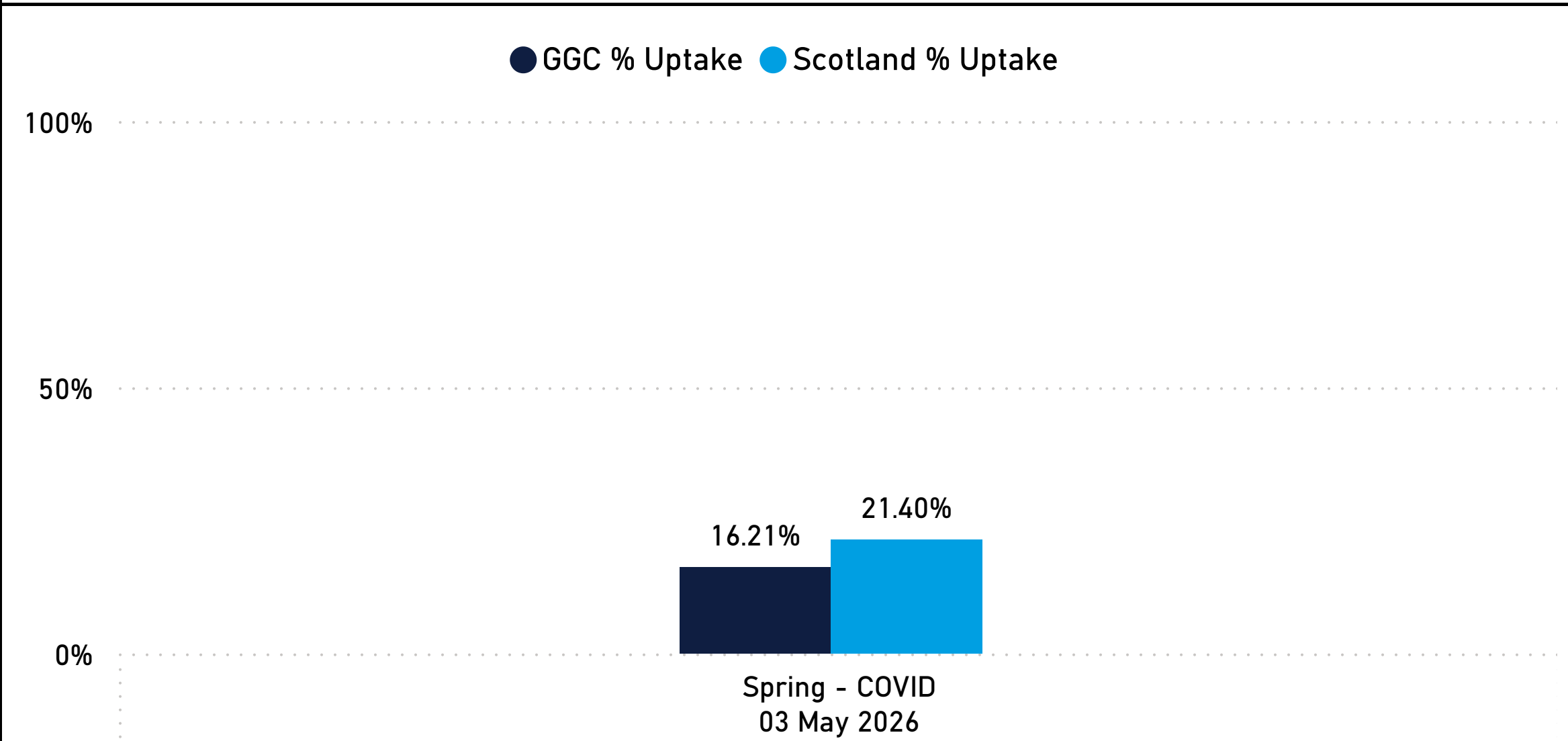
NHSGGC performance is marginally ahead of the latest national quarterly published position for the quarter (92.7%).

Projecting to 31 March 2026, performance is expected to continue to exceed target. Figures for 2026 Quarter 1 (January - March 2026) are due to be published by Public Health Scotland in June 2026.

Numbers Vaccinated



Uptake Among Eligible Population



As at 3 May 2026, 16.2% of NHSGGC eligible population have been vaccinated against Covid, against a national uptake rate of 21.4%. Uptake of COVID vaccinations is highest among care home residents and over 75s.

There has been varying uptake across all six HSCP areas. Some patients who are no longer eligible due to change in eligibility for Covid booster have expressed concerns and have led to patient complaints and challenging conversations for clinical staff.

Current actions include 184 community clinic sessions planned from 1 May to 30 June 2026 for the Spring Covid Booster with over 89,000 appointments planned. Six sessions are planned for May 2026 with the Scottish Ambulance Mobile Unit for Spring Covid Booster and two sessions planned at HMP Low Moss for MMR and Spring Covid Booster. Further actions over the coming months include analysis of Covid Spring DNA patients and planning for Shingles second doses and RSV to be held from July to September 2026.

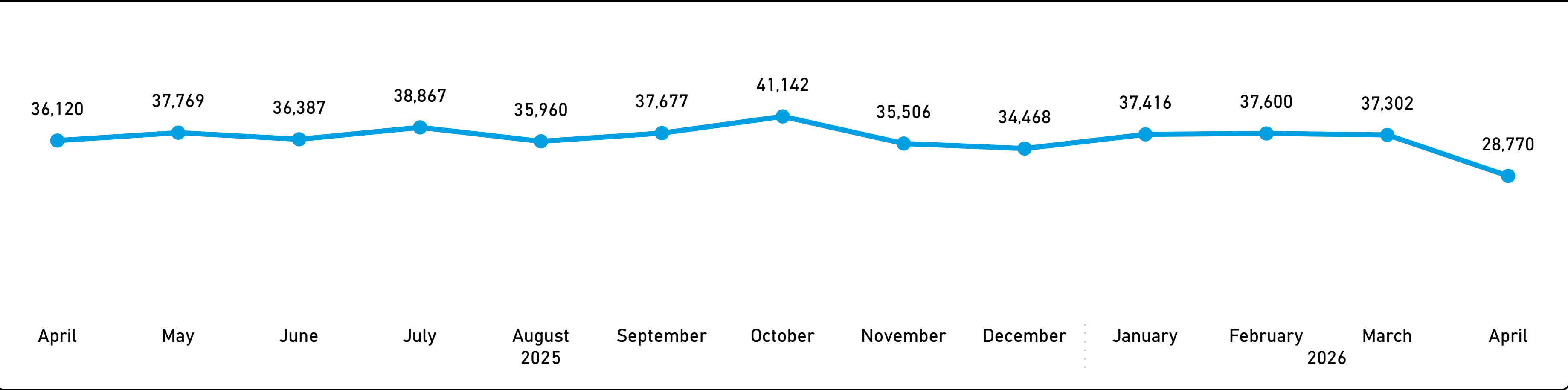
Pre-school immunisation services deliver approximately 69 clinics each week to provide the routine childhood vaccination schedule. Additional clinics have been arranged to help reduce waiting lists following the recent public holidays. School immunisations clinics have now concluded. School teams are progressing planning for the 2026/27 flu campaign.

New Outpatients: Referrals and Activity

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



New Outpatient Referrals

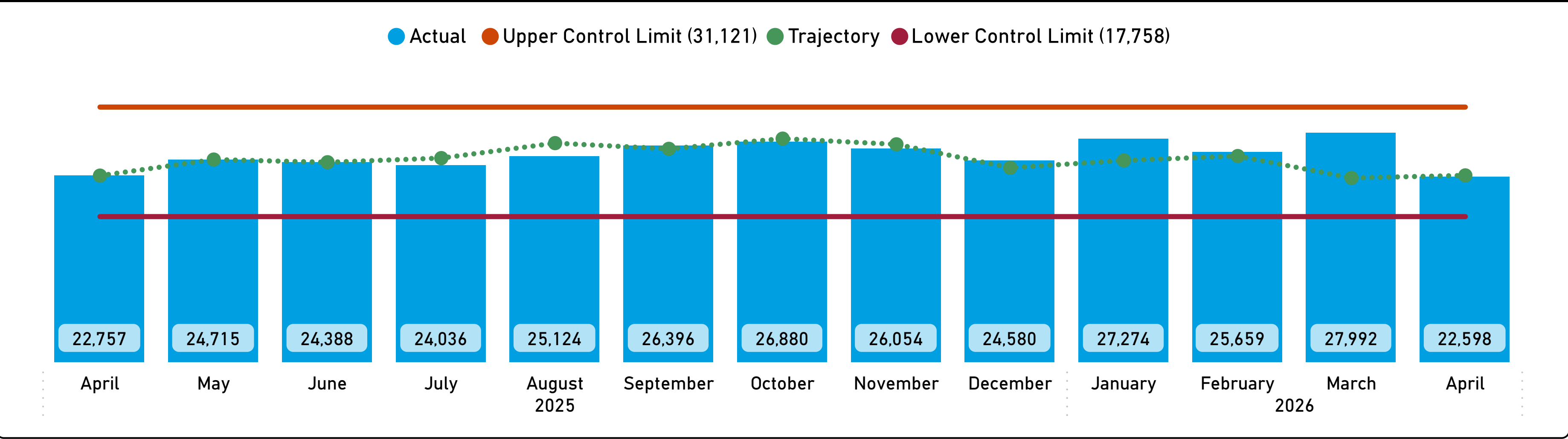


New Referrals - Year to Date

28,770

Previous year: 36,120 (-7,350 -20.35%)
April 2026

New Outpatient Activity



Activity Year To Date vs Trajectory

22,598

Trajectory (Provisional): 22,784 (-186 -1%)
April 2026

Activity Latest Month vs Trajectory

22,598

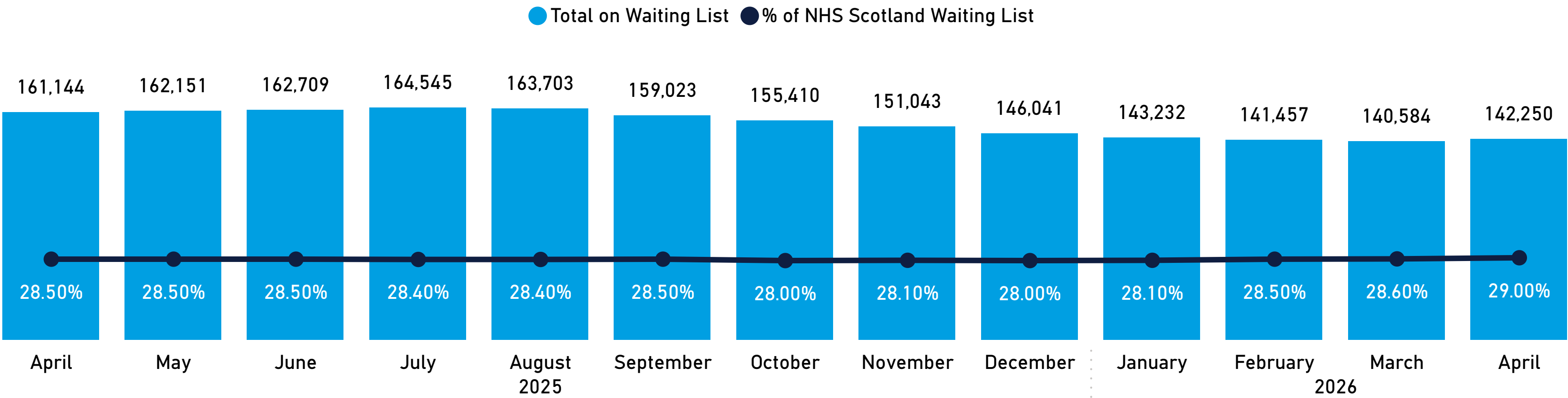
Trajectory (Provisional): 22,784 (-186 -1%)
April 2026

New Outpatients: Waiting Times

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Total Outpatient Waiting List



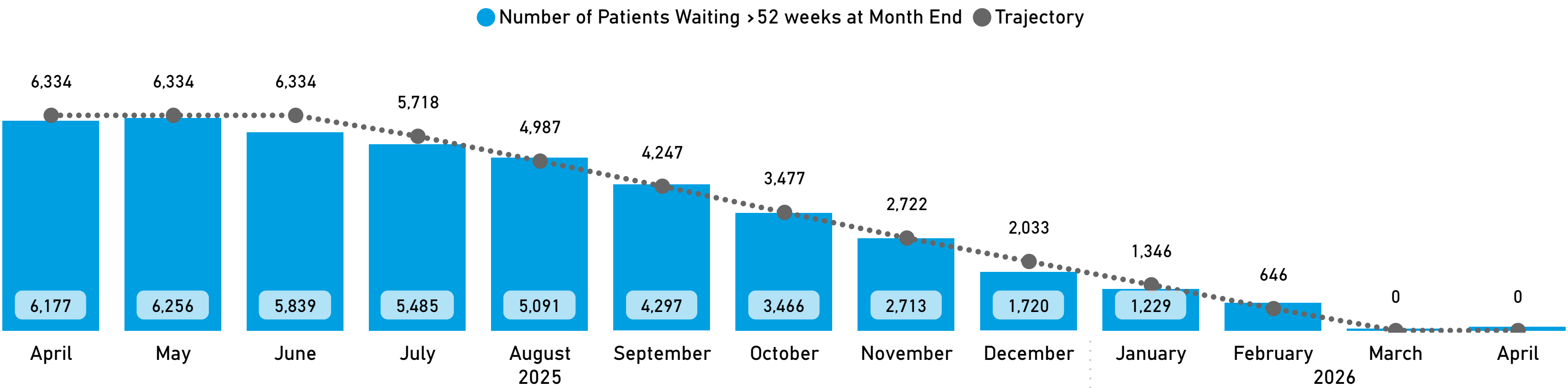
Waits >78 Weeks

0
Trajectory: 0
April 2026

Waits >104 weeks

0
Trajectory: 0
April 2026

Patients Waiting >52 weeks at Month End



Waits >52 weeks

113
Trajectory: 0
April 2026

% of NHS Scotland >52 week waits

0.90%
April 2026

Commentary
<p>Over the longer term, monthly referrals have remained within a relatively narrow 35-40k range, however new outpatient referrals have decreased notably in April 2026 to 28,770.</p> <p>New Outpatient activity in April 2026 totalled 22,598. Slightly lower than trajectory, but in line with April 2025. The outpatient waiting list has increased to 142,250, but remains significantly lower than earlier peaks in 2025. 113 New Outpatients were waiting over 52 weeks at end of April 2026.</p>

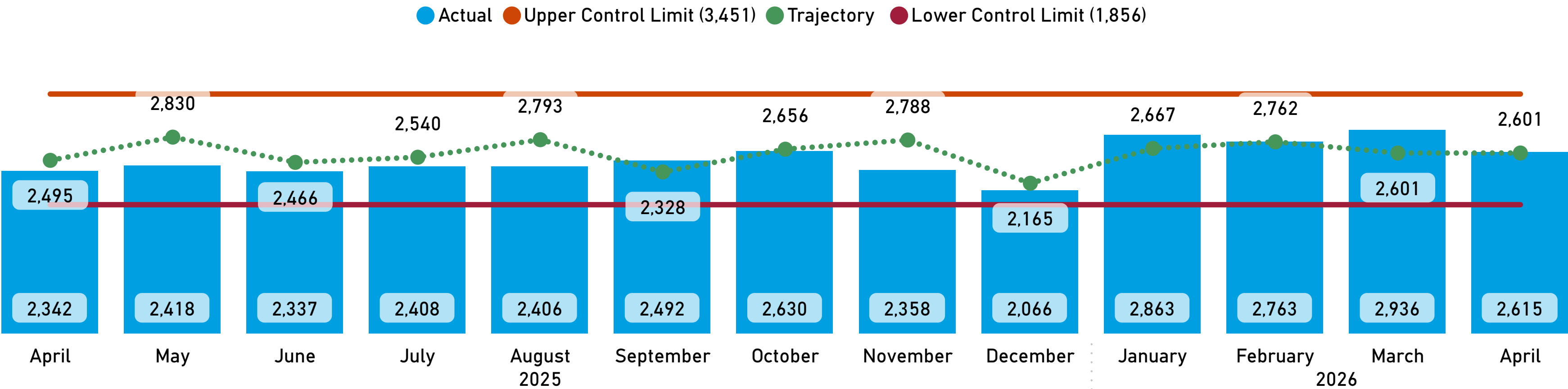
Service Narrative
<p>NHSGGC target is to ensure no patient waits over 52 weeks. There were 113 patients waiting over 52 weeks at the end of April 2026. Many of these patients had either cancelled, did not attend (DNA) an earlier appointment or had ‘unavailability’ and were unable to be booked within 52 weeks.</p> <p>The notable exception to this is Trauma and Orthopaedics. A specific action plan for Trauma and Orthopaedics is in place to reduce the number of 52 week waits by the end of May. This includes a number of additional clinics scheduled to commence from the week of 18 May and through June 2026.</p> <p>A new target of maximum of 40 weeks by March 2027 has been agreed, this will support a continued improvement trajectory and create clear headspace to reduce the number of patients currently tripping 52 weeks including DNA and cancellations.</p> <p>The first phase will be to reduce waiting times to 48 weeks by 30 June 2026.</p>

Diagnostic Scopes: Activity and Waiting Times

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Diagnostic Scopes - Activity



Activity Latest Month vs Trajectory

2,615

Trajectory: 2601 (+14 +1%)
April 2026

Activity Year To Date vs Trajectory

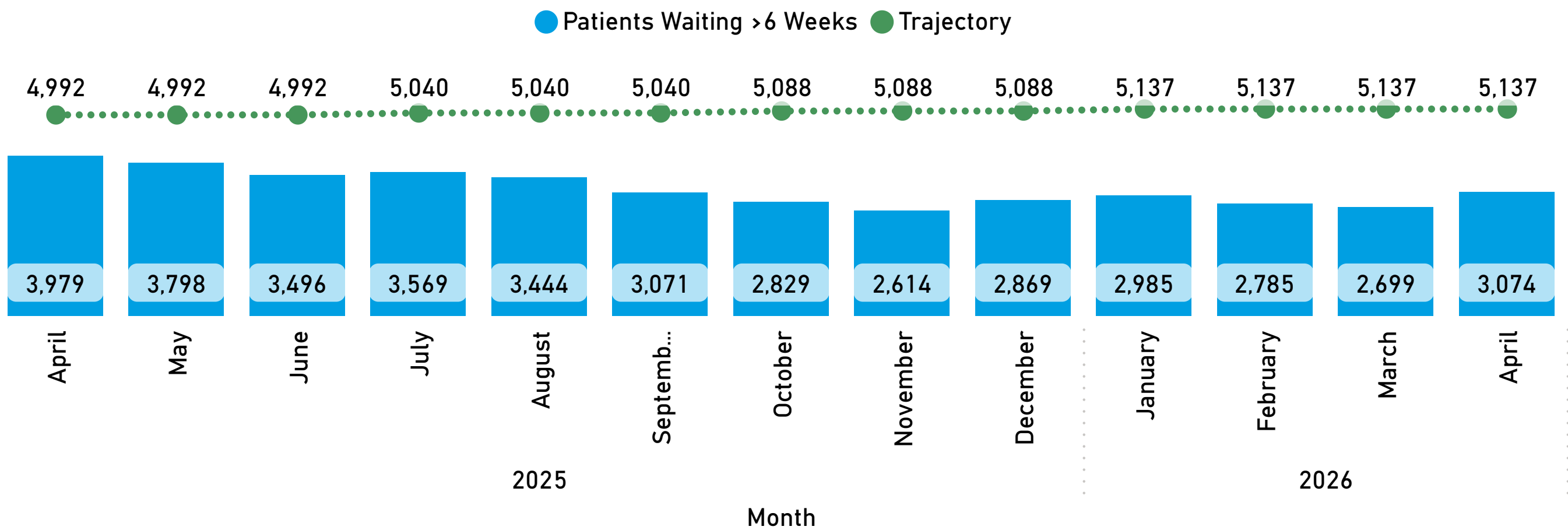
2,615

Trajectory: 2601 (+14 +1%)
April 2026

Total Waiting List

Date	Patients
April 2025	7,277
May 2025	7,214
June 2025	6,859
July 2025	6,799
August 2025	6,517
September 2025	6,206
October 2025	6,103
November 2025	6,093
December 2025	6,302
January 2026	6,228
February 2026	6,468
March 2026	6,532
April 2026	6,485

Patients Waiting >6 Weeks



>26 week waits

796

April 2026

>52 week waits

254

April 2026

Commentary
<p>Scopes activity has dropped in April 2026 to 2,615 procedures but remaining broadly consistent with the stable throughput seen across the past year. Activity has remained within a narrow range (around 2,300-3,000 procedures per month) throughout the year, indicating steady operational capacity.</p> <p>The number of patients waiting over six weeks increased to 3,074 in April 2026, from 2,699 the previous month although remaining substantially improved from the 3,979 over six week waits in April 2025. The longest waits have also decreased significantly: patients waiting >26 weeks have fallen from 2,240 in April 2025 to 796, and >52-week waits have dropped from 1,235 to 254 over the same period. The overall waiting list has reduced by 11% over the course of 2025, from 7,277 in April 2025 to 6,485 in April 2026.</p>

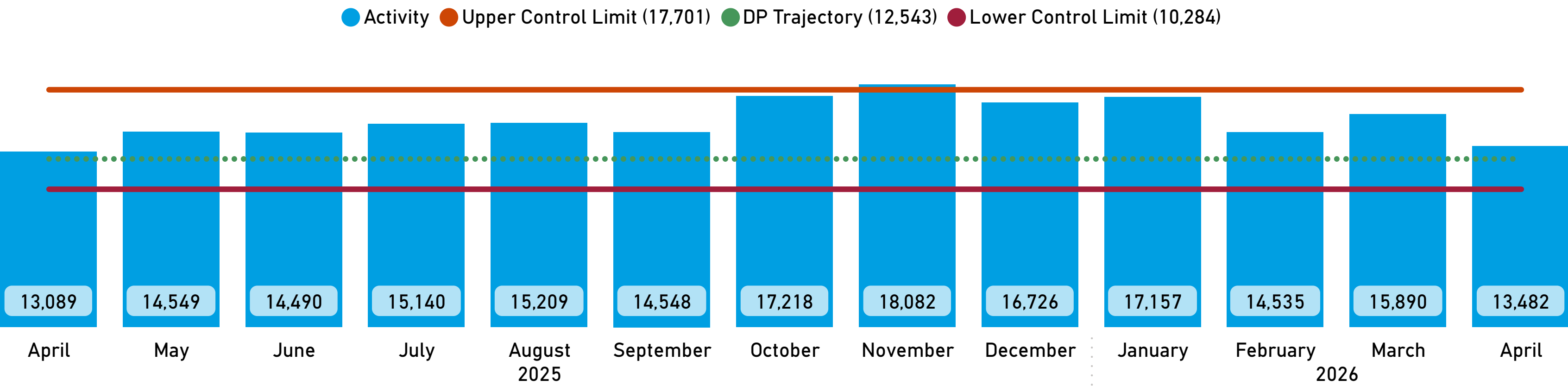
Service Narrative
<p>The overall position continues to improve, with reductions in both new and surveillance waiting times reflecting sustained focus on utilisation and prioritisation of capacity.</p> <p>Operational focus remains on maximising core sessional delivery, supported by Internal Waiting List Initiatives which are in place for Quarter 1 and have contributed to improvements across waiting times. Activity levels remain lower than the previous year as planned, reflecting the transition to a revised delivery model and reduced reliance on weekend mobile unit capacity.</p> <p>Priority pathways continue to be protected, with bowel screening performance remaining strong and supported by consistent capacity. The revalidation of the surveillance waiting list remains an important part of clinical risk management. Service development continues, including the expansion of Transnasal Endoscopy and reintroduction of capsule sponge testing. Key risks relate to capacity during transition to the new model and reliance on non-recurring measures. The focus over the coming months is to maintain utilisation across all lists and continue reducing the number of patients waiting over six weeks.</p>

Diagnostic Imaging: Activity and Waiting Times

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Imaging Activity



Activity Latest Month vs Trajectory

13,482
Trajectory: 12,543 (+939 +7%)
April 2026

Activity Year To Date vs Trajectory

13,482
Trajectory: 12,543 (+939 +7%)
April 2026

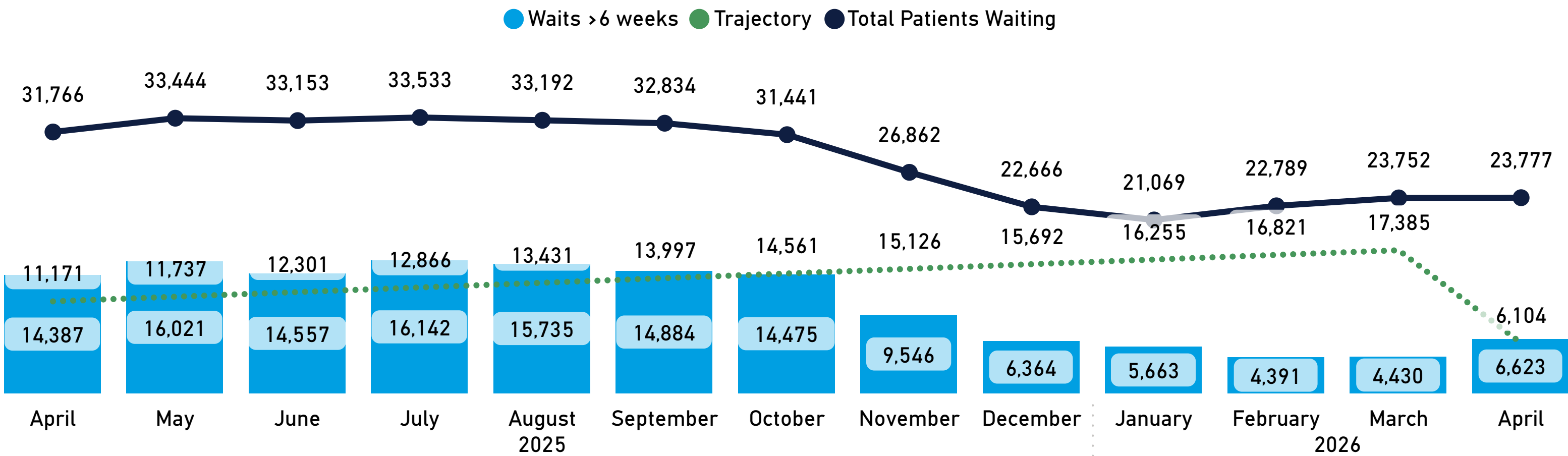
>6 Week Waits

6,623
Trajectory: 6104
(+519 +9%)
April 2026

All Waits

23,777
Trajectory: 22,643
(+1,134 +5%)
April 2026

Patients Waiting



Long Waits

Date	>26 weeks	>52 weeks	
April 2025	11	0	
May 2025	10	0	
June 2025	5	0	
July 2025	5	0	
August 2025	9	0	
September 2025	4	0	
October 2025	25	0	
November 2025	0	0	
December 2025	2	0	
January 2026	0	0	
February 2026	1	0	
March 2026	0	0	
April 2026	8	0	

Commentary
<p>Imaging activity has decreased in the most recent month, with 13,482 tests delivered in April 2026, this is lower than recent months, but similar to the figure from April 2025. This sustained activity profile has supported gradual improvement in waiting times despite month-to-month variation.</p> <p>Overall waits have seen an increase in April 2026, and patients waiting over six weeks have also increased to 6,623. However, waits remain lower than peaks over the past year of more than 16,000, which represents a significant reduction in long waits and demonstrates the impact of targeted capacity uplift and operational grip. Specific challenges remain, as detailed below and the overall waiting list and number of patients waiting over 6 weeks are both above trajectory.</p>

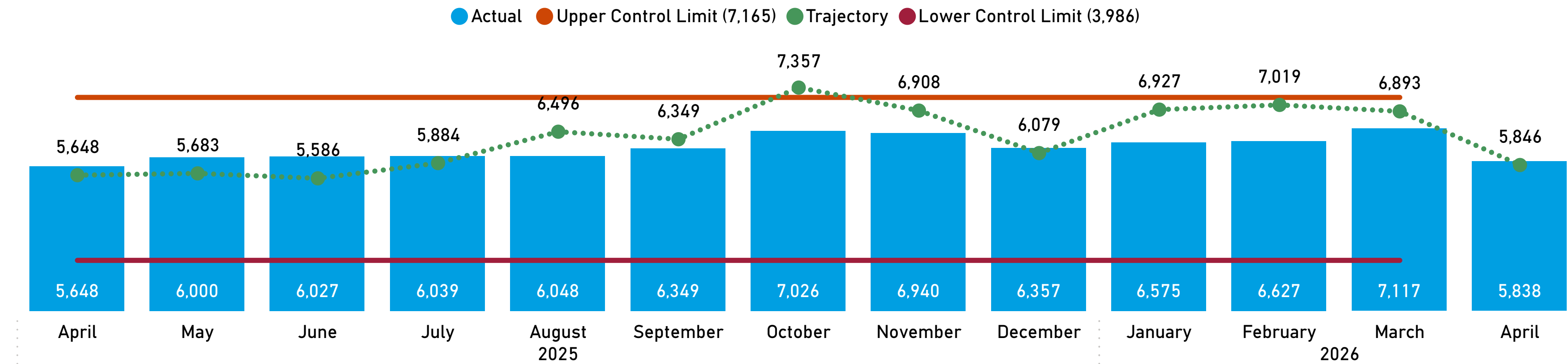
Service Narrative
<p>The service has continued to implement targeted capacity measures to support recovery, including extended working day arrangements to maximise utilisation of existing capacity, sustained deployment of mobile MRI units into Quarter 1, continued use of teleradiology and regional capacity to support reporting, and mobilisation of additional Ultrasound capacity following confirmation of planned care funding. Ongoing validation activity remains in place to support active waiting list management.</p> <p>Performance across modalities is variable. CT and MRI are currently performing at or better than planned waiting list positions; however, Ultrasound remains significantly above plan, with a 25% variance reflecting sustained backlog pressures. Six-week performance continues to be a key challenge across all modalities, particularly within Ultrasound and MRI, driven by sustained demand and capacity constraints.</p> <p>Additional capacity has been secured into Quarter 1 and core capacity remains fully utilised, however underlying risks persist. Planned mitigations include maintaining extended working arrangements, maximising available mobile and outsourced capacity, and securing additional Ultrasound insourcing. This remains a key focus for the service into 2026/27.</p>

Treatment Time Guarantee Inpatient and Daycase: Activity and Waits

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



TTG Inpatient and Daycase - Activity



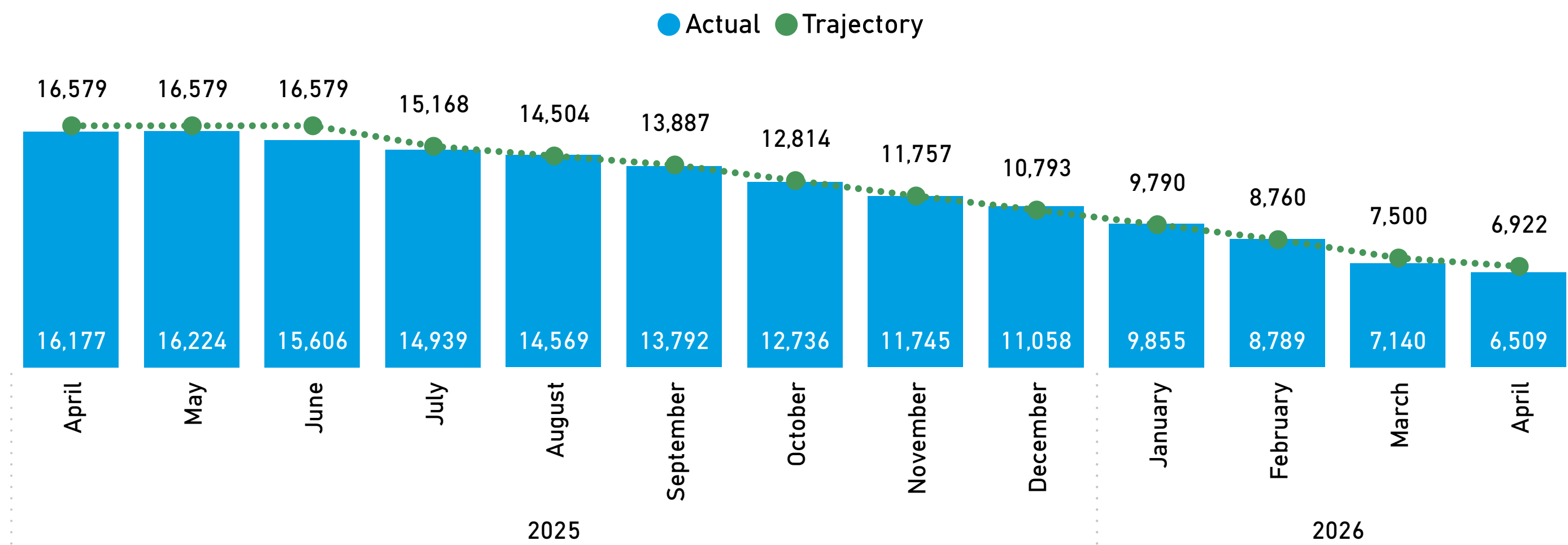
Activity Latest Month vs Trajectory

5,838
Trajectory (Provisional): 5,846 (-8 -0.14%)
April 2026

Activity Year To Date vs Trajectory

5,838
Trajectory (Provisional): 5,846 (-8 -0.14%)
April 2026

Waits >52 weeks



All Waits as Percentage of NHS Scotland

Month	Total Waiting List	% of NHSS	% of NHSS >52 weeks	>78 weeks	% of NHSS >78 weeks	>104 weeks	% of NHSS >104 weeks
April 2025	50,486	31.8%	41.8%	8,237	44.5%	3,506	42.6%
May 2025	50,571	31.8%	42.0%	8,531	45.5%	3,655	43.6%
June 2025	50,442	31.8%	42.1%	8,224	46.4%	3,666	45.2%
July 2025	50,042	31.8%	42.3%	7,942	46.9%	3,487	45.4%
August 2025	49,943	31.7%	42.6%	7,757	47.5%	3,385	45.9%
September 2025	49,484	31.6%	42.7%	7,199	47.7%	3,157	45.9%
October 2025	48,836	31.0%	42.0%	6,400	47.3%	2,705	44.2%
November 2025	47,685	30.4%	40.7%	5,591	45.4%	2,318	42.0%
December 2025	47,147	30.0%	40.2%	5,195		2,078	
January 2026	46,587	29.4%	38.9%	4,627	42.4%	1,542	35.7%
February 2026	45,332	28.7%	38.5%	3,649	40.8%	1,232	33.3%
March 2026	43,731	28.2%	37.1%	2,737	38.3%	812	29.0%
April 2026	43,152	27.8%	35.5%	2,456	36.5%	701	26.1%

Commentary

TTG activity in April 2026 was 5,838 procedures, a decrease on the previous month and slightly below monthly trajectory by 0.1% although 3.4% higher than the previous year.

The overall TTG waiting list continued to improve in April 2026 reducing to 43,152, down from earlier 2025 peaks and lower than in April 2025. Waits over 52 weeks have fallen, now standing at 6,509, a notable reduction compared with the early-year position of over 16,000, reflecting targeted recovery actions and improved inpatient/day-case activity across high-volume specialties.

Service Narrative

A new trajectory for quarter one was agreed and submitted to the Scottish Government on 17 April 2026, this targets no more than 5,966 patients waiting over 52 weeks by 30 June 2026.

There were 6,509 patients waiting over 52 weeks at the end of April 2026, TTG is currently within trajectory by 6% with 413 patients under 52 weeks, 244 ahead of target of 6,753 at 11 May.

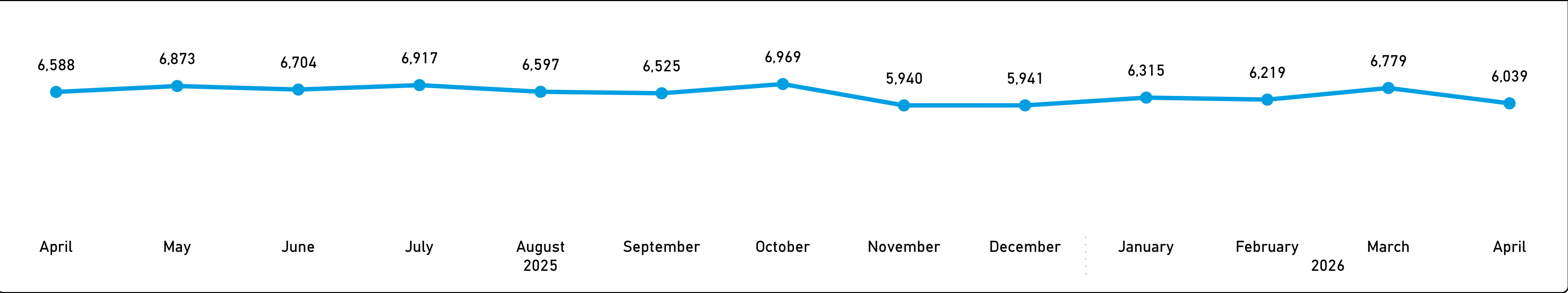
Contracts have been agreed with the private sector for Quarter One of 2026/27 totalling 651 procedures across ENT, General Surgery, Gynaecology, Ophthalmology, Plastic Surgery and Urology.

Cancer: Referrals and Activity

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Urgent Suspicion of Cancer Referrals

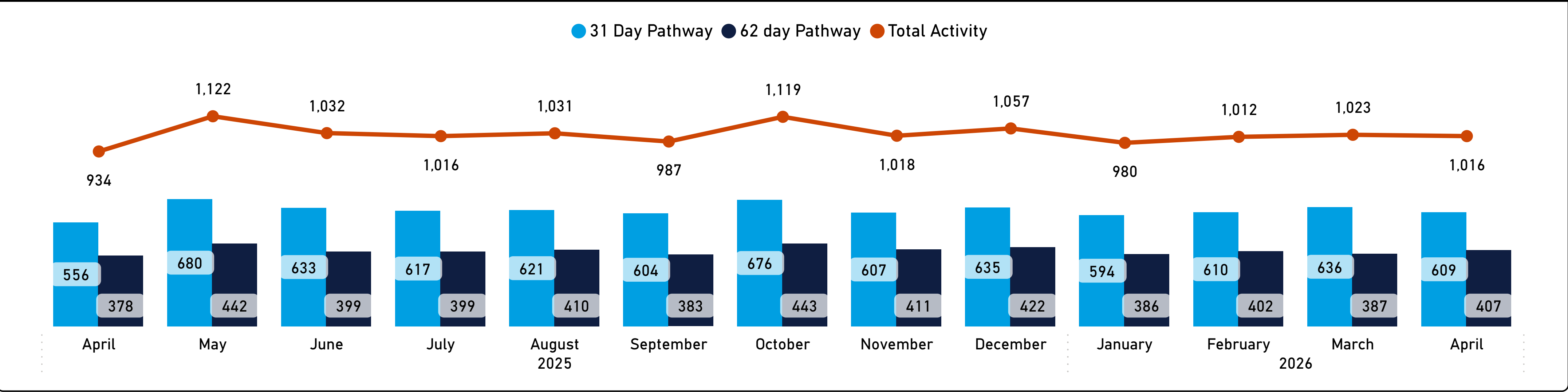


USOC Referrals
- Year to Date

6,039

Previous year: 6,588
(-549 -8.33%)
April 2026

Activity by Month



Activity (31 days) -
Year to Date

609

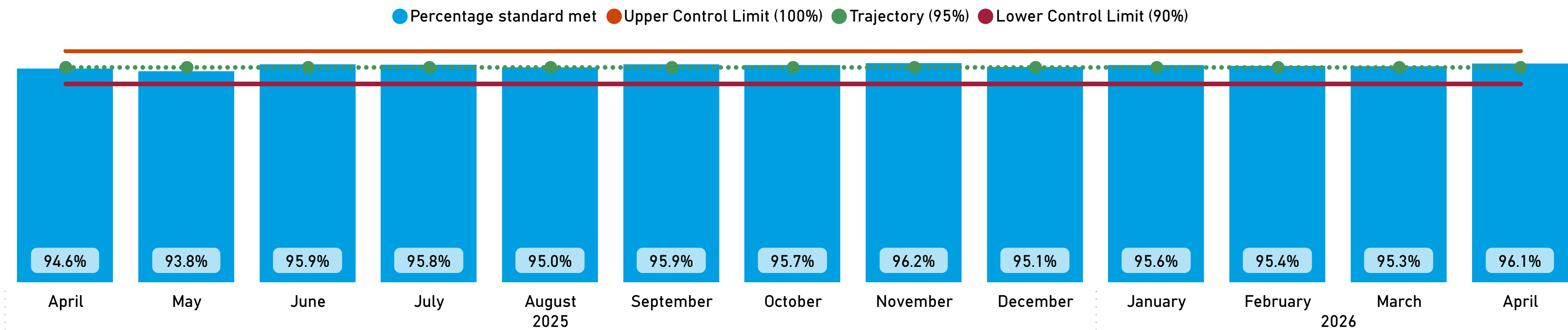
Previous year: 556
(+53 +9.53%)
April 2026

Activity (62 days) -
Year to Date

407

Previous year: 378
(+29 +7.67%)
April 2026

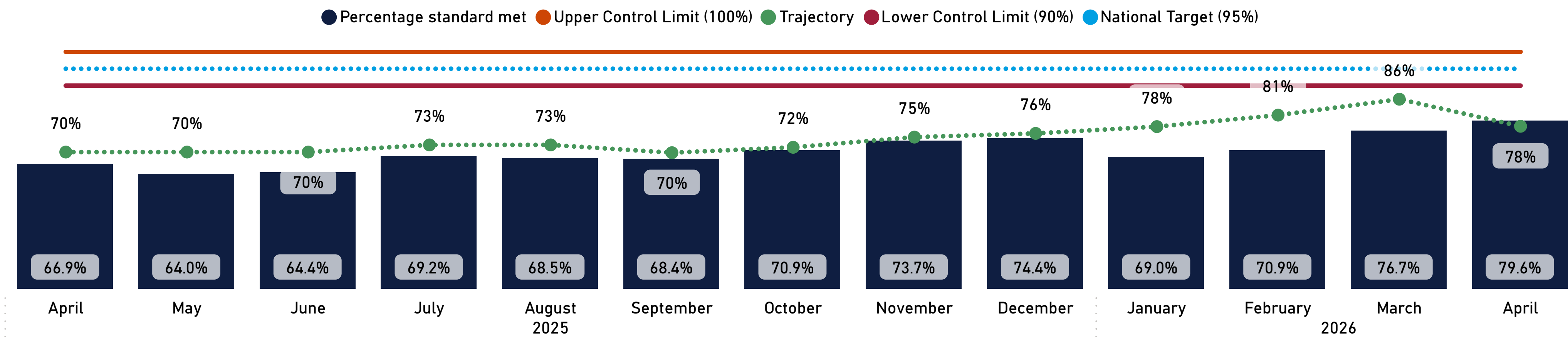
Cancer Performance - 31 days to treatment from decision to treat



31 Day Performance

96.1%
Trajectory: 95% (+1.1%)
April 2026

Cancer Performance - 62 days from referral to first treatment



62 Day Performance

79.6%
Trajectory: 78% (+1.6%)
April 2026

Commentary

April 2026 performance of 79.6% for 62-day patients, is above the local trajectory of 78%. 31-day performance remains consistently high, with the 96.1% achieved in April, exceeding the national target.

Urgent Suspicion of Cancer referrals are down by 8.3% compared to the previous year. Activity for the 31-day standard continues to run ahead of the previous year; by April 2026, 609 patients had started treatment, representing continued growth in throughput and an increase of 9.5% against the same point last year. The 62-day pathway shows a similar pattern, with YTD treatments reaching 407 in April 2026, 7.7% ahead of 2025/26 figures.

Service Narrative

Focused improvement work continues across cancer pathways. Strengthened escalation processes are in place alongside ongoing data validation and tiered breach analysis. April 2026 performance remains reflective of the challenges in the early stages of cancer pathways, and ongoing pressures in diagnostics, with variation across tumour groups as outlined below.

Colorectal - 73.1% (above April trajectory of 70.7%): Performance increased from 71.1% in March 2026 to 73.1% in April 2026, with 38 of 52 eligible referrals beginning treatment within 62 days. CT colon acquisition-to-report turnaround is approximately 14 days, remaining well below a historic median of 30 days. Work is ongoing to strengthen tracking processes, including a weekly diagnostic tracking meeting to ensure robust escalation and reports available where possible ahead of MDT meetings. These combined efforts are expected to improve diagnostic imaging timelines and ensure early pathway stages remain within required standards. Changes to TrakCare prioritisation for CT colon were made on 1 May and the impact will be audited. Review of the very early stages of the bowel screening pathway has commenced.

Head & Neck - 64.7% (below April trajectory of 75%): Performance decreased from 75% in March 2026 to 64.7% in April 2026, with 11 out of 17 eligible referrals treated within 62 days. The Cancer Pathway Improvement Group continues to focus on early pathway delays and the wait for first ENT outpatient appointments. Consultant vacancies within the ENT Service have been a challenge, and posts have been filled with non-Head & Neck cancer specialists, however, this will positively impact the service by reducing cancelled clinical activity during on-call periods. Waiting List Initiative sessions continue to be sought to mitigate vacancies, and wait to first outpatient appointment has reduced to 12 days. Progress on the Diagnostic Hub model is ongoing: two Clinical Nurse Specialists are in post and training remains on schedule.

Lung - 84% (below April trajectory of 85.4%): Performance increased from 71.8% in March to 84.3% in April with 43 out of 51 eligible patients treated within 62 days. Impact of recent delays in PET acquisition and reporting remain the dominant constraint on pathway flow. A recovery plan is in progress and significant improvement noted. The use of a scanner in Edinburgh to improve waits to scan acquisition, continuation of additional sessions for PET reporting and the introduction of external reporting arrangements with private sector providers have all contributed to steady improvement, with the longest current unreported wait at four days. The Cancer Pathway Improvement Group is aligning NHSGGC pathways with the National Optimal Lung Pathway to support future pathway standardisation. Work is ongoing to further develop Lung navigator roles within the pathway to release CNS clinical time and further improve communication with patients.

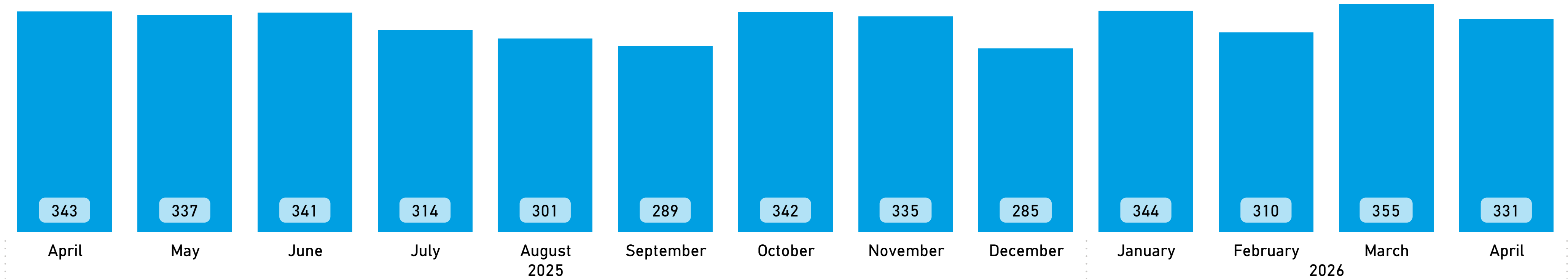
Urology - 59.3% (below April trajectory of 59.8%): Performance increased from 53.5% in March 2026 to 59.3% in April with 54 of 91 eligible referrals treated within 62 days. Average Referral to Treatment times for all urology patients have reduced from 86.3 days in October 2025 to 72.3 days in April 2026. Between October to December 2025, 75.9% of the overall urology cancer activity was for prostate cancer. This was slightly lower in April 2026 at 70.7%. This has impacted overall cancer performance, as long waiting patients have been treated and the backlog of patients waiting >100 days has reduced, from 51 patients at 5 January to 21 patients on 30 April 2026. Both private sector and local TP biopsy work has supported a reduction in biopsy waits from six weeks to between two and 14 days. There has been a 0.5 day increase in the average wait for patients treated with hormones and watchful waiting between March and April 2026. The average wait in those patients treated by oncology has decreased by 2.7 days. A redesigned nurse led pathway was introduced in late April 2026 initially in the South Sector, when fully embedded, this is anticipated to reduce the waiting time for surgery and oncology appointments post MDT decision.

CAMHS: Activity and Waiting Times

Lead Director - Chief Officer, East Dunbartonshire HSCP
Lead Committee - Finance, Planning and Performance



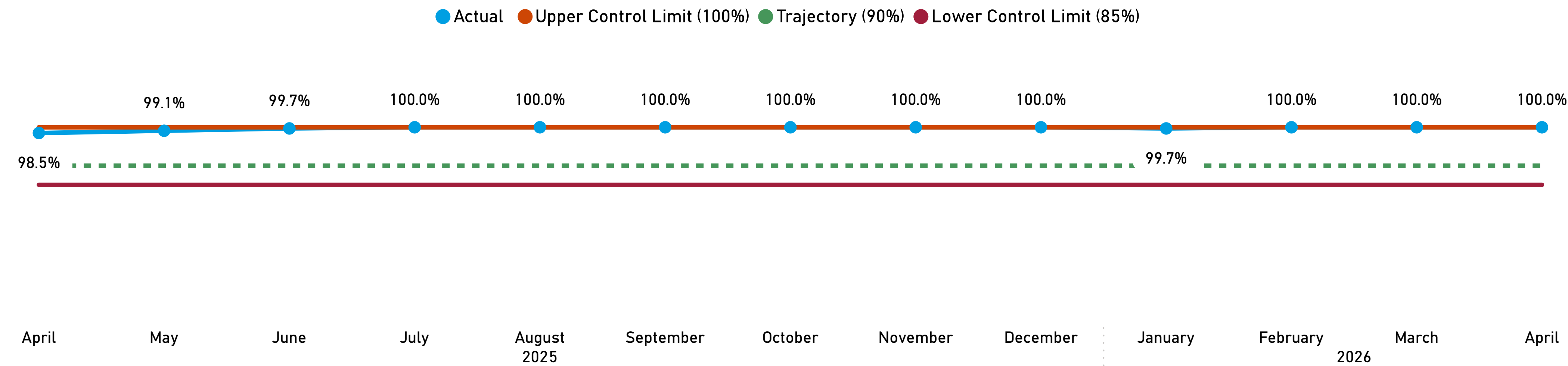
Patients Seen - CAMHS



CAMHS - Patients Seen Year To Date

331
Previous Year: 343
(-12 -3%)
April 2026

CAMHS - % starting treatment within 18 weeks



CAMHS Performance

100.0%
Target: 90% (+10.0%)
April 2026

Commentary

CAMHS waiting times performance against the national standard for commencement of treatment remains strong, with 100% of patients starting treatment within 18 weeks, unchanged from the previous month.

The number of patients seen in April 2026 is similar to the previous year, with the high compliance rate demonstrating sufficient resilience within the service to manage volumes.

Service Narrative

NHSGGC Children & Adolescent Mental Health Services (CAMHS) aims to maintain Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Long-term and ongoing increases in demand, and increases in complexity of cases since the pandemic, have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible.

The service has continued to meet the national RTT targets with all 331 children and young people across NHSGGC starting treatment in April 2026 doing so less than 18 weeks from referral, with the longest wait at 18 weeks.

While the national standard reflects waits to start treatment, the number of children waiting after their treatment start for a second appointment remains high in NHSGGC. As at 7 April 2026, there were 740 children waiting in NHSGGC Community CAMHS services for their second appointment. As at July 2025, the median waiting time from treatment start to second appointment was 51 weeks, and from referral to second appointment was 71 weeks.

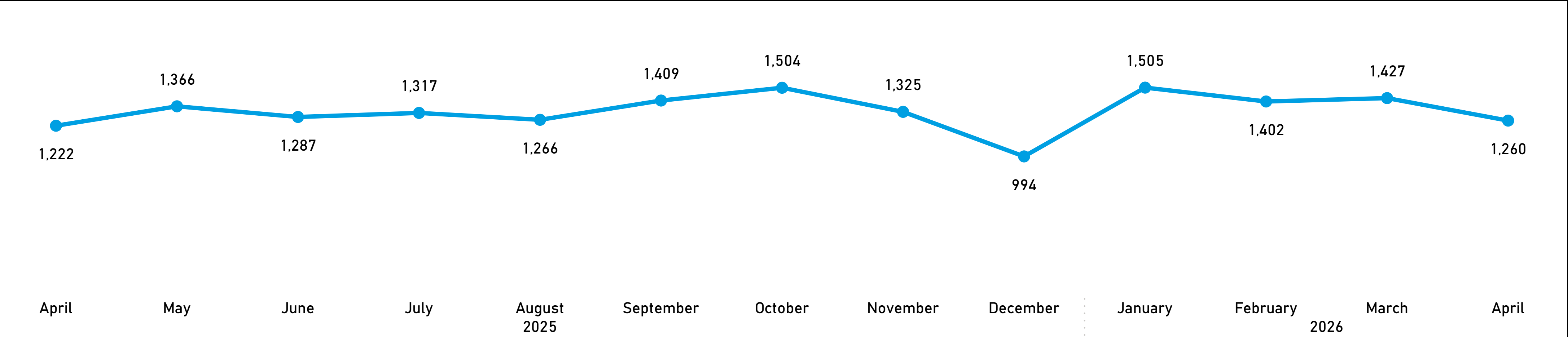
£1m of reserves has been allocated to address the length of time children and young people wait from treatment start to second CAMHS appointments. The median waiting time from treatment start to second appointment has reduced across NHSGGC, and as at April 2026 stands at 12 weeks, while time from referral to second appointment has reduced to 26 weeks.

Psychological Therapies: Activity and Waiting Times

Lead Director - Chief Officer, Glasgow City HSCP
Lead Committee - Finance, Planning and Performance



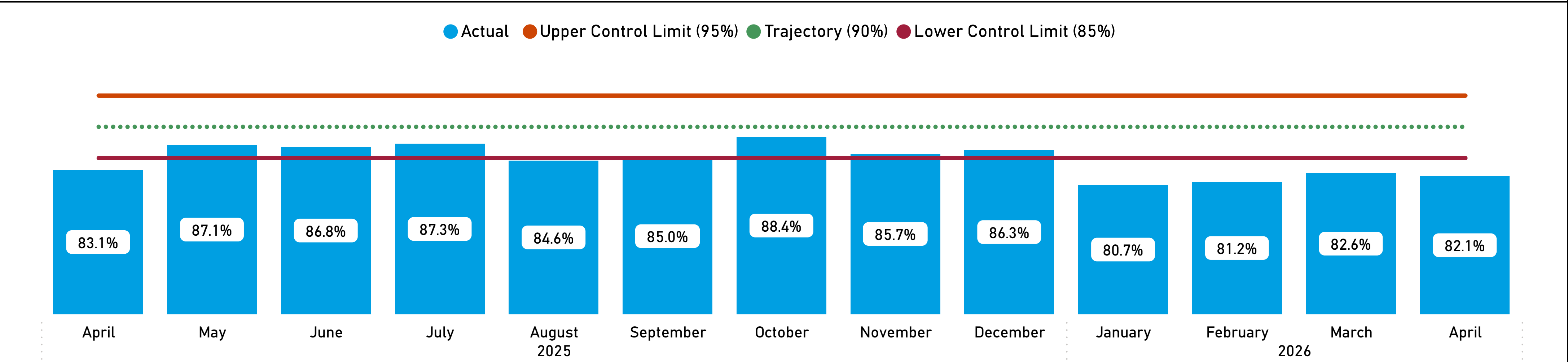
Patients Seen - Psychological Therapies



Patients Seen Year To Date



Psychological Therapies - % starting treatment within 18 weeks



Psychological Therapies Performance



Commentary

Psychological Therapies (PT) performance in the most recent month shows that the proportion of patients starting treatment within 18 weeks is at 82.1%, down from the previous month and remaining below the national standard of 90%. Activity levels in April 2026 have increased slightly compared to the previous April. The combination of sustained demand and overall capacity constraints have limited performance improvement, while throughput is being maintained.

Service Narrative

Aggregated PT performance in NHSGGC continues to fall below the standard. However, there is evidence of widespread improvement on some performance measures. Notably, a growing number of teams report 90% or more patients having their first treatment appointment within 18 weeks, and some teams have no-one waiting longer than 18 weeks. This demonstrates that the performance standard is achievable across types of service.

Long waits are highly concentrated within a small number of teams, with Glasgow Psychological Trauma Services and a small cluster of Community Mental Health Teams accounting for a disproportionate share of waits exceeding 18 weeks, including the remaining 53+ week waits. Encouragingly, most of these longest waits already have appointments scheduled in May, meaning elimination of over-52-week waits appears realistically achievable in the short term.

Improved performance could also be achieved in local teams with minor adaptations to delivery practice. However there remain challenges to delivering these, such as:

- Increasing numbers of referrals for PT, and greater pressures in mental health services generally, leading to increased demands on the full range of clinicians’ responsibilities, and a consequent loss of time to deliver PTs.
- Reduced clinical capacity due to the Reduced Working Week, outstanding vacancies and changes to individual working patterns
- Savings applied to core budgets that impact PT staffing and reduce PT performance unless and until changes to PT service delivery at HSCP/Board-wide level, can be implemented.

The number of people reported as waiting over 52 weeks for a first treatment appointment has reduced substantially. This is primarily due to a data cleaning process. The independent panel set up to review all over 52-week waits, to identify general factors which could be addressed strategically, has now begun to look at those people waiting over 40 weeks. Efforts are underway to raise awareness in teams regarding accurate data recording, regular checking and prompt correction of errors.

Local teams have begun to review their approaches to PT appointment scheduling, and progress will be reviewed by the Performance and Quality Improvement Subgroup (PQIS) of the Psychological Therapies Steering Group. Teams vary in their referral criteria in the ways they manage referrals and the strategies they use to improve attendance at appointments. Analysis has begun to examine the effects on waiting times, with a view to identifying and promoting the most successful approaches.

Performance data indicates that the Board-wide computerised CBT (cCBT) service is consistently one of the best performing teams in NHSGGC, and accounts for a large proportion of all PT activity in the Board. Increasing referrals to this service is likely to further improve the Board-wide performance figure. The PQIS is considering ways to promote referrals to cCBT from other teams.

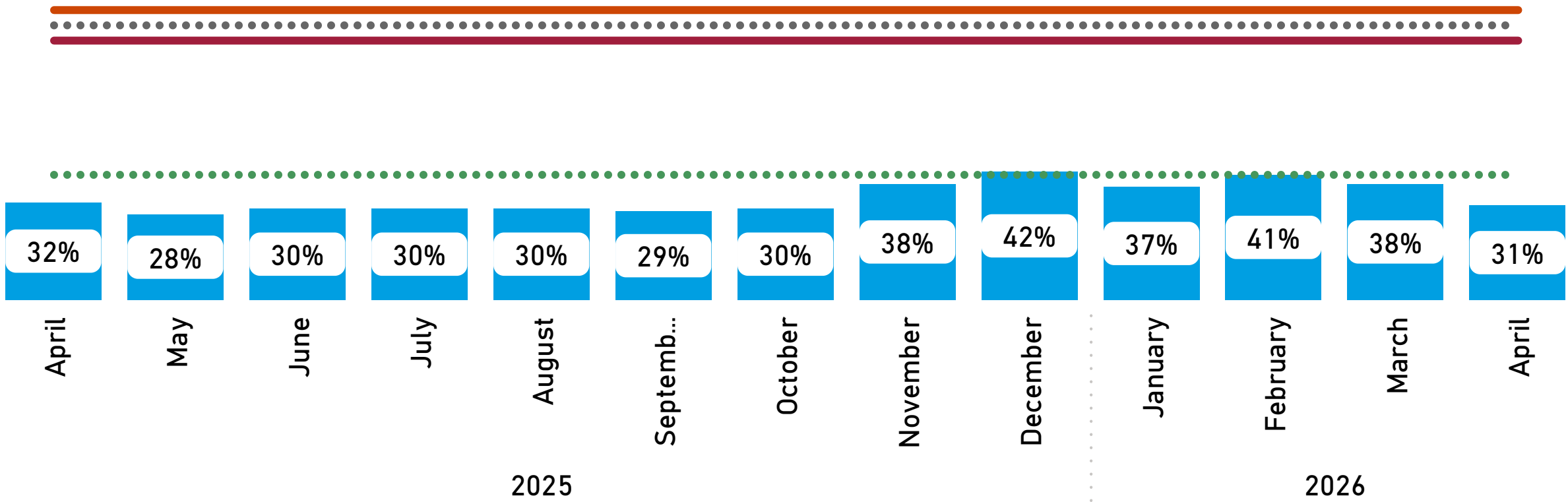
Musculoskeletal Physiotherapy: Activity and Waiting Times

Lead Director - Chief Officer, West Dunbartonshire HSCP
Lead Committee - Finance, Planning and Performance

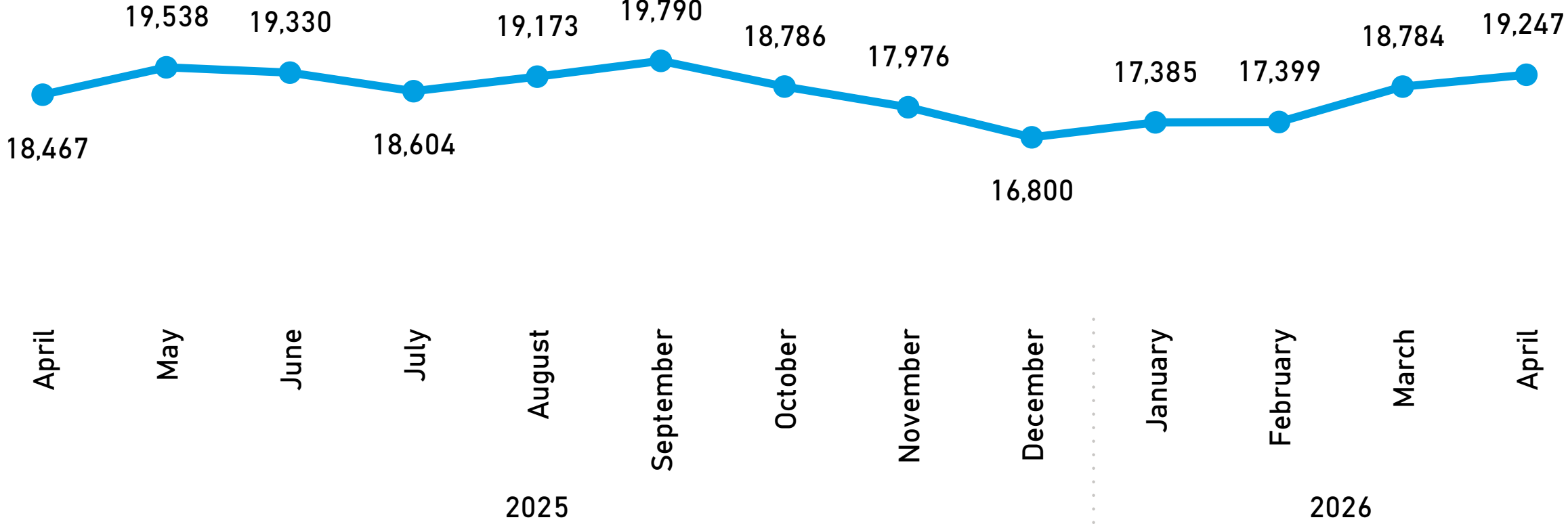


MSK Patients Seen within 4 weeks of referral

Actual UCL (95%) National Target (90%) Trajectory (41%) LCL (85%)

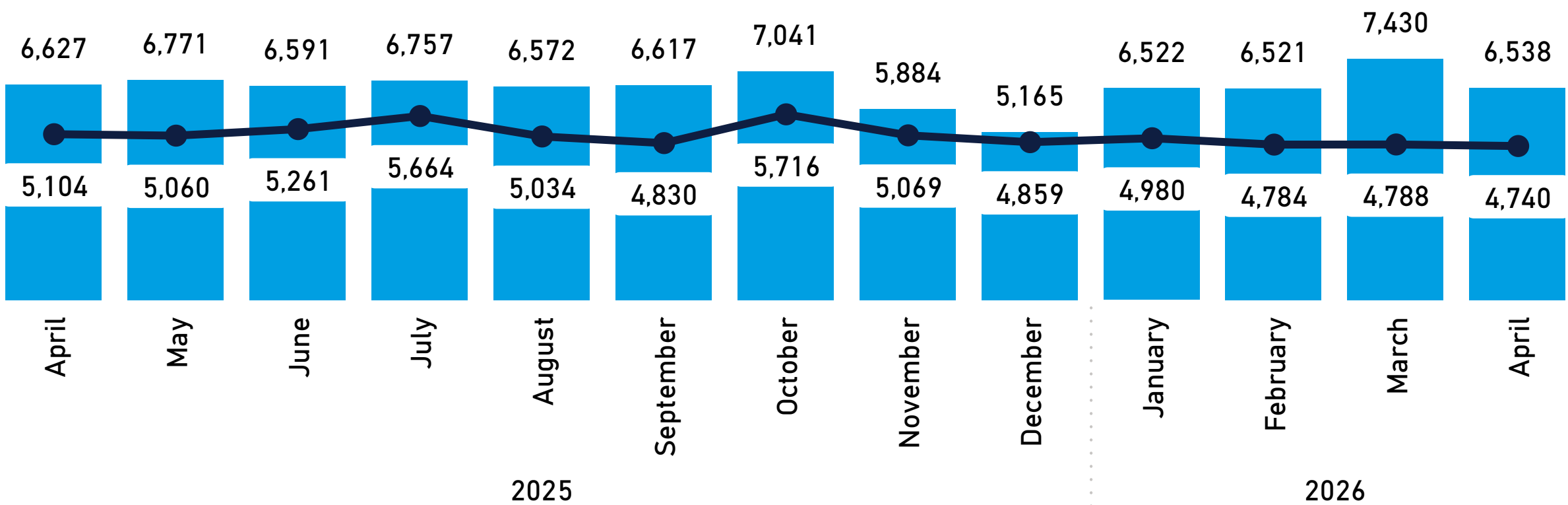


MSK Total Waiting List



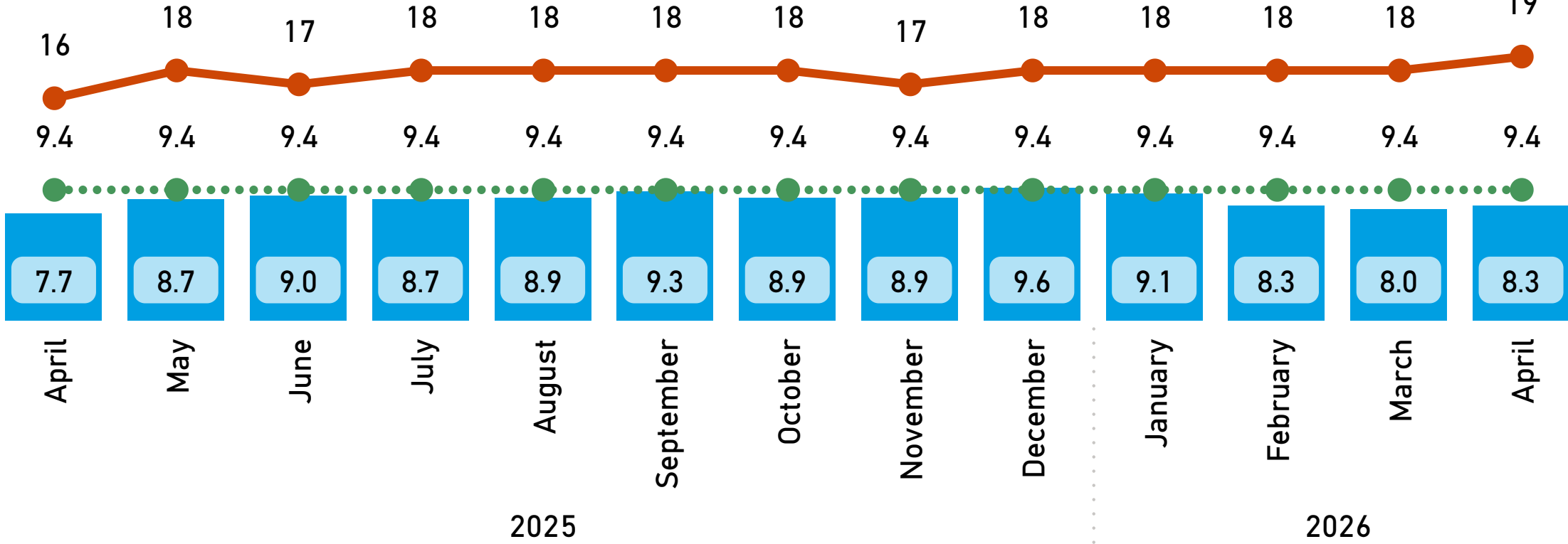
MSK New Referrals vs Patients Seen

New Referrals New Patients Seen



MSK Completed Waits (Weeks)

Average Waiting Time (Weeks) Trajectory Longest Wait in Weeks



Commentary

MSK physiotherapy performance is lower in April 2026 with 31% of patients seen within four weeks and performance is below the local trajectory. However, all urgent referrals were seen within the four-week target. Demand has fallen in April 2026 and is lower than the figure from April 2025. Numbers of patients seen each month remain steady.

Average waiting times have risen by three weeks from the previous year, reflecting ongoing pressure within the service and the need to prioritise urgent cases. The overall waiting list has increased in April 2026 and is higher than recent months.

Service Narrative

Maximum routine waits have increased by one week in April but there are already signs of improvement in May (down to 18 weeks early May and predicted to drop to 15 weeks by end May).

Although the data shows that % seen within four-week target has decreased, the MSK managers are working in the background to ensure that all urgent patients are seen within the four-week target. Internal audit findings confirmed that 100% of urgent patients were seen within the four-week target.

The service continues to release 0.9 wte to support Orthopaedic Spinal waiting times which is impacting capacity. These staff returned to the service at the end of March but are unable to commence clinics within MSK due to the substantial backlog in Orthopaedic admin work (relating to scan results for patients). This work was required to be carried out within MSK time, but clinic lists will reopen in May.

Main issue is vacancy levels and as part of recompense for the Reduced Working Week and use of reserves monies there are an additional four wte staff starting during May which will result in improvements.

The service has also received an additional £1.2m to address waiting times moving forward. As a result, the service held an initial planning session last week and will commence recruitment of a further eight wte. There are further sessions to develop the planning around innovative ways to address waiting times. Although time will be taken for recruitment of these eight additional staff, this will mean that service capacity will increase by approximately 4,300 new patients over one year.

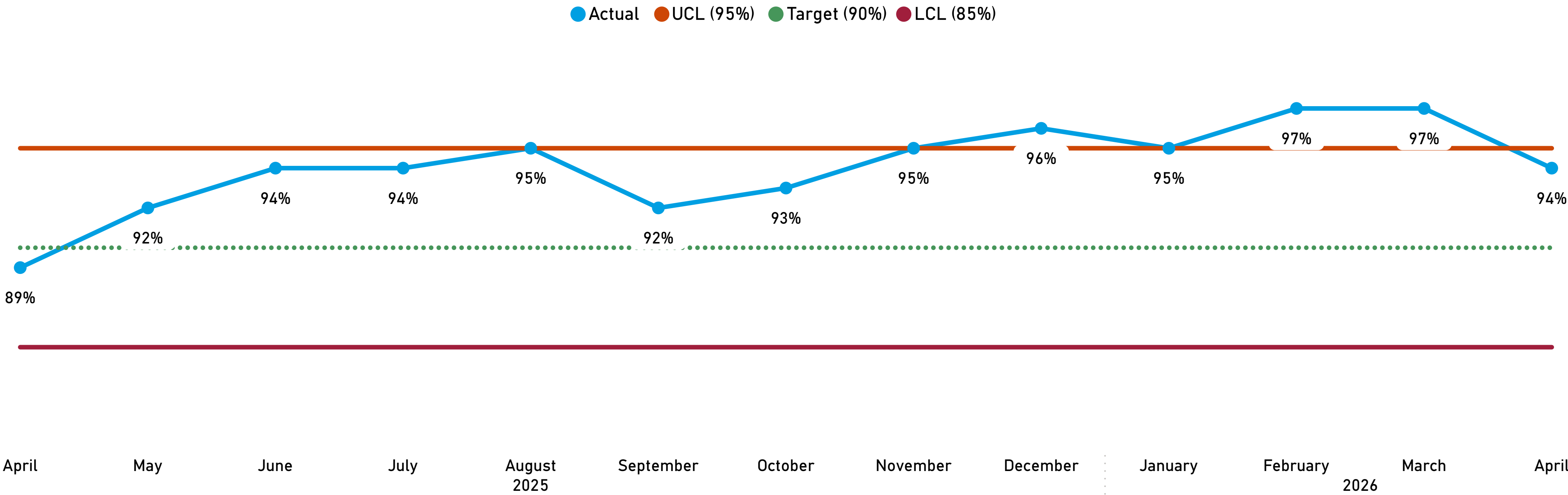
Should demand remain static (which it did within 2025/26 for the first time) then maximum routine waiting times will decrease to 10 weeks within this financial year (this calculation does not factor additional planning around further waiting times improvement).

Podiatry: Waiting Times

Lead Director - Chief Officer, Renfrewshire HSCP
Lead Committee - Finance, Planning and Performance



Podiatry Patients Seen within 4 weeks of referral



Podiatry Performance

94%
Target: 90% (+4%)
April 2026

Commentary

94% of eligible podiatry patients were seen within four weeks of referral in April 2026, decreasing by 3% compared to the previous months’ position although remaining above national target by 4%.

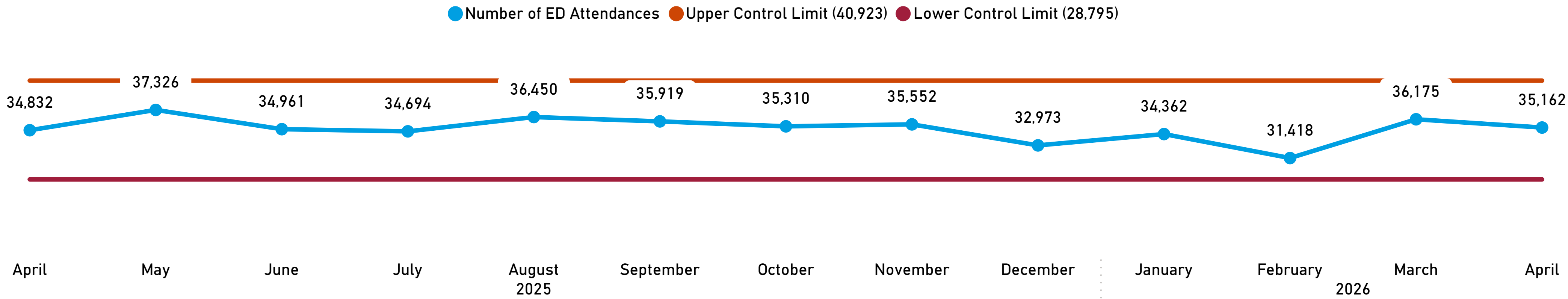
The service has performed above the national target of 90% every month since May 2025, representing a stable performance position.

Unscheduled Care: Emergency Department Attendances and 4hr target

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



ED Attendances by Month



ED Attendances

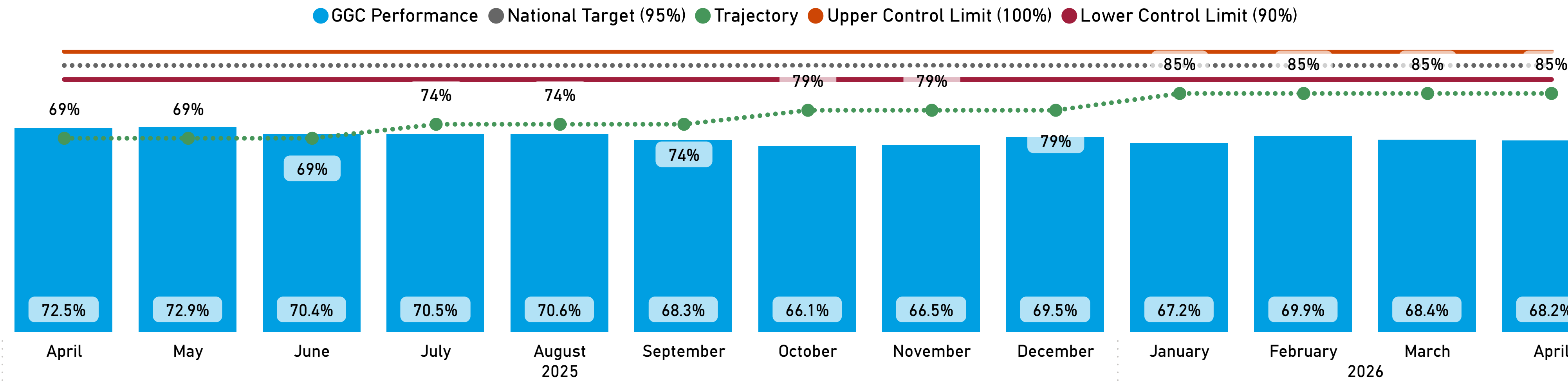
Year to Date

35,162
Trajectory: 34,135
(+1,027 +3.01%)
April 2026

ED 4hr Target

68.2%
Trajectory: 85% (-16.8%)
April 2026

ED 4 hr Target Performance by Month

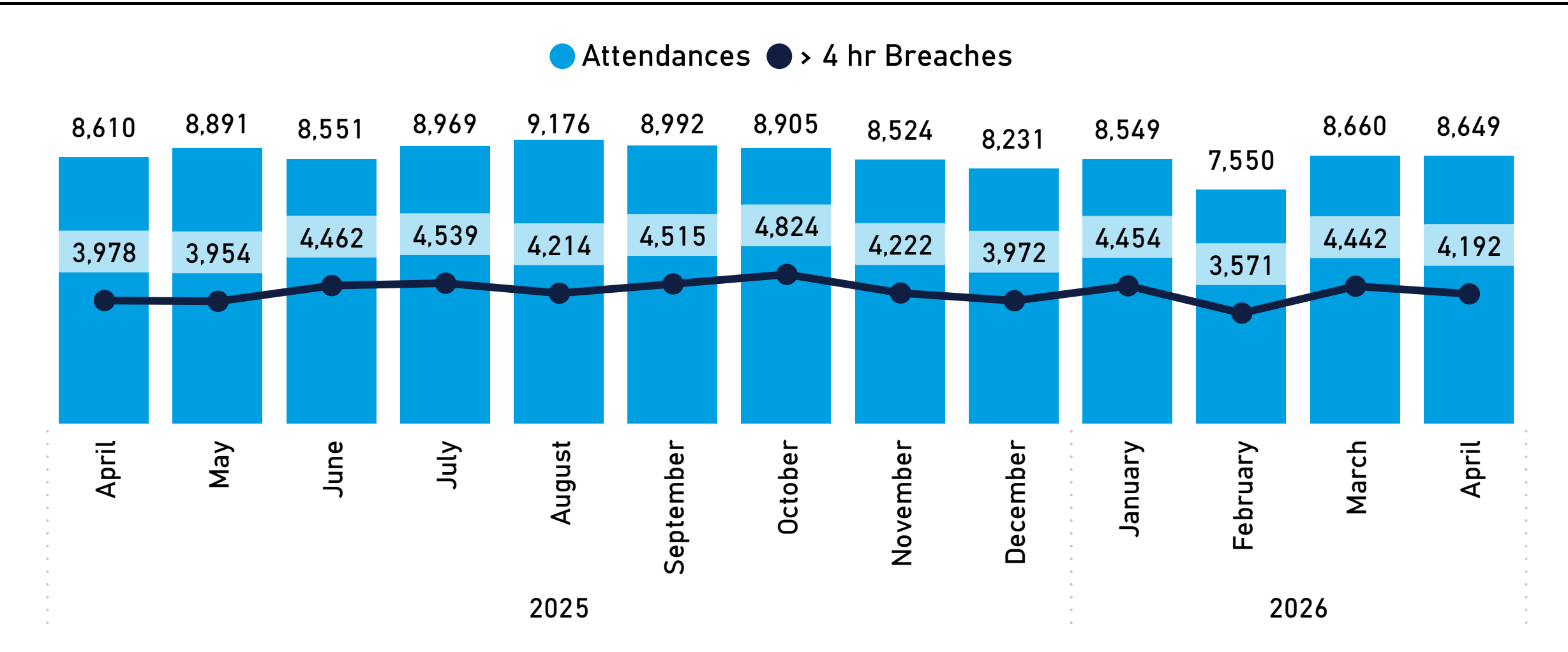


Unscheduled Care: Emergency Department Attendances and Breaches by Site

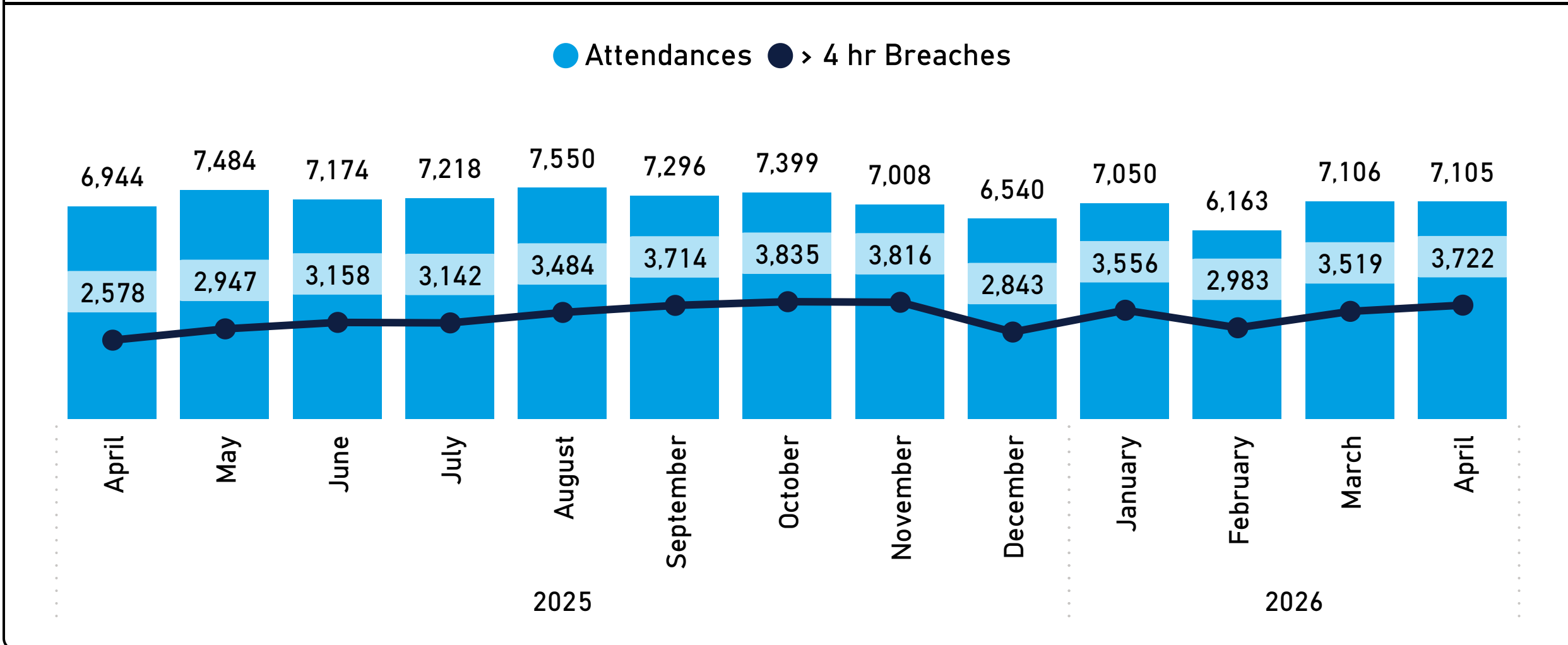
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



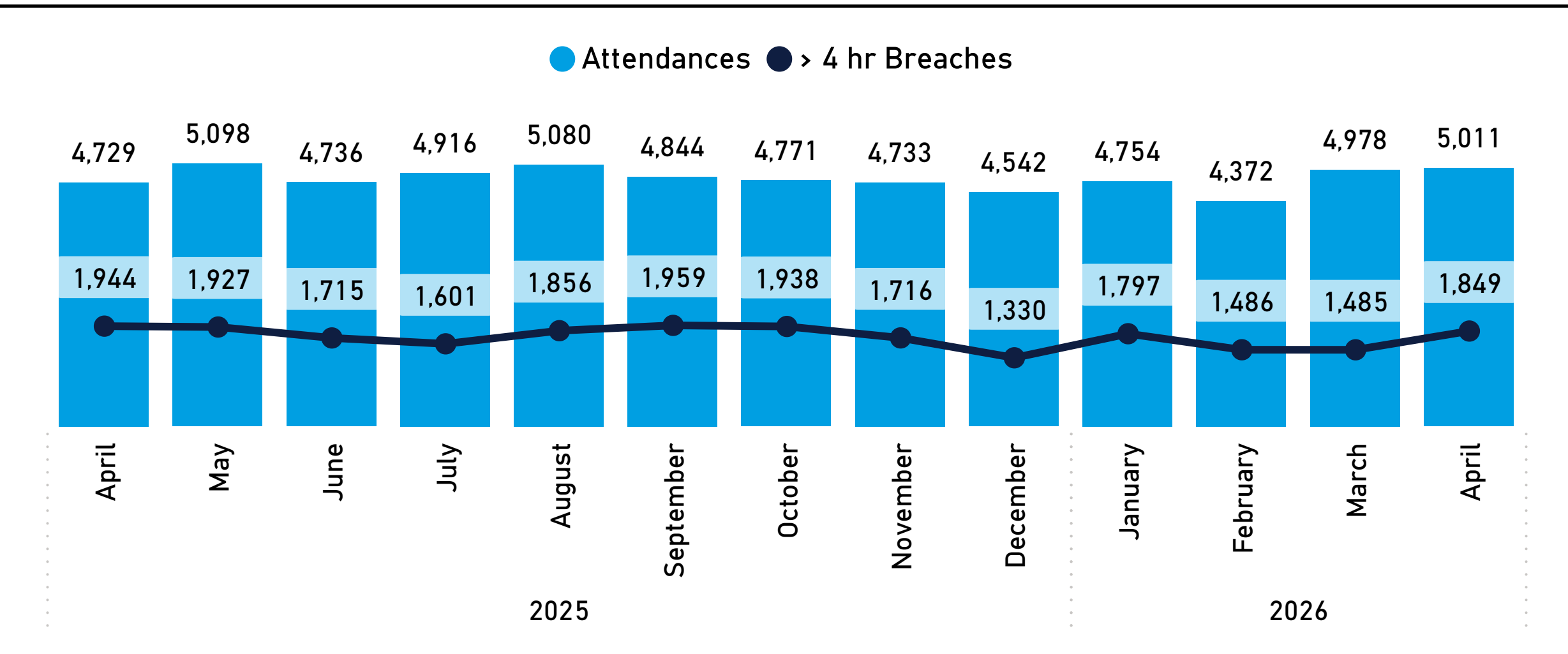
Attendances and >4 hr breaches - QEUH



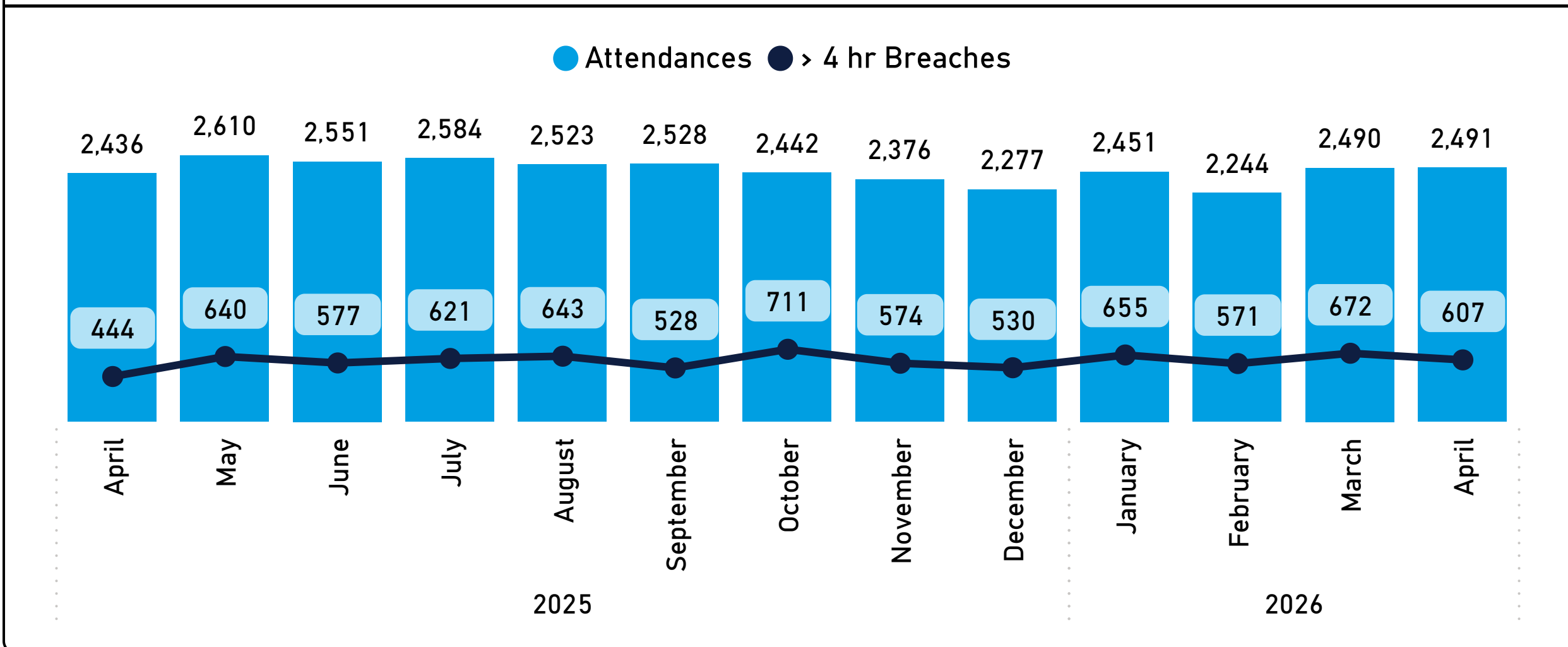
Attendances and >4 hr breaches - GRI



Attendances and >4 hr breaches - RAH



Attendances and >4 hr breaches - IRH

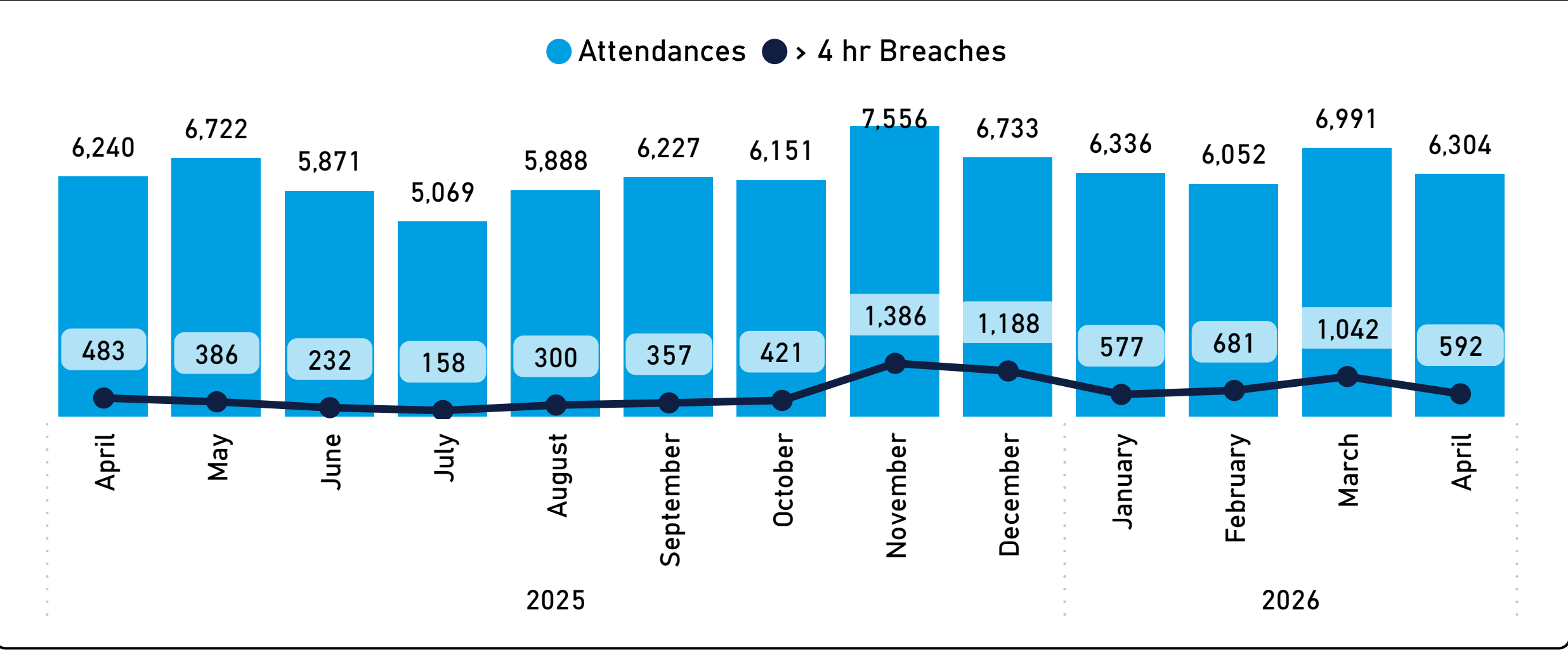


Unscheduled Care: Emergency Department Attendances and Breaches by Site (cont.)

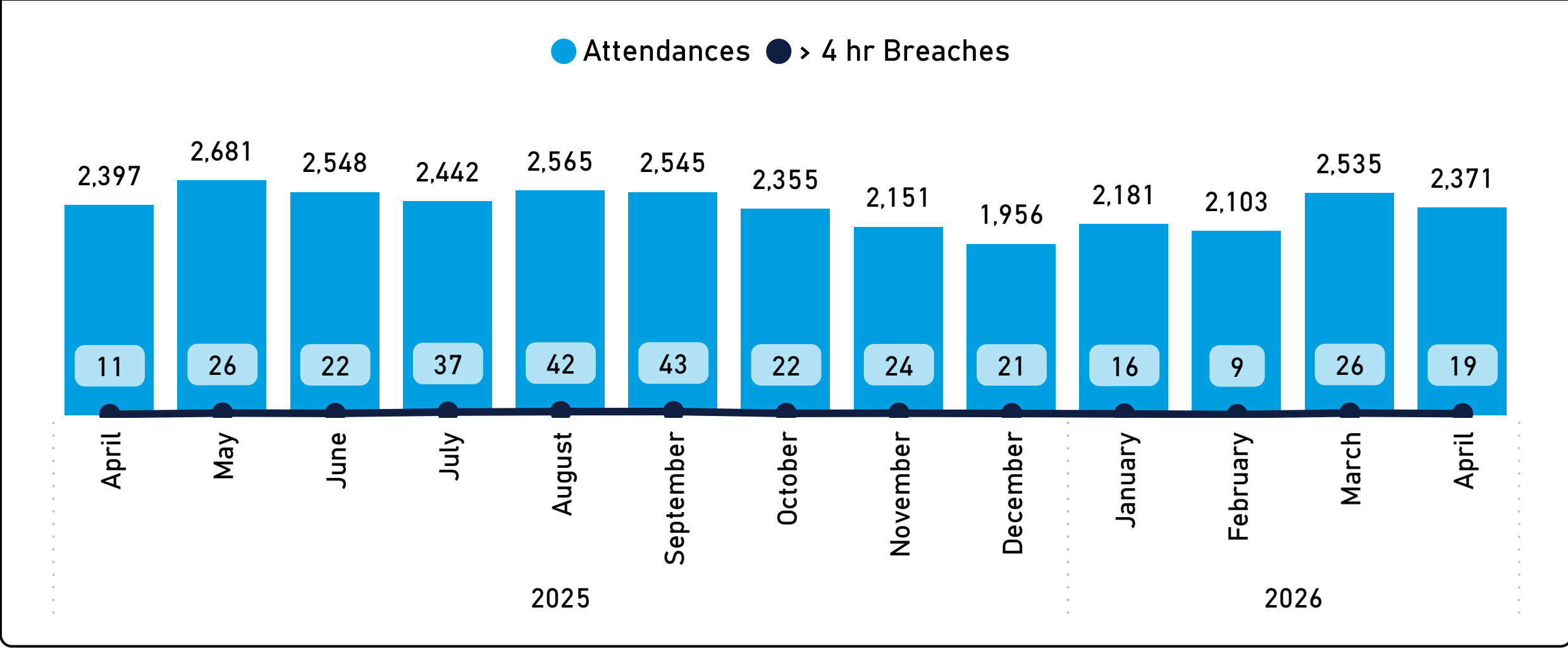
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



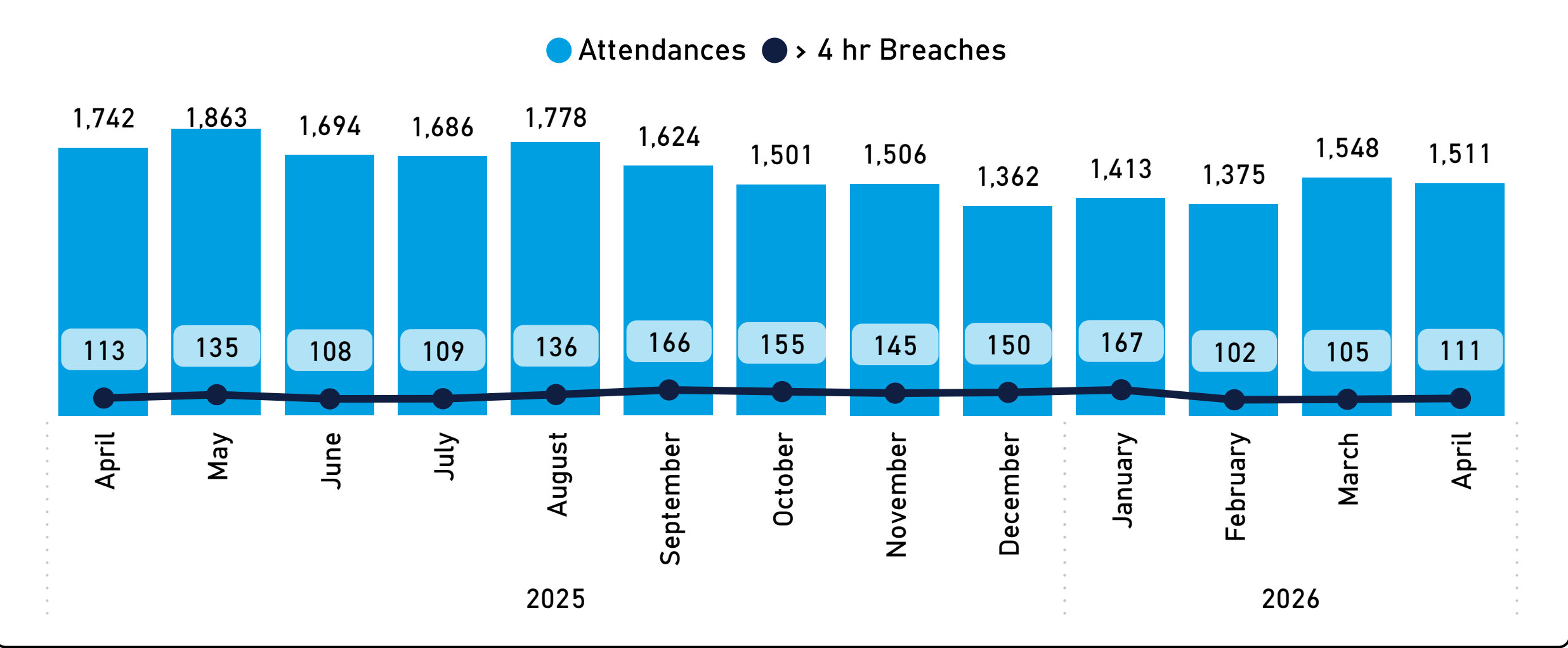
Attendances and >4 hr breaches - RHC



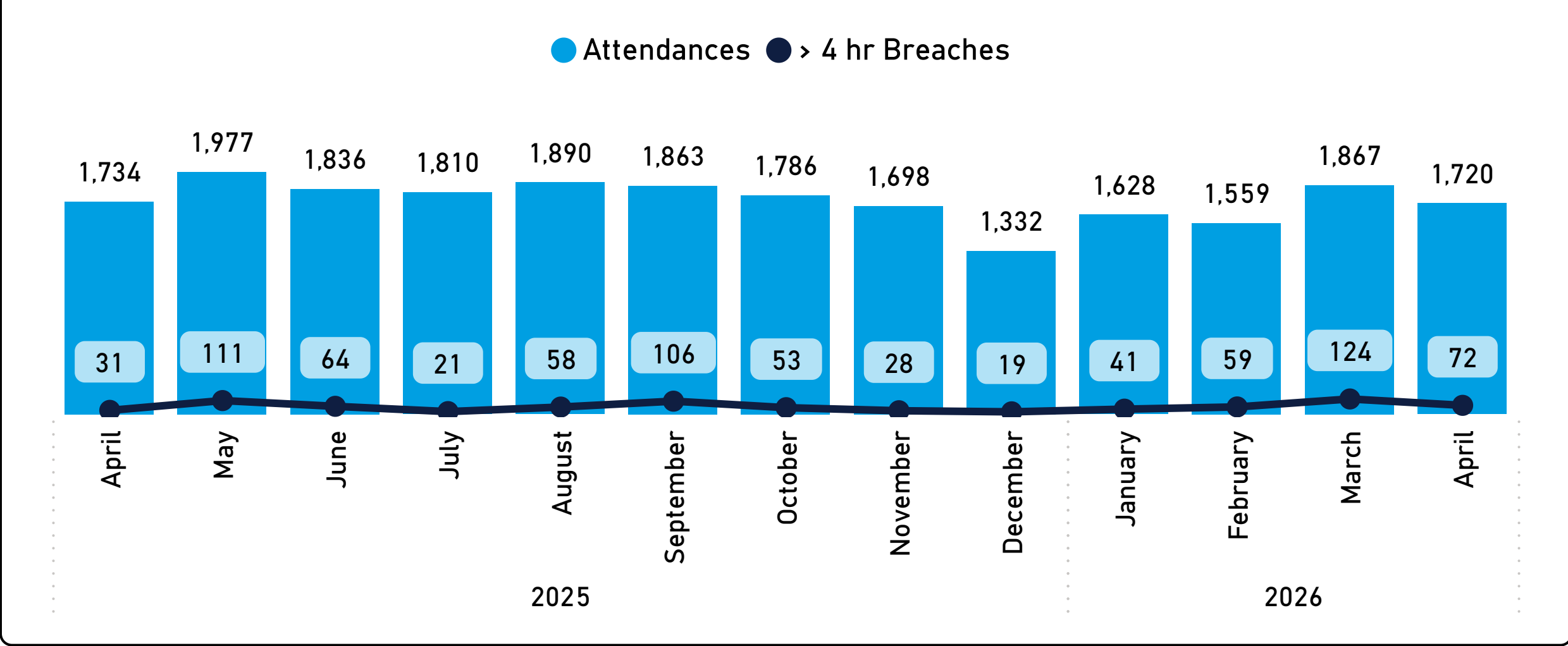
Attendances and >4 hr breaches - New Vic



Attendances and >4 hr breaches - Vale of Leven



Attendances and >4 hr breaches - Stobhill

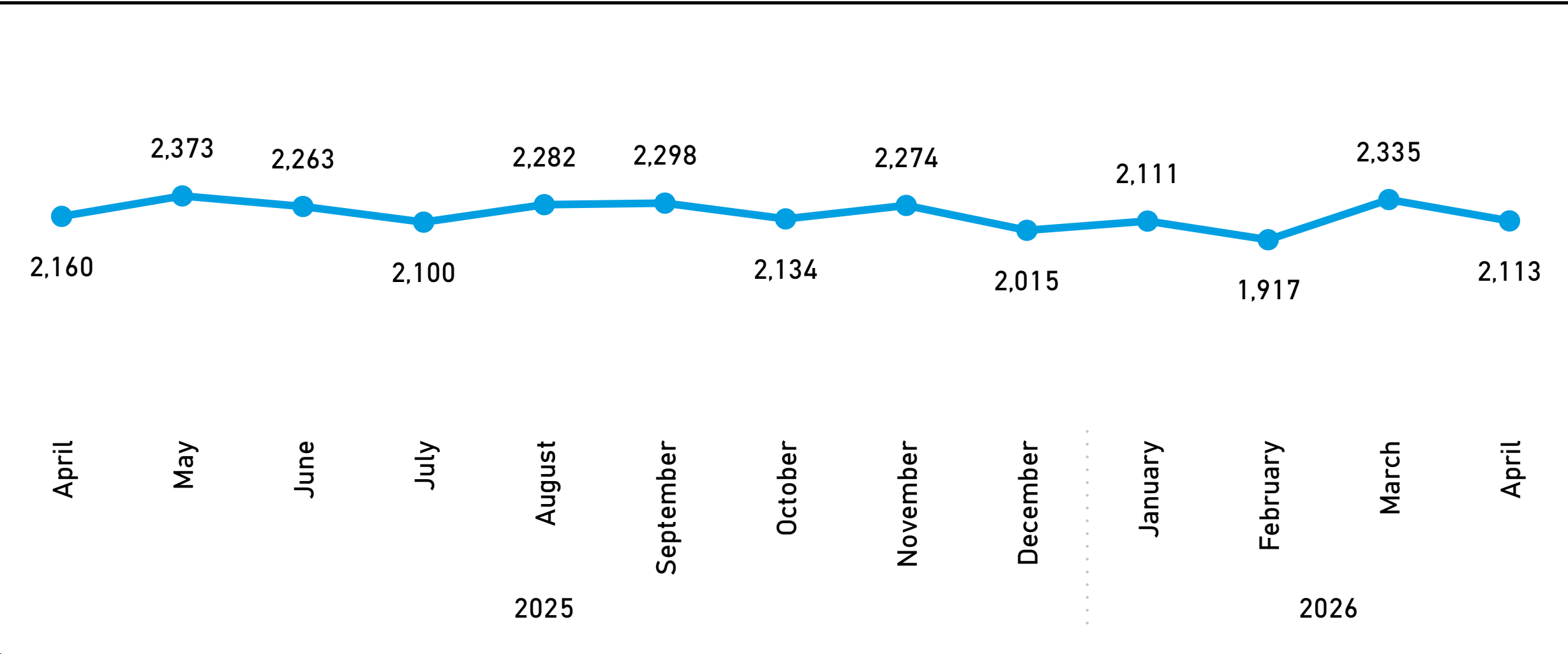


Unscheduled Care: Emergency Department Attendances by HSCP

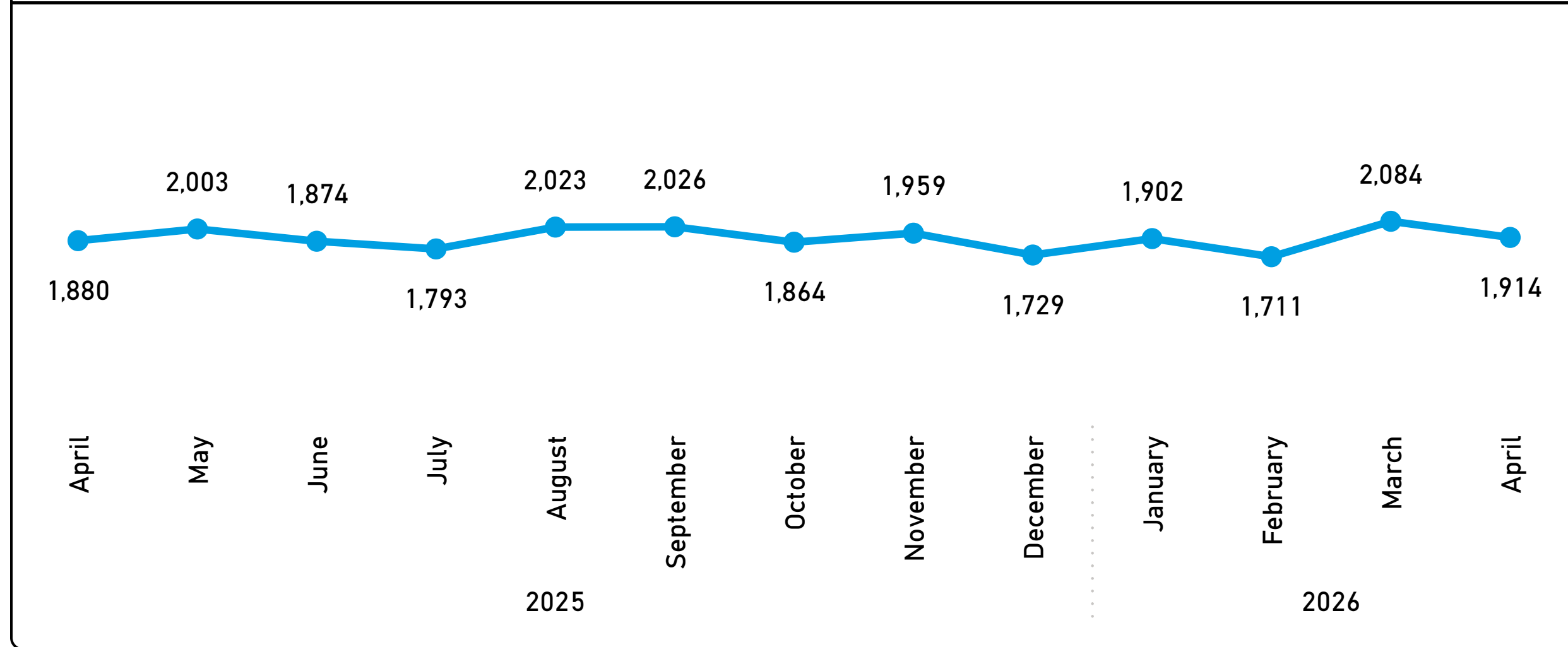
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



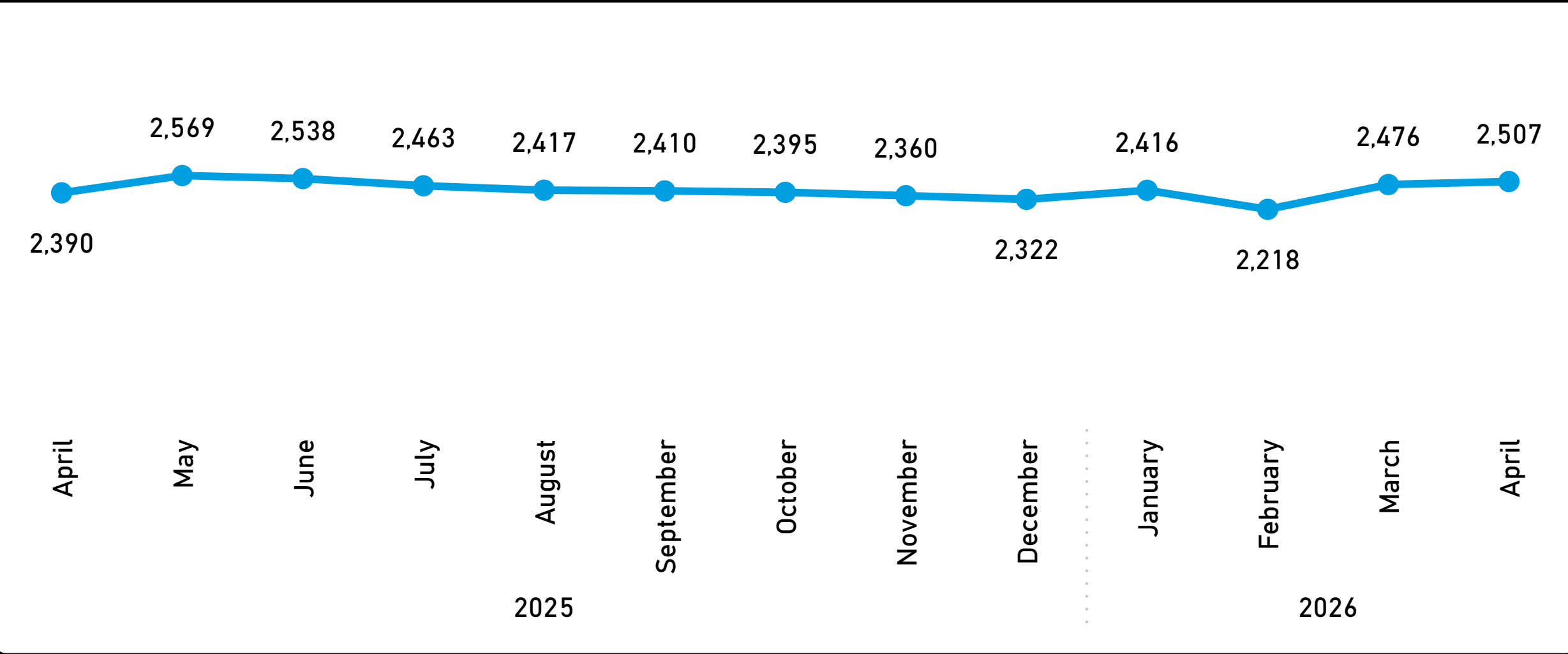
Emergency Department Attendances - East Dunbartonshire



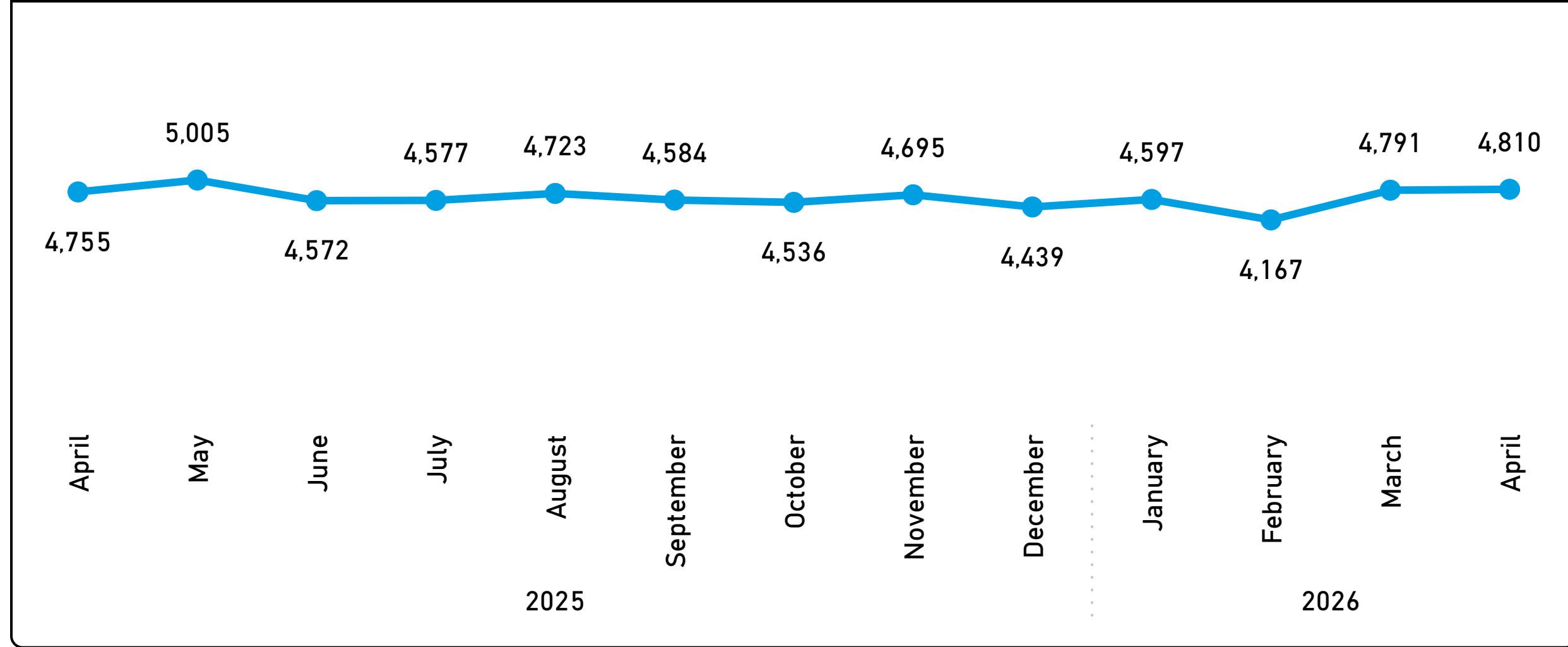
Emergency Department Attendances - East Renfrewshire



Emergency Department Attendances - Inverclyde



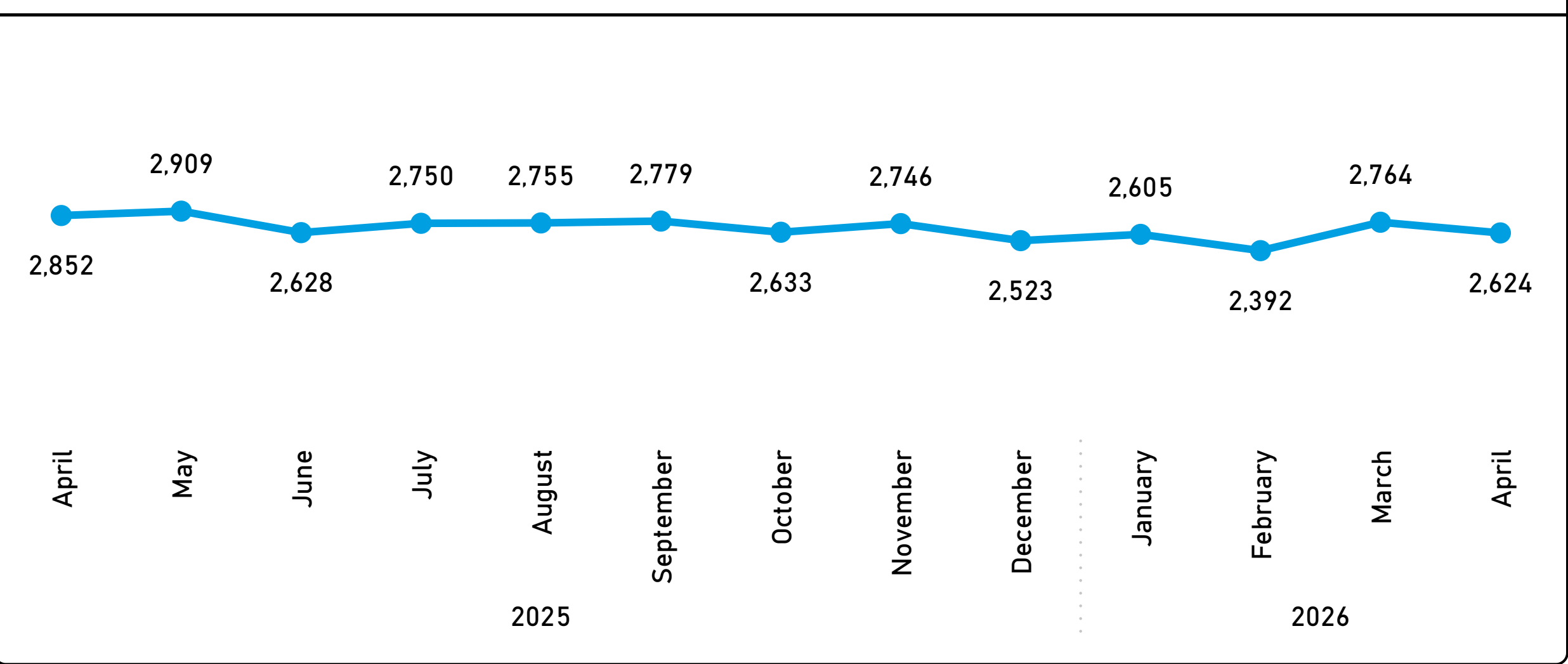
Emergency Department Attendances - Renfrewshire



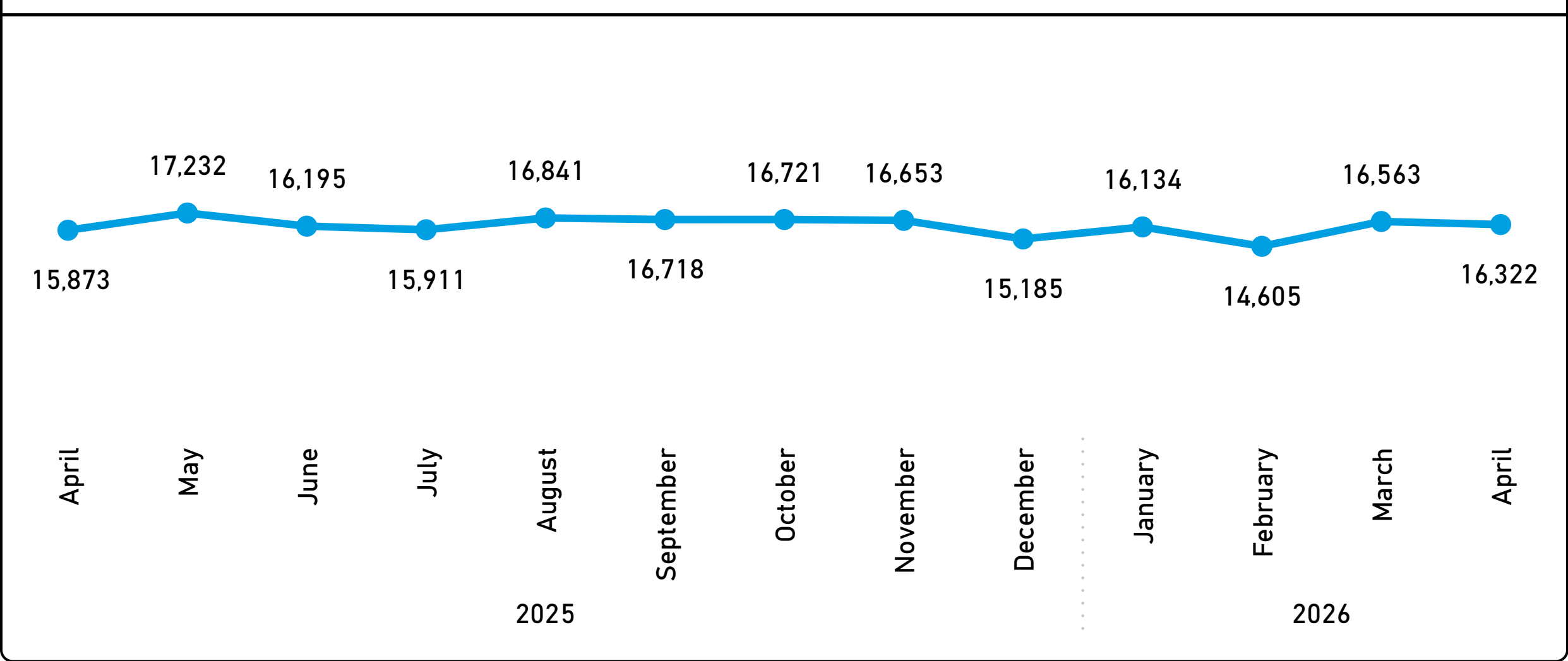
Unscheduled Care: Emergency Department Attendances by HSCP

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance

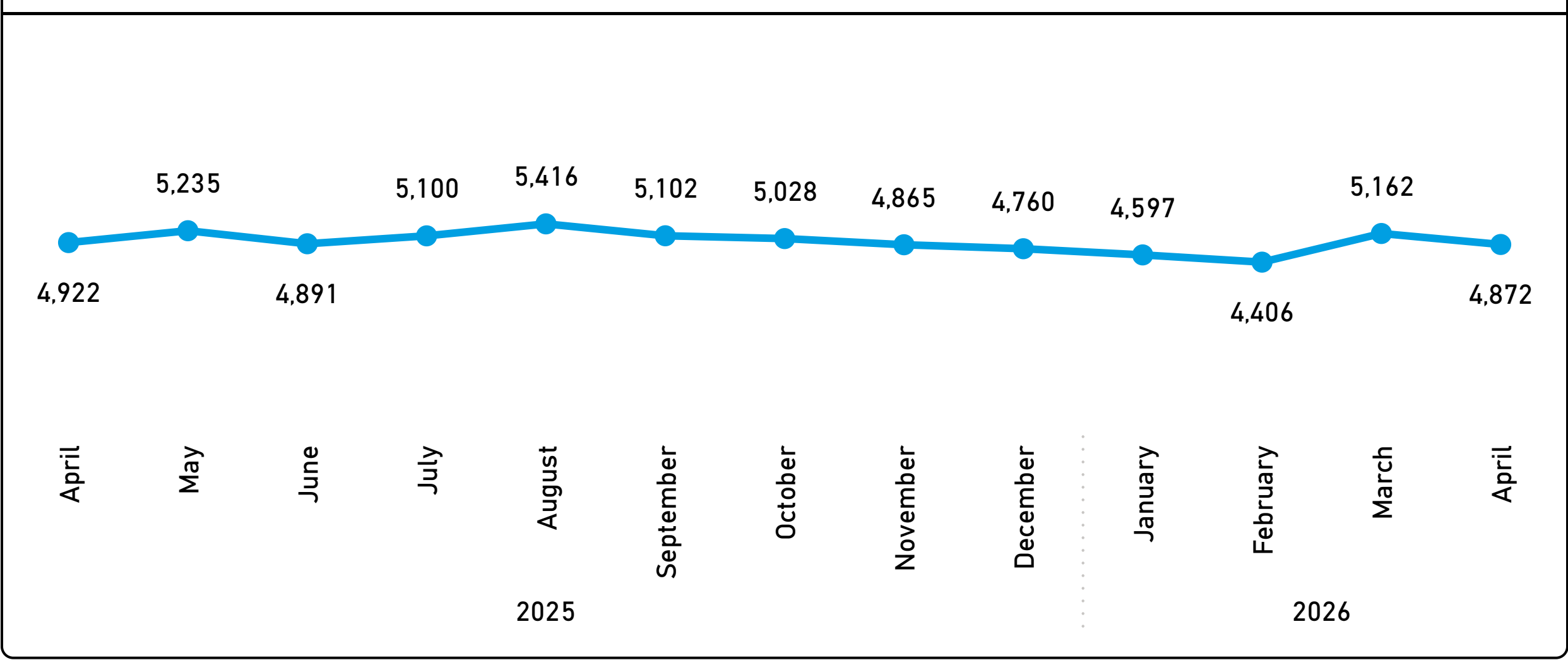
Emergency Department Attendances - West Dunbartonshire



Emergency Department Attendances - Glasgow City



Emergency Department Attendances - Other HSCPs

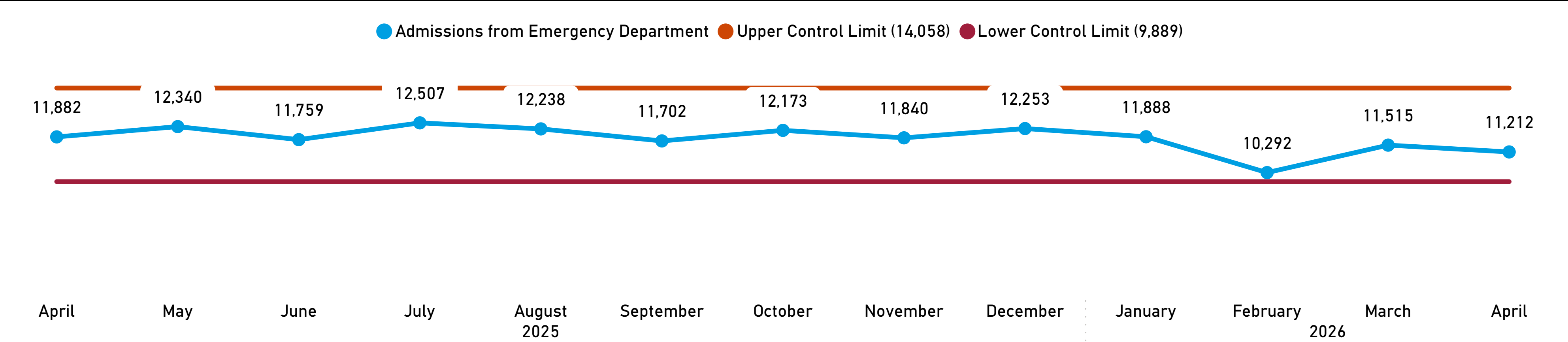


Unscheduled Care: Emergency Admissions and Length of Stay

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Admissions from ED by Month



Year to Date Admissions from ED

Trajectory 2% reduction on previous year

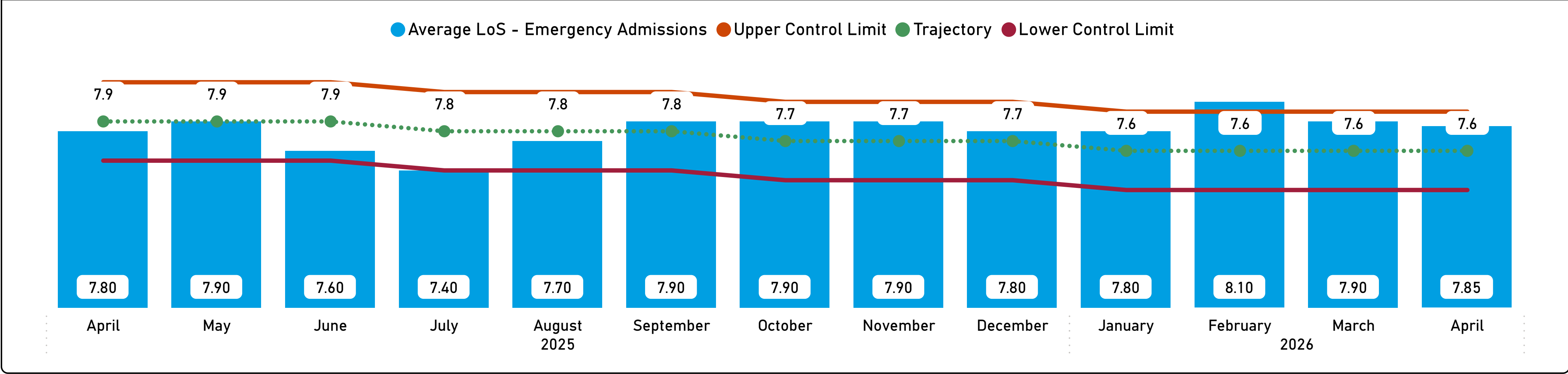
11,212

Trajectory: 11,644 (-432 -3.713%)
April 2026

Length of Stay (Emergency Admissions)

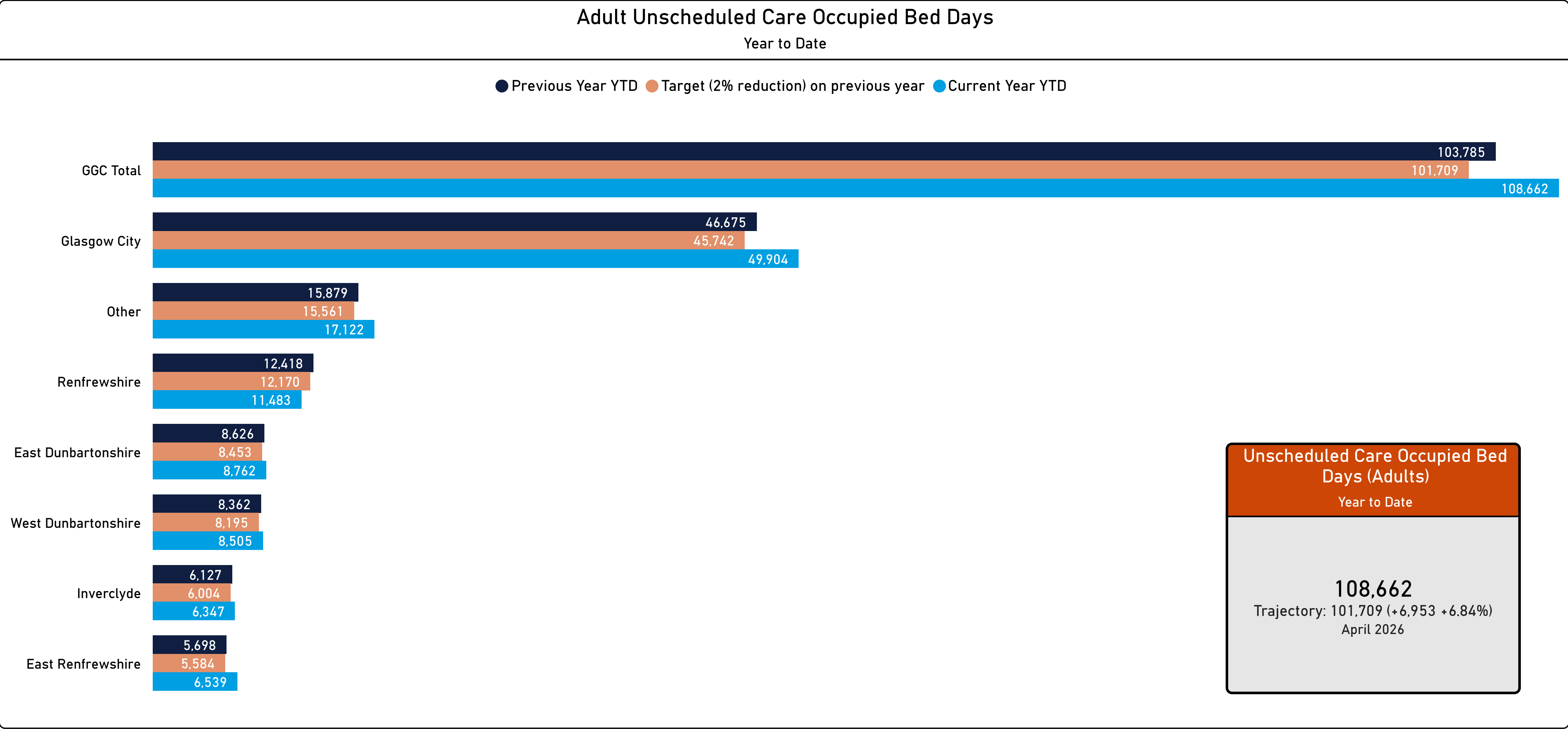
7.85
Trajectory: 7.60
(+0.25 +3.29%)
April 2026

Length of Stay (Emergency Admissions) by Month



Unscheduled Care: Adult Unscheduled Care Occupied Bed Days

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Commentary

A total of 35,162 A&E attendances (including MIU attendances) were reported during the period April 2026. This is above trajectory by 1,027 (3.01%). Compliance with the Emergency Department (ED) 4hr standard decreased slightly, from 68.4% in March 2026 to 68.2% in April and remains substantially below the local target of 85% and significantly below the national standard of 95%. Admissions from ED have met the trajectory for April 2026, however, Length of Stay for emergency admissions is above trajectory by 3.94%. Unscheduled Occupied Bed Days for Adults are over trajectory, representing 6,953 more bed days than planned.

Service Narrative

Delivery of the Interface and Urgent Care programme continued during April 2026, marking transition from the 2025/26 Operational Improvement Plan and Delivery Plan into 2026/27 priorities. Focus remains on improving access and flow across Emergency Departments, scaling virtual and community alternatives, strengthening FNC+ Plus pathways, and embedding whole-system escalation through QUEST.

Progress continued across key programmes. Utilisation of Virtual Hospital pathways remained strong, with 643 admissions and a peak of 276 patients concurrently, supporting earlier discharge and admission avoidance across Discharge to Scan, OPAT, Hospital at Home, and Paediatrics. Actions remain in place to sustain and scale utilisation. E-Triage installation was completed at RAH and QEUH, with GRI and IRH re-planned for June, supported by development of procedures, redirection pathways and communications.

Intermediate Care Beds and Complex Care Units will continue across HSCPs into 2026/27. Targeted work with SAS has increased use of Call Before You Convey, with 232 cases in April compared to 55 in April 2025, and further pathway opportunities are being explored. Additional Hospital at Home capacity is now in place in East Dunbartonshire to support frailty pathways.

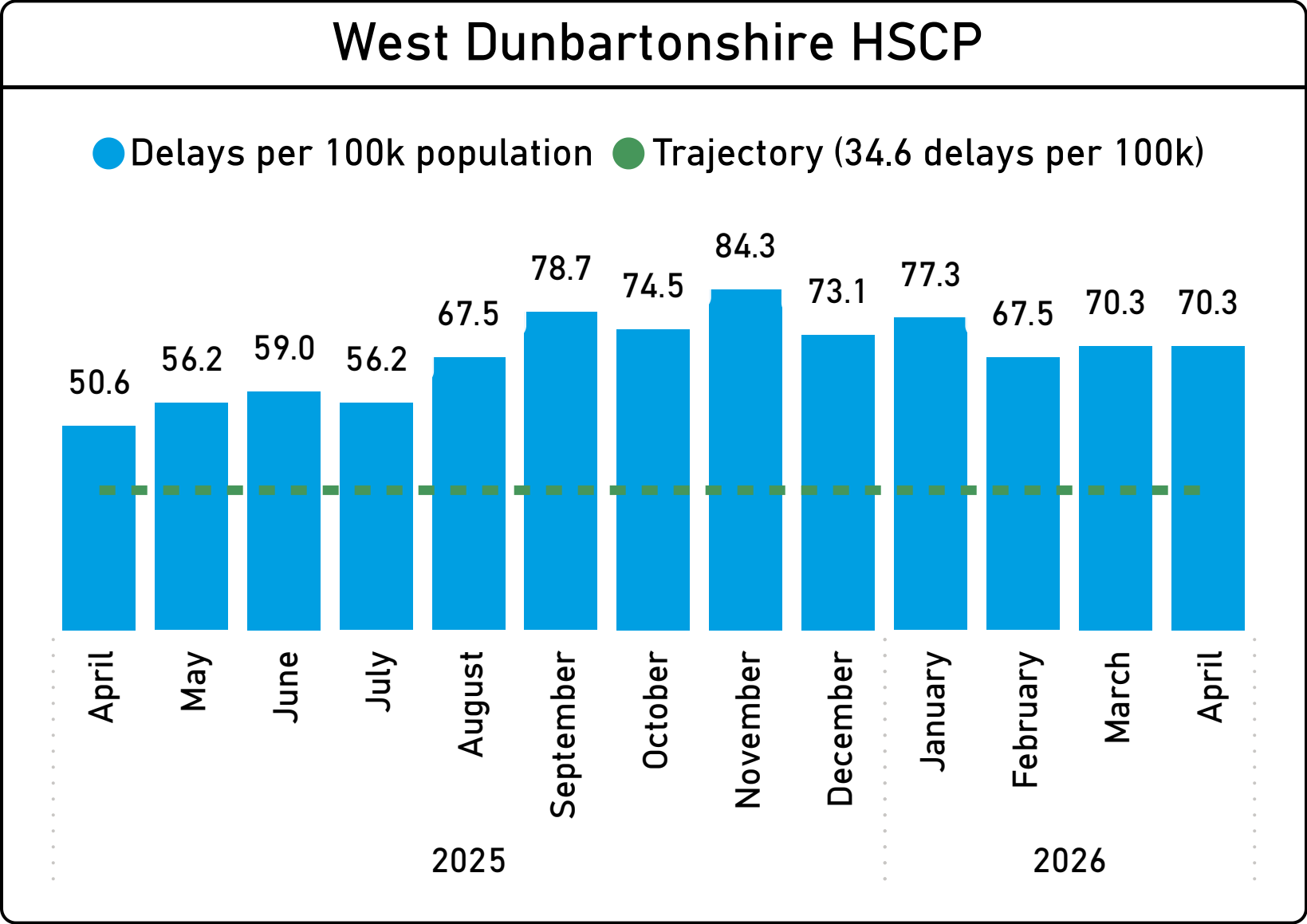
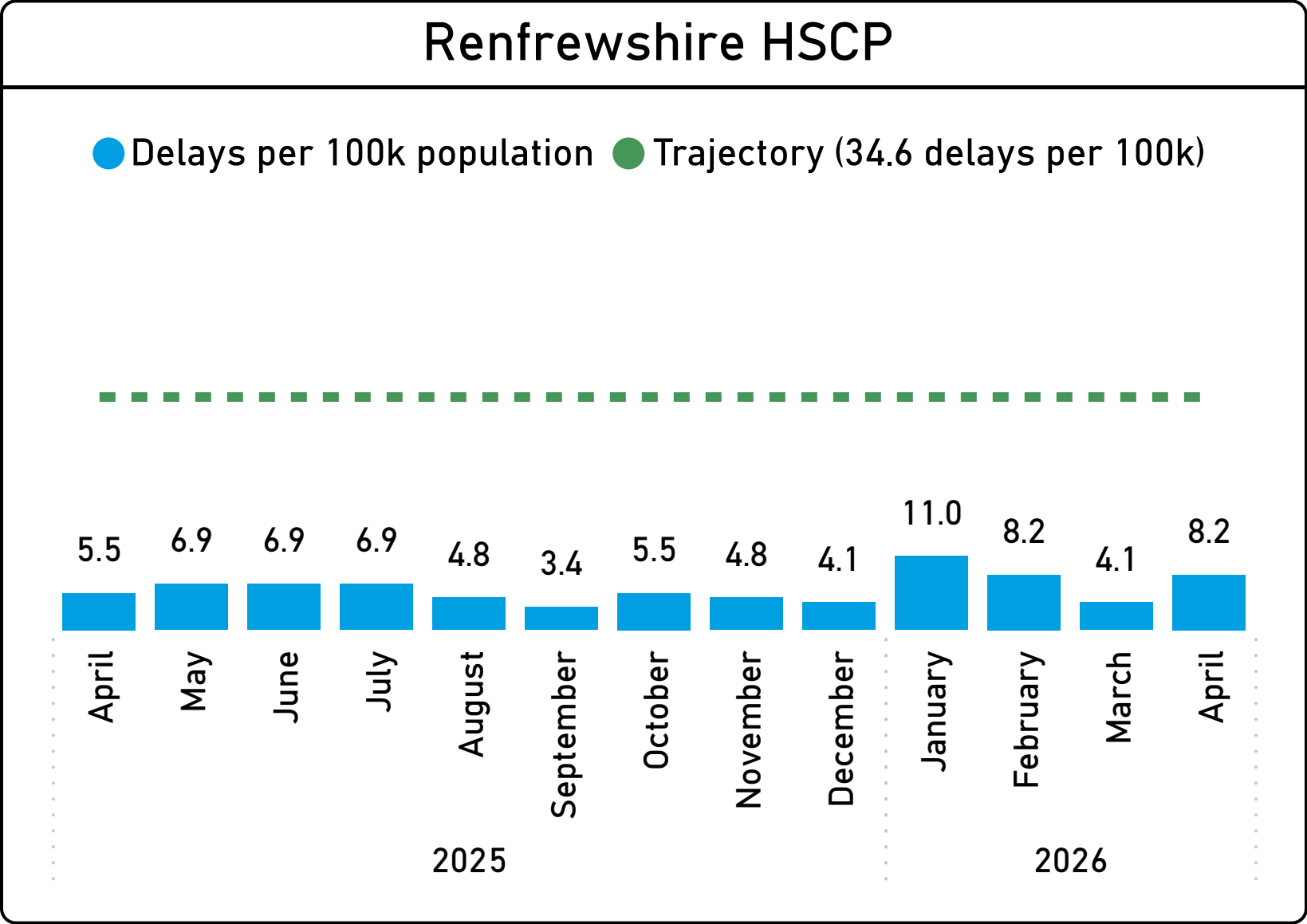
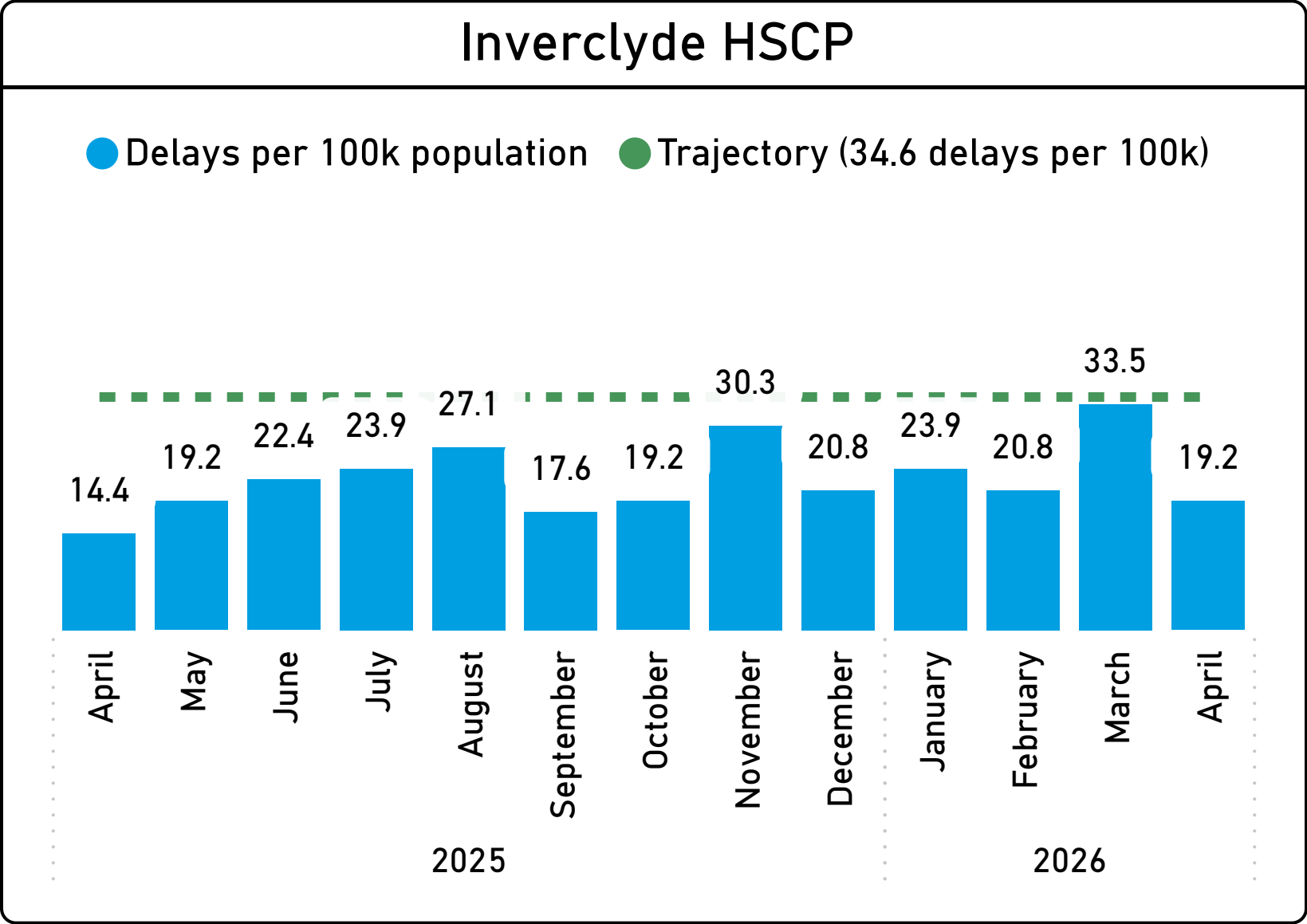
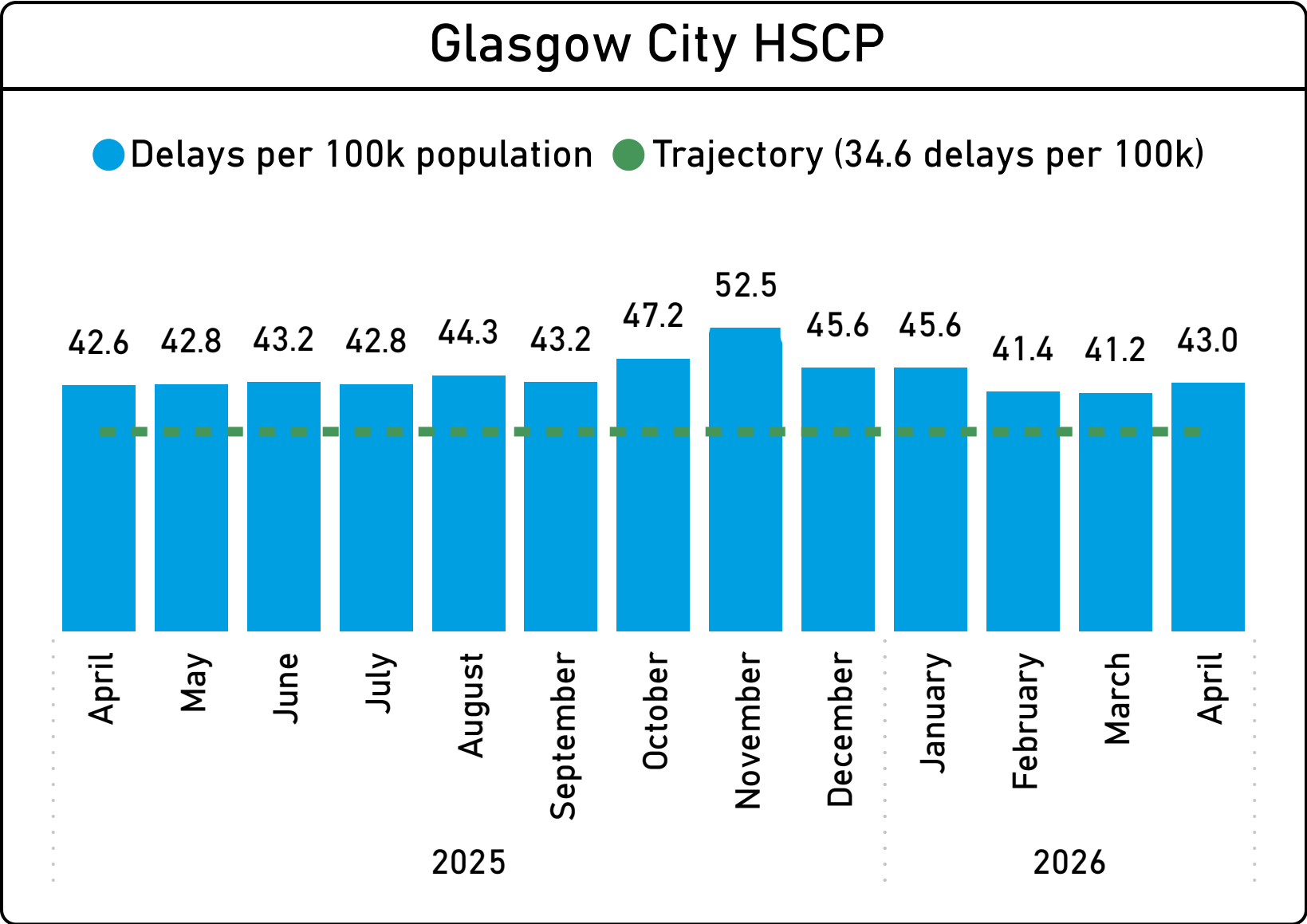
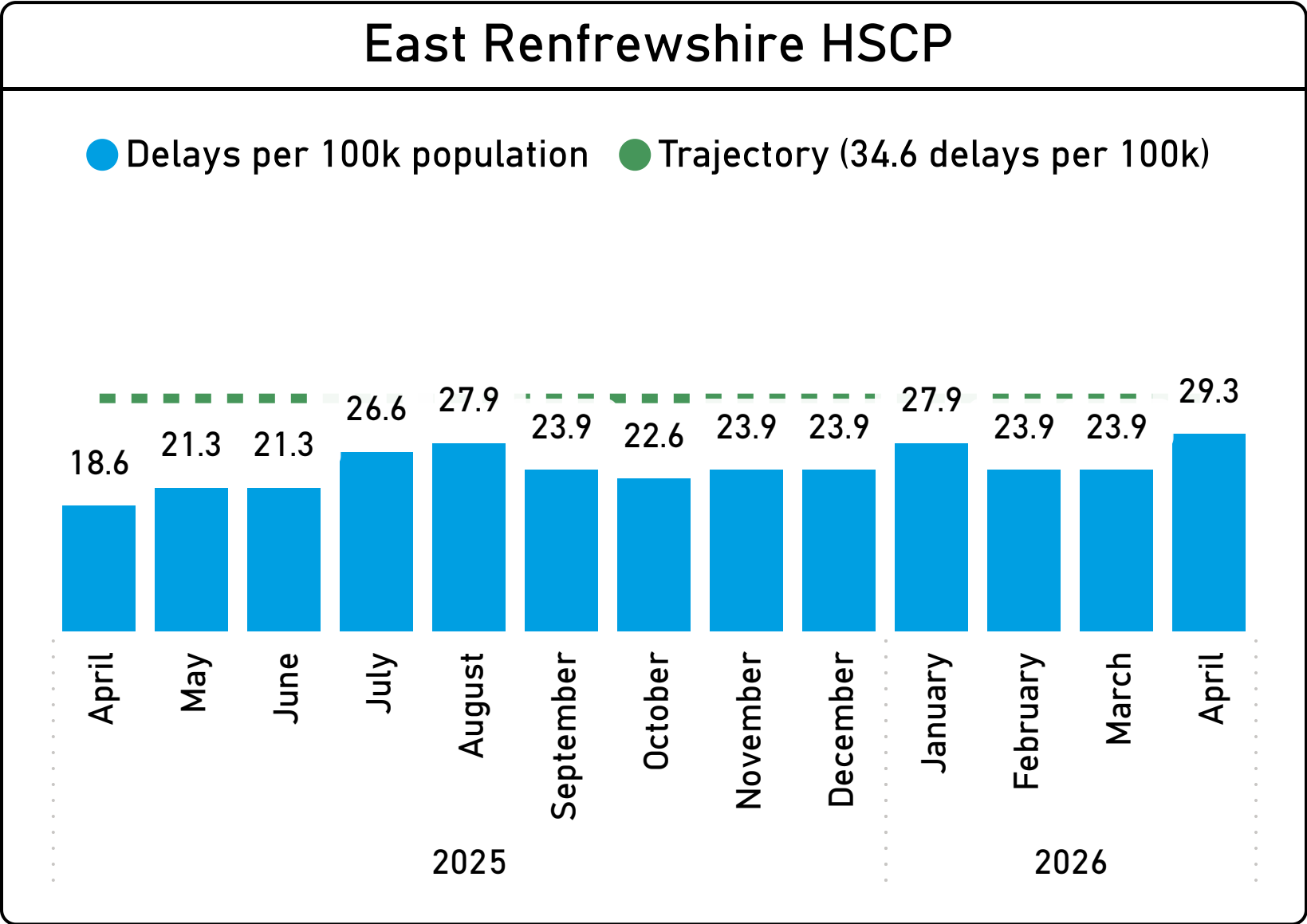
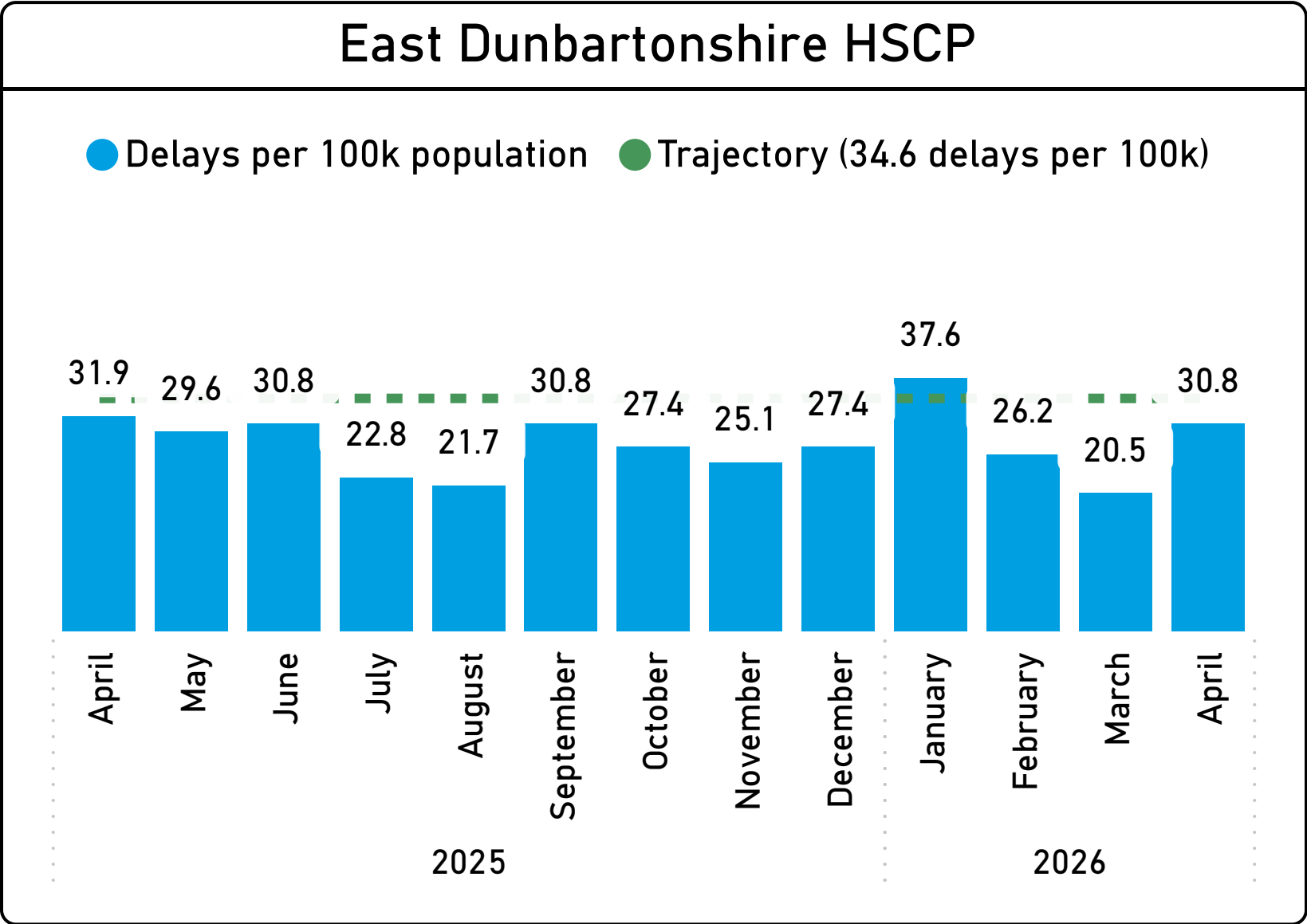
Virtual pathway development has progressed, including testing of the Heart Failure Rapid Access Pathway with initial patients managed through the Virtual Ward, and a confirmed May go-live for Patch & Go. Other developments include launch of a Hypertension pathway, completion of the Gynaecology single point of access pilot, and continued scale-up of the Respiratory COPD pathway with a Community Step-Down proposal in development. Focus remains on high-impact specialties. Additional non-case-holding time for Senior Charge Nurses concluded at end of April, with evaluation underway and early indications of improved ward flow and compliance. Planning for Whole System and sector-level Unscheduled Care Groups is complete, and the RAaC pilot in the South Sector has concluded with evaluation in progress.

Operational pressures remained significant. Sustained high attendance and bed occupancy continued to limit flow and ED resilience, with high numbers of delayed patients and mitigations in place. Workforce availability and recruitment timelines across Acute and HSCP settings continue to constrain pace and scale-up, with acute physician capacity a key constraint on expansion of GP Calls and Virtual Hospital.

Looking ahead, focus will remain on delivery of 2026/27 priorities, including improving access, earlier decision-making, optimising flow and expanding virtual and home-based care. Patch & Go will go live in May, informing wider cardiology development, while the Heart Failure pathway progresses. Work will continue on Respiratory step-up/step-down pathways and self-management. Priorities also include continued rollout of Criteria Led Discharge, standardised board rounds, Integrated Discharge Teams and development of a Discharge Without Delay communications approach, with targets to improve performance. Reducing delayed discharge remains a key focus. E-Triage implementation will complete at remaining sites, RAaC evaluation will inform future models, and recruitment to senior leadership roles is underway to support delivery.

Delayed Discharge: Delays per 100,000 Population by HSCP

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Delayed Discharge: All Patients

Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Patients in Delay - Latest Month

422

Trajectory: 316 (+106 +34%)
April 2026

Bed Days Lost - Latest Month

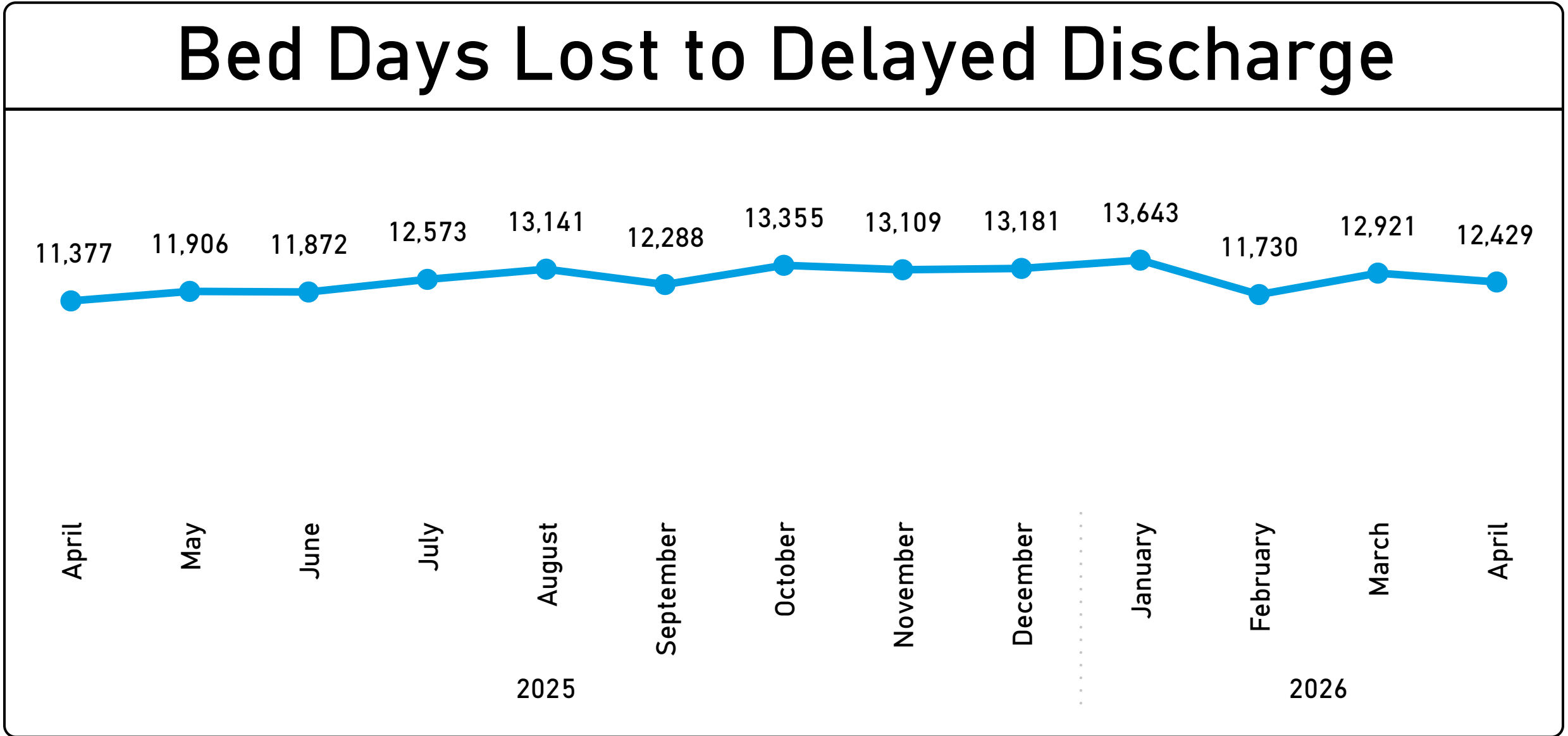
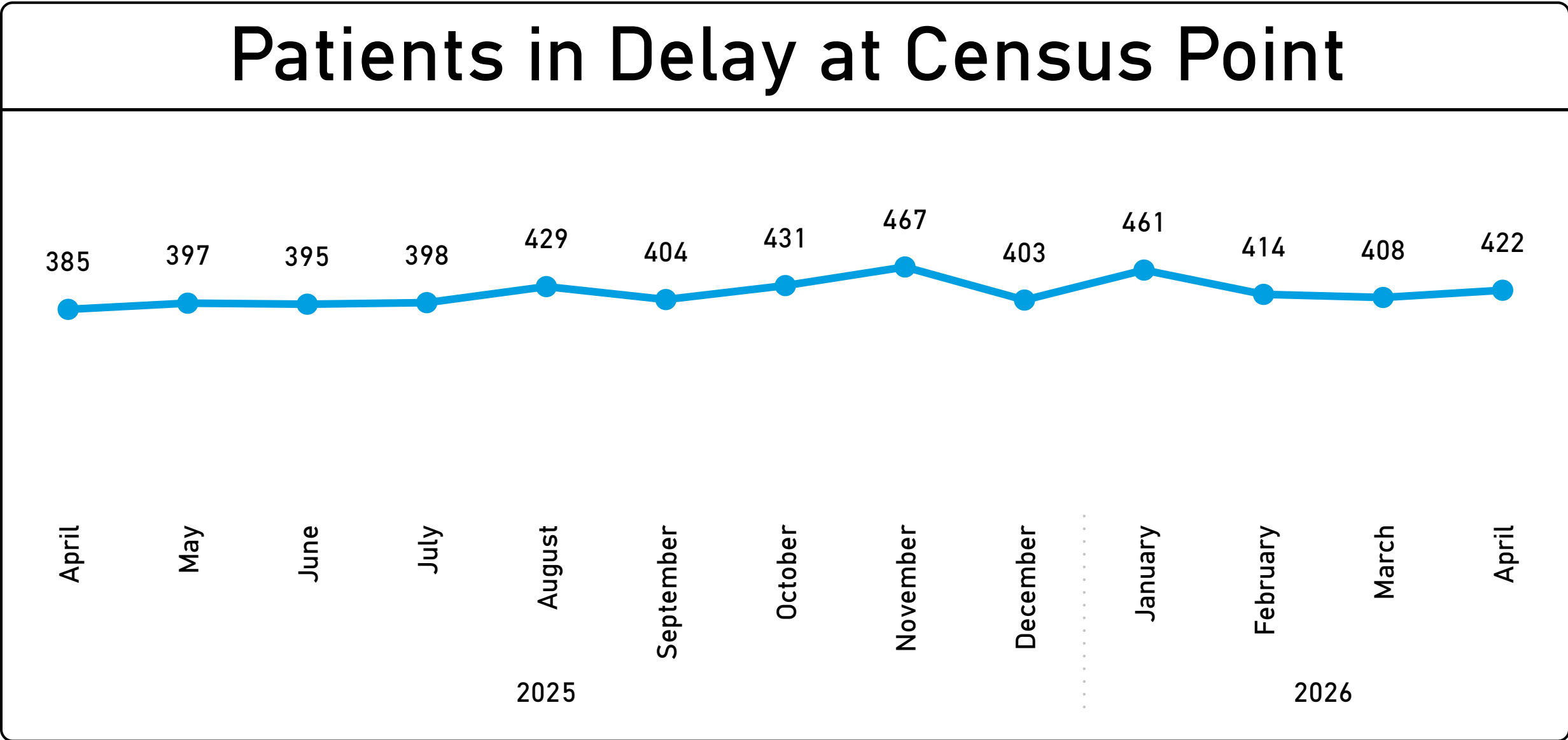
12,429

Trajectory: 9,746 (+2,683 +28%)
April 2026

Bed Days Lost - Year to Date

12,429

Previous year: 11,377 (+1,052 +9.25%)
April 2026



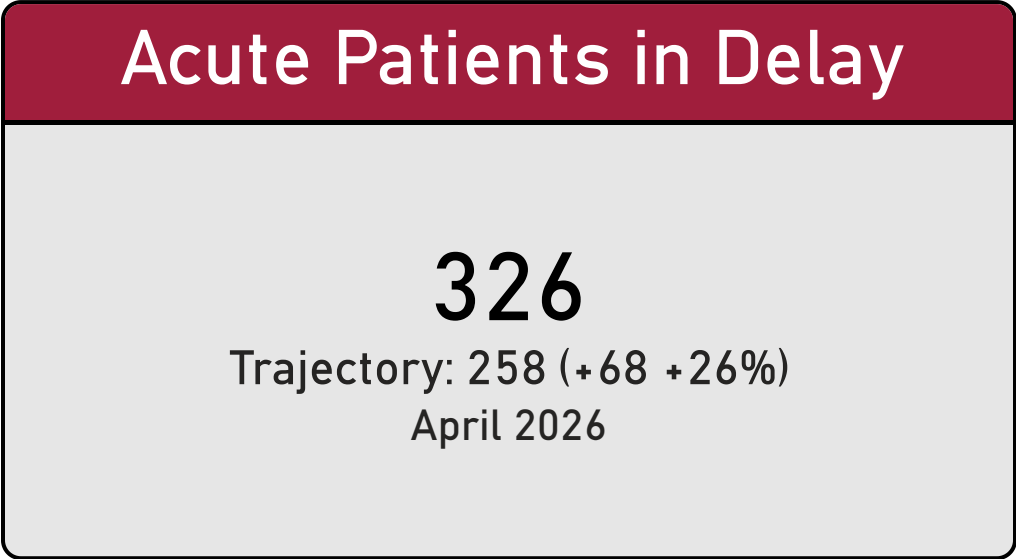
Commentary

Patients in Delay at the monthly census point has gone down and Bed Days Lost at the monthly census point has gone up from the previous month. Overall, a total of 43.7 delayed discharges per 100,000 adult population were reported at the monthly census point in April 2026 across NHSGGC, above the national target of 34.6 per 100,000 adults by 26%

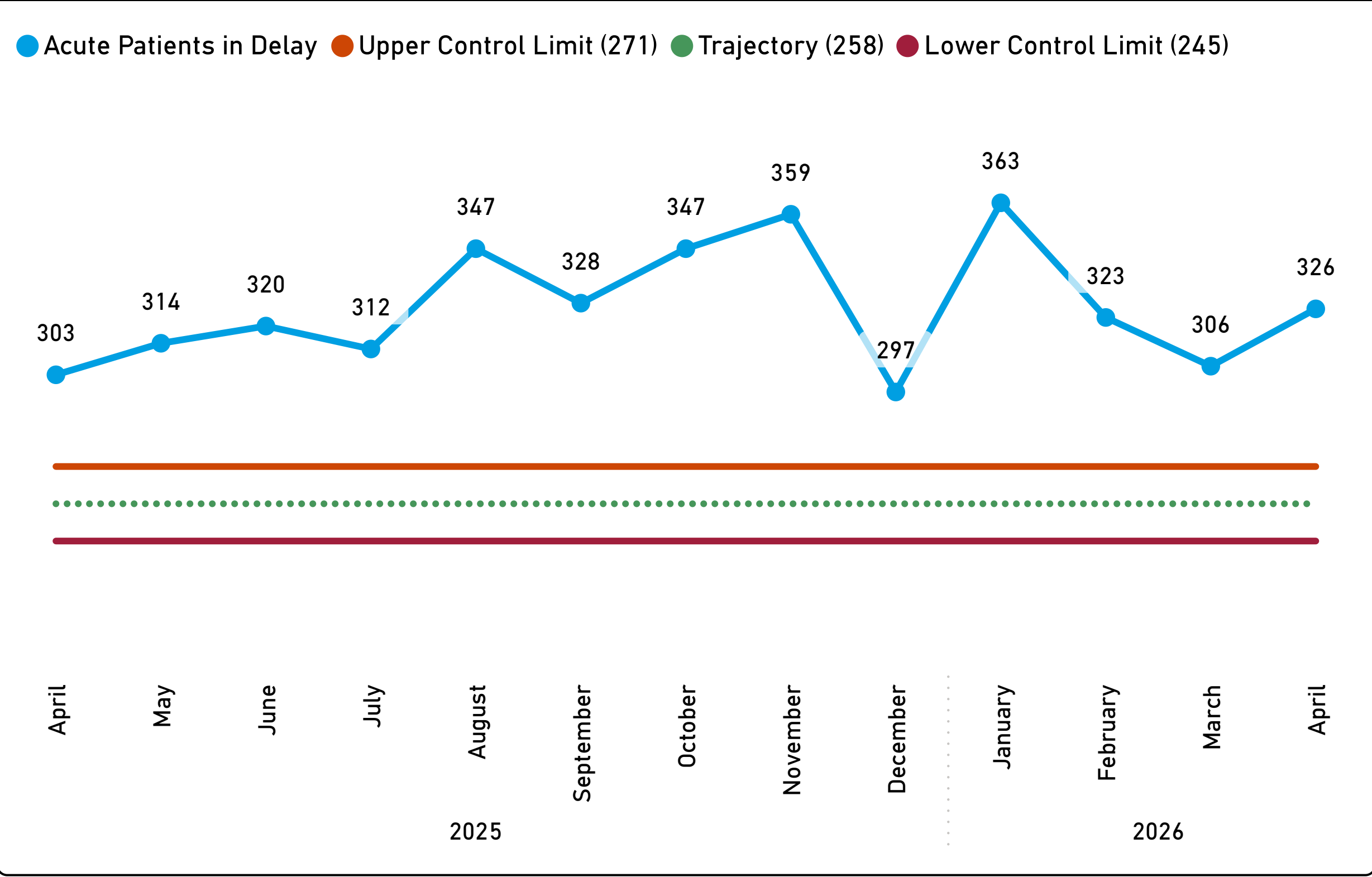
A breakdown of performance between Acute delays and Mental Health delays, along with actions to improve the position for both, are outlined over the following four pages.

Delayed Discharge: Acute

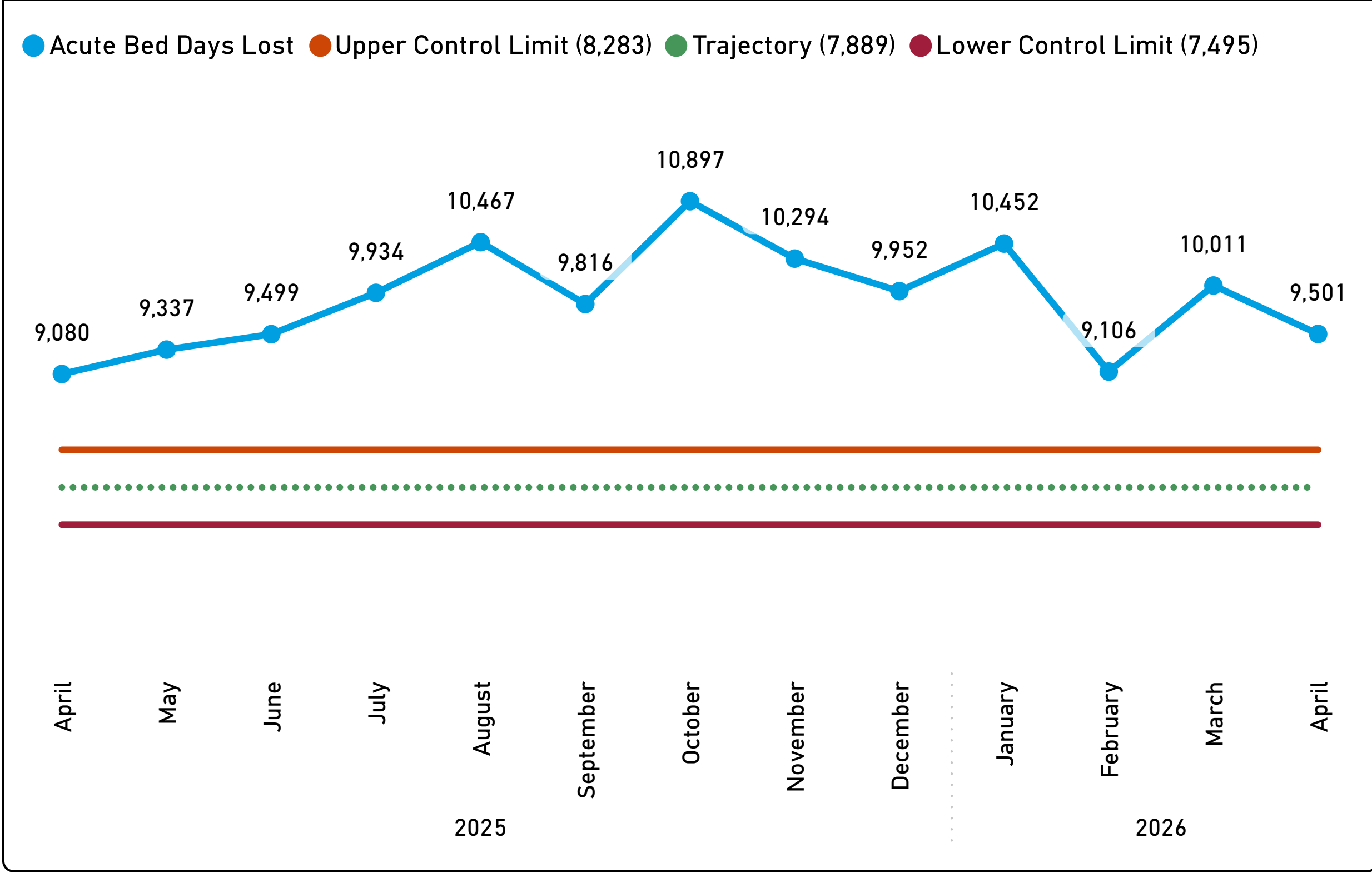
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



Patients in Delay at Census Point



Bed Days Lost to Delayed Discharge



Commentary

A total of 326 Acute delayed discharges were reported at the April 2026 monthly census point, an increase on the 306 reported in March and above trajectory of 258 acute delays.

9,501 bed days were lost to Acute delays in April 2026, above target by 20% or 1,612 bed days. The overall number of bed days lost to Acute delays in the year to date is 4.6% higher than at the same point last year.

Service Narrative

A seven-day Hospital Flow Response Service (HFRS) rota at GRI commenced on 30 March. With the team now fully established, activity and impact data are being reviewed. A standardised Board Round guidance structure is now being utilised across sites and will be evaluated in due course. Integrated Discharge Teams are established across all three sectors, with impact to be evaluated by the end of Quarter 1 2026.

Performance improvements have been seen in delayed discharges. Total non-GGC delayed discharges reduced from 71 to 64 in April. In Argyle and Bute, delayed discharges reduced to 19 in April from 44 in January 2026. Across HSCPs, positive progress continues, with ongoing work focused on those partnerships where sustained improvements have not yet been achieved. Rolling average analysis shows a reduction of 27 patients delayed between October 2025 and April 2026. Progress has also been made with Criteria Led Discharge rollout, reaching 16.3% in the South, 57.8% in the North and 100% in Clyde, with full rollout anticipated by June 2026.

Financial pressures across HSCPs continue to present a risk to delayed discharge performance, with regular meetings established with each partnership. Care at Home capacity is reduced in some HSCPs due to increased staff sickness and absence. Continuation of current schemes into 2026/27 remains dependent on funding allocation and availability.

Over the coming months, a Whole System Flow workshop will be scheduled by June 2026. Work will continue to progress a proposal to implement Ward Balance within medical wards, setting an average length of stay to support reduced occupancy and improved flow. A consistent approach to board rounds will be further embedded, with evaluation and audit undertaken every four weeks. Development of the 2026/27 Discharge Without Delay communications plan will continue, with a view to completion by October 2026, alongside ongoing work with partnerships to address delayed discharges.

Interviews for the Head of Unscheduled Care post are scheduled for May and will provide leadership for the improvement programme. Data from Integrated Discharge Teams will be analysed to understand their impact on delayed discharges, alongside rollout of the Discharge Without Delay communications plan for 2026/27. Unscheduled Care Improvement Groups will be established across each sector, and the Annual Delivery Plan for 2026/27 will be submitted, including key priorities for unscheduled care. The impact of Delayed Without Discharge board rounds will also be analysed.

Delayed Discharge: Mental Health

Lead Director - Chief Officer, Glasgow City HSCP
Lead Committee - Finance, Planning and Performance



Mental Health Patients in Delay

96

Trajectory: 58 (+38 +66%)
April 2026

Mental Health Bed Days Lost to Delay

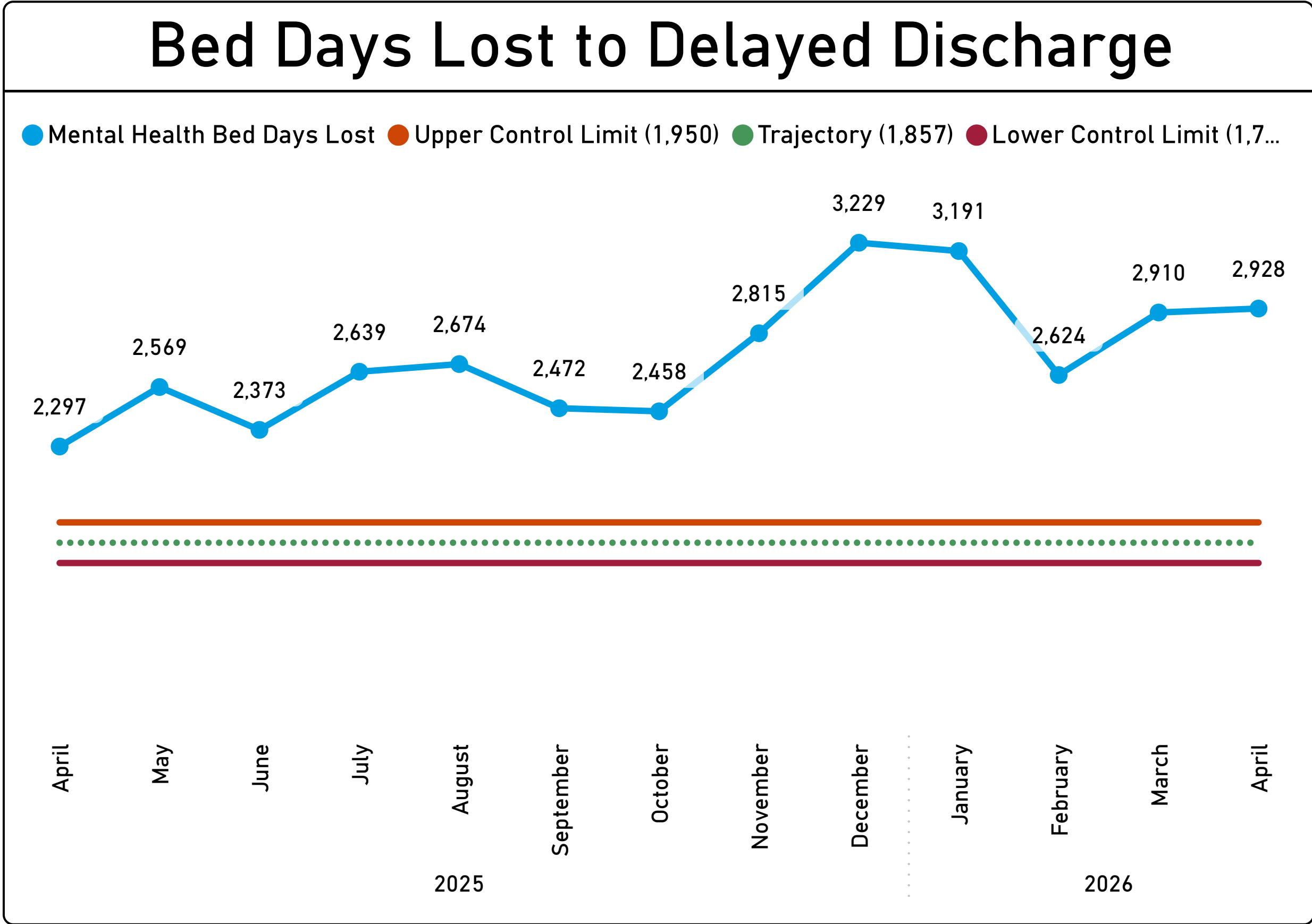
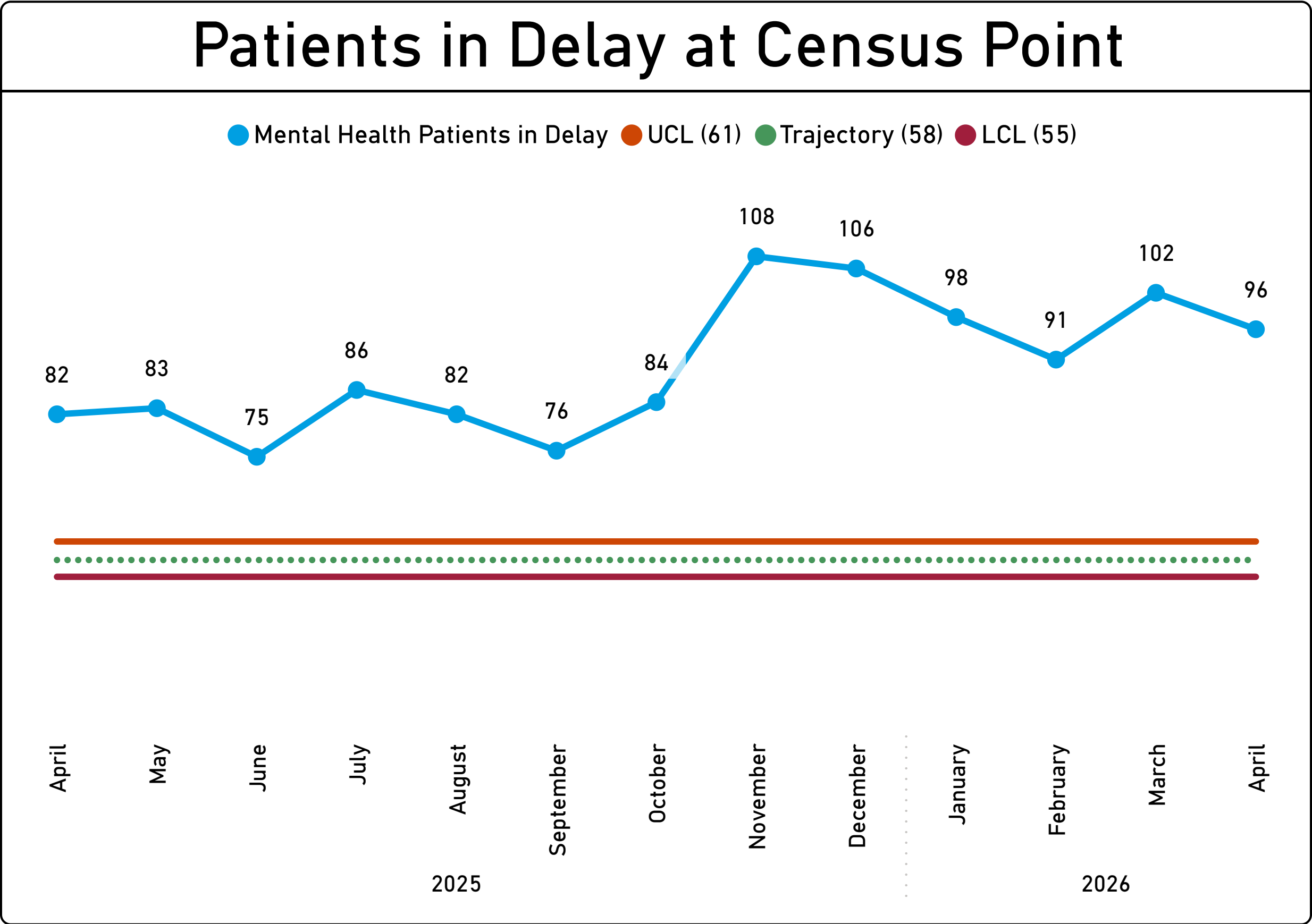
2,928

Trajectory: 1,857 (+1,071 +58%)
April 2026

Mental Health Bed Days Lost - Year to Date

2,928

Previous year: 2,297 (+631 +27.47%)
April 2026



Commentary

A total of 96 Mental Health delayed discharges were reported at the April 2026 monthly census point, lower than the figure reported in March, but remaining above the trajectory of 58 and the figures typically seen over the past year.

2,928 bed days were lost to Mental Health delays in April 2026, above target by 58% or 1,071 bed days. The overall number of bed days lost to Mental Health delays in the year to date is 27.5% higher than at the same point last year.

Service Narrative

Operational actions continue to focus on a number of key areas. Adult Mental Health has seen an increase in young people presenting to adult beds, linked to the reduction of eight beds in Skye House. HSCP staff are monitoring this position closely due to the nature of presenting need and the recognition that adult wards are not always a suitable environment for younger patients.

All delays are now actively allocated to social work staff to ensure consistent oversight and progression towards sustainable discharge solutions. Recruitment to the newly created Bed Manager post has concluded, with an appointment being made. The start date for the appointed candidate will be confirmed following references being received, and this role will support improved coordination and oversight of bed utilisation.

Service developments are also underway to support capacity and patient flow. The Northeast pilot enabling access to clozapine without hospital admission continues to operate, with the aim of reducing admissions for treatment initiation and freeing up inpatient capacity. Work is ongoing to plan rollout beyond the pilot site. In parallel, mapping work is being undertaken through the Mental Health Strategy Group to review longest stay patients and admission criteria.

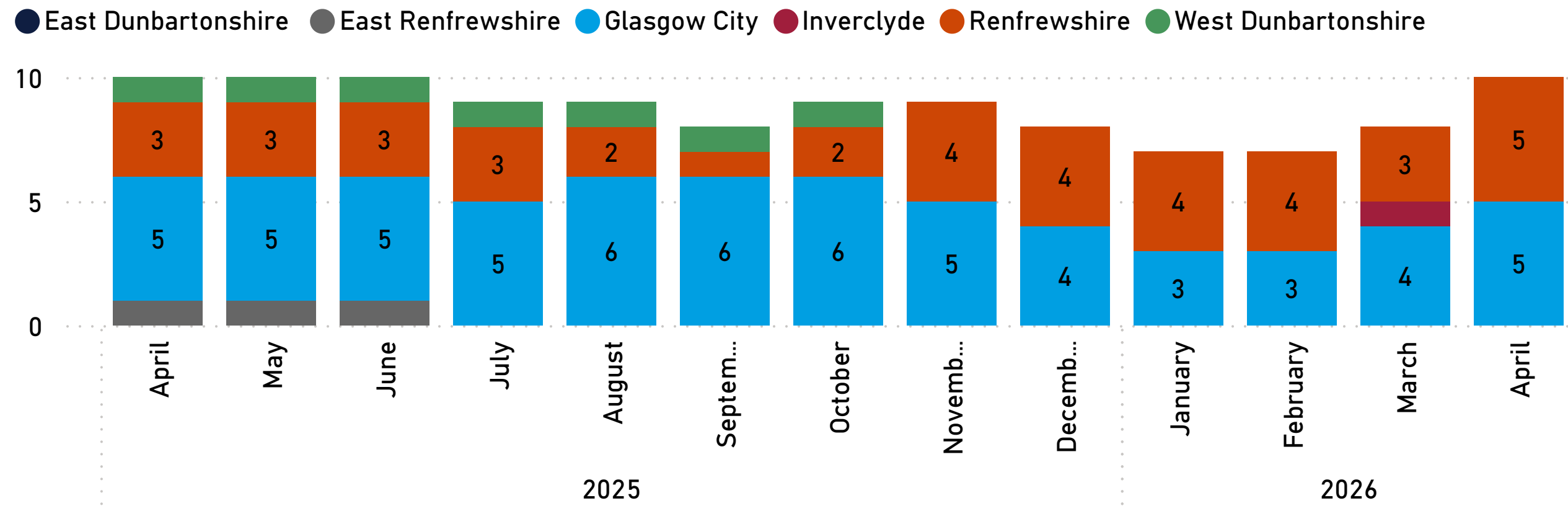
Regular joint meetings between commissioning and service managers continue to support identification and securing of appropriate placements, resolution of pathway barriers, and progression of bespoke solutions for patients with complex needs. Operational teams are also working to improve the timeliness of assessments, explore alternative housing options, and strengthen liaison with third sector and commissioned providers.

General Practice: List Closures, GP Out of Hours Activity and Shift Fill Rates

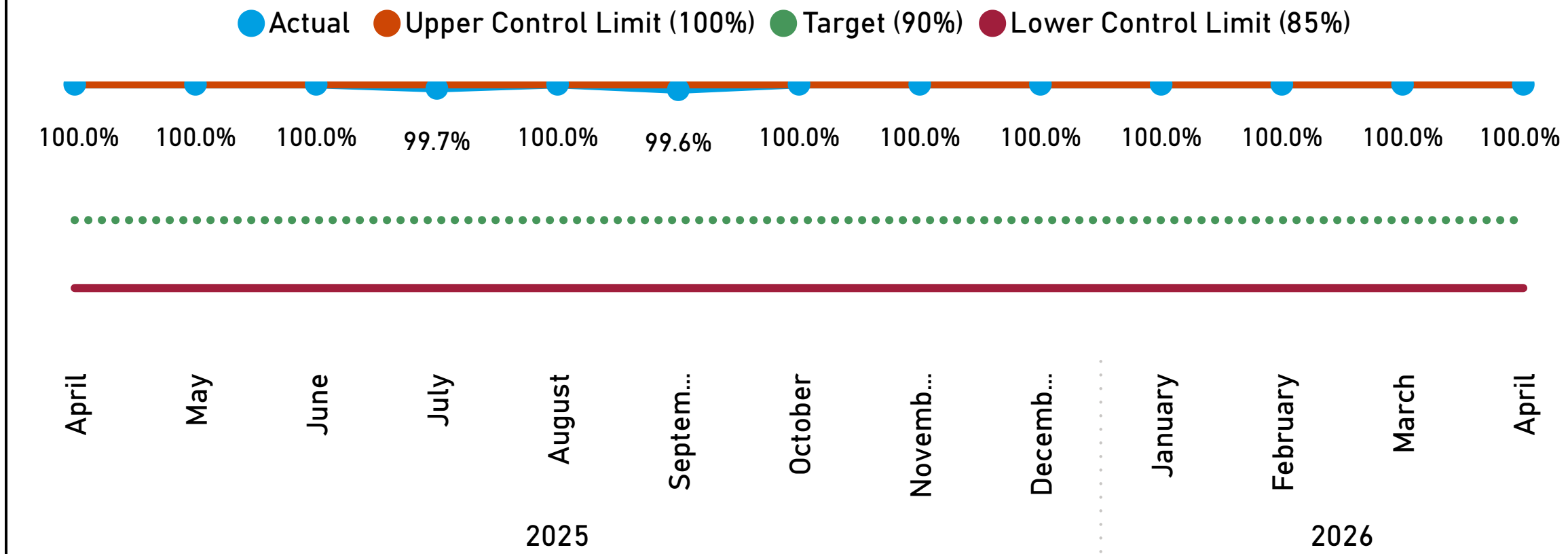
Lead Director - Chief Officer, Renfrewshire HSCP
Lead Committee - Finance, Planning and Performance



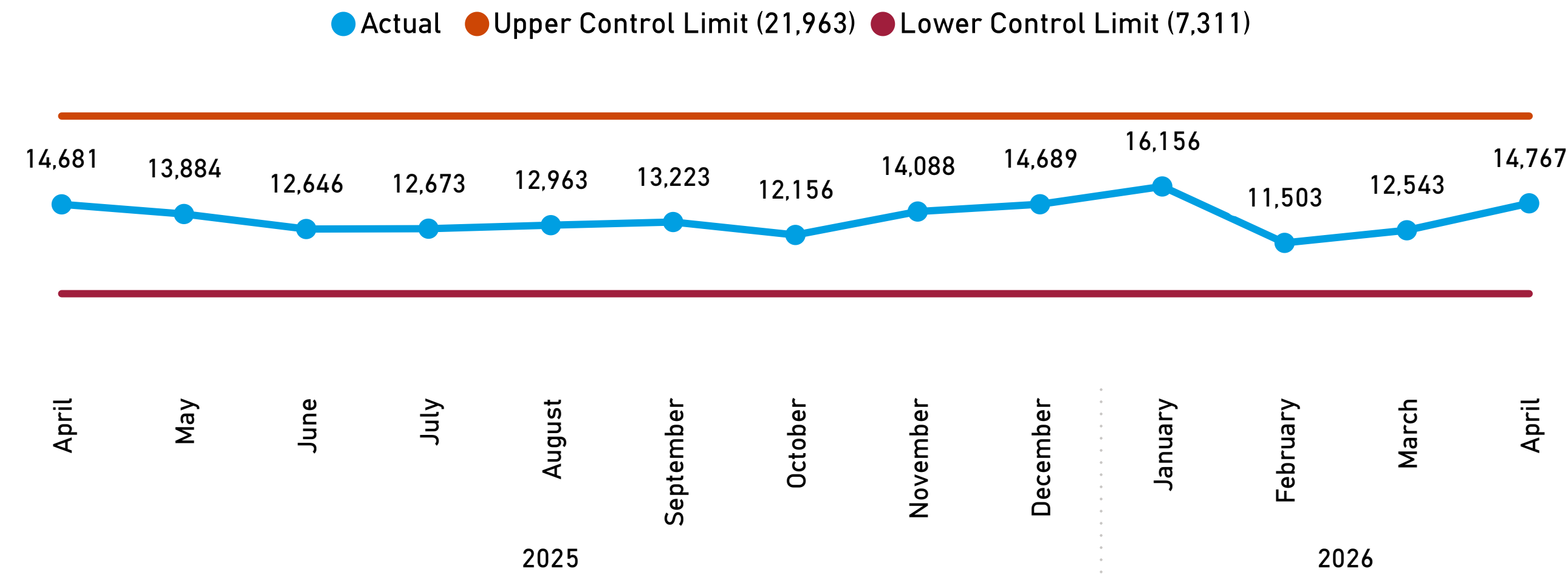
GP List Closures



GP Out of Hours - Shift Fill Rate



GP Out of Hours - Activity



GP OOH Activity - Year to Date

14,767
Previous year: 14,681
(+86 +1%)
April 2026

GP OOH Shift Fill Rate

100%
Target: 90% (+10%)
April 2026

Commentary

GP list closures remain at a steady rate across the year. Following a closure, practices develop actions to resolve the challenges leading to closure, and the Primary Care Support Team work with the practice and HSCPs to plan reopening of lists before the 12-month closure limit is reached.

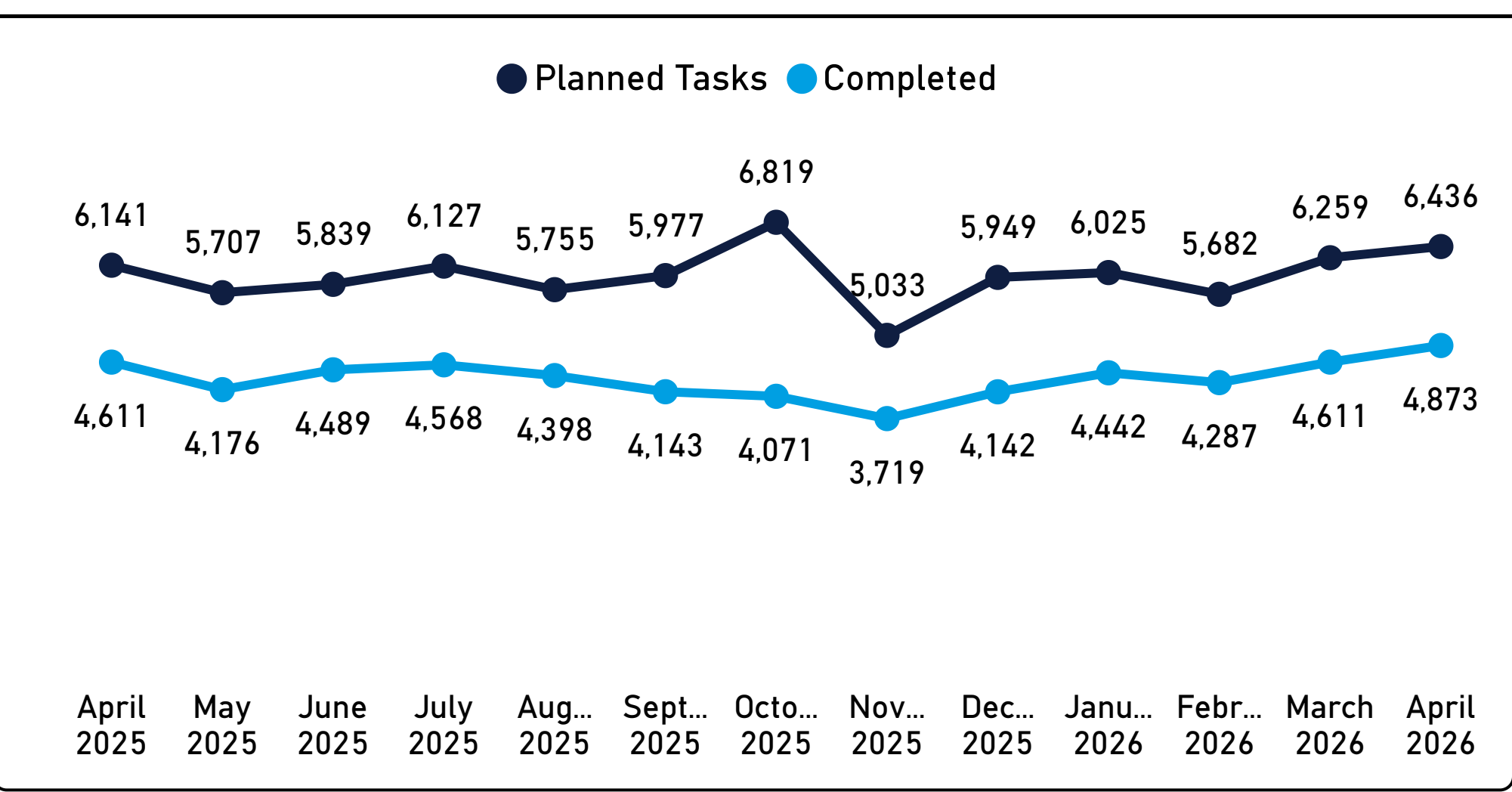
OOH shift fill rate remains high, at or close to 100% for each month of the past year, while activity levels remain consistent.

Estates and Facilities: Maintenance

Lead Director - Director of Estates and Facilities
Lead Committee - Finance, Planning and Performance



Planned Maintenance



Planned Maintenance

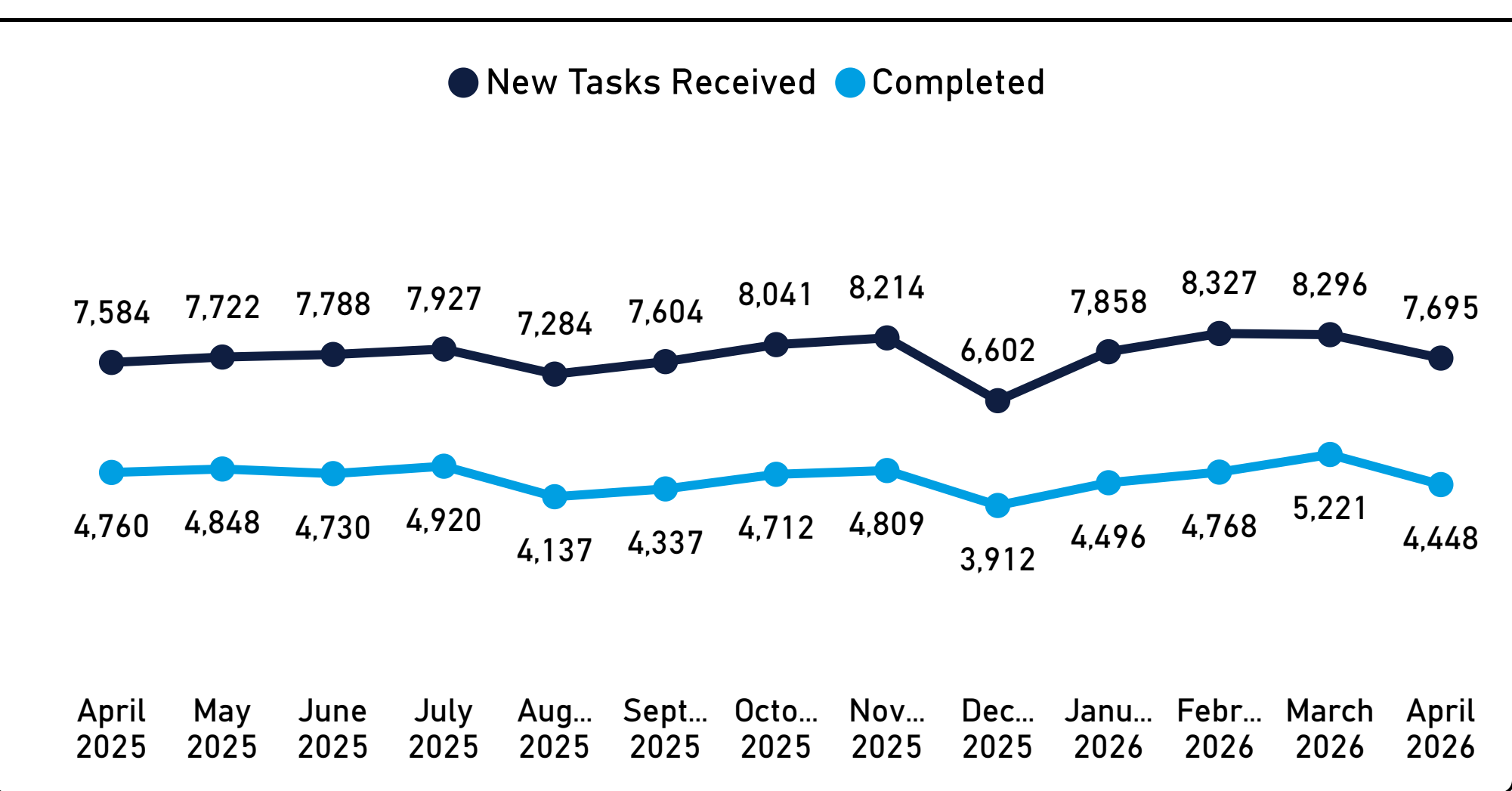
Month End	Percentage Completed	Outstanding at Month End
April 2025	75%	5,296
May 2025	73%	4,995
June 2025	77%	4,728
July 2025	75%	4,763
August 2025	76%	3,685
September 2025	69%	4,836
October 2025	60%	8,703
November 2025	74%	5,922
December 2025	70%	5,817
January 2026	74%	1,474
February 2026	75%	1,170
March 2026	74%	1,410
April 2026	76%	1,366

Maintenance performance has remained broadly steady over the year, with both reactive and planned maintenance continuing to absorb sustained levels of demand. Reactive completion rates have remained stable at around 58–63%. Outstanding work at month-end has increased slightly in April 2026, but remains significantly lower than the high of over 12,000 in December. Planned maintenance backlogs have reduced slightly, to 1,366 in April 2026, from 1,410 the previous month, it should be noted that this remains a significant improvement on the figures seen on a monthly basis in 2025.

Key risks continue to relate to the cumulative pressures of an ageing estate, workforce shortages in specialist trades, and sustained high volumes of reactive requests. The balance between reactive and planned workload remains finely held, with any step-change in demand having the potential to increase outstanding work.

In the coming months, the service will maintain its focus on reducing backlogs and refining scheduling approaches to maintain delivery despite seasonal fluctuations. Continued monitoring of backlog trends and targeted deployment of capacity will support early escalation of issues and inform future planning. The service remains committed to maintaining statutory compliance, protecting the safety and resilience of the estate, and improving the overall trend in outstanding work across 2026.

Reactive Maintenance



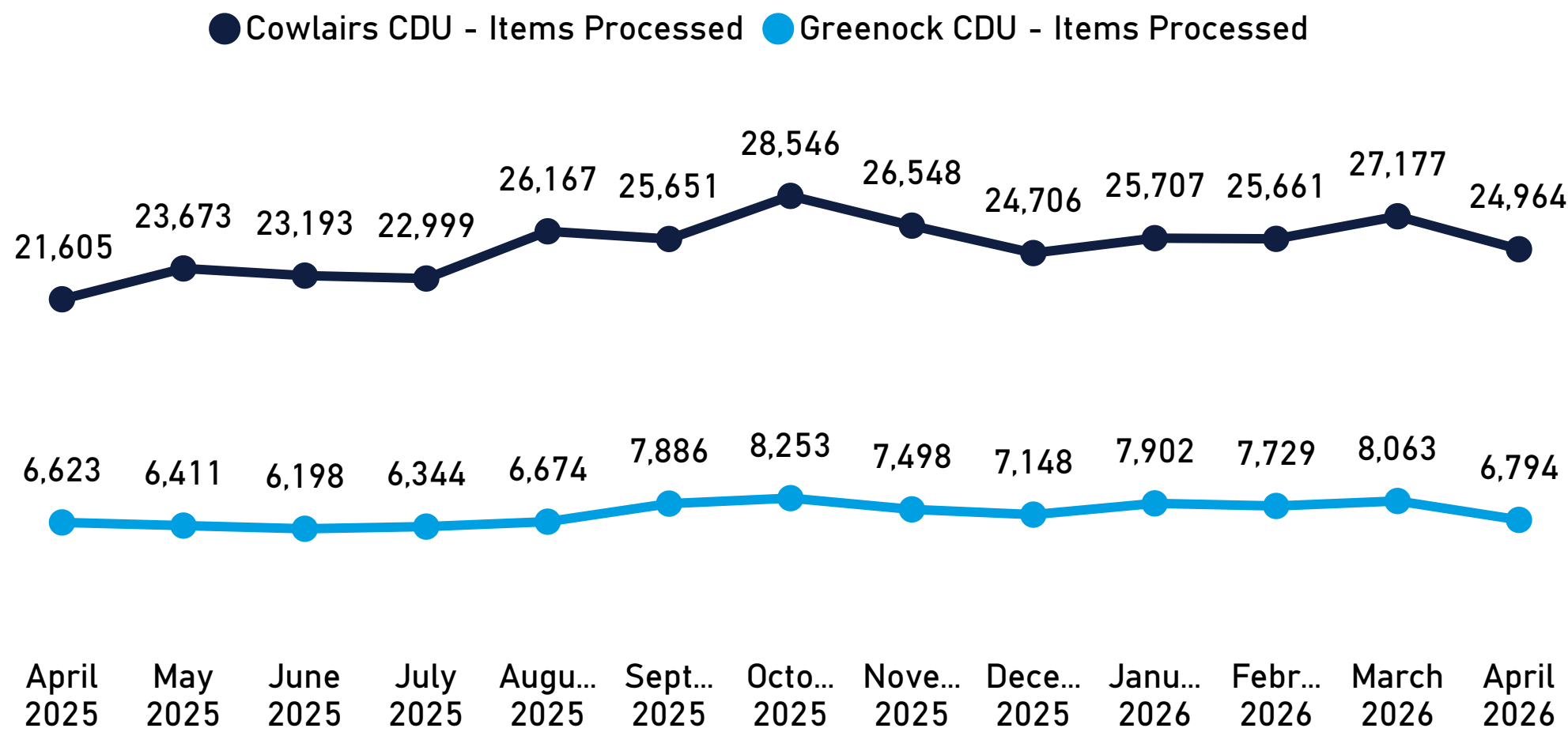
Reactive Maintenance

Month End	Percentage Completed	Outstanding at Month End
April 2025	63%	10,624
May 2025	63%	8,114
June 2025	61%	10,421
July 2025	62%	8,716
August 2025	57%	9,182
September 2025	57%	9,332
October 2025	59%	10,574
November 2025	59%	11,737
December 2025	59%	12,553
January 2026	57%	3,018
February 2026	57%	3,201
March 2026	63%	2,722
April 2026	58%	2,829

Estates and Facilities: Decontamination, Laundry and Meals

Lead Director - Director of Estates and Facilities
Lead Committee - Finance, Planning and Performance

Central Decontamination Unit Activity



CDU Turnaround Time (hours)

Month End	Cowlairs	Greenock
April 2025	26.5	17.9
May 2025	30.8	16.0
June 2025	28.3	18.3
July 2025	27.1	23.8
August 2025	34.5	27.5
September 2025	30.8	24.0
October 2025	29.6	18.3
November 2025	29.2	22.2
December 2025	31.5	22.6
January 2026	33.1	23.3
February 2026	25.8	20.5
March 2026	24.1	22.4
April 2026	22.2	33.3

Laundry

Period	Items of Laundry Processed	Monthly Average Items of Laundry Processed
2024/25	16,700,247	1,391,687
2025/26 to Q4	16,784,833	1,398,736

Patient Meals - Catering Provision

Period	Number of Meals Provided	Monthly Average Number of Meals Provided
2024/25	3,676,554	306,380
2025/26 to Q3	2,724,086	302,676

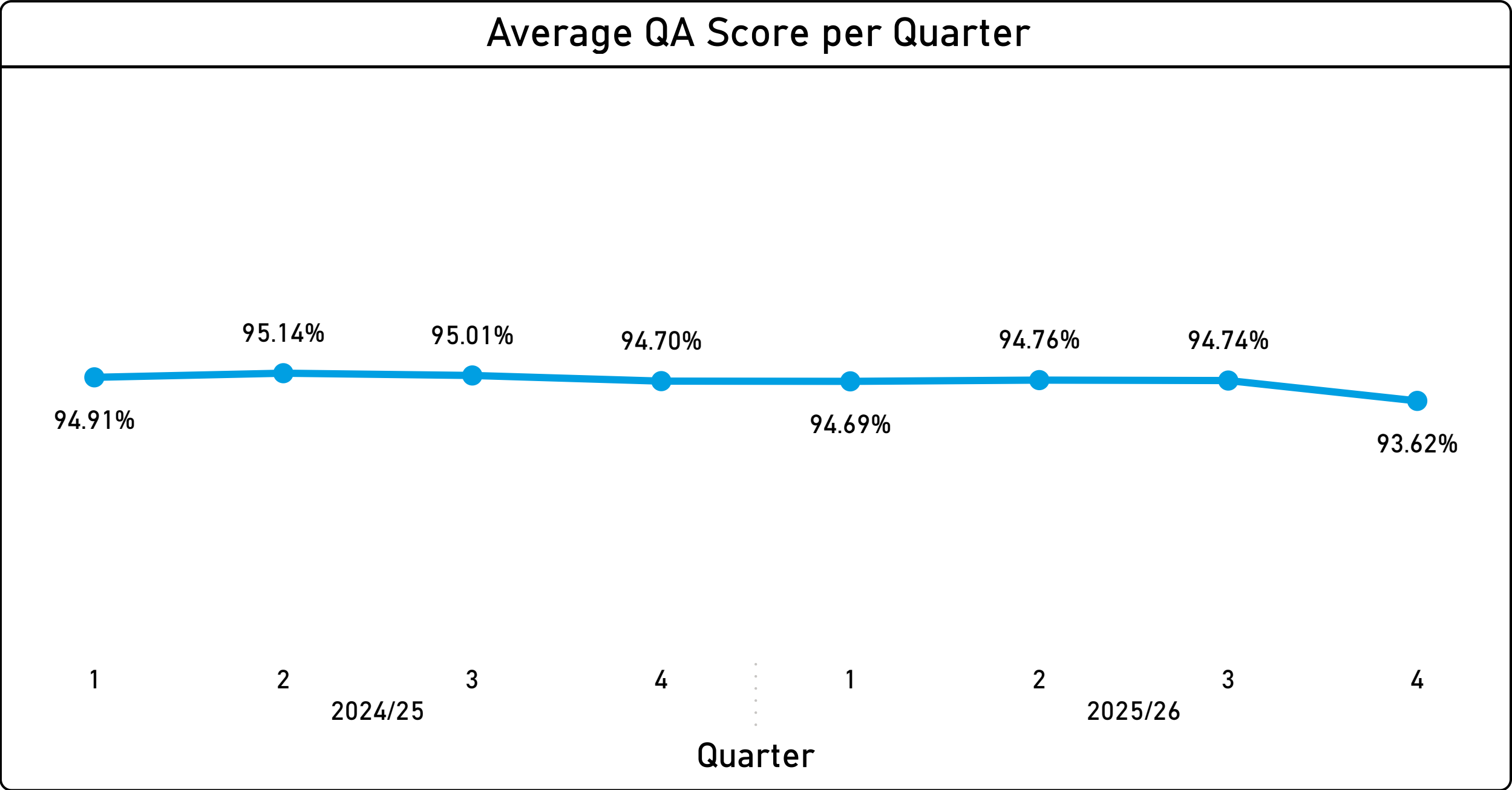
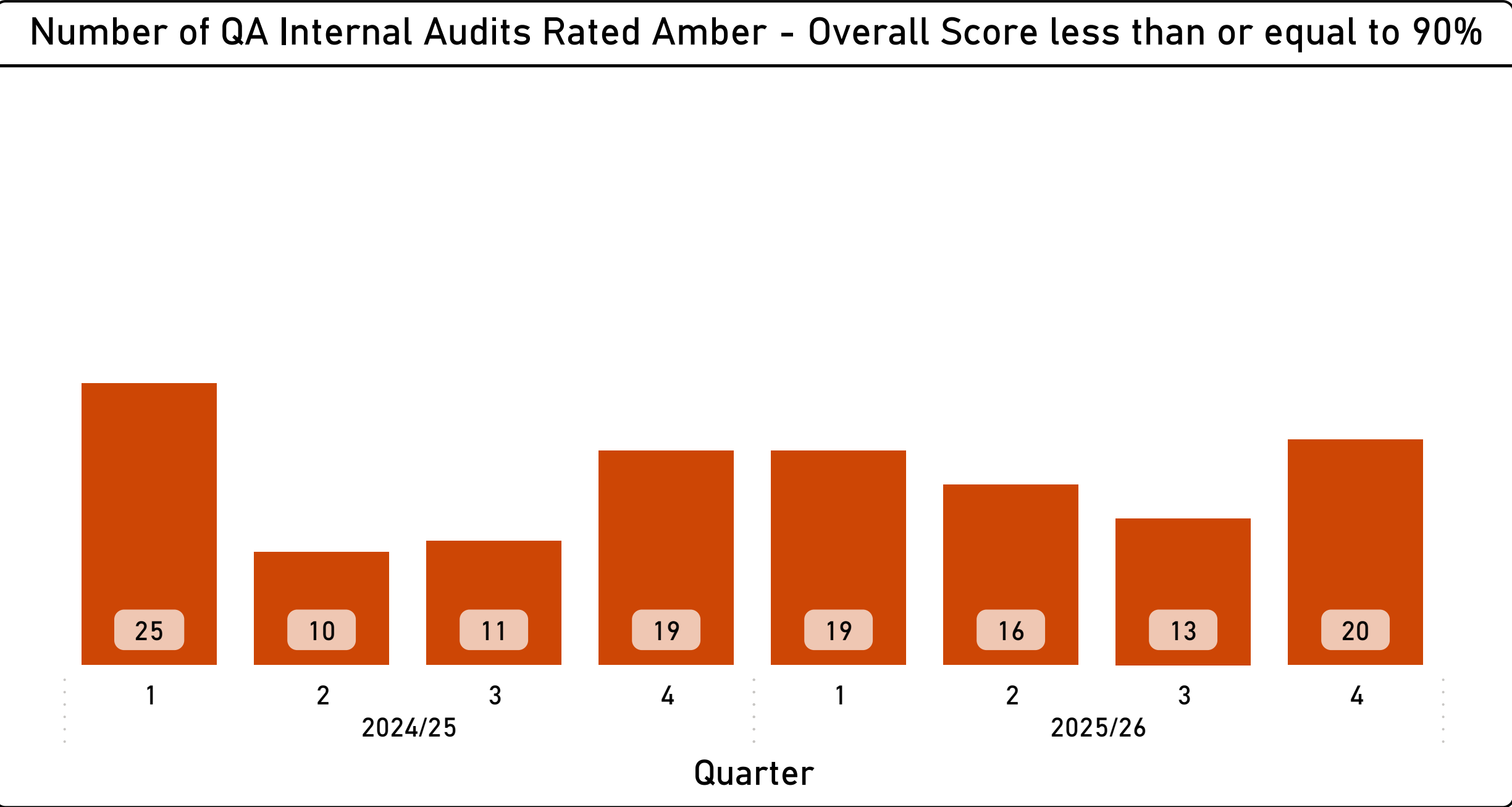
Both Central Decontamination Units continue to deliver a stable and reliable decontamination service that supports clinical activity across their respective areas. Throughput levels remain consistent with expected demand, and turnaround times generally reflect operational capacity, with natural fluctuation occurring throughout the year

The Central Laundry, located at Hillington Industrial Estate, continues to provide a core linen service to more than 50 sites across NHS Greater Glasgow and Clyde and partner Boards. The service operates at significant scale and remains essential to supporting acute, community and specialist clinical environments. Overall activity levels remain stable and in line with service capacity. The laundry continues to demonstrate resilience in maintaining continuity of supply, supported by a skilled workforce and a dedicated engineering and maintenance function that ensures plant reliability and operational efficiency. The service remains the largest public sector laundry in Scotland and continues to deliver consistent performance, with no significant issues affecting service availability during the reporting period. The high-level activity data provides assurance that the laundry is operating effectively and continues to meet organisational requirements as part of the wider support services infrastructure.

The cook freeze catering service continues to provide a consistent and reliable patient meal provision across all NHS Greater Glasgow and Clyde sites. The two production units at the Royal Alexandra Hospital and Inverclyde Royal Hospital maintain stable performance, supporting daily service delivery and ensuring compliance with national catering, nutritional and food safety standards. Ward-based catering teams continue to ensure safe regeneration and service of meals, supported by established training, quality assurance and audit processes. Procurement through National Frameworks provides consistency of supply, product quality and nutritional governance. Overall, the cook freeze catering service remains stable, compliant and effective, with no significant issues impacting patient meal provision during the reporting period.

Estates and Facilities: Quality Assurance Internal Audits

Lead Director - Director of Estates and Facilities
Lead Committee - Finance, Planning and Performance



Quality assurance activity has been maintained at a steady level across the reporting periods, with internal QA audits consistently delivered and average audit scores holding in a narrow band around the mid-90s. This indicates sustained adherence to Estates & Facilities standards and provides a stable assurance baseline for cleanliness, portering interfaces and domestic services across the estate.

The distribution of ratings shows a small number of audits falling at or below the 90% threshold (Amber), with quarter-to-quarter fluctuations that remain within expected operational variation for a large, complex service. Importantly, these Amber outcomes do not suggest any system-wide deterioration: the overall averages remain high and stable, and the pattern suggests localised issues being identified and addressed through routine corrective actions rather than thematic weaknesses in the overall system.

Revenue Financial Performance

Historically NHSGGC has delivered breakeven year on year, however the reliance on non-recurring savings has continued to grow and as a result the underlying financial deficit has not been addressed. As approved by NHSGGC Board and Scottish Government, the financial plan for 2026/27 set a breakeven forecast on the assumption of mitigations of £194.7 million delivered through S&V programme.

This position is subject to additional risks such as Acute sector pressures, funding availability, inflationary pressures and an assumption of breakeven across all 6 Integration Joint Boards. The revenue position will be formally reported from month 2 (May).

Sustainability and Value

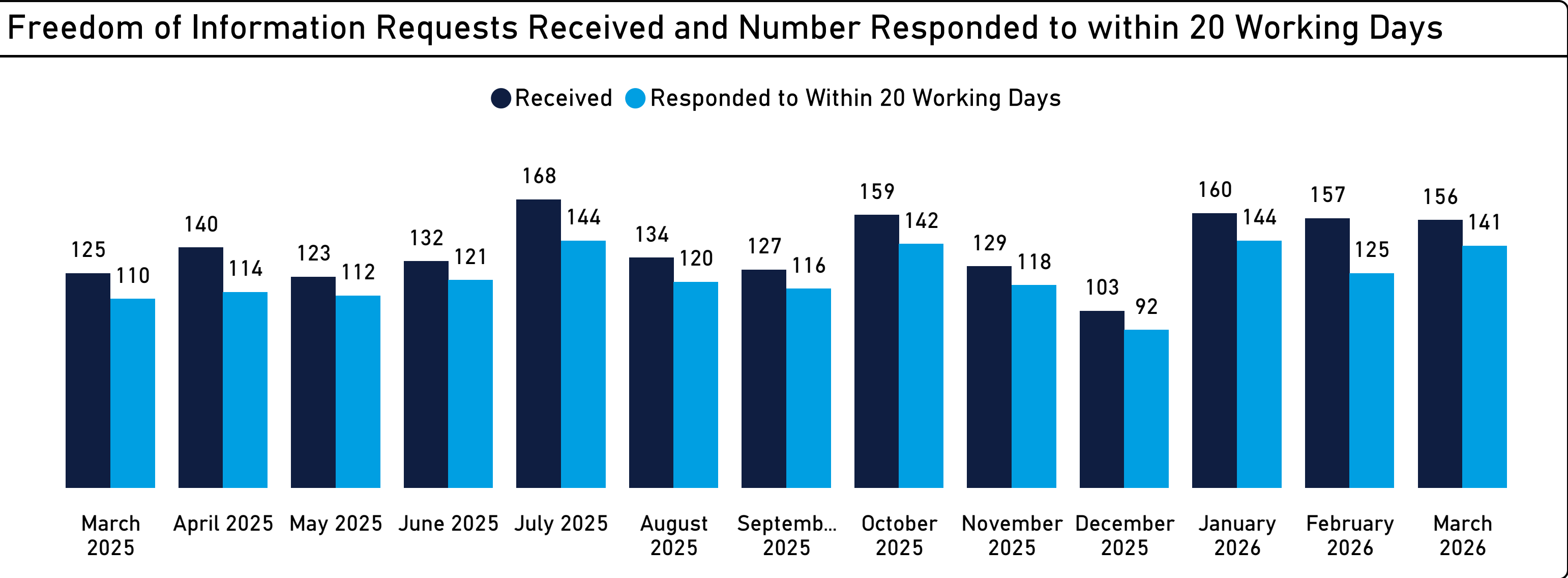
As set out in the 2026/27 financial plan, the financial challenge of £194.7 million is planned to be addressed through a number of actions agreed by Corporate Management Team. This includes saving targets set for each Directorate, in addition to cost containment and financial management measures.

Significant work is required to develop the S&V pipeline and progress against this target will be formally reported from month 2 (May).

Capital Position

The financial plan submitted to Scottish Government set out a gross Capital Resource Limit of £82.7 million in 2026/27. This was made up of £41.3 million of formula capital and £41.4 million of additional projects with confirmed Scottish Government funding.

The capital position will be formally reported from month 2 (May).

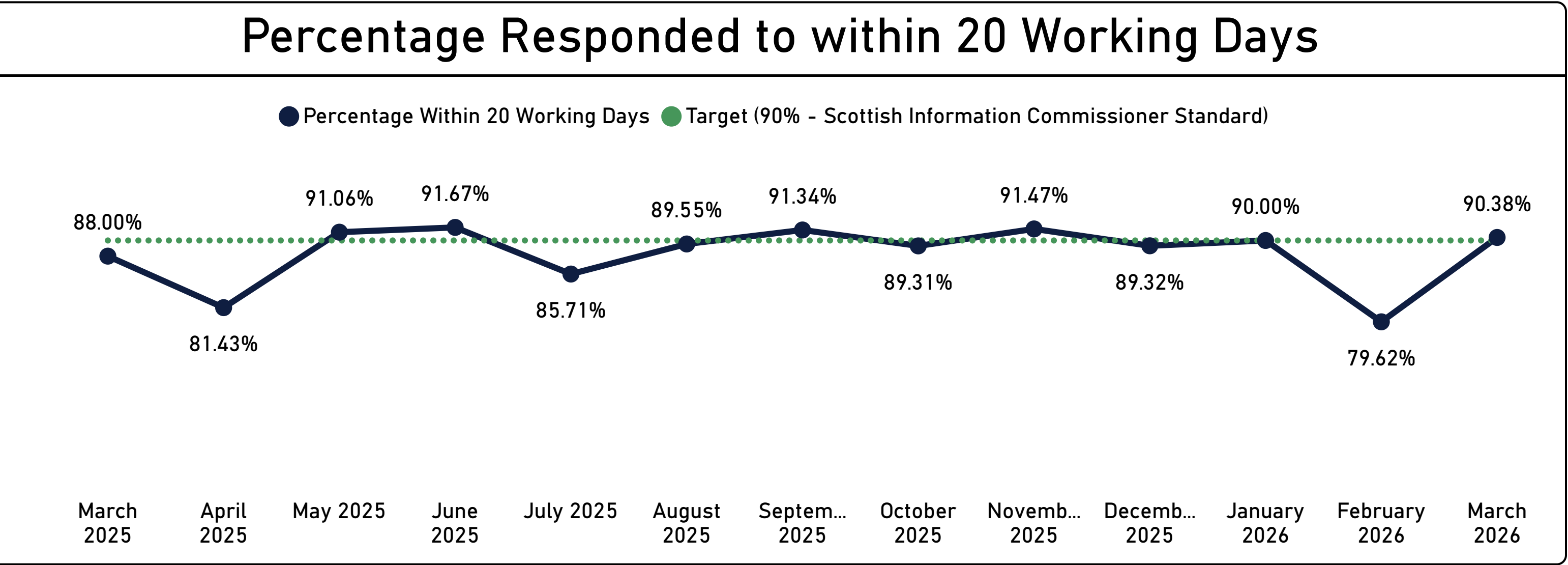


FOI performance is reported one month in arrears, to allow sufficient time for cases to close and ensure accurate reflection of monthly performance.

FOI performance in March 2026 saw a significant increase, with 141 of 156 requests (90%) responded to within target timescales, and meeting the target of 90%.

Across the wider year, FOI performance has shown a clear pattern of resilience despite variation in demand. July 2025, which recorded the highest volume of requests (168), saw a noticeable dip in on-time performance to 86% whilst January 2026 was the next-highest month (160 requests), and demonstrated a far less pronounced effect on compliance, with 90% of requests responded to on time.

This comparison suggests that while high volumes can challenge capacity, the FOI process generally absorbs increased workload well and maintaining performance above 90% remains a continued focus.



Workforce: Absence (All Absence Types)

Lead Director - Director of HR and Organisational Development
Lead Committee - People and Staff Governance



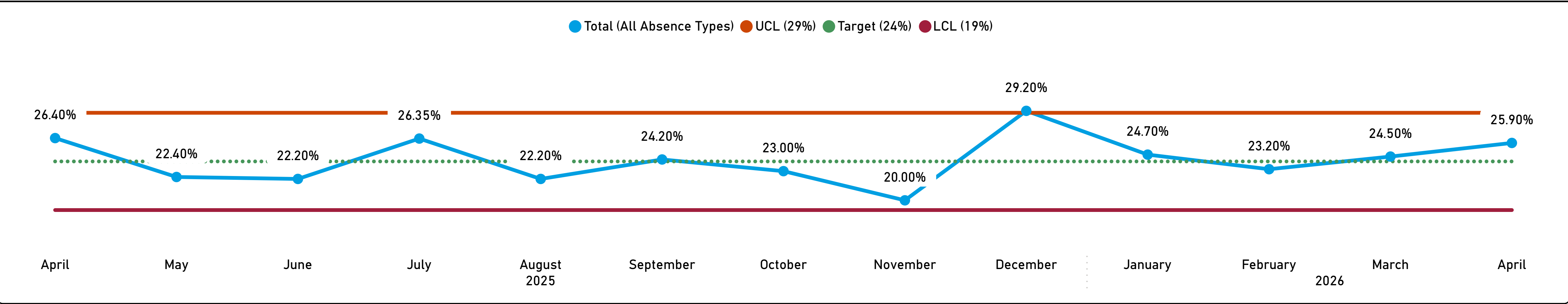
All Absence Types

Date	Sickness	Annual Leave	Public Holiday	Maternity	Paternity	Parental	Study	Other	Total (All Absence)	Target (all absence)
April 2025	7.1%	10.60%	4.40%	2.30%	0.00%	0.20%	0.40%	0.40%	▲ 26.40%	24.00%
May 2025	6.8%	9.40%	2.20%	2.20%	0.00%	0.10%	0.40%	0.40%	● 22.40%	24.00%
June 2025	7.1%	10.90%	0.00%	2.20%	0.00%	0.20%	0.40%	0.40%	● 22.20%	24.00%
July 2025	7.4%	14.60%	0.00%	2.30%	0.00%	0.40%	0.20%	0.50%	▲ 26.35%	24.00%
August 2025	7.0%	11.10%	0.00%	2.10%	0.00%	0.50%	0.20%	0.40%	● 22.20%	24.00%
September 2025	7.7%	10.70%	1.70%	2.70%	0.00%	0.10%	0.50%	0.40%	▲ 24.20%	24.00%
October 2025	7.8%	10.60%	0.00%	2.40%	0.00%	0.30%	0.40%	0.40%	● 23.00%	24.00%
November 2025	7.7%	8.10%	0.00%	2.20%	0.00%	0.10%	0.50%	0.40%	● 20.00%	24.00%
December 2025	8.8%	11.70%	4.60%	2.40%	0.00%	0.20%	0.30%	0.40%	◆ 29.20%	24.00%
January 2026	7.9%	8.20%	4.60%	2.20%	0.00%	0.10%	0.20%	0.40%	▲ 24.70%	24.00%
February 2026	7.7%	11.10%	0.10%	2.20%	0.00%	0.20%	0.30%	0.40%	● 23.20%	24.00%
March 2026	7.3%	12.80%	0.10%	2.20%	0.00%	0.10%	0.30%	0.40%	▲ 24.50%	24.00%
April 2026	7.3%	10.00%	4.30%	2.20%	0.00%	0.20%	0.30%	0.40%	▲ 25.90%	24.00%

Total Absence
(All Absence
Types)

25.90%
Local Target: 24.00% (+1.90%)
April 2026

All Absence Types

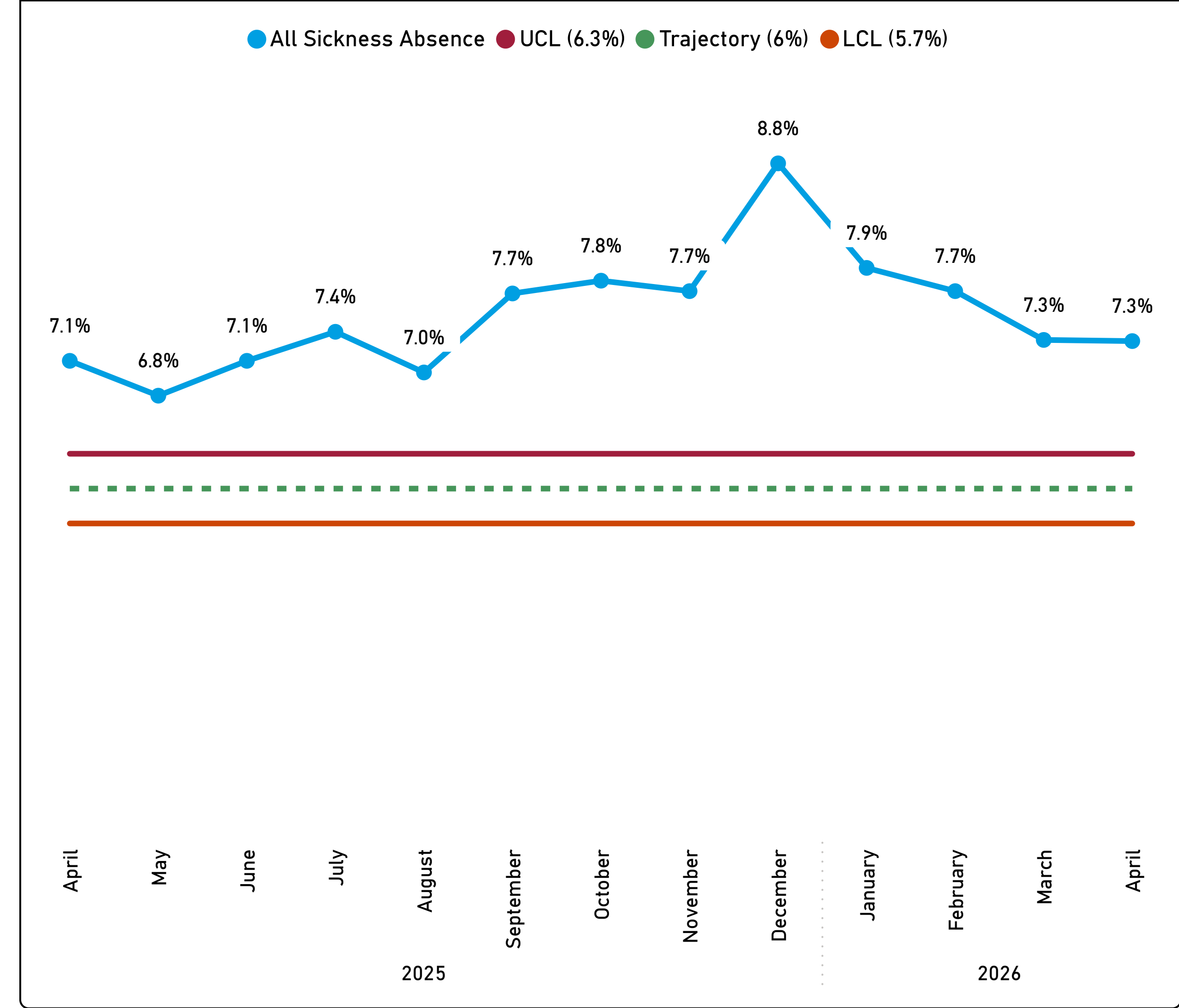


Workforce: Sickness Absence

Lead Director - Director of HR and Organisational Development
Lead Committee - People and Staff Governance



Sickness Absence



Total Sickness Absence



Sickness Absence

Date	Short Term	Long Term	All Sickness Absence	Local Target
April 2025	2.80%	4.30%	7.10%	6.00%
May 2025	2.80%	4.00%	6.80%	6.00%
June 2025	2.80%	4.30%	7.10%	6.00%
July 2025	2.87%	4.48%	7.35%	6.00%
August 2025	2.70%	4.30%	7.00%	6.00%
September 2025	3.08%	4.60%	7.68%	6.00%
October 2025	3.29%	4.50%	7.79%	6.00%
November 2025	3.40%	4.30%	7.70%	6.00%
December 2025	3.90%	5.00%	8.80%	6.00%
January 2026	3.60%	4.30%	7.90%	6.00%
February 2026	3.30%	4.40%	7.70%	6.00%
March 2026	2.87%	4.41%	7.28%	6.00%
April 2026	2.88%	4.39%	7.27%	6.00%

Workforce: Absence by sector

Lead Director - Director of HR and Organisational Development
Lead Committee - People and Staff Governance



Sickness Absence - HSCPs												
Month	East Dun Actual	East Dun Target	East Ren Actual	East Ren Target	Glasgow City Actual	Glasgow City Target	Inverclyde Actual	Inverclyde Target	Renfrewshire Actual	Renfrewshire Target	West Dun Actual	West Dun Target
April 2026	6.50%	5.50%	9.89%	7.00%	7.57%	7.94%	7.98%	7.00%	7.13%	7.00%	5.70%	6.60%
May 2026		5.50%		7.00%		7.78%		7.00%		7.00%		5.50%
June 2026		5.00%		7.00%		7.63%		6.75%		6.80%		6.00%
July 2026		5.00%		7.00%		7.48%		6.75%		6.60%		5.50%
August 2026		5.00%		6.75%		7.32%		6.50%		6.40%		4.00%
September 2026		5.50%		6.75%		7.16%		6.50%		6.20%		6.20%
October 2026		5.50%		6.50%		6.99%		6.25%		6.40%		6.90%
November 2026		5.00%		6.50%		6.82%		6.25%		6.80%		7.20%
December 2026		6.00%		6.50%		6.65%		8.00%		7.00%		8.00%
January 2027		6.00%		6.50%		6.47%		6.00%		6.80%		6.90%
February 2027		5.50%		6.00%		6.30%		5.75%		6.80%		6.30%
March 2027		5.50%		6.00%		6.14%		5.50%		6.50%		5.50%

Sickness Absence - Acute and Corporate																		
Month	Clyde Actual	Clyde Target	Diagnostics Actual	Diagnostics Target	North Actual	North Target	Regional Actual	Regional Target	South Actual	South Target	W&C Actual	W&C Target	Acute Actual	Acute Target	Corporate Actual	Corporate Target	Estates & Facilities Actual	Estates & Facilities Target
April 2026	7.41%	6.70%	5.73%	6.00%	6.97%	6.80%	7.59%	7.00%	7.37%	7.20%	7.61%	7.10%	7.16%	6.80%	5.67%	5.91%	9.57%	8.50%
May 2026		6.50%		6.00%		6.60%		6.50%		7.20%		6.70%		6.58%		5.69%		8.40%
June 2026		6.30%		5.75%		6.40%		6.30%		6.90%		6.20%		6.31%		5.85%		8.30%
July 2026		6.00%		5.75%		6.20%		6.30%		6.80%		6.05%		6.18%		6.09%		8.30%
August 2026		6.00%		5.75%		6.00%		6.30%		6.80%		5.65%		6.08%		5.90%		8.20%
September 2026		6.20%		5.50%		6.00%		6.00%		6.70%		5.48%		5.98%		5.80%		8.20%
October 2026		6.40%		5.50%		6.20%		5.75%		6.70%		5.33%		5.98%		5.61%		8.20%
November 2026		6.60%		5.00%		6.50%		5.75%		6.60%		5.20%		5.94%		5.59%		8.10%
December 2026		7.00%		5.25%		7.00%		5.75%		7.10%		5.18%		6.21%		5.89%		8.20%
January 2027		6.70%		5.00%		6.80%		5.50%		6.80%		5.00%		5.97%		5.83%		7.90%
February 2027		6.40%		5.00%		6.60%		5.50%		6.70%		5.00%		5.87%		5.50%		7.80%
March 2027		6.00%		5.00%		6.40%		5.50%		6.50%		5.00%		5.73%		5.25%		7.50%

Commentary

Overall absence levels in April 2026 are up from the previous month, but lower than the figures reported in April 2025. Performance in April 2026 continues to be impacted by sickness absence, which is almost identical to the March 2026 figure, where a very small decrease in long term sickness is offset by a corresponding small increase in short-term absence. Sickness absence remains a challenge across the board, with the majority of Divisions and HSCP outwith local absence targets in April 2026.

Similar to the previous year, a high proportion of staff were on annual leave, while there were also two public holidays in April 2026. The cumulative effect of these factors takes overall absence to 25.9% for April 2026, within control limits but 1.9 percentage points above target.

Service Narrative

NHSGGC’s overall sickness absence reduced very slightly from 7.28% in March to 7.27% in April, continuing the month-on-month improvement following the seasonal peak in December (8.8%). Year-on-year, April is higher than 7.04% last year, but the month-on-month trend is encouraging and aligns to our improvement trajectory.

A coordinated improvement approach is in place across NHSGGC. Locally, all Sectors/Directorates/HSCPs maintain attendance management action plans with consistent themes: strengthening absence recording processes, proactive wellbeing support (including menopause awareness), targeted management of stress-related absence (including stress surveys/toolkits), building line manager capability through training and coaching, tightening senior management oversight (including reviews of delayed cases and hotspots), improving access to HR Support and Advice Unit and Occupational Health input, and better use of data and analysis to identify patterns and intervene earlier.

At Board level, the Promoting Attendance Partnership governance has developed and is tracking a board-wide action plan, focused on wellbeing and preventative support, improving attendance management practice, and strengthening the enabling environment (including redeployment and reasonable adjustments). Progress includes actions to improve support for neurodiverse staff, continued stress toolkit work (including resolving technical issues and targeting hotspot areas for support), improved use of Occupational Health data (with regular reporting), and ongoing work to simplify and improve the attendance management toolkit and associated guidance. Work is also progressing to establish clearer processes and accountability for managing resident doctors’ absence through a short-life working group and strengthened governance linkages.

Recognising the scale and complexity of the challenge, a proposal for additional HR resource to support improved attendance management has been taken through the agreed governance route and approved by CMT. The investment is 10 WTE Band 4 Assistant HR Advisers, intended to support earlier, more proactive case management at stage one, earlier intervention in workplace stress cases, and strengthened long-term absence reviews, alongside expanded focus groups and HR manager coaching. Recruitment has been completed for the enhanced attendance team, with induction planning being developed to ensure a consistent approach and a clear definition of what will change in the support offer once staff are in post. The Board-wide action plan will continue to provide the organising framework for delivery, and progress will be monitored through existing reporting routes, including continued reporting on achievements, challenges, and areas requiring further action.

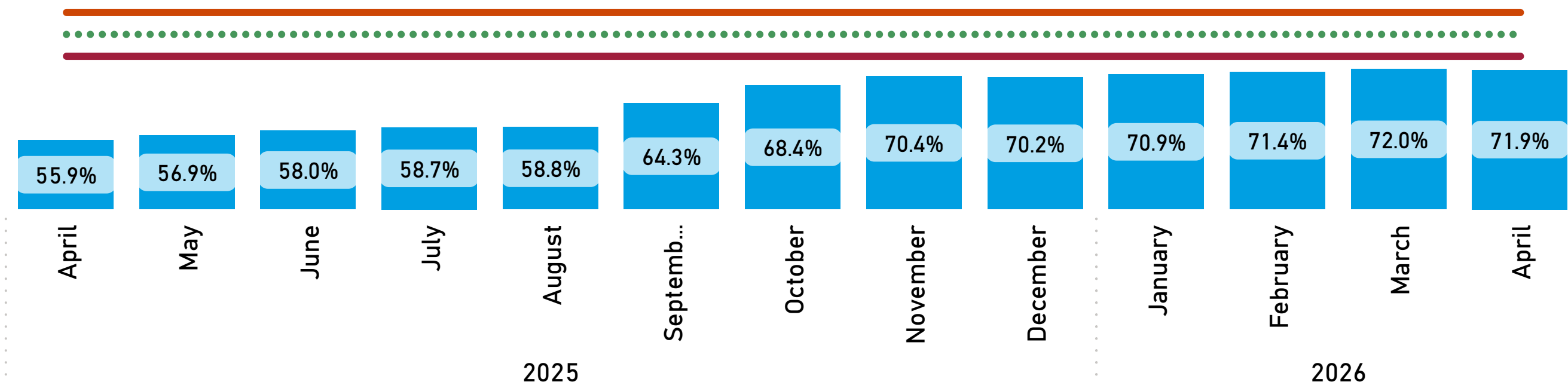
Workforce: PDPR, Statutory and Mandatory Training

Lead Director - Director of HR and Organisational Development
Lead Committee - People and Staff Governance



KSF PDP&R Conversations Recorded on Turas

Actual UCL (85%) Target (80%) LCL (75%)



KSF PDP&R Conversations Recorded on Turas

71.9%
Target: 80% (-8.1%)
April 2026

Completion of Statutory & Mandatory Training

89.2%
Target: 90% (-0.8%)
April 2026

Fraud Awareness

New module - grace period to September 2026 for target 90% completion

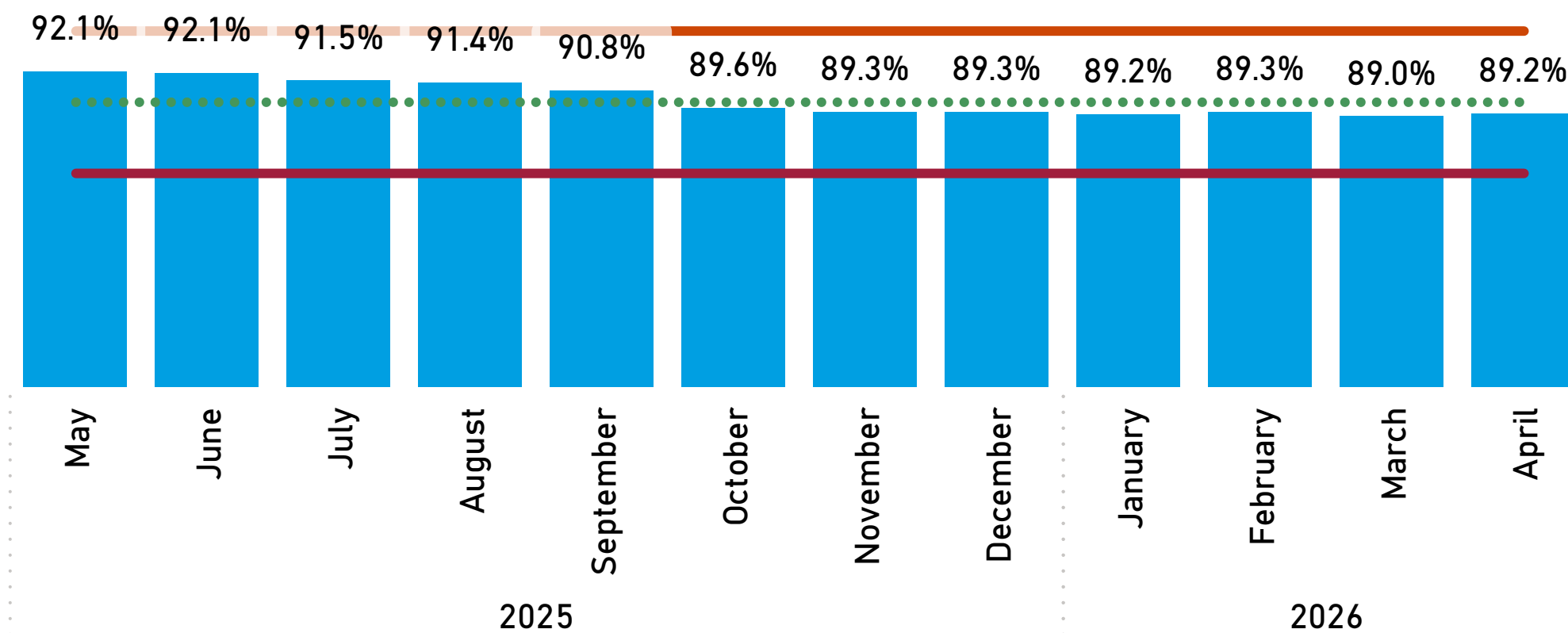
43.20%
April 2026

Completion of Statutory & Mandatory Training (90% target)

Date	Fire Safety	Health & Safety	Violence & Aggression	Equality, Diversity & Human Rights	Manual Handling	Public Protection	Infection Control	Security & Threat	Information Handling
May 2025	88.30%	92.77%	92.55%	92.06%	92.02%	90.56%	91.34%	92.45%	93.41%
June 2025	87.70%	92.63%	92.42%	92.01%	91.91%	90.63%	91.37%	91.98%	93.49%
July 2025	86.70%	92.08%	91.75%	91.43%	91.45%	90.17%	90.81%	91.52%	92.95%
August 2025	85.90%	91.90%	91.80%	91.20%	91.40%	90.00%	90.81%	90.90%	93.00%
September 2025	85.20%	91.50%	91.40%	90.80%	91.00%	89.40%	90.50%	89.30%	92.80%
October 2025	84.10%	90.30%	90.20%	89.50%	89.90%	88.10%	89.30%	87.90%	91.70%
November 2025	83.90%	90.00%	90.10%	89.20%	89.50%	87.70%	88.90%	87.30%	91.80%
December 2025	84.50%	90.00%	90.20%	89.30%	89.50%	87.60%	89.00%	87.20%	91.60%
January 2026	84.50%	90.00%	90.10%	89.30%	89.40%	87.20%	88.80%	87.10%	91.40%
February 2026	84.80%	90.10%	90.20%	89.30%	89.60%	87.50%	89.00%	87.30%	91.40%
March 2026	89.00%	89.90%	89.70%	89.10%	89.30%	87.50%	88.70%	87.30%	90.60%
April 2026	90.00%	90.00%	89.70%	89.10%	89.40%	87.80%	88.80%	87.70%	90.30%

Completion of Statutory and Mandatory Training

Actual UCL (95%) Target (90%) LCL (85%)



Commentary

The percentage of staff with a PDPR conversation recorded on Turas has decreased slightly compared to the previous month, while the figure for each of the past seven months is higher than the rolling one-year average, showing improvement in this area.

The national compliance target for core learning is set at 90%, and overall completion of statutory and mandatory training as at April 2026 is slightly below that target at 89.2% (this figure excludes the OFS Fraud Awareness module due to the six-month grace period for 90% compliance).

Service Narrative

The importance of PDP&R continues to be promoted by senior leaders as the means for discussing essential training, wellbeing, personal and career development. Compliance levels for recorded conversations have increased from 56% (April 2025) to 71.9% (April 2026) towards the 80% target. For Statutory and Mandatory Training, three modules are meeting or exceeding the 90% compliance (Health and Safety, Fire Safety and Information Governance). Fraud Awareness has seen the biggest increase this month of 25.6% sitting at 43.2%.

Key actions in April, across Turas and Statutory and Mandatory Training included:

- Communications: highlighting core actions for staff and managers to support activity and also key moments within the process to encourage an integration of PDP&R and Statutory and Mandatory Training into ongoing practice.
- Ongoing support for managers and staff on the application of the PDP&R process in practice and recording on the TURAS Appraisal system.
- Directors continue to review progress/identify actions and progress in line with trajectories to achieve compliance, and continuing to provide protected time for staff to undertake core learning in work time
- Use of workforce data to inform targeted actions by the continuation of weekly compliance data to Directors and Heads of HR. Managers receive a monthly overview of PDP&R compliance status for staff they are responsible for on eESS (this supplements the real time data managers can access directly on TURAS Appraisal).
- HROD teams conduct assurance checks to ensure that national modules are accessible on NHSGGC Learnpro

Plans for the coming months include:

- Directors and Senior Leaders review compliance for April period where 90% Statutory and Mandatory Training compliance has not been reached. Senior Leaders will also continue to provide managers and staff with protected time to complete training, and to complete the PDP&R process, ensuring that this can be a meaningful conversation
- Focus corporate communications to embed the launch of the OFS Statutory Mandatory Modules with specific focus on Fraud Awareness compliance to meet the national target of 90% by September 2026.
- Continue with ongoing communications to maintain focus on importance of good quality PDP&R conversations. Continue to provide local drop-in sessions
- Guidance, support and training for managers and staff to meet the roles and responsibilities outlined in the OFS Personal Development Planning and Review Policy
- Continue publication of management information through weekly compliance reports and monthly manager email

There is a risk that the focus on increasing compliance undermines the importance of the quality of the PDP&R conversation and the process being an ongoing and integral part of practice to support staff. A feedback loop with staff is in place through scheduled Collaborative Conversations to mitigate this.