

NHS Greater Glasgow and Clyde	Paper No. 26/13
Meeting:	NHSGGC Board Meeting
Meeting Date:	26 February 2026
Title:	Integrated Performance and Quality Report (December 2025)
Sponsoring Director/Manager:	Michael Breen, Director of Finance
Report Author:	Stuart Donald, Head of Performance

1. Purpose

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

Two Appendices are included:

Appendix 1 Integrated Performance and Quality Report – December 2025

Appendix 2 Winter Plan Update

2. Executive Summary

The paper can be summarised as follows:

- December 2025 reflects continued progress in several core areas, alongside a number of persistent pressures across the system

Across key performance indicators:

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

Clinical and Care Governance:

- Hospital Standardised Mortality Ratio remains below the Scottish average, and crude mortality continues to align with national patterns
- Infection control performance is mixed: ECB levels are now below target, while CDI and SAB remain marginally above trajectory. Hand hygiene compliance remains consistently high.
- Oversight of Significant Adverse Event Reviews has strengthened, and the recently approved SAER Policy is expected to support a more timely and standardised approach going forward.

Population Health:

- Waiting times for alcohol and drug treatment exceed national standards
- Elements of the vaccination programme, in particular childhood flu, remain above national uptake levels. Adult flu uptake, however, continues to lag behind Scotland overall.

Finance, Planning and Performance

- New Outpatient waiting lists have reduced, and the service is on track to achieve trajectory of 0 waits over 52 weeks by 31 March 2026
- Diagnostic performance, particularly in Imaging, has shown improvement, driven by increased operational capacity and targeted approaches to the longest waits
- Cancer performance against the 31-day standard remains ahead of trajectory. Performance against the 62-day standard has further improved, now at the highest figure for over four years, although remaining slightly below the local trajectory.
- 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.
- Emergency Department performance remains below local and national trajectories, despite a modest improvement in December 2025.
- ED attendances continue to run above trajectory, although admissions from ED are down on the previous year
- Delayed discharges remain significantly above trajectory across both Acute and Mental Health patients
- Corporate services remain broadly stable, with FOI and Complaints performance meeting national benchmarks
- Within Estates and Facilities, decontamination, laundry and catering services continue to provide reliable support to clinical operations, although reactive maintenance backlogs have increased toward the end of the year, reflecting the pressures of an ageing estate.
- Patient experience indicators also remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. Around 70% of stories continue to reflect positive themes, although variation in sentiment and timeliness of responses persists between sites

BOARD OFFICIAL

- The revenue position at December 2025 (Month 9) is a cumulative deficit of -£43.8m predominately driven by cost pressures of unachieved savings within the Acute Division. The full year forecast to 31 March 2026 has improved from -£39.6m to -£18.4m which is within the 1% RRL limit. Further financial interventions are required to target break even before the year end
- The capital position at December 2025 (Month 9) is expenditure to date of £36.8m against the estimated Capital budget of £89.6m. It is expected that full expenditure of the budget will be met by 31 March 2026

Staff Governance

- Workforce absence increased in December 2025, predominately driven by expected seasonal impacts
- Sickness absence rose to 8.8% (from 7.7%) with long-term absences, particularly mental-health related, 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

Winter Plan Implementation 2025-26:

NHS GGC Board on 30 November 2025 approved the Winter Plan for 2025-26. The Board paper noted that the key metrics aligned to the Winter Plan, specifically performance across Unscheduled Care, Delayed Discharges, Planned Care and Cancer are included in monthly performance report. The NHSGGC Board agreed that during the winter period, an update on delivery of the Winter Plan should accompany this report. A progress update on delivery against the winter plan is appended, with relevant performance metrics included in the main body of the IPQR as standard.

3. Recommendations

NHSGGC Board is asked to consider the following recommendations:

- Note the performance across the key indicators for NHSGGC within the Integrated Performance and Quality Report for December 2025.

4. Response Required

This paper is presented for approval.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows: *(Provide a high-level assessment of whether the paper increases the likelihood of these being achieved.)*

- | | |
|--------------------|------------------------|
| • 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 Positive impact
- Environment Positive 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 data driven from NHSGGC systems and with input from a variety of 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 Director

8. Date Prepared & Issued

Paper prepared: 29 January 2026

Paper issued: 19 February 2026

9. Appendices

- Appendix 1 Integrated Performance and Quality Report – December 2025
- Appendix 2 Winter Plan Update
- Appendix 3 Cancer Performance Update

Integrated Performance and Quality Report (IPQR)



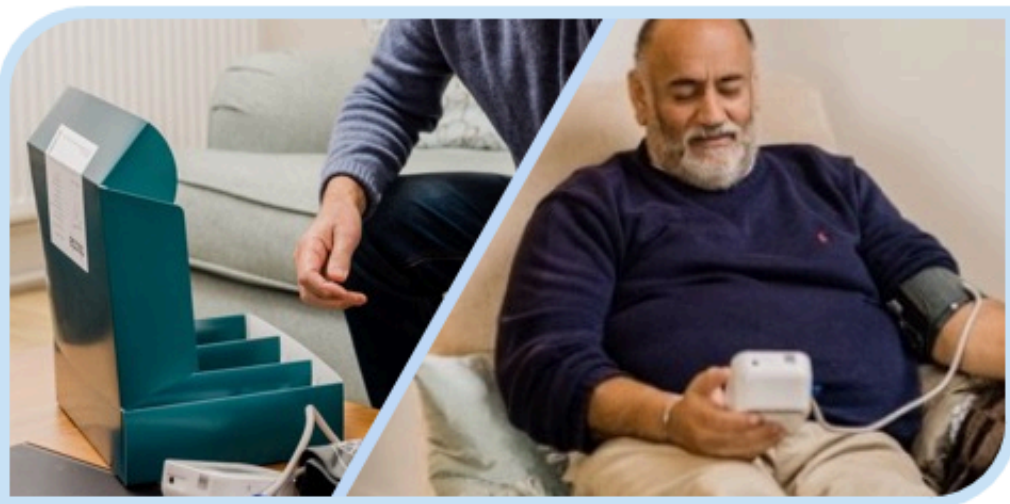
Reporting Month:
December 2025

Committee Pathway:

CMT: 16 February 2026

Board: 26 February 2026

Clinical and Care
Governance: 5 March 2026



Lead Committee	Measure(s)	Page
All	Executive Summary	3
All	Summary of KPI Measures	4
Clinical Governance	Hospital Standardised Mortality Ratio	8
Clinical Governance	Healthcare Acquired Infections and Hand Hygiene	10
Clinical Governance	Serious and Adverse Events	11
Population Health and Wellbeing	Alcohol & Drugs Waiting Times	12
Population Health and Wellbeing	Seasonal Vaccination Programme	13
Finance, Planning and Performance	New Outpatients: Referrals and Activity	14
Finance, Planning and Performance	New Outpatients: Waiting Times	15
Finance, Planning and Performance	Diagnostics: Scopes Activity and Waiting Times	17
Finance, Planning and Performance	Diagnostics: Imaging Activity and Waiting Times	19
Finance, Planning and Performance	Treatment Time Guarantee Inpatient/Daycase Activity and Waiting Times	21
Finance, Planning and Performance	Cancer: Referrals and Activity	23
Finance, Planning and Performance	Cancer: Performance (31 and 62 Day Targets)	24
Finance, Planning and Performance	Child and Adolescent Mental Health: Activity and Waiting Times	26
Finance, Planning and Performance	Psychological Therapies: Activity and Waiting Times	27
Finance, Planning and Performance	MSK Physiotherapy Service: Referrals, Activity and Waiting Times	29
Finance, Planning and Performance	Podiatry Service: Waiting Times	31
Finance, Planning and Performance	Unscheduled Care: ED Attendances and Performance	32
Finance, Planning and Performance	Unscheduled Care: ED Attendances by Site	33
Finance, Planning and Performance	Unscheduled Care: ED Attendances by HSCP	35
Finance, Planning and Performance	Unscheduled Care: Emergency Admissions and Length of Stay	37
Finance, Planning and Performance	Unscheduled Care: Adult Occupied Bed Days	38
Finance, Planning and Performance	Delayed Discharges: Total per 100,000 Adult Population	40
Finance, Planning and Performance	Delayed Discharges: All Delays	41
Finance, Planning and Performance	Delayed Discharges: Acute Delays	42
Finance, Planning and Performance	Delayed Discharges: Mental Health Delays	44
Finance, Planning and Performance	General Practice: GP List Closures, GP OOH Activity and OOH Shift Fill Rate	46
Finance, Planning and Performance	Patient Experience	47
Finance, Planning and Performance	Complaints	50
Finance, Planning and Performance	Freedom of Information	52
Finance, Planning and Performance	Estates and Facilities: Maintenance	53
Finance, Planning and Performance	Estates and Facilities: Water Quality External Audit (QEUH & RHC)	54
Finance, Planning and Performance	Estates and Facilities: Ventilation External Audit (QEUH & RHC)	55
Finance, Planning and Performance	Estates and Facilities: Decontamination, Laundry and Meals	56
Finance, Planning and Performance	Estates and Facilities: Quality Assurance Internal Audits	57
Finance, Planning and Performance	Finance	58
Staff Governance	Workforce: Absence (All Absence Types)	59
Staff Governance	Workforce: Sickness Absence	60
Staff Governance	Workforce: Sickness Absence by Sector	61
Staff Governance	Workforce: KSF/PDPR, Statutory and Mandatory Training	63

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Population Health:

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Finance, Planning and Performance:

New Outpatient waiting lists have reduced, and the service is on track to achieve trajectory of 0 waits over 52 weeks by 31 March 2026. Diagnostic performance, particularly in Imaging, has shown improvement, driven by increased operational capacity and targeted approaches to the longest waits.

Cancer performance against the 31-day standard remains ahead of trajectory. Performance against the 62-day standard has further improved, now at the highest figure for over four years, although remaining slightly below the local trajectory

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 trajectory, despite a modest improvement in December. ED attendances continue to run above trajectory, although admissions from ED are down on the previous year.

Corporate services remain broadly stable, with FOI and Complaints performance meeting national benchmarks. Within Estates and Facilities, decontamination, laundry and catering services continue to provide reliable support to clinical operations, although reactive maintenance backlogs have increased toward the end of the year, reflecting the pressures of an ageing estate.

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Staff Governance

Sickness absence rose to 8.8% (from 7.7%) 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

94.3%
Trajectory: 90%
September 2025

Vaccinations - Seasonal Programme

440,861

04 January 2026

Better Care

Finance, Planning and Performance Committee

New Outpatient Referrals (Year to Date)

333,896

December 2025

Outpatient Activity

24,580
Trajectory: 23,713
December 2025

Outpatient Activity (Year to Date)

224,930
Trajectory: 227,059
December 2025

Total Outpatient Waiting List

146,041

December 2025

Outpatient Waits >78 Weeks

0
Trajectory: 0
December 2025

Outpatient Waits >52 weeks

1,720
Trajectory: 2,033
December 2025

Diagnostic Scopes Activity

2,454
Trajectory: 2,165
December 2025

Diagnostic Scopes Activity (Year to Date)

22,344
Trajectory: 23,061
December 2025

Diagnostic Scopes >6 week waits

2,869
Trajectory: 5,040
December 2025

Scopes >26 week waits

834

December 2025

Scopes >52 week waits

283

December 2025

Scopes - Total Waiting List

6,302

December 2025

Better Care

Finance, Planning and Performance Committee

Imaging Activity

16,726
Trajectory: 12,543
December 2025

Imaging Activity (Year to Date)

139,051
Trajectory: 112,887
December 2025

Imaging >6 Week Waits

6,364
Trajectory: 15,692
December 2025

Imaging >26 Week Waits

2
Trajectory: 0
December 2025

Imaging All Waits

22,666
Trajectory: 41,072
December 2025

TTG Inpatient and Daycase - Activity

5,908
Trajectory: 6,079
December 2025

TTG Inpatient and Daycase - Activity (Year to Date)

55,461
Trajectory: 55,990
December 2025

TTG Inpatient and Daycase Waits >52 weeks

11,058
Trajectory: 10,793
December 2025

TTG Inpatient and Daycase Waits >78 weeks

5,195
December 2025

TTG Inpatient and Daycase Waits >104 weeks

2,078
December 2025

TTG Inpatient and Daycase- Total Waiting List

47,147
December 2025

Cancer - 62 Day Target

74.4%
Trajectory: 75.9%
December 2025

Cancer - 31 Day Target

95.1%
Trajectory: 95.0%
December 2025

Urgent Suspicion of Cancer Referrals (Year to Date)

59,054
December 2025

Cancer Activity (31 day pathway, Year to Date)

5,629
December 2025

Cancer Activity (62 day pathway, Year to Date)

3,687
December 2025

CAMHS - % starting treatment within 18 weeks

100.0%
Trajectory: 90%
December 2025

Psychological Therapies - % starting treatment within 18 weeks

86.3%
Trajectory: 90%
December 2025

MSK Physio - Patients Seen within 4 weeks

42%
Trajectory: 41%
December 2025

MSK Physio - Average Wait (Weeks)

9.6
Trajectory: 9.4
December 2025

Podiatry - Patients Seen within 4 weeks

96.00%
Trajectory: 90%
December 2025

ED Attendances (Year to Date)

318,017
Trajectory: 310,343
December 2025

Admissions from ED (Year to Date)

107,009
Trajectory: 108,544
December 2025

Length of Stay (Emergency Admissions)

7.80
Trajectory: 7.70
December 2025

Better Care

Finance, Planning and Performance Committee

ED 4hr Target

69.50%
Trajectory: 79.0%
December 2025

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

935,640
Trajectory: 939,442
December 2025

Delayed Discharges per 100k of population

41.71
Trajectory: 34.60
December 2025

Acute Patients in Delay

297
Trajectory: 258
December 2025

Acute Bed Days Lost to Delay

9,952
Trajectory: 7,890
December 2025

Mental Health Bed Days Lost to Delay

3,229
Trajectory: 1,858
December 2025

Mental Health Patients in Delay

108
Trajectory: 58
December 2025

GP 00H Shift Fill Rate

100%
Trajectory: 90%
December 2025

GP 00H Activity

121,003
December 2025

GP List Closures

8
December 2025

Better Workplace

Staff Governance Committee

Total Absence (All Absence Types)

29.20%
Trajectory: 24.00%
December 2025

Total Sickness Absence

8.80%
Trajectory: 6.00%
December 2025

KSF PDP&R Conversations Recorded on Turas

70.20%
Trajectory: 80%
December 2025

Completion of Statutory & Mandatory Training

89.30%
Trajectory: 90%
December 2025

Completion of Statutory Fire Safety Training

84.50%
Trajectory: 90.0%
December 2025

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

0.98

June 2025

Healthcare Acquired Infections - Escherichia Coli Bacteraemia (ECB)

50

Trajectory: 51
December 2025

Healthcare Acquired Infections - Clostridioides Difficile Infections (CDIs)

23

Trajectory: 21
December 2025

Healthcare Acquired Infections - Staphylococcus Aureus Bacteraemia (SAB)

29

Trajectory: 26
December 2025

Hand Hygiene Compliance Rate

96.00%

December 2025

SAERs Commissioned

27

December 2025

SAERs Closed within 140 Working Days

3.23%

December 2025

Better Value

Finance, Planning and Performance Committee

FOIs Received

129

November 2025

FOIs Responded to Within 20 Working Days

91.47%

November 2025

Stage 1 Complaints Received

204

December 2025

Stage 1 Complaints Closed Within 5 Working Days

85.0%

Trajectory: 70%
December 2025

Stage 2 Complaints Received

274

December 2025

Stage 2 Complaints Closed Within 20 Working Days

60.00%

Trajectory: 70%
December 2025

Total Complaints Received

478

December 2025

Overall Complaints Closed Within Timescale

74.00%

Trajectory: 70%
December 2025

Care Opinion Stories

384

December 2025

Percentage of Care Opinion Stories With Positive Themes

70%

December 2025

Estates - Planned Maintenance Completed

70%

December 2025

Estates - Reactive Maintenance Completed

59%

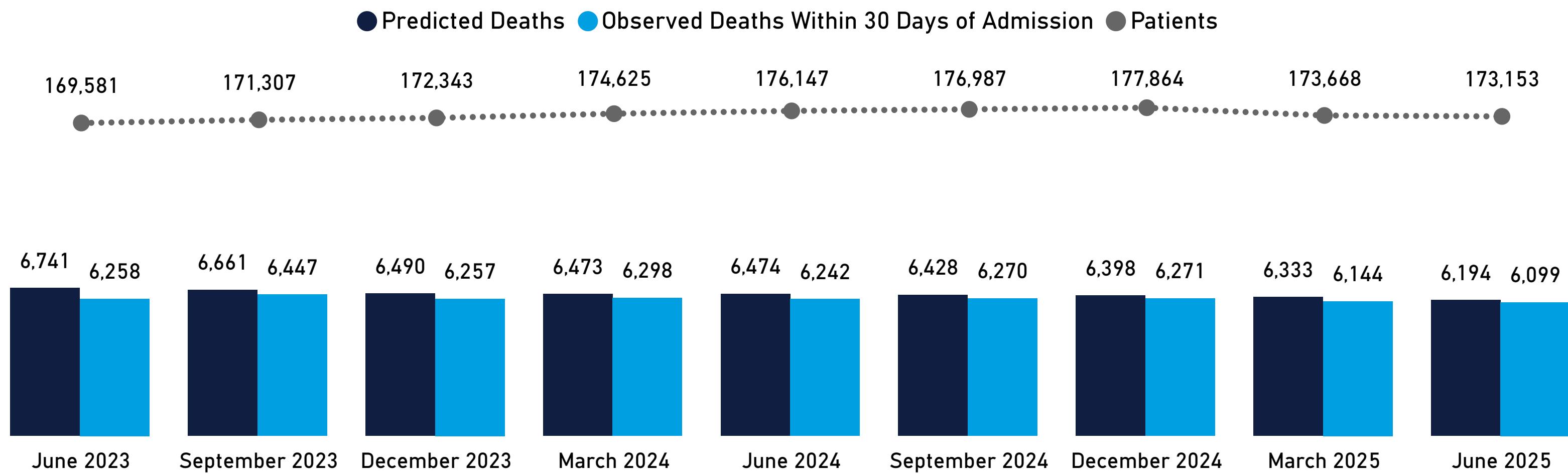
December 2025

Standardised Mortality Rate / Crude Mortality within 30 Days of Admission



Lead Director - Medical Director
Lead Committee - Clinical Governance

Predicted and Observed Deaths Within 30 Days of Admission

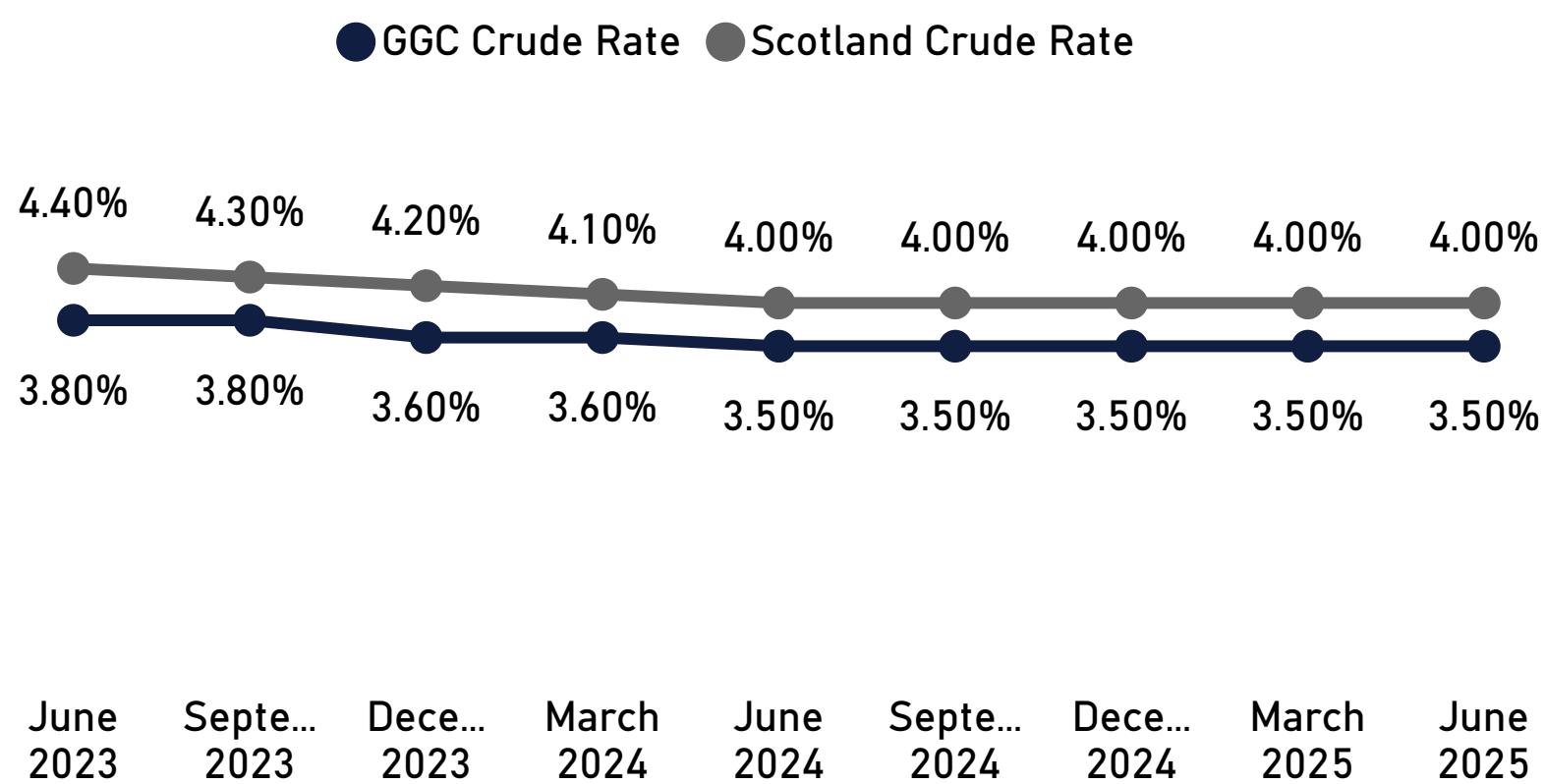


GGC SMR

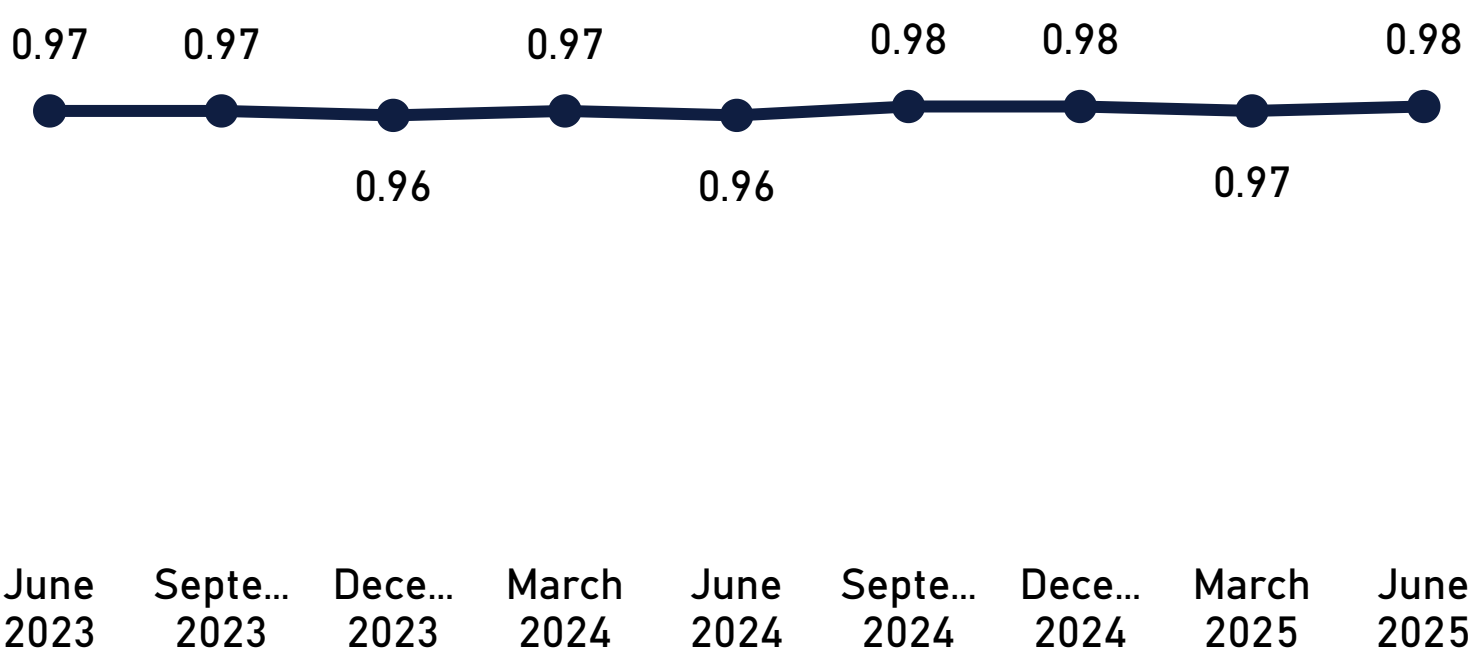
The main purpose of HSMR is to compare hospitals/health boards to the national (Scottish) average. The Scottish HSMR has a baseline of 1.0 and individual hospitals and health boards can be compared against this.

NHSGGC Standardised Mortality Ratio (SMR) at June 2025 was 0.98, 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 (GGC level)



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. This is also the only method available when comparing the performance of NHSGGC with other boards, and is an appropriate method to view data over time.

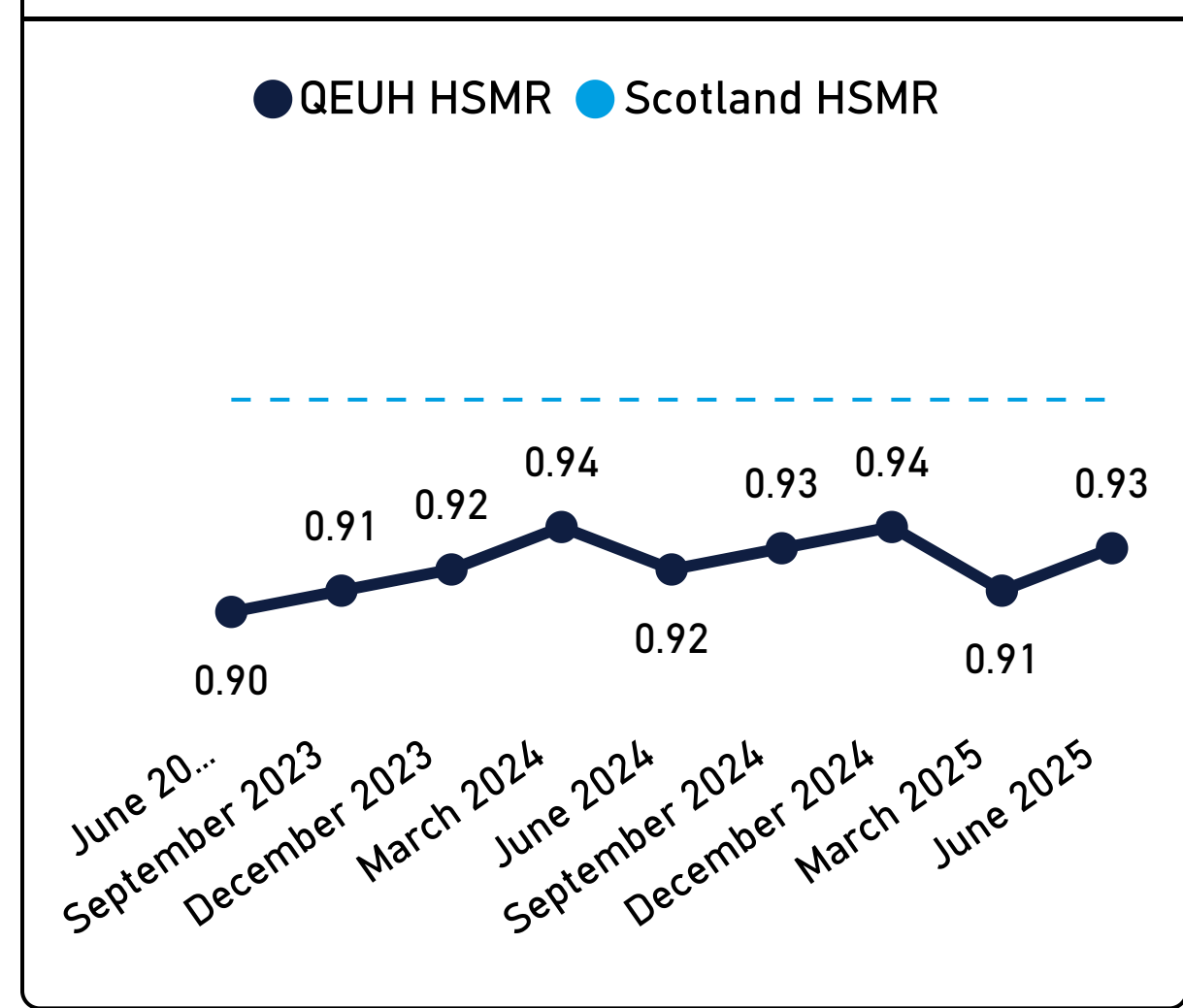
GGC Crude Mortality Rate within 30 days of admission at June 2025 was 4.0%, for the current 12 month reporting period. This is below the Scottish Crude Mortality rate, with data showing a similar pattern in NHSGGC and Scotland

Hospital Standardised Mortality Ratio by Site

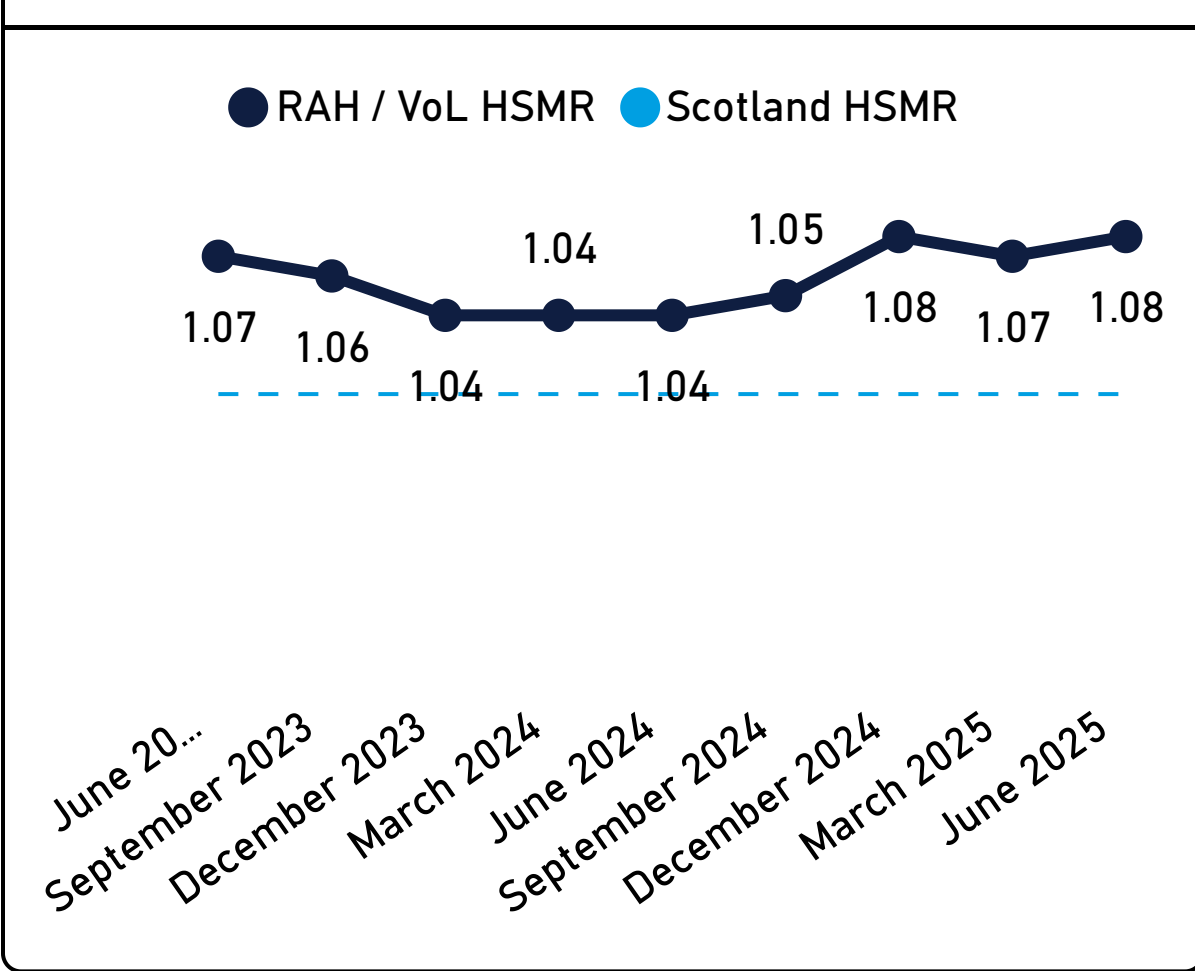
Lead Director - Medical Director
Lead Committee - Clinical Governance



Queen Elizabeth University Hospital



Royal Alexandra Hospital / Vale of Leven



Commentary

All hospitals within NHSGGC are within control limits for HSMR. 2 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.

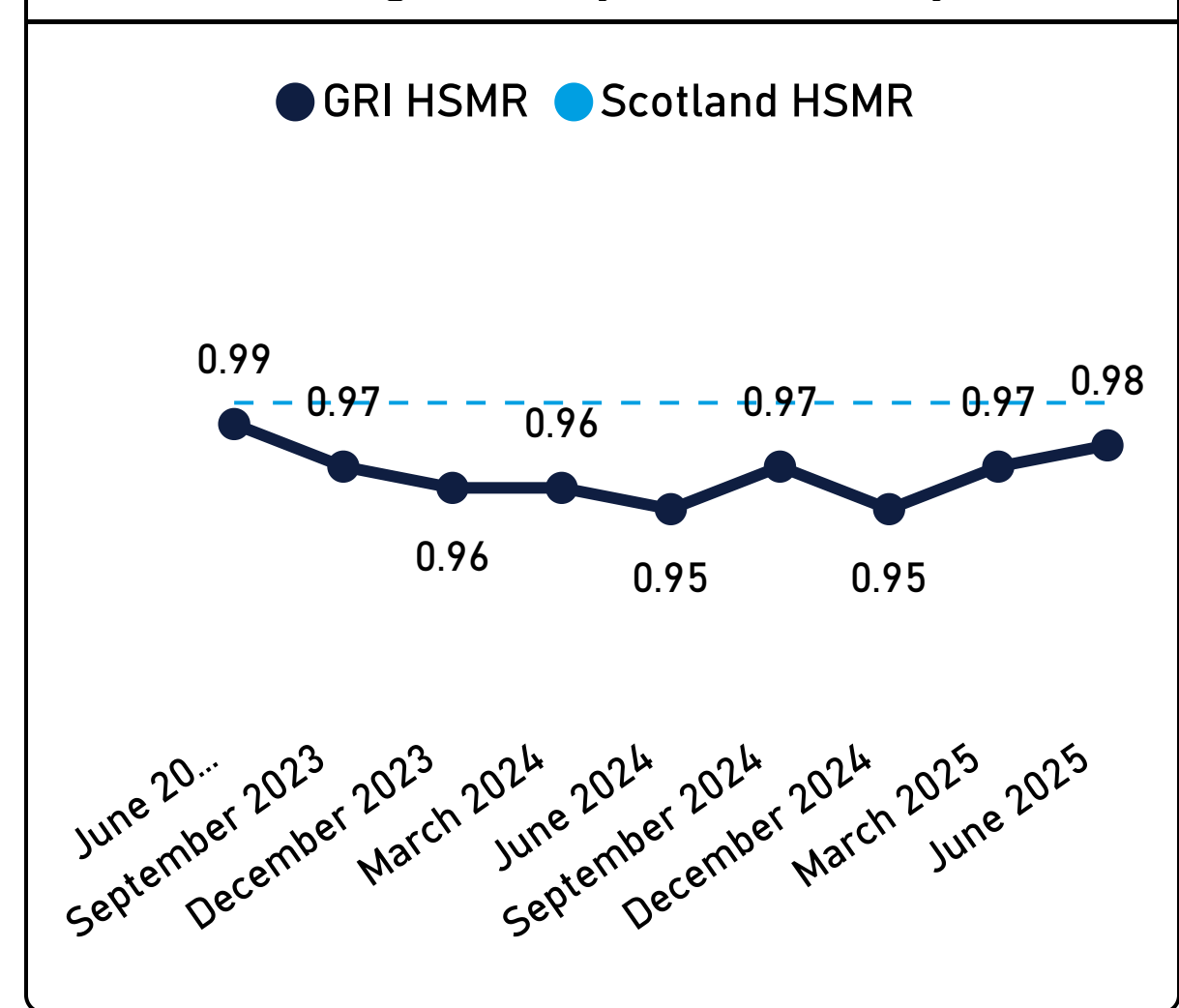
As the HSMR at RAH/VoL is above the Scottish average, and has been over a number of releases, the Clyde HSMR group continues to meet and has updated its workplan based on improvements or stability in previously targeted clinical areas. The groups workplan focuses on:

- Deteriorating Patient (including Sepsis)
- Critical Care
- Monitoring for improvement (increased use of data for improvement and leadership walkrounds)
- Workforce

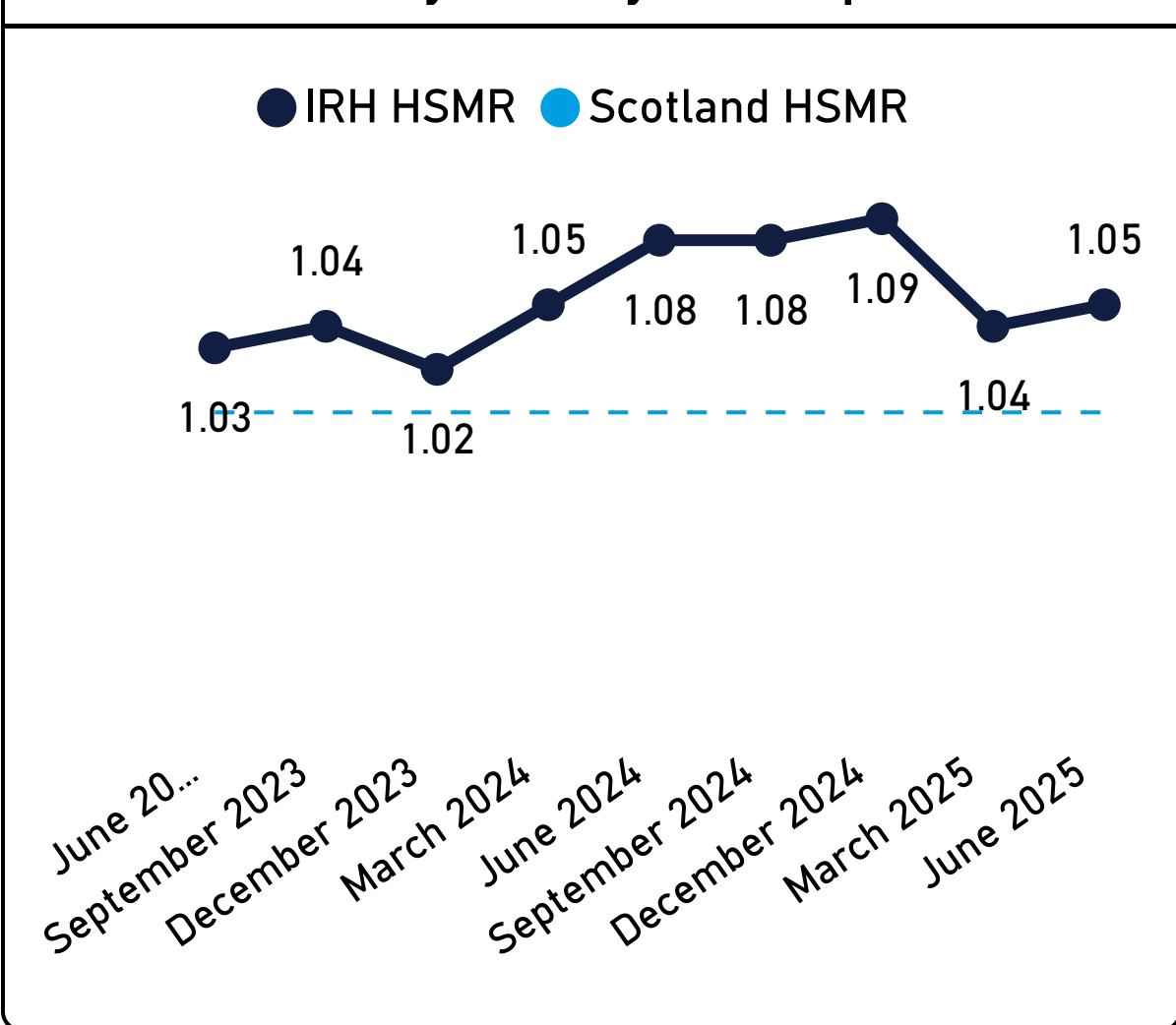
Specific actions that are underway or recently completed are:

- An HSMR Dashboard in place to improve monitoring and access to data
- A regular audit of Critical Care needs and capacity at both RAH and IRH has been established in collaboration with the CGSU Clinical Informatics Team.
- Treatment Escalation Plan review undertaken in all inpatient ward areas, engaging with staff around how they identify and highlight unwell patients, and promoting the use of Treatment Escalation Plans
- A case note review in November 2025, to identify any additional areas that may require focused work

Glasgow Royal Infirmary



Inverclyde Royal Hospital

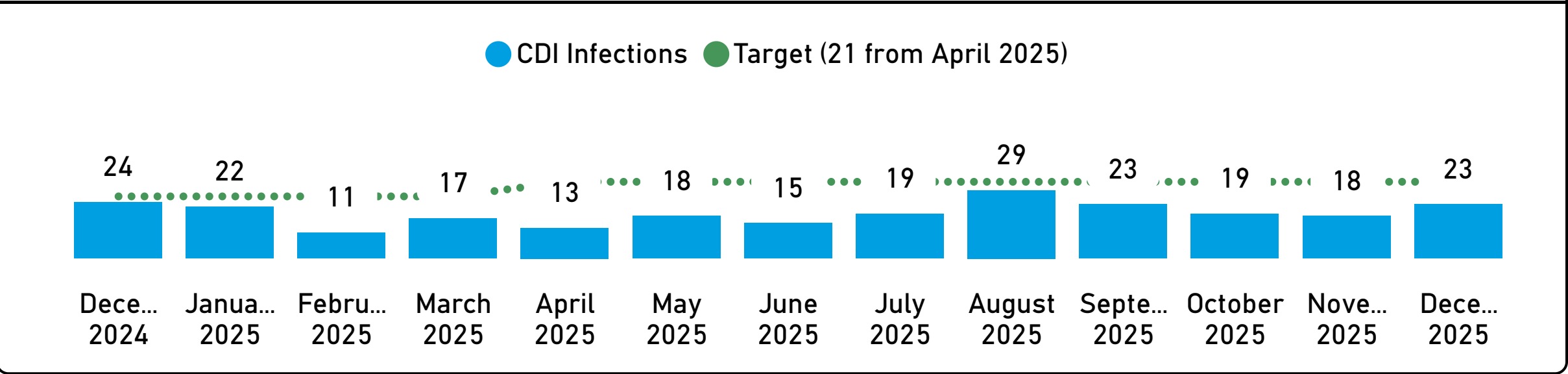


Healthcare Acquired Infections and Hand Hygiene Compliance

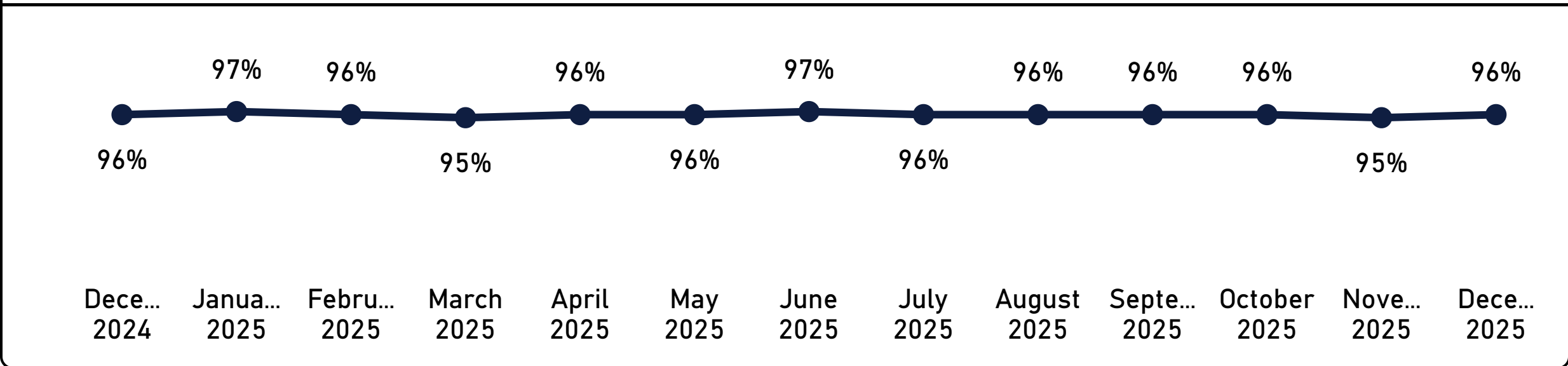
Lead Director - Director of Nursing
Lead Committee - Clinical Governance



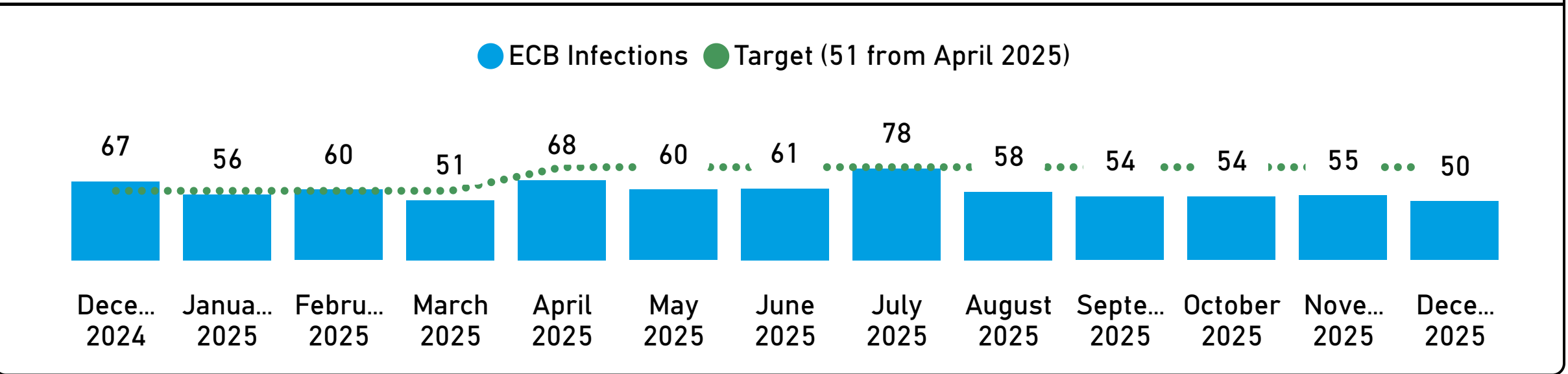
Clostridioides Difficile Infections (CDIs)



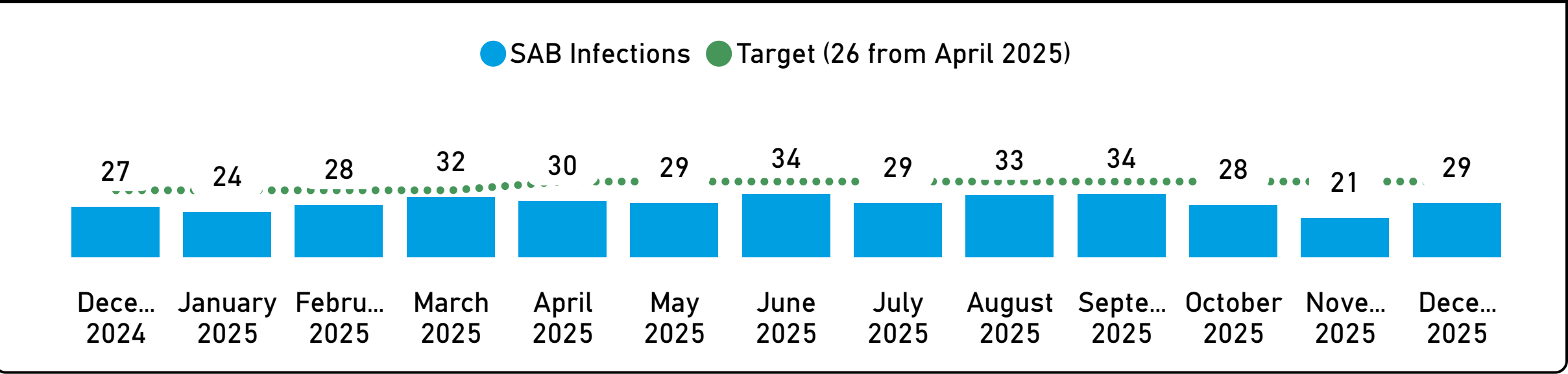
Hand Hygiene Compliance Rate



Escherichia Coli Bacteraemia (ECB)



Staphylococcus Aureus Bacteraemia (SAB)



Commentary

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 6 of the past 9 months since the new target was introduced in April 2025, although are slightly above target for December, increased from the previous month. GGC are below the national average for CDI infections.

ECB - Infections are below target in December, the first time NHSGGC has been below this target since it was revised in April 2025. GGC 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 slightly above target for December, increased 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.

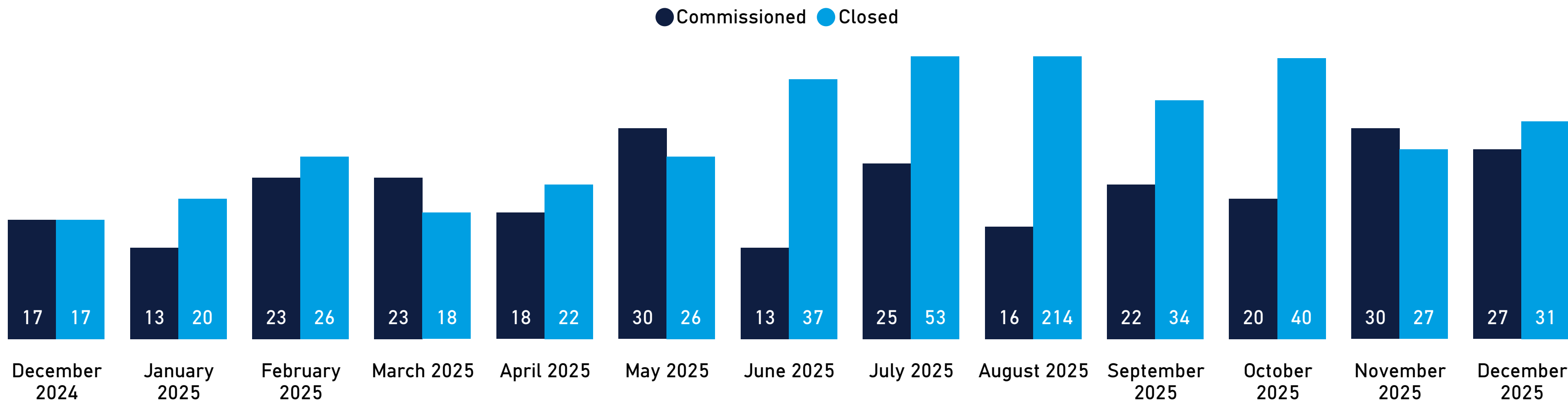
Hand Hygiene compliance rates remain consistent, having been within a range of 95%-97% over the past year. An average of 350 audits are completed monthly, with audits carried out as required, such as during incidents and outbreaks of infection

Significant Adverse Event Reviews

Lead Director - Medical Director
Lead Committee - Clinical Governance



SAERs Commissioned and Closed Per Month



Closed within 140 Working Days

Month End	Number	Percentage
December 2024	0	0.00%
January 2025	0	0.00%
February 2025	0	0.00%
March 2025	0	0.00%
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%

Commentary

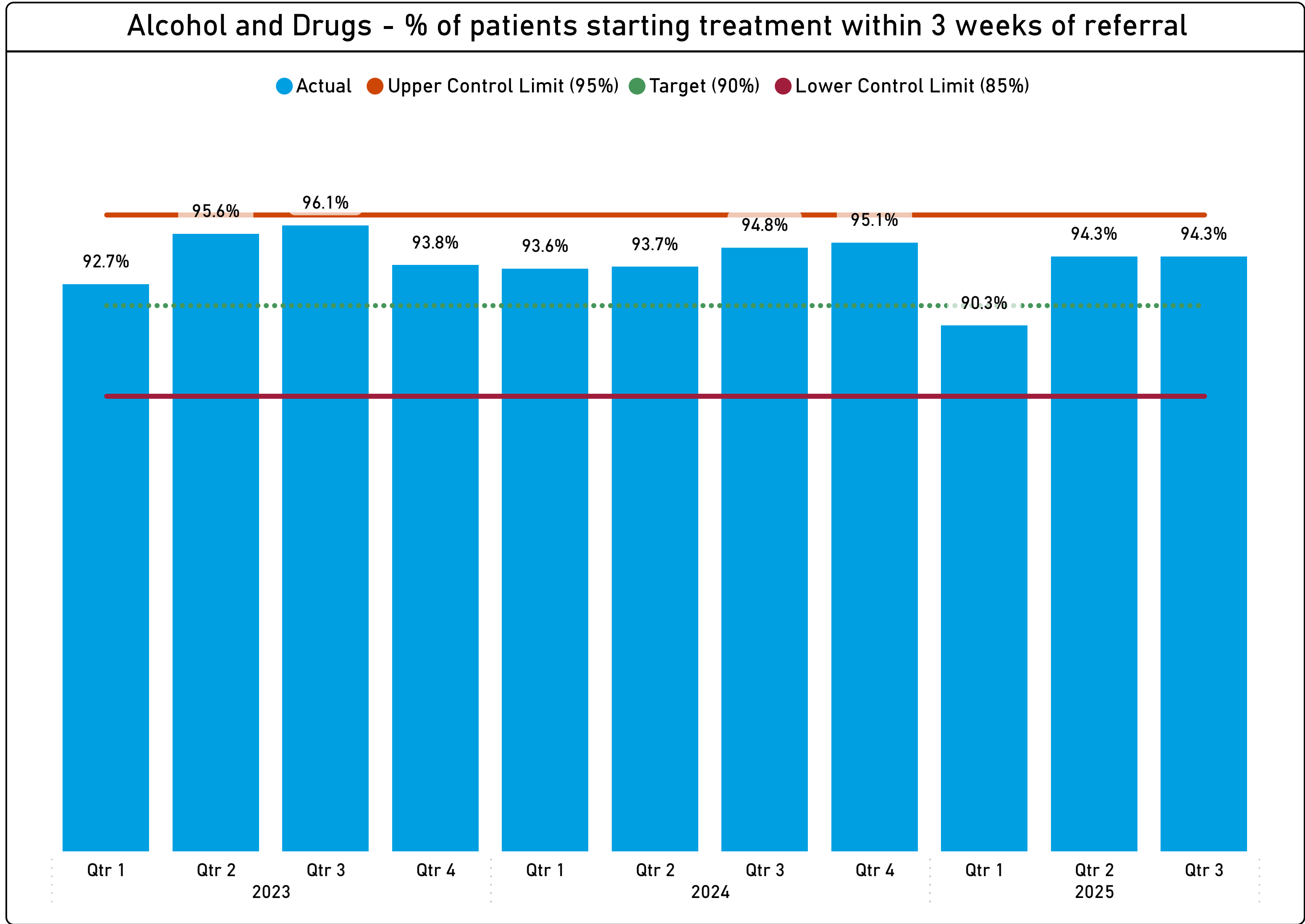
The number of SAERS commissioned per month has varied slightly throughout the year, averaging around 21 per month. A significantly higher number of SAERS were closed in July and August 2025 than in previous months, and numbers have remained higher for the remainder of the year, reflecting increased management action and oversight.

Significant progress has been made in reducing the number of overdue SAERs and potentials, with ongoing work to improve and streamline the SAER process. As the number of overdue SAERS reduces, it is anticipated that improvement should be seen in the number of SAERS closed within 140 working days, with the focus at present being on closing the oldest cases.

A SAE dashboard has been developed which updates automatically from Datix every hour between 10am and 5pm each day, to support improved management oversight and pro-active monitoring. A SAER Process flow is in place with escalation points active. The NHSGGC Policy and Procedure for Managing Significant Adverse Events was approved by the Board in December 2025 and is effective from 1st January 2026. The Policy and Procedure Policy outlines NHSGGC's commitment to carrying out timely and high-quality reviews, and formalises three levels of adverse event review, depending on the event's scale, scope, complexity, and opportunities for learning.

Alcohol and Drugs: Referral to Treatment Time

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



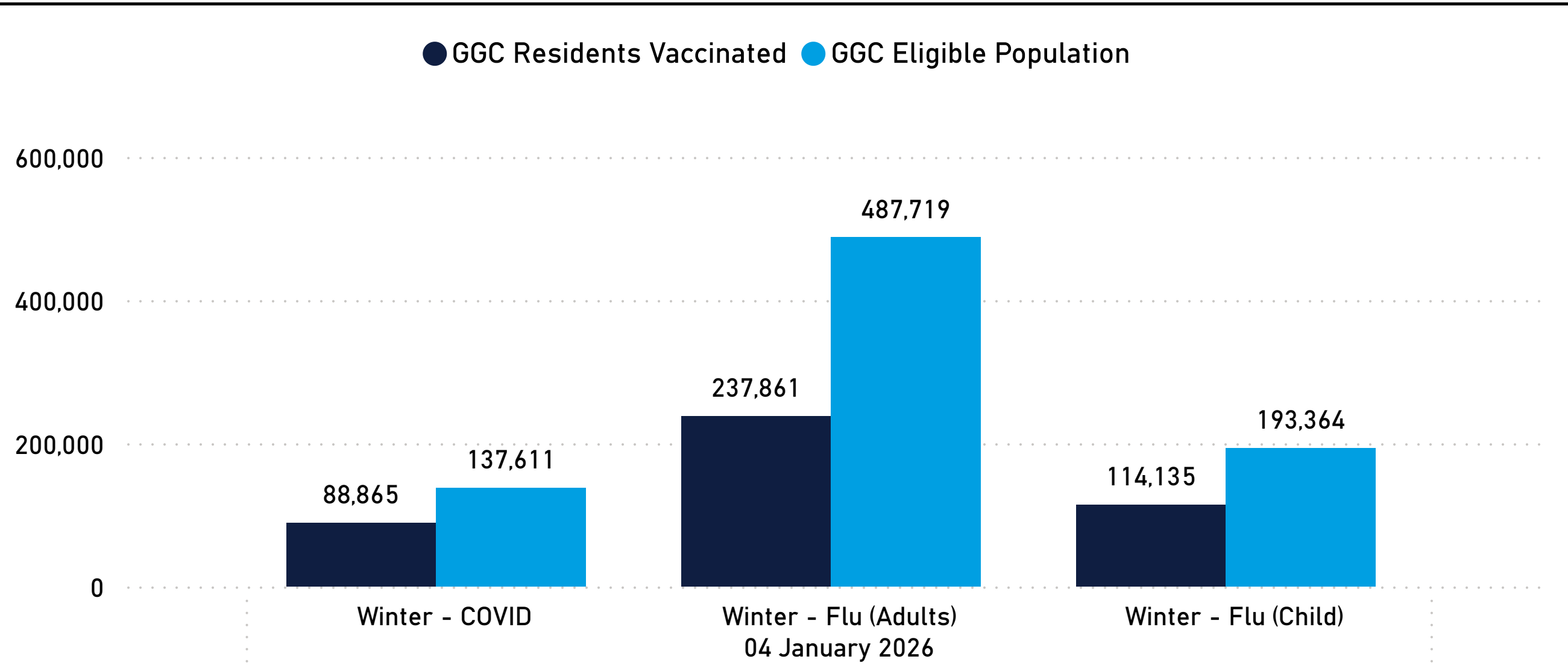
Commentary

As at the quarter July - September 2025, 94.3% of patients referred for alcohol and drugs treatment treated within 3 weeks of referral, above the 90% national target by 4.3%

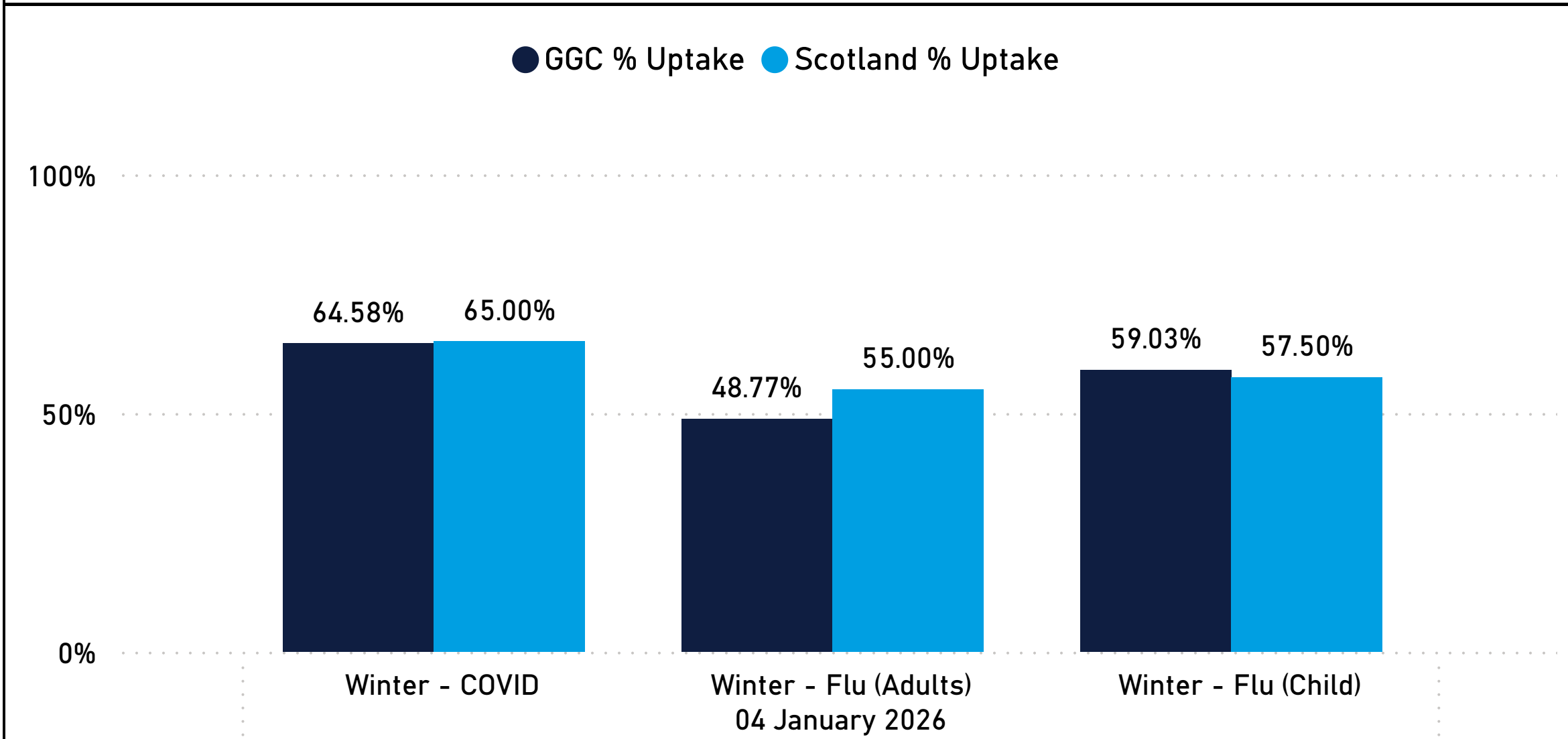
NHSGGC performance is marginally below the latest national quarterly published position for the quarter (94.7%).

Projecting to 31 March 2026, performance is expected to continue to exceed target. Figures for Q4 2026 (October-December) are due to be published by Public Health Scotland in March 2026.

Numbers Vaccinated



Uptake Among Eligible Population



Commentary

As at 4 January 2026, 64.58% of GGC eligible population have been vaccinated against Covid, against a national uptake rate of 65%. Uptake of winter flu vaccinations for adults is lower in GGC than across Scotland as a whole, at 48.77% locally against 55% nationally. The uptake rate for children's flu vaccinations is slightly higher in GGC than across Scotland as a whole, at 59.03% locally against 57.5% nationally. Uptake of COVID and Adult Flu vaccinations is highest among care home residents and over 75s.

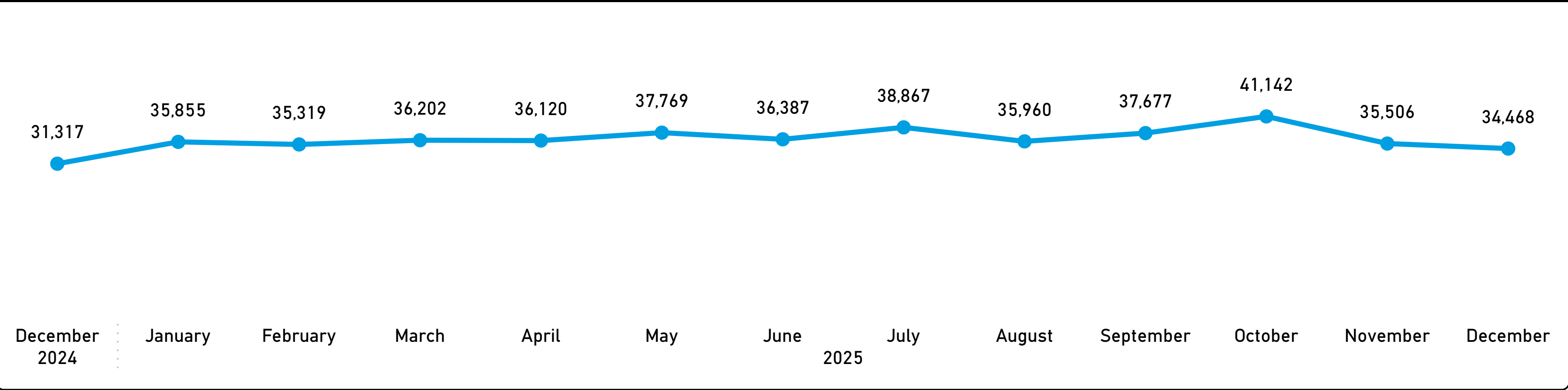
Community vaccinations continue to be offered, although attendance at these saw a drop over the festive period. Vaccinations also continue to be offered to specific populations, including people experiencing homelessness, users of the Thistle injecting rooms, police custody and prisons. In addition, over 4,000 maternity flu vaccinations have been administered across GGC. Over 12,000 flu vaccinations have been delivered in community pharmacies, and over 2,000 NHSGGC staff vaccinated through the Peer Immunisers programme. To date, 16,671 health care staff have received their flu vaccination (38.9%). This reflects an increase of over 2,300 or 5% compared to last year. Focussed pre-school clinics have now ended, with remaining at-risk children being scheduled into existing clinics. There has been a lower than normal rate of consent forms returned for school aged children who are too young to self-consent, and higher than normal absence rates in schools impacting on ability to deliver vaccinations. Public communication and awareness activity continues, to attempt to maximise uptake as far as possible before the end of the vaccination period.

New Outpatients: Referrals and Activity

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



New Outpatient Referrals

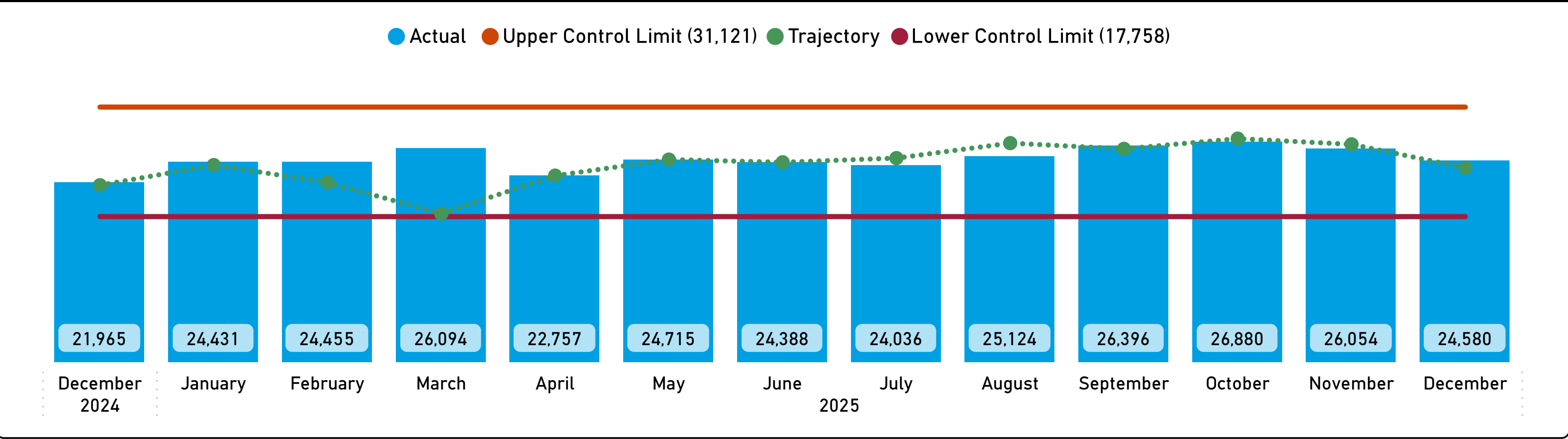


New Referrals - Year to Date

333,896

Previous year: 329,117 (+4,779 +1.45%)
December 2025

New Outpatient Activity



Activity Year To Date vs Trajectory

224,930

Trajectory: 227,059 (-2,129 -1%)
December 2025

Activity Latest Month vs Trajectory

24,580

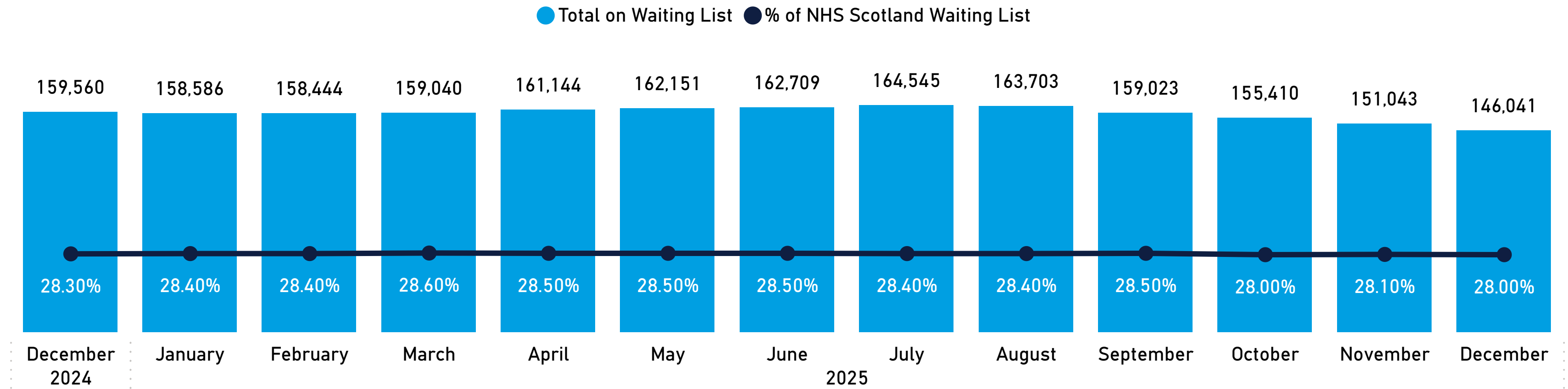
Trajectory: 23,713 (+867 +4%)
December 2025

New Outpatients: Waiting Times

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



Total Outpatient Waiting List



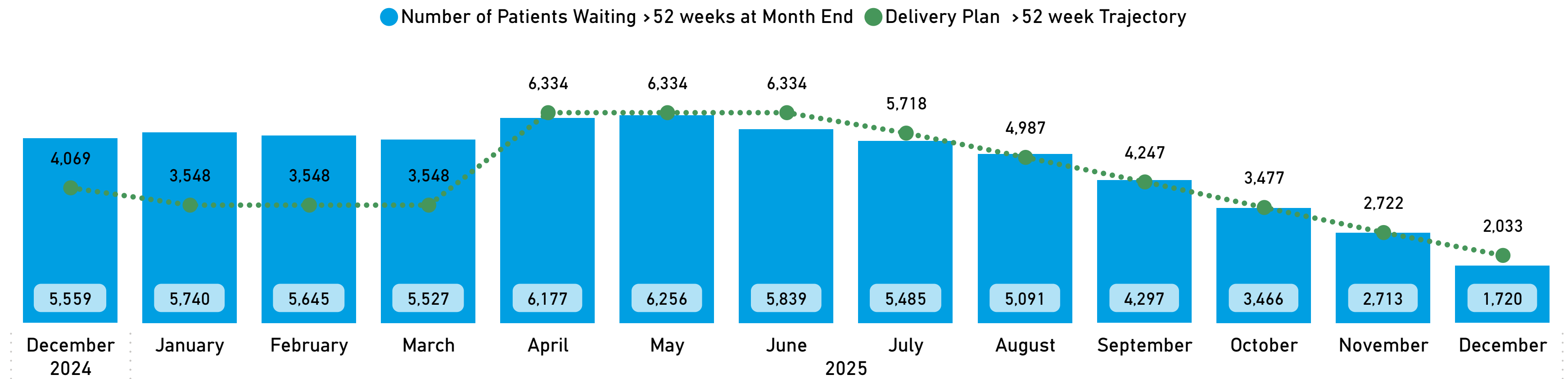
Waits >78 Weeks

0
Trajectory: 0
December 2025

Waits >104 weeks

0
Trajectory: 0
December 2025

Patients Waiting >52 weeks at Month End



Waits >52 weeks

1,720
Trajectory: 2,033 (-313)
December 2025

% of NHS Scotland >52 week waits

4.30%
December 2025

Commentary

New outpatient referrals in December 2025 were 34,468, broadly consistent with recent months but higher than the same point last year. Over the longer term, monthly referrals have remained within a relatively narrow 35–40k range, indicating stable demand for outpatient services.

New Outpatient activity in December 2025 totalled 24,580, in line with recent months. The outpatient waiting list continued its downward trajectory, falling to 146,041, a sustained improvement from earlier peaks in 2025. Waits over 52 weeks have reduced markedly, reaching 1,720 in December 2025, down from over 6,000 at the start of the year, and on track to meet trajectory of having 0 waits over 52 weeks by 31 March 2026.

Service Narrative

Only two specialties are now tracking 40 or more behind trajectory, Neurosurgery and Respiratory. These services have secured sufficient capacity, which is now available to book the remaining long waiting patients in to. Waits of over 52 weeks for both specialities has reduced in January as this additional capacity has come online.

Whilst OMFS is currently below the 40 threshold, it remains at risk with further gaps due to unplanned absence and forthcoming resignation. The team continue to work on plans to mitigate this risk and ensure delivery of 0 waits over 52 weeks by 31 March.

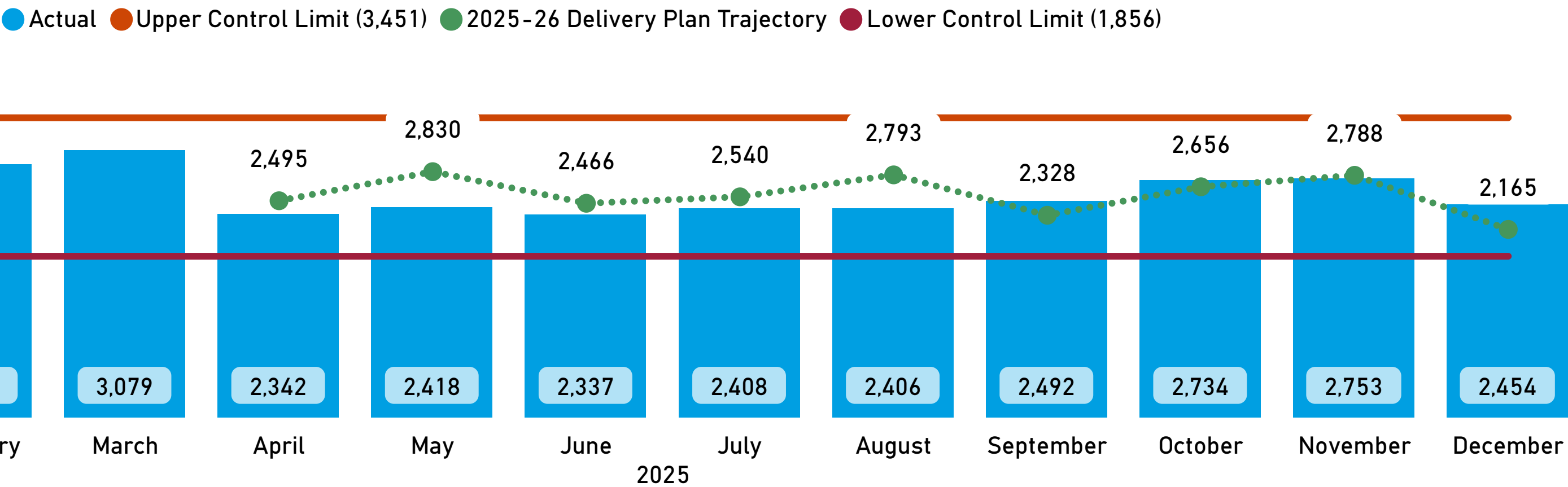
As at mid-January 2026, all other specialties are either on track or have plans in place to ensure the March target is met.

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

2,454
Trajectory: 2,165 (+289 +13%)
December 2025

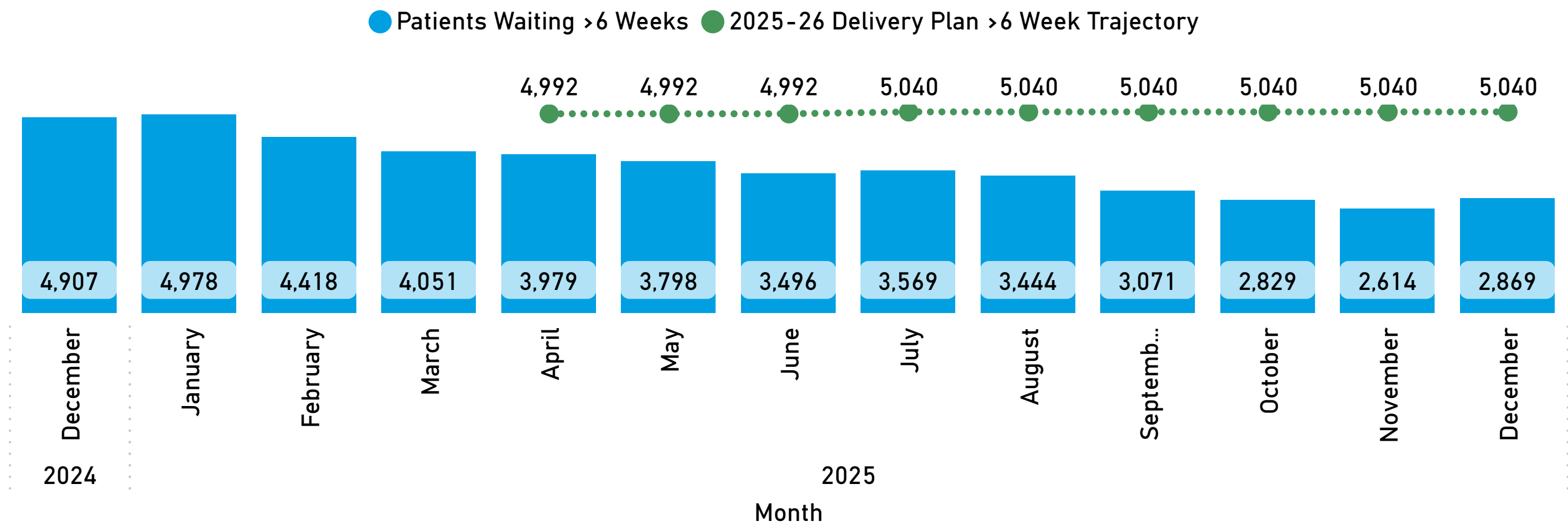
Activity Year To Date vs Trajectory

22,344
Trajectory: 23,061 (-717 -3%)
December 2025

Total Waiting List

Date	Patients
December 2024	8,158
January 2025	8,017
February 2025	7,650
March 2025	7,546
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

Patients Waiting >6 Weeks



>26 week waits

834
December 2025

>52 week waits

283
December 2025

Commentary

Scopes activity in December 2025 was 2,454 procedures, slightly below the recent average but broadly consistent with the stable throughput seen across 2025. Activity has remained within a narrow range (around 2,300–2,750 procedures per month) throughout the year, indicating steady operational capacity.

The number of patients waiting over 6 weeks increased slightly to 2,869 in December 2025, from 2,614 the previous month, though this remains substantially improved from the 4,978 over 6 week waits in January 2025. The longest waits have also reduced significantly: patients waiting >26 weeks have fallen from 3,296 in January 2025 to 834, and >52-week waits have dropped from 2,008 to 283 over the same period. The overall waiting list has reduced by around 22% over the course of 2025, from 8,017 in January to 6,302 in December.

Service Narrative

The service continues to stabilise performance following the transition away from the Mobile Unit and the reduction in available weekend activity. Overall new patient waits continue on a downward trajectory, with the list now over 5,000 patients lower than at the start of 2024, reflecting sustained work to maximise utilisation and protect priority pathways. Activity this year remains around 13% lower than 2024/25 and approximately 75% of 2019/20 levels, however this reduction was anticipated during the transition to the new delivery model.

Operational focus over recent months has centred on strengthening core sessional delivery, ensuring that utilisation of all available lists is maximised. Internal Waiting List Initiatives continue to be deployed and has supported improvements across both the new and surveillance pathways. Bowel Screening performance remains strong, with average waits for colonoscopy following pre-assessment consistently under two weeks, supported by monthly capacity in excess of 300 slots. The structured revalidation programme for the repeat (surveillance) waiting list remains a key part of clinical risk mitigation and continues to refine and reprioritise demand.

Progress has continued on the expansion of Transnasal Endoscopy (TNE) capacity, with recruitment activity underway and infection control requirements being finalised. Pathway development is ongoing to ensure TNE can operate effectively during winter periods, particularly at QEUH where the endoscopy unit is used in extremis to support site surge capacity. The re start of Capsule Sponge testing is also nearing completion, with governance and DPIA work almost signed off.

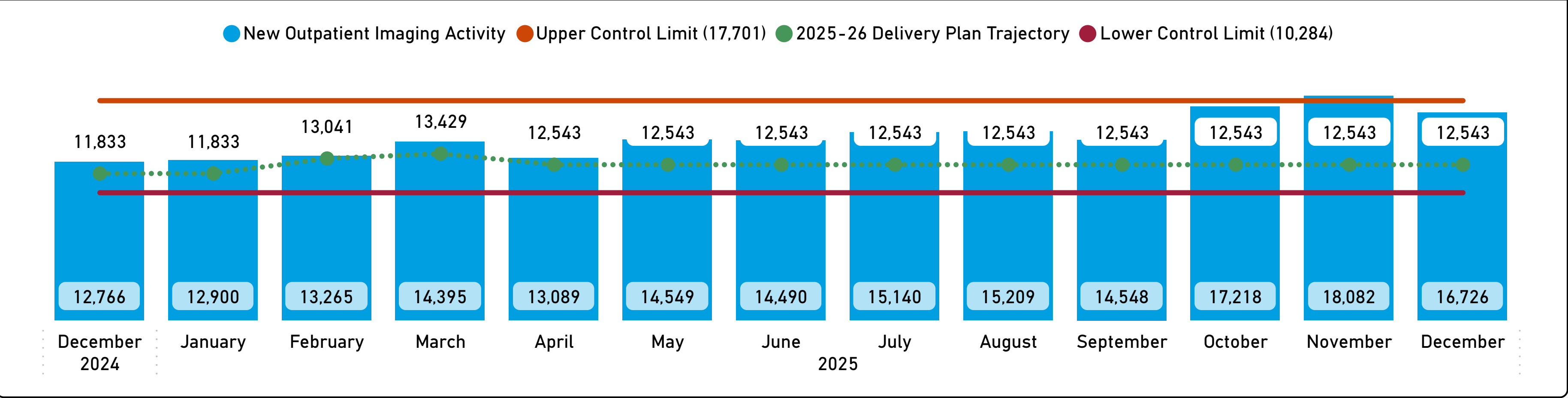
Key risks remain centred on constrained capacity while the service transitions to the new model, alongside reliance on temporary measures such as WLI funding. The surveillance backlog, although significantly improved from 2023, remains sensitive to any further reduction in capacity. Over the coming months, the priority will be to complete TNE mobilisation, reintroduce Capsule Sponge to strengthen diagnostic throughput, and maintain utilisation across all lists whilst continuing to reduce the number of patients waiting over 6 weeks.

Diagnostic Imaging: Activity and Waiting Times

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



Imaging Activity



Activity Latest Month vs Trajectory

16,726
Trajectory: 12,543 (+4,183 +33%)
December 2025

Activity Year To Date vs Trajectory

139,051
Trajectory: 112,887 (+26,164 +23%)
December 2025

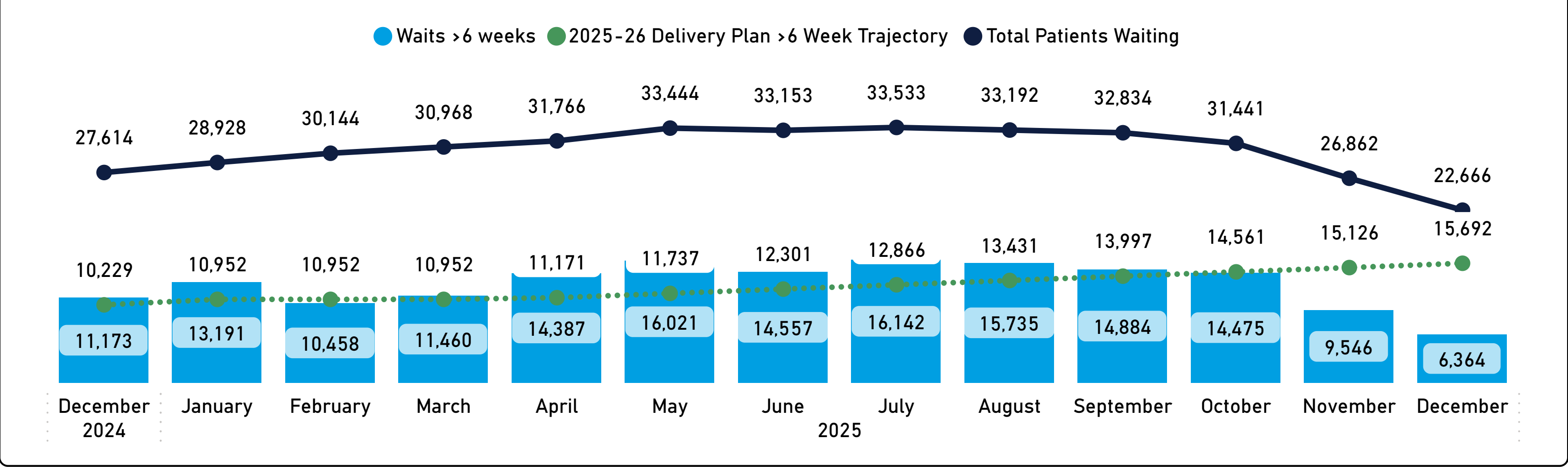
>6 Week Waits

6,364
Trajectory: 15,692
(-9,328 -59%)
December 2025

All Waits

22,666
Trajectory: 41,072
(-18,406 -45%)
December 2025

Patients Waiting



Long Waits

Date	>26 weeks	>52 weeks
December 2024	31	0
January 2025	30	1
February 2025	20	0
March 2025	17	0
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

Commentary

Imaging activity remained strong in the most recent month, with 16,726 tests delivered in December 2025, continuing the high throughput seen across the second half of the year and comfortably above expected monthly delivery levels. This sustained activity profile has supported gradual improvement in waiting times despite month-to-month variation.

Waiting times have seen a notable improvement, with patients waiting over 6 weeks falling sharply to 6,364 in December 2025, down from peaks earlier in the year of more than 14,000. This represents a significant reduction in long waits and demonstrates the impact of targeted capacity uplift and operational grip. The overall waiting list remains significantly below trajectory, further evidencing the impact of the actions taken by the service.

Service Narrative

CT performance is nearing achievement of the 95% 6-week KPI. MRI progress slowed during December, with the number of patients waiting more than 6 weeks remaining largely unchanged from November. Ultrasound continues to show improvement, with a further reduction of 3,241 patients waiting over 6 weeks since November.

A range of actions have been taken throughout December to maximise throughput put and capacity, reducing the number of long waiting patients. In CT, continued use of the Medneo mobile unit has expanded cardiac capacity, enabling prioritisation of the longest-waiting patients. MRI capacity has been strengthened with two additional mobile units operating from late October through March 2026, and regular engagement with teleradiology companies is supporting increased reporting capacity and maintaining timely turnaround following acquisition. In Ultrasound, ongoing collaboration with the external insourcing provider is helping target long waits and further reduce the over-6-week backlog.

Some challenges and risks remain that may impact our ability to meet trajectory. In MRI, demand related pressure remains high. MRI referrals have increased by 17% compared with last year. Additional requirements from other specialties, such as 250 MR spine scans added for surgical planning, continue to elevate pressure. Imaging teams are also supporting the FNC+ Discharge to Scan pathway daily within core outpatient capacity. Within Ultrasound there is a risk of not achieving the <6-week waiting list for subspecialty examinations such as ENT FNA/Core Biopsy and musculoskeletal scans due to limited staff trained to perform these procedures. No immediate additional risks are identified for CT scanning.

Plans to sustain and improve current activity levels over the coming months include developing a proposal to extend MRI mobile capacity at GGH / BOC, to offset capacity currently supporting FNC+ Discharge to Scan referrals. In Ultrasound, we will work in collaboration with the GJNH Academy to identify additional ENT FNA/Biopsy capacity, and also plan to review the current workforce to ensure staff trained in subspecialty examinations are focused solely on undertaking those cases. The waiting list for CT will continue to be actively monitored to sustain current improvement levels.

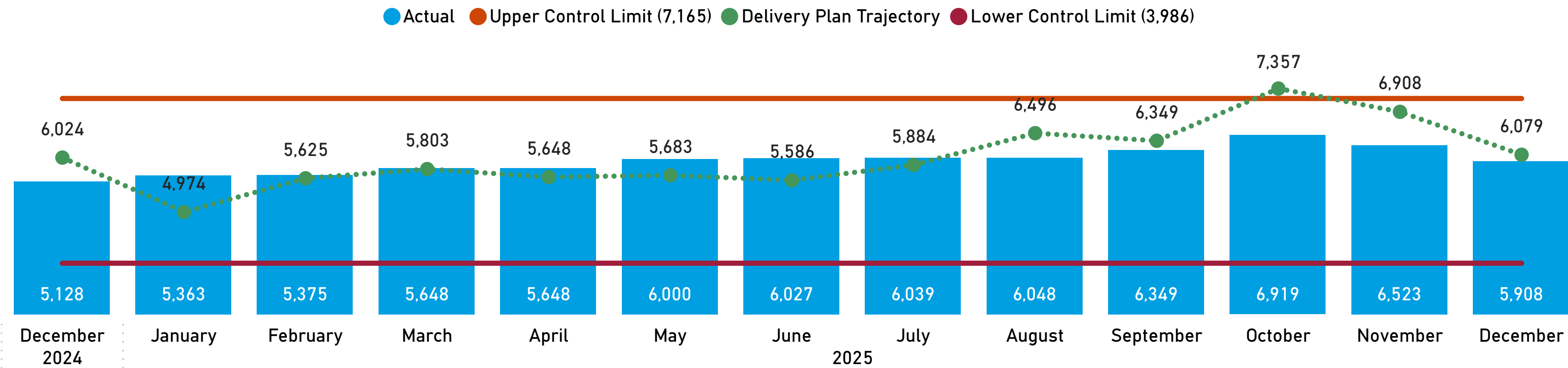
CT and Ultrasound remain on track to achieve trajectory (with the exception of the Ultrasound subspecialties noted above). MRI is currently not projecting to achieve trajectory, a timeline for recovery is being developed.

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



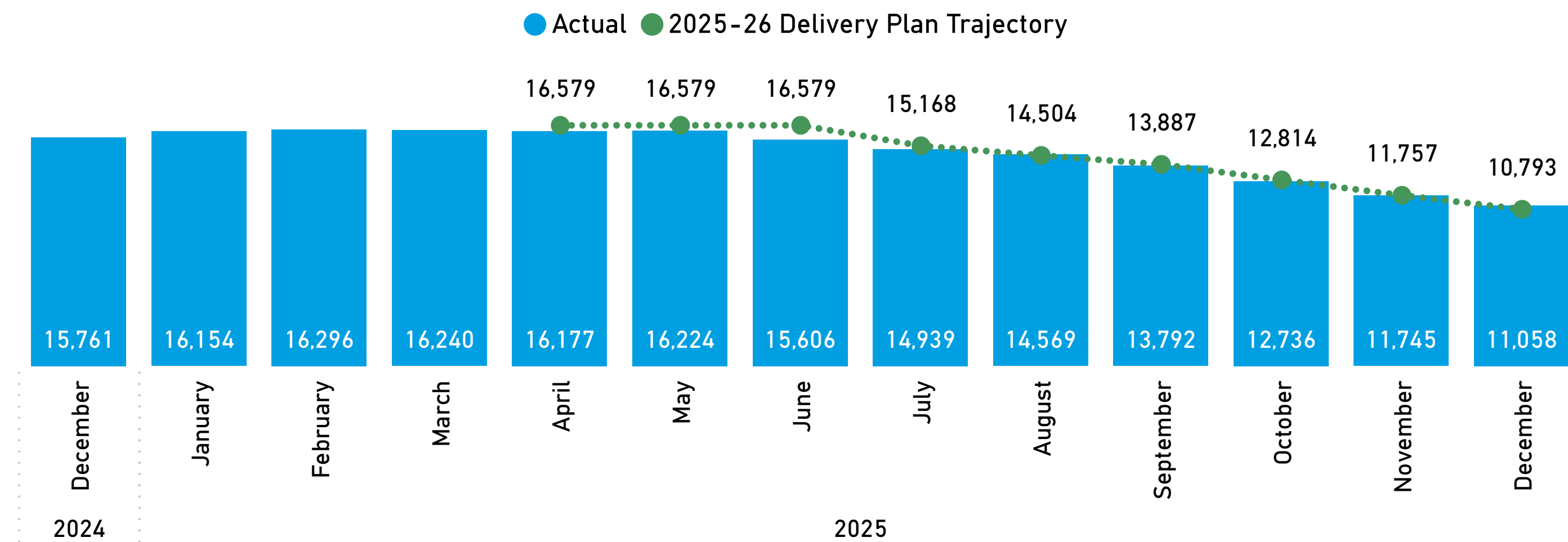
Activity Latest Month vs Trajectory

5,908
Trajectory: 6,079 (-171 -3%)
December 2025

Activity Year To Date vs Trajectory

55,461
Trajectory: 55,990 (-529 -1%)
December 2025

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
December 2024	48,897	30.9%	40.0%	7,628	41.2%	2,872	37.4%
January 2025	49,707	31.2%	40.3%	7,894	42.4%	3,136	39.2%
February 2025	49,913	31.5%	40.9%	7,934	42.9%	3,294	40.9%
March 2025	50,441	31.8%	41.5%	8,017	43.8%	3,437	42.2%
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	45.7%	3,655	43.8%
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	

Commentary

TTG activity in December 2025 was 5,908 procedures, slightly lower than in recent months but close to monthly trajectory. Year to Date activity is within 1% of trajectory, and 7.6% higher than the previous year.

The overall TTG waiting list continued to improve in December 2025, reducing to 47,147, down from earlier 2025 peaks and lower than in December 2024. Waits over 52 weeks have fallen sharply, now standing at 11,058, 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

The trajectory set through the Delivery Plan assumed delivery of 1,490 procedures in the private sector up to the end of December, of which 820 have been delivered, 670 behind plan. Meetings have been held throughout January with providers to get assurance on delivery by 31st March 2026. All have confirmed delivery with two exceptions, one in Neurosurgery where the provider has only committed to 50% of the contracted c. 100 cases, and ENT where the provider are now only committing to 100 of 250 procedures. Actions to mitigate the impact of this reduction on achieving the trajectory of no more than 7,750 waits over 52 weeks by 31 March 2026 are being reviewed.

There are 4 adult specialties currently 25 or more behind trajectory:

- Adult ENT: private sector activity is behind plan to date with further challenges as outlined above.
- Gynaecology: - private sector activity is behind plan to date although commitment has been given to complete the contract in full by March 26.
- Neurosurgery: the provider are now only committing to 50% contract delivery as described above.
- Urology: there has been a request made via the Centre for Sustainable Delivery to support delivery of 70 procedures for patients waiting >104 weeks. High demand on the cancer pathways continues in this specialty.

In addition there are two Paediatric surgical specialties currently 25 or more behind trajectory:

- Paediatric Surgery
- Paediatric Ophthalmology.

Both are expected to be mitigated by the number of weekend operating lists RHC increasing with four all day theatres running from 17/18 January, then increasing to five all day theatres Saturday and Sunday from early February.

Whilst Paediatric ENT are currently ahead of trajectory, there remains a challenge with the number of patients over 104 weeks and National Elective Coordination Unit are coordinating a campaign for cross Board support, including NHS Tayside, NHS Dumfries and Galloway and NHS Forth Valley. There are a number of non GGC ENT Surgeons who have also offered support to additional weekend operating at RHC.

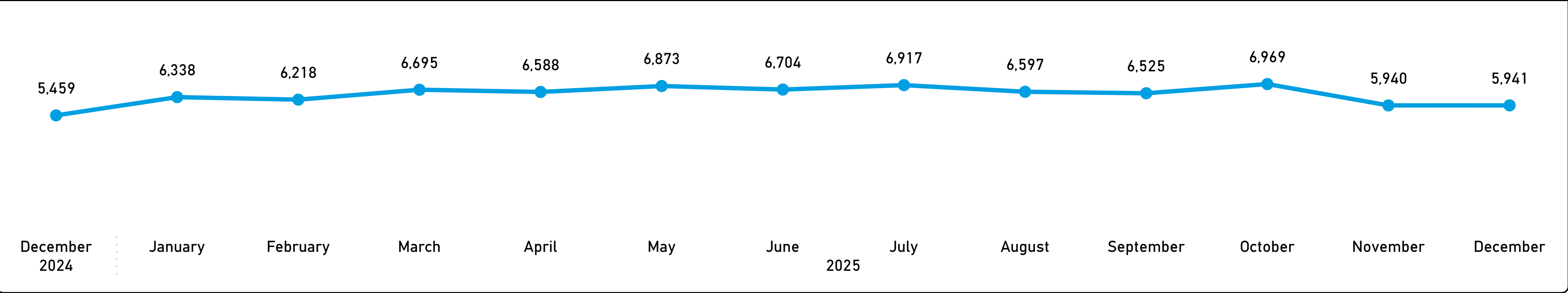
The team are in the process of revising the March trajectory from 7,750 to 7,150, following additional funding to support further activity in the private sector between now and the end of March. Following confirmation from Private sector providers, change control documentation was submitted to confirm a revision of the trajectory from 7,750 to 7,150 with additional activity confirmed in Gynaecology, Plastic Surgery and Spinal

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

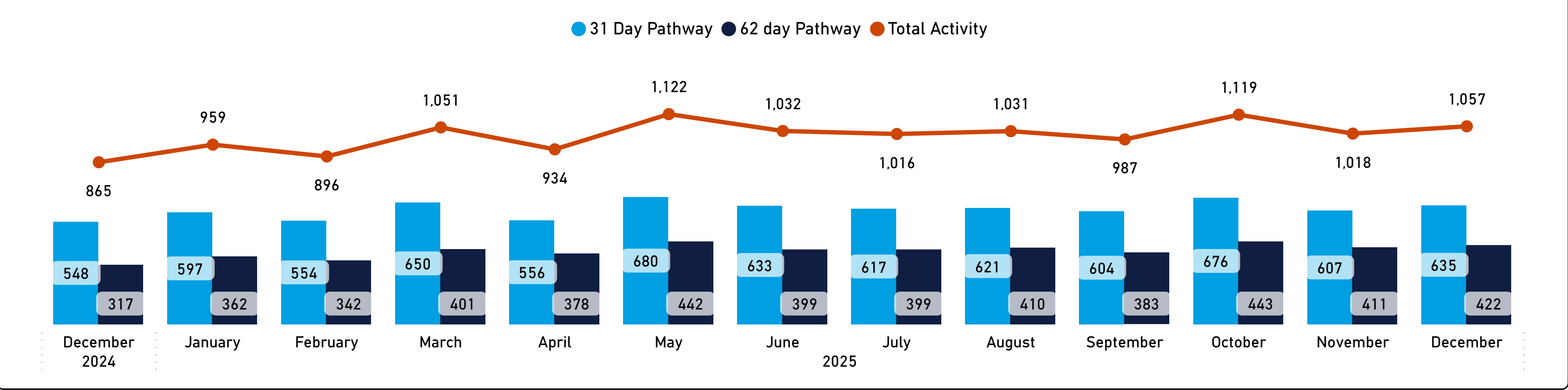
59,054

Previous year: 57,674

(+1,380 +2.39%)

December 2025

Activity by Month



Activity (31 days) -
Year to Date

5,629

Previous year: 5,105

(+524 +10.26%)

December 2025

Activity (62 days) -
Year to Date

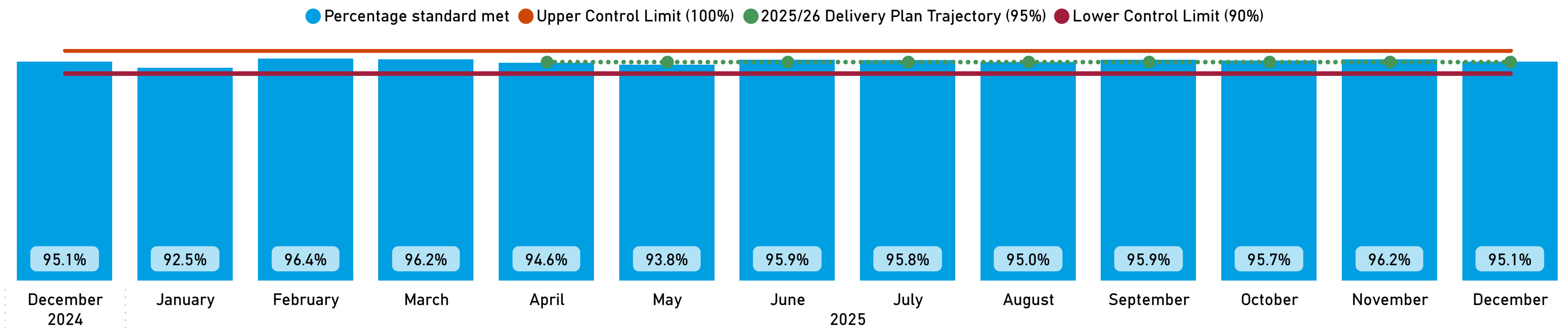
3,687

Previous year: 3,274

(+413 +12.61%)

December 2025

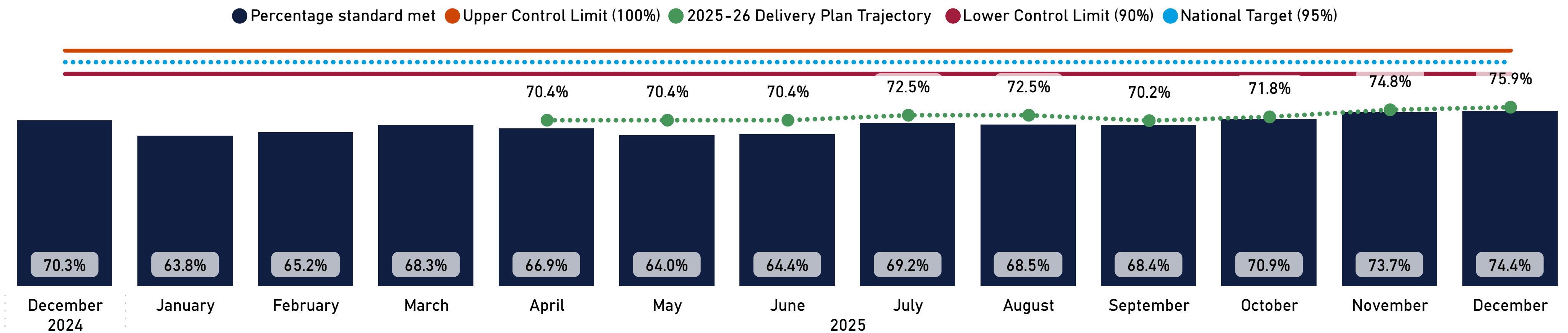
Cancer Performance - 31 days to treatment from decision to treat



31 Day Performance

95.1%
Trajectory: 95.0% (+0.1%)
December 2025

Cancer Performance - 62 days from referral to first treatment



62 Day Performance

74.4%
Trajectory: 75.9% (-1.5%)
December 2025

Commentary

December 2025 performance of 74.4% for 62-day patients in December, is just short of local trajectory of 75.9%. Of note, the December 2025 position is the highest 62 Day Performance figure since September 2021. This has been achieved through performance in Breast, Head and Neck, Lymphoma, Melanoma and Urology all improving compared to November 2025. 31-day performance remains consistently high, with the 95.1% achieved in December, exceeding the national target.

Urgent Suspicion of Cancer referrals are up by 2.39% compared to the previous year. Activity for the 31-day standard continues to run ahead of the previous year; by December, 5,629 patients had started treatment, representing continued growth in throughput and an increase of 10.26% against the same point last year. The 62-day pathway shows a similar pattern, with YTD treatments reaching 3,687 in December 2025, 12.61% ahead of 2024/25 figures

Service Narrative

Focused improvement within cancer tracking is in place to develop escalation processes, actions from services, data validation and a tiered approach to breach analysis. Performance against specific specialties is as outlined below:

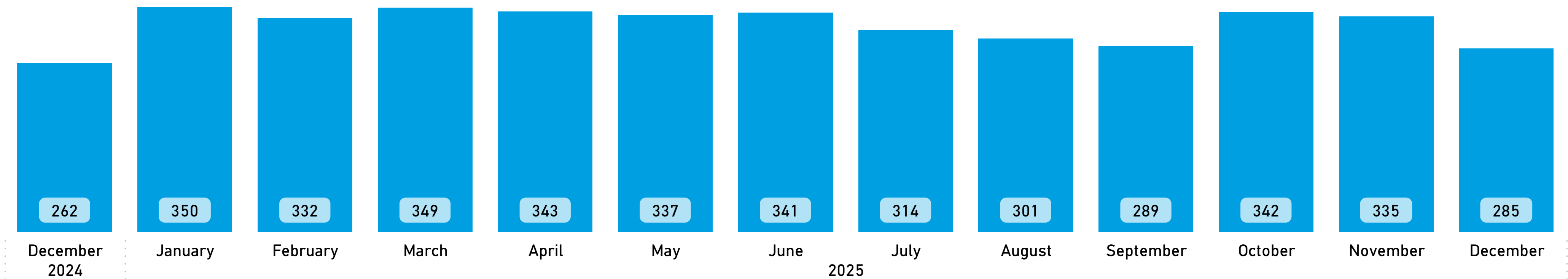
- Colorectal: 62.3% (below trajectory for December 2025 of 75.6%)
Colorectal performance decreased from 68.9 % in November 2025 to 62.3% in December 2025. However, activity increased from 45 cases in November to 53 in December. Outsourcing of CT colon reporting commenced in August 2025, reducing the acquisition to report time to 7 days from a median of 30 days, and work is ongoing to strengthen patient tracking processes to ensure data is accurate and escalation is dynamic. Non-recurring funding is supporting the training of six Consultant Radiologists in CT Colon to provide a robust in-house service, and additional capacity for 30 colorectal patients is now in place at the GJNH, which will be used for benign cases. These actions are anticipated to lead to improvement within diagnostic imaging pathway waiting times, and ensure the early part of pathway is within required timeframes to support overall performance.
 - Head and Neck: 73.9% (below trajectory for December 2025 of 78.6%)
17 out of the 23 eligible referrals started their treatment within 62 days of referral, and performance has increased from 53.9% in November 2025 to 73.9% in December 2025. The Clinical Speciality Improvement Group is in place with focus on the diagnostic pathway. The key issues impacting Head & Neck performance are delays to first outpatient appointment (ENT). The Diagnostic Hub model is progressing; two clinical nurse specialists have been recruited; the full impact on waiting times will be recognised following a 12 month training period when autonomous clinics can be delivered (February/March 2026). Incremental increases in patient numbers are being made each month and training is on schedule. WLI sessions continue to be sought to mitigate two ENT Consultant vacancies.
 - Lung: 80.4% (above trajectory for December 2025 of 80%)
37 of the 46 eligible referrals started their treatment within 62 days of referral. Lung performance decreased from 85% in November 2025 to 80.4% in December 2025, however, remained above trajectory. Delays to PET acquisition and reporting have impacted the lung pathway and a recovery plan is being progressed. Waiting List Initiative (WLI) sessions commenced in January 2026 to support additional reporting capacity. The service is also working to progress external reporting capacity, a number of private sector companies are in the final testing stages and are anticipated to commence reporting work in February 2026. The clinical improvement group for Lung Cancer is being led by the Deputy Medical Director for Acute, the group will map current pathways against the National Optimal Lung Pathway to ensure a single agreed NHSGGC pathway is in place.
 - Urology: 48.5% (below trajectory for December 2025 of 50%)
48 of the 99 eligible referrals started their treatment within 62 days of referral. Urology performance increased from 42.6% in November 2025 to 48.5% in November 2025, the highest performance level since April 2022. Urology activity was also 13 cases above the December activity trajectory. The action plan for Urology is being taken forward by Clinical Speciality Improvement Group. Two Clinical Nurse Specialists (CNSs) have been appointed, one has commenced in post, and one start date is being confirmed. Two further posts were re-advertised, with recruitment processes ongoing. Two 6 month Locum Consultant posts were advertised to bridge the gap until the CNSs are in post. One Locum Consultant has been recruited and is undergoing recruitment checks, the other post is being re-advertised, and Speciality Doctor post recruitment is also ongoing.
- Vetting direct to MRI on the prostate pathway has been mandated, based on the existing North Sector process. A cross-sector Urology group has commenced with the aim of consistency across sectors. The Transperineal Biopsy private sector bid was successful with 180 cases planned by end March 2026, 65 cases sent to date, of which 56 have been carried out. Uro-oncology outpatient waiting times remain a key pressure, while waiting times across the service have been smoothed.

CAMHS: Activity and Waiting Times

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



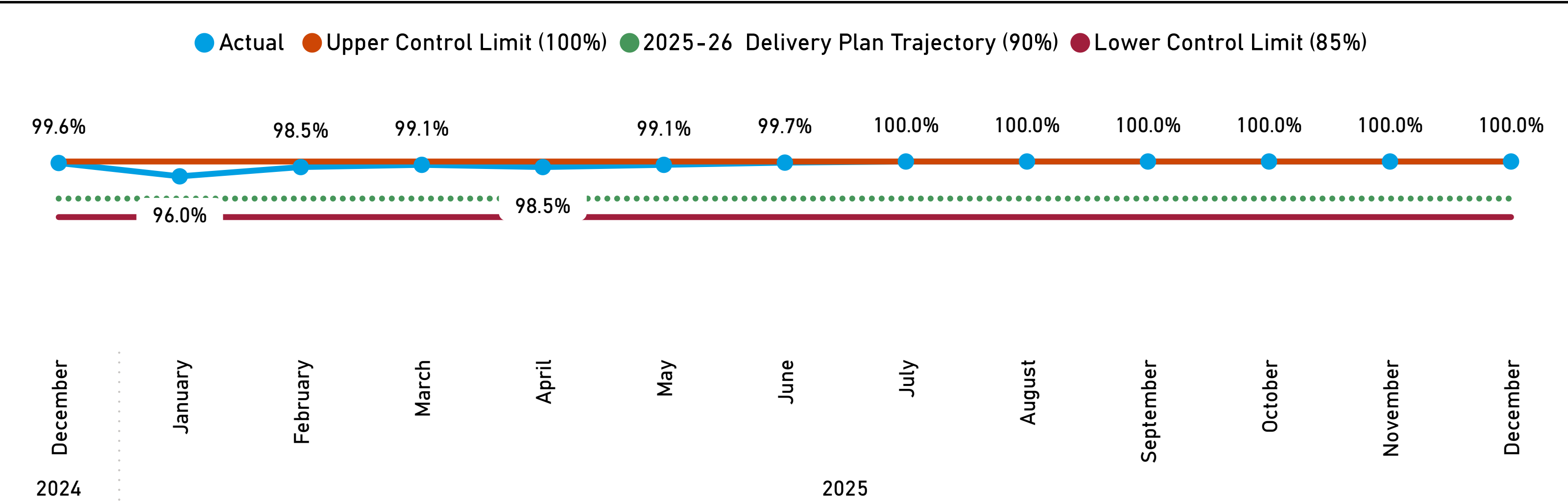
Patients Seen - CAMHS



CAMHS - Patients Seen Year To Date

2,887
Previous Year: 3,053
(-166 -5%)
December 2025

CAMHS - % starting treatment within 18 weeks



CAMHS Performance

100.0%
Target: 90% (+10.0%)
December 2025

Commentary

Performance remains strong, with 100% of patients starting treatment within 18 weeks for the sixth consecutive month.

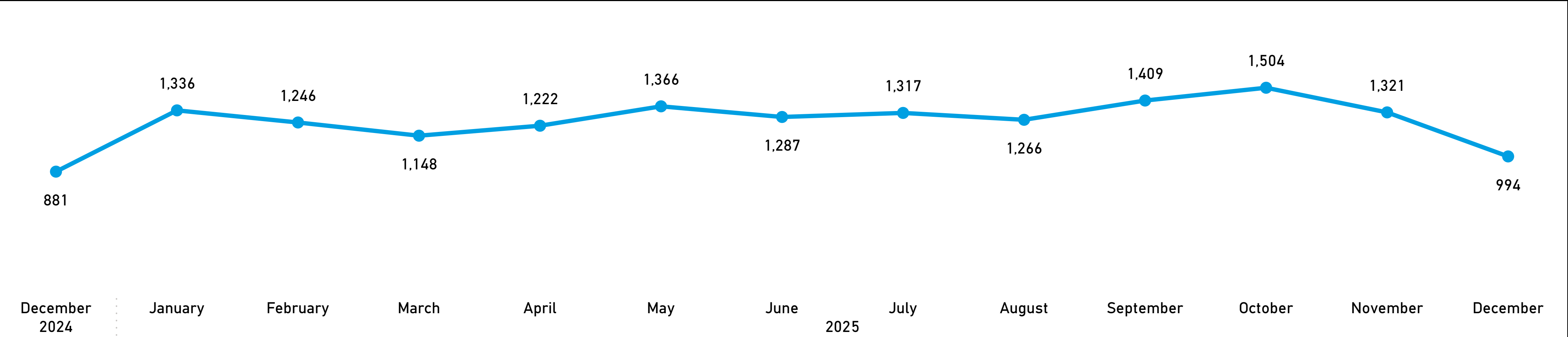
The number of patients seen in December 2025 is slightly below the Year to Date average of 320, however as patients continue to be seen within target timescales this figure is a reflection of demand than on capacity within the service.

Psychological Therapies: Activity and Waiting Times

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



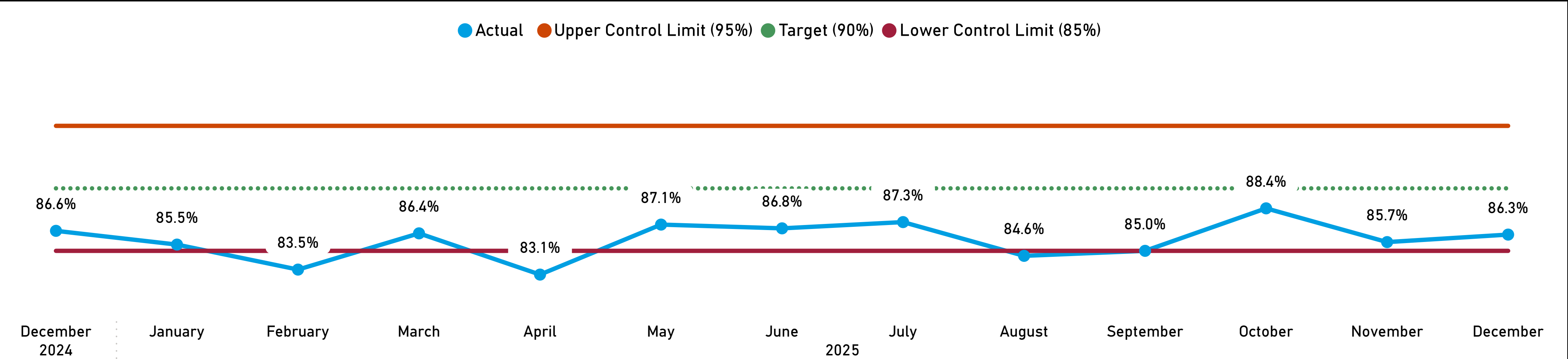
Patients Seen - Psychological Therapies



Patients Seen Year To Date

11,636
Previous Year: 10,970
(+666 +6%)
December 2025

Psychological Therapies - % starting treatment within 18 weeks



Psychological Therapies Performance

86.3%
Target: 90% (-3.7%)
December 2025

Commentary

Psychological Therapies performance in the most recent month shows that the proportion of patients starting treatment within 18 weeks remains below the national standard, with performance in December 2025 at 86.3%, slightly up from the previous month but broadly consistent with recent months and below the national standard of 90%. Activity levels in December 2025 are comparable to the previous December, while year-to-date activity is up by 6% compared to 2024/25. The combination of sustained demand and long treatment durations continues to limit short-term improvement in performance, while throughput is being maintained.

Service Narrative

Psychological Therapies (PT) services remain under sustained pressure as a result of consistently high demand, long treatment durations, and ongoing workforce constraints. Although NHSGGC hosts the largest PT workforce in Scotland, resource remains relatively small when spread across more than 100 teams delivering multiple functions beyond therapy provision. This creates fragility within the system, where even short periods of vacancy, sickness absence or financial controls can quickly lead to growth in waiting times. Localised service models also make it difficult to redeploy staff rapidly across HSCP boundaries, slowing recovery once capacity returns.

Despite these pressures, there is strong and active governance across the system. Waiting times are monitored routinely by Heads of Service and Lead Clinicians, supported by Board-wide oversight through the Psychological Therapies Steering Group (PTSG) and its Performance and Quality Subgroup. Workforce capacity is reviewed regularly, with services applying flexibility where possible, including deployment of a small peripatetic workforce to support hotspots and longest-waiting patients. HSCPs continue to explore opportunities to share capacity, align pathways and streamline processes where clinically appropriate.

A range of improvement actions is underway. Services are encouraged to simplify care pathways, reduce unnecessary steps and increase use of stepped-care models, group-based programmes and digital or blended options. Caseloads are reviewed to support timely discharge, and teams continue to refine prioritisation frameworks to ensure that highest-risk and longest-waiting patients are supported first. Board-wide data is increasingly being used to target improvement activity where it will yield the greatest system-level gain, balanced against local performance pressures within individual HSCPs.

Key risks remain. Workforce gaps, exacerbated by recruitment controls, funding constraints and the consolidation of Scottish Government allocations, continue to limit the number of contacts services can offer. The inherently long duration of many therapies limits throughput, particularly in specialist areas where treatment can extend to several months. Variation across services, reflecting different models and caseloads, also complicates efforts to standardise and scale improvement at pace. Demand remains high and is sensitive to pressures in acute, primary care and wider mental health pathways.

Looking ahead, sustained improvement is unlikely in the very short term, but there is a clear and coherent plan. All teams have individual improvement plans informed by the annual self-assessment against the Scottish Government Psychological Therapies Specification. The PTSG's Performance and Quality Subgroup will continue to drive a data-led improvement programme, testing and spreading approaches that succeed and replacing those that do not. Further actions include ongoing pathway simplification, better coordination between HSCPs and specialist services, and continued use of targeted capacity deployment. As financial planning becomes clearer, the system will refine its mitigation strategies to protect PT capacity wherever possible.

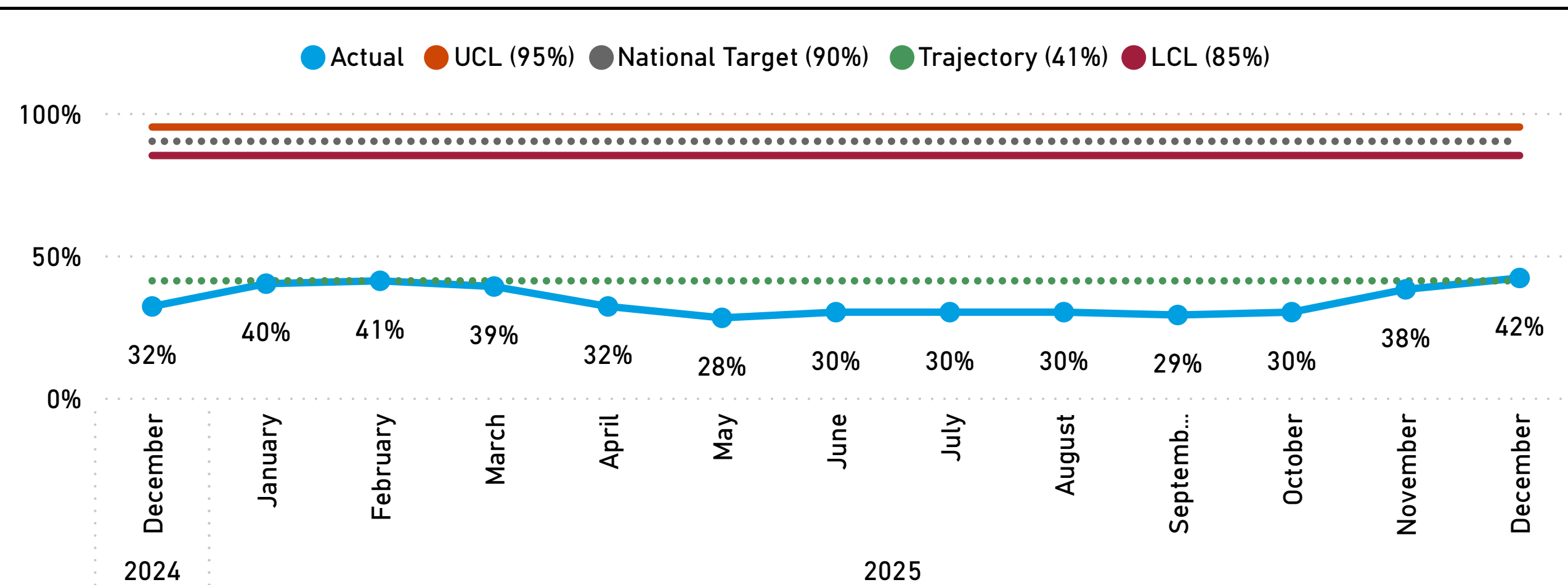
Overall, while the challenges in delivering the 18-week standard are significant and structural, the actions underway represent the key levers available to improve performance over time, and work will continue through 2026 to strengthen the resilience, consistency and sustainability of Psychological Therapies services across NHSGGC.

Musculoskeletal Physiotherapy: Activity and Waiting Times

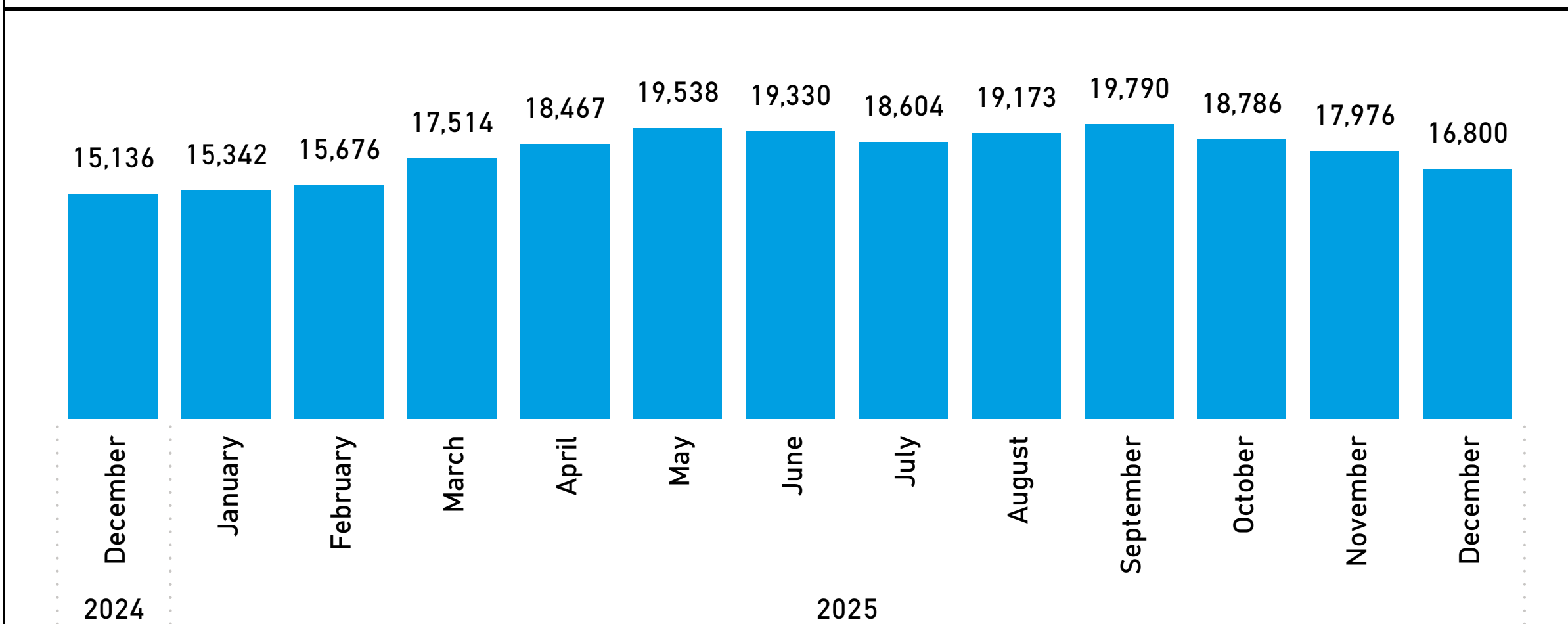
Lead Director - Chief Officer, West Dunbartonshire HSCP
Lead Committee - Finance, Planning and Performance



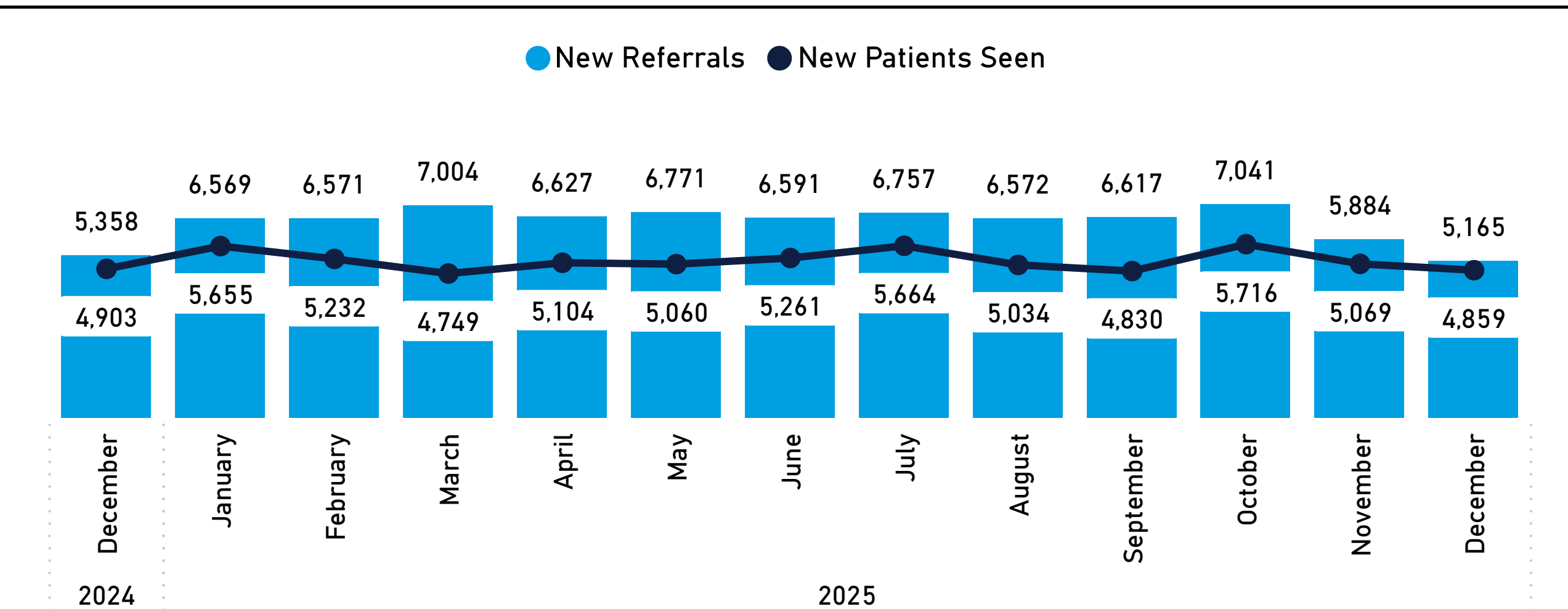
MSK Patients Seen within 4 weeks of referral



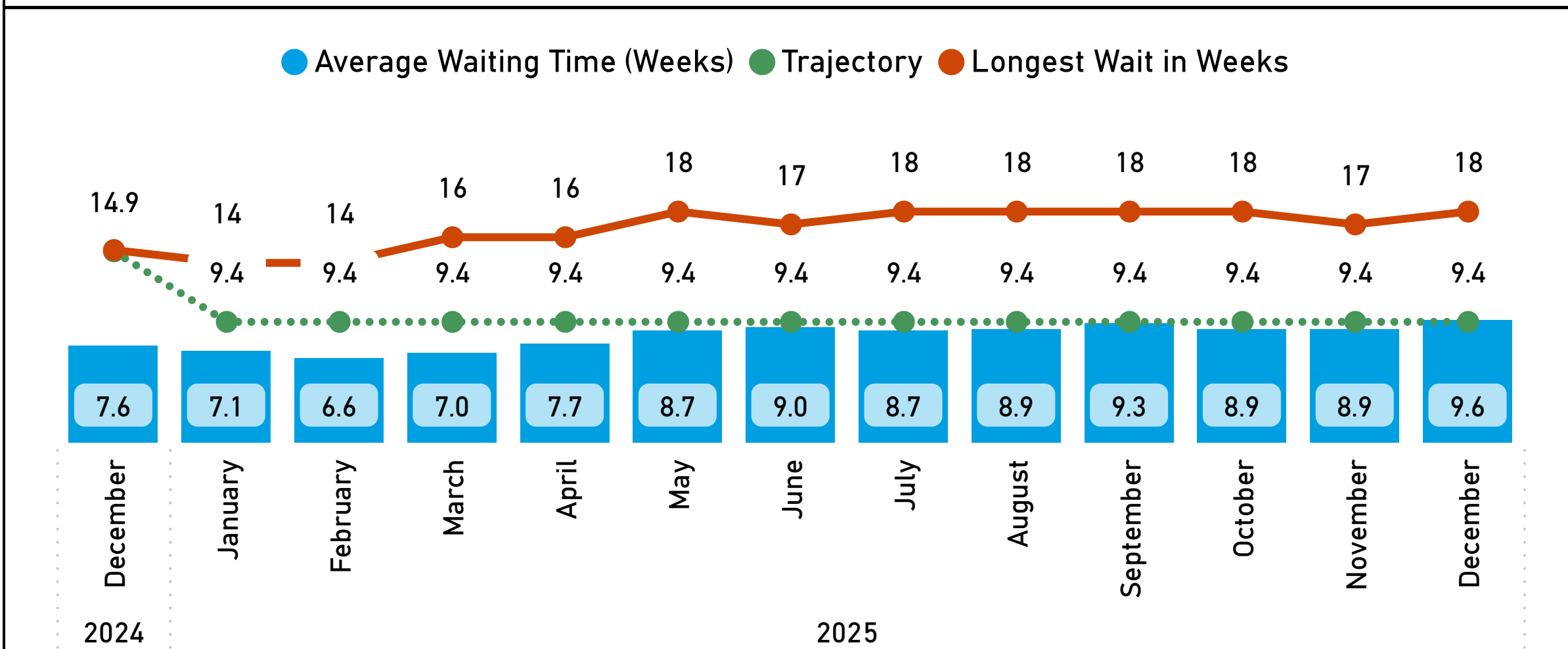
MSK Total Waiting List



MSK New Referrals vs Patients Seen



MSK Completed Waits (Weeks)



Commentary

MSK physiotherapy performance has seen some improvement in recent months. 42% of patients were seen within 4 weeks in December 2025, which is in line with local trajectory and an improvement on the levels seen throughout 2025. Demand remains steady, with numbers slightly down in December 2025 though comparable with the figure from December 2024. Numbers patients seen each month remain steady.

Average waiting times have risen by two weeks from the previous year, reflecting ongoing pressure within the service and the need to prioritise urgent cases. The overall waiting list has reduced for the third month in a row, from its peak in September 2025.

Service Narrative

The percentage of patients seen within four weeks of referral has recovered to 42%. This relates to all patients clinically vetted as urgent being seen within the 4 week target.

At the same time, the number of patient waiting for a routine appointment continues to decline, with 2,990 less patient waiting on a routine appointment over the last 3 months.

Demand has increased in the previous 2 years by 20%, however there are signs that demand has remained static throughout 2025/26. There has been the usual seasonal dip in demand in December.

Service capacity has been impacted in December by increased vacancy levels (vacancy; rotational staff vacancies; maternity leave and sickness absence).

The service continues to release staff to support orthopaedic spinal waiting times.

The service has held a smoothing reserve to ensure required savings targets for 2025/26 are being met (the yearly 3.8% turnover target and additional turnover savings). As savings targets are being achieved the service will use reserves to recruit 2 wte. The service will also recruit a further 2 wte staff as West Dunbartonshire HSCP has mitigated for the loss of income from NHS SLA. Discussions are also taking place around finance received towards the Reduced Working Week, with the potential for recruitment of 3 wte (equating to 75% of the 4 wte shortfall as a result of the Reduced Working Week implementation)

The service continues two priority projects (support by Healthcare Improvement Scotland) focussed on addressing routine waiting times; Patient Initiated Review (PIR) and the use of netcall to support patients with early self management.

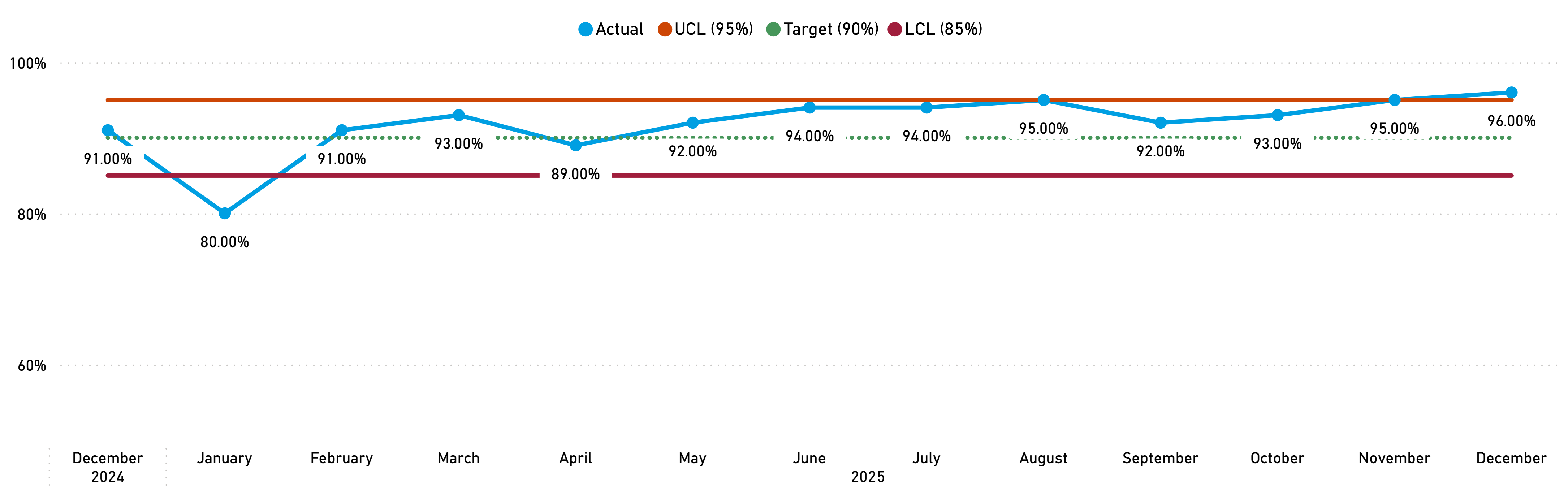
PIR has been rolled out to a larger site and evaluation will continue. The netcall project has now been evaluated. The evaluation found that the percentage who did not opt in increased by only 0.5% (which was less than expected) but this equated to 1,258 more patients not opting in for a New Patient appointment. It should be noted however that waiting times rose during the period and that generally this results in an increase in the “failed to opt in” rate.

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

96%
Target: 90% (+6%)
December 2025

Commentary

▲

96% of eligible podiatry patients were seen within 4 weeks of referral in December 2025, a slight increase on the previous months' position and above national target by 6%.

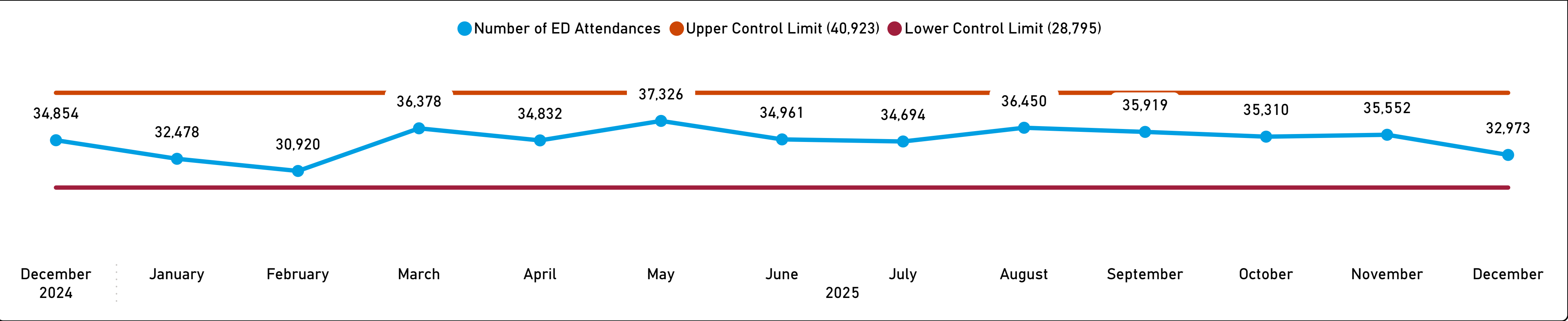
Projection to 31 March 2026 is that the service will continue to perform above the national target of 90%.

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

318,017

Trajectory: 310,343

(+7,674 +2.47%)

December 2025

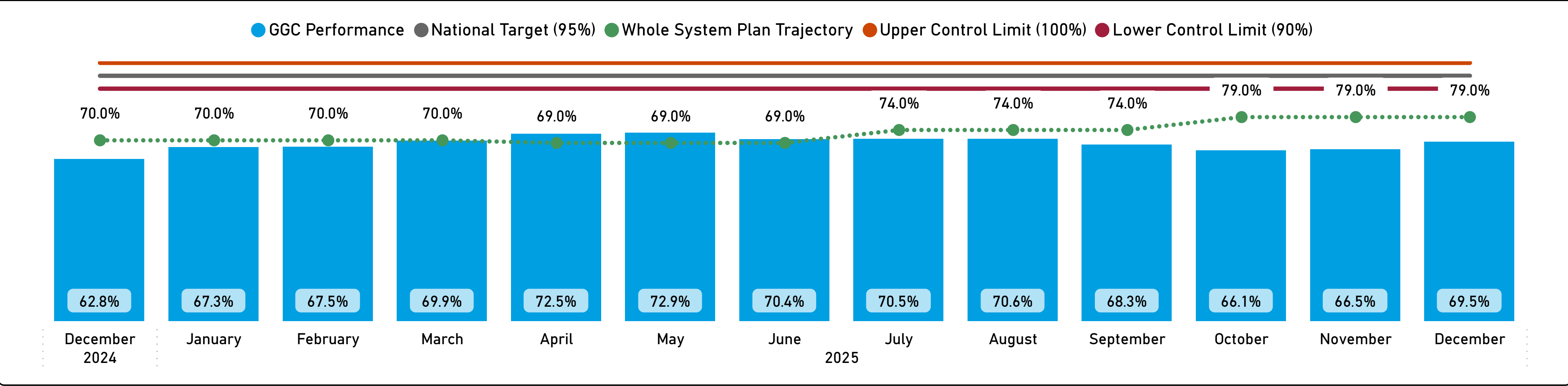
ED 4hr Target

69.5%

Trajectory: 79.0% (-9.5%)

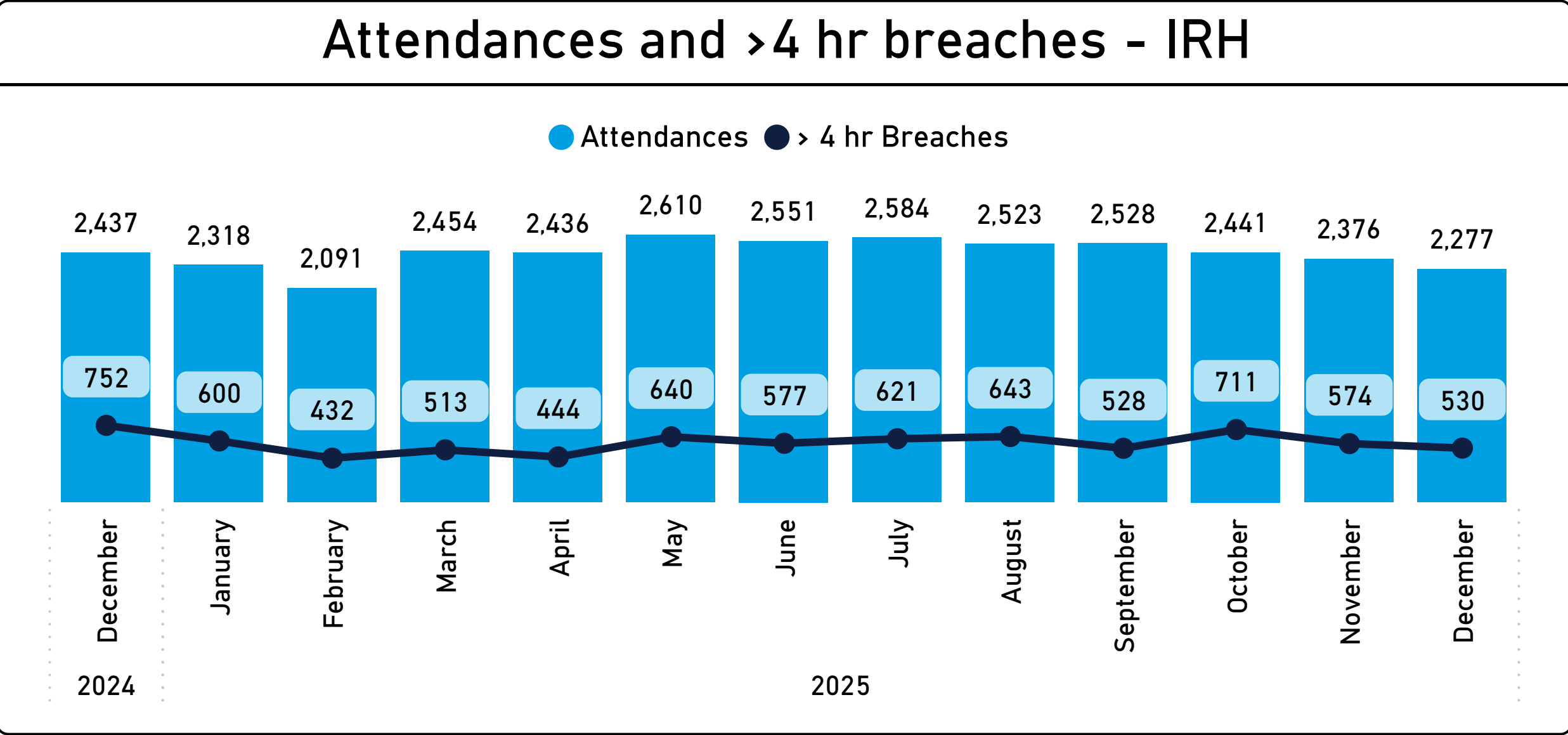
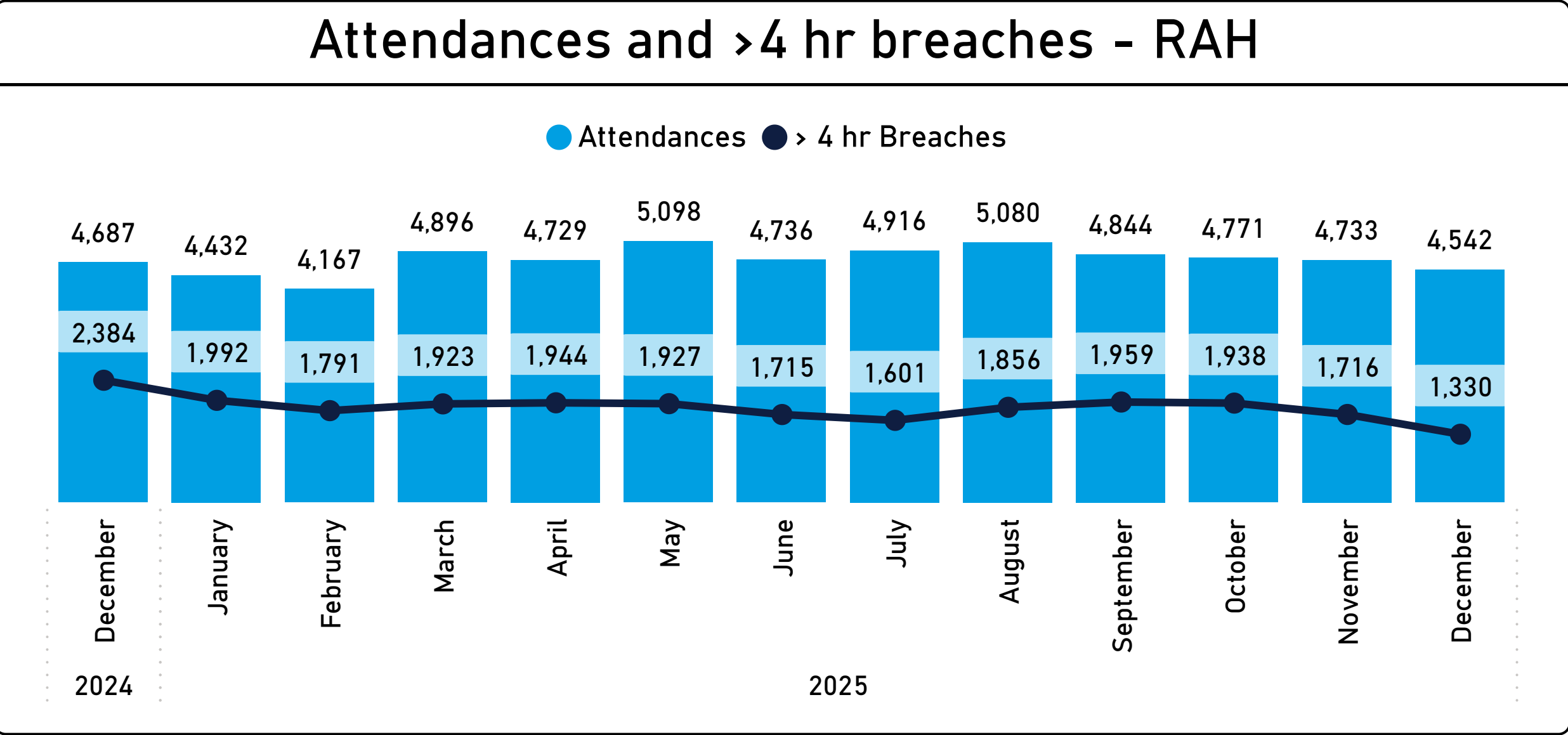
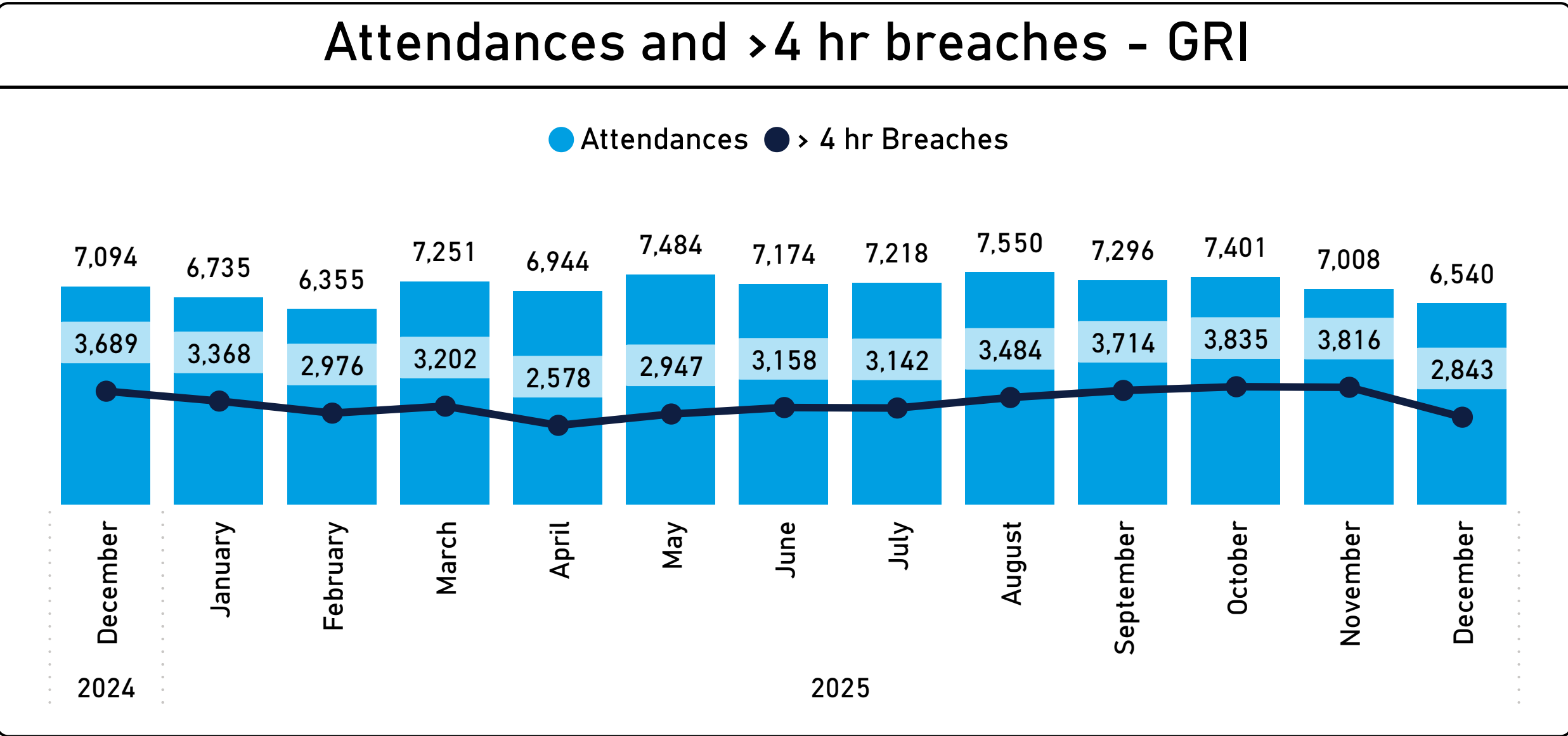
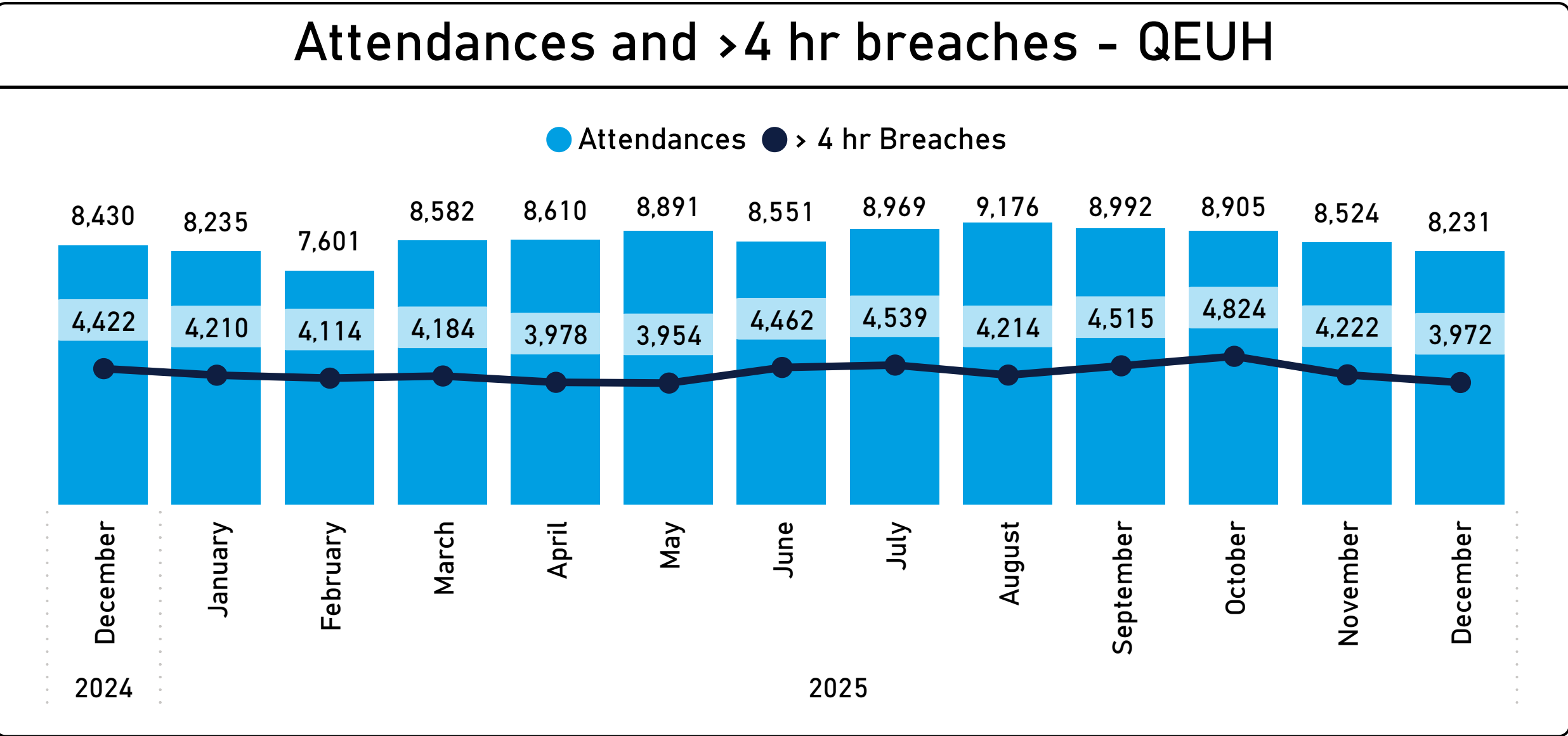
December 2025

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

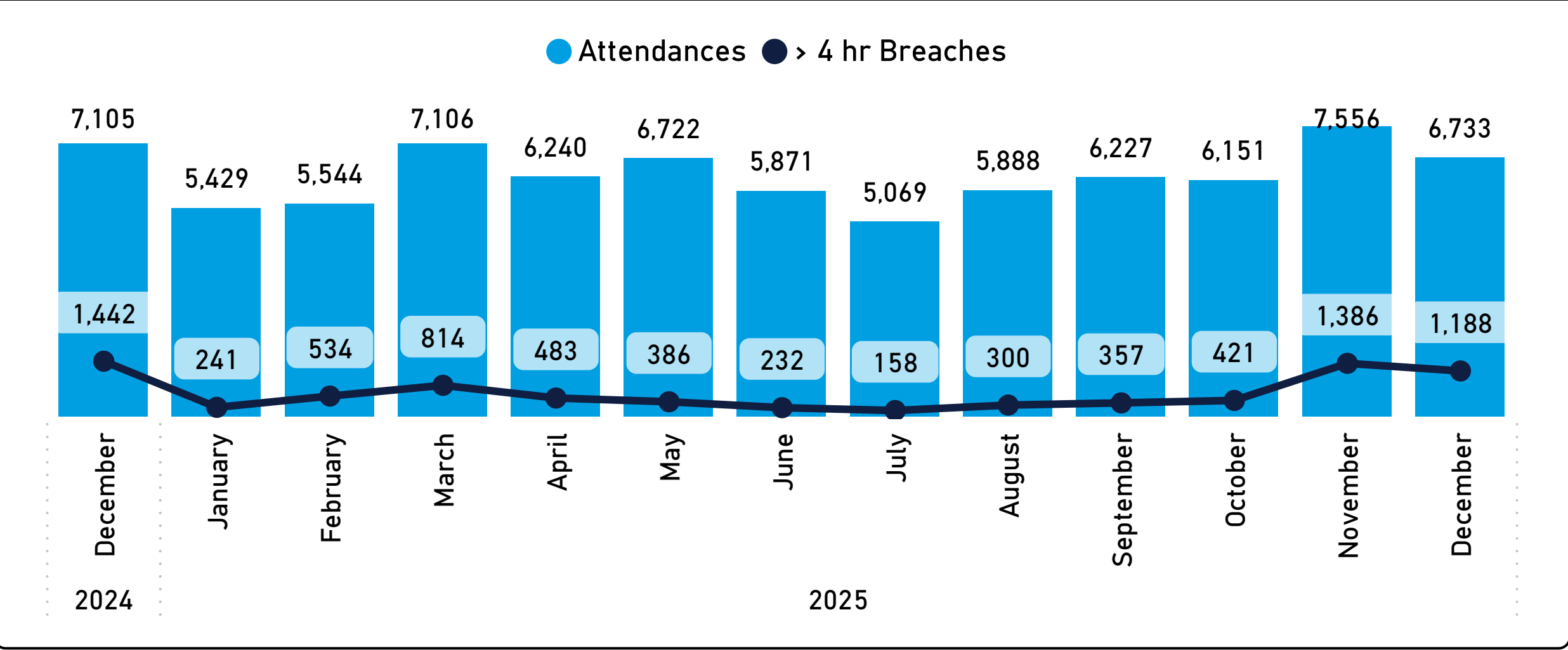


Unscheduled Care: Emergency Department Attendances and Breaches by Site (cont.)

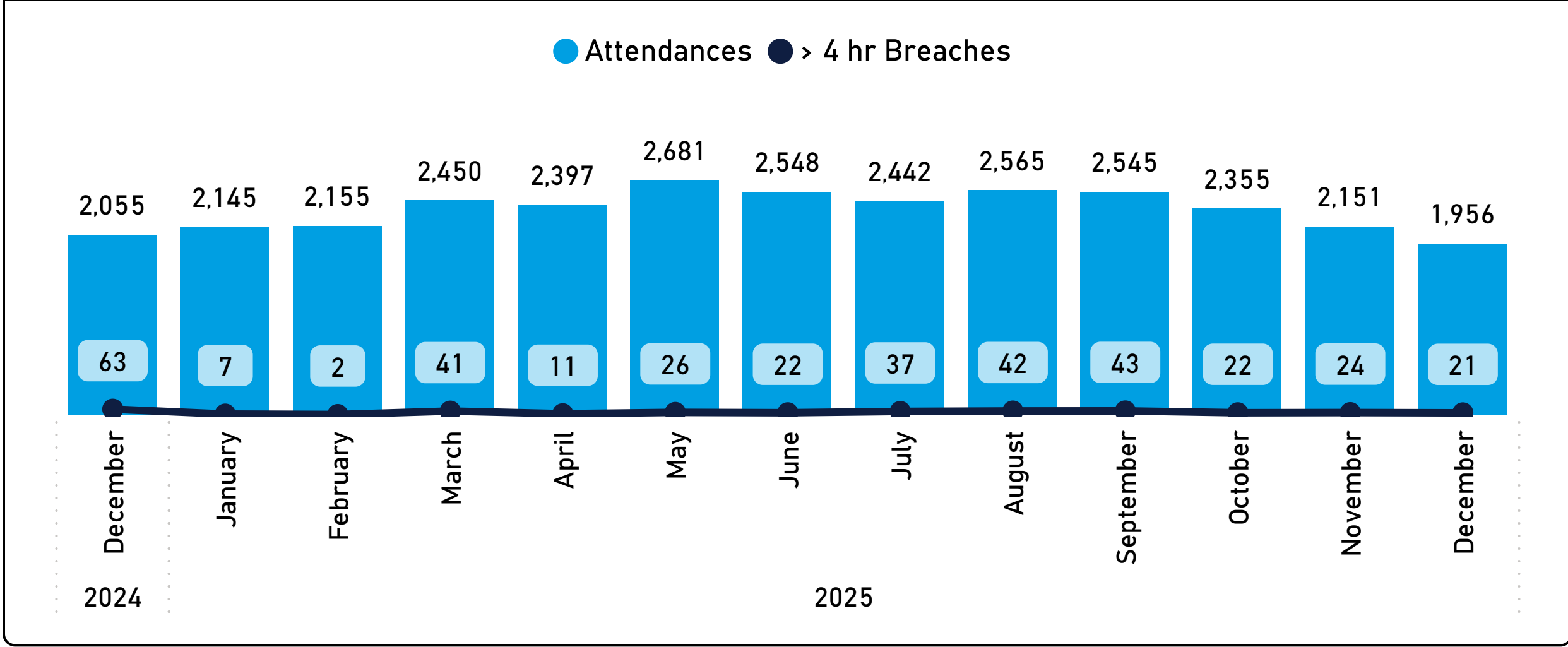
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



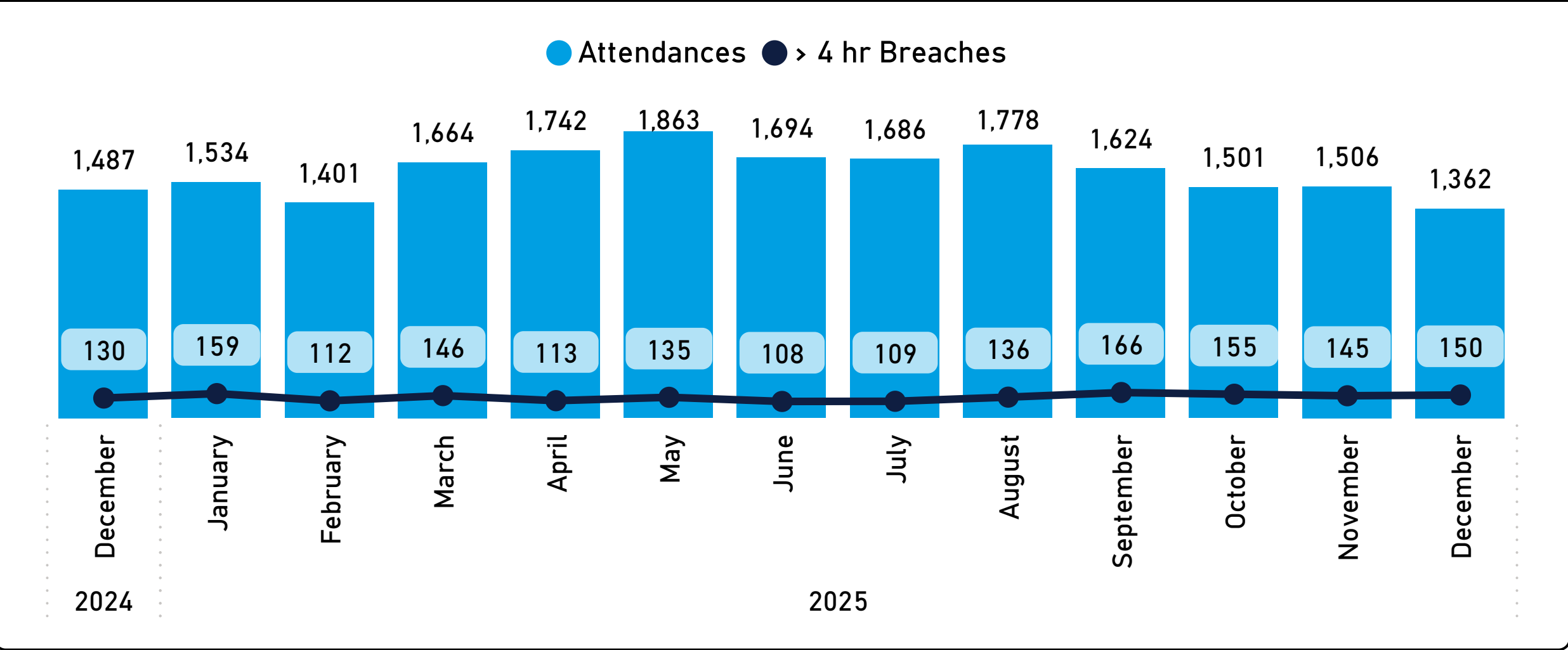
Attendances and >4 hr breaches - RHC



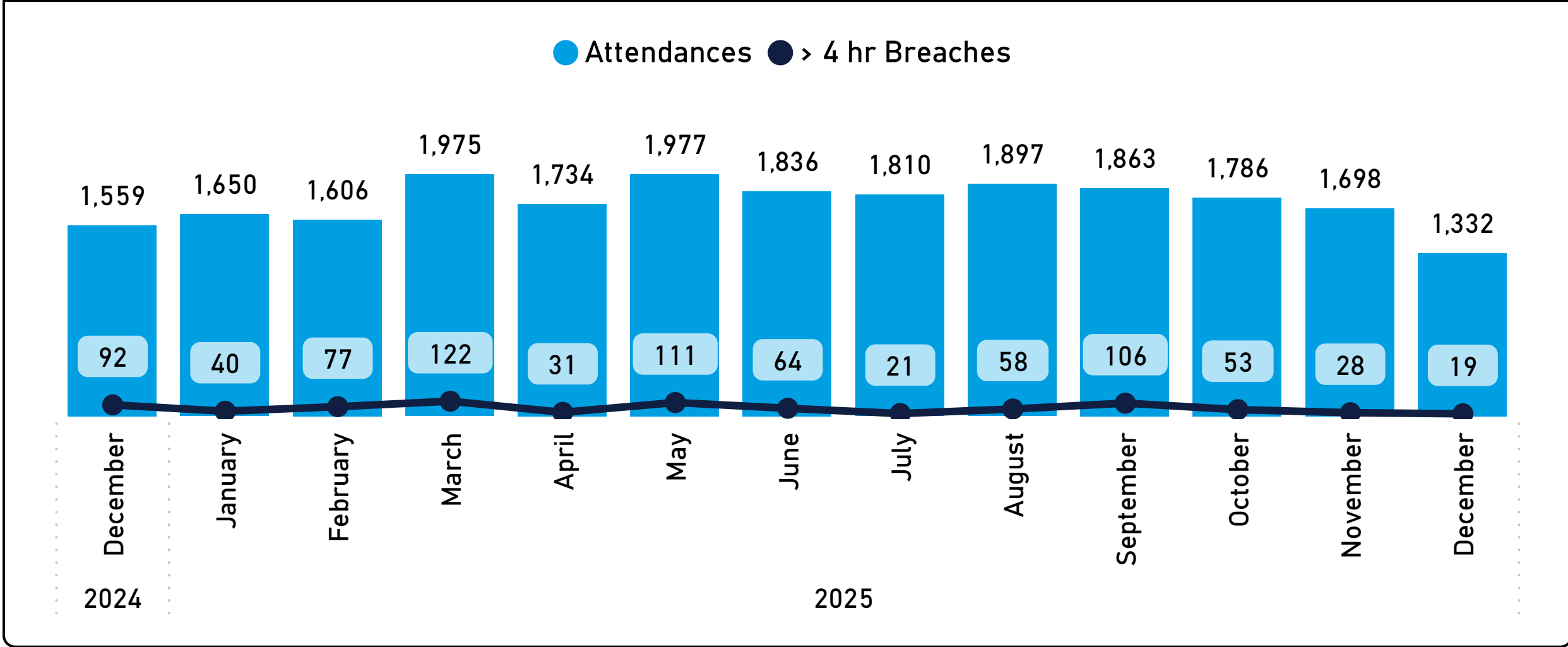
Attendances and >4 hr breaches - New Vic



Attendances and >4 hr breaches - Vale of Leven



Attendances and >4 hr breaches - Stobhill

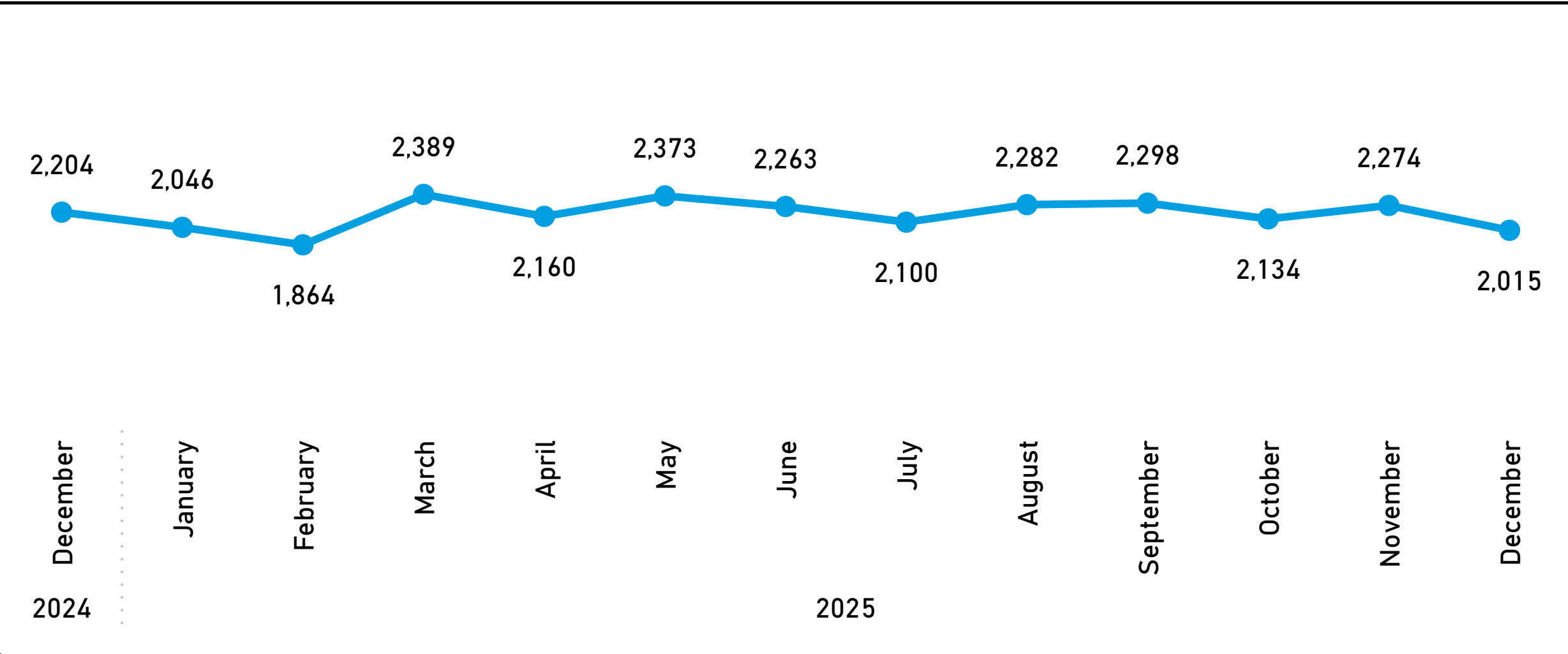


Unscheduled Care: Emergency Department Attendances by HSCP

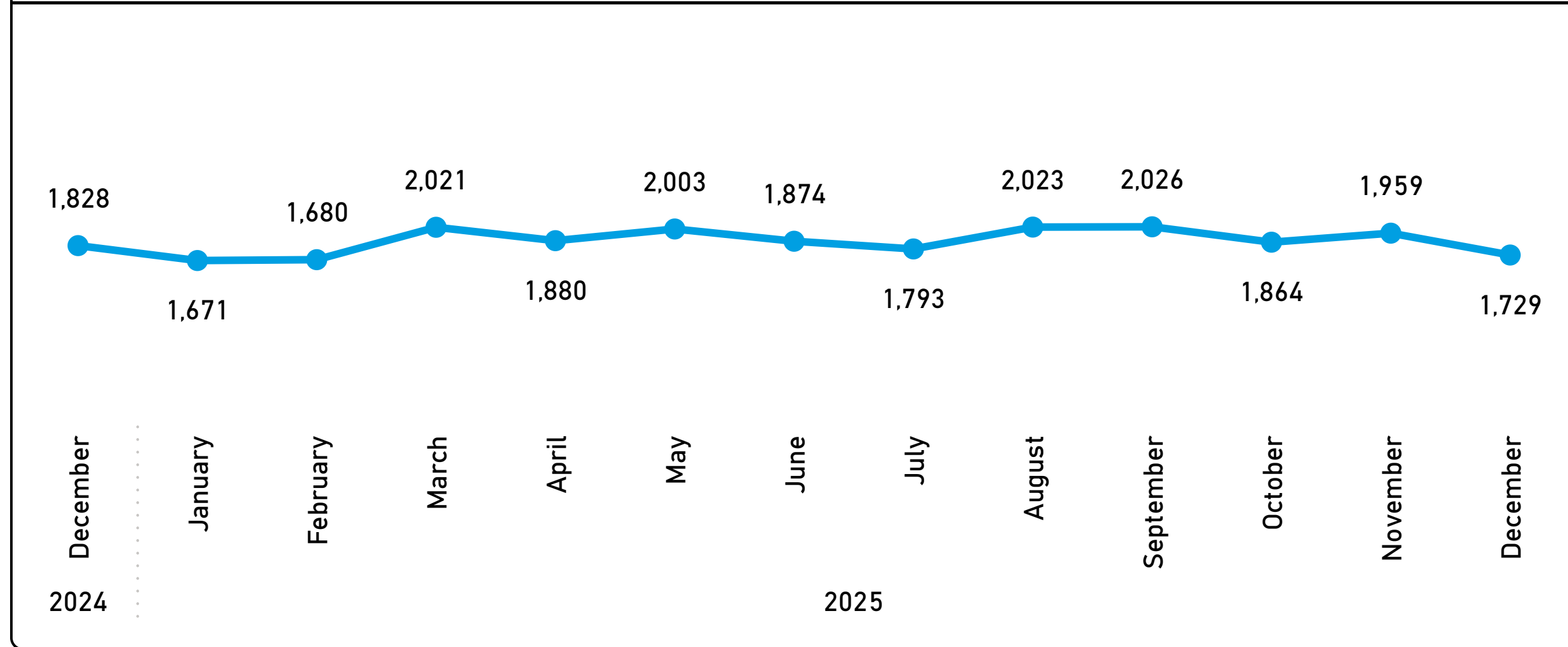
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



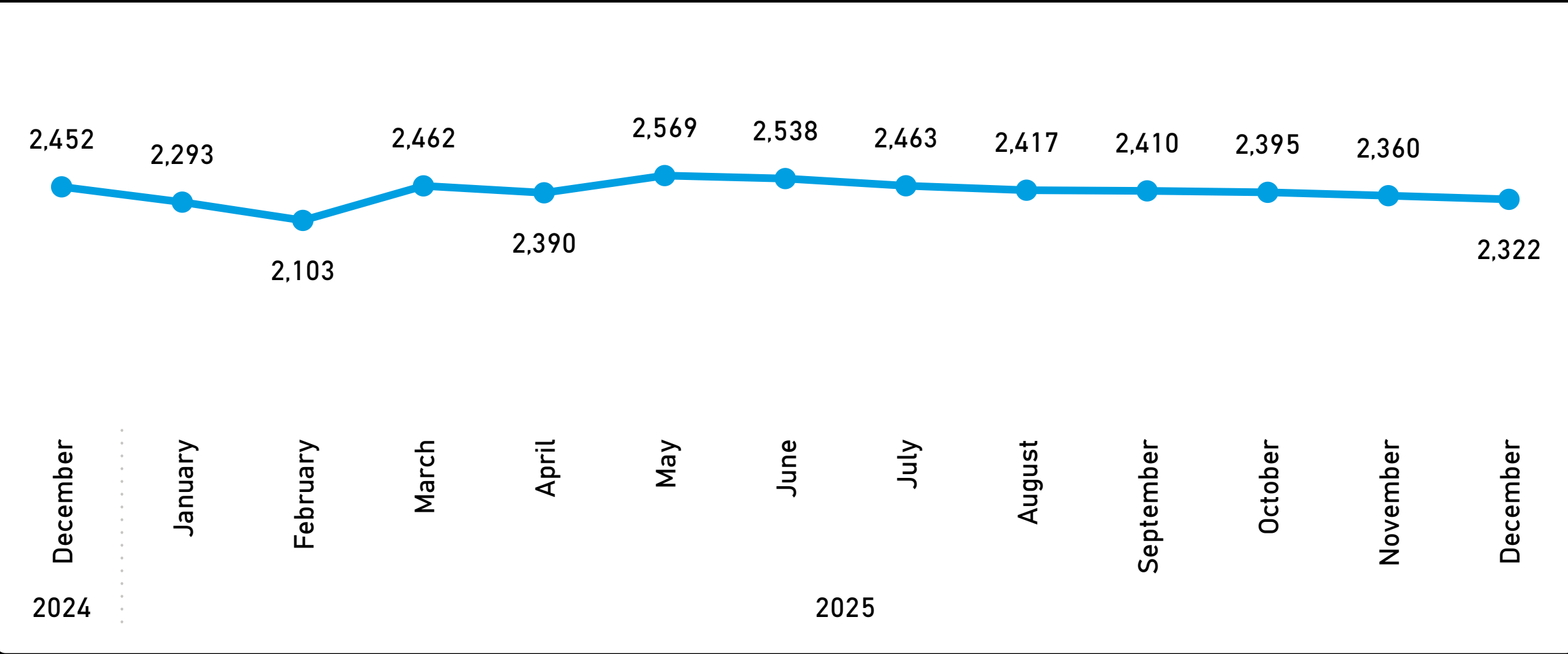
Emergency Department Attendances - East Dunbartonshire



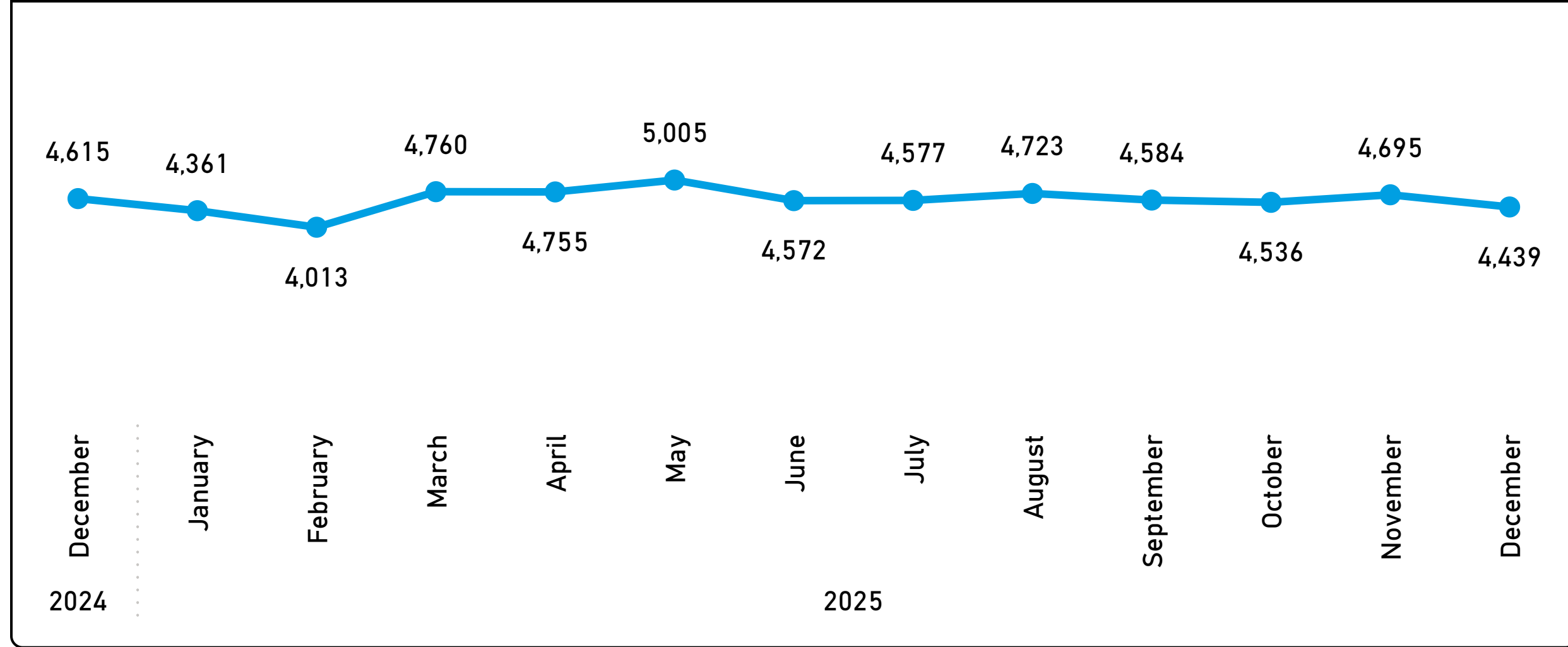
Emergency Department Attendances - East Renfrewshire



Emergency Department Attendances - Inverclyde



Emergency Department Attendances - Renfrewshire

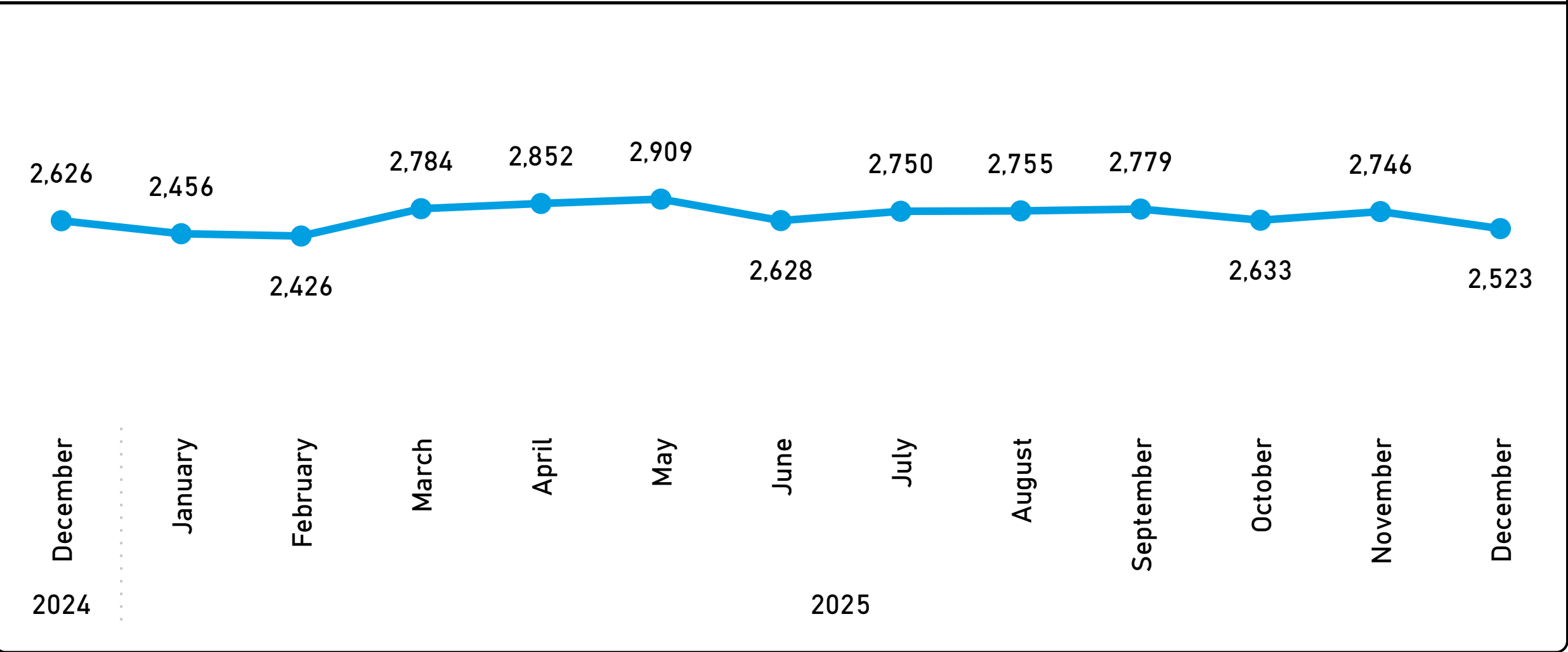


Unscheduled Care: Emergency Department Attendances by HSCP

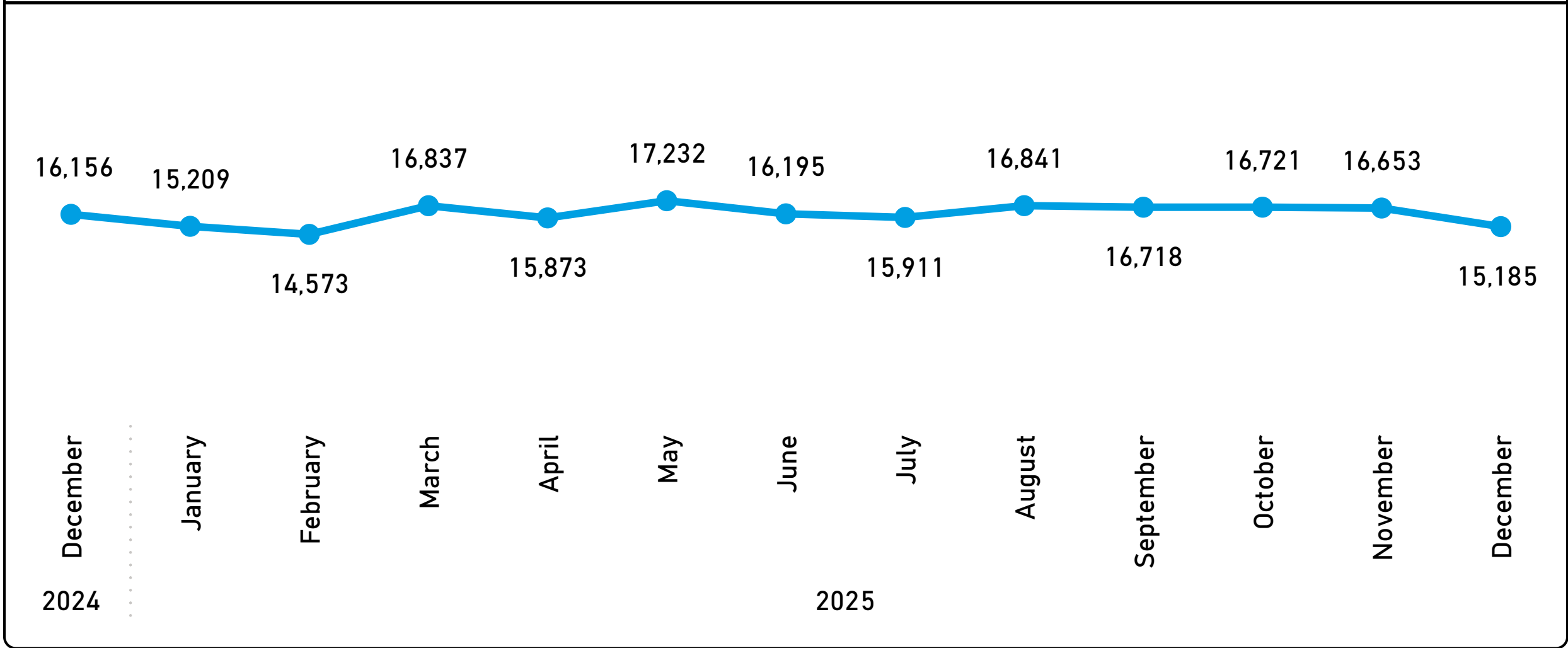
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



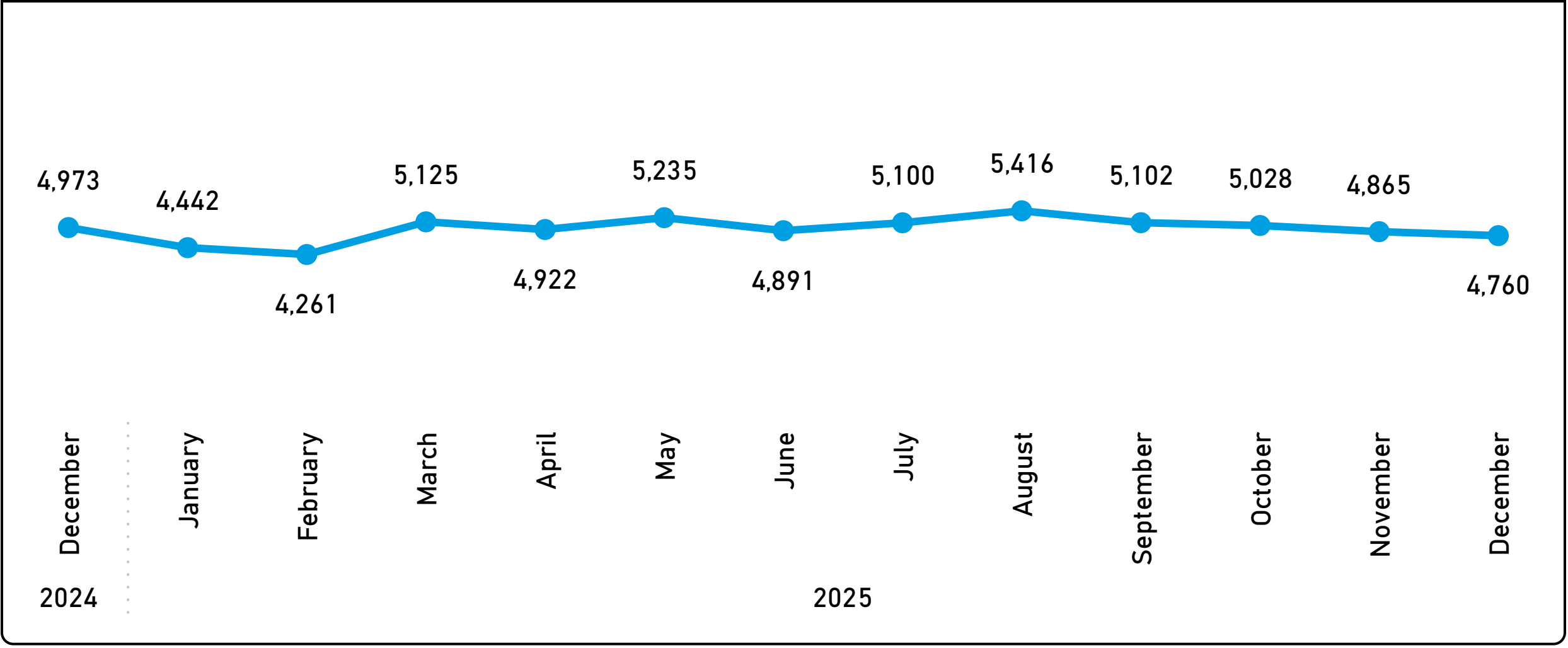
Emergency Department Attendances - West Dunbartonshire



Emergency Department Attendances - Glasgow City



Emergency Department Attendances - Other HSCPs

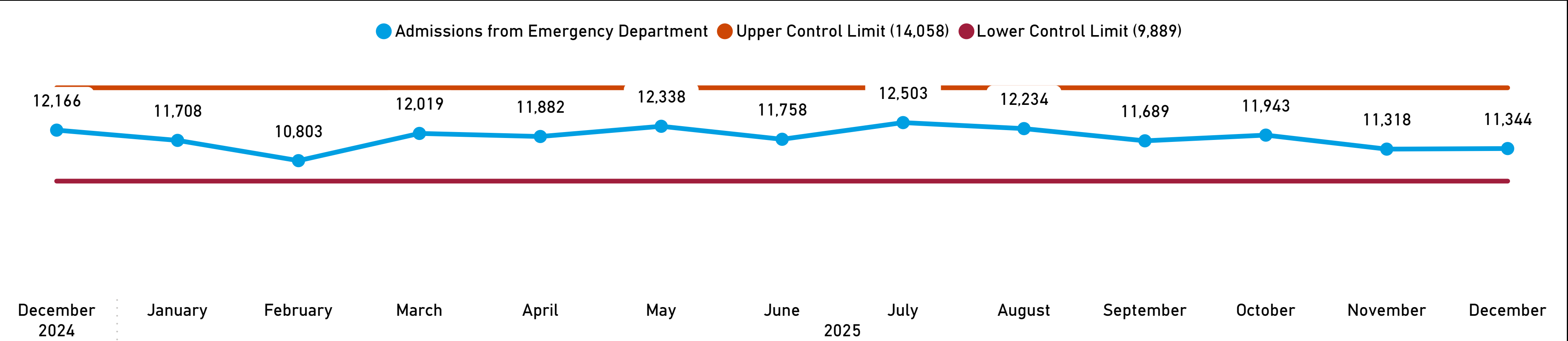


Unscheduled Care: Emergency Admissions and Length of Stay

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



ED Admissions by Month



Year to Date Admissions from ED

Trajectory 2% reduction on previous year

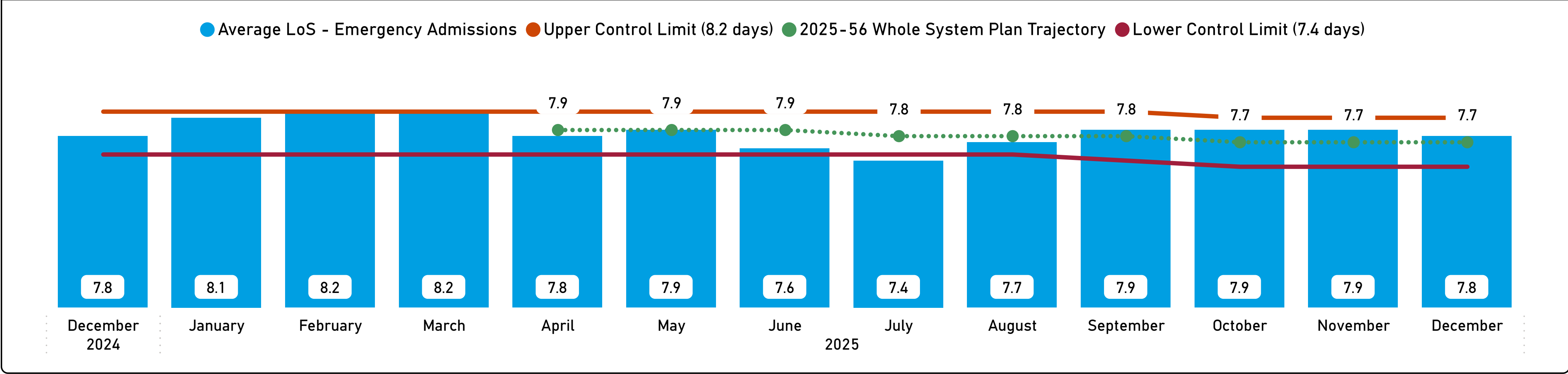
107,009

Trajectory: 108,544 (-1,535 -1.41%)
December 2025

Length of Stay (Emergency Admissions)

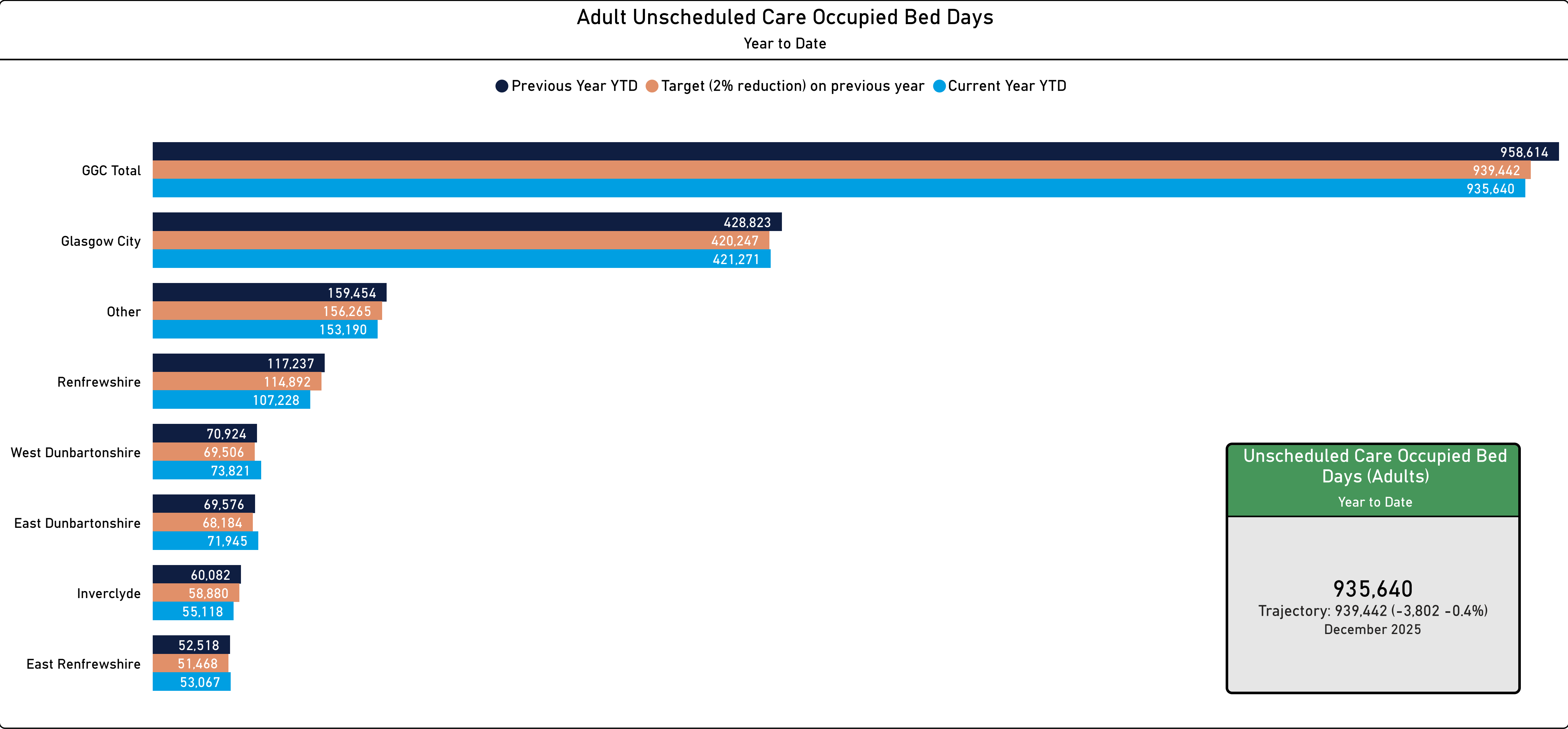
7.80
Trajectory: 7.70
(+0.10 +1.3%)
December 2025

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 318,017 A&E attendances (including MIU attendances) were reported during the period April - December 2025. This is above trajectory by 7,674 (2.47%). Compliance with the ED 4hr standard has increased, from 66.5% in November to 69.5% in December, although this remains below the local target of 79% and significantly below the national standard of 95%

Admissions from ED are 1.41% below trajectory, however Length of Stay for emergency admissions is slightly above trajectory by 1.3%. Unscheduled Occupied Bed Days for Adults remains below trajectory, representing 3,802 fewer bed days than planned.

Service Narrative

Delivery of Whole System Transformation has continued through December, including an 18-day System Reset, alongside ongoing delivery of the Interface & Urgent Care Programme and Operational Improvement Plan (OIP). Collectively, these actions focused on improving flow, reducing avoidable delay, stabilising ED performance and improving safety and experience across the system.

A range of actions were taken in December to improve Unscheduled Care Performance:

- Delivered System Reset 1 with additional acute and HSCP staffing to reduce occupancy, improve discharge and address long waits (target occupancy of 93% met on 1 occasion despite Flu/Staffing pressures)
- Go-live in North Sector for Headache/Hypertension pathways currently active in South.
- Discharge to Scan utilised across all sectors to facilitate safe and early discharge (~40 patients per week discharged across main sites)
- e-Triage procurement complete, contract issued and implementation planning underway
- Red Cross service fully embedded with active referrals being tracker and opportunity to reduce LoS
- Support for additional OIP schemes around delay and discharge reduction as aswell as admission avoidance / earlier discharges projects (e.g. Cardiology Patch & Go, Hospital at Home, OPAT Expansion and AWI support)

A number of challenges and risks still impact on our ability to meet trajectory:

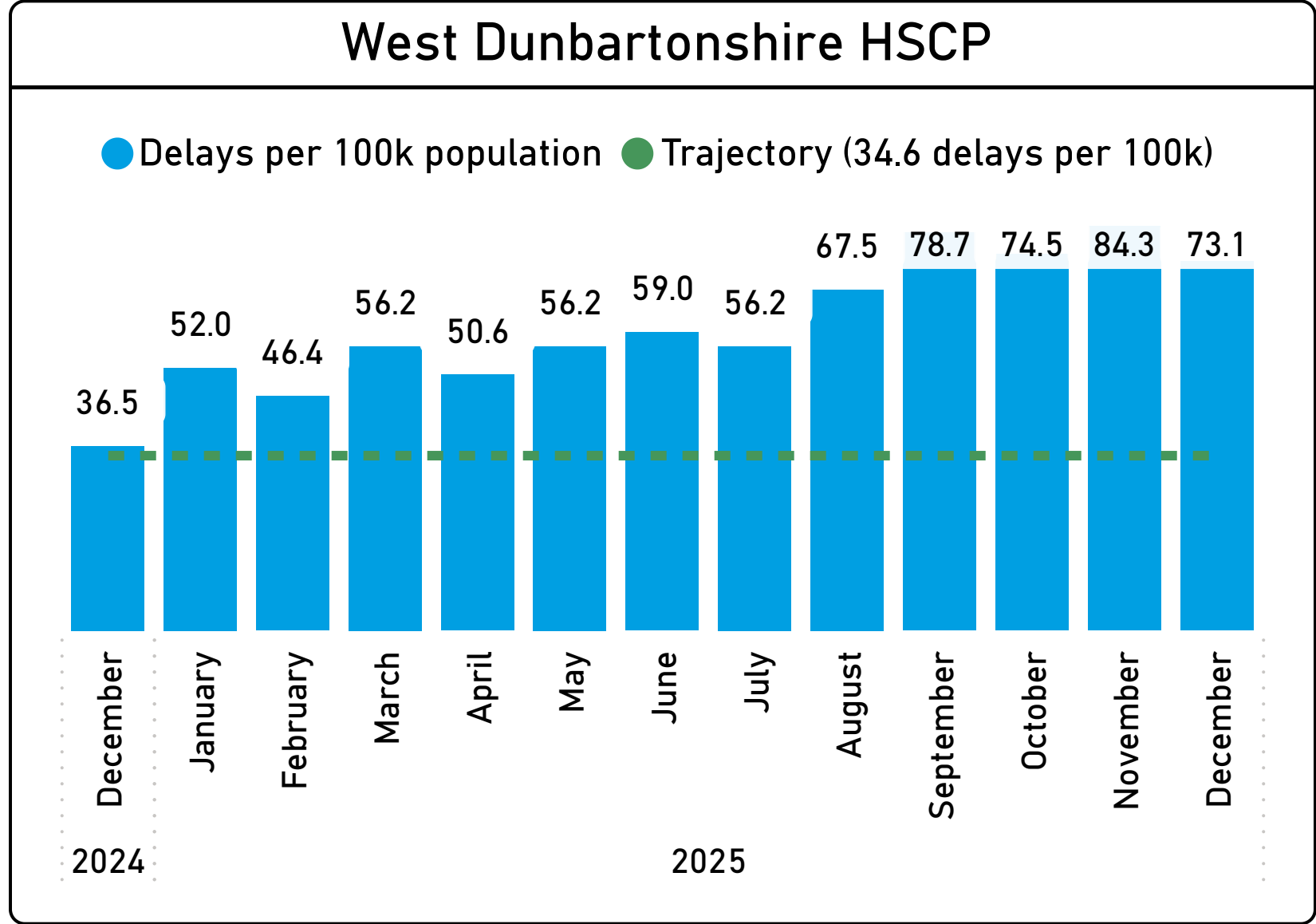
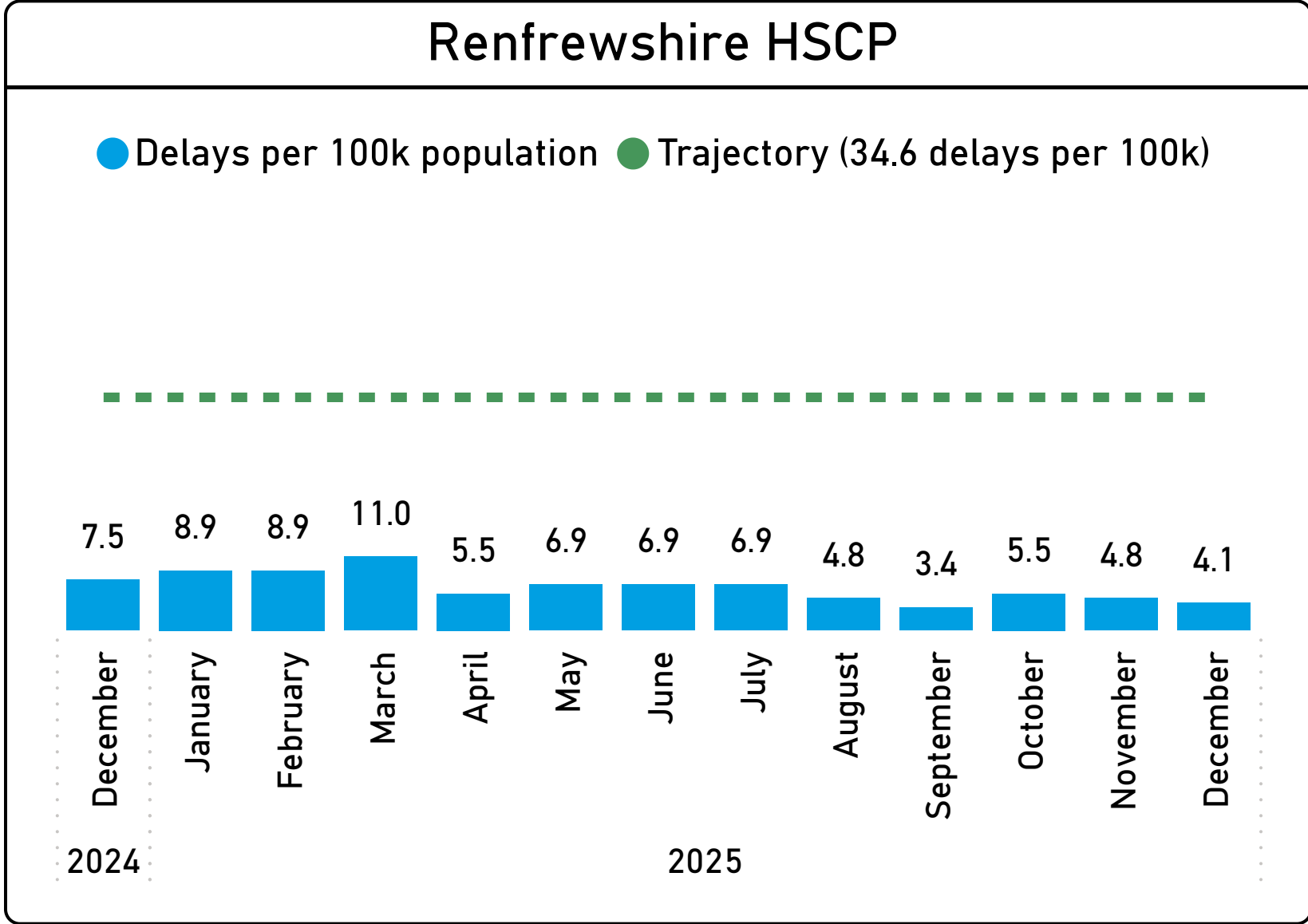
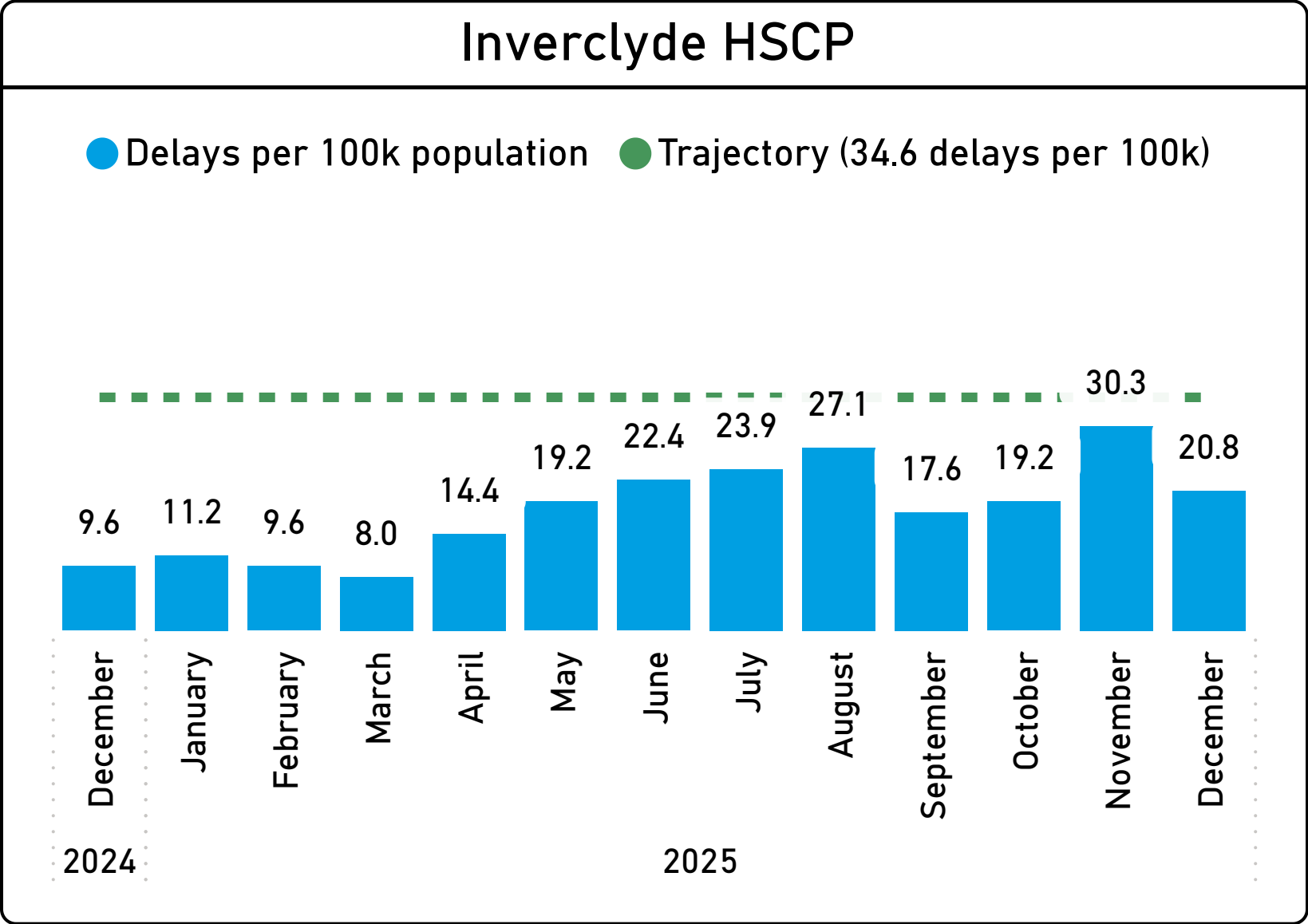
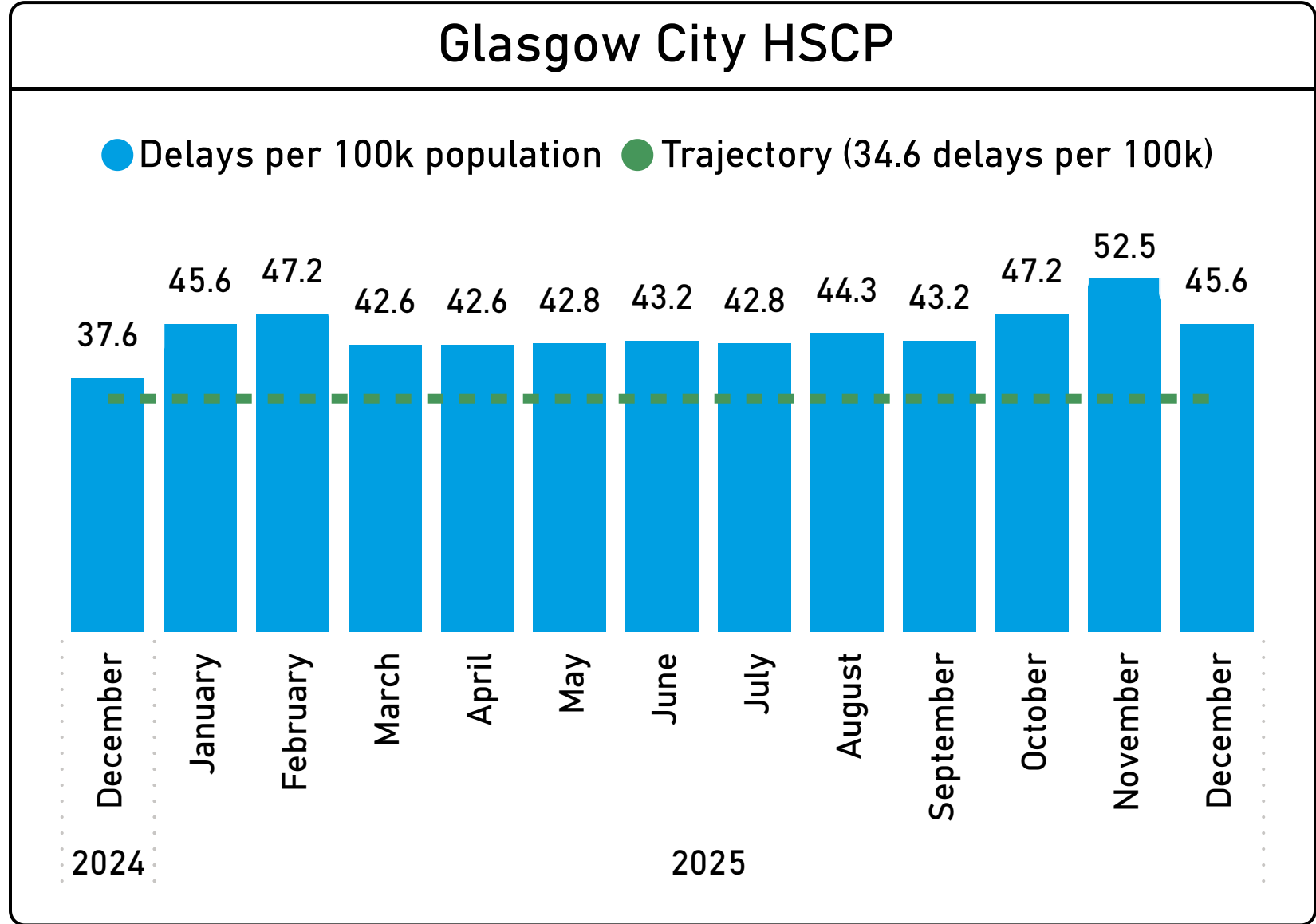
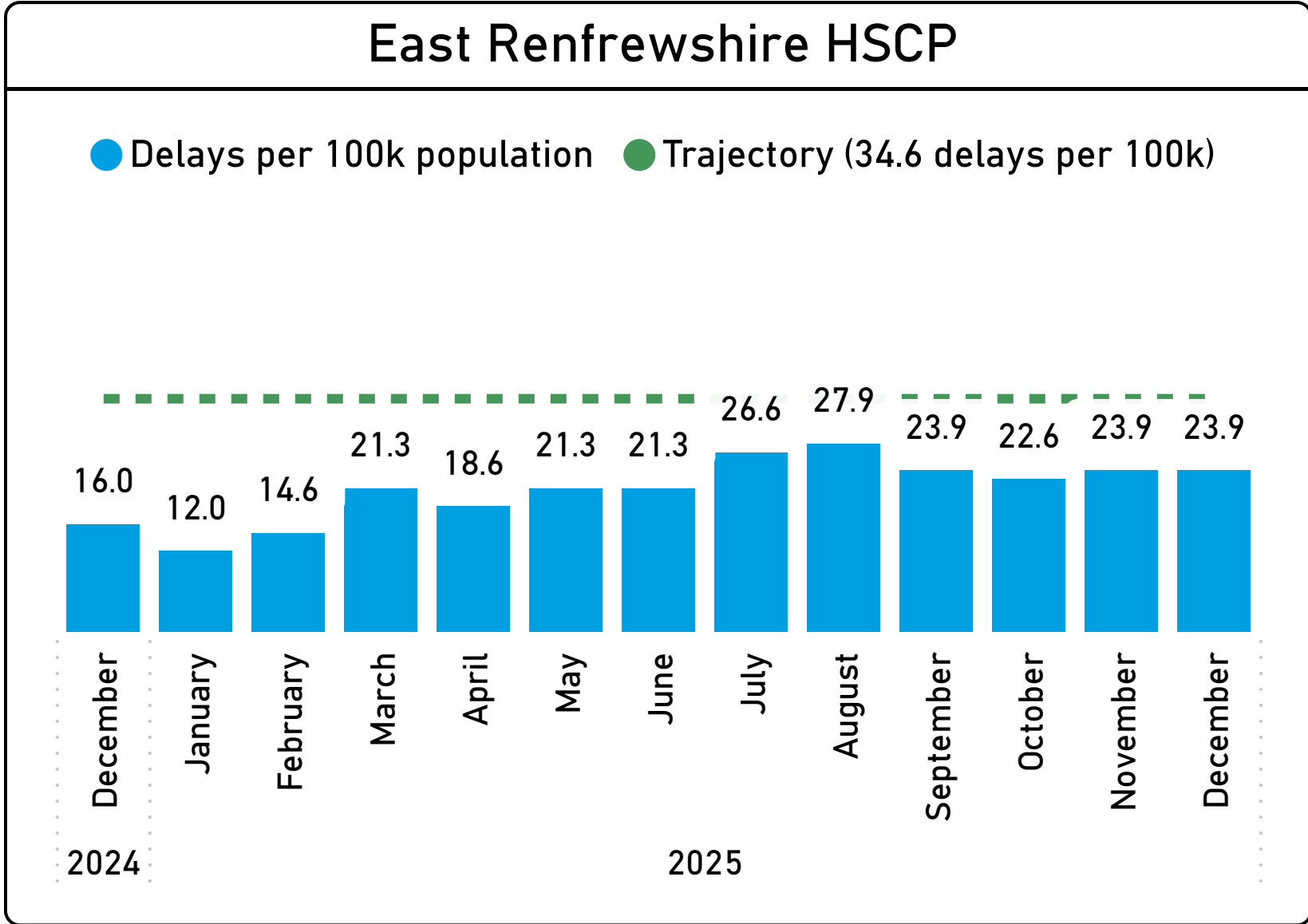
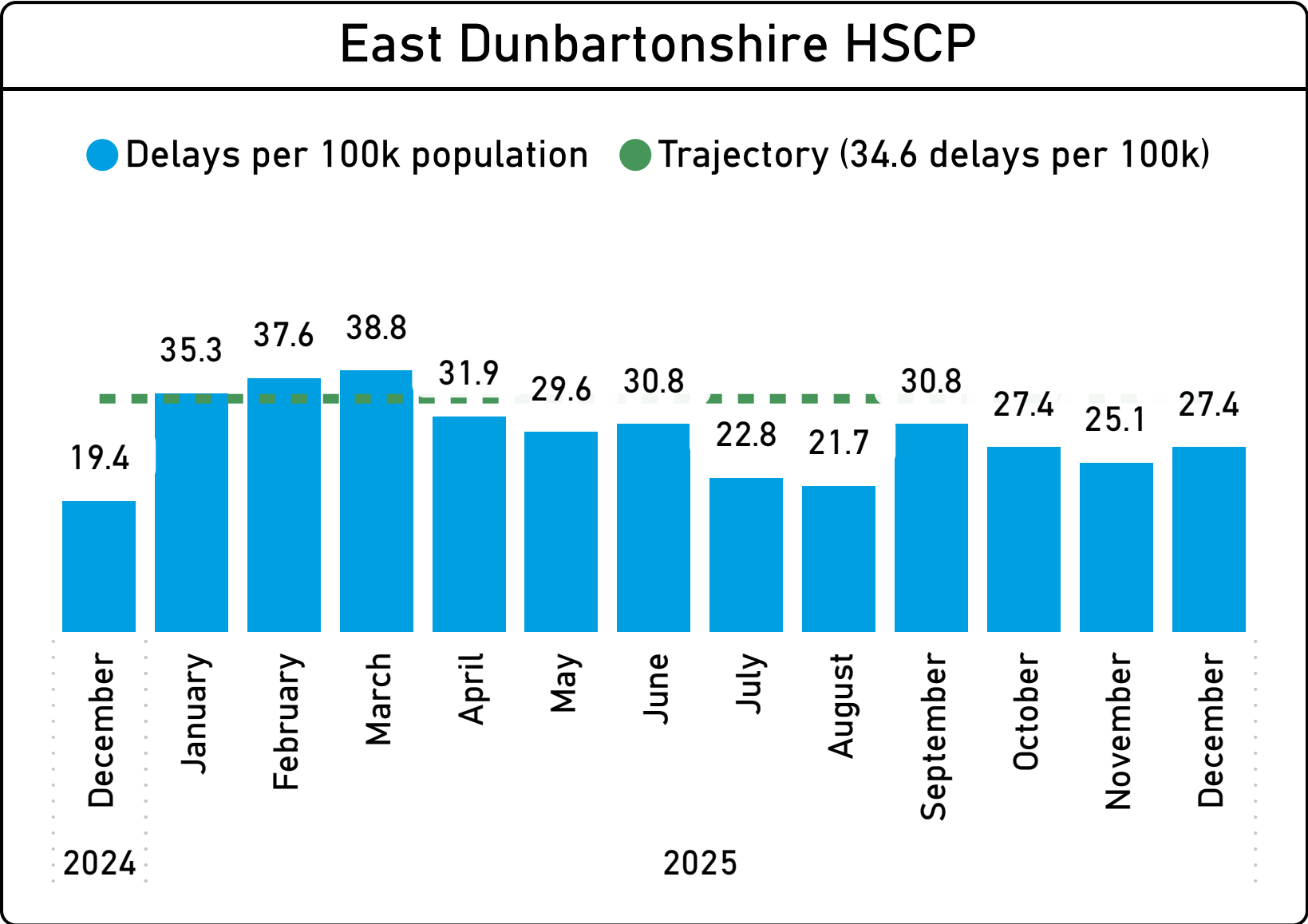
- Sustained high bed occupancy and ED attendance rates continue to limit flow and resilience at the ED front door
- Sustained high number of patients in delay (both NHSGGC & Non-NHSGGC HSCPs)
- Workforce availability and recruitment timelines (acute and HSCP) constrain pace of scheme implementation and scale-up

Plans in place over the coming months to improve the position include:

- Delivery of System Reset 2 to support whole system flow - informed by learning from System Reset 1 in December
- Scale number of FNC+ Plus and Virtual Hospital pathways, supporting admission avoidance performance and reducing LoS (Respiratory, Cardiology, Surgical, NHS24 Direct Access and Paediatrics)
- Expansion of OPAT to 7 days in North Sector
- GP Medical calls live in Clyde sector (currently live in North/South)
- Whole system escalation policy prepared including standardisation thresholds for escalation and adoption - improving data driven decision making
- Continue targeted HSCP discharge and delay-reduction schemes, with a focus on AWI reduction, Care at Home, Intermediate Care and hospital social work capacity.

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

405

Trajectory: 316 (+89 +28%)
December 2025

Bed Days Lost - Latest Month

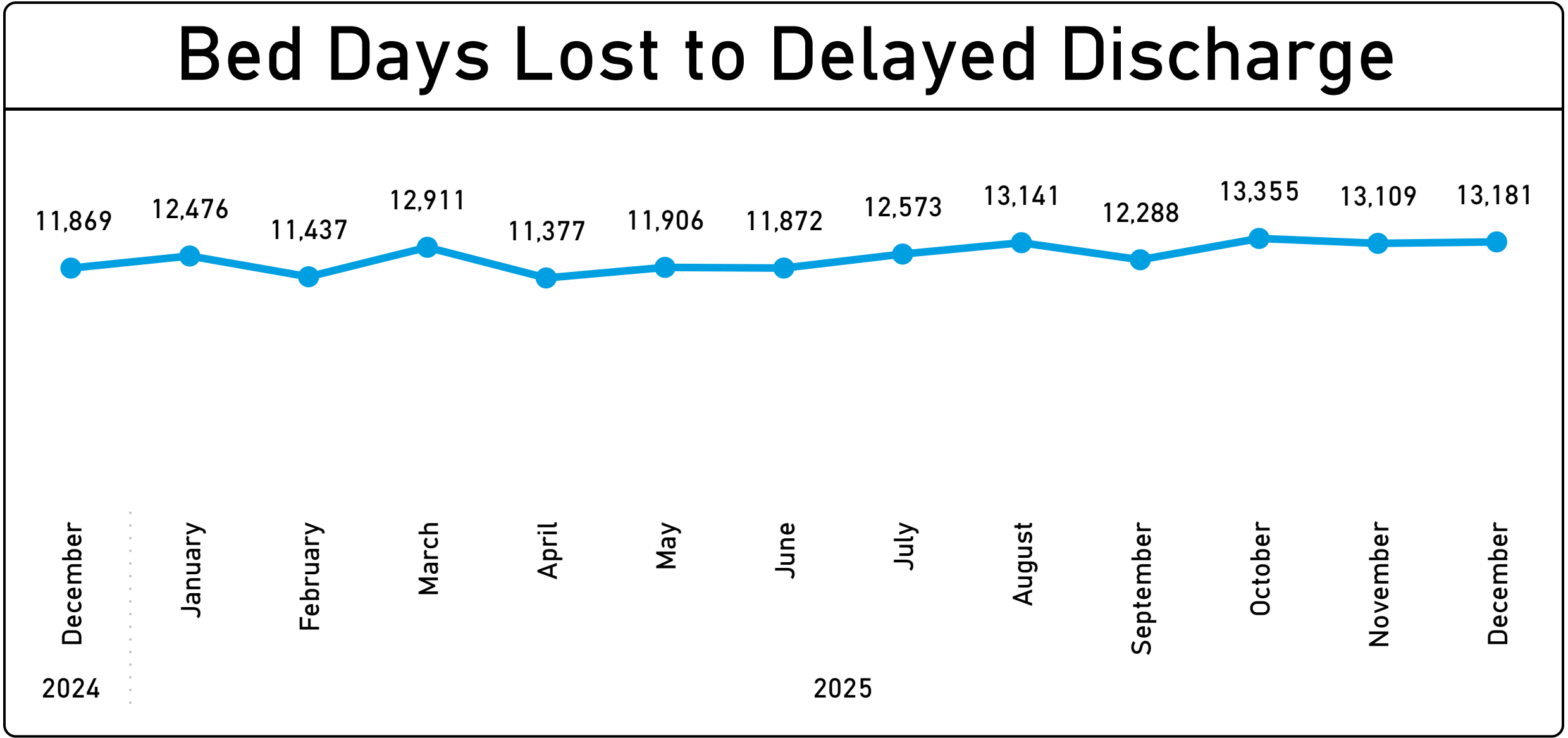
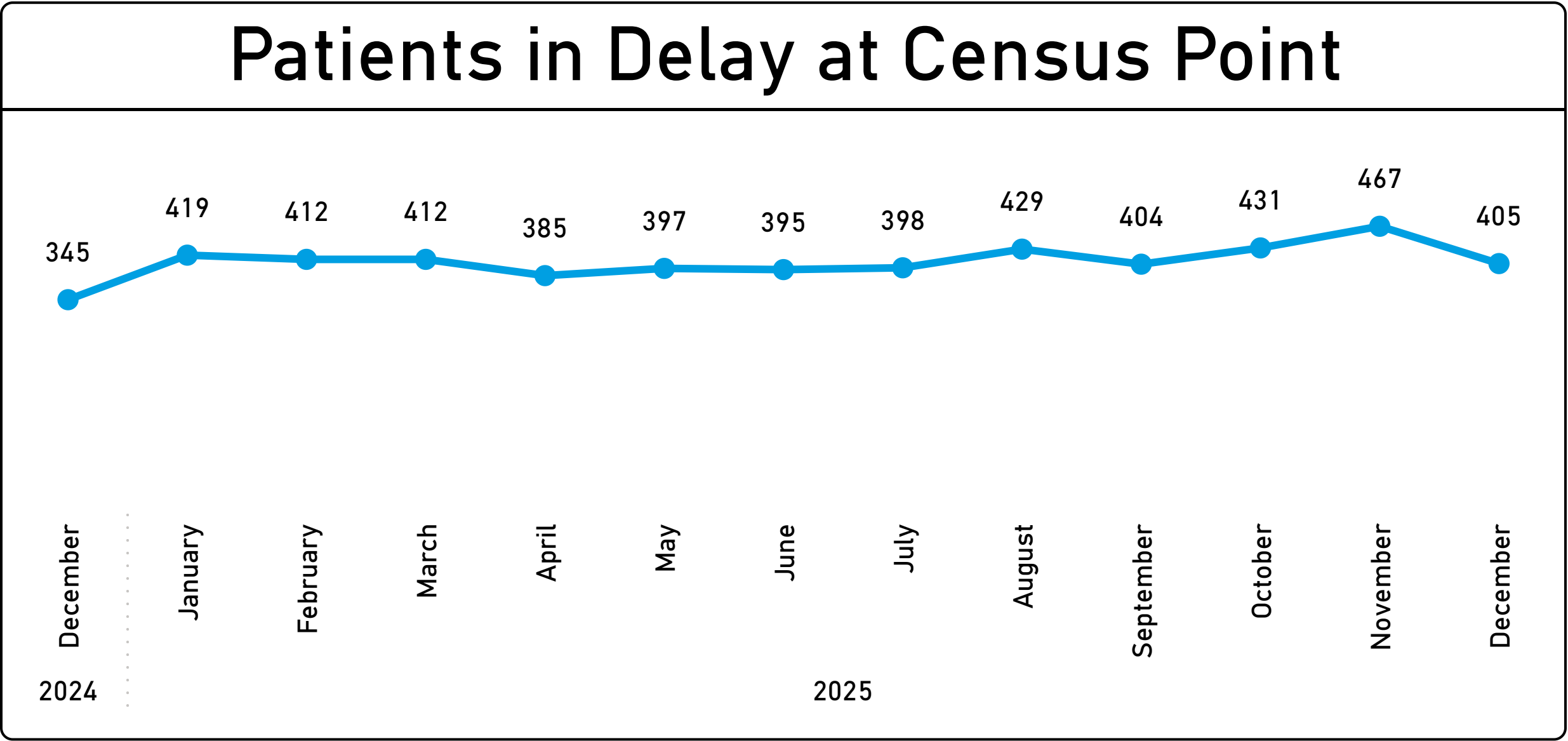
13,181

Trajectory: 9,748 (+3,433 +35%)
December 2025

Bed Days Lost - Year to Date

112,802

Previous year: 106,608 (+6,194 +5.81%)
December 2025



Commentary

Patients in Delay and Bed Days Lost at the monthly census point has come down from the previous month, but remains high. Overall, a total of 41.7 delayed discharges per 100,000 adult population were reported at the monthly census point in December 2025 across NHSGGC, above the national target of 34.6 per 100,000 adults by 20%.

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 4 pages.

Delayed Discharge: Acute

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



Acute Patients in Delay

297

Trajectory: 258 (+39 +15%)
December 2025

Acute Bed Days Lost to Delay

9,952

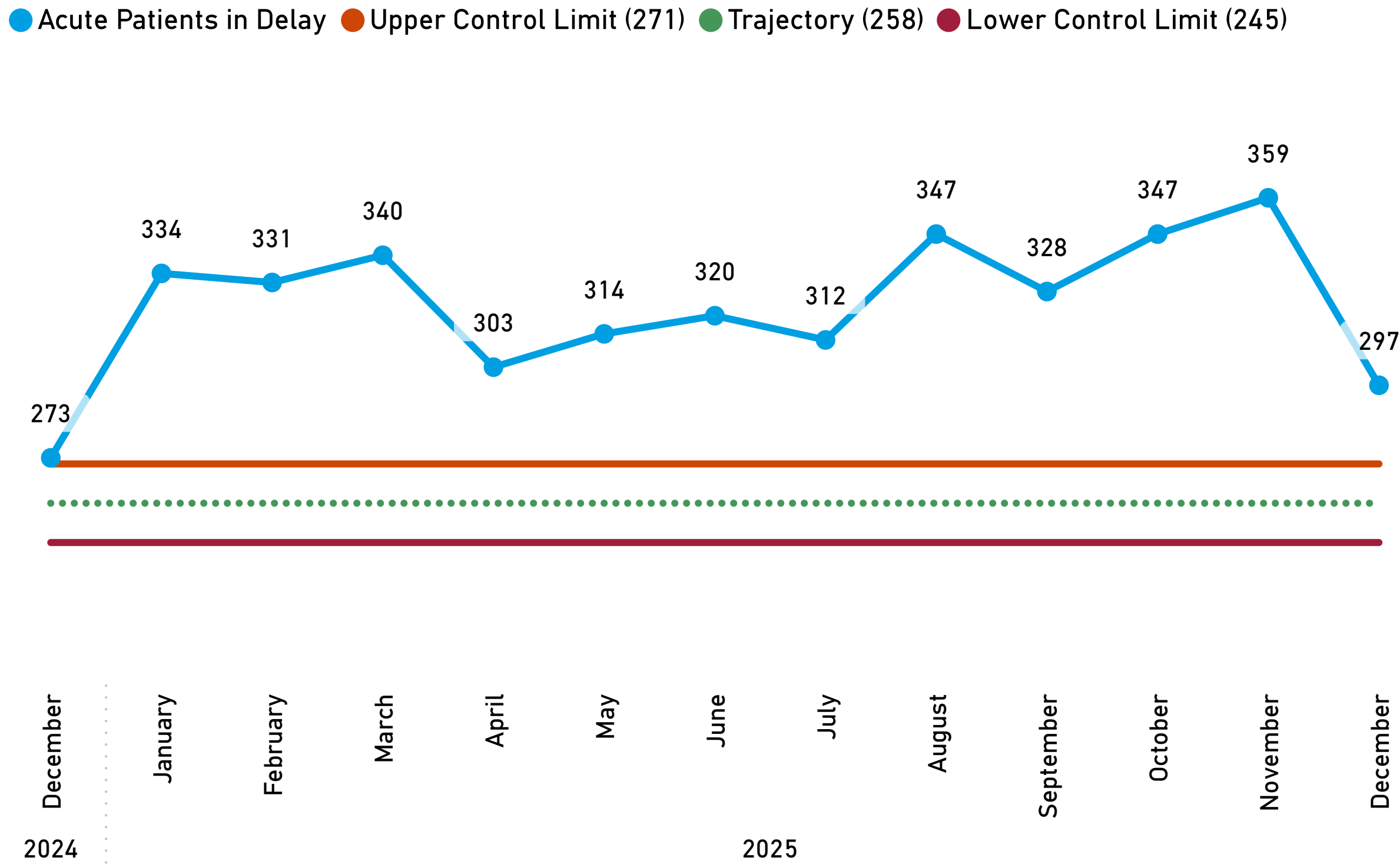
Trajectory: 7,890 (+2,062 +26%)
December 2025

Acute Bed Days Lost - Year to Date

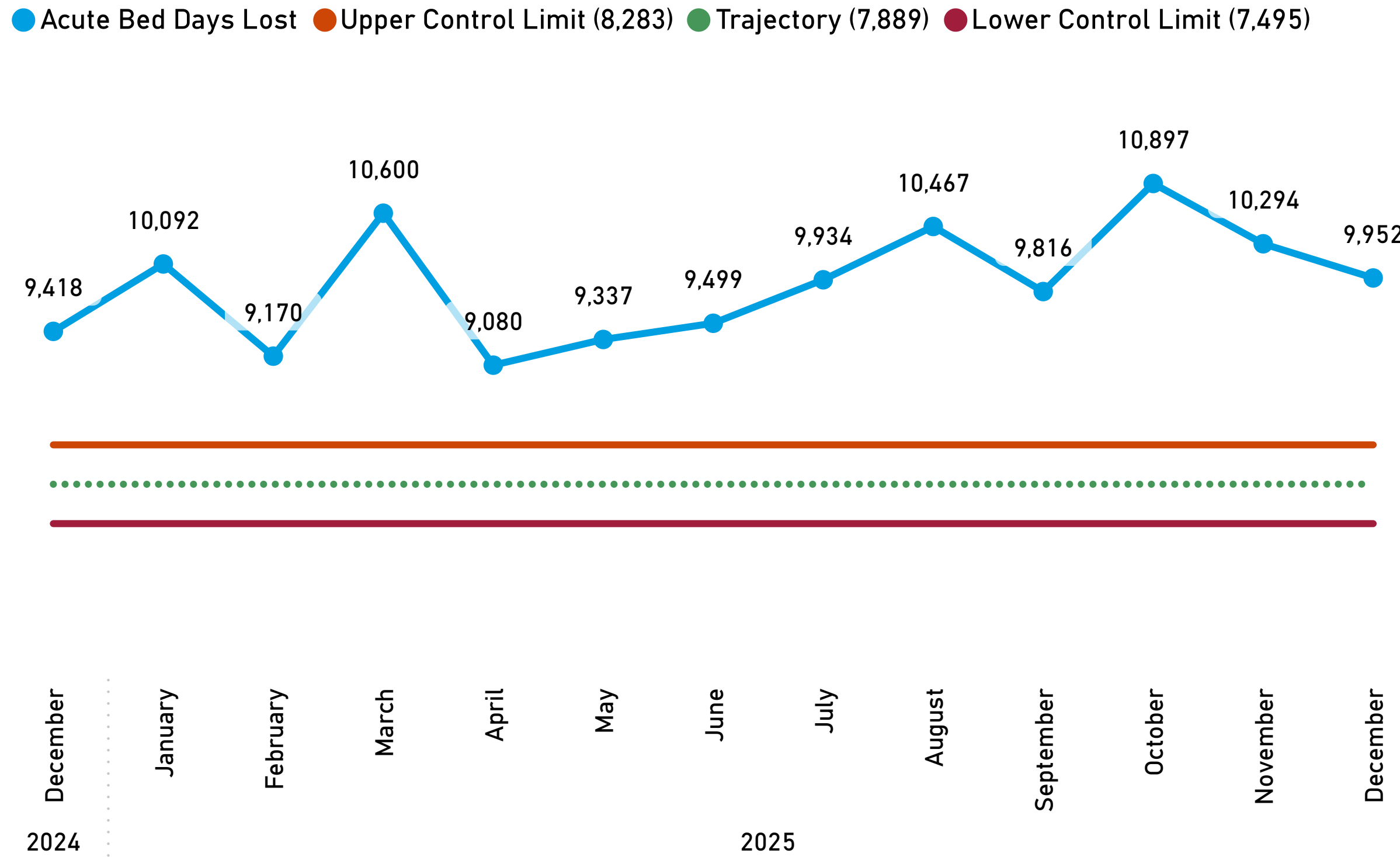
89,276

Previous year: 81,270 (+8,006 +9.85%)
December 2025

Patients in Delay at Census Point



Bed Days Lost to Delayed Discharge



Commentary

A total of 297 Acute delayed discharges were reported at the December 2025 monthly census point, a significant reduction from the 359 reported in November, although still above trajectory of 258 acute delays. It should be noted that a similar drop was experienced in December 2024 coinciding with the festive period, with delays then rising again the following month. Early indications are that delays have increased again throughout January 2026.

9,952 bed days were lost to Acute delays in December, above target by 26% or 2,062 bed days. The overall number of bed days lost to Acute delays in the year to date is 9.85% higher than at the same point last year.

Service Narrative

A coordinated programme of work continues through the Unscheduled Care Operational Improvement Plan (OIP) and under the leadership of the Director of Whole System Flow to reduce delayed discharges across NHSGGGC. This work continued in December 2025 with a consistent reduction across the month.

- A range of actions were taken in December to improve our acute delays position:
- The Home First Response Service expansion continues incrementally, with several positions filled and others continue to be advertised/re-advertised
 - The Red Cross service is now fully embedded with active referrals being tracked for impact, particularly around AWI reduction
 - Continued work with each HSCP and QUEST on developing whole-system data around Flow & Delays (utilisation of patient portal, action meetings, collaborative conversations)
 - System Reset 1 and evaluation with a focus on supporting flow, reduction in delays and community pull.
 - Decrease in number of Non-GGC delays as a result of actions in place through the Director of Whole System Flow, including regular engagement with Argyll & Bute and both Lanarkshire HSCPs. Further engagement is planned through System Reset 2 with Non-GGC Boards
 - Whole System Audit and PDD analysis across December to support discharge of patients.
 - Criteria Led Discharge rollout continues across North and Clyde sectors, with South to follow once the implementation plan is finalised. North rollout now at 85.2% and Clyde at 46.9%.

- A number of challenges and risks still impact on our ability to meet trajectory:
- January system / Winter pressures creating challenge in maintaining Delayed Discharge targets
 - Non-GGC delays rising throughout January
 - Increase in sickness / absence across GGC and HSCPs, reducing capacity to discharge patients and in Care at Home availability for some HSCP's
 - Fluctuating Care Home availability for some HSCP's due to Moratorium on admissions and closures due to infection outbreaks.

- Plans in place over the coming months to improve the position include:
- System Reset 2 running from 17th January 2026 to 28th January 2026 with a focus on patient safety, reducing delayed discharges and improving flow.
 - Whole System Audit running 12th January 2026 and additionality in place prior to System Reset with targets set to reduce Delayed Discharge numbers / Bed Days lost
 - Whole System Flow Group first meeting to hold governance of all related projects.
 - Continuation of recruitment to current Operational Improvement Plan schemes as well as newly implemented additional schemes to support reduction of delays and AWIs
 - Additional daily sit-rep report stood up to focus on predicted discharges

Delayed Discharge: Mental Health

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



Mental Health Patients in Delay

108

Trajectory: 58 (+50 +86%)
December 2025

Mental Health Bed Days Lost to Delay

3,229

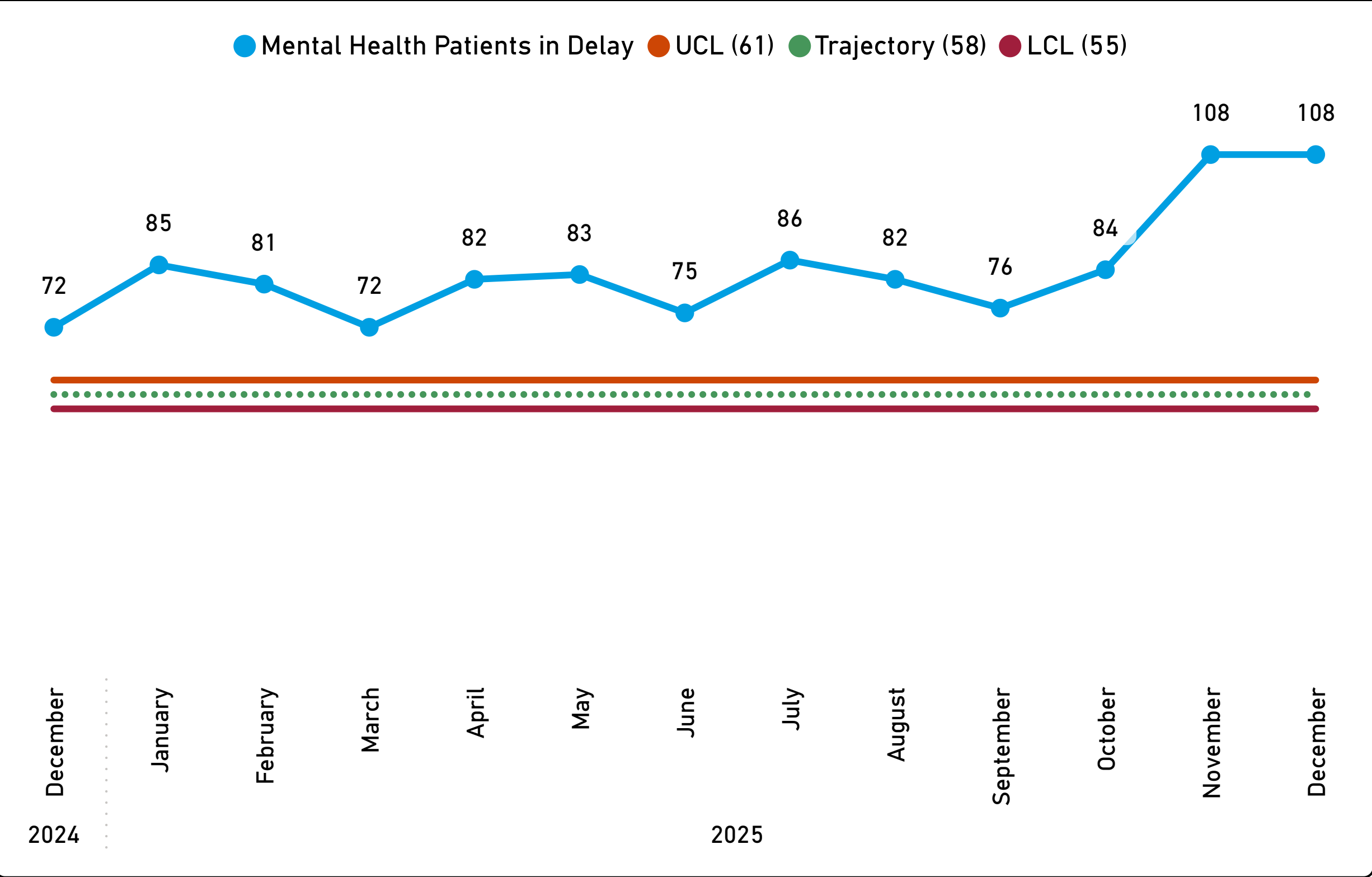
Trajectory: 1,858 (+1,371 +74%)
December 2025

Mental Health Bed Days Lost - Year to Date

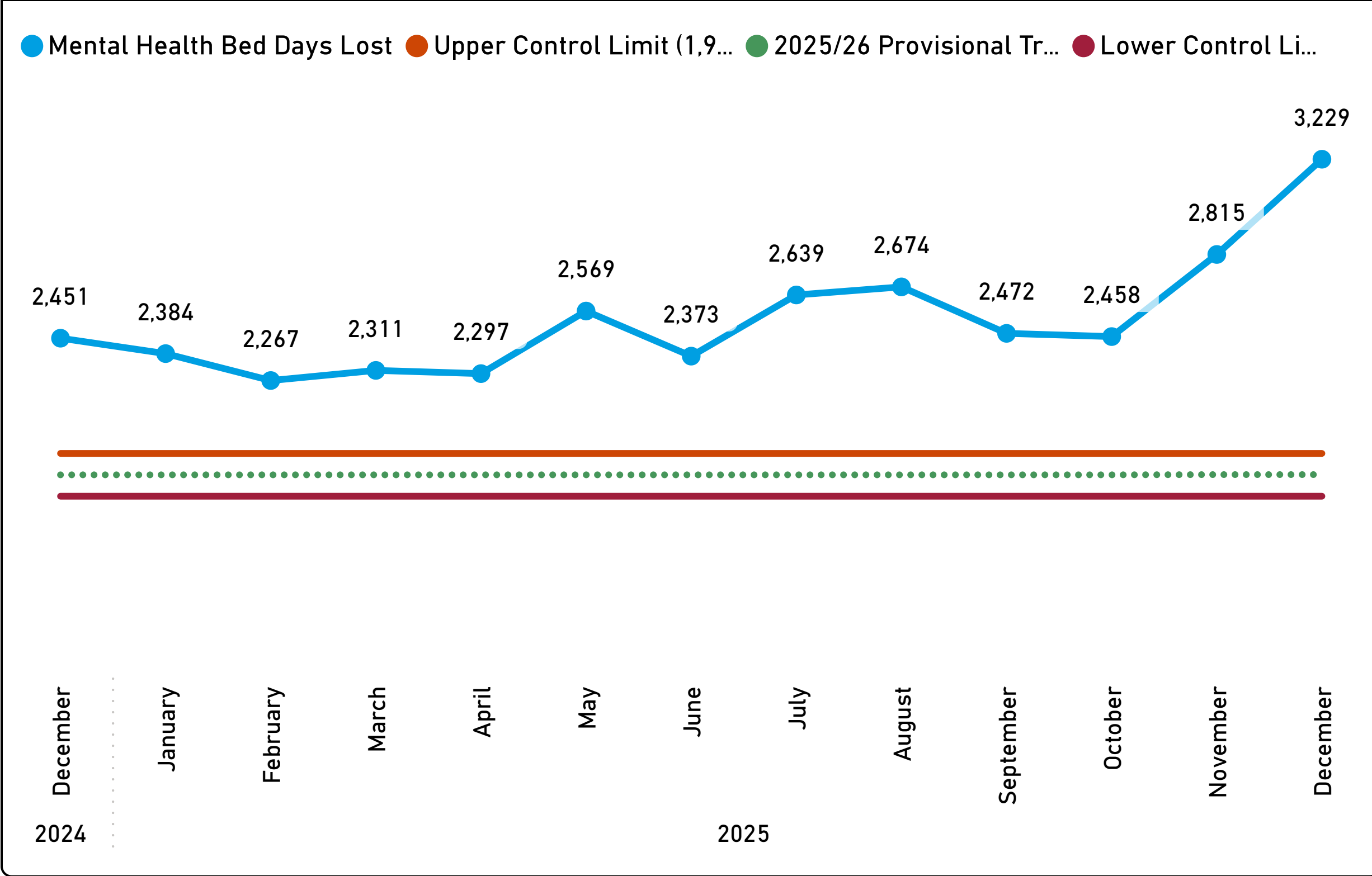
23,526

Previous year: 25,338 (-1,812 -7.15%)
December 2025

Patients in Delay at Census Point



Bed Days Lost to Delayed Discharge



Commentary

A total of 108 Mental Health delayed discharges were reported at the December 2025 monthly census point, unchanged from the figure reported in November. This remains above the trajectory of 58 acute delays, and is a significant increase on the figures typically seen over the past year.

3,229 bed days were lost to Mental Health delays in December, above target by 74% or 1,371 bed days. The overall number of bed days lost to Mental Health delays in the year to date is 7.15% higher than at the same point last year.

Service Narrative

A number of challenges and risks still impact on our ability to meet trajectory:

- There remains significant pressure on inpatient mental health beds across NHSGGC, particularly for adult acute admissions and contingency beds are all in use. This is amplified by a number of factors including increased acuity/patient are more unwell when they come into the ward and this can increase their length of stay and numbers of staff required to keep them safe
- There are currently a high level of continuous interventions across wards for patients at high risk. This stretches resource across hospital sites and can take focus away from ‘normal day to day business. Two (and sometimes three) staff are assigned to patients who require CI/observations. In addition, staff sickness has been higher during winter months

Actions to Improve

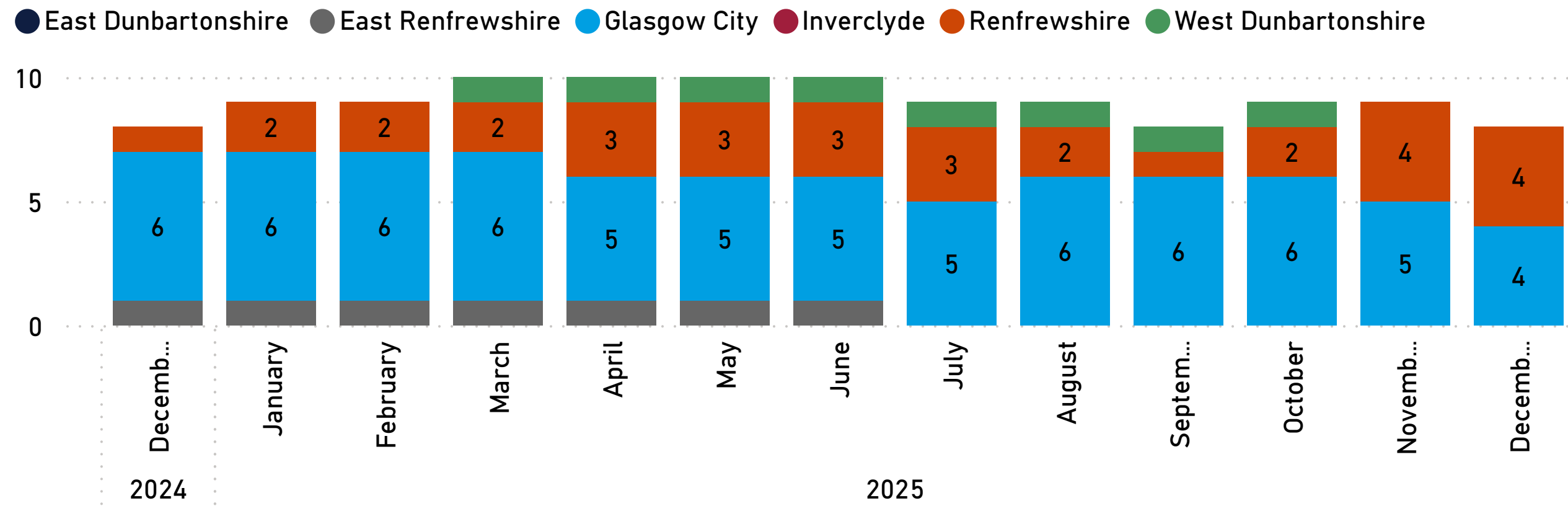
- Ongoing work in relation to anti-ligature capital improvements is progressing at pace, with work ongoing on a rolling basis. During this work, decants take place to allow wards to progress, and so this does not specifically impact on delays other than if work taking place requires wards to close without the same level of decant provision.
- There is an improved system for referrals to SW for early identification and formal delay (from November 2025), increasing efficiency in allocation across all MH adult, Older People and Rehab wards. This has introduced a single point of access for referrrals, supporting better administration and review of referrals.
- A new board wide service manager post is being introduced to support a whole system bed management approach and to work alongside the discharge teams to ensure maximum flow. This post has been approved through the workforce planning process, and is now progressing through recruitment
- Plans for the introduction of community Clozapine detox and ADHD medication monitoring through the use of DOCCLA are being progressed through the Transforming Together programme, to support more people to receive treatment in the community and create capacity.

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

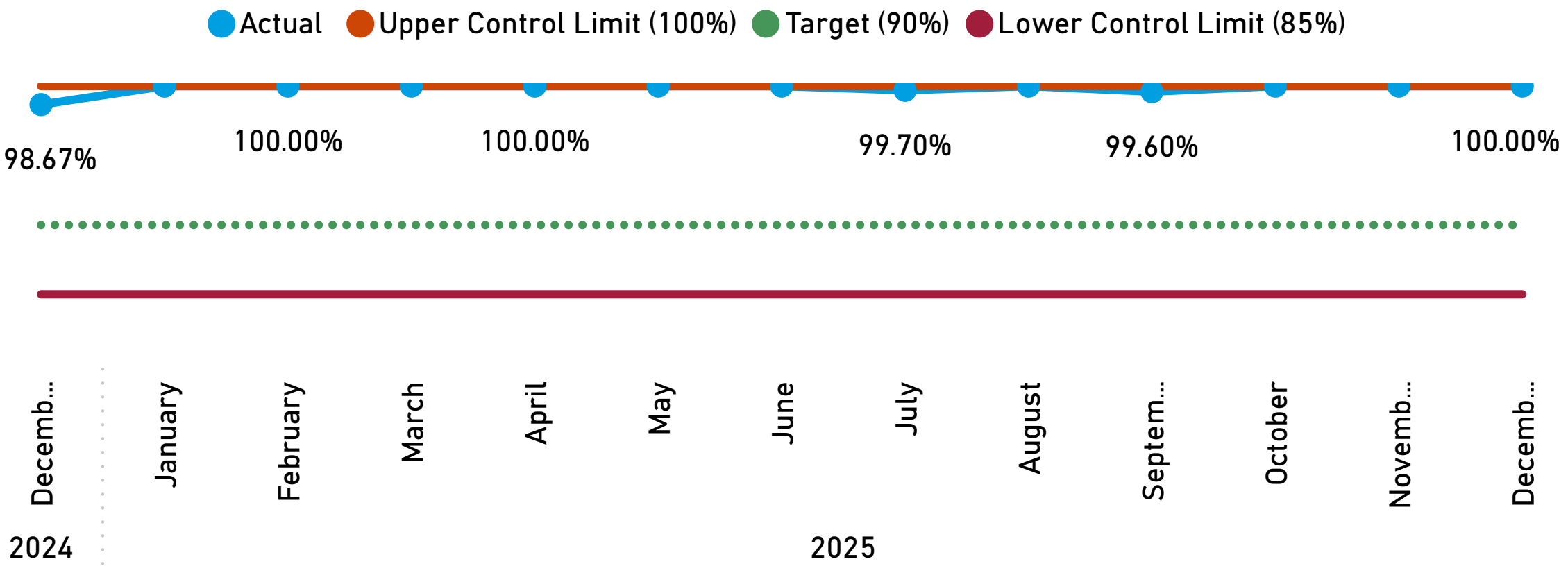
Lead Director - Chief Officer, Renfrewshire HSCP
Lead Committee - Finance, Planning and Performance



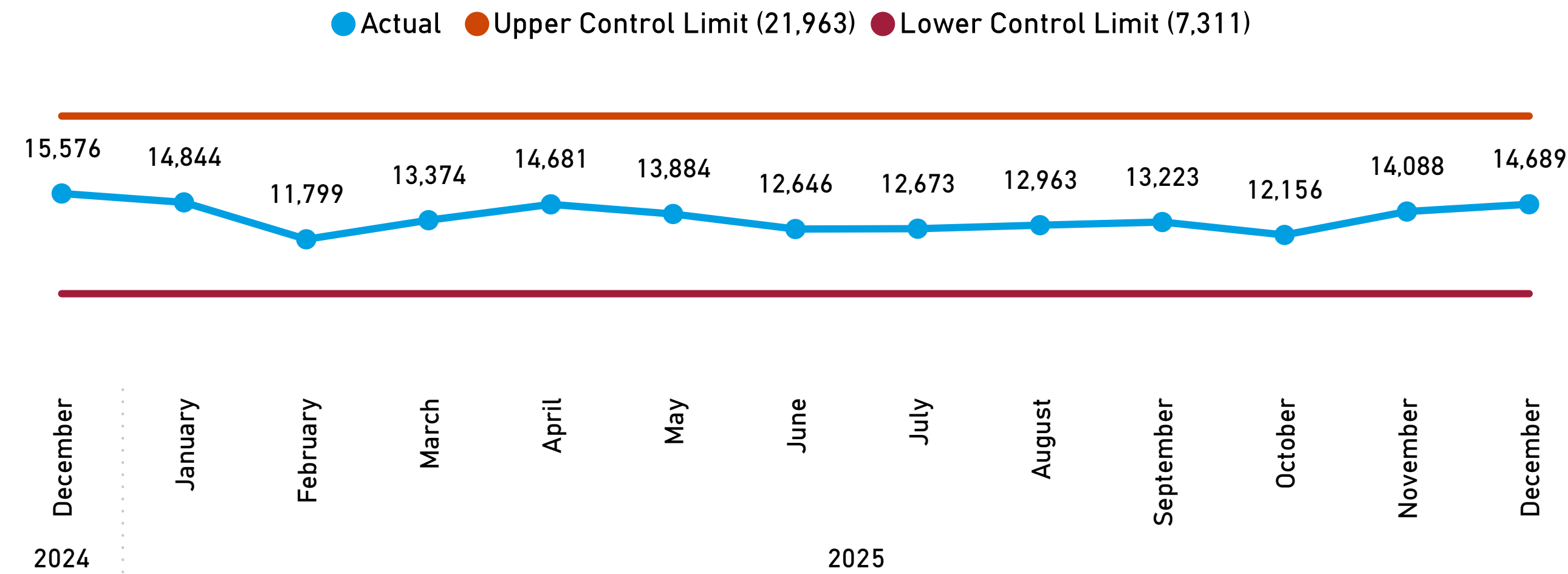
GP List Closures



GP Out of Hours - Shift Fill Rate



GP Out of Hours - Activity



GP OOH Activity - Year to Date

121,003
Previous year: 123,377
(-2,374 -2%)
December 2025

GP OOH Shift Fill Rate

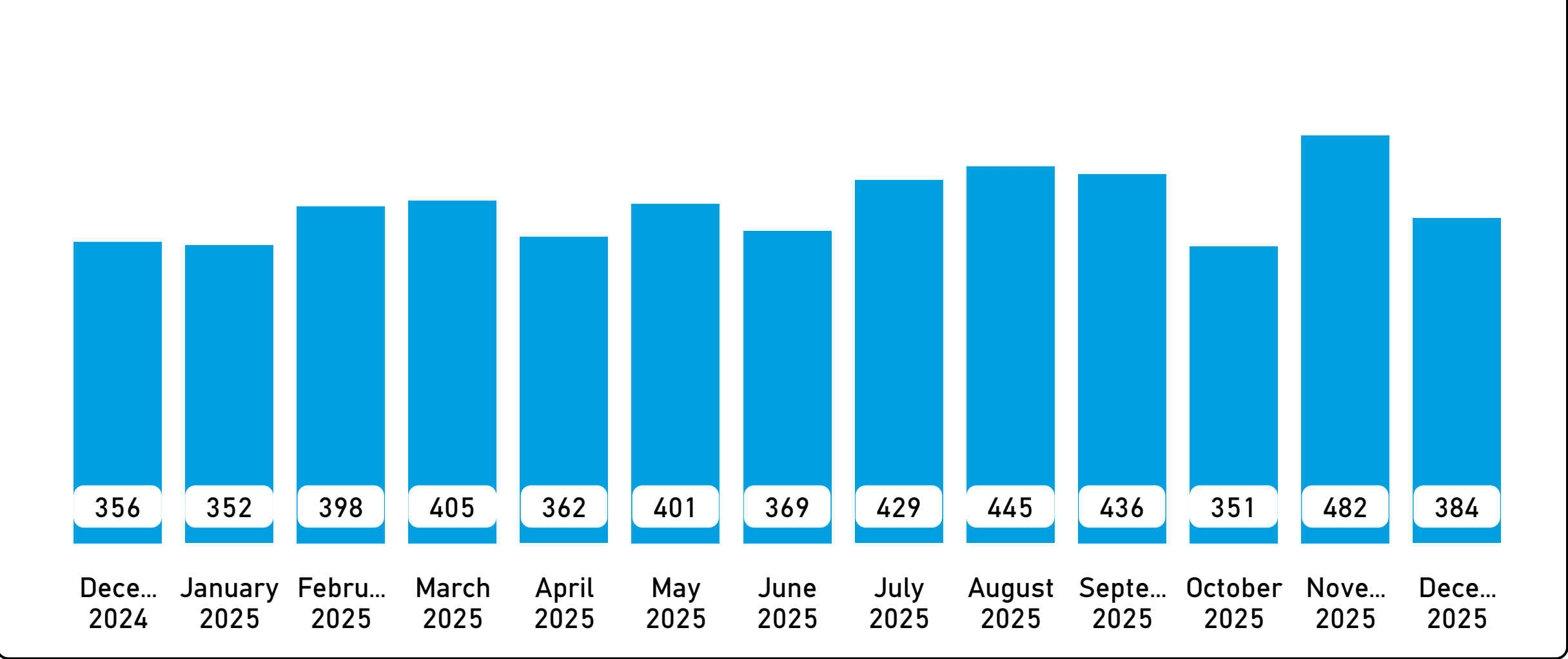
100.0%
Target: 90.0% (+10.0%)
December 2025

Commentary

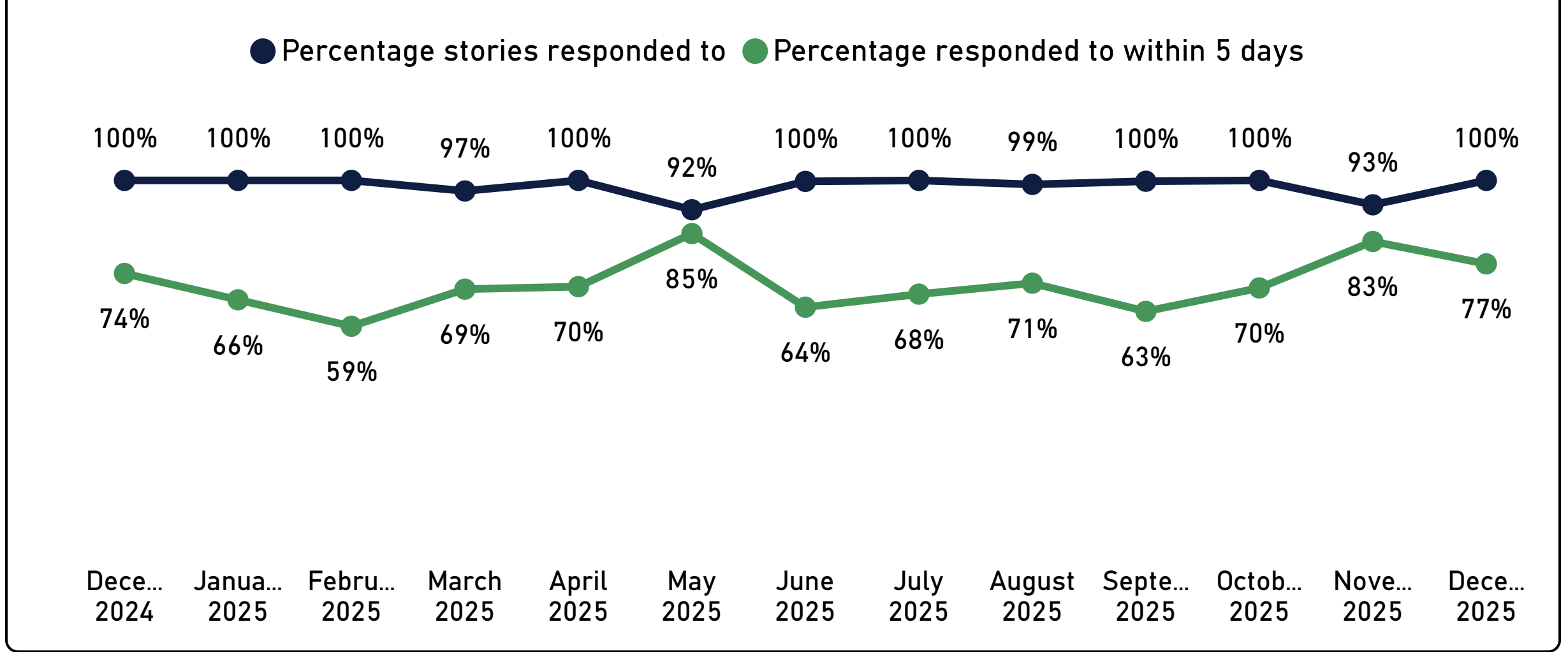
GP list closures remain at a steady rate across the year. Following a closure, practices develop actions to resolve the challenges leading to closure, and the Primary Care Support Team work with the practice and HSCPs to plan reopening of lists before the 12-month closure limit is reached.

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

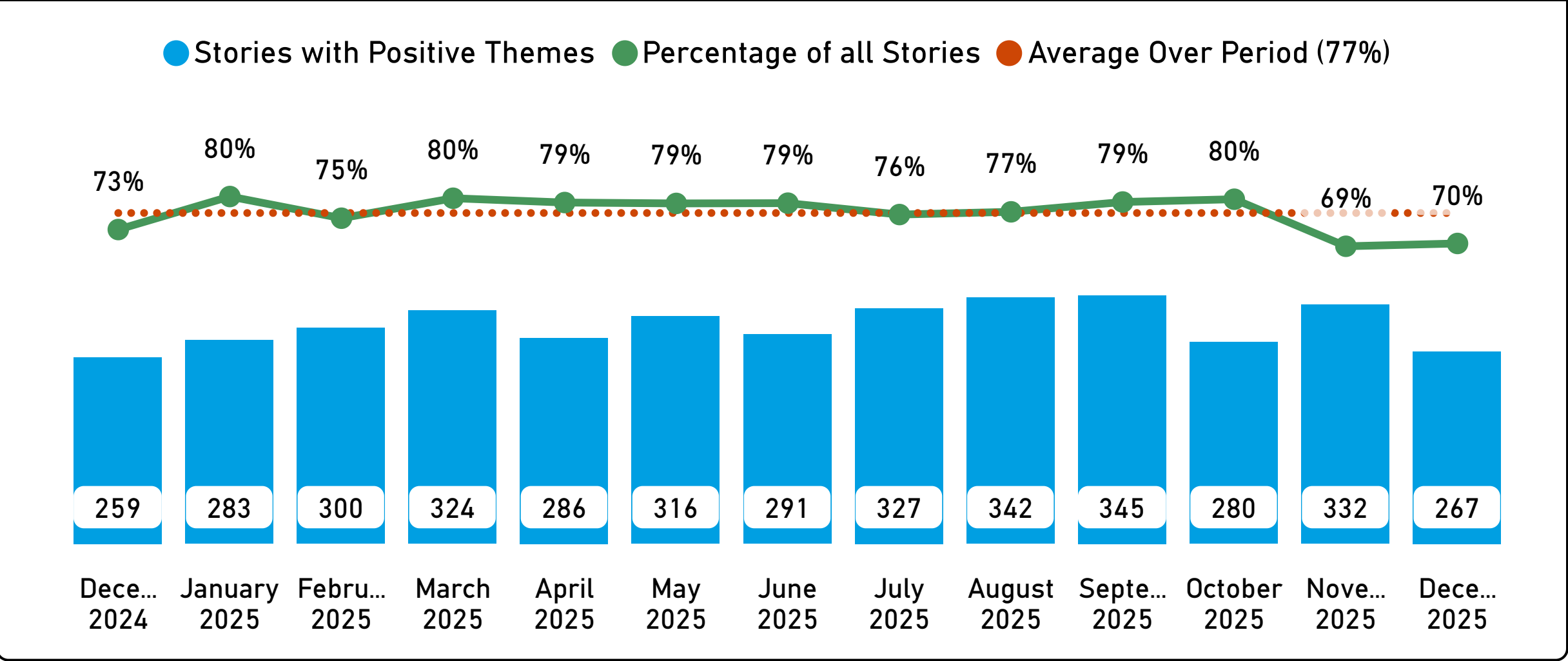
Care Opinion Stories Received About NHSGGC Services



Response Rate



Care Opinion Stories With Positive Themes



Commentary

Response performance remains a key strength. All stories continue to receive a response, and these figures show that the significant majority of people sharing stories on Care Opinion receive a response from NHSGGC within five days, reflecting a strengthened focus on timely replies.

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 Theme	% Within 5 Days	Stories	Positive Theme	% Within 5 Days	Stories	Positive Theme	% Within 5 Days	Stories	Positive Theme	% Within 5 Days	Stories	Positive Theme	% Within 5 Days	Stories	Positive Theme	% Within 5 Days	Stories	Positive Theme	% Within 5 Days
December 2024	356	73%	74%	39	67%	79%	25	96%	88%	115	83%	78%	89	70%	73%	70	74%	67%	18	0%	44%
January 2025	352	80%	66%	58	76%	86%	16	75%	56%	118	89%	58%	77	78%	66%	55	78%	67%	28	68%	64%
February 2025	398	75%	59%	37	76%	73%	18	78%	61%	133	77%	62%	104	75%	60%	77	68%	52%	29	86%	45%
March 2025	405	80%	69%	66	73%	69%	25	88%	56%	138	84%	72%	78	76%	67%	74	78%	71%	24	88%	77%
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%

Commentary

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, 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 - Finance, Planning and Performance

Royal Hospital for Children - Maternity

"I'd like to give a big shoutout to midwives Rachel and Rebecca for the excellent care I received when delivering my baby boy at the QEUH. They were very respectful and friendly and explained everything that was happening (even though things moved pretty fast at one point)! I also really appreciated the golden hours my partner and I got to spend after delivery with our son. Overall, I will always remember this birth as an empowering experience and I'm certain it has contributed to a good start to my breastfeeding journey. I'd like to I wish them both the best in their careers."

Royal Alexandra Hospital - Physiotherapy

The physiotherapists at the RAH hospital were great before my operation, helping me to get fitter for the procedure, every week pushing me a bit further. It was great going to this class as people that were like me waiting to go for surgery and people who had been for surgery were very supportive and helpful... I was advised to stop smoking before the surgery (and) knew that to help my recovery it had to be done. After 5 weeks I am now off the fags! I would like to thank the team of physiotherapist at the RAH hospital for your hard work, dedication and support - thank you Amy, Matthew, Mags and Gerry, much appreciated."

Inverclyde Royal Hospital - Larkfield Unit

"My mum was referred by GP and we saw Dr Murtagh. From the minute we arrived at the Larkfield Unit everyone was just lovely. My mum felt she was listened to and her fears and worries dealt with sympathetically and compassionately. Dr Murtagh was kind, informative and compassionate and we left feeling that although the diagnosis wasn't what we wanted, that we had all the information to move forward and wouldn't be on our own. First class service"

Glasgow Royal Infirmary - Emergency Department

"The service I received was first class. The receiving nurse took my blood pressure then advised that there was around a 6 hour waiting time for a doctor. They were true to their word and I was taken into the triage just before that time was up and (saw) Dr Wilks. He turned out to be a bundle of laughs. We had some banter about the chances of getting blood first time and how his legacy of as a doctor was going to be this. He succeeded and, whilst I was waiting for the result, was fed and watered and nurses came to check I was alright before Doctor Wilks gave me the all clear to go as my pain had abated somewhat and my bloods were good. Well done to all the team for a first class service from start to finish."

Queen Elizabeth University Hospital - Acute Receiving Unit

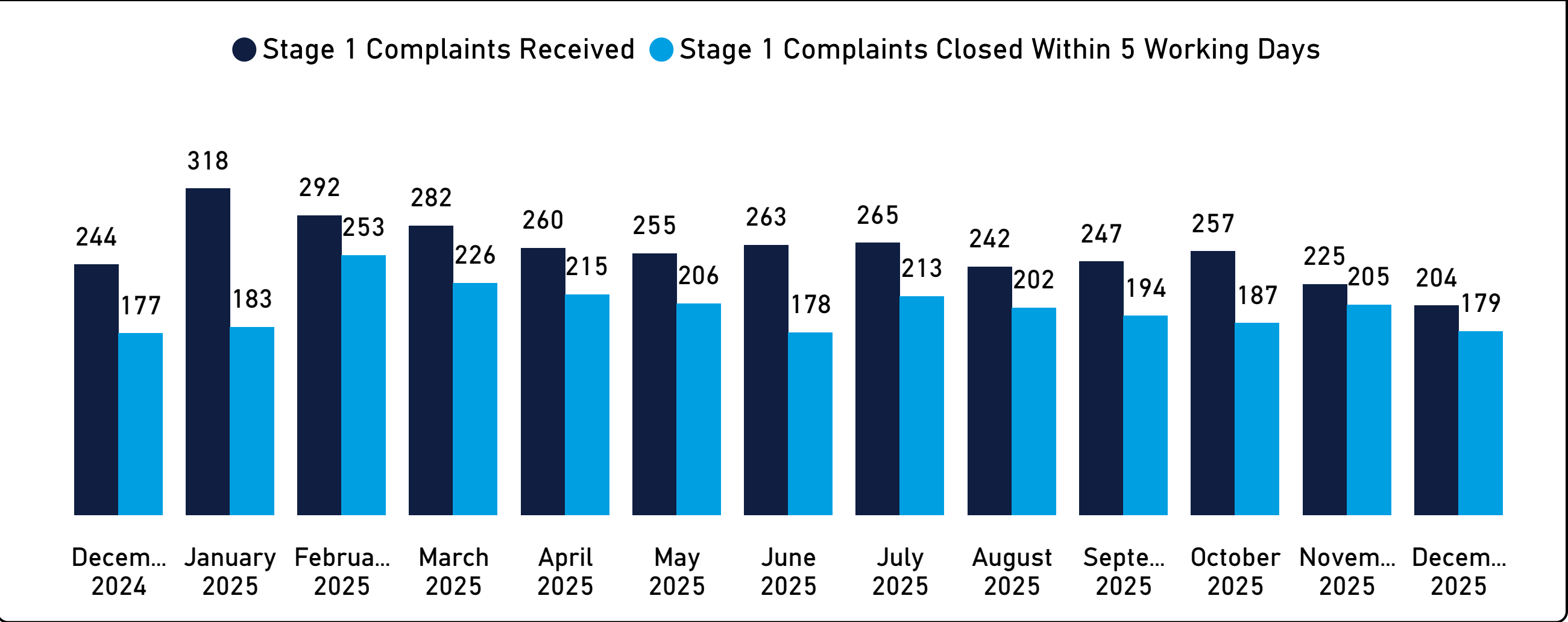
...staff in ARU4 were exceptional in their care and compassion towards my elderly father and towards my family, especially my sister and I when our dad was dying and we never left our dad's side in his last days. ...the care and compassion we received from Dr Bradley, nurse Nicola (real life angel) Jim the HCNA and all of the other HCNAs were exceptional...in spite of the incredibly busy job they were doing in a very busy ward. Nothing was too much trouble for them and we are forever grateful for the care they showed us and our dad at a very distressing time. I really hope you all get to see this and know what a difference you made to our lives in what was an incredibly difficult time. Thank you all

Complaints

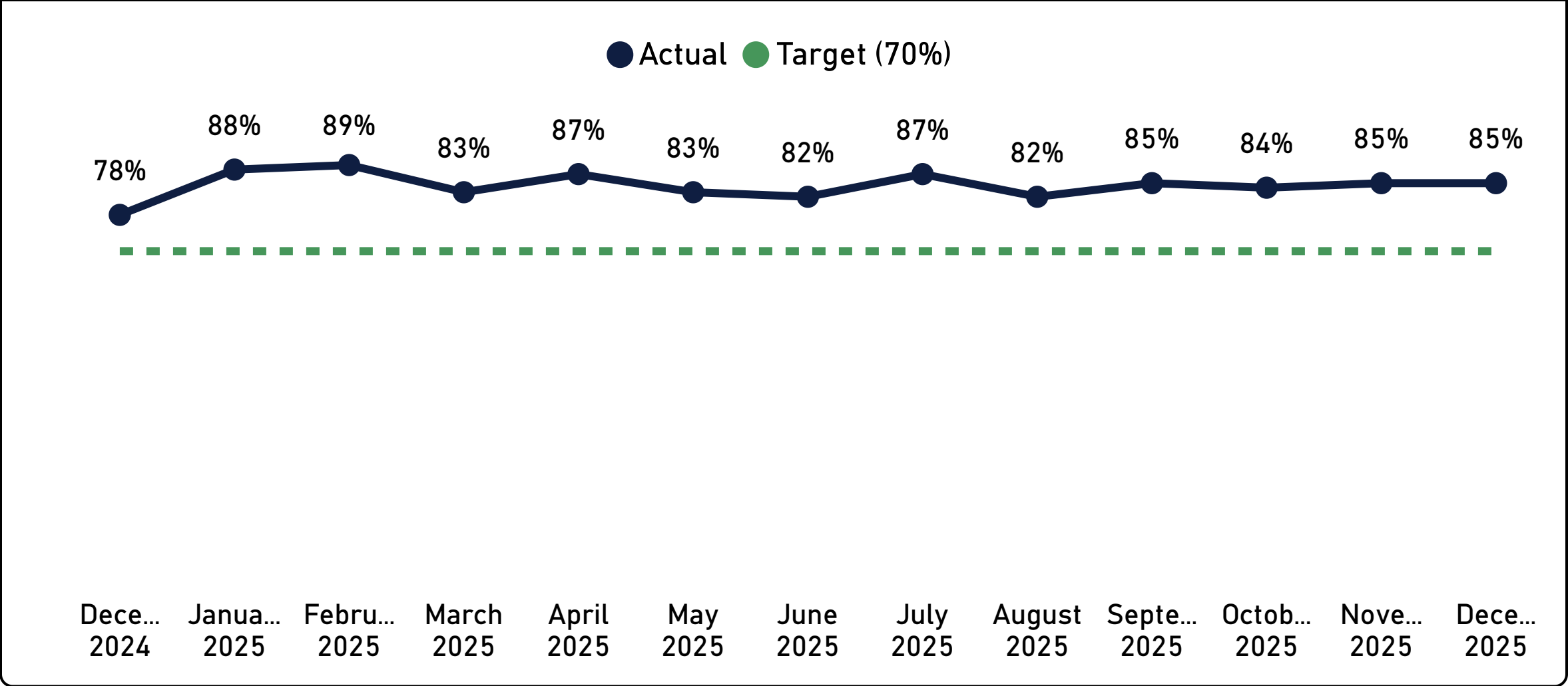
Lead Director - Director of Corporate Services and Governance
Lead Committee - Finance, Planning and Performance



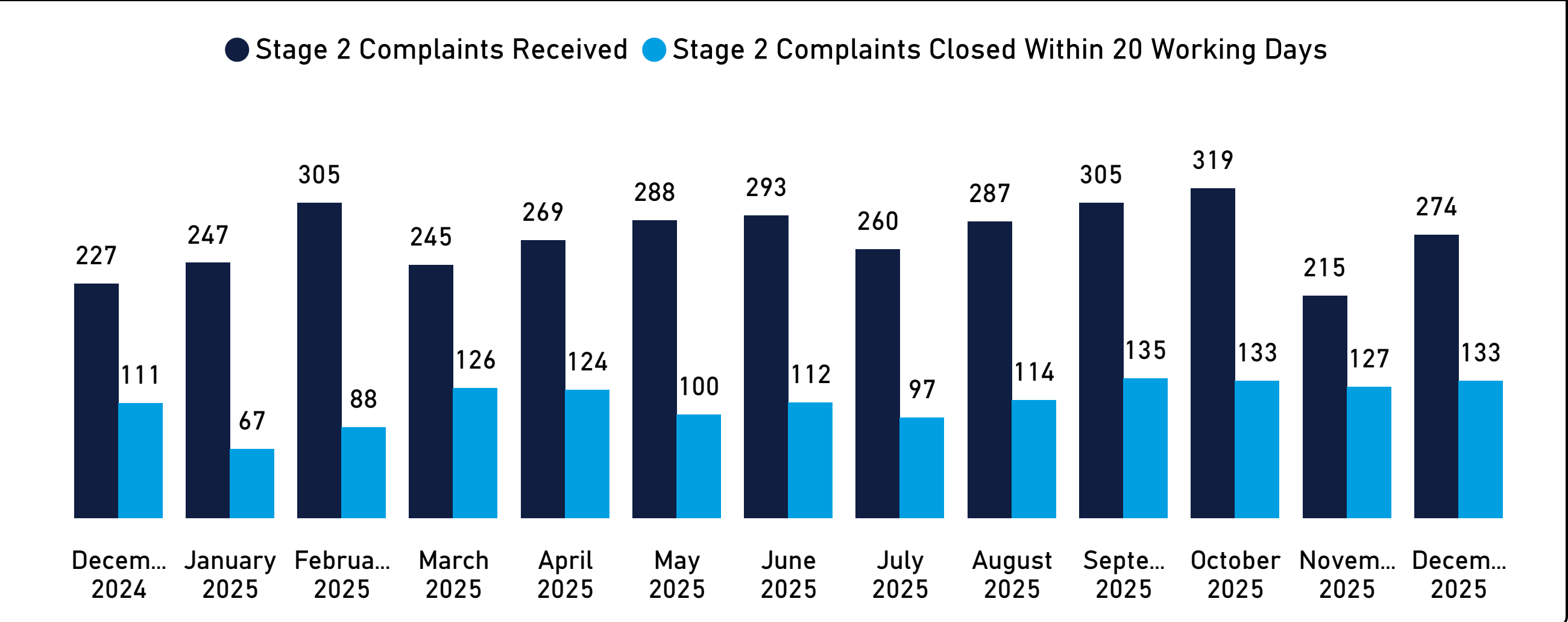
Stage 1 Complaints



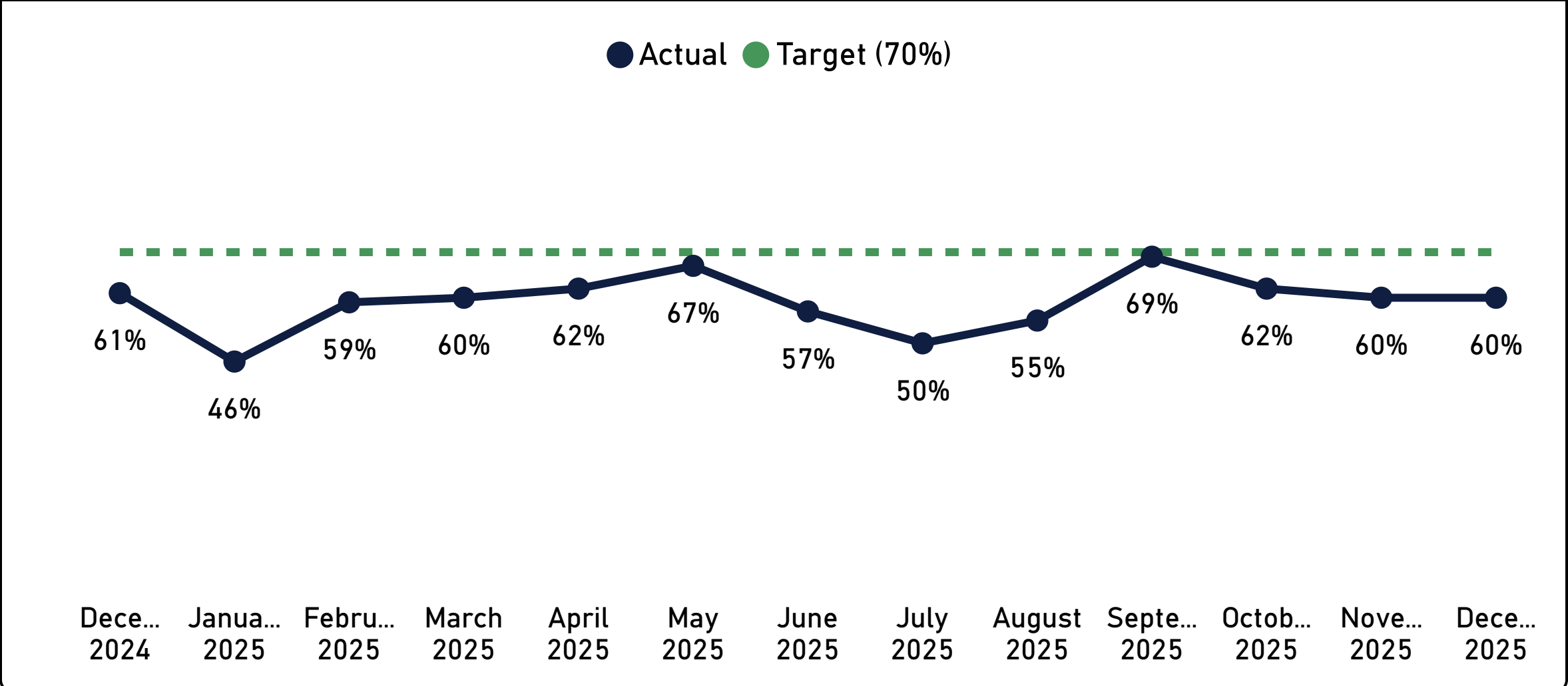
Percentage of Stage 1 Complaints Closed Within 5 Working Days



Stage 2 Complaints

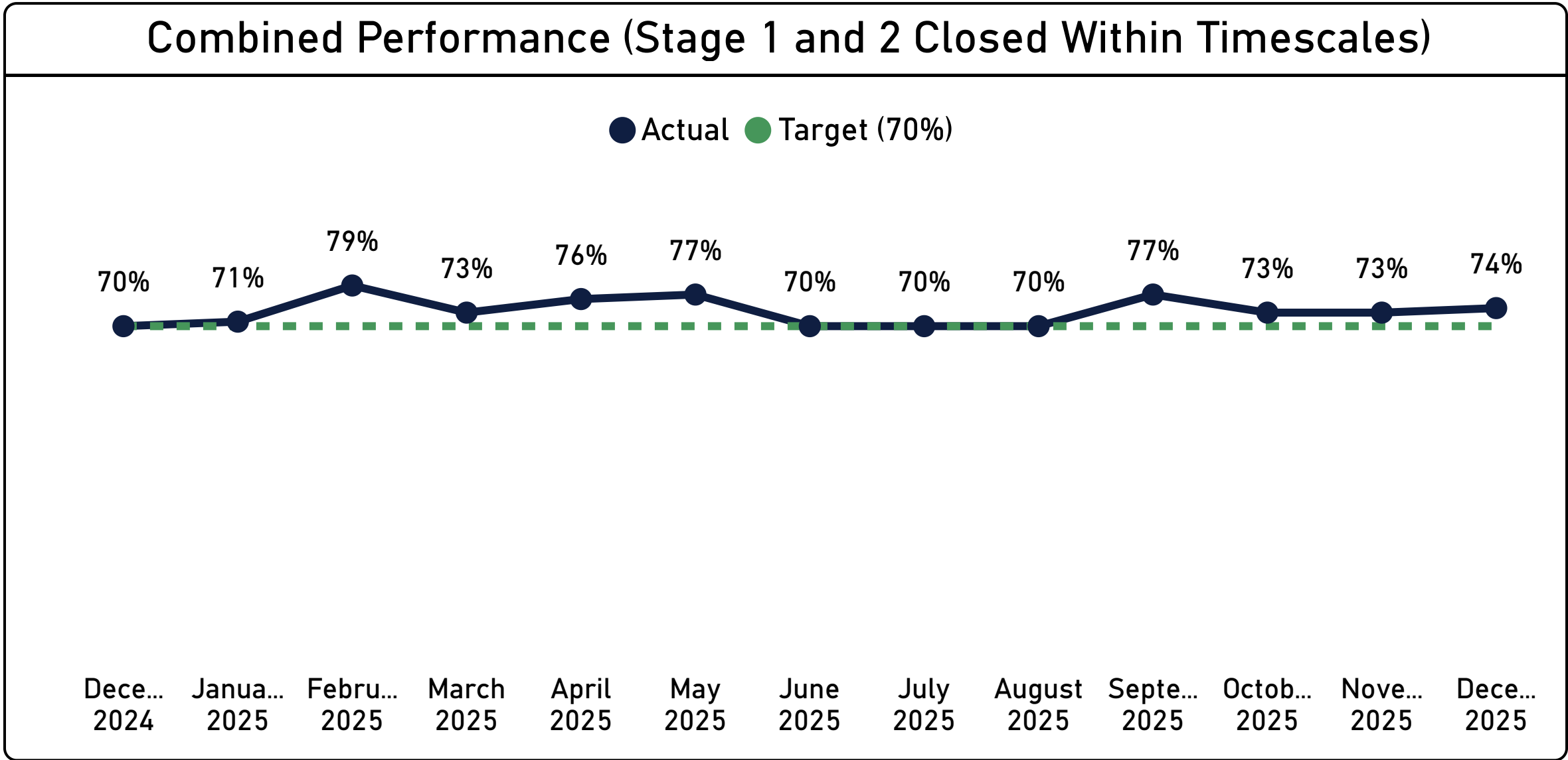
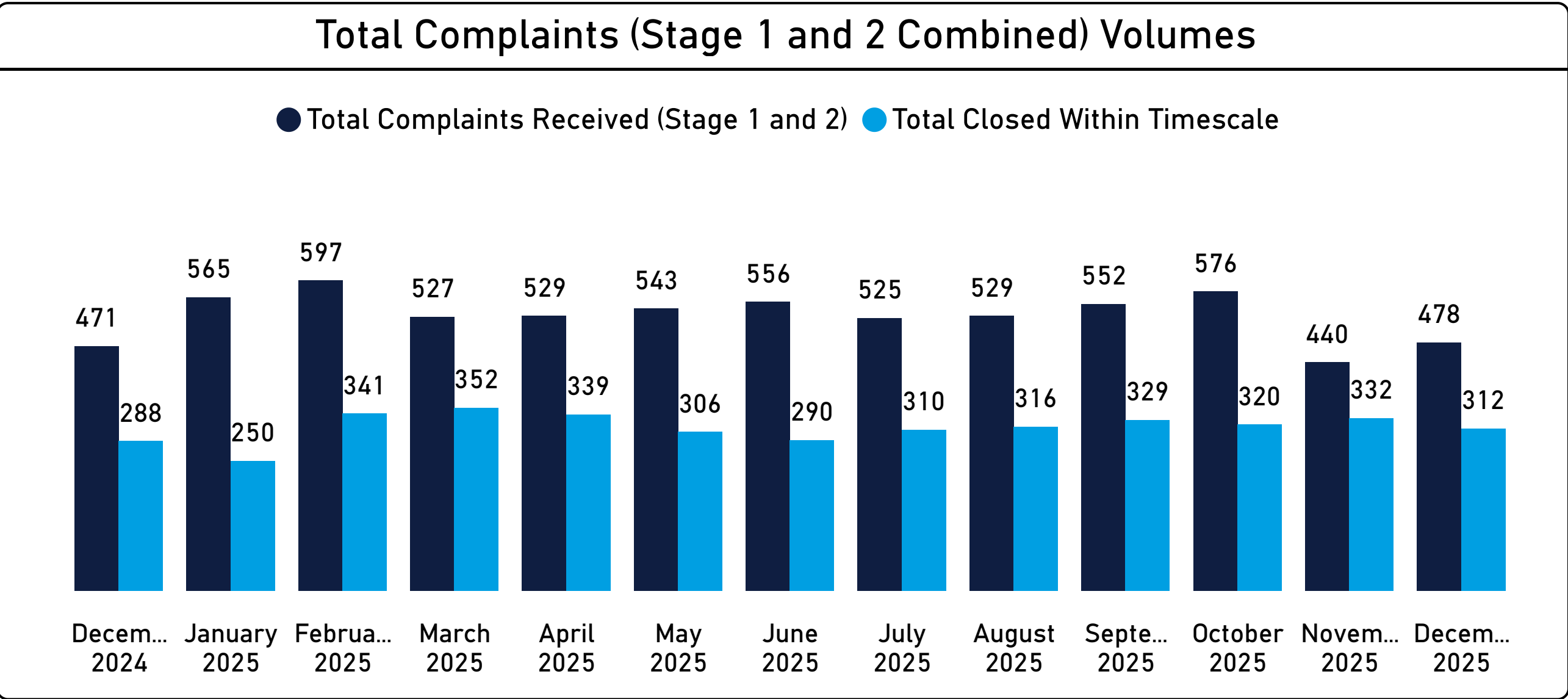


Percentage of Stage 2 Complaints Closed Within 20 Working Days



Complaints

Lead Director - Director of Corporate Services and Governance
Lead Committee - Finance, Planning and Performance



Commentary

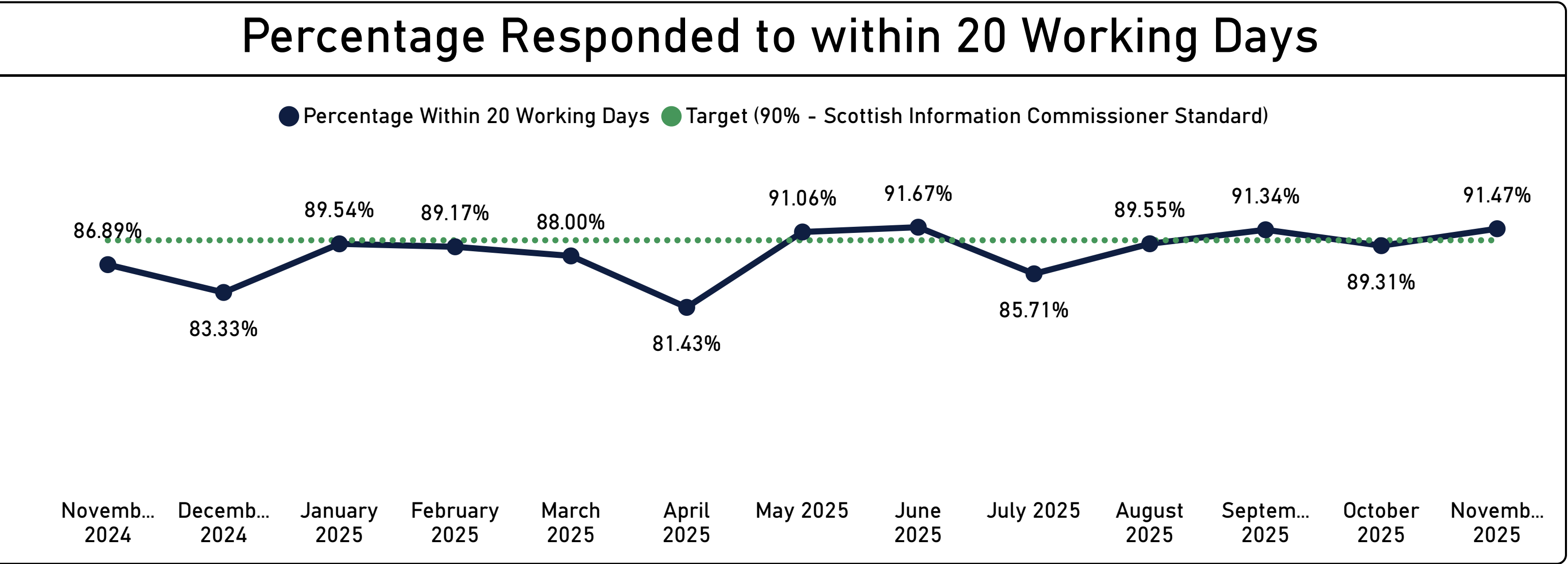
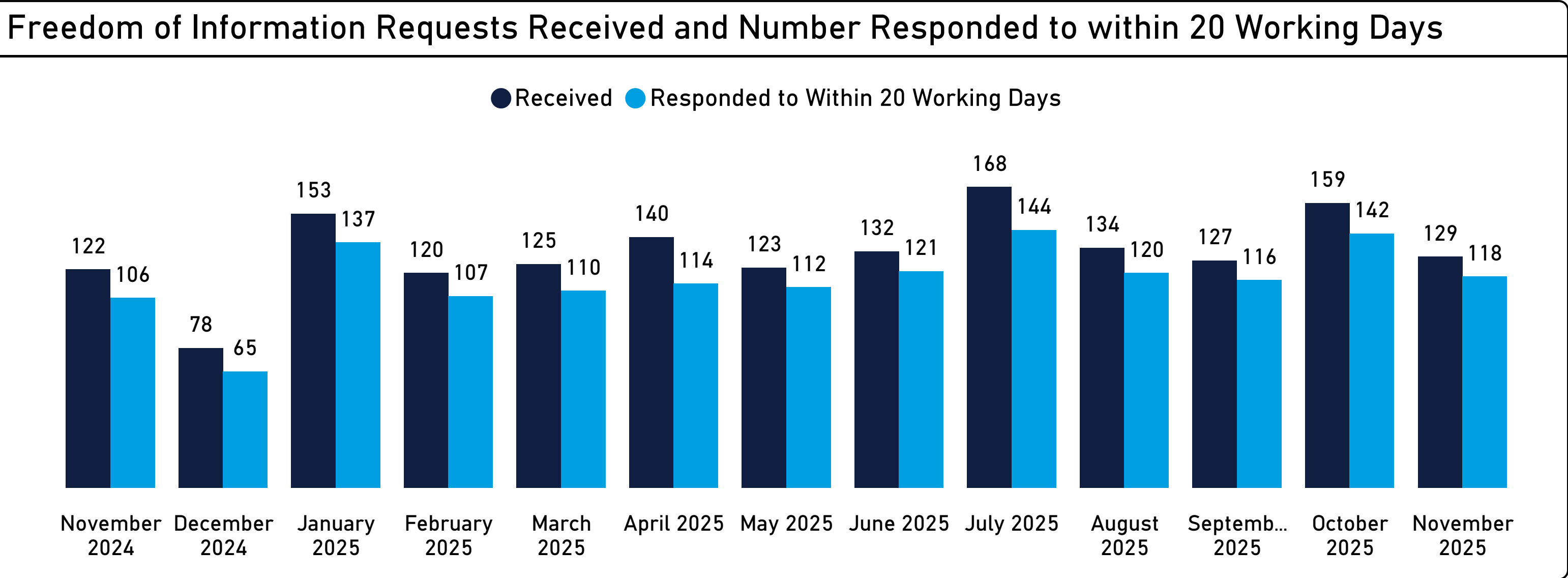
The number of stage 1 complaints received each month is trending downwards over the past year, with fewer stage 1 complaints in each of the past five months than the rolling one year average of 259. The downward trend in stage 1 complaints is partly explained by the increasing complexity of complaints, meaning that it is not always possible to manage at Stage 1. Stage 1 responses within 5 working days has been above the 70% target in each of the past 13 months. Stage 2 numbers have remained largely steady averaging 279 per month. The Stage 2 response rate within 20 working days is slightly below the 70% target, averaging 59% over the year with little month-to-month variation. Combined performance against timescales has averaged 73% over the past year, slightly above the 70% target.

Stage 2 response rate is impacted by an increasing national trend of complaints being more complex and covering multiple services. These take longer to investigate and provide a good quality response to, while work pressures within the services also have an impact on the teams ability to investigate and provide insights to allow responses to be completed. Specifically there have been staffing issues within Prison Healthcare which has impacted on their ability to respond to complaints within timescales, and the lead HSCP are working to resolve this.

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 6 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.

Freedom of Information

Lead Director - Director of Corporate Services and Governance
Lead Committee - Finance, Planning and Performance



Commentary

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 November 2025 remained consistently strong, with 118 of 129 requests (91.47%) responded to within target timescales. This continues the Board’s pattern of performance over the past year, reflecting a stable and well-embedded FOI process capable of sustaining performance across varying levels of demand. Although the total number of requests in November was lower than peaks seen earlier in the year, maintaining performance above 90% demonstrates a continued focus on timeliness and operational reliability.

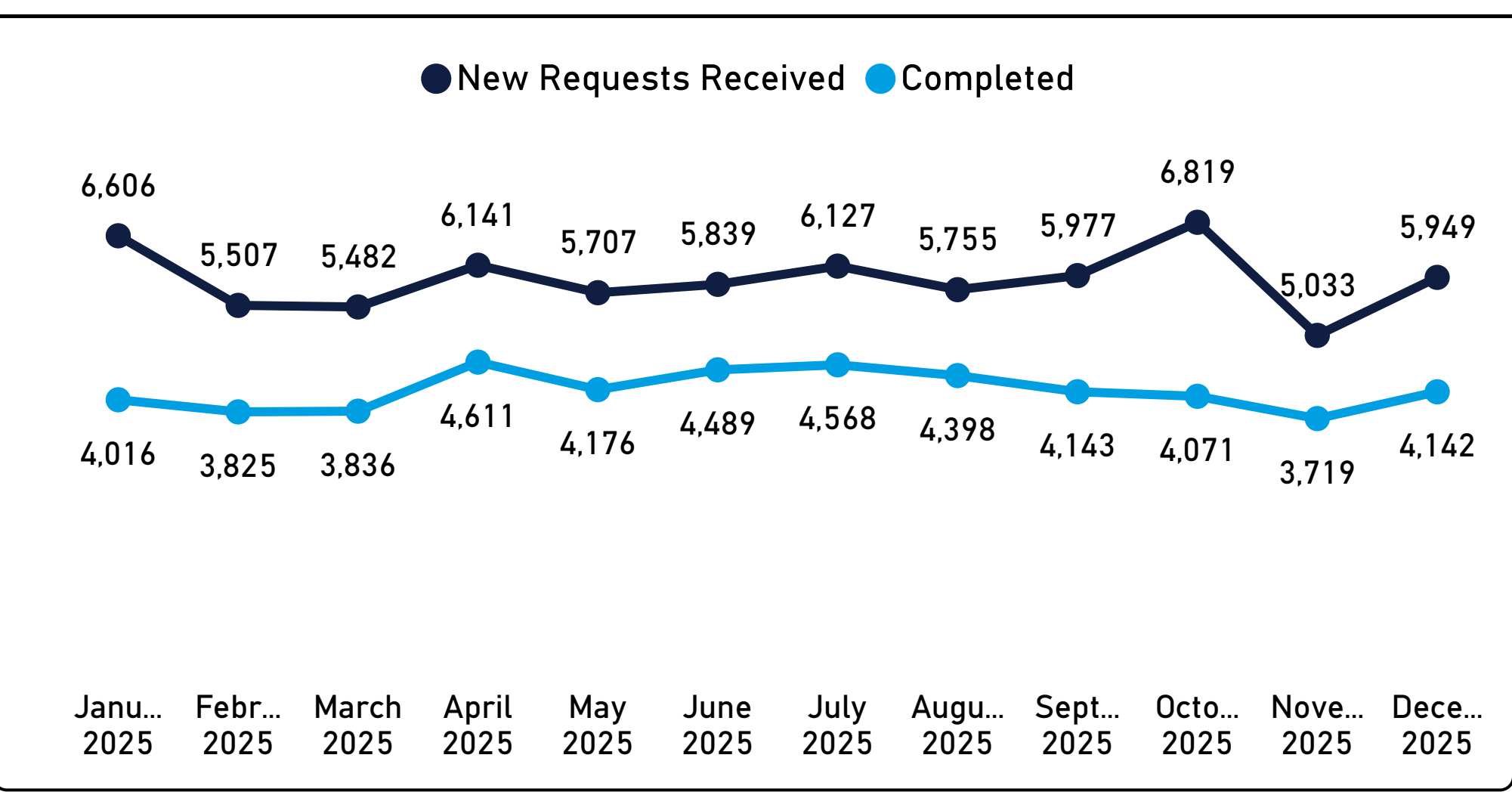
Across the wider year, FOI performance shows a clear pattern of resilience despite variation in demand. July 2025, which recorded the highest volume of requests (168), saw a noticeable dip in on-time performance to 85.71%, reflecting the impact of exceptional month-end pressure. However October 2025 was the next-highest month (159 requests), and demonstrated a far less pronounced effect on compliance, with 89.31% of requests responded to on time. This comparison suggests that while high volumes can challenge capacity, the FOI process generally absorbs increased workload well, maintaining strong performance across most months.

Estates and Facilities: Maintenance

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



Planned Maintenance



Planned Maintenance

Month End	Percentage of New Requests Completed	Outstanding at Month End
January 2025	61%	5,871
February 2025	69%	4,622
March 2025	70%	5,176
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

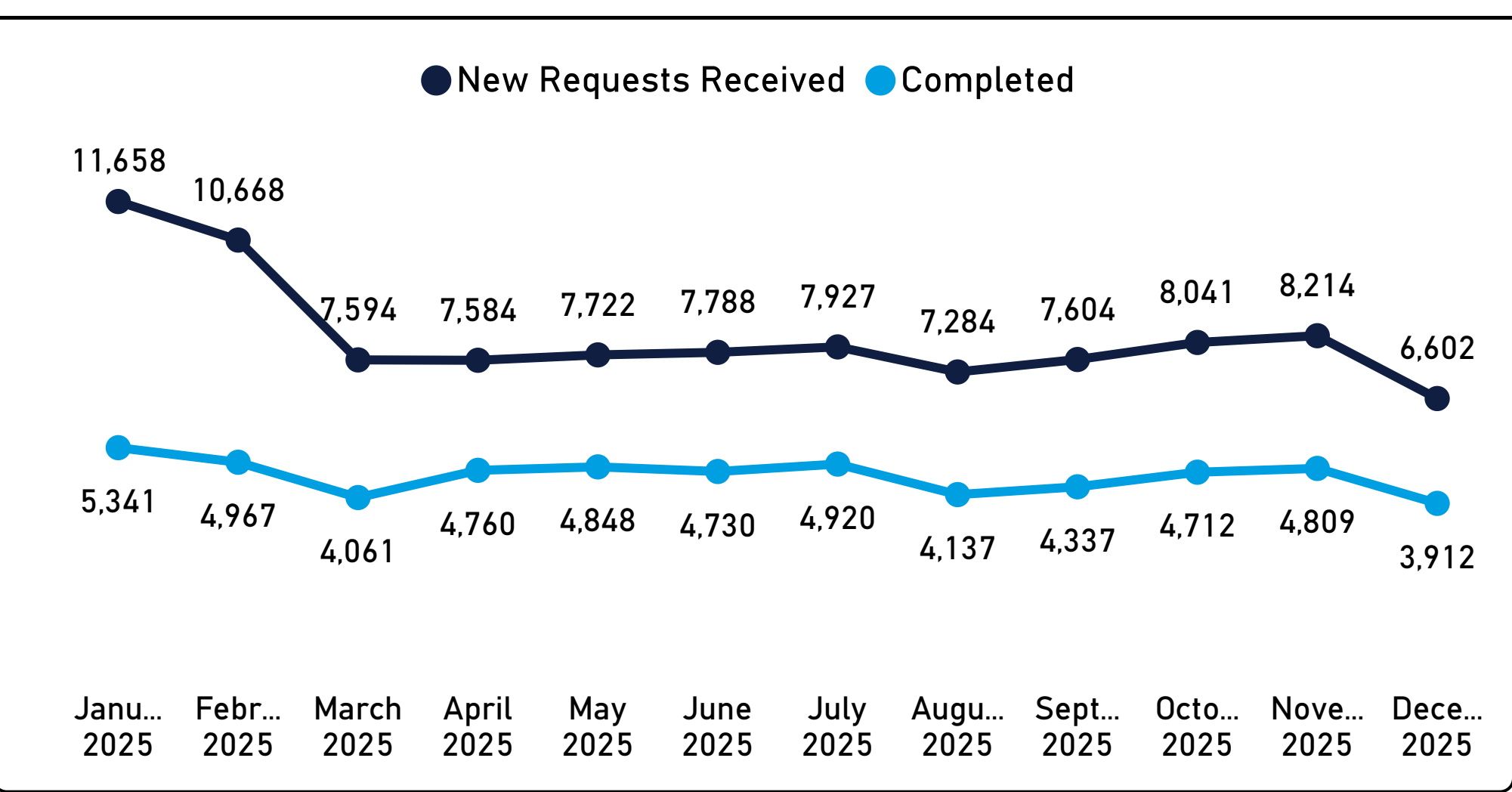
Commentary

Maintenance performance has remained broadly steady over the year, with both reactive and planned maintenance continuing to absorb sustained levels of demand. While reactive completion rates have remained stable at around 58–62%, outstanding work at month-end has fluctuated, from a low of 8,114 in May 2025 to a high of 12,553 in December. Planned maintenance performance continues to be more resilient, with completion rates hovering around 70–77% across the year. The planned backlog has not shown significant fluctuation, indicating that teams are managing to protect planned programmes even during periods of heightened operational pressure.

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. These factors can constrain the ability to accelerate backlog reduction and introduce vulnerability during periods of increased demand, particularly winter. 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 stabilising the reactive backlog 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 of New Requests Completed	Outstanding at Month End
January 2025	46%	9,363
February 2025	47%	9,651
March 2025	53%	10,805
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

Estates and Facilities: Water Quality External Audit (QEUH & RHC)

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

Date of Audit: 13 January 2026
Previous Audit: 13 January 2025



Areas Audited	Authorising Engineer Comments
Cleaning and Disinfection Procedures Management and Competency New Build and Refurb Capital Projects On Going Water Treatment Risk Assessment Schematic Drawings Task Completion Water Safety Group Written Scheme Monitoring and Records	<p>“A summary of the current situation with regard to the water systems at the QEUH/RHC hospital is that the delivery of the Estates Department controlled required risk reduction processes and procedures is being well delivered and is being constantly monitored”.</p> <p>“The level of knowledge and understanding of the onsite Estates’ staff is extremely high and a diligent approach is taken to ensuring that the water systems are operated in a manner required to deliver high quality risk reduction processes and procedures”.</p>

Recommendations			
No.	Recommendation	Actions Taken	Status
1	All risk assessments completed by water service provider should follow question set within AE audit	New risk assessment provided and will be audited by AE	Closed
2	Check when the hydrotherapy pool risk assessment is due to be re-assessed (last assessed in 2023)	New risk assessment to be completed by end of March 2026	Open
3	NHSGGC Water Policy governance structure to be confirmed and policy updated	Initial meeting scheduled, action will be completed by end of March 2026	Open
4	Ensure water service provider provides up to date training records	All training records have been provided	Closed
5	Adopt process for ensuring wards complete flushing processes and complete record keeping	All records have been provided. A training module will be created.	Closed
6	Hot water storage vessel task paperwork is placed in record system	New electronic recording system is being implemented	Closed
7	TMV servicing details to be moved to MS Teams (electronic) folder	Records have been uploaded	Closed

Risk Areas Assessed
1. Assessment of the Management Policy
2. Assessment of the Authorised Persons
3. Assessment of the Competent Persons
4. Assessment of Incidents, Accidents and Dangerous Occurrences
5. Assessment of the Safety Documentation
6. Assessment of the Operating Records
7. Assessment of the Safety Equipment and Access Control
8. Assessment of the Engineering Systems
9. Assessment of the Engineering Work Spaces
Overall assessment of ventilation management

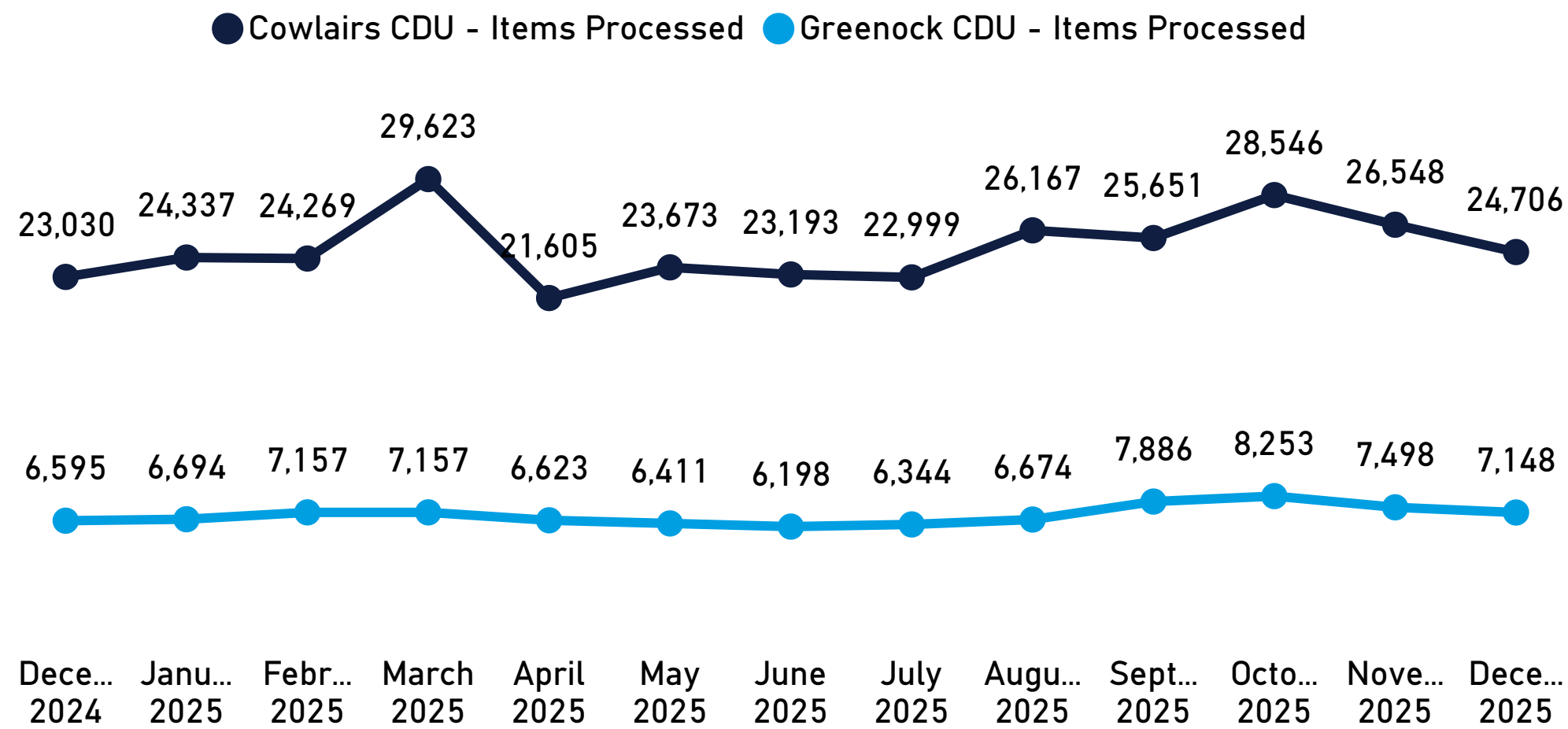
Authorising Engineer Comments
“Progress has been slow but in a positive direction since the previous audit. There has been a change of staff and it will take a little time for those new in role to see progress but I have no concerns”.
“610 Permits to Work were issued since the previous audit demonstrating a good level of AP control and the standards of completion have improved greatly”.
“Overall, the ventilation systems are well managed with verifications and inspections all in date. Condition of plant inspected supports this”.

Key Aspects Noted in Audit Report	
No.	Key Aspect
1	“Fire dampers are now tested and identified but it remains a resource challenge to test all dampers every year. Some dampers are now 3 years since last drop tests”. Note: Operational Estates state this issue is also associated with access issues to critical and non critical areas.
2	“The practice of joinery including dust generating activity in plant room 31 is ongoing. There is also a large amount of COSHH and cement/gypsum based materials stored, cut and handled in the plant room that houses multiple critical ventilation systems such as UCV's. This was escalated at audit to and action is being taken”.
3	“With the exception of Plant Room 31, plant room cleanliness has improved but could go further”.
4	“The incumbent mechanical managers should attend AP(V) training at the earliest opportunity. AP provision is still adequate on the whole”.

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
December 2024	37.1	18.7
January 2025	29.9	18.1
February 2025	42.0	19.7
March 2025	26.0	19.0
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

Laundry

Period	Items of Laundry Processed	Monthly Average Items of Laundry Processed
2024/25	16,700,247	1,391,687
2025/26 to Q3	12,605,930	1,400,659

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

Commentary

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.

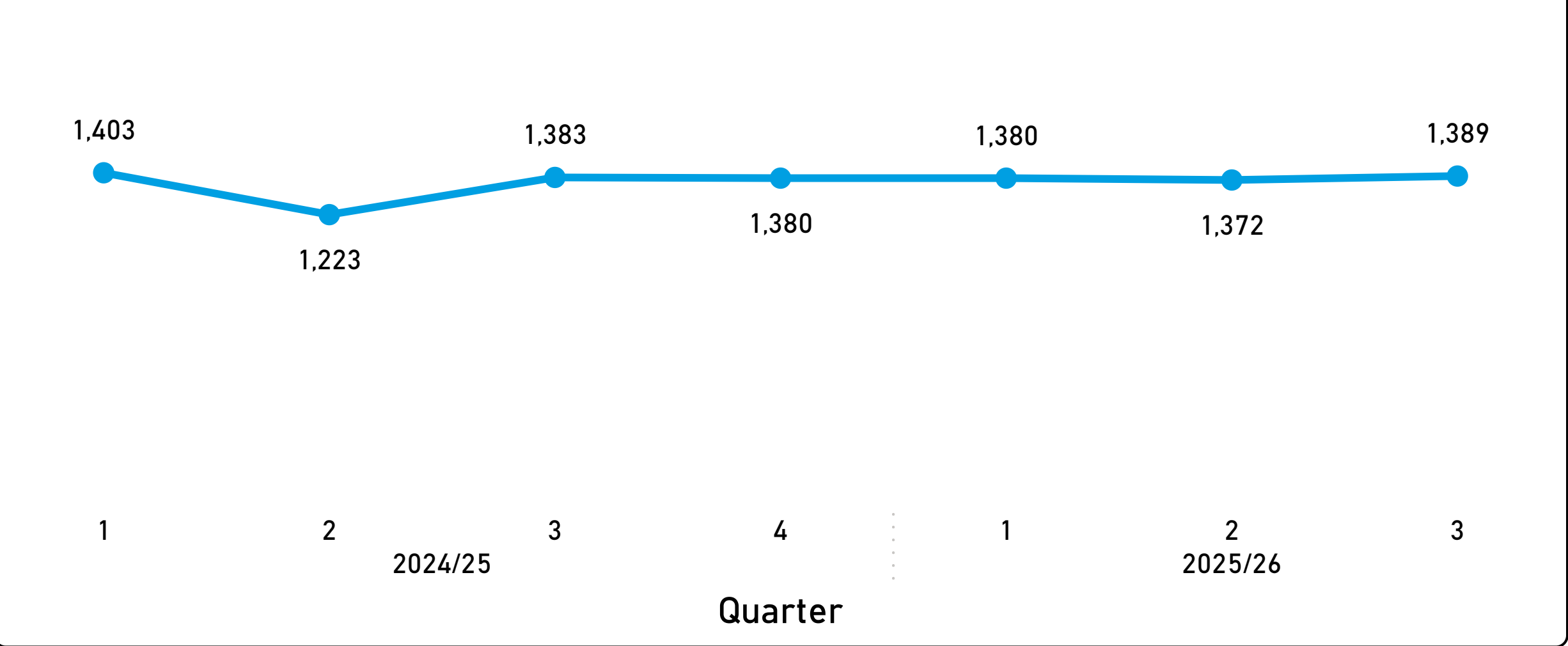
The cook freeze catering service continues to provide a consistent and reliable patient meal provision across all NHS Greater Glasgow and Clyde sites. The two production units at the Royal Alexandra Hospital and Inverclyde Royal Hospital maintain stable performance, supporting daily service delivery 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

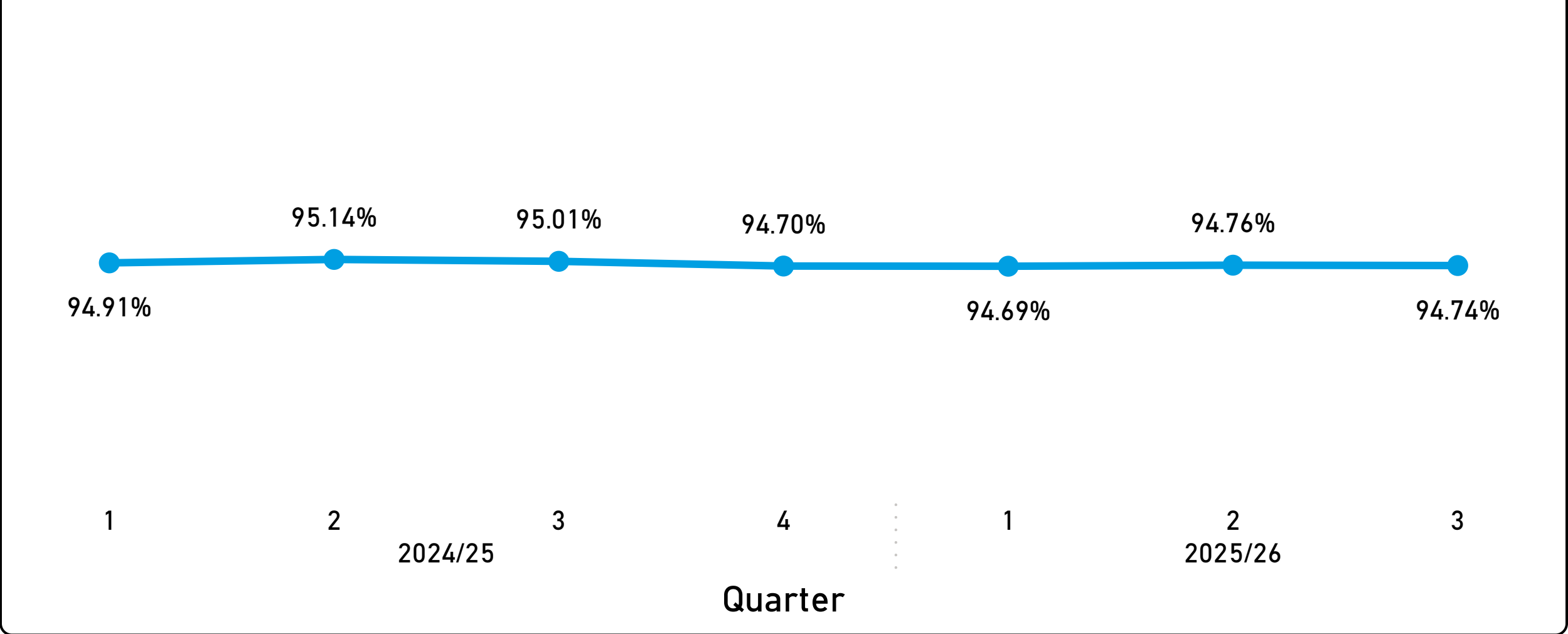
Lead Director - Director of Estates and Facilities
Lead Committee - Finance, Planning and Performance



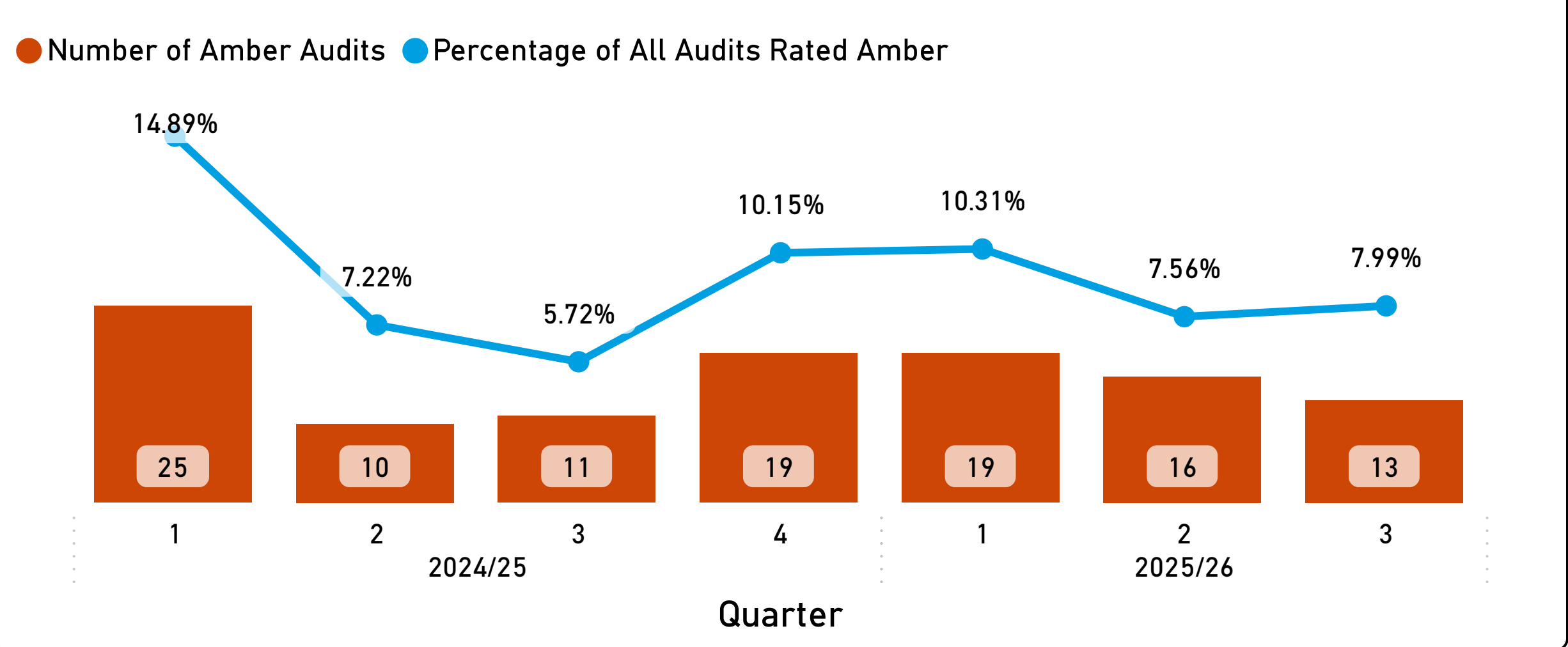
Number of QA Internal Audits Carried Out per Quarter



Average QA Score per Quarter



Number of QA Internal Audits Rated Amber - Overall Score less than or equal to 90%



Commentary

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 proportion 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

NHSGGC recorded a cumulative deficit of c.-£43.8m at Month 9 (-£42.7m at Month 8).

Acute is overspent by c.-£67.6m and Corporate Departments are underspent by £23.7m. Combined Partnerships have a nil underspend after transfers to their reserves

Area	Pay / Non-Pay	Unachieved Savings	Total
Acute Division	-£22,000,000	-£45,600,000	-£67,600,000
Corporate Departments	£32,600,000	-£8,900,000	£23,700,000
HSCPs	£5,300,000	-£5,300,000	£0
Total	£16,000,000	-£59,800,000	-£43,800,000

Sustainability and Value

On an in-year basis, £133.5m or 61.3% of the £217.8m overall financial challenge has been delivered as of Month 9. On a recurring basis £29.2m or 31.1% of the £93.7m recurring target has been achieved

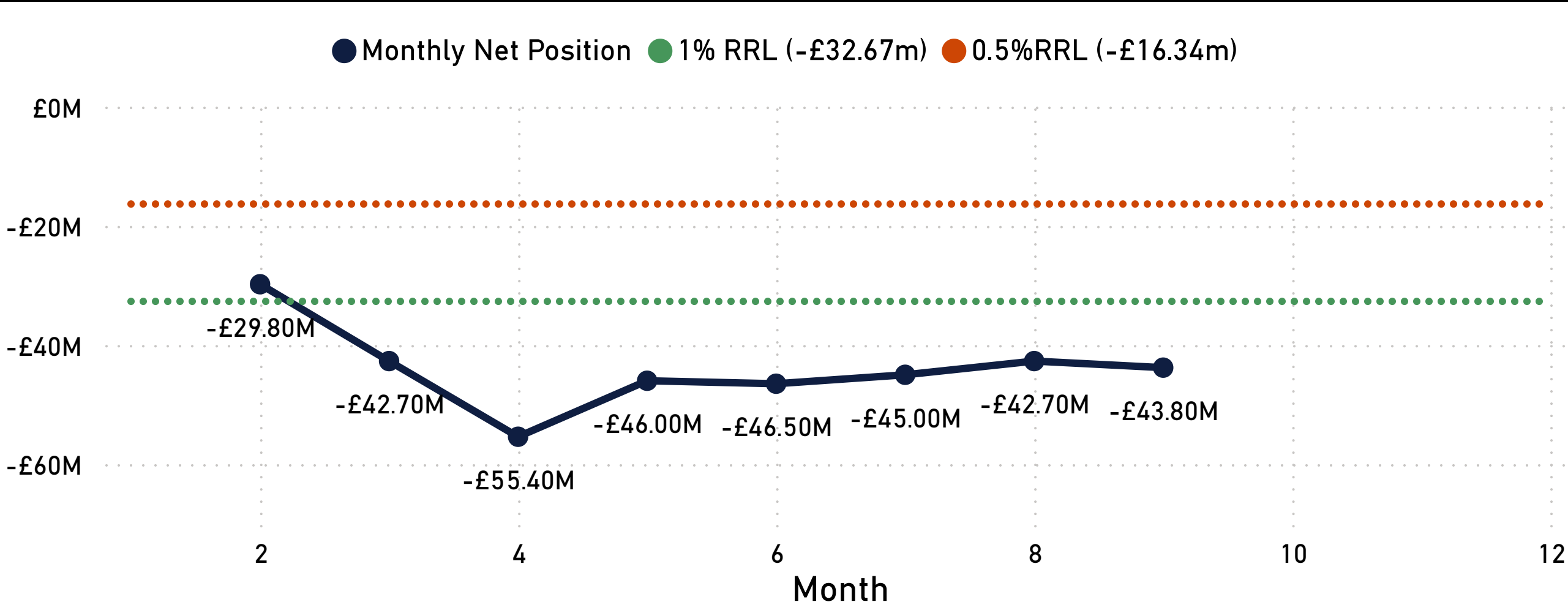
Based on the position to Month 9, the current rate of project identification and pipeline growth will not be sufficient to address the required levels of 2025-26 savings. As such other non-recurring initiatives are being deployed to improve the financial position and continue to target a break-even position

Capital Position

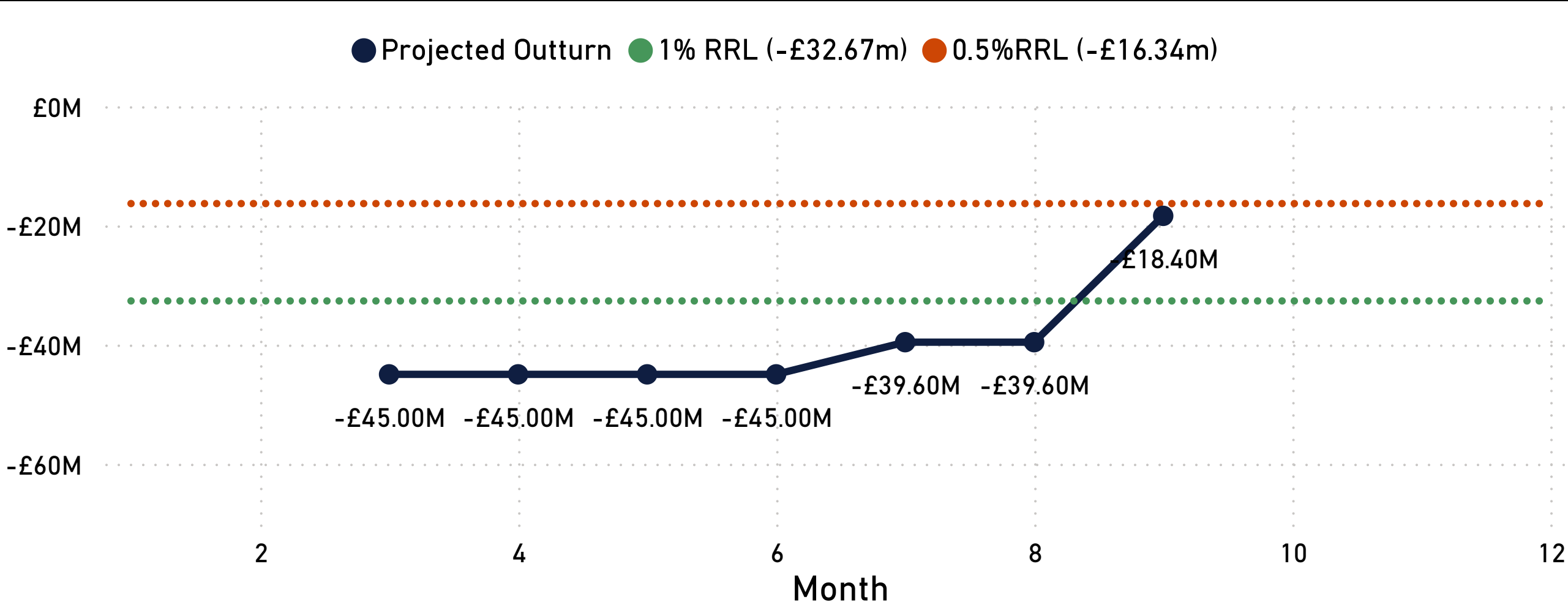
Total capital expenditure incurred to 31 December 2025 is £36.8m. This amounts to 41% of the overall capital budget (of c.£89.6m) leaving a balance of £52.8m to be incurred to the 31 March 2026.

At Month 8, £71.9m (80%) of the total capital allocation has been committed either through incurred spend or firm orders which is in line with the expectations set for this time of the year. Capital Expenditure is currently forecast to achieve the overall Capital Plan funding of c.£89.6m by 31 March 2026

2025-26 NHSGGC Monthly Financial Performance Trajectory



2025-26 NHSGGC Monthly Year End Forecast



Workforce: Absence (All Absence Types)

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



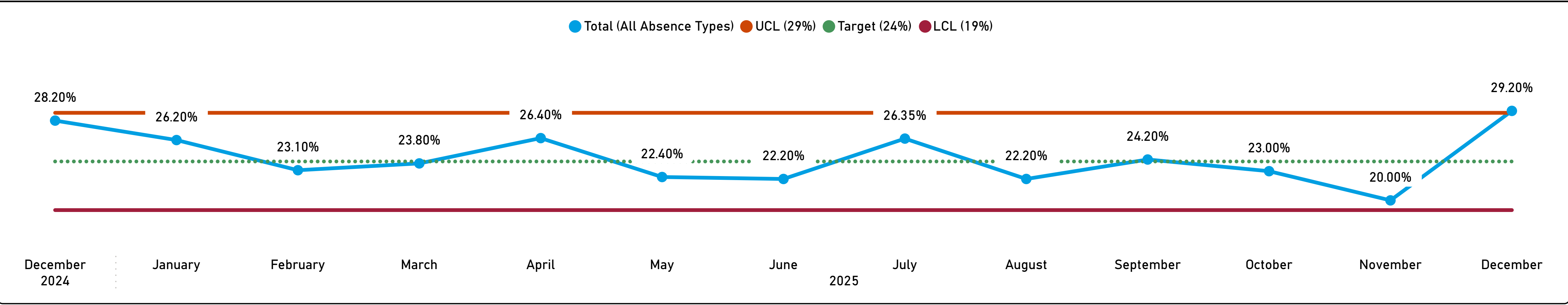
All Absence Types

Date	Sickness	Annual Leave	Public Holiday	Maternity	Paternity	Parental	Study	Other	Total (All Absence)	Target (all absence)
December 2024	8.3%	11.10%	5.00%	2.20%	0.00%	0.10%	0.30%	0.40%	28.20%	24.00%
January 2025	8.3%	8.80%	5.00%	2.20%	0.00%	0.10%	0.30%	0.40%	26.20%	24.00%
February 2025	7.5%	11.40%	0.10%	2.10%	0.00%	0.20%	0.40%	0.40%	23.10%	24.00%
March 2025	6.9%	12.80%	0.10%	2.10%	0.00%	0.10%	0.50%	0.40%	23.80%	24.00%
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%

Total Absence
(All Absence
Types)

29.20%
Local Target: 24.00% (+ 5.20%)
December 2025

All Absence Types



Workforce: Sickness Absence

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

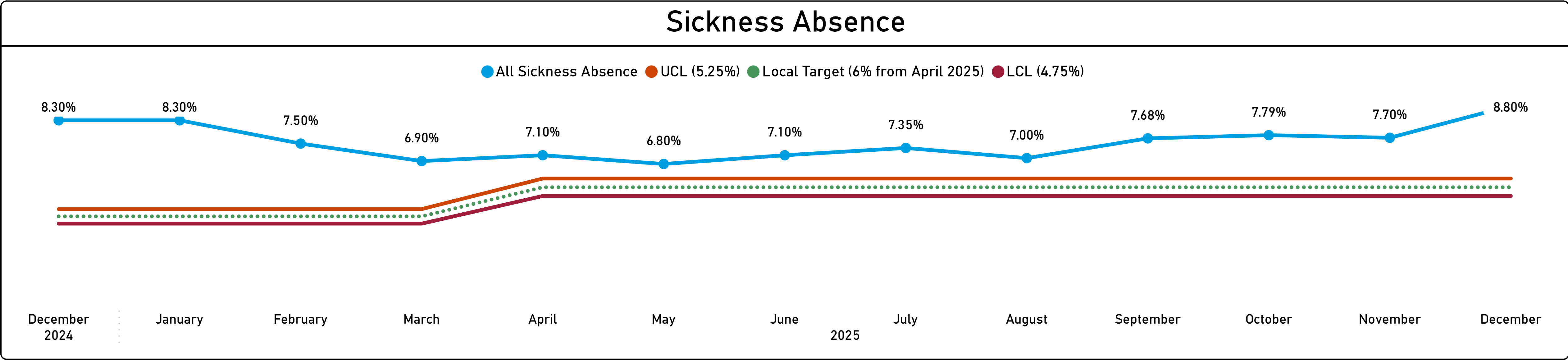


Sickness Absence					
Date	Short Term	Long Term	All Sickness Absence		Local Target
December 2024	3.7%	4.6%	8.3%	❖	5.0%
January 2025	3.8%	4.5%	8.3%	❖	5.0%
February 2025	3.3%	4.2%	7.5%	❖	5.0%
March 2025	2.8%	4.1%	6.9%	❖	5.0%
April 2025	2.8%	4.3%	7.1%	❖	6.0%
May 2025	2.8%	4.0%	6.8%	❖	6.0%
June 2025	2.8%	4.3%	7.1%	❖	6.0%
July 2025	2.9%	4.5%	7.4%	❖	6.0%
August 2025	2.7%	4.3%	7.0%	❖	6.0%
September 2025	3.1%	4.6%	7.7%	❖	6.0%
October 2025	3.3%	4.5%	7.8%	❖	6.0%
November 2025	3.4%	4.3%	7.7%	❖	6.0%
December 2025	3.9%	5.0%	8.8%	❖	6.0%

Total Sickness Absence

8.8%

Trajectory: 6.0% (+2.8%)
December 2025



Workforce: Absence by sector

Lead Director - Director of HR and Organisational Development
Lead Committee - 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 2025	5.90%	5.50%	5.29%	5.50%	7.61%	6.99%	6.73%	7.00%	7.20%	7.00%	6.75%	5.00%
May 2025	5.26%	5.00%	6.15%	5.50%	7.63%	7.53%	7.41%	6.75%	6.85%	6.75%	5.93%	5.00%
June 2025	6.05%	5.00%	7.10%	5.50%	7.95%	7.44%	7.52%	6.50%	7.75%	6.50%	6.37%	5.00%
July 2025	5.68%	5.00%	7.84%	5.50%	7.73%	7.36%	6.66%	6.25%	7.63%	6.25%	5.83%	5.00%
August 2025	5.48%	4.50%	7.62%	5.50%	7.06%	7.28%	6.93%	6.25%	6.24%	6.25%	4.46%	5.00%
September 2025	6.48%	4.50%	8.01%	5.50%	7.78%	7.20%	8.22%	6.00%	6.28%	6.00%	6.36%	5.00%
October 2025	6.34%	5.00%	7.33%	5.50%	8.09%	7.11%	8.60%	6.00%	6.72%	6.00%	7.31%	5.00%
November 2025	6.65%	5.00%	6.68%	5.50%	8.04%	7.03%	7.79%	5.75%	7.47%	5.75%	7.86%	5.00%
December 2025	6.93%	5.50%	10.09%	5.50%	9.16%	6.95%	8.10%	5.75%	8.84%	5.75%	8.93%	5.00%
January 2026		5.50%		5.00%		6.86%		5.50%		5.50%		5.00%
February 2026		5.00%		5.00%		6.78%		5.50%		5.50%		5.00%
March 2026		4.50%		4.50%		5.00%		5.25%		5.25%		5.00%

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 2025	7.09% 🔴	7.00%	6.17% 🔴	5.00%	🔴 7.18%	6.50%	6.81% 🔴	5.00%	6.99% 🟢	7.20%	6.37% 🔴	6.00%	6.81% 🔴	6.12%	5.75% 🟢	6.50%	9.84% 🔴	9.50%
May 2025	6.51% 🔴	6.50%	5.30% 🟢	5.75%	🔴 7.01%	6.50%	6.74% 🔴	6.50%	6.78% 🟢	7.00%	5.92% 🔴	5.75%	6.45% 🔴	6.33%	5.56% 🟢	6.50%	10.09% 🔴	9.00%
June 2025	6.91% 🔴	6.00%	5.74% 🟢	5.75%	🔴 7.27%	6.00%	6.93% 🔴	5.75%	7.00% 🔴	6.90%	5.79% 🔴	5.75%	6.67% 🔴	6.03%	6.37% 🔴	6.00%	10.30% 🔴	8.75%
July 2025	6.93% 🔴	5.50%	5.98% 🔴	5.75%	🔴 7.71%	5.50%	7.61% 🔴	5.75%	7.20% 🔴	6.80%	6.18% 🔴	5.70%	7.00% 🔴	5.83%	6.34% 🔴	5.50%	10.99% 🔴	8.75%
August 2025	6.41% 🔴	5.00%	5.72% 🟢	5.75%	🔴 7.39%	5.25%	7.53% 🔴	5.75%	7.10% 🔴	6.70%	5.83% 🔴	5.60%	6.75% 🔴	5.68%	5.85% 🔴	5.25%	10.96% 🔴	8.50%
September 2025	7.34% 🔴	5.50%	6.40% 🔴	6.00%	🔴 7.78%	5.40%	8.11% 🔴	5.50%	7.46% 🔴	6.50%	6.51% 🔴	5.50%	7.32% 🔴	5.73%	6.65% 🔴	5.00%	11.60% 🔴	8.25%
October 2025	7.34% 🔴	5.80%	7.25% 🔴	5.50%	🔴 7.66%	5.75%	7.50% 🔴	5.75%	7.11% 🔴	6.30%	6.69% 🔴	5.40%	7.40% 🔴	5.75%	6.90% 🔴	5.25%	11.67% 🔴	8.25%
November 2025	6.83% 🔴	6.20%	7.42% 🔴	6.00%	🔴 7.46%	6.20%	7.23% 🔴	5.75%	7.70% 🔴	6.10%	7.00% 🔴	5.30%	7.31% 🔴	5.93%	6.69% 🔴	5.75%	11.29% 🔴	8.00%
December 2025	8.22% 🔴	6.50%	7.52% 🔴	6.00%	🔴 8.63%	6.60%	8.41% 🔴	5.50%	9.15% 🔴	5.90%	7.96% 🔴	5.20%	8.41% 🔴	5.95%	6.88% 🔴	6.50%	12.62% 🔴	8.00%
January 2026		6.50%		6.00%		6.50%		5.50%		5.80%		5.10%		5.90%		6.50%		7.75%
February 2026		6.00%		5.50%		5.50%		5.00%		5.70%		5.00%		5.45%		6.00%		7.50%
March 2026		5.50%		5.00%		5.50%		5.00%		5.50%		5.00%		5.25%		5.00%		6.00%

Commentary

Overall absence levels in December 2025 increased significantly from the previous month, although these are consistent with the figures reported in December 2024. Performance for December is impacted by an increase in sickness absence from 7.7% in November 2025 to 8.8% in December 2025. Long term sickness increased from 4.3% in November 2025 to 5% in December 2025, with an increase also seen in the short term figure, from 3.4% to 3.9% respectively. Sickness absence remains a challenge across the board, with no Division or HSCP achieving local absence targets in December 2025.

Consistent with the previous year, a higher proportion of staff were on annual leave than in the previous month, along with the impact of four public holidays in December. The cumulative effect of these factors takes overall absence to 29.2% for December 2025, above target and outside of control limits, although based on previous years it should be expected that this figure will come back down in January 2026.

Service Narrative

NHSGGC’s sickness absence rate rose from 7.7% in November 2025 to 8.8% in December 2025, driven by expected seasonal increases and significant growth in both short term and long term absences.

Short term absence rose mainly due to viral illnesses such as flu, while long term absence increased across nearly all sectors largely linked to stress, anxiety, depression, gastrointestinal issues and back problems.

Of the 2,380 long term cases in December (+172 compared to November 2025), 301 had been off for more than six months, with mental health conditions consistently the most common cause. There are a wide range of supports in place for employees who are absent due for mental health reasons, and support is tailored depending on individual needs. This includes stress toolkits and a stress analysis tool for work related stress, occupational health support including psychological therapies, reasonable adjustments and external signposting to specialist agencies.

The Board wide absence action plan continues to evolve; notable developments include strengthened support for neurodiverse employees, continued refinement of the stress toolkit and related training, improvements in attendance management resources, and ongoing enhancements to HR toolkits and workplace adjustment materials. The plan is now fully established, with regular partnership group oversight ensuring actions remain on track and that updates are captured consistently.

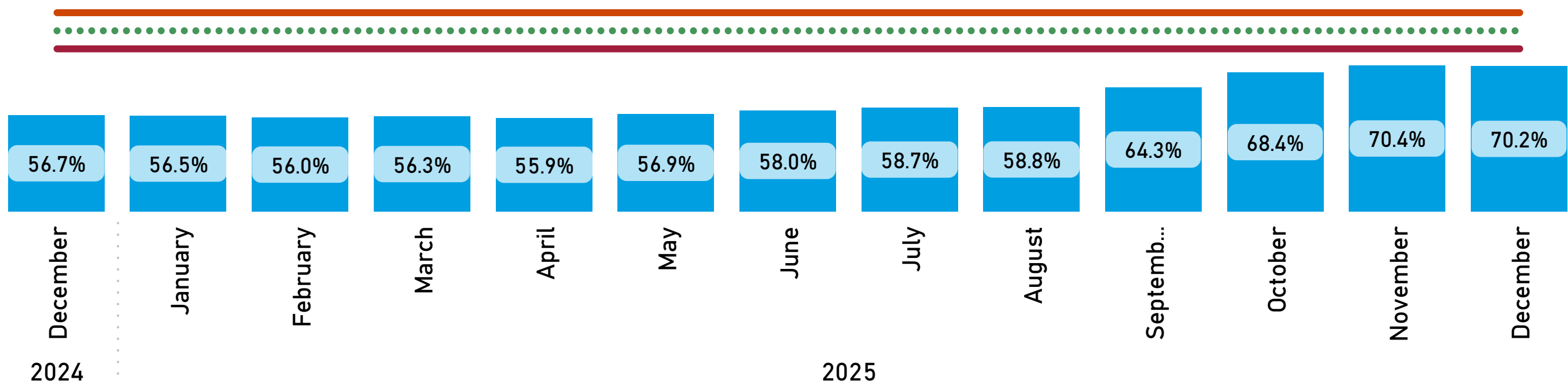
Workforce: PDPR, Statutory and Mandatory Training

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



KSF PDP&R Conversations Recorded on Turas

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



KSF PDP&R Conversations Recorded on Turas

70.2%

Target: 80% (-9.8%)
December 2025

Completion of Statutory & Mandatory Training

89.30%

Target: 90% (-0.70%)
December 2025

Completion of Statutory Fire Safety Training

84.5%

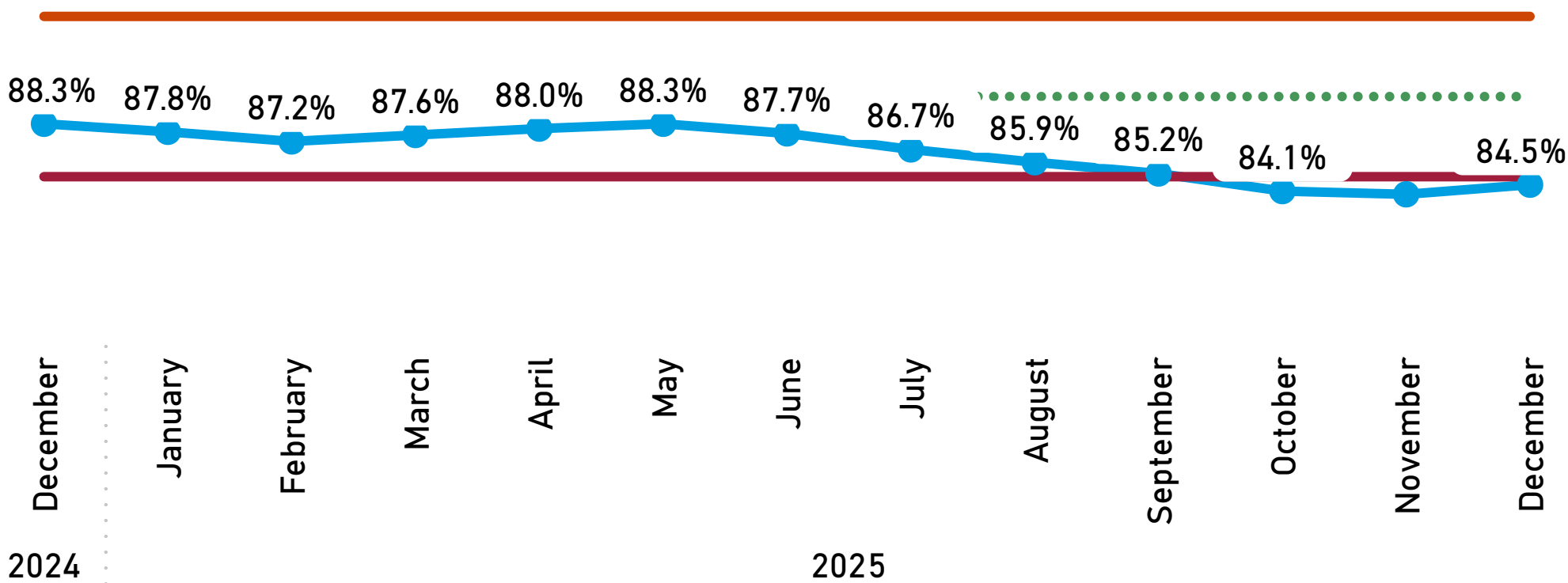
Target: 90% (-5.5%)
December 2025

Completion of Statutory & Mandatory Training (90% target)

Date	Health & Safety	Violence & Aggression	Equality, Diversity & Human Rights	Manual Handling	Public Protection	Infection Control	Security & Threat	Information Handling	GGC Average
December 2024	93.31%	92.99%	92.96%	92.78%	91.71%	92.22%	92.84%	93.12%	92.74% ✓
January 2025	92.94%	92.64%	92.40%	92.41%	91.39%	90.98%	92.58%	93.04%	92.30% ✓
February 2025	92.83%	92.43%	92.21%	92.17%	91.04%	90.64%	92.43%	93.13%	92.11% ✓
March 2025	93.11%	92.84%	92.44%	92.51%	91.18%	91.97%	92.58%	93.54%	92.52% ✓
April 2025	92.60%	92.30%	91.80%	91.90%	90.40%	91.30%	92.60%	93.20%	92.01% ✓
May 2025	92.77%	92.55%	92.06%	92.02%	90.56%	91.34%	92.45%	93.41%	92.15% ✓
June 2025	92.63%	92.42%	92.01%	91.91%	90.63%	91.37%	91.98%	93.49%	92.05% ✓
July 2025	92.08%	91.75%	91.43%	91.45%	90.17%	90.81%	91.52%	92.95%	91.52% ✓
August 2025	91.90%	91.80%	91.20%	91.40%	90.00%	90.81%	90.90%	93.00%	91.38% ✓
September 2025	91.50%	91.40%	90.80%	91.00%	89.40%	90.50%	89.30%	92.80%	90.84% ✓
October 2025	90.30%	90.20%	89.50%	89.90%	88.10%	89.30%	87.90%	91.70%	89.61% ⚠
November 2025	90.00%	90.10%	89.20%	89.50%	87.70%	88.90%	87.30%	91.80%	89.31% ⚠
December 2025	90.00%	90.20%	89.30%	89.50%	87.60%	89.00%	87.20%	91.60%	89.30% ⚠

Completion of Statutory Fire Safety Training

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



Commentary

The percentage of staff with a PDPR conversation recorded on Turas has remained consistent with the previous month, while the figure for each of the past three months is higher than the rolling one year average, showing improvement in this area.

Overall completion of statutory and mandatory training is slightly below target, at 89.3% against a target of 90%. The lowest completion rates are in Security and Threat (87.2%) and Public Protection (87.6%), with completion rates for three other courses being below target, and three above.

Completion of the statutory Fire Safety Training module improved slightly in December 2025 (to 84.5%, from 83.9% the previous month) but remains below target.

Service Narrative

For Statutory and Mandatory training, monthly HR notification emails continue to be sent staff to remind them to complete outstanding modules, which are flagged as amber (expiry soon) or red (out of date). We have also focussed on updating individual accounts to enable all learning to be visible for reporting purposes, however December saw an increase in flu cases and other competing priorities such as the system reset and winter pressures which affected staff being able to be released to undertake training.

Plans to improve completion of Statutory and Mandatory Training over the coming months include Collaborative Conversations planned for January to gain feedback on staff experience of Induction which includes access and completion of training, and capturing if training/learning was completed in work time. During December 2025 national communications were shared detailing the move to the Once for Scotland set of statutory and mandatory modules from March 2026 and Corporate communications will continue to promote training and the move to Once for Scotland modules in early 2026.

For KSF PDP & Review (PDP&R), significant work continued across all areas to increase compliance levels towards the 80% target by end December 2025. Six directorates/areas have now achieved 80% compliance: Centre for population Health, Corporate Communications, eHealth, HR&OD, Public Health and East Dunbartonshire – Oral Health.

Actions to improve compliance taken in December included weekly breakdown of compliance data provided to Directors and Heads of HR to support targeted action planning; e-mails to all managers giving an overview of PDP&R compliance status for staff they are responsible for; and a refresh of resources around induction and links to PDP&R to reinforce induction as the first stage of the PDP&R process and an integral part of practice.

As with TURAS compliance, December saw significant challenge for services in terms of the spike in flu cases, winter pressures and the festive leave period affecting staff availability to undertake PDP&R discussions.

Plans for the coming months include support for service action plans to increase compliance and promote good practice around PDP&R; continue providing weekly data reporting to enable Directors to adapt/target their actions to best effect; promoting a focus on the quality of PDP&R conversations via key communication routes (Core Brief, Directors group, KSF Leads, HROD function). In addition, Collaborative Conversations are planned for February/March to gain feedback on staff experience of PDP&R, access to learning time and support for career development. All areas have also been asked to submit trajectories and plans to outline action being taken to meet trajectory deadline by end March 2026.








Whole System Winter Preparedness Operational Plan Update

Summary Highlights

Winter Priorities

1. **System Reset successfully delivered from 20 November to 8 December 2025 during an exceptionally challenging period, marked by the earliest and sharpest flu spike since COVID**
2. **Further System Reset delivered from 17–28 January 2026, strengthening the components that had the greatest impact during the initial reset and supporting stabilisation during sustained winter pressure**
3. ***Early Quantifiable impacts of System Reset 2 include:***
 - i. *Increase in 4-Hour performance compared to 12-day period pre-reset (65.4% - above Scottish Average 62.7%)*
 - ii. *Reduction in long-waits (8+ Hour / 12+ Hour) over same period*
 - iii. *Highest number of patients managed on Virtual Ward (185+ concurrent)*
 - iv. *Initial reduction in Delayed Discharges from 361 to 335 (followed by significant spike driven by increase in Non-GGC Partnerships)*
4. **Winter bed capacity and staffing initiated from 5 January 2026 and remains in place, as planned.**
5. **Outpatient waits ahead of trajectory while TTG within 1% of trajectory. Cancer performance continued to be protected, with a focus on sustaining improvement through the winter period**
6. **Latest snapshot position (from 02 February 2026) shows continuing improvement in key measures, although high system occupancy remains challenging**
7. **Vaccination uptake remains below the Scottish average for adult flu and COVID, while children's flu uptake is above the Scottish average – significant comms drive over December-January**

Winter Preparedness Priorities - Progress against KPIs (*linked to Dec-25 IPQR report)

Priority		Progress
	Whole System Escalation & Decompression Huddles via FNC+	<p>Week performance from HIC Dashboard 04/01/26 (Trajectory) (Snapshot)</p> <ul style="list-style-type: none">• Pre-midday discharges 17% (30%), PDD Accuracy 79.4% (90%), Bed Occupancy 96.4% (93%) - All Sites• Weekend Discharges - Saturday 9.2% (12.3%) & Sunday 6.2% (10%), <p>System Reset 2 delivered 17–28 January 2026, taking learning from SR1 - key outputs included increased 4 Hr Performance (65.4% compared to 62.7% National Average) and reduction in long-waiting patients. Initial reduction in delays was undone by significant spike.</p>
	Interface - Expand our Virtual Hospital Bed Capacity & FNC+ moves to 24/7	<p>Interface Update (Patient numbers week 22nd-29th January 2026) (Snapshot):</p> <ul style="list-style-type: none">• 255 people placed on alternative pathway• 525 virtual ED attendances, avoiding 145 attendances, 297 scheduled• 855 GP calls• 185+ concurrent patients on Virtual Hospital (increase in utilisation of Discharge to Scan / OPAT during SR2)
	Protecting Planned Care and Cancer Services	<ul style="list-style-type: none">• New Outpatient Waiting List: Continued reduction in >52 week waits and ahead of trajectory *• TTG: YTD activity within 1% of trajectory (5,908 activity in December), continued reduction in waits >52 weeks.*• Cancer Services: 95.1% 31-day performance (above trajectory) and 74.4% 62-day performance (below trajectory)*
	Implementing the Urgent Care and Improving Flow Commission High Impact actions	<ul style="list-style-type: none">• 69.5% 4 Hour Performance*• Significant reduction on long-waits during System Reset period• ED Average Attend to Triage 27 mins (Trajectory 20mins)• ED Average Attend to 1st Assessment 98 mins (Trajectory 120mins)
	Implementing and maximising the winter Flu and Covid 19 booster programme	<ul style="list-style-type: none">• As of 4th January 2026 - COVID vaccination: 64.58% of eligible population (below Scottish average ~65%) Adult Flu vaccination: 48.7% (below Scottish average ~55%) Children’s flu vaccination: 59.0% (above Scottish average ~57.5%) *• Comprehensive communications campaign ongoing, with intensified activity during December–January in response to system pressure*
	Workforce resilience & Staff Wellbeing	<ul style="list-style-type: none">• Staff overall absence ~29.2 (target 24%)*• Staff sickness absence ~8.8% (target 6%) (3.8% ST / 5.0% LT)*
	Reducing bed days & reduce the need for surge capacity - reduced length of stay and reducing patients in delay	<ul style="list-style-type: none">• Emergency average length of stay 7.9 days (trajectory 7.7 days)*• Delays per 100k adults 48.3, above target 34.6*• Sustained delayed discharge pressure, including non-GGC HSCP delays and AWI complexity

Cancer Performance – January unvalidated at 18th Feb

31 Day performance predicted at 95.6%

62 Day performance predicted at 68.8%

Performance	December		January	
	Trajectory	Performance	Trajectory	Performance
Breast	98.00%	96.4 %	98.10%	94.9%
Colorectal	75.60%	62.3%	75.60%	76.9%
Head & Neck	78.60%	73.9%	75.00%	71.4%
Lung	80.00%	80.4%	80.00%	72.3%
Lymphoma	83.30%	83.3%	83.30%	66.7%
Melanoma	85.00%	93.3%	85.00%	83.3%
Ovarian	60.00%	100%	60.00%	70.9%
Upper GI Total	76.70%	63.9%	78.80%	35.7%
Urology Total	50.00%	48.5%	55.60%	37.5%
Cervical	50.00%	50%	58.30%	68.8%
Total	75.90%	74.4%	77.90%	68.8%

	December		January	
	Activity	Performance	Activity	Performance
Breast	136	96.4 %	98	94.9%
Colorectal	54	62.3%	52	76.9%
Head & Neck	23	73.9%	14	71.4%
Lung	46	80.4%	47	72.3%
Lymphoma	6	83.3%	6	66.7%
Melanoma	15	93.3%	18	83.3%
Ovarian	4	100%	4	70.9%
Upper GI Total	36	63.9%	31	35.7%
Urology Total	103	48.5%	98	37.5%
Cervical	2	50%	4	68.8%
Total	425	74.4%	372	68.8%

- Overall performance impacted by activity levels – breast is 38 patients lower than December with an impact of around 3.5% on overall performance based on the last 3 months averages
- Urology activity proportionately higher and has a negative impact on overall performance. Mainly due to the impact of treating backlog patients including diagnostic waits for TP biopsy in the independent sector.
- Lung and Upper GI are impacted by delays to PET scanning although less impact on overall performance
- Despite performance drop between Dec and Jan – Jan 2026 performance is 6% higher than the January 2025 62 day performance

February Actions

- Daily tracker of planned and undertaken activity implemented, particularly focus on breast with actions to increase.
 - This process is providing assurance around the restoration of tracked numbers in Feb. By 18th Feb 81 cases had been identified for theatre in the month of Feb – in line with the Oct-Dec average of 82.
- Although continued treatment of the urology backlog continues and is required in order to deliver sustainable compliance with the March trajectory – outsourced TP biopsy activity has been significantly reduced as the patient pathway is now being delivered in line with expected milestones. Wait for this step has reduced from 6 weeks to 9 days.
- PET CT recovery plan is in place with additional outsourced and internal capacity confirmed.