

NHS Greater Glasgow and Clyde	Paper No. 26/112
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2026
Title:	Integrated Performance and Quality Report (June 2026)
Sponsoring Director/Manager:	Michael Breen, Director of Finance / Deputy Chief Executive
Report Author:	Stuart Donald, Head of Performance, Analysis, and Insight

1. Purpose

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

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

2. Executive Summary

The paper can be summarised as follows:

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

Across key performance indicators:

- 15 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.
- 13 are rated Red, not meeting trajectory and outside of tolerable range.
- Grey-rated measures, which do not have agreed trajectories, are provided for information and context.

Summary of Key Performance Indicators by Committee:

Committee	Green	Amber	Red
Clinical and Care Governance	1	3	2
Population Health and Wellbeing	1	0	0
Finance, Planning and Performance	13	9	9
People and Staff Governance	0	2	2
Total	15	14	13

Clinical and Care Governance:

- Hospital Standardised Mortality Ratio is below the Scottish average, and crude mortality aligns with national patterns.
- Healthcare Acquired Infection rates for SAB, CDI and ECB are above target, however, Hand hygiene compliance remains consistently high.
- Oversight of Significant Adverse Event Reviews (SAER) continues to strengthen. There were no SAERs closed within timescales, however, there continues to be more SAERs closed than commissioned.
- Patient experience indicators also remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. 72% of stories received in June 2026 reflected positive themes, although variation in timeliness of responses persists between sites.
- Overall complaints performance is below the national benchmark at 65%.

Population Health:

- Waiting times for alcohol and drug treatment continues to exceed national standards.
- The Spring Covid Booster programme ran from April to June 2026 and is now complete. Uptake has lagged behind Scotland overall.

Finance, Planning and Performance

- New outpatients overall and over 52 weeks waits have decreased in June 2026 with over 52 weeks waits in June 2026 above trajectory, though within tolerable limits.
- Treatment Time Guarantee (TTG) over 52 weeks waits have decreased although remain above trajectory.
- Diagnostic waits over six weeks for both Imaging and Scopes have increased compared to the previous month, while overall activity has decreased.
- Cancer performance against the 31-day standard remains ahead of trajectory. Performance against the 62-day standard increased by 3% in June 2026 and is now above the local trajectory, representing continued improvement from previous levels.

BOARD OFFICIAL

- 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 although performance has slightly improved in June 2026 compared to the previous month.
- ED attendances continue to run above trajectory, although admissions from ED are down on the previous year and ahead of trajectory.
- Delayed discharges remain above trajectory across Acute and significantly above trajectory across Mental Health patients.
- Planned and Reactive maintenance backlogs have decreased from the previous month, and both are significantly improved from figures seen in 2025.

People and Staff Governance

- Workforce absence increased to 24.6% in June 2026 (from 22% in May 2026), slightly out with the 24% trajectory.
- Sickness absence increased to 7.3% (from 7.0% in May 2026), with long-term absence continuing to drive the overall position.
- Mandatory training compliance remains below the 90% threshold, while PDPR completion has decreased slightly and remains below trajectory.

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 June 2026.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

The performance measures within the IPQR are data driven from NHS GGC 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 Executive. The IPQR is reviewed by Corporate Management Team before onward submission to Board.

8. Date Prepared & Issued

Paper prepared: 7 August 2026

Paper issued: 19 August 2026

9. Appendices

- Appendix 1 Integrated Performance and Quality Report (June 2026)

Integrated Performance and Quality Report (IPQR)



Reporting Month:
June 2026

Committee Pathway:

CMT: 10 August 2026

NHSGGC Board: 27 August
2026



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

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Clinical and Care Governance:

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

Patient experience indicators remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. 72% of stories received in June 2026 reflected positive themes, although some variation in sentiment and timeliness of responses persists between sites. Overall complaints performance is below the national benchmark at 65%.

Population Health:

Waiting times for alcohol and drug treatment exceed national standards. The Spring Covid Booster programme ran from April to June 2026. Uptake has lagged behind Scotland overall.

Finance, Planning and Performance:

New outpatients waiting over 52 weeks has decreased by end of June, but remains outwith the target although within tolerable limits. Diagnostic waits over six weeks have increased and overall activity has decreased in June. Treatment Time Guarantee (TTG) over 52 weeks waits have decreased, although remain above trajectory.

Cancer performance against the 31-day standard remains on trajectory. Performance against the 62-day standard is up from the previous month, and remains above 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 above trajectory across Acute and significantly above trajectory across Mental Health patients.

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

Planned and Reactive maintenance backlogs have decreased from the previous month, and both are significantly improved from figures seen in 2025.

People and Staff Governance

Overall absence increased to 24.6% in June 2026 (from 22.0% in May 2026), slightly out with the 24% trajectory. Sickness absence increased to 7.3%, with long-term absences continuing to drive the overall position. Mandatory training compliance remains just below the 90% threshold, while PDPR completion has decreased slightly and also remains below trajectory.

Better Health

Population Health and Wellbeing Committee

Alcohol and Drugs - %
starting treatment within
3 weeks

94.4%
Trajectory: 90%
March 2026

Vaccinations - Seasonal
Programme

73,605

28 June 2026

Better Care

Finance, Planning and Performance Committee

New Outpatient Referrals
(Year to Date)

107,794

June 2026

Outpatient Activity

26,382
Trajectory (Provisional): 24,296
June 2026

Outpatient Activity (Year
to Date)

72,764
Trajectory (Provisional): 71,817
June 2026

Total Outpatient Waiting
List

142,155

June 2026

Outpatient Waits >78
Weeks

0
Trajectory: 0
June 2026

Outpatient Waits >52
weeks

50
Trajectory: 0
June 2026

Diagnostic Scopes Activity

2,998
Trajectory (Provisional): 2,466
June 2026

Diagnostic Scopes Activity
(Year to Date)

8,471
Trajectory (Provisional): 7,791
June 2026

Diagnostic Scopes >6
week waits

2,873
Trajectory: 5,137
June 2026

Scopes >26 week waits

928

June 2026

Scopes >52 week waits

343

June 2026

Scopes - Total Waiting
List

6,299

June 2026

Better Care

Finance, Planning and Performance Committee

Imaging Activity

14,675

June 2026

Imaging Activity (Year to Date)

43,109

June 2026

Imaging >6 Week Waits

6,549

Trajectory: 5,068

June 2026

Imaging >26 Week Waits

37

Trajectory: 0

June 2026

Imaging All Waits

24,052

Trajectory: 19,613

June 2026

TTG Inpatient and Daycase - Activity

5,893

Trajectory (Provisional): 6,033

June 2026

TTG Inpatient and Daycase - Activity (Year to Date)

17,736

Trajectory (Provisional): 18,007

June 2026

TTG Inpatient and Daycase Waits >52 weeks

6,064

Trajectory: 5,966

June 2026

TTG Inpatient and Daycase Waits >78 weeks

1,963

June 2026

TTG Inpatient and Daycase Waits >104 weeks

587

June 2026

TTG Inpatient and Daycase- Total Waiting List

43,324

June 2026

Cancer - 62 Day Target

81.0%

Trajectory: 80%

June 2026

Cancer - 31 Day Target

95.3%

Trajectory: 95%

June 2026

Urgent Suspicion of Cancer Referrals (Year to Date)

19,130

June 2026

Cancer Activity (31 day pathway, Year to Date)

1,769

June 2026

Cancer Activity (62 day pathway, Year to Date)

1,132

June 2026

CAMHS - % starting treatment within 18 weeks

100%

Trajectory: 90%

June 2026

Psychological Therapies - % starting treatment within 18 weeks

89.0%

Trajectory: 90%

June 2026

MSK Physio - Patients Seen within 4 weeks

33%

Trajectory: 41%

June 2026

MSK Physio - Average Wait (Weeks)

8.4

Trajectory: 9.4

June 2026

Podiatry - Patients Seen within 4 weeks

95%

Trajectory: 90%

June 2026

ED Attendances (Year to Date)

108,911

Trajectory: 104,977

June 2026

Admissions from ED (Year to Date)

34,317

Trajectory: 35,261

June 2026

Average Length of Stay (Emergency Admissions)

8.00

Trajectory: 7.60

June 2026

Better Care

Finance, Planning and Performance Committee

ED 4hr Target

68.70%
Trajectory: 70%
June 2026

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

328,436
Trajectory: 306,868
June 2026

Delayed Discharges per 100k of population

44.29
Trajectory: 34.6
June 2026

Acute Patients in Delay

336
Trajectory: 320
June 2026

Acute Bed Days Lost to Delay

9,979
Trajectory: 7,889
June 2026

Mental Health Bed Days Lost to Delay

2,669
Trajectory: 1,857
June 2026

Mental Health Patients in Delay

92
Trajectory: 58
June 2026

GP OOH Shift Fill Rate

99%
Trajectory: 90%
June 2026

GP OOH Activity (Year to Date)

43,833
June 2026

GP List Closures

12
June 2026

Better Workplace

People and Staff Governance Committee

Total Absence (All Absence Types)

24.60%
Trajectory: 24.00%
June 2026

Total Sickness Absence

7.30%
Trajectory: 6.0%
June 2026

KSF PDP&R Conversations Recorded on Turas

70.3%
Trajectory: 80%
June 2026

Completion of Statutory & Mandatory Training

88.5%
Trajectory: 90%
June 2026

Better Care

Clinical and Care Governance Committee

Hospital Standardised Mortality Ratio 0.99 December 2025	Healthcare Acquired Infections - Escherichia Coli Bacteraemia (ECB) 77 Trajectory: 51 June 2026	Healthcare Acquired Infections - Clostridioides Difficile Infections (CDIs) 24 Trajectory: 21 June 2026	Healthcare Acquired Infections - Staphylococcus Aureus Bacteraemia (SAB) 29 Trajectory: 26 June 2026	Hand Hygiene Compliance Rate 96% June 2026	SAERs Commissioned 17 June 2026	SAERs Closed within 140 Working Days 0.00% June 2026
Stage 1 Complaints Received 211 June 2026	Stage 1 Complaints Closed Within 5 Working Days 82% Trajectory: 70% June 2026	Stage 2 Complaints Received 397 June 2026	Stage 2 Complaints Closed Within 20 Working Days 50% Trajectory: 70% June 2026	Overall Complaints Closed Within Timescale 65% Trajectory: 70% June 2026	Care Opinion Stories 459 June 2026	Percentage of Care Opinion Stories With Positive Themes 72% June 2026

Better Value

Audit and Risk Committee

FOIs Received 117 May 2026	FOIs Responded to Within 20 Working Days 82.05% May 2026
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Better Value

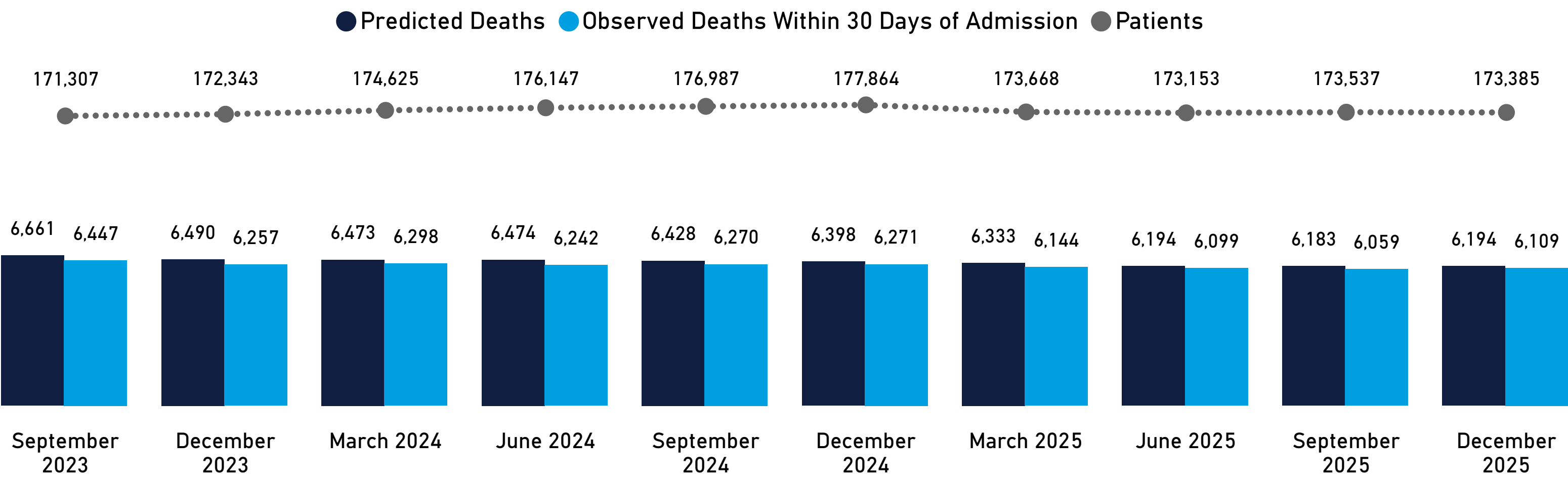
Finance, Planning and Performance Committee

Estates and Facilities - Planned Maintenance Completed 79% June 2026	Estates and Facilities - Reactive Maintenance Completed 65% June 2026
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Standardised Mortality Rate/Crude Mortality within 30 Days of Admission

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

Predicted and Observed Deaths Within 30 Days of Admission

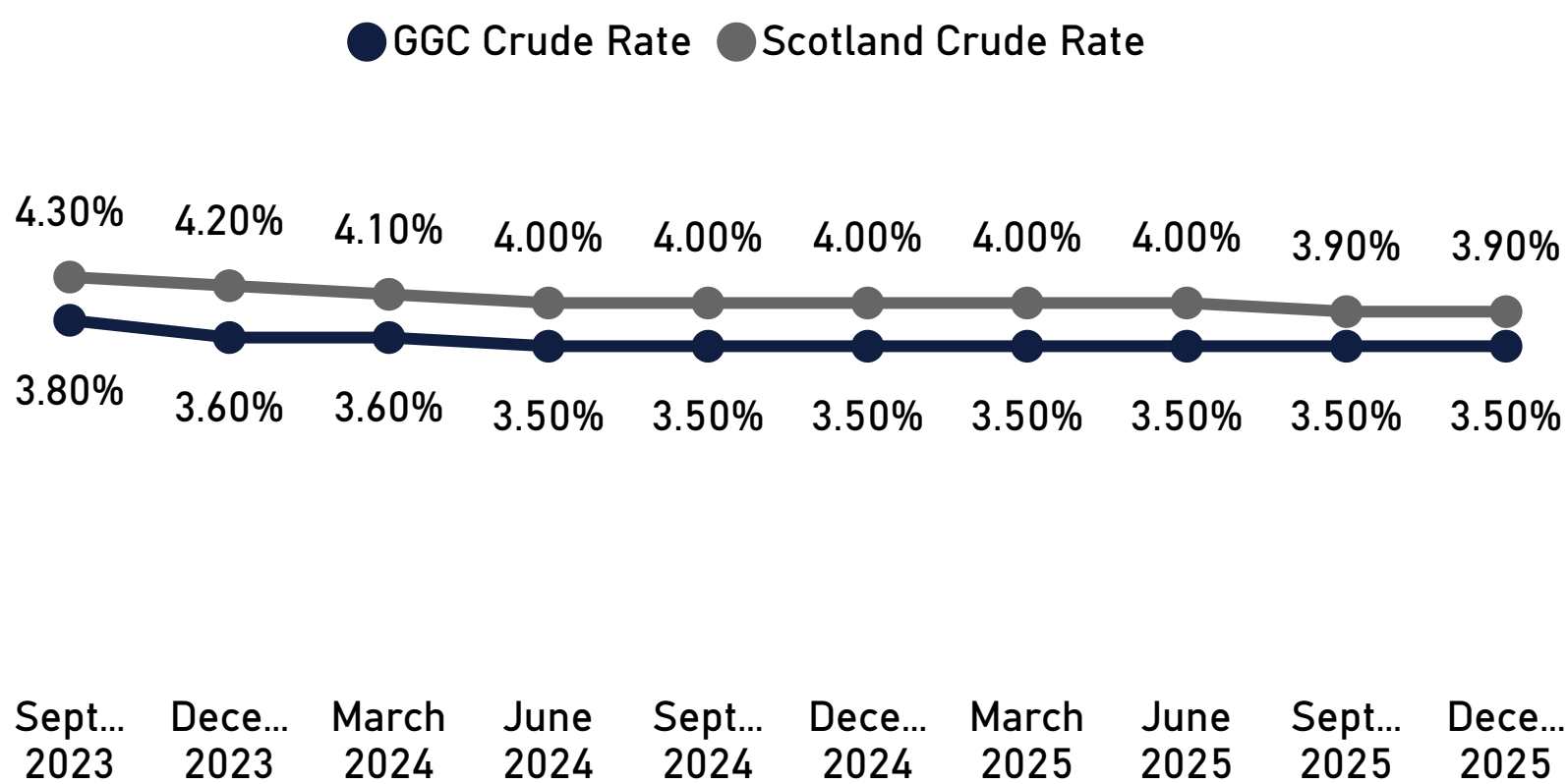


GGC SMR

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

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

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



Hospital Standardised Mortality Ratio (Most Recent Publication)

January 2025 - December 2025

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

GGC Crude Mortality

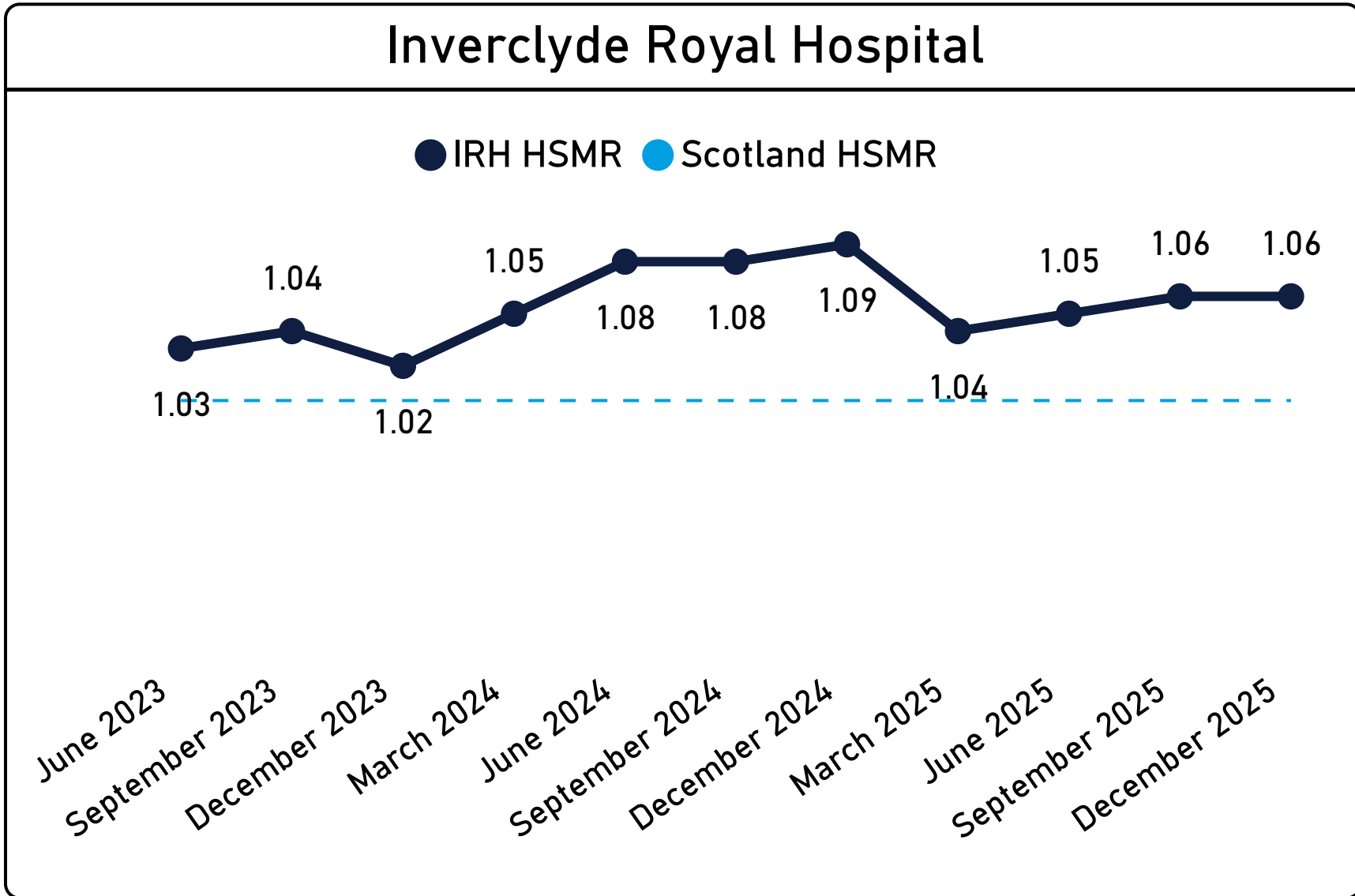
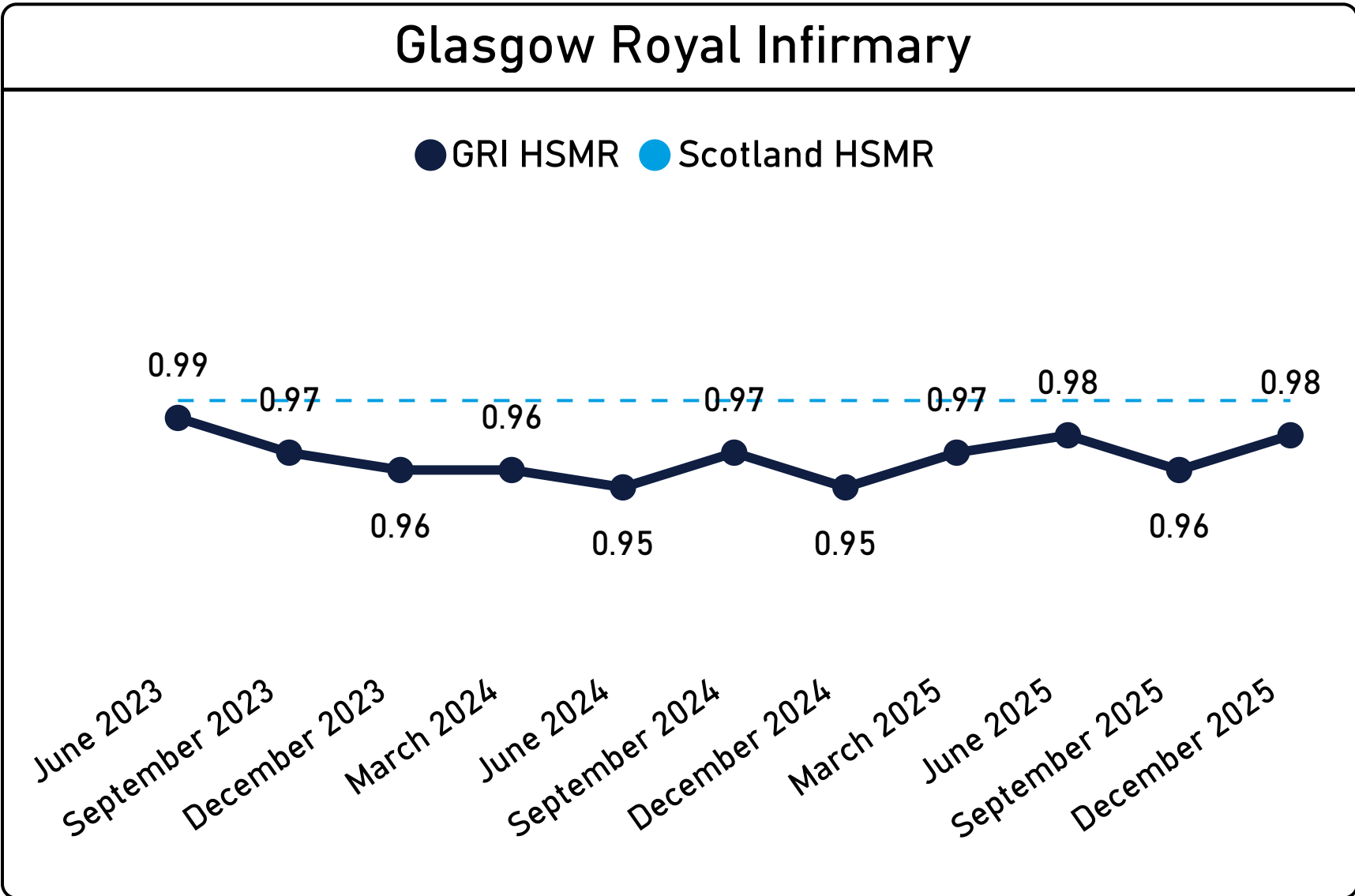
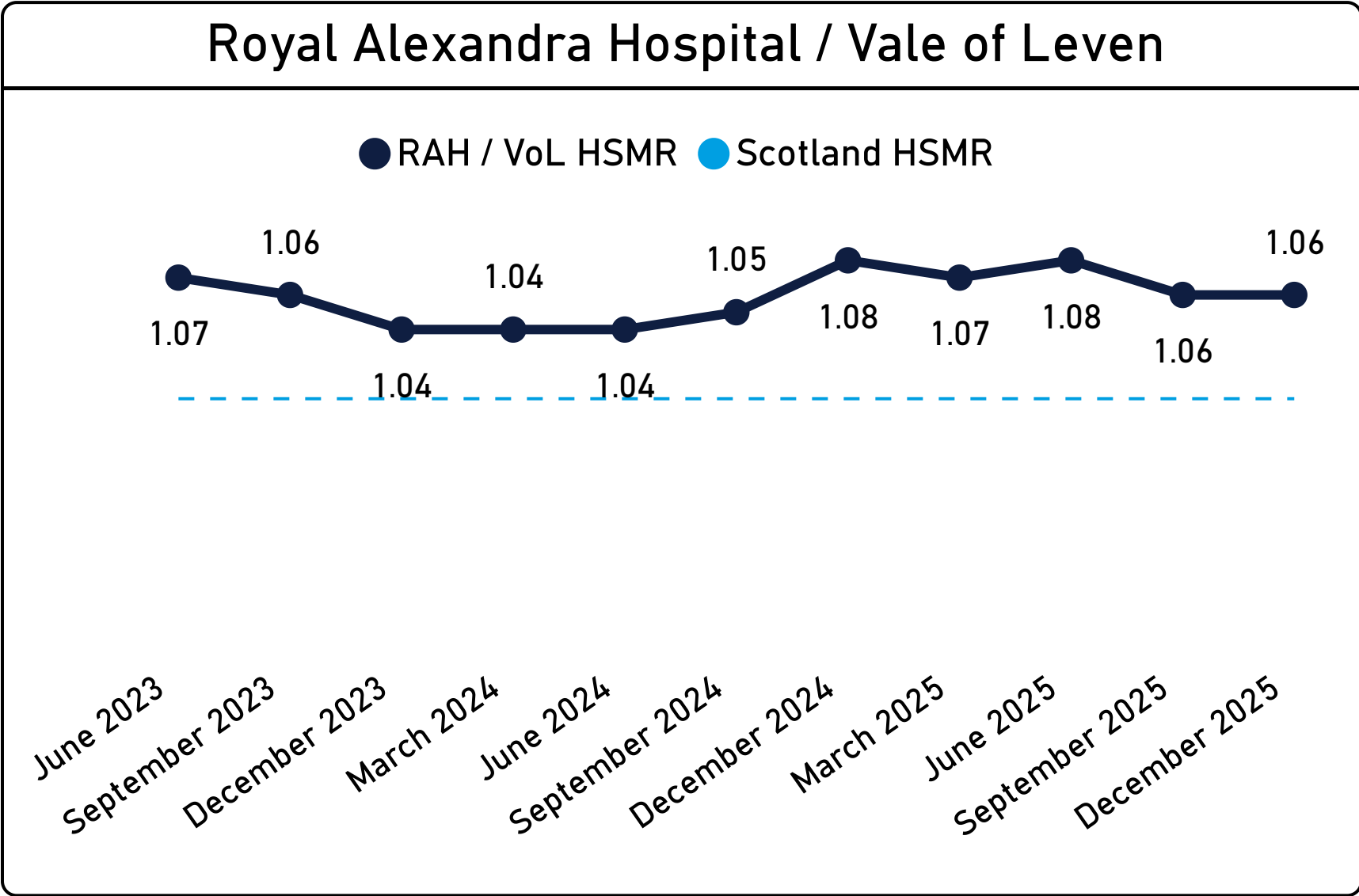
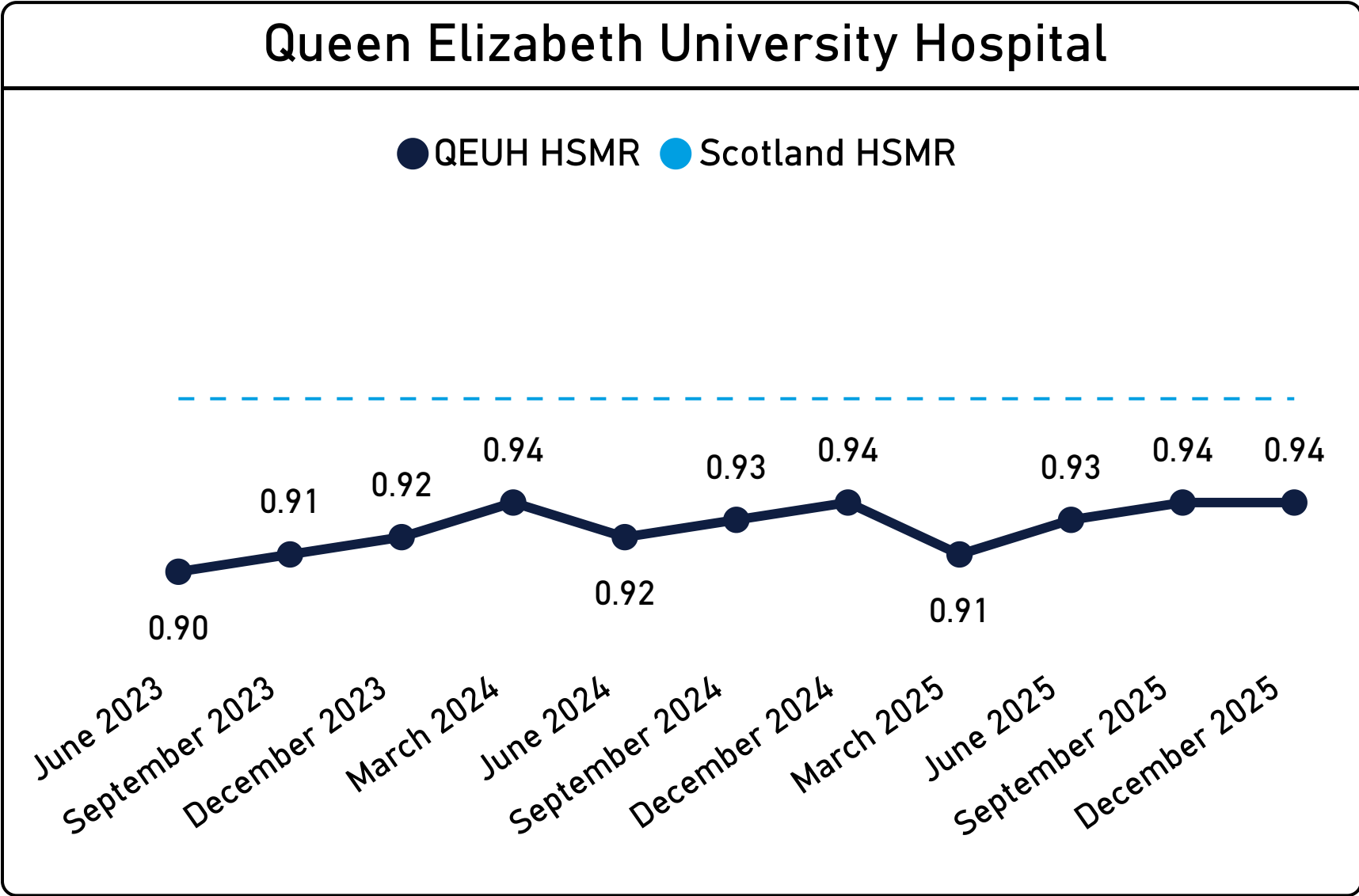
The advised method to monitor changes over time at hospital or board level is crude mortality rates. This data is available at both monthly and quarterly level.

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

The next release of data is expected in late summer 2026

Hospital Standardised Mortality Ratio by Site

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



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

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

Although HSMR is above national average at RAH/VoL and at IRH, it is within control limits and stable.

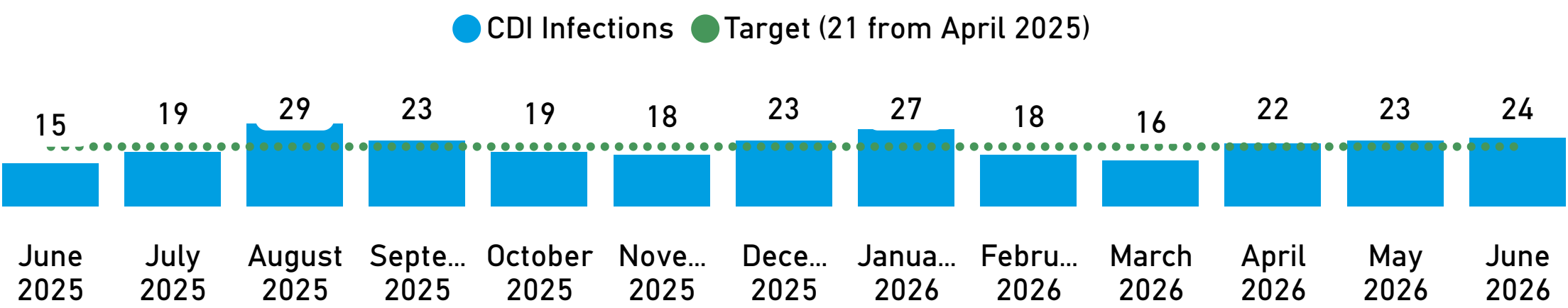
Healthcare Associated Infections and Hand Hygiene Compliance

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

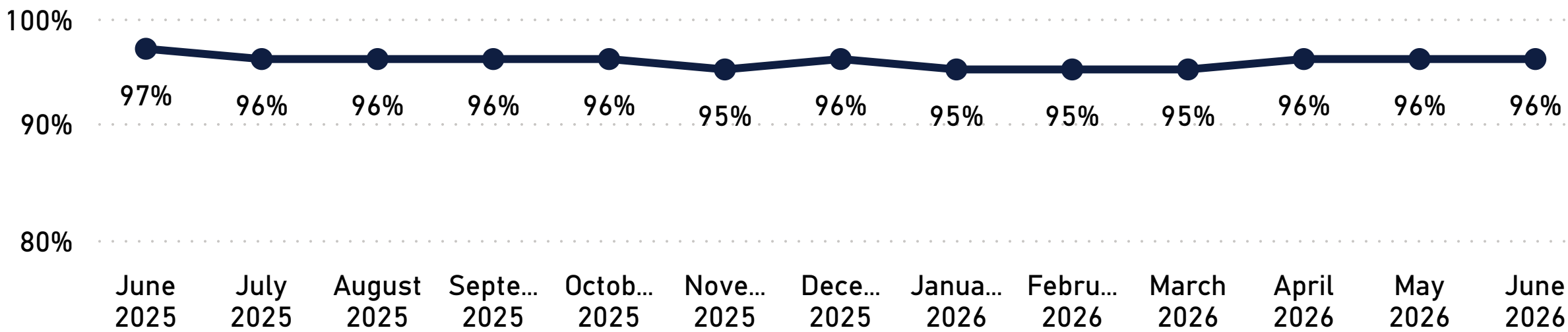


Clostridioides Difficile Infections (CDIs)

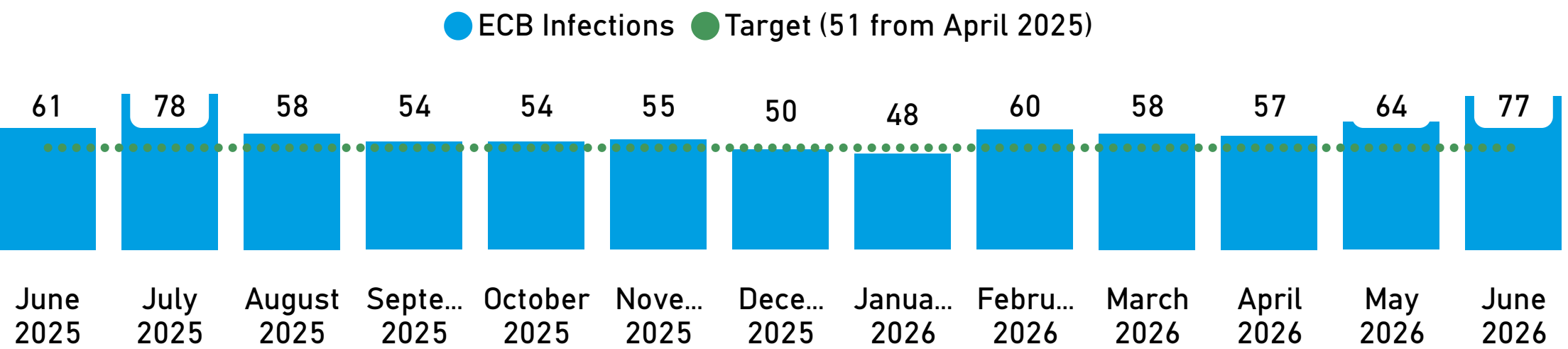
Target = 21



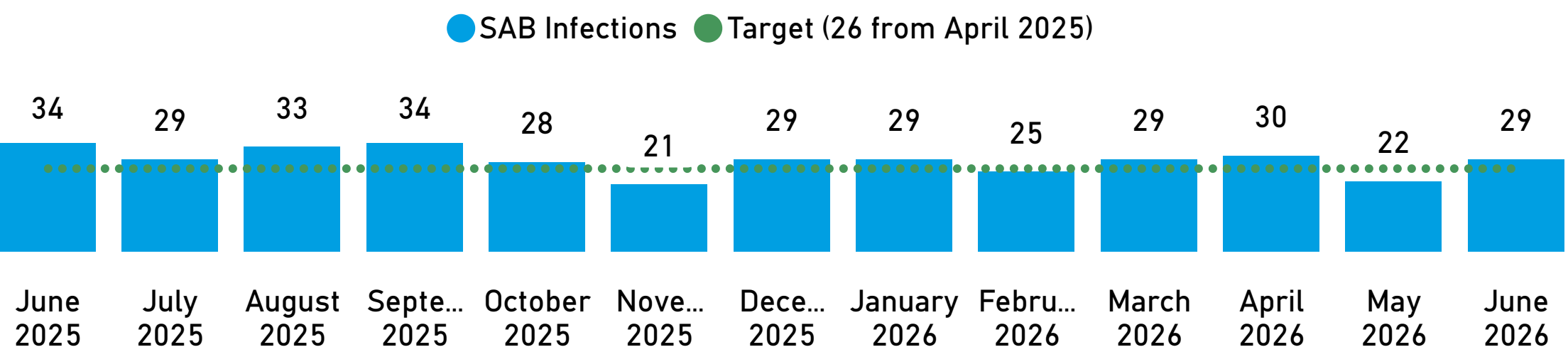
Hand Hygiene Compliance Rate



Escherichia Coli Bacteraemia (ECB)



Staphylococcus Aureus Bacteraemia (SAB)



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

CDI - Figures have been above target for seven of the past 13 months, and each of the past three. Infections are above target for June 2026, increased by one from the previous month. NHSGGC are below the national average for CDI infections.

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

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

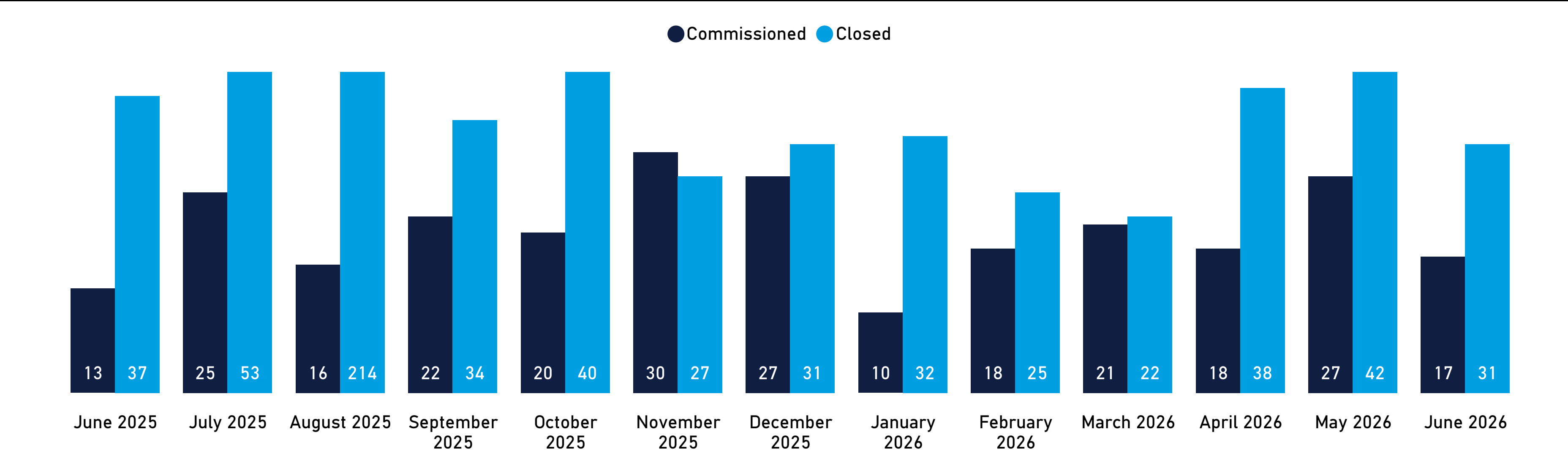
Hand Hygiene compliance rates remain consistent, having been within a range of 95% - 97% over the past year. An average of 350 audits are completed monthly, with audits carried out as required, such as during incidents and outbreaks of infection.

Significant Adverse Event Reviews

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



SAERs Commissioned and Closed Per Month



Closed within 140 Working Days

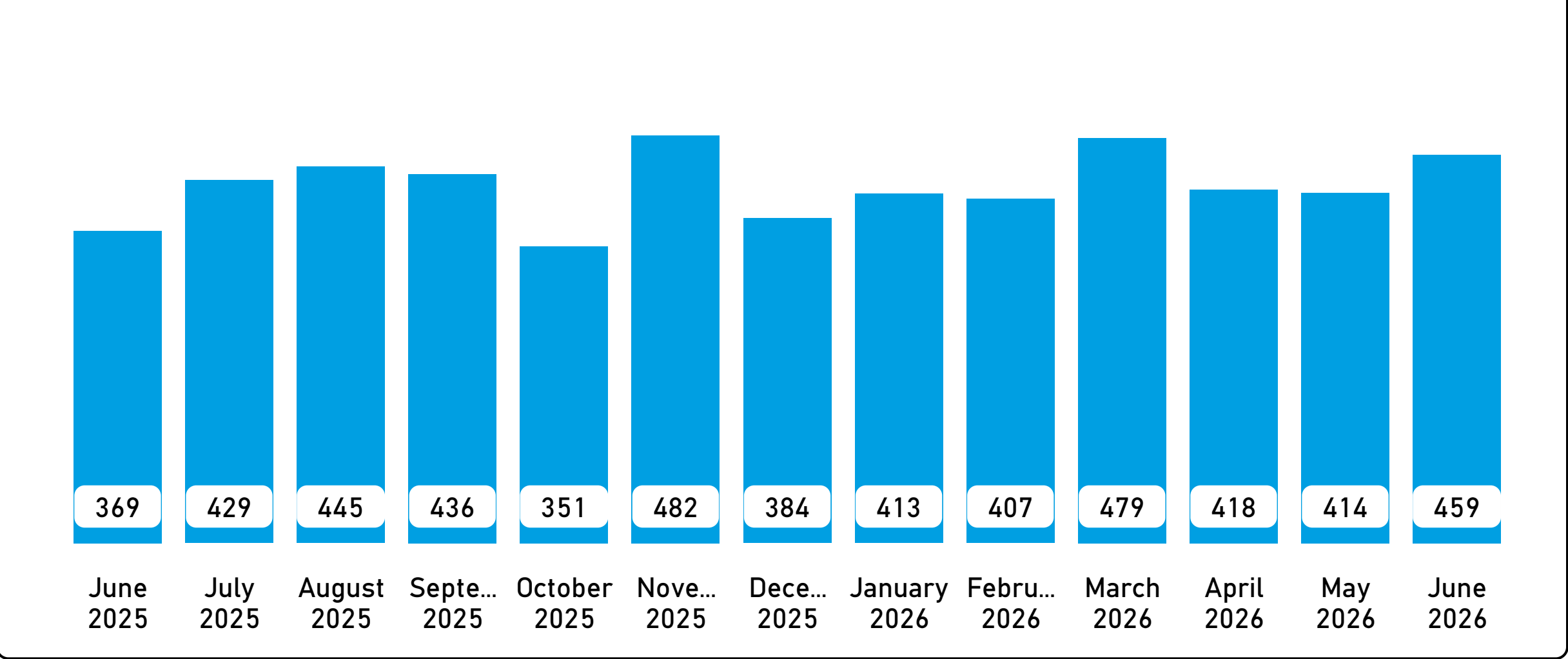
Month End	Number	Percentage
June 2025	0	0.00%
July 2025	0	0.00%
August 2025	0	0.00%
September 2025	0	0.00%
October 2025	0	0.00%
November 2025	0	0.00%
December 2025	1	3.23%
January 2026	8	25.00%
February 2026	2	8.00%
March 2026	0	0.00%
April 2026	0	0.00%
May 2026	0	0.00%
June 2026	0	0.00%

The number of SAERs commissioned per month has varied slightly throughout the year, averaging 21 per month. A significantly higher number of SAERs were closed in July and August 2025 than in previous months, and numbers remained higher for the remainder of 2025, reflecting increased management action and oversight. In June 2026, and in keeping with the pattern from recent months, more SAERs were closed than commissioned. None were completed within the 140-day timescale and the priority for the service at present is to close the backlog of overdue SAERs and it is anticipated that more SAERS will be completed within the 140-day timeline with oversight of SAERs about to breach and the ongoing improvement programme.

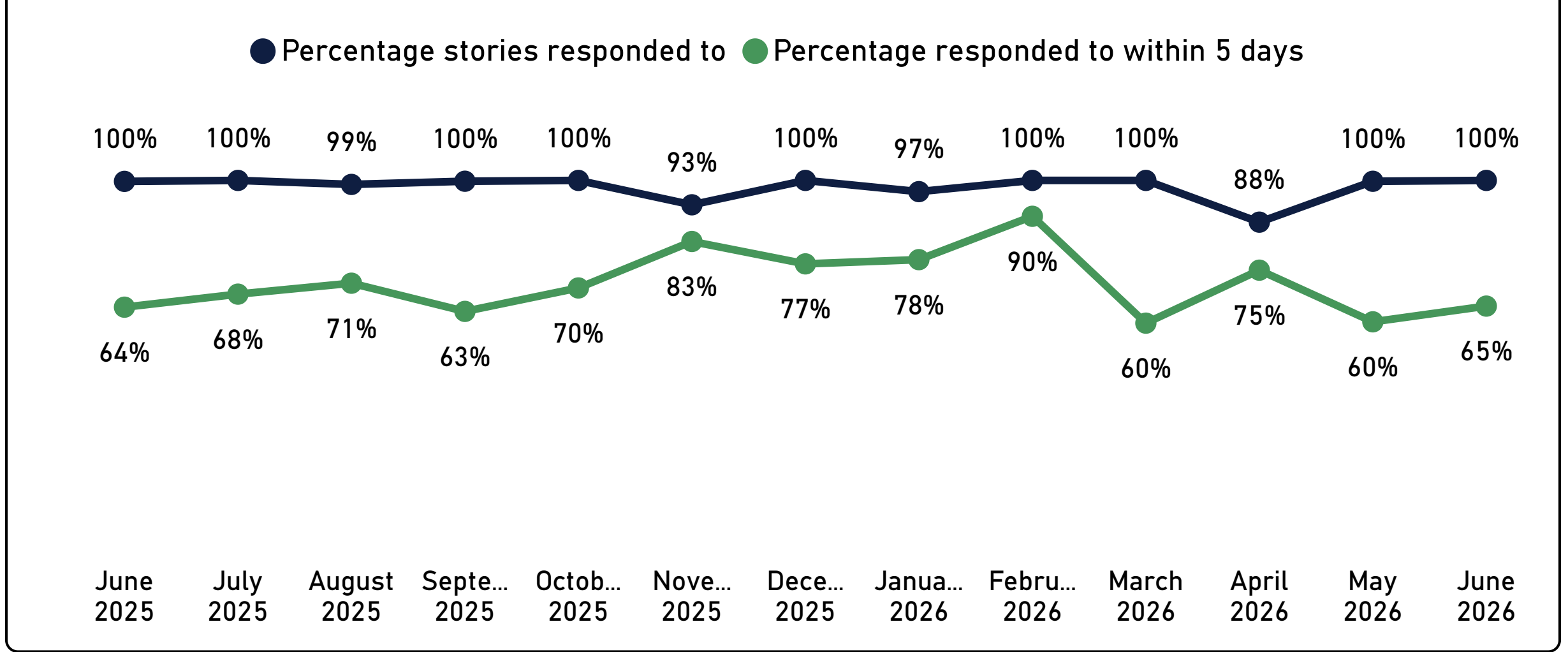
Significant improvement has been achieved through enhanced oversight of overdue SAERs and reviews approaching breach, supported by clear recovery plans and ongoing engagement from the Quality Assurance Group. Workstreams established through the Task and Finish Group have continued to progress actions to streamline the review process, including exploration of Digital and Co-Pilot solutions. The resulting action plan will be overseen by the Corporate Adverse Event Oversight Group.

Governance and documentation arrangements have also been strengthened to improve compliance, data quality, accountability and assurance. Ongoing improvement activity remains focused on embedding these arrangements and supporting a more efficient and consistent review process.

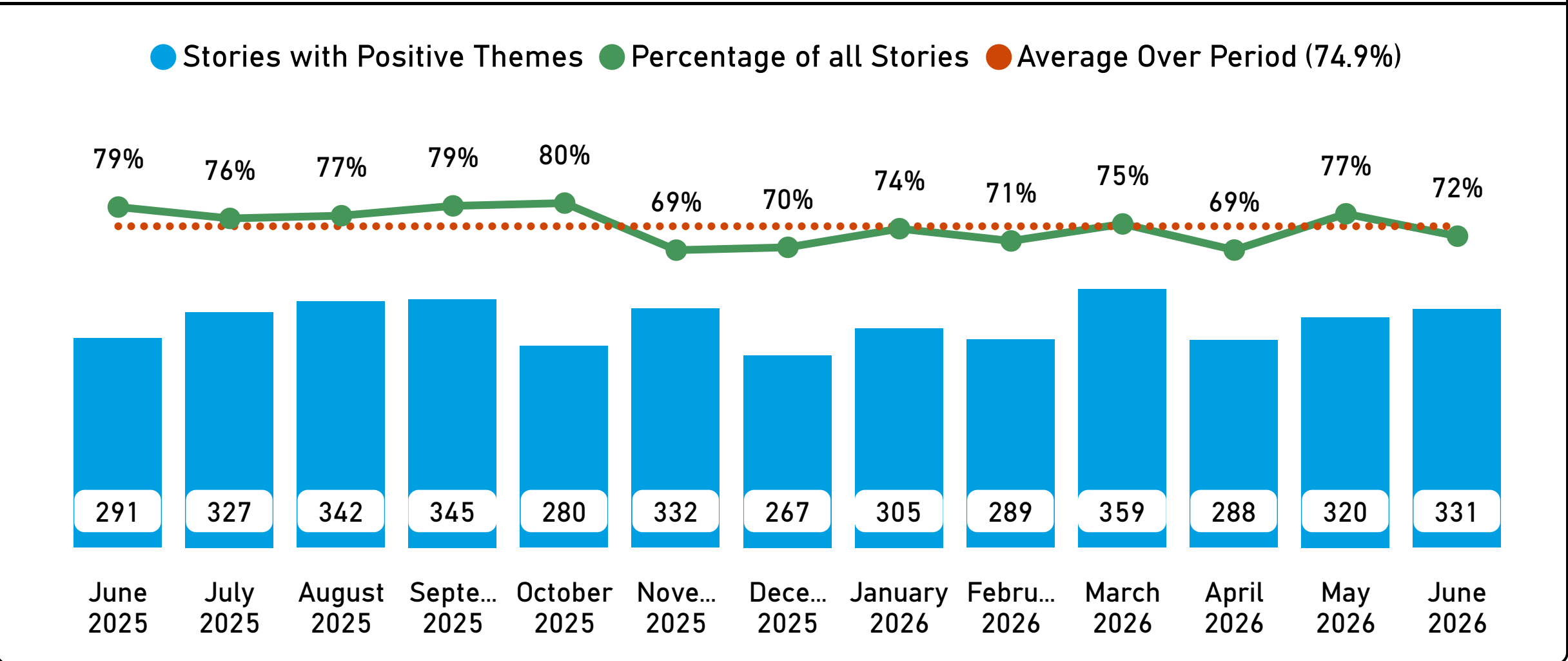
Care Opinion Stories Received About NHSGGC Services



Response Rate



Care Opinion Stories With Positive Themes



Response performance remains a key strength. 100% of stories posted on Care Opinion in June 2026 received a response, similar to the previous month. The proportion of responses sent within five days has increased to 65%, from 60% in the previous month.

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

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

Breakdown by Hospital Site

Hospital Site	All GGC Sites			GRI			IRH			Other sites			QEUH			RAH			RHC		
Month	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days
June 2025	369	79%	64%	54	61%	69%	12	100%	67%	121	88%	64%	95	77%	57%	56	75%	67%	31	77%	74%
July 2025	429	76%	68%	58	71%	76%	18	72%	50%	139	78%	68%	102	72%	72%	60	75%	62%	52	90%	65%
August 2025	445	77%	71%	65	66%	74%	19	74%	74%	139	84%	60%	107	68%	80%	63	70%	86%	52	98%	59%
September 2025	436	79%	63%	69	64%	72%	24	96%	58%	148	84%	67%	99	78%	57%	53	74%	81%	43	88%	30%
October 2025	351	80%	70%	63	81%	83%	9	67%	67%	119	85%	63%	79	72%	68%	46	72%	72%	35	91%	71%
November 2025	482	69%	83%	71	62%	86%	12	75%	92%	142	75%	78%	104	62%	78%	84	70%	87%	69	72%	88%
December 2025	384	70%	77%	51	45%	90%	12	58%	83%	132	73%	82%	86	77%	74%	60	68%	73%	43	77%	51%
January 2026	413	74%	78%	46	61%	93%	18	50%	94%	138	80%	70%	97	67%	78%	62	79%	69%	52	85%	90%
February 2026	407	71%	90%	57	75%	89%	23	70%	96%	113	79%	94%	83	65%	87%	102	60%	86%	29	90%	93%
March 2026	479	75%	60%	80	71%	79%	21	90%	52%	148	80%	57%	102	61%	64%	72	78%	49%	56	84%	50%
April 2026	418	69%	75%	68	59%	72%	5	60%	100%	121	70%	76%	116	71%	75%	63	68%	79%	45	78%	66%
May 2026	414	77%	60%	51	73%	51%	16	100%	88%	161	82%	57%	98	71%	67%	46	72%	51%	42	76%	67%
June 2026	459	72%	65%	49	67%	29%	29	97%	97%	175	76%	77%	92	67%	53%	83	65%	67%	31	68%	48%

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

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

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

Patient Experience - Extracts from Patient Stories on Care Opinion

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

Royal Hospital for Children - Phlebotomy Service

I would like to express my sincere gratitude to the wonderful phlebotomy team, especially Tracy, Christine, and Denise. Our experience today was truly exceptional. My son was understandably anxious about having his blood test, but the team went above and beyond to make him feel safe, calm, and comfortable. They worked together brilliantly, showing outstanding teamwork, professionalism, kindness, and compassion. They sang, danced, told stories, and continuously distracted and encouraged him throughout the procedure. Their patience and genuine care completely changed his experience. Instead of leaving frightened, My son walked out smiling, happy, and talking about how much he liked them. Thank you, Tracy, Christine, and Denise, for making what could have been a stressful experience such a positive and memorable one. Your dedication, warmth, and teamwork made a real difference to both my son and me. We are incredibly grateful for the outstanding care you provided.

OPAT Service - QEUH and RAH

The OPAT teams are simply amazing across both the RAH and QEUH. I have been attending to receive IV antibiotics for recurrent infections and the nurses have been doing phenomenal and completely consistent with their care. When feeling unwell, the nurses monitored my symptoms and ensured they took measures to improve my symptoms. And once starting to feel better, the nurses continued to ensure I was making progress with my recovery from infection.

Glasgow Royal Infirmary - Trauma and Orthopaedics

Was admitted recently for right total hip replacement....everything ran smoothly... particular thanks to nurse Linda who was excellent...Transferred to ward 27, where on inspection, I had leakage on my wound dressing so a second was applied...Care from physio Danny was very good. Particular praise to night nurse Sola and day nurse Magda for their care. Only negative comments were: food not very nice - Porridge was extremely sweet and shop bought in cartons; as GRI were extremely careful in regards to infection control...I was shocked when not being offered hand hygiene after using bedpan...I was informed that there was hand gel attached to bottom of bed (which was impossible to reach)... Mr Porter, my surgeon was very courteous and approachable. He explained every step in the process and visited post surgery to answer my questions.

New Victoria Hospital - Cardiac Rehabilitation

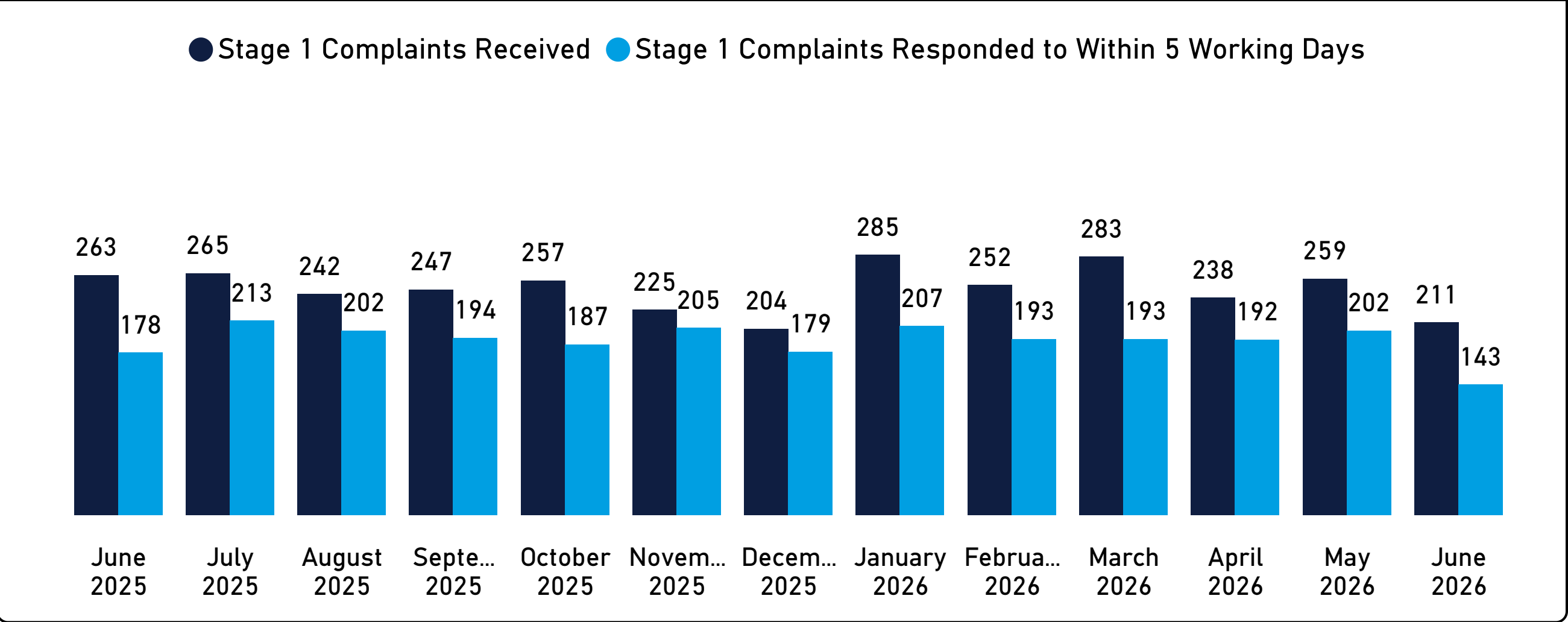
After receiving a heart stent I was contacted by the cardiac Physiotherapist team at the New Victoria in Glasgow, asking if I would like to sign up for a short course at the Cardic Rehab unit there. I was keen to do something after the procedure, so choose the once per week for one hour option, though I could also have opted for twice a week sessions. Being a bit of a stranger to gyms, I wasn't quite sure to expect, but I enjoyed it from the word 'go'. The pace was not daunting, and there was no pressure to over-exert ourself and all were encouraged to work at a pace which suited them. I noticed an almost immediate improvement in myself, both physically and mentally. The course lasted for eight or nine weeks, and had the option been available, I would have been very glad to go around again. As it was, the Physio staff were very helpful in pointing me at other, non-NHS, options and I will be starting with a local course soon. I cannot praise all the staff at the Unit highly enough.

Complaints

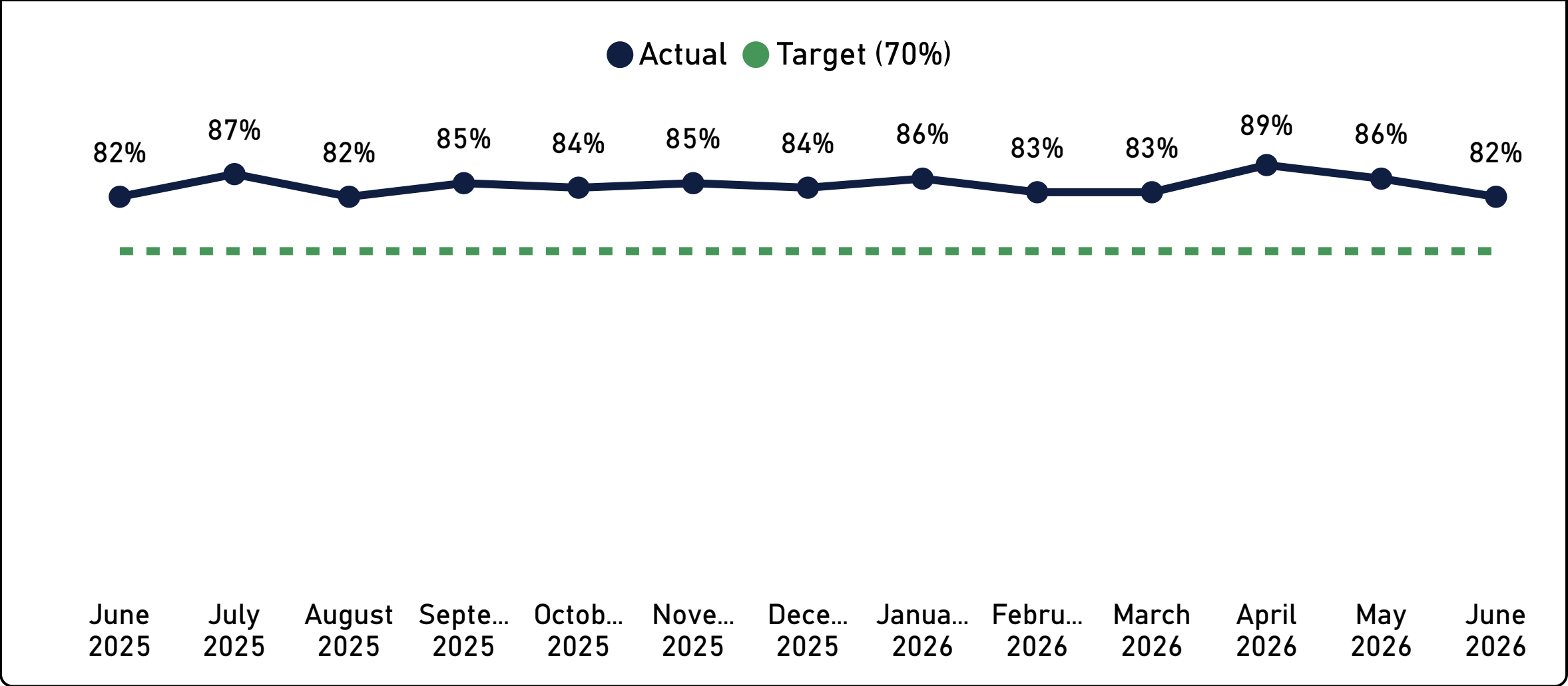
Lead Director - Director of Corporate Services and Governance
Lead Committee - Clinical and Care Governance



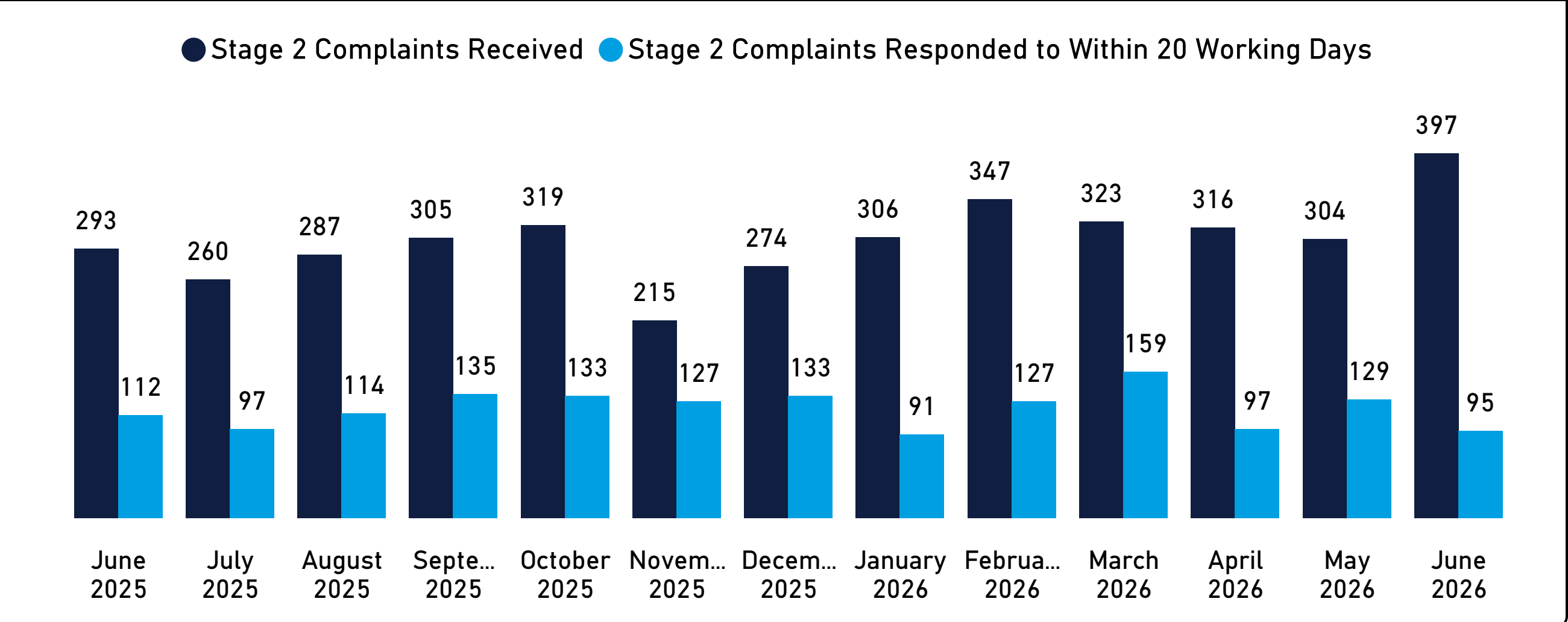
Stage 1 Complaints



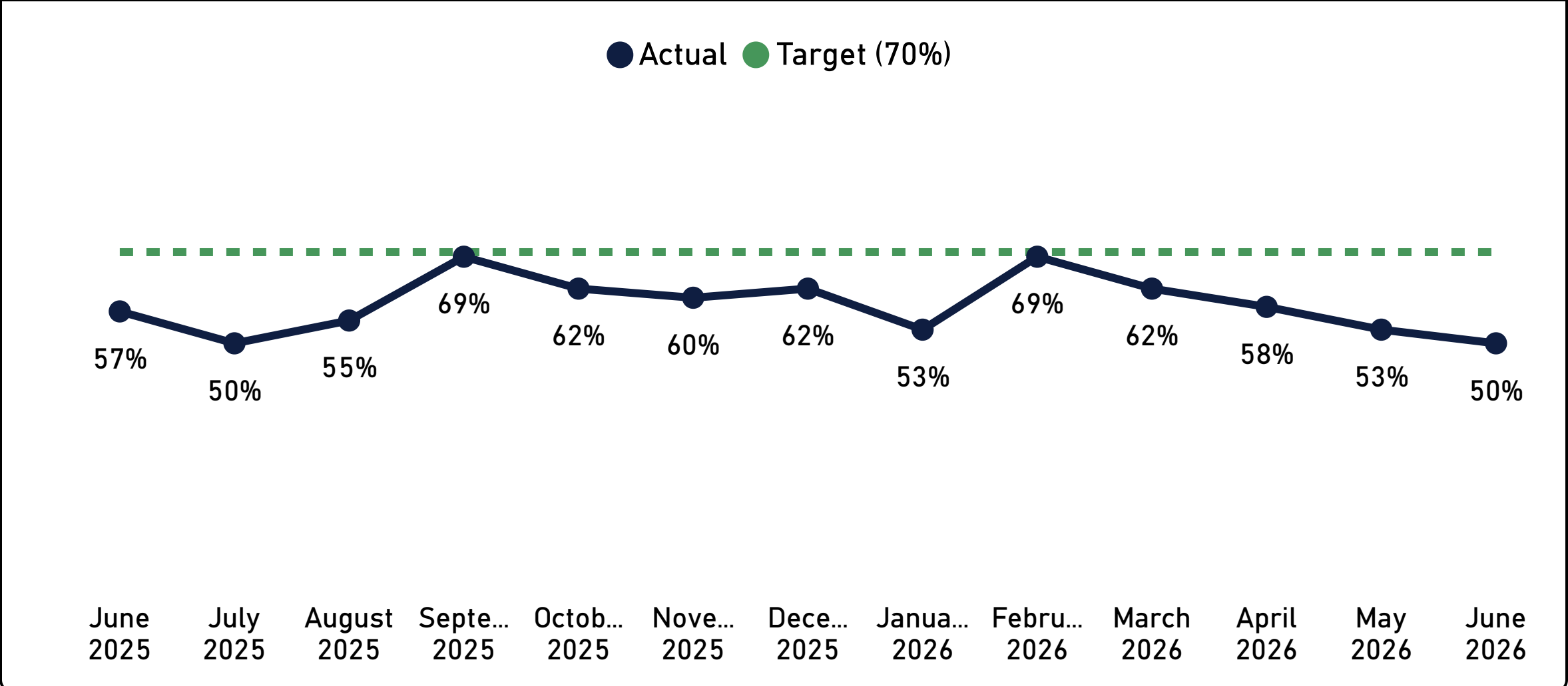
Percentage of Stage 1 Complaints Closed Within 5 Working Days



Stage 2 Complaints

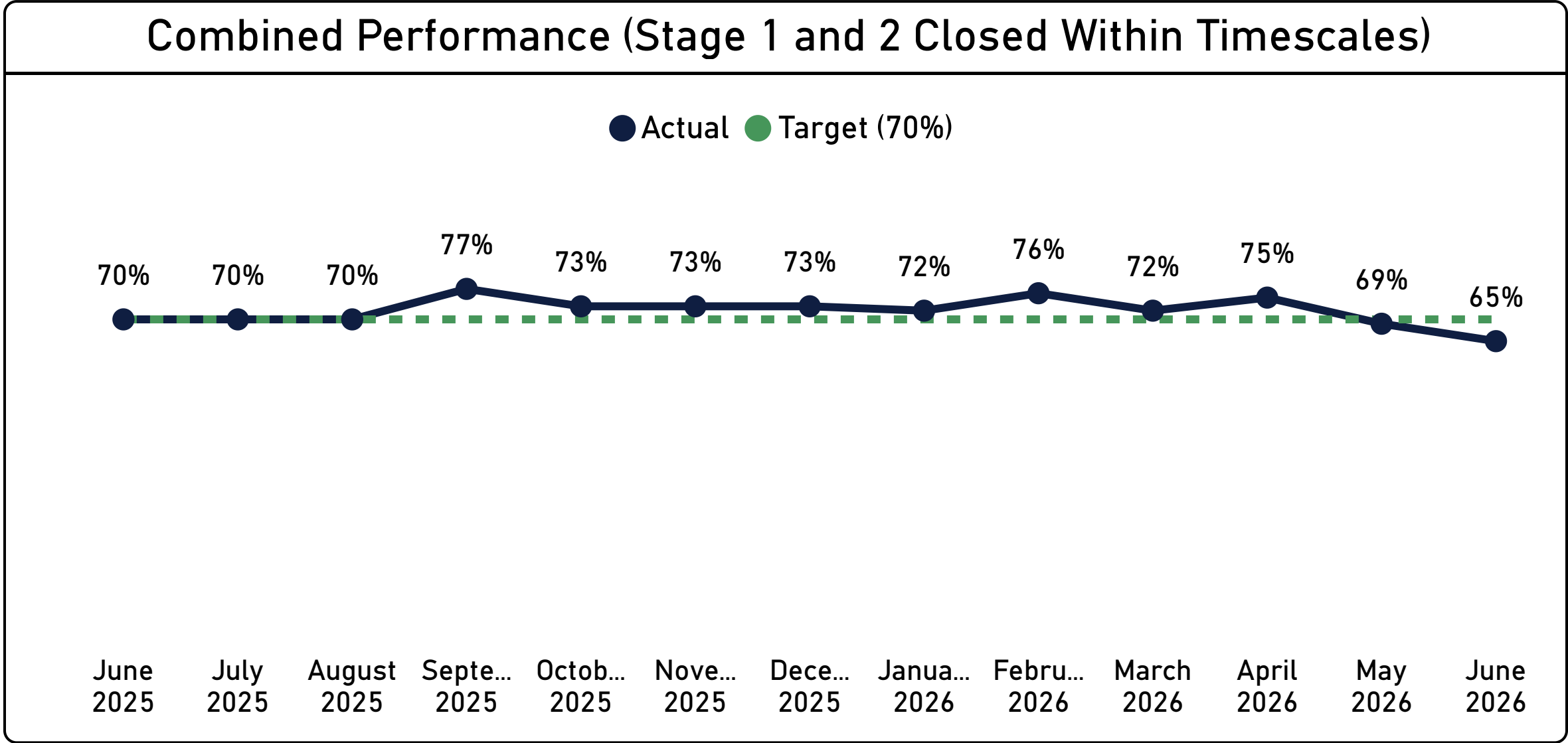
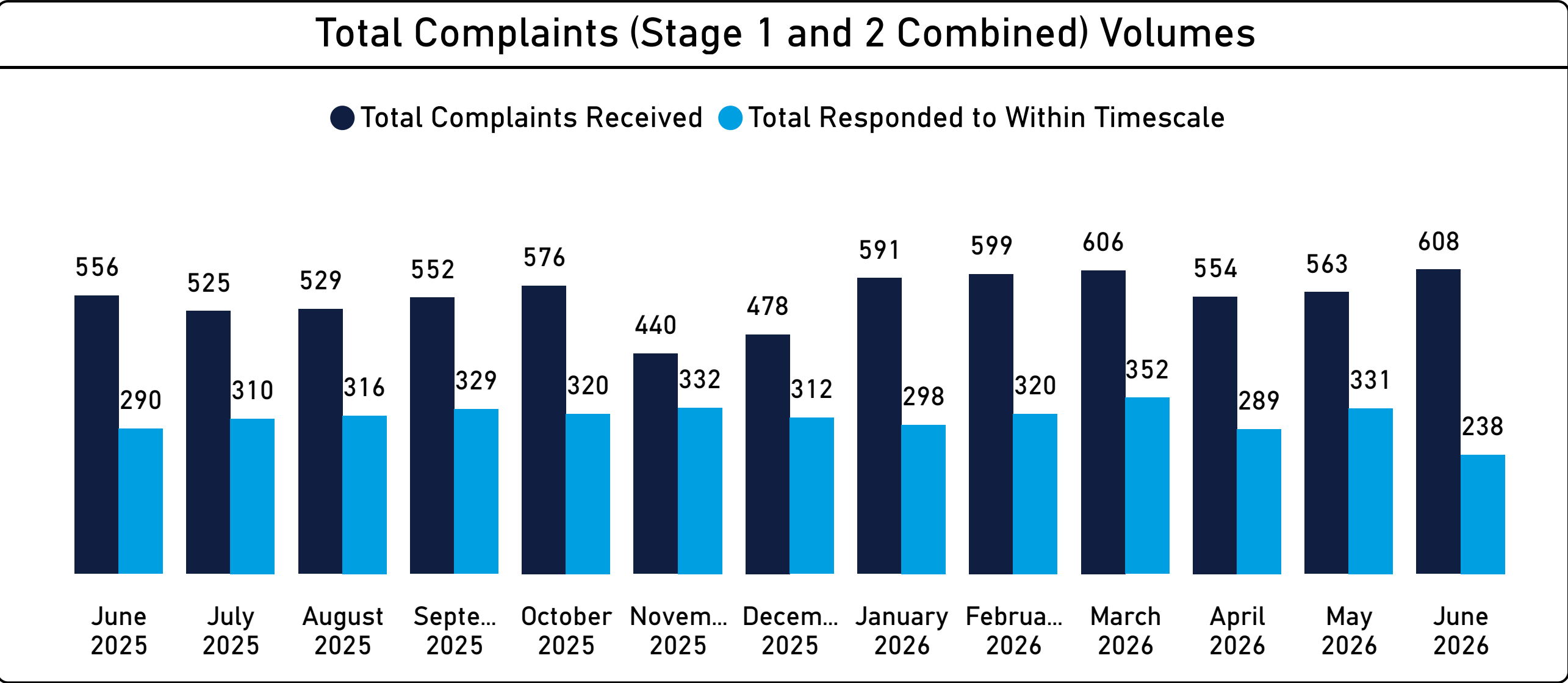


Percentage of Stage 2 Complaints Closed Within 20 Working Days



Complaints

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



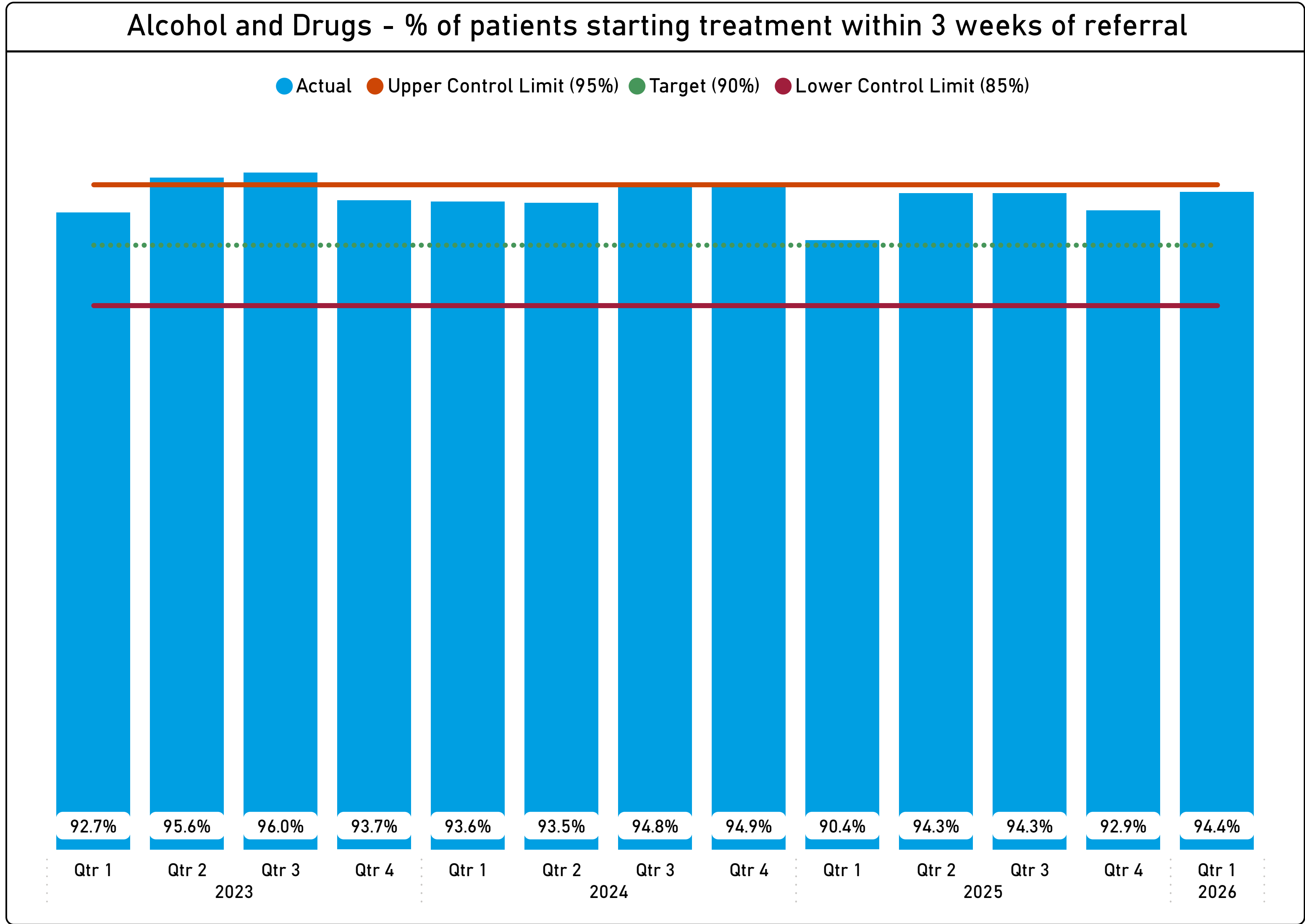
The number of stage 1 complaints received in June 2026 has decreased compared to the previous month (211 vs 259, 19% decrease) and is below the rolling one-year average of 247. Stage 1 responses within 5 working days have been above the 70% target in each of the past 19 months.

Stage 2 numbers have remained largely steady averaging 304 per month in a rolling year, with June 2026 volumes being up (397) on the 304 received in May. The Stage 2 response rate in June 2026 reduced from the previous month, to 50% against the 70% target. The Stage 2 response rate is impacted by an increasing national trend of complaints being more complex and covering multiple services and these take longer to investigate and provide a good quality response to. In addition, the service was impacted by planned and unplanned leave within the Complaints Team and the increased workload for the team managing the in-month increase in Stage 2 numbers.

Combined performance against timescales has averaged 72% over the past year, above the 70% target, although the June 2026 figure sits below target at 65%, driven by the challenges in Stage 2 responses outlined above. Management oversight of performance is through monthly reports to each Acute Sector which highlights their performance, while a breaches report is shared weekly with the CEO and COO senior management team to allow for focussed remedial action to be taken. Quarterly reports are provided to the Board through Clinical Governance Forum and Committee which incorporates both Acute and the six HSCPs. A further quarterly report is provided to Glasgow City HSCP, whom the CSM supports. The other HSCPs are responsible for their own complaint reporting. These reports highlight the areas for improvement.

Alcohol and Drugs: Referral to Treatment Time

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



As at the quarter January - March 2026, 94.4% of patients referred for alcohol and drugs treatment started treatment within three weeks of referral. This is up slightly from the previous quarter, and above the 90% national target by 4.4%.

NHSGGC performance is ahead of the national position for the same quarter (92.4%) by 2%.

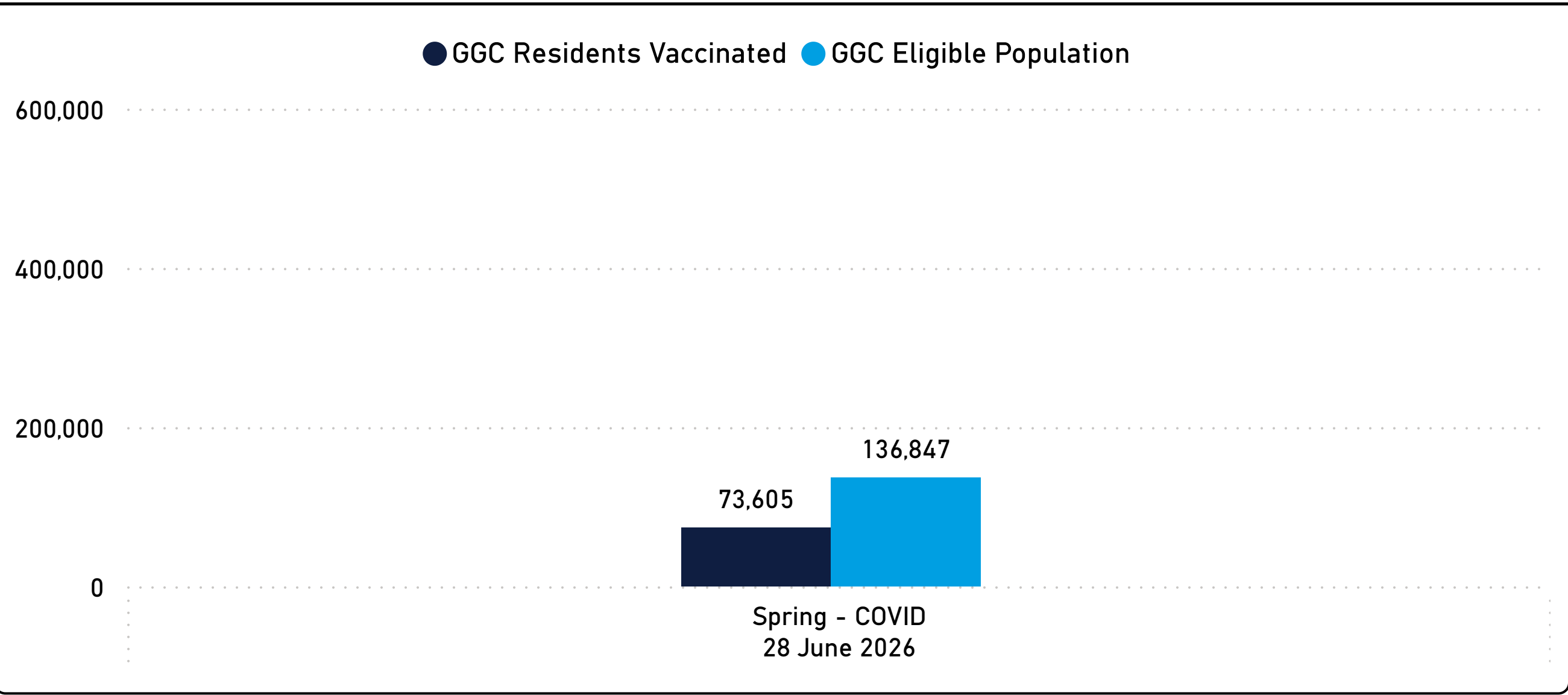
Projecting to 31 March 2027, performance is expected to continue to exceed target. Figures for 2026 Quarter 2 (April - June 2026) are due to be published by Public Health Scotland in autumn 2026.

Vaccination Programme

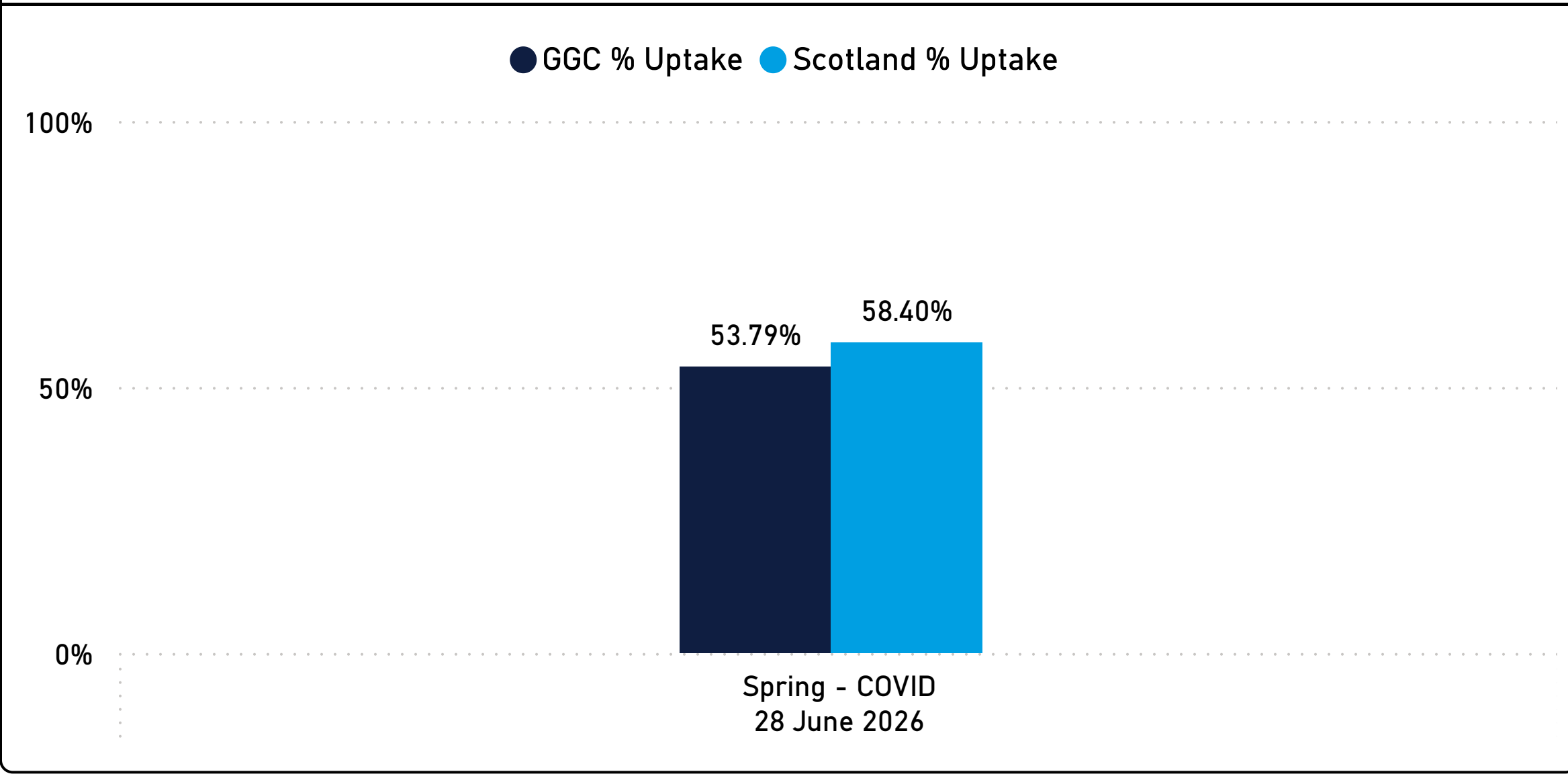
Lead Director - Director of Public Health
Lead Committee - Population Health and Wellbeing



Numbers Vaccinated



Uptake Among Eligible Population



As at 28 June 2026, 53.8% of NHSGGC eligible population have been vaccinated against Covid, against a national uptake rate of 58.4%. Uptake of COVID vaccinations is highest among care home residents and over 75s. The Spring Covid booster programme ended on 30 June 2026.

Challenges during June included the emergency planning for the Meningitis B student clinics across NHSGGC introduced as an additional priority with a very short planning timescale. This work is being undertaken alongside the ongoing delivery of the Shingles Dose 2 Programme, which currently operates 21 clinics each week. Student Meningitis B drop-in clinics started from 8 July across NHSGGC, and the Mobile Vaccination Unit will also be available.

The Respiratory Syncytial Virus Programme started on 20 July and will run to 13 September with over 40,000 appointments planned. Four sessions are planned for August 2026 with the Scottish Ambulance Mobile Unit for Twinrix and MMR vaccination at HMP Barlinnie. Planning has begun for Meningitis B Student Clinics in September along with the offer of MMR, Meningitis ACWY and HPV Additional 2 cohorts onto the RSV Programme.

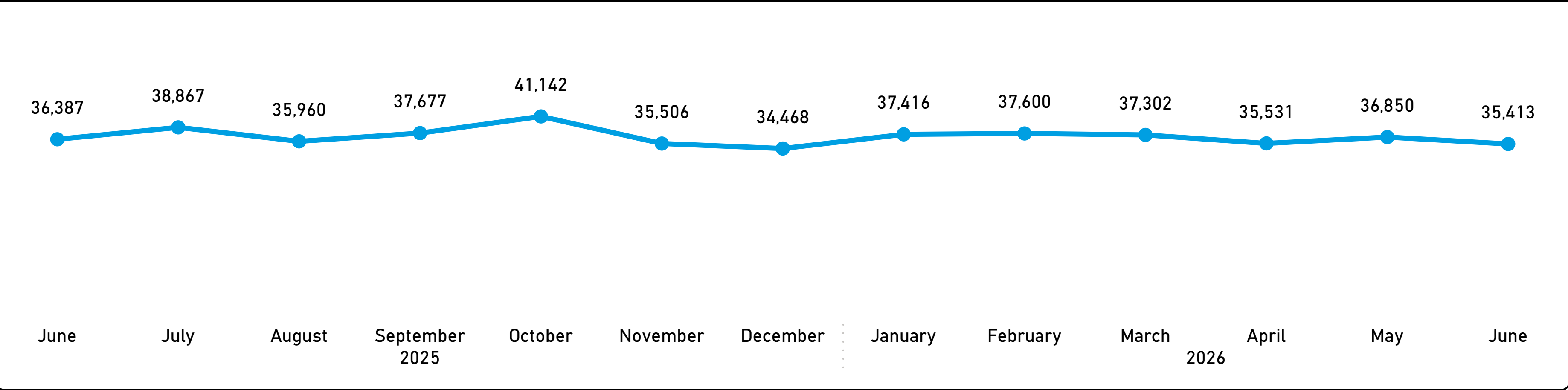
Pre-School Immunisation services have now recruited a fixed term post for the flu programme and planning is well underway. There has been significant service disruption following the Scottish Immunisation Recall System (SIRS) upgrade with scheduling across the entire immunisation programme affected and impacting timely delivery of vaccinations. School Immunisations clinics are expected to resume on 10 August 2026. Plans for Additional Support for Learning schools have now been confirmed with Specialist Children's Services. Recruitment is underway to increase staffing capacity to support the delivery of the school vaccination programme.

New Outpatients: Referrals and Activity

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



New Outpatient Referrals

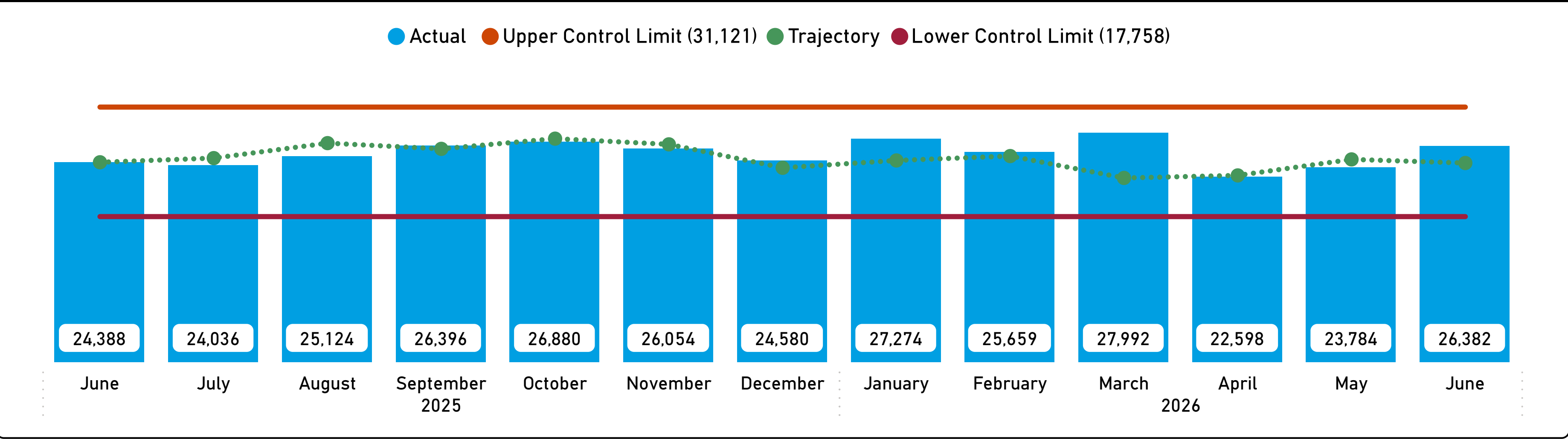


New Referrals - Year to Date

107,794

Previous year: 110,276 (-2,482 -2.25%)
June 2026

New Outpatient Activity



Activity Year To Date vs Trajectory

72,764

Trajectory (Provisional): 71,817 (+947 +1%)
June 2026

Activity Latest Month vs Trajectory

26,382

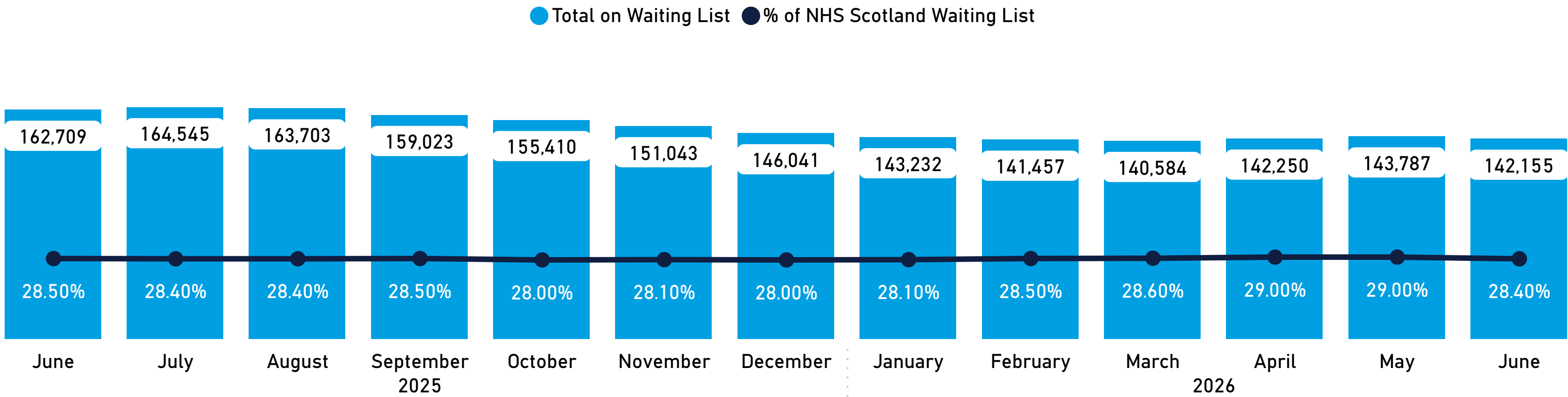
Trajectory (Provisional): 24,296 (+2,086 +9%)
June 2026

New Outpatients: Waiting Times

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



Total Outpatient Waiting List



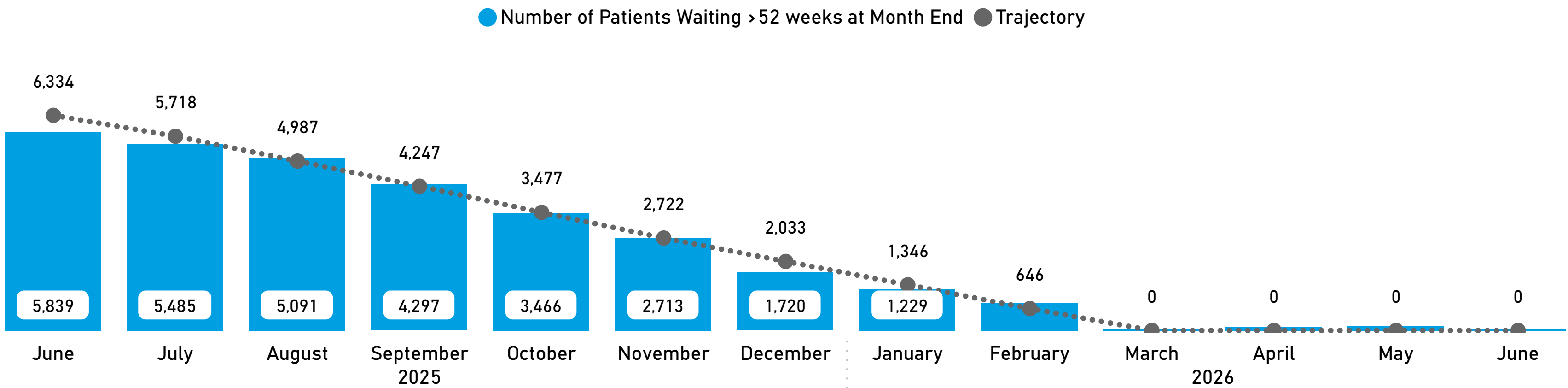
Waits >78 Weeks

0
Trajectory: 0
June 2026

Waits >104 weeks

0
Trajectory: 0
June 2026

Patients Waiting >52 weeks at Month End



Waits >52 weeks

50
Trajectory: 0
June 2026

% of NHS Scotland >52 week waits

0.40%
June 2026

Commentary

Over the longer term, monthly referrals have remained within a relatively narrow 34-41k range, with new outpatient referrals decreasing by 4% in June 2026 to 35,413. This long-term trend indicates stable demand for outpatient services.

New Outpatient activity in June 2026 totalled 26,382 an increase on the number reported the same month in 2025. The outpatient waiting list decreased compared to the previous month, dropping to 142,155, and remaining lower than earlier peaks in 2025. The Delivery Plan target to ensure no waits over 52 weeks during June 2026 has not been achieved, as noted below.

Service Narrative

NHSGGC target is to ensure no patient waits over 52 weeks. There were 50 patients waiting over 52 weeks at the end of June 2026, many of these patients had either cancelled, did not attend an earlier appointment or were unavailable to be booked within 52 weeks.

The exceptions to this were Trauma and Orthopaedics and General Medicine. A specific action plan for Trauma and Orthopaedics is in place which includes a number of additional clinics. By 30 June the number of Trauma and Orthopaedic patients over 52 weeks had fallen to 13. The number of patients waiting over 52 weeks in General Medicine was 19 on 30 June. This has increased to 37 by 13 July and remains the biggest current pressure in new outpatients. Additional investment in medical and nursing staff has been agreed and recruitment is underway. Waiting List Initiatives (WLI) will be undertaken until such time as the staff are in place but is not currently keeping up with demand due to the summer leave period.

A new internal target of maximum of 40 weeks by March 2027 has been agreed, this will support a continued improvement trajectory and create clear headspace to reduce the number of patients currently breaching 52 weeks including DNAs and cancellations.

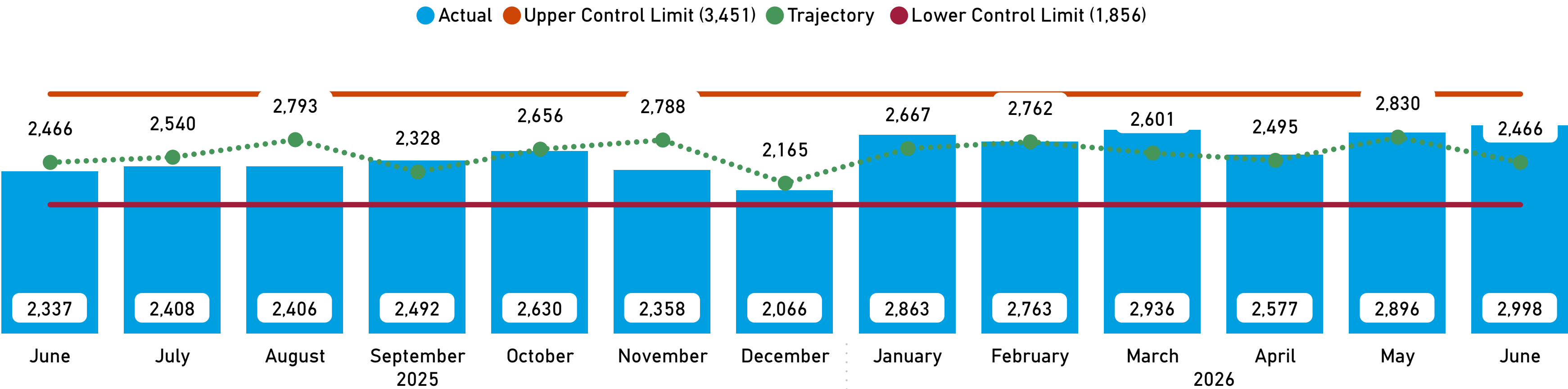
The first phase was to reduce waiting times to 48 weeks by 30 June 2026, there were 323 patients over 48 weeks at 30 June and services continue plans to reduce this.

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

2,998
Trajectory (Provisional): 2,466 (+532 +22%)
June 2026

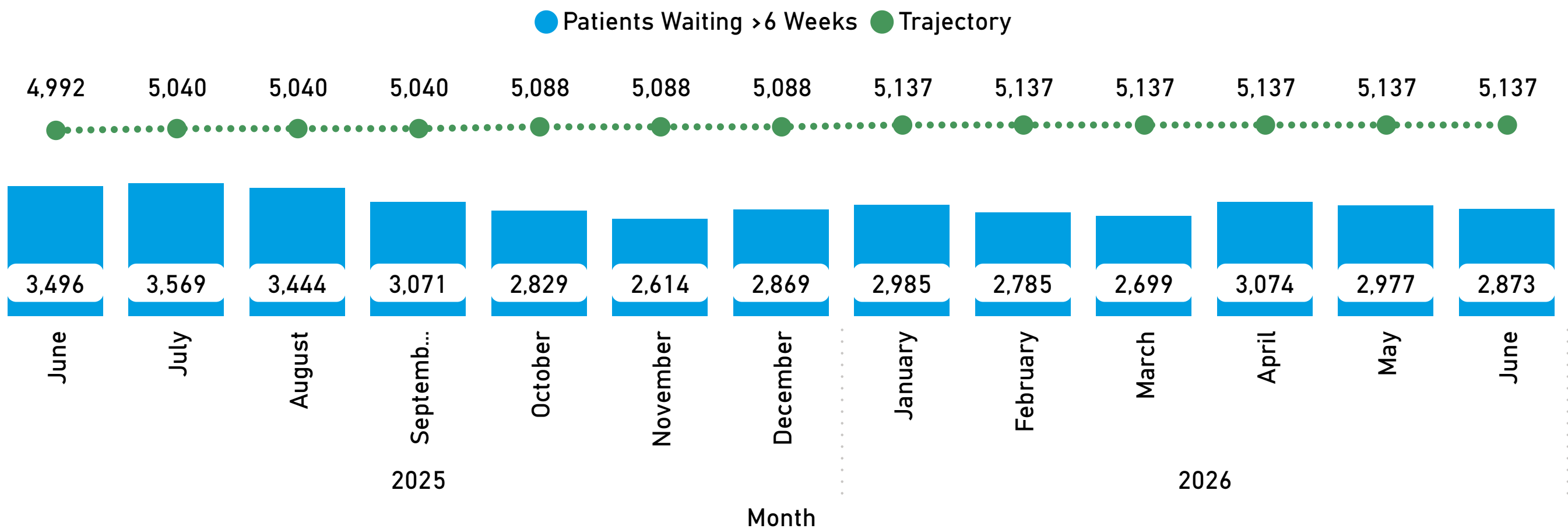
Activity Year To Date vs Trajectory

8,471
Trajectory (Provisional): 7,791 (+680 +9%)
June 2026

Total Waiting List

Date	Patients
June 2025	6,859
July 2025	6,799
August 2025	6,517
September 2025	6,206
October 2025	6,103
November 2025	6,093
December 2025	6,302
January 2026	6,228
February 2026	6,468
March 2026	6,532
April 2026	6,485
May 2026	6,359
June 2026	6,299

Patients Waiting >6 Weeks



>26 week waits

928
June 2026

>52 week waits

343
June 2026

Commentary

Activity has risen in June 2026 to 2,998 procedures remaining broadly consistent with the stable throughput seen across the past year. Activity has remained within a narrow range throughout the year, indicating steady operational capacity.

The number of patients waiting over six weeks decreased to 2,873 in June 2026, from 2,977 the previous month and remains substantially improved from the 3,496 over six week waits in June 2025. The longest waits have also decreased significantly: patients waiting >26 weeks have fallen from 1,765 in June 2025 to 928, and >52-week waits have dropped from 955 to 343 over the same period. The overall waiting list has reduced by 8% over the course of 2025, from 6,859 in June 2025 to 6,299 in June 2026.

Service Narrative

Overall new patient waits continue on a downward trajectory, with the number of new patients waiting over six weeks over 5,000 lower than at the start of 2024, reflecting sustained work to maximise utilisation and protect priority pathways. Activity for 2026/27 to date is lower than 2025/26, the reduction is in the main due to high levels of unplanned leave.

Operational focus over recent months continues on strengthening core sessional delivery, ensuring that utilisation of all available lists is maximised. Internal WLI continue to be deployed in 2026/27. These have supported improvements across both the new and surveillance waiting times although in recent months improvement in the surveillance waiting list has stalled mainly owing to a high level of unplanned absence reducing overall capacity.

Bowel Screening performance remains strong, with average waits for colonoscopy following pre-assessment consistently at two weeks. 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. The expansion of Transnasal Endoscopy (TNE) capacity, started at QEUH in March 2026 and plans continue to progress to extend the service to VIC ACH and IRH. Capsule Sponge testing was also restarted in April 2026 and will continue to be delivered throughout 2026/27.

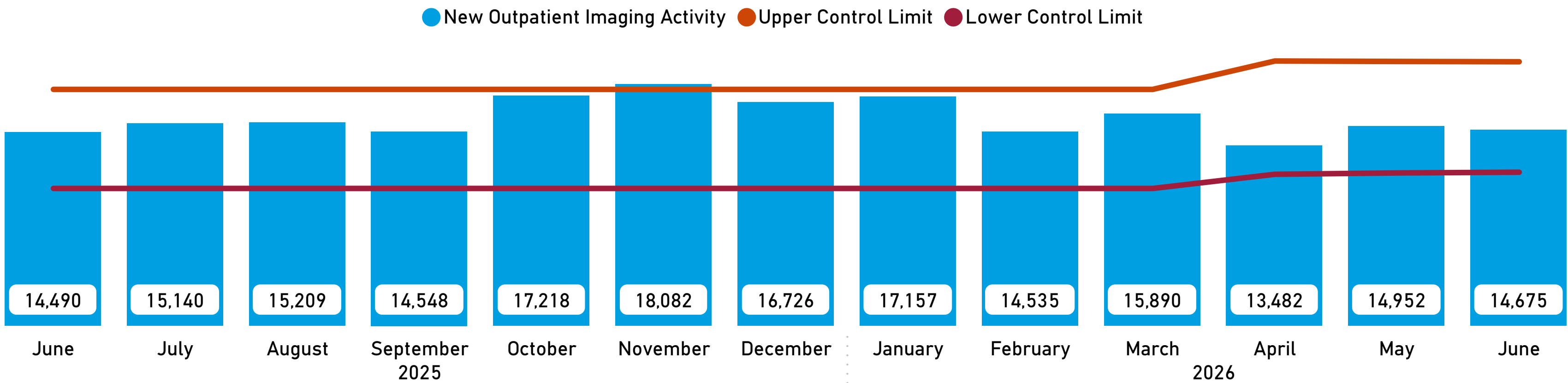
Key risks remain centred on overall capacity while the service transitions to the new model, alongside reliance on temporary measures such as WLI funding. Over the coming months, the priority will be to complete TNE mobilisation in VIC ACH and IRH, recruit to vacant posts and maintain and then increase utilisation across all lists whilst continuing to reduce the number of patients waiting over six 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

14,675

June 2026

Activity Year To Date vs Trajectory

43,109

June 2026

>6 Week Waits

6,549

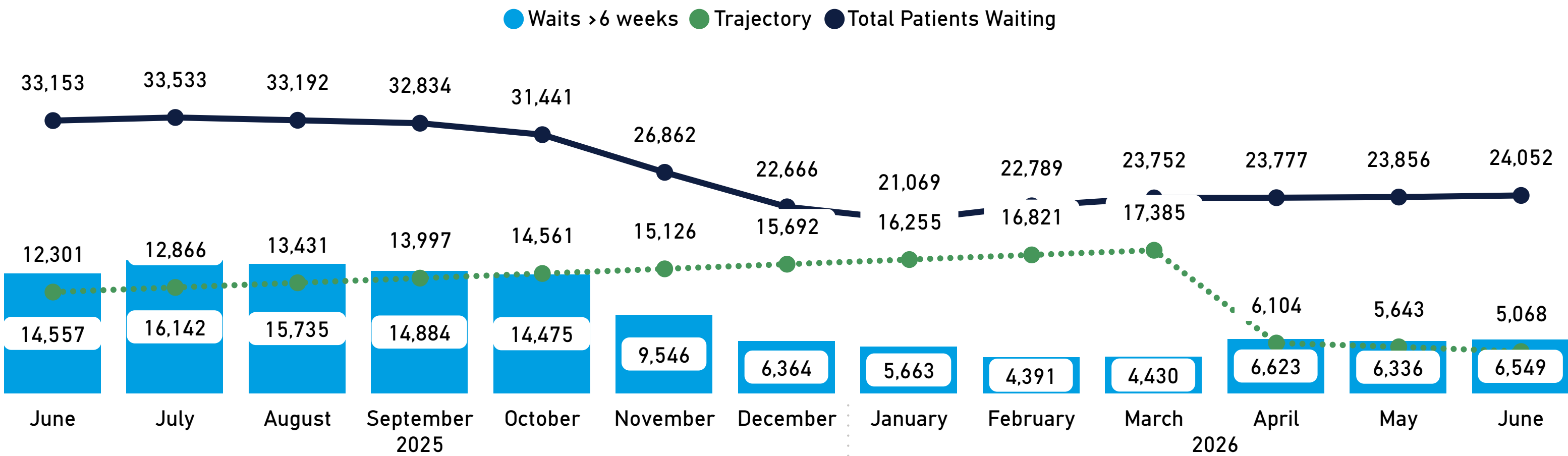
Trajectory: 5,068
(+1,481 +29%)
June 2026

All Waits

24,052

Trajectory: 19,613
(+4,439 +23%)
June 2026

Patients Waiting



Long Waits

Date	>26 weeks	>52 weeks
June 2025	5	0
July 2025	5	0
August 2025	9	0
September 2025	4	0
October 2025	25	0
November 2025	0	0
December 2025	2	0
January 2026	0	0
February 2026	1	0
March 2026	0	0
April 2026	8	0
May 2026	24	0
June 2026	37	0

Commentary
Imaging activity has decreased in the most recent month, with 14,675 tests delivered in June 2026, this is also lower than recent months, though similar to the figure from June 2025. Overall waits have seen a slight increase in June 2026 and patients waiting over six weeks have also increased to 6,549. however, waits continue to remain lower than peaks over the past year of more than 16,000, which represents a significant reduction in long waits and demonstrates the impact of targeted capacity uplift and operational grip. Specific challenges remain, as detailed below and the overall waiting list and number of patients waiting over six weeks are both significantly above trajectory.

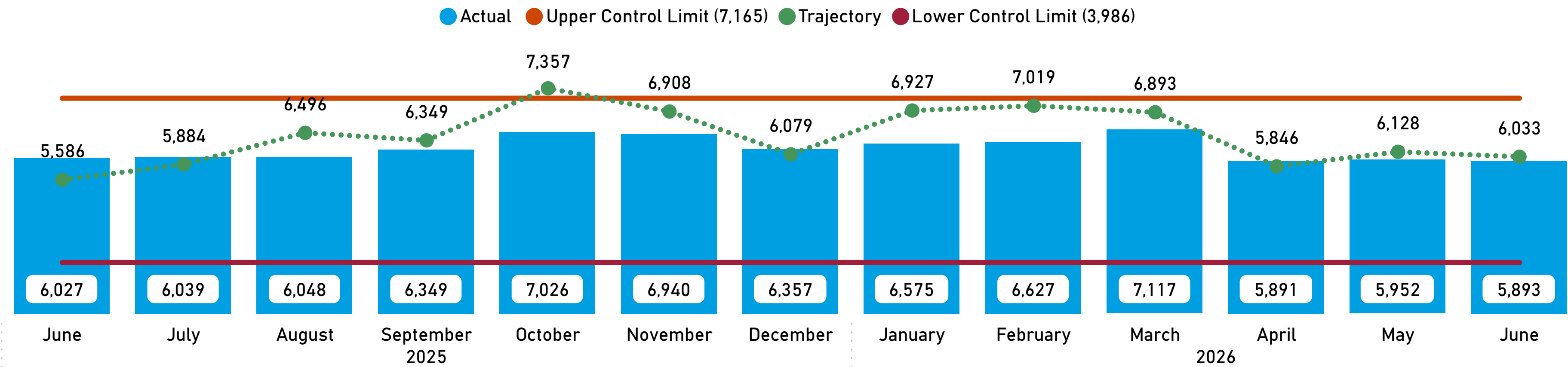
Service Narrative
MRI performance faces a short-term risk as a result of unplanned downtime, placing increased pressures on service delivery. CT performance remains in line with expectations. Ultrasound performance remains high risk, with both overall waiting times and waits over six weeks continuing to increase. Unplanned downtime at GRI has reduced operational capacity and is placing pressure on service delivery. Mitigation measures are being explored to minimise disruption and maintain services however, at present, one MRI scanner at the GRI site remains out of operation. Demand continues to exceed core capacity, with ongoing reliance on planned care funding beyond Quarter 1. Reduced core outpatient capacity associated with the FNC+ Discharge to Scan pathway continues to increase service fragility. Ultrasound performance remains significantly behind trajectory, with approximately 1,700 more patients waiting than planned. Demand continues to exceed core capacity, compounded by ongoing workforce pressures. Anticipated SG funding to support the substantive sonographer workforce has not been secured. This funding was a key element of the planned approach to addressing the gap between demand and core capacity. Going forward the service will sustain CT core capacity and closely monitor subspecialty pressures, particularly within cardiac pathways. Work will continue to explore opportunities to increase MRI additionality through planned care funding beyond Quarter 1, while also identifying mitigation options to address GRI infrastructure and scanner issues. The service will also maintain the ultrasound locum model while continuing to monitor performance and waiting list trends.

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



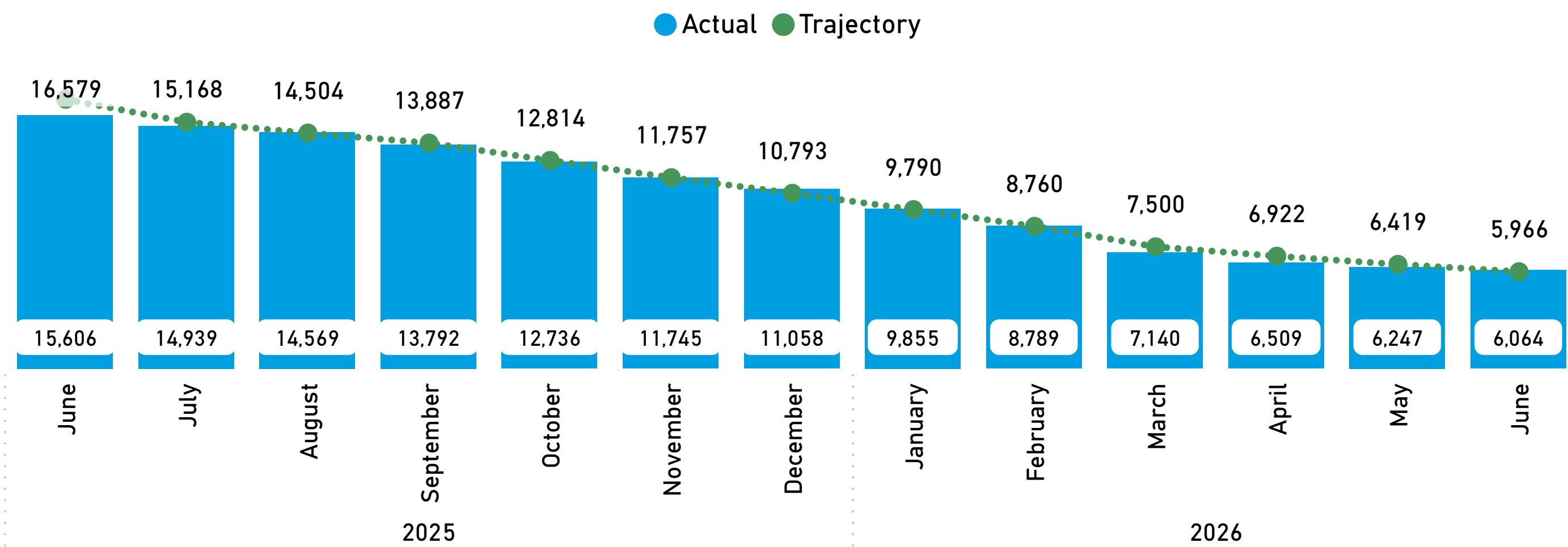
Activity Latest Month vs Trajectory

5,893
Trajectory (Provisional): 6,033 (-140 -2.32%)
June 2026

Activity Year To Date vs Trajectory

17,736
Trajectory (Provisional): 18,007 (-271 -1.5%)
June 2026

Waits >52 weeks



All Waits as Percentage of NHS Scotland

Month	Total Waiting List	% of NHSS	% of NHSS >52 weeks	>78 weeks	% of NHSS >78 weeks	>104 weeks	% of NHSS >104 weeks
June 2025	50,442	31.8%	42.1%	8,224	46.4%	3,666	45.2%
July 2025	50,042	31.8%	42.3%	7,942	46.9%	3,487	45.4%
August 2025	49,943	31.7%	42.6%	7,757	47.5%	3,385	45.9%
September 2025	49,484	31.6%	42.7%	7,199	47.7%	3,157	45.9%
October 2025	48,836	31.0%	42.0%	6,400	47.3%	2,705	44.2%
November 2025	47,685	30.4%	40.7%	5,591	45.4%	2,318	42.0%
December 2025	47,147	30.0%	40.2%	5,195		2,078	
January 2026	46,587	29.4%	38.9%	4,627	42.4%	1,542	35.7%
February 2026	45,332	28.7%	38.5%	3,649	40.8%	1,232	33.3%
March 2026	43,731	28.2%	37.1%	2,737	38.3%	812	29.0%
April 2026	43,152	27.8%	35.5%	2,456	36.5%	701	26.1%
May 2026	43,053	27.5%	33.4%	2,260	33.9%	661	24.9%
June 2026	43,324	27.5%	32.7%	1,963	31.8%	587	23.2%

Commentary

TTG activity in June 2026 was 5,893 procedures, a decrease on the previous month and below monthly trajectory by 2.3% and 2.2% below the previous year.

The overall TTG waiting list increased in June 2026 to 43,324, although down from earlier 2025 peaks and lower than in June 2025. Waits over 52 weeks have fallen, now standing at 6,064, a notable reduction compared with the early-year position of over 16,000, reflecting targeted recovery actions and improved inpatient/day-case activity across high-volume specialties.

Service Narrative

A new trajectory for Quarter 1 was agreed and submitted to the SG in April 2026, this targets no more than 5,966 patients waiting over 52 weeks by 30 June 2026.

There were 6,064 patients waiting over 52 weeks at the end of June 2026 missing the Quarter 1 trajectory by 98. In context, Quarter 1 plans included continuation of activity in the independent sector with 238 outstanding at 30 June which has been carried forward into Quarter 2.

The trajectory for Quarter 2 is no more than 5,536 patients waiting over 52 weeks at the end of September 2026. As of 13 July, there were 5,969 against trajectory of 5,915, 54 behind trajectory with 191 private sector activity from Quarter 1 still outstanding.

Adult services are 246 (7%) behind trajectory, with 3,352 patients waiting over 52 weeks against a trajectory of 3,306. The biggest challenges remain ENT, General Surgery and Ophthalmology. Plans in place for Ophthalmology includes additional HVC lists at GGH, outsourcing of cataract and motility activity and support from GJNH to convert 200 ‘see and treat’ capacity to ‘treat’ for 200 long waiting patients. There are three new ENT Consultants due to start over August and September 2026, in the meantime the plan is to deliver high volume WLI for tonsillectomy supported through insourcing from mid-August. Plans to address General Surgery challenges are being progressed via the Director and General Manager Lead.

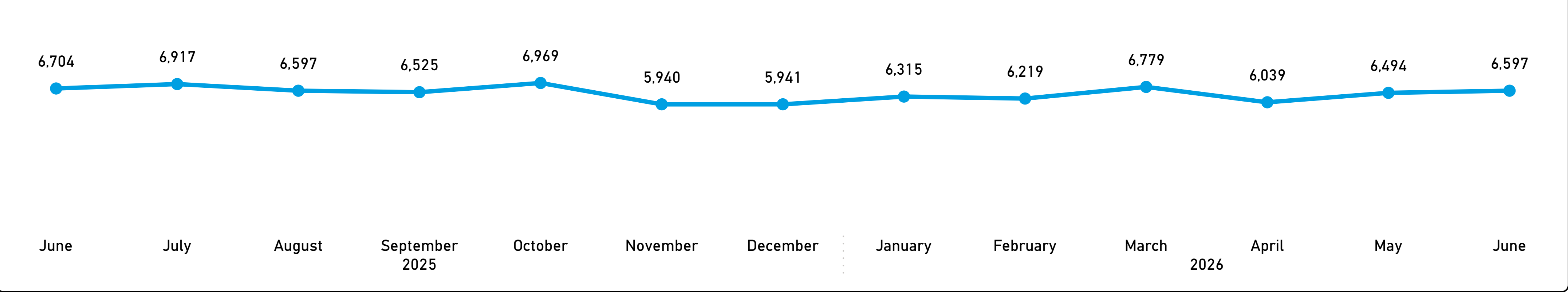
Paediatric Services are 193 (7%) ahead of trajectory, with 2,417 patients waiting over 52 weeks against a trajectory of 2,610. The biggest challenge is in Paediatric Dentistry with 139 patients waiting over 52 weeks against a trajectory of 102, 37 (37%) behind target. The RHC team have recently agreed to increase core sessions to five per week from a previous average of around two to three. Funding has been approved for Locum support to ensure full utilisation of the increased sessions.

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

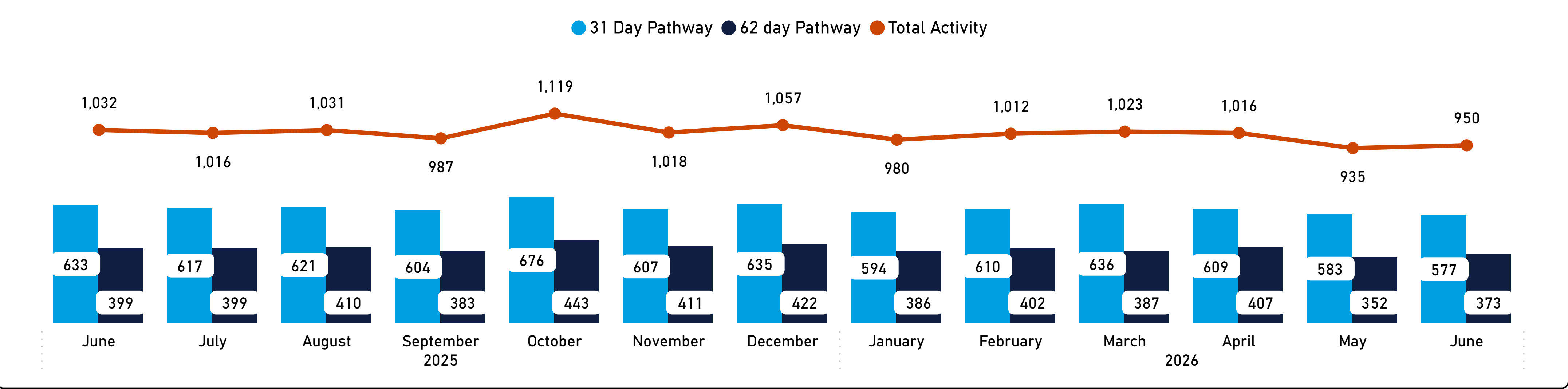
19,130

Previous year: 20,165

(-1,035 - 5.13%)

June 2026

Activity by Month



Activity (31 days) -
Year to Date

1,769

Previous year: 1,869

(-100 - 5.35%)

June 2026

Activity (62 days) -
Year to Date

1,132

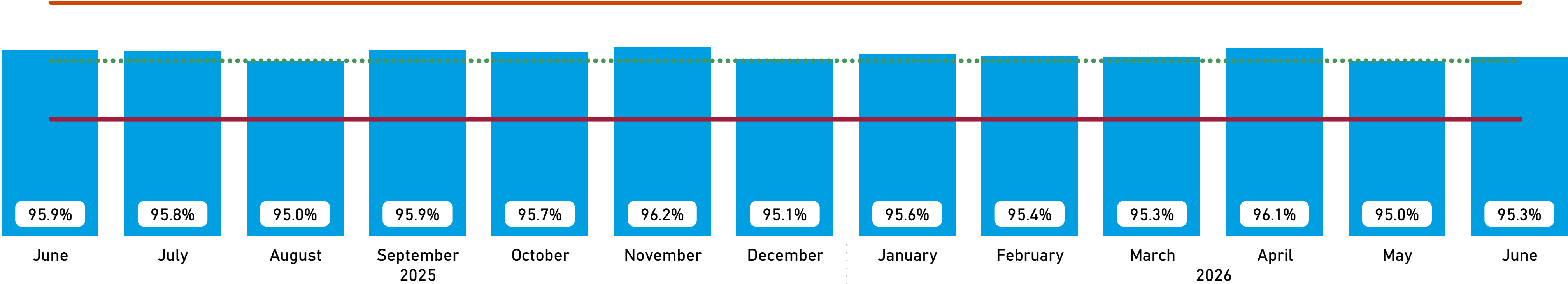
Previous year: 1,219

(-87 - 7.14%)

June 2026

Cancer Performance - 31 days to treatment from decision to treat

● Percentage standard met ● Upper Control Limit (100%) ● Trajectory (95%) ● Lower Control Limit (90%)

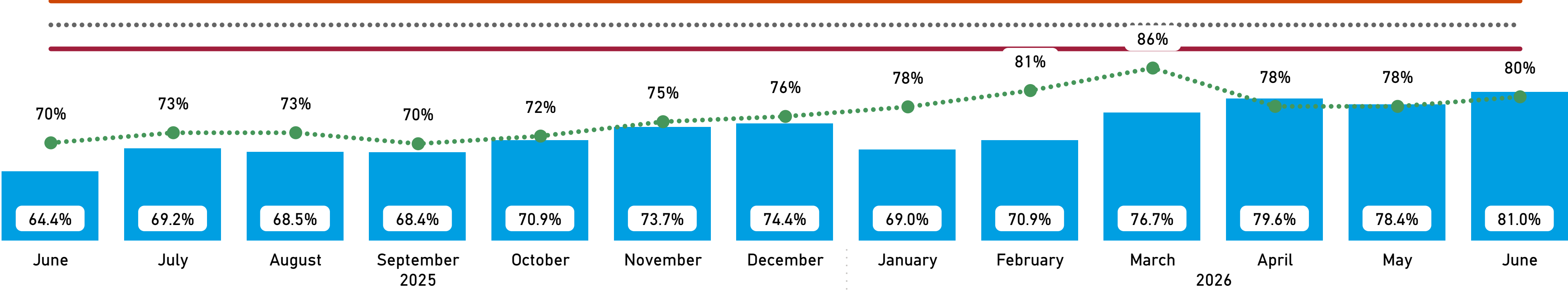


31 Day Performance

95.3%
Trajectory: 95% (+0.3%)
June 2026

Cancer Performance - 62 days from referral to first treatment

● Percentage standard met ● Upper Control Limit (100%) ● Trajectory ● Lower Control Limit (90%) ● National Target (95%)



62 Day Performance

81.0%
Trajectory: 80% (+1.0%)
June 2026

Commentary

June 2026 performance of 81% for 62-day patients, has met the local trajectory of 80%. 31-day performance remains consistently high, with the 95.3% achieved in June, meeting the national target.

Urgent Suspicion of Cancer referrals are down by 5.1% compared to the previous year with a notable fall of 17.9% in Lung referrals. Activity for the 31-day standard is lower than the previous year; by June 2026, 1,769 patients had started treatment, representing a decrease of 5.4% against the same point last year. The 62-day pathway shows a similar pattern, with YTD treatments reaching 1,132 in June 2026, 7.1% below 2025/26 figures.

Service Narrative

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

Colorectal - 84.0% (above June trajectory of 72.9%): performance increased from 61.9% in May to 84.0% in June with 42 of 50 eligible referrals beginning treatment within 62 days. CT colon acquisition-to-report turnaround is around 14 days, remaining well below a historic median of 30 days. A deep dive into current open cases and previous breach themes has been completed and will be reported through the weekly Director escalation meeting, ensuring actions can be targeted in high yield areas and improvements at each step contribute to overall improvement in performance. Work is also ongoing to review CPT tracking resource requirements for the Colorectal specialty; immediate actions are being taken to enhance arrangements for the remainder of June, and workforce expansion is being progressed.

Head & Neck - 83.3% (above June trajectory of 80%): performance decreased from 88.2% in May to 83.3% with 15 out of 18 eligible referrals treated within 62 days. The Cancer Pathway Improvement Group (CPIG) continues to focus on early pathway delays, and the wait for first ENT outpatient appointments, with Head & Neck cancer Consultant vacancies. WLI sessions have been sought to mitigate vacancies, wait to first outpatient appointment is 22 days at present. Progress on the Diagnostic Hub model is ongoing and two Clinical Nurse Specialists are in post and training remains on schedule for September clinics to start. Speciality radiology input for ultrasound biopsy is noted as a factor in some breach analysis.

Lung - 66.7% (below June trajectory of 88%): performance decreased from 79.1% in May to 66.7% in June with 26 out of 39 eligible patients treated within 62 days. Impact of recent delays in PET acquisition and reporting remain a constraint on pathway flow, optimal cancer pathway slots are prioritised and there has been steady improvement, with the longest current unreported wait at four days. Absence in the Consultant team reduced capacity in outpatient clinics during June. The CPIG is aligning NHSGGC pathways with the National Optimal Lung Pathway to support future pathway standardisation. Close collaboration with the GJNH is ongoing to ensure the surgical team are aware of patients and breach date as early in the pathway as possible.

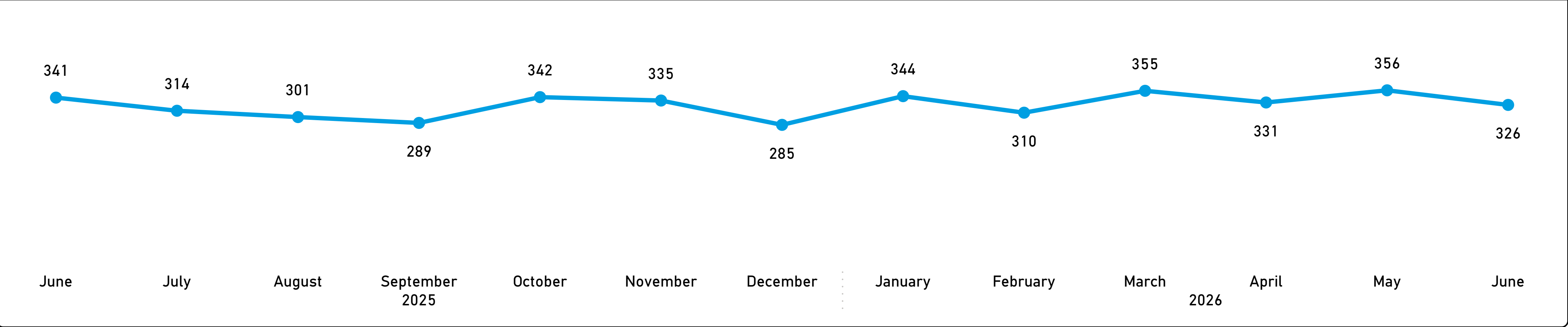
Urology - 56.8% (below June trajectory of 60%): performance remained static in June at 56.8% compared to May with 46 of 81 eligible referrals treated within 62 days. Average Referral to Treatment times for all Urology patients have reduced from 86 days in October 2025 to 64 days to end of May 2026. Prostate is the lowest performing cancer type across NHS Scotland, the impact of this on overall cancer performance will continue as long waiting patients are treated. The backlog of patients waiting more than 100 days has reduced from 51 patients at 5 January to 36 patients at 15 July, 32 of whom are within the prostate cohort. The National Optimal Diagnostic Pathway for Prostate cancer is at clinical and service engagement stage, with impact on service and performance yet to be assessed. TP biopsy work is being fully carried out within NHSGGC, with outsourcing to the private sector concluded; there has been a reduction in biopsy waits from six weeks to between two and 14 days. There was a five-day increase in the average wait for patients treated with hormones and watchful waiting between April and May, however June data has yet to be finalised. Within patients who start their treatment with a Urology Consultant, the average wait has increased by one day. The average wait in those patients treated by Oncology has increased by three days. A pilot redesigned nurse led pathway was trialled in late April 2026, work is ongoing to fully embed this across the Board - the new pathway is anticipated to reduce the waiting time for Surgery and Oncology appointments post-MDT decision, and expansion of this model is set to start in August 2026.

CAMHS: Activity and Waiting Times

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



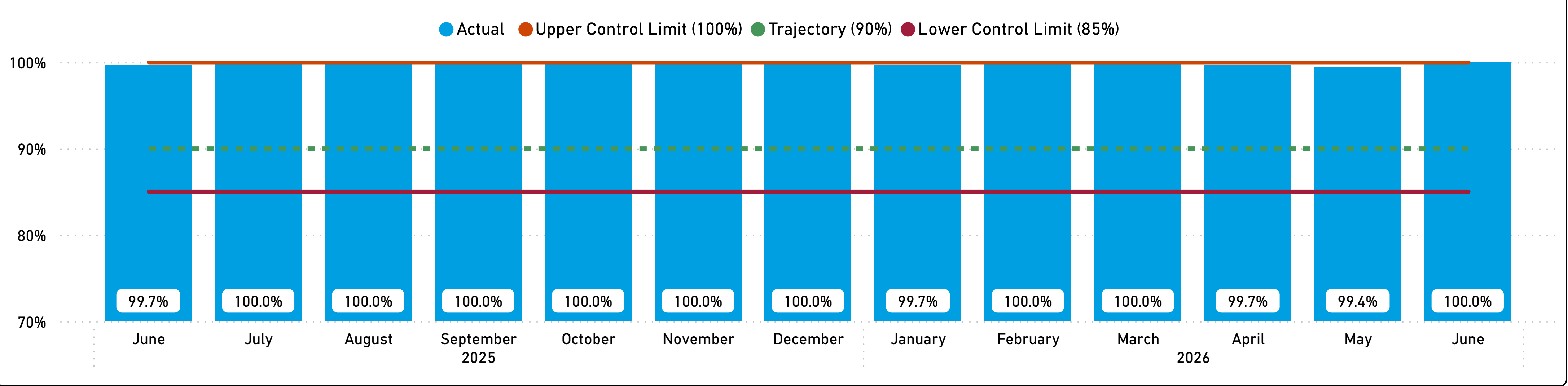
Patients Seen - CAMHS



CAMHS - Patients Seen Year To Date

1,013
Previous Year: 1,021
(-8 - 1%)
June 2026

CAMHS - % starting treatment within 18 weeks



CAMHS Performance

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

Commentary
CAMHS waiting times performance against the national standard for commencement of treatment remains strong, with 100% of patients starting treatment within 18 weeks, a slight increase from the previous month. The number of patients seen in June 2026 is slightly lower compared to the previous year, however, this figure remains consistent with previous months and with the high compliance rate demonstrates sufficient resilience within the service to manage volumes.

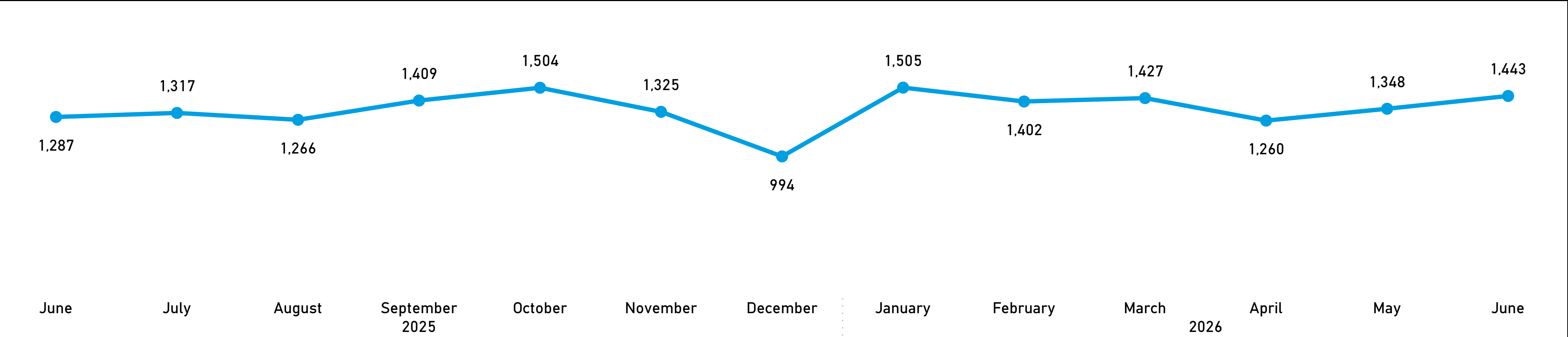
Service Narrative
NHSGGC Children & Adolescent Mental Health Services (CAMHS) aims to maintain Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Long-term and ongoing increases in demand, and increases in complexity of cases since the pandemic, have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible. The service has continued to meet the national RTT targets with all 326 children and young people across NHSGGC having their first appointment in June 2026 being seen within 18 weeks. While the national standard reflects waits to start treatment, the number of children then waiting for a second appointment remains high in NHSGGC. As at 2 June 2026, there were 713 children waiting in NHSGGC Community CAMHS services for their second appointment. £1m of reserves has been allocated to address the length of time children and young people wait from first treatment to second CAMHS appointments. The median waiting time from first treatment to second appointment across NHSGGC has reduced, and as at June 2026 now stands at 12 weeks, while time from referral to second appointment stands at 24 weeks. This is down significantly from July 2025, where the median waiting time from first treatment to second appointment was 51 weeks, and from referral to second appointment was 71 weeks.

Psychological Therapies: Activity and Waiting Times

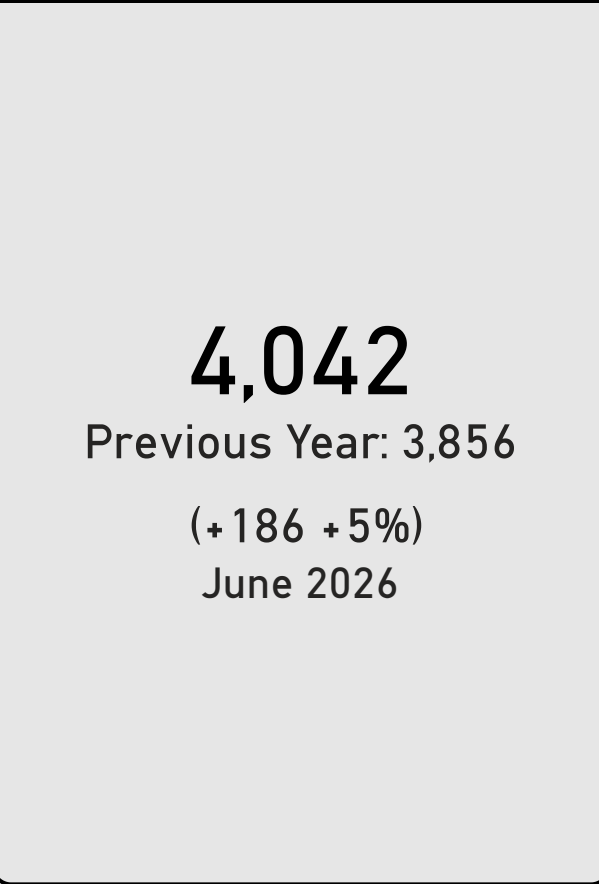
Lead Director - Chief Officer, Glasgow City HSCP
Lead Committee - Finance, Planning and Performance



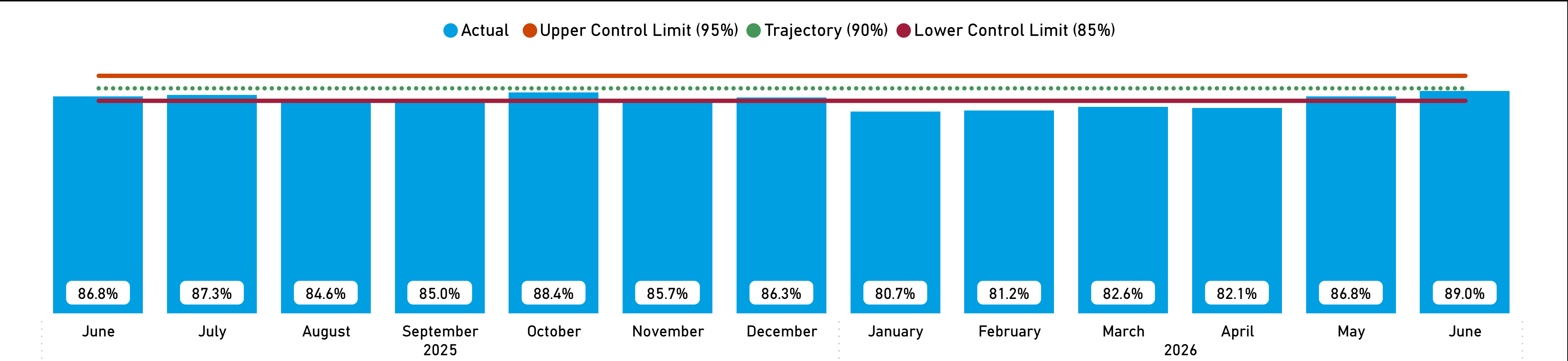
Patients Seen - Psychological Therapies



Patients Seen Year To Date



Psychological Therapies - % starting treatment within 18 weeks



Psychological Therapies Performance



Commentary

Psychological Therapies (PT) performance in the most recent month shows that the proportion of patients starting treatment within 18 weeks is 89%, up from the previous month and remaining below the national standard of 90%. Activity levels in June 2026 have increased compared to the previous June, while year-to-date activity is up by 4.8% compared to 2025/26. The combination of sustained demand and overall capacity constraints have limited performance improvement, while throughput is being maintained.

Service Narrative

Pressures in mental health services generally are leading to increasing demand on clinicians and a consequent reduction of capacity to deliver PTs. Capacity is further constrained by the Reduced Working Week. Savings applied to core budgets will also significantly impact PT staffing and reduce performance unless changes to the PT service delivery at HSCP/Board-wide level, can be implemented. Recruitment delays and vacancies are also contributing to longer waits and reduced performance along with the impact between service areas due to inter-dependencies.

However, there are positive signs of improvement in some areas with efforts underway to produce further gains with the aims of reducing the longest wait times to under 40 weeks, achieve the 90% performance standard across the Board area and in every team where PTs are delivered.

There is a general reduction in the number of patients waiting more than 18 weeks, with a growing number of teams seeing 90% or more patients within 18 weeks and some teams have no-one waiting longer than this. The independent panel set up to review long waits has completed its review of all those waiting over 40 weeks. A report of the panel's findings is expected by the end of August and, in the first instance, will be presented to the PT Performance and Quality Improvement Subgroup (PQIS) for consideration.

Currently, people who are offered a 'reasonable' digital intervention, but who decline due to a preference for a face-to face and/or 1-1 therapy appointments are placed on the waiting list. This leads to long wait build ups and means that people whose needs cannot be met by a digital intervention also have to wait longer. A proposal to discharge people who refuse a 'reasonable' digital offer is being considered.

Performance data indicates that the Board-wide computerised CBT service is consistently one of the best performing teams in NHSGGC, and accounts for a large proportion of all PT activity in the Board. Evaluation of demand and performance data shows that increasing the numbers of people referred to this service instead of waiting for traditional 1-1 therapy, would significantly improve the Board-wide performance figure. The PQIS is considering ways to promote referrals to cCBT in specific teams.

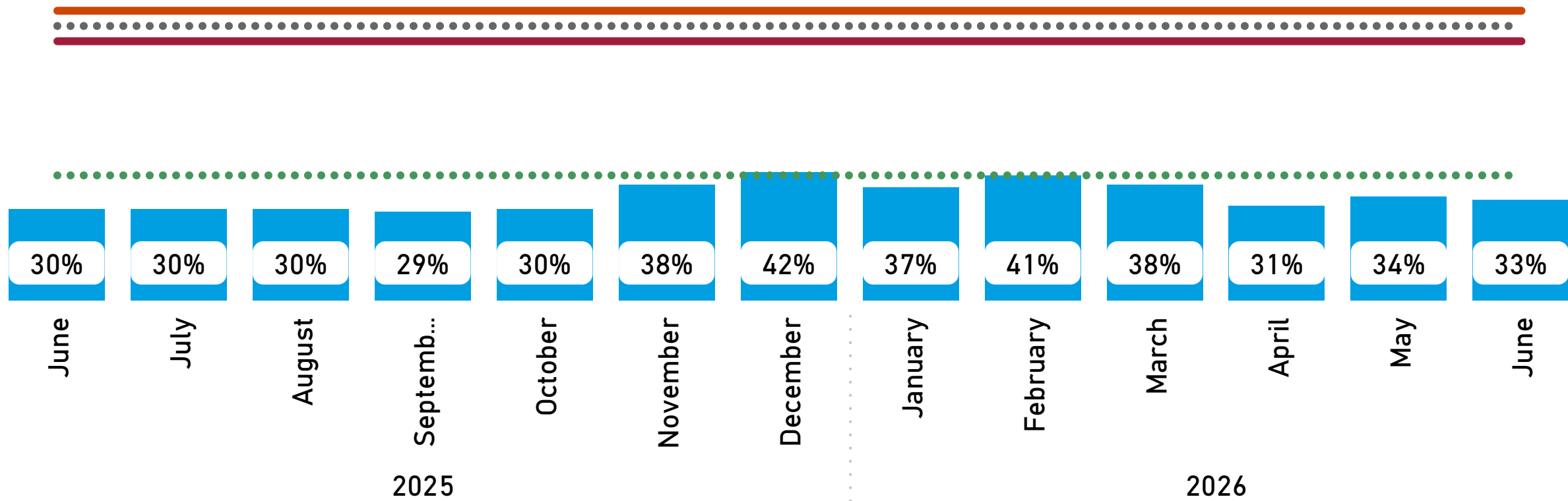
Musculoskeletal Physiotherapy: Activity and Waiting Times

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

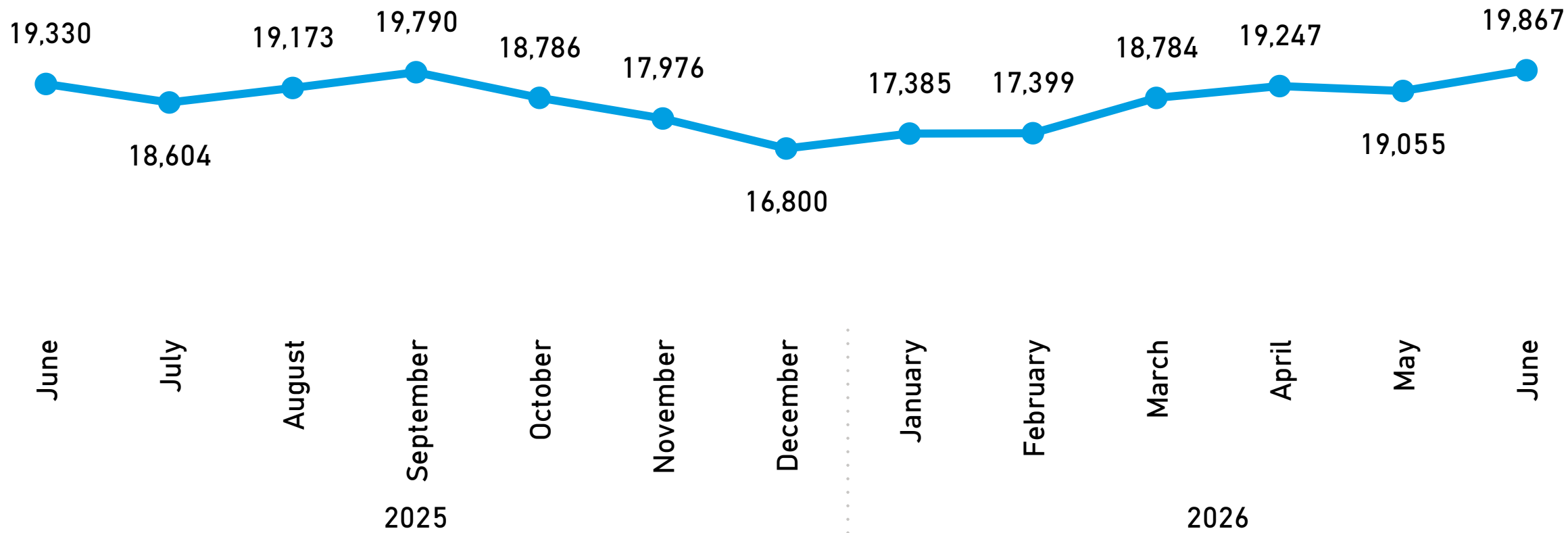


MSK Patients Seen within 4 weeks of referral

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

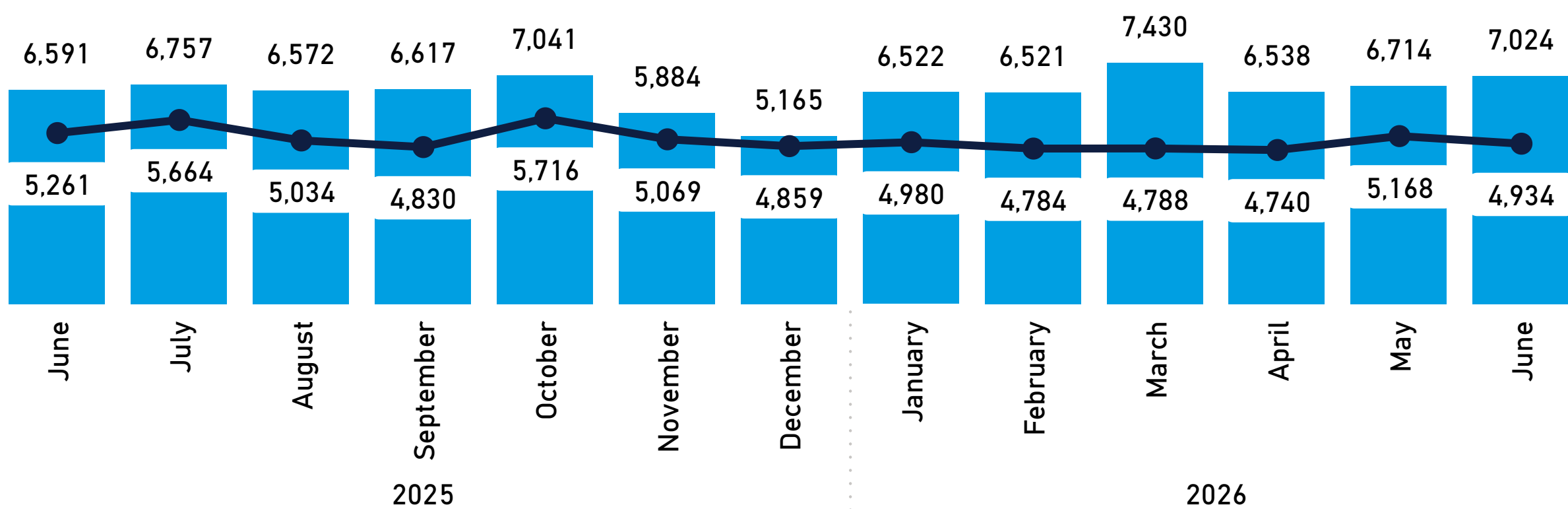


MSK Total Waiting List



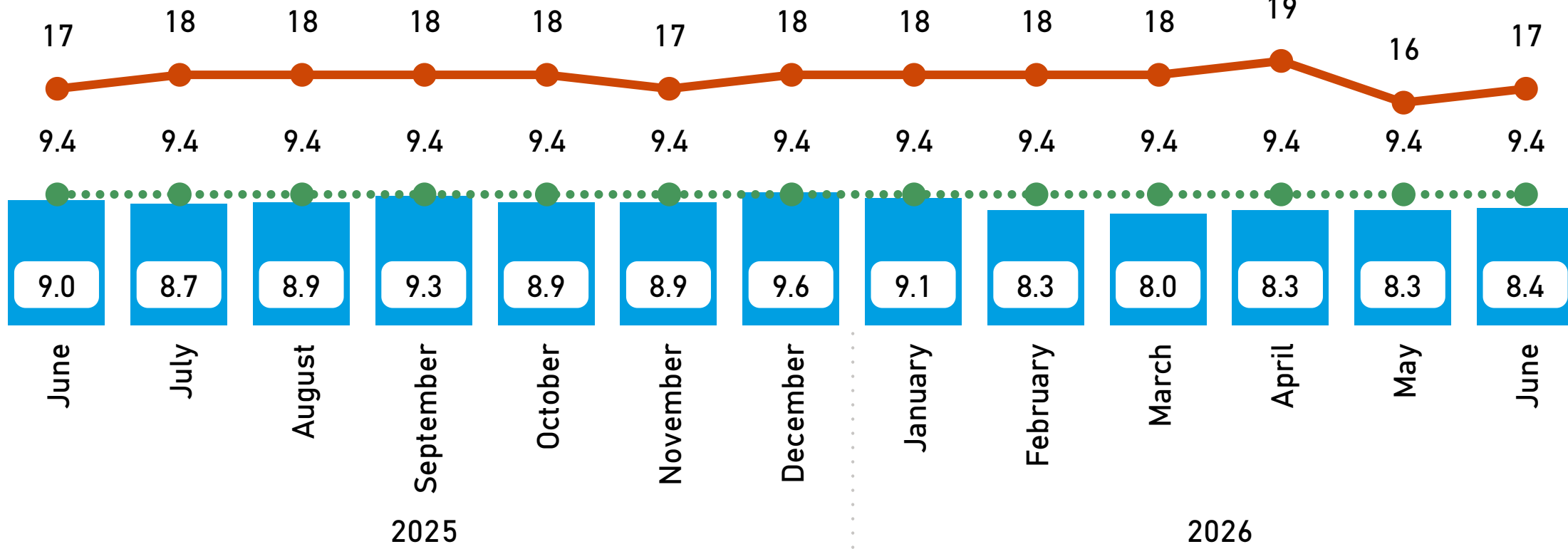
MSK New Referrals vs Patients Seen

New Referrals New Patients Seen



MSK Completed Waits (Weeks)

Average Waiting Time (Weeks) Trajectory Longest Wait in Weeks



Commentary

MSK physiotherapy performance is lower in June 2026 with 33% of patients seen within four weeks and below the local trajectory. Demand has risen in June 2026 and is higher than the figure from June 2025. Numbers of patients seen each month remain steady.

Longest waits have remained the same (17 weeks) compared to the previous year although one week higher than the previous month, reflecting the need to prioritise urgent cases. The overall waiting list has increased in June 2026 and is the highest in recent months.

Service Narrative

June 2026 has been a challenging month due to ongoing vacancy levels (which spiked in May) and long-term sickness absence (which also rose in May). These two factors resulted in requirement for caseloads to be reabsorbed quickly. This subsequently impacted on capacity available within June (to ensure patients on caseloads were able to continue their physio care). Urgent New Patients also had to be prioritised.

Reported % seen within four-week target has decreased slightly and the maximum waiting times increased by one week to 17 weeks. Internal audit findings confirmed that 100% of urgent patients were seen within the four-week target.

The MSK service welcomes the financial support from the Board of £1.2million additional nonrecurring funding to address routine waiting times. As a result of this funding, the service had an additional eight wte posts out to advert. To date there has been successful recruitment of six additional staff within the first week of July and start dates will be within the next two months depending on the length of the recruitment process. There was movement of four internal Band 5 staff into Band 6 posts, but the service had foreseen this and was able to add the additional four substantive vacant posts to current recruitment. Again, start dates for these four posts will likely take up to two months. The additional two posts will be readvertised soon.

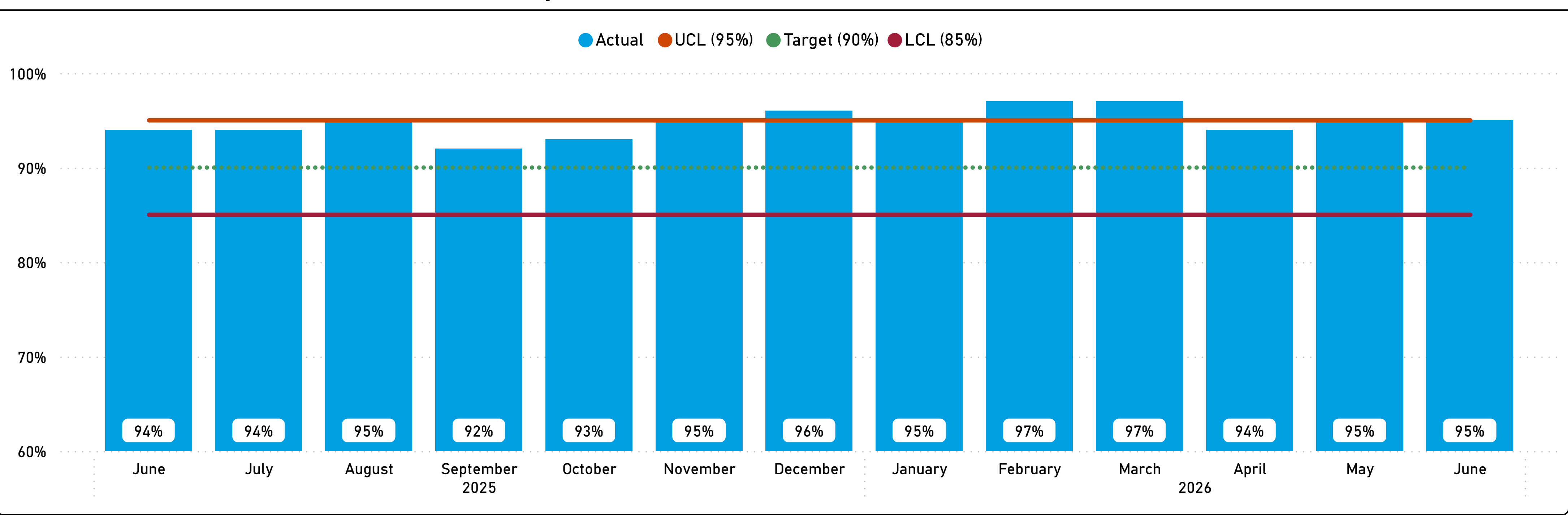
There is a waiting times group working on service change to support waiting times with the additional resources and are working through trajectory data.

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

95%
Target: 90% (+ 5%)
June 2026

Commentary

95% of eligible podiatry patients were seen within four weeks of referral in June 2026, remaining static compared to the previous months’ position and remaining above national target by 5%.

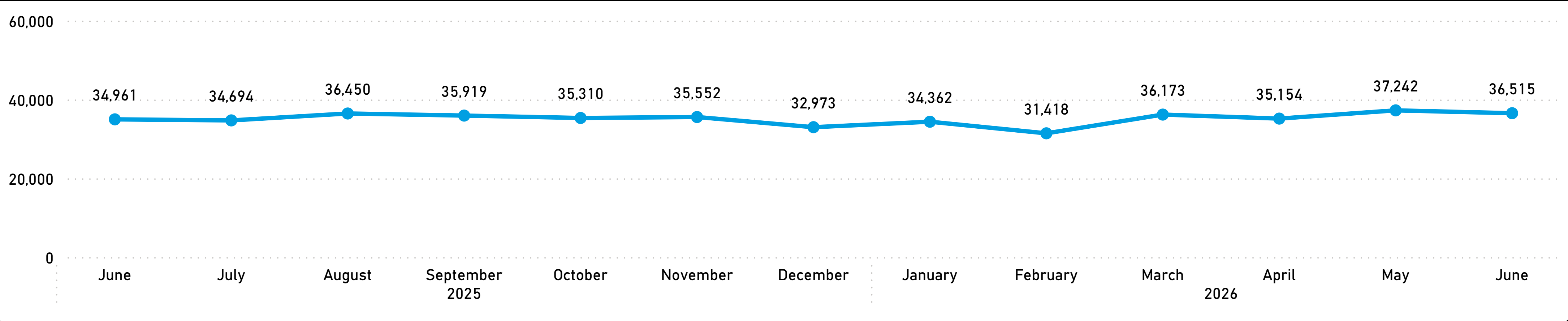
The service has performed above the national target of 90% every month over the past year, representing a stable performance position.

Unscheduled Care: Emergency Department Attendances and 4hr target

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



ED Attendances by Month



ED Attendances

Year to Date

108,911

Trajectory: 104,977

(+3,934 +3.75%)

June 2026

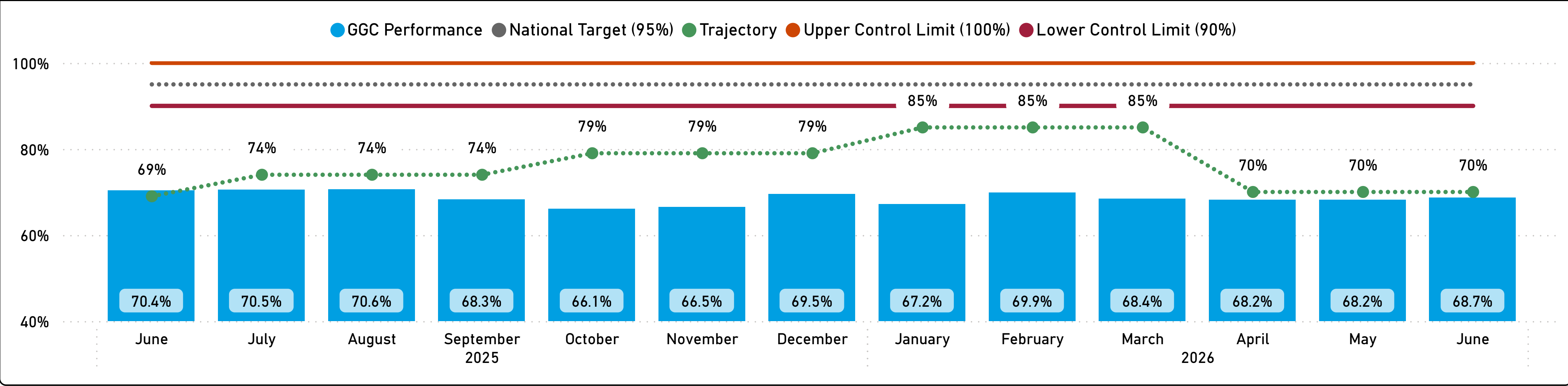
ED 4hr Target

68.7%

Trajectory: 70% (-1.3%)

June 2026

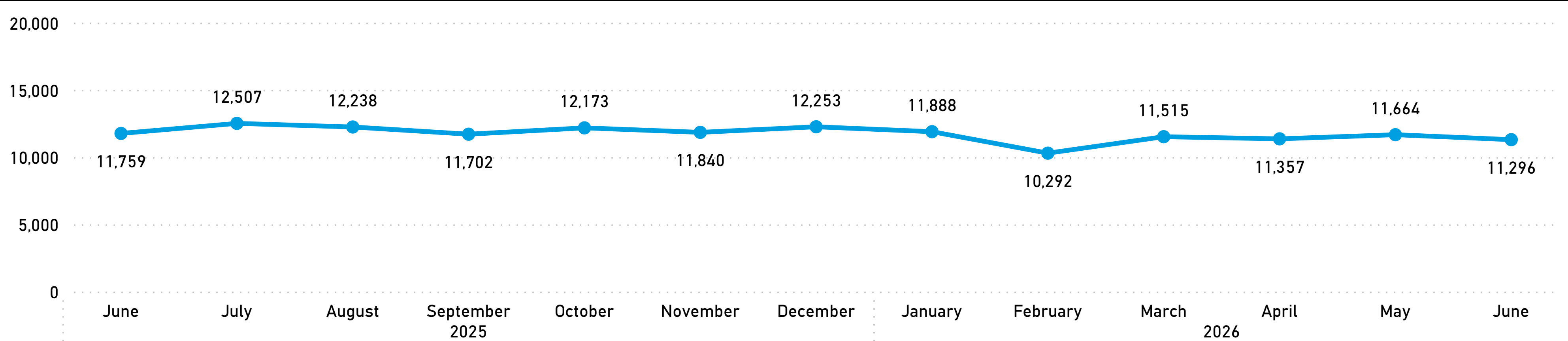
ED 4 hr Target Performance by Month



Unscheduled Care: Emergency Admissions and Average Length of Stay

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

Admissions from ED by Month



Year to Date Admissions from ED

Trajectory 2% reduction on previous year

34,317

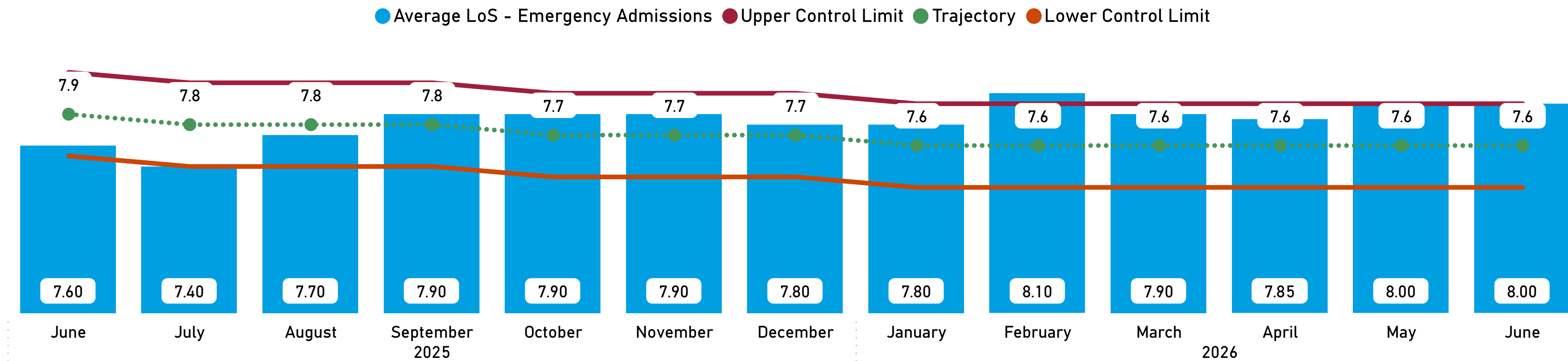
Trajectory: 35,261 (-944 -2.68%)
June 2026

Av. Length of Stay (Emergency Admissions)

8.00

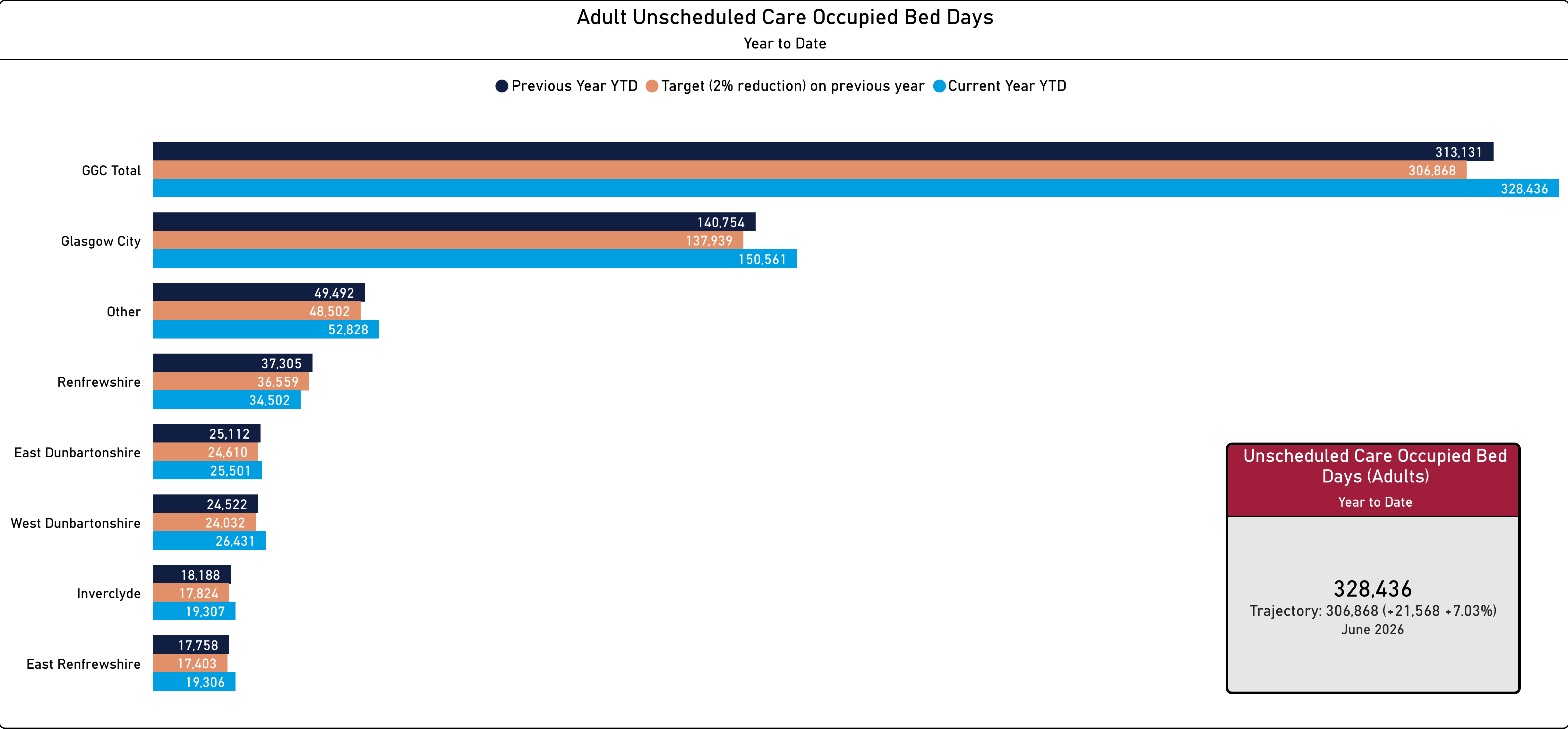
Trajectory: 7.60
(+0.40 +5.26%)
June 2026

Average 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 108,911 A&E attendances (including MIU attendances) were reported during the period April-June 2026. This is above trajectory by 3,934 (3.75%). Compliance with the Emergency Department (ED) four hour standard increased slightly in June 2026 (68.7%) compared to the previous month (68.2%) and remains slightly below the local target of 70% and significantly below the national standard of 95%. Admissions from ED have met the trajectory for the year to date, however, Average Length of Stay for emergency admissions is above trajectory by 5.26%. Unscheduled Occupied Bed Days for Adults are over trajectory, representing 21,568 more bed days than planned.

Service Narrative

Progress continued across our Virtual Hospital reaching 449 concurrent virtual beds, surpassing the planned target of 434 by 3.5% and admitting 780 patients. FNC+ Plus pathways continued to develop with Respiratory Admission Prevention onboarding 82 patients and increasing. Call Before You Convey (CBYC) reached 264 calls with 52% not conveyed to hospital highlighting the increased awareness and collaboration between SAS and FNC+. Work remains focused on scaling toward 1,000 Virtual Beds by October 2026 and reducing occupancy towards the Board target.

Utilisation of Virtual Hospital pathways remained stable, with 780 patients admitted across all pathways. E-Triage build and installation is now complete in four main ED sites and live at QEUH, RAH and GRI, with improvements in ED Flow and triage time expected as a result.

Targeted work with SAS and FNC+ Plus continues with North CBYC (all non-life-threatening care home calls receiving clinical review) continuing. Increase in Discharge to Scan has reached capacity and additional provision is under review with a paper being developed. In June, of 283 NHS24 Direct Access calls answered by FNC, 152 resulted in an ED admission avoidance (54%) and nine were redirected to other speciality pathways (3%).

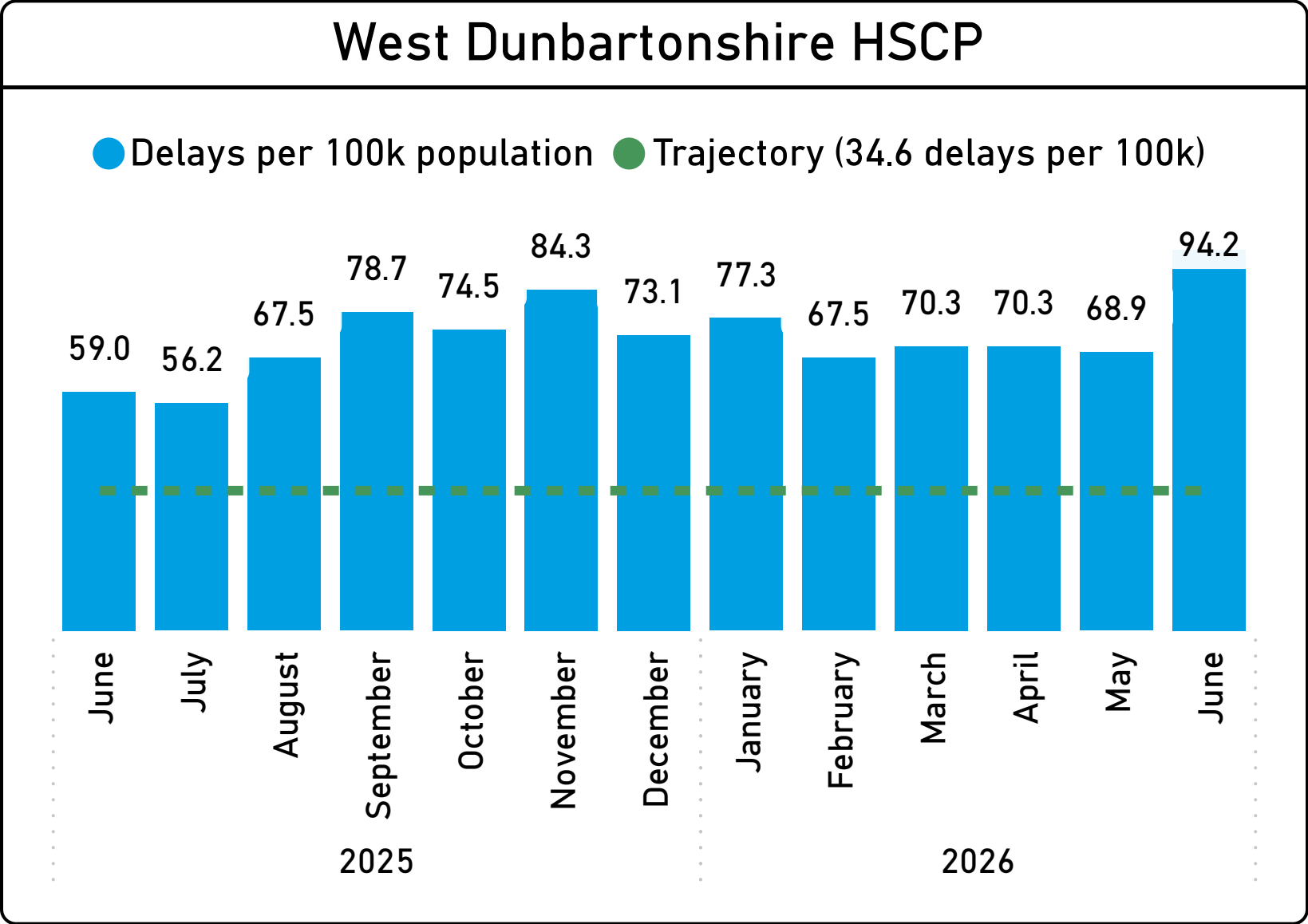
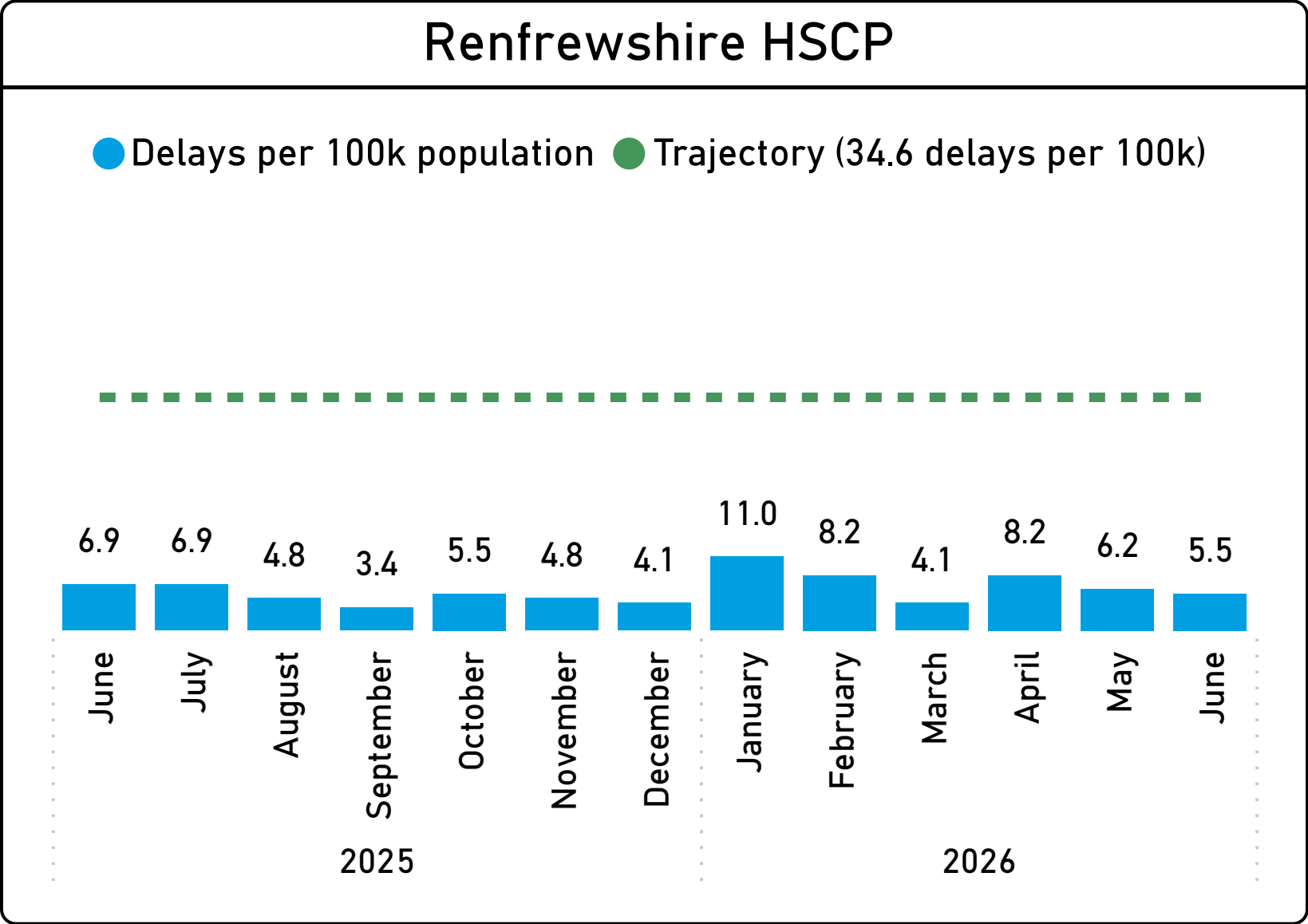
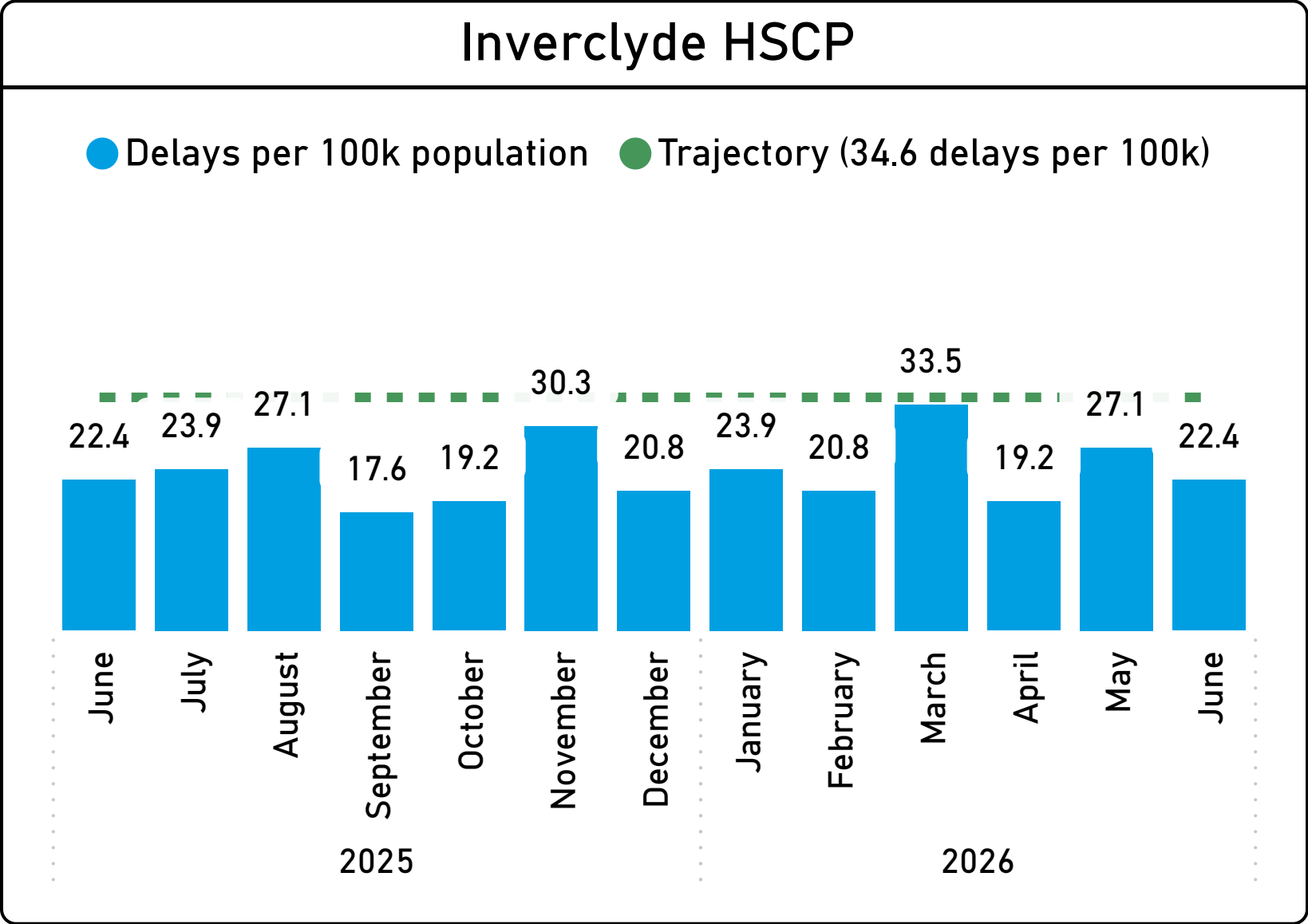
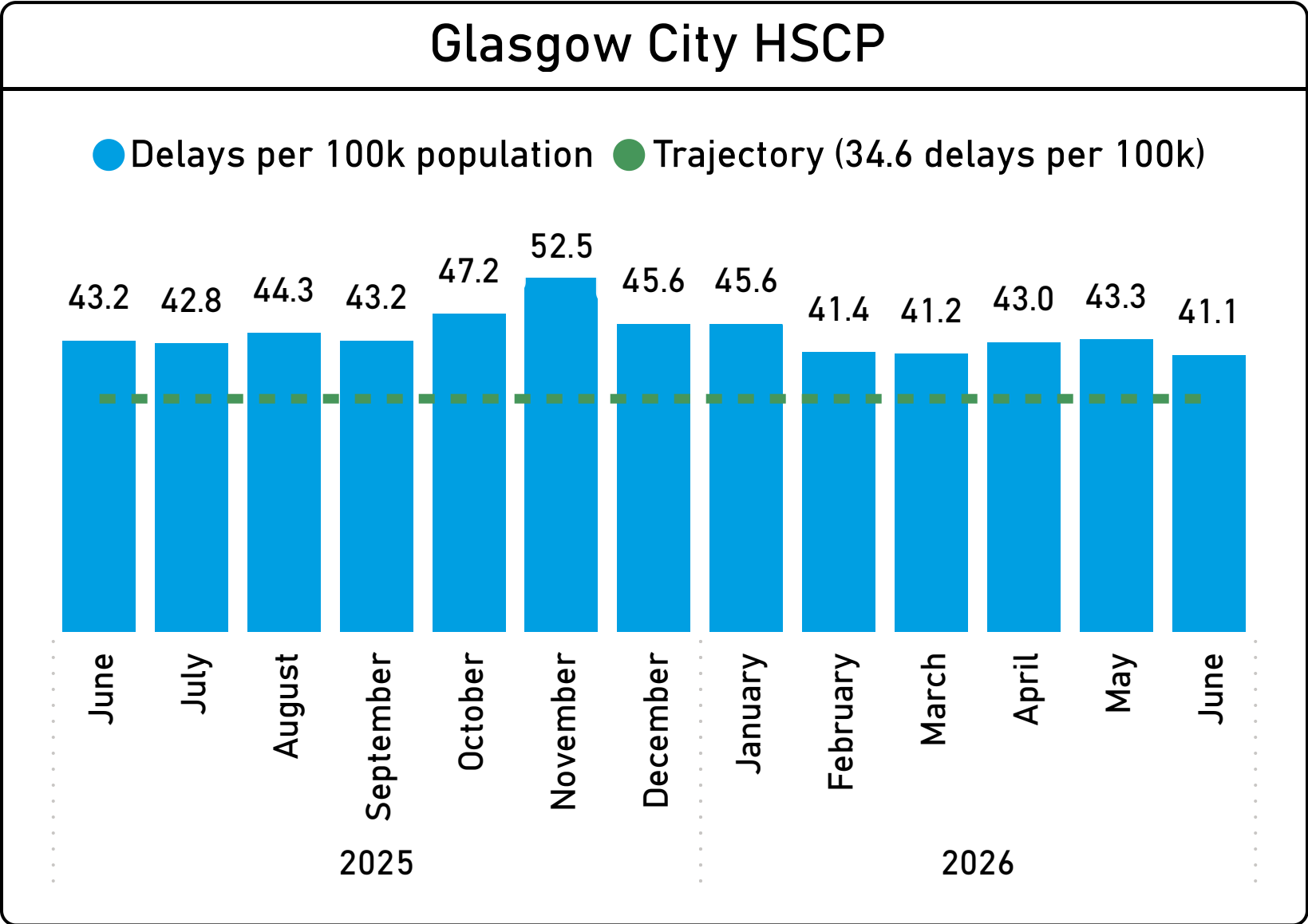
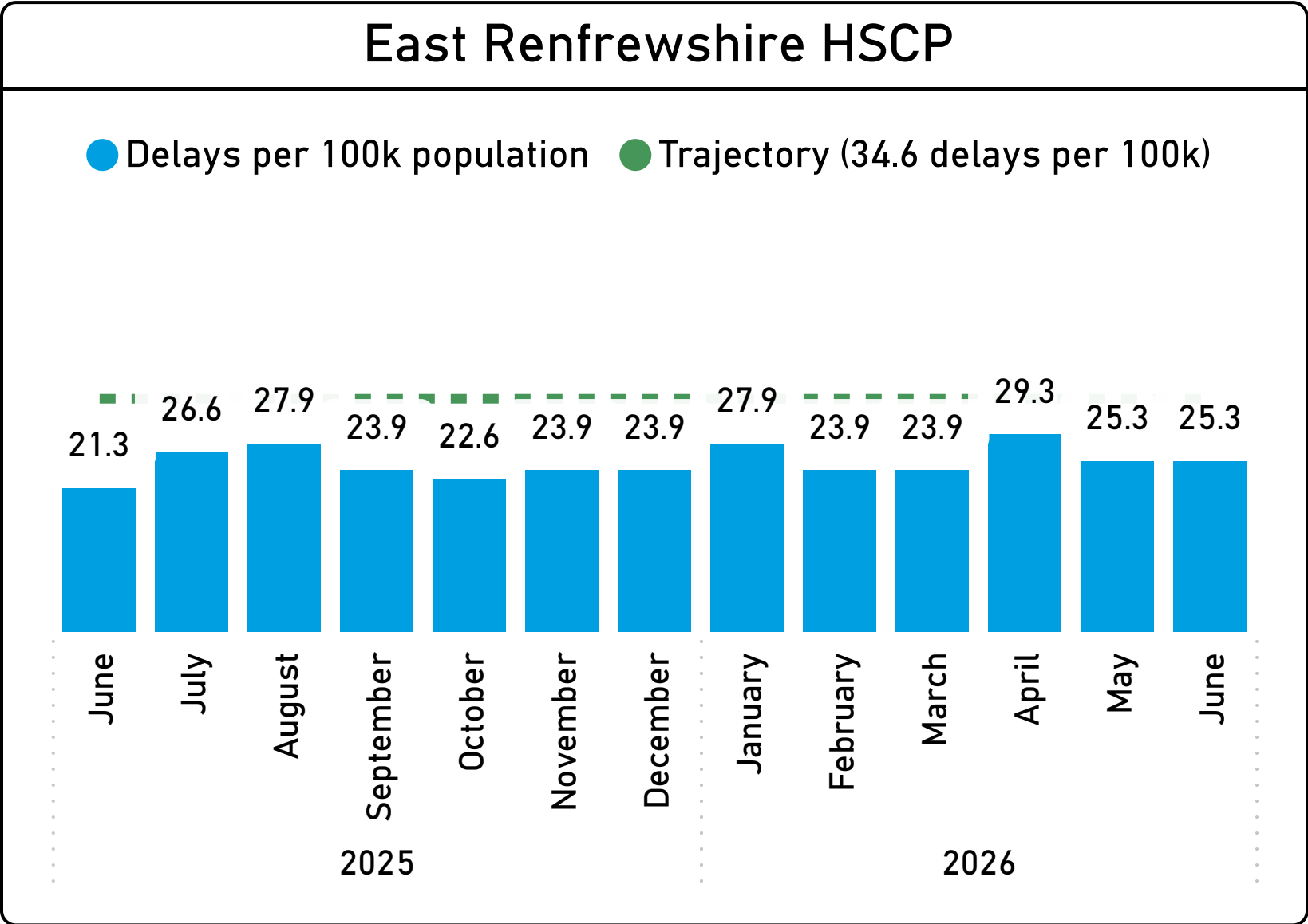
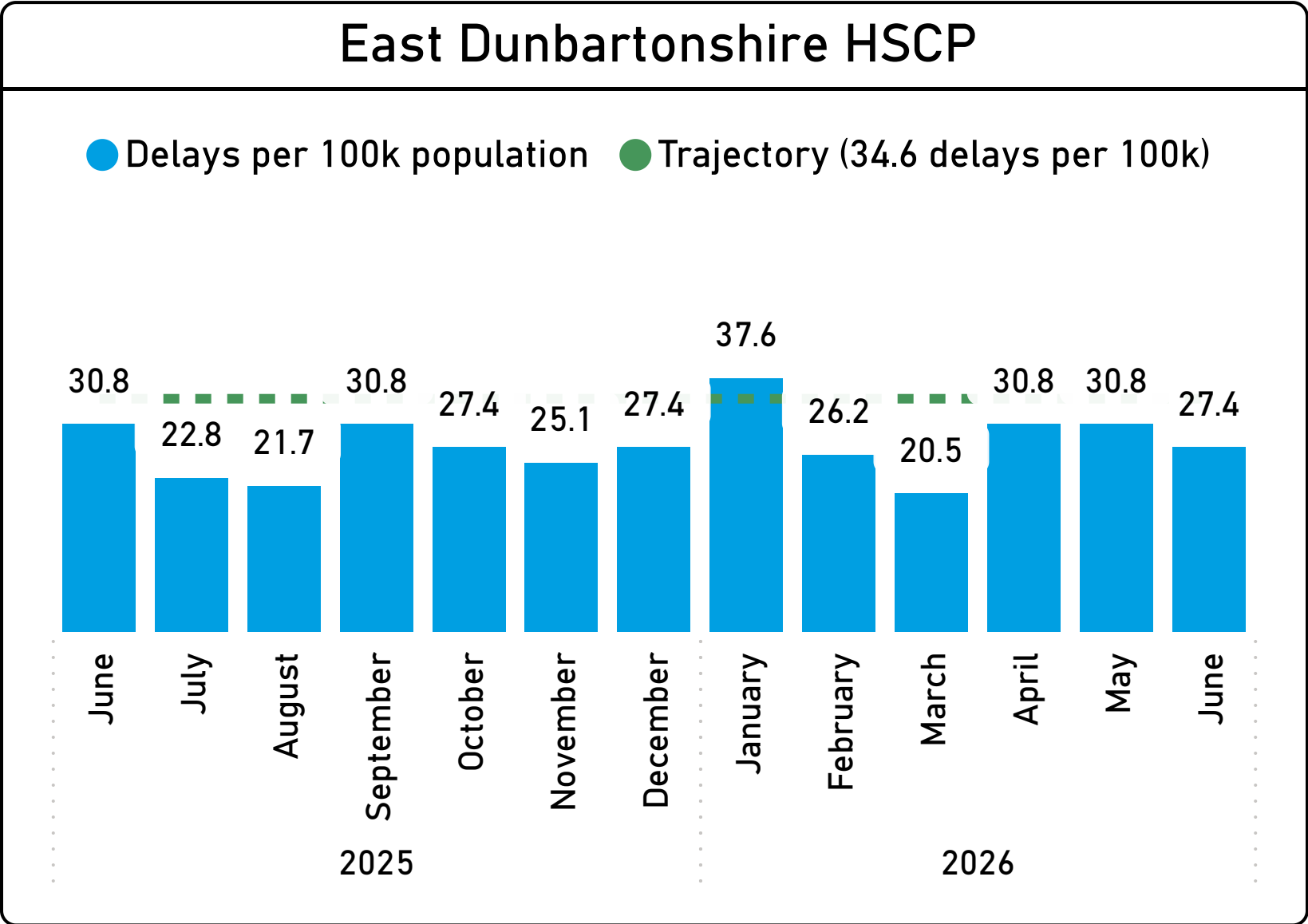
H@H admitted 82 patients in June, an increase of 17% since May. Recruitment continues to be affected by lengthy processes, however progress is being made. Respiratory and Cardiology Pathways remain a priority for July. Step-Up pathways have gone live in Glasgow City & East Dunbartonshire HSCPs and Frailty care home pathways supported by Doccla monitoring went live in June.

Operational pressures remain significant. Sustained high attendances and bed occupancy, with only a slight attendance reduction compared to May, continue to limit flow and ED resilience. Workforce availability and recruitment timelines across Acute and HSCPs continue to constrain pace of scheme implementation and scale-up, with Acute physician capacity continuing to be the main pressure on expansion of GP Calls and Virtual Hospital activity.

Looking ahead weekly reports for USC Data & Impact are being shared through weekly collaborative meetings in July, key pathways for pull and redirection from E-Triage to FNC+ Plus are being developed and updated frequent attenders' dashboard and revised standardised process are being released. The Performance, Planning, BI & USC teams are meeting regularly to progress the vision for a 'one central source of truth' dataset to support information sharing, learning and analysis. Growth continues in patient onboarding across cardiology pathways with new pathways going live and the scaling of H@H services, with key workforce appointments due to be completed by September.

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

428

Trajectory: 378 (+50 +13%)
June 2026

Bed Days Lost - Latest Month

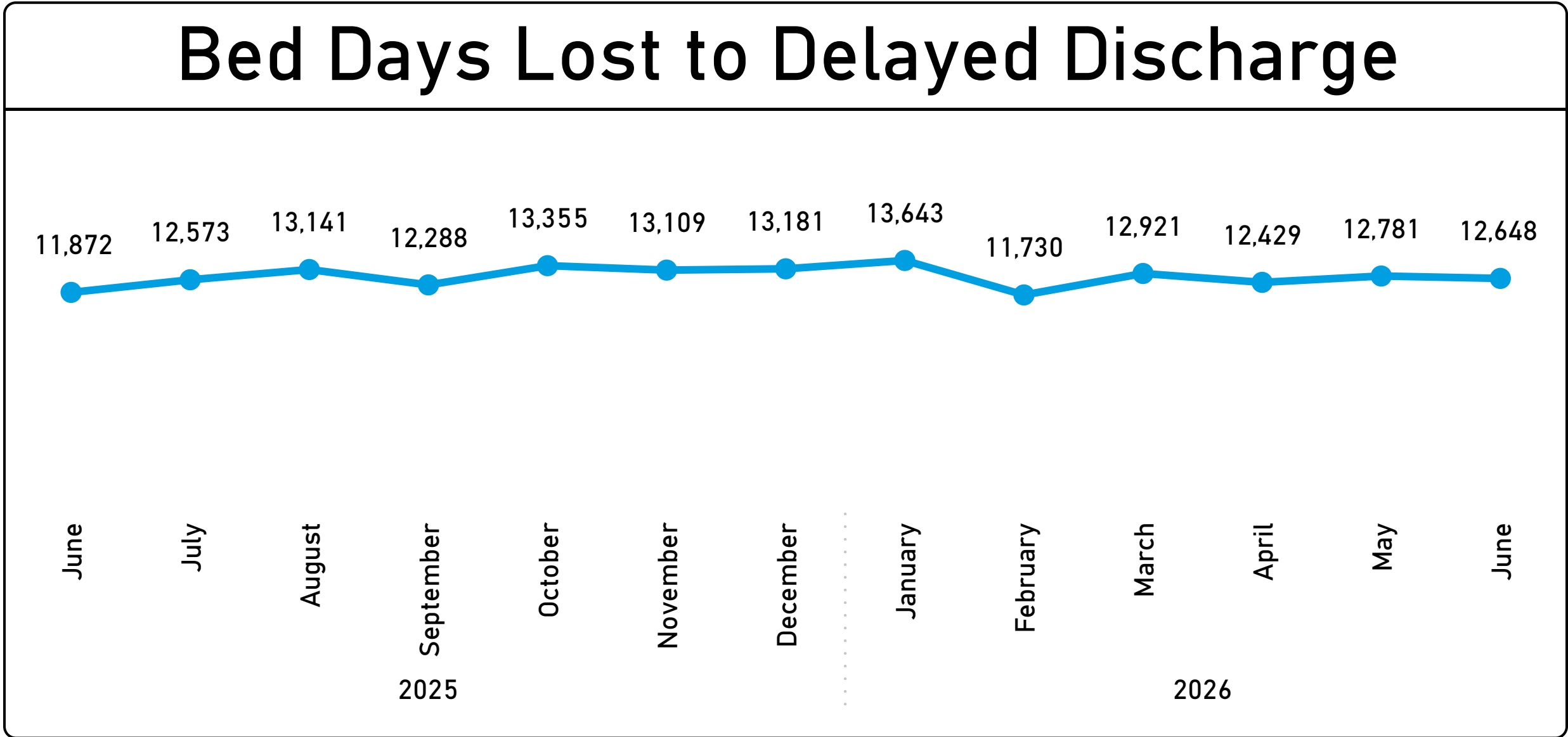
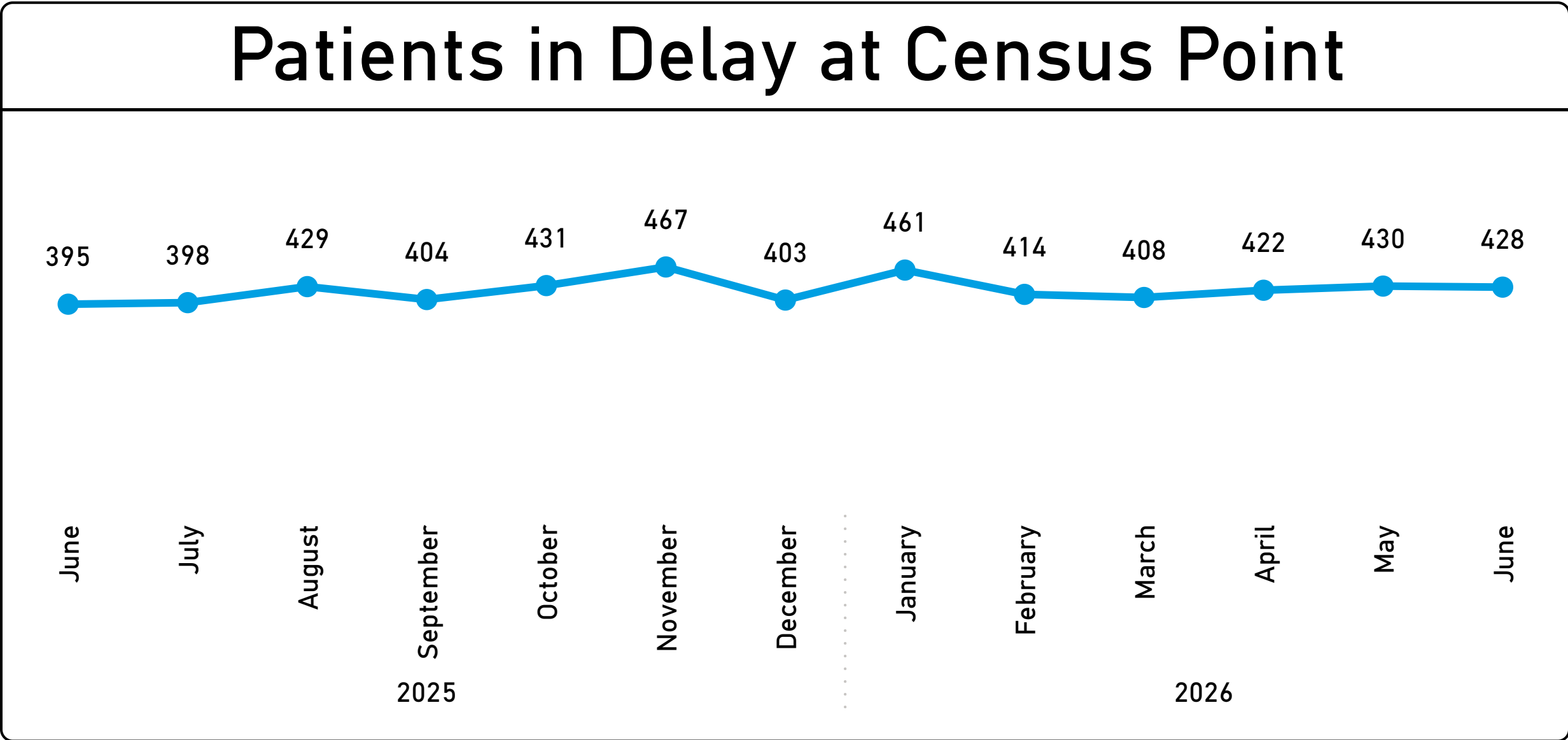
12,648

Trajectory: 9,746 (+2,902 +30%)
June 2026

Bed Days Lost - Year to Date

37,858

Previous year: 35,155 (+2,703 +7.69%)
June 2026



Commentary

Patients in Delay and Bed Days Lost at the monthly census point have gone down from the previous month. Overall, a total of 44.3 delayed discharges per 100,000 adult population were reported at the monthly census point in June 2026 across NHSGGC, above the national target of 34.6 per 100,000 adults by 29%.

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

Delayed Discharge: Acute

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



Acute Patients in Delay

336

Trajectory: 320 (+16 +5%)
June 2026

Acute Bed Days Lost to Delay

9,979

Trajectory: 7,889 (+2,090 +26%)
June 2026

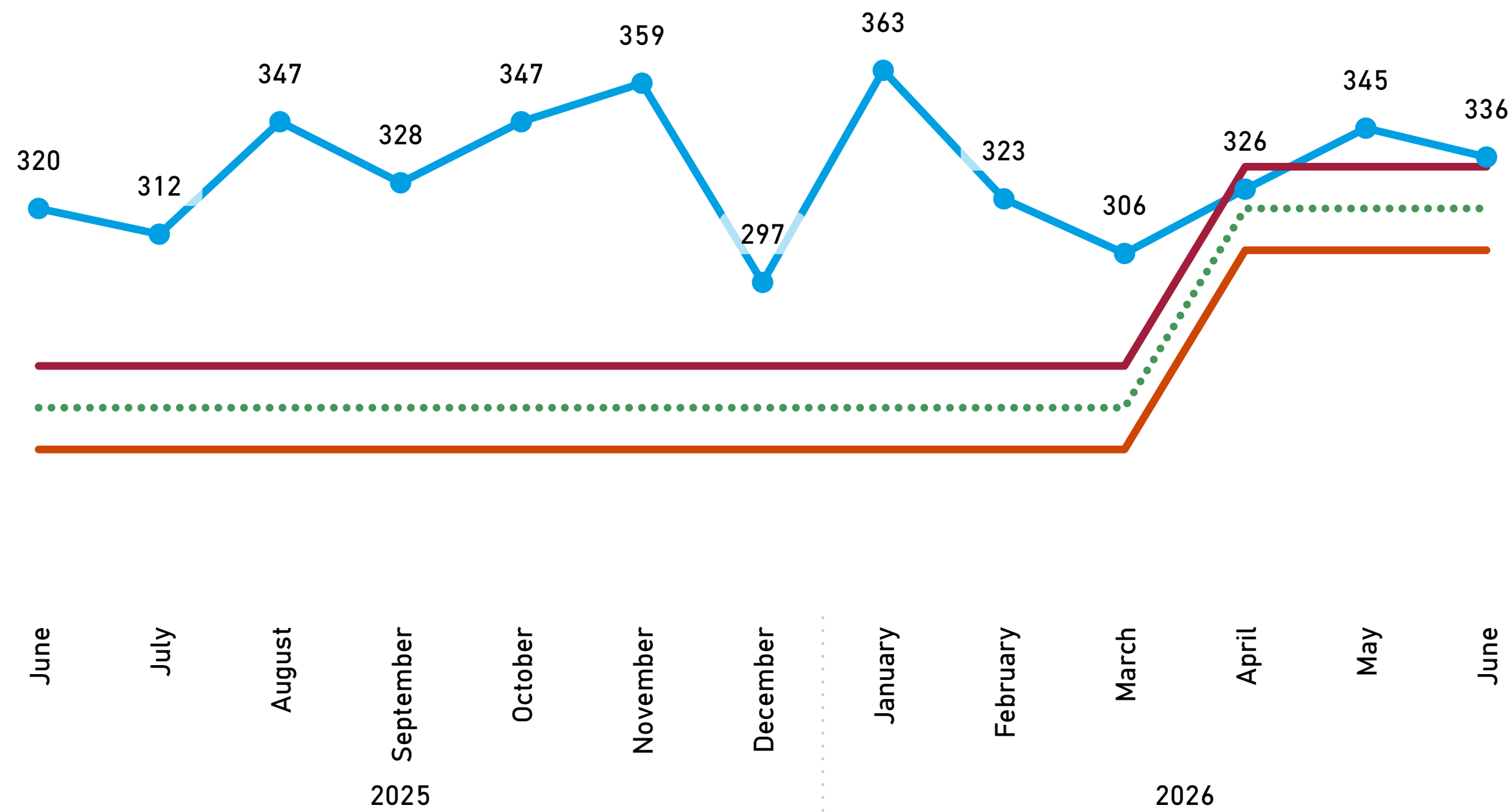
Acute Bed Days Lost - Year to Date

29,569

Previous year: 27,916 (+1,653 +5.92%)
June 2026

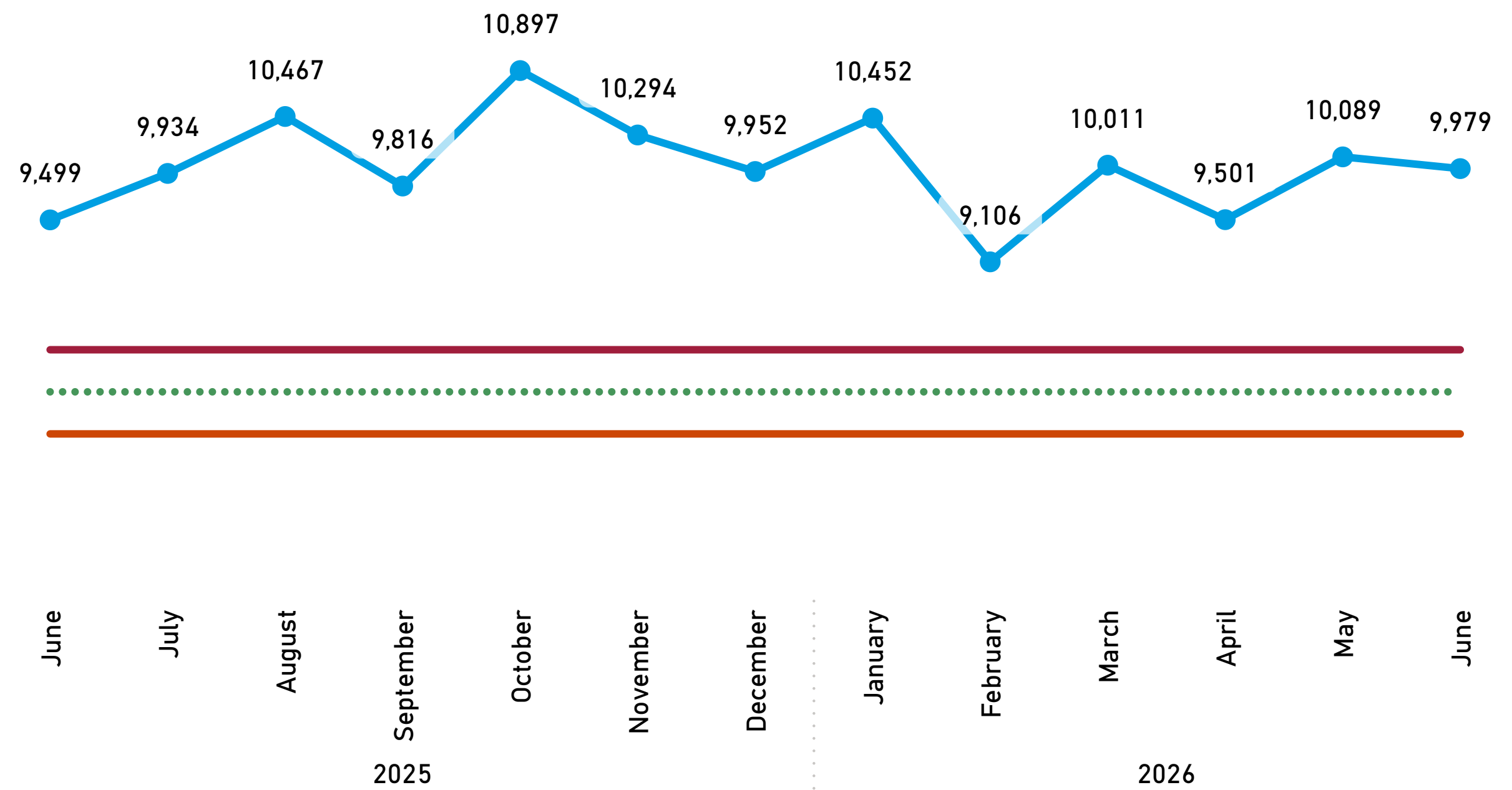
Patients in Delay at Census Point

● Acute Patients in Delay ● Upper Control Limit ● Trajectory ● Lower Control Limit



Bed Days Lost to Delayed Discharge

● Acute Bed Days Lost ● Upper Control Limit ● Trajectory ● Lower Control Limit



Delayed Discharge: Acute (Narrative)

Commentary

A total of 336 Acute delayed discharges were reported at the June 2026 monthly census point, a decrease on the 345 reported in May and above the revised trajectory of 320 acute delays.

9,979 bed days were lost to Acute delays in June 2026, above target by 27% or 2,090 bed days. The overall number of bed days lost to Acute delays in the year to date is 5.9% higher than at the same point last year.

Service Narrative

Continued focus remains on reducing the number of delayed discharges across our sites by embedding Discharge Without Delay (DWD) principles across all sites with daily DWD Board Rounds continuing to be implemented across all sites. Learning from weekly touchpoints are driving actions and improvement. A Rapid Improvement Plan for QEUH is in place to support improved performance.

The Integrated Discharge Team Approach (IDTA) continues across identified wards for all sites supporting earlier identification of discharge barriers, multi-agency escalation and more consistent Home First discharge planning. The current approach with HSCP colleagues is regular participation at MDTs and collocation to support collaborative multiagency working. The embedded integrated approach continues as business as usual between Acute and HSCP colleagues in IRH and RAH and a review of IDTA testing is expected in October 2026. Regular review of medical speciality patients with length of stay greater than 14 days continues, with a focus on proactive discharge planning, earlier escalation of barriers and improved coordination between Acute and HSCP teams.

Whole system and sector level Unscheduled Care Groups are now in place. Ward-level data is used to identify wards and specialties requiring targeted support. Peer learning is underway across HSCPs to support achieving discharge targets.

Work continues around Criteria Led Discharge to embed the process and increase utilisation. Continued weekly monitoring of each HSCP (GGC and Non-GGC) against agreed robust targets is ongoing, with regular engagement between Acute Discharge Teams and all Chief Officers. Focused work examining the overall HSCP patient footprint, including occupied beds, ED attendance and admissions using a weighted NRAC proportionate share continues with actions taken accordingly. The Home First Response Service is operating seven days per week across QEUH, GRI and RAH and continues to progress recruitment.

Non-GGC delays continue to be at high-level with mitigations in place to reduce these. Ongoing financial pressures across the HSCPs remain an ongoing risk for delayed discharge performance with regular meetings with each HSCP in place. Reduced Capacity in Care at Home availability continues for some HSCPs due to increased staff sickness and absence.

Over the coming months, there will be continued progression of high-priority actions linked to the Unscheduled Care Plan. Roll-out of the DWD Communications Plan for 2026/27 will continue, with a final draft expected by October 2026. The new Head of Unscheduled Care will take up post in October 2026, and supportive unplanned audits of board rounds will be undertaken to understand consistency, identify good practice and highlight areas requiring further support for discharge conversations.

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Please check the technical details for more information. If you contact support, please provide these details.

See details ▾

[Contact support](#)

Close

A total of 92 Mental Health delayed discharges were reported at the June 2026 monthly census point, higher than the figure reported in May and remaining above the trajectory of 58.

2,669 bed days were lost to Mental Health delays in June 2026, above target by 44% or 812 bed days. The overall number of bed days lost to Mental Health delays in the year to date is 14.5% higher than at the same point last year.

Adult Mental Health has continued to see an increase in young people presenting to adult beds, linked to the reduction of eight beds in Skye House. HSCP staff continue to monitor this closely due to the nature of presenting need and concerns that adult wards are not always a suitable environment for younger patients.

All delays remain active progression towards successful operational management confirmed to take up position. Consistent oversight and to strengthen new Manager post now

The North East Glasgow hospital admission continues, and has now been extended to South Glasgow. Initial patient numbers in the pilot phase have been lower than expected and the scope is therefore being widened to assess measurable outcomes alongside admission avoidance benefits. This remains part of a broader approach to reducing admissions for and freeing inpatient capacity.

Work to understand and address longest stay patients continues through the Mental Health Strategy Group. All data for long stay patients is now collected, to allow analysis to be done to form part of flow navigation work and bed remodelling A Short Life Working Group has now been established to review admission pathways, alongside further work with legal services to address barriers to discharge and consider available options for patients with complex needs, and to standardise the process from admission to discharge.

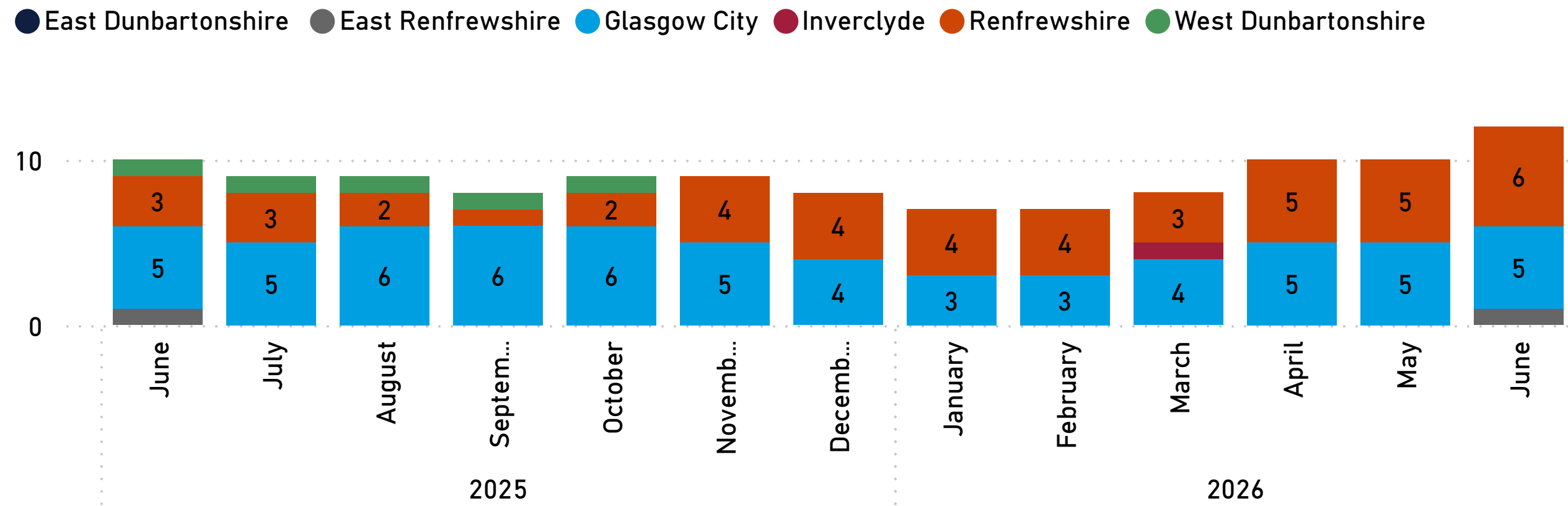
Regular joint working between commissioning and service managers continues to support identification and securing of appropriate placements, removal of pathway barriers, and development of bespoke solutions. Operational teams remain focused on improving the timeliness of assessments, exploring alternative housing options, and strengthening links with third sector and commissioned providers.

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

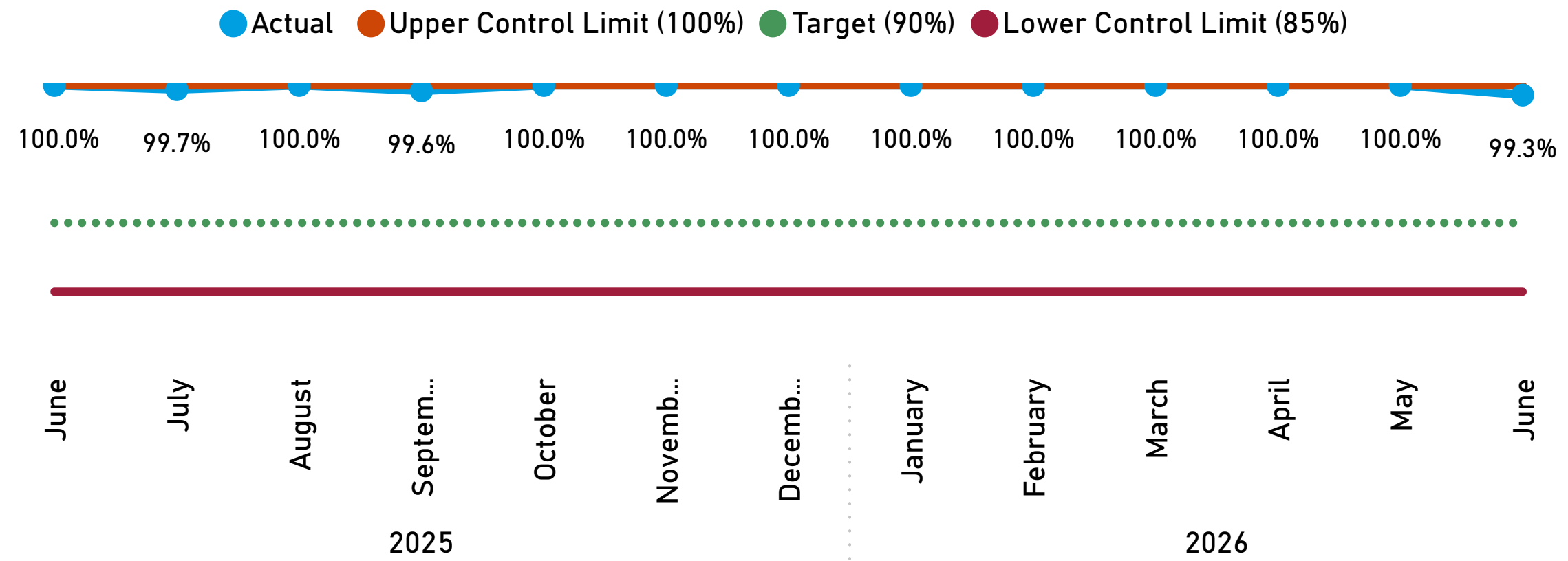
Lead Director - Chief Officer, Renfrewshire HSCP
Lead Committee - Finance, Planning and Performance



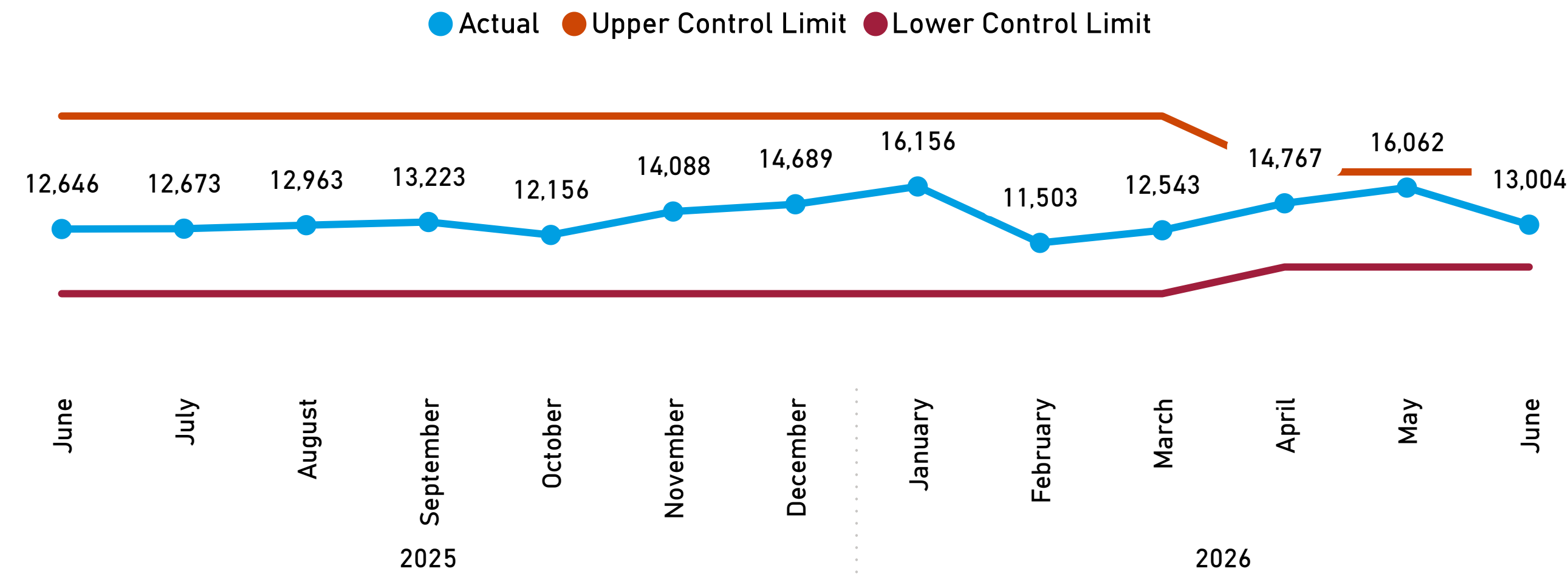
GP List Closures



GP Out of Hours - Shift Fill Rate



GP Out of Hours - Activity



GP OOH Activity - Year to Date

43,833
Previous year: 41,211
(+2,622 +6%)
June 2026

GP OOH Shift Fill Rate

99%
Target: 90% (+9%)
June 2026

Commentary

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

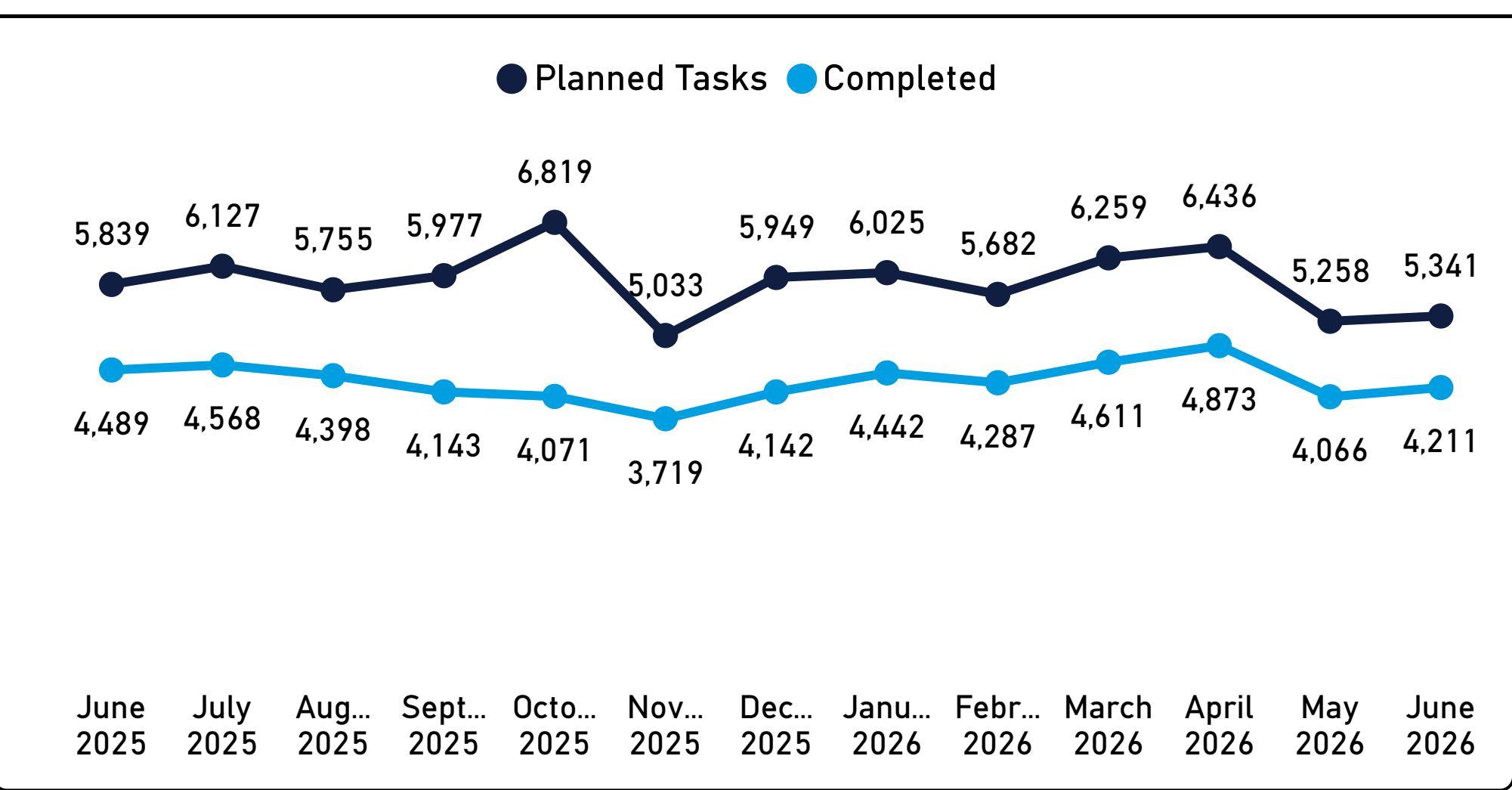
OOH shift fill rate remains high, at or close to 100% for each month of the past year, while activity levels having remained fairly consistent over the last year, have seen a decrease of 19% in June 2026 compared to the previous month.

Estates and Facilities: Maintenance

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



Planned Maintenance



Planned Maintenance

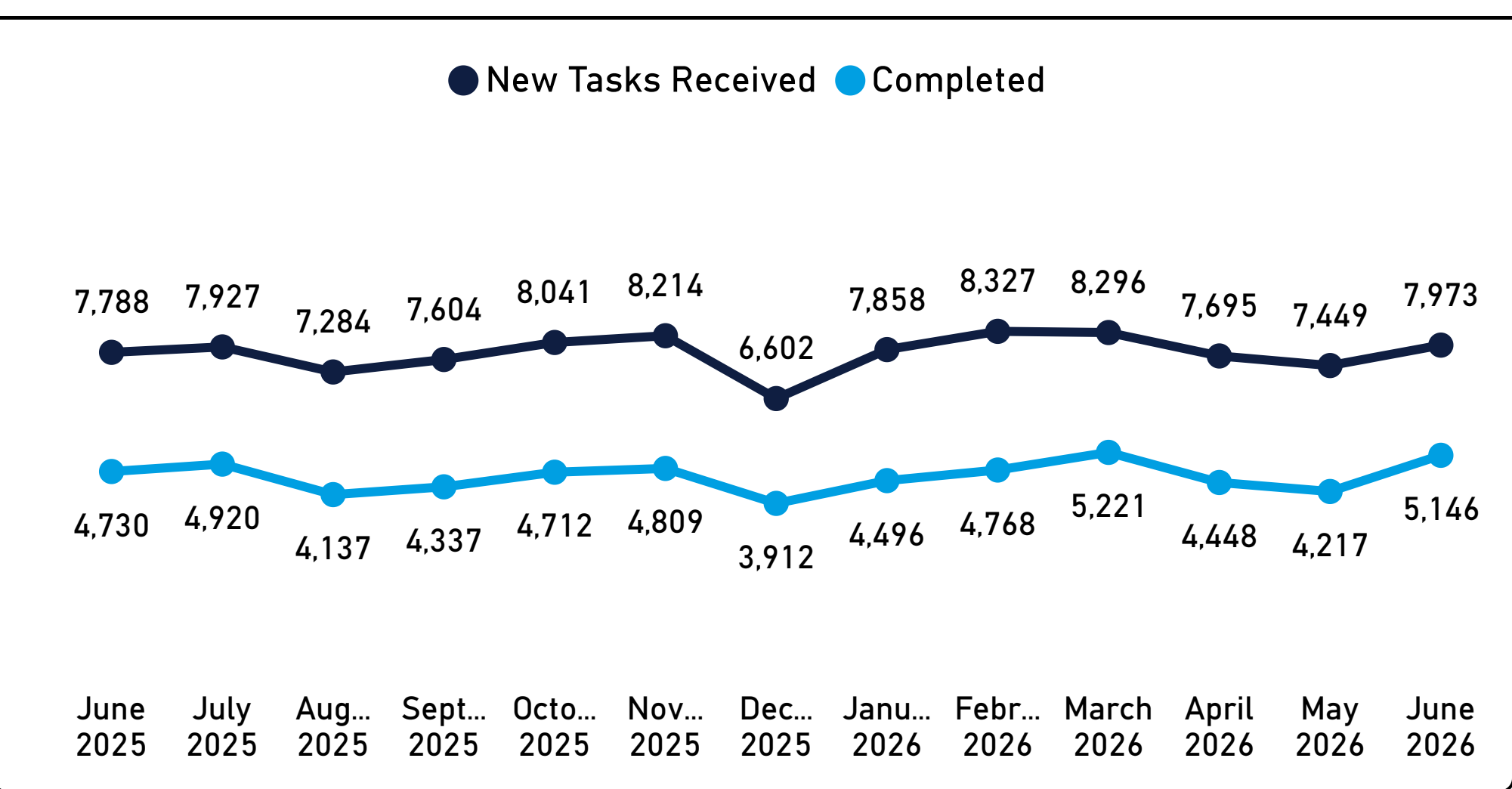
Month End	Percentage Completed	Outstanding at Month End
June 2025	77%	4,728
July 2025	75%	4,763
August 2025	76%	3,685
September 2025	69%	4,836
October 2025	60%	8,703
November 2025	74%	5,922
December 2025	70%	5,817
January 2026	74%	1,474
February 2026	75%	1,170
March 2026	74%	1,410
April 2026	76%	1,366
May 2026	77%	1,040
June 2026	79%	859

Maintenance performance has remained broadly steady over the year, with both reactive and planned maintenance continuing to absorb sustained levels of demand. Reactive completion rates have remained stable at around 57-63%. Outstanding work at month-end has reduced in June 2026, and remains significantly lower than the high of over 12,000 in December. Planned maintenance backlogs have reduced to 859 in June 2026, from 1,040 the previous month, and remain significantly improved on the figures seen on a monthly basis in 2025.

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

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

Reactive Maintenance



Reactive Maintenance

Month End	Percentage Completed	Outstanding at Month End
June 2025	61%	10,421
July 2025	62%	8,716
August 2025	57%	9,182
September 2025	57%	9,332
October 2025	59%	10,574
November 2025	59%	11,737
December 2025	59%	12,553
January 2026	57%	3,018
February 2026	57%	3,201
March 2026	63%	2,722
April 2026	58%	2,829
May 2026	57%	2,924
June 2026	65%	2,497

Revenue Financial Performance

NHSGGC is reporting an overall net expenditure deficit of -£29,872,145 at Month 3. Of the variance reported at Month 3, the largest adverse variances are Acute -£21,889,524, Estates & Facilities -£3,559,538 and Other Corporate Areas/Reserves of -£3,670,088. Partnerships have a nil variance

As reported in the financial plan for 2026/27, a significant recurring deficit is being carried into 2026/27 and significant action is required to reduce current overspend trajectories. A detailed assessment of the financial position has been undertaken as part of the Quarter 1 review. An overspend of -£58,041,628 is forecast. This position makes a number of high-level assumptions based on historical trajectories and financial recovery actions being implemented and should be considered high risk

Area	Pay / Non-Pay Position	Unachieved Savings	Final Reported Position
Acute	-£7,943,278	-£13,946,247	-£21,889,524
Corporate Departments	-£752,995	£0	-£752,995
Estates & Facilities	-£695,831	-£2,863,706	-£3,559,538
Other Corporate Areas / Reserves	-£119,775	-£3,550,313	-£3,670,088
Partnerships	£487,709	-£487,709	£0
Total	-£9,024,170	-£20,847,975	-£29,872,145

Sustainability and Value

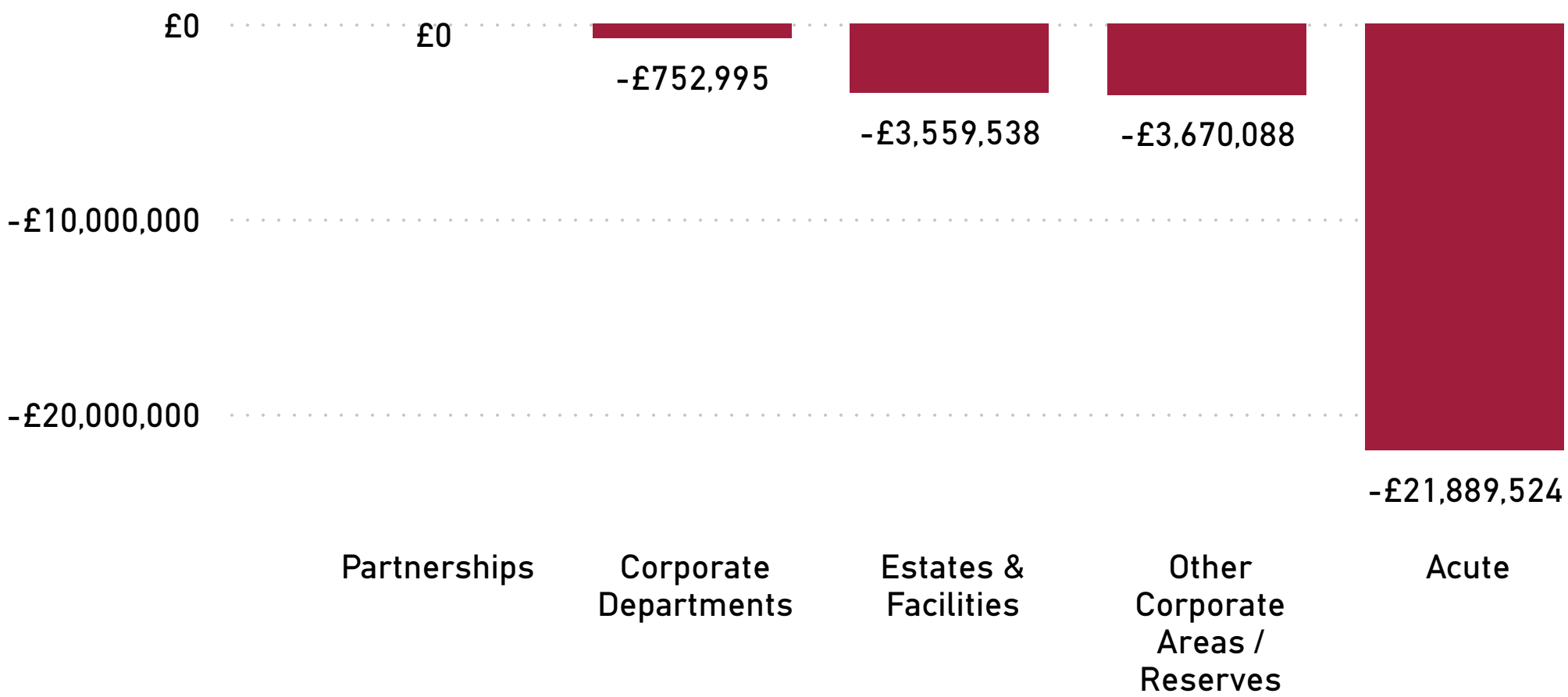
On an in-year basis, £43,377,833 or 22.28% of the £194,706,876 overall financial challenge has been delivered as of Month 3 and on a recurring basis, £12,133,418 or 11.24% of the £107,951,490 recurring target has been achieved.

Based on the year to date position, the current rate of project identification and pipeline growth are not sufficient to address the targeted level of 2026-27 savings. The pace of both delivery and identification of savings will have to increase rapidly if the Boards financial targets are to be achieved.

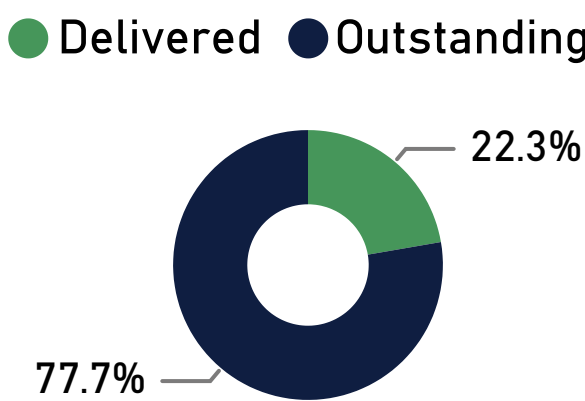
Capital Position

Against an approved capital allocation of £94,896,772, year-to-date committed expenditure totals £37,056,118, of which £13,223,923 has been incurred at Month 3. Capital expenditure is currently in line with the planned profile, and the full allocation is forecast to be utilised by the end of the financial year.

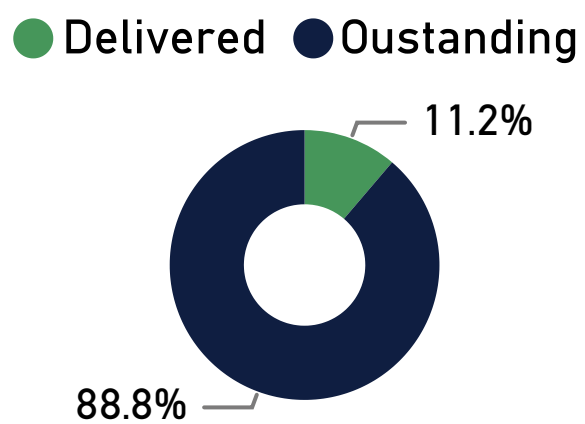
Final Reported Position by Business Area



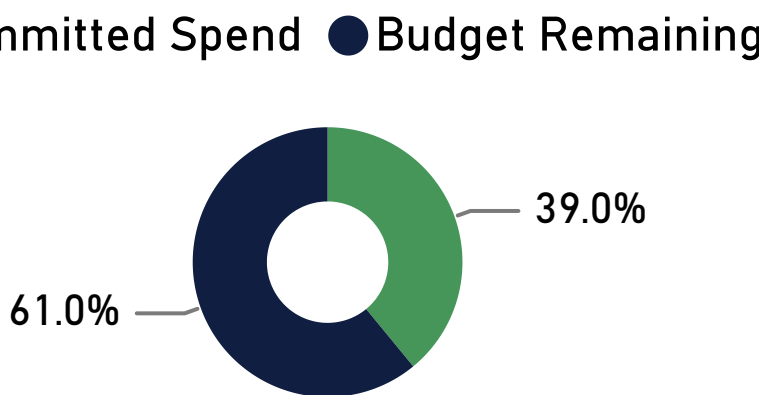
Overall Financial Challenge

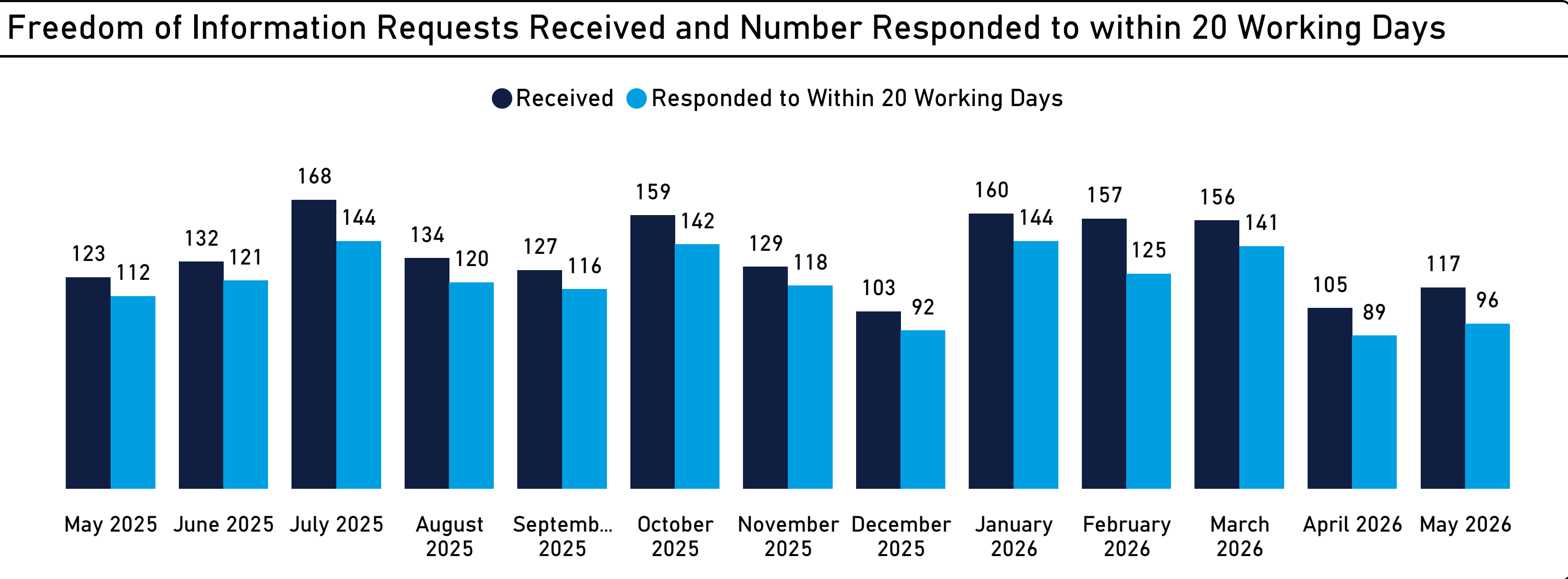


Recurring Savings



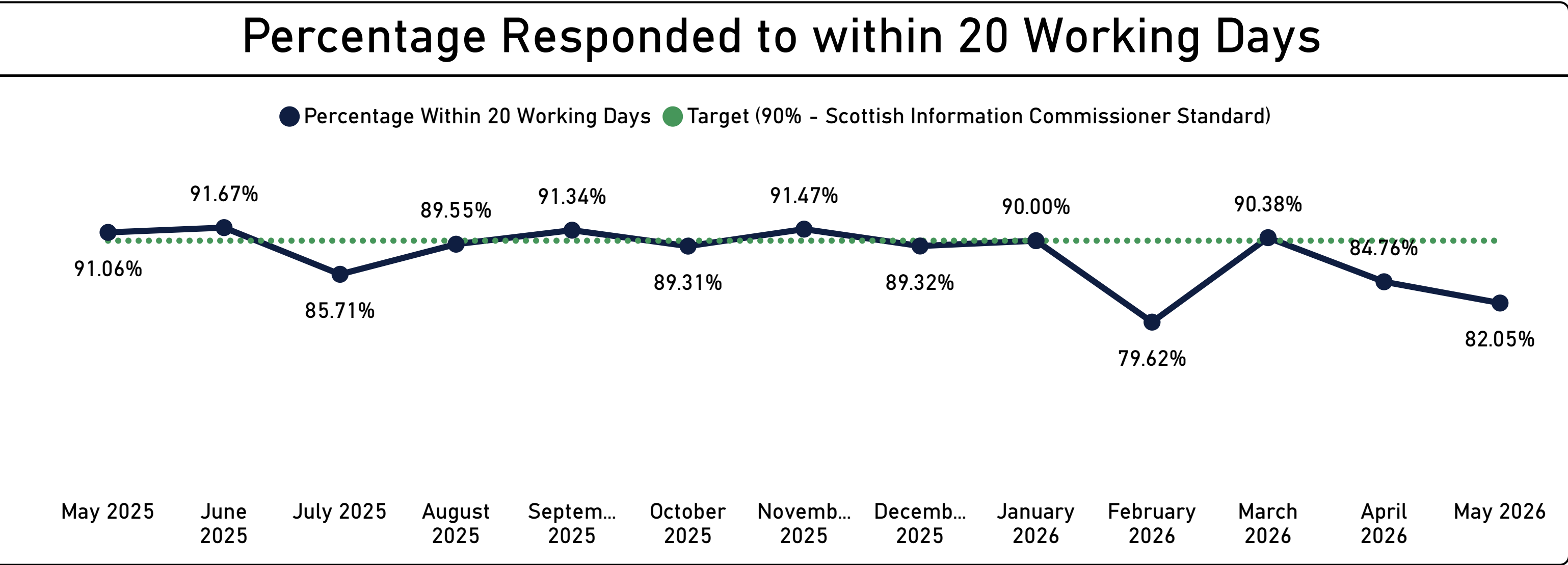
Capital Budget





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 May 2026 saw a reduction, with 96 of 117 requests (82.05%) responded to within target timescales, below the target of 90%. This was due to delays in service responses, alongside the impact of leave and reduced FOI Team capacity, with compliance down compared to the same period in May 2025 (91.06%).



Three of the past four months have shown notable variation from the roughly 90% compliance figure achieved throughout the past year. This should not at this point be considered to represent a sustained reduction in performance, but will continue to be monitored closely for improvement.

Workforce: Absence (All Absence Types)

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



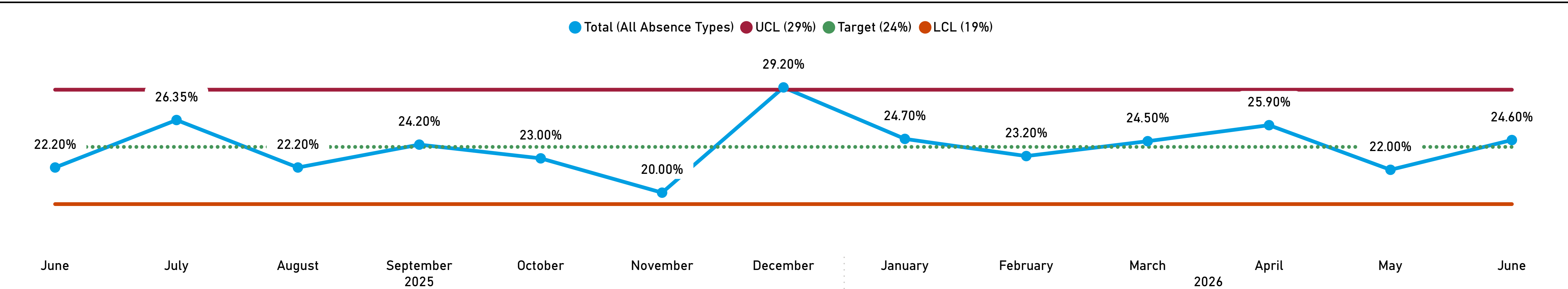
All Absence Types

Date	Sickness	Annual Leave	Public Holiday	Maternity	Paternity	Parental	Study	Other	Total (All Absence)	Target (all absence)
June 2025	7.1%	10.90%	0.00%	2.20%	0.00%	0.20%	0.40%	0.40%	22.20%	24%
July 2025	7.4%	14.60%	0.00%	2.30%	0.00%	0.40%	0.20%	0.50%	26.35%	24%
August 2025	7.0%	11.10%	0.00%	2.10%	0.00%	0.50%	0.20%	0.40%	22.20%	24%
September 2025	7.7%	10.70%	1.70%	2.70%	0.00%	0.10%	0.50%	0.40%	24.20%	24%
October 2025	7.8%	10.60%	0.00%	2.40%	0.00%	0.30%	0.40%	0.40%	23.00%	24%
November 2025	7.7%	8.10%	0.00%	2.20%	0.00%	0.10%	0.50%	0.40%	20.00%	24%
December 2025	8.8%	11.70%	4.60%	2.40%	0.00%	0.20%	0.30%	0.40%	29.20%	24%
January 2026	7.9%	8.20%	4.60%	2.20%	0.00%	0.10%	0.20%	0.40%	24.70%	24%
February 2026	7.7%	11.10%	0.10%	2.20%	0.00%	0.20%	0.30%	0.40%	23.20%	24%
March 2026	7.3%	12.80%	0.10%	2.20%	0.00%	0.10%	0.30%	0.40%	24.50%	24%
April 2026	7.3%	10.00%	4.30%	2.20%	0.00%	0.20%	0.30%	0.40%	25.90%	24%
May 2026	7.0%	8.80%	2.20%	2.10%	0.00%	0.20%	0.40%	0.40%	22.00%	24%
June 2026	7.3%	10.90%	2.10%	2.30%	0.00%	0.20%	0.30%	0.50%	24.60%	24%

Total Absence
(All Absence
Types)

24.60%
Local Target: 24% (+0.60%)
June 2026

All Absence Types

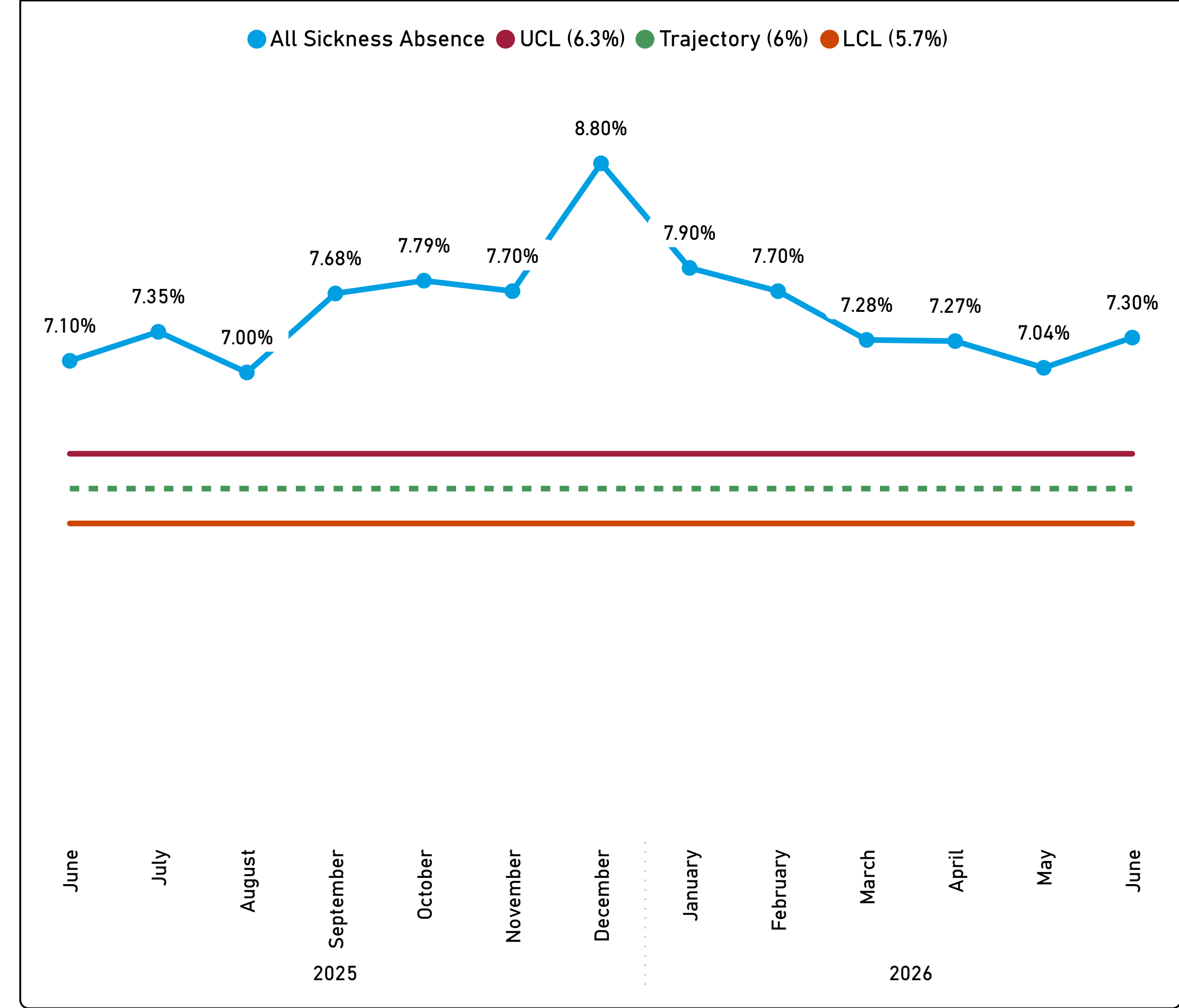


Workforce: Sickness Absence

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



Sickness Absence



Total Sickness Absence



Sickness Absence					
Date	Short Term	Long Term	All Sickness Absence		Local Target
June 2025	2.80%	4.30%	7.10%	◆	6%
July 2025	2.87%	4.48%	7.35%	◆	6%
August 2025	2.70%	4.30%	7.00%	●	6%
September 2025	3.08%	4.60%	7.68%	◆	6%
October 2025	3.29%	4.50%	7.79%	◆	6%
November 2025	3.40%	4.30%	7.70%	◆	6%
December 2025	3.90%	5.00%	8.80%	◆	6%
January 2026	3.60%	4.30%	7.90%	◆	6%
February 2026	3.30%	4.40%	7.70%	◆	6%
March 2026	2.87%	4.41%	7.28%	◆	6%
April 2026	2.88%	4.39%	7.27%	◆	6%
May 2026	2.75%	4.29%	7.04%	◆	6%
June 2026	2.60%	4.70%	7.30%	◆	6%

Workforce: Absence by sector

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



Sickness Absence - HSCPs												
Month	East Dun Actual	East Dun Target	East Ren Actual	East Ren Target	Glasgow City Actual	Glasgow City Target	Inverclyde Actual	Inverclyde Target	Renfrewshire Actual	Renfrewshire Target	West Dun Actual	West Dun Target
April 2026	6.50%	5.50%	9.89%	7.00%	7.57%	7.94%	7.98%	7.00%	7.13%	7.00%	5.70%	6.60%
May 2026	7.35%	5.50%	7.60%	7.00%	7.32%	7.78%	7.39%	7.00%	6.54%	7.00%	6.33%	5.50%
June 2026	7.41%	5.00%	8.71%	7.00%	7.84%	7.63%	7.30%	6.75%	6.40%	6.80%	6.51%	6.00%
July 2026		5.00%		7.00%		7.48%		6.75%		6.60%		5.50%
August 2026		5.00%		6.75%		7.32%		6.50%		6.40%		4.00%
September 2026		5.50%		6.75%		7.16%		6.50%		6.20%		6.20%
October 2026		5.50%		6.50%		6.99%		6.25%		6.40%		6.90%
November 2026		5.00%		6.50%		6.82%		6.25%		6.80%		7.20%
December 2026		6.00%		6.50%		6.65%		8.00%		7.00%		8.00%
January 2027		6.00%		6.50%		6.47%		6.00%		6.80%		6.90%
February 2027		5.50%		6.00%		6.30%		5.75%		6.80%		6.30%
March 2027		5.50%		6.00%		6.14%		5.50%		6.50%		5.50%

Sickness Absence - Acute and Corporate																		
Month	Clyde Actual	Clyde Target	Diagnostics Actual	Diagnostics Target	North Actual	North Target	Regional Actual	Regional Target	South Actual	South Target	W&C Actual	W&C Target	Acute Actual	Acute Target	Corporate Actual	Corporate Target	Estates & Facilities Actual	Estates & Facilities Target
April 2026	7.41%	6.70%	5.73%	6.00%	6.97%	6.80%	7.59%	7.00%	7.37%	7.20%	7.61%	7.10%	7.16%	6.80%	5.67%	5.91%	9.57%	8.50%
May 2026	6.81%	6.50%	5.21%	6.00%	7.08%	6.60%	6.77%	6.50%	7.14%	7.20%	7.07%	6.70%	6.75%	6.58%	4.98%	5.69%	10.52%	8.40%
June 2026	6.68%	6.30%	5.68%	5.75%	7.40%	6.40%	7.06%	6.30%	7.40%	6.90%	7.07%	6.20%	6.96%	6.31%	5.76%	5.85%	10.26%	8.30%
July 2026		6.00%		5.75%		6.20%		6.30%		6.80%		6.05%		6.18%		6.09%		8.30%
August 2026		6.00%		5.75%		6.00%		6.30%		6.80%		5.65%		6.08%		5.90%		8.20%
September 2026		6.20%		5.50%		6.00%		6.00%		6.70%		5.48%		5.98%		5.80%		8.20%
October 2026		6.40%		5.50%		6.20%		5.75%		6.70%		5.33%		5.98%		5.61%		8.20%
November 2026		6.60%		5.00%		6.50%		5.75%		6.60%		5.20%		5.94%		5.59%		8.10%
December 2026		7.00%		5.25%		7.00%		5.75%		7.10%		5.18%		6.21%		5.89%		8.20%
January 2027		6.70%		5.00%		6.80%		5.50%		6.80%		5.00%		5.97%		5.83%		7.90%
February 2027		6.40%		5.00%		6.60%		5.50%		6.70%		5.00%		5.87%		5.50%		7.80%
March 2027		6.00%		5.00%		6.40%		5.50%		6.50%		5.00%		5.73%		5.25%		7.50%

Commentary

Overall absence levels in June 2026 increased to 24.6% from 22.0% in the previous month and is now slightly out with the 24% target. Performance in June 2026 continues to be impacted by sickness absence at 7.3%, increasing from 7.0% in May, with long-term absence continuing to drive the overall position.

Sickness absence remains a challenge across the board, with the majority of Divisions and HSCPs out with local absence targets in June 2026.

Similar to the previous year, a high proportion of staff were on annual leave, while there was also one additional public holiday in June 2026.

Service Narrative

The Board-wide sickness absence rate for June was 7.26%, representing an increase from 7.04% in May. Whilst the increase is relatively small, it is notable given that June has historically tended to see lower absence levels. Further analysis is therefore being undertaken to better understand the underlying causes of the increase, including consideration of absence type, duration, staff group and service-level trends.

Despite the increase, attendance management remains a key organisational priority and significant work continues across all Sectors, Directorates and HSCPs to improve attendance and support staff wellbeing. All services have local attendance improvement plans in place, aligned to the Board-wide Attendance Improvement Plan, with actions focused on early intervention, effective case management, manager capability, wellbeing support and improved management of long-term absence. Progress continues to be monitored through established governance arrangements, with targeted support provided to areas experiencing the greatest challenges.

Work has also continued to strengthen the support available to managers through the implementation of the dedicated Attendance Management Team. The new model is designed to provide earlier and more consistent intervention, particularly in relation to long-term absence, work-related stress and repeat short-term absence. Alongside this, ongoing work to review attendance management processes, training materials and support resources aims to improve consistency, policy compliance and the overall effectiveness of attendance management across the Board.

The Workforce Performance and Compliance Assurance Meetings are now underway, with five of the six poorest-performing areas having already taken place and the sixth scheduled. Follow-up meetings have been arranged for August to monitor progress against agreed actions and improvements. These meetings involve the Director of HR&OD meeting with Directors to review performance across key workforce metrics, including attendance. Discussions have been collaborative and solution-focused, bringing together service and HR colleagues to identify what is working well, understand challenges, and agree practical actions to support improvement.

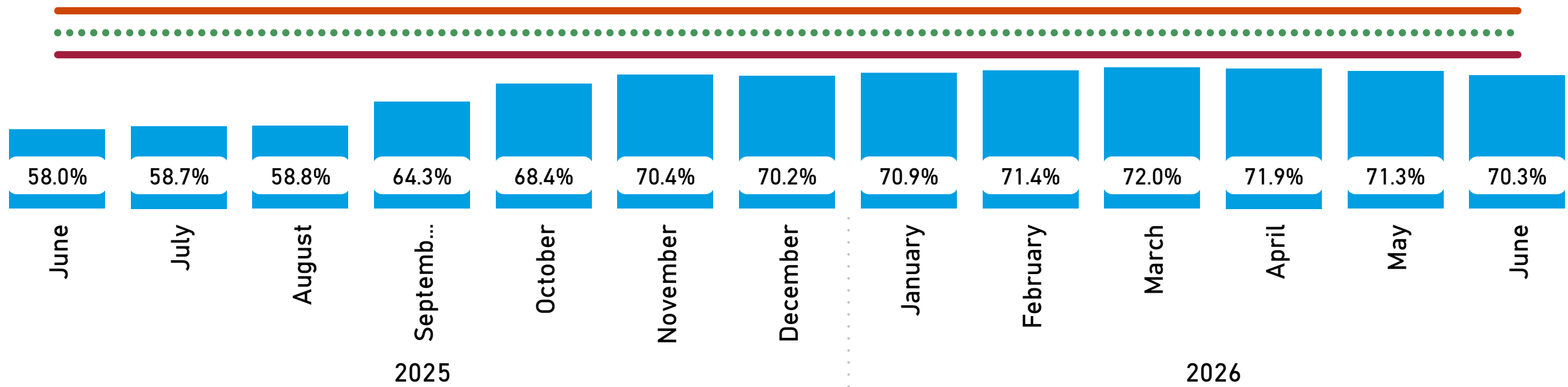
Workforce: PDPR, Statutory and Mandatory Training

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



KSF PDP&R Conversations Recorded on Turas

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



KSF PDP&R Conversations Recorded on Turas

70.3%
Target: 80% (-9.7%)
June 2026

Completion of Statutory & Mandatory Training

88.5%
Target: 90% (-1.5%)
June 2026

Fraud Awareness

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

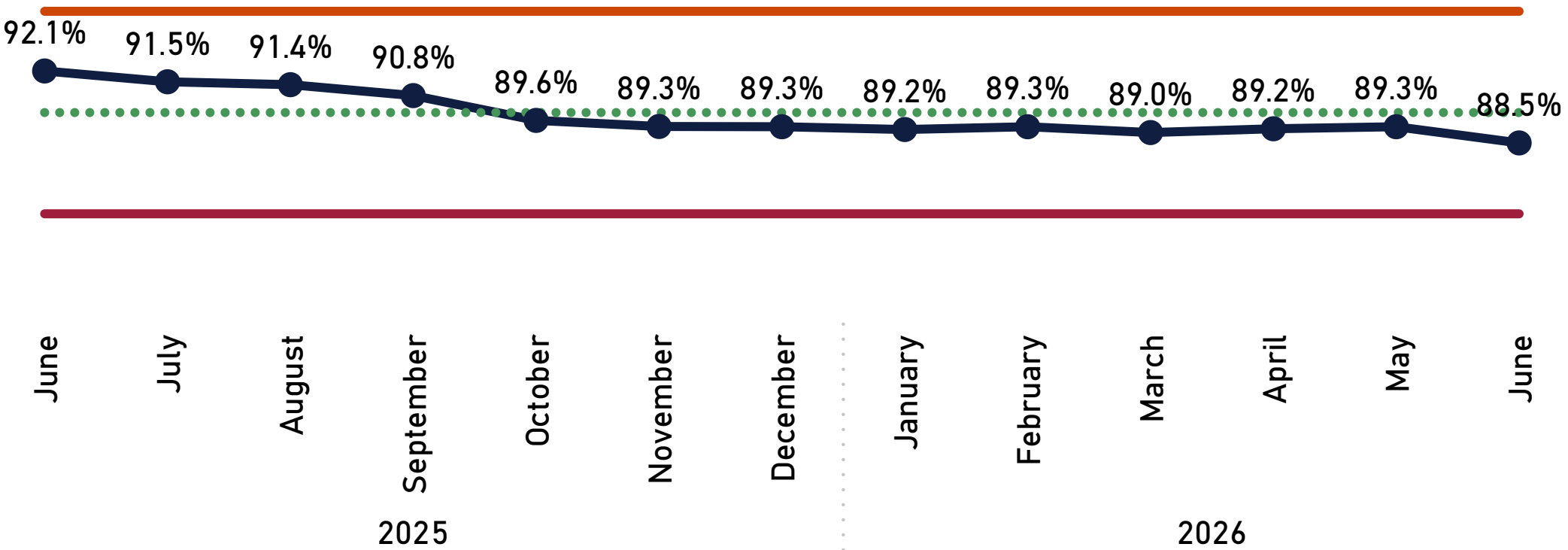
56.90%
June 2026

Completion of Statutory & Mandatory Training (90% target)

Date	Fire Safety	Health & Safety	Violence & Aggression	Equality, Diversity & Human Rights	Manual Handling	Public Protection	Infection Control	Security & Threat	Information Handling
June 2025	87.70%	92.63%	92.42%	92.01%	91.91%	90.63%	91.37%	91.98%	93.49%
July 2025	86.70%	92.08%	91.75%	91.43%	91.45%	90.17%	90.81%	91.52%	92.95%
August 2025	85.90%	91.90%	91.80%	91.20%	91.40%	90.00%	90.81%	90.90%	93.00%
September 2025	85.20%	91.50%	91.40%	90.80%	91.00%	89.40%	90.50%	89.30%	92.80%
October 2025	84.10%	90.30%	90.20%	89.50%	89.90%	88.10%	89.30%	87.90%	91.70%
November 2025	83.90%	90.00%	90.10%	89.20%	89.50%	87.70%	88.90%	87.30%	91.80%
December 2025	84.50%	90.00%	90.20%	89.30%	89.50%	87.60%	89.00%	87.20%	91.60%
January 2026	84.50%	90.00%	90.10%	89.30%	89.40%	87.20%	88.80%	87.10%	91.40%
February 2026	84.80%	90.10%	90.20%	89.30%	89.60%	87.50%	89.00%	87.30%	91.40%
March 2026	89.00%	89.90%	89.70%	89.10%	89.30%	87.50%	88.70%	87.30%	90.60%
April 2026	90.00%	90.00%	89.70%	89.10%	89.40%	87.80%	88.80%	87.70%	90.30%
May 2026	90.90%	90.10%	89.60%	89.00%	89.30%	87.70%	88.80%	88.30%	89.90%
June 2026	90.30%	89.30%	88.70%	88.10%	88.40%	87.10%	88.00%	87.40%	89.00%

Completion of Statutory and Mandatory Training

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



Commentary

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

The national compliance target for core learning is set at 90%, and overall completion of statutory and mandatory training as at June 2026 is slightly below that target at 88.5% (this figure excludes the Once for Scotland (OFS) Fraud Awareness module due to the six-month grace period for 90% compliance).

Service Narrative

The importance of PDP&R continues to be promoted by senior leaders as a key mechanism for discussing essential training, wellbeing, and personal and career development.

For Statutory and Mandatory Training, a communications campaign has been implemented to support uptake of the new Fraud Awareness module. Compliance data has been incorporated into workforce monitoring and reporting arrangements, with NHSGGC achieving 64.0% compliance to date.

Throughout June, activity focused on promoting high-quality PDP&R conversations and embedding PDP&R as part of routine management practice, alongside support for managers and staff in the use of the TURAS Appraisal system. Directors, Heads of HR and Workforce Information teams continued to review progress, target areas requiring improvement, provide regular compliance reporting, and support protected time for staff to undertake core learning and complete PDP&R reviews.

A number of challenges remain. Compliance levels have been affected by pressures on staff time, including the introduction of the additional Fraud Awareness module and the wider three-year renewal cycle, which has increased the volume of training due for completion. Summer leave and operational pressures continue to affect the ability of services to release staff for both training and PDP&R discussions. There is also a risk that a strong focus on compliance detracts from the wider purpose of PDP&R as a meaningful development conversation, while data recording issues for staff with multiple contracts continue to affect reporting.

Over the coming months, communications and support activity will focus on modules where compliance is declining, with particular attention on the nine modules currently below the 90% target. Managers and staff will continue to be supported through local guidance, training and drop-in sessions, while Directors and senior leaders will review performance in areas below target, implement improvement actions, and ensure protected time is available for both PDP&R conversations and completion of statutory and mandatory learning. Regular compliance reporting and management information will continue to support targeted improvement activity