

NHS Greater Glasgow and Clyde	Paper No. 26/113
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2026
Title:	Integrated Performance and Quality Report – Review Recommendations
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1. Purpose

The purpose of the attached paper is to: propose a number of updates to the measures contained within the current Integrated Performance and Quality Report (IPQR)

Appendix 1 to this paper provides the detail on the review undertaken and the proposed updates for consideration.

2. Executive Summary

The paper can be summarised as follows:

Background

The IPQR is presented monthly to the Corporate Management Team (CMT), Board, Finance, Planning and Performance Committee, and Standing Committees. The report supports enhanced scrutiny and oversight of the Board's corporate aims and objectives by providing a balanced assessment of organisational performance alongside quality, safety, and the effective use of resources.

The format and performance measures contained within the IPQR were approved by the NHS Greater Glasgow and Clyde Board in December 2025, with the first full report presented to CMT and Board in February 2026. As part of the approval process, the Board agreed that the format and content of the IPQR would be reviewed following completion of three full Board reporting cycles.

This paper sets out the proposed approach to the review, summarises the findings, and presents recommendations for consideration and approval.

Review Approach

The review was led by the Head of Performance, Analysis, and Insight, with input from Executive Directors and senior colleagues as required. Each existing IPQR measure was assessed against the agreed principles of strategic relevance, ability to support assurance and informed decision-making, availability and reliability of data, and avoidance of duplication. Proposed new measures were similarly evaluated against these criteria to ensure they add value to the overall assurance framework.

The review did not consider the overall structure of the IPQR or the frequency of reporting, both of which remain as previously agreed by the Board. However, a number of opportunities have been identified to strengthen the quality and breadth of assurance provided to CMT, Standing Committees and the Board through refinement of the measures included within the report.

The recommendations seek to enhance assurance in areas that are currently underrepresented within the IPQR, most notably Public Health and Estates and Facilities. A number of existing measures are also proposed for removal where they provide limited assurance value, duplicate information reported elsewhere or focus on operational matters that sit below the level of corporate and Board oversight.

Within the Operational Performance domain, the proposed changes place greater emphasis on measures that better reflect patient experience, patient flow, and organisational impact. These include measures relating to prolonged waits within Emergency Departments, utilisation of the Virtual Hospital, and a more meaningful presentation of delayed discharge performance to support improved understanding of system pressures and performance.

No changes are proposed to the Clinical and Care Governance section at this stage. These measures were introduced as part of the current IPQR framework and require further time to embed and mature. In addition, a wider review of Clinical Governance arrangements is currently underway and may inform future developments in this area. Similarly, no changes are proposed to the Workforce section, as the existing suite of indicators is considered appropriate, proportionate, and sufficient to provide assurance on workforce performance and risks.

Conclusions

The revised suite of IPQR measures provides a broader and more balanced view of organisational performance, strengthening the assurance available to the Corporate Management Team, Standing Committees and Board. In particular, assurance across Public Health and Estates and Facilities has been enhanced through the inclusion of additional measures that provide greater visibility of performance, risk, and delivery in these areas.

The proposed changes also support a more focused and streamlined report through the removal of measures that offer limited assurance value, duplicate information available through other reporting mechanisms, or provide a level of operational detail that is not required for corporate and Board oversight. Collectively, these changes strengthen the IPQR as a strategic assurance tool, maintaining focus on the key indicators that best support scrutiny of performance, quality, safety, and the effective use of resources.

Next Steps

Following Board approval, the first revised IPQR will be produced for Corporate Management Team and Board in October 2026. Measures will be reviewed periodically on an informal basis by the Performance, Analysis, and Insight Team, with a formal review carried out annually.

Subject to Board approval, the revised IPQR will be implemented from October 2026, with the first report under the updated framework presented to the Corporate Management Team and Board that month. The revised measures will strengthen the breadth and quality of assurance available to Executive Directors and Board members while maintaining a clear focus on strategic performance, quality, safety, and the effective use of resources.

Responsibility for the ongoing maintenance and development of the IPQR will sit with the Performance, Analysis, and Insight Team. Measures will be reviewed on an ongoing basis to ensure continued relevance, data quality, and alignment with organisational priorities, with a formal review of the report undertaken annually and any substantive changes reported through the appropriate governance process for approval.

3. Recommendations

NHSGGC Board is asked to consider the following recommendations:

- Approve the recommended updates to IPQR measures as outlined in appendix 1.

4. Response Required

This paper is presented for approval.

5. Impact Assessment

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

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|-----------------------------------|-------------------------------|
| • 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 review was led by the Head of Performance, Analysis, and Insight, with input from colleagues across the organisation as required.

7. Governance Route

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

The paper has been developed through a series of internal conversations, with proposals then reviewed by Corporate Management Team, shared with Board members informally for comment, then finalised for onward submission to Board.

8. Date Prepared & Issued

Paper prepared: 14 August 2026

Paper issued: 19 August 2026

Integrated Performance and Quality Report (IPQR) Review Recommendations

1. Background

The Integrated Performance and Quality Report (IPQR) is presented monthly to the Corporate Management Team (CMT), Board, Finance, Planning and Performance Committee, and Standing Committees. The report supports effective scrutiny and oversight of the Board's corporate aims and objectives by providing a balanced assessment of organisational performance alongside quality, safety, and the use of resources.

The format and measures within the IPQR were approved by the NHS GGC Board in December 2025, with the first full report presented to CMT and Board in February 2026. As part of that approval, the Board agreed that the report's content and measures would be formally reviewed following completion of three full Board reporting cycles to ensure they continued to provide meaningful assurance and support effective governance.

This paper sets out the approach undertaken to complete that review and presents the resulting recommendations for Board consideration and approval.

2. Review Approach

The review was led by the Head of Performance, Analysis, and Insight, with engagement across a range of services and Directorates as required to ensure that the measures included within the IPQR continue to support effective corporate and Board-level assurance.

The review did not revisit the overall IPQR framework or reporting frequency, both of which remain as previously approved by the Board. Instead, the focus was on assessing the suitability and value of the measures currently included within the report.

Each measure was reviewed against a set of agreed principles to determine its continued relevance and contribution to assurance. These principles included:

- Strategic relevance and alignment with Board priorities.
- Ability to provide meaningful assurance rather than solely information.
- Availability, quality, and reliability of the supporting data; and
- Avoidance of duplication with information reported through other governance mechanisms.

During the review process, a number of additional measures were proposed by individual services. These proposals were assessed against the same principles to ensure that any new measures introduced would enhance the overall assurance value of the report and support effective scrutiny by CMT, Standing Committees and the Board.

The outcome of the review has identified a number of measures for inclusion and a number for removal. The proposed changes are set out in the following sections for consideration and approval.

3. Recommended Revisions to IPQR Measures

For the purposes of this review, only measures recommended for addition or removal are detailed within this section. All other existing measures have been assessed against the agreed review principles and are recommended for retention.

3.1 Clinical and Care Governance

No changes are proposed to the Clinical and Care Governance measures at this stage. These indicators were recently introduced to the IPQR and require further time to embed.

Furthermore, a wider review of Clinical Governance arrangements is currently underway under the leadership of the Medical Director. The measures will be reviewed again on conclusion of that work to ensure they continue to provide appropriate assurance to CMT and Board.

3.2 Population Health and Wellbeing

National work is ongoing to establish a core set of Public Health measures. As this develops, the Public Health indicators within the NHSGGC IPQR may require further review to ensure alignment with the emerging national framework.

Pending completion of that work, the measures outlined below are proposed for inclusion within the IPQR to broaden the range of Public Health information and strengthen the assurance available to CMT and Board.

❖ **Measures for Removal**

No measures are proposed for removal.

❖ **New Measures to be Added**

- Weight Management referral rates and outcomes
- Alcohol Brief Interventions
- Smoking: 12-week quit outcomes and maternity 12-week quit outcomes
- Sexual Health and Blood Borne Viruses: Hepatitis C (HCV) treatment initiations.
- Breastfeeding: proportion of infants breastfed at 6-8 weeks (*annually published measure*)
- Life expectancy and healthy life expectancy (*annually published measures*)

The addition of these measures will strengthen the assurance provided in relation to Public Health by broadening the range of population health outcomes and preventative interventions reported through the IPQR. Collectively, they provide greater visibility of the Board's contribution to improving population health, reducing health inequalities, and supporting early intervention and prevention activity.

These measures offer a more comprehensive picture of the impact of Public Health services and complement existing performance information by incorporating key indicators relating to healthy behaviours, maternal and child health, long-term population outcomes, and the prevention and treatment of significant public health conditions. Their inclusion will therefore enhance the breadth of assurance available to CMT and Board while addressing an area that is currently underrepresented within the IPQR.

3.3 Finance, Planning and Performance

A number of existing measures are proposed for removal due to limited assurance value, reduced relevance, or duplication of reporting elsewhere.

The proposed additions within Unscheduled Care, Delayed Discharge, and Estates and Facilities will enhance the breadth and quality of assurance provided, offering a clearer and more meaningful assessment of performance in these areas and strengthening the overall effectiveness of the IPQR as a Board assurance tool.

❖ Measures for Removal

Access

- Imaging >52-week waits.

Rationale

This measure is proposed for removal as performance has remained at zero breaches for more than 18 months. While continued performance against this standard remains important, the measure no longer provides meaningful assurance or insight into organisational risk and therefore offers limited value within the IPQR.

Unscheduled Care

- Emergency Department attendances and breaches by site
- Emergency Department attendances by HSCP
- Adult occupied bed days

Rationale

Emergency Department attendances and breaches by site and HSCP provide a greater level of operational detail than is required for corporate and Board-level assurance. Where material variation exists between sites or HSCTs, this is highlighted through narrative reporting, with further analysis and targeted deep dives undertaken as required.

Adult occupied bed days is largely a derivative measure influenced by both admission rates and length of stay. As both of these indicators are already reported within the IPQR and provide a more direct assessment of system pressures and performance, the occupied bed days measure adds limited additional assurance value.

Estates and Facilities

- Catering and laundry volumes

Rationale

Catering and laundry activity levels are largely driven by patient activity and occupancy levels and, when reported in isolation, provide limited assurance regarding the performance, effectiveness or quality of Estates and Facilities services. The measure is therefore considered to offer limited value for corporate and Board oversight purposes.

Overall Assessment

The proposed removals reflect measures that have either achieved sustained performance, provide a level of operational detail beyond that required for Board assurance, duplicate assurance available through other indicators, or offer limited insight into organisational performance and risk. Their removal will streamline the IPQR and maintain focus on measures that provide meaningful assurance and support effective scrutiny by CMT, Standing Committees and Board.

❖ New Measures to be Added

Unscheduled Care

- Waits >8 hours in Emergency Departments
- Waits >12 hours in Emergency Departments
- Admissions to the Virtual Hospital
- Patients in the Virtual Hospital at month end
- Average beds occupied per day within the Virtual Hospital

Rationale

The proposed Emergency Department waiting time measures will provide greater visibility of patient flow and system pressure, supporting assessment of progress against the improvement actions agreed with the Centre for Sustainable Delivery.

Reporting prolonged waits of greater than 8 and 12 hours provides a more meaningful indication of patient experience and operational performance than overall attendance activity alone, while also supporting oversight of delivery against improvement trajectories.

The introduction of Virtual Hospital measures will provide assurance regarding the utilisation, scale, and impact of this increasingly important service model. Collectively, these indicators will demonstrate the contribution of the Virtual Hospital to supporting capacity, reducing pressure on inpatient services, and improving patient flow across the health and care system.

Delayed Discharge (Acute and Mental Health)

- Delayed discharges split between NHSGGC and non-NHSGGC residents
- Learning Disability inpatient delays

Rationale

The proposed changes will provide a more meaningful presentation of delayed discharge performance and strengthen understanding of the factors influencing overall performance. Separating delays relating to NHSGGC residents from those relating to individuals who are ordinarily resident out with the Board area will improve visibility of the impact of local improvement actions while also highlighting the effect of non-NHSGGC delays on overall performance.

The inclusion of Learning Disability inpatient delays will provide enhanced assurance regarding a cohort of patients who can experience particularly complex discharge pathways and extended lengths of stay. This will improve oversight of performance and support greater visibility of delays affecting Learning Disability services.

Estates and Facilities

- Recycling rate
- Building emissions
- Central Decontamination Unit non-conformances
- Completion of risk assessment and Authorised Engineer audit actions

Rationale

The proposed measures broaden the assurance available in relation to Estates and Facilities by incorporating indicators linked to sustainability, statutory compliance, risk management, and service quality. They provide greater visibility of performance against key operational and regulatory responsibilities while supporting oversight of organisational commitments relating to environmental sustainability and governance.

Collectively, these measures offer a more balanced and proportionate assessment of Estates and Facilities performance and strengthen the contribution of this section to the overall assurance framework provided by the IPQR.

3.4 People and Staff Governance

No changes are proposed to the Workforce measures. The existing suite of indicators is considered proportionate and continues to provide appropriate assurance to CMT and Board on workforce performance and associated risks.

4. Implementation and Timeline

Subject to approval, the revised measures will be incorporated into the IPQR, with the first updated report presented to CMT and Board in October 2026.

It is proposed that the IPQR measures be formally reviewed on an annual basis, with interim reviews undertaken where required to reflect national directives, changes in organisational priorities, or specific requests from the Board. This will ensure the report remains relevant and continues to provide effective corporate and Board-level assurance.

5. Conclusion

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The revised IPQR measure set provides a broader assessment of organisational performance and strengthens the assurance available to CMT, Standing Committees and Board. Additional measures within Public Health and Estates and Facilities enhance assurance in areas that have been comparatively underrepresented within the existing framework.

The removal of a number of measures with limited assurance value, or which duplicate information reported elsewhere, further streamlines the report and ensures continued focus on the key indicators required to support effective corporate and Board-level scrutiny, oversight, and assurance.