

NHS Greater Glasgow and Clyde	Paper No. 26/137
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 October 2026
Title:	Integrated Performance and Quality Report (August 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 an overview of organisational performance for August 2026, drawing attention to areas of sustained or improving performance, areas where further assurance is required, and the principal actions and controls in place.

One Appendix is included:

- Appendix 1: Integrated Performance and Quality Report - August 2026

2. Executive Summary

The paper can be summarised as follows:

The August IPQR demonstrates a mixed but increasingly comprehensive assurance position. There is credible evidence of sustained or improving performance in a number of important areas, particularly cancer treatment, long waits, diagnostic scopes and CAMHS, alongside positive indicators of clinical quality and some improvement in workforce absence and infrastructure backlogs.

These improvements sit alongside persistent pressures in urgent and unscheduled care, delayed discharge, diagnostic imaging, Psychological Therapies, MSK Physiotherapy, Healthcare Associated Infection, complaints and workforce compliance. Across these areas, appropriate controls and improvement actions are evident, but the reported outcomes do not yet demonstrate improvement at the scale or pace required to provide full assurance.

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The revised IPQR strengthens the Board's line of sight across the organisation by extending reporting beyond established operational measures into population health, system capacity, infrastructure and wider determinants of organisational performance. Future reports will build on this broader baseline, allowing members to assess whether current improvement actions are translating into sustained changes in outcomes and whether emerging risks require further intervention.

Across Key Performance Indicators:

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

Summary of Key Performance Indicators by Committee:

Committee	Green	Amber	Red
Clinical and Care Governance	1	2	3
Population Health and Wellbeing	1	0	0
Finance, Planning and Performance	18	7	10
People and Staff Governance	1	1	2
Total	21	10	15

• Clinical and Care Governance:

The overall quality position remains mixed, with a number of indicators providing assurance alongside areas requiring continued oversight.

Hospital Standardised Mortality Ratio remains below the Scottish average and hand hygiene compliance continues to be maintained at a high level. There has also been progress in the management of Significant Adverse Event Reviews, with more reviews closed than commissioned during August and 68% completed within the 140-working-day timescale. This indicates improving control of the review process, although further improvement in timeliness is required.

Healthcare Associated Infection remains an area of some challenge, with SAB, CDI and ECB rates above target. Patient experience feedback continues to be majority positive, with 65% of Care Opinion stories containing exclusively positive themes. Overall complaints performance, however, reduced to 58%. Stage 1 complaints continue to be managed well, with the principal challenge relating to Stage 2 complaints, where increased volume, complexity and workforce capacity have

contributed to a backlog. Escalation and oversight arrangements are in place, but improvement in the reported position remains to be demonstrated.

- **Population Health and Wellbeing:**

The revised IPQR provides significantly greater visibility of the Board's wider population health responsibilities. New measures include weight management, Alcohol Brief Interventions, smoking cessation, breastfeeding, blood-borne virus treatment and longer-term population health outcomes.

A number of these measures are reported less frequently than monthly and, as they are newly incorporated into the IPQR, further reporting will be required before meaningful trends can be established. Their inclusion nevertheless strengthens the Board's ability to consider organisational performance in the context of prevention, population health and health inequalities, alongside the more established operational and quality measures.

- **Finance, Planning and Performance**

There is evidence of improvement across a number of planned care pathways. Cancer performance remains comparatively strong, with the 31-day standard achieved at 95.1% and 62-day performance improving to 81.2%, ahead of the local trajectory for a fifth consecutive month. Variation remains between tumour groups, particularly within Head and Neck and Urology, and these pathways continue to require oversight.

The inpatient and day-case waiting list reduced during August and the number of patients waiting more than 52 weeks fell to 5,216, below trajectory and substantially lower than a year previously. This provides evidence that recovery activity is having an impact, although activity was marginally below trajectory during the month and some specialty-level pressures remain.

Diagnostic scopes also continue to show improvement, with increased activity and reductions in longer waits. The position for diagnostic imaging is more challenging. Although activity remains high and waits over six weeks reduced slightly, 6,977 patients were waiting more than six weeks compared with a trajectory of 4,617, while waits over 26 weeks increased. Additional capacity and waiting-list validation are mitigating the immediate position, but sustained recovery has not yet been demonstrated.

Urgent and unscheduled care continues to represent one of the most significant areas of operational pressure. Emergency Department attendances are 4.9% above trajectory year to date, while four-hour performance reduced to 68.4% in August 2026. Admissions from ED and average length of stay remained within trajectory and prolonged waits were below the peaks experienced during winter 2025/26. These provide some evidence of improved flow, but the overall position remains below desired levels.

Delayed discharge remains a significant whole-system challenge. Acute delays reduced to 330 patients in August, but 9,851 bed days were lost, 25% above trajectory. Delays affecting patients resident outside NHSGGC continue to contribute disproportionately to the position. Mental Health delayed discharges also reduced from July but remained materially above trajectory, with 91 delayed

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patients and 2,883 bed days lost. A range of improvement actions and controls are in place across the system, but the current position does not yet demonstrate improvement at the scale or pace required.

CAMHS continues to perform strongly against the national access standard, with 99.7% of patients starting treatment within 18 weeks. There has also been improvement in the time between first treatment and second appointments, although this remains an area of focus.

Access to Psychological Therapies and MSK Physiotherapy remains more challenging. Psychological Therapies performance reduced to 86.2% against the 90% standard, while 36% of MSK Physiotherapy patients were seen within four weeks. Additional capacity and improvement actions are in place, but sustained improvement in routine access remains to be demonstrated.

The expanded Estates and Facilities section provides greater visibility of infrastructure, compliance and environmental performance. Maintenance backlogs remain above the desired level but have reduced materially from their peaks in late 2025. Risk-based prioritisation continues to ensure that patient safety, statutory compliance and critical infrastructure issues are addressed first, while decontamination non-conformance remains consistently low.

- **People and Staff Governance**

The workforce position shows some improvement, although sickness absence, completion of PDP&R and mandatory continue to require a degree of focus.

Overall workforce absence reduced to 22% and returned within the 24% trajectory. Sickness absence also reduced slightly to 7.2%, but remains above local expectations across most business areas, with long-term absence continuing to be a significant contributor.

Mandatory training and PDPR compliance remain below trajectory. Attendance improvement plans and strengthened workforce assurance arrangements provide increased oversight, but sustained improvement across sickness absence and compliance measures remains necessary.

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 August 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:

- | | |
|------------------------------------|------------------------|
| • Improve Outcomes for People | <u>Positive</u> Impact |
| • Health Quality Care & Experience | <u>Positive</u> Impact |
| • Digital First Approach | <u>Positive</u> Impact |
| • Sustainability and Value | <u>Positive</u> Impact |
| • Supported Workforce | <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 NHSGGC systems and with input from a variety of service areas.

7. Governance Route

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

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

8. Date Prepared & Issued

Paper prepared on: 8 October 2026

Paper issued on: 21 October 2026

Integrated Performance and Quality Report (IPQR)



Reporting Month:
August 2026

Committee Pathway:
CMT: 12 October 2026
NHSGGC Board: 29 October 2026



Lead Committee	Measure(s)	Page ▲
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August 2026 presents a mixed assurance position. Of the 46 key performance indicators with agreed trajectories or tolerances, 21 are rated Green, 10 Amber and 15 Red. There is evidence of sustained or improving performance across a number of areas, including cancer treatment, reductions in long inpatient and day-case waits, CAMHS access, diagnostic scopes activity and elements of workforce and Estates and Facilities performance. However, significant and sustained pressures remain across urgent and unscheduled care, delayed discharge, diagnostic imaging, Psychological Therapies, MSK Physiotherapy, infection prevention, complaints handling and workforce compliance.

This is the first IPQR incorporating the Board-approved revised measure set, broadening the assurance available to the Board across Public Health, Virtual Hospital and system capacity, prolonged Emergency Department waits, delayed discharge, and Estates and Facilities. As the range of measures has changed, the aggregate RAG position is not directly comparable with previous months on a fully like-for-like basis.

Clinical and Care Governance Committee

Clinical quality indicators provide a mixed assurance picture. Hospital Standardised Mortality Ratio remains below the Scottish average and hand hygiene compliance remains consistently high. More Significant Adverse Event Reviews were closed than commissioned during August, and 68% were completed within the 140-working-day timescale. This reflects strengthened oversight and improved control of the review process, although further improvement in timeliness remains necessary.

Healthcare Associated Infection remains an area requiring continued assurance, with SAB, CDI and ECB rates above target. Patient experience feedback remains majority positive, with 65% of Care Opinion stories reflecting exclusively positive themes; however, overall complaints performance reduced to 58%. Stage 1 timeliness remains a sustained strength, with the principal pressure relating to Stage 2 complaints, where increased volume, complexity and workforce capacity have contributed to a backlog. Existing escalation and reporting arrangements provide visibility and control, but recovery in performance remains to be evidenced.

Population Health and Wellbeing Committee

The revised IPQR significantly strengthens the assurance available to the Committee and Board on population health. Additional measures now provide visibility of weight management, Alcohol Brief Interventions, smoking cessation, breastfeeding, blood-borne virus treatment and longer-term population health outcomes.

As several of these measures are newly incorporated into the IPQR and are reported across different publication cycles, further reporting will be required to establish trends and provide a clearer assessment of sustained performance. Their inclusion nevertheless represents an important development in providing a more balanced view of organisational performance, extending beyond operational delivery to the Board's wider responsibilities for improving population health and reducing health inequalities.

Finance, Planning and Performance Committee

Cancer performance remains a relative strength. Performance against the 31-day standard was 95.1%, meeting the national target, while 62-day performance increased to 81.2% and remained ahead of the local trajectory for a fifth consecutive month. This represents sustained improvement, although performance continues to vary between tumour groups, with particular challenges in Head and Neck and Urology pathways. The reduction in long-waiting Urology patients provides further evidence of progress, but the residual backlog and continued pathway variation require ongoing oversight.

Treatment Time Guarantee performance has also improved. The overall inpatient and day-case waiting list reduced during August and the number waiting more than 52 weeks fell to 5,216, below trajectory and substantially lower than the position a year earlier. This provides assurance that recovery activity is having an impact, although monthly activity was marginally below trajectory and some specialty-level pressures persist, particularly within ENT, General Surgery, Ophthalmology and Urology.

Diagnostic scopes performance shows sustained improvement, with increased activity, reduced waits over six weeks and substantially fewer patients waiting more than 26 and 52 weeks than a year previously. The position for diagnostic imaging is more challenged. While activity remains high and waits over six weeks reduced slightly, 6,977 patients were waiting more than six weeks against a trajectory of 4,617, and waits over 26 weeks increased. Additional capacity and waiting-list validation are mitigating current pressures, but sustained recovery has not yet been demonstrated.

Urgent and unscheduled care remains under significant pressure. Emergency Department attendances were 4.9% above trajectory year to date and four-hour performance reduced to 68.4%, below the local trajectory and substantially below the national standard. Admissions from ED and average length of stay were within trajectory, while the numbers waiting more than eight and 12 hours were lower than the winter 2025/26 peaks. This provides some evidence of improvement in the severity of long waits, but the overall level of demand and current four-hour performance do not yet provide sufficient assurance.

The new Virtual Hospital measures improve visibility of utilisation and system capacity, with expanding alternatives to inpatient care through Hospital at Home, OPAT, Patch and Go, E-Triage and other interface pathways. Future reporting should increasingly demonstrate the impact of these services on admissions, occupancy, patient flow and Emergency Department performance.

Delayed discharge remains a major whole-system risk. Acute delays reduced to 330 patients in August, but 9,851 bed days were lost, 25% above trajectory. Delays affecting non-NHSGGC residents remain disproportionately high and are influenced by cross-boundary capacity and repatriation arrangements. Mental Health delays also improved from July but remained materially above trajectory, with 91 delayed discharges and 2,883 bed days lost. A range of controls and improvement actions are in place, but the current position does not yet provide assurance that these are delivering the required scale or pace of improvement.

CAMHS continues to provide strong assurance against the national referral-to-treatment standard, with 99.7% of patients starting treatment within 18 weeks. The position beyond first treatment remains more challenging, although additional investment and clinical oversight are contributing to a substantial reduction in the median time between first treatment and second appointment.

Psychological Therapies performance reduced to 86.2% against the 90% standard, despite year-to-date activity being higher than the previous year. MSK Physiotherapy also remained below trajectory, with 36% of patients seen within four weeks. Urgent MSK referrals continue to be seen within four weeks and additional staff have been recruited, but routine access and the increasing waiting list remain areas requiring close monitoring.

The expanded Estates and Facilities measures provide greater visibility of infrastructure and compliance risk. Maintenance backlogs remain above the desired level but have reduced materially from their peaks in late 2025. Risk-based prioritisation provides assurance that patient safety, statutory compliance and critical infrastructure issues are addressed first. Decontamination non-conformance remains consistently low, supporting patient safety, infection prevention and the uninterrupted delivery of clinical services.

People and Staff Governance Committee

The workforce position provides some evidence of improvement but remains an area requiring continued assurance. Overall workforce absence reduced to 22% and returned within the 24% trajectory. Sickness absence also improved slightly to 7.2%, but remains above local expectations across most business areas and continues to be driven by long-term absence. Mandatory training and PDPR compliance remain below trajectory. Attendance improvement plans and strengthened workforce assurance arrangements provide greater oversight of the position, but sustained improvement in sickness absence and compliance is still required.

Conclusion

Overall, the August IPQR demonstrates credible improvement across a number of important areas alongside persistent system pressures where the current level or pace of improvement does not yet provide sufficient assurance. The revised measure set strengthens the Board’s line of sight across operational performance, quality, population health, workforce and infrastructure, and provides a broader basis from which to assess whether improvement actions are translating into sustained outcomes.

Population Health and Wellbeing Committee

Life Expectancy (years)
at Birth - Females

80.3

2024

Life Expectancy (years)
at Birth - Males

76.0

2024

Healthy Life Expectancy
(years) at Birth -
Females

57.60

2024

Healthy Life Expectancy
(years) at Birth - Males

57.30

2024

Alcohol and Drugs - %
starting treatment within
3 weeks

94.6%

Trajectory: 90%
June 2026

Vaccinations - Seasonal
Programme

6,601

13 September 2026

Clinical and Care Governance Committee

Hospital Standardised
Mortality Ratio

0.99

March 2026

Healthcare Acquired
Infections - Escherichia
Coli Bacteraemia (ECB)

58

Trajectory: 51
August 2026

Healthcare Acquired
Infections -
Clostridioides Difficile In...

22

Trajectory: 21
August 2026

Healthcare Acquired
Infections - Staphylococcus
Aureus Bacteraemia (SAB)

43

Trajectory: 26
August 2026

Hand Hygiene
Compliance Rate

95%

August 2026

SAERs Commissioned

19

August 2026

SAERs Closed within 140
Working Days

68.18%

August 2026

Stage 1 Complaints
Received

226

August 2026

Stage 1 Complaints
Closed Within 5 Working
Days

70%

Trajectory: 70%
August 2026

Stage 2 Complaints
Received

411

August 2026

Stage 2 Complaints Closed
Within 20 Working Days

41%

Trajectory: 70%
August 2026

Overall Complaints
Closed Within Timescale

58%

Trajectory: 70%
August 2026

Care Opinion Stories

416

August 2026

Percentage of Care
Opinion Stories With
Positive Themes

65%

August 2026

Finance, Planning and Performance Committee

New Outpatient Referrals
(Year to Date)

182,422

August 2026

Outpatient Activity

25,380

Trajectory (Provisional): 24,892
August 2026

Outpatient Activity (Year to Date)

122,161

Trajectory (Provisional): 120,649
August 2026

Total Outpatient Waiting List

143,608

August 2026

Outpatient Waits >78 Weeks

0

Trajectory: 0
August 2026

Outpatient Waits >52 weeks

136

Trajectory: 0
August 2026

Diagnostic Scopes Activity

3,020

Trajectory (Provisional): 2,793
August 2026

Diagnostic Scopes Activity (Year to Date)

13,550

Trajectory (Provisional): 13,124
August 2026

Diagnostic Scopes >6 week waits

2,591

Trajectory: 5,137
August 2026

Scopes >26 week waits

949

August 2026

Scopes >52 week waits

339

August 2026

Scopes - Total Waiting List

6,211

August 2026

Imaging Activity

14,753

August 2026

Imaging Activity (Year to Date)

72,649

August 2026

Imaging >6 Week Waits

6,977

Trajectory: 4,617
August 2026

Imaging >26 Week Waits

62

Trajectory: 0
August 2026

Imaging All Waits

23,826

Trajectory: 18,410
August 2026

TTG Inpatient and Daycase - Activity

5,934

Trajectory: 6,149
August 2026

Finance, Planning and Performance Committee

TTG Inpatient and Daycase - Activity (Year to Date)

30,480
Trajectory: 30,287
August 2026

TTG Inpatient and Daycase Waits >52 weeks

5,216
Trajectory: 5,708
August 2026

TTG Inpatient and Daycase Waits >78 weeks

1,441
August 2026

TTG Inpatient and Daycase Waits >104 weeks

343
August 2026

TTG Inpatient and Daycase- Total Waiting List

43,198
August 2026

Cancer - 62 Day Target

81.2%
Trajectory: 80%
August 2026

Cancer - 31 Day Target

95.1%
Trajectory: 95%
August 2026

Urgent Suspicion of Cancer Referrals (Year to Date)

32,276
August 2026

Cancer Activity (31 day pathway, Year to Date)

3,011
August 2026

Cancer Activity (62 day pathway, Year to Date)

1,979
August 2026

CAMHS - % starting treatment within 18 weeks

99.7%
Trajectory: 90%
August 2026

Psychological Therapies - % starting treatment within 18 weeks

86.2%
Trajectory: 90%
August 2026

MSK Physio - Patients Seen within 4 weeks

36%
Trajectory: 41%
August 2026

MSK Physio - Average Wait (Weeks)

8.4
Trajectory: 9.4
August 2026

Podiatry - Patients Seen within 4 weeks

95%
Trajectory: 90%
August 2026

ED Attendances (Year to Date)

183,309
Trajectory: 174,698
August 2026

Admissions from ED (Year to Date)

58,192
Trajectory: 59,511
August 2026

Average Length of Stay (Emergency Admissions)

7.60
Trajectory: 7.60
August 2026

ED 4hr Target

68.40%
Trajectory: 73%
August 2026

Delayed Discharges per 100k of population

43.57
Trajectory: 34.6
August 2026

Acute Patients in Delay

330
Trajectory: 305
August 2026

GGC Residents - Acute Patients in Delay

256
Trajectory: 261
August 2026

Non-GGC Residents - Acute Patients in Delay

74
Trajectory: 44
August 2026

Acute Bed Days Lost to Delay

9,851
Trajectory: 7,889
August 2026

Finance, Planning and Performance Committee

GGC Residents - Acute
Bed Days Lost

7,577
Trajectory: 6,751
August 2026

Non-GGC Residents -
Acute Bed Days Lost

2,274
Trajectory: 1,138
August 2026

Mental Health Patients in
Delay

91
Trajectory: 58
August 2026

Mental Health Bed Days
Lost to Delay

2,883
Trajectory: 1,857
August 2026

GP 00H Shift Fill Rate

100%
Trajectory: 90%
August 2026

GP List Closures

7
August 2026

Planned Maintenance
Completed

75%
August 2026

Planned Maintenance
Outstanding at Month End

1,131
August 2026

Reactive Maintenance
Completed

43%
August 2026

Reactive Maintenance
Outstanding at Month End

3,430
August 2026

Decontamination Unit -
Trays Processed

32,571
August 2026

Decontamination Unit
Non-Conformance Rate

0.16%
Trajectory: 1.00%
August 2026

Audit and Risk Committee

FOIs Received

146
July 2026

FOIs Responded to Within
20 Working Days

81.51%
July 2026

People and Staff Governance Committee

Total Absence (All
Absence Types)

22.00%
Trajectory: 24.00%
August 2026

Total Sickness Absence

7.20%
Trajectory: 6.0%
August 2026

KSF PDP&R
Conversations Recorded
on Turas

70.0%
Trajectory: 80%
August 2026

Completion of Statutory
& Mandatory Training

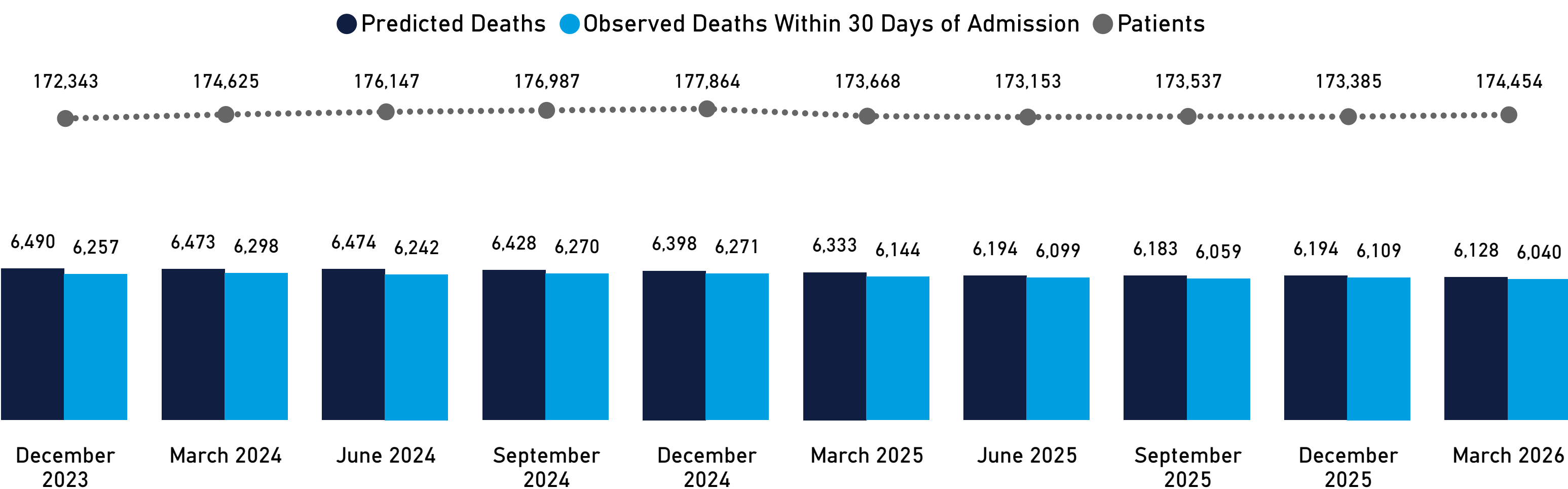
86.5%
Trajectory: 90%
August 2026

Standardised Mortality Rate/Crude Mortality within 30 Days of Admission



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

Predicted and Observed Deaths Within 30 Days of Admission



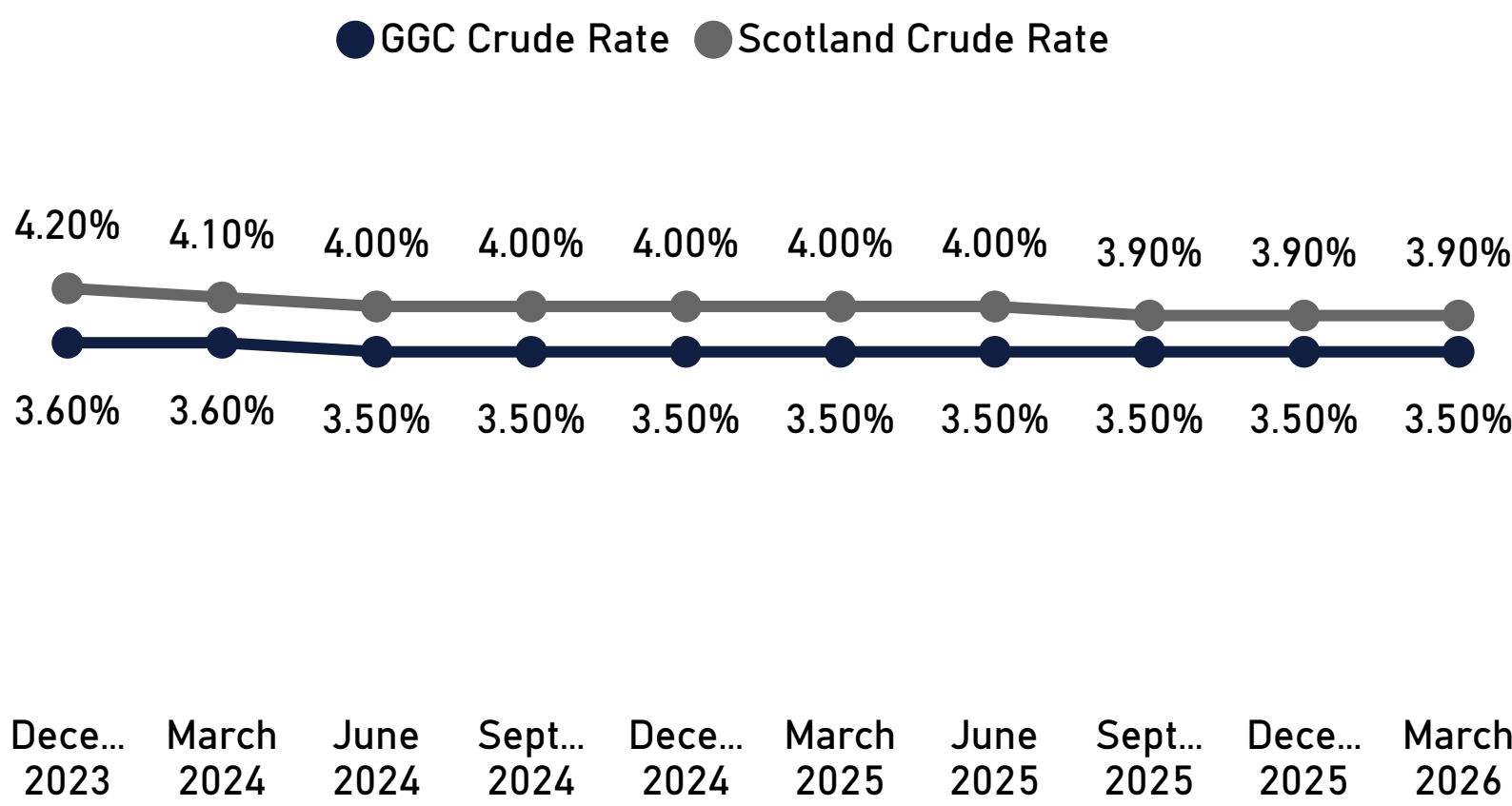
The main purpose of HSMR is to compare hospitals/health boards to the Scottish average. The Scottish HSMR has a baseline of 1.0 and individual hospitals and health boards can be compared against this.

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 point in time.

Crude mortality is the preferred method to monitor changes over time.

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



Hospital Standardised Mortality Ratio (Most Recent Publication)

April 2025 - March 2026

Board / Hospital	HSMR / SMR	Number of Patients	Number of Observed Deaths
NHSGGC	0.99	174,454	6,040
QEUH	0.95	72,002	2,747
GRI	0.97	45,037	1,471
RAH / VoL	1.05	27,281	1,298
IRH	1.02	10,782	500

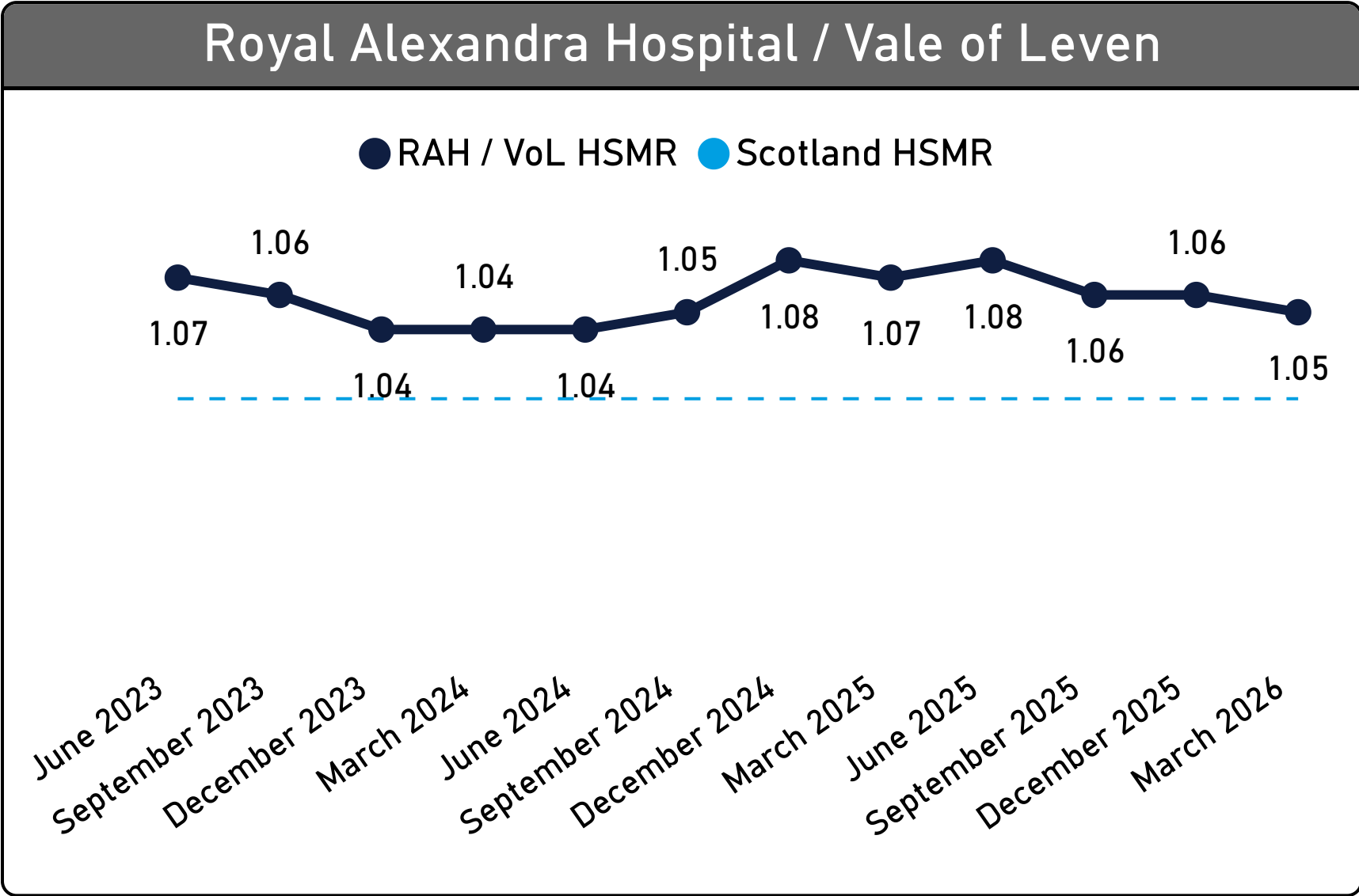
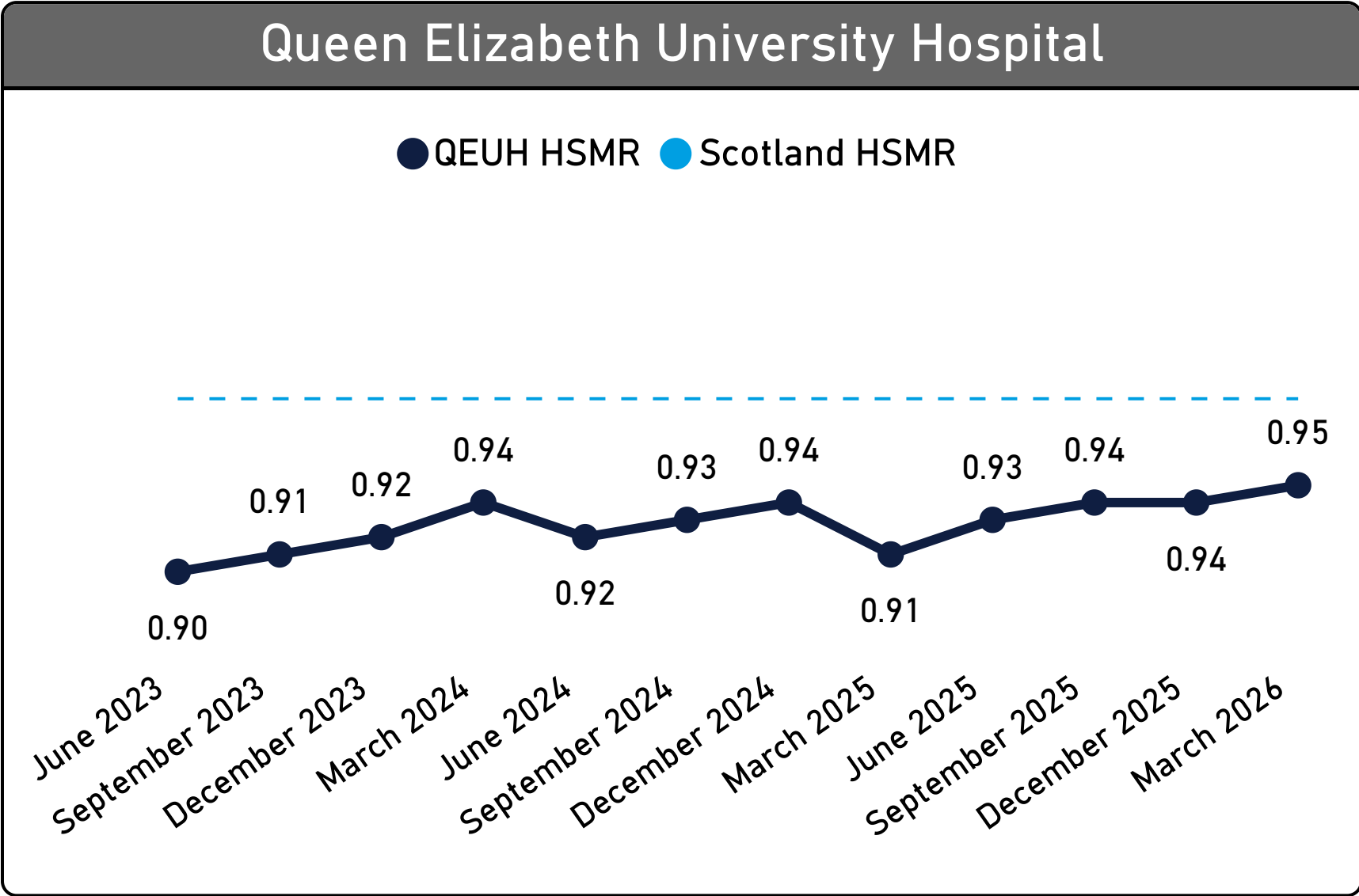
GGC SMR
NHSGGC Standardised Mortality Ratio (SMR) at March 2026 was 0.99, which is below the national average.

GGC Crude Mortality
The NHSGGC Crude Mortality rate at March 2026 is 3.5% for the latest 12 month reporting period, and has remained unchanged since June 2024.

The next HSMR release is expected in Autumn 2026.

Hospital Standardised Mortality Ratio by Site

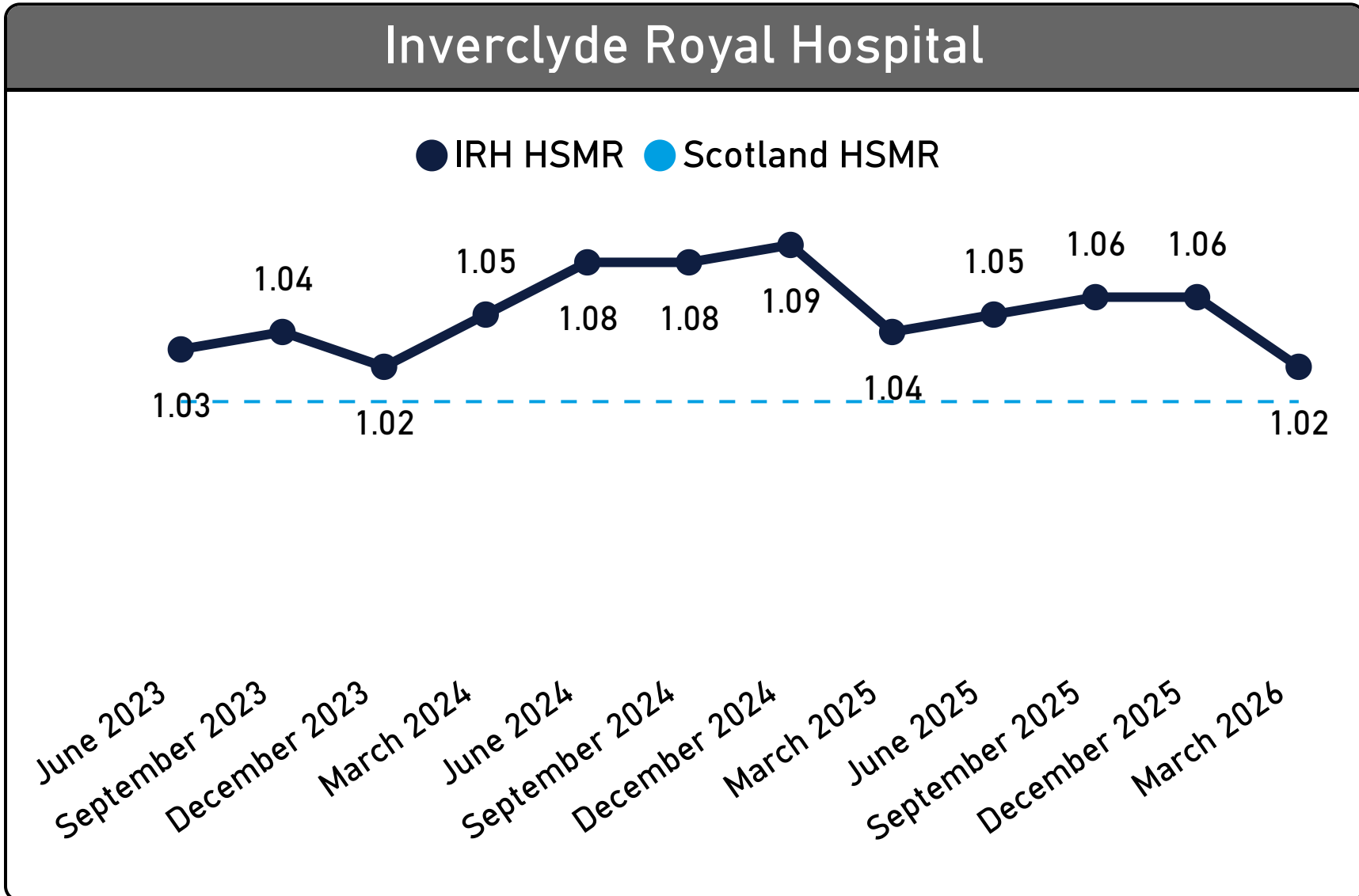
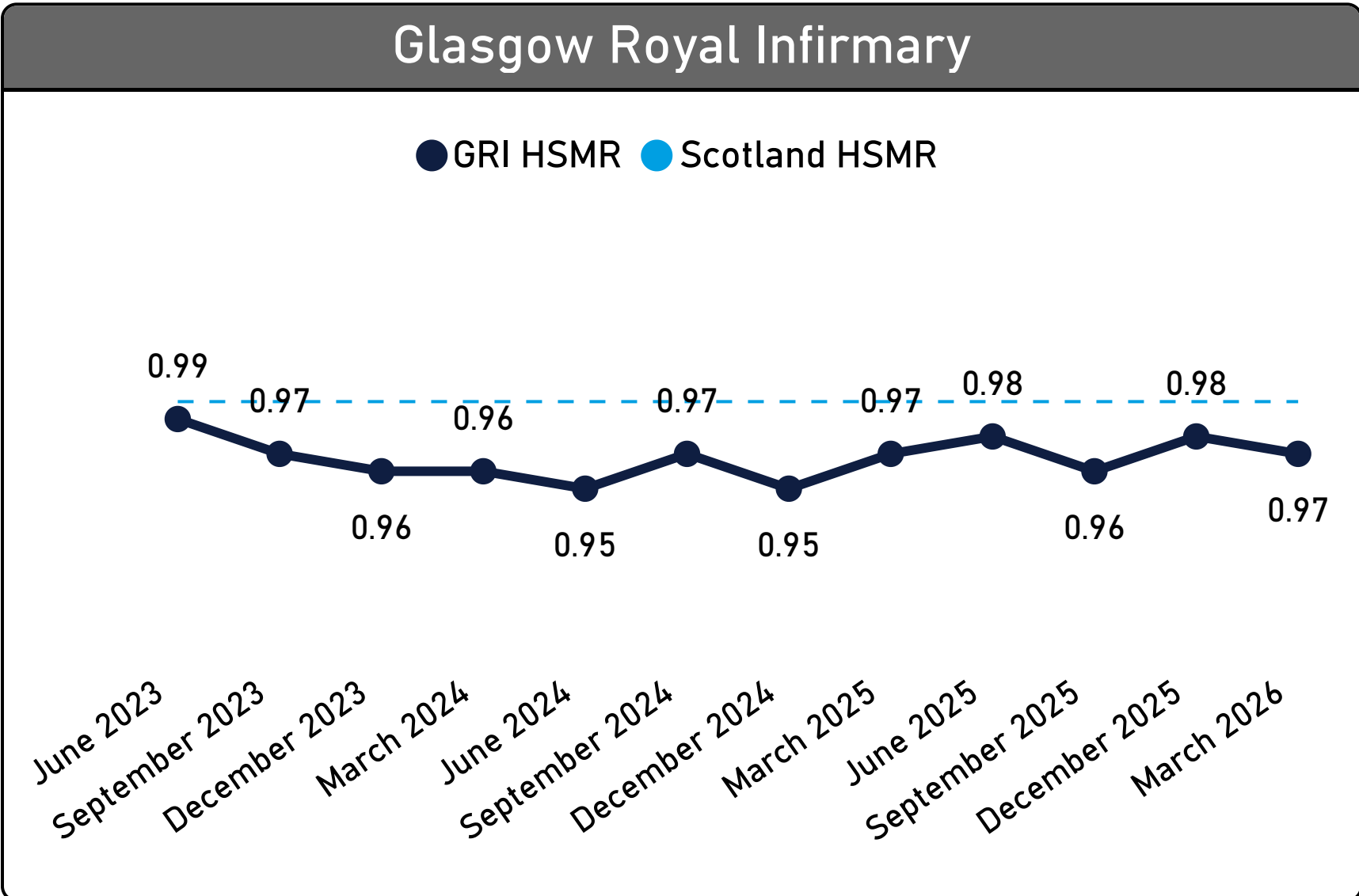
Lead Director – Medical Director
Lead Committee – Clinical and Care Governance



There has been no substantial change in the data. HSMR remains stable across NHSGGC. All hospitals are within control limits, although Clyde sites remain above the Scottish average.

There has been discussion regarding the drivers for this position across Clyde over many years, with repeated interrogation of the data, and targeted actions based on the findings since late 2021. In addition, we have engaged with PHS for their insights though no additional actions have been suggested.

It is felt that the main drivers for the sustained position are related to the evolution of clinical pathways across Clyde: the RAH has become a 'hotter' site, with less elective activity on site and transfer of patients who may require escalation to Critical care from both Vale and IRH to RAH as the site of Clyde ICU.



In addition, SMR submission rate has decreased compared to other the acute sites, with proactive admission avoidance and discharging in Medical and Surgical assessment areas; assessment units and ED do not submit SMR codes, meaning that zero day admissions are not included in mortality data.

Clyde's HSMR group remains active. A recently completed case-note review is informing its workplan, alongside ongoing data monitoring to identify trends and target improvement. The current focus remains on TEP utilisation, and deteriorating patient identification.

NHSGGC Senior Leadership Team has reviewed Clyde's data and patient pathways with Public Health Scotland. PHS has also completed their review of the model for calculating HSMR, making minor changes that are unlikely to significantly affect the outcome data.

Healthcare Associated Infections and Hand Hygiene Compliance

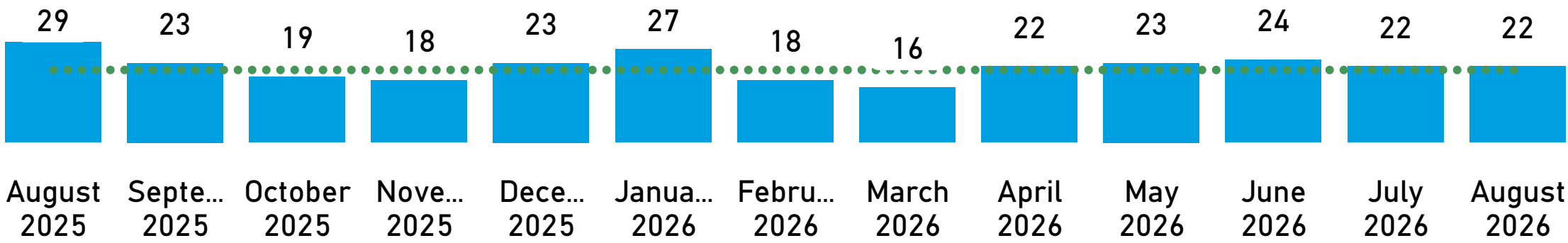
Lead Director - Director of Nursing
Lead Committee - Clinical and Care Governance



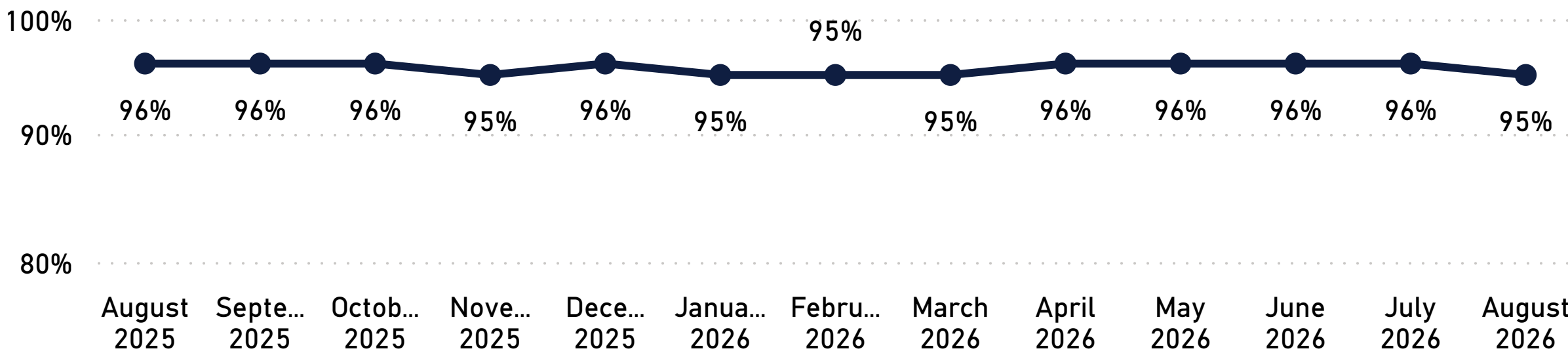
Clostridioides Difficile Infections (CDIs)

Target = 21

● CDI Infections ● Target (21)

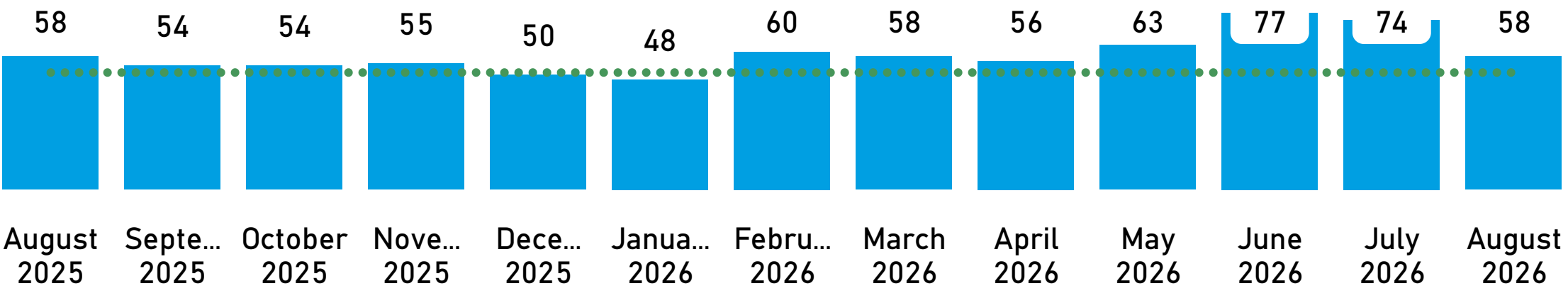


Hand Hygiene Compliance Rate



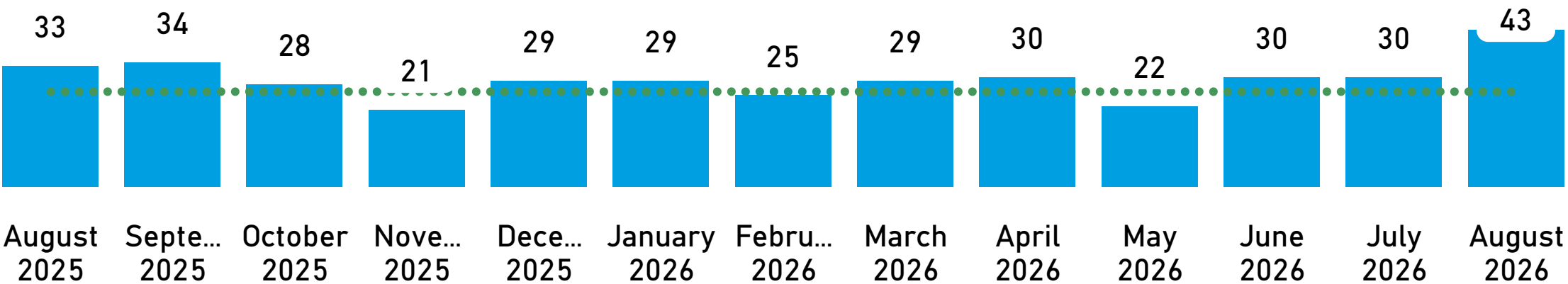
Escherichia Coli Bacteraemia (ECB)

● ECB Infections ● Target (51)



Staphylococcus Aureus Bacteraemia (SAB)

● SAB Infections ● Target (26)



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 - NHSGGC remains below the national average, compares favourably with other boards, and has had no data exceedance* for several years. IPCT reviews every case and notes seasonal variation. However, CDI has been above target in nine of the past 13 months, including the last five months. August 2026 remained above target, although cases were unchanged from July.

ECB - NHSGGC remains below the national average, compares favourably with other boards, and has had no data exceedance for several years. Infections were above target in August and in 11 of the past 13 months. Ward-level bacteraemia entry-point data is available in MicroStrategy to support real-time clinical review and local improvement. Prevention remains challenging due to the range of possible infection sources. IPC focus is on reducing ECB associated with urinary catheters.

SAB - Infections were above target in August 2026 and higher than July. No SAB data exceedances have been reported for several years. IPC continues to support local improvement through the Quality Improvement Network and sector SAB groups, using shared learning to reduce SAB burden.

Hand hygiene compliance has remained stable at 95%-96% over the past year. Approximately 350 audits are completed monthly, with additional audits undertaken during incidents and outbreaks.

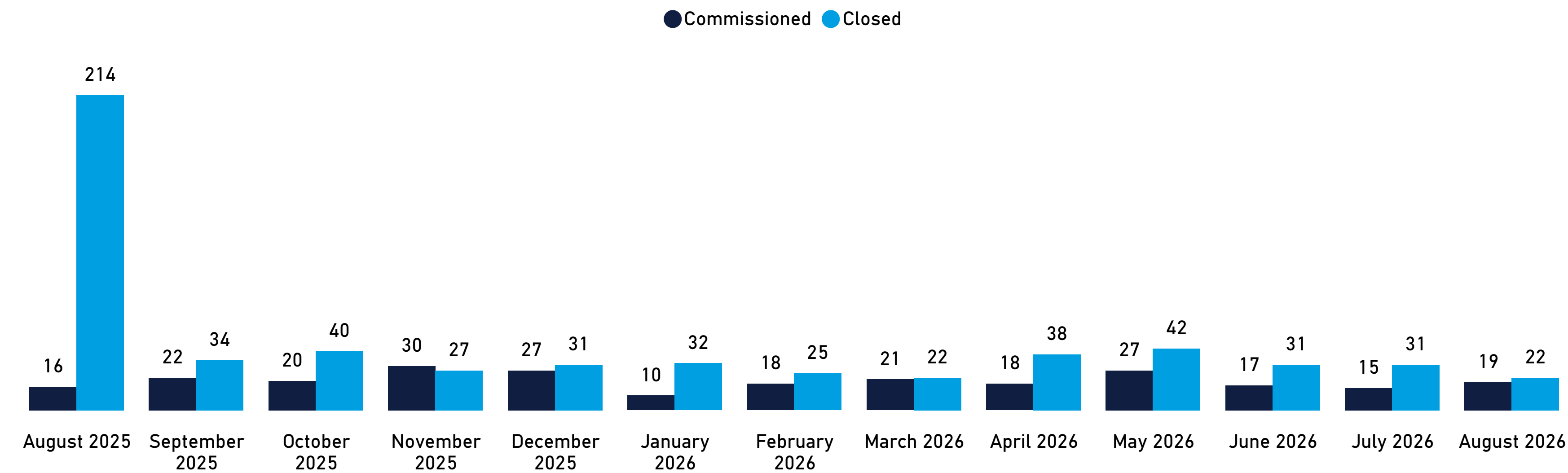
*Data exceedances are reported in the [Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland](#).

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
August 2025	4	1.87%
September 2025	0	0.00%
October 2025	8	20.00%
November 2025	3	11.11%
December 2025	3	9.68%
January 2026	8	25.00%
February 2026	3	12.00%
March 2026	3	13.64%
April 2026	13	34.21%
May 2026	14	33.33%
June 2026	12	38.71%
July 2026	22	70.97%
August 2026	15	68.18%

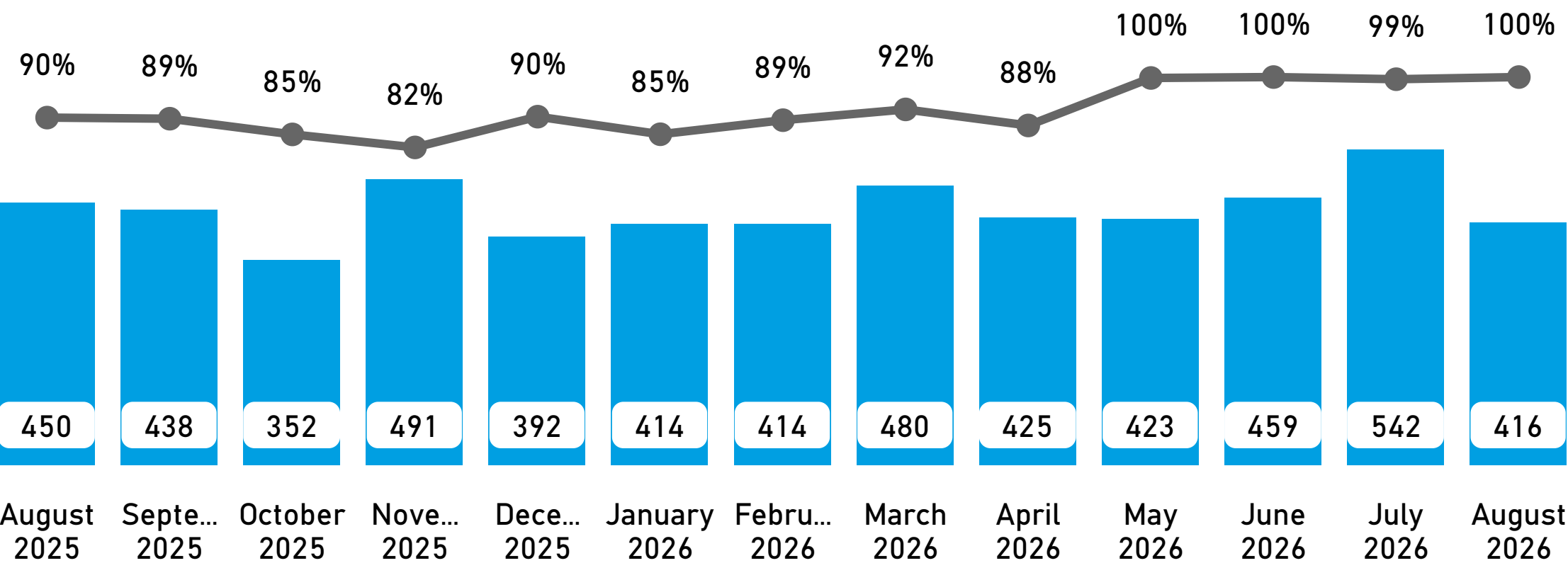
The number of SAERs commissioned per month varied only slightly throughout the year within a narrow range. A significantly higher number of SAERs were closed in August 2025 due to focused action to clear backlogs, and numbers have remained consistent since. In August 2026, in keeping with the pattern from recent months, more SAERs were closed than commissioned. 68.18% of SAERs closed in August were within the target 140 working day timescale, slightly lower than the previous month but a significant increase on previous months.

Current SAER flow data shows commissioned and closed reviews are broadly balanced, with capacity therefore required for closing overdue reviews and managing current workload. Significant progress has been made since July 2025 in reducing overdue SAERs, with KPI data showing improvement in the duration of the SAER process, and the number/ percentage of SAERs completed within 140 working days.

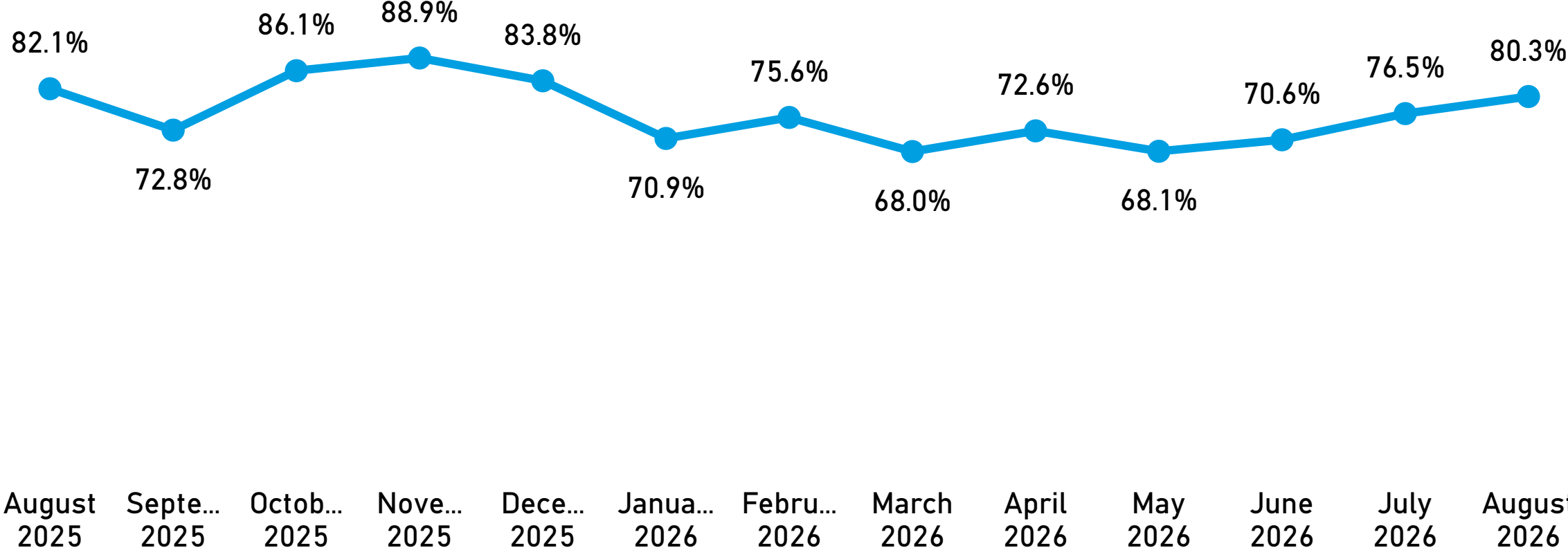
Services remain committed to achieving a position of no overdue SAERs by the end of October by increasing closure activity, and prioritising overdue reviews and those at risk of breach. Oversight has been strengthened through the live Datix dashboard, Local Adverse Event Oversight Groups and fortnightly Corporate Adverse Event Oversight Group meetings. There is also ongoing work to streamline the SAER process and improve efficiency, build review capacity, and address complex cases requiring multi agency investigation.

Care Opinion Stories Received and Responded To

● Total Stories ● %age of Stories Responded To

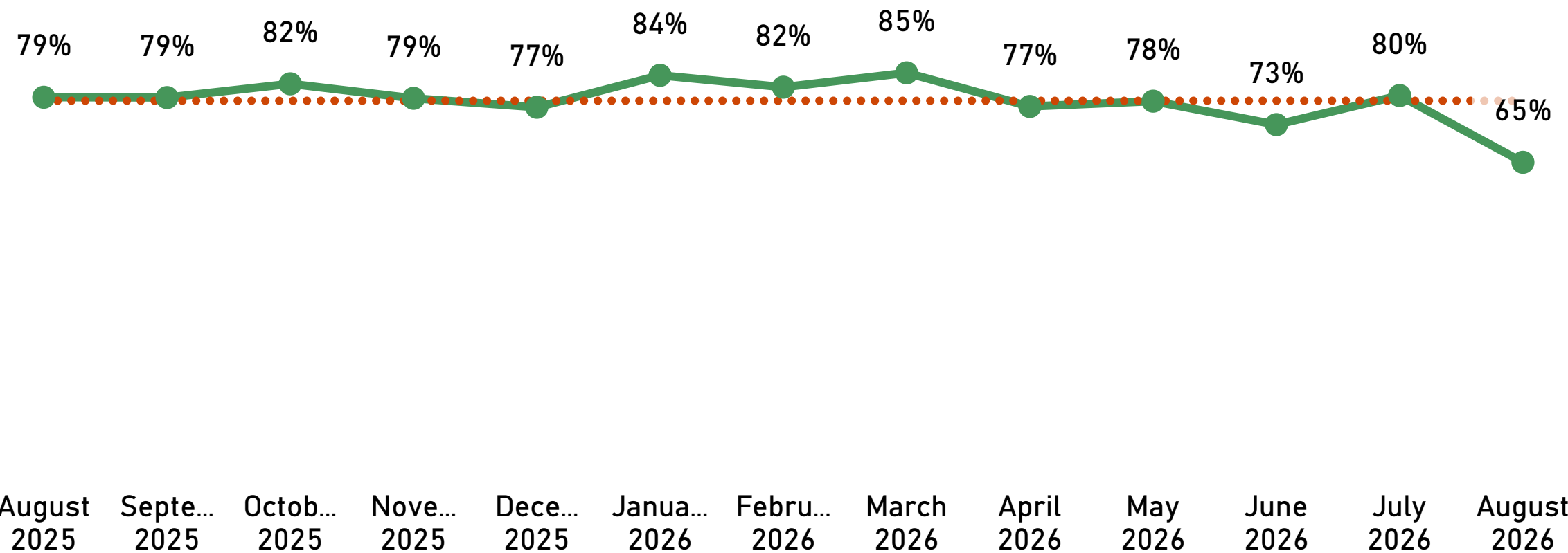


Stories Responded to Within 7 Days



Care Opinion Stories With Exclusively Positive Themes

● Percentage of all Stories ● Average Over Period - 78.56%



Response performance remains a key strength. 100% of stories posted on Care Opinion in August 2026 received a response, in keeping with most recent months. The proportion of responses sent within seven days has increased to 80.3%, from 76.5% in the previous month.

The Board works to a seven-day maximum response window prior to escalation, with an ideal response within three days. The five-day stretch measure previously reported has made limited impact on timescales for responses, as such the core seven day measure is reinstated, with other targeted action in place to work with specific teams consistently falling short of this measure.

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

Breakdown by Hospital Site

Hospital Site	GRI			IRH			Other sites			QEUH			RAH			RHC		
Month	Stories	Positive Themes	% Within 7 days	Stories	Positive Themes	% Within 7 days	Stories	Positive Themes	% Within 7 days	Stories	Positive Themes	% Within 7 days	Stories	Positive Themes	% Within 7 days	Stories	Positive Themes	% Within 7 days
August 2025	36	64%	81.82%	19	77%	84.62%	177	102%	77.74%	103	68%	91.55%	63	67%	95.24%	52	97%	63.16%
September 2025	39	69%	76.92%	24	95%	76.47%	185	94%	79.36%	95	78%	67.69%	52	75%	78.95%	43	86%	41.94%
October 2025	38	84%	91.67%	9	71%	75.00%	146	109%	87.17%	78	74%	83.33%	46	76%	79.31%	35	90%	92.59%
November 2025	41	70%	85.71%	12	67%	100.00%	183	98%	85.94%	102	76%	88.33%	84	81%	92.00%	69	79%	92.98%
December 2025	32	62%	80.95%	12	55%	77.78%	159	92%	90.37%	86	79%	84.21%	60	74%	82.98%	43	86%	70.00%
January 2026	31	84%	81.25%	18	75%	91.67%	159	102%	71.59%	92	77%	59.65%	62	87%	65.79%	52	92%	84.85%
February 2026	33	79%	75.00%	22	85%	75.00%	150	103%	76.40%	78	78%	67.27%	102	76%	82.14%	29	93%	73.08%
March 2026	34	69%	68.18%	21	100%	56.25%	198	97%	73.64%	99	79%	72.88%	72	90%	50.91%	56	88%	65.00%
April 2026	39	61%	65.22%	5	60%	75.00%	165	93%	73.44%	108	81%	69.12%	63	73%	83.33%	45	83%	68.97%
May 2026	39	66%	61.29%	16	100%	100.00%	187	98%	64.25%	93	70%	75.00%	46	71%	60.00%	42	81%	72.41%
June 2026	49	67%	67.86%	29	96%	100.00%	182	95%	68.56%	92	66%	64.06%	83	69%	71.43%	24	75%	78.95%
July 2026	39	69%	76.67%	17	86%	71.43%	225	98%	79.10%	140	72%	69.62%	68	76%	78.00%	53	82%	83.33%
August 2026	49	54%	76.74%	20	94%	70.00%	148	82%	88.34%	91	78%	68.66%	73	63%	83.93%	35	38%	80.00%

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

Glasgow Royal Infirmary - Stroke Care Wards

Following discharge from Ward 53, I was moved to the care of Ward 36 under the leadership of Ward Manager Claire. I didn't have a great start to my stay - owing to poor management of flow by bed managers - but this was quickly resolved thanks to Claire. Lead Nurse Ann was quick to come and support her team to resolve the issue, and made sure I was made comfortable and supported me to feel less anxious, during a scary episode. Dr Iqbal was also incredibly helpful in easing my anxiety, and working with wider colleagues to ensure a cohesive care plan was enacted as quickly as possible. I am truly grateful for this support. SNs Claire, Pauline and Nicola demonstrated amazing patient centred care. All whilst supporting student nurses, and keeping the plates spinning. Additionally, all of the HSCWs...were just incredible, not just with me but all of the patients in my bay. Their personable and humorous approach really did lift the spirits of the patients in their care. And I won't forget Porter Willy who took me for my MRI, and was the same face waiting to greet me on the way back up. Under incredible pressure and demand, the team on Ward 36 are doing an amazing job. I can't thank you all enough for looking after me, and getting me home safely

Royal Alexandra Hospital - Orthopaedics

The standard of care throughout, particularly from nursing staff and auxiliaries at the RAH in Paisley, was exceptional. Staff in ward 21 were kind, compassionate and work so hard. They are the best of us and I think they all deserve a pay rise. Only minor frustration was needing to wait for doctors to sign off on care plans - I nearly had an extra night in hospital unnecessarily because of this. Nurses should be allowed to make some care planning decisions.

Royal Hospital for Children - Orthotics

My daughter has had the best care over the last 5 years with Mr Fitzpatrick. She has also had very good care in the orthotics department (adam). Everyone made our daughter feel included, heard and have a choice. A great example of consider the rights of the child and family. There could be better information regarding parking for families when attending as this usually is stressful and we have had parking tickets, we were unaware p2 level 1 was the designated area.

Queen Elizabeth University Hospital - General Surgery

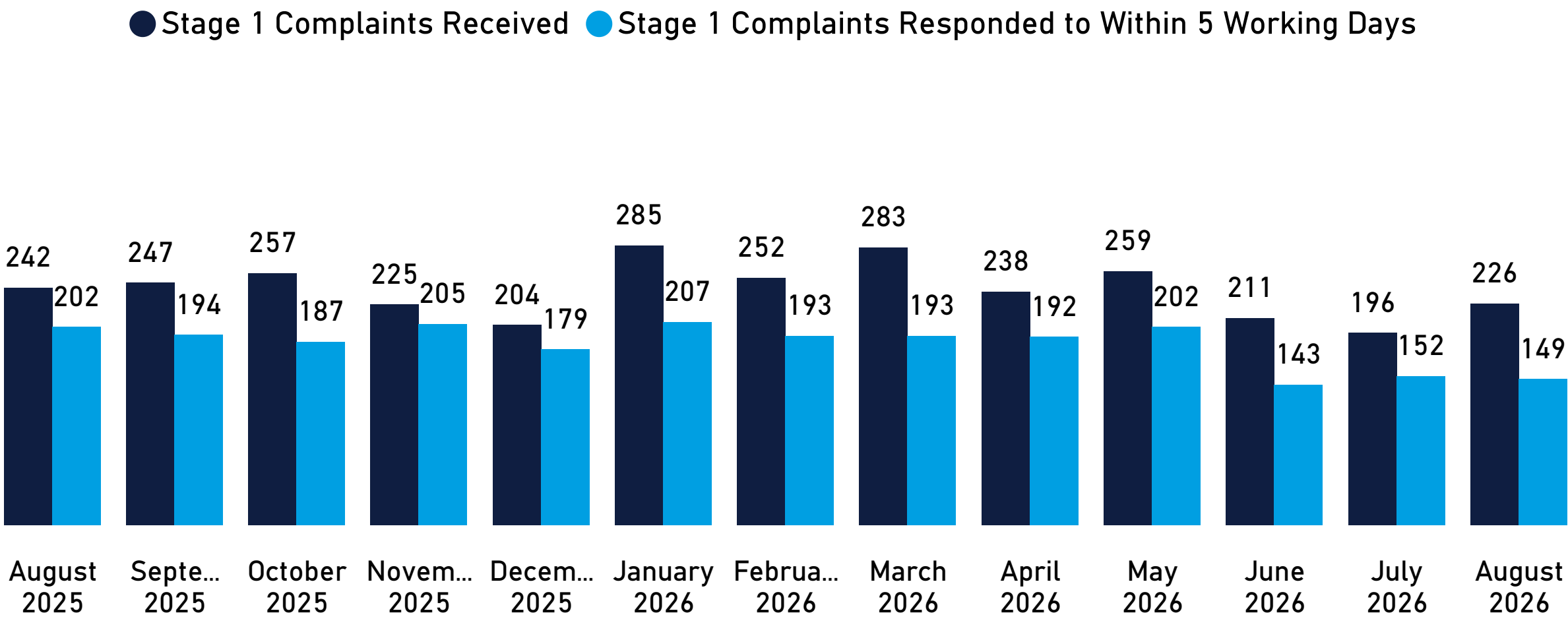
I went in to a&e at 11pm with appendicitis on Tuesday night and was given a bed in a bay at around 4am after being a chair all that time. I was moved to my own room in a ward at around 9am which was much better. Told my partner and son to visit me there after school/work. They arrived at around 4.30 but I had been taken down to surgery. I had to wait for another 2 hours downstairs but couldn't see them as they weren't allowed in recovery. After I came round from surgery I was told that my things had been brought down and I no longer had a bed upstairs. I had to stay in recovery over night after surgery. Not because I was unwell, the bed managers had decided there was no space for me. This was stressful and upsetting after surgery and meant nobody could visit me. It was noisy, bright and busy overnight. Staff were amazing but clearly not enough of them and nurses having to fill in for porters etc. there were no porters available to take me up to see my family or back up after my ct scan and I had to wait nearly an hour

Complaints

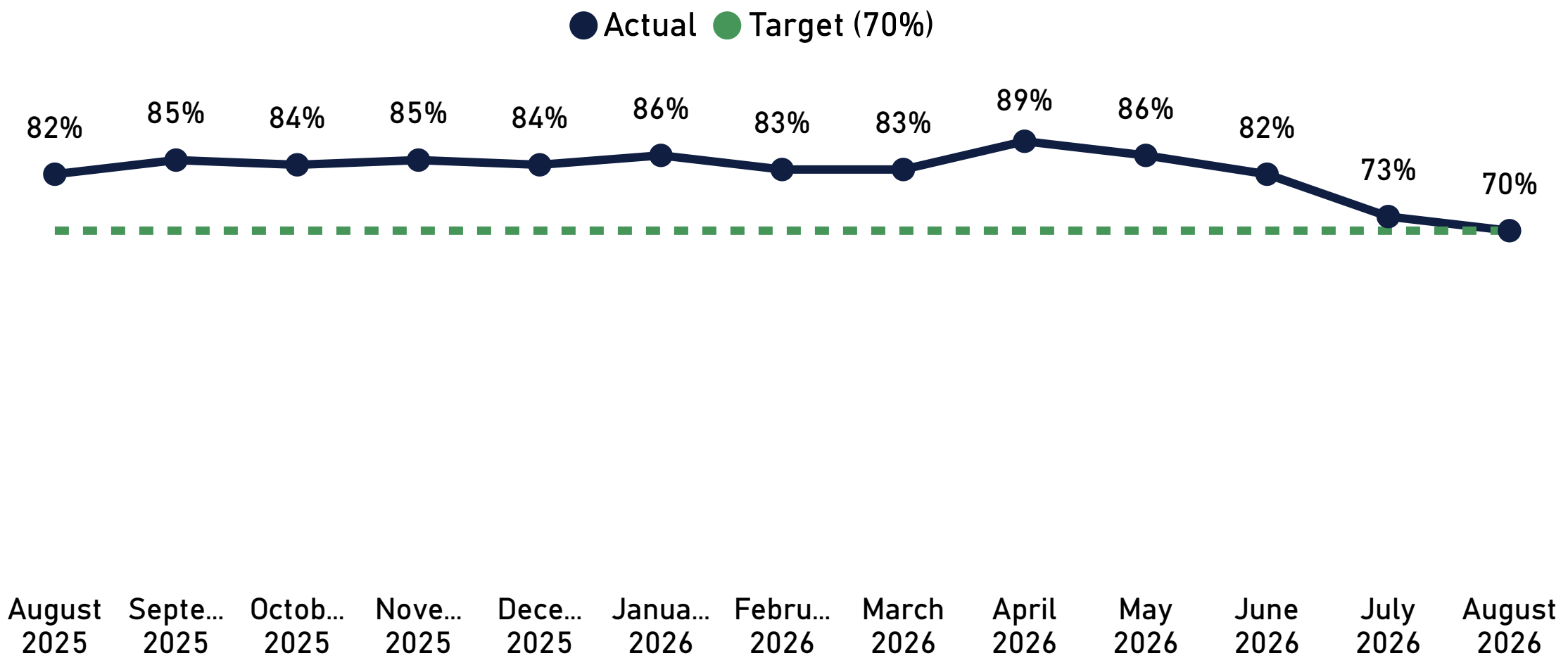
Lead Director - Director of Corporate Services and Governance
Lead Committee - Clinical and Care Governance



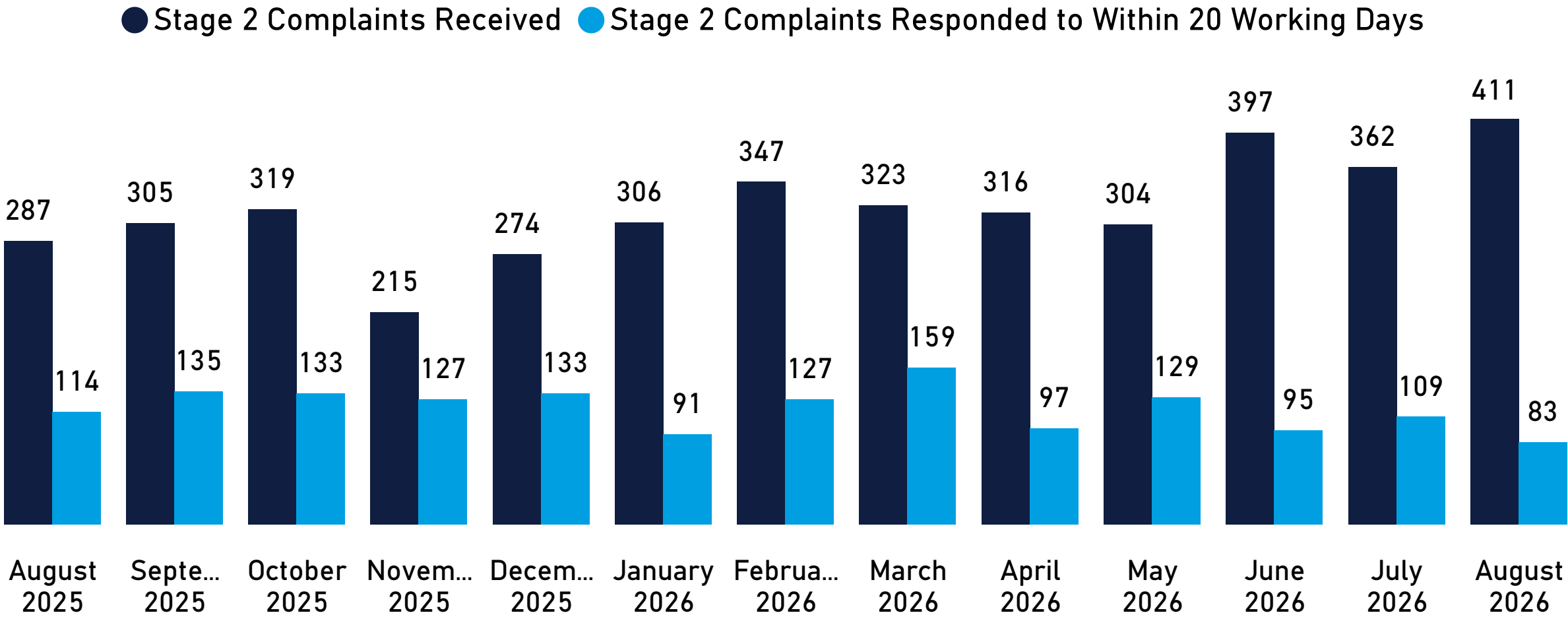
Stage 1 Complaints



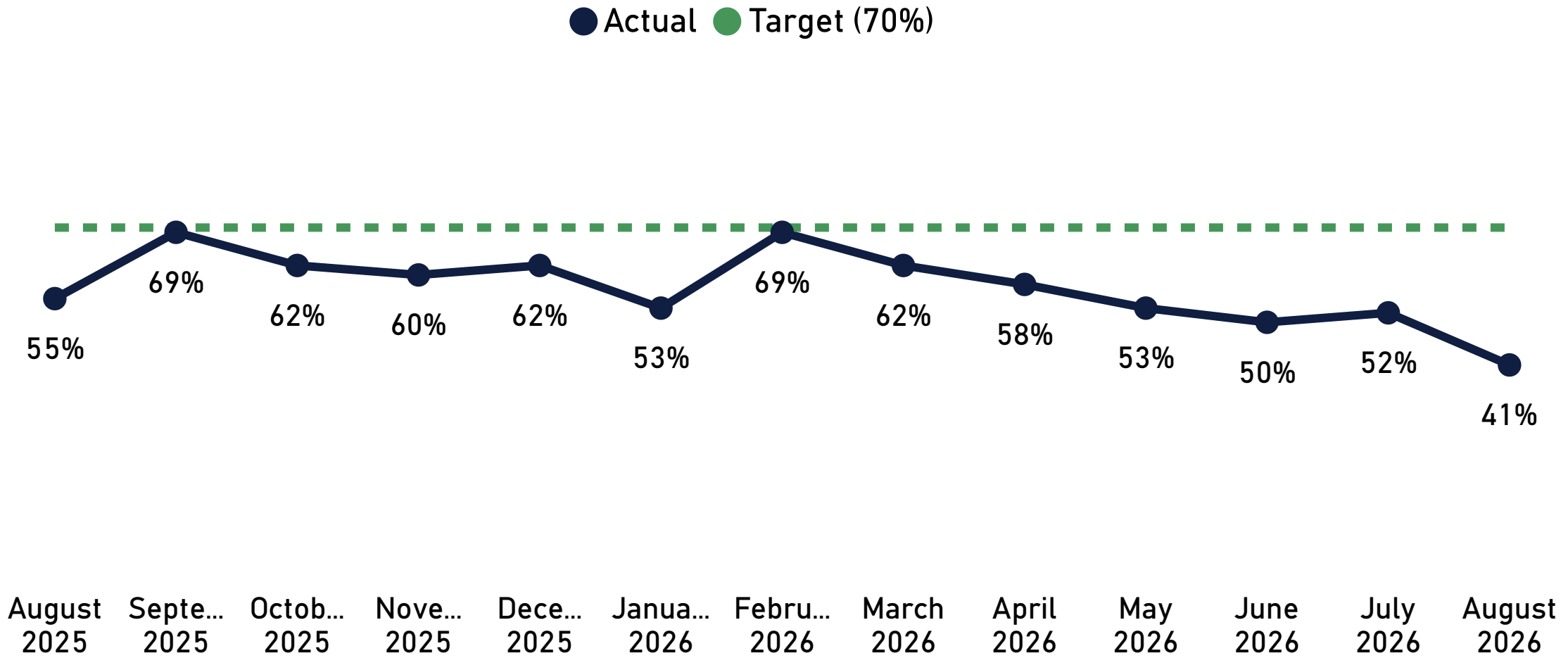
Percentage of Stage 1 Complaints Closed Within 5 Working Days



Stage 2 Complaints



Percentage of Stage 2 Complaints Closed Within 20 Working Days

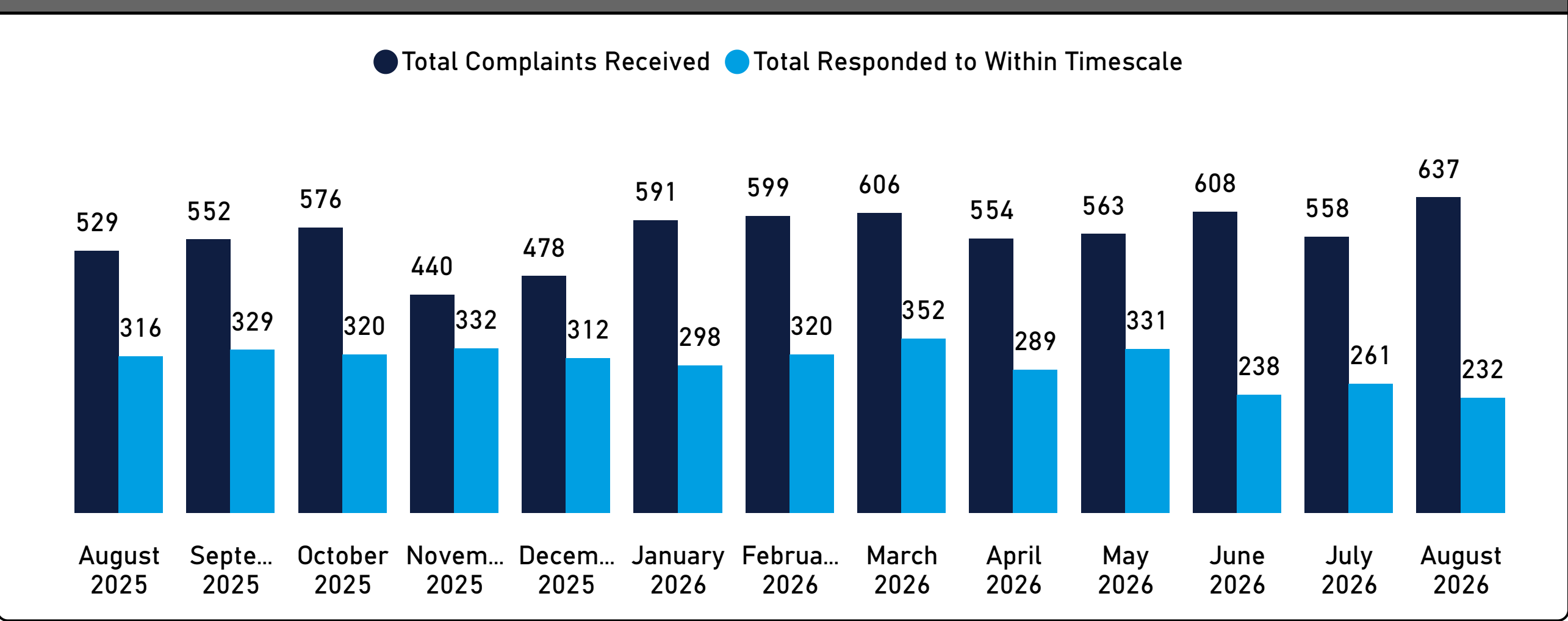


Complaints

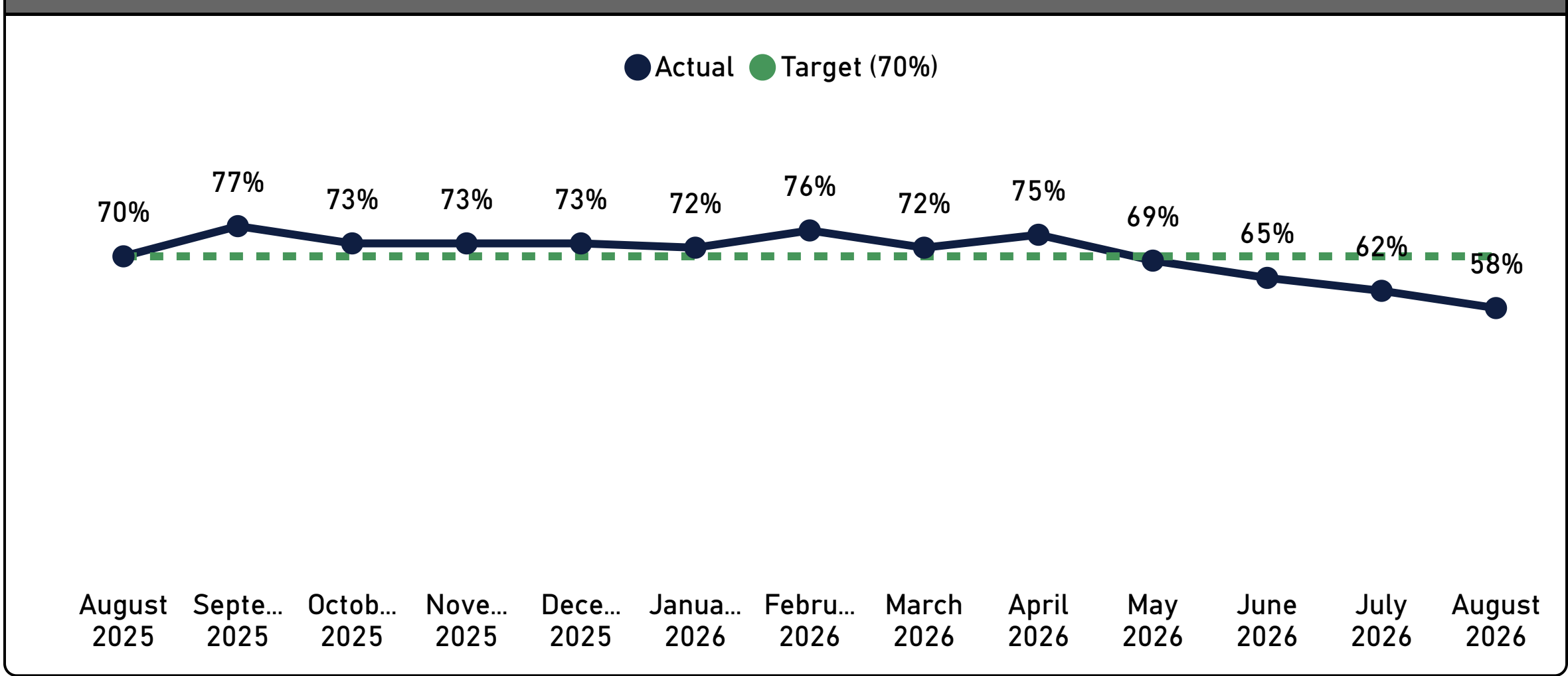
Lead Director - Director of Corporate Services and Governance
Lead Committee - Clinical and Care Governance



Total Complaints (Stage 1 and 2 Combined) Volumes



Combined Performance (Stage 1 and 2 Closed Within Timescales)



The number of stage 1 complaints received in August 2026 has increased compared to the previous month (226 vs 196 15% increase) although below the rolling one-year average of 240. Stage 1 responses within 5 working days have met or exceeded the 70% target in each of the past 21 months.

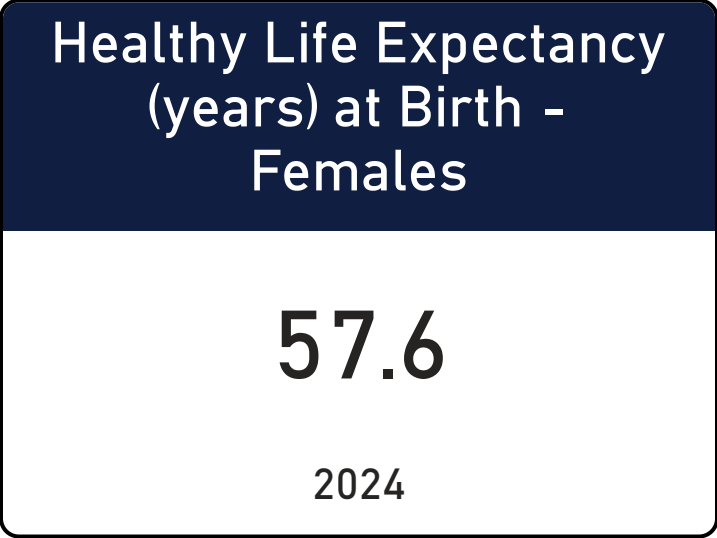
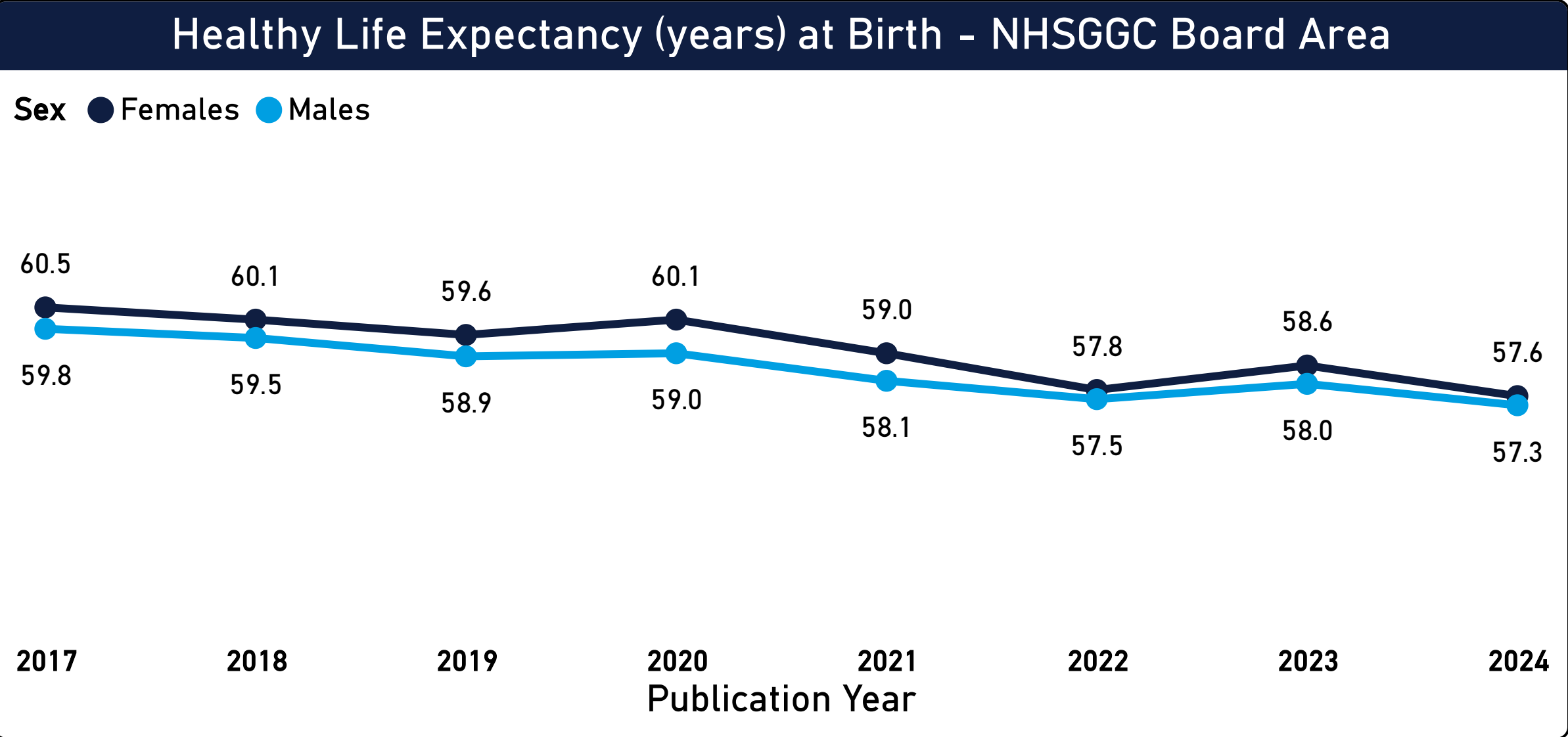
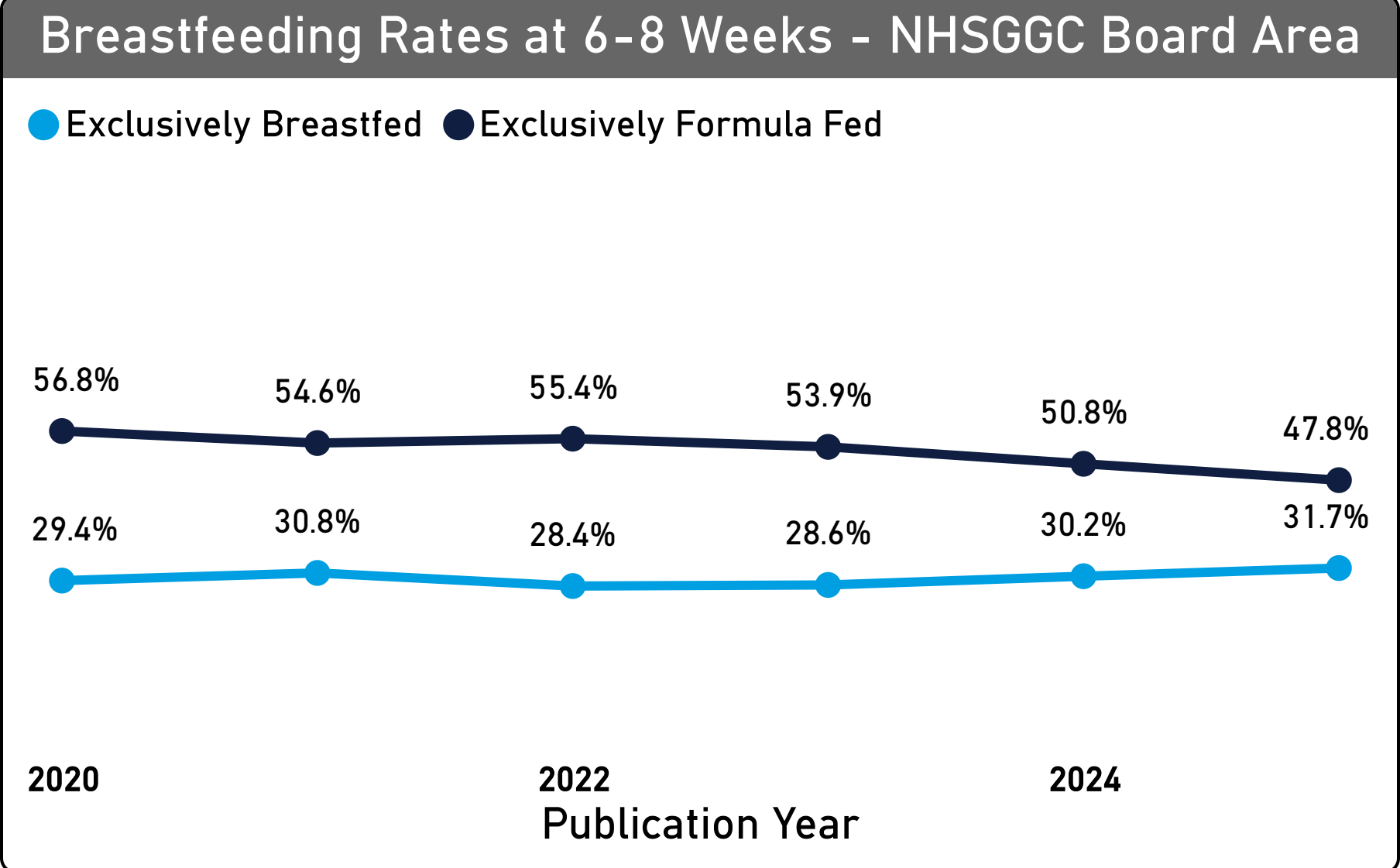
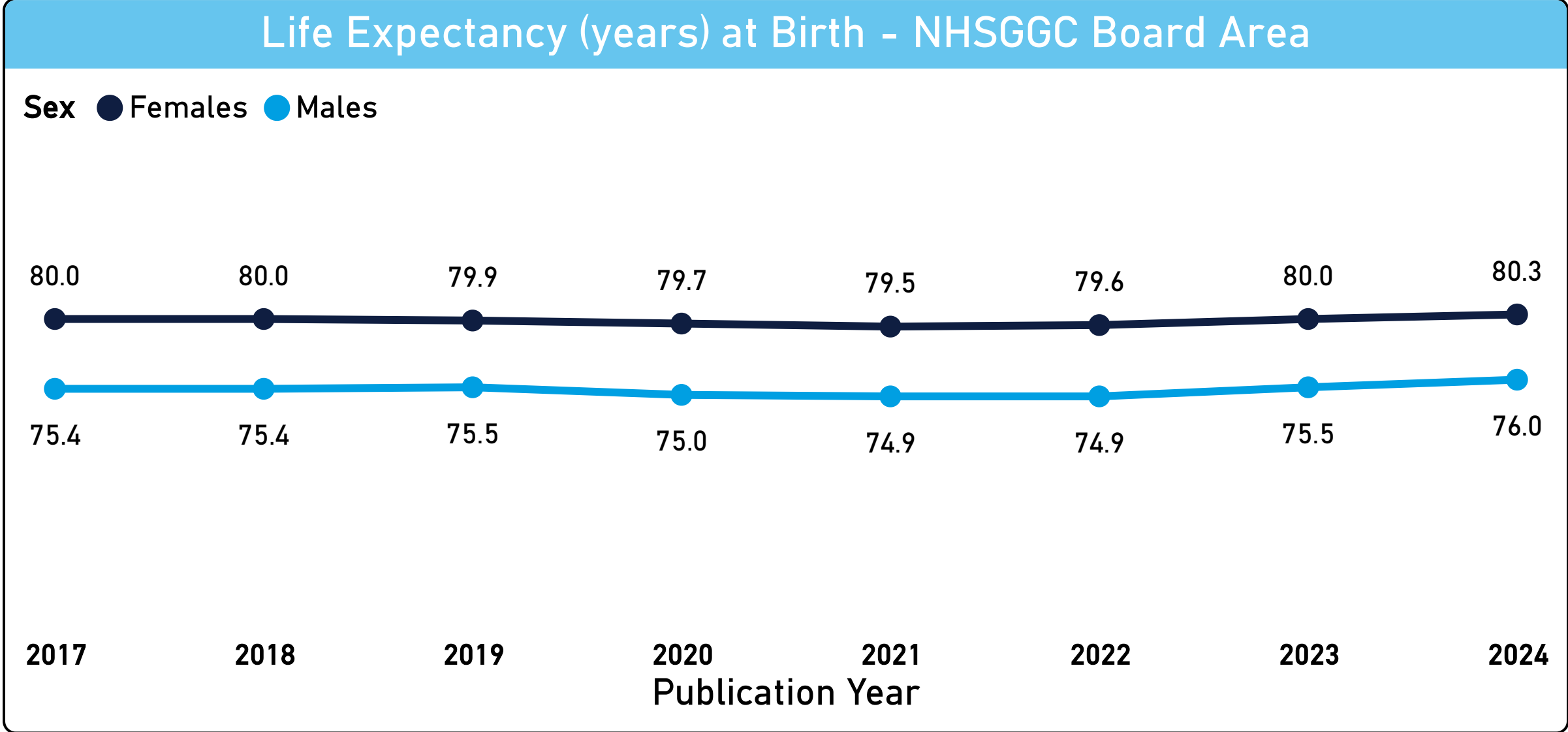
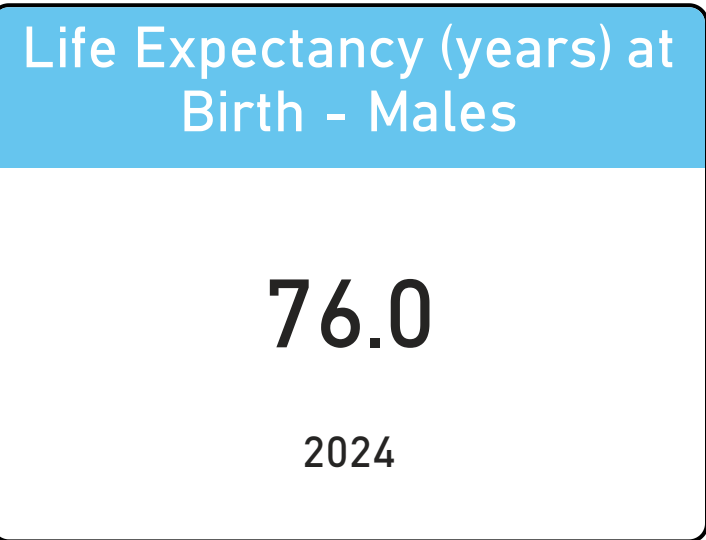
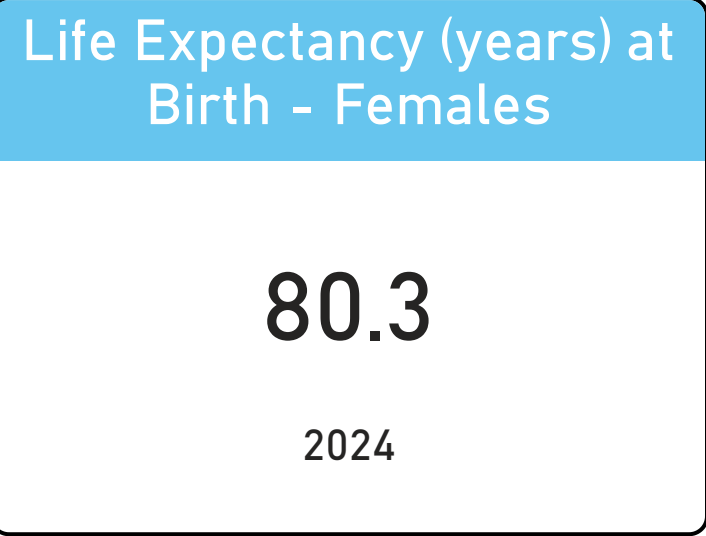
Stage 2 numbers have remained largely steady averaging 323 per month in a rolling year, August 2026 volumes are up (411) on the 362 received in July. The Stage 2 response rate in August 2026 decreased from the previous month, to 41% against the 70% target. Stage 2 response rate is impacted by an increasing 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 Complaints Team have seen an exponential increase in the number of complaints received over the summer, the majority of which appear to have been AI generated, in some cases up to 30 pages long with up to 100 points of concern, each of which needs to be considered and responded to, while the service was also impacted by planned and unplanned leave within the Complaints Team. This has led to a backlog which the team are now working through, with improvement expected over the coming months.

Combined performance against timescales has averaged 70% over the past year, meeting the 70% target, although the August 2026 figure sits below target at 58%, driven by the challenges 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.

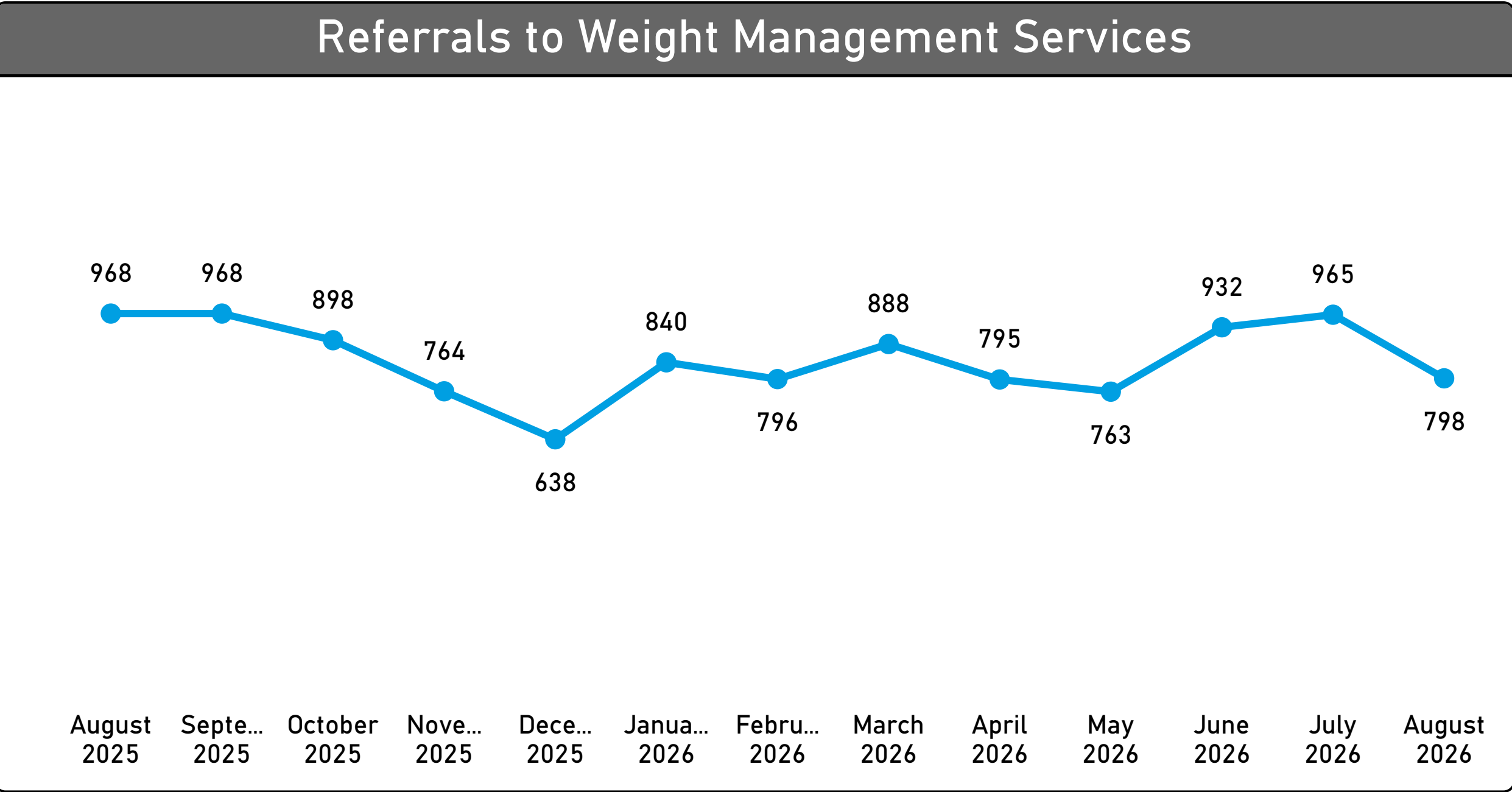
Public Health - Annually Published Measures

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



Life expectancy and healthy life expectancy are key indicators of population health and continue to demonstrate significant inequalities across NHSGGC. Following a long-term slowdown and subsequent decline, exacerbated by the COVID-19 pandemic, life expectancy has begun to recover, reaching 76.0 years for males and 80.3 years for females in 2024. However, healthy life expectancy has continued to decline, falling to 57.3 years for males and 57.6 years for females, indicating that a substantial proportion of life is spent in poorer health. Both measures are strongly patterned by deprivation, with marked differences between communities across NHSGGC and a substantially greater burden of ill health and premature mortality in the most deprived populations.

Exclusive breast-feeding rates have been gradually increasing over the past four years, and at the same time the proportion of infants who receive formula feed exclusively has shown a notable decrease. Breastfeeding remains one of the most effective ways to support infant health, maternal well-being, and long-term disease prevention



Weight Management - Quarterly Outcomes

Quarter Ending	Percentage of Referrals Who Engaged With The Service	Percentage Who Engaged With The Service and Achieved 5% Weight Loss	Percentage Who Completed the 12-Week Programme and Achieved 5% Weight Loss
December 2024	87.4%	70.0%	65.0%
March 2025	54.0%	48.8%	65.0%
June 2025	64.1%	44.6%	62.9%
September 2025	78.1%	46.4%	61.2%
December 2025	52.5%	40.0%	60.0%

Referrals to Weight Management Services have reduced in recent months, reflecting changes in referral patterns including the introduction of the national digital programme for T2DM remission, increasing interest in GLP-1 weight loss medications and delayed referrals due to the GP system transition. Despite lower referral numbers, engagement and outcomes remain positive. In the quarter ending December 2025, 52.5% of referrals engaged with the service and 40.0% of those engaging achieved at least 5% weight loss. Of those completing the 12-week programme, 60.0% achieved at least 5% weight Referrals, engagement and outcomes continue to be monitored.

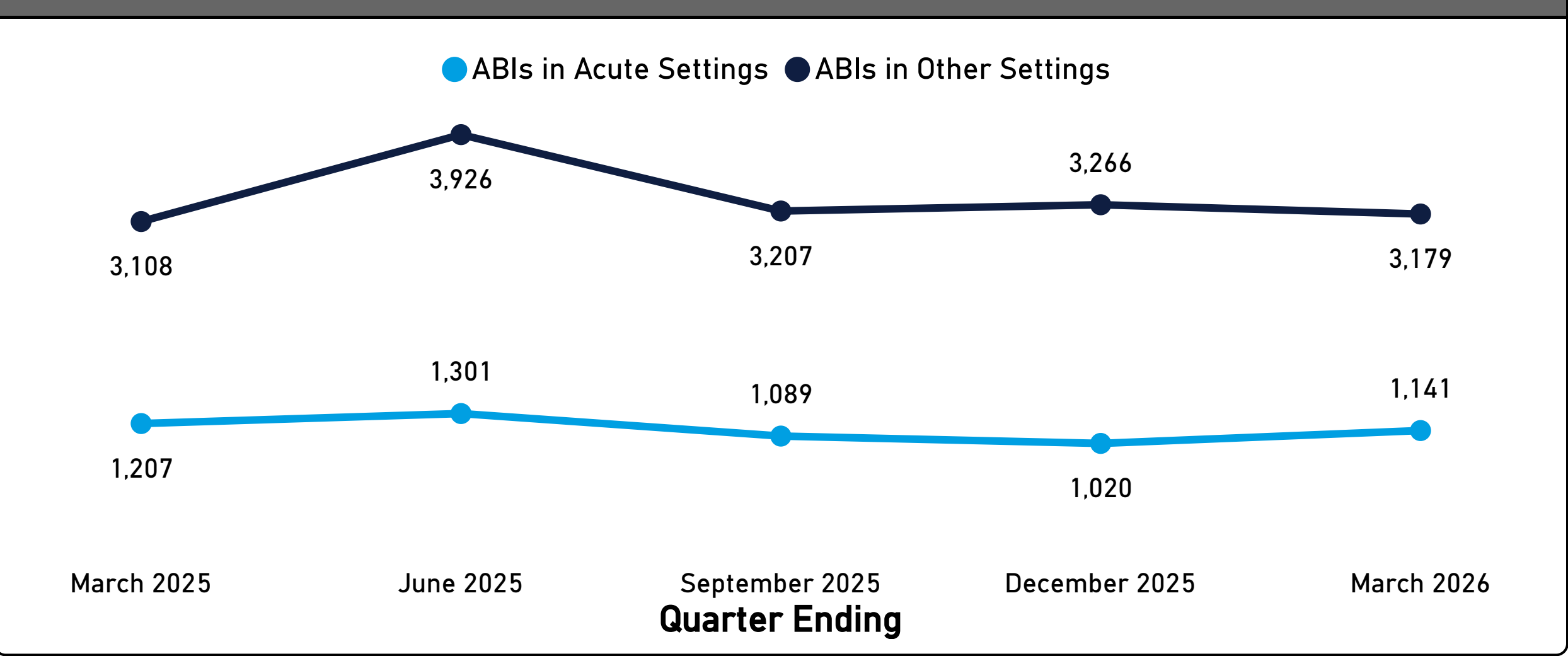
Supporting people to achieve and maintain a healthy weight is important in reducing the risk of a range of long-term conditions, including type 2 diabetes, cardiovascular disease and some cancers. Improving outcomes through weight management services therefore contributes to better population health, reduced health inequalities and lower future demand on health and care services.

Key Public Health Interventions

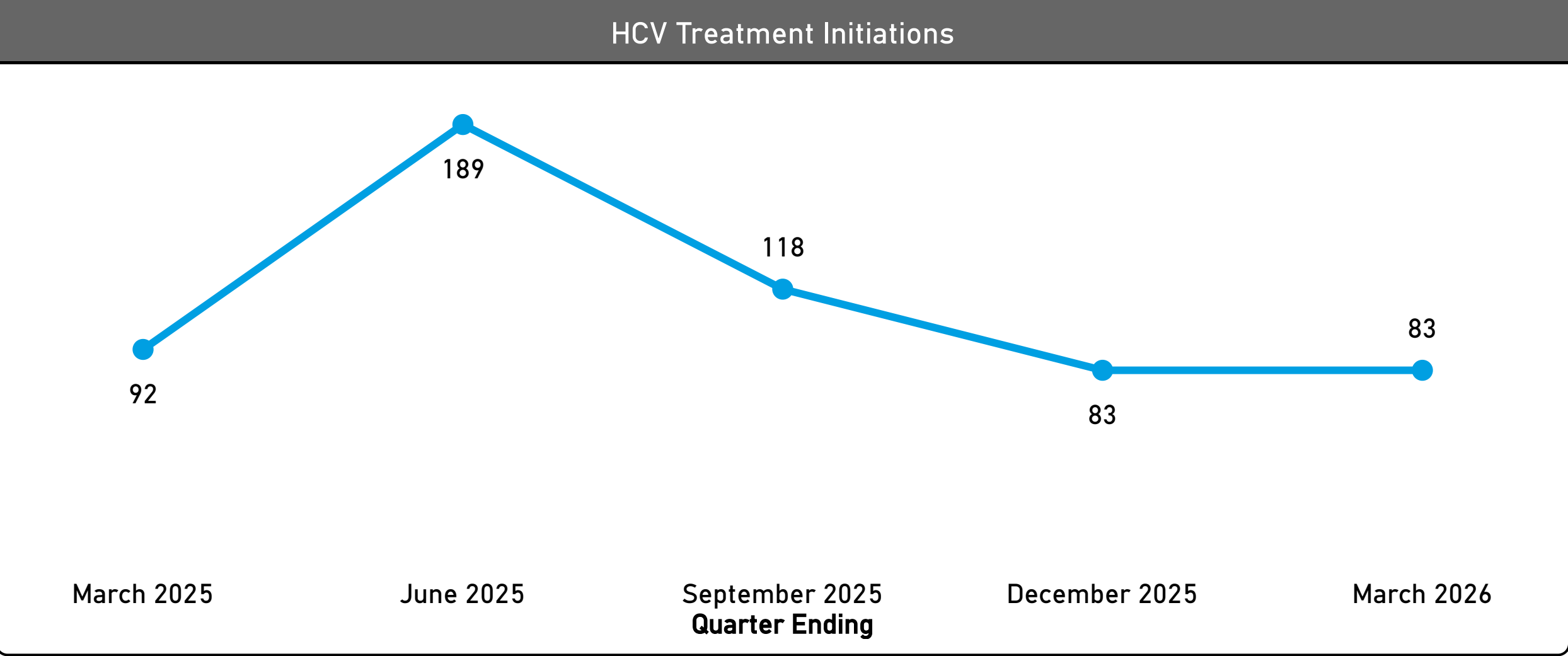
Lead Director - Director of Public Health
Lead Committee - Population Health and Wellbeing



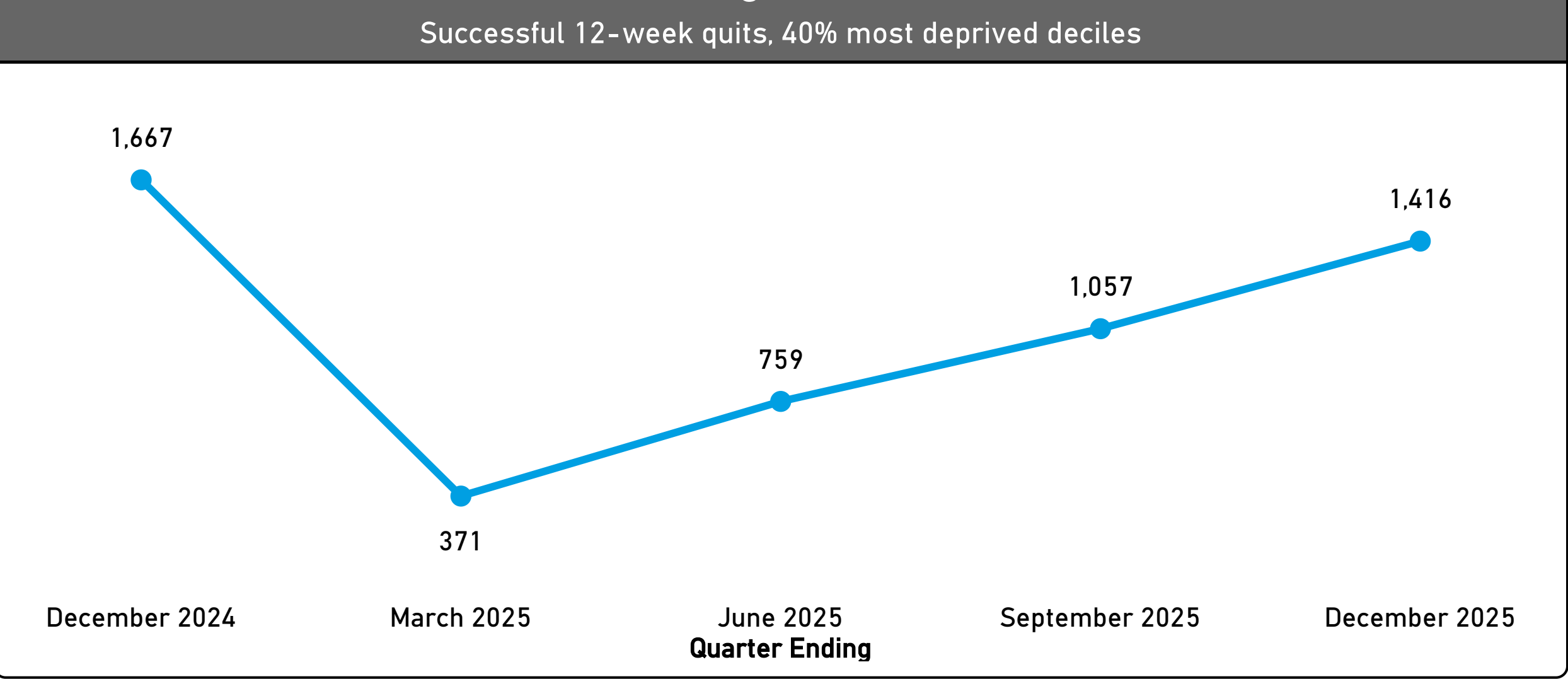
Alcohol Brief Interventions



Sexual Health / Blood Borne Viruses



Smoking Cessation



Smoking cessation outcomes improved substantially during 2025, with successful 12-week quits among people living in the 40% most deprived communities increasing from 371 by March 2025 to 1,416 at end of December 2025. Supporting people to stop smoking reduces the risk of cancer, cardiovascular and respiratory disease, while helping prevent future demand on health and care services.

Alcohol Brief Intervention delivery remained broadly stable, with 4,320 interventions delivered across acute and other settings in the quarter ending March 2026. Brief interventions help identify harmful drinking early and support people to reduce alcohol consumption before more serious health and social consequences develop. Sustaining this preventative activity is important in reducing future alcohol-related harm and demand on healthcare services.

Hepatitis C treatment initiations reduced from a peak of 189 in June 2025 to 83 in March 2026, remaining unchanged from the previous quarter. Treatment helps prevent serious liver disease and reduces the risk of onward transmission within the wider population.

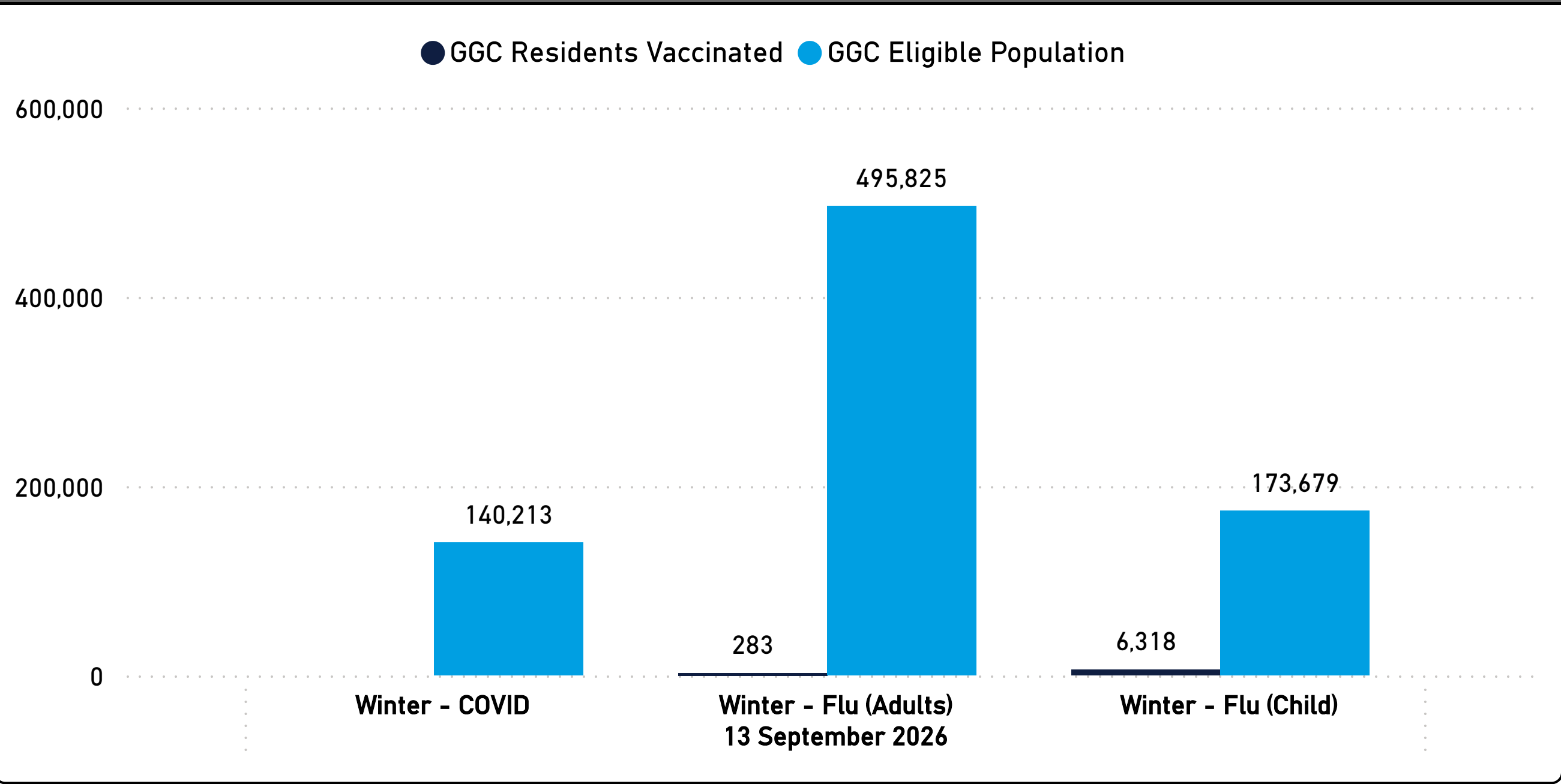
Each of these interventions helps prevent avoidable illness, reduce health inequalities and moderate future demand on NHS services. Maintaining effective prevention activity remains essential to improving population health and the long-term sustainability of health and care services.

Vaccination Programme

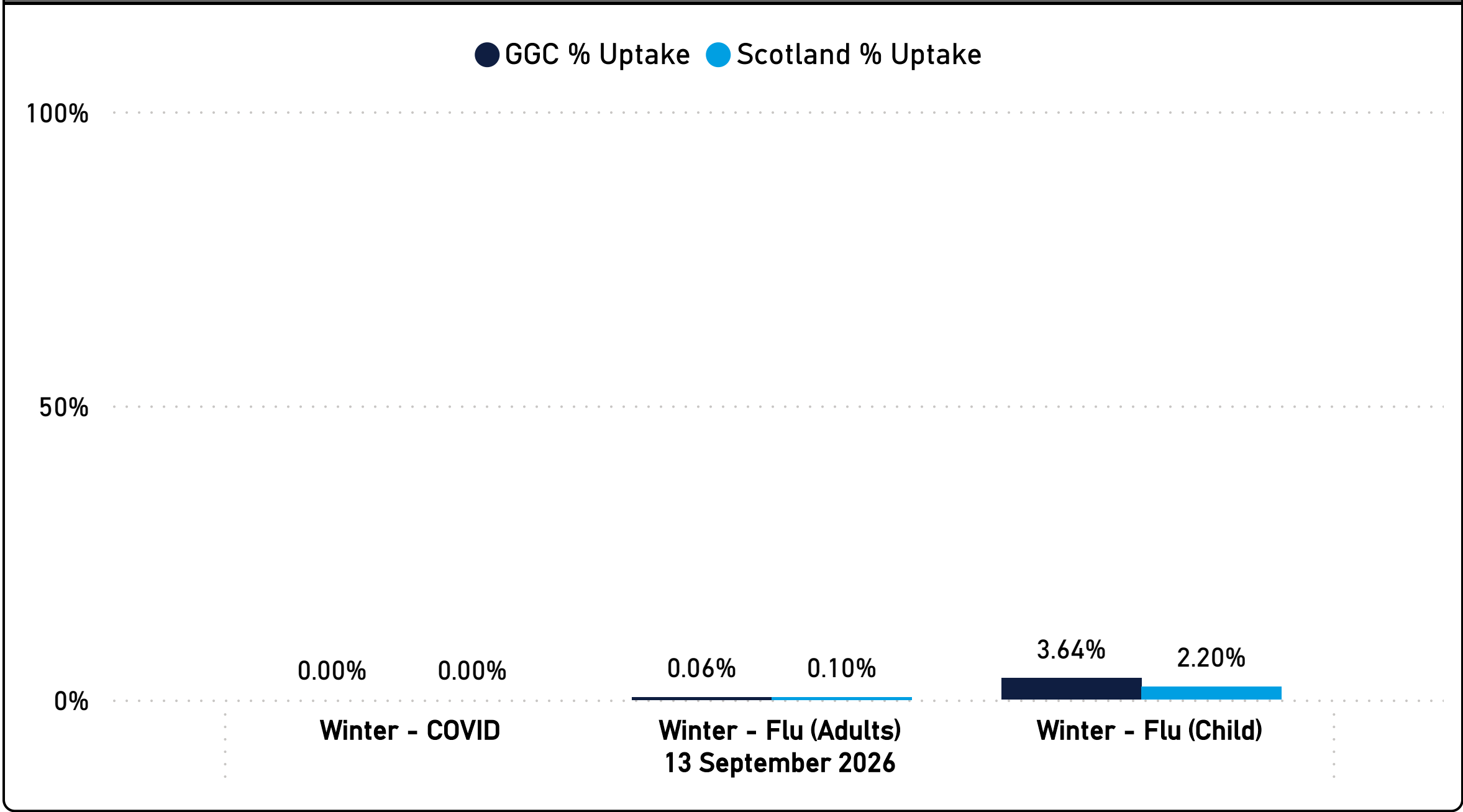
Lead Director - Director of Public Health
Lead Committee - Population Health and Wellbeing



Numbers Vaccinated



Uptake Among Eligible Population

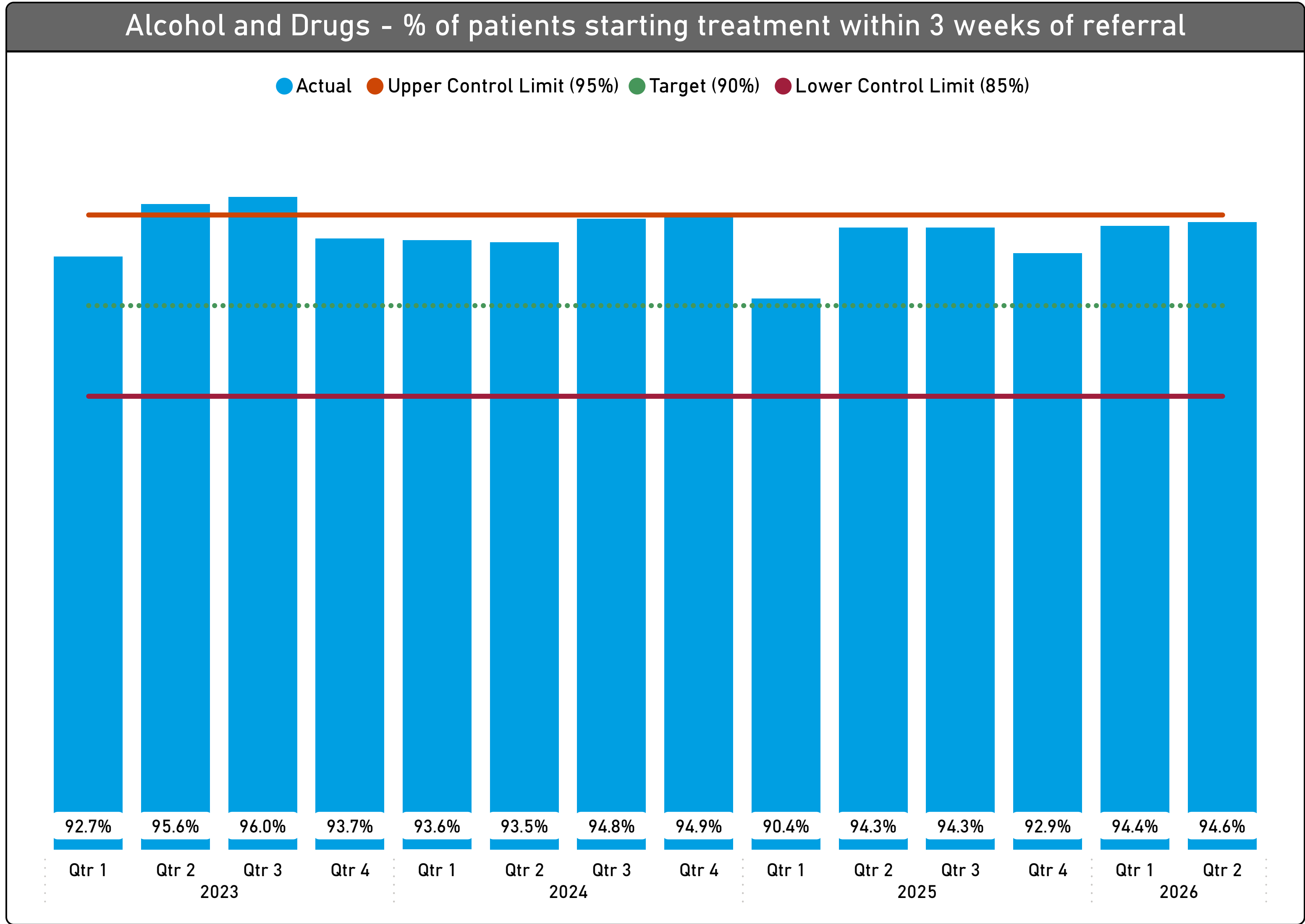


The winter covid and flu vaccination programmes had just begun at time of report completion, and therefore numbers and percentage uptake presented are very low. These will increase throughout the winter period.

The Shingles Dose 2 Programme has now been completed and ran from 29 June to 19 July administering 14,888 vaccinations across 62 adult community clinic sessions with an uptake of 79%. Meningitis B vaccinations clinics have also been delivered across university campuses, community clinics and the mobile vaccination service.

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%.

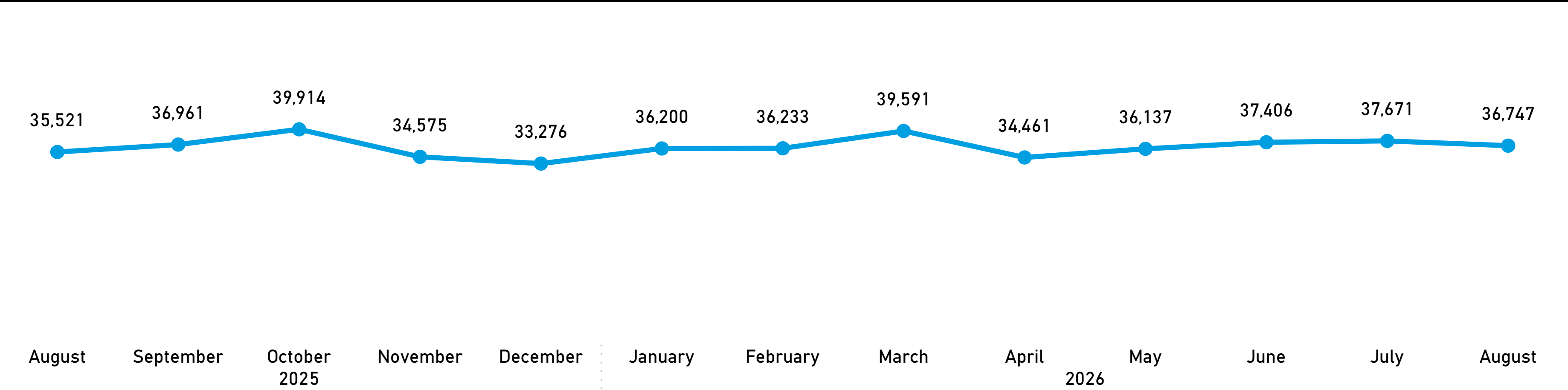
Projecting to 31 March 2027, performance is expected to continue to exceed target. Figures for 2026 Quarter 2 (April - June 2026) are due to be published by Public Health Scotland in autumn 2026.

New Outpatients: Referrals and Activity

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



New Outpatient Referrals



New Referrals - Year to Date

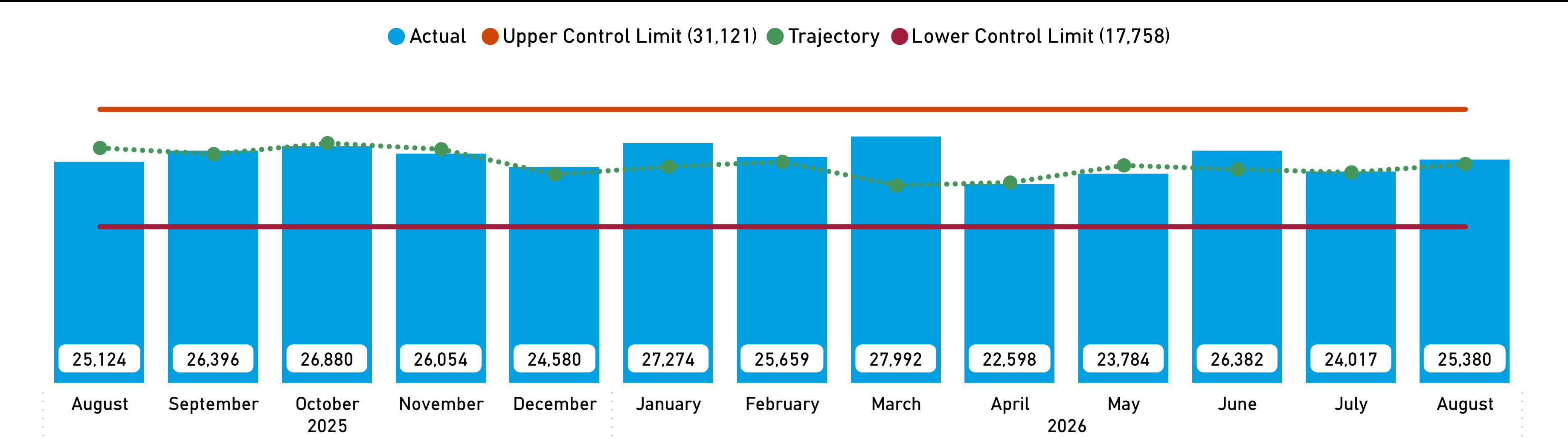
182,422

Previous year: 185,038

(-2,616 -1.41%)

August 2026

New Outpatient Activity



Activity Year To Date vs Trajectory

122,161

Trajectory (Provisional): 120,649

(+1,512 +1%)

August 2026

Activity Latest Month vs Trajectory

25,380

Trajectory (Provisional): 24,892

(+488 +2%)

August 2026

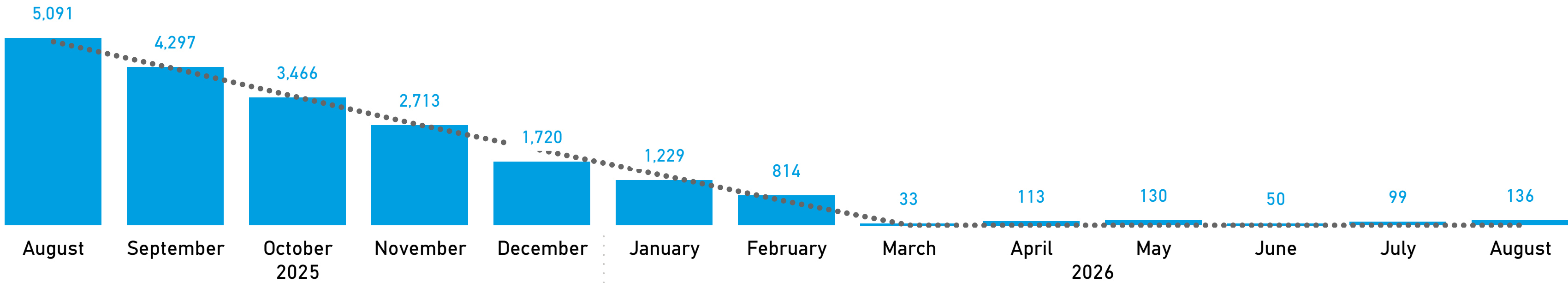
New Outpatients: Waiting Times

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



Patients Waiting >52 weeks at Month End

● Number of Patients Waiting >52 weeks at Month End ● Trajectory



Waits >52 weeks

136

Trajectory: 0
August 2026

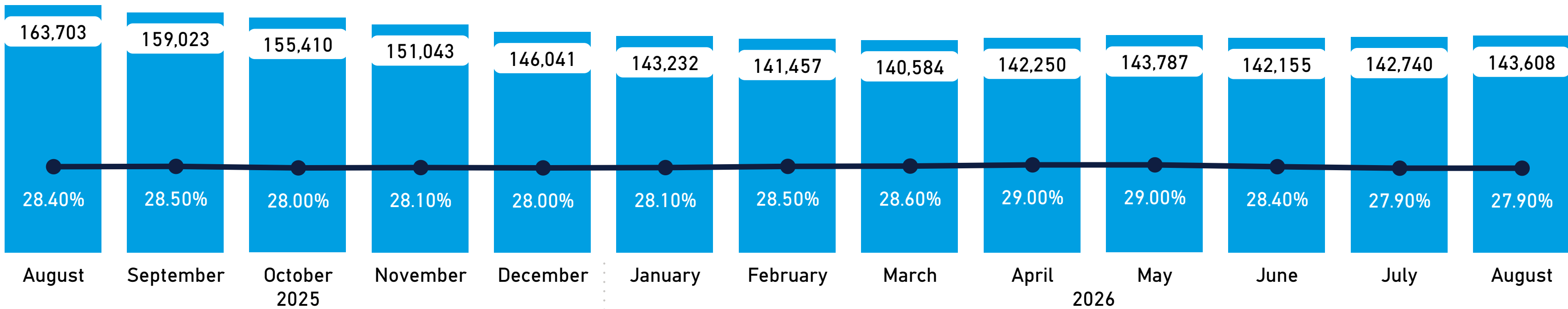
% of NHS Scotland >52 week waits

1.10%

August 2026

Total Outpatient Waiting List

● Total on Waiting List ● % of NHS Scotland Waiting List



Waits >78 Weeks

0

Trajectory: 0
August 2026

Waits >104 weeks

0

Trajectory: 0
August 2026

Commentary

Over the longer term, monthly referrals had remained within a relatively narrow 33-39k range, new outpatient referrals increased by 4% in August 2026 to 36,747. This long-term trend indicates stable demand for outpatient services.

New Outpatient activity in August 2026 totalled 25,380 an increase on the number reported the same month in 2025. The outpatient waiting list increased compared to the previous month, rising to 143,608, although remaining lower than the same period in 2025. The Delivery Plan target to ensure no waits over 52 weeks during August 2026 has not been achieved, as noted below.

Service Narrative

NHSGGC target is to ensure no patient waits over 52 weeks. There were 136 patients waiting over 52 weeks at the end of August 2026, many of these patients had either cancelled, did not attend an earlier appointment or were unavailable and unable to be booked within 52 weeks.

The exceptions to this were General Medicine and Dermatology. The number of patients waiting over 52 weeks in General Medicine was 27 on 31 August with plans underway to bring the specialty back within 52 weeks by 30 September. The exception to this will be patients with unavailability (currently 10) and those who cancel or do not attend their appointment. Additional investment in the nursing and medical team has been agreed as previously reported with recruitment underway with additional clinics and support in place in the short term.

The number of Dermatology patients waiting over 52 weeks at the end of August was 64. This increase from last month is a consequence of non-delivery on the insource contract which has since been terminated. Some additional support has been in place from late August via NHS Lanarkshire although further dates have not been forthcoming. The NHSGGC insource tender is now in the standstill period and will be in place from mid-October. Despite these challenges, the specialty will be back within 52 weeks by 30 September. The exception to this will be patients with unavailability (currently 18) and those who cancel or do not attend their appointment.

Diagnostic Scopes: Activity and Waiting Times

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

Patients Waiting >6 Weeks

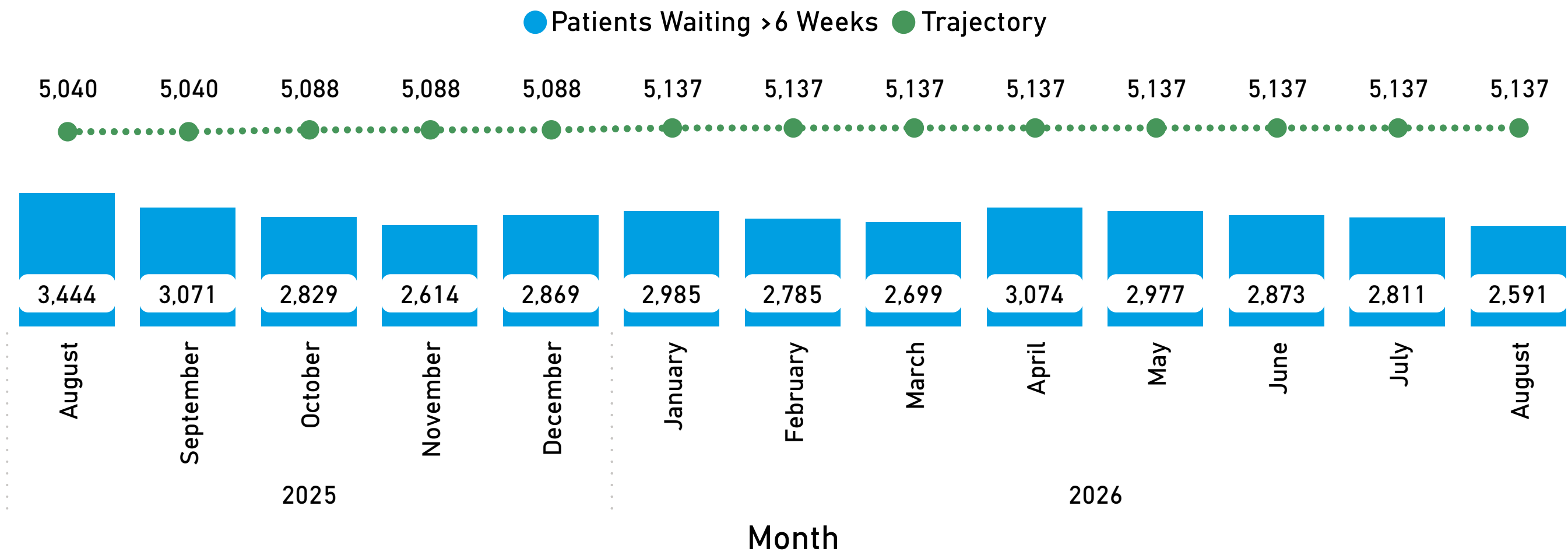
2,591
Trajectory (Provisional): 5,137 (-2,546 -50%)
August 2026



Total Waiting List

Date	Patients
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
July 2026	6,197
August 2026	6,211

Patients Waiting >6 Weeks



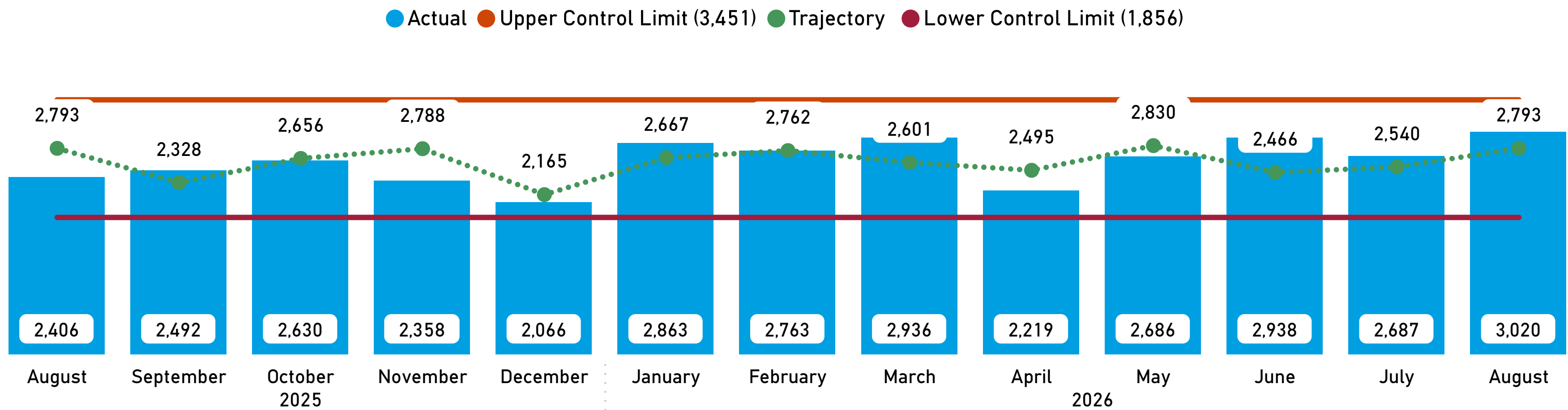
>26 week waits

949
August 2026

>52 week waits

339
August 2026

Diagnostic Scopes - Activity



Activity - Last Month

3,020
Trajectory (Provisional): 2,793 (+227 +8%)
August 2026

Activity Year To Date

13,550
Trajectory (Provisional): 13,124 (+426 +3%)
August 2026

Commentary

Scopes activity has risen in August 2026 to 3,020 procedures although remaining broadly consistent with the stable throughput seen across the past year. Activity has remained within a narrow range (around 2,300-3,000 procedures per month) throughout the year, indicating steady operational capacity.

The number of patients waiting over six weeks decreased to 2,591 in August 2026, from 2,811 the previous month and remains substantially improved from the 3,444 over six week waits in August 2025. The longest waits have also decreased significantly: patients waiting >26 weeks have fallen from 1,490 in August 2025 to 949, and >52-week waits have dropped from 772 to 339 over the same period. The overall waiting list has reduced by 5% over the course of the year, from 6,517 in August 2025 to 6,211 in August 2026.

Service Narrative

Overall new patient waits continue on a downward trajectory, albeit the decrease has been more gradual in recent months. Internal Waiting List Initiatives (WLI) continue to be deployed, and these have supported improvements across both the new and surveillance waiting times. 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. 1,022 patients waiting over 42 days against a trajectory for end August of 1,350.

Unplanned leave has continued to challenge capacity within uppers and some specialised therapeutic work. The service continues to maximise all utilisation and protect patient pathways with ongoing reliance on temporary measures such as WLI funding. Challenges to date include volume of Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERPC) patients.

In the coming months the aim is to: complete Transnasal Endoscopy mobilisation at Victoria ACH and IRH with recruitment to vacant posts; maintain utilisation across all lists whilst continuing to reduce number of patients waiting over six weeks; and explore options for focused WLI for longest wait EUS patients. The pilot for Bowel Screening Virtual assessment has launched with the aim of directing patients with a positive qFIT direct to test in a timelier manner. Recruitment of vacant nurse endoscopist posts is progressing.

Diagnostic Imaging: Activity and Waiting Times

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

>6 Week Waits

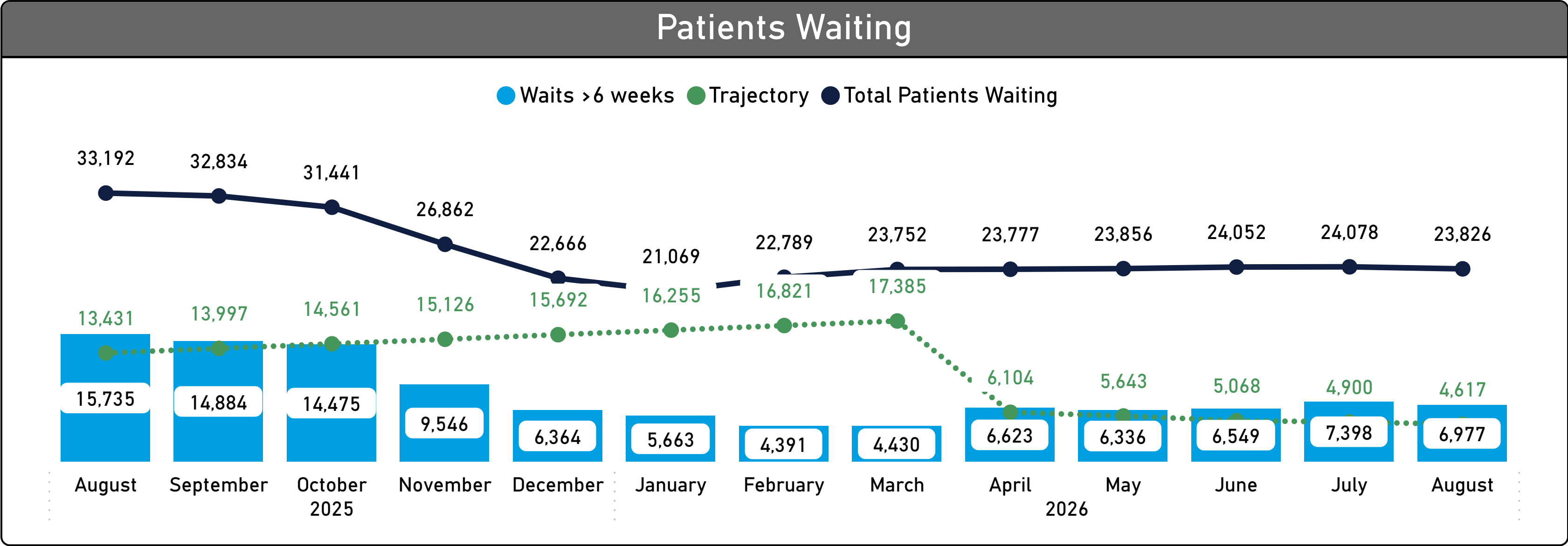
6,977

Trajectory: 4,617 (+2,360 +51%)
August 2026

All Waits

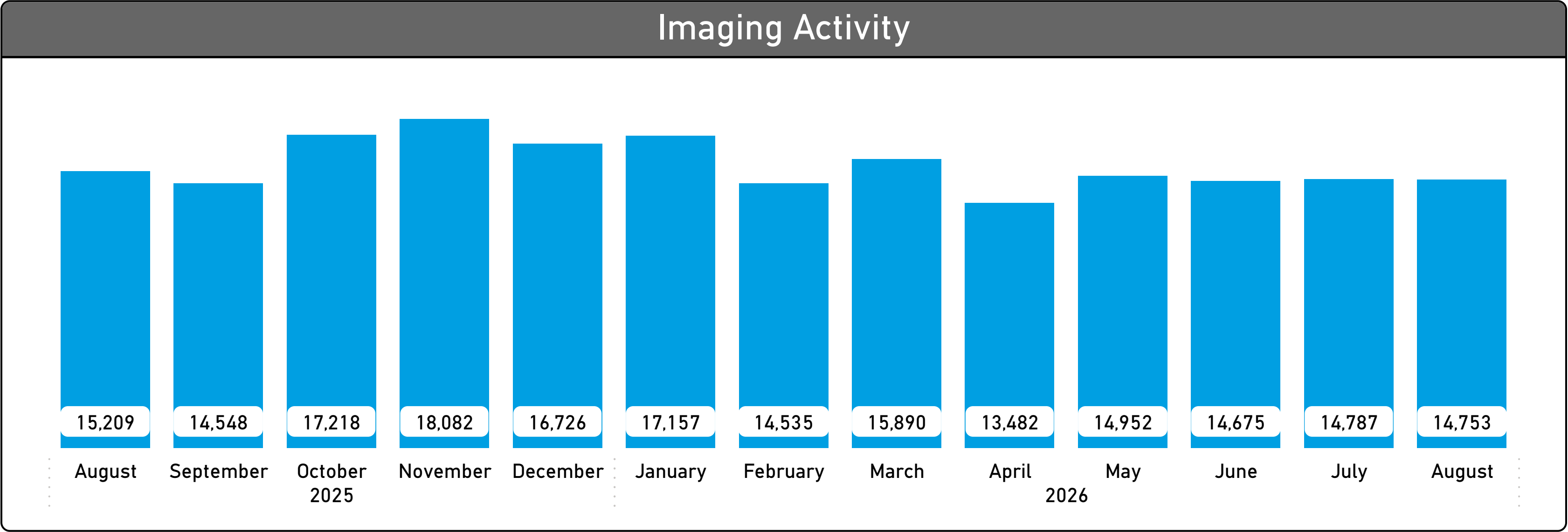
23,826

Trajectory: 18,410 (+5,416 +29%)
August 2026



Long Waits

Date	>26 weeks	
▲ August 2025	9	▲
September 2025	4	▲
October 2025	25	◆
November 2025	0	●
December 2025	2	▲
January 2026	0	●
February 2026	1	▲
March 2026	0	●
April 2026	8	▲
May 2026	24	◆
June 2026	37	◆
July 2026	51	◆
August 2026	62	◆



Diagnostic imaging activity has remained high throughout 2026, with 14,753 examinations undertaken in August. Total waiting list size has remained broadly stable at 23,826 patients. Performance against the 6-week standard has recovered slightly, down to 6,977 patients waiting longer than 6 weeks compared in August 2026, although remains above trajectory of 4,617.

Long waits have also increased, with 62 patients waiting more than 26 weeks in August, compared with the low numbers reported between November 2025 and March 2026. This reflects continued demand for diagnostic services and ongoing capacity pressures across a number of imaging pathways.

Timely access to diagnostic imaging is essential to supporting both unscheduled and planned care pathways, enabling earlier diagnosis, treatment and clinical decision-making. Actions to recover the position are outlined on the next page.

Service Narrative
MRI performance remains on track. An additional unstaffed mobile unit has been secured to offset capacity lost due to the prolonged unplanned outage of the GRI Philips scanner. To address an immediate D2S backlog, MRI capacity was increased from the baseline of 25 slots per week to 75 during the week commencing 31 August, resulting in a temporary reduction in planned outpatient capacity. CT performance remains stable and the main area of concern continues to be subspecialty cardiac cases. Work continues with GJNH to increase capacity. Ultrasound Access funding has been approved to address the identified capacity gap. The next step is to work with Procurement to progress a tender for an Ultrasound insourcing service. An additional unstaffed mobile unit has been secured to provide like-for-like capacity during the prolonged unplanned outage of the GRI Philips scanner. Deployment has been maintained of two mobile MRI units (QEUH & GGH) to expand capacity. Collaborating with teleradiology outsourcing firms to ensure that MRI reporting remains consistently available and utilising additional MRI capacity provided by GJNH. Additional capacity has been secured through recurring £340k planned care funding, with WLI activity supported by locum sonographers. An Access bid has been approved for the additional funding required to bridge the capacity gap. The next step is to work with Procurement to progress a tender for an Ultrasound insourcing service. Ultrasound referrals waiting longer than six weeks are being actively validated through Netcall Patient Hub, with patient self-discharge continuing to generate a removal rate of approximately 3.1%. CT Extended Working Day sessions continue and GJNH continues to support capacity for specialist cardiac examinations. Going forward core capacity will be maintained and subspecialty pressures closely monitored, particularly within cardiac pathways. Collaborative arrangements with GJNH to support CT activity will continue. The service will increase reporting capacity as required through both internal resources and external providers. We will continue engagement with teleradiology providers to ensure consistent MRI reporting capacity and minimise the risk of reporting backlogs, and also maintain the current insourcing Ultrasound model. The key priority is to sustain high levels of activity across all modalities while closely monitoring demand trends, capacity assumptions, and available funding.

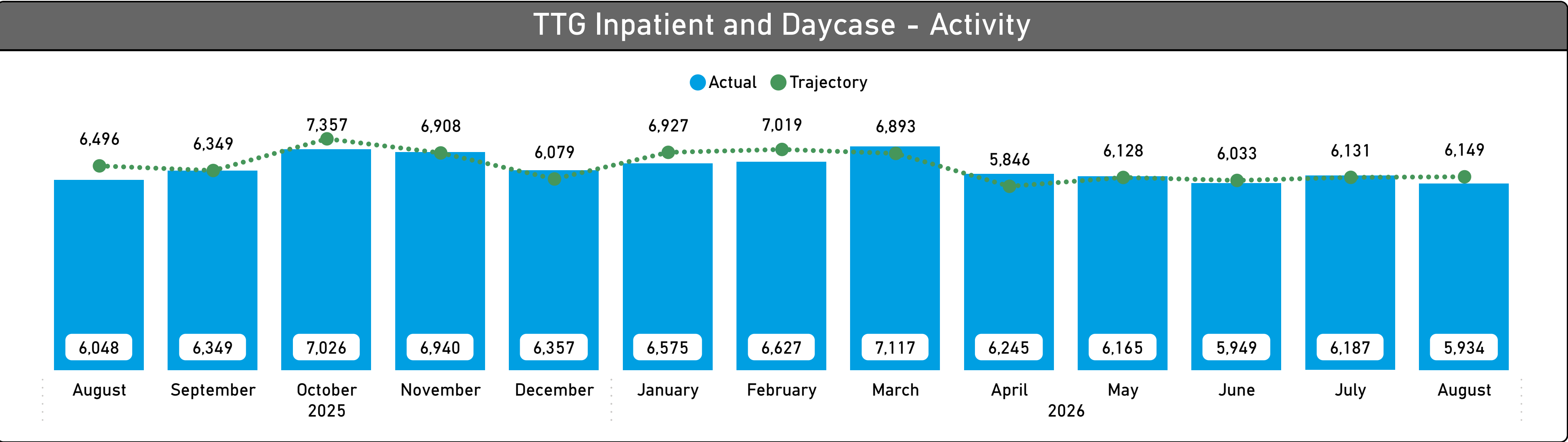
Treatment Time Guarantee Inpatient and Daycase: Activity and Waits

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

Waits >52 weeks

5,216

Trajectory (Provisional): 5,708 (-492 -8.62%)
August 2026



Activity Latest Month vs Trajectory

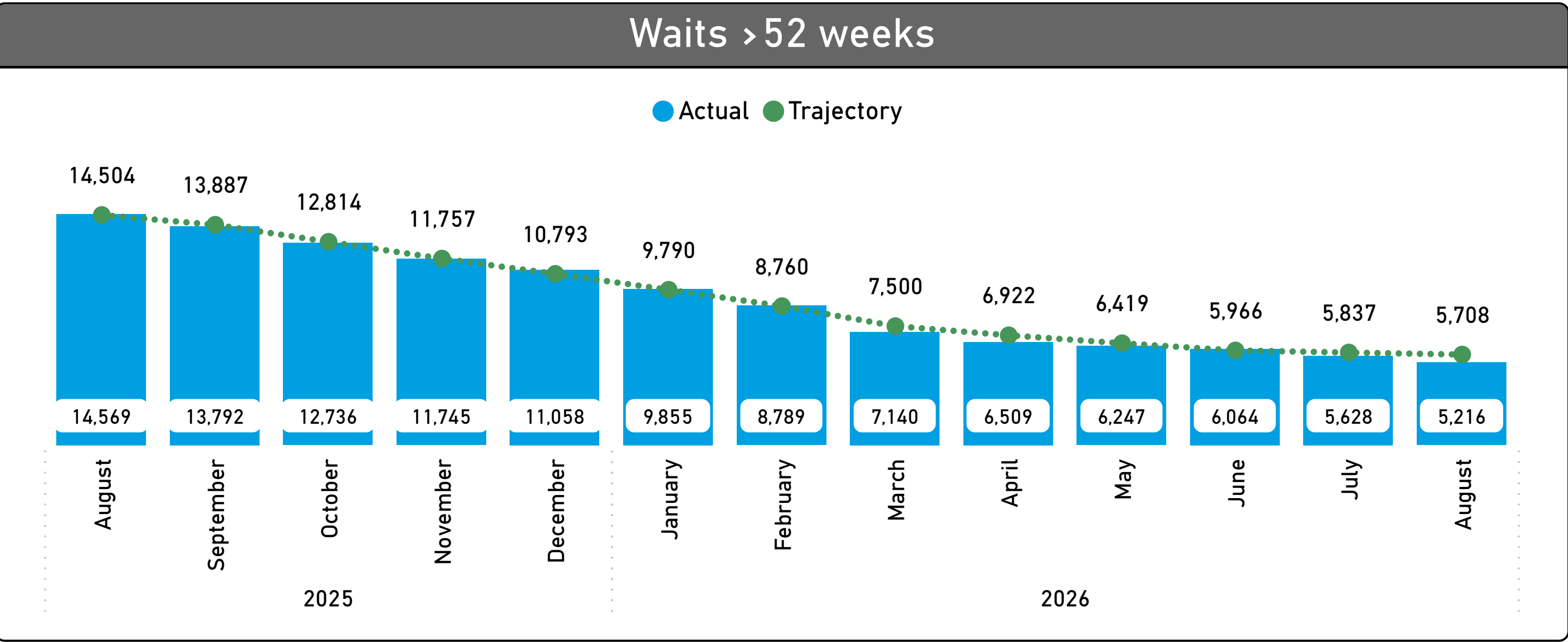
5,934

Trajectory (Provisional): 6,149 (-215 -3.5%)
August 2026

Activity Year To Date vs Trajectory

30,480

Trajectory (Provisional): 30,287 (+193 +0.64%)
August 2026



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
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%
July 2026	43,221	27.4%	31.1%	1,729	29.4%	525	21.4%
August 2026	43,198	27.3%	30.1%	1,441	27.1%	343	16.2%

Commentary

TTG activity in August 2026 was 5,934 procedures, a decrease on the previous month, below the monthly trajectory and 2% below the previous year.

The overall TTG waiting list decreased in August 2026 to 43,198, down from earlier 2026 peaks and lower than in August 2025. Waits over 52 weeks have fallen, now standing at 5,216, a notable reduction compared with the previous year position of over 14,000, reflecting targeted recovery actions and improved inpatient/day-case activity across high-volume specialties.

Service Narrative

The trajectory for Quarter 2 is no more than 5,536 patients waiting over 52 weeks by 30 September. There were 5,216 patients waiting over 52 weeks at the end of August 2026, ahead of trajectory, this had decreased further to 4,684 by 28 September.

Adult services are 117 (4%) ahead of trajectory with 2,917 patients over 52 weeks against a trajectory of 3,034. The biggest challenges remain in ENT with 181 against a trajectory of 104, General Surgery with 202 against a trajectory of 109, Ophthalmology with 87 against a trajectory of 37 and Urology with 495 against a trajectory of 403. ENT have one new consultant in place, another who started in September and another due to start in October. The required reduction in long waits is expected from November onwards. General surgery have WLI sessions in place and have reduced the number of patients waiting over 52 weeks by 38 over the last four weeks. Urology now have a locum in place and support from NHS Forth Valley for 200 procedures is ongoing. Ophthalmology have reduced the number of patients over 52 weeks by 118 over the last four weeks. WLI sessions are ongoing, private sector contracts now live and GJNH continued to treat the long waiting patients to the end of September.

Paediatric services are 735 (29%) ahead of trajectory with 1,767 patients over 52 weeks against a trajectory of 2,502.

There were 164 patients in the end of September 2026 104-week cohort, of which 147 were either booked beyond September or yet to be booked, 76 of these patients are unavailable and could not be booked before the end of September. The majority of the un-booked patients are in Paediatric ENT and the service continues to work to reduce this further.

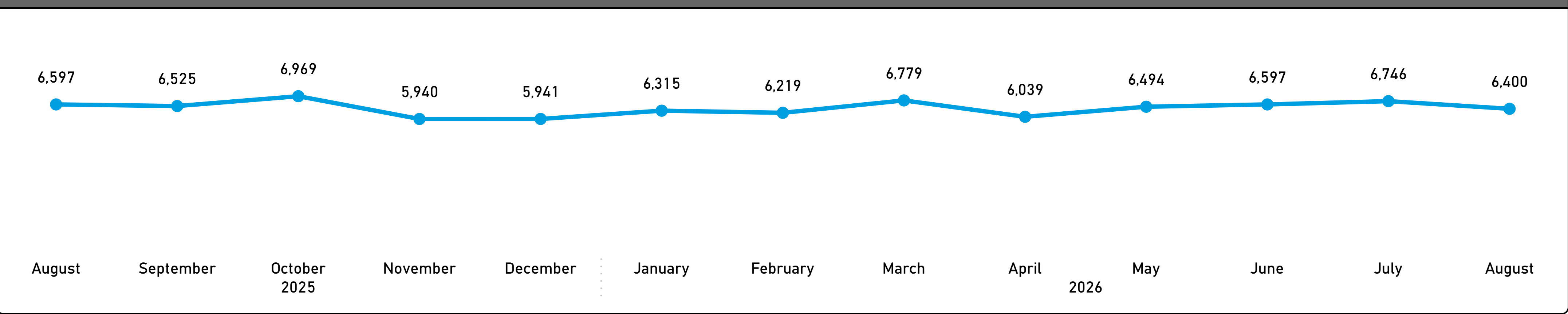
The remaining risks include: Neurosurgery where patients are remaining in the private sector and there are sub-specialty challenges with transsphenoidal patients; Urology have sub-specialty challenges with HOLEP patients; and Cardiac Surgery (paediatrics) have patients awaiting transfer to England. Some patients have unavailability taking them into October. There are 2,538 patients in the end of December 2026 78-week cohort, with 2,049 still to be booked.

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

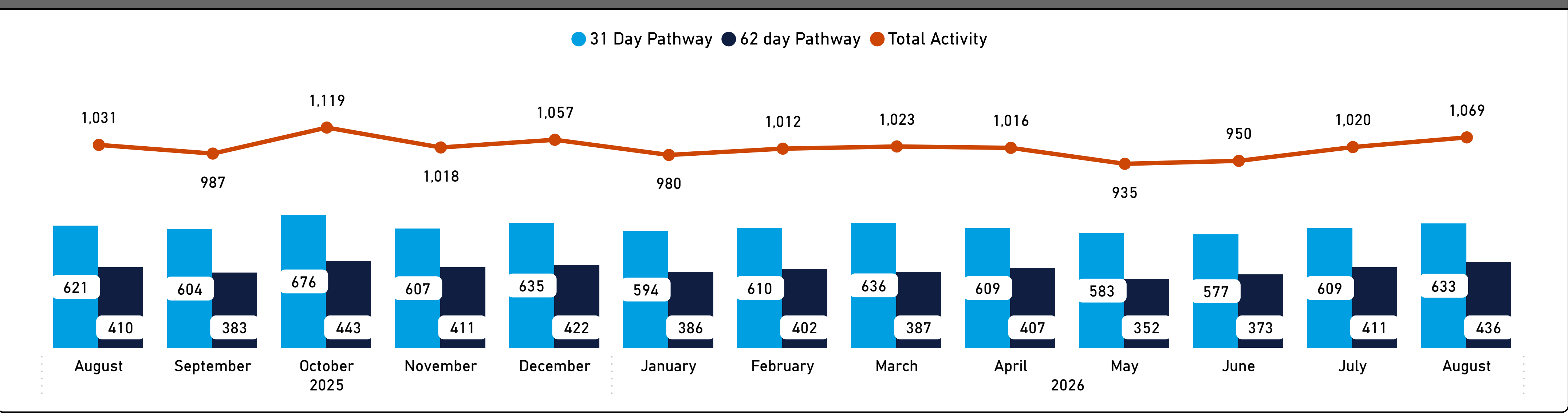
32,276

Previous year: 33,679

(- 1,403 -4.17%)

August 2026

Activity by Month



Activity (31 days) - Year to Date

3,011

Previous year: 3,107

(- 96 -3.09%)

August 2026

Activity (62 days) - Year to Date

1,979

Previous year: 2,028

(- 49 -2.42%)

August 2026

Cancer: Performance

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

62 Day Performance

81.2%
Trajectory: 80% (+1.0%)
August 2026

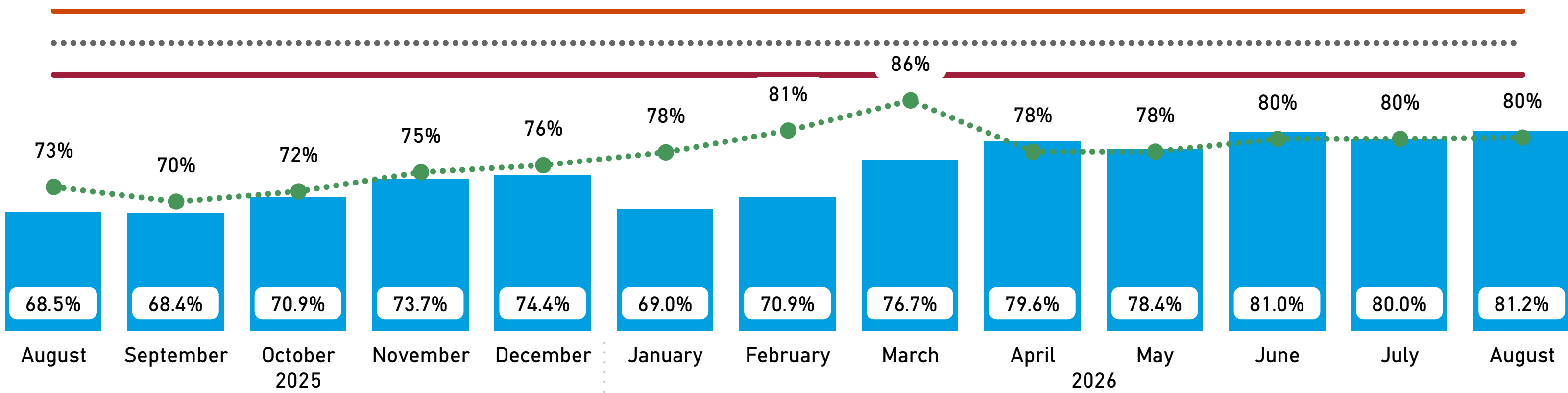
31 Day Performance

95.1%
Trajectory: 95% (+0.1%)
August 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%)



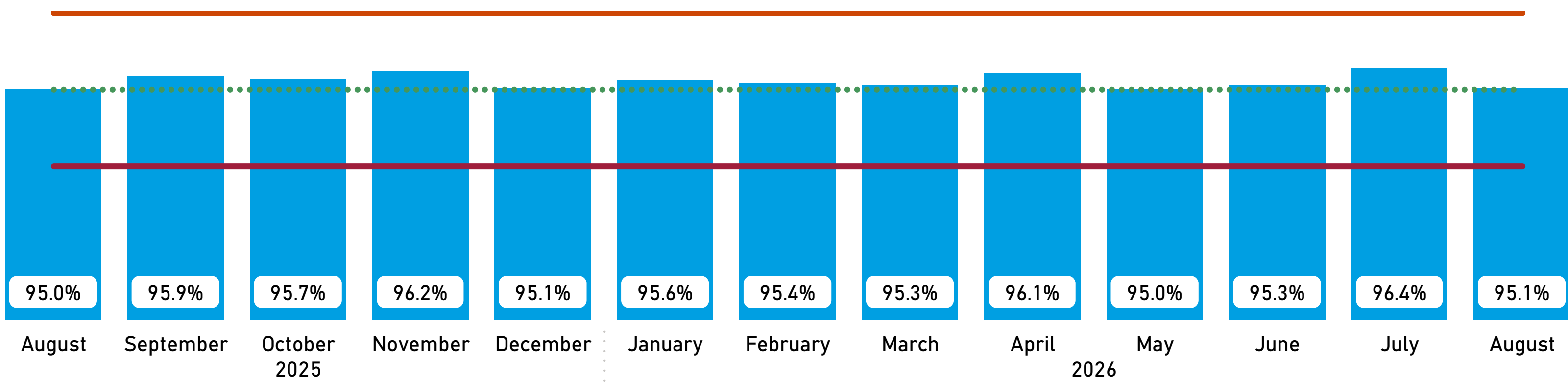
Cancer services have delivered sustained improvement in 62-day waiting times performance over the past year. Performance increased from 68.5% in August 2025 to 81.2% in August 2026, representing an improvement of 12.7 percentage points over the year.

Performance has exceeded the locally agreed trajectory for three consecutive months and August recorded the highest level of 62-day performance reported during the period shown, demonstrating continued progress in reducing waits from urgent referral to first treatment. The 62-day standard is a key measure of pathway effectiveness, encompassing referral, diagnostics, clinical decision-making and treatment initiation. Improvements therefore reflect progress across the whole cancer pathway rather than within any single service. Faster access to treatment is associated with improved patient experience and better clinical outcomes, making continued improvement in 62-day performance an important indicator of overall system effectiveness.

Performance against the 31-day standard remains consistently strong, with 95.1% of patients treated within the target timescale in August 2026, meeting both the local trajectory and national standard.

Cancer Performance - 31 days to treatment from decision to treat

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



Service Narrative

Focused improvement work continues across cancer pathways. Strengthened escalation processes are in place alongside ongoing data validation and tiered breach analysis. August 2026 performance remains reflective of the challenges in the early stages of cancer pathways from referral to confirmed diagnosis, with ongoing pressures in diagnostics and variation across high-volume tumour groups:

Colorectal - 79.2% (above August trajectory of 74.6%) performance decreased from 87.2% in July to 79.2% in August with 42 of 53 eligible referrals beginning treatment within 62 days. A pathway mapping exercise has been undertaken to identify the key delays across the pathway and identify where improvement should be focused. Further risk stratification of lower-risk referrals is to be developed pending further pathway guidance from CfSD. Work is also ongoing to increase CPT tracking resource requirements for the colorectal specialty; workforce expansion is being progressed.

Head & Neck - 66.7% (below August trajectory of 80%) performance decreased from 85.7% in July to 66.7% in August with 12 of 18 eligible referrals treated within 62 days. The Cancer Pathway Improvement Group continues to focus on early pathway delays, and the wait for first ENT outpatient appointments; a key challenge has been 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: one Clinical Nurse Specialist (CNS) is in post with clinics set up, there is one CNS vacancy. Speciality radiology input for ultrasound biopsy is noted as a factor in some breach analysis, but this only occurs when separate ultrasound is needed when unable to be performed at clinic. Imaging dates are escalated as required for these cases.

Lung - 88.7% (meeting August trajectory of 88%) performance showed a small increase from 88% in July to 88.7% in August with 47 of 53 eligible patients treated within 62 days. Impact of delays in PET reporting remain a constraint on pathway flow and optimal cancer pathway slots remain prioritised. Average days to reporting is 24 and average for the full pathway referral to report is 34 days). The Cancer Pathway Improvement Group is aligning NHSGGC pathways with the National Optimal Lung Diagnostic Pathway to support future standardisation. Close collaboration with GJNH is ongoing to ensure the surgical team are aware of patients and breach date as early in the pathway as possible.

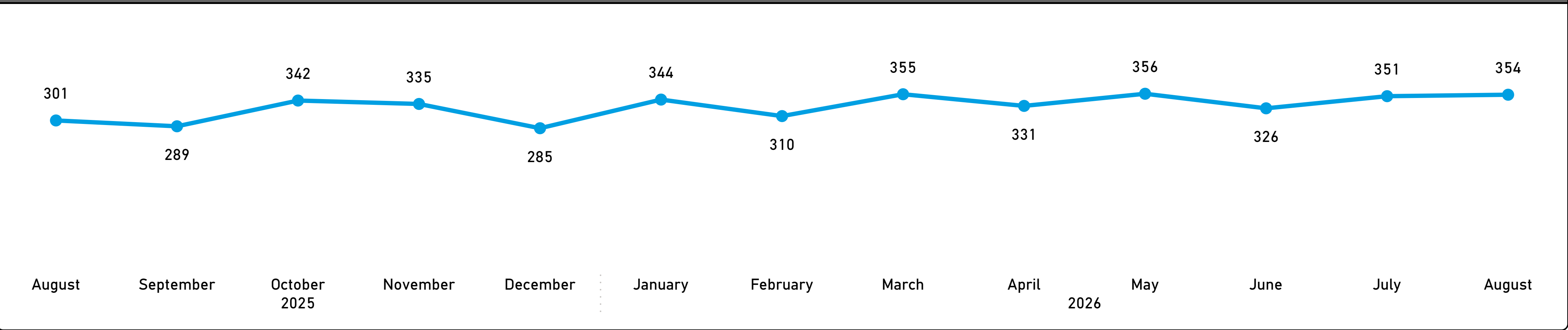
Urology - 51.1% (below August trajectory of 60.9%) performance remained static from 51% in July to 51.1% in August with 48 of 94 eligible referrals treated within 62 days. Median referral to treatment times for prostate cancer have reduced from 82 days in January 2026 to 69.5 days to end of August. Hormones, watchful waiting and active surveillance accounted for 82.8% of first treatments from January to August 2026 for prostate cancer - this is a key area to focus improvement work. Approximately 75-80% of total urology cancer activity is for prostate cancer, which is the lowest performing cancer type across NHS Scotland. This impacts overall cancer performance, and will continue until all long waiting patients are treated. There is an ongoing reduction in long waiting Urology patients with confirmed cancer that have breached 62 days. This peaked at 143 in September 2025 and has now reduced to 51, with 10 of these patients booked for treatment to start. There are 72 urology patients waiting over 80 days, 12 of whom have treatment booked. The National Optimal Diagnostic Pathway is to be launched for Prostate Cancer by October 2026. NHSGGC has already implemented direct to MRI as a first step on this pathway, as well as a new CNS led referral-to-MDT pathway and a pilot of one-stop clinic model in VOL. Average wait for patients treated with hormones and watchful waiting between June and July is a median of 61 days.

CAMHS: Activity and Waiting Times

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



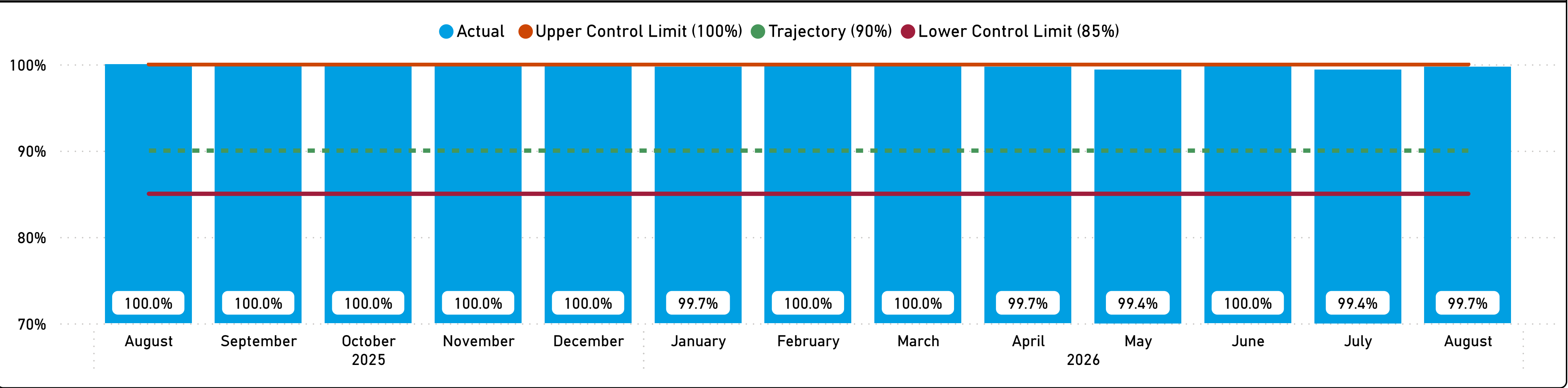
Patients Seen - CAMHS



CAMHS - Patients Seen Year To Date

1,718
Previous Year: 1,636
(+82 +5%)
August 2026

CAMHS - % starting treatment within 18 weeks



CAMHS Performance

99.7%
Target: 90% (+9.7%)
August 2026

Commentary

CAMHS waiting times performance against the national standard for commencement of treatment remains strong, with 99.7% of patients starting treatment within 18 weeks, a slight increase from the previous month.

The number of patients seen in August 2026 is higher compared to the previous year and coupled 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 challenge of balancing demand and capacity. Long-term increases in demand, alongside increasing case complexity since the pandemic, have had a significant impact on clinical capacity. CAMHS continues to actively manage these pressures, with a range of actions in place to improve access while maintaining safe clinical care and oversight for children and young people awaiting assessment or treatment.

The service has continued to meet the national RTT target, with the vast majority of the 354 children and young people across NHSGGC starting treatment in August 2026 doing so within 18 weeks. The longest wait was 19 weeks.

While the national standard reflects waits to start treatment, the number of children awaiting a second appointment remains high. This cohort is subject to ongoing clinical oversight and forms the primary focus of current improvement activity. As at 10 August 2026, there were 643 children waiting in NHSGGC Community CAMHS services for their second appointment.

A £1m investment has been allocated to increase clinical capacity and reduce the time children and young people wait between first treatment and second appointment. Early indications show this is contributing to sustained reductions in waiting times. The median waiting time from first treatment to second appointment has reduced substantially, demonstrating continued improvement in access to follow-up care and indicating that additional capacity is having a positive impact on service performance. As at August 2026, the median wait from first treatment to second appointment stood at 11 weeks, while the median wait from referral to second appointment stood at 22 weeks. This represents a significant improvement from July 2025, when the equivalent waits were 51 weeks and 71 weeks respectively.

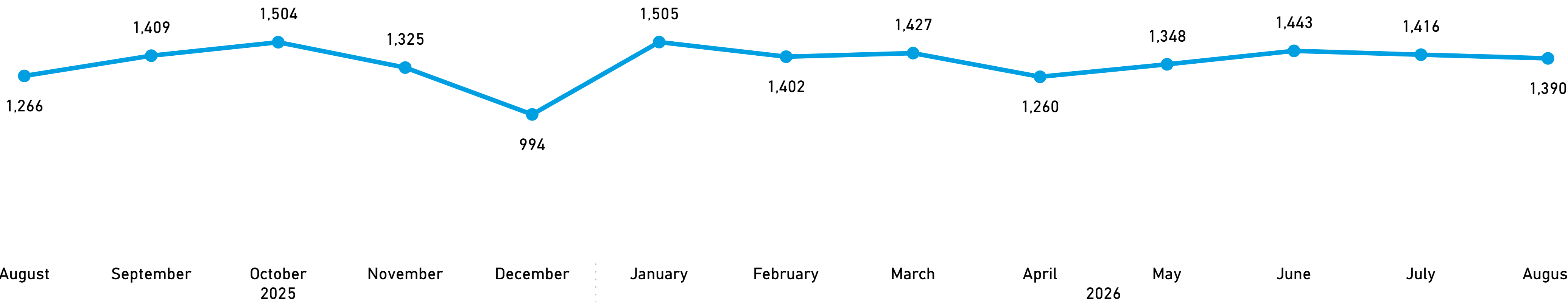
Whilst waiting times between first treatment and second appointments remain above the level the service would wish to achieve, improvement continues and robust clinical safeguards remain in place. A daily duty system provides ongoing clinical oversight of children and young people awaiting care and ensures that all referrals assessed as requiring an urgent response are seen within one week. This provides assurance that clinical risk is actively monitored and managed while work continues to improve access to follow-up appointments and reduce waiting times.

Psychological Therapies: Activity and Waiting Times

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



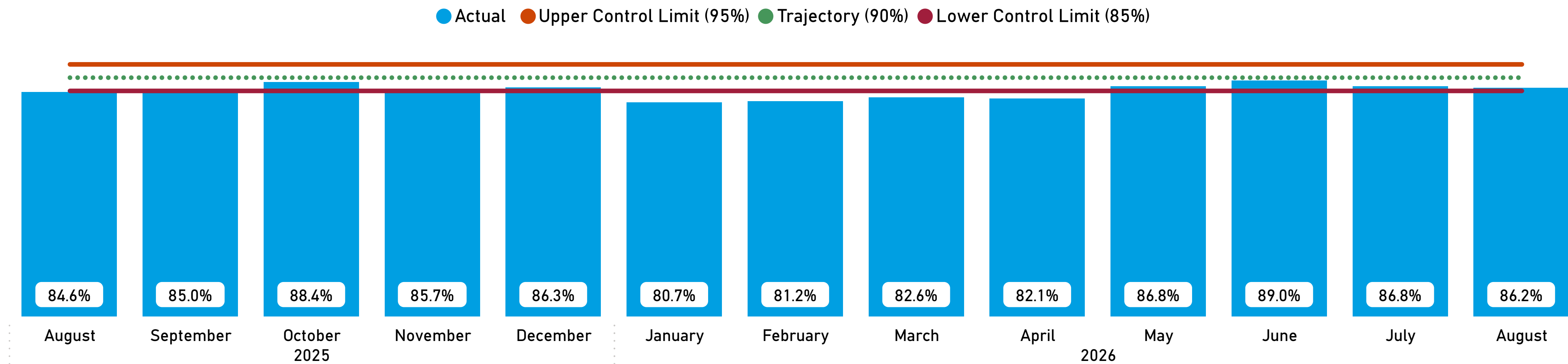
Patients Seen - Psychological Therapies



Patients Seen Year To Date

6,838
Previous Year: 6,432
(+406 +6%)
August 2026

Psychological Therapies - % starting treatment within 18 weeks



Psychological Therapies Performance

86.2%
Target: 90% (-3.8%)
August 2026

Commentary

Psychological Therapies (PT) performance in the most recent month shows that the proportion of patients starting treatment within 18 weeks is 86.2%, down from the previous month and remaining below the national standard of 90%. Activity levels in August 2026 have increased compared to the previous August, while year-to-date activity is up by 6.3% 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. There are delays in completing local service reviews to address financial pressures. Opportunistic reductions in PT staffing during recruitment processes or with flexible working requests lead to performance pressures not only in the relevant teams/partnerships but also in others, associated with shared governance and leadership arrangements. The impact of this on performance will be monitored. 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.

The majority of the longest waits are at the Glasgow Psychological Trauma Service where there has been a vacancy since March. This post has been approved for recruitment and should lead to a drop in the long wait numbers. In addition, there is on-going work on caseload management and throughput at the service. Recent progress towards completing the local service review, should help with this. The team is also exploring the option of referring its patients to the Board-wide Group Service for places on a trauma programme for the first phase of their prescribed trauma therapy.

Northwest Glasgow and West Dunbartonshire have the highest volume of long waits (40% of those waiting over 18 weeks are in Northwest) and the significant build-up in the numbers waiting over 18 weeks is primarily due to vacancies. Mitigating strategies will be considered as part of the on-going review of the Primary Care Mental Health Teams in Glasgow City.

Evidence shows that most adults receiving specialist psychological therapy within secondary care successfully complete treatment within around 20 sessions and efforts to promote quicker throughput are on-going.

Strategies for increasing referrals from particular service areas, to the Board-wide computerised CBT service will be pursued.

Musculoskeletal Physiotherapy: Activity and Waiting Times

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

MSK Physio - Patients Seen within 4 weeks

36%
Trajectory: 41%
August 2026

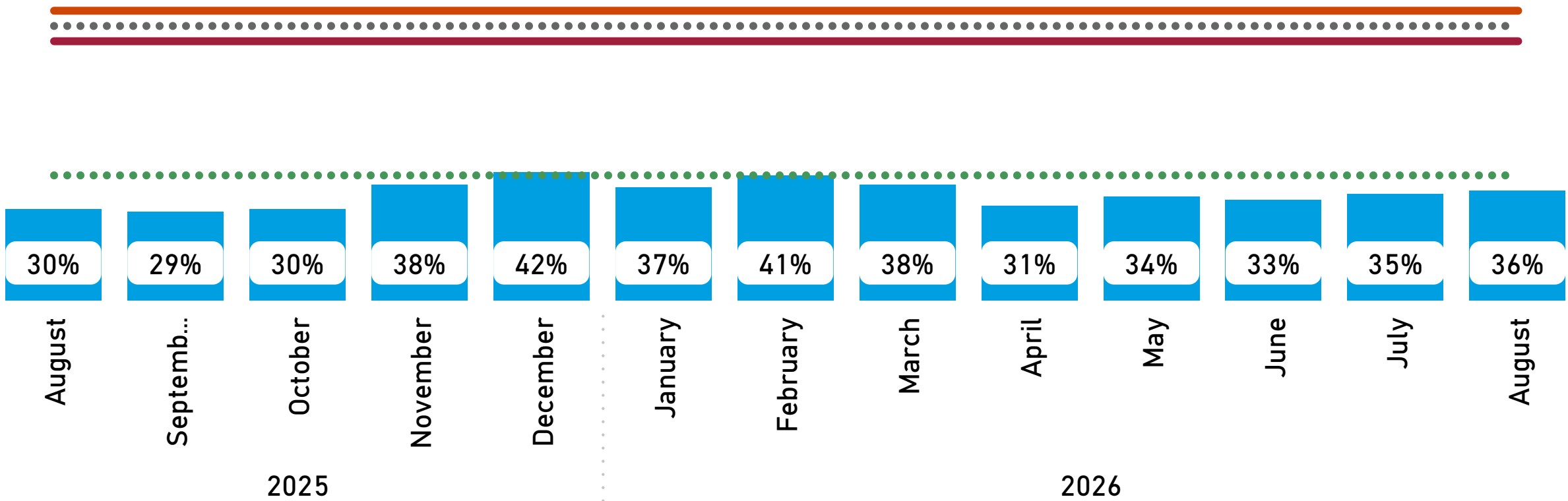
MSK Physio - Average Wait (Weeks)

8.4
Trajectory: 9.4
August 2026

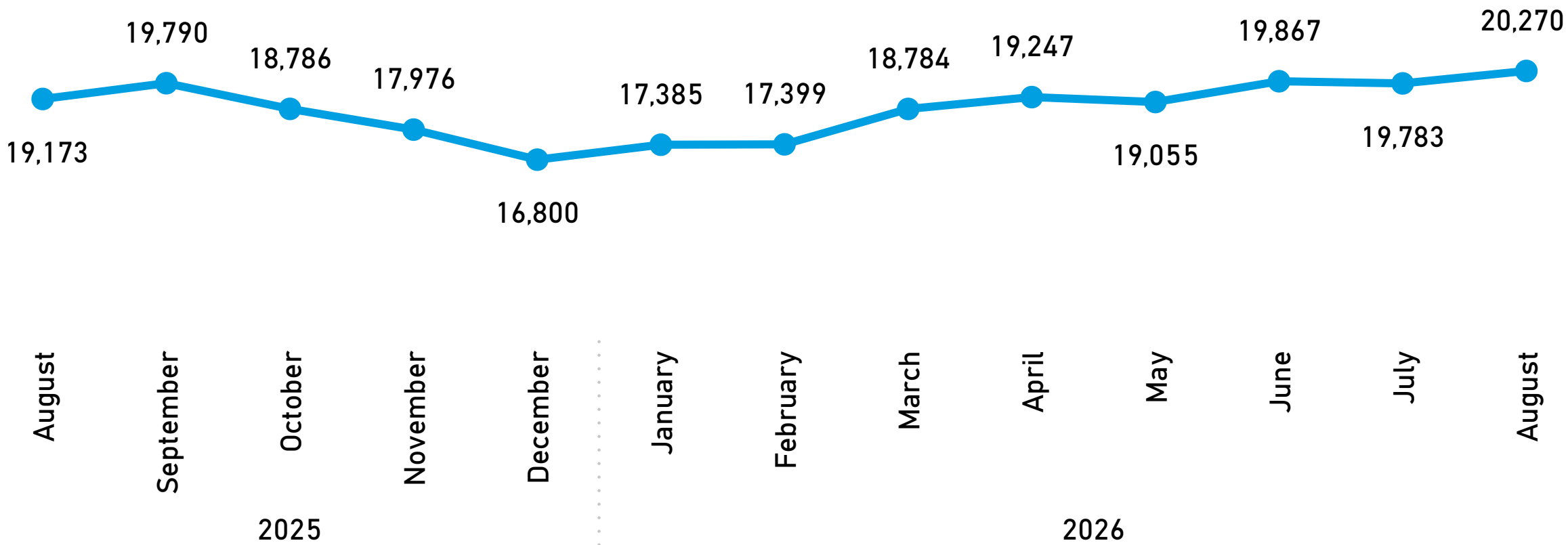


MSK Patients Seen within 4 weeks of referral

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

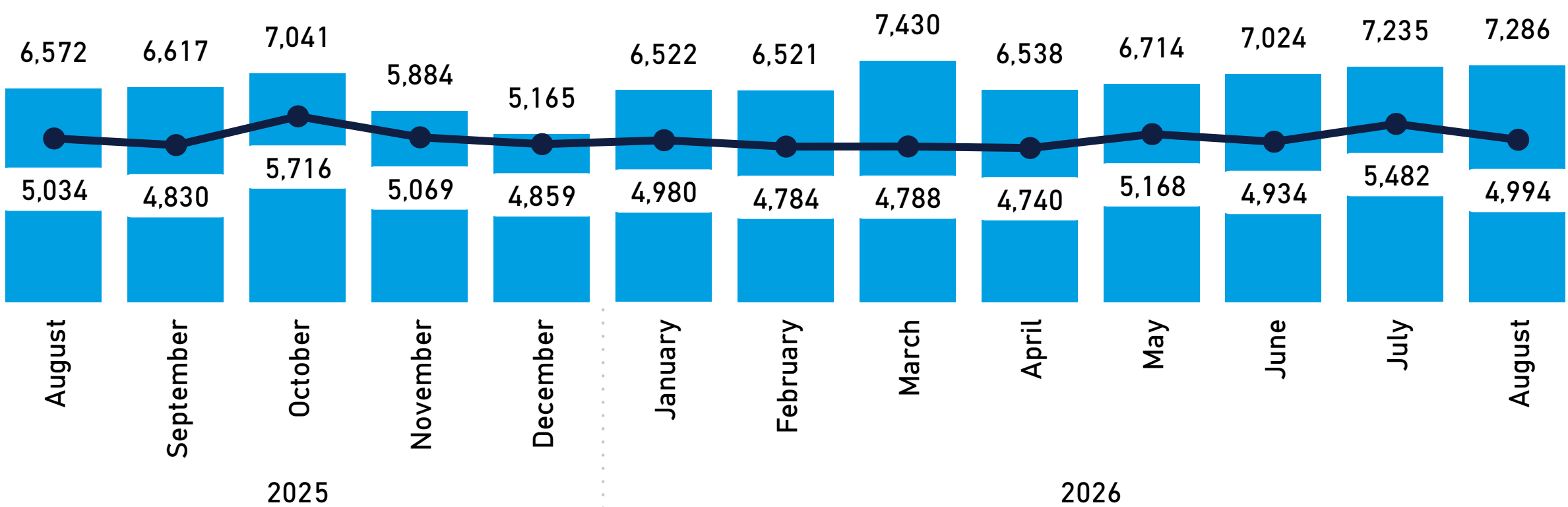


MSK Total Waiting List



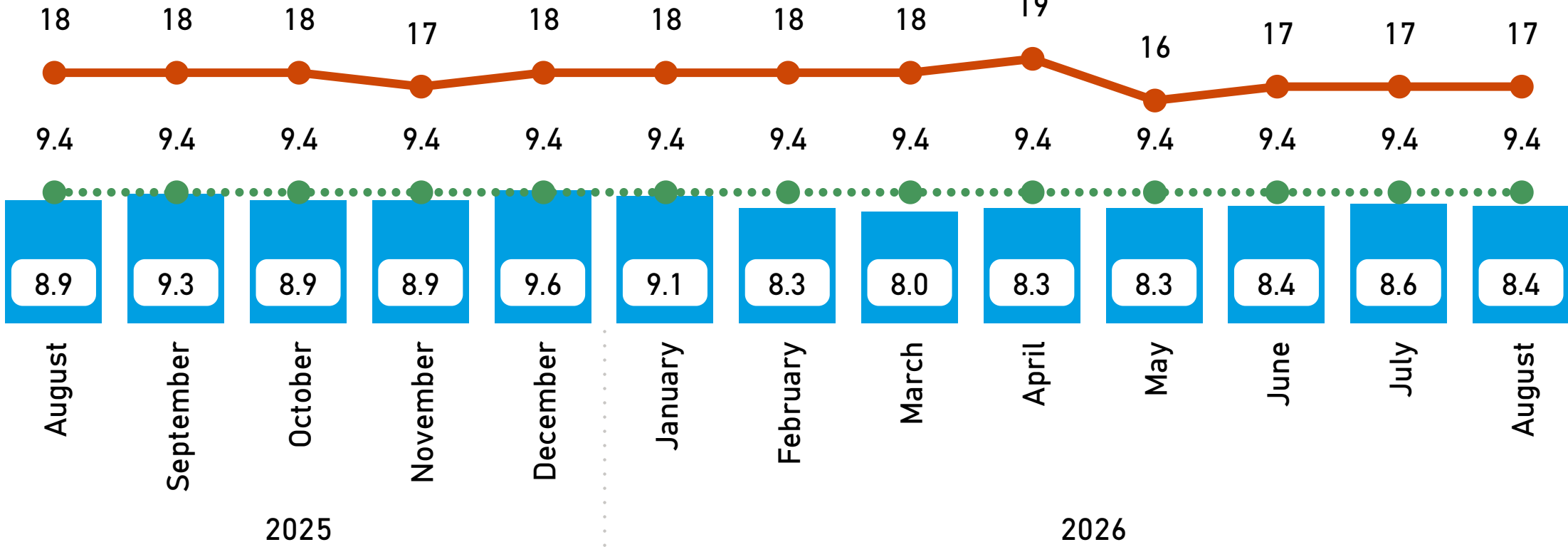
MSK New Referrals vs Patients Seen

New Referrals New Patients Seen



MSK Completed Waits (Weeks)

Average Waiting Time (Weeks) Trajectory Longest Wait in Weeks



Commentary
MSK physiotherapy performance is slightly higher in August 2026 with 36% of patients seen within four weeks, although remaining below the local trajectory. Demand has risen in August 2026 and is higher than the figure from August 2025. Numbers of patients seen each month remain steady. Longest waits have decreased slightly from 18 to 17 weeks compared to the previous year and remain static compared to the previous month, reflecting the need to prioritise urgent cases. The overall waiting list has increased in August 2026 and remains higher than in recent months.

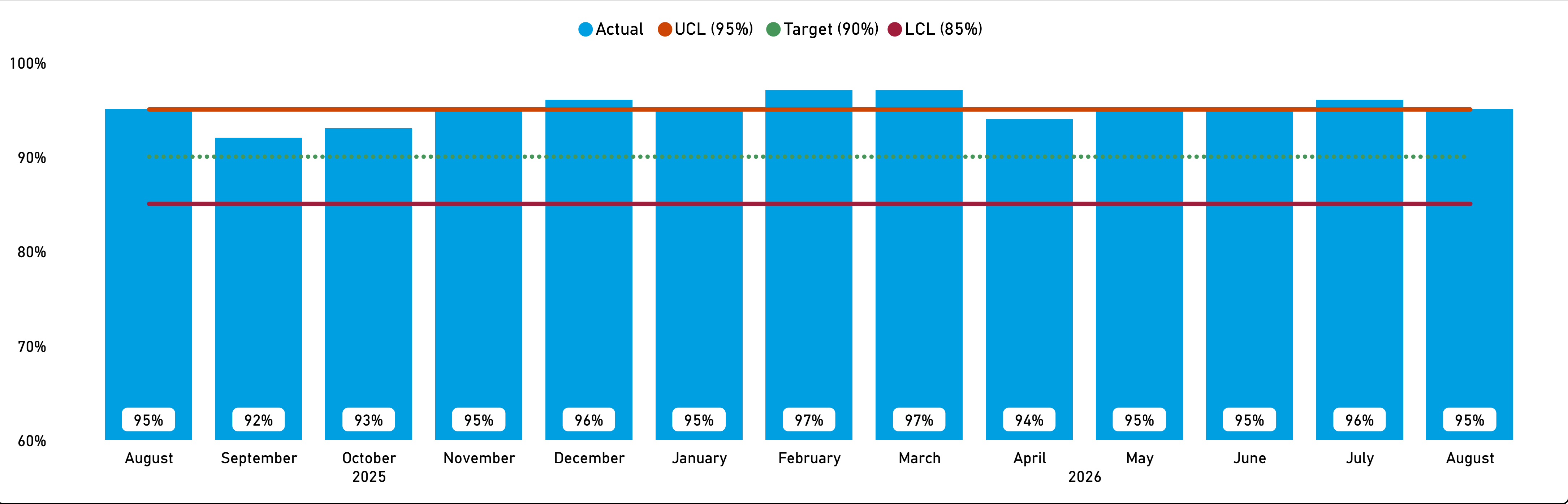
Service Narrative
Demand has risen sharply over June, July and August with the referral rate over 7,000 each month. This is a rising trend as the referral rate in 2025/26 was relatively static. Reported % seen within the four-week target has improved slightly and the maximum routine waiting times have remained static at 17 weeks. Internal audit findings confirmed that 100% of urgent patients were seen within the four-week target. The MSK service welcomed the financial support from the Board of £1.2million additional non-recurring funding to address waiting times. As a result of this funding, to date there has been successful recruitment of six additional staff who started in the first week of September. Further substantive vacancies are out to advert. This will see improved service capacity over the coming months (as long as turnover rates are stable). The waiting times group continues to work 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%)
August 2026

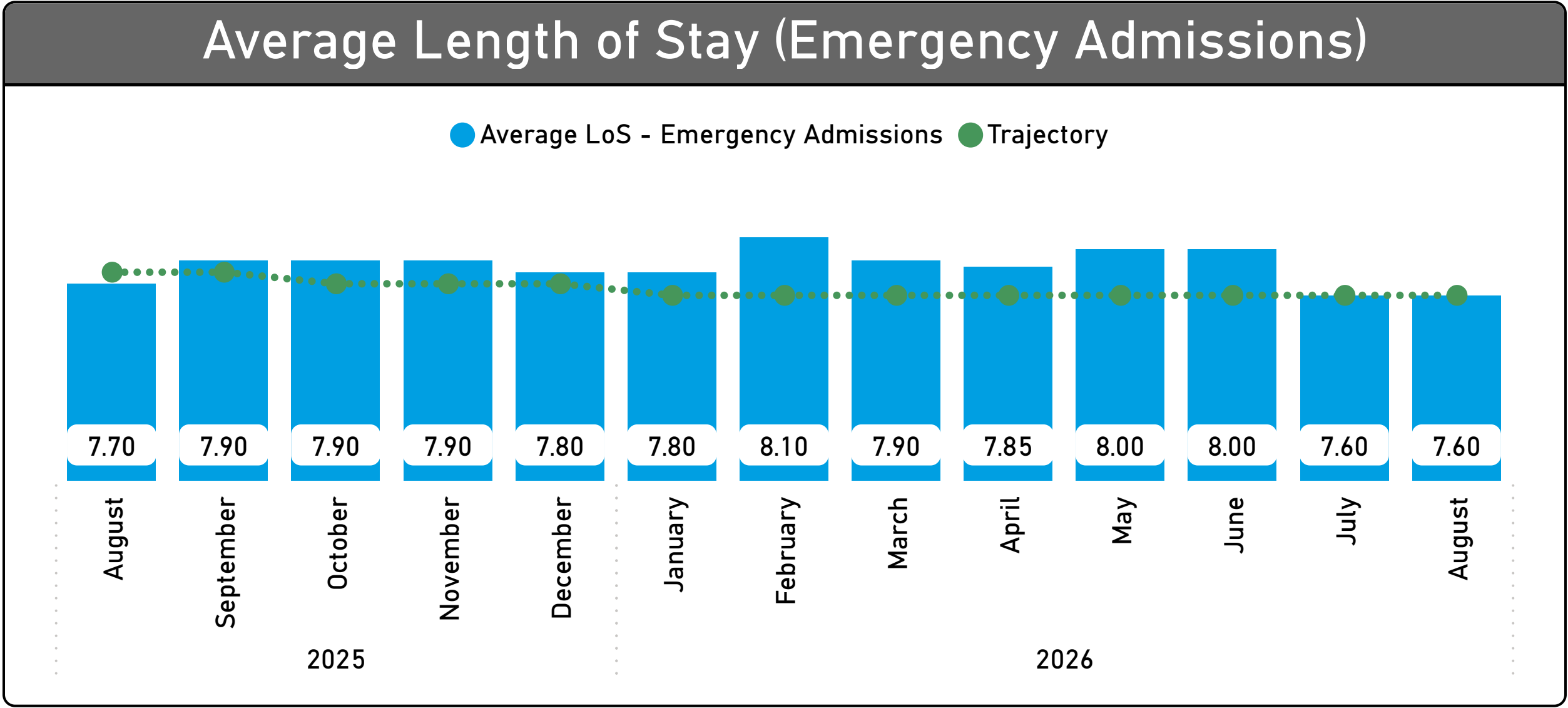
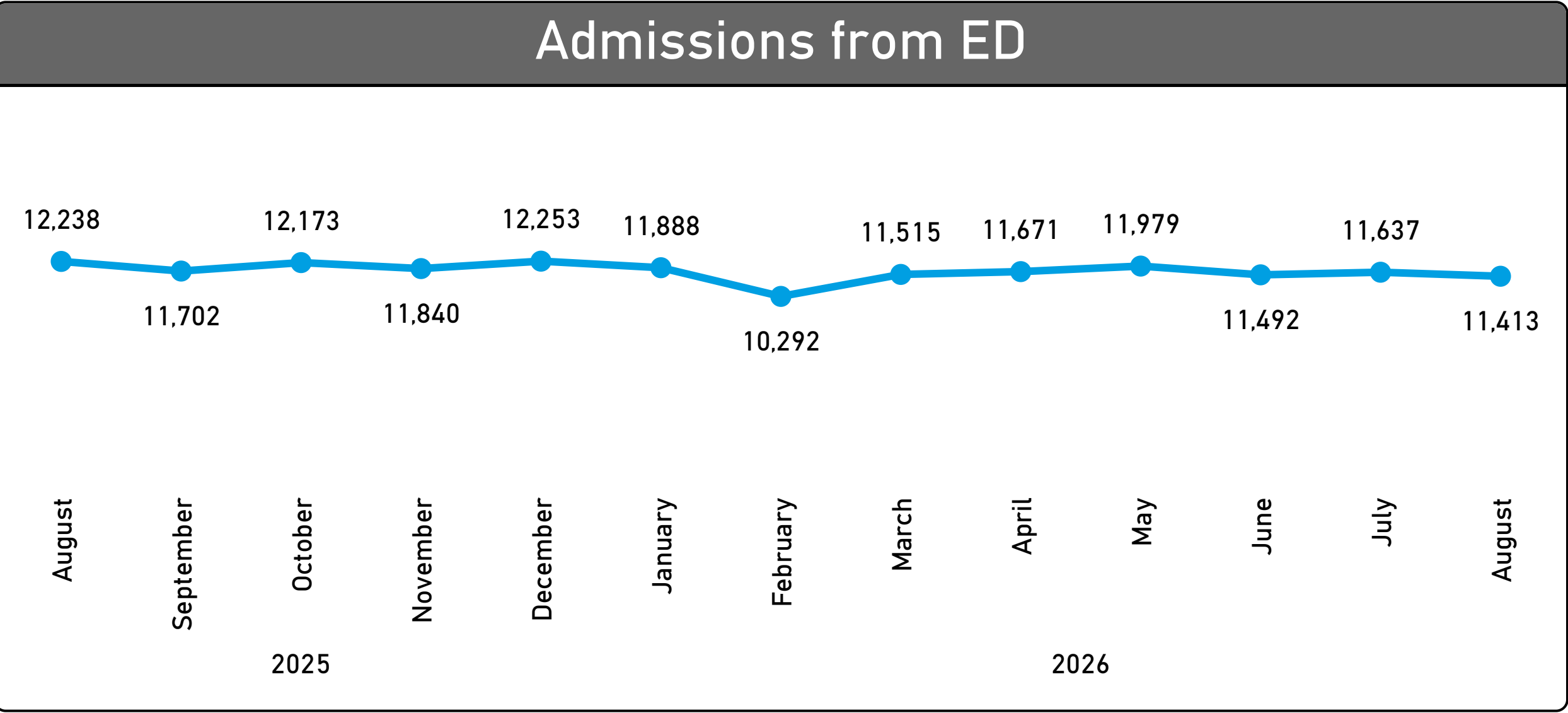
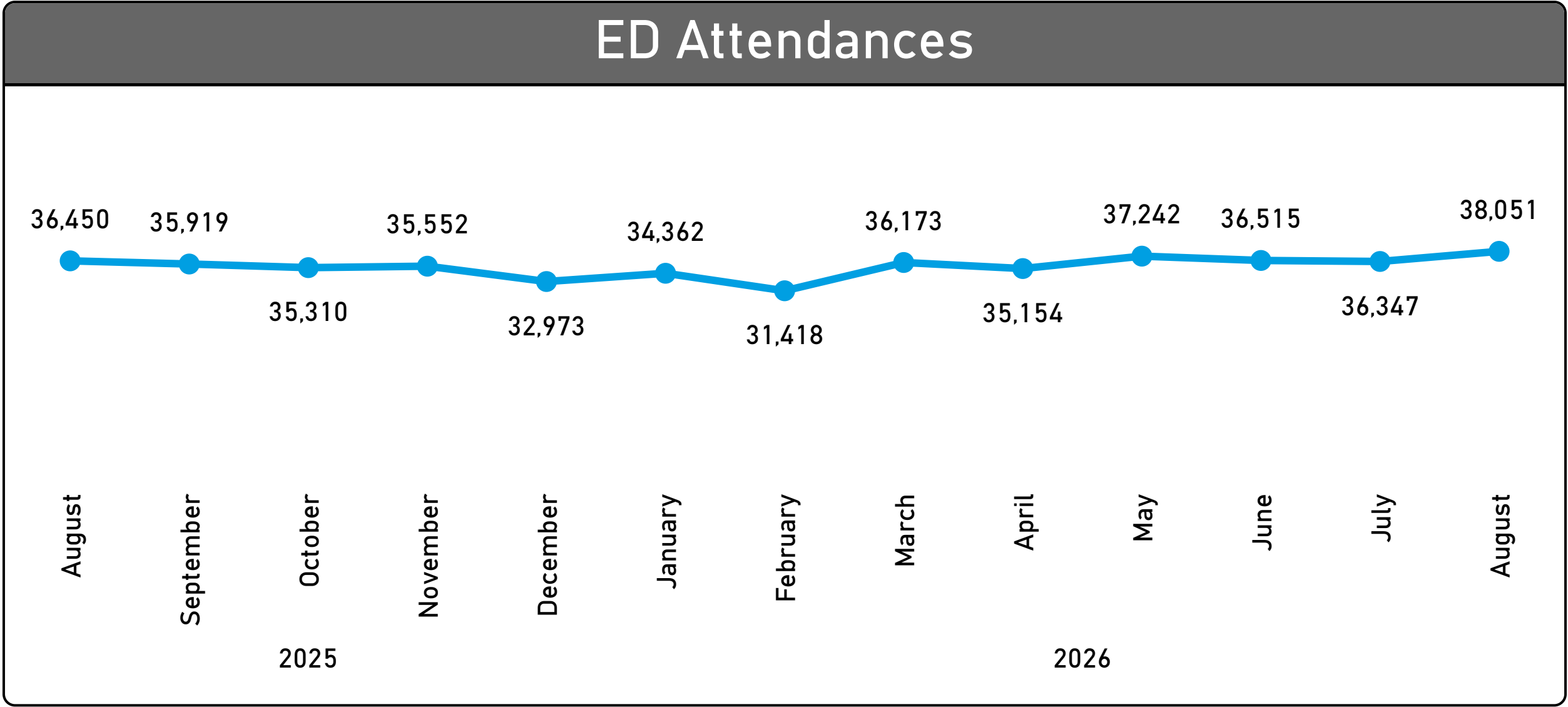
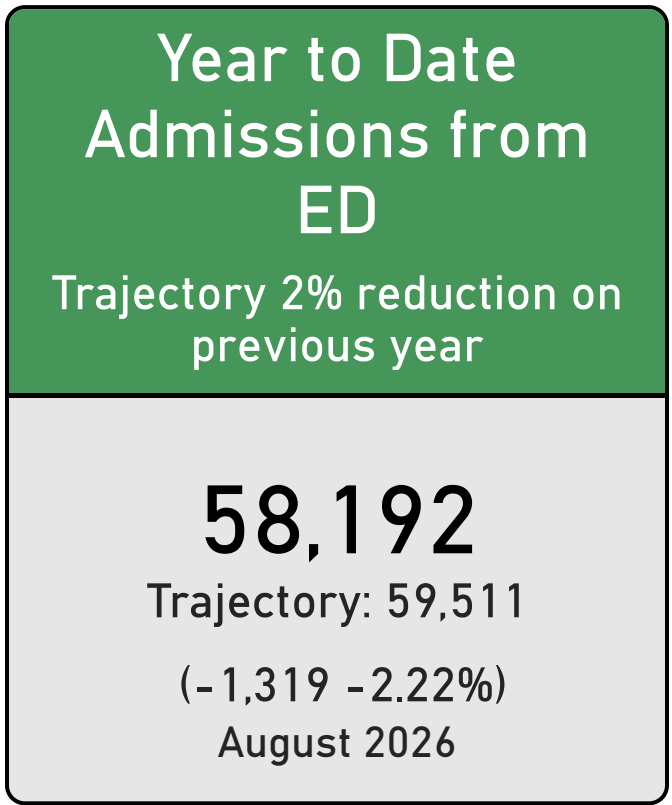
Commentary

95% of eligible podiatry patients were seen within four weeks of referral in August 2026, a slight decrease of 1% compared to the previous months' position, but 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: Attendances, Admissions and Average Length of Stay

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



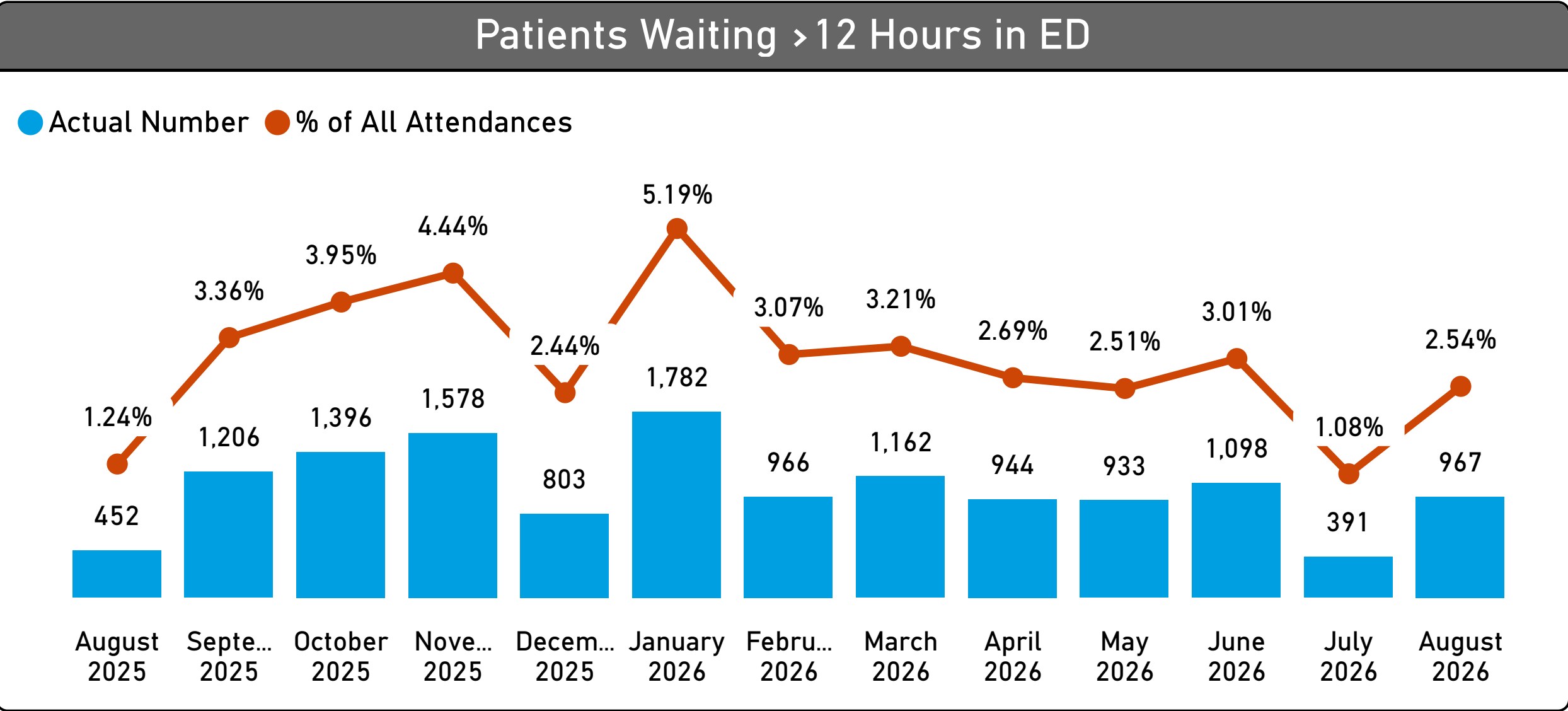
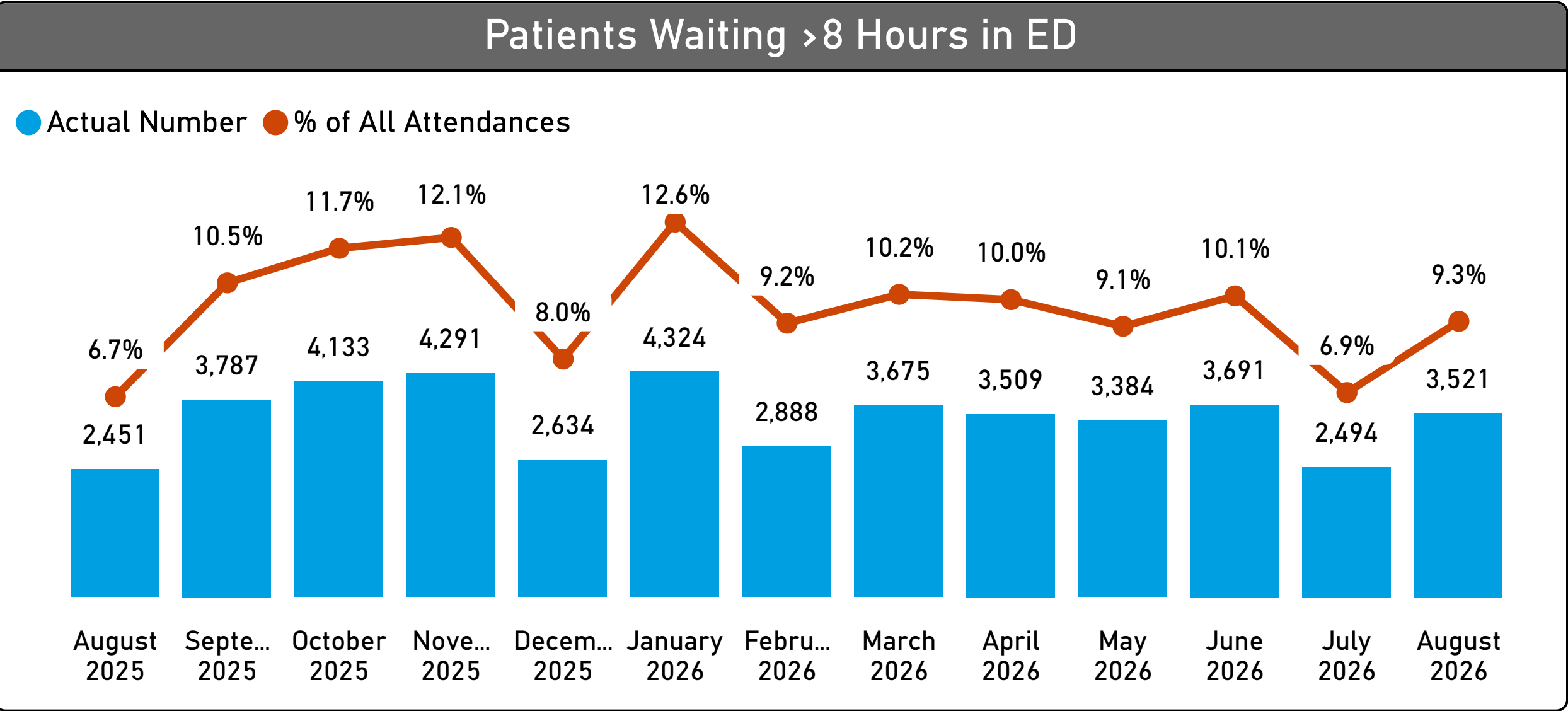
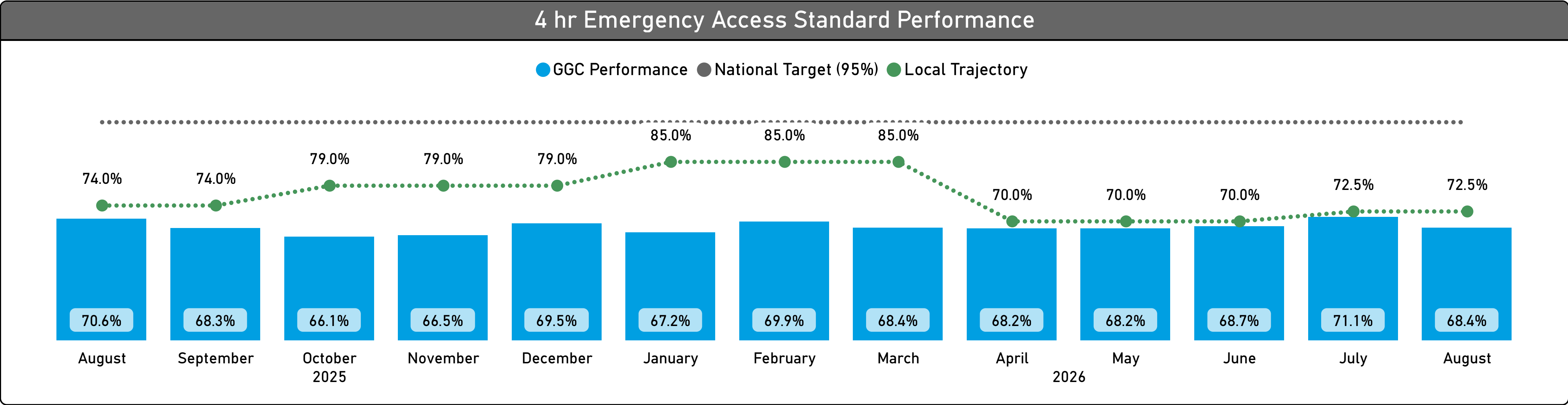
Unscheduled Care: Emergency Access Standard and Long ED Waits

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

4hr Emergency
Access Standard
Performance

68.4%

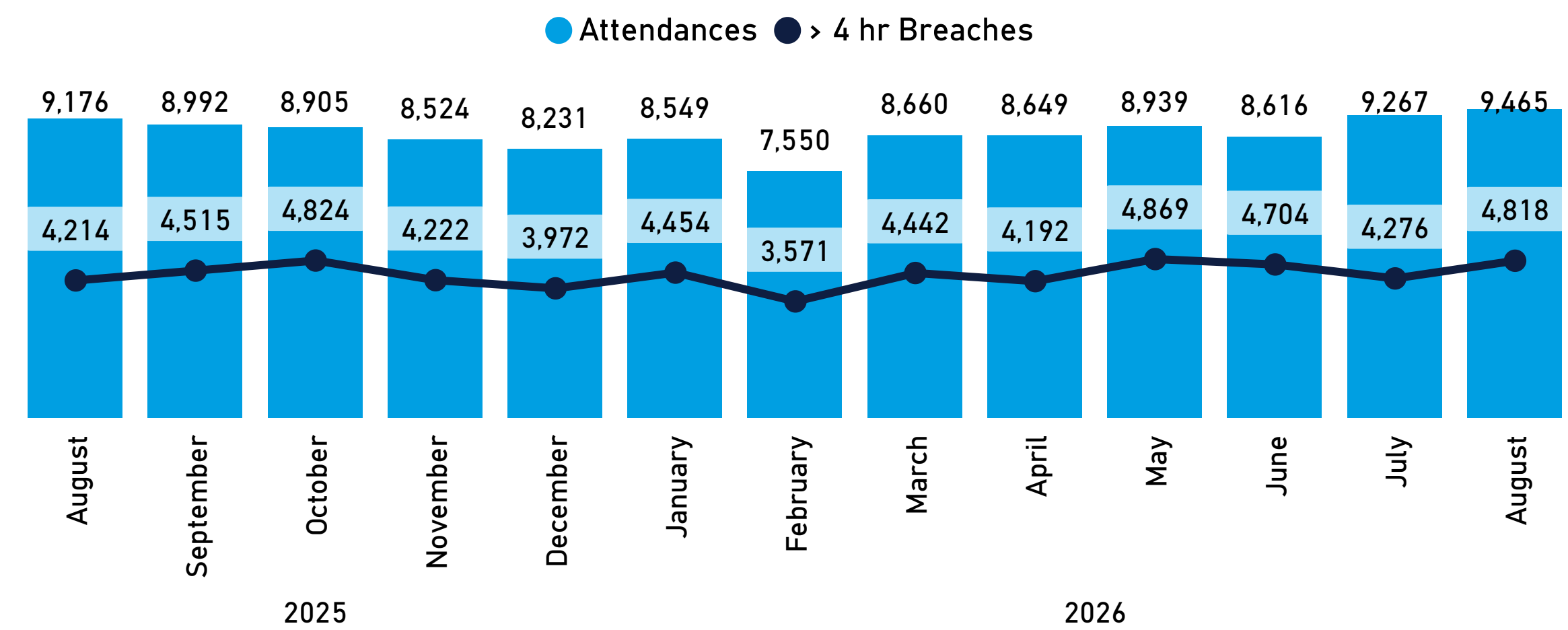
Trajectory: 72.5% (-4.1%)
August 2026



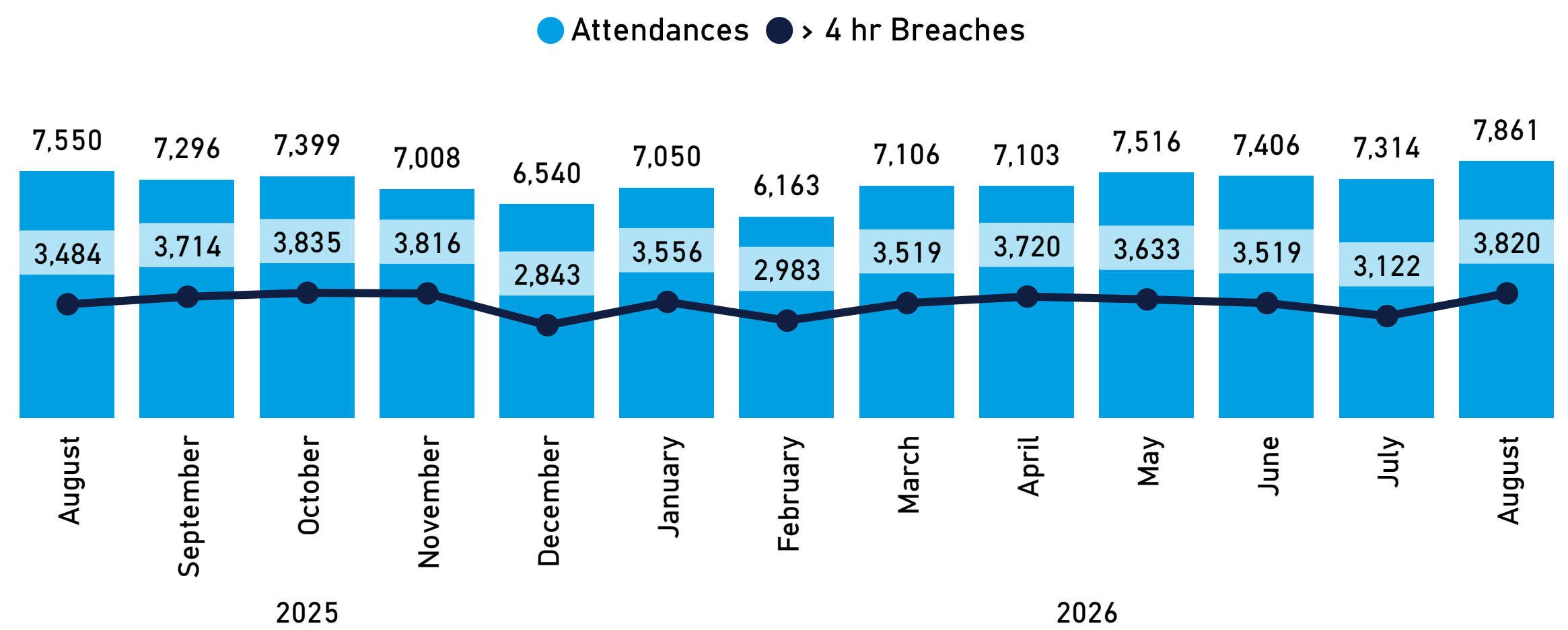
Unscheduled Care: Emergency Attendances and 4hr Breaches by Site

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

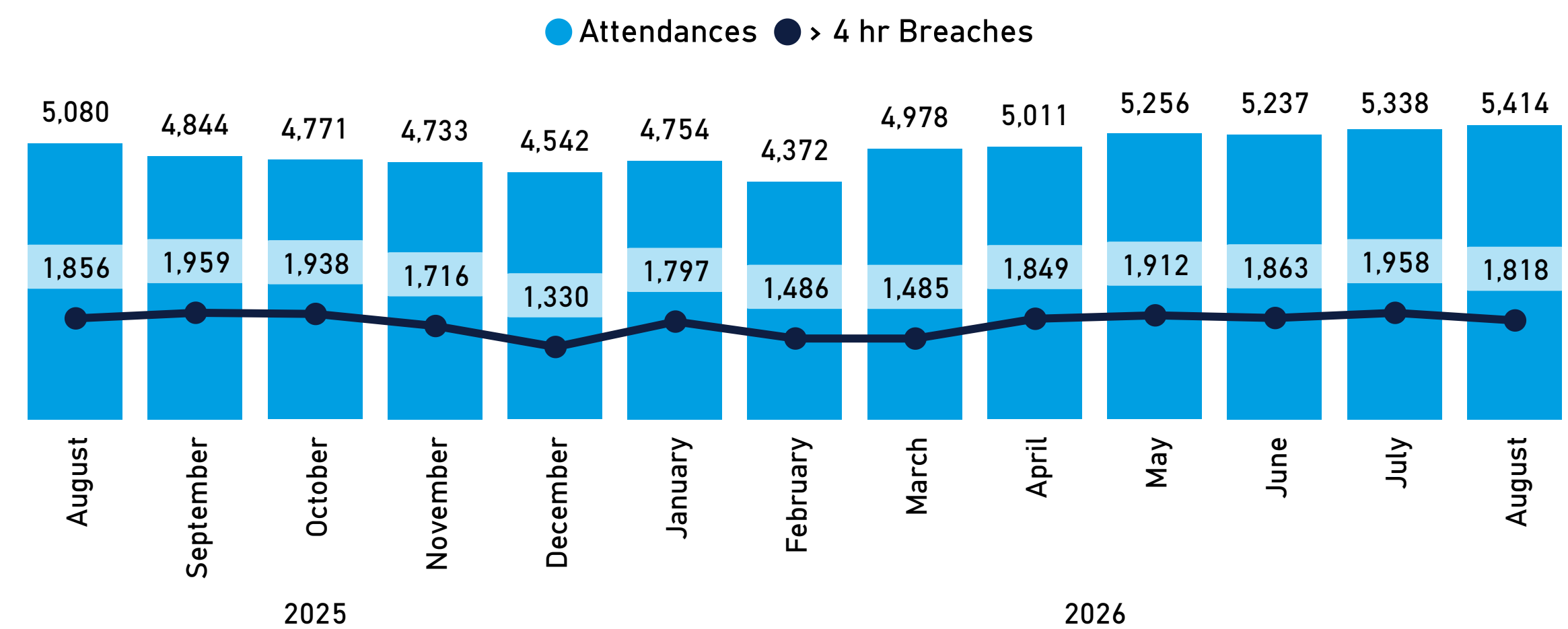
Attendances and >4 hr breaches - QEUH



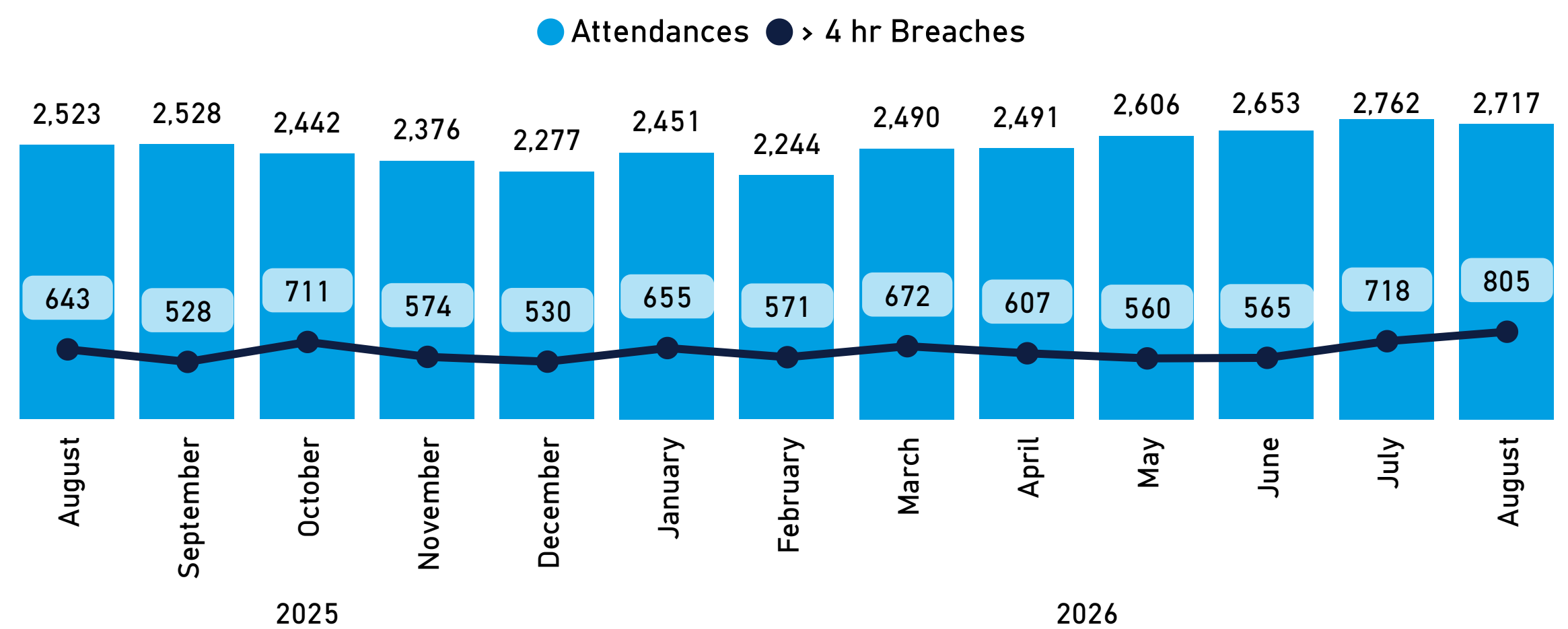
Attendances and >4 hr breaches - GRI



Attendances and >4 hr breaches - RAH

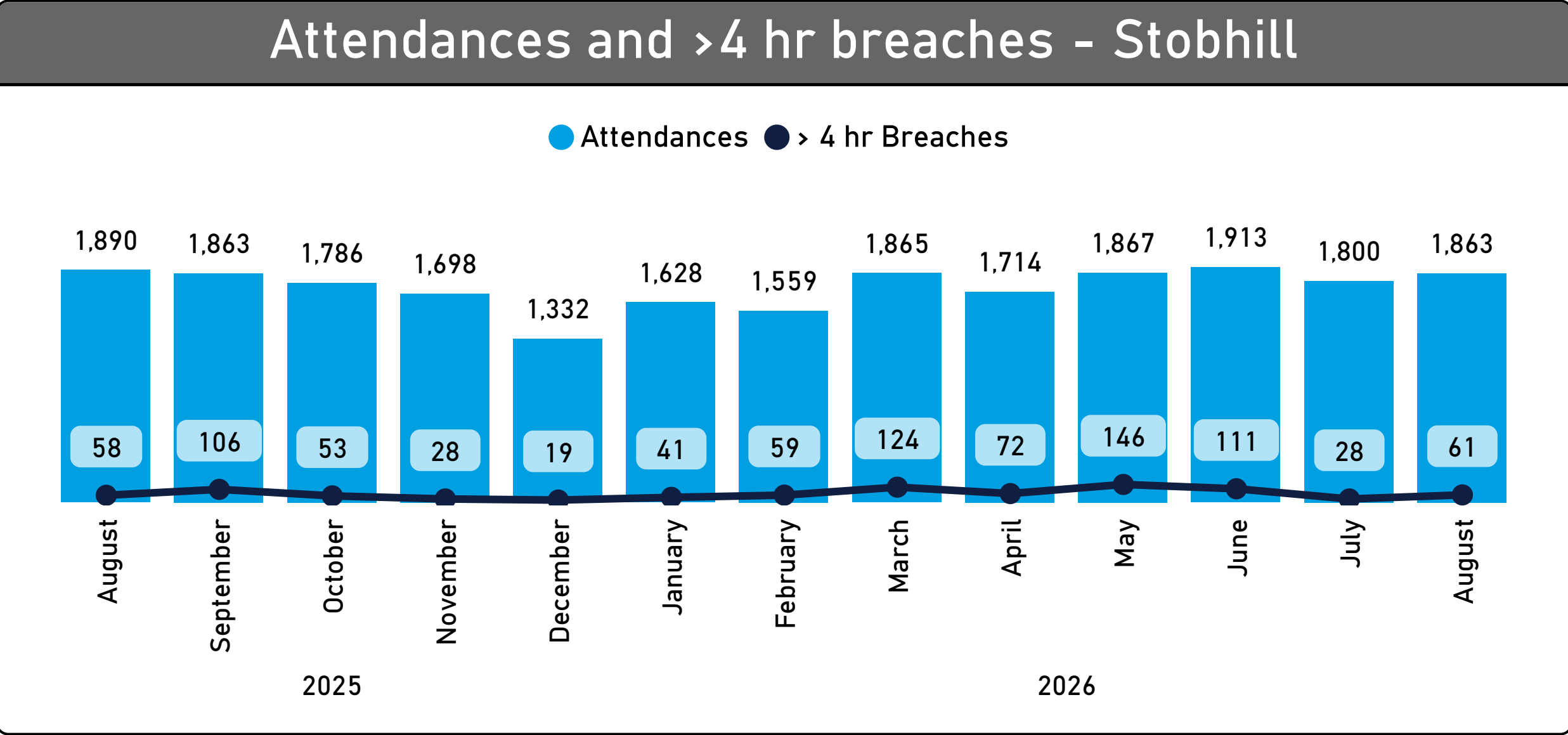
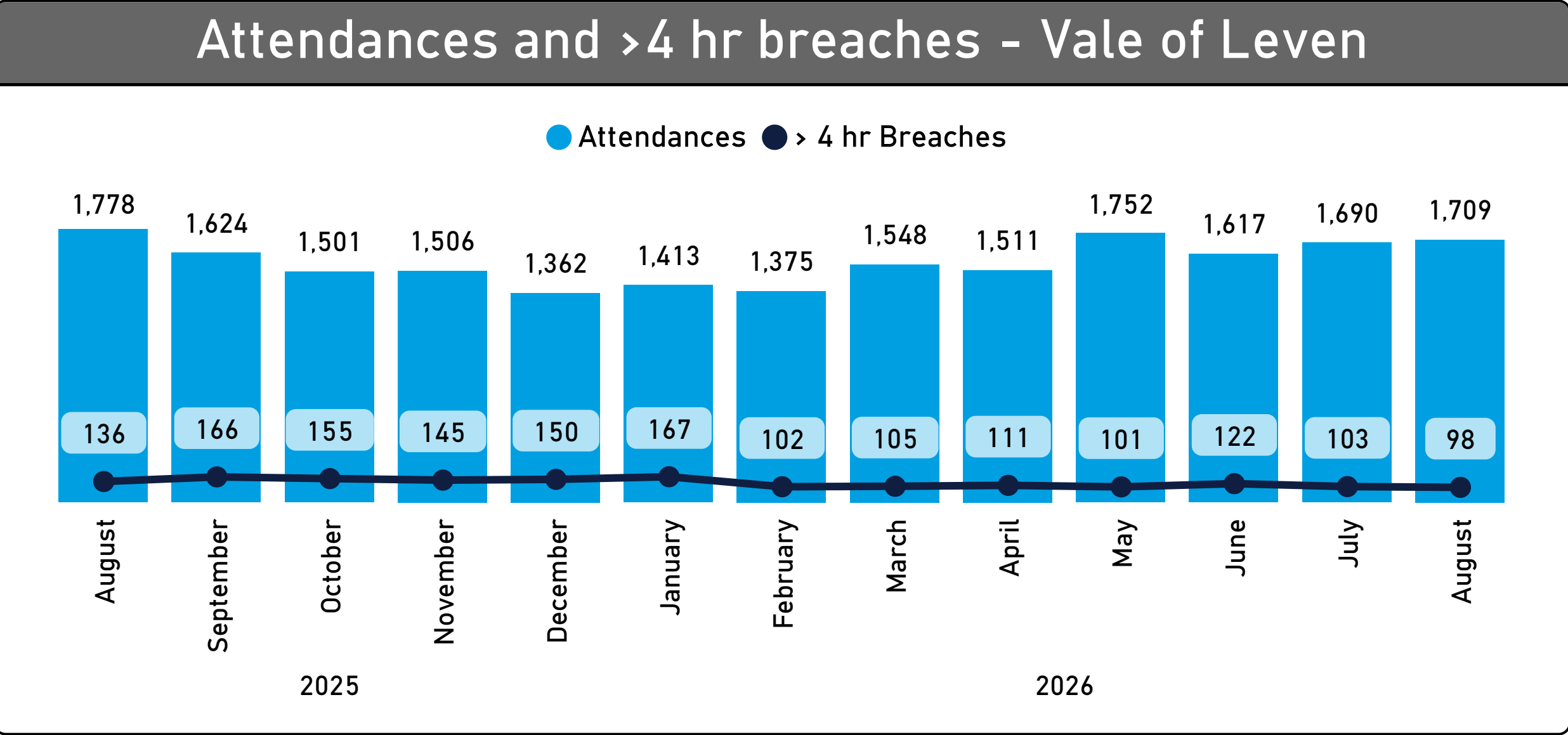
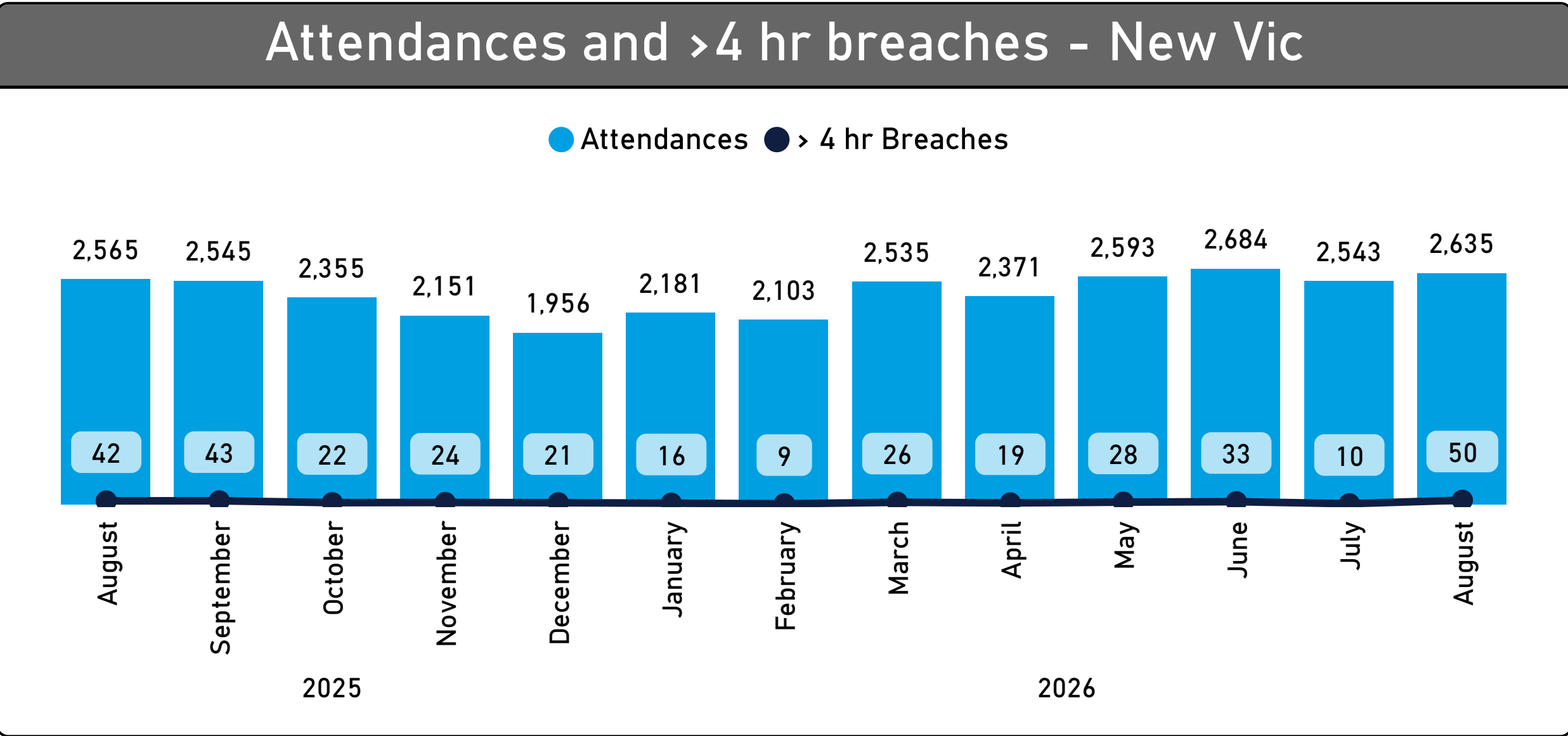
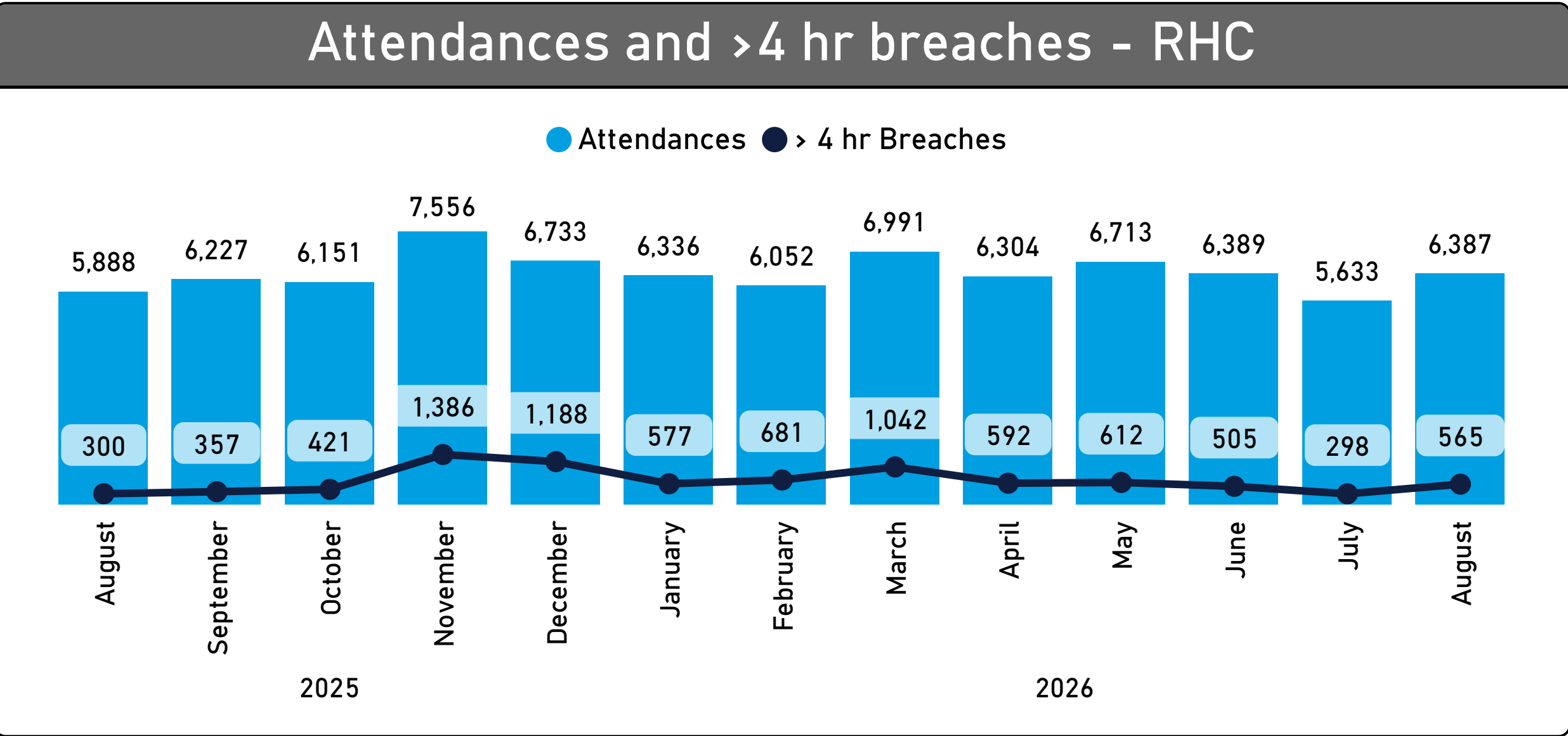


Attendances and >4 hr breaches - IRH



Unscheduled Care: Emergency Attendances and 4hr Breaches by Site

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

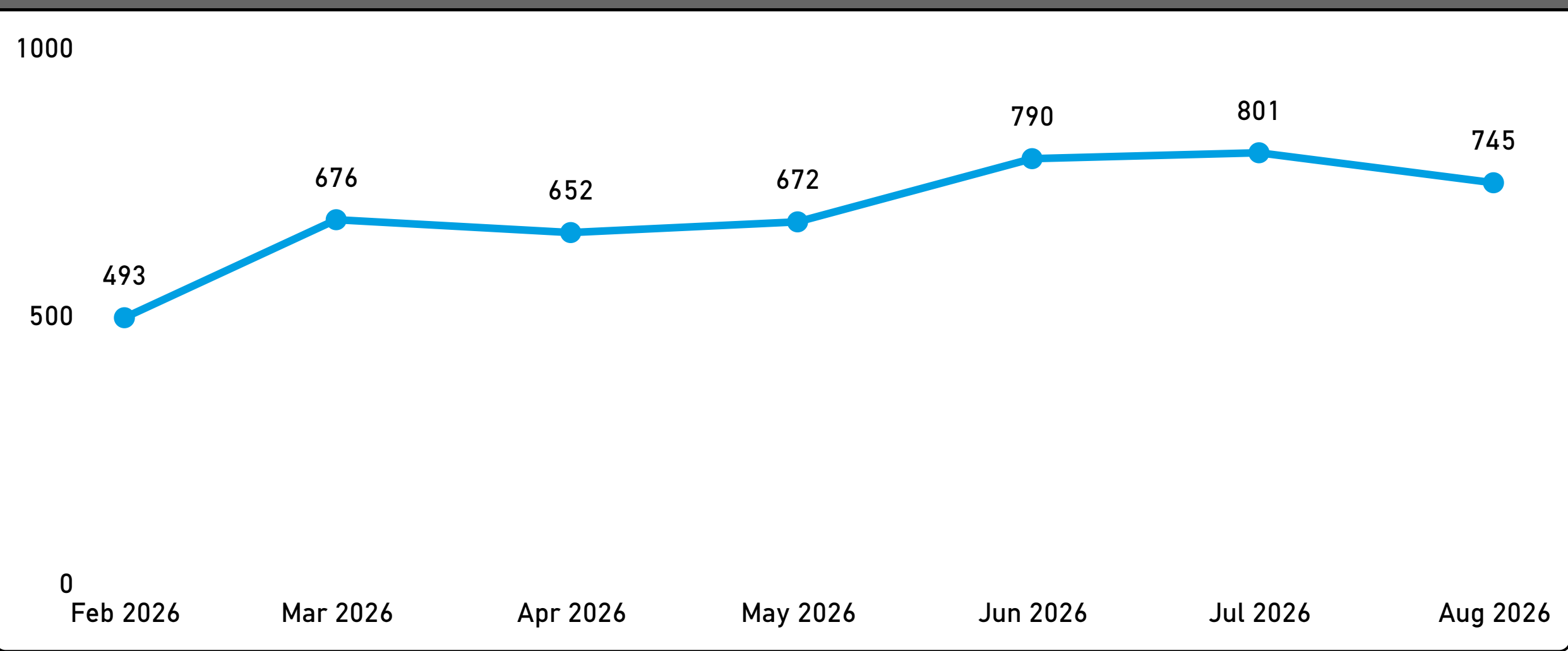


Unscheduled Care: Virtual Hospital

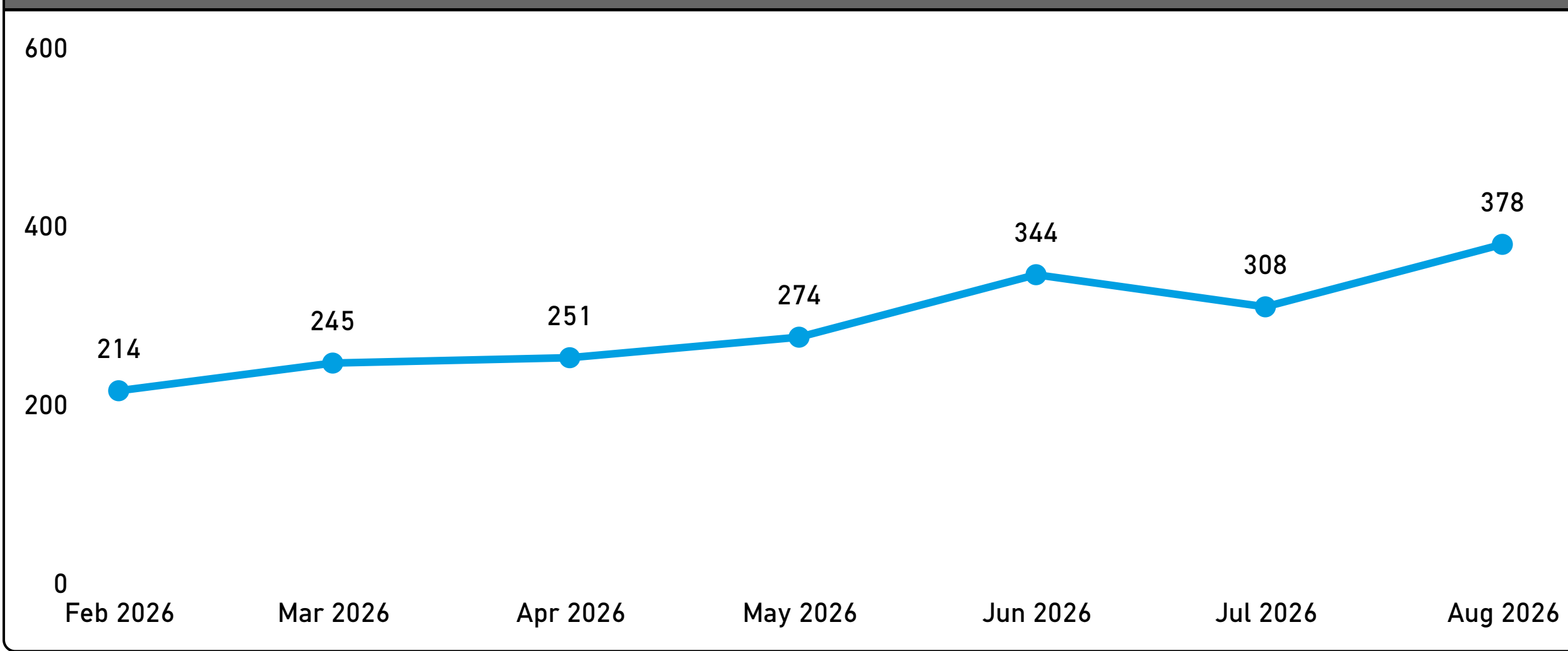
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



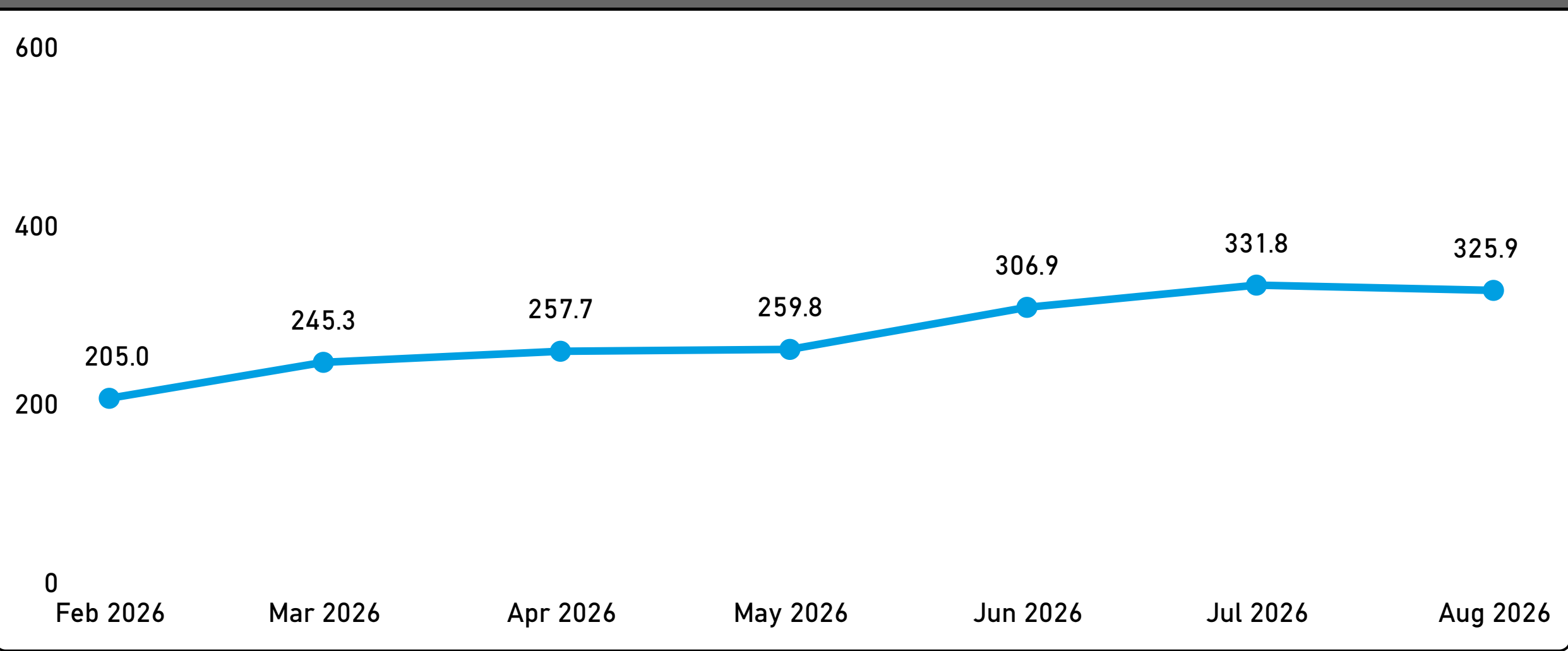
Admissions to Virtual Hospital



Virtual Beds Occupied at Month End



Average Virtual Beds Occupied per Day



Virtual Hospital activity has continued to expand, with admissions increasing from 493 in February to 745 in August 2026. Average occupied virtual beds increased from 205 to 326, while month-end occupancy reached 378 beds. The service continues to grow and provide additional capacity across the system.

Virtual Hospital services allow patients who would otherwise require an inpatient bed to receive care safely at home through remote monitoring and clinical oversight. This improves patient experience while reducing pressure on acute hospitals, supporting patient flow and increasing available capacity across unscheduled care services. As demand for urgent care continues to grow, Virtual Hospital capacity will remain an important component of sustainable service delivery.

Commentary

A total of 183,309 A&E attendances were reported between April and August 2026, 8,611 (4.9%) above trajectory. Compliance with the 4-hour Emergency Department standard decreased slightly from 71.1% in July to 68.4% in August and remains below both the local target of 72.5% and the national standard of 95%. Despite sustained demand, admissions from ED met trajectory over the April to August period and the average length of stay for emergency admissions also met the August trajectory of 7.6 days. Although too many patients continue to experience extended waits in Emergency Departments, the number of patients waiting more than 8 and 12 hours remains substantially below the levels reported during winter 2025/26. In August 2026, 3,521 patients waited more than 8 hours and 967 waited more than 12 hours, compared with peaks of 4,324 and 1,782 in January 2026.

Service Narrative

Delivery of the Interface and Urgent Care Programme continued during August, with several pathways moving from development into delivery. Virtual Hospital capacity reached a peak of 550 concurrent patients despite workforce pressures, while the programme continued to focus on reducing occupancy, improving front-door flow and progressing towards 1,000 virtual beds.

South Sector’s Zero-Day Stay Area opened on 7 September and the impact on ED and assessment-unit flow will be reviewed during October. The OPAT admission-prevention pathway went live in August and continues to support admission avoidance alongside Discharge to Scan. Cardiology Patch & Go continues to increase activity in South and referral routes have been extended to include ED and atrial fibrillation patients, with work progressing to expand the pathway into North and Clyde.

The Frailty Care Home pathway is live. The Clyde geriatrician post has been appointed, and recruitment continues for the remaining posts with actions in place across other sectors with current staffing.

E-Triage is active across all sites and a cross-sector ED Interface and E-Triage Group is now overseeing E-Triage, FNC+, redirection and self-presenter activity. The Frequent Attenders dashboard has been refreshed, with an SOP and Quick Reference Guide developed to support consistent use. The programme is moving into the pilot phase for targeted interventions aimed at improving patient outcomes, reducing avoidable attendances, and supporting more effective use of healthcare resources.

Work continued with site directors to define the future Command Centre model and the requirements for a whole-system, 24/7 coordination approach. The North Sector Unscheduled Care Flow Test of Change commenced in September, focusing on how admissions through the Medical Assessment Unit are progressed.

Operational challenges remain. Workforce availability and recruitment timelines across Acute and HSCP services continue to affect the pace of implementation and service expansion. Staffing within FNC+ including ED Consultant/Acute Physician capacity remains a key constraint to further development in delivery and mitigations are in place.

Looking ahead, delivery of the remaining pathways continues to reach 1,000 bedded target and delivery of plan continues to support reduced occupancy with performance and impact discussions undertaken in Urgent Care weekly meetings. Hospital at Home is progressing work to expand pathway criteria for Step-Up patients, increasing access, enable earlier intervention, and maximise service capacity.

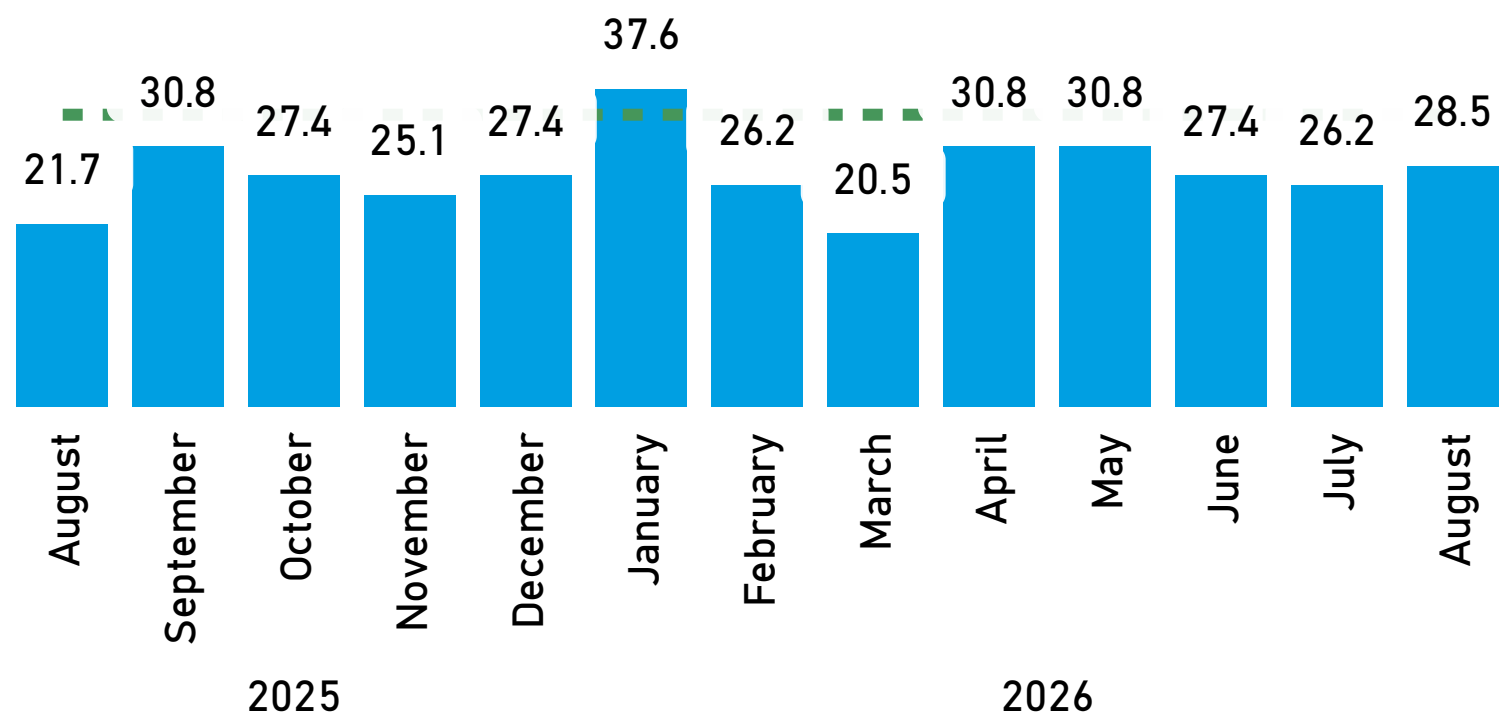
Implementation of the Respiratory step-down pathway with acute and community services with implement actions following the analysis of ED Attendances.

Delayed Discharge: Delays per 100,000 Population by HSCP

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

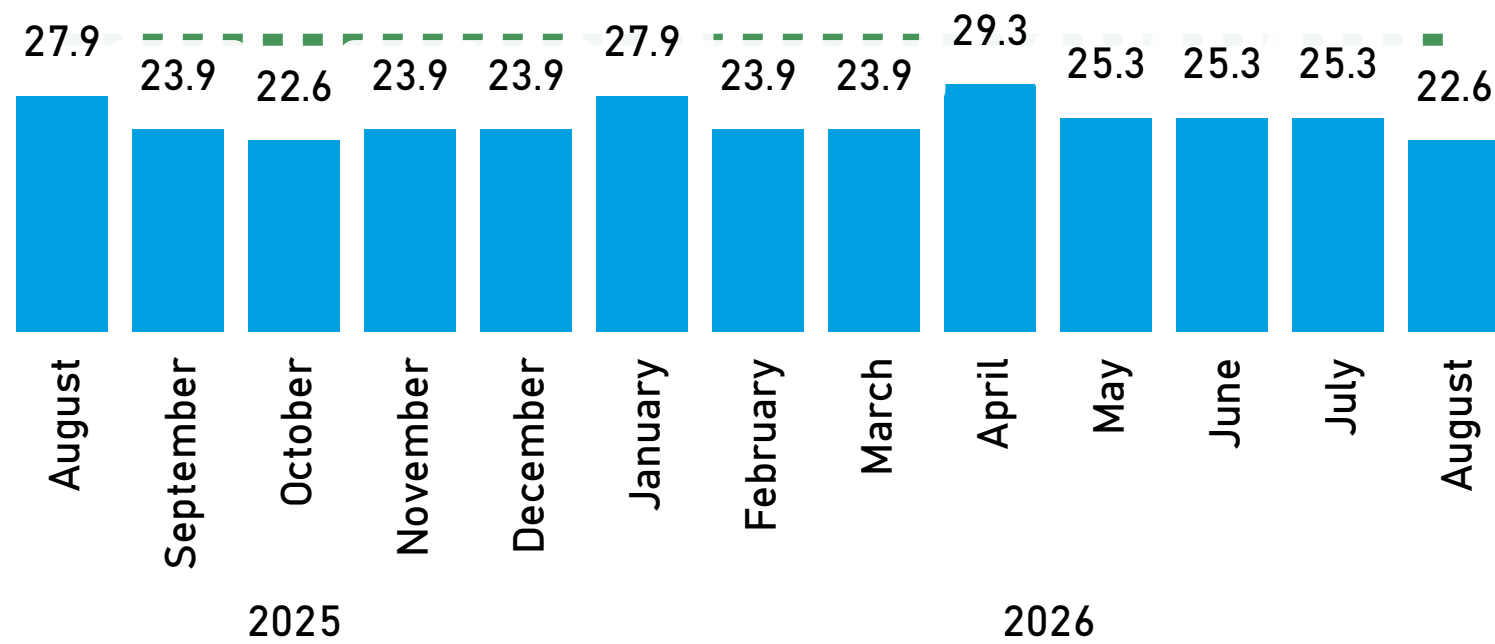
East Dunbartonshire HSCP

● Delays per 100k population ● Trajectory (34.6 delays per 100k)



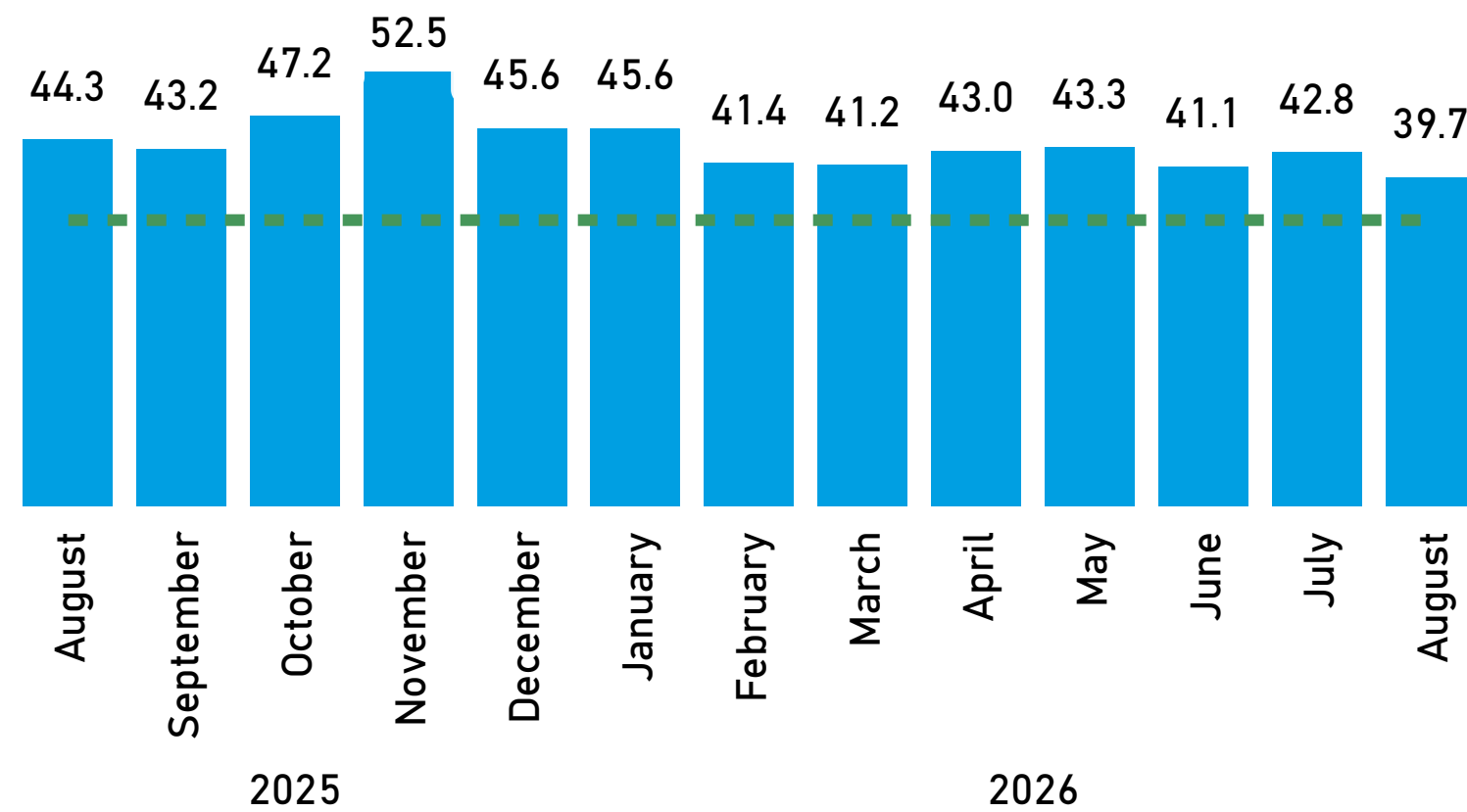
East Renfrewshire HSCP

● Delays per 100k population ● Trajectory (34.6 delays per 100k)



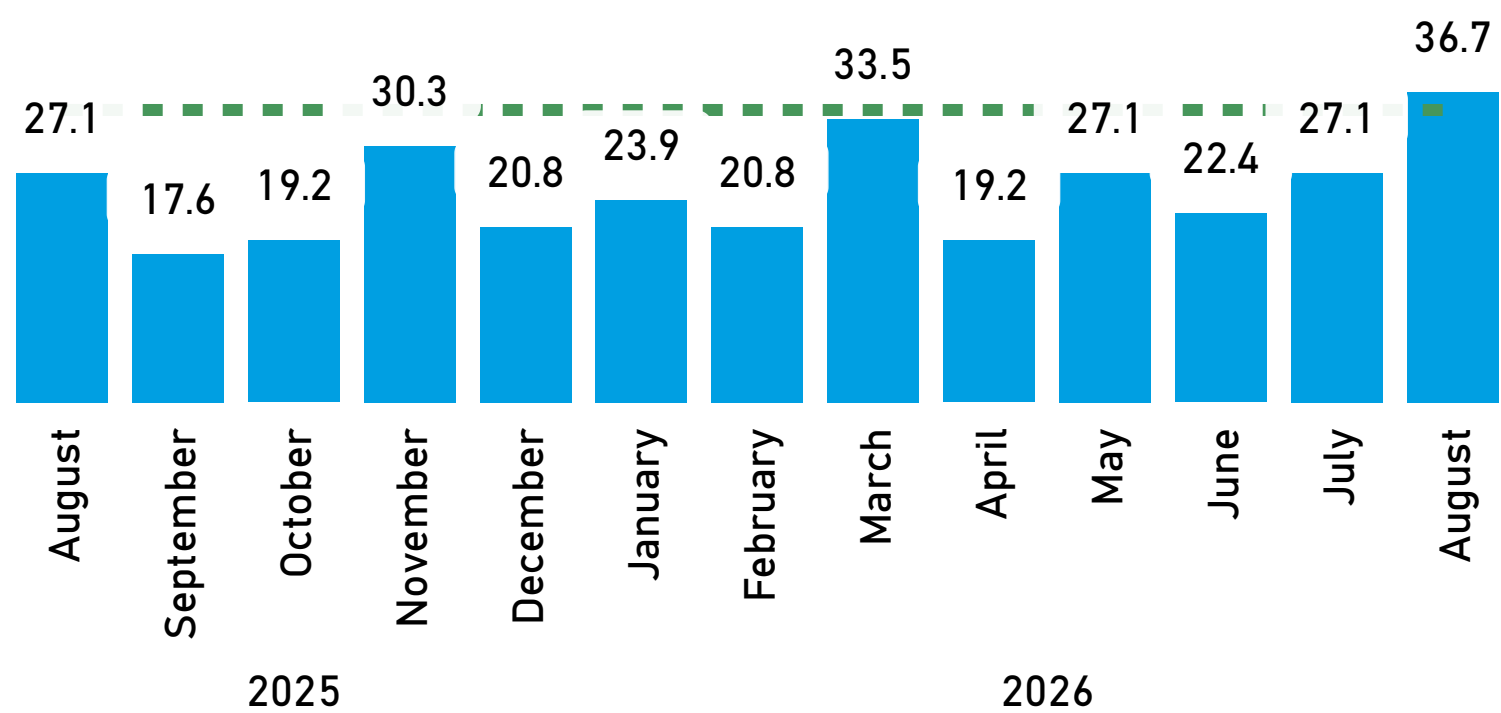
Glasgow City HSCP

● Delays per 100k population ● Trajectory (34.6 delays per 100k)



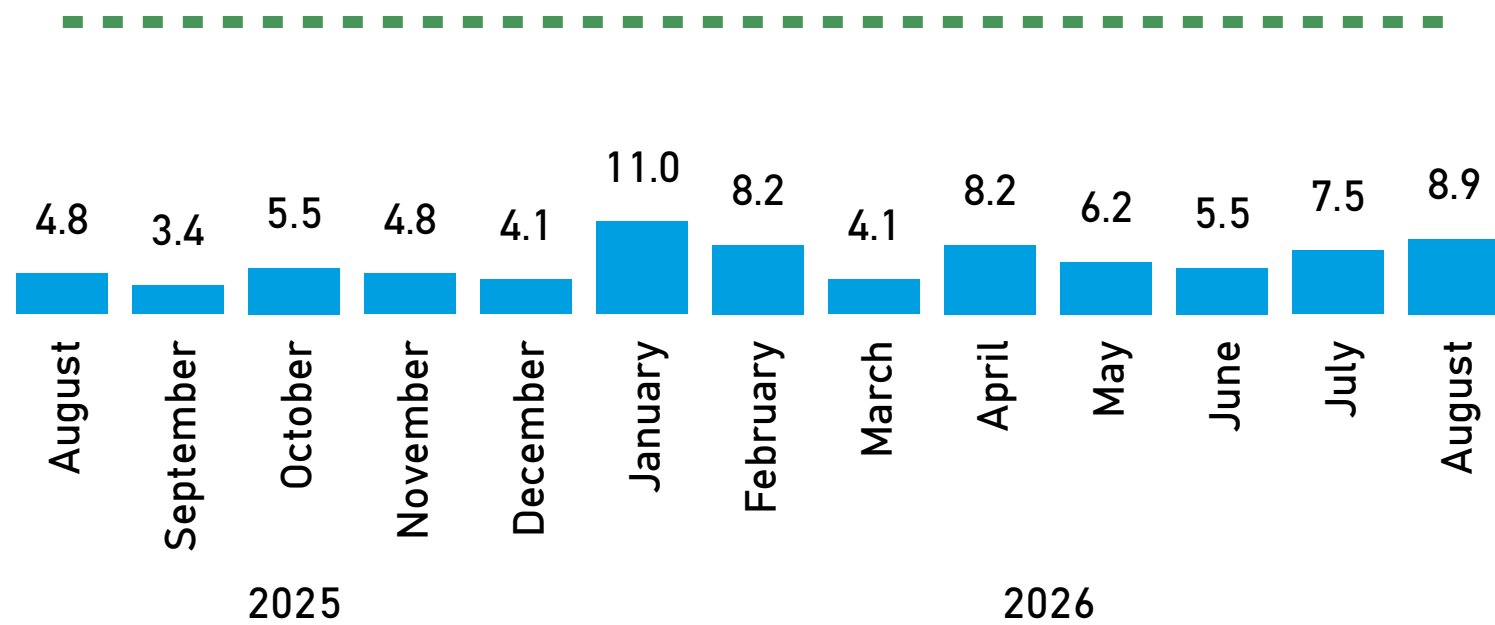
Inverclyde HSCP

● Delays per 100k population ● Trajectory (34.6 delays per 100k)



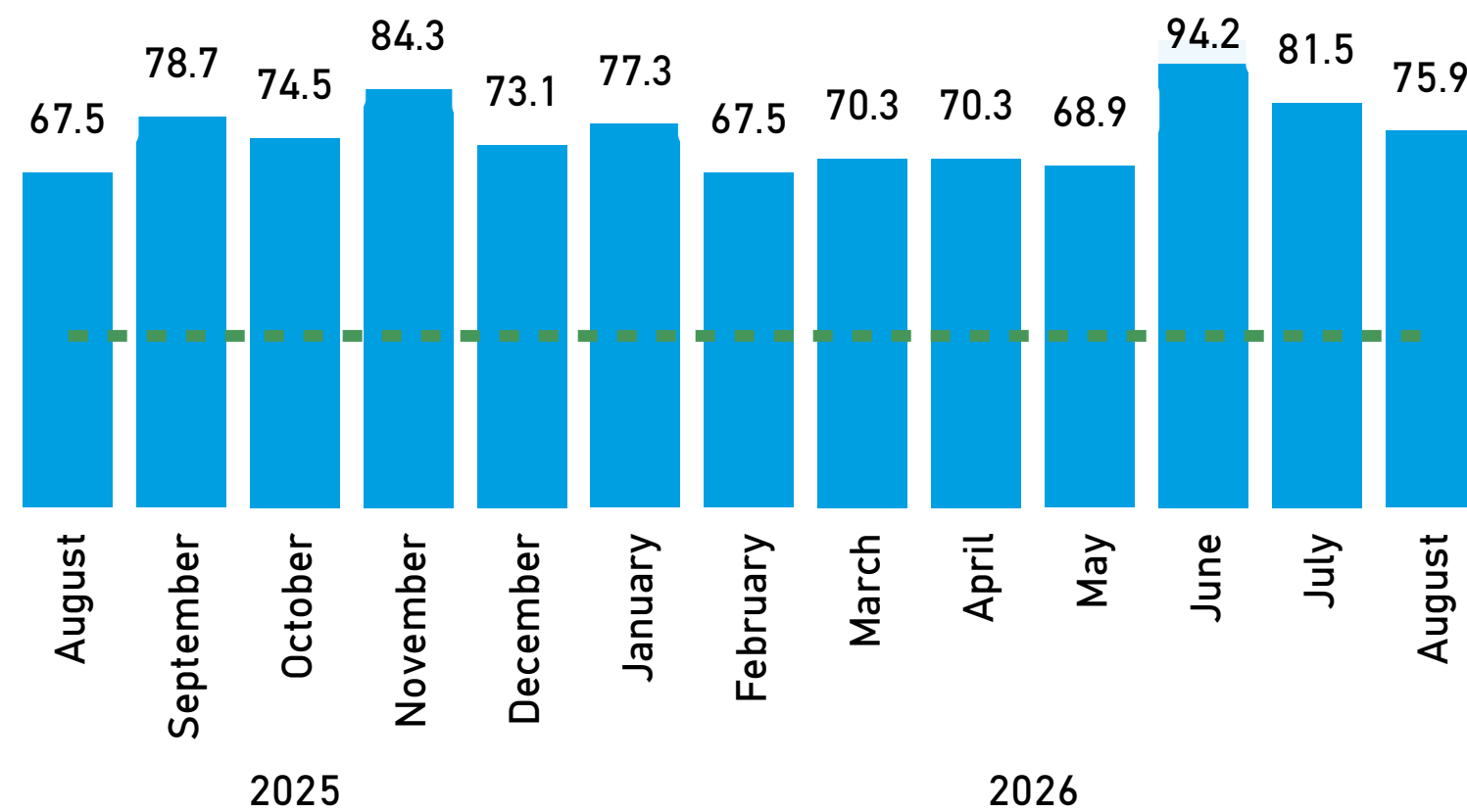
Renfrewshire HSCP

● Delays per 100k population ● Trajectory (34.6 delays per 100k)



West Dunbartonshire HSCP

● Delays per 100k population ● Trajectory (34.6 delays per 100k)



Delayed Discharge: All Patients

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



All Patients in Delay - Latest Month

421

Trajectory: 363 (+58 +16%)
August 2026

GGC Residents in Delay - Latest Month

340

August 2026

Non-GGC Residents in Delay - Latest Month

81

August 2026

Bed Days Lost - Latest Month

12,734

August 2026

GGC Residents Bed Days Lost - Latest Month

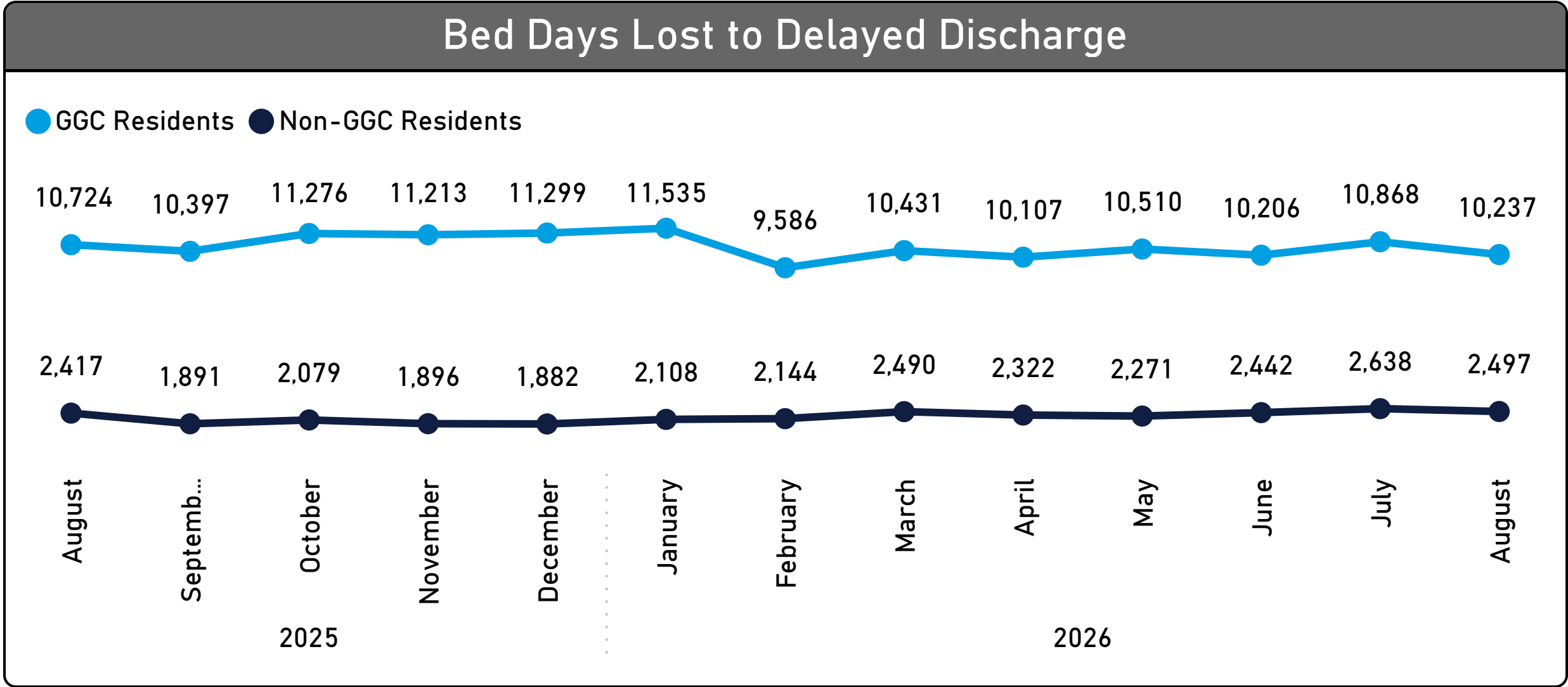
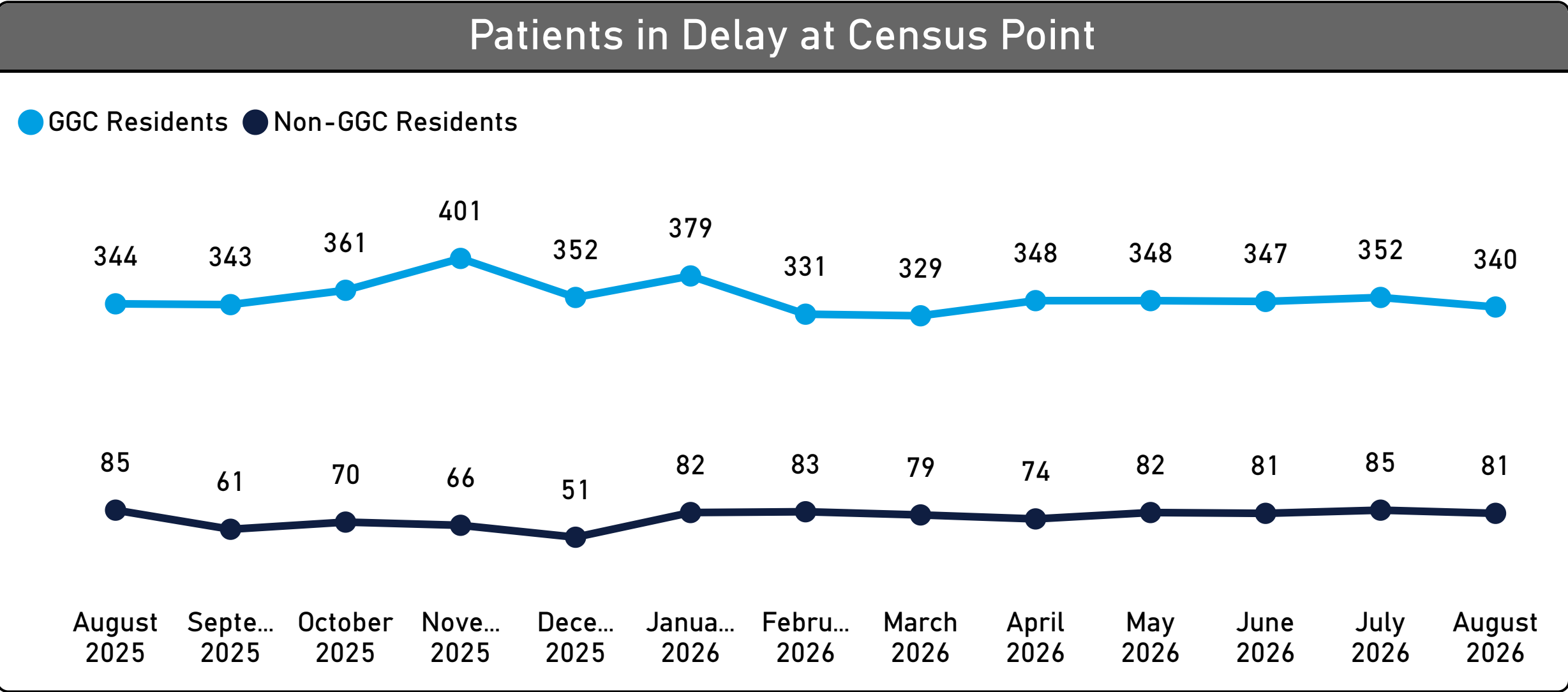
10,237

August 2026

Non-GGC Residents Bed Days Lost - Latest Month

2,497

August 2026



Commentary

Delayed discharge levels remain high but broadly stable, with 421 patients delayed at the August 2026 census point. This includes 340 GGC residents and 81 non-GGC residents, with overall numbers showing little variation across 2026 despite sustained pressure on both hospital and community services. Delayed discharge continues to represent a significant constraint on patient flow and bed availability across the health and social care system.

The impact on inpatient capacity remains substantial, with 12,734 bed days lost during August 2026, of which over 10,000 related to GGC residents. While non-GGC residents account for a smaller proportion of delayed discharge patients, they continue to contribute disproportionately to bed days lost, reflecting the additional challenges associated with repatriation and arranging onward care across Health Board boundaries. Further detail is provided on the following pages, which separately examine delayed discharge performance within Acute Services and Mental Health Services.

Delayed Discharge: Acute Patients

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

Acute Patients in Delay

330

Trajectory: 305 (+25 +8%)
August 2026

GGC Residents - Acute Patients in Delay

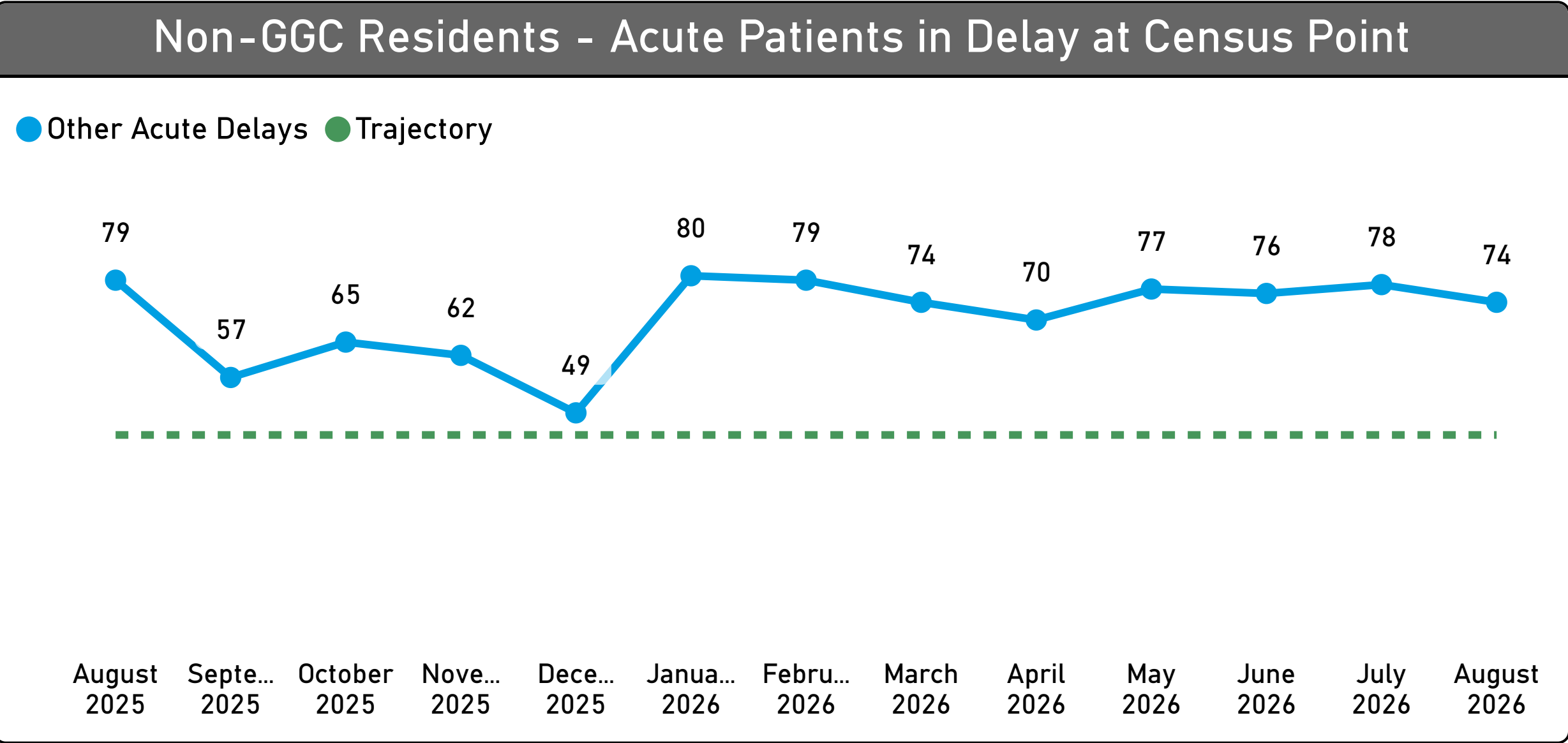
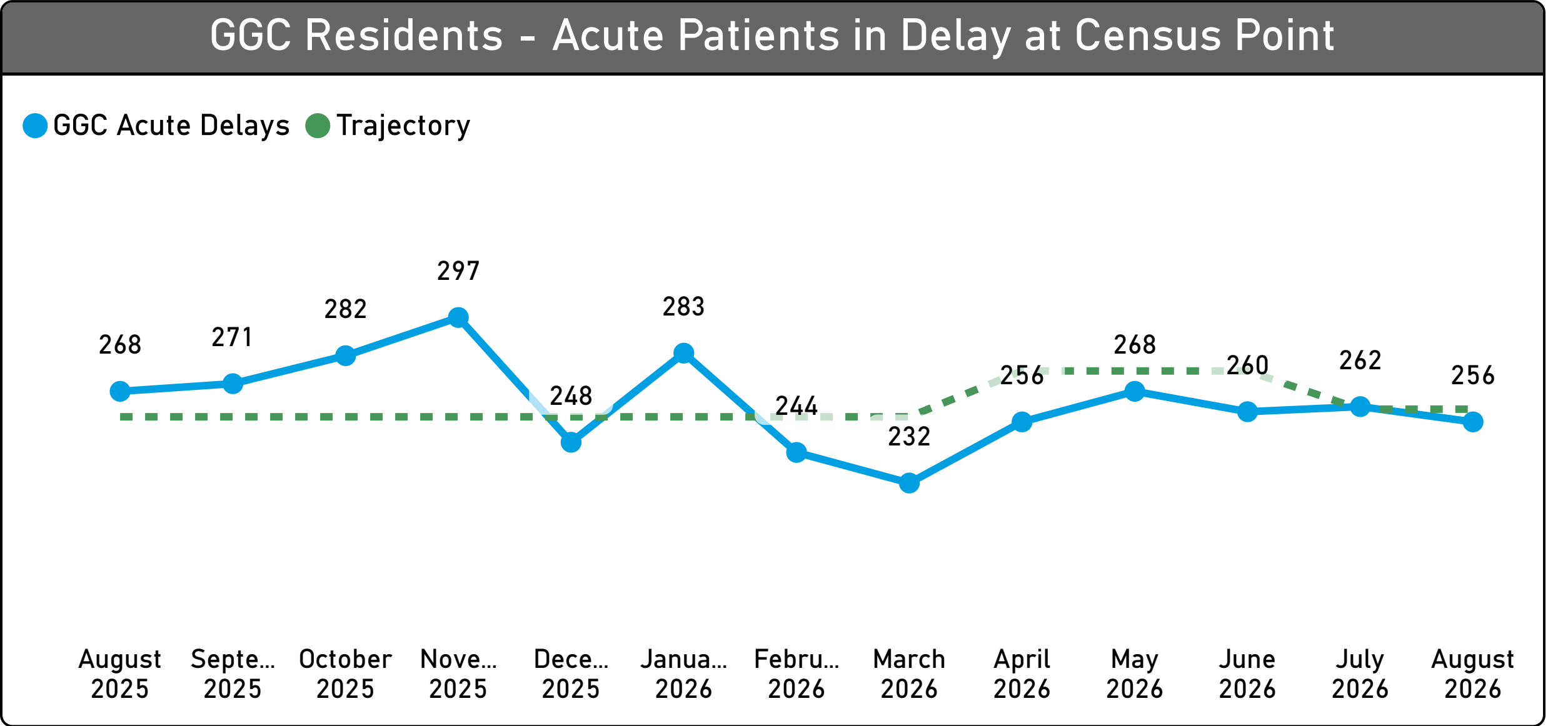
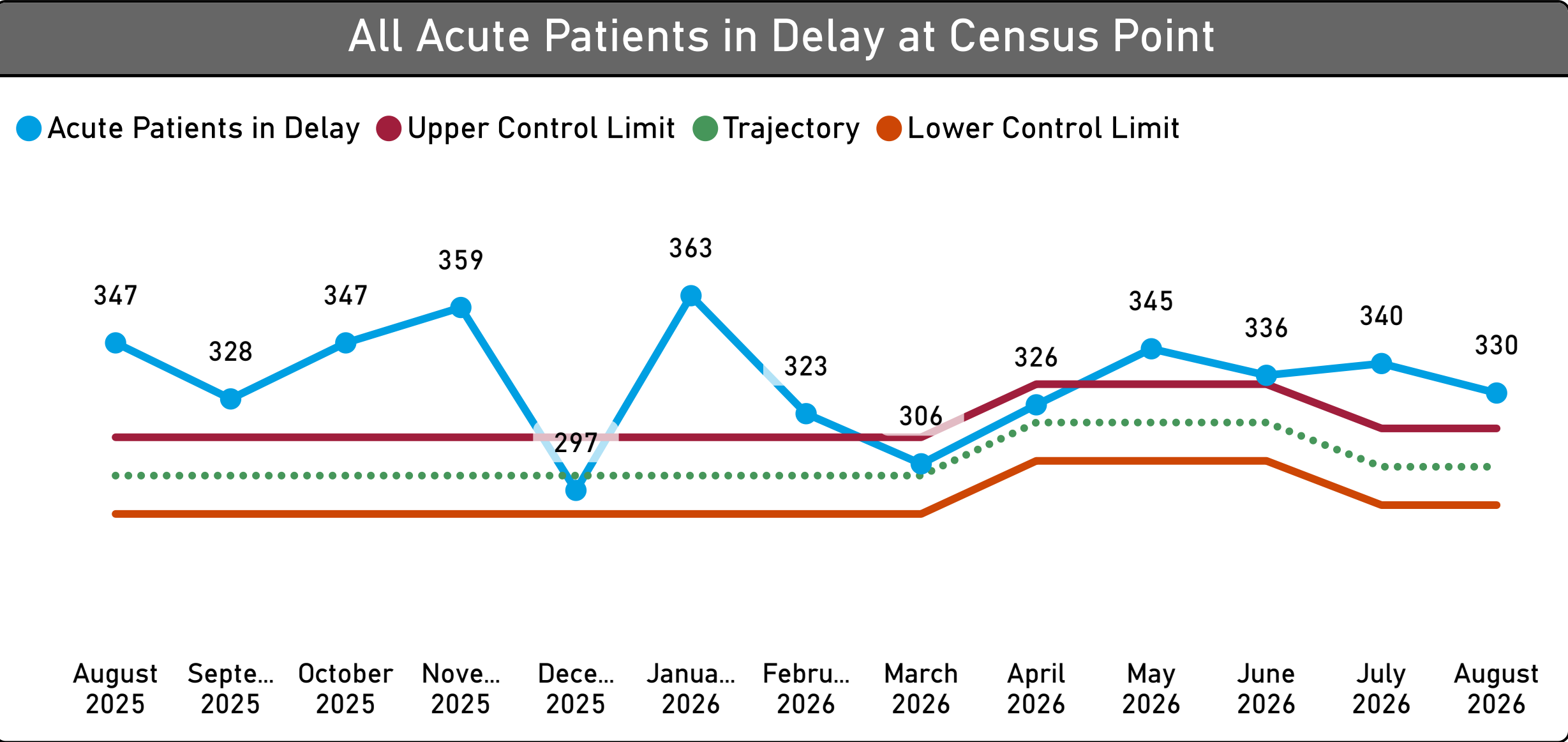
256

Trajectory: 261 (-5 -2%)
August 2026

Non-GGC Residents - Acute Patients in Delay

74

Trajectory: 44 (+30 +68%)
August 2026



Delayed discharge remains a key indicator of whole-system flow. Reducing delays supports better patient outcomes by ensuring individuals receive care in the most appropriate setting, while also releasing acute hospital capacity and improving access for patients awaiting admission.

There were 330 acute patients experiencing delayed discharge at the August 2026 census point, comprising 256 GGC residents and 74 residents of other Health Board areas. Overall acute delayed discharge levels have remained relatively stable throughout 2026 and continue to represent a significant constraint on patient flow, hospital capacity and timely access to care for patients awaiting admission.

Performance differs markedly between the two cohorts. Delays affecting GGC residents remain close to trajectory and broadly consistent with recent months, reflecting the ongoing challenges of securing appropriate community and social care support within Greater Glasgow and Clyde. In contrast, delays involving non-GGC residents remain substantially above trajectory, with 74 patients delayed compared with a trajectory of 44. This reflects the additional complexity often associated with repatriation arrangements, cross-boundary working and dependency on capacity within partner Health Boards. As a result, opportunities to directly influence discharge times can be more limited than for GGC residents.

Delayed Discharge: Acute Bed Days

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

Acute Bed Days Lost

9,851

Trajectory: 7,889 (+1,962 +25%)

August 2026

GGC Residents - Acute Bed Days Lost

7,577

Trajectory: 6,751 (+826 +12%)

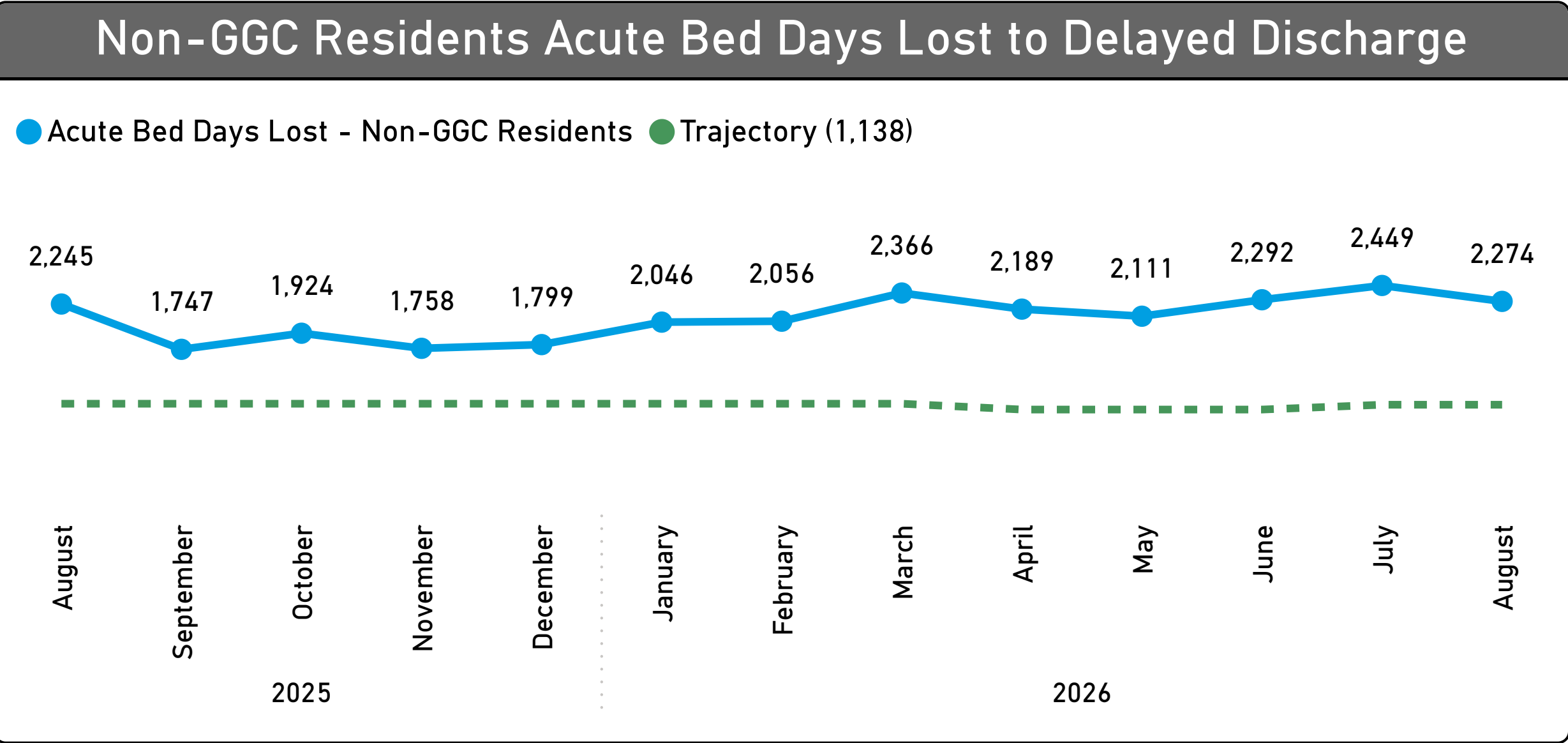
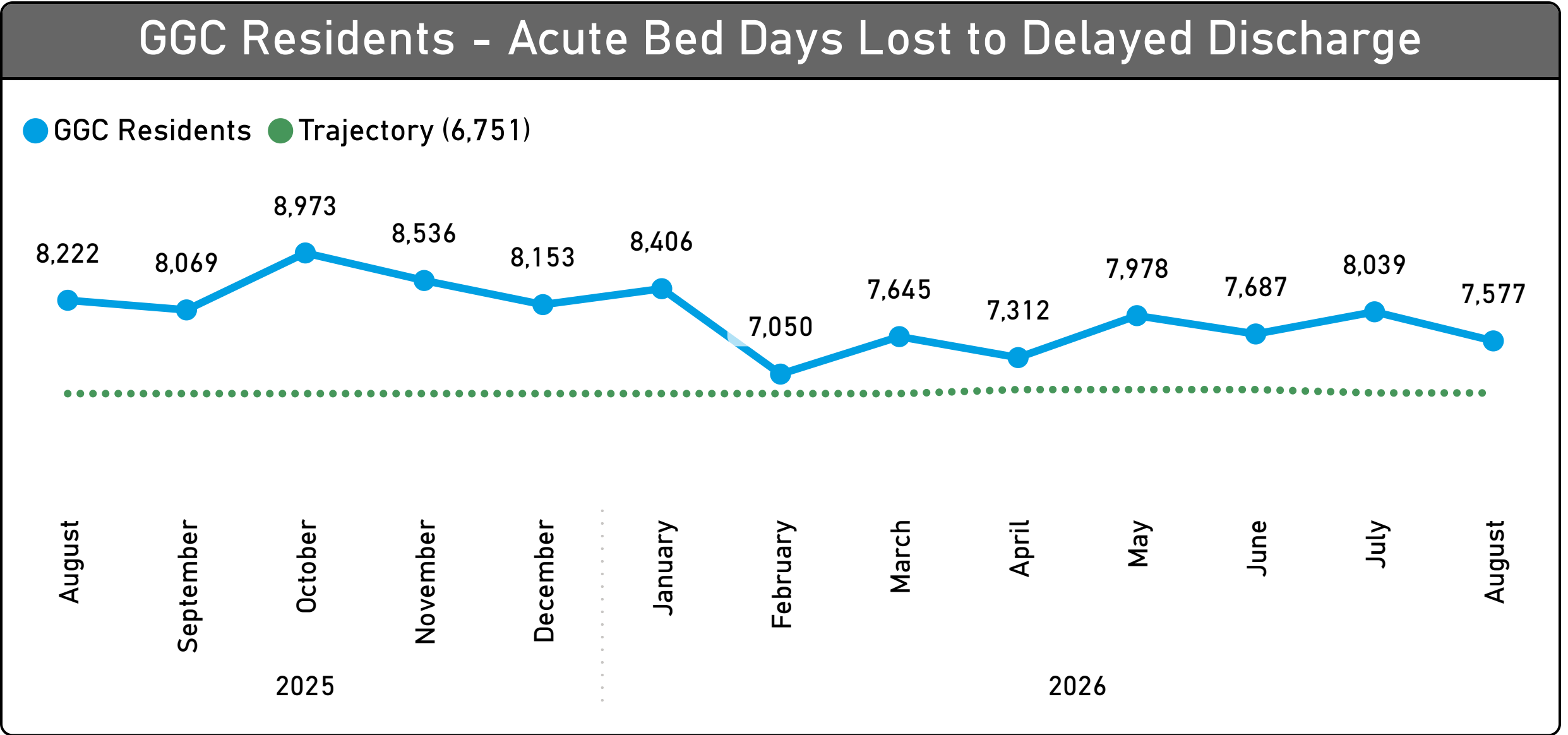
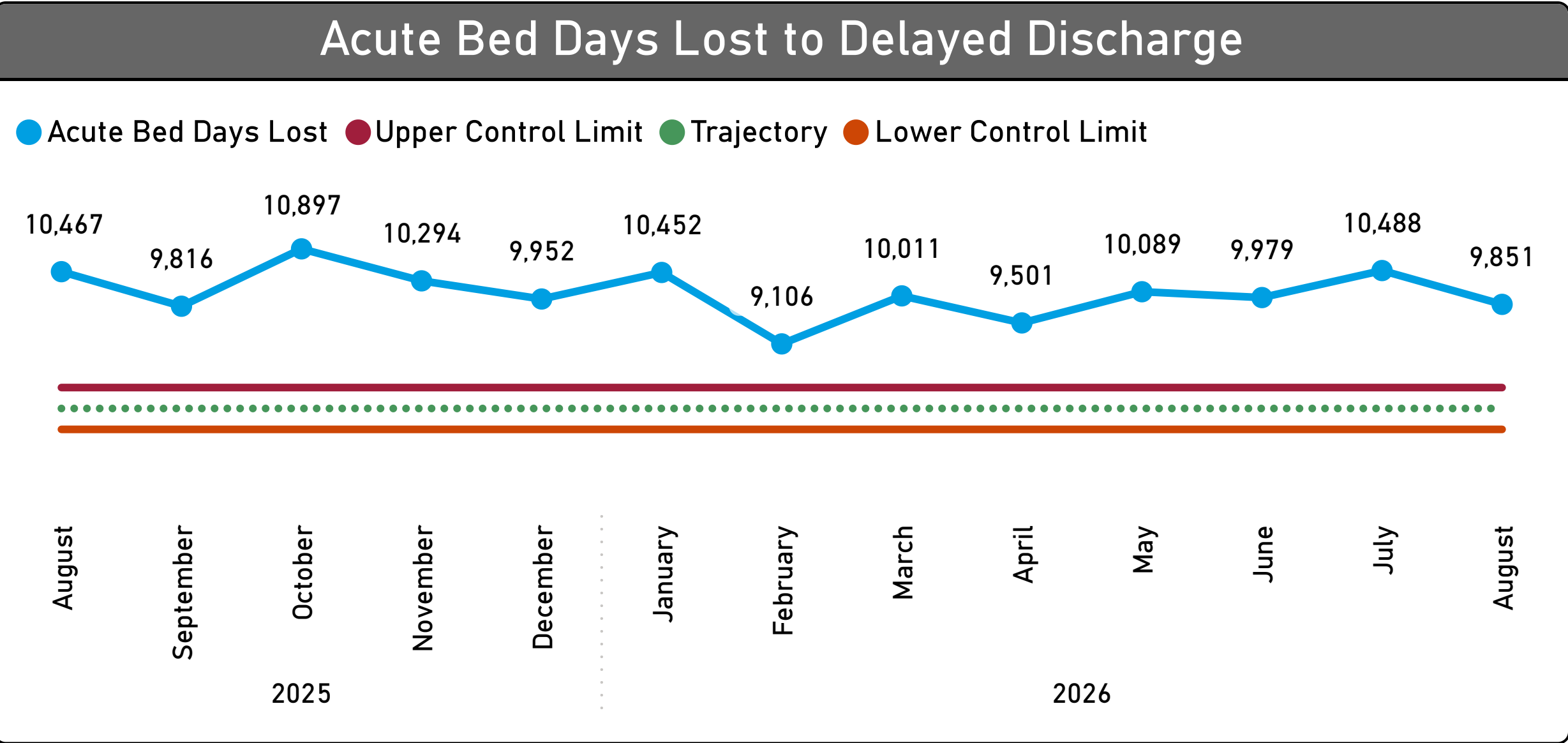
August 2026

Non-GGC Residents - Acute Bed Days Lost

2,274

Trajectory: 1,138 (+1,136 +100%)

August 2026



Acute delayed discharges resulted in 9,851 bed days lost during August 2026, 25% above trajectory, demonstrating the continuing impact that discharge delays have on hospital capacity and patient flow. Although the overall position has remained relatively stable throughout the last year, close to 10,000 acute bed days continue to be used each month by patients who are unable to leave hospital when clinically ready for discharge.

The underlying picture differs significantly between GGC and non-GGC residents. Bed days lost relating to GGC residents totalled 7,577, 12% above trajectory and broadly consistent with recent performance. In contrast, non-GGC residents accounted for 2,274 bed days lost, double the trajectory and equivalent to almost a quarter of acute delayed discharge bed days despite representing a much smaller proportion of all patients.

This reflects the additional complexity associated with repatriation and cross-boundary discharge arrangements, where delays are often influenced by capacity and processes beyond NHS Greater Glasgow and Clyde's direct control.

Service Narrative

Continued focus is placed on reducing the number of delayed discharges across our sites through collaborative working, with continued focus on embedding Discharge without Delay (DwD) principles across all sites. NHSGGC will work to align to the objectives of the new National Flow Plan 2026 – 2031.

Only one HSCP is within target showing a reduction in delays and three HSCPs which are borderline within target. Continuous shared peer learning between all six HSCPs is business as usual supporting delayed discharge. Challenge remains with non-NHSGGC HSCPs all above targets. Continued daily performance oversight with HSCP across NHSGGC and Non-NHSGGC maintains focus on agreed discharge and flow targets, supported by engagement with Chief Officers. Integrated Discharge Team (IDT) arrangements remain embedded across acute sites, with the approach now operating as established business as usual within IRH and RAH. Ongoing collaboration between Acute and HSCP teams continues to support earlier identification of discharge barriers, multi-agency escalation and Home First discharge planning. Preparations for the October 2026 evaluation of the IDT model have progressed. Emerging findings indicate sustained improvements in key performance measures across a number of test wards.

Improvements in Planned Date of Discharge accuracy have been sustained through the continued review of patients with a length of stay greater than 14 days, supporting more proactive discharge planning, earlier escalation of barriers, improved coordination between Acute and HSCP teams, and enhanced management of long-stay patients.

The whole-system unscheduled care mapping exercise to assess delivery of the 90% occupancy ambition across all sites has now been completed, with work progressing alongside Acute Sector Directors to agree and advance priority actions to support delivery.

Recruitment activity to support the extension of the Home First Response Service to a seven-day model across QEUH, GRI and RAH has continued, with implementation planning progressing.

The Whole System Flow Dashboard is now fully established and routinely utilised to support Director-level performance reporting, enabling improved visibility of flow, occupancy and discharge metrics across the system.

The DwD Communications plan was implemented in August which provided a spotlight on the importance and key aspects of the programme including; board rounds, proactive discharge huddles, visible discharge planning and criteria led discharge.

Non-NHSGGC delays continue to be at high-level with mitigations in place to reduce these, including looking at repatriation process. Ongoing financial pressures across the HSCPs remains an ongoing risk for delayed discharge performance. Regular meetings with each HSCP are in place. Reduced access to care home and Care at Home services due to new increase in Covid cases and associated staff sickness/absence, has resulted in reduced capacity across our HSCPs.

Over the coming months work continues to identify actions to support sectors to achieve 90% occupancy across sites with regular reporting and target setting. This will be mapped to Sector Unscheduled Care action plans. The DwD Communications Plan for 2026/27 progresses with the short film “Ready to Go Home: A patient conversation” launch expected by October 2026.

Delayed Discharge: Mental Health

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

Mental Health Patients in Delay

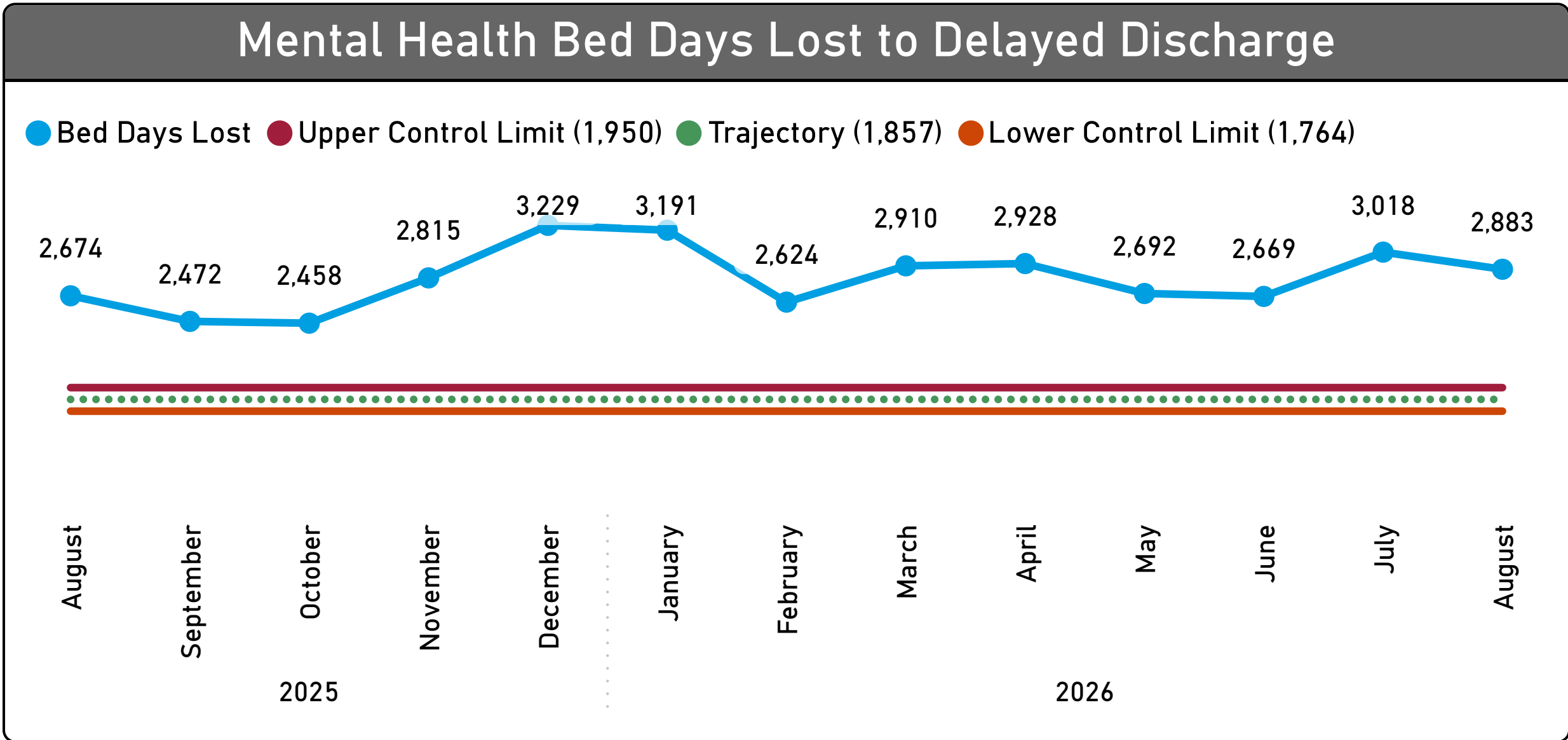
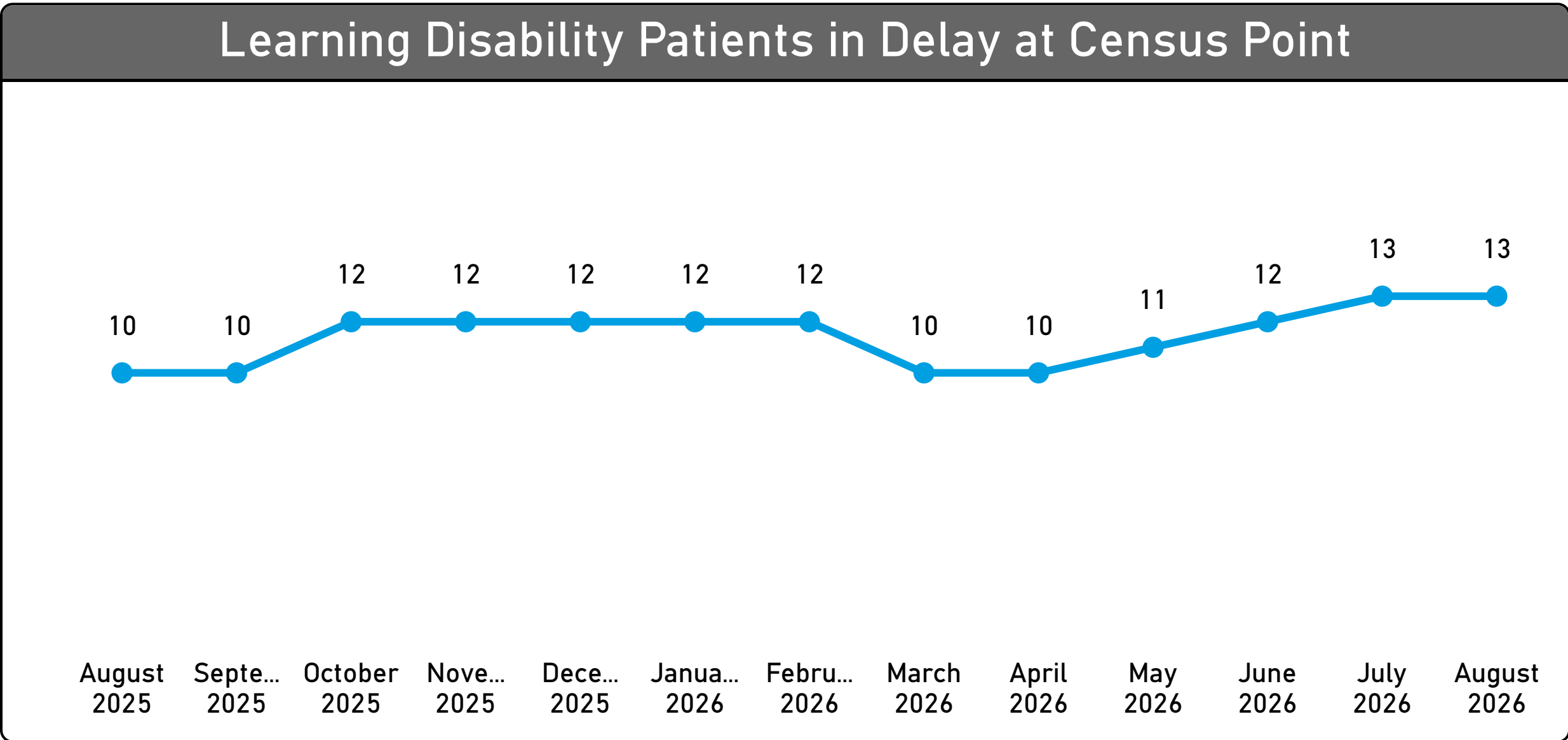
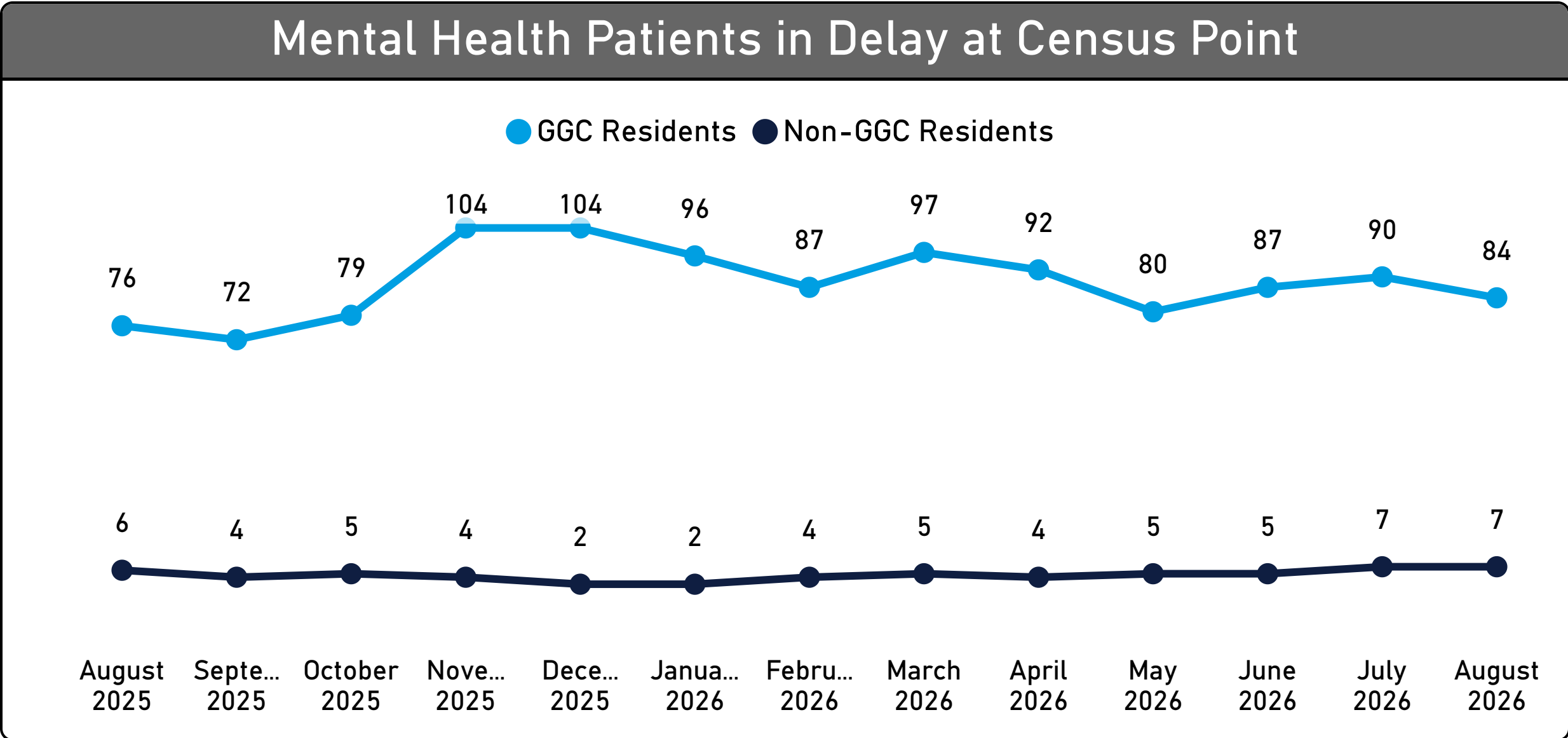
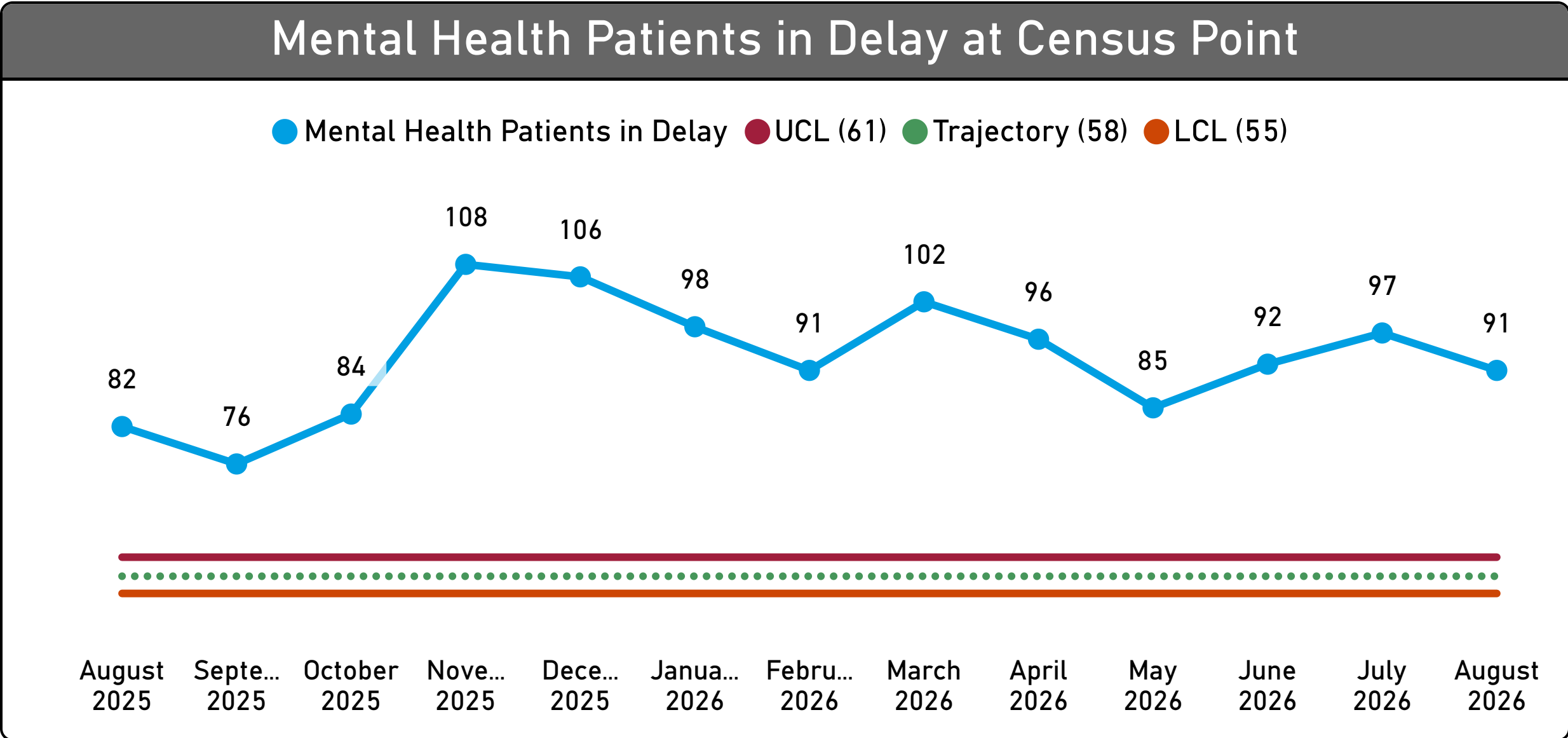
91

Trajectory: 58 (+33 +57%)
August 2026

Mental Health Bed Days Lost to Delay

2,883

Trajectory: 1,857 (+1,026 +55%)
August 2026



Commentary

There were 91 Mental Health patients experiencing delayed discharge at the August 2026 census point, 57% above trajectory of 58 patients. Performance has improved from the peak levels seen during late 2025 but remains significantly above the level the service is seeking to achieve. The vast majority of Mental Health delays relate to GGC residents, who accounted for 84 of the 91 patients delayed in August 2026. In addition, 13 Learning Disability patients were experiencing delayed discharge, continuing the gradual increase seen over recent months.

Bed days lost during August 2026 are 55% above trajectory. Although bed days lost have reduced from the peak position recorded during winter 2025/26, performance remains substantially above the expected level, indicating that delays are continuing to consume significant specialist inpatient capacity.

Delayed discharge within Mental Health services continues to present a substantial challenge, reflecting the complexity of securing appropriate placements, supports and care packages for individuals with often highly specialised needs. Reducing these delays remains important both for improving patient outcomes and for maximising the availability of specialist Mental Health beds across NHS Greater Glasgow and Clyde.

Service Narrative

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 actively allocated to social work staff to ensure consistent oversight and progression towards sustainable discharge solutions. Recruitment to strengthen operational management is progressing, with the newly appointed Flow Manager now in post.

The North East Glasgow pilot enabling access to clozapine without 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 OOH Activity

Year to Date

70,396

Prev Year: 66,847

August 2026

GP OOH Shift Fill Rate

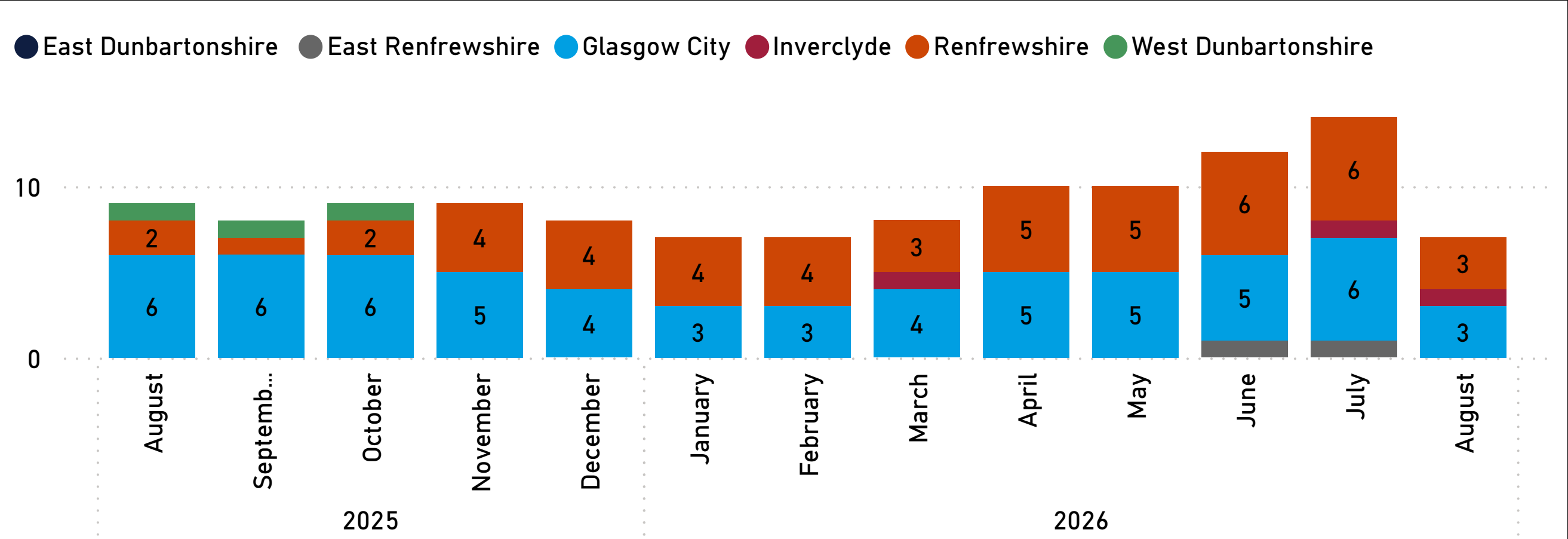
100%

Trajectory: 90% (+10%)

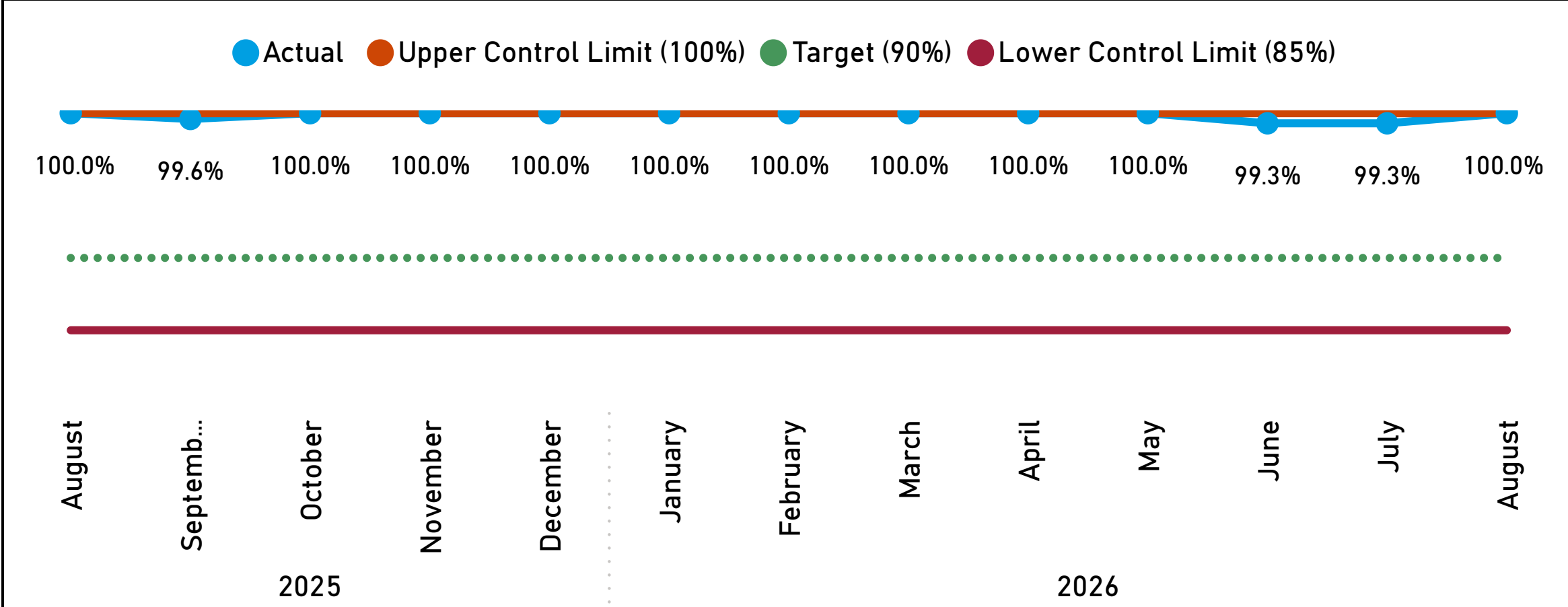
August 2026



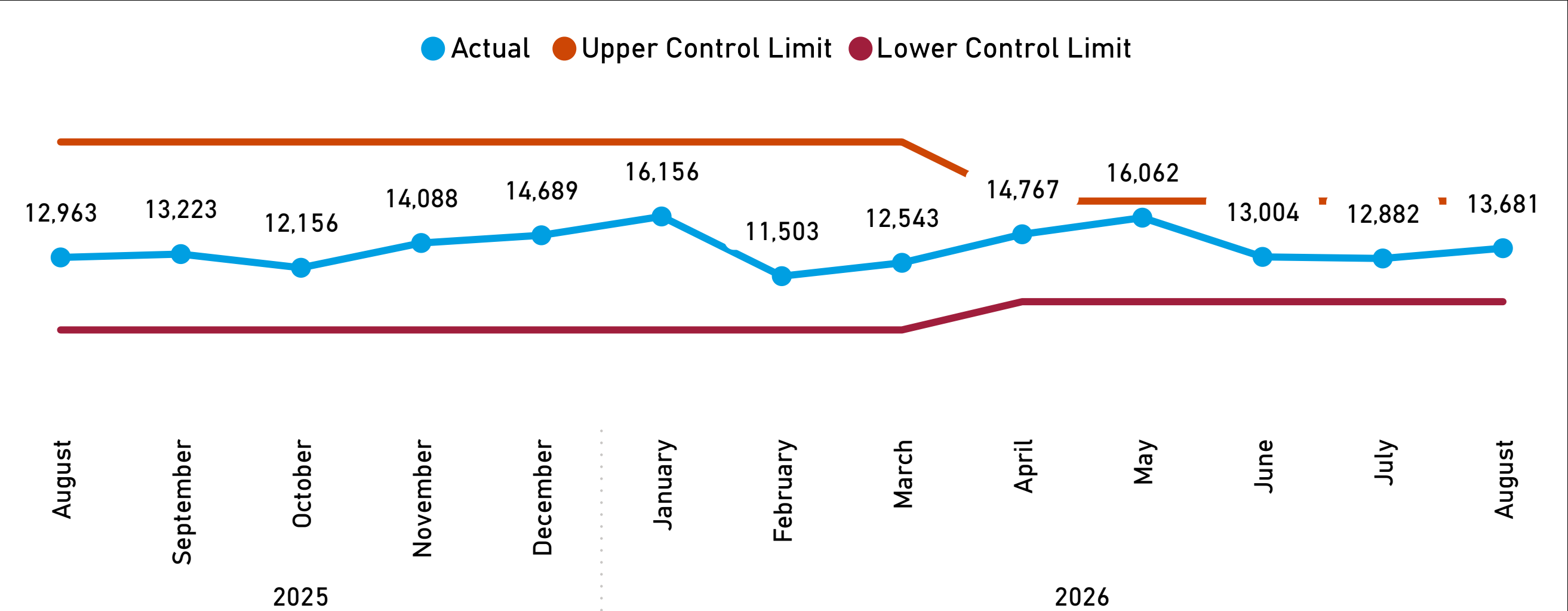
GP List Closures



GP Out of Hours - Shift Fill Rate



GP Out of Hours - Activity



Commentary

GP list closures remain at a steady rate across the year. Following a list 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. Challenges reported to Scottish Government are long term vacancies, short and long term sick leave and maternity leave, and the migration to the Vision system. Additional investment to expand practice workforce will support those practices experiencing difficulties.

GP OOH performance remains strong, with year-to-date activity of 70,396 contacts, 5% higher than the previous year. August 2026 activity was 13,681 contacts. The service is also in the final stages of organisational change, with the revised structure intended to strengthen workforce resilience, leadership arrangements and support future service development.

Overall, the service continues to maintain a strong operational position while responding to increased year-to-date demand.

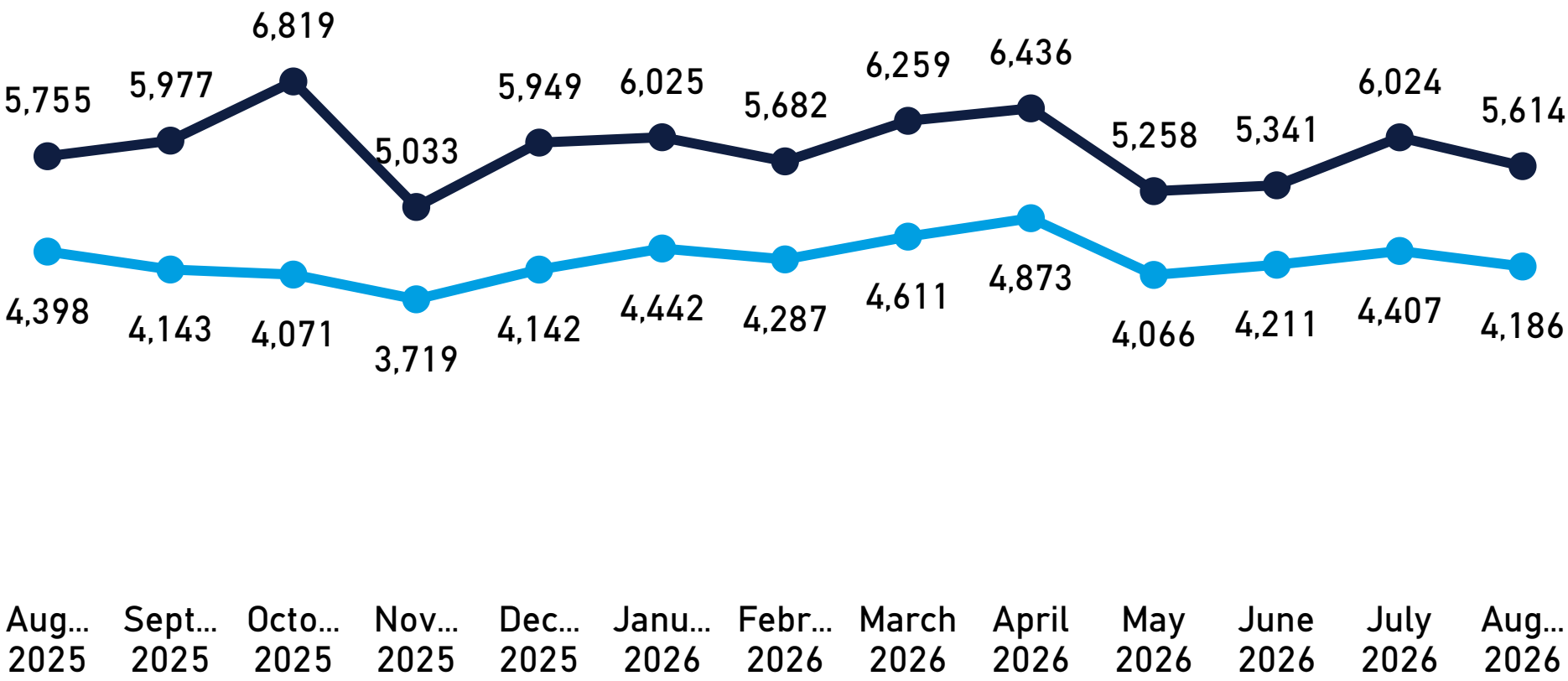
Estates and Facilities: Maintenance

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



Planned Maintenance

● Planned Tasks ● Completed



Planned Maintenance

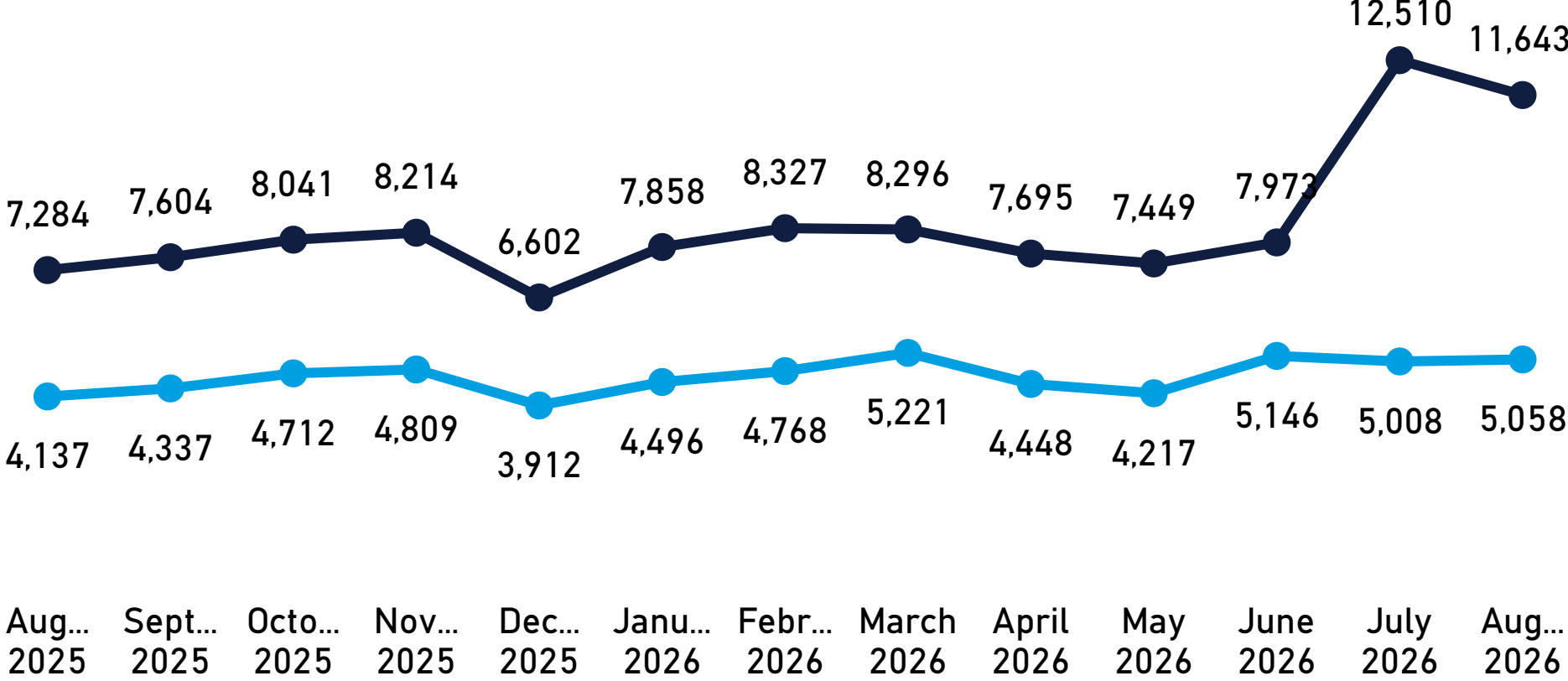
Month End	% Completed	No. Outstanding
August 2025	76%	3,685
September 2025	69%	4,836
October 2025	60%	8,703
November 2025	74%	5,922
December 2025	70%	5,817
January 2026	74%	1,474
February 2026	75%	1,170
March 2026	74%	1,410
April 2026	76%	1,366
May 2026	77%	1,040
June 2026	79%	859
July 2026	73%	1,320
August 2026	75%	1,131

Estates and Facilities maintenance services continue to operate under significant demand pressure, particularly within reactive maintenance where new requests exceeded 11,600 during August 2026. Whilst maintenance completion performance remains below target, the position is materially improved compared with late 2025 and early 2026.

The planned maintenance backlog reduced from a peak of 8,703 tasks in October 2025 to 1,131 at the end of August 2026. Similarly, the reactive maintenance backlog reduced from 12,553 requests in December 2025 to 3,430 in August 2026, despite a sustained increase in demand over recent months. This demonstrates continued progress in addressing historic backlogs and improving overall control of the maintenance position.

Reactive Maintenance

● New Tasks Received ● Completed



Reactive Maintenance

Month End	% Completed	No. Outstanding
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
July 2026	40%	3,439
August 2026	43%	3,430

A robust risk-based prioritisation process remains in place to ensure statutory compliance requirements, patient safety risks, critical infrastructure failures and clinically significant defects are addressed as a priority. Whilst further improvement is required to achieve a sustainable reduction in backlog levels, current controls provide assurance that estate-related risks are actively monitored and managed, with ongoing executive oversight of the residual risk position.

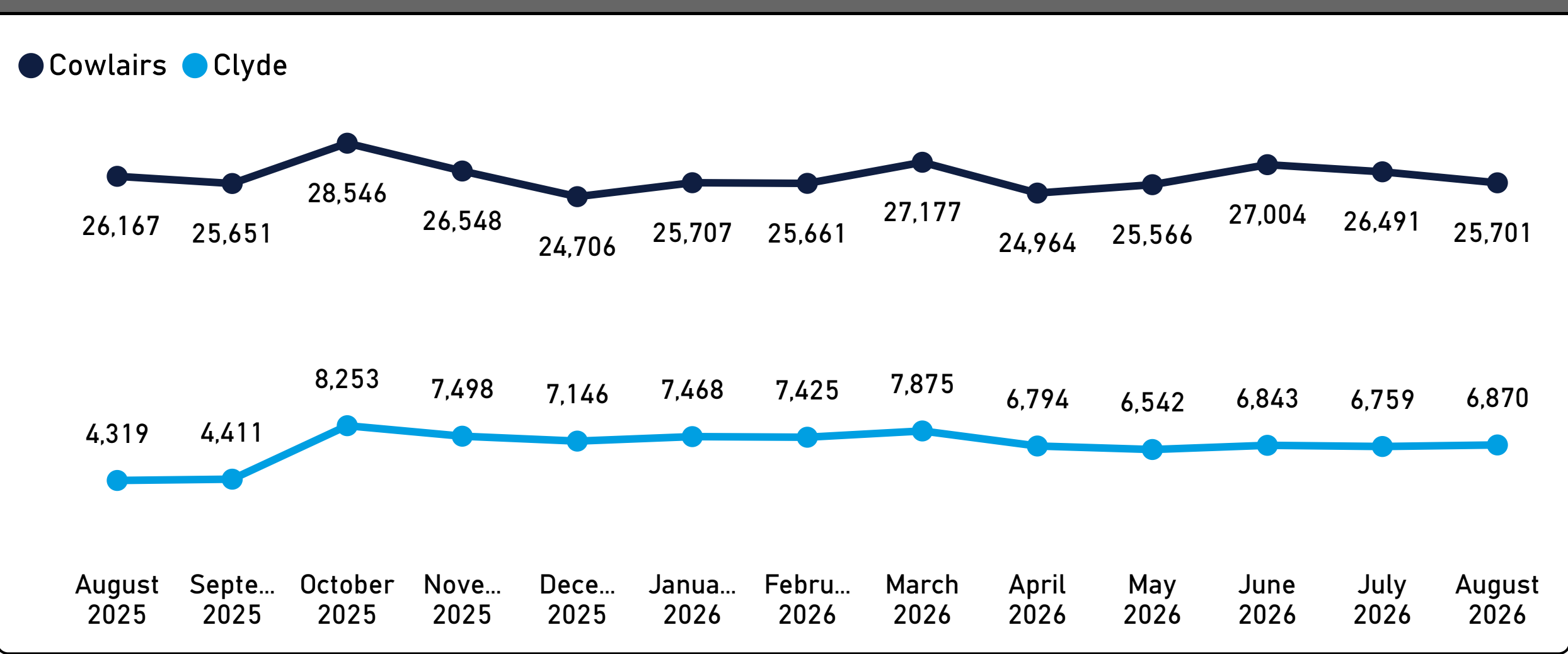
Work is also underway to enhance Board assurance through presentation of backlog information by priority category, providing greater visibility of the risk profile of outstanding maintenance activity and progress in addressing higher-risk items.

Estates and Facilities: Decontamination

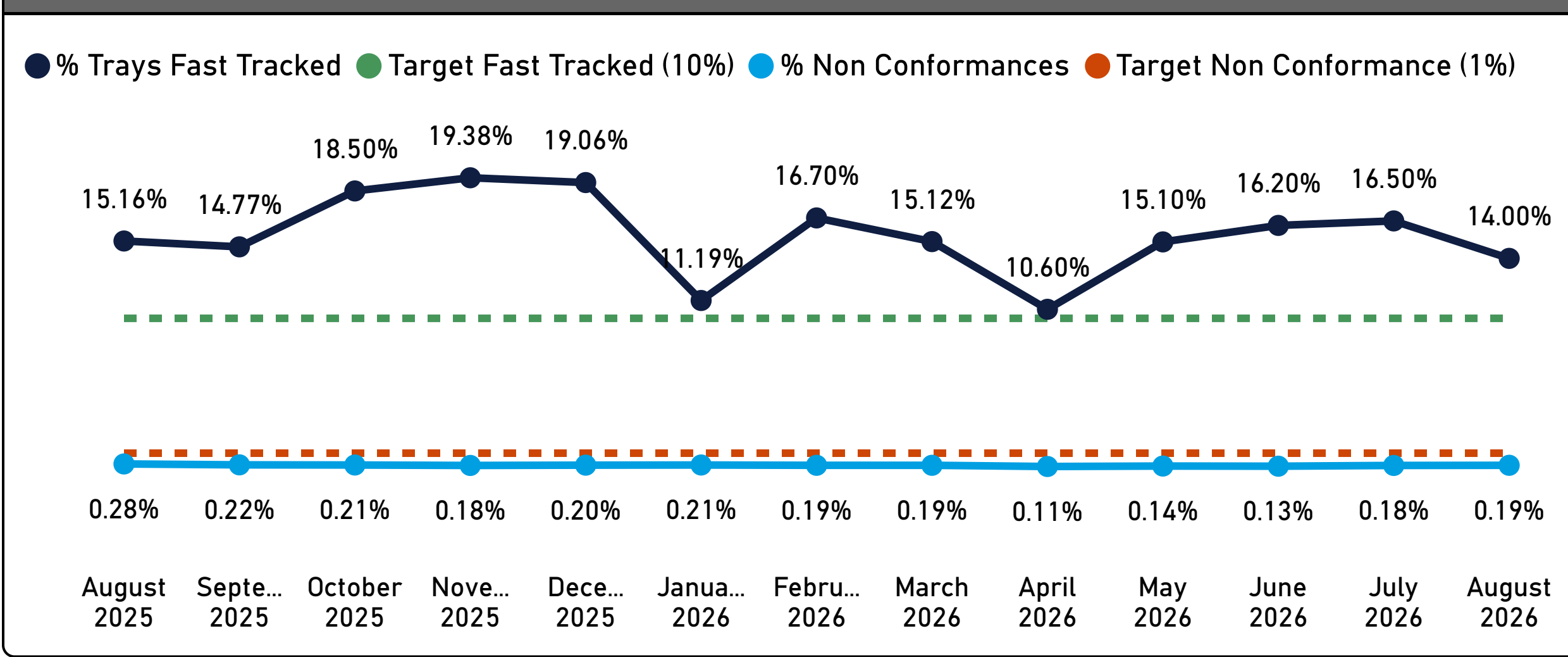
Lead Director - Director of Estates and Facilities
Lead Committee - Finance, Planning and Performance



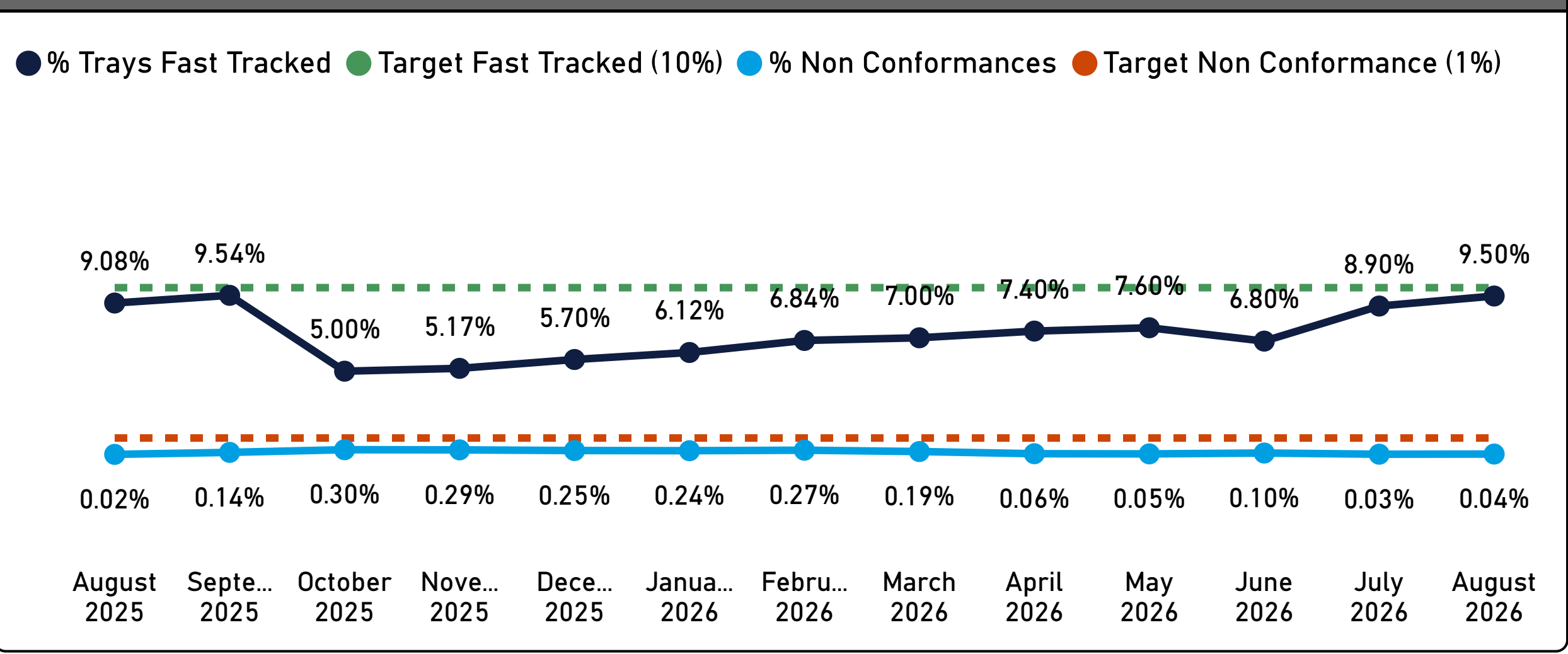
Trays Processed



Cowlairs - Trays Fast Tracked and Non Conformances



Clyde - Trays Fast Tracked and Non Conformances



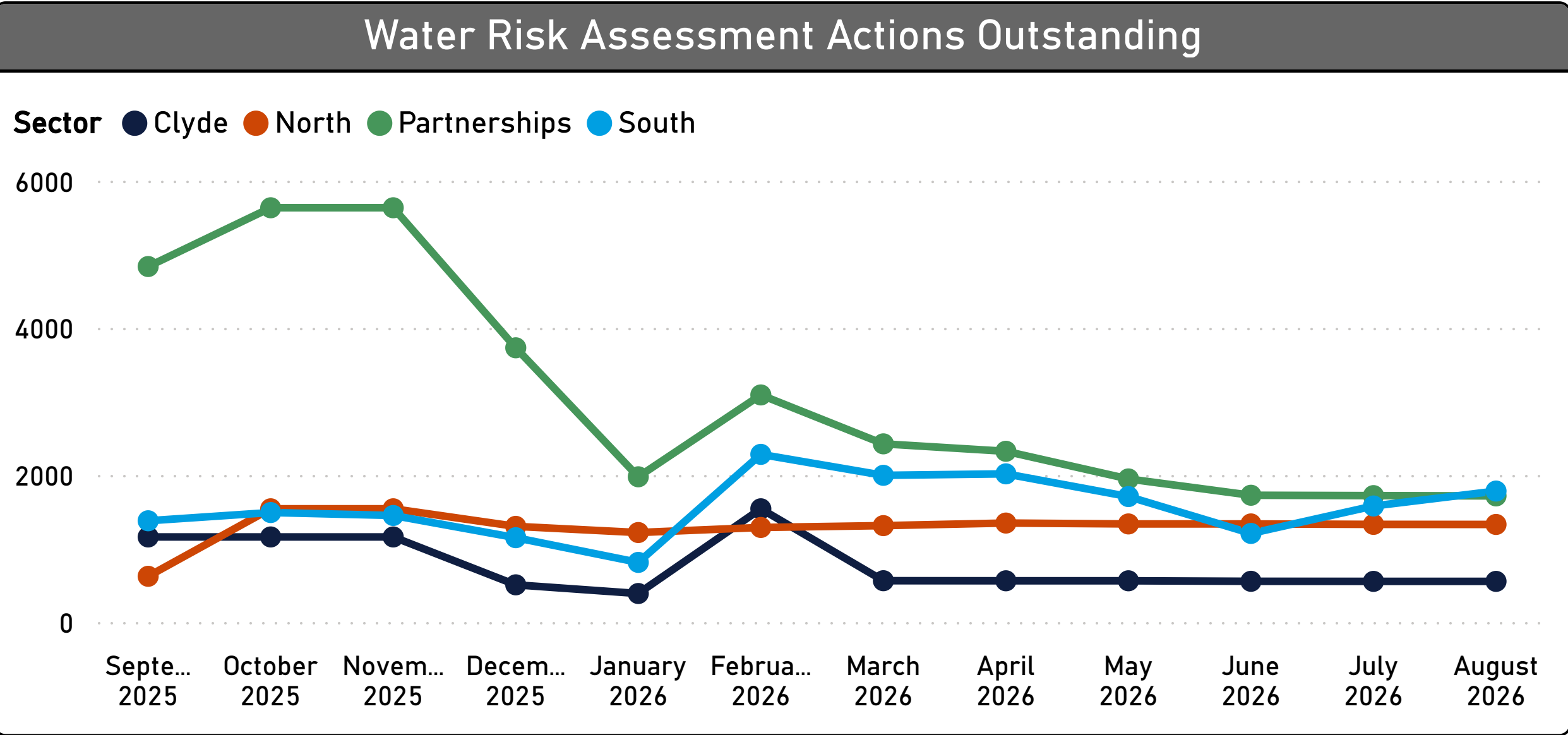
Decontamination services continue to process significant volumes of surgical instrument trays, with over 32,500 trays processed across Cowlairs and Clyde during August 2026. The quality of service provision remains strong, with non-conformance rates remaining consistently low across both sites and significantly below the 1% target. This provides assurance that decontamination processes continue to operate safely and effectively, supporting patient safety, infection prevention and the uninterrupted delivery of clinical services.

Percentage of fast-tracked trays continues to differ between sites. Clyde remains below the 10% threshold, whilst Cowlairs remains above that level at 14.0% in August 2026. Whilst the threshold provides a maximum expected level, fast-tracking should be used only when specific criteria are met. The higher rate of fast-tracking within Cowlairs may indicate that trays are being designated as urgent where those criteria are not fully met. This issue has been escalated to Acute Services leadership and is subject to ongoing monitoring and review.

Work is continuing with clinical services to reinforce the appropriate use of fast-track requests and ensure that available decontamination capacity is utilised as intended. Future reporting will focus on demonstrating improvement in fast-track utilisation whilst maintaining the very low levels of non-conformance that provide assurance regarding service quality and patient safety.

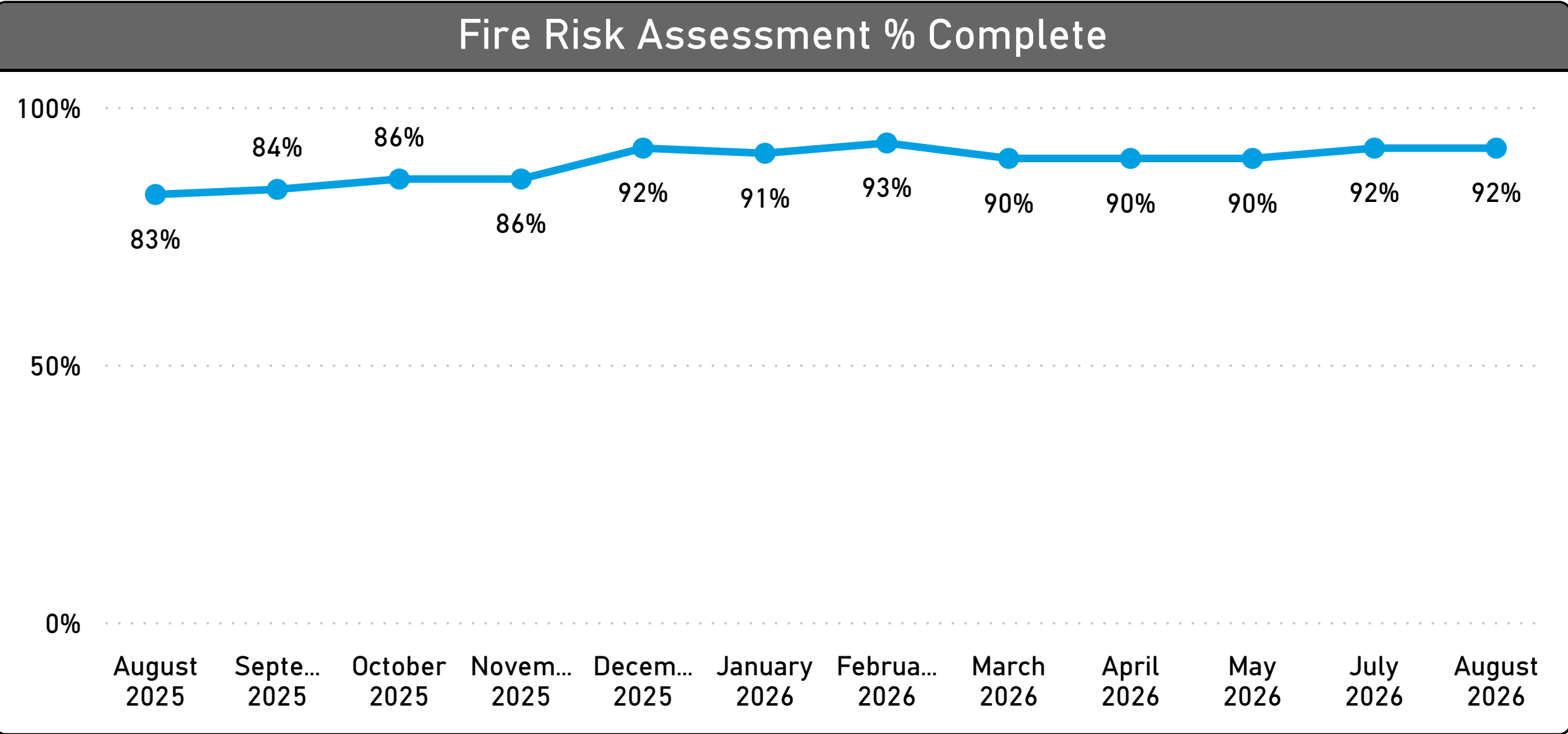
Estates and Facilities: Risk Assessments

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



Water Risk Assessment Actions Outstanding

Date	Clyde	North	Partnerships	South	Total
September 2025	1,156	621	4,833	1,376	7,986
October 2025	1,156	1,539	5,632	1,488	9,815
November 2025	1,156	1,539	5,632	1,448	9,775
December 2025	505	1,300	3,728	1,146	6,679
January 2026	387	1,216	1,974	810	4,387
February 2026	1,539	1,285	3,087	2,279	8,190
March 2026	561	1,310	2,422	1,994	6,287
April 2026	560	1,345	2,321	2,014	6,240
May 2026	560	1,333	1,945	1,705	5,543
June 2026	553	1,333	1,723	1,204	4,813
July 2026	552	1,327	1,718	1,577	5,174
August 2026	552	1,326	1,714	1,780	5,372



Estates and Facilities continues to address actions arising from water risk assessments across the Board estate. Although the number of outstanding actions increased slightly during August 2026, the current position remains substantially below the 2025 peak, reducing from 9,815 actions in October 2025 to 5,372 in August 2026.

A significant proportion of outstanding actions relate to HSCP premises, reflecting the scale of the water safety programme across these sites. All outstanding actions are subject to a robust risk-based prioritisation process. Actions presenting risks to patient safety, water quality, statutory compliance or service continuity are prioritised, ensuring that the number of outstanding actions does not directly equate to unmanaged risk.

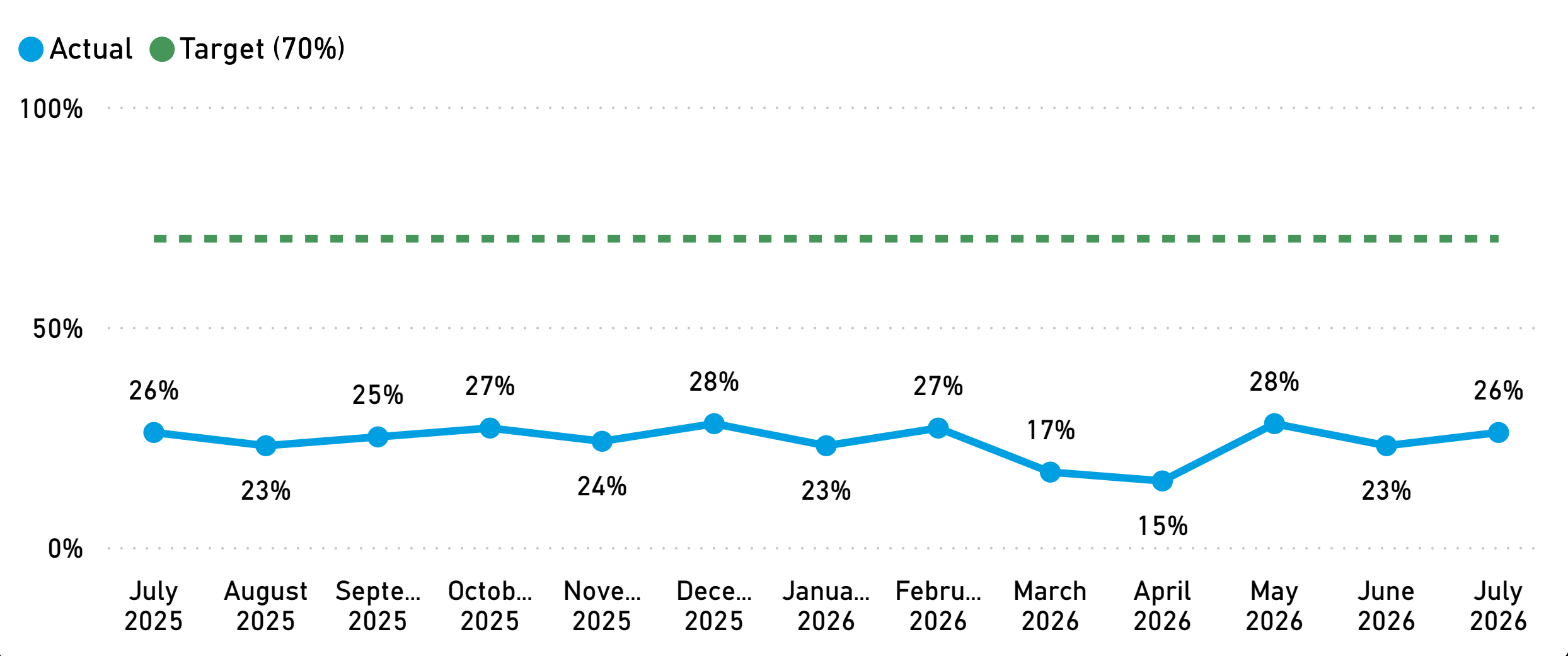
Fire risk assessment compliance remains strong at 92%, improving from 83% in August 2025 and remaining consistently above 90% throughout 2026. Any significant fire safety risks identified through the assessment process are subject to immediate mitigation and corrective action. Collectively, these measures provide assurance that estate safety risks continue to be actively identified, monitored and managed across the Board estate.

Estates and Facilities: Environmental Sustainability

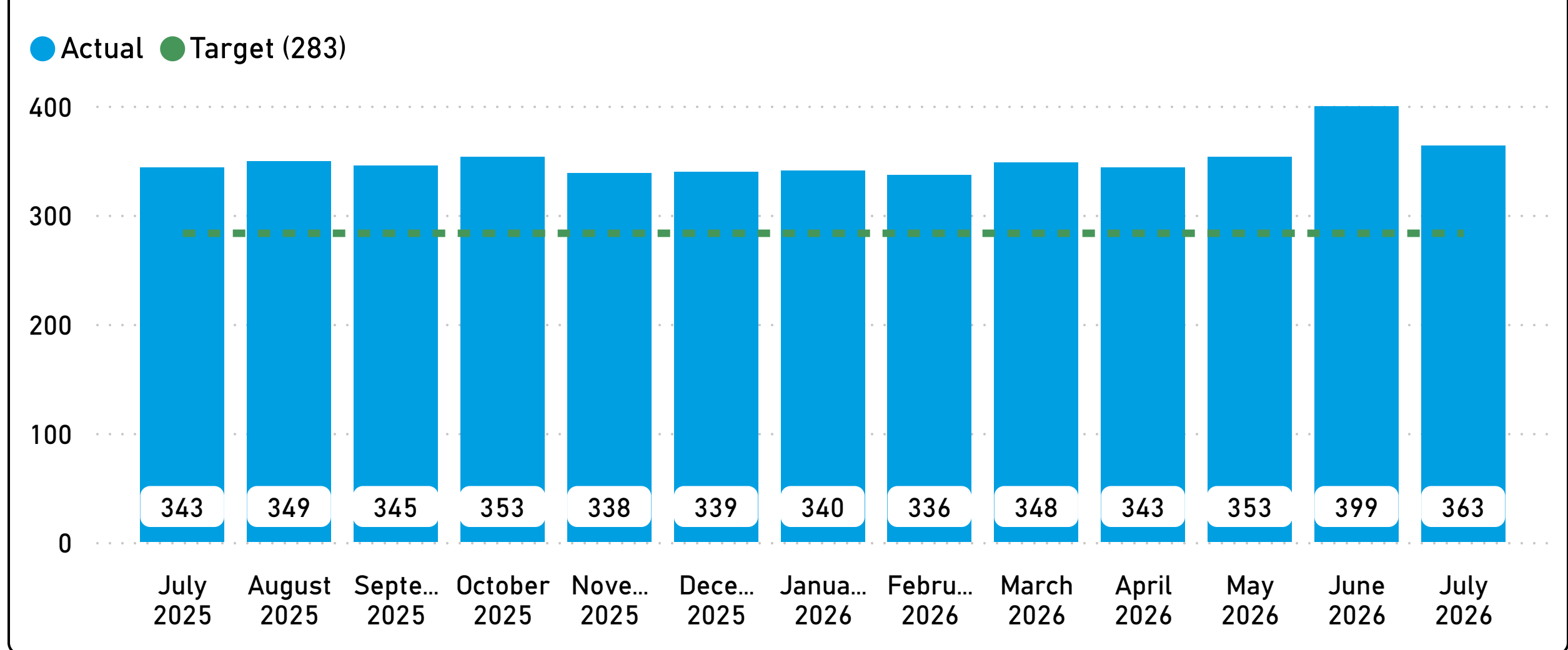
Lead Director - Director of Estates and Facilities
Lead Committee - Finance, Planning and Performance



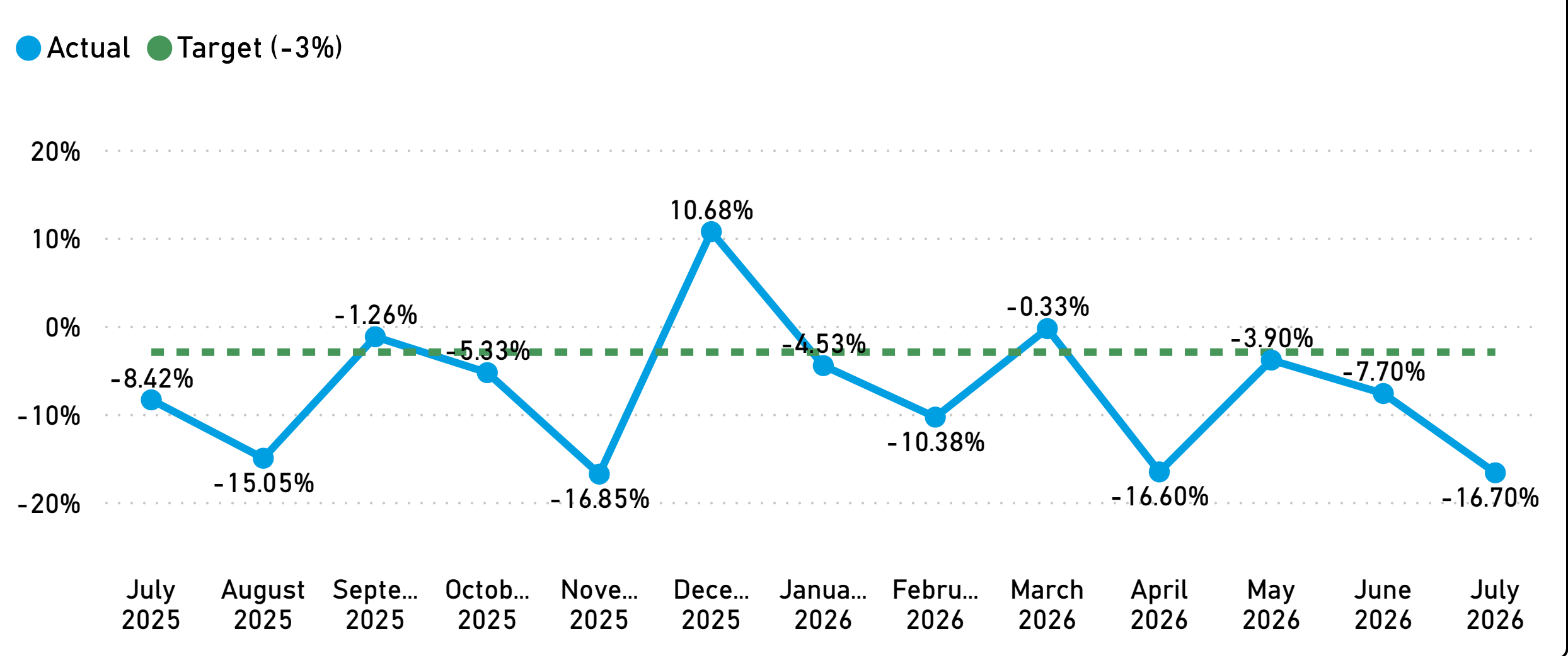
Recycling Rate



Clinical Waste Volume (Tonnes)



Energy Emissions from Buildings - Change Against Previous Year



Measures are presented a month in arrears to ensure accurate reporting. Environmental sustainability remains an important Board priority. While recycling performance remains below the long-term target, work is underway to identify infrastructure gaps across public areas and theatres, alongside targeted communications to improve staff confidence in recycling processes and increase participation.

Clinical waste volumes also remain above the desired level. A pilot at the QEUH is testing approaches to reduce and consolidate clinical waste receptacles, recognising that a significant proportion of material currently disposed of as clinical waste could be managed through general waste or recycling streams. Subject to successful evaluation, this approach could be extended across the wider estate.

Carbon emissions from buildings continue to reduce, with emissions in July 2026 16.7% lower than the previous year. This reflects ongoing estate decarbonisation programmes, energy efficiency initiatives, investment in low-carbon heating technologies and increased use of renewable energy sources.

While further improvement is required, the Board continues to take a structured approach to reducing waste, increasing recycling and lowering carbon emissions, supporting both environmental sustainability and the efficient use of resources.

Revenue Financial Performance

NHSGGC is reporting an overall net expenditure deficit of **-£42,931,956** at Month 5. Of the variance reported at Month 5, the largest adverse variances are Acute Services (**-£34,462,629**), Estates & Facilities (**-£7,508,606**) and Corporate Departments (**-£1,402,468**). Partnerships have a nil variance.

Following the Quarter 1 review, a forecast overspend of **-£58,041,628** was reported. Forecast modelling has been undertaken on planned recovery actions and best-case, worst-case and probable scenarios have been reported to Scottish Government. At this time, in no scenario are we able to provide assurance that breakeven can be delivered in 2026-27. Whilst **-£57,842,633** is the current forecast at this time, this is dependent on significant improvement relating to planned actions and this requires full support of Corporate Management Team to deliver these actions and to mitigate any further financial pressures that may arise later in the year.

Area	Final Reported Position
Acute	-£34,462,629
Corporate Departments	-£1,402,468
Estates & Facilities	-£7,508,606
Other Corporate Areas / Reserves	-£441,747
Partnerships	£0
Total	-£43,815,450

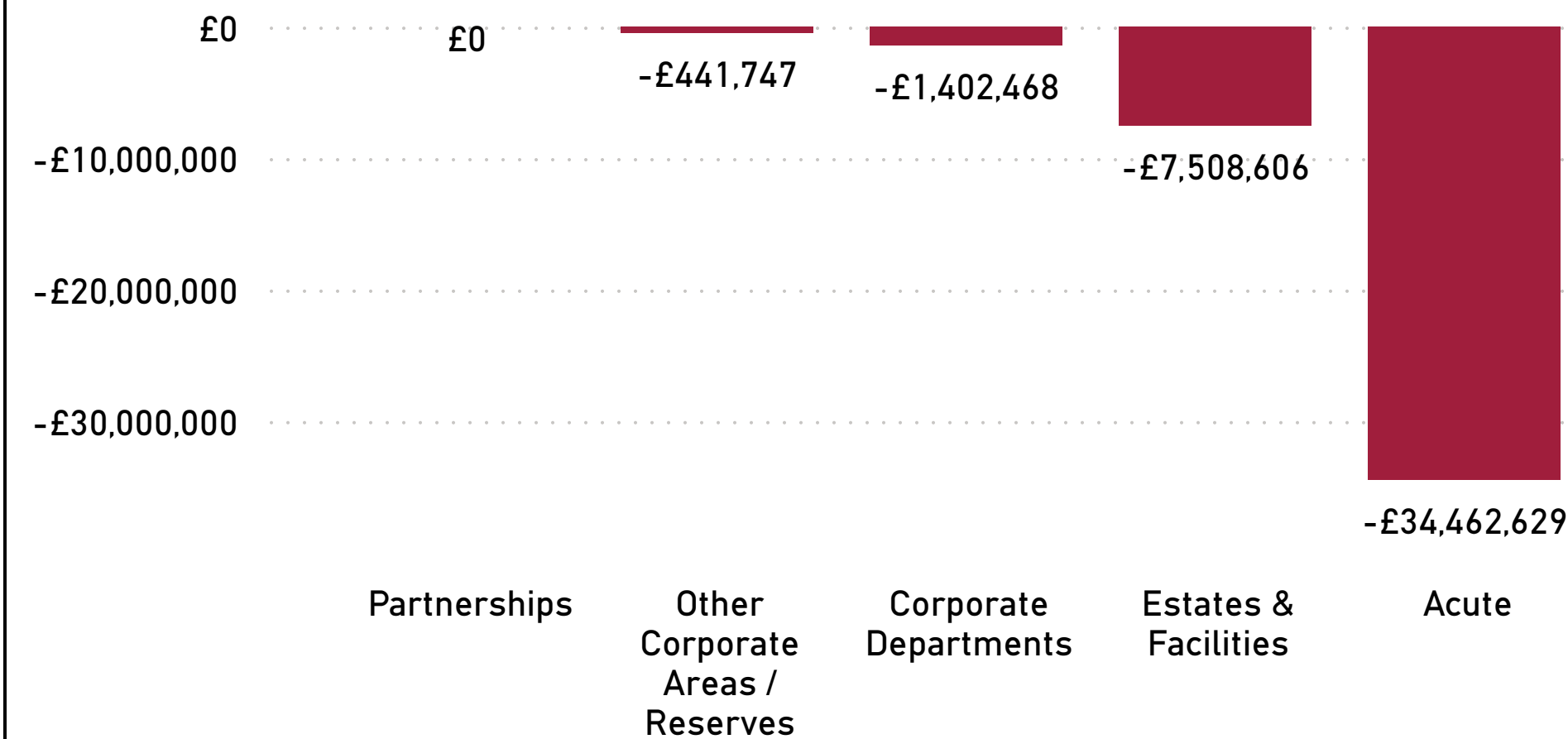
Sustainability and Value

On an in-year basis, £58,459,657 or **30.02%** of the Board's total financial challenge of £194,706,876 has been delivered by Month 5, and on a recurring basis, £24,108,312 has been achieved against the recurring savings requirement of £107,951,490, representing **22.33%** delivery. 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 Board's financial targets are to be achieved.

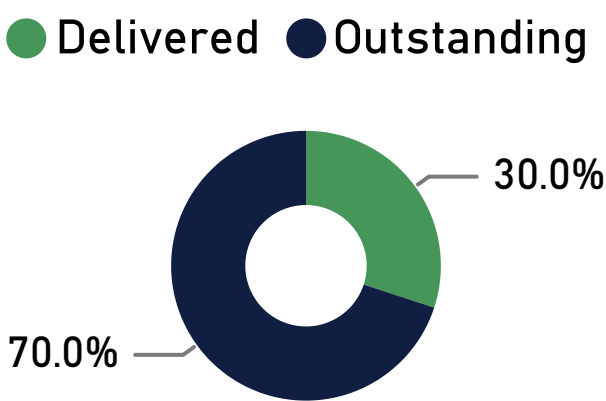
Capital Position

Against an approved capital allocation of £85,270,630, year-to-date committed expenditure totals £43,873,785, of which £20,384,607 has been incurred at Month 5. 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.

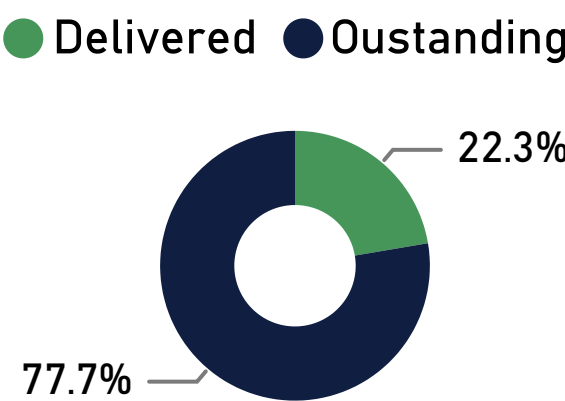
Final Reported Position by Business Area



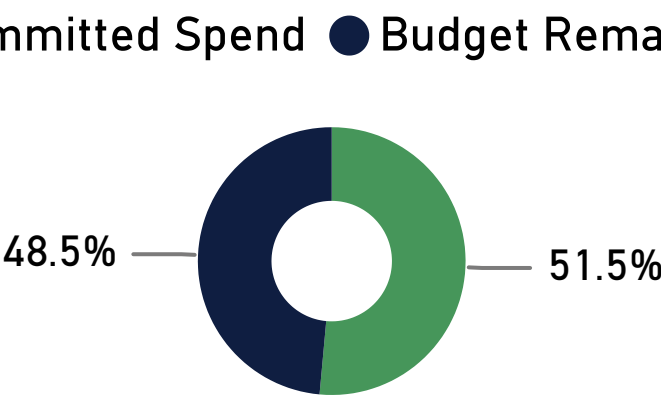
Overall Financial Challenge



Recurring Savings



Capital Budget

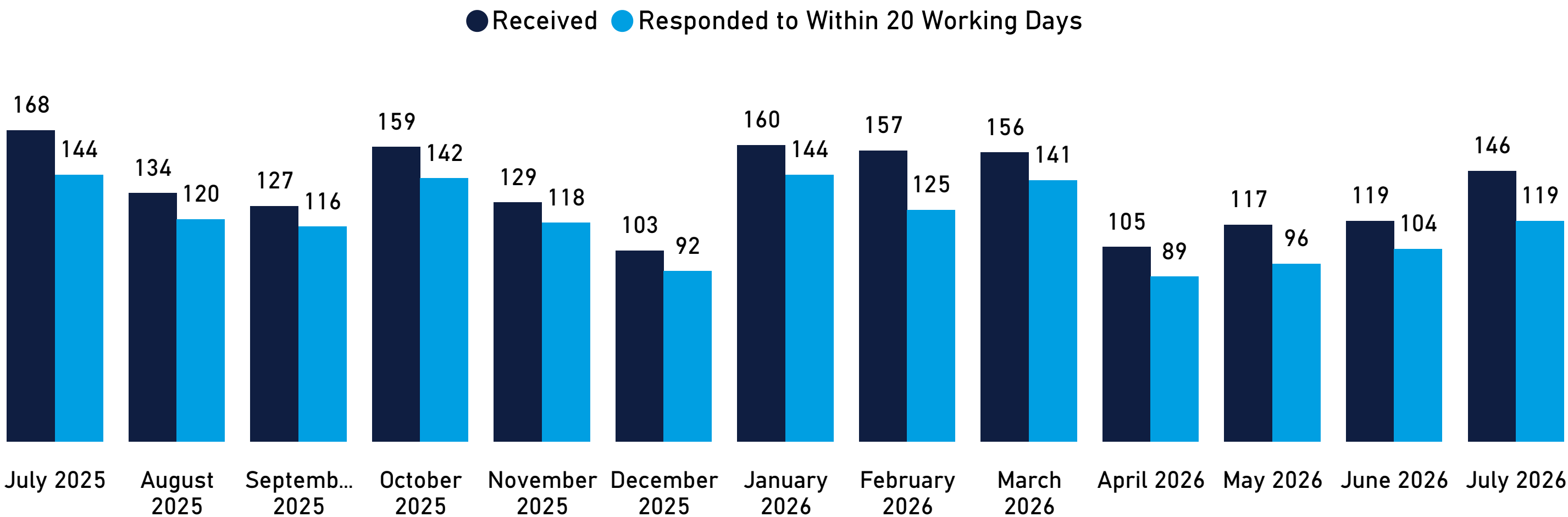


Freedom of Information

Lead Director - Director of Corporate Services and Governance
Lead Committee - Audit and Risk



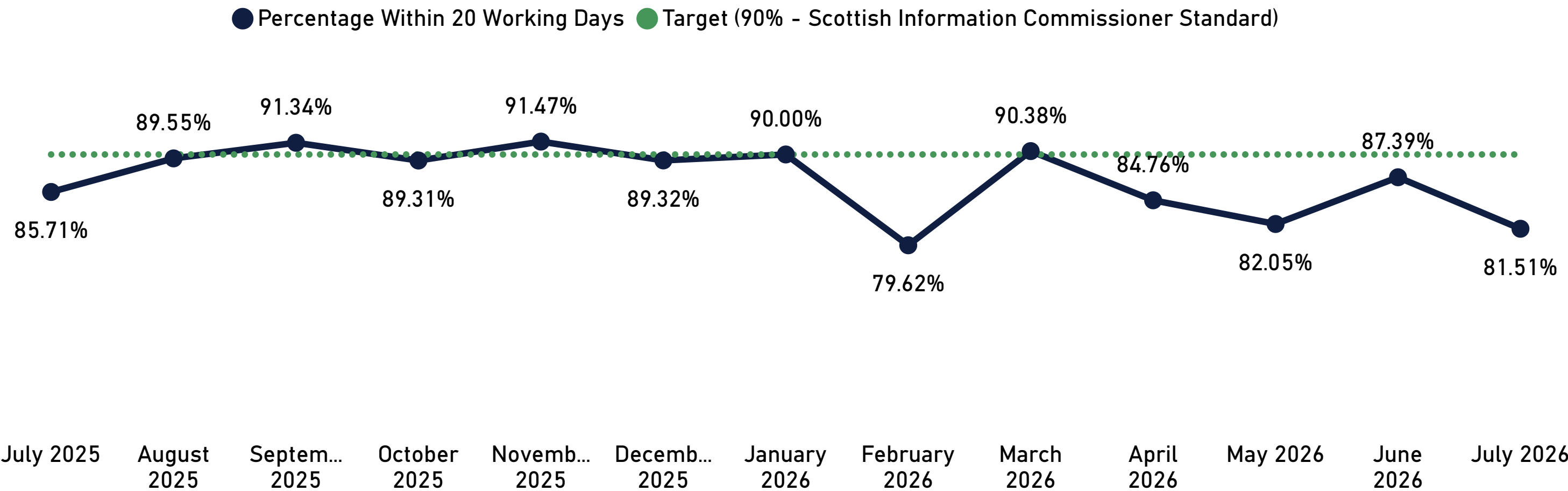
Freedom of Information Requests Received and Number Responded to within 20 Working Days



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 July 2026 saw a decrease, with 119 of 146 requests (82%) responded to within target timescales and below the target of 90%. This was due to increase in volume, complexity of requests and delays in service responses, alongside the impact of leave and reduced FOI Team capacity, with compliance down compared to the same period in July 2025 (86%).

Percentage Responded to within 20 Working Days



Workforce: Absence (All Absence Types)

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

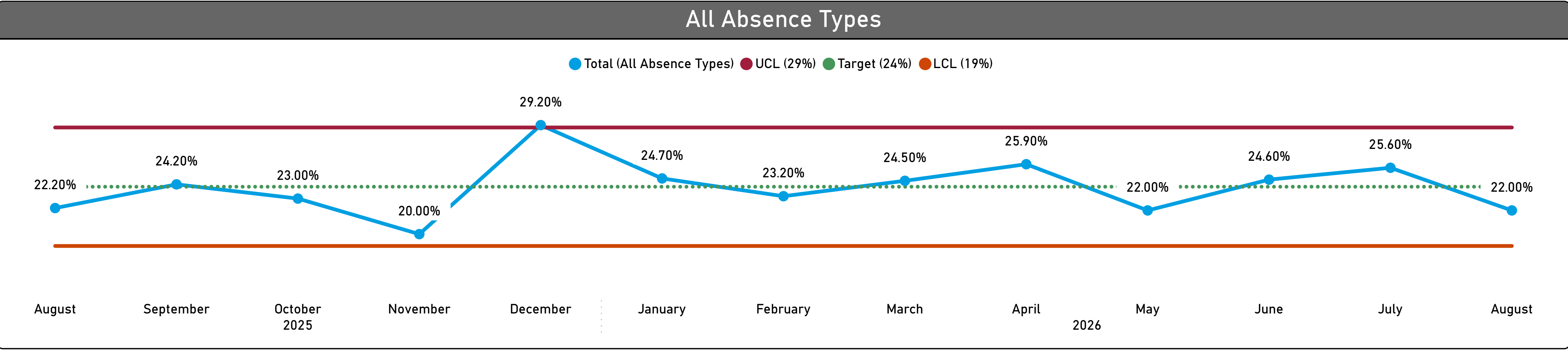


All Absence Types										
Date	Sickness	Annual Leave	Public Holiday	Maternity	Paternity	Parental	Study	Other	Total (All Absence)	Target (all absence)
August 2025	7.0%	11.10%	0.00%	2.10%	0.00%	0.50%	0.20%	0.40%	22.20%	24%
September 2025	7.7%	10.70%	1.70%	2.70%	0.00%	0.10%	0.50%	0.40%	24.20%	24%
October 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%
July 2026	7.5%	13.80%	0.00%	2.20%	0.00%	0.40%	0.20%	0.40%	25.60%	24%
August 2026	7.2%	10.70%	0.00%	2.10%	0.00%	0.50%	0.20%	0.40%	22.00%	24%

Total Absence (All Absence Types)

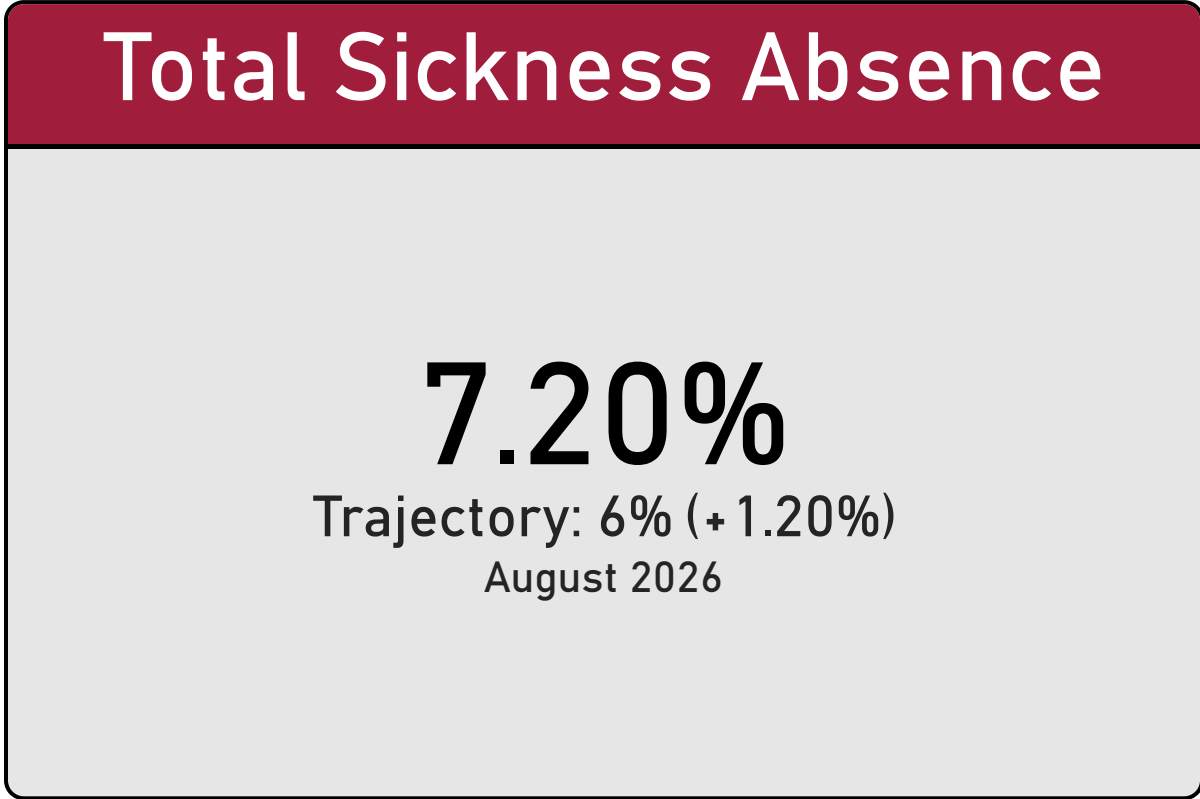
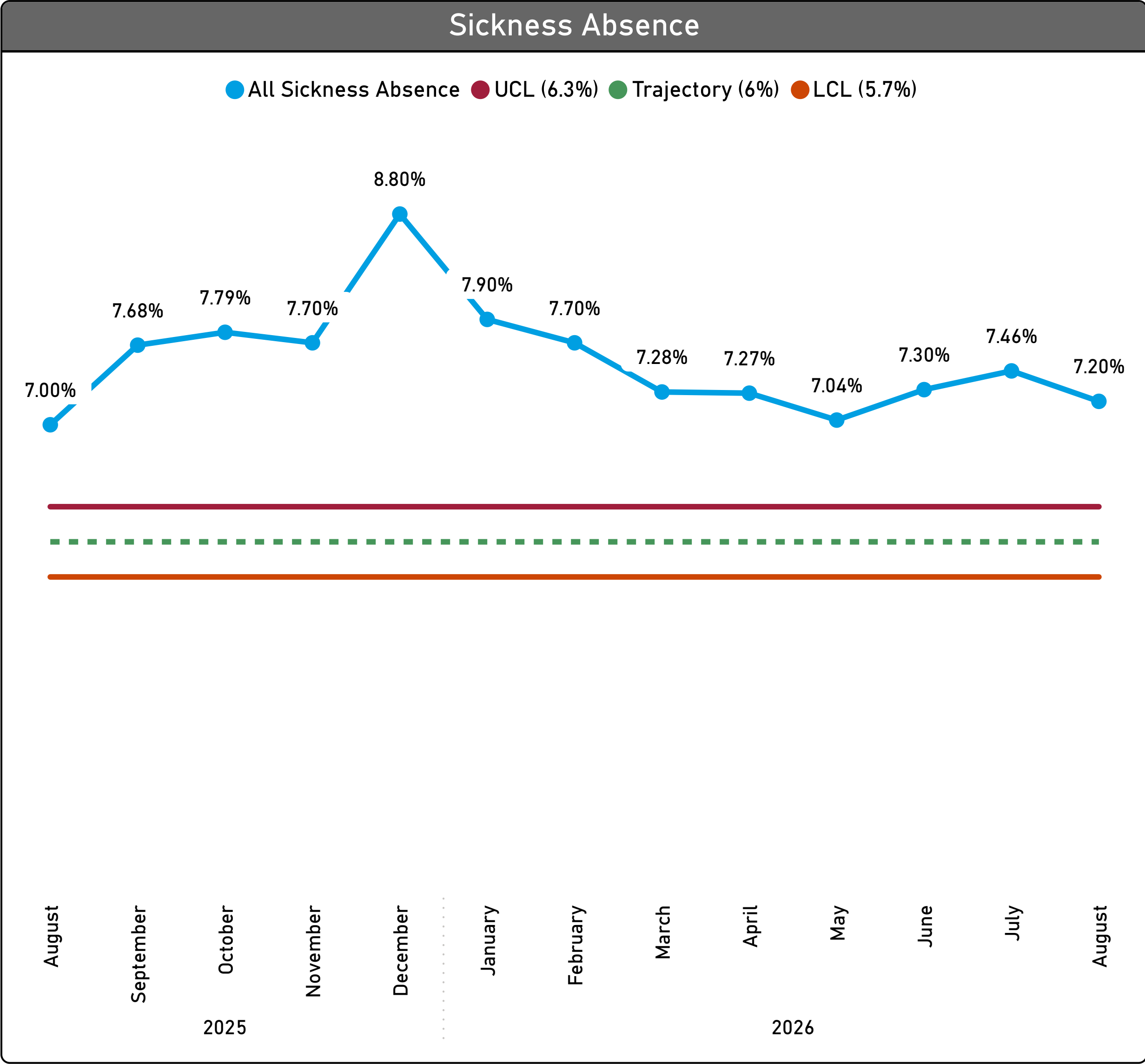
22.00%

Local Target: 24% (-2.00%)
August 2026



Workforce: Sickness Absence

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



Sickness Absence					
Date	Short Term	Long Term	All Sickness Absence		Local Target
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%
July 2026	2.81%	4.65%	7.46%	◆	6%
August 2026	2.70%	4.50%	7.20%	◆	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	7.00%	5.00%	7.41%	7.00%	7.83%	7.48%	8.91%	6.75%	6.92%	6.60%	5.71%	5.50%
August 2026	6.24%	5.00%	7.88%	6.75%	7.81%	7.32%	8.52%	6.50%	6.15%	6.40%	4.73%	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	6.91%	6.00%	6.19%	5.75%	7.30%	6.20%	7.09%	6.30%	7.65%	6.80%	7.29%	6.05%	7.14%	6.18%	6.34%	6.09%	11.13%	8.30%
August 2026	6.79%	6.00%	5.22%	5.75%	7.17%	6.00%	6.85%	6.30%	7.37%	6.80%	6.54%	5.65%	6.75%	6.08%	5.75%	5.90%	10.83%	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 August 2026 decreased to 22% from 25.6% in the previous month and is now within the 24% target. Performance in August 2026 continues to be impacted by sickness absence, although the 7.2% figure in August 2026 is slightly lower than the 7.5% reported in July. Long-term absence continuing to drive the overall position, with the 4.5% long term absence in August being consistent with figures over the past year.

Sickness absence remains a challenge across all business areas, with the majority of Divisions and HSCP out with local absence targets in August 2026.

Service Narrative

Improving attendance remains a key organisational priority, with continued focus across Sectors, Directorates and HSCTs on reducing sickness absence, supporting staff wellbeing and improving attendance management practice. Services have continued to deliver local attendance improvement plans, with particular emphasis on strengthening management of long-term absence, addressing areas of persistently high absence and ensuring timely intervention at critical stages of the Attendance Management Policy. Performance continues to be reviewed through established governance arrangements, with targeted support provided to areas experiencing the greatest challenges.

The Attendance Management Team is now increasingly embedded within operational arrangements and is providing enhanced support to managers in managing complex absence cases. Recent work has focused on ensuring resources are targeted towards services with the greatest absence pressures and associated financial impact, supporting both workforce and financial recovery objectives. Alongside this, discussions have continued regarding the longer-term operating model for attendance management support, ensuring resources are aligned to areas of greatest need and capable of delivering sustainable improvement. Supporting guidance, management information and training materials continue to be refined to strengthen compliance and improve management confidence in addressing absence issues effectively.

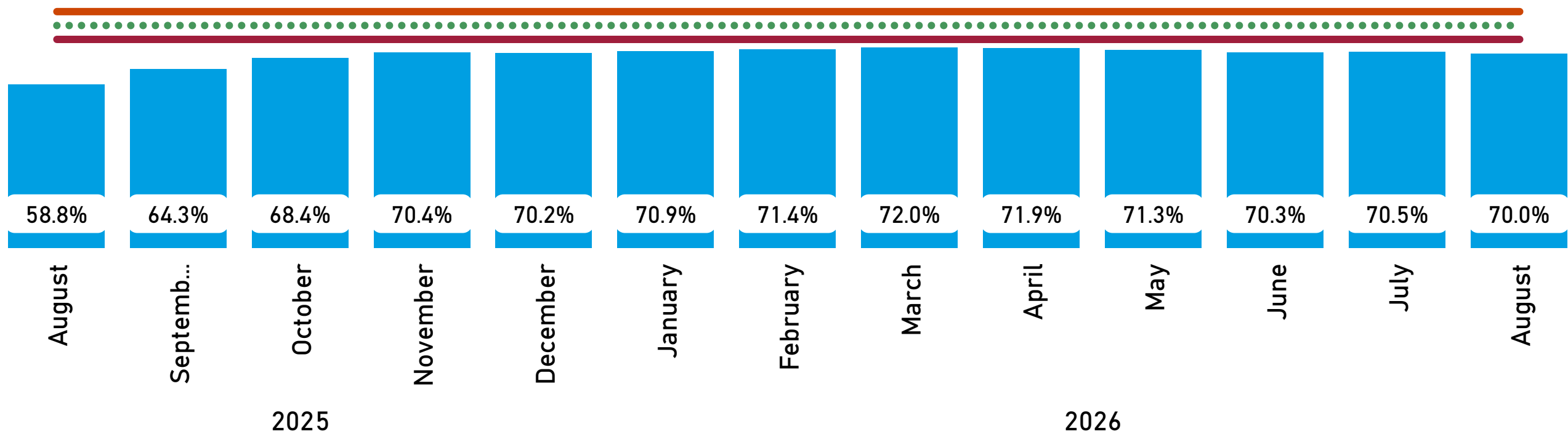
Workforce Performance and Compliance Assurance arrangements have continued to mature, with follow-ups undertaken during August to review progress against previously agreed actions and assess the impact of local improvement activity. These reviews have focused on understanding the factors contributing to absence, sharing effective practice and ensuring delivery of targeted interventions within areas requiring further improvement. This process is providing greater visibility of workforce performance issues, supporting earlier intervention and strengthening accountability for sustained attendance improvement across the organisation.

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

70.0%
Target: 80% (-10.1%)
August 2026

Completion of Statutory & Mandatory Training

86.5%
Target: 90% (-3.5%)
August 2026

Fraud Awareness

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

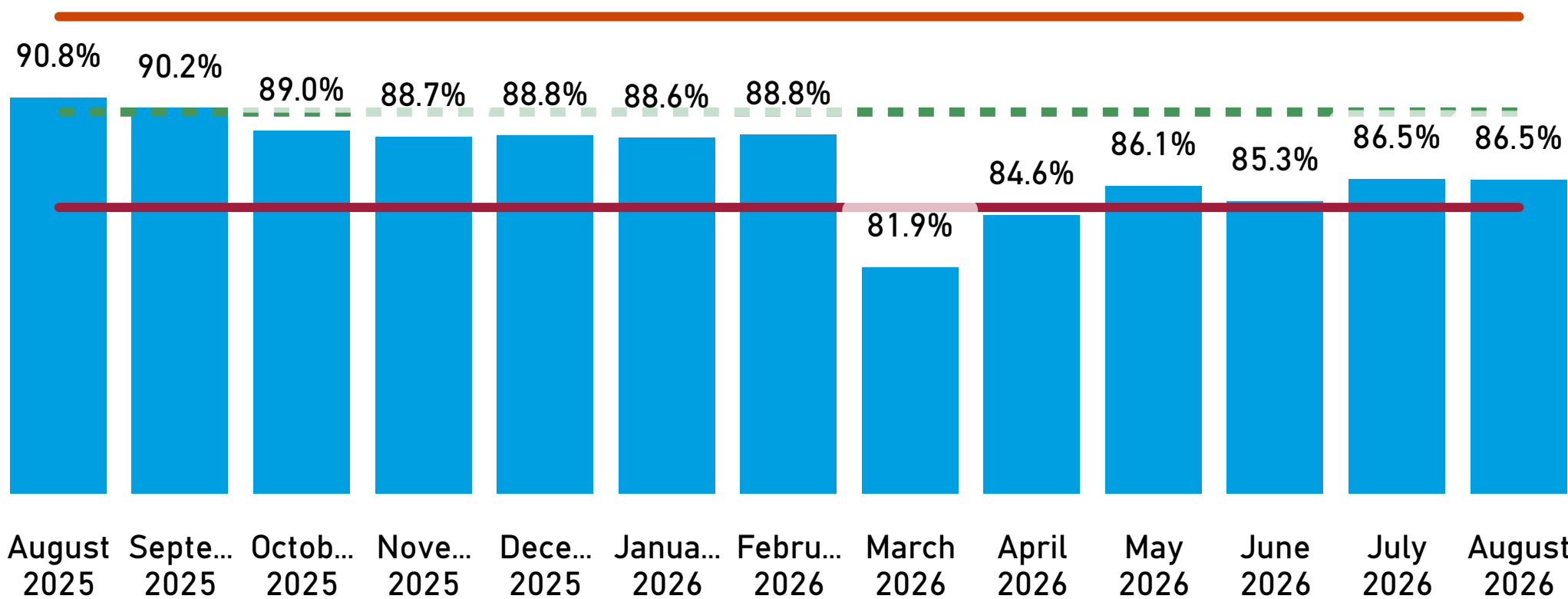
73.60%
August 2026

Completion of Statutory & Mandatory Training (90% target)

Date	Health & Safety	Violence & Aggression	Equality, Diversity & Human Rights	Manual Handling	Public Protection	Infection Control	Security & Threat	Information Handling	Fire Safety
August 2025	91.9%	91.8%	91.2%	91.4%	90.0%	90.8%	90.9%	93.0%	85.9%
September 2025	91.5%	91.4%	90.8%	91.0%	89.4%	90.5%	89.3%	92.8%	85.2%
October 2025	90.3%	90.2%	89.5%	89.9%	88.1%	89.3%	87.9%	91.7%	84.1%
November 2025	90.0%	90.1%	89.2%	89.5%	87.7%	88.9%	87.3%	91.8%	83.9%
December 2025	90.0%	90.2%	89.3%	89.5%	87.6%	89.0%	87.2%	91.6%	84.5%
January 2026	90.0%	90.1%	89.3%	89.4%	87.2%	88.8%	87.1%	91.4%	84.5%
February 2026	90.1%	90.2%	89.3%	89.6%	87.5%	89.0%	87.3%	91.4%	84.8%
March 2026	89.9%	89.7%	89.1%	89.3%	87.5%	88.7%	87.3%	90.6%	89.0%
April 2026	90.0%	89.7%	89.1%	89.4%	87.8%	88.8%	87.7%	90.3%	90.0%
May 2026	90.1%	89.6%	89.0%	89.3%	87.7%	88.8%	88.3%	89.9%	90.9%
June 2026	89.3%	88.7%	88.1%	88.4%	87.1%	88.0%	87.4%	89.0%	90.3%
July 2026	89.2%	88.5%	88.0%	88.3%	86.9%	87.8%	88.0%	88.0%	91.2%
August 2026	88.3%	88.0%	87.5%	87.8%	86.6%	87.3%	87.7%	87.1%	90.7%

Completion of Statutory and Mandatory Training

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



Commentary

The percentage of staff with a PDPR conversation recorded on Turas has decreased slightly compared to the previous month, while the figure for each of the past nine months is higher than the rolling one-year average, showing improvement in this area. This decrease during August was reflected in Acute: 72.3% (-0.8%) and Board Wide services: 68.9% (- 1.2%), however HSCP services saw an improvement to 66.0% (+0.7%). There was the usual variation across services within each of these sectors.

The national compliance target for core learning is set at 90%, and overall completion of statutory and mandatory training as at August 2026 is slightly below that target at 86.5%

Service Narrative

The importance of PDP&R continues to be reinforced by senior leaders as a key aspect of practice and staff are encouraged to reflect on essential training, wellbeing and personal and career through these supportive conversations.

For Statutory and Mandatory Training, targeted communications were delivered for the lowest-performing modules; Information Governance and Infection Control to increase engagement and completion rates and promotion of the Fraud Awareness module to support achievement of the 90% compliance target by September 2026. NHSGGC has achieved 73.6% compliance to date.

Throughout August, activity focused on promoting the value of high-quality PDP&R conversations, reinforcing key messages and embedding PDP&R as part of routine practice, alongside support for managers and staff in the use of the TURAS Appraisal system. Directors and senior leaders continued to support protected time for staff to complete core learning and PDP&R reviews, review performance and identify priority areas/support required to achieve compliance targets. HROD Workforce Information continued to provide regular compliance reports to Directors, Heads of HR and managers to inform decision-making, target and monitor areas requiring improvement and enable focused action within services.

A number of challenges remain. Introduction of the Fraud Awareness module, with a requirement to achieve 90% compliance by September 2026, presented an additional compliance challenge. A substantial volume of module renewals is anticipated as 2026 concludes the current three-year rolling compliance cycle, increasing pressure on compliance performance. Summer leave and ongoing service pressures may reduce opportunities for staff to undertake training and PDP&R discussions, impacting overall compliance rates. There is also a risk that a strong focus on compliance detracts from the wider purpose of PDP&R as a meaningful development conversation, however mitigating action was taken to promote high-quality PDP&R conversations during August.

Over the coming months targeted communications and support activity will focus on improvement across all modules currently below 90% threshold, embedding Once for Scotland Statutory and Mandatory Learning and reinforcing value of high-quality PDP&R conversations and promote examples of good practice. Managers and staff will continue to be supported through local guidance, training, tailored support and drop-in sessions, while Directors and senior leaders will review performance in areas below target and take appropriate action to ensure protected time is available for PDP&R conversations and completion of statutory and mandatory learning during working hours.