

NHS Greater Glasgow and Clyde	Paper No. 26/41
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 April 2026
Title:	Integrated Performance and Quality Report (February 2026)
Sponsoring Director/Manager:	Michael Breen, Director of Finance
Report Author:	Stuart Donald, Head of Performance

1. Purpose

The purpose of the attached paper is to:

Provide an update on NHSGGC performance against the key corporate indicators within the Integrated Performance and Quality Report (IPQR).

Appendix 1 provides a full copy of the Integrated Performance and Quality Report (February 2026)

2. Executive Summary

The paper can be summarised as follows:

- February 2026 reflects continued progress in several core areas, alongside a number of persistent pressures across the system.

Across key performance indicators:

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

Summary of Key Performance Indicators by Committee:

Committee	Green	Amber	Red
Clinical and Care Governance	4	2	0
Population Health and Wellbeing	1	0	0
Finance, Planning and Performance	16	6	11
People and Staff Governance	1	1	2
Total	22	9	13

Clinical and Care Governance:

- Hospital Standardised Mortality Ratio is below the Scottish average, and crude mortality aligns with national patterns.
- Infection control performance with ECB levels slightly above target, while CDI and SAB are both below target. Hand hygiene compliance remains consistently high.
- Oversight of Significant Adverse Event Reviews (SAER) continues to strengthen. The number of SAERs closed within timescales decreased from the previous month, however, there continues to be more SAERs closed than commissioned.
- Patient experience indicators also remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. 71% of stories received in February 2026 reflected positive themes, although variation in sentiment and timeliness of responses persists between sites.
- Complaints performance continues to meet national benchmarks.

Population Health:

- Waiting times for alcohol and drug treatment continues to exceed national standards.
- Uptake of childhood flu vaccines remain above national levels, while Adult flu and Covid uptake continue to lag behind Scotland overall.

Finance, Planning and Performance

- New Outpatient waiting lists continue to reduce. The service is above trajectory for waits over 52 weeks in February 2026, however there is sufficient capacity in the service to ensure all these patients have an appointment date before 31 March 2026.
- Treatment Time Guarantee (TTG) overall and over 52 weeks waits have reduced, although over 52 weeks waits remains slightly above trajectory.
- Diagnostic performance, particularly in Imaging, has shown improvement, driven by increased operational capacity and targeted approaches to the longest waits.
- Cancer performance against the 31-day standard remains ahead of trajectory. Performance against the 62-day standard has marginally increased in February 2026, although remains below the local trajectory.
- CAMHS continues to meet the 18-week standard.

BOARD OFFICIAL

- Psychological Therapies and MSK Physiotherapy continue to experience operational and workforce pressures, which impact delivery against trajectory.
- Emergency Department performance remains below local and national trajectories, however, has increased marginally in February 2026.
- ED attendances continue to run above trajectory although admissions from ED are down when compared to the previous year.
- Delayed discharges remain significantly above trajectory across both Acute and Mental Health patients.
- Estates and Facilities, decontamination, laundry, and catering services continue to provide reliable support to clinical operations, and maintenance backlogs have reduced significantly from the previous month.
- The revenue position at February 2026 (Month 11) is a cumulative deficit of -£1.2m. The full year forecast to 31 March 2026 remains achievement of a break-even position.
- The capital position at February 2026 (Month 11) is £57.5m. NHSGGC is currently forecast to utilise the overall Capital Plan funding of £89.6m in full by 31 March 2026.

Staff Governance

- Workforce absence reduced to 23.2% in February 2026 (from 24.7% in January 2026), within the 24.0% trajectory.
- Sickness absence fell to 7.7% (from 7.9%) with long-term absence continuing to drive the overall position.
- Mandatory training compliance remains just below the 90% threshold, while PDPR completion is improving, though not yet meeting trajectory.

3. Recommendations

The 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 February 2026.

4. Response Required

This paper is presented for approval.

5. Impact Assessment

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

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

- Environment Positive impact

6. Engagement & Communications

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

The performance measures within the IPQR are data driven from NHSGGC systems and with input from a variety of service areas.

7. Governance Route

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

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

8. Date Prepared & Issued

Paper prepared on: 8 April 2026

Paper issued on: 22 April 2026

9. Appendices

- Appendix 1 Integrated Performance and Quality Report - February 2026

Integrated Performance and Quality Report (IPQR)



Reporting Month:
February 2026

Committee Pathway:

CMT: 13 April 2026

Board: 30 April 2026



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February 2026 reflects continued progress in several core areas, alongside a number of persistent pressures across the system.

Across key performance indicators:

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

Clinical and Care Governance:

Hospital Standardised Mortality Ratio is below the Scottish average, and crude mortality aligns with national patterns. Infection control performance is mixed: ECB levels are slightly above target, while CDI and SAB are both below. Hand hygiene compliance remains consistently high. Oversight of Significant Adverse Event Reviews has strengthened, and the number of SAERs closed within timescales has begun to increase.

Patient experience indicators remain stable, with consistent volumes of Care Opinion submissions and high response rates across the system. 71% of stories received in February 2026 reflected positive themes, although some variation in sentiment and timeliness of responses persists between sites. Complaints performance continues to meet national benchmarks.

Population Health:

Waiting times for alcohol and drug treatment exceed national standards. Uptake of childhood flu vaccines remain above national levels, while Adult flu and Covid uptake continue to lag behind Scotland overall.

Finance, Planning and Performance:

New Outpatient waiting lists continue to reduce. The service is above trajectory for waits over 52 weeks in February 2026, however there is sufficient capacity in the service to ensure all of these patients have an appointment date before 31 March 2026. Diagnostic performance, particularly in Imaging, has shown improvement, driven by increased operational capacity and targeted approaches to the longest waits. Treatment Time Guarantee (TTG) overall waits and over 52 weeks waits have reduced, although over 52 weeks waits remains slightly above trajectory.

Cancer performance against the 31-day standard remains ahead of trajectory. Performance against the 62-day standard has marginally increased in February 2026, although remains below the local trajectory

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

Emergency Department performance remains below local and national trajectories, however, has increased marginally in February 2026. ED attendances continue to run above trajectory for the year to date, although admissions from ED are down on the previous year and ahead of trajectory

Within Estates and Facilities, decontamination, laundry and catering services continue to provide reliable support to clinical operations, and maintenance backlogs have reduced significantly from the figures seen in 2025.

The revenue position at February 2026 (Month 11) is a cumulative deficit of -£1.2m predominately driven by cost pressures of unachieved savings within the Acute Division. The full year forecast to 31 March 2026 remains achievement of a break even position. The capital position at February 2026 (Month 11) is expenditure to date of £57.5m, 64% of the overall capital budget. NHSGGC is currently forecast to utilise the overall Capital Plan funding of £89.6m in full by 31 March 2026.

People and Staff Governance

Overall absence reduced to 23.2% in February 2026 (from 24.7% in January 2025), within the 24% trajectory. Sickness absence fell to 7.7% (from 7.9%) with long-term absences continuing to drive the overall position. Mandatory training compliance remains just below the 90% threshold, while PDPR completion is improving, though not yet meeting trajectory

Better Health

Population Health and Wellbeing Committee

Alcohol and Drugs - %
starting treatment within
3 weeks

92.9%
Trajectory: 90%
December 2025

Vaccinations - Seasonal
Programme

438,108

01 March 2026

Better Care

Finance, Planning and Performance Committee

New Outpatient Referrals
(Year to Date)

399,824

February 2026

Outpatient Activity

25,659
Trajectory: 25,145
February 2026

Outpatient Activity (Year
to Date)

277,863
Trajectory: 276,812
February 2026

Total Outpatient Waiting
List

141,457

February 2026

Outpatient Waits >78
Weeks

0
Trajectory: 0
February 2026

Outpatient Waits >52
weeks

814
Trajectory: 646
February 2026

Diagnostic Scopes Activity

2,778
Trajectory: 2,762
February 2026

Diagnostic Scopes Activity
(Year to Date)

27,363
Trajectory: 28,490
February 2026

Diagnostic Scopes >6
week waits

2,785
Trajectory: 5,040
February 2026

Scopes >26 week waits

828

February 2026

Scopes >52 week waits

275

February 2026

Scopes - Total Waiting
List

6,468

February 2026

Key Performance Indicators

Achieving trajectory

Within tolerable range

Not achieving trajectory

No trajectory set



Better Care

Finance, Planning and Performance Committee

Imaging Activity

14,535
Trajectory: 12,543
February 2026

Imaging Activity (Year to Date)

170,743
Trajectory: 137,973
February 2026

Imaging >6 Week Waits

4,391
Trajectory: 16,821
February 2026

Imaging >26 Week Waits

1
Trajectory: 0
February 2026

Imaging All Waits

22,789
Trajectory: 44,238
February 2026

TTG Inpatient and Daycase - Activity

6,478
Trajectory: 7,019
February 2026

TTG Inpatient and Daycase - Activity (Year to Date)

69,184
Trajectory: 69,936
February 2026

TTG Inpatient and Daycase Waits >52 weeks

8,789
Trajectory: 8,760
February 2026

TTG Inpatient and Daycase Waits >78 weeks

3,649
February 2026

TTG Inpatient and Daycase Waits >104 weeks

1,232
February 2026

TTG Inpatient and Daycase- Total Waiting List

45,332
February 2026

Cancer - 62 Day Target

70.9%
Trajectory: 81.3%
February 2026

Cancer - 31 Day Target

95.4%
Trajectory: 95.0%
February 2026

Urgent Suspicion of Cancer Referrals (Year to Date)

71,588
February 2026

Cancer Activity (31 day pathway, Year to Date)

6,833
February 2026

Cancer Activity (62 day pathway, Year to Date)

4,475
February 2026

CAMHS - % starting treatment within 18 weeks

100.0%
Trajectory: 90%
February 2026

Psychological Therapies - % starting treatment within 18 weeks

81.2%
Trajectory: 90%
February 2026

MSK Physio - Patients Seen within 4 weeks

41%
Trajectory: 41%
February 2026

MSK Physio - Average Wait (Weeks)

8.3
Trajectory: 9.4
February 2026

Podiatry - Patients Seen within 4 weeks

97.00%
Trajectory: 90%
February 2026

ED Attendances (Year to Date)

383,795
Trajectory: 372,474
February 2026

Admissions from ED (Year to Date)

130,403
Trajectory: 130,605
February 2026

Length of Stay (Emergency Admissions)

8.10
Trajectory: 7.60
February 2026

Better Care

Finance, Planning and Performance Committee

ED 4hr Target

69.90%
Trajectory: 85.0%
February 2026

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

1,155,538
Trajectory: 1,151,320
February 2026

Delayed Discharges per 100k of population

42.84
Trajectory: 34.60
February 2026

Acute Patients in Delay

323
Trajectory: 258
February 2026

Acute Bed Days Lost to Delay

9,106
Trajectory: 7,889
February 2026

Mental Health Bed Days Lost to Delay

2,624
Trajectory: 1,857
February 2026

Mental Health Patients in Delay

91
Trajectory: 58
February 2026

GP 00H Shift Fill Rate

100%
Trajectory: 90%
February 2026

GP 00H Activity

148,662
February 2026

GP List Closures

7
February 2026

Better Workplace

Staff Governance Committee

Total Absence (All Absence Types)

23.20%
Trajectory: 24.00%
February 2026

Total Sickness Absence

7.70%
Trajectory: 6.00%
February 2026

KSF PDP&R Conversations Recorded on Turas

71.4%
Trajectory: 80%
February 2026

Completion of Statutory & Mandatory Training

89.3%
Trajectory: 90%
February 2026

Key Performance Indicators

Achieving trajectory

Within tolerable range

Not achieving trajectory

No trajectory set



Better Care

Clinical and Care Governance Committee

<div>Hospital Standardised Mortality Ratio</div> <div>0.98</div> <div>September 2025</div>	<div>Healthcare Acquired Infections - Escherichia Coli Bacteraemia (ECB)</div> <div>55</div> <div>Trajectory: 51 February 2026</div>	<div>Healthcare Acquired Infections - Clostridioides Difficile Infections (CDIs)</div> <div>18</div> <div>Trajectory: 21 February 2026</div>	<div>Healthcare Acquired Infections - Staphylococcus Aureus Bacteraemia (SAB)</div> <div>25</div> <div>Trajectory: 26 February 2026</div>	<div>Hand Hygiene Compliance Rate</div> <div>95.00%</div> <div>February 2026</div>	<div>SAERs Commissioned</div> <div>18</div> <div>February 2026</div>	<div>SAERs Closed within 140 Working Days</div> <div>8.00%</div> <div>February 2026</div>
<div>Stage 1 Complaints Received</div> <div>252</div> <div>February 2026</div>	<div>Stage 1 Complaints Closed Within 5 Working Days</div> <div>84.0%</div> <div>Trajectory: 70% February 2026</div>	<div>Stage 2 Complaints Received</div> <div>347</div> <div>February 2026</div>	<div>Stage 2 Complaints Closed Within 20 Working Days</div> <div>69.00%</div> <div>Trajectory: 70% February 2026</div>	<div>Overall Complaints Closed Within Timescale</div> <div>76.00%</div> <div>Trajectory: 70% February 2026</div>	<div>Care Opinion Stories</div> <div>407</div> <div>February 2026</div>	<div>Percentage of Care Opinion Stories With Positive Themes</div> <div>71%</div> <div>February 2026</div>

Better Value

Audit and Risk Committee

<div>FOIs Received</div> <div>160</div> <div>January 2026</div>	<div>FOIs Responded to Within 20 Working Days</div> <div>90.00%</div> <div>January 2026</div>
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Better Value

Finance, Planning and Performance Committee

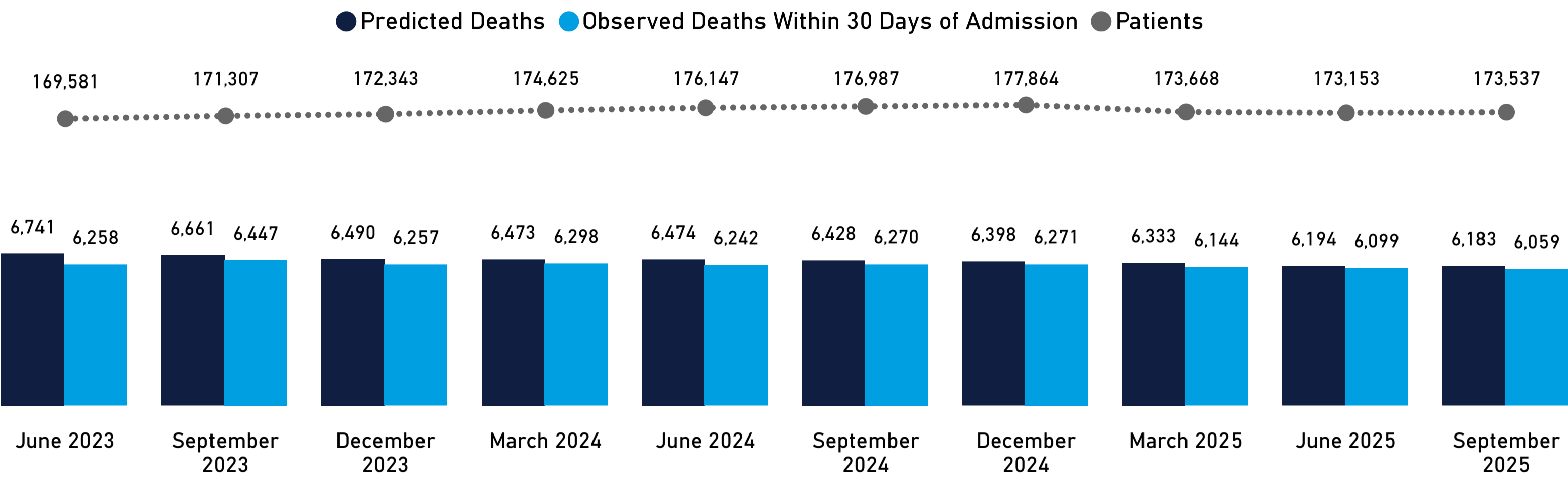
<div>Estates and Facilities - Central Decontamination Unit Activity</div> <div>33,390</div> <div>February 2026</div>	<div>Estates and Facilities - Planned Maintenance Completed</div> <div>75%</div> <div>February 2026</div>	<div>Estates and Facilities - Reactive Maintenance Completed</div> <div>57%</div> <div>February 2026</div>
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Standardised Mortality Rate / Crude Mortality within 30 Days of Admission



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

Predicted and Observed Deaths Within 30 Days of Admission



GGC SMR

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

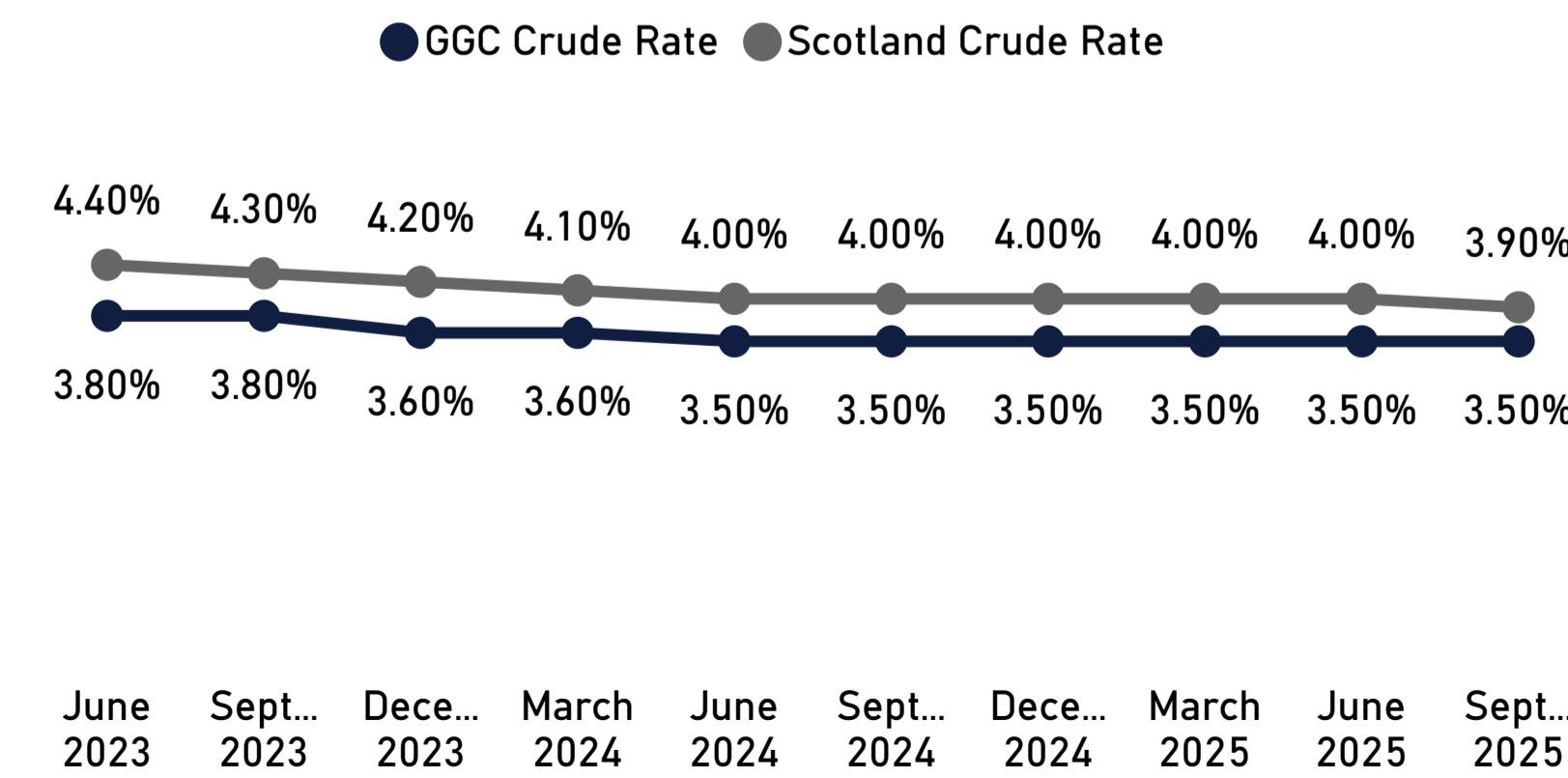
NHSGGC Standardised Mortality Ratio (SMR) at September 2025 was 0.98, which is below the national average. HSMR is presented using a 12-month reporting period when making comparisons against the national average. This is advanced by three months with each quarterly update, which ensures that the Scottish HSMR is always representative of current outcomes and reflective of changing case-mix and provision of services. As the model updates every 3 months, HSMR values are not comparable over time, its purpose is to provide a snapshot at a particular point in time.

GGC Crude Mortality

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

GGC Crude Mortality Rate within 30 days of admission at September 2025 was 3.5%, for the current 12 month reporting period. This is below the Scottish rate, with data showing a similar pattern in NHSGGC and Scotland

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



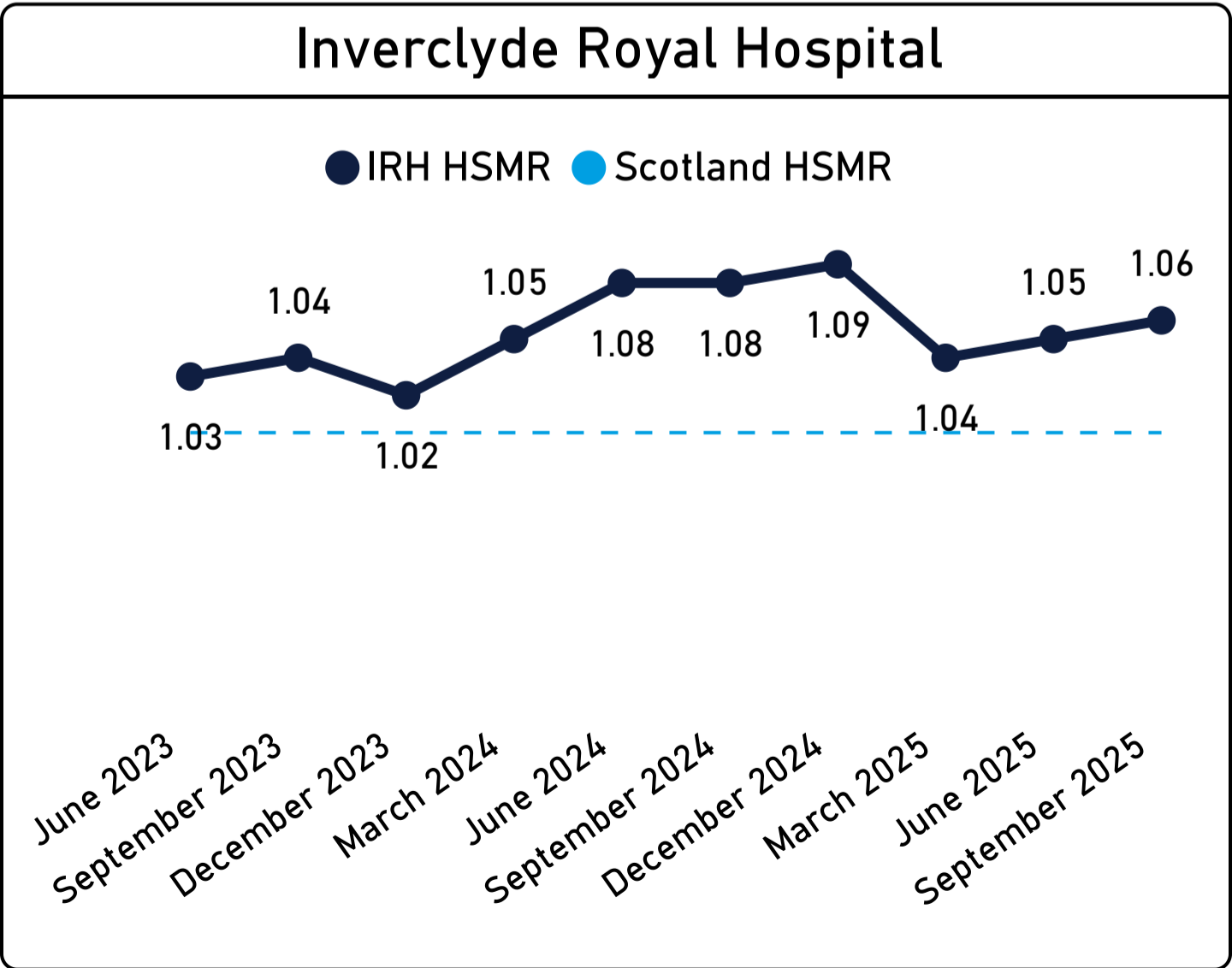
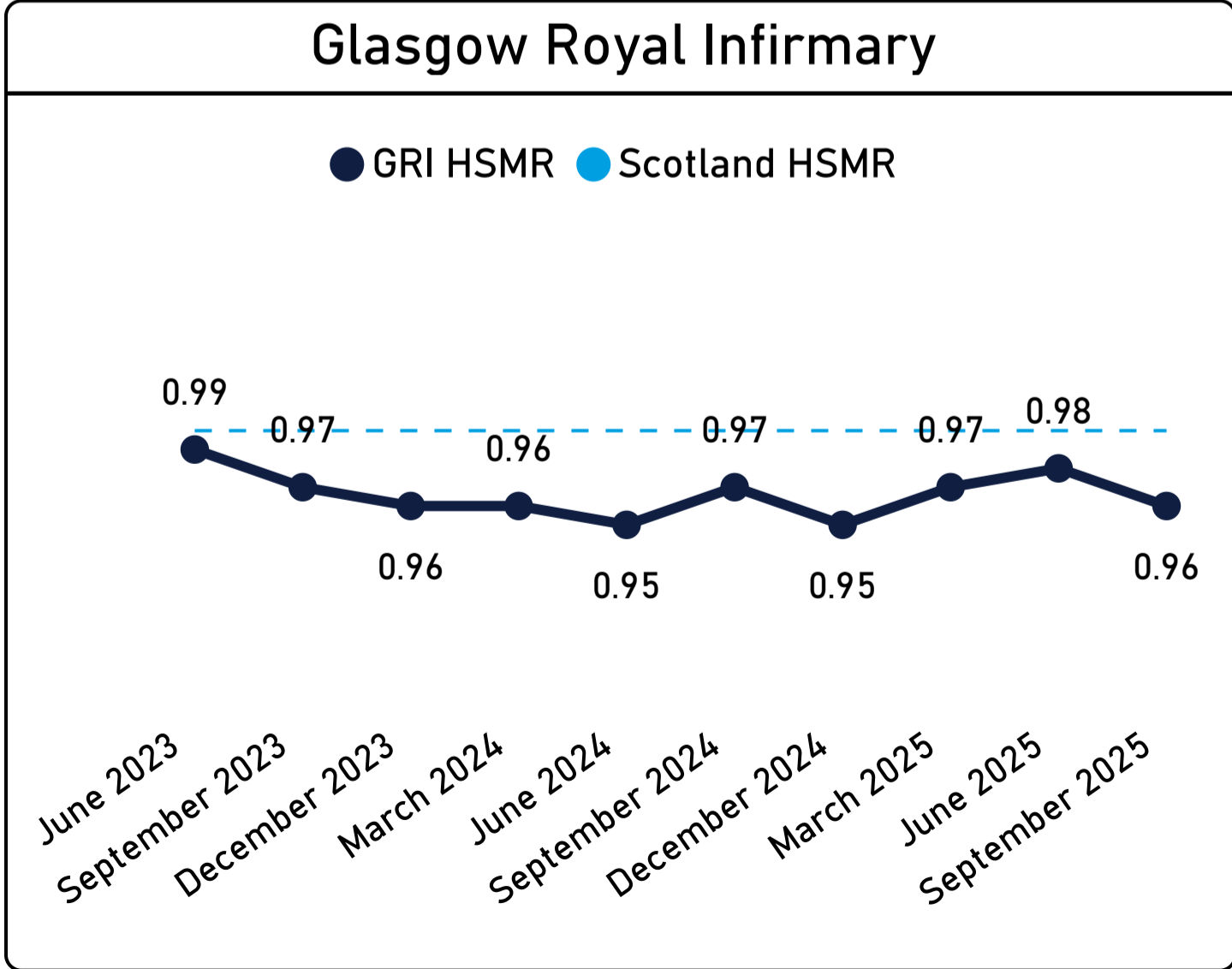
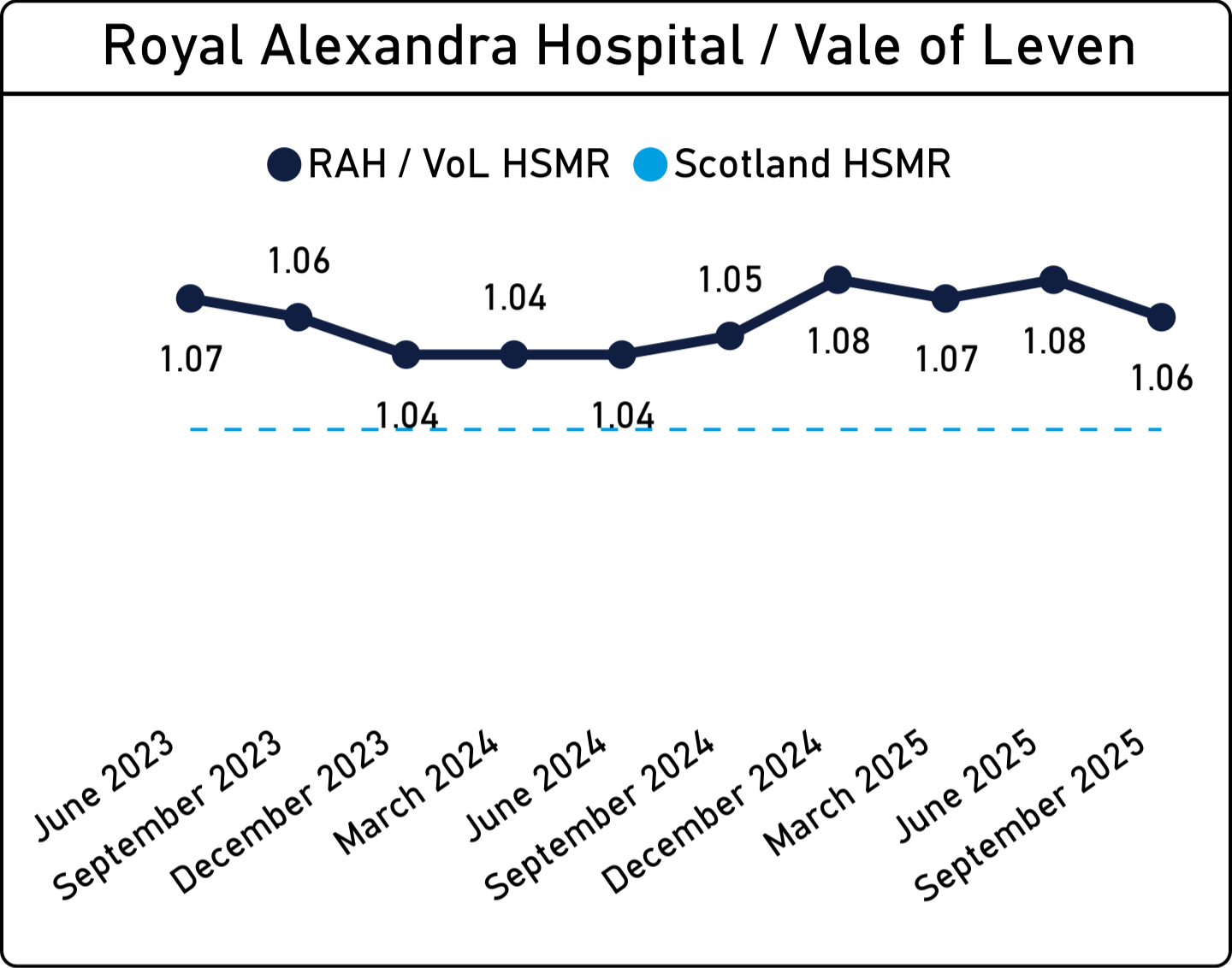
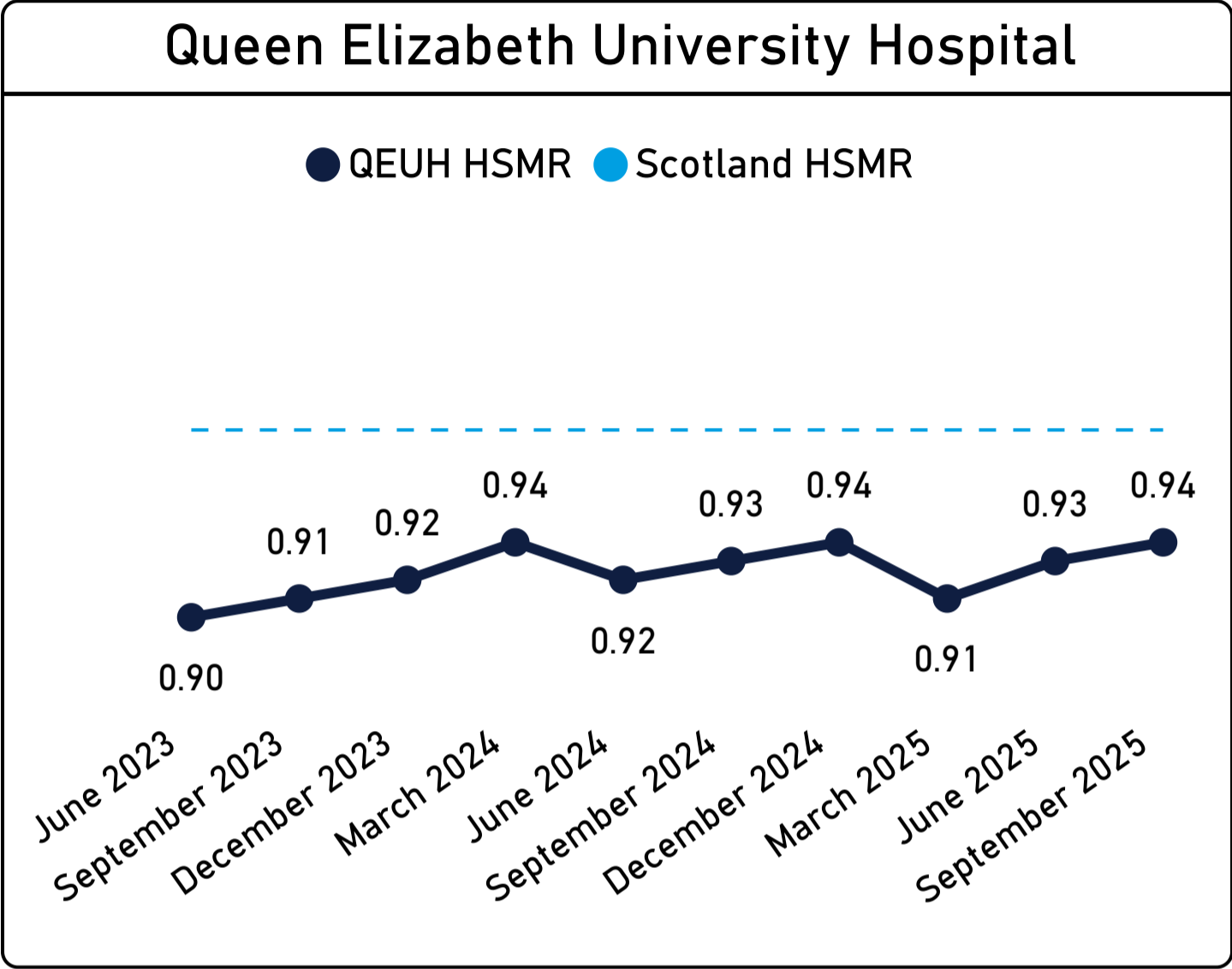
Hospital Standardised Mortality Ratio (Most Recent Publication)

October 2024 - September 2025

Board / Hospital	HSMR / SMR	Number of Patients	Number of Observed Deaths
NHSGGC	0.98	173,537	6,059
QEUH	0.94	72,941	2,729
GRI	0.96	45,041	1,487
RAH / VoL	1.06	27,033	1,325
IRH	1.06	10,473	493

Hospital Standardised Mortality Ratio by Site

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



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

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

Although HSMR is above national average at Royal Alexandra Hospital / Vale of Leven and at Inverclyde Royal Hospital, it is within control limits and stable. Work is ongoing within Clyde, with a regular meeting schedule and rolling action plan to oversee workstreams.

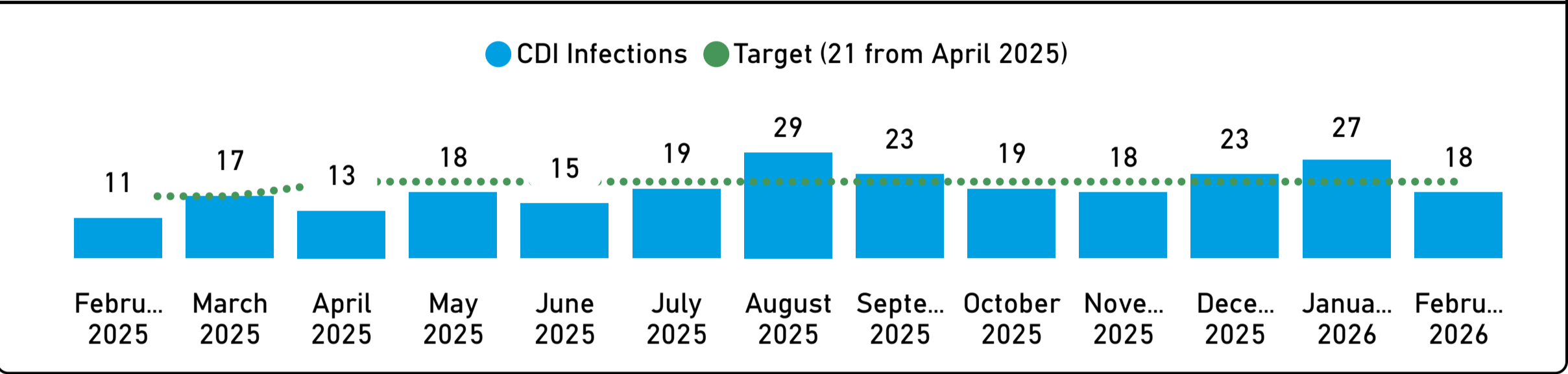
A new data subgroup has been set up to increase availability of data. An update on this work will be considered at the Acute Clinical Governance Forum and Board Clinical Governance Forum meetings in April 2026

Healthcare Acquired Infections and Hand Hygiene Compliance

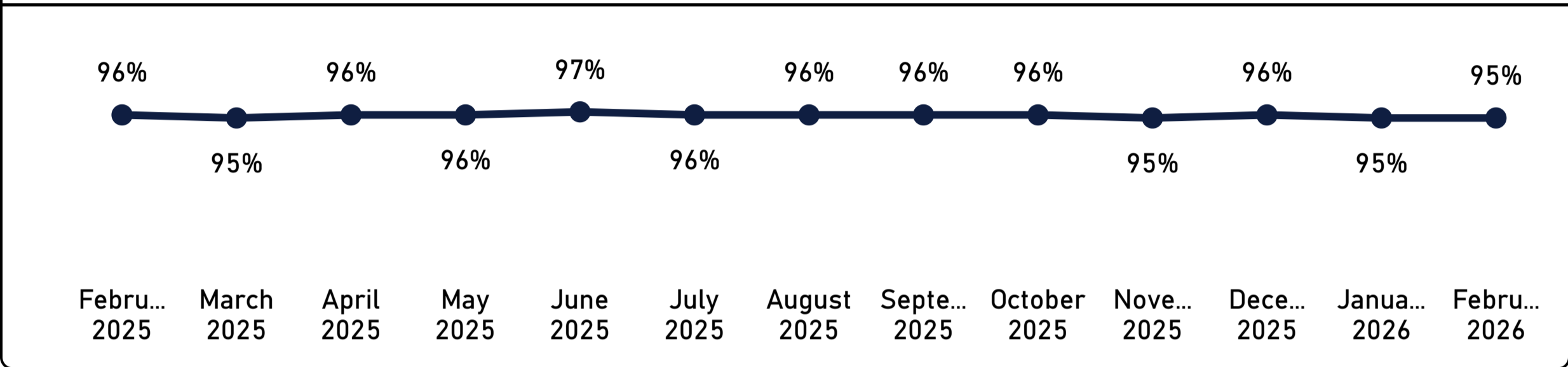
Lead Director - Director of Nursing
Lead Committee - Clinical and Care Governance



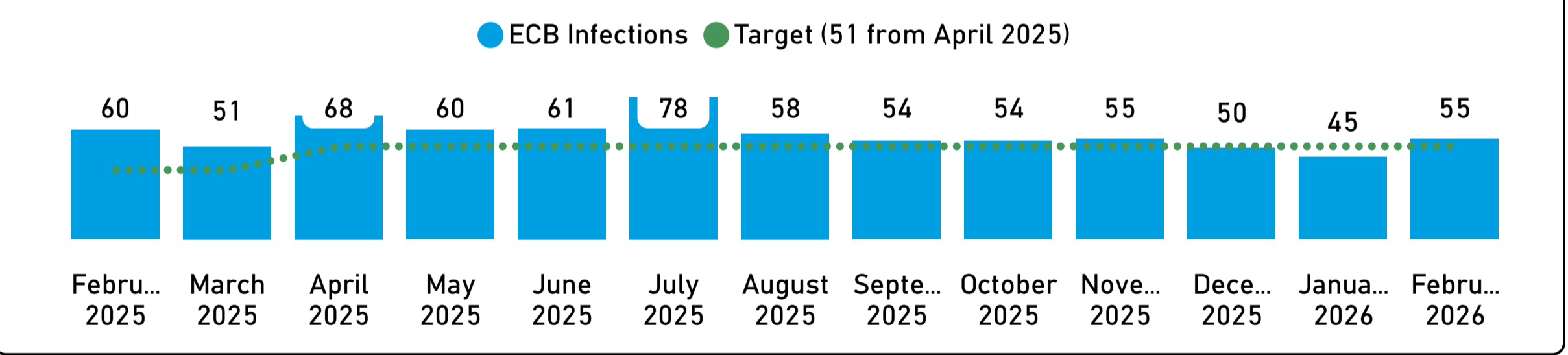
Clostridioides Difficile Infections (CDIs)



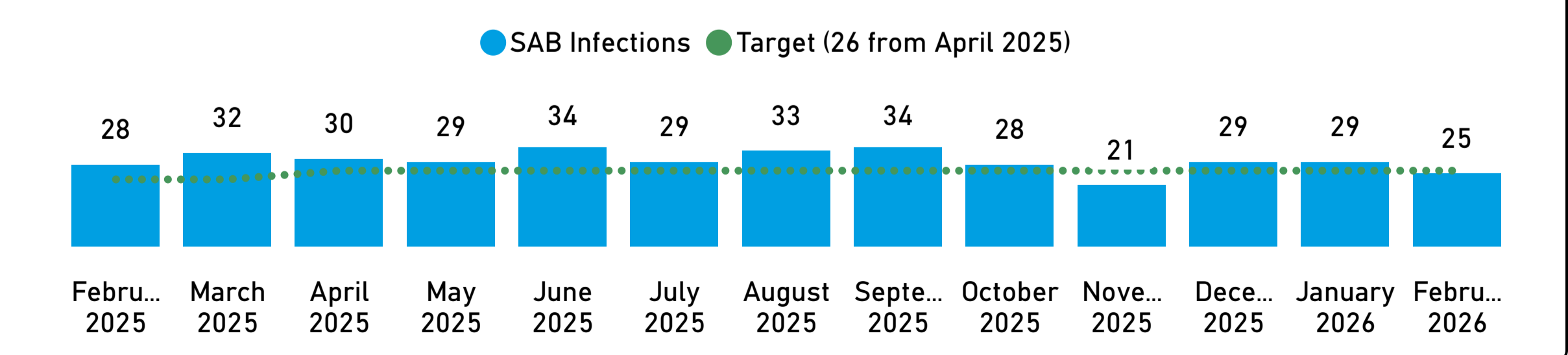
Hand Hygiene Compliance Rate



Escherichia Coli Bacteraemia (ECB)



Staphylococcus Aureus Bacteraemia (SAB)



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

CDI - Figures have been below target for seven of the past 11 months since the new target was introduced in April 2025, and are below target for February, reduced by nine from the previous month. GGC are below the national average for CDI infections.

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

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

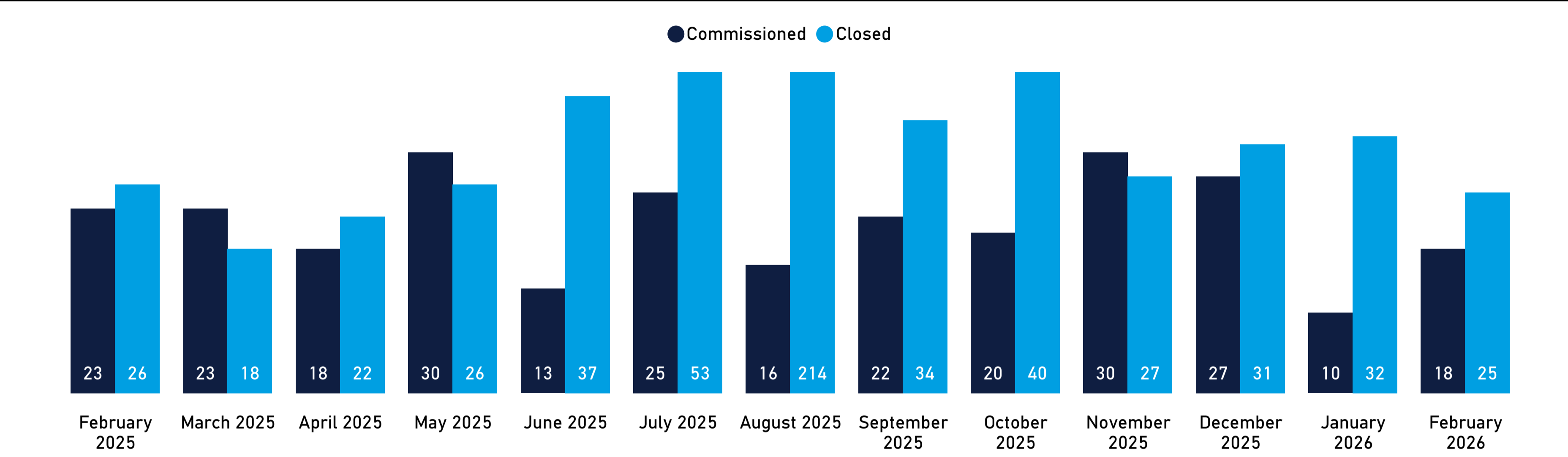
Hand Hygiene compliance rates remain consistent, having been within a range of 95% - 97% over the past year. An average of 350 audits are completed monthly, with audits carried out as required, such as during incidents and outbreaks of infection.

Significant Adverse Event Reviews

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



SAERs Commissioned and Closed Per Month



Closed within 140 Working Days

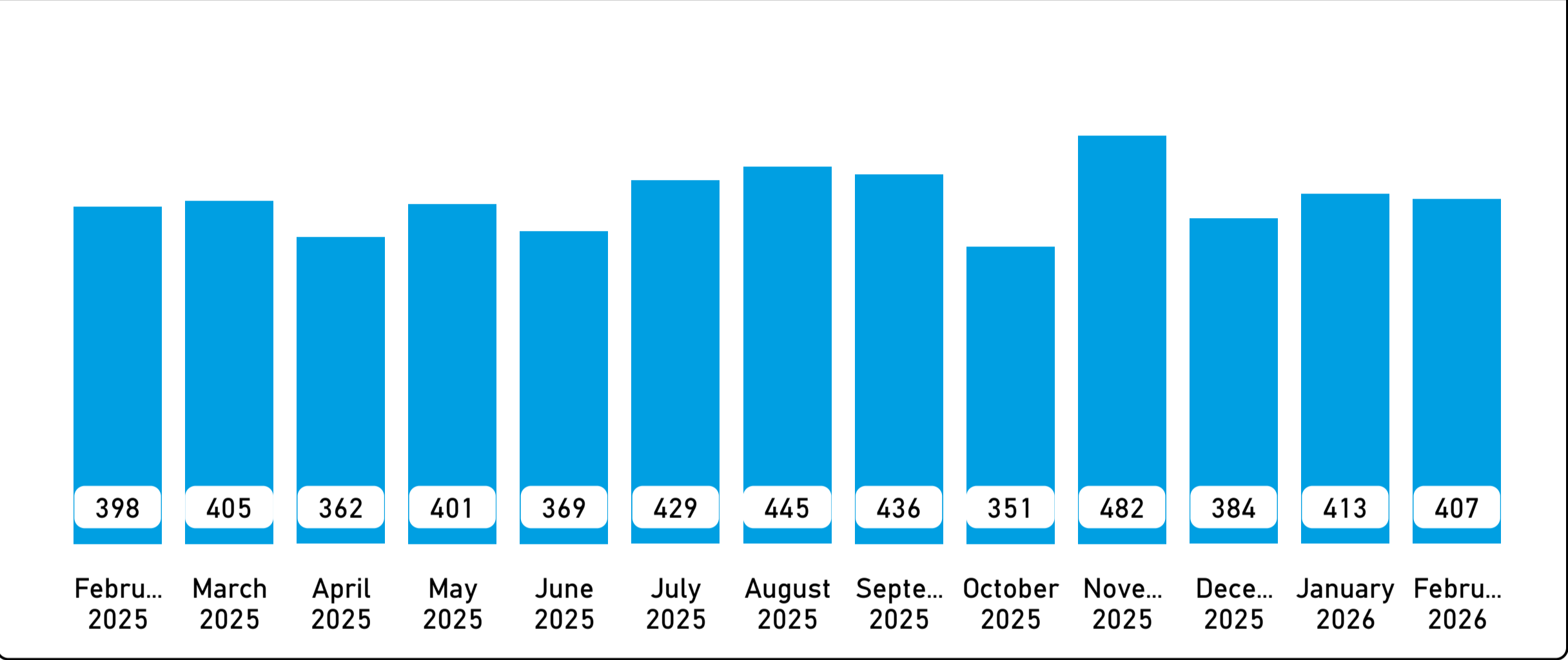
Month End	Number	Percentage
February 2025	0	0.00%
March 2025	0	0.00%
April 2025	0	0.00%
May 2025	0	0.00%
June 2025	0	0.00%
July 2025	0	0.00%
August 2025	0	0.00%
September 2025	0	0.00%
October 2025	0	0.00%
November 2025	0	0.00%
December 2025	1	3.23%
January 2026	8	25.00%
February 2026	2	8.00%

The number of SAERS commissioned per month has varied slightly throughout the year, averaging around 21 per month. A significantly higher number of SAERS were closed in July and August 2025 than in previous months, and numbers have remained higher for the remainder of the year, reflecting increased management action and oversight. In February 2026, more SAERs were closed than commissioned, with two completed within the 140 days timescale.

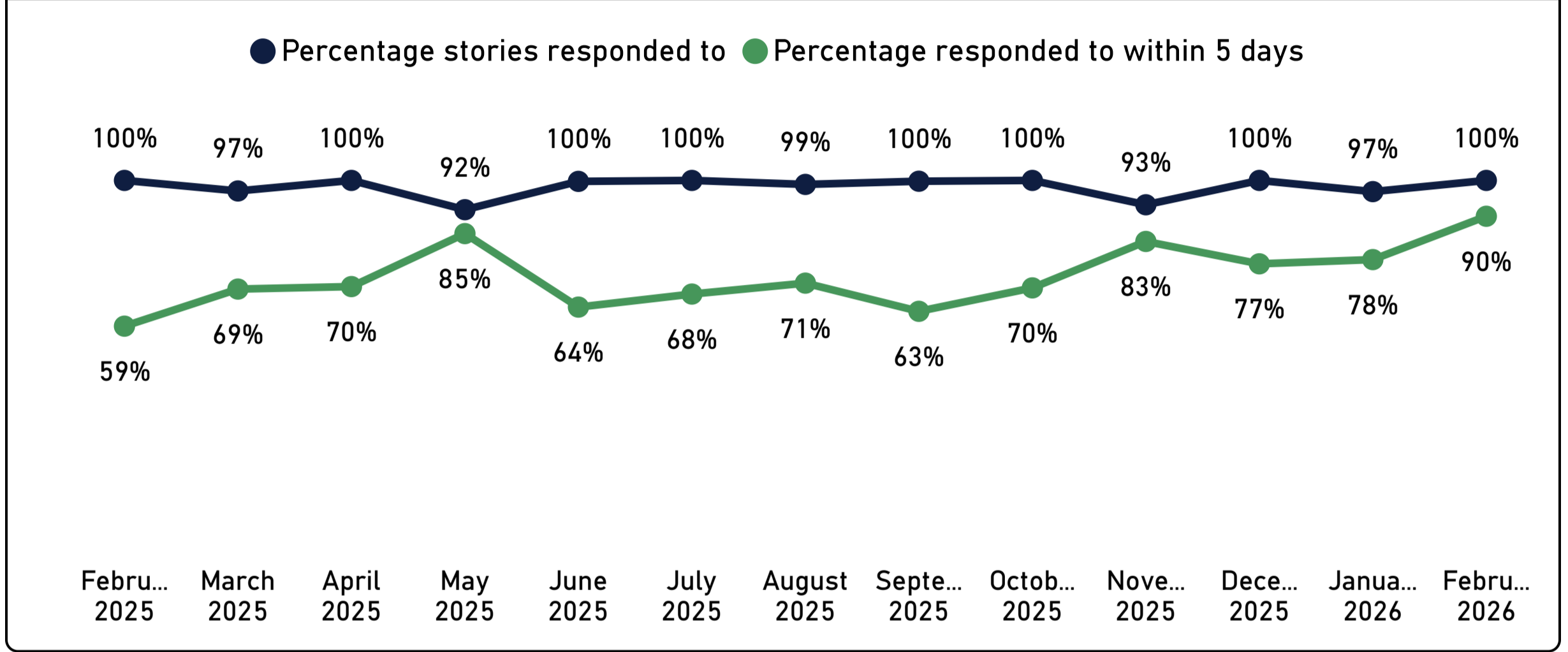
Focused work to address the current backlog of overdue SAERs is ongoing, with an overdue SAER Sector/ HSCP Taskforce Model being developed to conduct a series of focused sessions with sector and HSCP Local Adverse Event Oversight Groups to review, triage, address bottlenecks and coordinate actions to reduce overdue SAERs over the next few weeks.

Work continues to improve and streamline the SAER process overall, and to consider additional resource to facilitate timely adverse event reviews in conjunction with the Acute Sector, Mental Health and HSCPs.

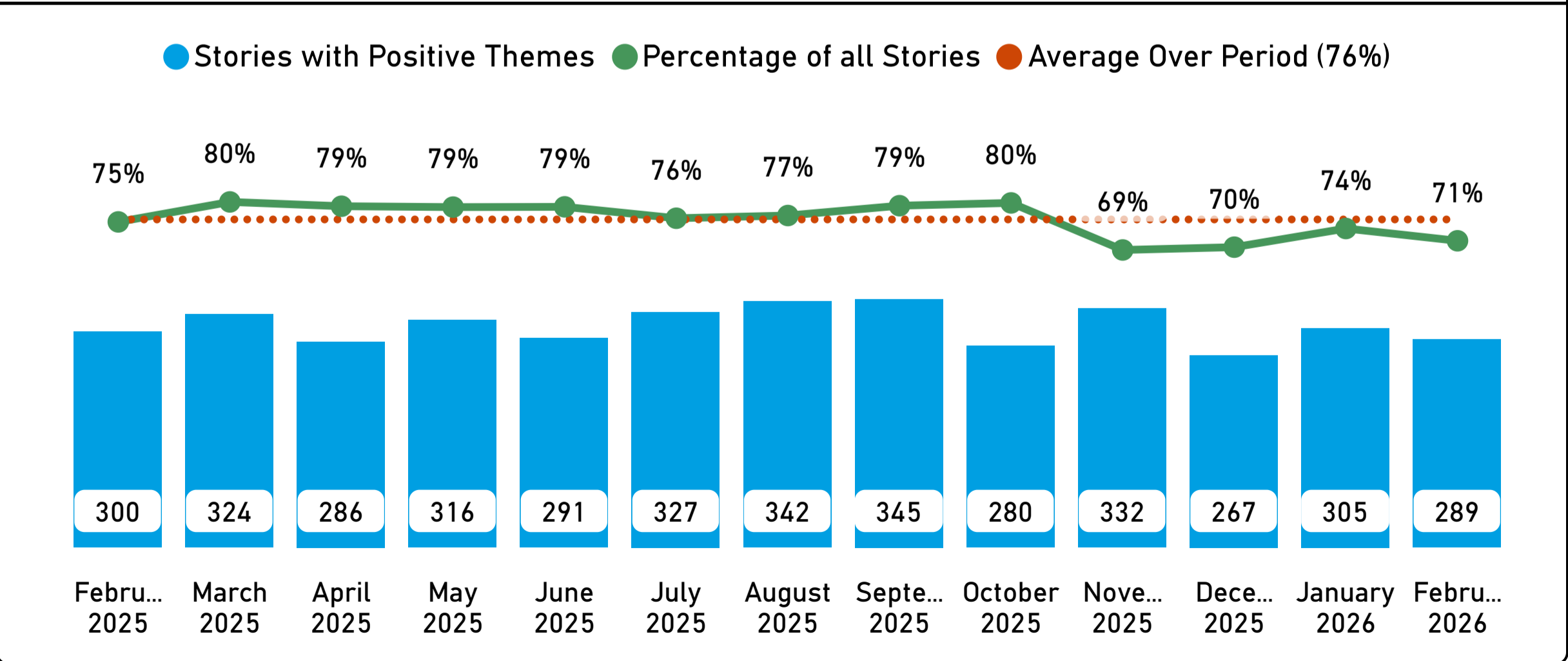
Care Opinion Stories Received About NHSGGC Services



Response Rate



Care Opinion Stories With Positive Themes



Response performance remains a key strength. All stories posted on Care Opinion in February 2026 received a response, with 90% of these coming within five days, a significant improvement from the figures seen over the past year.

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

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

Breakdown by Hospital Site

Hospital Site	All GGC Sites			GRI			IRH			Other sites			QEUH			RAH			RHC		
Month	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days	Stories	Positive Themes	% Within 5 Days
February 2025	398	75%	59%	37	76%	73%	18	78%	61%	133	77%	62%	104	75%	60%	77	68%	52%	29	86%	45%
March 2025	405	80%	69%	66	73%	69%	25	88%	56%	138	84%	72%	78	76%	67%	74	78%	71%	24	88%	77%
April 2025	362	79%	70%	60	65%	72%	8	75%	63%	115	85%	68%	75	72%	80%	58	83%	72%	46	89%	57%
May 2025	401	79%	85%	63	75%	97%	36	94%	94%	118	85%	76%	93	70%	86%	66	74%	83%	25	84%	90%
June 2025	369	79%	64%	54	61%	69%	12	100%	67%	121	88%	64%	95	77%	57%	56	75%	67%	31	77%	74%
July 2025	429	76%	68%	58	71%	76%	18	72%	50%	139	78%	68%	102	72%	72%	60	75%	62%	52	90%	65%
August 2025	445	77%	71%	65	66%	74%	19	74%	74%	139	84%	60%	107	68%	80%	63	70%	86%	52	98%	59%
September 2025	436	79%	63%	69	64%	72%	24	96%	58%	148	84%	67%	99	78%	57%	53	74%	81%	43	88%	30%
October 2025	351	80%	70%	63	81%	83%	9	67%	67%	119	85%	63%	79	72%	68%	46	72%	72%	35	91%	71%
November 2025	482	69%	83%	71	62%	86%	12	75%	92%	142	75%	78%	104	62%	78%	84	70%	87%	69	72%	88%
December 2025	384	70%	77%	51	45%	90%	12	58%	83%	132	73%	82%	86	77%	74%	60	68%	73%	43	77%	51%
January 2026	413	74%	78%	46	61%	93%	18	50%	94%	138	80%	70%	97	67%	78%	62	79%	69%	52	85%	90%
February 2026	407	71%	90%	57	75%	89%	23	70%	96%	113	79%	94%	83	65%	87%	102	60%	86%	29	90%	93%

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

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

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

Patient Experience - Extracts from Patient Stories on Care Opinion

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

RHC - Paediatric Surgery / Neurology / OT / Physio

"My daughter was admitted to ward 3A from A&E and had a 12 week stay. After being diagnosed with a brain tumour she went onto have surgery and a difficult post surgical period. The care from all professionals involved was exceptional and their care, kindness and compassion to our family will never be forgotten...(she) had 9 weeks of neuro rehabilitation with a range of professionals including dietetics, speech and language, occupational therapy and physiotherapy. Her lead physiotherapist, Fiona, built a fantastic rapport with her and made every session enjoyable.... The rest of the physio team including Sarah, Neive and Barry were fantastic with her and she looked forward to every session. The physiotherapists played a key role in our daughters recovery and we cannot thank them enough."

Royal Alexandra Hospital - Minor Injuries Unit

"I recently attended at Minor Injuries department as the back of my ear had swollen around my piercing and I was unable to remove my earring. The skin had completely covered the earring. I was nervous to attend due to being unsure if this was something that would be dealt with by just turning up without an appointment. I was seen within 10 minutes of waiting by a lovely nurse called Jacqui. She immediately put me at ease and within minutes had the earring removed. She was brilliant and I am so grateful to her that she removed it so quickly and without any pain.I was back at the car within half an hour of leaving it, when I expected to be a lot longer than that. I had a great experience, particularly due to how kind Jacqui was. "

Inverclyde Royal Hospital - Accident and Emergency / Fracture Clinic

"I attended Inverclyde A&E department with a suspected broken ankle. The service I received was great. Quick - about 2 hours total from arriving, to leaving in a cast, with crutches and instructions for my care plan. Everyone was very pleasant and it seemed very organised going between departments (A&E and xray) as they established the extent of my injury. Since then I have had 3 appointments with the fracture clinic team (1 virtual by telephone and 2 face to face) during all of them I was treated with care and respect and made sure I fully understood my injury and what needed to happen to give it the best chance of healing in the best way. I would like to thank everyone involved in my care."

Glasgow Royal Infirmary - Urology

"Having recently spent 5 days in Ward 70 at Glasgow Royal Infirmary undergoing surgery, I would just like to thank all the staff I encountered during my stay. The empathy and kindness shown towards me during what was a stressful time was greatly appreciated. The staff always took an interest in my wellbeing and were a tremendous support with their wit, wisdom and general demeanour, always approachable and great for a chat.....The team involved with my area on level 5 were all exceptional and you couldn't be cared for by a better, more professional bunch of staff."

Queen Elizabeth University Hospital - Cardiology

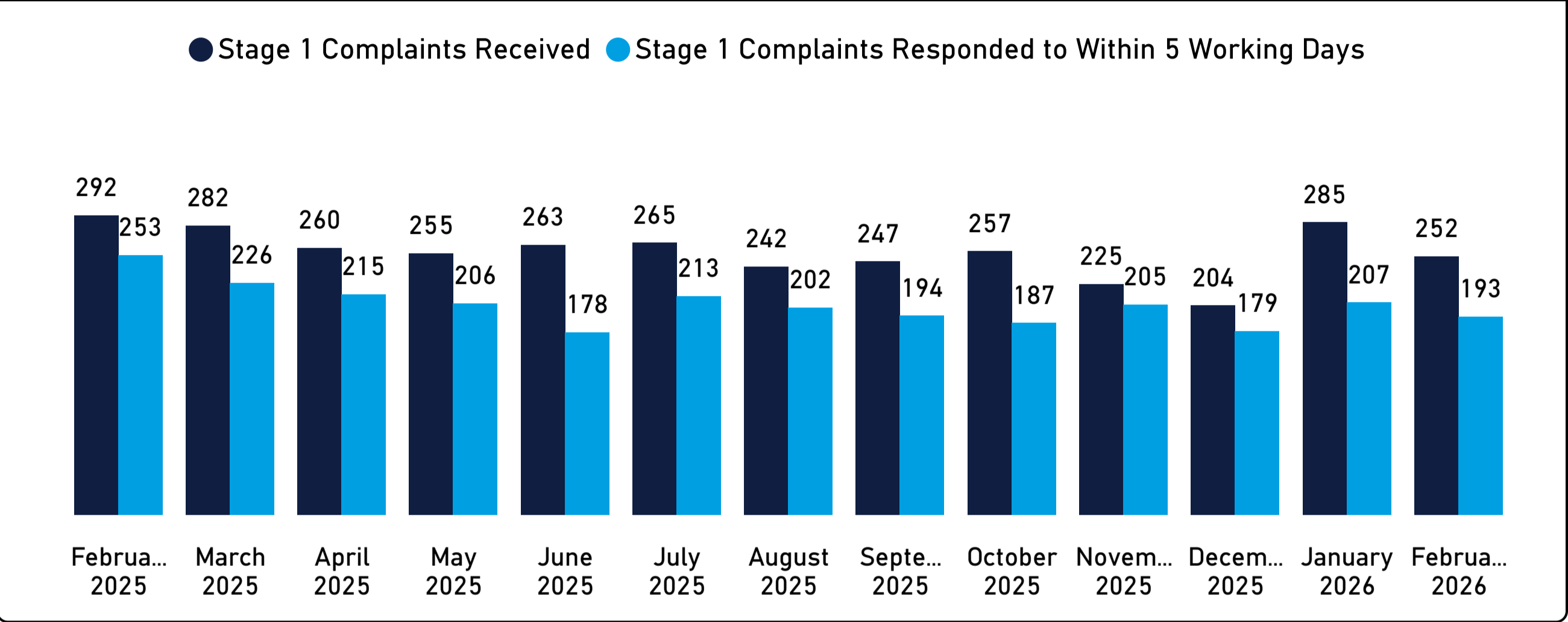
"I had a heart attack, then 9 days later a cardiac arrest....I got a stent and balloon fitted after the heart attack and ICD fitted after my cardiac arrest and also medication so was all over the place after everything myself and my family went through. So grateful to....everyone who helped me and my family through everything....I would like to mention Donna, my cardiologist nurse who was with me from my heart attack to cardiac arrest, who guided me and reassured me on any questions....and can't forget the physio team Theresa and Craig who were extremely patient with me as my fitness was non existent and kept reassuring me I will get there and also Theresa for persuading me to talk to a psychologist as I didn't think I had to talk to anyone about everything that happened to me...I personally don't know where I would be if it wasn't for this much needed physio and cardiology team. I hope that it continues to be a service to anyone who finds themselves in a similar situation. I have nothing but praise for everyone of them. They really are exceptional."

Complaints

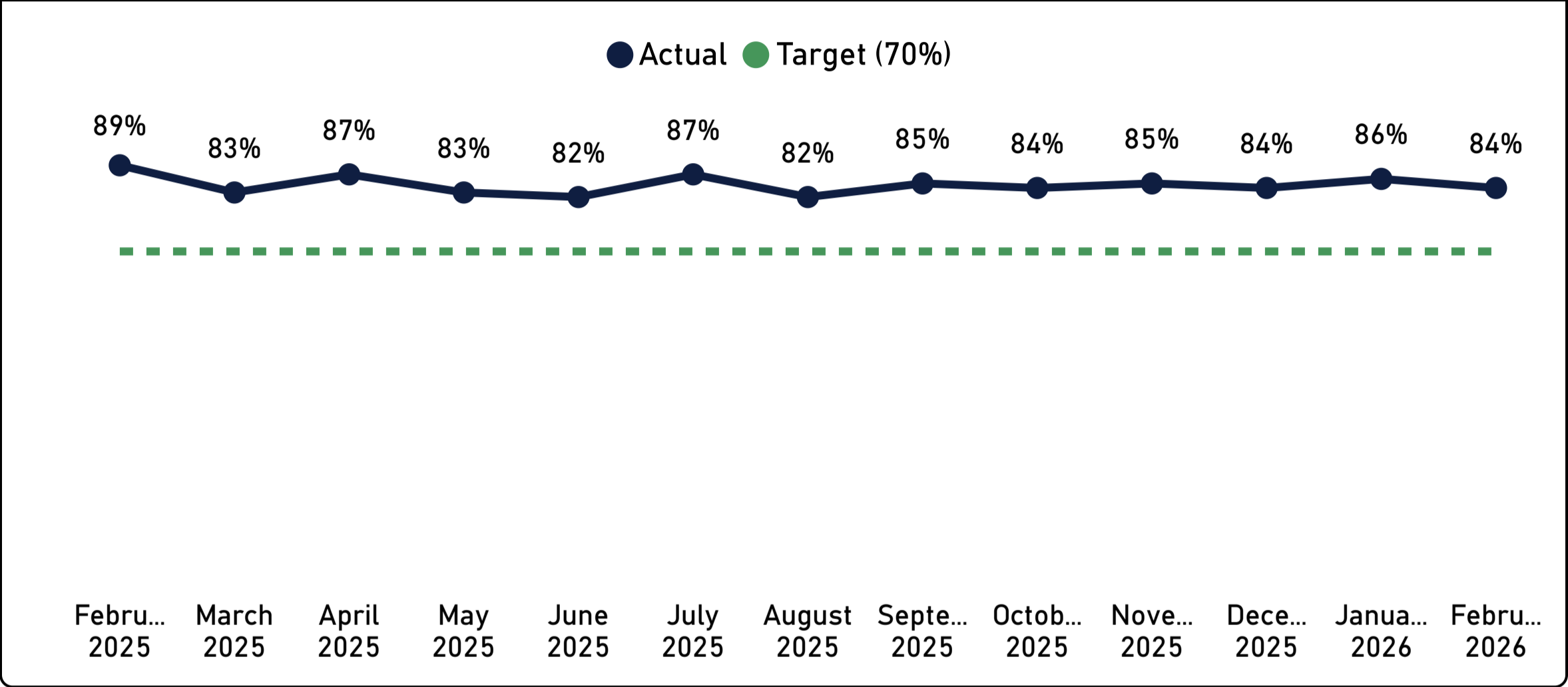
Lead Director - Director of Corporate Services and Governance
Lead Committee - Clinical and Care Governance



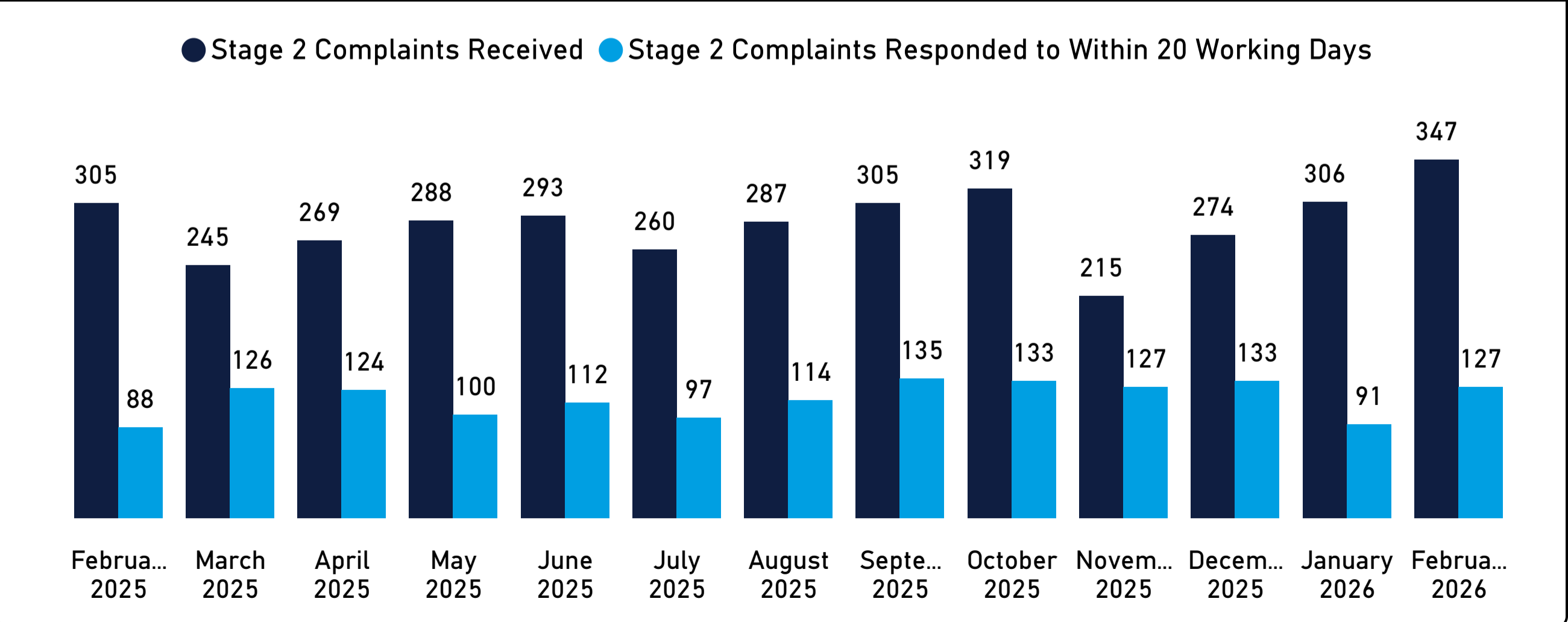
Stage 1 Complaints



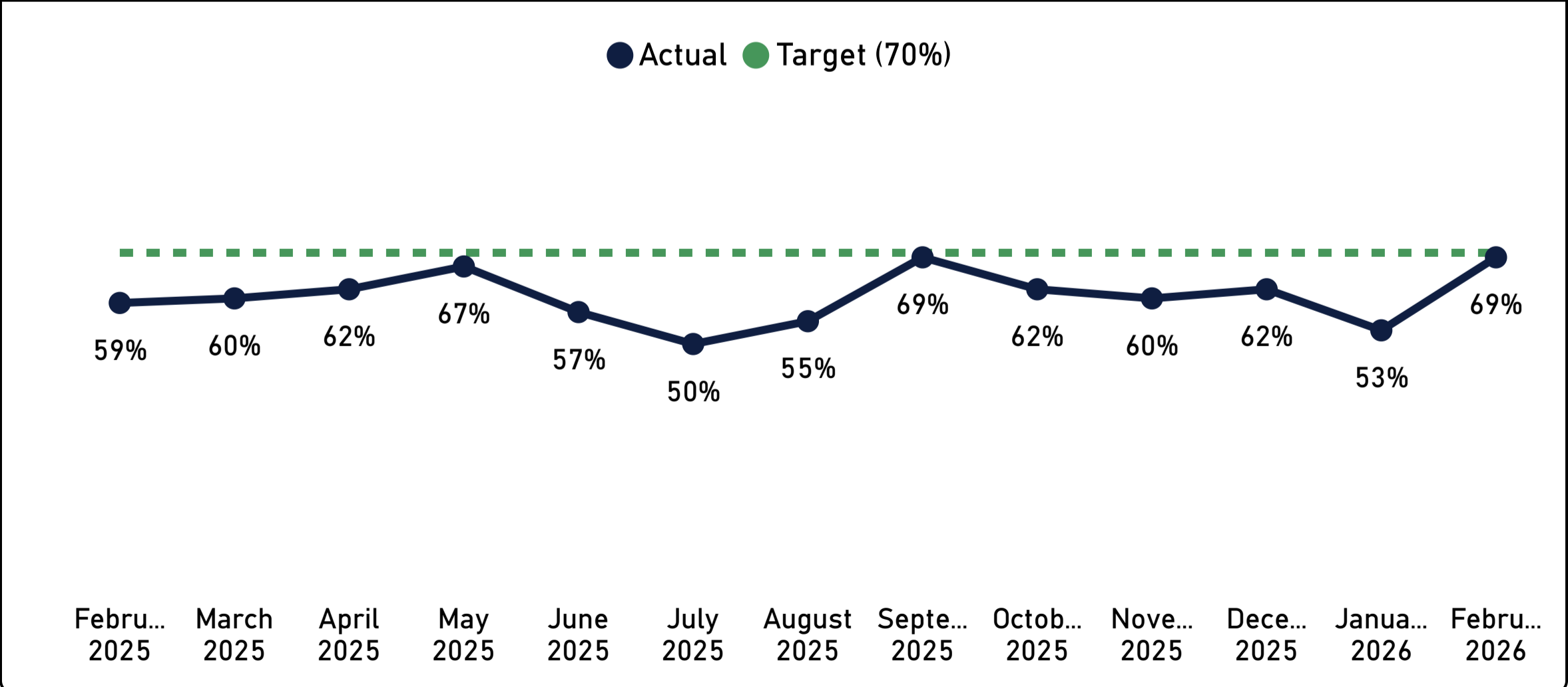
Percentage of Stage 1 Complaints Closed Within 5 Working Days



Stage 2 Complaints

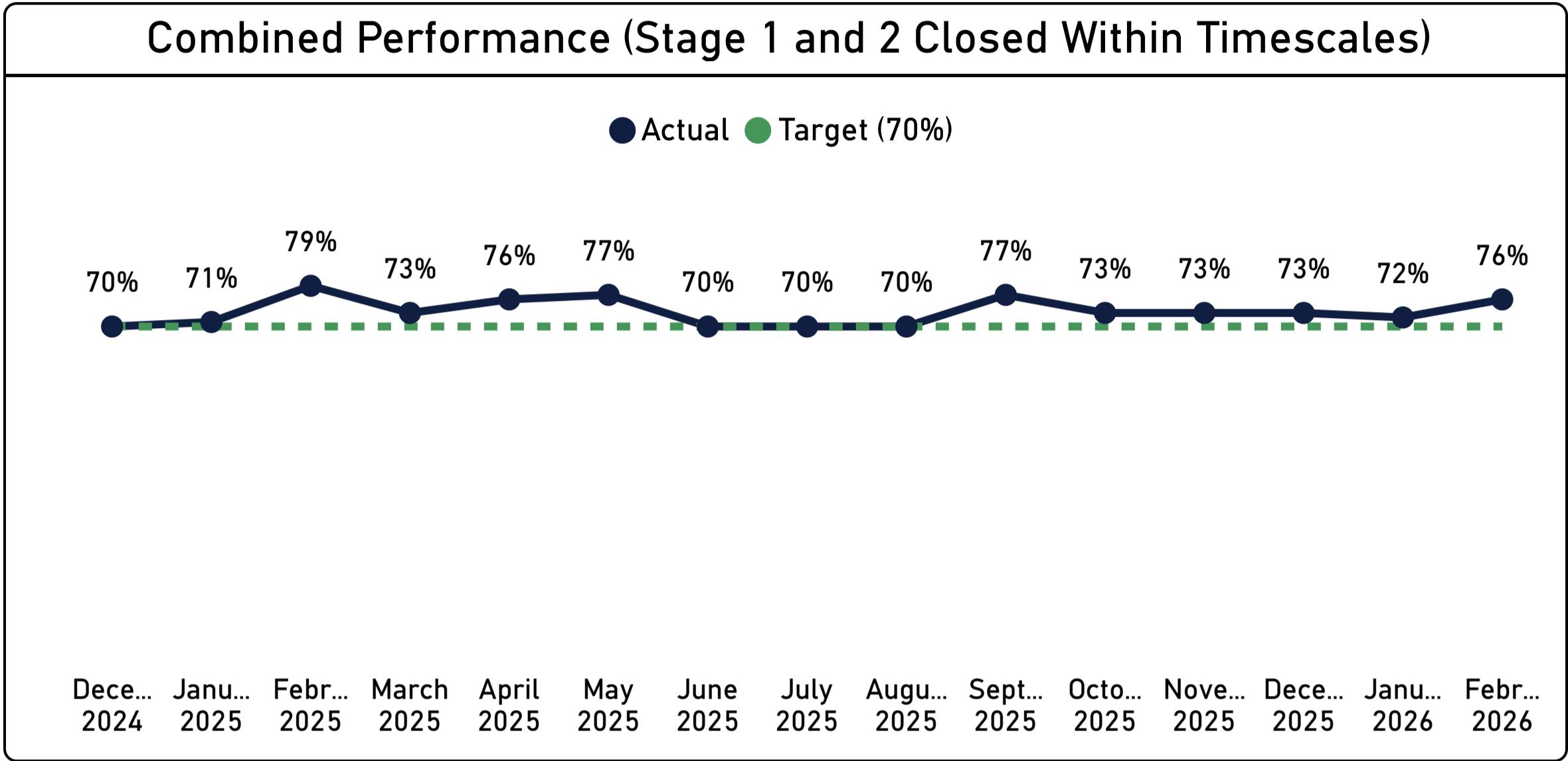
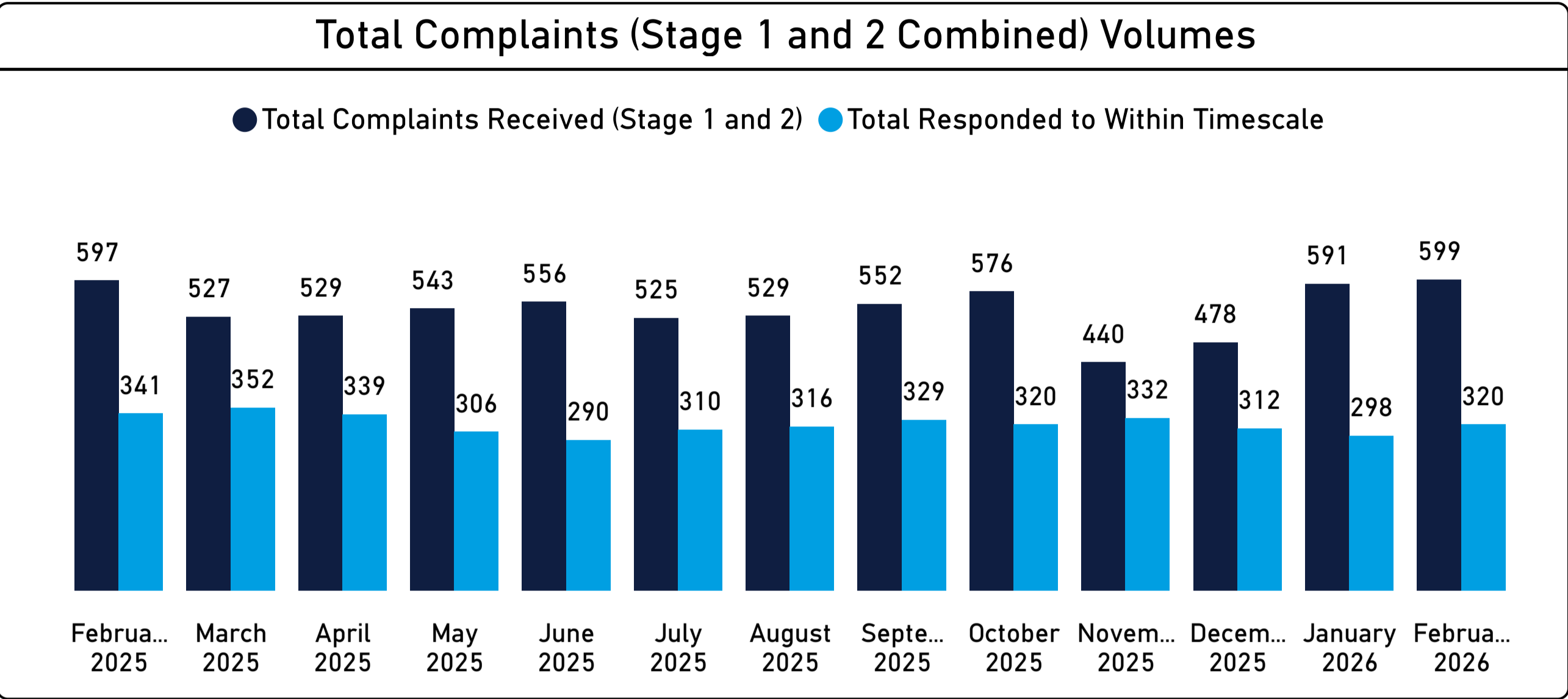


Percentage of Stage 2 Complaints Closed Within 20 Working Days



Complaints

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



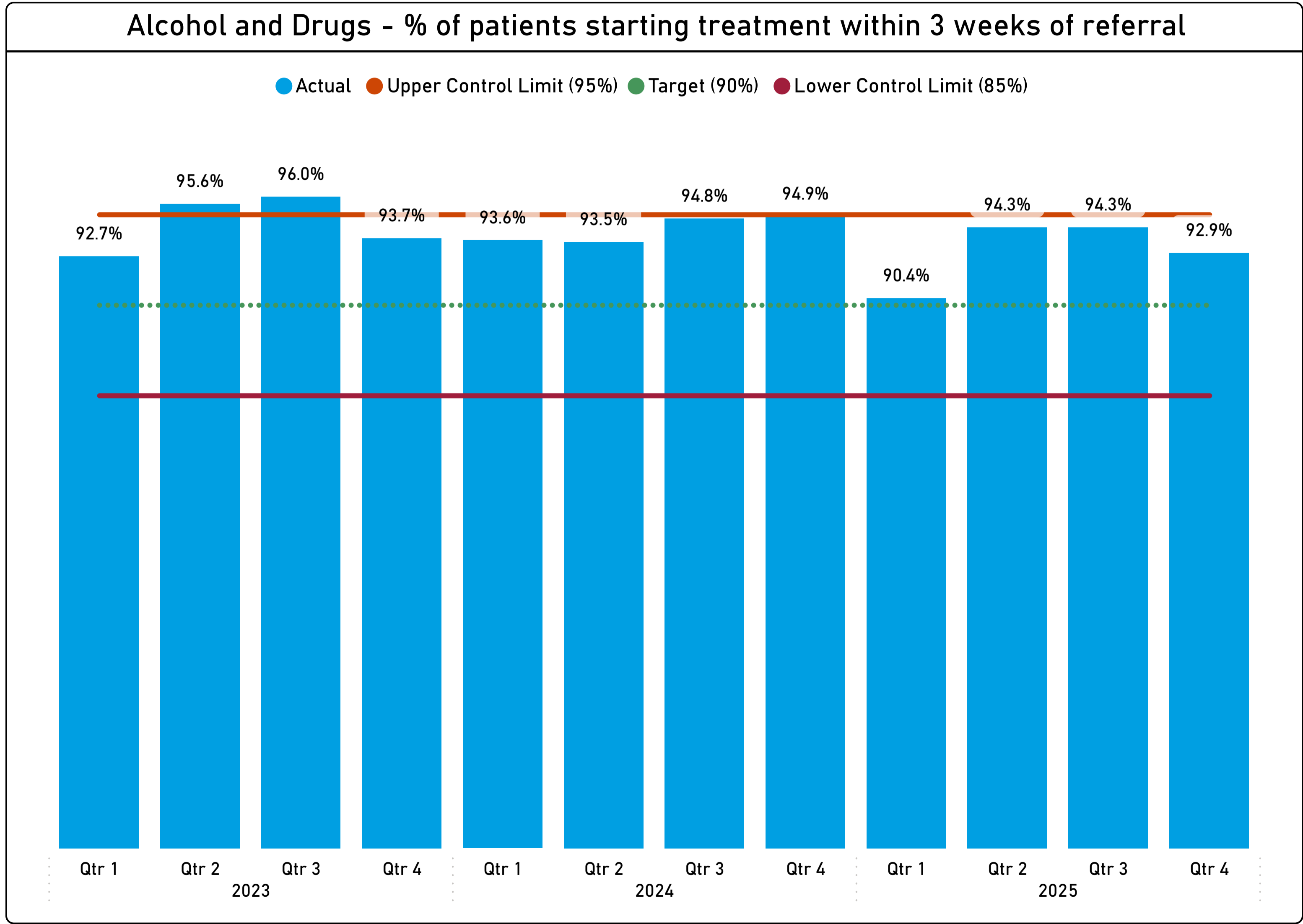
The number of stage 1 complaints received in February 2026 was down from the previous month (252 vs 285, approx 21% reduction) and slightly below the yearly rolling average of 261. The downward trend in stage 1 complaints is partly explained by the increasing complexity of complaints, meaning that it is not always possible to manage at Stage 1. Stage 1 responses within 5 working days has been above the 70% target in each of the past 13 months. Stage 2 numbers have remained largely steady averaging 283 per month in a rolling year, with February 2026 volumes being notably higher at 347. The Stage 2 response rate in February 2026 improved from the previous month, to 69% and within one percentage point of the 70% target. Combined performance against timescales has averaged 73% over the past year, slightly above the 70% target, while in February 2026 this figure sits above target at 76%

Stage 2 response rate is impacted by an increasing national trend of complaints being more complex and covering multiple services. These take longer to investigate and provide a good quality response to, while work pressures within the services also have an impact on the teams ability to investigate and provide insights to allow responses to be completed. The majority of Stage 2 breaches lie within Prison Healthcare and Acute, which is being addressed locally through the Corporate Complaints & Public Affairs Team.

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

Alcohol and Drugs: Referral to Treatment Time

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

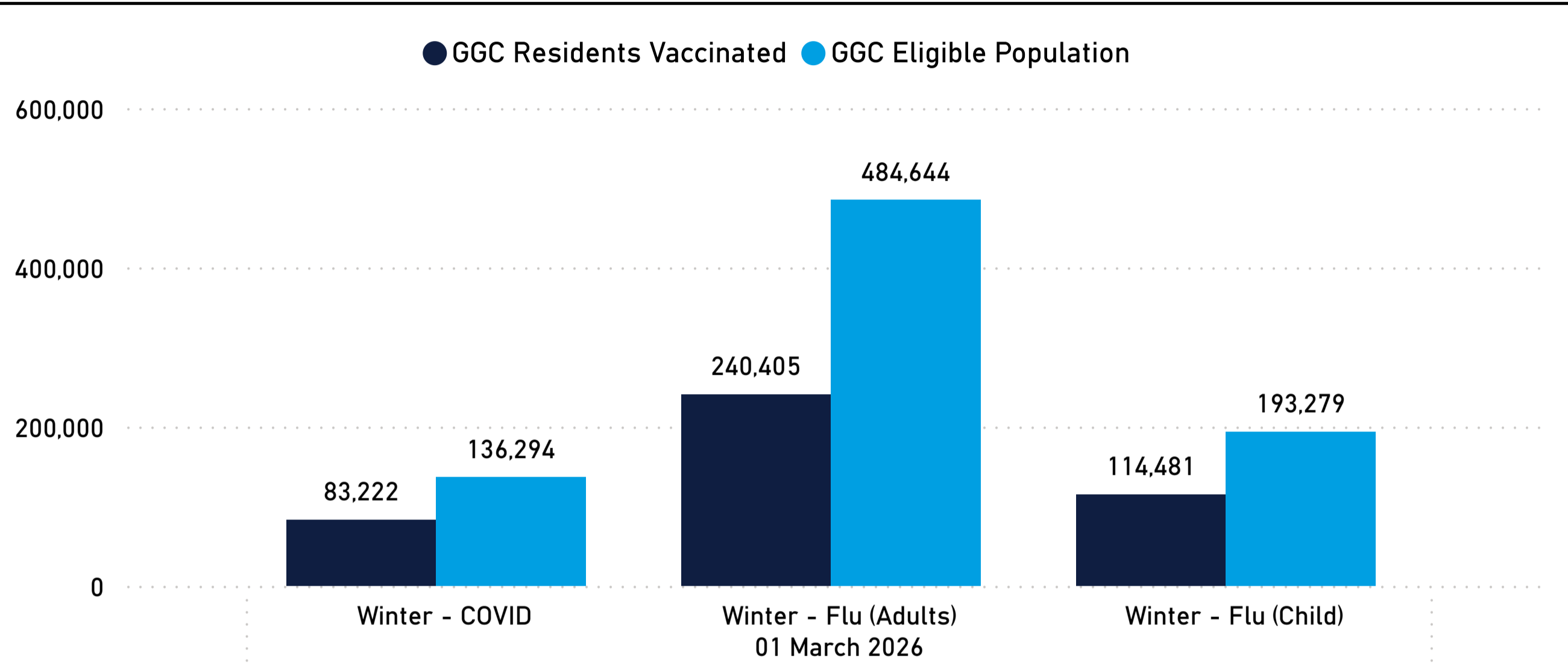


As at the quarter October - December 2025, 92.9% of patients referred for alcohol and drugs treatment started treatment within three weeks of referral. This is down slightly from the previous month, but above the 90% national target by 2.9%.

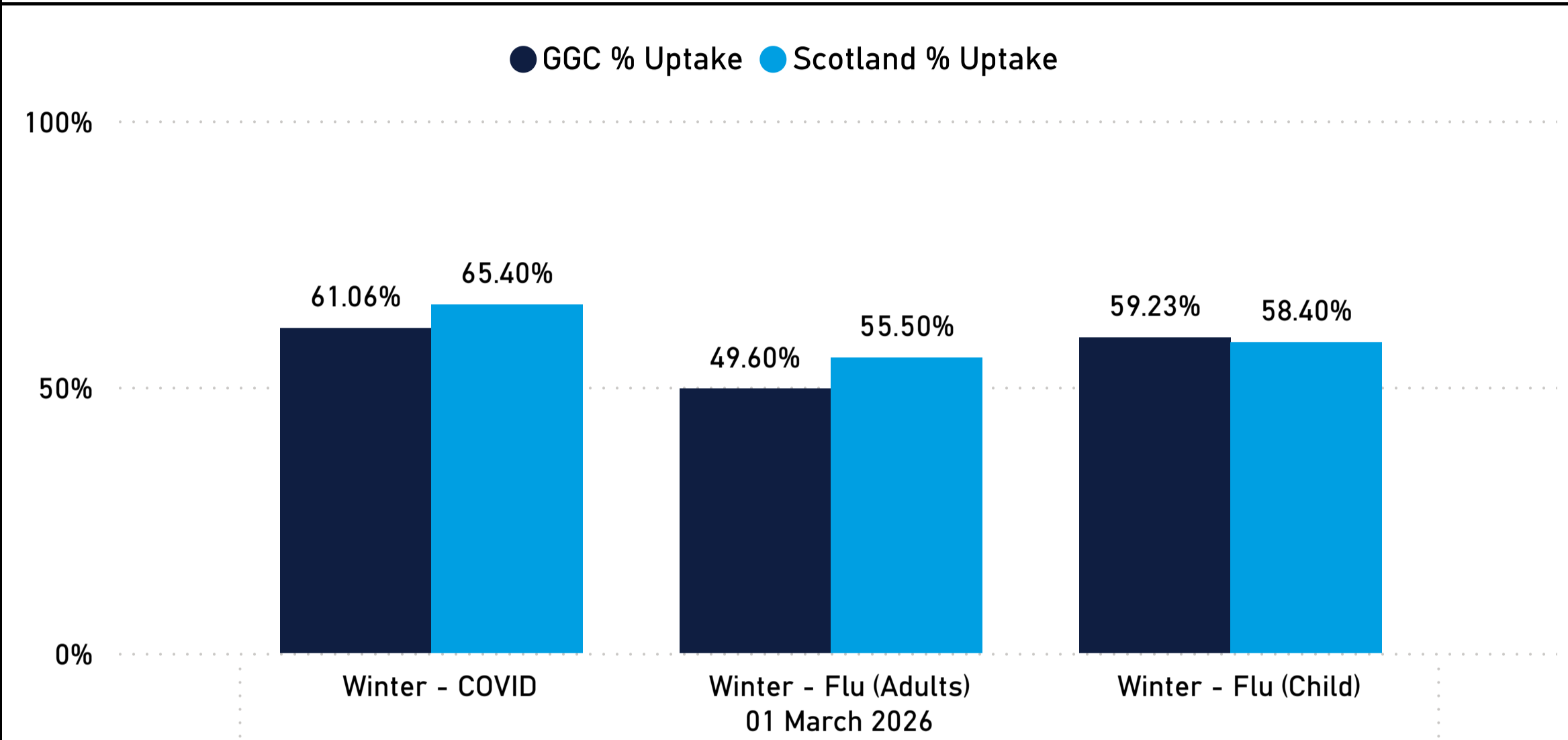
NHSGGC performance is marginally ahead of the latest national quarterly published position for the quarter (92.7%).

Projecting to 31 March 2026, performance is expected to continue to exceed target. Figures for 2026 Quarter 1 (January - March 2025) are due to be published by Public Health Scotland in June 2026.

Numbers Vaccinated



Uptake Among Eligible Population



As at 1 March 2026, 61.1% of NHSGGC eligible population have been vaccinated against Covid, against a national uptake rate of 65.4%. Uptake of winter flu vaccinations for adults is lower in NHSGGC than across Scotland as a whole, at 49.6% locally against 55.5% nationally. The uptake rate for children's flu vaccinations is slightly higher in NHSGGC than across Scotland as a whole, at 59.2% locally against 58.4% nationally. Uptake of COVID and Adult Flu vaccinations is highest among care home residents and over 75s.

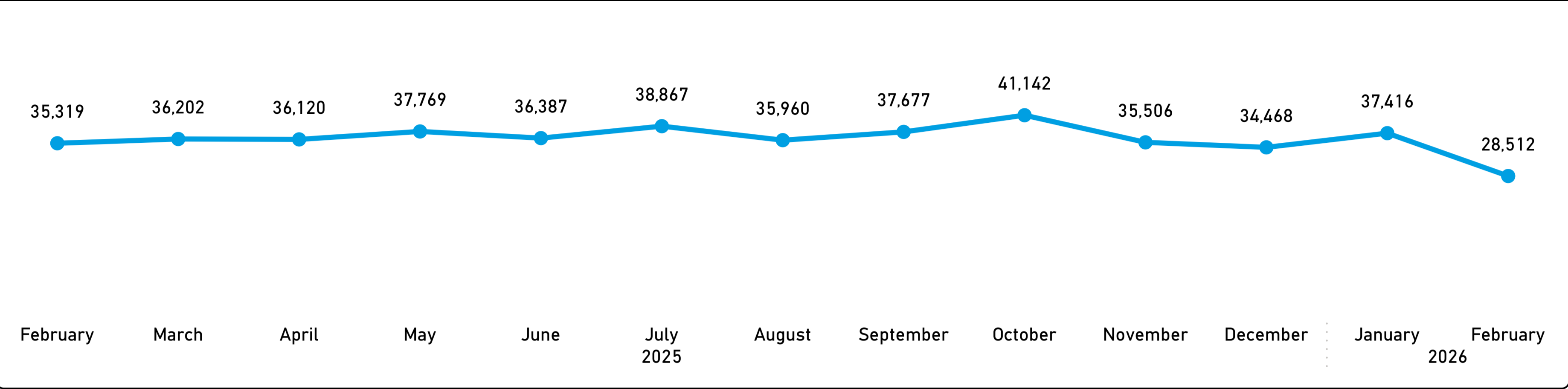
Although 94% of all flu activity takes place between October and December, 76 drop-in clinics ran in February 2026 for flu vaccinations with a further 79 planned during March 2026. Localised text reminders were sent prior to all appointments in adult community clinics and 170 community pharmacies across all of Greater Glasgow and Clyde were offering flu vaccination until 31 March 2026. A final push for staff flu vaccination was offered across acute sites week commencing 16 March 2026. Lessons learnt events from winter 2025 and engagement sessions with partnerships have already taken place in readiness for the winter 2026 campaigns.

New Outpatients: Referrals and Activity

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



New Outpatient Referrals

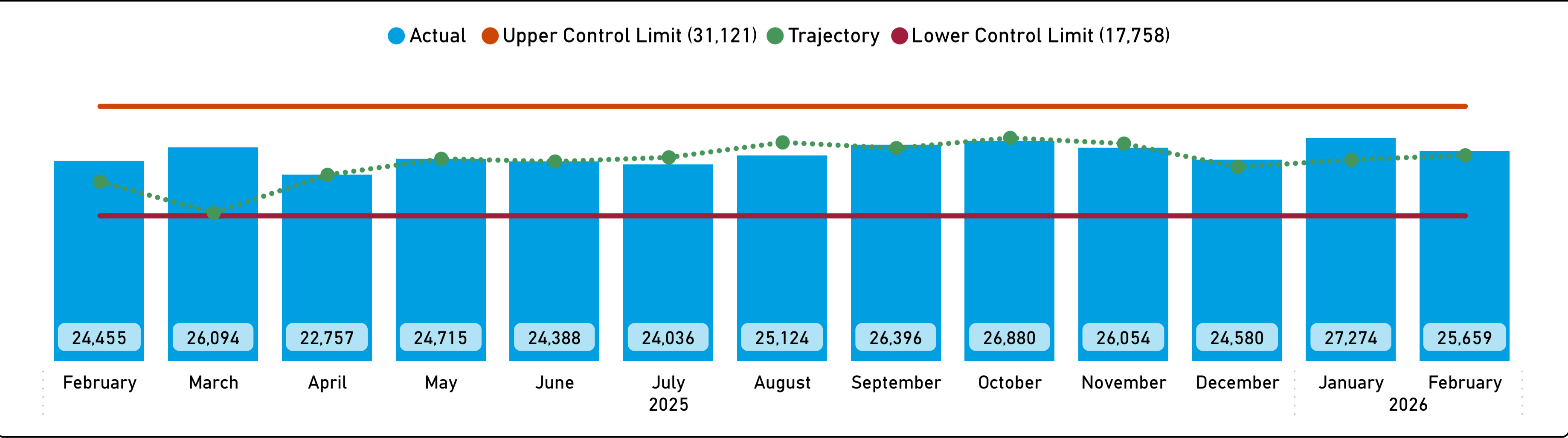


New Referrals - Year to Date

399,824

Previous year: 400,291 (-467 -0.12%)
February 2026

New Outpatient Activity



Activity Year To Date vs Trajectory

277,863

Trajectory: 276,812 (+1,051 +0%)
February 2026

Activity Latest Month vs Trajectory

25,659

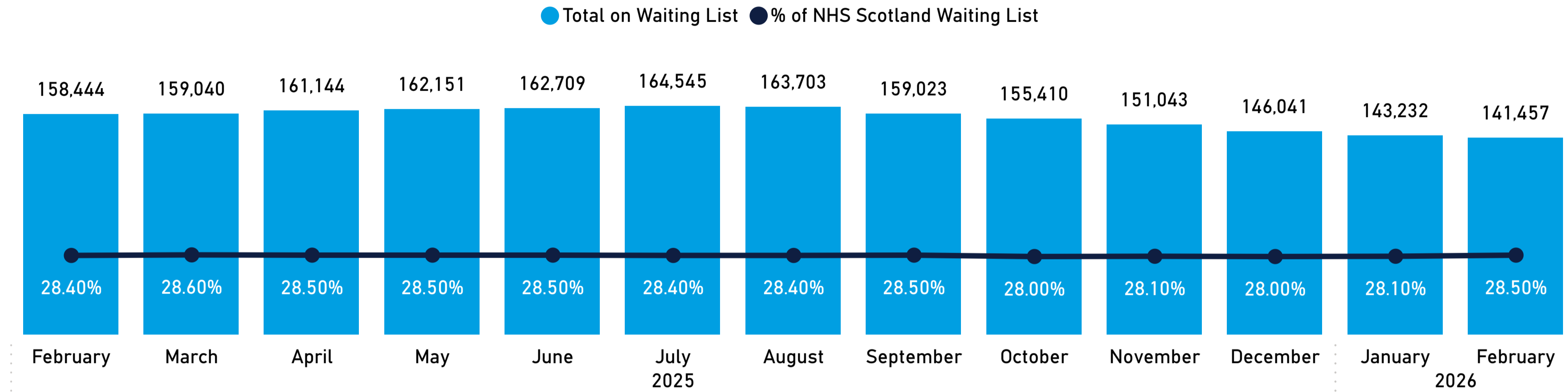
Trajectory: 25,145 (+514 +2%)
February 2026

New Outpatients: Waiting Times

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



Total Outpatient Waiting List



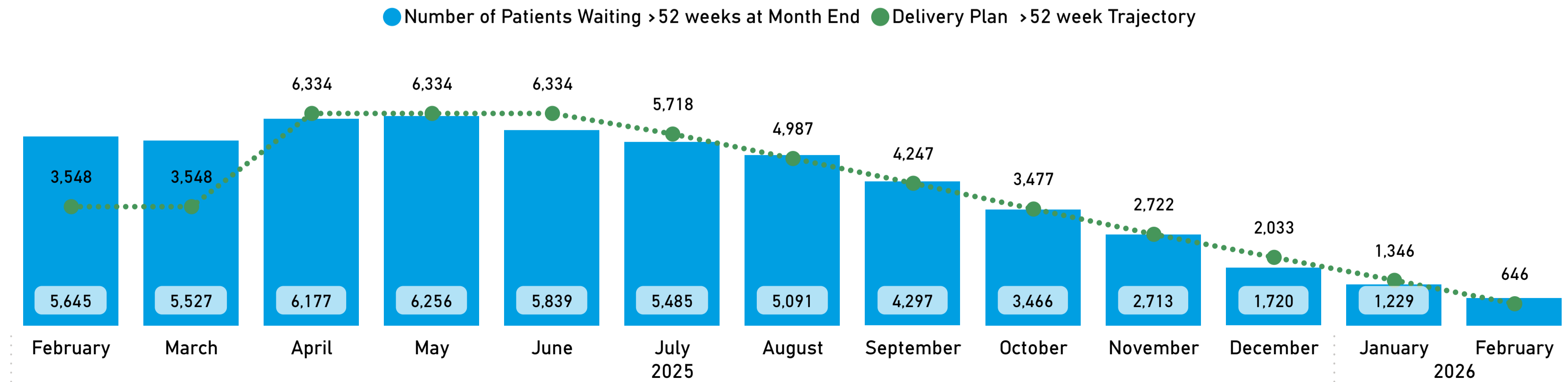
Waits >78 Weeks

0
Trajectory: 0
February 2026

Waits >104 weeks

0
Trajectory: 0
February 2026

Patients Waiting >52 weeks at Month End



Waits >52 weeks

814
Trajectory: 646 (+168)
February 2026

% of NHS Scotland >52 week waits

3.50%
February 2026

Commentary

Over the longer term, monthly referrals have remained within a relatively narrow 35-40k range, however new outpatient referrals in February 2026 were 28,512 - the lowest figure over the last year. Future months will show whether this is a trend or outlier.

New Outpatient activity in February 2026 totalled 25,659 in line with recent months and ahead of trajectory. The outpatient waiting list continued its downward trajectory, falling to 141,457, a sustained improvement from earlier peaks in 2025. Waits over 52 weeks continue to reduce, reaching 814 in February 2026, down from over 6,000 at the start of the year, however this is above trajectory for the most recent month.

Service Narrative

Actions undertaken throughout February have secured sufficient capacity to ensure all patients are dated by 31st March 26.

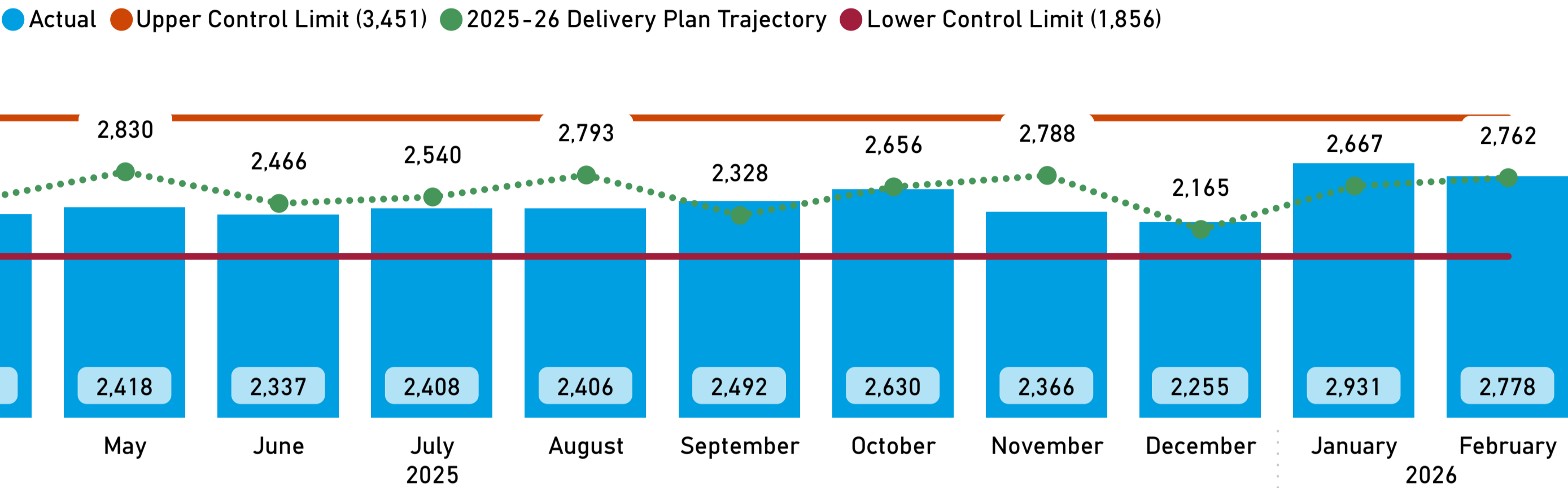
There are now no new patients undated before the end of March, with the exception of those patients with unavailability or that have cancelled or not attended a previous appointment. This number was 34 as of 12th March. This position is being reviewed daily with actions being taken to reappoint patients.

Diagnostic Scopes: Activity and Waiting Times

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



Diagnostic Scopes - Activity



Activity Latest Month vs Trajectory

2,778
Trajectory: 2,762 (+16 +1%)
February 2026

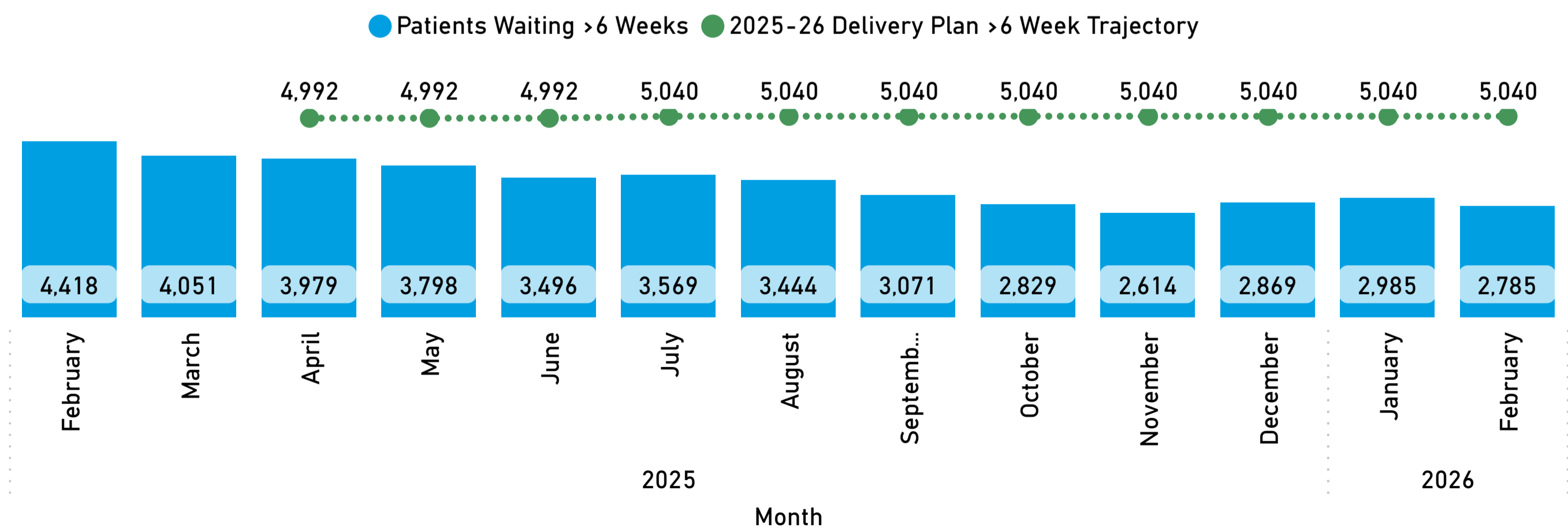
Activity Year To Date vs Trajectory

27,363
Trajectory: 28,490 (-1,127 -4%)
February 2026

Total Waiting List

Date	Patients
February 2025	7,650
March 2025	7,546
April 2025	7,277
May 2025	7,214
June 2025	6,859
July 2025	6,799
August 2025	6,517
September 2025	6,206
October 2025	6,103
November 2025	6,093
December 2025	6,302
January 2026	6,228
February 2026	6,468

Patients Waiting >6 Weeks



>26 week waits

828
February 2026

>52 week waits

275
February 2026

Commentary

Scopes activity in February 2026 was 2,778 procedures, above the rolling year average and levels seen throughout the majority of 2025.

The number of patients waiting over six weeks reduced to 2,785 in February 2026 (from 2,985 the previous month), substantially improved from 4,418 in February 2025. Longest waits have also reduced significantly, and the overall waiting list has reduced by around 16% between February 2025 and February 2026.

Service Narrative

Overall new patient waits continue on a downward trajectory, with the number of patients on the new patient waiting list now over 5,000 lower than at the start of 2024, reflecting sustained work to maximise utilisation and protect priority pathways. Activity this year remains lower than 2024/25, however this reduction was anticipated during the transition to the new delivery model and the reduction in weekend lists that were run through the mobile unit.

Operational focus over recent months continues on strengthening core sessional delivery, ensuring that utilisation of all available lists is maximised. Internal Waiting List Initiatives (WLI) continue to be deployed and have been agreed for Q1 2026/27. 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 under two weeks, supported by monthly capacity in excess of 300 slots. The structured revalidation programme for the repeat (surveillance) waiting list remains a key part of clinical risk mitigation and continues to refine and reprioritise demand.

Progress has continued on the expansion of Transnasal Endoscopy (TNE) capacity, which will start in QEUH in March 2026. Pathway development is ongoing to ensure TNE can operate effectively during winter periods, particularly at QEUH where the endoscopy unit can be used to support site surge capacity. The restart of Capsule Sponge testing is also nearing completion, with the first clinics expected at the end of March 2026.

Key risks remain centred on capacity while the service transitions to the new model, alongside reliance on temporary measures such as WLI funding.

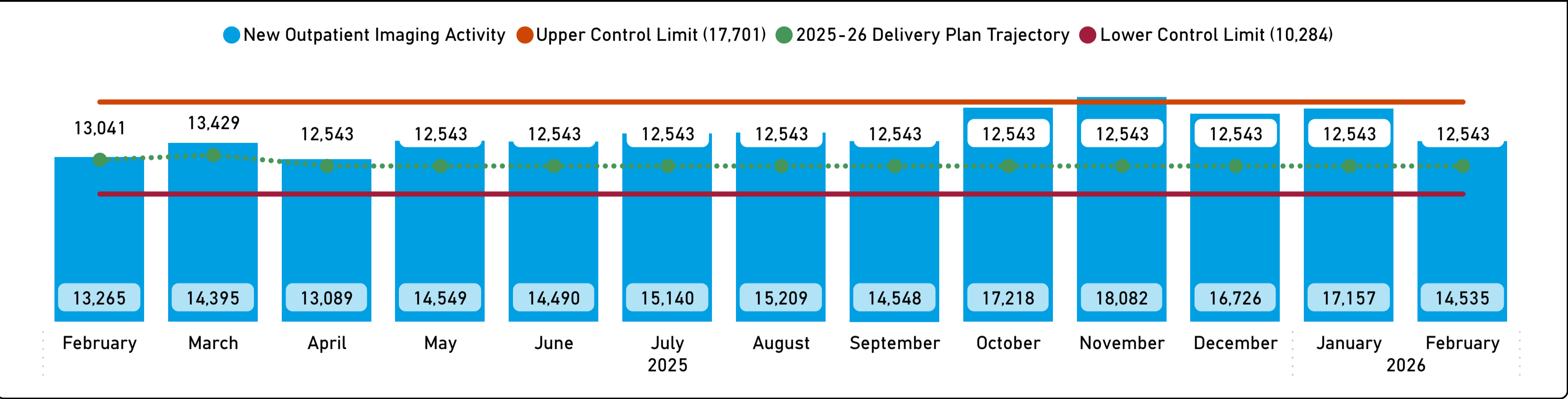
Over the coming months, the priority will be to complete TNE mobilisation in Vic ACH and IRH, reintroduce Capsule Sponge to strengthen diagnostic throughput, and maintain utilisation across all lists whilst continuing to reduce the number of patients waiting over six weeks.

Diagnostic Imaging: Activity and Waiting Times

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



Imaging Activity



Activity Latest Month vs Trajectory

14,535
Trajectory: 12,543 (+1,992 +16%)
February 2026

Activity Year To Date vs Trajectory

170,743
Trajectory: 137,973 (+32,770 +24%)
February 2026

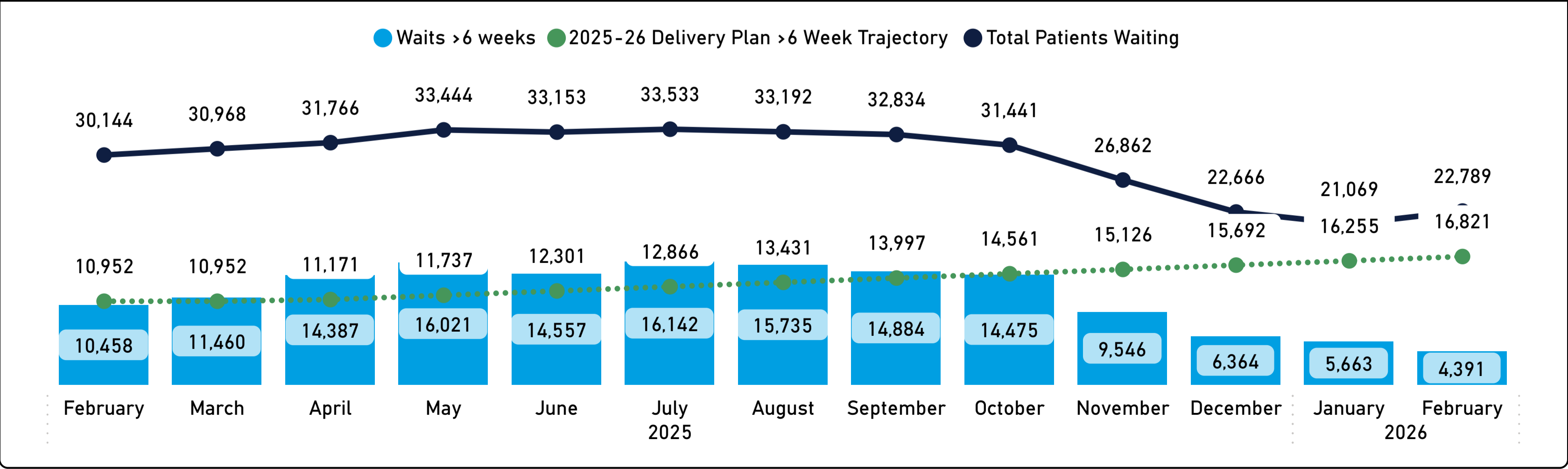
>6 Week Waits

4,391
Trajectory: 16,821
(-12,430 -74%)
February 2026

All Waits

22,789
Trajectory: 44,238
(-21,449 -48%)
February 2026

Patients Waiting



Long Waits

Date	>26 weeks	>52 weeks
February 2025	20	0
March 2025	17	0
April 2025	11	0
May 2025	10	0
June 2025	5	0
July 2025	5	0
August 2025	9	0
September 2025	4	0
October 2025	25	0
November 2025	0	0
December 2025	2	0
January 2026	0	0
February 2026	1	0

Commentary

Imaging activity remained strong in the most recent month, with 14,535 tests delivered in February 2026, continuing the high throughput seen across the second half of the year and comfortably above expected monthly delivery levels. This sustained activity profile has supported gradual improvement in waiting times despite month-to-month variation.

Waiting times have seen a notable improvement, with patients waiting over six weeks falling to 4,391 in February 2026, down from peaks earlier in the year of more than 14,000. This represents a significant reduction in long waits and demonstrates the impact of targeted capacity uplift and operational grip. While specific challenges remain in MRI, as detailed below, the overall waiting list and number of patients waiting over 6 weeks both remain significantly below trajectory.

Service Narrative

We continue to use the Medneo mobile unit to increase cardiac CT capacity and prioritise the longest-waiting patients, with ongoing monitoring of waiting list times aligned to reporting requirements.

Two additional mobile MRI units were deployed from October to March 2026 to expand scanning capacity. The service secured Board funding for an additional MRI unit, which will operate at IRH from 2 to 31 March 2026, to boost our scanning capacity during this period. Strengthened collaboration with teleradiology outsourcing partners will increase our reporting throughput and reduce turnaround times. In addition, we have expanded access to additional MRI capacity through collaboration with Ayrshire & Arran.

February 2026 outpatient activity exceeded plan by 24%, demonstrating strong operational performance across modalities. MRI demand remains elevated, with a substantial 16% increase in referrals compared to 2024. The February MRI waiting list sits at 10,967, against 7,188 projected, a 53% adverse variance. Over six week waits remain significantly above plan (3,831, against 1,797 projected). Additional demand from other specialties, such as surgical planning, resulted in adding 300 MRI spine cases to the waiting list that needed to be expedited.

Without increased capacity, MRI waiting lists are projected to continue rising throughout 2026/27, as core MRI capacity is fully optimised and unable to absorb any further referral growth. Although the 2025 mobile MRI programme delivered 14,116 additional scans, this fell short of meeting established requirements, demonstrating that existing measures alone cannot close the gap.

Plans for the coming months include:

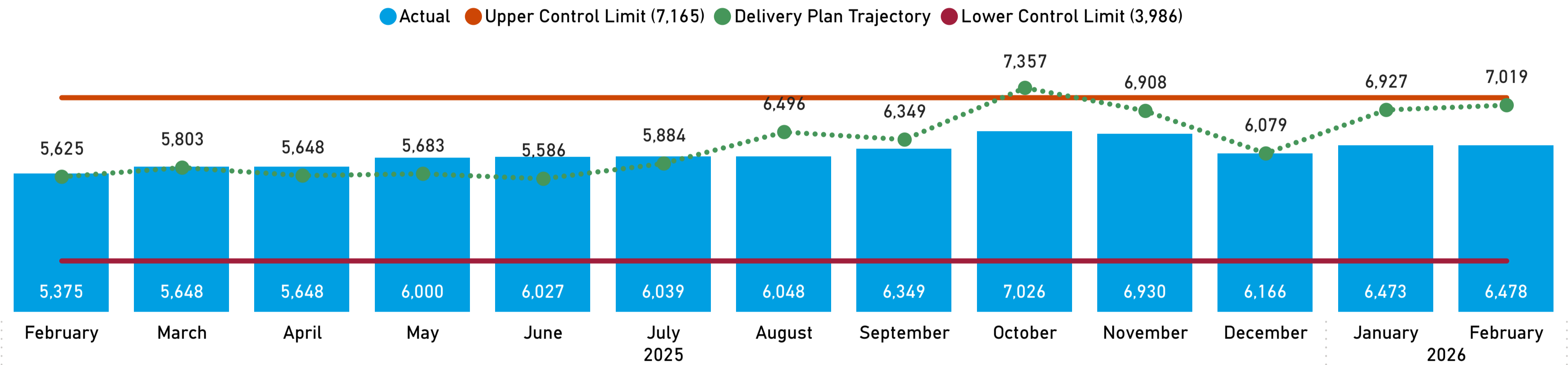
- Maintaining the improved position through continued optimisation of mobile cardiac CT capacity and ongoing monitoring and adjustment of reporting resources to sustain performance.
- Continuing to operate additional mobile MRI units through 31 March 2026. Sustain partnership with teleradiology firms to ensure adequate reporting capacity. Ongoing use of additional MRI capacity from GJNH and Ayrshire & Arran to support backlog reduction.
- Maintaining momentum from insourcing activity and keep validating referral pathways to ensure efficient waiting list management.
- Sustaining high activity levels across modalities to maintain performance and continue close monitoring of demand trends, particularly in MRI.

Treatment Time Guarantee Inpatient and Daycase: Activity and Waits

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



TTG Inpatient and Daycase - Activity



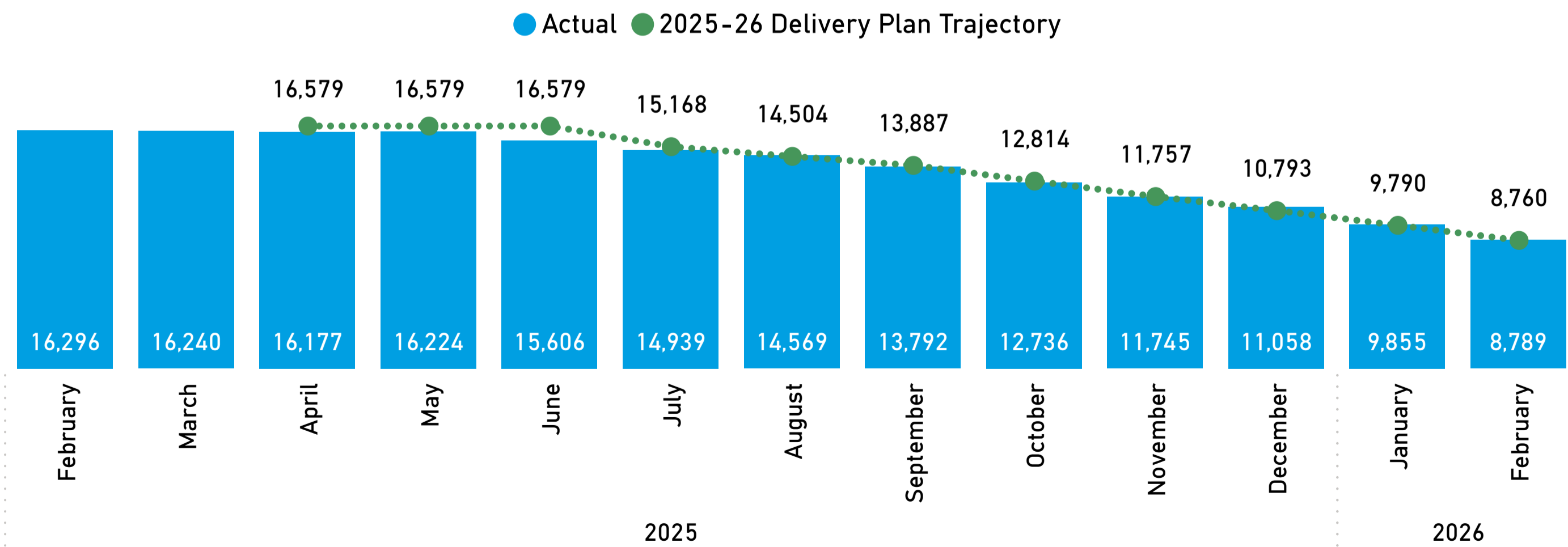
Activity Latest Month vs Trajectory

6,478
Trajectory: 7,019 (-541 -8%)
February 2026

Activity Year To Date vs Trajectory

69,184
Trajectory: 69,936 (-752 -1%)
February 2026

Waits >52 weeks



All Waits as Percentage of NHS Scotland

Month	Total Waiting List	% of NHSS	% of NHSS >52 weeks	>78 weeks	% of NHSS >78 weeks	>104 weeks	% of NHSS >104 weeks
February 2025	49,913	31.5%	40.9%	7,934	42.9%	3,294	40.9%
March 2025	50,441	31.8%	41.5%	8,017	43.8%	3,437	42.2%
April 2025	50,486	31.8%	41.8%	8,237	44.5%	3,506	42.6%
May 2025	50,571	31.8%	42.0%	8,531	45.5%	3,655	43.6%
June 2025	50,442	31.8%	42.1%	8,224	46.4%	3,666	45.2%
July 2025	50,042	31.8%	42.3%	7,942	46.9%	3,487	45.4%
August 2025	49,943	31.7%	42.6%	7,757	47.5%	3,385	45.9%
September 2025	49,484	31.6%	42.7%	7,199	47.7%	3,157	45.9%
October 2025	48,836	31.0%	42.0%	6,400	47.3%	2,705	44.2%
November 2025	47,685	30.4%	40.7%	5,591	45.4%	2,318	42.0%
December 2025	47,147	30.0%	40.2%	5,195		2,078	
January 2026	46,587	29.4%	38.9%	4,627	42.4%	1,542	35.7%
February 2026	45,332	28.7%	38.5%	3,649	40.8%	1,232	33.3%

Commentary

TTG activity in February 2026 was 6,478 procedures, an increase on the previous month but below monthly trajectory. Year to Date activity is slightly below trajectory by 1% although 11.1% higher than the previous year.

The overall TTG waiting list continued to improve in February 2026 reducing to 45,332, down from earlier 2025 peaks and around 10% lower than in February 2026. Waits over 52 weeks have fallen sharply, now standing at 8,789, a notable reduction compared with the early-year position of over 16,000, reflecting targeted recovery actions and improved inpatient/day-case activity across high-volume specialties.

Service Narrative

The challenges with delivery in the independent sector have persisted throughout the last month and remain ongoing, given this, 7,500 is now the agreed March 26 target, an increase of 350. This does not fully offset the loss of 850 in the private sector.

Contracts totalling 3,963 were initially signed across a range of specialties and providers. Following confirmation that c. 850 will not be delivered, monitoring of actual against plan was revised to 3,109. Current activity and bookings are 2,382, a variance of 727. Some further bookings are anticipated in March. Despite this, delivery of the March 26 landing position of 7,500 or below is fully expected.

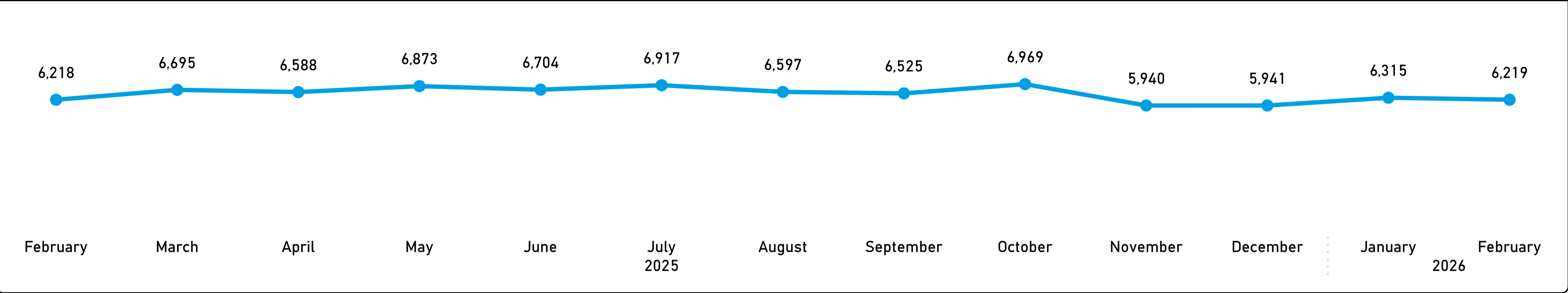
As of 12th March, there remain 9,094 patients in the March 26 cohort, of which 7,897 do not have a compliant date

Cancer: Referrals and Activity

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



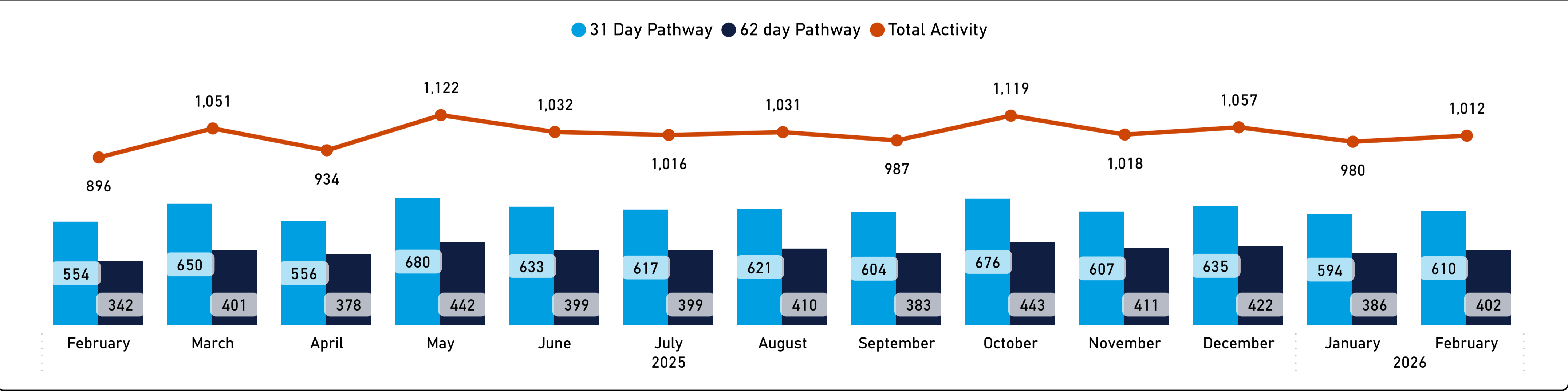
Urgent Suspicion of Cancer Referrals



USOC Referrals - Year to Date

71,588
Previous year: 70,230
(+1,358 +1.93%)
February 2026

Activity by Month



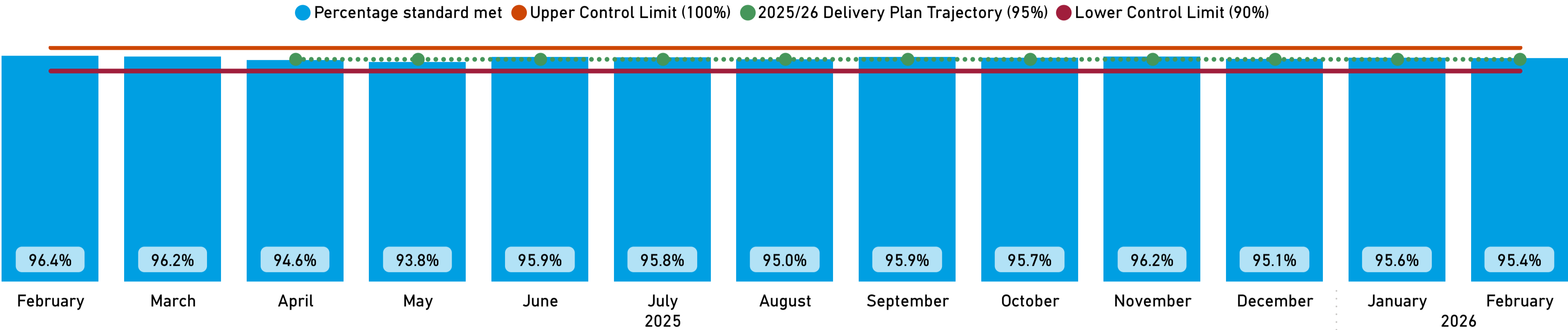
Activity (31 days) - Year to Date

6,833
Previous year: 6,256
(+577 +9.22%)
February 2026

Activity (62 days) - Year to Date

4,475
Previous year: 3,978
(+497 +12.49%)
February 2026

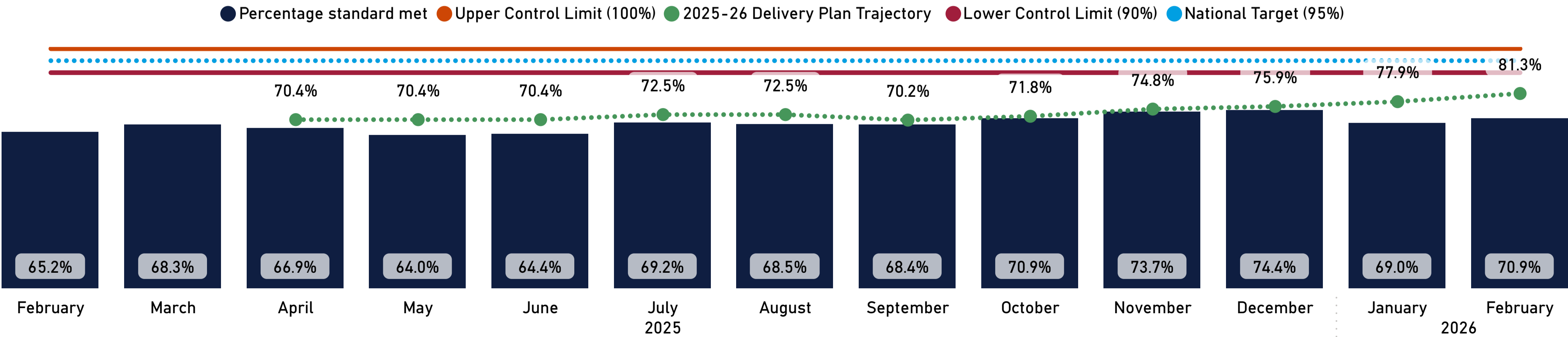
Cancer Performance - 31 days to treatment from decision to treat



31 Day Performance

95.4%
Trajectory: 95.0% (+0.4%)
February 2026

Cancer Performance - 62 days from referral to first treatment



62 Day Performance

70.9%
Trajectory: 81.3% (-10.4%)
February 2026

Commentary

February 2026 performance of 70.9% for 62-day patients, is short of local trajectory of 81.3%. This is due to performance in Breast, Cervical, Colorectal, Lung and Upper GI all decreasing compared to January 2026. 31-day performance remains consistently high, with the 95.4% achieved in February, exceeding the national target.

Urgent Suspicion of Cancer referrals are up by 1.9% compared to the previous year. Activity for the 31-day standard continues to run ahead of the previous year; by February 2026, 6,833 patients had started treatment, representing continued growth in throughput and an increase of 9.2% against the same point last year. The 62-day pathway shows a similar pattern, with YTD treatments reaching 4,475 in January 2026, 12.5% ahead of 2024/25 figures.

Service Narrative

Focused improvement work continues across cancer pathways, with strengthened escalation processes, enhanced data validation and a structured, tiered approach to breach analysis. February 2026 performance remains reflective of the impact of post-holiday activity reductions at the outset of cancer pathways, and ongoing pressures in diagnostic pathways, with variation across tumour groups as outlined below.

Colorectal – 65.5% (below February trajectory of 75.6%)
Performance decreased from 74.1% in January 2026 to 65.5% in February 2026, with 38 of 58 eligible referrals beginning treatment within 62 days. The outsourcing of CT colon reporting, introduced in August 2025, continues to have a positive impact, with acquisition-to-report turnaround now at 14 days, down from a historic median of 30 days. Work is ongoing to further strengthen patient tracking processes between Cancer Performance and Radiology, supported by a new shared mailbox enabling timely communication and closure of tracking actions. A new weekly Radiology tracking meeting will ensure prompt escalation for reporting ahead of MDT. These combined efforts are expected to improve diagnostic imaging timelines and ensure early-pathway stages remain within required standards.

Head & Neck – 68.2% (below February trajectory of 76.5%)
Performance improved slightly against the 66.7% reported in January, below trajectory with 15 of 22 eligible referrals treated within 62 days. The Clinical Specialty Improvement Group continues to focus on diagnostic pathway delays, particularly the impact of long waits for first ENT outpatient appointments. Progress through the Diagnostic Hub model is ongoing: two Clinical Nurse Specialists are in post, training remains on schedule, and outpatient waits have reduced from 42 days to a stable position of 18 days. Recruitment is ongoing for two Consultant Head & Neck vacancies, WLI sessions continue to mitigate the vacancies. These actions aim to improve ENT capacity and support pathway resilience.

Lung – 56.1% (below February trajectory of 80%)
Performance fell from 73.5% in January 2026 to 56.1% in February, below trajectory and with 23 of 41 eligible patients treated within 62 days. Delays in PET acquisition and reporting remain the dominant constraint on pathway flow, and delays in this earlier part of the pathway lead to late referral to the GJNH for initial surgical clinic. A recovery plan is underway, including the use of a scanner in Edinburgh to improve waits to scan acquisition, the continuation of WLI sessions for PET reporting capacity and the introduction of external reporting arrangements with private sector providers. Since the commencement of additionality, there has been improvement in PET-CT reporting timescales with a reduction in the longest current unreported wait from 18 days to 3 days. The Clinical Specialty Improvement Group is aligning NHSGGC pathways with the National Optimal Lung Pathway to support future pathway standardisation.

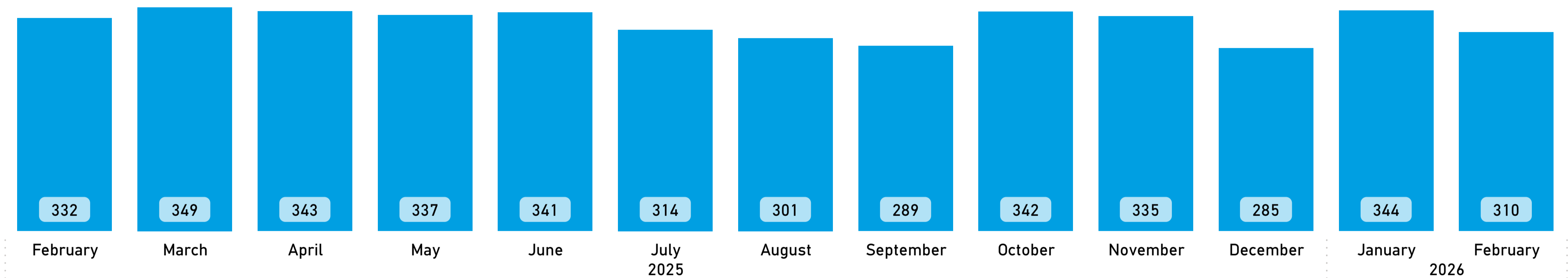
Urology – 56% (below February trajectory of 70.7%)
Performance significantly increased from 39.4% in January to 56% in February and was the highest since September 2019; although remaining below trajectory with 61 of 109 eligible referrals treated within 62 days. While activity was above trajectory, high volumes at the diagnostic stage have created pressure on treatment capacity and performance has been impacted by treatment of long waiting patients. The Clinical Specialty Improvement Group continues to lead the action plan, with recruitment successful for 3 new Clinical Nurse Specialist posts and one being re-advertised. Vetting direct to MRI as the standard prostate pathway approach has been embedded and the cross-sector Urology group is working to ensure consistency across NHSGGC. Outsourcing of transperineal biopsy continues, supporting improvements in biopsy waiting times, from six weeks to two weeks, with a realistic trajectory towards one week. This has accelerated diagnosis and reduced the backlog of undiagnosed patients, though increased conversion to treatment has added pressure to later parts of the pathway. A Nurse Led model to support surgery/oncology post-MDT clinics is also being implemented.

CAMHS: Activity and Waiting Times

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



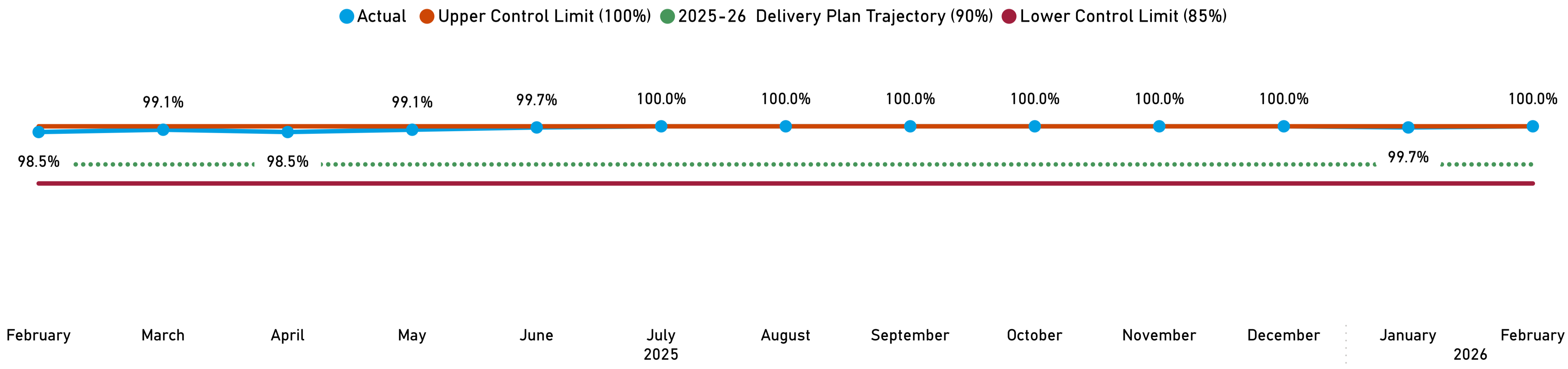
Patients Seen - CAMHS



CAMHS - Patients Seen Year To Date

3,541
Previous Year: 3,735
(-194 -5%)
February 2026

CAMHS - % starting treatment within 18 weeks



CAMHS Performance

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

Commentary

CAMHS waiting times performance against the national standard for commencement of treatment remains strong, with 100% of patients starting treatment within 18 weeks, up from 99.7% the previous month.

The number of patients seen in February 2026 is slightly below the Year to Date average of 322, with the high compliance rate demonstrating sufficient resilience within the service to manage increased volumes.

Service Narrative

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

The service has continued to meet the national RTT targets. All 310 of the children and young people across NHSGGC having their first appointment in February 2026 were seen in less than 18 weeks.

While the national standard reflects waits for initial appointments, the number of children waiting after their first or assessment appointment for a second appointment remains high in NHSGGC, as it is across Scotland. On 4th March 2026, there were 837 children waiting in NHSGGC Community CAMHS services for their second appointment. As at July 2025, the median waiting time from first appointment to second appointment was 50.9 weeks, and from referral to second appointment was 70.9 weeks.

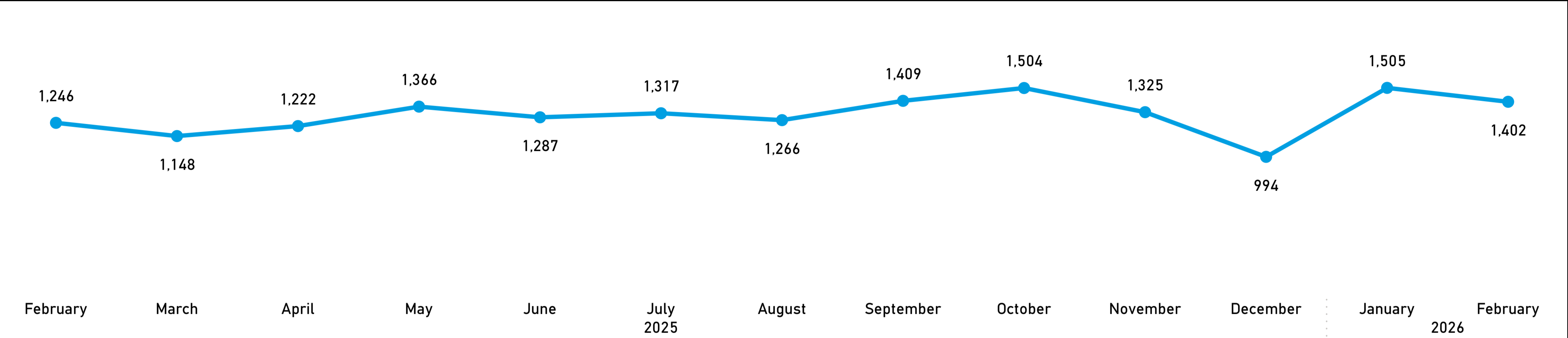
£1m of reserves has been allocated to address the length of time children and young people wait from first to second CAMHS appointments. The median waiting time from first to second appointment has reduced across NHSGGC, and as at March 2026 stands at 21 weeks, while time from referral to second appointment has reduced to 39 weeks. This is expected to improve further as the team work to prioritise reducing long waits wherever possible.

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

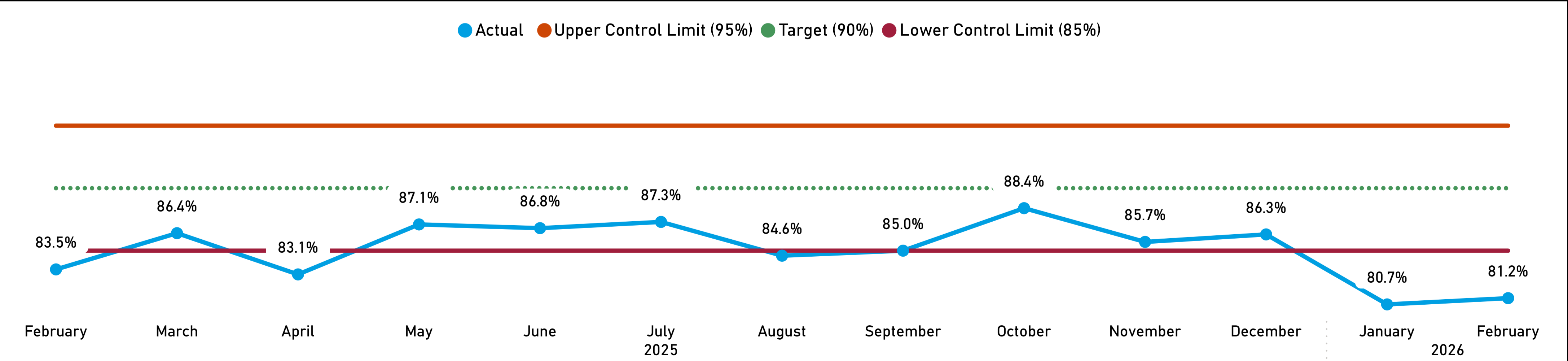
14,532

Previous Year: 13,547

(+985 +7%)

February 2026

Psychological Therapies - % starting treatment within 18 weeks



Psychological Therapies Performance

81.2%

Target: 90% (-8.8%)

February 2026

Commentary
<p>Psychological Therapies performance in the most recent month shows that the proportion of patients starting treatment within 18 weeks remains below the national standard, with performance in February 2026 at 81.2%, up from the previous month though remaining below the national standard of 90%, and outside of control limits for the second consecutive month.</p> <p>Activity levels in February 2026 have increased compared to the previous February, while year-to-date activity is up by 7.3% compared to 2024/25. The combination of sustained demand and overall capacity constraints have limited performance improvement, while throughput is being maintained.</p>

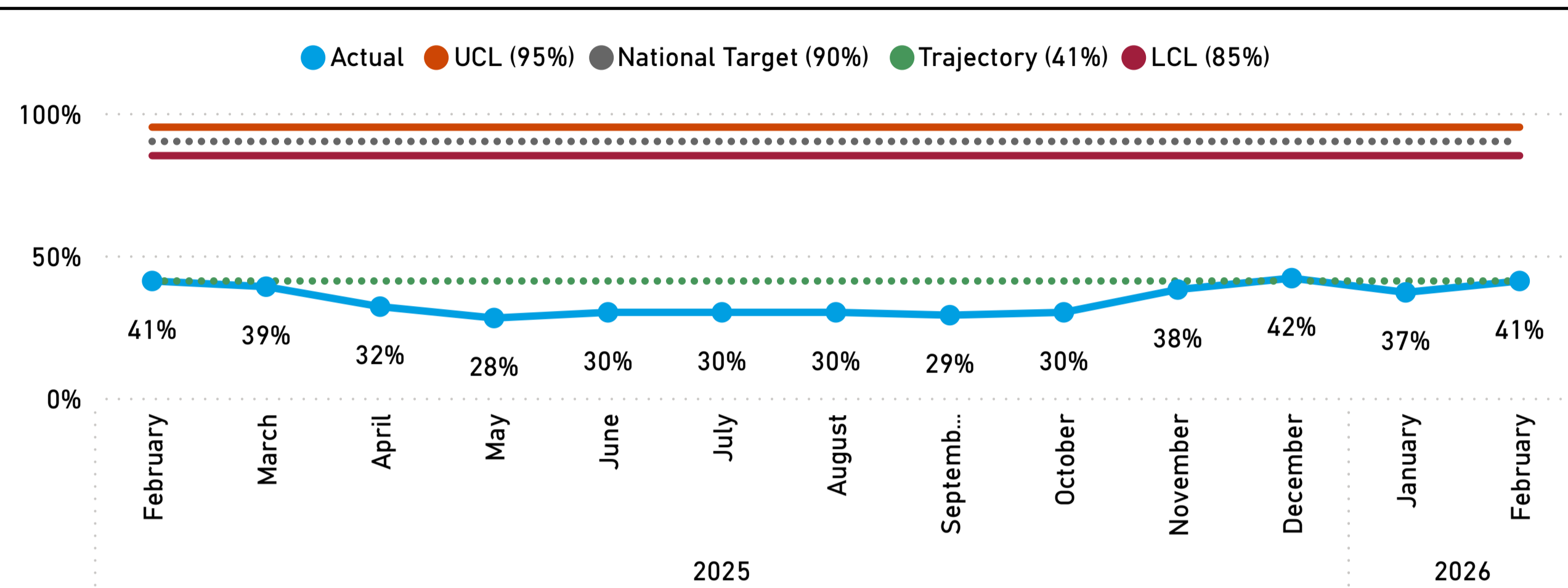
Service Narrative
<p>Local service managers and clinical leads remain actively focused on improving team performance and reducing long waits. In this respect, the reduction in the numbers of people waiting over 52 weeks in Trauma Services is of particular note.</p> <p>Challenges to performance arise from short-term capacity reductions, resulting from vacancies and absences, as well as from staffing reductions required to meet financial savings targets.</p> <p>System-wide mitigating approaches are currently being explored but will take time to develop and implement.</p> <p>The Performance and Quality Improvement Subgroup operating under the Psychological Therapies Steering Group, has been tasked with developing proposals to improve both performance against the Psychological Therapies (PT) waiting-time standard and the overall quality of PT delivery across service areas.</p> <p>Recent progress has included:</p> <ul style="list-style-type: none">• Completion of a literature review of the effects of dosage and frequency of clinical appointments on PT outcomes. The findings have been discussed by clinical leads and will be taken back to teams for local consideration.• Teams vary in their management of referrals and strategies for improving attendance at appointments. Analysis will be undertaken to examine the effects on waiting times, with a view to identifying and promoting the most successful approaches.• A small panel of senior clinicians has been formed to examine all current and newly emerging cases of particularly long waits (over 52 weeks), to identify potential opportunities for efficiency improvement without reducing effectiveness.

Musculoskeletal Physiotherapy: Activity and Waiting Times

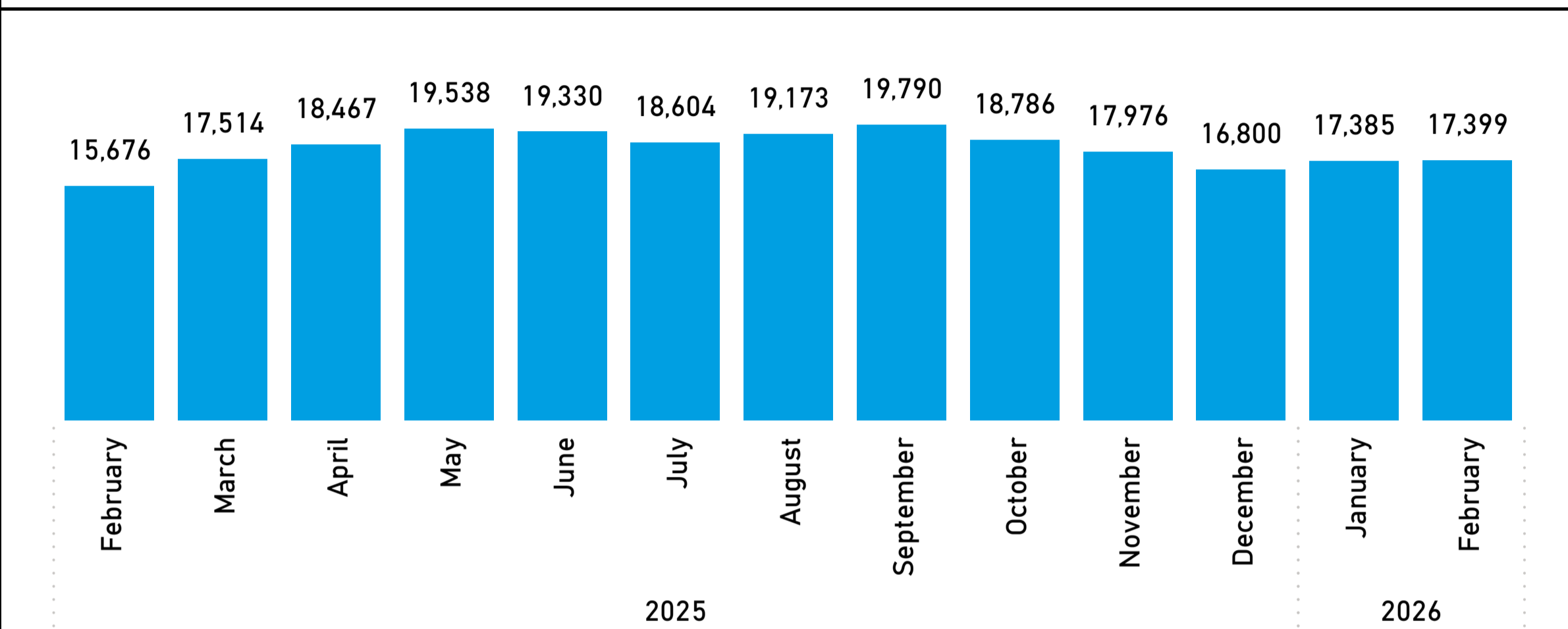
Lead Director - Chief Officer, West Dunbartonshire HSCP
Lead Committee - Finance, Planning and Performance



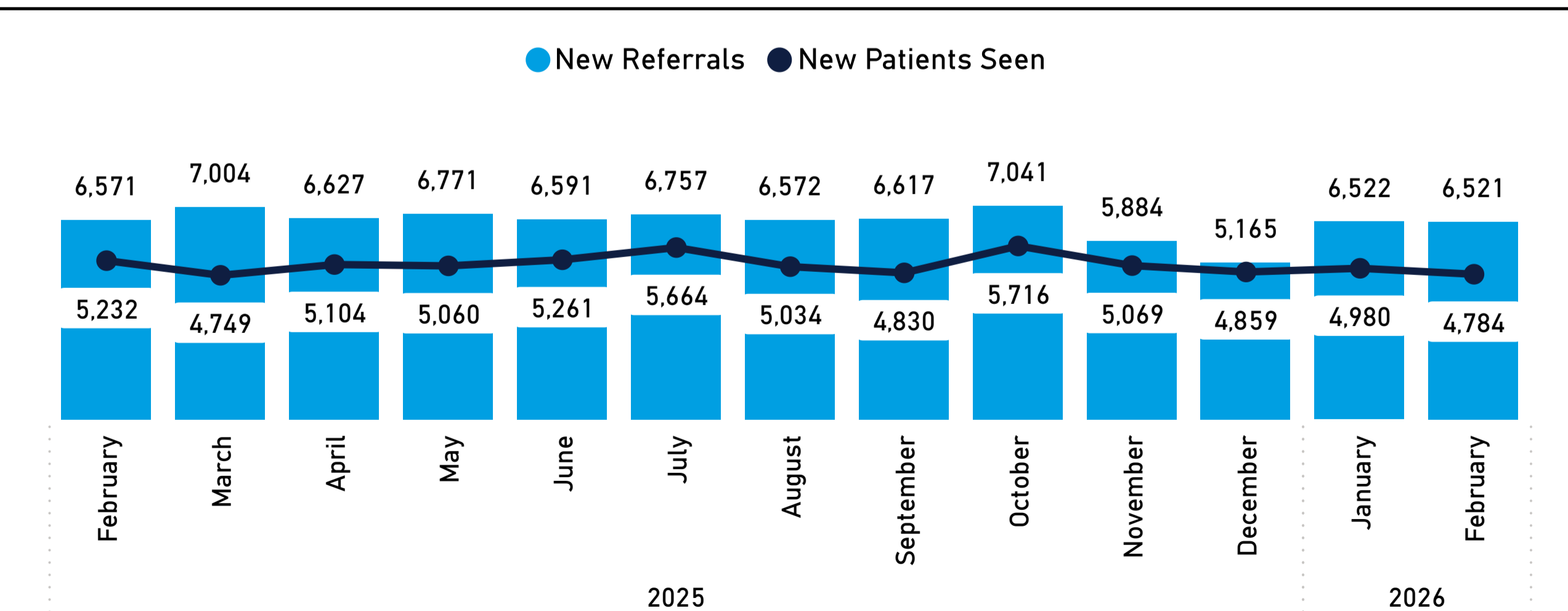
MSK Patients Seen within 4 weeks of referral



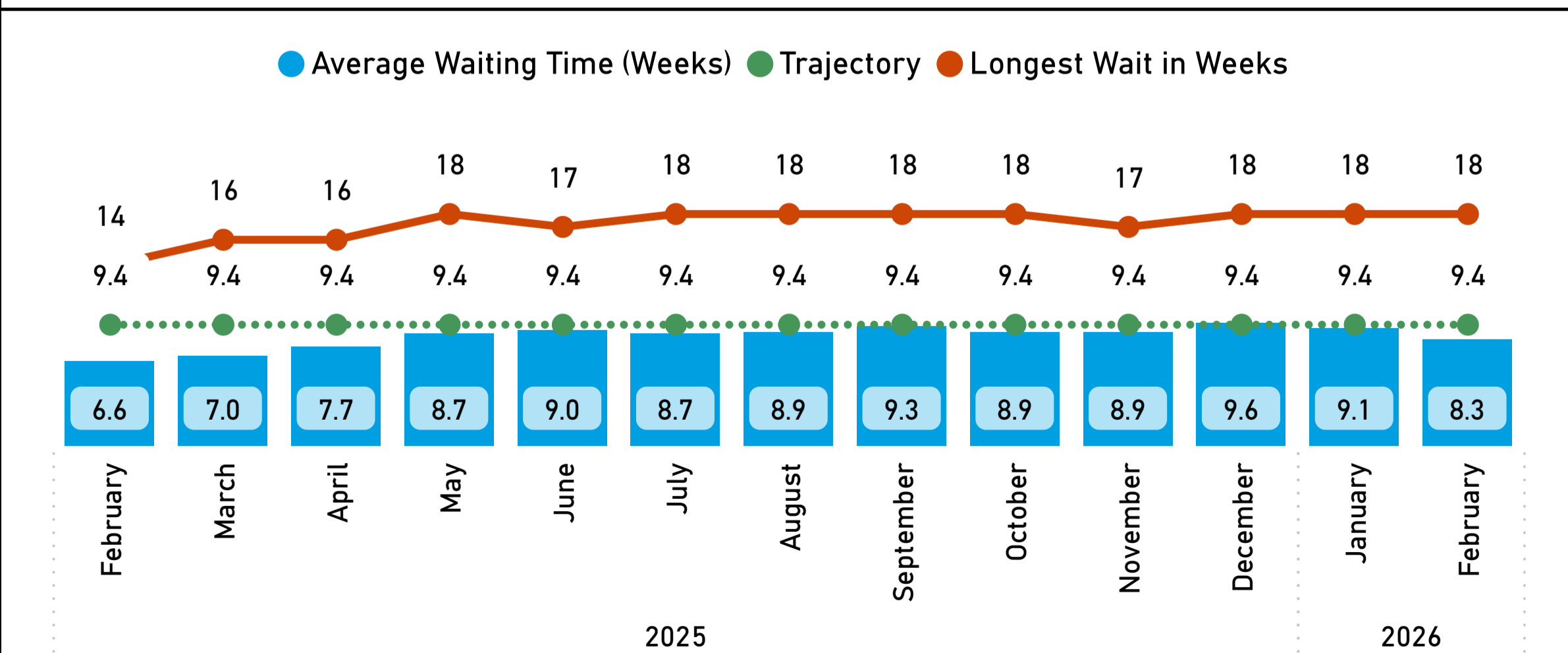
MSK Total Waiting List



MSK New Referrals vs Patients Seen



MSK Completed Waits (Weeks)



Commentary
<p>MSK physiotherapy performance is higher in February 2026 with 41% of patients seen within four weeks and performance is now meeting the local trajectory. This relates to all urgent referrals which were seen within target. Demand has fallen in February 2026 and is lower than the figure from February 2025. Numbers of patients seen each month remain steady.</p> <p>Average waiting times have risen by almost two weeks from the previous year, reflecting ongoing pressure within the service and the need to prioritise urgent cases. The overall waiting list has increased in February 2026 although remaining significantly lower than previous months.</p>

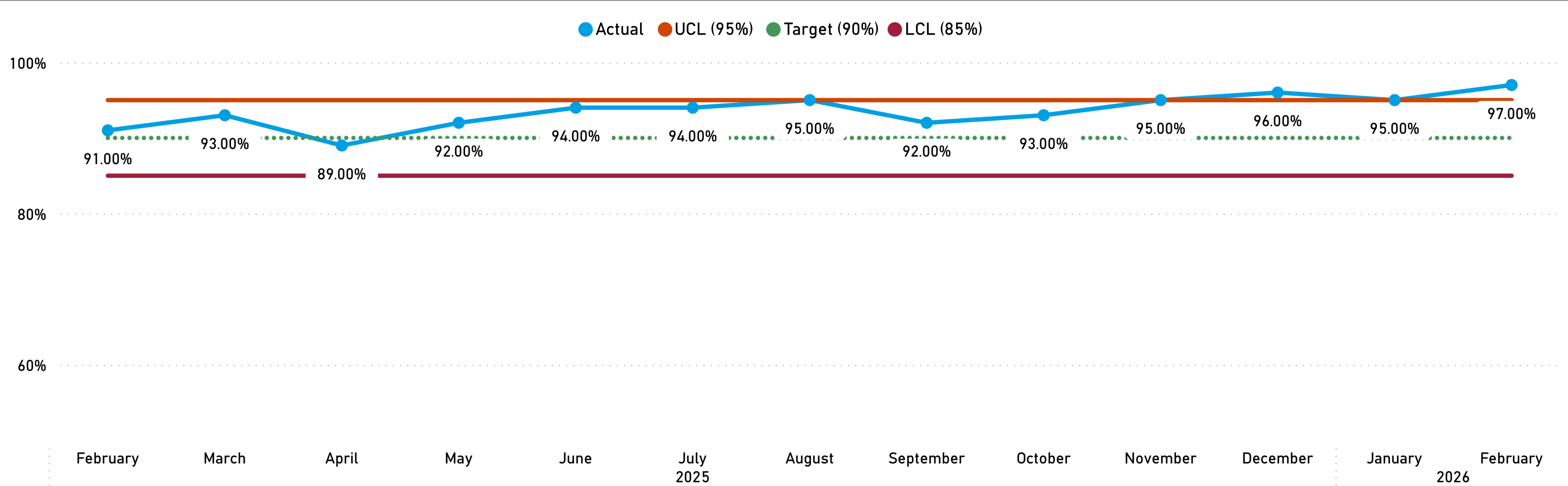
Service Narrative
<p>The percentage of patients seen within four weeks of referral has improved to 41%. All patients clinically vetted as urgent are still being seen within the 4 week target.</p> <p>Service capacity has been impacted in February, affecting activity levels. The most significant capacity issue is driven by rotational vacancies, over which the service has no direct control, alongside maternity leave and long term sickness absence. The service continues to support ortho spinal waiting times with release of 0.9 WTE. These staff will return to MSK at the end March, and but will be used to support ortho waiting times in a community based setting as part of a post Hackathon test of change.</p> <p>The service are currently recruiting 3 WTE to replace some capacity which will be lost due to the Reduced Working Week, and has taken further steps to ensure no New Patient capacity would be lost due to RWW. The service is also using reserves to recruit an additional 2 WTE to address waiting times, and a further 2 WTE posts have now been approved from previously held vacancies. These staff are likely to be in post by May, with impact on service performance seen after that point.</p> <p>The service continues two priority projects (initially support by Healthcare Improvement Scotland) focussed on addressing routine waiting times; Patient Initiated Review (PIR) and the use of Netcall to support patients with early self management.</p> <p>PIR has been rolled out to a larger site and evaluation will continue.</p> <p>The Netcall project has now been evaluated. The evaluation found that the percentage who did not opt in increased by only 0.5% (which was less than expected) but this equated to 1,258 more patients not opting in for a New Patient appointment. It should be noted however that waiting times rose during the period and that generally this results in an increase in the “failed to opt in” rate.</p>

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

97%
Target: 90% (+7%)
February 2026

Commentary

97% of eligible podiatry patients were seen within four weeks of referral in February 2026, an increase on the previous months’ position and above national target by 7%.

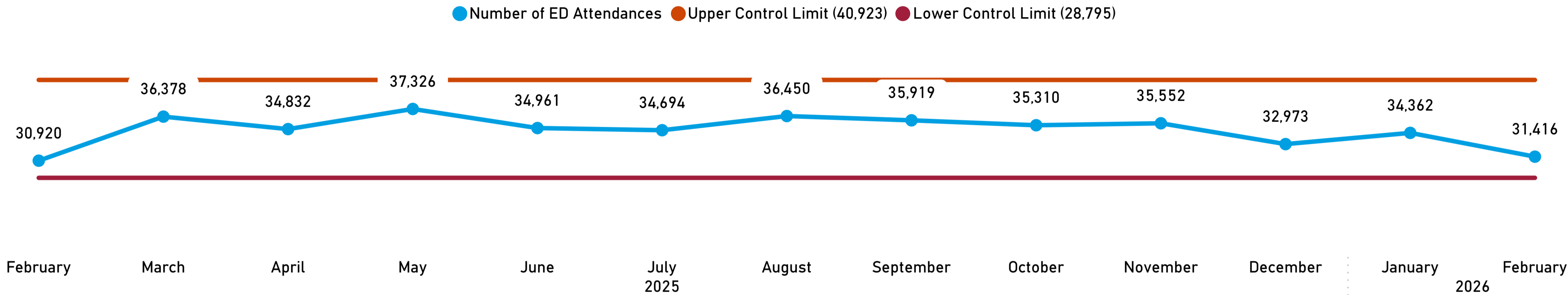
Projection to 31 March 2026 is that the service will continue to perform above the national target of 90%.

Unscheduled Care: Emergency Department Attendances and 4hr target

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



ED Attendances by Month



ED Attendances

Year to Date

383,795

Trajectory: 372,474

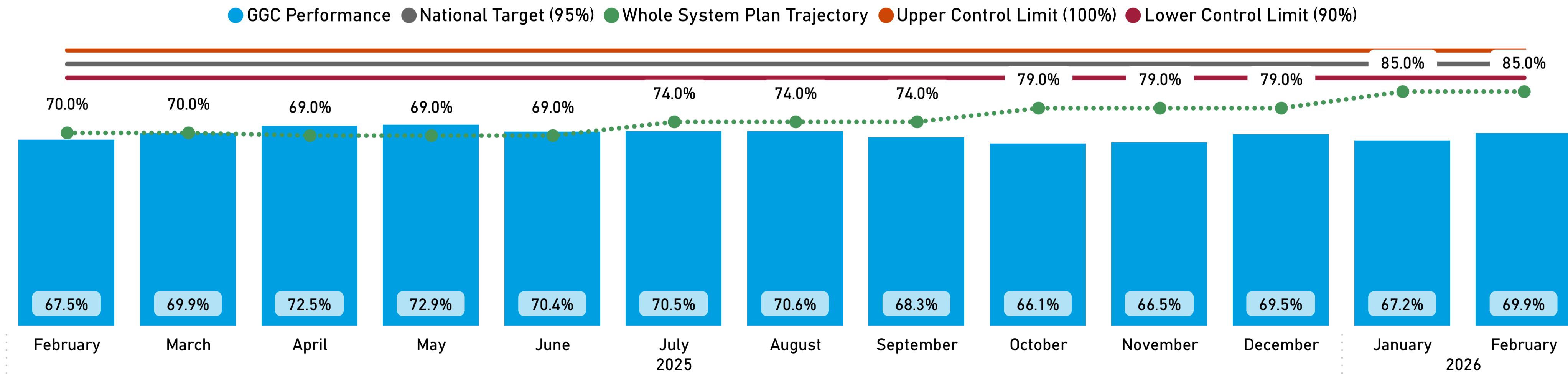
(+11,322 +3.04%)

February 2026

ED 4hr Target

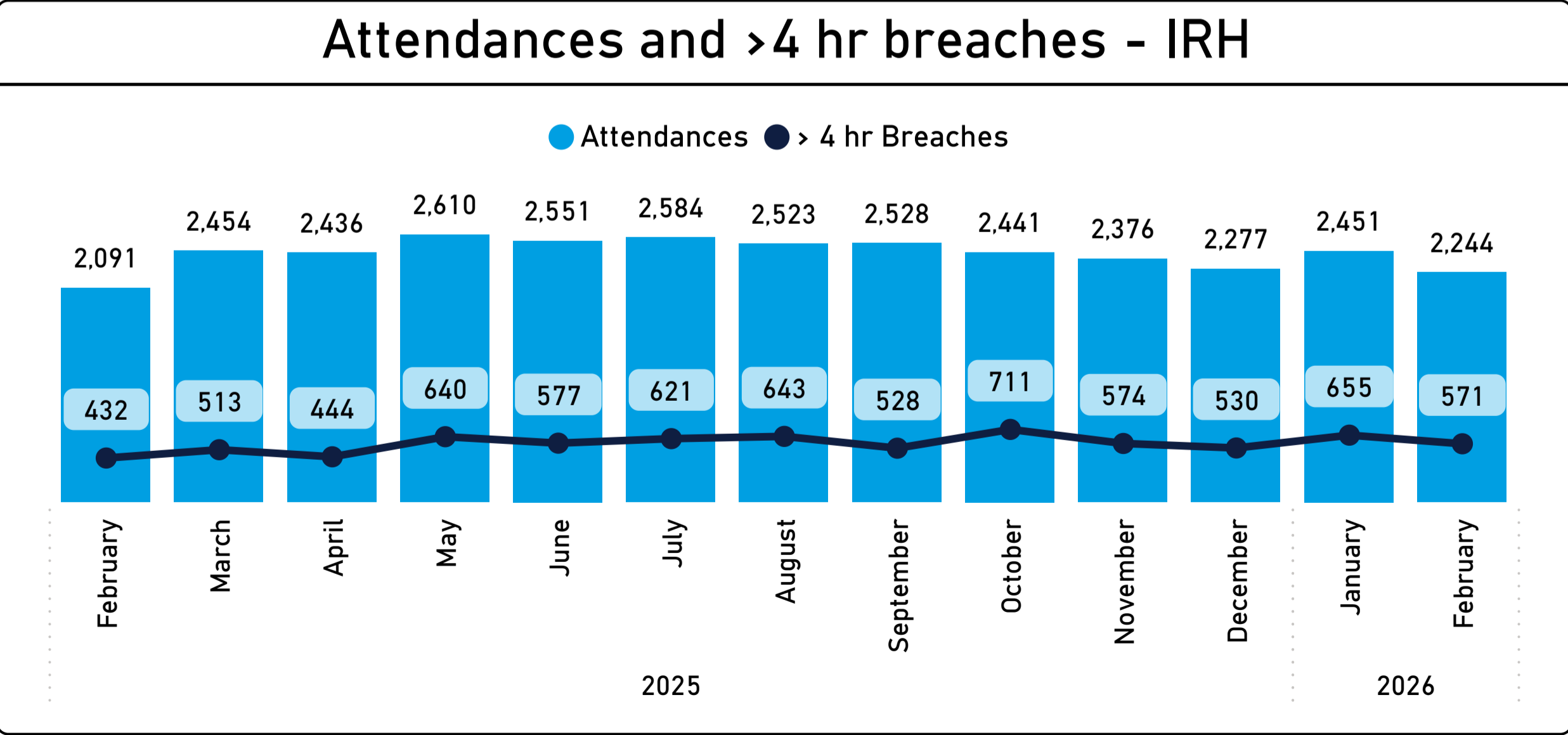
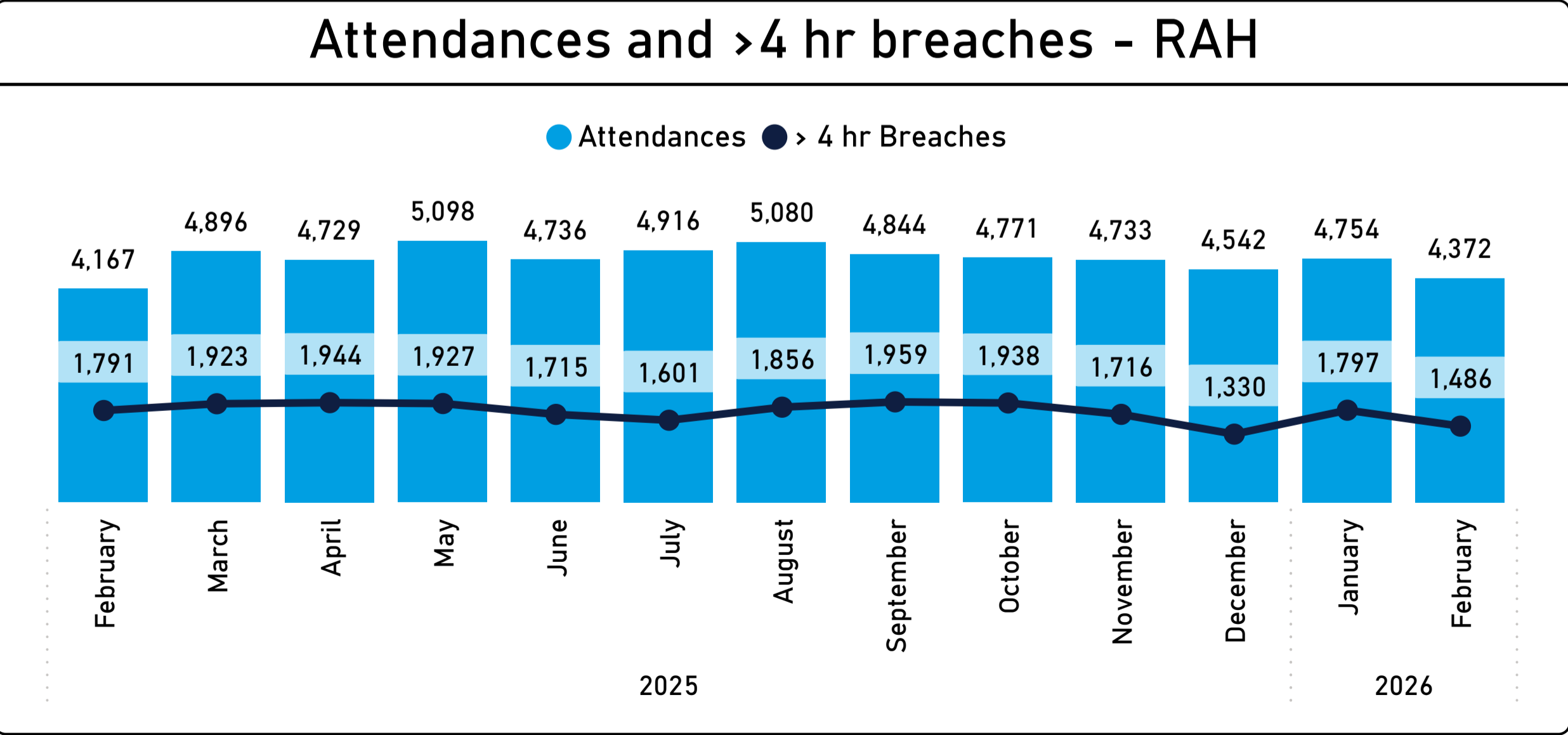
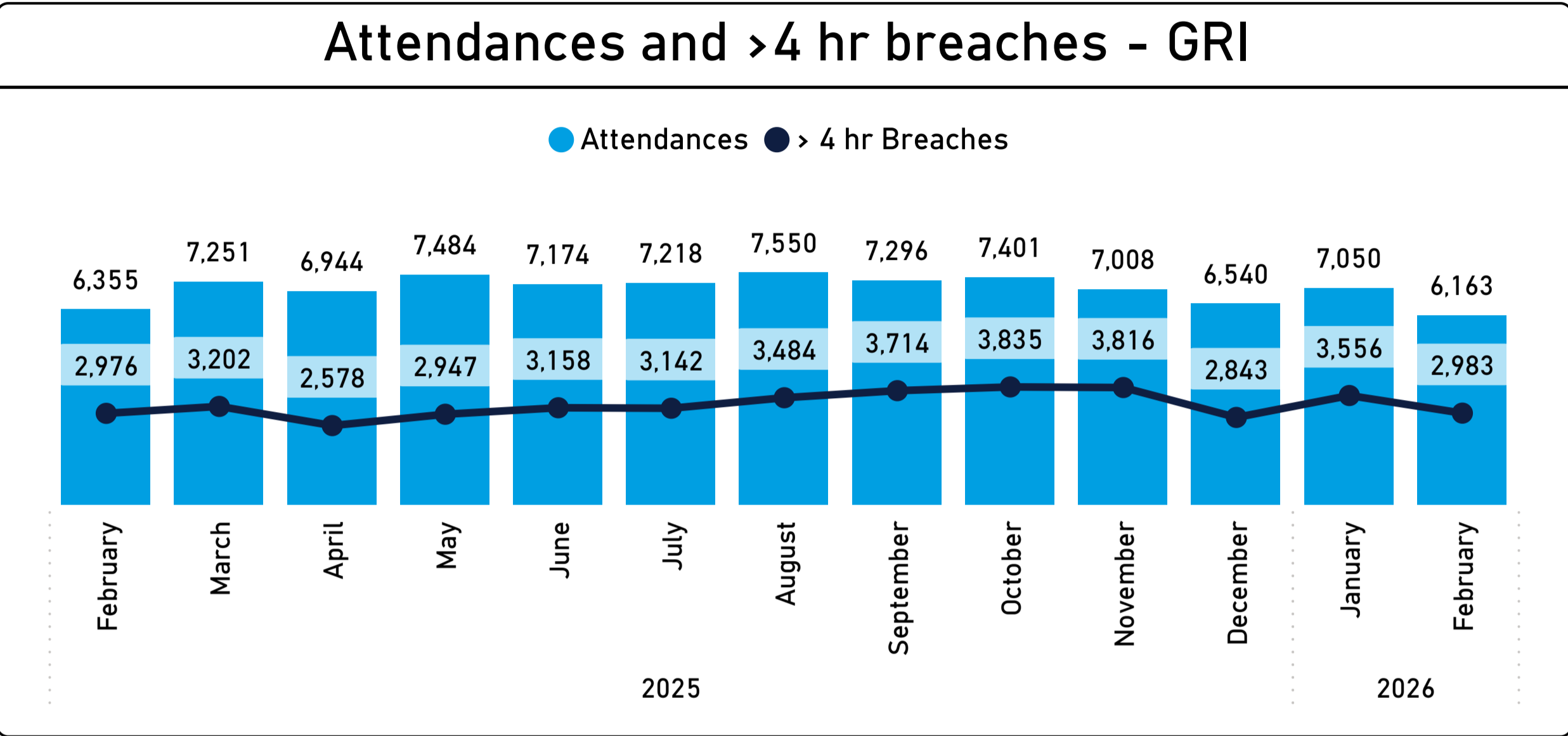
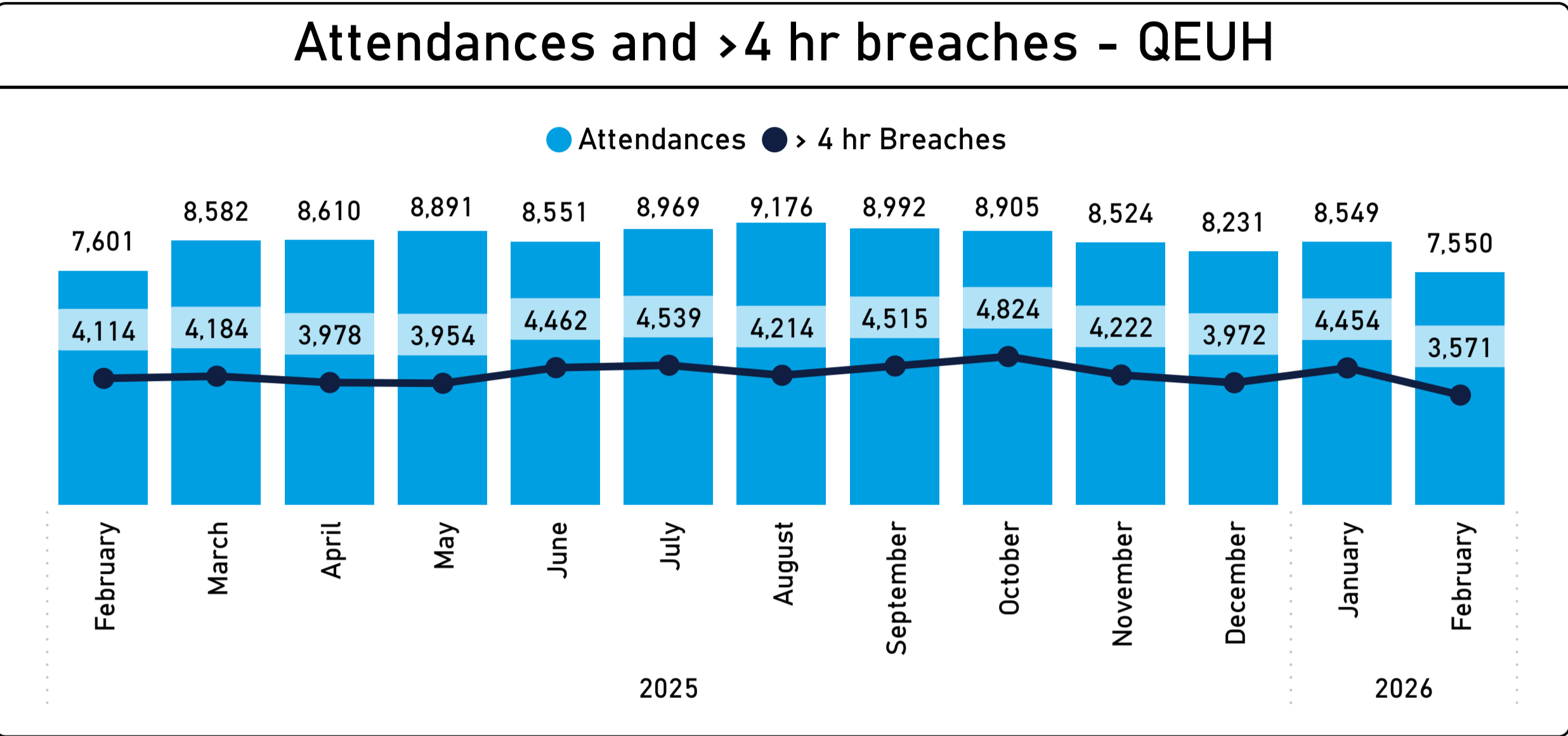
69.9%
Trajectory: 85.0%
(-15.1%)
February 2026

ED 4 hr Target Performance by Month



Unscheduled Care: Emergency Department Attendances and Breaches by Site

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

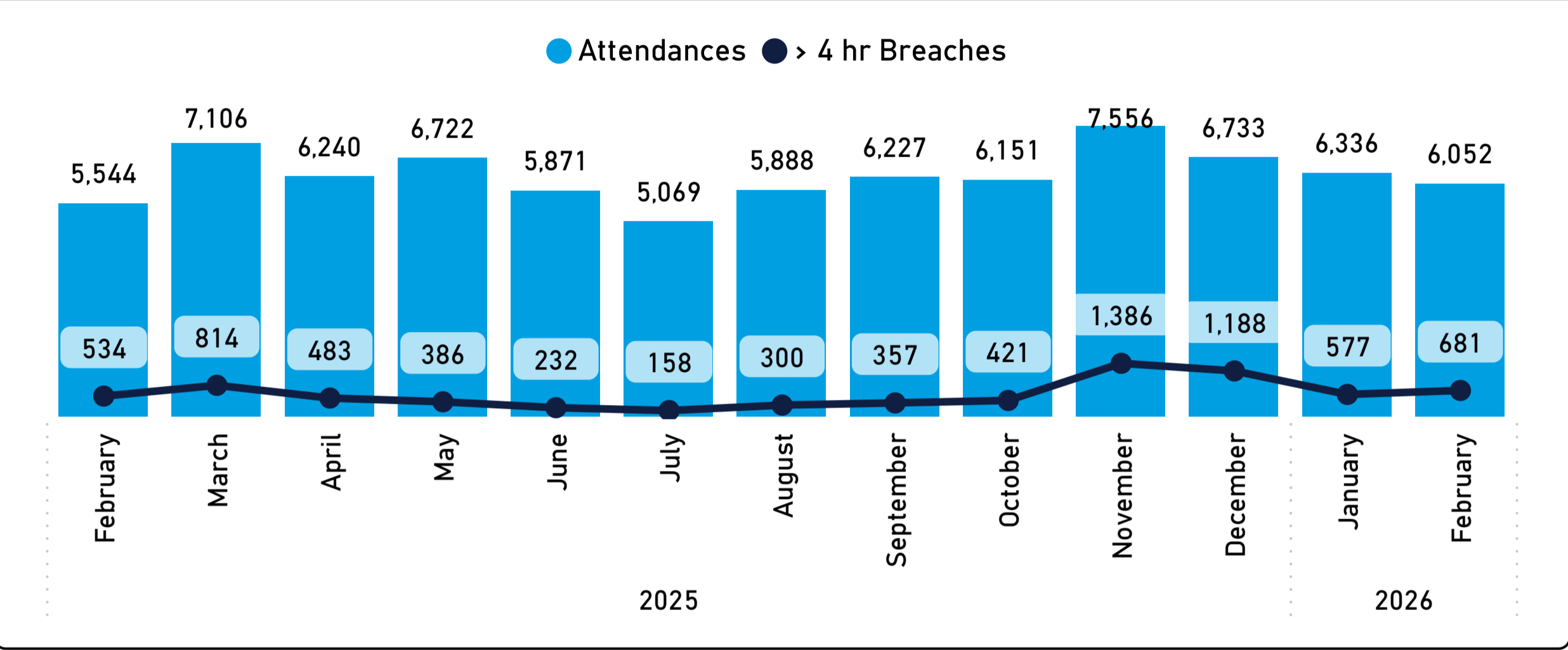


Unscheduled Care: Emergency Department Attendances and Breaches by Site (cont.)

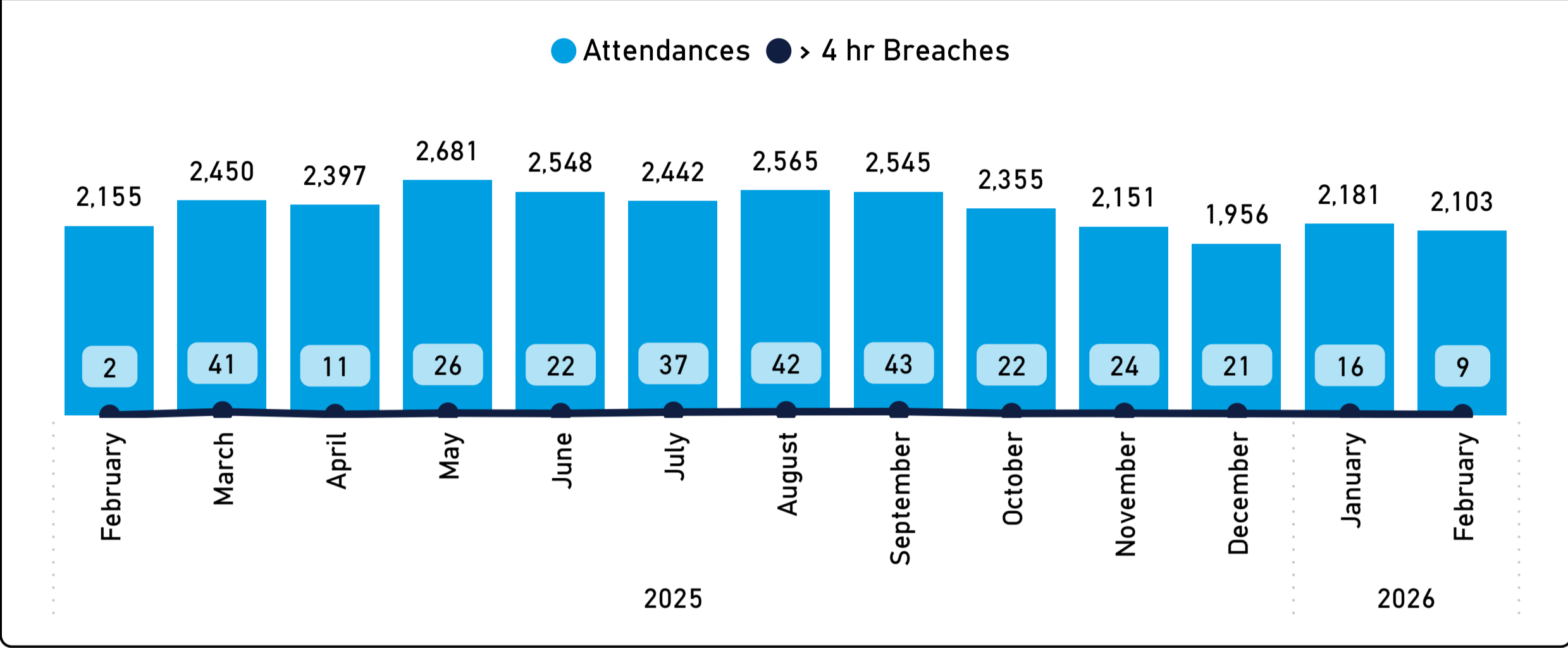
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



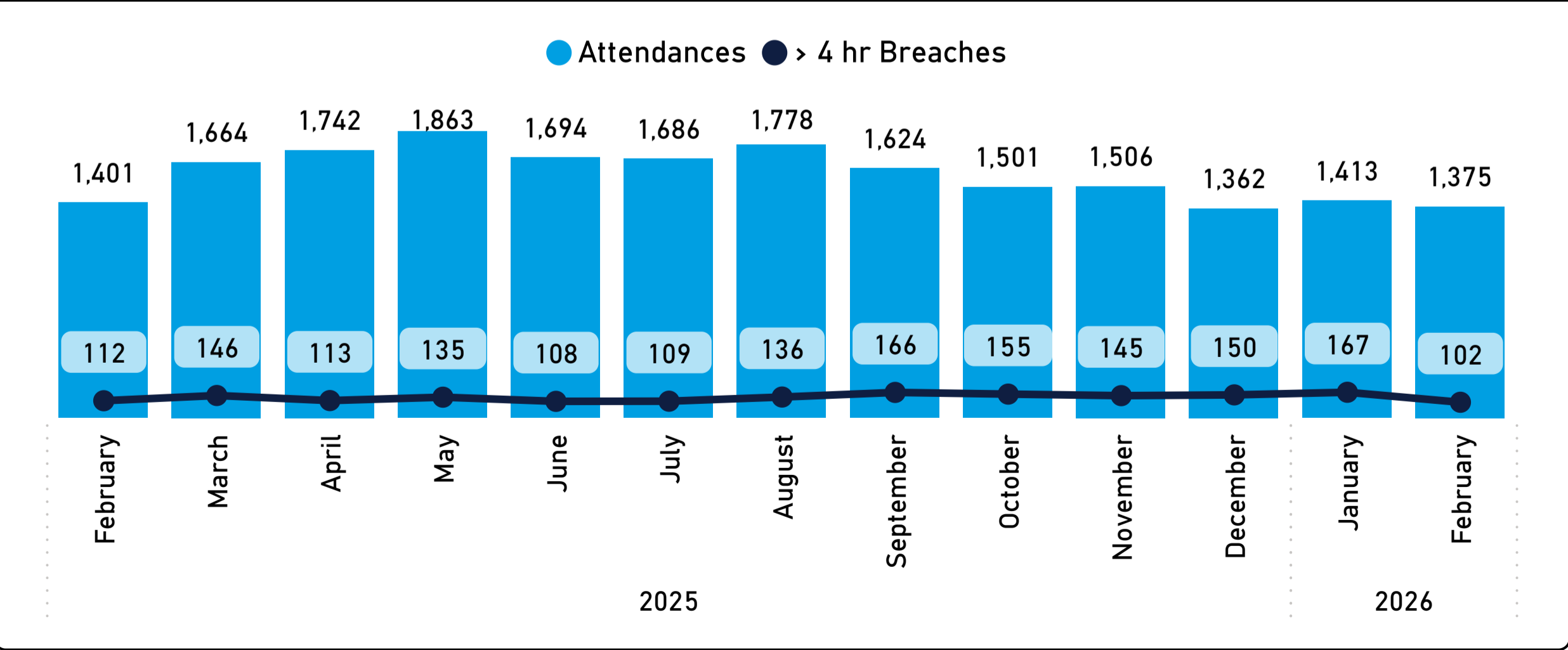
Attendances and >4 hr breaches - RHC



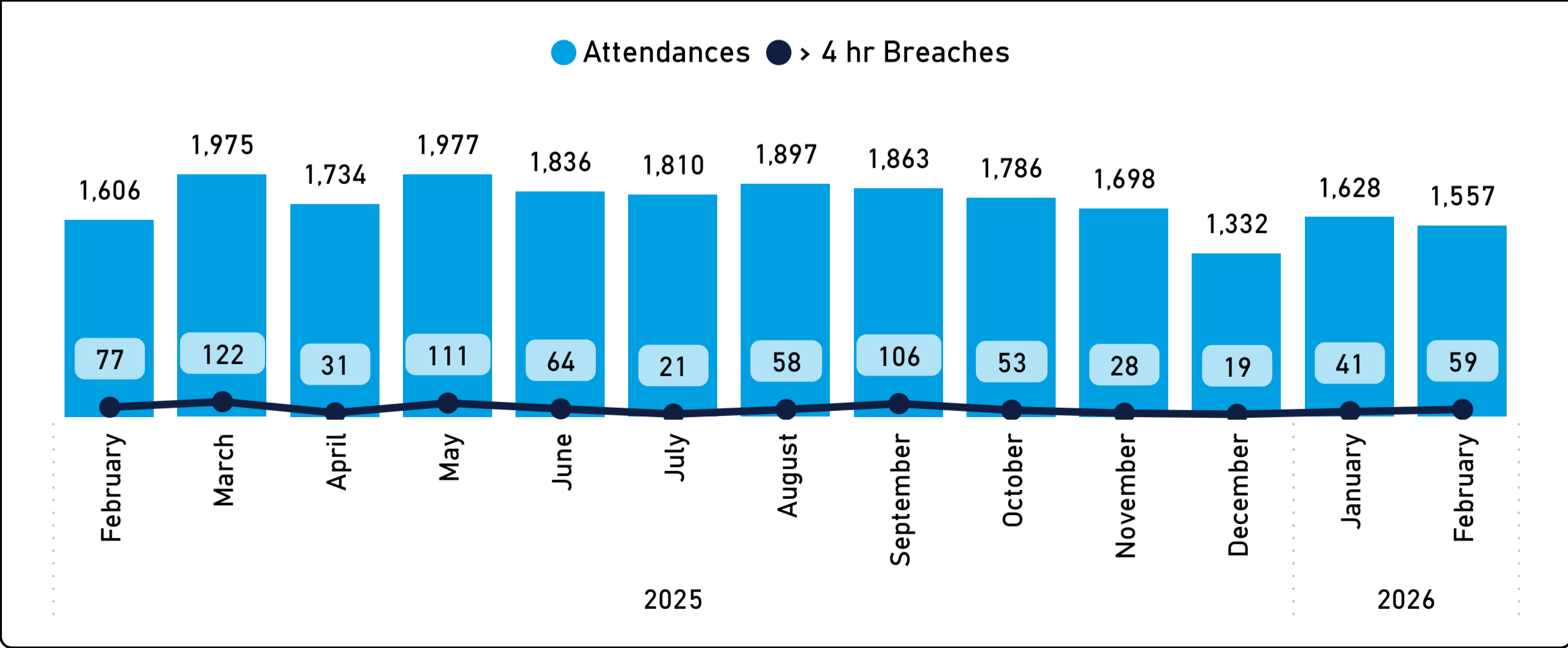
Attendances and >4 hr breaches - New Vic



Attendances and >4 hr breaches - Vale of Leven



Attendances and >4 hr breaches - Stobhill

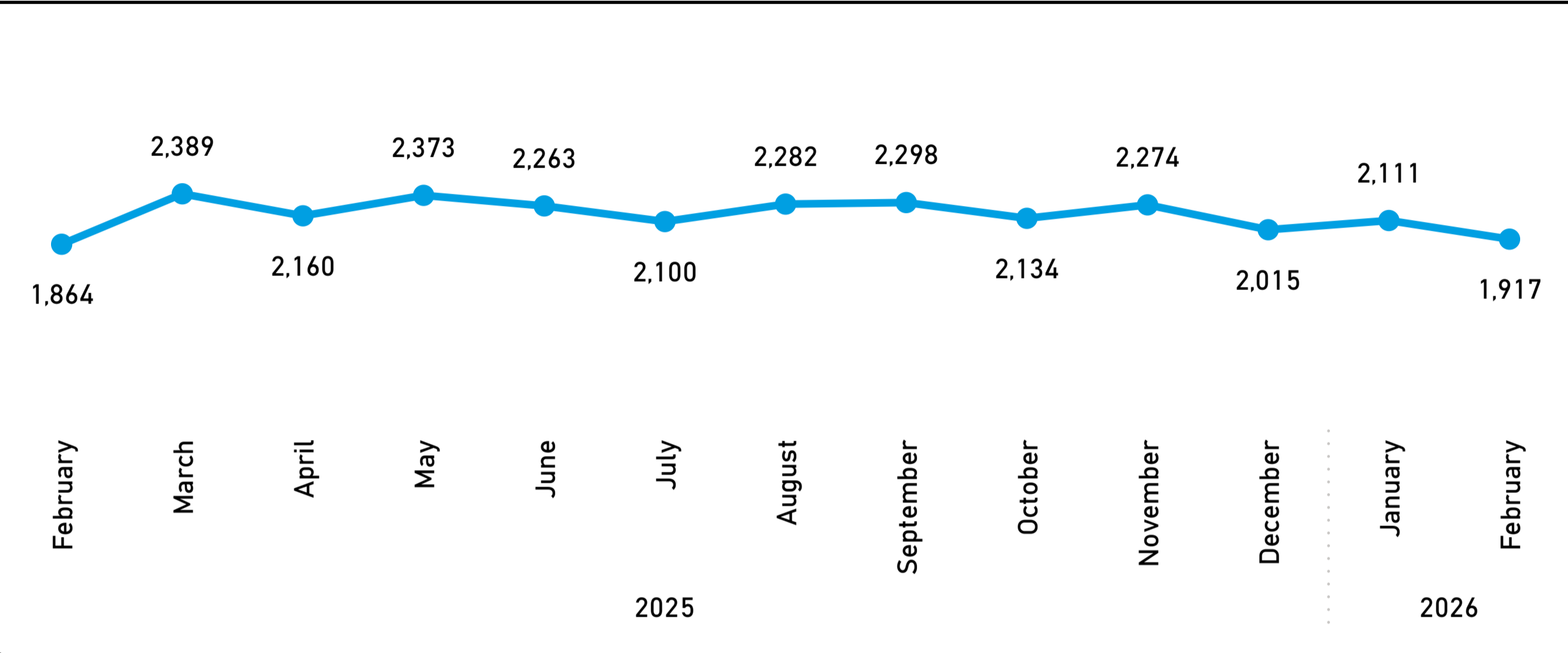


Unscheduled Care: Emergency Department Attendances by HSCP

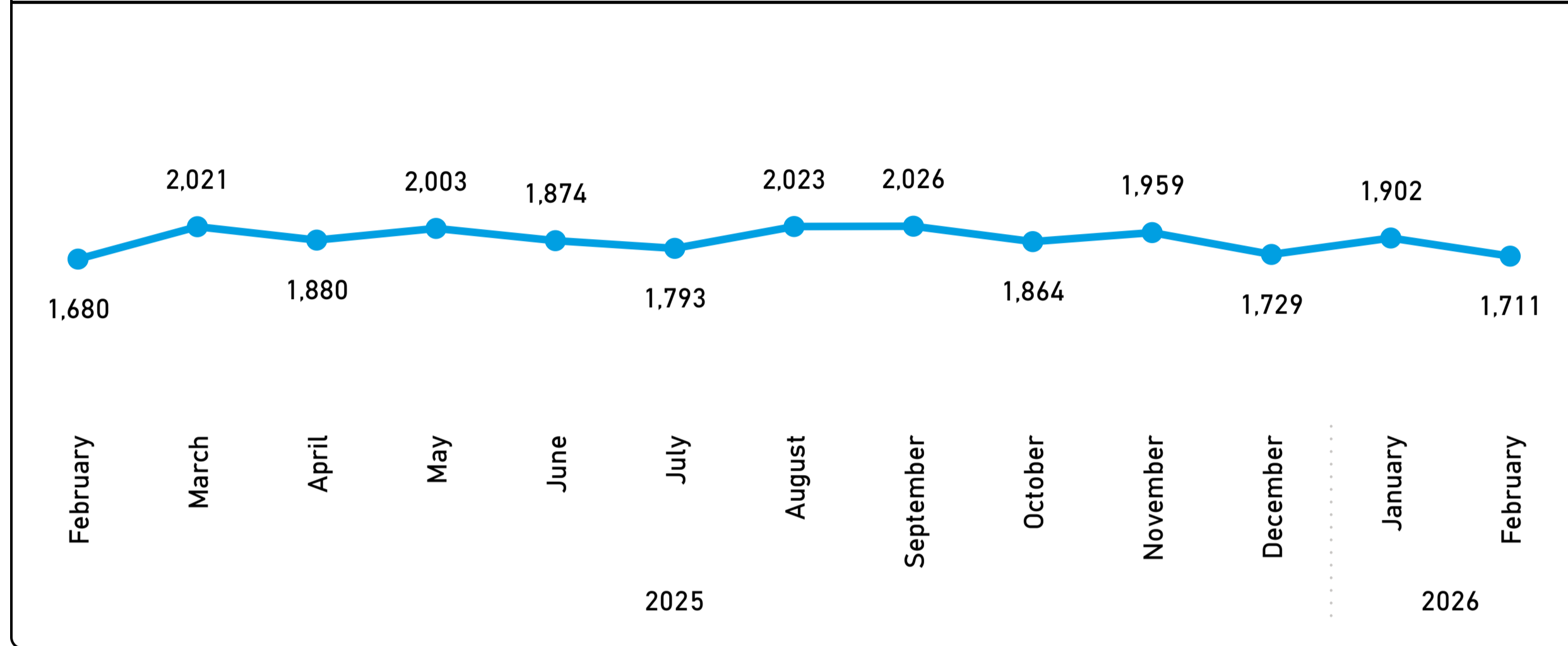
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



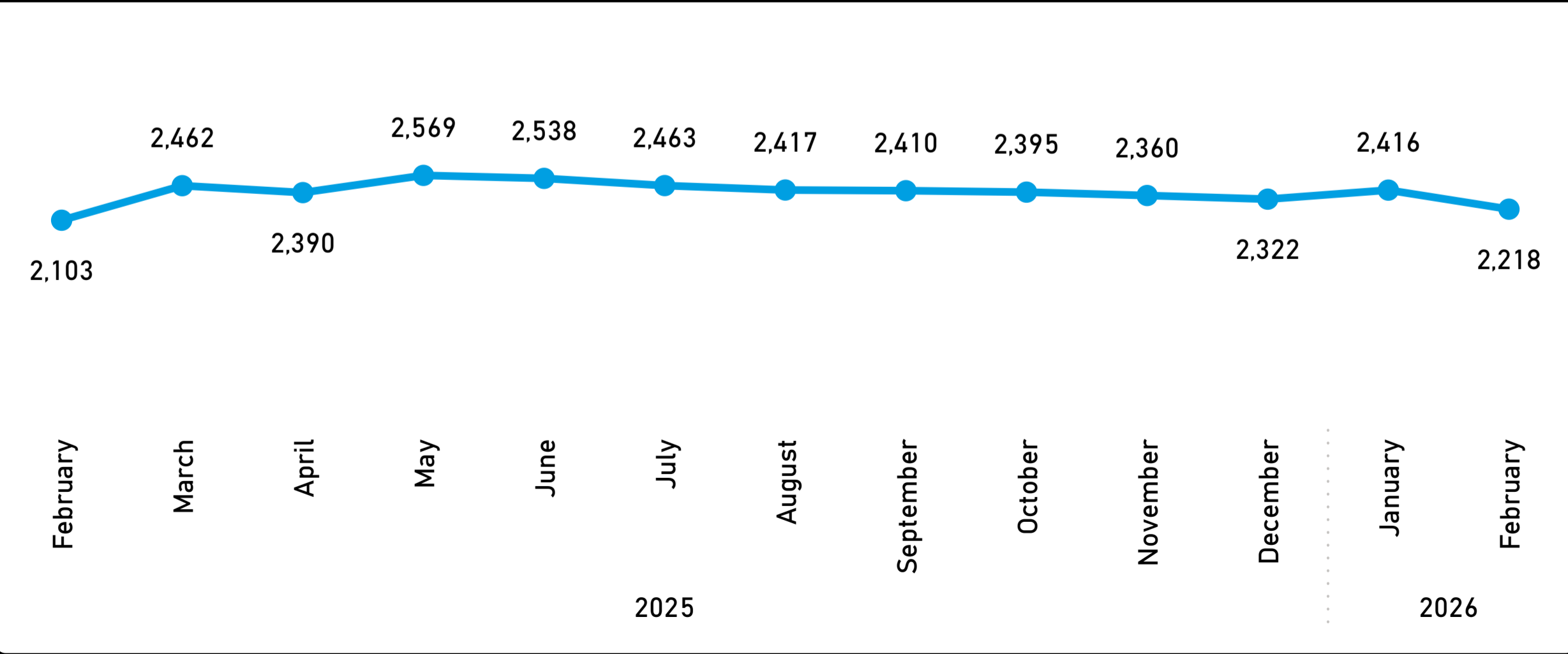
Emergency Department Attendances - East Dunbartonshire



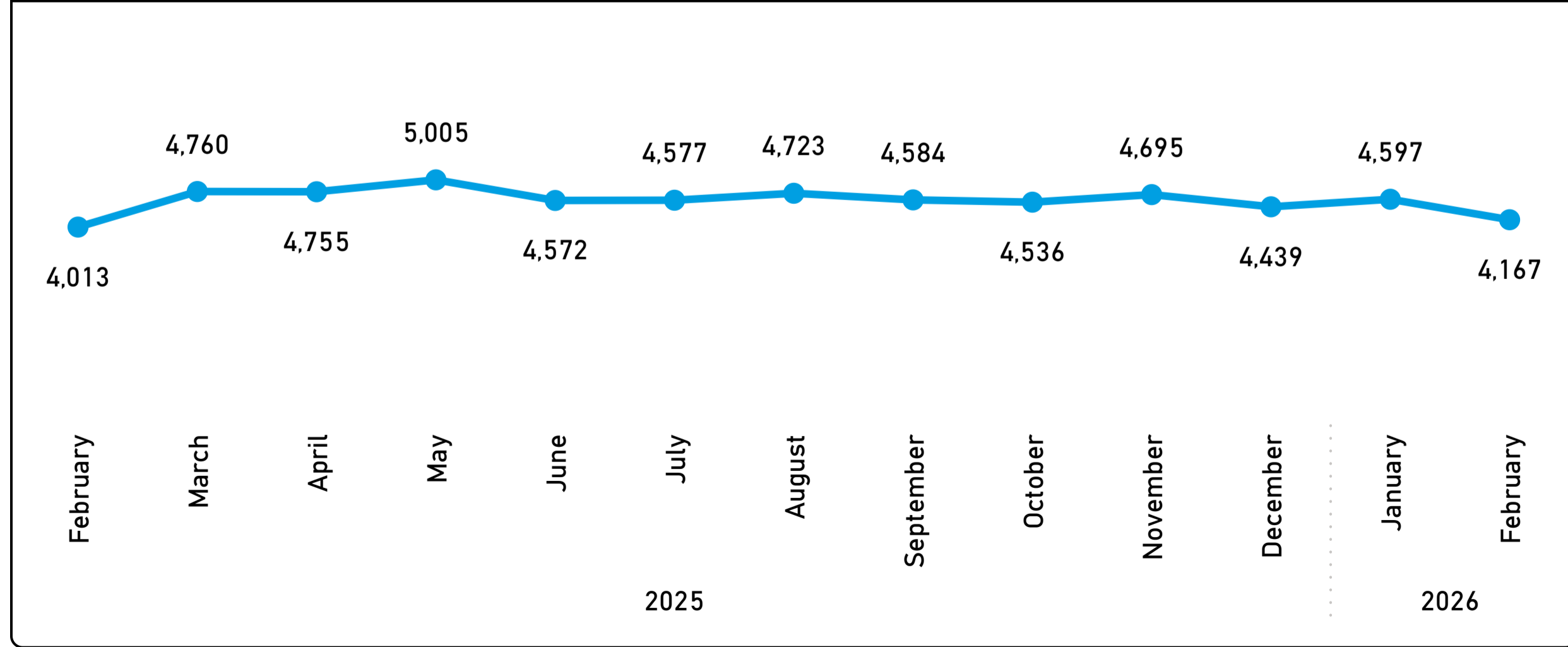
Emergency Department Attendances - East Renfrewshire



Emergency Department Attendances - Inverclyde



Emergency Department Attendances - Renfrewshire

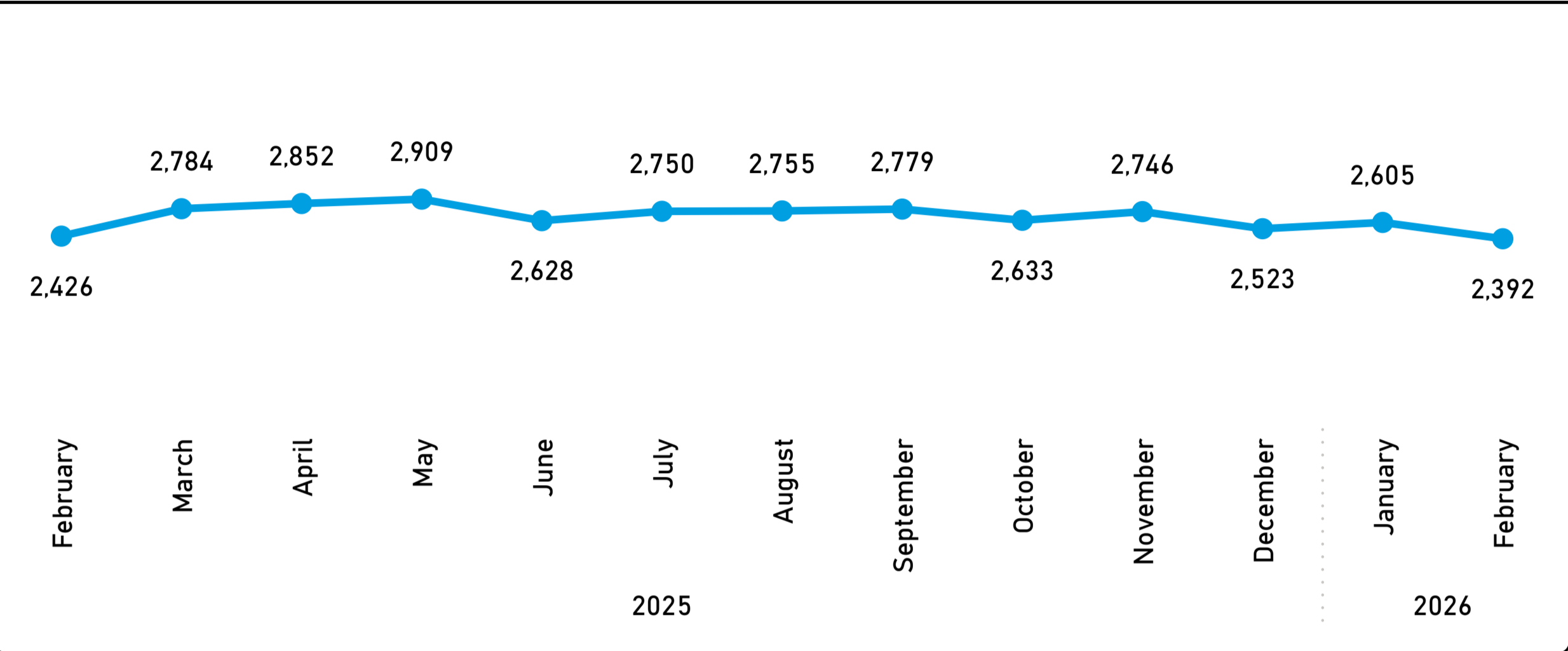


Unscheduled Care: Emergency Department Attendances by HSCP

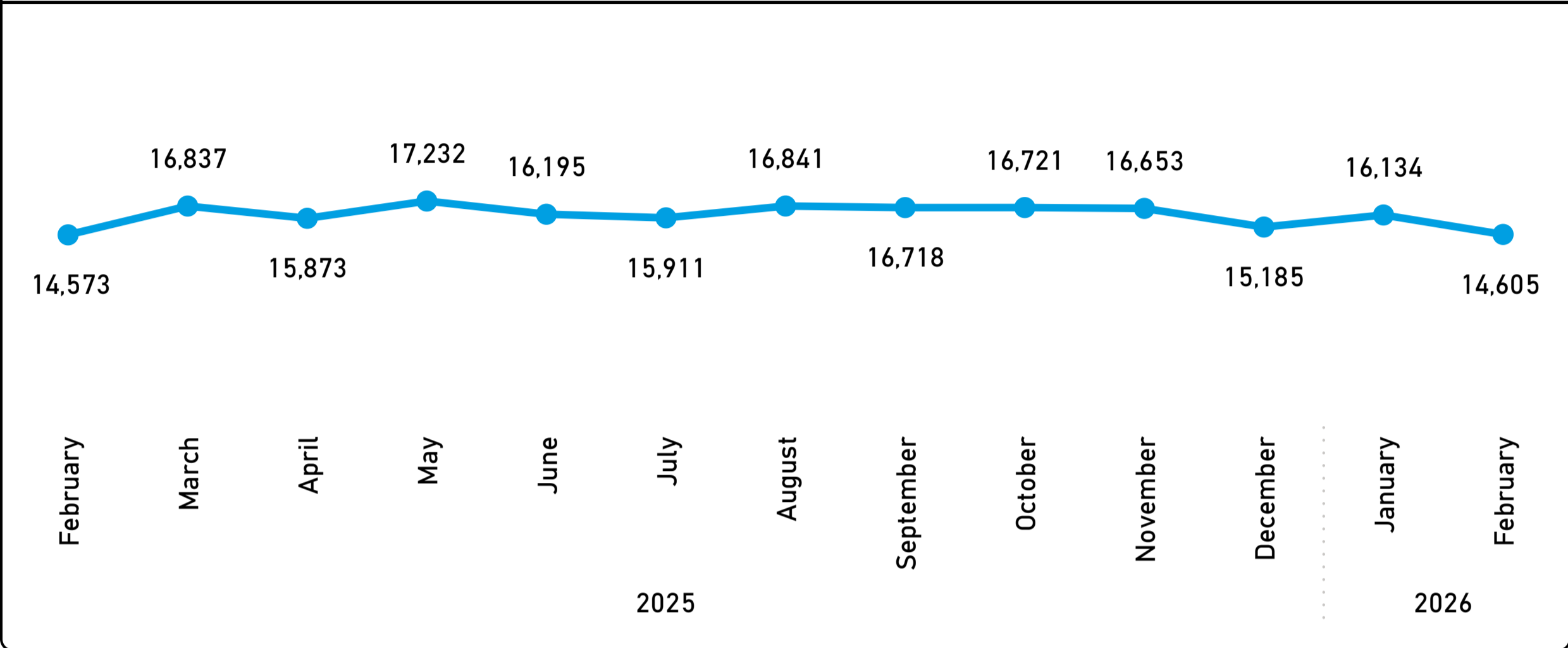
Lead Director - Chief Operating Officer
Lead Committee - Finance, Planning and Performance



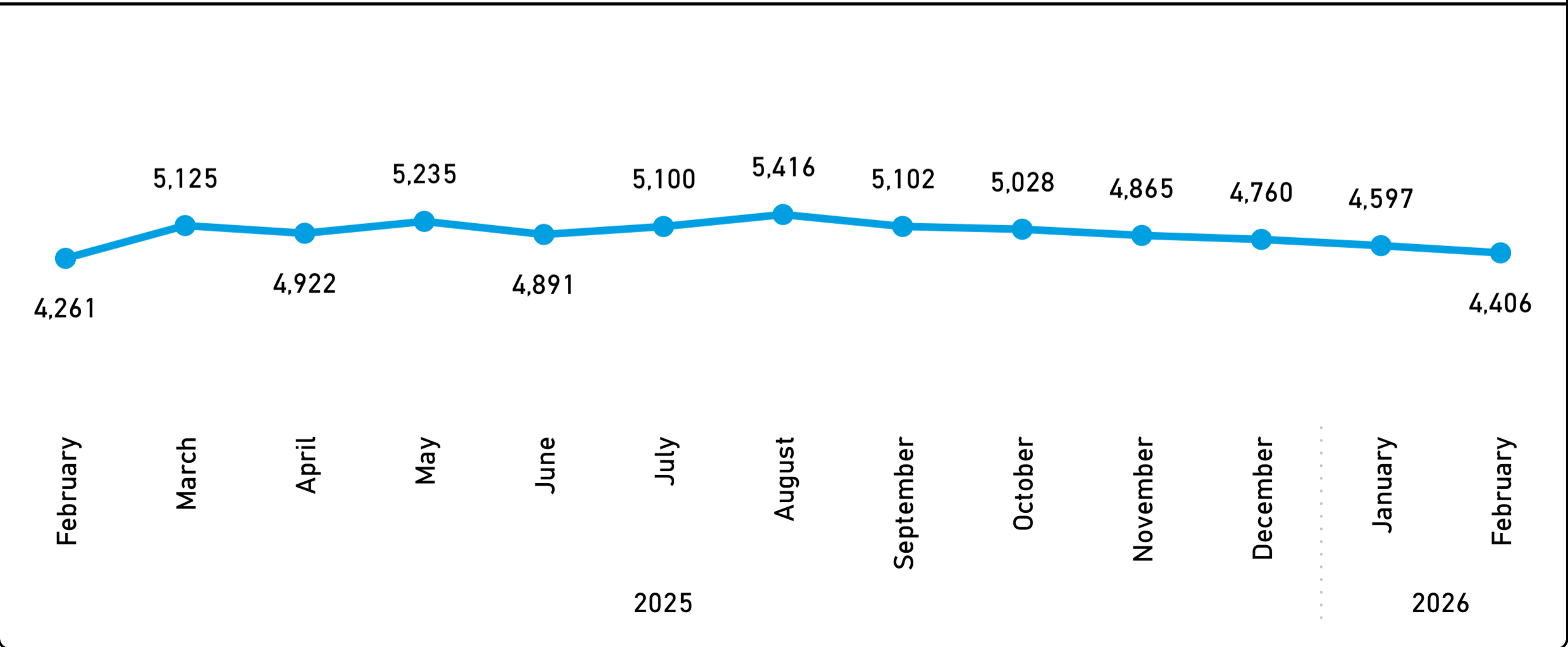
Emergency Department Attendances - West Dunbartonshire



Emergency Department Attendances - Glasgow City



Emergency Department Attendances - Other HSCPs

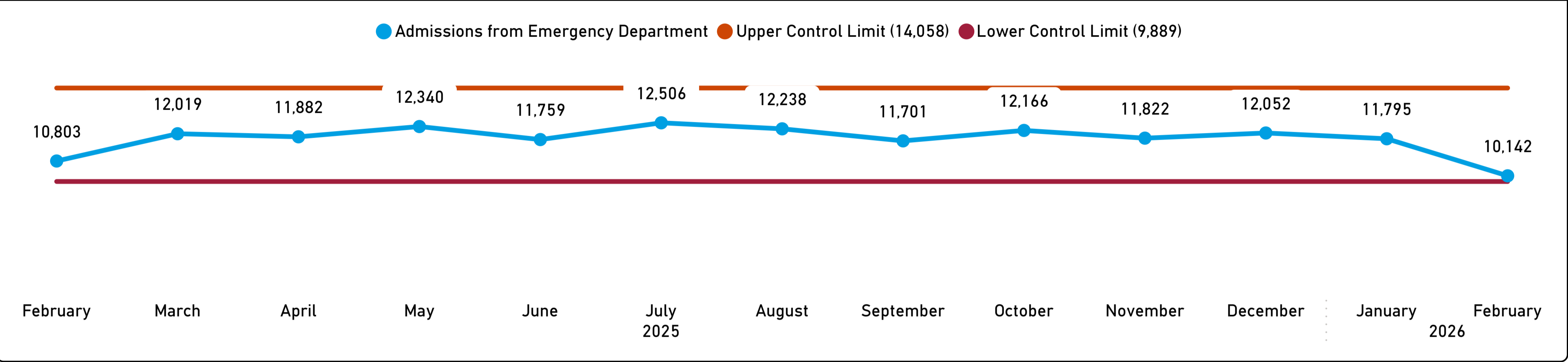


Unscheduled Care: Emergency Admissions and Length of Stay

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



ED Admissions by Month



Year to Date Admissions from ED

Trajectory 2% reduction on previous year

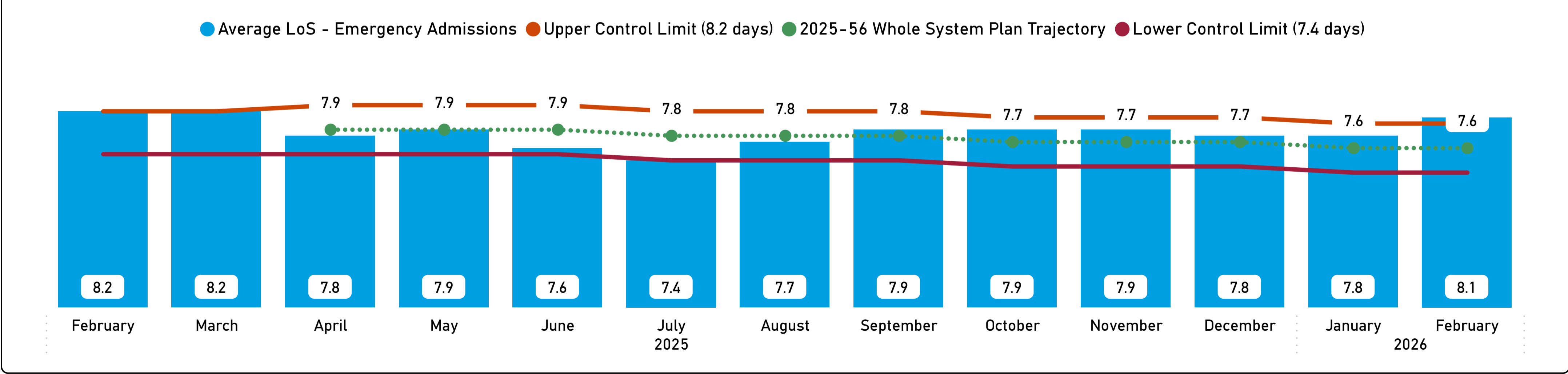
130,403

Trajectory: 130,605 (-202 -0.15%)
February 2026

Length of Stay (Emergency Admissions)

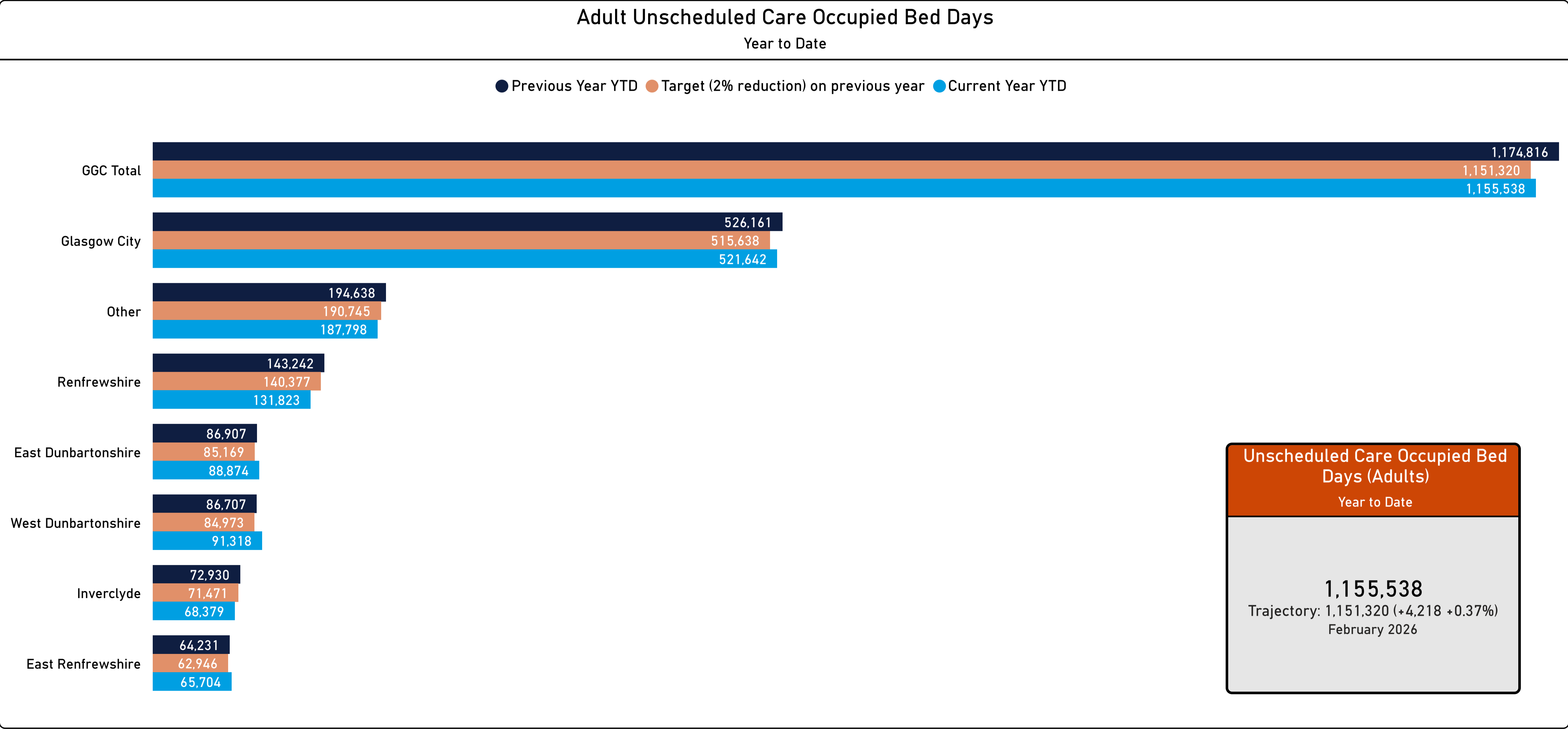
8.10
Trajectory: 7.60
(+0.50 +6.58%)
February 2026

Length of Stay (Emergency Admissions) by Month



Unscheduled Care: Adult Unscheduled Care Occupied Bed Days

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



Commentary

A total of 383,795 A&E attendances (including MIU attendances) were reported during the period April - February 2026. This is above trajectory by 11,332 (3.04%). Compliance with the ED 4hr standard improved, from 67.2% in January 2026 to 69.9% in February, but remains substantially below the local target of 85% and significantly below the national standard of 95%.

Admissions from ED are 0.15% below trajectory, however Length of Stay for emergency admissions is above trajectory by 6.58%. Unscheduled Occupied Bed Days for Adults are slightly trajectory, representing 4,218 more bed days than planned.

Service Narrative

Delivery of the Interface and Urgent Care programme continued through February 2026, focused on improving ED performance, scaling the Virtual Hospital, and delivering priority actions from the 2025/26 Operational Improvement Plan. Work is underway to assess the impact of these actions and inform priorities for 2026/27. Evaluation of System Reset 1 and 2 began in February, covering financial, performance, and staff experience, with further System Support planned ahead of Easter. Virtual and FNC+ Plus pathways continued to expand, with the Virtual Hospital peaking at 222 concurrent patients. During the month, 597 patients were managed through FNC+ Plus pathways and 709 GP Calls across North and South sectors prevented attendance at ED or MIU.

Performance improvement actions progressed during February. Discharge to Scan supported 199 discharges across all sectors, with a Discharge to Virtual Review pathway now live at QEUH. OPAT supported 172 discharges, Hospital at Home supported 45 patients, and 84 patients were managed through Call Before You Convey, avoiding ED admission. Intermediate Care Beds and Complex Care Units continued to be utilised, with impact now monitored via TrakCare.

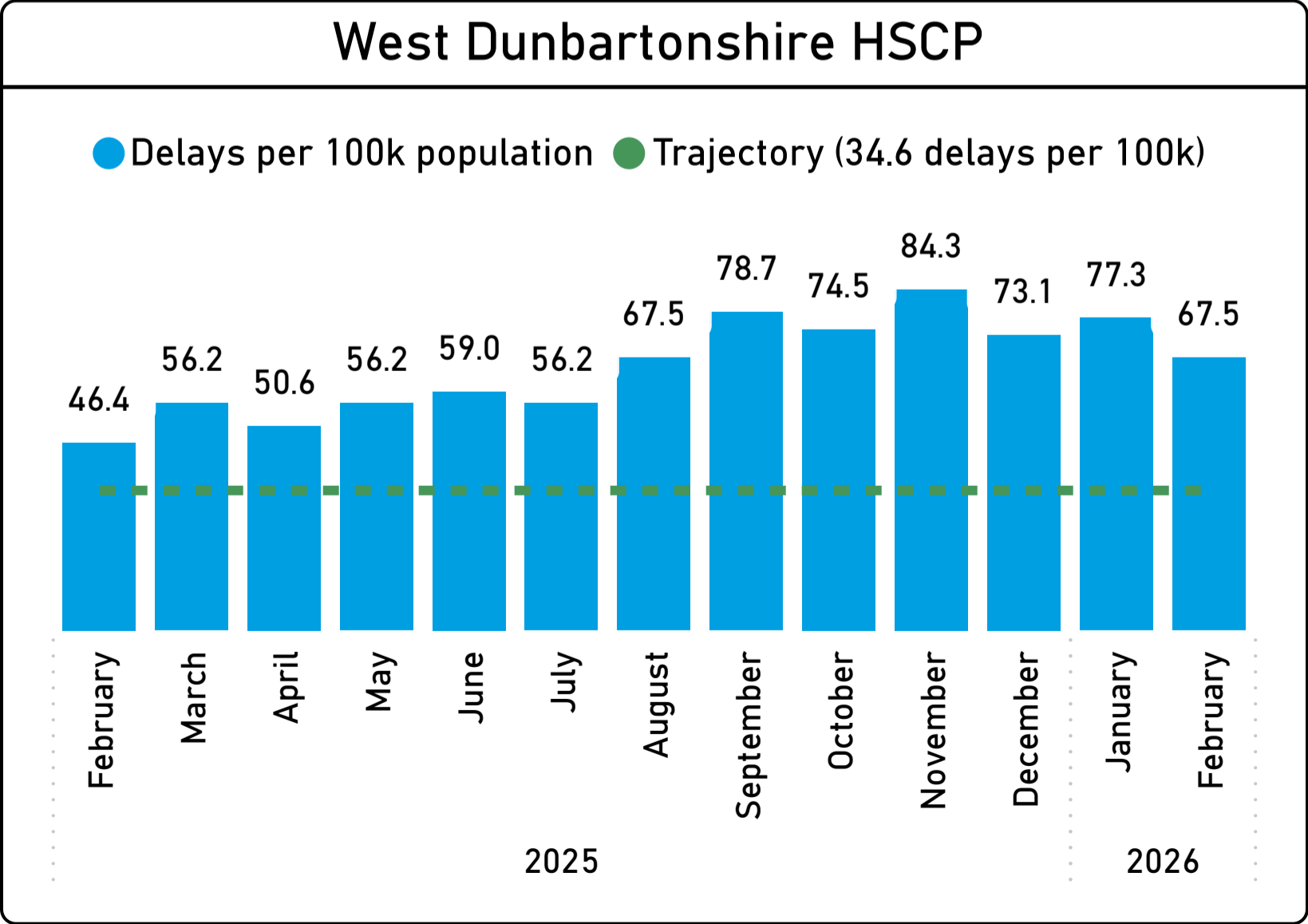
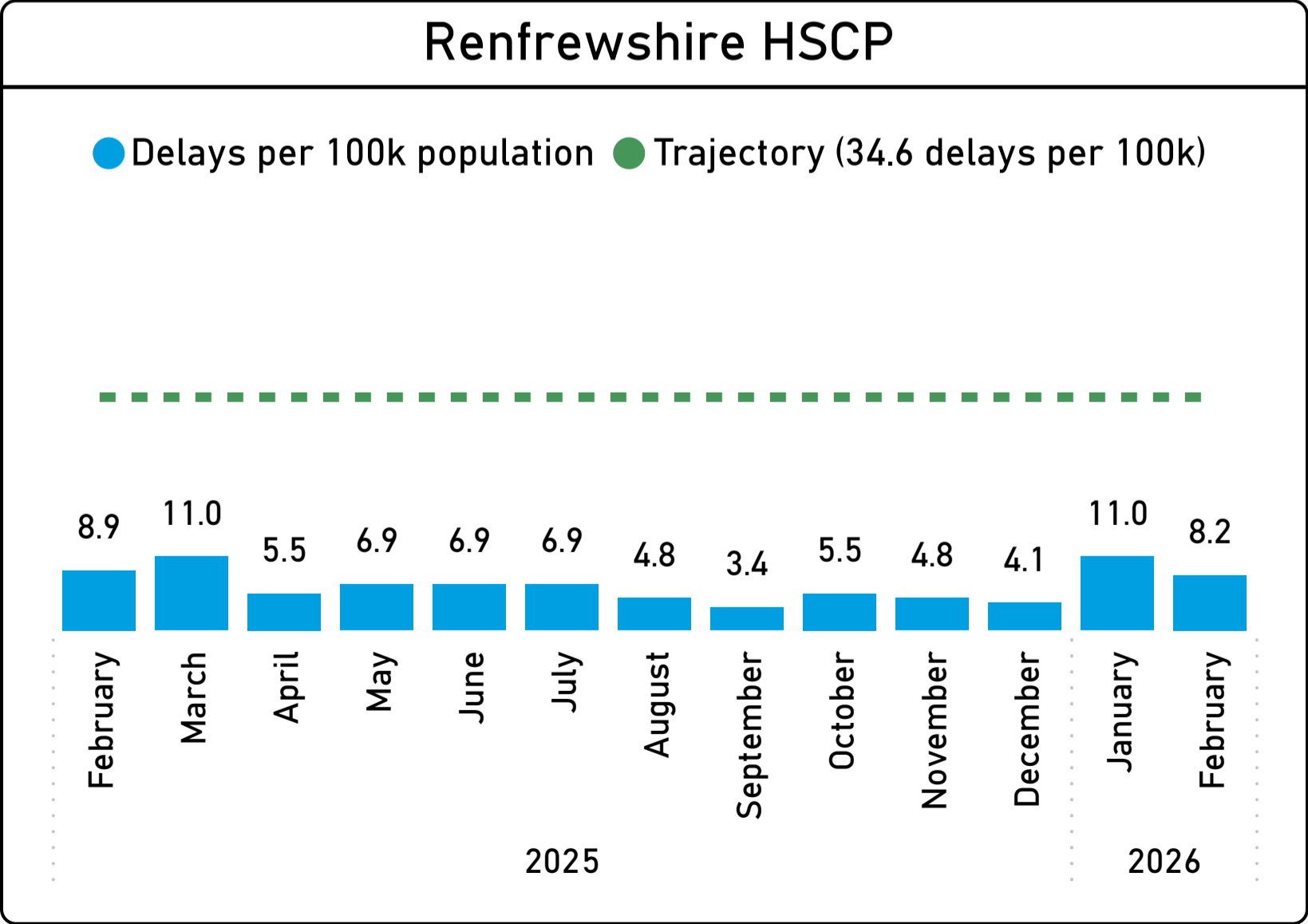
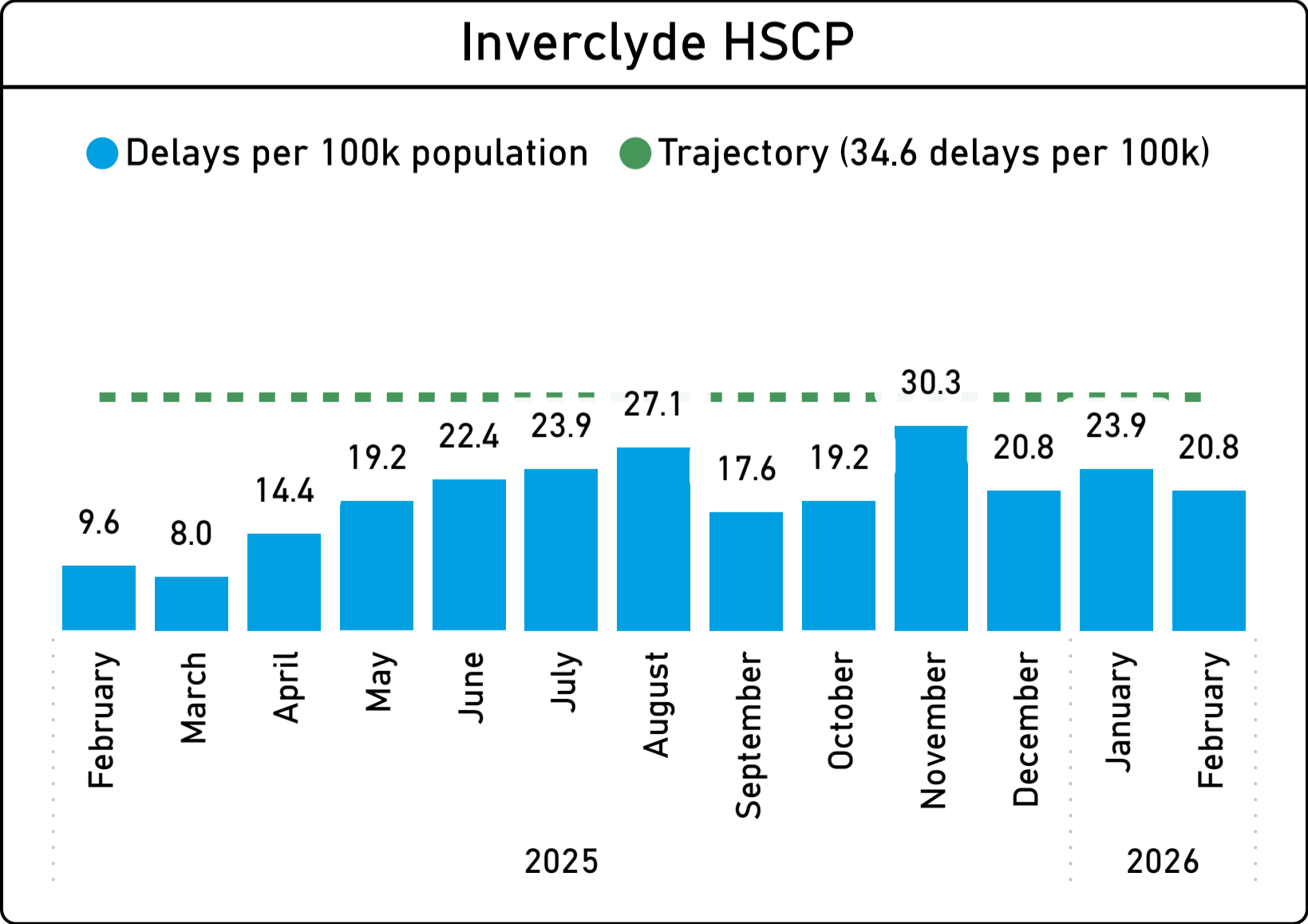
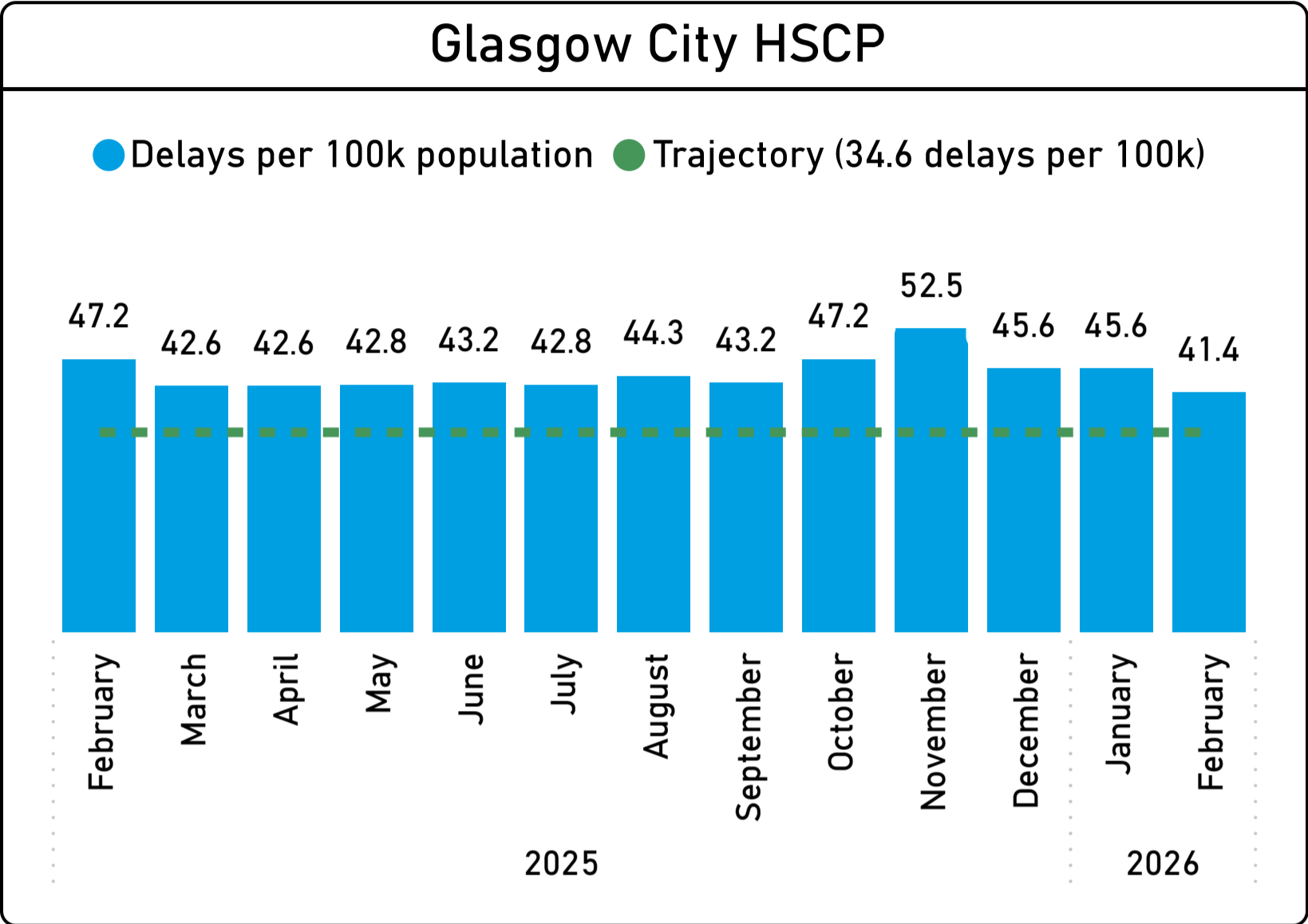
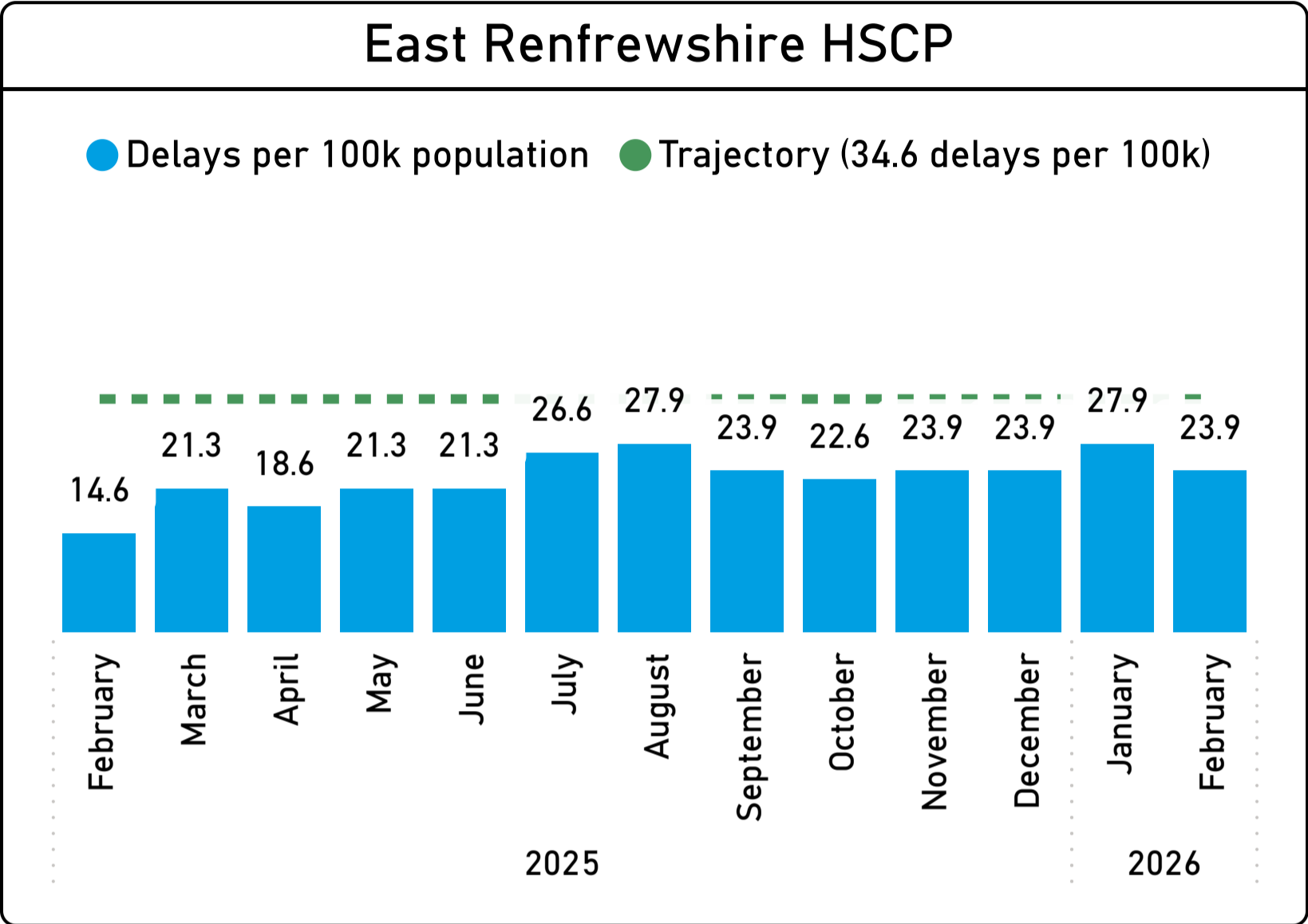
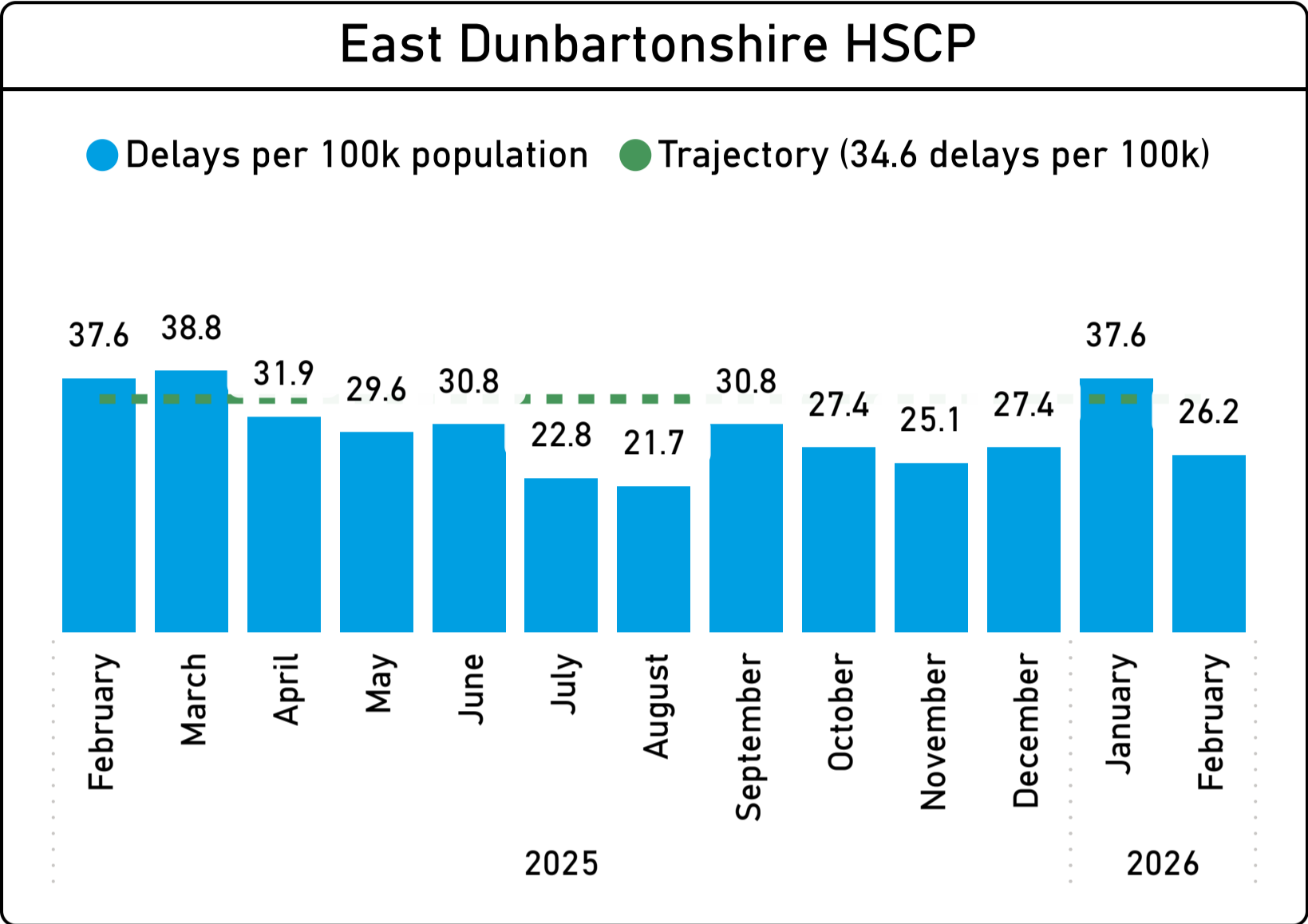
Enabling work also progressed, including completion of NHS24 Direct Access testing, review of acute thresholds and escalation action cards using predictive modelling, and planning for System Support in March. E-Triage installation dates were confirmed following resolution of capital delays, with QEUH to be installed first. Additional non-case-holding time for Senior Charge Nurses remained in place, averaging 75 hours per week. Red Cross referrals increased compared to January, recruitment continued for Hospital at Home posts, and development of Women’s Health pathways progressed following the January Hackathon.

Despite this progress, sustained high bed occupancy throughout February continued to limit flow and ED resilience, with high levels of delayed patients, particularly linked to pressures in Argyll & Bute and West Dunbartonshire. Workforce availability and recruitment timelines constrained pace of implementation, with acute physician capacity remaining the key pressure affecting further scale-up of GP Calls and the Virtual Hospital.

Plans for the coming months focus on evaluation, scale-up, and pathway expansion. The full System Reset evaluation will be shared by 31 March. FNC+ Plus and Virtual Hospital pathways will continue to scale, prioritising cardiology, respiratory, paediatrics and neonatology, general surgery, and frailty. Respiratory self-monitoring and Consultant Connect pathways are progressing, with cardiology and general surgery pathways expected to go live in March and April. RAaC pathways will commence in March, with further testing in April, alongside the start of the QUEST Coordinator role and continued rollout of E-Triage across remaining sites.

Delayed Discharge: Delays per 100,000 Population by HSCP

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



Delayed Discharge: All Patients

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



Patients in Delay - Latest Month

414

Trajectory: 316 (+98 +31%)
February 2026

Bed Days Lost - Latest Month

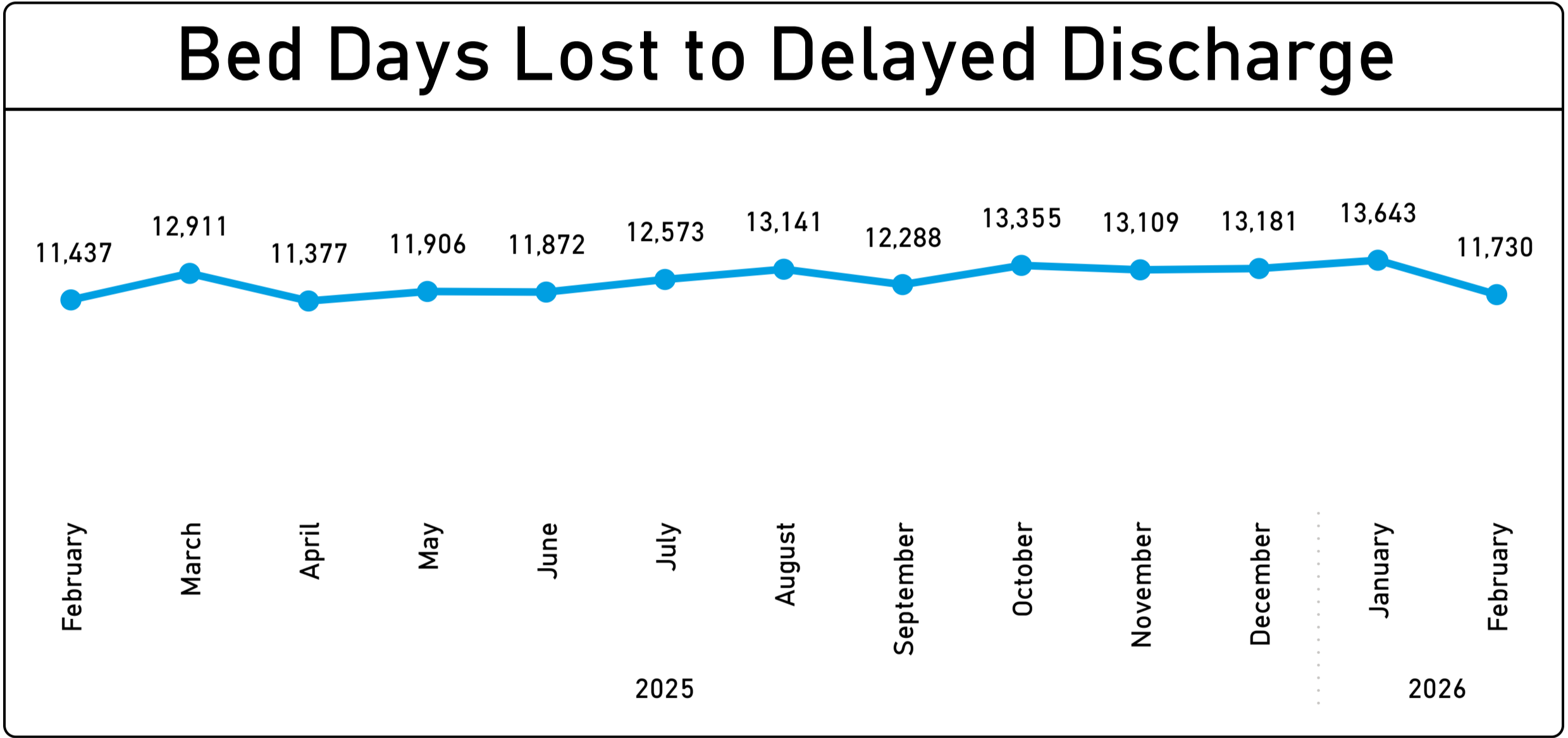
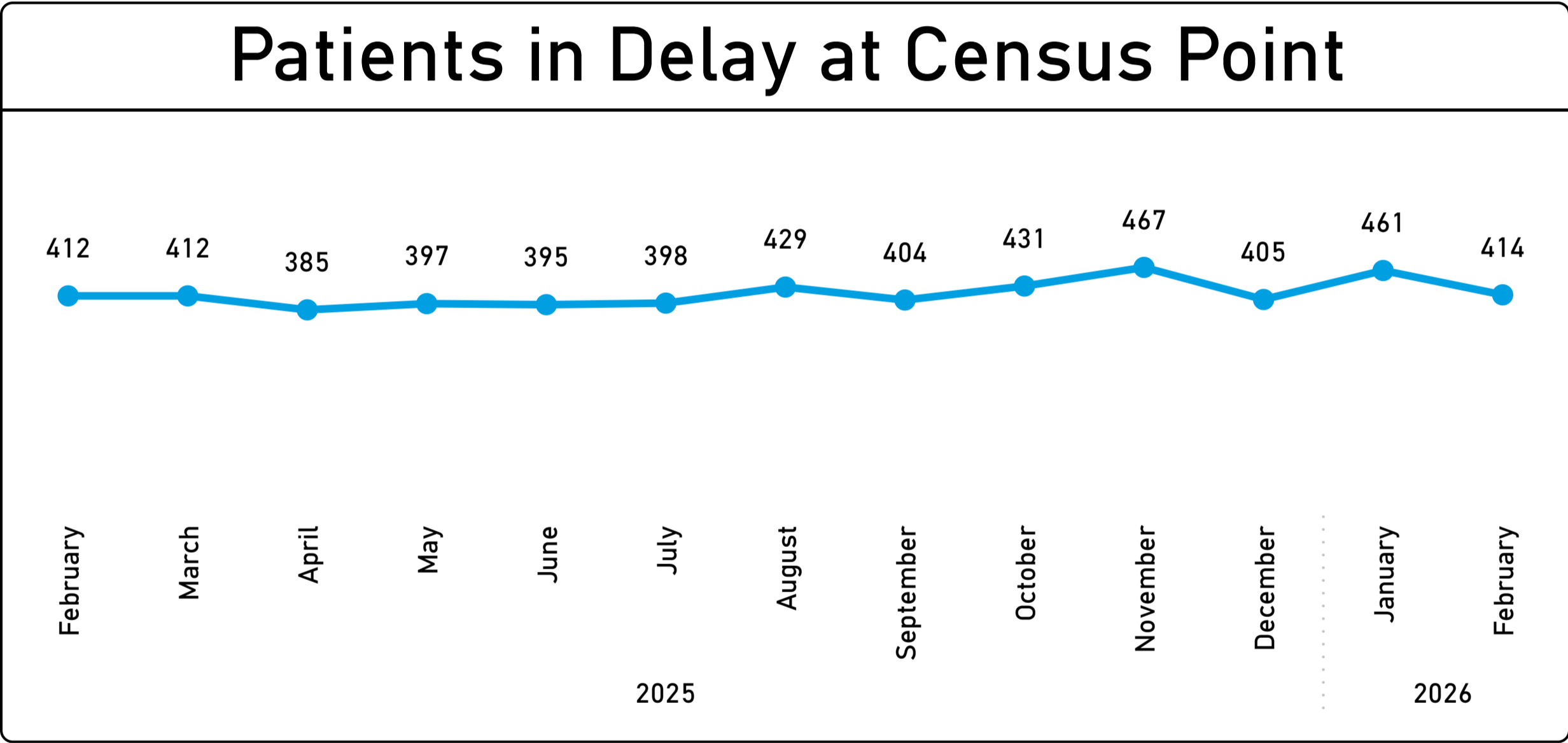
11,730

Trajectory: 9,746 (+1,984 +20%)
February 2026

Bed Days Lost - Year to Date

138,175

Previous year: 130,521 (+7,654 +5.86%)
February 2026



Commentary

Patients in Delay and Bed Days Lost at the monthly census point has gone up from the previous month. Overall, a total of 42.8 delayed discharges per 100,000 adult population were reported at the monthly census point in February 2026 across NHSGGC, an improvement on the 47.7 in January 2026, but still above the national target of 34.6 per 100,000 adults by 24%.

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

Delayed Discharge: Acute

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



Acute Patients in Delay

323

Trajectory: 258 (+65 +25%)
February 2026

Acute Bed Days Lost to Delay

9,106

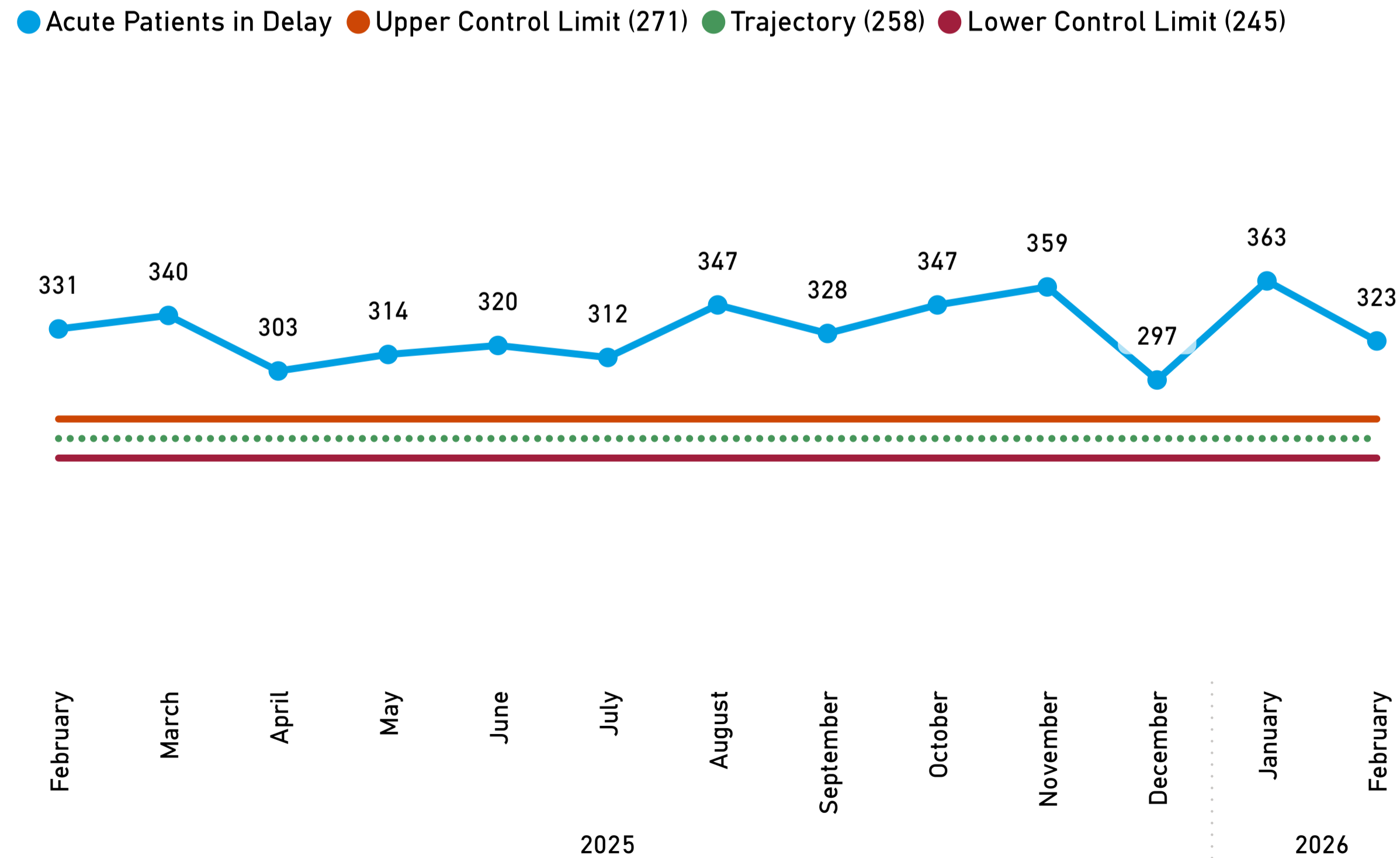
Trajectory: 7,889 (+1,217 +15%)
February 2026

Acute Bed Days Lost - Year to Date

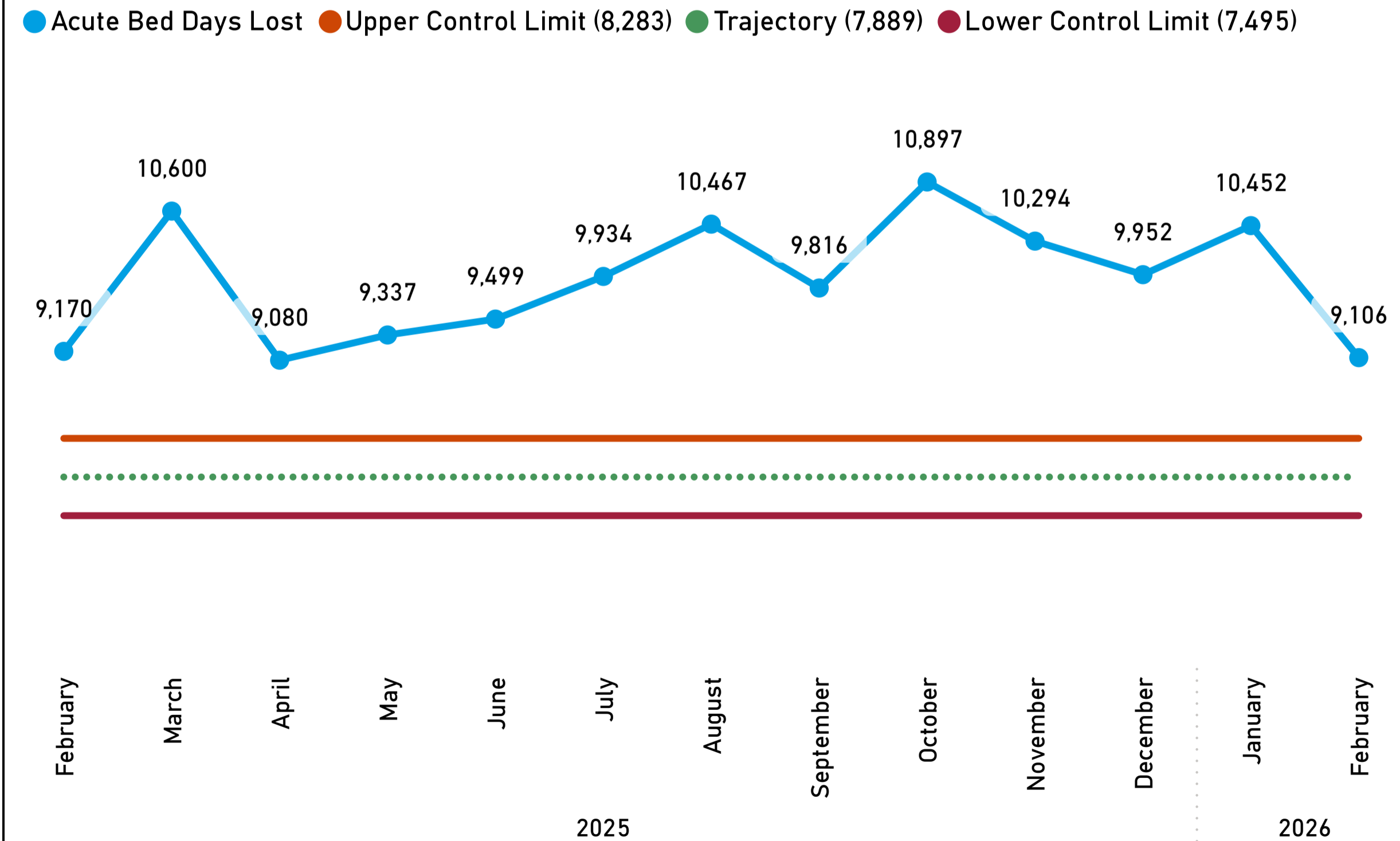
108,834

Previous year: 100,532 (+8,302 +8.26%)
February 2026

Patients in Delay at Census Point



Bed Days Lost to Delayed Discharge



Delayed Discharge: Acute (Narrative)

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

Commentary

A total of 323 Acute delayed discharges were reported at the February 2026 monthly census point, a reduction on the 363 reported in January, but still above trajectory of 258 acute delays.

9,106 bed days were lost to Acute delays in February 2026, above target by 15% or 1,217 bed days. The overall number of bed days lost to Acute delays in the year to date is 8.3% higher than at the same point last year.

Service Narrative

A coordinated programme of work continues through the Unscheduled Care Operational Improvement Plan (OIP) and under the leadership of the Director of Whole System Flow to reduce delayed discharges across NHSGGGC. NHSGGGC had a positive trajectory for delays across February 2026 - reaching 319 delays by opening of March. Significant challenge with number of Non-GGC delays continue, while AWIs have reduced from a peak of 120 to 91 on 1 March 2026

During February, work progressed across whole-system flow and discharge. A new Whole System Flow approach was developed alongside the re-launch of the Discharge without Delay group, with refreshed priorities for 2026/27. The Home First Response Service (HFRS) continued to scale up, with a seven-day rota agreed at GRI and implementation scheduled for 30 March. In the interim, QEUH has operated a seven-day service using bank and overtime shifts, while additional Clyde posts have been approved with start dates to be confirmed.

Standardised Board Round guidance was implemented across acute wards to support proactive discharge planning. The Red Cross service continued to support discharge from acute sites, receiving 21 referrals and supporting eight discharges during February, an increase on January. Evaluation of System Reset 1 and 2 is underway, with System Support, including additional staffing and enhanced whole-system working, in place between 18 and 30 March.

Targeted work continued within the Clyde sector to reduce non-GGC delays in Argyll & Bute and GGC delays in West Dunbartonshire. Additional non-case-holding time for Senior Charge Nurses was introduced to support ward flow, averaging 75 hours of supervisory time per week during February, with perceived benefits for discharge. Criteria Led Discharge implementation reached 85.2% in Clyde, 50% in the North sector, and 16.3% in the South sector, with full implementation due by June 2026.

Repurposed HSCP bids progressed during February, delivering short-term staffing and capacity uplifts across Social Work, Care at Home and Community OPAT services, with a focus on improving discharge and reducing system pressure. Additional Intermediate Care beds in East Renfrewshire were activated, and increased HFRS capacity at QEUH supported 16 discharges. The first meeting of the Whole System Flow Improvement Group took place on 18 February, with priorities to be refined in March. Winter pressures remained significant throughout February, with high occupancy across key sites and ongoing non-GGC delays, particularly linked to Argyll & Bute affecting Clyde sector sites. Care at Home capacity was reduced in some HSCTs due to staff sickness, and delivery of OIP actions remains dependent on recurrent funding for 2026/27.

Looking ahead, HFRS will continue to scale up, with recruitment ongoing and further expansion of seven-day rotas. Easter System Support will be in place, and the evaluation of both System Reset periods will be shared by the end of March. A project plan for the Whole System Flow Group will be developed, priority workstreams progressed, and recruitment to the Head of Unscheduled Care vacancy will continue. Integrated Discharge Teams are expected to be in place across all main sites by April, with continued joint working with HSCTs and focused improvement plans with West Dunbartonshire and Argyll & Bute to address delayed discharges.

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%)
February 2026

Mental Health Bed Days Lost to Delay

2,624

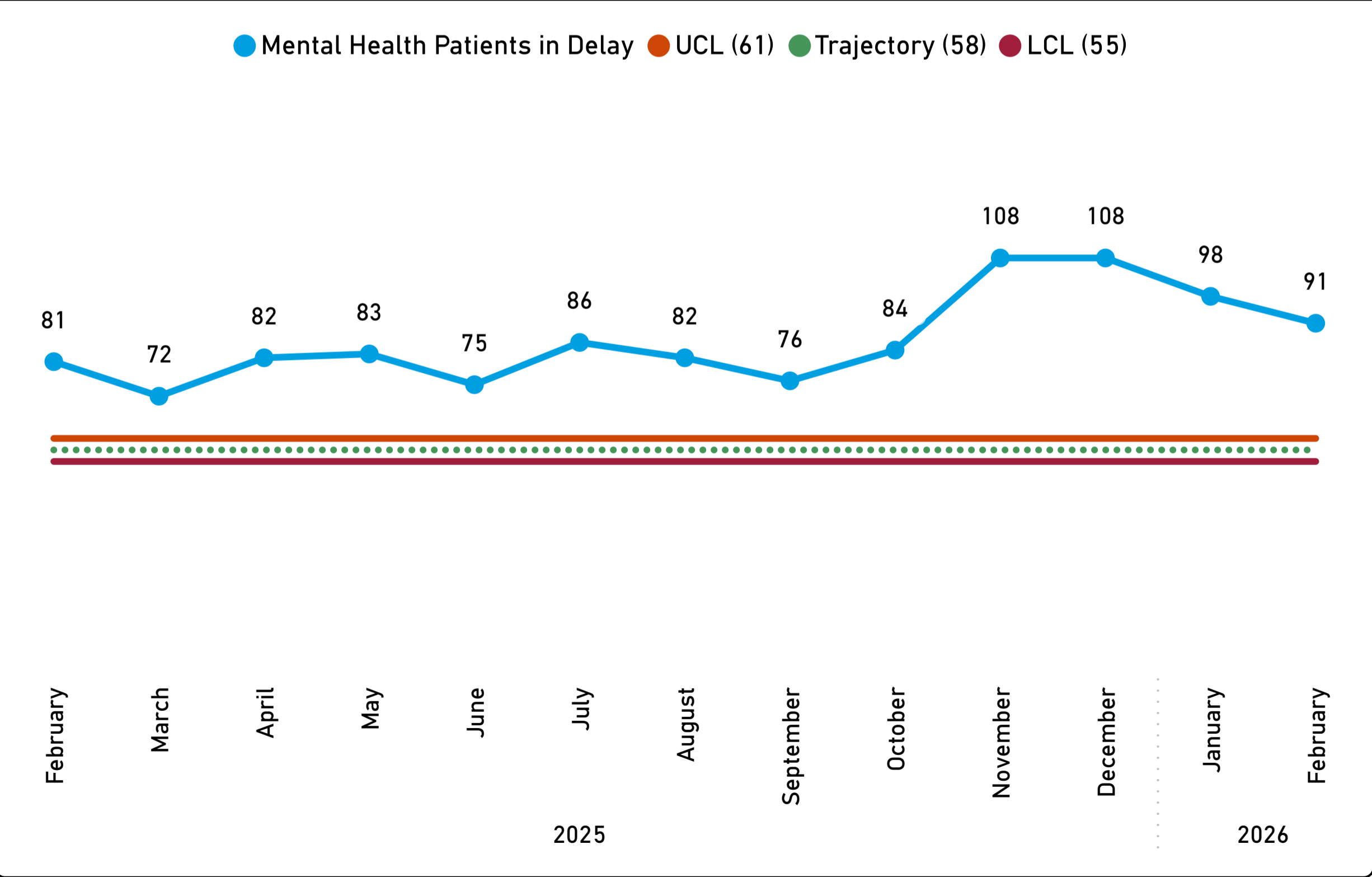
Trajectory: 1,857 (+767 +41%)
February 2026

Mental Health Bed Days Lost - Year to Date

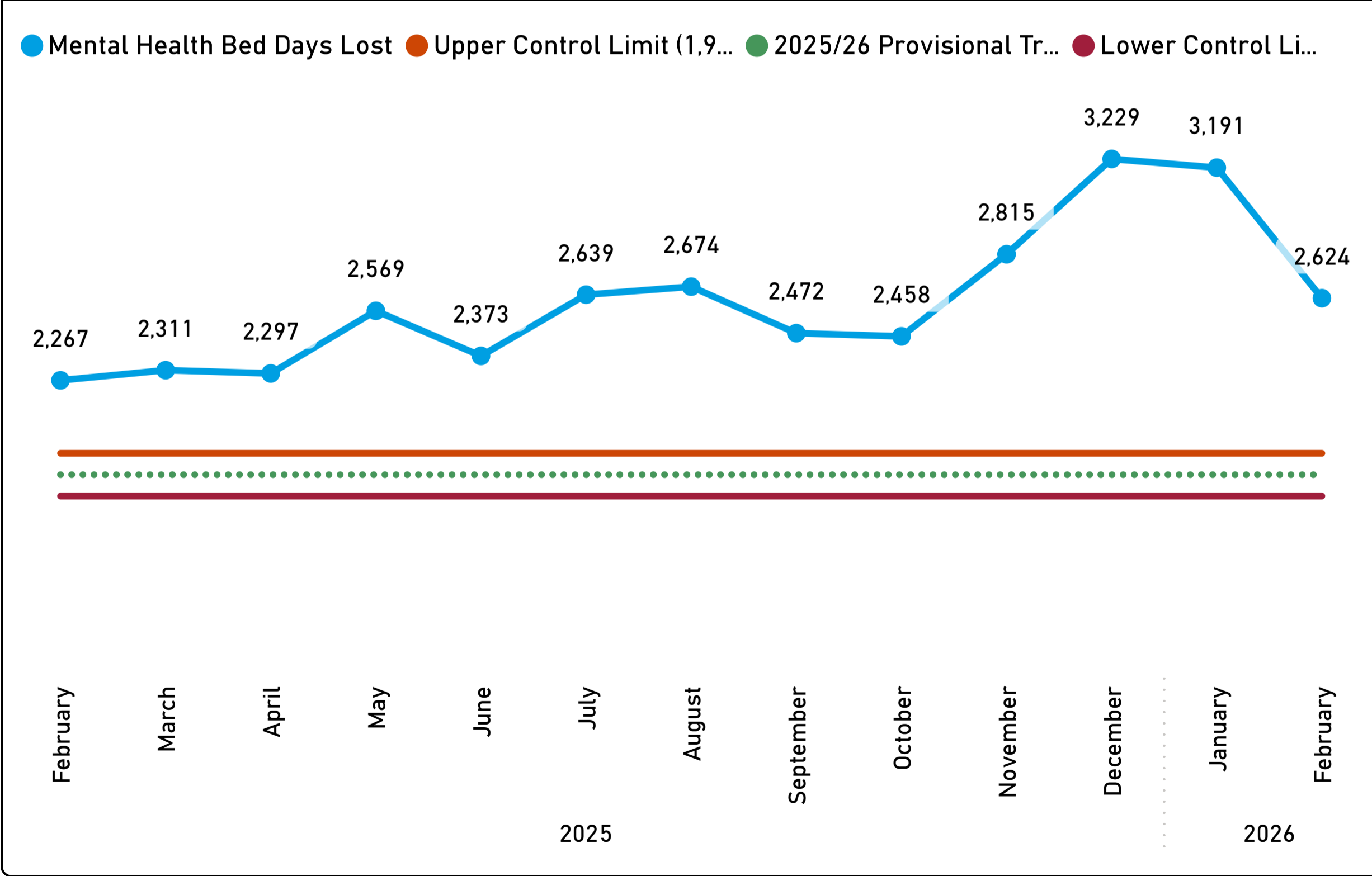
99

Previous year: 29,989 (-29,890 -99.67%)
February 2026

Patients in Delay at Census Point



Bed Days Lost to Delayed Discharge



Commentary

A total of 91 Mental Health delayed discharges were reported at the February 2026 monthly census point, down by seven from the figure reported in January 2026, although remaining above the trajectory of 58 and the figures typically seen over the past year.

2,624 bed days were lost to Mental Health delays in February 2026, above target by 41% or 767 bed days. The overall number of bed days lost to Mental Health delays in the year to date is 2.2% lower than at the same point last year.

Service Narrative

The primary issue continues to be limited availability of suitable community placements, including supported accommodation, specialist care home beds, and services able to support individuals with complex presentations, behaviours, or multi-morbidities. These pressures are present across all localities, with availability particularly tight for people with higher needs or those requiring bespoke packages of care. A further group of patients continue to require ongoing inpatient care because their needs cannot currently be met safely in the community. These individuals often have complex social circumstances, challenging risk profiles, or specialist care needs that make discharge planning significantly more difficult. As a result, the number of patients who are clinically fit but unable to leave hospital remains high, contributing to downstream pressures on inpatient flow, ward capacity and length of stay.

In addition, several cases designated as “complex” involve legal processes, guardianship applications, or multidisciplinary assessments that extend the time required to secure an appropriate community placement. These factors collectively continue to affect the HSCP’s ability to progress discharges at the pace required to reduce overall delays.

In the interim, operational actions continue to focus on strengthening discharge pathways and reducing avoidable delays:

- All delays are now actively allocated to social work staff to ensure consistent oversight and progression toward a sustainable discharge solution.
- The newly created and approved Bed Manager post is now live and will be recruited to in the coming weeks. This post will manage the admissions and delays across Glasgow sites.
- The North East pilot enabling access to clozapine without hospital admission continues to operate. This is expected to reduce admissions for treatment initiation and help free up inpatient capacity. There is work underway to plan the role out beyond the pilot site.
- Mapping is underway through the Mental Health Strategy group to look at longest stay patients and admission criteria. This work will be completed within the next three months. This will be used to address the longest delays.
- Regular joint meetings with commissioning and service managers continue to identify and secure appropriate placements, unblock pathway barriers, and progress bespoke solutions for those with complex needs.
- Operational teams are also working to improve the timeliness of assessments, explore alternative housing options, and strengthen liaison with third-sector and commissioned providers.

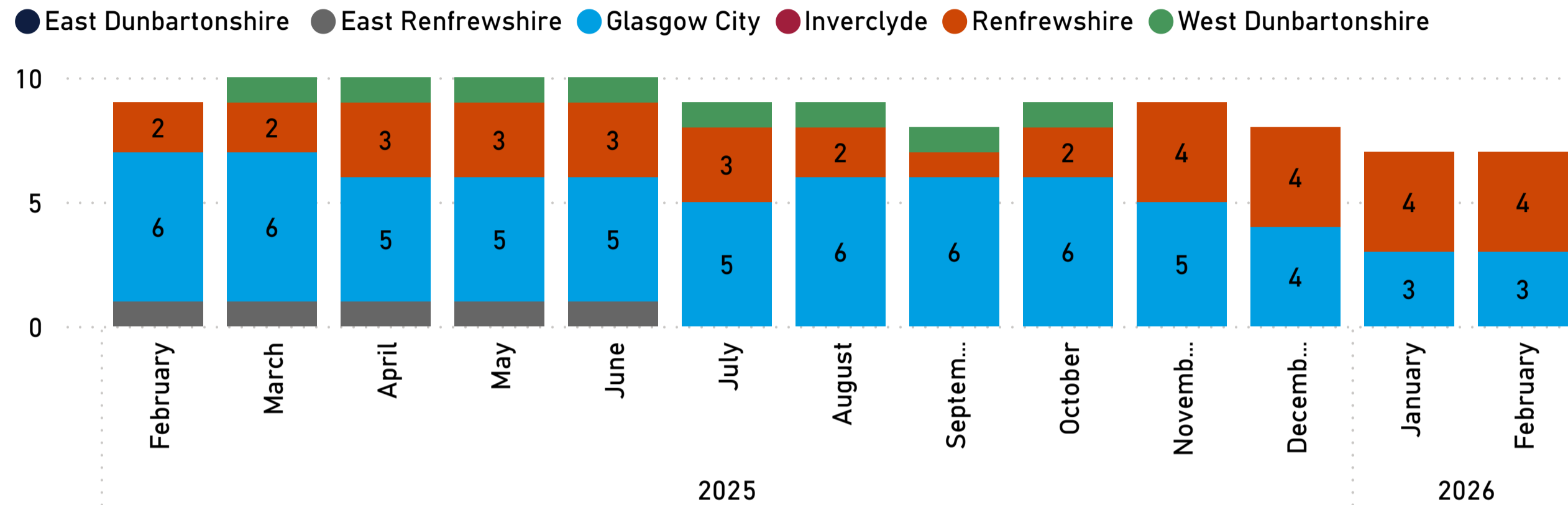
These combined actions aim to increase throughput, reduce the number of people waiting inappropriately in hospital, and support improved performance over time.

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

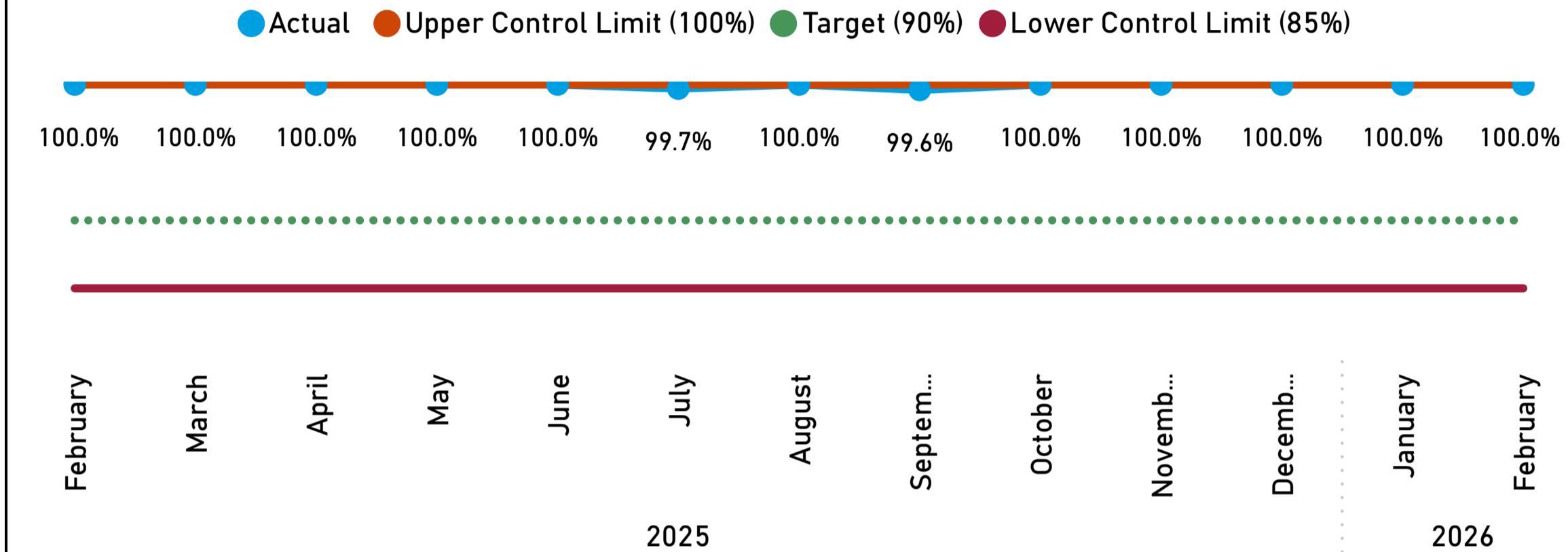
Lead Director - Chief Officer, Renfrewshire HSCP
Lead Committee - Finance, Planning and Performance



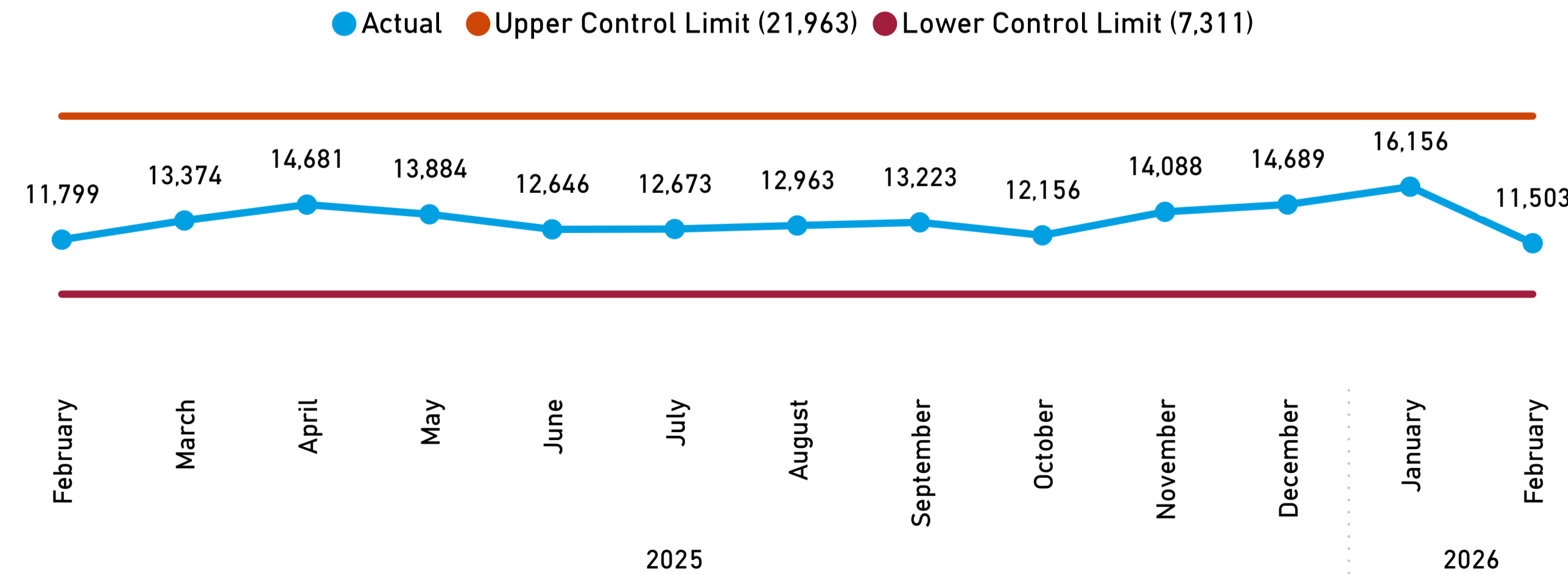
GP List Closures



GP Out of Hours - Shift Fill Rate



GP Out of Hours - Activity



GP OOH Activity - Year to Date

148,662
Previous year: 150,020
(-1,358 - 1%)
February 2026

GP OOH Shift Fill Rate

100.0%
Target: 90.0% (+10.0%)
February 2026

Commentary

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

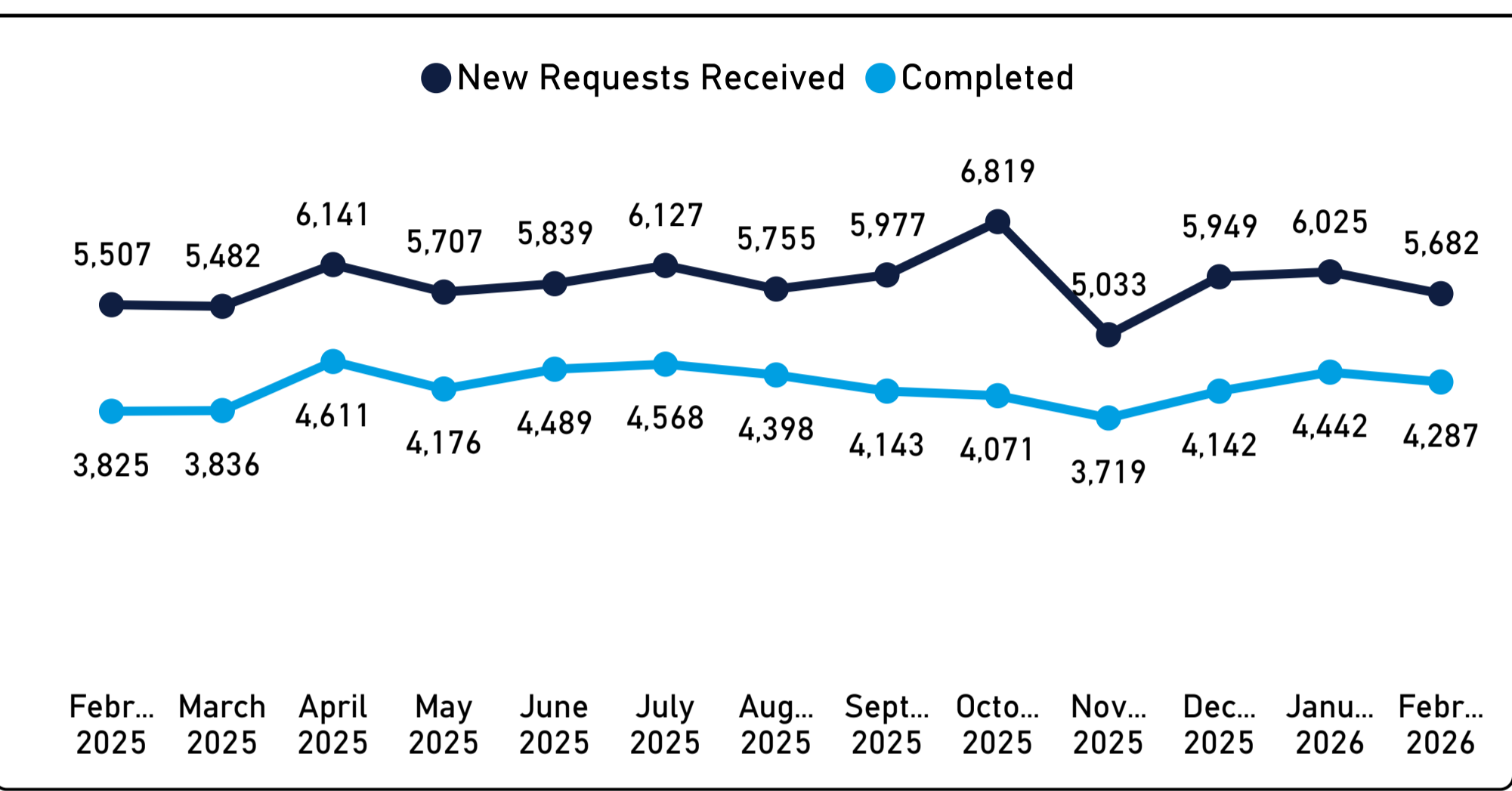
OOH shift fill rate remains high, at or close to 100% for each month of the past year, while activity levels remain consistent.

Estates and Facilities: Maintenance

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



Planned Maintenance



Planned Maintenance

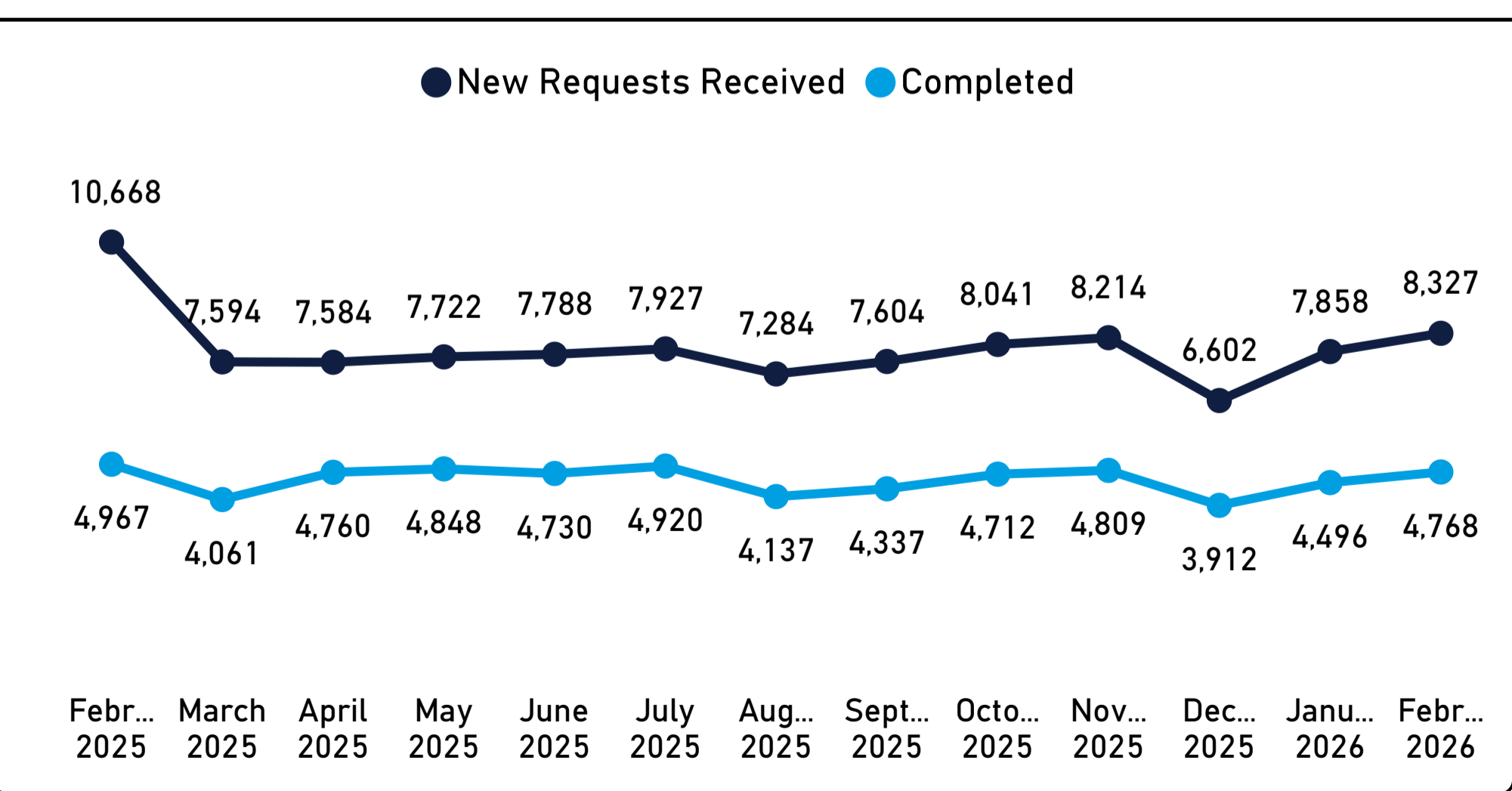
Month End	Percentage of New Requests Completed	Outstanding at Month End
February 2025	69%	4,622
March 2025	70%	5,176
April 2025	75%	5,296
May 2025	73%	4,995
June 2025	77%	4,728
July 2025	75%	4,763
August 2025	76%	3,685
September 2025	69%	4,836
October 2025	60%	8,703
November 2025	74%	5,922
December 2025	70%	5,817
January 2026	74%	1,474
February 2026	75%	1,170

Maintenance performance has remained broadly steady over the year, with both reactive and planned maintenance continuing to absorb sustained levels of demand. Reactive completion rates have remained stable at around 58–62%. Outstanding work at month-end has increased slightly in February 2026, but remains significantly lower than the high of over 12,000 in December. Planned maintenance backlogs have also reduced further, down to 1,170 in February 2026, from 1,474 the previous month. These reductions indicate that teams are clearing the oldest waiting requests at a higher rate in 2026 than in the previous year.

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

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

Reactive Maintenance



Reactive Maintenance

Month End	Percentage of New Requests Completed	Outstanding at Month End
February 2025	47%	9,651
March 2025	53%	10,805
April 2025	63%	10,624
May 2025	63%	8,114
June 2025	61%	10,421
July 2025	62%	8,716
August 2025	57%	9,182
September 2025	57%	9,332
October 2025	59%	10,574
November 2025	59%	11,737
December 2025	59%	12,553
January 2026	57%	3,018
February 2026	57%	3,201

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

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

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



Areas Audited
Cleaning and Disinfection Procedures
Management and Competency
New Build and Refurb Capital Projects
On Going Water Treatment
Risk Assessment
Schematic Drawings
Task Completion
Water Safety Group
Written Scheme Monitoring and Records

Authorising Engineer Comments
“A summary of the current situation with regard to the water systems at the QEUH/RHC hospital is that the delivery of the Estates Department controlled required risk reduction processes and procedures is being well delivered and is being constantly monitored”.
“The level of knowledge and understanding of the onsite Estates’ staff is extremely high and a diligent approach is taken to ensuring that the water systems are operated in a manner required to deliver high quality risk reduction processes and procedures”.

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

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

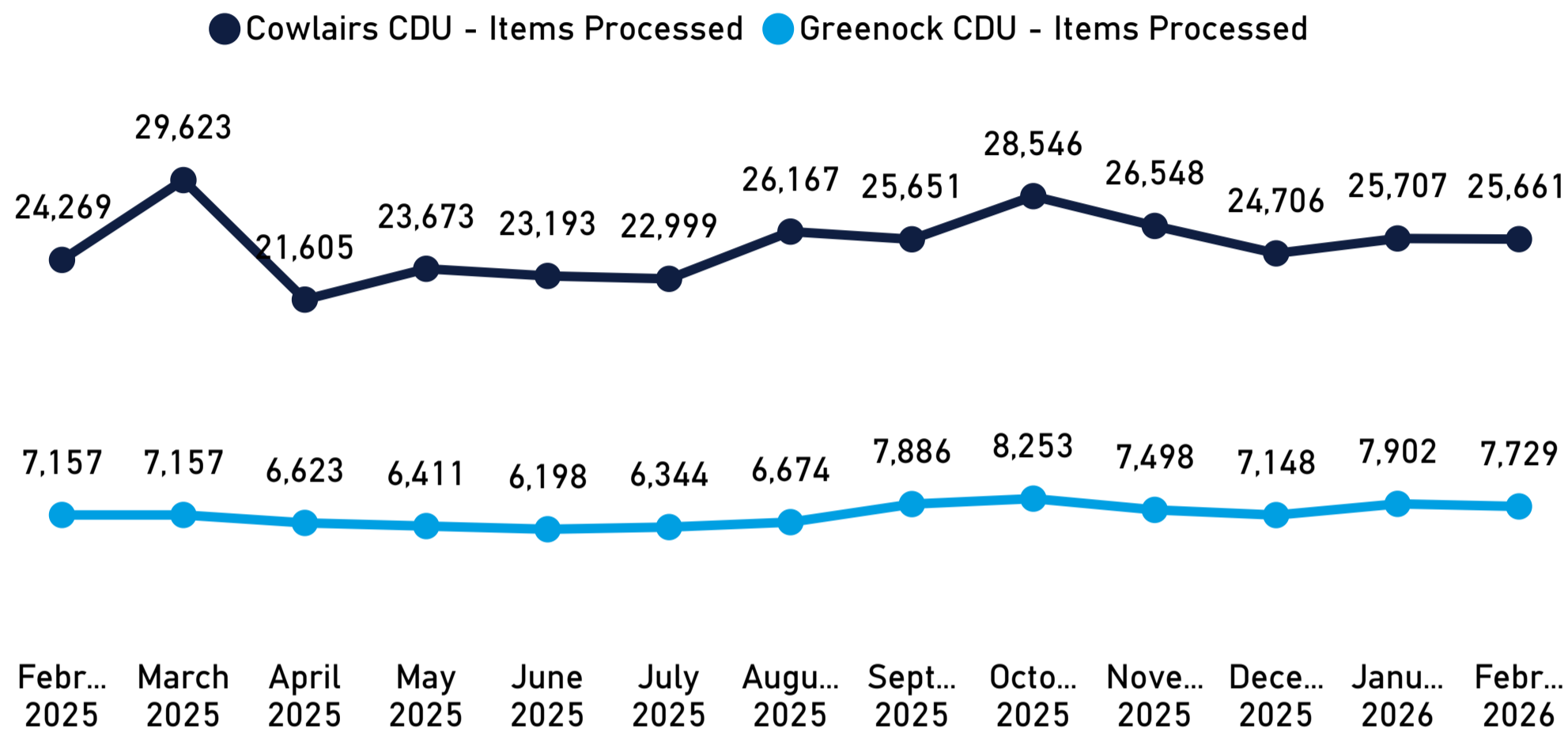
Authorising Engineer Comments
“Progress has been slow but in a positive direction since the previous audit. There has been a change of staff and it will take a little time for those new in role to see progress but I have no concerns”.
“610 Permits to Work were issued since the previous audit demonstrating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

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

Estates and Facilities: Decontamination, Laundry and Meals

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

Central Decontamination Unit Activity



CDU Turnaround Time (hours)

Month End	Cowlairs	Greenock
February 2025	42.0	19.7
March 2025	26.0	19.0
April 2025	26.5	17.9
May 2025	30.8	16.0
June 2025	28.3	18.3
July 2025	27.1	23.8
August 2025	34.5	27.5
September 2025	30.8	24.0
October 2025	29.6	18.3
November 2025	29.2	22.2
December 2025	31.5	22.6
January 2026	33.1	23.3
February 2026	25.8	20.5

Laundry

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

Patient Meals - Catering Provision

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

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

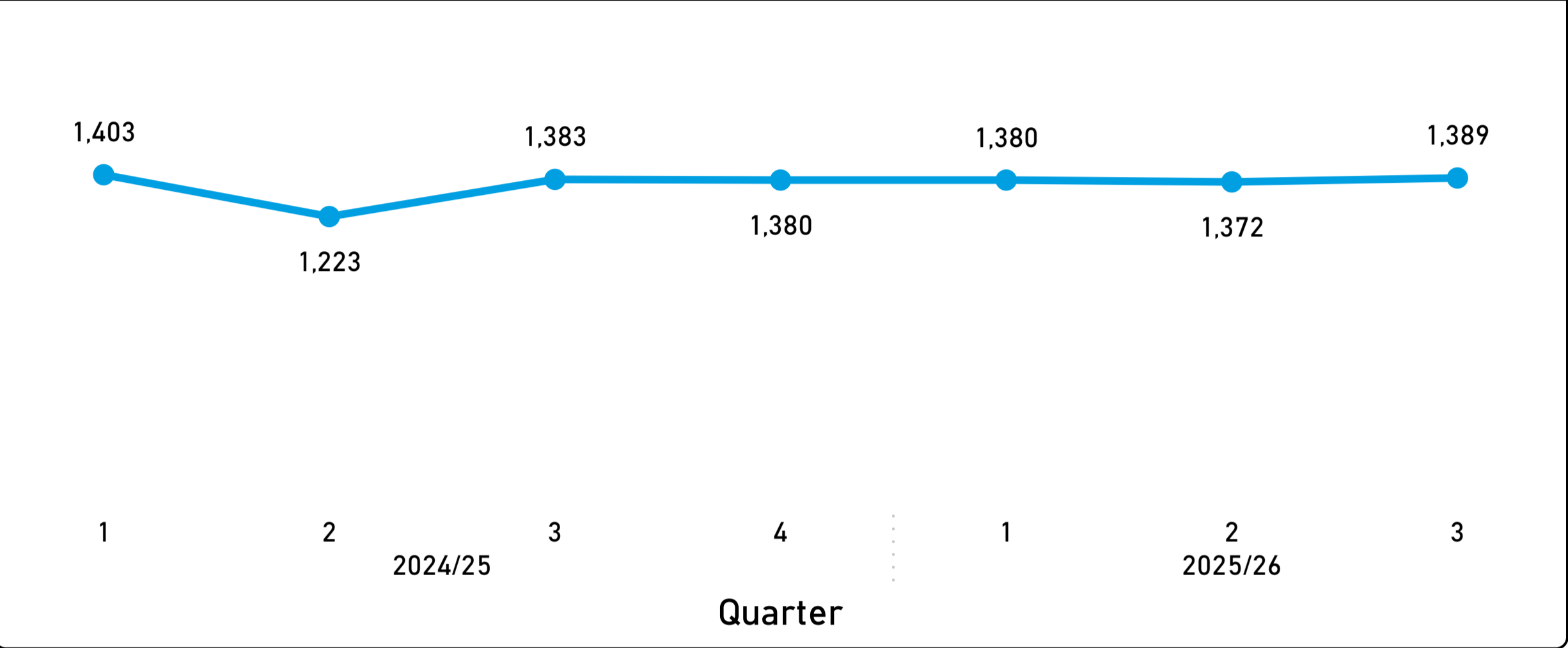
The Central Laundry, located at Hillington Industrial Estate, continues to provide a core linen service to more than 50 sites across NHS Greater Glasgow and Clyde and partner Boards. The service operates at significant scale and remains essential to supporting acute, community and specialist clinical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

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

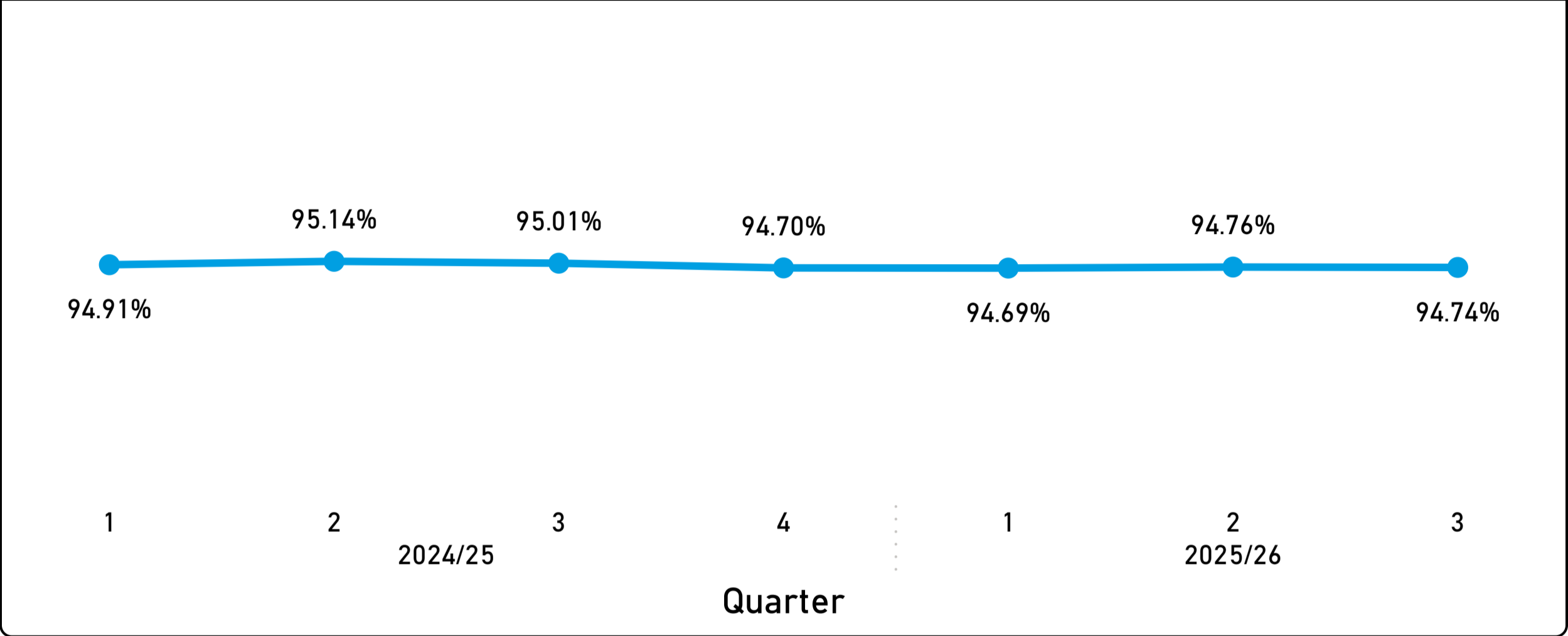
Estates and Facilities: Quality Assurance Internal Audits

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

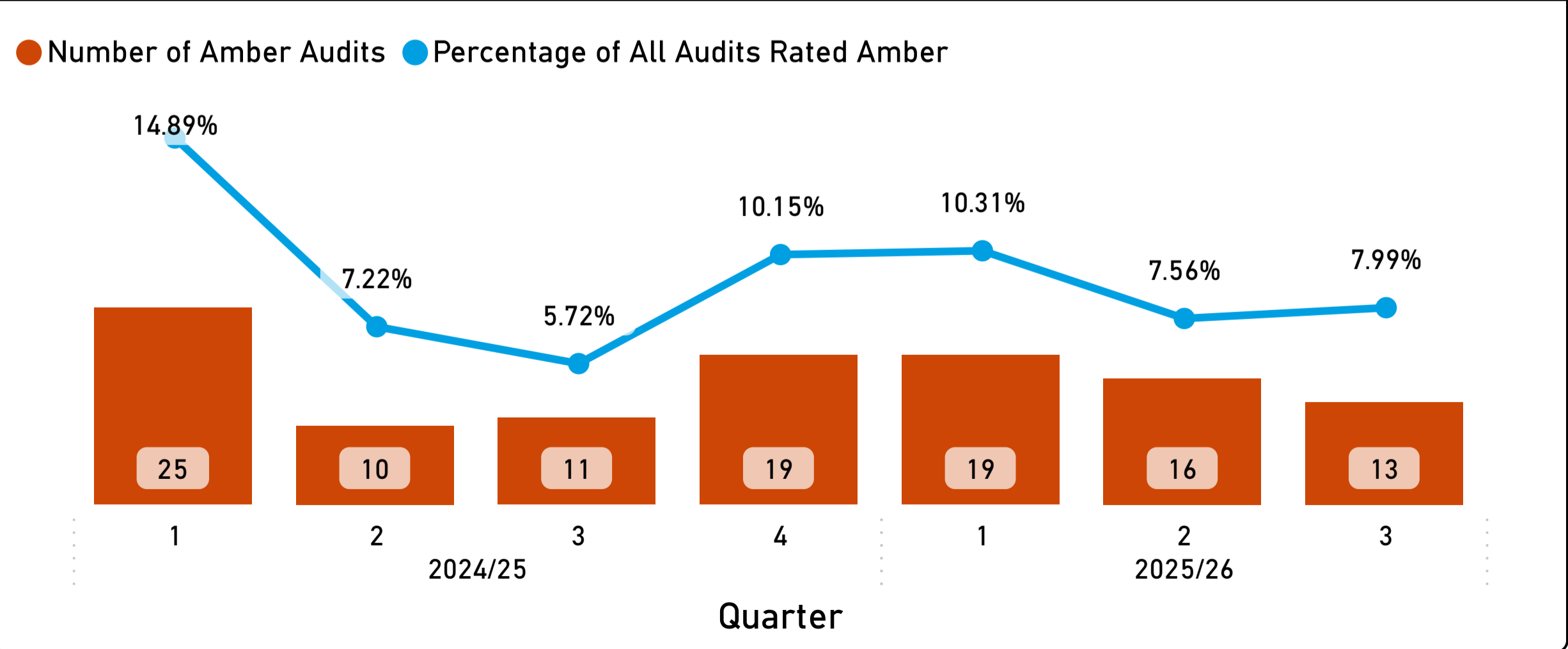
Number of QA Internal Audits Carried Out per Quarter



Average QA Score per Quarter



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



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

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

Revenue Financial Performance

NHSGGC recorded a cumulative deficit of **-£1.2m** at Month 11 (**-£3.9m** at Month 10). Acute is overspent by **-£65.2m** and Corporate Departments are underspent by £63.9m.

Combined Partnerships have a nil underspend after transfers to their reserves. At Month 11, a break-even position is being forecast for NHSGGC. This position is largely driven by non-recurring measures and a significant recurring deficit is being carried into 2026/27

Area	Pay / Non-Pay	Unachieved Savings	Total
Acute Division	-£24,313,724	-£40,853,801	-£65,167,525
Corporate Departments	£80,645,017	-£16,705,953	£63,939,064
HSCPs	£4,657,016	-£4,657,016	£0
Total	£60,988,309	-£62,216,771	-£1,228,462

Sustainability and Value

On an in-year basis, £152.0m or 69.86% of the £217.8m overall financial challenge has been delivered as of Month 11. On a recurring basis £29.8m or 31.8% of the £93.7m recurring target has been achieved

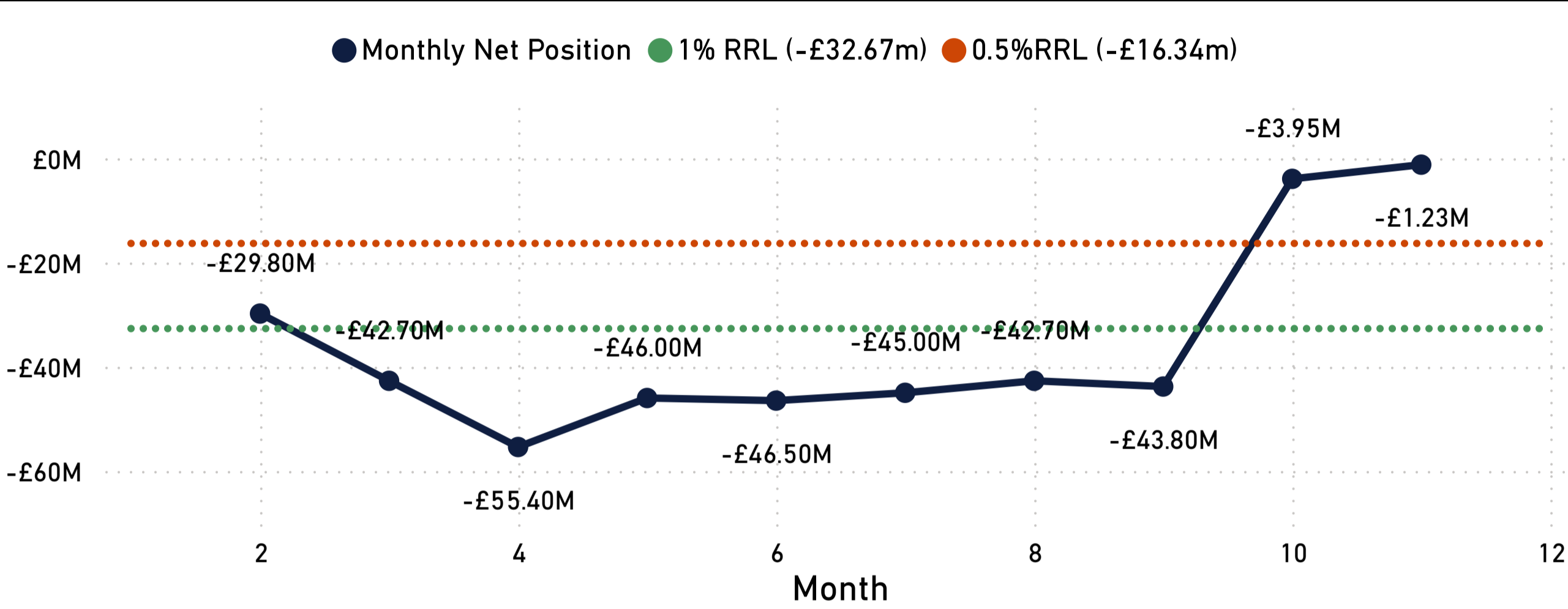
Based on the position to Month 11, the current rate of project identification and pipeline growth will not be sufficient to address the required levels of 2025-26 savings. As such other non-recurring initiatives are being deployed to improve the financial position and continue to target a break-even position

Capital Position

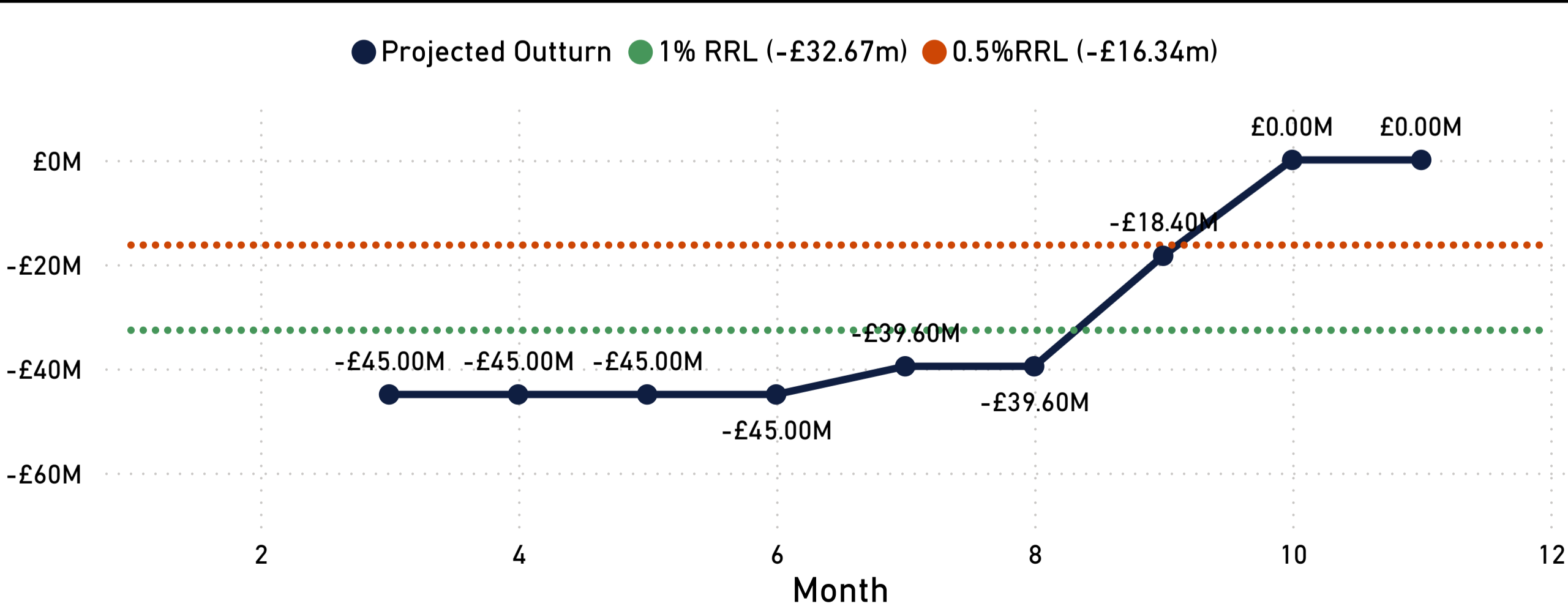
Total capital expenditure incurred to month 11 is £57.5m. This amounts to 64% of the capital budget (of £89.9m), leaving a balance of £32.4m to be incurred to 31 March 2026.

At Month 11, £89.9m (100%) of the total capital allocation has firm orders or incurred spend, as such NHSGGC is currently forecast to utilise the overall Capital Plan funding of £89.6m by 31 March 2026

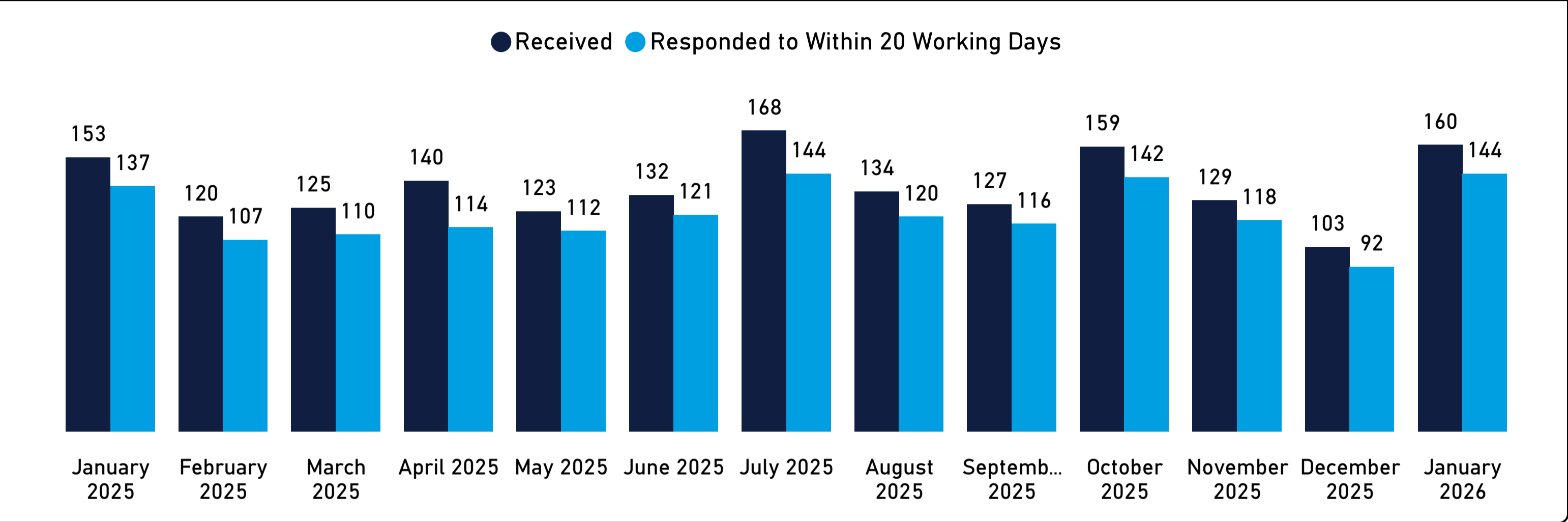
2025-26 NHSGGC Monthly Financial Performance Trajectory



2025-26 NHSGGC Monthly Year End Forecast



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

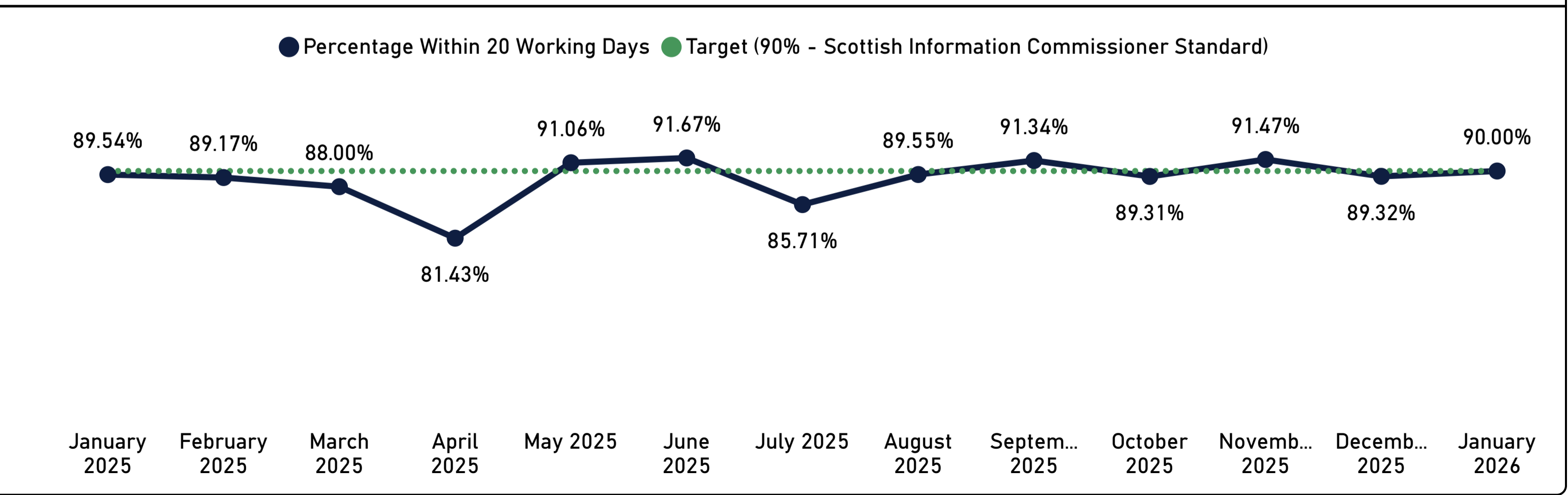


FOI performance is reported one month in arrears, to allow sufficient time for cases to close and ensure accurate reflection of monthly performance.

FOI performance in January 2026 remained strong, with 144 of 160 requests (90%) responded to within target timescales. This continues the Board’s pattern of performance over the past year, reflecting a stable and well-embedded FOI process capable of sustaining performance across varying levels of demand. The total number of requests in January 2026 was at the higher end of the numbers seen throughout the year, and so maintaining performance above 90% demonstrates a continued focus on timeliness and operational reliability.

Across the wider year, FOI performance shows a clear pattern of resilience despite variation in demand. July 2025, which recorded the highest volume of requests (168), saw a noticeable dip in on-time performance to 85.71%, reflecting the impact of exceptional month-end pressure. However October 2025 and January 2026 were the next-highest month (159 and 160 requests respectively), and demonstrated a far less pronounced effect on compliance, with 89.31% and 90% of requests responded to on time. This comparison suggests that while high volumes can challenge capacity, the FOI process generally absorbs increased workload well, maintaining strong performance across most months.

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



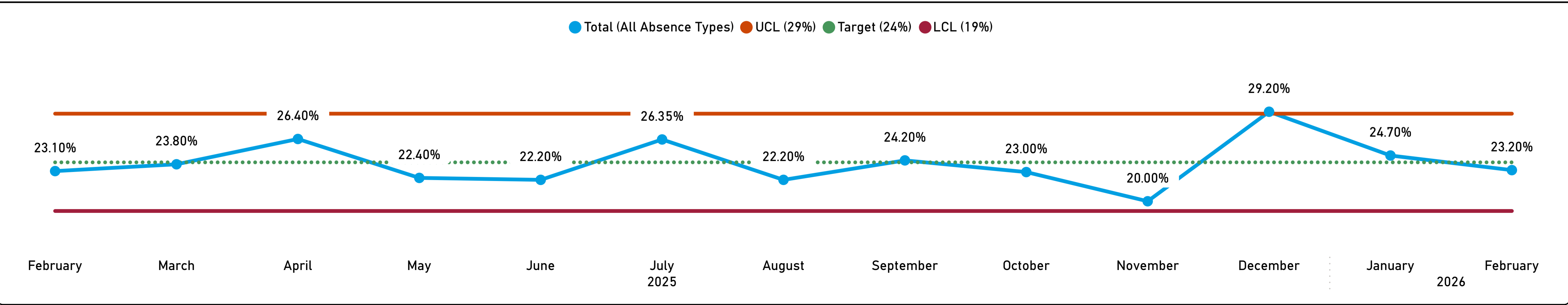
All Absence Types

Date	Sickness	Annual Leave	Public Holiday	Maternity	Paternity	Parental	Study	Other	Total (All Absence)	Target (all absence)
February 2025	7.5%	11.40%	0.10%	2.10%	0.00%	0.20%	0.40%	0.40%	23.10%	24.00%
March 2025	6.9%	12.80%	0.10%	2.10%	0.00%	0.10%	0.50%	0.40%	23.80%	24.00%
April 2025	7.1%	10.60%	4.40%	2.30%	0.00%	0.20%	0.40%	0.40%	26.40%	24.00%
May 2025	6.8%	9.40%	2.20%	2.20%	0.00%	0.10%	0.40%	0.40%	22.40%	24.00%
June 2025	7.1%	10.90%	0.00%	2.20%	0.00%	0.20%	0.40%	0.40%	22.20%	24.00%
July 2025	7.4%	14.60%	0.00%	2.30%	0.00%	0.40%	0.20%	0.50%	26.35%	24.00%
August 2025	7.0%	11.10%	0.00%	2.10%	0.00%	0.50%	0.20%	0.40%	22.20%	24.00%
September 2025	7.7%	10.70%	1.70%	2.70%	0.00%	0.10%	0.50%	0.40%	24.20%	24.00%
October 2025	7.8%	10.60%	0.00%	2.40%	0.00%	0.30%	0.40%	0.40%	23.00%	24.00%
November 2025	7.7%	8.10%	0.00%	2.20%	0.00%	0.10%	0.50%	0.40%	20.00%	24.00%
December 2025	8.8%	11.70%	4.60%	2.40%	0.00%	0.20%	0.30%	0.40%	29.20%	24.00%
January 2026	7.9%	8.20%	4.60%	2.20%	0.00%	0.10%	0.20%	0.40%	24.70%	24.00%
February 2026	7.7%	11.10%	0.10%	2.20%	0.00%	0.20%	0.30%	0.40%	23.20%	24.00%

Total Absence
(All Absence
Types)

23.20%
Local Target: 24.00% (-0.80%)
February 2026

All Absence Types

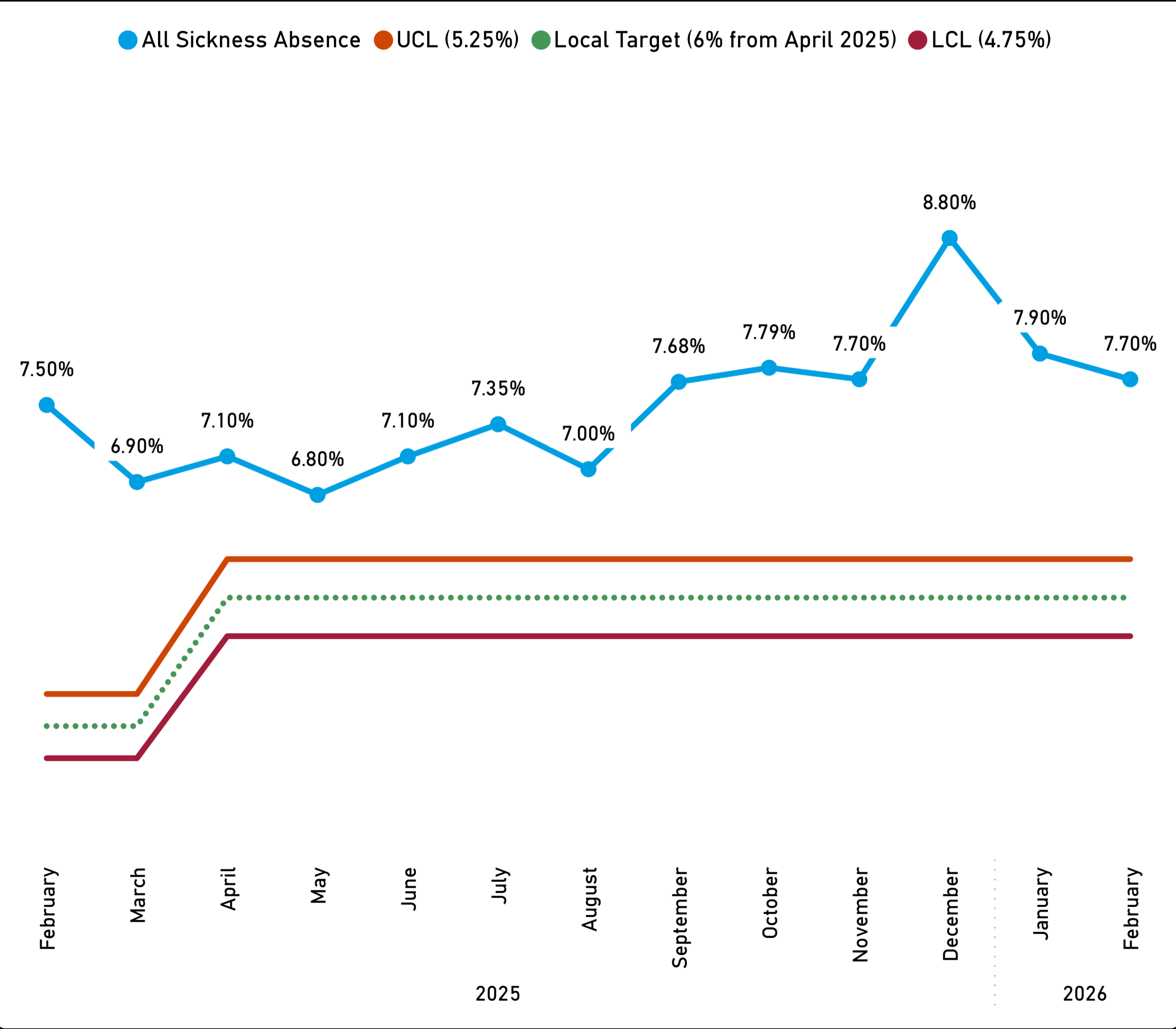


Workforce: Sickness Absence

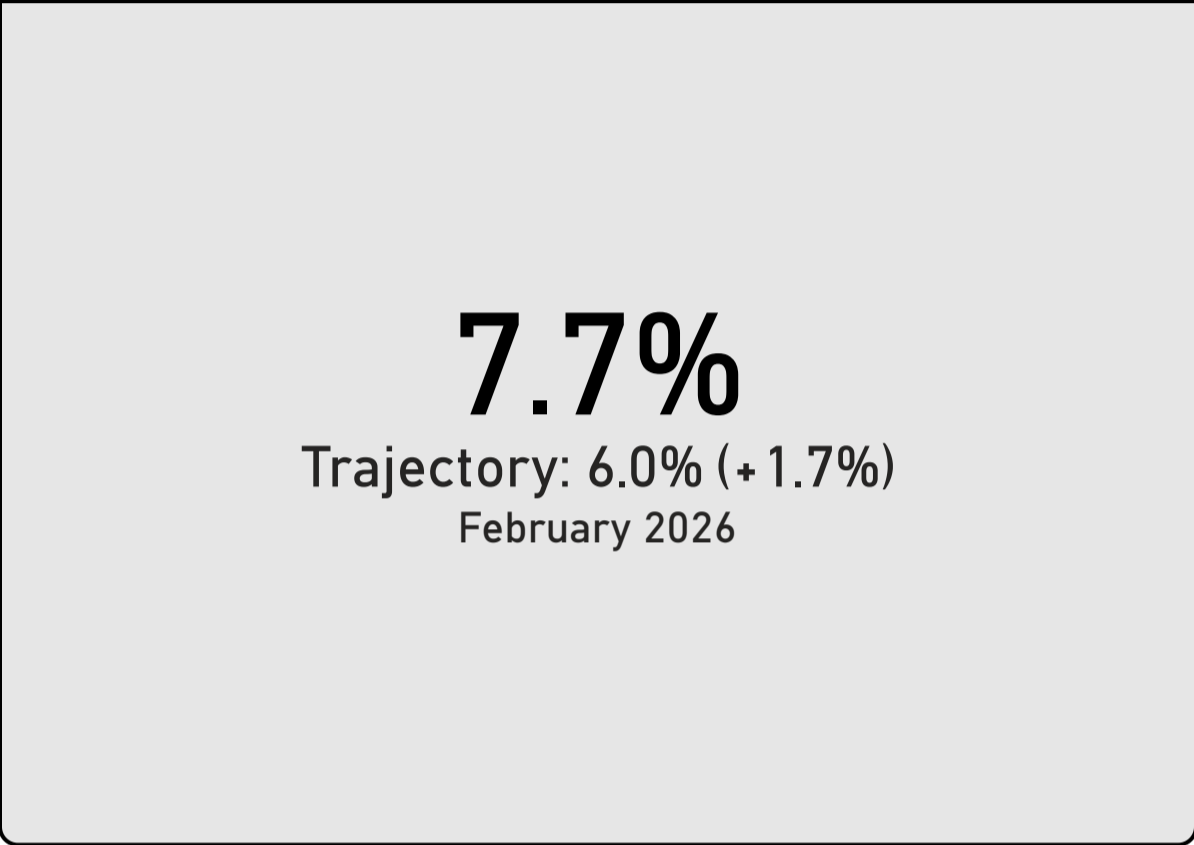
Lead Director - Director of HR and Organisational Development
Lead Committee - People and Staff Governance



Sickness Absence



Total Sickness Absence



Sickness Absence

Date	Short Term	Long Term	All Sickness Absence	Local Target
February 2025	3.3%	4.2%	7.5%	5.0%
March 2025	2.8%	4.1%	6.9%	5.0%
April 2025	2.8%	4.3%	7.1%	6.0%
May 2025	2.8%	4.0%	6.8%	6.0%
June 2025	2.8%	4.3%	7.1%	6.0%
July 2025	2.9%	4.5%	7.4%	6.0%
August 2025	2.7%	4.3%	7.0%	6.0%
September 2025	3.1%	4.6%	7.7%	6.0%
October 2025	3.3%	4.5%	7.8%	6.0%
November 2025	3.4%	4.3%	7.7%	6.0%
December 2025	3.9%	5.0%	8.8%	6.0%
January 2026	3.6%	4.3%	7.9%	6.0%
February 2026	3.3%	4.4%	7.7%	6.0%

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 2025	5.90%	5.50%	5.29%	5.50%	7.61%	6.99%	6.73%	7.00%	7.20%	7.00%	6.75%	5.00%
May 2025	5.26%	5.00%	6.15%	5.50%	7.63%	7.53%	7.41%	6.75%	6.85%	6.75%	5.93%	5.00%
June 2025	6.05%	5.00%	7.10%	5.50%	7.95%	7.44%	7.52%	6.50%	7.75%	6.50%	6.37%	5.00%
July 2025	5.68%	5.00%	7.84%	5.50%	7.73%	7.36%	6.66%	6.25%	7.63%	6.25%	5.83%	5.00%
August 2025	5.48%	4.50%	7.62%	5.50%	7.06%	7.28%	6.93%	6.25%	6.24%	6.25%	4.46%	5.00%
September 2025	6.48%	4.50%	8.01%	5.50%	7.78%	7.20%	8.22%	6.00%	6.28%	6.00%	6.36%	5.00%
October 2025	6.34%	5.00%	7.33%	5.50%	8.09%	7.11%	8.60%	6.00%	6.72%	6.00%	7.31%	5.00%
November 2025	6.65%	5.00%	6.68%	5.50%	8.04%	7.03%	7.79%	5.75%	7.47%	5.75%	7.86%	5.00%
December 2025	6.93%	5.50%	10.09%	5.50%	9.16%	6.95%	8.10%	5.75%	8.84%	5.75%	8.93%	5.00%
January 2026	6.19%	5.50%	9.77%	5.00%	8.18%	6.86%	6.77%	5.50%	9.04%	5.50%	7.81%	5.00%
February 2026	6.55%	5.00%	8.66%	5.00%	8.22%	6.78%	5.99%	5.50%	8.44%	5.50%	7.05%	5.00%
March 2026		4.50%		4.50%		5.00%		5.25%		5.25%		5.00%

Sickness Absence - Acute and Corporate																		
Month	Clyde Actual	Clyde Target	Diagnostics Actual	Diagnostics Target	North Actual	North Target	Regional Actual	Regional Target	South Actual	South Target	W&C Actual	W&C Target	Acute Actual	Acute Target	Corporate Actual	Corporate Target	Estates & Facilities Actual	Estates & Facilities Target
April 2025	7.09%	7.00%	6.17%	5.00%	7.18%	6.50%	6.81%	5.00%	6.99%	7.20%	6.37%	6.00%	6.81%	6.12%	5.75%	6.50%	9.84%	9.50%
May 2025	6.51%	6.50%	5.30%	5.75%	7.01%	6.50%	6.74%	6.50%	6.78%	7.00%	5.92%	5.75%	6.45%	6.33%	5.56%	6.50%	10.09%	9.00%
June 2025	6.91%	6.00%	5.74%	5.75%	7.27%	6.00%	6.93%	5.75%	7.00%	6.90%	5.79%	5.75%	6.67%	6.03%	6.37%	6.00%	10.30%	8.75%
July 2025	6.93%	5.50%	5.98%	5.75%	7.71%	5.50%	7.61%	5.75%	7.20%	6.80%	6.18%	5.70%	7.00%	5.83%	6.34%	5.50%	10.99%	8.75%
August 2025	6.41%	5.00%	5.72%	5.75%	7.39%	5.25%	7.53%	5.75%	7.10%	6.70%	5.83%	5.60%	6.75%	5.68%	5.85%	5.25%	10.96%	8.50%
September 2025	7.34%	5.50%	6.40%	6.00%	7.78%	5.40%	8.11%	5.50%	7.46%	6.50%	6.51%	5.50%	7.32%	5.73%	6.85%	5.00%	11.60%	8.25%
October 2025	7.34%	5.80%	7.25%	5.50%	7.66%	5.75%	7.50%	5.75%	7.11%	6.30%	6.69%	5.40%	7.40%	5.75%	6.90%	5.25%	11.67%	8.25%
November 2025	6.83%	6.20%	7.42%	6.00%	7.46%	6.20%	7.23%	5.75%	7.70%	6.10%	7.00%	5.30%	7.31%	5.93%	6.69%	5.75%	11.29%	8.00%
December 2025	8.22%	6.50%	7.52%	6.00%	8.63%	6.60%	8.41%	5.50%	9.15%	5.90%	7.96%	5.20%	8.41%	5.95%	6.88%	6.50%	12.62%	8.00%
January 2026	7.66%	6.50%	6.91%	6.00%	7.59%	6.50%	7.72%	5.50%	8.06%	5.80%	7.15%	5.10%	7.58%	5.90%	6.30%	6.50%	11.40%	7.75%
February 2026	7.31%	6.00%	6.28%	5.50%	6.84%	5.50%	7.89%	5.00%	7.93%	5.70%	7.54%	5.00%	7.37%	5.45%	5.80%	6.00%	11.14%	7.50%
March 2026		5.50%		5.00%		5.50%		5.00%		5.50%		5.00%		5.25%		5.00%		6.00%

Commentary

Overall absence levels in February 2026 decreased from the previous month, below target and very slightly higher than the figures reported in February 2025. Performance for February is impacted by sickness absence albeit decreasing from 7.9% in January 2026 to 7.7% in February 2026.

Long term sickness increased by 0.1 percentage point, with a decrease seen in the short term figure, from 3.6% to 3.3%. Sickness absence remains a challenge across the board, with only Corporate functions achieving local absence targets in February 2026, with all acute divisions, HSCPs and Estates and Facilities all above target.

Service Narrative

NHSGGC’s overall sickness absence rate fell from 7.93% in January to 7.70% in February, reflecting a continued improvement following the seasonal peak in December (8.8%). Year-on-year, February is slightly higher than 7.49% last year, but the month-on-month trend is encouraging and aligns to our improvement trajectory.

The Promoting Attendance Partnership Group continues to oversee delivery of the Board Wide Attendance action plan which is progressing well:

- Targeted resources for neurodiverse colleagues are now embedded within the action plan, with signposts to practical guidance and a resource pack
- A review and refresh of the Stress Toolkit is complete and targeted training for managers is underway; this is being built into induction to lift confidence and consistency early. Hotspot areas for psychological absence have been identified for targeted support
- A new digital learning module for attendance management launched in February 2026, standardising knowledge and improving policy adherence at scale
- The People Management model on Attendance Management has been reviewed and improved following feedback and this has been added to induction plans for new managers
- A comprehensive review of HR support in the attendance process is underway with the establishment of a new attendance team within the HR Support and Advice unit
- The staff health survey shows awareness of wellbeing support information has risen to >75% (from <70% in 2022). Findings are being used to inform future actions to improve communications, access, and incentives
- Approval has been received to invest in additional HR support to help managers reduce sickness absence by 1%. Recruitment is underway.

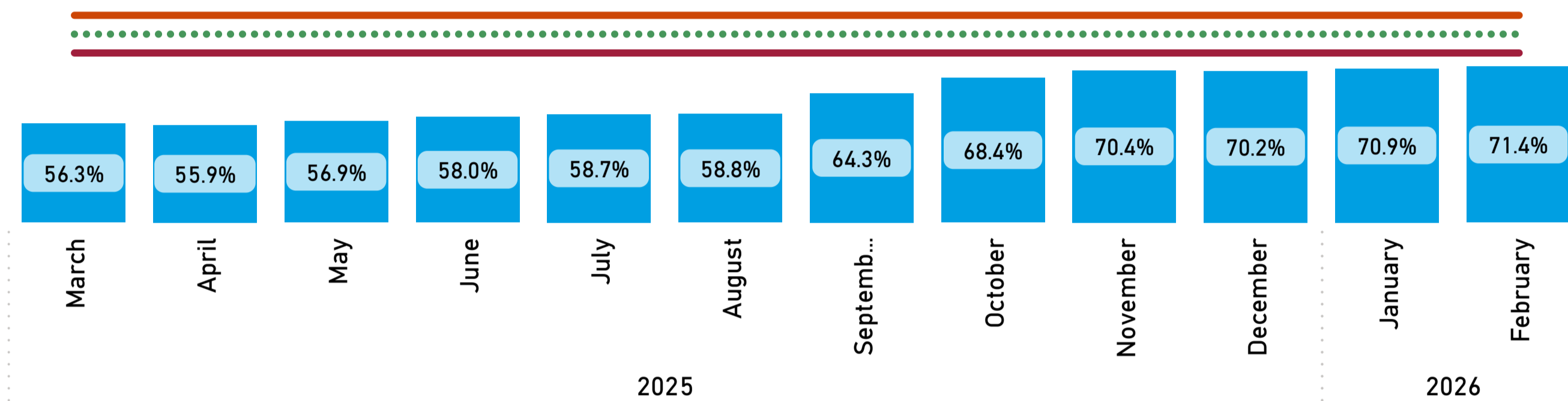
Workforce: PDPR, Statutory and Mandatory Training

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



KSF PDP&R Conversations Recorded on Turas

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



KSF PDP&R Conversations Recorded on Turas

71.4%
Target: 80% (-8.6%)
February 2026

Completion of Statutory & Mandatory Training

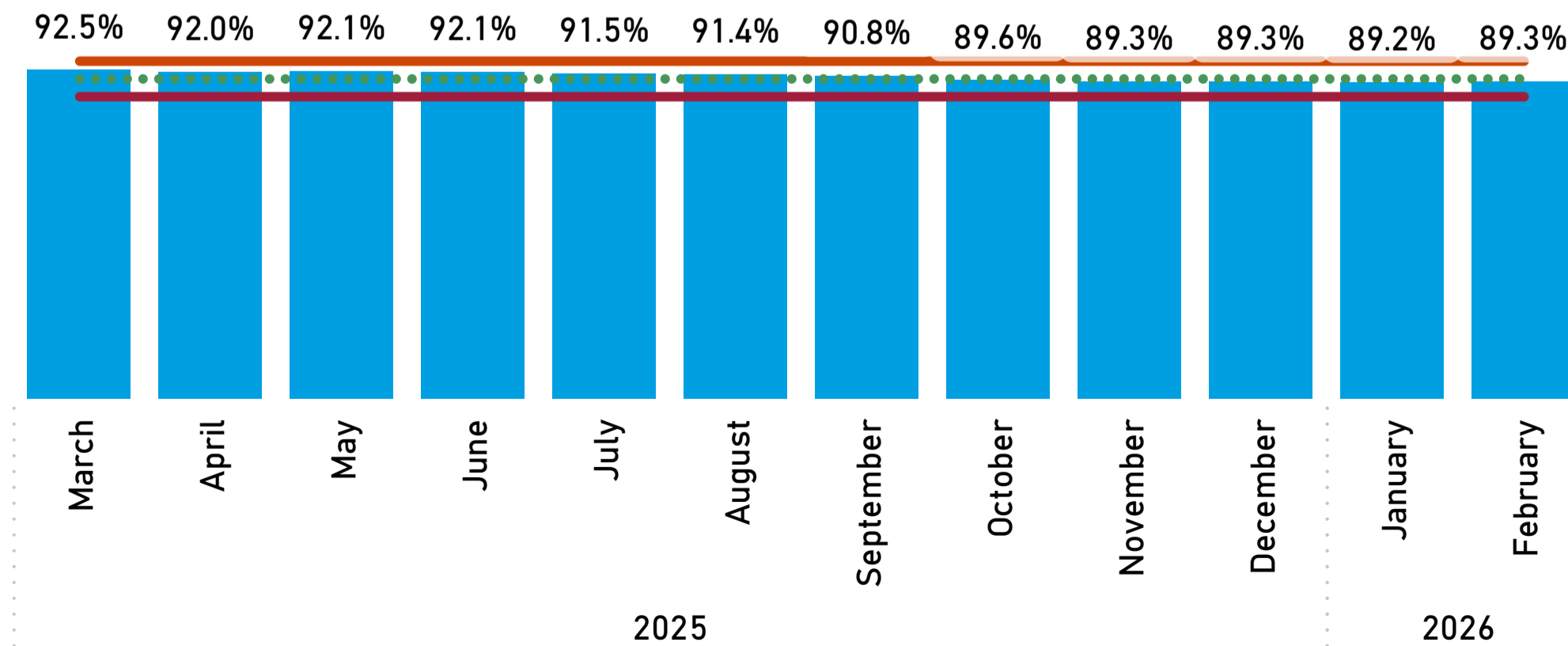
89.3%
Target: 90% (-0.7%)
February 2026

Completion of Statutory & Mandatory Training (90% target)

Date	Fire Safety	Health & Safety	Violence & Aggression	Equality, Diversity & Human Rights	Manual Handling	Public Protection	Infection Control	Security & Threat	Information Handling
March 2025	87.60%	93.11%	92.84%	92.44%	92.51%	91.18%	91.97%	92.58%	93.54%
April 2025	88.00%	92.60%	92.30%	91.80%	91.90%	90.40%	91.30%	92.60%	93.20%
May 2025	88.30%	92.77%	92.55%	92.06%	92.02%	90.56%	91.34%	92.45%	93.41%
June 2025	87.70%	92.63%	92.42%	92.01%	91.91%	90.63%	91.37%	91.98%	93.49%
July 2025	86.70%	92.08%	91.75%	91.43%	91.45%	90.17%	90.81%	91.52%	92.95%
August 2025	85.90%	91.90%	91.80%	91.20%	91.40%	90.00%	90.81%	90.90%	93.00%
September 2025	85.20%	91.50%	91.40%	90.80%	91.00%	89.40%	90.50%	89.30%	92.80%
October 2025	84.10%	90.30%	90.20%	89.50%	89.90%	88.10%	89.30%	87.90%	91.70%
November 2025	83.90%	90.00%	90.10%	89.20%	89.50%	87.70%	88.90%	87.30%	91.80%
December 2025	84.50%	90.00%	90.20%	89.30%	89.50%	87.60%	89.00%	87.20%	91.60%
January 2026	84.50%	90.00%	90.10%	89.30%	89.40%	87.20%	88.80%	87.10%	91.40%
February 2026	84.80%	90.10%	90.20%	89.30%	89.60%	87.50%	89.00%	87.30%	91.40%

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 improved slightly on the previous month, while the figure for each of the past six months is higher than the rolling one year average, showing improvement in this area.

Overall completion of statutory and mandatory training is slightly below target, at 89.3% against a target of 90%. Completion of the statutory Fire Safety Training module remained static in February 2026 (84.8%) and remains below target. The next lowest completion rates are in Security and Threat (87.3%) and Public Protection (87.5%), with completion rates for three other courses being below target, and three above.

Service Narrative

KSF PDP & Review (PDP&R)

Significant work continues to increase compliance levels towards the 80% target. As at end of February 2026, compliance for NHSGGC overall was 71.4%, with the 80% target achieved in North sector, Renfrewshire HSCP, and Public Health

Actions to improve compliance in February included: continued weekly compliance data provided to Directors/Heads of HR to review and agree trajectories to achieve 80% compliance by end of March 2026 and support targeted action planning; monthly overview of PDP&R compliance to managers for their staff; KSF Leads Network Reviews Group Terms of Reference aligned with Once for Scotland (OFS) PDP&R Policy; and ongoing support for managers and staff on the PDP&R process.

Plans to improve compliance in the next month include: continue to support Directors with weekly data to increase compliance and provide protected time for staff PDP&R discussions; continue to provide monthly compliance status to managers; and continue to promote quality PDP&R discussions via key communication routes (Core Brief, Directors Group, KSF Leads, HROD function) and Agenda for Change Protected Learning Time. Additionally, further Collaborative Conversations are planned for March to gain staff feedback on PDP&R, access to learning time and support for career development. Discussions are taking place with other NHS Scotland Boards to progress actions aligned with the OFS PDP&R policy.

Statutory and Mandatory Training

The average compliance across all nine core modules for NHSGGC staff is 89.3% slightly below the 90% target. Women & Children’s Directorate and South Sector are showing amber for compliance across all modules.

Actions to improve compliance in February included: Learning and Education preparation of final stages to facilitate the transition to Once for Scotland (OFS) core module set in March 2026; Fire Safety refresher period (OFS module) will be every two years rather than annually and this will support increase in compliance; and Workforce Information and Learning & Education (L&E) teams are engaged in final discussions to transition compliance reporting following the introduction of OFS modules to ensure no impact on compliance or detriment to staff.

Plans to improve completion of Statutory and Mandatory training over the coming months include: L&E service to update pages on HR Connect (Induction Portal pages and Statutory Mandatory Training pages) with OFS modules and updated refresher periods; modules go live on LearnPro; and L&E service to focus on quality assurance for bulk uploading to update accounts with current GGC Payroll number.

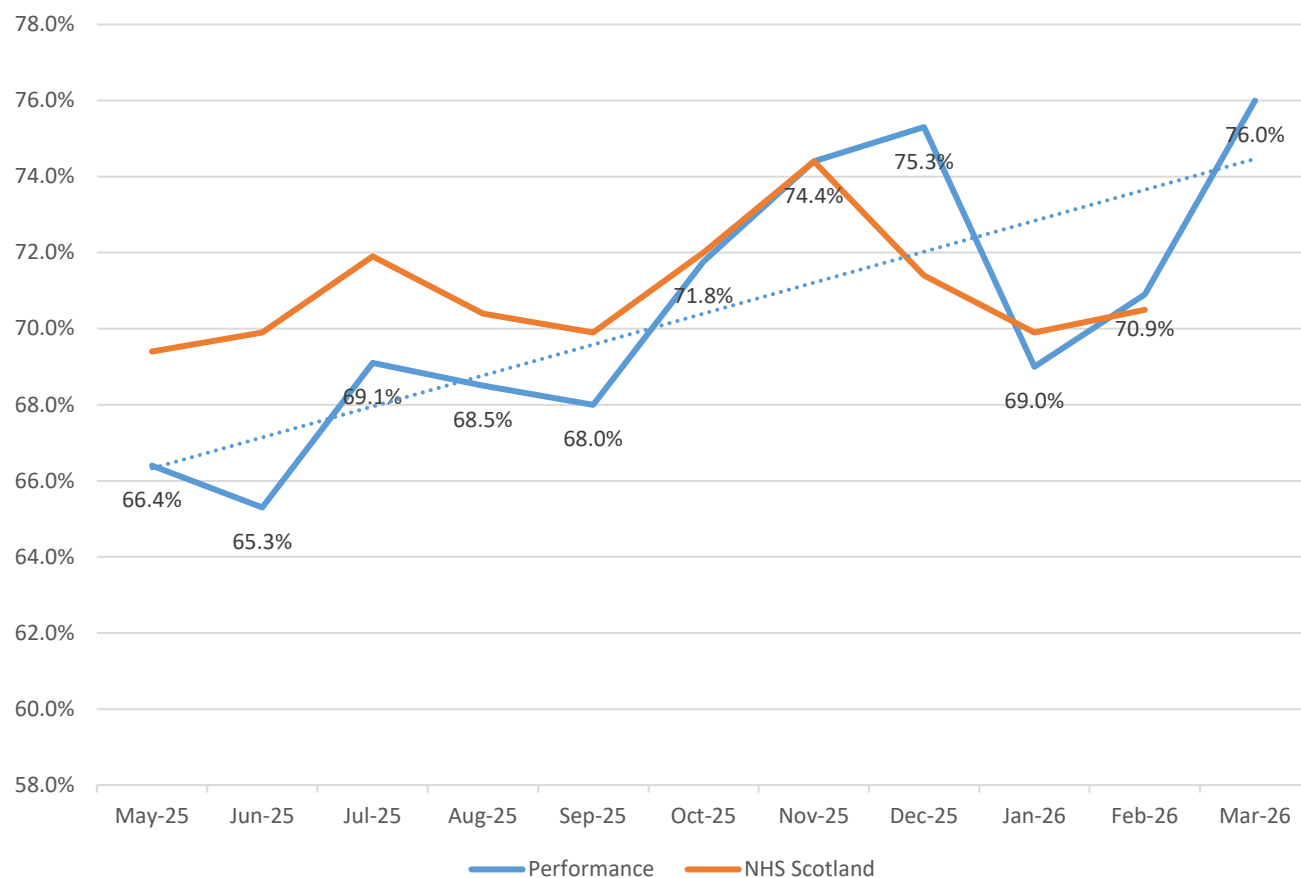
Focus to be on ensuring staff remain compliant across all modules and training is completed prior to module expiry. The introduction of an additional module (Fraud Awareness) will need to be compliant by September 2026. Directors to ensure protected learning time arrangements are in place for staff to complete core statutory and mandatory modules in work time.

Cancer 62-Day Performance

Deep Dive
March 2026

62-Day Cancer Performance

62-day performance 2025-26

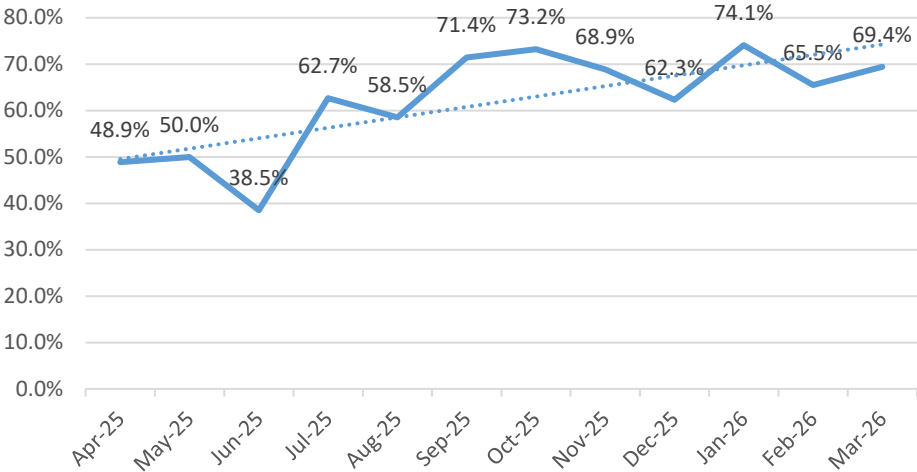


Focused improvement work continues across all cancer pathways with -

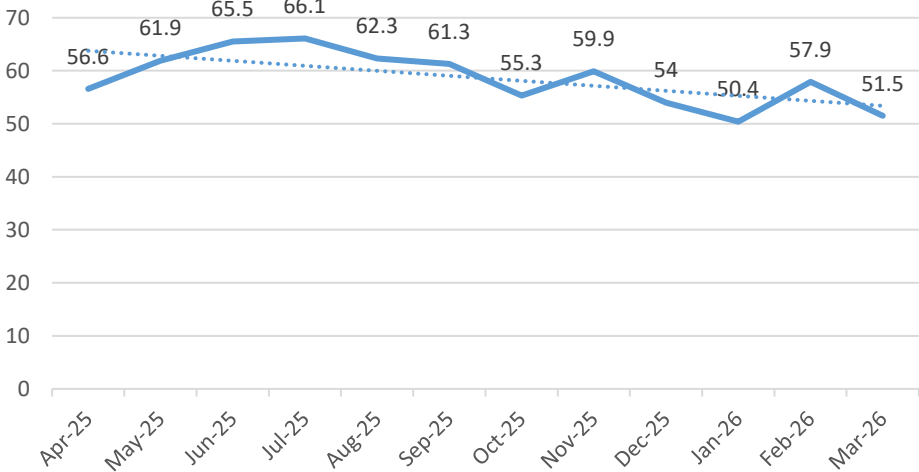
- March 2026 performance shows recovery of the January/February position as planned.
- Strengthened escalation processes with senior management involvement.
- Timely and enhanced data validation.
- Structured, tiered approach to breach analysis.
- March performance of **76%** is now at the highest level since September 2021 (77.9%).
- Validated performance for Q4 2025 (October - December) against the 62-day standard across NHS GGC was 73.8% compared with 72.6% across NHS Scotland.

Colorectal Cancer Pathway

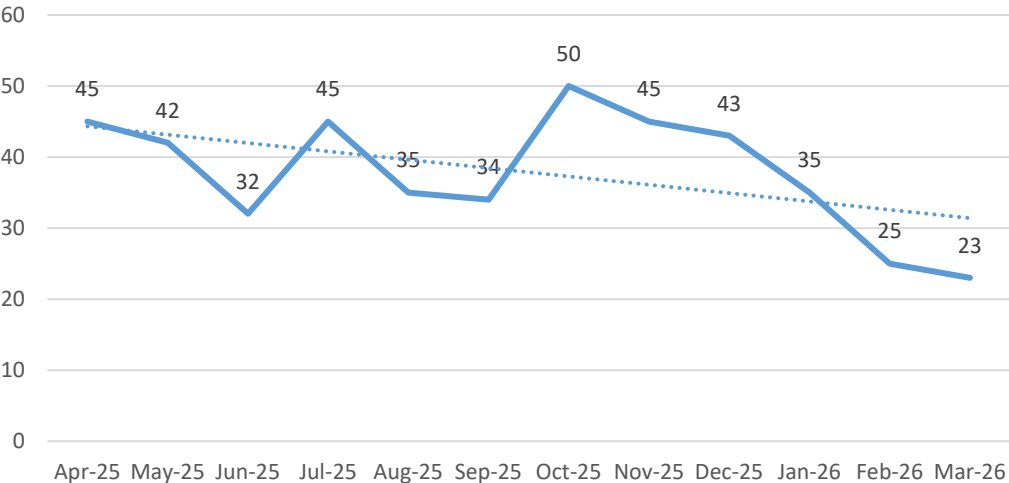
Colorectal Performance



Colorectal RTT



Colorectal backlog diagnosed >62 days not yet treated



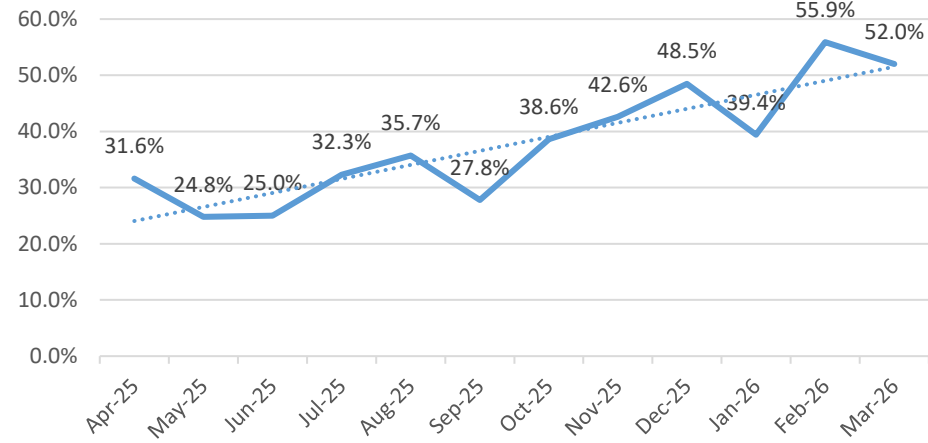
Progress on Colorectal Pathway Improvement Actions:

The improvement plan targets improvements across the front end of the pathway:

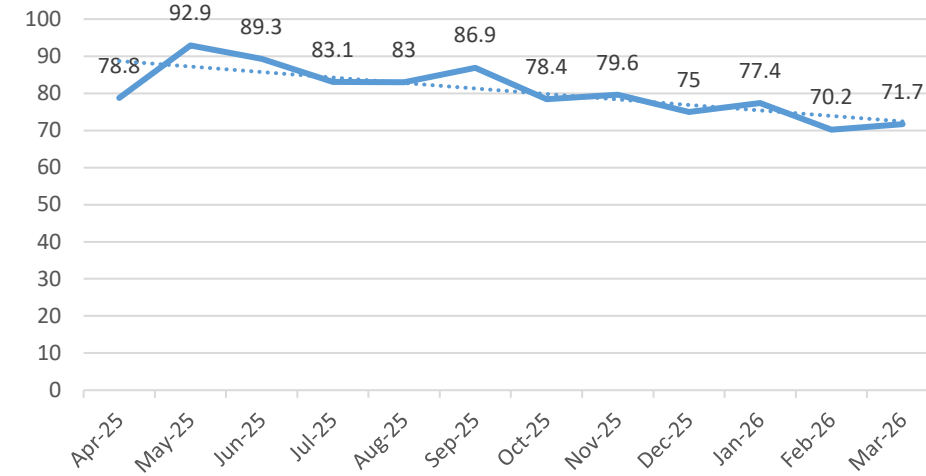
- New dedicated USoC clinic in place since late February has reduced wait time to clinic, particularly in South Sector.
- The Regrading Policy continues to be reiterated to all clinicians to ensure patients are correctly categorised at vetting.
- Review of bowel screening pathway to streamline patient contact and preoperative assessment process underway.
- New TrakCare request for CT Colon aligned to qFIT categorisation to support patient tracking will go live end of April.
- A Diagnostic tracking meeting has been set up to focus discussion on patients for escalation to imaging and reporting.
- Oncology waiting times post MDT have been reduced to ensure timely turnaround of a decision to treat. This remains under close monitoring.

Urology Cancer Pathway

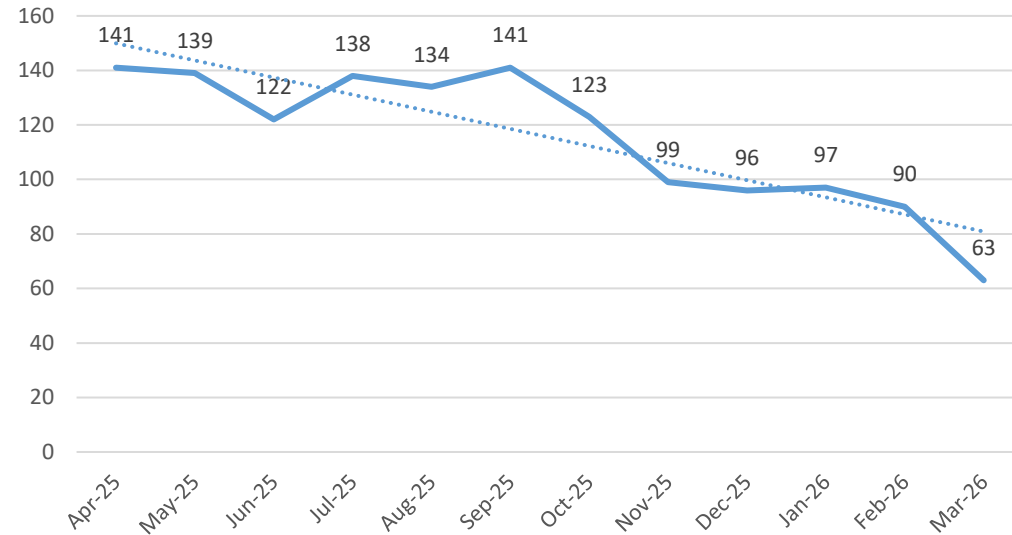
Urology Performance



Urology RTT



Urology diagnosed >62 days not yet treated

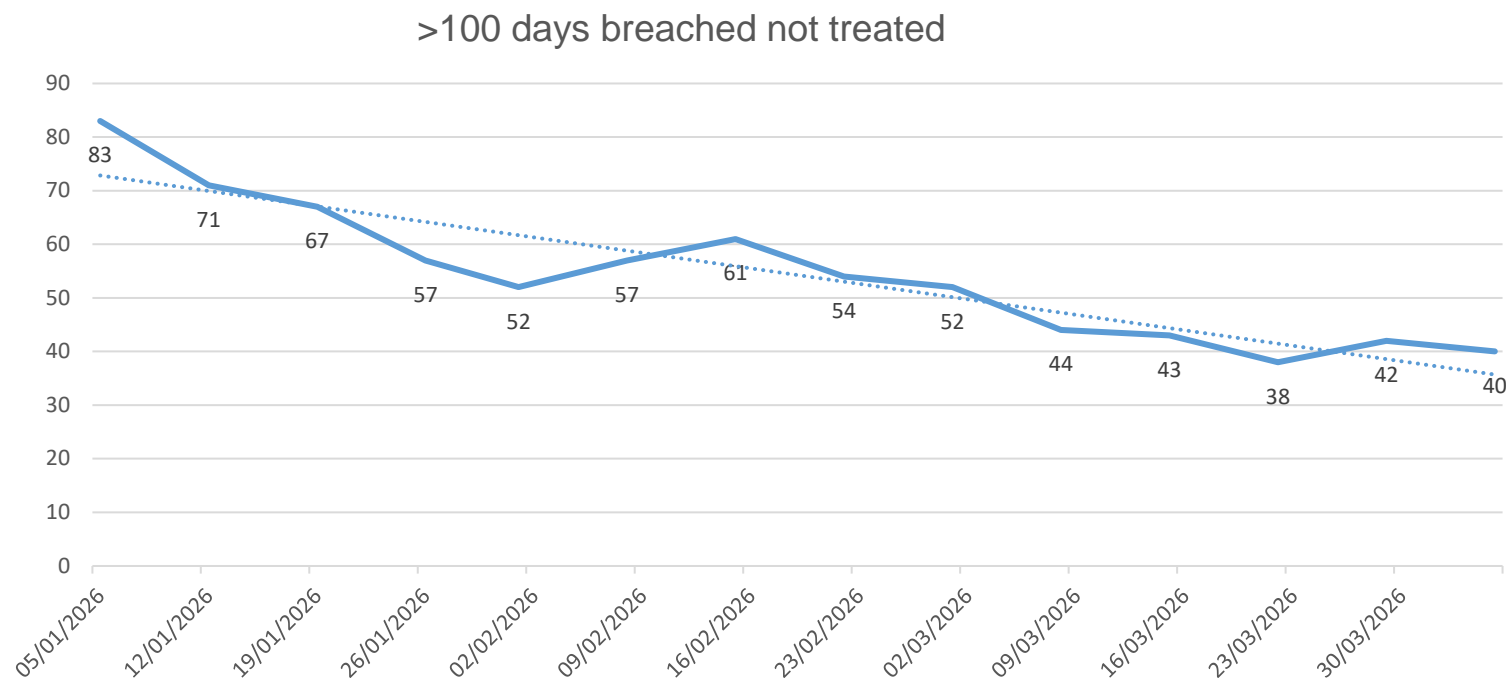


Progress on Urology Pathway Improvement Actions:

The improvement plan targets improvements across the prostate pathway:

- Recruitment to three out of four additional Clinical Nurse Specialist posts has been successful with only one post outstanding for re-advertisement.
- Vetting direct to MRI on the prostate pathway is now the standard across the sectors.
- Additional RALP lists are in place.
- Transperineal (TP) Biopsy outsourcing to the private is ongoing until June and waiting times have improved from 6 weeks to a current position of 1 week.
- A redesigned nurse led pathway has been introduced late March which is anticipated to reduce the waiting time for surgery and oncology appointments post MDT decision.
- Average RTT impacted by positive reduction in diagnosed backlog, particularly focused on longest waits

Backlog > 100 days improvement



The graph above details the improving trend in patients with a confirmed cancer diagnosis are over pathway Day 100. Pathways are often complex and will be subject to further adjustments when formal data is submitted. The position is monitored weekly and detail updated in the monitoring report submitted to the Scot Gov cancer team