

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/129</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>30 October 2025</b>
<b>Title:</b>	<b>NHSGGC Board Performance Report</b>
<b>Sponsoring Director:</b>	<b>Colin Neil, Director of Finance</b>
<b>Report Author:</b>	<b>Stuart Donald, Head of Performance</b>

## 1. Purpose

**The purpose of this report is to:**

- Provide Board members with an update on performance against the key indicators as outlined in the Performance Assurance Information Framework (AIF).

## 2. Executive Summary

**The paper can be summarised as follows:** A summary of performance against the respective KPIs outlined in the AIF and based on the measures contained in the 2025-26 Delivery Plan (DP) and the 2025-26 Whole System Plan targets approved by the Scottish Government alongside key local and national performance measures.

As of the end of August 2025, seven measures are currently delivering against target and rated green, eight are rated amber (<5% variance from trajectory), and ten have been rated red (>5% adverse variance from trajectory). The remaining measures (rated grey) are provided to add additional context to those measures with a rating.

**Key Areas of Performance in Need of Improvement:**

- The percentage of MSK Physiotherapy patients seen <4 weeks remains a challenge. The August 2025 position of 30% remains static compared to the previous month and below the 41% trajectory for August 2025. The longest waiting time, at 18 weeks, also remains static compared to the previous month.
- August's performance against the A&E four hour wait target saw a marginal increase on the previous months' position to 70.6%, however performance is below the 2025-26 Whole System Plan target of 74.0%. Performance is in line with the overall national trend.

## BOARD OFFICIAL

- Inpatient / Daycase activity is 1% below the planned activity levels for the period April – August 2025 with a total of 29,048 patients seen against a trajectory of 29,297.
- New outpatient activity is 2% below the planned activity levels for the period April – August 2025 with a total of 121,020 patients seen against a trajectory of 123,478.
- The number of acute delayed discharges in August 2025 (347) is an increase on the previous month's position of 312. Local management information for 9 October 2025 shows an increase to 366 acute delays reported. The number of acute bed days lost to delayed discharge also increased by 5% when compared to the previous months' position, increasing from 9,934 in July 2025 to 10,467 in August 2025.
- Whilst the number of Mental Health delays saw an improvement on the previous months' position overall performance remains a challenge, the number of mental health delayed discharges reduced from 86 in July 2025 to 82 in August 2025. Local management information for 9 October 2025 highlights an increase to 83. The number of mental health bed days lost increased by 1.3% when compared to the previous month, increasing from 2,639 in July 2025 to 2,674 in August 2025.
- Compliance with the Psychological Therapies target saw a reduction in August 2025, reducing to 84.6%, against 87.3% in July and performance is below the national target of 90%.
- Performance in relation to the Cancer 62 Day waiting times reported a marginal reduction on the previous month's position, decreasing from 69.2% in July 2025 to 68.5% in August 2025. Overall performance remains challenged due to the continued increase in urgent suspicion of cancer (USOC) referrals.

More detail on each of the performance measures that either remain challenged or are below the planned position for August 2025 can be seen in the attached performance report.

### **Key Areas Delivering Against Trajectory:**

- The latest quarterly position for Alcohol and Drugs (April - June 2025) remained positive at 94.3% exceeding the national target of 90%.
- Diagnostic Imaging activity has continued to increase month on month from April, with the 15,209 patients seen in August 2025 representing the highest figure in the past year. The 72,477 patients seen in the year to date exceeds the target of 62,715 by around 15%.
- Performance in relation to the number of CAMHS patients seen within 18 weeks of referral remains positive, with current performance of 100% exceeding the national target of 90% in August 2025.
- Access to Podiatry Services saw an increase on the previous months' position, from 94% of patients seen within 4 weeks in July to 95% in August. Performance continues to exceed the national 90% target.
- 100% of GP Out of Hours scheduled shifts remained open during August 2025, by far exceeding the 90% trajectory.
- While performance in relation to the Cancer 31 Day waiting times standard saw a marginal decrease on the previous months' position decreasing from 95.8% in July 2025 to 95.0% in August 2025, performance has met the 95% national target.
- Staff absence for all reasons was 22.2% in August 2025, the lowest figure since November 2024 and below the target of 24%

### **Cancer Performance:**

- Following an action from the August Board Meeting, a briefing on the current cancer performance, and actions being taken to meet the cancer trajectories and drive improvement from the July position of 69.2% to 86.0% by the end of March 2026, has been included as **Appendix 1**.

### **Recommendations**

- The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the AIF.

## **3. Response Required**

This paper is presented for assurance.

## **4. Impact Assessment**

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

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

## **5. Engagement & Communications**

The issues addressed in this paper were subject to the following engagement and communications activity: These performance indicators have been discussed and agreed as part of the development of NHSGGC's AIF with the Chair, Vice Chair and Executive leads for the Board.

## **6. Governance Route**

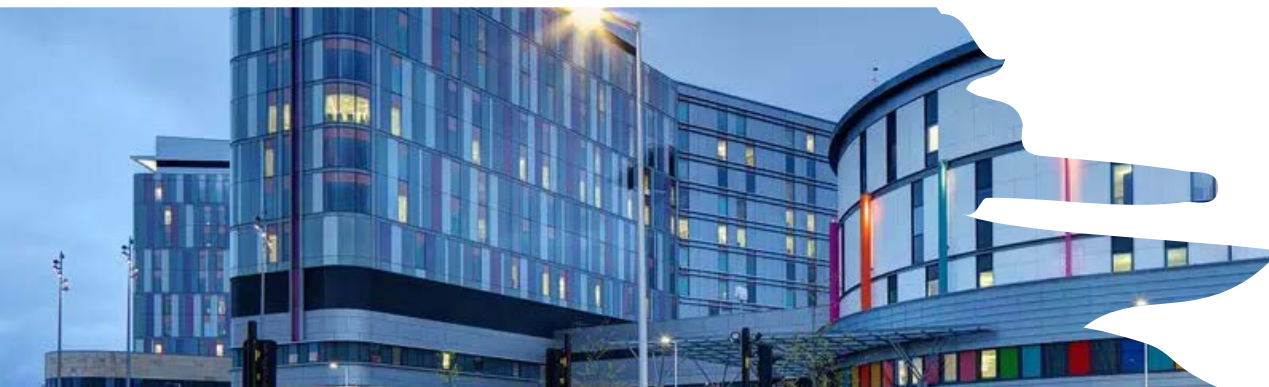
This paper has been previously considered by the following groups as part of its development:

Corporate Management Team – 2 October 2025  
Finance, Planning and Performance Committee – 9 October 2025.

## **7. Date Prepared & Issued**

Prepared on: 15 October 2025  
Issued on: 22 October 2025

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# NHS GREATER GLASGOW & CLYDE Corporate Performance Report

Board Assurance Information Framework – October 2025

## Executive Summary

Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs, Acute & Corporate

Report Date:  
30 October 2025

Reporting Frequency:  
Bi-Monthly

### Executive Summary

This report covers performance up to August 2025, aligned to the 2025–26 Delivery Plan (DP), Whole System Plan, and key national and local targets. As of the end of August 2025, seven measures are currently delivering against target and rated green, eight are rated amber (<5% variance from trajectory), and ten have been rated red (>5% adverse variance from trajectory). The remaining measures (rated grey) are provided to add additional context to those measures with a rating.

Performance across NHS Greater Glasgow and Clyde (NHSGGC) remains mixed. Cancer services saw a slight reduction in August, with compliance against the 62 Day standard falling to 68.5% from 69.2% in July, four percentage points below the 72.5% trajectory. Referral volumes continue to increase, particularly in Urology and Lung, placing sustained pressure on the pathway. Performance against the 31 Day standard dropped slightly but remains above target at 95%, reflecting continued resilience in treatment delivery.

NHSGGC continues to focus on reducing long waits for both new outpatient appointments and TTG inpatient/daycase procedures. At the end of August, 163,703 patients were waiting for a new outpatient appointment and 49,943 for inpatient/daycase care, with over 52 week waits for both pathways above trajectory despite some recent reductions. Sustained delivery of additional activity and ongoing use of insourced and independent sector capacity remain essential to achieve the March 2026 targets.

There are encouraging signs in diagnostics, with endoscopy waiting lists down 4% month-on-month and a 21% reduction over the past year. The number of long waiting patients for endoscopy has also improved, though overall activity is still slightly below plan. Imaging activity is above trajectory, but the number of patients waiting for imaging remains above target, requiring continued focus.

Unscheduled care and delayed discharges continue to impact patient flow. A&E attendances are up 1.13% year-on-year, and while performance against the ED 4-hour standard has improved, it remains below target at 70.6%. Delayed discharges and bed days lost remain significantly above trajectory, with new discharge pathways and intermediate care beds being rolled out to address these pressures.

There are also areas of strong performance. CAMHS continues to exceed the 90% target, with 100% of eligible patients starting treatment within 18 weeks. Podiatry waiting times have further improved, with 95% of patients now seen within four weeks. Staff absence rate has reduced to 22.2%, below target of 24%, and compliance with core mandatory training remains high at 91.4%, in excess of the 90% target.

## Contents

Board Committee Name:  
NHSGGC Board




Responsible Division:  
HSCPs, Acute & Corporate

Report Date:  
30 October 2025




























Reporting Frequency:  
Bi-Monthly

## AT A GLANCE

## BETTER HEALTH














































No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
1	COBH1&3/ COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	94.3%	90.0%				✓	6

## BETTER CARE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
2	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	70.6%	74.0%					7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances (target 2% reduction on previous year)	178,271	172,750					9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	347	258					12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	10,467	7,889					14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	82	58					16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,674	1,857					18
8	COBC11	OPBC13	Total number of Delayed Discharges per 100,000 adult population	44	34.6					20
9	COBC10	OPBC9.0	GP Out Of Hours Activity	12,963	FIO					21
10	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	100.0%	90.0%				✓	22



Contents	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs, Acute & Corporate	Report Date: 30 October 2025	Reporting Frequency: Bi-Monthly
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AT A GLANCE										
BETTER CARE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
11	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	163,703	FIO					23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	2	0					24
13	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	5,091	4,987					25
14	COBC7	OPBC7.0	New Outpatient Activity	121,020	123,478					26
15	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	49,943	FIO					28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	3,385	FIO					29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	7,757	FIO					30
18	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	14,569	14,504					31
19	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	29,048	29,297					32
20	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	95.0%	95.0%				✓	34
21	COBC7	OPBC8.0	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	68.5%	72.5%					35
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	6,517	FIO					39
23	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	12,551	13,124					40
24	COBC8	OPBC6	Diagnostics: Imaging Waiting List	33,192	31,556					41
25	COBC8	OPBC6	Diagnostics: Imaging Activity	72,477	62,715				✓	42



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AT A GLANCE										
BETTER CARE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
26	COBC7/COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	84.6%	90.0%	<div></div>	<div></div>	<div></div>		43
27	COBC7/COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	100.0%	90.0%	<div></div>	<div></div>	<div></div>	✓	44
28	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	30.0%	41.0%	<div></div>	<div></div>	<div></div>		45
29	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	95.0%	90.0%	<div></div>	<div></div>	<div></div>	✓	47
BETTER WORKPLACE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
30	COBW20	OPBW6.1	Staff Absence (Total)	22.2%	24.0%	<div></div>	<div></div>	<div></div>		48
31	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.0%	6.0%	<div></div>	<div></div>	<div></div>		49
31	COBW20	OPBW6.1	Short Term Absence Rate	2.7%	2.5%	<div></div>	<div></div>	<div></div>		49
31	COBW20	OPBW6.1	Long Term Absence Rate	4.3%	3.5%	<div></div>	<div></div>	<div></div>		49
BETTER VALUE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2026	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
	COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report							
32	Rationale for Control Limits Applied									50

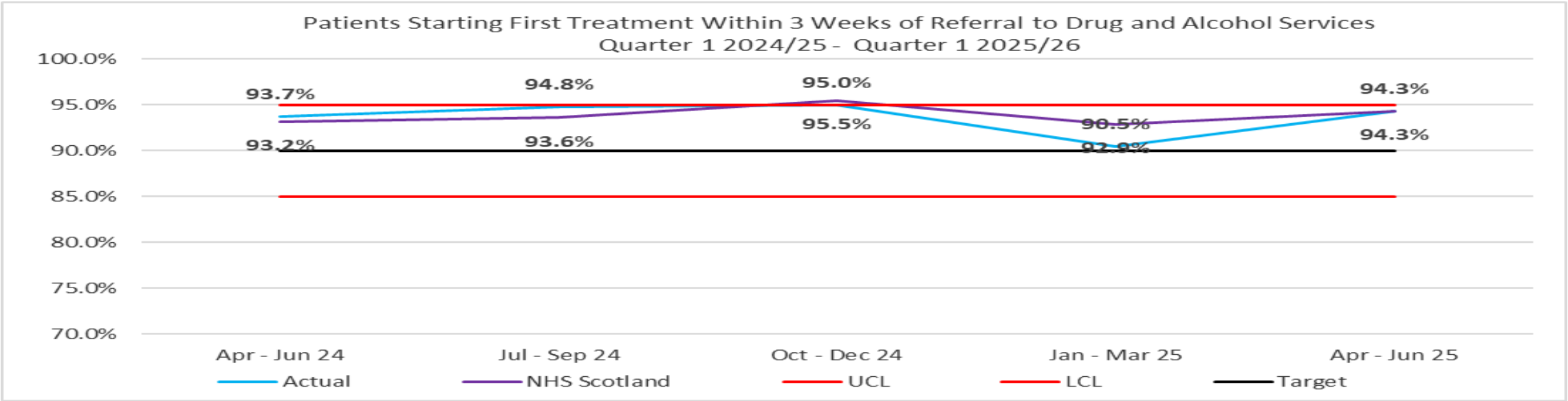
Legend	
Improvement on previously reported position	<div></div>
Deterioration on previously reported position	<div></div>
No change to previously reported position	<div></div>

# 1. BETTER HEALTH: Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral

At least 90% of clients will wait no longer than 3 weeks from referral to start their first treatment

Target  
90%

Performance  
94.3%



## Summary

### Current Position (including against trajectory):

As at the quarter April - June 2025, 94.3% of patients referred for alcohol and drugs treatment treated <3 weeks of referral, above the 90% national target. **4.3% above target.**

### Current Position Against National Target:

NHSGGC performance is equal to the latest national quarterly published position for the quarter.

### Projection to 31 March 2026:

National Target 90%. **Performance is expected to continue to exceed target.**

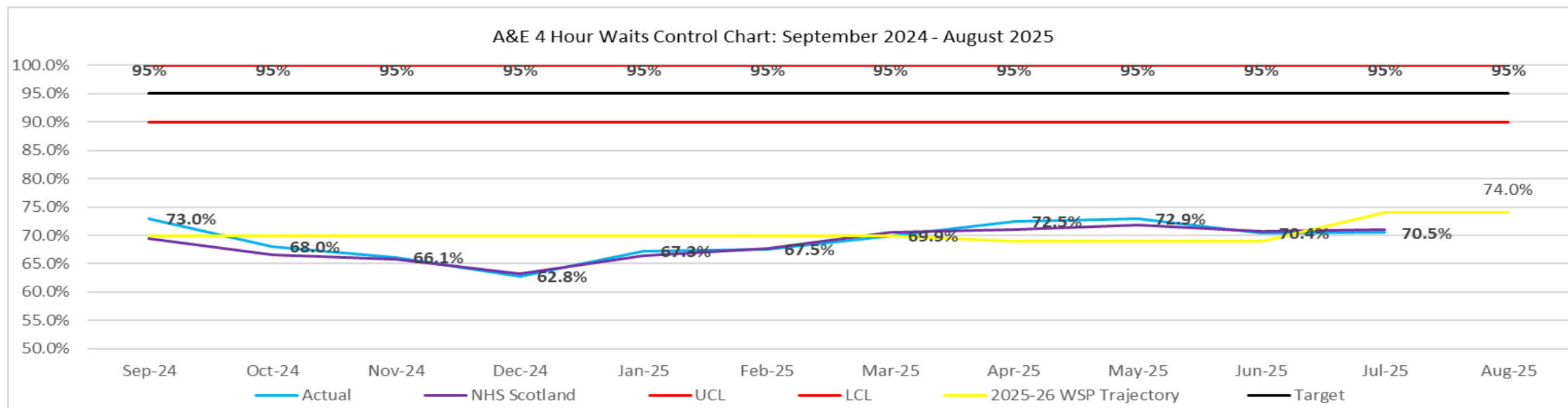
The latest quarterly position shows that NHSGGC continues to exceed the Alcohol and Drugs waiting times target of 90%. Figures for Q2 2025/26 (July-Sept) are due to be published by Public Health Scotland in December 2025.

## 2. BETTER CARE: Accident and Emergency 4 Hour Waiting Times Standard

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

**Target**  
**74.0%**

**Performance**  
**70.6%**



Please note: National figures are published a month in arrears, therefore August national figure is not yet available

### Summary

#### **Current Position (including against trajectory):**

In August 2025, **70.6%** of patients were seen within four hours, a marginal increase on the previous months' position of 70.5%. 3.4% below the 2025-26 trajectory of 74.0%. Performance remains below the national target of 95%. Management information for September 2025 shows a further reduction to 68.3%, below trajectory by 5.7%

#### **Current Position Against National Target:**

NHSGGC's performance (70.6%) was below the latest national published position of 71.1% for July 2025 and overall performance is in line with the national trend.

#### **Target for 31 March 2026:**

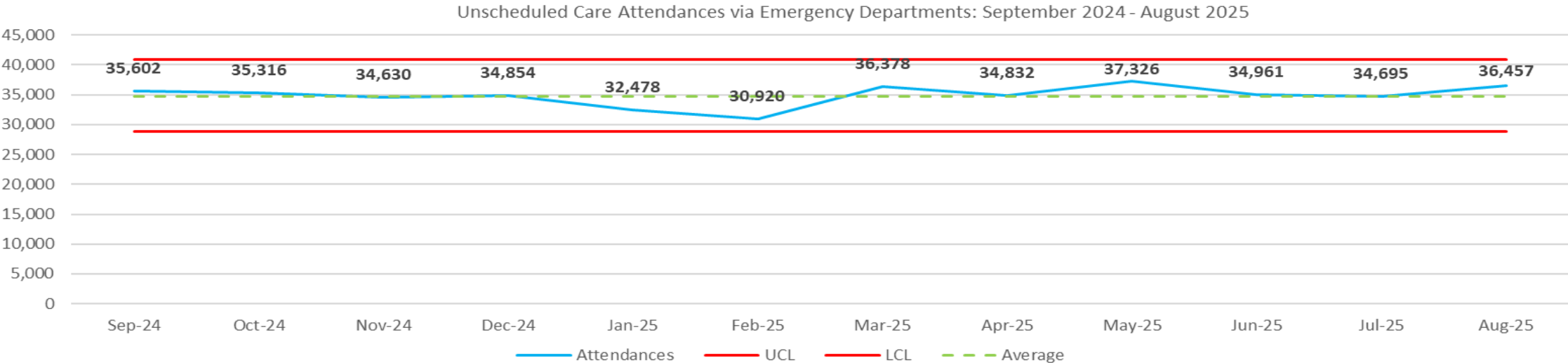
National target 95%. Whole System Plan to Improve Unscheduled Care Performance trajectory 85%.

Actions in place to improve performance across Unscheduled Care are outlined on slide 11

3. BETTER CARE: Accident and Emergency Attendances

Target (2% reduction  
on previous year)  
172,750

Performance  
178,271



Please note: monthly data includes ED and MIU attendances.

**Summary**

**Current Position (including against trajectory):**

A total of 178,271 A&E attendances (including MIU attendances) were reported during the period April - August 2025. This is an increase of 1,996 (1.13%) compared to the same period in 2024-25 (the baseline year the provisional reduction target is based upon).

**Current Position Against National Target:**

No relevant target.

**Target for 31 March 2026:**

Provisional target of a 2% reduction in A&E attendances (Based on 2024-25 position and still to be agreed).

Actions in place to improve performance across Unscheduled Care are outlined on slide 11

### 3. BETTER CARE: Accident and Emergency Attendances by Hospital Site (Continued)

Target (2% reduction  
on previous year)  
172,750

Performance  
178,271

Hospital Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	YTD 25/26 Total	YTD 24/25 Total	Var 2025/26 from 2024/25	2025/26 Trajectory (2% reduction on 2024/25)	25/26 YTD vs Trajectory
Queen Elizabeth University Hospital	8,610	8,891	8,551	8,970	9,176	44,198	43,030	2.71%	42,169	4.8%
Glasgow Royal Infirmary	6,944	7,484	7,174	7,218	7,550	36,370	35,716	1.83%	35,002	3.9%
Royal Alexandra Hospital	4,729	5,098	4,736	4,916	5,080	24,559	24,162	1.64%	23,679	3.7%
Inverclyde Royal Hospital	2,436	2,610	2,551	2,584	2,523	12,704	12,951	-1.91%	12,692	0.1%
Royal Hospital for Children	6,240	6,722	5,871	5,069	5,888	29,790	29,611	0.60%	29,019	2.7%
<b>Emergency Department Sub-Total</b>	<b>28,959</b>	<b>30,805</b>	<b>28,883</b>	<b>28,757</b>	<b>30,217</b>	<b>147,621</b>	<b>145,470</b>	<b>1.48%</b>	<b>142,561</b>	<b>3.5%</b>
Vale of Leven Hospital	1,742	1,863	1,694	1,686	1,778	8,763	8,763	0.00%	8,588	2.0%
Stobhill Hospital	1,734	1,977	1,836	1,810	1,897	9,254	9,262	-0.09%	9,077	2.0%
New Victoria Hospital	2,397	2,681	2,548	2,442	2,565	12,633	12,780	-1.15%	12,524	0.9%
<b>MIU Sub-Total</b>	<b>5,873</b>	<b>6,521</b>	<b>6,078</b>	<b>5,938</b>	<b>6,240</b>	<b>30,650</b>	<b>30,805</b>	<b>-0.50%</b>	<b>30,189</b>	<b>1.5%</b>
<b>Total</b>	<b>34,832</b>	<b>37,326</b>	<b>34,961</b>	<b>34,695</b>	<b>36,457</b>	<b>178,271</b>	<b>176,275</b>	<b>1.13%</b>	<b>172,750</b>	<b>3.2%</b>

#### Summary

The information above, provides a breakdown of A&E/MIU attendances by hospital site for the period April - August 2025. Overall, three of the eight hospital sites reported a reduction in the number of attendances when compared to the same period in the baseline year. The most notable reductions in actual values can be seen at Inverclyde Royal Hospital (-247) and the New Victoria Hospital (-147), however these were countered by increases in other sites, most notably QEUH (1,168) and GRI (654).

Actions in place to improve performance across Unscheduled Care are outlined on slide 11

### 3. BETTER CARE: Accident and Emergency Attendances by Health & Social Care Partnership (Continued)

Target (2% reduction  
on previous year)  
172,750

**Performance**  
**178,271**

HSCP	Number Of A&E/MIU Presentations					2025-26 YTD Total	2024-25 YTD Total	Var 2025/26 from 2024/25	2025/26 Trajectory (2% reduction on 2024/25)	25/26 YTD vs Trajectory
	Apr-25	May-25	Jun-25	Jul-25	Aug-25					
East Dunbartonshire	2,160	2,371	2,262	2,099	2,282	11,174	10,670	4.72%	10,457	6.9%
East Renfrewshire	1,872	1,997	1,866	1,790	2,023	9,548	9,562	-0.15%	9,371	1.9%
Glasgow City	15,862	17,223	16,190	15,902	16,841	82,018	81,238	0.96%	79,613	3.0%
Inverclyde	2,390	2,569	2,538	2,463	2,417	12,377	12,556	-1.43%	12,305	0.6%
Renfrewshire	4,751	5,001	4,567	4,569	4,723	23,611	23,283	1.41%	22,817	3.5%
West Dunbartonshire	2,849	2,901	2,625	2,741	2,755	13,871	13,900	-0.21%	13,622	1.8%
<b>HSCP Sub-Total</b>	<b>29,884</b>	<b>32,062</b>	<b>30,048</b>	<b>29,564</b>	<b>31,041</b>	<b>152,599</b>	<b>151,209</b>	<b>0.92%</b>	<b>148,185</b>	<b>3.0%</b>
Other	4,948	5,264	4,913	5,131	5,416	25,672	25,066	2.42%	24,565	4.5%
<b>Total</b>	<b>34,832</b>	<b>37,326</b>	<b>34,961</b>	<b>34,695</b>	<b>36,457</b>	<b>178,271</b>	<b>176,275</b>	<b>1.13%</b>	<b>172,750</b>	<b>3.2%</b>

#### Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs during April - August 2025. There is some variation between HSCPs with three showing a reduction in A&E activity, most notably in Inverclyde HSCPs (-1.4%), when compared to the same period in the baseline year. The remaining three HSCPs show an increase, most significantly in East Dunbartonshire (+4.7%).

Actions in place to improve performance across Unscheduled Care are outlined on slide 11

## BETTER CARE: Unscheduled Care: actions to improve performance

Implementation of our Whole System Transformation programme continues with focus on addressing performance. Both the Interface Care Division and FNC+ are now established - with initial pathways in Mental Health and Paediatrics to go-live across September/October 2025 - delivering the first of the 1,000 Virtual Beds to be delivered by July 2026. The medical model for FNC+ is now agreed which will support extended operating hours, additional pathways and increased call capacity.

In order to reduce Length of stay (LoS) for emergency admissions, high impact actions are being driven around Whole System Flow improvement. Criteria-Led Discharge continues roll-out across GRI, with first wards in QEUH and RAH scheduled in October. A test of change to implement an Integrated Discharge Team in GRI rolled out in September 2025 - driving a multiagency and 'Home First' approach to discharge – and extends to QEUH in October. Enhanced Home First Response Services (HFRS) at RAH and QEUH are moving to seven-day coverage in October 2025, while recruitment is near completion for the new GRI service, which was launched in September on a five-day basis to expand to full seven-day cover.

31 Intermediate Care Beds are now in place across all HSCPs, with a further 19 to come onstream in October-November 2025. Recruitment of a dedicated solicitor complete - which will reduce AWI-related delays, while newly implemented Red Cross support for families and carers of patients experience delays will together strengthening overall discharge flow.

These actions will deliver monitored and measurable improvements from Quarter 2 onwards, with further gains in Quarter 3 and Quarter 4 as services embed and scale. The combined impact aims to improve our performance by reducing attendances, improving flow, shortening LoS, and enhancing patient experience across the unscheduled care pathway.

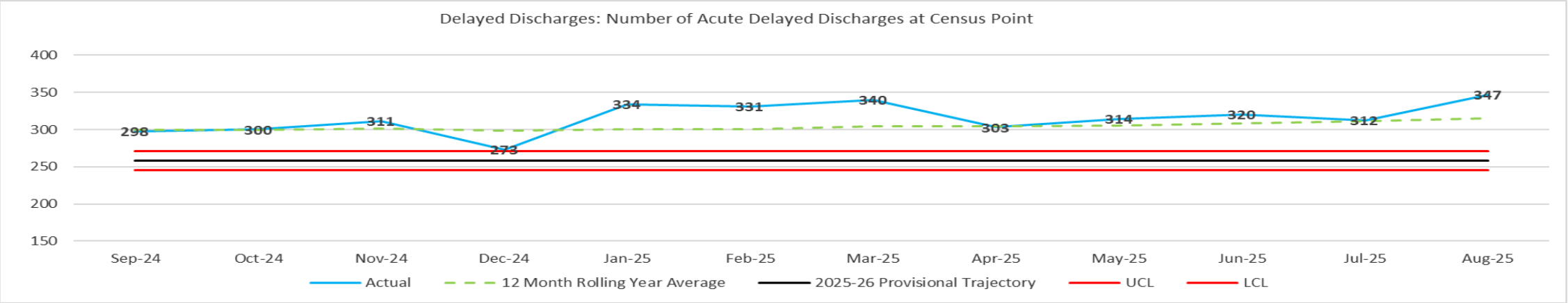


#### 4. BETTER CARE: Number of Acute Delayed Discharges

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point*

**Target**  
**258**

**Performance**  
**347**



##### Summary

##### Current Position (including against trajectory):

A total of **347** Acute delayed discharges were reported at the August 2025 monthly census point. Performance represents an 11.2% increase on the previous month's performance (312). Local management information for 9 October 2025 reports an increase to 366 acute delays.

##### Current performance is National Target:

No national target relevant.

##### Target for 31 March 2026:

Provisional target of no more than 258 acute delays each month by March 2026.

##### Key Actions

According to the most recent national data, four HSCPs within Greater Glasgow and Clyde are among the seven best-performing HSCPs across Scotland for total delayed discharges per 100,000 of the adult population, with Renfrewshire once again the best performing HSCP in Scotland. Only Glasgow City and West Dunbartonshire remain above the Scottish average for delayed discharges per 100,000 of the adult population, together accounting for around 67% of all delays within Greater Glasgow and Clyde.

Patients subject to Adult with Incapacity (AWI) legislation continue to present a challenge, both nationally and across a number of HSCPs within Greater Glasgow and Clyde. On Friday 29 August 2025, the Greater Glasgow and Clyde Chief Officers met with the SG and HIS to explore opportunities to improve AWI processes and timescales for patients delayed as a result of AWI.

A programme of improvement work is being taken forward through the Operational Improvement Plan (OIP). This includes the development of Intermediate Care beds across all HSCPs, recruitment of a dedicated solicitor, and the newly implemented Red Cross support for families and carers — all of which are expected to reduce AWI delays and bed days lost across Quarter 3 and Quarter 4. A test of change Integrated Discharge Team has also been launched at QEUH to support patient discharge between Acute and Social Work. Establishment of the Whole System Flow Improvement Group in October 2025 will support all related work as part of Transforming Together governance structure.

#### 4. BETTER CARE: Number of Acute Delayed Discharges by HSCP (continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point*

**Target**  
**258**

**Performance**  
**347**

Acute Delayed Discharges	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Monthly Variance	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	21	20	24	23	35	28	36	28	31	34	33	41	8	27	14	52%
East Dunbartonshire HSCP	21	21	13	13	26	28	29	22	20	22	14	16	2	18	-2	-11%
East Renfrewshire HSCP	5	10	9	10	9	10	13	13	14	15	18	19	1	11	8	73%
Glasgow City HSCP	174	170	176	150	176	190	172	167	168	172	157	169	12	125	44	35%
Inverclyde HSCP	7	7	9	6	7	5	4	8	11	12	15	17	2	15	2	13%
Renfrewshire HSCP	6	14	13	8	9	10	14	6	8	8	9	6	-3	9	-3	-33%
<b>HSCP Total Acute Delays</b>	<b>234</b>	<b>242</b>	<b>244</b>	<b>210</b>	<b>262</b>	<b>271</b>	<b>268</b>	<b>244</b>	<b>252</b>	<b>263</b>	<b>246</b>	<b>268</b>	<b>22</b>	<b>206</b>	<b>62</b>	<b>30%</b>
<b>Other Local Authorities Acute</b>	<b>64</b>	<b>58</b>	<b>67</b>	<b>63</b>	<b>72</b>	<b>60</b>	<b>72</b>	<b>59</b>	<b>62</b>	<b>57</b>	<b>66</b>	<b>79</b>	<b>13</b>	<b>52</b>	<b>27</b>	<b>52%</b>
<b>NHSGGC Total Acute Delays</b>	<b>298</b>	<b>300</b>	<b>311</b>	<b>273</b>	<b>334</b>	<b>331</b>	<b>340</b>	<b>303</b>	<b>314</b>	<b>320</b>	<b>312</b>	<b>347</b>	<b>35</b>	<b>258</b>	<b>89</b>	<b>34%</b>

#### Summary

As at August 2025 monthly Census point, there were a total of 347 Acute delays reported representing an 11.2% increase on the previous months' position. Five of the six HSCPs reported an increase on the previous months' position with the biggest increases reported in Glasgow City (+12) and West Dunbartonshire (+8) HSCPs.

Overall performance is currently 34% above the provisional planned monthly performance of no more than 258 delays. Two of the six HSCPs met the 2025-26 provisional target namely East Dunbartonshire and Renfrewshire HSCPs.

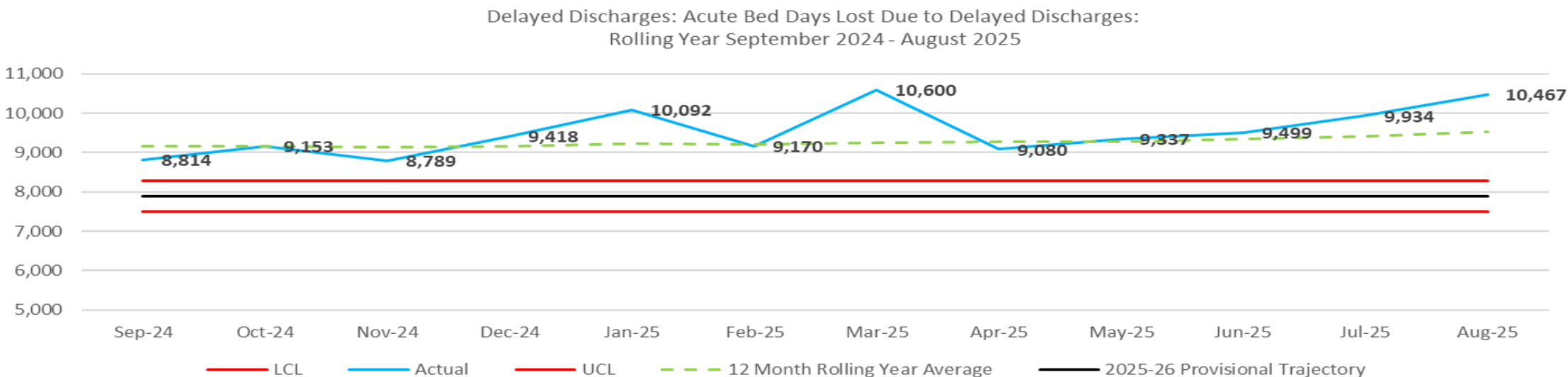
The number of NHSGGC Acute delays from other local authorities remains a challenge, current performance (79) represents a 19.6% increase on the number reported the previous month (66). Of these, 51 delays were from patients with a home postcode in the NHS Lanarkshire area.

## 5. BETTER CARE: Number of Acute Bed Days Lost to Delayed Discharge

*A reduction in the number of hospital bed days associated with delayed discharges*

Target  
**7,889**

Performance  
**10,467**



### Summary

#### Current Position (including against trajectory):

A total of **10,467** Acute bed days were lost to delayed discharges during August 2025, a 5.37% increase on the previous month's position. Current performance is 32.68% above the monthly 2025-26 provisional trajectory of 7,889.

#### Current Position Against National Target:

No national target relevant.

#### Target for 31 March 2026:

Provisional target of accumulating no more than 7,889 bed days lost to delayed discharge each month by March 2026.

### Key Actions

August 2025 saw a 5.37% increase on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outlined on slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

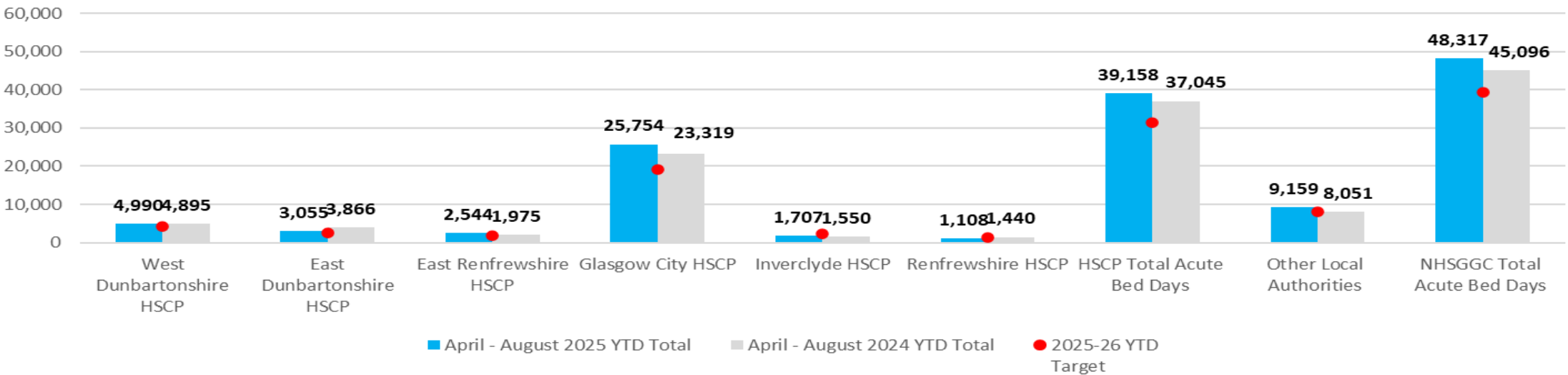
5. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

A reduction in the number of hospital bed days associated with delayed discharges

Target  
39,455

Performance  
48,317

Acute Bed Days Lost to Delayed Discharges - April - August 2025 Compared to April - August 2024



**Summary**

**Current Position (including against trajectory):**

During April - August 2025, a total of 48,317 acute bed days were lost to delayed discharges representing a 5.2% increase on the same period the previous year. Current **performance is 22% above the** provisional monthly trajectory of no more than 39,455 acute bed days lost to delayed discharge.

**Current Position Against National Target:**

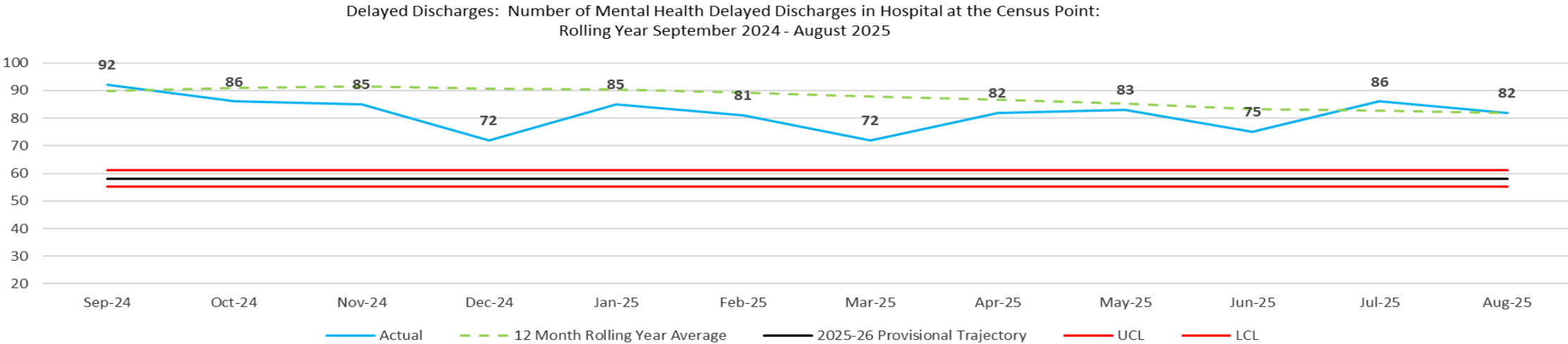
No national target relevant.

**Target for 31 March 2026:**

Provisional target of accumulating no more than 94,692 acute bed days lost to delayed discharge by March 2026 (still to be agreed).

The graph above provides a year-to-date breakdown of acute bed days lost to delayed discharges by HSCP. The actions outlined in slide 12 are aimed at reducing the number of acute bed days lost to delayed discharge.

6. BETTER CARE: Number of Mental Health Delayed Discharges	Target	Performance
<i>A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Mental Health delayed discharges at monthly census point</i>	58	82



### Summary

#### Current Position (including against trajectory):

At August census point, 82 Mental Health delayed discharges were reported, a slight decrease from the previous months’ position, but remaining above the monthly trajectory of 58. Local management information for 9 October 2025 reports an increase to 83 mental health delays

#### Current Position Against National Target:

No national target relevant.

#### Target for 31 March 2026:

**Provisional target of no more than 58 delays each month by March 2026.**

### Key Actions

Inpatient mental health services continue to face significant pressures, including high bed occupancy, staffing vacancies, and medical workforce challenges. Variation in delayed discharge performance across HSCPs remains a concern. To address these issues, a series of targeted improvement actions are underway to reduce the number of mental health bed days lost. One key initiative is the appointment of a dedicated bed manager to lead proactive discharge planning and coordination. This role is progressing well and is currently awaiting final banding approval.

From October to December 2025, a pilot programme in North East Glasgow is being launched, with rapid expansion planned across Glasgow City. The initiative will be made available to all HSCPs equipped to deliver crisis support or Community Mental Health Assessment and Crisis Services (CMHACs). This innovative model enables access to clozapine therapy without requiring hospital admission—an approach expected to significantly reduce reliance on inpatient care. Glasgow City HSCP has now appointed to a senior medical post for the CMHACs which means we can fully implement the model and this will support patients to leave hospital more quickly and receive care and treatment at home.

## 6. BETTER CARE: Number of Mental Health Delayed Discharges by HSCP (Continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Mental Health delayed discharges at monthly census point*

**Target**  
**58**

**Performance**  
**86**

Mental Health Delayed Discharges	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Monthly Variance	Monthly Target	Variance from Target
West Dunbartonshire HSCP	3	4	6	3	2	5	4	8	9	8	7	7	0	2	5
East Dunbartonshire HSCP	7	6	4	4	5	5	5	6	6	5	6	3	-3	0	3
East Renfrewshire HSCP	2	2	2	2	0	1	3	1	2	1	2	2	0	0	2
Glasgow City HSCP	63	60	56	47	63	57	51	56	56	54	67	63	-4	51	12
Inverclyde HSCP	1	0	0	0	0	1	1	1	1	2	0	0	0	0	0
Renfrewshire HSCP	6	5	3	3	4	3	2	2	2	2	1	1	0	2	-1
<b>HSCP Total Mental Health Delays</b>	<b>82</b>	<b>77</b>	<b>71</b>	<b>59</b>	<b>74</b>	<b>72</b>	<b>66</b>	<b>74</b>	<b>76</b>	<b>72</b>	<b>83</b>	<b>76</b>	<b>-7</b>	<b>55</b>	<b>21</b>
<b>Other Local Authorities Mental</b>	<b>10</b>	<b>9</b>	<b>14</b>	<b>13</b>	<b>11</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>NHSGGC Total Mental Health</b>	<b>92</b>	<b>86</b>	<b>85</b>	<b>72</b>	<b>85</b>	<b>81</b>	<b>72</b>	<b>82</b>	<b>83</b>	<b>75</b>	<b>86</b>	<b>82</b>	<b>-4</b>	<b>58</b>	<b>24</b>

### Summary

All HSCPs with the exception of Inverclyde and Renfrewshire HSCPs are currently above their planned position. Two of the six HSCPs reported an improvement on the previous months' position namely, Glasgow City (-4) and East Dunbartonshire (-3).

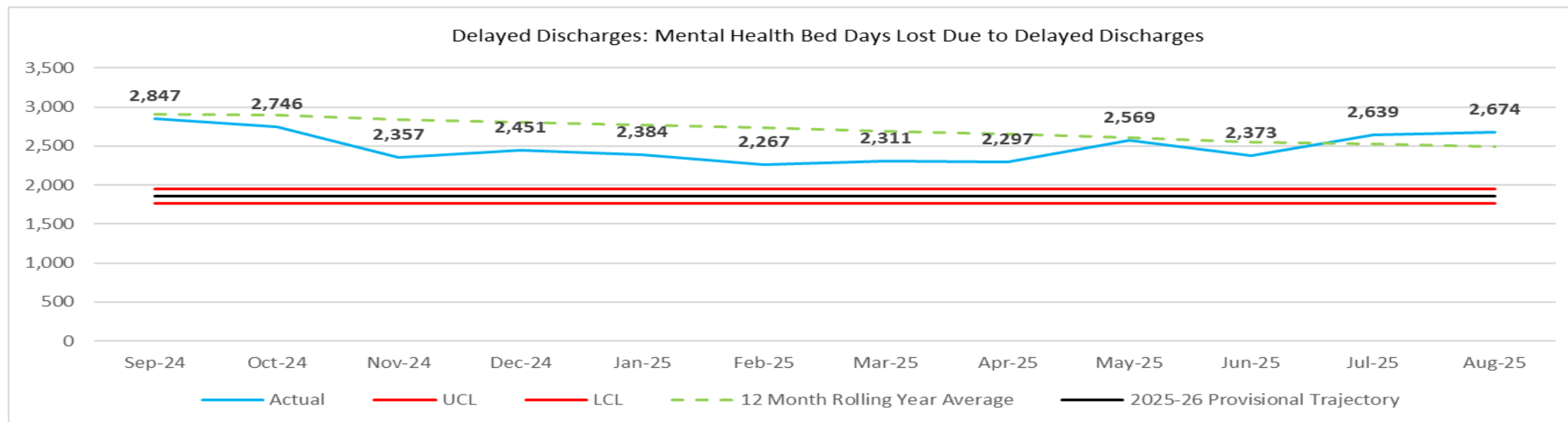
The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

## 7. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge

*A reduction in the number of mental health bed days associated with delayed discharges*

**Target**  
**1,857**

**Performance**  
**2,674**



### Summary

#### **Current Position (including against trajectory):**

A total of 2,674 Mental Health bed days were lost to delayed discharges during August 2025, representing a 1.3% increase on the previous month's position. Current performance is above the monthly provisional trajectory of 1,857.

#### **Current Position Against National Target:**

No national target relevant.

#### **Target for 31 March 2026:**

No more than 1,857 bed days lost to delayed discharge per month by March 2026.

The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.



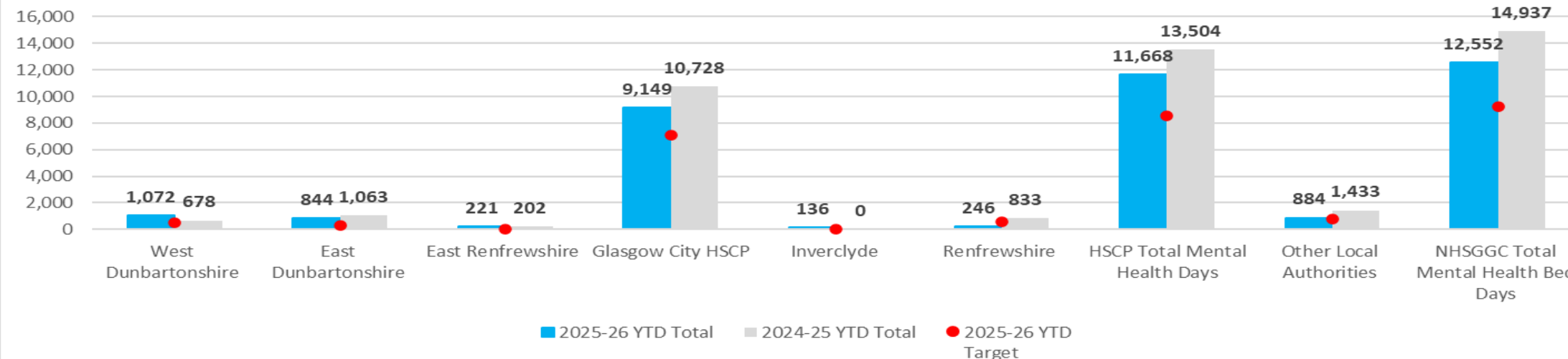
## 7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

*A reduction in the number of hospital bed days associated with delayed discharges*

**Target**  
**9,268**

**Performance**  
**12,552**

Mental Health Bed Days Lost to Delayed Discharges - April - August 2025 Compared to April - August 2024



### Summary

#### **Current Position (including against trajectory):**

During the period April - August 2025, a total of 12,552 Mental Health bed days were lost to delayed discharges, a 19% reduction on the same period the previous year, however current performance remains above the provisional trajectory of 9,268.

#### **Current Position Against National Target:**

No national target relevant.

#### **Target for 31 March 2026:**

No more than 1,857 mental health bed days lost to delayed discharge per month by March 2026.

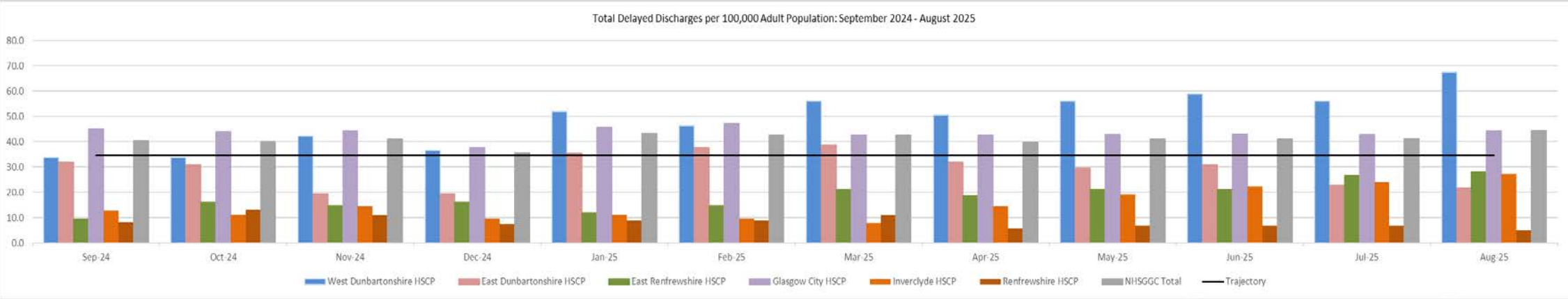
The graph above provides a year-to-date breakdown of mental health bed days lost to delayed discharges by HSCP. The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

8. BETTER CARE: Total Number of Delayed Discharges Per 100,000 Adults (All delays)

A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed.

Target  
34.6

Performance  
44.4



**Summary**

**Current Position (including against trajectory):**

Overall, a total of **44.4** delayed discharges per 100,000 adult population were reported at the monthly census point in August 2025 across NHSGGC, above the national target of 34.6 per 100,000 adults. Current performance is an increase on the previous month's performance of 41.2, and 28.3% above the national monthly trajectory of 34.6 per 100,000 adult population. Within GGC, Glasgow City (44.3) and West Dunbartonshire (67.5) are above trajectory, with all other HSCPs below.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

**No more than 34.6 total delays per 100,000 population each month by March 2026.**

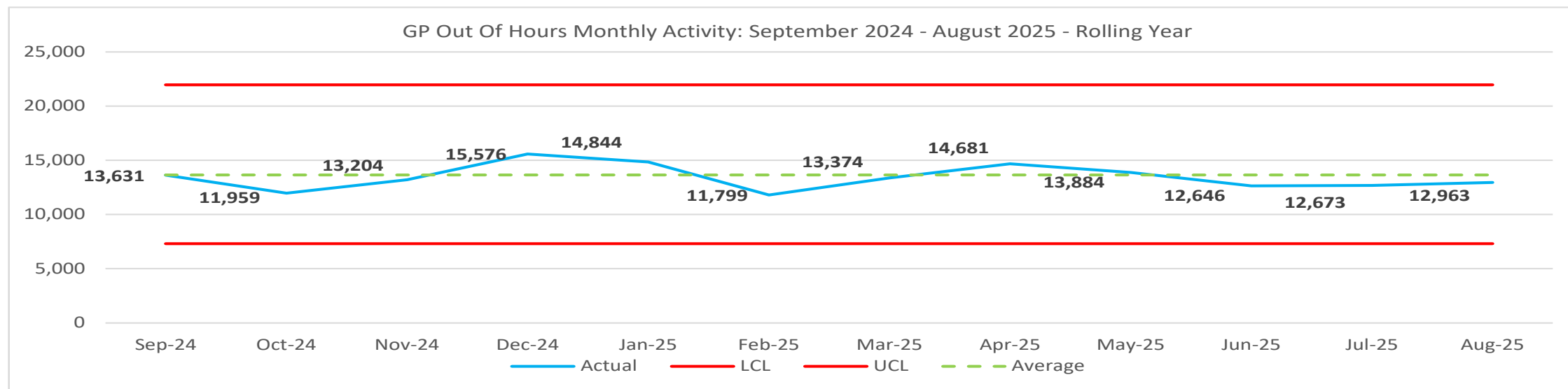
**Key Actions**

Actions in place to improve performance in delayed discharge are outlined on slides 12 (Acute) and 16 (Mental Health).

## 9. BETTER CARE: GP Out Of Hours Activity

*The number of patients using the GP out of Hours Services*

**For Information Only**



### Summary

**Current Position (including against trajectory):**

**Current Position Against National Target:**

**Target for 31 March 2026:**

A total of **12,963** GP Out Of Hours contacts were made during August 2025.

No relevant national target.

There is no target for GPOOH activity however, NHSGGC remain fully committed to ensuring access to GPOOH Service.

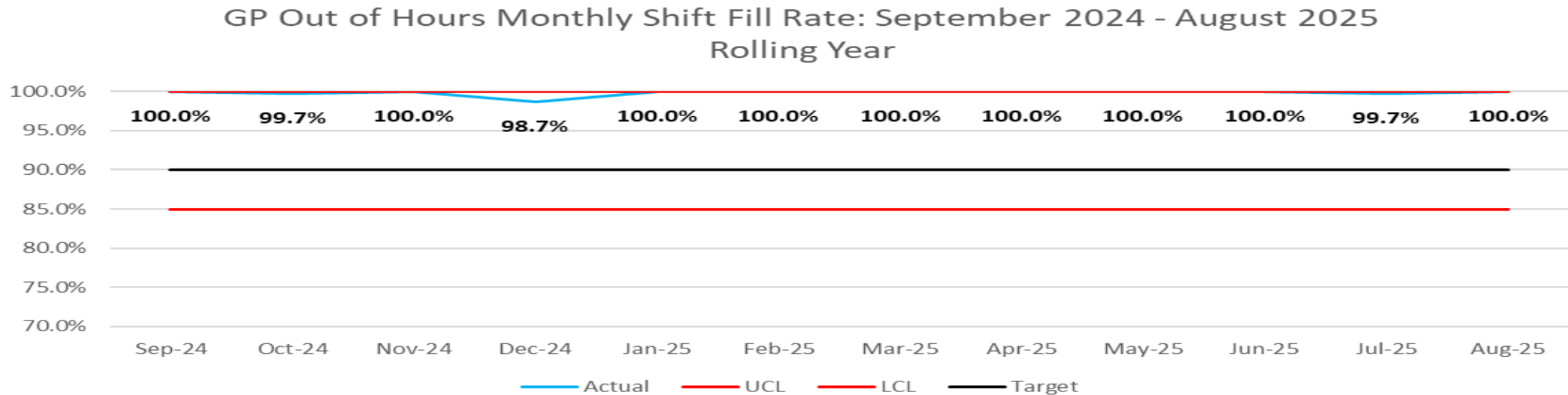
Activity year-to-date was 66,847 contacts, a 3% decrease compared to the previous year.

# 10. BETTER CARE: Number of GP Out of Hours Scheduled Shifts Open

The percentage of scheduled GP Out Of Hour Shifts that were open

Target  
90%

Performance  
100%



## Summary

**Current Position (including against trajectory):**

**Current Position Against National Target:**

**Target for 31 March 2026:**

In August 2025, 100% of all (299) scheduled shifts were open, exceeding NHSGGC’s target of 90%.

No relevant national target.

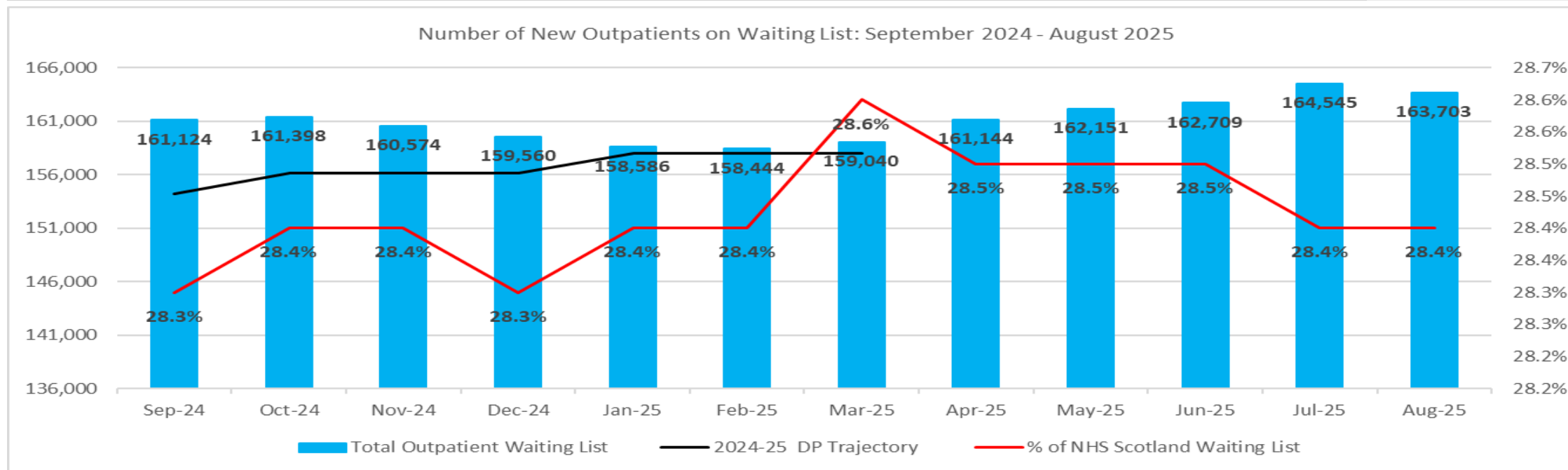
NHSGGC Target 90%. The target continues to be exceeded.

GP Out of Hours shift fill rates have remained at or close to 100% for the past 12 months, consistently exceeding the 90% target, reflecting stable workforce availability and rostering.

## 11. BETTER CARE: New Outpatient Wait List

*The number of new outpatients on the new outpatient waiting list*

For Information



### Summary

#### **Current Position (including against trajectory):**

The total outpatient waiting list remains high, with 163,703 patients waiting for a new consultant outpatient appointment as at end of August, however this is a decrease of 842 patients from the previous month  
 28.4% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of August 2025 were NHSGGC patients.

#### **Current Position Against National Position:**

#### **Projection for 31 March 2026:**

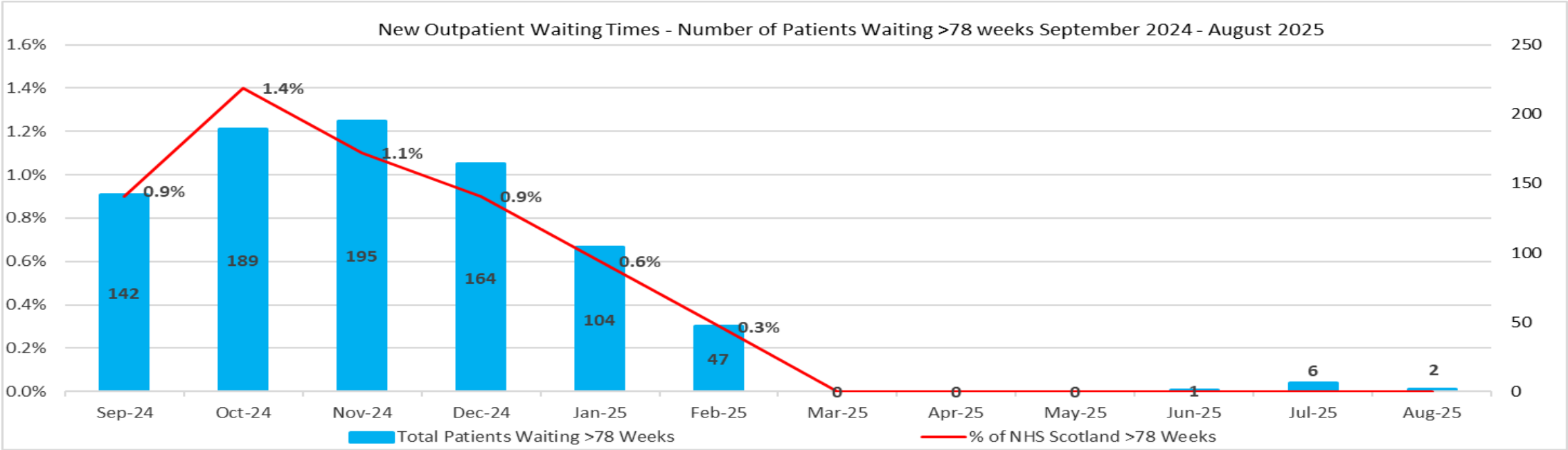
**For information only - no year end target has been set.**

Actions in place to continue to reduce the number of patients on the new outpatient waiting list are outlined on slide 27

## 12. BETTER CARE: Number of New Outpatients waiting >78 weeks for a new outpatient appointment

Target  
0

Performance  
2



### Summary

**Current Position (including against trajectory):**

**Current Position Against National Position:**

**Target for 31 March 2026:**

At the end of August 2025, two patients were waiting >78 weeks for a first new outpatient appointment.

>0.01% of NHS Scotland's total patients waiting >78 weeks at the end of August 2025 were NHSGGC patients.

**No patients to be waiting >78 weeks during 2025-26.**

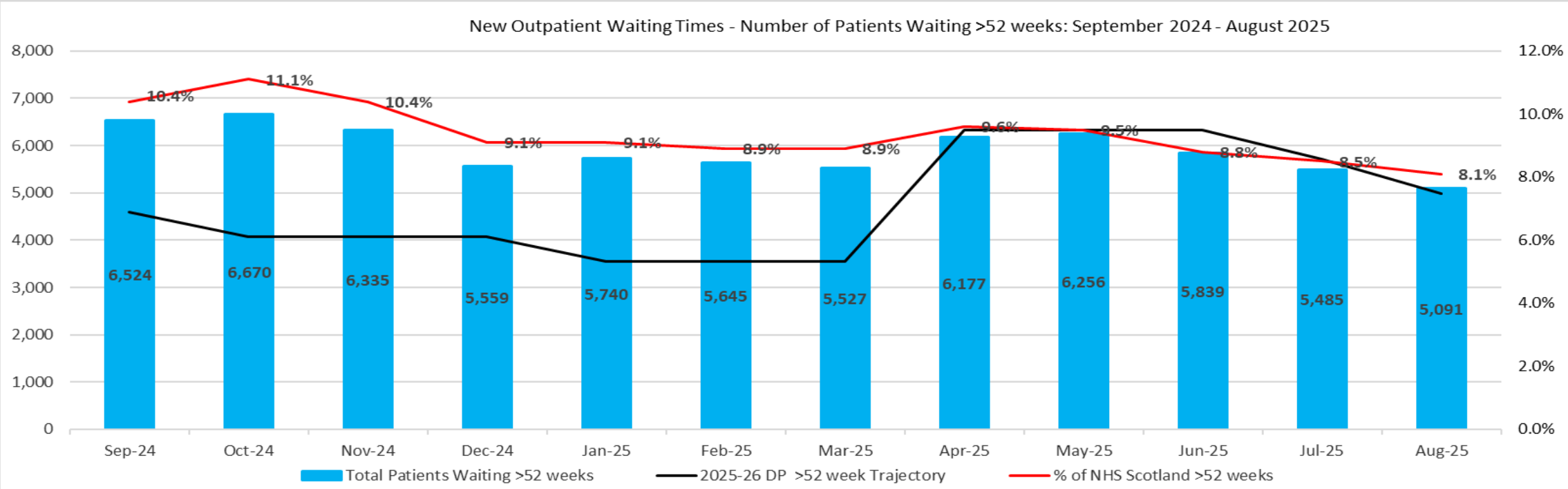
There were two patients waiting >78 weeks for a new outpatient appointment at end of August. These patients have since been seen or removed from waiting list, and as of week ending 3<sup>rd</sup> October there are no patients waiting >78 weeks.

Actions to reduce the longest waiting patients waiting are outlined on slide 27

### 13. BETTER CARE: Number of New Outpatients waiting >52 weeks for a new outpatient appointment

Target  
4,987

Performance  
5,091



#### Summary

##### Current Position (including against trajectory):

At the end of August 2025, there were a total of **5,091** patients on the new outpatient waiting list waiting >52 weeks for an appointment, a 7% improvement on the previous months' position. Current performance is 2.09% above trajectory, however the number of patients waiting over 52 weeks has reduced by around 22% compared to September 2024.

##### Current Position Against National Position:

8.1% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of August 2025 were NHSGGC patients.

##### Target for 31 March 2026:

**2025-26 DP target of no new outpatients to be waiting >52 weeks for a new outpatient appointment by March 2026**

Actions to reduce the longest waiting patients waiting are outlined on slide 27



14. BETTER CARE: New Outpatient Activity

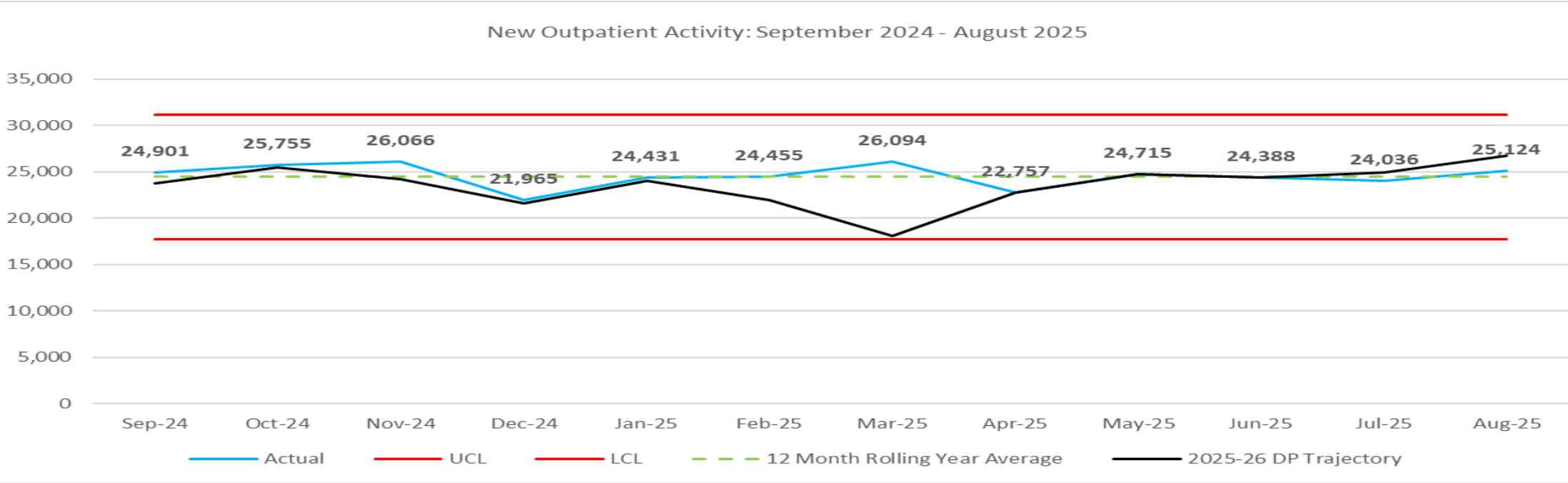
The number of new outpatients seen

Target

123,478

Performance

121,020



Summary

Current Position (including against trajectory):

New outpatient activity in August 2025 was 25,124, 6% below the monthly trajectory of 26,723. Year-to-date activity stands at 121,020, 2% below the cumulative target of 123,478.

Current Position Against National Target:

No national position relevant.

Target for 31 March 2026:

2025-26 DP target of 299,286 new outpatients to be seen by March 2026.

As seen from the chart above, NHSGGC was below the current planned activity levels by 2,458, being around 2% of the year-to-date target.

Actions to increase activity and reduce the longest waiting patients waiting are outlined on slide 27

## BETTER CARE: New Outpatients waiting - actions to increase activity levels and reduce the number of new outpatients waiting

Particular specialties continue to face significant challenges. ENT, General Surgery, and Orthopaedics are all more than 50 patients above their planned trajectory for over 52 week waits. ENT and Orthopaedics, in particular, account for a substantial share of the longest waits, with action plans in place and monitored weekly. The majority of long-waiting outpatients (62.5%) are now booked for appointments, but around a third remain unbooked, requiring further scheduling focus. In particular, only c45% of Orthopaedics patients (726 of 1,615) are booked for appointments.

- Trauma and Orthopaedic (T&O) services had 1,675 patients waiting >52 weeks at the end of August 2025 (a slight increase on the 1,662 waiting in July 2025). Whilst the continued MSK directed resource has ensured stability across spinal waits, the spinal locum has since tendered their resignation.
- Gynaecology had 388 patients waiting >52 weeks at the end of August 2025 a reduction on the 576 patients waiting at the end of July. The service continues to work to balance Urgent Suspicion of Cancer (USOC) and routine demand.
- Neurosurgery saw a reduction, with 157 patients waiting >52 weeks at the end of August 2025 from 176 at end of July 2025. New consultant capacity continues to be directed to long waiting patient management. Clinical review of long waiting patients also continues with Extended Scope Practitioner/Consultant review. Three new appointments have been at recent interview with start dates over the next couple of months.
- Ophthalmology has seen a reduction to 456 at end of August 2025 from 585 patients waiting >52 weeks at the end of July 2025. The model of virtual care is working well in providing a diagnostic hub approach to care.
- ENT waits have been challenged due to constraints with consultant vacancies, and have increased from 429 in July to 514 in August. ENT insourcing is now due to commence at the end of October to deliver 20 additional clinics per month.
- Dermatology has also seen a reduction in patients waiting > 52 weeks, from 241 in July to 224 in August, supported by access to support from NHS Lanarkshire, with capacity to see 1,000 additional patients. Dermatology is now broadly back in line with trajectory.

To address these challenges, the service is implementing a range of improvement actions across all specialties

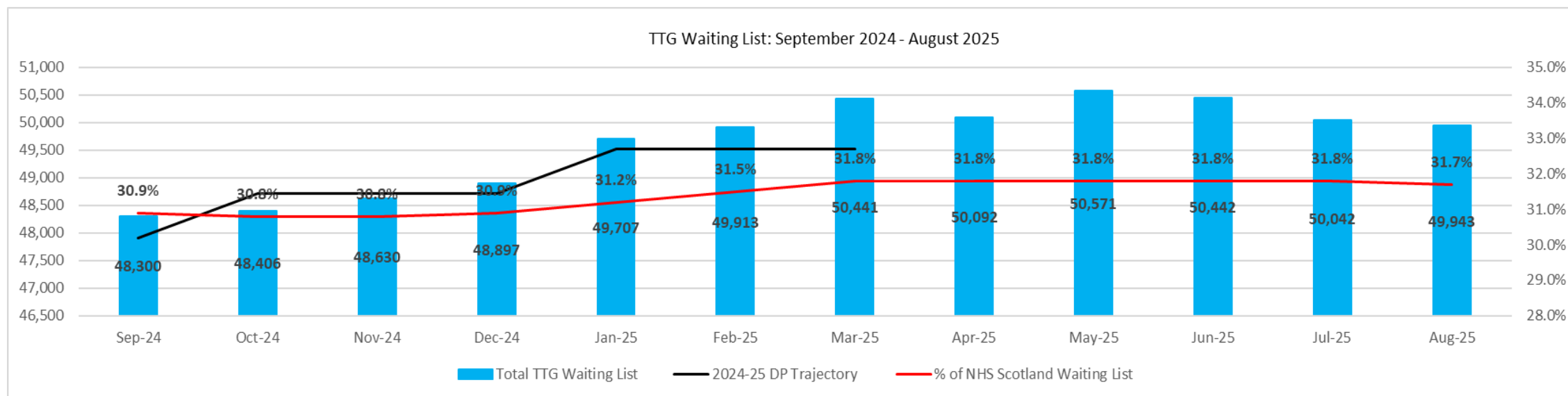
- Specialty-level action plans are being closely monitored, with weekly reviews to ensure delivery against recovery trajectories.
- Additional outpatient clinics are being scheduled, including Waiting List Initiatives (WLI) and the use of insourcing where possible, to increase throughput in the most challenged specialties.
- Booking and scheduling processes are being streamlined to ensure that all long-waiting patients are allocated appointments as quickly as possible.
- ADP-funded proposals continue to be implemented e.g. increase in APP staffing in Orthopaedics.

Looking forward, the aim is to accelerate the reduction in over 52 week waits, with a target of reducing this number to 4,247 by the end of September and 3,477 by the end of October. The March 2026 DP target remains for no patient to be waiting over 52 weeks. Achieving this will require sustained delivery of core and additional activity, ongoing use of insourced capacity, and continued focus on booking all long-waiting patients.

## 15. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

For  
Information



### Summary

#### Current Position (including against trajectory):

At the end of August 2025, there were a total of 49,943 patients on the TTG waiting list waiting for an inpatient/daycase procedure, a 0.1% improvement on the previous months' position.

#### Current Position Against National Position:

31.7% of NHS Scotland's total TTG patients waiting at the end of August 2025 were NHSGGC patients.

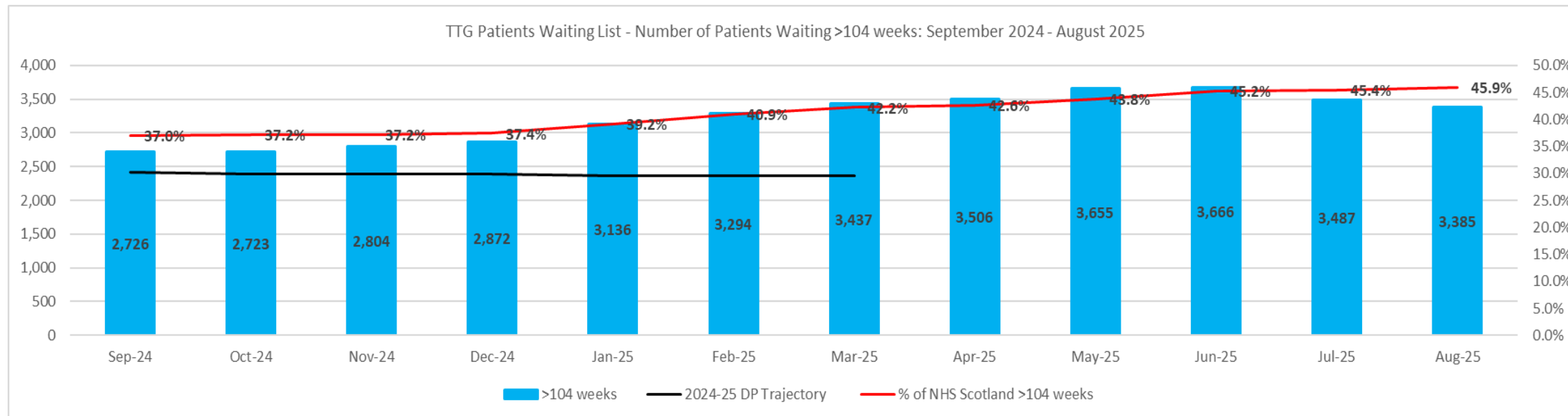
#### Target for 31 March 2026:

For information only - no year end target has been set.

Actions to reduce the number of patients waiting are outlined on slide 33.

## 16. BETTER CARE: Number of TTG patients waiting >104 weeks

For  
Information



### Summary

#### **Current Position (including against trajectory):**

At the end of August 2025, there were a total of 3,385 TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list representing a decrease on the previous months' position.

#### **Current Position Against National Position:**

45.9% of NHS Scotland's total patients waiting >104 weeks at the end of August 2025 were NHSGGC patients, this is an increase on the previous month.

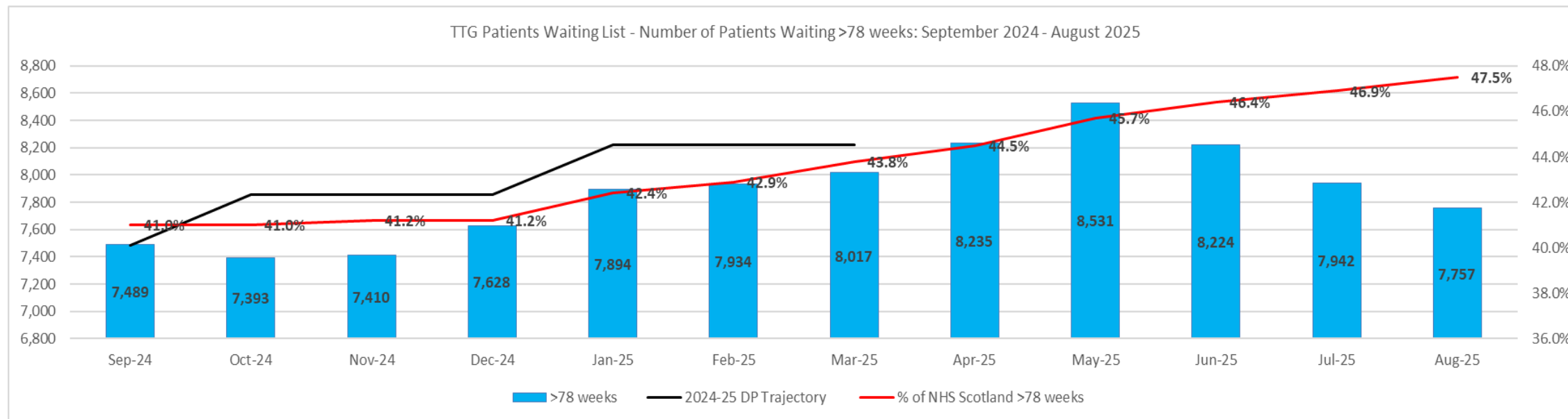
#### **Target for 31 March 2026:**

For information only - no year end target has been set.

Actions to reduce the number of patients waiting are outlined on slide 33.

## 17. BETTER CARE: Number of TTG patients waiting >78 weeks

For  
Information



### Summary

#### **Current Position (including against trajectory):**

As at August 2025 month end, a total of 7,757 TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, representing a 2.3% improvement on the previous months' position.

#### **Current Position Against National Position:**

47.5% of NHS Scotland's total patients waiting >78 weeks at the end of August 2025 were NHSGGC patients, an increase on the previous month.

#### **Target for 31 March 2026:**

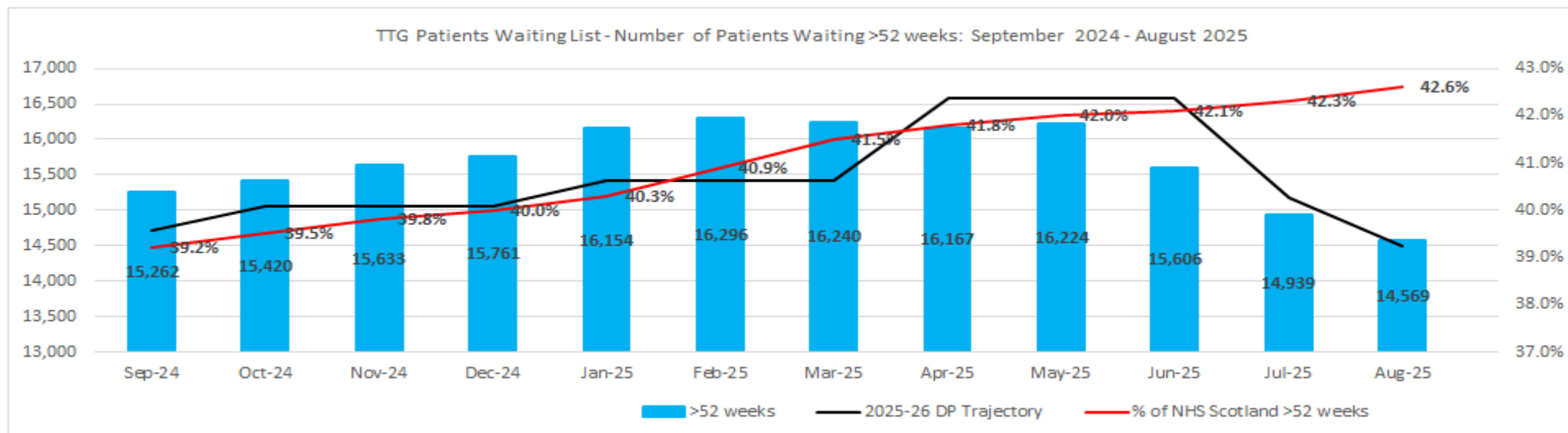
For information only - no year end target has been set.

Actions to reduce the number of patients waiting are outlined on slide 33.

## 18. BETTER CARE: Number of TTG patients waiting >52 weeks

**Target**  
**14,504**

**Performance**  
**14,569**



### Summary

#### **Current Position (including against trajectory):**

The inpatient and daycase waiting list stands at 49,943 as at the end of August 2025, with 14,569 patients breaching the 52 week TTG standard, just 65 (0.45%) above trajectory of 14,504.

#### **Current Position Against National Position:**

42.6% of NHS Scotland's total patients waiting >52 weeks at the end of August 2025 were NHSGGC patients.

#### **Target for 31 March 2026:**

2025-26 DP target of no more than 7,750 TTG patients waiting >52 weeks by March 2026.

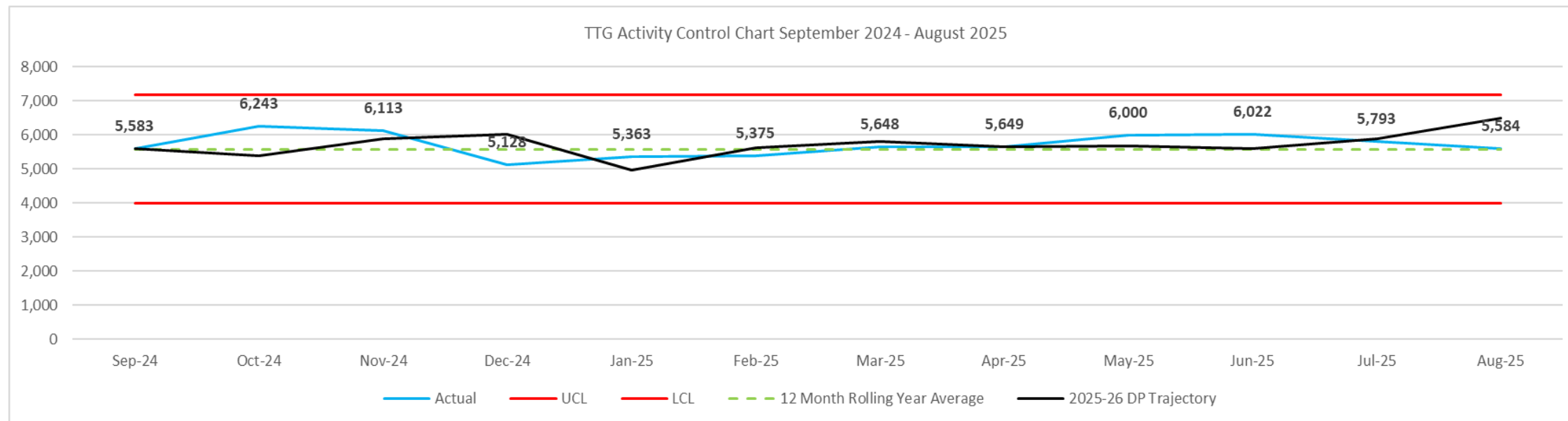
Actions to reduce the number of patients waiting are outlined on slide 33.

## 19. BETTER CARE: TTG Inpatient/Daycase Activity

The number of TTG inpatient/Daycases seen

**Target**  
**29,297**

**Performance**  
**29,048**



### Summary

#### **Current Position (including against trajectory):**

A total of 29,048 patients were seen during the period April - August 2025, slightly below the 2025-26 DP trajectory of 29,297 for April - August 2025 by 1%.

#### **Current Position Against National Target:**

No national target relevant.

#### **Target for 31 March 2026:**

2025-26 DP target of a total of 76,829 inpatient/daycases to be seen by March 2026.

Actions to increase activity and reduce the longest waiting patients waiting are outlined on slide 33



## BETTER CARE: Actions in place to increase activity and reduce the number of long waiting TTG inpatients/daycases

### Key Actions

Six specialties are over trajectory for >52 weeks by more than 25 patients : ENT, Gynaecology, Urology, Paediatric ENT, Paediatric Surgery, and Paediatric Ophthalmology.

To tackle these issues, the following improvement actions are underway:

- Additional theatre capacity is being established, with a focus on providing protected sessions for long-waiting patients. This includes both weekday and weekend lists across multiple sites supported by insourced theatre teams.
- Additional capacity will come on stream in October for a number of specialties (Gynaecology, Plastic Surgery, ENT, Ophthalmology, General Surgery, Neurosurgery, Trauma and Orthopaedics), to support reduction in long waits. Further capacity is being explored for ENT, Urology, and Spinal Orthopaedics
- Paediatric specialties remain a particular challenge (ENT, Surgery and Ophthalmology) and options to increase available capacity at RHC through additional weekend lists is being explored on the basis that capacity Monday to Friday will be fully utilised from early October onwards.
- All specialty teams have been tasked with projecting capacity for long-waiting patients and proactively booking these patients in advance, prioritising those waiting the longest.

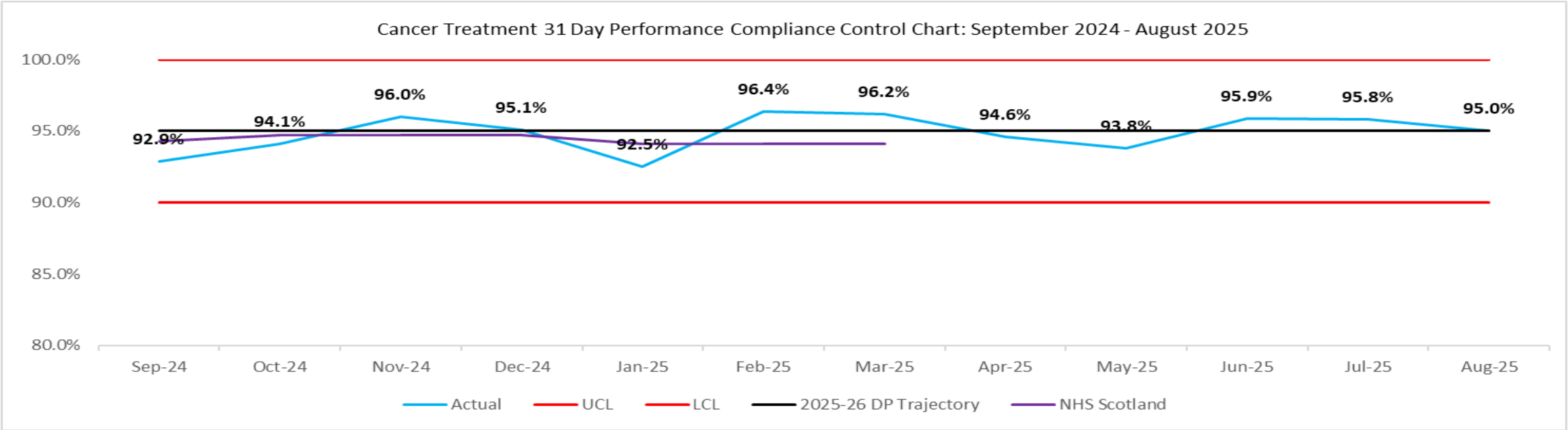
The impact of these actions is expected to accelerate the reduction in long waits over the coming months, with a target of reducing over 52 week TTG waits to 13,887 by the end of September and 12,814 by the end of October. The March 2026 DP target is for no more than 7,750 patients to be waiting over 52 weeks. Achieving this will depend on sustained delivery of core capacity, additional activity, effective use of insourcing and independent sector capacity, and robust booking of all long-waiting patients.

## 20. BETTER CARE: Access to Cancer Services Treatment Time: % of Patients Treated within 31 days of Decision to Treat

95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

**Target**  
**95%**

**Performance**  
**95%**



### Summary

#### Current Position (including against trajectory):

The latest provisional position is **95.0%** (591 of the 617 eligible patients started treatment within 31 days) for the month ending August 2025. **Target achieved.**

#### Position Against National Target:

At the quarter ending June 2025, the latest national published position, NHSGGC's performance (95.9%) is above the latest national position of 95.3%.

#### Target to 31 March 2026:

**The 2025-26 DP target of 95% achieved during 2025-26.**

### Key Actions

Overall compliance with the Cancer 31 Day Waiting Times Standard marginally reduced from 95.8% in July 2025 to 95% in August 2025, but remains on target. A total of eight of the ten cancer types exceeded the 95% target (an improvement on the seven reported the previous month). The cancer types below target were Urological (88.1% - 156 of the 177 eligible referrals started their treatment within 31 days of referral) and Colorectal (93.8% - 61 of 65 eligible referrals started their treatment within 31 days of referral).

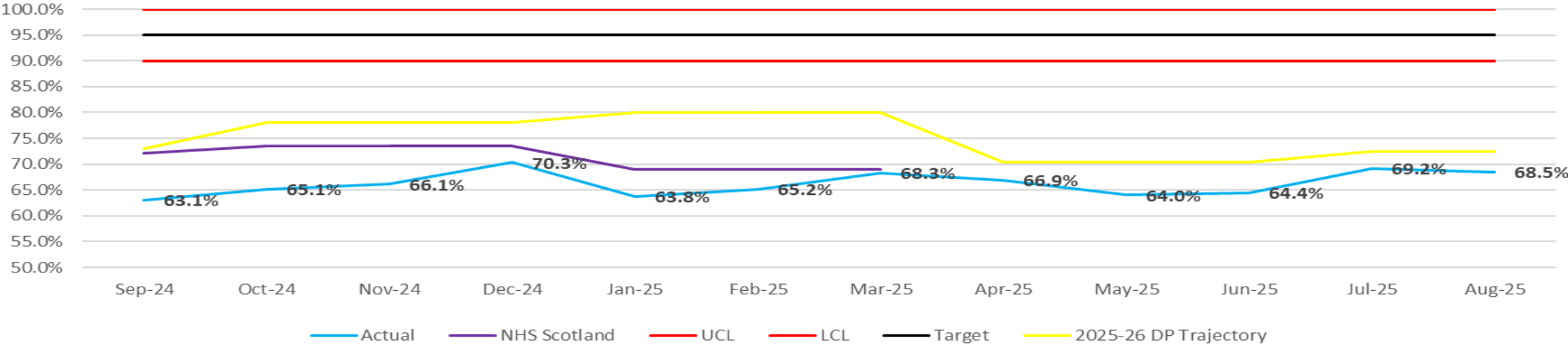
21. BETTER CARE: Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer

95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment

Trajectory  
72.5%

Performance  
68.5%

Cancer Treatment 62 Day Performance Control Chart: September 2024 - August 2025



Summary

**Current Position (including against trajectory):**

The latest provisional position is **68.5%** (280 of the 410 eligible referrals were seen) for the month ending August 2025, a slight decrease on the previous month's position of 69.2%. **Below the trajectory of 72.5%.**

**Against National Target:**

At the quarter ending June 2025, the latest national published position, NHSGGC's performance (67.9%) was below the national position of 69.9%.

**Target to 31 March 2026:**

**2025-26 DP trajectory of 76.4% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2026. National target remains at 95.0%. Work is underway to continue to improve the current position.**

Commentary

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (58.0% - 31 of the 53 eligible referrals started their treatment within 62 days) and Urology (35.7% - 35 of the 98 eligible referrals started their treatment within 62 days of referral). Other lower volume cancer types challenged during August 2025 include, Head and Neck (52.2% - 12 of the 23 eligible referrals started their treatment within 62 days of referral). Cervical (0%, from three eligible referrals and Ovarian (50% - three of six eligible referrals) also fall notably short of target.

Key actions to address performance in those high volume cancer types facing ongoing challenges are outlined in the next three slides.

## 21. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

### Overall

- Revised monthly trajectories have been developed from September 2025 – March 2026 and a provisional submission has been made to Scottish Government.
- Input is in place from Scottish Government via CfSD. The Lanarkshire Assistant Service Manager has also been providing support to the tracking processes.
- Review of current tracking and escalation processes, incorporating best practice from NHS Lanarkshire model, is progressing. A pilot of changes to the patient tracking meetings will start in October 2025 and a review of Cancer Team roles and responsibilities, including process mapping work, has commenced.
- Breach analysis work is underway to understand pathway challenges, with subsequent DCAQ analysis to demonstrate the required capacity to meet service demands.
- An improved escalation process is being progressed, a new Standard Operating Procedure will be issued and a refreshed format for weekly escalation reports is being confirmed.
- To improve Pathology waiting times, a series of actions have been undertaken to address the biopsy loading, microtomy and reporting backlogs. Short term actions include recruitment to one medical vacancy and an additional locum for 12 months, outsourcing, additional EPAs, Medical Bank, Lab staff overtime & BMS Locums to reduce the backlog.
- To improve PET CT waiting times, two extra sessions are planned for late September 2025, each of these sessions will allow for an extra eight patients per day. For the month of October there are five provisional additional sessions planned.

### **Colorectal – August 2025 Performance: 58.5% - 31 of the 53 eligible referrals started their treatment within 62 days of referral (above the July – September 2025 trajectory of 55.0%).**

- Colorectal performance decreased from 62.7% in July 2025 to 58.5% in August 2025.
- The colorectal cancer review group has completed DCAQ modelling and has implemented a number of actions to improve performance, further actions are in place as detailed below:
- The national Optimal Colorectal Cancer Pathway was published in early 2025 and additional funding requests were made to support the implementation. £471k of additional non-recurring funding was received in September 2025 to support pathology and radiology.
- Outsourcing of CT colon reporting commenced in August 2025 to reduce acquisition to report time to 10 days from a current median of 30 days. The radiology funding noted above allows for the training of 6 consultant radiologists in CT colon to provide a robust in-house service to be implemented.
- The Q-fit regrading has been fully implemented and the patients on the waiting list have been revalidated.
- A review of the bowel screening pathway by the clinical lead to understand the delays as the screened colorectal performance is lower than the non-screened; however, the bowel screening pathway is simpler.
- Colonoscopy activity is supported by cancer funding for Nurse Endoscopists.
- Additional surgical capacity for 30 colorectal patients has been confirmed at the Golden Jubilee National Hospital from October 2025. This will be used for benign cases to provide additional in-house capacity for the colorectal team for cancer patients.
- Regrading policy reiterated to all clinicians to ensure patients are correctly categorised at vetting and at point of biopsy and removed from tracking.

## 21. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

**Lung – August 2025 Performance: 75.0% - 27 of the 36 eligible referrals started their treatment within 62 days of referral (below the July – September 2025 trajectory of 89.0%).**

- Lung performance increased from 71.2% in July 2025 to 75.0% in August 2025.
- Lung performance has been predominantly above 70% and breach analysis has shown that small gains at various stages of the pathway could increase compliance. Lung navigator posts have been appointed and these will assist with patient flow through the pathway.
- The Optimal Lung Pathway has been published and the lung clinical group will map current pathways against this to ensure that there is a single agreed NHSGGC pathway in place. The clinical group is being established and led by the Deputy Medical Director for Acute.

**Urology - August 2025 Performance: 35.7% - 35 of the 98 eligible referrals started their treatment within 62 days of referral (below the July – September 2025 trajectory of 46.5%).**

- Clinical pathways for bladder, prostate and penile cancer have been benchmarked to high performing centres and agreed.
- A cancer improvement group, chaired by the Deputy Acute Medical Director has been established.
- Additional TP Biopsy capacity is being tendered from the private sector.
- There are two consultant vacancies – one has been filled from September and the other is in the recruitment process.
- Additional RALP theatre session started in September 2025.
- DCAQ modelling completed and now being refined further from the Scottish model to inform investment options. To meet the capacity requirements and support the proposed diagnostic model of nurse led prostate, recruitment will progress for two clinical nurse specialists, 2 locum consultants and sessional additional support for oncology.
- Oncology clinic capacity challenged, ring fenced slots for tracked patients being protected.

## 21. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

### **Cervical – August 2025 Performance: 0 of the 3 eligible referrals started their treatment within 62 days of referral (below the July – September 2025 trajectory of 50.0%)**

- USOC referral numbers to gynaecology are significant, however the conversion rate to cancer is only 1%. Currently, there is a significant backlog of patients waiting to be seen.
- Redesign of scanning arrangements to fast-track assessment of urgent suspicion of cancer referrals. Additional funding for direct to scan in place from September 2025.
- All waiting list initiative clinic activity is now switched to cancer with a reduction in wait to first outpatient appointment of 2 weeks every month.
- Alongside this the service continues to commit to local and national redesign work-streams including use of best practice guidelines and interface with other stakeholders such as other gynaecology departments, royal college initiatives, local general practitioners and Primary Care.

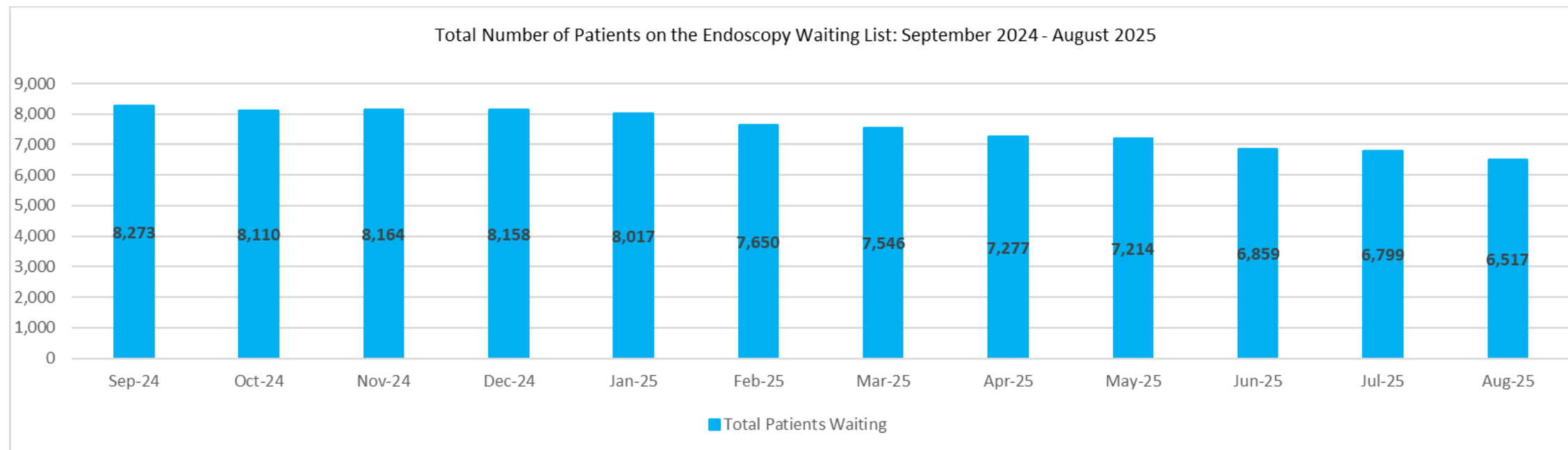
### **Head & Neck – August 2025 Performance: 52.2% - 12 of the 23 eligible referrals started their treatment within 62 days of referral (above the July – September 2025 trajectory of 65.0%).**

- H&N performance decreased from 70.0% in July 2025 to 52.2% in August 2025.
- The key issues impacting head & neck performance are delays to first outpatient appointment. Current waits for first appointment are around 34 days. The clinical group is being established and the priority will be to address the clinic capacity and ensuring that there are sufficient slots to meet demand.
- Diagnostic Hub model progressing, two clinical nurse specialists recruited and will see full impact on Waiting Times following 12 month training period (Feb-26).
- Additional WLI sessions being sought to address wait for first outpatient appointment. £490k was allocated for this from cancer funding; however uptake has been low. This funding will be redirected by the clinical group to support alternate solutions as required.

## 22. BETTER CARE: Diagnostics – Endoscopy Waiting List

*Number of patients on the Endoscopy waiting list*

**For  
Information**



### Summary

#### **Current Position (including against trajectory):**

As at August 2025 month end, there were **6,517** patients on the overall waiting list, representing a further 4.1% improvement on the previous months' position.

#### **Current Position Against National Position:**

No relevant national position.

#### **Target for 31 March 2026:**

**For information only - no year end target has been set.**

Performance has seen a month-on-month reduction in the number of patients on the endoscopy waiting list with 4.1% fewer patients waiting than the previous month, and the overall waiting list reducing by 21.2% over the past year.

### 23. BETTER CARE: Diagnostics - Endoscopy Activity

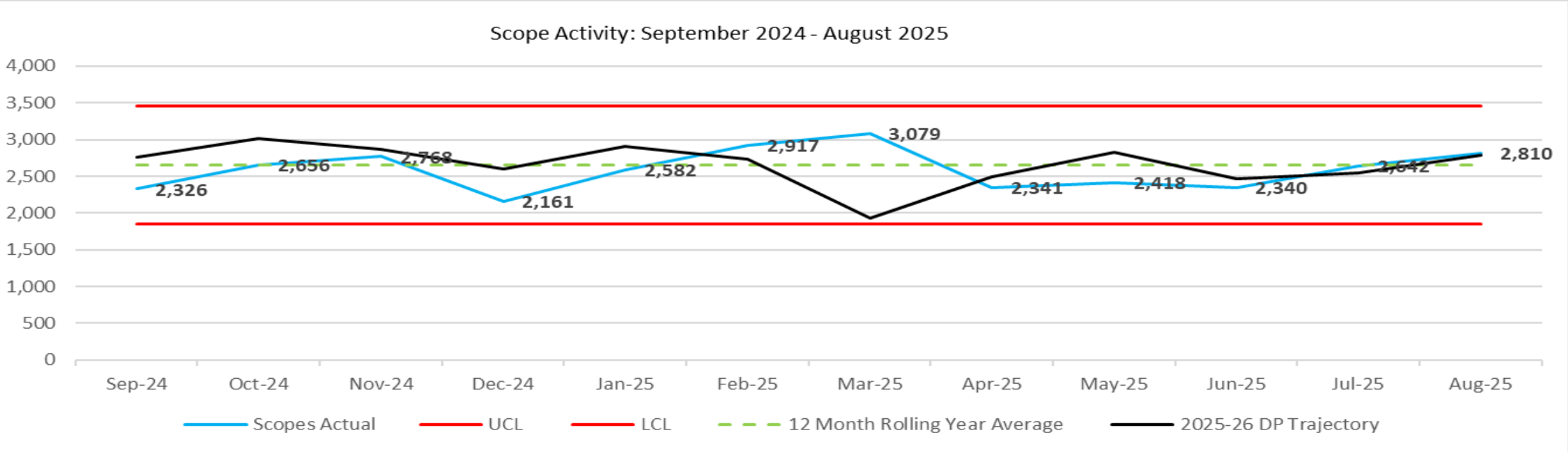
Number of Endoscopy tests carried out

Target

13,124

Performance

12,551



#### Summary

Current Position (including against trajectory):	A total of <b>12,551</b> endoscopies were carried out during April - August 2025, below the 2025-26 DP trajectory of 13,124. <b>Below trajectory by 4%.</b>
Current Position Against National Target:	No national target relevant.
Target for March 2026:	<b>2025-26 DP target of 31,091 endoscopies to be carried out by March 2026.</b>

As seen from the chart above, NHSGGC is 4% below the planned activity levels (573 under the target of 13,124) for the period April - August 2025. The overall trend for patients waiting for a diagnostic scope has continued to see an ongoing reduction since February 2025.

Endoscopy capacity continues to be prioritised for clinically urgent patients. The mobile unit capacity ceased at the end of March 2025. WLIs and increased utilisation of base sessions has supported the continued balance of urgent and long waiting patients. Plans to expand core endoscopy sessions through increase of Transnasal Endoscopy sessions continues to progress. ICT risk assessments have been completed and are awaiting final approval. Changes to Colorectal Cancer referral pathways/Qfit categorisation has been actioned, a review of the impact of this is underway.

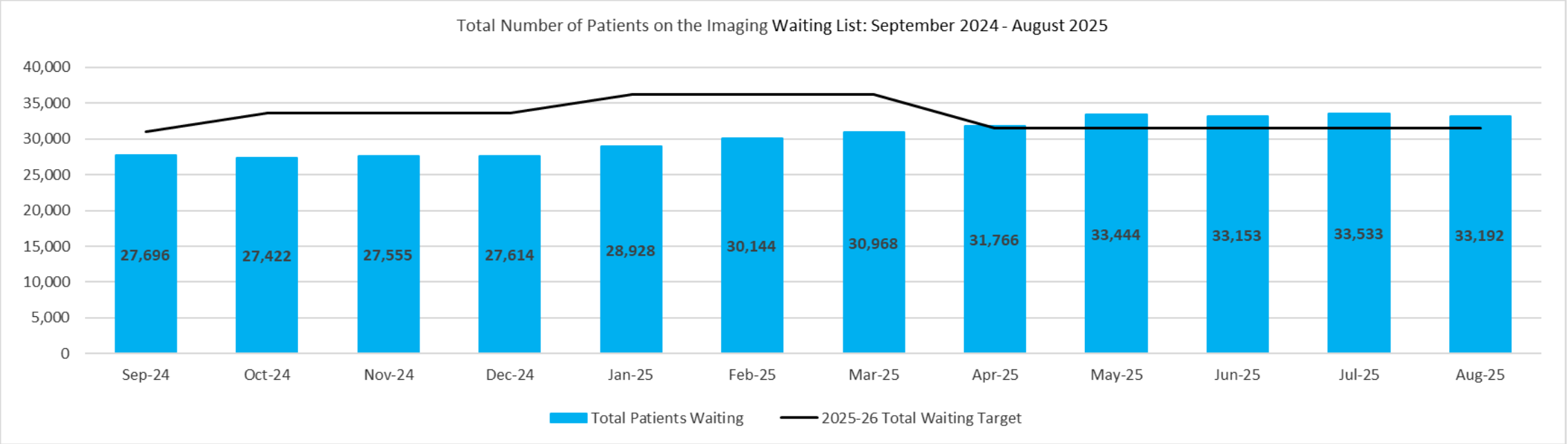


## 24. BETTER CARE: Diagnostics New Outpatient Imaging Waiting List

*The number of patients on the new outpatient imaging waiting list*

**Target**  
**31,556**

**Performance**  
**33,192**



### Summary

#### Current Position (including against trajectory):

As at August 2025 month end, there were 33,192 patients waiting on the imaging waiting list, a 1% decrease on the previous months' position. Above trajectory by 5.2% for August 2025.

#### Current Position Against National Target:

No national target relevant.

#### Target for 31 March 2026:

2025-26 target of no more than 45,820 patients to be on the Imaging Waiting List by March 2026.

The overall number of patients on the new outpatient imaging waiting list had seen a month on month increase since January 2025, August 2025 is the first month that the numbers have decreased. To address sustained pressure on imaging capacity, the service has implemented a series of targeted improvement actions. Procurement is underway to increase capacity through the addition of two Mobile MRI Units, to support reduction in long waits.

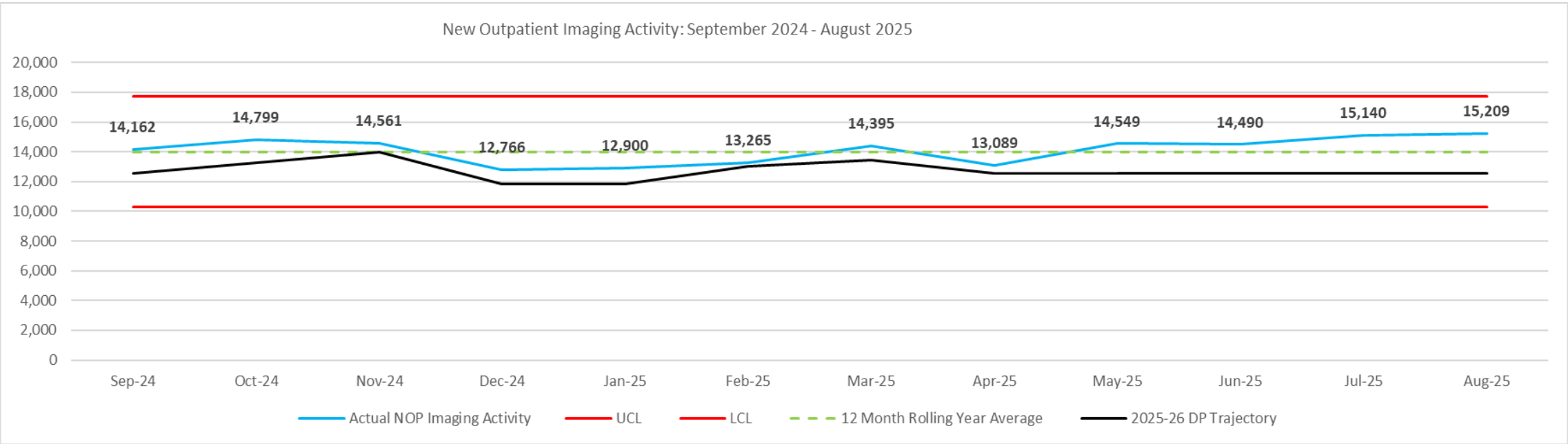
Work is underway to insource up to 7,000 ultrasound scans, aimed at relieving pressure on core capacity and reducing the backlog. A wider equipment replacement programme is also in progress, replacement of equipment provides reliable capacity, and is ongoing on an annual basis, with equipment replacement prioritised according to reliability and quality, depending on available funds. The service is also working in partnership to extend the working day for CT and MRI, to further increase capacity.

## 25. BETTER CARE: New Outpatient Imaging Activity

The number of new outpatient imaging tests carried out

Target  
62,715

Performance  
72,477



### Summary

**Current Position (including against trajectory):**

A total of 72,477 patients were seen during the period April - August 2025, exceeding the 2025-26 DP trajectory of 62,715 for the period April - August 2025. Exceeding trajectory by 15.6%.

**Current Position Against National Target:**

No national target relevant.

**Target for 31 March 2026:**

**2025-26 DP target of 150,521 imaging tests to be carried out by March 2026.**

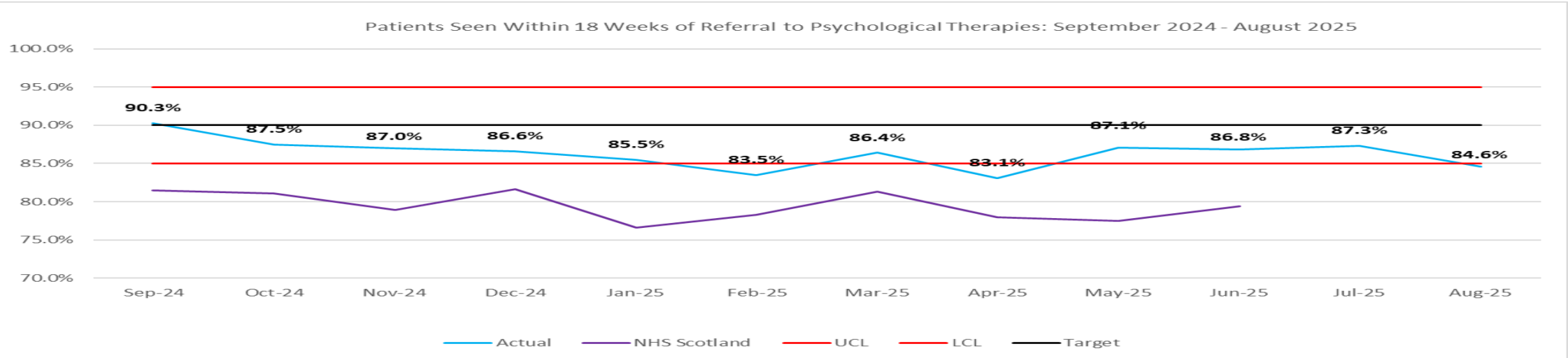
As seen from the chart above, NHSGGC exceeded the planned imaging activity levels providing 9,762 more patients than planned with access to the radiology tests they need.

26. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral

At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment

Target  
90%

Performance  
84.6%



**Summary**

**Current Position (including against trajectory):**

In August 2025, 84.6% of patients started treatment within 18 weeks, below the 90% target and outside of control limits. This is down on the 87.3% achieved in July. Monthly activity was 1,263 patients seen, consistent with previous months, however referral rates and the overall waiting list has increased, presenting a challenge in delivering the trajectory.

**Current Position Against National Target:**

National Target 90%. Performance for the latest monthly published position (June 2025) was 86.8%, above the national position of 79.4%. NHS Scotland figures are published quarterly, with the next publication covering July-September due in autumn 2025.

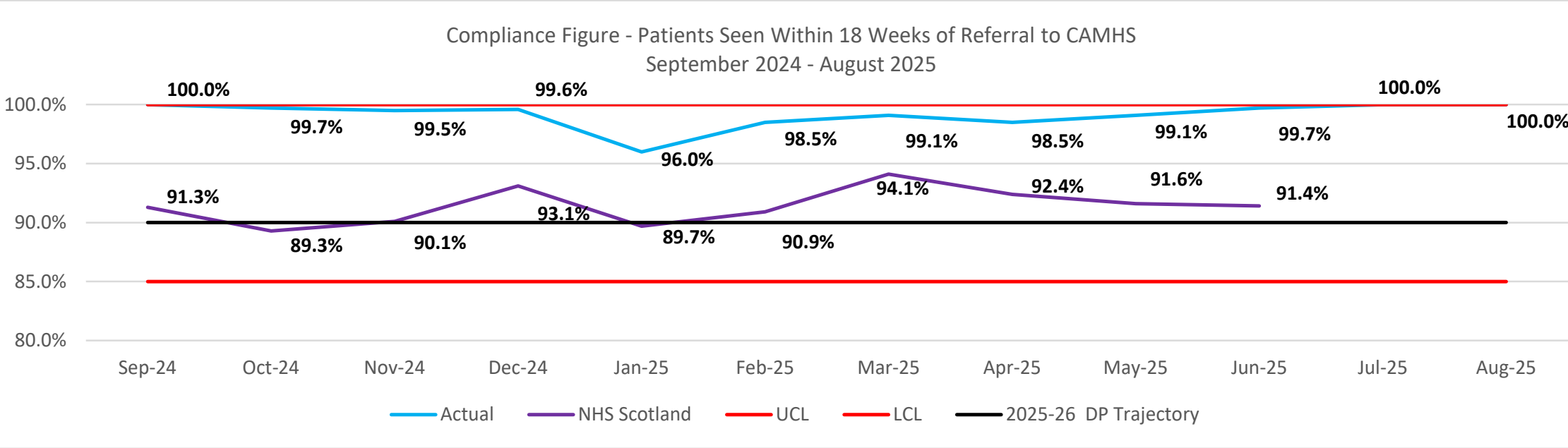
**Target for 31 March 2026:**

**Current performance is below the national target of 90%.**

**Key Actions**

August's position follows the services' continued focus on addressing the longest waiting patients and prioritising starting Psychological Therapies (PT) with patients waiting >18 weeks. The number of patients seen who had been waiting >18 weeks increased by 48% when compared to the same month the previous year. This, coupled with the effect of continual new demand, alongside the review of SG Mental Health funding and the impact this has had on PT funded posts, are all having an impact on the ability to meet the target. These influencing factors are likely to continue to impact in 2025-26. Local short-term initiatives (e.g. targeting long waits following the process of a successful recruitment) results in a localised short-term increase both in the number starting a PT and the number starting a PT who had waited >18 weeks. The aggregated effect of a few short-term initiatives can significantly impact on the numbers reported in the Board wide data.

<div>27. BETTER HEALTH: Child and Adolescent Mental Health - % of eligible patients starting treatment &lt;18 weeks of referral</div> <div>At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment</div>	<div>Target</div> <div>90%</div>	<div>Performance</div> <div>100%</div>
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<b>Summary</b>	
<b>Current Position (including against trajectory):</b>	In August 2025, 100% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, exceeding the national target of 90%. Above the 2025-26 DP target by 10%.
<b>Current Position Against National Target:</b>	National Target 90%. Performance for the latest quarterly published position (ending June 2025) was 99.7%, above the national position of 91.4%. NHS Scotland figures are published quarterly, with the next publication covering July-September due in autumn 2025.
<b>Target for 31 March 2026:</b>	<b>2025-26 national target of 90%. Currently exceeding the national target.</b>
Current monthly performance continues to by far exceed the national waiting times target of 90% and NHS Scotland’s overall position.	

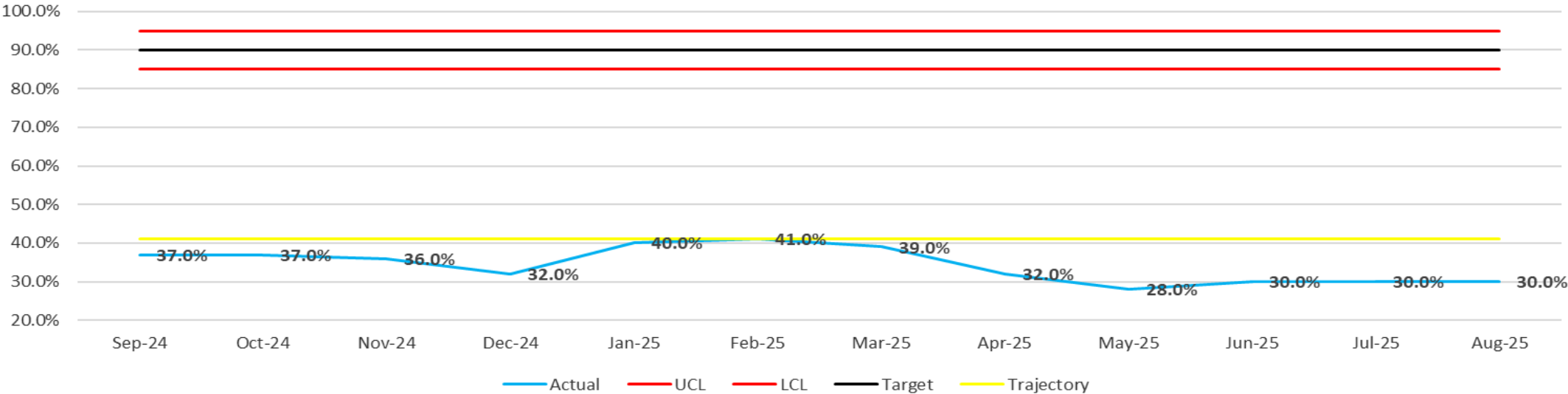
28. BETTER CARE: MSK Physiotherapy Waiting Times - % of patients seen <4 weeks

At least 90% of referrals will wait no longer than 4 weeks from referral to start treatment

Target  
41.0%

Performance  
30.0%

Patients Seen Within 4 Weeks of Referral to MSK Services: September 2024 - August 2025 - Trajectory to September 2025



**Summary**

**Current Position (including against trajectory):**  
position

In August 2025, **30.0%** of patients were seen within four weeks, remaining static compared to last month's position and below the trajectory of 41%. This figure relates to the percentage of urgent referrals seen. The percentage of patients seen within four weeks will not vary greatly (as they comprise the urgent referrals) until the routine waiting times are closer to the four-week target.

**Current Position Against National Target:**

Performance for the latest available national published position (ending March 2025) is 65%, above the national position of 48%.

**Target for 31 March 2026:**

41% by March 2026 (trajectory reflects referral rates being higher than the previously agreed trajectory).

Actions to increase activity and reduce the number of long waiting patients are outlined on slide 46

## 30. BETTER CARE: MSK Physiotherapy – Actions to Increase Activity and Reduce Waiting Times

### Context and Actions

Overall compliance with the national target in August 2025 is challenged in the main due to ongoing rising demand; peak leave period and longstanding vacancy levels. In addition, the service continues to release 0.9 wte to support orthopaedic spinal waiting times. These factors have combined to impact on new patient capacity. Demand has risen by 20% over the last 2 years but workforce has remained static. Access monies now cover 1.5wte Agency staff while awaiting the return of the staff released to support orthopaedic spinal waiting times work and recruitment to longstanding vacant posts.

The service has previously been able to ensure that all urgent referrals are seen within the 4 week target (approx. 42% of total referrals are clinically prioritised as urgent). However, the rise in demand means that the 42% of all referrals requires increased New Patient Appointment slots. Over the last three months appointing all urgent referrals within three weeks has been challenging and the service continues to take action to rectify this. Breaches are highlighted to the MSK management team and they ensure patients are appointed with no clinical detriment. This involves converting routine appointments to urgent and therefore routine waiting times have risen (max wait 18 weeks).

Healthcare Improvement Scotland (HIS) have supported MSK Physiotherapy service with a seven-week sprint QI model to support waiting times work. The HIS team supported three projects all aimed at improving access and increasing service efficiency. The three projects are: Patient Initiated Review; Empowerment of patient at point of referral (Netcall evaluation); and the spread of Osteo Arthritis pathways work. These tests of change are small scale initially as advised by HIS (to have a purist QI approach). The data is being collected to support plans to spread the approach over the next few months.

Return slots not utilised continue to be merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. The service carried out a detailed snapshot audit of this process in May 2025. The process creates huge burden on admin staff and the data supports that New Patient (NP) capacity is not being maximised. We have decided to provide staff with expected NP targets. We have asked BI colleagues to build data reports with the expectation that staff achieve their targets, which will be monitored closely and any required corrective action taken. This will take some time to embed but is in the planning stages to ensure that NP capacity is maximised by all.

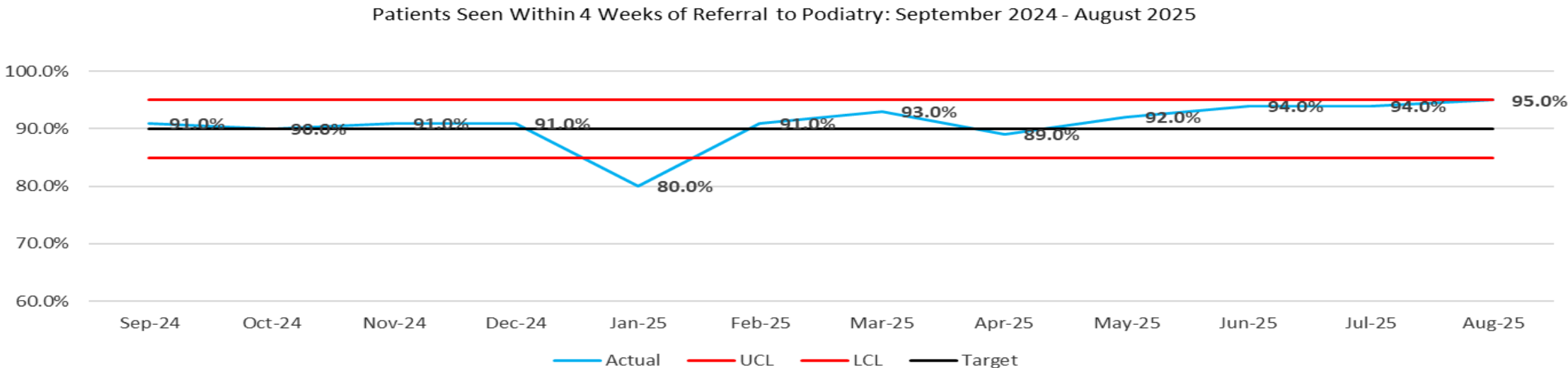
The new PHS website data shows that MSK Physiotherapy service in GGC has significantly higher referral rates per 100,000 population than other Boards which demonstrates that services remain accessible to the population as a whole.

29. BETTER CARE: Podiatry Waiting Times: % of patients seen <4 weeks

*At least 90% of clients will wait no longer than 4 weeks from referral to start treatment*

Target  
90%

Performance  
95%



**Summary**

**Current Position (including against trajectory):**

95% of eligible podiatry patients were seen <4 weeks of referral in August 2025, slightly improved from the previous months' position and above national target by 5%.

**Current Position Against National Target:**

No national position available.

**Target for 31 March 2026:**

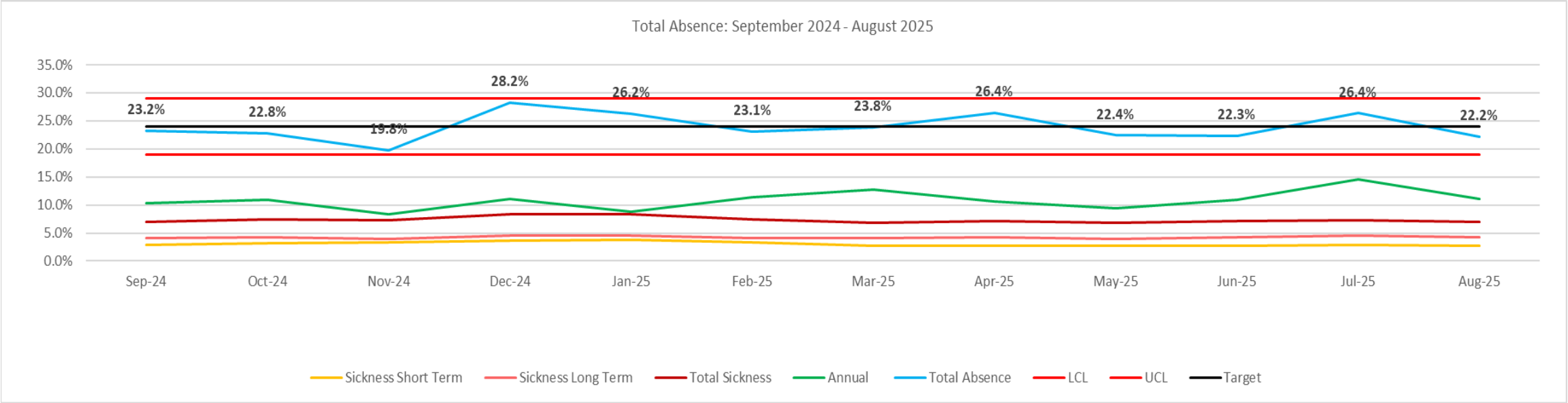
Target of 90% (national target). Performance is above the national target of 90%.

### 30. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target  
24.0%

Performance  
22.2%



#### Summary

##### Current Position:

During August 2025, overall absence across NHSGGC was 22.2%, an improvement on the 26.4% reported the previous month. The highest levels of absence across NHSGGC are due to annual leave (11.1%, down from 14.6% the previous month) and sickness absence (7%, down from 7.4% the previous month).

##### Current Position Against National Target:

No relevant national target.

##### Target for 31 March 2026:

No projection has been agreed.

Actions to address sickness absence are outlined on the next slide.

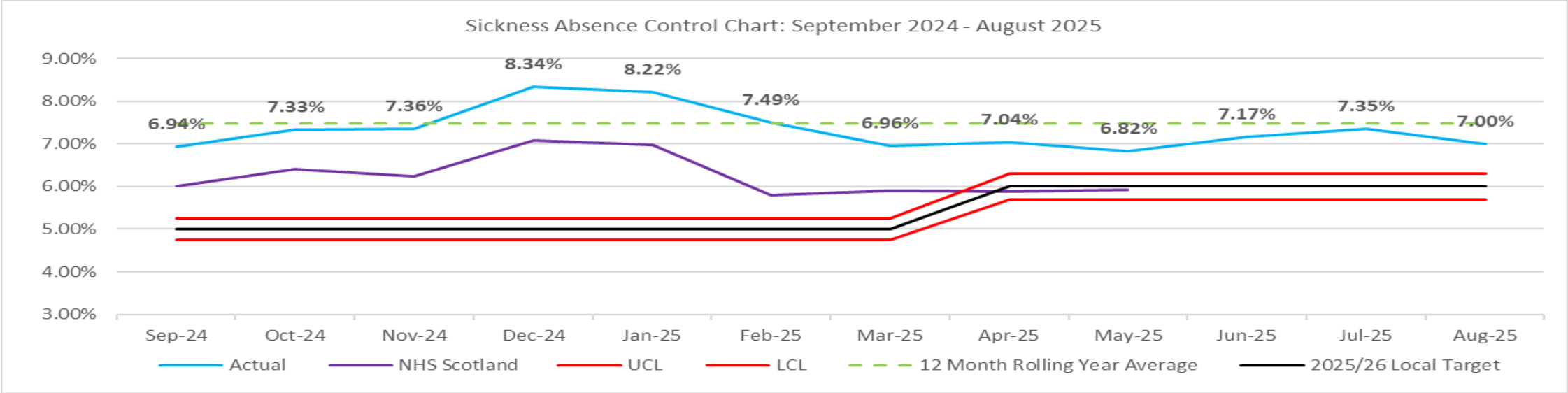


### 31. BETTER WORKPLACE: Staff Sickness Absence Rate

Reduce sickness absence percentage to meet local target of 5%

Target  
6.0%

Performance  
7%



#### Summary

##### Current Position (including against trajectory):

Current performance of 7%, is an improvement on the 7.35% reported the previous month but remains 1% above the 2025-26 DP target of 6.0%. The short term sickness rate for August was 2.7% against a target of 2.5%, while long term sickness was 4.3% against a target of 3.5%

##### Current Position Against National Target:

Above national average of 4%.

##### Target for 31 March 2026:

2025-26 target of 6% and national target of 4%. Current performance is above both targets.

#### Key Actions

Efforts are ongoing at all levels within the organisation to address and improve sickness absence rates. The Board Level action plan focuses on enhancing wellbeing, improving attendance management, fostering a supportive working environment, promoting work life balance, strengthening employee engagement and facilitating knowledge sharing and sets out key priorities and initiatives to provide support and direction at a strategic level.

Directorates are focusing on implementing these strategies through targeted programs and support systems for staff. Locally, teams are engaging in proactive measures including, regular monitoring, and personalised support for employees. These combined efforts aim to reduce sickness absence and promote a healthier, more resilient workforce.

## 32. Rationale For Control Limits Applied

RATIONALE				
BETTER HEALTH				
No	Measure	Targets	Control Limits	Slide Number
1	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	National Target	Based on 5% variance from target	6
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
2	Unscheduled Care: A&E 4 Hour Waits	2025-26 Whole System Plan Target	Based on 5% variance from trajectory	7
3	Unscheduled Care: A&E Attendances	Local Target (To be agreed)	Not Applied	9
4	Delayed Discharges: Number of Acute Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	12
5	Delayed Discharges: Number of Acute bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	14
6	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	16
7	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target (To Be Agreed)	Based on 5% variance from trajectory	18
8	Total number of Delayed Discharges per 100,000 adult population	National Target		20
9	GP Out Of Hours Activity	For Information	Not Applied	21
10	GP Out Of Hours: % of Scheduled Shifts Open	Local Target	Based on 5% variance from target	22

## 32. Rationale For Control Limits Applied

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
11	Number of patients on the New Outpatient Waiting List	For Information	Not Applied	23
12	Number of New Outpatients Waiting >78 weeks	For Information	Not Applied	24
13	Number of New Outpatients Waiting >52 weeks	2025-26 DP Target	Not Applied	25
14	New Outpatient Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	26
15	Number of patients on the TTG Waiting List	For Information	Not Applied	28
16	Number of TTG Patients Waiting >104 weeks	For Information	Not Applied	29
17	Number of TTG Patients Waiting >78 weeks	For Information	Not Applied	30
18	Number of TTG Patients Waiting >52 weeks	2025-26 DP Target	Not Applied	31
19	TTG Inpatient/Daycase Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	32
20	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	National Target / 2025-26 DP Target	Based on 5% variance from target	34
21	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target / 2025-26 DP Target	Based on 5% variance from trajectory	35
22	Diagnostics: Endoscopy Waiting List	For Information	Not Applied	39
23	Diagnostics: Endoscopy Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	40
24	Diagnostics: Imaging Waiting List	For Information	Not Applied	41
25	Diagnostics: Imaging Activity	2025-26 DP Target	Standard deviation is based on 12 month rolling average	42

## 32. Rationale For Control Limits Applied

BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
26	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	National Waiting Times Target	Based on 5% variance from target	43
27	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	National Waiting Times Target	Not Applied	44
28	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Waiting Target	Based on 5% variance from trajectory	45
29	Podiatry Waiting Times - % of patients seen <4 weeks	National Waiting Times Target	Based on 5% variance from target	47
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
30	Staff Absence (Total)	Local Target	Not Applied	48
31	Staff Sickness Absence Rate	National / Local Target		49
31	Short Term Absence Rate	Local Target	Based on 5% variance from target	49
31	Long Term Absence Rate	Local Target	Not Applied	49
BETTER VALUE				
No	Measure	Targets		Slide Number
32	Rationale for Control Limits Applied			50

## APPENDIX 1

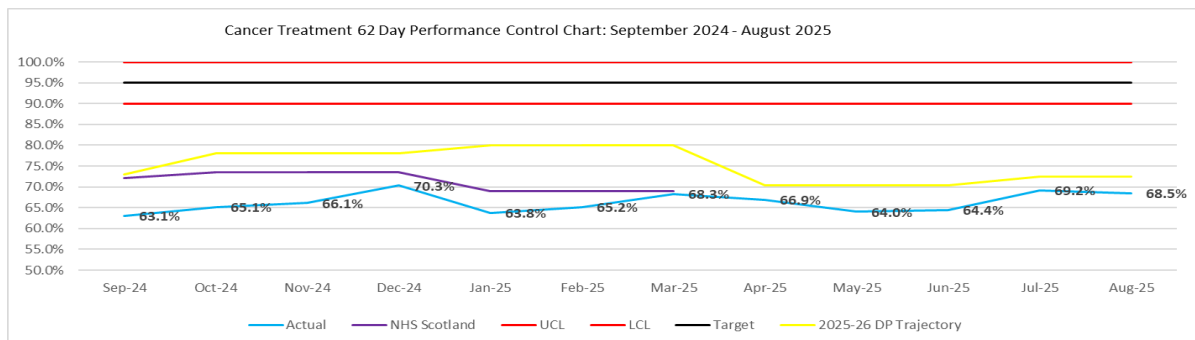


<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/133</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>30 October 2025</b>
<b>Title:</b>	<b>Cancer Performance Report</b>
<b>Sponsoring Director:</b>	<b>William Edwards, Deputy Chief Executive</b>
<b>Report Author:</b>	<b>Susan Groom, Director Regional Services</b>

## 1. Introduction

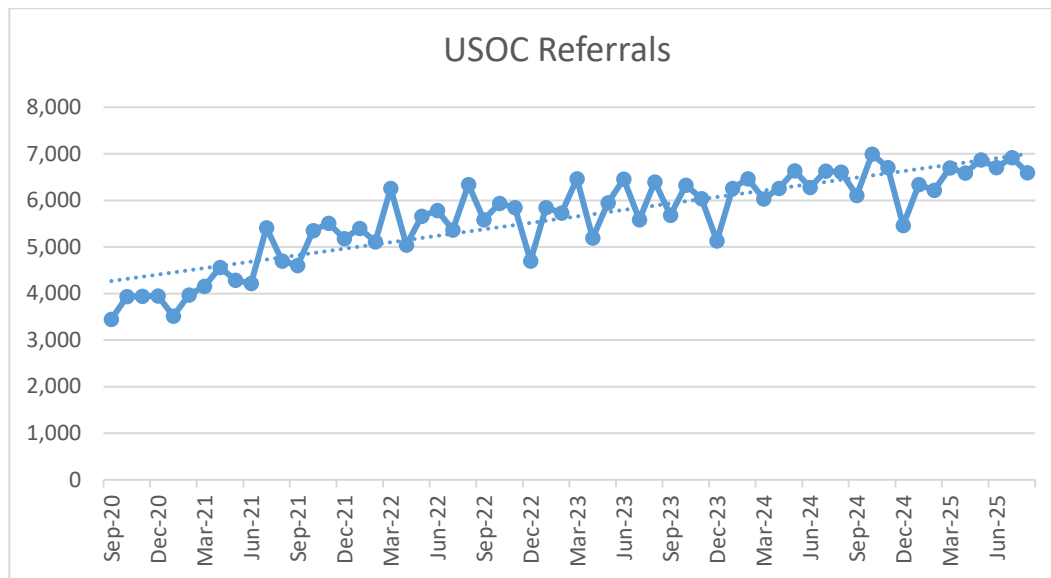
The purpose of this paper is to provide a briefing on the current cancer performance, and actions being taken to meet the cancer trajectories and drive improvement from the July position of 69.2% to 86.0% by the end of March 2026.

The table below sets out the performance trends in the 62-day performance against the target.



## 2. Background

The 62 day cancer performance has been challenged with delays across the diagnostic pathways. There has been due to increased demand and the trend in USOC referrals is shown in the table overleaf.



The volume of urgent suspicion of cancer referrals has risen by 76.3% from 2019/20 to 2024/25. The trend for the first five months of 2025/26 shows that this trend is continuing with a further growth of 3.9%

### 3. Assessment

Given the performance a range of improvement actions have been put in place. There have been three areas of focus:

- Tumour Type Improvement Actions
- Cancer Performance Team
- External Review and Scrutiny (CfSD/ Scottish Government and Lanarkshire)

#### Tumour Type Improvement Actions

To ensure that there are focused actions in place for each tumour group, clinical improvement groups have been set up. Urology, colorectal and gynaecology have been the key areas of focus to support high volume improvement. These cancer types equate to 40% of the patients treated on the 62 day pathway. To provide assurance, the ongoing actions to improve cancer performance by tumour type have been summarised below.

#### Urology

The current 62 day performance for urology is detailed below.

62 Day Performance	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Urological	31.6%	24.8%	25.0%	32.2%	35.7%

The improvement trajectories have been set at a challenging level.

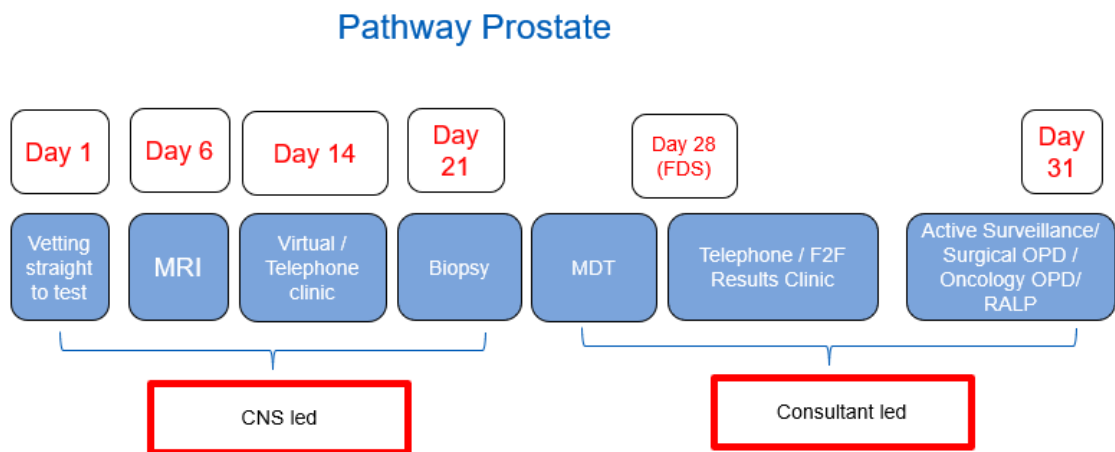
Tumour Type	September	October	November	December	January	February	March
Urological – Bladder	63.6%	63.6%	63.6%	70.0%	70.0%	83.3%	83.3%
Urological – Prostate	30.7%	30.7%	42.7%	44.4%	51.4%	67.5%	77.9%
Urological – Other	66.7%	66.7%	66.7%	75.0%	75.0%	80.0%	80.0%
Urology Total	37.9%	37.9%	47.4%	50.0%	55.6%	70.7%	78.8%

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Urology cancer activity is high volume, accounting for approximately 25% of the total activity on the 62 day pathway. Therefore, to streamline pathways for our patients and improve overall performance, it is essential that improvement is made in this area.

The USOC referral numbers to urology have increased from 3,954 in 2019/20 to 7,456 in 2024/25, an increase of 88.6%. The first 5 months of 2025/26 show that referrals have continued to increase by 11.4%. Urology has also seen an increase in the numbers of patients diagnosed with cancer with 285 additional patients treated in 2024/25 compared to 2019/20. There are approximately 90 patients treated per month, and therefore this represents an increase of around 25%.

A review has been completed on the prostate pathway, taking in best practice models from high performing centres such as the Royal Free. The pathway below has been agreed and steps are being taken to implement this model. Capacity and demand modelling, using the national agreed tool, is complete at specialty level and now mapped to this prostate pathway.



### Actions for Improvement

1. To meet the capacity requirements and support the required nurse led diagnostic model, approval has been given and recruitment is progressing for the appointment of four additional Cancer Nurse Specialist posts, which will take 3 months to appoint with a training period of 12 months, although some activity will be able to commence sooner. Given the training period required, locum consultant posts are being sought to bridge this.
2. To meet the timescale of TP Biopsy by day 21, capacity for 180 patients including pathology reporting is being tendered from the private sector. The tender timescales anticipate that the first patients will be seen at the end of November. This volume of patients will reduce the TP Biopsy waiting time from 5 weeks to 1 week. The capacity modelling indicates that there is sufficient capacity in place to maintain this waiting time once the backlog has been cleared. The median waiting time for prostate cancer patients is currently 86 days; therefore a 28 days reduction in the TP biopsy wait would bring this to 58 days; within the 62 day standard.

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3. Vetting direct to MRI on the prostate pathway has been mandated from September. This will reduce the patient pathway by approximately 7 days for those patients that were seen at outpatient clinic first.
4. The service has reviewed the way in which the diagnostic services are delivered and will now move to transfer TP biopsy services out of day surgery unit facilities and centralise them in diagnostic hubs, with necessary equipment reallocated between sites. The diagnostic hub model is established at GRI and is progressing at RAH. The location of a hub for the south sector is still being sought. By creating the diagnostic hubs, the ability to expand one-stop clinic models can be accelerated, in particular, the implementation of one-stop clinics for both TP biopsy and TULA. One stop clinics reduce the sequential steps, bringing reduction in waits of up to 7 days.
5. With workforce challenges in urology staffing, consultant and clinical nurse specialists appointed to meet the ADP requirements are being used flexibly to provide additional cancer activity. The posts outlined for cancer above, will also be used flexibly to meet the cancer and ADP requirements.
6. An additional RALP theatre session will start in October. Current waiting times are 8 weeks. The additional session will ensure demand and capacity are matched in a steady state; however, further waiting list sessions are still required to clear the backlog. We have sought additionality from other NHS Boards, the private sector and our own staff and we continue to drive this additionality.
7. Benchmarking with other urology centres has shown the benefit of pathway navigators for prostate and bladder cancer to streamline patient journeys and reduce delays. The benefits and cost of this development is being explored.

Given the increasing demand in urology cancer, we will continue to refine demand and capacity modelling, especially as new initiatives come online, to ensure resources are matched to patient needs and backlogs are addressed promptly.

### Colorectal

The current 62 day performance for colorectal is detailed below.

62 Day Performance	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Colorectal Screened	12.5%	21.4%	25.0%	25.0%	44.4%
Colorectal Non screened	67.7%	60.0%	41.9%	69.8%	61.4%
Colorectal (overall)	48.9%	50.0%	38.5%	62.7%	58.5%

The improvement trajectories are detailed below:

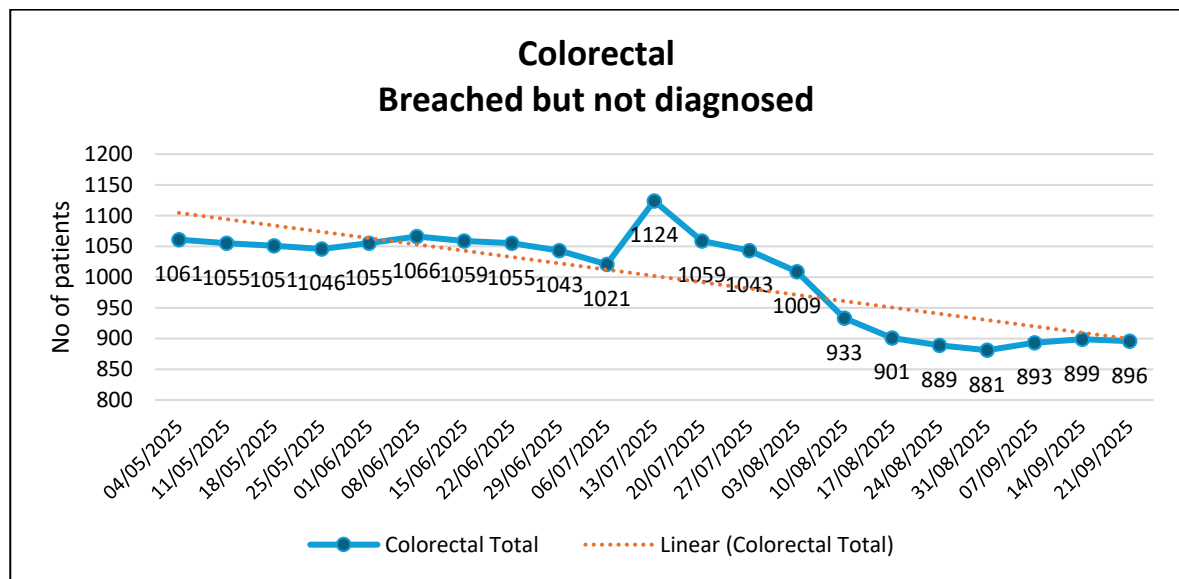
Tumour Type	September	October	November	December	January	February	March
Colorectal (screened excluded)	64.8%	71.9%	71.9%	72.7%	72.7%	72.7%	82.1%
Colorectal (screened only)	61.3%	64.4%	64.4%	86.9%	86.9%	86.9%	73.6%
Colorectal Overall	64.0%	70.0%	70.0%	75.6%	75.6%	75.6%	80.0%



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The USOC referral numbers to colorectal have increased from 8,437 in 2019/20 to 14,921 in 2024/25, an increase of 76.9%. The first 5 months of 2025/26 show that referrals have reduced by 9.6% which is a reflection in the change of criteria for the Q-fit categorisations agreed nationally.

There are 896 patients over 62 days who have not yet been diagnosed. The majority of these patients are waiting for colonoscopy. Additional colonoscopy activity has been supported by cancer funding for Nurse Endoscopists who are all in post. There has been a reduction in the backlog from May 2025 as shown in the table below; however, a minimum of 149 additional sessions are required to clear the backlog. The 62 day performance in colorectal will remain low as this backlog is cleared; however these patients have lower Q-fit scores and the yield to a confirmed cancer will be low.



The table above shows the trend in the backlog patients since May 2025. The downward trend is evident and we continue to focus on backlog clearance through our overall endoscopy recovery plan.

### Actions for Improvement

1. The national Optimal Colorectal Cancer Pathway was published in early 2025 and additional funding requests were made to support the implementation. £471k of additional non-recurring funding was received in September 2025 to support pathology and radiology. The pathology funding will support additional workstations and enable reporting at home to ensure that the 7 day target is met. The current time for reporting is averaging 10 days. The time lag to order equipment and implement is expected to be 3 months.
2. Outsourcing of CT colon reporting commenced in August 2025 to reduce acquisition to report time to 7 days from a median of 30 days. By the end of September, the reporting time had been reduced to 10 days and insourcing is continuing to reduce this to the 7 days in October. The radiology funding noted above allows for the training of 6 consultant radiologists in CT colon to provide a robust in-house service to be implemented.

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3. Additional surgical capacity for 30 colorectal patients has been confirmed at the Golden Jubilee National Hospital from October 2025. This will be used for benign cases to provide additional in-house capacity for the colorectal team for cancer patients.
4. A common waiting list for USOC referrals across the sectors is being implemented to smooth waiting times. This will take 6 weeks to implement. This will address the longer waiting times in the South sector to ensure the 14 day target is consistently met.
5. Regrading policy reiterated to all clinicians to ensure patients are correctly categorised at vetting and at point of biopsy and removed from tracking.

### Cervical/ Ovarian

The current 62 day performance for ovarian and cervical cancers is detailed below. The numbers of patients treated each month is in the range of 10-15 patients. This cancer type does not have a significant impact on the overall Board 62 –day position; however, it is an area of focus due to the poor performance and the focus on women's health.

Current Performance:

62 Day Performance	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Cervical Screened	0.0%	0.0%	100.0%	n/a	0.0%
Cervical Non screened	20.0%	50.0%	0.0%	33.3%	0.0%
Cervical (overall)	12.5%	20.0%	25.0%	33.3%	0.0%
Ovarian	60.0%	63.6%	40.0%	62.5%	50.0%

The improvement trajectories shown in the table below.

Tumour Type	September	October	November	December	January	February	March
Gynaecological – Ovarian	66.7%	66.7%	66.7%	60.0%	60.0%	60.0%	83.3%
Gynaecological – Cervical (screened only)	0.0%	50.0%	50.0%	50.0%	50.0%	66.7%	66.7%
Gynaecological – Cervical (screened excluded)	33.3%	25.0%	33.3%	40.0%	60.0%	75.0%	80.0%
Cervical Total	20.0%	33.3%	37.5%	42.9%	57.1%	71.4%	75.0%
Total	69.8%	71.7%	73.9%	75.3%	77.7%	81.6%	86.4%

The USOC referral numbers to gynaecology have increased from 2,905 in 2019/20 to 10,219 in 2024/25, an increase of 273%. The first 5 months of 2025/26 show that referrals are continuing to increase at a rate of 1.9%. There is a significant backlog of patients waiting to be seen with 2,022 patients already over 62 days.

Ovarian cancer performance continues to be shaped by this significant rise in referrals for USOC assessment, with demand far exceeding historical baselines. Despite this surge, the conversion rate to confirmed cancer diagnosis remains low at 1%, underscoring the importance of efficient triage and pathway redesign.

The service maintains strong performance on the 31-day cancer pathway; however, challenges persist in meeting the 62-day standard, primarily due to delays in achieving the two-week turnaround for USOC assessments. Current USOC outpatient waits stand at 20 weeks for one-stop gynaecology, 16 weeks for general gynaecology, 6 weeks for ultrasound, and 2 weeks for colposcopy.

## **Actions for Improvement**

1. To address the outpatient waiting times, from September, all gynaecology outpatient activity including waiting list clinics are being actively targeted to USOC longest wait areas.
2. A redesign of scanning pathways is now underway in collaboration with Diagnostic Imaging. This initiative aims to fast-track a pre-selected cohort of patients, bypassing general and one-stop gynaecology referrals where appropriate.
3. Selected vetting criteria are being applied within pathways to identify and fast-track priority patients for assessment.
4. The recent appointment of four gynaecology consultants and two nurse specialists, focused on hysterectomy and completing training by end of March 2026, further strengthens the service's capacity and resilience moving forward.

Early impact shows waiting times in longer-wait areas now falling by two weeks per month, with projections indicating all USOC pathways will reach 2–4 week waits by March 2026, alongside 85% compliance on the 62-day pathway.

The service is also working closely at a national level to ensure all pathways reflect best practice, while continuing to interface with primary care to manage demand and support early detection targets that inherently drive increased referral rates.

## **Improvement Actions in Other Areas**

### **Diagnostics**

- Pathology reporting continues to exceed 95% of reports available within 7 days. To improve Pathology waiting times, a series of actions have been undertaken to address the biopsy loading, microtomy and reporting backlogs. Short term actions include recruitment to one medical vacancy and an additional locum for 12 months, outsourcing, additional EPAs, Medical Bank, Lab staff overtime & BMS Locums to reduce the backlog.
- The current waiting time for PET CT is 21 days against a target of 10 days. The plans for the additional mobile and permanent uptake bays will help in the short/medium term and positive progress is being made on these initiatives. The service is also working with NHS Ayrshire & Arran, and from 23rd July 2025 have agreed for two session of PET CT reporting to be supported by one of their Consultants. The service is profiling the recovery plan to confirm when the 10 day target will be achieved.

### **Breast**

The breast cancer performance has consistently met the 62 day target from March onwards and the trajectories set maintain that position. The breast review group has been tasked with the following actions to ensure that the position is robust and to minimise the reliance on additional waiting list sessions to meet the target:

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1. Ensure that the breast pain pathway is fully embedded across the service
2. Review vetting to ensure all clinicians are identifying the regrading to low risk clinics as appropriate
3. Ensure capacity for one stop breast clinics meets demand within base capacity. There is a recurring funding of £455k for waiting list initiative clinics that can be redirected to a sustainable solution

### **Head & Neck**

The key issues impacting head & neck performance are delays to first outpatient appointment. Current waits for first appointment are around 34 days. The clinical group is being established and the priority will be to address the clinic capacity and ensuring that there are sufficient slots to meet demand.

1. Diagnostic Hub model progressing, two clinical nurse specialists recruited and will see full impact on Waiting Times following 12 month training period (Feb-26). Incremental increases in patient numbers are being made each month and training is on schedule.
2. Additional WLI sessions being sought to address wait for first outpatient appointment. £490k was allocated for this from cancer funding; however uptake has been low. This funding will be redirected by the clinical group to support alternate solutions as required.

### **Lung**

The lung performance has been predominantly above 70% and breach analysis has shown that small gains at various stages of the pathway could increase compliance. Lung navigator posts have been appointed and these will assist with patient flow through the pathway. The Optimal Lung Pathway has been published and the lung clinical group will map current pathways against this to ensure that there is a single agreed NHSGGC pathway in place. The clinical group is being established in October and led by the Deputy Medical Director for Acute.

### **Cancer Performance Team**

To ensure that the cancer tracking and escalation processes are robust, the following actions have been taken.

- Administrative backlog clearance has been completed to ensure that the focus is on true cancer pathway patients
- Training on the production of the government weekly report and PHS submission has been completed. An SOP has been produced to ensure that the reliance on one individual is avoided in future
- A training needs assessment has commenced to identify the gaps in knowledge of the processes and systems for each tracker.
- Trackers have commenced weekly breach analysis/ pathway reviews.
- The cancer tracking manual has been updated and incorporates review from the Lanarkshire support team.

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- A review of MDT support is underway as significant tracker time appears to be dedicated to this function
- A draft escalation policy is in progress with input from the Lanarkshire model

### **Support from Scottish Government/ NHS Lanarkshire**

Input is in place from Scottish Government/ CfSD through Nicola Barnstaple and Rebecca McQueen. The Lanarkshire Assistant Service Manager, Diane Sinclair has also been providing support to the tracking processes. The agreed priorities and actions are shown below.

#### **Short term Actions/plans:**

- Cleansing/validation of the Cancer tracking backlog – This will allow us to understand the true backlog and to undertake more efficient tracking and escalation
- Review of current tracking and escalation processes, incorporating best practice from NHS Lanarkshire model
- Review of Cancer team roles and responsibilities, including some process mapping work
- Q-fit validation work to be completed and regraded patients taken off tracking lists

#### **Short –medium term action/plans:**

- Breach analysis work to understand pathway challenges, with subsequent DCAQ analysis to demonstrate the required capacity to meet service demands
- Maximisation of Golden Jubilee National Hospital (GJNH) for colorectal planned care work, to free up space to allow cancer work inhouse

#### **Longer term action/plans**

- Continue to engage in CPDB Urology improvements
- Explore and develop pathway improvements as identified through breach analysis
- Explore options of regional support where the need is identified

## **4. Conclusions**

The Board is asked to note and agree the actions being taken to address cancer performance arrangements which include:-

- The actions underway through the tumour clinical improvement groups to ensure that the trajectories are met.
- External Review and support from Scottish Government/ CfSD and NHS Lanarkshire
- A focus on backlog clearance through administrative validation and additional training within the cancer performance team.

**Appendix 1: Summary of Actions**

<b>Tumour Type</b>	<b>Action</b>
Urology	Approval given and recruitment is progressing for the appointment of four additional Cancer Nurse Specialist posts. Given the training period required, two locum consultant posts are being sought to bridge this
Urology	Capacity for 180 patients including pathology reporting is being tendered from the private sector. The tender timescales anticipate that the first patients will be seen at the end of November.
Urology	Vetting direct to MRI on the prostate pathway has been mandated from September.
Urology	The service will now move to transfer TP biopsy services out of day surgery unit facilities and centralise them in diagnostic hubs, with necessary equipment reallocated between sites. The diagnostic hub model is established at GRI and is progressing at RAH. The location of a hub for the south sector is still being sought.
Urology	With workforce challenges in urology staffing, consultant and clinical nurse specialists appointed to meet the ADP requirements are being used flexibly to provide additional cancer activity. The posts outlined for cancer above, will also be used flexibly to meet the cancer and ADP requirements
Urology	An additional RALP theatre session will start in October. The additional session will ensure demand and capacity are matched in a steady state; however, further waiting list sessions are still required to clear the backlog. We have sought additionality from other NHS Boards, the private sector and our own staff and we continue to drive this additionality
Urology	Benchmarking with other urology centres has shown the benefit of pathway navigators for prostate and bladder cancer to streamline patient journeys and reduce delays. The benefits and cost of this development is being explored
Colorectal	The pathology funding will support additional workstations and enable reporting at home to ensure that the 7 day target is met. The current time for reporting is averaging 10 days. The time lag to order equipment and implement is expected to be 3 months
Colorectal	Outsourcing of CT colon reporting commenced in August 2025 to reduce acquisition to report time to 7 days from a median of 30 days. Additional radiology funding allows for the training of 6 consultant radiologists in CT colon to provide a robust in-house service to be implemented
Colorectal	Additional surgical capacity for 30 colorectal patients has been confirmed at the Golden Jubilee National Hospital from October 2025. This will be used for benign cases to provide additional in-house capacity for the colorectal team for cancer patients.
Colorectal	A common waiting list for USOC referrals across the sectors is being implemented to smooth waiting times. This will take 6 weeks to implement. This will address the longer waiting times in the South sector to ensure the 14 day target is consistently met.

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<b>Tumour Type</b>	<b>Action</b>
Colorectal	Regrading policy reiterated to all clinicians to ensure patients are correctly categorised at vetting and at point of biopsy and removed from tracking
Gynaecology	To address the outpatient waiting times, from September, all gynaecology outpatient activity including waiting list clinics are being actively targeted to USOC longest wait areas
Gynaecology	A redesign of scanning pathways is now underway in collaboration with Diagnostic Imaging. This initiative aims to fast-track a pre-selected cohort of patients, bypassing general and one-stop gynaecology referrals where appropriate
Gynaecology	Selected vetting criteria are being applied within pathways to identify and fast-track priority patients for assessment.
Gynaecology	The recent appointment of four gynaecology consultants and two nurse specialists, focused on hysterectomy and completing training by end of March 2026, further strengthens the service's capacity and resilience moving forward.
Diagnostics	Pathology reporting continues to exceed 95% of reports available within 7 days. A series of actions have been undertaken to address the biopsy loading, microtomy and reporting backlogs. Short term actions include recruitment to one medical vacancy and an additional locum for 12 months, outsourcing, additional EPAs, Medical Bank, Lab staff overtime & BMS Locums to reduce the backlog.
Diagnostics	The current waiting time for PET CT is 21 days against a target of 10 days. The plans for the additional mobile and permanent uptake bays will help in the short/medium term. NHS Ayrshire & Arran have agreed for two session of PET CT reporting to be supported by one of their Consultants from 23rd July 2025. The service is profiling the recovery plan to confirm when the 10 day target will be achieved.
Head & Neck	Diagnostic Hub model progressing, two clinical nurse specialists recruited and will see full impact on Waiting Times following 12 month training period (Feb-26). Incremental increases in patient numbers are being made each month and training is on schedule
Head & Neck	Additional WLI sessions being sought to address wait for first outpatient appointment.