

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 26/73</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>Transforming Together &amp; GGC Way Forward Portfolio Report</b>
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## 1. Introduction

The purpose of this paper is to provide an update on the development and implementation of the Transforming Together & GGC Way Forward Portfolio. This paper is presented for assurance.

This report was previously presented to the NHS GGC Financial Planning and Performance Committee on the 28 May.

## 2. Executive Summary

The paper can be summarised as follows:

### **Portfolio Status:**

All Transforming Together Portfolio Programmes continue report as on track and make steady progress with the delivery of key milestones.

The report sets out a summary of the key achievements across each programme:

- **GGC Way Forward:** progress continues to be made with implementing the programme. Specific highlights are:
  - E-triage implementation continues with estates engaged to arrange installation of the units and go live dates being planned for all sites
  - 2 campus police officers for North Sector (GRI) took up post in February
  - HFRS response 7-day service now live at QEUH and GRI
  - Rapid Troponin Testing live in GRI from 11 March, and preparations underway in Clyde to launch their service

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- **The Interface & Urgent Care Programme** continues to make progress, with significant activity to support the delivery of priority actions across all projects. Key developments have been:
  - 754 patients seen through FNC+ Plus Pathways with 634 discharges from FNC Plus. 1,037 patients on flow pathways including 357 OPAT referrals, 363 Discharge to Scan and 61 Hospital at Home patients in March
  - Increased Call Before You Convey (CBYC) calls by 125% from January, taking 273 through the CBYC pathway, and avoiding conveyance for 146 patients through March
  - Respiratory Self-Management pathway live with patients onboarded from beginning of March 2026
  - New Command Centre suite within FNC+ Plus accommodation now open
  - Positive progress by a number of HSCPs on their delayed discharges. Ongoing work continues with two partnerships to focus on improving their performance against their agreed trajectory. Our 6 partnerships collectively have achieved the 239 target for delayed discharge several times throughout this reporting period.
- **Primary Care** has seen progress across the programme with key achievements being seen with:
  - Primary Care Information dashboard: 110 of the 223 practices (an increase of around 70 this reporting period) have confirmed their data approval
  - Lease Assignations: NHSGG&C approach now agreed. Lease assignation processes being progressed for 3 medical centres
- **Mental Health** key developments in the last period have been:
  - The development of draft requirements and the potential service design for a unified referral management service has commenced
  - Ongoing work with the PEPI team to prepare for the engagement phase of the inpatient bed reconfiguration which will result in the achievement of a decision outcome
- **Cancer and Planned Care** work continues at pace across this programme, the key highlights in this period are:
  - Pre-Op Assessment demand/capacity analysis and site mapping completed
  - TP Biopsy private sector tender extended to June 26. Wait time now 7-14 days, 93 cases seen as of 16 March
  - Proposal for MSK/ortho hub pilot in spinal orthopaedics agreed with 12-week pilot to commence by end May
- **Women & Children's Programme** key achievements in this period are:
  - Neonatal Hospital at Home commissioned capacity now extended to 8 beds following receipt of more Bilicocoons. 31 patients admitted to the service in February, and 22 patients admitted in March
  - Paediatric Hospital at Home continues to be well utilised: 16 general patients and 4 OPAT patients admitted to the service throughout February; 20 general patients and 7 OPAT patients admitted throughout March
  - Implementation of the new triage model of care with centralised telephone hub, call recording and Birmingham symptom-specific obstetric triage system (BSOTS) model now live in all triage sites from early March, enabling greater consistency of access and clearer care pathways

Monthly reporting continues in alignment with our approved Transforming Together reporting and meeting cadence with both Interface and Urgent Care, and GGC way forward having a

deep dive each month. With two of the other four programmes performing a deep dive in alternate months.

### 3. Recommendations

The NHSGGC Board is asked to note the portfolio report and progress update across the Transforming Together & GGC Way Forward Portfolio.

### 4. Response Required

This paper is presented for assurance.

### 5. Impact Assessment

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

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

### 6. Engagement & Communications

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

This report has been developed with input from senior system leaders within GGC, key services and executive leads via the Transforming Together and GGC Way Forward Programme.

### 7. Governance Route

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

The Portfolio and Programme updates outlined in this paper cover two reporting periods and have previously been presented and considered at:

- Transforming Together Portfolio Board – Friday 10<sup>th</sup> March and Friday 17 April 2026
- Transforming Together & GGC Way Forward Executive Oversight Group – Monday 27 March and Monday 27 April 2026
- Corporate Management Team – Monday 11 May 2026
- Financial Planning and Performance Committee – 28 May 2026

### 8. Date Prepared & Issued

**Date Prepared:** 28 May 2026

**Date Issued:** 17 June 2026

# Transforming Together - GGC Way Forward Portfolio Report

Board Report

Thursday 25<sup>th</sup> June 2026

*"Listening, Learning and Transforming Together"*

## **1. Introduction**

This Transforming Together Portfolio report provides a summary of the progress made since the last report presented to the NHS GGC Board on the 30 April. This report was presented to the Corporate Management Team on the 11 May and Finance Planning and Performance Committee on the 28 May.

This report encompasses all status updates provided at Transforming Together & GGC Way Forward Executive Oversight Group at both meetings 27<sup>th</sup> March and 27 April 2026.

## **2. Programme Management Office (PMO) Framework & Monitoring**

Progress continues across the portfolio with projects continuing to advance at different rates. Work continues with the programme teams to extend milestone plans and consider new emerging risks and issues alongside existing ones to ensuring the accuracy and currency of our Portfolio risk and issues log.

Through this period a proposed change control methodology for application across all Transforming Together projects was agreed through April Governance Forums.

## **3. Portfolio Status - Overview**

Key highlights:

- All programmes of work remain on track
- The majority of projects have continued on the same pace and trajectory
- The progression of actions relevant for each project and programme is contained in section 4 onwards of this report.

Transforming Together Portfolio			Overall Portfolio Status:			On Track
Overall Portfolio Trend	No in Portfolio	Not Started	Complete	On Track	At Risk	Delayed
↑	6	0	0	6	0	0
Portfolio Executive Summary						
<p>All six programmes across the Transforming Together Portfolio continue to steadily progress. Programme updates, including key achievements for this period and a 70 day look forward and are included within section 4 of this report.</p> <p><b>Main achievements across the portfolio in the last period include:</b></p> <p><b>A. GGC Way Forward</b></p> <ul style="list-style-type: none"> <li>E-triage implementation continues with estates engaged to arrange installation of the units and go live dates being planned for all sites</li> <li>2 Campus Police Officers for North Sector (GRI) took up post in February</li> <li>Home First Response Service (HFRS) 7-day service now live at QEUH and GRI</li> <li>Specialty Triage continues to streamline transfer from ED to general surgery and urology (North)</li> <li>Rapid Troponin Testing live in North from 11 March, and preparations underway in Clyde to launch their service</li> </ul> <p><b>B. Interface &amp; Urgent Care</b></p> <ul style="list-style-type: none"> <li>New Command Centre suite within FNC+ accommodation now open</li> <li>754 patients seen through FNC+ Pathways with 634 discharges from FNC Plus. 1,037 patients on flow pathways including 357 OPAT referrals, 363 Discharge to Scan and 61 Hospital at Home patients in March</li> <li>Increased CBYC calls by 125% from January, taking 273 through the CBYC pathway, and avoiding conveyance for 146 patients through March</li> <li>Respiratory Self-Management pathway live with patients onboarded from w/c 9 March 2026, with a go-live of Respiratory Trial with step-down Doccla pathway agreed for launch in April 2026</li> <li>A number of HSCP's have made positive progress on their delayed discharges. Ongoing work continues with two partnerships to focus on improving their performance against their agreed trajectory. Our 6 partnerships collectively have achieved the 239 target for delayed discharge several times throughout this reporting period</li> </ul> <p><b>C. Primary Care</b></p> <ul style="list-style-type: none"> <li>Lease Assignations: NHSGG&amp;C approach now agreed. Lease assignment processes being progressed for 3 medical centres. Currently, scoping implications and timescales for future lease assignations</li> <li>Primary Care Information dashboard: 110 of the 223 practices (an increase of around 70 this reporting period) have confirmed their data approval. Local work commencing to build an outline dashboard based on similar dashboards available in other areas</li> </ul> <p><b>D. Mental Health</b></p> <ul style="list-style-type: none"> <li>The development of draft requirements and the potential service design for a unified referral management service has commenced</li> </ul>						

- Work has continued with the PEPI team to progress to prepare for the engagement phase of the inpatient bed reconfiguration.

#### E. Cancer and Planned Care

- Pre-Op Assessment demand/capacity analysis and site mapping completed
- TP Biopsy private sector tender extended to June 26. Wait time now 7-14 days, 93 cases as of 16 March
- Proposal for MSK/ortho hub pilot in spinal orthopaedics agreed with 12-week pilot to commence by end May

#### F. Women & Children

- Paediatric Hospital at Home: 16 general patients and 4 OPAT patients admitted to the service throughout February; 20 general patients and 7 OPAT patients admitted throughout March
- Neonatal Hospital at Home commissioned capacity now extended to 8 beds following receipt of more Bilicocoons. 31 patients admitted to the service in February, and 22 patients admitted in March
- Implementation of the new triage model of care with centralised telephone hub, call recording and Birmingham symptom-specific obstetric triage system (BSOTS) model now live in all triage sites from early March, enabling greater consistency of access and clearer care pathways.

### 4.1 GGC Way Forward Programme

A summary of the programme status and achievements is detailed below:

GGC Way Forward Programme		Programme Status	On Track	Trend	→
GGC WF Project	Key Achievements				
<b>Whole System</b>	<ul style="list-style-type: none"> <li>• Home First Response Service (HFRS) operating 7-days per week at QEUEH and GRI</li> <li>• GRI 7-day AHP rota commenced on 30 March</li> <li>• Agreed to use the quality strategy communication plan using the UK Government OASIS Framework methodology; OASIS is Objective, Audience Insight, Strategy, Implementation and Scoring. This will ensure we have effective and evaluated communication campaigns for staff and patients.</li> </ul>				
<b>South Sector</b>	<ul style="list-style-type: none"> <li>• Realistic medicine approach is evidenced by patient feedback received through the additional questions included in the ED survey and patient experience conversations. This action is nearing completion</li> </ul>				
<b>North Sector</b>	<ul style="list-style-type: none"> <li>• 2 Campus Police Officers commenced in post by end of Feb</li> <li>• Specialty Triage continues to streamline transfer from ED to general surgery and urology. Remaining orthopaedic pathway expected to start by mid-May following agreement of pathway.</li> <li>• Rapid Troponin testing launched from 11 March</li> </ul>				
<b>Clyde Sector</b>	<ul style="list-style-type: none"> <li>• ED staff wellbeing areas have been completed through Endowment Funded Projects</li> <li>• Trauma Assessment Unit (TAU) criteria document shared with ED team</li> <li>• Gynaecology SOP is progressing with input from gynaecology team to provide a robust and effective framework for new gynaecology pathway. Approved SOP is targeted for May 2026</li> </ul>				

Key activities for the GCC Way Forward Programme over the next 70 days are set out in the table below.

Key Activities Planned in next 70-day Period
<p><b>Whole system</b></p> <ul style="list-style-type: none"> <li>• Recruitment of AHPs to deliver 7-day working in downstream wards at QEUH &amp; RAH</li> <li>• Home First Response Service (HFRS) expansion to 7 days at RAH, and implementation of sustainable staffing models</li> <li>• We will operationalise the quality strategy communication plan using the UK Government OASIS Framework methodology; OASIS is Objective, Audience Insight, Strategy, Implementation and Scoring. This will ensure we have effective and evaluated communication campaigns for staff and patients.</li> <li>• Digital Triage pilot board wide installation and evaluation commenced</li> </ul> <p><b>South Sector</b></p> <ul style="list-style-type: none"> <li>• Continue to ensure QEUH ED patients are involved in making decisions about their care, ensuring principles of realistic medicine are in place and evidenced via feedback to demonstrate progress</li> <li>• Workforce tool re-run to be completed and review of staffing - Tool re-run is now complete, and outputs handed over to rostering team. Report and storyboards now in production</li> <li>• Implement necessary local level estates improvements to the ED physical environment at QEUH</li> <li>• Receipt of the Healthcare planner data which will support Medium to Longer Term Capital Planning options for the GRI Site</li> </ul> <p><b>North Sector</b></p> <ul style="list-style-type: none"> <li>• Progress Advanced Practice Nursing roles within ED</li> <li>• GRI ED Redesign Capital Project Options Appraisal to be reviewed</li> <li>• Launch of revised Speciality Triage Document/protocol – orthopaedic development to continue</li> </ul> <p><b>Clyde Sector</b></p> <ul style="list-style-type: none"> <li>• Gynaecology pathways agreed and implemented – work to align and approve SOP remains underway</li> <li>• Options appraisal to consider improving current ED environment</li> <li>• Orthopaedics Pathway Review – Draft SOP shared by Orthopaedics to be refined in collaboration with ED clinical leadership, prior to launch of the pathway</li> </ul>



## 4.2 Interface & Urgent Care Programme

The Interface & Urgent Care Programme remains on track across all five core projects. A summary of key achievements across the projects is detailed below.

Programme: Interface and Urgent Care			
Project	Status	Summary of Progress	Trend
Escalation and De-compression	On Track	<ul style="list-style-type: none"> <li>Escalation and Decompression QUEST huddles fully embedded as business as usual with learning from System Reset 1 &amp; 2. Vision for next stages of QUEST moving forward to be shared via Escalation &amp; Decompression Group</li> <li>QUEST coordinator commenced in post from 9 March</li> <li>New Command Centre suite within FNC+ accommodation in place</li> <li>Acute / HSCP / Interface meeting held to further review and develop action cards following System Reset 2</li> <li>Predictive Modelling discussions continue with view to implement first elements of this over the next quarter</li> </ul>	→
FNC+ & Pathways	On Track	<ul style="list-style-type: none"> <li>GP Calls to FNC+ now live across all sectors following go live of Clyde in March</li> <li>During March:754 patients seen through FNC+ Pathways with 634 discharges from FNC Plus and 1,037 patients on flow pathways including 357 OPAT referrals, 363 Discharge to Scan and 61 H@H patients</li> <li>Gynaecology and Woman' Health group established to develop and progress pathways following Hackathon 5</li> <li>NHS 24 Adult &amp; Paediatric Pathways now live</li> <li>Increased CBYC calls by 125% from January, taking 273 through the CBYC pathway, and avoiding conveyance for 146 patients in March</li> </ul>	→
Front door Redesign: Digital Triage & Rapid Assessment & Care (RAaC)	On Track	<ul style="list-style-type: none"> <li>eTriage installation and launch dates confirmed for April-May following delays due to capital/contracting works</li> <li>RAaC pathways agreed and progressing for Medical and initial Surgical pathway. Additionality requirements for Phase 0 being reviewed</li> </ul>	→
Virtual Hospital Expansion	On Track	<ul style="list-style-type: none"> <li>Respiratory Self-Management pathway live with patients onboarded from w/c 9 March 2026</li> <li>First Spinal Infection patients utilising new pathway complete and Clozapine first patients on pathway in March 2026</li> <li>288 concurrent patients in the Virtual Hospital at end of March 2026</li> <li>Recruitment for additional staff to support Hospital at Home in addition to Frailty Practitioners within FNC+</li> </ul>	→
Flow Improvement	On Track	<ul style="list-style-type: none"> <li>Whole System Flow Group have agreed 2026/27 priorities</li> </ul>	↑

		<ul style="list-style-type: none"> <li>A number of HSCP's have made positive progress on their delayed discharges. Ongoing work continues with two partnerships to focus on improving their performance against their agreed trajectory. Our 6 partnerships collectively have achieved the 239 target for delayed discharge several times throughout February and March.</li> </ul>	
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Key activities expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period
<p><b>Escalation and Decompression</b></p> <ul style="list-style-type: none"> <li>Finalisation and approval of action cards</li> <li>SLWG established to complete the standardisation of the thresholds for escalation and adoption through the whole system's escalation policy. Group will continue to develop an overarching policy that can be applied by all front door sites</li> <li>Complete the scoping of the required digital solution to support real-time action logging and dashboard automation</li> <li>Implementation of first version of HSCP Operational Pressures Escalation Levels (OPEL) Template/Framework applying learning from System Reset 2</li> <li>Finalisation of reviewed Action Cards for Acute and HSCPs following learning from System Reset 2</li> <li>First elements of predictive modelling implemented as part of QUEST approach</li> </ul> <p><b>FNC+ Pathways</b></p> <ul style="list-style-type: none"> <li>Hypertension Pathway Go Live (North)</li> <li>Atraumatic Foot &amp; Papilledema pathways set to go-live</li> <li>Gynaecology Pathways from Hackathons 3 and 5 developed</li> <li>Continued recruitment to wider Nursing &amp; Medical Model to support FNC+ to be operational 24/7</li> </ul> <p><b>Front Door Redesign</b></p> <ul style="list-style-type: none"> <li>Diagnostics Demand and Capacity Model developed to support implementation</li> <li>Digital Triage installed and live across all sites. In support of this, key pathways for redirection from eTriage to FNC+ to be developed and agreed</li> </ul> <p><b>Virtual Hospital</b></p> <ul style="list-style-type: none"> <li>Priority focus continues to be on the delivery of high-volume virtual pathways across five key areas: cardiology, respiratory, paediatrics &amp; neonatology, general surgery, and frailty, along with the supporting clinical workforce model</li> <li>Paediatric pathways for Bronchiolitis and Gastroenteritis developed</li> <li>Cardiology General - Patch and Go proposal jointly developed</li> <li>Frailty Hospital at Home – Launch of 6 new beds across the HSCPs (2 in East Dun, 2 in East Ren and 2 in Renfrewshire)</li> <li>Cardiology Heart Failure Pathway - Initial virtual beds available</li> <li>Developing plan for Virtual Ward (Short Stay) for ED</li> <li>Analysis of Consultant Connect – Respiratory Pilot and next steps for step-down agreed</li> </ul>

**Flow Improvement**

- Delayed discharge target achieved and sustained across all 6 GGC HSCP's (currently achieved in 3 of 6)
- Increase pre noon discharges to 20% - achieved 17.3% in March 2026
- Full rollout of Integrated Discharge Teams completed across all sites
- Criteria Led Discharge roll out complete in all applicable wards/all sites
- Proposal developed for 26/27 for System Reset as part of Winter Planning
- Interviews to take place for Head of Unscheduled Care role
- Whole System / Sector Unscheduled Care Groups fully established and operational
- Peer learning concluded with West Dun re Delayed Discharges
- Discharge without Delay (DWD) draft comms plan drafted

**4.3 Primary Care Programme**

Overall, the Primary Care Programme remains on track, with progress across the four projects, highlighted below. A summary of key achievements and planned next steps across the projects is detailed below.

Programme: Primary Care			
Project	Status	Summary of Progress	Trend
Digitally enabled primary care	At Risk	<ul style="list-style-type: none"> <li>• Transfer to Vision: Roll-out to practices continues at a slower pace to allow GG&amp;C and the supplier to provide additional post migration support to address some go live and functionality issues. 14 practices live by end March</li> <li>• Docman: Delays have occurred with the pilot in NHS Tayside and as yet there is no further indication of target date for pilot or further roll out to other health boards</li> <li>• Digital Asynchronous Consulting: Scottish Government funding committed for next 3 years to support roll out nationally. Scottish Government proposing will be linked with MyCare.Scot</li> </ul>	→
Accommodation, premises & estate	On Track	<ul style="list-style-type: none"> <li>• National revenue-funded infrastructure investment programme for primary and community care: Scottish Government meeting planned for April to commence planning for next health and care centre projects including one in Port Glasgow</li> <li>• Lease Assignations: NHSGG&amp;C approach now agreed. Lease assignation processes being progressed for 3 medical centres. Currently, scoping implications and timescales for future lease assignations</li> </ul>	→
Monitoring, Evaluation, Intelligence	On Track	<ul style="list-style-type: none"> <li>• Primary Care Information dashboard: 110 of the 223 practices (an increase of around 70 this reporting period, to end of March 26) have confirmed their data approval. Local work commencing to build an outline dashboard based on similar dashboards available in other areas</li> </ul>	→

Walk-In Centre	On Track	<ul style="list-style-type: none"> <li>Planning and recruitment for the walk-in centre has commenced. Lease negotiations with landlord underway. All posts advertised including senior leadership</li> </ul>	↑
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Key activities for the Primary Care Programme that are expected in the next 70 days are set out below.

#### Key Activities Planned in next 70-day Period

##### Digitally Enabled Primary Care

- Conduct a formal review of Blood Pressure Pathway to consider impact and other opportunities around this, once concluded agree next steps to optimise pathway
- Artificial Intelligence: Survey was issued to identify potential opportunities for the use of AI for provision of efficient care delivery, analysis now needs to complete and next steps to be identified. Analyse survey findings alongside issued guidance and consider if further action required
- Vision Full roll out achieved, with 21 migrations by end April

##### Accommodation, premises and estate

- Port Glasgow established as one of three initial pilot centres as part of the National revenue-funded infrastructure investment programme for primary and community care
- Property Strategy presented at CMT
- Complete lease assignment process for Cardonald, Linden and Crookston Medical Centres (lease expiry varies for each site)
- Sustainability Loans applications to be concluded with a comms plan drafted for these and lease assignment
- Complete lease assignment register of 54 practices with expressions of interest to facilitate prioritisation of lease assignments

##### Monitoring, Evaluation and Intelligence

- Continue to progress approval from GP practices for data sharing (113 remaining) to support PC Information Dashboard
- Draft paper to show potential for PC dashboard prepared
- PC dashboard - Configure infrastructure and commence initial extractions for consented practices

##### Walk in Centre

- All plans progressed in support of walk-in centre opening in June; recruitment of required staff, lease assignment / license to occupy concluded, communications plan and messaging content created, estates improvement works completed

#### 4.4 Mental Health Programme

The Mental Health Programme remains on track. A summary of key achievements across the projects is detailed below.

Programme: Mental Health			
Project	Status	Summary of Progress	Trend
Inpatient Bed Reconfiguration	On Track	<ul style="list-style-type: none"> <li>Formal options appraisal process is expected to commence mid-May with a 3-month public consultation process thereafter. Close work with the PEPI team is underway to plan and prepare for the options appraisal of the 13 sites ensuring public involvement throughout</li> <li>Five draft themes identified to enable equitable assessment of all sites throughout the engagement period: Access, Clinical Service Quality and Safety, Environment &amp; Facilities, Workforce and Fit with Policy and Strategic Direction. A financial appraisal will be undertaken simultaneously</li> <li>Monthly meetings with HIS continue regarding the engagement approach and plan</li> </ul>	→
Community Mental Health Acute Care Service (CMHACS)	On Track	<ul style="list-style-type: none"> <li>Two further staff sessions took place at the end of March for Glasgow City HSCP staff to ensure the policy principles of intensive community support are implemented and embedded locally as expected</li> <li>Ongoing review and assessment of local challenges to ensure resource implications of developing a consistent CMHACS model are understood and mitigated where possible</li> <li>Financial framework discussions have commenced and remain ongoing with Chief Officers</li> </ul>	→
Whole (MH) System Bed Management	On Track	<ul style="list-style-type: none"> <li>Bed manager role renamed to Bed Navigator and has been advertised with a closing date of the 29 March; team are in the process of shortlisting</li> <li>Work commenced on data analysis of short and long stay patients across the GGC system</li> </ul>	→
Unified Referral Management	On Track	<ul style="list-style-type: none"> <li>The development of draft requirements and the potential service design for a unified referral management service has commenced. Draft referral criteria, workforce model, digital enablers and triage protocols are currently being considered and expect to be agreed by Q2 May/June</li> <li>Access workstream reviewing the 17 Community Mental Health Teams criteria for access to the service including the referral criteria from GP and other services</li> </ul>	→
Expanded Borderline Personality Disorder Pathway	On Track	<ul style="list-style-type: none"> <li>SBAR proposal prepared which has 3 options for the progression of this workforce model; these options consider scale of resource required and treatment options for delivery. This will reflect the resource investment requirement across the whole pathway. (Scope includes</li> </ul>	→

Remote Monitoring – Clozapine/ADHD	On Track	<p>general community, specialist support with an aim to reduce inpatient demand)</p> <ul style="list-style-type: none"> <li>• Clozapine pathway remains live, with patients having been onboarded and discharged from the pathway. To extend the reach, the pilot catchment has been adjusted to include the whole of North East Glasgow. This will assist us to achieve the numbers required to properly evaluate the pilot</li> <li>• ADHD pathway digital solution reviewed, agreed to continue to progress using Doccla</li> </ul>	→
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Key activities expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period
<p><b>Inpatient Bed Reprovision</b></p> <ul style="list-style-type: none"> <li>• Formal options appraisal process to commence mid-May with a 3-month public consultation process thereafter</li> </ul> <p><b>Community Mental Health Acute Care Services (CMHACS):</b></p> <ul style="list-style-type: none"> <li>• CMHACS delivery of the clozapine titration pilot concluded</li> <li>• Expanded CMHACS operational model principles and finance framework agreed</li> <li>• Transition of West Dun, Inverclyde, East Ren and Renfrewshire crisis response to the new model</li> </ul> <p><b>Whole (MH) System Bed Management</b></p> <ul style="list-style-type: none"> <li>• Mapping of current state / intelligence gathering to support development and implementation of bed management principles completed (short/long stay analysis)</li> <li>• Scheme of delegation agreed</li> <li>• Patient category definitions drafted</li> <li>• Bed Management Information system spec agreed</li> <li>• Bed Navigator recruitment process concluded and appointed to role</li> </ul> <p><b>Unified Referral Management</b></p> <ul style="list-style-type: none"> <li>• Define unified referral management pilot scope and evaluation metrics</li> <li>• Analysis of feedback from MH flow navigation survey presented to programme board</li> <li>• Referral Criteria, Triage Protocols and workforce model drafted for agreement</li> <li>• Digital enabler opportunities explored and approaches agreed (e.g. consultant connect, Flow Navigation)</li> <li>• Connections with Social Care Single Point of Access proposals explored</li> </ul> <p><b>Remote Monitoring (Clozapine &amp; ADHD)</b></p> <ul style="list-style-type: none"> <li>• Clozapine titration pilot concluded and evaluation commenced in support of the agreement of next steps (whole system roll-out)</li> <li>• ADHD medication/monitoring pilot commenced</li> </ul> <p><b>Expanded Borderline Personality Disorder Pathway (BPD) Pathway</b></p> <ul style="list-style-type: none"> <li>• Workforce model developed – confirming planned investment at acute, intermediate and core staff training levels</li> <li>• BPD Training plan created for generalist / specialist staff</li> <li>• Continue to progress and agree outcome measures for the service</li> </ul>

#### 4.5 Cancer & Planned Care Programme

The Cancer & Planned Care Programme overall is on track. A summary of key achievements across the projects is detailed below.

Programme: Cancer & Planned Care			
Project	Status	Summary of Progress	Trend
Peri-Operative Transformation	On Track	<ul style="list-style-type: none"> <li>Pre-Op Assessment demand/capacity analysis and site mapping completed, with recommendations to be presented in April to Peri-operative Transformation group</li> <li>Theatre process mapping completed, highlighting variation; updates to 6-4-2 (framework to improve efficiency in theatre) SOP and Quick Reference Guide (QRG) to be reviewed in April</li> <li>KPI Definitions SOP and Future Booked Report (showing patients that have already been booked for POA or surgery) are being developed for review in April review to support the 6-4-2 model</li> <li>Transformation opportunities, including trialling a high-intensity list strategy, remain under consideration</li> </ul>	↑
Orthopaedic High Productivity/Blue print	On Track	<ul style="list-style-type: none"> <li>Target operating model agreed with demand modelling undertaken regards theatre capacity</li> <li>Modelling of wider impact for sites completed</li> <li>Cross sector group is due to meet on 13 April to discuss the modelling of wider site impacts and the high-level site configuration options available</li> <li>Principle of aligning cold trauma/elective work by body part to Hospital sites agreed, work to map activity to Hospital sites completed</li> <li>Proposal for MSK/ortho hub pilot in spinal orthopaedics agreed with 12-week pilot to commence by end May</li> <li>Financial impact assessment of revised operating model commenced</li> </ul>	↑
Urology Review	On Track	<ul style="list-style-type: none"> <li>TP Biopsy private sector tender extended to June 26. Wait time now 7-14 days</li> <li>12-month Speciality doctor post - conditional offer made, expected start date of mid-April</li> <li>Expand TULA (Trans Urethral Laser Ablation) - standardised referral pathway proforma agreed across GGC</li> <li>Options for joint surgery/oncology clinics to reduce waits from MDT - joint clinic start date for New Vic ACH 12 March, with Stobhill live on 16 April</li> <li>Clinics at Stobhill being laser proofed so that TULA can move to an OP setting, freeing up additional hub capacity for other cancer procedures. This includes the CNS team being trained in TULA which has started in the North with one CNS</li> <li>Demand, Capacity, Activity and Queue (DCAQ) modelling complete for surgery/ diagnostics. Oncology modelling continues separately</li> </ul>	↑

		<ul style="list-style-type: none"> <li>Test of change to introduce one stop Biopsy clinic at VOLI within the diagnostic hub. Combining steps can save 7 days on the diagnostic - pathway commenced 22 April. There will be an OC, Flow, Scan, MRI results &amp; biopsy on the same day. Reviewing options to implement a one stop clinic at GRI within the Hub</li> </ul>	
Skin Cancer Review	On Track	<ul style="list-style-type: none"> <li>Project Board continues to meet to progress activity on the project. Full Programme Board established with clinical and management reps from Dermatology, OMFS, Plastic Surgery, Pathology, Imaging, Oncology and IT, and four workstreams established: Digital Dermatology; secondary care pathways; Managing demand- national referral protocol; straight to surgery/oncology pathways</li> <li>Initial focus on Digital Dermatology high impact actions – focus on access to Consultant Connect platform and creating two-way Trak systems for cross-specialty referrals</li> </ul>	↑
West of Scotland SACT Strategy Implementation	On Track	<ul style="list-style-type: none"> <li>Initial Workplan drafted. Focus tasks include review of onsite accommodation options to optimise capacity and forward look of treatment delivery options</li> </ul>	→
Robotic Assisted Surgery	On Track	<ul style="list-style-type: none"> <li>Acute Senior Management Group (SMG) agreement on robotic surgery strategy – wider business case for robotic surgery developments at GGH and IRH in development ahead of next SMG</li> <li>Demand and capacity modelling underway due to complete in May</li> <li>Urology discussions underway to establish what can be supported on acute sites</li> <li>Obstetrics &amp; Gynaecology reviewing data to determine types and volume of cases that would be appropriate to be undertaken robotically, work due to complete in May</li> </ul>	↑



Key activities expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period
<p><b>Peri-Operative Transformation</b></p> <ul style="list-style-type: none"> <li>• Theatre processes workstream <ul style="list-style-type: none"> <li>◦ Gather baseline data in support of mapping booking process</li> <li>◦ Complete consultation changes to 6-4-2</li> <li>◦ Review OPCS codes and consent practices</li> </ul> </li> <li>• Pre-Operative workstream <ul style="list-style-type: none"> <li>◦ Standardise POA pathway</li> <li>◦ Publish PIN (Prior Information Notice) to suppliers for digital pre-op assessment system</li> <li>◦ Commence development of pool of patients ready for surgery</li> </ul> </li> <li>• KPI workstream <ul style="list-style-type: none"> <li>◦ Complete time block variation scoping exercise</li> <li>◦ Review procedure room usage</li> <li>◦ Interrogate on the day cancellations to support pre-op assessment efficiencies</li> </ul> </li> </ul> <p><b>Orthopaedics</b></p> <ul style="list-style-type: none"> <li>• Further meeting to progress MSK Hub pilot</li> <li>• Undertake stakeholder workshop and following this finalise the draft blueprint, and completion of impact assessment on workforce and finances on the demand / capacity model</li> <li>• Confirm the role of robotic surgery and commence the development of required business case through the RAS project</li> </ul> <p><b>Urology Review</b></p> <ul style="list-style-type: none"> <li>• Diagnostic hubs established at both RAH in Clyde and in South Sector</li> <li>• Performance status to be mandated on all SCI Gateway referrals from Primary Care to facilitate appropriate investigations and triage</li> <li>• Options explored for joint surgery/ Oncology clinics to reduce waits from MDT</li> <li>• Expand Trans Urethral Laser Ablation (TULA) pathway for bladder cancer</li> <li>• Benchmarking with other centres to assess the impact of pathway navigators for bladder and prostate patients</li> <li>• 12mth Speciality doctor in post by end of April (previously planned to be 2 locums)</li> <li>• DCAQ modelling to be completed for all cancer types, including urology, diagnostic and oncology capacity. This will ensure that the redesigned workforce can meet the service needs</li> </ul> <p><b>Skin Cancer Review</b></p> <ul style="list-style-type: none"> <li>• Full Programme Board established with clinical and management reps from Dermatology, OMFS, Plastic Surgery, Pathology, Imaging, Oncology and IT, and four workstreams established: Digital Dermatology; secondary care pathways; Managing demand- national referral protocol; straight to surgery/oncology pathways</li> <li>• Initial focus on Digital Dermatology for quick wins – focus on access to Consultant Connect platform and creating two-way Trak systems for cross-specialty referrals</li> <li>• 3 priority areas and named leads within each of the four workstreams will be identified at project board April meeting</li> <li>• Agree scope of work required with Trak team</li> </ul> <p><b>West of Scotland SACT Implementation Strategy</b></p>

- Pharmacy Group established to look at opportunities where we can deliver SACT
- Clinical Group established to review the guidelines and treatment intervals
- Draft phase 1 accommodation plan to be presented to Working Group
- Nursing Group to conduct forward look of potential alternative treatment delivery options for 2026-27 (e.g. IV/sub cut and homecare)
- Oncology to join Primary Care meeting to review Pre Chemo Phlebotomy Local Enhanced Services (LES)

#### Robotic Assisted Surgery

- Assessment of current utilisation complete
- Priorities and sequencing agreed in support of speciality pathways
- Assessment of future aspirations (funding dependant)
- Development of required business case through the RAS project

### 4.6 Women and Children's Programme

The Women and Children's Programme remains on track, with ongoing development and implementation across the four projects. Key deliverables across the programme and key activities in the next 70 days are set out below.

Programme: Women and Children's			
Project	Status	Summary of Progress	Trend
Paediatric Hospital at Home Service	On Track	<ul style="list-style-type: none"> <li>• Paediatric H@H: 16 general patients and 4 OPAT patients admitted to the service throughout February; 20 general patients and 7 OPAT patients admitted throughout March</li> <li>• A further two new WTE nursing staff started with the service in March - service is now fully nurse-led with all 4 appointments in post</li> <li>• OPAT patients now receive IV antibiotics in the H@H base daily for the duration of their treatment (ambulatory)</li> <li>• Doccla being tested with in-patients prior to use with live H@H pathways, pathway processes in final stages of development</li> <li>• Patient experience questionnaire developed and rolled out and will inform future developments</li> <li>• Successful bid for end of year HIS funding to improve the H@H services and support scale up. Equipment purchased includes; observation machines for H@H base and home visits, sleep study monitors and sleep devices</li> <li>• Paediatric Cardiac Services have begun formalising their H@H journey via meetings meetings with Digital Team, Doccla and Service Improvement Manager</li> <li>• Initial H@H discussions have taken place with both respiratory and palliative care services</li> <li>• Estates continue to progress adaptation plans for the modifications required to the physical space to support nursing staff involved in running the Hospital at Home operation</li> </ul>	↑

Neonatal Hospital at Home	On Track	<ul style="list-style-type: none"> <li>Neonatal Hospital at Home commissioned capacity now extended to 8 beds following receipt of more bilicocoons</li> <li>31 patients admitted to the service in February, and 22 patients admitted in March</li> <li>Redesign plans started to consider additional pathways in the specialty such as antibiotic therapy and NG feeding</li> <li>Successful funding bids were made to HIS for equipment to support Paediatric and neonatal H@H service. Subsequent equipment purchased includes additional bilicocoons and bilicocoon covers</li> </ul>	↑
West of Scotland Neonatal Redesign	On Track	<ul style="list-style-type: none"> <li>Work commenced and completed with capital planning to confirm the required additional cot capacity and appropriate storage</li> <li>Work proceeding regards procurement of additional equipment, expected to be completed by end April 2026</li> <li>Work continues to progress with e-Health to prepare for required digital systems changes across the maternity and neonatal systems portfolios</li> </ul>	→
Maternity Redesign	On Track	<ul style="list-style-type: none"> <li>Implementation of the new triage model of care with centralised telephone hub, call recording and Birmingham symptom-specific obstetric triage system (BSOTS) model now live in all triage sites from early March, enabling greater consistency of access and clearer care pathways</li> <li>Senior change midwife for EPAS (Early Pregnancy Advisory Service) appointed February 2026, to be in post Spring 2026, to lead on EPAS improvement project</li> <li>New consultant midwife post: positive external appointment made, to start early May 2026</li> <li>New community midwifery developments include implementation of new enlarged homebirth team, introduction of weekend booking appointments, increased continuity in high-risk obstetric clinics, better screening through the online Single point of access so that higher risk women are booked into the outpatient department and lower risk are directed towards community bookings, increasing continuity. All booking appointments in OPD and community now 90 minutes</li> </ul>	↑
Gynaecology / Women's Health	On Track	<ul style="list-style-type: none"> <li>Case developed to support the implementation of an initial test of change to trial WID easy to support Urgent Suspicion of Cancer (USOC). Proposal was presented to Acute Clinical Governance and is progressing via further governance routes</li> <li>Additional North consultant recruited likely to take up post in August</li> <li>Work to establish emergency pathways with FNC Plus including use of Consultant Connect to reduce burden on emergency workload has advanced with test of change planned for April 26</li> <li>Ongoing review where possible to transfer inpatient cases to 23-hour surgery (as part of British Association of Day Cases (BADs) review)</li> </ul>	→

Key activities expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period
<p><b>Paediatric and Neonatal Hospital at Home:</b></p> <ul style="list-style-type: none"> <li>• Ongoing work with BI and eHealth to create a paediatric and neonatal data dashboard to support service decision making and service growth (capacity/demand)</li> <li>• Expansion of Hospital at Home paediatric pathways into other services including cardiac and palliative care (3 further pathways)</li> <li>• SBAR to approve increased staffing to support new neonatal antibiotic therapy and NG feeding pathways to progress through governance</li> </ul> <p><b>West of Scotland Neonatal Redesign:</b></p> <ul style="list-style-type: none"> <li>• Secure funding and complete the required estates work</li> <li>• Complete procurement plan for additional equipment</li> <li>• Approval of the Implementation plan and associated phasing</li> </ul> <p><b>Maternity Redesign:</b></p> <ul style="list-style-type: none"> <li>• Senior charge nurse / midwife for EPAS (Early Pregnancy Advisory Service) in post Spring 2026</li> <li>• Additional Bereavement Midwife to commence in post</li> <li>• Continued development of induction of labour systems to reduce delays in access to labour ward</li> <li>• Consultant midwife in post by early May</li> <li>• Early Pregnancy Advisory Service (EPAS) Improvement and Redesign report to be completed</li> <li>• 15 further midwives due to commence in post from April 2026</li> <li>• Further development of the midwifery workforce in line with identified need and service change</li> <li>• Redesign planned caesarean birth capacity to provide greater capacity</li> <li>• Build collaborative working with Interface directorate to build EPAS and home monitoring engagement</li> <li>• Develop advanced practice midwifery roles – first role to be focussed on triage (from July)</li> </ul> <p><b>Gynaecology / Women's Health:</b></p> <ul style="list-style-type: none"> <li>• Expansion of our Nurse Specialist Programme in Gynaecology – Hysteroscopy</li> <li>• Urgent care opportunities/ next steps being considered by Gynaecology Task &amp; Finish Group with FNC+ / Primary Care</li> <li>• Work with FNC Plus on emergency pathways using Consultant Connect</li> <li>• Identify additional patients to move from inpatients to 23-hr / day surgery and conclude the BADs review with the Annual Conference 4-5 June 2026</li> <li>• Formal start date to be agreed to introduce specialist nurses in hysteroscopy</li> <li>• Impact and evaluation of recently purchased Myosure (tissue removal system) which supports treatment of more patients in outpatient setting, rather than theatres</li> <li>• WID Easy Test of Change to progress through governance for approval and launch. This will support the early identification of endometrial cancer</li> </ul>

## **Recommendations**

The NHSGGC Board is asked to note the progress outlined in this portfolio status report, which is presented for assurance.

Appendix 1: Status Report Keys

Risks / Issues Status Rating	
R	<ul style="list-style-type: none"><li>Risk / issue affecting the ability to achieve plan, delays already experienced.</li><li>Either no agreed plan to achieve or no confidence in mitigation/resolution.</li></ul>
O	<ul style="list-style-type: none"><li>Risk / issue has the potential to affect the ability to achieve plan, not delayed as yet.</li><li>Higher likelihood of experiencing impact and impact more significant than yellow.</li><li>Low confidence in mitigation/resolution and ability to maintain plan.</li></ul>
Y	<ul style="list-style-type: none"><li>Risk / issue has the potential to slightly affect the ability to achieve plan, not delayed as yet.</li><li>Lower likelihood of experiencing impact and impact less than that of orange.</li><li>Agreed plan to achieve and greater degree of confidence in mitigation/resolution.</li></ul>
G	<ul style="list-style-type: none"><li>Risk or issue identified and reported for awareness but likelihood and or impact low and deemed manageable to achieve plan.</li></ul>

Action / project / Programme and milestone status	
R	Delayed
O	At Risk
B	On Track
G	Complete

Trajectory	
↑	<b>Upwards Trend</b> Acceleration of pace due to new resource being added and or key milestones <u>achieved</u> or risks/issues addressed enabling greater degree of progress than previous period.
→	<b>Continued Trend</b> Pace of delivery continued as previous reporting period. No new significant risks/ issues and all milestones proceeding as planned.
↓	<b>Downwards Trend</b> Pace of delivery slower than anticipated due to risks/issues affecting the progression of milestones as per plan. Reporting should highlight the risks/issues affecting delivery and identify clear mitigating and resolutions with a revised forecast date for the milestones not achieved and dates of resolution.

## Appendix 2: Glossary of Terms

Glossary of Terms NHS GGC – Board Report June 2026	
Acronym	Definition
ACH	Ambulatory Care Hospital
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
AI	Artificial Intelligence
BADs / BADS	British Association of Day Cases
BI	Business Intelligence
BPD	Borderline Personality Disorder
CBYC	Call Before You Convey
CCT	Certificate of Completion of Training
CMHACS	Community Mental Health Acute Care Service
CMT	Corporate Management Team
CNS	Clinical Nurse Specialist
DCAQ	Demand, Capacity, Activity and Queue
ED	Emergency Department
eHealth	Electronic Health
EPAS	Early Pregnancy Advisory Service
FNC+	Flow Navigation Centre Plus
FP&P	Finance, Planning and Performance
GGC	Greater Glasgow and Clyde
GGC WF	GGC Way Forward
GP	General Practitioner
GRI	Glasgow Royal Infirmary
H@H	Hospital at Home
HFRS	Home First Response Service
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
IT	Information Technology
IV	Intravenous
KPI	Key Performance Indicator
LES	Local Enhanced Services
MDT	Multidisciplinary Team
MH	Mental Health
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NG	Nasogastric
NHSGG&C	NHS Greater Glasgow and Clyde
OASIS	Objective, Audience Insight, Strategy, Implementation and Scoring
OMFS	Oral and Maxillofacial Surgery
OPAT	Outpatient Parenteral Antimicrobial Therapy
OPCS	Office of Population Censuses and Surveys (This is the standard coding system used in the UK to classify and record clinical procedures, surgeries, and interventions performed on patients.
OPD	Outpatient Department
OPEL	Operational Pressures Escalation Levels
PC	Primary Care
PEPI	Public Engagement and Patient Involvement

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PIN	Prior Information Notice
PMO	Programme Management Office
POA	Pre-Operative Assessment
QEUH	Queen Elizabeth University Hospital
QUEST	Quality with Everyone focusing on Safety and Teamworking
QRG	Quick Reference Guide
RAaC	Rapid Assessment & Care
RAH	Royal Alexandra Hospital
RAS	Robotic Assisted Surgery
SACT	Systemic Anti-Cancer Therapy
SBAR	Situation, Background, Assessment, Recommendation
SLWG	Short Life Working Group
SOP	Standard Operating Procedure
TAU	Trauma Assessment Unit
TP Biopsy	Trans perineal Biopsy
TULA	Trans Urethral Laser Ablation
UK	United Kingdom
USOC	Urgent Suspicion of Cancer
VOLI	Vale of Leven Infirmary / Vale of Leven Hospital site
WID-easy	Womb Investigation of Diagnostics - Easy
WTE	Whole Time Equivalent



