

NHS Greater Glasgow and Clyde	Paper No. 26/80
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 June 2026
Title:	NHSGGC DRAFT Delivery Plan 2026/2027
Sponsoring Director/Manager:	Claire MacArthur, Director of Planning
Report Author:	Ali Marshall, Deputy Director of Planning

1. Purpose

The purpose of this paper is to present the draft NHSGGC Delivery Plan 2026/27 for approval and set out:

- How our delivery plan for 2026/27 has been developed
- How we propose to monitor the delivery of our plan

The supporting papers are attached and labelled as follows:

Appendix 1 – NHSGGC Draft Delivery Plan 2026/27 (Final Draft)

2. Executive Summary

The paper can be summarised as follows:

2.1 Overview

Our 2026/27 Delivery Plan sets out our plan for delivery, improvement and reform across NHS Greater Glasgow and Clyde (NHSGGC) and builds on the work we have undertaken during 225/26 to transform and further improve services. Our plan therefore includes NHSGGC priorities and is also aligned with:

- The Sub-national West Draft Plan for 2026/27
- National Reform direction – including the 2026/27 Operational Priorities set out by Scottish Government
- The new Scottish Government ‘100-day plan commitments within health and social care’.

BOARD OFFICIAL

Our plan brings together our core areas of focus for the year ahead, and is structured as follows:

- Population Health
- Primary Care
- Mental Health
- Urgent & Unscheduled Care
- Women & Children's Health
- Planned Care, Cancer & Diagnostics
- People & Culture
- Digital & Innovation
- Climate and Sustainability
- Wider Greater Glasgow and Clyde (GGC) Priorities

Our plan is consistent with our workforce and financial plan for 2026/27. Developed in an iterative way with input from services, corporate teams, HSCPs and system partners, our delivery plan sets out the key priorities to improve outcomes for the people of Greater Glasgow and Clyde.

This year's plan is shaped by:

- National public sector reform
- NHS Scotland's service renewal framework & population health framework
- NHS Scotland's Operational Priorities for 2026/27
- Sub-national Scotland West planning priorities
- Our local priorities

Our plan sets out how we will work collaboratively with partners to deliver sustainable improvements in patient care.

It is important to note that the planned care cancer and diagnostics element of our plan is based on current confirmed funding, we are likely to receive further clarity on potential additional funding and broader programme for government commitments no later than September and our planned and cancer care targets will be refreshed at this point.

2.2 Monitoring of the Delivery Plan

Key actions underpinning the delivery of our plan have been developed and agreed with service and executive leads these are captured at the end of each section of our plan.

Our progress in implementing and delivering our plan will be monitored on a quarterly basis. A quarterly monitoring report will be shared and discussed with the Finance, Planning and Performance Committee. The progress report will track both action completion and action impact.

This year there is no requirement to submit our plan to Scottish Government for approval, however Scottish Government have indicated that through mid-year and annual review meetings (or equivalent in 2026/27) we will be asked to provide evidence of the progress and impact of our annual plan.

3. Recommendations

The Board are asked to support and approve our Delivery Plan for 2026/27

4. Response Required

This paper is presented for approval.

5. Impact Assessment

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

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

6. Engagement & Communications

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

The delivery plan has been developed in an iterative way with input from appropriate service and executive leads and wider whole system leaders.

During April and May draft chapters of our plan have been shared Directors Group 2 with feedback incorporated in an iterative manner.

The first full draft of the plan was discussed and approved at CMT on 1 June 2026.

The final draft of the plan was shared virtually with Finance Planning and Performance Committee members on 3 June 2026 and feedback was incorporated prior to finalising the plan for Board consideration and approval.

7. Governance Route

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

- Directors Group 2 – chapters approved throughout April & May
- CMT – 1 June 26
- FP & P Committee – virtual circulation 3 June 2026

8. Date Prepared & Issued

Date Prepared: 12 June 2026

Date Issued: 17 June 2026



Listening, Learning & Transforming Together

NHS Greater Glasgow and Clyde

2026-27 Delivery Plan

Foreword

I am proud to introduce our 2026/27 Delivery Plan.

Our plan sets out our ambitions for the year ahead and the practical actions we will take to improve care, strengthen services and support the health and wellbeing of the people and communities we serve, and reflects the scale, complexity and opportunity of delivering health and care across one of Scotland's largest and most diverse Board areas.

Our ambition is clear: we want people to experience care that is easier to access, better connected, more preventative and closer to home wherever it is safe and appropriate to do so. That means improving how people find and access the right care, supporting earlier decisions, reducing avoidable delays, strengthening primary and community services, and continuing to expand our digital and virtual first approach through our Flow Navigation Centre Plus, Virtual Hospital and our Hospital at Home services. Our virtual hospital will continue to focus on how we further improve support for the frail elderly, women, babies, children, young people and families across maternity, neonatal and children's services, ensuring that care is safe, coordinated and centred around their needs. These changes are central to improving experience and outcomes for patients, families and carers.

Our plan supports the reform of how we provide services. Through our Transforming Together programme, during 2026/27 we are moving from clinical co-design and testing into delivery at scale.

Across 2026/27, we will focus on the areas where we can make the greatest difference: prevention and population health, access and flow, care closer to home, digital innovation, infrastructure and sustainability, workforce and culture, and financial sustainability and the continued strengthening of women and children's health services.

We know that the context in which we are delivering this plan is challenging. Demand for services continues to grow, inequalities remain significant, and our workforce, infrastructure and finances are under pressure. We must continue to provide safe, effective and person-centred care every day while also changing how services are planned and delivered for the future. That is why this plan is focused not only on activity, but on value, outcomes and sustainability.

For our patients, the difference we want to make is practical and visible:

- Clearer routes into care
- Earlier decisions
- Fewer avoidable delays
- More care and support at home or in the community
- Better use of digital and virtual tools
- Services that are more joined-up around people's needs

For our staff, it means continuing to build the culture, leadership, support and working environment needed to deliver safe, compassionate and sustainable care.

Our infrastructure, estate and sustainability work will also be critical. We will continue to align our buildings, assets and investment decisions with our clinical priorities, supporting modern models of care while progressing our climate and sustainability commitments. At the same time, financial sustainability will be embedded throughout our approach, ensuring that we make best use of our capacity, resources and opportunities for transformation.

The year ahead will require focus, pace and partnership. It will require us to work across organisational boundaries, to listen to the people who use and deliver our services, and to be ambitious about what can change. We will not deliver this plan through one service, one programme or one part of the system alone. We will deliver it together — through our teams, our partnerships and our shared commitment to improving health and care for the people of Greater Glasgow and Clyde.



Professor Jann Gardner

Chief Executive

Contents

Executive Summary

Section One: Strategic Context

Section Two: Population Health

Section Three: Primary Care

Section Four: Mental Health

Section Five: Urgent & Unscheduled Care

Section Six: Women and Children's Health

Section Seven: Planned Care, Cancer & Diagnostics

Section Eight: People & Culture

Section Nine: Digital & Innovation

Section Ten: Climate & Sustainability

Section Eleven: Wider GGC Priorities in 2026/27

Section Twelve: Summary

Glossary of Abbreviations

Listening, Learning & Transforming Together

Executive Summary

Our 2026/27 Delivery Plan sets out our plan for delivery, improvement and reform across NHS Greater Glasgow and Clyde (NHSGGC). This is a whole-system delivery plan, shaped through partnership with our services, HSCPs and wider system partners, and focused on the changes we must make together across acute, primary, community and social care. It describes the priorities we will lead, deliver and support to improve care and outcomes for the people and communities across one of Scotland's largest and most complex health and care systems.

Our 2026/27 plan is informed by public sector reform, sub-national Scotland West planning priorities and our local system priorities. As the new sub-national planning structure evolves, we will work with our partners within Scotland West to advance the greater good through improved outcomes for patients.

Figure 1 illustrates the key operational priorities that our plan will deliver and sets out what will be different for our people, staff and local communities within NHSGGC.

Figure 1: Context of our 2026/27 Delivery Plan and our Key Operational Priorities



Structure of our Plan

This plan brings together our core areas of focus for the year ahead, and is structured as follows:

- Population Health
- Primary Care
- Mental Health
- Urgent & Unscheduled Care
- Women & Children's Health
- Planned Care, Cancer & Diagnostics
- People & Culture
- Digital & Innovation
- Climate and Sustainability
- Wider Greater Glasgow and Clyde (GGC) Priorities in 2026/27

It reflects both the immediate improvements we need to make and the steps we need to take towards the longer-term transformation required to deliver high-quality, person-centred and sustainable care.

Impact of our Transforming Together Programme

Through our Transforming Together programme, in 2026/27 we will move from co-design and testing into delivery at scale, ensuring that our transformational plans translate into visible improvements for patients, families, carers, staff and communities.

In 2026/27, the difference people will begin to experience is clearer access to care, earlier decisions, fewer avoidable delays and a digital/virtual first approach supporting the delivery of care closer to home. We will provide clearer and more direct routes into services, with stronger direction to the right care at first contact. More patients will be supported through same-day and short-stay pathways where appropriate, and more people will benefit from care delivered at home or in the community through the continued expansion of our Virtual Hospital and Hospital at Home services.

Whole System Approach

We will continue to strengthen the connections between acute, primary, community, mental health and women and children's services and our six HSCPs and social care so that care is more joined up and easier to navigate. Earlier discharge planning, stronger partnership working with HSCPs and more coordinated approaches across services will help reduce delays and support people to return home safely and sooner where clinically appropriate.

We will work collaboratively with colleagues across our HSCPs, Primary Care and Urgent and Unscheduled Care to support the implementation of the CareFlow which will see the design and development of community-based responses to unscheduled demand through early intervention and optimised support pathways and the development of health and wellbeing 'hubs' and strengthened pathways for frequent attenders at GRI and IRH.

We will also work with Police Scotland, the Scottish Ambulance Service, HSCPs and specialist services so that people are supported to access the right care, in the right place, first time.

Where safe and clinically appropriate, this will help reduce avoidable Emergency Department attendance, support more person-centred responses for people affected by alcohol, drug use, mental health distress or wider vulnerability, and ease pressure on urgent and unscheduled care services.

Digital and Virtual First Approach

Digital and virtual access will become simpler and more joined up, with continued development of a clear Digital Front Door, electronic-Triage (e-Triage), digitally enabled contact routes, digital records, voice technologies and Microsoft 365 and Copilot-enabled productivity. These developments will support improved access for patients, better information availability for staff, and more efficient ways of working across clinical and corporate services.

Women and Children's Services

We will also strengthen care for women, babies, children and young people, with a continued focus on maternity and neonatal safety, improved pathways for children and families, and better coordination between hospital, community and specialist services. This will help ensure that care is more consistent, accessible and centred around the needs of families.

This will include continued delivery of improvements in maternity services in response to the recent Healthcare Improvement Scotland inspection and the Independent National Whistleblowing Officer findings, with a focus on safe staffing, patient flow, culture, clinical safety and ensuring women and families experience safe, timely and person-centred care.

We will also improve access to gynaecology services through redesigned pathways, expanded professional-to-professional advice, increased use of robotic-assisted surgery and better prioritisation of theatre capacity. This will support faster assessment and treatment, reduce outpatient and inpatient/day case waits, and improve outcomes for women requiring gynaecology care.

The Financial Challenge

We are delivering this plan in a challenging financial environment. We enter 2026/27 with an opening recurring deficit of £208.6 million and a forecast financial challenge of £194.7 million before identified Sustainability and Value schemes, equivalent to 5.79% of our baseline revenue allocation. This position, alongside wider financial pressures across our HSCPs, means financial sustainability must be embedded in every part of our delivery plan.

Our response will not be limited to short-term savings but requires a step-change in productivity, value, service redesign and whole-system working. Through our Sustainability and Value programme, Transforming Together portfolio and the development of a sustainable blueprint for NHSGGC, we will focus on making best use of available resources, reducing unwarranted variation, shifting care to more sustainable models where safe and appropriate, and protecting the quality, safety and accessibility of care to our patients.

Developing a Sustainable Blueprint

During 2026/27 we will further develop a sustainable blueprint for NHSGGC focussing on delivering services in the most optimum way, taking a digital / virtual first approach, whilst also reducing costs by circa 5%.

Our infrastructure, estates and sustainability priorities will support both the delivery of our proposed sustainable blueprint changes and the delivery of safe, resilient services. We will continue to align our estate and asset base with clinical priorities, support more flexible and digitally enabled models of care, and progress climate and sustainability actions including waste improvement, clinical sustainability and energy efficiency.

Our People and Culture

Our workforce will be supported through a stronger focus on inclusive culture, leadership, wellbeing, sustainable staffing, workforce capability and talent development. This is essential to ensuring our staff have the support, skills and conditions they need to deliver safe, effective and compassionate care.

In 2026/27 our key aims are to:

- Design and roll out a Culture Toolkit to embed the values of the Culture Programme in teams across the organisation. This will support leaders and teams to address cultural issues proportionately and consistently.
- Develop a new Professional Resolution Framework (PRF) to provide clarification of escalation, governance, and resolution routes for professional concerns. The aim of the framework is to support and strengthen professional and service relationships, particularly in high-risk or complex areas.

Improving Productivity

We remain focused on making best use of the resources available to us. This means improving productivity, reducing variation that does not improve outcomes or experience, shifting care to the most appropriate setting where safe to do so, and aligning investment decisions with service transformation. This will help ensure that our actions in 2026/27 support both immediate improvement and longer-term sustainability. This work will be further strengthened through collaboration with our Scotland West partners to develop a shared Scotland West blueprint, setting out how we will collectively improve productivity, optimise capacity and deliver sustainable service models across the wider system.

Public Sector Reform and Scotland West Sub-National Planning

Whilst our plan is firmly grounded in the needs of the people of GGC. It fully aligns with the national reform direction for Public Services and health and social care. Our plan is also aligned to the Scotland West sub-national plan for 2026/27.

Our plan therefore sets out our broad agenda for 2026/27, providing a bridge between our local priorities, our service-led delivery plans, our role within Scotland West and the wider national reform agenda.

Our Key Priorities for 2026/27

Figure 2 below summarises the priorities that will guide our work in 2026/27. Collectively, these priorities establish a clear and deliverable programme and describe how we will turn our ambitions into practical action - improving access, reducing delays, supporting prevention, strengthening care closer to home, enabling digital innovation, investing in our infrastructure and workforce, and making best use of our resources for the people and communities we serve.

Figure 2: Summary of our Key Priorities in 2026/27

Priority		What this means in 2026/27
1	Prevention and Population Health	Embedding prevention, early intervention and inequalities reduction into planning, redesign and partnership delivery across all services.
2	Access and Flow	Improving urgent and planned access through earlier clinical decision-making, stronger system navigation, reduced waiting and fewer delays a whole system response
3	Care Closer to Home	Expanding primary, community mental health and women and children's services, with increased use of Virtual Hospital and Hospital at Home pathways.
4	Digital and Innovation	Delivering a clearer Digital Front Door, scaling digital access and triage, improving digital records, and enabling staff productivity through digital tools and data.
5	Infrastructure and Sustainability	Aligning our estate, assets and sustainability priorities with service transformation, climate commitments and more flexible models of care.
6	People and Culture	Supporting a safe, sustainable and skilled workforce through inclusive leadership, wellbeing, capability development and talent pipelines.
7	Financial Sustainability	Delivering operational improvement alongside longer-term transformation to improve outcomes, reduce variation and make best use of available resources.
8	Public Sector Reform	Driving public sector reform through improved productivity, whole-system working and the shift to sustainable, integrated models of care across NHSGGC and Scotland West.

Our 2026/27 Delivery Plan sets out our whole-system plan for delivery, improvement and reform. Developed with our services, corporate teams, HSCPs and system partners, it reflects the needs of our population, the priorities of our Board, the experience of our workforce and the realities of delivering care across acute, primary, community, mental health, public health and services delivered through our six HSCPs.

Section One: Strategic Context

1.1 Overview

Our plan brings together the priorities and delivery commitments that matter most for the people of Greater Glasgow and Clyde. We have drawn on priorities shaped by our services, local intelligence, population health evidence, and financial and workforce considerations, alongside the strategic direction set through Transforming Together, to create a single framework for delivery in 2026/27.

1.2 Alignment with Public Sector Reform and Programme for New Government

Our plan is aligned with the national reform of public services including the Health and Social Care Service Renewal Framework, and the Population Health Framework (PHF) and Directors Letter (DL) 25 (2025) Implementation of Sub-national Planning: Co-operation and Planning Directions 2025 published in 2025. Our plan also reflects the first 100-day Health and Social Care Commitments within the new programme for government.

We have structured our plan to deliver the conditions to support the enablers of the PHF and Service Renewal Framework (SRF) whilst also delivering on the eight Scottish Government Operational Priorities and Sub-national ministerial directions and priorities for 2026/27. Figure 3 sets out the enablers of the PHF, SRF, the eight Scottish Government (SG) operational priorities and Sub-national ministerial directions and priorities in 2026/27.

1.3 Collaborating with Scotland West Partners: Delivering the Sub-national Planning Priorities

As both the lead Health Board for Sub-national Scotland West and as the largest Board in Scotland West, our role in creating the conditions and enablers for the SRF and PHF is critical to the delivery of reform and the clear sub-national ministerial directions within Scotland West.

During the next year we will continue to work with our Scotland West partners to drive change and deliver the four key ministerial directions set out in DL 25(2025) of:

- **Improving access to emergency care**
- **Improving access to planned orthopaedic surgery**
- **Implementing the digital front door**
- **Working with our partners, Public Services Delivery Scotland (PSDS) to support the delivery of business systems for NHS Scotland**

In addition, we will lead the work to develop a clear and deliverable plan to eradicate all long waits over 52 weeks as soon as possible within Scotland West. We will work with Scotland West Territorial Boards, National Boards and Scotland East to lead the development of a plan to:

- **Eradicate all long waits over 52 weeks as soon as possible**
- **Prioritising those who have been waiting over 78 and 108 weeks**

- Exploring all possible opportunities to develop a plan that makes best use of capacity available within Scotland, including through patient movement and sharing of resources.
- Identify opportunities to improve productivity and reduce warranted variation, drawing on learning from the last year as well as exploring the value in pooling or centralising activity such as list validation.

For us, this means ensuring that there is a clear Scotland West plan with both sub-national actions and locally owned delivery plans.

To support the implementation of our plan we have developed an action tracker, progress will be monitored on a quarterly basis to ensure actions are both completed and are delivering the intended impact.

Figure 3: NHS Reform: Key Enablers, SG Operational Priorities and Sub-national Planning Priorities in 2026/27

NHS Reform: Key Enablers and Operational Priorities in 2026/27		
Key Enablers of the Population Health Framework	Key Enablers of the Service Renewal Framework	SG Operational Priorities
<ul style="list-style-type: none"> • Prevention-focused investment: Shift how resources are allocated to support prevention rather than treatment • Whole-system accountability: Strengthen accountability for primary prevention across the whole system. Broaden performance frameworks to include upstream population health measures, not just activity/output • Health in all policies: Apply a “health lens” to decisions across all sectors (not just NHS). Integrate wider determinants of health and equity into policymaking • Community planning and local leadership: Strengthen Community Planning Partnerships. Promote collective leadership and shared accountability for local outcomes and inequalities • Collaboration for health equity: Develop whole-system approaches to tackling inequalities • Digital population health capability: Use data, digital and analytics to: Understand population need, Target interventions, Monitor impact • Research, innovation, and evaluation: Embed: Evidence-based approaches & Continuous evaluation and learning 	<ul style="list-style-type: none"> • Shifting the balance of care → community / home-based care • “Once for Scotland” approaches → greater national collaboration • Digital and data-driven transformation • Population-based planning → sub-national Scotland East and Scotland West Planning approach • Integration of services across organisational boundaries 	<ol style="list-style-type: none"> 1. Reducing the longest waits for planned care 2. Increasing productivity across elective and diagnostic services 3. Improving flow and performance in unscheduled care 4. Expanding Hospital at Home as a mainstream model 5. Supporting safe maternity and neonatal services 6. Improving mental health, neurodiversity and learning disability 7. Accelerating digital access and modernisation 8. Becoming a Population Health Organisation (PHO)
Sub-national Planning Priorities in 2026/27: Orthopaedic Planned Care Emergency Access, Business Systems, Digital Front Door In addition, a collaborative plan to eliminate 52 week waits within all planned care clinical specialties will be developed.		

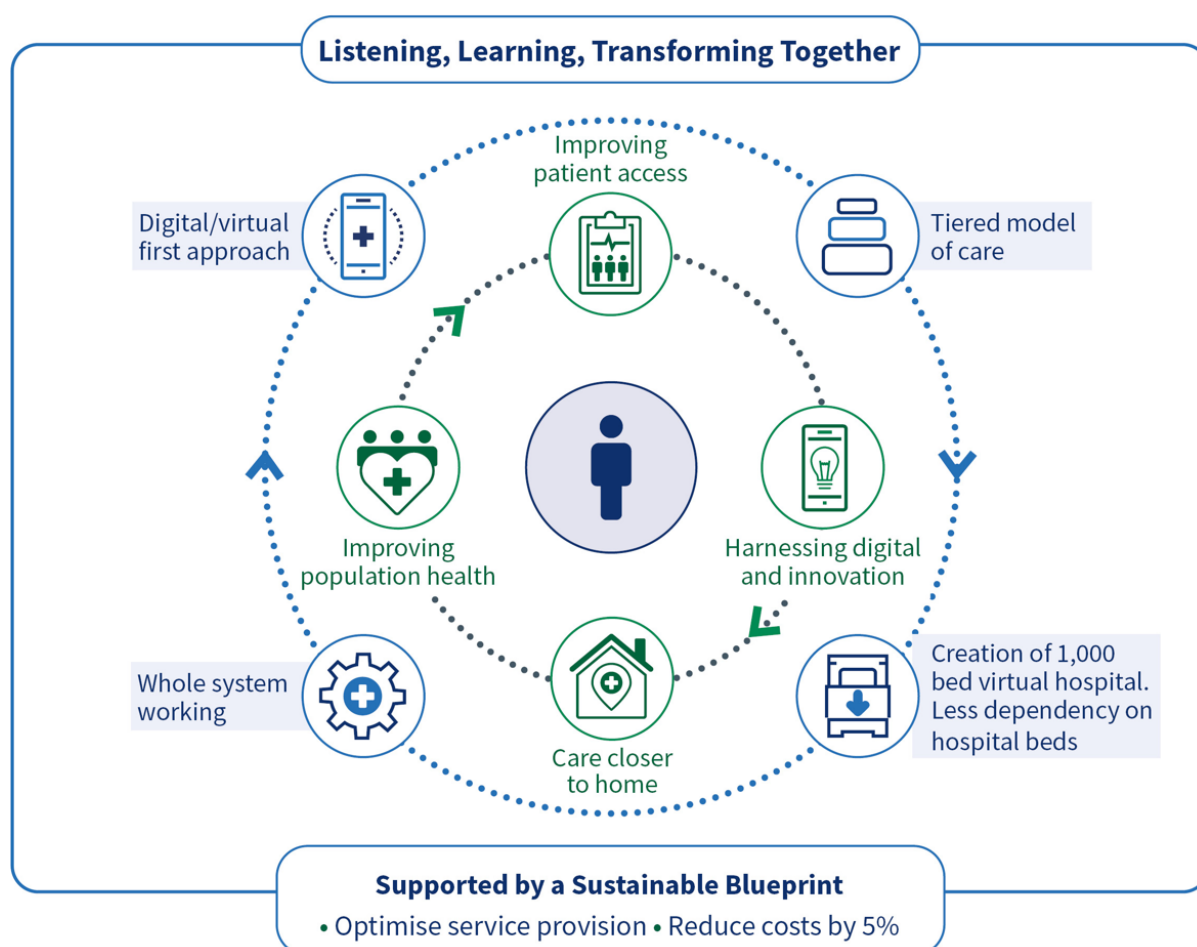
1.4 Transforming Together – GGC Way Forward

Our 'Transforming Together - GGC Way Forward' programme represents an overarching transformation framework for NHS Greater Glasgow and Clyde, bringing together multiple programmes and projects into a single, coherent portfolio. Our portfolio of transformation will deliver whole-system change and improvement activity at scale and ensure that change is not delivered in isolation but delivered as part of a system-wide approach.

This integrated model enables us to accelerate delivery, strengthen oversight, and focus on improving outcomes, access and experience for our patients and families while supporting the long-term sustainability of our services.

Figure 4 below sets out our Transforming Together vision, illustrating how our core design principles and priorities come together to deliver improved access, better population health, and more care closer to home, all underpinned by the development of our Transformational blueprint, which sets out the long-term direction for how services will be designed, delivered and integrated across acute, community and primary care.

Figure 4: Transforming Together Vision



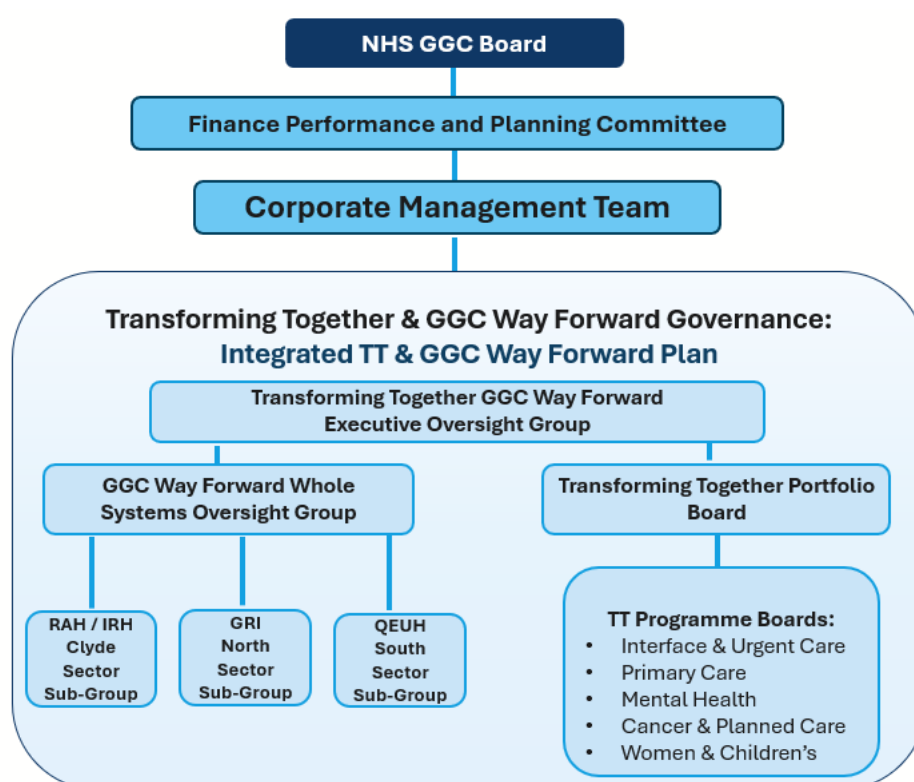
Our transformation portfolio is structured around six major programmes as follows:

- **GGC Way Forward – our programme of improvement within our Emergency Departments**
- **Interface and Urgent Care**
- **Primary Care**
- **Mental Health**
- **Cancer and Planned Care**
- **Women and Children's Services**

Each programme is governed through a dedicated Programme Board, and each has a senior responsible owner.

Portfolio-level oversight is provided through a formal Programme Management Office (PMO) structure as set out in Figure 5.

Figure 5: Transforming Together-GGC Way Forward Governance Structure



The portfolio is supported by a central PMO who ensure there is robust planning, risk and issue management, change control, benefits realisation, and alignment to the Board's corporate objectives. The PMO structure enables consistent assurance, clear escalation routes, and collective decision-making. In turn this ensures that transformational change is delivered at pace, remains aligned to national and local priorities, and contributes to sustainable improvements in patient and staff experience across NHS Greater Glasgow and Clyde.

1.5 Safety and Public Confidence Programme

The Safety and Public Confidence Oversight Group (SPCG) has been established to strengthen assurance and rebuild public confidence in the Queen Elizabeth University Hospital and Royal Hospital for Children. The work is focussed on learning and is being delivered through three portfolios of work: family, staff and public engagement and learning, environmental and facilities assurance, and professional leadership and culture. The work of the SPCG is supported by external independent expert input. The work is being taken forward in a phased approach to ensure continuous learning, assurance and improvement.

1.6 Key Challenges in 2026/27

We recognise that delivery in 2026/27 will require sustained focus across a complex operating environment of increasing demand and a challenging financial position.

1.6.1 Influencing Demand

Demand for services continues to grow, inequalities remain significant, and our workforce, infrastructure and finances are under pressure. At the same time, we must continue to provide safe, effective and person-centred care every day. These challenges reinforce the need for a whole-system approach: strengthening prevention, improving access, reducing delays, supporting people closer to home, investing in digital and infrastructure, and enabling our workforce to lead and sustain change.

Through our Scotland West Sub-national planning work actions to influence reducing demand will be evaluated and implemented to support reducing demand for both urgent care and orthopaedic planned care in the years to come.

1.6.2 Delivering Value Based Care and a Realistic Medicine Approach

Our plan is underpinned by the principles of Realistic Medicine and value-based care. This means ensuring that decisions about care are guided by what matters most to patients, reducing variation that does not improve patient outcomes, and avoiding interventions that offer limited patient benefit.

Across NHSGGC and our six HSCPs, realistic medicine is embedded within our Transforming Together programme and strengthened through collaboration with Quality Improvement and Person-Centred Care teams, ensuring it is threaded consistently through planning, care standards and clinical practice. We will prioritise shared decision-making in everyday care - supported by Realistic Conversations approaches and practical tools such as “Benefits, Risks, Alternatives and Nothing” (BRAN) and the collaborate measurement tool - so that people are genuine partners in decisions about benefits, risks, alternatives and “do nothing”.

In parallel, we will use data and improvement methods to address unwarranted variation, reduce harm and waste, and ensure that care is delivered in a way that is proportionate and outcome focused. We will increasingly focus on delivering the right care, in the right place, at the right time - supported by better use of data and a clearer understanding of outcomes and value. This approach is central to how we improve quality, experience and sustainability,

ensuring that the resources available to us are used to achieve the greatest possible benefit for our population.

1.6.3 Financial Sustainability

Financial sustainability underpins all elements of our delivery plan. We are focused on making best use of available resources, improving productivity, reducing variation that does not improve outcomes and shifting care to more sustainable models where appropriate.

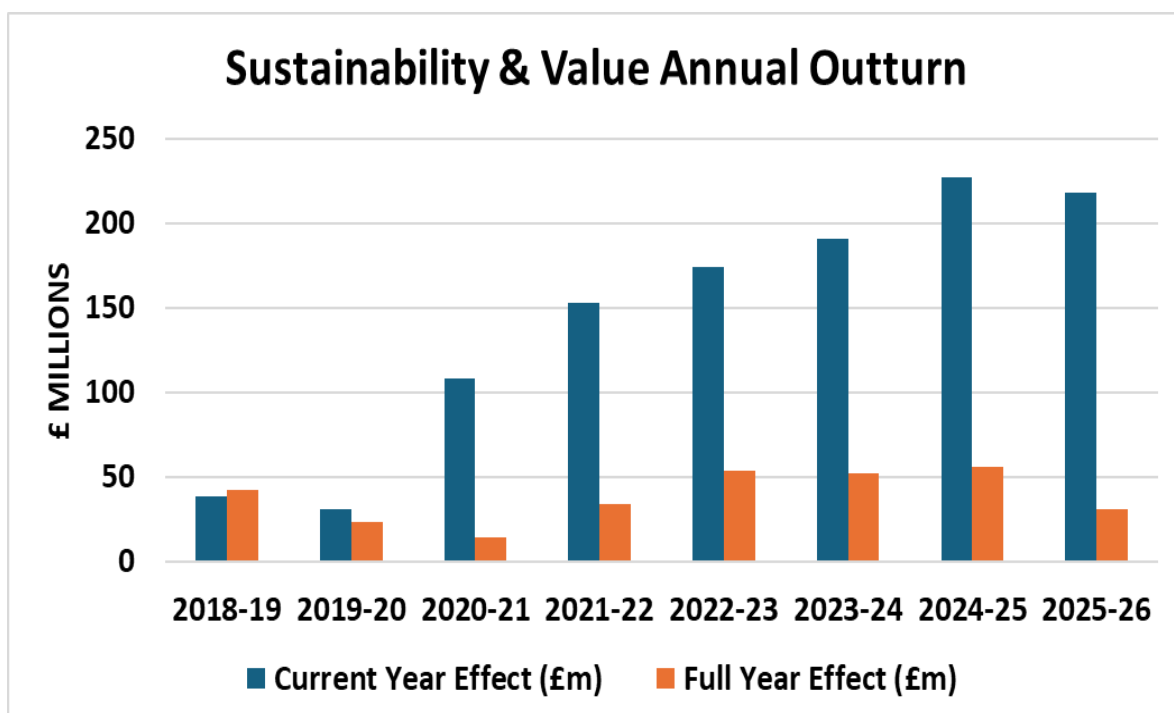
Significant financial pressures are also being experienced across our HSCPs, driven by rising demand, increasing complexity and the cost of delivering community-based services, reinforcing the need for a coordinated whole-system response to sustainability and service redesign.

During 2026/27 we will further develop a sustainable blueprint for NHSGGC focussing on delivering services in the most optimum way, taking a digital / virtual first approach, exploring sub-national opportunities to reduce costs by circa 5%. By aligning investment decisions with service transformation, we are ensuring that our actions in 2026/27 support both immediate operational improvement and longer-term sustainability.

Financial sustainability is a core enabler of this Annual Delivery Plan (ADP). Delivering our priorities in 2026/27 will require us to make best use of available resources, improve productivity, reduce variation that does not improve outcomes, and align investment decisions with the service changes that will have the greatest impact for patients, staff and communities. This section sets out the financial context for delivery, the scale of the challenge and the approach we will take through our Sustainability and Value programme.

Historically NHSGGC has delivered breakeven year on year, however the reliance on non-recurring savings has continued to grow and as a result the underlying financial deficit has not been addressed. Figure 6 illustrates the Board's reliance on non-recurring savings in recent years.

Figure 6: Annual Sustainability & Value Outturn



NHSGGC therefore needs to renew its approach to financial stewardship and align this with the wider programmes and strategies of reform and service planning. To achieve this NHSGGC will require a step change in how its finances are managed and that a more sustainable model of service delivery is implemented through a redesigned approach to Sustainability & Value (S&V).

1.6.4 Financial Years 2026-27 to 2028-29

For 2025-26, NHSGGC will achieve a balanced financial position against the financial challenge of £217.8m. This is a significant achievement given the operational and wider financial pressures that NHSGGC has faced over the last 12 months.

The NHSGGC Financial Plan assumes the delivery of a balanced position across the six IJBs for 2026/27. The delegated budgets for all six IJBs continue to be pressurised with pressures projected in a number of areas including inpatient areas, and prescribing. In addition, IJBs are facing pressure within social care services and the potential performance impacts from delivering savings in this area.

Despite this, and as set out in the 2026-27 Financial Plan, NHSGGC will carry a significant underlying deficit position of £208.6m into 2026-27 (Figure 7).

Figure 7: Opening Recurring Deficit- April 2026

Position	£m
2025-26 Opening Recurring Deficit	-£208.2m
2025-26 Recurring Savings Achieved (Month 10)	£29.7m
National Resource Allocation Committee (NRAC) Rebasing	-£30.0m
2026-27 Opening Recurring Deficit	-£208.6m

The NHSGGC financial plan for 2026-27 was approved by NHSGGC Board on 30 April 2026 and by Scottish Government on 25 March 2026. NHSGGC's Financial Plan is structured on a final breakeven outturn for 2026-27, however there is a significant financial challenge to be met to achieve this position. Within the 2026-27 position the forecast deficit before identified Sustainability & Value (S&V) schemes is £194,706,874 which represents 5.79% of the 2026-27 baseline Revenue Resource Limit (RRL) allocation for NHSGGC. The projected financial deficits for 2027-28 and 2028-29 worsen further based on the planning assumptions provided by SG particularly driven by increases in drugs costs and non-pay inflation.

Figure 8 summarises the three-year position.

Figure 8: NHSGGC 2026-29 Financial Plan

Net Position after Sustainability & Value Programme	2026-27	2027-28	2028-29
NHSGGC Board Budgets	0	-£59,887,573	-£56,557,700
Net Position % of NHSGGC Board RRL Baseline Allocation	0.00%	-2.66%	-2.47%

1.6.5 Sustainability & Value Programme

To address the financial challenge outlined in the Financial Plan, Figure 9 sets out targets based on planned actions and expected further actions based on historic experience.

Figure 9: S&V Programme 2026-27

Item	2026-27 S&V In-Year Target	2026-27 Recurring Target	2026-27 Non-Recurring Target
Cost Containment (incl. drugs)	£35,761,839	£35,761,839	0
Financial Management	£55,970,321	0	£55,970,321
Acute Division (excl. drugs) 3%	£58,321,809	£58,321,809	0
Corporate Departments 5%	£15,093,436	0	£15,093,436
Estates & Facilities 4%	£14,559,470	£4,367,841	£10,191,629
Income Maximisation	£2,000,000	£2,000,000	0
Procurement	£11,000,000	£5,500,000	£5,500,000
Estates Strategy	£2,000,000	£2,000,000	0
Total	£194,706,874	£107,951,489	£86,755,385

Given the scale of the challenge and the need for greatly expanded recurring savings within 2026-27, NHSGGC is implementing a revised approach to S&V and will involve the following immediate steps:

- Immediate extraction of budget on a non-recurring basis from all corporate areas from Month 1
- Implementation of non-recurring Financial Management measures
- Implementation of cost containment measures including capping growth in the recurring drug budget. Additional resources will be deployed to support the Pharmacy Team in both identification and implementation of cost saving options in addition to rebates and national switches
- Continued focus on reductions in sickness absence and high-cost agency usage.
- Enhanced financial monitoring regimes will be put in place to review these costs throughout 2026-27
- Requirement for the minimum delivery of 3% and 4% savings from Acute and Estates and Facilities budgets respectively. Financial deep dives will be undertaken across the breadth of budgets 2026-27
- Targeted GGC-wide savings from Non-Pay, Income maximisation and wider estates strategies

- Development of a refreshed GGC-wide communication plan on financial sustainability.

Within the Acute Division and Primary care there are plans to reduce medicine, Pharmacy resource has been secured on an invest to save basis and staff are being recruited to support implementation of a targeted Acute medicines sustainability and value programme focused on high-cost prescribing, stock reduction, ward stock review and improved contract adherence.

1.6.6 Financial Years 2027/28 to 2028/29

It is expected over the course of this medium-term plan, that initial delivery will be from business-as-usual schemes, review of services, containment of projected cost growth and maximising all available non-recurring opportunities. Longer term opportunities will follow through the NHSGGC Way Forward Programme, Sustainable Blueprint implementation and opportunities afforded through emerging Sub-National planning arrangements in Scotland West.

Taken together, this section sets out the context, ambition and conditions for delivery in 2026/27. Our plan is grounded in the needs of Greater Glasgow and Clyde, shaped by our services and partners, aligned with national reform and Scotland West planning, and underpinned by the need to deliver safe, effective and sustainable care in a challenging operating and financial environment. The priorities that follow set out how we will translate this ambition into practical action across our services, partnerships and corporate enablers.

Section Two: Population Health

2.1 Delivering our Population Health Ambitions

As an organisation, we are committed to increasing our focus on prevention, early intervention and reducing health inequalities as part of our ambition to improve population health. The Turning the Tide 10-year Public Health Strategy and 2024 Director of Public Health Report (Working Together to Stem the Tide) are fully aligned with the deliverables set out in national delivery frameworks including the Health and Social Care Service Renewal Framework and the Population Health Framework.

Our focus on delivering our commitments from the Turning the Tide Public Health Strategy (2018-2028) remains unwavering. Over the past few years, clear progress has been made system wide including the implementation of Medication Assisted Treatment (MAT) standards across GGC, increased uptake of weight management interventions, support for timely discharge through the provision of emergency food on discharge packages and a marked increase in the number of schools participating in school toothbrushing, which now exceeds pre-pandemic levels (76.4%). Through to 2028, we will continue to focus on our remaining commitments which align to our key priorities for this Delivery Plan including the implementation of improvement plans to meet the national smoking cessation targets and reduction in uptake inequalities across key public health programmes.

Our approach to improving population health is also guided by the principles of Realistic Medicine. This means focusing our efforts on prevention and early intervention that deliver meaningful improvements in outcomes, targeting resource where it will have the greatest impact, and reducing variation in access and uptake that contributes to inequality.

Delivering our population health ambitions will require action across the whole system. Our work also aligns with and will inform sub-national planning activity, ensuring priorities and delivery plans are coordinated across the system.

Primary Care and HSCPs have a central role in prevention, early intervention and local support, particularly through their links with communities, local authorities, third sector partners and Community Planning Partnerships.

We will further strengthen this approach by working with our HSCP partners to maximise the contribution of key services and programmes that support early intervention and prevention. This includes enhancing the role of health visiting, embedding “No Wrong Door” approaches for children and families, and aligning with child poverty pathfinder and integrated children’s service planning arrangements. In addition, we will continue to support the delivery of Medication Assisted Treatment (MAT) standards through delegated alcohol and drug services. Together, these approaches will ensure a more coordinated, place-based response to improving outcomes for children, families and vulnerable groups across our communities.

By combining population intelligence with local service knowledge, we will be better able to target action where need is greatest and support people earlier, before health problems escalate.

Figure 10 outlines our overarching priorities in 2026/27.

Figure 10: Population Health Key Priorities in 2026/27

1. **Develop as a Population Health Organisation:** embed prevention and population health into system planning and service redesign, using population intelligence to reduce inequalities and improve outcomes
2. **Vaccination Programme:** Undertake new vaccination programme initiatives
3. **Smoking Cessation:** Implement improvement plans across 'Quit Your Way' settings and services
4. **Improving Healthy Weight:** Undertake new initiatives to improve access, engagement and uptake with established healthy weight programmes
5. **Screening:** Implement and evaluate targeted delivery methods for under-screened populations for cervical screening.

We are committed to continuing to develop as a Population Health Organisation. The publication of the national Population Health Framework provides opportunities to strengthen and embed our system-wide approaches to prevention and improve the health of our population. The strong correlation with our Public Health Strategy and leadership arrangements for population health will be further facilitated through the completion of national benchmarking and organisational leadership tools. Specifically, we will consider the best arrangements to support delivery of the national priorities:

- Embedding prevention in our systems
- Improving healthy weight

In 2026/27 we will complete the PHO Maturity Matrix tool once available, to benchmark our current position and identify actions to improve leadership for population health across the organisation. Whilst the priorities will emerge from this exercise, one of our key areas of focus will be around embedding population need into planning and service re-design beyond the Public Health Directorate. Mainstreaming a focus on prevention and reducing inequalities across Corporate Directors' objectives and delivery plans is our ambition. We will also develop a reporting framework to streamline and align with national indicators and reporting requirements.

We are working with other Boards at the sub-national planning level to integrate population evidence, population healthcare and improvement expertise, and provide leadership to strengthen prevention and support whole-system planning. Key priorities include a consistent approach to joint strategic needs assessments and utilising health intelligence to inform unscheduled and planned care.

Partnership working is central to embedding primary prevention and early identification into local planning and place-based activity. HSCPs and NHSGGC play a key role within Community Planning Partnerships to co-ordinate prevention, early intervention and inequalities work alongside local government, primary care and the third sector. Much of our work to tackle structural inequalities (such as child poverty, enhancing social connections, community wealth building and neighbourhood regeneration) is delivered through locality teams. Our public health intelligence function will continue to provide the evidence base for prevention and inequalities work across the system. This year we will also commission and have completed the fieldwork for the Adult Health and Wellbeing Survey, strengthening our understanding of need and enabling more targeted action at local and system level.

Due to the cross-cutting nature of public health, our Population Health priorities underpin the wider delivery agenda by ensuring that prevention, inequalities and population intelligence are embedded across planning, service redesign and pathway improvement. In 2026/27, this will include working closely with colleagues in HSCPs, Primary Care and Urgent and Unscheduled Care to develop insight and intelligence to support the design and development of community-based responses to unscheduled demand and implementation of health and wellbeing 'hubs' and strengthened pathways for frequent attenders at GRI and IRH (CareFlow).

This work will also inform wider priorities across Mental Health, Digital and Innovation, and planning across Scotland West, helping us target improvement where it can have the greatest impact for communities. The priorities and actions for these pathways are reflected in the relevant Primary Care and Urgent and Unscheduled Care sections of this Delivery Plan.

Whilst the priority focus in the coming year will be on a broader whole system shift to evolve NHSGGC into a population health organisation, we will continue efforts to improve engagement with our priority public health programmes (vaccinations, smoking cessation, improving healthy weight and screening) as part of our prevention and early intervention strategies.

During 2026/27, in line with the emerging programme for government we note and will support the work to further develop the first 100 Day health and social care commitments to deliver improvements to population health including:

- First heart and lung health MOTs
- Events as part of our summer of sport associated with First Minister's World Cup Fund
- Reviewing the age for bowel cancer screening
- Ban on displaying vapes and nicotine pouches
- A new public health campaign to protect young people from online harm

2.2 Vaccination Programme

Immunisation is an integral part of the Population Health Framework and our vaccination programme, focussed on improving access, engagement and uptake for priority populations, remains one of the largest and most cost-effective NHS public health interventions in Scotland, essential to preventing and reducing morbidity and mortality. As a result of targeted engagement work and additional access points, we increased our adult flu vaccination uptake in six of the seven nationally identified cohort groups in winter 2025/26 compared to the previous year.

We are committed to delivering Scotland's 5-year Vaccination and Immunisation Framework across childhood, teenage and adult programmes to ensure timely, equitable and high vaccine uptake. Focused actions to remove barriers to participation and reduce vaccine health inequalities across priority groups (these are still to be confirmed by Scottish Government and the Joint Committee on Vaccination and Immunisation (JCVI)) will reflect three continuous improvement themes: better use of data, improved communications, and addressing workforce and resource constraints.

2.3 Smoking Cessation

In 2025/26, work to improve uptake of services included reintroduction of an additional pharmacotherapy option (Varenicline) across all services, generating service advocacy through engagement with primary and acute care, social marketing and communications including media coverage using local case studies, launch of the Smokefree App and production of our Vaping Risks and Resource Pack. We will engage with the expected SG public consultation on a display ban on vapes and nicotine pouches.

The Population Health Framework recognises the need to reduce use of health harming products including tobacco and vapes in the population, and local resources to reduce harm and support vaping cessation have been developed for young people and adults. We remain committed to reducing the impact of smoking related disease through our delivery of Quit Your Way specialist and pharmacy smoking cessation services. We will continue to improve service access and engagement, targeting our communities with highest smoking prevalence and maximising the integration of smoking cessation within agreed clinical pathways.

We will pilot new models of working, recognising the growing evidence of benefit from integrating smoking cessation within clinical pathways, providing warm handover to specialist smoking cessation services as well as the benefits of early access to pharmacotherapy. This will include the Chronic Obstructive Pulmonary Disease (COPD) diagnostic pathway (Polaris) as well as the lung cancer screening pilot and/or asthma clinic.

2.4 Improving Healthy Weight

Improving population levels of healthy weight remains one of our key corporate objectives and requires multi-level action. The enactment of the Good Food Nation legislation will be the principal vehicle through which we will develop population healthy weight actions during 2026/27. We are drafting our Good Food Nation Plan, working closely with our local authority partners to support population healthy weight outcomes. In line with legislative timeframes, we will draft and consult on our Board level plan during 2026/27.

The prevalence of overweight and obesity remains stubbornly high, with two thirds of adults across GGC being overweight and obese. Demand for weight management and exercise on referral services continues to increase annually and has more than doubled in the last two years. During 2025/26 integrated referral systems were established for all newly diagnosed Type 2 Diabetes (T2DM) patients, with scoping underway to integrate access to 'at risk' patients within the cardiovascular disease pathway. Action to increase timely access to weight management interventions was improved through the development of our local T2DM remission programme and clinical redirection of appropriate patients from specialist to community Weight Management Services (WMS).

During 2026/27 we will optimise uptake of both the new national T2DM Digital Remission Pathway and our GGC in person remission pathways, working closely with primary care. Work will continue to support sustained redirection of suitable patients from specialist to community WMS, reducing patient waiting times and increasing the range of available service options. Access to additional child healthy weight support will be provided through community referral to our HENRY programme. In conjunction with University of Glasgow, evaluation of the impact of our Community Weight Management service (delivered in partnership with commercial weight loss organisations) will be undertaken.

Following the Scottish Government national consensus statement (June 2024) and the associated Scottish Medicines Consortium (SMC) decision, we are considering how access to these medicines can be implemented in a safe, equitable and sustainable way. During 2026/27 pending any further national policy on the use of Glucagon-Like Peptide-1 (GLP-1s), we will explore the option of establishing a panel process with defined criteria for access for a limited number of very high-risk patients.

2.5 Screening

Screening programmes are a fundamental component of the local and national strategies to enable people to live longer healthier lives. Our 2025/26 screening inequalities action plan, aligned with the National Equity in Screening Strategy, will guide our efforts to address barriers faced by populations with lower screening uptake. A key focus will be on strengthening partnerships delivery with HSCPs and the third sector.

We will place greater focus on development and coordination of intelligence-led activities targeting areas of high deprivation and known lower uptake. Working closely with local partners we will develop this approach to support the delivery of the national Cervical Cancer Elimination Strategic Action Plan. Areas of targeted delivery will be identified in spring 2026 and local pilot arrangements established thereafter.

2.6 What will be Different?

Our enhanced focus on Population Health is central to reducing the impact of modifiable risk factors and promoting early detection of disease. Our ongoing commitment is to deliver meaningful reductions in health inequalities, support healthier outcomes for our communities and, where feasible, help alleviate the overall strain on health services. This will be achieved through improvements in screening, immunisation programmes, and interventions targeting overweight and smoking. By implementing effective prevention strategies, driven by robust targeting of those most at risk within the population, we aim to lessen the burden of disease across our population.

People and communities will benefit from a stronger focus on prevention, earlier identification of risk and more targeted support where need is greatest. By improving screening, immunisation, smoking cessation and healthy weight programmes, and by using population intelligence more consistently across planning and service redesign, we will support healthier outcomes, reduce inequalities and help prevent avoidable demand on services over time.

2.7 Actions to be delivered 2026-27

Figure 11 sets out the actions we are committed to delivering during 2026/27.

Figure 11: Population Health Key Actions to be delivered	
Key Priorities	Actions
Population Health Organisation	<ul style="list-style-type: none"> Complete the PHO maturity matrix tool. Benchmark current position, identify actions to improve population health & create reporting framework Complete the fieldwork for the Adult Health and Well-being Survey Develop insight and intelligence to support the design and development of CareFlow
Vaccination Programme	<ul style="list-style-type: none"> Target increased uptake of vaccination and immunisation within the agreed priority groups by reducing barriers to participation including increased uptake in Health & Social Care Staff (subject to Scottish Government delivery guidance)
Smoking Cessation	<ul style="list-style-type: none"> Pilot new ways of working to integrate smoking cessation within priority clinical pathways (e.g. COPD diagnostic and/ or asthma pathways) to increase smoking cessation rates
Weight Management	<ul style="list-style-type: none"> Commence the drafting of our Good Food Nation Plan with local authority partners including consultation to support healthy weight outcomes Optimise uptake of the national T2DM Digital Remission Pathway and GGC in-person remission pathway, working closely with primary care Sustain redirection of suitable patients from specialist to community WMS to reduce waits and increase the range of available service options GLP-1 medication - explore the option of establishing a panel process with defined criteria for access for a limited number of very high-risk patients
Screening	<ul style="list-style-type: none"> Pilot the targeting of areas of high deprivation and known lower uptake to support the delivery of the national Cervical Cancer Elimination Strategic Action Plan

Section Three: Primary Care

3.1 Overview

Primary Care is central to our whole-system model of care. It is where many people first seek help, where prevention and early intervention can be embedded, and where stronger links with HSCPs, community services, mental health, pharmacy, dentistry, optometry and acute services can help people receive the right support sooner. Strengthening Primary Care is therefore essential to improving access, reducing avoidable pressure on urgent and hospital services, and enabling more care closer to home.

It is critical to everyone's health and wellbeing and to sustaining wider health and care resilience by intervening early to protect health and prevent ill health. Our five-year Primary Care Strategy (2024-2029) set out our long-term vision and approach to primary care transformation and is focussed on developing a sustainable workforce, delivering a step-change in data and digital, maximising integration and interface, and enabling patients to seamlessly navigate their care journey between and within services.

This approach is underpinned by Realistic Medicine with a focus on shared decision-making, supporting self-management, and ensuring that people receive the most appropriate care at first contact. By strengthening Primary Care as a key front door to the system, we will reduce unnecessary referral and variation and improve outcomes and experience for patients.

A coordinated, system-wide programme is in place to reduce medicines waste through an overprescribing steering group, combining public campaigns, strengthened medication review and deprescribing (including LES), prescribing and supply optimisation, and emerging data-led, targeted interventions focused on high-waste areas across both primary and secondary care.

3.2 Collaboration with Public Health Colleagues

In 2026/27, we will work with our public health colleagues to develop a comprehensive plan outlining joint initiatives aimed at strengthening the role of primary care in prevention, early intervention, increased social prescribing, and addressing health inequalities. This plan will focus on how we accelerate a broader system shift to becoming a population health organisation (including systematic use of intelligence to drive targeted service improvements) as well as programme specific work linked to identified local and national public health priorities. Anticipated shared workstreams include:

- Weight management for general practice (focusing on maximising appropriate referrals to Type 2 Diabetes programmes)
- Improvements in preventative care for people with diabetes (with the goal of achieving pre-COVID-19 levels for the delivery of the nine processes of care)
- Smoking cessation (through integrated access to smoking cessation services within respiratory care pathways and patient management systems)
- Continue to enhance our self-help platform My Health (Navigator) to support Primary Care teams in promoting health and wellbeing and providing support for people with long-term conditions and/or waiting for planned care

Primary Care is central to the wider aims of this Delivery Plan. By strengthening access, workforce, digital capability, premises and interface working, we will support earlier

intervention, improve navigation to the right care, reduce avoidable pressure on urgent and hospital-based services and enable more people to receive support closer to home. These priorities connect directly with our Population Health, Urgent and Unscheduled Care, Digital and Innovation, Infrastructure, and People and Culture programmes.

We will work in partnership with key stakeholders, including independent contractors, professional groups and HSCPs to deliver the following priorities as set out in Figure 12.

Figure 12: Primary Care Key Priorities in 2026/27

1. Continue to build a sustainable, well-staffed and skilled workforce across Primary Care in GGC
2. Enable Digital Transformation across Primary Care
3. Enhance access to urgent care
4. Improve Primary Care Premises to support the sustainable delivery of primary care services

In addition, we will support the implementation of the Scottish Government First 100 Day Health & Social Care commitments to deliver improvements within primary care including: development of General Practitioner (GP) walk-in centres and community audiology services.

3.3 Workforce

In 2026/27 we will launch our Primary Care Workforce Strategy, which sets out ways in which we will support a sustainable, well-staffed and skilled workforce across Primary Care in GGC. The strategy is focussed around four pillars:

1. Culture and leadership
2. Attraction, recruitment and retention
3. Learning and careers and
4. Safety, health and wellbeing.

The focus on supporting the Primary Care workforce will enable us to better achieve the commitments and ambitions in the Primary Care strategy.

We will also work with contractors, GP Sub-Committee and other stakeholders to enable investment in General Practice across GGC as part of the Scottish Government's national investment of £249m focussed on expanding workforce capacity, reimbursement of expenses, modernising digital systems, promoting quality improvement, improving premises and addressing inequalities. The Board's Primary Care Support team will be the conduit between our 223 General Practices and Public Service Delivery / Scottish Government to ensure that practices are supported in delivering the ambitions of the national investment. We will establish the processes that will be required to review the submissions from practices for the workforce investment and put in place arrangements to allow the release of funding for the non-staff expenses.

We will test a new approach to Protected Learning Time (PLT) that includes support for admin and clinical backfill to enable practices to receive practice-led and or cluster-based

PLT. Consistent access to PLT will support development and sustainability of general practice as it provides opportunities for team building and time to improve working relationships within and across teams. It enables space for reflection and provides practices with the opportunity to have guest speakers to support education and interface and integration with wider services.

3.4 Communication & Engagement

In 2026/27 we will launch our Primary Care Communication Strategy. Effective communication and engagement are essential steps in the path to supporting our populations to access the Right Care in the Right Place and to understand Primary Care Services. The strategy will promote Primary Care as the first point of contact, to improve health literacy, particularly around system navigation, and to embed patient voice in our strategic planning and delivery.

3.5 Digital Transformation

During 2026/27 we will continue to work in collaboration with eHealth colleagues to transfer our general practices to the new GP IT system, including addressing issues identified in initial roll-out of this programme in early 2026. This advancement will support our aim to make a shared care record accessible to all primary care services in and out of hours in the next two years.

Furthermore, we will launch the first release of our first digital dashboard for general practice to provide meaningful information on activity in primary care. This will be transformative in relation to accessibility of General Practice information for all stakeholders. The dashboard will support improved planning and support for general practices at a practice, cluster, HSCP and Board level.

There is currently work underway to drive forward dashboard development and expect access and test data from August. Once available, the data will be analysed to support driving forward improvements. Progress will also be tracked through our Transforming Together Portfolio Board.

3.6 Urgent Care

In June 2026 we will open our first walk-in centre in Cardonald Medical Centre.

Initially, the centre will provide 'walk-in' access to a population of approximately 44,000 patients registered with 8 practices in South Cluster 7 (Cardonald and Govan). The Centre is one of 15 Centres across Scotland due to be opened in the coming months and will be accessible seven days a week between 12:00 and 20:00. The Multi-Disciplinary Team (MDT) in the Centre will include GPs, Advanced Nurse Practitioners, Nursing, Administration and Security, and will treat urgent care presentations that do not require emergency care, specialist care, or longer term, complex management.

We will pro-actively be engaging with other Boards, Healthcare Improvement Scotland (HIS) and the Scottish Government to ensure that we contribute to the evaluation of these new Centres. Aligned to this, we will also support the implementation of the CareFlow which will see the design and development of community-based responses to unscheduled demand through early intervention and optimised support pathways.

Additionally, on confirmation of funding, we will undertake a further test of Paramedics working in General Practice, with a specific focus on home visits. We anticipate this will

support interface between Primary Care and the Scottish Ambulance Service, as well as freeing up capacity within existing MDTs working in general practice. A detailed specification for the project will be developed in Q2 of 2026/27.

We will improve the out of hours emergency service for dental health patients, which will be informed by a patient and staff engagement programme and a review of staff rotas and working arrangements to identify opportunities for improvement. This will include exploring opportunities to harness digital technology. It is anticipated that actions arising from the review of public dental services being undertaken in 2026/27 will be including in subsequent year plan

3.7 Premises

During 2026/27, we will work with Scottish Government to shape the range of health and community-based services for a new Port Glasgow Community Care & Wellbeing Centre in Inverclyde. This will be part of the new revenue funded infrastructure investment programme announced as part of the 2026/27 Scottish Government budget with initial construction anticipated from 2029-30. Port Glasgow will be one of 3 initial national projects (alongside NHS Fife and NHS Lothian), with a further twelve projects identified for investment, thereafter, including Langside and East Dunbartonshire. Work will progress on shaping the potential range of health and community-based services which could be located within new Community Care & Wellbeing Centres.

3.8 General Ophthalmic Service

During 2026/27 we will continue to enhance hospital-based eye care within our communities with the expansion of the Community Glaucoma Service. This service is designed specifically for patients who present with lower-risk glaucoma or elevated eye pressure. During the year 2026/27, we aim to identify further eligible patients for discharge from Hospital Eye Services across GGC and ensure that those who can be safely transitioned receive the right care, at the right place.

3.9 What will be Different?

2026-27 promises to be an exciting year in Primary Care. Through national investment in Workforce and Premises there is significant opportunity to expand General Practice capacity and in doing so, provide patients with improved access and experience. Additionally, the transition to one IT system will provide consistency across our 223 practices. Improved access to General Practice information will support whole system planning and the creation of the first GP Walk-in Centre will provide patients with additional access route for urgent care needs.

People will have clearer routes into primary care and more consistent access to support for urgent and routine needs. Investment in workforce, digital systems, communication and premises will help practices and primary care teams work more sustainably, improve information for patients and partners, and support better planning across practices, clusters, HSCPs and the Board. The GP Walk-in Centre and improved digital information will also support earlier access to the right care and reduce avoidable pressure elsewhere in the system.

3.10 Actions to be delivered 2026-27

Figure 13 sets out the actions we are committed to delivering during 2026/27.

Figure 13: Primary Care Key Actions to be delivered	
Key Priorities	Actions
Workforce	<ul style="list-style-type: none"> • Enable investment in GGC general practice to increase workforce capacity by establishing the processes to review practice submissions for workforce investment and release funding for non-staff expenses • Test new approach to Protected Learning
Digital Transformation	<ul style="list-style-type: none"> • Develop the new General Practice digital dashboard • Transition the next cohort of practices from EMIS to Vision
Urgent Care	<ul style="list-style-type: none"> • Establish GGCs first Walk-in Centre (WIC) clinic in Cardonald and support the national evaluation of GP WICs • Further test of paramedics working in General Practice to inform future implementation • Undertake a review of out of hours emergency dental services opportunities for improvement
Premises	<ul style="list-style-type: none"> • Scope the range of health and community-based services that could be included in the new Port Glasgow Community Care & Wellbeing Centre in Inverclyde
General Ophthalmic Services	<ul style="list-style-type: none"> • Continue the expansion of Community Glaucoma Service through transferring eligible patients from Hospital Eye Services.

Section Four: Mental Health

4.1 Shifting the Balance of Care

The GGC Mental Health Strategy 2023-2028 aims to appropriately shift the balance of care from hospital to community services. It proposes we develop a stepped / matched care model responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: “all the care they need, but no more”. This aligns with the Scottish Government Mental Health and Wellbeing Strategy (June 2023) to “Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery”.

4.2 Urgent Care

Over the next year we will continue to deliver urgent mental health care and support people to stay in their community and reduce pressure on our emergency departments, through utilisation of our Mental Health Assessment Units, who are currently responding to ~1,300 referrals per month. This is also supported by the work of the Community Mental Health Acute Care Teams who respond to a further ~930 referrals per month. Only 5-6% of patients referred are admitted to hospital demonstrating the effectiveness of these interventions in supporting patients to remain at home and reducing pressure on our hospitals.

Urgent and unscheduled mental health pathways remain a key area of focus and during 2026/27 further improvements will be considered through the Mental Health Strategy Programme Board. Implementation of unified flow pathways during 2026/27 will have impact on unscheduled contact, particularly non face to face.

4.3 Strengthening Community Based Services

Mental health improvement is closely connected to the wider delivery agenda and depends on coordinated action across Primary Care, HSCPs, community mental health teams, acute services, children’s services and third sector partners.

In 2026/27, strengthening community-based services, improving referral pathways through Flow Navigation Centre Plus (FNC+), developing neurodevelopmental support and expanding remote monitoring will support earlier help, reduce avoidable escalation and ensure people are supported in the most appropriate setting. This will contribute directly to improved access, better flow and more joined-up care across acute, community and HSCP services, while aligning with our Population Health, Primary Care, Urgent and Unscheduled Care, Digital and Innovation, and People and Culture programmes.

We will continue to improve access to Psychological Therapies, building on the success of 2025/26 where we targeted our longest waiters and significantly reduced the number waiting over 52 weeks. We will continue work to deliver the 18-week referral to treatments (RTT) standard (90%).

4.4 Key Mental Health Priorities 2026-27

Priorities for the Mental Health Strategy were reviewed and updated through 2025/26 prompted by current financial constraints and to ensure alignment with the NHSGGC Transforming Together Programme. Actions to support these and operational priorities for 26/27 related to demand and workforce capacity are set out in Figure 14.

Figure 14: Key Mental Health Priorities in 2026/27

1. Mental Health Inpatient Reconfiguration and strengthening Community Service Development
2. Integration of Mental Health referral pathways into FNC+
3. Establish pathways for Neurodevelopmental Disorder for adults and children
4. Operationalise the Dynamic Support Register for Learning Disabilities
Strengthen Child and Adolescent Mental Health Services (with a key focus on addressing the requirements of the Healthcare Improvement Scotland (HIS)/Mental Welfare Commission (MWC) inspections in inpatient Child and Adolescence Mental Health Services (CAMHS) units at Skye House and Ward 4)

In addition, we will support the implementation of the Scottish Government First 100 Day Health & Social Care commitment to deliver improvements within mental health including developing a route map and timeline for adoption of 4-tiered national pathway for developmental conditions and a new staged intervention approach for additional support needs in education.

4.5 Mental Health Inpatient Reconfiguration and Community Service Development

Our long-term strategic priority is to enable a shift in the balance of care and deliver services that support people to live in their communities. This will support a reduction in hospital admissions and length of stay through equity of investment which includes a consequential reconfiguration and reduction in inpatient provision.

Our strategy proposes a reduction from 1,050 to 780 beds across all mental health services. To facilitate the advancement of this strategic priority, during 2026/27 we will undertake a non-financial benefits option appraisal process for inpatient reconfiguration which will encompass a public consultation element. The process will facilitate the identification of potential hospital sites for delivering inpatient services and will progress in line with Planning with People guidance. This work is being supported by ongoing engagement with HIS Community Engagement team. An independent facilitator has been commissioned to oversee the process and ensure it remains robust and transparent. Through this work we will meet our statutory obligations to complete the option appraisal and public consultation on major service change by end 2026/27.

4.6 Integration of Mental Health referral Pathways into FNC+

Aligned to our Transforming Together programme, a key aim of the GGC Mental Health Strategy is the redesign of mental health referral pathways. Over the coming year, our plans include a phased approach to the integration of mental health referral pathways with our FNC+. We will work closely with FNC colleagues to introduce unified referral management that will co-ordinate referrals, reduce variation, provide rapid clinical triage and streamline patient flow across the six HSCPs.

We will also pilot and evaluate the utilisation of virtual wards for the remote monitoring of medication (e.g. Clozapine for psychosis/ stimulants for Attention Deficit Hyperactive Disorder (ADHD)) to support a reduction in inpatient stays and clinic visits. For clozapine, statistics indicate that 100-150 re-titrations take place within acute hospitals annually along

with 60-70 new initiations. The evaluation will consider cost effectiveness of remote monitoring and indicate what percentage of those would likely have capacity to adhere to, and benefit from remote pathways.

4.7 Establishing pathways for Neurodevelopmental Disorder for adults and children & young people

NHS GGC, like all health boards are experiencing a sharp increase in referrals for individuals with suspected Neurodevelopmental Disorders (NDD). Referrals for ADHD, in particular, are significantly impacting Community Mental Health Teams' (CMHTs) and specialist children's services capacity to deliver their core service specification, which currently includes NDD assessment only where there is a comorbid condition. Despite ongoing efforts and interventions, referral rates remain high, with approximately 80–90 ADHD referrals and 45 Autism Spectrum Disorder (ASD) referrals received for adults each week.

In anticipation of a national public health response, and in alignment with the recommendations set out in the Health Social Care and Sports Committee (HSCS) Committee Report on ADHD and Autism Pathways and Support (January 2026), over the next year we will prioritise the development of adult and children and young people's ADHD and autism pathways and associated support. Planning is also underway across GGC to implement a series of supporting measures. These include the application of the National Autism Implementation Team (NAIT) Level 4 criteria to secondary care referrals for ADHD and ASD, prioritising acceptance to individuals with comorbid mental health conditions or highest clinical need for children and young people.

Further work is progressing to establish shared care agreements with general practice for the management of ADHD medication, explore remote monitoring approaches for existing patients, and enhance access to support through the development of a GGC online self-help resource pack, now available via the NHS Scotland Right Decisions platform for those whose needs could be met and be signposted to alternative resources.

4.8 Dynamic Support Register for Learning Disabilities

NHS GGC has been closely involved in the development of the recently published Scottish Government - Coming Home Action Plan (2026). The Action Plan sets out a range of recommendations to improve care and support for people with complex needs, ensuring that support is provided locally wherever possible, reducing or avoiding admission to specialist learning disability and mental health inpatient services, and minimising both the length and prevalence of delayed discharge.

Work has commenced and will continue over the coming year to fully embed the Dynamic Support Register (DSR) within operational practice across HSCPs. Data from the DSR will support strengthened governance and inform service planning, enabling a more proactive approach to supporting those at greatest risk. It will also support collaborative commissioning, inpatient service redesign, and the ongoing development of community-based services.

4.9 Strengthening Child and Adolescent Mental Health Services

Over the coming year we will ensure that the delivery of CAMHS continues to align with the approach adopted for adult services by strengthening a “home first” community-based model of care. This recognises that, where appropriate, the majority of children and young people can be effectively supported within their local communities, with inpatient admission reserved for those who are most unwell.

This will include further strengthening Tier 3 community CAMH services through the continued development of support, interventions, and treatments for the most vulnerable children and young people, delivered in their local communities. Work will also continue to advance this at a regional and national level through a Tri-Regional review which will have a National Specification to be agreed by September, the outcome of which will influence our model of care. In addition, approaches similar to those implemented in adult mental health services will be applied to promote earlier intervention and reduce unnecessary escalation.

During the coming year, we will conclude the implementation of the National Specification for Adolescent Inpatients relating to Skye House which is a key service for the West of Scotland providing specialist care for young people. We will also deliver the requirements arising from HIS and MWC inspections of inpatient CAMHS units, namely Skye House and Ward 4. Our work to address this is due to conclude this year ensuring that the voices and experiences of young people are highlighted and there is a continued emphasis on maintaining a positive and respectful culture.

4.10 What will be Different?

The primary aim of the mental health strategy is to shift the balance of care. Inpatient reconfiguration is an essential component to enable investment in, and the phased development of, community mental health services for adults. Maintaining a focus on unscheduled care and addressing the national demand trend for NDD assessment will also enable core community mental health services to support this shift. A focus on a home-first community-based model of care for CAMHS will address priorities for adolescent inpatients and through our improvement work at Skye House and Ward 4 we will ensure that every young person consistently receives empathetic and compassionate specialist care in line with the Mental Health (Care and Treatment) (Scotland) Act.

People who need mental health, neurodevelopmental or learning disability support should experience clearer pathways, earlier support and more consistent access to community-based care where appropriate. Our focus on referral management, community service development, remote monitoring and specialist pathways will help reduce avoidable escalation, support people closer to home and improve flow across acute, community and HSCP services. For children and young people, continued improvement in CAMHS and adolescent inpatient services will support safer, more consistent care.

4.11 Actions to be delivered 2026-27

Figure 15 sets out the actions we are committed to delivering during 2026/27.

Figure 15: Mental Health Key Actions to be delivered	
Key Priorities	Actions
Community development and Mental Health Inpatient Reconfiguration	<ul style="list-style-type: none"> • Complete options appraisal and public consultation for Mental Health Inpatient Reconfiguration • Deliver the 18-week referral to treatments (RTT) standard (90%) for Psychological Therapies
Integration of Mental Health referral Pathways into FNC+	<ul style="list-style-type: none"> • Pilot and evaluate unified referral management across the six HSCPs through integration with FNC+ and remote medication management through the Virtual Hospital to improve MH pathways and reduce hospital admission and stays
Establishing pathways for NDD for adults and children & young people	<ul style="list-style-type: none"> • Develop adult and children & young people's ADHD, autism and wider neurodevelopment disorder pathways and support
Dynamic Support Register for Learning Disabilities	<ul style="list-style-type: none"> • Embed the DSR into operational practice across HSCPs, the data from which will be used to support governance and planning.
Strengthen Child and Adolescent Mental Health services	<ul style="list-style-type: none"> • Implementation and delivery of the National Specification for Adolescent Inpatients (Skye House) and the requirements of the HIS/ MWC inspections in inpatient CAMHS units (Skye House and Ward 4).

Section Five: Urgent & Unscheduled Care

5.1 Whole-System Optimisation for Access, Flow and Care at Home

In 2026/27, our aim is to operate urgent and unscheduled care as a single, connected system, designed around access and flow rather than organisational boundaries. This means improving how people enter the system, how decisions are made, how patients move through hospital and how more people are supported safely at home or in community settings. We will continue to advance our ambitious programme of transformation for urgent and unscheduled care, building on the strong foundations established during 2025/26 and moving from design and testing into scaled delivery across our whole system.

Delivery of this programme depends on the combined impact of priorities across this plan and brings together many parts of our health and care system.

A significant proportion of our demand and system pressure is experienced across our HSCPs, where increasing complexity, demographic change and rising demand for community-based support are shaping the delivery of urgent and unscheduled care. HSCP services are central to prevention, crisis response, discharge and care at home, and play a critical role in managing system flow and supporting people to remain safely within their communities.

Primary Care will support earlier access and alternatives to hospital attendance. Population Health will help us better understand and target need; Primary Care and HSCPs will strengthen alternatives to urgent hospital attendance and will be central to discharge, community support, frailty pathways, care at home and intermediate care; Digital and Innovation will support e-Triage, FNC+ and Virtual Hospital pathways; Infrastructure will enable safe and effective service redesign; and People and Culture will support the workforce models and leadership required to sustain change. This whole-system approach is essential if we are to improve urgent care access, reduce delays and support more people safely at home or in the community.

Our focus will be on enabling earlier clinical decision making, improved direction at first contact and safer, faster movement through the system for our citizens. This will reduce reliance on hospital-based care, improve flow across acute and community services and ensure more patients receive the right care, in the right place, at the right time.

We will take a more systematic approach to understanding and reducing variation across sites, sectors and HSCPs, using data and intelligence to identify unwarranted variation in demand, activity and outcomes. This will be supported by the development of performance measures that reflect our population needs and our commitment to improving access, flow and outcomes across the whole system.

This approach positions access, interface care, acute services and our HSCPs as interdependent components of one pathway, with shared responsibility for flow from first contact to home. We continue to align delivery with Scottish Government priorities to improve flow and performance in unscheduled care, minimise delayed discharges and expand Hospital at Home as a mainstream model of care.

This programme will also support the full completion of the GGC Way Forward programme of work – our response to the Healthcare Improvement Scotland Emergency Department Review published in March 2025. Significant progress has been made in 2025/26, during

2026/27 we will prioritise the remaining delivery actions against the 30 HIS recommendations, ensuring these are delivered in a sustainable manner and embedded within our wider urgent and unscheduled care programme of transformation and improvement.

5.2 Key Urgent and Unscheduled Care Priorities 2026-27

The key priorities for 2026/27 are set out in Figure 16.

Figure 16: Urgent and Unscheduled Care Key Priorities in 2026/27	
1.	Improving Access through implementation of a Digital Front Door, including e-Triage across all Emergency Departments, and strengthening direction to the right service at first contact for our population
2.	Making Earlier Decisions through FNC+, Senior Clinical Decision Makers, Call Before You Convey, professional-to-professional advice and zero-day pathways - turning unplanned into planned wherever possible
3.	Optimising Flow by reducing delays and length of stay through Discharge Without Delay, Integrated Discharge Team Approach, improving Escalation & Decompression planning, strengthened 7-day working and HSCP-led discharge schemes
4.	Expanding Virtual Care and Shift Towards Home and Community to support both access and flow, including expansion of Virtual Hospital towards 1,000 beds through step-up, step-down, direct admission, OPAT, Discharge to Diagnostics, Hospital at Home and intermediate/community-based pathways
5.	Complete the delivery of the 30 HIS Emergency Department Review recommendations, delivering actions in a sustainable manner ensuring they are embedded within our wider transformation programme for urgent and unscheduled care
6.	In addition, we will support the implementation of the Scottish Government 'First 100 Day Health & Social Care commitments' to deliver improvements within urgent care including national plan for hospital flow

In addition, we will support the implementation of the Scottish Government First 100 Day Health & Social Care commitments to deliver improvements within urgent care including national plan for hospital flow.

These priorities create a connected pathway, setting out how patients access urgent care, receive early decisions, move through the system and are supported home wherever clinically appropriate.

5.3 Designing the System Around Access and Flow: Getting Access Right at First Contact

In 2026/27, our priority is to strengthen how our citizens access urgent care and how decisions are made at first contact. This means improving direction at the earliest point of contact - whether through NHS24, SAS, Primary Care, FNC+ or the Emergency Department front door - and increasing access to appropriate alternatives across Primary Care, community, same-day and virtual pathways.

Access will be strengthened through the expansion of FNC+ as a central access and navigation function for NHS24, SAS, Primary Care and Emergency Departments. This will increase access to Senior Clinical Decision Makers and professional-to-professional advice,

enabling more patients to be managed without default attendance or admission. Our work to create opportunities for earlier intervention and/or repeat attendance avoidance will be underpinned by a better understanding of patient profiles, including deprivation, risk, vulnerability, equality characteristics, and barriers to accessing support, including missingness.

We are also strengthening our understanding of demand at a locality level, including analysis of activity by GP practice and patterns of attendance at Emergency Departments. This work will support targeted improvement actions and testing of local interventions to reduce avoidable demand and improve access to the right care at first contact.

We will also work with Police Scotland, the Scottish Ambulance Service, HSCPs and specialist alcohol, drug and mental health services to strengthen alternative pathways for people whose needs may not require attendance at an Emergency Department. This will support a model where ED is not the default destination, with police-led risk assessment, clinically led triage and clear routes into custody, community care or specialist services where these are safe and appropriate. By improving real-time decision-making and access to the right support at the first point of contact, we will reduce avoidable conveyance to hospital, ease pressure on Emergency Departments and support more person-centred responses for people affected by alcohol, drug use, mental health distress or wider vulnerability.

We will increase utilisation of GP and Primary Care calls into FNC+, with more patients reviewed for alternative pathways before referral to assessment units or Emergency Departments. This will support a shift from unplanned to planned care, increasing direct access to same-day, Virtual Hospital and community pathways.

For patients who attend an Emergency Department, we will embed a Digital Front Door through the phased rollout of e-Triage across all adult Emergency Departments, supported by consistent operational processes, staff training and patient engagement. This will enable earlier clinical assessment, better visibility of demand and more reliable streaming into appropriate pathways. Work is underway to implement health and wellbeing hubs in Inverclyde and strengthen pathways for frequent attenders/those with high levels of vulnerability at Glasgow Royal Infirmary.

A key focus will be ensuring that e-Triage is embedded as a clinical decision support tool, not simply as a digital check-in process. This will support consistent streaming and redirection to appropriate pathways, including Primary Care, Pharmacy First, GP Walk-in Centre routes where available, same-day care and virtual pathways.

This whole-system model is aligned with the principles of Realistic Medicine, supporting earlier clinical decision-making, reducing unnecessary hospital attendance and admission, and ensuring that patients receive care that is proportionate to their needs, in the most appropriate setting.

Key levers will include:

- FNC+ access routes – strengthening Senior Clinical Decision making collaboratively with NHS24, SAS, Primary Care and Emergency Department pathways
- Professional-to-professional advice - expanding Consultant Connect into key areas and specialist advice to support earlier decisions before referral or attendance working with Primary Care

- Redirection pathways - scaling routes from the front door to Pharmacy First, Primary Care, our GP Walk-in Centre, same-day care and virtual pathways
- Digital Front Door / e-Triage - phased rollout across all four adult Emergency Departments to support earlier assessment, prioritisation and streaming
- CareFlow - Design and develop community-based responses to unscheduled demand through early intervention and optimised support pathways

What this means: More patients will be directed to the right service at first contact, reducing unnecessary Emergency Department attendance and increasing access to appropriate alternatives.

5.4 Making the Right Decision Early

Earlier and more consistent decision making is critical to improving whole-system flow. In 2026/27, we will increase access to Senior Clinical Decision Makers and strengthen pathways that support same-day assessment, treatment and discharge wherever clinically appropriate.

FNC+ will expand towards a 24/7 model, supported by enhanced medical and nursing workforce. This will increase capacity to manage demand across NHS24, SAS, Primary Care and front door pathways, ensuring more consistent access to Senior Clinical Decision Makers and system navigation.

Our Care Home Call Before You Convey has demonstrated significant impact by improving access to senior clinical decision-making, reducing avoidable conveyance and supporting care closer to home.

We will further strengthen partnership working with SAS through expansion of 'Call Before You Convey' pathways to 'Call to Convey'. Activity within CBYC increased significantly during early 2026, reflecting strengthened clinical engagement and increased confidence in alternatives to conveyance. In 2026/27, we will build on this momentum by embedding CBYC as a core route into FNC+, enabling paramedics to access senior clinical advice in real time and supporting safe decision making at the point of care.

We will prioritise where possible same-day assessment, treatment and discharge, reducing reliance on inpatient admission and increasing the proportion of patients managed through zero-day, short-stay and ambulatory pathways. A key focus will be increasing pull from Emergency Departments and acute receiving units, ensuring patients are streamed early to same-day pathways where clinically appropriate.

We will prioritise development and expansion of high-volume pathways, including medical ambulatory care and specialty same-day pathways. This will include testing protection of capacity across sites, supported by front door streaming and direct booking from FNC+.

Frailty will also be a key focus for earlier decision making. During 2025/26, we initiated a range of programmes to improve care for people living with frailty across GGC, including expansion of Home First Response Services, 7-day AHP provision, Hospital at Home and the extension of FNC+ pathways into community services.

In 2026/27, we will develop and implement a pan-GGC, whole-system frailty model to address variation across HSCPs and ensure a more consistent and coordinated approach to care. This will focus on improving access to timely assessment, senior clinical decision making and multidisciplinary support. FNC+ will operate as a central point of access,

supported by dedicated frailty practitioners, Care Home pathways, Frailty Hubs and further expansion of Hospital at Home.

Key levers in 2026/27 will include:

- FNC+ 24/7 - expanding towards a 24/7 model by August, supported by enhanced medical and nursing workforce
- Senior Clinical Decision Makers - increasing access through FNC+, front door pathways, CBYC and frailty models
- Call Before You Convey - embedding SAS CBYC as a core FNC+ route for non-life-threatening cases and care homes
- Zero-day pathways - expanding zero-day and short-stay pathways, increasing pull from Emergency Departments and acute receiving units
- Frailty pathways - implementing a pan-GGC frailty model, Frailty Hubs, Care Home pathways and FNC+ access
- What this means: More patients will be assessed, treated and discharged on the same day or supported through frailty, community and virtual pathways, reducing avoidable admission and improving use of acute capacity

5.5 Reducing Delays and Supporting Timely Discharge

Once patients enter the system, our focus is on reducing delay, unwarranted variation and length of stay. This requires consistent discharge planning, earlier escalation, improved joint working between acute services and HSCPs, and stronger operational grip across the whole system.

In 2026/27, we will embed a consistent and proactive approach to discharge planning across all acute sites, aligned to the National Discharge Without Delay Collaborative Ambitions. This will include strengthening DWD Daily Board Rounds, improving Planned Date of Discharge setting, increasing use of Criteria Led Discharge and supporting a sustained culture of discharge without delay.

We will introduce proactive discharge huddles for patients with a length of stay greater than 14 days, supporting earlier intervention and improved multiagency coordination. In parallel, we will increase utilisation of discharge lounges and strengthen communication and engagement across sites.

We will continue to reduce delayed discharges through a targeted and consistent approach across all sites. With all HSCPs we are reviewing how we implement the Choices Protocol locally to ensure we have a consistent approach. We will continue to strengthen joint working through daily acute and HSCP coordination, supporting earlier decision making and improved flow.

The Integrated Discharge Team Approach (IDTA) will be utilised across high-volume wards and will support safe, timely and person-centred discharge through closer integration between acute teams and HSCP partners, promoting a Home First approach. This will improve early identification of discharge needs, reduce delays associated with social work and complex discharge, and support reductions in bed occupancy and AWI-related delays.

We will continue to strengthen 7-day working models across acute and community services, including 7-day AHP provision and Home First Response Services. In 2026/27, the focus will

be to support expansion towards 7-day working in all main sites, improving early supported discharge and reducing length of stay.

HSCP-led schemes will remain central to flow. Intermediate Care and Complex Care beds will continue to provide step-down capacity for patients who are medically fit for discharge but require a more appropriate setting before returning home or moving to longer-term care.

Whole-system coordination will be strengthened through QUEST (Quality with Everyone focusing on Safety & Teamworking) escalation and decompression huddles. QUEST will bring together real-time system intelligence, predictive modelling and operational oversight to support proactive decision making, demand management and escalation across the system. This will support improved flow across sites and partners, ensuring system pressure is managed collectively rather than within individual services.

Key levers in 2026/27 will include:

- **Discharge Without Delay** - embedding daily board rounds, PDD setting, Criteria Led Discharge, DWD comms plan and proactive discharge planning.
- **Long-stay discharge huddles** - spreading proactive huddles for patients with length of stay greater than 14 days to escalate barriers earlier.
- **Integrated Discharge Team Approach** - expanding IDTA high-impact wards
- **Seven-day AHP working** - strengthening AHP, HFRS and weekend discharge support
- **Intermediate and Complex Care** - optimising step-down capacity with HSCTs to reduce acute bed occupancy
- **Whole System Escalation & Decompression Huddles** - using live data, predictive modelling and SCDM input to support comprehensive escalation and decompression planning

What this means: Fewer delays, shorter length of stay, improved discharge performance and more consistent flow across sites and partners.

5.6 Shifting the Balance of Care Towards Home & Community

Care at home will be a core enabler of both access and flow. In 2026/27, we will scale Virtual Hospital and Hospital at Home as mainstream components of urgent and unscheduled care, supporting step-up, step-down, direct admission and discharge pathways.

Our Virtual Hospital represents a core component of our long-term transformation, setting out a bold shift in how care is delivered across GGC - moving from hospital-based models to a system where home becomes the default for a significant proportion of patients.

In 2026/27, we continue delivery of this vision, scaling our Virtual Hospital towards 1,000 operational beds and embedding it as a mainstream model of care. This will be delivered through a structured programme of specialty-led pathway development, aligned to a clear model of flow which supports patients at multiple points in their pathway.

The Virtual Hospital will support Front Door pathways enabling direct admission to short-stay virtual pathways; Step-Up pathways supporting admission avoidance; Step-Down pathways supporting early discharge; Direct Admission pathways where inpatient care can be avoided entirely; and Discharge with Virtual Review pathways supporting imaging follow-up and ongoing clinical oversight.

We will prioritise pathways that support admission avoidance, earlier discharge and safe follow-up at home. This will include respiratory, cardiology (heart failure), frailty, women and children's services, OPAT and Discharge to Diagnostics, with clinical teams leading pathway development to ensure these models are safe, effective and aligned to patient need.

Hospital at Home will continue to provide higher-acuity, multidisciplinary care at home, supporting both admission avoidance and early discharge. In 2026/27, we will expand and embed Hospital at Home services, with a focus on improving consistency, access and utilisation. Expansion will continue through a phased approach, building capacity across sites while ensuring alignment to a shared framework of pathways, standard operating procedures and reporting.

Delivery will be supported by a communications and engagement plan to ensure staff, patients and the public understand what is changing, how to access new pathways and what support remains available for people who need face-to-face care or may be digitally excluded. This will include targeted staff communications, public-facing information, community engagement and patient/staff stories to support adoption of FNC+, e-Triage, Virtual Hospital and care at home pathways. Impact will be monitored through Care Opinion, staff and public feedback, Patient Reported Experience Measures and Patient Reported Outcome Measures.

Key levers in 2026/27 will include:

In 2026/27, we will continue to scale the Virtual Hospital towards 1,000 operational beds through a range of virtual care and care at home pathways, including step-up, step-down, direct admission, OPAT, Discharge to Diagnostics, virtual review and Hospital at Home:

- **Discharge to Diagnostics** - expanding step-down pathways so medically fit patients do not remain in hospital awaiting diagnostics or review for imaging, phlebotomy or echo
- **Hospital at Home (H@H)** - expanding adult HSCP H@H capacity and strengthening frailty and care home pathways
- **OPAT and ambulatory pathways** - increasing treatment outwith hospital and reducing unnecessary inpatient stays
- **Specialty-led High volume pathway expansion** – key focus on respiratory, cardiology & frailty virtual hospital pathways

What this means: more patients will be cared for safely at home or in community settings, reducing avoidable admissions, shortening length of stay and improving patient experience.

5.7 What will be Different?

People who need urgent care should experience clearer routes to the right service, earlier clinical decisions and more consistent alternatives to hospital admission where safe and appropriate.

By March 2027, urgent and unscheduled care across GGC will operate as a more connected, flow-based system, designed around how patients access care, receive decisions, move through hospital and return home safely.

Patients will experience clearer routes into urgent care, earlier clinical decision making and more consistent access to alternatives to hospital admission. Where hospital care is

required, discharge planning will begin earlier, delays will be identified and escalated sooner, and acute and HSCP teams will work as one system to support timely, safe discharge.

This will enable more people to receive care at home or in community settings where clinically appropriate, reducing avoidable attendance, admission and length of stay. Collectively this will support a sustained shift in the balance of care, improve patient experience and strengthen whole-system resilience.

5.8 Actions to be delivered 2026-27

Figure 17 sets out the actions we are committed to delivering during 2026/27.

Figure 17: Urgent and Unscheduled Care Actions	
Key Priorities	Actions
Improving Access	<ul style="list-style-type: none"> Improving Access: Implement e-Triage across all four adult Emergency Departments and utilise FNC+ Plus to support increased pull and redirection to alternative pathways
Making Earlier Decisions	<ul style="list-style-type: none"> Making Earlier Decisions: Expand FNC+ Plus towards a 24/7 operating model maximising existing pathways and enhancing access to Senior Clinical Decision Makers Introduce 7-day Escalation & Decompression Huddles (QUEST) Increase number of patients utilising same-day/zero-day pathways or turning unplanned into planned
Optimising Flow	<ul style="list-style-type: none"> Optimising Flow by reducing delays and length of stay through the: <ul style="list-style-type: none"> Implementation of proactive discharge huddles across all DWD Acute wards Complete the roll-out of Integrated Discharge Team Approach (IDTA) in agreed wards Implementation of Discharge Without Delay (DWD) Daily Board Rounds in agreed wards
Virtual Care & Care at Home	<ul style="list-style-type: none"> Virtual Care & Care at Home: Scale Virtual Hospital to 1,000 beds focusing on frailty, cardiology, respiratory, paediatrics and general surgery. Complete expansion of Hospital at Home across agreed HSCPs of 30 additional beds
GGC Way Forward Programme of improvement within our EDs	<ul style="list-style-type: none"> GGC Way Forward programme: Complete delivery of the GGC response to the Healthcare Improvement Scotland Emergency Department Review, including sustainable delivery of all 30 recommendations

Section Six: Women & Children's Health

6.1 Overview

Our Maternity and Neonatal Strategy 2024–2029 sets out our ambition to deliver safe, family-centred, and evidence-based care for women and babies, with a strong emphasis on continuity of care. The strategy aligns closely with the Transforming Together Portfolio, the Quality Strategy, Public Protection Strategy and the Nursing and Midwifery strategy 'Leading the Way' 2025–2029 and continues to be shaped by the principles of the national Best Start Model.

During 2025–26, we further strengthened our maternity systems to support continuity of care across antenatal and postnatal care. We expanded patient information in key community languages and shared with community groups and partner services. A comprehensive review of the maternity and neonatal workforce was also undertaken across frontline and supporting functions and we introduced additional members of staff in key areas. We launched our innovative neonatal and paediatric Hospital at Home (H@H) service in November 2025. By the end of March 2026, the neonatal service had 6 beds and had admitted 129 babies, whilst the paediatric service had 12 beds and had admitted 68 patients.

Building on this progress, our focus in the year ahead will remain on delivering high-quality, personalised, family-centred, and responsive care. Our delivery plan priorities for 2026–27 have been identified in line with the principles of Best Start and aligned to local and national strategies.

Recommendations arising from the Independent National Whistleblowing Officer (INWO) audit and the recent Healthcare Improvement Scotland (HIS) inspection will also inform this work.

6.2 Women & Children's Health Key Priorities 2026-27

The main priorities for 2026/27 are set out in Figure 18.

Figure 18: Women & Children's Health Key Priorities in 2026/27

1. Strengthen Maternity Services - Implementation of improvements related to INWO and HIS findings
2. Advancement of our neonatal model
3. Consolidate our neonatal and paediatric Hospital at Home Services
4. Review and improvement of our Early Pregnancy Assessment Services (EPAS)
5. Improving maternity capacity through capital investment projects
6. Redesign of Gynaecology services

In addition, we will support the implementation of the Scottish Government First 100 Day Health & Social Care commitments to deliver improvements within women's and children's services including:

- Impact and findings from review of maternity services within rural areas
- Impact and findings from review of IVF services across Scotland
- Creation of new apprentice pathway for midwifery in rural areas

6.3 Strengthening Maternity Services

We are establishing a programme of improvement work within maternity services to ensure that further improvements are made and the findings, recommendations and requirements of both the report from the Independent National Whistleblowing Officer (INWO) published in March 2026 and the report from the unannounced inspections of the QEUH maternity unit published in May 2026 are addressed and actions fully implemented.

Over the coming year we will focus on issues relating to safe staffing and patient flow with the aim of addressing staffing pressures and reducing delays in care experienced by women, particularly those having Induction of Labour (IOL) and Planned Caesarean Birth (PCB). In line with these priorities, we will facilitate safe maternity and neonatal services by achieving and sustaining appropriate staffing levels in line with Scottish government legislation, underpinned by ongoing review of demand and capacity across all units.

Over the next year we will progress a system-wide programme to improve maternity inpatient flow and support timely, safe, and effective care. This will include the recruitment of a unit flow coordinator and digitalisation of the IOL booking process alongside a revised Standard Operating Procedure (SOP) for outpatient IOL. We will increase planned caesarean birth capacity by identifying an additional 10 slots each week across GGC, including exploring additional theatre lists within Princess Royal Maternity (PRM) Gynaecology theatres and expanding the use of non-midwifery staff as scrub practitioners. We will continue the renewed focus and monitoring by our midwifery and MDT leads on all elements of providing a safe environment for all women in families, including medicines management, infection prevention and control, fire safety and prompt resolution of issues relating to the built environment.

In parallel, we will strengthen organisational culture through system-wide improvement work, including a staff culture survey, refreshed Behaviours Charter, targeted training, and delivery of Civility Saves Lives sessions. Finally, we will enhance clinical safety and learning by developing clinical safety teams, fully implementing the Perinatal Mortality Review Tool across maternity and neonatal services supported by 2 WTE midwives, and increasing consultant capacity to support Significant Adverse Event Reviews (SAER).

6.4 Advancement of our Neonatal Model

A key focus area for the coming year will be to progress the centralised level 3 plan of care for babies born at <28 weeks' gestation. This work is one of our transformation projects and will provide one NICU and two local neonatal units, it is also expected to result in an increase in maternity provision to patients from neighbouring health boards. We will introduce Newborn and Infant Physical Examination (NIPE) midwife clinics in each postnatal ward. Alongside this we will develop dedicated transitional care bays to support babies requiring additional monitoring, this will be complemented by neonatal in-reach to enhance specialist clinical support.

6.5 Consolidate our Neonatal and Paediatric Hospital at Home Services

As part of the GGC Virtual Hospital, we will continue to consolidate our Hospital at Home services within paediatrics and neonatal specialities. This aligns with our vision to make the Royal Hospital for Children (RHC) a leading centre for providing paediatric Hospital at Home

services. In 2025-26, we developed multiple pathways such as neonatal Jaundice, paediatric Outpatient Parenteral Antimicrobial Therapy (OPAT). We have identified other pathway(s) such as sleep study for expansion and will complete a business case to support the scale up of Hospital at Home capacity.

6.6 Review and Improvement of our Early Pregnancy Assessment Services (EPAS)

As set out within our Maternity and Neonatal Strategy, our aim is to provide the highest quality early pregnancy assessment service for any woman with a suspected or threatened loss. A recent review of our EPAS services highlighted considerable variations and recommended the redesign of EPAS to ensure uniformity of service provision in line with the Scottish Government Miscarriage Care Framework. In 2025-26, an EPAS MDT improvement working group was established to lead implementation of the Miscarriage Care Framework and service redesign under new Senior Midwife leadership. Building on this work, in the coming year we will further advance the redesign of the EPAS service across GGC and agree the future service model. The intended impact of the redesign will be to:

- Develop standardised criteria across GGC for women (less than 16 weeks of pregnancy) attending EPAS;
- Upskill staff, with all the knowledge and competencies required for Triage and EPAS call handling;
- Develop links with Interface, FNC+ and Virtual Hospital teams to reduce the reliance on ED and reduction in complaints and increased positive feedback

6.7 Improving Maternity Capacity through Capital investment

The Maternity and Neonatal Strategy 2024–29 prioritises effective use of resource to provide the best care. Over the coming year we will review space utilisation and service organisation to ensure high-quality care within available resources. With a focus on bereavement, we will ensure that if there is a pregnancy loss, stillbirth, or neonatal death, parents will be supported and cared for in an appropriate private environment, receiving sensitive care at the outset and throughout their journey. To support this, in 2026–27, we will seek charitable funding for refurbishment of the bereavement rooms in QEUH labour ward.

As we continue to champion person-centred care and ensure women in active labour receive high-quality midwifery support, we will develop a case to seek capital funding.

We aim to secure funding to begin refurbishment of the AMU at the RAH, like the improvements made to AMU facilities at QEUH and PRM. This will offer families in Clyde a full range of birthplace choices, including access to a birthing pool for pain relief. Further innovation in maternity care will include greater use of virtual appointments, and the advancement of a Neonatal electronic patient record system.

6.8 Redesigning Gynaecology Services

Our aim is to become a centre of excellence for women's health, focusing on improving Gynaecology services through workforce development, innovative care models, theatre prioritisation and pathway redesign to deliver safe, timely, equitable, and patient-centred care. Following a successful Women & Children's Hackathon, a key area of focus was high demand for advice from primary care and rising Urgent Suspicion of Cancer (USOC) referrals. To help address this, in the coming year our gynaecology service will:

- Maximise opportunities through FNC+ including establishing a pan GGC Professional to Professional pathway
- Expand robotic-assisted surgery into general gynaecology through the introduction on a non-oncology robotic pathway
- Seek approval to develop and establish a nurse-led clinical pathway for abnormal uterine bleeding (AUB) using WID-easy testing as an alternative to one-stop
- Additionally, we will introduce supplementary one-stop clinics led by Advanced Nurse Practitioners (ANPs)

These initiatives will help reduce USOC outpatient (OP) first appointment to meet 2-week cancer target, maintain OP < 52 weeks, reduce inpatient and Day Case (IPDC) wait to 52 weeks for general Gynaecology, thus working towards becoming a centre of excellence for women's health.

6.9 What will be Different?

Women and families will experience more timely, reliable, and person-centred care, for induction of labour and planned caesarean births through improved patient flow, increased capacity, and stronger co-ordination across services.

Staffing will be more responsive and sustainable, better aligned to demand, supporting safer care across all maternity units. Early pregnancy services will be more consistent and accessible, with standardised pathways, improved triage, and enhanced bereavement support.

The neonatal model will deliver more specialised care for the most vulnerable babies, alongside stronger integration between maternity and neonatal teams. There will also be a clearer focus on safety, learning, and culture, with strengthened governance processes and visible improvements in team working. In addition, patients will benefit from improved environments, expanded birth choices, and increased use of digital and virtual care, while Gynaecology services will offer quicker access, more efficient pathways, and improved outcomes.

6.10 Actions to be Delivered 2026-27

Figure 19 sets out the actions we are committed to delivering during 2026/27.

Figure 19: Women and Children's Health Key Actions	
Key Priorities	Actions
Strengthening Maternity Services: Implementation of improvements related to INWO and HIS findings	<ul style="list-style-type: none"> • Establish a programme of improvement in maternity services to take forward improvements and address the findings requirements and recommendations of the Independent National Whistleblowing Officer (INWO) published in March 2026 and the report from the unannounced inspections of the QEUH maternity unit published in May 2026 • Increase Planned Caesarean Births (PCB) slots across GGC • Develop an engagement plan to implement improvements that will strengthen organisational culture and improve staff experience

Advancement of our neonatal model	<ul style="list-style-type: none"> • Advance the neonatal model and fully embed Newborn & Infant physical examination (NIPE) midwife led approach in post-natal ward
Review and improvement of our EPAS	<ul style="list-style-type: none"> • Review and improve Early Pregnancy Assessment Services (EPAS)
Redesign of our Gynaecology service	<ul style="list-style-type: none"> • Take forward the Women's Health actions from the Women and Children's Hackathon, including: <ul style="list-style-type: none"> • Complete and evaluate the WID Easy Test of Change • Establish a Pan GGC Prof to Prof pathway via FNC +

Section Seven: Planned Care, Cancer & Diagnostics

7.1 Overview

Planned Care, Cancer and Diagnostics are central to our ambition to improve access, reduce waits and ensure people receive timely diagnosis and treatment. In 2026/27, we will focus on making best use of our capacity across NHSGGC and Scotland West, strengthening diagnostic and elective pathways, improving productivity, and targeting improvement where it will make the greatest difference for patients.

The Planned Care, Cancer and Diagnostics section of the NHSGGC delivery plan is presented in three distinct sections, each with its own priorities. In 2026/27 our focus is on ensuring timely access to services and minimising patient waits by improving productivity, optimising capacity and prioritising care based on clinical need. Digital services will play a key role in supporting optimal delivery across planned care pathways, enabling more efficient use of capacity, improved referral management and more consistent patient flow.

7.2 Developing a Scotland West Plan for Planned Care

At the time of writing our plan for planned care, cancer and diagnostic services additional funding allocations to support improved patient access and reduce waiting times have not yet been agreed. SG have asked that Scotland West and Scotland East work collaboratively to develop a clear and deliverable plan to eradicate all long waits over 52 weeks as soon as possible. We will therefore work with Scotland West Territorial Boards, National Boards and Scotland East to lead the development of a plan to:

- Eradicate all long waits over 52 weeks as soon as possible
- Prioritising those who have been waiting over 78 and 108 weeks
- Exploring all possible opportunities to develop a plan that makes best use of capacity available within Scotland, including through patient movement and sharing of resources
- Identify opportunities to improve productivity and reduce warranted variation, drawing on learning from the last year as well as exploring the value in pooling or centralising activity such as list validation

For us, this means ensuring that there is a clear Scotland West plan with both sub-national actions and locally owned delivery plans.

This section of our plan will therefore be updated once the Scotland West plan for planned care is fully developed and allocation of additional funding is confirmed.

7.3 Key Principles

We recognise that long term sustainability of planned care and diagnostic services depends on reducing avoidable demand through prevention and early intervention. Action to improve population health outcomes, including healthy weight, will help reduce future demand on planned care pathways and support better health outcomes for our population. In 2026/27 we will continue to reduce long waits across planned care pathways through more efficient, patient centred models of care, strengthen cancer performance in the context of rising demand, and maximise the contribution of diagnostic services. We are awaiting further information from Scottish Government on specific trajectories and targets for planned care and will update our plan once confirmed.

Digital tools will support better scheduling, information and pathway management; infrastructure planning will help ensure that theatres, diagnostic capacity and clinical environments support service redesign; workforce priorities will support sustainable delivery; and population health intelligence will help inform prevention, screening and earlier intervention. Together, these links will support improved access, reduced delays and better outcomes, and deliver more sustainable services across NHSGGC.

Across planned care, cancer and diagnostics, we will apply the principles of Realistic Medicine to ensure that capacity is focused on patients with the greatest clinical need, unnecessary variation is reduced, and pathways are designed to deliver value in terms of outcomes and experience rather than activity alone.

7.4 Planned Care Overview & Key Priorities

The planned care delivery plan for 2026/27 is focused on reducing long waits across outpatient and inpatient/day case pathways through targeted use of existing capacity, improved prioritisation of longest waiting patients, and strengthened waiting list validation processes.

Building on the success of 25/26 which eliminated > 52 week waits for New Consultant Outpatient appointment across all specialties, the plan is to maintain or better this position throughout 26/27 through continuation of recurring investment in key specialties and progressing productive opportunities to increase efficiency and productivity.

There was a 56% reduction in the number of Treatment Time Guarantee (TTG) patients waiting over 52 weeks over the course of 25/26. Activity plans have continued into the first quarter of 26/27 to further capitalise on progress to date. A key focus for 26/27 will not just be a reduction in the overall number of over 52 week waits but to eliminate waiting times of over 104 and 78 weeks over the course of the year. This will require targeted resource to the most challenged specialties as well as ensuring we maximise productivity and efficiency by embedding the perioperative framework.

Figure 20 outlines our overarching priorities in 2026/27.

Figure 20: Planned Care Priorities in 2026-27

1. Maintain a maximum of 52 weeks waiting time for new outpatients
2. Continue to work to deliver a downward trajectory in waiting times for new outpatients for all but most of the challenged specialties
3. Eliminate 104 and 78 week waits TTG
4. Continue to work to deliver a downwards trajectory for IPDC waiting times in all specialties

7.4.1 Maintaining 52 week Waiting Time for New Outpatients

We are committed to continuing to reduce outpatient waiting times whilst balancing the needs of clinically urgent patients. Outpatient capacity will be actively targeted towards patients experiencing the longest waits, in balance with the need to prioritise the urgent referrals. We will routinely identify specialties and pathways with the greatest backlog to support allocation of available capacity to those with the longest wait.

Robust administrative validation of outpatient waiting lists will be extended to all specialties, including those booked out with the Referral Management Centre (RMC). This will support a reduction in waiting times, improve the accuracy of waiting time data, reduce inappropriate waits, and reduce the number of avoidable breaches.

Building on delivery in 2025/26 we will continue to improve patient centred access to outpatient care optimising our interactions with patients and improving access to information at every part of the patient journey. We will do this by expanding the use of alternative models of follow up and referral management, including Patient Initiated Review (PIR), Patient Initiated Follow Up (PIFU), Active Clinical Referral Triage (ACRT), and Patient Focused Booking (PFB). These approaches will be embedded as standard practice across specialties to ensure capacity is directed to patients with the greatest clinical need and longest waits.

We will establish an outpatient transformation programme, with an initial focus on prioritising an increase in PIR across key specialties to deliver person-centred care and releasing capacity to support reduction in longest waits.

To improve access for our longest waiting patients, we are placing a strong focus on increasing efficiency and reducing unnecessary variation. To achieve this, we will continue to standardise clinic templates and drive increased productivity through Active Clinical Referral Triage (ACRT) processes including administrative validation of all waiting list and virtual patient management. Furthermore, we will use our specialty capacity flexibly across GGC to further expand the smoothing of waiting times across individual specialties.

We will pilot an MSK (Musculoskeletal) hub in orthopaedics, initially for spinal patients. This will be a centralised, specialist service model designed to assess, treat and manage patients with musculoskeletal conditions before (and sometimes instead of) referral into hospital-based orthopaedic surgery. We will learn from this pilot to inform the wider rollout of an integrated outpatient care model.

7.4.2 Reducing Patient Waiting Times for Inpatient and Day Case Procedures

A number of our patients continue to experience very long waiting times for a range of routine operations. This is driven by growth in TTG waiting lists, alongside the increasing resource required to deliver care for urgent and USOC patients.

In line with our SG policy, we will prioritise available capacity towards patients with the longest waits, with a clear focus on eliminating 104 week and 78 week waits over the course of 26/27.

Available inpatient and day case capacity will be targeted to patients with the longest waits with a specific focus on significantly reducing waits approaching or exceeding 104 weeks. We will embed a consistent three stage validation process across all inpatient and day case pathways which will be supported by the newly developed TrakCare function.

During 2026/27, the Scotland West Orthopaedic Plan will start to be implemented, with activity focusing on reducing longest waits through targeted use of elective capacity and consistent application of prioritisation and validation processes. Within NHSGGC we will continue to refine the target operating model across all orthopaedic subspecialties, establishing centres of excellence across NHS GGC embedding a high productivity theatre model to deliver increased number of procedures and support delivery of the 26-week TTG by March 2029.

By March 2027, these actions will support the following:

- All specialties to be at or below 52 week waiting time for OP
- No patient waiting over 78 weeks for IPDC (TTG) care
- Reduced number of patients and specialties with waits of 52 weeks or above for IPDC (TTG) care
- Improved efficiency across a number of KPIs and Centre for Sustainable Delivery (CfSD) productive opportunity metrics
- Improved patient experience through PIR, PIFU, PFB
- Patients on right pathway through ACRT

7.5 Cancer Services

7.5.1 Overview & Key Priorities

The volume of urgent suspicion of cancer referrals rose by 77% between 2019 and 2025, with annual referrals going from 44,000 to 78,000. Over the same period, the number of Systemic Anti-Cancer Therapy (SACT) treatments delivered in our hospitals rose by 54%.

As the population in Scotland ages, the number of referrals and the different types of approaches available to treat cancer will both continue to grow year-on-year.

The Beatson West of Scotland Cancer Centre is the largest cancer centre in Scotland and one of the top three in the UK, and we must plan for how we deliver these constantly evolving services going forward to provide the best care for our own residents and the people of the West of Scotland; for our most specialist services, we support all residents of Scotland.

There are significant changes forecast to the landscape of cancer treatment, with new ways of treating people using novel approaches such as gene-modifying agents being used and trialled in our hospitals. We have already pioneered the use of CAR-T in treating blood

cancers within Scotland and will continue to support and develop new gene and cell treatments as they are approved by SMC.

Last year, we started a program of service redesign, establishing both overarching programmes of work – looking at how we deliver SACT for all tumour types – as well as individual groups which look at more specific pathways, like urology and skin cancers.

Figure 21 outlines our overarching priorities in 2026/27.

Figure 21: Cancer Key Priorities in 2026-27	
1.	Maintain 31-day performance of 95% or better
2.	Deliver 62-day performance in line with 2026/27 trajectories –delivering a minimum of 80%
3.	Develop and evolve services to meet the challenges of rising demand for SACT services
4.	Implement a Digital Dermatology Vetting and Internal Referral Pathway for Urgent Skin Cancer Care
5.	Continue progressing the recommended developments from the national strategy for PET-CT to increase PET-CT capacity.

7.5.2 Improving Cancer Performance

Throughout last year, we were below 95% performance for the 31-day urgent referral to diagnosis target in April and May 2025 but achieved it in June and maintained this throughout the rest of the year. To ensure that people who are referred with a suspicion of cancer get timely and responsive care, we will build on this success in 2026/27.

We did not meet the 62-day target for referral to beginning cancer treatment in a number of specialties. Although there were significant improvements over the year, challenges continue in the pathways for colorectal cancer, urology, head and neck cancer and lung cancer. We will continue to work on these pathways within 2026/27, with improvement trajectories in place for all clinical specialties.

7.5.3 PET-CT Capacity

PET-CT is a key diagnostic test for patients on the cancer pathway and we provide this scan for all WOS patients. We currently have two PET-CT scanners in Gartnavel General Hospital (GGH), with radioactive tracer being manufactured on site within our PET Production Unit.

Demand for PET-CT continues to increase year on year in line with the increase in cancer referrals PET CT scanning is critical in the diagnostic pathway. There is a National Strategy for PET CT which we are fully involved in. The strategy anticipates significant growth of patients on the cancer pathway. This forecast growth does not include the ongoing research into dementia and medicines development, which will have an additional impact on PET CT scanning. During 26/27 we will continue to progress the recommended developments from the national strategy for PET-CT, this will require developing a plan to increase PET-CT capacity to keep up with demand.

7.5.4 Cancer Strategy and Improvement: Systemic Anti-Cancer Therapy (SACT)

The Beatson West of Scotland Cancer Centre was built in 2007 to deliver up to 30,000 treatments a year. In 2024, we delivered 74,000 treatments, with growth forecast to be a further 40-50% through to 2032.

We will continue to deliver efficiencies within current resources, and to develop the skills of staff across all of our hospital sites to deliver more treatments closer to where people live while also scoping the additional resources required for delivering the most complex and specialist treatments in our cancer centre. This will be in line with the NHS Scotland Target Operating Model for tiered cancer care.

7.5.5 Implementing Digital Dermatology Vetting and Internal Referral Pathway for Urgent Skin Cancer Care

Skin cancer services are delivered over multiple specialties in twelve hospitals, and we have developed an improvement programme to reduce friction and variation across these pathways. We are also working with CfSD to pilot digital pathways which can be used cross-specialty and across NHS organisations, as well as reducing the number of visits required for patients. This involves changes to a number of IT systems which work across primary, secondary and tertiary care.

We will implement a digital dermatology vetting outcome within Trakcare to support faster, safer management of patients with USOC skin referrals. Through a pilot approach, this priority will introduce standardised guidance, improve referral data quality and enable internal referrals between Dermatology and Plastics, removing the need for patients to be rereferred via General Practice.

The new digital pathway will strengthen clinical decision-making at the point of triage, reduce delays caused by referral loops and ensure patients requiring urgent assessment are directed to the right speciality and treated appropriately. This is particularly important in GGC where a high number of digital dermatology need referring to plastics including urgent and USOC patients this will have significant impact on patient outcomes, safety and waiting list times.

By March 2027, these actions will support the following:

- 95% of patients who are referred as urgent with suspicion of cancer have a diagnosis within 31 days
- Fewer people waiting more than 62-days to begin their cancer treatment
- Manage the planned increases in SACT activity at all tiers of treatment from the most specialist (Tier 1) to the more common (Tier 3)
- All people referred with suspicion of skin cancer will be on a digital pathway from GP through to first treatment

7.6 Diagnostics

7.6.1 Overview & Key Priorities

During 2026/27 we aim to maximise our contribution to improving health outcomes for the population of NHS GGC by supporting timely access to diagnosis and improving patient flow across planned care and cancer pathways.

Our focus is on optimising the use of available diagnostic capacity across all imaging modalities, making best use of workforce, infrastructure and technology to support reduction in waits and maximise throughput.

We will deliver this through strengthened system wide collaboration, consistent use of data and evidence to inform decision making, and alignment with Scottish Government priorities to support sustainability. We will reduce the over 6 weeks waits for imaging through the implementation of extended working days for CT and MRI and aim to standardise processes across sectors for the full pathology pathways which will support relevant one stop clinics and consolidate discharge to scan by working with FNC+.

Funding to support delivery of the Diagnostics plan beyond Q1 of 2026/27 is still to be confirmed however, planning assumptions have been maintained to enable readiness for continued delivery from Q2 onwards following confirmation of continued funding.

Figure 22 outlines our overarching priorities in 2026/27.

Figure 22: Diagnostics Key Priorities in 2026-27	
1.	Support development of FNC model with discharge to scan
2.	Maximise the use of resources in all modalities
3.	Support one stop clinic pathways

7.6.2 Supporting the Development of FNC+ and One Stop Clinics

We will continue to support development of the FNC+ model, including virtual hospital pathways that allow patients to be discharged from hospital and return for diagnostic tests when appropriate. This will further support improved patient flow, reduce length of stay, and avoid unnecessary hospital admissions, while making better use of diagnostic imaging capacity.

During 2026/27, we will support virtual pathways and one-stop clinics by making best use of CT and MRI capacity. This will include agreeing clear referral routes and ensuring that vetting and booking processes are in place. This approach will allow clinically appropriate patients to be safely discharged while waiting for imaging, reduce pressure on acute hospital beds, and support more timely diagnosis.

To enable this, we will make full use of available diagnostic resources by improving how equipment is used, reducing unused sessions, and aligning staffing to planned capacity and demand. This will improve access to imaging, support patient flow, and help recover and maintain the 6-week diagnostic standard.

By March 2027, these actions will support the following:

Diagnostics:

- Reduced waiting time to 6 weeks for all specialities
- Improved hospital flow through discharge to scan
- Improved one stop clinic pathways

7.7 Innovation

We will use innovation to support delivery of our priorities where it adds value to patients, staff and system performance. All innovation will be progressed in line with national standards, robust governance and affordability, with a clear focus on delivering measurable benefits.

- **WID Easy Test**- AUB is a presenting symptom in gynaecological cancer. NHSGGC are experiencing significant delays in the assessment of patients experiencing AUB, with wait times for an initial appointment after GP referral up to 20 weeks. The WID®-easy test is a UKCA-marked aid to diagnosis that detects DNA from an endometrial cancer in a sample collected from the cervico-vaginal space using a simple swab. The test has the potential to reduce by 90% the number of patients who must undergo further invasive testing to have endometrial cancer excluded. In 2026/27 we will undertake a 12-week pilot of the WID®-easy test to understand how it improves the efficiency of the services being provided, potential improvement in clinical outcomes and compliance to diagnostic targets. We will assess the potential impact on service users' and staff and carry out a cost benefit analysis of full implementation of the WID®-easy test across NHSGGC.
- **Expansion of our Robotic Assisted Surgery Programme:** We will develop and deliver a strategic plan for the current and future development of Robotic Assisted Surgery (RAS) services in NHS GGC, optimising patient outcomes and ensuring equity of access within agreed programmes for our patient population. We will do this through optimisation of our current RAS systems to further improve performance against the 62-day cancer target and will ensure all patients have fair and consistent access for our patients to RAS services. We will define and articulate a future vision for RAS including expansion into new specialties such as gynaecology, paediatrics, upper GI, orthopaedics, and benign conditions.

7.8 What will be Different?

By March 2027, delivery of these actions will collectively support a demonstrable improvement in access, quality and flow across Planned Care, Cancer and Diagnostics. Waiting times will be reduced and stabilised, with the elimination of the longest waits, improved compliance with Scottish Government standards and greater consistency across specialties. Patients will receive care on the right pathway at the right time, supported by more efficient outpatient, IPDC and diagnostic models, enhanced use of digital and one stop pathways, and improved patient experience measures. Together, these improvements will strengthen hospital flow, support sustainable productivity, and ensure services are better positioned to meet current demand and future growth while delivering safe, timely and person-centred care.

People waiting for planned care, cancer treatment or diagnostic tests should benefit from better use of available capacity, more efficient pathways and a continued focus on reducing the length of time patients are waiting for treatment. By strengthening elective and diagnostic productivity, improving pathway management and working across Scotland West where appropriate, we will support more timely access to diagnosis and treatment, while making best use of staff, facilities and resources.

7.9 Actions to be delivered 2026-27

Figure 23 sets out the actions we are committed to delivering during 2026/27.

Figure 23: Planned Care, Cancer & Diagnostics Key Actions	
Key Priorities	Actions
Planned Care Outpatients	<ul style="list-style-type: none"> • Increase the number of patients on PIR, PIFU, ACRT and PFB pathways to enable target capacity to longest waits in addition to urgent patients • Further improve patient centred access to outpatient care, e.g. patient-initiated pathways including opt-in and PIR, PIFU, ACRT and PFB to enable target capacity at longest waits, in addition to urgent patients • Extend admin validation of waiting lists to all specialties including those booked out with the Referral Management Centre to reduce the longest waiting and minimise avoidable breaches
Planned Care Inpatients	<ul style="list-style-type: none"> • Eliminate 104 and 78 week waits • Embed 3 stage validation of waiting lists across all specialties utilising new reporting functionality in TrakCare • Deliver the Orthopaedic Plan in alignment with sub-national priorities and agreed delivery plans to enable increase in capacity
Cancer	<ul style="list-style-type: none"> • Work across specialties and with CfSD to develop a digital skin cancer pathway which can be rolled out across Scotland • Deliver 62-day performance in line with 2026/27 trajectories to ensure continued improvement over the year and maintain 31-day performance of 95% or better • Develop a strategy for meeting the forecast significant increases in SACT demand • Develop a plan to increase PET-CT capacity
Diagnostics	<ul style="list-style-type: none"> • Extend working days and align staff to match planned capacity and demand and maximise use of under-used and fallow sessions • Maximise use of end-to-end discharge to scan pathways across sectors

Section Eight: People & Culture

8.1 Overview

People and Culture is an enabling priority for every section of our plan. Improvements in access, flow, prevention, digital transformation, infrastructure, mental health, primary care and planned care will depend on our ability to support, develop and retain a skilled, resilient and engaged workforce. By focusing on leadership, wellbeing, culture, safe staffing, workforce planning and capability development, this section sets out how we will create the conditions for sustainable improvement across the whole Delivery Plan.

Delivering a sustainable model of care would not be possible without our workforce. The delivery of many actions within the ADP are contingent on safe, resilient staffing.

This section details the actions being taken in 2026/27 to ensure our workforce is enabled and empowered to drive transformational programmes across GGC and wider subnational planning, while promoting and centring patient safety.

8.2 People and Culture Key Priorities 2026-27

Figure 24 outlines our overarching priorities in 2026/27.

Figure 24: People and Culture Key Priorities in 2026/27
<ol style="list-style-type: none"> 1. Shape inclusive culture, leadership and engagement 2. Enable a safe, healthy and supported workforce with sustainable staffing 3. Build workforce capability, learning and develop a talent pipeline <p>In addition, we will support the implementation of the new Scottish Government First 100 Day Health & Social Care commitments to deliver improvements within our workforce including the creation of new apprentice pathway for midwifery in rural areas.</p>

8.3 Our Workforce Strategy 2025 to 2030

Our Workforce Strategy 2025-2030 underpins our commitment to our people and our culture and is the primary influencer for programmes relating to workforce. The action plan to be delivered in year two of the strategy sets out how in 2026/27 we will shape inclusive culture, leadership and engagement; enable a safe, healthy and supported workforce; embed high performing people systems and management; and build workforce capability, learning and develop a talent pipeline.

The strategy is built around four pillars, selected because these are the foundations of a modern, resilient and person-centred health and care system. These pillars, and the priorities within this plan, also closely align with workforce planning taking place across the six health and social care partnerships. The four pillars of our Workforce Strategy 2025-30 are set out in Figure 25.

Figure 25: Four Pillars of Our Workforce Strategy

Community Pillar 1 –

Safety, Health and Wellbeing



Our Safety, Health and Wellbeing Ambition

Safety, health and wellbeing are an integral part of everyone's way of working. Working towards and maintaining high compliance in our workplaces with competent trained staff, supported with safety measures will improve colleague physical and mental health and wellbeing.

Community Pillar 2 –

Culture and Leadership



Our Culture and Leadership Ambition

To develop a compassionate, collaborative, and empowered workforce that delivers exceptional patient care through strong leadership, learning and involvement of staff.

Community Pillar 3 –

Learning and Careers



Our Learning and Careers Ambition

Staff development, learning and career progression is aligned to our workforce plan while supporting individual professional and personal growth, enabling a future ready workforce.

Community Pillar 4 –

Recruitment and Retention



Our Recruitment and Retention Ambition

Attract and retain diverse, talented staff through inclusive practices, clear career pathways, and a supportive work environment that values flexibility, wellbeing, and professional growth.

Each pillar addresses a core condition required for our workforce to thrive, ensuring people feel safe and supported; enabling compassionate, values driven leadership; creating clear pathways for development and progression; and securing a sustainable, skilled workforce for the future. Together, they provide a coherent framework that responds to the realities of today's healthcare environment – rising demand, evolving skills needs, and the expectations of a diverse workforce – while positioning us to deliver high quality care for our patients, service users and communities over the next five years.

8.4 Shaping Inclusive Culture, Leadership and Engagement

A positive and inclusive culture is fundamental to delivering safe, high-quality care and to supporting staff wellbeing. Culture within the organisation is shaped and strengthened through a range of interconnected programmes. These programmes are aligned to the Workforce Strategy, Staff Governance Standards and national expectations relating to safe staffing, equality and staff experience.

Building on existing investment in leadership, staff engagement and equality programmes, we will now move to a more coordinated and outcomes focused approach to developing our culture.

During 2026/27, we will review our leadership development offer to identify opportunities to scale provision and strengthen reach, with a particular focus on middle management capacity and consistency of leadership behaviours.

Creating a culture where staff feel safe to speak up and challenge inappropriate behaviours will remain central. This will be progressed through a refreshed Speak Up Plan for 2026/27, continued rollout of active bystander interventions, and expansion of the Civility Saves Lives programme to further embed psychological safety, respectful behaviours, and effective team communication.

Workforce equality will be advanced through delivery of the Workforce Equality Action Plan, alongside continued implementation of the Anti-Racism Action Plan and Sexual Harassment: Cut It Out Programme. These programmes will increasingly focus on measurable outcomes and demonstrable improvements in staff experience such as monitoring and reviewing timescales of formal workforce processes to ensure matters are addressed and resolved without unnecessary delay.

Staff voice will be strengthened through a more systematic and visible approach to engagement, building on innovations such as our Culture Hackathon and co-design approaches that have been central to improvements in Emergency Department staff experience. To support this next phase, we will establish a formal, overarching Culture Programme during 2026–27.

Key elements of this next phase include the creation of a Culture Group to coordinate, oversee and align culture activity across the organisation. This will lead to a refreshed articulation of our cultural ambition and how our values are experienced in practice.

In 2026/27 our key aims are to:

- Design and roll out a Culture Toolkit to embed the values of the Culture Programme in teams across the organisation. This will support leaders and teams to address cultural issues proportionately and consistently.
- Develop a new PRF to provide clarification of escalation, governance, and resolution routes for professional concerns. The aim of the framework is to support and strengthen professional and service relationships, particularly in high-risk or complex areas.

8.5 Enabling a Safe, Healthy and Supported Workforce with Sustainable Staffing

We recognise that our workforce is central to the resilience and long-term viability of our services. We have reduced annualised turnover to 6.5%, from a peak of 12.3% in 2023 and increased the establishment of key job families in recent years. Unplanned absence continues to be the biggest challenge in terms of workforce sustainability, which is why it continues to be a priority for this Delivery Plan.

Over the coming months, we will accelerate reductions in unplanned sickness absence by deploying dedicated specialist resources to lead targeted interventions, while sustaining a robust programme of staff wellbeing initiatives across the organisation. The introduction of

specialist resources is a clear escalation of capability and focus, to accelerate improvement and deliver measurable reductions.

Staffing sustainability is another key focus of the Workforce programme. Our statutory responsibility to deliver safe and sustainable staffing is reinforced by the Health and Care Staffing Scotland Act (HCSSA), enacted in April 2024. It sets out clear expectations that underpin how we ensure that our services are appropriately staffed, supporting both patient safety and staff wellbeing. We will continue to assure compliance with the Act and report on our performance against our duties.

One of the ongoing workstreams for the HCSSA over the coming years is full implementation of eRostering (Optima) across all staff, and SafeCare for all clinical professions to strengthen real time staffing oversight and auditable reporting, this is on track for implementation by 2028. In addition, staffing level tools are also being developed in SafeCare, migrating from Scottish Standard Time System (SSTS). The tools are being adopted according to an agreed timeline with early adoption being supported where feasible. Colleagues across clinical professions, Human Resource and Organisation Development, Digital Services and Payroll CORE teams will continue to work together to further embed and optimise the benefits of these platforms within the Workforce Business Systems Programme.

8.6 Build Workforce Capability, Learning and Develop a Talent Pipeline

The NHSGGC Workforce Plan for 2025-28 is aligned to the five national workforce strategy pillars – Plan / Attract / Train / Employ / Nurture. It provides a single, unifying framework that aligns all local sector, partnership and directorate workforce actions to the pillars, ensuring coherent, coordinated and system wide delivery.

Our 2025-28 Workforce Plan consists of 60 actions in total, 30% of which have already been completed. The focus has now shifted from development to implementation, with the Workforce Plan moving from concept to active delivery with measurable outputs. The year two actions to be delivered include Workforce Development and Role Expansion; Education, Training and Career Pathways; Service Transformation; Retention and Workforce Sustainability and Technology. Actions are monitored through local workforce planning groups, the GGC Workforce Steering Group and reported annually to the Corporate Management Team as well as to the People and Staff Governance Committee.

We will continue to focus on embedding high quality career and development conversations within PDP&Rs to ensure clear links between individual aspirations with future service needs. The implementation of national actions supporting core and professional essential learning will be monitored under the guidance for Agenda for Change (AfC) Protected Learning Time.

8.7 What will be Different?

Staff will be supported by clearer leadership, stronger wellbeing support, improved workforce planning and a more inclusive culture. This will help create the conditions for safer, more sustainable services and better care for patients, service users and communities. By investing in culture, capability and safe staffing, we will support our teams to deliver improvement and reform across the whole Delivery Plan.

Taken together, these programmes of work demonstrate a clear and sustained strengthening of our approach to building a safe, sustainable and person-centred workforce. Collectively,

these priorities ensure that we are building a workforce that is safe, supported, affordable and fit for the future, enabling us to deliver high quality care for the people and communities we serve. The future of our workplace will be driven by the culture we promote, and the resilience and passion of our staff.

8.8 Actions to be delivered 2026-27

Figure 26 sets out the actions we are committed to delivering during 2026/27.

Figure 26: People and Culture Key Actions	
Key Priorities	Actions
Shape inclusive culture, leadership and engagement	<ul style="list-style-type: none"> • Workforce Strategy 2025-2030 - deliver phase two actions (31 actions) • Develop and roll out the new Culture Toolkit to all teams across the organisation (100% by March 2027) • Develop a Professional Resolution Framework
Enable a safe, healthy and supported workforce	<ul style="list-style-type: none"> • Improve attendance and reduce unplanned sickness absence from 2025/26 figure - 7.5% (3.1% Short Term, 4.4% Long Term)
Build workforce capability, learning and develop a talent pipeline	<ul style="list-style-type: none"> • Workforce Plan 2025-28 - Deliver year two actions (23 actions)

Section Nine: Digital & Innovation

9.1 Overview & Key Priorities

Digital and Innovation is embedded across this Delivery Plan as a key enabler to supporting whole-system working, ensuring sustainable services, promoting workforce productivity, improving access, enhancing flow and strengthening care coordination across GGC and Scotland West. A core component of this approach is the continued development of the Digital Front Door (DFD) and MyCare.scot app which provides a single, accessible entry point for patients to engage with services, access information, and navigate care pathways more effectively.

In 2026/27, our digital priorities will be aligned to Urgent and Unscheduled Care, Flow Navigation Centres, Virtual Hospital, Planned Care, Prevention and Early Intervention, Primary and Community Services and Corporate Services, in a manner that is supportive to Scotland West regional priorities. This includes improving digital access routes and data availability to Flow Navigation Centre+ (FNC+), Virtual Hospital, Primary Care, Hospital at Home pathways and improving planned care pathways and capacity utilisation. E-Triage will also be delivered to assist with appropriate attendance to emergency care settings, supported by enhanced digital front door capabilities to guide patients to the right service at the right time.

Data, digital tools and innovation will strengthen population intelligence and enable more productive and collaborative ways of working for staff. The delivery and maintenance of effective dashboards to support operational decision making, performance, outcomes, flow and to identify areas for improvement, remains a key priority. The progress with eRostering implementation will help to support availability of data relating to staffing levels and patient acuity.

For HSCPs and community services, digital developments will support better care coordination and communication across teams, helping services work more effectively together and making care services easier for people to access and navigate. In partnership with our Health and Social Care Partnerships, we are actively progressing a range of digital priorities to modernise services, improve productivity and enable earlier intervention and prevention, including digital innovation, ICT and digital refresh, Technology Enabled Care (TEC), Home Tech, homelessness sensors, Connected Care and Wellbeing, Smart Box AI, and language translation tools. Alongside this, GGC is progressing a pipeline of Artificial Intelligence (AI) initiatives, with seven projects currently active and eighteen in scoping and development phases.

This integrated approach will ensure digital investment is focused on practical improvements for patients, staff and services, while supporting the determined priorities locally, sub-nationally for Scotland West and nationally. The development of a modern Digital Contact Centre capability, supporting a more consistent and scalable approach to managing high volume enquiries across services through integrated voice and digital channels.

9.2 Key Digital Priorities 2026-27

In 2026/27, our Digital & Innovation focus is deliberately targeted and outcome-led, concentrating on a select number of high-impact priorities where digital interventions can deliver measurable improvements at scale. These priorities are focused on areas that directly support GGC objectives, sub-national and national direction.

Our priorities will be delivered across services, impacting large volumes of staff interactions and patient contacts and enable improvement across multiple parts of the system. Detailed below are our overarching priorities for this Delivery Plan.

Our key priorities are set out in Figure 27.

Figure 27: Digital Key Priorities in 2026/27

1. Scale the use of voice technologies for use in a range of clinical settings
2. Delivering a digital contact centre
3. Deliver a coherent, nationally aligned Digital Front Door service
4. Improve information availability, across care settings, through the expansion of Digital Records
5. Enable workforce productivity and service delivery through the automation programme including, M365 tools and Copilot

9.3 Scale the use of Voice technologies to support clinical efficiency and staff experience

Building on delivery in 2025/26, we will scale the use of voice technologies, including clinical dictation, voice recognition and ambient voice solutions, to reduce the clinical administrative burden, improve clinical workflows and ensure information is received by our patients in a timely manner.

We will embed voice technologies into routine clinical practice to support real-time, high-quality clinical documentation, while expanding adoption in priority areas where digital voice tools clearly enhance clinical efficiency and productivity. This will reduce the administrative burden on clinical staff, improve the timeliness and quality of documentation and increase the time available for direct patient care, contributing to both improved staff experience and better patient outcomes.

9.4 Delivering a Digital Contact Centre

NHSGGC will deliver a modern Digital Contact Centre capability to improve how contacts are managed across the Board, supporting a more consistent and scalable approach to high volume enquiries. Initial implementation will focus on the Service Desk and centralised switchboard/telephony contact centre, establishing the core platform and operating model for wider use. This will then extend to the Referral Management Centre (RMC) and, over time, to other services where there is a clear need to improve access, efficiency and resilience.

The aim is to create a more joined up and responsive model for handling enquiries, reducing reliance on disconnected systems and enabling a standardised approach. This will include voice and digital channels, alongside enhanced routing, reporting and audit capabilities to ensure enquiries are directed appropriately at first contact.

For patients, this will provide simpler and more convenient access to information and services, with greater use of automation, AI and virtual agents to handle routine enquiries.

Information, updates and signposting will be available via SMS, email and other digital channels, improving access to referral and appointment information, reducing avoidable transfers and delivering a more consistent, responsive experience.

The capability will support an omnichannel approach, including voice, chat, SMS and email, delivered through phased implementation from discovery to optimisation. It will establish a reusable platform to support ongoing improvement and redesign of high-volume contact services across GGC.

9.5 Deliver a coherent, nationally aligned Digital Front Door service

We will build digital access for citizens as we continue to mature through alignment with the national Digital Front Door through mycare.scot app and delivery of priorities through Scotland West sub national planning. This includes the implementation of e-triage across four emergency departments while supporting consistent and user-centred routes to services.

Local digital access approaches will be aligned to the national programme through mycare.scot to create clearer, more joined up entry points for patients into services. We will strengthen digital pathways that encourage our patients to invest in the prevention, and self-management of their health conditions and guide people to the right services through intuitive and accessible digital navigation. Improvements will deliver clearer and more consistent access for citizens and reduce the variation in how people access services across the system. By simplifying digital routes and making them more reliable and user centred, patients across GGC and the West, will experience smoother, more supported journeys and better overall satisfaction with service access.

9.6 Digitising Legacy Records to Strengthen Information Foundations

Building on progress in 2025/26, we will prioritise the digitisation of legacy paper records within key services to improve accessibility, ensure information is available at the point of care and reduce reliance on physical storage. This work will support a wider shift away from paper based and duplicated processes across clinical and administrative workflows, helping establish more streamlined and consistent ways of working. By expanding Digital Records and reducing dependency on paper, staff will have more reliable access to information at the point of care, strengthening information availability, safety, and efficiency across services. This will support safer, more coordinated care by ensuring clinicians can quickly access complete and accurate records.

It will also enhance staff productivity by removing time-consuming tasks associated with locating and managing physical records, improving the overall experience for both patients and staff.

9.7 Enabling Productivity and Service Delivery through M365 and Copilot

We will continue to embed Microsoft 365 products as a core productivity and collaboration platform across GGC, alongside the controlled and responsible adoption of Copilot and Artificial Intelligence (AI) assisted capabilities. This will allow staff to work more efficiently, reduce administrative burden, and improve the quality and consistency of operational and clinical processes.

During 2026/27, our focus will be on using M365 and Copilot to develop automation support to everyday work at scale, including drafting, summarisation, information retrieval, reporting

and coordination across teams. As a personal productivity tool, adoption will be prioritised in areas, where training and education can enable clear benefits while ensuring governance and controls provide assurance on appropriate use.

By embedding M365 and Copilot into routine ways of working, we will support staff to spend less time on manual, repetitive tasks and more time on activities that add value to patient care and service delivery. This will provide an opportunity to enhance staff wellbeing, strengthen workforce productivity, support consistent and timely decision-making, and enable more efficient delivery, services, corporate functions and programmes.

9.8 What will be Different?

People will experience clearer and more consistent digital routes into care, while enabling staff to have better access to information and tools that reduce repetitive administrative burden.

Throughout 2026/27, we will make it easier for our patients to reach the care they need by improving our digital contact routes, including Digital Contact Centre capabilities, and creating a clearer, more enhanced Digital Front Door experience. We will enhance urgent and unscheduled care flow through our FNC+ and Virtual Hospital pathways, offering patients safer and more convenient alternatives to hospital attendance. Our clinicians will benefit from wider use of voice technologies, helping them reduce the burden to complete clinical documentation and spend more time with patients. As we continue to digitise legacy paper records, teams will gain faster, more reliable access to complete patient information at the point of care, improving safety, coordination and overall experience across the system.

We will strengthen the use of Microsoft 365 and Copilot across key services and corporate functions to enhance efficiency and support more effective and sustainable ways of working. We will continue to progress and scale a growing portfolio of artificial intelligence (AI) initiatives across GGC building on early pilots to embed AI-driven insights, automation, and decision support safely and effectively into clinical and operational services.

9.9 Actions to be delivered 2026-27

Figure 28 sets out the actions we are committed to delivering during 2026/27.

Figure 28: Digital Key Actions	
Key Priorities	Actions
Voice Technologies	<ul style="list-style-type: none"> Agree and implement a standard operating model for clinical voice technologies and commence deployment of approved voice recognition and/or ambient voice solutions across priority clinical specialties, with uptake monitored through active users and documented reductions in manual transcription
Delivering a Digital Contact Centre	<ul style="list-style-type: none"> Digitally enable Contact Centres to provide consistent, multi-channel access for patients across services and reduce variation in how patients contact and navigate services
Digital Front Door service	<ul style="list-style-type: none"> Implement agreed improvements to the digital access journey in line with national programme timelines, ensuring mycare.scot entry points align with local services and national design principles to deliver clear, consistent, user centred access
Digitising legacy records	<ul style="list-style-type: none"> Agree and commence digitisation of paper records for priority services and legacy record types, enhanced by continual development in EPR capability
Enabling productivity and service delivery	<ul style="list-style-type: none"> Deploy targeted Microsoft 365 and Copilot use cases to support productivity in priority clinical and corporate teams, supported by the establishment of standard patterns and governance for the use of M365 automation and Copilot

Section Ten: Climate and Sustainability

10.1 Overview

We remain committed to delivering our Climate Change and Sustainability Strategy 2023 – 2028 which remains a key area of focus. We have ensured this work is aligned to the overarching NHS Scotland Climate Emergency and Sustainability Strategy and is underpinned by our robust NHSGGC Sustainability Governance Framework.

Building on the progress of last year's Delivery Plan, over the coming year we will mature our approach, moving from discrete actions to a coherent, prioritised pipeline of initiatives that can be embedded within frontline services and sustained over time.

We will leverage opportunities to deliver clinical sustainability and focus on building a clearer framework that supports site-led improvement and creates the conditions for progress at pace and scale. We will also endeavour to improve waste segregation at source, reduce avoidable clinical waste, and unlock both environmental and financial benefits. These opportunities provide the context and rationale for selecting our priorities for 2026/27.

10.2 Key Priorities in 2026-27

Figure 29 outlines our overarching priorities in 2026/27.

Figure 29: Climate and Sustainability Key Priorities in 2026/27	
1.	Deliver the Waste Strategy to improve recycling rates and decrease clinical waste volumes with QEUH priority site
2.	Produce Site Waste Improvement Plans (SWIP) for each acute site and embed
3.	Establish a prioritised work bank for clinical sustainability projects and deliver the top three
4.	Improve the existing heat network at QEUH

10.3 Waste Strategy

Over the forthcoming year, we will implement our recently developed waste strategy. Throughout 2026/27, we will focus on embedding this approach by building the capability, infrastructure and engagement required to achieve sustained improvement. We will also build momentum behind implementation by removing key barriers, strengthening engagement, and establishing consistent ways of working that support measurable progress against our waste ambitions. With a key focus at QEUH, our main aim over the next year will be to roll out recycling bins and remove clinical waste bins across 50% of hospital wards.

The impact will be improved waste infrastructure alongside increased awareness across the workforce, enabling high-quality segregation at source. This will support reduced volumes of clinical waste, higher recycling rates, and lower costs, while strengthening compliance, enhancing public perception, and reducing carbon emissions.

10.4 Site Waste Improvement Plans

In 2026/27 we will develop bespoke waste plans for three acute sites (where the highest volumes of waste are generated), setting out tailored improvement actions shaped with site facilities teams and endorsed through senior leadership to support alignment, momentum

and sustained progress. The plans will provide clear guidance on compliance with the Waste (Scotland) Regulations and acts as a practical framework to support behavioural change.

The impact will be well-organised, compliant service yards that support alignment with the waste hierarchy. Local teams will have a clearer understanding of their role in improving waste management, with a shared view of what good looks like. Increased staff awareness, combined with agreed bespoke improvement plans, will drive reduced volumes of clinical waste, higher recycling rates, and lower costs. This in turn will strengthen compliance, enhance public perception, and reduce carbon emissions.

10.5 Clinical Sustainability Work Bank

A prioritised work bank of clinical sustainability projects will be established, focusing on high-impact opportunities beyond business-as-usual activity. This will involve identifying and assessing initiatives based on carbon reduction potential, cost, clinical benefit and feasibility, creating a shared view of where to concentrate effort. From this pipeline, the top three projects will be selected for implementation in 2026/27, supported by appropriate clinical engagement and proportionate planning so that changes are practical, evidence-based and embedded within frontline services.

Commencing the implementation of the top three projects will demonstrate tangible progress on clinical sustainability, reducing carbon emissions and waste while maintaining or improving patient care. It will also build capability and confidence across clinical teams, creating a scalable model for identifying and implementing future projects. In doing so, it will strengthen engagement, support a culture of continuous improvement, and position the organisation to accelerate progress against wider sustainability and net zero ambitions.

10.6 Improving the Existing Heat Network at QEUH

Over the next few years, we intend to focus on improving the heat network at QEUH through specific projects that will enable an extension of the system to the Maternity and Neonatal buildings and the installation of a new Simultaneous Heat Pump (SHP).

The extension of the existing heat network from the Energy Centre at QEUH to the Maternity & Neonatal buildings will increase overall system heat demand and enable more of the site's available heat to be used productively. The project will also reduce excess and wasted heat within the system, supporting lower gas consumption and associated carbon emissions. In the forthcoming year we will commence this work by completing the feasibility and design stages.

The construction phase of this work will be scheduled to align with the installation and commissioning of the new heating manifold at QEUH, which is expected to complete by March 2027.

In the year ahead, we will also move towards the installation of the proposed SHP by completing the feasibility study and associated design stage. The SHP will replace the absorption chiller and related equipment at the QEUH Energy Centre and connect to the existing heating and cooling headers. This will enable more efficient use of energy by meeting cooling demand while recovering heat for reuse.

To support this work, submetering is now in place at QEUH, creating a strong foundation for measurement and verification of the upgrade. This data will support robust evaluation of the

project's energy reduction outcomes, helping to demonstrate benefits realised over time and inform future investment decisions.

These projects are expected to reduce operational costs and associated carbon emissions and will help minimise penalties under the UK Emissions Trading Scheme should site emissions exceed set targets.

The installation of the SHP is contingent upon the proposed extension of the existing heat network and both of which have an overall indicative construction timescale of two financial years.

10.7 What will be Different?

Our estate, infrastructure and sustainability work will help create safer, more resilient and more efficient environments for patients, staff and services.

We will move from setting ambition to creating the conditions that make sustained progress on waste and energy performance achievable at QEUE. This means embedding the waste strategy through improved infrastructure and site-led improvement plans, establishing a coherent pipeline for clinical sustainability, and advancing the strategic energy opportunities through feasibility, design and procurement for the heat network extension and Simultaneous Heat Pump. The result will be a more resilient, scalable approach that improves recycling and waste segregation, reduces avoidable clinical waste and gas demand, and strengthens our contribution to net zero alongside better value and public confidence.

The actions set out below translate this strategic direction into a focused set of milestones for 2026/27. They prioritise the enabling steps that build capability, infrastructure and momentum, so that improvements can be sustained and scaled over subsequent years while keeping attention on the outcomes that matter most: reduced waste and emissions, improved value, and progress towards net zero.

10.8 Climate and Sustainability Actions delivered 2026-27

Figure 30 sets out the actions we are committed to delivering during 2026/27.

Figure 30: Climate and Sustainability Key Actions	
Key Priorities	Actions
Deliver the Waste Strategy	<ul style="list-style-type: none"> Roll out recycling bins to 50% of adult hospital wards prioritising QEUEH within this year (Feb-27) Remove clinical waste bins across 50% of the adult hospital wards prioritising QEUEH within this year (Feb-27)
Produce Site Waste Improvement Plans	<ul style="list-style-type: none"> Consider feedback from draft SWIP for QEUEH, adjust template and populate for GRI and GGH (Dec-26) Work with site teams to communicate and embed improvement plans (Feb-27)
Deliver clinical sustainability work bank	<ul style="list-style-type: none"> Combine, prioritise and rationalise the clinical sustainability workstreams (Jul-26) Deliver the top three projects to produce tangible environmental and financial benefits (Jan-27)
Improve the existing heat network at QEUEH	<ul style="list-style-type: none"> Complete feasibility and design for proposed extension to Maternity and Neonatal (Jul-26) Complete feasibility and design for proposed Simultaneous Heat Pump (Jul-26)

Section Eleven: Wider GGC Priorities

11.1 Infrastructure

Infrastructure is a core enabler of the service changes described throughout our delivery plan. Our priorities for urgent and unscheduled care, primary care, women and children's services, planned care, digital transformation and care closer to home all depend on safe, flexible and sustainable infrastructure. By aligning estate, asset and sustainability decisions with clinical and operational priorities, we will support more resilient services and better value from our physical assets. Through this work we are also supporting a shift to digital/virtual first approach and facilitating a resilient hospital estate.

NHSGGC's complex and diverse Estates and Facilities portfolio play a key role in delivering safe, resilient, efficient, and financially sustainable services, closely aligned to long-term clinical and organisational priorities.

Our Infrastructure and Asset Management approach remains a common thread that runs through many of the areas highlighted in this Delivery Plan. It enables us to meet the needs of our emerging strategies while investing in and making best use of the existing estate and maintaining an environment to support and enable healthcare services.

Investment in the physical estate will be undertaken where necessary and where capital funding permits to ensure that clinical services can continue to operate safely and efficiently while enabling service redesign and growth in elective activity over the long term. We have a clear formal governance structure in place to support this, ensuring that investment requirements are prioritised based on need and are affordable and deliverable.

11.2 Capital Investment Priorities 2026/27

A full capital investment plan has been produced and approved through the various governance groups for the year ahead. The programme consists of various schemes with a total anticipated investment of £82.4million in 2026/27 (made up of £41.3 million of formula capital and £41.2 million of additional projects with confirmed Scottish Government funding). The plan covers investment in the building environment, service development and equipment replacement. Three key capital investment priorities include:

- The reprovision of the BMT service is a priority for the organisation. A comprehensive option appraisal and risk assessment has been completed, and this will allow for immediate works to be carried out in the current facility with the longer-term solution a new unit within the QEUH campus with both solutions being progressed this financial year.
- As well as the aforementioned work another priority for the organisation this year is the continuation of the QEUH rectification works. This includes the completion of the atrium wall linings, Fire Door replacement programme, replacement of heating manifold and the replacement of glazing on the external façade.
- Finally following on from confirmation from SG that Port Glasgow Health Centre has been prioritised under their new revenue funded infrastructure investment programme for Primary Care announced as part of the 2026/27 Scottish Government budget, work will start to progress to shape the range of health and community-based services which could be located within the new Centre

During 2026/27 we plan to develop an estates strategy that will support the delivery of the sustainable blueprint and also consider wider sub-national priorities.

11.3 Developing a Sustainable Blueprint

During 2026/27 we will further develop a sustainable blueprint for NHSGGC focussing on delivering services in the most optimum way, taking a digital / virtual first approach, whilst also reducing costs by circa 5%, in addition we will work with our partners within Scotland West to develop a blueprint for Orthopaedic planned care within Scotland West.

Our approach is underpinned by key principles which support a shift from:

- From buildings to capacity
- From sites to systems
- and from a reactive estate to infrastructure that actively enables service transformation
- Our blueprint approach will involve reviewing existing service provision and agreeing the optimal service provision model and a 5% reduction in operating costs

Section Twelve: Summary

This Delivery Plan sets out our whole-system programme for delivery, improvement and reform in 2026/27. It reflects the scale of the challenge facing NHSGGC and the wider health and care system, while focusing on the opportunity to improve access, reduce delays, strengthen prevention, support care closer to home and make best use of the resources available to us.

Delivery will be supported by clear monitoring and assurance arrangements. Actions will be monitored centrally by the Corporate Planning Team through the 2026/27 Delivery Plan Action Tracker, with quarterly progress reporting to the Corporate Management Team. Each action will have a clear executive lead, service owner, timescale, baseline and measurable impact, setting out the intended change to be delivered.

This is a connected whole-system plan. Delivery will depend on how we work together across acute, primary, community and social care, with our HSCPs, Public Health, Scotland West partners, staff, patients, families and wider system partners. Figure 31 provides a final overview of how our priorities come together as our whole-system plan for delivery, improvement and reform.

Figure 31: Summary of our 2026/27 Delivery Plan

Our Whole System Plan for Delivery, Improvement and Reform



Glossary of Abbreviations

Acronym	Full Term
ACRT	Active Clinical Referral Triage
ADHD	Attention Deficit Hyperactivity Disorder
ADP	Annual Delivery Plan
AfC	Agenda for Change
AHP	Allied Health Professionals
AI	Artificial Intelligence
AMU	Alongside Midwifery Unit
ANP	Advanced Nurse Practitioner
ASD	Autism Spectrum Disorder
AUB	Abnormal Uterine Bleeding
AWI	Adults with Incapacity
BRAN	Benefits, Risks, Alternatives and Nothing
CAMHS	Child and Adolescent Mental Health Services
CBYC	Call Before You Convey
CfSD	Centre for Sustainable Delivery
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
CYE	Current Year Estimate
DSR	Dynamic Support Register
DL	Directors Letter
DWD	Discharge Without Delay
e-Triage	Electronic - Triage
EPAS	Early Pregnancy Assessment Services
FNC+	Flow Navigation Centre Plus
FYE	Full Year Estimate
GGC	Greater Glasgow and Clyde
GLP-1	Glucagon-Like Peptide-1
GP	General Practitioner

GRI	Glasgow Royal Infirmary
H@H	Hospital at Home
HCSSA	Health and Care Staffing Scotland Act
HFRS	Home First Response Service
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
HSCS	Health Social Care and Sports Committee
INWO	Independent National Whistleblowing Officer
IPDC	Inpatient / Day Case
IOL	Induction of Labour
IRH	Inverclyde Royal Hospital
JCVI	Joint Committee on Vaccination and Immunisation
MAT	Medication Assisted Treatment
MDT	Multidisciplinary Team
MWC	Mental Welfare Commission
NAIT	National Autism Implementation Team
NDD	Neurodevelopmental Disorder
NHSGGC	National Health Service Greater Glasgow and Clyde
NIPE	Newborn and Infant Physical Examination
NRAC	National Resource Allocation Committee
OP	Outpatient
OPAT	Outpatient Parenteral Antimicrobial Therapy
PCB	Planned Caesarean Birth
PFB	Patient Focused Booking
PIFU	Patient Initiated Follow Up
PIR	Patient Initiated Review
PHF	Population Health Framework
PHO	Population Health Organisation
PLT	Protected Learning Time
PMO	Programme Management Office
PRF	Professional Resolution Framework

PSDS	Public Services Delivery Scotland
QEUH	Queen Elizabeth University Hospital
QUEST	Quality with Everyone focusing on Safety & Teamworking
RAH	Royal Alexandra Hospital
RMC	Referral Management Centre
RRL	Revenue Resource Limit
S&V	Sustainability and Value
SACT	Systemic Anti-Cancer Therapy
SAER	Significant Adverse Event Review
SG	Scottish Government
SHP	Simultaneous Heat Pump
SMC	Scottish Medicines Consortium
SOP	Standard Operating Procedure
SRF	Service Renewal Framework
SSTS	Scottish Standard Time System
SWIP	Site Waste Improvement Plan
T2DM	Type 2 Diabetes Mellitus
TTG	Treatment Time Guarantee
USOC	Urgent Suspicion of Cancer
WIC	Walk-in Centre
WMS	Weight Management Service