

NHS Greater Glasgow and Clyde	Paper No. 26/11
Meeting:	NHSGGC Board Meeting
Meeting Date:	26 February 2026
Title:	Transforming Together & GGC Way Forward Portfolio Report
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1. Purpose

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

2. Executive Summary

The paper can be summarised as follows:

This “Transforming Together” Portfolio Report for NHSGGC is presented to the NHSGGC Board and covers progress of our six transformation programmes:

1. GGC Way Forward
2. Interface & Urgent Care
3. Primary Care
4. Mental Health
5. Cancer & Planned Care
6. Women’s and Children’s

Portfolio Status:

All Transforming Together Portfolio Programmes continue report as on track and make steady progress. An upward trend has continued on many programmes across the portfolio with most projects either maintaining or accelerating their pace.

It is important to note that the progress outlined across the Transforming Together and GGC Way Forward Portfolio is being delivered against a backdrop of significant operational pressures and challenges as we manage increased winter pressures and demand. As part of our winter plan additional winter beds are now open (with 48 additional acute beds now in use) and the number of patients in delay increased in January after a reduction during December. Collective actions including our 2 System Resets in November/December and January which focused on improving flow, reducing patients in delay, stabilising ED performance and improving safety and experience across the system. Despite these challenges, our programmes of transformation continue to report steady progress, demonstrating resilience and a sustained commitment to transformation.

Key Highlights this Month

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

- **GGC Way Forward:** with 154 of 193 actions completed (an increase of 8 from last period). All projects continue to remain on track across both the wider whole system and sector-based action plans. Key highlights delivered across this programme include:
 - E-triage procurement is now complete, the project progresses at pace and has moved to implementation
 - Additional questions added to the ED patient Experience Survey to evidence realistic medicine approaches
- **The Interface & Urgent Care Programme** overall the programme continues to be on track. Recruitment and implementation of the Interface Division clinical workforce model continues. Gaps remain for nursing, medical and non-clinical roles which is affecting service readiness and delivery. As a result, we have placed a priority focus on delivery of both the clinical workforce model and high-volume virtual pathways in cardiology, respiratory, paediatrics & neonatology, general surgery and frailty. This is being driven forward with enhanced clinical leadership in partnership with the Interface Divisional Team to support implementation of these priority pathways at pace.

Key highlights delivered across this programme include:

- Interface Data & Intelligence Group progressing both Patient Portal and Interface Dashboard which will both support data integration across our whole system

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- Focus groups for public engagement around Interface established with external comms campaign in development
- **Women & Children**
 - Paediatric Hospital at Home: 3 children have been successfully admitted to the service
 - Following Neonatal Hospital at Home going live on 20 November babies from all three maternity units have successfully accessed H@H, 28 babies were admitted to the neonatal virtual ward in December
- **Cancer and Planned Care**
 - Orthopedic High Productivity/ Blueprint: demand modelling including new outpatient as well as theatres complete and session held with clinical teams in December to agree high level service configuration, productivity metrics for theatre throughput by case mix and outpatient model
 - Urology Review: Pathway for bladder and prostate cancers agreed with three additional Clinical Nurse Specialist posts recruited. Locum consultant post also recruited
 - Direct to MRI vetting in place in all sectors
- **Primary Care**
 - Transfer to Vision system under GP IT reprovisioning recommenced with one EMIS to Vision GP Practice migration completed and planning underway for additional practice migration through February
 - Expression of interest submitted to Scottish Government to develop GP walk-in centre
 - Approval to access GP practice data is now underway, which will enable data to be gathered in support of building the Primary Care Information dashboard
- **Mental Health**
 - Focused work undertaken with HSCP's to refresh the priorities in the Mental Health strategy and drive forward actions as part of the programme going forward. This has included the planning and delivery of a series of reset sessions, which have so far finalised the vision, values and priorities for the service and had a focus on bed management
 - In Patient Bed Reconfiguration - Key components and required engagement questions identified as part of the pre planning for the engagement process

Development of our Transformational Blueprint

In tandem with the Transforming Together-GGC Way Forward portfolio of transformation early work has begun to develop a Transformational Blueprint for NHSGGC. The transformational blueprint work will describe how we will optimally deliver services and ensure financial sustainability.

The work is being progressed with clinical and operational teams, to date the focus has been on orthopaedics, gynaecology and the impact of impact of interface care on urgent care demand. More detailed updates will be included as the work starts to evolve further.

3. Recommendations

The NHSGGC Board is asked to note the continued progress in the implementation the Transforming Together & GGC Way Forward Portfolio of transformation.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

- | | |
|------------------------|-----------------|
| • Better Health | Positive impact |
| • Better Care | Positive impact |
| • Better Value | Positive impact |
| • Better Workplace | Positive impact |
| • Equality & Diversity | Neutral impact |
| • Environment | Positive impact |

6. Engagement & Communications

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

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

7. Governance Route

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

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

- Transforming Together Portfolio Board – Wednesday 17th December 2025
- Corporate Management Team – Monday 12th January 2026
- Finance, Planning and Performance Committee – Thursday 29th January 2026

8. Date Prepared & Issued

Date Prepared: 11 February 2026

Date Issued: 19 February 2026

Transforming Together - GGC Way Forward Portfolio Report

Board Report

Thursday 26th February 2026

“Listening, Learning and Transforming Together”

1. Introduction

This Transforming Together Portfolio report provides an update on the progress achieved since the last report presented to the Board on the 18 December. This report was presented to the Corporate Management Team on the 12 January and Finance Planning and Performance Committee on the 29 January.

2. Programme Management Office (PMO) Framework & Monitoring

All programmes continue to evolve their milestone plans, and risk and issue entries in the portfolio risk and issue register. The Portfolio Board continues to discuss emerging risks and issues with the PMO and programme teams actively seeking to address potential risks as they emerge.

3. Portfolio Status

Portfolio Overview

- Progress across the Transforming Together Portfolio has continued with a positive trajectory being maintained
- Impact delivery continues to be varied and specific to project and programme. A summary of the progress on each is contained within this report
- A new project, Robotic Assisted Surgery has been added this period to the Cancer and Planned Care programme

Transforming Together Portfolio			Overall Portfolio Status:			On Track
Overall Portfolio Trend	No in Portfolio	Not Started	Complete	On Track	At Risk	Delayed
↑	6	0	0	6	0	0
Portfolio Executive Summary						
<p>We continue to make good progress on all six programmes across the Transforming Together Portfolio. Programme updates, including key achievements for this period and a 70 day look forward are included within section 4 of this report.</p> <p>Main achievements across the portfolio in the last period include:</p> <p>A. GGC Way Forward</p> <ul style="list-style-type: none"> 154/193 actions completed (up 8 from last period) E-triage procurement complete, the project progresses at pace and has shifted to implementation with plans for sites to start going live from February 2026 Additional questions added to the ED patient Experience Survey to evidence realistic medicine approaches, this will be re-run through February and reported from March 2026 onward <p>B. Interface & Urgent Care</p> <ul style="list-style-type: none"> Interface Head of Pathways, Lead Nurse, ANPs and Pharmacists in place from late November/ early December. Continued recruitment drive underway over December and into early 2026 for ENPs and CSM and wider ED workforce Interface Data & Intelligence Group progressing both Patient Portal and Interface Dashboard which will both support data integration across our whole system Focus groups for public engagement around Interface established with external comms campaign in development <p>C. Primary Care</p> <ul style="list-style-type: none"> Transfer to Vision system under GP IT reprovisioning recommenced with one EMIS to Vision GP Practice migration completed and planning underway for additional practice migration through February Expression of interest submitted to Scottish Government to develop GP walk-in centre. Approval to access GP practice data underway, which will enable data to be gathered in support of building the Primary Care Information dashboard <p>D. Mental Health</p> <ul style="list-style-type: none"> Focused work undertaken with HSCP's to refresh the priorities in the Mental Health strategy and drive forward actions as part of the programme going forwards. This has included the planning and delivery of a series of reset sessions, which have so far finalised the vision, values and priorities for the service In Patient Bed Reconfiguration - Key components and required engagement questions identified as part of the pre planning for the engagement process <p>E. Cancer and Planned Care</p> <ul style="list-style-type: none"> Orthopedic High Productivity/ Blueprint: Demand modelling including new outpatient as well as theatres complete and session held with clinical teams Friday 12 December to agree high 						

level service configuration, productivity metrics for theatre throughput by case mix and outpatient model

- Urology Review: Pathway for bladder and prostate cancers agreed with three additional Clinical Nurse Specialist posts recruited. Locum consultant post also recruited
- Direct to MRI vetting in place in North & Clyde sectors, South live from December

F. Women & Children

- Paediatric Hospital at Home: five patients have been referred to the service with three successfully admitted to the virtual wards
- Following Neonatal H@H going live on 20 November babies from all three maternity units have successfully accessed H@H. Neonatal H@H launch has been successful to date, in December 28 babies were admitted to the virtual ward from across all three units
- West of Scotland (WoS) Neonatal Redesign: GGC plan now finalised. Draft WoS regional plan due for discussion in January at WoS Task and Finish Group

4. Programme Update

4.1 GGC Way Forward Programme

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

GGC Way Forward Programme		Programme Status	On Track	Trend	→
GGC WF Theme	Key Achievements				
Patient Safety & Care	<ul style="list-style-type: none"> • Additional questions added to the ED patient Experience Survey to evidence realistic medicine approaches • Campus Police Officer posts for GRI (North Sector) appointed and due to start late February 				
Staffing Concerns	<ul style="list-style-type: none"> • Medical Workforce group stood up and completed first two meetings 				
Staff Wellbeing	<ul style="list-style-type: none"> • Staff support letters issued and all staff meeting held in South to outline support available and engage staff 				
Infrastructure	<ul style="list-style-type: none"> • Capital and estates planning continues with an update on all progress and designs being presented at whole systems group in January 				
ED Flow	<ul style="list-style-type: none"> • Troponin Test of Change commenced, early evaluation has concluded and trial date for North sector arranged for March • E-Triage procurement complete, implementation underway in collaboration with capital planning. • Level 2 specialty pathway monitoring installed in MAU (Clyde), and ambulatory cardiology pathway operational from the first week in December 				
Wider Whole System Operational Improvement Plan	<ul style="list-style-type: none"> • A review of intermediate and complex discharge beds has been undertaken, with beds being loaded to TrakCare to support awareness of capacity and utilisation 				

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

Key Activities Planned in next 70-day Period

Whole system

- Frailty Admission avoidance: Home First Response Service at QUEH to move to weekend coverage during January. GRI are targeting 7-day cover from February and RAH exploring 6 day service whilst further recruitment is progressed.
- Digital Triage implementation – capital planning works undertaken to install the screens and further work to commence their utilisation in EDs

South Sector

- Completion of ED clinical governance process review
- Point of Care Troponin test - all data collated to inform evaluation

Clyde Sector

- Trauma Assessment Unit (TAU) extension of opening hours – recruitment process continues with expected extension due to be achieved by end February
- Capital and estates work schedule produced, and funding approved for the remainder of the works, staff wellbeing areas and other environmental improvements
- Recruitment of RAH Security personnel ongoing and expected in place by April 2026

North Sector

- GRI Campus police officers' posts appointed to and due to commence in February 2026
- Development of a discharge to return general medicine hot clinic
- AMRU Flow – A test of new flow/criteria for patients admitted to short stay ward from ED/AAU commenced to ensure patients have been appropriately streamed to help ensure patient safety and system flow. Patient criteria now agreed between AMRU and ED. Formal start date to be confirmed subject to staffing
- Launch of Specialty Triage Guidance Document

4.2 Interface & Urgent Care Programme

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

Programme: Interface and Urgent Care			
Project	Status	Summary of Progress	Trend
Escalation and De-compression	On Track	<ul style="list-style-type: none"> Escalation & Decompression Huddles ran twice daily during System Reset 1 – learning was carried forward to inform how QUEST runs in the future Sub-groups launched to develop the thresholds and key metrics for Acute/HSCP/Interface as part of overarching escalation and decompression Standardised Action Cards (Acute / HSCP / Interface) drafted for consistent whole-system responses – to be approved with further standardisation and eventual development into Policy Digital platform review underway – BI exploring integration of CEMBooks (a digital productivity tool) for real-time action logging and dashboard automation Following development and launch of Patient Portal huddles will incorporate analysis of frequent attenders, Planned Discharge Dates (PDDs) in next 48 hours and link with social work / discharge teams through newly developed dashboard 	↑
FNC+ & Pathways	On Track	<ul style="list-style-type: none"> GP Calls live in North/South. A go-live date for Clyde GP calls is set for February, contingent on successful recruitment of registered nurses. Active recruitment is underway Recruitment in progress to develop further necessary workforce for FNC Plus+ 	→
Front door Redesign: Digital Triage & Rapid Assessment & Care (RAaC)	On Track	<ul style="list-style-type: none"> Funding allocated across each sector to support workforce and diagnostic additionality South/North/Clyde completing planning for RAaC E-Triage procurement complete, contract issued and implementation planning underway. 	→
Virtual Hospital Expansion	On Track	<ul style="list-style-type: none"> Hospital at Home Framework completed by West Dunbartonshire, East Renfrewshire and East Dunbartonshire HSCPs who are now implementing their plans to establish their H@H services Mental Health Clozapine pathways went live at end of 2025, appropriate patients expected to be identified and streamed on the pathway early in 2026 	→
Flow Improvement	On Track	<ul style="list-style-type: none"> Home First Response Service expansion continues incrementally in line with recruitment of staff 	↑

		<ul style="list-style-type: none"> • Red Cross service fully embedded with active referrals being tracked for impact • Continued work with each HSCP on developing whole-system data around Flow & Delays 	
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Key activities expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period	
	<ul style="list-style-type: none"> • Recruitment and implementation of the Interface Division clinical workforce model continues. Staffing availability directly impacts service readiness and delivery. As a result, we have placed a priority focus on delivery of both the clinical workforce model and high-volume virtual pathways in cardiology, respiratory, paediatrics & neonatology, general surgery, and frailty. This is being driven forward with enhanced clinical leadership in partnership with the Interface Divisional Team to support implementation of these priority pathways at pace • Virtual Hospital pathways due to go live December to February, (it is important to note that these are dependant on establishing the clinical workforce model): <ul style="list-style-type: none"> ○ Priority Pathways: Respiratory, Frailty, Cardiology, including further expansion of heart failure and Paediatrics – Bronchiolitis, Febrile Neutropenia & Gastroenteritis ○ Surgical ○ NHS24 Direct Access • System Reset 2 delivered during January to support whole system flow informed by the learning from System Reset 1 • OPAT 5 day service in the North due to expand to 7 days over the next 3 months in line with recruitment • Whole system escalation policy prepared including standardisation thresholds for escalation and adoption • GP medical calls live in Clyde

4.3 Primary Care Programme

Overall, the Primary Care Programme remains on track, with progress across the three projects, highlighted below. A summary of key achievements across the projects is detailed below.

Programme: Primary Care			
Project	Status	Summary of Progress	Trend
Digitally enabled primary care	On Track	<ul style="list-style-type: none"> • Transfer to Vision: EMIS to Vision pilot phase recommencing - one GP Practice pilot migration completed 24/11/25, and another planned for February. The pilot was the only EMIS to Vision migration in Scotland in 2025. Draft timeline available for implementation across NHSGGC (subject to confirmation). Completion anticipated by mid-2027 • Docman 10 Implementation: Delays with developing Docman10 against the national specification of requirements. To date, no GP Practice migrations have taken place. All NHS Boards are awaiting deployment plan from NSS/ OneAdvanced. Current projection would be GGC commencing Docman 10 migrations April/May 2026 after national pilot and EMIS integration work have completed • E-triage findings - Digital Asynchronous Consulting Systems (DACS) Pilot: 11 practices are involved in the pilot project which is ongoing. Draft report has now been completed highlighting learning about how to implement and facilitate practice and patient engagement with DACS. Introduction of DACS to GP practices forms part of Year 2 (2027-28) of the October 25 SG General Practice funding announcement, with further information anticipated. Agreement to share GGC learning with SG to inform national roll out 	→
Accommodation, premises & estate	On Track	<ul style="list-style-type: none"> • Refresh of Primary Care premises strategy and priority areas was completed. Progress is co-dependent on the SG capital funding announcement (awaited) and the prioritisation of all GGC property projects. • Funding will be made available in 2027 to continue the sustainability loan programme for general practice • Expression of interest submitted to Scottish Government to develop GP walk-in centre 	→
Monitoring, Evaluation, Intelligence	On Track	<ul style="list-style-type: none"> • Information pack that requests approval to access GP practice data issued, which will enable data to be gathered in support of building the Primary Care Information dashboard 	↑

Key activities for the Primary Care Programme that are expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period	
<ul style="list-style-type: none"> • Implementation of new GP IT system: preparation for the second GP practice migration due in February • Primary care Dashboard: baseline measures for the Primary Care Strategy are to be compiled and achieve final sign off • Configure infrastructure for GP Data repository: commence initial extractions for consented practices and develop, analyse and refine initial GP activity reports • Blood pressure pathway reviewed, and results paper prepared for review by Portfolio Board in February • Deliver the GP walk-in centre subject to SG approval of expression of interest • Refreshed plan and communication for sustainability loans 	

4.4 Mental Health Programme

The Mental Health Programme remains on track. Focused work undertaken with HSCP's to refresh the priorities in the Mental Health strategy and drive forward actions as part of the programme going forwards. This has included the planning and delivery of a series of reset sessions, which have so far finalised the vision, values and priorities for the service.

There was also a specific focus on the bed management this period, and in preparing the next phase of engagement with the PEPI team and the external facilitator. A summary of key achievements across the projects is detailed below.

Programme: Mental Health			
Project	Status	Summary of Progress	Trend
Inpatient Bed Reconfiguration	On Track	<ul style="list-style-type: none"> • External facilitator has provided guidance as part of the pre planning phase for the engagement process. Key components and required engagement questions identified • PEPI team and external facilitator met to plan and agree the approach for the next stage of engagement 	↑
Community Mental Health Acute Care Service (CMHACS)	On Track	<ul style="list-style-type: none"> • Session held with the HSCP's to review the CMHACS board-wide operational policy (which covers the service approach and process where the goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged impatient care) and to consider the common principles being applied across the different systems and organisational arrangements within the HSCP's. The aim being to apply the framework across the NHSGGC board area 	↑

Whole (MH) System Bed Management	On Track	<ul style="list-style-type: none"> Proposed Whole System MH Bed manager job description being updated and reprofiled to reflect whole-system level of responsibility and decision making 	→
Unified Referral Management	On Track	<ul style="list-style-type: none"> Work continues to collate the feedback from a survey exploring referral and flow navigation. This feedback will be used to identify the requirements and potential service design for a unified referral management service. This proposal will appropriately consider risks and issues, and also whole system impacts Services / Service User feedback and engagement commenced 	→
Expanded Borderline Personality Disorder Pathway	On Track	<ul style="list-style-type: none"> Further work undertaken on the workforce model and outcome measures, to understand the wider outcomes associated with delivery of this project and pathway. To include reduced beds, prevention and early intervention and care in the community is maintained 	→
Remote Monitoring – Clozapine	On Track	<ul style="list-style-type: none"> Service and pathway are live, awaiting identification of appropriate patients to utilise pathway 	↑

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

Key Activities Planned in next 70-day Period	
Remote Monitoring – Clozapine: <ul style="list-style-type: none"> Pathway live with first appropriate patient identification and enrolment expected early 2026 	
Whole System Bed Management: <ul style="list-style-type: none"> Bed manager job description updated and progressed through the vacancy process 	
Inpatient Bed Reconfiguration: <ul style="list-style-type: none"> Options appraisal event due to take place in March 	

4.5 Cancer & Planned Care Programme

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

Programme: Cancer & Planned Care			
Project	Status	Summary of Progress	Trend
Peri-Operative Transformation	On Track	<ul style="list-style-type: none"> Project Board met 8 December 2025, membership being extended to include wider representatives from across surgical specialities. Agreed to map the 4 workstreams against CfSD perioperative framework to support best practice. All four of these groups now have established meetings, leads and the dates are in diaries Evaluation of digital solutions for pre-op assessment underway with initial work to focus on process mapping Mapping of available data sets to be reviewed in January 2026 at peri-op delivery group 	↑
Orthopaedic High Productivity/Blue print	On Track	<ul style="list-style-type: none"> Demand modelling including new outpatient as well as theatres complete Half-day session with clinical teams held December to agree high level service configuration, productivity metrics for theatre throughput by case mix and outpatient model Project group stood up with monthly meetings scheduled to progress work 	↑
Urology Review	On Track	<ul style="list-style-type: none"> 2 additional Clinical Nurse Specialist posts recruited Locum consultant post recruited TP Biopsy private sector tender progressed and 28 patients treated with expected impact of 180 patients treated by April 2026 Direct to MRI vetting in place in all sectors 	↑
Skin Cancer Review and West of Scotland SACT Strategy Implementation Projects will have their first working group meetings in January 2026; further milestones will be developed for both projects			
A new project focused on Robotic Assisted Surgery has been added to the Cancer & Planned Care Programme this period this will focus on optimising of current RAS systems, ensuring equitable access to RAS, improving cancer performance, developing the future vision for RAS.			

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

Key Activities Planned in next 70-day Period	
Peri-operative Transformation: <ul style="list-style-type: none"> • Evaluation of digital solutions • Development of Standardised pre-op SOP 	
Orthopaedics: <ul style="list-style-type: none"> • Collation of all outputs from cross-sector Orthopaedic session in December including: high level service configuration, productivity metrics for theatre throughput by case mix and outpatient model to be shared and discussed with Cancer and Planned Care transformation board to enable move to undertake the detailed modelling exercise and subsequent work plan for delivery. 	
Urology: <ul style="list-style-type: none"> • 2 additional Clinical Nurse Specialists to start early 2026 • Continued progress on plans for diagnostic hub in RAH and South sector; due for completion end March 2026 • Work continues to complete the Demand and Capacity modelling for all cancer types. Data provided for bed use with further data to be provided for outpatients and SACT 	

4.6 Women and Children's Programme

The Women and Children's Programme remain on track, with ongoing development and implementation across the four projects. Programme Board schedule for January to June 2026 has now been established. Key deliverables across the programme and key activities in the next 70 days are set out below.

Programme: Women and Children's			
Project	Status	Summary of Progress	Trend
Paediatric Hospital at Home Service	On Track	<ul style="list-style-type: none"> • Paediatric Hospital at Home: since go live at end Nov three successfully admitted to the virtual wards – one to the faecal impaction pathway and two on the general pathway • Four additional nursing staff have been recruited and started in January 2026, with two further posts currently being advertised • Service Improvement Manager recruited and in post for Neonatal and Paediatric Hospital at Home 	↑

Neonatal Hospital at Home	On Track	<ul style="list-style-type: none"> Neonatal H@H went live as planned on 20 November. Babies from all three maternity units have successfully accessed H@H Up to 4 babies per day accessing the neonatal pathway with nursing team working extremely well and receiving very positive feedback from families Agreed process in place with Lab Medicine for resulting biochemistry samples within 1-2 hours. Continue to liaise closely while embedding process Plan to scale to 6 beds from early 2026 	↑
West of Scotland Neonatal Redesign	On Track	<ul style="list-style-type: none"> NHSGG plan and action tracker for the transition was completed in December. Regional Planning are progressing submission of wider WoS plan to SG 	↑
Maternity Redesign	On Track	<ul style="list-style-type: none"> Midwifery staffing review remains underway using the common staffing methodology and workload tools. To date 15 of the 34 wte additional midwives have been recruited to support triage and labour ward, recruitment process continues Further development of leadership, specialist and advanced practice roles is continuing 	↑
Gynaecology / Women's Health	On Track	<ul style="list-style-type: none"> Validation of waiting list concluded through December Urogynaecology review complete minimal number of patients who can be treated by other clinicians Continue to identify additional patients to move from in patients to 23-hour surgery days cases to reduce bed days and improve patient experience Following Hackathon 3 progressing to determine opportunities across both urgent and planned services to support the gynaecology blueprint Urgent care opportunities quantified through analysis of Gynaecology ED attendances Planned care review of BADs regarding transfer of theatre to outpatients 	↑

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

Key Activities Planned in next 70-day Period	
<p>Pediatric Hospital at Home:</p> <ul style="list-style-type: none"> Two further nursing posts currently being advertised, with planned completed recruitment date of March 2026 Outputs from Hackathon 5 in January used to help inform and shape future virtual pathways Estates plan is being prepared for adaptation of space with a planned due date of March 26 <p>Neonatal Hospital at Home:</p> <ul style="list-style-type: none"> Outputs from Hackathon 5 in January used to help inform and shape future virtual pathways 	

- Extend the launch of H@H service to 8 beds due to complete in February 2026

West of Scotland Neonatal Redesign:

- Work to commence with capital planning regards work required in support of the additional cot capacity and appropriate storage
- Work to proceed regards procurement of additional equipment
- Work to be undertaken with e-Health to prepare for any changes to digital systems across the maternity & neonatal systems portfolios

4. Recommendations

The NHS GGC Board is asked to note the progress outlined in this portfolio status report. This portfolio status report is presented for assurance.

Appendix 1: Status Report Keys

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

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

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