

NHS Greater Glasgow & Clyde	Paper No. 26/109
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2026
Title:	Transforming Together Portfolio & GGC Way Forward Programme
Sponsoring Director/Manager:	Claire MacArthur, Director of Planning Russell Coulthard, Interim Deputy Chief Executive / Interim Chief Operating Officer
Report Author:	Jenny McCann, Deputy Director of Planning Angela McCarthy, Head of PMO

1. Introduction

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

Appendix 1 provides a full copy of the Transforming Together - GGC Way Forward Portfolio Report.

2. Executive Summary

The paper can be summarised as follows:

Portfolio Status:

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

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

- **GGC Way Forward**
- **The Interface & Urgent Care Programme**
- **Primary Care**
- **Mental Health**
- **Cancer and Planned Care**
- **Women & Children's Programme**

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Monthly reporting continues in alignment with our approved Transforming Together reporting and meeting cadence with both Interface and Urgent Care, and GGC way forward having a deep dive each month. With two of the other four programmes performing a deep dive in alternate months.

3. Recommendations

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

We are in the process of refreshing the format of this report, the new report will include:

- The measured impact of transformation work, reflecting improvement in quality, patient experience and performance
- Where appropriate/ where value is added the report will include high level data trends/analysis
- The report will identify how each transformation programme supports delivery of financial sustainability setting out clear financial actions associated with each programme

The refreshed report format will be available for the October Board Meeting.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

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:

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

- Transforming Together Portfolio Board – Friday 15 May 2026 and Friday 12 June
- Transforming Together & GGC Way Forward Executive Oversight Group – Monday 25 May 2026 and Monday 22 June
- Corporate Management Team - Monday 13 July 2026
- Finance, Planning and Performance Committee - 6 August 2026

8. Date Prepared & Issued

Paper prepared: 6 August 2026

Paper issued: 19 August 2026

Transforming Together - GGC Way Forward Portfolio Report

Board Report

Thursday 27 August 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 NHS GGC Board on the 25 June 2026. This report was presented to the Corporate Management Team on the 13 July and Finance Planning and Performance Committee on the 6 August 2026.

This report encompasses all status updates presented at Transforming Together & GGC Way Forward Executive Oversight Group on 25 May and 22 June 2026.

2. Programme Management Office (PMO) Framework & Monitoring

The PMO continues to provide support to programme teams through the ongoing development of milestone plans, proactive management of risks and issues and the structured identification and oversight of programme dependencies. In addition, the PMO is now supporting the effective management of change control items.

3. Portfolio Status - Overview

The portfolio continues to make progress, with projects advancing at varying rates and levels of maturity across the programmes. Most projects have maintained their planned trajectory and momentum, with a small number of exceptions highlighted in the programme and project updates within Section 4 of this report.

We are in the process of reviewing the format of this report to strengthen the focus on impact, incorporate trend analysis, and ensure it is more concise in format. We anticipate that the refreshed report format will be available for the October Board Meeting.

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						
The Transforming Together Portfolio continues to make steady progress against plan. Key achievements for this period and a 70 day look forward and are included within section 4 of this report.						
Main achievements across the portfolio in the last period include:						
A. GGC Way Forward						
- eTriage installation is now complete at all sites, with QEUH due to go live as of the 24 June, and planning underway for go live at Glasgow Royal Infirmary (GRI), Royal Alexandra Hospital (RAH) and Inverclyde Royal Hospital (IRH) - ED Capital works for prioritisation agreed at Capital Planning Group in April, strategic direction to be established at a workshop on 29 July						

B. Interface & Urgent Care

- Key FNC+ and pathway developments:
 - FNC+ GP Calls: during April and May between 5-11% of GP calls were managed without requiring hospital attendance (~460 patients)
 - FNC + Consultations:
 - April & May 4,358 patients seen by FNC+ and 1,755 patients were discharged following an FNC+ consultation
 - 275 Virtual beds in use during May
 - Call before you Convey Calls through FNC+ SAS pathway - 408 calls in April and May (compared to 55 calls in April 2025) ~40%, 163 patients were not conveyed to hospital

C. Primary Care

- National Capital Funding: meeting held with Scottish Government in April to begin planning for next health & care centre projects, Port Glasgow being the first priority for GGC, with initial construction expected from 2029/30
- Information dashboard: 125 of the 223 practices have signed up to allow the data to be extracted from their systems

D. Mental Health

- External facilitator on board and work has commenced to accelerate the process for the option appraisal process for the Inpatient Bed Reconfiguration. The intention is to have an outline of the approach to the options appraisal process by September, prior to commencing the process in October/November

E. Cancer and Planned Care

- SOP for Theatre processes to be launched across teams in June following programme board approval in April, helping to standardise booking and scheduling processes across all GGC theatres, improve productivity, and maximise the use of available theatre capacity
- Transperineal (TP) Biopsy private sector tender continues with 123 cases sent by end April, and 179 cases sent by end of May. Wait time remains at 7-14 days

F. Women & Children

- Paediatric & Neonatal Hospital at Home: utilisation increased further during April and May, with 69 children and 49 babies admitted to the virtual hospital.
- Senior change midwife for EPAS (Early Pregnancy Advisory Service) leading on EPAS improvement projects and a new consultant midwife both now in post
- Pilot providing video interpreting at the QEUEH has commenced to ensure all women have access to an approved interpretation service. If pilot evaluates well we will scale this up
- Confirmation of an additional £1.5 million recurring investment in maternity workforce improvement. This will be used to employ:
 - 2 Clinical Safety Midwives, to focus on staff education and adverse event & incident reviews
 - 2 Unit Coordinator roles for QEUEH and PRM to focus on flow and reducing delays
- WID Easy Test of Change has commenced, a full evaluation to follow when service has supported the first 800 patients, it is anticipated this will improve access and reduce waiting times for patients on a USOC pathway

4.1 GGC Way Forward Programme

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

GGC Way Forward Programme		Programme Status	On Track	Trend	→
GGC WF Project	Key Achievements				
Whole System	- eTriage kiosks installed in all sites, and due to go live at QEUH from 24 June, all other sites on track to go live by early July - Work continues to recruit permanent staffing and complete Organisational Change in support of Frailty, 7-day AHP working in downstream wards is supporting timely discharge with outcomes currently being achieved through temporary staffing solutions - Home First Response Service is live 7 days per week at all EDs to avoid unnecessary admission and improve patient care				
South Sector	ED Capital works prioritisation agreed at Capital Planning Group in April, and project manager assigned to scope works with appointment of design team to follow				
North Sector	- Specialty Triage document completed, orthopaedic pathway now implemented resulting in improved efficiency of onwards speciality referrals - Return to General Medicine Hot Clinics developed and now delivering impact with people being assigned to the discharge to scan pathway - Joint recruitment of Consultant with FNC+ complete (started in post from 27th April) - Additional cardiac monitors installed to enhance patient monitoring				
Clyde Sector	Initial meetings taken place to plan the rollout of a point of care Troponin testing at RAH, impact assessment completed and progressing to implementation once equipment is installed. Staff training complete, go live planned for July				

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 (Ongoing actions)	- Ongoing Recruitment of AHPs to deliver 7-day working in downstream wards at QEUH & RAH - Home First Response Service (HFRS) expansion to 7 days at RAH, and the implementation of sustainable staffing models - eTriage live across all sites and evaluation commenced
South Sector	- Ongoing work to ensure QEUH ED patients are involved in making decisions about their care, and ensure principles of realistic medicine are in place, with staff being encouraged to complete Realistic Medicine training and re-enforcement of the values. - Implement local level estates improvements to the ED physical environment at QEUH (flooring and seating)
North Sector	- Progression of the medical staffing increase through: - Recruitment of new acute physician linked to FNC+ complete and providing clinical cover; Start date scheduled for July

- Portfolio Pathway of in-house training of middle grade doctors to continue with interviews concluded and candidates appointed
- GRI ED Redesign, further planning work undertaken to refine options

Clyde Sector

- Strategic meeting to consider ED refurbishment and configuration to be undertaken at end of July, informing strategic options to be taken forward
- eObservations to launch following hardware installation

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	Impact
Escalation and De-compression	On Track	• Work underway to explore how to utilise QUEST to support the e-Triage and FNC+ workstreams, with a longer-term aim of providing real-time visibility of patient flow across all EDs. This will support earlier identification of pressures and enable proactive action to improve flow and system-wide decompression • Predictive Modelling dashboard developed and presented to key team members including ED GMs and operational staff. Dashboard will support discussions/scenario planning at the Escalation Planning Workshop in June	→
FNC+ & Pathways	On Track	• FNC+ GP Calls: during April and May between 5-11% of GP calls were managed without requiring hospital attendance (~460 patients) • FNC+ Consultations: April & May 4,358 patients seen by FNC+ and 1,755 patients were discharged following an FNC+ consultation • Call before you Convey Calls through FNC+ SAS pathway - 408 call in April and May (compared to 55 calls in April 2025) ~40% 163 patients were not conveyed to hospital	→
Front door Redesign: Digital Triage & Same/Zero Day pathways	On Track	• eTriage build and installation now complete at all sites. QEUH due to go live 24 June, with other sites expected to go live by early July	↑
Virtual Hospital Expansion	On Track	• 275 Virtual beds in use during May • Respiratory Self-Management/Admission prevention pathway onboarded 57 patients during April and May, onboarding continues • Frailty pathways remain a priority focus with care home pathways being defined, including remote monitoring models based on approach currently used in Inverclyde • Accelerated Improvement plan being progressed with Chief Operating Officer to accelerate pathway	→

		development and rollout across the priority pathways of respiratory, cardiology & frailty	
Flow Improvement	On Track	- Ongoing progress with actions to enhance whole system flow with an increasing focus on and use of critical led discharge, improving the accuracy of planned date of discharge (PDD) and also establishing standardised board rounds to improve DWD (Discharge without Delay) and prenoon discharge - Work is continuing to implement the Whole System Flow Communications Strategy, building on the principles and recommendations from Professor Dolan's Last 1000 Days approach. The strategy aims to reduce avoidable delays and improve flow for people in the final stages of life, minimising time spent unnecessarily within the healthcare system and supporting individuals to live as independently and meaningfully as possible. - The Integrated Discharge Team Approach (IDTAs) approach continues at all sites with multiagency buy-in increasing, review of testing expected Oct 2026. HSCP's continue to make positive progress on their delayed discharges. Our six partnerships have achieved the 239 target through the April & May reporting periods - Standard information pack produced for sectors detailing all interface pathways and HSCP services/ community support availability to support hospital discharge	↑

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

Key Activities Planned in next 70-day Period	
Escalation and Decompression - First elements of predictive modelling implemented as part of QUEST approach - Utilise learning from QUEST to inform and support patients first pathways and through eTriage identify patient pull opportunities supporting ED front doors	
FNC+ Pathways - Women's Health Gynaecology Pathway development completed - Continued recruitment to wider Nursing & Medical Model for FNC+ with increased collaboration across sectors and teams to support moving to the 24/7 FNC+ model	
Front Door Redesign - eTriage live in all four main sites - Key Pathways for pull and redirection from eTriage to FNC+ fully developed and agreed - Diagnostic Demand and Capacity Model developed and approved to support implementation	
Virtual Hospital - Frailty pathway development with Care Home Remote Monitoring Pathways (Inverclyde) defined - Development and launch of short stay Virtual Ward for ED - Develop Respiratory Step-Up and Step-Down Pathways (GC and ED HSCP) - Expand Respiratory Self-Management to 450 patients	

- Continued expansion of Hospital at Home Service (Older People) across multiple HSCPs to deliver additional beds

Flow Improvement

- Further embedding of DwD / Standardised Board Round approach across all sites
- Target number of patients delayed to discharge achieved and sustained across all 6 GGC HSCP's
- Increase pre noon discharges to 20% (achieved 16.5% in April and 18% at the 31 May)
- DwD comms plan developed

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 and planned next steps across the projects is detailed below.

Programme: Primary Care			
Project	Status	Summary of Progress	Trend
Digitally enabled primary care	At Risk	- Transfer to Vision: - Roll-out to practices continued through April/ May, at a reduced pace due to concerns raised by practices regards functionality. eHealth corresponding with PSDS and supplier to ensure additional support is provided to address identified issues - Communication's Plan developed including key messages for patients about potential impact on practices undergoing migration to the new system - At the end of May 28 practices have migrated, with 8 more scheduled before end of June and a further 8 for July, and 13 for August Heidi Artificial Intelligence Safe Adoption toolkit/guidance for practices has been developed and is due for circulation to practices following approval	↓
Accommodation, premises & estate	On Track	- National revenue-funded infrastructure investment programme for primary and community care: Meeting held with Scottish Government in April to begin planning for next health and care centre projects. Development of new health and care centre in Port Glasgow has been identified as the SGs priority for NHSGGC, with proposed construction expected to begin in 2029/30 - Lease Assignations: survey issued to 48 practices to understand their position regards lease assignation. Outputs will allow effective planning and prioritisation for the future lease assignation process and support planning for investment in new Health and Care centres	↑
Monitoring, Evaluation, Intelligence	On Track	Primary Care (PC) Information Dashboard: 125 of the 223 practices have signed up to allow data to be extracted from their systems, with 95 practices yet to	→

		respond and a further 3 who have declined consent. DMD writing to practices to emphasise the benefits of the dashboard to help increase sign up. Specification for the dashboard to be agreed following data sharing agreement	
Walk-In Centre	On Track	- Recruitment to multi-disciplinary team (including admin, medical, nursing and operational roles) almost complete, with start dates to be confirmed. Sufficient posts appointed to enable opening - Procurement of required IT and medical equipment complete - Engagement with key stakeholders and partners continues, supporting alignment and readiness of service implementation	↑

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

Key Activities Planned in next 70-day Period	
Digitally Enabled Primary Care - Further progression with the Vision rollout, migration of 37 practices to be complete by June - Formal review of Blood Pressure Pathway to consider impact and future opportunities - Artificial Intelligence (Heidi): Toolkit issued to GP Practices	
Accommodation, premises and estate - Complete lease assignment register of 48 practices with expressions of interest - Port Glasgow established as one of three initial pilot centres as part of the National revenue-funded infrastructure investment programme for primary and community care. Further guidance about next steps awaited from Scottish Government - Complete lease assignment process for Cardonald, Linden and Crookston Medical Centres (Lease expiry varies for each site)	
Monitoring, Evaluation and Intelligence PC dashboard design drafted and shared. Configure infrastructure for GP Data repository and commence initial extractions for consented practices	
Walk in Centre - Complete Estates improvement works - Launch communications to all stakeholders - All staff in post and training completed - Walk in Centre opened by end of June	

4.4 Mental Health Programme

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

Programme: Mental Health			
Project	Status	Summary of Progress	Trend
Inpatient Bed Reconfiguration	On Track	External facilitator on board and work has commenced to accelerate the process for the option appraisal process. The intention is to have an outline of the approach to the options appraisal by September prior to commencing the process in October/November. Timelines have shifted following reviews with external facilitator	→
Community Mental Health Acute Care Service (CMHACS)	On Track	- Continued re-enforcement of the revised framework and policy principles of intensive community support to ensure these are fully implemented and embedded locally as expected - Financial framework discussions are ongoing with Chief Officers and Chief Finance Officers	→
Whole (MH) System Bed Management	On Track	Analysis of long-stay audit patients across the GGC system continues and is due to conclude in June	→
Unified Referral Management	On Track	Analysis of feedback from MH flow navigation survey has been shared through April, but work continues to finalise the scoping metrics, draft requirements / potential service design for a unified referral management service, and to complete an impact assessment. Consideration of risks/issues will follow when draft requirements/ model is available	↓
Expanded Borderline Personality Disorder Pathway	On Track	Work continues to progress the workforce model and outcome measures. This forms part of the consideration of the three options set out within the SBAR being developed to support progression of the revised model.	↓
Remote Monitoring – Clozapine/ADHD	On Track	- Clozapine pilot catchment has been further extended twice (and now covers 10 of Glasgow City Community Mental Health Teams) to ensure project achieves the number of appropriate patients to properly evaluate the pilot - ADHD pathway approach has changed to be a pilot across two platforms with Doccla and another platform (yet to be determined) to evaluate the most appropriate solution/platform.	↓

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

Key Activities Planned in next 70-day Period
Inpatient Bed Reprovision Preparation for the formal options appraisal continues. Process expected to commence in October/November, with a 3-month public consultation process to follow thereafter
Community Mental Health Acute Care Services (CMHACS):

- CMHACS delivery of the clozapine titration pilot and evaluation concluded (delayed due to low take up rate)
- Expanded CMHACS operational model principles and finance framework fully agreed

Whole (MH) System Bed Management

- Mapping of current state / intelligence gathering to support development and implementation of bed management principles completed (short/long stay analysis)
- Bed Management Information system spec agreed
- Bed Navigator recruitment process completed and appointed person in post

Unified Referral Management

- Unified referral management pilot scope and evaluation metrics defined
- Analysis of feedback from MH flow navigation survey completed
- Referral Criteria, Triage Protocols and workforce model agreed
- Digital enabler opportunities explored and approaches agreed (e.g. consultant connect, Flow Nav)
- Connections with Social Care Single Point of Access proposals explored

Expanded Borderline Personality Disorder Pathway (BPD) Pathway

- Workforce model developed – confirming planned investment at acute, intermediate and core staff training levels
- BPD Training plan created for generalist / specialist staff

Remote Monitoring (Clozapine & ADHD)

- Clozapine titration pilot concluded and evaluation commenced in support of the agreement of next steps for wider role out (note this is dependent on sufficient patient numbers accessing the pathway)
- ADHD medication/monitoring pilot commenced

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	Pre-Op Assessment: • Pre-op assessment demand and capacity by Hospital / Specialty complete • Plan to standardise theatre process approach (e.g. virtual/face to face/self-assessment) aligned to low/medium/high risk pathways as well as slot times and resource, to smooth capacity and address gaps • Audit tool developed to be completed by teams to include vetting processes to Priority 1-3 slot length and activity data Theatre Processes: • 6/4/2 SOP to be launched across teams in June following programme board approval in April • Future booked report to underpin scheduling reviewed and utilisation to commence from July	↑

		- Infix roll out continues with several adult specialties now live KPI/Data: - A draft balanced scorecard was presented and discussed at peri-op group. The scorecard will be further refined, incorporating feedback received and ensuring a consistent methodology for measuring theatre utilisation	
Orthopaedic High Productivity/ Blueprint	On Track	Work undertaken through April & May: - Established scope for potential efficiencies within current levels of activity - Development and issue of a datapack to support the first clinical stakeholder event on 8th June	↑
Urology Review	On Track	- Transperineal (TP) Biopsy private sector tender continues with 123 cases sent by end April, and 179 cases sent by end of May. Wait time remains at 7-14 days - Four additional Clinical Nurse Specialist (CNS) posts - Three in post and one due to start July following successful interview in May 12 month Speciality Doctor in post from May 26 - Nurse Led prostate pathway being implemented, clinic changes and training in vetting underway	→
Skin Cancer Review	On Track	- A digital dermatology pilot within the Trak system (initially between dermatology and plastics) has been developed and will commence by end June. The outcome of this pilot will enable patients to be triaged more effectively, resulting in a better experience and a decrease in the waiting time - Meeting arranged for July 2026 with WOS MCN team to review Quality Performance Indicators (QPI) and identify future high impact actions	→
West of Scotland SACT Strategy Implementation	On Track	- Beatson site accommodation review remains a high priority, and a three phased approach to site footprint review has been agreed focusing on Outpatient/Phlebotomy Accommodation, In Patient Bed Model and Day Case provision and Virtual outpatient delivery - Work continues in the Nursing & Pharmacy Groups progressing the review of potential alternative treatment delivery options for 2026-27. Next suitable drug for Homecare identified for progression - Review of Pre-Chemo Bloods in collaboration with Primary Care Local Enhanced Service review continues to be undertaken	→
Robotic Assisted Surgery	On Track	- Urology establishing what can be supported on acute sites for both cancer and benign cases - Gynaecology reviewing data to determine types and volume of cases that would be appropriate to be undertaken robotically for cancer cases and general Gynaecology	→

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

Key Activities Planned in next 70-day Period
Peri-Operative Transformation • Pre-Operative workstream ○ standardise POA pathway ○ PIN (Prior Information Notice) responses from suppliers for digital pre-op assessment system expected by 12 June ○ Commence development of pool of patients ready for surgery • Theatre Processes workstream ○ Launch 6-4-2 SOP across teams during June ○ Future booked report to underpin scheduling reviewed, utilisation to commence from July • KPI workstream ○ Balanced Scorecard (BSC) signed off for utilisation in June ○ Introduce compliance measure of future booked cases aligned to the 6-4-2 SOP Orthopaedics • Develop the first full draft of the orthopaedic Blueprint and undertake wider engagement and discussion • Confirm the role of robotic surgery and commence the development of required business case through the RAS project Urology Review • Test of change to introduce one stop MRI/ Biopsy clinic at VOL (Vale of Leven) within the diagnostic hub followed by evaluation and roll out to GRI • Performance status to be mandated on all SCI Gateway referrals from Primary Care to facilitate appropriate investigations and triage • Options explored for joint surgery/ Oncology clinics to reduce waits from MDT • Expand Trans Urethral Laser Ablation (TULA) pathway for bladder cancer • Bladder cancer standardised referral pathway proforma implemented across GGC • Implement a one stop clinic at GRI within the Hub • Speciality Doctor in Transurethral laser ablation (TULA) due to start summer 26 Skin Cancer Review • Initial focus on Digital Dermatology for high impact actions – focus on access to Consultant Connect platform and creating two-way Trak systems for cross-specialty referrals • Evaluation of Digital Dermatology/ Plastics pilot West of Scotland SACT Implementation Strategy • Finalise phase 1 accommodation plan and draft phase 2 & 3 and present to Working Group • Nursing Group to conduct forward look of potential alternative treatment delivery options for 2026-27 (e.g. IV/sub cut and homecare). Robotic Assisted Surgery • RAS Demand and Capacity Modelling at speciality level completed • Priorities and sequencing agreed in support of speciality pathways • Development of required business case through the RAS project

4.6 Women and Children's Programme

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

Programme: Women and Children's			
Project	Status	Summary of Progress	Trend
Paediatric Hospital at Home Service	On Track	- Paediatric Hospital at Home: utilisation increased further during April and May, with 69 children admitted to the virtual hospital. - Wider Paediatric and Neonatal H@H Expansion Plan is in development. This will look at the short, medium and long-term vision for the Paediatric and Neonatal H@H and Virtual Services and the resources required to deliver	↑
Neonatal Hospital at Home	On Track	- Neonatal Hospital at Home - during April and May 49 babies admitted to the virtual hospital - Patient Experience questionnaires continue to deliver positive feedback - Wider Paediatric and Neonatal H@H Expansion Plan is in development. This includes the expansion of existing and addition of new neonatal pathways including antibiotic therapy and nasogastric (NG) tube feeding	↑
West of Scotland Neonatal Redesign	On Track	Awaiting confirmation of funding and implementation arrangements from Scottish Government. Subject to approval, funding and recruitment, implementation is expected to take 15–18 months	→
Maternity Redesign	On Track	- Following implementation of the new triage model including centralised telephone hub, call recording and BSOTS across all sites, work is underway to review and standardise access pathways - Senior change midwife for EPAS (Early Pregnancy Advisory Service) in post from April and leading on EPAS improvement project - New consultant midwife in post from May - Confirmation of additional £1.5 million investment in maternity workforce improvement which will be used to employ: 2 Clinical Safety Midwives, to focus on staff education and adverse event & incident reviews 2 Unit Coordinator roles for QEUH and PRM to focus on flow and reducing delays - Offers of employment for additional 4x B7 & 18x B5 Midwives issued through May - Pilot providing video interpreting at the QEUH has commenced to ensure all women have access to an approved interpretation service. If pilot evaluates well we will scale up to other areas	↑
Gynaecology / Women's Health	On Track	- WID Easy 12-week test of change (ToC) was approved in April, the addition of WID Easy clinics will support reduction in USOC waiting times. Evaluation will commence once 800 patients reached as part of ToC - Working with FNC+ a one-week pilot of prof-to-prof single point of access was undertaken, with positive feedback. Data from trial now being analysed to inform future developments	→

		We continue to achieve waiting time targets in Gynaecology outpatients and Treatment Time Guarantee (TTG)	
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Key activities expected in the next 70 days are set out below.

Key Activities Planned in next 70-day Period
Paediatric and Neonatal Hospital at Home: - Ongoing work with BI and eHealth to create a paediatric and neonatal data dashboard to support service decision making and service growth and create a new dedicated clinic on Trakcare (capacity/demand) - Expansion of Hospital at Home paediatric pathways into other services including cardiac and palliative care - Work with PEPI team to support further patient engagement Maternity Redesign: - Focus on implementation of all HIS (Healthcare Improvement Scotland) and INWO (Independent National Whistleblowing Officer) report actions - Early Pregnancy Advisory Service (EPAS) improvement and redesign options appraisal to be completed - New senior maternity team on call model to commence 1 July to improve out of hours support - Outcome of offers of employment for additional 4x B7 & 18x B5 Midwives - Recruitment of 2x Clinical Safety Midwives, to focus on staff education, adverse events & incident reviews and a further 2x Unit Coordinator roles for QEUH and PRM to focus on flow and reducing delays - Introduce temporary maternity ward support team for 4 months from June 2026 to embed all key environmental, IPC and medicines management assurances - Further roll out of video interpreting pilot to PRM & Clyde in June - Further development of the midwifery workforce in line with identified need and service change - Establish collaborative working with Interface directorate to build EPAS and home monitoring engagement Gynaecology / Women's Health: - Working with FNC+ build on experiences from prof-to-prof pilot to support wider roll out and explore options to support other emergency pathways - Expansion of our Nurse Specialist Programme in Gynaecology with the introduction of specialist nurses in hysteroscopy - Commence Gynaecology Robotic Surgery in Clyde - WID Easy Test of Change evaluation to commence to inform wider roll out

Summary

This portfolio status report is presented to the NHS GGC Board for assurance.

Appendix 1: Status Report Keys

Risks / Issues Status Rating	
R	- Risk / issue affecting the ability to achieve plan, delays already experienced. - Either no agreed plan to achieve or no confidence in mitigation/resolution.
O	- 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	- 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	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.

Glossary of Terms NHS GGC

Acronym	Definition
ACH	Ambulatory Care Hospital
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
AI	Artificial Intelligence
AWI DD	Adult with Incapacity Delayed Discharge
BADs / BADS	British Association of Day Cases
BI	Business Intelligence
BPD	Borderline Personality Disorder
BSOTS	Birmingham Symptom-specific Obstetric Triage System
CBYC	Call Before You Convey
CCT	Certificate of Completion of Training
CfSD	Centre for Sustainable Development
CMHACS	Community Mental Health Acute Care Service
CMT	Corporate Management Team
CNS	Clinical Nurse Specialist
DCAQ	Demand, Capacity, Activity and Queue
ED	Emergency Department
ED HSCP	East Dunbartonshire Health & Social Care Partnership
eHealth	Electronic Health
EPAS	Early Pregnancy Advisory Service
FNC+	Flow Navigation Centre Plus
FP&P	Finance, Planning and Performance
GGC	Greater Glasgow and Clyde
GGC WF	GGC Way Forward
GMs	General Manager
GP	General Practitioner
GRI	Glasgow Royal Infirmary
H@H	Hospital at Home

HFRS	Home First Response Service
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
H&S	Health & Safety
HR	Human Resources
IPC	Infection Prevention and Control
IRH	Inverclyde Royal Hospital
IT	Information Technology
IV	Intravenous
KPI	Key Performance Indicator
LES	Local Enhanced Services
MDT	Multidisciplinary Team
MH	Mental Health
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NG	Nasogastric
NHSGG&C	NHS Greater Glasgow and Clyde
NHS24	Scotland's national telehealth and digital health service, providing 24-hour advice and support via phone, online platforms, and mobile apps
OASIS	Objective, Audience Insight, Strategy, Implementation and Scoring
OMFS	Oral and Maxillofacial Surgery
OPAT	Outpatient Parenteral Antimicrobial Therapy
OPCS	Office of Population Censuses and Surveys (This is the standard coding system used in the UK to classify and record clinical procedures, surgeries, and interventions performed on patients).
OPD	Outpatient Department
OPEL	Operational Pressures Escalation Levels
PC	Primary Care
PEPI	Public Engagement and Patient Involvement
PMO	Programme Management Office

PIN	Prior Information Notice
POA	Pre-Operative Assessment
PSDS	Public Service Delivery Scotland
QEUH	Queen Elizabeth University Hospital
QUEST	Quality with Everyone focusing on Safety and Teamworking
QRG	Quick Reference Guide
RAaC	Rapid Assessment & Care
RAH	Royal Alexandra Hospital
RAS	Robotic Assisted Surgery
SACT	Systemic Anti-Cancer Therapy
SaO ²	Arterial Oxygen Saturation
SBAR	Situation, Background, Assessment, Recommendation
SCI	Scottish Care Information
SLWG	Short Life Working Group
SOP	Standard Operating Procedure
TAU	Trauma Assessment Unit
ToC	Test of Change
TP Biopsy	Transperineal Biopsy
TULA	Trans Urethral Laser Ablation
UK	United Kingdom
USOC	Urgent Suspicion of Cancer
VOLI	Vale of Leven Infirmary / Vale of Leven Hospital site
WID-easy	Womb Investigation of Diagnostics - Easy
WOS MCN	West of Scotland Managed Clinical Network
WTE	Whole Time Equivalent