

NHS Greater Glasgow and Clyde	Paper No. 26/135
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 October 2026
Title:	Transforming Together/GGC Way Forward Report
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1. Purpose

The purpose of the attached paper is to:

Present progress for the Transforming Together /GGC Way Forward Programme up to July 2026.

2. Executive Summary

The paper can be summarised as follows:

All Transforming Together Portfolio programmes remain on track, with continued progress against key milestones.

The report format now reflects the evolution of programmes with further emphasis on impact and outcomes of the transformational agenda and their contribution to quality improvement, patient experience, and performance improvement. It will continue to be revised, strengthening links with wider sustainability and value (S&V) programme.

Monthly reporting remains in place across all programmes, supported by bi-monthly deep dives. Interface & Urgent Care and GGC Way Forward continue to be reviewed in depth monthly.

3. Recommendations

The Board is asked to:

Note the report and progress update to July 2026

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:

- Improve Outcomes for People Positive impact
- Health Quality Care & Experience Positive impact
- Digital First Approach Positive impact
- Sustainability and Value Positive impact
- Supported Workforce Positive impact

6. Engagement & Communications

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

The paper has been developed using the status reports from each Transforming Together Programme which are developed by programme SROs and senior system leaders. Transforming Together monthly reports are discussed at CMT and FP& P Committee.

7. Governance Route

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

The Portfolio and Programme updates have previously been presented and considered at:

- Transforming Together & GGC Way Forward Executive Oversight Group – 20th July and 24th August
- Corporate Management Team Meeting – 10th and 31st August
- Finance Planning and Performance Committee – 24th September

8. Date Prepared & Issued

Paper prepared on: 13 October 2026

Paper issued on: 21 October 2026

Transforming Together - GGC Way Forward Portfolio Report

Board Report

Thursday 29 October 2026

1. Introduction

The Transforming Together Portfolio report provides a summary of progress achieved since the last Board Report on the 27th August 2026. This is the first iteration of a new report format, the report now includes:

- The intended impact of transformation work, reflecting improvements in quality, patient experience and performance improvement, through time appropriate/ where value is added we will include appropriate trend analysis
- Where a programme has linkage to the wider sustainability and value (S&V) programme, we have indicated this and in future reports we will provide an overview of the transformation programmes impact on the delivery of S&V plans.

The report was compiled using the programme status reports for the months of June and July, which were presented at Transforming Together & GGC Way Forward Executive Oversight Group on 20th July and 24th August, Corporate Management Team on the 10th August and 31st August and the Financial Planning and Performance Committee on the 24th September.

2. Portfolio Assurance Statement

The Transforming Together Portfolio remains on track and continues to make progress, with projects continuing to advance at varying rates. Most projects have maintained their planned trajectory and momentum, with a small number of exceptions highlighted in the programme and project updates within Section 5 of this report.

3. Programme Status Reports

This section provides a summary of each programme of work as follows:

On a Programme Basis:	On a Project Basis:
• The key programme objectives • Expected impact and outcomes • Headline trajectories for the key performance indicators associated with the programme • As appropriate indication of associated financial savings	• Overall Project RAG Status • Trend Status • Evidence of progress • Evidence of impact or description of expected impact • Key activities in the next 70 days

Key Programme Objectives:	• Improve patient flow, safety, and experience across urgent and emergency care to reduce delays and improve outcomes • Deliver sustainable service, workforce & infrastructure improvements to meet current and future demand for urgent and emergency care • Strengthen leadership, culture and continuous improvement to support high-quality, person-centred care and staff wellbeing • Ensure the 30 recommendations within the HIS ED Report are fully delivered
Expected Impact:	• Reduced delays and more effective patient flow across urgent and emergency care pathways • Improved patient safety, experience and clinical outcomes • Improved staff wellbeing, engagement and organisational culture • Increased resilience, capacity and sustainability of emergency care services • Delivery of Healthcare Improvement Scotland review recommendations and associated improvement actions

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Expected Impact	Next 70 Days
A1. Whole System Plan	On Track →	The GGC Way Forward Whole System Group continues to meet and progress the workplan. Chaired by the Chief Operating Officer, the group is focused on delivery of key actions including rostering improvements, triage developments, implementation of the Home First Response Service seven-day model, and seven-day AHP provision within downstream wards. The programme remains focused on fully completing delivery against the 30 Healthcare Improvement Scotland recommendations, identifying any remaining gaps and completing the outstanding actions required. Please note to avoid duplication for the whole systems work evidence of progress, impact and planned activity is reflected within the Interface & Urgent Care Programme status report below		
A2. North Sector Plan	On Track ↑	Workforce actions: ➢ Two middle-grade doctors took up post August 2026 ➢ Developed proposals to support additional Advanced Nursing Practitioner, Consultant and Clinical Development Fellow capacity within the ED workforce model • Minor works completed and the wider redesign and capital options now undergoing detailed appraisal to agree the preferred scope, phasing and delivery approach	Actions remain focused on: • Strengthening ED workforce capacity and progressing infrastructure improvements • Delivery of the remaining workforce and infrastructure actions is expected to increase triage capacity, review adjacencies, expand ICU and align layout with urgent care model	• Continue progressing remaining ED workforce proposals through the appropriate governance and decision-making processes • Progress the GRI ED redesign programme by agreeing the preferred scope, phasing and delivery arrangements to support the next stage of development

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Expected Impact	Next 70 Days
A4. Clyde Sector Plan	On Track ↑	- Troponin point-of-care testing went live at RAH on 29 July 2026, following completion of staff training, equipment installation and implementation activity - Progress has been made against the RAH ED improvement actions, with redesign and decant options reviewed and further appraisal of benefits, risks and delivery requirements now underway - Preparatory work for implementation of eObservations was completed, including confirmation of hardware requirements and site readiness activity	The Clyde Sector actions remain focused on: - Improving the ED infrastructure, diagnostic processes and digital capability in response to GGC Way Forward recommendation - Delivery of the remaining redesign, digital and pathway actions is expected to support improvements in patient flow, patient experience and operational resilience, with impact to be assessed following implementation of the agreed changes	- Conclude consideration of RAH ED redesign options and progress agreement of the preferred approach to refurbishment and service configuration. - Implement eObservations following completion of hardware installation and system deployment - Finalise and relaunch Orthopaedic Trauma Assessment Unit pathways following completion of the revised criteria and pathway documentation.

Sustainability and Value

The GGC Way Forward Programme has supported significant investment within our EDs to improve flow and patient & staff experience. The significant investment in the substantive medical workforce will also enable us to reduce reliance on supplementary cover

Interface and Urgent Care Programme: Status Report							
Key Programme Objectives	- Expand care closer to home through the establishment of a 24/7 FNC+ and a 1,000 bedded virtual hospital - Direct people to the most appropriate urgent care service through delivery of an increased number of virtual urgent care pathways and a strengthened senior clinical decision maker model, supporting GP calls, professional to professional advice and a SAS / Care Home call before you convey pathway - Improve whole system patient flow across hospital, community and primary care services - Strengthen whole-system co-ordination, escalation and capacity management to increase the resilience and sustainability of urgent and unscheduled care						
	Improved patient experience: increased care delivered closer to home, directing patients to the most appropriate urgent care service, for those requiring ED improved ED access, avoidance of unnecessary conveyance to hospital Improved ED access and performance: Reduce avoidable ED attendances and more timely access to appropriate care, reducing ED overcrowding, eliminating 12 & 8 hour waits and consistently improving the 4 hours performance to >75% and a reduced number of self-presenting patients in our EDs Improved system flow - support timely discharge at weekends and pre noon, reduce hospital bed occupancy to 93% to reduce both the number of patients in delay and the acute bed days lost to delay. Whole System Resilience and Sustainability: significant investment in virtual and community capacity will enable us to deliver 93% occupancy and then reduce the acute bed base by ~200 beds						
Key Milestones & Metrics		Baseline Feb 26	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26
Virtual Hospital: beds occupied vs open (1)		232	251	401			(target 1,000)

Virtual Hospital - Pathways Launched	- Discharge to Scan - Paediatric & Neonatal - OPAT (Oral / Spinal) live	Cardiology: - Syncope - Palpitation - Heart Failure pathways live in South	- Frailty: - Care Homes OPAT (High Risk) live			
ED 12 Hour Breaches (4)	952	1,079 (1012)	389			
ED 4 Hour Performance % (4)	69.9%	68.7%	71.1%			
E-Triage Implementation	n/a	Capital work to install Kiosks complete (4 sites)	E-Triage go-live for patients (4 sites)			
Number of Patients in Delay (2) Acute Bed days Lost	353 9,029	319 9,936	318 10,448			
Pre-noon discharges	16.1%	19.7%	18.3%			(target 20%)
Weekend discharges	14.69%	15.6%	15.9%			(target 20%)
ED attendances	20,339	23,912	24,681			
ED % and no of self-presenters	59.5% 12,104	60.7% 14,514	60.0% 14,797			
FNC+ Combined Consults (inc SAS CBYC) FNC % & No Discharged	Service Not Comparable	1,910 42% 808	1,980 44% 865			
GP Calls • Sites Live	Medical GP Calls Live in GRI/QEUEH	Medical GP Calls go Live in RAH	“			
• Total Calls • % and no on alternative pathways	1,718 calls Not recorded	3,114 6% 185	3,315 4% 129			

Data source /definitions: (1) virtual beds includes neonates/paeds, and is max number in any one-day (2) peak number of patients in delay (4) ED performance data – note that GGC way forward alone will not deliver ED performance improvements as all programmes will have their part to play. ED 4 Hour performance includes all 5 sites, e.g. RHC as agreed at directors. (5) – average number of patients in bed across month / 25 beds open). Please note: Home First Response Service and Hospital at home milestones and metrics will be included within future reports

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Expected Impact	Next 70 Days Activity
B1. Escalation & Decompression	On Track ↑	- Networked Command Centre review completed, identifying priority actions required to strengthen escalation and decompression arrangements across Acute and HSCP services - QUEST learning and front-door reviews have informed opportunities to strengthen patient pull, shared capacity management and flow across the system	Priority actions to strengthen escalation and decompression arrangements through Command Centre approach have been identified; the impact of these changes will be assessed following implementation of the revised operating model	- Finalise and implement the revised Escalation Policy and Acute and HSCP Escalation Action Cards - Agree SOPs to support escalation and decompression huddles - Implement revised Networked Command Centre arrangements - Agree and implement revised decompression arrangements
B2. FNC+ Pathways	On Track ↑	FNC+ operated between 08:00 and 22:00, with variable cover from GP, Acute Physician, ED Consultant and senior decision-making staff as recruitment to the wider workforce model continued.	FNC Activity increased from 1,910 to 2,168 consultations (+13.5%) during the reporting period, whilst maintaining a discharge rate of 43% (924 patients) demonstrating sustained use of alternatives to hospital attendance despite increasing activity and patient complexity	Progress expansion of the FNC+ hours of operation to 24/7 (recruitment dependent)
B2. FNC+ Pathways	On Track ↑	Workforce recruitment continued in support of the planned transition to the 24/7 operating model; however, workforce constraints continue to limit the consistency of delivery across all shifts and remain the principal barrier to implementation of the 24/7 model	- FNC+ has maintained discharge rate of >40% whilst managing a broader and more complex patient cohort supporting continued use of alternatives to ED - GP call activity also increased from 3,114 to 3,405 calls (+9%), with patients managed through alternative pathways increasing from 185 (6%) to 331 (10%), demonstrating increased use of alternatives to hospital attendance	Increase referral volumes and utilisation of alternative care pathways through further strengthening of referral routes into FNC+
B3. Front Door Redesign: eTriage & RAaC	On Track ↑	- eTriage utilisation is relatively low across all four Emergency Departments. Volunteer support, site promotion, signposting and Clinical Reference Groups are being used to understand barriers to use and increase utilisation amongst self-presenting patients. - Initial development of eTriage referral routes into FNC+ has commenced	The benefits of eTriage will be fully assessed as utilisation increases. Evaluation will take place, following implementation of agreed improvement actions	- Increase eTriage utilisation through volunteer support, signposting, site promotion and patient adoption activities - Use Clinical Reference Groups to improve triage questionnaires, user experience and identified operational issues - Continue to develop current zero-day stay pathways across ambulatory care with links to FNC+

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Expected Impact	Next 70 Days Activity
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B4. Virtual Hospital Expansion	On Track ↑	• Cardiology – Cardiology virtual pathways are operating through both Patch & Go and the Heart Failure Hot Clinic - Patch & Go South live and accepting Palpitation & Syncope referrals • Respiratory – COPD self-management (admission prevention) scale up continues within South Sector • Frailty – pathway development has progressed, with Hot Clinic SOPs and clinical criteria completed. Geriatrician recruitment complete in Clyde Sector (North/South require re-advertisement) • Hospital at Home - currently operating 25 of the 45 funded beds. Delivery of the remaining capacity is dependent on recruitment to nursing and clinical posts required to support service expansion	• The maximum number of patients managed through virtual beds increased from 232 at baseline to 604 during Q2 (with available 708 beds), representing progress towards the 1,000 virtual bed ambition • Cardiology pathways scaling up supporting ~23 virtual beds across Patch & Go and the Heart Failure Hot Clinic • Respiratory pathways remain the largest component of the Virtual Hospital model, supporting ~142 patients through admission prevention pathways • Frailty pathways are currently delivering 26 virtual beds, with scope for further expansion as workforce and pathways develop. • Discharge to Diagnostics ~180 virtual beds available to support patient care without using acute inpatient beds	• Cardiology Pathways – expansion of existing pathways into North and Clyde. Widening referral criteria to Emergency Department (direct) and Atrial Fibrillation. Discharge to ECHO pathway established + complete. • Respiratory – Develop Board wide process for Onboarding to Admission Prevention. Development of single step-down pathway across Community, H@H and Acute. Expand Respiratory Self-Management to 450 patients • Frailty – Re-advertisement of South/North Geriatric posts (FNC sessions included). Discussions going with operational teams around what could be delivered within current staffing for Frailty Hot Clinics. • Increase operational Hospital at Home capacity towards the 45 funded bed model through recruitment and implementation across participating HSCPs
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Project	Status & Trend	Evidence of Progress	Evidence of Impact / Expected Impact	Next 70 Days Activity
B5. Flow Improvement	On Track ↑	LoS: Monthly Length of Stay reporting and specialty-level target setting established to support focused improvement activity and reduction in avoidable bed days CLD: Criteria Led focused improvement plan being developed to increase utilisation and support improved pre-noon and weekend discharge performance ahead of winter Route to 90%: Initial mapping and modelling undertaken to identify the actions required across sectors, specialties and wards to support progress towards 90% occupancy, enabling targeted action to improve flow, reduce occupancy and increase available capacity ahead of winter Communications: 4 Discharge Without Delay Staff Core Brief communications were issued during August and September to reinforce consistent understanding and application of Discharge Without Delay across services, supporting the wider focus on earlier discharge planning, standardised board rounds and improved patient flow. The 4 focus areas were - Visible Discharge Planning - Daily Dwd Board Round - Proactive Discharge Huddles - Criteria Led Discharge (CLD)	- Improved visibility of flow variation, delays and occupancy through Unscheduled Care Directors Report supports targeted action by sectors and Interface services to improve patient flow and reduce avoidable delays - Four of six HSCPs achieved their delayed discharge target during July, with the peak number of patients in delay reducing from 353 at baseline to 318 - CLD in place across all inpatient areas, focus is on ensuring it is fully utilised - Some improvement in pre-noon discharge performance from 16.1% to 18.3% and weekend (Sat/Sun) discharge performance from 14.7% to 15.9% - Development of a consistent approach to monitoring General Medicine and specialty-level LoS – providing a Board-wide baseline for targeted improvement and future impact measurement (Please note - work underway to clearly link actions / improvement work to KPIs across each sector + whole system)	- Increase pre-noon discharges towards the 20% target through increased use of Criteria Led Discharge and DWD Board Rounds - Agree the next phase of the Integrated Discharge Team approach, including the proposed co-location of flow, discharge and social work teams at QEUH - Complete sign-off and launch of the Ready to Go Home campaign - Achieve and sustain delayed discharge targets across all six HSCPs - Reduce General Medicine length of stay and avoidable bed days through earlier multidisciplinary discharge planning and targeted review of long-stay patients - Agree sector, specialty and ward-level actions required to support progress towards 90% occupancy

Sustainability and Value

The Interface and Urgent Care programme has supported significant investment to support the establishment of 1,000 bedded virtual hospital and a 24/7 FNC+ and a number of system wide flow initiatives.

The development of alternative virtual pathways for urgent care and significant virtual hospital capacity supporting admission avoidance (step up capacity) and reducing length of stay (step down capacity) and wider system flow initiatives including 7 day a week Hoe First Response Services and full roll out of the Dwd programme once fully realised will support:

- Reduced bed waits within our EDs
- Reduce hospital occupancy – working towards 93%

And ultimately ability to reduce acute beds by circa 200 (assuming a 1:5 hospital bed: virtual bed ratio)

Primary Care Programme: Status Report

Key Programme Objectives:	• Successfully implement the Vision GP IT system to all 223 NHS GGC GP practices • Develop and implement a Primary Care Information Dashboard • Deliver the first NHS GGC GP Walk in service and develop a plan for phase 2 walk in proposal • Develop and roll out the new primary care workforce strategy					
Expected Impact & Outcomes:	• Improve patient access to and experience of primary care services • Enhance digital capability and improved information management • Improve the quality and sustainability of the primary care estate • Enhance primary care performance monitoring, planning and decision making through access to capacity and demand data					
Key Milestones & Metrics	Baseline (Feb)	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26
Number of Practices Migrated to Vision (1)	8 (8)	35	43			Aim to deliver full roll out by June 2027
Patient experience & Staff Survey		Data will be included within future reports				
No of patients attending GP walk in centre (2)	0	0	822			
Delivery of Primary care information Dashboard: GP Data sharing protocol sign up	0	125	132 (56%)			
Notes re Data Source and Definitions: (1) Baseline was end Feb (2) total attendances to the walk-in centre regardless of cluster (3) no of practices signed up / % of overall						

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
C1. Digitally Enabled Primary Care	At Risk →	• Ongoing rollout of the National GP Vision system. Noticeable reduction in concerns being raised about the vision system, practices now supported by a guidance document informed by lessons learned and implementation experience	• 43/223 practices successfully transferred from EMIS to Vision. This supports improved access to patient information, enhanced clinical decision-making, and more integrated care delivery	• Review the revised migration plan and ongoing migration issues, escalating if require
C2. Accommodation, Premises & Estate	On Track ↑	• 48 practices have registered their interest and lease assignment for Cardonald Medical Centre complete	• Bring strategic & system overview to capital/estate requirements resulting in improved financial planning and risk management	• Complete Lease assignments of Crookston & Linden Medical Centres
C3. Monitoring, Evaluation & Intelligence	On Track ↑	• Ongoing technical development of the Primary Care Dashboard and 132 GP practices given consent to share data	• The dashboard will enable intelligence driven decisions to manage capacity and demand.	• Configure infrastructure for dashboard and commence initial extractions for consented practices.
Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days

C4. Walk-in Centre	On Track ↑	666 presentations in first 4 weeks, with 69% being from the target cluster. - Phase 2 proposals have been formulated around the expansion of Pharmacy First (in all HSCP areas) and one additional walk-in centre	- This will support enhanced access and equity of urgent care provision supported through the development of our services - Noticeable increase in presentations in first 8 weeks	- Develop the full evaluation of the walk-in centre to date - Confirmation from SG on phase 2 walk in centre proposal
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Mental Health Programme: Status Report

Key Programme Objectives:	- Deliver the 2023 to 2028 NHS Mental Health Strategy approved by Board in August 2023 - Shift the balance of care through reconfiguration of inpatient beds and investment in community MH services - Improve referral routing to ensure patients are directed to the most appropriate mental health service first time - Implement a consistent Borderline Personality Disorder care pathway to improve access, experience, and clinical outcomes - expand access to specialist therapies for people with moderate to severe BPD across NHS GGC - Expand remote monitoring pathways to reduce unnecessary appointments and support more efficient delivery of care					
Expected Impact & Outcomes:	- Improved future service sustainability through shifting the balance of care from inpatients to community services (investment in community services and associated reconfiguration of inpatient beds) - Implementation of consistent models of treatment and care - Improving patient experience and continuity of care					
Key Milestones & Metrics	Baseline (Feb)	Q4 26	Q1 27	Q2 27	Q3 27	Q4 27
Shifting the Balance of Care -Community Services & Inpatient bed reconfiguration (1)		Options appraisal completed Dec	Public Consultation commenced	Public Consultation completed		

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
D1. Shifting the Balance of Care: Community Services & Inpatient bed reconfiguration	On Track ↑	Option descriptions and illustrations have been prepared, considering community transition requirements, clinical models, clinician-informed adjacencies, site roles, workforce sustainability, access, and deliverability	2023-28 Mental Health Strategy identified the need to shift the balance of care and provide more care closer to home within community services and over time invest in community services to enable the reduction of the inpatient bed base from 1,052 beds to 750 by 2028. Current beds are 874 through operational closures. Investment into community services e.g. CMHACS service outlined below	- Options discussed with clinicians in advance of appraisal process to support further refinement of the options descriptions and community services transition - Option appraisal process expected to commence in November, with a 3-month public consultation process to follow thereafter
Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
D2. Community Mental Health Acute Care	On Track →	Draft financial framework shared with Chief Officers, within which CMHACS model will be considered for early investment	Impacts not yet quantified as investment is linked to disinvestment in beds	CMHACS model considered and agreed for early investment under the financial framework as it aims to reduce hospital admissions, reducing demand and thereby

Services (CMACs)				supporting the strategy of shifting the balance of care
D3. Whole (MH) System Bed Management	On Track (re-programmed) →	Analysis of the concluded long-stay patient audit has demonstrated that system capacity pressures are primarily driven by prolonged lengths of stay and discharge delays, rather than admission volumes. Prolonged stays are associated with clinical complexity, behavioural and physical health needs, community placement gaps, system delays, legal processes, and social or family-related challenges	- Optimised use of bed capacity across the whole system, improving occupancy and utilisation rates (to be quantified). - Reduction in long stays > 18 months and 3 years	- Development of: board-wide discharge planning protocol, operating model and workforce requirements for a dedicated discharge planning team, initially across Glasgow City, and a step-down / pre-discharge model - Complete analysis of care package barriers to identify resource gaps across the HSCPs
D4. Unified Referral Management	At Risk ↓	Project governance arrangements revitalised by Chief Officer in recognition of project delay. Workstream membership revisited and project brief and scope commissioned	- Consistency and standardisation across teams, including the 17 community mental health teams, ensuring a uniform approach to service delivery enabling a reduction in patient waiting times, including achievement of a CMHT Target of <4 weeks. - Agreed referral criteria, triage protocols and a sustainable workforce model will provide a robust foundation for effective and equitable service delivery	- Project Brief to be approved - Digital enablers evaluated, with agreed solutions identified to enhance access, efficiency and clinical decision-making (e.g. Consultant Connect and FNC) - Draft referral criteria, triage protocols and a sustainable workforce model
D5. Expanded Borderline Personality Disorder Pathway	At Risk ↓	Project governance arrangements revitalised by Chief Officer in recognition of project delay. Workstream membership revisited and project brief and scope commissioned	Implementation of the expanded stepped-care workforce model will proportionally increase capacity and capability across the pathway, improving access to timely and appropriate care, reducing waiting times, strengthening service sustainability, and delivering better patient outcomes. Impact not yet quantified	- Workforce model fully costed, confirming the investment required across acute services, intermediate care, and core workforce training - Roll out of the BPD training programme which has been developed for both generalist and specialist staff. This will enhance workforce knowledge and confidence, promoting a consistent approach to care, and reducing reliance on specialist services where appropriate

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
D6. Remote Monitoring – Clozapine / ADHD	On Track →	- Clozapine pilot catchment expanded across all Glasgow City CMHTs in June, with further expansion being considered to enable achievement of sufficient data for evaluation - The pilot to test remote ADHD monitoring has been expanded to two digital platforms (DOCCLA and Red Star) to evaluate the most appropriate solution in comparison with in-person monitoring. Around 100 patients will be onboarded to each platform over three months commencing August 26. Evaluation will include outcomes and cost-benefit analysis	- Target cohort for trial was 10 patients, with 6 being considered so far, and 3 onboarded. Pathway aims to release 14 bed days per patient - The impact of remote monitoring is that routine appointments are reduced, allowing clinicians to reallocate this time to other patients and interventions.	Clozapine pilot concluded and evaluation undertaken (dependent on sufficient patients being onboarded)

Cancer and Planned Care Programme: Status Report

Key Programme Objectives:	- Improve patient access to cancer treatment - with key focus on Urology and Skin Cancer - Optimise Elective Orthopaedic service provision through the development of an orthopaedic Blueprint and Target Operating Model - Optimise capacity of SACT, supporting care closer to home across the West of Scotland.					
Expected Impact & Outcomes:	- Reduced waiting times & improved patient experience - Optimised utilisation of system-wide pre-operative assessment capacity - Optimising robotic surgery supporting productivity, capacity and patient access - Optimising theatre productivity					
Key Milestones & Metrics	Baseline (Feb)	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26
Orthopaedic Blueprint Development	Development of draft orthopaedic Blueprint recommendations across 5 subspecialty groups				Finalise proposal	Draft Blueprint proposal shared & discussed refined further
Peri-Operative Transformation	Relaunch scheduling SOP				Procurement of digital solution	
Skin Cancer		Dermatology/Plastics pilot launch				Pilot Evaluation commenced
Notes re Data Source and Definitions: NA						

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
E1. Peri-Operative Transformation	On Track ↑	Pre-Op Assessment: Real time monitoring of capacity now in place across Sectors/Services Digital Pre OP Solution: Proposal engagement completed Theatre Processes: 6/4/2 scheduling process SOP has been relaunched across teams KPI/Data: Balanced Scorecard (BSC) for utilisation signed off at meeting with go live August	Digital pre-op ensures patient readiness for procedures and therefore enhances theatre productivity supported by standardised processes and real-time performance monitoring enabled through utilisation dashboards.	- Evaluate and progress the procurement of digital solutions for scheduling - Future booked report to underpin scheduling reviewed and utilisation to commence - Go Live with agreed theatre utilisation scorecard
E2. Orthopaedic High Productivity / Blueprint	On Track ↑	3 of 5 Subspecialty Groups have reviewed the Target Operating Model and identified requirements to meet their respective elements	Progress towards a consistent and optimised orthopaedic operating model across NHSGGC. This will lead to productivity improvements and some recurring savings	- Complete subspecialty consideration of Target Operating Model Requirements. - Finalise blueprint to include subspecialty level detail: Activity plan, Workforce model, Cost configuration, capital and non-recurring revenue requirements, Communications & engagement plan

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
E3. Urology Review	On Track ↑	- One additional Clinical Nurse Specialist commenced in July - Nurse Led prostate pathway and clinic changes implemented; CNS led vetting and CNS Rapid Prostate Clinic - Training ongoing for 2 Specialty Doctors in Trans Urethral Laser Ablation (TULA), TULA clinic equipment being procured and job plan discussions ongoing. Will also support establishment of a one stop haematuria service	Impact expected Nov/Dec (test of change to inform). This will improve waits on the Prostate Pathway.	- Test of change to introduce one stop MRI/ Biopsy clinic at VOL (Vale of Leven) within the diagnostic hub, 4-week trial. - Expand Trans Urethral Laser Ablation (TULA) pathway for bladder cancer, TULA clinic at Stobhill due to go live following arrival of equipment.
E4. Skin Cancer Review	On Track →	- Implementation of two-way digital dermatology referrals between primary and secondary care through SCI Gateway - Commenced a review of the current pathway against the updated USoC guidelines published in July 2026	Improved communication between primary and secondary care, and improved referral quality and pathway efficiency through implementation of two-way digital dermatology referrals	- Diagnostic capacity baseline established - Complete evaluation of Digital Dermatology/ Plastics pilot - Agree scope and requirements for neo-adjuvant services pathways
E5. West of Scotland SACT Strategy Implementation	On Track →	A range of activity remains underway regards Beatson site accommodation review, IV to sub-cut treatment re-design, the near make up of drugs within day case and collaborative work with Pharmacy to manage SACT prescribing, aseptic and dispensary demands	Increased capacity and operational efficiency across SACT services through estate optimisation	- Bed Model review - Finalise phase 1 accommodation plan and draft phase 2 & 3 - Nursing Group to conduct forward look of potential alternative treatment delivery options for 2026-27 (e.g. IV/sub cut and homecare)
E6. Robotic Assisted Surgery (RAS)	On Track →	- Demand & Capacity (D&C) exercise completed incorporating both cancer and benign procedures - Engagement undertaken with the Endocrine service and anticipated demand has been incorporated into the D&C model to inform future planning requirements - Training timeline developed with full stage training completion anticipated to take around 18 to 24 months - Opportunities to optimise current utilisation have been identified	- Optimise the utilisation of RAS platform, completing first phase of Cancer priorities. - Agree a future vision for expansion of Robotic Surgery	- Agreement on establishment of a Board Wide Robotics Coordinator, to ensure maximum efficiency in using resource available - Full review of D&C and analysis to understand opportunities and inform the development of milestones - Development of future options for the delivery of RAS

Sustainability and Value - the Cancer and Planned Care programme has a focus on improving theatre productivity. Blueprint work focusses on how we will optimise service provision with a focus on improving patient experience and optimising productivity whilst also supporting a reduction in costs of between 3 and 5%.

Women & Children's Programme: Status Report

Key Programme Objectives:	- Establish and expand the Paediatric and Neonatal Hospital at Home service - Redesign maternity services through a programme of investment in midwifery staffing and guided by the NHSGGC Maternity and Neonatal Strategy and HIS requirements - Implementation of Best Start principles, establishing a centre of excellence for specialist neonatal care within NHSGGC - Transformation of gynaecology services through workforce redesign, specialist service development, digital innovation, and improved performance intelligence					
Expected Impact & Outcomes:	- Improve cancer outcomes and patient experience through earlier diagnosis, faster treatment and reduced waiting times - Reduced admissions to hospital and for any required admissions reduce Length of Stay - Improve patient and family experience – with an increase in choice and care delivered closer to home - Improved access to services through innovation, enhancing clinical care and maximising opportunities and outcomes					
Key Milestones & Metrics	Baseline (Feb 26)	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26
H@H Clinical Pathways Launched	Pathways live by Nov 2025: - Medical Paediatric Generic Pathway - Paediatric Bronchiolitis - Paediatric Faecal Impaction - Paediatric OPAT IV antibiotics - Neonatal jaundice pathway	Development of future pathways are linked to the further expansion of the service with planning underway				
H@H admissions**	49	73	84			
- Paediatrics	18	39	53			
- Neonates	31	34	31			
H@H Bed days saved	225	317	399			
- Paediatric	132	183	296			
- Neonates bed	93	134	103			
H@H Patient Feedback	n/a	Feedback will be included within our next report				
Gynaecology Prof to Prof within FNC+	Successful pilot week ran w/c 27/04/26	Developing plan to roll out from Autumn 2026, impact support patient care waiting times improved interface relationships between gynaecology and primary care				
Gynaecology Improving Access	193	5	3			
- # Patients waiting >46 wks OP	277	56	43			
- IPDC patients waiting >104 wks	1,089	550	500			
- IPDC patients waiting >52 wks						
Gynaecology: WID Easy Test pilot	Business case for pilot approved 28/04/26	192 tests completed	206 tests completed			(Will support 800 patients to received test, in process of collating the data and ensuring standardisation, full data will be included once evaluation complete.

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
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F1. Paediatric Hospital at Home Service	On Track ↑	- Paediatric Hospital at Home utilisation continued during June and July with 89 patients referred and admitted to the paediatric H@H service - Active pathways live include: - Medical Paediatrics Generic Pathway Paediatrics Bronchiolitis - Paediatrics Faecal Impaction - Paediatric OPAT IV antibiotics	- Impact to date: Bed days saved increased (by 38%) from 183 in June to 296 in July - Projected impact being refined, but to include: - Reduced admissions to the RCH for these pathways - Improved patient and family experience through delivery of care closer to home e.g. reduced disruption of family life	Develop a business case to expand neonatal and paediatric Hospital at Home services within available resources. This will be supported by a planned shift from inpatient beds to virtual care capacity, subject to evaluation of impact.
F2. Neonatal Hospital at Home Service	On Track ↑	Neonatal Hospital at Home service continued to be well utilised during June and July with 65 babies admitted	- Impact to date: - Resulted in 134 bed days saved during June and 103 in July - Increased number of babies with jaundice (65) cared for at home instead of in hospital, freeing up capacity for mothers (both pre or postnatal) to be cared for in hospital - Projected impact being refined, but to include: - Improved patient and family experience through delivery of care closer to home, helping to keep families together	Collaborate with BI and eHealth teams to develop a paediatric and neonatal dashboard that supports data-driven decision-making and future service development
F3. West of Scotland Neonatal Redesign	On Track →	Work underway to develop a national business case an implementation plan for submission to Scottish Government in December 2026, with implementation and delivery commencing during 2027/28.		

Project	Status & Trend	Evidence of Progress	Evidence of Impact / Anticipated Impact	Next 70 Days
F4. Maternity Redesign	On Track ↑	- In response to HIS Inspection, at the end of July: 16 of 30 (53%) Requirements Achieved 144 of 165 (87%) Actions completed - New senior maternity team on call model commenced 1st July to improve out of hours support - Introduced temporary maternity ward support team for 4 months from June 2026 to embed all key environmental, IPC and medicines management assurances - Recruitment underway for additional 4x B7 & offers made to 62x B5 NQ Midwives	26 actions completed through June & July - Weekly support visits to maternity sites at RAH, QEUH and PRM commenced in June in response to the HIS Report. These visits provide assurance and support improvements in ward-level professional practice and care environments. Positive patient feedback, strong staff engagement, and clear evidence of improvement across all sites. - Suite of measures being tracked monthly along with the results of repeated staff and patient surveys which will evidence impact realisation (the difference that will be made to patients and staff) which is expected after deliverables have been implemented	- On track to achieve 26 of 30 Req/Recs and 157 of 165 (95%) Actions complete by end October 26 - Early Pregnancy Advisory Service (EPAS) improvement and redesign options appraisal to be finalised and available from August 2x B7 Clinical Safety Midwives, to focus on staff education, adverse events & incident reviews expected in post October 2x B7 Unit Coordinator roles for QEUH and PRM to focus on flow and reducing delays expected in post in August 62 B5 NQM (of which 17.6 WTE are additional) expected to commence in October
F5. Gynaecology / Women's Health	On Track →	- WID Easy 12-week test of change commenced in June. Feedback from patients to date has been positive. - Expansion of our Nurse Specialist Programme in Gynaecology, with specialist nurses in hysteroscopy now delivering independent clinics - Gynaecology robotic surgery commenced in Clyde in June with 3 full day lists completed	398 women completed a WID Easy test during the first 6 weeks of the pilot (to the end of July) - Projected impact being refined, but to include: - Improved patient experience, access and clinical outcomes through innovative gynaecology service redesign, enhancing clinical care and maximising opportunities	- Evaluation of WID Easy is due at the end November early indications are that it is having a positive impact on USOC with: - Positive progress towards the commitment for 94% of women who received a WID Easy test to be screened off the cancer pathway, meaning they are no longer on a USOC pathway - Implement FNC+ Prof-to-Prof service for Gynaecology during Autumn

Sustainability and Value - the Women & Children's programme will support the work to develop a more sustainable workforce model and reduce reliance on high cost supplementary paediatric and neonatal cover through recruitment.

Term	Terms Explanation
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Actuals vs (Target)	The actual impact / outcome achieved by the last available date in the month (in some cases data for the full month is not available until the mid-point of the following month or later – we will include notes if this is the case for particular data points)
Anticipated Impact	A view of what impact is expected (if known) where no impact has been achieved to date when is impact anticipated. This also relates to when a material change is expected (i.e. a metric achieved; test of change evaluation)
Baseline	The starting position. The report uses a 31st Jan 25 / 1st Feb 26 position for most data points. Where data is not to this point a note will indicate the start point
Evidence of Impact	Completion of significant action with reference to expected impact
Evidence of Progress	Achievements in the period (note that were previously we would have provided an update on ongoing activity we will now only report items completed/concluded/commenced)
Next 70 Days	Achievements / Deliverables expected in the next 70 days. Similar to above the new report style will not talk about activities
Programme Status	Describes the current status of the project or programme
Target	A defined target for the data point. Where we have a trajectory defined, we will show this as a different target each month. In some cases, they will be the same as we have not yet defined trajectories and we will evolve these

Appendix 1: Key

Trend	
↑	<u>Upwards Trend</u> Delivery has accelerated during the reporting period, supported by additional resources, achievement of key milestones, and/or effective resolution of risks and issues. Progress has exceeded that of the previous reporting period and remains ahead of planned trajectory
→	<u>Continued Trend</u> Delivery has progressed at a consistent pace in line with the previous reporting period. No significant new risks or issues have emerged, and key milestones continue to be achieved as planned
↓	<u>Downwards Trend</u> Delivery has progressed at a slower pace than anticipated due to identified risks and/or issues impacting milestone achievement. Reporting should clearly set out the factors affecting delivery, the mitigating actions being taken, and any required recovery plans, including revised forecast dates for milestones not achieved and expected resolution timelines

Project & Programme Status	
RED	Delayed
ORANGE	At Risk
BLUE	On Track
GREEN	Complete
GREY	On Hold

Appendix 2: Glossary of Terms

Acronyms A - M	Acronym	Definition
	ADHD	Attention Deficit Hyperactivity Disorder
	AHP	Allied Health Professional
	AI	Artificial Intelligence
	AWI DD	Adults with Incapacity Delayed Discharge
	BADs / BADS	British Association of Day Surgery
	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
	DWD	Discharge Without Delay
	ED	Emergency Department
	ED HSCP	East Dunbartonshire HSCP
	eHealth	Electronic Health
	EPAS	Early Pregnancy Advisory Service
	EScro / ESCRO	Enhanced Services Contract Reporting Options
	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
	HPB	Hepato-Pancreato-Biliary
	HR	Human Resources
	H&S	Health & Safety
	HSCP	Health and Social Care Partnership
	IDTA / IDTAs	Integrated Discharge Team Approach
	INWO	Independent National Whistleblowing Officer
	IPC	Infection Prevention and Control
	IRH	Inverclyde Royal Hospital
	IT	Information Technology
	IV	Intravenous
	KPI	Key Performance Indicator
	LES	Local Enhanced Services
	LOS	Length of Stay
	MDT	Multidisciplinary Team
	MH	Mental Health
	MSK	Musculoskeletal

Acronyms N - W	Acronym	Definition
	NG	Nasogastric
	NHSGG&C	NHS Greater Glasgow and Clyde
	NIPE	Newborn and Infant Physical Examination
	NQM	Newly Qualified Midwife
	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
	OPD	Outpatient Department
	OPEL	Operational Pressures Escalation Levels
	PC	Primary Care
	PEPI	Public Engagement and Patient Involvement
	PIN	Prior Information Notice
	PMO	Programme Management Office
	POA	Pre-Operative Assessment
	PRM	Princess Royal Maternity
	PSD Scotland	Practitioner Services Division Scotland
	PSDS	Public Service Delivery Scotland
	QE	Queen Elizabeth
	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
	RHC	Royal Hospital for Children
	SACT	Systemic Anti-Cancer Therapy
	SaO ²	Arterial Oxygen Saturation
	SBAR	Situation, Background, Assessment, Recommendation
	SCDM	Senior Clinical Decision-Making
	SCI	Scottish Care Information
	SG	Scottish Government
	SLWG	Short Life Working Group
	SNNG	Scottish Neonatal Nurses Group
	SOP	Standard Operating Procedure
	TAU	Trauma Assessment Unit
	TP Biopsy	Transperineal Biopsy
	TULA	Trans Urethral Laser Ablation
	UK	United Kingdom
	USOC	Urgent Suspicion of Cancer
	VOL	Vale of Leven
	VOLI	Vale of Leven Infirmary / Vale of Leven Hospital site
	WIC	Walk-in Centre
	WID Easy	Womb Investigation of Diagnostics - Easy
	WOS MCN	West of Scotland Managed Clinical Network
	WTE	Whole Time Equivalent