

NHS Greater Glasgow and Clyde	Paper No. 26/144
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 October 2026
Title:	NHSGGC Clinical Governance Annual Report 2025-26
Sponsoring Director/Manager	Dr Scott Davidson, Executive Medical Director
Report Author:	Ms Paula Spaven, Director of Clinical and Care Governance

1. Purpose

The attached NHSGGC Clinical Governance Annual Report for 2025-26 is presented to the Board for approval, and publication on the NHSGGC website.

2. Executive Summary

Each year NHS Greater Glasgow and Clyde provides an annual clinical governance report, to provide assurance to the Board on how we have met our clinical governance responsibilities during 2025–2026.

The report outlines how we monitor care quality, learn from incidents and feedback, and drive improvement across services, as well as how we have strengthened governance and oversight, particularly in managing significant adverse-event reviews, updating key policies, and advancing priority safety programmes.

The focus for 2026–2027 is to sustain these improvements and ensure learning translates into lasting improvements in patient care.

3. Recommendations

- The NHSGGC Board are asked to approve the report for publication on the NHSGGC website.

4. Response Required

This paper is presented for **Approval**.

5. Impact Assessment

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

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

6. Engagement & Communications

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

- Services within NHSGGC were asked to provide examples of key innovations and improvement projects to be included in the Spotlight section.

7. Governance Route

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

- Boardwide Clinical Governance Forum
- Corporate Management Team
- Clinical and Care Governance Committee

8. Date Prepared & Issued

Paper prepared on: 12 October 2026

Paper issued on: 21 October 2026



CLINICAL GOVERNANCE SUPPORT UNIT

NHSGGC Clinical Governance

Annual Report
2025 - 2026

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1. Introduction

We are pleased to present the 2025-2026 annual Clinical Governance Report.

This report highlights the work carried out across NHS Greater Glasgow and Clyde during 2025–2026 to support safe, effective and person-centred care.

It sets out some of the main work completed during the year and shows how we continue to improve services and meet our clinical governance responsibilities.

It also includes examples of learning, improvement and good practice from across the organisation, and includes specific projects in the Spotlight and Innovation section.



2. Clinical Governance Arrangements

2.1 Clinical Governance Arrangements in NHS Greater Glasgow and Clyde

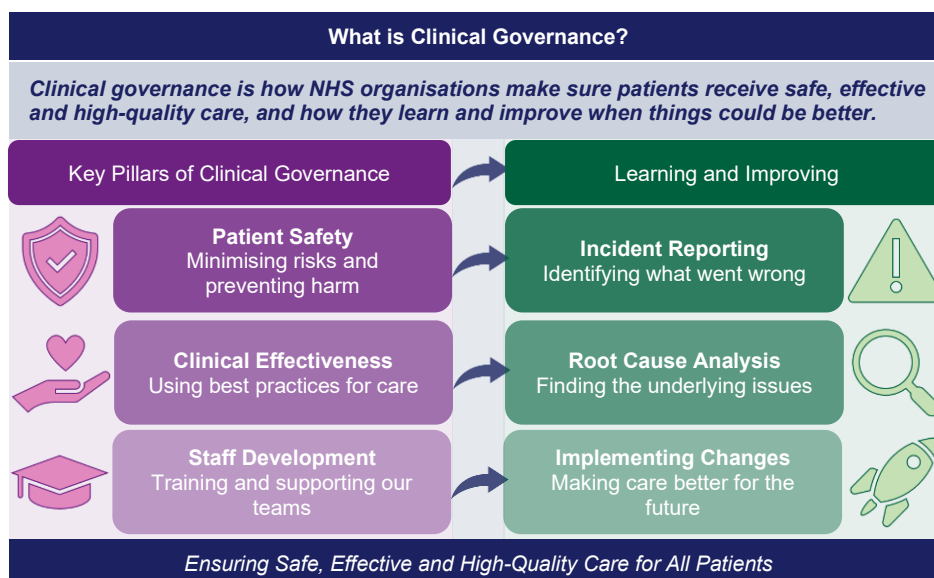


Figure 2.1.1: Clinical Governance Arrangements | What is Clinical Governance?

The Health Act 1999 requires that NHSGGC “put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals”.

The framework of arrangements we put in place to meet this Duty of Quality, and all its associated activities, is referred to as Clinical Governance.

Within NHSGGC, the Chief Executive has overall responsibility for the delivery of clinical governance and delegates this responsibility through general management structures, complemented by the Board’s clinical governance arrangements.

Our current clinical governance arrangements are outlined in figure 2.2 below, and consist of a Clinical and Care Governance Committee, established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation; with supporting clinical governance groups.

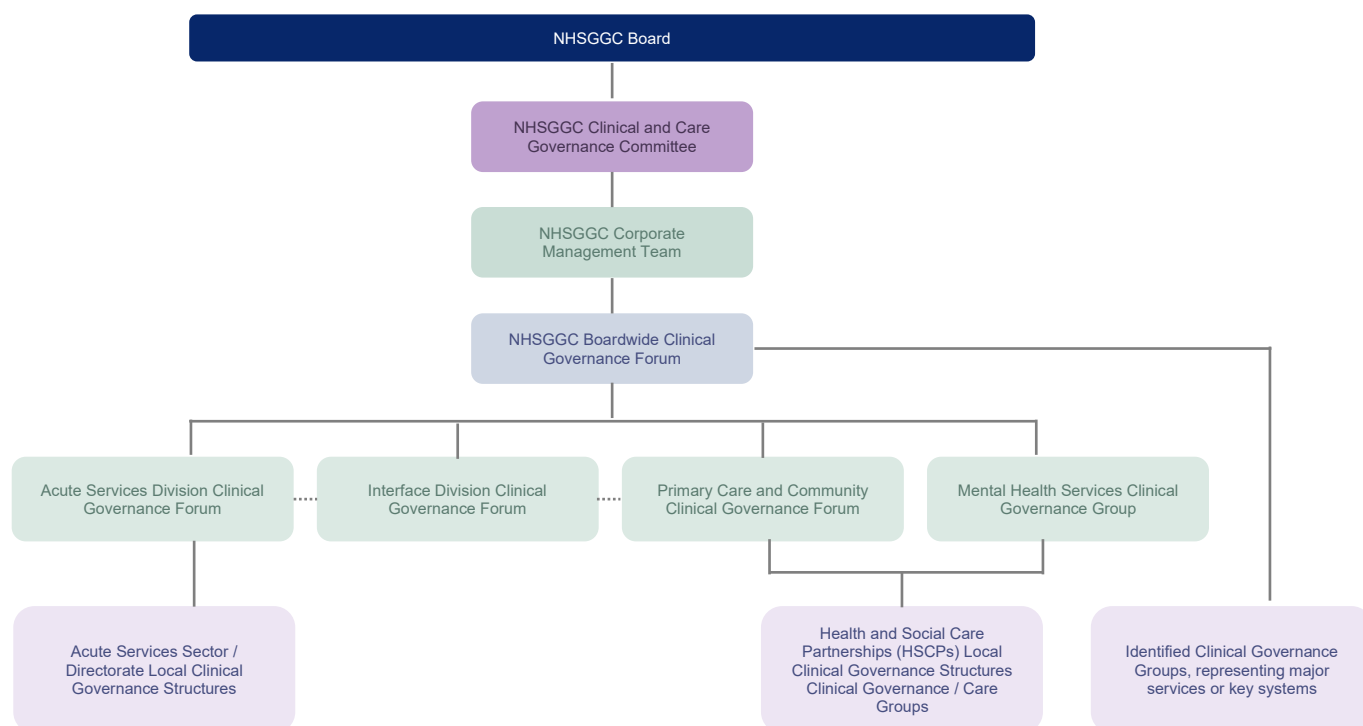


Figure 2.1.2: NHSGGC Clinical Governance Arrangements | NHSGGC Clinical Governance Structure and Reporting Flow

2.2 Key committees and groups

2.2.1 The NHSGGC Clinical and Care Governance Committee

The Clinical and Care Governance Committee is a Standing Committee of the NHS Board. The overall purpose of the committee is to scrutinise and provide assurance to the NHS Board that clinical and care governance arrangements are effective across the whole system, in improving and monitoring the safety and quality of clinical care.

2.2.2 The NHSGGC Board-wide Clinical Governance Forum

The purpose of the Board-wide Clinical Governance Forum (Board-wide CGF) is to scrutinise, seek assurance and provide onward assurance regarding clinical governance to the Corporate Management Team and Clinical and Care Governance Committee. The Executive Medical Director chairs the Board-wide Clinical Governance Forum (Board-wide CGF).

2.2.3 Divisional Clinical Governance Forums/Groups

The essential function of the Divisional Clinical Governance Groups (Acute, Mental Health, Interface and Primary and Community Care) is to support the delivery of consistently high-quality clinical care and to provide assurance that appropriate clinical governance mechanisms are in place.

Health and Social Care Partnerships (HSCPs), Acute Sectors and Directorates have their own Quality and Clinical Governance Forums, which are in turn linked with other groups at specialty and sub-specialty level. This broad network provides significant opportunity for local teams and managers to contribute to the agenda.

2.3 Supporting Clinical Governance Policies and Frameworks

There are a range of policies, strategies and frameworks which underpin the approach to clinical governance and quality within NHSGGC. A selection of the key documents is outlined below.

2.3.1 NHSGGC Clinical Governance Policy

The NHSGGC Clinical Governance Policy sets out the key policy requirements and the organisational arrangements for clinical governance. Monitoring of the policy is maintained through the clinical governance structures, linked to the NHSGGC Clinical and Care Governance Committee and the NHS Board.

2.3.2 NHSGGC Healthcare Quality Strategy

The NHSGGC Quality Strategy 2024-2029, 'Quality Everyone Everywhere' was approved in June 2024. It was co-produced by people who use and work in our services, and those who matter to them. The priorities include the overarching principle of Quality Everyone Everywhere, with 5 additional priority areas: Safe, Effective and Efficient; Person-Centred; Co-production; and Learning and Improving. Work is ongoing on delivering the implementation plan.

2.3.3 NHSGGC Policy on the Management of Significant Adverse Events (Clinical)

The NHSGGC Policy on the Management of Significant Adverse Events is to ensure that a consistent approach is taken to the management and review of clinical adverse events when they do or could have occurred. We are committed to conducting timely and high-quality reviews, so that we can learn from things that go wrong, share that learning, and make improvements, to minimise the risk of recurrence and improve the safety and quality of our services.

2.3.4 NHSGGC Duty of Candour Policy

The purpose of the NHSGGC Duty of Candour Policy is to improve the support, timeliness, quality and consistency of communication with patients and / or relevant persons when an unexpected or unintended incident occurs; and to provide clear information to staff on what they should do when they are involved in an incident, and the support available to them.

2.3.5 NHSGGC Clinical Guidelines Framework

The NHSGGC Clinical Guideline Framework aims to ensure that there is a robust process in place within NHSGGC for the development, review, approval and monitoring of clinical

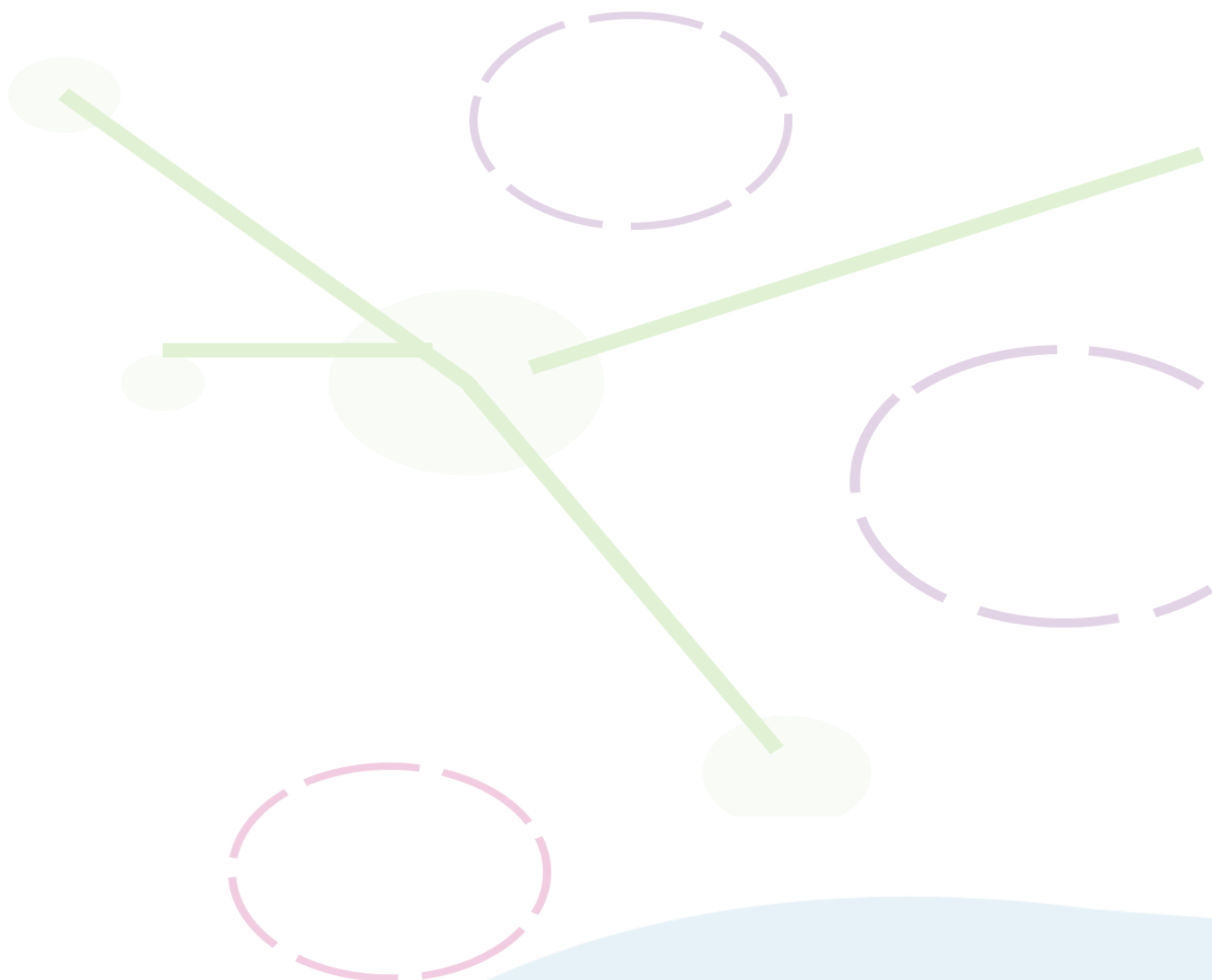
guidelines. The framework incorporates both medicine and non- medicine related clinical guidelines. A toolkit has been developed to support the implementation of this framework, which contains guidance, and relevant templates and processes.

2.3.6 NHSGGC Clinical Quality Publications Framework

The framework aims to ensure that we are aware of the most recent Clinical Quality Publications (these are documents which seek to inform and assure clinical practice and processes); to provide assurance that the current position in relation to publications is known; and that any actions in response to the publication can be agreed.

2.3.7 NHSGGC New Interventional Procedure Policy

The policy sets out the approach to be taken in relation to the introduction of a new interventional procedure in NHSGGC. It is designed to enable healthcare professionals to embrace new technologies while protecting patients and reducing risk. An interventional procedure is one used for treatment or diagnosis that involves incision, puncture, entry into a body cavity, or electromagnetic or acoustic energy.



3. Key Messages

The key messages below highlight the main areas of focus and progress during 2025–2026 in strengthening clinical governance arrangements, improving safety and quality, and embedding learning across services.



Figure 3.1: Key Messages

4. Programmes of Work

4.1 Clinical Governance Arrangements

4.1.1 Clinical Governance Groups and Meetings

Our main clinical governance groups continued to meet during 2025–2026. These meetings focused on asking clear questions, reviewing information carefully and making sure services are safe and improving.

- Acute Clinical Governance Forum (ACGF): The forum met every month during 2025–2026. It continued to review how well clinical governance arrangements were working, with good attendance and staff from a range of professional groups taking part.
- Primary Care and Community: The Primary Care and Community Clinical Governance Forum continued to meet every two months. Its role remained the same over the year, supporting safe and effective care.
- Mental Health: Mental Health clinical governance arrangements remained in place throughout the year, supported by a monthly meeting.

4.2 Interface Division

A new Interface Division was set up this year and added to the clinical governance arrangements (see figure 2.2).

The Interface Division uses technology to make virtual care a bigger part of NHS Greater Glasgow and Clyde. This helps people get care in different ways, including closer to home where appropriate.

During the year, the Interface Division put in place the main governance arrangements needed to support safe, effective and person-centred care across its services. This includes the Interface Division Clinical Governance Forum, with agreed terms of reference, membership and meeting papers. Work is also under way on a quality assurance framework, an approval process for procedures, guidelines and pathways, and a clinical escalation procedure for urgent concerns and incident reporting. Together, these arrangements support clear reporting from services through to the Board.

4.3 Review of key policies, frameworks and arrangements

The following policies and frameworks were reviewed and updated during 2025–2026.

4.3.1 NHSGGC Policy on the Management of Significant Adverse Events (Clinical) Policy

The NHS Greater Glasgow and Clyde Policy and Procedure for Managing Significant Adverse Events was approved by the NHS Board in December 2025 and introduced in January 2026.

The policy was updated to reflect the revised Healthcare Improvement Scotland national framework for reviewing and learning from adverse events. It now sets out three levels of adverse event review in NHS Greater Glasgow and Clyde and introduces Adverse Event Oversight Groups to support review and monitoring.

4.3.2 NHSGGC Duty of Candour Policy and Guidance

The NHS Greater Glasgow and Clyde Duty of Candour Policy and Procedure was reviewed and approved in March 2026. It was updated to reflect revised Scottish Government guidance and the updated Policy for Managing Significant Adverse Events. During the year, a separate operational procedure was also developed to support the policy, and the related toolkit was reviewed.

4.3.3 NHSGGC Clinical Guideline Framework

The NHSGGC Clinical Guidelines Framework was reviewed as part of its usual three-year update. The review took account of best practice and feedback from the clinical guideline user group, supported by wide consultation.

The main changes included clearer roles and responsibilities, stronger principles for developing guidelines, and changes to the guidance to reduce the development of guidelines that apply to only one hospital.

4.3.4 NHSGGC Clinical Quality Publications Framework (CQPS)

The NHSGGC Clinical Quality Publications Framework was reviewed and updated as part of its two-year review cycle.

This review included checking the publications being tracked, considering changes in local practice or policy, reviewing the toolkit to identify improvements, and consulting with stakeholders.

The review also identified several improvements. These included creating a central record of Clinical Quality Publications, improving how feedback is gathered from people involved in the process, making reporting clearer and more focused on improvement, and formally launching the updated framework to raise awareness.

4.4 Commissioned review of clinical governance

During 2025–2026, the Executive Medical Director and the Director for Corporate Services and Governance commissioned an independent review of clinical governance systems and processes. The review began in February 2026 and aims to:

- look at the current clinical governance systems and organisational arrangements in NHS Greater Glasgow and Clyde
- review how consistently clinical governance policies and tools are being used
- consider staffing, roles, responsibilities and support arrangements across the organisation
- map how information is shared, reported and escalated, including annual reporting
- compare NHS Greater Glasgow and Clyde with other NHS Boards in Scotland and similar practice across the UK
- consider the findings alongside:
 - The Blueprint for Good Governance in NHS Scotland (second edition, November 2022)
 - Healthcare Improvement Scotland Clinical Governance Standards (2026)
 - NHS Greater Glasgow and Clyde Clinical Governance Policy (2023)

The findings are expected to be considered by the Board-wide Clinical Governance Forum in August 2026 and will help inform the next review and update of the NHSGGC Clinical Governance Policy.

4.2 Managing Significant Adverse Events (SAEs)

Adverse event

An adverse event is defined as “**an event that could have caused, or did result in harm to people, including death, disability, injury, disease or suffering, and/or immediate or delayed emotional reactions or psychological harm**”.

A significant adverse event is an adverse event that results in significant harm

NHS Greater Glasgow and Clyde is committed to carrying out significant adverse event reviews as quickly as possible and to a high standard.

Timely: Delays can affect patients and families, staff, and the work of other organisations involved in reviewing an incident, such as the Procurator Fiscal Service. A timely review helps us identify and share learning quickly and reduce the risk of the same event happening again.

High quality: A good review looks carefully at what happened, identifies the main causes, and helps improve safety. It also supports learning and improvement across services.

4.2.1 Improving SAER Performance

In July 2025, focused work began to reduce the number of overdue significant adverse event reviews. This has led to a marked improvement, and we are now in the strongest position we have been in for around 10 years.

The figure below shows the number of open and overdue reviews from 2016 to the present.

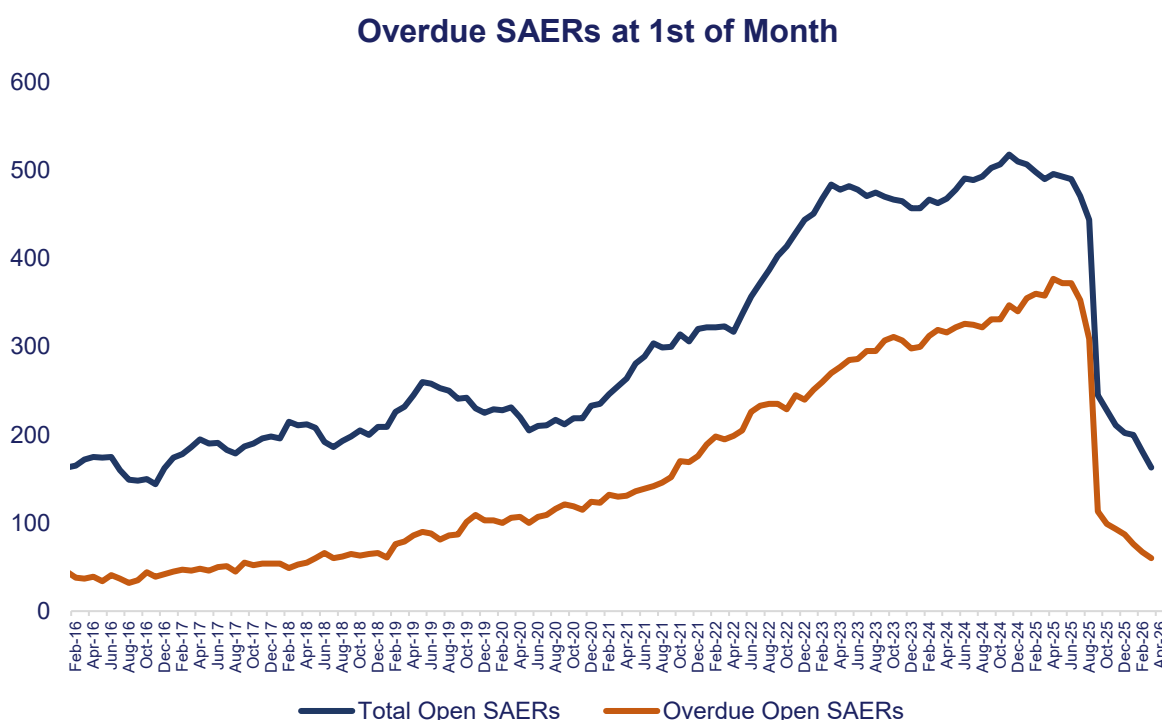


Figure 4.2.1: Managing Significant Adverse Events | Open and Overdue SAERs Over Time

4.2.2 Increased governance and oversight

We have also strengthened oversight of review performance to support improvement, provide assurance and help prevent future backlogs. This includes:

- Local Adverse Event Oversight Groups (LAEOGs), which help decide the right level of review and oversee significant adverse event reviews in their area.
- A Corporate Adverse Event Oversight Group, which oversees how the policy is being put into practice on behalf of the Executive Medical Director.
- Improved performance reporting.
- A clearer review process, including a three-phase approach, timescales and escalation points across the 140-day review period.

4.2.3 Ongoing improvement programme

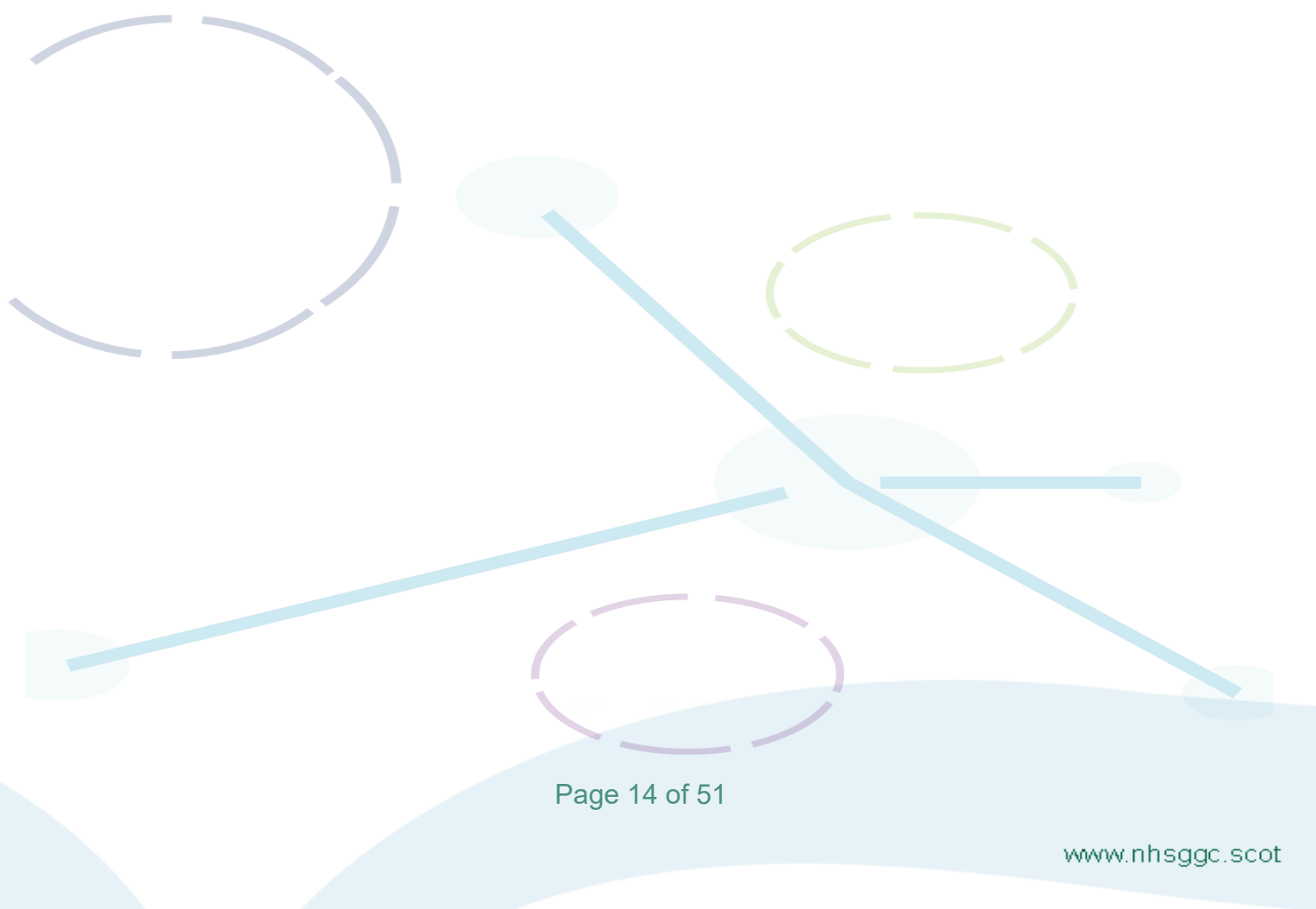
To achieve and maintain a position with no overdue reviews, we need action across the whole organisation. This includes improving how reviews are commissioned, improving the full review process, strengthening oversight and escalation, and making sure there is enough staff time and support to complete reviews on time. Our ongoing improvement programme focuses on:

- an immediate improvement plan to achieve no overdue reviews by mid-June 2026
- continued oversight of overdue reviews and those close to becoming overdue, with clear plans to move them forward and support from quality assurance groups
- task and finish group workstreams to review the overall process and support a lasting improvement
- considering protected job-planned time for senior clinicians to lead reviews, which will be discussed by the new Job Planning Steering Group

Key Performance Indicators (KPIs)

Key performance indicators have been developed to help monitor how significant adverse events are managed. They cover workload and workflow, the level of review, timeliness, quality, and actions, learning and improvement.

A dashboard is in place to track the progress of significant adverse event reviews, local adverse event reviews and possible significant adverse events. The information is updated automatically from Datix every hour between 10am and 5pm.



4.2.4 Categories of incident

The majority of SAERs are concentrated within the top 10 categories (87%), with 'Other Incidents', 'Slips, Trips and Falls', and 'Treatment Problem' comprising the largest groups.

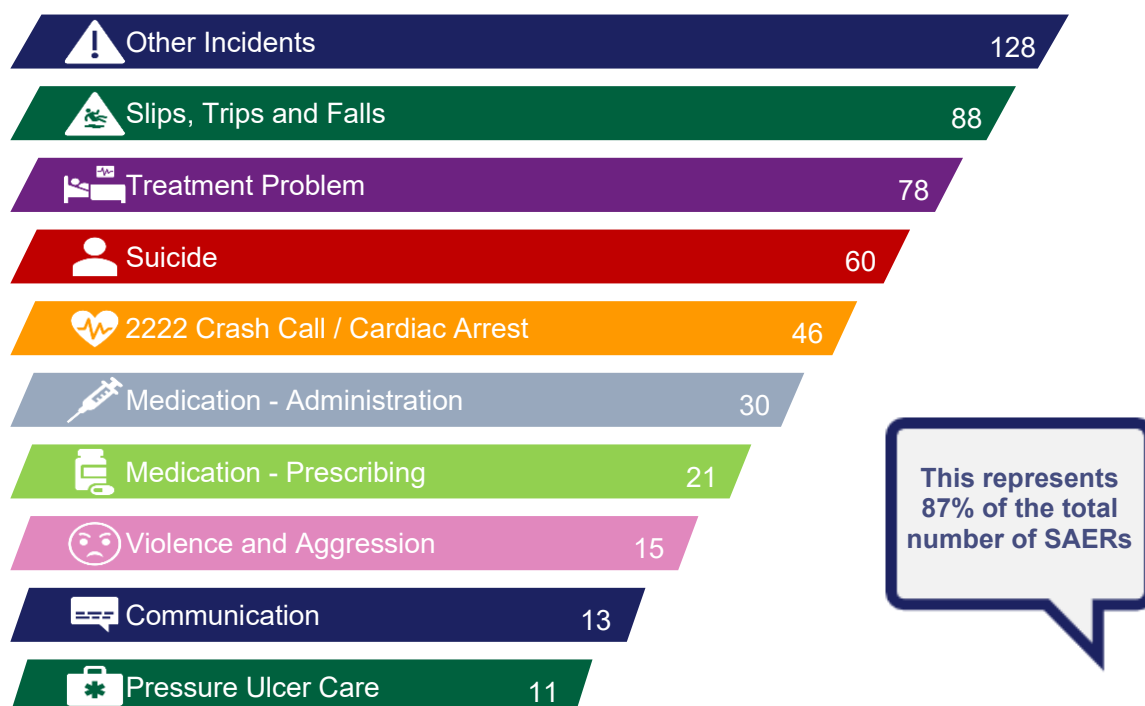


Figure 4.2.2: Managing Significant Adverse Events | SAER Categories – Top 10

4.2.5 Demographic data

Age Profile

The age profile of SAERs indicates that the highest proportion of cases occurred in individuals aged over 60, with progressively fewer cases observed across younger age groups, and a small number where age was not recorded.

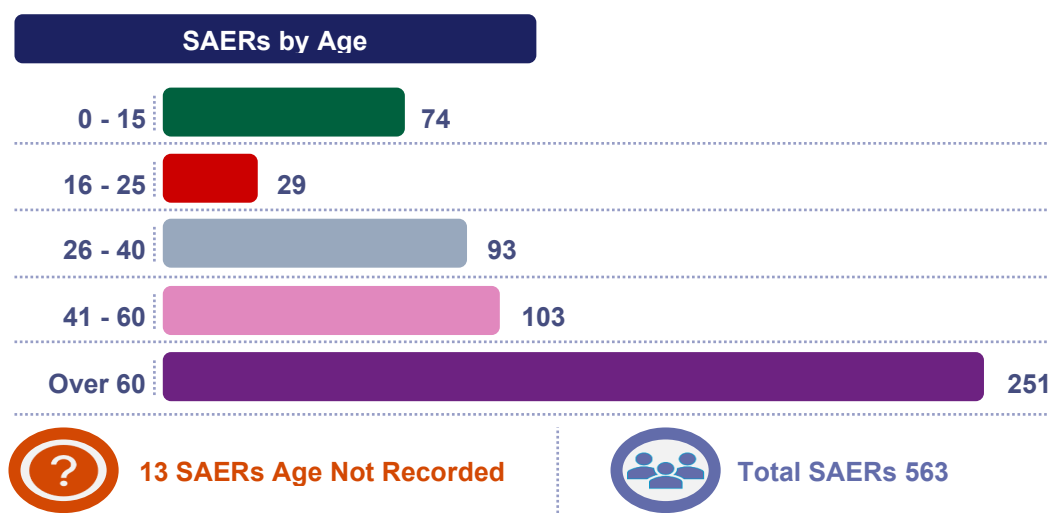


Figure 4.2.3: Managing Significant Adverse Events | SAERs by Age

Gender Profile

The gender distribution of SAERs shows a relatively balanced profile between males and females, with a slightly higher proportion of cases reported in females, alongside a notable number where gender was not recorded

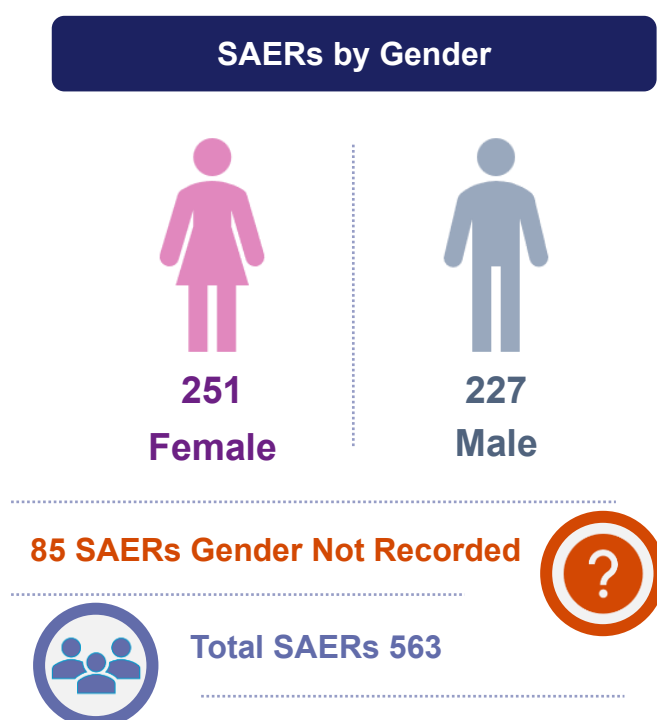


Figure 4.2.4: Managing Significant Adverse Events | SAERs by Gender

4.2.6 Significant Adverse Event Review Outcomes

A significant adverse event review looks at the care provided to understand whether problems in care systems contributed to the incident and its outcome. This helps us learn from what happened and improve care. Each review ends with one of the investigation conclusion codes below.

Investigation Conclusion Code	
This is not the patient outcome	
1	Appropriate Care
2	Indirect system of care issues
3	Minor system of care issues
4	Major system of care issues

Figure 4.2.5: Managing Significant Adverse Events | SAER Investigation Outcomes Summary

Where problems in care systems are identified, further analysis is carried out to understand why they happened and how to reduce the risk of them happening again. Reviews also

consider how important any failures were in the overall incident and what effect they had on the patient outcome.

Not every review finds a problem in care systems. Some reviews may show that appropriate care was provided. These cases can still provide useful learning, and examples of good practice should also be shared.

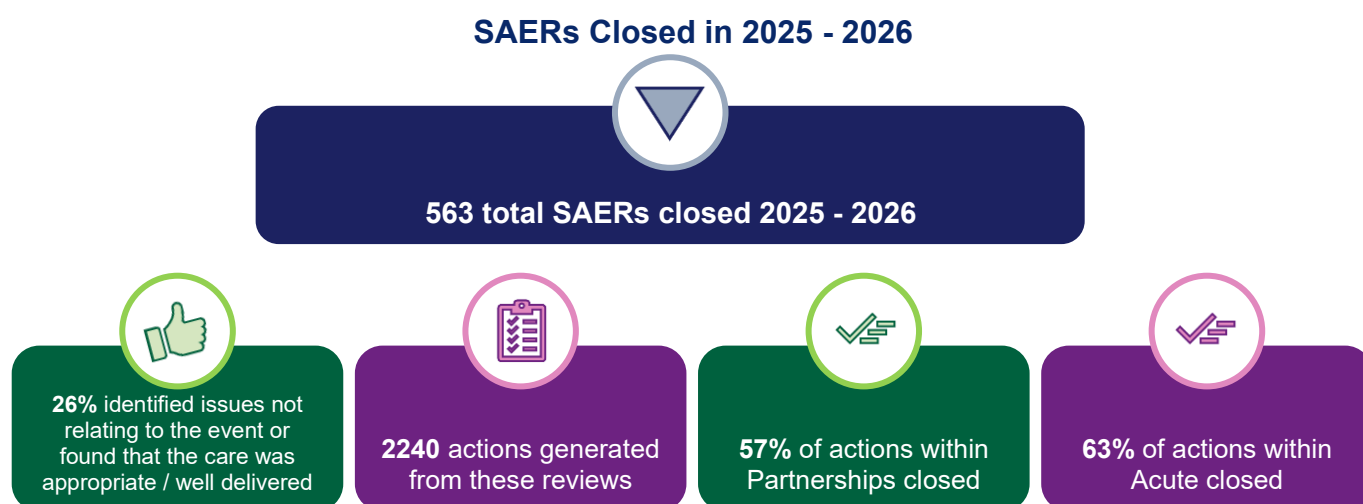


Figure 4.2.6: Managing Significant Adverse Events | SAERs closed in 2025 - 2026

4.2.7 Contributory factors and thematic analysis from Significant Adverse Event Reviews

The 563 significant adverse event reviews completed during the reporting period were analysed using contributory factors based on the Care Systems Analysis Tool (CSAT), developed by NHS Education Scotland. This approach looks at the different factors that may have influenced what happened. These factors are grouped into six areas:

- Organisation of Work
- Person
- Tools
- Task
- Physical Environment
- External

Analysis of the 563 reviews identified 4,794 contributory factors. The summary below shows these by area.

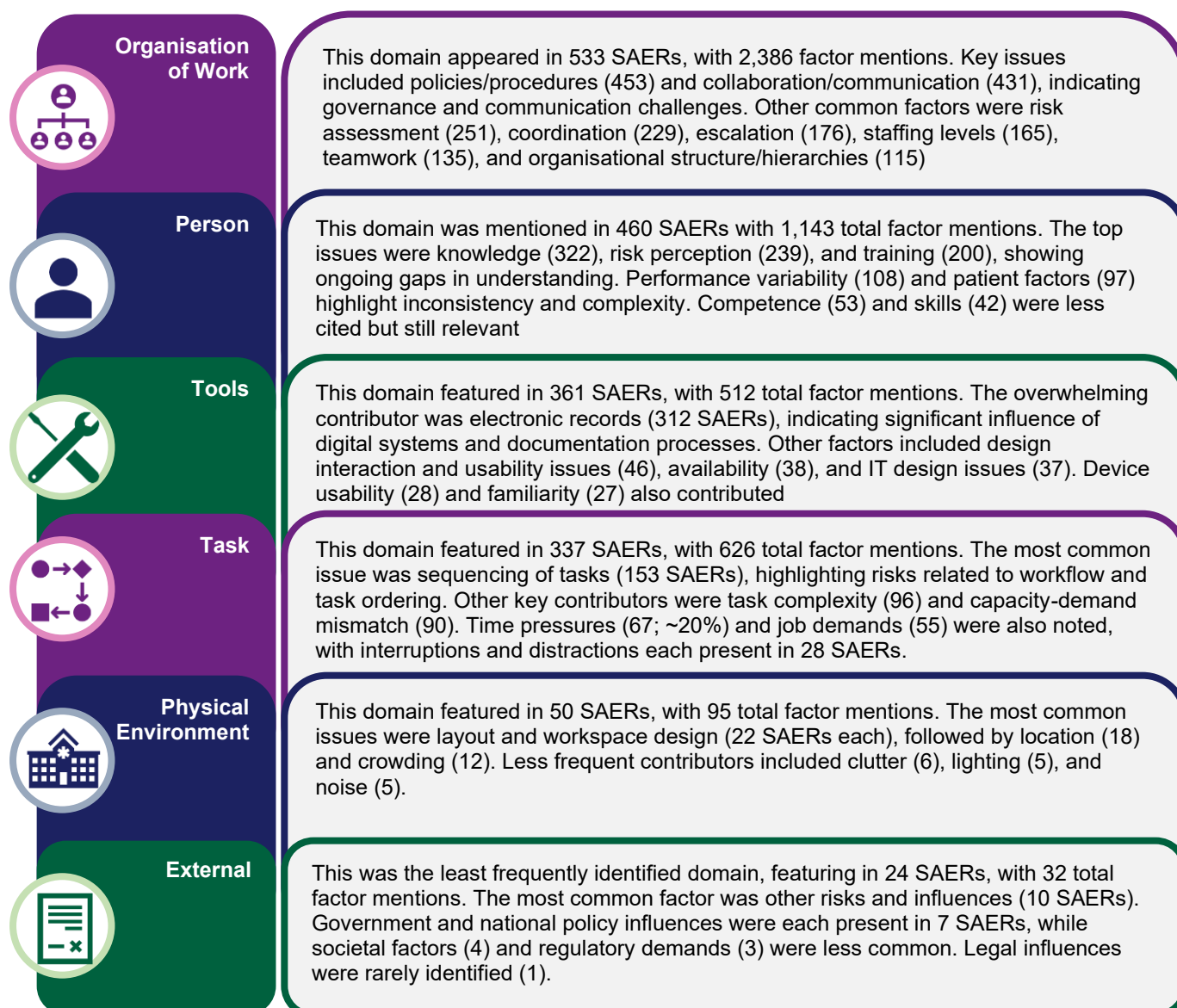


Figure 4.2.7: Managing Significant Adverse Events | Contributory Factors Analysis (CSAT)

A number of changes have been made following these reviews. The examples below show how learning from reviews is being used to improve care:

- Following a review in Mental Health Services, a document was added to multidisciplinary team records to guide the management of repeated contacts and the escalation process. This helps make sure repeated contacts lead to timely review and clear decisions about the care plan.
- Following a child protection review, the need to support families affected by parental mental health was highlighted. A short briefing was developed to help staff.
- A number of reviews found that patient weight had not been taken into account when prescribing and giving paracetamol. In response, changes were made to the

electronic prescribing system. The default dose for paracetamol and paracetamol-containing products was removed, so prescribers must now enter a dose themselves. A “Pause for Paracetamol” initiative was also introduced to support safer practice.

4.3 Duty of Candour

Duty of Candour is a legal duty that sets out what health and care organisations must do when an unexpected or unintended incident causes harm or death. This includes telling those affected openly and promptly, offering a sincere apology, and involving them in the review process.

A separate report is available which explains how NHS Greater Glasgow and Clyde met its organisational Duty of Candour responsibilities during the year.

4.4 Morbidity and Mortality

Morbidity and Mortality (M&M) reviews are an important way for NHS Greater Glasgow and Clyde to learn from patient care and improve services. These reviews usually take place within individual services and specialties. They give staff a structured way to look at care and outcomes, reflect on practice and identify opportunities for learning and improvement in a supportive environment.

During the year, work continued to make these reviews more consistent across the organisation. This has been supported by a central toolkit and guidance developed by the Clinical Governance Support Unit. The aim is to support a more standard approach, improve how learning is shared, and make sure important issues are passed on through the right governance processes when needed.

28 specialties are currently using the M&M module. NHS Greater Glasgow and Clyde is currently reviewing how Datix is used to record M&M meetings.

4.5 Datix

Much of the work completed in 2025 focused on supporting people who use Datix. A large part of this work involved setting up and managing user accounts, showing continued demand for access and onboarding support.

Other key work included building reports and dashboards, providing information for Subject Access Requests and Freedom of Information requests, delivering user training, and making system changes.

Overall, 2025 was a busy year for Datix support. Most activity focused on managing incidents, helping users, maintaining access, and dealing with service requests.

To keep the service running reliably, DatixWeb was upgraded to the latest version and updated to use Modern Authentication.

Main task themes



Figure 4.5.1 Datix | Main Task Themes

4.6 Quality Improvement Programmes of Work

In November 2025, Healthcare Improvement Scotland (HIS) launched the Scottish Patient Safety Programme (SPSP) Adults in Hospital programme. The programme focuses on two main safety priorities:

1. continuing improvement in falls, pressure ulcers and deteriorating patients
2. medicines in hospital

4.6.1 Deteriorating Patient

The main aim of this work is to reduce the number of cardiac arrests in NHS Greater Glasgow and Clyde.

After the new programme was launched, the Deteriorating Patient Steering Group updated its workplan to focus on:

- improving how often NEWS2 observations are carried out and recorded correctly
- improving the response when a patient's condition gets worse
- reducing sepsis
- supporting the use of Treatment Escalation Plans

Cardiac Arrest Data

Work has been under way since 2023 to make sure the cardiac arrest data is accurate and reliable. A new process for collecting cardiac arrest data began in April 2024. This has improved the accuracy of reporting and led to a revised average rate. Over the last 10 months, a further change has been sustained. The rate of confirmed cardiac arrests in NHS Greater Glasgow and Clyde is now 1.1 per 1,000 discharges, compared with 2.1 at the start of the project.

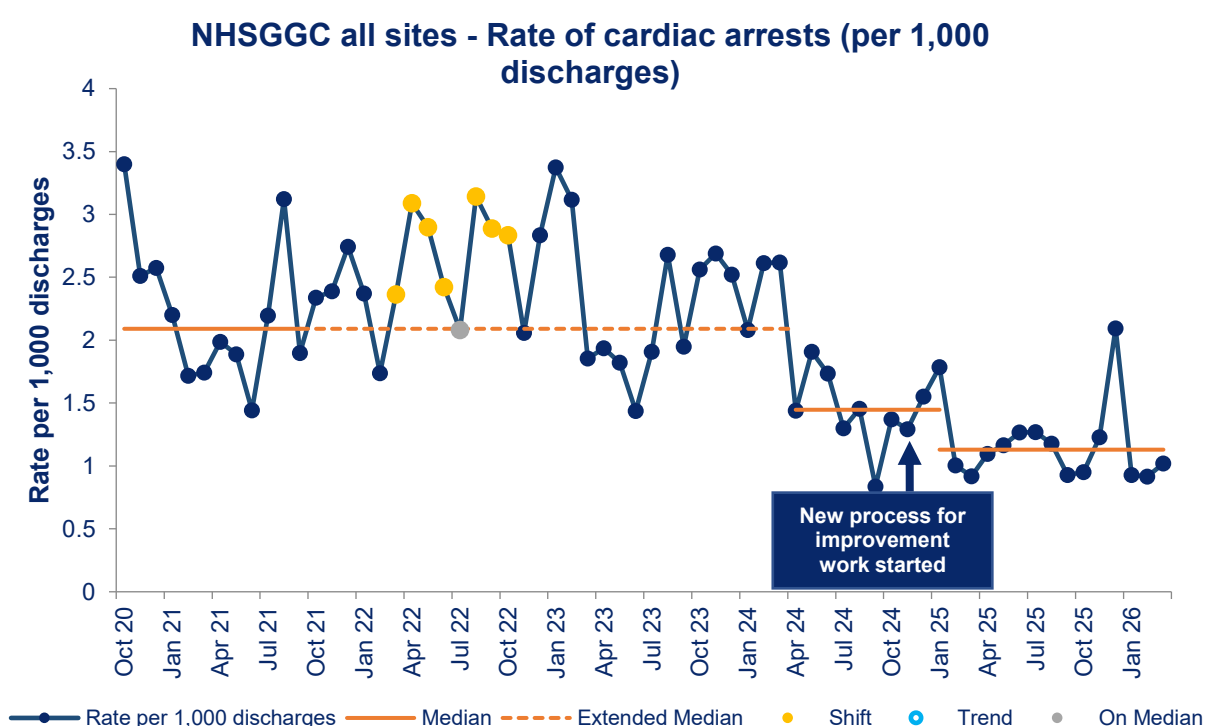


Figure 4.6.1: Quality Improvement Programmes of Work | Cardiac Arrest Rate per 1,000 Discharges

Falls

The NHS Greater Glasgow and Clyde Falls Prevention and Management Steering Group, set up in 2021, oversees work to prevent falls across the organisation. In May 2022, an Acute Falls Improvement Group was created to lead this work in acute services.

Examples of improvement work led by the Falls Prevention Team with clinical colleagues in Acute Services include:

- reviewing bed safety rails in response to national guidance
- introducing non-slip socks
- updating guidelines for preventing and managing falls in adults over 16
- promoting the use of decaffeinated drinks where appropriate
- improving lying and standing blood pressure checks

- introducing an A&E falls checklist

Falls Data

Since August 2022, when the average rate was reset to 7, the rate of inpatient falls has remained mostly stable, showing normal variation. A change was seen in 2023, but this was not sustained.

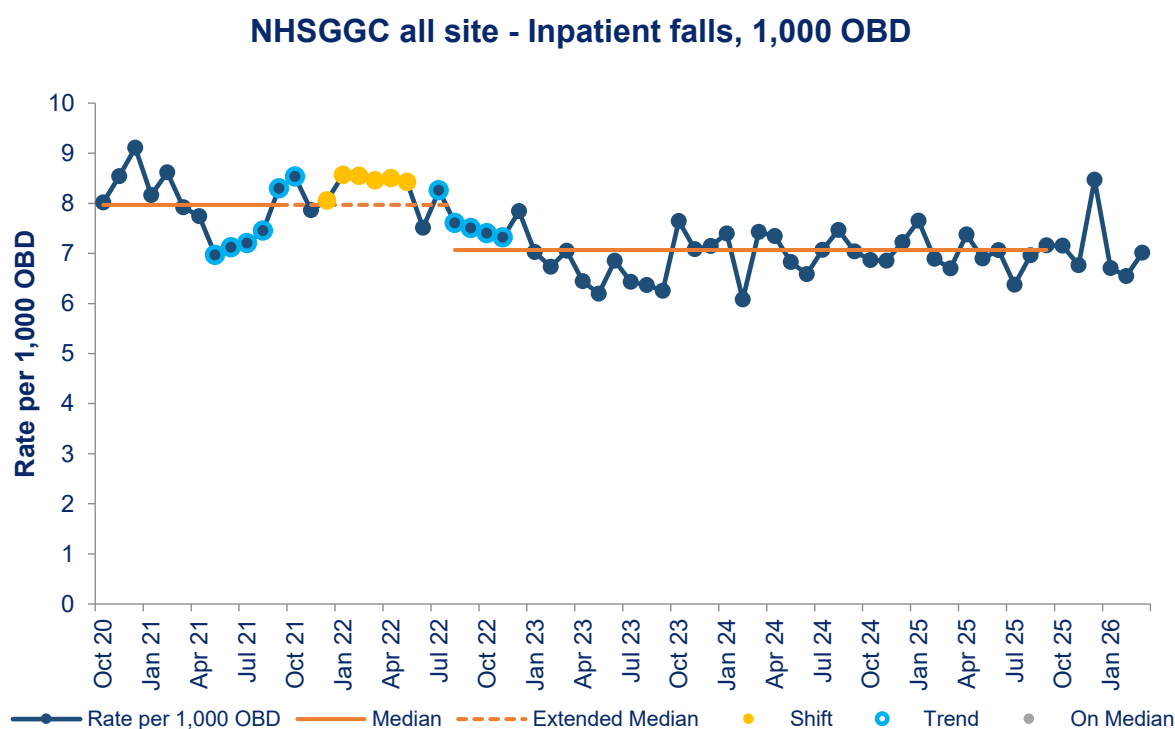


Figure 4.6.2: Quality Improvement Programmes of Work | Falls Rate per 1,000 OBD

Falls with Harm Data

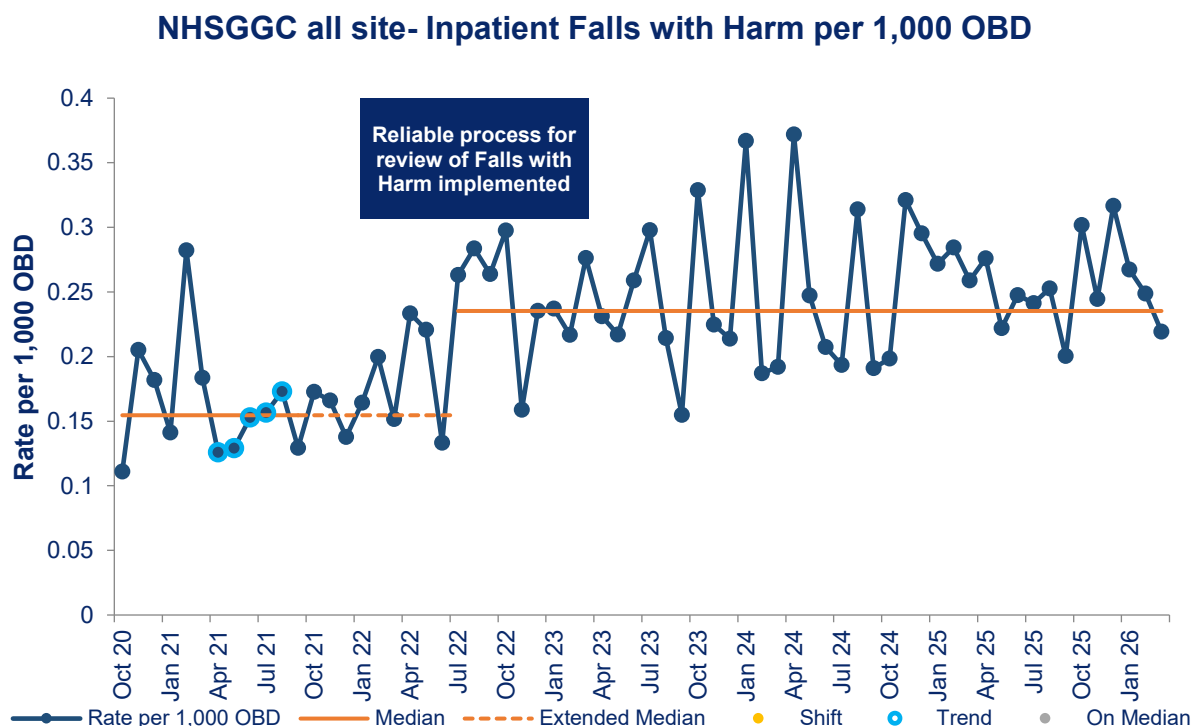


Figure 4.6.3: Quality Improvement Programmes of Work | Falls with Harm Rate

A more reliable review process for falls with harm was introduced in 2022. Since then, the rate of falls with harm has remained stable, with normal variation.

Pressure Ulcers

NHS Greater Glasgow and Clyde has had an established pressure ulcer prevention programme for many years.

The current programme aims to reduce the number of pressure ulcers that develop in acute hospitals. The Tissue Viability Team produces an annual report describing the improvement work carried out and analysing pressure ulcer data.

Pressure Ulcer Data

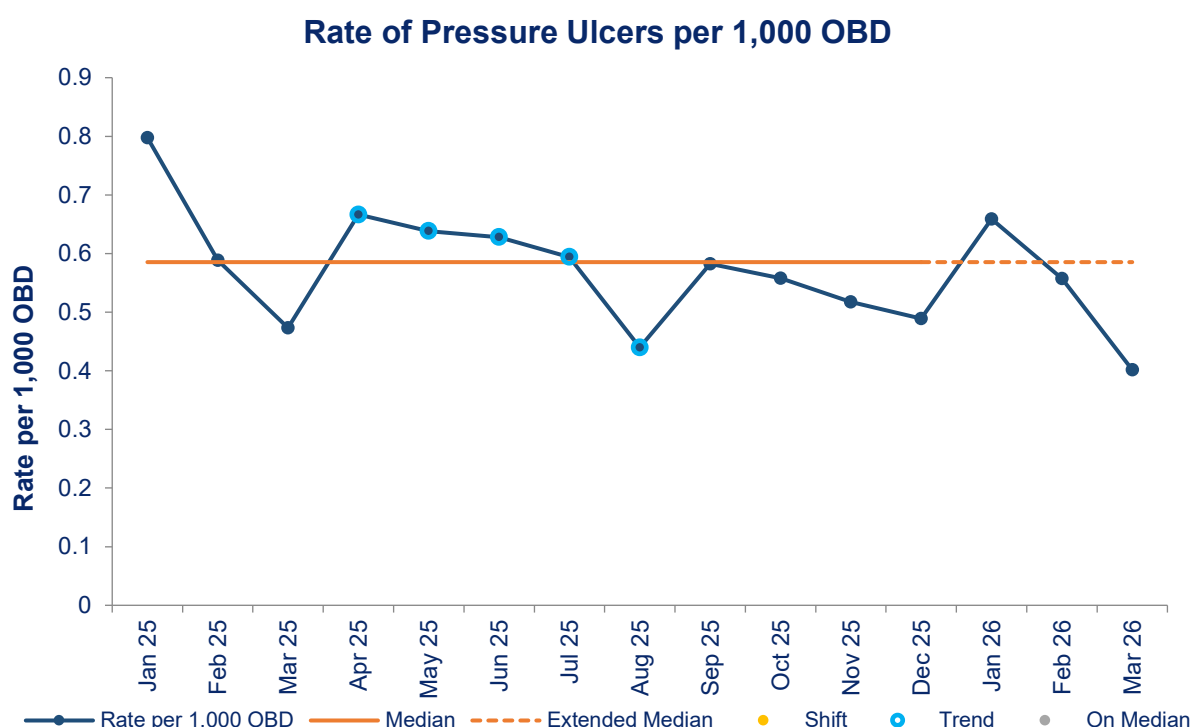


Figure 4.6.4: Quality Improvement Programmes of Work | Pressure Ulcer Rate

Medicines in Hospital

This programme is expected to begin in summer 2026. Since November 2025, a national short-term working group has been developing its main aims. Staff from NHS Greater Glasgow and Clyde have taken part in this work.

SPSP Paediatrics Collaborative

Healthcare Improvement Scotland relaunched the SPSP Paediatrics Collaborative in September 2023 and have extended it to September 2025. Although the collaborative has now ended, work is under way to re-establish the NHS Greater Glasgow and Clyde Paediatric Quality Improvement Group to continue improvement work at the Royal Hospital for Children.

The NHS Greater Glasgow and Clyde programme aimed to reduce harm linked to deterioration in children and young people by improving prevention, recognition, response and review by September 2025.

One key achievement was a project in the Royal Hospital for Children Emergency Department to reduce the time from arrival to triage. From September 2024, the starting average for the 10am to 12am time period was 20 minutes.

After several changes, including better stocking of the triage trolley, prompts in triage documentation and an electronic communication board, the average time to triage for the 10am to 12am period had reduced to 13 minutes by February 2026.

Paediatric Data

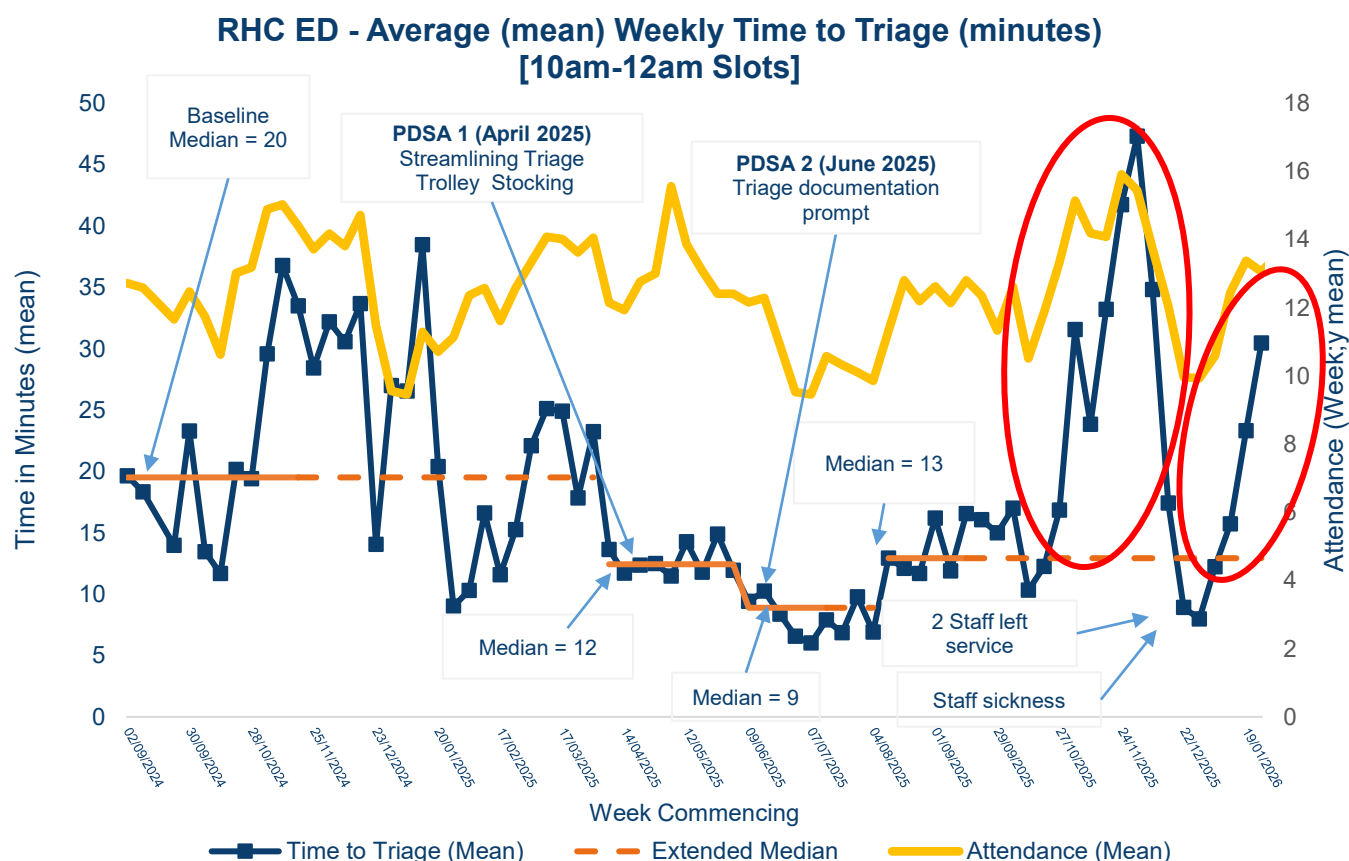


Figure 4.6.5: Quality Improvement Programmes of Work | Paediatric Time to Triage

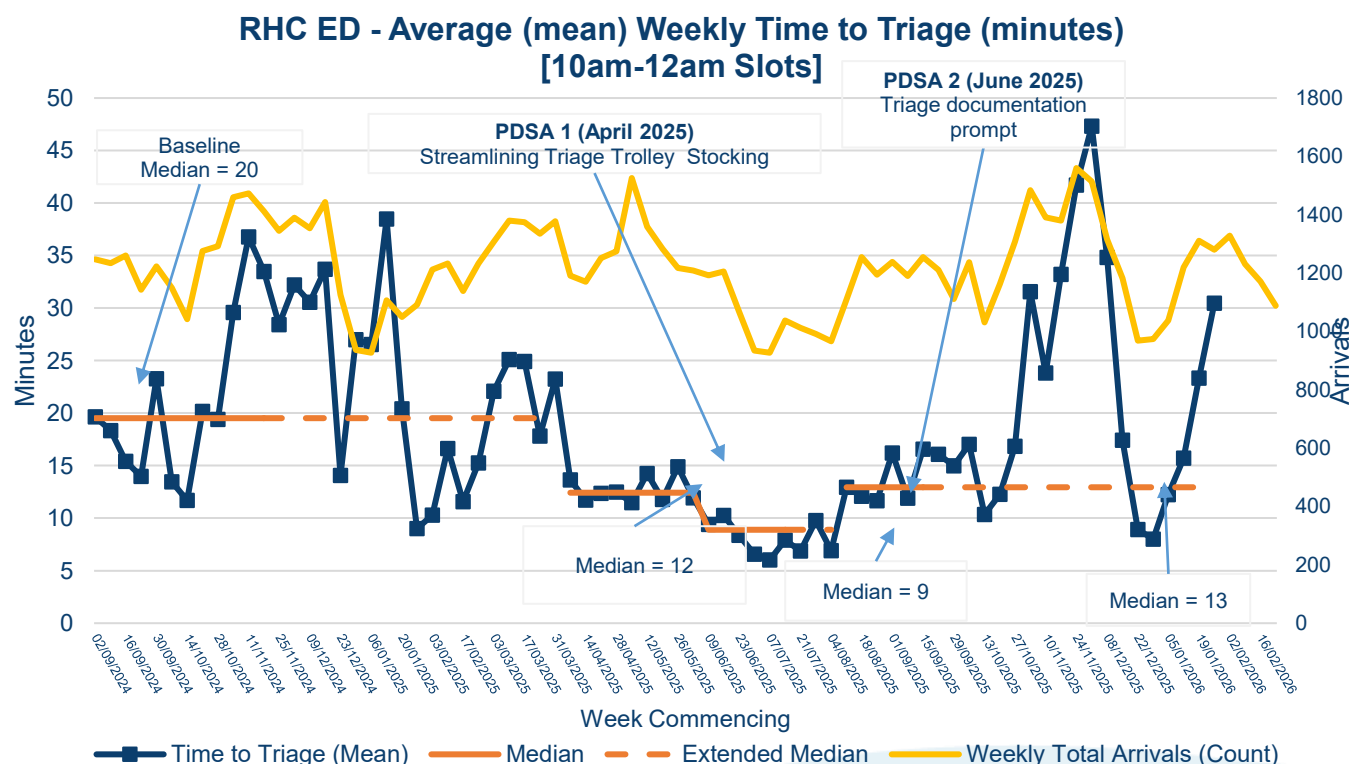


Figure 4.6.6: Quality Improvement Programmes of Work | Paediatric Time to Triage

SPSP Perinatal Collaborative

The SPSP Perinatal Collaborative Programme began in November 2023, and remains an active improvement programme.

NHS Greater Glasgow and Clyde has continued to make strong progress in building a joined-up approach to perinatal quality improvement in line with programme priorities. Governance, infrastructure and staff capability have developed, and the focus has moved from setting up the programme to delivering coordinated work across all priority areas. This has been supported by better data systems and growing involvement from staff across different professions.

Key achievements include setting up and embedding a NHS Greater Glasgow and Clyde SPSP Perinatal Collaborative Steering Group, with representation from maternity, neonatal, nursing, midwifery, data and quality improvement teams. A maternity data dashboard was also developed to make information easier for teams to access through the Maternity Hub SharePoint site.

Another achievement was the development and launch of the NHS Greater Glasgow and Clyde Perinatal Quality Hub on SharePoint. This provides one place for perinatal improvement priorities, data, guidance and quality improvement resources, helping teams to find information more easily and stay involved.

A further success has been the development and launch of the GGC Perinatal Quality Hub SharePoint. The GGC Perinatal Quality Hub aims to be single access point for perinatal improvement priorities, data, guidance and QI resources, to improve visibility and engagement for clinical teams.

SPSP Mental Health Programme

A new mental health programme was launched in November 2025 with the aim of improving safety during points of transition, particularly when people move from inpatient care to community care. Three NHS Greater Glasgow and Clyde services joined the national programme.

The three services are:

- NHSGGC Forensic Services
- Psychology Service within Glasgow City South Sector
- Acute Adult MH service within Glasgow City North-East Sector

Each service has developed an improvement plan and is working on its measures and change ideas.

4.7 Clinical Guidelines

Last year's report described work to reduce the number of clinical guidelines that were overdue for review. These are guidelines that had passed their planned review date, which is usually every three years.

During this year, this work continued. We introduced and tested new ways to help clinical teams review overdue guidelines more quickly and effectively.

This included reviewing the NHS Greater Glasgow and Clyde Clinical Guidelines Framework, which sets out how clinical guidelines are developed, reviewed and managed. This work was supported by the Clinical Guidelines User Group and a wide range of stakeholders.

The main improvements to the framework were:

- clearer responsibilities for lead authors, including responding to review reminders and handing over work when leaving a post
- a stronger role for senior managers in supporting good guideline management
- clearer expectations that new guidelines should only be developed when there is a good reason and when they will improve patient safety or care
- a visual summary to make the framework easier to use and navigate

The Clinical Guideline Toolkit was also reviewed with support from the Clinical Guidelines User Group. The updated documents are more visual and easier to use, which should help staff access and share key information.

A key focus for the year ahead is making sure the framework and toolkit are used well to support the review and development of guidelines.

The main messages are:

Ensuring that the Framework and Toolkit are well utilised to support guideline review and development is a key focus of our communication strategy for the year ahead, highlighting the key messages of

- new guidelines should only be developed when there is a clear need
- guidelines should be reviewed on time
- guidelines should be easy for staff to find when they are needed

To reduce the number of overdue guidelines, we also ran Guidelines Taskforce Sessions. These gave clinical teams dedicated time to review, approve and publish overdue guidelines more quickly. During one week of sessions, 53 guidelines were reviewed. Similar sessions will continue, especially in departments with the largest backlog.

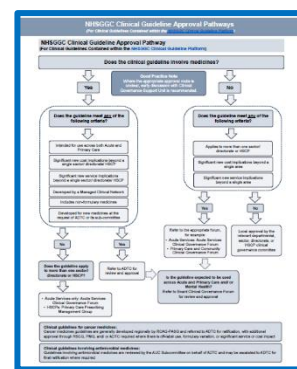


Figure 4.7.1: Clinical Effectiveness | Clinical Guidelines Approval Pathway

4.8 Clinical Quality Publications

The NHS Greater Glasgow and Clyde framework for clinical quality publications helps make sure important national guidance, standards and reports are reviewed and that any action needed is considered.

The publications reviewed include:

- national guidance from the Scottish Intercollegiate Guidelines Network (SIGN) and the National Institute for Health and Care Excellence (NICE)
- national standards from Healthcare Improvement Scotland
- Interventional Procedure Guidance from NICE
- agreed national and benchmarking reports that include NHS Greater Glasgow and Clyde data

In 2025–2026, 50 publications were reviewed and assessed for their impact.

As the number of publications continues to grow each year, we have focused on making the process easier for staff to use and more clearly linked to learning and improvement.

To support this, we've done the following



Figure 4.8.1: Clinical Quality Publications | Improvements to the Clinical Quality Publications Process

4.9 Scottish National Audit Programme

Public Health Scotland publishes annual national reports for selected audits and registers as part of the Scottish National Audit Programme. These audits are an important part of our clinical quality publications process and are reviewed through our governance arrangements, with input from clinical teams.

This helps us recognise where care is working well and identify where improvement is needed. NHS Greater Glasgow and Clyde is compared with other hospitals in Scotland.

When results are significantly different from the national picture, these are reviewed by clinical teams and progress is monitored through clinical governance forums. In May 2025, NHS Greater Glasgow and Clyde had:

- 11 results that were better than the national comparison
- 6 results that needed a formal response
- 6 results reviewed locally
- 13 issues identified for action or response

The examples below show how improvement work linked to four audit findings has led to better results.

Comprehensive geriatric assessment commenced within 3 days of admission

In 2024, the Royal Alexandra Hospital was below the Scottish average on this measure. At that time, 85% of patients received a comprehensive geriatric assessment within three days of admission, compared with a Scottish average of 91%.

New systems were introduced to identify patients who needed this assessment more quickly. This included a shared trauma list and better use of digital systems to flag patients earlier. This improved early assessment, supported better vitamin D management, and helped reduce unnecessary ward moves.

As a result, performance improved to 95% in 2025, which was above the Scottish average of 91%.

Time to Head CT written report – report available within 1 hour of CT

This measure had been an outlier at the Queen Elizabeth University Hospital for some time. In 2022, 36% of patients received a written head CT report within one hour, even though 78% had the scan itself within one hour of arrival.

An improvement group reviewed the process and found that many patients were having head CT scans as part of more complex full-body scans, where the most urgent reports were prioritised first. A new marker was introduced to make head CTs easier to identify within these scans. This improved performance to 49% in 2023, and the measure is no longer an outlier.

Prolonged pleural drainage not required (post surgery)

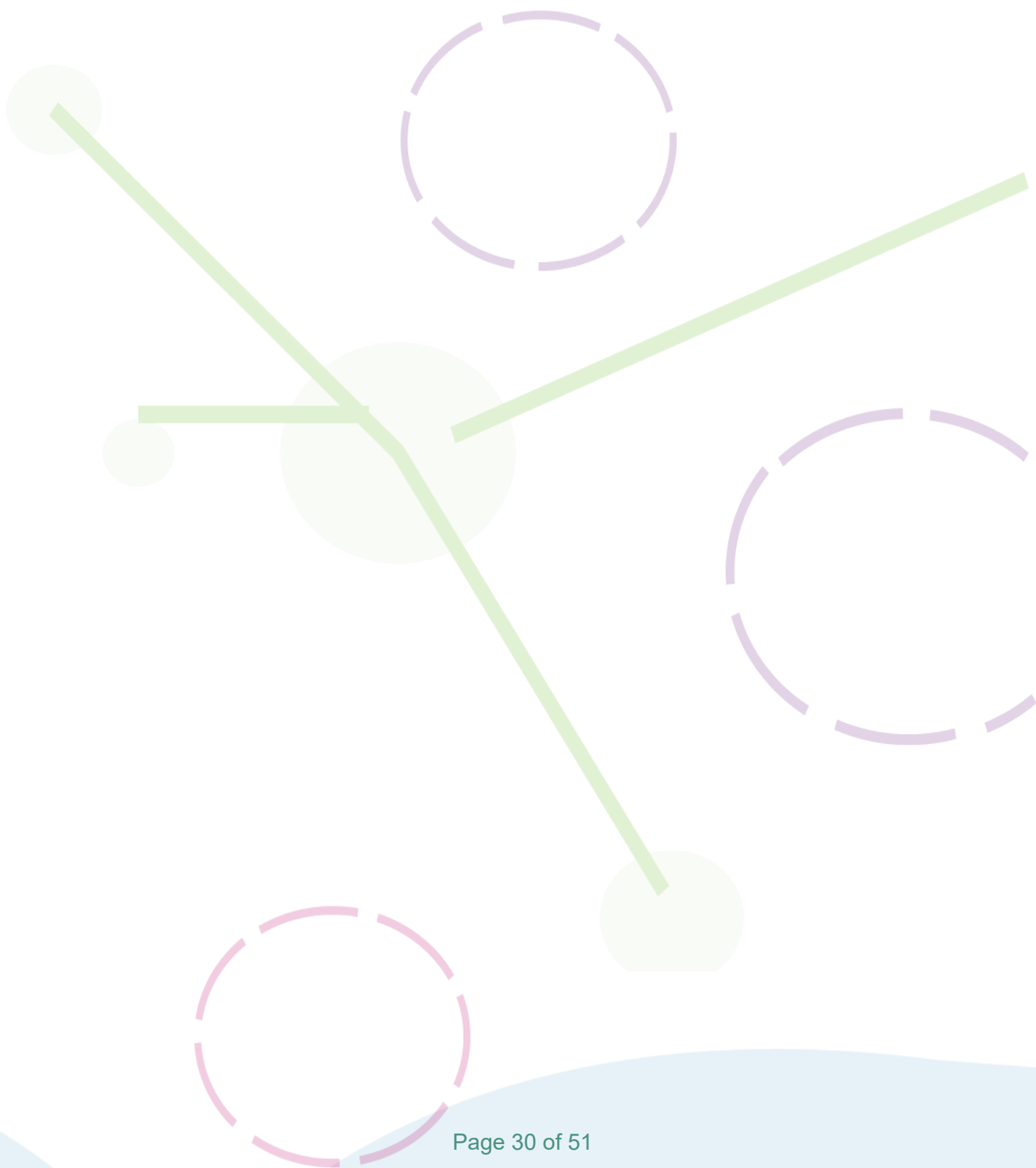
Prolonged pleural drainage can lead to complications such as infection and longer stays in hospital. A quality improvement project at the Royal Hospital for Children aimed to reduce this. The team introduced changes to surgical practice for some congenital heart operations and carried out a detailed review of the causes. As a result, the rate fell from 6.47% to 2.6%.

Completeness of cardiac rhythm management data had been an issue in NHS Greater Glasgow and Clyde for several years because it depended heavily on manual data entry and review. A digital solution was introduced, which significantly improved the process and resolved this as a concern for the national team.

4.10 New Interventional Procedures

New procedures are one way NHS Greater Glasgow and Clyde continues to improve treatment for patients. The examples below show some of the new procedures introduced during the year:

1. Radiofrequency lesioning – a minimally invasive procedure used to help relieve cancer pain by treating the nerves that carry pain signals.
2. Middle meningeal artery embolisation – a procedure used to reduce the risk of chronic subdural haematoma returning after treatment. This is a condition that is more common in older people and can lead to serious health problems.
3. Nasal obturators – a treatment used to improve speech clarity for patients with cleft palate or related conditions.



5. Spotlight on Innovation and Improvement

Every year we dedicate a section in the report to spotlight key innovations and improvement projects from the previous year, which highlight learning, improvement or good practice.

The Following is a summary of some work undertaken during 2025 – 2026.

Article 1	Pharmacy A Baseline Evaluation of Intermittent Intravenous Vancomycin Management in the Acute Hospital Setting Following Introduction of an Electronic Prescribing System (HEPMA)
Article 2	Renfrewshire CMHT Increasing access to psychological therapies for people with psychosis in Community Mental Health Teams (CMHTs) in Renfrewshire Health and Social Care Partnership
Article 3	Podiatry Parachutes and Soft Landings
Article 4	Sandyford Comparing Attendance at NHS Sandyford Central and Sandyford East Parkhead Young Person Walk-in and Bookable Clinics
Article 5	Glasgow ADRS Inpatient Quality Improvement Project
Article 6	Occupational Therapy Gartnavel Royal Hospital Occupational Therapy Service Development Recovery Through Activity Group Programme
Article 7	East Dunbartonshire Children's Health Team Leading the Way: Strengthening Quality Assurance and Excellence in Care through Accompanied Visits
Article 8	Corporate NMAHP Supporting the Transition to Digital Clinical Notes
Article 9	Critical Care Psychology Service and Adult ICU Multidisciplinary Teams Embedding Psychology in Critical Care: Proactive Support for Patients, Families and Staff

1. Pharmacy

A Baseline Evaluation of Intermittent Intravenous Vancomycin Management in the Acute Hospital Setting Following Introduction of an Electronic Prescribing System (HEPMA)

Introduction and Aim



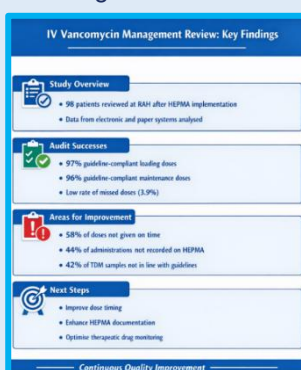
Intravenous (IV) vancomycin management has been an ongoing focus of quality improvement within NHS Greater Glasgow and Clyde, supported by the development of guidelines, dose calculators and prescribing, administration and monitoring (PAM) charts. The introduction of HEPMA electronic prescribing in 2021 resulted in a change from a fully paper-based system to a hybrid model combining electronic prescribing with paper documentation for key elements of vancomycin management.

This project aimed to collect baseline data to understand current practice following introduction of HEPMA at the Royal Alexandra Hospital and to identify areas requiring targeted quality improvement to optimise IV vancomycin management and patient safety.

What They Did

A structured data collection approach was developed using a standardised Microsoft Forms tool, supported by HEPMA antimicrobial reports. Over a twelve-month period, adult inpatients prescribed intermittent IV vancomycin were identified and reviewed.

Both electronic prescriptions and paper PAM charts were prospectively analysed, allowing for comparison of prescribing, administration and therapeutic drug monitoring practices following the transition to hybrid systems. Data



was collated and analysed using Excel, enabling identification of performance against existing standards and highlighting key areas for improvement alongside the establishment of quality

improvement targets

Results

The review included 98 adult patients across medical, surgical and elderly care wards, with most receiving treatment between two and thirteen days. Overall, the standard of dose calculation, prescribing and documentation remained high following the introduction of HEPMA, with most of the loading and maintenance doses in line with guidelines and missed doses remaining within target levels.

However, several areas for improvement were identified. Timeliness of dose administration was reduced compared to pre-HEPMA data, with a proportion of loading and maintenance doses not administered within the target timeframe. Documentation of dose administration on HEPMA was incomplete, reflecting both system and implementation challenges. Additionally, although there was some improvement in reducing overnight prescribing, this remained an area for ongoing focus.

Therapeutic drug monitoring practice demonstrated variability, with just over half of samples taken in line with guidelines. Contributing factors included incorrect sample timing, incomplete documentation and sampling before steady state had been reached, indicating the need for improved consistency in monitoring processes.

Learning and Next Steps

The findings demonstrated that the transition to a hybrid prescribing system has maintained high standards in core prescribing and dosing practices, while also highlighting specific areas requiring targeted improvement. Key learning points include the importance of clear documentation processes across both electronic and paper systems, and the need to ensure timely administration and accurate monitoring to support safe and effective treatment.

Moving forward, the project established defined quality improvement targets focusing on dose timing, documentation within HEPMA, reduction of overnight prescribing, and improved therapeutic drug monitoring practices. A continuous quality improvement approach will be adopted, using ongoing data collection and evaluation to support optimisation of IV vancomycin management and enhance patient safety across NHSGGC.

Author: Rachael Rodger (Antimicrobial Pharmacist), Royal Alexandra Hospital

2. Renfrewshire CMHT

Increasing access to psychological therapies for people with psychosis in Community Mental Health Teams (CMHTs) in Renfrewshire Health and Social Care Partnership

Introduction and Aim

This work focused on increasing access to psychological therapies for people with psychosis spectrum disorders (PSD) within Community Mental Health Teams (CMHTs) in Renfrewshire. Psychosis is strongly associated with adverse life experiences and has significant impact on physical health, psychological wellbeing and social functioning outcomes. National guidance outlines that psychological approaches should be offered to all individuals with psychosis; however, local audit data identified a significant gap in access within the Renfrewshire CMHT.

The aim of the project was to address this unmet need by improving access to psychologically informed approaches and specialist psychological therapies, enhancing the role of Clinical Psychology within the multidisciplinary team, and developing sustainable service improvements aligned with evidence-based practice.

What They Did

A structured quality improvement approach was implemented, informed by local audit findings which demonstrated that only 2% of patients with PSD were open to psychology services despite representing a much larger proportion of the CMHT caseload. In response, several service development initiatives were introduced, including a Doctorate in Clinical Psychology research project exploring staff attitudes to psychological therapies for psychosis, and MDT-wide training and awareness sessions to address barriers to referral and improve understanding of treatment guidelines.

To support delivery of psychologically informed approaches in routine care, regular complex case formulation sessions led by Clinical Psychology were introduced, alongside enhanced supervision. In addition, a pilot Cognitive Behavioural Therapy for psychosis (CBTp) group was developed and delivered within CMHT settings. The group was adapted from an established manualised CBTp programme into an 8-week intervention, delivered by trained Clinical Psychology staff with structured referral, screening and inclusion criteria. The programme included weekly sessions focusing on coping, understanding symptoms, managing distress and building recovery-focused skills, delivered in a supportive group format.

Learning and Next Steps

Key learning highlights the importance of targeted, evidence-based service development in addressing unmet need for psychological therapies in CMHT settings. The project demonstrated that Clinical Psychology can play a central role in driving quality improvement, supporting MDT capability and increasing access to psychologically informed care for people with psychosis.

The pilot CBTp group showed promise as a scalable intervention to improve access to high-intensity psychological treatment, with ongoing demand for further groups and broader MDT involvement. Future work will focus on expanding provision across both CMHTs in Renfrewshire, alongside potential multi-site research, wider audit activity and development of a structured pathway for psychological therapies for psychosis across NHSGGC.

Results

The CBTp group pilot demonstrated positive engagement and acceptability, with nine patients commencing the programme and the majority completing it. Although quantitative outcome data was limited due to the small sample size, there were indications of reductions in measures of psychological distress, including depression, anxiety and overall wellbeing.

Patient-reported experience was highly positive, with participants reporting improved understanding of their mental health, increased confidence to talk about their condition, and a sense of shared experience through group participation. Feedback highlighted that the group was more therapeutic than expected and provided a safe environment for individuals to engage and share. High ratings were also reported for communication and support from facilitators, and overall experience of the intervention.

Psychological Therapies for Psychosis: Key Outcomes	
Group Participation	9 patients started the CBTp group - Majority completed the programme
Patient Feedback	- Improved understanding of mental health - Safe, supportive group environment
Clinical Improvement	- Reduced depression & anxiety scores - Increased confidence to discuss psychosis - Higher engagement with Clinical Psychology
Service Impact	- More referrals for psychological therapies - Expanded MDT training & supervision

At a service level, early impact included increased psychological thinking within the MDT, improved engagement with Clinical Psychology, and a rise in referrals and requests for further group delivery and supervision in psychological approaches for psychosis.

Authors: Dr Rebecca Frost, Sian Connelly, and Dr Jessica Wainman-Lefley

3. Podiatry

Parachutes and Soft Landings

Introduction and Aim

Across NHSGGC Podiatry, large-scale service delivery and workforce sustainability challenges highlighted the need for structured improvement approaches focusing on both person-centred care and workforce development. The service delivers over 127,000 appointments annually and receives approximately 4,000 referrals per month, requiring consistent application of Realistic Medicine (RM) principles to ensure care is personalised and aligned with what matters most to patients. At the same time, workforce data identified challenges including declining podiatry workforce numbers, loss of newly qualified practitioners (NQPs), reduced confidence and competence at transition into practice, and an ageing workforce.

The combined aim of these initiatives was to embed Realistic Medicine into everyday clinical practice, strengthen shared decision-making, and develop a structured preceptorship and support framework to improve NQP confidence, retention and long-term workforce sustainability.

What They Did

A structured, service-wide approach was implemented to embed cultural and practice change. For Realistic Medicine, this included raising awareness through webinars for all staff and introducing a key performance indicator to ensure uptake of training. The BRAN framework (Benefits, Risks, Alternatives, Nothing) was integrated into consultations and documentation, supported by the development of an RM Champions Network, with representatives across service areas delivering person-centred care sessions via clinical supervision. A fellowship project focusing on motivational interviewing and supported self-management was also introduced, along with peer support networks to sustain learning. In parallel, a new system for capturing patient experience data was developed, including a survey based on BRAN and CollaboRATE, later expanded using Netcall for wider service implementation.

To address workforce challenges, the “Parachutes and Soft Landings” preceptorship model introduced a structured support framework for NQPs, focusing on clinical, technical and governance competencies. This included weekly support meetings, tailored feedback, full completion of the Flying Start Programme, and establishment of peer support networks. Investment in Practice Development roles supported delivery, while the creation of Band 4 Associate Practitioner roles enabled earlier transition into practice and supported workforce pipeline development.

Results

Implementation of the Realistic Medicine approach resulted in strong patient-reported outcomes, with high proportions of patients reporting feeling involved in decisions, understanding their condition, and having their priorities considered. A substantial volume of patient feedback was collected, providing meaningful insight into patient experience and supporting continuous improvement. Staff engagement increased, with improved confidence in applying shared decision-making principles and enhanced visibility of person-centred care in routine practice.

The preceptorship and workforce development model demonstrated clear improvements in confidence and competence across NQP cohorts, alongside strong retention outcomes. A high proportion of NQPs were retained within the service, with significant numbers progressing into more senior roles. The introduction of Associate Practitioner roles further supported transition into the workforce, with strong retention seen both locally and nationally. Overall, the approach contributed to improved workforce stability and development.

Learning and Next Steps

Key learning highlights that embedding Realistic Medicine at scale requires a structured, whole-system approach, including staff education, leadership through champions, and robust patient feedback mechanisms. Sustained improvement is supported by integrating patient experience data into ongoing service development and ensuring continuous engagement with staff. Future work will focus on maintaining rolling feedback systems and addressing gaps in feedback collection, particularly for patients with limited digital access.

From a workforce perspective, early and structured support for newly qualified staff is critical to improving confidence, reducing attrition and supporting long-term sustainability. Investment in existing workforce resources and development pathways has demonstrated clear benefit in retaining and progressing staff. Next steps include continuing to embed the preceptorship model, expanding support structures and maintaining focus on workforce sustainability to ensure resilience of the podiatry service.



Authors: Shelley Fairley, Jacqueline Campbell, Samantha Davidson

4. Sandyford

Comparing Attendance at NHS Sandyford Central and Sandyford East Parkhead Young Person Walk-in and Bookable Clinics

Introduction and Aim

NHS Greater Glasgow & Clyde Sandyford Sexual Health Service evaluated their young person (YP) services using data from a commissioned TASC survey and an audit of YP clinic attendance. Walk-in clinics had previously been introduced to remove barriers to access for vulnerable patients who may find it difficult to book or attend appointments. However, following an initial audit cycle, YP walk-ins were withdrawn and replaced with bookable clinics.

The primary aim of this work was to determine whether YP bookable clinics provide equitable access compared to the previous walk-in model. A secondary aim was to assess whether bookable clinics continue to meet the needs of vulnerable young people, including those with safety and/or social concerns.

What They Did

A comparative audit was undertaken examining attendance data across both walk-in and bookable young person clinics at Sandyford Central and Sandyford East Parkhead. Data for walk-in clinics was collected over a longer period, while bookable clinic data was reviewed over a defined subsequent period following service change.

Patient-level data was extracted from electronic health records (NaSH), including age at attendance, sexual activity status, whether attending alone, reason for attendance, Scottish Index of Multiple Deprivation (SIMD), presence of social or safety concerns, and previous attendance at Sandyford services. This allowed comparison of accessibility, equity and patient characteristics across both service delivery models.

Learning and Next Steps

The findings indicate that bookable YP clinics provide a more efficient and consistently utilised service compared to walk-in models, particularly in terms of attendance and engagement with young people who have identified vulnerabilities. This supports the continued use of bookable clinics within the Sandyford service.

However, learning highlights that walk-in clinics may have been more accessible for young people who were new to the service, suggesting potential barriers for first-time attendees within a bookable model. Moving forward, there is an opportunity to consider how access routes can continue to support vulnerable young people who may find booking systems challenging, while maintaining the efficiency and engagement benefits demonstrated by bookable clinics.

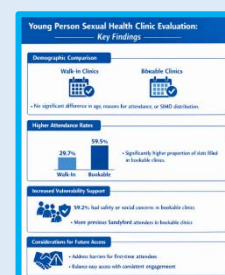
Authors: Kirsten Holmes (Medical Student, University of Glasgow), Dr. Joanna Speedie (Consultant in CSRH, NHS Sandyford)

Results

Overall, there was no significant difference between walk-in and bookable clinics in terms of age distribution, reason for attendance, proportion of patients who were sexually active, attending alone, or SIMD distribution, suggesting similar population groups were accessing both service types.

However, bookable clinics demonstrated significantly higher attendance rates, with more available slots being filled consistently compared to walk-ins. There was also a significantly higher proportion of patients with identified safety and/or social concerns attending bookable clinics. In addition, a greater proportion of patients attending bookable clinics had previously accessed Sandyford services, whereas less than half of walk-in attendees had prior engagement.

Location-specific analysis showed variation, with some differences in deprivation profiles and DNA (did not attend) rates, particularly in more deprived areas, although deprivation itself did not appear to be a barrier to access overall.



5. Glasgow ADRS

Inpatient Quality Improvement Project

Introduction and Aim

The Glasgow ADRS Inpatient Quality Improvement Project (September 2025 – February 2026) aimed to develop and implement a structured Occupational Therapy (OT) screening system for all admissions across two inpatient wards. The project sought to ensure that at least 90% of patients were screened for OT suitability, increase the proportion of patients receiving OT interventions, and enhance the visibility and impact of Occupational Therapy within the multidisciplinary team (MDT). A further aim was to embed patient involvement in service evaluation and establish a formal process for evaluating the project with MDT members.

What They Did

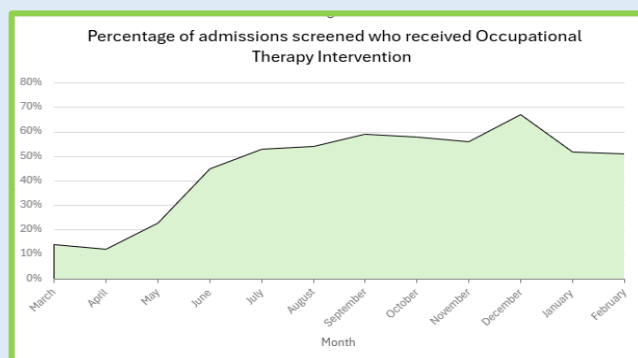
Historically, referrals to Occupational Therapy were made reactively by the MDT, resulting in only around 13% of admitted patients being seen, often later in their admission. To address this, a proactive approach was introduced, implementing an Occupational Therapy screening tool at the point of admission to support early identification of patient needs. This was aligned with the Royal College of Occupational Therapy's Right Support, Right Time principles.

The project focused on improving timely access to Occupational Therapy interventions, including assessment and groupwork, during the inpatient stay. It also aimed to complete the full assessment process during admission to reduce the need for post-discharge follow-up across the wider GG&C area. Alongside this, a culture of patient collaboration was promoted through structured feedback and engagement, ensuring service user views were incorporated into ongoing improvement.

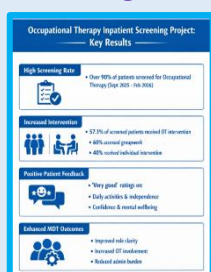
Results

The project achieved high levels of screening, with over 90% of patients admitted between September 2025 and February 2026 assessed for Occupational Therapy. During the pilot period, 57.1% of those screened went on to receive Occupational Therapy intervention, representing a significant increase in access. Of those screened, 60% accessed groupwork and 40% received individual assessment and/or intervention.

Patient feedback consistently rated inpatient Occupational Therapy experiences as 'very good', with reported improvements in daily activities, independence, confidence, vocational preparation and mental wellbeing. MDT feedback indicated improved role clarity, enhanced involvement of Occupational Therapy within the team, and a reduction in administrative burden. Early data also suggested that patients were typically seen around days 7–8 of admission, supporting timely intervention at an earlier stage of care.



Learning and Next Steps



The introduction of OT-led admission screening significantly increased access to Occupational Therapy, from approximately 13% under the previous referral model to around 57% of patients receiving intervention. Key learning highlights the value of early, proactive screening in enabling timely, effective interventions and reducing the need for community follow-up post-discharge.

The project also supported the development of inpatient groupwork opportunities and enabled the collection of robust data to inform ongoing service improvement. Moving forward, there is an opportunity to further expand groupwork provision, continue embedding patient feedback into service development, and sustain the use of structured screening to maintain high levels of Occupational Therapy engagement and impact within inpatient services.

Author: Occupational Therapy Mental Health

6. Occupational Therapy

Gartnavel Royal Hospital Occupational Therapy Service Development Recovery Through Activity Group Programme

Introduction and Aim

The Gartnavel Royal Hospital Occupational Therapy Service sought to further consolidate evidence-based practice through the development of the Recovery Through Activity Group Programme, supporting patients to improve skills required for daily occupations and develop routines in managing activities of daily living. The programme was introduced to enhance existing therapeutic interventions and promote participation in meaningful activity. Grounded in the Model of Human Occupation, the aim was to support patients to increase engagement in leisure, self-care and vocational activities, while recognising the longer-term benefits of occupational participation and improving overall recovery outcomes.

What They Did

The service piloted the Recovery Through Activity programme as a structured group intervention across adult acute admissions and rehabilitation wards, targeting patients experiencing enduring psychosis, low motivation, social isolation and difficulties initiating daily routines. The programme explored a range of up to 12 activities, allowing flexibility to meet individual and group needs while maintaining an evidence-based approach.

A joint approach between acute and rehabilitation services was implemented to increase social engagement opportunities and support patients transitioning between services. The programme incorporated practical sessions and reflective discussions, with patient feedback actively gathered to inform ongoing development. The use of standardised assessment tools, including the Model of Human Occupation Screening Tool (MOHOST), was introduced to support structured evaluation of patients' occupational functioning, including volitional, motor and social interactional skills, as well as environmental influences.



Results

The programme demonstrated good attendance and engagement, with six patients commencing the 12-week programme and the majority completing it. Patient feedback indicated that discussions around previous employment and educational attainment were particularly valued, with practical sessions identified as the most beneficial component.

Clinical observations highlighted improvements in social confidence, increased interest in community-based activity and enhanced motivation among participants. Staff reported that the group provided a supportive environment, particularly beneficial for patients transitioning from acute to rehabilitation services. Feedback from participants also informed service development, leading to increased collaboration with community services such as RESTART and SAMH to support access to meaningful activity and vocational opportunities.

Learning and Next Steps



Key learning highlights the value of structured, activity-based group interventions in supporting patient recovery, particularly when aligned to an evidence-based model such as the Model of Human Occupation. The programme demonstrated the importance of integrating patient feedback to continuously refine and improve service delivery, ensuring it remains responsive to individual needs.

Moving forward, Recovery Through Activity will continue to be delivered based on patient need, with ongoing collection of feedback and use of standardised outcome measures to evidence impact. Plans are in place to expand the programme, including piloting within older people's inpatient services and strengthening links with community services. The approach will continue to prioritise patients preparing for transition to rehabilitation, supporting continuity of care and sustained recovery outcomes.

Author: Elizabeth Taylor, Lead Occupational Therapist

7. East Dunbartonshire Children's Health Team

Leading the Way: Strengthening Quality Assurance and Excellence in Care through Accompanied Visits

Introduction and Aim

The East Dunbartonshire Children's Health Team, comprising Health Visiting, School Nursing and Speech & Language Therapy services, plays a critical role in protecting and promoting the rights, health and wellbeing of infants, children and young people from birth through school age. The service delivers a universal home visiting service for all pre-school children and a targeted service for school aged children, with practitioners developing trusted, long-term relationships with children, families and communities to support assessment, early intervention and prevention of poor outcomes. To further strengthen assurance of care quality during face-to-face practice, the team aimed to design and implement a structured Accompanied Visits approach within Health Visiting and School Nursing services, aligned with NHSGGC priorities and the Excellence in Care Framework.



What They Did

A structured quality improvement approach was undertaken to design and embed Accompanied Visits as a core element of practice assurance. This included the development of an observation-based care assurance model aligned to the Excellence in Care Framework, focusing on person-centred, safe and effective care. A Short Life Working Group was established with representation from Children & Families Health Service management, Health Visiting and School Nursing practitioners, Team Leads, a Practice Development Nurse, Staff Partnership representatives and business support staff to inform and guide the work.

Staff engagement was central to the process, including surveys to agree visit frequency, purpose and observer roles. It was agreed that each practitioner would undertake two accompanied visits per year—one with a Team Lead and one peer-led visit—replacing elements of traditional caseload management supervision. Standard Operating Procedures, supporting documentation and service user feedback tools were developed, including QR code-enabled feedback mechanisms. Governance reporting, escalation and assurance processes were established, with full integration into existing supervision and quality frameworks. The approach was approved through local and NHSGGC governance structures and progressed to the TNR Programme Board for wider implementation.

Results

The Accompanied Visits approach delivered clear benefits for children, young people, families, staff and the wider organisation, strengthening quality assurance through direct observation of practice and improving consistency in care assessment across Health Visiting and School Nursing services. This increased organisational confidence in face-to-face care delivered in a range of settings.

The initiative supported practice development through enhanced reflective learning, recognition of good practice and improved staff engagement, while also contributing to NMC revalidation. It was successfully embedded into routine supervision, replacing traditional approaches with a more meaningful, practice-based model aligned to NHSGGC and Excellence in Care priorities.

The approach also strengthened person-centred care by ensuring the voices of children, families and staff were heard, improving trust, transparency and relationships. Real-time feedback and structured engagement demonstrated a positive impact on care experience and outcomes.



Learning and Next Steps

The introduction of Accompanied Visits demonstrates how community-based services can lead the way in quality improvement, practice development and service transformation across NHSGGC. Key learning highlights the value of embedding structured observation, reflective learning and service user feedback into routine practice to strengthen patient safety, staff development and organisational assurance.

The model provides a scalable and values-based approach that aligns with national priorities while maintaining focus on what matters most to children and families—trusted relationships, compassionate care and continuous learning. Moving forward, the approach supports continued strengthening of outcomes for children, families and communities, with the potential for wider adoption and ongoing refinement through governance and feedback mechanisms.

Author: East Dunbartonshire Children's Health Team

8. Corporate NMAHP

Supporting the Transition to Digital Clinical Notes

Introduction and Aim

The implementation of Digital Clinical Notes (DCN) represents a significant step in NHS Greater Glasgow and Clyde's progression towards a paperless healthcare system. To support safe and sustainable digital adoption, it is essential that the multidisciplinary team is equipped with the knowledge, skills, and confidence required to use DCN effectively. This work aimed to support staff through this transition by developing and delivering a structured, collaborative education and practice development approach, ensuring DCN could be embedded safely into routine clinical practice.

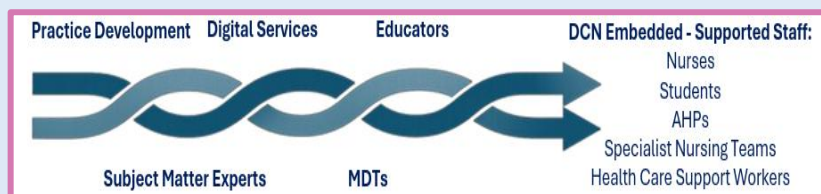
What They Did

A collaborative, multi-modal education strategy was developed to support the introduction of DCN across nursing staff, student nurses, AHPs, specialist nursing teams, and wider MDTs. Training was achieved through partnership working between Practice Development Nurses, Digital Services, clinical educators, subject matter experts, and MDT colleagues, ensuring a coordinated and comprehensive approach to implementation.



Educational support included a wide range of resources such as e-learning modules, one-to-one teaching, 24-hour support, YouTube demonstration videos, user guides, cheat sheets, and QR coded visual materials. Ward-based assistance during go-live enabled real-time learning and confidence building, while resources were continuously adapted in response to emerging learning needs, offering tailored, role-specific guidance across clinical areas.

The implementation followed a phased rollout supported by stage-specific preparation. Early engagement focused on awareness and readiness through e-learning modules and train-the-trainer sessions for local educators. During go-live week, daily check-ins, educator support, one-to-one training, and 24-hour in-person assistance were provided, ensuring staff were supported to embed DCN into routine practice. Ongoing feedback and timely troubleshooting ensured a safe and responsive rollout.



Results

Feedback demonstrated increased competence and reduced apprehension among staff, with DCN successfully embedded into practice by the end of the go-live period. In-person support and accessible educational resources were identified as key factors in building staff confidence during the transition. Early compliance data indicated improvements in person-centred documentation and more consistent completion of care plans.

Quantitative measures showed strong engagement, with high completion of e-learning modules, substantial uptake of digital resources, and over 3,000 staff trained across multiple NHSGGC acute sites. Staff feedback was positive, with 63% of survey respondents rating support from the project team as excellent or good. Qualitative comments highlighted the value of responsive, visible support, particularly during out-of-hours periods, and the effectiveness of a well-planned rollout in maximising staff exposure and learning.



Learning and Next Steps

Key learning highlighted that collaboration is essential for sustainable large-scale digital transformation, and that a multi-modal education approach is effective in meeting diverse learning needs across professional groups. The

availability of visible, accessible educational support was critical in reducing anxiety and enabling staff to develop confidence in using DCN safely in practice. Additionally, the approach enabled AHPs to develop their own bespoke e-learning resources, adapting the nursing e-learning format to meet their needs.

As the DCN programme progresses into its final phase, including expansion to the Queen Elizabeth University Hospital, the educational strategy will continue to evolve. Future planning will focus on maintaining responsive support mechanisms, refining resources based on feedback, and promoting safe, effective, and sustainable digital practice across all clinical areas

Authors: *Matthew Byrne & Toni Lamont NHSGGC Corporate Practice Development Team*

Acknowledgments: *NHSGGC Corporate Practice Development Team, NHSGGC Digital Services, NHSGGC Person Centred Health & Care Team*

9. Critical Care Psychology Service and Adult ICU

Embedding Psychology in Critical Care: Proactive Support for Patients, Families and Staff

Introduction and Aim

The endowment-funded two-year Critical Care Psychology Service (CCPS) pilot was established in November 2025 to address a recognised gap in specialist psychological care within adult Intensive Care Units at Glasgow Royal Infirmary, Queen Elizabeth University Hospital and the Royal Alexandra Hospital. Psychological distress following critical illness can affect patients' recovery and quality of life, while families and ICU staff may also experience significant emotional strain. The pilot aims to improve patient safety, experience and recovery by embedding psychological care within ICU pathways, supporting families during critical illness and strengthening trauma-informed, psychologically safe care for multidisciplinary teams. It also aims to generate evidence to inform the longer-term sustainability of psychology provision in critical care.

What They Did

CCPS introduced an embedded, consultant-led psychology model delivered by two full-time Clinical Psychologists working alongside ICU nursing, Allied Health Professional and wider multidisciplinary colleagues across the three sites. The service provides psychological screening, assessment, formulation and brief interventions for patients experiencing anxiety, trauma responses, mood difficulties, delirium-related distress or adjustment to critical illness. Families receive support during periods of high stress, uncertainty, complex decision-making and end-of-life care, while staff are offered case consultation, one-to-one support, reflective practice and training. Needs are identified proactively through MDT discussions, supported by standardised tools such as the Intensive Care Psychological Assessment Tool, with a wider focus on embedding psychologically informed and trauma-informed practice into routine ICU care.



The CCPS team alongside ICU nursing and Allied Health Professional colleagues at Glasgow Royal Infirmary (GRI)



CCPS team member alongside MDT ICU colleagues at Royal Alexandra Hospital

Results

During its first six months, CCPS received 147 referrals from ICU multidisciplinary teams, demonstrating strong engagement and early integration into clinical pathways. Most referrals were reviewed and triaged promptly, and over half involved support for families. The service contributed to more psychologically informed MDT decision-making, improved communication in complex clinical situations and a stronger focus on trauma-informed, psychologically safe care. Patients reported being better able to manage anxiety, tolerate the ICU environment and engage in recovery, while families valued support during highly distressing and uncertain circumstances. In a May 2026 staff survey, 69 ICU staff responded and 95% agreed or strongly agreed that CCPS had a positive impact in ICU, improved patient care, supported families and added value to the MDT.

Visible impact on patient and family care. Embedded in the ICU makes it easier for patients and families to access expert, compassionate support when they need it most.	"Being able to support our patients and their families through some of the hardest times in their lives is really fulfilling and I think the psychological input you've provided is just so <u>so</u> needed and invaluable to our patients." "Has been of huge benefit to patient as it allows them to have the confidence to open up about issues that they wouldn't normally."
Provides accessible specialist advice & practical support. Enables timely advice, joint working and guidance in complex situations and decision-making. Empowers staff to have psychologically informed conversations and manage complex situations more effectively.	"Staff can for example say, 'I seen that you had a meeting with the psychologist, did you find that helpful?' which can open a different direction of communication." "They helped me discuss treatment limitations... which I would have avoided before." "Being able to offer the option to carry out joint consultations with psychology... has been very valuable" "Knowing they are available and present on the ward....they are always available for a chat."
Supports staff wellbeing. Offers emotional support, reflective practice, and wellbeing resources.	"Good support for traumatic events impacting staff." "Weekly wellbeing emails... really helpful to relax after a busy shift." "Gave me a safe place to speak... relieving knowing I have somewhere to go for help."
Described as "invaluable" and "a fantastic addition" to ICU. Viewed as an essential, staff consistently described psychology support as something they now see as fundamental to high-quality care in ICU.	"This is long overdue in intensive <u>care</u> and I cannot speak highly enough of the work and positive impact the team have had." "An amazing addition to critical care." "CCPS staff are approachable and have integrated well into the team."

Early findings highlight the value of embedding psychology within ICU pathways, enabling a shift from reactive care to proactive, preventative psychological support.

Learning and Next Steps

Early findings show the value of shifting from reactive responses to proactive, preventative psychological support embedded within critical care. They also highlight capacity pressures: current staffing is below national recommendations and limits step-down and post-discharge support. The next phase will include a mini-pilot to assess demand and impact within High Dependency Units, psychology study days for ICU staff, patient information on the psychological effects of critical illness, stronger links with local mental health and community services, and improved transitions from ICU to wards and community care. The remainder of the pilot will strengthen outcome measurement, refine referral and prioritisation pathways and further embed psychologically informed practice, creating a robust evidence base to inform recurrent funding and future service development.



*CCPS team member alongside
MDT ICU colleagues at Queen
Elizabeth University Hospital
(QEUEH)*

Authors: *Critical Care Psychology Service, Clinical Psychology, working with Adult ICU multidisciplinary teams across Glasgow Royal Infirmary, Queen Elizabeth University Hospital and Royal Alexandra Hospital*

6. Building Capability

6.1 Clinical Risk Training

6.1.1 Significant Adverse Events Reviewer Training

Between March 2023 and April 2024, 299 staff completed training to carry out Significant Adverse Event Reviews. This adds to the 565 staff trained since 2021.

We are also reviewing how this training is delivered so that staff can access it more easily through a mix of online learning and live sessions.

6.1.2 Duty of Candour Training

NHS Education Scotland has developed an online Duty of Candour module on LearnPro to help staff understand their responsibilities and support open and honest communication when something goes wrong.

Between April 2025 and March 2026, 15 staff in NHS Greater Glasgow and Clyde completed the course.

6.1.3 Commissioner Training

A LearnPro module is available to support staff who commission Significant Adverse Event Reviews. Module 305, *Commissioning of a Significant Adverse Event*, is available under Specialist Subjects. Staff can complete it on LearnPro, and guided sessions can also be arranged through the Clinical Risk team.

Between 1 April 2025 and 31 March 2026, 39 people accessed this training.

6.2 Quality Improvement Training

6.2.1 Quality Improvement Fundamentals

A LearnPro module was developed in 2021 to help staff understand Quality Improvement. It gives a basic introduction to why improvement work matters, how it is carried out, and how it supports better care in NHS Greater Glasgow and Clyde.

The module, **NHSGGC Course 109 Quality Improvement Fundamentals**, was added to LearnPro in February 2021 and formally launched in March 2022.

Between February 2021 and March 2026, 3,321 staff completed the module.

6.2.2 Scottish Improvement Foundation Skills (SIFS) Programme

NHS Greater Glasgow and Clyde provides Quality Improvement training through the Scottish Improvement Foundation Skills (SIFS) programme. The programme was developed by NHS Education Scotland and is approved for local delivery by NHS Boards. It is delivered online through Microsoft Teams to small groups of staff. It helps participants build the knowledge, skills and confidence to take part in improvement work in their own services.

Between April 2025 and March 2026, 12 groups involving 150 staff completed the programme. As part of the training, each participant also completed a quality improvement project to put their learning into practice. Examples of projects included:

- improving the reliability of plaster deliveries to the WestMARC Prosthetic Department
- helping patients with severe heart failure and fluid overload complete fluid charts more accurately in the Coronary Care Unit at the Royal Alexandra Hospital
- supporting families after discharge from the neonatal unit at the Royal Alexandra Hospital to help reduce the drop in breastfeeding rates
- increasing completion of essential dementia training for nurses in the Specialist Learning Disability Service

6.2.3 The NHSGGC QI Learner Pathway

The NHS Greater Glasgow and Clyde Quality Improvement Learner Pathway was developed in 2026 to help staff and leaders choose the most suitable improvement learning for their needs. It brings together local and national training options in one place and includes simple descriptions to support decision-making.

NHSGGC Quality Improvement Learner Pathway

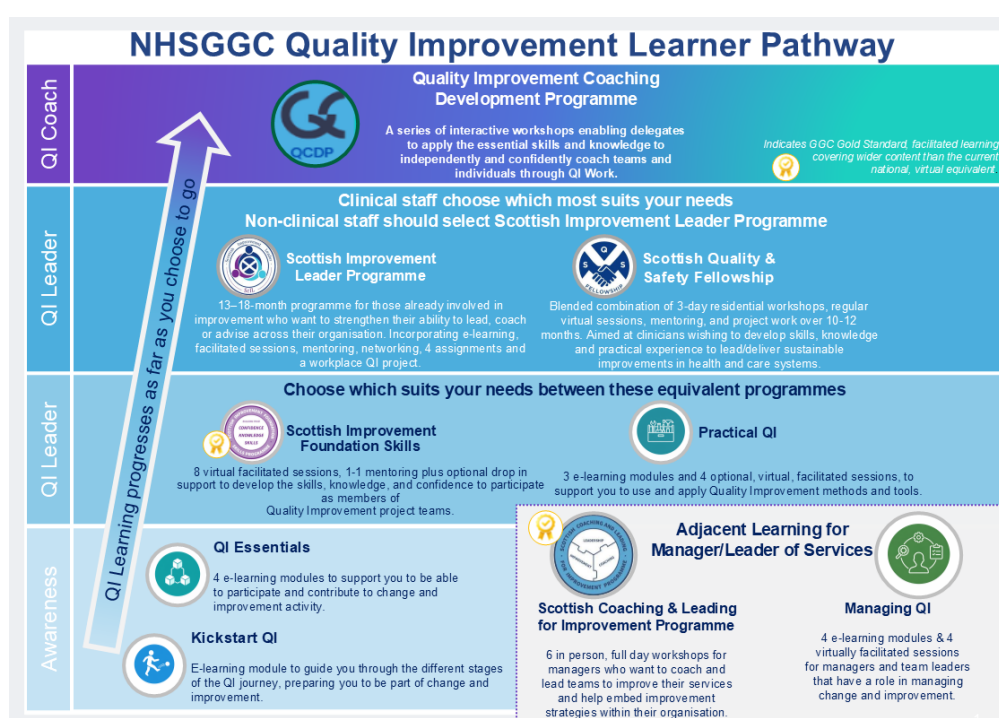


Figure 6.2.1: Quality Improvement Training | NHSGGC Quality Improvement Learner Pathway

6.2.4 NHSGGC Quality Improvement Network

The NHS Greater Glasgow and Clyde Quality Improvement Network was launched in 2024 and supports staff to learn, share ideas and connect with others involved in improvement work. It is aligned with the NHS Greater Glasgow and Clyde Quality Strategy, *Quality Everyone, Everywhere* (2024–2029).



During the past year, work has continued to test and put in place the changes identified through the network's improvement plan.

Figure 6.2.2: Quality Improvement Training | NHSGGC Quality Improvement Network Activity and Reach

NHSGGC Quality Improvement Network Driver Diagram

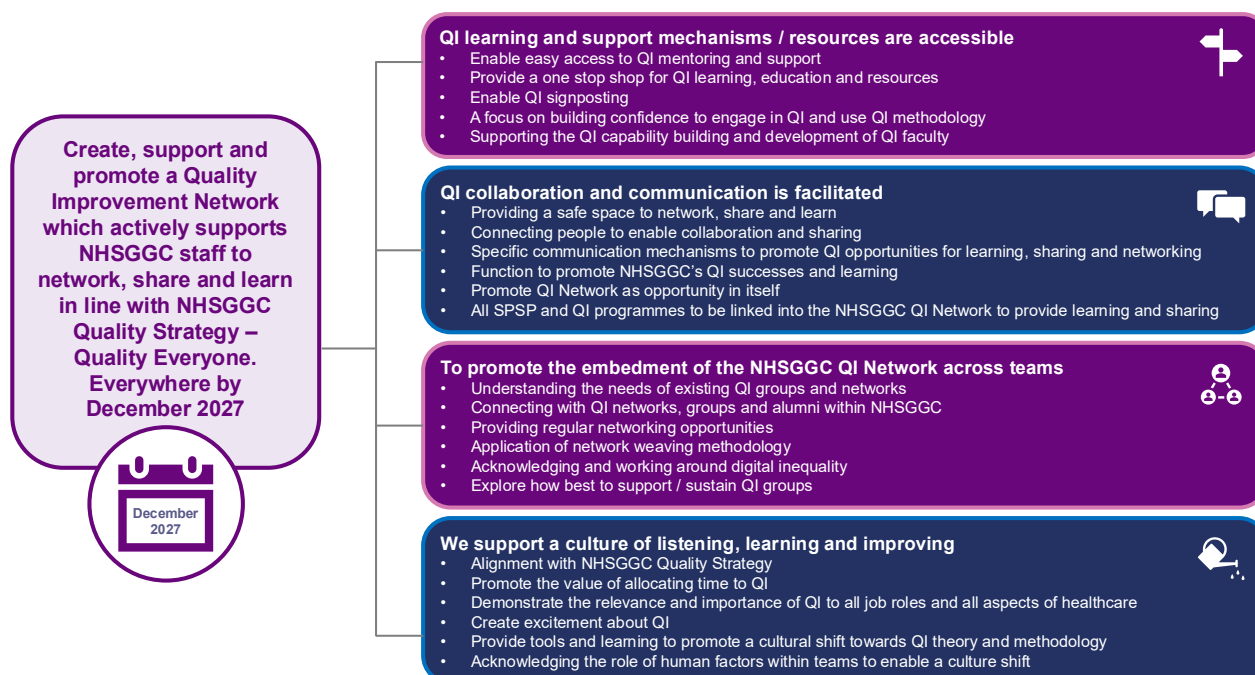


Figure 6.2.2: Quality Improvement Training | NHSGGC Quality Improvement Network Driver Diagram

Network Mapping

Work to map active quality improvement networks and groups across NHS Greater Glasgow and Clyde has now been completed, using member feedback and local information. The next step is to create a visual map of improvement activity across the organisation, with named contacts to help staff connect and work together.

Bitesize Learning

The Bitesize Learning Series uses the Quality Improvement Network Teams channel to share short learning sessions on topics that members have said they want to hear more about. Planning is now in place for contributors, topics, themes and communications, with the first series due to begin in June 2026.

Short versions of key material from the Clyde Improvement Den are also being prepared for wider sharing. Over time, staff and network members will also be supported to create their own short clips about their improvement work, learning and experience.

QI Clinics

Three quarterly Quality Improvement Clinics have now been tested. These provide discussion, resources and signposting for staff who need timely advice or mentoring on local improvement work. Testing will continue during 2026 before deciding whether this support should be offered more widely.

Sharing of QI Projects

The Flash Report Gallery has been created within the new Quality Improvement Learning Hub to help staff share learning from local projects completed through the Scottish Improvement Foundation Skills programme. This will continue to be developed after its early summer 2026 soft launch.

QI Network Opportunities Calendar

The Quality Improvement Network Opportunities Calendar has been launched on the Quality Improvement Network Hub to help staff find local and national learning, sharing and networking opportunities. The corporate Quality Improvement team manages this resource and keeps the information up to date.

NHSGGC Learning System

NHS Greater Glasgow and Clyde is committed to becoming a learning organisation that reflects on when things go wrong and uses that learning to improve care.

Over the past year, the NHS Greater Glasgow and Clyde Learning System has been developed to strengthen how learning is gathered, shared and used across services. It brings together learning from significant adverse event reviews, complaints, legal claims, Fatal Accident Inquiries, inspection reports, whistleblowing, patient, carer and staff feedback, and ongoing improvement work. The aim is to make learning easier to access and use to improve safety and care.

At its heart, the Learning System is designed to make sure learning from people who use and work in our services is gathered consistently and used to support improvement.

Key Components of the Learning Systems

- **Learning System Hub on SharePoint**
A new organisation-wide digital hub will provide one place to access and share learning. It will include guidance, templates and links to improvement tools.
- **Standardised Learning Template**
A single template will help teams record and present learning in a clear and consistent way across NHS Greater Glasgow and Clyde.
- **Learning Champions Network**
A growing network of senior leaders will help promote learning across services and support staff to share good practice and improvement ideas.

7. Conclusion

This report sets out some of the main work carried out during 2025–2026 to support safe, effective and person-centred care across NHS Greater Glasgow and Clyde. It shows how clinical governance helps us monitor the quality of care, learn from what happens, and make improvements across our services.

The key message from this report is that learning, improvement and accountability remain central to our work. During the year, we continued to strengthen our governance arrangements, review important policies, support quality improvement and use learning from reviews and feedback to improve care.

This work will continue during 2026–2027.

Glossary of Terms and Abbreviations

Term / Abbreviations	Definition
Adverse Event	An unintended or unexpected incident that could have or did lead to harm for a patient receiving care.
A&E	Accident and Emergency department (not explicitly defined in document)
AI	Artificial Intelligence; referenced in relation to supporting SBAR summaries.
BP	Blood Pressure
CGA	Comprehensive Geriatric Assessment – a multidimensional assessment of older patients' health needs.
Clinical Governance	A system through which healthcare organisations are accountable for continuously improving quality and safeguarding high standards of care (implicit throughout report).
Clinical Risk Management	The process of identifying, analysing and reducing risks to patients during healthcare delivery.
Contributory Factors	Elements that influence or lead to an adverse event, analysed to identify learning.
CQP	Clinical Quality Publications – national guidance, standards and reports reviewed to support improvement.
CSAT	Care Systems Analysis Tool – used to analyse contributing factors across system domains.
Datix	Electronic incident reporting and risk management system used to record and track adverse events.
Driver Diagram	A visual tool used in Quality Improvement to show how change ideas contribute to improvement aims.
Duty of Candour	A legal requirement to be open and honest with patients and families when harm occurs, including apology and involvement in review.
ED	Emergency Department
FOI	Freedom of Information (Scotland Act) – legislation providing public access to information held by public bodies.
GGCLS (Learning System)	NHSGGC Learning System designed to capture and share learning from incidents, complaints and feedback.
GGC / NHSGGC	NHS Greater Glasgow and Clyde
HIS	Healthcare Improvement Scotland – national body supporting quality and safety improvement.
Human Factors	An approach considering how people, systems and environments interact to influence safety and performance.
IPG	Interventional Procedure Guidance – national guidance on clinical procedures.
KPI	Key Performance Indicator – a measure used to monitor performance and progress.
LearnPro	Online training platform used for NHSGGC staff education.

Term / Abbreviations	Definition
Learning System Hub	A central SharePoint-based resource for accessing and sharing organisational learning.
LVSD	Left Ventricular Systolic Dysfunction (not defined in document)
M&M	Morbidity and Mortality reviews – structured discussions on patient outcomes to support learning.
MCQIC	Maternity and Children Quality Improvement Collaborative
MH	Mental Health
MHRA	Medicines and Healthcare products Regulatory Agency (not defined in document)
NES	NHS Education Scotland
NEWS2	National Early Warning Score (version 2) used to detect patient deterioration (not defined in document)
NNU	Neonatal Unit (not defined in document)
NPSA	National Patient Safety Agency (not defined in document)
OBD	Occupied Bed Days (not defined in document)
Outlier	Performance significantly different from national benchmarks requiring investigation and response.
PHS	Public Health Scotland
PPD	Prolonged Pleural Drainage (not defined in document)
QI	Quality Improvement – a systematic approach to improving care using testing, measurement and learning.
QI Network	A collaborative structure supporting the sharing of QI learning, resources and improvement activity.
QEUH	Queen Elizabeth University Hospital (not defined in document)
RAH	Royal Alexandra Hospital
RHC	Royal Hospital for Children
SAE	Significant Adverse Event – an incident causing or with potential for significant harm.
SAER	Significant Adverse Event Review – a structured investigation of an SAE.
SBAR	Situation, Background, Assessment, Recommendation (not defined in document)
SIGN	Scottish Intercollegiate Guidelines Network
SIFS	Scottish Improvement Foundation Skills programme
SNAP	Scottish National Audit Programme
SOP	Standard Operating Procedure (not explicitly defined in document)
SPSP	Scottish Patient Safety Programme
Thematic Analysis	A method of identifying patterns and themes within data (e.g.

Term / Abbreviations	Definition
	SAER findings).
Falls Prevention	Actions taken to reduce the risk of patient falls and associated harm.
Pressure Ulcer	Localised injury to skin/tissue caused by pressure, targeted for prevention.
Deteriorating Patient	A patient whose clinical condition is worsening and requires timely intervention.

