



NHS Greater Glasgow and Clyde	Paper No. 26/39
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 April 2026
Title:	Transforming Together & GGC Way Forward Portfolio Report
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1. Purpose

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

2. Executive Summary

The paper can be summarised as follows:

This “Transforming Together” Portfolio Report provides the NHSGGC Board with an update on progress across out six transformation programmes:

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

Portfolio Status:

All Programmes across the Transforming Together Portfolio maintain their on track status and continue to progress their delivery milestones.

The progress across our Transforming Together and GGC Way Forward Portfolio is despite ongoing operational challenges and rising winter demand across our system. Our 48 additional acute beds remained open throughout January, February and March 2026 and System Support was put in place 19-30 March 26 to help improve flow, reduce delays, stabilize ED performance, and enhance safety and experience. That our transformation programs continue to make progress demonstrates the resilience across our system.

Key Highlights this period

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

- **GGC Way Forward:** we continue to make progress with implementing the programme. Specific highlights are:
 - E-triage implementation continues with estates engaged to arrange installation of the units and go live dates being planned
 - Nursing workforce recruitment completed and additional nurses in post for Clyde
 - Launch of discharge to scan general medicine hot clinic developed and launched (North)
 - OPAT services live in all sectors, with North and Clyde expansions in January
- **The Interface & Urgent Care Programme** continues to evolve, with a large number of actions underway to deliver the outcomes of the defined priorities and outcomes. Key developments have been:
 - Significant work undertaken on escalation and decompression to develop thresholds, action cards, huddles and recruitment to QUEST co-ordinator role
 - Whole System Flow – whole system audit completed and DWD steering group established with renewed priorities
- **Primary Care**
 - Approval to access GP practice data continues, with 46 practices having now approved data sharing. This will support the creation of a whole system Primary Care Information dashboard
- **Mental Health**
 - Community Mental Health Acute Care Service (CMHACS), Medical staff now incorporated into the MDT approach across Glasgow City
 - Whole system Bed Management project - bed manager role continues to progress through the vacancy process
- **Cancer and Planned Care**
 - Urology Review: TP Biopsy private sector tender progressed; 93 cases (against a 180 target by 31 March) sent early February. Two additional Clinical Nurse Specialist posts recruited
 - Orthopaedics: Direction of travel agreed in principle with agreement to align sub-specialty to sites

- **Women & Children's Programme:** Following a successful women and children's Hackathon (5) on Friday 30th January the outputs are being further developed and aligned within the existing projects and workstreams. Key achievements in this period are:
 - Further successful expansion of paediatric (18 patients admitted through January) and neonatal (39 admitted through January) Hospital at Home service.
 - Purchase of 1 Myosure (tissue removal system) will support treatment of more patients in outpatient setting, rather than theatres, impact being evaluated
 - Further progression of the Birmingham symptom-specific obstetric triage system (BSOTs) triage model of care within maternity services. This standardises the assessment of women presenting with unexpected pregnancy related problems or concerns, and ensures they are prioritised according to clinical urgency.
 - Additional 15 WTE midwives have been appointed.

3. Recommendations

The NHSGGC Board is asked to note the report and sustained progress across the Transforming Together & GGC Way Forward Portfolio.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

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

7. Governance Route

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

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

- Transforming Together Portfolio Board – Friday 16 January and Friday 13 February 2026
- Transforming Together & GGC Way Forward Executive Oversight Group – Friday 23 January and Friday 20 February 2026
- Corporate Management Team – Monday 16 March 2026
- Finance, Planning and Performance Committee – Wednesday 25 March 2026

8. Date Prepared & Issued

Paper prepared and issued:

Date Prepared: 14 April 2026

Date Issued: 22 April 2026

Transforming Together - GGC Way Forward Portfolio Report Board Report

Thursday 30th April 2026

“Listening, Learning and Transforming Together”

1. Introduction

This report provides an update on the progress across our Transforming Together Portfolio, and follows the previous report presented to the Board on the 26 February October. This report was presented to the Corporate Management Team on 16 March and Finance, Planning & Performance Committee on the 25 March.

This report encompasses all status updates provided at the 16 January and 13 February Transforming Together Portfolio Boards.

2. Programme Management Office (PMO) Framework & Monitoring

All projects and programmes continue to evolve their milestone plans, with a particular focus being given to extend plans to 2027 where projects are mature enough in their scope and shape. Emerging risks and issues across the Portfolio continue to be highlighted with the PMO and programme teams actively seeking to mitigate and resolve these proactively.

3. Portfolio Status - Overview

Key Highlights:

- Progress continues with most projects maintaining a similar pace and trajectory.
- Action delivery continues to be specific to project and programme. A summary of the progress on each is contained within this report

Transforming Together Portfolio			Overall Portfolio Status:			On Track
Overall Portfolio Trend	No in Portfolio	Not Started	Complete	On Track	At Risk	Delayed
↑	6	0	0	6	0	0

Portfolio Executive Summary

All six programmes across the Transforming Together Portfolio continue to steadily progress. Programme updates, including key achievements for this period and a 70 day look forward are included within section 4 of this report.

Main achievements across the portfolio in the last period include:

A. GGC Way Forward

- E-triage implementation continues with estates engaged to arrange installation of the units and go live dates being planned
- Recruitment of Campus Police Officers for North Sector (GRI) due to commence late Feb
- Nursing workforce recruitment completed and additional nurses in post for Clyde
- Launch of Discharge to Scan General Medicine Hot Clinic developed and launched (North)
- OPAT services live in all sectors, with North and Clyde expansions in January
- Test of Change data analysis for Troponin testing in South sector concluded and shared with North

B. Interface & Urgent Care

- Ongoing recruitment and implementation of the medical model across the interface division
- Significant work undertaken on escalation and decompression to develop thresholds, action cards, huddles and recruitment to QUEST co-ordinator role
- Expansion of Hospital at Home with our HSCP's progressing with recruitment of additional staff, as well as recruitment of Frailty Practitioners and geriatrician input in FNC+
- RAaC pathway scoping completed by all sectors
- Whole System Flow – whole system audit completed and DWD steering group established with renewed priorities

C. Primary Care

- Transfer to Vision system (GP IT) continued with three practices transferred so far, with full migration expected by mid-2027
- Approval to access GP practice data continues, with 46 GP practices having now approved data sharing. This will support the creation of a whole system Primary Care Information dashboard

D. Mental Health

- Community Mental Health Acute Care Service (CMHACS), Medical staff now incorporated into the MDT approach across Glasgow City

E. Cancer and Planned Care

- Urology Review: TP Biopsy private sector tender progressed; 93 cases sent early by February (against a 180 target by 31 March). Two additional Clinical Nurse Specialist posts recruited
- Orthopaedics: Direction of travel agreed in principle with agreement to align sub-specialty to sites

- Skin Cancer project established with appropriate clinical and management reps from various specialties. This project will focus on the review of five key areas: Digital Dermatology, managing demand, benign lesions/NRP, straight to surgery pathways, onwards referrals (inc. vetting and re-vetting)

F. Women & Children

- Further successful expansion of paediatric (18 patients admitted through January) and neonatal (39 admitted through January) Hospital at Home service
- Successful Women and Children's Hackathon on the 30 January with clear priority actions identified across all areas
- Purchase of 1 Myosure (tissue removal system) will support treatment of more patients in outpatient setting, rather than theatres, impact being evaluated
- Maternity Redesign
 - Further progression of the Birmingham symptom-specific obstetric triage system (BSOTs) triage model of care within maternity services. This standardises the assessment of women presenting with unexpected pregnancy related problems or concerns, and ensures they are prioritised according to clinical urgency
 - An additional 19 midwife interviews were undertaken in January, following which 15 WTE midwives have accepted offers

4.1 GGC Way Forward Programme

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

GGC Way Forward Programme		Programme Status	On Track	Trend	→
GGC WF Theme	Key Achievements				
Patient Safety & Care	<ul style="list-style-type: none"> • ED replacement doors for safer environment action now complete in Clyde • Recruitment of campus Police officers at GRI to support staff and security teams – staff commenced in post from 23 February (North) 				
Staffing Concerns	<ul style="list-style-type: none"> • Nursing Workforce - Recruitment completed, additional nurses in post for phase 1 (Clyde) 				
Staff Wellbeing	<ul style="list-style-type: none"> • Additional environmental improvements and equipment to support staff wellbeing are now in place supported through the ED capital endowment fund (Clyde) 				
Infrastructure	<ul style="list-style-type: none"> • Weekly meetings with ED service leads and capital project management set up to progress immediate works and business case development 				
ED Flow	<ul style="list-style-type: none"> • Collaboration approach with estates and facilities has greatly improved reliability of the QUEH pod system with no issues logged since start of November 2025 • Completion of a medical staffing review - extra VRF's have been approved. Four job offers have been made with start dates in February, April, June & August 2026 (South) • Developed a Discharge to Return General Medicine Hot Clinic (North) 				

Wider Whole System Operational Improvement Plan	<ul style="list-style-type: none"> • Intermediate Care beds delivered over 1,700 bed days of activity for step-down/step-up and complex discharge patients during January • OPAT services live in all sectors, North and Clyde expansion has supported 210 patients in January 26
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Key activities for the GCC Way Forward Programme over the next 70 days are set out in the table below.

Key Activities Planned in next 70-day Period	
Whole system	<ul style="list-style-type: none"> • Introduction of AHP 7 day working in downstream wards at QEUH, RAH, and GRI • Home First Response Service (HFRS) expansion to 7 days at all major sites • Recruit additional Social Workers to input to Extended Huddles (West Dun)
South Sector	<ul style="list-style-type: none"> • Strengthen systems and processes for real-time staffing assessment and escalation and monitoring of severe or recurrent risks. Conduct daily staffing assessments and reporting reviews to ensure consistency and responsiveness • Workforce tool re-run to be completed and review of staffing - Tool re-run is now complete, and outputs handed over to rostering team. Awaiting recommendations of Tool re-run to be published • Implement necessary improvements to the ED physical environment at QEUH • Completion of a medical staffing review. First area focusing on conversion of spend on temporary medical staff (bank, agency) into permanent staff - paper and extra VRF's have been approved – 4 Consultants appointed but yet to commence in post.
Clyde Sector	<ul style="list-style-type: none"> • Gynaecology pathways agreed and implemented – work to continue via short life working group to achieve approval of the SOP • ED Capital Endowment Project for Staff Wellbeing Area completed - furniture and lockers to be delivered and installed • Staffing will be confirmed to extend Trauma Assessment Unit (TAU) opening hours
North Sector	<ul style="list-style-type: none"> • Campus Police officers at GRI will be in place to support staff and security teams • Establish escalation SOPs for senior decision making in reach into ED & AAU when flow is congested • Launch of revised Speciality Triage Document/protocol – Document socialised with all specialities. Launch dates being agreed in speciality specific meetings • Triage for General Surgery and Urology launched - will streamline referral process to General Surgery and Urology, to expedite transfers from ED

4.2 Interface & Urgent Care Programme

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

Programme: Interface and Urgent Care			
Project	Status	Summary of Progress	Trend
Escalation and De-compression	On Track	<ul style="list-style-type: none"> Escalation and Decompression QUEST huddles continued to run across January with additional huddles stood up through System Reset 2 – informed by learning from System Reset 1 Renewed Action Cards being developed following System Reset 2 to support Acute/Interface/HSCP in identifying BAU/Escalation actions to support pull of patients Review of Acute thresholds and weightings undertaken in Dec/January with work ongoing to look at mapping to both historical data and utilisation of predictive analytics Recruitment to QUEST Coordinator position complete with start date expected in March 	↑
FNC+ & Pathways	On Track	<ul style="list-style-type: none"> GP Calls continue to FNC+ Plus in North/South. A revised go-live date for Clyde GP calls to FNC+ Plus is set for March, contingent on successful recruitment of registered nurses, with active recruitment underway Recruitment continues to develop further necessary workforce for FNC+ Plus, CSM post now in place Work underway to develop Woman's Health pathways following Hackathon 5 on 30 January A draft Atraumatic foot pathway has been developed and under review with the FNC+ Plus pathways group NHS24 Direct Access Pathway Test complete, a review of current data is underway to inform future plans 	↑
Front door Redesign: Digital Triage & Rapid Assessment & Care (RAaC)	On Track	<ul style="list-style-type: none"> E-Triage Digital, Capital group and implementation groups up and running to progress work both around the installation/infrastructure element of E-Triage and the operational utilisation RAaC pathway scoping complete by all sectors and discussed at overarching implementation group. Workforce ask to be agreed by mid-February and progressed at pace. Sector implementation groups continue to progress local plans 	↑
Virtual Hospital Expansion	On Track	<ul style="list-style-type: none"> Recruitment for additional staff to support Hospital at Home underway across HSCPs as well as recruitment of Frailty Practitioners within FNC+ Plus. Geriatrician input is now agreed and 	↑

		<p>milestone tracking now in place to support consistent, scalable delivery across East Dunbartonshire, Renfrewshire and East Renfrewshire</p> <ul style="list-style-type: none"> • Hospital at Home for neonates and paediatrics this reporting period admitted 24 patients for paediatrics and 39 babies for neonates • Cardiology Heart Failure (South): Accommodation & recruitment are progressing. POC testing secured and a proposal for echo access is being developed • General Surgery: A draft virtual biliary pathway has now been developed with implementation plans to be agreed in February 2026 	
Flow Improvement	On Track	<ul style="list-style-type: none"> • Whole System Audit complete and wider support for System Reset 2 delivered • DWD Steering Group scheduled for February 2026 with renewed priorities and first Whole System Flow Group planned for February 2026 • Recruitment continues for Frailty HFRS and Frailty TAU posts with rolling appointments continuing to be made 	↑

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

Key Activities Planned in next 70-day Period	
<p>Interface and Urgent Care</p> <ul style="list-style-type: none"> • Recruitment and implementation of the Interface Division clinical workforce model continues. Gaps remain for nursing, medical, and non-clinical roles which continues to affect service readiness and delivery • Expansion of Hospital at Home service across HSCPs to deliver additional beds <p>Escalation and Decompression</p> <ul style="list-style-type: none"> • Adjustment of acute thresholds and weightings following System Reset 2 concluded • Implementation of the first version of HSCP Operational Pressures Escalation Levels (OPEL) framework following System Reset 2. The purpose of this framework is to unify the approach to the detection, management, and escalation of operational pressures across the system. • SLWG established to complete the standardisation of the thresholds for escalation and adoption through the whole system's escalation policy • Complete the scoping of the digital platform / potential integration of CEMBooks to support real-time action logging and dashboard automation <p>FNC+ Pathways</p> <ul style="list-style-type: none"> • Go live of GP calls in Clyde • FNC+ is open 24 hours a day, 7 days a week <p>Front door redesign</p>	

- First phase RAaC pathways implemented
- Diagnostics demand and capacity modelling complete
- E-triage implementation group established

Virtual Hospital

- Delivery of both the clinical workforce model and high-volume virtual pathways across cardiology, respiratory, paediatrics & neonatology, general surgery, and frailty will continue to be a priority focus. Rapid implementation of these priority pathways and virtual wards will be progressed through enhanced clinical leadership, working in partnership with the Interface Divisional Team

4.3 Primary Care Programme

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

Programme: Primary Care			
Project	Status	Summary of Progress	Trend
Digitally enabled primary care	On Track	<ul style="list-style-type: none"> • Transfer to Vision (GP IT system): EMIS to Vision pilot phase recommenced with one additional GP Practice migration in Glasgow • Docman 10 Implementation: Still awaiting deployment plan from NSS. Migrations expected to start April / May 2026 • Asynchronous Consulting: Evaluation results reported to PC Programme Board in December. This area forms part of Year 2 of the National GP funding announcement for proposed delivery during 2027-28. Findings from our evaluation will be shared with SG to inform future development of system 	→
Accommodation, premises & estate	On Track	<ul style="list-style-type: none"> • National Funding: Scottish Government Budget announcement on 13th January of a revenue-funded infrastructure investment programme for primary and community care, with Port Glasgow being one of three initial pilot centres 	↑
Monitoring, Evaluation, Intelligence	On Track	<ul style="list-style-type: none"> • Primary Care Information dashboard: Information pack that requests approval to access practice data has been issued to all 223 practices across NHSGGC and 46 responses have been received so far. When practices have agreed to share data as joint data controllers, this will enable data to be gathered in support of building the Primary Care Information dashboard which seeks to present aggregated data clearly demonstrating activity, impact and outcomes of all Primary Care services 	→

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

Key Activities Planned in next 70-day Period	
<ul style="list-style-type: none"> • Transfer to Vision (GP IT system): preparation for the second GP practice migration due in February, following this ongoing roll out across all GP practices • Primary Care Information dashboard: Increase the number of approvals from GP practices and commence initial extractions of data for consented practices and develop, analyse and refine initial GP activity reports • Blood Pressure Pathway: review usage, with evaluation paper due to be brought to Portfolio Board in April to inform potential extension • GP walk-in centre: subject to SG approval of expression of interest, progress delivery of GP walk in centre • Refreshed plan and communication for lease assignation and sustainability loans 	

4.4 Mental Health Programme

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

Programme: Mental Health			
Project	Status	Summary of Progress	Trend
Inpatient Bed Reconfiguration	On Track	<ul style="list-style-type: none"> • Ongoing work completed to prepare for the engagement phase of the project 	→
Community Mental Health Acute Care Service (CMHACS)	On Track	<ul style="list-style-type: none"> • Work continues to ensure the policy principles of intensive community support are implemented and embedded locally as expected. Differences in local operational delivery are being resolved • Medical staff now incorporated into the MDT approach across Glasgow City 	→
Whole (MH) System Bed Management	On Track	<ul style="list-style-type: none"> • Bed Navigation manager role continues to progress through the vacancy process 	→
Unified Referral Management	On Track	<ul style="list-style-type: none"> • Work in ongoing to Work continues to collate feedback from the flow navigation survey to inform the requirements and potential service design of a unified referral management service 	→
Expanded Borderline Personality Disorder Pathway	On Track	<ul style="list-style-type: none"> • Work continues to progress the workforce model and outcome measures to reflect the investment required across the whole pathway. The project scope includes general community, specialist support and also understanding the wider outcomes / demand on services in addition to reducing inpatient demand (e.g. Emergency Services) 	→
Remote Monitoring –	On Track	<ul style="list-style-type: none"> • Clozapine pathway is live and awaiting its first appropriate patient. Referral criteria being adjusted to support referrals • ADHD pathway criteria and digital solution is under review 	→

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

Key Activities Planned in next 70-day Period
<p>Inpatient Bed Reprovision:</p> <ul style="list-style-type: none"> Desktop option appraisal process planned to assess all 13 site combinations on a range of predefined criteria, enabling the reduction of the long to a shorter list of site combinations which will enable the engagement to be undertaken which will identify the decision point/options to be taken forward to implement inpatient bed reconfiguration. <p>Community Mental Health Acute Care Service (CMHACS):</p> <ul style="list-style-type: none"> CMHACS Operational model to be drafted. <p>Whole (MH) System Bed Management:</p> <ul style="list-style-type: none"> Recruitment of Bed Navigation Manager to accelerate development of Whole (MH) System Bed Management Current state data / intelligence gathering completed <p>Unified Referral Management:</p> <ul style="list-style-type: none"> Utilise feedback, including from stakeholder survey, to develop Unified Referral Management Service (and inform the role of FNC+Plus in this) <p>Remote Monitoring – Clozapine/ADHD:</p> <ul style="list-style-type: none"> First Clozapine patients enrolled following expansion of referral criteria Commencing pilot of remote medical monitoring for ADHD <p>Expended BPD Pathway:</p> <ul style="list-style-type: none"> Progress work on outcome measures, workforce model, and demand for services

4.5 Cancer & Planned Care Programme

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

Programme: Cancer & Planned Care			
Project	Status	Summary of Progress	Trend
Peri-Operative Transformation	On Track	<ul style="list-style-type: none"> Mapping work against CfSD framework completed and presented. This was to ensure completeness and that we do not have any gaps Evaluation of digital solutions for pre-op assessment continues, with initial work focusing on process mapping. Workshop date set for mid-February to explore further 	↑

		<ul style="list-style-type: none"> Review underway of theatre metrics to agree on the most appropriate measures and ensure consistent definition across GGC. Ensuring alignment with nationally collected data 	
Orthopaedic High Productivity/Blue print	On Track	<ul style="list-style-type: none"> Cross sector group met to review the outputs from the December workshop. Direction of travel agreed in principle with adoption of a high productive theatre model, separation of elective and trauma and alignment of sub-specialty 	↑
Urology Review	On Track	<ul style="list-style-type: none"> TP Biopsy private sector tender progressed; cumulative 93 cases sent to date (44 cases sent in December and a further 49 cases sent in January). Expectation is that we will achieve target of 180 by 31 March Two additional Clinical Nurse Specialist posts recruited – one started in January and one with a start date to be confirmed 	↑
Skin Cancer Review	On Track	<ul style="list-style-type: none"> Full Project Board established, with clinical and management reps from Dermatology, OMFS, Plastic Surgery, Pathology, Imaging, Oncology and IT. Terms of Reference drafted Five proposed areas for review: Digital Dermatology, managing demand, benign lesions/NRP, straight to surgery pathways, onwards referrals (inc. vetting and re-vetting) 	→
West of Scotland SACT Strategy Implementation	On Track	<ul style="list-style-type: none"> Working group established in January 2026 and monthly meetings agreed Agreed four areas of focus: clinical, nursing, pharmacy and accommodation 	→
Robotic Assisted Surgery	On Track	<ul style="list-style-type: none"> First meeting scheduled for February 26 at which terms of reference, deliverables and milestones will be agreed and actions progressed thereafter. 	→

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

Key Activities Planned in next 70-day Period	
<p>Peri-Operative Transformation:</p> <ul style="list-style-type: none"> Pre-operative – evaluation of digital solutions, standardised SOP created and approved, and demand and capacity modelling completed Theatre Processes – standardisation of theatre admin processes completed, and digital scheduling established Finalise theatre metrics, data source and definition of each <p>Orthopaedics:</p> <ul style="list-style-type: none"> Direction of travel to be formally approved at next Cross Sector meeting in February along with target operating model assumptions Demand vs capacity modelling by site and subspecialty completed, with corresponding workforce and financial impacts to be assessed Further meeting to progress on MSK Hub pilot Role of robotic surgery defined and development of required business case <p>Urology:</p> <ul style="list-style-type: none"> TP Biopsy private sector tender further progressed; Expectation is that we will achieve target of 180 by 31 March Locum consultant post to be readvertised 	

- Second clinical nurse specialist (CNS) to commence in role and an additional four CNSs recruited to support the diagnostic prostate pathway redesign and increased referral rate
- Diagnostic hubs established at both RAH and South Sector
- Performance status to be mandated on all SCI Gateway referrals from Primary Care
- Oncology modelling to be completed
- Options explored for joint surgery/ Oncology clinics to reduce waits from MDT
- Expand Trans Urethral Laser Ablation (TULA) pathway for bladder cancer

Skin Cancer:

- Establish membership of each workstream, schedule initial meetings and develop workplans for each of the five working groups. All five of the subgroups are expecting to meet through March

West of Scotland Systemic Anti-Cancer Therapy (SACT) Strategy Implementation:

- Priority actions for Subgroup Workplans agreed and consolidated
- Pharmacy Group established to look at opportunities where we can deliver SACT
- Clinical Group established to review the guidelines and treatment intervals

Robotic Assisted Surgery:

- Purpose of the group, key deliverables and milestones will be agreed
- Opportunities for robotic surgery considered alongside pathway impacts

4.6 Women and Children's Programme

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

Programme: Women and Children's			
Project	Status	Summary of Progress	Trend
Paediatric Hospital at Home Service	On Track	<ul style="list-style-type: none"> • 24 patients were admitted to paediatric virtual ward in January • Following realignment of remits, paediatric Hospital at Home figures are now inclusive of paediatric OPAT figures • Two additional nurses recruited, and are now in post • Physical (non-clinical) space identified and in use as paediatric Hospital at Home base - some modifications required to support nursing staff involved in running the Hospital at Home operation • Work has continued with the Interface Division to collate the data for reporting to Public Health Scotland (PHS) and Health Improvement Scotland (HIS) • Following Hackathon 5 the team are continuing to explore expansion of current pathways and prioritise new pathways for development and implementation 	↑

Neonatal Hospital at Home	On Track	<ul style="list-style-type: none"> Through January 48 patients were referred into the neonatal service, 39 were admitted based on the acceptance criteria Continued positive feedback received from families Upscaled from 4 to 6 beds in January and upscaling to 8 in February following receipt of more Bilicocoons Team have identified two possible additional neonatal pathways; Neonatal antibiotics pathway and a NG tube feed pathway 	↑
West of Scotland Neonatal Redesign	On Track	<ul style="list-style-type: none"> Project planning continues with draft GGC plan and action tracker shared with Executive Team Work to be completed with: capital planning regards work required in support of the additional cot capacity and appropriate storage; with procurement regards the additional equipment required and with e-Health to prepare for any changes to digital systems across the maternity and neonatal systems portfolios 	→
Maternity Redesign	On Track	<ul style="list-style-type: none"> Implementation of the new Birmingham symptom-specific obstetric triage system (BSOTs) model of care continues to centralise and provide the ability to record calls. This will standardise the assessment of women presenting with unexpected pregnancy related problems or concerns, and ensures they are prioritised according to clinical urgency 2 new 3/4D ultrasound scanners and 2,000 miscarriage cradles purchased, and additional bereavement midwife post recruited to 15 of the 34 WTE additional midwives are now in post. Additional interviews undertaken in January, 15 midwives have accepted offers. It is expected that all post holders will be in place by April 2026 Interviews for new consultant midwife post held in January. Preferred candidate offered role and expected in post by end of April 	→
Gynaecology / Women's Health	On Track	<ul style="list-style-type: none"> Urogynaecology review complete minimal number of patients who can be moved to other clinicians – in response insourcing supporting service to meet waiting time targets Data is being gathered and urgent care opportunities quantified through analysis of Gynaecology ED attendances; this will feed into the task and finish group Planned care review British Association of Day Cases (BADs) to transfer inpatient cases to 23-hour surgery and day cases where possible, continues. BADs review will conclude with the Annual Conference 4-5th June 2026 Purchase of 1 Myosure (tissue removal system) which supports treatment of more patients in outpatient setting, rather than theatres – impact being monitored and evaluated and considered within future plans 	→

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

Key Activities Planned in next 70-day Period

Establish task and finish groups to take forward all outputs from Hackathon 5 for all project areas.

Paediatric Hospital at Home:

- Cardiac, respiratory and palliative care pathways considered / designed
- Nursing post holders (2) in post

Neonatal Hospital at Home:

- Neonatal antibiotics and NG tube feed pathways considered and designed
- Extend the launch of Hospital at Home service to 8 beds

Paediatric and Neonatal Hospital at Home:

- Working with BI and eHealth to create a data dashboard for the interface division which covers paediatric and neonatal and supports service decision making and service growth (capacity/demand)

Maternity Redesign:

- Senior charge nurse / midwife for EPAS (Early Pregnancy Advisory Service) appointed from interviews in February 2026, to be in post Spring 2026
- Additional bereavement midwife post holder commenced

Gynaecology / Women's Health:

- Trial of WID Easy Testing (for abnormal uterine bleeding) in Clyde to inform potential roll out across Gynaecology (supporting early identification of endometrial cancer)
- Expansion of our Nurse Specialist Programme in Gynaecology – Hysteroscopy
- Urgent care opportunities/ next steps being considered by Gynaecology Task & Finish Group with FNC+ / Primary Care

Recommendations

The NHSGGC Board is asked to note the progress outlined in this portfolio status report, which is presented for assurance.

Appendix 1: Status Report Keys

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

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

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