Key Contact (internal use only)	NHS GJ Executive Lead	Recovery Driver (Please select from the drop down list:)	NHS GJ Deliverable Reference	Deliverable Summary (Please include a brief summary of the deliverable, outlining the intended action and what this will achieve in 25/26.)	Q1 Milestones (Please outline what you intend to have achieved by Q1)	Q2 Milestones (Please outline what you intend to have achieved by Q2)	Q3 Milestones (Please outline what you intend to have achieved by Q3)	Q4 Milestones (Please outline what you intend to have achieved by Q4)	Risks and Issues - Description	Controls	Q1 RAG Status	Progress in Q1	Q2 RAG Status	Progress in Q2
Christine Divers	Director of Operations	Planned Care	1.1b	NHS GJ local waits are maintained at either current levels or a maximum of 12 weeks.	Maintaining current wait or a maximum of 12 weeks throughout Q1.	Maintaining current wait or a maximum of 12 weeks throughout Q2.	Maintaining current wait or a maximum of 12 weeks throughout Q3.	Maintaining current wait or a maximum of 12 weeks throughout Q4.	(i) Unexpected disruption due to internal refurbishment plans. (ii) Unplanned equipment downtime. (iii) Unexpected recruitment challenges.	Resilience meetings in place when challenges arise to support timely recovery and optimum utilisation of theatres.	Green	Achieved current waiting times within the 12 week TTG in Q1.	Green	
Lynne Ayton / James Mackie	Director of Operations	Planned Care	1.1c	i) Reduce the number of patients waiting over 52 weeks for an interventional cardiology procedure. ii) Reduce the wait for cardiac imaging and increase the number of patients receiving a scan within 6 weeks of referral. May 2025 position - 52% within 6 weeks.	i) Agree weekly monitoring and review of over 52 week waits. ii) Agree trajectory for 2025/26 and confirmation of planned care funding.	i) Reduce numbers waiting over 52 weeks to ≤ 20 patients. ii) Achieve planned reduction in waits for Q2.	i) Reduce numbers waiting over 52 weeks to ≤ 10 patients. ii) Achieve planned reduction in waits for Q3.	i) Reduce number of patients waiting over 52 weeks to 0. ii) Achieve planned reduction in waits for Q4 - target is 95% within 6 weeks.	i) Planned care funding and ability to recruit ii) CMR - currently 62% waiting > 6 weeks with referrals exceeding capacity. Capacity limited by scanning workforce.	i) Organisational change and recruitment is underway to mitigate the recruitment risk. ii) Discussions at regional meetings and with Boards re CMR referrals and waiting times. Swap out SLA activity for CMR where possible and increased recruitment of CMR radiographers as part of 5/7 expansion.	Amber	No planned care funding received for >52 week patients. Monitoring arrangements agreed.	Amber	
Christine Divers	Director of Operations	Cancer Care	2.2a	To achieve the 2025/26 ADP target for endoscopy.	Achieving the Q1 ADP target for endoscopy.	Achieving the Q2 ADP target for endoscopy.	Achieving the Q3 ADP target for endoscopy.	Achieving the Q4 ADP target for endoscopy.	(i) Downtime of EDU. (ii) Workforce challenges.	Resilience meetings in place when challenges arise to support timely recovery.	Green/Amber	3% behind ADP (71 procedures) in Q1 related to workforce challenges with non-medical endoscopists. Recruitment has taken place and recovery expected by Q2.	Green	
Christine Divers	Director of Operations	NHS GJ Planning Priority	5.2	Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHSSA planned for Nov 2025.	Delivery of ADP.	Delivery of ADP.	Achieve cataract academy activity profile for Q3.	Achieve cataract academy activity profile for Q4.	(i) Insufficient trainers recruited to NHHSA to deliver additionality within financial year. (ii) Recruitment of ophthalmologists to deliver ADP.	(i) NHSSA will work closely with health boards to maximise collaboration with aim of recruiting trainers. (ii) Social media recruitment campaigns.	Amber	Recruitment by NHSSA for trainers is expected in Q2. Until there is a clear recruitment plan an options paper is being developed to detail ways in which the ADP can be increased via existing service. Ophthalmology is 47% ahead of ADP in Q1.	Amber	
Lynne Ayton / James Mackie	Director of Operations	NHS GJ Planning Priority	5.3b	Achieve the planned care profile for CT3.	Confirm the CT3 planned care profile for the coming quarters throughout 2025/26.	Achieve the CT3 planned care template profile for Q2.	Achieve the CT3 planned care template profile for Q3.	Achieve the CT3 planned care template profile for Q4.	The risks are detailed within the Business Case - the main outstanding risks to delivery are focused on workforce and ability to recruit suitably trained radiographers.	Recruitment Strategy agreed and has commenced.	Green	CT3 Activity profile agreed for 25/26.	Green	
Lynne Ayton / James Mackie	Director of Operations	NHS GJ Planning Priority	5.3c	Achieve the planned care profile for 5/7 working.	Confirm the planned care profile for 5/7 working.	Achieve the Q2 planned care profile for 5/7 working.	Achieve the Q3 planned care profile for 5/7 working.	Achieve the Q4 planned care profile for 5/7 working.	i) Ability to recruit additional staff. ii) Retention of current staff. iii) Impact of 36 hour week.	Organisational change discussions have commenced and progressing well. i) Recruitment underway. ii) Full staff engagement which is intended to mitigate turnover concerns. iii) Impact of 36 hour week worked up and considered in the proposed rota patterns.	Amber	Due to Planned Care funding not being approved until mid May, recruitment was commenced much later than the original business case described causing delay in confirmation of 5/7 profile.	Amber	
Abu-Zar Aziz	Director of Transformation, Strategy, Planning and Performance	NHS GJ Planning Priority	5.8	Continue to deliver the actions outlined in our Anchors Strategic Plan, focusing initiatives developed by Workforce, Estates and Procurement teams; and working in partnership with stakeholders on collaborative programmes.	i) Host introductory session to recruit and identify priorities for the Greenspace & Biodiversity Subgroup. ii) Attendance at first West Dunbartonshire 'Meet the Buyer Event'. iii) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. iv) Approval of development brief to establish a Careers Hub.	i) First meeting of the Greenspace & Biodiversity Subgroup. ii) Develop proposals in association with University of Strathclyde (UoS) to support the delivery of workforce development initiatives. iii) Design & launch bespoke events under the career hub proposal. iv) Scope of IT Academy defined and apprenticeships advertised.	i) Launch of Ambassadors Programme under the Careers Hub Proposal. ii) Deliverables confirmed from Employability Plan to support Child Poverty targets in West Dunbartonshire. iii) Launch of Enquiry Service under the Career Hub proposal.	i) Launch of initiatives in partnership with UoS.	i) Resourcing challenges to deliver projects identified which may curtail or slow down delivery. ii) Dependency on partners to engage to support delivery who may have conflicting priorities that may impact delivery. iii) Difference of opinion between departments in relation to roles & responsibility to deliver projects may impact pace of delivery.	i) Scope projects and deliverables based on available resources from across internal departments and external partners. ii) Acquire commitment and confirmation from partners at scoping stage of projects before progressing. iii) Engage with teams via workshops or similar to highlight how the Anchor Programme will support delivery of departmental plans.	Green	Greenspace & Biodiversity Subgroup workshop undertaken and first session hosted; Procurement Team attended the first West Dunbartonshire 'Meet the Buyer event on 28th March :462 registrations, 233 attendees (of which, 161 attendees were from 139 unique Scottish SMEs/Third Sector Organisations); brief endorsed to commence scoping IT Academy proposal.	Green	Workforce-related concepts uncertain due to discussions around priorities; discussion to take place to determine if concepts remain within the plan.
Jenny Pope	Director of People and Culture	NHS GJ Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions.	Workforce Planning and Information Lead to be recruited.	Deliver workforce planning sessions across NHS GJ and embed Workforce Planning and Information Lead.	Deliver workforce planning sessions across NHS GJ and develop Workforce Plan.	Report to go through relevant internal governance routes.	i) Lack of engagement across NHS GJ from managers due to workload. ii) Inability to recruit a Workforce Planning and Information Lead.	ELT, SGG, SGPCC and PF have oversight of the workforce plan.	Amber	Workforce Planning and Information lead advertised and interviews took place on 30th June. We were unable to recruit.	Amber	Review will take place of the departmental resources, priorities and options regarding Workforce Planning Lead recruitment. Go out to market again for a Workforce Planning Lead.
Abu-Zar Aziz	Medical Director	Workforce	7.5	Continue rollout of eRostering systems across AfC and medical teams. This will include systems to support compliance against safe staffing legislation and the system to support eRostering amongst resident doctors.	i) Complete implementations of: • Human Resources • Recruitment • Spiritual Care • QPPP • Occupational Health ii) Conduct process mapping exercises with services to provide a visual representation on where the solution can provide efficiencies in either existing or new rostering processes. iii) Complete training of Allocate Rota - the module for compliant rosters of resident doctors	i) Complete implementations of: • Learning & Organisational Development • Marketing and Communications • Finance • Clinical Governance • Hotel ii) Develop an implementation plan beyond September, with safe staffing groups in strong consideration iii) Begin populating the Allocate Rota system with compliant rosters and test the monitoring capabilities	i) Begin implementing Safecare to the Nursing staff group, using a train the trainer approach with appointed Safecare champions from within the service ii) Continued implementations within corporate teams iii) Dual running of Allocate Rota, where Rota is in use alongside existing resident doctor rostering and monitoring tools	i) Complete implementations across all corporate teams ii) Safecare completely rolled out across the Nursing staff group iii) Begin Safecare rollout to the next required staff group - potentially Medical iv) Conclude project delivery of Allocate Rota, with system fully adopted in the health board	i) Wider organisation implementations are being conducted by a team of 2, added with providing post implementation support and personal development can impact the teams capacity ii) With a small implementation team, adding additional implementations of Allocate Rota and Safecare may become challenging iii) Adoption issues of the solution across some of the implemented teams may prolong dual running, or not be adopted at all iv) Departure of the Senior HR Advisor for Medics, who is key in implementing Allocate Rota, could impact successful completion of project delivery	i) Discussions to be held to allocate extra resource to the BAU team who are leading the implementations ii) To support extra implementations of Allocate Rota and Safecare, appoint champions from across the health board who can provide the expertise on rostering resident doctors (Rota) and safe staffing compliance (Safecare) iii) Conduct process mapping exercises with the services during the early stages of implementation, to provide a visual of existing rostering processes. Upon implementation, provide a visual of where in the existing processes, changes or efficiencies can be made using the eRostering solution iv) Agreement to have a workaround with members of HR to be brought up to speed on the progress of Allocate Rota so far and continuing progress of implementing while a replacement for the Senior HR Advisor is sourced	Green	i) Completed implementations of: • Human Resources • Recruitment • Spiritual Care • QPPP • Occupational Health • Marketing & Communications ii) Process mapping completed with QPPP team to create a visualisation of the before process and the new process iii) Training held with eRostering team and members of HR on Allocate Rota.	Green	i) Complete implementations of: • Learning & Organisational Development • Finance • Clinical Governance • Porters • Hotel ii) Finalise implementation plans from September, with safe staffing departments to be the focus iii) Creation and publication of a Business Continuity Plan for eRostering iv) Complete the metrics for the testing of Allocate Rota.
Stuart Graham	Director of Finance	Digital and Innovation	8.2	* Compliance with NIS Directive * Deployment of national cyber security tooling	* NIS 25/26 workplan in place * NIS Stakeholder engagement underway	* NIS actions at least 50% complete * Firewall replacements complete * Defender for Identity deployed * Intune fully deployed	* Microsoft Sentinel deployed * NIS Evidence submitted to auditor	* Final NIS report published * Any follow up actions assessed for 2026/27 workplan	i) Sufficient time for subject matter experts to focus on NIS items is required which could impact on the ability to complete the workplan. ii) Access to 3rd party consultancy to close skills gaps may challenge some timelines	i) Line Managers need to support prioritisation of BAU workloads to ensure assigned tasks are completed ii) Identifying any skills gaps as early as possible will help mitigate any delays	Green	Compliance with the NIS Directive. "Golden Jubilee continues to be a strongly-performing Board". We received the NIS Audit Report in February 2025 with an overall compliance status of 91% achieved; a significant uplift from 77% last year. All 17 categories of the NIS audit and 55 sub-categories ae now rated above the 80% compliance rate. As such, the board has achieved the advanced 80-80-0 performance indicator set out in this audit with areas of performance being mentioned as "noteworthy" to other boards.	Green	Workshops and key areas have been established and priorities for setting up a work plan this is in place moving into the year-3 audit cycle. The areas we are focused on for development are 10.3 Application Security and 11.3 Internal Segregation both of which are planned for the year 3 NIS Work Programme
Stuart Graham	Director of Finance	Digital and Innovation	8.3	* Delivery of Year 3 of the GJUNH Digital Improvement Plan * Upgrade of key digital systems including TrakCare, LIMS and Clinical Portal * Development of Digital Champions Network * Rollout of M365 products * Endoscopy Reporting Deployed	* Engagement with Microsoft & M365 national team on readiness assessment for new tooling * Governance for SharePoint Online complete internally * TrakCare Upgrade complete * Solus Endoscopy Reporting Live * Scan for Safety in Cath Lab live	* Communications plan for information migration to SharePoint published alongside national guidance * Digital Champions campaign launched to NHS Golden Jubilee Staff * Rollout of Microsoft CoPilot * OpenEyes in use in GJUNH * NetCall Patient Hub live * Theatre Scheduling live in 2 specialties	* SharePoint Online data migration complete * Adoption of PowerApps developed nationally * Additional products developed locally within PowerApps environment * Additional specialties live in Theatre Scheduling * Additional use cases developed for Patient Hub	* Further adoption of national PowerApps * Further development of local PowerApps * Additional specialties live in Theatre Scheduling * Additional use cases developed for Patient Hub	i) Local skills require development and maintenance to ensure the ability to develop PowerApps locally is maintained and expanded ii) Take up of Digital Champions can be variable, and if low will limit the Boards ability to deliver on future Digital initiatives iii) Ability for national teams to support local scheduling may impact target go live timescales	i) Investment in maintaining skills in the Digital Team is critical to provide local development abilities ii) Ensure strong engagement with corporate strategic communications to support and enforce messaging iii) Early engagement with national teams to ensure go live slots are aligned and agreed	Green	TrakCare upgrade to version 2024 completed and full system adoption in place. LIMS replacement system scheduled for go-live in late September 2025. Replacement Endoscopy system (Solus) scheduled for go live 14 July 2015. Theatre Scheduling system (Infix) in planning phase with go-live date to be confirmed.	Green	LIMS system replaced in September. Solus system implemented in July. Continued M365 products rollout with focus on local SharePoint developments.
Stuart Graham	Director of Finance	Digital and Innovation	8.5	A number of initiatives will move NHS GJ further forward in the Digital Maturity Assessment outcomes. * Rollout of electronic medicines management (HEPMA) * Delivery of digital pathways as part of Clinical Portal (EPR) delivery	* Continued Rollout of the HEPMA product to other Hospital areas * Stakeholder engagement and co-development of EPR digital pathways	* Rollout of HEPMA across the hospital completed * Cardiology digital pathway live * Further stakeholder engagement and co-development of EPR digital pathways	* Cardiothoracic digital pathway live * Further stakeholder engagement and co-development of EPR digital pathways	* Further stakeholder engagement and co-development of EPR digital pathways	Stakeholder engagement is critical to ensure pathways are adopted successfully	Good and early user engagement and senior support will help encourage engagement	Green	HEPMA system 95% installed (2 wards outstanding 4W & 4E). Clinical Portal Electronic Patient Record developments ongoing - (Total Knee replacement Operation note - completed and live) (Partial Knee Operation note - completed and live) (Occupational Therapy Pre-Admission assessment questionnaire -completed and live).	Green	Complete HEPMA rollout. Continue Clinical Portal EPR developments to include: Arthroplasty patient assessment questionnaire/Total Hip Replacement Operation Note/Revision Hip-Knee Operation Note).