

People Team Delivery Tracker – Half Year 2025/26

Responsible Executive:	Laura Smith
Period Covered by Report:	April – September 2025 (Inclusive)

RAG	
	Green is used to show the delivery is on track
	Amber is used to show there is a risk to delivery, with mitigations in place to address those risks that will ensure it still delivers before the end of March 2026
	Red is used to show there is a risk to delivery, with no mitigations in place to address those risks, which puts its delivery before the end of March 2026 at risk
	Blue is used to show the delivery is complete

Spiritual Care			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Education & training: <ul style="list-style-type: none"> Values based reflective practice (VBRP) Mindfulness Loss, grief & development AHP men's group Spiritual Care in palliative and end of life care 	<ul style="list-style-type: none"> VBRP taster sessions x 1 session; 8 attended. Mindfulness training course x 8 sessions; 40 participants. Loss, Grief & Bereavement – highlighted NES TURAS module for staff to access. AHP Men's Group x 2 sessions; 9 attended. 	<ul style="list-style-type: none"> VBRP taster sessions. Mindfulness training course. AHP Men's Group. Spiritual Care in palliative and end of life care. 	
Pastoral care of individuals & groups: <ul style="list-style-type: none"> Listening ear Bereavement counselling Group work 	<ul style="list-style-type: none"> Listening Ear: 246 sessions with patients; 57 sessions with relatives; 97 sessions with staff. Bereavement counselling: 17 sessions with patients; 5 sessions with relatives; 29 sessions with staff. Group work: 98 groups delivered with 523 participants. 	<ul style="list-style-type: none"> Listening is part of our core business. Bereavement counselling is part of our core business. Group work is part of our core business. 	
What's next? Developing the plan for Spiritual Care	<ul style="list-style-type: none"> Progress deferred to Q3 & Q4. 	<ul style="list-style-type: none"> Beyond the Spiritual Care Strategy ending March 2026: the initial audit prior to the strategy was to identify if we are delivering on the spiritual care standards, where the strategy addresses this and also part of our recovery plan post pandemic. Moving beyond the strategy is a period of momentum delivering spiritual care and chaplaincy to patients, families and staff as well as education and training to staff as well as being mindful of organisational change. 	

Volunteering Services			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Signing the Volunteer Charter	<ul style="list-style-type: none"> Completed at Volunteer Week Event on 5 June. 	<ul style="list-style-type: none"> Business as usual delivery of the 10 key principles. 	
Diversity & Inclusion in Volunteering	<ul style="list-style-type: none"> Recruited people of all ages, backgrounds and cultures which has developed the volunteering service. 	<ul style="list-style-type: none"> Continue to support a range of volunteers without exclusion to give them an opportunity to develop their skills and confidence. 	
Identifying the need for Volunteers	<ul style="list-style-type: none"> Working in partnership with agencies to recruit their clients. Advertising volunteer roles through agencies while promoting the get inVOLved leaflet and placing posters in the community. Organising volunteer information sessions. Participating at annual careers information evening. 	<ul style="list-style-type: none"> Identify new areas for the development of volunteer roles. Increase the number of volunteers. Update the Volunteer Service page on the website. 	
Evaluation of the Volunteer experience	<ul style="list-style-type: none"> Evaluation of the induction process complete. Annual volunteer survey with MS Forms and paper options. Exit questionnaires now emailed rather than posted. 	<ul style="list-style-type: none"> Linking in with Q.I. lead to find ways to capture more evaluations. Ask volunteers what views they would like to express annually. 	
The learning & development of Volunteers	<ul style="list-style-type: none"> Supporting volunteers to complete mandatory Turas Learn (TL) modules in first 12 weeks. Checking TL report to remind volunteers to renew mandatory modules. Arranging training as needs identified including evaluations e.g. Dementia/Autism Awareness. VBRP through Chaplains quarterly. 	<ul style="list-style-type: none"> Supporting volunteers to complete mandatory TL modules in first 12 weeks. Checking TL Report to remind volunteers to renew mandatory modules. Arranging training as needs identified, including evaluations e.g. Dementia/Autism Awareness. VBRP through Chaplains quarterly. 	
What's next? Developing the plan for Volunteers		<ul style="list-style-type: none"> Conclude the Volunteer Strategy 2023-2026 and reflect on the achievements and progress made. The aim of the strategy was our response to the recovery phase following the pandemic for the return volunteers alongside existing volunteers and grow the number of services and volunteers. Moving beyond the strategy is a period of momentum developing the volunteer service to enhance the patient experience and respond and organisational change. 	

Occupational Health			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Stabilise and strengthen the team	<ul style="list-style-type: none"> • Prioritised relationship-building by scheduling and completing one-to-one meetings between new OH Lead and every team member within the first two months to gather insights on their strengths, challenges, and development needs. • Launched weekly team meetings and catch-ups to create consistent, open channels for communication, feedback, and knowledge sharing, which resulted in increased team engagement and transparency. • Collaborated directly with HR and senior leadership teams to review and update team role descriptions and responsibilities, ensuring clarity and alignment with organisational goals. 	<ul style="list-style-type: none"> • Continue efforts to stabilise and strengthen the OH team by introducing a new administrative member and new mental health nurse. • Ongoing activities to raise the profile of Occupational Health by becoming more visible within all areas of GJ. • Attendance at TB training in January for clinical staff. 	
Winter 2025/26 vaccination plan	<ul style="list-style-type: none"> • Developed a flu and COVID-19 vaccination programme targeting all staff groups. Focused on improving vaccine confidence through tailored communications and peer-led initiatives. Planned flexible clinic schedules and outreach sessions to maximise accessibility and uptake to become more delivery focussed. • Alternative methods of delivery and promotional activities carried out. 	<ul style="list-style-type: none"> • Delivery of the winter vaccinations programme. • Evaluation of the vaccination programme both throughout the delivery process and on completion, based on employee comments and vaccines accepted. A formal evaluation will be provided to SLT. 	
Mental Health offering	<ul style="list-style-type: none"> • Mental Health Nurse within OH funded by the mental health and wellbeing budget approved for 12 months fixed term. • Initiated the recruitment process for a dedicated Mental Health Nurse with job specifications finalised. • Engaged actively with the Psychology department at GJNH to develop integrated mental health pathways, including collaborative wellbeing workshops and resilience training tailored to staff needs. • Launched internal mental health awareness campaigns publicising the EAP service and support within GJ (spiritual care, OH etc.) 	<ul style="list-style-type: none"> • Recruitment of mental Health Nurse. • Mental Health Early Intervention Pilot to be launched focusing on early referral and signposting to mental health services and early occupational health involvement in absence cases. • Training for refresher MHFA Oct- Dec 2025 and new MHFA training offered January – March 2026. • Development of psychological supports in conjunction with GJ psychological services. 	

	<ul style="list-style-type: none"> Continuing to engage with external providers to ensure 24/7 confidential support services are available, and communicated these services widely through multiple staff channels. Planning of Mental Health First Aid (MHFA) refresher courses due to commence in October, November and December 2025. 		
Digitising Occupational Health with eOPASS	<ul style="list-style-type: none"> Working alongside Civica, OH colleagues and HR to plan for an improved version of Eopass – G2 which will improve the service and save administrative time. 	<ul style="list-style-type: none"> Development and early implementation of G2 OH Management system. 	
Commercial growth opportunities	<ul style="list-style-type: none"> Secured further contract with West College Scotland for pre-placement and immunisation delivery. 	<ul style="list-style-type: none"> Identify new potential service offerings within occupational health and wellbeing to expand commercial client base. Initiate discussions with potential partners and stakeholders within further education establishments to explore collaboration and growth. 	

Equalities			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Delivery of year 1 of the Equalities Outcomes plan: <ol style="list-style-type: none"> Enhancing inclusivity Implementing an accessible comms strategy Increasing diversity in recruitment and retention Mainstreaming equalities for staff 	<p>Disability Leadership Event</p> <ul style="list-style-type: none"> Invite sent to all Scottish health boards to scope interest in collaborating to deliver NHS Scotland's first Disability Leadership event. Scoping meeting held and interest has been noted from all Scottish health boards. SLWG established and first co-design meeting held to discuss logistics and themes. <p>Introduction of discrete change facilities</p> <ul style="list-style-type: none"> Audit undertaken detailing location and layout of all staff change and toilet facilities. Location identified for new All Gender staff Change facility on level 1 adjacent to existing male and female facilities. Timeline for completion estimated to be circa 18 months. <p>Holistic care package for SACCS patients</p>	<p>Disability Leadership Event</p> <ul style="list-style-type: none"> National event scheduled to take place in March 2026 comprising full day virtual event. <p>Introduction of discrete change facilities</p> <ul style="list-style-type: none"> Engagement activities scheduled with all staff to gather views on reclassification of certain sole occupancy staff wc's into All gender facilities. <p>Holistic care package for SACCS patients</p> <ul style="list-style-type: none"> Indicative costings will be submitted end September / early October. Once received these will be presented to the Endowments Committee for approval and progression to design brief stage. <p>Design for dementia level 4 ward upgrade.</p>	

	<ul style="list-style-type: none"> • Procurement of x2 fold down beds for family/friends/carers. Creation and distribution of Activity bags along with design and rollout of 'What matters to you' posters. • Design brief created outlining key elements to be included within the upgraded patient rooms. • Site visit undertaken by Architects on 25 August to inspect rooms on levels 2 and 3. <p>Design for dementia level 4 ward upgrade.</p> <ul style="list-style-type: none"> • Site visit undertaken on 26 August by key internal stakeholders to review suitability of floor and wall samples provided by architects. A revised brief has been requested based on the lavender colour scheme within Phase 2 Surgical Centre. Awaiting updated proposals before construction work can commence. <p>Accessible WC level 1 upgrade</p> <ul style="list-style-type: none"> • Finalisation of the Capital Plan and discussions around the revenue budget which should be concluded by September / October. Anticipated timeline for completion by end of 2026. <p>Signage and Wayfinding upgrade</p> <ul style="list-style-type: none"> • Review in progress. Further updates to follow. Current anticipated timeline for completion is set for end of 2026. <p>Development of Inclusive Communications policy</p> <ul style="list-style-type: none"> • National SLWG established to develop and implement a unified Accessible Communications policy. <p>Development of detailed digital access guides for all NHSGJ patient pathways.</p> <ul style="list-style-type: none"> • Proposal received by AccessAble. Business case required to obtain funding to proceed. <p>Alternative format hotel bar/restaurant menus</p>	<ul style="list-style-type: none"> • Construction work due to commence to implement agreed design brief. <p>Development of Inclusive Communications policy</p> <ul style="list-style-type: none"> • Continuation of national SLWG. Anticipated project timeline concluding March 2026. <p>Development of detailed digital access guides for all NHSGJ patient pathways.</p> <ul style="list-style-type: none"> • SBAR will be presented to SLT / Endowments prior to end of financial year 2025/26. Anticipated implementation timeline extending up to March 2029. <p>Research Institute – Introduction of protected characteristic datasets</p> <ul style="list-style-type: none"> • Patient Equalities monitoring information due to be recorded and analysed effective from October 2025. <p>EQIA Champions</p> <ul style="list-style-type: none"> • SLWG to be established in autumn 2025 to progress strengthened governance of EQIA's. <p>Expansion of HND qualification programme</p> <ul style="list-style-type: none"> • Continued rollout and implementation of HND qualification programme. <p>Quality Improvement – Reasonable Adjustment Process</p> <ul style="list-style-type: none"> • SLWG due to be established September 2025 for circa 6 months with key internal stakeholders to improve the efficiency of the reasonable adjustment process. <p>Review of Staff Networks Across NHS GJ</p> <ul style="list-style-type: none"> • Engaging with Network Chairs and staff Networks to review remit of networks with a SLWG established. 	
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	<ul style="list-style-type: none"> • Completed - QR codes have now been added to menus. <p>Research Institute – Introduction of protected characteristic datasets</p> <ul style="list-style-type: none"> • Updated Patient Equalities Monitoring Form sent to Research Institute on 28 August. This will be used to thematically analyse the protected characteristics of research candidates to ensure equality of access to research trials. <p>Race/Disability/LGBTQ+- inclusive recruitment – onboarding, retention, promotion and quality of data.</p> <ul style="list-style-type: none"> • Minority Ethnic Recruitment Toolkit shared with Recruitment team. Further workstreams due to be established to encompass Disability/LGBTQ+. <p>EQIA Champions</p> <ul style="list-style-type: none"> • Meeting held with Linda Sparks (CfSD) to discuss benefits realisation and strengthened governance for the rollout and review of national programmes and pathways. • EQIA's in progress for rollout of Once for Scotland phase 2 policies. <p>Expansion of HND qualification programme</p> <ul style="list-style-type: none"> • Approval for x4 training places for Hospitality services staff at SCQF Level 5. Training will commence shortly. • Thematic analysis currently underway focusing on band 2 – 4 staff based in West Dunbartonshire to allow for targeted training and upskill opportunities. 	<ul style="list-style-type: none"> • Engaging at Regional Level with health board Equality Leads to look at alternatives for the delivery of Networks. • Proposal for future delivery of Staff Networks for consideration to be developed. 	
Anti-racism plan fully approved and ready to deliver	<p>NHSGJ Anti-racism Action Plan</p> <ul style="list-style-type: none"> • ARAP approved via all internal governance groups concluding with Board on 28 August. • Launch event scheduled to take place on 21 October comprising 2 hour workshop facilitated by Dr Gwenetta Curry. • Communications plan established featuring a dedicated webpage with vlogs from NHS Chief 	<ul style="list-style-type: none"> • Commence delivery of actions associated with the 5 themes aligned to the Anti-racism Action Plan. 	

	Executive, Board Chair, Medical Director and Ethnic Minority network Chair. Script submitted and filming scheduled to take place end September / early October.		
Build the skills of our managers: <ul style="list-style-type: none"> Preventing Sexual Harassment Autism awareness Legislative responsibilities for managers Refresh of Valuing Diversity Part 2 	Preventing sexual harassment <ul style="list-style-type: none"> X4 bespoke training sessions procured from Close the Gap, due for delivery November 2025 – January 2026 incorporating CME Grand Round, All staff Teams session and x2 half day workshops for line managers. Discussions with NHS Grampian to deliver a series of interactive workshops entitled ‘Spider in the glass’ focusing on Gender based violence and coercive control – scheduled for delivery in 2026. Autism Awareness <ul style="list-style-type: none"> A series of autism awareness training sessions have been delivered by Scottish Autism over the past 6 months. A further 2 sessions are planned to coincide with CME dates in October and January. 	Preventing sexual harassment <ul style="list-style-type: none"> Delivery of training sessions - CME Grand Round, All staff Teams session and x2 half day workshops for line managers. Legislative responsibilities for managers <ul style="list-style-type: none"> Hybrid approach will be adopted to inform managers of legislative duties. This will be incorporated within planned training activities including Prevention/awareness of sexual harassment and revised Valuing Diversity 2. Refresh of Valuing Diversity Part 2 <ul style="list-style-type: none"> Plans in place to revamp Valuing Diversity 2 including rebranding, revised course content and advertising campaign. 	

Learning			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Protected Learning Time	<ul style="list-style-type: none"> Our definitions for mandatory training were updated. Our corporate mandatory and role specific (AfC) mandatory training requirements were reviewed and updated. We surveyed managers on challenges being experienced when providing staff with PLT. We have actively participated in national groups to develop a Once for Scotland approach to mandatory training, reporting and development of a training passport. 	<ul style="list-style-type: none"> Ongoing participation in national work groups. Communication to raise awareness on PLT requirements. Support managers to overcome challenges in providing staff with PLT. 	
Appraisal improvements, including bank staff	<ul style="list-style-type: none"> Education and awareness raising and Comms campaign agreed and delivered. This included launch of Turas Tuesday and delivery of appraisal awareness sessions. 	<ul style="list-style-type: none"> Review implications of new Once for Scotland appraisal policy on bank staff and ensure our current practice reflects policy requirements 	
Induction improvements	<ul style="list-style-type: none"> Welcome Event pilot concluded and event now part of induction offering. Online induction module under review. 	<ul style="list-style-type: none"> Compliance report developed to support monitoring completions. 	
Make all eLearning accessible	<ul style="list-style-type: none"> Plan in place and module review underway. 	<ul style="list-style-type: none"> Continue planned schedule of work. 	

Create and launch a new management development offering, to build the skills of our managers	<ul style="list-style-type: none"> Deliberate decision to phase this work, with the research phase beginning in Q3. 	<ul style="list-style-type: none"> Plan to start the research and design of programme in November. 	
Anchor: Researching career pathways and priorities	<ul style="list-style-type: none"> No planned activity. 	<ul style="list-style-type: none"> Research national career pathways and communicate findings. 	

Organisational Development			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Kindness Matters: <ul style="list-style-type: none"> Discovery, design & delivery 	<ul style="list-style-type: none"> Concluded discovery phase of Programme (April). Analysis phase of Programme completed (May) and outcomes shared (June to August). New Board values proposed and presented as Values and Behaviours Framework. Recommendations for improving staff wellbeing and culture proposed. Concluded final engagement around draft values, Framework and recommended actions, with anticipated approval via SLT on 17th Sept. 	<ul style="list-style-type: none"> Design phase commences to agree Culture Action Plan and roll out of Values and Behaviours Framework. Programme review and refresh to move into delivery phase of Programme. Track and report on evaluation measures for Programme. 	
Kindness Matters: <ul style="list-style-type: none"> Keeping the Culture Champions network alive 	<ul style="list-style-type: none"> Culture Champions recruited and trained. Launch of Network (May) and monthly meetings established. Communications and support infrastructure established for Network. 	<ul style="list-style-type: none"> Plan and deliver ongoing CPD for Culture Champions Network. 	
Kindness Matters: <ul style="list-style-type: none"> Theatres Culture programme 	<ul style="list-style-type: none"> Year one priorities agreed with Director of NES Division. Human Factors educational approach agreed to enhance team working and communication. Identification of internal Human Factors Faculty for Theatres workforce initiative. Introduction to Human Factors course created - to be piloted on 18th September with multi-disciplinary cohort of Theatres staff. 	<ul style="list-style-type: none"> Roll out of 'Introduction to Human Factors' course, based on pilot outcomes. Invest in development of Human Factors curriculum with more advanced training for service specific teams, partnering with NHS Academy and Scottish Centre for Simulation and Clinical Human Factors. Invest in further Faculty development. 	
Medical Management programme	<ul style="list-style-type: none"> Scope out of bespoke programme for GJ medical managers in collaboration with Medical Director. Establishment of a steering group with representation from Medical Staff, HR, L&OD, QI and Service management. Funding sought from endowments to support programme delivery (Venue) 	<ul style="list-style-type: none"> Workshop material development. Programme due to commence October. 	

Succession Planning: Conclude ph1 and launch ph2	<ul style="list-style-type: none"> Conclusion of phase 1: Feedback on national and local outputs shared with Chief Executive. 	<ul style="list-style-type: none"> Phase 2: develop method of collating and presenting local data and support second round of succession planning conversations. 	
Evaluate Regional Leadership Mentoring programme	<ul style="list-style-type: none"> Evaluation approached agreed. Data collected on impact and outcomes. 	<ul style="list-style-type: none"> Evaluation report to be drafted. Draft report to be discussed with Board OD leads for Programme and NHS Education contacts. Final report to be submitted to NHS GJ governance groups and West of Scotland OD leads for consideration. 	
Refresh of Regional Leadership offerings	<ul style="list-style-type: none"> Leadership 3 programme content reviewed. Programme governance established. 	<ul style="list-style-type: none"> Programme to be advertised across our Board. Programme delivery commencing in January 	
Develop and launch Team Resources	<ul style="list-style-type: none"> Team Development Toolkit scoped out with OD team 	<ul style="list-style-type: none"> Create structure of toolkit and source/signpost resources 	
ELT development		<ul style="list-style-type: none"> Re-setting of requirements with plan in place from Q3 onwards. 	

Recruitment			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Changing our ways of working, to provide the best service	<ul style="list-style-type: none"> JD's updated for Recruitment partners. Recruitment manager recruited and started on 16th September. Recruitment partner recruited (mat leave) started end of August 25. 	<ul style="list-style-type: none"> Embed Recruitment manager and Recruitment partner. Engagement with managers. Review all recruitment processes, Operationalise changes. 	
Building the skills of our managers	<ul style="list-style-type: none"> This will be delivered in Q4. 	<ul style="list-style-type: none"> Identify requirements. Engage with L&OD. Deliver training Q1 26-27. 	
Disclosure Scotland PVG checks	<ul style="list-style-type: none"> Completed PVG disclosure checks on circa 800 existing staff. 	<ul style="list-style-type: none"> Prepare for PVG changes 26-27 but generally complete. 	
Build and approve a Board wide Employability plan, linked to our Anchor strategy	<ul style="list-style-type: none"> Initial engagement across the organisation with managers. 	<ul style="list-style-type: none"> Further engagement with external stakeholders including West College Scotland. Engagement with Internal colleagues to review offering. Draft SBAR for funding. Governance route via SGG, SGPCC and PF. 	

HR			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
Build the skills of our managers: <ul style="list-style-type: none"> Absence management Investigations Policies 	Investigations <ul style="list-style-type: none"> Investigatory Managers training finalised in February 2025 and introduced in March 2025 1 day training course held each month, in person. To date, 42 delegates have attended this course and trained. Attendance Management <ul style="list-style-type: none"> Revised Attendance Management training introduced in August 2025. To date, 98 delegates have attended this training Introduction of staff and manager drop in sessions. Re-introduction of monthly meeting with HR and OH to re-establish collaborative working in supporting health at work. Health and wellbeing awareness campaign launched following collaboration with Comms team. Launch June 2025. Divisional sickness absence information produced monthly, with triggers points flagged to managers and SNHRA for Division. Absence data provided to Divisions through SNHRA. Specific case discussions with SNHRA and line managers. Support provided at formal stages of the attendance process, from stage 1 to stage 3 dismissal hearing. Once for Scotland Policies and Launch <ul style="list-style-type: none"> Awareness sessions held in February 2025, prior to the launch of phase 2.2 of the new policies. Session held with HR and Staff Side to go through the changes in the policies and the impact on application and practice. Implementation of phase 2.2 on 6th August 2025 	<ul style="list-style-type: none"> Continue to promote and communicate the training courses HR facilitate. Consider additional courses that could be introduced to upskill NHS GJ management team. Work with partnership to continue to review and amend any Board policies, through SGPSG and PF. Prepare for the next implementation of Once for Scotland Policies, Managing Health at work. With introduction of Power BI, assess how we provide and utilise workforce information and the source data we provide. 	

	<ul style="list-style-type: none"> • Board feedback provided as part of the consultation for Managing Health at Work policies. • Board policies continue to be monitored, and updated through SGPSG (driven by HR and partnership) 		
Build the skills of our HR advisors	<ul style="list-style-type: none"> • Mediation skills 2 day training held in May 2025. • Team attendance at annual CIPD Conference in Edinburgh. • Session with CLO/NSS for HR team held in May 2025. • Team facilitation held in June/July 2025. • Protected CPD time given, one hour per month. • Individual learning needs discussed through PDP. • Quarterly learning sessions held with Head of HR to discuss processes and gaps in knowledge. • Annual training through CLO facilitated, especially if there is a change in case law. • Sessions held around changes to Once for Scotland policies as they are released. • 121 meetings held each month to discuss areas of priority with opportunity to discuss cases or raise concerns/areas of uncertainty. • External workshops offered as opportunities arise, i.e. Supporting Mentally healthy workplaces session in September. • Open culture of continual learning through peer and manager support. • Facilitated session with Head of HR to standardise practices within the team, ensuring quality is maintained promoting best practice. 	<ul style="list-style-type: none"> • Identify opportunities for additional learning where knowledge gaps are identified. • Introduction of ER Team Lead to provide more operational support. • Plan 1 year programme of learning for advisory team to support ER work, alongside hands on exposure. • Consider what further sessions/training/workshops can be arranged through CLO. • Identify both groups and individual learning needs through mid-year PDP discussion. • Consider further development of team members to support operational activity but also succession plan for future opportunities. 	
Build, approve and get ready to implement the Reduced Working Week	<ul style="list-style-type: none"> • April - engagement with managers and service leads to raise awareness and gather information for the draft Board plan. • Communications drafted for circulation with NHS GJ to ensure effective flow of information and ensure everyone was kept informed. 	<ul style="list-style-type: none"> • Final Board Implementation Plan submitted to SG on 1st October 2025. • Continual monitoring of high risk areas and those areas requiring further recruitment. • Recruitment of additional staff to ensure activity, patient safety and staff wellbeing are all protected from 1st April 2026. 	

	<ul style="list-style-type: none"> Outline plan endorsed by PF and ELT prior to submission to SG, in May. June-August – re-engagement with managers and service leads to gather information about state of readiness for implementation in April 2026, with partnership and finance colleagues. Trackers devised for each service (SoR, costings, recruitment, redesign). September - Review of information and costings with finance to finalise the plan for ELT/PF. Drafting of full RWW implementation plan for review and sign off by ELT before Extra-ordinary PF late-September. 		
Band 5-6 Role Evaluations	<ul style="list-style-type: none"> 225 submissions for NHS GJ are in the national portal, at various stages of the process. At Board level we have received 131 review requests with 61 successful outcomes completed. Approx. 4/5 JE panels are held every month, however review requests are also being batch triaged by the JE Lead. In May 2025, 5 staff side and 3 management side matchers were trained to support the overall JE process. Training was delivered by JE Leads. Regular updates are provided on the progress with B5R at appropriate forums (SG, PF & SGPCC). Engaged in discussions with senior nurse leaders, in relation to organisational decisions regarding job structures, skill mix and nursing workforce models. 	<ul style="list-style-type: none"> Continue to assess the capacity to facilitate Band 5 review panels, alongside mainstream Job Evaluation. Support with transition of the current staff side JE Lead to the new staff side JE Lead. Work with our nursing leadership team, to establish career frameworks and new working models for areas where B5R has had successful outcomes. Work with nursing leadership to draft and support the introduction of new job descriptions, reflective of the specialist nursing roles within NHS GJ. Continue to encourage the release of trained matchers to facilitate JE. Continue to communicate job evaluation activity and progress. 	
Review of Bank	<ul style="list-style-type: none"> Initial meetings with GGC Bank and NHS GJ Nurse Leaders have taken place to discuss transfer of NHS GJ nursing staff to GGC. Staffing numbers, names and areas have been identified. Advice sought from the Central Legal Team around TUPE transfer of appropriate staff. 	<ul style="list-style-type: none"> Progress further discussions with GGC to identify next steps. Identify staff on NHS GJ bank who also hold substantive contracts. Identify staff working on the bank on a regular basis, indicating employee status rather than worker. 	
Create and publish a Job Description library	<ul style="list-style-type: none"> Work commenced, with nursing job descriptions locked down, with no further changes to be made. 	<ul style="list-style-type: none"> HR Support Officer will continue this work. JE resource is extremely stretched, which puts this delivery at risk by March 2026. 	

	<ul style="list-style-type: none"> • JD's locked down, cross referenced with historic JD's in TURAS JE to establish if JD's have been evaluated. • Activity log devised, with actions and updates provided against each area and JD. • Recruitment of HR Support Officer role, to support with this area of activity. 		
Create and embed a Workforce Planning function, including the ongoing implementation of eRostering	<p>Workforce Planning Manager</p> <ul style="list-style-type: none"> • Advertised and attempted recruitment of Workforce Planning and Information Lead in June 2025. Eight applications were shortlisted, but only three attended for interview, none of which were appointable. • Further approval to advertise sought through the eVAF process in August, with planned advert live in September. Interviews will be finalised in October 2025. <p>eRostering</p> <ul style="list-style-type: none"> • Roll out and implementation of e-rostering within, HR, Recruitment, Comms, OH, Equalities, Finance, QPPP. • Further engagement with Cath Labs, Radiology, Physiotherapy and Theatres to revisit build of rosters and adjust as needed. • Introduction and training of Rota, the medical monitoring module of Optima. Due to a gap in medical staffing, and through discussion with RLD and national leads, agreement to pause introduction to January 2026 reached. • Escalation of ongoing system issues for medics to MD, with escalation to national team. • In conjunction with QPPP, revised Project Plan. • Projected roll out planned, initially until May 2026. • Projection of full implementation across NHS GJ built into project plan. • Assessment of different ways to deliver training and collection of data to improve timescales. • Confirmation of full integration with SSTS/payroll by 31st March 2028. 	<p>Workforce Planning Manager</p> <ul style="list-style-type: none"> • Interview and appoint Workforce Planning and Information Lead. • Induct successful applicant into the organisation, through introduction to leads and increasing their knowledge of services, challenges and forthcoming developments. • Utilise links and resources with national Workforce Planning Leads. • Devise and implement a programme of work around workforce planning to help embed a culture of proactive, collaborative and future proofing planning model for services within NHS Golden Jubilee. <p>eRostering</p> <ul style="list-style-type: none"> • Continued roll out of e-rostering, moving in to nursing clinical areas. • Consideration of further resource to support Board wide implementation within BAU team (Band 4 administrator). • Training still to be confirmed for BAU team on Safecare. Ongoing discussions with RLD. • Introduction of Rota following recruitment to Senior HR Advisor Medical Staffing role. • Introduction of Safecare when rolling out within clinical areas. • Meetings established with implementation sub group for interface with bank staff (risks and considerations flagged). • Establish projected Board implementation date in advance of payroll interface. 	

Implementation of Folio	<ul style="list-style-type: none"> Discussions underway with Digital and supplier. Demo provided. Discussion around the transfer of data in personal files from DOCMAN. System still under development. 	<ul style="list-style-type: none"> Further meetings to establish implementation date and actions required to plan for the transition of data. Implementation date and project plan to be devised. Training on new system to be agreed. System roll out to be confirmed. 	
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Data			
Objectives	Delivery from April-September	Planned delivery from October-March	RAG
One truth of our establishment and vacancies	<ul style="list-style-type: none"> Continual engagement between HR (Data) and Finance to cross check data and agree a process to keep the data accurate and reliable. Teams channel set up with master spreadsheet, with editable access/read only access depending on role within HR and Finance. Spreadsheet is reviewed. Checked and amended by (DW, RW and finance accountants monthly). May - Agreement from finance that the data would be checked and sent to WDL by 15th of every month. June – spreadsheet in use by HR and Finance. 	<ul style="list-style-type: none"> Continual use and ongoing assessment of the spreadsheet between HR and Finance, with any concerns, identified and escalated. Focus shifts to how this is shared more widely with the organisation. 	
Culture & wellbeing dashboard	<ul style="list-style-type: none"> Rolled out to NES and HLD. 	<ul style="list-style-type: none"> Roll out to Corporate Services. Wider Communications with all services. Link to Finance and TQPP in terms of development of Finance Dashboards and single approach across NHS GJ with TQPP leading the roll out of Dashboard development. 	
Occupational health dashboard		<ul style="list-style-type: none"> Implement Eopass Dashboard development with TQPP. 	
TURAS data cleansing and connection to our one truth	<ul style="list-style-type: none"> HR and Finance have been working together to develop and refine the single source of truth. Core set of data cleaning activities agreed and carried out. Active participation in Joiners, Movers and Leavers programme. 	<ul style="list-style-type: none"> Additional data cleansing activities to be identified and introduced to business as usual activities. Active participation in Joiners, Movers and Leavers. 	
Optimising skills with QPPP	<ul style="list-style-type: none"> User licenses obtained for over 250 employees Board wide 	<ul style="list-style-type: none"> Continue collaboration with QPPP to progress the rollout of Power BI Dashboards. 	

	<ul style="list-style-type: none"> • Weekly meetings held to discuss progress and work towards full roll out. • Dashboards trialled within NES division around May/June. • Implementation within HLD and Corporate functions currently being planned. • Board licenses under consideration. • Consultation with Information Governance around the storage and transfer of workforce information. • Worked with QPPP to transfer appraisal and mandatory training stats to PowerBi dashboard. 	<ul style="list-style-type: none"> • Explore licensing issues and ensure all appropriate stakeholders have licenses. • Resolve any outstanding queries with Information Governance relating to the safe transfer and storage of data. • Agree timeframe for implementation in NHS GJ. • Agree changes required to distribution of workforce information organisationally following introduction of dashboards. • Work with QPPP colleagues to develop reporting to monitor induction compliance. As well as working on further interrogation of appraisal data to identify issues to improve staff experience of appraisal. 	
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