

Delivery Plan 2025-26																
Key Contact (Internal use only)	NHS GU Executive Lead	Recovery Driver	NHS GU Deliverable Reference	Deliverable Summary	Q1 Milestones	Q2 Milestones	Q3 Milestones	Q4 Milestones	Risks and Issues - Description	Controls	Q1 RAG Status	Progress in Q1	Q2 RAG Status	Progress in Q2	Q3 RAG Status	Progress in Q3
		Please select from the drop down list		Please include a brief summary of the deliverable, outlining the intended action and what this will achieve in 2025.	Please outline what you intend to have achieved by Q1	Please outline what you intend to have achieved by Q2	Please outline what you intend to have achieved by Q3	Please outline what you intend to have achieved by Q4	Please provide a short summary of risks (and/or issues) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on achievement.	Please summarise the key controls in place to manage the risks (and/or issues), to reduce the impact, or to reduce the likelihood of a risk from occurring.		Please outline what you have achieved in Q1		Please outline what you expect to achieve in Q2		Please outline what you have achieved in Q2
Christine Divers	Director of Operations	Planned Care	1.1b	NHS GU local waits are maintained at or a maximum of 12 weeks throughout Q1.	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.	(1) Unplanned disruption due to internal re-booking plans. (2) Unplanned equipment downtime. (3) Unplanned recruitment challenges.	Resilience meetings in place when challenges arise to support timely recovery and optimum utilisation of theatre.		Achieved current waiting times within the 12 week TTT in Q1.				
Lynne Ayles-James Mackie	Director of Operations	Planned Care	1.1c	(1) Reduce the number of patients waiting over 52 weeks for an interventional cardiology procedure. (2) Reduce the wait for cardiac imaging and increase the number of patients receiving a scan within 6 weeks of referral. May 2025 position - 42% within 6 weeks as per HMA Analysis Template. To achieve the 2025/26 ADP target for endoscopy.	(1) Agree weekly monitoring and review of over 52 week waits. (2) Agree triage for 2025/26 and confirmation of planned care for HMA Analysis Template. Achieving the Q1 ADP target for endoscopy.	(1) Reduce numbers waiting over 52 weeks to 36 patients. (2) Agree planned reduction in waits for Q2 - target 95% for Q2. Achieving the Q2 ADP target for endoscopy.	(1) Reduce numbers waiting over 52 weeks to 36 patients. (2) Agree planned reduction in waits for Q3 - target 95% for Q3. Achieving the Q3 ADP target for endoscopy.	(1) Reduce number of patients waiting over 52 weeks to 36 patients. (2) Achieve planned reduction in waits for Q4 - target 95% for Q4. Achieving the Q4 ADP target for endoscopy.	(1) Planned care funding and ability to recruit recruitment risk. (2) CMR - currently 62% waiting > 6 weeks with relevant rescheduling capacity. Capacity limited by patient referrals. (3) CMR - currently 62% waiting > 6 weeks with relevant rescheduling capacity. Capacity limited by patient referrals. (4) Workforce challenges.	(1) Organisational change and recruitment is underway to mitigate the recruitment risk. (2) Discussions at regional meetings and with Boards re CMR referrals and waiting times. Target of SLA activity for CMR where possible and increased recruitment of CMR radiologists as part of J7 expansion. Resilience meetings in place when challenges arise to support timely recovery.		No planned care funding received for >52 week patients. Minimise programme spend.		Achieved current waiting times within the 12 week TTT in Q2.		
Christine Divers	Director of Operations	Cancer Care	2.2a	To achieve the 2025/26 ADP target for endoscopy.	Delivery of the established ophthalmology ADP. Recruitment of suitable faculty by NHSRA planned for Nov 2025.	Delivery of ADP. Recruitment of ophthalmologists to deliver ADP.	Delivery of ADP. Recruitment of ophthalmologists to deliver ADP.	Achieve contract academy activity profile for Q3. Achieving the Q3 ADP target for endoscopy.	(1) Insufficient trainers recruited to NHSRA to deliver additionaly within financial year. (2) Recruitment of ophthalmologists to deliver ADP.	(1) NHSRA will work closely with health boards to maximise collaboration with non-medical endoscopy. Recruitment has been discussed and resources provided for Q1. (2) Social media recruitment campaigns.		3% behind ADP (71 procedures) in Q1 related to workforce challenges with non-medical endoscopy. Recruitment has been discussed and resources provided for Q1.				
Christine Divers	Director of Operations	NHS GU Planning Priority	5.2	Delivery of the established ophthalmology ADP. Recruitment of suitable faculty by NHSRA planned for Nov 2025.	Delivery of ADP. Recruitment of ophthalmologists to deliver ADP.	Delivery of ADP. Recruitment of ophthalmologists to deliver ADP.	Delivery of ADP. Recruitment of ophthalmologists to deliver ADP.	Achieve contract academy activity profile for Q4. Achieve the Q4 ADP target for endoscopy.	(1) Insufficient trainers recruited to NHSRA to deliver additionaly within financial year. (2) Recruitment of ophthalmologists to deliver ADP.	(1) NHSRA will work closely with health boards to maximise collaboration with non-medical endoscopy. Recruitment has been discussed and resources provided for Q1. (2) Social media recruitment campaigns.		Recruitment by NHSRA for trainers is expected in Q2. LHM there is a clear recruitment plan as options panel 2 is being developed to detail ways in which the ADP can be improved via existing service. Ophthalmology is 4% ahead of ADP in Q1.		ADP has been amended to include an additional 3001 cataracts. Currently on target as of end of Q2. Once NHSRA recruitment takes place there is a plan to implement by February 2026. The numbers from this are included within the new ADP target.		
Lynne Ayles-James Mackie	Director of Operations	NHS GU Planning Priority	5.3b		Confirm the CT3 planned care profile for the coming quarter 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 suitable trained radiologists.	Recruitment Strategy agreed and has commenced.		CT3 action plan agreed for 2026.				
Lynne Ayles-James Mackie	Director of Operations	NHS GU Planning Priority	5.3c	Achieve the planned care profile for CT3.	Confirm the CT3 planned care profile for the coming quarter 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.	(1) Ability to recruit additional staff. (2) Retention of current staff.	Recruitment Strategy agreed and has commenced.		CT3 go live - August defined date due to recruitment dates.				Review position and deliver activity as planned.
Abu-Zar Aziz	Director of Transformation, Strategy, Planning and Performance	NHS GU Planning Priority	5.8	Achieve the planned care profile for 5/7 activities. Continue to deliver the actions outlined in our Anchor Strategy Plan, focusing initiatives developed by Workforce, Estates and Procurement teams, and working in partnership with stakeholders on collaborative programmes.	(1) Host introductory session to recruit and identify priorities for the GreenSpace & Biodiversity Subgroup. (2) Develop proposals in association with University of Southampton (US) to support the delivery of workforce development initiatives. (3) Attendance at first West Dorset Business Event. (4) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. (5) Approval of development brief to establish a Careers Hub.	(1) Host introductory session to recruit and identify priorities for the GreenSpace & Biodiversity Subgroup. (2) Develop proposals in association with University of Southampton (US) to support the delivery of workforce development initiatives. (3) Attendance at first West Dorset Business Event. (4) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. (5) Approval of development brief to establish a Careers Hub.	(1) Host introductory session to recruit and identify priorities for the GreenSpace & Biodiversity Subgroup. (2) Develop proposals in association with University of Southampton (US) to support the delivery of workforce development initiatives. (3) Attendance at first West Dorset Business Event. (4) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. (5) Approval of development brief to establish a Careers Hub.	(1) Host introductory session to recruit and identify priorities for the GreenSpace & Biodiversity Subgroup. (2) Develop proposals in association with University of Southampton (US) to support the delivery of workforce development initiatives. (3) Attendance at first West Dorset Business Event. (4) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. (5) Approval of development brief to establish a Careers Hub.	(1) Host introductory session to recruit and identify priorities for the GreenSpace & Biodiversity Subgroup. (2) Develop proposals in association with University of Southampton (US) to support the delivery of workforce development initiatives. (3) Attendance at first West Dorset Business Event. (4) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. (5) Approval of development brief to establish a Careers Hub.	(1) Host introductory session to recruit and identify priorities for the GreenSpace & Biodiversity Subgroup. (2) Develop proposals in association with University of Southampton (US) to support the delivery of workforce development initiatives. (3) Attendance at first West Dorset Business Event. (4) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. (5) Approval of development brief to establish a Careers Hub.		Workforce-related concepts uncertain due to discussions around priorities; discussion to take place to determine if concepts remain within the plan.		Approved by Staff Governance. Plan to implement across all GU.		Achieve the Q3 planned care profile for 5/7 activities.
Jenny Pope	Director of People and Culture	NHS GU Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GU's strategic ambitions.	Workforce Planning and Information Lead to be recruited.	Deliver workforce planning sessions across NHS GU and inform Workforce Planning and Information Lead.	Deliver workforce planning sessions across NHS GU and inform Workforce Planning and Information Lead.	Report to go through relevant internal governance routes.	(1) Lack of engagement across NHS GU from managers down to workforce. (2) Inability to recruit a Workforce Planning and Information Lead.	ELT, SGO, SGPOC and PF have oversight of the workforce plan.		Workforce Planning and Information Lead advertised and interviews took place on 30th June. We were unable to recruit.		We have re-advertised the Workforce planning role and will be interviewing early October. It is expected we shall recruit by the end of October.		Reduce the Workforce planning resource.
Abu-Zar Aziz	Medical Director	Workforce	7.5	Continue rollout of offstreaming systems across GU and medical teams. This will include supporting legislation and the systems to support offstreaming amongst resident doctors.	(1) Complete implementations of HRIS and medical teams. This will include supporting legislation and the systems to support offstreaming amongst resident doctors. (2) Complete implementations of HRIS and medical teams. This will include supporting legislation and the systems to support offstreaming amongst resident doctors. (3) Complete implementations of HRIS and medical teams. This will include supporting legislation and the systems to support offstreaming amongst resident doctors. (4) Complete implementations of HRIS and medical teams. This will include supporting legislation and the systems to support offstreaming amongst resident doctors. (5) Complete implementations of HRIS and medical teams. 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Stuart Graham	Director of Finance	Digital and Innovation	8.2	* Compliance with NHS Directive * Deployment of national cyber security tool	NHS 2025 workshop in place NHS Stakeholder engagement underway	NHS actions at least 60% complete * Forward requirements complete * Deliverer for identity deployed * Release file deployed	* Microsoft Sentinel deployed * NHS Director submitted to auditor	* First NHS report published * Any follow up actions assessed for 2026/27 workshop	(1) Sufficient time for subject matter experts to focus on NHS items is required which could impact on the ability to complete the workshop. (2) Access to 3rd party consultancy to close with gaps may challenge some timelines.	(1) Line Managers need to support prioritisation of BAU workloads to ensure assigned teams are completed (2) Identifying any skills gaps as early as possible will help mitigate any delays		Compliance with the NHS Directive - "Golden Jubilee continues to be a strongly performing Board". We received the NHS Audit Report in February 2025 with an overall compliance status of 91% achieved, a significant uplift from 77% last year. Of 17 categories of the NHS audit and 50 sub-categories we are now rated above the 80% compliance rate. As such, the board has achieved the enhanced 80-85% performance indicator set out in this audit with areas of performance being monitored as "robustness" is other		NHS Audit 50 controls remain outstanding 27 controls not achieved 23 controls partially achieved 10.2 Application Security - 75% completed 11.2 Internal Segregation - 60% completed This will continue in the first part of Q3.		
Stuart Graham	Director of Finance	Digital and Innovation	8.3	* Delivery of Year 3 of the GUIN Digital Improvement Plan * Upgrade of key digital systems including TraCare, LIMS and Clinical Portal * Development of Digital Champions Network * Rollout of MBS products * Endoscopy Reporting Deployed	* Engagement with Microsoft & NHS national team on readiness assessment for new tooling * Governance for SharePoint Online complete internally * TraCare 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 network launched * NHS Golden Jubilee Staff * Rollout of Microsoft Copilot * Open eyes in use in GUINH * NHS Patient Hub live * Theatre Scheduling live in 2 specialties	* SharePoint Online data migration complete * Adoption of PowerApps * Further development of local Planning * Additional products developed locally within PowerApps environment * Additional specialists live in Theatre Scheduling * Additional use cases developed for Patient Hub	* Further adoption of national Planning * Further development of local Planning * Additional specialists live in Theatre Scheduling * Additional use cases developed for Patient Hub	(1) Local skills require development and resources to ensure the ability to develop PowerApps locally is maintained and expanded (2) Take up of Digital Champions can be variable and if not will limit the benefits ability to deliver on future Digital initiatives (3) Ability for national teams to support local scheduling may impact target go live timescales	(1) Investment in maintaining skills in the Digital Team is critical to provide local development abilities (2) Ensure strong engagement with corporate strategic communications to support and enhance messaging (3) Early engagement with national teams to ensure go live sites are aligned and agreed		TraCare 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 2025. Theatre Scheduling system (Info) in planning phase with no date able to be confirmed.		No SharePoint Online migration plan has been delivered by the national NHS team as of yet. LIMS is now undergoing UAT testing - assurance of testing is positive and any bugs are remediated the new LIMS and other systems are scheduled for go live by Quarter 1 2026. A proposal is being developed to recruit a training and engagement manager to lead the Digital Champions workshop without this resource the Champions network would not be as effective and is likely to fail. MBS - Copilot for Cath Lab use identified and training is arranged for Q3 with national support. Open eyes is not yet in use within GUINH as the templates and configuration has not yet been provided by the suppliers. We are, however, in discussion with them and a meeting has been arranged to discuss the implementation and dates surrounding this. Patient Hub is now being used to send text reminders for an additional Specialty and this programme of work will continue over coming periods. Theatre Scheduling is currently due in GUINH in Q1 2026. SOLUS solution is in testing, however, local and national concerns around system performance remain. The ETA for this is not yet known so no action on the point currently.		Complete evidence collection work for 30 controls
Stuart Graham	Director of Finance	Digital and Innovation	8.5	A number of initiatives will move NHS GU further forward in the Digital Maturity Assessment outcomes * Rollout of electronic medicines management (HEPMA) * Delivery of digital pathway as part of Clinical Portal (EPR) delivery	* Continued Rollout of the HEPMA rollout to other hospital areas * Stakeholder engagement and co-development of EPR digital pathways	* Rollout of HEPMA across the hospital * Continued 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		HEPMA system 90% installed (2 weeks outstanding 4W & 6E). Clinical Portal Endoscopy Patient Record developments ongoing - (TraCare Release, Operational Release, and (Info) Patient Hub) Operational Release. Operational Release (Info) Patient Hub. Operational Release (Info) Patient Hub.		Complete HEPMA rollout. Continue Clinical Portal EPR developments to include: Anthropology patient assessment questionnaire, Total Hip-Knee replacement Operation Note, Revision Hip-Knee Operation Note, Occupational Health, Occupational Health, Occupational Health.		Implement Co-Pilot to 50 GUIN staff. Identify way forward with SOLUS Endoscopy. Implement Theatre Scheduling. Complete LIMS UAT