| Key Contact NHS GJ Executive Lead Recovery Driver   |                 |  |   | Q2 Milestones   | 25-26  | Q4 Milestones  | Risks and Issues - Description   |   | Quarter 1 Update  |  | Quarter 2 Projection   | Quarter 2 Update  | Quarter 3 Projection   |        | Quarter 3 Update                | Quarter 4 Projection           | Quarter 4 Update Q4 RAG Progress in Q4 |
|---|-----------------|--|---|---|--|--|--|---|---|--|--|---|--|--------|---------------------------------|--------------------------------|--|
|   | Deliverable     | Denverable Summary   | Q1 Milestones   | Q2 Milestones   | Q3 Minestones  |  |  | Controls  | Q1 RAG Progress in Q1<br>Status   | St   | RAG Progress in Q2 Q2 atus   | RAG Progress in Q2 (tatus   | 3 RAG Progress in Q3<br>Status   | Status | Progress in Q3 Q4 RAC<br>Status | G Progress in Q4               |  |
| Please select from drop down list:  | m the Reference | Please include a brief summary of the  | Please outline what you intend  | Please outline what you intend to   | Please outline what you intend   | Please outline what you intend   | Please provide a short summary of risk(s)  | Please summarise the key controls in place to manage the risk(s) and/or   | Please outline what you have  | schieved in Q1   | Please outline what you expect to achieve in Q2  | Please outline what you have achieved in Q2   | Please outline what you expect to achieve in Q3  |        | Please outline what you have    | Please outline what you expect | Please outline what you have           |
| drop down list:   |                 | Please include a brief summary of the<br>deliverable, outlining the intended action<br>and what this will achieve in 25/26.  | n to have achieved by Q1  | have achieved by QZ   | to have achieved by Q3   | to have achieved by Q4   | impact i.e. what is the specific area at risk  | Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.   |   |  |  |   |  | ľ      | achieved in Q3                  | to achieve in Q4               | achieved in Q4                         |
|   |                 |  |   |   |  |  | and how will it impact on<br>objectives/milestones.  |   |   |  |  |   |  |        |                                 |                                |  |
| Christine Divers Director of Operations Planned Care  | 1.1h            | NHS GLI local waits are maintained at either   | Maintaining current wait or a   | Maintaining current wait or a maximum   | Maintaininn nument wait or a   | Maintaininn current wait or a  | (i) Unexpected disruction due to internal  | Resilience meetings in place when challenges arise to suggest timely recovery   |   |  |  |   |  |        |                                 | _                              |  |
| Citable Direct Cit Operations 1 annual Cities   | 1.10            | NHS GJ local waits are maintained at either<br>current levels or a maximum of 12 weeks.  | maximum of 12 weeks throughout  | of 12 weeks throughout Q2.  | Maintaining current wait or a<br>maximum of 12 weeks throughout  | maximum of 12 weeks throughout   | refurbishment plans.   | Resilience meetings in place when challenges arise to support timely recovery<br>and optimum utilisation of theatres.   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  | Q1.   |   | Us.  | U4.  | (ii) Unplanned equipment downtime.   |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | (iii) I havened to considerant challenges  |   | Achieved current waiting times v  | ithin the 12 week TTG in                                 |  | Achieved current waiting times within the 12 week TTG in Q2.  |  |        |                                 |                                |  |
| Lynne Ayton Director of Operations Planned Care<br>James Mackie                                     | 1.1c            | i) Reduce the number of patients waiting over  | er  |   |  |  |  |   |   |  |  | CONTROL WAS AND   |  |        |                                 |                                |  |
| James Mackie  |                 | <ol> <li>Reduce the number of patients waiting over<br/>52 weeks for an interventional cardiology</li> </ol>   |   |   |  |  |  |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 | pocease.   |   |   |  |  |  |   |   |  |  | -Revised 52 week current wait profile submitted September 2025 to "Reduce numbers waiting over 52 weeks to 5.38 patients -Numbers waiting over 52 weeks was 43 patients against 5.38 patients profile   |  |        |                                 |                                |  |
|   |                 | <li>ii) Reduce the wait for cardiac imaging and<br/>increase the number of patients receiving a<br/>scan within 6 weeks of referral.</li>  | i) Agree weekly monitoring and  |   |  | i) Reduce number of patients   | i) Planned care funding and ability to recruit   | i) Organisational change and recruitment is underway to mitigate the  |   |  |  | -Diagnostic waits -53% waiting less than 6 weeks<br>-Funding approved by EXT for 40 additional cases  |  |        |                                 |                                |  |
|   |                 | scan within 6 weeks of referral.   | review of over 52 week waits.   | i) Reduce numbers waiting over 52   | i) Reduce numbers waiting over   | i) Reduce number of patients<br>waiting over 52 weeks to 0.  | ,  | recruitment risk.   |   |  |  | -Funding approved by ELT for 40 additional cases -Reduction in patient treatment list (PTL)   |  |        |                                 |                                |  |
|   |                 |  | ii) Agree trajectory for 2025/26  | weeks to ≤ 38 patients.   | 52 weeks to \$ 19 patients.  | ii) Achieve planned reduction in   | ii) CMR - currently 62% waiting > 6 weeks with   | ii) Discussions at regional meetings and with Boards re CMR referrals and waiting times. Swap out SLA activity for CMR where possible and increased   | No planned care funding received for  | r >52 week patients.                                     |  | -2 weekend lists  | -Additional GA slots in place  |        |                                 |                                |  |
|   |                 | May 2025 position - 48% within 6 weeks as  |   | ii) Achieve planned reduction in waits  | ii) Achieve planned reduction in worte for CO  | waits for Q4 - target is 95%   | referrals exceeding capacity. Capacity limited   | waiting times. Swap out SLA activity for CMR where possible and increased   | Manifesian servanean servan   |  |  | -Weekly meetings established with Clinical Lead and Clinical Director to review and prioritise lists -Identify general anaesthetic (GA) patients and separate report developed.   | -Atin of 4 weekend lists Additional Strussosis identified  |        |                                 |                                |  |
| Christine Divers Director of Operations Cancer Care   | 2.2a            | per DMMI Waiting Template. To achieve the 2025/26 ADP target for   | funding.  Achieving the Q1 ADP target for   | Achieving the Q2 ADP target for   | waits for Q3.  Achieving the Q3 ADP target for endoscopy.  | Achieving the Q4 ADP target for  | by scanning workforce. (i) Downtime of EDU.  | recruitment of CMR radiographers as part of 5/7 expansion. Resilience meetings in place when challenges arise to support timely   |   |  |  | Salary series and the series and series are series and series are series and series and series and series are series and series are series and series and series are series are series and series are series are series are series are | Page 19 Salating Sala |        |                                 |                                |  |
|   |                 | endoscopy.   | endoscopy.  | endoscopy.  | endoscopy.   | endoscopy.   | (ii) Worldorce challenges.   | recovery.   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | -  |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | 3% behind ADP (71 procedures)<br>challenges with non-medical end  | in Q1 related to workforce<br>escopists. Recruitment has |  |   |  |        |                                 |                                |  |
| Christine Divers Director of Operations NHS GJ Planning F   |                 |  |   |   |  |  |  |   | taken niane and rennuery evnert   | ed by Ω2   |  | 2% (163) shead of SDP at end of CO due to renower plan in plane and return to work of nurse endoscopist   |  |        |                                 |                                |  |
| Crissine bivers brector or operations NHS G3 Planning P   | Priority 5.2    | ADP,   | Delivery of ALF.  | Delivery of ADP.  | Achieve cataract academy<br>activity profile for Q3.   | Achieve cataract academy<br>activity profile for Q4.   | (i) Insufficient trainers recruited to NHSSA to<br>deliver additionality within financial year.  | (i) NHSSA will work closely with health boards to maximise collaboration with aim of recruiting trainers.   |   |  |  |   |  |        |                                 |                                |  |
|   |                 | recruitment of suitable faculty by NHSSA<br>planned for Nov 2025.  |   |   |  |  | (ii) Recruitment of aghthalmologists to deliver  |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | ADP.   | (-)   | Sparra demand by NASSA for trains   | os in aumoritad in CO 1 little                           |  | ADD has been amended to include an additional SERI coharacte. Currently on target as of end of DS. Deco NUCSA   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | there is a clear recruitment plan   | an options paper is being                                |  | ADP has been amended to include an additional 3501 cataracts. Currently on target as of end of Q2. Once NHSSA<br>recruitment takes place there is a plan to implement by February 2026. The numbers from this are included within the new   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | Recruitment by NHSSA for trains<br>there is a clear recruitment plan<br>developed to detail ways in whic<br>increased via existing service. O   | on the ADP can be on the on the ADP can be               |  | ADP target.   |  |        |                                 |                                |  |
| Lynne Avion Director of Operations NHS GJ Planning P  | Delevier E De   |  |   |   |  |  | The risks are detailed within the Business Case.   |   | ahead of ADP in Q1.   |  |  | Recruitment for trainers remains with NHSSA.  |  |        |                                 |                                |  |
| Lynne Ayton Director of Operations NHS GJ Planning F<br>James Mackie                                | PROTES 5.30     |  | Confirm the CT3 planned care<br>profile for the coming quarters   |   |  |  | the main outstanding risks to delivery are   |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 | Achieve the planned care profile for CT3.  | profile for the coming quarters<br>throughout 2025/26.  | Achieve the CT3 planned care templat<br>profile for Q2.   | e Achieve the CT3 planned care<br>template profile for Q3.   | Achieve the CT3 planned care<br>template profile for Q4.   | focused on workforce and ability to recruit<br>suitably trained radiographers.   | Recruitment Strateov agreed and has commenced.  | CT3 Activity profile aereed for 25/2  |  |  | -CT3 go live - August<br>-Bakind nian due to remitment delans   | Becover motition and deliver activity as niamed  |        |                                 |                                |  |
| Lynne Ayton Director of Operations NHS GJ Planning F<br>James Mackie                                | Priority 5.3c   |  |   |   |  |  |  |   |   |  |  |   | I MANUAL  |        |                                 |                                |  |
| James Macide  |                 |  |   |   |  |  | I  | Organisational change discussions have commenced and progressing well.  |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  | i) Recruitment underway.  |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | i) Ability to recruit additional staff.  | ii) Full staff engagement which is intended to mitigate turnover concerns.  |   |  |  |   |  |        |                                 |                                |  |
|   |                 | Achieve the planned care profile for 5/7   | Confirm the planned care profile  | Achieve the C2 planned core or #1- 4-   | ar Achieve the CO observed cor-  | Achieve the Q4 planned care  | ii) Retention of current staff.  | iii) Impact of 36 hour week worked up and considered in the proposed rota   |   |  |  | Approved by Staff Governance  |  |        |                                 |                                |  |
| Abu-Zar Aziz Director of Transformation. NHS GJ Planning P  |                 | Achieve the planned care profile for S/7<br>working.  Continue to deliver the actions outlined in ou<br>Anchors Strategic Plan, focusing initiatives<br>developed by Worldorce, Estates and<br>Procurement teams; and working in<br>partnership with stakeholders on collaborative<br>programmers. | for 5/7 working.  | Achieve the Q2 planned care profile to<br>5/7 working.  i) First meeting of the Greenspace &<br>Biodiversity Subgroup.  | profile for 5/7 working.   | achieve the Q4 planned care<br>profile for 5/7 working.  | iii Impact of 36 hour week<br>i) Resourcing challenges to deliver projects<br>identified which may curtail or slow down  |   | Delay in confirmation of 5/7 profile  |  |  | Plan to implement phase 1 in O3.  | Achieve the Q3 planned care profile for 5/7 working.   |        |                                 |                                |  |
| Abu-Zar Aziz Director of Transformation, NHS GJ Planning P<br>Strategy, Planning and<br>Performance | Priority 5.8    | Continue to deliver the actions outlined in ou<br>Anchors Strategic Plan, focusing initiatives   | ur i) Host introductory session to<br>recruit and identify priorities for   | <ul> <li>i) First meeting of the Greenspace &amp;<br/>Biodiversity Subgroup.</li> </ul>   | Launch of Ambassadors     Programme under the Careers  | i) Launch of initiatives in<br>partnership with UpS.   | Resourcing challenges to deliver projects<br>identified which may curtail or slow down   | camers.  1) Scope projects and deliverables based on available resources from across<br>internal departments and external partners.   |   |  |  |   |  |        |                                 |                                |  |
| Performance   |                 | developed by Workforce, Estates and  | the Greenspace & Biodiversity   |   | Hub Proposal.  |  | delivery.  |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 | partnership with stakeholders on collaborativ  | ve Jungloup.  | <ul> <li>ii) Develop proposals in association<br/>with University of Strathclyde (UoS) to<br/>support the delivery of workforce</li> </ul>  | ii) Deliverables confirmed from  |  | ii) Dependency on partners to engage to support  | ii) Acquire commitment and confirmation from partners at scoping stage of projects before progressing.  |   |  |  |   |  |        |                                 |                                |  |
|   |                 | programmes.  | ii) Attendance at first West<br>Durbartonshire 'Meet the Buyer  | support the delivery of workforce<br>development initiatives.   | Employability Plan to support<br>Child Poverty targets in West   |  | delivery who may have conflicting priorities that<br>may impact delivery.  | projects before progressing.  |   |  |  | i) Achieved in Q1.  |  |        |                                 |                                |  |
|   |                 |  | Event'.   |   | Dunbartonshire.  |  |  |   |   |  |  | ii), iii), iv) Workforce-related concepts remain ongoing and engagement has taken place with a newly appointed Recruitment  |  |        |                                 |                                |  |
|   |                 |  | iii) Approval of development brief  | iii) Design & launch bespoke events<br>under the career hub proposal.   | iii) Launch of Enquiry Service   |  | <ul> <li>Difference of opinion between departments in<br/>relation to roles &amp; responsibility to deliver<br/>projects may impact pace of delivery.</li> </ul>   | iii) Engage with teams via workshops or similar to highlight how the Anchor<br>Programme will support delivery of departmental plans.   | Greenspace & Biodiversity Subp  | roun workshop undertaken                                 |  | Manager   |  |        |                                 |                                |  |
|   |                 |  | to establish project team to begin<br>scoping of the IT Academy   | iv) Scope of IT Academy defined and   | under the Career Hub proposal.   |  | projects may impact pace of delivery.  |   | and first session hosted, Procur  | ment Team attended the                                   |  | Additional and state  |  |        |                                 |                                |  |
|   |                 |  | proposal.   | apprenticeships advertised.   |  |  |  |   | and first session hosted, Procus<br>and first session hosted, Procus<br>first West Durbartonshire Meet:<br>March 482 registrations, 233 at<br>attendees were from 139 unique<br>Sector Organisations); brief end<br>scoping IT Academy proposal | he Buyer event on 28th<br>endees (of which, 161          |  | Autoria spara.  |  |        |                                 |                                |  |
|   |                 |  | iv) Approval of development brief   |   |  |  |  |   | attendees were from 139 unique  | Scottish SMEs/Third                                      | W-46   | *- Selected strategic objectives to support collaborative measures for West Dunbartonshire's Local Outcome Improvement Plan;  Descripted a video cost of talls to content perfect represent which was fed by Public Modify Scaling the Programmer Vision have   | ii) Further development of the Employability Plan with a view to approval in Q4  |        |                                 |                                |  |
|   |                 |  | to establish a Careers Hub.   |   |  |  |  |   | scoping IT Academy proposal   | ised to commence   | Workforce-related concepts uncertain due to discussions<br>around priorities; discussion to take place to determine if<br>concects remain within the clan.   | Developed a video case study to support anchor awareness which was led by Public Health Scotland; the Procurement Team have<br>embedded community benefits into tender document; HR hosted a careers event which attracted 250 pupils from across the   | Additional updates: promote the Community Benefits Gateway to suppliers of NHSGI enabling them to bid for  |        |                                 |                                |  |
| Jenny Pope Director of People and NHS GJ Planning F   | Drivethy E G    | Develop and publish 2 Year Workform Blan   | to Workform Planning and  | Deliver workform alternity consists   | Deliver workform almosing  | Deport to no through relevant  | it I ask of approximant assure NHS G I from  | ELT 900 90900 and BE have coveright of the worldoors also   |   |  | concests remain within the plan.   | resion:   | 3rd sector initiatives:  |        |                                 |                                |  |
| Culture   | Tioney 5.5      | Develop and publish 3 Year Worldorce Plan<br>support NHS GJ's strategic ambitions.   | Information Lead to be recruited.   | across NHS GJ and embed Workforo  | e sessions across NHS GJ and   | Report to go through relevant<br>internal governance routes.   | managers due to workload.  | ELT, SGG, SGPCC and PF have oversight of the worldonce plan.  |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   | Planning and Information Lead.  | develop Workforce Plan.  |  | ii) Inability to recruit a Workforce Planning and  |   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | Information Lead.  |   |   |  | Review will take place of the departmental resources,  |   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | Workforce Planning and Informa<br>interviews took place on 30th Ju  | no. We were unable to                                    | Review will take place of the departmental resources,<br>priorities and options regarding Workforce Planning Lead<br>recruitment. Go out to market again for a Workforce Planning  | We have readvertised the Workforce planning role and will be interviewing early October. It is expected we shall recruit at   |  |        |                                 |                                |  |
| Abu-Zar Aziz Medical Director Workforce   | 7.5             | Continue rollout of eRostering systems acro-   | oss i) Complete implementations of:   | i) Complete implementations of:   | i) Begin implementing Safecare to  | i) Complete implementations  | N. Wilder and Control of the Control | Discussions to be held to allocate extra resource to the BALI team who are  | recruit.  |  | Lead   | this point. It Completed implementations of:  | Induct the Workforce planning manager.   |        |                                 |                                |  |
| Abu-zar Aziz Medical Director Workforce   | 7.5             | AfC and medical teams. This will include   | Human Resources   | <ul> <li>Learning &amp; Organisational</li> </ul>   | the Nursing staff group, using a   | across all corporate teams   | conducted by a team of 2, added with providing   | Uscussions to be held to allocate extra resource to the BAU team who are leading the implementations  |   |  |  | Clinical Governance.  |  |        |                                 |                                |  |
|   |                 | AfC and medical teams. This will include<br>systems to support compliance against safe<br>staffing legislation and the system to support<br>eRostering amongst resident doctors.   | Recruitment     Sniritual Care  | Development  - Marketing and Communications   | train the trainer approach with  | ii) Safecare completely rolled out   | post implementation support and personal<br>development can impact the teams capacity  |   |   |  |  | Scheduling conflicts and the unavailability of key stakeholders to gather any follow up configuration material across the remaining   |  |        |                                 |                                |  |
|   |                 | eRostering amongst resident doctors.   | • QPPP  | Finance     Clinical Governance   | appointed Safecare champions<br>from within the service  | across the Nursing staff group   |  |   |   |  |  | departments has resulted in a delay to implementation.  | i) Continue builds and schedule training for Nursing areas where data gathering has been completed   |        |                                 |                                |  |
|   |                 |  | - Occupational Health   |   | ii) Continued implementations  | iii) Begin Safecare rollout to the<br>next required staff group -<br>potentially Medical   | ii) With a small implementation team, adding<br>additional implementations of Allocate Rota and  | <ul> <li>ii) To support extra implementations of Allocate Rota and Safecare, appoint<br/>champions from across the health board who can provide the expertise on<br/>rostering resident doctors (Rota) and safe staffing compliance (Safecare)</li> </ul> |   |  |  | ii) Wider rollout plan completed, projecting implementations completing in 2028   | *- Appoint Safecare champions across Nursing areas, to assist effostering team with implementation of  |        |                                 |                                |  |
|   |                 |  | ii) Conduct process mapping   | ii) Develop an implementation plan  | ii) Continued implementations<br>within corporate teams  | next required staff group -  | Safecare may become challenging  | rostering resident doctors (Rota) and safe staffing compliance (Safecare)   |   |  |  |   | SafeCare with a view to automate safe staffing processes   |        |                                 |                                |  |
|   |                 |  | Conduct process mapping<br>exercises with services to<br>provide a visual representation<br>on where the solution can provide | beyond September, with safe staffing<br>groups in strong consideration  | iii) Dual running of Allocate Rota,  | potertially medical  |  | II) Conduct rescars massing exercises with the convince during the early  |   |  |  | Implementations underway across Nursing, with data gathering complete for:  2 West - Colorectal and Complex General Surgery   | - Complete data gathering for 2 East, Discharge Lounge, SNAHFS, Heart Transplant, Cardiac Physiology,  |        |                                 |                                |  |
|   |                 |  | on where the solution can provide<br>efficiencies in either existing or   |   |  | iv) Conclude project delivery of<br>Allocate Rota, with system fully   | of the implemented teams may prolong dual<br>running, or not be adopted at all   | 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                               |   |  |  | 2 West - Complex Orthopsedics   | Coronary Care Unit, Acute Pain Service   |        |                                 |                                |  |
|   |                 |  | new rostering processes.  | iii) Begin populating the Allocate Rota   | and monitoring tools   | adopted in the health board  |  |   |   |  |  | - 3 tiet<br>- 3 West  | Commence readiness with remaining Nursing Areas  |        |                                 |                                |  |
|   |                 |  | ii) Complete training of Allocate<br>Rota - the module for compliant<br>rosters of resident doctors                           | system with compliant rosters and test<br>the monitoring capabilities   | ·  |  | Departure of the Senior HR Advisor for<br>Medics, who is key in implementing Allocate<br>Rota, could impact successful completion of<br>project delivery   | iv) Agreement to have a workaround with members of HR to be brought up to<br>speed on the progress of Allocate Rota so far and continuing progress of<br>implementing while a replacement for the Senior HR Advisor is sourced                            | 2 Completed in the control of   |  | i) Complete implementations of:  | 4 East - Orthopaedics Enhanced Recovery     4 West - Orthopaedics Enhanced Recovery   | ii) Complete implementations of, Learning & Organisational Development, Finance, Porters, Hotel  |        |                                 |                                |  |
|   |                 |  | Rota - the module for compliant<br>maters of resident doctors   |   |  |  | Medics, who is key in implementing Allocate<br>Bota could impact successful completion of  | speed on the progress of Allocate Rota so far and continuing progress of<br>implementing while a replacement for the Senior HR Advisor is sourced   | Human Resources   |  | Learning & Organisational Development Finance Clinical Governance Posters Hetel  | 4 West - Orthopaedics Enhanced Recovery     Senior Nurses (Hospital at Night)   | Complete implementations of, Learning & Organisational Development, Finance, Porters, Hotel  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | project delivery   |   | Human Resources     Recruitment     Spiritual Care     Ossige   |  | Clinical Governance     Printers   |   | iii) Confirm resource to complete the metrics for the testing of Allocate Rota   |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | • QPPP  |  | - Hotel  | (ii) Exercises for Allocate Rota were paused due to the departure of Senior Medical HR Advisor. Mitigation was discussed with HR, RLDatix and National Programme team, where it was proposed that resource will be in place by the end of October with the board.   | Additional updates:  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | Occupational Health     Marketing & Communications  |  | ii) Finalise implementation plans from September, with safe<br>staffing departments to be the focus  | (ii) Exercises for Allocate Rota were passed due to the departure of Senior Medical MR Advisor. Mitigation was discussed with MI, thotats and Matsonal Programs beam, where it was proposed that resource will be in place by the end of October with the board working towards full adoption from January 2026.  | *-Discuss the best approach to plan the payroll integration to meet the March 2028 deadline  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | ii) Process mapping completed v   | ith CODD team to counts a                                | staffing departments to be the focus   | Additional updates:   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | visualisation of the before proce   | s and the new process                                    | iii) Creation and publication of a Business Continuity Plan for  | *- Comms update to emphasise retirement of SSTS in March 2028, with Optima the system integrating with Payroll  | Consolidation of comprehensive requirements gathering from the Anaesthetics Team to support  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | I  |   | iii) Training held with eRostering  | team and members of HR                                   | encounty   | - Monthly Comms progress updates on achievements and upcoming implementations   | implementation of objectives and to support wider adoption across Medic staff.   |        |                                 |                                |  |
| Stuart Graham Director of Finance Digital and Innovati  | ton 9.3         | * Completene with MIS Direction  | * NIS 26/26 wordening in *****  | * NIS actions at least 50% complete   | * Microsoft Sentinel deployed  | * Final NIS report published   | i) Sufficient time for subject matter experts to   | i) Line Managers need to support prioritisation of BAU workloads to ensure  | on Allocate Rota.   |  | iv) Complete the metrics for the testing of Allocate Rota.   | - Business Continuity Plan shared with National effostering Programme Team  |  |        |                                 |                                |  |
| Sum Similar Director of Privance Digital and Innovati   | 0.2             | * Compliance with NIS Directive<br>* Deployment of national cyber security tooli   | ing "NIS Stakeholder engagement   | * Firewall replacements complete  | * NIS Evidence submitted to  | * Any follow up actions assessed   | <ol> <li>Sufficient time for subject matter experts to<br/>focus on NS items is required which could<br/>impact on the ability to complete the workplan.</li> </ol>  | Line Managers need to support prioritisation of BAU workbads to ensure assigned tasks are completed   |   |  |  |   |  |        |                                 |                                |  |
|   |                 |  | underway  | * Firewall replacements complete<br>* Defender for Identity deployed<br>* Intune fully deployed   | auditor  | tor 2026/27 workplan   |  |   |   |  |  | NS Audit  |  |        |                                 |                                |  |
|   |                 |  |   | 1   |  |  | ii) Access to 3rd party consultancy to close<br>skills gaps may challenge some timelines   | ii) Identifying any skills gaps as early as possible will help mitigate any delays  |   |  |  | NR Auer   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | gaps may cransingly some uniterest   |   |   |  |  | 23 controls partially achieved.  Evidence pathering arms sthese controls with evidence for almost 20 controls now complete.   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | Compliance with the NIS Directiv  | e. "Golden Jubilee                                       |  | 10.3 Application Security - 75% completed.  |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | continues to be a strongly-perfor<br>the NIS Audit Report in Enhance  | ming Board". We received<br>2025 with an overall         |  | 11.3 Internal Segregation - 60% completed. This will continue in to the first part of Q3.   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | compliance status of 91% achie  | ed; a significant uplift from                            |  |   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | Compliance with the NIS Directs<br>continues to be a strongly-perfor<br>the NIS Audit Report in February<br>compliance status of 91% achie<br>77% last year. All 7 categories<br>sub-categories as now rated als                                | or one NES audit and 55<br>we the 80% compliance         | Workshops and key areas have been established and<br>priorities for setting up a work plan this is in place moving<br>into the year-3 audit cycle. The areas we are focused on for<br>development are 10.3 Againston Security and 11.9 internal<br>Segregation both of which are planned for the year 3 MS | Cyber Tools Firewall replacements aimost completed, slight slippage but will be completed by end of Oct 25.   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | rate. As such, the board has ach<br>0 performance indicator set out   |  | into the year-3 audit cycle. The areas we are focused on for   | Intune currently in pilot phase before full deployment.   | Improve Internal Segregation and Application Security Scoring.   |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | performance being mentioned as  | 'noteworthy' to other                                    | Segregation both of which are planned for the year 3 NS  |   |  |        |                                 |                                |  |
| Stuart Graham Director of Finance Digital and Innovati  | tion 8.3        | * Delivery of Year 3 of the GJUNH Digital  | * Engagement with Microsoft &   | * Communications plan for information   | "SharePoint Online data<br>migration complete  "Adoption of Power/aps  d developed nationally  "Additional products developed<br>locally within Power/aps  environment  "Additional specialises live in  "hearts Scheduling  "Additional use cases developed<br>for Patient Hospitalises   "Additional use cases developed<br>for Hospitalises   "Additional use cases developed   "Additional use cas | * Further adoption of national   | i) Local skills require development and  | Investment in maintaining skills in the Digital Team is critical to provide local   | hnank   |  | Winds Programme  | Defender has been niished niit to Ω3.   | Correlate evidence natherina work for 20 controls  |        |                                 |                                | <del>-    </del>                       |
|   |                 | Improvement Plan   | M365 national team on readiness   | * Communications plan for information<br>in migration to SharePoint published<br>alongside national guidance<br>* Digital Champions campaign launche<br>to NHS Golden Jubilee Staff | migration complete   | PowerApps "Further development of local PowerApps "Additional specialties live in Theatre Scheduling "Additional use cases developed | maintenance to ensure the ability to develop   | <ol> <li>Investment in maintaining skills in the Digital Team is critical to provide local<br/>development abilities</li> </ol>   |   |  |  | No SharePoint Online migration plan has been delivered by the national M365 team as of yet.   |  |        |                                 |                                |  |
|   |                 | Improvement Plan  " Upgrade of key digital systems including<br>TrakCare, LIMS and Clinical Portal  " Development of Digital Champions Network<br>" Rollout of M365 products   | * Governance for SharePoint   | * Digital Champions campaign launche  | d developed nationally   | PowerApps  |  |   |   |  |  | LIMS is now undergoing UAT testing - assuming all testing is positive and any bugs are remediated the new LIMS and  |  |        |                                 |                                |  |
|   |                 | * Development of Digital Champions Network<br>* Rollout of M365 products   |   | to NHS Golden Jubilee Staff * Rollout of Microsoft CoPilot  | * Additional products developed<br>locally within PowerApps  | * Additional specialties live in<br>Theatre Scheduling   | ii) Take up of Digital Champions can be variable,<br>and if low will limit the Boards ability to deliver   | ii) Ensure strong engagement with corporate strategic communications to<br>support and enforce messaging  |   |  |  | LIMS is now undergoing URT testing - assuming all testing is positive and any bugs are remediated the new LIMS and<br>Order Comms are scheduled for go live by Quarter 1 2026.  |  |        |                                 |                                |  |
|   |                 | * Endoscopy Reporting Deployed   | * Solus Endoscopy Reporting   | * OpenEyes in use in GJUNH  | environment  | * Additional use cases developed   | on future Digital initiatives  |   |   |  |  | A nonneal is being developed to recruit a training and engagement manager to lead the Digital Champions workstream  |  |        |                                 |                                |  |
|   |                 |  | " Scan for Safety in Cath Lab live  | * NetCall Patient Hub live<br>* Theatre Scheduling live in 2  | Additional specialties live in<br>Theatre Scheduling   | for Patient Hub  | iii) Ability for national teams to support local   | iii) Early engagement with national teams to ensure go live slots are aligned and agreed  |   |  |  | Without this resource the Champions network would not be led appropriately and is likely to fail.   |  |        |                                 |                                |  |
|   |                 |  | 1   | specialties   | * Additional use cases developed<br>for Patient Hub  | 1  | scheduling may impact target go live timescales  | and agreed  |   |  |  | M365 - Copilot 1st Cohort are identified and training is arranged for Q3 with national support.   |  |        |                                 |                                |  |
|   |                 |  |   |   |  | 1  | I  |   |   |  |  | Openeves is not yet in use within GJNH as the templates and configuration has not yet been provided by the suppliers.   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  | I  |   |   |  |  | We are, however, in discussion with them and a meeting has been arranged to discuss the implementation and dates<br>surrounding this.   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   |   |  |  | · ·   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | TrakCare upgrade to version 20<br>system adoption in place, LIMS  | 4 completed and full<br>epiacement system                |  | Patient Hub is now being used to send text reminders for an additional Specialty and this programme of work will continue<br>over coming periods.   |  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   | system adoption in place. LIMS<br>scheduled for go-live in late Sep<br>Endoscopy system (Solus) sche<br>2015. Theatre Scheduling syste  | ember 2025. Replacement                                  | 1845 - stranderd Section 5   |   |  |        |                                 |                                |  |
|   |                 |  |   |   | 1  | 1  | I  |   | Endoscopy system (Solus) sche<br>2015. Theatre Schedulinn system  | tused for go live 14 July<br>n (Infix) in planning phase | LIMS system replaced in September. Solus system<br>implemented in July. Continued MS65 products rollout with<br>forus on local SharePoint developments.  | Theatre Scheduling is currently due in GJNH in Q1 2026. SOLUS solution is in testing, however, local and national<br>concerns around system performance remain. The ETA for this is not yet known so no action on this point currently.   | Implement CoPilot to 50 GJNH staff. Identify way forward with SOLUS/Endoscopy. Implement Theatre<br>Scheduling Commissio I IMS I IST   |        |                                 |                                |  |
| Shart Graham Director of Finance Dinital and Innovati   | tion 9 "        | A number of initiative Anne  | * Configured Refer to 4 the 1   | A Policy of UEDM*   | Continthoconia di Salana   | * Surther stokeholt-14   | Strikeholder engagement in ordinal to an   | Good and early upor engagement and year's a second will have  | with on, live date to be confirmed  |  | forus on local SharePoint developments   | ,   | Scheduline Complete LIMS LIGT  |        |                                 | 1                              |  |
| Digital and Innovati  | 0.0             | further forward in the Digital Maturity  | product to other Hospital areas   | completed   | live   | and co-development of EPR  | Stakeholder engagement is critical to ensure<br>pathways are adopted successfully  | Good and early user engagement and senior support will help encourage<br>engagement   | HEPMA system 95% installed (2<br>4E). Clinical Portal Electronic Pa   | wards outstanding 4W &                                   |  |   |  |        |                                 |                                |  |
|   |                 | Assessment outcomes. * Rollout of electronic medicines management  | <ul> <li>Stakeholder engagement and or<br/>development of EPR digital</li> </ul>  | " Cardiology digital pathway live<br>" Further stakeholder engagement and   | Further stakeholder engagement<br>and co-development of EPR  | agtal pathways   | I  |   | ongoing - (Total Knee replaceme   | nt Operation note -                                      | Complete HEPMA rollout, Continue Clinical Portal EPR   |   |  |        |                                 |                                |  |
|   |                 | (HEPMA)  | pathways  | co-development of EPR digital   | digital pathways   | 1  | I  |   |   |  | Complete HEPMA rollout. Continue Clinical Portal EPR developments to include. Arthropiastly patient assessment questionnaire/Total Hip Reglacement. Operation Natural Revision His. Mines Operation Natural  | HEPMA rollout expected complete early November. Clinical Portal EPR developments completed as below: Arthroplasty   |  |        |                                 |                                |  |
|   |                 | <ul> <li>Delivery of digital pathways as part of<br/>Clinical Portal (EPR) delivery</li> </ul>   |   | patrimays   |  |  |  |   | completed and live) (Occupation accessment resectionnaire 2009)   | r rherapy Pre-Admission<br>leted and live \              | questionnaire/Total Hip Replacement Operation<br>Note/Revision Hip,Knee Operation Note)  | HEPMA rollout expected complete early November: Clinical Portal EPR developments completed as below: Arthropiasty<br>patient assessment questionnaire Total Hip Replacement: Operation Note/Revision Hip-Knee Operation Note).<br>Conventional Theorem Peru Total resource from   | Committe HEPMA milital. Develop further EPR reinited forms in Orthonaerin specialty  |        |                                 |                                |  |
|   |                 |  |   |   |  |  |  |   |   |  |  |   | ·  |        |                                 |                                |  |