Delivery Plan 2025-26										Quarter 1 Update		Quarter 2 Projection		Quarter 2 Update		Quarter 3 Projection		Quarter 3 Update		Quarter 4 Projection	
Key Contact (internal use only)	**NHS GJ Executive Lead**	**Recovery Driver** **Please select from the drop down list:**	**NHS GJ Deliverable Reference**	**Deliverable Summary** **Please include a brief summary of the deliverable, outlining the intended action and what this will achieve in 25/26.**	**Q1 Milestones** **Please outline what you intend to have achieved by Q1**	**Q2 Milestones** **Please outline what you intend to have achieved by Q2**	**Q3 Milestones** **Please outline what you intend to have achieved by Q3**	**Q4 Milestones** **Please outline what you intend to have achieved by Q4**	**Risks and Issues - Description** **Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.**	**Controls** **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.**	**Q1 RAG Status**	**Progress in Q1** **Please outline what you have achieved in Q1**	**Q2 RAG Status**	**Progress in Q2** **Please outline what you expect to achieve in Q2**	**Q2 RAG Status**	**Progress in Q2** **Please outline what you have achieved in Q2**	**Q3 RAG Status**	**Progress in Q3** **Please outline what you expect to achieve in Q3**	**Q3 RAG Status**	**Progress in Q3** **Please outline what you have achieved in Q3**	**Q4 RAG Status**	**Progress in Q4** **Please outline what you expect to achieve in Q4**
Christine Divers	Director of Operations	Planned Care	1.1b	NHS GJ local waits are maintained at either current levels or a maximum of 12 weeks.	Maintaining current wait or a maximum of 12 weeks throughout Q1.	Maintaining current wait or a maximum of 12 weeks throughout Q2.	Maintaining current wait or a maximum of 12 weeks throughout Q3.	Maintaining current wait or a maximum of 12 weeks throughout Q4.	(i) Unexpected disruption due to internal refurbishment plans. (ii) Unplanned equipment downtime. (iii) Unexpected recruitment challenges.	Resilience meetings in place when challenges arise to support timely recovery and optimum utilisation of theatres.		Achieved current waiting times within the 12 week TTG in Q1.				Achieved current waiting times within the 12 week TTG in Q2.				Achieved current waiting times within the 12 week TTG in Q3.		Prediction to maintain 12 week TTG.
Lynne Ayton James Mackie	Director of Operations	Planned Care	1.1c	i) Reduce the number of patients waiting over 52 weeks for an interventional cardiology procedure. ii) Reduce the wait for cardiac imaging and increase the number of patients receiving a scan within 6 weeks of referral. May 2025 position - 48% within 6 weeks as per DMMI Waiting Template.	i) Agree weekly monitoring and review of over 52 week waits. ii) Agree trajectory for 2025/26 and confirmation of planned care funding.	i) Reduce numbers waiting over 52 weeks to ≤ 38 patients. ii) Achieve planned reduction in waits for Q2.	i) Reduce numbers waiting over 52 weeks to ≤ 19 patients. ii) Achieve planned reduction in waits for Q3.	i) Reduce number of patients waiting over 52 weeks to 0. ii) Achieve planned reduction in waits for Q4 - target is 95% within 6 weeks.	i) Planned care funding and ability to recruit ii) CMR - currently 62% waiting > 6 weeks with referrals exceeding capacity. Capacity limited by scanning workforce.	i) Organisational change and recruitment is underway to mitigate the recruitment risk. ii) Discussions at regional meetings and with Boards re CMR referrals and waiting times. Swap out SLA activity for CMR where possible and increased recruitment of CMR radiographers as part of 5/7 expansion.		No planned care funding received for >52 week patients. Monitoring arrangements agreed.				-Revised 52 week current wait profile submitted September 2025 to 'Reduce numbers waiting over 52 weeks to ≤ 38 patients -Numbers waiting over 52 weeks was 43 patients against ≤ 38 patients profile -Diagnostic waits - 53% waiting less than 6 weeks -Funding approved by ELT for 40 additional cases -Reduction in patient treatment list (PTL) -2 weekend lists -Weekly meetings established with Clinical Lead and Clinical Director to review and prioritise lists -Identify general anaesthetic (GA) patients and separate report developed.		-Additional GA slots in place -Min of 4 weekend lists -Additional EP capacity identified.		> 52 Profile as at end Nov 25 was 25. Actual was 44. However EP on track for overall reduction of PTL (patient tracking list) to 0 by end March 26. Planned care funding in place for additional Cardiac MRI weekend activity. Q2 was 75% waiting >6 weeks, Q3 55% waiting >6 weeks.		EP to have 0=52 week waiters by end of March 26. Continuation of additional MRI weekend lists. 2 lists must run each week to ensure 95% <6 week target met.
Christine Divers	Director of Operations	Cancer Care	2.2a	To achieve the 2025/26 ADP target for endoscopy	Achieving the Q1 ADP target for endoscopy.	Achieving the Q2 ADP target for endoscopy.	Achieving the Q3 ADP target for endoscopy.	Achieving the Q4 ADP target for endoscopy.	(i) Downtime of EDU. (ii) Workforce challenges.	Resilience meetings in place when challenges arise to support timely recovery.		3% behind ADP (71 procedures) in Q1 related to workforce challenges with non-medical endoscopists. Recruitment has taken place and recovery expected by Q2.				3% (163) ahead of ADP at end of Q2 due to recovery plan in place and return to work of nurse endoscopist.				4.3% ahead of ADP at end Nov 25. Over performance due to a change in split between upper and lower scope allocation. Plan to continue supporting health boards with increased upper scopes as per request, which will likely result in an over performance against plan.		Predicted to continue with over performance in agreement with Finance colleagues and planned care team.
Christine Divers	Director of Operations	NHS GJ Planning Priority	5.2	Delivery of the established ophthalmology ADP. Recruitment of suitable faculty by NHSSA planned for Nov 2025.	Delivery of ADP.	Delivery of ADP.	Achieve cataract academy activity profile for Q3.	Achieve cataract academy activity profile for Q4.	(i) Insufficient trainers recruited to NHSSA to deliver additionality within financial year. (ii) Recruitment of ophthalmologists to deliver ADP.	(i) NHSSA will work closely with health boards to maximise collaboration with aim of recruiting trainers. (ii) Social media recruitment campaigns.		Recruitment by NHSSA for trainers is expected in Q2. Until there is a clear recruitment plan an options paper is being developed to detail ways in which the ADP can be increased via existing service. Ophthalmology is 47% ahead of ADP in Q1.				ADP has been amended to include an additional 3501 cataracts. Currently on target as of end of Q2. Once NHSSA recruitment takes place there is a plan to implement by February 2026. The numbers from this are included within the new ADP target. Recruitment for trainers remains with NHSSA.				ADP has been amended to include an additional 3,539 cataract procedures. Still on target to achieve ADP, however there is a risk to the delivery of the 600 cataracts relating to the NHSSA Cataract Academy as recruitment of faculty was unsuccessful. Service teams are aiming to reduce the expected deficit by delivering additional activity where possible. This is dependent upon recruitment of an additional locum ophthalmologist.		NHSSA Cataract Academy will not commence before August 26. Prediction that the 600 cataracts that were part of this plan will not be delivered.
Lynne Ayton James Mackie	Director of Operations	NHS GJ Planning Priority	5.3b	Achieve the planned care profile for CT3.	Confirm the CT3 planned care profile for the coming quarters throughout 2025/26.	Achieve the CT3 planned care template profile for Q2.	Achieve the CT3 planned care template profile for Q3.	Achieve the CT3 planned care template profile for Q4.	The risks are detailed within the Business Case - the main outstanding risks to delivery are focused on workforce and ability to recruit suitably trained radiographers.	Recruitment Strategy agreed and has commenced.		CT3 Activity profile agreed for 25/26.				-CT3 go live - August -Behind plan due to recruitment delays.		Recover position and deliver activity as planned		CT 3 profile significantly under profile (-617) at end Nov despite improvements in volumes achieved in Sep-Nov 25. Significant work undertaken to improve booking office processes/ efficiency.		Improvement in booking office processes/ efficiency unlikely to allow full recovery as delivery is reliant on GJUNH receiving allocations from territorial health boards which are under pressure from 6 week turn around time. Potential to increase cardiac activity through voluntary extra sessions by consultant cover.
Lynne Ayton James Mackie	Director of Operations	NHS GJ Planning Priority	5.3c	Achieve the planned care profile for 5/7 working.	Confirm the planned care profile for 5/7 working.	Achieve the Q2 planned care profile for 5/7 working.	Achieve the Q3 planned care profile for 5/7 working.	Achieve the Q4 planned care profile for 5/7 working.	(i) Ability to recruit additional staff. ii) Retention of current staff. iii) Impact of 36 hour week.	Organisational change discussions have commenced and progressing well. i) Recruitment underway. ii) Full staff engagement which is intended to mitigate turnover concerns. iii) Impact of 36 hour week worked up and considered in the proposed rota patterns.		Delay in confirmation of 5/7 profile				Approved by Staff Governance Plan to implement phase 1 in Q3.		Achieve the Q3 planned care profile for 5/7 working.		Q3 profile for 5/7 working commenced with zero reportable activity delivered. All reportable activity profiled for Q4.		On track to deliver planned Q4 activity of 1305 exam units.
Abu-Zar Aziz	Director of Transformation, Strategy, Planning and Performance	NHS GJ Planning Priority	5.8	Continue to deliver the actions outlined in our Anchors Strategic Plan, focusing initiatives developed by Workforce, Estates and Procurement teams; and working in partnership with stakeholders on collaborative programmes.	i) Host introductory session to recruit and identify priorities for the Greenspace & Biodiversity Subgroup. ii) Attendance at first West Dunbartonshire 'Meet the Buyer Event'. iii) Approval of development brief to establish project team to begin scoping of the IT Academy proposal. iv) Approval of development brief to establish a Careers Hub.	i) First meeting of the Greenspace & Biodiversity Subgroup. ii) Develop proposals in association with University of Strathclyde (UoS) to support the delivery of workforce development initiatives. iii) Design & launch bespoke events under the career hub proposal. iv) Scope of IT Academy defined and apprenticeships advertised.	i) Launch of Ambassadors Programme under the Careers Hub Proposal. ii) Deliverables confirmed from Employability Plan to support Child Poverty targets in West Dunbartonshire. iii) Launch of Enquiry Service under the Career Hub proposal.	i) Launch of initiatives in partnership with UoS.	i) Resourcing challenges to deliver projects identified which may curtail or slow down delivery. ii) Dependency on partners to engage to support delivery who may have conflicting priorities that may impact delivery. iii) Difference of opinion between departments in relation to roles & responsibility to deliver projects may impact pace of delivery.	i) Scope projects and deliverables based on available resources from across internal departments and external partners. ii) Acquire commitment and confirmation from partners at scoping stage of projects before progressing. iii) Engage with teams via workshops or similar to highlight how the Anchor Programme will support delivery of departmental plans.		Greenspace & Biodiversity Subgroup workshop undertaken and first session hosted; Procurement Team attended the first West Dunbartonshire Meet the Buyer event on 28th March 462 registrations, 233 attendees (of which, 161 attendees were from 139 unique Scottish SMEs/Third Sector Organisations); brief endorsed to commence scoping IT Academy proposal		Workforce-related concepts uncertain due to discussions around priorities; discussion to take place to determine if concepts remain within the plan.		i) Achieved in Q1. ii), iii), iv) Workforce-related concepts remain ongoing and engagement has taken place with a newly appointed Recruitment Manager Additional updates: '- Selected strategic objectives to support collaborative measures for West Dunbartonshire's Local Outcome Improvement Plan; Developed a video case study to support anchor awareness which was led by Public Health Scotland; the Procurement Team have embedded community benefits into tender documents; HR hosted a careers event which attracted 250 pupils from across the region;		ii) Further development of the Employability Plan with a view to approval in Q4 Additional updates: promote the Community Benefits Gateway to suppliers of NHSGJ enabling them to bid for 3rd sector initiatives;		The draft employability plan has been developed and shared with key stakeholders for review. The document outlines key targets to support workforce related anchor work. It is anticipated the plan will be approved by Executives during Jan 2026. Proposals have been endorsed to undertake the feasibility of concepts in partnership with the University of Strathclyde which support local communities and staff; feasibility of a Homework Club will take place between Jan-May 2026; the Ambassadors programme and Enquiry Hub concepts are being discussed as part of the Employability Plan.		Feasibility to have commenced on key initiatives in partnership with the University of Strathclyde; approval of the Employability Plan; support towards the charity pilot project being led by the Golden Jubilee Hotel
Jenny Pope	Director of People and Culture	NHS GJ Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions.	Workforce Planning and Information Lead to be recruited.	Deliver workforce planning sessions across NHS GJ and embed Workforce Planning and Information Lead.	Deliver workforce planning sessions across NHS GJ and develop Workforce Plan.	Report to go through relevant internal governance routes.	(i) Lack of engagement across NHS GJ from managers due to workload. ii) Inability to recruit a Workforce Planning and Information Lead.	ELT, SGG, SGPCC and PF have oversight of the workforce plan.		Workforce Planning and Information lead advertised and interviews took place on 30th June. We were unable to recruit.		Review will take place of the departmental resources, priorities and options regarding Workforce Planning Lead recruitment. Go out to market again for a Workforce Planning Lead.		We have readvertised the Workforce planning role and will be interviewing early October. It is expected we shall recruit at this point.		Induct the Workforce planning manager.		Workforce planning and data lead has been recruited and will join NHS GJ at the end of Jan 26. Induction will commence in Q4 of 25-26.		Induct the workforce planning and data lead, start to plan the delivery of workforce planning sessions for Q1 26-27. This will be an ADP measure for 26-27.
Abu-Zar Aziz	Medical Director	Workforce	7.5	Continue rollout of eRostering systems across A/C and medical teams. This will include systems to support compliance against safe staffing legislation and the system to support eRostering amongst resident doctors.	i) Complete implementations of: • Human Resources • Recruitment • Spiritual Care • QPPP • Occupational Health ii) Conduct process mapping exercises with services to provide a visual representation on where the solution can provide efficiencies in either existing or new rostering processes. iii) Complete training of Allocate Rota - the module for compliant rosters of resident doctors	i) Complete implementations of: • Learning & Organisational Development • Finance • Clinical Governance • Porters • Hotel ii) Develop an implementation plan beyond September, with safe staffing groups in strong consideration iii) Begin populating the Allocate Rota module with compliant rosters and test the monitoring capabilities	i) Begin implementing Safecare to the Nursing staff group, using a train the trainer approach with appointed Safecare champions from within the service ii) Continued implementations within corporate teams iii) Dual running of Allocate Rota, where Rota is in use alongside existing resident doctor rostering and monitoring tools	i) Complete implementations across all corporate teams ii) Safecare completely rolled out across the Nursing staff group iii) Begin Safecare rollout to the next required staff group - potentially Medical iv) Conclude project delivery of Allocate Rota, with system fully adopted in the health board v) Departure of the Senior HR Advisor for Medics, who is key in implementing Allocate Rota, could impact successful completion of project delivery	i) Wider organisation implementations are being conducted by a team of 2, added with providing post implementation support and personal development can impact the teams capacity ii) With a small implementation team, adding additional implementations of Allocate Rota and Safecare may become challenging iii) Adoption issues of the solution across some of the implemented teams may prolong dual running, or not be adopted at all iv) Departure of the Senior HR Advisor for Medics, who is key in implementing Allocate Rota, could impact successful completion of project delivery	i) Discussions to be held to allocate extra resource to the BAU team who are leading the implementations ii) To support extra implementations of Allocate Rota and Safecare, appoint champions from across the health board who can provide the expertise on rostering resident doctors (Rota) and safe staffing compliance (Safecare) iii) Conduct process mapping exercises with the services during the early stages of implementation, to provide a visual of existing rostering processes. Upon implementation, provide a visual of where in the existing processes, changes or efficiencies can be made using the eRostering solution iv) Agreement to have a workaround with members of HR to be brought up to speed on the progress of Allocate Rota so far and continuing progress of implementing while a replacement for the Senior HR Advisor is sourced		i) Completed implementations of: • Human Resources • Recruitment • Spiritual Care • QPPP • Occupational Health • Marketing & Communications ii) Process mapping completed with QPPP team to create a visualisation of the before process and the new process iii) Training held with eRostering team and members of HR on Allocate Rota.		i) Complete implementations of: • Learning & Organisational Development • Finance • Clinical Governance • Porters • Hotel ii) Finalise implementation plans from September, with safe staffing departments to be the focus iii) Creation and publication of a Business Continuity Plan for eRostering iv) Complete the metrics for the testing of Allocate Rota.		i) Completed implementations of: • Clinical Governance. Scheduling conflicts and the unavailability of key stakeholders to gather any follow up configuration material across the remaining departments has resulted in a delay to implementation. ii) Wider rollout plan completed, projecting implementations completing in 2028 Implementations underway across Nursing, with data gathering complete for: • 2 West - Colorectal and Complex General Surgery • 2 West - Complex Orthopaedics • 3 East • 3 West • 4 East - Orthopaedics Enhanced Recovery • 4 West - Orthopaedics Enhanced Recovery • Senior Nurses (Hospital at Night) iii) 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 working towards full adoption from January 2026. Additional updates: '- Comms update to emphasise retirement of SSTS in March 2028, with Optima the system integrating with Payroll - Monthly Comms progress updates on achievements and upcoming implementations - Business Continuity Plan shared with National eRostering Programme Team - SafeCare implementation is ongoing with the first cohort of ward areas on the project plan.		i) Continue builds and schedule training for Nursing areas where data gathering has been completed '- Appoint Safecare champions across Nursing areas, to assist eRostering team with implementation of SafeCare with a view to automate safe staffing processes - Complete data gathering for 2 East, Discharge Lounge, SNAHFS, Heart Transplant, Cardiac Physiology, Coronary Care Unit, Acute Pain Service -Commence readiness with remaining Nursing Areas ii) Complete implementations of, Learning & Organisational Development, Finance, Porters, Hotel iii) Confirm resource to complete the metrics for the testing of Allocate Rota Additional updates: '-Discuss the best approach to plan the payroll integration to meet the March 2028 deadline -Consolidation of comprehensive requirements gathering from the Anaesthetics Team to support implementation of objectives and to support wider adoption across Medic staff.		i) Implementations completed for 2 East, 2 West - Colorectal and Complex General Surgery, 2 West - Complex Orthopaedics, 3 East, 3 West, 4 East, 4 West, Discharge Lounge and Senior Nurses (Hospital at Night), L&OD, Porters, Hotel - General & Admin ii) Assessment on reconfiguration of Optima to adopt the Reduced Working Week from 37 hours to 36 hours for A/C staff is underway. The reconfiguration exercise will also impact implementation of SafeCare, with a decision to begin rollout of SafeCare upon completion of the Reduced Working Week changes. iii) Senior HR Medical Advisor recruited and are currently familiarising themselves with the scope and requirements of the Allocate Rota implementation. No existing monitoring is currently taking place in the board, therefore there is no dual running of two systems. Additional Updates: - A request to determine the board requirements for the payroll integrations has been sent to the National Programme team to allow the board to better understand the commitment required and ensure that any preparatory work is undertaken prior to initiating the integrations project. - A comprehensive requirements/issues document on Medic implementations has been compiled and sent for response to the National Programme Board and the supplier, RLDatix		i) Complete implementations for 2 East, Finance and remaining Hotel areas, ii) Complete reconfiguration of Optima and SafeCare for Reduced Working Week iii) Complete data gathering for SNAHFS, Heart Transplant, Cardiac Physiology, Coronary Care Unit, Acute Pain Service, Cardiothoracic Rehabilitation iv) Complete any reconfiguration for Cath Labs and Rehabilitation to ensure accuracy of SafeCare data v) Appoint Safecare champions across Nursing areas, to assist eRostering team with implementation of SafeCare with a view to automate safe staffing processes vi) Confirm and complete the next steps with the supplier for testing of Allocate Rota vii) Pending a response from National Programme Board on the requirements for the payroll integrations, discuss the best approach to plan the payroll integration to meet the March 2028 deadline
Stuart Graham	Director of Finance	Digital and Innovation	8.2	* Compliance with NIS Directive * Deployment of national cyber security tooling	* NIS 25/26 workplan in place * NIS Stakeholder engagement underway	* NIS actions at least 50% complete * Firewall replacements complete * Defender for Identity deployed * Intune fully deployed	* Microsoft Sentinel deployed * NIS Evidence submitted to auditor	* Final NIS report published * Any follow up actions assessed for 2026/27 workplan	i) Sufficient time for subject matter experts to focus on NIS items is required which could impact on the ability to complete the workplan. ii) Access to 3rd party consultancy to close skills gaps may challenge some timelines	i) Line Managers need to support prioritisation of BAU workloads to ensure assigned tasks are completed ii) Identifying any skills gaps as early as possible will help mitigate any delays		Compliance with the NIS Directive. "Golden Jubilee continues to be a strongly-performing Board". We received the NIS Audit Report in February 2025 with an overall compliance status of 91% achieved; a significant uplift from 77% last year. All 17 categories of the NIS audit and 55 sub-categories ae now rated above the 80% compliance rate. As such, the board has achieved the advanced 80-80-0 performance indicator set out in this audit with areas of performance being mentioned as "noteworthy" to other boards.		Workshops and key areas have been established and priorities for setting up a work plan this is in place moving into the year-3 audit cycle. The areas we are focused on for development are 10.3 Application Security and 11.3 Internal Segregation both of which are planned for the year 3 NIS Work Programme		**NIS Audit** 50 controls remain outstanding. 27 controls not achieved 23 controls partially achieved. Evidence gathering across these controls with evidence for almost 20 controls now completed . 10.3 Application Security - 75% completed. 11.3 Internal Segregation - 60% completed. This will continue in to the first part of Q3. **Cyber Tools** Firewall replacements almost completed, slight slippage but will be completed by end of Oct 25. Intune currently in pilot phase before full deployment. Defender has been pushed out to Q3.		Improve Internal Segregation and Application Security Scoring. Complete evidence gathering work for 20 controls.		90% of evidence gathering now completed. Submission template currently being updated to include all necessary corresponding narrative. A Privileged Access Management (PAM) Solution is currently being implemented which will satisfy several controls within the framework. Work completed on the development of new and update of existing policies, required for some of the controls. Forecast, on track for submission deadline for 12th January 2026. Sentinel will now be part of the services provided by National CSOC.		Submission of all evidence by deadline of 12th January 2026. Complete staff interviews, scheduled for 19th February 2026. Submission of further evidence agreed at staff interviews. Receive interim report, week commencing 23rd February 2026. Complete Management meeting and receive final compliance report by week commencing 9th March 2026.
Stuart Graham	Director of Finance	Digital and Innovation	8.3	* Delivery of Year 3 of the GJUNH Digital Improvement Plan * Upgrade of key digital systems including TrakCare, LIMS and Clinical Portal * Development of Digital Champions Network * Rollout of M365 products * Endoscopy Reporting Deployed	* Engagement with Microsoft & M365 national team on readiness assessment for new tooling * Governance for SharePoint Online complete internally * TrakCare Upgrade complete * Solus Endoscopy Reporting Live * Scan for Safety in Cath Lab live	* Communications plan for information migration to SharePoint published alongside national guidance * Digital Champions campaign launched to NHS Golden Jubilee Staff * Rollout of Microsoft CoPilot * OpenEyes in use in GJUNH * NetCall Patient Hub live * Theatre Scheduling live in 2 specialties	* SharePoint Online data migration complete * Adoption of PowerApps developed nationally * Additional products developed locally within PowerApps environment * Additional specialties live in Theatre Scheduling * Additional use cases developed for Patient Hub	* Further adoption of national PowerApps * Further development of local PowerApps * Additional specialties live in Theatre Scheduling * Additional use cases developed for Patient Hub	i) Local skills require development and maintenance to ensure the ability to develop PowerApps locally is maintained and expanded ii) Take up of Digital Champions can be variable, and if low will limit the Boards ability to deliver on future Digital initiatives iii) Ability for national teams to support local scheduling may impact target go live timescales	i) Investment in maintaining skills in the Digital Team is critical to provide local development abilities ii) Ensure strong engagement with corporate strategic communications to support and enforce messaging iii) Early engagement with national teams to ensure go live slots are aligned and agreed		TrakCare upgrade to version 2024 completed and full system adoption in place. LIMS replacement system scheduled for go-live in late September 2025. Replacement Endoscopy system (Solus) scheduled for go live 14 July 2015. Theatre Scheduling system (Infio) in planning phase with go-live date to be confirmed.		LIMS system replaced in September. Solus system implemented in July. Continued M365 products rollout with focus on local SharePoint developments.		No SharePoint Online migration plan has been delivered by the national M365 team as of yet. LIMS is now undergoing UAT testing - assuming all testing is positive and any bugs are remediated the new LIMS and Order Comms 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 workstream. Without this resource the Champions network would not be led appropriately and is likely to fail. M365 - Copilot 1st Cohort are identified and training is arranged for Q3 with national support. Openeyes is not yet in use within GJNH 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 GJNH 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 this point currently.		Implement CoPilot to 50 GJNH staff. Identify way forward with SOLUS/Endoscopy. Implement Theatre Scheduling Complete LIMS UAT.		Theatre Scheduling is due for go live (and on track) February 26 in line with national delivery plan. GJUNH are testing the SOLUS product which has significant functional issues. GJUNH will follow national guidance as to next steps and whether the SOLUS product will be adopted. Phase 1 LIMS UAT will complete by 31st December with LIMS Go Live scheduled for early March 26. Cohort 1 of Microsoft Copilot users have been trained and planning is underway for Cohort 2. 2 x Power Apps are now live within GJUNH. Three specialities are now live with Patient Hub SMS reminders and plans are in place to implement email communications early in the New Year. SharePoint Data migration is yet to start as NHS Scotland Boards await direction from the National Support team as to how this work will go forward on a Once for Scotland basis. As yet no national Power Apps have been developed. Patient Hub is now being used to send Text reminders for several specialities with more planned over the next period (pending funding from Strategic Capital Bid).		Implementation of the Theatre Scheduling system. Completion of UAT for LIMS. Upgrade of VPN solution for all staff. Upgrade to Winvoice Web underway.
Stuart Graham	Director of Finance	Digital and Innovation	8.5	A number of initiatives will move NHS GJ further forward in the Digital Maturity Assessment outcomes. * Rollout of electronic medicines management (HEPMA) * Delivery of digital pathways as part of Clinical Portal (EPR) delivery	* Continued Rollout of the HEPMA product to other Hospital areas * Stakeholder engagement and co-development of EPR digital pathways	* Rollout of HEPMA across the hospital completed * Cardiology digital pathway live * Further stakeholder engagement and co-development of EPR digital pathways	* Cardiothoracic digital pathway live * Further stakeholder engagement and co-development of EPR digital pathways	* Further stakeholder engagement and co-development of EPR digital pathways	Stakeholder engagement is critical to ensure pathways are adopted successfully	Good and early user engagement and senior support will help encourage engagement		HEPMA system 95% installed (2 wards outstanding 4W & 4E). Clinical Portal Electronic Patient Record developments ongoing - (Total Knee replacement Operation note - completed and live) (Partial Knee Operation note - completed and live) (Occupational Therapy Pre-Admission assessment questionnaire -completed and live).		Complete HEPMA rollout. Continue Clinical Portal EPR developments to include: Arthroplasty patient assessment questionnaire/Total Hip Replacement Operation Note/Revision Hip-Knee Operation Note).		HEPMA rollout expected complete early November. Clinical Portal EPR developments completed as below: Arthroplasty patient assessment questionnaire/Total Hip Replacement Operation Note/Revision Hip-Knee Operation Note). Occupational Therapy Pre-Op assessment form.		Complete HEPMA rollout. Develop further EPR clinical forms in Orthopaedic specialty.		HEPMA is now configured and ready for go live in final specialty, dates are being considered to implement into final area. Scoping work is now underway for phase 2 of this programme. Development of Cardiothoracic pathway paused pending completion of the Dendrite implementation. Current focus for EPR forms is on Ortho and Rehab.		Engagement with key staff around EPR development, delivery of Trakcare advance proposals for rapid EPR adoption.