Delivery Plan 2025-26											Quarter 1 Update		Quarter 2 Projection	Quarter 2 Update		Quarter 3 Projection		Quarter 3 Update		Quarter 4 Projection		Quarter 4 Update		Quarter 5 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**	**Q4 RAG Status**	**Progress in Q4** **Please outline what you have achieved in Q4**	**Q5 RAG Status**	**Progress in Q5** **Please outline what you have achieved in Q5**
Caroline Handley Christine Downs	Director of Operations	Planned Care	1.1b	NHS GJ local leads are maximised 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	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.		No planned care funding received for +52 week patients. Monitoring arrangements agreed.		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.		i) 52 profile as at end Mar 26 was 0. Actual was 2 available patients breached the +52 weeks waiting time. These patients were displaced to deliver urgent IP cases. ii) Continuation for additional CMR weekend lists and conversion of weekday general lists to create additional capacity - 85% reading 6 weeks. Planned care funding ends year end 25/26. Overall Radiology end of Feb DDNB position 62.4% wait of +6 weeks, SG target was to reach 95%.		i) EP 26/8/27 ADP planned to deliver 708 cases. EP waiting list 01/04/2026 has 864 patients waiting. Planned replacement of Cath Lab 2 is planned for April to July 2026. EP activity will be displaced to Mobile Cath Lab for the duration of these works. This will restrict the delivery of cases requiring GA anaesthetic and overnight stay to circa 1 per week. The ADP approved July being developed with scope to increase EP (1 other sub-specialties) sessions if supported. ii) Agree trajectory for 26/27, monitor referral demand and seek funding to continue weekend sessions
Ric Akella Christine Downs 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 reduction in waits for Q2. iii) Achieve planned reduction in waits for Q2.	i) Reduce numbers waiting over 52 weeks to c 36 patients. ii) Achieve planned reduction in waits for Q3.	i) Reduce number of patients waiting over 52 weeks to c 19 patients. ii) Achieve planned reduction in waits for Q4 - target is 95% within 6 weeks.	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 S7 expansion.		No planned care funding received for +52 week patients. Monitoring arrangements agreed.		-Received 52 week current wait profile submitted September 2025 b) Reduce numbers waiting over 52 weeks to c 36 patients -Numbers waiting over 52 weeks was 43 patients against c 36 patients profile -Diagnostic waits - 53% waiting less than 6 weeks -Funding approved by ELT for 40 additional cases -Reduction in patient treatment list (PTL) -Risk identified -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.		Achieved current waiting times within the 12 week TTG in Q3.		+ 52 Profile as at end Nov 25 was 23. 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.		Achieved current waiting times within the 12 week TTG in Q3.		Maintain 12 week TTG.
Caroline Handley Christine Downs	Director of Operations	Cancer Care	2.2a	1x achieve the 25/5/26 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.		Predicted to continue with over performance in agreement with Finance colleagues and planned care team.		At year end Endoscopy was +35k, +3.3% above profile (11219 vs 10885).		Achieve the Q5 (Divisional Q1) ADP target for endoscopy.
Caroline Handley Christine Downs	Director of Operations	NHS GJ Planning Priority	5.2	Delivery of the established ophthalmology ADP. Recruitment of suitable	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 additional capacity. ii) Recruitment of	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 in relation to the new cataract training fellowships, the numbers from this are included within the new ADP target.		ADP has been amended to include an additional 3301 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 the ADP. However there is a risk to the delivery of the additional activity as staffing for Phase 2 is not yet confirmed and therefore not locally was unsuccessful. Service teams are aiming to reduce the expected deficit by delivering additional activity where possible. This is dependent		NHSSA Cataract Academy will not commence before August 26. Prediction that the 600 cataracts that were part of this plan will not be delivered.		At year end Cataract surgery were 41 cases ahead (10881 VS 10840).		Deliver the Q5 (Divisional Q1) target for Ophthalmology.
Ric Akella Christine Downs 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 service overlay 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 sustain activity trained.			CT3 Activity profile agreed for 25/26. Recruitment Strategy agreed and has commenced.		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 E week turn around time. Potential to increase cardiac activity through voluntary extra sessions by consultant cover.		Although CT 3 profile remains under, improvement evident in increased activity reported for Jan 26 and planned activity delivered in Feb 26. Improved monitoring processes within GJ Booking Office of referrals from territorial health boards where the NHS CT remits have that substantive MSK (Consultant Radiologist is in post. If pilot is successful expand referral criteria acceptance to further health boards.		Continued recovery of position and deliver activity as planned. Continued optimisation of booking office processes for further efficiencies in diary management and booking. Pilot expansion of referral criteria for MSK CT remits now that substantive MSK Consultant Radiologist is in post. If pilot is successful expand referral criteria acceptance to further health boards.
Ric Akella Christine Downs James Mackie	Director of Operations	NHS GJ Planning Priority	5.3c	Achieve the planned care profile for S7 working.	Confirm the planned care profile for S7 working.	Achieve the Q2 planned care profile for S7 working.	Achieve the Q3 planned care profile for S7 working.	Achieve the Q4 planned care profile for S7 working.	i) Ability to recruit additional staff. ii) Retention of current staff. iii) Impact of 36 hour week. iv) Impact of 36 hour week worked up and	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		Delay in confirmation of S7 profile		Approved by Staff Governance Plan to implement phase 1 in Q3.		Achieve the Q2 planned care profile for S7 working.		Q3 profile for S7 working commenced with zero reportable activity delivered. All reportable activity profiled for Q4.		On track to deliver planned Q4 activity of 1305 exam units.		Planned Care delivery S7 profile behind at (-715) end of Feb 26. 132 exam units (EU) reportable activity end of Feb 26. (-547 activity is being delivered, however due to logic in reporting of activity, difficulty distinguishing from CT3 and S7. Extended working day (EWD) CT 10hrs 7hurs implemented Jan 2026. Formal pause agreed for Phase 3 of S7 due to ongoing training requirement and unsuccessful recruitment.		Planned Care delivery S7 profile behind at (-715) end of Feb 26. 132 exam units (EU) reportable activity end of Feb 26. Work with Performance & Planning teams to optimise reportable activity mechanisms/logic to best differentiate activity streams of CT3 and S7 for accuracy.
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, with specific actions developed by Workforce, Estates and Procurement teams; and working in partnership with communities 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 and 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 West Scotland (UofS) 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 Child Poverty Hub Proposal. ii) Deliverables confirmed from Greenspace Action 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 UofS.	i) Reasourcing 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.	ii) Scope projects and deliverables based on available resources from across internal departments and external partners. iii) 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 'Meet Dunbartonshire Meet the Buyer event on 28th March 2025; Greenspace Action Plan approved by ELT; Ambassadors view from 130 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 establishment of resources 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 owners event which attracted 250 pupils from across the region.		i) 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 the Anchors Board in May 2026. The Anchors Board has also approved the feasibility of a new 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		Employability Plan has been developed and will be presented for approval to ELT during April 26. A partnership workshop was hosted by NHSGJ with purpose to bring together key organisations across West Dunbartonshire to strengthen collaboration around employability, skills, training and wellbeing. A suite of short/medium/long-terms actions have been identified for delivery. Progression has been achieved towards the strategic objectives being delivered by the Workforce, Estates and Procurement Teams; conversations have commenced Procurement and Stakeholders about the development the development of community benefits checklist.		Commenced development of an Anchor Charter for NHSGJ; The Programme scope and objectives have been revised and updated.
Jenny Pope Laura Smith	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.	Delivery 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, SOG, 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		ELT, SOG, SGPCC and PF have oversight of the workforce plan. We have readvertised the Workforce planning role and will be interviewing early October. It is expected we shall recruit at this point.		Revise self take place of the departmental resources, priorities and options regarding Workforce Planning. Lead recruitment: Go out to market again for a Workforce Planning Lead.		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. The workforce Planning and Information Lead started with NHS GJ at the end of Jan 26. We are currently reviewing capacity plans with Finance and will have a plan workforce planning sessions in the new financial year.		The delivery of workforce planning sessions in Q1 and Q2 of 26-27.
Abu-Zar Aziz	Medical Director	Workforce	7.5	Continue rollout of Allocate Rota across AEC and maternity teams. This will include systems to support compliance against safe staffing legislation and the system to support Allocate Compliant resident doctors.	i) Complete implementations of: • Learning & Organisational Development • Marketing and Communications • Finance • Clinical Governance • Hotel ii) Develop an implementation plan for the Redcare Rota with safe staffing groups in strong rostering processes. iii) Complete training of Allocate Rota - the module for compliant rosters of resident doctors	i) Begin implementations of: • Learning & Organisational Development • Marketing and Communications • Finance • Clinical Governance • Hotel ii) Continued implementations across corporate teams. iii) Dual running of Allocate Rota, where Allocate Rota is live alongside existing resident doctor rostering and monitoring tools	i) Complete implementations across all corporate functions. ii) Safecare completely rolled out across the Nursing staff group iii) Begin Safecare rollout to the next required staff group - potentially Medical iv) Conclude project delivery of Allocate Rota, with system fully adopted in the health board	i) Complete implementations across all corporate functions. ii) Safecare completely rolled out across the Nursing staff group, using a train the trainer approach with supported Safecare champions across the service. ii) Continued implementations across corporate teams. iii) Dual running of Allocate Rota, where Allocate Rota is live alongside existing resident doctor rostering and monitoring tools	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 the BAU team to lead the roll out who have the expertise on rostering resident doctors (Rota) and safe staffing compliance (Safecare) iii) Conduct process mapping exercises with the BAU champions to identify the best 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 effectiveness 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) Complete implementations of: • Clinical Portal • Nursing • 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: • Clinical Portal 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: • 12 West - Colorectal and Complex General Surgery • 2 West - Complex Orthopaedics • 3 East • 3 West • 4 West - Orthopaedics Enhanced Recovery • 5 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 2026, with Optime the system integrating with Payroll - Allocate Compliant Comms plan developed and implemented - Safecare Comms 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, SNAWFS, Heart Transplant, Cardiac Physiology, Coronary Care Unit, Acute Pain Service, Cardiothoracic Rehabilitation -Commence readiness with remaining Nursing Areas ii) Complete implementations of, Learning & Organisational Development, Finance, Portiers, 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 Areasfiecks 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 West, 4 East, 4 West, Discharge Lounge and Senior Nurses (Hospital at Night), L&OD, Portiers, Hotel - General & Admin ii) Assessment on reconfiguration of Optime to adopt the Reduced Working Week from 37 hours to 36 hours for AfC staff is underway. The reconfiguration exercise will also impact implementation of SafeCare, with a delay to implementation 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. Exercises to restart following a currently taking place in the board, therefore there is no due running of test 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 Optime and SafeCare for Reduced Working Week iii) Complete data gathering for SNAWFS, 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		Eligibility for the Reduced Working Week changes across the organisation - Begin the reconfiguration tasks include; initial communications with teams, data gathering, migration and training. Areas include Prevention of Infection and Control, Pharmacy, Cardiac Physiology, Coronary Care Unit, Heart Transplant, Nurse Practitioners, Nursing Admin Support, Perfusion, SACCS, SNAWFS, Surgical Care Practitioners and Surgical Admission Unit - Bi-Weekly wrap up sessions for areas needing additional changes, experiencing challenges and additional training (e.g. Finance, Nurses, Cath lab and 2 east) - With booking and training of new staff which will initially slow implementation however will not affect the project deadline.		The delivery of workforce planning sessions in Q1 and Q2 of 26-27. Milestone Updates: - Safecare rosters are dispersed throughout the cohorts and therefore the last corporate team to be implemented will be in Cohort 5 (July 2027). - Safecare has not been rolled-out in Nursing or other staffing groups until after the Reduced Working Week changes have been made to reduce duplication of work. This has been scheduled for June 2026 and is reliant upon a consensus being reached regarding the SafeCare multipliers (discussion ongoing). - Allocate Rota remain in pre-implementation status across Scotland. The HR Medical Advisor will continue to work with the eRostering team and ELD Tech to monitor the progress. Additional Updates: - 4B rosters live, 43% of departments migrated or in progress - 2 East has undertaken additional training, staff are now accessing the system however 2East will not be fully live on Optime until 1 April. Due to the outstanding compliance and leave adjustments linked to the upcoming Reduced Working Week (RWW) changes. - An Action Plan in place for Rehab and Cath lab, these areas will move forward after the Reduced Working Week changes. - Allbank's implemented and will go live in April. - Bi-preparation for the Reduced Working Week the eRostering team have been undergoing practical work to smooth this transition. This includes updating rosters and annual leave entitlements in advance of contractual changes, reaching out to other boards for templates and guidance. - 4C Successful recruitment of 2x eRoster posts, on-boarding beginning the week commencing the 27th April. The third post is out to advert and will close end of March. This will support the projected project timelines.
Finlay Craig	Director of Finance	Digital and Innovation	8.2	* Compliance with NIS Directive * Deployment of national cyber security tooling	* MS 25/26 workplan * MS Stakeholder engagement underway	* MS actions at least 70% complete * Firewall implementations complete * Defender for Identity deployed * Hvine fully deployed	* Microsoft Sentinel deployed * MS Evidence submitted to auditor	* Final NIS report published - Any follow up actions identified for 26/2027 workplan	i) Sufficient time for subject matter experts to focus on NIS items is required which could impact on BAU 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 'Partially Implemented'. Out of the 43 NIS Audit Categories of the NIS audit and 53 sub-categories we now achieve the 80% compliance rate. As such, the board has achieved the achieved 80.8512 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 2026. Additional NIS Audit Staff are focused on for development are 10.3 Application Security and 11.3 Internal Segregation both of which are planned for the year 2 NIS Work Programme **Cyber Tools** Firewall replacements almost completed, slight slippage but will be completed by end of Oct 25. Hvine currently in pilot phase before full deployment. Defender has been deployed to 94.7%		**NIS Audit** 80 controls remain outstanding. 27 controls not achieved 53 sub-controls not achieved Line Manager gathering across these controls with evidence for almost 20 controls now completed. 10.3 Application Security - 75% completed. 11.3 Internal Segregation - 69% completed. This will continue in to the first part of Q3. **Cyber Tools** Implementation Internal Segregation and Application Security Scoring. Complete evidence gathering work for 20 controls.		89% of evidence gathering now completed. Submission template currently being populated to include full evidence summary corresponding narrative. A Privileged Access Management (PAM) Solution is currently being implemented which will help to address a number of the NIS Audit Control requirements. The assessment 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. Completed to include full evidence summary corresponding narrative. Submission of further evidence agreed w/staff interviews. Submission of NIS Audit Report deadline of 12th January 2026. Complete Management meeting and receive final compliance report by week commencing 9th March 2026.		NIS Submission was completed on time, 99% compliance achieved. Implementation of national security tooling continues		The NIS2 framework is discontinued in 26/27. CLINR will undertake work on the new CAS framework through timescales not known yet.
Finlay Craig	Director of Finance	Digital and Innovation	8.3	* Delivery of Year 3 of the CLINR Digital Improvement Plan * Upgrade of key digital systems including TrakCare, LIMS and Clinical Portal * Development of Digital Champions Network * Rollout of M365 services * Endoscopy Reporting Deployed	* Engagement with Microsoft & M365 national team on readiness assessment for new tooling * Continued SharePoint Online complete internally * TrakCare Upgrade complete * Rollout of Endoscopy Reporting Live * Scan for Safety in Cath Lab live	* Communications plan for information migration to SharePoint published alongside national campaign * Digital Champions campaign launched to NHS Golden Jubilee Staff * Rollout of Microsoft CoPilot * OpenEyes in use in CLINR * NetCall Patient Hub live * Theatre Scheduling live in 2 specialties	* SharePoint Online data migration complete * Adoption of PowerApps environment nationally * Additional products developed locally within PowerApps environment * Theatre specialties live in Theatre Scheduling. * Additional uses cases developed for Patient Hub	* Further adoption of national PowerApps * Further development of local PowerApps * Theatre 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 (Sollus) scheduled for go live 14 July 2015. Theatre Scheduling system (Infix) in planning phase with go-live date to be confirmed.		LIMS system replaced in September. Sollus system implemented in July. Continued M365 products rollout with focus on local SharePoint developments.		Implement CoPilot to 50 CLINR 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. CLINR are leading the SOLUS product which has significant functional issues. CLINR 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 CLINR1. Work is underway to migrate the SharePoint 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 specialties and this is 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.		Infix is live in two specialties as per SG target. UAT for LIMS is complete and is now in cutover. The upgrade to Winvoice Web is underway. Netcall PatientHub is being used to issue text reminders for outpatients and will shortly go live for inpatients. Electronic Communications via Patient Hub are also about to go live. No further national PowerApps are available. Locally we are developing a replacement solution to allow Board members to access the papers they require as and when available via the Power Platform.		Cutover to new LIMS. Patient Hub in use for electronic comms Assuming that training lead is in place, have an agreed plan to implement a digital champions network
Finlay Craig	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 (EMM) * Delivery of digital pathways as part of Clinical Portal (EPR)	* 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 questionnaires(Total Hip Replacement Operation Note/Revision Hip-Knee Operation Note).		Complete HEPMA rollout. Develop further EPR clinical forms in Orthopaedic specialty.		HEPMA rollout expected complete early November. Clinical Portal EPR developments completed as below: Arthroplasty patient assessment questionnaires(Total Hip Replacement Operation Note/Revision Hip-Knee Operation Note). Occupational Therapy Pre-Op assessment form.		Engagement with key staff around EPR development, delivery of Trakcare advance proposals for rapid EPR adoption.		Further pathways live in portal, concentrating on those required to retire Excelcare which is end of life. Work is underway with Intersystems to develop plans around a comprehensive EPR plan.		Continue to work with Execs/Intersystems on planning and next steps.