Board Item 3.4.6b

NHS Gt Executive Lead	Recovery Driver	NHS Gt Tracker Reference	Deliverable Summary Please select from the drop down list:	Q1 Milestone 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 Milestone 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 risk/issue, why is it a risk/issue and what is the impact on objectives/milestones.	Controls Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the likelihood or the likelihood of a risk from occurring	Q1 RAG Status	Progress in Q1 Please outline what you achieved in Q1	Q2 RAG Status	Progress in Q2 Please outline what you achieved in Q2	Q3 RAG Status	Progress in Q3 Please outline what you expect to achieve in Q3	Q4 RAG Status	Progress in Q4 Please outline what you have achieved in Q4	Q1/RAG Status	Progress in Q1 Please outline what you achieved in Q1	Q2/RAG Status	Progress in Q2 Please outline what you achieved in Q2	Q3/RAG Status	Progress in Q3 Please outline what you expect to achieve in Q3	Q4/RAG Status	Progress in Q4 Please outline what you have achieved in Q4
				Delivery Plan 2019-20									Quarter 1 Actuals						Quarter 2 Actuals						Quarter 3 Actuals
Director of Operations	Planned Care	C.1b	NHS Scotland wide prioritisation of 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.	Unprecedented demand due to internal refurbishment plans. (2) Unplanned equipment downtime. (3) Unprecedented recruitment challenges.	Rendezvous meetings in place when challenges arise to support timely recovery and optimum utilisation of theatres.		Achieved current waiting times within the 12 weeks TTG in Q1.		Achieved current waiting times within the 12 weeks TTG in Q2.		No planned care funding received for 1/2 week patients.		Achieved current waiting times within the 12 weeks TTG in Q3.		Achieved current waiting times within the 12 weeks TTG in Q4.		Prediction to maintain 12 weeks TTG		Maintain 12 weeks TTG
Director of Operations	Planned Care	C.1c	Reduce the number of patients waiting over 52 weeks for an interventional radiology procedure. (i) Reduce the wait for cardiac imaging and increase the number of patients receiving a scan within 6 weeks of referral. May 2020 position - 48% within 6 weeks as per DMM Waiting Templates.	(1) Agree weekly monitoring and review of over 52 week waits. (2) Agree trajectory for 2020/20 and confirmation of planned care funding.	(1)Reduce numbers waiting over 52 weeks to X (8 weeks). (i) Achieve planned reduction in waits for Q2.	(1)Reduce numbers waiting over 52 weeks to X (8 weeks). (i) Achieve planned reduction in waits for Q3 - target is 50% within 6 weeks.	(1)Reduce numbers of patients waiting over 52 weeks (i) Achieve planned reduction in waits for Q4 - target is 50% within 6 weeks.	(1)Planned care funding and ability to recruit (2)CMR - currently 63% waiting 1-6 weeks with referrals accelerating capacity. Capacity limited by scanning workforce.	(1)Organisational change and recruitment is underway to mitigate the recruitment risk. (2) Discussions at regional meetings and with Boards to CMR referrals and waiting times. Jones can SLA activity for CMR where possible and increased capacity for CMR radiographers as part of G7 expansion.		No planned care funding received for 1/2 week patients. Monitoring arrangements agreed.		(1)Reduced 52 weeks current wait profile submitted (September 2020) to 'Reduce numbers waiting over 52 weeks' in 2B patients. Numbers waiting over 52 weeks were 40 patients against a 38 patients profile. Reduction in 52 weeks wait continued. Profiling approved by SLT for 52 additional cases. Reduction in patient treatment list (PTL). Weekly meetings established with Clinical Lead and Clinical Director to review and prioritise bookings. Identify general anaesthetic (GA) patients and separate report developed.		Additional 6th slot in place 4th of a weekend list. Additional GP capacity identified.		(1) Profile as at end Nov 20 was 31. Actual was 24. Achieved 8 of the 8 profile for 52 week waits. (Patient tracking list) to zero by end March 20. Revised core staffing in place for additional Cardiac MRI weekend activity. Q2 was 75% waiting <8 weeks, Q3 53% waiting <8 weeks.		(1) Profile as at end Mar 20 was 0. Actual was 0 available patients breached the >52 weeks waiting time. Total patients were displaced to deliver urgent IP cases. (i) Indicators for additional CMR weekend lists and conversion of weekday general lists to create additional capacity. Q3 Actual was 53% waiting <8 weeks against a profile of 50%. Overall Radiology end of Feb (2020) profile 63.4% and of 19 weeks. So longer wait to reach 50%.		(1) Profile as at end Jun 20 was 0. Actual was 0 available patients breached the >52 weeks waiting time. Total patients were displaced to deliver urgent IP cases. (i) Indicators for additional CMR weekend lists and conversion of weekday general lists to create additional capacity. Q4 Actual was 53% waiting <8 weeks against a profile of 50%. Overall Radiology end of Feb (2020) profile 63.4% and of 19 weeks. So longer wait to reach 50%.		Maintain 12 weeks TTG		(1)TIP 2020/21 ADP planned to deliver 78% women. GP waiting list 01/04/2020 for 2B patients waiting. Planned replacement of Cath Lab 2 is planned for April to July 2020. SP activity will be displaced to Mobile Cath Lab for the duration of the replacement. Cath Lab 1 is fully booked for Urgent and Emergency Angiogram. Proposal to extend the Mobile Cath Lab (MCL) beyond July being promoted by Scottish Government. Work continues in place to establish a wider workforce to operate the MCL from August. However, there remains a challenge. (2) Weekly monitoring of progress throughout 2020/21 to support delivery of the ADP. Weekly Cancer Waiting Times (CWT) monitoring, Weekly Diagnostics Performance Lead, CMR training ongoing. To further Radiographer completed training and to joining organisation Aug 20 with CMR experience. End of Feb 2020 CMR 63% waiting 1-6 weeks. Overall Radiology position for 63% target as of end May 20. 76.2% of imaging waits >6weeks, in line with our planned trajectory.		(1) At the end of Q3, the number of patients who were on the SP waiting list as of 01/04/20 had reduced to 2 patients. Of those patients, the current waiting list has risen to 267 following new referrals. Cath lab 2 refurbishment remains on track and is expected to be completed by the end of Q4. Mobile Cath Lab (MCL) beyond July 20 is being promoted by Scottish Government. Work continues in place to establish a wider workforce to operate the MCL from August. However remains a challenge. (2) Weekly monitoring of progress throughout 2020/21 to support delivery of the ADP. Weekly Cancer Waiting Times (CWT) monitoring, Weekly Diagnostics Performance Lead, CMR training ongoing. To further Radiographer completed training and to joining organisation Aug 20 with CMR experience. End of Feb 2020 CMR 63% waiting 1-6 weeks. Overall Radiology position for 63% target as of end May 20. 76.2% of imaging waits >6weeks, in line with our planned trajectory.		(1) At the end of Q4, the number of patients who were on the SP waiting list as of 01/04/20 had reduced to 2 patients. Of those patients, the current waiting list has risen to 267 following new referrals. Cath lab 2 refurbishment remains on track and is expected to be completed by the end of Q4. Mobile Cath Lab (MCL) beyond July 20 is being promoted by Scottish Government. Work continues in place to establish a wider workforce to operate the MCL from August. However remains a challenge. (2) Weekly monitoring of progress throughout 2020/21 to support delivery of the ADP. 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Director of Operations	Cancer Care	C.2a	To achieve the 2020/2A 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.	(1)Overdose of GCs. (2) Workforce challenges.	Rendezvous meetings in place when challenges arise to support timely recovery.		2% behind of ADP (41 procedures) in Q1 related to workforce challenges with non medical endoscopists. Recruitment has taken place and recovery expected by Q2.		1% (16)) ahead of ADP at end of Q2 due to recovery plan in place and return to work of nurse endoscopist.				4.2% ahead of ADP at end Nov 20. Over performance due to a change in split between upper and lower scope allocation. Plan to continue supporting health boards to achieve ADP target. Endoscopy is as per request, which suit they, record in ad year performance against plan.		Predicted to continue with over performance in agreement with Finance colleague and planned care team.		4 year end. Endoscopy was +164, +3.2% above profile (13219 vs 13055).		Achieve the Q4 (Divisional CX) ADP target for endoscopy.
Director of Operations	NHS Gt Planning Priority	3.2	Delivery of the sexetainer (ophthalmology) ADP. Recruitment of a suitable faculty by NHSGA planned for Nov 2020.	Delivery of ADP.	Delivery of ADP.	Achieve cataract academy activity profile for Q3.	Achieve cataract academy activity profile for Q4.	(1)Insufficient trainers recruited to NHSGA to assess additionally within financial year. (2) Recruitment of ophthalmologists to deliver ADP.	(1)NHSGA will work closely with health boards to maximise collaboration with aim of recruiting trainers. (2) Social media recruitment campaigns.		Recruitment by NHSGA 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 seeking service. Ophthalmology is 47% ahead of ADP in Q1.		ADP has been announced to include an additional 2021 cataracts. Currently on target as of end of Q2. Once NHSGA recruitment takes place there is a plan to implement by February 2020. The numbers from this are included within the new ADP target. Recruitment for trainers remains with NHSGA.												4 year end. Cataract surgery were 41 cases ahead (3881 VS 13840).		Deliver the Q4 (Divisional CX) target for Ophthalmology.		Ophthalmology 10% ahead of ADP in Q1 - due to operative availability - NHS Academy activity is not linked to 2020? ADP.
Director of Operations	NHS Gt Planning Priority	2.3b	Achieve the planned care profile for CTS.	Confirm the CTS planned care profile for the coming quarters throughout 2020/21.	Achieve the CTS planned care template profile for Q2.	Achieve the CTS planned care templates profile for Q3.	Achieve the CTS planned care templates profile for Q4.	The risks are detailed within the Business Case. We non-contracting hosts to delivery and focuse the workforce and ability to recruit suitably trained radiographers.	Recruitment Strategy agreed and has commenced.		CTS Activity profile agreed for 20/20.		CTS go live - August Bishop plan due to recruitment delays.		Recover position and better activity as planned.		Q1 profile significantly under profile (-87) but also this despite improvement in activity achieved in Sept/Nov 20. Significant work undertaken to improve backlog office processes efficiency.		Improvement in backlog office processes efficiency unlikely to allow full recovery as delivery is reliant on SLAW invoicing allocation from Aberdeen Health Board which are under pressure from 5 week turnaround time. Potential to increase cardiac activity through voluntary extra sessions by consultant cover.		Although CTS profile remains under, improvement evident in increased activity reported for Jan 20 and continue activity delivered in Feb 20. Improved invoicing processes within Gt Backlog Office of referrals from territorial health boards has resulted in an improved number of allocations received and met.		Continued recovery of position and deliver activity as planned. Continued optimisation of backlog office processes for further efficiencies in data management and tracking. PbD exceptions of referral criteria for MSK CT were agreed with Aberdeen Health Board (AHB) and Gt Backlog Office. Future successfully expand referral criteria acceptances to further health boards.		Crate April 20 presents CTS consistent BAU. Ongoing work around CT referral criteria with MSK patch review and Non Medical Referrer (NMR) process. All CTS posts recruited to.
Director of Operations	NHS Gt Planning Priority	3.3c	Achieve the planned care profile for 3/7 working.	Confirm the planned care profile for 3/7 working.	Achieve the Q2 planned care profile for 3/7 working.	Achieve the Q3 planned care profile for 3/7 working.	Achieve the Q4 planned care profile for 3/7 working.	(1)Ability to recruit additional staff. (2) Retention of current staff. (3) Impact of 36 hour week.	(1)Organisational change discussions have commenced and progressing with. (2) Recruitment underway. (3) Full staff engagement which is intended to mitigate turnover concerns. (4) Impact of 36 hour week worked up and considered in the proposed rota patterns.		Delay in confirmation of 3/7 profile		Approved by Shaff Governance. Plan to implement phase 1 in Q3.		Achieve the Q2 planned care profile for 3/7 working.		Plan to implement phase 1 in Q3.		Plan to achieve planned Q4 activity of 1365 weeks units.		Planned Care delivery 3/7 profile (actual of 1701 vs of of Feb 20, 1.6 weeks units (BAU), reparative activity 1.1 weeks units (BAU) and Backlog 0.5 weeks units (BAU) - Total 3.2 weeks units). Plan is segregating from CT3 and 3/7. Extended working day (EWD) CT Main Theatre implemented Jan 2020. Formal pause agreed for Phase 2 of 3/7 due to ongoing training requirement and unsuccessful recruitment.		Continued recovery of 3/7 profile with continued delay and patient booking. Continued work with Gt Planning Office to develop and implement improvement mechanisms for reporting exceptions to differentiate 3/7 workstream in 2021 monitoring. Wider piece of work with QPFM to report activity on both seven units and patient numbers.		Ongoing recruitment of Radiographers to support 3/7 and recover skill/bun mix. Continued work with Gt Planning Office to develop and implement improvement mechanisms for reporting exceptions to differentiate 3/7 workstream in 2021 monitoring. Wider piece of work with QPFM to report activity on both seven units and patient numbers.
Director of Transformation, Strategy, Planning and Performance	NHS Gt Planning Priority	3.8	Continue to deliver the actions outlined in our Adjusted Strategic Plan, focusing initiatives developed by Boards and Gt Planning Office to support and monitor delivery in partnership with stakeholders on collaborative programmes.	(1) Hold introductory sessions to recruit and identify priorities for the Governance & Biodiversity Subgroup. (2) Develop proposals in association with University of Strathclyde (SAS) to support the delivery of workforce planning improvements. (3) Change & launch bespoke events under the Carers Aute Proposal. (4) Scope IT Academy defined and apprenticeships identified.	(1)First meeting of the Greenspace & Biodiversity Subgroup. (2) Develop proposals in association with University of Strathclyde (SAS) to support the delivery of workforce planning improvements. (3) Change & launch bespoke events under the Carers Aute Proposal. (4) Scope IT Academy defined and apprenticeships identified.	(1)Launch of Ambassadors Programme under the Carers Aute Proposal. (2) Deliverables confirmed from Employability Plan to support Child Poverty targets in Wheel Contribution. (3) Launch of Equity Service under the Carers Hub proposal.	(1)Launch of initiatives in partnership with UWS.	(1)Resourcing challenges to deliver projects identified which may curtail or slow down delivery. (2) Dependency on partners to engage in support delivery who may have conflicting priorities that may slow down. (3)Differences of opinion between departments or stakeholders in relation to roles & responsibility to deliver projects may impact pace of delivery.	(1)Governance & Biodiversity Subgroup ownership undertaken and first session hosted. Procurement Team attended the first Short Duration/Intern Meet the Buyer event to discuss the Procurement Strategy. Meeting with Gt Ambassadors were from 12th October SAMH & Third Sector Organisations) chief endorsed to commence scoping IT Academy proposal		(1)Achieved in Q1. (2), (3), (4) Workforce/mental concepts remain ongoing and engagement has taken place with a newly appointed Employability Manager. Additional updates: - Selected strategic objectives to support collaborative measures for Wheel Contribution'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 200 pupils from across the region.		(1) further development of the Employability Plan with a view to approval in Q4. Additional updates: promote the Community Benefits Gateway to suppliers of NHSGG enabling them to bid for and secure initiatives.		The draft employability plan has been developed and shared with key stakeholders for review. The Procurement Team have begun to support workforce planning in the form of a pilot with a local company who are looking to recruit 20 people during year 2020. Proposals have been endorsed to undertake the feasibility of developing a Community Benefits Hub to support the delivery of Workforce Innovations and staff feasibility of delivering a Gt staff bank (bank nurses) are also 2020. The Ambassadors programme and Enquiry mail 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. (2) Senior HR Medical Advisor recruited and are currently familiarising themselves with the implementation of SaMCoe with a view to automate safe staffing processes monitoring to currently integrated 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 requirements and to ensure that the Gt pay proportionately work to undertaken prior to initiating the integration project. A comprehensive requirements/issues document on Medic implementations has been sent to the National Programme team for the National Programme Board and the sub-paper. Work is ongoing to put in place a Gt Medic Rota		Employability Plan has been developed and will be presented for approval to ELT during April 20. A partnership workflow was tested by NHSGG with purpose to bring together key organisations across Gt to collaborate on employability initiatives and to support the delivery of the Gt Employability Plan. Discussions with Gt Ambassadors were from 12th October SAMH & Third Sector Organisations) chief endorsed to commence scoping IT Academy proposal. Proposals have been endorsed to undertake the feasibility of developing a Community Benefits Hub to support the delivery of Workforce Innovations and staff feasibility of delivering a Gt staff bank (bank nurses) are also 2020. The Ambassadors programme and Enquiry mail concepts are being discussed as part of the Employability Plan.		Continuous development of an Anchor Charter for NHSGG. The Programme scope and objectives have been revised and updated.		Anchor Data Metrics have been submitted to Scottish Government following ELT approval. Anchor strategic objectives under the 3 workstreams of Workforce, Land & Environment and Procurement continue to progress, and are expected to be currently being established in response to Scottish Government guidance with scheduled completion dates. Workforce Strategic Objectives and Stakeholders about the development the development of community benefits checklist. The Employability Plan has been developed and is currently under review, a revised timeline for internal governance submission has slid to the continued. Discussions continue regarding the development of a community benefits checklist. Development of an Anchor charter has been paused until the recruitment of a new Head of Programme has taken place.
Director of People and Culture	NHS Gt Planning Priority	3.9	Develop and publish 2 Year Workforce Plan to support NHS Gt's strategic ambitions.	Deliver workforce planning sessions across NHS Gt and develop Workforce Planning and Information vision.	Deliver workforce planning sessions across NHS Gt and develop Workforce Plan.	Deliver workforce planning sessions across NHS Gt and develop Workforce Plan.	Reports go through relevant internal governance routes.	(1)Lack of engagement across NHS Gt from managers due to workload. (2) Inability to recruit a Workforce Planning and Information Lead.	(1)T, SGG, SGPCC, and FF have oversight of the workforce plan.		Workforce Planning and Information lead advertised and interviews took place on 30th June. We were unable to recruit.		We have reactivated the Workforce planning role and will be interviewing early October. It is expected we shall recruit at the point.		Unlock the Workforce planning manager.		Workforce planning and data lead, was to plan the delivery of workforce planning sessions for Q1 26-27. This will be an ADP measure for 26-27 financial year.		Input the workforce planning and data lead, was to plan the delivery of workforce planning sessions for Q1 26-27. This will be an ADP measure for 26-27 financial year.		The workforce Planning and Information Lead started with NHS Gt at the end of Jan 20. We are currently working with key parties with Finance and will move to plan workforce planning sessions in the new financial year.		The delivery of workforce planning sessions in Q1 and Q2 of 26-27.		In December 2020, meeting dates were raised to submit an Annual Workforce Plan for 2020/21 to Scottish Government. Workforce Planning and Information lead prepared and submitted workforce planning templates, on behalf of Workforce. Following a recent meeting on 15 June 2020, further clarity has been sought on the 2020/21 Annual Workforce Plan and the 2020/21 Workforce Plan. The Workforce Plan template accordingly is only requested received throughout the course of 2019/2021 NHS Gt will commence a programme of work during quarter 3 and 4 of 2020/21 to develop a 2 year Workforce Plan for 2021/22 and beyond in the future, with a key emphasis on developing capacity plans for services.
Medical Director	Workforce	7.3	Continue rollout of efficiencies systems across MC and implement Medical Bank Management System to support compliance against safe staffing legislation and the system to support refreshening amongst medical doctors.	(1) Complete implementations of: - Medical Bank - Recruitment - Bankers Care - Rostering - Occupational Health (2) Conduct process mapping exercises with services to produce a business specification on where the solution can provide efficiencies in either existing or new working processes. (3) Complete training of Allocate Rota - the module for compliant rosters of resident doctors.	(1) Complete implementations of: - Medical Bank Management - Rostering and Employee Self Services - Finance - Pre-Employment - Governance (2) Develop an implementation plan based on the business specification on where the solution can provide efficiencies in either existing or new working processes. (3) Commencing the Allocate Rota system with compliant rosters and test the monitoring capabilities.	1 stage implementing Safecare to the Nursing staff and Medical Bank Management System to support Safecare Compliance from within the service. (2) Continued implementations within corporate teams. (3) Continue to roll out Allocate Rota, where Rota is in use, to ensure adequate resident doctor rostering and monitoring tools.	(1) Complete implementations across all corporate teams. (2) Safecare completely rolled out across the Nursing staff group. (3) Begin Safecare rollout to the next required staff group - potentially Medical. (4) Conclude project delivery of Allocate Rota, with system fully adopted in the health board.	(1)Order organisation implementations are being prioritised based on the business case and dependencies between organisations. Implementations are being scoped and business cases are being developed. Business support and personal development can impact the teams capacity. (2)With a small implementation team, adding additional implementations of Allocate Rota and Safecare may cause capacity issues. (3) Adoption issues if the solution across some of the organisations does not provide the benefits they have expected and vice versa. (4) Departure of the Senior HR Advisor for Medics, who is key in implementing Allocate Rota, could impact successful completion of project delivery.	(1)Resources to be held to allocate extra resource in the MC teams are leading the implementations. (2) To support extra implementations of Allocate Rota and Safecare, we have recruited a Project Manager who will support and create the expertise in implementation of Allocate Rota and Safecare. As the existing processes, changes or efficiencies can be made using the efficiencies solution. (3) Agreement to have a workaround with members of the Medical Bank Management System team to Allocate Rota so for and continuing progress of implementing while a replacement for the Senior HR Advisor is sourced.		(1) Completed implementations of: - Medical Bank - Recruitment - Bankers Care - Rostering - Occupational Health - Marketing & Communications (2) Implementation commenced with QPFM team to create a visualisation of the before process and the new process (3) Training tools with efficiencies seen and members of MC on Allocate Rota.		(1) Complete implementations of: - Medical Bank Management - Finance - Pre-Employment - Governance (2) Develop implementation plan based on the business specification on where the solution can provide efficiencies in either existing or new working processes. (3) Commencing the Allocate Rota system with compliant rosters and test the monitoring capabilities.		(1) Continue builds and schedule training for Nursing areas where date gathering has been completed. Including conflict and the unavailability of key stakeholders to gather any follow up configuration material across the organisation to ensure the system is ready for a delay to implementation. (2) Wider roll-out plan completed, projecting implementations completing in 2020 Implementations completed: Rostering, with data gathering complete for: 1 - Ward - Colorectal and Complex Genera Surgery 2 - Ward - Urology and Urogynaecology 3 - Ward - Vascular 4 - Ward - Orthopaedics Enhanced Recovery 5 - Ward - Orthopaedics Trauma and Elective Ortho 7 - Senior Nurses (Hospital at Night) (3) Exercises for Allocate Rota were paused due to the departure of Senior Medical HR Advisor. Mitigation was discussed and the Medical and National Programme team, where it was proposed that resource will be in place by the end of October with the hand-winding towards full adoption from January 2020. Additional updates: - Continue update to emphasise relevant of SOTS in March 2020, with Optimise the system integrating with Payroll - Identify Common programme updates on achievements and upcoming implementations - Continue to develop the Medical Workforce Information Strategy - SaMCoe implementation is ongoing with the first cohort of ward areas on the project plan.		(1) Complete implementations of: - Medical Bank Management - Finance - Pre-Employment - Governance (2) Develop implementation plan based on the business specification on where the solution can provide efficiencies in either existing or new working processes. (3) Commencing the Allocate Rota system with compliant rosters and test the monitoring capabilities.		(1) Complete implementations for 2 Ward, Finance and remaining Hotel areas. (2) Complete reconfiguration of Optima and SaMCoe for Reduced Working Hours. (3) Complete data gathering for SNAHFS, Heart Transplant, Cardiac Physiology, Coronary Care Unit, Acute Pain Service, Cardiothoracic Rehabilitation. (4) Complete any reconfiguration for Cath Labs and Rehabilitation Medicine. (5) Commencing SaMCoe data (6) Agreed Safecare champions across Nursing areas, to assist refreshening team with implementation of SaMCoe with a view to automate safe staffing processes monitoring to currently integrated in the board, therefore there is no dual running of two systems. (7) Confirm and complete the next steps with the supplier for testing of Allocate Rota (8) 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 2020 deadline (9) 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 2020 deadline (10) Pending and training of new staff which will initially slow implementations however will not affect the project deadline.		Milestone Updates: (1)Complete implementations for 2 Ward, Finance and remaining Hotel areas. (2) Complete reconfiguration of Optima and SaMCoe for Reduced Working Hours. (3) Complete data gathering for SNAHFS, Heart Transplant, Cardiac Physiology, Coronary Care Unit, Acute Pain Service, Cardiothoracic Rehabilitation. (4) Complete any reconfiguration for Cath Labs and Rehabilitation Medicine. (5) Commencing SaMCoe data (6) Agreed Safecare champions across Nursing areas, to assist refreshening team with implementation of SaMCoe with a view to automate safe staffing processes monitoring to currently integrated in the board, therefore there is no dual running of two systems. (7) Confirm and complete the next steps with the supplier for testing of Allocate Rota (8) 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 2020 deadline (9) 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 2020 deadline (10) Pending and training of new staff which will initially slow implementations however will not affect the project deadline.		Milestone Projections: Rostering has been implemented and rolled out to two. The Corporate teams are currently being rolled out. The Corporate teams are planned throughout the cohorts and therefore the last corporate team to be implemented will be in Cohort 5 (July 2021). Implementations for the Nursing staff groups should be achieved and SaMCoe processes should be rolled out. Wider project plan has been updated to implement Medics tier2 (Cohort 3, Sep 2020) and Medics tier1 (Cohort 4, Dec 2020). Implementations are being scoped and business cases are being developed. Business support and personal development are ongoing to narrow the focus of the project identified. Additional Projections: - Complete the Reduced Working Week changes across the organisation - Mitigate the next cohort, teams include: initial communications with teams, stakeholder engagement, data gathering, data validation, configuration, testing. Corporate teams: Finance, Pharmacy, Cardiac Physiology, Coronary Care Unit, Heart Transplant, Nurse Practitioners, Nursing Admin Support, Perfusion, SACCS, SNAHFS, Cardiac Rehab, Medical Bank, Nursing Bank, Medical Bank. - Complete wind-up sessions for areas needing additional changes, experiencing challenges and additional training (e.g. Finance, Retail, Cath lab, Medical Bank). - On-boarding and training of new staff which will initially slow implementations however will not affect the project deadline.
Director of Finance	Digital and Innovation	8.2	* Compliance with NIS Directive - Deployment of national cyber security tooling	* NIS 2018 workplan in place * NIS Stakeholder engagement underway	* NIS actions at least 50% complete * Cyber Vulnerability Management * Defender for Identity deployed * Future fully deployed	* Microsoft Sentinel deployed * NIS Evidence submitted to auditor	* First NIS report published * NIS Evidence submitted to auditor	(1)Sufficient time for subject matter experts to focus on the workplan and mitigate risks which could impact on the ability to complete the workplan. (2) Access to 3rd party consultancy to close skills gaps may challenge some timelines	(1)Ensure sufficient resourcing and prioritisation of the workplans to ensure assigned tasks are completed. (2) Identifying skills gaps as early as possible will help mitigate any delays		Compliance with the NIS Directive. "Golden Jubilee continue to be a strongly compliant with the NIS Directive. We are currently at 92% with a target of 95% and overall cumulative status of 91% achieved, a significant uplift from 27% last year. All 7 categories of the NIS audit and 53 sub-categories are now rated compliant. The 2019 NIS audit, the 2019 Cyber Security Assessment and the 2020 BH&I performance indicator set out in this audit will answer all performance being monitored as "noteworthy" to other boards.		Workforce and key areas have been established and priorities for setting up a Cyber Security Operation Centre (SOC) are being taken forward. The SOC will be a focal point for development and 10.3 Application Security and 11.2 Internal Segregation both of which are planned for the year 3 NIS Work Programme.		Improve Internet Segregation and Application Security Scoping. Complete evidence gathering work for 20 controls.		90% of evidence gathering now completed. Submission template currently being finalised. Cyber Security Operation Centre (SOC) is being taken forward. Vulnerability Management (VMS) Solution is currently being implemented which will enable several controls within the Framework. Work completed on the development of new data update of existing policies, required for some of the controls. Forward on track for submission deadline for 10th January 2020. Sentinel will "live be part of the services provided by National CSOC.		Submission of all evidence by deadline of 10th January 2020. Vulnerability Management (VMS) Solution is fully implemented. Submission of further evidence agreed at staff interviews. Receive interim report, week commencing 23rd February 2020. Receive final report and receive final compliance report by week commencing 8th March 2020.		NIS Submission was completed on time, 98% compliance achieved. Implementation of national security tooling continues in line with CSOC requirements.		The NISD framework is discontinued in 2022/3. GJNH will undertake work on the new CAF Framework through Directorates but known yet.		NIS reporting closed and replaced by the Cyber Associated Framework (CAF). Implementation of the CAF is underway. The CAF is a 3 year cycle. The first report is due in 2023 with a 2 year cycle thereafter. Work continues in preparation for CAF assessment for 2022/23.
Director of Finance	Digital and Innovation	8.3	* Extension of Year 3 of the GJNH Digital Transformation Plan - Upgrade of key digital systems including Trakcare, LIMS and Clinical Portal * Development of Digital Champions Network - Implementation of - Endoscopy Reporting Deployed	* Engagement with Microsoft & M365 national team to discuss requirements for new tooling * Governance structure for Digital Champions complete internally * TeleCare Upgrade complete * Endoscopy Reporting Go * Scan for Safety in Cath Lab live	* Communications plan for information migration to Microsoft Teams developed and implemented * Digital Champions Network recruited to NHS Gt Staff Sister Jubilee Staff * Rollout of Microsoft CyFire * Endoscopy Reporting Go * NetCall Patient Hub live * Theatre Scheduling live 2 specialities	* Further adoption of national SharePoint Platform (Teams) has developed digital collaboration and Teams Scheduling Powerapps environment. * Additional specialties live in Theatre Scheduling * Additional use cases developed for Patient Hub	Local wide require development and maintenance resource for ability to develop PowerApps locally in line with Microsoft approved governance. (2) Take up of Digital Champions can be variable, and will be important that Boards ability to deliver on future Digital initiatives. (3) Ability for national teams to support local scheduling may impact target go live dates	Investment in maintaining skills in the Digital Teams is critical to provide local development abilities (2) Ensure strong engagement with corporate strategic communications to support and enforce messaging (3) Early engagement with national teams to ensure go live dates are aligned and agreed		LIMS system replaced in September. Solus system implemented in July. Continued NMSA production rollout with focus on local SharePoint developments.		LIMS is now undergoing UAT testing - assuming all testing is positive and any bugs are remediated the new LIMS and Solus Comms are scheduled for go live by Quarter 1 2020. 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 appropriate and is likely to fail. MSB - Capital Ion Cathed are identified and training is arranged for Q3 with national support. Gynaecare is not yet in core within QlikView the templates and configuration has not yet been provided by the suppliers. Work is ongoing, however, in discussions with them and a meeting has been arranged to discuss the implementation and dates for completion. Sharepoint Hub is now being used to send test reminders for an additional Specialty and the programme of work will continue over coming periods. Theatre Scheduling is currently due in GJNH in Q1 2020. SCGJ will continue to be testing. However, local and national concerns around system performance remain. The SCGJ NI this is not yet known to be action on the point currently.		Theatre Scheduling is due for go live (and go live) in Q1 2020 (Q1 2020 is the target go live date). Implementation of the Digital Champions workstream. Without this resource the Champions network would not be appropriate and is likely to fail. MSB - Capital Ion Cathed are identified and training is arranged for Q3 with national support. Gynaecare is not yet in core within QlikView the templates and configuration has not yet been provided by the suppliers. Work is ongoing, however, in discussions with them and a meeting has been arranged to discuss the implementation and dates for completion. Sharepoint Hub is now being used to send test reminders for an additional Specialty and the programme of work will continue over coming periods. Theatre Scheduling is currently due in GJNH in Q1 2020. SCGJ will continue to be testing. However, local and national concerns around system performance remain. The SCGJ NI this is not yet known to be action on the point currently.		Implementation of the Theatre Scheduling system. Completion of UAT for LIMS (digitalisation of GPH outcomes for all staff. Upgrade to Winscribe Web underway.		Work is live in two specialties, go live (and go live) target is end February 20 in line with Digital Transformation Plan. Work is underway to roll out to other specialties. Work is ongoing to develop Digital Champions Network. Recruitment of Digital Champions Network is on hold for further national Powerapps are available. Locally we are developing a replacement solution to allow Board members to access the papers they require on and when available via the Power Platform.		LIMS system has gone live. Leaflet Attract in core for electronic current Assuming that having been in in place, have an agreed plan to implement a digital champions network		Work continues on this strategic workstream and engagement with teams and Service continues. Forms in development with critical colleagues around Anticoagulant and Operation Notes as well as scoping the General Surgery Pre-Operative Assessment. HEPMA phase 2 has been scoped and will be taken to Board for approval. Work continues to refine Eurotrace which is one of the first specialties have gone live with the Dentrite system.
Director of Finance	Digital and Innovation	8.5	A number of initiatives will move NHS Gt further forward in the Digital Maturity Assessment outcomes: * Rollout of electronic medicines management (eMM) * Delivery of digital pathways as part of Clinical Portfolio 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	Local and early user engagement and senior support will help encourage engagement		HEPMA system fully installed (or awaiting installation) in 4 areas - Clinical Portfolio Electronic Patient Record developments ongoing - 2 back-lines 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 Portfolio EPR developments to include Anticoagulant patient assessment questionnaire(Total