

**NHS Golden Jubilee**

1. **Annual Delivery Plan 2025/26 Quarter 2 Update**

NHS Golden Jubilee’s (NHS GJ) Annual Delivery Plan (ADP) and Delivery Planning Template (DPT) sets out the Board’s priorities for the year following Scottish Government planning guidance. The DPT is prepared to provide the NHS GJ Board with quarterly updates and assurance on delivery. The Planning team has engaged with operational leads and the Executive team to present the Quarter 2 (Q2) end position. A final and high-level overview of overall progress of all deliverables is provided in the final section of this paper.

The Q2 DPT provides a progress update against priority actions at the end of September 2025. The priority actions have been identified in line with the Scottish Government Planning Guidance 2025-26, which is structured around the following five ministerial priorities:

* Planned Care
* Urgent and Unscheduled Care
* Cancer Improvement
* Sustainable Services
* National Programmes – Business Services & Systems, eRostering, National Green Theatres, Theatre Scheduling, National Endoscopy Programme

In addition to the five ministerial priorities, the Scottish Government Delivery Planning Guidance 2025-26 outlined prescribed planning priorities and expectations for Territorial Boards, National Boards and all Board’s. Alongside the specified priorities for NHS GJ as a National Board, there was an additional Territorial Health Board Delivery Area identified with priorities applicable to NHS GJ:

* Population Health and Reducing Health Inequalities

NHS GJ recognises the importance of collective ‘whole system’ collaboration to effectively support the reform and ongoing recovery of Scotland’s health service as reflected in the progress against the priority areas. This review was considered by the Executive Leadership Team (ELT) on 27 October 2025 and the Finance and Performance Committee (FPC) on 13 November, it has been submitted to the NHS GJ Board for final approval. Progress of priority actions for the NHS Scotland Academy (NHSSA) and the Centre for Sustainable Delivery (CfSD) have been excluded from this review note. As agreed during 2024-25, NHSSA will continue to complete the ADP2 template which is submitted to the NHSSA Executive Programme Group (EPG). The ADP2 has been shared by NHSSA following approval by the EPG on 29 October 2025.

Furthermore, CfSD have adopted a similar approach by producing an update report which has been approved by the National Associate Director on 15 October 2025.

The NHSSA ADP2 template and CfSD report will be submitted through governance as appendices to the review note.

1. **Quarter 2 End Position**

**Table 1** presents the overall RAG status of the Board’s 12 deliverables at Q2 end and provides an indicative position for Quarter 3 (Q3):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RAG Status** | | **Q1 Position** | **Q2 Position** | **Indicative Q3 Position** |
|  | Unlikely to complete on time / meet target | **-** | **-** | **-** |
| / | Potential status change to Red based on current intelligence | **-** | **-** | **-** |
|  | At risk - requires action | **5** | **4** | **1** |
| / | Potential status change to Green based on current intelligence | **-** | **-** | **-** |
|  | On track | **7** | **8** | **11** |
|  | Complete | **-** | **-** | **-** |
|  | **Total** | **12** | **12** | **12** |

**Table 1: Q2 End Position and Indicative Q3 Position**

* **Q2 end position:** 8 green deliverables, 4 amber deliverables, and 0 red deliverables.
* The **indicative Q3 position** projects a strong improvement with 11 green deliverables, 1 amber deliverable, and 0 red deliverables.

Due to issues highlighted in **Table 2** below, the following 4 deliverables have been assigned amber RAG status at Q2 end. As outlined in the progress note for **deliverable 1.1c,** a revised 52-week current wait profile and trajectory was submitted the Scottish Government in September 2025 to 'Reduce numbers waiting over 52 weeks to ≤ 38 patients’. As a result, the milestone target has been slightly adjusted for the remaining quarters to reflect the official trajectory with a target of zero patients waiting over 52 weeks still in place for March 2026.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recovery Driver** | **NHS GJ Deliverable Reference** | **Deliverable** | **Q1 RAG Status** | **Q2 RAG Status** | **Progress Notes** |
| 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 for DMMI (Diagnostic Monthly Management Information). |  |  | -Revised 52-week current wait profile was submitted to SG in 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 |
| NHS GJ Planning Priority | 5.3b | Achieve the planned care profile for CT3. |  |  | -CT3 go live - August -Behind plan due to recruitment delays. |
| NHS GJ Planning Priority | 5.9 | Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions. |  |  | The Workforce Planning role has gone back out to advert and interviewing is scheduled for early October 2025. Recruitment and induction are expected at this point in Q3. |
| Workforce | 7.5 | Continue rollout of eRostering systems across AfC and medical teams. This will include systems to support compliance against safe staffing legislation and the system to support eRostering amongst resident doctors. |  |  | i) Completed implementations of: -Clinical Governance.   Scheduling conflicts and the unavailability of key stakeholders to gather 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 the 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. |

***Table 2: Q2 Amber Deliverables***

The remaining 8 deliverables assigned Green RAG status in Q2 are set out in **Table 3** below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recovery Driver** | **NHS GJ Deliverable Reference** | **Deliverable** | **Q1 RAG Status** | **Q2 RAG Status** | **Progress Notes** |
| Planned Care | 1.1b | NHS GJ local waits are maintained at either current levels or a maximum of 12 weeks. |  |  | -Achieved current waiting times within the 12-week TTG in Q2. |
| Cancer Care | 2.2a | To achieve the 2025/26 ADP target for endoscopy. |  |  | -3% (163) ahead of ADP at end of Q2 due to recovery plan in place and return to work of nurse endoscopist. |
| NHS GJ Planning Priority | 5.2 | Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHSSA planned for Nov 2025. |  |  | -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. |
| NHS GJ Planning Priority | 5.3c | Achieve the planned care profile for 5/7 working. |  |  | -Approved by Staff Governance -Plan to implement phase 1 in Q3. |
| 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. |  |  | -Achieved the first meeting of the Greenspace & Biodiversity Subgroup in Q1. -Workforce-related concepts remain ongoing and engagement has taken place with the newly appointed Recruitment Manager. |
| Digital and Innovation | 8.2 | \* Compliance with NIS Directive  \* Deployment of national cyber security tooling |  |  | **NIS Audit is ongoing:**  -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 into 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. |
| 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 |  |  | -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 GJUNH 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. |
| 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 |  |  | HEPMA rollout expected to be 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. |

***Table 3: Q2 Green Deliverables***

As illustrated in **Table 3**, the following 3 deliverables have **improved** from amber in Q1 to green at Q2 end:

* **Deliverable Reference 2.2a:** *“To achieve the 2025/26 ADP target for endoscopy.”*
* **Deliverable Reference 5.2:** *“Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHSSA planned for Nov 2025.”*
* **Deliverable Reference 5.3c:** *“Achieve the planned care profile for 5/7 working.”.*

1. **Projected Quarter 3 Position**

Organisational leads have undertaken assessment of the projected position of deliverables at Q3 end (December 2025). **Table 1** has shown the indicative position at Q2 end with 8 green deliverables, 4 amber deliverables, and 0 red deliverables. For completeness, **Table 4** below outlines and provides detail on the projected changes for Q3:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Delivery Area** | **NHS GJ Deliverable Reference** | **Deliverable** | **Q1 RAG Status** | **Q2 RAG Status** | **Indicative Q3 RAG** | **Progress Notes** |
| 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 for DMMI. |  |  |  | -Additional GA slots in place  -Min of 4 weekend lists  -Additional EP capacity identified. |
| NHS GJ Planning Priority | 5.3b | Achieve the planned care profile for CT3. |  |  |  | Recover position and deliver activity as planned |
| Workforce | 7.5 | Continue rollout of eRostering systems across AfC and medical teams. This will include systems to support compliance against safe staffing legislation and the system to support eRostering amongst resident doctors. |  |  |  | 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. |

***Table 4: Projected Changes in Q3***

**Table 4** presents three projected improvements from amber to green for the following deliverables:

* **Deliverable Reference 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 for DMMI.”*
* **Deliverable Reference 5.3b:** *“Achieve the planned care profile for CT3.”*
* **Deliverable Reference 7.5**: *“Continue rollout of eRostering systems across AfC and medical teams. This will include systems to support compliance against safe staffing legislation and the system to support eRostering amongst resident doctors.”.*

1. **Overall Progress**

**Table 5** below provides a high-level overview of the overall progress for deliverables to date, including the Q1 and Q2 end position, and the Q3 projection:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Delivery Area** | **NHS GJ Deliverable Reference** | **Deliverable** | **Q1 RAG Status** | **Q2 RAG Status** | **Indicative Q3 RAG** |
| Planned Care | 1.1b | NHS GJ local waits are maintained at either current levels or a maximum of 12 weeks. |  |  |  |
| 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 for DMMI. |  |  |  |
| Cancer Care | 2.2a | To achieve the 2025/26 ADP target for endoscopy. |  |  |  |
| NHS GJ Planning Priority | 5.2 | Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHSSA planned for Nov 2025. |  |  |  |
| NHS GJ Planning Priority | 5.3b | Achieve the planned care profile for CT3. |  |  |  |
| NHS GJ Planning Priority | 5.3c | Achieve the planned care profile for 5/7 working. |  |  |  |
| 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. |  |  |  |
| NHS GJ Planning Priority | 5.9 | Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions. |  |  |  |
| Workforce | 7.5 | Continue rollout of eRostering systems across AfC and medical teams. This will include systems to support compliance against safe staffing legislation and the system to support eRostering amongst resident doctors. |  |  |  |
| Digital and Innovation | 8.2 | \* Compliance with NIS Directive  \* Deployment of national cyber security tooling |  |  |  |
| 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 |  |  |  |
| 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 |  |  |  |

***Table 5: Overall Deliverable Progress to Date***