



NHS Golden Jubilee

1. Annual Delivery Plan 2025/26 Quarter 3 Update

NHS Golden Jubilee's (GJ) Annual Delivery Plan (ADP) and Delivery Planning Template (DPT) sets out the Board's priorities for the year following Scottish Government (SG) planning guidance. Boards submit quarterly returns to Government in order to provide updates and assurance on delivery. The Planning Team has engaged with operational leads and the Executive team to present the Quarter (Q) 3 end position. A final and high-level overview of overall progress of all deliverables is provided in the final section of this paper.

The Q3 DPT provides a progress update against priority actions as at the end of December 2025. The priority actions have been identified in line with the SG 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 SG Delivery Planning Guidance 2025-26 outlined prescribed planning priorities and expectations for Territorial Boards, National Boards and all Boards. 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 January 2026, followed by the Finance and Performance Committee (FPC) on 12 February 2026. 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). A copy of the ADP2 has been shared by NHSSA and approved by the EPG on 3 February 2026.

Furthermore, CfSD have adopted a similar approach by producing an update report which has been approved by the National Associate Director on 6 January 2026.

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

2. Quarter 3 End Position

Table 1 shows the overall RAG status of the Board's 12 deliverables at Q3 end as well as an indicative position for Q4:







	RAG Status	Q1 Position	Q2 Position	Q3 Position	Indicative Q4 Position
	Unlikely to complete on time / meet target	-	-	1	1
	Potential status change to Red based on current intelligence	-	-	-	-
	At risk - requires action	5	4	3	3
	Potential status change to Green based on current intelligence	-	-	-	-
	On track	7	8	8	8
	Complete	-	-	-	-
	Total	12	12	12	12

Table 1: Q3 End Position and Indicative Q4 Position

- **Q3 end position:** eight green deliverables, three amber deliverables, and one red deliverable.
- Since Q2:
 - One deliverable moved from **green to amber**
 - One deliverable moved from **amber to red**
 - One deliverable improved from **amber to green**
- The **indicative Q4 position** shows no expected changes from the current Q3 position.

Table 2 highlights the only deliverable assigned red RAG status at Q3 end. This deliverable has moved from amber in Q2 to red in Q3 and is expected to remain red in Q4. While improvements have been made to booking office processes and efficiency, full recovery remains unlikely. Delivery is also dependent on GJUNH receiving allocations from territorial health boards, which are under pressure due to 6-week turnaround time requirements. There is potential to increase cardiac imaging activity through extra voluntary sessions supported by consultant cover.

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q3 RAG Status	Progress Note
NHS GJ Planning Priority	5.3b	Achieve the planned care profile for CT3.	●	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.

Table 2: Q3 Red Deliverables

As outlined in **Table 3**, three deliverables have been assigned an amber RAG status at Q3 end. Deliverable 5.2 moved from green to amber this quarter, whilst deliverables 1.1c and 5.9 have remained amber since Q2 and are expected to stay amber in Q4. Further details are provided in the progress note below.

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q3 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 - 52% within 6 weeks.	●	> 52 Profile as at end Nov 25 was 25. Actual was 44. However, EP on track for overall reduction of PTL (patient tracking list) to 0 by end March 26. Planned care funding in place for additional Cardiac MRI weekend activity. Q2 was 75% waiting >6 weeks, Q3 55% waiting >6 weeks.

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 3,539 cataract procedures. Still on target to achieve ADP, however there is a risk to the delivery of the 600 cataracts relating to the NHSSA Cataract Academy as recruitment of faculty was unsuccessful. Service teams are aiming to reduce the expected deficit by delivering additional activity where possible. This is dependent upon recruitment of an additional locum ophthalmologist.
NHS GJ Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions.	●	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.

Table 3: Q3 Amber Deliverables

The remaining 8 deliverables assigned green RAG status in Q3 are set out in **Table 4** below, with deliverable 7.5 improving from amber to green:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q3 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 Q3.
Cancer Care	2.2a	To achieve the 2025/26 ADP target for endoscopy.	●	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.
NHS GJ Planning Priority	5.3c	Achieve the planned care profile for 5/7 working.	●	Q3 profile for 5/7 working commenced with zero reportable activity delivered. All reportable activity profiled for Q4.

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.	●	The draft employability plan has been developed and shared with key stakeholders for review. The document outlines key targets to support workforce related anchor work. It is anticipated the plan will be approved by Executives during Jan 2026. Proposals have been endorsed to undertake the feasibility of concepts in partnership with the University of Strathclyde which support local communities and staff; feasibility of a Homework Club will take place between Jan-May 2026; the Ambassadors programme and Enquiry Hub concepts are being discussed as part of the Employability Plan.
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.	●	<p>i) Implementations completed for 2 East, 2 West - Colorectal and Complex General Surgery, 2 West - Complex Orthopaedics, 3 East, 3 West, 4 East, 4 West, Discharge Lounge and Senior Nurses (Hospital at Night), L&OD, Porters, Hotel - General & Admin</p> <p>ii) Assessment on reconfiguration of Optima 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 decision to begin rollout of SafeCare upon completion of the Reduced Working Week changes.</p> <p>iii) Senior HR Medical Advisor recruited and are currently familiarising themselves with the scope and requirements of the Allocate Rota implementation. No existing monitoring is currently taking place in the board, therefore there is no dual running of two systems.</p> <p>Additional Updates:</p> <p>- A request to determine the board requirements for 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.</p>

				- A comprehensive requirements/issues document on Medic implementations has been compiled and sent for response to the National Programme Board and the supplier, RLDatix.
Digital and Innovation	8.2	<ul style="list-style-type: none"> * Compliance with NIS Directive * Deployment of national cyber security tooling 	●	<p>90% of evidence gathering now completed. Submission template currently being updated to include all necessary corresponding narrative. A Privileged Access Management (PAM) Solution is currently being implemented which will satisfy several controls within the framework. Work completed on the development of new and update of existing policies, required for some of the controls.</p> <p>Forecast, on track for submission deadline for 12th January 2026. Sentinel will now be part of the services provided by National CSOC.</p>
Digital and Innovation	8.3	<ul style="list-style-type: none"> * 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 	●	<p>Theatre Scheduling is due for go live (and on track) February 26 in line with national delivery plan.</p> <p>GJUNH are testing the SOLUS product which has significant functional issues. GJUNH will follow national guidance as to next steps and whether the SOLUS product will be adopted.</p> <p>Phase 1 LIMS UAT will complete by 31st December with LIMS Go Live scheduled for early March 26.</p> <p>Cohort 1 of Microsoft Copilot users have been trained and planning is underway for Cohort 2.</p> <p>2 x Power Apps are now live within GJUNH.</p> <p>Three specialities are now live with Patient Hub SMS reminders and plans are in place to implement email communications early in the New Year.</p> <p>SharePoint Data migration is yet to start as NHS Scotland Boards await direction from the National Support team as to how this work will go forward on a Once for Scotland basis. As yet no national Power Apps have been developed. Patient Hub is now being used to send Text reminders for several specialities with more planned over the next period (pending funding from Strategic Capital Bid).</p>

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 is now configured and ready for go live in final specialty, dates are being considered to implement into final area. Scoping work is now underway for phase 2 of this programme. Development of Cardiothoracic pathway paused pending completion of the Dendrite implementation. Current focus for EPR forms is on Ortho and Rehab.
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Table 4: Q3 Green Deliverables

Indicative vs Actual Changes

The table below compares the indicative Q3 RAG status with the actual Q3 position. While three deliverables were expected to be on track, two of these were assigned amber and one red in Q3. Further detail is provided in the progress note below.

Delivery Area	NHS GJ Deliverable Reference	Deliverable	Indicative Q3 RAG	Actual 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.	●	●	> 52 Profile as at end Nov 25 was 25. Actual was 44. However EP on track for overall reduction of PTL (patient tracking list) to 0 by end March 26. Planned care funding in place for additional Cardiac MRI weekend activity. Q2 was 75% waiting >6 weeks, Q3 55% waiting >6 weeks.
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 3,539 cataract procedures. Still on target to achieve ADP, however there is a risk to the delivery of the 600 cataracts relating to the NHSSA Cataract Academy as recruitment of faculty was unsuccessful. Service teams are aiming to reduce the expected deficit by delivering additional activity where possible. This is dependent upon recruitment of an additional locum ophthalmologist.



Workforce	5.3b	Achieve the planned care profile for CT3.			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.
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Table 5: Indicative Q3 Position vs Actual Q3 Position

3. Projected Quarter 4 Position

Organisational leads have assessed the projected position of deliverables at Q4 end (March 2026). No changes to RAG status are anticipated from the current Q3 position.

Overall Progress

Table 6 below provides a high-level overview of the overall progress for deliverables to date, including the Q1, Q2 and Q3 end position, and the Q4 projection:

Delivery Area	NHS GJ Deliverable Reference	Deliverable	Q1 RAG Status	Q2 RAG Status	Q3 RAG Status	Indicative Q4 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 DMML.				
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.				
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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 6: Overall Deliverable Progress to Date