



NHS Golden Jubilee

1. Annual Delivery Plan 2025/26 Quarter 4 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 (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 4 (Q4) end position. A final and high-level overview of overall progress of all deliverables is provided in the final section of this paper.

The Q4 DPT provides a progress update against priority actions as at the end of March 2026. 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. Following Executive Leadership Team (ELT) approval, and noting by the Finance and Performance Committee (FPC), this report will be submitted to the Board on 27 May 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 draft ADP2 has been shared by NHSSA pending approval by the EPG on 19 May 2026.

Furthermore, CfSD have adopted a similar approach by producing an update report which has been approved by the National Associate Director on 22 April 2026.

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

2. Quarter 4 End Position

Table 1 shows the overall RAG status of the Board's 12 deliverables at Q4 end as well as an indicative position for Q5:







RAG Status		Q1 Position	Q2 Position	Q3 Position	Q4 Position	Indicative Q5 RAG
	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	3
	Potential status change to Green based on current intelligence	-	-	-	-	-
	On track	7	8	8	8	9
	Complete	-	-	-	-	-
	Total	12	12	12	12	12

Table 1: Q4 End Position and Indicative Q5 Position

- **Q4 end position:** eight green deliverables, three amber deliverables, and one red deliverable.
- Since Q3:
 - Two deliverables moved from **green to amber**
 - Two deliverables improved from **amber to green**
- The **indicative Q5 position** shows two expected improvements from the current Q4 position:
 - One deliverable expected to move from **red to amber**
 - On deliverable expected to move from **amber to green**

Table 2 highlights the only deliverable assigned red RAG status at Q4 end. This deliverable has remained red from Q3 to Q4 but is expected to improve to amber in Q5. 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	Q4 RAG Status	Comments
NHS GJ Planning Priority	5.3b	Achieve the planned care profile for CT3.	●	Although CT3 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 has resulted in an improved number of allocations received and met.

Table 2: Q4 Red Deliverables

As outlined in **Table 3**, three deliverables have been assigned an amber RAG status at Q4 end. Deliverable 1.1b and 5.3c moved from green to amber this quarter, whilst deliverable 5.9 has remained amber since Q2. 5.9 is expected to improve to green in Q5. Further details are provided in the progress note below:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q4 RAG Status	Progress Notes
Planned Care	1.1b	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.	●	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. 48% >waiting 6 weeks. Planned care funding ends year end 25/26. Overall Radiology end of Feb DDML position 62.4% wait of <6 weeks, SG target was to reach 95%.

NHS GJ Planning Priority	5.3c	Achieve the planned care profile for 5/7 working.	●	Planned Care delivery 5/7 profile behind at (-731) end of Feb 26. 132 exam unit (EU) reportable activity end of Feb 26. 5/7 activity is being delivered, however due to logistics in reporting of activity, there is a challenge distinguishing from CT3 and 5/7. Extended working day (EWD) CT Mon-Thurs implemented Jan 2026. Formal pause agreed for Phase 3 of 5/7 due to ongoing training requirement and unsuccessful recruitment.
NHS GJ Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions.	●	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 move to plan workforce planning sessions in the new financial year.

Table 3: Q4 Amber Deliverables

The remaining 8 deliverables assigned green RAG status in Q4 are set out in **Table 4** below, with deliverable 1.1c and 5.2 improving from amber to green:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q4 RAG Status	Progress Notes
Planned Care	1.1c	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.	●	At year end Endoscopy was +354, +3.3% above profile (11219 vs 10865).
NHS GJ Planning Priority	5.2	Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHSSA planned for Nov 2025.	●	At year end Cataract surgery were 41 cases ahead (13581 VS 13540).

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.	●	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 between Procurement and Stakeholders about the development the development of community benefits checklist.
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>Milestone Updates:</p> <p>I. The Corporate teams are dispersed throughout the cohorts and therefore the last corporate team to be implemented will be in Cohort 5 (July 2027).</p> <p>II. 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).</p> <p>III. Allocate Rota remain in pre-implementation status across Scotland. The HR Medical Advisor will continue to work with the eRostering team and RLD Tech to monitor the progress.</p> <p>Additional Updates:</p> <p>I. 46 rosters live; 41% of departments migrated or in progress</p> <p>II. 2East has undertaken additional training, staff are now accessing the system however 2East will not be fully live on Optima until May 2026 primarily due to outstanding contracted-hours adjustments linked to the upcoming Reduced Working Week (RWW) changes.</p> <p>III. Action Plan in place for Rehab and Cath lab, these areas will move forward after the Reduced Working Week changes.</p> <p>IV. Hotel is implemented and will go live in April.</p> <p>V. In 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.</p> <p>VI. Successful recruitment of 2x eRostering 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.</p>

Digital and Innovation	8.2	<ul style="list-style-type: none"> * Compliance with NIS Directive * Deployment of national cyber security tooling 	●	NIS Submission was completed on time, 99% compliance achieved. Implementation of national security tooling continues in line with CSOC requirements.
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 	●	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.
Digital and Innovation	8.5	<p>A number of initiatives will move NHS GJ further forward in the Digital Maturity Assessment outcomes.</p> <ul style="list-style-type: none"> * Rollout of electronic medicines management (HEPMA) * Delivery of digital pathways as part of Clinical Portal (EPR) delivery 	●	Further pathways live in portal, concentrating on those required to retire Excelicare which is end of life. Work is underway with Intersystems to develop plans around a comprehensive EPR plan.

Table 4: Q4 Green Deliverables

Indicative vs Actual Changes

The table below compares the indicative Q4 RAG status with the actual Q4 position. While two deliverables were expected to be on track, two of these were assigned amber in Q4. Further detail is provided in the progress note below:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Indicative Q4 RAG	Q4 RAG Status	Progress Notes
Planned Care	1.1b	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.	●	●	i) EP > 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. 48% >waiting 6 weeks. Planned care funding ends year end 25/26. Overall Radiology end of Feb DDMI position 62.4% wait of <6 weeks, SG target was to reach 95%.
Planned Care	1.1c	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.
NHS GJ Planning Priority	5.2	Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHSSA planned for Nov 2025.	●	●	At year end Cataract surgery were 41 cases ahead (13581 VS 13540).
NHS GJ Planning Priority	5.3c	Achieve the planned care profile for 5/7 working.	●	●	Planned Care delivery 5/7 profile behind at (-731) end of Feb 26. 132 exam units (EU) reportable activity end of Feb 26. 5/7 activity is being delivered, however due to logic in reporting of activity, difficulty distinguishing from CT3 and 5/7. Extended working day (EWD) CT Mon-Thurs implemented Jan 2026. Formal pause agreed for Phase 3 of 5/7 due to ongoing training requirement and unsuccessful recruitment.

Table 5: Indicative Q4 Position vs Actual Q4 Position

3. Projected Quarter 5 Position

Organisational leads have assessed the projected position of deliverables at Q5 end (July 2026). Two positives changes are anticipated from the current Q4 position. Further detail is provided in **Table 6** below:

Delivery Area	NHS GJ Deliverable Reference	Deliverable	Q4 RAG Status	Indicative Q5 RAG	Progress Notes
NHS GJ Planning Priority	5.3b	Achieve the planned care profile for CT3.	●	●	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 work now that substantive MSK Consultant Radiologist is in post. If pilot is successful expand referral criteria acceptance to further health boards.
NHS GJ Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions.	●	●	The delivery of workforce planning sessions in Q1 and Q2 of 26-27.

Table 6: Projected Q5 Position

Overall Progress

Table 7 below provides a high-level overview of the overall progress for deliverables to date, including the Q1 to Q4 end position, and the Q5 projection:

Delivery Area	NHS GJ Deliverable Reference	Deliverable	Q1 RAG Status	Q2 RAG Status	Q3 RAG Status	Q4 RAG Status	Indicative Q5 RAG
Planned Care	1.1b	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.	●	●	●	●	●
Planned Care	1.1c	NHS GJ local waits are maintained at either current levels or a maximum of 12 weeks	●	●	●	●	●
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 7: Overall Deliverable Progress to Date