NHS Golden Jubilee

1. Annual Delivery Plan 2025/26 Quarter 5 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 the 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 5 (Q5) end position. A final and high-level overview of overall progress of all deliverables is provided in the final section of this paper.

The Q5 DPT provides a progress update against priority actions as at the end of June 2026. The priority actions have been identified in line with the SG Planning Guidance 2025/2026, 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 5 ministerial priorities, the SG Delivery Planning Guidance 2025/2026 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 will progress through the organisation's established governance arrangements, including the Executive Leadership Team (ELT), Finance and Performance Committee (FPC) and Board, for consideration and approval.

Progress of priority actions for the NHS Scotland Academy and the Centre for Sustainable Delivery (CfSD) have been excluded from this review note.

The NHS Scotland Academy has commenced reporting against its 2026/2027 ADP and has provided its Q1 reporting template. A draft of the NHS Scotland Academy ADP 2026/2027 Q1 update is included as an appendix for noting and is subject to approval by the Executive Partnership Group (EPG) on 04 August 2026.

Similarly, CfSD has commenced its 2026/2027 reporting cycle and has provided its CfSD ADP Assurance Statement Q1 update. This report was approved by the National Associate Director on 17 July 2026 and is included as an appendix for information.

2. Quarter 5 End Position

Table 1 shows the overall RAG status of the Board's 12 deliverables at Q5 end:

RAG Status		Q1 Position	Q2 Position	Q3 Position	Q4 Position	Q5 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	4
🟡/🟢	Potential status change to Green based on current intelligence	-	-	-	-	-
🟢	On track	7	8	8	8	8
🔵	Complete	-	-	-	-	-
	Total	12	12	12	12	12

Table 1: Q5 End Position and Indicative Q5 Position

- **Q5 end position:** 8 green deliverables, 4 amber deliverables, and 0 red deliverables.
- Since Q4:
  - 1 deliverable moved from **green to amber**
  - 1 deliverable improved from **amber to green**
  - 1 deliverable improved from **red to amber**

2As outlined in **Table 2**, 4 deliverables have been assigned an amber RAG status at Q5 end. Deliverable 2.2a moved from green to amber this quarter, whilst deliverable 5.3b improved from red to amber. Deliverables 1.1c and 5.3c have remained amber since Q4. Further details are provided in the progress note below:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q5 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.	●	i) At the end of Q5, the number of patients who were on the EP waiting list as at 01 April (867) had reduced to 643. However, the current waiting list has risen to 907 following new referrals. Cath lab 2 refurbishment remains on track and is expected to be back in use from mid-July. The proposal to extend the MCL for 35 weeks was agreed by ELT, with subsequent funding being granted by Scottish Government. Work continues at pace to establish a viable workforce to operate the MCL from August, though this remains a challenge. ii) Weekly monitoring of progress throughout 2026/27 to support delivery of the national 95% six-week or less target, in collaboration with the National Diagnostics Performance Lead. CMR training ongoing, 1x further Radiographer completed training and 1x joining organisation Aug 26 with CMR experience. End of May 26 DDMI CMR waits show 30% waiting over 6 weeks. Overall Radiology position for 95% target as of end May 2026 is 79.3% of Imaging waits <6weeks, in line with our planned trajectory.
NHS GJ Planning Priority	2.2a	Achieve the 2025/2026 ADP target for endoscopy.	●	Endoscopy activity is 10% behind ADP in Q1. Recovery plan is in place over the remainder of the year. Workforce challenges due to maternity leave for consultant and long-term absence of non-medical endoscopist. Health boards have been unable to send full allocation of lower endoscopy procedures due to focus on long waiting patients. As a result, more upper endoscopy exams have been completed.
NHS GJ Planning Priority	5.3b	Achieve the planned care profile for CT3.	●	From April 26 onwards CT3 is considered BAU. Ongoing work around CT referral criteria with MSK pilot in review and Non-Medical Referrer (NMR) process. All CT3 posts have been recruited to.
NHS GJ Planning Priority	5.3c	Achieve the planned care profile for 5/7 working.	●	Ongoing recruitment of 8 Radiographers to support 5/7 and recover attrition vacancies. Work completed with QPPP team to review and update logic mechanisms for reporting purposes to differentiate 5/7 workstream in 26/27

				monitoring. Wider piece of work with QPPP to report activity on both exam units and patient numbers.

Table 2: Q5 Amber Deliverables

The remaining 8 deliverables assigned green RAG status in Q5 are set out in **Table 3** below, with deliverable 5.9 improving from amber to green:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Q5 RAG Status	Progress Notes
Planned Care	1.1b	NHS GJ local waits are maintained at either current levels or a maximum of 12 weeks.	●	Maintained 12 week TTG.
NHS GJ Planning Priority	5.2	Delivery of the established ophthalmology ADP, recruitment of suitable faculty by NHS Scotland Academy planned for Nov 2025.	●	Ophthalmology activity is 10% ahead of ADP in Q1 - due to operator availability - NHS Academy activity is not linked to 26/27 ADP.
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.	●	Anchor Data Metrics have been submitted to Scottish Government following ELT approval. Anchor strategic objectives under the 3 workstreams of Workforce, Land & Assets and Procurement continue to progress. A year end position is currently being established in response to Scottish Government guidance with refreshed strategic objectives being agreed for 2026/2027. Templates will be submitted for ELT approval during quarter 2, prior to submission to Scottish Government. The Employability Plan has been developed and is currently under review, a revised timeline for internal governance submission has still to be confirmed. Discussions continue regarding the development of a community benefits

				wishlist. Development of an Anchor charter has been paused until the recruitment of a new Head of Programmes has taken place.
NHS GJ Planning Priority	5.9	Develop and publish 3 Year Workforce Plan to support NHS GJ's strategic ambitions.	●	In December 2025, Health Boards were asked to submit an Annual Workforce Plan. To date, the Scottish Government have not provided any further information around projected workforce planning cycles, or requests for information. Following a recent meeting on 19 June 2026, further clarity has been sought on behalf of NHS GJ to ensure the Board is fully sighted on future asks. The Board will respond accordingly to any requests received throughout the course of 2026/2027. NHS GJ will commence a programme of work during quarters 3 and 4 of 2026/2027. This work will focus on the importance of planning for the future, with a key emphasis on developing capacity plans for services.
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.	●	Milestone Projections: I. Finance will be implemented and Hotel will be live. The Corporate teams are dispersed throughout the cohorts and therefore the last corporate team to be implemented will be in Cohort 5 (July 2027). II. A consensus on the SafeCare Multipliers should be achieved and SafeCare beginning to be rolled out to nursing areas. III. The project plan has been updated to implement Medics last (Cohort 5, Sep 2027) due to their complexity and ongoing national issues. Local discussions are ongoing to narrow the focus of the problems identified. Additional Projections: I. Complete the Reduced Working Week changes across the organisation II. Begin the next cohort, tasks include; initial communications with teams, data gathering, migration and training. Areas include Prevention of Infection and Control, Pharmacy, Cardiac Physiology, Coronary Care Unit, Heart Transplant, Nurse Practitioners, Nursing Admin Support, Perfusion, SACCS, SNAHFS, Surgical Care Practitioners and Surgical Admission's Unit III. Complete wrap-up sessions for areas needing additional changes, experiencing challenges and additional training (e.g. Finance, Rehab, Cath lab

				and 2 East). IV. On boarding and training of new staff which will initially slow implementation however will not affect the project deadline.
Digital and Innovation	8.2	* Compliance with NIS Directive * Deployment of national cyber security tooling	●	NIS reporting closed and replaced by the Cyber Assessment Framework (CAF). No requirement for CAF submission for 2026/27 as has been agreed as an interim year. Early engagement with 3rd party advisors underway in preparation for CAF assessment for 2027/28.
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	●	LIMS System has gone live. Training team have been recruited and are working on plans to establish Digital Champions network. Netcall Patient Hub service continues to expand.
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	●	Work continues on this strategic workstream and engagement with Execs and Vendor continues. Forms in development with clinical colleagues around Arthroplasty and Operation Notes as well as scoping the General Surgery Pre Operative Assessment. HEPMA phase 2 has been scoped and will be taken to the Digital Clinical Governance Group for agreement and prioritisation. This is likely to include the implementation of a Pharmacy Tracking System as well as the additional HEPMA functionality. Work continues to retire Excelicare and the first specialties have gone live with the Dendrite system.

Table 3: Q5 Green Deliverables

Indicative vs Actual Changes

The table below compares the indicative Q5 RAG status with the actual Q5 position. While deliverable 2.2a was expected to be on track, it was assigned amber in Q5. Further detail is provided in the progress note below:

Recovery Driver	NHS GJ Deliverable Reference	Deliverable	Indicative Q5 RAG	Q5 RAG Status	Progress Notes
Cancer Care	2.2a	To achieve the 2025/2026 ADP target for endoscopy	●	●	Endoscopy 10% behind ADP in Q1. Recovery plan in place over the remainder of the year. Workforce challenges due to maternity leave for consultant and long term absence of non-medical endoscopist. Health boards have been unable to send full allocation of lower endoscopy procedures due to focus on long waiting patients. As a result, more upper endoscopy exams have been completed.

Table 4: Indicative Q5 Position vs Actual Q5 Position

Overall Progress

Table 5 below provides a high-level overview of the overall progress for deliverables to date, including the Q1 to Q5 end position:

Delivery Area	NHS GJ Deliverable Reference	Deliverable	Q1 RAG Status	Q2 RAG Status	Q3 RAG Status	Q4 RAG Status	Q5 RAG Status
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 - 52% within 6 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 NHS Scotland Academy 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