



NHS Golden Jubilee

1. Operational Improvement Plan 2025/26 Quarter 3 Update

The NHS Scotland Operational Improvement Plan (OIP) published on 31 March 2025 sets out Ministers' specific priority commitments for 2025-26 including measurable actions to reduce waiting times, improve patient flow and expand access through innovation.

The plan is focused on four key areas:

- Improving access to treatment
- Shifting the balance of care
- Improving access to health and social care services through digital and technological innovation
- Prevention – ensuring we work with people to prevent illness and more proactively meet their needs.

As a National Treatment Centre (NTC) and specialist hospital, NHS Golden Jubilee (GJ) plays a key role in delivering the plan. This report provides NHS GJ's Quarter (Q)3 assurance position against the five OIP deliverables relevant to the Board, with key areas of impact set out below.

- **Capacity Expansion and Waiting Times Reduction:**
 - NHS GJ Eye Centre and Surgical Centre are mentioned as key sites within the plan
 - Significant Activity Increase: Planned activity for 2025-26 is projected to increase to well over 30,000 procedures (from around 20,000 in 2024-25) Specific Targeted Specialties at NHS GJ:
 - Cataract procedures
 - General surgery
 - Orthopaedic surgery
 - Colorectal procedures
 - Diagnostic procedures
 - Endoscopy
 - NHS GJ is a key site for increasing overall NHS capacity and supporting other health boards in clearing their longest waiting lists across various specialties

- Patient Travel Support to NHS GJ: continued financial support for patient travel to specialist services at NHS GJ ensures equitable access for patients.
- **Diagnostic Backlog Reduction:**
 - As a major diagnostic centre, NHS GJ's capacity for MRI, CT, ultrasound, and endoscopy procedures will be crucial in supporting the national target for 95% of radiology referrals seen within six weeks by March 2026.
- **Digital Transformation Integration:**
 - Digital Front Door/Patient App: the patient appointment systems and communication processes will need to integrate with the new national app, allowing patients to securely access and manage their appointments online
 - Optimising Theatre Utilisation: The national rollout of a theatre scheduling tool (aimed to increase productivity by up to 20%) is relevant for NHS GJ's high-volume surgical services, requiring adoption and optimisation of this digital solution.

The OIP Assurance Report 2025-26 details our specific progress and contributions against established national and local baselines as agreed by Operational Leads and the Executive Leadership Team throughout Q1 and Q2 2025-26. As of Q3 2025-26 NHS GJ will submit a quarterly assurance report on progress of activity against the OIP priorities and milestones as part of Annual Delivery Plan progress reporting through existing governance routes.

Throughout December 2025 and January 2026, the Planning Team engaged with Operational Leads to present the OIP Q3 end position. A final and high-level overview of overall progress of all deliverables is provided in the final section of this report.

2. Quarter 3 End Position

Table 1 shows the overall RAG status of the Board's 5 deliverables at Q3 end as well as provides an indicative position for Q4:

RAG Status		Q1 Position	Q2 Position	Q3 Position	Indicative Q4 Position
●	Unlikely to complete on time / meet target	-	-	-	-
●/●	Potential status change to Red based on current intelligence	-	-	-	-
●	At risk - requires action	2	2	4	2
●/●	Potential status change to Green based on current intelligence	-	-	-	-
●	On track	3	3	1	3
●	Complete	-	-	-	-
	Total	5	5	5	5

Table 1: Q3 End Position and Indicative Q4 Position

- **At Q3 end**, 1 deliverable is green and 4 are amber, with no red deliverables. Since Q2, 2 deliverables have moved from green to amber.
- The **indicative Q4 position** projects a slight improvement with 3 green deliverables, 2 amber deliverables, and no red deliverables.

Due to issues highlighted in **Table 2** below, the following 4 deliverables have been assigned amber RAG status at Q3 end:

NHS GJ Deliverable Reference	Deliverable	Q3 RAG Status	Progress Notes
1	Reduce waiting times: Ensure that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient-day-case procedure.	●	<p>Electrophysiology (EP): ->52 Profile as of Nov 25 was 25. Actual was 44</p> <p>-Parallel lists (x5) successfully delivered</p> <p>-Weekend lists (x2) with General Anaesthetist (GA) support delivered</p> <p>-However, EP on track for overall reduction of Patient Tracking List (PTL) to zero by end March 26</p> <p>-Returns continue to be submitted weekly for to-come-in (TCI) patients and both weekly monitoring continues for time-to-treatment guarantee (TTG) activity and TTG waiting list positions.</p>
2	Increasing capacity: Deliver over 150,000 extra appointments and procedures in 2025/26; increase capacity in NTCs to well over 30,000 in 2025/26 with a focus on orthopaedic joint activity	●	<p>-Overall, as of end Nov 25 NES is on target to meet ADP. However significant risk relating to delivery of full joint ADP. Now 4% behind ADP due to challenges with snagging of new phase 2 theatres and delayed opening of Central Sterile Processing Department (CSPD)</p> <p>-Foot & Ankle (F&A) activity expected to be 55% due to single operator for most of the year</p> <p>-Colorectal activity reduced due to lack of major referrals in first half of the year. The split of major and minor referrals has changed to accommodate health boards. Predicted to recover 95% activity.</p>
3	National Treatment Centre's (NTCs) will support additional procedures for 2025-26 increasing to well over 30,000 procedures in total across all NTCs with a focus on cataract activity	●	ADP has been amended to include an additional 3,539 cataract procedures, of which 600 were to be delivered as part of the commencement of the NHSSA Cataract Academy. Faculty have not been recruited due to lack of suitable applicants. There is now a threat to the delivery of this activity. Service exploring options for increasing the activity to enable some of this additional activity to be delivered.
4	Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026.	●	<p>-CMR - approx. 43% of patients treated within 6 weeks against 95% target</p> <p>-Additional CMR weekend activity slightly behind plan (-35) weekday general capacity converted to cardiac to improve position - project will still end Q4 on plan</p> <p>-Implemented Phase 1 of 5/7 day proposal successfully. Phase 2 agreed and on track to implement in Q4</p> <p>-CT3 now operational and performing a majority of Cardiac CT activity.</p>

Table 2: Q3 Amber Deliverables

Between Q2 and Q3, as illustrated in **Table 3** below, the following deliverables changed from green to amber:

NHS GJ Deliverable Reference	Deliverable	Q2 RAG Status	Q3 RAG Status	Progress Notes
3	National Treatment Centre's (NTCs) will support additional procedures for 2025-26 increasing to well over 30,000 procedures in total across all NTCs with a focus on cataract activity	●	●	ADP has been amended to include an additional 3,539 cataract procedures, of which 600 were to be delivered as part of the commencement of the NHSSA Cataract Academy. Faculty have not been recruited due to lack of suitable applicants. There is now a threat to the delivery of this activity. Service exploring options for increasing the activity to enable some of this additional activity to be delivered.
4	Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026.	●	●	-Additional Cardiac MRI (CMR) weekend activity slightly behind plan (-35) weekday general capacity converted to cardiac to improve position - project will still end Q4 on plan -Implemented Phase 1 of 5/7 day proposal successfully. Phase 2 agreed and on track to implement in Q4 -CT3 now operational and performing a majority of Cardiac CT activity.

Table 3: Between Quarter Changes

The single remaining deliverable assigned green RAG status at Q3 end is detailed in **Table 4** below:

NHS GJ Deliverable Reference	Deliverable	Q3 RAG Status	Progress Notes
5	Build on digital platforms to increase operating theatre capacity: by June 2025 complete a roll out plan for the theatre scheduling tool with the anticipated benefit of productivity increase of up to 20% for some specialties.	●	GJUNH are on track to go live with the Theatre Scheduling system in February 26 as part of the national implementation plan. Work is underway with clinicians, business support staff and the supplier to configure for GJUNH.

Table 4: Q3 Green Deliverables

3. Projected Quarter 4 Position

Operational leads have undertaken assessment of the projected position of deliverables at Q4 end (March 2026). **Table 5** reflects the indicative position at Q4 end, with slight improvement expected. For completeness, **Table 5 below** outlines and provides detail on the indicative Q4 progress:

NHS GJ Deliverable Reference	Deliverable	Q3 RAG Status	Indicative Q4 RAG	Progress Notes
1	Reduce waiting times: Ensure that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient-day-case procedure.	●	●	<ul style="list-style-type: none"> -Parallel lists established -Mobile Cath Lab Jan 26 allows displacement of Coronary Lab to deliver additional parallel lists -Weekend lists set up -Additional GA support from undelivered SACCS lists -Ongoing validation of WL -Continued separation of GA and non-GA demand and capacity -Weekly review meetings to ensure optimal use of available lists -Scheduled replacement and upgrade of Cath Lab 2 planned to commence March/April 26 -Regular EP lists displaced to Mobile Cath Lab (11-15 weeks).
2	Increasing capacity: Deliver over 150,000 extra appointments and procedures in 2025/26; increase capacity in NTCs to well over 30,000 in 2025/26 with a focus on orthopaedic joint activity	●	●	<ul style="list-style-type: none"> -Recovery plan in place to increase activity for Q4 based on additional consultant recruitment for orthopaedic joints -Predicted 4% behind Colorectal due to slow referral flow with health boards for major procedures. Referrals have been agreed with one health board and aim for recovery of some major activity in Q4 -Will not achieve F&A due to single operator challenge.
3	National Treatment Centre's (NTCs) will support additional procedures for 2025-26 increasing to well over 30,000 procedures in total across all NTCs with a focus on cataract activity	●	●	Aim to recruit an additional locum to deliver activity that will not be delivered by NHSSA cataract academy.
4	Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026.	●	●	<ul style="list-style-type: none"> -Anticipating delivery of planned additional CMR activity on plan and we have seen it consecutively improve over Q3 -5/7 day working - CT extended days on plan to commence.

5	Build on digital platforms to increase operating theatre capacity: by June 2025 complete a roll out plan for the theatre scheduling tool with the anticipated benefit of productivity increase of up to 20% for some specialties.	●	●	Theatre Scheduling 'go-live'.
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Table 5: Projected Quarter 4 Position

Table 5 presents two projected improvements from amber to green for the following deliverables:

- **Deliverable Reference 1:** *“Reduce waiting times: Ensure that by March 2026 no one is waiting longer than a year for their new outpatient appointment or inpatient-day-case procedure.”*
- **Deliverable Reference 4:** *“Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026.”*