

Operational Improvement Plan Assurance Report 25-26										Quarter 1 Actual Update		Quarter 2 Projection		Quarter 2 Actual Update		Quarter 3 Projection		Quarter 3 Actual Update		Quarter 4 Projection		
Deliverable Reference	NHS GJ Executive Lead	Golden Jubilee Data Lead/Source	OIP Deliverable Due Date	Operational Improvement Plan Deliverable Deliverables have been provided by Scottish Government and are fixed in nature	Q1 Milestones Please outline what you intend to have achieved by Q1	Q2 Milestones Please outline what you intend to have achieved by Q2	Q3 Milestones Please outline what you intend to have achieved by Q3	Q4 Milestones Please outline what you intend to have achieved by Q4	Risks and Issues - Description Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on delivery of the deliverables	Controls Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring	Q1 RAG Status	Progress in Q1 Please outline what you have achieved in Q1	Projected Q2 RAG Status Please provide an indicative RAG status for Q2	Projected Progress in Q2 Please outline what you expect to achieve in Q2	Q2 RAG Status	Progress in Q2 Please outline what you have achieved in Q2	Projected Q3 RAG Status Please provide an indicative RAG status for Q3	Projected Progress in Q3 Please outline what you expect to achieve in Q3	Q3 RAG Status	Progress in Q3 Please outline what you have achieved in Q3	Projected Q4 RAG Status Please provide an indicative RAG status for Q4	Projected Progress in Q4 Please outline what you expect to achieve in Q4
1	Lynne Ayton Executive Director of Operations	GJ Performance Team - Weekly Waiting List National submissions via Digital	31/03/2026	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.	*Implement patient tracking list (PTL) *Submit trajectory to reduce current 52 weeks to zero by March 26 to Scottish Government *Submit 52 week clearance returns on weekly basis *Weekly validation of all current 52 week waiters *Implement Electrophysiology (EP) tracker monitoring waiting list trajectory and planned/actual activity *Submit and gain agreement for additional activity to address EP backlog.	*EP additional activity to commence September 2025 *PTL and EP specific trackers to be maintained throughout Q2 *Submit 52 week clearance returns on weekly basis *Digital to submit national returns on TCI (to come in) patients and weekly monitoring of TTG (Treatment time guarantee) activity and TTG waiting list positions.	*PTL and EP specific trackers to be maintained throughout Q3 *Submit 52 week clearance returns on weekly basis *Digital to submit national returns on TCI (to come in) patients and Weekly monitoring of TTG (Treatment time guarantee) activity and TTG waiting list positions.	*PTL and EP specific trackers to be maintained throughout Q4 *Submit 52 week clearance returns on weekly basis *Digital to submit national returns on TCI (to come in) patients and Weekly monitoring of TTG (Treatment time guarantee) activity and TTG waiting list positions.	Risks to delivering 52 week target for Electrophysiology - 1. Workforce to deliver additional activity 2. Increasing demand for anaesthetic support 3. Balancing the clinically urgent demand 4. Refurbishment of CL 2.	1. Increased job planned sessions and bigger pool of consultants 2. Split General Anaesthetic (GA) and non-GA demand and capacity and vetting of patients identified as requiring GA 3. New Clinical lead from 1 November 2025 with dedicated time to support the waiting list management 4. Weekly meeting to review the patients vetted as urgent, and those vetted as GA with clinical lead 5. Early identification of patients suitable for mobile lab 6. Use of weekend lists for GA where possible.		PTL implemented. *Trajectory to reduce current 52 week waiters to zero by March 26 submitted to SG. Currently on track. *52 week clearance return submitted on weekly basis. *Weekly validation of all current 52 week patients. *Cardiology Electrophysiology (EP) patient tracker implemented and monitored weekly. *Paper submitted to SG regarding additional activity.		Parallel lists set up. *Validation of waiting list. *Separation of GA and non-GA demand and capacity. *Weekly meetings established.		-Q2 projections have been achieved: Parallel lists, validation of waiting list, separation of GA and non-GA demands and capacity, weekly meetings have all been enacted and are ongoing. *EP remains over revised > 52 week waiters profile at 43 patients against profile of 38. *However, EP on track for overall reduction of PTL (patient tracking list) to zero by end March 26.		-Parallel lists established -Weekend lists set up -Ongoing validation of WL -Continued separation of GA and non-GA demand and capacity -Weekly review meetings to ensure optimal use of available lists.		Electrophysiology (EP): ->52 Profile as of Nov 25 was 25. Actual was 44 -Parallel lists (x5) successfully delivered -Weekend lists (x2) with GA support delivered -However EP on track for overall reduction of PTL (Patient tracking list) to zero by end March 26 -Returns continue to be submitted weekly for TCI patients and both weekly monitoring continues for TTG activity and TTG waiting list positions.		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 undervelved 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	Lynne Ayton Executive Director of Operations	GJ Performance - Activity plan vs actual	31/03/2026	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	*Maintain performance against submitted Annual Delivery Plan profile with a focus on orthopaedic joint activity	*Maintain performance against submitted Annual Delivery Plan profile with a focus on orthopaedic joint activity	*Maintain performance against submitted Annual Delivery Plan profile with a focus on orthopaedic joint activity	*Maintain performance against submitted Annual Delivery Plan profile with a focus on orthopaedic joint activity	*Workforce challenges - specifically orthopaedic Surgeon and anaesthetists may impact on the delivery of the ADP.	*Active recruitment campaigns where vacancies are known to exist *Management of sickness absence according to policy.		As of Q1 and NHS GJ was 8.9% (+2469) ahead of ADP profile Joint activity 5% below target due to challenges with the opening of the new phase 2 theatres and delayed opening of the Central Sterile Processing Department (CSPD) department.		-Predicting the joint activity will continue to be behind target with recovery plan in place over the remainder of the year.		Joints 5% behind ADP (160 cases). Recovery plan in place however ongoing snagging with new centre has impacted the recovery.		-Overall, as of Nov 25 end NES 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) *Foot & Ankle (F&A) activity expected to be 55% due to single operator for most of the year *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.		-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	Lynne Ayton Executive Director of Operations	GJ Performance - Activity plan vs actual	31/03/2026	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	*Maintain performance against submitted Annual Delivery Plan profile with a focus on cataract activity	*Maintain performance against submitted Annual Delivery Plan profile with a focus on cataract activity	*Maintain performance against submitted Annual Delivery Plan profile with a focus on cataract activity	*Maintain performance against submitted Annual Delivery Plan profile with a focus on cataract activity	*Workforce challenges - specifically ophthalmologists as reliance on non-substantive staff.	*Continue exploring substantive appointments.		As at end Q1 NHS GJ was 9% ahead of ADP profile. *Specifically at Q1 end, Cataract is 47% ahead of profile. Plan to continue supporting additional activity by 3501 procedures until March 26.		-Achieve performance against submitted Annual Delivery Plan profile.		Additional 3501 cataracts agreed and added to ADP. 600 of these will be delivered via NHSSA Cataract Academy. Aim to start in Feb 26, dependent on faculty recruitment.		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.		Aim to recruit an additional locum to deliver activity that will not be delivered by NHSSA cataract academy.		
4	Lynne Ayton Executive Director of Operations	GJ Performance - 6 weeks performance data	31/03/2026	Reducing the radiology backlog so that 95% of referrals are seen within six weeks by March 2026. *Plan created to implement 5/7 working *Plan created to install No 3 CT scanner.	*Maintain performance against Radiology activity plan *Plan approved by Staff Governance to implement 5/7 working *No 3 CT scanner installation completed.	*Maintain performance against Radiology activity plan *Implement Phase 1 of 5/7 day proposal *Agree recovery plan to deliver 6 weeks for Cardiac MRI (CMR).	*Maintain performance against Radiology activity plan *Implement Phase 1 of 5/7 day proposal *Agree recovery plan to deliver 6 weeks for Cardiac MRI (CMR).	*Maintain performance against Radiology activity plan *Implement Phase 1 of 5/7 day proposal *Agree recovery plan to deliver 6 weeks for Cardiac MRI (CMR).	1. Demand / capacity gap in CMR 2. Funding - CT&K identified to deliver 3. Workforce to deliver additional weekends 4. Impact on general CMR and national workload.	1. Paper in draft describing requirement 2. Recruitment ongoing - continue to work with staff and prioritise CMR where possible 3. Early discussions with NSD regarding activity vs SLA.		Radiology is 8.3% (+1842) ahead of plan as of Q1 end -CT3 on track for Q2 implementation -CMR - approx. 33% of patients treated within 6 weeks against 95% target -Recovery plan being worked up to deliver the 6 week CMR target for discussion / approval in Q2 - 5/7 day working - progressing well through organisational change with good staff engagement and plans for phased implementation in Q3.		-Approval for additional weekend activity to deliver CMR 6 week target -5/7 day working - paper approved through Staff Governance and implementation plan agreed.		-CMR additional funding approved and additional weekend activity commenced -5/7 day working paper agreed -CT3 successfully implemented.		-Additional CMR activity on plan -Implementation of phase 1 of 5/7 day working - XR/CT on calls to combine and XR weekends to become substantive -CT3 training to take place and cardiac activity to migrate onto new scanner.		-CMR - approx. 43% of patients treated within 6 weeks against 95% target -Additional 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.		-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	Jonny Gamble Director of Finance	GJ Digital	30/12/2025	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 specialities.	*Completion of Theatre Scheduling Application Pre-readiness assessment *Completion of high-level implementation planning.	*Executive demonstration and scope sign-off completed *Organisational product demonstration delivered *Project delivery & governance structure agreed *Project Kick-off meetings scheduled *Phased implementation plan agreed.	*Local configuration & integration complete. *Phased Go Live.	*Legacy systems and work-practices will require to be aligned to ensure project success *Conflicting priorities and resource constraints - careful resource planning required.	*Project Board agreeing project scope and reporting through NHSGJ management structure.	-Completion of theatre scheduling application pre-readiness assessment -Completion of high-level implementation planning		-Executive demonstration and scope sign-off completed -Organisational product demonstration delivered -Project delivery & governance structure agreed -Project kick-off meetings scheduled -Phased implementation plan agreed.		-Executive demonstration and scope sign-off completed -Organisational product demonstration delivered -Project delivery & governance structure agreed -Project kick-off meetings scheduled -Phased implementation plan agreed.		As planned.		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.		Theatre Scheduling 'go-live'.		