Deliverable Reference	Key Contact (internal use only)	NHS GJ Executive Lead	Golden Jubilee Data Lead/Source	GIP 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 key(s) risk(s) and issue(s) that you feel are most relevant to, and, is the specific area at risk and how will it impact on delivery of the deliverable?*	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*	Q4 RAG Status	Progress in Q4 *Please outline what you have achieved in Q4*	Q5 RAG Status	Progress in Q5 *Please outline what you have achieved in Q4*
1	**James Mackie** **Head of Performance** **Christine Divers** **Divisional Director of Operations**	**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 treatment, with maximum support/remit on Inpatient/ day case procedures.	*Implement patient tracking tool (PTL)* *Submit trajectory to reduce current Q2 weeks to zero by March 26 submitted to SG. Currently on track.* *Submit Q2 week clearance returns on weekly basis.* *Complete validation of all current Q2 week waiters.* *Implement Electrophysiology (EP) tracker monitoring waiting list ingestion and management process.* *Submit and gain agreement for additional activity to address EP backlog.*	*Q1 additional activity to commence September 2025.* *Q1 and Q2 specific trackers to be maintained throughout Q2.* *Submit Q2 week clearance returns on weekly basis.* *Eligible to submit national returns on TCI (in come in patients and weekly monitoring of TTG (treatment time guarantee) activity and TTG waiting list positions.*	*Q3 additional activity to commence September 2025.* *PTL and Q1 specific trackers to be maintained throughout Q3.* *Submit Q3 week clearance returns on weekly basis.* *Eligible to submit national returns on TCI (in come in patients and weekly monitoring of TTG (Treatment time guarantee) activity and TTG waiting list positions.*	*Q4 additional activity to commence September 2025.* *PTL and Q1 specific trackers to be maintained throughout Q4.* *Submit Q4 week clearance returns on weekly basis.* *Eligible to submit national returns on TCI (in come in patients and weekly monitoring of TTG (Treatment time guarantee) activity and TTG waiting list positions.*	**Risks to delivering 26 week target for Electrophysiology:** **1. Insufficient clinical additional activity** **2. Increasing demand for anaesthetic support** **3. Balancing the clinically urgent demand** **4. Refurbishment of CL6**	**1. Increased pre planned sessions and bigger pool of consultants** **2. Use of weekend lists (both OoH and non-OoH) to meet demand and clinically urgent cases.** **3. Use of weekend lists for GA where possible.**		*Q1 projections have been reviewed. Feasible lists, validation of waiting list, expansion of GA lists and clinical capacity. Weekly meetings have all been rescinded and are ongoing.* *EP remains over revised + Q2 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.*		*Feasible lists set up.* *Validation of waiting list.* *Separation of GA and non-GA demand and capacity.* *Weekly meetings rentablished.*		*Feasible 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):* *• Q3 Profile as of Nov 25: Actual was 44 (+6)* *Feasible lists: (x2) 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.*		*Feasible lists established* *Mobile Cath Lab: Jan 26 allows displacement of Corrovary Lab to deliver additional parallel lists* *Weekend lists set up.* *Additional GA support from unobserved 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 Mid-Q4/April 26* *Regular EP lists displaced to Mobile Cath Lab (11-12 weeks.)*		*Weekly monitoring ever maintained of AGP PTL.* *• Q3 profile as at end Dec 25 was 0. Actual was 44 (+6) over 3 available patients lists/last the 102 weeks waiting time. Three patients were displaced to a later cohort/ IP cases.* *No additional 6 GP patients were unavailable to be booked at weekend available dates.* *Returns continue to be submitted weekly for TCI patients and both weekly monitoring continues for TTG activity and TTG waiting list positions.*		*30th JG26/27 AGP planned to deliver 154 cases. GP waiting list 01/04/2026 has 864 patients waiting.* *Planned replacement of Cath Lab 2 is planned for April to July 26. EP activity will be displaced to Mobile Cath Lab for 11-12 weeks during the Xmas weeks. This will restrict the delivery of hours requiring GA support.* *Mobile Cath Lab planned July 26 being developed with scope to increase EP or other sub-specialities (sessions if supported.*
2	**James Mackie** **Head of Performance** **Christine Divers** **Divisional Director of Operations**	**Lynne Ayton** **Executive Director of Operations**	GJ Performance - Activity plan vs actual		31/03/2026	Increasing capacity: Deliver over 100,000 extra procedures (compared to 2019/20) through 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 Ophthalmologists as reliance on non-substantive staff.**	**Active recruitment campaign where vacancies arise to confirm substantive complement of sickness absence according to policy**		*As at Q1 and NHS GJ is 8.9% (+2468) ahead of AOP profile.* *Joint activity 5% below target due to challenges with Ophthalmology (OPH) staffing vacancies and delayed opening of the Central Sterile Processing Department (CSPD) department.*		*Phasing the joint activity will continue to be challenging due to the delayed opening of CSPD in place (see risk escalation of the year.*		*Jayne 3% behind AOP (160 cases). Recovery plan in place to recover. Q3 Activity starting with new centre has impacted the recovery*		*Overall, as of Nov-25 and NAO on targets to deliver 154 cases by March 26 against AOP delivery of 6/3 point AOP. Now 4% behind AOP due to challenges with snagging of new phase 2 Central Sterile Processing Department (CSPD) Central Sterile Processing Department (CSPD) and workforce challenges relating to anaesthetics and orthopaedics.* *Fuel & Ardes (E&A) activity expected to be 33% due to single operator for most of the year.* *Colorectal activity reduced due to lack of major cases,via, in first half of the year. The split of major and minor referrals has changed to accommodate Central Sterile. Predicted to recover 90% activity.*		*NEO rule = 108, 0.3% above profile (33231 vs 33113).* *Jointly were -5% (-242) behind profile at year end. Impact of the delay in the opening of the Central Sterile Processing Department (CSPD) and workforce challenges relating to anaesthetics and orthopaedics*		*Marked performance against 26/27 AOP.*
3	**James Mackie** **Head of Performance** **Christine Divers** **Divisional Director of Operations**	**Lynne Ayton** **Executive Director of Operations**	GJ Performance - Activity plan vs actual		31/03/2026	National Treatment Centres (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 as at Q1 NHS GJ was 9% ahead of AOP profile.* *Specifically at Q1 end, Cataract is 47% ahead of profile. Plan to continue supporting additional activity by 300+ procedures until March 26.*		*Achieve performance against submitted Annual Delivery Plan profile.*		*Additional 2025 cataracts agreed and added to AOP. 600 of these will be delivered via NHSGA Ophthalmic Academy. Aim to start in Feb 26, dependent on faculty recruitment.*		*AOP has been extended to include an additional 5,328 cataract procedures, of which 600 were to be delivered via the Ophthalmic Academy. As the NHSGA Cataract Academy, Faculty have not been recruited due to lack of suitable applicants. Aim to start in February 26 subject to faculty 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 NHSGA cataract academy.*		*4 year end Cataract surgery were 41 cases ahead (15081 VS 15040).*		*Marked performance against 26/27 AOP.*
4	**James Mackie** **Head of Performance** **Christine Divers** **Divisional Director of Operations**	**Lynne Ayton** **Executive Director of Operations**	GJ Performance - 6 weeks performance data		31/03/2026	Reducing the radiology backlog so that 90% of referrals are seen within six weeks by March 2026.	*Maintain performance against Radiology activity.* *Plan created to implement Q7 working.* *Plan created to install No 3 CT scanner.*	*Maintain performance against Radiology activity.* *Paper approved by Staff Governance to implement Q7 working.* *No 3. CT scanner installation completed.*	*Maintain performance against Radiology activity.* *Implement Phase 1 of Q7 day proposal.* *Agree recovery plan to deliver 6 weeks for Cardiac MRI (CMR).*	*Maintain performance against Radiology activity.*	**1. Demand - capacity gap in CMR.** **2. Workforce - inability to deliver.** **3. Backlog - CMR backlog and waiting times.** **4. Impact on general CMR and national workload.**	**1. Paper in draft describing requirement for additional staffing, options to work with staff and agree way forward.** **2. Early discussions with NSD regarding activity vs SLA.**		*Radiology is 9.2% (+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* *Q7 day working - progressing well through organisational change with good staff engagement. On track for phased implementation in Q3.*		*Approval for additional weekend activity to deliver CMR 6 week target* *Q7 day working - paper approved through Staff Governance and implementation plan agreed.*		*CMR additional funding approved and additional weekend activity commenced* *Q7 day working paper agreed* *CT3 successfully implemented.*		*Additional CMR activity on plan* *Implementation of phase 1 of Q7 day working – WCT on calls to combine and 4R 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 profile due to challenges with recruitment of cardiac radiologists to posts - project end will be Q4 on plan* *Implemented Phase 1 of Q7 day proposal successfully. Phase 2 agreed and on track to implement in Q4* *CT3 now operational and performing a majority of Cardiac CT activity.*		*Activity/waiting delivery of planned additional CMR activity to continue to reduce and substantially improve over Q3* *Q7 day working - CT extended days on plan to commence.*		*CMR additional activity (Diconex): Planned 1248 cases delivered against 1248 target. Ongoing use of existing general capacity to aid recovery.* *Phase 2 implemented and EWSD commenced Jan 26. Pause agreed due to ongoing training requirements and unsuccessful recruitment. During the pause we will be reviewing the current workforce model.*		*Schedule delivered and workforce capacity gap to be addressed. Consideration to the use of sustainable service delivery options to maintain position. Impact on general MR and national workload. Additional staffing required to be recruited to continue the delivery of Q7 working following end of Pause period.*
5	**Paul Cairns** **Deputy Director of Digital**	**Jonny Gamble** **Director of Finance**	GJ- Digital		26/12/2025	Build on digital platforms to increase operating theatre capacity, by June 2025 complete a trial out plan for the theatre scheduling tool with the aim to implement in full and increase capacity up to 20% for some specialties.	*Completion of theatre Scheduling Application Pre-readiness assessment.* *Completion of high-level implementation planning.*	*Executive demonstration and scope signoff completed.* *Organisational product demonstration delivered.* *Project delivery & governance structure agreed.* *Project kick-off meetings scheduled.* *Phased implementation plan agreed.*	*Local configuration & integrations complete.*	*Phased Go Live.*	***Legacy systems and work practices will require to be aligned to ensure project success.*** ***Contributing priorities and resource constraints - careful resource planning required.***	***Project Board agreeing project scope and reporting through NHSGJ management timelines.***		*Completion of theatre scheduling application pre-readiness assessment.* *Completion of high-level implementation planning.*		*Executive demonstration and scope signoff completed.* *Organisational product demonstration delivered.* *Project delivery & governance structure agreed.* *Project kick-off meetings scheduled.* *Phased implementation plan agreed.*		*Executive demonstration and scope signoff completed.* *Organisational product demonstration delivered.* *Project delivery & governance structure agreed.* *Project kick-off meetings scheduled.* *Phased implementation plan agreed.*		*No plans/ass.*		*Cyclotron are on track to go live with the Theatre Scheduling system in February. We are part of the national implementation plan. Work is underway with clinicians, business support staff and the supplier to configure for GJUNH.*		*Theatre Scheduling live and planned IT upgrade associated to be scoped and scheduled. This will require the product to be developed.*		*Agree and procure product development to allow Online implementation.*