



Jann Gardner
Chief Executive
NHS Golden Jubilee

By Email

30 November 2022

Dear Jann

I am writing to express my thanks to you and your team for the significant work in developing your 2022/23 Annual Delivery Plan (ADP), and for the opportunity for the Sponsor Team to review and discuss the Plan at the Quarterly Sponsorship meeting on 10 November.

For 2022-23, we took the decision that Scottish Government would not set out a new range of priorities for National Boards. Instead we have been working with Boards on understanding their range of current and potential future priorities. However, the ADP that you have submitted forms a key part of good governance and good sponsorship, and we have carried out a review on this basis, and on this basis we will be continuing to ask for quarterly updates as we did last year.

After reviewing your plan - along with the latest quarterly update submitted in October - with responsibility for sponsorship of NHS Golden Jubilee within my portfolio, I am content to recommend that the Plan be taken to your Board for their final approval.

In addition, I have provided some feedback below following the discussion with my team on progress against deliverables set out in your 2022/23 ADP and plans for the rest of the reporting year.

Planned Care Activity & Wait Times

Thank you again to the team for providing a comprehensive overview of the progress of the NHS Golden Jubilee University National Hospital activity plan. Activity to the end of October is 6% ahead of original plan agreed with the Planned Care Team and 1% behind revised stretch plan submitted with the ADP. Key achievements highlighted were:

- Consistent Delivery of KPIs including 'stretch targets' in Endoscopy, Cardiac Surgery, General Surgery, Diagnostic Ultrasound.
- Increased use of Robotics in Orthopaedics and Thoracic Surgery.
- Increased delivery of Heart Transplantation with Optimal Patient Outcomes.
- Successful recruitment to Critical Care Workforce.
- Consistent achievement of 31 day Cancer target in Thoracics

- Ongoing of SNRRS programme – 80+ Radiologists now reporting across Scotland.

This has been supported by activity planning based on objectives for closing workforce gaps and realistic trajectories for productivity improvements, together with identifying opportunities for improving quality and productivity. I recognise that these achievements has not been without challenge, and that NHS Golden Jubilee has been willing and able to flex and mobilise capacity and resources to support the delivery of the national targets for waiting times.

With regards to the waiting times position in NHS Golden Jubilee, the team confirmed there are no outpatients waiting for over 18 months or two years. The Board has 7 TTG patients waiting for over 18 months in cardiology. Long waiting patients are being referred to NHSGJ for elective orthopaedic surgery as agreed with Planned Care Team. Your team has subsequently flagged that Boards are not always sending their long waiters, with some Boards sending patients under 52 weeks. We have committed to contacting Boards to understand the reasons they are not sending patients who will breach 78 weeks by the end of March 2023.

Further challenges raised related to the Transcatheter Aortic Valve Implantation (TAVI) national service and the need for national policy decisions to be made to support a strategic approach to commissioning and demand management in order to address population health, reduce clinical risk and deliver improved patient outcomes. Additionally, you raised that waiting lists are increasing for EP and Heart Transplantation with some issues around repatriation of patients to Territorial Boards. You also raised that wait times cardiac surgery are growing and that post-covid there has been a sustained movement from elective to urgent referrals, with increasing complexity. As discussed with my team, I would be grateful if you could provide a written briefing on these national services, setting out challenges and proposed mitigations at allow the Planned Care team to link in with the National Planning Team to consider how we can support this.

Finance

At September 2022, NHSGJ has a small surplus of £74,000, however you are projecting a breakeven position by the end of the financial year. Key pressures to date include medical staffing expenditure through Waiting List Initiatives, extended working and agency staff. Cardiology consumables costs have also increased mainly as a result of Cath Lab activity, case-mix and stock changes. Your team provided reassurance in relation to identification of efficiency savings across a number of workstreams, however you raised that, at the time of the meeting, one of the key financial uncertainties relates to the ongoing pay award negotiations. I will ask my team for an update on the impact of this once discussions have concluded and agreement has been reached.

Workforce

You provided an update on recruitment retention and staff health & wellbeing. There are recruitment challenges across a number of areas which are consistent with current picture across the NHS. Supply is the main issue across both private and public sector

within both clinical and non-clinical roles (IT, Admin, Housekeeping). Workforce and recruitment challenges are having a particular impact on mobilisation of workforce for the Phase 2 expansion, orthopaedics and ophthalmology. International recruitment options are being explored however this is challenging due to the current housing and rental market. Other opportunities being explored include: nursing workforce review and sustainability; use of training posts; recruitment fairs and the Youth Academy employability programme. I would ask that you keep in touch with SG Health Workforce Directorate who may be able to offer support around some of these workforce issues.

Winter Preparedness

With regard to winter planning, you gave reassurance that the focus is on maintaining planned care within your core clinical specialties, in line with the national winter plan published in October. Plans are in place to continually review workforce availability in light of known seasonal pressures, but also risk of industrial action. Where possible, NHSGJ are committed to being flexible and responsive to support NHS Scotland and Boards in response to system wide surge and demand pressures. I am extremely grateful for your continued support on this front.

Centre for Sustainable Delivery (CfSD)

Finally, you discussed the vital role in working collaboratively with NHS Boards to deliver the accelerated roll out of innovation and redesign across the planned care system. NHS Boards are now submitting monthly updates to CfSD on progress across High Impact Programmes and meeting monthly with colleagues in CfSD to assess, review and improve processes and data quality. I am aware that significant progress has already been made against 2022/23 NHS Recovery Plan commitments to release Outpatient activity through redesign and that by November 2022 127% of 50,000 commitment has already been achieved.

Specialty Delivery Groups are key to clinical leadership to support the acceleration of high impact programmes. I am encouraged to hear that several groups have met over the last two weeks with a specific focus on sharing best practice and opportunities around Day Surgery and Theatre Productivity and that Short-life Working Groups are being set up to drive further opportunities across regions on same day surgery for specific Gynaecology pathways. In relation to staffing, the work underway to identify opportunities to develop and extend nursing/AHP roles will also be key for creating further capacity across planned care.

Your team provided an update on NECU and the key progress to date in relation to governance, recording, monitoring and activity tracking and the implementation of an automated support request workflow. Successes to date include admin/patient and clinical validation for more than 1,200 patients with an average removal rate of around 30% indicating significant potential and cross boundary working, with around 1,000 patients treated through NECU either outwith their Board or by other NHS teams travelling to their Board.

Most recently, in collaboration with the Chief Medical Officer Directorate and the Directorate of the Chief Operating Officer, NHS Scotland, CfSD held a collaborative

action-focused Planned Care event on 23 November to support the delivery of acute health services across NHS Scotland. I am told this was an extremely positive, action focussed day and that early feedback has been very positive. I would like to extend my thanks and congratulations to all those involved.

Finally, I want to conclude by reiterating my sincere thanks to you and the NHS Golden Jubilee for your sustained dedication, professionalism and commitment to delivering the highest quality care to the people of Scotland. I wish you all the very best in your new post in NHS Lanarkshire and look forward to continuing to work with you there.

Yours sincerely



A handwritten signature in black ink, appearing to read 'JG Burns', with a long horizontal line underneath it.

JOHN G BURNS

Chief Operating Officer NHSScotland

Copied to:

Susan Douglas-Scott, Chair, NHS Golden Jubilee

Gordon James, Deputy Chief Operating Officer, Performance & Delivery, SG

Paula Speirs, Deputy Chief Operating Officer, Planning, SG

Tracy Slater, Head of Performance and Delivery, SG

Julia McAteer, Head of Planned Care Policy & Performance, SG

Kathryn Connor, Team Leader, Planned Care Policy & Performance, SG

Gordon Frame, National Director Planned Care, SG