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| **Chief Operating Officer, NHS Scotland Directorate**E: goldenjubileesponsorship@gov.scot Heather  |  |

20 June 2024

Dear Gordon

**NHS GOLDEN JUBILEE DELIVERY PLAN 2024/25**

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. In particular, we understand that delivery is dependent on achieving the necessary savings as set out in your Financial Plan. This is the lens through which we have been reviewing your plan to ensure that it provides sufficient assurance that it is in line with the priorities of NHS Scotland and the Scottish Government.

In that context, we are satisfied that your Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves. For example, reflecting the role of NHS Golden Jubilee in supporting work on sustainable services and, in some cases, re-aligning activities to address areas of national priority.

To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which is summarised in Annex A. This covers a small number of ‘Priority Areas’ where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of “Development and Improvement Areas” which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. We will be looking to provide greater clarity and consistency around how we in the Scottish Government commission work from all the National Boards, and a Scottish Government Directors Letter (DL) will issue in the coming weeks setting out expectations around commissioning of national services.

We also welcome the work being undertaken by all the National Boards to identify opportunities to release efficiency through further collaboration. The Scottish Government Health Planning Team and Sponsor Teams will engage with you over the summer to discuss how we can build on this work to ensure that future planning guidance is more appropriately tailored for National Boards to support a greater shared understanding of core National Board planning responsibilities, areas of collaboration and cross-cutting work.

In particular, ensuring Phase 2 of the NTC is established in a timely and effective manner and Health Boards manage their Golden Jubilee planned care allocation throughout the year.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch with either myself or Paula Speirs, Deputy Chief Operating Officer for Health Planning (dcoohealthplanning@gov.scot).

Yours sincerely

**John Burns**

**Chief Operating Officer**

**Annex A:**

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| **General** |
| **Priority Areas** |
| * None
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| **Development and Improvement Feedback** |
| It is recognised that the Board has been working with other National Boards and participating in a series of workshops during February and March 2024 to identify opportunities to release efficiency through further collaboration. This will form a workplan to be overseen by the National Boards Collaborative Programme Board. National Board Chief Executives have also agreed a Collaborative Charter. The Scottish Government Health Delivery Planning Team will wish to engage with the outputs of this work to help support how it frames planning of National Board priorities in future. It is recognised that the current demand for TAVI is significantly exceeding NHS GJ funded capacity leading to excessive waiting times and potentially patient harm, with the clinical, operational and financial risk held by NHS GJ. The Scottish Government will continue to engage with the Board on this issue as part of national planning work.  |

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| **Recovery Driver** | Recovering and improving the delivery of **planned care** |
| **Priority Areas** |
| * None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government *Planned Care Policy and Performance Team* on actions needed on their associated Planned Care Plan.
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| **Development and Improvement Feedback** |
| It is recognised that there is a particular risk regarding the Golden Jubilee delivery of planned care due to the fact that the Board is dependent on the referring Boards confirming their uptake of planned care allocations. The aspect of this risk relating to the prevailing financial position for Boards has however been mitigated with the extra £50 million funding committed to territorial boards to protect planned care activity (including utilisation of their Golden Jubilee core capacity at 2023-24 levels), as notified in April 2024, and the Scottish Government will continue to work with the Golden Jubilee and territorial boards to help ensure the requisite uptake of allocations.  |

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| **Recovery Driver** | Implementation of the **Workforce** Strategy |
| **Priority Areas** |
| * None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.
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| **Development and Improvement Feedback** |
| The workforce related objectives appear to be realistic and achievable. There is a recognition that the current financial context is a risk to recruitment of workforce, and that NHS Golden Jubilee continues to implement the National Workforce strategy and eRostering ahead of the safe staffing act, as well as committing to a planned refresh of their 3-year workforce plan. It will be useful to see progress updates on these through the year.  |

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| **Recovery Driver** | Optimise use of **digital & data technologies** in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven **innovations** which could have a transformative impact on efficiency and patient outcomes |
| **Priority Areas** |
| * None
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| **Development and Improvement Feedback** |
| GJNH remain on track across a range of local and national developments. It’s good to see their focus on the organization as a whole looking to build digital as part of the culture and ways or working.The Board have set out a comprehensive work plan. They have highlighted however that there are existing gaps in unfilled posts to take forward their digital agenda and it is not clear at present the extent to which this could impact on delivery.The Board has a clear focus on digital skills and workforce in the plan which is good to see. However, they go on to state that their overall digital skills plan won’t be in place until 2026/27 which could appear to miss an opportunity, and the Scottish Government’s *Digital Health and Care Team* will engage directly to discuss. There are some further points from the plan would be useful to see updates on throughout the year as part of normal digital health and care engagement:* eRostering - project completed initiation phase and entered readiness phase
* Near Me “Expansion of NearMe is predicated on commissioning a broadened application support resource to manage system administration.”
* PACS – Recent local installation of Philips PACS System and national adoption plan for new provider in development.
* SCI-Gateway “Skills development is critical in this space to remove a single point of failure dependency within the Board.”
* Digital Training and Skills “the need for dedicated digital training and facilitation resources has emerged”
* Infrastructure and overall device management developments “end user device strategy in development”
* Further development of patient facing app and disabled access app
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| **Recovery Driver** | **Climate** Emergency and Environment |
| **Priority Areas** |
| * None
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| **Development and Improvement Feedback** |
| A dedicated governance sub-group focusing on transport and active travel is welcomed. Given the board has a negligible fleet, focus is rightly placed on aspects relating to active travel. However, the board may wish to explore expanded EV charging facilities for incoming travel from other Boards.Over the last 6 months GJ have established a number of groups including a waste and energy group which focuses on a strategic approach to waste reduction and segregation. NHS GJ has made good progress towards their building decarbonisation plans so far, and with the establishment of new governance groups and onboarding of staff, their deliver plan looks to meet current priorities. NHS GJ are approaching decarbonisation in buildings through ‘no regret’ measures such as lighting, ventilation, and BMS upgrades. There are plans to connect to heat networks through their local authority, and as one of the Top 20 emitting sites, there is further consideration on renewable alternatives to consider that will require capital investment. There is wider uncertainty around funding to deliver further heat decarbonisation or renewable energy options that require substantial funding, and it will be useful to see updates on this in future. The plan has demonstrated the board has a good understanding of the multi-functionality of their greenspace. They have embedded this area within their governance structures and are contributing to national groups. A further step would be to set their ambitions out in a greenspace management/ biodiversity action plan. This would give them a framework to refer to when managing their site, which is an opportunity given they are set over one location.The Board has identified potential impacts of climate change on their healthcare assets and services but is still in the process of finalising its adaptation plan.The ADP simply states ‘committed to eliminating waste as well as management of waste through the circular economy’. It would be useful to see more information on this, and in particular on the implementation of Environmental Management System. |

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| **Supporting Theme** | **Finance & sustainability** |
| **Priority Areas** |
| * None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government *Health Finance* *Team* on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.
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| **Development and Improvement Feedback** |
| None. |

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| **Supporting Theme** | **Value Based Health & Care** |
| **Priority Areas** |
| * None
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| **Development and Improvement Feedback** |
| There is no mention of how the Board intends to support delivery of the Value Based Health and Care action plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the drivers of recovery and fundamental to achieving a more sustainable healthcare system. |