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To:
Jann Gardner
Chief Executive Officer

Copy to:
June Rogers
Chief Operating Officer

06 July 2021

Dear Jann

RMP3 and the Recovery of Elective Care

As you will recall, the Waiting Times Improvement Plan (WTIP), published in October 2018, outlined the process for reducing the length of time and the number of patients waiting for treatment, in line with the 12-week treatment time guarantee (TTG). The delivery of the agreed waiting times trajectories within the WTIP, for outpatients and inpatients / day cases, represented a challenge; however, prior to Covid, good progress was being made.

With all NHS Boards having had to scale down elective procedures and subsequently develop remobilisation plans due to Covid, it is recognised that the delivery of elective performance in its previous form has not been a viable option and it should be noted that the NHS Golden Jubilee has been instrumental in supporting urgent elective and vital cancer care during this time. Nevertheless, as part of the RMP3 process, a number of discussions have been had, specifically regarding specialties and activity trajectories for 2021/22.

The RMP3 process provided Boards' quarterly activity projections up to the end of March 2022, accompanied by actual planned monthly templates, and this has given us a degree that's performance will be delivered over the course of the next year.

In line with previous discussions with the Sponsor team and Gordon Frame – National Elective Care Director a total of **£11,568,000** will be allocated to the NHS Golden Jubilee at this initial stage of RMP3 funding. This is based on the delivery of 78,000 activity as set out in your Remobilisation Plan. Activity will be monitored by the sponsor and access support team through regular reporting and performance meetings. The detail of the allocation is outlined in **ANNEX A**.

It should be noted that all of the Infrastructure cost of £1.4 million will become recurring and part of baseline funding. The remaining funds will be allocated on a Non-recurring basis and we will agree full funding for phase one and two as part of 2022/23 discussions.

As this funding is to support the ask around the Remobilisation process (RMP3) the RMP4 process will enable further discussions to support Boards to work towards achieving 100% activity by the end of March 2022.

We are also aware that Boards' RMP3 Plans requested elements of recurring funding to support recovery and long term sustainability. Discussions are currently ongoing to consider options regarding recurrent funding.

The normal requirements apply for the allocation of all funding from Scottish Government:

- The Scottish Government reserves the right to withhold or withdraw all or part of the funding provided if funds are not used for the purpose intended, or if improvements/activity are not delivered.
- NHS Boards must be able to demonstrate that utilisation of specific waiting time funding represents additionally and value for money.

Regular performance meetings are in place; however, should any risks to delivery emerge that you had not anticipated, please get in touch with your lead sponsor - Lyndsay Turner, Lyndsay.Turner@gov.scot

Thank you for all the efforts that you and your staff have made to remobilise services, and we will continue to work and support your endeavours.

Yours sincerely

JOHN BURNS
NHS Scotland Chief Operating Officer

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

ANNEX A

NHS Golden Jubilee	Funding £m	Description	Activity	Recurring / Non- recurring
Endoscopy	3,500	Full funding to support Independent Sector contract	2,390	NR
Phase 1	1,858	Full funding excluding marginal costs	2,933	NR
Phase 2	3,000	Agree full funds at later date. Support delivery of 78,000 and recovery activity.		NR
Ophthalmology weekends	1,750	Use of independent sector with half allocation based on delivery.	3,360	NR
Infrastructure	1,460	Recurring staffing costs		R
Total	11,568			