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| **Chief Operating Officer, NHS Scotland Directorate**  Head of Directorate for Chief Operating Officer, NHS Scotland    E: [christine.mclaughlin@gov.scot](mailto:christine.mclaughlin@gov.scot) |  |
| Susan Douglas-Scott, Chair  Gordon James, Chief Executive  NHS Golden Jubilee National University Hospital  By email: [Gordon.James2@gjnh.scot.nhs.uk](mailto:Gordon.James2@gjnh.scot.nhs.uk) [Susan.Douglas-Scott@gjnh.scot.nhs.uk](mailto:Susan.Douglas-Scott@gjnh.scot.nhs.uk)  Copy to: [carole.anderson@gjnh.scot.nhs.uk](mailto:carole.anderson@gjnh.scot.nhs.uk) |  |

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15 July 2025

Dear Gordon,

**GOLDEN JUBILEE – DELIVERY PLAN 2025/26**

Thank you for submitting Golden Jubilee’s Delivery Plan for 2025/26. I would first like to take this opportunity to thank you and your team for all the work that has gone into developing this during what continues to be a period of significant pressure across the health and social care system.

We continue to plan against a backdrop of operational and financial challenge, and we recognise the important role that Golden Jubilee plays in providing national elective care capacity and specialist services, supporting the wider system in reducing waiting times and improving patient outcomes. The clarity with which the Plan outlines this contribution is welcome, and we are assured by its alignment with national priorities for reform and recovery.

Overall, we are satisfied that the Delivery Plan broadly meets the expectations set out in the 2025/26 Delivery Planning Guidance and provides assurance at this stage between the Scottish Government and Golden Jubilee as a basis on which to proceed. This is contingent on the understanding that Golden Jubilee will continue to work closely with the Scottish Government around delivery and implementation. Further discussions will take place over the summer to clarify roles and responsibilities in relation to delivery of the Operational Improvement Plan.

As you are aware, we are increasing the pace of our health and social care reform and renewal. To support this, a new NHS Scotland *Operational Improvement Plan* (OIP) was published on 31 March, as the first of three strategic documents, alongside the forthcoming *Population Health Framework* and *Strategic Reform Framework*. We are pleased to see that Golden Jubilee’s planning reflects the context of these reforms and the hospital’s national role in supporting planned care delivery, innovation in theatre efficiency, and elective centre excellence.

Golden Jubilee plays a distinctive and critical role within NHS Scotland as a national centre for elective procedures, diagnostics, and heart, lung and orthopaedic services. The 2025/26 Delivery Plan sets out how Golden Jubilee will continue to support system-wide recovery and improvement through its surgical and diagnostic capacity, innovation in service delivery, and commitment to quality and efficiency. The Plan illustrates well how Golden Jubilee contributes to national performance through collaborative working, clinical expertise, and a patient-centred approach to planned care. In particular, the Golden Jubilee will be critical to the delivery of the 10,000 additional NTCs procedures, an additional 15,000 extra procedures as part of the additional investment across planned care and the delivery of 95% of referrals to radiology being seen within six weeks by March 2026. Golden Jubilee’s plan also confirms the Board’s role in the implementation of the digital dermatology pathway and the rollout of the operating theatre scheduling tool.

We are particularly assured by the Plan’s alignment with national reform priorities, including planned care recovery, sustainable workforce development, and data-driven service improvement. Golden Jubilee’s ongoing work to improve productivity and increase elective capacity, alongside efforts to support research, innovation and cross-sector collaboration, is central to enabling NHS Scotland to meet demand and deliver high-quality care.

Looking ahead, these NHS Board Delivery Plans rightly focus on the planning being undertaken by an individual Board. However, they are set within an increasingly integrated, collaborative and national planning context as we move forward with population-based planning. Our *Strategic Reform Framework* will be published later in June and will build on last year’s Directors’ Letter *“*[*A Renewed Approach to Population Based Planning across NHS Scotland*](https://www.publications.scot.nhs.uk/files/dl-2024-31.pdf)*” DL(2024)31*. We look forward to working with you in the year ahead to continue to evolve our planning approach to better meet the needs of the populations we serve.

We have reviewed the Golden Jubilee Delivery Plan in full and have included detailed policy feedback in Annex A. This feedback reflects the contributions of Scottish Government policy leads and is intended to support the further refinement and delivery of the Plan. We would encourage Golden Jubilee teams to consider this feedback as part of ongoing engagement with SG policy colleagues throughout the delivery year.

Many thanks to you and all of your colleagues. We look forward to continuing to work with you, as we deliver on shared priorities for safe, high-quality and sustainable care. If you have any questions about this letter, please contact [dcoohealthplanning@gov.scot](mailto:dcoohealthplanning@gov.scot) copied to [goldenjubileesponsorship@gov.scot](mailto:goldenjubileesponsorship@gov.scot).

**CHRISTINE McLAUGHLIN**

**Annex A: Policy Feedback on Golden Jubilee Delivery Plan 2025/26**

The following sets out Scottish Government policy feedback on the Golden Jubilee Delivery Plan 2025/26. Feedback is organised in line with the planning expectations set out in the NHS Board Delivery Planning Guidance. Policy colleagues welcomed the breadth of coverage, while identifying a number of areas where further clarification, expansion, or reflection may strengthen any revisions throughout the year. Overall, there was an observation that some areas of the Delivery Plan should contain clearer actions and associated timing for delivery.

National Elective Services

Policy leads would like to understand GJNUH opthamology appointment targets better and we recommend that GJNUH leads engage with SG policy before finalising the Delivery Plan so that an aligned approach can be presented.

Not of concern in terms of what is set out in the ADP, but policy leads have highlighted that the National Elective Co-ordination Unit must make progress in 25/26, and that National Treatment Centre capacity must be agreed with the SG before between-Board transfers are agreed.

Planned Care

The Delivery Plan should acknowledge that in respect of the Centre for Sustainable Delivery, National Elective Services Division and the Heart, Lung & Diagnostics Division, a separate Planned Care commission has been developed and is being considered by the Planned Care policy team. This will be responded to separately but for ADP feedback purposes, the team see no issues and the content of the ADP is as they would expect and they note that part of this Planned Care commission covers efficiencies, increasing productivity and reducing variation.

Cancer

SG Cancer policy leads note that there is no specific mention in the Delivery Plan of prehab to rehab as part of the surgical pathways mentioned for cancer patients. The ‘Key Principles for Implementing Cancer Prehabilitation across Scotland’ should be embedded in cancer pathways and the ‘Nutrition Framework for People Affected by Cancer’ and ‘Psychological Therapies and Support Framework for People Affected by Cancer’ utilised during implementation and they ask that consideration is given regarding whether to add a description of this to the Delivery Plan.

Phased opening of GJNUH’s Phase 2 Surgical Centre

Policy leads highlight this area as an ongoing risk re anaesthetic and ophthalmologist cover due to national workforce shortages. No particular amendment to the Delivery Plan is requested but policy leads would welcome a discussion on how theatres can be utilised on an ongoing basis

Delivery of Regional Heart and Lung Services, including the Regional Cardiology and Transcatheter Aortic Valve Implantation (TAVI) Services

TAVI is transitioning to a nationally planned service and we would expect GJNUH to reflect this within their Delivery Plan, with associated actions to support this new way of planning.

New National Treatment Centre Network.

This Network needs to be developed in line with the newly agreed strategic alliances (networks), as approved by the NHSS Executive Group and P&DB (and also referenced in DL (31). The Delivery Plan should reference this new approach to “networks”, along with an associated action for CfSD as the “network” is being scoped.

NHSS Productivity and Efficiency Group (PEG)

We would expect to see reference to the overarching NHSS Productivity and Efficiency Group (PEG), reporting into NHSS Executive Group. CfSD have a key role in supporting this work and this should be reflected within the Delivery Plan.

Diagnostics

The Delivery Plan should reference any work aligning with the Strategic Diagnostics Network / Diagnostics transformation plan.