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Susan Douglas-Scott CBE
Chair
NHS Golden Jubilee

04 December 2025

Dear Susan,

NHS GOLDEN JUBILEE ANNUAL REVIEW: 3 NOVEMBER 2025

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings at the Golden Jubilee Conference Hotel on 3 November 2025. I was supported by Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive of NHS Scotland.

2. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

Meeting with Partnership Forum

3. We were pleased to meet with the Partnership Forum and it was clear that there are strong relationships in place. Indeed, the on-going commitment of NHS Golden Jubilee staff in the face of sustained pressures will have been fundamental to a number of developments and improvements that have been delivered. We also acknowledged that very many pressures remain on staff throughout NHS Scotland and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

4. It was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on strategic workforce planning, alongside key work on staff wellbeing. We were assured that the staff side had continued to be actively involved and engaged in a wide range of this work, including: the critical importance of involving all staff in the expansion of services;

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the on-going positive work to help retain overseas staff; and the on-going investment into Continued Medical Education days that the Board have put in place.

5. Whilst challenges remain, not least in relation to effectively implementing the reduction in the working week; and addressing recruitment and retention challenges, such discussions are a positive sign of a mature and successful working partnership; whilst recognising and supporting the aim of the Forum to ensure that effective partnership working is delivered and sustained at all levels.

6. We also would like to put on record our thanks to Jane Christie-Flight for her service as Employee Director since July 2010. I wish Jane all the best for her upcoming retirement.

Meeting with Clinical Leaders

7. We heard interesting and informative presentation from Clinical Leaders on some of the great and valuable work that happens within NHS Golden Jubilee. This included presentations on the following topics: Training in National Elective Services; Local Anaesthetic Hernia; Scottish National Advanced Heart Failure Service; Thoracic Surgery Success and Achievements; and Clinically led and Innovative Service Improvements. We thank NHS Golden Jubilee staff for their achievements and successes in these areas.

Meeting with Patients/Carers Group

8. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. The patients and carers in attendance spoke about a wide range of experiences in relation to local services and the standard of care and support received. We were pleased to hear many experiences had been positive and reflected high quality care and treatment received from NHS Golden Jubilee.

9. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, which were mainly around the need to ensure that communications with patients and carers take place in a way which is appropriate to their needs; improving public transport to the hospital; and utilising the on-site car park in a better way due to issues experienced around availability within the on-site car park.

10. We are also grateful for the attendance of local patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any individual local treatment and care concern.

Annual Review Public Session

11. The public session began with the Chair's video presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and Board priorities. We then took questions from members of the public: all those that had been submitted in advance and one from the floor. We are grateful to the Board and Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm, and considered questions.

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Annual Review Private Session

12. We then moved into private session with the Board Chief Executive and Chair to discuss performance in more detail.

Finance

13. It was confirmed that NHS Golden Jubilee achieved a breakeven position in financial year 2024-25 after the delivery of £10.5 million of savings. This continued NHS Golden Jubilee's strong track record of robust financial management in a difficult operating environment. NHS Golden Jubilee has an approved financial plan after forecasting delivery of £8.4 million of savings to reach breakeven in financial year 2025-26. NHS Golden Jubilee remains confident that the Board will achieve a break-even position by the end of the financial year and we welcomed the ongoing commitment to financial sustainability, despite challenging circumstances. We agreed that delivery of recurring efficiencies will be crucial to this and future year budget challenges.

14. We noted that key ongoing pressures include: the recruitment of medical staff and resulting reliance on high-cost locums, increasing costs of medical supplies, and delivery of savings, although we appreciate the great work NHS Golden Jubilee is doing in this area.

Workforce

15. We want to formally record our deep appreciation to all of the NHS Golden Jubilee workforce for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

16. We were pleased to note that NHS Golden Jubilee's overall workforce has increased by 71.6 Whole Time Equivalent (3.0%) in the year to June due to the pivotal role of NHS Golden Jubilee and the Centre for Sustainable Delivery (CfSD) in tackling waiting times and optimising resources. This is higher than the overall NHS Scotland workforce which grew by 0.2% in the same period. The Board's reliance on Nursing & Midwifery Agency staff has also reduced by 45.2% in the last year. The sickness absence rate for NHS Golden Jubilee has increased by 0.3 percentage points over the year to 5.8% in financial year 2024-25. This is lower than the sickness absence rate for NHS Scotland in financial year 2024-25 which stands at 6.4%.

17. It was also positive to note that in financial year 2024-25, the NHS Scotland Academy delivered training opportunities to over 12,500 learners and since the Academy launch in October 2021, over 22,500 patients across planned care waiting lists (National Endoscopy Training Programme & National Ultrasound Training Programme) have accessed Academy services.

Performance in Priority Areas

18. Reducing long waits in the NHS is one of the biggest priorities for the First Minister and the Scottish Government. Our record investment in the NHS this year is allowing us to target specific areas that are experiencing long waits, reducing backlogs and getting people the appointments and treatments they need as quickly as possible. The Scottish Government is investing an additional £135.5 million nationally this year to help tackle the longest waits for appointments and procedures. This funding means 213,000 more planned care appointments

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and procedures are expected to be delivered this year than in 2024-25, exceeding our Programme for Government target of delivering 150,000 extra appointments by more than 60,000. A proportion of the funding will also support cancer activity and provide critical supporting services including pathology, diagnostic reporting and pre-assessment.

19. Once again, it was positive to hear that NHS Golden Jubilee delivered their core and National Treatment Centre (NTC) activity requested of them in financial year 2024-25 and is continuing to increase capacity this year. As you will note from our discussion, the Scottish Government will be reviewing the operation of our NTCs across the country in order to ensure consistent standards of quality, productivity, and cost-effectiveness.

20. CfSD was heavily involved in the planning for financial year 2024-25 planned care services and worked closely with the Scottish Government to enhance the information received from Boards around efficiency and productivity. We have welcomed CfSD's support in building stronger planned care plans from Boards.

21. Discussions then focussed on lung cancer screening and the Scottish Government has welcomed the recommendation from the UK National Screening Committee (NSC) that those aged 55 to 74 with a history of smoking should be screened for lung cancer. Scotland has committed to piloting lung cancer screening in 2027. This will enable screening to begin in areas experiencing the highest levels of socio-economic deprivation, where we know people are at higher risk of lung cancer and have worse outcomes. We have funded the NHS to plan and oversee the pilot, and to begin preparations for a national roll out, which NHS Golden Jubilee will play a key part in.

22. With regards to the Scottish Adult Congenital Cardiac Service (SACCS), we noted that as part of NHS Golden Jubilee's routine proactive audit processes, the Board identified outcomes that fall below the high standards within the SACCS. The Board performed an internal review which has not found a common link or systemic issue but did identify potential improvements to the service. It was positive to hear that the Board have taken the responsible step of commissioning an external, independent review of SACCS. We recognise that this is a Board-commissioned external peer review to proactively seek external expert assistance and that it is not a formal review of the service.

23. We were glad to hear that during this review, selected surgeries for SACCS patients continued, with each case assessed individually based on a clinical need, risk-based approach. Other essential services including patient assessments, diagnostic investigations, some cardiac catheterisation laboratory procedures, and treatment of heart rhythm disorders have also continued without interruption. This issue only affects those patients who fall under the SACCS cohort. We were pleased to note that there is no impact to cardiac services, including heart operations and cardiology procedures, for any other patient groups.

24. We recognised that the recommendations of the internal review are being implemented currently and once the external review report is received any additional recommendations will be acted upon promptly by the Board.

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Conclusion

25. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on service renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep planned care activity under close review and to provide as much support as possible. We would also like to put our thanks on record for your service as Board Chair, Susan, prior to you stepping down next year.

Yours sincerely,



NEIL GRAY

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