

Date 24 September 2026
Your Ref
Our Ref 11874

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – SPDEG MINUTES

I write in response to your request for information in relation Strategic Planning & Delivery Executive Oversight Group Minutes.

Question:

- I'd like copies of the minutes of the meetings held to date (August 2026) as referenced here - (item 4 progress update)

<https://www.orkney.gov.uk/media/mjcpkuph/item-16-subnational-planning-and-delivery-committee-east-update.pdf> - clarification, specifically the SPDEG minutes.

Answer:

Enclosed are the Scotland East - Strategic Planning & Delivery Executive Oversight Group Minutes.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

Subnational Planning and Delivery Committee (East) Executive (SPDCE-EG)

DATE: 3 February 2026

TIME: 3.00pm-5.00pm

LOCATION: MS Teams

SUMMARY MINUTE & ACTION NOTE

Attendance:

Territorial Boards	P	Ap	Ab	National Boards	P	Ap	Ab
Caroline Hiscox , Chief Executive, NHS Lothian (Chair)	☒	☐	☐	Brian Moore , Chair, The State Hospital	☐	☒	☐
Nicky Connor , Chief Executive, NHS Tayside	☐	☒	☐	Paul Johnston , Chief Executive, Public Health Scotland	☐	☒	☐
Peter Moore , Chief Executive, NHS Borders	☒	☐	☐	Mary Morgan , Chief Executive, National Services Scotland	☐	☐	☒
James Goodyear , Interim Chief Executive, NHS Orkney	☒	☐	☐	Michael Dickson , Chief Executive, Scottish Ambulance Service	☒	☐	☐
Carol Potter , Chief Executive, NHS Fife	☐	☒	☐	Robbie Pearson , Chief Executive, Healthcare Improvement Scotland	☒	☐	☐
Brian Chittick , Chief Executive, NHS Shetland	☒	☐	☐	Karen Reid , Chief Executive, NHS Education for Scotland	☒	☐	☐
Laura Skaife-Knight , Chief Executive, NHS Grampian	☐	☒	☐	Jim Miller , Chief Executive, NHS 24	☒	☐	☐
TBC , Staff-Side Representative	☐	☐	☐	Carolynne O'Connor , Chief Executive, NHS Golden Jubilee	☐	☐	☒
				Gary Jenkins , Chief Executive, The State Hospital	☐	☒	☐

Lead Directors	P	Ap	Ab	Attendees (list as required)
TBC , Lead Chief Operating Officer	☐	☐	☐	Hugh Farrow Bishop , NHS Grampian (nominee)
TBC , Lead Director of Finance	☐	☐	☐	Gillian Macauley , NHS Fife (nominee)
TBC , Lead Director of Strategic Planning	☐	☐	☐	Simon Dunn , NHS Tayside (nominee)
TBC , Lead Medical Director	☐	☐	☐	Scott Heald , Public Health Scotland (nominee)
TBC , Lead Nurse Director	☐	☐	☐	Karen McCaffrey , The State Hospital (nominee)
TBC , Lead Director of Public Health	☐	☐	☐	Craig Marriott , Director of Finance, NHS Lothian
TBC , Lead Director of People & Culture	☐	☐	☐	Colin Briggs , Director of Strategic Planning, NHS Lothian
				Jim Crombie , Deputy Chief Executive, NHS Lothian
				Susan Webb , Director of Public Health, NHS Lothian (Item 18)
				Darren Thompson , Board Secretary, NHS Lothian

P = present **Ap** = apologies received **Ab** = absent without apologies

1. Welcome and Apologies

- 1.1. Apologies were noted, along with the attendance of nominees.

2. Use of SPD-EG

- 2.1. It was acknowledged that the specific role of the Executive Group was to drive delivery of the agreed workstreams and priorities, on behalf of the Subnational Planning & Delivery Committee (SPDC).

3. Matters Arising

- 3.1. A formal request was anticipated from the UK Government (via the MOD) for Scottish NHS Boards to engage in future with established Reception Arrangements for Military Personnel (RAMP).
- 3.2. This was discussed and it was **agreed** that engagement should be managed under the new sub-national planning arrangements, as an emerging activity.
- 3.3. A clinical lead had already been identified from the West Region, and the Deputy Chief Executive of the SAS was also involved.
- 3.4. It was **agreed** that the Executive Medical Director, NHS Grampian, would be nominated as a clinical lead on behalf of the East Region. The Chief Executive, NHS Shetland, also offered to be involved, if required.

ACTION: <i>Hugh Farrow Bishop to liaise with Michael Dickson outwith the meeting to discuss the requirements as East Region clinical lead for RAMP.</i>
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4. Appointment of Lead Directors

- 4.1. The appointment of lead directors remained paused as discussions were ongoing between the Scottish Government and Trade Unions about securing appropriate partnership representation.
- 4.2. A resolution was anticipated soon. In the meantime, there continued to be a reliance on interim lead directors from NHS Lothian as well as the wider contributions of directors from across the East Region boards.
- 4.3. The establishment of a dedicated Project Management Office (PMO) was now critical, and this would be taken forward urgently, initially within NHS Lothian.
- 4.4. It was agreed that the Director of Strategic Planning, NHS Lothian, would document the specific PMO requirements for the East Region. These should be developed and agreed by circulation, taking account of existing staff resource where appropriate, with formal sign-off to be sought at the next meeting.

ACTION: <i>Colin Briggs to outline the East Region's PMO requirements, circulate this for discussion and agreement and present to next meeting for formal sign-off.</i>
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5. Terms of Reference

- 5.1. The Group's Terms of Reference were formally received and noted, following their approval at the SPDC meeting on 28 January 2026.

- 5.2. The Group discussed how best to share the Terms of Reference and other key outputs with individual NHS boards.
- 5.3. It was **agreed** that the Chief Executive, NHS Borders, would consider key mechanisms and routes for sharing outputs from the SPDC back to individual boards, either for information or endorsement.

ACTION: Peter Moore to consider the key outputs required to be shared with individual East Region boards and to prepare options for consideration by the SPDC.

6. Transition of National Planning Programmes

- 6.1. The Group received a paper on the proposed arrangements for the transition of existing national planning activities to the new sub-national infrastructure.
- 6.2. The principles, mechanisms and commissioning approach set out in the paper were agreed. Discussions acknowledged the importance of maintaining quality and safety in the collaborative planning of services as well as the need to avoid duplication between the East and West regions.
- 6.3. Where services were commissioned by the National Oversight Group, these could be considered for delivery by either the East or West Region, on a national basis.
- 6.4. It was **agreed** that the immediate focus was on ensuring clarity of direction, implementing “grip & control”, and understanding progress in relation to four priority areas by 31 March 2026: Vascular, Thrombectomy, Neonatal and Late-Stage Abortion. Updates would be provided on each of the four areas at the next meeting.

ACTION: Colin Briggs to seek an update on Vascular, Thrombectomy, Neonatal and Late-Stage Abortion services for the next SPDCE-EG meeting, to include reports from the relevant leads.

7. Transition of Regional Planning Programmes

- 7.1. The Group received a paper on the proposed arrangements for the transition of existing regional planning activities for the new sub-national infrastructure.
- 7.2. The proposed plan to support the required transition was **agreed**, subject to the appointment of a lead Director of Strategic Planning.
- 7.3. The importance of both timing and consideration of current workforce deployment were acknowledged. Assurance was given that the transition would be compliant with relevant organisational change policies.
- 7.4. It was noted that some of the current networks and linkages developed under the current regional planning arrangements may be less obvious and more nuanced. These would need to be captured and considered as part of the transition.

8. Programme Planning

- 8.1. The Group received verbal assurance that the development of consolidated plans in response to the Ministerial Direction was supported by the identification of key actions and time bound milestones, and that there was a critical path to delivery.

- 8.2. However, there were three critical areas of dependency: the appointment of lead directors; the agreement of a clear commission on the Business Systems workstream; and the requirement for rapid drafting and consolidation of all workstream plans by 20 March 2026.
- 8.3. A SharePoint site was being prepared, where all key materials would be stored and accessible to members.

9. Consistency of East-West “golden thread” approach

- 9.1. There were weekly meetings between the East and West lead chief executives, to ensure consistency in approach and strategic alignment.
- 9.2. A “Handbook” had been prepared which included the key components of the East Region approach and its intended outputs. This would be available in the online SharePoint site.
- 9.3. It was considered particularly important to ensure cohesion between East and West in regard to digital ambitions and the Rural & Islands workstream, to avoid duplication or divergence at a national level.

10. Commissioning of Capital and Estates Baseline

- 10.1. The Group received a paper highlighting the need to establish a clear baseline on the East Region’s built infrastructure assets, capacity and requirements. Members **agreed** the paper’s recommendation that the Director of Property & Asset Management at NHS Fife should be commissioned to undertake a review to support this.
- 10.2. There had been a request at the SPDC meeting on 28 January to better understand the rationale for the cold site review undertaken in relation to the Orthopaedics workstream and the three sites selected for further consideration. It was confirmed that the principal selection criteria had been based on looking at non-acute sites where any utilisation would not cause an interruption in acute service delivery. This would be relayed to the SPDC at the next meeting.
- 10.3. The need to also consider capital/medical equipment and community assets was recognised but these would be addressed in subsequent phases.
- 10.4. The review being commissioned would support prioritisation of built infrastructure assets in the East Region and a robust comparison with the West Region’s capital needs. This was considered critical due to the limitations on national capital resource, as well as the historic underinvestment in the East and its greater population growth.

ACTION: Colin Briggs to commission a review to establish a baseline of the East Region’s built infrastructure assets, capacity and requirements, via the Director of Property & Asset Management at NHS Fife.
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11. Communications Strategy

- 11.1. No update was available due to an unexpected staff absence.
- 11.2. It was considered likely that additional communications support would need to be sourced from within other East Regions Boards and the Chair would discuss with other Chief Executives.

ACTION: Caroline Hiscox to discuss communications support requirements with other East Region board chief executives.
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12. Business Systems Workstream

- 12.1. A verbal update was received. The Scottish Government's expectations covered three key objectives:
- i. The technical installation of new business systems software (prior to November 2028)
 - ii. A robust plan to ensure appropriate sequencing of this within all boards (including both transformation and rollout)
 - iii. A subsequent transition to a shared service model, building on the consistency of deployed systems
- 12.2 A paper was being developed in order to describe the route to achieving the objectives. This would be discussed at the Board Chief Executives' meeting the following week. It would then be considered by the established Programme Board before coming back to through sub-national structures.
- 12.3 The Group **agreed** that there needed to be a formal commission from the Scottish Government to ensure clarity and consistency with other workstreams. The Chief Executive, NHS Borders, would provide the required documents by the end of the week to support a submission to the Scottish Government.
- 12.4 Funding for upfront procurement and subsequent rollout was discussed. It was understood that the funding requirements had been quantified and built into future budget allocations.
- 12.5 There was less clarity on the long-term cost reduction benefits and how these would be realised. It was understood that the Scottish Government was considering scenarios under which cost savings could be achieved.

ACTION: Peter Moore to provide required documents to Colin Briggs to enable a formal commission to be sought from the Scottish Government in relation to the Business Systems workstream.

13. Orthopaedics Workstream

- 13.1. A verbal update was received. The workstream group continued to meet to progress work, based on the commission agreed by the Scottish Government.
- 13.2. Two Chief Officers had been engaged, from NHS Shetland and NHS Lothian, to support the work. The Medical Director for NHS Lothian was acting as the Clinical Lead, and a multi-professional Clinical Reference Group was being established.
- 13.3. Digital was considered an important aspect and the workstream group would link with relevant leads in this area.

14. Emergency Healthcare Services Workstream

- 14.1. A verbal update was received. The workstream group had identified a congested landscape, with different forums potentially duplicating activity. Efforts would be made to rationalise this.
- 14.2. Two Chief Officers had been engaged, from NHS Fife and NHS Grampian, to support the work. The Medical Director of NHS Borders had been engaged as the clinical lead. The group would also reach out to ensure SAS involvement.

- 14.3. Current focus was on establishing a core data set to build on and measure progress. A critical path had been identified to the end of March 2026 and an action plan for 2026/27 would be delivered.
- 14.4. Digital developments were considered to be important, with clear opportunities for process improvements.

15. Digital Front Door Workstream

- 15.1. A verbal update was received. A digital lead was being identified for each sub-national workstream.
- 15.2. The workstream group remained focused on a mid-April deadline for initial app access. A readiness heatmap had been discussed and a session had been organised to consider information flows, building on previous work.
- 15.3. Risks, time pressures and dependencies included: data quality, app development timeline, and the challenges of engaging close to a pre-election period. Clarity was being sought on budget availability for 2026/27.
- 15.4. There were competing priorities for digital leads, at national, sub-national and local levels. Any specific concerns arising would be escalated to individual chief executives.

16. Rural & Islands Workstream

- 16.1. A verbal update was received. Liaison continued with colleagues in the West Region to ensure consistency in approach.
- 16.2. Clarity was being sought from Ministers on the potential impacts of Single Authority Models being introduced in three health board areas. Feedback was expected before the start of the pre-election period, but Ministers had indicated that they saw no direct conflict on this.
- 16.3. It was **agreed** that a report on Single Authority Models would be provided to the SPDC once available.

ACTION: James Goodyear to report back to the Executive Group and SPDC on the expected impacts of Single Authority Models on sub-national planning arrangements.

17. Finance Workstream

- 17.1. A verbal update was provided. All boards had submitted draft financial plans for 2026/27, and a workshop was planned later in the week for East Region Directors of Finance to consider these.
- 17.2. It was agreed that oversight of the Finance Workstream should remain with the Executive Group for now, but later consideration could be given to the potential for a specific sub-group.

18. Joint Strategic Needs Assessment / Intelligence Work

- 18.1. A verbal update was provided. Efforts were continuing to develop a Joint Strategic Needs Assessment, with a workshop planned for 13 February 2026. A more detailed update would be provided at the next meeting.

19. Fragile Services

- 19.1. A register of all fragile services was being compiled and colleagues from the East Regional Services Team would be tasked to undertake a robust assessment of these, developing the required actions to be taken post-April 2026.

20. AOB

- 20.1. An update was sought on the development of the East Region “Handbook”. This was being updated to include the agreed commissions and would be added to the planned SharePoint site when available for wider sharing.

Subnational Planning and Delivery Committee (East) Executive (SPDCE-EG)

DATE: 31 MARCH 2026

TIME: 3.00pm-5.00pm

LOCATION: MS Teams

**SCOTLAND
EAST**

SUMMARY MINUTE & ACTION NOTE

Attendance:

Territorial Boards	P	Ap	Ab	National Boards	P	Ap	Ab
Caroline Hiscox , Chief Executive, NHS Lothian (Chair)	☒	☐	☐	Brian Moore , Chair, The State Hospital	☐	☐	☒
Nicky Connor , Chief Executive, NHS Tayside (until 4.05pm)	☒	☐	☐	Paul Johnston , Chief Executive, Public Health Scotland	☐	☐	☒
Peter Moore , Chief Executive, NHS Borders	☐	☐	☒	Michael Dickson , Chief Executive, Scottish Ambulance Service	☒	☐	☐
James Goodyear , Interim Chief Executive, NHS Orkney	☒	☐	☐	Robbie Pearson , Chief Executive, Healthcare Improvement Scotland	☒	☐	☐
Carol Potter , Chief Executive, NHS Fife	☐	☒	☐	Karen Reid , Chief Executive, NHS Education for Scotland	☒	☐	☐
Brian Chittick , Chief Executive, NHS Shetland	☐	☐	☒	Jim Miller , Chief Executive, NHS 24	☐	☐	☒
Laura Skaife-Knight , Chief Executive, NHS Grampian	☐	☒	☐	Carolynne O'Connor , Chief Executive, NHS Golden Jubilee	☐	☒	☐
TBC , Staff-Side Representative	☐	☐	☒	Gary Jenkins , Chief Executive, The State Hospital	☐	☒	☐

Lead Directors	P	Ap	Ab	Attendees (list as required)
TBC , Lead Chief Operating Officer	☐	☐	☐	June Brown , Executive Nurse Director, NHS Grampian
TBC , Lead Director of Finance	☐	☐	☐	Jacqui Hepburn , Deputy Chief Executive & Director of Workforce, NHS 24
TBC , Lead Director of Strategic Planning	☐	☐	☐	Laura Smith , Deputy Chief Executive, Golden Jubilee
TBC , Lead Medical Director	☐	☐	☐	Elaine Strange , Head of Service, Public Health Scotland
TBC , Lead Nurse Director	☐	☐	☐	Karen Wilson , Director of NMAHP, NES
TBC , Lead Director of Public Health	☐	☐	☐	Colin Briggs , Director of Strategic Planning, NHS Lothian
TBC , Lead Director of People & Culture	☐	☐	☐	Jim Crombie , Deputy Chief Executive, NHS Lothian
				Craig Marriott , Director of Finance, NHS Lothian
				Judith Mackay , Director of Communications, NHS Lothian
				Wendy Reid , Head of Performance & Business Unit, NHS Lothian
				Darren Thompson , Board Secretary, NHS Lothian
				Chris Graham , NHS Lothian (Minutes)

P = present **Ap** = apologies received **Ab** = absent without apologies

1. Welcome and Apologies

- 1.1. Apologies were noted, along with the attendance of nominees.

2. Approval of Draft Minutes 3 February 2026

- 2.1 The minutes of the meeting held on 3 February 2026 were approved.

3. Confirmation of Plan Submission

- 3.1 Members noted that the plan had been submitted earlier today, and also circulated to all members of the group, along with the Business Systems documents and the cover letter. The Chair expressed thanks to the Planning colleagues in both the East and West teams for their work in pulling the plan together. The Chair of SEND, SAMHD and the Directors of Public Health would receive the final submitted version.
- 3.2 The Group acknowledged that by the Board Chief Executives meeting on 22nd April, the information would be prepared for wider circulation. The plan had also been considered by appropriate Boards committees, having been shared with Chairs and Chief Executives last week.

4. Feedback from Board Chairs' Away Day

- 4.1 The Chair reported that Chief Executives and Board Chairs had attended a productive and positive Away Day hosted at the Golden Jubilee last Thursday and Friday morning. The session on Thursday morning focused on sub-national working, followed by a presentation from Karen Reid on PSDS, which was due to go live the following day and highlighted future digital opportunities for the new organisation.
- 4.2 A World Café session then explored alignment with national strategies and plans for the NHS and the public sector, as published by the Scottish Government. Information gathered from the event would inform a joint letter from Lothian's Chairman and Greater Glasgow & Clyde's Chair, as Chair and Vice Chair of Chairs, along with Lothian's Chief Executive and Chief Executive, NHS Education for Scotland, as Chair and Vice Chair of Chief Executives, to the Director General Caroline Lamb, offering views on priorities and early considerations for the incoming government.
- 4.3 Feedback reflected a broad range of perspectives, from those favouring a complete reset to those reluctant to change, though most recognised the need for reform to improve outcomes for the population.
- 4.4 The event was summarised as constructive engagement between Chairs and Chief Executives, emphasising ambition and the conditions needed for success, with a particular focus on digital engagement. The principles of sub-national planning continued to support thinking beyond geographical and administrative boundaries to deliver sustainable population-level improvements.
- 4.5 It was stressed that meaningful change required a shift in the authorising environment, moving towards a population health platform and a more dynamic, collaborative approach rather than relying on long-standing metrics alone. The Chair highlighted that communications and engagement remained the most consistent issue raised, noting that any meaningful reform must be designed and owned with the people and communities served.
- 4.6 The output from the Away Day would be a letter to the Director General, and overall there was a sense of optimism about the current position, recognising that progress now rested with Ministers.

5. Communication and Engagement Update

- 5.1 The Executive Group received an update on the development of the Communications and Engagement Strategy to support subnational planning across Scotland East and Scotland West. It was confirmed that the draft strategy had been shared with communications counterparts in both East and West regions, with further refinement to follow.
- 5.2 The establishment of regional communications groups and a national group to ensure alignment of messaging was outlined, particularly in preparation for when plans return from Government. A key element of the emerging strategy was the need for a national awareness campaign to explain the case for change and deepen public understanding of the challenges facing health and care.
- 5.3 The Group agreed that effective engagement over the summer, particularly with senior colleagues, APFs, ACFs and wider staff groups, would be critical, subject to the constraints of the pre-election period.
- 5.4 The importance of consistent messaging across Boards was emphasised, reflecting local challenges while reinforcing a shared overarching narrative. With the submission of the subnational plans, it was noted that this was an appropriate time to undertake wider internal engagement, recognising that many staff involved in workstreams understood the detail, but Boards more broadly required clearer visibility.
- 5.5 Use of the Board Chairs' slide deck to begin leadership and management team sessions in the coming weeks was proposed, and the Group discussed how best to ensure colleagues understood both the ambition of the plans and what the work would mean for them. The need for clear, accessible language, avoiding jargon was highlighted, and for a meaningful approach to public engagement rooted in what matters to communities rather than traditional consultation models.
- 5.6 Several members contributed reflections on engagement. The intention to engage consistently with APFs and ACFs was welcomed, noting that verbal updates alone did not allow meaningful discussion. Members supported the direction of travel and highlighted the need for thoughtful sequencing and alignment with national communications. The importance of clear, consistent messaging was stressed as was evidence of effective population-level engagement that might shift expectations and support acceptance of change.
- 5.7 There was reflection on the evolving landscape, the need for upfront investment, and the importance of understanding enablers and barriers to change. The need for clarity about what the reforms would mean for the public and how Boards would work together under any future model was emphasised.
- 5.8 Further detail on public engagement was provided, explaining that while wider engagement could not take place until after the election period, preparatory work could begin with third sector partners and community groups to understand public concerns and help shape a meaningful programme.
- 5.9 The importance of being honest about the challenges while framing conversations around what matters to people was noted. Insights from organisations such as NHS 24 and the Kings Fund were highlighted, as was the value of using trusted clinical voices in communication. The Executive Group recognised the scale and significance of the communications task and the importance of using national assets such as NHS Inform and HIS expertise.
- 5.10 The Group agreed the approach to internal engagement with senior colleagues during the pre-election period, including the development of a single, consistent slide deck for use across Boards. Members supported taking updates to APFs and ACFs, creating space for discussion and questions, and ensuring staff were informed ahead of wider public communication.

- 5.11 The Group also noted progress in discussions with national staff-side representatives and the need for ongoing coordination. The intention to bring the draft Communications and Engagement Strategy to the next Executive Group meeting was confirmed, whilst acknowledging uncertainties around timescales for the return of plans from Government.
- 5.12 The Chair concluded by emphasising the importance of accelerating work at pace and considering how best to draw on national expertise and infrastructure. The limited number of working days remaining before the election was noted as was the need to prepare to mobilise communications quickly once clarity was received from Ministers.

ACTION: Colin Briggs and Judith Mackay to refine the approach to internal engagement and Caroline Hiscox to provide an update on trade union discussions.

6. Planning for Q1 2026/27

- 6.1 The Group received a presentation on Quarter 1 Actions. The presentation outlined Quarter 1 as a period of intensive foundational work to refine assumptions and progress key elements of the draft plan submitted on 31 March. Priority areas include finalising the Digital Front Door/MyCare.scot work, advancing engagement across orthopaedics, emergency healthcare, business systems and finance, and developing a clear public-facing case for change.
- 6.2 Staff-focused actions centred on strengthening partnership arrangements, initiating an internal engagement campaign, and confirming regional planning structures. Work with Boards and Integration Joint Boards would include formal engagement processes and potential development sessions for Non-Executives.
- 6.3 Common themes highlighted the need to validate assumptions, align national and local planning, develop measurement frameworks, establish supporting infrastructure, and undertake team-building sessions. Specific workstreams in orthopaedics and emergency healthcare would focus on defining planning scenarios, capacity modelling, financial validation, and shared productivity opportunities, while business systems and digital programmes would continue to refine plans and align with national requirements. Work on Quarter 1 Actions would continue over the coming weeks to build a robust plan with a critical path to meet the target date of 30 June 2026.
- 6.4 The Group discussed the need for senior teams to further consider the Quarter 1 work and provide feedback, with an emphasis on producing the most practical work plan possible within the available timeframe. The publication of the HIS Clinical Governance Standards was highlighted as was testing scenarios to understand how clinical governance would function, which was reinforced as particularly important in the context of areas such as amalgamated waiting lists.

ACTION: Members agreed that the Q1 slides should be shared with senior teams, SAMDs and Directors of Public Health, but wider distribution would be held until clarity was gained on the West's position, though informal sharing with East Coast and SEND colleagues was considered appropriate.

7. Transition Planning (National, Regional & Specialist/Vulnerable Services)

- 7.1 Members received an update on Transition Planning. The importance of maintaining direction while continuing with core responsibilities was noted. The need to transition from separate East and West approaches to a unified national planning model was highlighted.
- 7.2 The three main components of transition planning were outlined: national and specialist planning, regional planning, and vulnerable services. It was noted that national and specialist planning had historically been linked to NSSC work, including recent developments such as thrombectomy.
- 7.3 It was confirmed that a paper outlining the future direction for East, West, NHSS, and the Scottish Government had been circulated to Chief Executives, with the intention of formally returning the proposals to the next SPDC meetings for both regions. The re-establishment of the National Planning Leadership Group was also confirmed.
- 7.4 The need for a clear forum to manage workflow was emphasised, ensuring that appropriate matters were routed through NSSC processes while highly specialist issues were considered within the correct structures. It was stated that these arrangements would take effect from 1st April 2026.
- 7.5 In relation to vulnerable services, it was reported that the area remained relatively stable, but future work would involve bringing vulnerable services issues through East and West SPDCs. This would support Medical Directors in developing a formal definition of vulnerable services.
- 7.6 On regional planning, it was acknowledged that several significant matters remained and it was confirmed that the East of Scotland Planning Group had been discussing how best to move work forward. There was reflection on progress made over the previous six months and the need to determine the next steps. It was noted that the overall position felt positive and that it was encouraging to see colleagues recognising the opportunities presented.
- 7.7 There was comment on the direction of travel which sounded positive and ongoing work on vulnerable services criteria was welcomed, which aimed to introduce greater objectivity to assessment. Similarities with the approach taken by Integrated Care Boards in England was noted and interest was expressed in learning from their experiences to avoid unnecessary duplication. Members acknowledged this and confirmed that connections were already being made with colleagues in England and Wales. Learning from different healthcare systems, both nationally and internationally, would continue to be valuable.

Updates on Items 8 to 13 were taken by exception. Workstream leads were asked if there was anything required from the Group at this time to facilitate workstream progression. There were no actions or discussions required.

- 8. Orthopaedics**
- 9. Emergency Healthcare Service**
- 10. Business Systems**
- 11. MyCare & Digital Front Door**
- 12. Rural & Islands Workstream**
- 13. Finance**

14. Any Other Business

- 14.1. There was no other business raised.

15. Date of Next Meeting

Tuesday 5th May 2026, 3pm

Subnational Planning and Delivery Committee (East) Executive

DATE: 02 JUNE 2026

TIME: 3.00pm-5.00pm

LOCATION: MS Teams

**SCOTLAND
EAST**

SUMMARY MINUTE & ACTION NOTE

Attendance:

Territorial Boards	P	Ap	Ab	National Boards	P	Ap	Ab
Caroline Hiscox , Chief Executive, NHS Lothian (Chair)	✓	☐	☐	Brian Moore , Chair, The State Hospital	☐	☐	✓
Nicky Connor , Chief Executive, NHS Tayside (from 3.10pm)	✓	☐	☐	Paul Johnston , Chief Executive, Public Health Scotland	☐	✓	☐
Peter Moore , Chief Executive, NHS Borders	✓	☐	☐	Michael Dickson , Chief Executive, Scottish Ambulance Service	✓	☐	☐
James Goodyear , Interim Chief Executive, NHS Orkney	✓	☐	☐	Robbie Pearson , Chief Executive, Healthcare Improvement Scotland	✓	☐	☐
Carol Potter , Chief Executive, NHS Fife	☐	✓	☐	William Edwards , Chief Executive Officer, NHS Fife	✓	☐	☐
Brian Chittick , Chief Executive, NHS Shetland	✓	☐	☐	Jim Miller , Chief Executive, NHS 24	☐	✓	☐
Laura Skaife-Knight , Chief Executive, NHS Grampian	✓	☐	☐	Carolynne O'Connor , Chief Executive, NHS Golden Jubilee	✓	☐	☐
TBC , Staff-Side Representative	☐	☐	☐	Gary Jenkins , Chief Executive, The State Hospital	✓	☐	☐
Karen Reid , Chief Executive, PSDS	☐	✓	☐				

Attendees (list as required)

Stephanie Phillips, Director of Transformation, Strategy, Planning and Performance, NHS 24

Ally Boyle, Chair, Public Health Scotland

Claire Morrison, Director of Engagement and Change, HIS

Karen Wilson, Director of NMAHP, NES

Colin Briggs, Director of Strategic Planning, NHS Lothian

Jim Crombie, Deputy Chief Executive, NHS Lothian

Craig Marriott, Director of Finance, NHS Lothian

Alison Macdonald, Executive Nurse Director, NHS Lothian

Susan Webb, Director of Public Health, NHS Lothian (from 3.30pm to 4.30pm)

Tom Power, Director of People & Culture, NHS Lothian

David Stibbards, Director of Digital, NHS Lothian

Judith Mackay, Director of Communications, NHS Lothian

Wendy Reid, Head of Performance, PMO & Business Unit [Subnational East]

Darren Thompson, Board Secretary, NHS Lothian

Chris Graham, NHS Lothian (Minutes)

Lead Directors

TBC, Lead Chief Operating Officer

TBC, Lead Director of Finance

TBC, Lead Director of Strategic Planning

TBC, Lead Medical Director

TBC, Lead Nurse Director

TBC, Lead Director of Public Health

TBC, Lead Director of People & Culture

P = present **Ap** = apologies received **Ab** = absent without apologies

1. Welcome and Apologies

- 1.1. Apologies were noted, along with the attendance of nominees.

2. Approval of Draft Minutes 31 March 2026

- 2.1 The minutes of the meeting held on 31 March 2026 were approved.

3. Subnational Handbook (Feedback and Next Steps: July 2026)

- 3.1 The Executive Group noted that further feedback on the Subnational Handbook had been received, with additional input from the Scottish Government anticipated ahead of the July meeting. It was agreed that the updated version would be brought back through the July meeting cycle, with further partnership engagement to be undertaken in advance.

ACTION: CB/CH

- 3.2 Members were informed that the content of the Handbook remained reflective of existing Terms of Reference and the National Plan, with no substantive changes identified. It was proposed that wider circulation would follow after engagement with staff-side and Trade Union representatives.

- 3.3 The Group noted that formal written feedback from the Scottish Government on the Subnational Delivery Plan had not yet been received. It was agreed that wider sharing of the plan would be deferred until this feedback was received and partnership engagement completed. Early engagement with the new Cabinet Secretary was reported as positive, with continued support for the direction of reform indicated.

4. Workstream Highlight Reports (Discussion by Exception Only)

- Orthopaedics
- Emergency Healthcare Service
- MyCare & Digital Front Door
- Rural & Islands Workstream
- Finance
- Population Health

- 4.1 The Group noted the updates across all workstreams. Discussion focused on the need to ensure clearer alignment and connectivity across programmes, particularly the role of orthopaedics and other high-risk specialties within wider system work, and the importance of embedding digital as a cross-cutting enabler with clear accountability.

- 4.2 Members sought clarification on delivery approaches within key workstreams, including securing Scottish Government support for Emergency Healthcare Service proposals, and next steps for operationalising the Population Health programme. There was also discussion on ensuring urgent care and flow work continued to progress in alignment with both local priorities and emerging national models.

- 4.3 The Group further considered governance and leadership arrangements in the East region, noting the need for greater clarity post-election and consistency across East and West approaches. It was agreed that this would be progressed through forthcoming Chief Executive and Executive Lead workshops, alongside continued work to strengthen digital, rural and cross-boundary delivery considerations.

- 4.4 Extensive discussion took place on commissioning, with members highlighting the volume of concurrent commissions and the need for improved coordination, clarity and alignment with strategic priorities. It was noted that steps were underway to rationalise commissions and introduce stronger oversight, including a more co-produced approach with Scottish Government.
- 4.5 The Group emphasised the importance of maintaining momentum on priority areas despite external uncertainty, including progressing work on urgent and unscheduled care, engaging clinical and workforce stakeholders, and using upcoming workshops, including the 29 June session, to build consensus and inform future direction. There was explicit recognition that change could and should continue to be progressed in areas that were within the decision-making authority of individual boards, based on collaboration and collective agreement.

5. Business Systems

- 5.1 The Executive Group considered the Business Systems Programme highlight report for May 2026, with progress broadly in line with the revised plan despite continued risks. It was highlighted that procurement activity was ongoing, including completion of the SaaS bid evaluation and progress with the Client Side Partner procurement, with the programme now transitioning towards Board readiness, stakeholder engagement and preparation for delivery from January 2027.
- 5.2 Key areas of progress and forthcoming activity were noted, including completion of procurement, development of the common operating model, governance changes and alignment of supporting systems. Members recognised that a key inflection point was approaching, requiring decisions on implementation timing, sequencing and phasing, with implications for cost, delivery approach and benefits realisation.
- 5.3 The Executive Group emphasised that successful delivery would be dependent on Board readiness and the establishment of appropriate delivery infrastructure. Discussion focused on the need for stronger oversight of readiness across Boards, including e-rostering alignment, data preparedness and system readiness, alongside the importance of consistent approaches across the East, West and national context.
- 5.4 Members highlighted the importance of embedding effective governance arrangements, including strengthening alignment across finance, HR and digital functions, and ensuring clear accountability through an appropriate oversight structure. It was agreed that a proposed governance model, including options for sub-national and national approaches to readiness assurance, would be developed and brought back to a future meeting.
- 5.5 The Group noted the importance of maintaining focus on implementation, benefits realisation and alignment with wider financial recovery and shared services agendas. It was agreed that further work would be progressed to provide clarity on governance, readiness and delivery expectations, with a paper to be presented to the next Executive Group meeting on 30 June.
- 5.6 The paper requested for 30 June should aim to establish significantly greater clarity on the programme's governance and management arrangements. The paper should be informed by further collective discussion between the SRO and the Workforce, Finance and Digital regional leads, ensuring that the work so far from each of these professional groups is reflected in proposals. It should also reflect the purpose of this Executive Group in its strategic assurance role.

ACTION: PM / CM / TP / DS

6. Scottish Government Position & Emerging Direction

- 6.1 The Executive Group noted the current Scottish Government position and emerging policy direction. Members noted recent engagement with Trade Unions and recognised that the next key milestone would be the forthcoming Programme for Government, with opportunities identified to influence this through Director General engagement.
- 6.2 It was highlighted that recent leadership changes, including the appointment of a new Cabinet Secretary with a focus on public sector reform, signalled a clear expectation that further system change would follow. Members also noted changes within the Director General team and the Directorate for Health and Social Care.
- 6.3 Discussion also referenced emerging considerations within the local authority context, including the potential implications of local government elections in May 2027, which were expected to influence the wider system environment and partnership working.

7. National Ask – Subnational Delivery Plan for Long Waits Elimination (Scheduled Care)

- 7.1 The Executive Group noted that Board submissions had been collated in response to a specific request from the Director General's office to eliminate waits over 52 weeks by 2027. These were currently under review ahead of submission to the Scottish Government in mid-June. It was recognised that this represented a key national ask, with further work required to refine and consolidate submissions and provide a coordinated sub-national response.
- 7.2 Discussion emphasised the need for strengthened sub-national oversight, collective accountability and improved performance management across Boards. Members highlighted the importance of transparency of data, shared understanding of performance, and creating a peer accountability approach to support delivery, while acknowledging the scale of the challenge and capacity constraints within the system.
- 7.3 The Group noted that, while some progress had been made in orthopaedics, a broader multi-specialty approach would be required, supported by consistent use of data and alignment with Annual Delivery Plans. The importance of collaborative working, including effective use of national assets and avoidance of duplication, was also highlighted.
- 7.4 It was agreed that further work would be undertaken to develop governance arrangements, clarify next steps for planned care at a sub-national level and consider other specialties beyond Orthopaedics. It was agreed that a paper would be developed by the NHS Fife Chief Executive, in consultation with the Centre for Sustainable Delivery, to propose next steps. The paper and its proposals should demonstrate the high level of ambition in this space, whilst recognising the complexities of clinical governance requirements. This would be brought back to the Executive Group on 30 June to support further discussion, alongside consideration of funding clarity and a potential future workshop to drive delivery.

ACTION: WE

8. Leadership Roles and Expectations Across Subnational Groups

- 8.1 The Executive Group discussed leadership roles and expectations across sub-national groups, noting that the agreed approach was to develop job addendums for Executive Leads holding interim subnational delivery responsibilities. It was confirmed that proposals were

being progressed to the National Executive Committee (NEC), with addendums already shared across relevant peer groups and ongoing engagement with Trade Unions.

- 8.2 Members noted that, with the exception of the lead Chief Executive role, arrangements were largely in place and being finalised. It was confirmed that these were interim arrangements, expected to run initially for up to 12 months from November 2025, with a review planned in early autumn. It was noted that the timeliness of receiving clear feedback and direction from the Scottish Government on subnational objectives and aims would determine whether these arrangements might need to be extended.
- 8.3 The Group also recognised the need to align these arrangements with wider national work on senior management and executive terms and conditions, with further clarity to follow following NEC consideration.

9. National Planning Leadership Group (NPLG)

- 9.1 Item deferred .

10. Subnational East Resource

- 10.1 The Executive Group considered the resource requirements for SPDC East and noted that increasing national expectations had placed significant additional demands on existing local leadership capacity, creating risks to delivery at both Board and sub-national level. It was recognised that the current model was not sustainable without additional dedicated resource.
- 10.2 Members acknowledged the scale of resource required to support sub-national planning and delivery, but also the financial constraints facing Boards. It was agreed that a coordinated East and West proposal would be developed, including engagement with the Scottish Government on funding, and consideration of potential contributions from Boards. Further detail on required roles and capacity would be brought back for discussion.

11. Communications & Engagement

- 11.1 The Executive Group considered and endorsed draft proposals for a National Communication Strategy, noting the importance of aligned messaging, consistent leadership, and effective internal engagement to support sub-national delivery as part of wider public sector reform. The actions that individual boards could take forward were noted, as was the need for a national, paid campaign.
- 11.2 A proposed Internal Engagement Strategy was also presented and discussed, which offered consistent approaches and principles for staff engagement that could be adopted and adapted within all boards. It was accepted that each Board would need to tailor the messaging to align with their existing internal strategies and approaches.
- 11.3 The Group discussed the need for a coordinated external communications approach, recognising the requirement for Scottish Government alignment and further work to develop a proportionate public engagement framework. The papers were endorsed, with a further update to be provided on external engagement at the next meeting.

ACTION: JMac

12. Workshop(s) / Interactive Sessions

- 12.1 The group considered a proposal to commission two workshops aimed at strengthening leadership engagement in relation to subnational work. The workshops would focus on supporting colleagues to drive change collaboratively and to operate within an effective authorising environment. Members were invited to provide feedback on the proposals and to approve the commencement of an organisational development process, including the identification and appointment of an external supplier to deliver the sessions.
- 12.2 In discussion, there was agreement on the need for the workshops to challenge current approaches and to model the behaviours required to support change, starting with chief executives and thereafter including wider executive leads. Members acknowledged the importance of securing collective commitment to the process and were asked to make best endeavours to identify suitable dates, recognising the inherent challenges in coordinating senior-level availability.
- 12.3 The importance of building on existing development work was emphasised, particularly learning from programmes previously delivered through the Board Chief Executive (BCE) Group. It was agreed that this learning should be incorporated into the design of the workshops, with a specific action to link with those leading that work. Members also highlighted the value of face-to-face delivery, while noting the additional cost and logistical implications for island boards, which would require careful consideration in planning. Members approved the proposals presented.

13. Any Other Business

- 13.1. There was no other business raised.

14. Date of Next Meeting

Wednesday, 24 June 2026, 3pm.

Subnational Planning and Delivery Committee (East) Executive

DATE: 24 JUNE 2026

TIME: 3.00pm-5.00pm

LOCATION: MS Teams

**SCOTLAND
EAST**

SUMMARY MINUTE & ACTION NOTE

Attendance:

Territorial Boards	P	Ap	Ab	National Boards	P	Ap	Ab
Caroline Hiscox , Chief Executive, NHS Lothian (Chair)	✓	☐	☐	Gary Jenkins , Chief Executive, The State Hospital	☐	✓	☐
Nicky Connor , Chief Executive, NHS Tayside (from 3.10pm)	☐	✓	☐	Paul Johnston , Chief Executive, Public Health Scotland	✓	☐	☐
Peter Moore , Chief Executive, NHS Borders	✓	☐	☐	Michael Dickson , Chief Executive, Scottish Ambulance Service	☐	☐	✓
James Goodyear , Interim Chief Executive, NHS Orkney	✓	☐	☐	Robbie Pearson , Chief Executive, Healthcare Improvement Scotland	☐	☐	✓
William Edwards , Chief Executive Officer, NHS Fife	✓	☐	☐	Jim Miller , Chief Executive, NHS 24 (left 1615hrs)	✓	☐	☐
Brian Chittick , Chief Executive, NHS Shetland	✓	☐	☐	Carolynne O'Connor , Chief Executive, NHS Golden Jubilee	☐	☐	✓
Laura Skaife-Knight , Chief Executive, NHS Grampian (left 1655hrs)	✓	☐	☐	TBC , Staff-Side Representative	☐	☐	☐
Karen Reid , Chief Executive, PSDS	☐	☐	✓				

Attendees (list as required)

Laura Smith, Director of People & Culture, NHS Golden Jubilee
Gordon Frame, National Director Planned Care, NHS Golden Jubilee
Elaine Strange, Head of Health and Care Analytics, Public Health Scotland
Colin Briggs, Director of Strategic Planning, NHS Lothian
Jim Crombie, Deputy Chief Executive, NHS Lothian
Tracey Gillies, Medical Director, NHS Lothian
Craig Marriott, Director of Finance, NHS Lothian
Alison MacDonald, Executive Nurse Director, NHS Lothian
Susan Webb, Director of Public Health, NHS Lothian
Tom Power, Director of People & Culture, NHS Lothian
David Stibbards, Director of Digital, NHS Lothian
Judith Mackay, Director of Communications, NHS Lothian
Darren Thompson, Board Secretary, NHS Lothian

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TBC, Lead Nurse Director
TBC, Lead Director of Public Health
TBC, Lead Director of People & Culture

P = present **Ap** = apologies received **Ab** = absent without apologies

1. Welcome and Apologies

- 1.1. Apologies were noted, along with the attendance of nominees.

2. Approval of Draft Minutes 2 June 2026

- 2.1 The minutes of the meeting held on 2 June 2026 were approved.

3. Planned Care: Trajectories and Financial Resource Allocation

- 3.1 The Group considered revised planned care trajectories alongside the financial allocation position following receipt of a national funding letter. It was noted that the revised position for East reduced the overall funding requirement while increasing projected activity. However, the current plan would not achieve full elimination of 52-week waits across all Boards by March 2027 under existing assumptions. Trajectories remained dependent on confirmation of funding and clarity on national expectations. Whilst there was a recognised risk in committing to delivery ahead of confirmed allocations, it was agreed to submit bids according to the scope of the original request from Scottish Government.
- 3.2 It was agreed that a clear articulation of the implications of the funding letter was required. Information would be prepared for consideration at the next SPDC meeting on 30 June, setting out governance arrangements for funding flows and accountability arrangements.

ACTION: CH/WR/DT

4. Planned Care: Performance Oversight & Reporting

- 4.1 The Group endorsed the establishment of a formal planned care performance oversight function to strengthen assurance over delivery. This would integrate trajectory monitoring, modelling, validation and system-wide support within a structured forum. Terms of reference were in development, with an expectation of high-frequency oversight initially to build confidence in delivery. It was agreed that the Terms of Reference, once finalised, would be presented to the Group.

ACTION: GF

5. Orthopaedics: Infrastructure (Cold Site Review Update)

- 5.1 An update was provided on Orthopaedics, with the approach in this area increasingly viewed as a model that could helpfully be applied across other specialties. Members noted that the design is transferable, but that there was a need to identify the right specialties and to be deliberate in intent. There was potential consider a centrally managed booking approach but implementation capacity in digital resources would be a key constraint. It was agreed to progress the work through SPDC and to circulate the presentation to the Group to support further consideration.

ACTION: PMO

6. Finance Workstream Update

- 6.1 The Group discussed the financial position and progress of the Financial Recovery Programme for the East, noting the scale of the challenge and the need for difficult decisions. A series of facilitated workshops was planned to support this decision-making. Governance arrangements presented for the Business Systems Programme were supported, where the pace of work was expected to increase significantly. It was emphasised that alignment across Boards' local efforts and preparations, as well as effective local briefing of Chief Executives by their respective leads, would be critical. It was agreed that there should be continued

development of the Financial Recovery Programme and associated governance, and Chief Executives should ensure that they are receiving local briefings regularly.

7. Sub-national actions delivered since plan submission

- 7.1 It was noted that formal confirmation of the sub-national plan from Scottish Government remained outstanding. Nonetheless, it was considered that the contents of the meeting agenda offered strong evidence of the wide range of actions and developments already underway to advance the plan. It was agreed that there should be continued engagement with Scottish Government colleagues to secure confirmation and clarity on next steps.

8. Commissioning Process

- 8.1 The Group considered a proposed commissioning framework to support prioritisation and management of system demand. There was agreement on the importance of clear principles to support effective triage and alignment with system priorities, particularly as there was an expectation that commissions would increase in volume. It was agreed that this process would be important in assessing and determining priorities for subnational planning and delivery. It was agreed that, subject to any further refinements, the proposed framework should be brought to the next SPDC meeting on 30 June for approval. **ACTION: CB**

9. CfSD Transition

- 9.1 There was discussion on the evolving role of CfSD and its increasing focus as a strategic, system-wide resource supporting prioritisation, evidence-based decision-making and system design. It was recognised that alignment of CfSD's role and function with the previously discussed commissioning framework would be essential.

10. Additional item – Proposed New Model of Unscheduled Care

- 10.1 In an amendment to the circulated agenda, a presentation was delivered outlining a proposed redesign of Unscheduled Care, focused on earlier intervention, stronger community and third sector alternatives, and reduced reliance on emergency departments. The strategic direction was supported, with acknowledgment that there were significant dependencies. These included workforce capacity, primary care constraints, infrastructure and data-sharing requirements. The proposed approach was considered to be aligned with Public Service Reform principles, as it would help minimise missed opportunities for early intervention and prevention.
- 10.2 The Group noted that a range of further development sessions were planned, including deliberate and structured engagement with Primary Care and Public Health colleagues. It was agreed to progress the work through SPDC and to circulate the slide presentation to the Group to support further consideration. **ACTION: PMO**

11. Staffside Update

- 11.1 The Group was informed that work to secure the appropriate staffside representation was ongoing. Information on the subnational structures and positions required had been shared with Trade Unions in order to support their discussions.

12. Role Addendums

- 12.1 It was reported that addendums for existing roles had been produced to support the leadership capacity required of subnational structures. These had been submitted to the National Evaluation Committee (NEC) and feedback was awaited.

13. Quality & Safety of Care HPB

- 13.1 The Group noted risks relating to regional gynaecology services following regulatory concerns and a temporary service pause within one Board, with implications across the wider system. There was cross-board collaboration underway to mitigate risk and maintain service continuity. However, as a result, it was considered an optimal time to undertake a subnational planning approach in this area. A formal commission was therefore being developed and would come forward through the appropriate process and for the SPDC's consideration at the earliest opportunity. It was also noted that this would likely be brought to the National Oversight Board in the future.

ACTION: LSK

14. Any Other Business

- 14.1. It was reported and noted that the final plan for the Digital Front Door would be submitted the following week, in line with the deadline of 30 June 2026 set by the Ministerial Direction.

15. Date of Next Meeting

Wednesday, 29 July 2026, 3pm.