Lothian NHS Board

NHS Lothian Headquarters
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG
www.nhslothian.scot

Date 20 October 2026
Your Ref
Our Ref 11944

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – SCOTLAND EAST FINANCE DIRECTORS

I write in response to your request for information in relation to Scotland East Finance Directors.

Question:

- Please provide all meeting agendas, minutes and papers for meetings of the Scotland East finance directors. Please provide such information for March and February 2026. I understand the region is a collaboration of several boards so please provide information held by NHS Lothian.

Answer:

- The response to the original FOI request 11786 can be found at Microsoft Word - Sub-national - August 2026 - 11786 - COST-1 (002)
- Meetings on 13th & 20th March were cancelled

Please see enclosed documents

Documents
13th February
Agenda:
Span of Activities:
Governance Pathway: Not held – we assume provided by another Health Board
Output from 5th Feb Workshop:
Sub-Nat Plans Drafting Deadlines:
Draft Financial Plan Information Pack:

20th February
Agenda:
SPDC Finance Presentation:
Plan Approval:
Orthopaedics:
Short Term Succession Planning:

27th February
Agenda:
Business Systems Programme Budget Update:
Shell East Plan:
Narrative on East Sub-Nat Plans:
Scotland East Population Based Urgent Care and Flow Meeting Slides:

27th March
Agenda
Comms and Engagement Strategy
NHS Scotland East Executive Summary
Summary of Feedback received from Boards on Plan

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.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

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

AGENDA

Weekly East DoF Meeting

Friday 13th February 2026, 1.00pm (via Teams)

Attendees:

Craig Marriott
Melanie Barnes
Alex Stephen
Stuart Lyall
Susan Dunsmuir
Colin Marsland
Andrew Bone

Apologies noted –
Deputies –

Agenda items	
1. SPDCE span of activities - attached	attached
2. Governance pathway for SPDCE plans	attached
3. Output from 5th February workshop	attached
4. Sub National Plans: drafting deadlines	attached
5. Draft Financial Plan Information Pack	attached
6. Workstream updates	
7. AOCB	
8. Date & Time of the next meeting – Friday 20th February, 1.00pm	

Span of activities of SPDC East

Issue	Lead	Goal	Timescale	Issues
National Planning				
Thrombectomy		Transition to SPDCs for development of implementation plan	31st March 2026	Strategic Needs Assessment completed - needs to be considered by NHSS Executive Group
Vascular	Nicky Connor	Provide assurance to ministers that mutual aid arrangements are sufficiently safe and robust	28th February 2026	Clarity about whether assurance has been provided
Late-stage abortion	TBC	TBC	31st March 2026	Leadership arrangements nationally not clear
Neonatal	Laura Skaife-Knight	Provide a costed output on delivery of "Best Start" model	31st March 2026	Board teams signed up?
Transition	Colin Briggs	Process for transitioning sponsorship of national planning team and portfolio from SG to SPDCs	31st March 2026	Good progress (above)
Arrangements and mechanisms	Colin Briggs	Develop mechanisms for future implementation	31st March 2026	Proposal nearly complete
Regional Planning				
North change process	Laura Skaife-Knight and Nicky Connor	Appropriate change process for affected north staff	31st March 2026	Requires appointment of Lead Director of Strategic Planning
East change process	Colin Briggs	Appropriate change process for affected East staff	31st March 2026	Requires appointment of Lead Director of Strategic Planning
Coordination of processes	Colin Briggs	Ensure open and transparent support for affected staff is coordinated appropriately	31st March 2026	
Governance and mechanisms				
Handbook	Colin Briggs	Single handbook to cover governance and mechanisms	28th February 2026	Draft in hand
ToRs	Colin Briggs	ToRs for all workstream and governance groups	28th February 2026	Complete for all except Business Systems
Commissions	Colin Briggs	Clear asks for all workstreams	14th February 2026	Business systems outstanding
PMO establishment	Colin Briggs	Sufficient capacity to support operations	31st March 2026	Links to regional planning change processes
Issues logs	Colin Briggs	Oversight of issues emerging	28th February 2026	
Secretariat	Caroline Hiscox	Capacity to ensure effective operating	31st March 2026	Interim arrangements agreed
Timescales and project planning	Colin Briggs	Clear coordination of workstreams and workloads	31st March 2026	
Financial planning				
Joint Financial Plan	Craig Marriott	Ministerial mandate	16th March 2026	
Joint narrative - benefits of subnational	Craig Marriott	Case for the future	16th March 2026	
Joint action plan	Craig Marriott	Financial sustainability	31st March 2026	

JSNA				
	Susan Webb	Information to support decision-making going forward	31st March 2026	
Capital and estates baseline				
	Colin Briggs, Jim Crombie, Craig Marriott	information to support decision-making going forward	31st March 2026	Assigned to Neil McCormick, NHS Fife
Fragile services assessment				
	Colin Briggs	Information to support decision-making going forward	31st March 2026	Links to regional and national planning change processes; requires lead medical director
DL Workstreams				
Orthopaedics	Nicky Connor and Jim Crombie	Ministerial mandate		
Emergency Healthcare	Laura Skaife-Knight and Jim Crombie	Ministerial mandate		
Rural and Islands	James Goodyear	Information to support decision-making going forward	31st March 2026	
DFD/MyCare	Brian Chittick	Ministerial mandate	31st March 2026	
Business systems	Peter Moore	Ministerial mandate	31st March 2026	Behind schedule
Plan write-up				
Timescales	Colin Briggs	Effective programme management	18th February 2026	
Board briefings and agreement	Caroline Hiscox	Effective communication	18th February 2026	
Drafting	Colin Briggs	Ministerial mandate	31st March 2026	

Regional Transformation Manifesto

Reflections on Our Proposed Approach

Across our region, we face a set of persistent system pressures — rising demand, constrained finances, fragile workforce supply, and governance structures that do not always enable good regional decision-making. This manifesto sets out a shared commitment to reshape how we work collectively to ensure we continue to deliver high-quality, sustainable services.

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1. Understanding Today's Constraints

Governance and Accountability

Our ambition is limited by current governance and accountability arrangements, which were not designed to support regional, cross-Board decision-making. This creates friction rather than enabling transformation.

Rural and Remote Realities

The viability of standalone services in remote and island communities must be openly questioned. Greater joining-up across Island Boards is not only welcome — it is essential for maintaining safe, equitable access.

System Pressures

- **Unscheduled Care (USC):** Delegation to local Integration Authorities makes regional redesign more complex.
- **Orthopaedics:** Continues to serve as a test case for where regional resilience is necessary.
- **Business systems & digital front door:** Nationally-led until implementation, limiting local agility.

These challenges collectively underline the need for a new model of regional collaboration.

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2. Opportunities to Transform Together

Shared Services as a Foundation

We commit to expanding shared services where they improve resilience, reduce duplication, and create consistent quality:

- Procurement, credit control, and other corporate functions

- Regional labs and laundry services
- Shared systems and digital infrastructure

Protecting Vulnerable Services

We will prioritise joint models for fragile services, ensuring safe continuity even when local staffing or activity levels fluctuate.

Regional Workforce Solutions

- Regional recruitment approaches
- Shared staff banks
- Joint locum management to reduce spend
- Sustainable workforce models such as rotational posts, regional placements, and shared specialist roles

CDU as a Hub-and-Spoke Model

A regional CDU model offers resilience and provides anchor functions — particularly valuable in areas experiencing population decline or economic fragility.

Digital Transformation

M365 and wider digital capability provide major opportunities, but Information Governance (IG) barriers must be tackled collectively. A sub-national approach could accelerate safe, consistent adoption.

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3. Finance Team: Enablers of Regional Change

A regional finance community can strengthen the system by embracing consistency, collaboration, and futureproofing:

- Standardised finance policies and procedures
- Shared job descriptions to support mobility and flexibility
- Continued shared services across Boards
- Joint workforce development and learning plans
- Recruitment of hard-to-fill roles using virtual and regional models
- Benchmarking of service performance and productivity
- Identifying services that may no longer be sustainable within current resources

Succession planning will be critical to developing the finance team of the future.

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4. Areas Requiring Collective Influence and Advocacy

NRAC Allocation

A unified regional voice is needed to highlight the long-term disparity — and cumulative inequity — between East and West.

IJB Governance

We will advocate to Government for:

- Consistency in IJB risk-share arrangements
- A standardised national approach to set-aside funding

Regional consensus is essential to influencing policy.

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5. Blue Sky Options — Thinking Beyond Constraints

We must be willing to explore bold or unconventional approaches where they may unlock sustainability:

- Extreme option: exploring an East NTC model for Orthopaedics
- Revisiting prescription charges

These ideas require national conversation but form part of an honest assessment of what may be required.

Our Commitment

We commit to working as a region — not as separate organisations — to build:

- A sustainable workforce
- Resilient, high-quality services
- Modern digital capability
- Transparent and consistent financial management
- Fair access for rural, remote, and island communities

This manifesto represents our intent to act with courage, coherence, and collective leadership to secure the long-term future of health and care services across the region.

Chief Operating Officer & Deputy Chief Executive,
NHS Scotland

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Scottish Government
Riaghaltas na h-Alba
gov.scot

West and East Sub National Planning and Delivery Committee (SPDC) Chair and Executive Leads

9 February 2026

Dear Colleagues

Sub National Plans: drafting deadlines

Following the meeting of the Sub-National Joint Oversight Group on 26 January 2026, I am writing to confirm the drafting milestones and expectations for the development of the sub-national plans under DL(2025)25. These deadlines reflect the Directions and support a consistent national approach, allowing adequate time for refinement in advance of ministerial approval. In summary:

For Orthopaedics, Emergency Access and Business Systems

- By 27 February 2026: Discussion on early draft with SG
- By 31 March 2026: SPDC-Agreed Draft submitted to Chief Operating Officer
- April – May 2026: Period of review and refinement
- June 2026 (subject to Ministerial appointments): Final submission to the Cabinet Secretary

For mycare.scot

- By 6 May 2026: Discussion on early draft with SG
- By 30 June 2026: SPDC-Agreed Draft submitted to Chief Operating Officer
- July 2026: Period of review and refinement
- August 2026: Final submission to the Cabinet Secretary

All drafts should remain draft and in confidence until the final stage of ministerial consideration. Plans will become final only once approved by the Cabinet Secretary.

SPDCs should ensure appropriate arrangements are in place to obtain collective agreement for each plan before submission. NHS Boards should continue preparatory work to enable timely delivery of the plans.

This letter is being issued to SPDC Chairs/Leads and copied to all NHS Board Chairs and Chief Executives.

Yours sincerely

Christine McLaughlin
Chief Operating Officer & Deputy Chief Executive, NHS Scotland

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SCOTLAND EAST

Finance – Supporting the Sub-National East Programme

Introduction

NHS Scotland faces a set of persistent system pressures — amongst them rising demand, constrained finances, fragile workforce supply, and localised governance structures that do not always enable good system-wide decision-making.

Through collaborative discussion between East of Scotland Finance teams following the issuing of principles commissioned by the Scottish Government, we have agreed to working towards the creation of a cohesive, resilient, and digitally enabled finance system that can sustainably support high-quality health and care services across the East region. By working together as a unified sub-national system, the aim is to better respond to increasing demand pressures, enhance consistency, and build a financially sustainable framework that enables improved outcomes for the populations we serve.

By working in collaboration, we aim to deliver a more resilient, efficient, and future-focused finance function that strengthens health and wellbeing across Scotland East.

The Finance Principles and the East Response

On the 12th of January the Chief Finance Officer for the Health and Social Care Finance Directorate at the Scottish Government issued further guidance though a 'commission' to health boards across East and West areas.

Within this a number of principles/considerations were set out for the sub-national areas, stating that:

- The underlying principle must be that financial deficits across all Boards should be stabilised and where possible reduced in 2026-27.
- Plans must prioritise increasing the level of recurring savings towards the 3% target.
- No new recurring financial commitments should be made without confirmed funding.

- Identify areas of recurring financial pressure where adoption of best practice across the sub-national area can contribute to management of deficits.
- Triangulation with population need, capital infrastructure, workforce planning, and service fragility to identify and inform service plans for sustainable models of care.
- Alignment with key DL clinical service priorities to ensure that plans to deliver those priorities are affordable.
- Alignment with business systems and digital front door plans as developed and delivered.
- Develop an approach to align capital prioritisation processes and work towards a single capital plan, encapsulating both new capital requests and business continuity processes.

The Finance programme for Sub-National East has given due consideration to the contents of these principles and will focus on a number of key areas in the early stages:

- **Support to the Five Strategic Priorities** identified by the wider Sub-National programmes – including Business Systems Development, the Digital Front Door, Remote and Rural priorities, Orthopaedic services and Unscheduled Care;
- Identification of opportunities to **learn from best practice** across boards in order to **reduce the overall financial gap**, with the ambition that the East boards are able to collectively operate within available resources in the next three years;
- **Build resilience** across the Finance teams, but also support the wider challenge to achieve this across clinical services;

Areas of Focus

Supporting the Priority Workstreams

Finance will play a leading role in understanding opportunities for sustainable services within the programmes defined under the Priority Workstream headings. Progress is already being made across Orthopaedics, with Finance contributing to the decision-support process around financially expedient choices.

The development of analytical capability across the East will be a key feature of development to support ongoing assessment of efficiency and sustainability options. This will require boards to support work in the development of supporting tools for

analysis, including the application of Discovery and enhanced costing at patient level (PLICS).

Reducing the Overall Financial Gap

Initial assessment suggests that the recurrent underlying gap across the East region is currently in excess of £300m. Tackling such a significant underlying deficit will be a key challenge, particularly recognising that the SG requirement to deliver financial sustainability within three years, the time at which all addition sustainability and deficit support funding will come to an end.

In the very short term, a consolidation of financial plans across the East for the forthcoming financial year (2026/27) and beyond will clarify the financial challenge for the East region, setting the baseline position that will inform future actions.

All boards have an underlying financial gap, however the levels are not proportionate between boards. Due recognition will be given to this variation, whilst efforts will concentrate on a number of opportunities to reduce the gap including:

- **NRAC parity** for health boards in the East - At present, boards in the East are collectively behind NRAC parity by circa £30m. This resource sits in the West, and we will work across all health boards and with SG Finance colleagues to identify a medium-term approach to bring parity to boards;
- **Best Practice** – through some early benchmarking evaluation, there are evidently areas of good practice in financial performance across the East Boards. For instance, Fife and Lothian are amongst the lowest cost prescribers of primary care medicines in Scotland. Seeking out opportunities for cost reduction through benchmarking and identification of good, low-cost practice will be a focus, particularly in the higher spend areas of nursing, medical staff, drugs, supplies and Property/Facilities;
- Collective strength – Collaboration between East boards will create opportunities that may not be available to boards at an individual level. Strength through unity will create financial opportunities in areas such as the management of agency costs as well as clinical benefits through rotation of posts.

Throughout this, there remains a need for boards across the East to continue to foster strong relationships with boards in the west for shared learning, national initiatives and ongoing collaboration on cross boundary flow for national and regional services.

Finance leaders acknowledge that the scale of challenge will be significant, and recognise that beyond efficiency opportunities as described above, tougher choices may be required. This will include reflecting on statutory responsibilities within healthcare provision and considering tolerance levels to clinically operate within this. Beyond that, an assessment of what a balanced financial system would look like may result in the presentation of difficult choices for the East to consider, including current structures around charging models as well as service reductions. This would only feature once all other cost reduction initiatives have been explored.

Building System Resilience

A key focus of attention will be towards a Once-for-Scotland approach to digital finance tools, ensuring streamlined, modern, and interoperable systems through the Business Systems programme. Enhancing digital capability across the finance workforce will unlock more efficient reporting, better-informed decision-making, and a stronger foundation for long-term transformation.

Through closer working the aim will be to further develop the shared services model to improve resilience, reduce duplication, and create consistent quality. Models of cross border co-operation already exist (for example within Payroll services, Procurement), and further opportunities are available across other services.

Wider system resilience into clinical services will be a key tenet of evolving work, giving due consideration to arrangements supporting recruitment best practice and opportunities for the management of rotas beyond traditional boundaries to support more vulnerable services.

Working within Constraints

Whilst the Sub-national infrastructure offers opportunities for greater collaborative working, constraints will remain including:

Governance and Accountability - our ambition is restricted by current governance and accountability arrangements which were not designed to support sub national, cross-Board decision-making.

Rural and Remote Challenges - Standalone services in remote and island communities are under pressure. Greater joining-up across Island Boards is not only welcome — it is essential for maintaining safe, equitable access.

Existing Partners – For functions delegated to Integration Authorities such as Unscheduled Care, sub national redesign becomes even more complex and requires further collaboration beyond the sub-national framework.

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AGENDA

Weekly East DoF Meeting

Friday 20th February 2026, 11.00am (via Teams)

Attendees:

Craig Marriott
Melanie Barnes
Alex Stephen
Stuart Lyall
Susan Dunsmuir
Colin Marsland
Andrew Bone

Apologies noted – Stuart Lyall
Deputies –

Agenda items	
1. SPDC – Finance Presentation - attached	Craig
2. SPDC - East Meeting Papers - attached	Craig
3. 2026/27 Financial Plan Narrative - approval	Craig
4. Orthopaedics – attached	Susan
5. Sub Group Updates	Everyone
6. Short Term Succession Planning for Public Health Consultant Capacity in Scotland 2 - attached	Craig
7. Next Steps and Resourcing: - Business Systems - Financial Sustainability	Everyone
8. AOCB	
9. Date & Time of the next meeting – Friday 27th February, 11.00am	

Finance Workstream

SCOTLAND EAST

SPDC East – 18th February 2026

Craig Marriott, Director of Finance NHS Lothian

Summary of progress

SCOTLAND EAST

- DoF's meeting weekly - since December

- 5th February workshop, with all 7 Boards and their Directors of Finance and Deputies, outcomes:
  - Agreed joint narrative for financial plans
  - Financial support framework for key workstreams
  - Workplan of activities beyond SG Commission

- Updated consolidated Financial Plan for 2026/27

- Horizon scanning of strategic actions to mitigate Structural Fiscal Deficits (£330m)

Financial Planning 2026/27

Sub-National Financial Planning Narrative

SCOTLAND EAST

Key Points from EAST Financial Planning narrative

- In the very short term, a consolidation of financial plans across the East for the forthcoming financial year (2026/27)
- Support to the Five Strategic Priorities;
- Critical role with delivery of Business systems programme, explore options for team integration as part of implementation;
- Identification of opportunities to learn from best practice across boards;
- Build resilience across the Finance teams;
- **NRAC parity/Best Practice/Integration Schemes/Collective strength** – Collaboration between East boards will create opportunities that may not be available to boards at an individual level
- Creation of digitally enabled finance function, leveraged to maximise system opportunities.
- Finance leaders acknowledge that the scale of challenge will be significant, and recognise that beyond efficiency opportunities as described above, tougher choices may be required.

Financial Planning 2026/27

SCOTLAND EAST

EAST & WEST

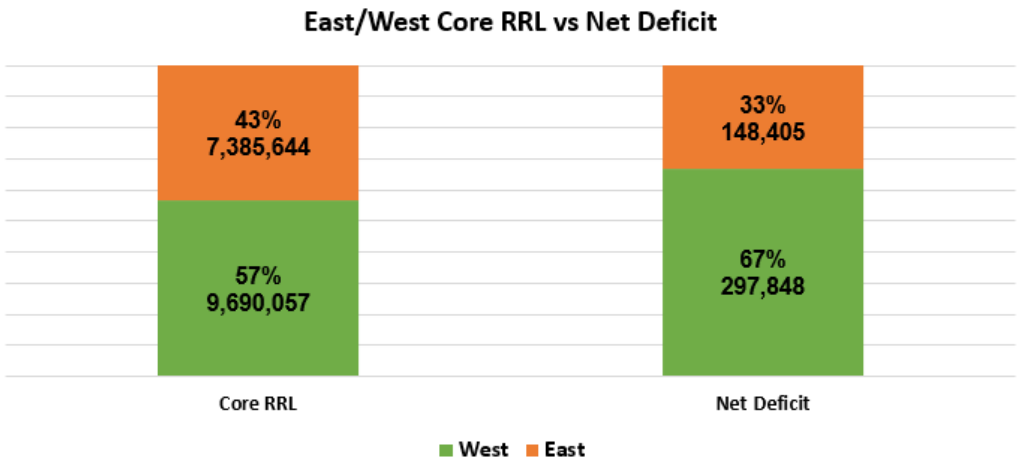
Sub-National Planning

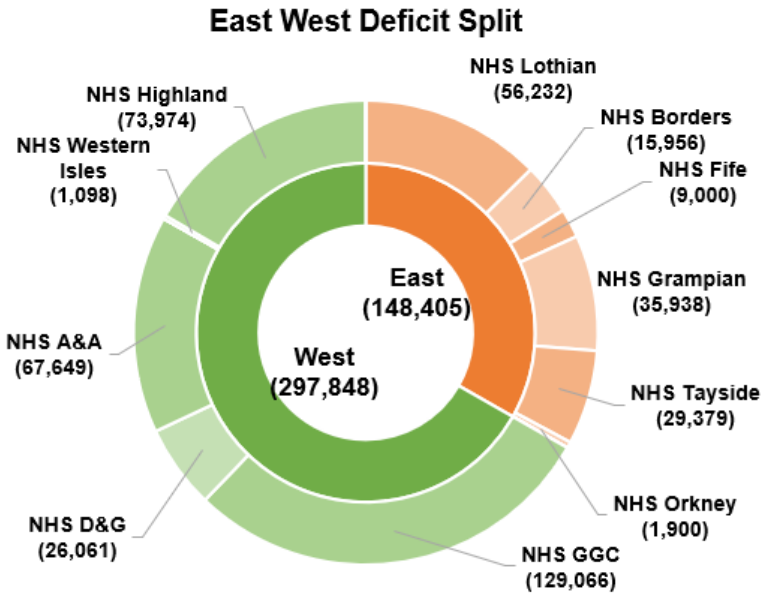
Territorial Boards are reporting a **net gap of £446.3m**, with the **West (£297.8m)** contributing a significantly larger share than the **East (£148.4m)**.

The annual resource budget is split **57% West / 43% East**, but the West's share of the deficit (**67%**) is higher than its share of resources.

More detail will be shared with Sub-National Area leads to be distributed and discussed.

Narrative submissions detailing the work of respective Sub-National Areas, and Board contributions should be made alongside final plans.





Area	Net Deficit	% of Core RRL
East	-148,405	-2.0%
West	-297,848	-3.1%
Total	-446,253	-2.6%

Financial Planning 2026/27

SCOTLAND EAST

EAST & WEST

PROJECTED FINANCIAL GAPS

Draft Financial Plan 2026-27	Recurring Baseline Budget	Projected Annual Budget incl NR Allocations	Projected Annual Budget Area Share	Gross Financial Gap	Gross Gap Area Share	Net Gap after Savings Plans	Net Gap Area Share	Brought Forward Deficit	Brought Forward Deficit Area Share
East									
NHS Lothian	2,300,506	2,698,279		-109,470		-56,232		-86,446	
NHS Borders	332,897	369,606		-25,943		-15,956		-30,306	
NHS Fife	1,032,800	1,186,626		-35,492		-9,000		-41,412	
NHS Grampian	1,477,498	1,614,220	43%	-87,638	34%	-35,938	33%	-94,248	39%
NHS Tayside	1,190,816	1,329,749		-79,179		-29,379		-76,000	
NHS Orkney	84,915	93,209		-5,585		-1,900		-6,022	
NHS Shetland	86,572	93,955		-2,597		0		-2,234	
East Total	**6,506,004**	**7,385,644**		**-345,905**		**-148,405**		**-336,668**	
West									
NHS Greater Glasgow & Clyde	3,364,737	3,665,905		-261,234		-129,066		-210,152	
NHS Dumfries & Galloway	462,861	506,848		-41,144		-26,061		-34,631	
NHS Ayrshire & Arran	1,094,800	1,234,840		-101,993		-67,649		-65,500	
NHS Lanarkshire	1,858,757	2,082,907	57%	-73,653	66%	0	67%	-86609	61%
NHS Western Isles	117,210	128,906		-4,089		-1,098		0	
NHS Highland	1,020,026	1,153,235		-137,247		-73,974		-98,221	
NHS Forth Valley	786,599	917,416		-37,384		0		-29627	
West Total	**8,704,990**	**9,690,057**		**-656,744**		**-297,848**		**-524,740**	
National Total	**15,210,994**	**17,075,702**		**-1,002,648**		**-446,253**		**-861,408**	

Financial Planning 2026/27

SCOTLAND EAST

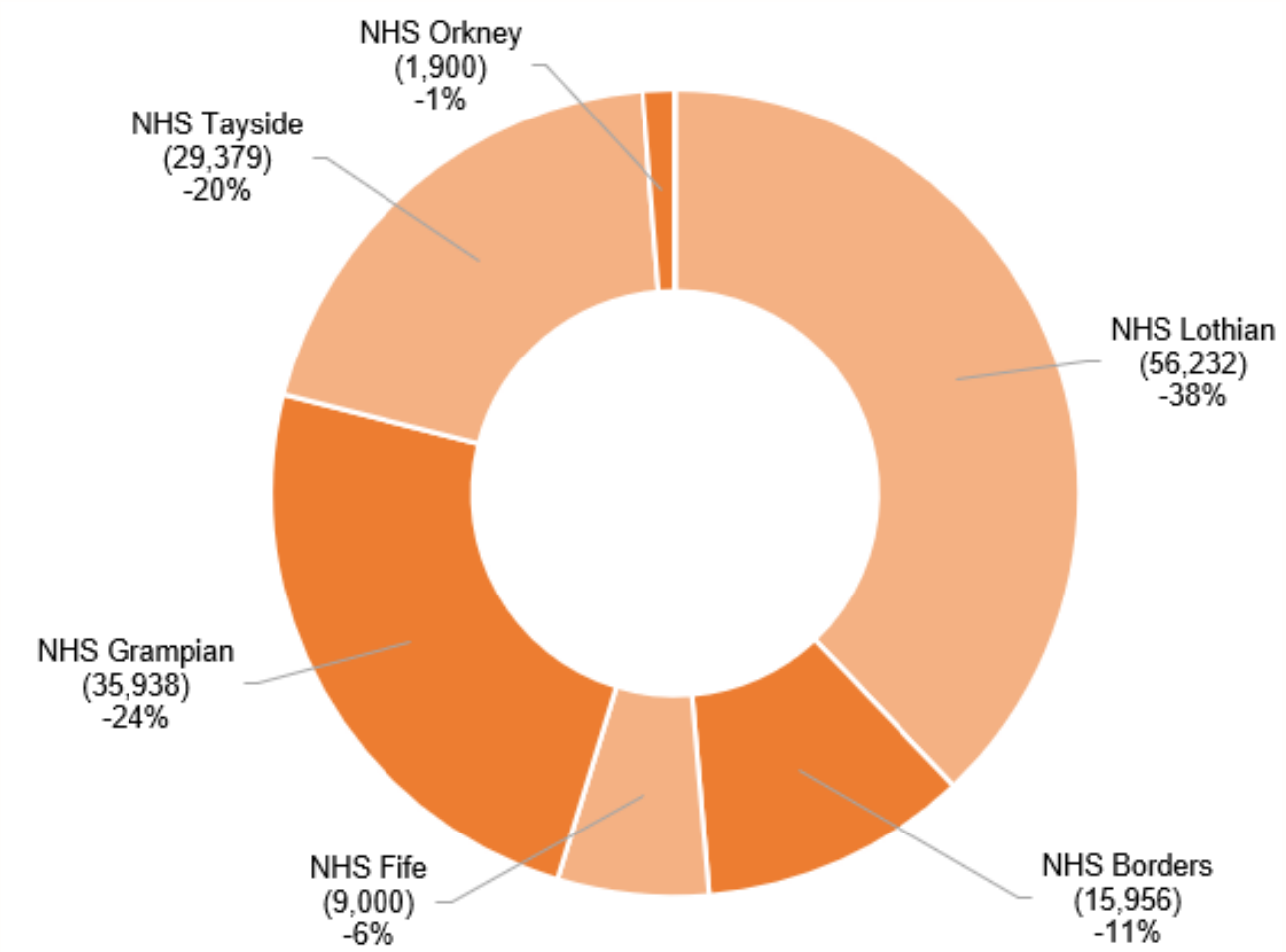
EAST & WEST SAVINGS

Draft Financial Plan Savings 2026-27	Recurring Baseline Budget £k	Recurring Baseline Budget Area Share	3% Recurring Savings Target £k	Area Share	Total Savings Identified to date £k	Area Share	Recurring Savings Identified to date £k	Area Share
East								
NHS Lothian	2,300,506		69,015		53,238		37,343	
NHS Borders	332,897		9,987		9,987		4,624	
NHS Fife	1,032,800		30,984		26,492		26,492	
NHS Grampian	1,477,498	43%	44,325	43%	51,700	35%	32,424	45%
NHS Tayside	1,190,816		35,724		49,800		22,800	
NHS Orkney	84,915		2,547		3,685		2,885	
NHS Shetland	86,572		2,597		2,597		277	
East Total	**6,506,004**		**195,180**		**197,499**		**126,844**	
West								
NHS Greater Glasgow & Clyde	3,364,737		100,942		132,168		47,654	
NHS Dumfries & Galloway	462,861		13,886		15,083		8,279	
NHS Ayrshire & Arran	1,094,800		32,844		34,344		16,966	
NHS Lanarkshire	1,858,757	57%	55,763	57%	73,653	65%	24,466	55%
NHS Western Isles	117,210		3,516		2,991		2,991	
NHS Highland	1,020,026		30,601		63,273		31,888	
NHS Forth Valley	786,599		23,598		37,384		22,657	
West Total	**8,704,990**		**261,150**		**358,896**		**154,901**	
National Total	**15,210,994**		**456,330**		**556,395**		**281,745**	

Please note this is both savings identified and in development

Financial Planning 2026/27

SCOTLAND EAST

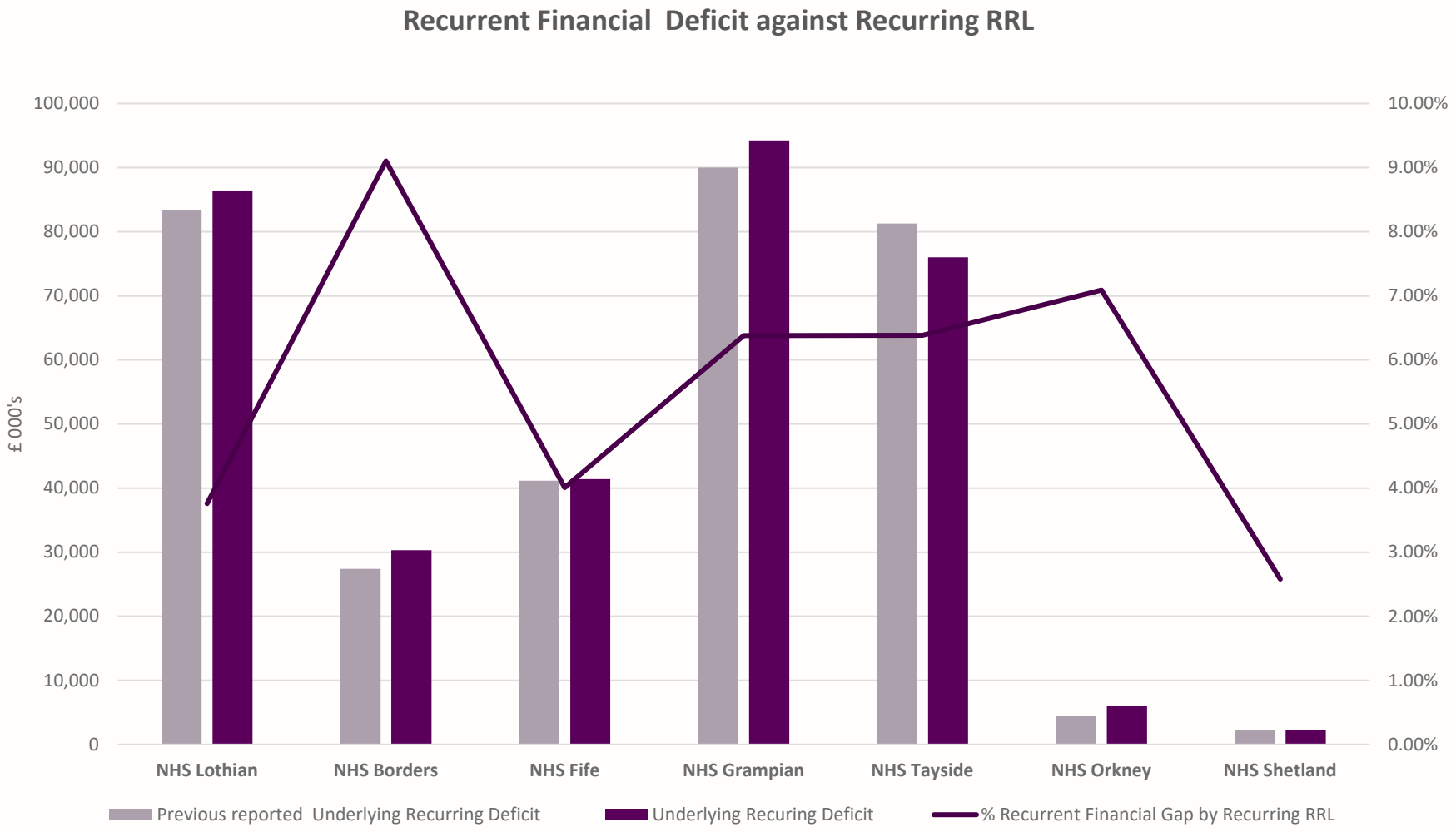


Draft Financial Plan Data	Net Deficit £k
East	
NHS Lothian	-56,232
NHS Borders	-15,956
NHS Fife	-9,000
NHS Grampian	-35,938
NHS Tayside	-29,379
NHS Orkney	-1,900
NHS Shetland	0
East Total	**-148,405**
National Total	**-446,253**

- EAST projected financial deficits in 2026/27 as at February 2026
- Before Deficit Support Funding
- Final Financial Plans due March 2026

Financial Planning 2026/27

SCOTLAND EAST



- Recurring deficit £336m
- Pre budget 2026/27 recurring deficit £330m
- Boards Financial Plans final submissions due March 2026

Financial Planning 2026/27

SCOTLAND EAST

Sub-National – 2026-27 Support

All territorial Boards are to receive an NRAC share of £150 million non-recurring Sustainability Funding in 2026-27 to manage their in-year positions. This is non recurring and will continue to reduce in future years.

Escalated Boards will be provided with non recurrent and non repayable Deficit Support Funding at year end. Additionally, they will receive Financial Support Funding, to be utilised to generate financial improvement opportunities through additional capacity or external resource to aid their return to long term financial sustainability.

Numbers below are draft subject to change through the budget process. DSF and FSF funding have been communicated to individual Boards only.

Board	Escalation Stage	Sustainability Funding	Deficit Support Funding	Financial Support Funding	Total
NHS Ayrshire & Arran	4	10,881	45,000	500	31,381
NHS Borders	3	3,300	10,000	100	13,400
NHS Dumfries & Galloway	3	4,504	23,000	400	27,904
NHS Fife	2	10,419	9,000	100	19,519
NHS Forth Valley	1	8,200	0		8,200
NHS Grampian	4	14,696	36,000	500	51,196
NHS Greater Glasgow & Clyde	1	32,580	0		32,580
NHS Highland	3	10,013	40,000	200	50,213
NHS Lanarkshire	1	18,664	0		18,664
NHS Lothian	1	22,607	0		22,607
NHS Orkney	3	782	1,500	100	2,382
NHS Shetland	1	780	0		780
NHS Tayside	1	11,545	0		11,545
NHS Western Isles	1	1,028	0		1,028
Total		**150,000**	**164,500**	**1,900**	**316,400**

FINANCE DELIVERY UNIT

The Institute for Fiscal Studies (IFS)



Our analysis of the 2026–27 Scottish Budget highlights a difficult outlook for both spending and investment in Scotland.

- Funding growth has slowed significantly, forcing tougher choices despite targeted increases (e.g., Scottish Child Payment) and some tax threshold rises.
- Government highlights prioritised areas, but overall pressures mean limited fiscal headroom and competing demands across services.
- Reliance on one-off measures and non-recurring revenues continues to support recurrent expenditure.
- Spending plans face constraints from slower revenue growth and the need to **balance** investment with rising service demands.
- Next parliament will need to make critical decisions between increasing taxation and reducing Public Sector spending. Affordability of free prescriptions and University Education.
- **the portfolio (such as funding for hospitals and GPs) are set to fall by an average of 0.6% in real terms in the coming year**

Horizon Scanning Beyond 2026/27

SCOTLAND EAST

The Dilemma:

- Delivery of annual recurrent savings of 3% will **not** deliver sustainable recurrent financial balance;
- System is dependent on **non-recurring** resources to meet recurrent costs **c£330m**;
- 3 year planned **reduction** in **deficit support funding** and **sustainability funding** will require a more strategic approach, beyond Board boundaries;

Option:

- **A Scotland East strategic review**, with a mandate to bring forward options for a **sustainable service configuration** that addresses:
  - the recurrent fiscal deficit,
  - the workforce constraints, and
  - the performance gaps across the region.
- This will allow us to move beyond **annual savings cycles** and take a system-wide approach to **long-term financial sustainability.**

Regional Transformation Manifesto

Reflections on Our Proposed Approach

Across our region, we face a set of persistent system pressures — rising demand, constrained finances, fragile workforce supply, and governance structures that do not always enable good regional decision-making. This manifesto sets out a shared commitment to reshape how we work collectively to ensure we continue to deliver high-quality, sustainable services.

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1. Understanding Today's Constraints

Governance and Accountability

Our ambition is limited by current governance and accountability arrangements, which were not designed to support regional, cross-Board decision-making. This creates friction rather than enabling transformation.

Rural and Remote Realities

The viability of standalone services in remote and island communities must be openly questioned. Greater joining-up across Island Boards is not only welcome — it is essential for maintaining safe, equitable access.

System Pressures

- **Unscheduled Care (USC):** Delegation to local Integration Authorities makes regional redesign more complex.
- **Orthopaedics:** Continues to serve as a test case for where regional resilience is necessary.
- **Business systems & digital front door:** Nationally-led until implementation, limiting local agility.

These challenges collectively underline the need for a new model of regional collaboration.

---

2. Opportunities to Transform Together

Shared Services as a Foundation

We commit to expanding shared services where they improve resilience, reduce duplication, and create consistent quality:

- Procurement, credit control, and other corporate functions

- Regional labs and laundry services
- Shared systems and digital infrastructure

Protecting Vulnerable Services

We will prioritise joint models for fragile services, ensuring safe continuity even when local staffing or activity levels fluctuate.

Regional Workforce Solutions

- Regional recruitment approaches
- Shared staff banks
- Joint locum management to reduce spend
- Sustainable workforce models such as rotational posts, regional placements, and shared specialist roles

CDU as a Hub-and-Spoke Model

A regional CDU model offers resilience and provides anchor functions — particularly valuable in areas experiencing population decline or economic fragility.

Digital Transformation

M365 and wider digital capability provide major opportunities, but Information Governance (IG) barriers must be tackled collectively. A sub-national approach could accelerate safe, consistent adoption.

---

3. Finance Team: Enablers of Regional Change

A regional finance community can strengthen the system by embracing consistency, collaboration, and futureproofing:

- Standardised finance policies and procedures
- Shared job descriptions to support mobility and flexibility
- Continued shared services across Boards
- Joint workforce development and learning plans
- Recruitment of hard-to-fill roles using virtual and regional models
- Benchmarking of service performance and productivity
- Identifying services that may no longer be sustainable within current resources

Succession planning will be critical to developing the finance team of the future.

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4. Areas Requiring Collective Influence and Advocacy

NRAC Allocation

A unified regional voice is needed to highlight the long-term disparity — and cumulative inequity — between East and West.

IJB Governance

We will advocate to Government for:

- Consistency in IJB risk-share arrangements
- A standardised national approach to set-aside funding

Regional consensus is essential to influencing policy.

---

5. Blue Sky Options — Thinking Beyond Constraints

We must be willing to explore bold or unconventional approaches where they may unlock sustainability:

- Extreme option: exploring an East NTC model for Orthopaedics
- Revisiting prescription charges

These ideas require national conversation but form part of an honest assessment of what may be required.

Our Commitment

We commit to working as a region — not as separate organisations — to build:

- A sustainable workforce
- Resilient, high-quality services
- Modern digital capability
- Transparent and consistent financial management
- Fair access for rural, remote, and island communities

This manifesto represents our intent to act with courage, coherence, and collective leadership to secure the long-term future of health and care services across the region.

SCOTLAND EAST

Orthopaedic Budget Summary

	NHS Borders	NHS Fife	NHS Grampian	NHS Lothian	NHS Orkney	NHS Shetland	NHS Tayside	Total
Budget Value	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Core (assumed recurring)		19,548	35,798	32,919	0	0	23,086	111,351
NTC (assumed recurring)		8,111						8,111
GJH				3,000		329	1,260	4,589
Other please state								-
2025/26 OIP (assumed non recurring)	1,014	3,029	600	5,695	0	0	2,875	13,213
Total	1,014	30,688	36,398	41,614	-	329	27,221	137,264

nil info

** CELL E9 - GJH alloc deduction £4776k c£3m for ortho*

** CELL G9 - GJH alloc deduction £329k*

** CELL H9 - GJH alloc deduction £1260k*

Short Term Succession Planning for Public Health Consultant Capacity in Scotland

Background:

Training to become a consultant in public health lasts an indicative period of five years. The training covers ten key areas of public health practice in the three domains of public health (health improvement, health protection and health care public health). In the final year public health registrars are expected to work at consultant level under supervision. Public Health is a wide-ranging specialty, and registrars can often take a break from their training for a variety of reasons including clinical training, research, educational fellowships or personal career breaks. As a result, the number of registrars qualifying in any one year can vary hugely. This presents challenges for workforce planning.

Scottish Directors of Public Health and National Education Scotland (NES) have a group, sponsored by the Chief Medical Officer who undertake workforce planning for the speciality. Given the changes in the public health landscape, the group have recently completed an audit of the public health workforce in Scotland to provide a more robust baseline for workforce planning. This will inform future workforce development plans. Succession planning is a key component of workforce planning and will form part of the above work.

Situation:

Short term succession planning is required. Over the course of 2026/27 we are anticipating 9 registrars will complete their training and will be eligible for consultant roles. Initial work has identified 4.7 consultant vacancies to be advertised over the same period in Scotland with further vacancies arising in future years. To retain a much-needed talent pipeline in Scotland it is proposed to create fixed term posts for a maximum of two years.

Assessment:

The Need for Short Term Capacity:

Health Boards naturally collaborate on the planning and delivery of a range of services across the country. The publication of Scottish Government Strategies such as the Public Sector Reform Strategy, the Service Renewal Framework, the Operational Improvement Plan and the Population Health Framework, all during 2025, has sharpened ministerial focus on how population level planning can be mainstreamed within NHS Scotland.

DL(2025)25 mandated a focus on this population-level planning on five specific elements;
• Orthopaedic waiting times
• Emergency Healthcare services
• Digital Front Door/MyCare
• Alignment of Business Systems
• Consolidated Financial Planning

The Public Health System has already positioned itself to support these initial elements. The intent is to ensure that sub-national planning is consistently population-based, prevention-oriented, equity-driven, value-focused and future-looking, rather than solely reactive to operational pressure. This will include

- provision of business intelligence analysis of supply, need and demand

- local capacity building for understanding and developing intelligence
- improving the system's collective maturity in using data to inform planning.
- Maximise opportunities to embed prevention in pathway redesign.

Initial discussions have highlighted that the current demand and pace of change require greater capacity than the specialty can provide by releasing local capacity from teams. Being able to create 2 posts to support subnational planning for a period of two years would support delivery of subnational plans and developmental work to support delivery of the Population Health Framework e.g the current programme of work with Directors of Finance on Preventative Spend. Dependent on skills required these roles could deliver the work on behalf of the subnational group or backfill substantive roles to be released.

Capacity

In discussion with NES, there is the opportunity to use potential funding to support 'grace periods' which registrars are eligible for post their CCT date. In the first two quarters 1 trainee will complete their training with a further 8 completing at the end of quarter 3.

Creation of x2 WTE consultant posts will enable us to both transition our trained workforce to support NHS Scotland and retain skills in Scotland to address future retirements due to an aging workforce. Location of these roles will be informed by location of successful applicants and will be subject to normal HR recruitment policies.

Funding:

NES have confirmed that they would fund grace periods for the cohort of registrars as per existing criteria. Most public health directorates are reporting an in-year underspend in their budget. However, with the financial challenges reported across Scotland it is anticipated that some Directors of Finance will be expecting those funds to go towards the bottom line. That said, several Boards have identified that they would be able to contribute.

Costs:

X2 consultant roles for 12 months £314,000 including on costs. Please not that this would be the maximum. Unlikely to get full financial commitment from all Directorates.

Recommendations:

The Sub National Directors of Finance are asked to manage funds 26/27 – 27/28 to support two succession planning PH Consultant roles to contribute to the successful delivery of the Sub National Plans.

Subject to the above approval, DsPH/PHS will ask to agree their contributions within their system with Directors of Finance.

The recruitment to the roles will be overseen by the Lead DsPH for subnational east and west.

Susan Webb

Director of Public Health Lothian.

AGENDA

Weekly East DoF Meeting

Friday 27th February 2026, 11.00am (via Teams)

Attendees:

Craig Marriott
Melanie Barnes
Alex Stephen
Stuart Lyall
Susan Dunsmuir
Colin Marsland
Andrew Bone

Apologies noted – Andrew Bone
Deputies –

Agenda items	
1. Business Systems Programme - Budget Update FY26/27 – attached	Craig
2. SNPDC Slides - attached	Craig
3. Shell East Plan - attached	Craig
4. Narrative on east Sub national for Financial Plans - attached	Craig
5. Scotland East Population-Based Urgent-Care and Flow meeting slides – attached	Stuart
6. Resourcing: - Business Systems - Sustainability	All
7. AOCB	
8. Date & Time of the next meeting – Friday 6th March, 1.00pm	

BUSINESS SYSTEMS PROGRAMME (BSP): BUDGET UPDATE

Prepared by: Andy McLean, Interim Programme Finance Lead
Organisation: NHS National Service Scotland
Date: 19th February 2026

FY25/26 Forecast

The FY25/26 forecast is summarised in the table below:

Spend Category	£M M10 25/26 Budget	£M M10 25/26 Forecast	£M FY 25/26 Budget	£M FY 25/26 Forecast
Programme Team	0.29	0.821	0.35	0.867
Backfill	0.5	0.11	0.6	0.134
Delivery & Design Partner	1.04	0.675	1.25	0.997
Legal Support		0.024	0	0.144
Gateway Review		0.01	0	0.01
Professional Fees		0.026	0	0.026
Other		0.022	0	0.022
Total	**1.83**	**1.688**	**2.200**	**2.200**

- The year-to-date position at January shows that the programme is **underspent by £0.142m.**
- This underspend will be utilised by year end to meet costs incurred for the additional external legal support, **as per break-even forecast.**
- The Payment on Behalf charge to Boards will be collected by NSS **in March 2026.**

FY26/27 Budget

- The table below summarises the movement in forecast costs in FY26/27 which was noted at DOFs in January 2026.

Costs	*26/27 Costs as per OBC*	*26/27 Costs Updated as per DOFs Jan-26*	*Movement*
Existing Systems	£10,845,716	£10,845,716	£0
Systems Integrator	£22,400,000	£16,800,000	-£5,600,000
NHS Programme Team	£4,941,514	£4,099,349	-£842,165
NHS Backfill	£8,051,191	£6,165,090	-£1,886,101
Client Side Partner	£2,890,055	£1,663,827	-£1,226,228
Future System Licencing	£300,000	£300,000	£0
Total Costs	**£49,428,476**	**£39,873,982**	**-£9,554,494**
			£0
Optimism Bias	£11,785,186	£2,385,653	-£9,399,533
Total Costs	**£61,213,662**	**£42,259,635**	**-£18,954,027**
			£0
Less: BAU Funding (Existing System)	-£11,445,716	-£11,445,716	£0
Addit Funding (Total Cost - Existing System)	**£49,767,946**	**£30,813,919**	**-£18,954,027**

- Forecast costs have reduced by £19m though (1) a reduction in optimism bias in-line with initial bidder pricing information and (2) slippage in the programme (3 months)
- Further slippage in the programme was noted at the Finance Assurance Board (FAB) in January 2026
    - It was agreed that Boards should maintain their respective share towards £30.8m costs for draft Financial Plans being submitted to SG Finance on 2nd February)
    - It was agreed that further consideration be given to FY26/27 cost assumptions so that any further changes are agreed through FAB and the Business Systems Programme Board (24th February) so that Boards can consistently update their plans ahead of final approval and formal submissions into SG Finance
- Proposed changes for discussion and approval are summarised below:
    - **Systems Integrator** – given further 3-month delay, **this cost should be reduced further by a £5.6m**
    - **NHS Programme Team** – no change proposed on basis that most roles in place and any gaps being actively addressed
    - **NHS Backfill –** there is significant provision (£6.2m) in the draft budget for backfill requirements (see Appendix 1). **It is important that FAB and BSPB agree an implementation plan and approach that is resourced appropriately:**
        - **What resources do the Programme need from NHS Scotland and how are they deployed?**
    - **Client-Side Partner** – no change proposed on basis that plan is to appoint CSP as soon as possible so any cost reduction would be minimal / immaterial for setting the opening budget.

RECOMMENDATION – BSP FAB and BSPB are asked to note and discuss this report, including any changes to the £30.8m opening budget requirement in FY26/27

APPENDIX 1 – CURRENT DRAFT BUDGET FOR NHS BACKFILL BY ROLE

Workstream	Role	Source	Grade	WTE	Months	26/27 Costs
PMO	Overall ERP Business Product Owner	NHS Scotland	7	0.2	9	£12,570
PMO	Overall ERP Technical Product Owner	NHS Scotland	7	0.2	9	£12,570
Finance	Functional Lead	NHS Scotland	8a	1	9	£79,950
Finance	Product Owners	NHS Scotland	7	1	9	£62,850
Finance	SME Functional Specialists	NHS Scotland	8a	11	9	£879,450
Procurement	Functional Lead	NHS Scotland	7	1	9	£62,850
Procurement	Product Owners	NHS Scotland	7	1	9	£62,850
Procurement	SME Functional Specialists	NHS Scotland	8a	11	9	£879,450
HR	Functional Lead	NHS Scotland	7	1	9	£62,850
HR	Product Owners	NHS Scotland	7	1	9	£62,850
HR	SME Functional Specialists	NHS Scotland	8a	11	9	£879,450
Payroll	Functional Lead	NHS Scotland	7	1	9	£62,850
Payroll	Product Owners	NHS Scotland	7	1	9	£62,850
Payroll	SME Functional Specialists	NHS Scotland	8a	11	9	£879,450
Business Change & C	HB Leads	NHS Scotland	7	22	9	£1,382,700
Testing	SME Functional Specialists	NHS Scotland	8a	2	9	£159,900
Digital	Technical Specialist	NHS Scotland	8a	7	9	£559,650
						£6,165,090

Sub-National Planning (East)
Draft Financial Plan Information Pack

Healthier Scotland
Scottish Government

NHS SCOTLAND

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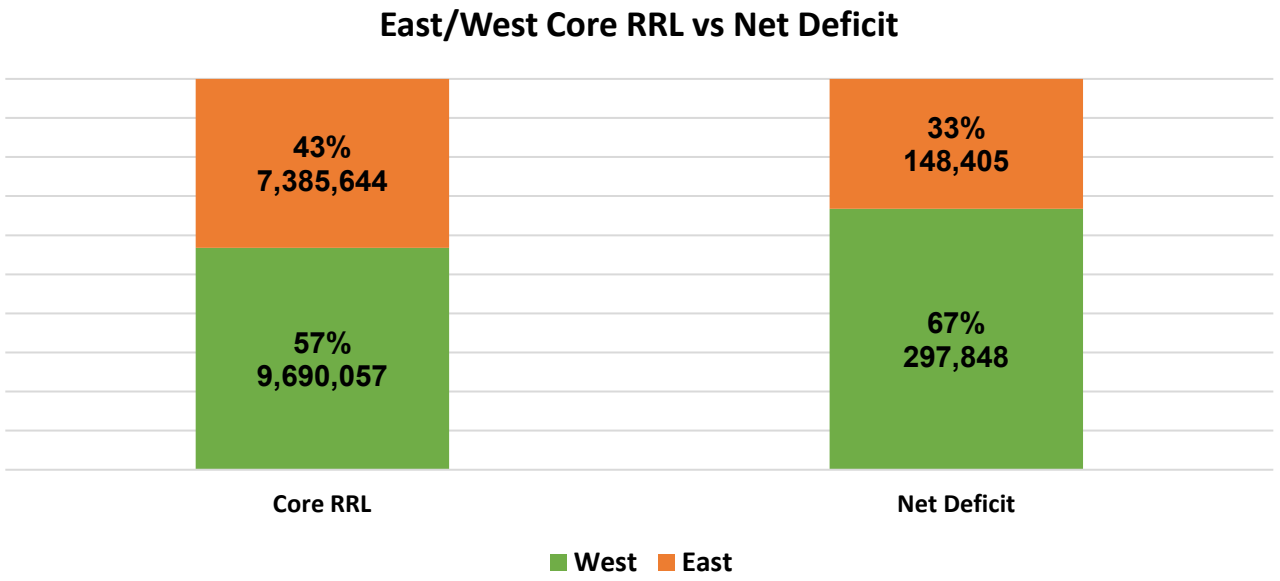
Sub-National Planning

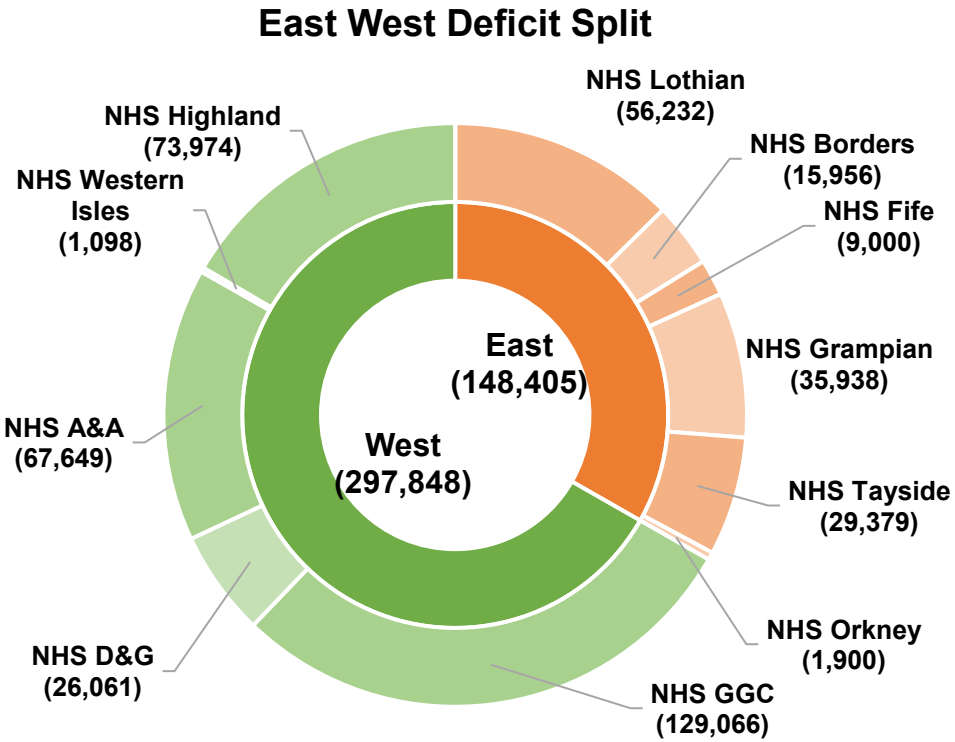
Territorial Boards are reporting a **net gap of £446.3m**, with the **West (£297.8m)** contributing a significantly larger share than the **East (£148.4m)**.

The annual resource budget is split **57% West / 43% East**, but the West's share of the deficit (**67%**) is higher than its share of resources.

More detail will be shared with Sub-National Area leads to be distributed and discussed.

Narrative submissions detailing the work of respective Sub-National Areas, and Board contributions should be made alongside final plans.





Area	Net Deficit	% of Core RRL
East	-148,405	-2.0%
West	-297,848	-3.1%
Total	-446,253	-2.6%

Sub-National Planning – Board Detail

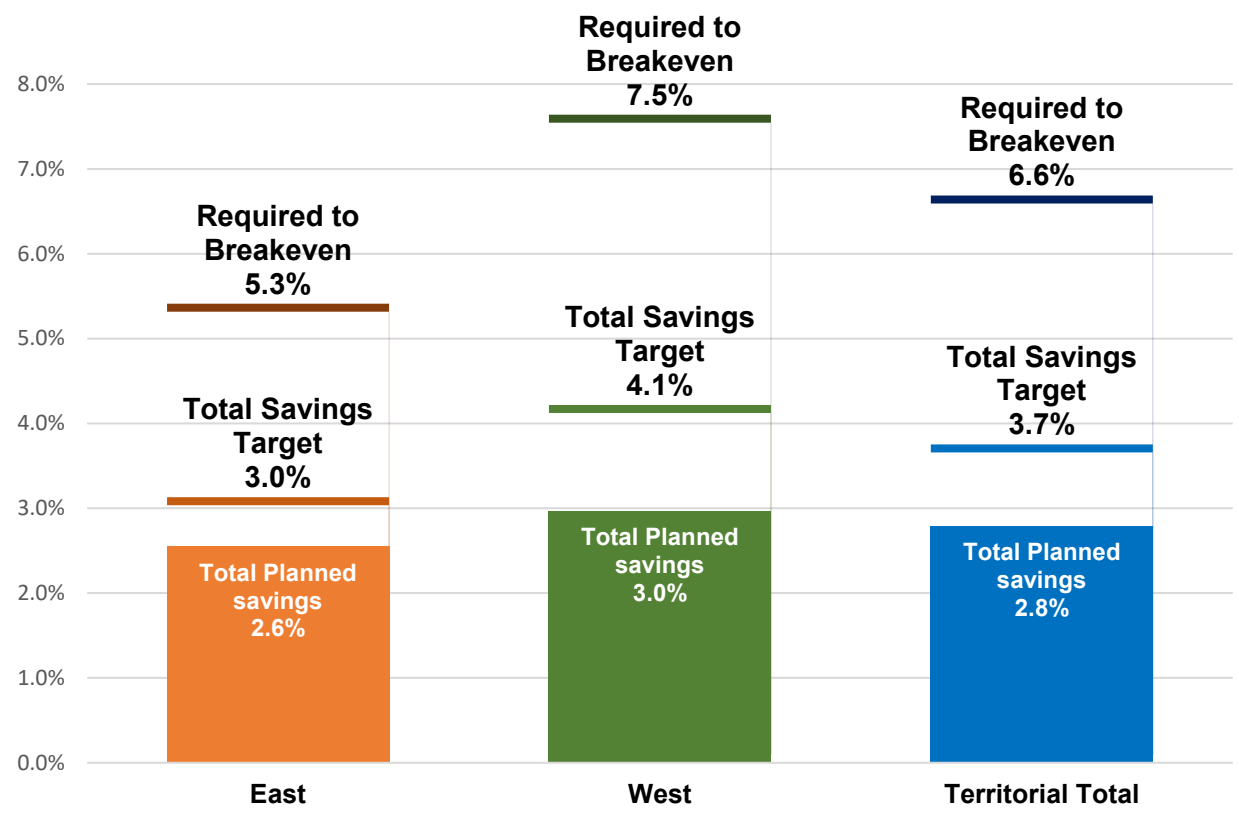
Draft Financial Plan 2026-27	Forecast Annual Resource Budget	Annual Resource Budget Area Share	Gross Gap Boards & HSCPs	Gross Gap Area Share	Net Gap	Net Gap Area Share	Brought Forward Deficit	Brought Forward Deficit Area Share
East								
NHS Lothian	2,698,279		-109,470		-56,232		86,446	
NHS Borders	369,606		-25,943		-15,956		30,306	
NHS Fife	1,186,626		-35,492		-9,000		27,180	
NHS Grampian	1,614,220	43%	-87,638	34%	-35,938	33%	94,248	38%
NHS Tayside	1,329,749		-79,179		-29,379		76,000	
NHS Orkney	93,209		-5,585		-1,900		6,022	
NHS Shetland	93,955		-2,597		0		2,234	
East Total	**7,385,644**		**-345,905**		**-148,405**		**322,436**	
West								
NHS Greater Glasgow & Clyde	3,665,905		-261,234		-129,066		210,152	
NHS Dumfries & Galloway	506,848		-41,144		-26,061		34,631	
NHS Ayrshire & Arran	1,234,840		-101,993		-67,649		65,500	
NHS Lanarkshire	2,082,907	57%	-73,653	66%	0	67%	86,609	62%
NHS Western Isles	128,906		-4,089		-1,098		0	
NHS Highland	1,153,235		-137,247		-73,974		98,221	
NHS Forth Valley	917,416		-37,384		0		29,627	
West Total	**9,690,057**		**-656,744**		**-297,848**		**524,740**	
National Total	**17,075,702**		**-1,002,648**		**-446,253**		**847,176**	

Sub-National Planning Total Savings

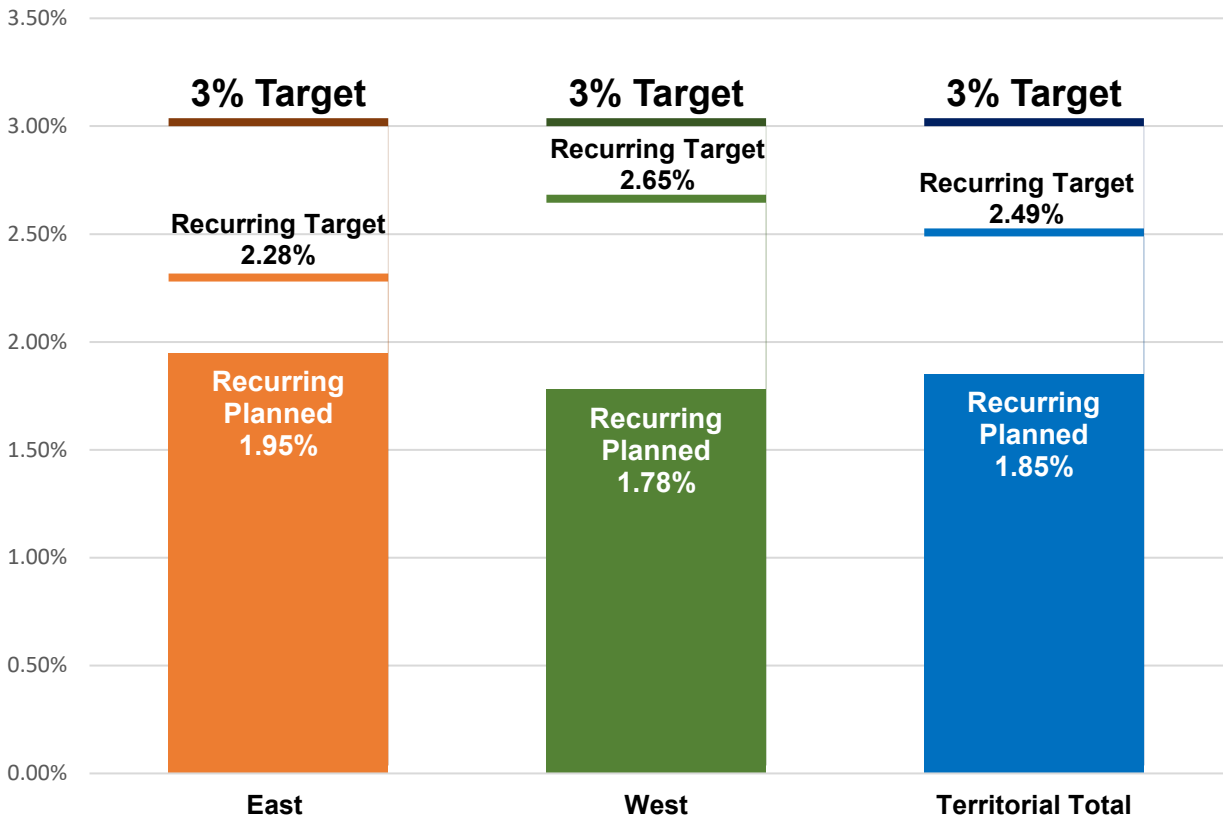
Overall, Territorial Boards (Blue Bars below) have set a savings target equivalent to 3.7% of Baseline and identified 2.8% of Baseline within draft plans. This is still well adrift of the required savings to breakeven of 6.6% for Territorial Boards. At present, the West has a set a more ambitious overall savings target, and identified more savings, however the challenge to breakeven is significantly larger than the east, at 7.5% compared to 5.3%.

With regards to recurring savings, the West has set a larger target at 2.65% of baseline and identified 1.78% of baseline. Despite the higher target, the East has identified more recurring savings within their draft plans at 2.28%. Both areas are short of the 3% recurring target.

Total Planned and Target Savings vs Savings Required to Breakeven *(as % of Baseline)*



Recurring Planned and Target vs 3% Target *(as % of Baseline)*



Sub-National Planning – Board Savings Detail

Draft Financial Plan Savings 2026-27	Baseline	Baseline Area Share	Total Savings Target	Target Area Share	Total Planned Savings	Total Planned Savings Area Share	3% Recurring Savings Target	3% Recurring Share	Board Recurring Target	Recurring Target Share	Recurring Planned Savings	Planned Recurring Area Share
East												
NHS Lothian	2,300,506		53,238		43,238		69,015		37,343		37,343	
NHS Borders	332,897		9,987		4,624		9,987		9,987		4,624	
NHS Fife	1,032,800		26,492		26,492		30,984		26,492		26,492	
NHS Grampian	1,477,498	43%	51,700	35%	35,574	39%	44,325	43%	48,550	39%	32,424	45%
NHS Tayside	1,190,816		49,800		49,800		35,724		22,800		22,800	
NHS Orkney	84,915		3,685		3,685		2,547		2,885		2,885	
NHS Shetland	86,572		2,597		2,597		2,597		277		277	
East Total	**6,506,004**		**197,499**		**166,009**		**195,180**		**148,334**		**126,844**	
West												
NHS Greater Glasgow & Clyde	3,364,737		132,168		81,194		100,942		84,168		47,654	
NHS Dumfries & Galloway	462,861		15,083		8,338		13,886		15,083		8,279	
NHS Ayrshire & Arran	1,094,800		34,344		18,466		32,844		32,844		16,966	
NHS Lanarkshire	1,858,757	57%	73,653	65%	57,622	61%	55,763	57%	33,716	61%	24,466	55%
NHS Western Isles	117,210		2,991		2,991		3,516		2,991		2,991	
NHS Highland	1,020,026		63,273		56,352		30,601		38,810		31,888	
NHS Forth Valley	786,599		37,384		33,557		23,598		22,657		22,657	
West Total	**8,704,990**		**358,896**		**258,520**		**261,150**		**230,269**		**154,901**	
National Total	**15,210,994**		**556,395**		**424,529**		**456,330**		**378,603**		**281,745**	

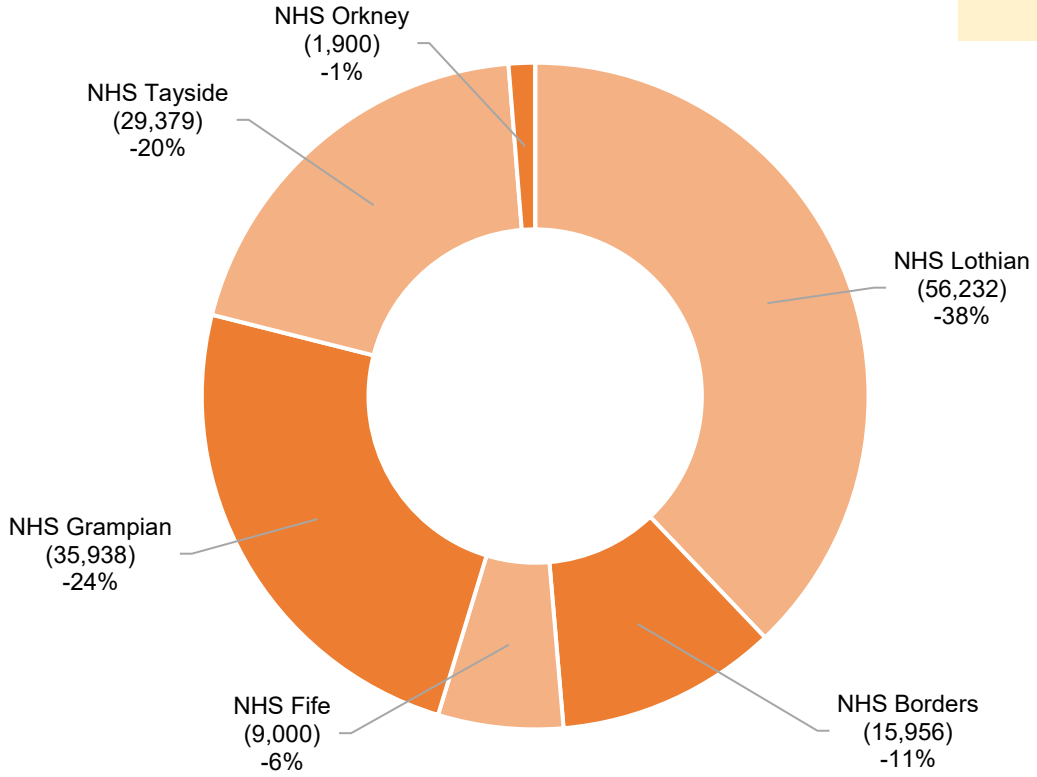
East Area – Overall Deficit Analysis

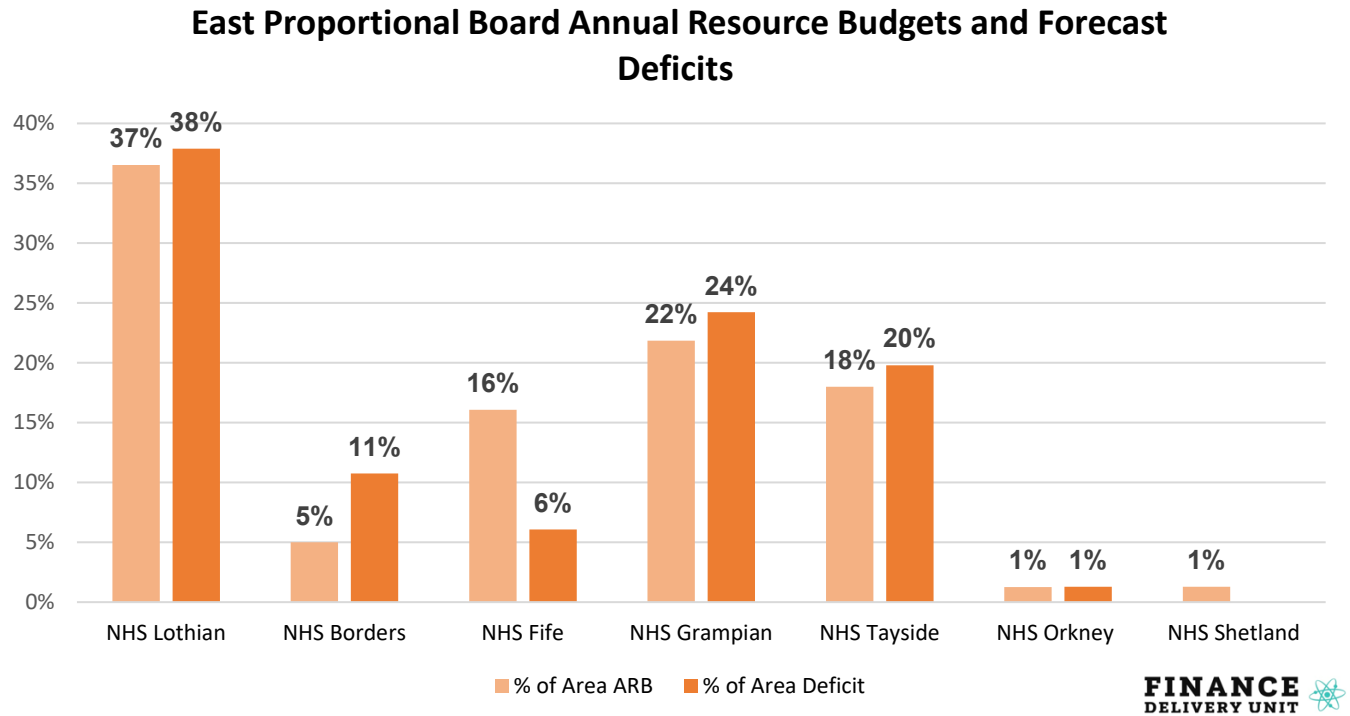
Draft Financial Plan Data	ARB	Net Deficit	% of ARB
East			
NHS Lothian	2,698,279	-56,232	-2.1%
NHS Borders	369,606	-15,956	-4.3%
NHS Fife	1,186,626	-9,000	-0.8%
NHS Grampian	1,614,220	-35,938	-2.2%
NHS Tayside	1,329,749	-29,379	-2.2%
NHS Orkney	93,209	-1,900	-2.0%
NHS Shetland	93,955	0	0.0%
East Total	**7,385,644**	**-148,405**	**-2.0%**
National Total	**17,075,702**	**-446,253**	**-2.6%**

The East Area deficit stands at £148.4 million for 26-27, this is 2% of Annual Resource Budget. This is below the Territorial Total which sits at 2.6%.

In draft plans the deficit is driven by NHS Lothian, which represents 38% of the area's total deficit, noting however that NHS Lothian have 37% of the areas annual resource budget.

NHS Borders represents 11% of the area deficit, despite holding 5% of the areas ARB. NHS Grampian and Tayside also have material deficits, and much like Lothian these are roughly in correlation to the proportion of ARB they hold.





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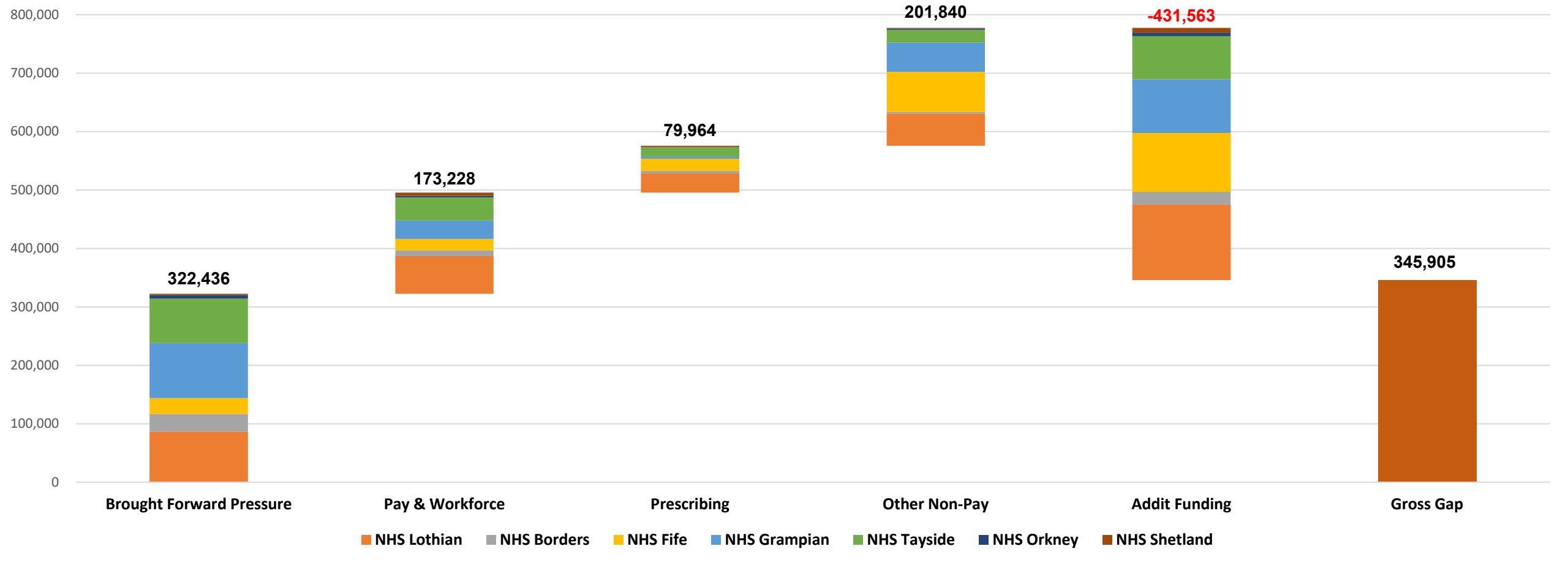
East Pressures Analysis

The graph below sets out the pressures that build up to result in the gross gap for the East area. The Brought Forward pressure is £322 million, significant pay pressures increase the deficit, noting however that any pressure resultant from Pay Uplifts is offset by funding. A material portion is derived from Other Non-Pay.

The East area is in receipt of £431.5 million of additional funding in 26-27 to reduce the Gross Gap to £346 million. A notable portion of the Other Non-Pay pressure is derived from NHS Fife.

To see individual Board contributions to the below waterfall, click into the graph, and you can filter for individual Boards.

To see values, however over the Board section of the graph.

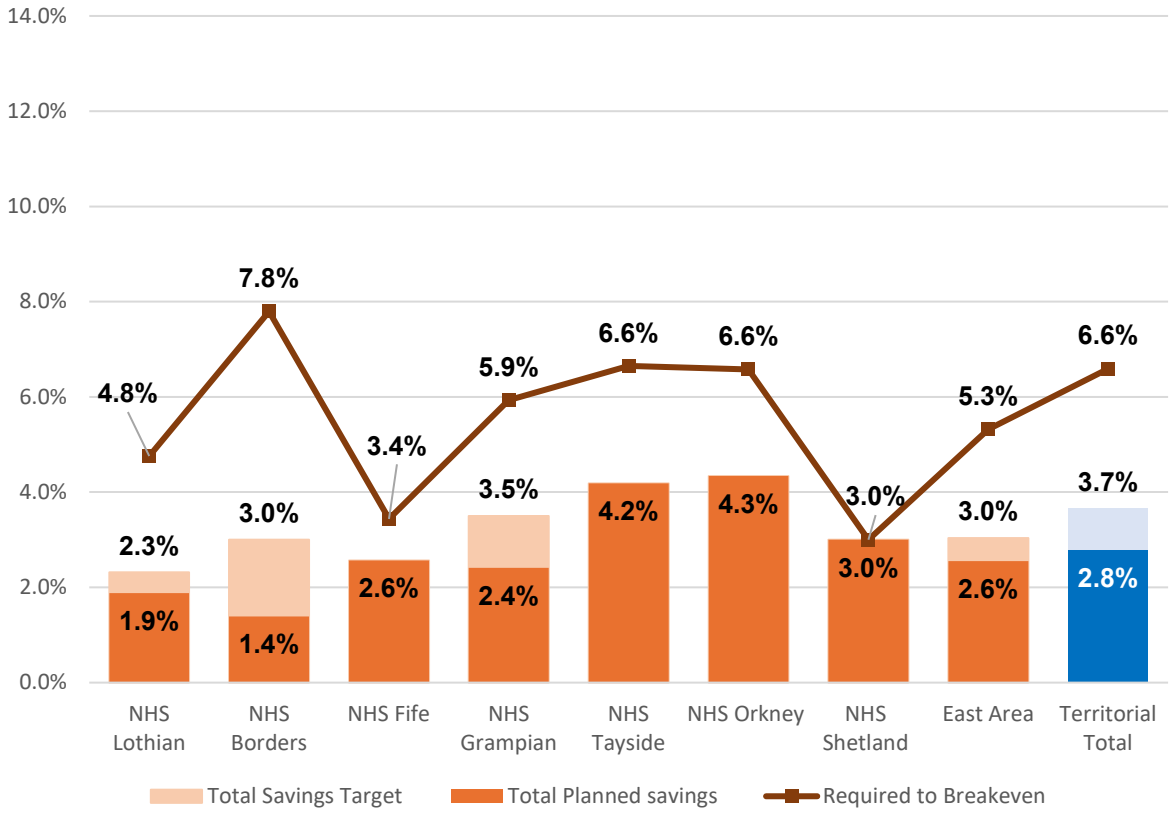


Sub-National Planning Total Savings

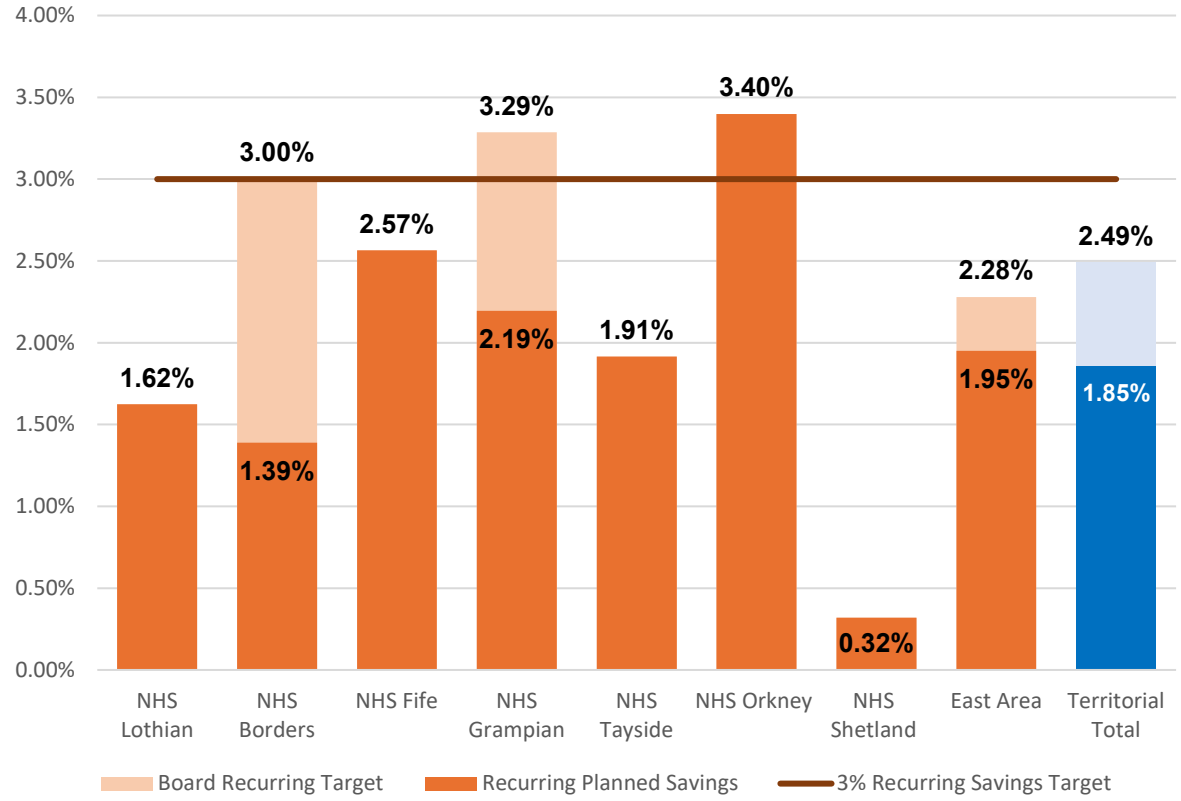
The East Area has set a lower total and recurring savings target than the Territorial average. Broadly across the east area, a material portion of the savings targets set has been identified within the draft plans. However, there remains a material gap between savings targets and the required savings to breakeven.

With regards to recurring savings across the East, the target has been set at 2.28% which is short of the 3% recurring savings target, however the East has identified 1.95% of baseline within draft plans. Within draft plans, only NHS Borders, Grampian and Orkney have set targets in excess of the 3%, and Orkney has identified savings to achieve this. There remains significant work to increase the savings targeted and minimise the brought forward deficit in future years.

Total Planned and Target Savings vs Savings Required to Breakeven *(as % of Baseline)*



Recurring Planned and Target vs 3% Target *(as % of Baseline)*



FINANCE DELIVERY UNIT

Sub-National – 2026-27 Support

All territorial Boards are to receive an NRAC share of £150 million non-recurring Sustainability Funding in 2026-27 to manage their in-year positions. This is non recurring and will continue to reduce in future years.

Escalated Boards will be provided with non recurrent and non repayable Deficit Support Funding at year end. Additionally, they will receive Financial Support Funding, to be utilised to generate financial improvement opportunities through additional capacity or external resource to aid their return to long term financial sustainability.

Numbers below are draft subject to change through the budget process. DSF and FSF funding have been communicated to individual Boards only.

Board	Escalation Stage	Sustainability Funding	Deficit Support Funding	Financial Support Funding	Total
NHS Ayrshire & Arran	3	10,881	20,000	500	31,381
NHS Borders	3	3,300	10,000	100	13,400
NHS Dumfries & Galloway	3	4,504	23,000	400	27,904
NHS Fife	2	10,419	9,000	100	19,519
NHS Forth Valley	1	8,200	0		8,200
NHS Grampian	4	14,696	36,000	500	51,196
NHS Greater Glasgow & Clyde	1	32,580	0		32,580
NHS Highland	3	10,013	40,000	200	50,213
NHS Lanarkshire	1	18,664	0		18,664
NHS Lothian	1	22,607	0		22,607
NHS Orkney	3	782	1,500	100	2,382
NHS Shetland	1	780	0		780
NHS Tayside	1	11,545	0		11,545
NHS Western Isles	1	1,028	0		1,028
Total		**150,000**	**139,500**	**1,900**	**291,400**

Sub-National – 2026-27 Support

Across Sub-National Areas, the support being provided is broadly in alignment with NRAC shares. The Sustainability Funding is distributed on NRAC, and the East Area will receive 43%, and West will receive 57%. Distributing funding in line with NRAC is key to ensuring equitable support is provided.

Both the Deficit Support Funding (DSF) and Financial Support Funding (FSF) are distributed to Boards across the two areas within 2% of the Area NRAC Shares.

Board	Escalation Stage	Sustainability Funding	SF Area Share	Deficit Support Funding	DSF Area Share	Financial Support Funding	FSF Area Share	Total
East								
NHS Lothian	1	22,607		0		0		22,607
NHS Borders	3	3,300		10,000		100		13,400
NHS Fife	2	10,419		9,000		100		19,519
NHS Grampian	4	14,696	**43%**	36,000	**41%**	500	**42%**	51,196
NHS Tayside	1	11,545		0		0		11,545
NHS Orkney	3	782		1,500		100		2,382
NHS Shetland	1	780		0		0		780
East Total		**64,130**		**56,500**		**800**		**121,430**
West								
NHS GGC	1	32,580		0		0		32,580
NHS D&G	3	4,504		23,000		400		27,904
NHS A&A	3	10,881		20,000		500		31,381
NHS Lanarkshire	1	18,664	**57%**	0	**59%**	0	**58%**	18,664
NHS Western Isles	1	1,028		0		0		1,028
NHS Highland	3	10,013		40,000		200		50,213
NHS Forth Valley	1	8,200		0		0		8,200
West Total		**85,870**		**83,000**		**1,100**		**169,970**
National Total		**150,000**		**139,500**		**1,900**		**291,400**

SCOTLAND EAST

Scotland East Subnational: Population-Based Urgent-Care and Flow

Overview – 03 March 2026

Vision

SCOTLAND EAST

Radical Redesign of Unscheduled Care (Whole-System, Person-Centred)

- Our vision is to deliver a radically redesigned, person-centred unscheduled care system that is clinically & professionally led, data-driven, safe, high-quality and financially sustainable, improving patient outcomes and experience.
- Shift from reactive, acute-focused delivery to an integrated whole-system model, prioritising prevention and care as close to home as possible.
- Seamless provision across: acute, primary care, social care, community services and third sector.
- Deliver right care, right place, right time, right team — with a focus on safety, quality and value.
- Aligned to Scottish Government priorities including equity, prevention and reducing health inequalities.
- Designed around people not pathways, co-designed with patients, carers and staff, supporting independence and dignity.

How We Will Deliver

SCOTLAND EAST

Data, Expertise, Flow and Financial Sustainability

The Scotland East Subnational Structure will;

- Reduce unwarranted variation
- Embed evidence-based decision-making to improve outcomes, flow and value.
- Place data at the heart of planning and operational delivery:
- Utilise demand forecasting, risk stratification, and real-time flow intelligence
- Embed clinical and social care expertise in governance and interpretation of evidence
- Focus on optimal flow and value:
  - reduce avoidable attendances, admissions, repeat presentations, delayed discharges, and optimise length of stay
  - improve system resilience and capacity
- Maintain and improve quality, safety and outcomes while minimising avoidable cost
- Invest upstream in community and home-based responses where evidence shows impact

Population Health

SCOTLAND EAST

Population Health

- Collaborative programme across Public Health Scotland, Directors of Public Health, HIS, CfSD, and NES to support sub-national planning across East and West SPDCs.
- Supports NHS Scotland's ambition to become a Population Health Organisation, planning urgent and emergency care around population need, inequalities, prevention, and long-term demand
- Ensures fairer, more consistent access to Unscheduled Care services regardless of geography.

USC Focus

- Assess current and future population need for Unscheduled Care (including urgent, emergency and out-of-hours services).
- Analyse attendance patterns, admissions and waiting times to identify variation, unmet need, and differences in outcomes.
- Identify opportunities for prevention, early intervention and community alternatives to reduce avoidable demand and improve long-term health.
- Identify best practice and maximise value of models of care for alternatives to attendances and admissions
- Strengthen patient engagement and shared decision-making so service redesign reflects lived experience and improves flow.
- Provide practical redesign options to improve equity, responsiveness, flow, outcomes and sustainability.

Immediate priorities for this group

SCOTLAND EAST

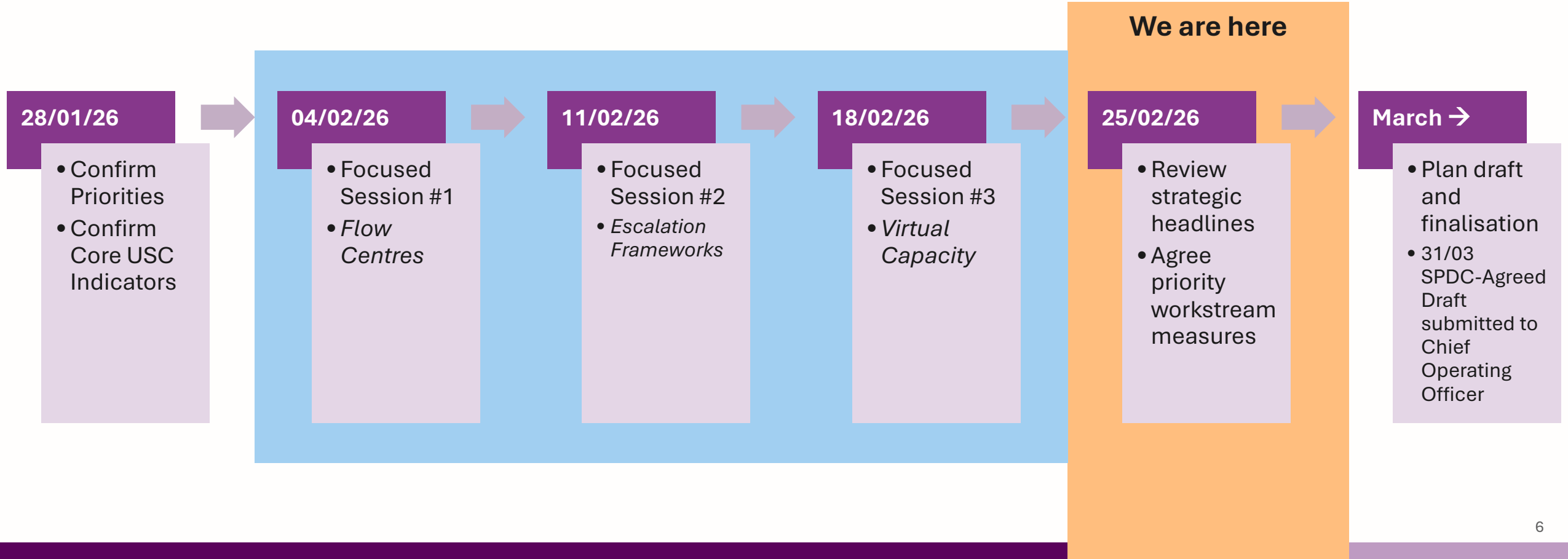
By 31st March 2026, SPDCs will **produce a plan which identifies how** the SPDC will move to;

- Deliver a consistent approach to **Flow Navigation and Command Centres** – detailing system pressures and risks, and directing activity accordingly
- Expand community, primary care and **virtual capacity** to reduce avoidable attendances and admissions
- Reduce **hospital occupancy and length of stay** through aligned flow and discharge models
- Reduce **unwarranted variation** in access, performance, outcomes
- Deliver **financially sustainable delivery** of emergency healthcare services through reducing direct and indirect costs of service delivery
- Identify, manage and **escalate system-level risks** requiring collective action

Critical Path

SCOTLAND EAST

- Met weekly - since week beginning **19 January**
- Running focused sessions on “initial in-scope workstreams” (see next slide)
- Strategic Headlines emerging from focused sessions to be drafted and reviewed 25/02
- March – drafting of plan in time for 31/03 submission



Membership

Chair: Chief Executive, NHS Grampian
Co-Chair: Deputy Chief Executive, NHS Lothian

The Chair and Co-Chair are responsible for setting strategic direction, ensuring pace and focus on delivery, agreeing agendas and priorities and managing escalation to the Scotland East SPDC

Membership will comprise senior representatives with authority to commit their organisations and support delivery at pace.

Medical Director– NHS Borders
Executive Nurse Director – NHS Fife
Director of Planning / Strategy – NHS Lothian
Director of Finance – NHS Tayside
Director of Public Health – NHS Grampian
Chief Operating Officer(s) / Acute Services – From each board as appropriate
AHP Director – NHS Borders
Digital Lead – NHS Boarders
Trade Union Membership – TBC
HSCP representative - NHS Tayside
Primary Care representative – NHS Glasgow & NHS Tayside
CfSD – Performance Lead & USC Clinical Lead
Scottish Ambulance Service (SAS) representative - Regional Director East & Regional Director North
NHS 24 representative - Associate Medical Director

Membership gaps will be actively reviewed and nominations sought where required to ensure appropriate clinical, digital and professional input. As the Workstream progresses, we will review representation to ensure there is appropriate professional coverage for each agenda item.

Subnational Workstream Agreement

SCOTLAND EAST

SUBNATIONAL REMIT

Subnational Working Group Focus
Specific subnational workstreams delivering new approaches across the region

- Flow Centres / Command Centres
- Escalation Frameworks
- Virtual Capacity
- Digital & Data enablers for the above
- Performance Framework

Local Board Improvement Plans
Subnational promotion, sharing, and assurance of implementation of best practice to improve USC delivery at Board level

- Ambulatory Urgent Care
- Frailty
- Length of Stay/Occupancy Reduction
- Other key USC improvement initiatives as set out in Board planning guidance

Blueprint for Scotland East will:
Reduce unwarranted variation in access, performance, outcomes
Deliver financially sustainable delivery of emergency healthcare services through reducing direct and indirect costs of service delivery
Identify, manage and escalate system-level risks requiring collective action.

Data Framing – *CfSD currently producing*

Key metrics to be included in the plan and then into basis of a performance framework

SCOTLAND EAST

- Scotland East vs Scotland West 4hr performance over the last 3 years
- Scotland East 4hr performance by its component boards

- Attendances by SESN board by 100,000 pop
- Admissions by SESN board by 100,000 pop
- "%USC attendances admitted by SESN board

- % of USC episodes directed to alternative service (than ED)

- Time to Initial Clinical Assessment by SESN board
- 8 & 12 hour waits by SESN board by 100,000 pop
- SAS turnaround time by SESN Board

- Acute Occupancy % at 8am by SESN board
- Median Acute & Community Length of Stay – Non-Delayed Patients by SESN board
- Zero day, <72hr and >14 day LoS per SESN boards by 100,000 pop

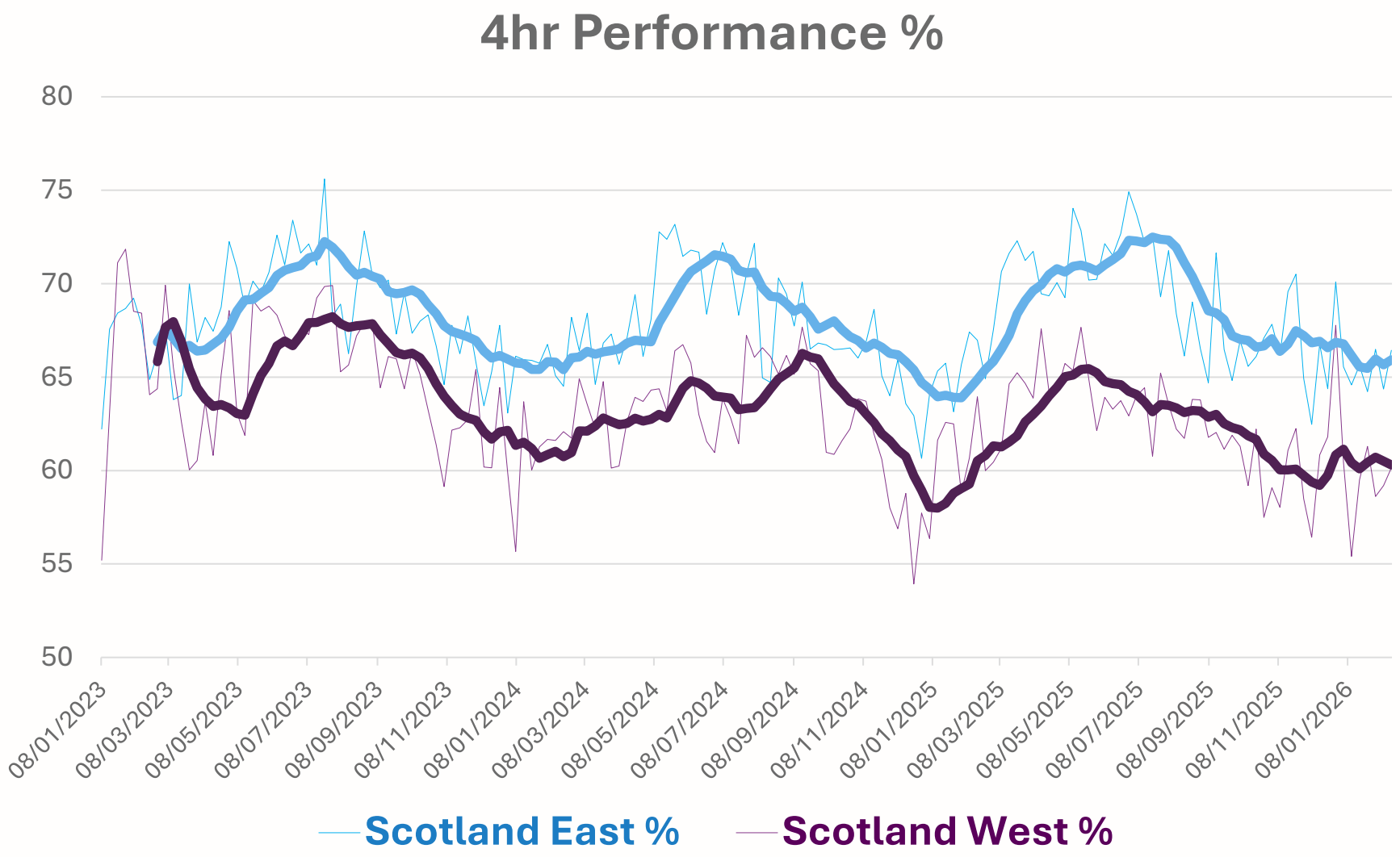
- Total Acute & Community Delayed discharges (bed days) by SESN board by 100,000 pop
- Readmission Rate – 7 and 14 Day by SESN board

- Acute and community beds by SESN board by 100,000 pop

- *Further key performance and improvement indicators will be added in due course*

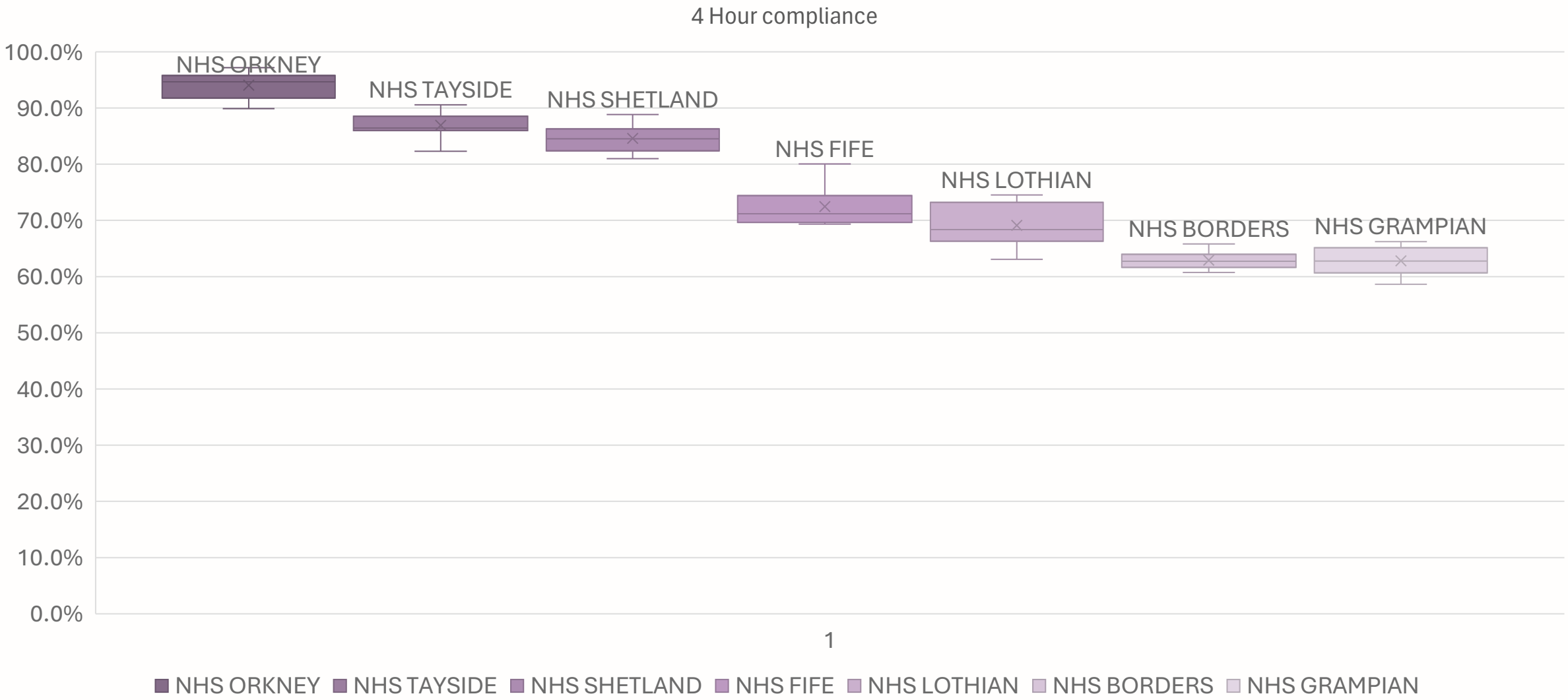
4hr Performance

SCOTLAND EAST



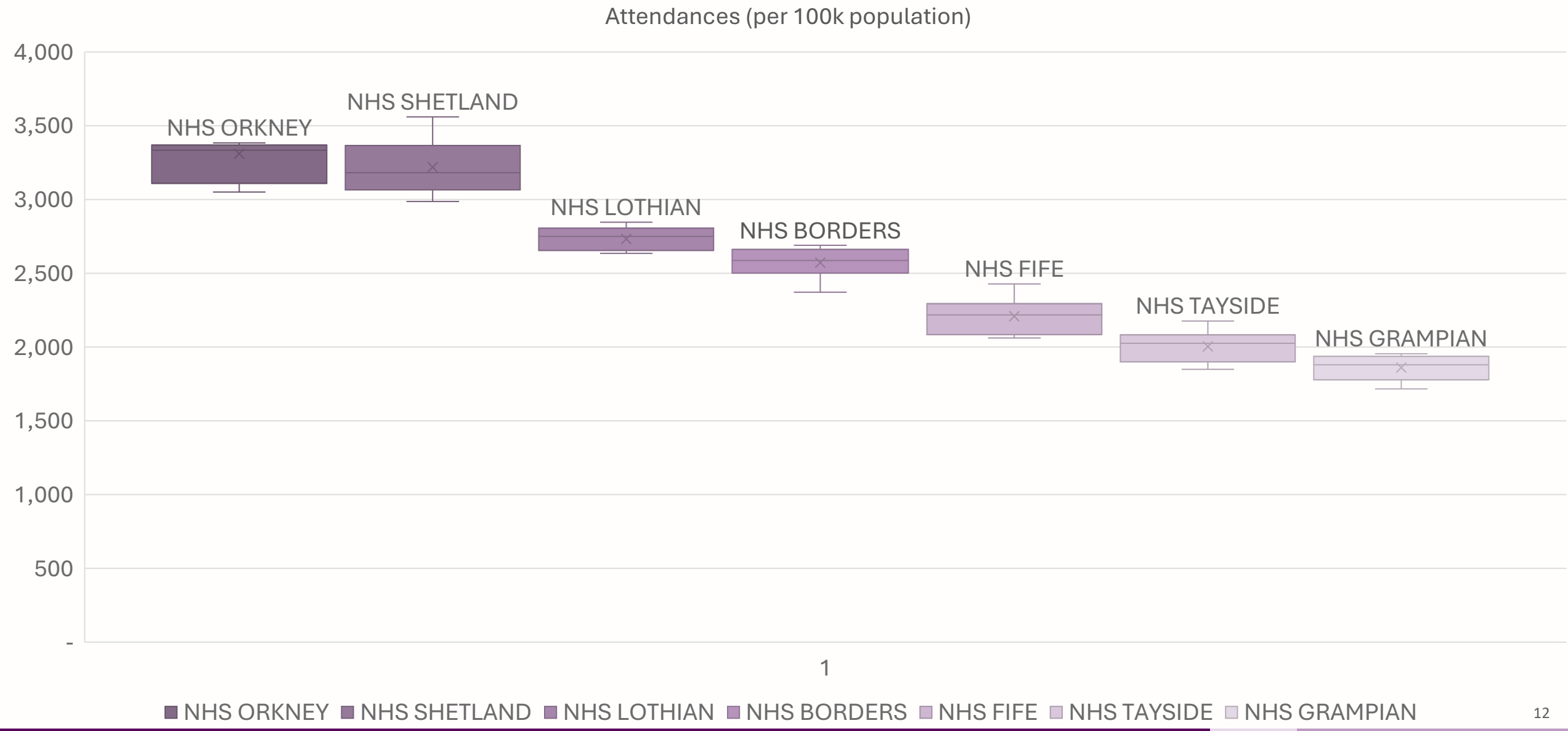
4 hr Performance by Board

SCOTLAND EAST



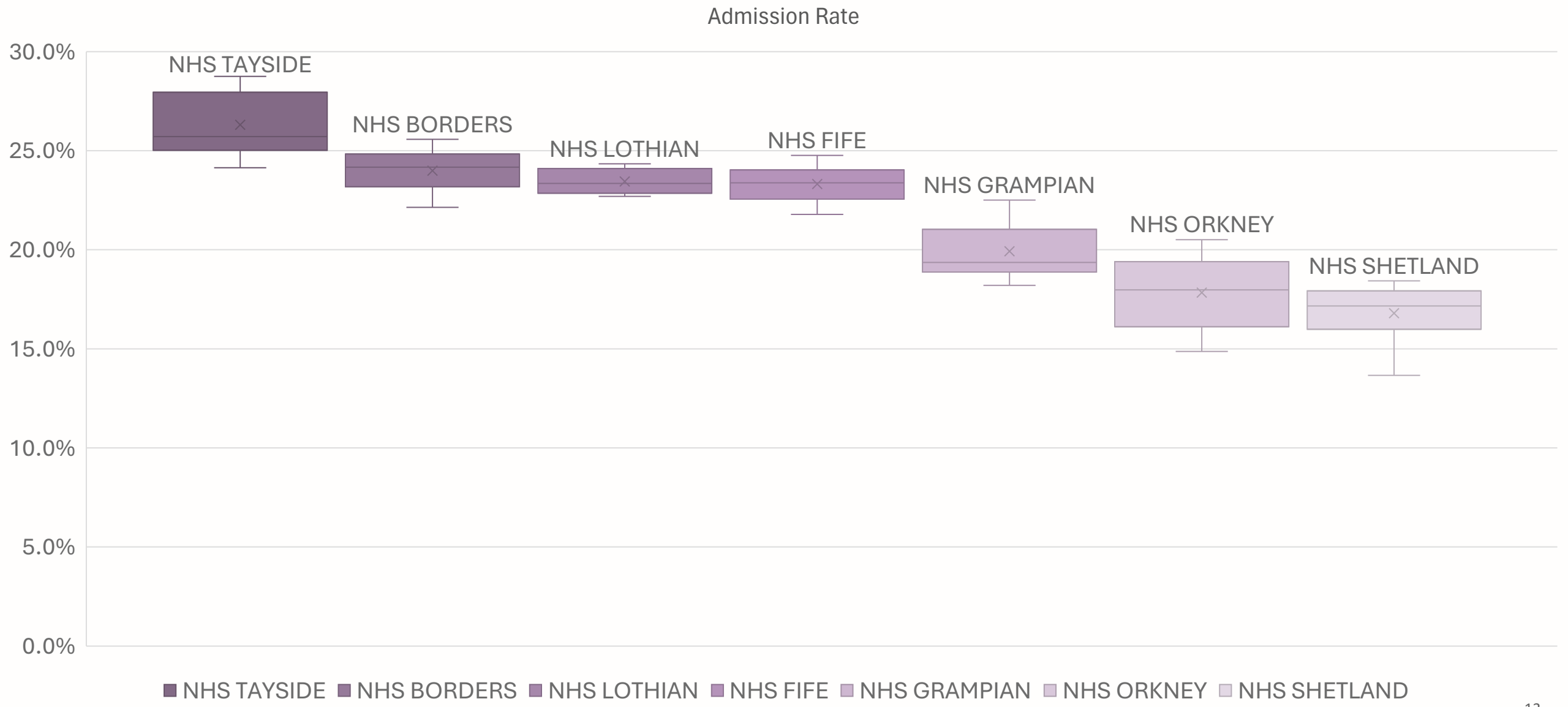
Attendances per 100,000

SCOTLAND EAST



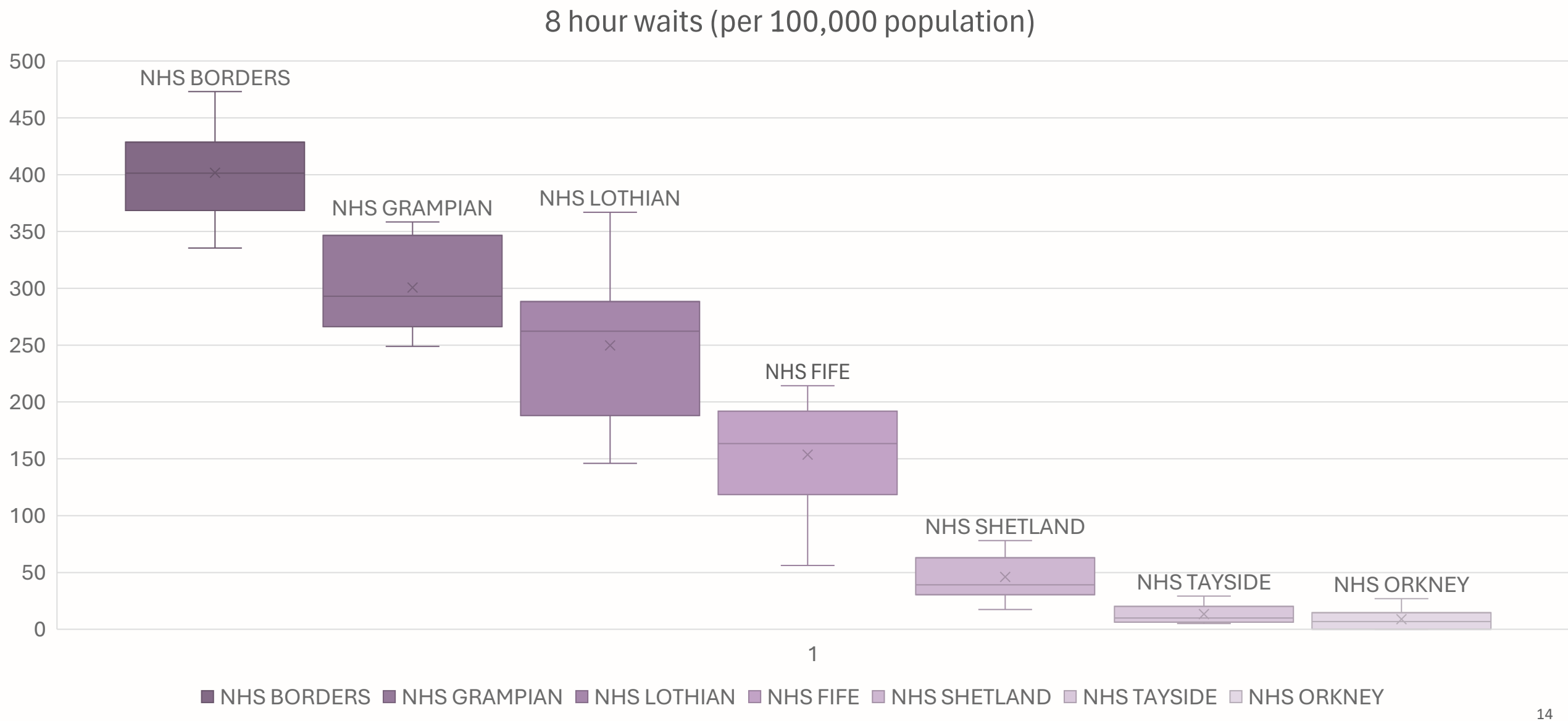
Admission %

SCOTLAND EAST



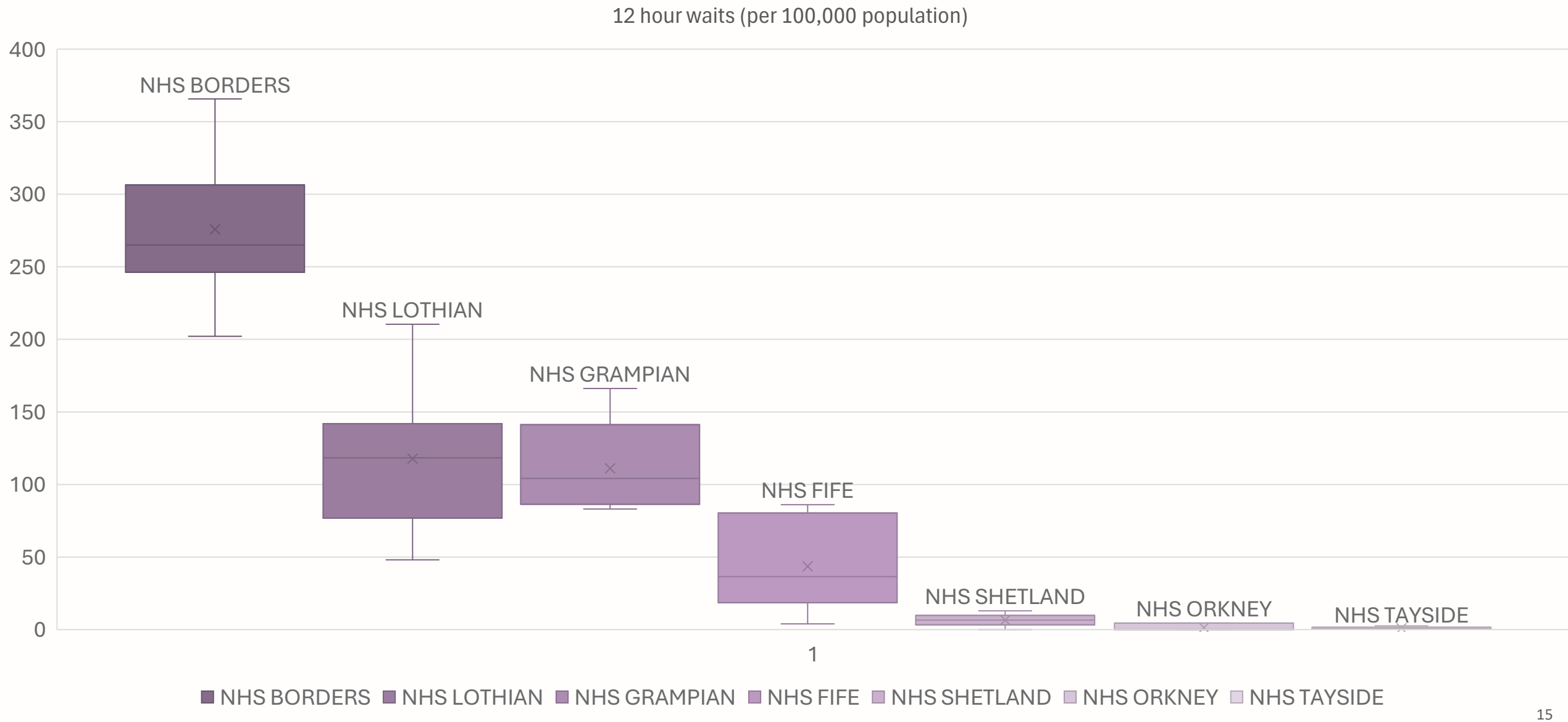
8hr Breaches per 100k population

SCOTLAND EAST



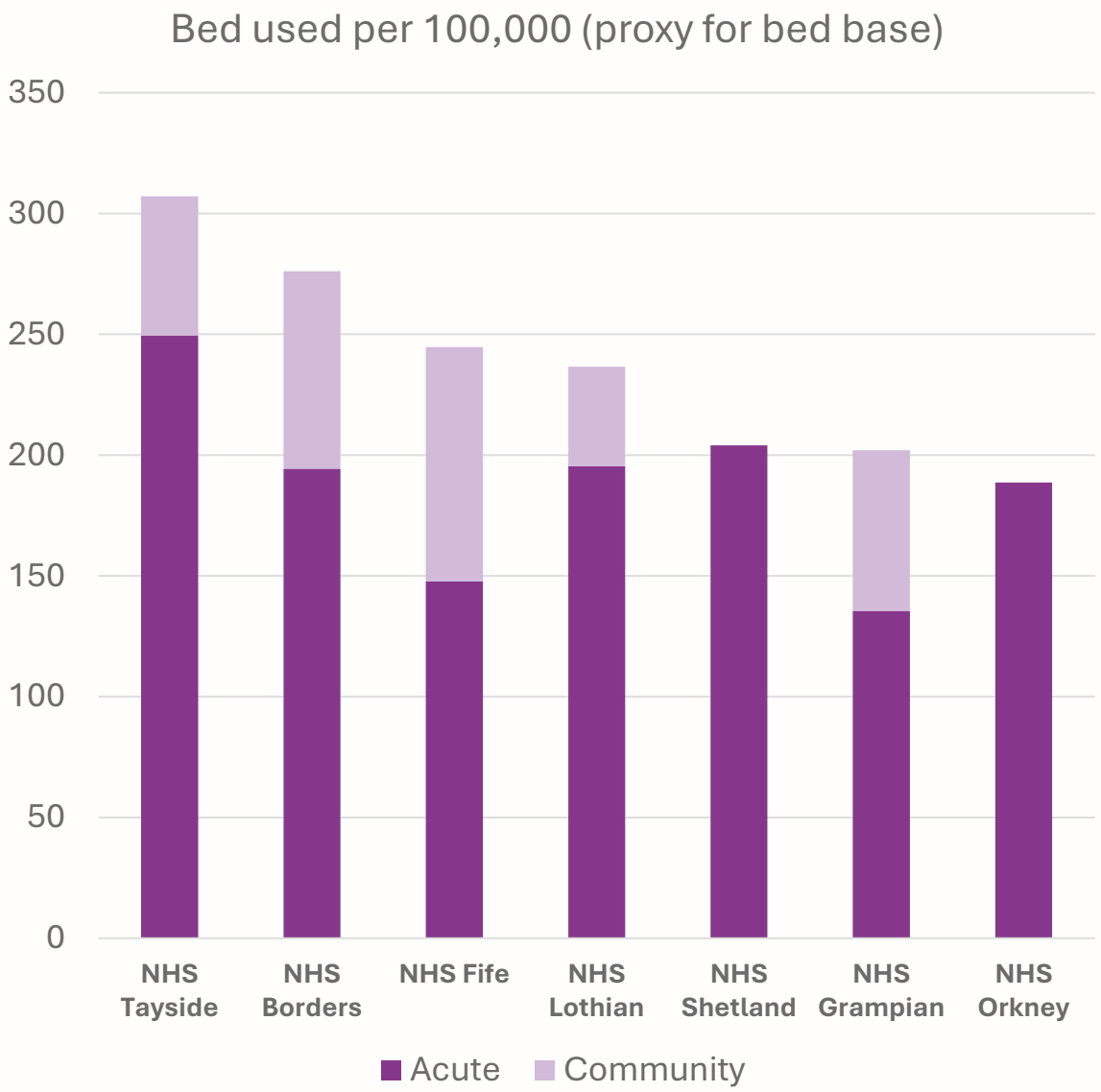
12hr Breaches per 100k population

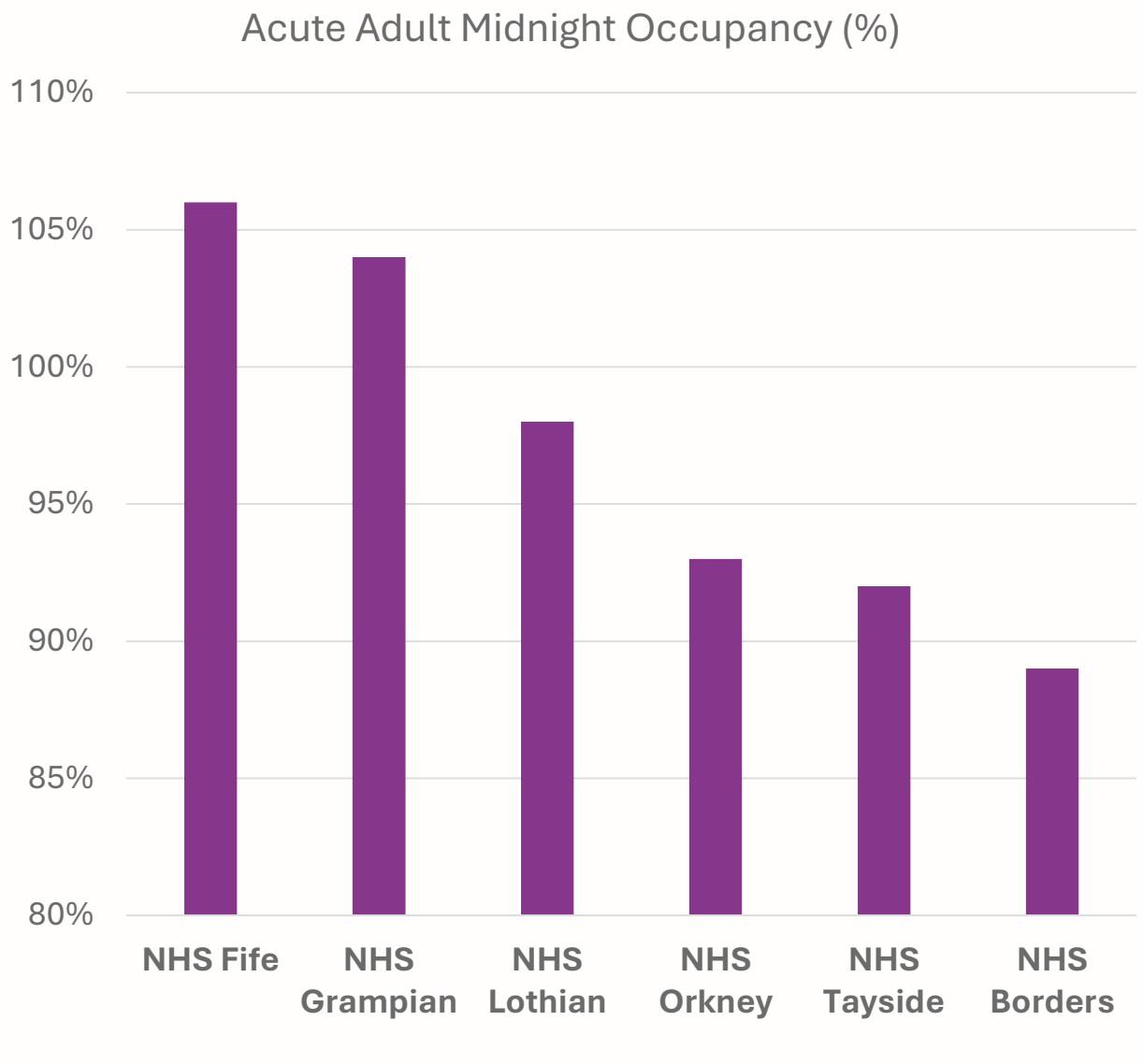
SCOTLAND EAST



Bed Usage & Overall Adult Acute Occupancy

SCOTLAND EAST





Performance Trajectories

SCOTLAND EAST

- We will develop a Scotland East performance framework to enable continuous evaluation that includes
  - High level outcome and performance data
  - Data to drive improvement
  - Experience data

- Trajectories will be developed Q1 2026/27 for Scotland East and its component Boards

1. Subnational Flow Centres

SCOTLAND EAST

Ambition: Establish a streamlined subnational model that reduces duplication and improves whole-system navigation that ensures patients can access the right care in the right place in a timely way

The Scotland East Subnational Structure will;

- Leverage economies of scale through a consolidated subnational approach.
- Explore what the correct number of Flow Navigation Centres (FNC) would be for the East region.
- Focus on eliminating re-triaging between SAS, NHS 24 and receiving sites.
- Explore co-location and integration of key navigation partners (SAS, NHS 24, Acute) within x no.of aligned FNC structures to enable real-time decision-making and system oversight.
- Develop pathways out from the FNC that can be 'virtual' (and regional) rather than need F2F assessment
- Explore how the above can lead to integration of elements of unplanned care into the digital front door

2. Shared Subnational Escalation Framework

SCOTLAND EAST

Ambition: Create a single, live escalation framework enabling dynamic risk-based patient flow across the region.

The Scotland East Subnational Structure will;

- Develop a unified escalation model (*including standardisation of triggers and language*) providing real-time comparative visibility of demand, capacity and risk across sites
- Develop agreed set of action cards/checklists across the region for assurance on attempts to de-escalate locally (for consistency of management and local response - and to ensure like for like resource utilisation)
- Focus on access being as close to home being the preferrable option, but create pathways to ensure equitable safe provision of emergency healthcare across the region
- Enable FNCs to actively direct patients between sites based on live escalation status.
- Move from site-based pressure management to regional flow optimisation.

3. Strengthened Virtual Capacity

SCOTLAND EAST

Ambition: Ensure non-acute and community pathways are the easiest and fastest route for appropriate patients.

The Scotland East Subnational Structure will;

- Drive growth and development of these services in line with SG ambition of 2000 H@H beds by Dec 2026
- Establish consistent minimum clinical acceptance criteria across priority services (e.g. H@H, OPAT, community respiratory), whilst retaining local flexibility.
- Create a subnational clinical reference mechanism to standardise thresholds and best practice.
- Explore standardised electronic referral routes into alternatives (that could be be facilitated through HSCP SPOCs for community services) from FNCs as core infrastructure.
- Retain capacity for FNC to facility professional-to-professional discussions but embed e-referral as default specification.
- Explore remote monitoring technology and remote assessment technology at a regional level, including evidence base – developing the case for a once for Scotland East approach.
- Define clear “bolt-on” criteria/specification for alternative pathways to integrate into a FNC (directory of services) system — enabling rapid scaling and test-of-change.

Optimising Flow

SCOTLAND EAST

"Reduce hospital occupancy and length of stay through aligned flow and discharge models"

- Within the category of "subnational promotion, sharing, and assurance of implementation of best practice to improve USC delivery at Board level" – see slide 5

- Boards will remain required to deliver improvement locally on **length of stay and associated models, with particular focus on system models for;**
  - **General Medicine // Frailty // Zero and <72h LoS pathways**

- **Consideration required as to Scotland Easts approach to "subnational promotion, sharing, and assurance of implementation of best practice"**

- Currently CfSD manages multiple ODNs, a DWD collaborative exists with some boards participating, and there is a HIS Frailty Collaborative in place with some boards participating

- There will become **a growing tension between participating in national sub-groups and forming Scotland East Subgroups**

- Fully National (East & West) Sub-groups enable best practice to be shared and discussed throughout all 14 territorial boards, however if East and West deviate in approach, ability to drive progress at pace using the subnational mandate may be lost

Financial Sustainability

SCOTLAND EAST

Review the current baseline position:

- Provide a baseline of current costs across the East Region at Board level, and an assessment of the level of cost reduction required to deliver financial sustainability
- Confirm current funding models and the reliance on non-recurring funding allocations
- Use data to evidence progress to date from a financial perspective with implementation of Flow Navigation Centres, Escalation Frameworks, and Virtual Capacity at Board level i.e. what have the outcomes been at local level to date and how do we learn from best practice moving forward.

Delivering Financial Sustainability

- Assess affordability of proposals and develop a model for cost reduction, with a framework of investment and disinvestment linked to deliverable outcomes
- Assess the whole-system financial impact of proposals, using data to evidence outcomes and the return on investment
- Align East region proposals with local Board Improvement Plans to ensure consistency and the optimal use of financial resource

Delivery Phasing

SCOTLAND EAST

Foundation 2026/27
governance, performance framework, model design and early pilots.

Implementation 2027/28
scaled delivery of standardised models and pathways.

Embedding and Optimisation 2028/29
sustained performance improvement, optimisation and system resilience.

Issues / Risks

SCOTLAND EAST

- Delivery Vehicle – Need clarity on governance arrangements at subnational level to drive these ambitious goals
  - Includes review of existing national groups and representation
- Clinical buy in
- Public opinion and uptake
- System linkage
- Data & digital consistency
- Workforce
- Finance

SCOTLAND EAST

Scotland East Subnational: Population-Based Urgent-Care and Flow

Overview – 03 March 2026

A Plan for NHS Scotland East

NHS Borders

NHS Fife

NHS Grampian

NHS Lothian

NHS Orkney

NHS Shetland

NHS Tayside

v.1 20/02/2026

v.2 24/02/2026 – adds from Craig

Content

Executive Summary

Our headlines

- Strategic Review
- Orthopaedics
- Emergency Healthcare
- Specific services
  - How commissions will be managed in the future

Background

- What is the ask of Health Boards?
- Service Renewal Framework and OIP?

Context

- Our population
- Our parameters
- Our strengths (performance, relationships, population growth)
- Our risks (financial picture, performance, workforce gaps)

How we have built our plan

- Process description
  - JSNA
  - Finance
  - Capital and estates
  - Fairer Scotland Duty
  - Public engagement
- Governance aspects
  - SPDCE membership etc
  - Commissions (refer to but put in each section)

Our outputs

- Strategic Review
- Finance
- Orthopaedics
- Emergency Healthcare Services

- Rural and Islands
- Business Systems
- [MyCare and DFD have different timescales]

Next steps

- Undertaking Strategic Review
- Taking forward orthopaedics
- Taking forward emergency healthcare
- Taking forward finance
- Taking forward business systems
- Taking forward service sustainability

Executive Summary

This document is the combined response of the territorial health boards of the East of Scotland to DL(2025)25. It summarises the work that has been undertaken by these Boards, and their national Board partners, under the auspices of the Subnational Planning and Delivery Committee (East).

Our Headlines

[Our Ambitions?]

We have a broad geographic area which is more than 400 miles long, reaching from the Border with England to the tip of the Shetland Isles archipelago. This includes the cities of Edinburgh, Dunfermline, Perth, Dundee, and Aberdeen, and nearly 400 islands across the Orkneys and Shetlands. We have seen significant population growth in some areas and have a younger-than-average population in the Scottish context. We have some of the most deprived areas in Scotland and the richest. We also have three of the oldest Universities in the world.

We therefore need to adopt an approach which is reflective of the array of strengths and challenges our populations and services contain.

We have agreed proposals that we believe will improve the performance and sustainability of **orthopaedic services** across the East of Scotland. This is built around a programme of clinical pathways and reducing unwarranted operational variation, with the principle that we treat all capacity across the East of Scotland as accessible for patients, regardless of their home postcode. This will require significant investment of time and financial resources, both revenue and capital.

We have identified three key areas of improvement within **emergency healthcare services**, Again, this is built on the principle of shared capacity and shared good practice, with a particular focus on standardised flow navigation mechanisms and standardised virtual capacity. Our priority for this work is that everyone gets the right care, from the right person, in the right place, and at the right time.

Our review of the **financial** context we exist within has led us to adopt a pragmatic approach to moving towards financial balance. Our combined recurring deficit is, however, more than £300m, and so we have begun work on a strategic review of our services. To deliver on the ambition we hold collectively, we will need to be radical in how we deliver services going forward.

Supporting this ambition is our work on our business systems and digital support.

We have agreed to work together in the future on how we deliver on ministerial commissions for new services and on sustaining access to services.

The ask of Health Boards

[describe DL requirements, stress these are ministerial directions but that accountabilities for clinical, staff, and financial governance remain in place]

[describe what the OIP and SRF say and how they influence what is included in here – eg JSNA process, DFD, etc]

Our context

Our population

Our parameters

Our strengths (performance, relationships, population growth)

Our risks (financial picture, performance, workforce gaps)

[Expand these out, and in particular the following paragraph…bold needs context/evidence etc

We have a broad **geographic** area which is more than 400 miles long, reaching from the Border with England to the tip of the Shetland Isles archipelago. This includes the **cities** of Edinburgh, Dunfermline, Perth, Dundee, and Aberdeen, and nearly **400 islands** across the Orkneys and Shetlands. We have seen **significant population growth** in some areas and have a **younger-than-average population in the Scottish context.** We have some of the most **deprived** areas in Scotland and the **richest**. We also have three of the oldest **Universities** in the world.]

How we have built our plan

We have been clear throughout this process that we want our work and our conclusions to be based on good quality evidence. To support this we have therefore set out to gather good quality detailed evidence on our workstreams, but also to place it within context.

Each of our workstream sections describe the method by which we have gathered the evidence to support our work in those, but we have also sought broader data and information to form a baseline of our work here and for the future.

Joint Strategic Needs Assessment

To give us an holistic overview of our population need, we asked the Directors of Public Health to commence work on a joint strategic needs assessment. They have undertaken this with our colleagues at Public Health Scotland and we expect this to form a basis for further work we will undertaken in the subnational space.

This work has shown us that;

- Xxxxxxx
- Yyyyyyy
- Zzzzzzzz

Taken together, this means that [AAAAAAAAA] and that as a consequence we must pay close attention to [BBBBBBBBBB]. We have therefore [CCCCCCCCCCCCC]

Finance

The Directors of Finance of the seven territorial health boards have worked closely together to build a common position. This shows that there is a significant set of financial challenges for us, and this is described in our section on finance. We have briefed the SPDCE at each of its meetings so far.

Of particular interest is that 4 of our constituent Boards are escalated under the [official name of process here] and in receipt of increased scrutiny and support from the Scottish Government.

Capital and estates

The facilities within which we deliver services heavily influence the way in which we work. This makes them both an enabler for innovation and greater productivity, but also a constraint on those factors. In some cases, these facilities can also present a risk to service sustainability, with implications for quality and safety. Good examples of the latter are infection control and instrument sterilisation.

To give us a baseline, we commissioned a short-life working group to put together a picture of the current state of our estate, and we expect this to report in early autumn. This will play into our strategic review. As part of this review, we also commissioned a rapid review of the feasibility of expanding orthopaedic theatre and inpatient capacity on the hospital sites in our estate which have theatres, land, and do not have the implications of emergency healthcare flow on-site. The output from this part of the review are described in our “orthopaedics” section.

Fairer Scotland Duty

We have worked with our colleagues at Public Health Scotland to design our assessment of our performance against the Fairer Scotland Duty. This has told us that [GGGGGGGGGGGGGGGGGg]

Public engagement

The diversity of the population SPDCE comprises underlines the need to ensure effective public engagement. We have worked with colleagues at Healthcare Improvement Scotland to design our approach to this and this has told us that [hhhhhhhhhhhhhhhhhh].

Our governance

Leadership for our work comes from the Subnational Planning and Delivery Committee East. This comprises the Chairs and Chief Executives of each of the territorial Health Boards, the Chairs and Chief Executives of the national Health Boards, and the lead officers for Finance, Strategic Planning, and Operations.

This SPDCE is supported by an Executive Group comprising the Chief Executives of the seven territorial Health Boards, the Chief Executives of the seven national Health Boards, and the lead officers for Finance, Strategic Planning, and Operations.

Our workstreams on orthopaedics, emergency healthcare, MyCare/Digital Front Door, and Rural and Islands, are all led by a territorial health board Chief Executive. A working group including Directors of Strategic Planning, Finance, Operations, Medical, Nursing, and Public Health leads each group and the core membership for each is shown in each section.

Each workstream has a commission which lays out expectations, and which has been agreed by the SPDCE and the Scottish Government. Each workstream also has a Terms of Reference and Issues Log.

Our outputs

Need input from leads for each except DFD/MyCare

Our outputs

Strategic Review – **Colin and Craig**

Finance - **Craig**

Orthopaedics **– Jim and Ben**

Emergency Healthcare Services – **Jim and Colin**

Rural and Islands – **James and Alan**

Business Systems - **Peter**

[MyCare and DFD have different timescales]

Strategic review

Finance

Introduction

NHS Scotland faces a set of persistent system pressures — amongst them rising demand, constrained finances, fragile workforce supply, and localised governance structures that do not always enable good system-wide decision-making.

Through collaborative discussion between East of Scotland Finance teams following the issuing of principles commissioned by the Scottish Government, we have agreed to working towards the creation of a cohesive, resilient, and digitally enabled finance system that can sustainably support high-quality health and care services across the East region. By working together as a unified sub-national system, the aim is to better respond to increasing demand pressures, enhance consistency, and build a financially sustainable framework that enables improved outcomes for the populations we serve.

By working in collaboration, we aim to deliver a more resilient, efficient, and future-focused finance function that strengthens health and wellbeing across Scotland East.

The Finance Principles and the East Response

On the 12th of January the Chief Finance Officer for the Health and Social Care Finance Directorate at the Scottish Government issued further guidance though a 'commission' to health boards across East and West areas.

Within this a number of principles/considerations were set out for the sub-national areas, stating that:

- The underlying principle must be that financial deficits across all Boards should be stabilised and where possible reduced in 2026-27.
- Plans must prioritise increasing the level of recurring savings towards the 3% target.
- No new recurring financial commitments should be made without confirmed funding.
- Identify areas of recurring financial pressure where adoption of best practice across the sub-national area can contribute to management of deficits.
- Triangulation with population need, capital infrastructure, workforce planning, and service fragility to identify and inform service plans for sustainable models of care.
- Alignment with key DL clinical service priorities to ensure that plans to deliver those priorities are affordable.
- Alignment with business systems and digital front door plans as developed and delivered.
- Develop an approach to align capital prioritisation processes and work towards a single capital plan, encapsulating both new capital requests and business continuity processes.

The Finance programme for Sub-National East has given due consideration to the contents of these principles and will focus on a number of key areas in the early stages:

- **Support to the Five Strategic Priorities** identified by the wider Sub-National programmes – including Business Systems Development, the Digital Front Door, Remote and Rural priorities, Orthopaedic services and Unscheduled Care;
- Identification of opportunities to **learn from best practice** across boards in order to **reduce the overall financial gap**, with the ambition that the East boards are able to collectively operate within available resources in the next three years;
- **Build resilience** across the Finance teams, but also support the wider challenge to achieve this across clinical services;

Areas of Focus

Supporting the Priority Workstreams

Finance will play a leading role in understanding opportunities for sustainable services within the programmes defined under the Priority Workstream headings. Progress is already being made across Orthopaedics, with Finance contributing to the decision-support process around financially expedient choices.

The development of analytical capability across the East will be a key feature of development to support ongoing assessment of efficiency and sustainability options. This will require boards to support work in the development of supporting tools for analysis, including the application of Discovery and enhanced costing at patient level (PLICS).

Reducing the Overall Financial Gap

Initial assessment suggests that the recurrent underlying gap across the East region is currently in excess of £300m. Tackling such a significant underlying deficit will be a key challenge, particularly recognising that the SG requirement to deliver financial sustainability within three years, the time at which all addition sustainability and deficit support funding will come to an end.

In the very short term, a consolidation of financial plans across the East for the forthcoming financial year (2026/27) and beyond will clarify the financial challenge for the East region, setting the baseline position that will inform future actions.

All boards have an underlying financial gap, however the levels are not proportionate between boards. Due recognition will be given to this variation, whilst efforts will concentrate on a number of opportunities to reduce the gap including:

- **NRAC parity** for health boards in the East - At present, boards in the East are collectively behind NRAC parity by circa £30m. This resource sits in the West, and we will work across all health boards and with SG Finance colleagues to identify a medium-term approach to bring parity to boards;
- **Best Practice** – through some early benchmarking evaluation, there are evidently areas of good practice in financial performance across the East Boards. For instance, Fife and Lothian are amongst the lowest cost prescribers of primary care medicines in Scotland. Seeking out opportunities for cost reduction through benchmarking and identification of good, low-cost practice will be a focus, particularly in the higher spend areas of nursing, medical staff, drugs, supplies and Property/Facilities;

- Collective strength – Collaboration between East boards will create opportunities that may not be available to boards at an individual level. Strength through unity will create financial opportunities in areas such as the management of agency costs as well as clinical benefits through rotation of posts.

Throughout this, there remains a need for boards across the East to continue to foster strong relationships with boards in the west for shared learning, national initiatives and ongoing collaboration on cross boundary flow for national and regional services.

Finance leaders acknowledge that the scale of challenge will be significant, and recognise that beyond efficiency opportunities as described above, tougher choices may be required. This will include reflecting on statutory responsibilities within healthcare provision and considering tolerance levels to clinically operate within this. Beyond that, an assessment of what a balanced financial system would look like may result in the presentation of difficult choices for the East to consider, including current structures around charging models as well as service reductions. This would only feature once all other cost reduction initiatives have been explored.

Building System Resilience

A key focus of attention will be towards a Once-for-Scotland approach to digital finance tools, ensuring streamlined, modern, and interoperable systems through the Business Systems programme. Enhancing digital capability across the finance workforce will unlock more efficient reporting, better-informed decision-making, and a stronger foundation for long-term transformation.

Through closer working the aim will be to further develop the shared services model to improve resilience, reduce duplication, and create consistent quality. Models of cross border co-operation already exist (for example within Payroll services, Procurement), and further opportunities are available across other services.

Wider system resilience into clinical services will be a key tenet of evolving work, giving due consideration to arrangements supporting recruitment best practice and opportunities for the management of rotas beyond traditional boundaries to support more vulnerable services.

Working within Constraints

Whilst the Sub-national infrastructure offers opportunities for greater collaborative working, constraints will remain including:

Governance and Accountability - our ambition is restricted by current governance and accountability arrangements which were not designed to support sub national, cross-Board decision-making.

Rural and Remote Challenges - Standalone services in remote and island communities are under pressure. Greater joining-up across Island Boards is not only welcome — it is essential for maintaining safe, equitable access.

Existing Partners – For functions delegated to Integration Authorities such as Unscheduled Care, sub national redesign becomes even more complex and requires further collaboration beyond the sub-national framework.

Next steps

Next steps (all as above)

Undertaking Strategic Review

Taking forward orthopaedics

Taking forward emergency healthcare

Taking forward finance

Taking forward business systems

Taking forward service sustainability

AGENDA

Weekly East DoF Meeting

Friday 27th March 2026, 1.00pm (via Teams)

Attendees:

Craig Marriott
Melanie Barnes
Alex Stephen
Stuart Lyall
Susan Dunsmuir
Colin Marsland
Andrew Bone

Apologies noted –
Deputies –

Agenda items	
1. Comms and Engagement Strategy – attached	
2. NHS Scotland East Executive Summary – attached	
3. SPDC 25th March Meeting Papers – attached • Papers for SPDCE this evening • Summary of feedback received from Boards on the plan	
4. Sub-National Draft Plan Presentation	
5. AOCB	
6. Date & Time of the next meeting – Friday 10th April, 1.00pm	

A Plan for NHS Scotland East

Executive Summary

Scotland East Sub-national Planning and Delivery Committee | March 2026

Context and Purpose

This document represents the first five months of a new approach to healthcare planning in Scotland, bringing together the Scotland East Sub-national Planning and Delivery Committee's (SPDCE) response to Ministerial Direction DL(2025)25, issued on 13 November 2025.

The seven territorial health boards of NHS Scotland East — NHS Lothian, NHS Grampian, NHS Tayside, NHS Fife, NHS Borders, NHS Orkney, and NHS Shetland — serving a combined population of approximately 2.48 million people and operating within a 2025/26 funding envelope of £7.1 billion, are directed to work collaboratively to deliver five priority workstreams by 31 March 2026 (with one element extended to 30 June 2026). The SPDCE is led by the Chief Executive of NHS Lothian and chaired by the Chair of NHS Lothian.

Scotland East's overarching ambition is to develop and deliver optimal, innovative, sustainable, and population-focused models of care that improve outcomes and reduce inequalities — not simply within individual boards, but for the whole population of the East of Scotland, regardless of where people live.

2.48m	**£7.1bn**	**17,590**	**>£300m**
Population served	**2025/26 funding**	**IPDC Orthopaedic waits**	**Financial gap**
across 7 health boards	total NHS East allocation	patients on waiting list	underlying recurring deficit

Governance and Structure

DL(2025)25 established two Strategic Planning and Delivery Committees — Scotland East and Scotland West — bringing together territorial health boards alongside National and Special Health Boards. The SPDCE is supported by a Strategic Planning and Delivery Executive Group comprising the Chief Executives of all relevant boards.

This subnational planning model creates a platform to reduce unwarranted variation, improve financial sustainability through smarter use of shared resources, and strengthen clinical sustainability by planning across a wider footprint. Staff-side engagement has to date been limited and is acknowledged as a risk requiring urgent resolution. In time, SPDCs will be supported by Lead Directors for key functions.

The Five Priority Workstreams

1. Consolidated Financial Plan

The underlying recurring financial gap across Scotland East is currently assessed at in excess of £300 million. Achieving financial sustainability within three years — when all additional sustainability and deficit support funding is withdrawn — is the central financial challenge. Scotland East's finance programme is focused on three areas:

- Reducing the overall financial gap, including addressing the circa £30 million NRAC parity shortfall — resource that currently sits in the West — through medium-term negotiation with Scottish Government Finance colleagues.
- Spreading best financial practice across boards, building on existing examples such as NHS Fife and NHS Lothian's position among Scotland's lowest-cost primary care prescribers.
- Building collective resilience, including through shared services, agency cost management, and clinical post rotation.

Finance leaders acknowledge that efficiency measures alone may not be sufficient, and that tougher choices — including possible service reductions — may need to be considered once all other options have been exhausted. A consolidated financial plan for 2026/27 across all East boards will be developed to establish the baseline for future action.

2. Treatment Time Guarantee: Orthopaedic Elective Care

As of 23 February 2026, 17,590 residents of the East of Scotland are waiting for orthopaedic surgery (3,473 waiting over 52 weeks), and 22,819 are awaiting a new outpatient appointment (2,015 waiting over 52 weeks). Lower limb pathways account for approximately 59% of the inpatient/daycase waiting list and 69% of those waiting beyond 52 weeks.

Scotland East's ambition is to deliver a single orthopaedic system built around one population, one shared budget, and one coordinated waiting list — patients treated by clinical need rather than geography. The phased plan will:

- Confirm an agreed baseline across all boards using Demand, Capacity, Activity and Queue (DCAQ) analysis.
- Develop and agree three planning scenarios: core capacity, optimised capacity and an enhanced investment model.
- Progressively align pathways, waiting list prioritisation and cold site (elective) capacity across the region.

Measurable improvement to patient equity, reduced unwarranted geographical variation, and greater use of protected elective capacity are the expected patient-facing outcomes.

3. Emergency Healthcare Access and Improving Flow

Scotland East is committed to a radical redesign of unscheduled care, centred on the individual's home and the principle that hospital attendance should occur only when there is no safe alternative. Performance against the four-hour Emergency Department standard has remained persistently below expectations, and the current system presents significant variation and fragmentation across the region.

Four priorities have been identified:

- Establish a consolidated network of Flow Navigation Centres (FNCs) to reduce duplication, eliminate re-triaging between Scottish Ambulance Service, NHS 24, and acute sites, and enable real-time regional decision-making.
- Create a single live escalation framework, with standardised triggers and language, enabling dynamic risk-based patient flow across the region rather than site-by-site pressure management.:
- Grow Hospital at Home and community pathway capacity, working toward the Scottish Government's ambition of 2,000 Hospital at Home beds by December 2026, with consistent clinical acceptance criteria and standardised electronic referral routes.
- Agree and monitor a set of shared performance trajectories across the East, with financial sustainability assessments underpinning each workstream.

Local boards will continue to focus on reducing hospital occupancy and length of stay, with particular emphasis on general medicine, frailty, and zero-to-72-hour stay pathways.

4. Once for Scotland: Business Systems

The ministerial mandate requires full implementation of a 'once for Scotland' approach to business systems — encompassing financial systems, HR and payroll, and other core functions — by October 2028. Scotland East is fully supportive of the continuing national programme lead, with the expectation that a joint East-West plan will be developed. The plan to 31 March 2026 will set out:

- A clear project plan with key delivery milestones, including digital system installation timescales and commissioning work for transformation structures and shared service proposals.
- Resource requirements from participating boards and staff engagement mechanisms, including trade union and staff-side partnership working.

The Business Systems programme predates the SPDCE structures and Scotland East will integrate its contribution into a national plan rather than create a separate East-only approach.

5. Digital Front Door (MyCare.scot)

The MyCare.scot Digital Front Door (DFD) programme aims to provide Scotland's population with seamless digital access to health services and personal health information. Scotland East's submission to 31 March 2026 will describe organisational readiness — including local change processes and the legal and information governance frameworks required for lawful sharing of personal data — ahead of a full regional blueprint due by 30 June 2026.

A three-year transformation plan covering the period to March 2029, encompassing clinical frameworks, workforce planning, capital requirements, and financial planning, is expected to follow during 2026/27. Integration of unscheduled care pathways into the DFD, through the FNC infrastructure, is a longer-term ambition.

Cross-Cutting Themes

Rural and Islands

Although not a mandated workstream under DL(2025)25, Scotland East recognises that 94% of Scotland's landmass is designated rural and has established a dedicated Rural and Islands working group. This group is charged with ensuring that rural and island population needs are embedded at every stage of sub-national planning — not treated as an afterthought — in compliance with statutory duties under the Islands (Scotland) Act 2018 and in alignment with the Service Renewal Framework.

Health Inequalities and Population Health

Across all five workstreams, Scotland East is committed to reducing health inequalities, improving equity of access and outcomes, and strengthening population-based planning through shared data, joint strategic needs assessment (JSNA), and close working with Public Health Scotland, Healthcare Improvement Scotland, and the Centre for Sustainable Development.

National and Specialist Services

Running alongside the five core workstreams, Scotland East is engaged in planning for a range of national and specialist service commitments, including maternity and neonatal service reconfiguration (including neonatal intensive care), expansion of the national thrombectomy service to round-the-clock provision, stabilisation of vascular surgery services, and a review of late-stage abortion provision.

Key Risks and Asks of Scottish Government

Scotland East is open about the risks associated with this plan. The key risks requiring escalation or Scottish Government support are:

- Staff-side engagement has been limited to date; urgent resolution required to ensure partnership working is embedded in implementation.
- Current governance and accountability arrangements were not designed for cross-board sub-national decision-making; further clarity and flexibility are required.
- A £300m+ recurring gap cannot be closed by efficiency alone within three years. Honest dialogue with Scottish Government about the pace and scale of what is achievable is essential.
- A circa £30m NRAC resource imbalance between East and West boards requires medium-term resolution.
- Consistent data standards and interoperable systems are a prerequisite for many of the plan's ambitions.

Scotland East asks Scottish Government for continued policy alignment, flexibility in funding arrangements, support for cross-board governance, and clear commissioning cycles — with commissions issued in December of each preceding year — to allow effective sub-national planning.

Next Steps

During 2026/27, Scotland East will prioritise:

- Testing the assumptions contained in this initial plan and expanding engagement with clinical teams, staff-side representatives, and the public.
- Developing a governance and implementation structure, including a sub-national Programme Management Office to oversee delivery and monitor impact.
- Building a single performance framework spanning local health board, sub-national, and national levels, in collaboration with Public Health Scotland, Healthcare Improvement Scotland, and Directors of Public Health.
- Progressing the MyCare.scot regional blueprint and developing a three-year DFD transformation plan by 30 June 2026.
- Agreeing an orthopaedic delivery model based on validated DCAQ analysis and tested planning scenarios.

This plan marks the beginning, not the end, of a new way of working for NHS Scotland East. The SPDCE is committed to building on this foundation to deliver measurable improvement for the people of Scotland — in partnership with Scottish Government, National and Special Boards, Integration Authorities, and the wider public sector.

Scotland East Sub-national Planning and Delivery Committee | March 2026

SCOTLAND
EAST

Draft Plan – feedback and next steps

Draft Plan - summary

SCOTLAND EAST

- Single plan for East and West, with joint frontispieces
- Constructed in 80 working days
- The joins are definitely visible, and East and West have done things slightly differently
- Real challenges with engagement – public, staff, other partners
- Key objective – submit a plan by 31st March
  - *Second objective – make it a real plan by end Q1 2026-27*

Feedback

SCOTLAND EAST

All Boards held meetings to review draft plan w/c 16th March

- Common themes
  - Challenge of public engagement
  - Challenge of staff engagement
  - Challenge of engagement with partners, eg IJBs
  - All Boards clear that, per DL(2025)25, there is no change to responsibility and accountability for clinical, staff, or financial governance
  - Welcome and fully endorse the rural and islands approach being led in the East
  - Risks need to be more clearly articulated
  - A need to be clearly equitable in how services are delivered
  - Noting that the plan covers a small slice of our activities
  - A positive but cautious endorsement of the direction of travel
    - But a need to see meaningful detail in the next iteration

Feedback (2)

SCOTLAND EAST

Specific points

- Implications for clinical training to be thought through (Grampian)
- A desire to recognise Aberdeen Royal Infirmary as a tertiary centre (Grampian)
- Clarity required on lessons from impact assessments (Tayside)
- Caution about how optimistic we can be, given the financial constraints (Shetland)
- A “tactical” “plan for a plan”, rather than a convincing vision for the future (Lothian)
- Consider how much this approach can help shift to prevention and support for vulnerable communities (Borders, Tayside, Grampian)
- Areas selected for work are most useful as “proof of concept” (Fife)
- Concern re the capacity availability for true delivery (Orkney, Shetland)
- Need to develop fully a communications and engagement plan (Orkney)
- Single authority models add a layer of complexity (Orkney, Shetland)

Next steps

SCOTLAND EAST

If agreed today…

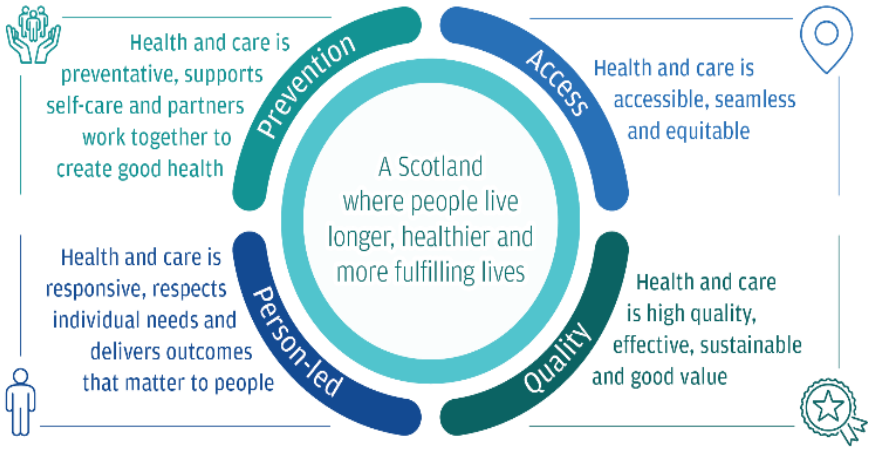
- Submission to SGHSCD to meet deadline
  - Key alterations
    - Add description of DPH/PHS intelligence work (embedded in approach, but to call out)
    - Append Business Systems work (circulated for today)
    - Append feedback summary
    - Revision to neonatal summary in vulnerable services section
- Intensive work in Q1
  - What is being asked of each Board?
  - What is being given to each Board?
  - Greater levels of detail
  - Engagement approach
  - Clarification of available capacity to execute

Sub National Planning Communications & Engagement Strategy

1. Overview and Strategic Context

Scotland's health and care system faces sustained pressures from rising demand, workforce challenges and financial constraints. To address these challenges, services must be planned at a scale that supports consistency, safety and value.

The following diagram sets out the vision for health and social care in Scotland and its four key themes:



In support of achieving this vision, the Scottish Government has directed Boards to collaborate in two sub-national planning groups, Scotland East and Scotland West.

Scotland East	Scotland West
• NHS Borders, • NHS Fife • NHS Grampian • NHS Lothian • NHS Orkney • NHS Shetland • NHS Tayside	• NHS Ayrshire and Arran • NHS Dumfries and Galloway • NHS Forth Valley • NHS Greater Glasgow and Clyde • NHS Highland • NHS Lanarkshire • NHS Western Isles

The following priority areas of focus have been identified:

- Business Systems
- Digital Front Door
- Emergency Healthcare (Unscheduled Care and Flow)
- Orthopaedic Elective Care Services
- Rural and Island

Business Systems and Digital Front Door are national workstreams. Rural and Island exists as a distinct workstream in Scotland East. In Scotland West its considerations are women through each workstream.

Scotland East and Scotland West are also each required to deliver consolidated financial plans. With the removal of sustainability funding and deficit relief funding over next 3 years, the expectation is that Sub National Planning will return all Boards to financial balance.

Sub National Planning represents a significant evolution in how NHS Scotland delivers sustainable, high-quality services across defined regional footprints. It is not structural reorganisation, but collaborative planning and delivery at scale, designed to:

- Improve clinical sustainability
- Reduce unwarranted variation
- Strengthen workforce resilience
- Optimise use of public resources
- Improve patient outcomes across regional populations

1.2 Purpose and Role of Communications and Engagement

This strategy aims to use consistent messaging to inform and influence all stakeholders to support change and to encourage staff, external stakeholders, including independent contractors, and the public to participate in its design and adoption.

Communications and engagement have a critical role to play in helping people understand the drivers for change and the scale at which it is needed. It can help reach all stakeholders – internal and external - to increase awareness of critical messages, shift attitudes and grow confidence in the direction of travel. It can help motivate people to listen to a national conversation about change and / or to participate in it, to become involved in helping to shape that change. It can facilitate communication with and between the professionals who deliver these services, the communities who access them and the politicians who represent them, ensuring change is well informed and built for success.

A national awareness campaign, by NHS Scotland or the Scottish Government, that sets out the context for change in the ways services are organised, accessed and delivered will be an important foundation on which to build positive engagement in subnational planning. Without it, there is a risk proposals may become mired in opposition or delay.

This strategy aims to ensure consistent, coordinated messaging, aligned to national policy direction and local governance processes:

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- within each of the seven territorial Health Boards of Scotland East and within each of the seven territorial Health Boards of Scotland West
- across the whole of Scotland East and the whole of Scotland West
- between East and West, and the national Boards to support a coherent national approach
- Across primary care services as critical system partners particularly where changes impact access, demand and patient pathways
- to all external audiences including patients and elected representatives

We will do this by:

- Establishing a shared narrative and positioning framework
- Aligning messaging across all seven Boards in each sub national area and the National Boards
- Supporting local communications plans tailored to committee cycles, Board meetings and local partnerships
- Working with IJB, Local Authority and Third Sector partners including HSCPs/ Primary Care Independent Contractors
- Involving people in shaping change in adherence to HIS *Planning with People* guidance
- Providing clarity and confidence to staff, partners and the public
- Anticipating and mitigating reputational and political risk

1.3 Core Narrative – Why Change is Needed

- *Scotland has reached a critical point in the nation's health with an ageing population and poor health resulting in growing demands upon our health and social care services and increasing costs.*
- *The NHS faces a challenge to supply a workforce sufficient to the needs of this changing demographic and rising demand.*
- *Change is essential to ensure health and care services are sustainable into the future and able to meet the needs of our changing population.*
- *The vision for healthcare services is to deliver a Scotland where people live longer, healthy and more fulfilling lives. This will be supported by providing quality services; maximising access, and investing in prevention and community based support.*
- *Specialist services will be delivered on a regional or national basis to support the development of expertise and excellence and to ensure you are seen and treated as quickly as possible, wherever you live. This may mean that you have to travel further to access a specialist service.*

  *(*This is supported by Citizen Panel research that highlighted the majority of the population are willing to travel for specialist care.)*
- Rapid development of virtual services will enable safe, effective care closer to home
- *Where clinically appropriate other services will be delivered closer to home in your community.*

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2. Sub National Planning – Core Aims & Objectives

Overall Aim

To deliver clinically and financially sustainable services through collaborative regional planning while maintaining strong local accountability.

Strategic Objectives

- ***Clinical Sustainability***
  - Address fragile services.
  - Ensure safe rotas and workforce resilience.
  - Enable centres of excellence where appropriate.
- ***Equity of Access***
  - Reduce regional variation.
  - Improve consistency of service standards.
- ***Workforce Optimisation***
  - Develop regional workforce models.
  - Create clearer career pathways.
  - Reduce reliance on temporary staffing.
- ***Financial Sustainability***
  - Deliver value through shared services.
  - Reduce duplication.
  - Maximise capital planning impact.
  - Return to recurrent financial balance across the system over 3 years
- ***Digital & Data Integration***
  - Improve interoperability.
  - Support shared clinical pathways.
- ***Population Health & Prevention***
  - Align regional planning with IJB and Local Authority strategies.
  - Strengthen Anchor Institution roles.

3. Sub National Planning - Workstreams

Sub National Planning (SN)is being progressed through a series of priority collaborative workstreams designed to address shared system pressures, improve sustainability and maximise regional capacity.

Each workstream operates through cross-board clinical and operational groups, reporting through the Sub National governance structure and respective Board governance arrangements.

The communications approach must ensure:

- clarity of purpose for staff and partners
- consistency of messaging across all Boards
- transparency in decision-making
- reassurance for communities where service models may evolve

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3.1 Elective Orthopaedic Services Workstream

Elective Orthopaedic Services Workstream	
Strategic Aim	To develop a regional orthopaedic model that reduces waiting times, improves surgical productivity and ensures sustainable specialist services.
Key Objectives	• Reduce orthopaedic waiting lists across the region. • Optimise theatre utilisation and surgical capacity. • Develop regional elective pathways where appropriate. • Improve access to high-volume, high-quality surgical care. • Share workforce expertise across Boards.
Communications Objectives	• Explain how regional collaboration can reduce waiting times faster. • Position the work as improving access rather than moving services away. • Ensure staff understand implications for theatre teams, outpatient services and elective pathways. • Provide consistent briefing to GP contractors on referral pathway changes, supported by shared referral guidance and aligned patient communications to manage expectations and ensure equitable access across the region.
Messaging	• *Regional collaboration will help treat patients sooner.* • *Clinical teams are working together to improve surgical access#.* • *Patients may be offered treatment at the earliest available location, which may not be within their local board area.*

3.2. Unscheduled Care Workstream

Unscheduled Care and Flow Workstream	
Strategic Aim	To strengthen the regional urgent and emergency care system, improving patient flow and resilience across the network.
Key Objectives	• Improve patient flow through Emergency Departments. • Reduce delayed discharges. • Strengthen hospital-community interface. • Improve coordination of urgent care pathways. • Enhance system-wide surge planning.
Communications Objectives	• Reinforce that unscheduled care pressures are system-wide challenges. • Highlight collaborative solutions across health boards and partners.

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	• Support staff engagement in redesigning urgent care pathways. • Help shift the pubic mindset as to how , where and when to access urgent care • Engage GP clusters, out-of-hours, pharmacy in shaping and validating *Right Care, Right Place* messaging and urgent care pathway changes
Messaging	• *Improving patient flow requires coordinated action across hospitals, community services and partners.* • *Regional collaboration helps balance pressures across the system.* • *Patients will continue to receive care based on clinical need and urgency.* • Right Care, Right Place messaging will also evolve as plans develop

3.3. Digital Front Door Workstream

Digital Front Door Workstream	
Strategic Aim	To create a single, accessible digital entry point for patients across the Sub National East region, improving access to services and reducing unnecessary demand on acute services.
Key Objectives	• Improve online access to health advice and services. • Develop digital triage and navigation tools. • Strengthen self-management and remote care options. • Improve patient signposting across Boards.
Communications Objectives	• Promote digital access as enhancing, not replacing, existing services. • Support digital confidence among staff and patients. • Ensure consistent messaging across all Boards regarding new digital tools. • Raise awareness of MyCare as it evolves •
Messaging	• *Digital services will make it easier for patients to access the right care.* • *Technology will support faster access and better navigation of services.* • *Digital access complements existing phone and face-to-face services.*

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3.4. Rural & Islands Workstream (East) NB Scotland West does not have a distinct Rural and Island workstream. These considerations are woven through the remit of each workstream.

Rural & Islands Workstream (East)– Workstream	
Strategic Aim	To ensure equitable access to services for rural and remote communities while improving sustainability of services in these areas.
Key Objectives	• Develop innovative care delivery models for rural populations. • Improve workforce recruitment and retention in rural settings. • Strengthen telehealth and digital solutions. • Enhance transport and patient travel solutions where needed.
Communications Objectives	• Reassure rural communities that the aim is protecting and strengthening services, not reducing them. • Highlight innovation and investment in rural healthcare. • Engage closely with local authorities and community partners.
Messaging	• *Rural communities require tailored solutions.* • *Technology and regional collaboration can improve access.* • *Protecting sustainable services in rural areas is a core priority.*

3.5. Business Systems Workstream

Business Systems – Workstream	
Strategic Aim	**Strategic Aim** To improve efficiency, transparency and consistency across organisational support systems through shared approaches where appropriate.
Key Objectives	• Align business processes across Boards. • Improve procurement and supply chain collaboration. • Enhance workforce systems and data sharing. • Improve financial transparency and planning.
Communications Objectives	• Explain benefits of shared systems in reducing duplication. • Reinforce that improvements will support frontline services. • Ensure staff understand operational changes where systems align.
Messaging	• *Shared systems free up resources for patient care.* • *Streamlining processes improves efficiency across the region.* • *Frontline services benefit from stronger organisational support systems*

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3.2. Cross-Cutting Communications Principles

Across all communications will emphasise:

- Clinical Leadership
- Changes are led by clinicians and operational experts.
- Patient Benefit
- The primary goal is better patient outcomes and access to care.
- Collaboration Not Centralisation
- Boards retain accountability while working collectively where it adds value.
- Transparency
- Decisions will follow established governance processes across each Board.

4.HANDLING

4.1 How we will organise ourselves

Sub National Communications and Engagement Groups

To support consistent messaging across the seven Boards of each of Scotland East and West, two Sub National Communications and Engagement groups will be established –one for East and one for West. These will feed into a National Communications and Engagement Group and vice versa. The aim is to create a coordinated communications and engagement network across the country to:

- align messaging – ensure clarity and consistency
- coordinate announcement timing
- share risk intelligence
- minimise uncertainty and maintain trust
- develop shared communication materials

Workstream Communications Leads

Each workstream will have dedicated Comms Lead to identify and fulfill its communications needs and feed activity updates to the appropriate Sub National Comms and Engagement Group, to contribute to regular update bulletins distributed to all boards in the appropriate sub national group.

4.2 Shared Sub National Planning Communications Toolkit

The groups will produce a centrally developed suite of resources including:

- briefing packs for Board members
- staff briefing templates
- briefing packs for other key stakeholders, eg primary care, HSCP's etc
- FAQs
- presentation slides
- media handling lines

4.3 Sub National Planning Local Adaptation and Delivery

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While maintaining consistent regional / national messaging each Board will adapt communications through local channels including:

- staff intranets
- leadership briefings
- Board briefings and papers
- stakeholder engagement
- local media engagement

4.4 Audiences, Channels and Activity

Internal

Existing mechanisms will be used for internal engagement at key junctures: These will include

- Local / Area Partnership Forum
- Area Clinical Forum
- Corporate Committee Structure
- Professional Groups SAMDs, SEND, GP Sub, DPHs, HRDs, DoFs etc
- Board Briefings

External Engagement (see Appendix: *SN Promotion - Channels)*

A variety of mechanism will be used to engage and communicate with external audiences. These may include:

- Patient participation networks
- Third sector organisations
- Trusted voices -clinicians., subject experts; economists, demographers, workforce specialists etc.
- 'owned' media : digital channels – NHS websites, social media channels
- 'earned' media: Local and national media editorial
- 'Paid' media – scope for awareness campaign across radio and social media.

5.Risks

- Lack of partnership engagement undermines confidence and trust of staff and jeopardises ability to engage externally
- Sub National, and wider reform agenda is weaponised during pre -election period
- Public do not engage on strategic direction and are not interested until we have tangible plans share
- Failure to reach agreement with HIS on application of Planning with People guidance on public involvement in shaping plans
- Governance frameworks could slow progress at pace
- Lack of funding to support national awareness campaign making the case for change
- Lack of ownership of national awareness campaign on the case for change
  Insufficient or late engagement with staff, resulting in loss of clinical credibility and resistance to implementation
- Insufficient or late engagement with primary care independent contractors, resulting in loss of clinical credibility, unintended transfer of workload, reduced adoption of new pathways and resistance to implementation

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Reputational risk to individual Health Boards and to NHS Scotland as whole if aims, outcomes and benefits of subnational working are not realised

6.Evaluation

Mechanism to include:

- Awareness survey before and after campaign sprints
- Measurement of digital metrics on social media platforms – reach and engagement
- Measurement of referrals to web hub via link / QR code
- Campaign evaluation: any activity involving paid-for media channels will undergo evaluation to assess impact of the investment, although the depth of analysis will depend on budget availability.

7.Outline Timeline

From the period from now until end of September activity can be organised into 2 broad phases:

Phase 1: Pre-Election Ongoing March to June April Towards end of April	1. Regular update briefings continue to for senior teams and leadership system in each Board 2. Planning post-election activity: a. Production of material making the case for change (suite of short videos, web hub creation, campaign planning, briefing pack,) 3. Internal engagement rounds begin via existing mechanisms -- professional groups, committees etc. 4. Event for wider system leadership team in each Board is planned for end of April/ early May. a. The purpose is: b. to set out what SN is and what it is not c. Highlights of each workstream plan submitted to SG d. Q and A e. Outline next steps
Phase 2: Post-election *From early summer*	Internal Briefings continue 1. External briefings and engagement begins 2. All staff briefings take place in all Boards: Microsoft Teams based, plus in-person Q and A sessions. Led by Chief Execs and workstream leadership. Briefing of external stakeholders – MSPs, Third Sector where appropriate

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	3. Recruitment of patient / public reps to workstreams 4. Awareness Campaign – 2 x 6 week sprints: Mid-May to end June Mid-August to end September
From late summer /early autumn	*5. Public Engagement*

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