Lothian NHS Board

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

Date 16 November 2026
Your Ref
Our Ref 11972

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

Dear

FREEDOM OF INFORMATION – SPDEG

I write in response to your request for information in relation to SPDEG minutes.

Question:
- The minutes of the meeting on 5th May seem to have been omitted.

Answer:
There was no meeting in May – 5th May meeting was cancelled, so no minutes, however the March minutes will still refer to a May meeting that ultimately did not go ahead.

Question:
Minutes of 3 Feb 2026
Item 6.1 and 7.1 refer to a paper on proposed arrangements for transition of existing structures, I assume item 6. 1 and 7.1 refer to the same document

Answer:
There were two items, but with overlapping papers. These covered the existing planning teams who already work either nationally or at regional level, across and behalf of multiple health boards.

Question:
Item 9.2
9.2. A "Handbook" had been prepared which included the key components of the East Region approach and its intended outputs

Answer:
Handbook enclosed.

Question:
- *Minutes of 31 March 2026*

Answer:
Minute enclosed.

Question:
3. Confirmation of Plan Submission
3.1 Members noted that the plan had been submitted earlier today, I'd like a copy of the submitted plan .

Answer:
This is in draft form only. Unfortunately, at this time copies of drafts are considered exempt under Section 30 of the Freedom of Information (Scotland) Act 2002 - Prejudice to effective conduct of public affairs.

Information is exempt information if its disclosure under this Act-
(b) would, or would be likely to, inhibit substantially-
(i) the free and frank provision of advice; or
(ii) the free and frank exchange of views for the purposes of deliberation; or
(c) would otherwise prejudice substantially, or be likely to prejudice substantially, the effective conduct of public affairs.

Question:
- *Meeting of 2 June*

Answer:
Enclosed.

Question:
10. Additional item – Proposed New Model of Unscheduled Care
10.1 In an amendment to the circulated agenda, a presentation was delivered outlining a proposed redesign of Unscheduled Care, foc

Answer:
This is the published plan we have been asked to take forward. The presentation would have briefed on the early response of Subnational. Also attached the basic presentation given from that day

https://www.gov.scot/publications/health-care-improving-flow-plan-2026-2031/pages/5/

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible
(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

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.

Establishing a New Sub-National Planning Structure for Scotland East and Scotland West

First Draft for SPDC Review and Feedback

Date: March 2026

SCOTLAND EAST

NHS Borders
NHS Fife
NHS Grampian
NHS Lothian
NHS Orkney
NHS Shetland
NHS Tayside

SCOTLAND WEST

NHS Ayrshire & Arran
NHS Dumfries & Galloway
NHS Forth Valley
NHS Greater Glasgow & Clyde
NHS Highland
NHS Lanarkshire
NHS Western Isles

Handbook

SCOTLAND WEST SCOTLAND EAST

Foreword & Purpose of this Handbook

Scotland's health and care system is at a pivotal point, facing rising demand, workforce pressures, and persistent inequalities. With the population aged 75+ projected to grow by over 30% by 2035, sustainable outcome focussed transformation is essential. Building on the First Minister's vision, there is opportunity to strengthen collaboration, leadership, planning and digital capability all of which will be key to creating a modern, person-centred healthcare system that meets Scotland's future needs.

Following the Director's Letter of November 2024 outlining a renewed approach to population-based planning across NHS Scotland, the First Minister made a policy speech on 27 January 2025, launching the NHS Scotland Service Renewal Framework (SRF) and signalling a national commitment to the renewal of population health priorities across Scotland.

Throughout 2025, following the publication of the Public Sector Reform Strategy, Service Renewal Framework, the Population Health Framework, and the First Minister's June 2025 speech setting out an ambitious vision for transforming Scotland's public services, the First Minister and the Cabinet Secretary for Health and Social Care have been exploring the potential benefits of a more collaborative, Scotland-wide approach to health planning and delivery.

The First Minister tasked the Director General for Health and Social Care with identifying ways to strengthen collaborative working across Scotland and to develop options for appraisal and subsequent implementation. Over recent months, this work has advanced significantly, culminating in the agreement and formal sign-off of a new sub-national planning and delivery structure by the First Minister on 15 October 2025.

On 21 October 2025 the Chief Operating Officer and Deputy Chief Executive for NHS Scotland wrote to all Chairs and Chief Executives to inform them of the Ministerial Direction and guidance that will be issued to deliver a new approach to sub-national service planning in 2026/2027. **On 13 November DL 25 (2025) Implementation of Sub-national Planning: Co-operation and Planning Directions 2025 was issued to NHS Board Chief Executives and Chairs, setting out NHS Scotland sub-national planning direction.**

This handbook supports the next steps in the strategic transformation of NHS Scotland through the establishment of **two new sub-national planning and delivery structures: Scotland East and Scotland West** as set out in DL 25 (2025).

This change supports the delivery of the vision set out in the new NHS Scotland Service Renewal Framework (SRF) and the Population Health Framework (PHF) both launched earlier this year. The new sub-national planning and delivery approach enables NHS Scotland to optimise capacity, reduce unwarranted variation in access and delivery and improve patient outcomes, whilst achieving financial sustainability.

Scotland East and Scotland West will each be supported by a Sub-National Planning and Delivery Committee (SPDC), whose membership is representative of the respective Health Boards. The SPDC for the East will be chaired by the Chair of NHS Lothian and for the West will be chaired by the Chair of NHS Greater Glasgow and Clyde, with the respective Chief Executives playing a lead role in establishing and co-ordinating the SPDCs and supporting them in their work.

Scotland East and Scotland West work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. These two new structures replace the previous three-area regional planning groupings and **strengthen delivery and build the foundations for the long-term sustainability of NHS Scotland.**

The intent of the new structures is that they support population-level planning for NHS Scotland, with a focus on the following outcomes:

- Reducing unwarranted variation in access and outcomes
- Improve financial sustainability through smarter use of shared resources
- Improve clinical sustainability of specialist and fragile services by planning across a wider footprint

Sub-national Service Planning Priorities
The new sub-national planning and delivery structures will be implemented in two phases; phase 1 will commence in November 2025 and has four key service planning priorities as follows:

- Treatment Time Guarantee for Orthopaedic Elective Care Services
- Emergency Healthcare Services
- Once for Scotland approach to Business Systems
- Implementing the Digital Front Door Programme: MyCare.Scot Service

In support of this a sub-national financial plan and workforce plan will be developed.
As set out in DL 25 (2025) sub-national plans must:

- Describe how capacity, workforce and infrastructure will be deployed
- Set measurable improvement trajectories; and,
- Identify governance and assurance arrangements to monitor delivery and outcomes

The purpose of this handbook is to set out the key next steps to establish Scotland East and Scotland West planning and delivery structures at pace.

SCOTLAND WEST SCOTLAND EAST

Table of Contents

Foreword & Purpose of this Handbook 2

Sub-national Service Planning Priorities 3

Table of Contents 4

1.Sub-national Governance, Leadership, Reporting and Engagement 6

1.1 Introduction & Context 6

1.2 Sub-national Planning Priorities 7

1.3 Sub-national Financial Planning 8

1.4 Sub-national Workforce Planning 8

1.5 Governance and Reporting Structure 8

1.6 Sub-National Leadership 9

1.7 Clinical Leadership 14

1.8 Business Support Function 14

1.9 The Role and Function of Delivery Groups 14

1.10.1 Scotland West Delivery Groups 15

1.10.2 Scotland East Delivery Groups 16

1.11 Communications and Approach to Change and Engagement 17

2. Developing our 2026/27 Sub-national Plan 18

2.1 DL Service Planning Priorities: TTG for Orthopaedic Elective Services, Emergency Healthcare Services, Once for Scotland Approach to Business Systems, Digital Front Door 18

2.2 Wider Planning Priorities – regional planning priorities and National (vulnerable / fragile Service Planning Priorities 18

2.3 Commissioning of Future National Planning Priorities 19

2.4 Developing Three-year Transformation Plans 19

3.Monitoring Delivery of our Plan & Approach to Managing Performance 20

3.1 Establishing a Sub-national PMO Approach 20

3.2 Approach to Monitoring Sub-national Plans & Improving Performance in 2026/27 20

3.2.1 Delivering our Plan: Sub-national Reporting Format and Approach 22

3.2.2 Assurance Model 23

3.3 Responsibility for Managing and Monitoring Sub-national Scotland East and Sub-national Scotland West Plans 24

3.4 Approach to Managing Performance 25

4. Sub-national Information Directories 26

4.1 SPDC & SPDEG Key Contact Information 26
4.2 Sub-national Director Leads Key Contact Information 27
4.3 Wider NHS Scotland Directory 27
4.4 Sub-National Templates 28
Volume of Appendices 29
Appendix 1: Terms of Reference for Scotland West SPDC 30
Appendix 2: Terms of Reference for Scotland East SPDC 33
Appendix 3: Calendar of meeting cadence for Scotland East and Scotland West – 2026/27 36
Appendix 4: Sub-national Planning and Delivery – Commission for Emergency Healthcare Services 37
Appendix 5: Sub-national Planning and Delivery – Commission for Orthopaedic Services 40
Appendix 6: Sub-national Planning and Delivery – Commission for Finance and Planning 42
2026-27 Planning Principles and Considerations 42
Abridged Plan Submission 42
Sub-National Review Period 43
Revised Plan Submission 43
Consolidation 43
Progress Monitoring and Support 43
Funding Trajectories and Future Support 43

SCOTLAND WEST SCOTLAND EAST

1.Sub-national Governance, Leadership, Reporting and Engagement

1.1 Introduction & Context

As set out in DL 25 (2025) the establishment of two sub-national planning and delivery structures – Scotland East and Scotland West – brings together all 14 Territorial Health Boards across Scotland together into two sub-national planning structures.

Scotland East and Scotland West work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. These two new planning structures replace the previous three-area regional planning groupings and **strengthen delivery and build the foundations for the long-term sustainability of NHS Scotland.**

Figure 1: Scotland West and Scotland East – Alignment of Health Boards

Scotland West	Scotland East
Implementation Lead: Chief Executive of NHS Greater Glasgow & Clyde	**Implementation Lead: Chief Executive of NHS Lothian**
NHS Ayrshire & Arran NHS Dumfries & Galloway NHS Forth Valley NHS Greater Glasgow and Clyde NHS Highland NHS Lanarkshire NHS Western Isles	NHS Borders NHS Fife NHS Grampian NHS Lothian NHS Orkney NHS Shetland NHS Tayside
Population: 3,066,790* Number of Local Authority Areas:18	**Population: 2,480,110*** Number of Local Authority Areas:14
2025/26 Expected NHS Total Funding £9,510,297,576**	**2025/26 Expected NHS Total Funding £7,096,633,103****
West Health Boards combined Employee Headcount as of June 2025 94,197 (80,286 wte)	**East Health Boards combined Employee Headcount as of June 2025 74,983 (63,319 wte)**

* Total Population figures by Council area (mid 2024) 5,546,900

**2025/26 Total Expected NHS Total Funding £16,606,930,679 – Source Scottish Government NHS Finance Estimates (Oct 2025)

1.2 Sub-national Planning Priorities

There are four key sub-national service planning priorities as set out in figure 2.

Figure 2: Sub-national Service Planning Priorities

Priority	Objective	Date Due to be Implemented
Planned Care Orthopaedics	**Treatment Time Guarantee for Orthopaedic Elective Care Services** The treatment time guarantee provided for in the Patient Rights (Scotland) Act 2011[1] the Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012[2] will be met in respect of all patients requiring orthopaedic elective care services. Once the treatment time guarantee has been met, services will continue to be provided to these patients in such a manner that high-quality and safe care is ensured.	31 Mar 2029
Improving Flow and Urgent Care	**Emergency Healthcare Services** Implementation of the recommendations contained in the Four-Hour Emergency Access Standard: Expert Working Group Recommendations Report dated October 2024[3]. Otherwise, providing high-quality, financially sustainable emergency healthcare services, to a safe standard so that everyone gets the emergency healthcare they need in the right place, at the right time. This will involve the development of optimal models for flow navigation and virtual services so that emergency healthcare services meet the needs of local populations.	31 Mar 2029
Business Systems	**Once for Scotland approach to Business Systems** Implementation of a "Once for Scotland" approach to business systems in a manner which ensures effective programme delivery, governance and assurance, including: • Investment of the appropriate level of resources necessary to fully deliver programme outcomes • An appropriate scheme of delegation which ensures swift but well governed programme delivery • Effective engagement with stakeholders thus building support among stakeholder group • Regular assurance reviews	1 Oct 2028

[1] 2011 asp 5.
[2] S.S.I. 2012/110.
[3] A&E performance - Four Hour Emergency Access Standard: Expert Working Group recommendations report - gov.scot

Digital Front Door	**MyCare.scot service** Incremental service development to enable further services to become available as organisations are technically onboarded. This is expected to include digital appointments and communications. **MyCare.scot service** Provision of an enhanced service featuring continuous enhancements and further developed based on feedback and co-design.	31 Dec 2027 31 Dec 2030

1.3 Sub-national Financial Planning

A consolidated financial plan for Scotland East and Scotland West **will** be produced for 2026-27, with support from the NHS Scotland Finance Delivery Unit (FDU), and submitted to Ministers. **The SG Sub-national finance commission for 2026/27 is set out in appendix 6.** This will support a review of the consolidated position, common pressures and for areas of overspend to be identified. Areas of recurring overspend will be triangulated with workforce planning and service planning to move towards a sustainable model.

By year three of this approach (i.e. financial year 2028-29), SG expect that these sub-national structures will result in significant reductions to certain Health Boards' deficits.

1.4 Sub-national Workforce Planning

Text to be inserted within Issue 2 of handbook

1.5 Governance and Reporting Structure

A single national oversight board will oversee strategic direction and set the vision for the development of a sustainable plan for Scotland East and Scotland West. Initial phase 1 priorities are set out above in **Figure 2**. The single national oversight Board will commission Scotland East and Scotland West to develop a sustainable Blueprint for 2026/27 and deliver the agreed blueprint plans in line with the SRF, PHF and other key national priorities. The role of the single national oversight Board will be to provide strategic oversight and challenge to ensure each blueprint plan is aligned with national priorities, scrutinising progress of delivery and impact.

Figure 3 sets out the sub-national governance and reporting structure for Scotland East and Scotland West. In support of this, Strategic Planning and Delivery Committees (SPDCs) and Strategic Planning and Delivery Executive Groups (SPDEGs) were established in December 2025. The Terms of Reference for Scotland West and Scotland East SPDCs and SPDEGs are contained within **Appendix 1 and 2.** The calendar of meeting cadence for Scotland East and Scotland West is set out in **Appendix 3**.

In addition, Scotland East and Scotland West Sub-national Director Leads will meet on a weekly basis to ensure alignment of approach, sharing of ideas & approaches and as appropriate share resources and provide peer challenge and support. This will further support a 'Once for Scotland' approach to planning.

1.6 Sub-National Leadership

In support of the SPDC and the SPDEG Sub-national director leads will be appointed to Scotland East and Scotland West. Sub-national director leads will support the lead Chief Executives to implement subnational planning at pace.

The sub-national director leads for Scotland East and Scotland West will have lead roles on the sub-national Planning and Delivery Committees and be responsible for leading the development of the sub-national plans for 2026/27and three-year sub-national transformation blueprint plans for 2026/27 to 2028/29. The key responsibilities of each lead director role are set out in figure 4.

Sub-national Director Leads will be responsible for:

- Providing senior system leadership and expert advice to support the development and delivery of the Scotland East or Scotland West 2026/27 Plan and 3-year Transformational Blueprint
- Collaborating across local Boards to reduce duplication, pool expertise and ensure resources are deployed effectively for an integrated, person-centred and sustainable health and care system
- Supporting population-based planning at scale, reducing unwarranted variation in access and outcomes, improving financial sustainability and protecting specialist and fragile services
- Leading and encouraging delivery of change, transformation and innovation at pace, ensuring alignment with national priorities and frameworks
- Participating in the design and implementation of performance management frameworks, including the development and monitoring of key performance indicators linked to blueprint delivery.

1.6.1 Role of Health Board Chief Executives

As part of the new sub-national planning and delivery structure, all accountable Chief Executives and their Executive teams:

- Remain responsible and accountable to the Cabinet Secretary for the performance of services within their area
- Be accountable for the delivery of the elements of the Scotland East and Scotland West 26/27 plan within their local Board
- Provide senior system leadership within their local Board to support and encourage delivery of change, transformation and innovation at pace in support of the delivery of the sub-national plan
- Actively participate within their aligned SPDC and SPDEG

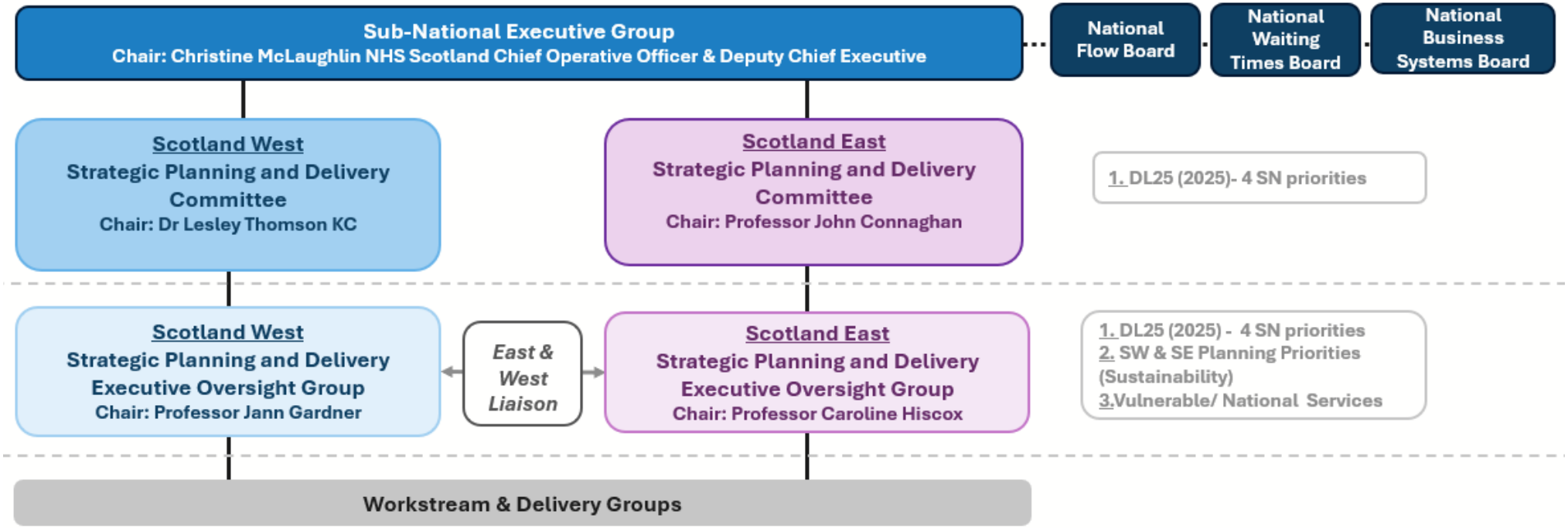
- Cochair (or support) the work of the sub-national Delivery Groups
- Ensure full participation and collaboration within either Scotland East and Scotland West, to reduce duplication, support pooling of expertise, ensure resources are optimally deployed to deliver a more integrated, person-centred, and sustainable health and care system for Scotland.

1.6.2 Role of Health Board Chairs

Feedback from SPDC West is to include this – will be drafted and be included within issue 1 of handbook at end March 26.

SCOTLAND WEST SCOTLAND EAST

Figure 3: Sub-national Governance and Reporting Structure



Note: Partnership Representatives to be confirmed – it is proposed employee directors and partnership representatives will be key members of each governance group and the Scotland East and Scotland West workstream and delivery groups

1.6.2 Role and Responsibilities of Sub-national Director Leads

The specific roles of each of the sub-national lead directors is outlined in figure 4.

Figure 4: Key Responsibilities of each Sub-national Director Leads

Sub-national Director Role	Key Responsibilities
Lead Chief Operating Officer will provide strategic and operational leadership across Scotland East or Scotland West, ensuring safe, effective, and sustainable delivery of health and care services. Working collaboratively with Chief Executives and executive teams, the role-holder will oversee operational delivery, performance management, and service transformation across both regions. The role will also lead on the establishment of operational governance and Programme Management Office (PMO) arrangements to support delivery planning, performance monitoring, and continuous improvement embedding innovation and best practice across all service areas.	• Lead the design and implementation of performance management frameworks across Scotland East or Scotland West • Develop and monitor KPIs aligned with blueprint delivery and national priorities, identifying where local intervention may be required • Provide expert analysis and insights to support data-driven decision-making and continuous improvement. • Collaborate with local boards to ensure consistent performance standards reduce unwarranted variation. • Support financial sustainability and service optimisation through performance benchmarking and reporting • Drive a culture of accountability, transparency, and innovation in service delivery.
Lead Director of Finance will provide strategic leadership and oversight of financial governance, planning and assurance across the sub-national structure. Working collaboratively with Directors of Finance and local Board teams, the role-holder will lead the development and delivery of a coherent financial strategy that enables system-wide sustainability and supports improved outcomes for the population. The role will ensure effective use of resources, drive productivity and innovation, and establish robust financial frameworks to support the implementation of the Scotland East and Scotland West Blueprint plans	• Lead robust strategic financial planning for the sub-national structure, working collaboratively with other Directors of Finance and within existing Board governance • Develop and oversee a sub-national financial plan that addresses structural deficits and supports the achievement of financial balance across Scotland East or Scotland West • Ensure all opportunities to optimise resources and improve productivity are considered and exhausted, including the reduction of high-cost supplementary staffing expenditure • Oversee the allocation and optimisation of funding, ensuring maximum benefit for patients and alignment with blueprint implementation plans • Provide financial assurance and reporting to the NHS Executive National Board and support the delivery of financial sustainability and value across the system.
Lead Medical Director will provide senior clinical leadership across the sub-national structure, working collaboratively with executive and clinical colleagues to develop and deliver sustainable models of care. The role-holder will promote whole-	• Promote and enable whole-system collaborative clinical leadership to build a sustainable healthcare system

system leadership, strengthen clinical governance and ensure the delivery of equitable, evidence-based care that reflects the principles of Realistic Medicine and Values-Based Healthcare. This role will also champion collaboration, innovation and prevention, connecting and empowering multidisciplinary clinical teams to develop integrated solutions that improve access, outcomes and population health across Scotland East or Scotland West.	• Connect and empower the multidisciplinary clinical community to develop and own clinical solutions within the blueprint plans • Ensure system leadership and expertise are utilised to develop cross-boundary pathways and optimum models of care, ensuring equitable access and improved patient outcomes • Embed the principles of Realistic Medicine and Values-Based Healthcare in all pathways of care • Drive consistent clinical governance, reduce health inequalities and advance the prevention agenda • Harness opportunities for clinical and digital innovation, ensuring services are co-designed through a patient-centred, evidence-based approach.
Lead Director of People and Culture will provide strategic leadership for workforce planning and organisational development across Scotland East or Scotland West. Working closely with Chief Executives and executive teams, the role-holder will oversee HR transformation programmes, develop workforce strategies, and ensure HR processes support integrated service delivery. The role will also lead HR governance and Programme Management Office (PMO) arrangements to support workforce planning, monitoring, and reporting, embedding innovation and integration across HR activities	• Lead the development and implementation of a cohesive workforce strategy across Scotland East or Scotland West aligned with Blueprint Plans • Ensure consistent and collaborative workforce planning across sub-national Boards and HSCPs, addressing recruitment, retention, and skill distribution. • Oversee the collection and analysis of workforce data to inform strategic decisions and support future workforce modelling • Promote inclusive leadership and a positive culture in sub-national teams and services, embedding Once for Scotland workforce policies and values • Lead organisational development and change across services in the sub-national structure, including negotiations around application of terms and conditions • Act as the lead for sub-national boards in discussions on workforce issues relating to sub-national services, ensuring perspectives influence national policy and delivery
Lead Director of Strategic Planning will provide strategic leadership for the development and delivery of the Scotland East or Scotland West Blueprint plans. Working closely with Chief Executives and executive teams, the role-holder will oversee the implementation of transformation programmes, maximise NHS capacity, and ensure planning and decision-making processes are aligned and effective across Boards. The role will also lead Programme Management Office (PMO) arrangements to support the delivery, monitoring and reporting of blueprint implementation, embedding innovation and integration across planning activity.	• Lead the development of the Scotland East or Scotland West Blueprint plans, ensuring alignment with national priorities and local board needs • Oversee the delivery and implementation of blueprint plans, ensuring changes are taken forward at pace by accountable Chief Executives and executive teams • Maximise NHS capacity by identifying opportunities to reduce duplication and pool expertise across boards • Align decision-making to enable faster and more consistent delivery of change and transformation • Create clear pathways for system-wide adoption of innovation and support the integration of planning resources within Scotland East or Scotland West • Establish and manage PMO teams to support delivery and monitoring of blueprint implementation plans
Lead Director Public Health	Role outline is in development

Lead Director Communications & Engagement	Role outline is in development
Lead Director - Digital	Role outline is in development
Lead Director Estates and Facilities	Role outline is in development

1.6.3 Strategic Planning Leadership & Scotland East and Scotland West Planning Functions

To enable planning at scale and pace, there is a need to create sufficient planning capacity within a Scotland East Planning Team and a Scotland West Planning Team, the planning teams will be hosted within NHS Lothian and NHS Greater Glasgow and Clyde. In support of this:

- The three extant regional planning teams will be dissolved. A formal HR process is being established to agree the transfer of resources and staff to NHS Greater Glasgow and Clyde and NHS Lothian
- The interim sub-national director of planning leads will work with Directors of Planning in local health boards to ensure there are sufficient planning resources aligned to the delivery groups to support the development of both the 26/27 plan and wider 3-year transformation blueprints
- A PMO function for Scotland East & Scotland West will be established to support the delivery and monitoring of the 2026/27 plan and the 3-year transformational blueprints. The PMO approach will be harmonised across Scotland East and West Planning Teams.

1.7 Clinical Leadership

Strong clinical engagement and involvement in the development of sustainable blueprints for Scotland East and West is essential to ensure services are co-designed in a patient-centred, evidence-based approach, consistent with national standards. Successful delivery of blueprint plans will rely on strong and effective clinical leadership and clinical collaboration. A subnational Medical Director and Nurse Director lead will support the work of the delivery groups, SPDEGs and SPDCs.

1.8 Business Support Function

A business support & performance function will be established within Scotland East and Scotland West this will be provided by NHS Lothian and NHS Greater Glasgow and Clyde.

Business support will be provided to SPDCs, SPDEGs and all delivery Groups.

1.9 The Role and Function of Delivery Groups

Delivery Groups are being established within Scotland East and Scotland West to support both the development of the 26/27 plans, the broader 3 years transformation plan and the implementation and delivery of the plans.

It has been agreed that each of the delivery groups will have a Territorial Board Chief Executive as SRO and Chair their role will be to:

- Chair the delivery group ensuring it delivers its functions effectively and in line with the agreed governance arrangements

- Determine the agenda, tone and format of the Delivery Group activities to promote constructive debate and decision-making
- Work with the Sub-national Director Leads and wider delivery group members to develop the Scotland West 2026/27 plan and monitor its implementation and performance against the plan
- Ensuring challenges and risks are fully identified and where possible mitigated - responsible for escalating any risks, issues or challenges to the Strategic Planning and Delivery Executive Group

1.10.1 Scotland West Delivery Groups

In support of the SRO, the interim sub-national Chief Operating Officer Lead and interim sub-national Director of Finance lead will co-chair the groups as set out in figures 4 & 5.

Figure 4: Scotland West Delivery Groups – Co-chairs and Supporting Chief Executive

Scotland West	Delivery Group	Co-Chairs	Supporting Chief Executive
	Improving Flow Delivery Group	Louise Long, Chief Executive NHS Lanarkshire William Edwards Interim Sub-National Chief Operating Officer Lead	Ross McGuffie, Chief Executive, NHS Forth Valley
	Planned Care Delivery Group	Gordon James, Chief Executive NHS Ayrshire & Arran William Edwards Interim Sub-National Chief Operating Officer Lead	Julie White, Chief Executive, NHS Dumfries and Galloway
	Finance Planning Performance and Workforce Delivery Group	Fiona Davies Chief Executive NHS Highland Michael Breen, Interim Sub-national Director of Finance	Gordon Jamieson, Chief Executive, NHS Western Isles

1.10.2 Scotland East Workstream Groups

Figure 5: Scotland East Workstream Groups Co Chairs

Scotland East	Workstream Group	Co-chairs
	Orthopaedics Workstream group	Nicky Connor, Chief Executive, NHS Tayside Jim Crombie, Deputy Chief Executive, NHS Lothian
	Unscheduled Care Workstream group	Laura Scaife-Knight, Chief Executive, NHS Grampian Jim Crombie, Deputy Chief Executive, NHS Lothian
	Digital Front Door Workstream group	Brian Chittick, Chief Executive, NHS Shetland
	Establishment and Mechanisms Workstream Group	Caroline Hiscox, Chief Executive, NHS Lothian Jim Crombie, Deputy Chief Executive, NHS Lothian

1.10.3 Scotland Wide Groups

Figure 6: Joint East and West Rural and Islands Group - Co-chairs and Supporting Chief Executive

Scotland Wide	Delivery Group	Co- chairs
	Rural and Islands	James Goodyear, Interim Chief Executive, NHS Orkney Fiona Davies, Chief Executive, NHS Highland

Figure 7: National Business Systems Group

National Programme	National Group	Lead Chief Executive
	Business Systems	Peter Moore, Chief Executive, NHS Borders

1.11 Communications and Approach to Change and Engagement

A communications and engagement function will be established for Scotland East and Scotland West hosted by NHSGGC and NHS Lothian to ensure a clear, consistent strategic messaging that supports alignment between Scotland East and Scotland West and Local Boards.

The communications function will be represented on the East and West Strategic Planning Committees. In liaison with Board communications teams, the function will deliver stakeholder communications, facilitate two-way discussions, and equip leaders to deliver the blueprint through open, transparent and timely communication.

In developing our sub-national plans, we will utilise the new 'Scottish Approach to Change' approach which Provides a practical, evidence-based framework for managing change and quality improvement.

As we embark upon developing broader three-year transformation plans, both Scotland East and Scotland West will utilise the Scottish Government 'Planning with People' approach to co-design of services to ensure patient and public involvement in our planning.

During 2026/27 we will further set out how we engage with our staff, patients and the public to ensure appropriate engagement at each stage of our planning.

2. Developing our 2026/27 Sub-national Plan

The development of the first Sub-national Plan for 2026/27 responds to the strategic Direction set by Scottish Government to strengthen system wide sustainability, improve performance, and address long-standing service fragility.

The Direction requires all Boards to return to financial balance within a three-year cycle, while delivering the four key national service planning priorities during 2026/27 as set out in figure 2.

2.1 DL Service Planning Priorities: TTG for Orthopaedic Elective Services, Emergency Healthcare Services, Once for Scotland Approach to Business Systems, Digital Front Door and Rural and Islands

The Sub-national Chief Executive Implementation leads will oversee the establishment of a series of Delivery Groups to support the development of a robust plan for the four DL service planning priorities. The delivery groups will be responsible for both the development of the plan before 31 March 2026 and ensuring its effective implementation at pace during 2026/27.

The agreed SG commissions for each of the DL priorities are contained within Appendix 4 to 5.

Following the development of the 2026/27 plan, the delivery groups will move to focus on:

- the implementation and monitoring of the plan during 2026 /27
- the development and implementation of a Sub-national performance framework - ensure clear trajectories and KPIs aligned with national oversight, robust monitoring and review of sub-national risk registers, and integration of the sub-national golden threads of planning: deprivation, Rural and islands, Digital and Innovation
- developing a three-year plan to 2028/29 to support the transformation of orthopaedic planned care and urgent care services.

Rural and Islands

To be included within the SN Handbook following feedback from SPDC West

2.2 Wider Planning Priorities – regional planning priorities and National (vulnerable / fragile Service Planning Priorities

During 2026/27 Scotland East and Scotland West will review existing regional planning priorities and outline the priority planning work required at a regional level to support service, workforce and financial sustainability.

As a priority during January and February 2026, current national planning work will be transitioned to be led by either Scotland East and Scotland West supported by the planning team within National Services Scotland.

2.3 Moving Forward: A New Specialist and Vulnerable Services Planning and Delivery Approach

To support the new mechanism for commissioning SPDCs to manage and deliver national/specialist or vulnerable service plans a new National Planning and delivery approach is being developed in partnership. The approach will include:

- The governance process by which SG will commission work setting out the desired outcomes and the processes needed to deliver these.
- The process by which SG commissions will be triaged and an accountable Chief Executive or Executive Medical Director Lead and Director of Planning lead will be identified in line with the lifecycle stage and delivery complexity
- The governance and process by which the Leads (supported by the national planning team) will assure delivery of the respective accountable workstreams via SPDEGs/SPDCs and relevant National Oversight Groups within the timeframe agreed.
- In addition, the process by which SPDCs and Health Boards could also utilise the process to propose new specialist services or flag vulnerable services in need of support.

This work will be led by a Specialist and Vulnerable Services Planning and Delivery Leadership Group, comprising;

- Lead Directors of Strategic Planning, East and West
- Lead Medical Directors, East and West
- Lead Directors of Finance, East and West
- Director of National Specialist Services, NSD

The Chair will rotate between Lead Directors of Strategic Planning.

All national planning work will continue to be supported by the National Services Scotland National Planning Team. The draft National Planning Governance Framework will be finalised and discussed and agreed in partnership through the SPDCs and with Scottish Government during March for implementation from 1st April 2026.

2.4 Developing Three-year Transformation Plans

From April 2026 onwards, sub-national Scotland East and Sub-national Scotland West will start to develop a three-year transformation plan to the period ending March 2029, with appropriate reference to robust clinical frameworks, workforce planning, capital requirements, and financial planning. This would also seek to address service fragility where it exists and would also lay out how the public will be appropriately engaged at each stage.

3.Monitoring Delivery of our Plan & Approach to Managing Performance

3.1 Establishing a Sub-national PMO Approach

A sub-national PMO approach will be established. The PMO will provide a consistent framework for the assurance and monitoring of Scotland East and Scotland West plans for 2026/27, and the subsequent three-year transformation plans developed by Scotland East and Scotland West during 2026/27.

The Scotland East and Scotland West PMOs will work collectively ensuring that PMO approaches are aligned, transparent, and informed by shared priorities. This unified PMO framework will support robust governance, strengthen accountability, and enable timely, data-driven insights, ensuring that delivery of the Scotland East and Scotland West sub-national plans remains coherent, measurable, and focused on achieving sustained improvements in outcomes for the population.

3.2 Approach to Monitoring Sub-national Plans & Improving Performance in 2026/27

3.2.1 Monitoring the Plans Delivery

To ensure robust oversight, consistent assurance, and timely identification of risks/issues, a structured monitoring approach will be implemented, this is outlined in figure 7. This will include a focus on both action completion and action impact.

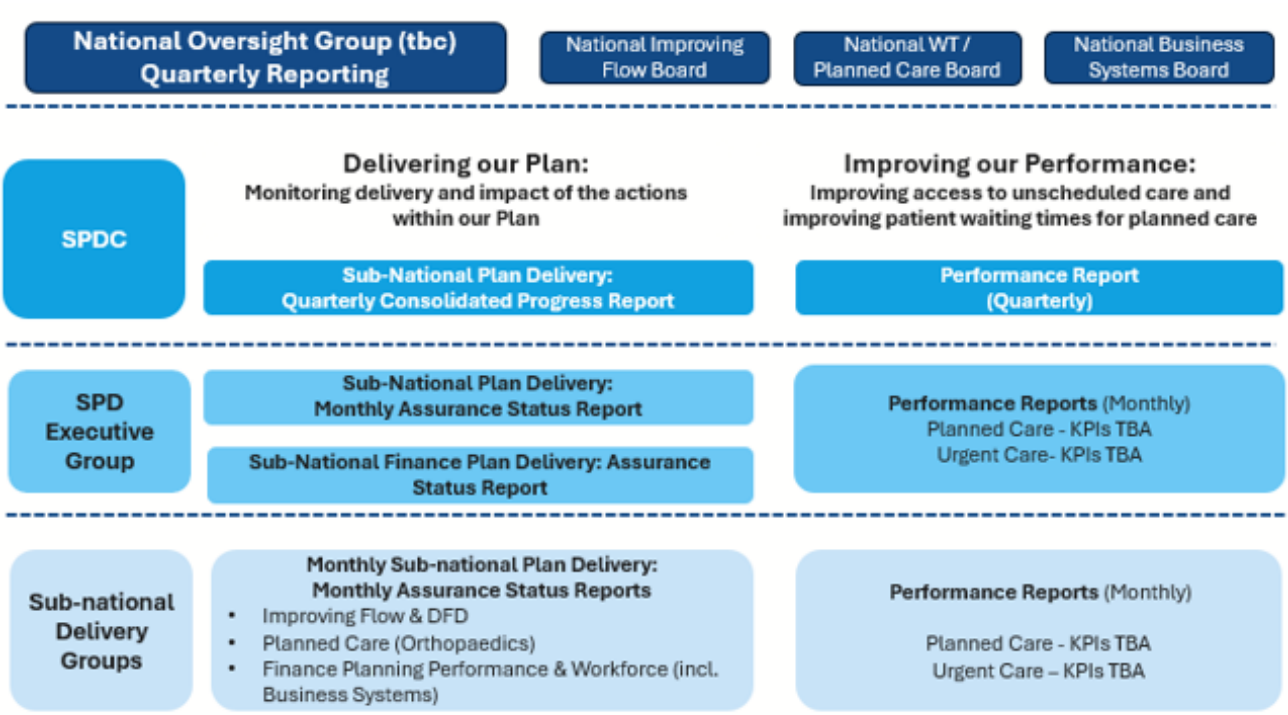
3.2.2 Developing a Single Performance Framework

We are committed to developing appropriate performance framework that all constituent parts can support and agree to. Our ambition is to develop a single performance framework for orthopaedic planned care and unscheduled care that can be utilised at local Board level Sub-national level and national level. This will be part of the work of the first quarter, as identified above. We will undertake this work in collaboration with national and special boards and ensure that we maximise the capacity and expertise of colleagues across NHS Scotland.

Figure 8: Approach to Monitoring Sub-national Plans & Improving Performance in 2026/27

SCOTLAND WEST

SCOTLAND EAST



3.2.3 Delivering our Plan: Sub-national Reporting Format and Approach

Our approach to monitoring our plans will support comprehensive visibility across all levels of Planning and Delivery and will:

- Ensure we can monitor progress on actions contained within the sub-national plans at Scotland **East and Scotland West Sub-National level** (and where there are agreed local health Board actions at local Health Board level).
- Enable comparison and identification of variation, emerging issues, and areas of good practice across the system

Figure 8 provides a further overview of the role of the monthly and quarterly reporting process.

Figure 9: Proposed Approach to Monitoring Sub-national Plan Delivery and Impact

Monthly Assurance Status Report (ASR) (exception-based reporting)
The Monthly Assurance Status Report (ASR) will focus on: • A high-level assurance statement regards the progress on the plan • Updates only those actions **due for completion** or expected to make **significant progress** in that reporting month. • **Exception updates** on those actions which are subject to significant risk of not delivering or achieving their expected impacts by the target quarter/date defined in the plan. • The aim being to provide early warning, targeted scrutiny, and support timely intervention where required **The template for the Monthly Assurance Status Report is under development**
Quarterly Consolidated Progress Report (CPR)
The Quarterly Consolidated Progress Report (CPR) will focus on: • Summarising progress against delivery of **all** actions within either the **Scotland East and Scotland West 2026/27 Plans** • Includes assessment of **associated impacts**, ensuring alignment between activity, performance trends, and intended benefits • Provides **a single, system-wide view for the SPDCs and the National Oversight Group**. **The template for the Quarterly Consolidated Progress Report is under development**

3.2.4 Assurance Model

The assurance model utilised for this will identify on a monthly and quarterly basis for the relevant plans the following:

- How well the governance, framework and associated controls are supporting delivery
- The level of confidence in the achievement of the plan based on progress reported, and the reliability of reporting
- The level of risk to achieving delivery milestones and associated outcomes and impacts
- Where intervention is required based on any of the above, and what level of urgency this requires

Our assurance model will align to an IIA (institute of internal auditor) approach, and the proposed ratings are set out in Figure 9**.**

Figure 10: Assurance Model Ratings

IIA Audit Rating	Assurance Meaning	Equivalent Assurance Position for Delivery-Plan Monitoring
Strong	Controls are effective, low residual risk.	**High Assurance**: Delivery plan is on track; controls, governance, and reporting mechanisms reliably support delivery. No or Minimal intervention required.
Satisfactory	Controls effective for key areas; some weaknesses but not material.	**Moderate Assurance**: Delivery continues as planned but with areas needing improvement. Progress is plausible and supported by evidence. Routine monitoring is sufficient.
Unsatisfactory	Significant weaknesses: controls may not prevent risks; urgent corrective action required.	**Limited Assurance**: Delivery risks are emerging; milestones may be at risk; weaknesses in governance, reporting, data quality, or resource management require intervention.
Critical	Pervasive or severe failures; immediate action required to mitigate material risks.	**No / Minimal Assurance**: Delivery is off-track or failing; governance or reporting cannot be relied upon; urgent executive or Board-level intervention required.

The benefits of this approach include:

1. Provides a standardised assurance language
   - Using IIA-style ratings ensures that assurance over delivery performance is consistent across projects, programmes, board, sub national and national objectives.

2. **Supports governance escalation routes**
    - *Strong/Satisfactory*: PMO oversight and routine monitoring
    - *Unsatisfactory*: Escalation to the relevant Governance Group, corrective action plans
    - *Critical*: Immediate escalation to the relevant Governance group and possible reprioritisation of resources
3. **Enables risk-based PMO intervention -** The PMO can target support where assurance is **Limited or None**, focusing scarce resources where risk to successful delivery is highest.
4. **Improves confidence** IIA-aligned ratings are well understood by NHS Board members because they are used by internal audit. This creates a **shared understanding of risk and confidence levels**.

Practical Example for a Sub-national Plan Monitoring Report
Imagine monitoring a Sub-national plan with 4 workstreams (workstreams would need defined and aligned to priorities/target areas if these change).

Example Ratings Using Assurance Mapping

- **Digital Transformation – Strong (High Assurance):**
  KPIs on track, controls operate effectively, reporting is reliable
- **Waiting Times Improvement – Satisfactory (Moderate Assurance):**
  Progress evident but workforce constraints present manageable risks
- **Digital Front Door – Unsatisfactory (Limited Assurance):**
  Lack of robust milestones and weak benefits evidence requires intervention
- **Financial Sustainability – Critical (No Assurance):**
  Control failures or unrealistic trajectory require urgent executive action

This gives the SPDC a **clear, risk-based picture** of delivery confidence using a familiar audit-derived structure.

3.3 Responsibility for Managing and Monitoring Sub-national Scotland East and Sub-national Scotland West Plans

The co-ordination and tracking of progress against the sub-national Scotland East and Scotland West plans will be led by the SE and SW Programme Management Offices.

Local Board Delivery Plans –will be monitored by local Health Board teams and updates shared with the SE & SW Programme Management Offices.

The example delivery plan action tracker is under development.

3.4 Approach to Managing Performance

As set out in Figure 7, Scotland East and Scotland West teams will work with both CfSD and PHS to develop a performance reporting framework that will support both national, sub-national and local health board performance monitoring requirements.

- A quarterly performance report will be developed for Scotland East and Scotland West SPDCs
- Monthly performance reports will be developed by each Delivery Group shared with the SPDEGs

When developing the new performance reports we will ensure that the reports supporting delivery groups, SPDEG and SPDCs support both Scotland East and Scotland West needs whilst also supporting the requirements of the national Improving Flow Board and National Waiting times / planned care board, this will ensure the focus remains on improvement actions and there is no duplication of effort in performance reporting.

4. Sub-national Information Directories

This section sets out key contacts for:

- SPDC and SPDEG Chairs & Secretariat
- Sub-national Director Leads
- NHS Scotland wider key contacts

4.1 SPDC & SPDEG Key Contact Information

Key Contacts	Scotland West	Scotland East
SPDC Chair & Secretariat	**Dr Lesley Thomson KC** **Chair NHS Greater Glasgow and Clyde** **Secretariat** **Scott Wilson** **Interim Head of Business** **scott.wilson16@nhs.scot**	**Professor John Connaghan, Chair NHS Lothian** **Scotland East team to add secretariat details**
SPDEG Chair & Secretariat	**Professor Jann Gardner, Chief Executive NHS Greater Glasgow and Clyde** **Secretariat** **Leanne Law** **Business Manager** **leanne.law@nhs.scot**	**Professor Caroline Hiscox, Chief Executive NHS Lothian** **Scotland East team to add secretariat details**

4.2 Sub-national Director Leads Key Contact Information

Note at present no sub -national lead positions have been appointed.

Sub-national Director Lead	Scotland West	Scotland East
	Name Email Mobile	Name Email Mobile
Lead Chief Operating Officer		
Lead Director of Finance		
Lead Medical Director		
Lead Director of People and Culture		
Lead Director of Strategic Planning		
Lead Director Public Health		
Lead Director Communications & Engagement		
Lead Director Digital		
Lead Director Estates and Facilities		

4.3 Wider NHS Scotland Directory



Communications Guide - Version 01 Jai

4.4 Sub-National Templates

A catalogue of sub-national resources including sub-national reporting, presentation and performance templates are accessible below:

Sub-national Scotland East and West Templates:

- Presentation template Scotland East and Scotland West - SN Exec Slide Template East-West v1.pptx
- Report Template Scotland East and West - Scotland Sub-Nat-Dual Doc-Template v1.docx
- Sub-national Delivery Plan Action Tracker – East and West - Sub National Delivery Plan tracker.xlsx

Scotland West Templates:

- Presentation template Scotland West - Present-Template-West-v3.pptx
- Scotland West Cover Canvas - Scotland West Cover Canvas v1.pptx
- Scotland West Logo Large - Scotland West Logo Large.png
- Scotland West Logo Small - Scotland WestLogo Small.png
- Agenda template Scotland West - NHSSWest-Agenda-Template v2.docx
- Minute template Scotland West - Minute Board Template - ScotWest.docx
- Letter Template Scotland West - Scotland West - Letterhead v1.docx
- Report Template Scotland West - Scotland East-Doc-Template v1.docx

Scotland East Templates:

- Presentation template Scotland West - Present-Template-East-v2.pptx
- Scotland East Cover Canvas - Scotland East Cover Canvas v1.pptx
- Scotland East Logo Large - Scotland East Logo Large.png
- Scotland East Logo Small - Scotland East Logo Small.png
- Agenda template Scotland East - NHSSEast-Agenda-Template v2.docx
- Minute template Scotland East - Minute Board Template - ScotEast.docx
- Letter Template Scotland East - Scotland East - Letterhead v1.docx
- Report Template Scotland East - Scotland West-Doc-Template v1.docx

Volume of Appendices

Appendix 1: Terms of Reference for Scotland West SPDC
Appendix 2: Terms of Reference for Scotland East SPDC
Appendix 3: Calendar of meeting cadence for Scotland East and Scotland West – 2026/27
Appendix 4: Sub-national Planning and Delivery – Commission for Emergency Healthcare Services
Appendix 5: Sub-national Planning and Delivery – Commission for Orthopaedic Services
Appendix 6: Sub-national Planning and Delivery – Commission for Finance and Planning
Appendix 7: Financial Overview
Appendix 8: Workforce Overview

Add in other commissions as appendices before issuing as Issue One

Appendix 1: Terms of Reference for Scotland West SPDC

1.Implement the new Scotland West sub-national planning structure to support population-based planning with a focus on the following outcomes:

- Reducing unwarranted variation in access and outcomes
- Improving financial sustainability through smarter use of shared resources
- Improving clinical sustainability of services by planning across a wider footprint

2. Direct and oversee the development and delivery of the Sub-national plan for Scotland West

The plan will set out how the four national objectives will be achieved along with agreed milestones, plans will:

a) describe how capacity, workforce and infrastructure will be deployed.
b) set measurable improvement trajectories; and,
c) identify governance and assurance arrangements to monitor delivery and outcomes

Plans must clearly set out the key overarching sub-national actions and supporting local board actions and be delivered in line with the timetable agreed with Scottish Government.

3. Oversee the development of a consolidated financial plan for Scotland West for 2026-27

4. Delivery of Plan

- Scrutinise and monitor the delivery of the Scotland West Plan ensuring the plan is effectively implemented at pace, in line with agreed milestones, delivering the intended impact for patients – reviewing both portfolio and programme status reports and performance reports every month
- Address any barriers to change and ensuring risks are mitigated
- Regularly review a Scotland West risk register, working collaboratively to mitigate risks
- Ensure a quarterly report is developed to assess progress and performance in the delivery of the plan ensure the report reviewed and agreed before submission to Scottish Government in line with the agreed timetable for performance monitoring

5. Development of a Sub-national Governance and Escalation Framework

- Support the development of a Sub-national governance framework aligned with the Blueprint for Good Governance, including clear responsibilities, accountabilities, and escalation processes. Ensure close liaison and working with Scotland East SPDC and Scottish Government colleagues.

6. Inputs:

1. Drafts of Scotland West Plan for 26/27 Overseeing the plan to develop the first Scotland West plan and consolidated finance plan for 2026/27 by 31 March 2026
2. Monthly Performance Report: A monthly performance report will be established setting out current Scotland West performance.
3. Quarterly Performance Report: submitted to SG Oversight Board

From April 26 onwards:

Monthly Portfolio Status Report:
A monthly status report will be provided to the SPDC from the SPDC Executive Group setting out progress in delivering the four sub-national priorities as follows:

- Orthopaedic Elective Care Services
- Digital Front Door
- Emergency Access Standards
- Business Systems

7. Outputs:

1. 26/27 Scotland West Plan & Supporting Financial Plan
2. The Strategic Planning and Delivery Committee will report directly into the National Oversight Board providing a quarterly performance report.

8. Ways of Working:

- Frequency: Monthly
- Format: Hybrid
- Secretariat: Provided by NHS GGC
- Papers: agenda and papers issued 5 working days in advance.

9. Membership

- Chair, NHS Greater Glasgow & Clyde Board (Chair)
- Chair NHS Ayrshire & Arran
- Chair NHS Dumfries & Galloway
- Chair NHS Highland
- Chair NHS Forth Valley
- Chair NHS Lanarkshire
- Chair NHS Western Isles
- Chief Executive NHS Greater Glasgow & Clyde
- Chief Executive NHS Ayrshire & Arran
- Chief Executive NHS Dumfries & Galloway
- Chief Executive NHS Highland
- Chief Executive NHS Forth Valley
- Chief Executive NHS Lanarkshire
- Chief Executive NHS Western Isles
- Trade Union / Partnership members – to be confirmed

National Board Chairs and Chief Executives:

- Chair NHS24
- Chair SAS
- Chair GJNH
- Chair HIS
- Chair PHS
- Chair NHS Delivery
- Chief Executive NHS24
- Chief Executive SAS

- Chief Executive GJNH
- Chief Executive HIS
- Chief Executive PHS
- Chief Executive NHS Delivery

Scotland West – Sub-national Director Leads

- Chief Operating Officer
- Medical Director
- Nurse Director
- Director of Finance
- Director of Public Health
- Director of Planning
- Director of People & Culture

Secretariat Support

- Head of Business, NHSGGC

Appendix 2: Terms of Reference for Scotland East SPDC

1.**Implement the new Scotland East sub-national planning structure to support population-based planning with a focus on the following outcomes:**

- Reducing unwarranted variation in access and outcomes
- Improving financial sustainability through smarter use of shared resources
- Improving clinical sustainability of services by planning across a wider footprint

3. **Direct and oversee the development and delivery of the Sub-national plan for Scotland East**

The plan will set out how the four national objectives will be achieved along with agreed milestones, plans will:

a) describe how capacity, workforce and infrastructure will be deployed;
b) set measurable improvement trajectories; and,
c) identify governance and assurance arrangements to monitor delivery and outcomes

Plans must clearly set out the key overarching sub-national actions and supporting local board actions and be delivered in line with the timetable agreed with Scottish Government.

4. **Oversee the development of a consolidated financial plan for Scotland East for 2026-27**

4. Delivery of Plan

- Scrutinise and monitor the delivery of the Scotland East Plan ensuring the plan is effectively implemented at pace, in line with agreed milestones, delivering the intended impact for patients – reviewing both portfolio and programme status reports and performance reports every month
- Address any barriers to change and ensuring risks are mitigated
- Regularly review a Scotland East risk register, working collaboratively to mitigate risks
- Ensure a quarterly report is developed to assess progress and performance in the delivery of the plan ensure the report reviewed and agreed before submission to Scottish Government in line with the agreed timetable for performance monitoring

5. **Development of a Sub-national Governance and Escalation Framework**

- Support the development of a Sub-national governance framework aligned with the Blueprint for Good Governance, including clear responsibilities, accountabilities, and escalation processes. Ensure close liaison and working with Scotland East SPDC and Scottish Government colleagues.

Inputs:

1. **Drafts of Scotland East Plan for 26/27** Overseeing the plan to develop the first Scotland East plan and consolidated finance plan for 2026/27 by 31 March 2026
2. **Monthly Performance Report:** A monthly performance report will be established setting out current Scotland East performance.
3. **Quarterly Performance Report:** submitted to SG Oversight Board

From April 26 onwards:

3. Monthly Portfolio Status Report:
A monthly status report will be provided to the SPDC from the SPDC Executive Group setting out progress in delivering the four sub-national priorities as follows:

- **Orthopaedic Elective Care Services**
- **Digital Front Door**
- **Emergency Access Standards**
- **Business Systems**

Outputs:

1. 26/27 Scotland East Plan & Supporting Financial Plan
2. The Strategic Planning and Delivery Committee will report directly into the National Oversight Board providing a quarterly performance report.

Ways of Working:

- **Frequency:** Monthly
- **Format:** Hybrid
- **Secretariat:** Provided by NHS Lothian
- **Papers:** agenda and papers issued 5 working days in advance, wherever possible.

9. Membership

- **Chair - NHS Lothian(Chair)**
- **Chairs** - NHS Borders, NHS Fife, NHS Grampian, NHS Orkney, NHS Shetland, NHS Tayside
- **Chief Executives** - NHS Borders, NHS Fife, NHS Grampian, NHS Lothian, NHS Orkney, NHS Shetland, NHS Tayside
- **National Board Chairs** – NHS24, SAS, GJNH, PHS, HIS, NSS, NES, State Hospital
- **National Board Chief Executives** - NHS24, SAS, GJNH, PHS, HIS, NSS, NES, State Hospital

Staffside representation tbc – assumed to be from Employee Director cohort of territorial members

Scotland East – Sub-National Director Leads

- Chief Operating Officer
- Director of Finance
- Director of Strategic Planning
- Medical Director

- Nurse Director
- Director of Public Health
- Director of People & Culture

Secretariat Support

- Board Secretary, NHS Lothian
- Corporate Governance Team, NHS Lothian

SCOTLAND WEST SCOTLAND EAST

Appendix 3: Calendar of meeting cadence for Scotland East and Scotland West – 2026/27

Note dates for 2026/27 will be added into issue 2 of the handbook.

Week Commencing	Scotland West		Scotland East	
	SW SDPC	SW SPDEG	SE SPDC	SE SPDEG
15th Dec		17th		
22nd Dec				
29th Dec				
5th Jan	7th			
12th Jan		14th		
19th Jan				
26th Jan			28th	
2nd Feb	4th		3rd	3rd
9th Feb		11th		
16th Feb			18th	
23rd Feb				
2nd Mar			3rd	3rd
9th Mar	11th			
16th Mar		18th		
23rd Mar	23rd		25th	
27th Apr	29th			
25th May	27th			
29th Jun	1st			
3rd Aug	5th			
31st Aug	2nd			
5th Oct	7th			
16th Nov	18th			
14th Dec	16th			

Appendix 4: Sub-national Planning and Delivery – Commission for Emergency Healthcare Services

Sub-national Planning and Delivery – Commission for emergency healthcare services

DL (2025) 25 was published on 14th November 2025 and laid out clear Ministerial Directions for Health Boards to collaborate and deliver more effectively on five key deliverables. This document outlines expectations of the East and West Subnational Planning and Delivery Committees in delivering the key deliverable relating to Emergency Healthcare Services.

Ministerial / Statutory Mandate
"[ensure] implementation of the recommendations contained in the Four-Hour Emergency Access Standard: Expert Working Group Recommendations report, dated October 2024 Note 1. Otherwise, provide high-quality, financially sustainable emergency healthcare services to a safe standard so that everyone gets the emergency healthcare they need in the right place, at the right time. This will include the development of optimal models for flow navigation and virtual services so that emergency healthcare services meet the needs of local populations"

Note 1 four-hour-emergency-access-standard-expert-working-group-recommendations-report.pdf

Date for implementation: 31st March 2029

Scotland East and Scotland West SPDCs will want to:

Develop a Scotland East and Scotland West blueprint for emergency healthcare services for period of the next spending review that will:

- Deliver urgent and emergency care safety and performance, to reduce demand optimise flow and improve access to urgent care with a core emphasis on achieving and sustaining the 4hour standard and eliminating long waits

By:

- Identifying changes required to deliver high-quality, sustainable, and efficient services
- Using data and benchmarking information to reduce unwarranted variation and coordinate collective actions, according to an agreed approach to mutual performance management
- Ensuring optimal use of all available capacity & resources
- Ensuring that risks are identified and where possible mitigated
- Ensuring that any challenges or barriers are escalated or mitigated

By 31st March 2026, Scotland East SPDC and Scotland West SPDC should produce a plan which identifies how the SPDC will move to;

Optimise Access

- Deliver a consistent approach to Flow Navigation and Command Centres and ambulatory urgent care and frailty – detailing system pressures and risks, and directing activity accordingly
- Expand community, primary care and virtual capacity to reduce avoidable attendances and admissions

Optimise Flow

- Reduce hospital occupancy and length of stay through aligned flow and discharge models through the Discharge without Delay Programme

Blueprints for Scotland East and West 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

SPDCs also need to ensure that they clearly document assumptions made in the construction of the plan. At a minimum, the expectation is that these will include;

- Ensuring that plans align with the objectives of the Operational Improvement Plan for urgent care and are delivered within available resources
- Plans will take cognisance of deprivation, Rural and Islands and opportunities for digital first approaches and innovation
- No additional capital availability over and above that agreed with the Scottish Government
- Equity of access across Scotland based around “once for Scotland” models and execution
- An agreed position on a high-level trajectory for delivery setting out key milestones for 26-27

Scotland East and Scotland West SPDCs will further wish to consider;

- How plans for emergency healthcare services support the sustainable planning of service provision within available resources to achieve financial balance across Scotland East and Scotland West.
- Ensuring all collective opportunities to optimise resources and improve productivity are considered and exhausted, e.g. reducing high-cost supplementary staffing costs.
- Ensuring extant sources of funding and activity are fully utilised and optimised with any slippage reallocated to ensure maximum benefit for patients.
- Work through current mutual aid arrangements to develop permanent sustainable solutions.
- Ensuring NHS Scotland’s commitment to working in Partnership with staff is front and centre of all proposals
- Maximising the contribution of national and special Health Boards, with, in this case, clear links to the Scottish Ambulance Service, NHS24, and the Centre for Sustainable Delivery

More broadly, it is expected that SPDCs will work during 2026/27 to develop further plans for the execution of the Ministerial direction. It is expected that a three-year transformation plan would be developed during 2026/27 to the period ending March 2029, with appropriate reference to robust clinical frameworks, workforce planning, capital requirements, and financial planning. This would also seek to address service fragility where it exists and would also lay out how the public will be appropriately engaged at each stage.

Appendix 5: Sub-national Planning and Delivery – Commission for Orthopaedic Services

Subnational Planning and Delivery – Commission for Orthopaedic services

DL (2025) 25 was published on 14th November 2025 and laid out clear Ministerial Directions for Health Boards to collaborate and deliver more effectively on five key deliverables. This document outlines expectations of the East and West Subnational Planning and Delivery Committees in delivering the key deliverable relating to Orthopaedics.

Ministerial mandate:
"The treatment time guarantee provided for in the Patient Rights (Scotland) Act 2011 and the Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012 will be met in respect of all patients requiring orthopaedic elective care services. Once the treatment time guarantee has been met, services will continue to be provided to these patients in such a manner that high-quality and safe care is ensured"

Date for implementation: 31st March 2029

Scotland East SPDC and Scotland West SPDC will want to:

Develop a Scotland East and Scotland West blueprint for Orthopaedics for the period of the next spending review that will:
Improve equity of access across Scotland East and West (reducing unwarranted variation)
Prioritise long waiting patients
Reduce patient waiting times and improve waiting-time performance

By:
Identifying changes required to deliver high-quality, sustainable and efficient services
Using data and benchmarking information to reduce unwarranted variation and coordinate collective actions targeting the longest waits, according to an agreed approach to mutual performance management
Ensuring optimal use of all available capacity & resources
Ensuring that risks are identified and where possible mitigated
Ensure any challenges or barriers are escalated or mitigated.

By 31st March 2026, Scotland East SPDC and Scotland West SPDC should produce

Single, agreed version of what should be included in a baseline demand and capacity assessment – workforce, theatre sessions, beds, OP sessions
Single, agreed version of what options there are to improve efficiency, including how these could be rolled out with the greatest benefit.
Single, agreed version of the process whereby a clinical model can be developed and delivered
Identification of a) clinical outcomes and b) process outcomes (inc performance markers) that SPDCs wish to prioritise over and above the ministerial mandate
An agreed position on a high-level trajectory for delivery including milestones for 26-27.

Single, agreed version of what options there are to expand capacity
Agree performance and programme management processes for 26-27 and beyond.

SPDCs also need to ensure that they clearly document assumptions made in the construction of the plan. At a minimum, the expectation is that these will include;

Ensuring that plans align with the objectives of the Operational Improvement Plan for urgent care and are delivered within available resources
No additional capital availability over and above that agreed with the Scottish Government
Equity of access across Scotland based around "once for Scotland" models and execution

Scotland East SPDC and Scotland West SPDC will further wish to consider;

How plans for orthopaedics support the sustainable planning of service provision within available resources to achieve financial balance across Scotland East and Scotland West.
Ensuring all collective opportunities to optimise resources and improve productivity are considered and exhausted, e.g. reducing high-cost supplementary staffing costs, digital optimising pathways of care
Ensuring future models of care take cognisance of deprivation, inequalities and the requirement for our remote, rural and island communities
Ensuring extant sources of funding and activity (OIP funding, national NTC flows) are fully utilised and optimised with any slippage reallocated to ensure maximum benefit for patients
Work through current mutual aid arrangements to develop permanent sustainable solutions
Ensuring NHS Scotland's commitment to working in Partnership with staff is front and centre of all proposals
Maximising the contribution of national and special Health Boards, with, in this case, clear links to the Golden Jubilee National Hospital and the Centre for Sustainable Delivery
Working with Primary Care and Community Services

More broadly, it is expected that Scotland East SPDC and Scotland West SPDC will work during 2026/27 to develop further plans for the execution of the Ministerial direction. It is expected that a three-year transformation plan would be developed during 2026/27 to the period ending March 2029, with appropriate reference to robust clinical frameworks, workforce planning, capital requirements, and financial planning. This would also seek to address service fragility where it exists and would also lay out how the public will be appropriately engaged at each stage.

Appendix 6: Sub-national Planning and Delivery – Commission for Finance and Planning

Overview

1. The Scottish Government (SG) commissioned three-year financial plans through a letter and relevant attachments on the 12 December 2025. This sets out expectations for individual Boards financial plans and key dates and deliverables.
2. SG has also set out clear expectations for sub-national planning across Boards. Sub-national plans regarding Part 2 objectives, as set out in the Co-operation and Planning Directions 2025, are to be submitted to the NHS Scotland COO by 31 March 2026. Financial plans should be developed alongside these sub-national plans, and this document gives more detail on expectations.
3. This process is designed to ensure greater consistency, targeted savings, and improved financial management throughout the system. The planning principles, timeline and associated requirements are outlined below.

2026-27 Planning Principles and Considerations

- 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

Abridged Plan Submission

4. Each Board is required to submit an abridged version of its three-year financial plan by 2 February 2026. These plans will be collated by the Financial Delivery Unit (FDU) for both sub-national East and sub-national West and then circulated back to host Boards and Lead Chief Executive and Interim Directors for review and feedback.

Sub-National Review Period

5. Between 2 February 2026 and the final deadline of 16 March 2026, a comprehensive review will take place at a sub-national level. This review will focus on identifying consistent areas of financial pressure that may be suitable for targeted savings in 2026-27.

6. Additionally, both sub-nationals will examine outliers in terms of percentage deficits and percentage recurrent savings to better understand variations across the different Boards. This analysis will be linked with other sub-national priorities. Proposals contained in the sub national plan for orthopaedics, emergency healthcare, digital front door, business systems, will be clearly and robustly costed and must be within agreed financial envelopes.

Revised Plan Submission

7. By 16 March 2026, all Boards must submit revised plans. These plans are still Board level local financial plans for which the Accountable Officer will be monitored against. The plans should include a narrative detailing the key areas of focus for sub-national planning. Where applicable, consistent text may be used across all Boards to reflect common priorities within particular areas.
8. To be clear a separate sub national financial plan in the prescribed template is not required and will be the aggregate of the individual plans in that area. The sub national plan will be narrative only with data included to support where available, but the local plans will be the one source of truth on the numbers.

Consolidation

9. The FDU will then consolidate the revised individual Board plans at both national and sub-national levels before redistributing them. Following this, the SG will discuss through sub national structures the overall position and what areas of focus will take place to maximise the benefits in 2026-27.

Progress Monitoring and Support

10. Given the existing timelines and 2025-26 Annual Report and Accounts pressures, it is recognised that detailed plans may not be available initially on implementation of sub national opportunities. Ongoing work, monitoring, and support will continue throughout 2026-27 to ensure progress. Good practice will be shared, and Boards will receive appropriate assistance as required.

Funding Trajectories and Future Support

11. The FDU will issue three-year funding trajectories shortly after the budget, outlining assumptions for sustainability and deficit support funding. Values for 2026-27 have

already been communicated, with further clarification for 2027-28 and 2028-29 to follow. Importantly, sustainability funding will cease in full by 2029-30, and our aim is for deficit support funding for Boards in financial escalation to taper down towards nil come 2029-30. This approach is intended to ensure parity for all Boards in the medium term.

12. The sustainability funding provided is strictly for the intended purposes, as it currently represents an unfunded pressure for the Health & Social Care (H&SC) Portfolio. It is delivered on a non-recurrent basis through one-off measures, which will be exhausted by the 2029-30 period.

SCOTLAND WEST SCOTLAND EAST

Appendix 7: Financial Overview

Scotland - West

2025/26 Expected NHS Total Funding

£9,510,297,576

NHS Board	£
Greater Glasgow & Clyde	3,684,380,465
Ayrshire & Arran	1,191,365,366
Dumfries & Galloway	494,176,988
Highland	1,125,358,866
Forth Valley	903,956,867
Lanarkshire	1,988,000,822
Western Isles	123,058,202

Scotland - East

2025/26 Expected NHS Total Funding

£7,096,633,103

NHS Board	£
Lothian	2,572,877,984
Borders	359,501,150
Fife	1,091,945,543
Grampian	1,599,067,721
Orkney	89,599,450
Shetland	88,261,395
Tayside	1,295,379,860

Appendix 8: Workforce Overview

As of June 2025		Headcount	WTE	% Total Headcount	% Total WTE
Scotland East	NHS Borders	3,504	2,858	1.9%	1.8%
	NHS Fife	10,037	8,342	5.3%	5.2%
	NHS Grampian	16,753	13,974	8.9%	8.7%
	NHS Lothian	28,211	24,005	15.0%	15.0%
	NHS Orkney	740	600	0.4%	0.4%
	NHS Shetland	870	701	0.5%	0.4%
	NHS Tayside	14,868	12,840	7.9%	8.0%
Scotland West	NHS Greater Glasgow & Clyde	42,023	36,473	22.4%	22.7%
	NHS Ayrshire & Arran	11,860	9,831	6.3%	6.1%
	NHS Dumfries & Galloway	4,861	4,049	2.6%	2.5%
	NHS Forth Valley	7,478	6,408	4.0%	4.0%
	NHS Highland	11,420	9,460	6.1%	5.9%
	NHS Lanarkshire	15,448	13,152	8.2%	8.2%
	NHS Western Isles	1,107	914	0.6%	0.6%
National & Special	NHS National Services Scotland	3,443	3,173	1.8%	2.0%
	Scottish Ambulance Service	5,850	5,553	3.1%	3.5%
	NHS 24	2,212	1,578	1.2%	1.0%
	NHS Education for Scotland	2,040	1,747	1.1%	1.1%
	Healthcare Improvement Scotland	585	551	0.3%	0.3%
	Public Health Scotland	1,224	1,130	0.7%	0.7%
	The State Hospital	671	610	0.4%	0.4%
	National Waiting Times Centre	2,671	2,429	1.4%	1.5%
	NHS Scotland	**187,876**	**160,375**	**100.0%**	**100.0%**

	As of June 2025		As of June 2025	
	Headcount	WTE	Headcount	WTE
East	74,983	63,319	39.9%	39.5%
West	94,197	80,286	50.1%	50.1%
National & Special	18,696	16,771	10.0%	10.5%
NHS Scotland	**187,876**	**160,375**	**100.0%**	**100.0%**

SCOTLAND
WEST

SCOTLAND
EAST

Subnational Planning and Delivery Committee (East) Executive (SPDCE-EG)
DATE: 31 MARCH 2026
TIME: 3.00pm-5.00pm
LOCATION: MS Teams

SCOTLAND EAST

SUMMARY MINUTE & ACTION NOTE

Attendance:

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

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

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

1. Welcome and Apologies

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

2. Approval of Draft Minutes 3 February 2026

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

3. Confirmation of Plan Submission

3.1 Members noted that the plan had been submitted earlier today, and also circulated to all members of the group, along with the Business Systems documents and the cover letter. The Chair expressed thanks to the Planning colleagues in both the East and West teams for their work in pulling the plan together. The Chair of SEND, SAMHD and the Directors of Public Health would receive the final submitted version.

3.2 The Group acknowledged that by the Board Chief Executives meeting on 22nd April, the information would be prepared for wider circulation. The plan had also been considered by appropriate Boards committees, having been shared with Chairs and Chief Executives last week.

4. Feedback from Board Chairs' Away Day

4.1 The Chair reported that Chief Executives and Board Chairs had attended a productive and positive Away Day hosted at the Golden Jubilee last Thursday and Friday morning. The session on Thursday morning focused on sub-national working, followed by a presentation from Karen Reid on PSDS, which was due to go live the following day and highlighted future digital opportunities for the new organisation.

4.2 A World Café session then explored alignment with national strategies and plans for the NHS and the public sector, as published by the Scottish Government. Information gathered from the event would inform a joint letter from Lothian's Chairman and Greater Glasgow & Clyde's Chair, as Chair and Vice Chair of Chairs, along with Lothian's Chief Executive and Chief Executive, NHS Education for Scotland, as Chair and Vice Chair of Chief Executives, to the Director General Caroline Lamb, offering views on priorities and early considerations for the incoming government.

4.3 Feedback reflected a broad range of perspectives, from those favouring a complete reset to those reluctant to change, though most recognised the need for reform to improve outcomes for the population.

4.4 The event was summarised as constructive engagement between Chairs and Chief Executives, emphasising ambition and the conditions needed for success, with a particular focus on digital engagement. The principles of sub-national planning continued to support thinking beyond geographical and administrative boundaries to deliver sustainable population-level improvements.

4.5 It was stressed that meaningful change required a shift in the authorising environment, moving towards a population health platform and a more dynamic, collaborative approach rather than relying on long-standing metrics alone. The Chair highlighted that communications and engagement remained the most consistent issue raised, noting that any meaningful reform must be designed and owned with the people and communities served.

4.6 The output from the Away Day would be a letter to the Director General, and overall there was a sense of optimism about the current position, recognising that progress now rested with Ministers.

5. Communication and Engagement Update

5.1 The Executive Group received an update on the development of the Communications and Engagement Strategy to support subnational planning across Scotland East and Scotland West. It was confirmed that the draft strategy had been shared with communications counterparts in both East and West regions, with further refinement to follow.

5.2 The establishment of regional communications groups and a national group to ensure alignment of messaging was outlined, particularly in preparation for when plans return from Government. A key element of the emerging strategy was the need for a national awareness campaign to explain the case for change and deepen public understanding of the challenges facing health and care.

5.3 The Group agreed that effective engagement over the summer, particularly with senior colleagues, APFs, ACFs and wider staff groups, would be critical, subject to the constraints of the pre-election period.

5.4 The importance of consistent messaging across Boards was emphasised, reflecting local challenges while reinforcing a shared overarching narrative. With the submission of the subnational plans, it was noted that this was an appropriate time to undertake wider internal engagement, recognising that many staff involved in workstreams understood the detail, but Boards more broadly required clearer visibility.

5.5 Use of the Board Chairs' slide deck to begin leadership and management team sessions in the coming weeks was proposed, and the Group discussed how best to ensure colleagues understood both the ambition of the plans and what the work would mean for them. The need for clear, accessible language, avoiding jargon was highlighted, and for a meaningful approach to public engagement rooted in what matters to communities rather than traditional consultation models.

5.6 Several members contributed reflections on engagement. The intention to engage consistently with APFs and ACFs was welcomed, noting that verbal updates alone did not allow meaningful discussion. Members supported the direction of travel and highlighted the need for thoughtful sequencing and alignment with national communications. The importance of clear, consistent messaging was stressed as was evidence of effective population-level engagement that might shift expectations and support acceptance of change.

5.7 There was reflection on the evolving landscape, the need for upfront investment, and the importance of understanding enablers and barriers to change. The need for clarity about what the reforms would mean for the public and how Boards would work together under any future model was emphasised.

5.8 Further detail on public engagement was provided, explaining that while wider engagement could not take place until after the election period, preparatory work could begin with third sector partners and community groups to understand public concerns and help shape a meaningful programme.

5.9 The importance of being honest about the challenges while framing conversations around what matters to people was noted. Insights from organisations such as NHS 24 and the Kings Fund were highlighted, as was the value of using trusted clinical voices in communication. The Executive Group recognised the scale and significance of the communications task and the importance of using national assets such as NHS Inform and HIS expertise.

5.10 The Group agreed the approach to internal engagement with senior colleagues during the pre-election period, including the development of a single, consistent slide deck for use across Boards. Members supported taking updates to APFs and ACFs, creating space for discussion and questions, and ensuring staff were informed ahead of wider public communication.

5.11 The Group also noted progress in discussions with national staff-side representatives and the need for ongoing coordination. The intention to bring the draft Communications and Engagement Strategy to the next Executive Group meeting was confirmed, whilst acknowledging uncertainties around timescales for the return of plans from Government.

5.12 The Chair concluded by emphasising the importance of accelerating work at pace and considering how best to draw on national expertise and infrastructure. The limited number of working days remaining before the election was noted as was the need to prepare to mobilise communications quickly once clarity was received from Ministers.

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

6. Planning for Q1 2026/27

6.1 The Group received a presentation on Quarter 1 Actions. The presentation outlined Quarter 1 as a period of intensive foundational work to refine assumptions and progress key elements of the draft plan submitted on 31 March. Priority areas include finalising the Digital Front Door/MyCare.scot work, advancing engagement across orthopaedics, emergency healthcare, business systems and finance, and developing a clear public-facing case for change.

6.2 Staff-focused actions centred on strengthening partnership arrangements, initiating an internal engagement campaign, and confirming regional planning structures. Work with Boards and Integration Joint Boards would include formal engagement processes and potential development sessions for Non-Executives.

6.3 Common themes highlighted the need to validate assumptions, align national and local planning, develop measurement frameworks, establish supporting infrastructure, and undertake team-building sessions. Specific workstreams in orthopaedics and emergency healthcare would focus on defining planning scenarios, capacity modelling, financial validation, and shared productivity opportunities, while business systems and digital programmes would continue to refine plans and align with national requirements. Work on Quarter 1 Actions would continue over the coming weeks to build a robust plan with a critical path to meet the target date of 30 June 2026.

6.4 The Group discussed the need for senior teams to further consider the Quarter 1 work and provide feedback, with an emphasis on producing the most practical work plan possible within the available timeframe. The publication of the HIS Clinical Governance Standards was highlighted as was testing scenarios to understand how clinical governance would function, which was reinforced as particularly important in the context of areas such as amalgamated waiting lists.

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

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

7.1 Members received an update on Transition Planning. The importance of maintaining direction while continuing with core responsibilities was noted. The need to transition from separate East and West approaches to a unified national planning model was highlighted.

7.2 The three main components of transition planning were outlined: national and specialist planning, regional planning, and vulnerable services. It was noted that national and specialist planning had historically been linked to NSSC work, including recent developments such as thrombectomy.

7.3 It was confirmed that a paper outlining the future direction for East, West, NHSS, and the Scottish Government had been circulated to Chief Executives, with the intention of formally returning the proposals to the next SPDC meetings for both regions. The re-establishment of the National Planning Leadership Group was also confirmed.

7.4 The need for a clear forum to manage workflow was emphasised, ensuring that appropriate matters were routed through NSSC processes while highly specialist issues were considered within the correct structures. It was stated that these arrangements would take effect from 1st April 2026.

7.5 In relation to vulnerable services, it was reported that the area remained relatively stable, but future work would involve bringing vulnerable services issues through East and West SPDCs. This would support Medical Directors in developing a formal definition of vulnerable services.

7.6 On regional planning, it was acknowledged that several significant matters remained and it was confirmed that the East of Scotland Planning Group had been discussing how best to move work forward. There was reflection on progress made over the previous six months and the need to determine the next steps. It was noted that the overall position felt positive and that it was encouraging to see colleagues recognising the opportunities presented.

7.7 There was comment on the direction of travel which sounded positive and ongoing work on vulnerable services criteria was welcomed, which aimed to introduce greater objectivity to assessment. Similarities with the approach taken by Integrated Care Boards in England was noted and interest was expressed in learning from their experiences to avoid unnecessary duplication. Members acknowledged this and confirmed that connections were already being made with colleagues in England and Wales. Learning from different healthcare systems, both nationally and internationally, would continue to be valuable.

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

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

14. Any Other Business

14.1. There was no other business raised.

15. Date of Next Meeting

Tuesday 5th May 2026, 3pm

Appendix 1

Scotland East USC (Improving Access) Subnational Implementation Framework

Executive Summary

In Scotland East, access to urgent or emergency care is shaped as much by the entry route a patient chooses (111,999, GP or ED) as by their clinical need. National evidence is clear that this is a structural issue rather than a lack of effort. Over time, a system spanning seven boards, multiple acute sites, and two national services has developed into a set of parallel, disconnected routes, with variable triage and no digital triage option.

A major driver of current system activity (>50%) is self-presentation to Emergency Departments. For many patients, ED has become the most reliable and predictable route to assessment and action when alternatives feel uncertain, inaccessible, or unable to resolve the problem. Once a patient has travelled to an acute site, redirecting them elsewhere becomes operationally and clinically difficult.

This has consequences beyond immediate operational pressure. Persistent self-presentation concentrates demand, workforce, diagnostics, and decision-making within acute hospital settings, limiting the system's ability to sustainably shift care into community pathways. As long as ED remains the default and most trusted route into urgent care, investment and clinical capacity will continue to be pulled toward acute services rather than enabling the growth and development of community alternatives. In this sense, self-presentation is a core blocker to shifting the balance of care.

This model sets out a proposed solution that allows patients to enter through one coordinated system with a consistent triage process that routes them to the most appropriate service first time. The programme aims to improve navigation and create clinically meaningful alternative pathways, building levels of public trust to allow us to change default patterns of patient behavior over time.

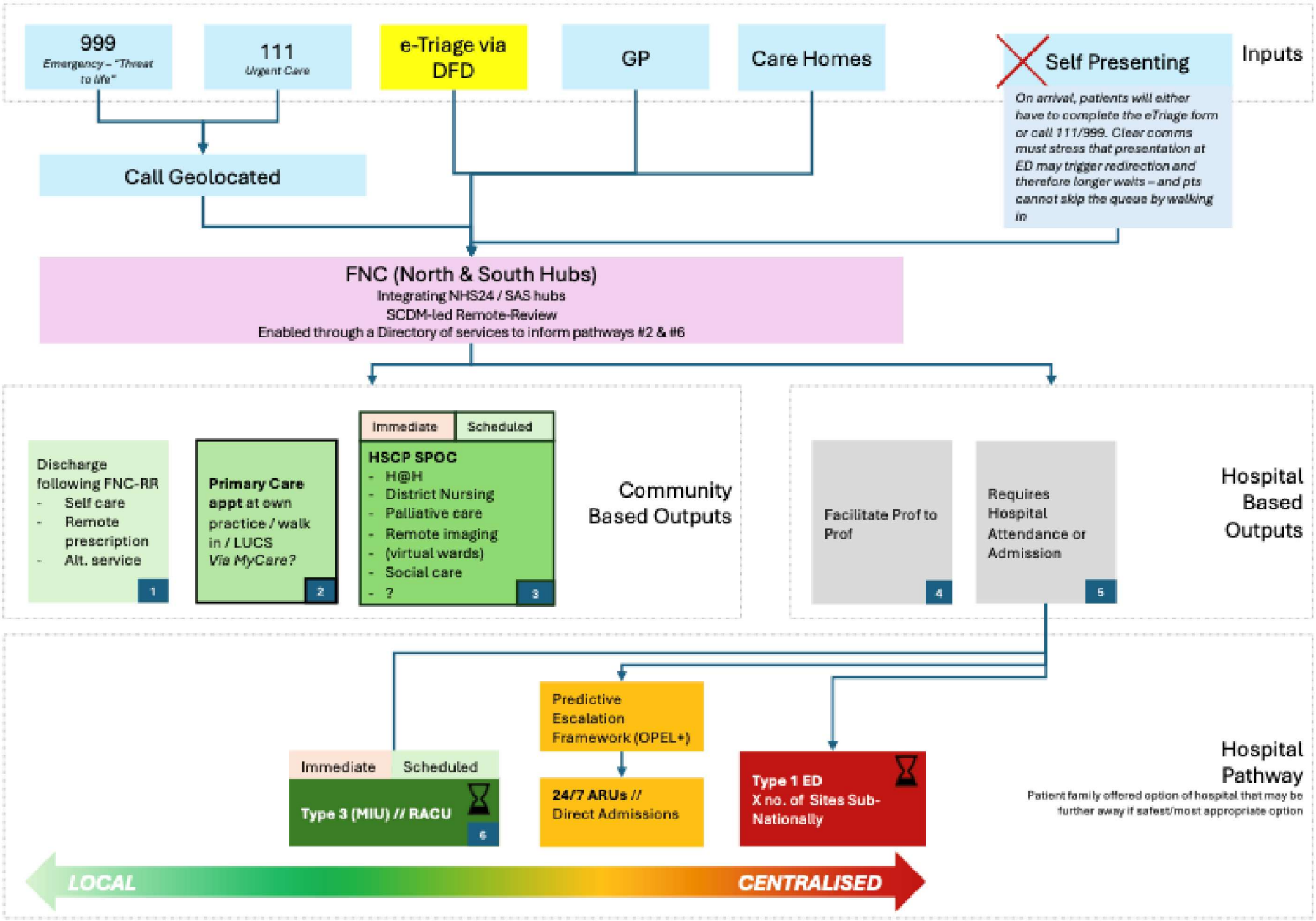
Problem → Action → Outcome

Problem	Action	Outcome
Patients enter unscheduled care through **multiple disconnected routes, with variable triage and no integrated digital access option**. Many patients therefore default to self-presenting at ED because it is perceived as the most reliable route to assessment and action. Once patients arrive at acute sites, diversion elsewhere becomes significantly more difficult. **Persistent self-presentation** concentrates demand and clinical capacity within acute hospitals, **limiting the system's ability to shift care**, workforce, and investment into sustainable community-based alternatives.	Integrate access — align triage across NHS 24, SAS, and board Flow Navigation Centres, develop eTriage as a digital front door, standardise professional-to-professional advice across the region, and progressively shift patients toward coordinated access routes before attendance at acute sites occurs.	One coordinated way into the system, with alternatives to ED that are visible, trusted, and clinically meaningful. Reduced avoidable self-presentation allows more urgent care to be managed through community and non-acute pathways, supporting a sustainable shift in the balance of care away from hospital dependency.
The system cannot reliably navigate patients to the right service. There is no s**hared directory of services**, no consistent way to manage acute capacity across the region, and no ability to book patients into primary care from the point of triage.	Enable smarter navigation — build a regional Directory of Services, agree a shared escalation framework for dynamic capacity management, and develop the infrastructure to book directly into primary care.	Patients routed to the right service first time. Acute capacity managed as a regional resource, and demand met in the right setting rather than defaulting to hospital.
Care is not always delivered in the right place. H**SCP community routes are inconsistent, and the acute footprint evolved rather than was designed** and requires thought as to long-term sustainability	Get care into the right setting — implement consistent HSCP Single Points of Contact across all HSCPs, and evaluate the acute footprint using operational evidence to inform options for reconfiguration.	More urgent care delivered closer to home, and an acute configuration that is clinically sustainable, workforce-deliverable, and safe for time-critical care.
Reform on this scale cannot land without **sustained public and professional support.** Previous attempts have stalled on complexity and unclear messaging.	Run continuous public and stakeholder engagement throughout the programme — narrative, professional communications, and a public campaign sequenced to operational change.	The system and the public understand the change, and behaviour shifts with it.

The roadmap below provides a high-level overview of the phased approach across the key products in the programme.

Phase	Focus	Key outcomes
1. Intelligence and alignment	Understand current pathways, demand and variation across the region	Shared understanding of current state
2. Integrated navigation	Build a shared operational infrastructure, begin coordinated navigation	Share escalation process, direct booking pilots, standardised HSCP access, improved regional oversight
3. Single Navigation Function	Move toward integrated subnational access and operational coordination	Integrated call handling, flexible workforce models with dynamic routing, shared operational command
4. Predictive System management	Develop proactive intelligence led system management	Predictive demand balancing and real time optimisation of operational flow

The conceptual model is illustrated below:



Key products (projects) required to deliver the model in the system schematic above;

#	Product	Deliverables
1	Workforce and Governance Enablement	A shared workforce, training, governance and information governance framework to support regional and cross-service navigation
2	Aligning and integrating regional triage	Reduced triage variation across NHS 24, SAS, and board FNCs, supporting earlier and more consistent navigation away from unnecessary acute attendance
3	eTriage as a digital front door (DFD)	A digital access route integrated with phone-based triage, enabling earlier navigation before default ED attendance occurs
4	Professional-to-professional models	Standardised P2P infrastructure within FNCs
5	Directory of Services	A regionally-owned, maintained DoS enabling effective navigation into community and non-acute pathways
6	Shared escalation and de-escalation framework	Dynamic regional management of acute capacity with consistent escalation and de-escalation actions across all sites
7	Primary care booking	Technical, contractual, capability and capacity for direct booking into primary care from FNC triage and DFD
8	HSCP Single Points of Contacts	Coproduced MVP specification operating consistently across all HSCPs, supporting alternatives to acute attendance
9	Acute configuration	Evaluation of acute footprint, options for reconfiguration if appropriate
10	Public and stakeholder engagement	Narrative, communications, behavioral change, and public dialogue supporting the transition away from default self-presentation to acute sites

Cluster 1: Workforce and Governance Enablement (cross-cutting)

A shared workforce, training, governance and information governance framework to support regional and cross service navigation.

Product	Year 1	Year 2	Year 3	Year 4	Year 5
1. Workforce and Governance Enablement					

Cluster 2: Integrated Access

The products that improve how patients enter the system and how clinical professionals connect with each other to support routing decisions.

Product	Year 1	Year 2	Year 3	Year 4	Year 5
2. Aligning and integrating subnational triage					
3. eTriage as a digital front door					
4. Professional-to-professional models					

Cluster 3: Smarter Navigation

The products that improve how the system routes patients to the right place, enabled by capacity, digital capability and contractual infrastructure.

Product	Year 1	Year 2	Year 3	Year 4	Year 5
5. Directory of Services					
6. Shared escalation and de-escalation framework					
7. Primary care booking					

Cluster 4: Care in the Right Setting

The products that expand where care can be delivered.

Product	Year 1	Year 2	Year 3	Year 4	Year 5

8. HSCP Single Points of Contact					
9. Acute configuration					

Cluster 5: Public and Stakeholder Engagement (cross-cutting)

Narrative, communications, behavioral change, and public dialogue running across the programme to support the transition away from default self-presentation at acute sites toward coordinated access and community-based urgent care pathways.

Product	Year 1	Year 2	Year 3	Year 4	Year 5
10. Public and stakeholder engagement					

Outcomes and Benefits Realisation

Measures will be refined as operational maturity develops with early measures focusing on understanding current system performance and variation. Later phases will assess the impact of integration. The intention is to improve patient experience by routing patients to the most appropriate service quickly.

Proposed KPIs

Domain	Measure	Intended Outcome
Access and Navigation	Number & Percent of patients managed without ED attendance	Increased use of appropriate alternatives to ED
	Number and percent of patients directly booked i to alternative pathways	Increased upstream diversion
	Number and percent of patients managed through digital triage	Increased use of digital access routes
	Number of repeat triage episodes per patient	Reduce handoffs and duplication
	Time from first contact to final disposition start	Faster navigation to right pathway
System Flow and Capacity	Number and percent Ambulance conveyances	Reduction in avoidable conveyance
	ED presentations and percent redirected after attendance	Reduction of avoidable attendances
	OPEL escalation frequency/duration	Improved system resilience
	Cross- board transfers due to capacity pressure	Improved regional coordination
	Community pathway utilisation	Increased use of non –acute capacity
Clinical Quality/Safety	Recontact rates	Safe and effective triage
	Serious incidents linked to navigation	Safe and effective triage
	Time to treatment for time critical conditions	Improved access to urgent care
	Variation in dispositions for equivalent presentations	Reduce variation/ improve equity of access
Workforce and Operational maturity	Number of staff trained across pathways	Increased workforce flexibility/increased system resilience
	Workforce wellbeing indicators	Sustainable model
	Cross system staffing utilisation	Increased resilience
Patient and Public Experience	Patient satisfaction	Improved patient experience
	Public awareness of service	Increased confidence in non ED services

Subnational Planning and Delivery Committee (East) Executive

DATE: 02 JUNE 2026
TIME: 3.00pm-5.00pm
LOCATION: MS Teams

SCOTLAND EAST

SUMMARY MINUTE & ACTION NOTE

Attendance:

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

Attendees (list as required)
Stephanie Phillips, Director of Transformation, Strategy, Planning and Performance, NHS 24
Ally Boyle, Chair, Public Health Scotland
Claire Morrison, Director of Engagement and Change, HIS
Karen Wilson, Director of NMAHP, NES
Colin Briggs, Director of Strategic Planning, NHS Lothian
Jim Crombie, Deputy Chief Executive, NHS Lothian
Craig Marriott, Director of Finance, NHS Lothian
Alison Macdonald, Executive Nurse Director, NHS Lothian
Susan Webb, Director of Public Health, NHS Lothian (from 3.30pm to 4.30pm)
Tom Power, Director of People & Culture, NHS Lothian
David Stibbards, Director of Digital, NHS Lothian
Judith Mackay, Director of Communications, NHS Lothian
Wendy Reid, Head of Performance, PMO & Business Unit [Subnational East]
Darren Thompson, Board Secretary, NHS Lothian
Chris Graham, NHS Lothian (Minutes)

Lead Directors
TBC, Lead Chief Operating Officer
TBC, Lead Director of Finance
TBC, Lead Director of Strategic Planning
TBC, Lead Medical Director
TBC, Lead Nurse Director
TBC, Lead Director of Public Health
TBC, Lead Director of People & Culture

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

1. Welcome and Apologies

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

2. Approval of Draft Minutes 31 March 2026

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

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

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

ACTION: CB/CH

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

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

4. Workstream Highlight Reports (Discussion by Exception Only)

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

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

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

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

4.4 Extensive discussion took place on commissioning, with members highlighting the volume of concurrent commissions and the need for improved coordination, clarity and alignment with strategic priorities. It was noted that steps were underway to rationalise commissions and introduce stronger oversight, including a more co-produced approach with Scottish Government.

4.5 The Group emphasised the importance of maintaining momentum on priority areas despite external uncertainty, including progressing work on urgent and unscheduled care, engaging clinical and workforce stakeholders, and using upcoming workshops, including the 29 June session, to build consensus and inform future direction. There was explicit recognition that change could and should continue to be progressed in areas that were within the decision-making authority of individual boards, based on collaboration and collective agreement.

5. Business Systems

5.1 The Executive Group considered the Business Systems Programme highlight report for May 2026, with progress broadly in line with the revised plan despite continued risks. It was highlighted that procurement activity was ongoing, including completion of the SaaS bid evaluation and progress with the Client Side Partner procurement, with the programme now transitioning towards Board readiness, stakeholder engagement and preparation for delivery from January 2027.

5.2 Key areas of progress and forthcoming activity were noted, including completion of procurement, development of the common operating model, governance changes and alignment of supporting systems. Members recognised that a key inflection point was approaching, requiring decisions on implementation timing, sequencing and phasing, with implications for cost, delivery approach and benefits realisation.

5.3 The Executive Group emphasised that successful delivery would be dependent on Board readiness and the establishment of appropriate delivery infrastructure. Discussion focused on the need for stronger oversight of readiness across Boards, including e-rostering alignment, data preparedness and system readiness, alongside the importance of consistent approaches across the East, West and national context.

5.4 Members highlighted the importance of embedding effective governance arrangements, including strengthening alignment across finance, HR and digital functions, and ensuring clear accountability through an appropriate oversight structure. It was agreed that a proposed governance model, including options for sub-national and national approaches to readiness assurance, would be developed and brought back to a future meeting.

5.5 The Group noted the importance of maintaining focus on implementation, benefits realisation and alignment with wider financial recovery and shared services agendas. It was agreed that further work would be progressed to provide clarity on governance, readiness and delivery expectations, with a paper to be presented to the next Executive Group meeting on 30 June.

5.6 The paper requested for 30 June should aim to establish significantly greater clarity on the programme's governance and management arrangements. The paper should be informed by further collective discussion between the SRO and the Workforce, Finance and Digital regional leads, ensuring that the work so far from each of these professional groups is reflected in proposals. It should also reflect the purpose of this Executive Group in its strategic assurance role.

ACTION: PM / CM / TP / DS

6. Scottish Government Position & Emerging Direction

6.1 The Executive Group noted the current Scottish Government position and emerging policy direction. Members noted recent engagement with Trade Unions and recognised that the next key milestone would be the forthcoming Programme for Government, with opportunities identified to influence this through Director General engagement.

6.2 It was highlighted that recent leadership changes, including the appointment of a new Cabinet Secretary with a focus on public sector reform, signalled a clear expectation that further system change would follow. Members also noted changes within the Director General team and the Directorate for Health and Social Care.

6.3 Discussion also referenced emerging considerations within the local authority context, including the potential implications of local government elections in May 2027, which were expected to influence the wider system environment and partnership working.

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

7.1 The Executive Group noted that Board submissions had been collated in response to a specific request from the Director General's office to eliminate waits over 52 weeks by 2027. These were currently under review ahead of submission to the Scottish Government in mid-June. It was recognised that this represented a key national ask, with further work required to refine and consolidate submissions and provide a coordinated sub-national response.

7.2 Discussion emphasised the need for strengthened sub-national oversight, collective accountability and improved performance management across Boards. Members highlighted the importance of transparency of data, shared understanding of performance, and creating a peer accountability approach to support delivery, while acknowledging the scale of the challenge and capacity constraints within the system.

7.3 The Group noted that, while some progress had been made in orthopaedics, a broader multi-specialty approach would be required, supported by consistent use of data and alignment with Annual Delivery Plans. The importance of collaborative working, including effective use of national assets and avoidance of duplication, was also highlighted.

7.4 It was agreed that further work would be undertaken to develop governance arrangements, clarify next steps for planned care at a sub-national level and consider other specialties beyond Orthopaedics. It was agreed that a paper would be developed by the NHS Fife Chief Executive, in consultation with the Centre for Sustainable Delivery, to propose next steps. The paper and its proposals should demonstrate the high level of ambition in this space, whilst recognising the complexities of clinical governance requirements. This would be brought back to the Executive Group on 30 June to support further discussion, alongside consideration of funding clarity and a potential future workshop to drive delivery.

ACTION: WE

8. Leadership Roles and Expectations Across Subnational Groups

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

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

8.2 Members noted that, with the exception of the lead Chief Executive role, arrangements were largely in place and being finalised. It was confirmed that these were interim arrangements, expected to run initially for up to 12 months from November 2025, with a review planned in early autumn. It was noted that the timeliness of receiving clear feedback and direction from the Scottish Government on subnational objectives and aims would determine whether these arrangements might need to be extended.

8.3 The Group also recognised the need to align these arrangements with wider national work on senior management and executive terms and conditions, with further clarity to follow following NEC consideration.

9. National Planning Leadership Group (NPLG)

9.1 Item deferred .

10. Subnational East Resource

10.1 The Executive Group considered the resource requirements for SPDC East and noted that increasing national expectations had placed significant additional demands on existing local leadership capacity, creating risks to delivery at both Board and sub-national level. It was recognised that the current model was not sustainable without additional dedicated resource.

10.2 Members acknowledged the scale of resource required to support sub-national planning and delivery, but also the financial constraints facing Boards. It was agreed that a coordinated East and West proposal would be developed, including engagement with the Scottish Government on funding, and consideration of potential contributions from Boards. Further detail on required roles and capacity would be brought back for discussion.

11. Communications & Engagement

11.1 The Executive Group considered and endorsed draft proposals for a National Communication and Engagement Strategy, noting the importance of aligned messaging, consistent leadership, and effective internal engagement to support sub-national delivery as part of wider public sector reform. The actions that individual boards could take forward were noted, as was the need for a national, paid campaign.

11.2 A proposed Internal Engagement Strategy was also presented and discussed, which offered consistent approaches and principles for staff engagement that could be adopted and adapted within all boards. It was accepted that each Board would need to tailor the messaging to align with their existing internal strategies and approaches.

11.3 The Group discussed the need for a coordinated external communications approach, recognising the requirement for Scottish Government alignment and further work to develop a proportionate public engagement framework. The papers were endorsed, with a further update to be provided on external engagement at the next meeting.

ACTION: JMac

12. Workshop(s) / Interactive Sessions

12.1 The group considered a proposal to commission two workshops aimed at strengthening leadership engagement in relation to subnational work. The workshops would focus on supporting colleagues to drive change collaboratively and to operate within an effective authorising environment. Members were invited to provide feedback on the proposals and to approve the commencement of an organisational development process, including the identification and appointment of an external supplier to deliver the sessions.

12.2 In discussion, there was agreement on the need for the workshops to challenge current approaches and to model the behaviours required to support change, starting with chief executives and thereafter including wider executive leads. Members acknowledged the importance of securing collective commitment to the process and were asked to make best endeavours to identify suitable dates, recognising the inherent challenges in coordinating senior-level availability.

12.3 The importance of building on existing development work was emphasised, particularly learning from programmes previously delivered through the Board Chief Executive (BCE) Group. It was agreed that this learning should be incorporated into the design of the workshops, with a specific action to link with those leading that work. Members also highlighted the value of face-to-face delivery, while noting the additional cost and logistical implications for island boards, which would require careful consideration in planning. Members approved the proposals presented.

13. Any Other Business

13.1. There was no other business raised.

14. Date of Next Meeting

Wednesday, 24 June 2026, 3pm.