

Meeting:	NHS Grampian Board
Meeting date:	8 October 2026
Item Number:	6.2
Title:	Sub-National Update
Responsible Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Colin Briggs, Interim Lead Director of Strategic Planning, NHS Scotland East

1 Purpose and recommendations

This is presented to the Board for:

- Assurance

Recommendation(s)

- To note the update on Sub-National planning.

This report relates to:

- NHS Grampian Strategy: Plan for the Future
- Board Annual Delivery Plan
- Government policy/directive
- Other: Sub-national planning

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below) [delete all that are not relevant to this report]:

- ☐ Inability to meet population demand for Planned Care
- ☐ Significant delays in the delivery of Unscheduled Care
- ☐ Inability to effectively maintain and invest in NHS Grampian's infrastructure
- ☐ Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- ☐ Inability to effectively engage citizens to shape service improvement and transformation
- ☐ Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent

- Worsening health in Grampian particularly in those who experience multiple disadvantages

2 Report summary

2.1 Situation

DL (2025) 25 (“the DL”) was published on 13 November 2025 and directed NHS Scotland Territorial Boards to collaborate on the planning and delivery of specific services and programmes through the establishment of joint Strategic Planning and Delivery Committees (SPDCs). NHS Grampian is part of SPDC East. This paper updates Board members on activities relating to the SPDCs.

2.2 Background

DL (2025) 25 was published on 13 November 2025 and, through Ministerial Direction, instructed NHS Scotland Territorial Boards to form themselves into two SPDCs. These bodies were to focus on the planning of:

- Elective orthopaedic services
- Emergency healthcare services
- Digital Front Door
- A joint approach to financial balance
- A single national approach to business systems

The DL required SPDCs to submit a common plan for these actions by 31 March 2026, with the exception of the Digital Front Door work, which was to be submitted by 30 June 2026. These documents were reviewed in draft form by the NHS Grampian Board in March 2026 prior to submission to Scottish Government.

The new Scottish Government has indicated a desire to build on this work and over the summer has moved to commission these SPDCs to undertake more work, including:

- Coproducing a National (emergency services) Flow Plan ([Health and Care Improving Flow Plan 2026 - 2031](#)), which was published by the Scottish Government on 31 August 2026 and which SPDCs are now finalising delivery plans for
- Working collectively to maximise capacity across all Boards for elective care. This includes common oversight of performance at an operational management level, and developing plans for increasing capacity in elective orthopaedics in particular
- Taking forward the further implementation of the Digital Front Door, which is a crucial part of both emergency services and elective orthopaedics
- Developing common approaches to prevention and data utilisation
- Providing sponsorship for the national planning team at Public Services Delivery Scotland
- Building a common approach to financial planning and how constituent Boards can work towards financial balance by the end of this parliamentary term
- Developing a process for commissions being issued to SPDCs by the Scottish Government

On this last point, the Scottish Government has been clear that it expects to issue pan-Board “asks” through SPDCs. The Interim leads for the SPDCs have been providing input and advice to Scottish Government colleagues on how these commissions should be shaped, noting that these are matters of policy and therefore entirely for the Scottish Government to finalise. The intent from the Scottish Government is clear, however, and in line with the approach set out in the *Public Sector Reform Strategy*, with a focus on alignment to a smaller number of common goals clearly articulated at the start of any process.

Commissions to date have include a broad range of work areas, from performance reporting on elective services through to, most recently, neonatology and non-surgical solid tumour oncology. As examples, these latter two require the SPDCs to work together across the 14 Territorial Boards to implement policy goals expressed through Target Operating Models under development for some time.

SPDCs will receive these commissions formally through Committee meetings.

Most recently, the First Minister laid out the *Programme for Government 2026-31* ([Programme for Government - gov.scot](https://www.gov.scot/publications/programme-for-government-2026-31/pages/introduction/)), which sets a clear agenda of performance improvement over the life of this Parliament and significant Public Sector Reform.

2.3 Assessment

Work associated with the original DL commission has now expanded significantly and has developed increasingly positive momentum. It is particularly heartening to see the strong commitment to prevention of ill-health in additional work undertaken by the SPDCs around emergency services and elective orthopaedics.

There remains a significant challenge in providing appropriate capacity to design and deliver this redesign work, and there is an outstanding action mandated by the DL to “align planning resource to support this work”. The Chief Executive of NHS Fife is leading on this piece with input from interim Directors of People and Culture and of Strategic Planning.

2.3.1 Quality / Patient Care

The work of the SPDCs is intended to improve patient outcomes, access and experience through more consistent service planning and delivery across Scotland. The work of the SPDCs is focused on the planning and delivery of emergency care, elective orthopaedic services and the Digital Front Door across NHS Scotland Boards.

2.3.2 Workforce

The expansion of the SPDC programme has increased demands on planning and delivery capacity, and work is underway across the East SPDC to align planning resources in support of these requirements.

2.3.3 Financial

The SPDCs are developing a common approach to financial planning and supporting constituent Boards to work towards financial balance by the end of the current parliamentary term.

2.3.4 Risk Assessment / Management

This work is relevant to strategic risks relating to planned care, unscheduled care, financial sustainability and system transformation and seeks to address these through coordinated planning and delivery across NHS Scotland Boards.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment is not required.

2.3.6 Other impacts

None noted.

2.3.7 Communication, involvement, engagement and consultation

SPDC East has worked to keep Boards updated through Chief Executives and written communications. A common communications plan is now being deployed by the Directors of Communications.

Involvement by staff-side colleagues has been challenging during the last ten months. This is improving and the lead Director of People and Culture is working with staff-side to ensure appropriate representation in all relevant groups and meetings.

2.3.8 Route to the Meeting

The content of this paper has been discussed on an ongoing basis within SPDC substructures, which involve representation from all geographic parts of the SPDC East.

2.4 Recommendation(s)

- To note the update on Sub-National planning.

3 Appendix/List of appendices

None.