SCOTLAND EAST

Board Meeting
13.08.26
Open Session
Item 06.1.1

Scotland East Strategic Planning and Delivery Committee (SPDC)

Summary Report – Quarter 1 2026/27

1. Executive Summary

Subnational East has progressed work across the five ministerial priority workstreams, planned care recovery, financial sustainability and enabling programmes. During Quarter 1, Subnational East has continued to establish the infrastructure, governance and delivery arrangements required to support Subnational Planning across the East, while recognising that delivery confidence remains dependent on workforce capacity, implementation capability, financial sustainability and continued support from Scottish Government.

A key focus of Quarter 1 has been planned care recovery. Through a coordinated East-wide review process, Subnational East reduced the planned care funding requirement from £61.0m to £52.4m whilst increasing planned activity from ~31,000 to ~39,000 procedures, improving value for money and system impact. Revised trajectories are expected to significantly reduce waits over 52 weeks by March 2027, although NHS Grampian and NHS Tayside continue to face substantial capacity challenges. At the time of drafting, Subnational East awaits a formal response on the trajectory submission from Scottish Government.

Subnational East is also progressing the development of a new population-based urgent care operating model, continuing delivery of the Business Systems Programme, supporting the successful rollout of MyCare across East Boards, developing emerging population health programmes and shaping a medium-term financial recovery approach.

2. Key Messages for Boards

Subnational Planning is Moving into Delivery
Subnational East has formally submitted the joint East and West submission and has continued programme activity despite a pause in some formal meetings. We await formal feedback and approval of the plan by Scottish Government at the time of drafting. The focus has moved from strategy development into delivery planning and implementation, that includes the development of a subnational approach to public engagement.

Planned Care Recovery Remains the Immediate Priority
Following a robust East-wide review and prioritisation process, Scotland East strengthened scrutiny of Board plans, increased activity assumptions and improved value for money. However, challenges remain in several specialties and some Boards are unlikely to eliminate all waits over 52 weeks without further intervention. A new East-wide performance oversight cycle has been introduced, bringing Acute Chief Operating Officers and CFSD together for peer to peer support, within a Board Chief Executive-led structure.

No Deterioration in Other Performance Areas
Subnational East is clear that the additional planned care investment is specifically focused on reducing long waits. Scottish Government has made clear that delivery must not result in deterioration in diagnostics, cancer or unscheduled care performance, and Subnational East will continue to monitor this closely through its delivery and assurance arrangements.

Collaboration at Scale is Delivering Benefits

Across planned care, urgent care, population health, digital and finance, Subnational East is demonstrating that working at scale enables stronger challenge, better use of resources, improved consistency and greater overall system impact.

Governance and transparency

As the sub national work progresses, it is important that Boards are provided with information in a timely manner and at an appropriate point in their governance cycles. The timetable for sub-national submissions to the Scotland East and West Strategic Planning and Development Committees (SPDC) is not aligned with Board meeting cycles, and the Chairs of SPDC will seek to review this over the coming months to provide better alignment and sequencing of reporting to Boards.

3. Significant Decisions and Endorsements

Subnational East has:

- Established the proposed governance structure for the Business Systems Programme, including a Subnational Programme Board reporting through the executive governance structure.
- Set the direction of travel for the Population Health workstream, with future updates focused on areas with the greatest potential to deliver measurable impact and system-wide improvement.
- Identified further work required to support Boards facing the greatest planned care challenges and to develop a more sustainable planned care model across Scotland East.
- Agreed to progress in developing business cases to expand sustainable orthopaedic capacity, particularly opportunities identified through Queen Margaret Hospital and NHS Lothian, with further detail to be developed for future consideration.
- Developed the emerging urgent care operating model and will manage detailed questions through established executive routes.

4. Strategic Programmes and Emerging Priorities

Planned Care and Orthopaedics

Subnational East has reviewed planned care trajectories, funding allocations and the Scotland East Orthopaedic Strategy, with a focus on:

- The East-wide prioritisation process reduced the funding requirement from £61m to £52.4m while increasing planned activity and strengthening the likelihood of reducing the longest waits.
- Greater mutual aid, shared delivery arrangements and coordinated regional/subnational planning will be required to address residual challenges, particularly within NHS Grampian and NHS Tayside.
- Orthopaedics remains structurally capacity constrained, with demand exceeding recurrent capacity and longer-term solutions required beyond non-recurring funding.

Population-Based Urgent Care and Flow

Subnational East has progressed development of a future urgent care model, including establishment of Acute COO arrangements, stakeholder engagement and development of an implementation plan. An approach to public engagement is being developed with HIS and formal support from Scottish Government remains necessary for a number of critical elements including primary care booking, public messaging, NHS24 and SAS integration and future access arrangements.

Business Systems
Progress continues against ERP procurement, Board readiness assessments and development of the Common Operating Model. Significant risks remain around resourcing, technical readiness, stakeholder engagement and programme capacity. October 2028 remains the critical implementation deadline.

Digital Front Door / MyCare
MyCare.scot has now launched successfully across all East Boards. Future delivery remains dependent on digital capacity, prioritisation and additional investment to support wider subnational programmes.

Rural & Islands
Phase 1 activity has been completed and rural and island considerations are now being embedded across all major workstreams. Focus is shifting toward integrated impact assessment, population intelligence and incorporation into future service models.

5. Financial Sustainability and Risks

Subnational East is developing a medium-term financial recovery approach for Scotland East, alongside governance arrangements to support delivery of finance priorities. Financial sustainability remains a key challenge for the region, and Subnational East is undertaking work to address the underlying recurring financial gap through recovery planning, benchmarking and cost improvement initiatives.

A workshop with East Directors and Deputy Directors of Finance is due to be held in August to discuss the scope and scale of financial transformation work required to address the £330 million recurring deficit that exists across NHS Scotland East.

NHS Scotland East has evidenced the current NRAC parity shortfall that exists across the East and will be escalated to Scottish Government. This will formally request Scottish Government recognises the NRAC parity gap that exists within NHS Scotland East, confirm a path to NRAC parity for all Boards, and consider interim financial support arrangements until parity is restored.

Key risks highlighted include:

- Workforce, estates and independent sector capacity constraints affecting planned care delivery.
- Business Systems Programme resourcing, technical readiness and Board implementation preparedness.
- Requirement for Scottish Government support and national enablers within the Urgent Care programme.
- Capacity limitations across finance, analytical and programme teams.
- Need for stronger staff, partner and public engagement as programmes progress.

6. Recommendations for Individual Boards

Boards are asked to:

1. Note progress across the Subnational Planning Programme and the increasing transition from strategy development into action plans and delivery.
2. Support delivery of planned care trajectories and agreed recovery actions, ensuring robust local governance and Board oversight. Particular focus should remain on reducing waits over 52 weeks while maintaining performance in diagnostics, cancer and unscheduled care.
3. Ensure Board readiness for major strategic programmes, particularly the Business Systems Programme and associated implementation requirements.

4. Continue to support cross-Board collaboration, mutual aid and shared delivery models, particularly where there are opportunities to improve productivity, reduce variation and optimise use of regional capacity.
5. Keep Board members and wider stakeholders sighted on programme developments, supporting consistent communication and engagement as implementation plans mature.
6. Support development of longer-term sustainable service models, including orthopaedic capacity planning, urgent care redesign, digital transformation and financial recovery arrangements.

This paper provides Board members with a concise overview of the principal areas of delivery, progress, risks and actions undertaken by Subnational East during Quarter 1 2026/27, supporting ongoing Board assurance and oversight of the Scotland East Subnational Planning Programme.