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Riaghaltas na h-Alba

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To: NHS Board Chief Executives
CC: National Board Chief Executives

13th July 2026

Dear colleagues

In February this year, I wrote to you to set out eight high-level operational priorities for delivery in 2026/27, providing clarity over the pre-election period. Now that the first quarter of the year has concluded and the election has taken place, this letter sets out more detail on the expectations regarding delivery of these priorities for the remainder of 2026/27.

The First Minister's 100-day commitments have now been published. A number of these commitments align with, and build upon, the priorities established in February. Annex A sets out those that relate to Health and Care and where there are specific asks of NHS Boards.

Reduce the longest waits for planned care

Continue to reduce waiting times across planned care, with a particular focus on eliminating waits over 52 weeks as quickly as possible within this calendar year. In order to achieve this goal it is not expected that there will be any increase in the number of patients waiting beyond this threshold. Progress will be assessed using PHS-published data and monitored against agreed trajectories.

Continue to improve cancer waiting times. Boards should deliver and sustain performance at or above 95% against the 31 day standard and achieve month-on-month improvement against the 62 day standard, with the goal of reaching at least 80% performance against the 62 day standard by March 2027. Progress will be assessed using PHS-published data and monitored against agreed trajectories.

Increase productivity across elective and diagnostic services

Increase productivity across elective and diagnostic services through improved utilisation of workforce, theatre, diagnostic, and treatment capacity. Boards should optimise capacity at both local and sub-national level to improve throughput and support timely diagnosis and treatment. This includes expanding community diagnostic access and accelerating interoperable diagnostic and digital infrastructure. Progress will be assessed using new outpatient and inpatient/day case activity data and monitored against agreed trajectories.

Improve flow and performance in unscheduled care

Improve patient flow and performance through local and sub-national redesign of urgent and emergency care pathways. Delivery should take a whole-system approach extending beyond Emergency Departments to minimise delays, reduce avoidable admissions and improve access to flow-based alternatives. Performance will be assessed against the four-hour A&E Standard and supporting indicators, including hospital occupancy levels (with an ambition to reduce these to 85% or below), delayed discharge, average length of stay, ambulance turnaround times (with a maximum of 45 minutes), the expansion and embedding of frailty services and development and embedding of a mental health distress blueprint for support and services.

Expand Hospital at Home as a mainstream model of care

Expand Hospital at Home provision and maximise the use of alternatives to admission, including enhanced flow navigation through models such as FNC+, supported through sub-national arrangements. Progress will be assessed against PHS-published data and agreed trajectories for patients seen on a Hospital at Home pathway, aligned to the 2000 beds by December ambition, alongside overall improvement in urgent and emergency care performance.

Support safe and high-quality maternity and neonatal services

Support safe and high-quality maternity and neonatal services through full implementation of Healthcare Improvement Scotland Maternity Services inspection actions and delivery of the changes required to implement the new networked neonatal intensive care model. This will help ensure that mothers and babies receive safe, high-quality care in the right place and at the right time.

Boards should continue delivery of the priorities outlined in the Miscarriage Framework (DL(2025)02), supported by recurring funding of £1.5 million. In addition, noting that Professor Christine McCourt will undertake an independent review of maternity services in Scotland commencing in September 2026, Boards should contribute fully and transparently to the review and support requests for access to staff, service users and relevant data.

Improve support and services around Mental Health, Neurodevelopment and Learning Disability

Continue to improve access to support and services across mental health, neurodevelopment and learning disability pathways. Boards should maintain delivery of the CAMHS standard, ensuring 90% of patients are seen within 18 weeks, improve access to neurodevelopmental supports and assessments, and work with partners to strengthen community-based mental health services

Boards should also develop plans to eliminate the longest waits (over 52 weeks) for Psychological Therapies and demonstrate measurable progress against these plans. Continued focus is required on reducing delayed discharge for people with mental health conditions, learning disabilities and those subject to Adults with Incapacity processes.

Accelerate digital access and modernisation

Accelerate digital access and service modernisation. Improve access, communication and care coordination through continued rollout of MyCare.scot, supporting the Digital Prescribing and Dispensing Pathways programme, planning for major IT infrastructure changes (such as Business Systems, PACs replacement and the future National IT Contract) and wider digital transformation across hospital, community and primary care settings, supported through national and sub-national programmes.

Become a population health organisation

Using the population health maturity matrix in order to assess progress and produce a resultant action plan. Progress should be made on PHF priorities on tackling obesity and prevention focused system work on vaccination, screening, tackling alcohol and drugs harms and anti-racism. It is fully expected that the outcome of this will inform both delivery of the above, but also future reform activity at a local, regional and national level.

In delivering these priorities and commitments, Boards are expected to work collaboratively within the sub-national planning and delivery context and in support of the Population Health and Service Renewal Frameworks.

Progress against these priorities will form the basis for the forthcoming round of mid-year reviews for territorial Boards and my team will be in touch shortly to begin to arrange the dates for these. Whilst National Boards are expected to support territorial Boards in delivery against these operational priorities, agreement of specific priorities and associated oversight for National Boards will continue via existing Sponsorship arrangements

I would like to take this opportunity to thank you for your continued leadership, commitment and support in delivering improved outcomes for the people of Scotland.

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

Appendix A – 100 Days Health & Social Care Commitments

Commitments requiring NHS Board delivery

#	Commitment	Ask of NHS Boards
1	GP walk-in centres	Respond to SG call with full delivery plans including timelines, workforce, estate dependencies, costs and risks, and provide ongoing assurance updates.
2	Reduce waiting times (50,000)	Deliver agreed activity and procedures within funding envelope, maintain throughput and report regularly on performance and risks.
3	National hospital flow plan	Engage fully in co-production, providing data, constraints and operational insight to shape a deliverable national plan.
4	Heart & lung health MOTs	Support delivery through primary care and ensure capacity for follow-on diagnostics and treatment pathways.
5	Community audiology plan	Participate in needs assessment and co-design, providing service insight and supporting implementation planning.
10	Maternity review	Enable engagement with staff and patients and provide local insight to support the review process.
11	IVF review	Provide modelling, data and service insight including capacity considerations.
13	Midwifery apprenticeship	Nominate representatives and provide input on feasibility and workforce planning, particularly for rural services.

Scottish Government only commitments

#	Commitment	Ask of NHS Boards
6	World Cup Fund	None
7	Bowel screening proposal	None
8	Vape consultation	None
9	Neurodevelopmental pathway	None
12	Displaced workers scheme	None