

Meeting:	NHS Grampian Board
Meeting date:	19 February 2026
Item Number:	7
Title:	Sub-National Planning – Scottish Government Director’s Letter DL (2025)25
Responsible Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Colin Briggs, Interim Lead Director of Strategic Planning, Scottish Planning and Delivery Committee East

1 Purpose and recommendations

The Board are asked to **note** this paper

This is presented to the Board for:

- Awareness

Recommendation

The Board is asked to review the information provided in this paper, provide comment on the implications of the new model of sub-national planning and discuss ways NHS Grampian’s engagement in this development will be maximised.

This report relates to:

- Government policy/directive

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)

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care
- 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

The Scottish Government issued DL(2025)25 in November 2025. This mandated Health Boards across Scotland to work more closely on 5 key priorities, and to agree joint plans to delivery these by 31 March 2026.

2.2 Background

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

DL(2025)25 mandated a focus on this population-level planning on five specific elements;

- Orthopaedic waiting times
- Emergency Healthcare services
- Digital Front Door/MyCare
- Alignment of Business Systems
- Consolidated Financial Planning

To support this work, the DL also established two Subnational Planning and Delivery Committees – East and West (SPDCE and SPDCW, respectively).

SPDCE comprises the Health Boards for;

- Borders
- Fife
- Grampian
- Lothian
- Orkney
- Shetland
- Tayside

The Chairs and Chief Executives of each of these Boards are members of SPDCE, as are their counterparts from national and special Boards. It is intended to appoint Lead Directors, starting with Strategic Planning, Finance, and Chief Operating Officers, to support this work.

John Connaghan, Chair of NHS Lothian, chairs SPDCE, and Caroline Hiscox, CEO of NHS Lothian, is the lead officer for this work.

As noted, the Ministerial Direction is to bring forward plans by 31st March against the five key priorities above, but the DL is also clear that there is an expectation that SPDCE and SPDCW will continue to work after that date to ensure delivery against these plans by 31st March 2029.

The DL is clear that there is no change to the clinical, workforce, and financial governance accountabilities of any Health Board.

2.3 Assessment

At time of writing, SPDCE has met twice, with workstreams established on the five key priorities described above. Leadership for these groups is shown at Appendix 1, and Board members will note the geographic spread of leaders from across constituent Boards.

Activities undertaken include;

- Medical Director, Nurse Director, Director of Public Health, Director of Finance, Chief Operating Officer, and Director of Planning input to each work
- Input from CfSD, PHS, SAS, and NHS24 is being sought and deployed as appropriate
- 3 Acute Chief Officers assigned to each of Emergency Healthcare and Orthopaedics, and a Nurse Director to each
- The establishment of weekly Chief Executive, Director of Strategic Planning, and Director of Finance, calls for the East Coast to ensure effective coordination and deployment of skills and resources
- The commencement of a joint strategic needs assessment process for the East, hand-in-glove with a clear focus on data alignment for Emergency Healthcare and Orthopaedics
- An outline overarching programme plan has been drafted
- PHS have commenced work on how best to support a Fairer Scotland Duty assessment process
- A weekly huddle has been established to bring together the East and West interim leadership teams
- Interim lead officer capacity is being provided by Colin Briggs (interim Lead Director of Strategic Planning), Jim Crombie (interim Lead Chief Operating Officer), and Craig Marriott (interim Lead Director of Finance).
- The finance group has identified that the size of the financial challenge is in the order of £330m for 2026-27, and has commenced work on aligning approaches to this across the East Coast
- Discussions have commenced on transitioning national planning priority arrangements from SGHSCD to SPDCE and SPDCW.
- SPDCE has also commissioned work on Rural and Island healthcare.

SPDCE's meeting of 28th January agreed the commissions and terms of reference for orthopaedics, emergency healthcare, digital front door, and Rural and Islands work.

The pace of this work means that a comprehensive accounting of all activities and work is challenging to do but the Chief Executive will be able to provide more up-to-date insight at the Board meeting

2.3.1 Quality/ Patient Care

The intent of this work is to improve the quality of care for all patients across Scotland. It is too early to comment beyond that headline.

2.3.2 Workforce

The intent of this work is to improve the sustainability of services across Scotland, which will involve workforce considerations, but at this stage it is too early to comment beyond that headline.

2.3.3 Financial

As noted above, the current estimated combined deficit is in the region of £330m.

2.3.4 Risk Assessment/Management

At this point the most obvious risk to this project is the very short timescale in which it must be delivered across a highly complex geography and governance. At close of the SPDCE meeting of 28th January there were 43 working days to 31st March.

Detailed work has gone into clarifying with the Scottish Government their expectations of “what success looks like”.

2.3.5 Equality and Diversity, including health inequalities

Public Health Scotland are supporting SPDCE on the development of assessment against the *Fairer Scotland* duty, and from that equality and diversity impact assessment work will flow.

2.3.6 Other impacts

N/A

7. Communication, involvement, engagement and consultation

Clearly communication across this wide geography and a very significant number of staff and stakeholders is crucial to the success of this project, and efforts such as this paper are a small but representative example of the awareness of the importance of such.

Healthcare Improvement Scotland are part of SPDCE and expertise on public engagement will be sought from them.

2.4 Recommendation

The Board are asked to **note** this paper.

Appendix 1 – East Scotland groups and leadership

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