

## NHS Scotland Support and Intervention Framework

### Introduction

The NHS Scotland Support and Intervention Framework (hereafter the *Framework*) is one of the key elements of the Health and Social Care Directorates' evidence-based approach to monitoring performance and managing risk across the NHS in Scotland.

At its heart, the refreshed *Framework* (formerly known as the NHS Board Performance Escalation Framework) focuses on preventative risk management with a greater emphasis on a more active and collaborative approach. The *Framework* highlights the importance of recognising and understanding the needs of all parties involved; an approach which is strongly aligned to the revised [NHS Scotland - Blueprint for Good Governance](#), published in December 2022.

Following the significant impact of the Covid-19 pandemic in recent years, and as NHS Boards focus on recovering and renewing local systems, the *Framework* will assist the Scottish Government in supporting NHS Boards to identify and resolve issues as early as possible; promoting a risk culture that embraces openness, supports transparency and welcomes constructive challenge. The *Framework* promotes stronger partnership between Scottish Government and NHS Boards and aims to underpin the collective ability to quickly and effectively respond to the most significant challenges faced by the NHS, wherever practicable and appropriate.

The *Framework* is overseen by the National Planning and Performance Oversight Group, a sub-group of the Government's Health and Social Care Management Board. The *Framework* will apply to NHS Territorial Boards only. Arrangements for National NHS Boards are covered by separate arrangements.

Given the different lines of accountability, the *Framework* does not apply to Integration Authorities. Under the *Public Bodies (Joint Working) (Scotland) Act 2014* Local Authorities and Health Boards are required by law to work collaboratively to plan and deliver community health and social care services, including effective performance and risk management. This position will be kept under review.

## **Purpose and Principles**

Accountability for day-to-day management of service delivery and performance is the responsibility of individual Health Boards, through their own management structures and governance arrangements. The Board's Annual Delivery Plan set out the core expectations of performance and delivery in key areas of national and local priority for each individual Health Board.

The purpose of the *Framework* is to facilitate the return to a steady state 'on-plan' position where there are concerns about a Board's ability to deliver the expected standards, targets and associated governance. The *Framework* consists of five stages on a 'Ladder of Escalation'; providing an appropriate model for support and intervention. The core NHS Scotland values of care and compassion; dignity and respect; openness, honesty and responsibility; and quality and teamwork; will remain central to this approach; which is meaningfully informed by different forms of intelligence from a variety of sources and stakeholders; to fully understand the root cause of any issues and support the Board accordingly.

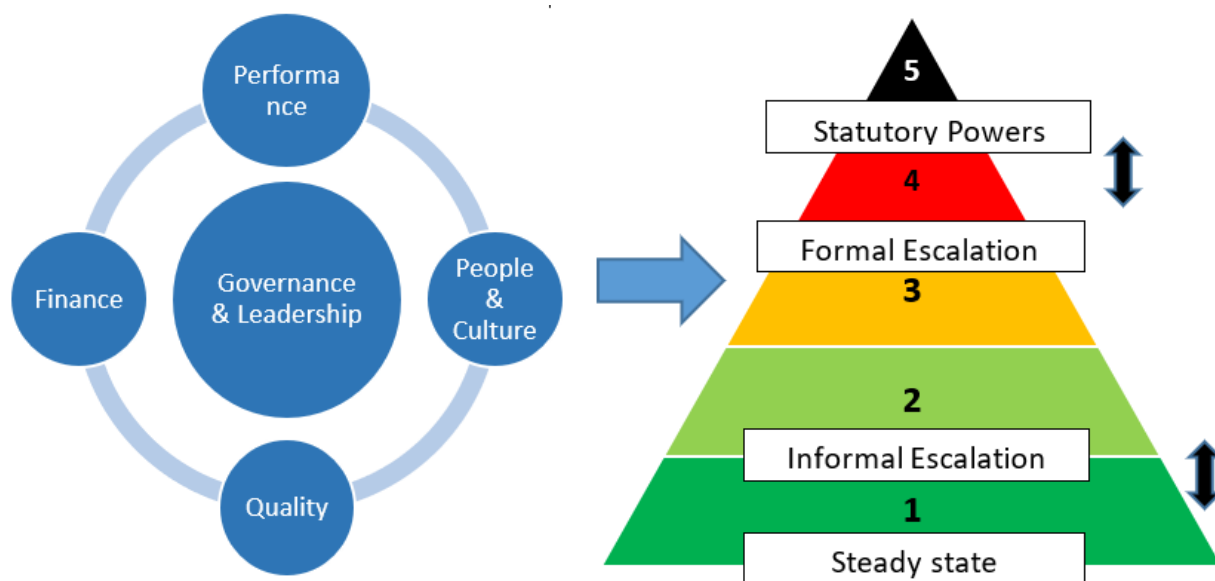
The overarching principles governing the application and operation of the *Framework* are described below:

### **Overarching Principles**

- Evidence-based decision making: the decision to escalate or de-escalate a Board is informed by the consideration of a combination of quantitative and qualitative evidence. Escalation addresses often complex issues and an element of judgement will always be required.
- Balance of scrutiny, challenge and support: the intention of this process is to facilitate a return for the Board to a steady state as swiftly as possible. The level and type of scrutiny applied in each circumstance will be designed to provide assurance that appropriate action is being taken and to monitor the impact of those actions.
- Flexibility and recognition of context: this is not a 'one size fits all' process. The action taken, and any support provided, will be tailored to the circumstances and to take account of context.

- Proportionality: the action taken will be commensurate with the degree/type of risk identified.
- Consistency of approach: the need to apply a consistent approach across issues and Boards as far as possible, balancing flexibility of approach with context.
- Clarity of justification for escalation/requirements for de-escalation: it will be made clear at the point of escalation which elements of the Board's activities are covered. The success criteria for de-escalation will also be made clear as early as possible. The point of de-escalation will be reached when the Board, through the Accountable Officer, can provide evidence-based assurance that sufficient progress has been made and that they will be able to sustain and maintain improvements before de-escalation.
- Early contact and formal notification: in all appropriate cases, and where the standard process of formal escalation is followed, Board Chief Executives and Chairs will be informed of the decision to escalate prior to the decision being made public. This will include notification at the earliest opportunity of any informal escalations services beyond steady state.
- Co-ordinated approach to support and intervention: The Scottish Government will seek to co-ordinate requests for additional information, site visits and other forms of external input as a result of the decision to escalate; in order to avoid placing an undue burden on NHS Boards.
- Response to escalation: NHS Boards will be required to provide accurate and timely responses to requests for information and to co-operate with the action taken as a result of escalation. This includes providing evidence-based assurance when de-escalation is proposed.
- Review: the operation of these arrangements and processes will be subject to regular review by the Scottish Government; as informed by engagement with key stakeholders

## Performance and Risk Assessment Process and Ladder of Escalation



The diagram above illustrates how the ladder of support and intervention fits within the wider whole system performance and risk assessment process within the SG Health and Social Care Directorates.

### Escalation Process

Broadly speaking, there are two Scottish Government processes through which a decision to escalate a Board may be made. This will depend on whether the key escalation trigger is a material divergence from planned performance over a period (described below as the 'Standard Process'), or a significant event or set of circumstances which arise unexpectedly and require an urgent response (the 'Critical Issue' Process). These are also separate from the *Healthcare Improvement Scotland (HIS) Escalation Framework* which independently feeds into these processes; as highlighted at the end of this document.

#### Standard Process

The National Planning and Performance Oversight Group (NPPOG) is a sub-group of the Scottish Government's Health and Social Care Management Board (HSCMB), which meets on a quarterly basis. It is chaired by the Chief Operating Officer for NHS Scotland. There is a Performance Sub-Group and a Planning Sub-Group, chaired by the Deputy Chief Operating Officers, which inform the discussion at the NPPOG. All intelligence and data is considered at the NPPOG Performance Sub-Group with collective discussion and agreement on

whether the information considered should go forward to the the main meeting of NPPOG.

NPPOG considers a range of data, information and intelligence relating to the delivery of health and social care across Scotland and the performance of Health Boards. It will remain the primary decision-making forum in relation to escalation to or de-escalation from Stage 3 of the Framework and will continue to make recommendations on Board escalation and de-escalation to HSCMB.

NPPOG will maintain that formal escalation is only agreed as a last resort; once all available avenues of support have been exercised and exhausted and that any decisions consider national versus local challenges, given current and future operating environments.

The Director General Health and Social Care (DG HSC), as Chair of HSCMB, will take account of recommendations by NPPOG, along with the views of the other members of HSCMB, in taking any decision to escalate or de-escalate a Board at any stage of escalation up to and including Stage 4 of the Framework.

In the case of Stage 5, any decision to exercise the powers of Ministerial intervention will be taken by the Cabinet Secretary.

#### Critical Issue Process

Circumstances may arise out-with the standard process where urgent action is required. In these circumstances, an extraordinary meeting of NPPOG should be convened to consider next steps and agree the appropriate course of action. If appropriate, the Board leadership will be informed of this extraordinary NPPOG and may be asked to provide intelligence and/or a paper for the consideration of members, alongside various other forms of intelligence.

In exceptional circumstances, a decision could be made by the Director General in consultation with the relevant individuals.

In these cases, where not all information or intelligence is yet available, it may be clear that action consistent with formal escalation is necessary but not immediately possible to ascertain or communicate exactly what support, scrutiny and other action is necessary. In all circumstances, the key actions and decisions will be formally communicated to all stakeholders as soon as possible and as appropriate.

## **Decision to Escalate**

It is vital that the full range of relevant and accurate information and evidence (including quantitative data and qualitative information) is considered as part of the decision-making process.

Information will be drawn from a variety of different sources, ensuring a triangulation of evidence to support robust decision-making. These sources will include, but are not limited to:

- Standard/routine statistical and performance reports.
- Results of inspections and other reports by relevant regulators or other external bodies.
- Performance information provided directly by the Board or its partners.
- Input from Scottish Government policy teams; and
- Risks and issues escalated through the on-going NPPOG assurance process.

Relevant diagnostic work may be required to ascertain the root cause of any issues and may also be part of a proactive approach by a Board to seek support; where they have become aware of an emerging risk and wish to take pre-emptive action to mitigate this. A full understanding of the root cause/s will be key to ensuring that the programme of recovery action and/or support package is appropriately targeted to address the underlying problems in a sustainable way.

Risk and wider context will also be considered in coming to decisions regarding escalation or de-escalation. However, it should be understood that escalation is not a 'one size fits all' process. There is no fixed level or package of risk, support or scrutiny which will automatically lead to an assessment that a Board should be at a particular Stage within the Framework.

Where concerns arise around the performance or delivery of specific aspects of a Board's services, it is possible for only those aspects of the service to be escalated; with any action required focusing on this.

However, in circumstances where a number of interconnected aspects of Board services are displaying performance challenges, it is more likely that the escalation decision will centre around Governance, Leadership and Culture; as the performance issues may be a symptom of wider issues.

## **Approach to Tailored Support and Intervention**

An essential element of supporting improvement is the development and implementation of an appropriate package of support and scrutiny; one designed to address the underlying issues or risks and tailored to recognise and respond to the specific context.

In most cases, there will be a number of standard elements which will be combined to ensure the best possible fit for the individual Board and set of circumstances. The main 'tools' in this 'toolkit' are set out in the list below.

Access to the various elements of the 'toolkit' of support do not have to be initiated by SG – they may also be part of an agreement initiated by Boards and their partners as part of a pro-active Board or service sustainability plan.

The identification of the appropriate elements to go into each package will be based on an understanding of the relevant aspects of the Board's context and a diagnosis of the key factors contributing to the issues which have arisen.

It is recognised that the tailored support put in place is likely to be most effective where all parties are involved in the design of the package and the definition of the expected outcomes or indicators of success.

### Toolkit of Tailored Support

Some of the most common elements of a tailored support package are set out below:

- Enhanced monitoring or reporting arrangements with SG policy leads:
- Support from the SG NHS Finance Delivery Unit.
- On-site Support Team including or co-ordinated by members of Centre for Sustainable Delivery.
- Establishment of Recovery/Performance Assurance Board.

## Stages of Support and Intervention, summary

The *Framework* provides five stages of a ‘ladder of escalation’ that provides a model for support and intervention by the Scottish Government. These stages are summarised in the table below:

Stage	Description
<b>Stage 1</b>  <b>Steady state</b>	Boards are delivering in line with agreed plans. Normal reporting arrangements in place and no additional or tailored support is required.
<b>INFORMAL SUPPORT AND INTERVENTION</b>	
<b>Stage 2</b>  <b>Enhanced monitoring</b>	There is some variation from agreed plan(s) and a possible delivery risk if no remedial action is taken. At this stage, a Board-led support package or recovery programme should be agreed and implemented. This is the pre-formal escalation stage and risks and/or issues should be raised, either by the Board or by the relevant SG policy lead/s; if necessary, taken to NPPOG for consideration.
<b>FORMAL ESCALATION</b>	
<b>Stage 3</b>  <b>Enhanced monitoring and support</b>	There is significant variation from agreed plan(s). The level of risk is likely to have increased, with performance stagnating or deteriorating below agreed levels, and the Stage 2 Recovery Plan having proved ineffective or insufficient. At this stage, an SG commissioned tailored support package is required and there will be enhanced monitoring of implementation and progress. NPPOG will be informed of progress on a regular basis, ensuring there is enhanced analysis and engagement as required with any additional support that is agreed with the Board .
<b>Stage 4</b>  <b>Senior external support and monitoring</b>	There are significant risks to delivery and the Recovery Plan or Tailored Support is not producing the required improvements. At this stage, senior level external support is required, and will report to an Assurance Board chaired by SG. The onus remains on the NHS Board to deliver the required improvements. The Assurance Board will report direct to the Chief Operating Officer for NHS Scotland and DG Health and Social Care. NPPOG will be informed of progress on a regular basis.
<b>Stage 5</b>  <b>Statutory Intervention</b>	At Stage 5, the level of risk and organisational dysfunction is so significant that the NHS Board requires direct intervention using statutory powers of direction.

The matrix below summaries who is involved in the decision-making process at each of stage:

Stages	Proposed By	Endorsed By	Approved By
<b>Stage 2</b>	<ul style="list-style-type: none"> <li>NHS Board (CE and Chair)</li> <li>Head of Service</li> <li>HSC Director(s)</li> </ul>	<ul style="list-style-type: none"> <li>HSC Director(s)</li> </ul>	<ul style="list-style-type: none"> <li>NPPOG</li> </ul>
<b>Stage 3</b>	<ul style="list-style-type: none"> <li>NHS Board (CE and Chair)</li> <li>Head of Service</li> <li>HSC Director(s)</li> </ul>	<ul style="list-style-type: none"> <li>NPPOG</li> </ul>	<ul style="list-style-type: none"> <li>HSCMB &amp; DG HSC</li> </ul>
<b>Stage 4</b>	<ul style="list-style-type: none"> <li>NHS Board (CE and Chair)</li> <li>Head of Service</li> <li>HSC Director(s)</li> </ul>	<ul style="list-style-type: none"> <li>NPPOG</li> </ul>	<ul style="list-style-type: none"> <li>HSCMB &amp; DG HSC</li> </ul>
<b>Stage 5</b>	<ul style="list-style-type: none"> <li>Assurance Board</li> <li>HSC Director(s)</li> </ul>	<ul style="list-style-type: none"> <li>NPPOG</li> <li>HSCMB</li> </ul>	<ul style="list-style-type: none"> <li>Cabinet Secretary</li> </ul>

## Stages of Support and Intervention in practice

Stage 1 is when Boards are steady state and on track with their Annual Delivery Plans.

Stage 2 is an informal support stage, where SG is providing support and guidance, but not intervening in the Board. This stage is intended to avoid reaching the threshold for Stage 3 or higher.

Formal escalation is therefore only in force at Stage 3, with increasing intervention and support provided the further up the ladder the Board is.

Standard Performance Monitoring and Management: Non-Escalated Stages 1 & 2

The following two stages indicate performance which is entirely or largely in line with agreed plans or expectations or sees some deviation from the Annual Delivery Plan which may need some light-touch support from Scottish Government. They do not involve formal escalation.

### Stage 1

Stage 1 describes the steady state situation for any Health Board and indicates that the Board is delivering in line with expected performance standards.

The Annual Delivery Plans, produced by all Boards, form the basis against which performance is assessed throughout the year.

### Stage 2

Stage 2 applies when routine performance monitoring highlights localised areas of deteriorating performance which should be resolved through routine planning and performance management action on the part of the Board.

This stage can also apply to situations where Boards themselves (and their partners) identify an area of risk and pro-actively seek access to tailored support to assist them to diagnose the issues and address the challenges identified.

Where a Board is struggling to meet agreed targets, we strongly encourage openness and transparency as this will support both the Board and SG to avoid the need for formal escalation.

This stage is classified as an informal support stage. Boards receiving Stage 2 support are not formally escalated against the Framework. Although Stage 2 is an informal support stage it is important that the Board are made aware they have moved to Stage 2 of the Framework.

### Support and Intervention at Stage 2

The support or action required is likely to be light touch with the emphasis on locally led recovery planning by the Board, with advice and assistance where necessary from SG policy teams or other external specialists.

SG policy teams will put in place enhanced scrutiny arrangements; generally focused on monitoring progress with the development and implementation of the Board's own local recovery actions.

The elements of the toolkit that are most likely to be appropriate at this stage include:

- Enhanced monitoring by relevant SG teams.
- Increased focus on sponsorship relationships.

- Closer monitoring of existing data or a requirement for additional data to be provided by the Board.
- Local recovery plan or programme prepared by the Board with SG input as required.
- Peer review or peer support for relevant services or systems.
- Additional external/SG support for a diagnostic exercise or to strengthen Board capacity in relation to specific issues for a time-limited period.

### Stages 3 & 4 - Formal Escalation

Stages 3 and 4 are formal escalations. This is when requirements for specified action by the Board along with enhanced monitoring arrangements are put in place.

No statutory powers are being exercised and, as such, the Board Chief Executive is expected, in their capacity as Accountable Officer, to co-operate and provide leadership; to ensure the effectiveness and delivery of the Recovery Programme.

#### Stage 3

Where significant risks are materialising and/or performance is varying significantly from agreed plan(s), a formal approach incorporating significantly enhanced support and scrutiny is likely to be required, which is likely to include a level of external intervention. This constitutes Stage 3 in the Framework and a 'formal' escalation.

Recovery planning is a key step in the process of a Board returning to an acceptable performance level. A formal Recovery Plan is likely to be required and signed off by SG. The onus remains on the Board, usually working with its partners, to produce this.

Stage 3 may also require a further investigation or diagnosis of the root causes of the performance issues. Where there are indications that the root causes are systemic in nature, or where the agreed support package does not lead to sustainable improvements over a reasonable timeframe, consideration may be given to further escalation.

#### Support and Intervention at Stage 3

At Stage 3, all of the elements described at Stage 2 remain available. Additional elements that may feature in the package of tailored support include:

- Access to diagnostic or analytical capacity to improve understanding of performance and systems.

- On-site input by members of Centre for Sustainable Delivery (possibly working in conjunction with other experts) to support implementation of Improvement Programmes or roll-out of best practice.
- External support (commissioned by Board or SG) to design recovery programmes and/or to help embed change or new models of practice.

#### Stage 4

Stage 4 is the highest stage on the Framework which can be reached without formal exercise of statutory powers of direction.

Similar types of packages of tailored support, intervention and scrutiny may be involved in Stage 3 and Stage 4. The distinction lies in the level of risk being addressed, the seniority and scale of the support and the decision-making power assigned to the support function.

The implementation of the support package at Stage 4 may be co-ordinated by an Assurance Board and/or External Support team appointed by the DG Health and Social Care, reporting jointly to the Board (Chief Executive and Chair) and the DG.

At Stage 4, the Board Chief Executive continues to be responsible for matters of resource allocation to deliver any transformation plan and continues in place as Accountable Officer. They retain overall control and responsibility, and all action is with their consent as Accountable Officer. The Chair of the Board should also exercise control and responsibility on behalf of the Board. The Chief Executive and Chair are expected to make appropriate use of, and take advice from, the External Support team to construct and agree the required plan, and to take full responsibility for delivery.

In exceptional circumstances, SG may appoint a Turnaround Director and/or Turnaround Team with the authority to direct Board officers and resources as they require. The appointment of a Turnaround Director will not alter the Accountable Officer role held by the Board Chief Executive. The Turnaround Director would have a dual reporting relationship reporting to the Board Chief Executive from a governance perspective, as well as the Scottish Government through the Assurance Board.

#### Support and Intervention at Stage 4

At Stage 4, all of the elements described at Stage 3 remain available. Additional elements that may feature in the package of tailored support include:

- Establishment of SG-led Assurance Board to oversee the development and initial implementation of the agreed Recovery Plan/Programme; and
- Appointment of a Turnaround Director and/or Turnaround Team.

## Stage 5 – exercise of statutory powers

Stage 5 of the Framework involves a formal exercise of Ministerial powers, with a range of options available to Ministers, primarily in terms of the National Health Service (Scotland) Act 1978. Escalation to Stage 5 will indicate that the Board as a whole has been assessed as unable to deliver Ministerial priorities and ensure the effective continuance of services without direct intervention, due to fundamental organisational issues.

Escalation to Stage 5 is a very context-specific process, led by advice from the SG Legal Directorate (SGLD). That separate process is not addressed in any detail here and bespoke advice will always be sought from SGLD where such action is under active consideration.

Escalation to Stage 5 should not be viewed as part of the normal progression of a Board on the Framework; it should only be used in exceptional circumstances.

### Support and Intervention at Stage 5

- Ministers may choose to intervene directly, in accordance with legislation.
- The process followed will be formalised and led with reference to the requirements of legislation, as informed by legal advice.

## **De-escalation**

NHS Boards will be made aware of the requirements for de-escalation as close as possible to the point of initial escalation. These requirements are likely to closely reflect the reasons for escalation and/or the underlying issues identified as part of any diagnostic exercise.

The overall aim of the escalation and related package of scrutiny and intervention put in place is to support the Board to deliver the required improvement and address the underlying issues effectively and sustainably; so that they can be safely de-escalated as swiftly as possible. The point of de-escalation will be reached when the Board and Accountable Officer can provide evidence-based assurance to Scottish Government that sufficient progress has been made and that they will be able to sustain improvements.

Given the importance of having clear lines of accountability, and to support the Board to make the necessary improvements, the de-escalation criteria should be agreed as early as possible. The route to de-escalation may not always be clear in the initial stages of the escalation due to a range of factors, but SG and the Board should always endeavour to outline and agree the route to de-escalation as soon as practicable after the escalation is announced.

## **Communication**

Robust two-way communication is considered an essential and integral part of the support, intervention and escalation process. As we strengthen and continuously improve our relationships, we hope that that an appropriately collaborative and integrated approach to working between NHS Scotland and the Scottish Government continues; and that routine interactions may help to facilitate any necessary intervention and support; and to avoid the need for formal escalation.

In cases of formal escalation, it is vital that effective communication takes place with the Board and, in particular, its leadership so that there is clarity at all stages about what the specific issues/risks are that have triggered escalation; what level of type of enhanced scrutiny will be put in place; and how the package of tailored support is to be identified.

Where possible and allowing for the particular circumstances involved (particularly where the *Critical Issue* process is involved), the flow of information should be managed jointly by Scottish Government and the relevant contacts in the Board; so that all stakeholders, including Board employees and the public, are made aware of any changes to the Board's position in an appropriate manner.

## **Healthcare Improvement Scotland Escalation Process**

Healthcare Improvement Scotland (HIS) undertakes quality assurance activities on the quality and safety of health care systems as part of its statutory duties. These activities invariably result in HIS making recommendations and requirements for change, which the relevant service providers (NHS Board) must implement. Improvements are set out in an action plan which is signed off by Board leadership and published on the Board and HIS websites to clearly and transparently demonstrate the improvements which will be delivered.

The Board has 18 weeks to implement the action plan and, at that point, is required to submit a report to HIS on progress made. On consideration of that report, HIS may take further action such as to make further requests or to conduct a follow-up inspection. If HIS is not assured that sufficient improvement has been made, it will consider the evidence and may implement the HIS escalation framework – specifically level 2 which is escalating the Board to the Scottish Government. A level 2 escalation is a culmination of a significant amount of support being given to the Board by HIS over a period of time and is made at the point at which HIS' remit and powers are exhausted, and the Scottish Government's remit and powers must come into play.

The HIS Escalation Framework is distinct from the NHS Scotland Support and Intervention Framework. HIS publishes associated materials on its [website](#) and the HIS Escalation Framework can be found at Annex 5 of the Scottish Government / HIS Operating Framework. The document describes the various situations when the escalation framework may be used and, at each level, what the role is for HIS and the Scottish Government.

Escalation of concerns to the Scottish Government and/or Scottish Ministers will be taken into consideration as part of the wider consideration of Board performance undertaken by the National Planning and Performance Oversight Group.

*This document was first published in October 2023 and was last reviewed in May 2026. This document will next be reviewed before the end of the Parliamentary term commencing in 2026.*