

Meeting:	NHS Grampian Board
Meeting date:	11 June 2026
Item Number:	6.1
Title:	De-escalation criteria from Stage 4 to Stage 3 of the NHS Scotland Support and Intervention Framework
Responsible Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Alex Stephen, Director of Finance

1 Purpose and recommendations

This is presented to the Board for:

- Noting

Recommendations

The Board is asked to:

- (a) Note the extensive engagement with the NHS Grampian Board and with Scottish Government to collectively define the criteria across the main categories of escalation.
- (b) Note the objectives and indicators detailed as the metrics NHS Grampian must achieve to warrant de-escalation to Stage 3.
- (c) Note that the Assurance Board approved on 2 June 2026 the metrics as set out in Appendix 1 for Value & Sustainability (1 & 2); Local Services Quality and Safety (4a) and Strategic Transformation (4b); and Governance, Leadership and Culture (5).
- (d) Note the position in Appendix 1 with Planned Care (3a) and Unscheduled Care (3b) metrics which remain under discussion and will be agreed by the Assurance Board in the months to come and note the reason for this.
- (e) Agree to receive updates at each public Board meeting demonstrating progress against the agreed metrics.

This report relates to:

- Government policy/directive
- Legal requirement

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:

- Significant delays in the delivery of Unscheduled Care
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies

2 Report summary

2.1 Situation

The paper provides an update on the final iteration of the de-escalation criteria that NHS Grampian must achieve to warrant a move from Stage 4 to Stage 3 of the NHS Scotland Support and Intervention Framework. This follows fulsome engagement and ownership by this Board in the development process from January 2026 and multiple discussions with Scottish Government via the NHS Grampian Assurance Board between December 2025 and June 2026.

In March 2026, the Board approved the organisation's strategic priorities for 2026/27 which are aligned to and build on the de-escalation criteria described in Appendix 1. This cohesive approach streamlines the focus and efforts of NHS Grampian to now deliver improvements across the main categories of escalation, namely finance, performance and leadership and governance.

2.2 Background

NHS Grampian was placed into Stage 4 escalation in May 2025. Following this escalation, an external diagnostic review was commissioned by Scottish Government with the final report published in October 2025. In response, NHS Grampian developed its Single Improvement Plan and an enhanced governance framework to monitor delivery of the recommendations set out within the Plan. The Plan and framework were approved by the Board on 11 December 2025.

In January 2026, Scottish Government issued NHS Grampian with a draft set of de-escalation criteria and with these, context and guidance on the determination to move to Stage 3. This guidance stated de-escalation will be measured against *“the development and delivery of an agreed improvement plan”*; and that de-escalation *“does not need to complete every action in the agreed improvement plan to propose de-escalation”* but rather *“demonstrate clear progress against their plan, provide evidence to support this and generate sufficient confidence that they are able to sustain these improvements without additional support and monitoring”*.

It is acknowledged that consideration of de-escalation to Stage 3 will not take place until January 2027 at the earliest. A set of metrics that can be measured following the end of Quarter 3 2026/27 and can evidence a sustained improvement across 2025/26 and 2026/27 have been agreed by the Assurance Board.

2.3 Assessment

NHS Grampian has made significant progress improving financial performance and can evidence delivery of its agreed trajectories to reduce longest wait patients (52-weeks). Insufficient progress has been made to date with unscheduled care performance (emergency access standard and ambulance handovers) and this remains a priority in 2026/27. The How Are We Doing and Financial Update reports to the NHS Grampian Board clearly identify where improvements have been made and the areas where work is still required.

The creation of the Single Improvement Plan (to be reported to the August 2026 public Board meeting) complements these two reports and demonstrates the scale and depth of work undertaken since the Board was escalated to Stage 4. However, it is recognised that there is still a significant amount of work required to further improve the organisation's performance and as such clear priorities for improvement have been agreed by the Board for 2026/27 which align to the Assurance Board-approved de-escalation criteria.

Agreeing the de-escalation criteria marks an important milestone in NHS Grampian's improvement journey. The criteria provides the Board with clear and deliverable metrics that need to be delivered. Updates will be provided to the NHS Grampian public Board on progress at each meeting.

Across the three categories of escalation, seven specific areas of improvement have been defined. These include:

1. For Finance (1) Value and (2) Sustainability
2. For Performance - (3) Unscheduled Care and (4) Planned Care
3. For Leadership and Governance, (5) Local Services Quality and Safety, (6) Strategic Transformation and Governance, (7) Leadership and Culture.

Each have definitive metrics to enable an assessment of progress, which were agreed by the Assurance Board on 2 June 2026 as being appropriate to move to Stage 3 once delivered. Given the recent Scottish Government Election and that it is still early days in establishing the new Government's priorities, the following statements have been agreed in relation to Unscheduled Care and Planned Care metrics which remain the only outstanding metrics to agree:

Unscheduled Care

Demonstrate sustainable improvements in patient flow at Aberdeen Royal Infirmary and Dr Gray's Hospital across a range of measures, including ambulance waiting times, 4-hour emergency access standard and long waits performance and delayed discharges, with specific trajectories and measures to be agreed, in line with the new national plan for hospital flow.

Planned Care

Work is underway to agree with Scottish Government year-end activity targets and in-year trajectories to reduce patients waiting over 52-weeks and over 104-weeks for new outpatient appointments (NOP) and the treatment time guarantee (TTG). The trajectories in Planned Care and the delivery of these will be very closely linked to additional funding being available to support the prioritisation and enablement of additional capacity.

In summary, the Unscheduled Care and Planned Care trajectories remain under discussion and will be agreed by the Assurance Board in the months to come. All other de-escalation criteria for NHS Grampian have been approved (Appendix 1) and are now being worked towards as priorities. Defined governance frameworks have been established with reporting via the respective Programme Boards, as well as through the Executive Team, Board Committees and the NHS Grampian Board.

Nationally, the development and approval of de-escalation principles and criteria for Health Boards resides within the remit of the Chair of the Assurance Board without the need for Director General or Ministerial approval. The criteria and indicative timelines will be reported to the National Planning and Performance Oversight Group (NPPOG).

When the Assurance Board consider that NHS Grampian is in a position to be de-escalated, this will be taken to the next scheduled meeting of NPPOG. Then, once agreement for de-escalation has been made by NPPOG, a recommendation will be made to the Health and Social Care Management Board (HSCMB), at the next possible meeting, to change the escalation status of NHS Grampian. This recommendation must be made in the form of an evidence-based paper, based on material submitted to NPPOG and any additional evidence where appropriate.

These criteria reflect actions and evidence of improvement against the specific concerns that led to the escalation to stage 4 in May 2025, and were developed in the context of the planning and performance standards extant in 2025-26. In planning de-escalation, the Assurance Board will take into account any recent or emerging concerns and their relationship to the escalation, along with any contemporary planning or performance standards. Should any reasonable adjustments be required, these will be developed in collaboration between the Assurance Board and NHS Grampian Board.

2.3.1 Quality / Patient Care

Delivery of the de-escalation criteria forms part of NHS Grampian's strategic objectives for 2026/27. Through the Unscheduled Care Programme Board and achievement of the related Improvement Plan, there will be improvements, among other key performance indicators, in the national 4-hour emergency access standard, in reducing ambulance handover times, in lowering the number of delayed discharges, and realising an enhanced frailty pathway and increased care at home capacity.

With regard to Planned Care, we continue to invest in our own productivity and in external capacity via the independent sector to reduce the number of patients waiting over 52-weeks for both new outpatient and treatment time guarantee; and to achieve our trajectories for both (trajectories for Quarters 2-4 2026/27 remain under discussion with Scottish Government); and a continuation of longer term effort to meet the meet the national guidance to have zero patients waiting over 52-weeks.

Through a recently enhanced Quality Impact Assessment (QIA) panel; we are safeguarding patients by assessing savings opportunities against the four pillars of finding balance prior to any schemes moving into the implementation phase.

2.3.2 Workforce

The impact of being in escalation over a sustained period can negatively impact staff morale and the ability to invest and innovate in services provided to both patients and staff. Providing a timetable for de-escalation that staff can work towards is critical to shifting the conversation from restrictive decisions to positive discussions on stabilising and growing our ambitions. Additionally, achievement of the criteria in and of itself are demonstrations of improvements in patient care and in evolving the organisation's culture, as well as with strengthening our relationships with the Grampian Area Partnership Forum (GAPF) and Area Clinical Forum (ACF).

2.3.3 Financial

NHS Grampian received an allocation of £500,000 for the financial year 2026/27 to invest in resource capacity in the areas the Health Board was escalated. Funds were used to recruit senior operational and clinical staff to further bolster the Unscheduled Care Improvement Programme as well as provide some administrative support to the Planned Care Improvement Programme.

NHS Grampian also received Operational Improvement Plan (OIP) funding for 2026/27 to meet Unscheduled Care and Planned Care objectives which will enable delivery of key indicators aligned to de-escalation criteria.

2.3.4 Risk Assessment / Management

Risk 3639: Significant delays in the delivery of Unscheduled Care

Delivery of the Unscheduled Care Improvement Plan and the three metrics outlined in the de-escalation criteria will see a reduction in clinical risks associated with current delays in being triaged and assessed within the four-hour national standard, long waits moving patients from ambulance to the NHS Grampian emergency department, and delays in discharging patients to the community or home. Delivery of the improvement plan will also see increased flow across the whole emergency pathway creating capacity to foster more timely care in the appropriate environment.

Risk 3130: Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies

NHS Grampian achieved a deficit position at the end of 2025/26 of £35m, which was better than plan of delivering a deficit position not exceeding £45m. The three-year financial plan submitted to Scottish Government at the end of 2025/26 set out a route to financial balance by 2029/30. This will require reducing operating expenditure by £144m from the current financial year. This level of savings contributes to an inability to invest in service delivery and modernisation in line with organisational ambitions. The Board will continue to carefully consider how it invests its resources to ensure that safety and quality are safeguarded with a measured approach thereby balancing financial constraints with meeting demand on services and opportunities to optimise how resources are committed.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because the criteria outlined within this paper are already subsumed by Quality Impact Assessment (QIA) and Integrated Impact Assessments (IIA) process established for the Value and Sustainability Programme, or the criteria, when delivered, will demonstrably improve patient

experience and clinical outcomes (Planned Care and Unscheduled Care) and staff health and wellbeing (Governance).

2.3.6 Other impacts

NHS Grampian is one of two Health Boards currently escalated to Stage 4 of the NHS Support and Intervention Framework. Our ability to de-escalate will have a materially positive impact on relationships with external partners, notably Healthcare Improvement Scotland (HIS) and Public Services Delivery Scotland (PSDS) as the criteria specifically references concerns raised by regulators are acted upon timeously, systematically captured and monitored with demonstrable ownership by the Board and Board Committees.

2.3.7 Communication, involvement, engagement and consultation

There has been no requirement for external engagement with stakeholders in regard of this matter outside of discussions with Scottish Government who hold responsibility for setting the de-escalation criteria.

2.3.8 Route to the Meeting

This paper has been previously considered by the following:

- Assurance Board 2 June 2026
- Executive Team 2 June 2026
- NHS Grampian Health Board Closed Meeting 7 May 2026
- NHS Grampian Health Board Closed Meeting 22 January 2026
- NHS Grampian Health Board Closed Meeting 19 February 2026
- NHS Grampian Assurance Board 10 March 2026
- NHS Grampian Assurance Board 23 April 2026
- Executive Team Seminar 11 February 2026
- Executive Team Meeting 14 April 2026
- Executive Team Meeting 21 April 2026
- Extended Leadership Team 14 April 2026

2.4 Recommendations

The Board is asked to:

- (a) Note the extensive engagement with the NHS Grampian Board and with Scottish Government to collectively define the criteria across the main categories of escalation.
- (b) Note the objectives and indicators detailed as the metrics NHS Grampian must achieve to warrant de-escalation to Stage 3.
- (c) Note that the Assurance Board approved on 02 June 2026 the metrics as set out in Appendix 1 for Value & Sustainability (1 & 2); Local Services Quality and Safety (4a) and Strategic Transformation (4b); and Governance, Leadership and Culture (5).
- (d) Note the position in Appendix 1 with Planned Care (3a) and Unscheduled Care (3b) metrics which remain under discussion and will be agreed by the Assurance Board in the months to come and note the reason for this.

(e) Agree to receive updates at each public Board meeting demonstrating progress against the agreed metrics.

3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 - De-escalation criteria for NHS Grampian (with the caveat re: Unscheduled Care and Planned Care metrics which remain under discussion with Scottish Government post-Election as described above).

Appendix 1: De-escalation Criteria for NHS Grampian at Stage 4 escalation of the NHS Scotland Support and Intervention Framework

Category	Criteria for escalation	Improvement needed	Programme	Objectives/Indicators
Finance	Largest deficit in NHS Scotland	Mitigate the significant risks to NHS Board and the Scottish Government's Health and Social Care Portfolio	1 Value and Sustainability (V&S) programme board.	<ul style="list-style-type: none"> • Delivery of 2025-26 savings programme and at least 3% recurring savings in line with the national target. • Report a deficit on or below the agreed level of £45 million for 2025-26. • Present a credible final plan on 16 March 2026 to meet the maximum deficit in 2026-27 of £36 million.
Finance	Insufficient confidence in the board's trajectories	Arrest the rate of expenditure	2 Value and Sustainability (V&S) programme board.	<ul style="list-style-type: none"> • Stay on track to deliver this plan throughout 2026-27 with no unmitigated adverse movements. • A credible, scoped savings plan by end of Quarter 3 2026-27 for 2027-28 which moves towards the targeted deficit in 2027-28 of £25 million. • Continue positive working with its IJB partners to improve financial planning and managing pressures across the whole system and increased visibility by the NHS Grampian Board. • Establish the North-East System Transformation Group (NEST-G) and commence programmes of work to drive system efficiencies.
Performance	Concerns about local services ... and ... Under-performance against national priorities and standards	Mitigate immediate concerns ... and ... A clear plan to deliver the necessary fundamental transformation	3a Planned Care (PC) programme board.	<ul style="list-style-type: none"> • Evidence a sustained reduction in planned care waiting times, including reducing the number of people waiting over 52 weeks and specifically reducing the number of patients waiting over 104 weeks. • Deliver the 2025-26 Planned Care Improvement Plan. • Develop and agree with Scottish Government the 2026/27 planned care improvement plan.
			3b Unscheduled Care (USC) programme board.	<ul style="list-style-type: none"> • Demonstrate sustainable improvements in patient flow at Aberdeen Royal Infirmary and Dr Gray's Hospital across a range of measures, including ambulance waiting times, 4 hour and long waits performance and delayed discharges, with specific trajectories and measures to be agreed, in line with the new national plan for hospital flow. • Sustained evidence of whole-system working through the Unscheduled Care Programme Board chaired by IJB Chief Officer and with regular attendance by all Health & Social Care Partnerships (HSCPs) and NHS Grampian teams.
Leadership & Governance	Concerns about local services ... and ... Under-performance against national priorities and standards	Mitigate immediate concerns ... and ... A clear plan to deliver the necessary fundamental transformation	4a Local Services Quality & Safety / Executive Team.	<ul style="list-style-type: none"> • Satisfactory conclusion or agreed path forward to the issues across the following five specialties: <ol style="list-style-type: none"> 1. Barretts Oesophagus 2. Cardiology 3. Orthopaedics 4. Endoscopy 5. HPB. • Demonstrable evidence of consistent communications with Area Clinical Forum (ACF) and Grampian Area Partnership Forum (GAPF) that staff concerns including those about safety and quality are listened to acted upon and the loop closed
			4b Strategic Transformation / Executive Team	<ul style="list-style-type: none"> • Dr Gray's review – evidence of progressing clinical governance improvements • Input, engagement and leading and delivering plans across the four sub-national priority work-streams of unscheduled care, orthopaedics, business systems and digital front door and connecting to NHS Grampians organisational priorities. • Evidence delivery against system priorities agreed by the North-East System Transformation Group (NEST-G) to realise financial and productivity benefits.
Leadership & Governance	Taking 'intolerable' strategic risks	Support the board's leadership and stabilise the system	5 Governance, Leadership and Culture (GLC) programme board	<ul style="list-style-type: none"> • Board can evidence improved, clear, decision-making processes and reviews new ways of working/decision making applied as part of the Improvement Plan with stakeholders for their effectiveness. • Stability within the senior executive team and greater visibility across services and teams • Implementation of a risk management strategy and approach aligned to the principles and values of NHS Scotland with evidence of Board and Committee oversight and ownership. • Evidence of consistent engagement with ACF, GAPF and Health Improvement Scotland (HIS) and Public Services Delivery Scotland. Risks, actions and concerns raised are acted upon timeously, systematically captured and monitored with demonstrable ownership by the Board and Committees.