

Meeting:	NHS Grampian Board
Meeting date:	8 October 2026
Item Number:	9.3
Title:	Clinical Quality and Safety Improvement Programme Update
Responsible Executive:	Hugh Farrow Bishop, Executive Medical Director Rabina Tindale, Interim Executive Nurse Director
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1 Purpose and recommendations

This is presented to the Board for:

- Assurance
- Endorsement

Recommendation(s)

The Board is asked to:

- Review and scrutinise the progress described in this report and confirm whether it provides assurance that the Clinical Quality and Safety Improvement Programme is progressing at a proportionate pace, recognising the identified capacity, operational and delivery risks and the continuing development of the core programme management framework.
- Endorse the developing programme approach, with detailed scrutiny at each meeting of the Clinical Governance Committee and summary progress reporting to the Board.

This report relates to:

- Board Annual Delivery Plan – Clinical Quality and Safety 2026/27 priority for delivery

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

The subject matter of this report is relevant to the mitigation of the following strategic risk (further information is provided in the Risk section below):

- 3068 – Deviation from recognised service standards of practice and delivery

2 Report summary

2.1 Situation

Clinical Quality and Safety is one of the Board's six Strategic Priorities for 2026/27. Since the previous Board report, the Programme has moved from establishing its initial foundations into coordinated improvement activity in priority work streams for clinical governance structures, adverse event reviews, complaints and feedback and in organisational learning. Progress has been made, with programme infrastructure, specialist PMO capacity, baseline assessment and several core governance products in development. This paper summarises the current position, delivery risks and immediate next steps.

2.2 Background

The Board approved Clinical Quality and Safety as a priority on 11 June 2026, recognising the need to strengthen clinical governance, assurance and continuous improvement across NHS Grampian. The August Board report described the initial programme governance, infrastructure and planned Clinical Governance Framework. The Clinical Governance Committee considered a further update on 17 September 2026, including the improvement work now underway. The programme aligns with the Healthcare Improvement Scotland Clinical Governance Standards.

2.3 Assessment

Programme governance and oversight. The Clinical Quality and Safety Improvement Programme Board is established and meets monthly. It is accountable to the Executive Team, with detailed scrutiny through the Clinical Governance Committee and high-level oversight by NHS Grampian Board.

Clinical governance improvement. A first phase of current-state mapping is being completed to clarify current governance structures, reporting routes and accountability and to understand gaps across the system. This mapping includes all areas where clinical care is delivered by NHS Grampian-employed staff, including the acute sector and Health & Social Care Partnerships. Primary care will be considered in a second phase. The timeline for this will be established once priorities and resources are fully confirmed and agreed, and following receipt of the HIS Responsive Diagnostic report. A developed first phase future-state clinical governance structure will be reviewed by the Clinical Quality and Safety Improvement Programme Board before wider sharing. A Phase 1 Clinical Governance Framework, aligned to Healthcare Improvement Scotland Clinical Governance Standards, is in development alongside associate guidance tools and a maturity assessment to support staged implementation. Focused clinical governance improvement work already underway at Dr Gray's Hospital is informing this wider improvement approach, and is testing and strengthening local governance, escalation arrangements, adverse-event follow-through and action tracking, with learning to be shared across NHS Grampian through this Programme.

The Healthcare Improvement Scotland (HIS) responsive diagnostic review and subsequent report will provide independent review and challenge, and its findings will further refine the wider programme's priorities and improvement planning when received. The HIS report is expected during November 2026.

The Clinical Quality and Safety Executive Management Group is now being embedded as the whole-system operational oversight route and has been established to close an identified clinical governance gap. The Group has met twice, and at this early stage of maturity, its reporting formats are currently being tested to improve consistency, visibility and follow-through.

Adverse events, complaints and learning. A strengthened "Once for Grampian" approach is being developed for adverse event reviews and for complaints and feedback. The scope of these work streams cover commissioning or triage, investigation, quality assurance, escalation, action planning and shared learning. The move into formal implementation phase on how Level 1 adverse events reviews are commissioned, carried out and learned from commenced on 25 September 2026. New tools, process and support arrangements for adverse event tools have been shared and testing commenced to help ensure reviews are timely, meaningful, and centred on the needs of patients, families and you as staff. All open Level 1 adverse events have been reviewed and a deep-dive of closed reviews is underway. An analysis of long-outstanding complaints has been completed, monthly reporting has been enhanced, and improvement groups are in place to progress recovery and process redesign. A workshop focused on improving early resolution of complaints is proposed for October 2026. There is also ongoing work to strengthen how improvement actions and learning from adverse events, complaints, SPSO activity, Care Opinion, compliments and inspections are recorded, monitored and shared.

Delivery dependencies and next steps.

Current position: The establishment of the Programme Management Office (PMO) is progressing well, with the core programme management framework in development. Funded resource is authorised, with start dates being confirmed for one postholder. Development of the comprehensive programme plan, work stream structures, priority action plans, risk and issue management arrangements, reporting cycles, and governance framework is on track for completion in October. This will provide greater clarity on the delivery milestones for the intended improvements, sequencing and interdependencies across the programme, as well as the resources required to sustain delivery beyond 2026 to realise sustained organisational benefits.

Principal dependencies: The pace of delivery depends on access to specialist clinical governance, improvement, leadership, programme management and analytical capacity; the ability of operational and clinical teams to engage in the improvement activity alongside service pressures, winter planning and five other Board priorities; and sufficient capacity to reduce existing adverse-event and complaints backlogs while introducing revised processes for new cases. Reactive work arising from emerging issues is also diverting the limited

specialist resource available from planned improvement activity.

How these dependencies are being managed: Work is being prioritised and phased to avoid introducing multiple changes faster than teams can engage with and sustain them. The Executive Team (ET) has considered the need for additional support, and options for internal and external capacity are being explored. Resource requirements for backlog recovery and improvement facilitation are being defined for consideration through the appropriate governance arrangements, with clear dependencies between the intended improvement outcomes and the availability of additional resource. The ET is also considering how to manage and coordinate the additional asks of operational teams created by this and the five other Board priority programmes. Programme risks and delivery progress will be monitored through the developing Programme Management Office arrangements, with oversight through the Clinical Quality and Safety Improvement Programme Board and escalation through the Executive Team and Clinical Governance Committee.

Immediate deliverables: The next phase's priority actions are to complete and validate the current-state governance map; agree the proposed future-state governance structure and undertake wider socialisation of these; to finalise and test the Phase 1 Clinical Governance Framework, associated guidance tools and maturity assessment tool; to embed revised adverse-event and complaints processes while progressing backlog recovery; and to use the Healthcare Improvement Scotland responsive diagnostic review findings to confirm or reprioritise the programme plan.

2.3.1 Quality / Patient Care

The programme is intended to strengthen assurance regarding clinical quality and safety, support earlier identification and escalation of concerns, improve the timeliness and quality of adverse event reviews and complaints processes, and increase confidence that learning is translated into sustained practice improvement.

2.3.2 Workforce

Delivery requires sustained engagement from clinical and operational teams and access to specialist improvement, governance and analytical capacity. Competing priorities and operational pressures will affect pace and staff workload. Over time, clearer roles, consistent processes and reduced backlogs should reduce duplication and support staff to work more effectively.

2.3.3 Financial

There are no additional financial considerations for the Board at this stage. Resource requirements to support improvement delivery and backlog recovery are being defined and will be considered through the appropriate governance arrangements. Request for operational support from Scotland East to address backlogs in complaints and adverse event reviews was submitted on 25 September 2026.

2.3.4 Risk Assessment / Management

The programme supports mitigation of Strategic Risk 3068, “Deviation from recognised service standards of practice and delivery”. Clinical quality and safety issues require more detailed articulation within Strategic Risk 3068, which is currently being reviewed and will be progressed through established governance routes for strategic risks.

Programme delivery risks include limited skilled capacity, operational and winter pressures, concurrent Board priorities, existing backlogs and the risk that change introduced without sufficient engagement will not be sustained. These risks are being managed through prioritisation, phased implementation, developing programme management arrangements, Executive Team oversight and consideration of additional support.

2.3.5 Equality and Diversity, including health inequalities

The programme is intended to support more consistent and person-centred clinical governance arrangements across NHS Grampian. An Equality and Diversity Impact Assessment has not been completed at this stage because this report provides a high-level programme update rather than proposing a specific service change. The need for impact assessment will be reviewed as individual changes are developed.

2.3.6 Other impacts

No other material impacts have been identified at this stage. Wider organisational impacts will be considered through programme governance as the work develops.

2.3.7 Communication, involvement, engagement and consultation

Programme development has involved the Executive Team, Clinical Quality and Safety Improvement Programme Board, Clinical Quality and Safety Executive Management Group and Clinical Governance Committee. A communication/engagement plan will be developed as part of the development of the PMO supporting documents.

2.3.8 Route to the Meeting

The programme has been considered by the Executive Team, the Clinical Quality and Safety Improvement Programme Board and the Clinical Governance Committee. The Clinical Governance Committee considered the latest detailed update on 17 September 2026. Its scrutiny, together with feedback from the programme’s governance groups, has informed this strategic update to the Board.

2.4 Recommendation(s)

The Board is asked to:

- Review and scrutinise the progress described in this report and confirm whether it provides assurance that the Clinical Quality and Safety Improvement Programme is progressing at a proportionate pace, recognising the identified

capacity, operational and delivery risks and the continuing development of the core programme management framework.

- Endorse the developing programme approach, with detailed scrutiny at each meeting of the Clinical Governance Committee and summary progress reporting to the Board.

3 Appendix/List of appendices

No appendices are included with this report.