

<b>Meeting:</b>	NHS Grampian Board
<b>Meeting date:</b>	11 June 2026
<b>Item Number:</b>	8
<b>Title:</b>	Clinical Quality and Safety
<b>Responsible Executive:</b>	June Brown, Executive Nurse Director and Hugh Farrow Bishop, Medical Director
<b>Report Author:</b>	Kate Danskin, Chief of Staff

### 1 Purpose and recommendations

#### This is presented to the Board for:

- Decision
- Noting future reporting

#### Recommendations

- **The Board is asked to:**  
**Decision** – discuss the information provided in this report and approve the inclusion of Clinical Quality and Safety as a sixth Board priority for 2026/27
- **Note** that key performance indicators (KPIs) for clinical governance infrastructure improvements will be developed by August 2026 and a further report on those indicators will be brought to the Clinical Governance Committee on 18 August 2026.
- **This report relates to:**  
**Emerging issue** – there is a requirement for increased organisational focus on clinical governance process improvement to ensure an effective and systematic governance infrastructure that provides verifiable, timely assurance that NHS Grampian is delivering consistently high-quality, safe clinical care.

#### 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:

- Deviation from recognised service standards of practice and delivery (please see further clarification at **2.3.4**)

## **2 Report summary**

### **2.1 Situation**

A pattern has emerged that highlights significant concerns about the effectiveness of clinical governance arrangements in providing comprehensive, timely and defensible assurance on clinical quality and safety across NHS Grampian. In response, a fundamental refresh of clinical governance systems and processes is now required, with initial improvement work already under way.

This does not indicate that clinical quality and safety are universally compromised; rather, it highlights that current governance arrangements do not yet provide sufficiently consistent, system-wide assurance to identify emerging risks early, monitor the response, and demonstrate that improvement is sustained.

### **2.2 Background**

This issue came into sharper focus following correspondence from Healthcare Improvement Scotland (HIS) and Public Service Delivery Scotland (PSDS) during April 2026, which raised concerns about aspects of NHS Grampian's clinical governance arrangements. Subsequent discussion involving the Chief Executives of NHS Grampian, HIS and PSDS, together with consideration by the Executive Team and Assurance Board, has led to an accelerated programme of improvement work. While the immediate priority is to deliver the required improvements, it is also important to understand the conditions that contributed to the current position and to apply that learning to prevent recurrence.

#### **2.2.1 How has this come about?**

Since 2020, NHS Grampian has worked through two major periods of organisational disruption that affected the operating context for governance arrangements.

These were:

- the COVID-19 pandemic response, during which NHS Scotland operated on an emergency footing from March 2020 to September 2022; and
- the introduction of the Portfolio organisational model in 2021, agreed by the Board in March 2021 and implemented between April and August 2021.

A programme of work to reset clinical governance processes had begun before this period, but it was not fully completed before the pandemic. As governance arrangements evolved in response to changing operational pressures and wider system redesign, they did not consistently mature into a standardised, organisation-wide model that provides clear escalation, oversight and assurance on quality and safety. It will be important to ensure any future organisational change maintains and adapts effective clinical governance systems and processes to give assurance on clinical quality and safety.

### **2.3 Assessment**

The concerns that have been raised by external partners are consistent with the broader internal assessment that NHS Grampian requires a more systematic and visible approach to clinical governance. The key issue is not the identification of a

single isolated problem, but the need for governance arrangements that can consistently identify emerging risks early, coordinate action promptly, and provide clear assurance to the Board that improvements are effective and sustained.

A significant programme of improvement activity is already under way or in development. The principal actions are summarised below and include immediate service-level improvement work, strengthened system-wide governance arrangements, external diagnostic support, benchmarking against national standards, and alignment of programme management capacity to support delivery.

All assessment and improvement work will be benchmarked against the Healthcare Improvement Scotland Essentials of Safe Care and the Clinical Governance Standards published in February 2026 (Appendix 1), alongside local governance requirements and organisational priorities.

### **Summary of Improvement work underway**

- An Adverse Event Improvement Plan is in place and is being overseen by the Adverse Event Short Life Working Group.
- Complaints improvement work has commenced, including a staff workshop held in May 2026, with an associated action plan now being developed.
- The Acute Services Senior Leadership Group is leading improvements to clinical governance processes and oversight across the sector.
- Focused support provided from a Deputy Medical Director to strengthen Dr Gray's Hospital processes for clinical quality and safety assurance.
- Following previous review, implementation phase of Health & Social Care Partnership (HSCP) reporting to NHS Grampian Clinical Governance Committee

### **Summary of Improvement work in development**

- Two new groups are being established to strengthen leadership of improvement work and oversight of current performance. Both will be chaired by the Executive Nurse Director and Medical Director and report through the Executive Team to the Clinical Governance Committee. These arrangements are intended to operate until assurance is in place that the required functions are embedded effectively within refreshed substantive organisational processes. These groups are: -
  - a. Clinical Quality & Safety Improvement Board – this group will lead the improvement of the systems, processes and infrastructure that support clinical quality and safety across NHS Grampian. Its role is to reduce variation, close governance gaps, enhance shared learning and make sure that agreed improvements are designed, implemented and sustained. This group is focused on improvement rather than performance management. Its first full meeting will take place on 17 June 2026.
  - b. Clinical Quality and Safety Performance Oversight Group (working title) – this group will review current performance, identify concerns, seek assurance that action is being taken, and make sure issues are escalated appropriately. It will sit alongside the Improvement Board, with a focus on current performance and risk.
- NHS Grampian has sought support for its organisation-wide clinical governance improvement work from HIS. The first phase of this support will be an eight-week diagnostic by HIS colleagues to identify what is working well, where there

are risks, and where there are opportunities to improve. This will result in a report with clear findings and recommended priorities for action, which will help inform the next steps coordinated through the Clinical Quality & Safety Improvement Board. The diagnostic will begin at Dr Gray's Hospital while also considering how services connect across the wider NHS Grampian system, to ensure there is a full understanding of how care is delivered across pathways rather than within a single site alone. Learning from Dr Gray's Hospital will be shared across the wider system. This phase of work will commence in June, with the first visit to DGH by the HIS review team scheduled for 10 June 2026.

- Learning from other NHS Boards and from external partners has commenced to inform the design of a strengthened governance model and to identify practical examples of effective assurance arrangements.
- Programme management and staffing arrangements are being aligned to support delivery to allow a structured Project Management Office (PMO) methodology to be used.
- Building on the existing mapping of governance arrangements across NHS Grampian, a further mapping of clinical governance systems and processes will be undertaken to provide clear oversight of roles, responsibilities, and reporting and escalation arrangements at all organisational levels. This work will also clarify key interdependencies with other programmes and committee structures. For example, it will be important to ensure clear alignment with the work of the Culture Programme Board and between those elements of the HIS Clinical Governance Standards (appendix 1) that report through the Staff Governance Committee. Both of which will be critical in supporting progress in strengthening clinical governance standards.

Given the importance, scale and pace of the required improvement activity, the response now needs to be clearly visible, centrally coordinated and supported by defined milestones through the PMO approach. This will enable progress to be tracked systematically and allow assurance to the Board to strengthen over time. In this context, it is recommended that Clinical Quality and Safety is added to the current Board priorities for 2026/27.

### **2.3.1 Quality / Patient Care**

The specific focus of the Clinical Quality and Safety improvement and assurance work will be quality and safety of clinical care and therefore a positive impact is anticipated.

### **2.3.2 Workforce**

Rapidly aligning colleagues with the skills and experience to support this initial accelerated work is underway, including the support for establishing the CQSI Board and the PMO approach to run effectively at the pace required.

The future workforce requirements to support delivery of sustained improvements for Clinical Quality and Safety will be determined at a later stage.

### 2.3.3 Financial

To achieve sustainable, effective clinical governance systems and processes will require a financial resource which is yet to be determined.

### 2.3.4 Risk Assessment / Management

Although aligned to the strategic risk 3068 “Deviation from recognised service standards of practice and delivery” in section 1 of this report, it was identified at the Board seminar in January 2026 that a new strategic risk covering experience of health care was required. This new strategic risk entitled “Failure to meet public expectations of care quality and experience” is under development but it is anticipated that clinical quality & safety issues will sit within this new strategic risk. There will be an update in the June Board meeting strategic risk paper.

### 2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed. This report concerns an issue that is emerging and provides an outline of the approach proposed to be taken to address these issues. The requirement for impact assessments for underlying processes and system improvements will be considered as this work is further developed.

### 2.3.6 Other impacts

The subject of this report is an emerging issue. Other impacts will be considered as this work progresses.

### 2.3.7 Communication, involvement, engagement and consultation

The subject of this report is an emerging issue. Formal communication, involvement, engagement and consultation planning will be set out in the Project Initiation Document as part of the PMO approach when a project manager is recruited.

### 2.3.8 Route to the Meeting

The subject of this report is an emerging issue. This has been discussed at the Executive Team meeting on 28 April 2026, a closed Board meeting on 7 May 2026 and at the Board seminar on 14 May 2026.

## 2.4 Recommendation(s)

- The Board is asked to:
  - **Decision** – discuss the information provided in this report and approve the inclusion of Clinical Quality and Safety as a sixth Board priority for 2026/27; and
  - **Note** that key performance indicators (KPIs) for clinical governance infrastructure improvements will be developed by August 2026 and a further report on those indicators will be brought to the Clinical Governance Committee on 18 August 2026.

## 3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 - Health Improvement Scotland Clinical Governance Standards (February 2026)