NHS Grampian

Meeting:	NHS Grampian Board
Meeting date:	13 August 2026
Item Number:	13
Title:	Clinical Quality & Safety Improvement Programme Update
Responsible Executive:	June Brown, Executive Nurse Director Hugh Farrow Bishop, Medical Director
Report Author:	Kate Danskin, Chief of Staff

1 Purpose and recommendations

This is presented to the Board for:

- **Assurance**
- **Endorsement**

Recommendation(s)

The Board is asked to:

- **Assurance –** review and scrutinise the information contained within this report and confirm that it provides assurance that appropriate arrangements are being established to support the Clinical Quality and Safety Improvement Programme and improvement work for Clinical Quality and Safety is progressing at a proportionate pace**.**

- **Endorsement -** endorse the proposed future reporting arrangements for Clinical Quality and Safety Improvement programme which are intended to provide an appropriate balance between more detailed scrutiny through the Clinical Governance Committee and strategic oversight by the Board, as set out below:-

  Clinical Quality and Safety Improvement will be a standing agenda item of the Clinical Governance Committee, with the proposal for this approach being formally considered by the Committee on 18 August 2026.

Summary progress reports will be presented to the Board at each meeting, providing strategic oversight while enabling more detailed scrutiny through the Clinical Governance Committee.

This report relates to:

- Board Annual Delivery Plan –
  Clinical Quality and Safety 2026/27 priority for delivery
  This will also contribute to the de-escalation criteria

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:

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

2 Report summary

2.1 Situation

Following the Board's decision on 11 June 2026 to approve the inclusion of Clinical Quality and Safety (CQ&S) as a Board Priority for 2026/27, this paper provides an update on progress made in establishing the Clinical Quality and Safety Improvement (CQSI) Programme.

The report outlines progress made since Board approval, including communication of the Board's decision, establishment of programme governance arrangements, recruitment of programme management resources, development of a Clinical Governance Framework, planning for future programme metrics, and integration of findings from external review activity.

The Board is asked to confirm whether it is assured that appropriate foundations are being established to support a systematic programme of clinical quality and safety improvement across NHS Grampian and to endorse the proposed approach to future reporting arrangements.

2.2 Background

Clinical Quality and Safety was adopted as a Board Priority in recognition of the need to strengthen organisational arrangements for clinical governance, assurance and continuous improvement. While NHS Grampian has a range of existing governance structures, reporting arrangements and improvement processes, there is currently no single framework that consistently describes how clinical governance responsibilities, systems and processes operate across the organisation.

The absence of a clear organisation-wide description of clinical governance arrangements limits NHS Grampian's ability to provide comprehensive assurance regarding clinical quality and

safety and makes it more challenging to identify variation, prioritise improvement activity and demonstrate progress over time.

The immediate focus of the CQSI Programme is therefore to establish the foundations necessary to support effective oversight, assurance and improvement. This includes developing a Clinical Governance Framework, assessing existing arrangements, establishing a baseline position and creating a prioritised programme of improvement.

2.3 Assessment

2.3.a. Establishing the foundations for improvement

The immediate priority for the CQSI Programme is to establish a clear and consistent understanding of current clinical governance arrangements across NHS Grampian. At present, NHS Grampian is not yet able to confidently describe all clinical governance systems and processes in a consistent and comprehensive manner across the whole system. Addressing this gap has been identified as an urgent priority.

Following engagement with other NHS Boards that have undertaken similar improvement work, the Executive Nurse Director and Medical Director have approved the development of a Clinical Governance Framework for NHS Grampian. The initial phase of this work is being developed with an anticipated launch during August/September 2026. This framework will be based on the HIS Clinical Governance Standards (February 2026).

The Framework will set out the minimum requirements, responsibilities and expectations for those leading and managing clinical governance across NHS Grampian. It will provide a consistent organisational approach to clinical governance and establish a common language and understanding across services and sectors.

The Framework will be supported by a structured gap analysis tool. This will enable services, sectors and partnerships to assess current clinical governance arrangements against an agreed framework and identify strengths, gaps and variation. Findings from this assessment will be used to establish a clinical governance baseline and inform development of a prioritised improvement plan.

<table>
<tr><th colspan="7">Building the Foundations for Clinical Governance Assurance: staged journey</th></tr>
<tr>
<td>STEP 1

Define
Establish shared expectations and oversight</td>
<td>➜</td>
<td>STEP 2

Assess
Identify strengths, gaps and variation</td>
<td>➜</td>
<td>STEP 3

Establish baseline
Understand the starting position</td>
<td>➜</td>
<td>STEP 4

Improve
Deliver targeted improvement and strengthen assurance</td>
</tr>
<tr><td colspan="7">Step 1 – Define:
Provides a shared and consistent framework for expectations, responsibilities and oversight. Sets out immediate requirements for those responsible for leading and managing clinical governance across the system.
• Purpose: establish a clear and consistent description of clinical governance systems and processes across NHS Grampian.
• Output: Clinical Governance Framework – Phase 1.</td></tr>
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Step 2 – Assess:
Identifies strengths, gaps, variation and areas requiring more immediate support.

- **Purpose:** understand current clinical governance arrangements across services, sectors and partnerships.
- **Output:** Gap Analysis Tool.

Step 3 – Establish baseline:
Draws together findings from the gap analysis to describe the current level of maturity and assurance. Enables understanding of the starting position and prioritise improvement activity.

- **Purpose:** develop a clear organisation-wide view of the current position.
- **Output:** Clinical Governance Performance Baseline.

Step 4 – Improve:
Supports visible progress, targeted intervention and strengthened assurance over time.

- **Purpose:** translate the baseline into a structured, stepped improvement programme.
- **Output:** Prioritised Project Plan with KPIs.

The programme will operate through a combination of “top-down" oversight and “bottom-up” engagement. Executive and Clinical Governance Committee oversight will define expectations and seek assurance, while teams and services will contribute evidence, identify practical challenges and support implementation of improvement activity.

2.3.b Programme governance and leadership

Programme governance arrangements are being established to provide strategic leadership, oversight and accountability for CQ&S improvement activity. Two groups fundamental to structured oversight are being established, jointly chaired by the Executive Nurse Director and Medical Director.

The Clinical Quality and Safety Improvement Board will oversee delivery of the improvement programme, develop and monitor progress against agreed objectives and ensure that improvement activity progresses to meet developing Key Performance Indicators (KPIs). This group is now established and is meeting monthly.

The Clinical Quality and Safety Executive Management Group (working title) will provide operational oversight of clinical quality and safety performance across NHS Grampian and support robust governance and assurance arrangements. Work is ongoing to finalise terms of reference, reporting arrangements and membership. A preliminary meeting was held on 23 July 2026, with monthly full meetings scheduled thereafter.

Both groups will report to the Executive Team, with onward reporting to the Board through the Clinical Governance Committee.

It is proposed that Clinical Quality and Safety Improvement becomes a standing agenda item of the Clinical Governance Committee. This proposal will formally be considered at the 18 August 2026 meeting of the Committee. It is further proposed that summary progress reports are presented directly to the Board at each Board meeting. This approach is intended to provide a

proportionate balance between more detailed scrutiny through the Clinical Governance Committee and strategic oversight from the Board.

2.3.c Programme capacity and infrastructure

The programme is being developed using a Project Management Office (PMO) approach, consistent with arrangements used for other Board priority programmes. This will provide the infrastructure necessary to support co-ordinated delivery, programme monitoring, risk management and assurance reporting.

Recruitment to the PMO Programme Lead role is complete. Recruitment processes for the Programme Support Officer and Programme Manager roles are underway. The Programme Support Officer is expected to commence in early August 2026 and it is anticipated that the Programme Manager role will commence during August or early September 2026.

The establishment of dedicated programme management capacity is recognised as a key enabler for the improvement programme and will support delivery of multiple workstreams in a structured and sustainable manner.

2.3.d Communication and engagement

Initial communication activity has been undertaken to inform staff and stakeholders of the Board's decision to prioritise Clinical Quality and Safety in 2026/27 and to set out the rationale for this priority. This has included:

- discussion at the Extended Leadership Team on 23 June 2026;
- communication through the Daily Brief on 30 June 2026;
- publication of an intranet article by the Medical Director and Executive Nurse Director outlining the rationale for the priority and the intended direction of travel; and
- distribution of updated organisational graphics and communication materials incorporating the revised Board priorities.
- all staff briefings held on 7 July and 27 July 2026

Further communication and engagement activity will be required as the programme develops. A programme communication plan will be developed through PMO arrangements to support awareness, engagement and understanding across the organisation.

2.3.e External review and independent challenge

An external diagnostic review of Dr Gray's Hospital has been commissioned by NHS Grampian through Healthcare Improvement Scotland (HIS). A preliminary report is anticipated during August 2026.

The review provides an important source of independent scrutiny and assurance regarding current clinical quality and safety arrangements. Findings and recommendations from the review

will be incorporated into the wider CQSI Programme and will inform future priorities, improvement planning and assurance reporting.

This approach will ensure that the programme benefits from both internal assessment and independent external challenge.

2.3.f Development of programme measures and KPIs

Development of programme KPIs remains at an early stage, given the programme's current focus on establishing a Clinical Governance Framework, organisational baseline and programme infrastructure. Understanding the current position must precede the development of meaningful performance measures. The baseline assessment will quantify current challenges and identify realistic areas for improvement and a proportionate pace of change.

The results of the Healthcare Improvement Scotland review will also provide important information regarding improvement priorities. For these reasons, it would be premature to finalise a suite of programme KPIs at this stage.

Potential future measures may include the proportion of clinical teams or systems compliant with elements of the developing Phase 1 Clinical Governance Framework requirements, timeliness/quality of complaints responses, timely completion of adverse event reviews, and staff experience relating to speaking up and being listened to regarding clinical concerns. Further work is required before proposed indicators are presented to the Clinical Governance Committee and NHS Grampian Board.

A separate but related issue to this is the decision by Executive leads to establish a CQ&S Data Management Short Life Working Group as a sub-group of the CQSI Board. The group will support the availability of data required for assurance and scrutiny at each level of clinical governance across the organisation. A commission is being developed and the group will be established at pace.

2.3.1 Quality / Patient Care

The CQSI Programme is intended to strengthen NHS Grampian's ability to provide assurance regarding the quality and safety of care and treatment. It will support earlier identification of emerging concerns, more effective escalation arrangements and greater confidence that improvement activity is being targeted where risk is highest.

2.3.2 Workforce

Recruitment to key programme management roles is underway and forms part of the organisational investment required to support delivery of the programme. It is anticipated that programme capacity will be a rate-limiting factor for the pace of change, and future resource requirements may need to be considered. The programme will also require the active engagement from clinical and operational teams across NHS Grampian.

2.3.3 Financial

There are no additional financial decisions required from the Board at this stage. Any future resource implications arising from programme delivery will be considered through the appropriate governance arrangements and reported as required.

2.3.4 Risk Assessment / Management

This programme supports mitigation of Strategic Risk 3068, “Deviation from recognised service standards of practice and delivery”. The development of a Clinical Governance Framework, baseline assessment and prioritised improvement plan will strengthen organisational assurance and support more effective identification and management of clinical quality and safety risks.

It is recognised that clinical quality & safety issues require tfurther detail within this risk and risk 3068 is being reviewed.

2.3.5 Equality and Diversity, including health inequalities

An Equality and Diversity Impact Assessment has not been completed at this stage. This paper provides an update on an emerging improvement programme. The requirement for impact assessments relating to future changes arising from the programme will be considered as the work progresses.

2.3.6 Other impacts

As the programme develops, wider organisational impacts will be identified and considered through the appropriate governance arrangements.

2.3.7 Communication, involvement, engagement and consultation

Update to Area Clinical Forum (ACF) on 24 June 2026.

Regular verbal updates to ACF and Grampian Area Partnership Forum (GAPF) Chairs.

Executive Team weekly updates.

Communication activity undertaken to date on board priority decision is described in section 2.3.d above.

An extraordinary Extended Leadership Team meeting to be held in August 2026; date to be agreed.

A formal communication and engagement plan will be developed through PMO arrangements to support implementation and stakeholder engagement.

2.3.8 Route to the Meeting

The organisational priority, pace of improvement work and scheduling of meeting dates have resulted in this paper being considered by NHS Grampian Board before consideration of a similar paper by Clinical Governance Committee which will occur on 18 August. Some of the updates in this paper have not yet been discussed at the CQSI Board, which next meets on 12 August 2026. The paper content was discussed at the Executive Team meeting on 14 July 2026

2.4 Recommendation(s)

The Board is asked to:

- **Assurance –** review and scrutinise the information contained within this report and confirm that it provides assurance that appropriate arrangements are being established to support the Clinical Quality and Safety Improvement Programme and improvement work for Clinical Quality and Safety is progressing at a proportionate pace**.**

- **Endorsement -** endorse the proposed future reporting arrangements for Clinical Quality and Safety Improvement programme which are intended to provide an appropriate balance between more detailed scrutiny through the Clinical Governance Committee and strategic oversight by the Board as set out below:-

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  Summary progress reports will be presented to the Board at each meeting, providing strategic oversight while enabling more detailed scrutiny through the Clinical Governance Committee.

Appendix/List of appendices

No appendices are included with this report.