

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/74</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>Safety and Public Confidence Group</b>
<b>Sponsoring Director/Manager:</b>	<b>Claire MacArthur, Director of Planning</b>
<b>Report Author:</b>	<b>Scott Wilson, Head of Business and Corporate Programmes</b>

## 1. Purpose

The purpose of the paper is to provide an update on the progress of the Safety and Public Confidence Group (SPCG).

## 2. Executive Summary

The paper can be summarised as follows:

- The SPCG has continued to make significant progress across its three portfolios since the last Board update in April 2026, moving from initial discovery and planning into the delivery of agreed Phase 1 priorities.
- Key developments include the ongoing engagement with patients, families and staff, progression of activity relating to water, ventilation and the Adult Bone Marrow Transplant (BMT) options appraisal and risk assessment and work to strengthen professional relationships, leadership and organisational culture in infection control and microbiology.
- Phase 1 activity will continue through July and August 2026, with a structured programme of reporting, reflection and small group engagement to review emerging findings, test conclusions and inform recommendations.
- Governance arrangements remain robust, with regular SPCG meetings and fortnightly member updates. Small focus groups are also planned in July and August to allow time and space for deeper reflection and feedback on findings and outputs of each of the three portfolio workstreams.
- The SPCG continues to provide oversight, assurance and learning through transparent governance and communication arrangements.

### 3. Recommendations

The Board is asked to note the significant process outlined above as an update for its assurance.

This paper has been developed to provide assurance of the work of the SPCG to date and to highlight that the three portfolio workstreams provide a structured framework and risk-based approach to improving safety, assurance, engagement, and organisational culture.

### 4. Response Required

This paper is presented for assurance.

### 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment          | <u>Positive</u> impact |

### 6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- Initial SPCG update to the NHSGGC Board on 30 April 2026
- Regular updates to the SPCG through formal meetings and fortnightly updates
- Appendix 1 the Ward 4B Option Appraisal and Risk Assessment paper was considered at CMT, Acute Clinical Governance Forum and approved at the Finance Planning and Performance Committee in May. In addition it was shared for information with SPCG members at their May meeting.

### 7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- As outlined above

## **8. Date Prepared & Issued**

Date Prepared: 12 June 2026

Date Issued: 17 June 2026

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/74</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>Safety and Public Confidence Oversight Group</b>
<b>Sponsoring Director/Manager:</b>	<b>Claire MacArthur, Director of Planning</b>
<b>Report Author:</b>	<b>Scott Wilson, Head of Business and Corporate Programmes</b>

## 1. Introduction

The purpose of this paper is to provide the Board with an update on the work of the Safety and Public Confidence Oversight Group (SPCG) since the previous Board update on 30 April 2026.

The paper summarises progress across the three SPCG portfolios, outlines the next phase of reporting and reflection, and provides an update on the planned focus group approach.

## 2. Background and Remit

The Safety and Public Confidence Oversight Group (SPCG) has been established to strengthen safety, assurance and public confidence in the QEUH and RHC, with a particular focus on ventilation, water, infection control and communication.

The group is jointly chaired by Professor Jann Gardner and Professor Sir Lewis Ritchie, and includes independent experts, family representatives, executive and non-executive directors, and clinical leaders.

SPCG reports directly to the NHSGGC Board, with onward reporting to the Scottish Government's Chief Operating Officer NHS GCCs Safety and Assurance Oversight Group. A PMO and independent expert advisors are in place to support delivery and oversight.

The work continues to be delivered through three portfolios this paper provides an update of progress for each portfolio as follows:

- Public Confidence and Engagement
- Environment, Facilities and Technical Assurance
- Professional Relationships, Leadership and Culture

## 3. Progress Since April 2026

Since April, the SPCG has continued to progress its Phase 1 activity, across all three portfolios. The programme has moved from early discovery and workplan development into delivery of agreed priorities.

### **3.1 Portfolio 1 – Public Confidence, Engagement and Learning**

The following section updates on each workstream in Portfolio 1.

#### **3.1.1 Learning from Families**

A patient and family experience survey has been issued to approximately 400 patients and families (current and recent adult Bone Marrow Transplant (BMT) and paediatric haemato-oncology cohorts). The questions focus on understanding key aspects of care experience and is designed to provide both valuable insight on past experiences and practical learning to inform future activity. Approximately 60 responses have been received to date, with further feedback anticipated prior to collating and reporting. Work is also progressing on gathering views and feedback from patients and families who have experience of the services over a more historic period.

Direct family and carer meetings are also underway, the one to one meetings (either in person and online) with the Independent Portfolio lead are an opportunity for people to share their experiences in more detail and they will support the development of anonymised thematic outputs that will be part of the portfolio 1 report and action plan. Around 20 individuals have already indicated an interest in the offer of a one-to-one discussion the meetings have commenced and thematic findings are being collated.

#### **3.1.2 Learning from Staff**

Staff engagement meetings are also progressing. The approach is intended to capture staff experience, operational challenges and opportunities for improvement, while recognising the complexity and sensitivity of the issues being considered.

#### **3.1.3 Public Engagement & Communication**

Public sentiment analysis work is also progressing with support from the Patient Experience and Public Involvement (PEPI) Team. Initial activity will be reported in July, with further follow up activity planned for later in the year.

During July and August, the focus will be on reporting findings, reflecting on outputs via the focus groups and developing an action plan.

### **3.2 Portfolio 2 – Environment, Facilities and Technical Assurance**

Key assurance work across water, ventilation, infection control and BMT services has progressed. The key workstreams include:

- Completion of the BMT options appraisal and risk assessment, confirming Ward 4B with phased refurbishment as the preferred option pending the development of a new BMT unit – a summary paper is available in **Appendix 1**
- Completion of an External Authorising Engineer independent water audit
- Establishment of expert assessment groups to review systems, improvements and assurance arrangements
- Ventilation audits across paediatric and adult services
- Progression of the business case for a new Adult BMT Unit
- Development of a bottled water policy
- Development of an Environmental Compliance and Assurance Framework to provide a consistent approach to assurance across key risk areas.

Work across Portfolio 2 is complex and continues to evolve. This work is supported by a developing the evidence base, including literature review, audit data and expert input, to ensure a robust and proportionate approach.

During July and August, the focus will be on reporting findings, reflecting on outputs via the focus groups and developing an action plan.

### **3.3 Portfolio 3 – Professional Relationships, Leadership and Culture**

Work is progressing to support improved professional relationships, leadership, culture and routes for escalation and resolution. This includes:

- Professional Relationships and Structures – engagement with clinical and professional groups including one to one and group meetings have taken place. Findings are being developed with the identification of actions to support collaboration, trust and strengthened working relationships
- Developing and implementing a new Professional Resolution Framework – work is underway to develop a Professional Resolution Framework, along with a standard operating procedure for its use and process.

The outputs from Portfolio 3 will inform a Portfolio 3 Action Plan and will also support cross-cutting learning from staff engagement undertaken through Portfolio 1.

### **4. Governance and Communication**

The SPCG continues to operate with a focus on transparency and open communication, including:

- Regular SPCG meetings - the next meeting is on 02 July followed by 02 September, with the small focus groups running in between these meetings. These have been established to allow for additional time for reflection and feedback of findings due to the volume of information and importance on this work
- Agreed key messages are discussed and agreed at the end of every SPCG meeting – they are then published following each meeting. These key messages are agreed with all members of the SPCG
- Focus groups planned in July will provide a forum for the initial presentation of each portfolio's findings. Following this in August a second round of focus groups will support a further discussion of the work, this will allow time for reflective discussion, follow up any queries and feedback from SPCG members
- Fortnightly updates to SPCG members which outline the progression of work
- Ongoing engagement with families and stakeholders
- Updates published through the dedicated SPCG website

### **5. Next Steps**

Phase 1 will continue through July and August 2026 with time built in to facilitate a period of reporting and reflection of the portfolio outputs. This will be enabled through the structured programme of focus groups involving SPCG members and stakeholders to review emerging findings, test conclusions and inform recommendations for the next phase of work.

The next steps are:

- Completion of Phase 1 outputs across all portfolios
- Delivery of small focus group engagement activity during July and August 2026 to consider the outputs from the three portfolios of work
- SPCG meetings will continue in July and September
- Development of portfolio action plans and supporting outputs
- Review of evidence and learning gathered through Phase 1.

## BOARD OFFICIAL

This approach reflects a transition to a more focused and thematic engagement format and supports structured discussion of specific themes as Phase 1 work concludes. Governance, oversight and reporting arrangements will continue to be maintained throughout this period.

### **6. Summary**

Significant progress has been made across all three portfolios, with Phase 1 work advancing in line with the agreed portfolio priorities.

The focus remains on providing clear oversight, assurance and learning, supported by appropriate governance and reporting arrangements.

Additional time has been created for Phase 1 to allow time for reflection and detailed feedback on the findings of the portfolio workstreams.

The next phase will support reflection on the evidence gathered, development of recommendations and preparation for Phase 2.

### **7. Recommendations**

This paper is presented for assurance. Board members are asked to note the significant process outlined above as an update for its assurance.

**APPENDIX 1****Ward 4B Option Appraisal and Risk Assessment***May 2026***Background**

The Adult BMT & Cellular Therapy Service at Queen Elizabeth University Hospital requires a short-term relocation due to built environment issues in Ward 4B. An option appraisal following Scottish Capital Investment Manual principles was conducted through workshops with NHSGGC, ARHAI, and NSS colleagues beginning in March 2026, ensuring transparent decision-making. This interim solution will remain in place for at least two years while NHSGGC develops a new BMT Unit.

**Option Appraisal and Risk Assessment Process**

The option appraisal gathered input from over 20 NHSGGC multidisciplinary staff, NHS Scotland Assure, ARHAI, NSD commissioners, and seven independent external experts from NHS England and NHS Lothian. A long list of options was developed and then shortlisted based on ability to meet technical specifications, JACIE standards, capacity requirements, and deliverability as a short-term solution until the new BMT unit is built.

**Shortlisted Options**

The following options were taken forward for scoring:

- Option 1: Service Remains within Ward 4B with additional mitigations and measures
- Option 2a: Whole service remains within Ward 4B with a phased refurbishment
- Option 4a: Split site solution: QEUP & the Beatson West of Scotland Cancer Centre
- Option 4b: Split site solution: QEUP & NHS England

**Scoring Process**

The criteria used for the scoring included points below, which resulted in an average score across participants, and a weight score. Criteria used for the scoring included:

- Ability to access ITU critical care
- Ability to deliver environmental standards
- Ability to deliver service / JACIE standards
- Patient Access and Service Capacity
- Minimising service disruption
- Support safe staffing, staff retention and development of staff skills and expertise
- Timescale of delivery

Scoring from both the GGC multidisciplinary team and external expert panel identified Options 1 and 2a as preferred, with weighted scores of 747.6 (74.8%) and 744.8 (74.5%) respectively, a margin of just 0.3%. Sensitivity testing confirmed this result is robust and not driven by any single criterion, though external experts ranked Option 2a at 8.5% higher than Option 1. Options 4a and 4b ranked lowest and are not considered viable. Two rooms in Ward 4B are currently closed pending investigation, with a HAI SCRIBE process underway to support remediation.

**Outcome**

This appraisal balances competing risks rather than identifying a single optimal short-term solution. The preferred option is



## BOARD OFFICIAL

- 2a: the whole service remains in Ward 4B with phased refurbishment

Further, GGC will ensure progression of a HAI SCRIBE for the two closed rooms and then a rolling refurbishment programme, while simultaneously advancing the business case for the new unit. NHSGGC will revisit this appraisal if further changes to the ward environment occur.

### **Governance**

The Ward 4B Option Appraisal and Risk Assessment process was discussed at the NHSGGC Board in April and was formally approved by Acute Clinical Governance Forum, CMT, Finance, Performance and Planning Standing Committee in May. The approval will be noted at the next Board meeting on 30 June 2026. In addition the Ward 4B Option Appraisal and Risk Assessment process was shared for information with SPCG members at their ay meeting.