

NHS Greater Glasgow and Clyde	Paper No. 26/133
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 October 2026
Title:	Safety and Public Confidence Oversight Group
Sponsoring Director/Manager:	Mrs Claire MacArthur, Director of Planning
Report Author:	Mr Scott Wilson, Head of Business and Corporate Programmes

1. Purpose

To provide the NHS Greater Glasgow and Clyde (NHSGGC) Board with an update on activity undertaken through the Safety and Public Confidence Oversight Group (SPCG) since the August Board update, summarising Phase 1 findings and next steps, Phase 2 progress and programme oversight.

2. Executive Summary

The paper can be summarised as follows:

- Phase 1 has gathered patient, family, staff and public experience, progressed environmental assurance reviews and developed proposals to strengthen professional relationships and working arrangements.
- The Phase 1 findings have informed the proposed Communications and Engagement Strategy and consolidated action plan. Implementation of recommendations and completion of outstanding activity remain ongoing.
- Work has commenced across Portfolios 4, 5 and 6 on the QEUH and RHC risk assessment and rectification, outstanding and emerging built-environment concerns, and governance mapping, communication and coordination.
- The proposed refreshed Terms of Reference (ToR) and updated programme risk log support the continuing programme. The updated governance diagram, showing all six portfolios, is included at Appendix 1 of the accompanying paper.

3. Recommendations

The NHS Board is asked to:

- Note progress across the SPCG programme since the August Board update, as an update for assurance.
- Note the Phase 1 findings and proposed next steps, including communications, action planning and outstanding activity.
- Note progress in establishing Portfolios 4, 5 and 6 and the proposed governance, risk-management and reporting arrangements.

4. Response Required

This paper is presented for **Assurance and Approval.**

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:

- | | |
|------------------------------------|-------------------------------|
| • Improve Outcomes for People | <u>Positive</u> impact |
| • Health Quality Care & Experience | <u>Positive</u> impact |
| • Digital First Approach | <u>Neutral</u> impact |
| • Sustainability and Value | <u>Positive</u> impact |
| • Supported Workforce | <u>Positive</u> impact |

6. Engagement & Communications

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

- Phase 1 activity included patient and family surveys and discussions, staff listening and learning, public sentiment analysis and internal and external specialist input.
- Small-group discussions took place during July and August 2026. Initial portfolio reports were discussed at SPCG on 2 September 2026.
- Findings have informed proposed improvement actions and the draft Communications and Engagement Strategy, including clearer feedback, timely staff communication and greater visibility of evidence and progress.

7. Governance Route

The Phase 1 portfolio reports, Phase 2 updates and supporting proposals are scheduled for consideration by SPCG on 20 October 2026. This programme update is presented to the NHSGGC Board on 29 October 2026 for assurance.

8. Date Prepared & Issued

Paper prepared on: 14 October 2026

Paper issued on: 21 October 2026

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1. Purpose

- 1.1 The purpose of this paper is to provide the NHS Greater Glasgow and Clyde (NHSGGC) Board with an update on activity undertaken through the Safety and Public Confidence Oversight Group (SPCG) since the August Board update. It summarises the Phase 1 findings and next steps, Phase 2 progress and programme oversight. The paper is presented for assurance.
- 1.2 This paper draws on the Phase 1 portfolio reports and Phase 2 updates circulated to the SPCG on 13 October 2026. It reflects the position at the time of preparation (14 October), ahead of SPCG's consideration on 20 October 2026. An update on the 20 October SPCG discussion and any agreed next steps will be provided verbally to the NHSGGC Board on 29 October.

2. Background and programme update

- 2.1 The SPCG was established in March 2026 to strengthen safety, assurance and public confidence in the Queen Elizabeth University Hospital (QEUPH) and Royal Hospital for Children (RHC), with a particular focus on ventilation, water, infection control and communication. It brings together independent experts, patient and family representatives, whistleblower representation, national partners and senior clinical and executive leaders.
- 2.2 The SPCG reports to the NHSGGC Board, with onward reporting to the Scottish Government's NHSGGC Safety and Assurance Oversight Group. It does not replace NHSGGC's core governance mechanisms or hold operational decision-making authority. Its role is to provide oversight, advice, guidance and recommendations for consideration through the appropriate governance and approval routes.

- 2.3 Initial portfolio reports were discussed at SPCG on 02 September 2026, following small-group discussions on 27-28 July and 18-19 August 2026. The six-month briefing dated 14 September 2026 collated the work undertaken, the evidence considered, emerging recommendations and remaining actions. Phase 2 portfolios were discussed and agreed at the September meeting.

3. JACIE Certification Position – clarification

- 3.1 Following questions raised by SPCG Patient and Family Representatives in April 2026, about the Adult BMT service's JACIE certification status, NHSGGC met with JACIE and provided an update to SPCG. As concerns remained, further clarification was sought regarding the appropriate terminology and the distinction between holding a current certificate and progressing through recertification.
- 3.2 Written clarification from the Joint Accreditation Committee of ISCT-Europe and EBMT (JACIE) was received following the meeting with NHSGGC on 03 September 2026. It confirms that the previous Adult Bone Marrow Transplant (BMT) and Cellular Therapy Service certification, extended following COVID-19-related arrangements, ended on 13 May 2025. Current certification runs from 14 May 2026 to 13 May 2030. JACIE states that gaps between certificates occur regularly during recertification and that it had no concerns regarding this gap.
- 3.3 Where a certificate has expired and recertification is underway, JACIE endorses the description "in the process of re-certification". This clarification concerns certification status and process and should not be interpreted as broader assurance about clinical safety or building conditions.

4 Phase 1 findings and next steps

4.1 Portfolio 1 Public confidence and engagement

- 4.1.1 Portfolio 1 brings together Patient and Family Experience and Learning, Staff Listening and Learning, and Public Sentiment Analysis. Surveys sought the views of current, recent and historical Adult BMT patients and paediatric haemato-oncology patients and families associated with Ward 4B and Schiehallion/RHC Ward 2A. Current and recent patients and families were also offered one-to-one discussions. An additional opt-in route was provided through paediatric family networks.
- 4.1.2 Patient and family engagement identified strong trust in clinical teams and appreciation for the professionalism, compassion and commitment of staff. Alongside this, participants described the challenges of prolonged isolation, disruption to family life, travel and accommodation, and access to practical, emotional and psychological support. Opportunities for improvement included clearer and more consistent communication, continuity of care, stronger transition and aftercare arrangements, and improved practical and emotional support during treatment, recovery and beyond.
- 4.1.3 Staff engagement highlighted professional pride, strong multidisciplinary teamwork and continued commitment to providing high-quality care. Participants also raised concerns about senior leadership support and visibility, communication, involvement in wider organisational decisions and feedback following escalation of concerns. Sustained scrutiny and organisational pressures affected staff experience

and wellbeing, while operational pressures could limit opportunities to participate in engagement.

- 4.1.4 The Public Sentiment Survey received 1,250 completed responses. Respondents valued staff and clinical care, while identifying communication, aftercare and waiting times as areas for improvement. Confidence in NHSGGC's response to wider concerns, including openness and transparency, was lower than confidence in clinical care. Trust in QEUH was lower than in other NHSGGC hospitals.
- 4.1.5 Participation was voluntary, response rates varied and the findings should not be assumed to represent every patient, family, staff member or member of the public. Recurring themes across the workstreams nevertheless provide learning and a basis for improvement.
- 4.1.6 The proposed actions focus on trauma-informed engagement, clearer feedback routes, practical and emotional support, continuity of care, sustained listening to staff, visible senior leadership and direct involvement in improvement. The findings have also informed the draft Communications and Engagement Strategy. A follow-up public sentiment analysis is proposed during Phase 2.

4.2 Portfolio 2 Environment facilities and technical assurance

- 4.2.1 Portfolio 2 has progressed work relating to water systems, paediatric ventilation in RHC Ward 2A and adult BMT ventilation in QEUH Ward 4B. Multidisciplinary assurance groups have reviewed available evidence, audit outputs and risk management arrangements, bringing together clinical, microbiological, infection prevention and control, estates and facilities expertise, alongside external specialist input.
- 4.2.2 Independent water and ventilation audits, an External Independent Authorising Engineer Water Assurance Appraisal and specialist assessments have been completed. The Portfolio 2 report brings together the work of the three assurance groups, their reported findings and proposed recommendations. Implementation and monitoring of remaining audit, assurance appraisal and verification actions continue.
- 4.2.3 The proposed recommendations include strengthened risk-based clinical assessment, integrated governance, multidisciplinary working and clearer escalation arrangements. Further work is proposed on water sampling, environmental testing information and evidence-based air sampling arrangements, with national partner input.
- 4.2.4 The report identifies ongoing challenges associated with the built environment and ventilation system in Ward 4B. The adult BMT assurance group takes the view that environmental assurance is critically dependent upon the exceptionally high level of active and continuous risk management provided by the multidisciplinary team. The Ward 4B options appraisal and risk assessment were completed in May 2026. The report recommends urgently putting in place a more granular and reactive business continuity plan, including arrangements to prioritise particularly vulnerable patient groups and transfer patients to suitable alternative accommodation where clinical risk and circumstances require it.

- 4.2.5 Proposed drinking-water guidance and supporting information for patients and staff have been developed for inclusion within the NHSGGC Water Systems Safety Policy.
- 4.2.6 Both the adult and paediatric BMT units currently hold JACIE certification. The paediatric unit holds certification until 18 March 2027 and has commenced its recertification process. The adult certification clarification is summarised in section 2.5.
- 4.2.7 The Strategic Assessment for a new Adult BMT Unit is complete and was considered by the Scottish Government Capital Investment Group on 26 August 2026. NHSGGC is committed to progressing a single stage business case for a new Adult BMT Unit. Development of the standard business case remains a further stage of work.
- 4.2.8 Outstanding work includes a rapid literature review to inform consideration of ultraviolet C (UVC) technology and an external antimicrobial stewardship audit at RHC through the Global Antimicrobial Stewardship Accreditation Scheme. These workstreams continue into Phase 2. Findings from the water and ventilation work will also inform development of an Environmental Compliance and Assurance Framework with national partners.

4.3 Portfolio 3 Professional relations leadership and culture

- 4.3.1 A confidential review of professional relationships has been undertaken, identifying themes concerning trust, communication, leadership, escalation, constructive challenge and psychological safety. The review found that day-to-day relationships within Infection Prevention and Control (IPC) are generally positive, while identifying opportunities to strengthen clarity around roles, decision-making, escalation processes and management of built-environment risks.
- 4.3.2 The report also highlights wider workforce challenges affecting IPC and microbiology services, including recruitment, retention and changing professional training pathways. Proposed actions include learning from other UK settings, developing a shared approach to built-environment risk, reviewing laboratory working arrangements and improving clarity about decisions and responsibilities within IPC.
- 4.3.3 Three potential future IPC models have been identified i) strengthening current arrangements ii) developing a Board-wide integrated IPC model and iii) a sector-led model with Board-wide coordination. Further exploration of the integrated model is proposed. This requires wider discussion and engagement, detailed workforce planning and agreement on leadership, clinical and operational governance arrangements. Potential changes will also need to be considered alongside the Scottish Hospitals Inquiry (SHI) recommendations when published.
- 4.3.4 A Professional Resolution Framework has been developed to support the early and constructive resolution of professional disagreements, with clearer escalation routes, governance and decision-making arrangements. The proposed next steps are to clarify its links with Human Resources and governance processes, pilot and test it in practice, and refine it using feedback before wider implementation.

4.4 Communications and Engagement Strategy

- 4.4.1 Communication, openness and transparency were recurring themes across the Phase 1 portfolios. The proposed Communications and Engagement Strategy brings together the separate actions through one coordinated Phase 2 approach, informed by the public sentiment analysis and wider learning from patients, families and staff.
- 4.4.2 The strategy proposes two linked strands, i) making SPCG scrutiny, evidence, action and progress more visible, and ii) providing a sustained account of patient care, staff expertise, service improvement and innovation across NHSGGC to support wider trust and confidence. The approach includes accessible and trauma-informed communication, visible feedback on what has been heard and acted upon, and early briefing for affected staff wherever significant information is entering the public domain.
- 4.4.3 The NHSGGC Communications team will maintain the consolidated plan and align activity to verified evidence and milestones. The proposed reporting arrangements include updates following SPCG meetings, quarterly across communications activity and whenever material changes arise.

4.5 Phase 1 action plan and next steps

- 4.5.1 The consolidated Phase 1 action plan contains 40 actions arising from Portfolios 1, 2 and 3. For each action there is an identified executive owner and a delivery lead, the action plan also tracks the intended impact of the action and how the impact will be measured and any key dependencies and risks.
- 4.5.2 Delivery leads, target dates for actions to be completed are in the process of being confirmed with the relevant executive owners. Executive owners are accountable for delivery, with delivery leads responsible for progressing the actions, both will be supported by the Corporate Programme Management Office (PMO). Progress updates will be presented at each SPCG meeting, drawing on qualitative evidence alongside evidence of delivery.
- 4.5.3 The next stage is to take forward the actions arising from Phase 1 whilst in parallel taking forward the Phase 2 portfolios of work. When the Scottish Hospitals Inquiry (SHI) findings and recommendations are published there will be a requirement to ensure SPCG actions are congruent.

5 Phase 2 progress and governance

5.1 Portfolio 4 QEUH and RHC risk assessment and rectification programme

- 5.1.1 Portfolio 4 is overseeing two connected areas of work, i) development of a risk assessment for QEUH and RHC using the room dashboards, and ii) reporting from the refreshed QEUH/RHC Rectifications Programme Board. It is also reviewing recent concerns in relation to building safety matters.
- 5.1.2 The first formal QEUH Rectifications Programme Board meeting has taken place, and the room dashboards have been reviewed in their current form. Discussion is underway on their further development and use in room-by-room risk assessment

and reporting. The Rectifications Programme Board is establishing a risk-based approach to identifying and prioritising rectification work, alongside oversight of work already agreed.

- 5.1.3 The next steps are to agree the QEUH Rectifications Programme Board's meeting cycle, work programme and reporting format, establish the approach to identifying, assessing and prioritising rectifications, and agree the use of room dashboards for room-by-room risk assessment. Progress, risks and issues will be reported through Portfolio 4 to SPCG.

5.2 Portfolio 5 Outstanding and emerging built environment concerns

- 5.2.1 Portfolio 5 provides oversight of outstanding and new concerns relating to the QEUH and RHC built environment where these are not already being progressed through Portfolio 2. Initial activity has focused on progressing actions arising from the Short Life Working Group (SLWG) relating to diagnostic imaging locations and associated infrastructure.
- 5.2.2 An initial workstream meeting was held on 30 September 2026. The meeting confirmed that the original review objectives remain valid and agreed that the work will progress as a Portfolio 5 assurance workstream rather than through an ongoing working group structure. The two areas of review are the design, commissioning and assurance of diagnostic imaging locations, and the planning and delivery of review of electrical safety and ventilation infrastructure in medical locations within QEUH and RHC.
- 5.2.3 Work is underway to confirm locations within scope, gather evidence, develop assurance arrangements and support assessment activity. No assurance conclusions have been reached at this stage regarding compliance, risk levels or remediation requirements. Technical assessment and subsequent remedial work remain the responsibility of the relevant operational and technical teams.
- 5.2.4 Portfolio 5 will also consider building fire safety, cladding and other matters within its remit. The next steps are to continue oversight of SLWG actions, progress the two review questions, develop supporting assurance documentation and reporting, and consider other concerns through the appropriate governance arrangements.

5.3 Portfolio 6 Governance mapping communication and coordination

- 5.3.1 Portfolio 6 is mapping the NHSGGC groups that consider infection risks associated with the built environment at QEUH and RHC. The work will show how reports and information is shared and discussed, decisions are reported and issues and risks escalated, and learning is shared across IPC, microbiology, Estates and Facilities, Capital Planning and clinical governance. It will also reflect relevant links with national groups.
- 5.3.2 An initial list of relevant groups has been developed, and information is being sought from existing repositories and NHSGGC colleagues. The intended output is a map of the governance structure, supported by detail on each group's remit, chair, membership, clinical representation, reporting routes and responsibilities.

- 5.3.3 The map remains under development. Its completeness and accuracy will be tested with relevant stakeholders before conclusions are drawn about the effectiveness of current arrangements. Portfolio 6 will then identify gaps, overlap or weaknesses in communication and develop recommendations for SPCG consideration.

5.4 Refreshed Terms of Reference

- 5.4.1 The refreshed ToR retain the Phase 1 scope and set out the objectives and initial workstreams for Portfolios 4, 5 and 6. The updated governance diagram, showing all six portfolios, is provided at Appendix 1 and the membership list has been updated to include the Patient Safety Commissioner's representative.
- 5.4.2 The group's oversight role remains distinct from operational management and NHSGGC's core governance and approval routes. The portfolio lead will present findings, recommendations and progress, supported by PMO oversight. The proposed approach to the SHI is to incorporate emerging issues into the relevant portfolios, capture learning and develop an action plan for applicable recommendations, with progress reported to the NHSGGC Board.

6 Programme risk and reporting

- 6.1 The updated programme risk log includes two new risks arising from Phase 2. SPCG-12 addresses the risk that room dashboards are not developed as expected and at pace, linked to rectification priorities. SPCG-13 addresses the risk that unclear or overlapping responsibilities between groups delay the sharing, escalation or resolution of infection risks in the built environment.
- 6.2 The risk register also covers Adult BMT business case development and capital approval, public confidence and communications, programme delivery, professional relationships, sensitive engagement information and Ward 4B interim operating arrangements. It records current controls/ mitigations, owners and further actions.
- 6.3 The risk register is maintained through the PMO and reported to SPCG. Portfolio leads own and review their respective risks. Material changes, overdue actions or emerging risks will be escalated to the co-chairs and wider Group.

7 Conclusions and recommendations

- 7.1 Significant work has been undertaken in Phase 1, culminating in 40 proposed actions to be taken forward to support further improvement. The findings across all three portfolios have informed the proposed Communications and Engagement Strategy. Work has commenced across the Phase 2 portfolios, with further assessment, stakeholder review and development of reporting arrangements required.

The Board is asked to note:

- The significant progress across the SPCG programme since the August Board
- the Phase 1 findings and the actions being taken forward
- The initial progress across Portfolios 4, 5 and 6.

Appendix One – SPCG Governance Structure

