

NHS Greater Glasgow and Clyde	Paper No. 26/32
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 April 2026
Title:	Safety and Public Confidence Oversight Group
Sponsoring Director/Manager:	Claire MacArthur, Director of Planning
Report Author:	Scott Wilson, Interim Head of Business

1. Purpose

The purpose of the paper is to provide an update on the establishment of the Safety and Public Confidence Oversight Group and to provide an update on the progress made to date.

2. Executive Summary

The paper can be summarised as follows:

- 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 is being delivered through three portfolios covering:
 - Public confidence and engagement
 - Environmental and facilities assurance
 - Professional relations and culture
- Governance, leadership and reporting arrangements are now in place, workplans are being developed, and progress will be reported regularly.

3. Recommendations

The Board is asked to note:

1. The establishment of the Safety and Public Confidence Oversight Group, its governance arrangements, and its reporting line to both the NHSGGC Board and Scottish Government Assurance Oversight Group.
2. The Terms of Reference, portfolio structure, and programme management office (PMO) arrangements established to support delivery of the SPCG work.
3. That portfolio leads and supporting governance structures are now in place, with detailed workplans in development and ongoing oversight mechanisms established, including regular reporting to the SPCG and NHSGGC Board.
4. That delivery of the work of the SPCG will remain iterative and responsive to emerging findings, including delivery of recommendations from the Scottish Hospitals Inquiry, with progress and outcomes reported transparently on a regular basis.
5. That the Scottish Hospital Inquiry have requested an update report to be submitted by the end of May. This report will be discussed with the SPCG at the next meeting on the 21st May 2026.

This paper has been developed to provide awareness and 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 **awareness and 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:

- Regular updates to the SPCG through fortnightly updates.

7. Governance Route

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

- As above.

8. Date Prepared & Issued

Prepared on: 22 April 2026

Issued on: 22 April 2026

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1. Introduction

The purpose of this paper is to provide NHSGGC Board Members with a comprehensive understanding of the Safety and Public Confidence Oversight Group (SPCG), which has been recently established within NHSGGC. This paper is being presented to the board to provide both assurance and awareness of the ongoing work of the group.

2. Background and Remit

The Safety and Public Confidence Oversight Group will seek to improve public confidence in the safety of the QEUH and RHC hospitals, based on evidenced improvement and rectification work that is prioritised using clinical risk assessment with a focus on ventilation, water, infection control and communication between NHSGGC and patients, families, public and staff. Focusing on the issues in the Adult BMT Ward 4B, the Paediatric Schiehallion Unit and other critical air system areas. The work of the SPCG will also focus on listening and learning from current and former families to support systematically addressing the root causes of concern.

The group will be jointly chaired by NHSGGC Chief Executive, Professor Jann Gardner and independent co-chair, Professor Sir Lewis Ritchie. The aim of which is to ensure a transparent, balanced and fair assessment of the group's work throughout the process and to help to build trust between NHSGGC and the public. Alongside the co-chairs, membership of the group includes a range of stakeholders, including independent experts, family representatives, NHSGGC executive and non-executive directors, as well as clinical and professional experts from within NHSGGC.

The SPCG will formally report to the Board of NHSGGC and onward to the Scottish Government Assurance Group, for both regular and urgent items. The group will complement (but not duplicate) the role of NHSGGC and other scrutiny bodies. The group will meet regularly, and status reports will be developed to track the progress of each of the three portfolios of ongoing work. Planned reporting to the NHSGGC Board

includes an update at the Board meeting on 30 April 2026, with a further update scheduled for 25 June 2026 which will focus on the progress of Phase 1 delivery.

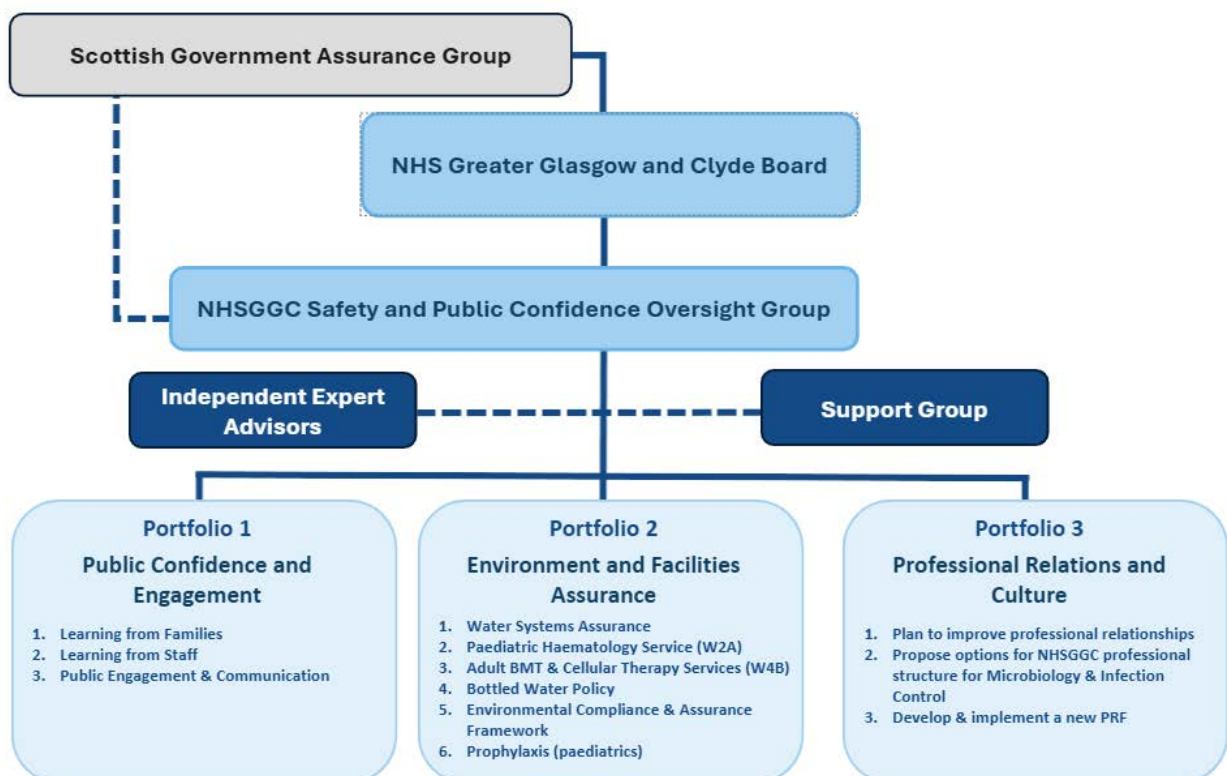
3. SPCG Governance Structures

The Cabinet Secretary for Health and Social Care, announced to the Scottish Parliament on 3 February 2026, that work on safety measures at the QEUH and the RHC will be monitored by a new group made up of key infection control experts, whistleblowers and families. Through discussions with Scottish Government, NHSGGC worked towards the launch of the Safety and Public Confidence Oversight Group, with an inaugural meeting held on 11th March. A timeline of events is available in **Appendix 1**.

During March and April, the SPCG developed and agreed their Terms of Reference, (see **Appendix 2**). In April 2026, the Scottish Government finalised their Terms of Reference for the SG Assurance Oversight Group (**Appendix 2a**). This has clarified the governance and reporting structure for the work of the SPCG, with SPCG reporting directly to the NHSGGC Board, and the Board reporting onwards to the SG Assurance Oversight Group.

Figure 1 shows the governance structure for the Safety and Public Confidence Oversight Group.

Figure1: SPCG Governance



The SPCG will be supported by three overarching portfolios of work, these are outlined in section 4. Additionally, a group of independent expert advisors have been identified covering microbiology, infection control and haematology. The independent expert advisors will provide independent expert advice and challenge as required supporting the work of the three portfolios. A support group involving the Portfolio leads and co-chairs of the SPCG will also be established.

Furthermore, a Programme Management Office (PMO) has now been established to support the programme, its co-chairs and three portfolio leads. The PMO structure is shown in **Appendix 3**.

4. SPCG Portfolio Framework and Delivery Arrangements

This section sets out the purpose, scope and planned delivery approach for each of the three portfolios established to support the work of the SPCG. Together, they provide a structured framework for listening and learning, strengthening safety and assurance, and improving professional culture and leadership.

The three portfolios are designed to provide a coordinated response to strengthen confidence, safety and assurance in the QEUH/RHC. Together, the portfolios are intended to ensure that learning is translated into practical action, with clear oversight, transparency and long-term sustained improvement.

The SPCG oversees and provides assurances on delivery of its work through three inter-related portfolios:

- Portfolio 1 – Public Confidence and Engagement
- Portfolio 2 – Environment, Facilities & Technical Assurance
- Portfolio 3 – Professional Relationships, Leadership & Culture

The SPCG will also play a key role in ensuring the recommendations of the Scottish Hospitals Inquiry (SHI) are fully implemented in a sustainable manner. The SPCG PMO will ensure that learning is captured, progress is transparently monitored, and assurance on delivery is provided to the NHSGGC Board.

4.1 Portfolio 1 – Public Confidence and Engagement

Portfolio 1 has been formed with the aim of ensuring that experiences and concerns of families, staff and the public are consistently captured, analysed and used to inform SPCG priorities and actions.

Objective - This portfolio of work exists to listen and support the families, staff and the public taking forward key actions to systematically addressing the root causes of concern through meaningful and transparent engagement.

A transparent engagement approach will be established, ensuring that patients, families and the public are meaningfully involved, and that their experiences directly inform the key priorities and actions delivered through portfolio 1.

Phase 1: April to May 2026

The first phase of this work will be delivered during April and May and will include three key pieces of work as follows:

Workstream 1: Learning from Families

The portfolio lead will meet with the families affected to understand and capture learning from their experiences and better understand their hopes for the future to inform the key improvements and actions that require to be taken forward. The portfolio lead will also meet with families currently accessing services to also understand their experience and again capture learning to inform key improvements and actions to be taken forward.

Workstream 2: Learning from Staff

The portfolio lead will also meet staff from across the multi-disciplinary team to capture learning. This will focus on staff who support delivery of services within Ward 4B, adult and paediatric haematology/oncology services and Ward 2A within RHC and wide. Learning will be captured to inform future actions and improvement work.

Outputs from the work undertaken within portfolio 3 professional relationships and culture will also be reflected into the above workstream.

Workstream 3: Public Engagement & Communication

The portfolio lead will be supported by the patient experience and public involvement (PEPI) team to undertake an initial public engagement project including a sentiment analysis. This will help gather a baseline position and further inform the portfolio 1 work plan. Portfolio 2 Environment and Facilities Assurance members will also be involved in the development of this work. Work will commence on this in April and will be launched during May (post-election period).

Output: Development of an Action Plan and Supporting Communications Plan for Portfolio 1: Following the conclusion of the work described above a clear action plan and supporting communications plan will be developed, this will be approved by the SPCG and NHSGGC Board

4.2 Portfolio 2 – Environment, Facilities & Technical Assurance

Objective – This portfolio of work is to design and deliver and agreed environmental compliance and assurance framework, in addition this portfolio will commission the development of a bottled water policy for NHS Scotland and undertake a review of development and approval of guidelines to support the use of all antimicrobial prophylaxis for children receiving treatment for malignancy in NHSGGC.

Phase 1: April to May 2026

The first phase of this work will be delivered during April and May and will include six key pieces of work:

Workstream 1: Water Systems Assurance

A further External Authorising Engineer audit of the QEUH /RHC water system will be undertaken during May 2026.

Workstream 2: Paediatric Haematology Service - RHC Ward 2A

A tabletop review will be undertaken of what has been put in place, since the new unit was opened in 2022, in addition a further external audit and risk assessment of the unit today will be undertaken.

Workstream 3: Adult BMT and Cellular Therapy Services – QEUH Ward 4B

Day to day controls will remain in place for the Adult BMT unit within wards 4B, this consists of a gold, silver and bronze command structure that meets daily, 7 days a week to ensure any emerging issues or concerns are immediately addressed.

The meetings are structured to cover all issues as follows: clinical issues, microbiology issues, Infection control issues, environmental estates or facilities

issues, patient or family concerns, staff concerns and any other issues for escalation.

An options appraisal and risk assessment will be undertaken by the multi-disciplinary team. The work will determine the short-term optimal location of the service with agreed risk mitigations and any additional Infection prevention and control (IPC) and estates / facilities measures documented.

A project team is in the process of being established to develop a robust business case for the development of a new BMT Unit, this will be progressed at pace and follow a standard business case process in line with Scottish Government Capital Investment Manual Guidance

Workstream 4: Bottled Water Policy

A commission for an NHS Scotland Wide bottled water policy will be developed.

Workstream 5: Develop an Environmental Compliance and Assurance Framework

Utilising the work of the workstreams above start to develop a clear robust environmental compliance and assurance framework

Workstream 6: Prophylaxis (Paediatric)

Undertake an external review of development and approval of guidelines to support the use of all antimicrobial prophylaxis for children receiving treatment for malignancy in NHSGGC

Output: Development of an Action Plan and Supporting Communications Plan for Portfolio 2 - Following the conclusion of the work described above a clear action plan and supporting communications plan will be developed, this will be approved by the SPCG and NHSGGC Board

4.3 Portfolio 3 – Professional Relations, Leadership & Culture

Objective – This portfolio of work will develop a future approach that will support a fully collaborative, respectful and psychologically safe professional culture with clear roles, strengthened relationships, and effective leadership within NHSGGC and between NHSGGC and key external advisors.

This work will recognise the complexity of professional concerns raised in the past, including those escalated through formal routes, and will learn from previous approaches to ensure that the future arrangements are appropriately informed and effective.

Phase 1: April to May 2026

The first phase of this work will be delivered during April and May and will include the following key work.

Workstream 1: Development of a plan to further Improve professional relationships

The supporting portfolio lead has started the process of meeting with NHSGGC staff and ARHAI staff, to understand the themes from professional groups including microbiology, infection control and ARHAI. This piece of work will focus on gaining an understanding of current professional interactions, systems and relationships.

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The work will involve discussions and agreement with key stakeholders on their objectives and develop an understanding of what is required to improve trust and confidence to develop a plan to further improve relationships.

Workstream 2: Consider and Propose Options for NHSGGC professional structure for Microbiology and Infection Control

The portfolio lead will undertake discussions with the MDT and subsequently develop options for the future professional model and structure within NHSGGC. The future options will consider and informed by:

- The work underway by the supporting portfolio lead who is meeting with NHSGGC staff and ARHAI staff to develop a plan to further improve relationships. This will involve reviewing the themes from the commissioned interviews with staff across microbiology, infection control and ARHAI to gain an understanding of current professional interactions, systems and relationships.
- Discussion and agreement with key stakeholders their objectives and develop an understanding of what is required to improve trust and confidence specifically:
- Professional & Service Relationships – to strengthen collaboration trust and relationships
- Escalation, Governance and Resolution – assessing how concerns are raised and resolved.
- Future Service Configuration Options – developing and assessing options for future professional structures and service working arrangements and recommending a preferred approach.

This work will also inform portfolio 1 action plan.

Workstream 3: Professional Relation Develop and Implement a new Professional Resolution Framework (PRF)

The development of a new Professional Resolution Framework (PRF) will provide clarification of escalation, governance and resolution routes for professional concerns. The aim of the framework is to support and strengthen professional and service relationships, particularly in high-risk or complex areas.

Output: Development of an Action Plan and Supporting Communications Plan for Portfolio 3 - to support implementation of key actions to support collaboration, trust and strengthening of relationships.

4.4 Portfolio Progress to Date

Each Portfolio Lead has been appointed, with supporting leads also in place. NHSGGC non-executive director representation has also been identified to provide input to each portfolio. Members of each portfolio will help with ensuring an appropriate breadth of expertise and perspectives. Workplans for each portfolio have been drafted by the PMO and presented to each portfolio lead for further development.

To ensure vital oversight of the work within the various portfolios, the Safety and Public Confidence Oversight Group will be provided with frequent status report updates on progress alongside fortnightly updates from NHSGGC to the SPCG on the current status of Ward 4B and general progress of the overall workplan.

5. Conclusion

The establishment of the Safety and Public Confidence Oversight Group provides a structured and coordinated approach to addressing key areas of safety, assurance, engagement and communication within NHSGGC. Through its three portfolios and clear governance arrangements, the portfolios are designed to ensure transparency, accountability and meaningful improvement. The Board should be assured that work is underway at pace, with appropriate leadership, oversight and reporting mechanisms in place to support delivery and sustain public confidence.

6. Recommendations

The Board is asked to note:

1. The establishment of the Safety and Public Confidence Oversight Group, its governance arrangements, and its reporting line to both the NHSGGC Board and Scottish Government Assurance Oversight Group.
2. The Terms of Reference, portfolio structure, and programme management office (PMO) arrangements established to support delivery of the SPCG work.
3. That portfolio leads and supporting governance structures are now in place, with detailed workplans in development and ongoing oversight mechanisms established, including regular reporting to the SPCG and NHSGGC Board.
4. That delivery of the work of the SPCG will remain iterative and responsive to emerging findings, including delivery of recommendations from the Scottish Hospitals Inquiry (SHI), with progress and outcomes reported transparently on a regular basis.
5. That the Scottish Hospital Inquiry (SHI) have requested an update report to be submitted by the end of May. This report will be discussed with the SPCG at the next meeting on the 21 May 2026.

This paper has been developed to provide awareness and 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.

7. Appendices

- Appendix 1: SPCG Timeline (up to 22 April)
- Appendix 2: ToR: Safety and Public Confidence Oversight Group
- Appendix 2a: ToR: Chief Operating Officer's NHS GGC Safety and Assurance Oversight Group
- Appendix 3: Programme Management Office Structure

Appendix 1

Safety and Public Confidence Group Timeline

February 2026

- **3 February** – Scottish Government announced the establishment of the Safety and Public Confidence Programme and the Safety and Public Confidence Oversight Group (SPCG), co-chaired by Professor Jann Gardner and Professor Sir Lewis Ritchie.
- Initial governance arrangements were developed, including Terms of Reference and Programme Management Office support.
- **18 February** – First Minister wrote to NHSGGC setting out families' concerns and requesting their inclusion within the Programme.
- **26 February** – QEUH/RHC Assurance Paper presented to the NHSGGC Board.

March 2026

- SPCG membership confirmed and governance documentation progressed.
- **11 March – Inaugural Meeting of the Safety and Public Confidence Oversight Group to establish group remit, membership and ways of working.**
- Engagement with Family Representatives commenced, alongside regular programme update communications.
- Draft and revised versions of the SPCG Terms of Reference and programme documentation developed.
- Engagement with external experts initiated to support technical assurance and risk assessment activity, including in relation to Adult BMT services.

April 2026

- Correspondence received from the Scottish Hospitals Inquiry requesting a programme update in May 2026.
- **8 April – First officially scheduled meeting of the Safety and Public Confidence Oversight Group following the inaugural meeting on 11 March.**
- **17 April** – Final COO NHS GGC Safety and Assurance Oversight Group ToR received from Scottish Government
- **22 April** – SPCG ToR and COO NHS GGC Safety and Assurance Oversight Group ToR shared with SPCG Members
- **22 April** – Fortnightly NHSGGC Update to the SPCG provided to SPCG members

Appendix 2 – ToR: Safety and Public Confidence Oversight Group

Attached

Appendix 2a – ToR: Chief Operating Officer's NHS GGC Safety and Assurance Oversight Group

Attached

Appendix 3

Programme Management Office Structure

Safety and Public Confidence - PMO

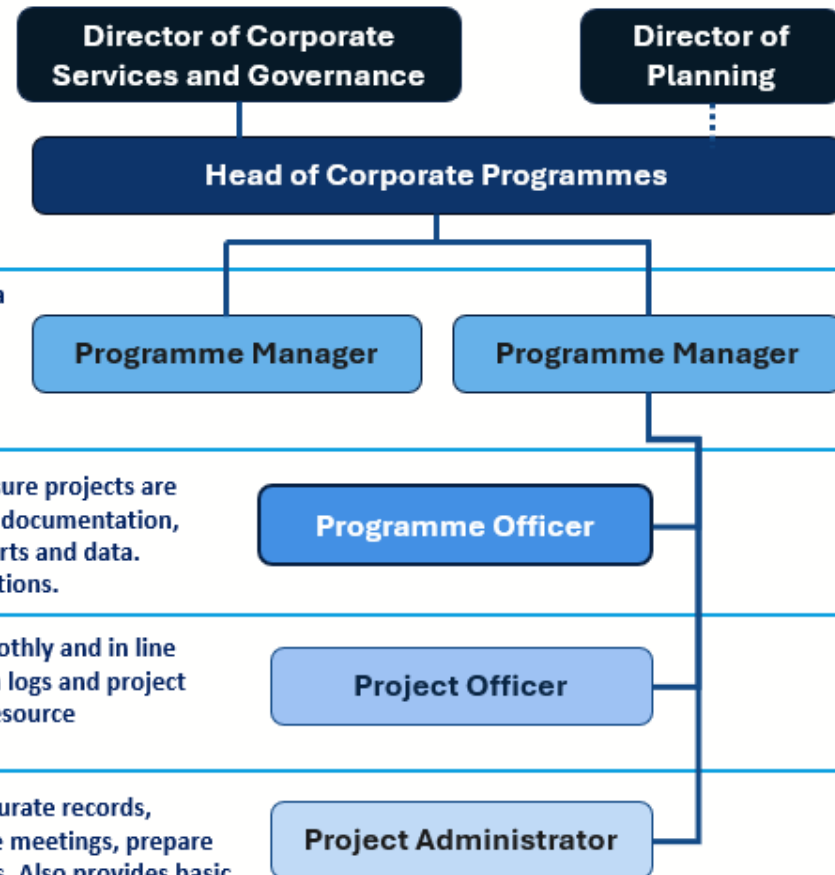
Senior leader responsible for overseeing a portfolio of complex, organisation-wide change and improvement programmes. Provides strategic direction, governance, and assurance across programmes, ensuring delivery on time and aligned to national policy.

Leads the delivery of complex, high-impact, defined workstreams within a wider corporate programme, ensuring objectives are achieved on time. Coordinate project teams, manage risks, track actions and performance, provide regular progress reports and analysis. Stakeholder engagement is vital to support translating priorities into outcomes.

Essential coordination and analytical support to programmes, helping ensure projects are well-planned, monitored, and delivered effectively. Maintain programme documentation, track milestones, manage risk and issue logs, support preparation of reports and data. Regular supporting stakeholder engagement and programme communications.

Provides practical and administrative support to ensure projects run smoothly and in line with agreed governance processes. Coordinate meetings, maintain action logs and project documentation, track basic performance data, record keeping, support resource monitoring, and act as a key point of contact for stakeholders

Provides day-to-day administrative support to programmes, ensuring accurate records, effective communication, and smooth coordination of activities. Organise meetings, prepare papers, take minutes and actions and maintain filing systems and trackers. Also provides basic PA support to Head of Corporate Programmes



1. Background

The Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) both opened in 2015. Unfortunately, NHS Greater Glasgow and Clyde (NHSGGC) did not receive the building that it paid for. As a result, there were multiple issues with the quality of the building. NHSGGC currently has a range of ongoing legal proceedings against the builder as a result of these significant failures.

There has been a significant impact on patients, families, NHS GGC staff and the wider public.

The Scottish Government commissioned a public inquiry – the Scottish Hospitals Inquiry (SHI), which is due to report later this year.

There is a related investigation underway by the Crown Office and a number of legal proceedings from families against NHSGGC. Further, NHSGGC has a number of legal proceedings against the building contractor, Multiplex, and these proceedings will continue to advance.

The Safety and Public Confidence Oversight Group (SPCG) will undertake a range of work to seek to improve public confidence in the safety of the QEUH and RHC by consideration of key issues and associated stakeholder and expert opinion.

2. Purpose of the SPCG

The Safety and Public Confidence Oversight Group through the work of its portfolios will **undertake a review of the safety of the QEUH and RHC hospitals**, with a focus on **ventilation, water, infection control, communication to families, public and staff**.

The work of the SPCG will be delivered through three portfolios as follows:

- **Portfolio 1: Public Confidence and Engagement**
- **Portfolio 2: Environment and Facilities Assurance**
- **Portfolio 3: Professional Relations Leadership & Culture**

This terms of reference sets out the phase 1 work in the next 2 months for each of the key workstreams within each of the three portfolios.

The work of the SPCG will be undertaken in a phased approach through the SPCG and its external expert advisors, ensuring the work progresses in a tiered and proportionate way. As phase 1 is completed, the SPCG will review the evidence and learning gathered, and agree the proposed priorities for Phase 2. This phased approach will be shaped by the collective judgement of the SPCG and its external expert advisors.

SPCG Portfolios

Portfolio 1: Public Confidence and Engagement

Portfolio Lead: Gill Imrie

Supporting Portfolio Lead: Tracy Myhill

Non- Executive Director: Ketki Miles

Objective: This portfolio of work exists to listen and support the families, staff and the public taking forward key actions to systematically addressing the root causes of concern through meaningful and transparent engagement.

A transparent, engagement approach will be established, ensuring that patients, families and the public are meaningfully involved, and that their experiences directly inform the key priorities and actions delivered through portfolio 1.

Phase 1: April to May 2026

The first phase of this work will be delivered during April and May and will include three key pieces of work as follows:

Portfolio 1: Public Confidence and Engagement - Phase 1 Work	
1.1	Workstream 1: Learning from Families The portfolio lead will meet with the families affected to understand and capture learning from their experiences and better understand their hopes for the future to inform the key improvements and actions that require to be taken forward. The portfolio lead will also meet with families currently accessing services to also understand their experience and again capture learning to inform key improvements and actions to be taken forward.
1.2	Workstream 2: Learning from Staff The portfolio lead will also meet staff from across the multi-disciplinary team to capturing learning this will focus on staff who support delivery of services within Ward 4B, adult and paediatric haematology/oncology services and Ward 2a within RHC and wide. Learning will be captured to inform future actions and improvement work. Outputs from the work undertaken within portfolio 3 professional relationships and culture will also be reflected into the above workstream.
1.3	Workstream 3: Public Engagement & Communication The portfolio lead will be supported by the patient experience and public involvement (PEPI) team to undertake an initial public engagement programme including a sentiment analysis. This will help gather a baseline position and further inform the portfolio 1 work plan. Portfolio 2 Environment and Facilities Assurance members will also be involved in the development of this work. Work will commence on this in April and will be launched during May (post-election period).
1.4 Development of an Action Plan and Supporting Communications Plan for Portfolio 1 – following the conclusion of the work described above a clear action plan and supporting communications plan will be developed, this will be approved by the SPCG and NHSGGC Board.	

Phase 2: June 2026 onwards

During phase 2, the action plan and key improvements within it will be implemented with oversight from the NHSGGC Board.

Portfolio 2: Environment and Facilities Assurance

Portfolio Lead: John O'Dowd, Interim Director of Public Health

Supporting Portfolio Lead: Tracy Myhill

Non- Executive Director: Margaret Kerr

Objective: The key objective of this portfolio of work is to design and deliver and agreed environmental compliance and assurance framework, in addition this portfolio will commission the development of a bottled water policy for NHS Scotland and undertake a review of development and approval of guidelines to support the use of all antimicrobial prophylaxis for children receiving treatment for malignancy in NHS GGC.

Phase 1: April to May 2026

The first phase of this work will be delivered during April and May and will include seven key pieces of work:

Portfolio 2: Environment and Facilities Assurance – Phase 1 Work	
2.1	Water Systems Assurance A further External Authorising Engineer audit of the QEUH /RHC water system will be undertaken during May 2026.
2.2	Paediatric Haematology Service - RHC Ward 2A A tabletop review will be undertaken of what has been put in place since the new unit was opened in 2022, in addition a further external audit and risk assessment of the unit today will be undertaken.
2.3	Adult BMT and Cellular Therapy Services – QEUH Ward 4B Day to day controls will remain in place for the Adult BMT unit within wards 4b, this consists of a gold, silver and bronze command structure that meets daily, 7 days a week to ensure any emerging issues are concerns are immediately addressed. The meetings are structured to cover all issues as follows: clinical issues, microbiology issues, Infection control issues, environmental estates or facilities issues, patient or family concerns, staff concerns and any other issues for escalation. An options appraisal and risk assessment will be undertaken by the multi-disciplinary team the work will determine the short-term optimal location of the service with agreed risk mitigations and any additional Infection prevention and control (IPC) and estates / facilities measures documented. A project team is in the process of being established to develop a robust business case for the development of a new BMT Unit, this will be progressed at pace and follow a standard business case process in line with Scottish Government Capital Investment Manual Guidance.
2.4	Bottled Water Policy A commission for an NHS Scotland Wide bottled water policy will be developed.
2.5	Develop an Environmental Compliance and Assurance Framework Utilising the work of the workstreams above start to develop a clear robust environmental compliance and assurance framework
2.6	Prophylaxis Undertake an external review of development and approval of guidelines to support the use of all antimicrobial prophylaxis for children receiving treatment for malignancy in NHS GGC
2.7 Development of an Action Plan and Supporting Communications Plan for Portfolio 2 – following the conclusion of the work described above a clear action plan and supporting communications plan will be developed, this will be approved by the SPCG and NHS GGC Board.	

Phase 2 June 2026 onwards

Phase 2 work will involve ensuring robust oversight of the implementation of the portfolio 2 action plan. In parallel a project team is in the process of being established to develop a robust business case for the development of a new BMT Unit, this will be progressed at pace and follow a standard business case (SBC) process in line with Scottish Government Capital Investment Manual Guidance. This will be overseen by the NHSGGC Board.

Portfolio 3: Professional Relations Leadership & Culture

Portfolio Lead: Tracey Gilles, Medical Director NHS Lothian

Supporting Portfolio Lead: Tracy Myhill

Non-Executive Director: Ketki Miles

Objective: to develop a future approach that will support a fully collaborative, respectful and psychologically safe professional culture with clear roles, strengthened relationships, and effective leadership within NHS GGC and between NHS GGC and key external advisors.

This work will recognise the complexity of professional concerns raised in the past, including those escalated through formal routes, and will learn from previous approaches to ensure that the future arrangements are appropriately informed and effective.

Phase 1: April to May 2026

The first phase of this work will be delivered during April and May and will include the following key work.

Portfolio 3: Professional Relations Leadership & Culture – Phase 1 Work	
3.1	<p>Workstream 1: Development of a plan to further improve professional relationships</p> <p>The supporting portfolio lead has started the process of meeting with NHSGGC staff and ARHAI staff, to understand the themes from professional groups including microbiology, infection control and ARHAI. This piece of work will focus on gaining an understanding of current professional interactions, systems and relationships.</p> <p>The work will involve discussions and agreement with key stakeholders on their objectives and develop an understanding of what is required to improve trust and confidence to develop a plan to further improve relationships.</p>
3.2	<p>Workstream 2: Consider and Propose Options for NHSGGC professional structure for Microbiology and Infection Control</p> <p>The portfolio lead will undertake discussions with the MDT and subsequently develop options for the future professional model and structure within NHSGGC. The future options will consider and informed by:</p> <ul style="list-style-type: none">• The work underway by the supporting portfolio lead who is meeting with NHSGGC staff and ARHAI staff to develop a plan to further improve relationships. This will involve reviewing the themes from the commissioned interviews with staff across microbiology, infection control and ARHAI to gain an understanding of current professional interactions, systems and relationships.• Discussion and agreement with key stakeholders their objectives and develop an understanding of what is required to improve trust and confidence specifically:<ul style="list-style-type: none">• Professional & Service Relationships – to strengthen collaboration trust and relationships

	<ul style="list-style-type: none"> • Escalation, Governance and Resolution – assessing how concerns are raised and resolved. • Future Service Configuration Options – developing and accessing options for future professional structures and service working arrangements and recommending a preferred approach. <p>This work will also inform portfolio 1 action plan.</p>
3.3	<p>Workstream 3: Develop and Implement a new Professional Resolution Framework (PRF)</p> <p>The development of a new Professional Resolution Framework (PRF) will provide clarification of escalation, governance and resolution routes for professional concerns. The aim of the framework is to support and strengthen professional and service relationships, particularly in high-risk or complex areas.</p>
3.4	Following this development of a clear action plan to support implementation of key actions to support collaboration, trust and strengthening of relationships

Phase 2 June 2026 onwards

Phase 2 work will involve ensuring robust oversight of the implementation by the NHSGGC Board of the portfolio 3 action plan and implementation of the preferred option for a new professional structure for microbiology and infection control.

4. Scottish Hospitals Inquiry: Issues and Future Recommendations

It is envisaged that the SHI will report (at the earliest) in Autumn 2026. Once the report is published all recommendations from the SHI will be fully implemented within agreed timescales with ongoing actions to ensure learning and improvements are sustained. Any emerging issues from the SHI will be incorporated into the work of the three portfolios. NHSGGC will also fully respond when the SHI recommendations are published.

Once the report is received NHSGGC will:

1. Ensure all themes and findings from the SHI are well understood
2. Ensure learning is captured and embedded within the portfolio work plans.
3. Develop an action plan to implement all SHI recommendations and ensure they are successfully delivered
4. Ensure that progress against the action plan is transparent and assurance of completion of actions is provided to the NHSGGC Board

A PMO approach will be taken to tracking and monitoring progress of the action plans delivery.

5. Out of Scope of the SPCG

Operational issues will be proactively handled through relevant Silver and Gold command structures as required. The SPCG are not responsible for:

- operational management of normal and escalated issues across QEUH and RHC
- core governance via normal NHSGGC routes
- the new BMT Unit Technical Design Group, though issues, learning and recommendations from SPCG will be fully considered.

- oversight, management or determination of legal proceedings, Crown investigation matters or Scottish Hospitals Inquiry processes

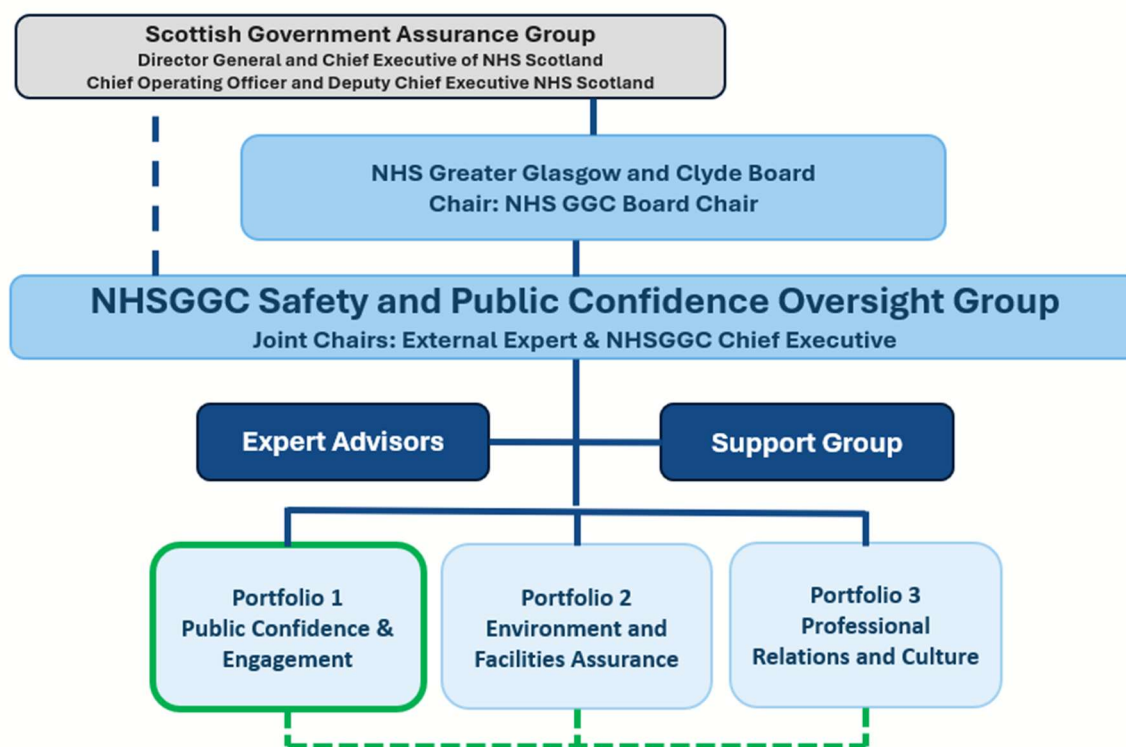
The SPCG does not replace the core governance mechanisms of the NHSGGC Board, nor does it have decision making powers. The SPCG will advise, guide and make recommendations for onward approval.

6. Governance and Reporting Structure

The governance and reporting structure is outlined below. The group will be jointly chaired by Professor Sir Lewis Ritchie and the NHSGGC Chief Executive, Professor Jann Gardner. The SPCG will formally report to the NHSGGC Board with onward reporting to the Scottish Government's COO NHS GGC Safety and Assurance Oversight Group, for both regular and urgent items. The group will complement but not duplicate the role of NHSGGC and other scrutiny bodies.

Portfolio Leads (as outlined in Portfolio 1–3 Terms of Reference) will attend SPCG by invitation as required to present findings, recommendations and progress.

A dedicated PMO will support the programme, tracking and monitoring progress of the portfolio action plans and overarching SPCG programme plan.



7. Membership

The membership of the group is set out below. The group will be made up of a range of stakeholders including independent experts, families' representative, public sector partners,

NHSGGC executive and non-executive directors, and experts from within NHSGGC. Further representation will be sought for the sub-groups. The list below outlines the membership

Member	Title
Professor Sir Lewis Ritchie	Co-Chair
Professor Jann Gardner	Co-Chair
Mr Alfie Rawson	Patient/Family Representative
Ms Ann Gow	Deputy Chief Executive of Healthcare Improvement Scotland
Ms Claire Pearce	Deputy Chief Nursing Officer, Scottish Government
Mrs Elspeth Banks	Independent Patient Public Involvement Representative
Dr Tracey Gillies	SAMD Representative
Professor Graham Ellis	Deputy Chief Medical Officer, Scottish Government
Professor Jim McMenamin	Head of Infections Service, Public Health Scotland
Professor John Cuddihy	Patient/Family Representative
Ms Julie Critchley	Director of NHS Scotland Assure
Ms Laura Imrie	Lead Consultant, ARHAI
Mrs Louise Slorance	Patient/Family Representative
Dr Nicola Steedman	Deputy Chief Medical Officer, Scottish Government
Mr Paul Macari	Head of Planning and Economy, Scottish Government
Ms Ketki Miles	NHSGGC non-executive
Ms Margaret Kerr	NHSGGC Non-Executive
Dr Christine Peters	Whistleblowing Representative / NHSGGC Microbiologist
Professor Angela Wallace	NHSGGC Executive Nurse Director
Dr Scott Davidson	NHSGGC Executive Medical Director
Ms Ann Cameron-Burns	NHSGGC Employee Director
Ms Claire MacArthur	NHSGGC Director of Planning

Expert Advisory Input

Expert advisors may be commissioned to support the work of the SPCG or its portfolios, Expert advisors are not members of the SPCG and may participate on an individual basis or as part of dedicated advisory groups. The composition of advisory input may vary by portfolio or workstream, and advisors may have their own agreed ways of working. Their role is to provide independent expertise to inform SPCG discussion and assurance, rather than to act as SPCG decision-makers

8. Communications to SPCG Members between meetings

- The group will meet every 6-8 weeks
- A summary of progress will be shared with members on a fortnightly basis
- A website has been developed to support the SPCG work.
[Safety and Public Confidence Oversight Group \(SPCG\) - NHSGGC](#)
- A generic email address has been established and is available to all for non-clinical issues and a closed Facebook page will be established.
ggc.scpq@nhs.scot

9. Administration of Meetings

The Programme Management Office will provide administrative and business support for the Safety and Public Confidence Group. The Head of Corporate Programmes and the Portfolio Administration Manager will be in attendance to support the group.

The agenda will be issued at least 5 days in advance of meetings. Meeting papers will be issued as early as possible, recognising the dynamic nature of issues under consideration.

**Chief Operating Officer NHS GGC Safety and Assurance Oversight Group –
Queen Elizabeth University Hospital and Royal Hospital for Children**

Terms of Reference

Date Published: April 2026
Version: v0.2
Document Type: ToR

1. Name of the Group
COO NHS GGC Safety and Assurance Oversight Group – Queen Elizabeth University Hospital and Royal Hospital for Children
2. Context
<p>The Scottish Hospital Inquiry commenced in 2020 into the Queen Elizabeth University Hospital Campus (QEUH), Glasgow and the Royal Hospital for Children and Young People and Department of Clinical Neurosciences (RHCYP/DCN), Edinburgh. The final hearings of the Scottish Hospitals Inquiry (SHI) were held in January 2026.</p> <p>The Chair of the Scottish Hospitals Inquiry will now review all evidence submitted and is expected to publish the final report by the end of 2026.</p> <p>As a result of the issues raised during the public inquiry there is a need to establish a programme of work to provide assurance about the safety of the QEUH and RHC hospital environment and increase public confidence in the QEUH and RHC.</p> <p>It is important to note that in tandem with the SHI since September 2021 there is an ongoing Crown Investigation into deaths at QEUH. There are also a number of ongoing civil and legal claims.</p>
3. Purpose of the Group
<p>The purpose of this group is to:</p> <ul style="list-style-type: none"> • Review and endorse the proposed Safety and Public Confidence Programme governance, structure and membership • Provide scrutiny and support to the approach taken to deliver the Safety and Public Confidence programme workplan developed by the GGC Safety and Public Confidence Oversight Group (SPCG) • Consider, support and endorse the recommendations coming from the work of the SPCG • Ensure that the agreed SPCG recommendations are agreed and implemented within the planned and agreed timescale. • Additionally, the Group will provide oversight and support in relation to NHSGGC's programme of work to ensure the restoration of public and political confidence in the safety of the hospital environment delivered within the Queen Elizabeth University Hospital and Royal Hospital for Children. This primarily relates to water and ventilation but the group will have an interest in being made aware of any other issues relating to the built environment identified. • Manage ongoing, coordinated oversight across DG Health and Social Care (DGHSC) and to provide additional assurance on any issues related to service safety at the Queen Elizabeth University Hospital. <p>This Group exists to manage the SG's assurance to matters relating to service safety at the Queen Elizabeth University Hospital, and to inform Ministers. It is not intended to consider matters requiring formal escalation, which are the domain of the National Planning and Performance Oversight Group (NPPOG) – these considerations would be out of scope given there is no formal escalation in this instance. However, if any matters are discussed by the Group which may have impact on Board escalation, these will be reported to NPPOG.</p>

Similarly, whilst this group will take an observational interest in relevant inquiries and legal claims, these are entirely independent of this group. The remit of the group does not cut across these matters and discussions will intentionally avoid any real or perceived encroachment or interference.

The Group will oversee the scoping and sourcing of any additional tailored support to facilitate the work of the SPCG.

The Group will also provide continued oversight, via Chief Nursing Officer colleagues, of work being carried out in parallel on infection prevention and control, in order to ensure a co-ordinated approach and response.

In line with standard Governance structures and statutory obligations, NHS GGC will take decisions in relation to the delivery of services within the Board. The expectation of this Group is that it is for the Chief Executive and Board to determine occasions where decisions should be shared with the Scottish Government i) for awareness or ii) for advice or support.

3. Membership

The Group will be chaired by the Chief Operating Officer and Deputy Chief Executive, NHS Scotland with support from colleagues across DG Health and Social Care, Scottish Government:

- Deputy Director, Healthcare Quality and Improvement
- Deputy Director, Health Infrastructure and Sustainability
- Chief Nursing Officer for Scotland
- Deputy Chief Nursing Officer for Scotland
- Deputy Chief Medical Officer
- Senior Division Head, Healthcare Quality & Improvement
- Deputy Director, Culture, Pay and Partnership
- Head of Leadership and Culture Unit
- Head of HCAI and AMR Unit (Healthcare Associated Infections & Antimicrobial Resistance)
- Professional Nurse Advisor, Infection Prevention Control / Antimicrobial Resistance
- Deputy Director, Information Scrutiny & Governance
- Head of Health Sponsorship
- Senior Sponsorship Manager, Healthcare Improvement Scotland
- Scottish Government Legal Directorate (SGLD) as required
- Scottish Government Communications as required
- Internal SG deputies as required
- External expert / clinical support as required.
- External perspective from elsewhere in SG as required.

4. Governance

The Group will report to DG HSC and Health and Social Care Management Board (HSCMB) through the Chair.

The Chair of the Group will be supported by a secretariat who will co-ordinate the involvement of other Scottish Government officials, as required.

The Group will also work very closely with the Co-Chairs of the SPCG, Professor Sir Lewis Ritchie and Professor Jann Gardner NHSGGC Chief Executive to oversee and understand NHS GGC's specific programme of work through proportionate oversight and support and through evidence of sustainable improvements realised.

5. Meetings

The frequency of meetings will be monthly and meetings will be informed by a formal monthly assurance report provided by the co-chairs of the SPCG to this group (the COO NHS GGC Safety and Assurance Oversight Group).

There will also be on-going dialogue between the Chair of the Group and Co-Chairs of GGC's Safety and Public Confidence Oversight Group and a weekly informal update will be provided.

In addition to briefing the Health and Social Care Management Board (HSCMB), the Chair of the Group will meet with the Director General as required to review progress and emerging findings. Ministers will be kept up-to-date as appropriate.

6. Outputs

The Group will be in existence until the Scottish Hospitals Inquiry reports at end of 2026 and until the work of the Safety and Public Confidence Programme is completed. A clear programme of work and timelines will be defined by the SPCG and shared with the COO NHS GGC Safety and Assurance Oversight Group.

The following outputs are envisaged:

- Approval of the Hospital Environment Assurance Framework that will be developed by the SPCG and subsequently published on a regular basis
- Oversight and support to the delivery of the recommendations from the SPCOG, recommendations will cover the three portfolio areas:
 - Public Confidence & Engagement
 - Environment and Facilities Assurance
 - Professional Relations, Leadership and Culture
- Provide Ministerial assurance on the safety of the hospital environment and public confidence in QEUH & RHC Hospitals
- Wider learning for NHS Scotland resulting from any implications from the GGC programme of work as relating to e.g health building notes, escalation processes for Infection Prevention and Control.

Outputs/actions can be added/amended by agreement of the Oversight Group. A progress grid will be maintained by secretariat for review at each meeting.

Success criteria will be developed through internal discussion and in alignment with the

portfolio action plans developed by the GGC Safety and Public Confidence Oversight Group.

The implementation and delivery of plans are the responsibility of NHSGGC Board. The Group will offer oversight and support; ensuring the plans form a robust basis to address the matters at hand. The aim will be for NHSGGC to provide assurance to Scottish Government that they have made sufficient progress to restore public and political confidence in the safety of the hospital environment within the Queen Elizabeth University Hospital and Royal Hospital for Children.