

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Safety and Public Confidence Oversight Group
Meeting held via Teams and in Board Room, JB Russell House
8th April 2026 at 10:00 am**

PRESENT

**Professor Sir Lewis Ritchie (Co-Chair)
Professor Jann Gardner (Co-Chair)**

MEMBERS IN ATTENDANCE

Professor Sir Lewis Ritchie	Co-Chair
Professor Jann Gardner	Co-Chair
Mrs Elspeth Banks	Patient and Public Involvement – Independent Public Partner
Ms Ann Cameron-Burns	Employee Director, NHSGGC
Professor John Cuddihy	Patient/Family Representative
Professor Graham Ellis	Deputy Chief Medical Officer, Scottish Government
Ms Tracey Gillies	Scottish Association of Medical Directors (SAMD) Representative (Portfolio 3 Lead)
Ms Ann Gow OBE	Deputy Chief Executive, Healthcare Improvement Scotland (HIS)
MsGill Imery QPM	Independent Member (Portfolio Lead 1)
Ms Laura Imrie	Lead Consultant, Antimicrobial Resistance & Healthcare Associated Infection (ARHAI), Scotland
Ms Claire MacArthur	Director of Corporate Planning, NHSGGC
Professor Jim McMEnamin	Head of Infections Service, Public Health Scotland
Ms Ketki Miles	Non-Executive Member, NHSGGC
Dr John O'Dowd	Interim Director of Public Health, NHSGGC (Portfolio 2 Lead)
Ms Claire Pearce	Deputy Chief Nursing Officer, Scottish Government
Dr Christine Peters	Whistleblowing Representative, Consultant Clinical Microbiologist, NHSGGC
Mr Alfie Rawson	Patient/Family Representative
Mrs Louise Slorance	Patient/Family Representative
Professor John Snowdn	Professor of Haematology, University of Sheffield and Honorary Consultant Haematologist, Sheffield Teaching Hospital (Independent Expert Representative)
Professor Angela Wallace	Executive Nurse Director, NHSGGC and SEND Representative

APOLOGIES

Ms Margaret Kerr	Non-Executive Member, NHSGGC
Dr Scott Davidson	Executive Medical Director, NHSGGC
Professor Nicola Steedman	Deputy Chief Medical Officer, Sottish Government

IN ATTENDANCE (Non-Members)

OFFICIAL SENSITIVE

Ms Julie Critchley	Director, NHS Assure
Dr Claire Harrow	Deputy Medical Director Acute – Deputising for Dr Scott Davidson, Executive Medical Director NHSGGC
Professor Tom Steele	Director of Estates and Facilities, NHSGGC

SECRETARIAT

Mr Scott Wilson	Head of Corporate Programmes, NHSGGC (PMO)
Ms Leanne Law	Business Manager, NHSGGC (minutes)

1.Welcome and Apologies	ACTION BY
<p>Sir Lewis Ritchie opened the meeting by welcoming everyone on behalf of himself and Professor Gardner and thanking the group for supporting the important work of the committee. Sir Lewis noted that there were some new additional colleagues around the table and each colleagues introduced themselves.</p> <ul style="list-style-type: none"> • Ms Claire MacArthur, Director of Corporate Planning NHSGGC • Professor Tom Steele, Director of Estates and Facilities NHSGGC. Professor Steele noted that he will be taking on a new role in early May to look more at Strategic Infrastructure Planning • Gill Imery QPM – Ms Imery will be chairing Portfolio 1 as an independent expert • Ms Julie Critchley, Director of NHS Scotland Assure • Professor John Snowden, Professor of Haematology, University of Sheffield/Honorary Consultant Haematologist, Sheffield Teaching Hospital • Dr Claire Harrow, Deputy Medical Director Acute NHSGGC – Deputising for Dr Scott Davidson, Medical Director Corporate NHSGGC <p>Sir Lewis also noted apologies received from Professor Nicola Steedman, Ms Margaret Kerr, Non-Executive Board member, and Dr Scott Davidson, Medical Director with Dr Harrow deputising.</p> <p>Dr Peters raised the issue of there being no external Microbiologist colleagues sitting on the group. Professor Gardner advised that work has been ongoing to secure external support, regarding time commitment, resources for risk assessment work and attending of regular meetings. Dr Harrow reported that Dr David Partridge, external IPC Doctor from Sheffield, is happy to support and participate in the SPCG however he was unable to attend today due to the NHS England junior doctor industrial action. A further update will be brought back to the next meeting of the group.</p>	<p>Dr Harrow</p>
<p>2/2a. Opening Remarks and Declarations of Interest</p>	
<p>Sir Lewis reminded the group that in his capacity as Independent Co-Chair he was in the process of meeting with members individually to discuss roles and responsibilities and to identify any issues or concerns that should be brought to the group’s attention. Sir Lewis noted that he had already spoken with several colleagues and met with all family representatives along with Professor Gardner. Sir Lewis also advised that he and Professor Gardner continue to meet regularly to review and progress any matters arising as we move forward.</p> <p>Professor Gardner thanked colleagues for their contributions and candour to date, acknowledging the complexity of the issues under consideration and the long-standing nature of a number of concerns and noted that the focus of today’s meeting was to present the Phase 1 work step-by-step, demonstrating how feedback has been incorporated where possible and identifying matters not addressed within Phase 1 scope for consideration in subsequent phases, including the forthcoming Portfolio work. Professor Gardner reiterated a commitment to transparency and to providing opportunities to discuss broader issues that sit outwith the immediate commission of the SPCG. It was noted that an update on fire safety issues recently reported in the media would be provided, and that Professor Steele was in attendance to outline how further information could be accessed and how additional discussions could be facilitated. Professor Gardner further advised that, following a recruitment exercise for the Director of Estates and Facilities post, Professor Steele will move into a Strategic Capital role and Mr Alan Wilson had been appointed</p>	

<p>(joining in early May) from NHS Grampian, bringing relevant experience from NHS Grampian, NHS Highland and NHS Fife.</p> <p>Sir Lewis opened up the discussion to questions.</p> <p>Professor Cuddihy highlighted that concern extends beyond fire risk assessments to broader risk management and due diligence, particularly the need for timely responses to cross-cutting risks.</p> <p>Professor Gardner advised that there are clear governance and processes across NHSGGC committees and the Board relating to the management of risk and specific risks within QEUH. The immediate focus of the SPCG is to ensure the three portfolios set out within the draft terms of reference are completed in line with the Scottish Government phase 1 commission (the final draft of which is awaited).</p> <p>Professor Gardner confirmed that a public statement will be issued on the website addressing the atrium and fire door issues and that these additional matters are not within the SPCG's remit.</p> <p>Professor Cuddihy emphasised the importance of a future discussion on how NHSGGC approaches risk assessments overall, to provide assurance and to ensure public confidence.</p> <p>Professor Gardner clarified that the SPCG is not seeking to extend its Terms of Reference (ToR) and is awaiting the Government's formal reconfirmation of the commission and scope, which is expected to be available by the end of the week and will be circulated to the SPCG.</p> <p>Sir Lewis advised that Mr Wilson had circulated Declaration of Interest forms to the group and asked that these be completed and sent back to the Programme Management Office (PMO).</p>	<p>NHSGGC Comms Team</p> <p>All</p>
<p>3. Minutes of the Previous Meeting</p>	
<p>The minutes of the inaugural meeting 11 March 2026 were agreed as an accurate reflection with the following amendments.</p> <p>Professor John Snowden advised that his title is Professor of Haematology, University of Sheffield and not Director of Bone Marrow Transplant Unit and also asked for it to be noted that he joined the meeting mid-way through.</p> <p>Ms Banks noted that three previously raised issues about her title and affiliation were not actioned and was seeking assurance that her response to the minutes and ToR will be considered and actioned. Ms Banks also requested clear guidance on the preferred procedure for responding to communications i.e. should replies go only to the sender or be copied to the wider group.</p> <p>Professor Gardner responded by advising issues can be fed directly through Ms MacArthur or Mr Wilson. Feedback will be reviewed in a generic way with anonymity respected where requested. Specific issues will be responded to directly by Ms MacArthur supported by Mr Wilson. Professor Gardner noted that individuals may also choose to raise concerns with the full group if they wish.</p> <p>Professor McMenamin asked that the spelling of his second name be corrected and advised that he is both a Doctor and a Professor and asked that one be used for consistency.</p>	<p>Ms MacArthur to ensure all amendment are made to the minutes</p>

<p>Page 5, Ms Gow confirmed she asked if an Employee Director would be present on the group rather than advising an Employee Director would be on the group.</p>	
<p>4. Rolling Action Log</p>	
<p>Mr Wilson provided the following update on the Rolling Action Log:</p> <ul style="list-style-type: none"> • Action 1: Sir Lewis to meet with individual group members over the coming weeks – In progress • Action 2: Code of Conduct to be circulated – Completed. Included in the previous meeting pack; register of interests circulated and responses received. • Action 3: Confirm and circulate final list of external expert advisers – In progress. List largely confirmed; final circulation expected shortly. • Action 4: Circulate draft SPCG Terms of Reference, including Scottish Government (SG) Assurance ToRs – In progress. Amendments to be incorporated before final issue. Awaiting final SG Assurance ToRs. • Action 5: Agree communication approach with Co-Chairs – Completed. Discussed through recent meetings and incorporated into Portfolio 1 agenda. • Action 6: Provide briefing note to Scottish Government – Completed Issued 11th March. <p>Overall: All actions are close to complete except final confirmation and circulation of the external expert advisers list and the circulation of SG Assurance ToR.</p> <p>Sir Lewis opened up the discussion to questions.</p> <p>Professor McMenamin raised that item 3 had been incorrectly marked as complete in the advance papers, when it is still in progress. Professor McMenamin suggested that actions should be accurately recorded and that there should be a clear historical record of both open and closed actions across the minutes and retained documents.</p> <p>Professor Gardner agreed that future documents will be clearly version-controlled and the exact version reviewed will be formally noted with the status of each element explicitly recorded. All completed/closed actions will also be recorded.</p> <p>Dr Peters highlighted the need for clear record keeping and transparency, particularly around how external experts were identified and approached. In addition Dr Peters noted the need for a shared and visible understanding of what issues experts are being asked to advise on and what information and briefings they have received to ensure a consistent starting point for all involved.</p> <p>Professor Gardner advised that a clear governance structure will be set out explaining why each expert was approached, what expertise they bring. Any specific commissions to individuals will be formally logged, with oversight managed through the Programme Management Office.</p> <p>Professor Cuddihy asked that item 4 be marked as In Progress as this item is not yet complete as we are still awaiting the draft SG Assurance Group ToRs.</p> <p>This was agreed.</p>	<p>Ms MacArthur to ensure Action log is fully updated by the PMO</p>
<p>5. Draft Terms of Reference – SPCG</p>	
<p>Ms MacArthur provided an overview of the draft ToR noting the immensely helpful feedback received from group members which has strengthened the revised draft</p>	

ToR. Key changes include clearer emphasis on independence, transparency and accountability, more balanced, clearer objectives for each portfolio of work, clarity of timelines and phased delivery approach and clear and strengthened external leadership across portfolios.

The SPCG ToR now set out the Phase 1 programme of work (next two months) which is structured around three portfolios:

1. **Public Confidence and Engagement** – focused on meaningful, transparent engagement with families, staff and the public – This will be chaired by Ms Gill Imery.
2. **Environment and Facilities Assurance** – focused on environmental compliance, assurance arrangements and review of current controls (including water, ventilation and ward arrangements) – This will be chaired by Dr John O’Dowd.
3. **Professional Relations, Leadership and Culture** – focused on strengthening professional relationships, leadership and psychologically safe culture – This will be chaired by Ms Tracey Gillies.

External leadership and non-executive director oversight is built into each portfolio of work. Ms MacArthur confirmed that:

- Confidentiality of previous external work was reaffirmed
- Further recent family correspondence has been included for discussion on today’s agenda.

The ToR clarifies what is in scope (Phase 1 objectives aligned to current safety issues) and out of scope (day-to-day operational management). Governance and reporting lines are confirmed, with the group reporting to the NHSGGC Board and Scottish Government Assurance Group.

A fortnightly progress update is proposed, alongside development of a clearer programme management approach, including tracking of completed actions, upcoming actions and Portfolio status. Final feedback is now sought to allow agreement of the Phase 1 ToR.

Professor Gardner invited the Portfolio Chairs to say a few words and provide some background information.

Portfolio 1 - Public Confidence and Engagement

Gill Imery QPM outlined her background in criminal justice, including 32 years as a police officer and subsequent role leading His Majesty’s Inspectorate of Constabulary in Scotland, where she developed strong experience in independent scrutiny and evidence-based inspection, including engagement with service users and staff. Ms Imery highlighted experience providing challenging feedback and later chairing oversight of recommendations from an inquiry into deaths in prison, with a strong focus on engagement with bereaved families and rebuilding trust. Ms Imery emphasised learning from families and staff as the core purpose of the Portfolio, with insights feeding back to the Oversight Group to support improvement and change. Ms Imery confirmed this work would not create new groups but would focus on action, learning and regular updates to drive improvement.

Professor McMenamin emphasised that communication must be tailored to effectively reach target audiences, including children and population groups with differing language needs. Public Health Scotland’s expertise in this area is offered constructively, with a suggestion that it be considered as a stakeholder in supporting

Ms MacArthur to ensure a fortnightly progress update is provided to SPCG members

Gill Imery to reach out to PHS

<p>inclusive and accessible information exchange. Ms Imery welcomed PHS's offer of assistance and will reach out to Professor McMenammin to discuss.</p> <p>Professor Snowden highlighted that the Expert Advisory Group should be set up as a separate independent group, rather than embedded within the current organisational structure or ToRs. He advised that he should not be listed as a core member until the group is formally constituted. Professor Snowden also noted that the Expert Advisory Group is still in development, with potential members identified (including external specialists and links to NHS England and relevant professional bodies), however membership is not yet confirmed. Professor Snowden stressed that he cannot act as a sole external advisor and that the group's independence from NHSGGC and the wider Scottish NHS must be clearly reflected.</p> <p>Professor Gardner advised that full details cannot yet be shared as discussions and agreements with contributors are at different stages, with some participants stepping back due to time constraints. For Portfolio 2, each discrete workstream will require different expert input. Rather than naming individuals at this stage, the types of expertise required for each Portfolio will be set out. Professor Gardner emphasised that expert advisors will initially be drawn from the existing pool, with further work needed on agreements and ways of working. Further detail on the specific components within Portfolio 2 will be brought back to a future meeting.</p> <p>Professor Cuddihy noted that the group's objective is to build public confidence, and he can see that significant progress has been made, he commended the Board for appointing Gill Imery and praised her expertise, experience, professional integrity and the confidence it inspires in others. Professor Cuddihy emphasised that this contribution is seen as particularly valuable at a critical time.</p> <p>Ms Gow advised that there is an existing Public Engagement Team within Health Improvement Scotland (HIS) that could support this work, particularly to clarify whether the focus should be engagement, communication, or co-production.</p> <p>Ms Gow noted that the ToR could be strengthened, especially around whistleblowing and organisational culture, to better align with the portfolios' objectives.</p> <p>Professor Gardner confirmed agreement to strengthen the relevant elements of the points raised and ensure better alignment to Portfolio ToRs. Professor Gardner also noted that the Chairs of the three Portfolios will discuss the issues within their own portfolio groups.</p> <p>Portfolio 2- Environment and Facilities Assurance Sir Lewis invited Dr John O'Dowd, Chair Portfolio 2 to introduce himself and provide some background information.</p> <p>Dr O'Dowd advised that he is the Interim Director of Public Health for NHS Greater Glasgow and Clyde, with a background as a GP and Consultant in Public Health Medicine. His main expertise is in healthcare systems, with experience in the UK and Europe focused on improving quality, safety and equity. Dr O'Dowd emphasised that the Portfolio's purpose is to design and deliver an Environmental Compliance and Assurance Framework for the Queen Elizabeth University Hospital and Royal Hospital for Children. Key workstreams include water systems assurance, external audit and tabletop review, risk assessments and options appraisal for paediatric and adult Bone Marrow Transplantation (BMT) and cellular therapy services, development of a business case for a new BMT, commissioning a Scotland-wide bottled water policy, and an external antimicrobial prophylaxis review noting that prophylaxis had previously been worked up externally. Dr O'Dowd highlighted that these elements will inform a robust Environmental Compliance and Assurance</p>	<p>Ms MacArthur & Dr Harrow to develop a document outlining the role of external experts.</p> <p>Ms MacArthur & PMO team to Link with Gill Imery to review the Portfolio 1 ToR and to liaise with HIS.</p>
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Framework, with outputs including an action plan and communication plan for approval. Dr O'Dowd also noted the importance of integrating diverse data to support action and building consensus to enable change through combined internal and external expertise.

Sir Lewis opened up the discussion to questions.

Dr Peters highlighted that there has already been significant scrutiny of and investment in wards 2A and 4B through the Scottish Hospitals Inquiry and there is a question about whether the current framework will also allow assurance work to extend to other identified areas across the estate.

Professor Gardner noted that the group was established to address ongoing public, media, and family concerns, particularly around antimicrobial prophylaxis, water safety, and ward 4B. While substantial work was undertaken around 2020, including external input, there is a need to revisit the existing evidence, confirm assurance, and demonstrate independent scrutiny rather than generating new evidence. This will include external expert review of the water system, a structured review of all evidence and changes made, and alignment with national bodies (CMO, CNO, NHS Assure) to ensure consistent national standards.

Dr Peters also discussed prophylaxis, and work has been undertaken externally.

Professor Snowden highlighted the role of Joint Assurance Committee – ISCT EBMT (JACIE), an international accreditation body for BMT Units across all age groups. Glasgow's BMT Units have undergone multiple external inspections against extensive standards covering clinical practice as well as laboratory, apheresis and environmental controls including infection prevention, air quality and unit design. Professor Snowden noted that while JACIE does not prescribe specific environments, it can support re-inspection and re-evaluation if required.

Professor McMenemy queried whether the Portfolio 2 title appropriately reflects its full scope, specifically whether the reference to "technical assurance" adequately covers antibiotic prophylaxis and if not, Professor McMenemy suggested explicitly adding antibiotic prophylaxis to the title.

Professor McMenemy also emphasised the value of international learning, noting that while existing information should be prioritised, there may be benefit in drawing on external international expertise. By way of example, Professor McMenemy referenced Denmark's hospital building programme and suggested that links via the CMO's team could enable access to relevant external expertise.

Professor Gardner noted that as the Portfolios are formed, each will clearly define the expertise and reference sources required to support balanced decision-making. Professor Gardner also highlighted that points raised about international input and technical assurance will be considered, including updating the ToR of Portfolio 2 to reflect its focus on prophylaxis.

Mrs Slorance raised concerns that Portfolio 2 appears focused on responding to high-profile media issues rather than addressing wider public confidence concerns across the hospital estate and issues already raised through the Scottish Hospitals Inquiry. Mrs Slorance noted that this broader scope should be explicitly acknowledged to avoid the perception of a reactive media driven approach.

Professor Gardner agreed the points raised by Mrs Slorance are valid and emphasises that the issues are complex and often oversimplified by the media. The focus is on systematically and thoroughly examining high-risk areas to develop a

Ms MacArthur & PMO team to Link with Dr John O'Dowd to review the ToR

robust methodology, learning alongside external experts in line with the Scottish Government phase 1 commission.

Mrs Slorance felt that the reference to a phase 1 workplan should be removed and replaced with broader portfolio-level wording, as it appears restrictive and inconsistent with other areas. Mrs Slorance noted the current ToR appears limiting, particularly given the high-profile media interest in Cryptococcus and ward 4C and the fact that patients move across settings and are not confined to a single ward during admission.

Professor Gardner suggested building on existing Portfolios by asking Portfolio experts to identify key gaps in Phase 1 and what should come next including onward pathways and issues such as ways of working and transparency. This work would then be used as the foundation for future progress and to focus on areas that genuinely impact public confidence. Professor Gardner emphasised that setting out too much detail at this stage would be premature and overwhelming, particularly given the size of the organisation and could create the perception of omissions within the ToR.

Ms Critchley confirmed that NHS Assure is committed to working with Glasgow across all Portfolio areas supporting a Once for Scotland approach on wider environmental healthcare issues and contributing expertise from work undertaken elsewhere to support effective delivery in Scotland.

Portfolio 3 - Professional Relations, Leadership and Culture

Sir Lewis invited Ms Tracey Gillies, Chair Portfolio 3 to introduce herself and provide some background information.

Ms Gillies advised that she is the Medical Director of NHS Lothian, speaking on behalf of the Scottish Association of Medical Directors, and wishes to reassure colleagues about confidentiality, noting she has not yet seen or discussed information collected by others. Ms Gillies drew on experience from PFI-related challenges at the Royal Infirmary and delivering new hospital facilities, highlighting professional tensions that can arise across disciplines and notes caution that the proposed pace for Phase 1 of the Portfolio is ambitious and may not allow sufficient time to build confidence in new ways of working. Ms Gillies also highlighted that she has not yet discussed expectations with the Co-Chairs of the SPCG and would welcome that conversation.

Sir Lewis emphasised balancing pace with realism, stressing the importance of putting strong foundations in place first. Sir Lewis highlighted the need to build on previous work undertaken within NHSGGC.

Professor Gardner noted each Portfolio aims to demonstrate some progress by the end of May 2026, recognising that the issues are complex and may take longer to resolve. The approach should be realistic and transparent, taking account of Portfolio feedback where matters are deeper-rooted or require additional time. Professor Gardner advised that as a group, recommendations would need to be considered on next phases of work, while remaining open to expediting less complex areas and progressing to subsequent phases where possible.

Dr Peters advised that she supports the work but urges caution and emphasising the need to avoid repetition of Organisational Development processes that have not been effective, recognising this as a particularly challenging workstream. Dr Peters asked that the focus should not be on team-working issues but on addressing the substantive causes of disagreement, with due regard to the factual findings of the

<p>Scottish Hospitals Inquiry and leads should also be mindful of the considerable Organisational Development work already undertaken within the organisation.</p> <p>Professor Gardner emphasised the developments over the past two to three months have brought people together and supported evolving relationships whilst also starting to address current issues. While there is agreement with Dr Peters on the importance of organisational learning, Professor Gardner noted that many of the challenges being addressed are specific to the present context and given the complexity and immediacy of these issues, Ms Tracey Gillies has been invited to support the group in navigating next steps in a professional and thoughtful way.</p> <p>Ms Gillies advised the SPCG that she is approaching the lead role from a clear starting point, aiming first to understand what has already been done, avoid duplication, and then develop informed views on current practice to identify opportunities for change.</p> <p>Sir Lewis emphasised that support arrangements around the Portfolios (including membership, leadership and expert input) require to be clarified urgently to enable tangible progress by the next meeting of this group. The timing is important as the Scottish Hospitals Inquiry has written to the Co-Chairs requesting an update on progress by the end of May. The aim is to be able to provide a substantive progress update in response to that request.</p> <p>Sir Lewis highlighted the need to revisit the ToRs following recent comments, including concerns raised about scope and limitations, and asked Ms MacArthur to advise on the next steps.</p> <p>Ms MacArthur advised that she will ensure all feedback received today will be incorporated into the SPCG ToR, including the comments with regards the ToR reflecting phase 1 work and ensuring alignment with the final version of the SG phase 1 commission. Ms MacArthur confirmed the commission would be shared with the group once received from Scottish Government.</p> <p>Professor Cuddihy noted that the discussion helped clarify what is in and out of scope, which was very beneficial. Professor Cuddihy suggested adding in a statement to clarify that 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 aligned to the phase 1 Scottish Government Commission. As phase 1 is completed, the SPCG will review the evidence and learning gathered, this 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.</p> <p>Professor Gardner also asked that a brief statement be added confirming Scottish Government commission would be required to confirm agreement to proceed with Phase 2 plans.</p> <p>Ms MacArthur confirmed that she would ensure the ToR would be updated to reflect the above comment and that the related Portfolio ToRs will also be updated to reflect today's discussion in conjunction with the portfolio leads.</p>	<p>Ms MacArthur to ensure feedback is incorporated to ToR</p> <p>Ms MacArthur to ensure ToR is updated</p>
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<p>9.Families' Letter</p>	
<p>Ms MacArthur provided the following update:</p> <p>Two letters were received since the last meeting, including one from family representatives dated 24th March, which was responded to on 7th April. The response set out the SPCG's commitment to transparency, credibility and delivering meaningful, sustainable improvement.</p> <p>Ms MacArthur commented that a lot of what had been included within the letter had been covered through the discussion regarding the SPCG ToR and that the greater clarity would be provided in the individual TORs on the scope and responsibilities for each portfolio workstream.</p> <p>Ms MacArthur noted that the safety assurances requested in the letter are being addressed through the three portfolios of work including:</p> <ul style="list-style-type: none"> • Commissioning a further external Authorised Engineer audit of the water systems by the end of May, • Progressing work on Ward 4B and establishing a project group for a new BMT unit • Maintaining daily assurance through Gold, Silver and Bronze command arrangements. • The ToRs also reflect plans for a broader Environmental Assurance Framework. • Issues of public and stakeholder confidence raised in the letter are being addressed through the relevant Portfolios <p>Ms MacArthur confirmed that ongoing progress within each portfolio will be demonstrated through regular PMO led status reports, clearly setting out what has been delivered within each of the workstreams within each portfolio and confirming milestones for remaining forthcoming work.</p> <p>Sir Lewis confirmed that the Scottish Hospital Inquiry had asked the Co-Chairs of SPCG to provide an update of the progress of its work by the end of May. Sir Lewis confirmed that the letter would be shared with members and that the next meeting held on 21st May to allow SPCG members to review progress ahead of the end of May submission to the SHI.</p> <p>Sir Lewis opened up the discussion to questions.</p> <p>Professor Cuddihy explained that the letters were sent to seek clarity and transparency, in response to public reporting and official commentary that was seen as destabilising and, in some cases, factually inaccurate. Particular concern arose from the supplementary note from the Scottish Hospital Inquiry (SHI), which suggested a lack of family engagement, which Professor Cuddihy has directly disputed with SHI, and from subsequent credible information that required formal reporting. Further concern relates to public reporting following the Inner House of the Court of Session decision on the Queen Elizabeth University Hospital atrium, where issues around cladding, fire safety, moisture, and wider environmental risks raised questions about due diligence, risk assessment, and the potential impact on patients and staff. Professor Cuddihy highlighted that these concerns were escalated to ensure awareness, reassurance, and confidence that risks are being properly addressed, recognising that the SPCG may not be the decision-making forum but does provide an important and previously unavailable route for raising such issues.</p>	<p>Ms MacArthur to ensure the letter is circulated to all SPCG members</p>

<p>Professor Gardner highlighted the importance of clearly identifying the core issues and questions being considered, noting that nuance can be lost where there are multiple, interrelated concerns. Constructive challenge from the group was acknowledged as helpful in refining understanding and ensuring focus on the substantive issues.</p> <p>Professor Gardner advised that there remains significant public and organisational concern regarding the atrium. The organisation is actively addressing these issues, noting that public perception has been complicated by legal outcomes relating to time-barring rather than the underlying technical matters.</p> <p>Professor Gardner restated that the fire safety issues were outwith the scope of the SPCG but was keen to update members separately, either outside the meeting or at the end of the today's agenda if members had time available.</p> <p>It was agreed that two public statements will be prepared to clearly explain the issues and the actions taken. These will be shared with the Board and the SPCG in advance of publication. Professor Gardner reiterated that questions raised by members are welcomed, as they support clearer messaging and more effective governance.</p> <p>Dr Peters emphasised that the group's remit should focus on infection risks in the built environment, not fire safety and any learning from fire-related work should be considered only if it affects infection risk or mitigation measures, with supporting documentation if available.</p> <p>Dr Peters also noted that it would be helpful to check if fire assessments of ventilation systems have any impact on their effectiveness for infection prevention, though this may not be the case.</p> <p>Professor Gardner noted the points raised by Dr Peters are helpful and should be taken forward in Portfolio 2 for consideration, focusing on what issue is being addressed and any potential next steps. Fire-related matters will be taken offline, with further consideration given to how relevant issues from this discussion are addressed elsewhere in the organisation. Professor Gardner advised that where appropriate, these will be signposted to existing work and publicly available information, recognising that many related issues are already considered through other organisational processes.</p> <p><i>Note</i> – As this point was raised, it was explained that this is out of scope of the group. However, an informal explanation outside of the meeting was offered for transparency.</p>	<p>Prof Steele will share statements with the PMO team to share with SPCG members</p>
<p>10.Risk Register</p>	
<p>Ms MacArthur advised that only two risks are currently recorded on the risk register and will be kept under ongoing review.</p> <p>The first relates to development of the adult BMT unit, specifically ensuring sufficient resources, capability and expertise within the project team to deliver at pace and within the expected timeline. Work has already begun to identify the required expertise for this team, however further development is required. The second risk concerns public expectation management and the need for clear, transparent communication. A clear communication strategy is required and should be reflected as the key mitigating action as the Portfolio develops. Risks will remain a standing agenda item, with the register reviewed regularly and any emerging risks from Portfolio groups fully documented alongside agreed mitigating actions.</p>	

<p>Sir Lewis emphasised this marks the first iteration of the risk register and colleagues were asked to review it carefully to ensure all risks are identified, appropriately scored, and supported by clear mitigations, with named responsibilities, and required actions with no omissions. Sir Lewis asked that any feedback, particularly on missing risks or mitigations be provided to Ms MacArthur.</p> <p>Sir Lewis opened up the discussion to questions.</p> <p>Professor Gardner asked that the current Ward 4B risk assessment be recorded as a standalone risk on the register. Risks associated with the development of a new BMT Unit should be treated separately, covering financial and planning aspects. Professor Gardner highlighted that further risks are expected to emerge through Portfolio discussions and ongoing work, including contributions already underway by SPCG members.</p>	<p>All</p> <p>Ms MacArthur to work with the PMO team to ensure the risk register is updated to reflect this.</p>
<p>11.Key Messages</p>	
<p>Professor Gardner reaffirmed that any communications arising from the SPCG should be agreed collectively by all members before being issued. The key messages from today's SPCG were noted as:</p> <ol style="list-style-type: none"> 1. Oversight Group – Terms of Reference The draft terms of reference were discussed, the third draft incorporated feedback from group members and reflected the work NHSGGC has conducted to develop the specific workstreams within the three portfolios of work. Some further changes were suggested, and it was agreed these will be incorporated. Issues pertaining to fire risk and safety are not within the scope of the terms – however, a summary of those issues will be available to all members of the group. The group acknowledged that the work of the group and external experts will be undertaken in a phased approach and that this will result in a tiered response based on risk. It was confirmed that the Scottish Government Assurance Groups Terms of Reference is expected to be shared soon. 2. Portfolio Group Discussions Discussion took place to confirm the purpose and outputs of the three portfolios of work. A few key points and suggestions will be taken into consideration by the portfolio leads; a commitment was made to ensure a clear PMO approach was taken to track progress of the portfolios of work reporting back to SPCG. 3. Reporting Timescale Phase 1 of our work will take place during April and May. A request has been received by the SPCG Co-Chairs from the Scottish Hospitals Inquiry to provide and update of SPCG progress at the end of May. The letter and the Co-Chairs' response will be shared with SPCG members. A phase 2 workplan will be established in line with Scottish Government's commission with input from SPCG members. 4. Patient and Family Representatives Letters Two letters received from families were discussed at the meeting, with responses and actions confirmed with thanks to the representatives for raising the issues. It was noted that key actions relating to the decision on the 	

<p>QEUH Cladding and related issues, will be shared with families and also published on the NHSGGC public website.</p> <p>5. Overall Commitment to Transparency and Collaboration The commitment to working collaboratively and transparently with all group members was clear.</p> <p>It was agreed the key messages will be drafted and then circulated for comment. Communications will then be developed from the agreed key messages and recirculated, with nothing being released until the SPCG has reviewed and approved both stages.</p> <p>Dr Peters highlighted the Scottish Hospital Inquiry note suggested whistleblowers had not been approached, however, this is incorrect, as individuals have been contacted, invited to participate, and at least one person is actively involved, despite no further evidence being submitted since formal sessions ended. Dr Peters asked that this was noted.</p>	<p>Mr Wilson to liaise with SPCG and confirm release</p> <p>Mr Wilson to ensure note of point</p>
<p>12. Next Steps and AOB</p>	
<p>Sir Lewis advised that the preparation and circulation of a draft minute from today's SPCG will be completed as soon as practicable. He also noted that to support ongoing discussion and understanding, colleagues will be offered the opportunity to visit the plant and water treatment facilities at the Queen Elizabeth University Hospital in small groups. These visits are intended to provide visual context to inform future discussions.</p>	
<p>Date of Next Meeting: Thursday 21st May 2026 at 2:00 pm – Boardroom JB Russell House</p>	