

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Safety and Public Confidence Oversight Group – Inaugural Meeting held via Teams and in Board Room, JB Russell House on 11th March 2026 at 3.30pm

PRESENT

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

Mrs Elspeth Banks	Patient and Public Involvement – Independent Public Partner
Professor John Cuddihy	Family Representation (Paediatrics)
Ms Julie Critchley	Director, NHS Assure
Dr Scott Davidson	Medical Director, NHSGGC
Professor Graham Ellis	Deputy Chief Medical Officer, Scottish Government (deputising for Nicola Steedman)
Dr Tracy Gillies	Medical Representative, Scottish Association of Medical Directors (SAMD)
Ms Ann Gow	Deputy Chief Executive, Healthcare Improvement Scotland (HIS)
Ms Laura Imrie	Lead Consultant, Antimicrobial Resistance & Healthcare Associated Infection (ARHAI), Scotland
Ms Margaret Kerr	Non-Executive Member, NHSGGC
Professor Jim McMenamin	Head of Health Protection Infection Services Division, Public Health Scotland
Ms Ketki Miles	Non-Executive Director, NHSGGC
Ms Claire Pearce	Deputy Chief Nursing Officer, Scottish Government
Dr Christine Peters	Consultant Clinical Microbiologist, NHSGGC
Mr Mike Ralph	Technical Expert, NHS Assure
Mr Alfie Rawson	Family Representative (Paediatrics)
Mrs Louise Slorance	Family Representation (Adult)
Professor John Snowden	Professor of Haematology, University of Sheffield; Honorary Consultant Haematologist, Sheffield Teaching Hospitals (joined meeting part way)
Mrs Elaine Vanhegan	Director of Corporate Governance and Administration, NHSGGC
Professor Angela Wallace	Nurse Director and Infection Control Lead, NHSGGC

IN ATTENDANCE

Mr Scott Wilson	Head of Corporate Programmes, NHSGGC
Ms Joanne Calderwood	SPCG PMO, NHSGGC

		ACTION BY
1.	Welcome and Apologies	
	<p>Sir Lewis Ritchie opened the first meeting of the Safety and Public Confidence Oversight Group, emphasizing the group's commitment to improving patient care, supporting colleagues, and fostering a safe environment. He highlighted the importance of the group and expressed his and Professor Gardner's dedication to moving forward and achieving positive results together. He acknowledged the significance of the group's work and the necessity of collective effort to ensure meaningful and positive change.</p> <p>Sir Lewis noted that he has previously served as a General Practitioner and an academic. He presently provides part-time advisory services to the Scottish Government on Primary Care matters. He has undertaken multiple independent reviews and assurance processes, such as the evaluation of the GP Out of Hours Service in 2019 and has supported Healthcare Improvement Scotland (HIS) in their review and assessment of Emergency Departments.</p> <p>Professor Gardner went on to welcome members and extended her gratitude to all participants for being part of this new chapter. Acknowledgment was also given regarding the challenges experienced in recent years, including the loss of trust experienced by staff, whistleblowers and families, and offered a sincere apology for previous shortcomings. She emphasised this group's role in repairing relationships and restoring confidence in the organisation.</p> <p>She highlighted that today marks a significant first step toward restoring trust, accompanied by a genuine commitment to advancing the process.</p> <p>All participants, comprising Board members, patient representatives, clinical leaders, and external stakeholders, introduced themselves and provided concise summaries of their professional backgrounds. Each attendee expressed their endorsement of the group's objectives and conveyed enthusiasm for collaborating to develop solutions and supporting NHSGGC.</p> <p>NOTED</p>	
2.	Opening Remarks	
	<p>Sir Lewis emphasised the significance of maintaining both independence and unity, highlighting that a cohesive group should take pride in their collective efforts and remain dedicated to acting as a positive force.</p>	
3.	Declaration of Interest	

		ACTION BY
	<p>Sir Lewis outlined his plans for individual meetings with group members over the coming weeks to foster better understanding and promote effective collaboration.</p> <p>He also explained the recording protocol for minute-taking and confirmed that the recording would be kept confidentially for 14 days before being destroyed, inviting any concerns about this approach.</p> <p>Sir Lewis emphasized that this group must maintain high standards, resilience, and transparency. Members were asked to inform the team if they have concerns about any agenda item so that issues can be clarified or discussed before meetings.</p> <p><u>AGREED</u></p>	LR
4.	Code of Conduct	
	<p>Ms Vanhegan took members through the Code of Conduct document and outlined the expectations of the group. She detailed the key principles, the responsibilities of members, and standards of general conduct, including the importance of respect and confidentiality, which may apply at certain times.</p> <p>She also highlighted the requirement for members to complete a Declaration of Interests form, including declarations relating to gifts and hospitality. Ms Vanhegan confirmed that the appropriate forms would be circulated to members for completion and reiterated that the Programme Management Office can be contacted should members have any queries in relation to these matters.</p>	EVH
5.	SPCG - Membership Roles/Objectives/Workplan and Sub-Groups	
	<p>Ms Vanhegan described the proposed structure and governance of the Safety and Public Confidence Group, highlighting the strategic objectives which includes building public confidence in the safety of Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC), focusing on certain aspects including ventilation, water, infection control and communications to the public and staff. 3 areas of consideration will be the Adult BMT Ward 4b, Paediatric Wards 2a and 2b (Schiehallion Ward) and other critical air systems in Intensive Care.</p> <p>Ms Vanhegan explained the purpose of the group was to provide additional assurance around the following four key areas:</p> <ul style="list-style-type: none"> • Public and families 	

		ACTION BY
	<p>Professor Gardner also confirmed to Mrs. Slorance that patient representatives and staff side representatives would be included in all groups.</p> <p>Sir Lewis invited all members to consult with him as needed to guarantee that all responsibilities are adequately addressed.</p>	
8.	Communications	
	<p>Professor Gardner advised this was a new era for NHS Greater Glasgow and Clyde and we will learn from those things we did not get right. We are engaging with an external communications firm who will support how to change our strategic intent. A website will be launched in the next couple of days.</p> <p>In addition, there will be a closed Facebook page, dedicated email address for broader issues, Communications Group, internal newsletters/terms channel/closed forum and groups with Executive Team briefs. There will be a public newsletter and open forums, with two-way feedback being processed.</p> <p>Professor Gardner noted that water and ventilation systems are currently under review, and £50 million has been invested in upgrades. The water system has undergone significant changes since the hospital's construction, and Professor Gardner expressed a willingness to explain these developments to colleagues. Hospital tours and informational videos will also be made available.</p> <p>Following a major upgrade to Schiehallion Ward, the team will provide information on the air handling systems to facilitate the implementation of enhanced ventilation standards in additional wards.</p> <p>Professor Gardner reported that the current ventilation in Ward 4B does not meet standard SHT03/01. Although significant mitigation measures have been implemented, she believed it is inappropriate to proceed without ensuring parity between Adult and Paediatric wards.</p> <p>A Business Case for a new Adult Haematology Unit with full ventilation will be developed and Scottish Government will be approached for capital funding.</p> <p>Dr Peters raised a point around ventilation, water and infection control. Assurance was required around how the teams react to initial signs and how do they respond and learn lessons. Professor Gardner confirmed this would sit within the Terms of Reference under systems and processed. This will ensure potential issues are brought to meetings.</p>	

		ACTION BY
	<p>Mrs Slorance noted that internal communications differ from external communications and do not convey the same sense of transparency. She expressed the opinion that all messaging should maintain consistency across both internal and external audiences.</p> <p>Professor McMenamin asked given that we live in multicultural society, consideration should be given to additional language formats and Professor Cuddihy followed by requesting language appropriate for children. Further, Professor Cuddihy suggested proactive engagement with the Scottish Children and Young People’s Commissioner who could provide advice, guidance and assistance in this regard. Professor Gardner agreed this would be picked up proactively or alternatively have a live translation.</p>	<p>JG/LR</p>
9.	Next Steps	
	<p>Professor Lewis asked for members’ valuable input in shaping agenda and if anyone wishes to raise a topic, please let the team know.</p> <p>He went on to say that some of the work being addressed here would help hospitals beyond QEUH and other Health Boards in Scotland and may include partners and neighbours across the United Kingdom.</p> <p>He again reiterated his offer of informal meetings with individuals in this group to establish relationships.</p> <p>Professor Gardner thanked the Group for the opportunity to make things better. There would be continual dialogue with sub-groups around establishing processes.</p> <p>A briefing note will be sent to Scottish Government today.</p>	<p>JG/LR</p>
	<p>Professor Cuddihy commented that the BMT unit's plan is good, however emphasised that implementation will require time and will not be achieved immediately. The progress in Schiehallion Ward is commendable; however, it is important to communicate that NHSGGC may not be able to resolve all issues and to manage expectations accordingly.</p> <p>Professor Gardner explained that other parts of the landscape may have to be sacrificed, however appropriate options will be developed. Regrettably there are quality issues in the building that will remain challenging and members will be aware that NHSGGC did not get the building they wanted, they will however endeavour to fix the important elements.</p>	

	ACTION BY
<p>Dr Peters asked for evidence on what we have vs gap vs clinical risks associated with this.</p> <p>Ms Ann Gow inquired about the scope of the environment, including aspects such as culture and whistleblowing. She noted that limiting our focus to specific units may result in overlooking important factors elsewhere.</p> <p>Professor Gardner verified that work is progressing within the Emergency Department and that themes are being reviewed to establish an initial focus. While there is no intention to omit any areas, priority will be given to key and critical aspects first.</p> <p>She also confirmed that relationships, processes and interaction with ARHAI will be considered in Group 3.</p> <p>Professor Wallace and Dr Davidson outlined the ongoing IMT process, maintaining confidentiality throughout. The approach involved collaboration with a broad spectrum of experts, including external representatives. Meetings have been productive, with constructive and respectful challenges facilitating progress toward consensus. A risk assessment is still to be completed.</p> <p>Professor Wallace expressed full support for the current risk assessment process, which is proceeding on an ambitious timeline. She acknowledged the associated additional risks and noted general dissatisfaction regarding the building. A rapid risk assessment will be conducted, followed by consultation with both internal and external colleagues.</p> <p>Dr Gillies asked that following risk assessment process, where would decisions be shared and also what were the consequences of those decisions?</p> <p>Dr. Peters wished to note that that the current IMT process differs significantly from previous approaches and acknowledged the difficulty of the decision. She welcomed indications of cultural change and recommended that we continue pursuing this direction.</p> <p>Ms Imrie asked around the independence of IMT during the lifespan of this group and will these be included in terms of reference. Professor Gardner noted all key decisions will be shared with this group, however IMT not independent and cannot cut across clinical governance process.</p> <p>Professor Ellis expressed concerns that the Scottish Government's participation might suggest involvement in the group's decision-making process. Professor Gardner clarified that their role within the Group is strictly observational, and an independent assurance process will be implemented. Professors Lewis and Gardner will collaborate on this issue.</p>	

		ACTION BY
10.	AOCB	
	<p>Sir Lewis stated that he had made two visits to QEUH to date and intends to return for future engagements. He emphasized that meeting with the staff was an honour, highlighting numerous instances of outstanding service and high levels of patient satisfaction. He remarked that staff have reason to be proud of their contributions.</p> <p>Professor Gardner emphasised that this is a process of continuous learning and acknowledged the importance of ensuring patients feel safe during their hospital visits. Furthermore, it is essential that staff can work in an environment where they feel safe, secure, and take pride in their roles. Accordingly, all quality-related concerns and challenges at QEUH will be addressed through thorough discussion and collaborative resolution.</p> <p>Professor Gardner again offered her apologies to families and staff in recognition of the challenges experienced throughout their journey. She thanked all those present and expressed her gratitude for the opportunity to engage in a round-table discussion. She emphasised the shared commitment to getting this right, acknowledging that while significant improvements have already been made, further work remains. She reaffirmed a strong commitment to open and honest conversation moving forward.</p>	
11.	Date of Next Meetings	
	<p>Wednesday 8th April 2026 – 10.00 – 12noon Wednesday 6th May 2026 – 13.00 to 15.00 Wednesday 3rd June 2026 – 10.00 – 12noon</p>	