

## 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 on 21<sup>st</sup> May 2026 at 2.00pm

**Minute Note:** These minutes are intended to summarise the key points raised, decisions reached and actions agreed at the meeting. They are not a verbatim transcript. Comments received from members have been considered as part of the draft minute review process.

#### PRESENT

Professor Sir Lewis Ritchie	Co-Chair
Professor Jann Gardner	Co-Chair
Ms Ann Cameron-Burns	Employee Director, NHSGGC
Professor John Cuddihy	Patient/Family Representative (Paediatrics)
Dr Scott Davidson	Executive Medical Director, NHSGGC
Ms Tracey Gillies	Scottish Association of Medical Directors (SAMD) Representative (Portfolio 3 Lead)
Ms Ann Gow OBE	Deputy Chief Executive, Healthcare Improvement Scotland (HIS)
Ms Gill Imery QPM	Independent Member (Portfolio 1 Lead)
Ms Laura Imrie	Lead Consultant, Antimicrobial Resistance & Healthcare Associated Infection (ARHAI), Scotland
Ms Margaret Kerr	Non-Executive Board Member, NHSGGC
Mrs Claire MacArthur	Director of Corporate Planning, NHSGGC
Dr Manjula Meda	Consultant Microbiologist and Infection Prevention Doctor for Frimley Health NHS Foundation Trust
Professor Jim McMenamin	Head of Infections Service, Public Health Scotland
Ms Ketki Miles	Non-Executive Board Member, NHSGGC
Dr John O'Dowd	Interim Director of Public Health, NHSGGC (Portfolio 2 Lead)
Dr Christine Peters	Whistleblowing Representative, Consultant Clinical Microbiologist, NHSGGC
Mr Alfie Rawson	Patient/Family Representative (Paediatrics)
Mr Neil Redhead	Assistant Director of Facilities, NSS
Mrs Louise Slorance	Patient/Family Representative (Adult)
Professor Angela Wallace	Executive Nurse Director, NHSGGC and SEND representative

#### APOLOGIES

Mrs Elspeth Banks	Patient and Public Involvement – Independent Public Partner
Ms Julie Critchley	Director, NHS Assure
Professor Graham Ellis	Deputy Chief Medical Officer, Scottish Government
Ms Claire Pearce	Deputy Chief Nursing Officer, Scottish Government

**SECRETARIAT**

Mr Scott Wilson	Head of Corporate Programmes, NHSGGC (PMO)
Ms Joanne Calderwood	Programme Support Manager

		<b>ACTION BY</b>
<b>1.</b>	<b>Welcome and Apologies</b>	
	<p>Sir Lewis welcomed members to the second formal meeting of the Oversight Group and thanked them for their attendance.</p> <p>Apologies were received from Mrs Banks, Ms Critchley, Professor Ellis and Ms Pearce as noted above.</p> <p><b>NOTED</b></p>	
<b>2.</b>	<b>Opening Remarks</b>	
	<p>Sir Lewis referred to the agenda and noted that he had had the opportunity to meet almost all members of the group, individually. He expressed his thanks to colleagues for their time. He reiterated that members are welcome to raise any issues directly with either Professor Gardner or himself and encouraged colleagues to bring forward any specific matters as they arise.</p> <p>Professor Gardner echoed the above points to both internal and external colleagues, recognising the value of independent and co-ordinated scrutiny within the group. She emphasised that the group's focus remains on providing assurance on patient safety, openness, and learning.</p> <p>She confirmed that SPCG updates had been presented to the NHSGGC Board on 30 April 2026. She also noted that the Finance, Planning and Performance Committee had considered the BMT Risk Assessment report on 13 May 2026 and would now determine the next steps for governance.</p> <p>Professor Gardner was pleased to report that considerable progress has been made at pace, with a substantial amount of work completed during the initial discovery phase. She explained that this work has focused on the highest priorities rather than the full scope and confirmed that the programme is now moving into the development phase, where these priorities will be translated into more detailed and clearly defined plans of delivery. Further detail and expectations will be set out for the meeting on 2<sup>nd</sup> July 2026.</p> <p>Professor Gardner advised that in future, papers for the meeting would be circulated as early as possible, whilst recognising the agile nature of the work.</p> <p>She also advised that that visits to the water plant and ventilation unit had been arranged; however, it was not possible to proceed on the proposed dates.</p> <p>Professor Gardner also advised that newly developed orientation videos supporting members' understanding of the relevant areas would be shown at the end of the meeting.</p>	

		<b>ACTION BY</b>
	<p>She explained there are three videos currently in development:</p> <ul style="list-style-type: none"> <li>• A water and ventilation video</li> <li>• A video covering Ward 4B</li> <li>• A third video focusing on the Paediatric Schiehallion Unit, expected to be completed within the following week</li> </ul> <p>The videos have been produced in an interactive 360° format, allowing users to navigate through key areas (with “click-through” functionality). Once finalised, these will be made available on the public website associated with the group.</p> <p>In addition, further in-person visits to water and ventilation units will be offered during June 2026 if they are requested by members.</p> <p>Professor Gardner also wished to acknowledge and commend the work completed on the Risk Assessment for the current Ward 4B. She explained that the assessment is intended to cover the period until the new unit is built. Whilst the new unit has the support of the Scottish Government, NHSGGC will still require developing and submitting a full business case for this unit.</p> <p>The risk assessment had been conducted with input from both external and internal colleagues and Professor Gardner wished to note her thanks and appreciation to everyone involved for their contribution to this important work.</p> <p>She also confirmed that the Incident Management Team (IMT), together with Bronze, Silver and Gold Command meetings, continues to meet daily. This, she noted, reflects the Board’s continued commitment to addressing these matters and ensuring the best possible care for patients.</p> <p>Professor Gardner advised that details of Phase 2 work will be presented to the July meeting. In addition, the team are building a dashboard looking at water, ventilation and other methodology which will be considered room by room, and more detail will be provided at a forthcoming meeting.</p> <p><b><u>NOTED</u></b></p>	
<b>3.</b>	<b>Declaration of Interest</b>	
	<p>Mr Wilson confirmed that the majority of Declarations of Interest forms had been received, although some still required additional information. He advised that the forms would be recirculated with further guidance and that members would be asked to return the updated versions by 10 June 2026.</p> <p>Sir Lewis thanked members for their co-operation in this matter.</p> <p><b><u>NOTED</u></b></p>	<b>S Wilson</b>
<b>4.</b>	<b>Minutes of Previous Meeting</b>	

		<b>ACTION BY</b>
	<p>Members reviewed the minutes of the first official meeting held on 8<sup>th</sup> April 2026 and approved them as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• <b>Professor McMenamin highlighted that on Page 8 of the minute, the 4<sup>th</sup> last paragraph contained a minor typo and asked that “CNO” be changed to “CMO”.</b></li> <li>• <b>Dr Peters also noted an omission in the third paragraph on page 8 and requested that the following text be added: “CP also discussed prophylaxis, and work has been undertaken externally.”</b></li> </ul> <p>Sir Lewis thanked the staff responsible for coordinating the minutes.</p> <p><b>APPROVED</b></p>	<p><b>J Calderwood</b></p> <p><b>J Calderwood</b></p>
<b>5.</b>	<b>Rolling Action List</b>	
	<p>Mr Wilson provided an update on the open actions as follows:</p> <ul style="list-style-type: none"> <li>• <b>Action 1:</b> A final list of external expert advisors has been prepared and will be circulated after the meeting.</li> <li>• <b>Actions 2 and 5:</b> A statement is ready around the Atrium fire door issue and work is progressing on this. A further update will be provided once a current legal matter is fully resolved</li> <li>• <b>Action 3:</b> Declarations of interest paperwork will be recirculated to members along with guidance and a due date of 10<sup>th</sup> June 2026.</li> <li>• <b>Action 4:</b> The roles of external experts will be discussed at today’s meeting.</li> <li>• <b>Action 6:</b> S Wilson to circulate rolling action list in advance of future meetings.</li> <li>• Mr Wilson confirmed all other actions are complete on the SPCG rolling action list.</li> </ul> <p><b>NOTED</b></p>	<p><b>S Wilson</b></p> <p><b>S Wilson</b></p> <p><b>S Wilson</b></p>
<b>6.</b>	<b>Final Draft Terms of Reference for SPCG</b>	
	<p>Mrs MacArthur presented the final draft Terms of Reference, which had been updated in response to feedback. She outlined the key amendments as follows:</p> <ul style="list-style-type: none"> <li>• Clarification on Phase 1 impact and timeline.</li> <li>• Portfolio 1 includes an addition to note inclusive and accessible engagement.</li> <li>• Portfolio 3 includes an addition to ensure staff feel able to raise concerns.</li> <li>• Membership titles had been adjusted.</li> </ul>	

		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>Clarification on role of External Advisory Input – these will support each of the Portfolios subject to clinical commitments.</li> </ul> <p>Mrs MacArthur explained further that this could of course be revisited in Phase 2 and asked members to approve the changes to the Terms of Reference. Members were content to approve the final Terms of Reference.</p> <p>Sir Lewis thanked Mrs MacArthur for the update.</p> <p><b><u>APPROVED</u></b></p>	
<b>7.</b>	<b>Portfolio 1 – Patients, Families and Public</b>	
	<p>Sir Lewis thanked Ms Imery, Dr O’Dowd and Dr Gillies for their input to this work. Sir Lewis invited Ms Imery to provide an update for Portfolio 1.</p> <p>Ms Imery advised that the priority for Portfolio 1 is engagement with patients and families. She noted that significant work has been undertaken to identify the different cohorts of patients and families involved over a considerable period.</p> <p>A survey was sent to 400 individuals this morning (including current/recent patients and families for one year beginning of May 2025). Within that communication is an offer to have a face-to-face or Teams meeting in addition to the survey completion. Around 15 responses have been received so far, with a number of individuals indicating a wish to meet with Ms Imery.</p> <p>In addition, Ms Imery reported that she had met with the three family representatives that morning and was pleased to do so in person. She said she is seeking their input and advice on language, communication and how best to engage the wider cohorts of patients and families.</p> <p>She explained that this engagement activity is intended to build on learning already gathered and to identify what can be progressed. The family representatives will continue to provide advice as the programme progresses. Ms Imery also emphasised that this work must have a clear purpose, support learning and lead to tangible outputs.</p> <p>In relation to staff engagement, she advised that substantial work has been undertaken to identify the relevant staff groups and to establish both drop-in sessions and bookable in-person opportunities for staff to share their experiences.</p> <p>For the wider public engagement, Ms Imery confirmed that she had held productive discussions with the PEPI team, which had previously undertaken a wide-ranging survey on public sentiment. She advised that Portfolio 1 plans to develop a similar approach.</p> <p>Professor Gardner thanked Ms Imery and members for their work on this Portfolio. She noted that the three areas highlighted in yellow set out the outputs to that will be produced for the next meeting on 2<sup>nd</sup> July 2026.</p>	<p><b>Ms Imery</b></p>

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	<p>Dr Peters asked which patient cohort had been surveyed and Ms Imery confirmed that approximately 400 current/recent individuals had been included across adult BMT and paediatric haemato-oncology cohorts.</p> <p>Sir Lewis thanked Ms Imery for this update.</p> <p><b>NOTED</b></p>	
<b>8.</b>	<b>Portfolio 2, Built Environment</b>	
	<p>Dr O'Dowd provided an update on Environment, Facilities and Technical Assurance and noted the overarching aim of Portfolio 2 is to provide robust assurance and technical advice to ensure internal and external scrutiny, whilst maintaining a clear focus on learning and continuous improvement for all workstreams.</p> <p>The water workstream has been refined to bring together the independent water audit and a new Water System Assessment Group (WSAG) with internal and external expertise. This audit will ensure a comprehensive review of historical issues, system improvements, audit findings and water governance arrangements.</p> <p>A key priority is to strengthen assurance and public confidence, particularly addressing historical concerns about water safety at QEUH. This work is linked to the development of a bottled water policy, which will reinforce tap water as standard and define the appropriate use of sterile bottled water for severely immunocompromised patients, use of sterile bottled water for patients assessed as severely vulnerable and the use of bottled water as business continuity should the normal domestic water system fail.</p> <p>In relation to paediatric ventilation, Dr O'Dowd confirmed that a ventilation audit has been commissioned and that a Paediatric Ventilation System Assessment Group (PVSAG) has also been established.</p> <p>The group will review the work already undertaken in Schiehallion Ward, map the activity completed to date, consider the approach to annual verification, and review the most recent ventilation report.</p> <p>This will support the development of a report, agreed by internal and external experts, setting out the assurance approach.</p> <p>In relation to Adult BMT ventilation and risk assessment, Dr O'Dowd confirmed that a ventilation audit is underway. He advised that the associated assessment is reviewing the position historically while also undertaking current validation.</p> <p>Dr O'Dowd briefly described the other areas of this workstream including Ward 4B Risk Assessment update, JACIE certification as well as the development of a new Business Case for Ward 4B BMT.</p> <p>He also outlined a proposed review of UVC light technology. This is a relatively innovative approach used for sterilisation, and the review will consider its potential role in prophylaxis.</p> <p>An Environmental Compliance and Assurance Framework will be developed utilising the workstreams above.</p>	

	ACTION BY
<p>Professor Gardner thanked Dr O’Dowd for his update, noting a full report will be presented to the 2 July 2026 meeting.</p> <p>Dr Peters asked who was involved in the programme, how it had been structured and what sub-groups were in place. She noted that she had not been involved in this work to date and, given her area of expertise, wished to be involved. Dr O’Dowd agreed to share this information once available.</p> <p>Professor Cuddihy noted he wished to discuss further the environmental compliance and assurance framework, reflecting on Andrew Poplett’s recent comments and highlighted it would be helpful for the communication plan to clearly identify the intended audiences and tailor the language accordingly:</p> <ul style="list-style-type: none"> <li>• The wider patient and public audience, for whom general assurances about safety may be appropriate.</li> <li>• Patients who are immunocompromised or otherwise at higher risk, for whom the meaning of safety may differ and requires more specific explanation.</li> </ul> <p>Professor Cuddihy noted that this distinction is important. The term “safe” may be understood differently depending on the audience, which can create confusion. He noted that it would be helpful if the communication plan used precise language to explain what safety means for high-risk immunocompromised patients. This reflects the issues raised in expert evidence to the Scottish Hospital Inquiry, including questions about what is considered safe and for whom. Clear audience-specific wording would strengthen the communication plan and help avoid misunderstanding.</p> <p>Dr Imrie requested sight of who was on the Portfolio Groups including national responsibility around guidance, as it may be that we could be duplicating effort around for example Infection Control. She confirmed that literature reviews had already been undertaken and research funding would be available to support Portfolio 2. Professor Gardner confirmed we will work more closely with NSS in this regard.</p> <p>Dr Peters asked whether any learning from the Scottish Hospitals Inquiry had been considered across all three portfolios. She emphasised the importance of avoiding duplication of effort and noted that effective communication would be essential to achieving this.</p> <p>Dr Meda recommended that a multi-disciplinary assessment, led by a competent panel, would be valuable from the outset prior to any work commencing and Professor Gardner asked Dr O’Dowd to take forward the points raised today and bring back further details and update in order for colleagues to be assured that the right people are involved at the right stage.</p> <p>Professor Gardner asked in terms of evidence from the SHI, it would be helpful if further detail is provided around what members would like to see, given the SHI report has not yet been published. Members are invited to send any suggestions to the PMO.</p> <p>Dr Meda noted that substantial work had already been undertaken. Drawing on her own experience, she advised that, before remedial work</p>	

		<b>ACTION BY</b>
	<p>begins, a matrix should be set up to support surveillance before, during and after the intervention, providing assurance on baseline rates.</p> <p>Dr O' Dowd confirmed that the learning will be captured and be built into specific actions by the PMO. He also advised that there will be a sophisticated segmented communications strategy.</p> <p>Dr Peters advised that data from Schiehallion, covering the periods before and after the intervention, could be made available.</p> <p>Sir Lewis thanked Dr O'Dowd for this update.</p> <p><b><u>NOTED</u></b></p>	<p><b>Dr O'Dowd</b></p>
<b>9.</b>	<b>Portfolio 3 – Professional Relationships and Culture</b>	
	<p>Ms Gillies explained that Workstream 3.1a builds on work commissioned before the group was established. This had been led by Professor Tracy Myhill to explore in a confidential setting the relationships between NHSGGC colleagues and external stakeholders.</p> <p>That work has already been shared with colleagues in Infection Prevention and Control and to NHS Assure. The next phase Workstream 3.1b will focus on identifying constructive ways of working more effectively in future. This will be informed by internal stakeholder interviews, which are now underway.</p> <p>In relation to Workstream 3.2a, Ms Gillies advised that Professor Myhill would lead the development of the professional resolution framework, as this was considered to align more closely with her skills and expertise.</p> <p>It was emphasised that any framework for identifying and resolving professional differences should not be limited to a small group, but should form part of the wider organisational culture, language and ways of working. For this reason, Ms Gillies considered it more appropriate for this work to be led by someone with an HR background.</p> <p>Members welcomed the update and recognised the progress being made. It was noted this work is important not only for IPCDs but also for non IPCD colleagues, whose perspectives may not always have been visible. Members acknowledged that taking this work forward represents a significant and positive step.</p> <p>As for the other Portfolio Leads, Sir Lewis thanked Ms Gillies for this update and her leadership on this work.</p> <p><b><u>NOTED</u></b></p>	
<b>10.</b>	<b>BMT Unit Options Appraisal and Risk Assessment Outcome</b>	
	<p>Sir Lewis invited Mrs MacArthur to provide an update:</p> <p>Mrs MacArthur outlined the work undertaken on the options appraisal for the short-term siting of the Adult BMT Unit. She explained that, because of built environment issues at QEUH, an interim solution will be required until a new unit is developed, which is expected to take at least two years. She</p>	

	ACTION BY
<p>also confirmed NHSGGC’s commitment to delivering a new build and noted that the Scottish Government has confirmed its support for the Business Case process.</p> <p>A detailed and robust risk assessment process was undertaken with clinical, estates, facilities, engineering, operational, ARHAI and NSD colleagues. Input had been received from 7 independent external experts.</p> <p>Dr Davidson provided details on context in terms of the current clinical outcomes in the BMT Unit. Since the move back to Ward 4B in 2018, overall clinical outcomes have improved. The patient outcome measured showed a 12% improvement in survival rates between 2013 and 2018 and most recently 2019 to 2023 are measured in that five-year period. This is valuable work, with very good care being provided by the MDT for the patient cohort within Ward 4B.</p> <p>Mrs MacArthur outlined the process used to assess the short-term siting options for the adult BMT unit. NHS Greater Glasgow and Clyde followed the methodology set out in the Scottish Capital Investment Manual, which is recognised as best practice in NHS Scotland for option appraisal and risk assessment.</p> <p>She emphasised that the process itself was as important as the final outcome. Work began with an initial discussion at Silver Command to agree the methodology and identify who needed to be involved. A total of 27 participants took part in the process, including clinical, estates, engineering, operational and external experts. All participants completed individual scoring, supported by wider team discussion at each stage.</p> <p>The appraisal moved through several stages: developing a long list of potential options, assessing deliverability to create a short list, and then undertaking a formal option appraisal that considered both non-financial benefits and risks in order to identify a preferred option.</p> <p>In terms of assessment criteria, a set of non-financial benefit criteria was developed and refined with participants. These criteria were used to assess the benefits and risks of each option. Seven key criteria were agreed:</p> <ul style="list-style-type: none"> <li>• access to ITU and critical care</li> <li>• ability to deliver service and JACIE standards</li> <li>• ability to provide a safe environment and meet environmental standards</li> <li>• ability to deliver safe staffing, retain staff and maintain clinical expertise</li> <li>• deliverability within the required timescale</li> <li>• minimising disruption to patients and services</li> <li>• patient access, patient experience and ability to meet required service capacity</li> </ul> <p>Each criterion was supported by clear descriptors so that participants understood exactly what they were scoring.</p> <p>Participants first developed a long list of possible options through detailed discussion. The criteria were then reviewed again to ensure they remained appropriate considering the options identified.</p>	

	ACTION BY
<p>A further workshop was held to rank and weight the criteria using the weighted pairs approach described in the Scottish Capital Investment Manual. This enabled the multidisciplinary group to agree the relative importance of each criterion.</p> <p>The long list was then assessed to determine which options should proceed to shortlisting. In doing so, the group considered technical and environmental standards, access to wider acute services, ability to meet JACIE standards, capacity to meet patient demand for Scotland, and whether the option could be delivered in the short term. This resulted in a short list of four options:</p> <p><b>Option 1</b> - Service to remain within Ward 4B with the IC measures currently in place. Enhanced microbiological support with ongoing monitoring of the built environment.</p> <p><b>Option 2a</b> - Service remains in Ward 4B with phased programme of refurbishment. Two rooms would be closed and refurbished on a rolling programme. Scale of work to include replacement of all ensuite pipe work, flooring, wall coverings, IPS panel and sanitary wear, pipework above ceiling in bedrooms. Enhanced microbiological support with ongoing monitoring of the built environment. Use of national approved guidance for asbestos-removal process could be adopted using negative pressure and containment.</p> <p><b>Option 4a</b> - Autograft and IEC remain in QEUH relocated to Ward 4C (Noting displaced haematology beds would be provided somewhere within the QEUH campus to be agreed). Relocation of allograft service to Beatson Wards B8 &amp; B9.</p> <p><b>Option 4b</b> - Autograft and IEC remain in QEUH relocated to Ward 4C. (Noting displaced haematology beds from Ward 4C would be provided somewhere within the QEUH campus to be agreed). Allograft Service - relocate to NHS England Sites.</p> <p>In relation to Option 4b, it was noted that no single site in England could accommodate the full volume of Scottish activity and this option would therefore have required arrangements across several NHS England sites.</p> <p>Mrs MacArthur explained that all shortlisted options had been scored individually by participants. To support independence of judgement, scoring was conducted in two separate groups: one comprising NHSGGC, NSS commissioners and NHS Assure colleagues; and another comprising external independent experts.</p> <p>Combined scores showed only a small difference between Options 1 and 2A. Ms MacArthur advised that the appraisal indicated that these were the only viable options, with Ward 4B being the location that most closely met the service brief and environmental requirements.</p> <p>Internal and external scoring differed slightly. The NHSGGC, NSS and NHS Assure group scored Option 1 1.9% higher than Option 2A, while external experts scored Option 2A 8.5% higher than Option 1.</p> <p>Sensitivity testing confirmed the result was robust. Across four tests, Options 1 and 2A remained the highest scoring, although their ranking</p>	

	ACTION BY
<p>changed in some, particularly when disruption and timeline were considered.</p> <p>Mrs MacArthur advised that no option was risk-free. However, Ward 4B remained the only viable short-term location, with Options 1 and 2A clearly stronger than the alternatives.</p> <p>On balance, Option 2A was identified as the preferred option, as phased refurbishment would reduce risk until a new BMT unit is built and commissioned, which is expected to take at least two years.</p> <p>It was also noted that two rooms in Ward 4B are currently closed and that work is underway to agree the HAI-SCRIBE process needed to complete rectification works and reopen them.</p> <p>The outcome of the option appraisal has already been considered through NHSGGC governance processes. This outcome was approved by the Acute Clinical Governance Forum on 11 May 2026, considered and approved by the Corporate Management Team on the same day, and formally approved by the Finance, Planning and Performance Committee on 13 May 2026. All NHSGGC Board members are invited to attend these meetings.</p> <p>A further paper will be taken to the NHSGGC Board meeting in June, for noting.</p> <p>Alongside this, work is continuing at pace on a single-stage business case for a new BMT unit. Support for the development of the business case has been confirmed by the Scottish Government, and this remains a priority to secure capital funding and progress a longer-term solution.</p> <p>Mrs MacArthur summarised that the option appraisal had involved extensive expert input, followed a robust methodology, and received positive feedback on the process as well as the outcome.</p> <p>Sir Lewis thanked Mrs MacArthur and the team for this comprehensive overview. Professor Cuddihy commended this detailed description noting that the process demonstrated that the group had applied system thinking with a focus on problem setting, which provided confidence with the delivery of a coherent outcome. He asked whether JACIE accreditation had been considered within this process.</p> <p>Mrs MacArthur confirmed that National Services Division were present in the room, alongside clinical experts, and that the options had been assessed against JACIE standards during the appraisal process.</p> <p>Ms Gillies wished to note that from an operational perspective, the positive response to the work highlighted the importance of planning in advance of implementation. She suggested that NHSGGC colleagues should undertake scenario planning before work begins, including considering potential risks, likely responses and any mitigating actions from the long list that may still need to be deployed. She added that rehearsing these scenarios with the team in advance would help manage emerging issues more effectively, rather than responding once differing views or challenges arise.</p>	

		ACTION BY
	<p>Dr Davidson confirmed that the position would be kept under review as the work progresses.</p> <p><b>NOTED</b></p>	
11.	<b>JACIE update</b>	
	<p>Mrs MacArthur provided an update on JACIE which is the Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood and Bone Marrow Transplantation. She explained that NHSGGC had been in the process of re-certification and that on 14 May 2026 following re-inspection, NHSGGC had been re-awarded JACIE certification.</p> <p>Mrs MacArthur advised that the team had also met with JACIE to provide an update on the work being taken forward in relation to the Adult BMT Unit, including the business case for the new unit. She noted that JACIE had advised that NHSGGC should engage with them again at the relevant stage in the development of the new unit, so that advice could be provided on the certification implications.</p> <p>Mrs MacArthur explained that the certification process relies heavily on volunteer clinical experts and that at any one time, a number of centres are within the re-certification process. She advised that JACIE had recognised that applications for certification can take up to 18 months, and that there are around 150 centres within that process at that time.</p> <p>Mrs Slorance advised that she did not consider that this fully addressed the issue. She noted her concern that the Board has stated for some time that Ward 4B was JACIE certified, when the position appeared to have been more complex. She referred to the JACIE website and noted that the unit appeared to be in progress during the re-certification process. While acknowledging some overlap in the process may be normal, she asked for further explanation of the wording that had been used publicly.</p> <p>Mrs Slorance asked if the previous certification had expired in May 2024 and if the new certification was only confirmed on 14 May 2026, what was the basis for continuing to describe the ward as accredited or certified throughout that period? She advised this was ultimately a question of clarity and trust and asked for a clear explanation of the wording that had been used and the rationale for this.</p> <p>Dr Davidson advised that, in his understanding, JACIE certification applies whilst a unit is progressing through the re-certification process.</p> <p>Professor Cuddihy advised that he had engaged with the Director of JACIE and considered the issue to be one of wording. He noted that while the re-certification process may be understood by national and regulatory bodies, patients, families and the wider public may not understand the distinction between being accredited and being in the process of re-accreditation. He also raised questions about whether relevant environmental findings, including mould, had been communicated to JACIE.</p> <p>It was confirmed that the option appraisal had been assessed against JACIE standards as part of the process.</p>	

	ACTION BY
<p>Dr Peters noted that JACIE relates to haematology services and includes only limited reference to the built environment, namely a general expectation to reduce infection risk. She cautioned against placing undue reliance on certification as a proxy for wider environmental assurance.</p> <p>Dr Peters emphasised that, in the current circumstances, robust ward-level risk management remained essential. She noted that there should be clear visibility of the risks identified, how they are being managed, and how relevant matters are communicated to JACIE. She added that wording should not imply certification beyond the certified period and this should be communicated to patients in clear and accurate terms.</p> <p>Mrs MacArthur confirmed that the re-certification process had taken 24 months. She advised that, in future, applications would be submitted earlier to reduce this gap.</p> <p>Ms Slorance re-iterated her concern that the Board had continued to describe the unit as accredited since May 2024 and emphasised that future certification should not be implied. She advised that this issue had been raised on a number of occasions and that families had received categorical responses, despite information from another source suggesting that the position was not as stated. She emphasised that the matter was one of trust and confidence in the information provided.</p> <p>Dr Meda noted that compliance with guidance does not in itself guarantee safety. Experience across a number of hospitals has shown that meeting guideline requirements alone may not be sufficient, particularly where the built environment is concerned. She emphasised that this is an evolving area of practice and evidence. Understanding of how the built environment affects safety and hospital-acquired infection continues to develop, and the evidence base is growing rapidly.</p> <p>In that context, she observed that Scottish Health Technical Memorandum guidance on water has moved away from a purely prescriptive approach towards one based on robust risk assessment. Looking ahead, she suggested that the priority should be to focus on strong, evidence-based risk assessments led by people with the right expertise in the built environment, so that the underlying issues can be addressed effectively and sustainably.</p> <p>Professor Gardner stated that the formal minute should reflect the seriousness of the issues raised in the meeting. She wished to clarify that NHSGGC had understood it to be the case that the service remained within the JACIE certification cycle during the re-certification process, and that the organisation had acted in good faith on that basis. She further advised that NHSGGC understood this to be part of the normal certification cycle, which was understood by national and regulatory bodies</p> <p>She noted that the delay in receiving the certificate was understood to relate to JACIE capacity rather than issues identified during the audit. She further noted that, had significant concerns been identified through the audit process, NHSGGC's understanding was that these would have been expected to be raised during or following that process. She advised that JACIE had audited the BMT unit over a year earlier and had not raised significant concerns, although minor elements remained under review and were not considered to be the cause of delay.</p>	

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<p>Professor Gardner acknowledged the concerns raised regarding trust, public language and the way certification status had been described. She advised that there had been no intention to mislead, and that NHSGGC was seeking to be transparent while recognising that language used in professional and public contexts may be understood differently.</p> <p>Professor Gardner confirmed that NHSGGC would seek further clarification from JACIE on the appropriate terminology to use when describing the service's certification status during the re-certification cycle.</p> <p>Professor Gardner acknowledged the importance of trust and advised that NHSGGC was doing everything it could to be open and honest. She emphasised that trust is mutual and that the team is committed to working in that way. She added that the organisation is working hard to develop a robust programme that is transparent, learns from the past, and recognises where things could have been done better. The aim, she said, is to build a stronger and more effective way forward.</p> <p>Professor Gardner also noted Dr Peters' point that JACIE certification should not be considered in isolation. She emphasised that JACIE is only one component of the wider assurance arrangements required to support the ongoing operation of the BMT unit.</p> <p>She explained that these wider arrangements include daily review of clinical and environmental risk assessments, alongside multidisciplinary team meetings and the established bronze, silver and gold command structures, as well as rectification work.</p> <p>Professor Gardner highlighted that the risk assessment had not been undertaken in isolation, but alongside ongoing maintenance and rectification work. She noted that this issue had also been raised with the Scottish Government as a priority for national capital investment.</p> <p>She re-iterated that the organisation is making every effort to be transparent and that there was no intention to mislead. The language used internally will be reviewed. Professor Gardner reiterated that the team believed it had acted in good faith and confirmed that further clarification would be sought from JACIE on the appropriate wording to use going forward, whether certification is in place or not.</p> <p>Sir Lewis highlighted that the process of discussion was as important as the outcome.</p> <p>Professor Cuddihy advised that his engagement with JACIE had arisen from an existing relationship established through previous personal contact. In the interests of openness and transparency, a paper had been submitted to SPCG regarding the wording used in relation to JACIE certification. Following JACIE's response, and at its request, Professor Cuddihy had sought further clarification. He confirmed that all correspondence was in writing and had been handled transparently.</p> <p>Professor Cuddihy confirmed that the intention was not to attribute blame, but to seek clarity in the interests of trust and confidence. He drew a clear distinction between the questions raised about terminology and the separate options appraisal process for the BMT unit, which he commended as a robust piece of work. He noted that this view was</p>	

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<p>informed by his experience of the independent review, the Oversight Board, the engagement and communication group, and the case note review, and was therefore offered with due consideration.</p> <p>Professor Cuddihy clarified that his question related specifically to the terminology used in relation to accreditation. He emphasised that raising this issue should not be interpreted as an allegation of dishonesty, but rather as a request for coherence and clarity in how information is communicated.</p> <p>He went on to say that what a term means to a healthcare professional may mean something vastly different to a patient or family member. If a family hears that a unit is “accredited”, they are likely to understand that to mean it is formally authorised and fully approved to operate. However, the position may be more nuanced. A unit may still function without that certification, with risk being managed in other ways. He explained that this is why the language matters.</p> <p>He highlighted concerns regarding whether the certification process was in place, and whether JACIE had been made aware of any environmental findings, including mould. He advised that these were the issues families were trying to understand.</p> <p>He welcomed the opportunity to contribute to the discussion and acknowledged that the process was being approached transparently. He added, however, that it remained important for members to be assured that they were receiving the full picture. He emphasised that this was the basis of the challenge being raised and was not intended as a personal criticism of any individual.</p> <p>Professor Cuddihy confirmed these views were not his alone and reflected concerns expressed by other families. He expressed appreciation for the opportunity to speak openly and to have those concerns heard.</p> <p>In relation to the options appraisal, Professor Cuddihy said the question is whether everything relevant had been considered, even if it would not ultimately change the outcome.</p> <p>Sir Lewis thanked Professor Cuddihy, noting it was important for members to speak freely and offer their views.</p> <p>Ms Miles welcomed the opportunity for open discussion and, speaking in her capacity as a Non-Executive member, noted that the group had been well structured and effective. She acknowledged that language is important and that certain terminology may carry weight. She also emphasised that there was a shared commitment in the room to work together constructively. Ms Miles added that rebuilding confidence takes time and requires a careful and respectful approach to all views expressed.</p> <p>Professor Gardner thanked Professor Cuddihy for raising these points and advised she genuinely welcomed the openness of the discussion. She recognised the questions being raised as both professionally and personally important and said that this was exactly the kind of difficult but necessary conversation the process was intended to support.</p>	

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	<p>She advised that her own response came from a strong sense of responsibility for leading an organisation that people feel safe to come to and can trust. She also acknowledged the challenge and disappointment being expressed but emphasised that colleagues were trying to address these issues openly and honestly and to get things right.</p> <p>Professor Gardner noted that her response reflected a concern to lead her team in a way that encouraged transparency around difficult issues. While she recognised the seriousness of the concerns raised, she wanted it to be understood that there was a genuine effort across the organisation to improve.</p> <p>Professor Gardner addressed Ms Slorance directly, noting that she understood why references to trust and loss of confidence felt significant. She added that it was important for her to state clearly that the organisation had put a very substantial amount of effort into this programme of work and had acted in good faith throughout.</p> <p>She also stressed that the voices of those with lived experience carried weight and advised that she was genuinely listening to the points raised. She did not want her response to be misread as frustration, disrespect or lack of gratitude. Rather, she wanted to make it clear that she and her team cared deeply about hearing those concerns, learning from them and rebuilding trust.</p> <p>Professor Gardner accepted that the language used required to be reviewed and clarified. She hoped it was also recognised that the organisation was making a sincere effort to work constructively, respectfully and in partnership with those around the table. She concluded by saying that the intention was to keep moving forward together.</p> <p>Dr Peters recommended that QEUH should have a risk assessment that clearly identifies the risks and the mitigations in place. She noted that this does not equate simply to water audits or ventilation audits. She also noted that, if mould is found, there should be clarity on how this would be communicated to JACIE and what questions would be asked.</p> <p>Mrs Kerr reiterated that members were right to raise their concerns and noted that, although the discussion had been difficult, it was important that all issues had been aired.</p> <p>Sir Lewis requested that further clarification from JACIE should be sought by NHSGGC</p> <p><b><u>NOTED</u></b></p>	<p>PMO</p>
<p>12.</p>	<p><b>SHI Letter to Co-Chairs 31<sup>st</sup> March 2026 – Response to letter from Co-Chairs update</b></p>	
	<p>Professor Gardner advised that a response to the Scottish Hospitals Inquiry is being prepared for submission by the end of May 2026, where three main questions are being addressed:</p>	

		<b>ACTION BY</b>
	<p>1. What the SPCG has done since it was established;                      2. What role families and staff representatives have played in that work;                      3. What the Co-chairs consider has been achieved during that period.</p> <p>Professor Gardner noted that much of the material discussed during today’s meeting will form the basis of the response, including the programme of work, the terms of reference, and the Phase 1 work plan through to the next meeting.</p> <p>In terms of the second question, it was suggested that the response should not only describe the factual position, such as membership, informal meetings and routes of involvement, but should also reflect the group’s view of the contribution that families and staff representatives have made to the work.</p> <p>It was recognised that this perspective is not solely for the co-chairs to define, and members were invited to comment on how they felt those roles had been carried out in practice. Members were asked to send any content suggestions to the PMO email.</p> <p>In terms of next steps, once the report has been drafted, it will be circulated to members. It will also include reference to the group’s emerging thinking on Phase 2, including the fuller risk assessment work that is expected to follow.</p> <p>Professor Cuddihy noted that perhaps we should be referring to “all the roles families and staff have played in this work”, and he recommended that we do not refer to essential members as “whistleblowers” but as experienced members of staff with expertise and ‘lived’ experience in the built environment.</p> <p>Professor Gardner noted, for context, that the questions had been set by the Scottish Hospitals Inquiry. She acknowledged that other staff within the organisation may also have relevant experience and advised that this would be reflected on when considering how that element should be broadened.</p> <p>Dr Peters advised she is in a unique position following the SHI enquiry and wishes to be helpful. Although she does not represent other whistleblowers, she would be grateful for more clarity and noted there were some whistleblowers were unknown. She was happy to listen to ideas</p> <p>Sir Lewis invited specific input for family members ahead of submission to the SHI to offer perspectives on progress to date. Family representatives were invited to submit any suggestions to PMO.</p> <p><b><u>NOTED</u></b></p>	<p><b>Family Representatives</b></p>
<p><b>13.</b></p>	<p><b>Families Communication</b></p>	
	<p>Mrs MacArthur confirmed two issues to highlight which were the Terms of Reference as well as the JACIE accreditation, both of which had been discussed at length. The next communication is scheduled for 3 June</p>	

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	<p>2026 and fortnightly thereafter. We will endeavour to respond to email communication as soon as possible.</p> <p><b>NOTED</b></p>	
14.	<b>Key Messages</b>	
	<p>Sir Lewis confirmed we have discussed and covered many difficult issues.</p> <p>Professor Gardner updated on the key messages:</p> <p><b><u>Final Draft Terms of Reference for SPCG</u></b></p> <p>Final Terms of Reference for the SPCG have been agreed, with the previous draft updated to incorporate input from SPCG members.</p> <p><b><u>Patients, Families &amp; Public Engagement</u></b></p> <p>A survey was issued earlier today to around 400 patients/families with a recent experience of adult and paediatric haematology services, with several responses received within the first hour. Early indications suggest several respondents would welcome the opportunity for 1:1 engagement.</p> <p><b><u>Environment and Technical Assurance</u></b></p> <p>A structured, system-wide programme is underway to strengthen assurance across water, ventilation and infection control, combining expert-led review, robust data and clear targeted communication. External experts are and will continue to be involved to advise on developments throughout this work.</p> <p><b><u>Professional Relationships and Leadership</u></b></p> <p>A programme of work is being taken forward to improve relationships and ways of working across stakeholders, including strengthening engagement with staff and external partners and establishing more effective mechanisms for resolving professional differences to support a more collaborative and constructive culture.</p> <p><b><u>BMT Unit Options Appraisal and Risk Assessment</u></b></p> <p>The option appraisal and risk assessment for the BMT Unit has now been completed, with expert evaluation, including independent input - with Option 2a identified as the preferred option, and formally approved on May 13. All options under consideration met JACIE standards.</p> <p><b><u>JACIE Update</u></b></p> <p>JACIE certification was re-awarded to NHSGGC on 14 May, following completion of the inspection cycle. Further advice will be sought from JACIE to provide additional clarity regarding the centre's status during the long re-certification process.</p> <p>These draft key messages to be circulated by return for members' comments.</p>	<p><b>PMO</b></p>

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	<b><u>NOTED</u></b>	
<b>15.</b>	<b>Next Steps and Any Other Business</b>	
	<p>For those members who were able to remain beyond the main business agenda, Professor Gardner took members through the videos, including the plant room for Schiehallion Ward with a rigorous maintenance described by H Brown as well as a view and tour of Ward 4B.</p> <p>The videos displayed today will also be loaded on the public website in the next two weeks in addition to the SPCG website</p> <p><b><u>NOTED</u></b></p>	
<b>16.</b>	<b>Date of Next Meeting</b>	
	<p>Sir Lewis confirmed the intended date of the next meeting of the SPCG Oversight Group will be on Thursday 2 July at 10.00am – Boardroom, JB Russell House. The next communication will be on 3 June 2026, and slides from this meeting will be circulated to all members.</p> <p><b><i>Addendum to Minute:</i></b></p> <p>Following the meeting, correspondence from the Chairs advised that the SPCG on 2 July 2026 would not proceed as originally planned and that a programme of small group engagement sessions would be introduced to support detailed discussion across the portfolios. Further correspondence subsequently confirmed that the SPCG on 2 July 2026 would proceed with a revised scope focused on portfolio updates. Small group sessions during July and August will continue, with outputs from this engagement informing the completion of Phase 1 and subsequent reporting.</p> <p><i>Further to the above, a programme of small group engagement sessions will take place on the following dates:</i></p> <p>The first set of focus groups will take place on:                  27th July – 10am – 11:30am                  27th July – 2pm – 3:30pm                  28th July – 10am – 11:30am                  28th July – 2pm – 3:30pm                  29th July – 2pm – 3:30pm</p> <p>The second set of focus groups will take place on:                  17th August – 10am – 11:30am                  17th August – 2pm – 3:30pm                  18th August – 10am – 11:30am                  18th August – 2pm – 3:30pm                  19th August – 2pm – 3:30pm</p>	