

1. Background

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

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

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

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

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

2. Purpose of the SPCG

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

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

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

These Terms of Reference set out the phase 1 work in the initial phase of work across each of the key workstreams within the three portfolios. This reflects the initial prioritised phase of delivery and does not limit the broader scope of work which will continue to evolve through subsequent phases.

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

SPCG Portfolios

Portfolio 1: Public Confidence and Engagement

Portfolio Lead: Gill Imery

Supporting Portfolio Lead: Tracy Myhill

Non-Executive Director: Ketki Miles

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

A transparent engagement approach will be established, ensuring that patients, families and the public are meaningfully involved, and that their experiences directly inform the key priorities and actions delivered through portfolio 1. Engagement and communication approaches will be inclusive and accessible, recognising the needs of different population groups, including children and those with varying language requirements.

Phase 1: April to June 2026

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

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

Phase 2: June 2026 onwards

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

Portfolio 2: Environment and Facilities Assurance

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

Supporting Portfolio Lead: Tracy Myhill

Non-Executive Director: Margaret Kerr

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

Phase 1: April to June 2026

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

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

Phase 2: June 2026 onwards

Phase 2 work will involve ensuring robust oversight of the implementation of the portfolio 2 action plan. In parallel a project team is in the process of being established to develop a robust business case for the development of a new BMT Unit, this will be progressed at pace and follow a standard

business case (SBC) process in line with Scottish Government Capital Investment Manual Guidance. This will be overseen by the NHSGGC Board.

Portfolio 3: Professional Relations Leadership & Culture

Portfolio Lead: Tracey Gillies, Medical Director NHS Lothian

Supporting Portfolio Lead: Tracy Myhill

Non-Executive Director: Ketki Miles

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

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

Phase 1: April to June 2026

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

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

3.3	<p>Workstream 3: Develop and Implement a new Professional Resolution Framework (PRF)</p> <p>The development of a new Professional Resolution Framework (PRF) will provide clarification of escalation, governance and resolution routes for professional concerns. The aim of the framework is to support and strengthen professional and service relationships, particularly in high risk or complex areas.</p>
<p>3.4 Following this development of a clear action plan to support implementation of key actions to support collaboration, trust and strengthening of relationships</p>	

Phase 2: June 2026 onwards

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

4. Scottish Hospitals Inquiry: Issues and Future Recommendations

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

Once the report is received NHSGGC will:

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

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

5. Out of Scope of the SPCG

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

- operational management of normal and escalated issues across QEUH and RHC
- core governance via normal NHSGGC routes
- the new BMT Unit Technical Design Group, though issues, learning and recommendations from SPCG will be fully considered.
- oversight, management or determination of legal proceedings, Crown investigation matters or Scottish Hospitals Inquiry processes

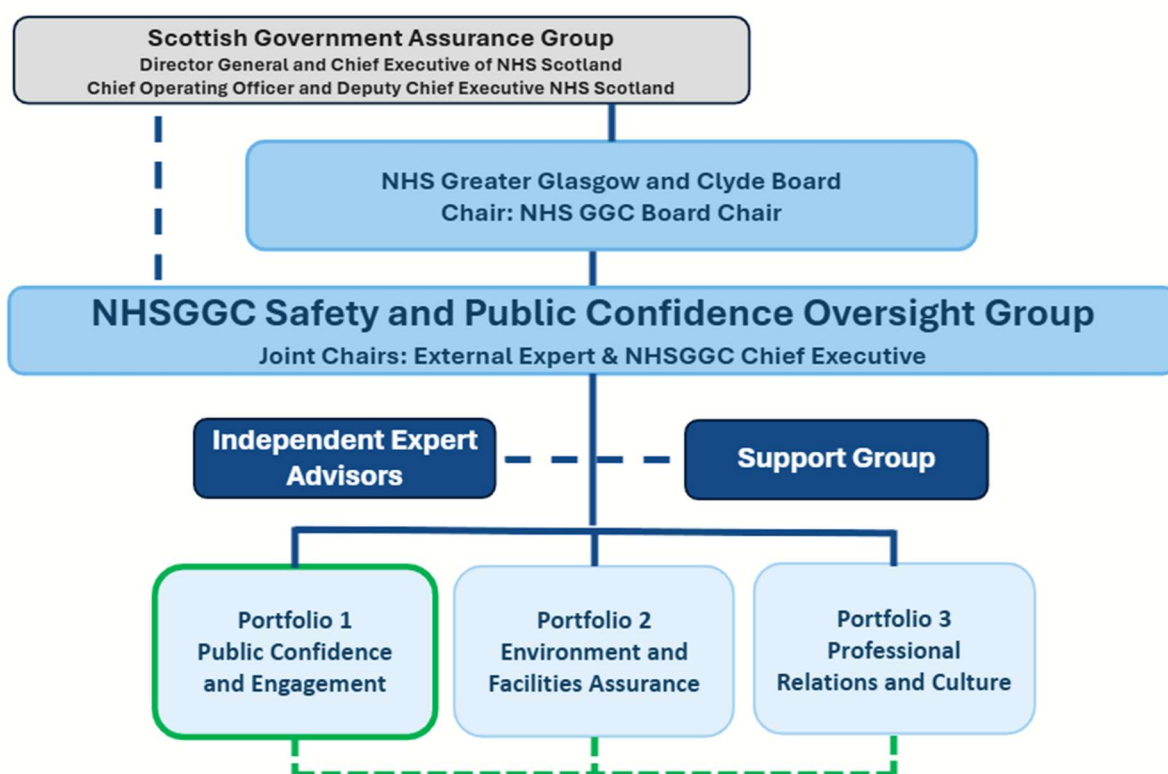
The SPCG does not replace the core governance mechanisms of the NHSGGC Board, nor does it have decision making powers. The SPCG will advise, guide and make recommendations for onward approval.

6. Governance and Reporting Structure

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

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

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



7. Membership

The membership of the group is set out below. The group will be made up of a range of stakeholders including independent experts, families’ representatives, public sector partners, NHSGGC executive and non-executive directors, and experts from within NHSGGC. Further representation will be sought for the sub-groups. The list below outlines the membership

Member	Title
Professor Sir Lewis Ritchie	Co-Chair
Professor Jann Gardner	Co-Chair

Mrs Elspeth Banks	Patient and Public Involvement – Independent Public Partner
Ms Ann Cameron-Burns	Employee Director, NHSGGC
Professor John Cuddihy	Patient/Family Representative
Dr Scott Davidson	Executive Medical Director, NHSGGC
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
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 Member, NHSGGC
Ms Claire MacArthur	Director of Corporate Planning, NHSGGC
Ms Alison MacDonald	Executive Nurse Director, NHS Lothian and SEND Representative
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 Angela Wallace	Executive Nurse Director, NHSGGC and SEND Representative

Expert Advisory Input

Expert advisors may be commissioned to support the work of the SPCG or its portfolios. Expert advisors are not members of the SPCG and may participate on an individual basis or as part of dedicated advisory groups. The composition of advisory input may vary by portfolio or workstream, and advisors may have their own agreed ways of working. Their role is to provide independent expertise to inform SPCG discussion and assurance, rather than to act as SPCG decision-makers. External expert advice will be sought in a manner that supports independence, objectivity and appropriate separation from NHS Greater Glasgow and Clyde operational structure

8. Communications to SPCG Members between meetings

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

9. Administration of Meetings

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

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