Bundle of documents for Oral hearings commencing from 20 January 2026 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 52 – Volume 12
Miscellaneous Documents

Table of Contents

A55346522

Cabinet Secretary for Health and Sport
Jeane Freeman MSP
The Scottish Government
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By email: cabsechs@gov.scot

11 October 2019

Dear Cabinet Secretary

I am writing to seek your assurance that the forthcoming public inquiry into the problems with the new Royal Hospital for Children and Young People (RHYCP) and the Queen Elizabeth University Hospital (QEUH) will take a human rights based approach to its work.

I note the passage of motion S5M18902.3 in the Parliament on 18th September 2019, which called for the establishment of:
"a public inquiry under the Inquiries Act 2005 into the new RHCYP and the QEUH site to determine how vital issues relating to ventilation and other matters occurred, how mistakes were made and what steps can be taken to prevent them being repeated in future projects."

I am pleased that the Parliament has identified the need for an independent examination of these issues, which have had, and continue to have, a profound impact on children, young people and their families.

I am sure you will agree that it is important to ensure that any public inquiry takes a human rights based approach, and that making this clear in the Committee's remit would be in line with the Scottish Government's commitment to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into Scots law and to embedding human rights within the work of Government.

In taking such an approach it is important to recall that human rights are interdependent, indivisible and interrelated. This means that respect and fulfilment of the right to the highest attainable standard of health (Art 24 UNCRC) depends on other rights being similarly respected. In particular, Article 13 of the UNCRC provides the right to receive and impart information, while Article 12 requires children to be able to participate in decisions made about and for them. Rights to health and to access information are also set out in the Universal Declaration of Human Rights (UDHR), the International

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A55346522

Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the European Convention on Human Rights (ECHR).

The World Health Organisation (WHO) has identified that participation and inclusion are key to taking a human rights-based approach in a health setting. As the WHO notes; *"Participation increases ownership and helps ensure that policies and programmes are responsive to the needs of the people they are intended to benefit. Information sharing is a critical component of participatory processes."*[1]

As you may be aware, my office has been contacted by one of the families whose child was affected by the issues at the QEUH and they have raised with me specific concerns about the provision of information to children, young people and parents. They have made clear that this is not simply a matter of courtesy or respect, though those are of course important. I have been told about the devastating impacts caused by the failure to provide information which would have respected their rights to make fully and properly informed decisions about their children's healthcare.

I hope you will be able to provide assurance therefore that the public inquiry will take a human rights based approach that will enable the affected children and families to participate fully with its work. I also trust that the terms of reference will be framed in such a way as to allow the inquiry to consider within the scope of "other matters" the impact on the patients and their families of the way in which the problems were identified, responded to and managed, with particular reference to whether the rights to information and participation of the children and families were respected.

I would be happy to discuss this further with you and your officials.

Yours sincerely
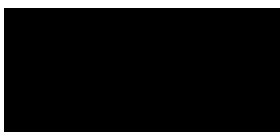
Bruce Adamson
Children and Young People's Commissioner Scotland

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[1] https://www.who.int/hhr/news/hrba_to_health2.pdf

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INDEPENDENT
NATIONAL
WHISTLEBLOWING
OFFICER

People Centred | Improvement Focused

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The Scottish Public Services
Ombudsman Act 2002

Investigation Report

UNDER SECTION 15(1)(a)

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Report of the Independent National Whistleblowing Officer

Overview

Scottish Parliament Region: Glasgow

Case ref: 202106845

NHS Organisation: Greater Glasgow and Clyde NHS Board

Subject: Speak up culture / detriment

This is the report of the Independent National Whistleblowing Officer's (INWO's) investigation of a whistleblowing complaint about the handling of a whistleblowing concern. It is published in terms of section 15(1) of the Scottish Public Services Ombudsman Act 2002 which sets out the INWO's role and powers. There is more information about this here: *https://inwo.spso.org.uk/*

Supported by the confidential appendices, it is a full and fair summary of the investigation.

A55346522

Executive summary

1. The complainant (C) complained to the INWO about NHS Greater Glasgow and Clyde (the Board) in relation to risks relating to a number of services within the Queen Elizabeth University Hospital and the Royal Hospital for Children campus.

2. I exercised my discretion to investigate the complaint without it having first exhausted the local process, given the history and wider context of the complaint.

3. The specific points of the complaint I investigated are:

   3.1. The Board has failed to create and maintain a culture that values and acts on concerns raised by staff (*upheld*)

   3.2. The Board failed to protect the whistleblower from detriment associated with speaking up (*not upheld*)

4. As a result of my findings, the Board have been asked to implement a number of recommendations and consider and reflect on other feedback.

5. My investigation identified areas of good practice by the Board, which have been included in my feedback.

Publication

In the interests of transparency and sharing learning to drive improvement, the INWO makes public the details of findings and conclusions as far as she is able. The INWO cannot make public every detail of her report. This is because some information must be kept confidential because the Act says that, generally, reports of investigations should not name or identify individuals. In this context in the report, names have been pseudonymised and gender-specific pronouns and titles removed.

Approach

The investigation

1. For something to be whistleblowing, it must be in the public interest, rather than primarily concerned with a personal employment situation. In this case, I was satisfied that there was a public interest in C's concerns given the wider concerns they raised about patient safety.

2. In order to investigate C's complaint, I, supported by my complaints reviewers,:

   2.1. took evidence from C in written format, by telephone and through interview

   2.2. obtained comments and a significant amount of documentary evidence from the Board

   2.3. reviewed relevant guidance, and

   2.4. took evidence from witnesses through interview.

3. Evidence was assessed and analysed and from that, findings and recommendations made, and a decision taken. This report and supporting appendixes provide a summary of the evidence upon which I relied, and my findings and recommendations. A high level summary of the evidence considered is provided in public Appendix A.

4. C and the Board were given an opportunity to comment on a draft of this report.

Presentation of evidence and analysis

5. The evidence upon which I have relied in making my findings, decision and recommendations is summarised in a series of public and private appendices. These appendices also include analysis of the evidence.

6. The requirement for confidentiality, and need to protect the identity of C and others involved in the investigation means that not all of these appendices are published; nor is it appropriate for people within the Board to have sight of them, other than those who need to know. This document is supported by a *Summary of documents that make up the full INWO report*, which lists the appendices that

make up the full report.   Details of the restrictions relating to private appendices A, C and D have been shared with the Board and the complainant separately.

Findings and decision

Point 2.1 The Board has failed to create and maintain a culture that values and acts on concerns raised by staff

7.   The key issue considered under this complaint were C's concerns that, in general, staff do not feel safe to speak up. They outlined instances where they and colleagues have raised concerns, and these had not been acted on.

8.   The Board's position was that NHS Greater Glasgow and Clyde has undertaken significant work to enhance its culture, specifically in relation to the areas and teams I considered as part of this point of the complaint. Some of the examples of the work undertaken included

    8.1. organisational development work with affected teams

    8.2. work to obtain Investors in People (IIP) Standard for the Board

    8.3. leadership and culture development work

    8.4. new whistleblowing procedure established and communicated

    8.5. Internal Communications & Employee Engagement Strategy, and

    8.6. work to improve Workforce Equality.

9.   To test and consider this point of the complaint, my investigation considered the evidence summarised in public Appendix A and discussed in private Appendices B and C.

2.1 Findings

10.   The focus of my investigation has been on the speak up culture at the Board; specifically, a number of areas within the Queen Elizabeth University Hospital and the Royal Hospital for Children campus. I consider speak up culture as something distinct from the wider organisational culture but integrally linked to it. A good speak up culture, would be one where staff

    10.1. know how to raise concerns about a risk of harm or wrongdoing

10.2. have confidence that they will be listened to

10.3. have confidence that, where needed, action will be taken to address the concerns raised, and

10.4. have confidence that they will be supported and not be treated unfairly as a result of raising concerns.

11. I recognise that culture change takes time and that building a strong and healthy speak up culture is an ongoing journey for the Board.

12. Although I have sought to focus my investigation on the speak up culture within the Board from April 2021 onwards, rather than the organisational culture generally, I recognise that the present situation cannot be seen in isolation from the wider context within which departments of the QEUH and RHC have been operating.

13. This includes whistleblowing concerns raised prior to 2021, and a complex background of external reviews and investigations focused on the campus, including the ongoing Scottish Hospitals Inquiry.

14. Throughout the course of my investigation, I have inevitably encountered wider cultural issues within specific departments that have a bearing on the way staff feel about speaking up. I have included some additional observations about this below and in confidential Appendix C.

15. During my investigation I took into account

15.1. written correspondence provided by the Board and the complainant

15.2. documentary evidence provided by the Board and the complainant

15.3. witness testimony, and

15.4. findings from an INWO survey on speak up culture (Appendix B).

16. The challenge in considering this point of complaint was that to 'create' and 'maintain' a speak up culture are absolute terms, and in practice there is no clear point where it can be said a culture is "created" or where it starts to be "maintained." I have therefore focused on whether the Board took action to start

the speak up culture change journey, and how that journey appears to be going in terms of embedding confidence. I will cover each of these areas below.

Creating a speak up culture

17.   In considering whether a speak up culture has been created, I have drawn on the feedback from the survey and from staff interviews. Based on the Board's annual whistleblowing reports, it is clear that one of the key communication tools they have used to promote their speak up arrangements is the Core Brief email. The Board also shared examples of other information resources, including Staffnet and HR Connect, although these were not named by staff during our interactions with them.

18.   The findings from the INWO survey suggest that overall, 50% of participants were confident they had seen the campaign (34% said they had not). Almost all of the interviewees mentioned the Core Brief Speak up campaign, some commenting that there had been an increase in promotion of speak up arrangements over the preceding 6 to 12 months. Some staff mentioned drop-in sessions and Speak Up Week, which has been taking place annually since 2022.[1]

19.   Overall, this indicates to me that action was taken by the Board in an effort to begin creating a speak up culture.

20.   In reaching this conclusion, I recognise that there was not universal awareness, but it was significant enough to persuade me. I also recognise that at the time C complained to me, much of this work by the Board to promote speak up arrangements had not yet happened, so I caveat this with recognising and acknowledging C's perspective at the time, which I in no way seek to undermine.

Maintaining a speak up culture

21.   I have looked at how speak up culture was maintained at the point in time that I was gathering evidence. I considered it through the lens of how much awareness there was of how to engage with speak up (whistleblowing) arrangements and the confidence in those systems. I have also looked at how consistently views were

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[1] Speak Up Week runs in Health Boards across Scotland during October: *https://inwo.spso.org.uk/speak-week*

held across the parts of the organisation under consideration (relevant departments within QEUH and RHC).

Awareness of how to engage

22.   There are some encouraging findings from the survey that indicate that staff know both how to raise concerns and where to find information on the whistleblowing process. This was also reflected in the feedback during interviews. The focus of most interviewees was on business-as-usual escalation routes, rather than the whistleblowing process itself, but there was a clear confidence in the established feedback mechanisms, and this suggested that overall staff would feel comfortable using them if they needed to raise a concern.

23.   However, despite this, the number of staff who appeared to be aware of the Confidential Contact role was low (55% did not know about the Confidential Contact's role). It was notable that only 20% of staff did know about the Confidential Contact role which should be a route to getting information about, and accessing speak up arrangements; yet 40% knew of external organisations they could approach for advice.

24.   The survey results highlight some positive areas (66% know how to speak up). But there are also some significant low scoring areas which are of concern. This was especially evident within the results from the nursing and midwifery staff group.

25.   This all suggests that the Core Brief, and other web based resources the Board have shared with me, could have been more effective at promoting awareness of the role of the confidential contacts.

Confidence to speak up

26.   There were more negative responses about confidence to speak up, as may be seen from the following table.

27.   It is also notable (as can be seen in Appendix B) that there was a marked difference between Nursing/ midwifery and Medical/ dental groups, the latter tending to give more positive responses. This indicates varying experiences and confidence across the campus.

A55346522

Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I am confident that if I spoke up about an issue, there would be no adverse consequences for me	24.4%		28.1%	47.6%	
I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed	25.6%		28.1%	46.3%	
I am confident that if I spoke up about an issue this would be considered objectively and fairly	35.4%		26.8%	37.8%	
I am confident that if I spoke up about an issue this would be listened to	39.0%		22.0%	39.0%	

28.   My office received 17 comments in the survey.

28.1. The balance of comments about confidence to speak up was more positive than negative. There were four positive comments that either referred to having had success raising issues through business-as-usual routes or faith that the concerns would be heard. There were two negative comments, and both cited experience of concerns being raised by staff but nothing being done as a result.

28.2. In relation to concerns being considered objectively and fairly, the four comments that we received were all more negative than positive, although a range of views were expressed within the comments.

28.3. Comments also indicated that there was little confidence that action would be taken if needed, with seven negative comments consistent in their reflection that nothing would be done if concerns were raised.

29.   I noted comments from the survey (and through interview) suggesting that those who had experience of the whistleblowing process had less confidence the organisation would take steps to protect either those raising concerns or those

impacted by the concerns raised. This feedback came from staff who had proximity either to the issues or to the whistleblower, as well as from staff who had raised concerns themselves. They were also less likely to raise concerns through the formal process now.

30. All of this suggests that while there is awareness of speak up arrangements in the areas of the Board that I considered, the confidence to speak up, and how safe staff feel to do so, is still low. This leads me to conclude that the Board has not fully embedded these systems within these areas.

31. I am aware that the NHS Scotland iMatter survey now includes two questions asking staff how confident they would be that they can safely raise concerns, and how confident they are that concerns would be followed up and responded to. The Board had a response rate of 54% to the iMatter survey for 2023 and of those respondents, 99% responded to those two questions. Both questions scored well with 85% of respondents agreeing or strongly agreeing with the first statement, and 74% with the second.

32. This suggests that some areas of the Board have been more successful in establishing a safe and trusted speak up culture than others, including the departments that I surveyed. I suggest that the Board may benefit from exploring the issues highlighted in the INWO survey further, using other data sources, including the information on whistleblowing/ speaking up that is now collected through the iMatter survey and the recent IIP reports to understand if there are localised issues.

33. I encourage the Board to reflect on these findings, including the detailed feedback in the appendices, and I have made a recommendation about the need for further work to embed and build trust in the system.

Other issues - communication

34. The more immediate challenge for the Board is the culture within and between the teams that were the focus of my investigation. The issues relate clearly to the sharing and management of information around potential patient safety risks. While this is not conclusive in relation to speak up culture in the wider campus, it

raises a question about how staff are able to raise concerns in the public interest in these areas.

35. Evidence I reviewed during my investigation indicates that the culture and communication between the teams is extremely strained, with distrust on both sides. The majority of interviewees spoken with raised concerns about communication between the teams. This feedback was not one-sided.

36. I and my team heard that the issues around communication (and the disagreements at the heart of these) are, at times, impacting on the ability of staff in both teams to fully perform their roles and discharge their professional duties. In my view this has the potential to result in a wider risk to patient safety, and these risks need to be assessed properly and mitigated by the Board.

37. I understand from documents submitted by the Board that there have been efforts to address and improve communication and I note that some Organisational Development work has been explored relatively recently but appears to have stalled. What concerns me is that there are similar reflections in other external reviews. This suggests that, although the Board have made efforts to improve working relationships, these have not been totally successful. At the time of my investigation, it is evident that significant problems with communication and co-operation between the teams remain.

38. I have concerns about the potential risks to both staff and patients if there is no further work undertaken to improve communication and ways of working.

39. I have included an analysis of the feedback gathered from interviews and some of my wider observations on this topic in private Appendix C. It is important to recognise that views expressed by a number of staff were that it will be difficult to resolve and heal the relationships, and improve communication between the teams without a conclusion to the clinical disagreement at the heart of the matter, as well as the completion of the ongoing public inquiry.

40. I and my team have reviewed evidence from a range of staff across the teams and my view is that any further development work should include focus on the interaction between both teams. I consider it unlikely that focusing solely on one team will result in strengthened trust or an improvement in the quality of the

communication in a work environment where neither side feel heard, and run the risk of no longer being able to listen to each other.

2.1 Decision

41. The complaint I investigated is that the Board has failed to create and maintain a culture that values and acts on concerns raised by staff.

42. On balance, and as outlined above, I have found that there is sufficient evidence to **uphold** this complaint.

Point 2.2. The Board failed to protect the whistleblower from detriment associated with speaking up

43. C complained that they had been treated unfavourably as a consequence of speaking up in business-as-usual contexts. They outlined specific scenarios where they believed that they were subjected to detriment. C also had concerns about how colleagues treated them more generally, including in email correspondence and meetings.

44. The Board provided a large amount of background information about the specific incidents raised by C. The Board did not agree that C had experienced detriment. They emphasised their commitment to keeping the identity of C confidential during the course of the INWO investigation and met with C to offer additional support.

45. I have included a discussion of the evidence and my conclusions for each of the scenarios in confidential Appendix D. Due to the sensitive nature of the evidence, I have decided that all of the detail must remain confidential, as to disclose it risks identifying C and other staff.

46. C and a restricted group of staff at the Board are aware of the evidence and findings on this element of the complaint.

2.2 Decision

47. The complaint I investigated is that the Board failed to protect the whistleblower from detriment associated with speaking up.

48. While I recognised this was a challenging time for all involved, I did not find sufficient evidence to conclude that C had experienced detriment as a result of

raising concerns under the National Whistleblowing Standards, and for this reason, and on balance, I do **not uphold** this element of the complaint.

49.   While this was my overall conclusion, I found that C was at serious risk of detriment, and this was only avoided by the intervention of the Board's HR department. I also consider that C is at continued risk of detriment, and I have included feedback to the Board about this in confidential Appendix D and below. I remind the Board that there is an ongoing obligation to protect and support whistleblowers and anyone else involved in the process. This obligation continues beyond the conclusion of my investigation.

50.   I strongly encourage the Board to reflect on events and consider how they can build on their ongoing work in this area to actively promote a speak up culture where bystanders are empowered to challenge behaviours that create risk of detriment to whistleblowers (or colleagues who speak up about concerns more generally). This is especially important for managers and those in HR, given their involvement and leadership role in workforce matters.

51.   I have included further feedback on these points at the end of my report.

Recommendations

Learning from complaints
The Independent National Whistleblowing Officer expects all organisations to learn from complaints. The learning should be shared with those responsible for whistleblowing as well as the relevant internal and external decision-makers who make up the governance arrangements for the organisation.

What INWO is asking the Board to improve their speak up culture

Rec. No	What I found	Outcome needed	What INWO need to see
1.	Under complaint point 2.1, I found • some areas of the Board have been more successful in establishing a safe and trusted speak up culture than others	Staff should be confident to speak up in a culture of trust. The Board will continue to work towards promoting a culture of trust, which values the raising of concerns as a route to learning and improvement.	Evidence that the Board has explored the themes highlighted in the INWO survey further, using other data sources, including the information on whistleblowing/ speak up that is now collected through the iMatter survey and the recent IIP reports By: 22 January 2025

What INWO is asking the Board to manage the risks identified

Rec. No	What I found	Outcome needed	What INWO need to see
2.	Under complaint point 2.1, I found • issues around communication (and the disagreements at the heart of these) are, at times, impacting on the ability of staff in the teams to fully perform their roles and discharge their professional duties	The Board is aware of the risks associated with the disagreements, and communication difficulties between the teams. The Board is implementing a plan to mitigate these risks and build effective communication through further organisational development initiatives. There is a mutual understanding of the importance of effective and constructive communication to the delivery of safe patient care.	Evidence that the Board has engaged with staff in the respective teams to understand the interfaces and scenarios where communication is not effective. Evidence that the Board has carried out a risk assessment of the communication difficulties between the teams. Evidence that the Board is implementing a plan to mitigate the risks identified. By: 19 February 2025

Feedback for the Board

Response to INWO investigation

1. My investigation was helped by the co-operation of the witnesses who were interviewed, C and the small number of staff within the Board who gathered the evidence I requested. I am grateful to all of them for their assistance and their constructive and thoughtful engagement with the process.

2. I recognise that all the members of staff that my team spoke with had the shared value of being dedicated to the safety of patients and wanted to do the best they could in their work. It is reassuring that the Board has such a dedicated workforce. I am mindful that my investigation was being carried out with the backdrop of several other investigations and Inquiries, all of which will have had a huge impact on energy and motivation. I am grateful, therefore, for the engagement from the Board's staff, especially given the competing demands on their time.

Points to note

3. I encourage the Board to reflect on the findings in relation to complaint point 2.2 and detriment. I have included more details of the feedback, both positive and constructive, in confidential Appendix D and here.

4. I encourage the Board and C to reflect on events and engage with each other to understand in what contexts C feels vulnerable to detriment and how this might be addressed. It is important to emphasise that both parties should come to this openly in a spirit of reconciliation if any strategy agreed to minimise the ongoing risks, is to succeed. The Board should instigate this process if C is willing to participate.

5. As part of this, the Board and C may wish to give particular regard to

    5.1. how they will assess the risk of detriment faced by C going forward, and

    5.2. what measures can be put in place minimise risks to C.

A55346522

6. I encourage the Board to reflect on this case to consider how they will ensure they have a process that both assesses and manages risk of detriment throughout the life of an investigation and beyond, which is also supportive, responsive and mitigates where detriment has occurred.

7. I strongly encourage the Board to consider how they can build on their ongoing work in this area to actively promote a speak up culture where bystanders are empowered to challenge behaviours that create risk of detriment to whistleblowers (or colleagues who speak up about concerns more generally). This is especially important for managers and those in HR, given their involvement and leadership role in workforce matters.

Summary of documents that make up the full INWO report

Document Name	Description
Summary Report on complaint about the Board Reference: 202106845	Anonymised/ pseudonymised summary of complaint investigation and findings
Appendix A: High level summary of evidence (private)	Confidential summary of the evidence considered regarding points 2.1 and 2.2.
Appendix B: Survey data	Survey data relating to complaint point 2.1
Appendix C: Interview analysis and INWO observations (private)	Confidential summary and analysis of the evidence from interviews.
Appendix D: Detailed consideration of complaint point 2.2 (private)	Confidential discussion of the points considered within complaint point 2.2.

Appendix B: Survey data and analysis (public)[2]

1. This Appendix includes details of the survey carried out in relation to point 2.1

    2.1   the Board has failed to create and maintain a culture that values and acts on concerns raised by staff

2. The findings in the summary report reflect how this evidence was used.

Document Name	Description	Restrictions at final stage
Appendix B: Survey Data and analysis	Details of the survey carried out in relation to point 2.1.	No restrictions when published.

[2] Appendix A is private and not for publication.

Contents

A55346522

Survey Methodology

Sample

3. The INWO surveyed a proportion of staff from a number of teams and areas within the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC) that were related to the issues raised in the complaint. While the results from the survey can support our understanding and judgements about the speak up culture within the specific population, it is not possible to reach reliable conclusions about the culture across the full QUEH/ RHC site based on this sample. I have decided not to publish details of the specific teams and areas involved in order to protect the identities of the staff involved. Details of the respective teams have been shared with the Board and the complainant.

4. The INWO asked the Board to provide a random sample of names and work email addresses from the following staff groups within the specific teams and areas identified

    4.1. Administrative Services

    4.2. Allied Health Profession

    4.3. Health Science Services

    4.4. Medical and Dental

    4.5. Nursing and Midwifery

    4.6. Senior Managers

    4.7. Support Services

5. The INWO sent 300 survey invitations to staff under the groups described at points 4.1 to 4.7 above.

A55346522

6. 82 individuals submitted a completed response and a further 14 individuals completed the survey in part (to varying extents). The analysis below is based on fully completed responses only.

7. The response rate for completed submissions (82) as a proportion of the full population for the teams and areas identified (650) is 13%. The response rate for completed submissions as a proportion of those who received a link to the survey (300) is 27%.

Administration

8. The survey was hosted on the online SurveyMonkey platform and was accessible to participants for 10 days in July 2023. Participants were invited to access the survey by using a link within an email. Two reminder emails were sent by the INWO.

9. Invitees were informed that their participation in the survey was voluntary, but that their input was valued.

10. The survey was set up in a way to ensure that the identities of participants were protected. Participants were informed

   10.1. '*The survey will not ask you to provide your name or contact details and your response will be completely anonymous (i.e. it will not be linked to your email address or IP address). Responses to the survey will be stored securely by the INWO and will remain confidential (subject to our privacy notice, which details that we may share information if that information shows there may be a risk to someone's health or safety).*

   10.2. *We will use the data and any themes we have identified to report anonymously on our investigation findings. Individual responses will not be shared or published. Individual comments will not be directly quoted, but may be summarised and/or reported thematically in a published report.*'

11. Participants were also asked not to disclose personal data, either their own or that relating to third parties. Signposting information was provided to support individuals to access the Board's internal processes and sources of additional support where needed.

A55346522

12. Participants were offered the opportunity to contact the INWO in confidence with any relevant information about speak up culture that they did not wish to include in their survey response. No recipients contacted the INWO directly in this way.

Results and Limitations

13. Results from the survey are outlined in tables and charts below. The responses in the tables have been split into groups for the purposes of analysis: positive (strongly agree, agree), neutral (slightly agree) and negative (disagree, strongly disagree). Colour coding has been used to highlight areas where responses fall into a set threshold.

   13.1.   50% or over **positive** responses (indicating good performance)

   13.2.   50% or over **negative** responses (indicating poor performance)

   13.3.   45 - 49% total **negative** responses (indicating an area to explore or monitor)

14. The results from this survey are indicative of wider views but there are limitations when response rates are low. In order to understand how representative the results of a survey are, we look at the confidence level and the margin of error. When a survey only has responses from a sample of a staff group, the **confidence level** tells us how sure we can be that the population would select an answer within a certain range. In addition to this confidence level, there is a **margin of error**, which is calculated based on the number of responses received. The margin of error tells us how far in either direction the results from the full staff group may deviate from the results in the survey. This is expressed as a percentage. We use both the confidence level and the margin of error in combination to determine the strength of the survey results.

15. In this survey, the confidence level is 95%, which is the most common level used with surveys of this type. The margin of error for this survey is up to 10%.

A55346522

16. In practice, this means that if we saw a result of 50% 'strongly agree' in response to a question in this this survey, we would be able to say with 95% confidence that, had the whole population been asked that question, the response would fall between 40-60% (i.e. 50% plus or minus 10%).

Analysis of free text comments

17. An option was included for participants to leave comments at the end of the survey. 28 individual comments were received, some of which covered a range of issues. The comments have been grouped to thematically align to the relevant sections of the survey and summarised information is included in the analysis below.

Overview of participants
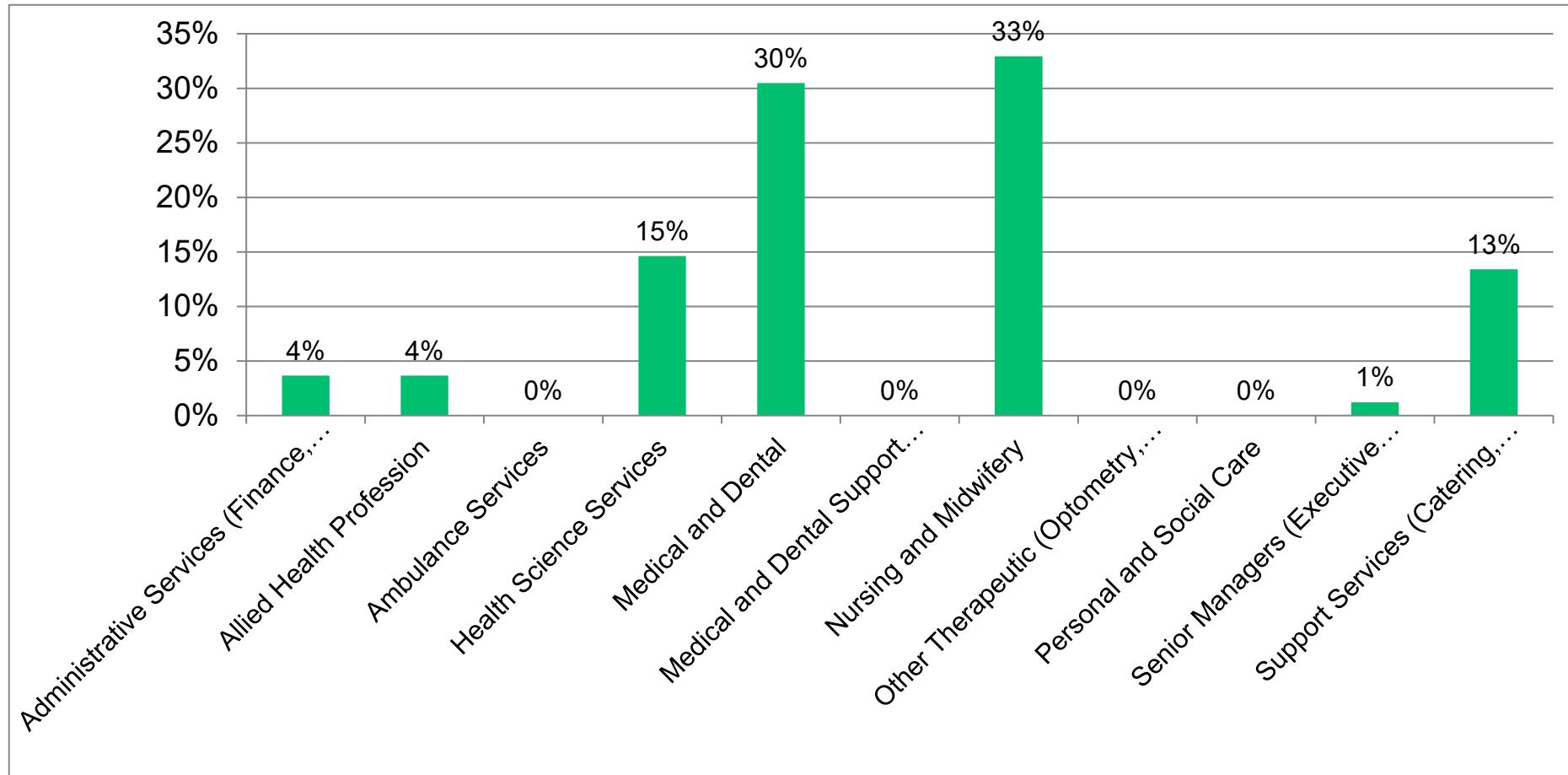
18. Of those surveyed, the largest staff groups represented in the responses are nursing and midwifery (33%), and medical and dental staff (30%). Further analysis of the two groups is included in the narrative below.

Overview of findings

19. Participants were invited to rate the following 11 statements using a 5 point scale from strongly agree to strongly disagree.

Accessibility

    19.1.   I know how to speak up about an issue within my organisation

    19.2.   I know about the role of the Board's Confidential Contacts

    19.3.   I know which external organisations I can contact if I need information or advice in relation to speaking up

Confidence in the process

    19.4.   I am confident that if I spoke up about an issue this would be listened to

    19.5.   I am confident that if I spoke up about an issue this would be considered objectively and fairly

    19.6.   I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed

    19.7.   I am confident that if I spoke up about an issue, there would be no adverse consequences for me

Speak up culture

    19.8.   I have seen the Speak Up Campaign in Core Brief

    19.9.   I believe that the speak up culture in my organisation has improved in the last 18 months

    19.10.   I believe that my organisation values staff speaking-up as a route to learning and improvement

    19.11.   I believe that staff who speak up are treated fairly by my organisation

Accessibility

|	
I know how to speak up about an issue within my organisation	
I know about the role of the Board's Confidential Contacts	
I know which external organisations I can contact if I need information or advice in relation to speaking up	

Legend: ■ Strongly Agree ■ Agree ■ Slightly Agree ■ Disagree ■ Strongly Disagree

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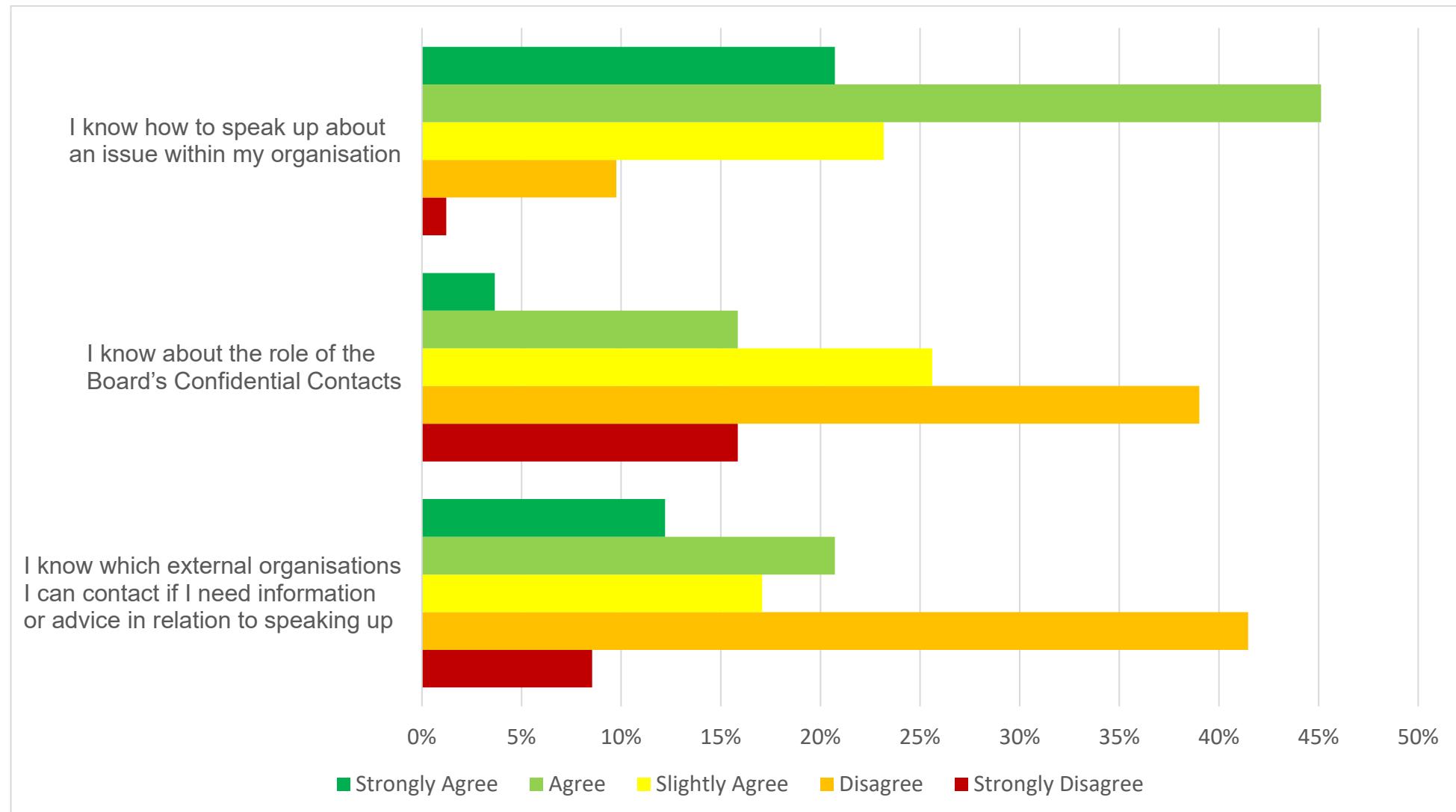
Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I know how to speak up about an issue within my organisation	20.7%	45.1%	23.2%	9.8%	1.2%
	65.8%			11%	
I know about the role of the Board's Confidential Contacts	3.7%	15.9%	25.6%	39.0%	15.9%
	19.6%			54.9%	
I know which external organisations I can contact if I need information or advice in relation to speaking up	12.2%	20.7%	17.1%	41.5%	8.5%
	39.9%			50.0%	

20. Overall, the results show a strong positive response from staff indicating that they know how to speak up about an issue. Participants were less sure about whom to contact externally and half of respondents did not know about the role of the Board's Confidential Contacts, despite the Speak Up Campaign in the Board's 'core brief' emails to staff. This suggests that Confidential Contacts could be more visible and promoted in other ways.

Nursing and Midwifery

21. Nursing and midwifery staff responses showed a similar pattern to the wider staff group. 59% of respondents in this group said that they knew how to speak up about issues, while 52% said they did not know about the Confidential Contacts and 59% were unaware which external organisations they could contact.

Medical and Dental

22. Medical and Dental staff were generally more confident and aware, particularly in relation to external sources of information: 56% of respondents indicating that they knew whom to contact externally. 80% of staff in this group knew how to speak up about issues but still 60% were unaware of the role of the Confidential Contact.

Analysis of free text comments from all participants

23. Five comments related to participants' general awareness of speak up arrangements. Of these

    23.1.   three comments related to the awareness of routes to raise concerns. Two indicated a good awareness of routes available and one that awareness was very low.

    23.2.   Two comments related to accessibility of the process, both expressing a view that staff are discouraged from speaking up.

Summary findings

24. Staff appear confident that they know how to raise concerns but awareness of the Confidential Contact role is low, despite email promotion by the Board.
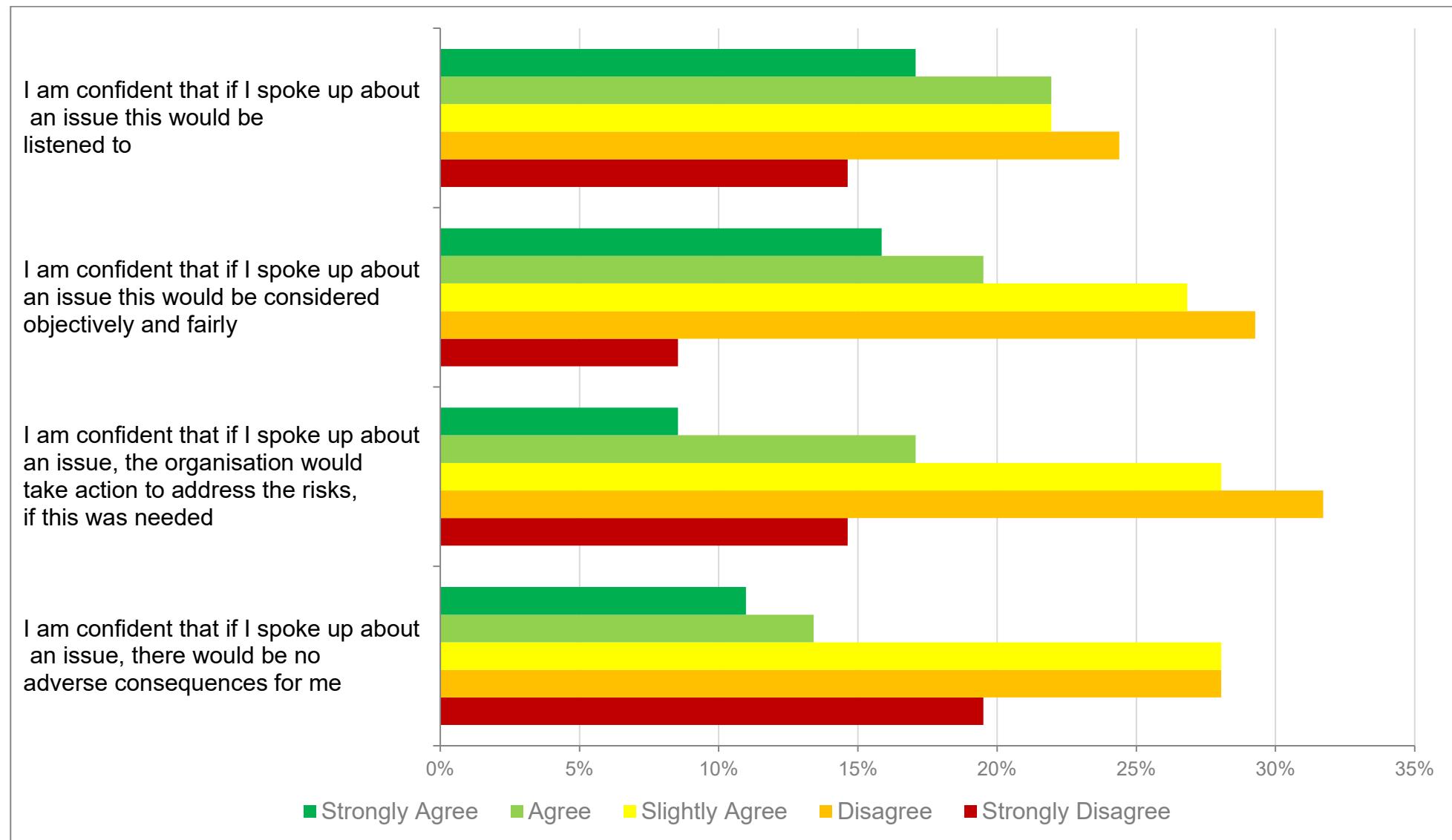
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Confidence in speaking up processes

I am confident that if I spoke up about an issue this would be listened to

I am confident that if I spoke up about an issue this would be considered objectively and fairly

I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed

I am confident that if I spoke up about an issue, there would be no adverse consequences for me

■ Strongly Agree ■ Agree ■ Slightly Agree ■ Disagree ■ Strongly Disagree

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Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I am confident that if I spoke up about an issue this would be listened to	17.1%	22.0%	22.0%	24.4%	14.6%
	39.1%			39.0%	
I am confident that if I spoke up about an issue this would be considered objectively and fairly	15.9%	19.5%	26.8%	29.3%	8.5%
	35.4%			37.8%	
I am confident that if I spoke up about an issue, the organisation would take action to address the risks, if this was needed	8.5%	17.1%	28.1%	31.7%	14.6%
	25.6%			46.3%	
I am confident that if I spoke up about an issue, there would be no adverse consequences for me	11.0%	13.4%	28.1%	28.1%	19.5%
	24.4%			47.6%	

25. Results suggest varying levels of confidence in speaking up processes. Responses were split fairly equally between positive and negative responses to questions about issues being considered objectively and fairly, and about being listened to when raising concerns. Although there is balance in the ratings, the responses suggest that at least a third of respondents lacked trust in both of these areas.

26. Staff had less confidence that they could speak up without adverse consequences (24% gave positive responses, 48% gave negative responses) or that action would be taken to address risks (26% positive versus 46% negative). These issues should be explored further and compared with other data sources, including the information on whistleblowing/speak up that is now collected through the iMatter survey.

27. None of the questions in this section received a strong positive (strongly agree or agree) or negative (disagree or strongly disagree) response of 50% or more. This tells us that staff are not confident that they can safely raise concerns.

Confidence levels within clinical staff

28. There was a notable difference in the levels of confidence between the medical/ dental and nursing/ midwifery groups, which indicates varying experiences across staff groups. This may warrant further exploration by the Board. A summary is provided in the table below.

Statement	Nursing/Midwifery			Medical/Dental		
	Positive	**Neutral**	**Negative**	**Positive**	**Neutral**	**Negative**
I am confident I would be listened to	18.5%	25.9%	55.6%	44.0%	28.0%	28.0%
I am confident it would be considered objectively and fairly	25.9%	25.9%	48.1%	40.0%	36.0%	24.0%
I am confident action would be taken to address risks	18.5%	33.3%	48.1%	24.0%	24.0%	52.0%
I am confident there would be no adverse consequences	14.8%	29.6%	55.6%	36.0%	32.0%	32.0%

Nursing and Midwifery

29. Nursing and midwifery staff gave a high proportion of negative responses to all of the questions in this section of the survey. Only 19% said that they strongly agreed or agreed with the statement that they would be confident they would be listened to when raising concerns. Positive results were even lower in relation to the statement that that there would be no adverse consequences (15%), suggesting potentially high levels of distrust in the process for this staff group.

30. Nearly half (48%) of the nursing and midwifery staff responses indicated that they had little expectation that action would be taken to address risks that they raised. Responses from the medical/ dental group indicated similarly low levels of trust in effective outcomes (52%).

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Medical and Dental

31. Medical and dental staff generally gave more positive responses to these questions, with the exception of expectations in relation to action being taken (as noted above). These clinical staff had more confidence than nurses and midwives in relation to their confidence in being listened to (44% positive responses) and appropriate consideration being given to their concerns (40% positive responses).

32. There is a suggestion from these results that although staff in this group feel able to raise issues, they have less confidence that there is capacity for change within the organisation.

Analysis of free text comments from all participants

33. 17 comments related to confidence in the process.

    33.1. In relation to staff confidence that they would be listened to when speaking up, the balance of comments was more positive. There were four positive comments that either referred to having had success raising issues through business as usual routes or faith that the concerns would be heard. There were two negative comments, and both cited experience of concerns being raised by staff but nothing being done as a result.

    33.2. In relation to concerns being considered objectively and fairly, the four comments that we received were all more negative than positive, although a range of views were expressed within the comments.

    33.3. Comments also indicated that there was very little confidence that action would be taken if needed, with seven negative comments consistent in their reflection that nothing would be done if concerns were raised.

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Summary findings

34. There are indications from these results that staff do not feel there is safety in speaking up and that a significant minority lack confidence that action would be taken. The lack of confidence in speaking up about concerns appears particularly pronounced in the nursing and midwifery staff group.

Speak up culture

Chart: Speak up culture

- I have seen the Speak Up Campaign in Core Brief
- I believe that the speak up culture in my organisation has improved in the last 18 months.
- I believe that my organisation values staff speaking-up as a route to learning and improvement.
- I believe that staff who speak up are treated fairly by my organisation.

Legend: ■ Strongly Agree ■ Agree ■ Slightly Agree ■ Disagree ■ Strongly Disagree

Axis: 0% 5% 10% 15% 20% 25% 30% 35% 40%

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Statement	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
I have seen the Speak Up Campaign in Core Brief	12.2%	37.8%	15.9%	23.2%	11.0%
	50.0%			34.2%	
I believe that the speak up culture in my organisation has improved in the last 18 months.	3.7%	17.1%	25.6%	36.6%	17.1%
	20.8%			53.7%	
I believe that my organisation values staff speaking-up as a route to learning and improvement.	8.5%	23.2%	18.3%	34.2%	15.9%
	31.7%			50.1%	
I believe that staff who speak up are treated fairly by my organisation.	9.8%	15.9%	30.5%	31.7%	12.2%
	25.7%			43.9%	

35. The Board asked for a question on the Core Brief to be included in the survey in order to gain a better understanding of how impactful the campaign has been. 50% of participants were confident that they had seen the campaign in the core brief while 34% indicated that they had not. Responses on this question were comparable across the staff groups.

36. Responses to the other speak up culture questions were less positive. 50% of respondents did not agree that the organisation values speaking up as a route to learning and improvement. While 53% did not think that speak up culture had improved in the last 18 months.

Speak up culture in clinical staff

37. Once again, there was significant variance in the responses from nursing/midwifery staff compared to medical /dental staff suggesting that nursing and midwifery staff have more concerns about speaking up.

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Statement	Nursing/Midwifery			Medical/Dental		
	Positive	Neutral	Negative	Positive	Neutral	Negative
I have seen the Speak Up campaign in the Core Brief	55.6%	11.1%	33.3%	44.0%	20.0%	36.0%
I believe the speak up culture in my organisation has improved in the last 18 months	11.1%	25.9%	63.0%	20.0%	20.0%	60.0%
I believe that my organisation values staff speaking up as a route to learning and improvement	11.1%	18.5%	70.4%	44.0%	20.0%	36.0%
I believe that staff who speak up are treated fairly by my organisation	14.8%	37.0%	48.2%	28.0%	36.0%	36.0%

Nursing and Midwifery

38. Responses indicate that nurses and midwives feel more negatively about speak up culture than of the areas we asked about. Only 11% agreed that the organisation values speaking up as a route to learning and improvement; the overwhelming majority disagreeing with it (70%). Similarly, only 11% agreed that speak up culture had improved in the last 18 months.

39. Likewise, only 15% nurses and midwives who responded agreed that staff who speak up are treated fairly, while 48% disagreed. Over a third of participants gave a neutral response to this question.

40. Taken in combination with the other results, this suggests that the introduction of the new whistleblowing process and confidential contacts has not sufficiently bedded-in to build trust in speaking up.

Medical and Dental

41. Unlike the nursing and midwifery group, medical and dental participants were fairly balanced between positive and negative responses for most of the culture questions, with positive responses tending to be slightly higher. The one exception to this was improvement in speak up culture, with 60% of respondents indicating that they disagreed or strongly disagreed that this had improved recently.

Analysis of free text comments from all participants

42. We reviewed 11 comments relating specifically to the treatment of staff when concerns are raised

   42.1. nine comments related to the treatment of those raising concerns. The overwhelming majority of these comments where negative (8), many of which cited their experience of witnessing how others have been treated. It is noteable that comments came from a range of staff groups.

   42.2. Three comments included negative feedback on the support available for staff impacted by or linked to concerns raised by others.

Summary findings

43. The speak up campaign seems to have fairly good reach through the core brief emails but not all staff have engaged with it. Many staff do not see that the Board values speaking up as a route to learning and improvement and once again, this view is highly concentrated within the nursing and midwifery staff group.

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2. The reaction of some Core Participants to the closing statement of GGC – I've been asked to read some extracts from those statements and propose to do so with YL's leave:

<u>**Denise Gallagher**</u>

They are backtracking and only skimming over the issues after denying it all for years in a bid to protect their reputation. The risks all remain and the submission is disrespectful to what the families have been put through.

<u>**Kenneth Murdoch**</u>

We feel betrayed lied to and appalled by what has been allowed to happen. All the years of denial, and then December 2025 we get a total U turn with the GGC submission. in our eyes is disgraceful. Our daughter was a ball of light, energy and had a right to thrive and live. NHSGGC have entirely extinguished that light to protect their own reputation. Patients must always be kept at the centre of any key decisions including by this Inquiry.

<u>**Beth Armstrong**</u>

We have been unable to grieve properly for our mum and remember her remarkable life. Instead, we have been subjected to 7 years of evasiveness, denial, and disrespect by the QEUH management and board – the very people who were supposed to protect us and put our safety first. Our grief has been extended, delayed and turned into anger as we have listened to representatives of the NHSGGC board and QEUH management (including CEOs and CFOs) give evidence to this inquiry, refusing to admit to their mistakes or take any accountability. We have listened to them blaming others and refusing to apologise for the terrible consequences of their actions. We have read the NHSGGC closing statement, where they have had to admit, in part, to a link between the water and some infections. This has done nothing to restore our faith in the leadership of the QEUH or NHSGGC. As one of the families that was not included in this partial admission, it is yet another insult on top of many others.

<u>**Sandie Armstrong**</u>

After all these years, this submission is just backtracking in an attempt to protect their reputation. In my evidence to the inquiry I spoke about the SCII report *(the Scottish Centre for Infections and Infectious Diseases report was an independent review commissioned by*

NHS GGC into water and ventilation issues at the hospital) and everything that was ignored and dismissed in what happened to my mum. This is too little, too late. It adds insult to injury, for example the HAD report. This does not give us hope with the current CEO or management structure. They are vague and being non-specific taking no responsibility. It leads to further distrust and shows nothing has changed with their approach. Merely suing Multiplex is not taking responsibility for their failings.

David Campbell

Nothing has changed. I've told GGC that the problems I have been identifying even today have been causing me mental health issues, and concern for me and other families. I still feel I am ignored. The submissions are only words in a bid to minimise the reality. I am shocked that the submission is so short given what they were facing and have admitted.

Maureen Dynes

I am concerned and worried that there is a desire to highlight how the mitigation measures are working particularly after 2019. I would like to remind Lord Brodie that in 2021, 2 years after mitigation measures were put in place, my husband Tony Dynes passed away. I was advised he contracted Aspergillus but there were no indications that it had come from the environment. One other infections he caught was Stenotrophomonas. I have never been advised by NHS GGC of the Stenotrophomonas infection that Tony contracted. I only found that out by looking myself at his medical records.

Sharon Barclay

I still cry when I go near the hospital and this submission only confirms to me that GGC have mistreated everyone for years.

Karen Stirrat

We have been put through so much, and for NHSGGC to deny they concealed anything is laughable. All the way through we were told we were in a safe environment. Years of being told we were imagining it that everything was safe and that our children were being treated with respect, and that NHSGGC would never put our children in danger. Days spent sifting through papers, liaising with MP's, attending interviews attending court, being on the media, all the while fighting a horrendous cancer battle with our poorly child. Still they denied

everything. There is no elation there is no celebration that we have been proven correct just a sheer anger and sadness that it should never have happened in the first place

Kimberly Darroch

What they have said in their submission is eye opening. Children with cancer must be protected from the environment and NHS GGC had no right to gamble with their lives. I feel angry not fleeting or irrational but justified anger. Anger at a system that denied there was a problem for 6 years, anger at the lies, the minimising and the refusal to take responsibility until the final hour while my child paid the ultimate price

Charmaine La Cock and Alfie Rawson

The evidence and what NHS GGC now say confirms that we were right all along. The amount of money that has been wasted by the public purse has been huge. This could have been solved years ago with communication, honesty and a hospital that was fit for purpose. Getting to the end of the inquiry, we are hoping for answers, for change, we are hoping that someone will be held accountable. We are mad that it took this long for the answers to come, we are angry at the money and time this has cost. We are angry that our lives has been put on hold for years, to have a total u turn in the last stretch. There is no winners here, we don't feel relieved or happy with any of what is going on. We are broken beyond belief.

Louise Slorance

The GGC closing submission is a work of fiction. Stating something in a document doesn't make it true. The idea that the whole QEUH, and in particular, ward 4B is safe today is quite frankly ridiculous. The response leaves me with the feeling that I have failed in my aim to prevent what happened to my family happening to other families.

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John Cuddihy Statement provided January 2026

Molly first appeared before this inquiry in 2021, then aged 19, when she bravely provided written and oral testimony about her fight against Metastatic Ewing Sarcoma at the Royal Hospital for Children, Glasgow. In that evidence she described repeated infections from unsafe wards: ventilation failures, water risks, and a lack of coordinated, child-centred care under GIRFEC.

Molly said plainly: *"i got infections repeatedly… the wards weren't safe. They kept moving me around, but nothing changed."* Those words exposed not just clinical shortcomings, but systemic ones: absent escalation, minimised risks, and families left feeling gaslit rather than supported.

Since that time, tragedy has struck. Molly died at the age of 23 on ███ August 2025 at the Queen Elizabeth University Hospital, and her death is now the subject of an active criminal investigation.

This inquiry therefore sits at a pivotal moment. Will it issue recommendations that, in line with its remit to learn lessons from the planning, design, construction, commissioning and maintenance of these hospitals, make similar failures and consequent criminal investigations unthinkable in future, or will Scotland be left with more reports gathering dust on shelves. Molly's legacy calls for the former : enforceable governance that honours her voice and protects every child by ensuring that future NHS infrastructure provides a safe, effective, person-centred environment for care.

Molly's evidence revealed breaches of the Blueprint for Good Governance at every level. That Blueprint demands good and active governance, in which Boards and Senior Management rigorously pursue risk minimisation, escalate life-critical threats such as hospital water systems and ventilation, and ensure decisions prioritise patient safety over operational pressures in the design, commissioning and operation of major hospital facilities.

Yet in the period Molly described, wards were closed reactively, not proactively; infections

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recurred despite clear warnings; and there was no visible senior oversight of the environmental and infrastructure risks now at the heart of this inquiry. Corporate risk registers omitted these problems until enquiries forced their disclosure.

Molly's case shows diffused responsibility translated into no responsibility. The statutory duty of candour, which should help ensure that patients and families are given clear information and meaningful involvement in decisions about their care, did not operate as intended.

Families in similar situations to our own were not met with openness and apology, but with dismissal, blamed for "complexity" while the evidential picture mounted.

In paediatric oncology and palliative care, where children endure prolonged vulnerability, that culture is indefensible and directly relevant to the Inquiry's focus on communication with patients and families.

🇬🇧 English

NHS Greater Glasgow And Clyde Note Of Clarification

24/01/2026 | 3 min read

In response to a number of requests for further information, NHS Greater Glasgow and Clyde wishes to note the following key points of clarification in relation to its closing written and oral submissions to the Scottish Hospitals Inquiry (SHI).

Capital Project Objectives – As a general point it is noted that for any public sector capital project there would be an objective to bring the project in on time and on budget. Achieving this objective, especially in a very large and complex project, can be challenging and requires management to be cognisant of all factors to ensure that the project achieves the quality, safety and contract specifications required.

Pressure to Open – The comment made regarding pressure to open was made in general terms only based on the generality of the evidence that indicated that there were pressures to open "on time and on budget" from within NHSGGC with the Chief Executive at the time confirming that he would have sought updates on that basis. Evidence was heard regarding a lack of estates and facilities staff, resources at that time with associated challenges for this extremely complex project. As a result, there is a general submission made regarding the pressure to open which should be assumed came from within NHSGGC.

Knowledge of Water Issues – From the evidence of the Chief Executive/Accountable Officer in 2015, Mr Robert Calderwood, we have confirmation that he was not aware of any "water issues" or the DMA Canyon (Water) Report until 2021. From this evidence we note that the Chief Executive/Accountable Officer not aware of water issues when the hospital opened. By implication, he therefore could not have made anyone else (internal or external) aware of those issues. As such, it would not have been a factor for consideration at the point the project proceeded to open.

Retrospective position – It also noted that in retrospect the hospital opened too early. This should be read in conjunction with the aforementioned pressures and with the information that we now have available.

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Additional Note:

NHS Greater Glasgow and Clyde apologises for the historical failings that have been highlighted by the Scottish Hospitals Inquiry. We would like to reiterate our sincere and unreserved apology to the patients, families and staff affected.

NHSGGC wants to give an assurance to current patients, family members, staff and members of the public that ensuring the safe care of our patients is our key priority at all times. Comprehensive steps have been taken to address past physical defects in the building, with a significant and ongoing programme of maintenance and monitoring in place to ensure the quality and safety of the QEUH and RHC today.

Was this helpful?   Yes   No

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Search NHSGGC

Accessibility Statement

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Changes and Improvements to Policy and Processes

within NHSGGC

Lessons have been learned within NHSGGC and, as a result, comprehensive changes have been made, many of which are set out in the written submission. In addition, the Inquiry is invited to have regard to the steps which have been taken in the following areas:

- NHS GGC has embarked on a system-wide improvement programme to transform unscheduled and planned care – Transforming Together – GGC The way Forward. This initiative is responding to system pressures across acute and wider services, which potentially impact care quality and staff wellbeing. In line with national policy, local need, and Healthcare Improvement Scotland Emergency Department review findings, the programme sets a strategic vision focused on improving access, embracing digital innovation, shifting care closer to communities, and enhancing population health.
- In addition, there has been a number of new Board level Executive leadership appointments which by their very nature change an organisation – namely the Chief Executive, Executive Medical Director, Finance Director, Deputy Chief Executive in turn delivering the transformation agenda with a refreshed tone and approach.
- In addition, an enhanced skills matrix for Board recruitment and the creation of new committees focusing on improvement (e.g., People Committee for culture, equality, diversity, and inclusion; Inquiries Oversight Sub Committee).

- The approach taken to the Healthcare Improvement Scotland Emergency Department review findings further illustrates a change in approach as a learning organisation.
- In addition, the Inquiry has heard about the work to build relationships with ARHAI. Weekly meetings take place between ARHAI and GGC representatives which includes GG&C Deputy Chief Executive as well as the Director of NSS Assure. Planning is also well underway for a joint development session to address, amongst other issues:
(i) responsibilities & challenges faced by both ARHAI and GGC Infection Control Staff in delivering their respective services; and

(ii) Reflection on formal reporting processes, while also exploring opportunities to enhance informal interactions to build relationships while maintaining mutual understanding and respect.

Estates

In respect of Estates systems and processes significant improvements are in place, namely:

- The operation and control of the M&E systems is internally managed by qualified estates staff (Competent Persons – CP) with management overview from Authorised Person(s) (AP) is supported by internal NHSGGC Compliance team and an external Authorising Engineer (AE).

- Systems are audited by the Board's internal Compliance team and overseen by multidisciplinary safety groups. (AP, AE, IPC, clinical), informed by annual AE reports.
- Air: Monthly sampling in Ward 4B reviewed by ICD, with rapid joint response to any out-of-spec results. Air sampling is undertaken on a monthly basis by the IPC team in Ward 4B, analysis is undertaken by the responsible ICD. Any out of spec results are collaboratively investigated by the IPC, estates and service teams. Water sampling for the QEUH site Domestic Water System goes well beyond statutory requirements, that is Legionellae, TVC's, Pseudomonas, e-Coli. The sampling regime at the QEUH actively samples for gram negative micro-organisms. This sampling regime is monitored by the IPC and Estates Team. There is no other hospital site with such a sampling regime in place. As such, obtaining comparative data has proved challenging. At one point Dr Inkster and others researched a small number of hospital sites in England who had some data, but no such data was available in Scotland.

- Water: Managed through thermal control, circulation, and chlorine dioxide. Regular sampling tests for legionella, pseudomonas, E. coli, TVCs, and gram-negative bacteria; results are jointly reviewed by IPC and estates for trend analysis.
- The Building Management System (BMS) provides continuous oversight, alerts to deviations, and supports proactive intervention by the Estates Technical Staff Active sophisticated system that mainly monitors temperature and pressure.

- NHSGGC now has clear roles, responsibilities and accountabilities from the Chief Executive as Accountable Officer through to the Director of Estates and Facilities to the departments below. The Board is required to have Competent Persons (CPs), Authorised Persons (APs) and Authorised Engineers (AEs) (the latter of which is external to the organisation) for Water. SHTM suite of documents sets out a defined operational management structure for specific disciplines related to both Mechanical and Electrical systems which NHSGGC follow. These include CPs and APs. At the time in question, the AP and CP roles were not in place and the Board-wide AE appointment did not extend to the new hospitals. These roles are now formally appointed and an external independent AE annually validates systems, reviewing previous audits and actions. AE training of the CEO is undertaken on the specific responsibilities of the Accountable Officer. The water systems have a written plan e.g. the Water Safety Plan which comes with an overall written scheme for each site.
- In any build programme now, there is much greater awareness, understanding and training as regards the key systems with Board wide Safety Groups in place. Operational Estates are involved at the outset of capital projects ensuring a complete understanding of the system requirements and how processes will work post project. This was not previously the case with staff neither having the knowledge nor capacity to be a consistent part of the process. In addition, the role of NHS Assure supports from a national perspective.

Escalation/ Assurance/ Governance

- In terms of escalation and assurance, issues are escalated through sectoral governance teams, management, and Board committees. A structured approach day to day ensures prompt attention and remediation, with the Chief Executive playing a pivotal role. A review of clinical governance systems and process has been commissioned.
- Insofar as Board Assurance and governance changes are concerned, the approach NHS GGC is taking in respect of the Integrated Performance and Quality Report – IPQR is a core element of NHSGGC Board assurance and governance. Within the previous reporting framework of the Board, there were separate reporting routes for operational performance, finance, clinical and care governance, and corporate governance, which can make it challenging to consider and understand overall organisational performance. Moving to an IPQR brings these elements together into a single, cohesive report, offering a holistic and genuinely whole-system view

of how the organisation is performing across all of the pillars of NHS Board governance.

- NHSGGC has adopted a comprehensive, integrated governance framework aligned with national strategy. Governance is robust, transparent, and continuously improving, with a focus on culture, diversity, and population health. The organisation is committed to listening, learning, and delivering high-quality, equitable care.

Whistleblowing

Significant progress has been made in developing and embedding NHSGGC's whistleblowing process and associated support since the introduction of the National Standards in 2021. NHS GGC now has a number of supports in place to encourage staff to come forward and raise issues. These are:

- One of the most notable improvements has been the recruitment and expansion of 'Confidential Contacts'. These individuals provide a vital point of contact for colleagues across the organisation, offering support and guidance around a number of the national 'Once for Scotland' policies. This provides a holistic and accessible support system for colleagues.
- NHSGGC's Speak Up! programme is a critical component in supporting staff to ensure they know that if they have any concerns about: issues affecting their working life; the quality of service GGC offers; or the care provided to patients, there is someone within the organisation to listen to their concerns. The full range of support is promoted through a dedicated NHSGGC Speak Up! web page, including a full resource pack available for all staff and managers. Speak Up resources are frequently shared through a range of communications, including Core Brief, StaffNet and through NHSGGC's induction for all new staff, to ensure staff at all levels are equipped with the knowledge to raise issues and to feel supported in so doing.
- The GGC Whistleblowing Champion has conducted targeted outreach with individual services to encourage engagement with the available support systems and increase overall awareness of the process. These conversations have been instrumental in identifying service specific needs and enhancing trust and communication.
- To guide ongoing efforts, a comprehensive whistle blowing action plan for 2025/26 has been developed. Key components include participation in induction programmes for medical and nursing staff to ensure early awareness of the whistleblowing process and speak up support.

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- Whistleblowing is reported on a quarterly basis through the Audit and Risk Committee, ensuring regular oversight and accountability. These reports are also shared with the Independent National Whistleblowing Officer (INWO), and an annual whistleblowing report is submitted to both the ARC and Board for scrutiny prior to publication.

These collective efforts reflect NHSGGC's continued commitment to fostering a safe, supportive and transparent working environment where colleagues feel empowered to speak up. This is all closely linked to the corporate approach to culture moving forward and also a commitment to fostering an organisational culture that places greater emphasis on listening to staff, building positive and respectful relationships, and ensuring robust escalation processes are in place.

NHSGGC: What has Changed in NHSGGC's Leadership Approach and Culture

As set out within the evidence to the SHI, there have been many significant changes since the inception of the QEUH and specifically over the last circa 10 years and in particular since February 2025 onwards. In January 2026 we would note the following to be of greatest significance:

1. New Chief Executive as well as changes in key Executive Director roles
2. New Board Chair as well as significant changes in Non- Executive Board members
3. Key Governance Changes
4. New Strategic Direction – focused on system and cultural transformation
5. Changes to Wider leadership & culture
6. New approach to staff engagement – visits, transformation events, communications
7. Significant learning from the issues discussed in the SHI and the associated ongoing learning

Lessons have been learned within NHSGGC and, as a result, comprehensive changes have been made, many of which are set out in the written submission.

In support of our transformation plan, during 2025/26 we secured over £61m additional funding from Scottish Government, £20.9m is in support of our transformation of urgent care and GGC Way forward programme, £1.45m is supporting the expansion of hospital at Home services and £38.8m is supporting cancer and planned care transformation.

NHS GGC adopts the NHS Scotland's core set of values that define culture and approach to patient care: **Care and Compassion**, **Dignity and Respect**, **Openness, Honesty and Responsibility**, and **Quality and Teamwork**. These values are designed to guide staff behaviour, ensure safe and effective, person-centred care, and promote a culture of improvement.

- **Care and Compassion:** Demonstrating compassion through actions and words, listening to patients, and ensuring a safe, supportive environment.
- **Dignity and Respect:** Treating patients and colleagues with courtesy, respecting privacy, dignity, and diversity, and valuing individuality.
- **Openness, Honesty and Responsibility:** Being transparent and accountable, fostering a culture where staff feel safe to speak up, and taking responsibility for actions
- **Quality and Teamwork:** Striving for excellence through continuous improvement, collaboration, and working together to achieve the best outcomes.

In addition, the Inquiry is invited to have regard to the steps which have been taken in the following key areas:

1.   New Chief Executive and Changes in Key Executive Director Roles

The membership of NHSGGC Board has changed significantly since 2023. The appointment of the new Chief Executive in February 2025 has resulted in a significant change of organisational culture and strategic direction.

There has been a number of new Board level Executive leadership appointments which by their very nature change an organisation, four of the six Executive Director roles have been newly recruited to as follows:

- Executive Medical Director – newly appointed in October 2024
- Chief Executive – newly appointed 1st February 2025
- Deputy Chief Executive – a new role within the Board appointed to in May 2025
- Finance Director – newly appointed in October 2026

The new Chief Executive has set the vision for the transformation of NHSGGC – which has led to a very different and refreshed tone and approach to organisational transformation and improvement. This has also supported the journey to ensure lessons learned through the inquiry and other external reviews are implemented at pace.

The approach taken to the Healthcare Improvement Scotland Emergency Department review findings, further illustrates a change in approach as a learning organisation. In addition the approach taken to the recent mortuary incident, Skye House Investigation and cardiac surgery, for each of these events a series of face-to-face meetings were held and onsite staff engagement was undertaken. This change in approach ensures there is stronger accountability, immediate ownership and clarity on actions take to address issues as they arise simultaneously communication with patients and families, whilst also ensuring strong internal and external communication.

In addition, the Inquiry has heard about the work to build relationships with ARHAI. Weekly meetings take place between ARHAI and GGC representatives which includes NHSGGC Deputy Chief Executive as well as the Director of NSS Assure.   Planning is also well underway for a joint development session to address, amongst other issues:

(i) responsibilities & challenges faced by both ARHAI and GGC Infection Control Staff in delivering their respective services; and
(ii) Reflection on formal reporting processes, while also exploring opportunities to enhance informal interactions to build relationships while maintaining mutual understanding and respect.

Under new leadership, NHSGGC acknowledges its shortcomings of the past and has already made significant progress towards addressing those. It is clear that work remains to be done: this is wholly recognised and the recommendations of the Inquiry will inform that ongoing process.

2.   New Board Chair and Significant Changes in Non-Executive Board Members

The membership of NHSGGC Board has changed significantly since 2023. A new Chair was appointed in December 2023. The new Chair has taken a new and different approach to ensure visibility of Board leadership in leading the non-executive directors the chair promotes and supports all non-executive directors to regularly visit services and undertake enhanced training.

Non-Executive Board Members undergo a thorough induction process when they join the organisation, with the establishment of a 'buddy' system for newly appointed members being supported by a more experienced non-executive. Opportunities for development also exist, at a national level, for some specific non-executive roles such as Aspiring Chairs and Area Clinical Forum Chairs. The Chair also undertakes an annual appraisal for each of the non-executive directors reviewing skills sets, Board working, committee membership and any development requirements. More recently regular bus tours across the large GGC estate have been established, this supports new and longer standing non-executives to understand the areas and sites where care is provided across the system.

Corporate governance has been strengthened, one third of our 26 non-executive directors have been newly appointed since 2024, who bring with them a variety of experience from range of professional disciplines. The current non-executive directors bring skill set from a variety of professional backgrounds in other

public and private organisations including legal, financial, communication, third sector, charity, local authority, diversity /inclusion, medical and health and safety. Three of our non-executive directors are experienced in whistle blowing.

In support these changes a new enhanced skills matrix for Board recruitment, induction and ongoing training has been established. This will ensure that board assurance, scrutiny and challenge will continue to develop the strength of the Board.

3. Key Governance Changes

Since 2024 NHSGGC has embedded cultural improvement within strategic planning, governance and organisational performance frameworks, this has further strengthened Board Governance.

'The People Committee' - New Board Standing Committee

To ensure the appropriate focus on culture of the organisation at the highest level in early 2025, the Board established an additional Standing Committee to oversee culture, equality, diversity and inclusion, acknowledging recent inspections where issues of culture were raised. This committee was originally known as the People Committee, a standing committee of the Board, chaired by the Chair with an initial focus on culture. A dedicated Non-Executive Board member supports the Chair in this work.
Work on this has matured during the year and there is agreement to now merge the Staff Governance Committee and the People Committee, to be known as the Staff Governance and People Committee and this will be in place by April 2026. This will provide significant further opportunity to bring together our Board members ensuring there is a cohesive oversight of matters relating to our workforce, staff experience and organisational culture, including such issues as Speak Up, whistleblowing, communication and engagement. This underlines the dedicated focus NHSGGC is taking on these key elements.

Inquiries Oversight Board Sub Committee and other Leadership Roles

An Inquiries Oversight Sub Committee, a subcommittee of the Board, has also been established to ensure that the Board are sighted on a range of interrelated issues which may necessitate NHSGGC's involvement in legal or regulatory inquiries. In addition, two other non-executives, including the Vice Chair, are taking on lead roles in the population heath space noting the focus on the Population Health Framework, and population-based planning. These roles offer non-executive directors direct involvement in strategic design and escalation of any issues for consideration at Board level.

Patient Safety, Clinical Governance, Care & Quality

As part of our ongoing work to strengthen our governance and continuously learning we have:

- Undertaken a review of our Serious Adverse Event Policy and approved by the Board
- Undertaken work to improve our SAER processes and time taken to complete SAERs
- Duty of candour policy has been reviewed and updated
- Commissioned a review of our Clinical Governance Systems and processes up to and including the Board wide clinical governance forum

The IPQR approach offers clear benefits including:

- Providing a holistic and genuinely whole-system view of how the organisation is performing across all of the pillars of NHS Board governance Improved assurance by presenting operational, quality, clinical governance, corporate, and financial measures side by side
- Greater clarity and accessibility for decision-makers, reducing duplication and ensuring consistency across governance groups
- Enhanced ability to track progress against organisational priorities and provide a more meaningful overall view of how services are performing, not just what is being delivered.

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Governance, Leadership & Management of Capital Projects

NHS GGC manages a significant number of capital works of various complexities and capital spends. The approach to delivering projects is one of a multidisciplinary team which will have core members and seek to draw on the expert opinion of others when required.

Core to this iterative approach will be the close working relationship between the project leader, our clinical service client, IPCT and our design team. The design team will draw upon the specialist skills available allied to the technical requirements of the project. In addition, the operational estates and facilities staff will be involved throughout the business case process to ensure that the new improved asset will be able to be appropriately managed and maintained on a day-to-day basis.

The capital team has a mature working relationship with NHS Assure, and they will seek involvement in line with SCIM guidance at the appropriate junctures in the project development and execution stages. In addition, they will seek one off NHS Assure support as and when required. A number of NHS GGC staff contribute their expertise to NHS Assure working groups when guidance is being revised.

This collaborative approach has ensured that projects are delivered with all necessary technical assurances being done, the most recent example of which has been the successful delivery of the North East Hub in Glasgow, a c£70M project that will support transformational delivery of primary and community healthcare.

4. New Strategic Direction – focused on system and cultural transformation

In 2025 the new Chief Executive initiated a journey of transformation. This new chapter has established a new strategic direction, our programme of transformation is known as **'Transforming Together – The GGC Way Forward'** and is the portfolio of work that enables us to drive and deliver system-wide improvement at pace.

The programme sets a strategic vision focused on improving patient access, shifting care closer to communities, and enhancing population health through transformation of services and digital innovation. The main workstreams in the programme includes:

- Primary Care
- Mental Health
- The GGC Way Forward Programme to Support our EDs
- Interface and Urgent Care
- Women & Children's Services
- Cancer & Planned Care

Our transformation work is focussed on support addressing system pressures across acute and wider services, that impact patient care and staff wellbeing.

The key objectives of our **'Transforming Together - GGC Way Forward'** Portfolio are:

- **Improve Access** – deliver and sustain the changes required to reduce immediate pressures across our system and improve access to treatment
- **Harness Digital & Innovation** to support access and prevention -Implement digital and technological innovation to support prevention and improve access to and delivery of care.
- **Shift the Balance of Care** – Taking a whole system approach, we will shift the balance of care between acute services & our communities.

- **Improve Population Health** – Working with people to prevent illness and more proactively meet people's needs we will support proactive prevention through our existing work and through the additional investment in general practice and community-based teams. In addition, we will support the implementation of the new Population health Framework that was published in Spring 2025.
- **Creating the conditions for positive culture –** Underpinning the programme is the emphasis on engaging and listening to our staff through our programmes, as well as through active executive team engagement, visits and our "Ask the Chief Executive" initiative

Programme of Change and Improvement to support our Emergency Departments (EDs)– 'The GGC Way Forward' Programme

The GGC-Way Forward programme of change and improvement is well established, there is regular discussion between clinicians and the executive team as part of the Whole Systems Oversight Group (WSOG). Clinicians are integral members of the Whole Systems Oversight Group.

The whole system oversight groups (WSOG) chaired by Deputy Chief Executive reports to the Executive Oversight Group (EOG) chaired by Chief Executive. The Executive Oversight Group reports to the Corporate Management Team and the Finance Planning and Performance Board Sub Committee. This support further discussion between clinical teams and the full executive team.

The refreshed approach and governance group also has non-executive Board members actively participating in both the WSOG and EOG so that the opportunity for clinical voices from the front line to the Boardroom can be understood. Involvement and attendance from both Healthcare Improvement Scotland and the national centre for sustainable delivery attend and full visibility of our refreshed engagement and have the ability to contribute.

A PMO Governance and Reporting Framework has been developed and implemented – this ensures actions are completed and are delivering the intended impact for patients and staff.

All of the work to date seeks to address:
- Improving Patient safety
- Staffing/ workforce concerns and issues raised by staff
- Improving Staff wellbeing
- Providing Management support
- Ensuring Whole system approach
- Improving our Infrastructure
- Supporting improvement in ED flow

The key achievements to date in response to the work undertaken with the clinical sector teams include:

A clinically led workforce modelling work has led to:
- Increased medical workforce within QEUH ED: with six additional Clinical Fellows who took up post in August 2025 and four additional Emergency Medicine consultants recruited who take up post between February 2026 and August 2026
- Expansion of the nursing workforce with 26.55wte additional nursing staff recruited and now in post, further ongoing recruitment continues
- 3 new lead clinicians supporting the clinical directors within our EDs
- Protected clinical time is now in place for lead nurses to support the delivery of person-centred care
- While significant increased support has been put in place we continue to work across our system with our multidisciplinary clinical teams, recognising and supporting ongoing pressures
- An additional 8 wte porters have been recruited where required to support patient flow
- Peer support and networking established across EDs in all sectors implemented at General Manager level
- The commissioning of external mediation for ED staff

A55346522

- There is now an increased pool of confidential contacts with enhanced training the confidential contacts support both whistleblowing and bullying & harassment issues
- Design teams have been appointed to scope capital works in RAH and GRI EDs

Developing an organisational wide approach to Quality: 'Quality, Everyone, Everywhere'

During 2024 we developed a new organisational wide quality strategy – 'Quality, Everyone, Everywhere', work to date has included:

- Co-design of the new Kindness Programme
- Working with staff and patients we co-produced 'Person-Centred Standard and Measures'
- Through a large, accelerated design event with our key stakeholders and partners we started the co-design of our new Palliative Care and Care Around Dying Strategy
- Development and testing of a NHSGGC quality management system partnering with NHS HIS as they develop a system for NHS Scotland
- We have continued to build and grow the Quality Improvement capability of staff across our whole system, though additional QI training and development
- NHSGGC are developing their first prevention and infection control strategy closely aligning to Scottish Governments developing national infection control strategy and in line with the World Health Organisations Infection Prevention Strategy

Progress was presented at the Board in June 2024 this showed the active progress to embed a culture of kindness, person-centred care, and continuous improvement. In 2026/27 we will focus on:
- Establishing the Quality Strategy Programme Board
- Embedding the Quality Management System
- Scaling the Kindness Programme with measurable outcomes
- Continuing to invest in training and leadership capacity
- Strengthening co-production and communication

The work to date highlights a system that is increasingly aligned with our strategic vision for 'Quality Everyone Everywhere'. As NHSGGC moves into 2026/27, the need for a unified quality infrastructure, enhanced digital solutions and a strong leadership capacity are central to sustaining momentum and achieving long-term impact.

5. **Changes to Wider Leadership and Culture**

There has been a significant shift in leadership approach and culture, taken forward by the new Chair and Chief Executive supported by the wider NHSGGC Board.

- **Whole system working** – there is an increased focus and collaboration with all Chief Officers and HSCPs through the establishment of the weekly whole systems director group and the whole system programme of transformation.
- **Leadership Capacity & Style** – there has been an investment in addition leadership capacity through the development of a new deputy Chief operating officer role, Director of Whole System Flow and the creation of a new Interface division.
- **Transparency and our Learning Culture** – the leadership team are committed to learning and being transparent and open when things go wrong. For example, the recent mortuary incident, ED HIS Review, Skye House Investigation, cardiac surgery and our work with ARHAI. This change in approach ensures there is stronger accountability, immediate ownership and clarity on actions take to address issues as they arise simultaneously communication with patients and families, whilst also ensuring strong internal and external communication.

6. New Approach to Staff Engagement – Visits, Transformation Events & Communications

Staff Engagements: Regular Staff Engagement Visits

A new structured schedule of staff engagement visits commended in February 2025, which involve the chair and Chief Executive, Executive Directors and Non-Executive Directors to regularly meet and engage with staff including clinical and clinical support teams. A key part of all Board member roles is to engage with staff, as part of new non-Executive Directors induction organised visits to departments and clinical areas to meet staff. During 2025, over 60 scheduled visits were made to frontline services by Non-Executive Directors, with a further 14 by the Chair and 21 by the Chief Executive, with many more ad hoc opportunities to meet staff.

Board seminars and board briefing sessions now take place throughout the year to support in depth discussions and scrutiny of key issues and challenges. The location of Board meetings are rotated and at the end of board meetings a meet the board session is held with staff groups invited to meet board members, further enhancing Board visibility and staff contact.

Regular visits support ongoing engagement between the leadership team, wider Board members and frontline staff and supports two-way discussion and ability for staff to raise issues that executives can help support to progress and resolve.

Staff Engagement: Transformation Events

In March 2025 we designed and established our Hackathon series of staff engagement. Our Hackathons provide space and time to 'hack' key service problems and issues whilst and function as a space to co-design solutions, creating a listening environment where staff from across our whole system can design the way forward for their services.

Since March 2025, we have held four hackathons with a total of 675 participants from across NHS GGC and our 6 HSCPs, the vast majority of hackathon participants are clinical staff working across a range of clinical disciplines and professions within NHSGGC and within HSCP community services.

Our 5th Hackathon is being held on 30th January 2026, where through innovative thinking and collaboration we will develop and design solutions and new pathways to drive transformative improvement across; Women's Health, Gynaecology, Maternity, Paediatrics and Neonatology. We are in the early stages of developing plans for our 6th and 7th hackathons which will cover education and training and surgical services.

Hackathons are now a recognised approach to maximise engagement, transparency and ensuring staff are involved in decisions and design relating to service provision. Each Hackathon has a clearly defined purpose and clear planned outputs. The outputs of each hackathon drive transformation, change and improvement across our system for the benefit of our patients and our staff. They are inclusive where best practice is shared and ensure staff are at the heart of NHSGGC transformation.

Feedback from clinical staff who have participated in our Hackathons has been hugely positive, the outputs of our hackathons have enabled us to progress the implementation of our new virtual hospital pathways at pace. The expansion of our virtual hospital provides a more patient centred approach to care and also supports reducing the significant pressures on our hospital sites.

Internal Communications and Employee Engagement Strategy

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Over recent years, NHSGGC has fundamentally strengthened the way it listens to, communicates with and involves its workforce through the development of a modern Internal Communications and Employee Engagement (ICEE) approach.

We were one of the first Boards in Scotland to develop this, working with staff and stakeholders through 2022 to ensures a consistent, organisation wide framework that places the employee voice at its centre. This structured approach brings together digital platforms, face- to- face engagement, manager- -led conversations and targeted staff experience insights, creating a more connected, transparent and responsive system. As a result, staff now have clearer routes to contribute their views, influence decision- making- and see how their feedback shapes organisational priorities.

Key elements of the strategy include:
- iMatter: iMatter remains the largest and most comprehensive source of staff feedback, with over 27,000 staff participating annually. NHSGGC has consistently delivered employee engagement scores in the Strive and Celebrate green range, benchmarked with Boards across Scotland. The organisation has built more robust systems to ensure that team level- action planning is meaningful and that issues raised locally can be escalated through Workforce Cluster Groups or corporate governance routes.
- Collaborative Conversations: These facilitated conversations, engaging with over 500 staff every year, bring staff and leaders together to discuss local concerns, priorities and opportunities for improvement. They promote honest dialogue, allow teams to explore issues in depth, and have become a core component of overall culture development.
- Team Talk: A structured monthly conversation between managers and staff. It provides teams with clear organisational updates and creates space for local discussion about how national or board wide decisions affect day- to- day work. It has strengthened consistency, clarity and two- w-ay communication across the organisation.
- Hackathons: NHSGGC has introduced systemwide Hackathons as a way of involving hundreds of leaders and staff in -problems olving key cultural issues. These events gather -realtime- insight into behaviours, expectations, leadership challenges, communication issues, and what staff believe "good culture" looks like. Hackathons have reinforced a sense of shared ownership of culture change and our Transformation agenda.
- Speak up: As set out in the dedicated section above, a strengthened Speak Up campaign, including a dedicated microsite and resource pack, ensures that staff know how to raise concerns safely and what support is available. This is complemented by Peer Support networks, Civility Saves Lives champions, and a clear organisational stance on zero tolerance of harassment or discrimination.

Listening to the voices of *all* our staff - Equality, Diversity and Inclusion
NHSGGC has made significant progress in creating a more inclusive, equitable and diverse workplace. Key achievements include:
- A strengthened Workforce Equality Group sponsored at Director level.
- Improved equality data collection, with month on- -month improvements reported across all protected characteristics over the last three years.
- New reasonable adjustment guidance and improved processes for supporting staff with disabilities.
- Delivery of BME leadership and mentoring programmes, with our first anti-racism plan published in 2025 co-created with our BME Network.
- Annual equality events celebrating Pride, Black History Month, Disability History Month and others.
- External accreditations including Disability Confident and Defence Employer Recognition Scheme Gold.

These developments reflect NHSGGC's recognition that EDI is an essential component of a healthy organisational culture.

Independent Assurance and Validation

A crucial component of NHSGGC's cultural journey has been the use of independent external validation to benchmark progress, identify gaps and ensure that improvement efforts remain grounded in evidence.

NHSGGC undertook one of the largest and most complex Investors in People (IiP) assessment programmes in NHS Scotland. Beginning with a pilot at Inverclyde Royal Hospital and expanding across five site clusters, the organisation completed two rounds of assessments before achieving board-wide accreditation in 2024.

The IiP process involved thousands of staff in surveys, focus groups and interviews. It highlighted strengths including:

- Strong pride in teams and in the contribution staff make to patients and communities.
- Clear improvements in leadership visibility and accessibility.
- Growing peer to peer support networks.
- Improved confidence in communication and change management processes.

IiP also provided clear areas for further improvement, helping NHSGGC develop more targeted action plans. The accreditation is a powerful independent confirmation that the organisation is moving in the right direction.

An external audit commissioned by NHSGGC's Audit Committee found that the organisation's Internal Communications and Employee Engagement Strategy was well structured, coherent and aligned to organisational priorities. It praised governance arrangements, identified only minor areas for improvement, and affirmed the organisation's strong foundation for continuing to embed staff voice.

7.   Significant Learning & Associated Ongoing Learning

There has been significant learning within NHSGGC from the issues discussed during the Scottish Hospitals Inquiry. In support of this we have undertaken a wide range of improvement actions, detailed information setting out all of the work to date, is set out in the attached appendices:

- **Appendix A: Estates - Changes and Improvements we have made to ensure QEUH and RHC are safe**
- **Appendix B: Culture - Our Improvement Journey, (including improvements in our whistle blowing process)**

All of the above work has supported the ongoing rebuilding of trust and confidence in NHSGGC. It is important to note there is significant work ongoing as set out at the Inquiry by Professor Gardner who is now leading the organisation on the journey of transformation and improvement.

NHSGGC Board is prioritising the journey of change, improvement and transformation. It will take time to embed across all staff groups and illustrate the commitment to ensuring trust and priority of confidence, where values are embedded from top to bottom to ensure patient safety at the heart and staff feel safe both to challenge and to provide ideas to improve.

Appendix A: NHS GGC – Change and Improvement - Estates

1.Overview

In respect of Estates systems and processes significant improvements are in place, namely:

- The operation and control of the M&E systems is internally managed by qualified estates staff (Competent Persons – CP) with management overview from Authorised Person(s) (AP) is supported by internal NHSGGC Compliance team and an external Authorising Engineer (AE).
- Systems are audited by the Board's internal Compliance team and overseen by multidisciplinary safety groups. (AP, AE, IPC, clinical), informed by annual AE reports.

2. Domestic Water System – the water in the QEUH/RHC Campus is Safe
In 2018 NHSGGC initiated the installation of a Chlorine dioxide dosing system throughout the hospitals to enhance the water quality, this provides an additional assurance that the water is safe. This is subject to regular testing and scrutiny.

- A robust Water Safety Plan in place and there is a dedicated and fully accredited team responsible for the management of the water system
- The water sampling is validated by an external laboratory with results shared simultaneously with IPC and estates.
- NHSGGC has in place clear infection prevention and control processes which allow vigilance and ability to act quickly to minimise harm.

2.1 Water Systems - Maintenance and Monitoring

In addition to regular mandatory water sampling we have the largest water sampling programme in the country (in the QEUH / RHC there are in excess of 30,000 water tests per year) this is by far in excess of what is required when compared to national requirements.

2.2 Water Systems - Assurance and Reporting

We have strong water safety governance in place:
- The water safety group meets every two months
- Water safety plan is in place which is reviewed annually by the authorising engineer whose role is to provide external assurance
- The Building Management System (BMS) provides continuous oversight, alerts to deviations, and supports proactive intervention by the Estates Technical Staff Active sophisticated system that mainly monitors temperature and pressure.
- NHSGGC now has clear roles, responsibilities and accountabilities from the Chief Executive as Accountable Officer through to the Director of Estates and Facilities to the departments below. The Chief Executive as accountable Officer has undertaken Responsible person training for water safety
- The Board is required to have Competent Persons (CPs), Authorised Persons (APs) and Authorised Engineers (AEs) (the latter of which is external to the organisation) for Water. SHTM suite of documents sets out a defined operational management structure for specific disciplines related to both Mechanical and Electrical systems which NHSGGC follow. These include CPs and APs. At the time in question, the AP and CP roles were not in place and the Board-wide AE appointment did not extend to the new hospitals. These roles are now formally appointed and an external independent AE annually validates systems, reviewing previous audits and actions.
- In any build programme now, there is much greater awareness, understanding and training as regards the key systems with Board wide Safety Groups in place. Operational Estates and Facilities are involved at the outset of capital projects ensuring a complete understanding of the system requirements and how processes will work post project. This was not previously the case with staff

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neither having the knowledge in some cases, nor capacity to be a consistent part of the process. In addition, the role of NHS Assure supports from a national perspective.

3. Ventilation - the ventilation in the QEUH/RHC Campus is Safe

3.1 Ventilation Maintenance and Monitoring
Whilst the hospital's general ward ventilation systems does not meet Scottish Health Technical Memorandum (SHTM) guidance, it does meet the minimum regulatory building standards.

The systems are managed and maintained in accordance with the requirements of SHTM0301. There is no clinical evidence to suggest the lower air change rate has caused infections. This was supported by the recent independent audit undertaken by Mr Popplett, the external expert appointed by the Scottish Hospital Inquiry.

Since the opening of the hospitals in 2015, significant work has been carried out and continues to be undertaken to reduce the environmental risks in our hospitals to help us to provide high quality care.

Multiple internal and external reviews, including Scottish Government-commissioned reports and Healthcare Improvement Scotland (HIS) inspections, have scrutinised hospital safety. The findings indicate improvements in IPC measures, governance, facility upgrades, and adherence to recommendations aimed at enhancing patient safety.

Key messages include:
- Some critical air systems did not initially fully meet the standard, but have since had further works done to attain this, or have a multidisciplinary derogation in place
- All critical air systems are subject to full annual verification process, this is a full system overview by internal Authorised Persons (AP) and our Authorising Engineer (AP)
- All systems are subject to regular maintenance checks in line with guidance recommendations
- NHSGGC has implemented governance structures, regular audits, and a quality improvement strategy, leading to strong IPC performance and as always aligned with national standards.

3.2 Ventilation Systems - Assurance and Reporting
Our systems have an ongoing planned maintenance programme in place and where required have annual verifications, supported by external assurance.

Multiple internal and external reviews have led to a number of improvements via their recommendations and requirements which has included the following:
- An extensive refit of Ward 2A/2B in the RHC has been completed, including replacement of the ventilation systems (Critical) - the ward reopened in March 2022, and was officially renamed the Schiehallion' unit
- Ventilation system (Critical) for our adult Bone Marrow Transplant unit in Ward 4B;
- Specialist ventilation systems (Critical) in our, endoscopy, ITU and HDU, Neonatal Intensive Care Unit and Paediatric Intensive Care Units.

4.Internal and External Validation and Assurance – Water System & Ventilation System

The Board management assurance systems includes both internal and external assurance. The water testing and dosing regime and the air monitoring are bespoke, and more rigorous than any other hospital in the UK, as confirmed by Mr Poplett an expert witness at the public Inquiry.

Extensive remedial actions have been implemented. These included:

- Chlorine dioxide dosing to the whole water system
- The installation of point of use filters on outlets in key patient areas
- Systematic monitoring of water quality, beyond national requirements, has been put in place to ensure that high standards are achieved and maintained. The present regime for testing exceeds requirements and recommendations set out in national guidance (where such guidance exists) in terms of testing frequency, locations tested (general as well as high risk), types of tests performed and thresholds to trigger action
- Robust air testing, where necessary is in place
- Improvements to the ventilation systems have been made where practicable.
- Monthly sampling in Ward 4B QEUH reviewed by ICD, with rapid joint response to any out-of-spec results. Air sampling is undertaken on a monthly basis by the IPC team in Ward 4B, analysis is undertaken by the responsible ICD. Any out of spec results are collaboratively investigated by the IPC, estates and service teams.

QEUH/RHC is safe and patients can be confident of the environment in which they will be treated because of the proactive and reactive work that goes on every day. It was acknowledged during the Inquiry that Ward 2A to be 'safe'.

The Board's Incident Management Framework (IMPF) has now been reviewed, updated and agreed by ARHAI. During 2025, there has been ongoing engagement and intervention at Chief Executive level between NHSGGC and NHS NSS.

A range of activity and developments have taken place in the infection, prevention and control processes within NHSGGC. These include:

- There is full scrutiny of IPC performance through Board governance including a HAIRT report presented at every public Board meeting.
- NHSGGC hospitals consistently perform in line with or better than the Scottish Government Indicators for Healthcare Associated Infection.
- NHSGGC has had a dedicated quality improvement collaborative for four years, demonstrating improved performance in relation to key infections across all sites.
- NHSGGC has developed an IPC Strategy, which is currently in final draft, and was the first Board to develop an assurance and accountability framework.
- Two healthcare scientists have been appointed to support the work of the infection control team.

5.Next Steps 2026 - Further External Revalidation

NHSGGC Board has plans to build on the work undertaken by the external experts to the Inquiry and continue to draw on the expertise of national agencies and industry experts in 2026.

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Appendix B: NHSGGC Culture - Our Improvement Journey

Since 2015, NHS Greater Glasgow and Clyde (NHSGGC) has undergone a significant and sustained transformation in organisational culture. These changes have been driven by an explicit commitment to listening more deeply, responding more transparently, and ensuring that staff experience is central to how the organisation designs, delivers and evaluates its services.

This transformation has involved structural reform, long-term leadership investment, new governance systems, external validation, independent scrutiny, and the delivery of major culture and people-focused strategies. A wide range of staff and partners have been involved in shaping these developments, and the organisation has put in place clear mechanisms to ensure that the voices of its 42,000 staff are heard consistently and acted upon meaningfully.

NHSGGC is a fundamentally different organisation—more open, more inclusive and more focused on continuous improvement.

1. Building a Listening Organisation

A central focus of NHSGGC's cultural evolution has been the deliberate creation of systems that amplify staff voice and ensure that feedback informs decision-making at the highest levels. We are *listening, learning and Transforming Together*. The drive to become a genuinely listening organisation has been achieved through:
- Establishing permanent structures for staff voice
- Expanding opportunities for feedback, and
- Embedding psychological safety as a cultural expectation.

One of the most representations of that organisational changes took place in 2020 with the creation of the Staff Experience function. This dedicated team was established to ensure that listening to staff is not an occasional activity, but a continuous element of organisational governance. Its remit includes:
- Leading the delivery of the iMatter programme across all sites and services
- Coordinating the Staff Governance Standard and providing assurance to the Board
- Managing staff feedback channels and ensuring concerns are escalated appropriately
- Supporting the development of leadership behaviours that foster trust, openness and collaborative working
- Leading staff engagement initiatives, equality forums, and improvement planning.

The establishment of this function demonstrates a clear organisational commitment: staff experience is not peripheral to organisational performance—it is foundational to it.

2.Speak Up

Speak up has been at the heart of our approach to Employee Engagement. To ensure a culture of speaking up, NHSGGC has a number of supports in place to encourage staff to come forward and raise issues. NHSGGC's Speak Up! programme is a critical component in supporting staff to ensure they know that if they have any concerns about issues affecting their working life, the quality of service GGC offers or the care provided to patients, there is someone within the organisation to listen to their concerns.

The full range of support is promoted through the dedicated Speak Up! - NHSGGC page, including a full resource pack available for all staff and mangers Speak Up Resources Pack for Line Managers - NHSGGC. A one page diagram, for staff to share in team areas and on their notice boards has been produced as set out below.

Speak Up! Resources

NHS Greater Glasgow and Clyde

NHSGGC's Speak Up! Campaign is to ensure that staff know that if they have any concerns about issues affecting their working life, the quality of service we offer or the care provided to our patients, there is someone within the organisation to listen to their concerns.

First Point of Contact (where appropriate)

Your Manager (or their manager)

Emotional Support and Listening Services

Spiritual Care & Bereavement Support	Support & Information Services	Peer Support	Counselling & Psychological Services	Bullying & Harassment Confidential Contacts
www.nhsggc.scot/spiritual-care-and-chaplaincy-service	www.nhsggc.scot/support-and-information-service	www.nhsggc.scot/peer-support-network	Call 0141 277 7623	

Professional Policy and Process Advice

Trade Unions & Partnership	Confidential Contacts - Whistleblowing	Occupational Health	Human Resources Support & Advice Unit
Email: Kirstin.McKenzie@ggc.scot.nhs.uk	www.nhsggc.scot/confidential-contacts	www.nhsggc.scot/occupational-health	Call 0141 278 2700 Monday to Friday from 9.00am - 5.00pm, or use the self-service portal at https://nhsnss.service-now.com/ggc_hr

Raising Issues

Datix (Incidents and near misses)	Whistleblowing (For service concerns/issues of public interest)	Trade Unions & Partnership
http://datix.xggc.scot.nhs.uk/datix/live/index.php	Email: ggc.whistleblowing@ggc.scot.nhs.uk. Or for more information: www.spso.org.uk	Email: Kirstin.McKenzie@ggc.scot.nhs.uk

Find out more on the intranet here: https://scottish.sharepoint.com/sites/GGC-CorporateServices/SitePages/Speak-Up.aspx or use the QR CODE

Speak Up resources are frequently shared through a range of communications, including Core Brief, StaffNet and through our induction for all new staff. We have integrated the sharing of these resources into dedicated programmes as campaigns, such as promoting via staff led equality groups –the BME Network, LGBTQ+ Staff Forum and Staff Disability Forum – or via dedicated programmes such as our Stand Up To Racism campaign or the Sexual Harassment: Cut It Out Programme.

This is complimented by a range of communications and programmes, with underpinning training, including:

- Developing and launching a Speak Up, Learn Pro Module
- Monthly Active Bystander training, that all staff can sign up for
- Dedicated Hate Crime training, particularly promoted in the run up to Hate Crime week in October every year
- Dedicated sessions at our Annual Equality, Diversity and Inclusion Conference, which this year had a specific focus on creating psychological safety for all staff
- Via our Equality, Diversity and Inclusion training, rolling out to all managers in 2025, delivered in partnership with Glasgow College.

Speak-up Action Plan 2025/26 - Summary of Actions Undertaken

Focussed Actions
- Gap analysis on speak-up awareness and training needs completed
- Anonymous survey issued
- Gap analysis report produced
- Bespoke training and support planning underway

Confidential Contacts
- Confidential Contacts expanded from 14 to 21
- Development sessions delivered, including one in May 2025 and another scheduled for November 2025
- Whistleblowing Champion attending Confidential Contacts Forums
- Promotion enhanced via Core Brief and Team Talk
- Board briefing session and follow-up actions completed

Awareness & Confidence
- Raising Awareness
- Whistleblowing updates included in Core Brief and Team Talk
- Speak Up Week confirmed (29 Sept – 3 Oct) with in-person sessions
- Work underway to integrate whistleblowing messaging into staff induction

Engagement With Management & Services
- Meetings arranged with less-likely-to-use groups: Procurement, Student Nursing, Medical Staffing
- Attendance planned at Integrated Joint Boards
- Hot Spot Area Engagement
- Meetings scheduled with FNC and Maternity Services to build confidence that concerns are heard

Standard practice introduced
- Meetings between whistleblower and investigator at conclusion of cases
- Internal action plan monitoring implemented

Treatment of Whistleblowers
- Work ongoing to improve feelings of safety and trust, including:
- Increased visibility of the Whistleblowing Champion
- Development of video/blog content to support cultural messages
- Reviewing learning from previous cases and exploring anonymised sharing
- Monitoring via iMatter and staff surveys

Speak Up Action Plan
Final - 25-26 - Nov 25

3.Whistleblowing – Process and Improvements

Significant progress has been made in developing and embedding our whistleblowing process and associated support since the introduction of the new Whistle Blowing Standards in 2021.

A key element of our Speak up programme is ensuring that we have an open, transparent and accessible approach to Whistleblowing that all our staff know how to access and have confidence in.

One of the most notable improvements has been the recruitment and expansion of our Confidential Contacts. These individuals provide a vital point of contact for colleagues across the organisation, offering

support and guidance around a number of the national Once for Scotland policies. This provides a holistic and accessible support system for colleagues. The contacts are also actively involved in promoting the Speak Up campaign, including engagement stalls in atrium spaces across the campus, contributing to wider training initiatives, and supporting events such as the EDI Conference held on 14th August 2025. Their visibility plays a crucial role in normalising speaking up and reinforcing a culture of openness and support.

In addition, the Whistleblowing Champion, with support from the Corporate Services Manager for Governance, has been conducting targeted outreach with individual services, including Primary Care and Procurement, to encourage engagement with the available support systems and increase overall awareness of the process. These conversations have been instrumental in identifying service specific needs and enhancing trust and communication.

To guide the ongoing efforts, a comprehensive action plan for 2025/26 has been developed, based on a gap analysis survey performed in 2023 and again in 2025. Key components include participation in induction programmes for medical and nursing staff to ensure early awareness of the whistleblowing process and speak up support. Proactive engagement with university partners to ensure that student nurses and medical trainees are fully informed about how to access support during their placements.

Whistleblowing is reported on a quarterly basis through the Audit and Risk Committee, ensuring regular oversight and accountability. These reports are also shared with the Independent National Whistleblowing Officer (INWO), and an annual whistleblowing report is submitted to both the ARC and Board for scrutiny prior to publication. The Non-Executive Whistleblowing Champion is a member of the ARC, which ensures that whistleblowing matters receive appropriate attention and challenge at a senior governance level. Additionally, the action plan to improve engagement and support has been reviewed and endorsed by the Corporate Management Team, with the Board maintaining strategic oversight of our efforts.

The NHSGGC Chief Executive has reached out to the Whistleblowers engaged with the Scottish Hospitals Inquiry to seek to arrange a meeting.

PDF
2026-01-13 Letter
from CEX (1).pdf

The NHSGGC Corporate Services Manager for Governance chairs the national Whistleblowing Practitioners Forum, which has active input from the INWO, ensuring NHSGGC stays abreast of emerging national issues as well as driving forward standardised change.

These collective efforts reflect our continued commitment to fostering a safe, supportive and transparent working environment where colleagues feel empowered to speak up. This is all closely linked to the corporate approach to culture moving forward and also a commitment to fostering an organisational culture that places greater emphasis on listening to staff, building positive and respectful relationships, and ensuring robust escalation processes are in place.

At the Board Seminar dedicated to Culture on 13th November 2025, Whistleblowing was a key element. A presentation was delivered by Brian Auld, NHSGGC Non-Executive and Whistleblowing Champion, to all NHSGGC Board Members. This provided an update of recent improvements and next steps.

> *"My pledge as your Whistleblowing Champion is to ensure that we create the best environment that allows you to be courageous and take that first step with raising any concerns that you may have."* **Brian Auld, Non-Executive Board Member and Whistleblowing Champion**

Four main areas:
- Focussed Actions / Awareness Baseline
- Gap analysis to understand awareness of speak-up processes
- Staff insights: e.g. 39% fear retaliation, 25% feel no learning takes place from outcomes

Confidential Contacts:
- Recruitment of seven new confidential contacts
- Enhanced training, reporting processes, and visibility
- Promotion via internal communication channels and Speak Up Week

Building Confidence
- Targeted induction for new staff
- Engagement with unions and professional bodies
- Direct contact with managers and hard-to-reach staff groups

Detrimental Treatment / Safety to Speak Up
- Understanding beliefs about retaliation
- Improving board visibility and champion engagement
- Stronger feedback loops and organisational learning
- Better use of local and national data to drive improvement

4.Culture, Strategy and Governance

NHSGGC has embedded cultural improvement within strategic planning, governance and organisational performance frameworks.

To ensure the appropriate focus on culture of the organisation at the highest level in early 2025, the Board established an additional Standing Committee to oversee culture, equality, diversity and inclusion, acknowledging recent inspections where issues of culture were raised. This committee was originally known as the People Committee, a standing committee of the Board, chaired by the Chair with an initial focus on culture. A dedicated Non-Executive Board member supports the Chair in this work.

Work on this has matured during the year and there is agreement to now merge the Staff Governance Committee and the People Committee, to be known as the Staff Governance and People Committee and this will be in place by April 2026. This will provide significant further opportunity to bring together our Board members ensuring there is a cohesive oversight of matters relating to our workforce, staff experience and organisational culture, including such issues as Speak Up, whistleblowing, communication and engagement. This underlines the dedicated focus NHSGGC is taking on these key elements.

5.Workforce Strategy 2021–2025 and 2025-30

In order to respond to a range of culture challenges, NHSGGC developed our first Workforce Strategy to cover the period 2021–2025. This set out 40 commitments, related to wellbeing, leadership, learning, recruitment, succession planning, equality, safety and culture.

The structured delivery of the strategy—monitored by senior governance groups—demonstrates a sustained and coordinated approach.

In 2024, we developed the next iteration of our strategy to cover the period 2025-2030. We received over 1000 comments and ideas from our staff through an open and wide ranging consultation process. The new five-year strategy strengthens this commitment by placing Culture and Leadership as one of four key pillars. Key commitments include:
- Fostering compassionate, inclusive, and accountable leadership behaviours
- Embedding organisational values in daily practice
- Building a culture where staff feel safe, supported, and empowered
- Enabling leaders at all levels to model positive behaviours and support cultural improvement

The strategy reflects the organisation's understanding that culture is not a standalone initiative—it is integral to everything NHSGGC seeks to deliver.

Internal Communications and Employee Engagement Strategy

Over recent years, NHSGGC has fundamentally strengthened the way it listens to, communicates with and involves its workforce through the development of a modern Internal Communications and Employee Engagement (ICEE) approach.

We were one of the first Boards in Scotland to develop this, working with staff and stakeholders through 2022 to ensures a consistent, organisation-wide framework that places the employee voice at its centre. This structured approach brings together digital platforms, face-to-face engagement, manager-led conversations and targeted staff-experience insights, creating a more connected, transparent and responsive system. As a result, staff now have clearer routes to contribute their views, influence decision-making and see how their feedback shapes organisational priorities.

Key elements of the Strategy include:
- iMatter: iMatter remains the largest and most comprehensive source of staff feedback, with over 27,000 staff participating annually. NHSGGC has consistently delivered employee engagement scores in the Strive and Celebrate green range, benchmarked with Boards across Scotland. The organisation has built more robust systems to ensure that team-level action planning is meaningful and that issues raised locally can be escalated through Workforce Cluster Groups or corporate governance routes.
- Collaborative Conversations: These facilitated conversations, engaging with over 500 staff every year, bring staff and leaders together to discuss local concerns, priorities and opportunities for improvement. They promote honest dialogue, allow teams to explore issues in depth, and have become a core component of overall culture development.
- Team Talk: A structured monthly conversation between managers and staff. It provides teams with clear organisational updates and creates space for local discussion about how national or board-wide decisions affect day-to-day work. It has strengthened consistency, clarity and two-way communication across the organisation.
- Hackathons: NHSGGC has introduced system-wide Hackathons as a way of involving hundreds of leaders and staff in problem-solving key cultural issues. These events gather real-time insight into behaviours, expectations, leadership challenges, communication issues, and what staff believe "good

culture" looks like. Hackathons have reinforced a sense of shared ownership of culture change and our Transformation agenda.

- Speak up: As set out in the dedicated section above, a strengthened Speak Up campaign, including a dedicated microsite and resource pack, ensures that staff know how to raise concerns safely and what support is available. This is complemented by Peer Support networks, Civility Saves Lives champions, and a clear organisational stance on zero tolerance of harassment or discrimination.

Listening to the voices of *all* our staff - Equality, Diversity and Inclusion

NHSGGC has made significant progress in creating a more inclusive, equitable and diverse workplace. Key achievements include:

- A strengthened Workforce Equality Group sponsored at Director level.
- Improved equality data collection, with month-on-month improvements reported across all protected characteristics over the last three years.
- New reasonable adjustment guidance and improved processes for supporting staff with disabilities.
- Delivery of BME leadership and mentoring programmes, with our first anti-racism plan published in 2025 co-created with our BME Network.
- Annual equality events celebrating Pride, Black History Month, Disability History Month and others.
- External accreditations including Disability Confident and Defence Employer Recognition Scheme Gold.

These developments reflect NHSGGC's recognition that EDI is an essential component of a healthy organisational culture—not an optional addition.

Independent Assurance and Validation

A crucial component of NHSGGC's cultural journey has been the use of independent external validation to benchmark progress, identify gaps and ensure that improvement efforts remain grounded in evidence.

NHSGGC undertook one of the largest and most complex Investors in People (IiP) assessment programmes in NHS Scotland. Beginning with a pilot at Inverclyde Royal Hospital and expanding across five site clusters, the organisation completed two rounds of assessments before achieving board-wide accreditation in 2024.

The IiP process involved thousands of staff in surveys, focus groups and interviews. It highlighted strengths including:

- Strong pride in teams and in the contribution staff make to patients and communities.
- Clear improvements in leadership visibility and accessibility.
- Growing peer-to-peer support networks.
- Improved confidence in communication and change-management processes.

IiP also provided clear areas for further improvement, helping NHSGGC develop more targeted action plans. The accreditation is a powerful independent confirmation that the organisation is moving in the right direction.

An external audit commissioned by NHSGGC's Audit Committee found that the organisation's Internal Communications and Employee Engagement Strategy was well structured, coherent and aligned to organisational priorities. It praised governance arrangements, identified only minor areas for improvement, and affirmed the organisation's strong foundation for continuing to embed staff voice.

6. Key Characteristics of NHSGGC in 2026

Through 2025, there has been an even greater focus on our culture, as demonstrated through the creation of our People Committee. This has been further embedded in 2025 through:

- **A cultural audit** in June 2025, this has included a review of the iMatter results, Investors in People (IIP) Accreditation feedback, extensive staff engagement (e.g. >1,000 comments through Workforce Strategy consultation) and core people metrics such as levels of turnover and sickness absence. This enabled an understanding of the current position and has informed next steps.

- **A Board seminar** on 13 November 2025 had a focus on culture. Items included key cultural topics and provided the opportunity for Board Members to discuss, provide feedback and shape the culture of NHSGGC. Discussion topics included the culture mapping that was undertaken, the Speak Up! campaign and Board members had the opportunity to input into the 2026/27 Anti-Racism Plan.

- **A Culture Hackathon** took place on 5th December and brought together 200 colleagues from a cross-section of staff. A key output was the development of a practical toolkit to respond to cultural challenges of different complexities, from small culture challenges within a team to those that affect the whole organisation. The hackathon provided useful insight on participants experiences across the organisation which will inform our next phase of culture work, overseen by the Staff Governance and People Committee.

Demonstrating how we are responding to the voice of our staff and key service pressures, we have acted swiftly to work with staff to address the issues raised via the Health Improvement Scotland report on our Emergency Departments published at the start of 2025. Over this year, we have put in place:

- A range of listening sessions led personally by the Chief Executive and the senior team
- Dedicated local cluster groups, with trade union and local staff representatives, co-creating and driving improvement plans
- Support from external consultancy, ensuring that there was an independent voice our staff could speak to
- A pulse survey to track progress.

These activities are continuing to drive a focus on culture as we start 2026, through continuing to build leadership capacity, ensuring an open, listening culture and a celebration of the diversity of our people. We will provide further development for leaders to reduce variability across NHSGGC and will further develop the culture dashboard to enable earlier identification of cultural issues.

This wide range of programmes and initiatives provides us with confidence that NHSGGC is an organisation that is *Listening, Learning and Transforming Together*, and is on a journey to become:

- **More open:** Staff now have multiple safe channels to speak up, challenge constructively and influence change.
- **More inclusive:** Equality, dignity and respect are embedded in leadership expectations and organisational processes.
- **More connected:** Cross-team collaboration, culture hackathons and workforce clusters break down silos.
- **More reflective:** Independent evaluation, iMatter trends, IiP findings and audit outcomes inform continuous learning.
- **More compassionate:** Wellbeing supports, peer networks, menopause services and mental health provision demonstrate care for staff as individuals.
- **More structured:** Culture is embedded in strategies, governance and leadership development

Bundle of documents for Oral hearings commencing from 20 January 2026 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 52 – Volume 12
Miscellaneous Documents