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# Unannounced Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Golden Jubilee University National Hospital  
NHS Golden Jubilee

21 – 22 November 2023

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First published February 2024

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# About our inspection

## Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures, the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland [Quality Assurance Framework](#). Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

## Our focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

## About the hospital we inspected

NHS Golden Jubilee is classified as a special health board and has a national portfolio that includes the Golden Jubilee University National Hospital, The NHS Scotland Academy, The National Centre for Sustainable Delivery, Golden Jubilee Research Institute and Golden Jubilee Conference Hotel.

The Golden Jubilee University National Hospital provides specialist and elective care for patients across Scotland, providing a range of planned and unscheduled procedures to assist NHS boards in reducing patient waiting times.

The hospital is home to Scotland's largest cataract centre and is one of the largest planned care orthopaedic centres in Europe.

## About this inspection

We carried out an unannounced inspection to the Golden Jubilee University National Hospital, NHS Golden Jubilee on Tuesday 21 and Wednesday 22 November 2023 using our safe delivery of care inspection methodology. We inspected the following areas:

- intensive care unit/high dependency unit
- ward 2 C
- ward 2 West
- ward 3 East
- ward 4
- ward 4 East, and
- ophthalmology outpatients department.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Golden Jubilee to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Tuesday 5 December 2023, we held a virtual discussion session with key members of NHS Golden Jubilee staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Golden Jubilee and in particular all staff at the Golden Jubilee University National Hospital for their assistance during our inspection.

## A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section ‘What we found during this inspection’.

We observed that staff were focused on the provision of safe and compassionate care. Wards were well managed with clear leadership, effective communication, and multidisciplinary teamwork. Patients we spoke with described good and responsive levels of care and we observed staff treating patients with respect, dignity, and compassion.

We observed an open and supportive culture with senior hospital managers displaying good oversight of clinical and wider system pressures across the hospital, and staff reporting that the hospital is a good place to work.

Areas for improvement have been identified. These include the safe storage of cleaning products, the management of repairs and care documentation.

### What action we expect the NHS board to take after our inspection

This inspection resulted in five areas of good practice, one recommendation and three requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Golden Jubilee to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

## Areas of good practice

The unannounced inspection to Golden Jubilee University National Hospital resulted in five areas of good practice.

### Domain 2

- 1 We observed an open and supportive culture with staff reporting that the hospital was a good place to work (see page 10).

### Domain 4.1

- 2 Ward areas were well led, calm and organised (see page 14).
- 3 Mealtimes were well organised with identified mealtime coordinators and patients receiving timely assistance where required (see page 14).

### Domain 4.3

- 4 Staff working in areas where they are not regular members of staff wear coloured name badges to highlight they may require extra support as they may not be familiar with the area (see page 16).

### Domain 6

- 5 All observed interactions were professional, friendly and respectful. Patients and carers spoke positively about the care they received (see page 18).

## Recommendations

The unannounced inspection to the Golden Jubilee University National Hospital resulted in one recommendation.

### Domain 4.3

- 1 During site safety huddles we did not observe any other clinical staff group represented or the recording of real time staffing. This will be a requirement for the clinical staff cited within the Health and Care (Staffing) (Scotland) Act 2019 (see page 16).

## Requirements

The unannounced inspection to the Golden Jubilee University National Hospital resulted in three requirements.

### Domain 4.1

- 1 NHS Golden Jubilee must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes falls risk assessments, MUST charts, care and comfort rounding charts and fluid balance charts (see page 14).

This will support compliance with: Health and Social Care Standards (2017) Criterion 1.24 and relevant codes of practice of regulated healthcare professions.

- 2 NHS Golden Jubilee must ensure the healthcare-built environment is effectively maintained to allow decontamination and ensure potential risks to patient and staff safety are effectively identified and mitigated (see page 14).

This will support compliance with: Infection Prevention and Control Standards, Criterion 8.1.

- 3 NHS Golden Jubilee must ensure that all hazardous cleaning products are securely stored (see page 14).

This will support compliance with: National Infection Prevention and Control Manual (2023) and Control of Substances Hazardous to Health (COSHH) Regulations (2002).

## What we found during this inspection

### Domain 1 – Clear vision and purpose

- Quality indicator 1.5 – Key performance indicators

**We observed several initiatives in place to enhance patient experience and improve delivery of service level agreements that are in place with NHS boards across Scotland.**

Golden Jubilee University National Hospital does not have an emergency department or acute admission unit on site. Patients are admitted to the hospital either through planned elective admissions or unscheduled emergency pathways for specific cardiac procedures. The hospital carries out a variety of procedures including orthopaedics, heart and lung, ophthalmology and diagnostic imaging.

NHS Golden Jubilee works in collaboration with the Scottish NHS boards to provide a range of planned and unscheduled procedures to support and assist NHS boards in reducing patient waiting times in key elective specialities. NHS health boards have an individual service level agreement with NHS Golden Jubilee which specify the type and range of procedures agreed.

Throughout this inspection, we observed a range of measures in place that are designed to improve the patient experience and enable discharge planning to be commenced preadmission. This included, for example, a patient information booklet for patients attending the orthopaedic preoperative assessment clinic. The booklet explained that patients will be reviewed by members of the multidisciplinary team including allied health professionals and nurse practitioners. The booklet also has links to a variety of educational videos for patients, such as how to prepare for and promote recovery after surgery.

During this inspection, we observed a wide range of operational measures in place designed to improve the patient experience and support NHS Golden Jubilee in delivering its established service level agreements. Such as, weekly staffing level reviews in ophthalmology to ensure surgical dates and lists are scheduled appropriately. All patients who may require intensive or high dependency care post-operatively are reviewed by the anaesthetic team at a preoperative clinic to ensure there are sufficient beds available in the intensive and high dependency care units.

In addition, the NHS Golden Jubilee board papers include the minutes of the finance and performance committee which provides oversight of the board's performance in meeting the agreed service level agreements. These minutes also detail NHS Golden Jubilee's proposals to improve performance in several areas. This includes staff recruitment, reduction of cancellation rates by providing more information to patients via its website and the reconstruction of some departments to increase efficiency. This included extending the working day in day patient services.

## Domain 2 – Leadership and culture

- Quality indicator 2.1 – Shared values

**We observed a supportive culture with senior nurses and managers working together to support staff, reduce risk and support patient safety.**

NHS Golden Jubilee organisational values state that it provides a quality service delivering person-centred, safe, effective care for every patient, taking into consideration the nine protected characteristics under the Equality Act. This includes taking pride in caring for patients and service users by considering their specific needs and requirements.

During our inspection we attended hospital site safety huddles and we observed senior managers working together to understand patient flow, bed capacity and nurse staffing. While these meetings were brief, they followed a structured format and addressed any areas of concern.

All wards inspected were busy. Despite this, they appeared calm, organised, and well led with good coordination of care and effective communication across the multidisciplinary team. All areas inspected had a senior charge nurse available. We observed changes to individual patients' care were highlighted and discussed at ward level safety huddles, with patient safety information boards being updated accordingly. Staff reported the patient safety boards as a good visual prompt to promote the safe delivery of care.

Staff from a range of professional services across the multidisciplinary team described the Golden Jubilee University National Hospital as a good place to work with supportive and visible senior managers. Student nurses described a positive placement where they felt well supported. Specialist nursing staff we spoke with reported a high level of job satisfaction with evident pride in being able to utilise their skills to benefit patients and their families. While the majority of staff described a positive culture, inspectors observed an incident where a senior member of staff corrected a junior staff member in a manner that was not respectful or supportive.

Staff highlighted the support received from managers to facilitate attendance at training opportunities such as, a two day electrocardiogram interpretation course. In one area it was explained to us that band 5 registered nurses are supported by the senior charge nurse to take charge of the area during their shifts to promote professional development.

Registered nursing staff in the outpatients' department told us they had been able to support the development and transition of band 2 healthcare support workers into associate practitioner roles. These are not registered healthcare professionals. However, they develop a high level of knowledge and skill through their experience and training to support the delivery of care. The senior charge nurse for the area told us this had improved team morale and retention of staff.

Staff described a culture where they feel supported, encouraged and able to raise issues and concerns through NHS Golden Jubilee adverse events electronic incident reporting system. We were told in all areas inspected that learning from reported incidents was communicated to staff both verbally and via email.

Senior managers were able to describe to us how the hospital could make use of the Golden Jubilee hotel which shares the same site. In instances where there was a long way to travel, families were invited to stay to help with visiting arrangements. Some patients who had undergone major surgery, who were assessed as fit to be discharged from the hospital but still required either close monitoring, or who may need quick medical intervention, could stay in the hotel until they were assessed as being able to go home.

## Area of good practice

### Domain 2

- 1 We observed an open and supportive culture with staff reporting that the hospital was a good place to work.

### Domain 4.1 – Pathways, procedures and policies

- Quality indicator 4.1 – Pathways, procedures and policies

**We observed good teamwork and leadership in delivering safe care with good infection prevention and control processes. However, areas for improvement were identified. These include the safe storage of cleaning products, and wear and tear to the hospital environment.**

Inspectors observed that all patients' personal care needs were provided in a timely and responsive manner, including call bells being answered promptly. Patients also told inspectors that staff were responsive when answering call bells. All patients had their bed side tables within reach, access to call bells and fluids.

We observed staff engaging in patient-centred conversations providing regular checks and responsive care.

In all areas visited patients told us that staff were accessible and frequently checked on their wellbeing, offering additional drinks and stopping to speak with them. Patients told us they felt well informed by nursing staff and the multidisciplinary team involved in their care.

We observed several mealtimes, all of which were well organised and well managed with an identified mealtime coordinator. All staff were involved in the delivery of meals and assisting patients who required help. Patients who required assistance received this in a timely manner and mealtime coordinators were aware of patients' dietary requirements. The coordinators were able to describe the process around meal ordering and checking each patient's dietary needs were met. Patients we spoke with were positive about meal provision which they described as being of a

good standard and delivered hot where applicable. Inspectors observed that an alternative meal was provided when a patient had expressed that they didn't like the original meal that was offered.

Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs they may have, such as pressure area relief and the provision of fluid and nutrition. Inspectors found variation in the completion of the documentation of pressure care, falls risks and fluid and nutrition in several wards. Other documentation such as care plans and risk assessments were also not fully completed.

In all wards inspected we saw that care and comfort rounding charts were utilised, but in different formats. In one ward they had a four hourly tick box. However, this did not allow for variability in timings for those with increased frequency of checks. One staff member advised they would write up checks in nursing notes, while the senior charge nurse described other documentation was available for those with increased frequency. However, not all the staff we spoke with were aware of this.

In another instance a patient had a sign outside their door indicating that they were at an increased risk of falls. However, this was not reflected in the patient's care documentation as the care plan had not been completed and the care and rounding paperwork indicated that the patient did not have an increased risk of falls. We raised this with staff at the time of the inspection. A requirement has been given to support improvement in this area.

We observed within the NHS Golden Jubilee board papers that they had experienced a rise in hospital acquired staphylococcus aureus bacteraemia infections. We discussed this with senior managers who explained that each of these individual infections had been reviewed by the infection prevention and control team. We requested the evidence of the reviews of the last three infections from July and August 2023. From the evidence provided we saw that the hospital team had identified the source of the infections and improvement actions were undertaken. Lessons learned were shared with staff through ward and hospital wide safety briefings. These actions included improvements related to peripheral venous cannulas. Peripheral venous cannulas are inserted into a vein to enable the administration of medication and fluids.

During the inspection we observed that two different types of peripheral venous cannula recording charts were in use. These document the date a cannula is inserted along with which vein it is inserted into. The chart also documents the patency of the cannula as well as any signs of infection or inflammation. As a result of the infection prevention and control review, Golden Jubilee University National Hospital peripheral venous cannula recording charts have been reviewed and a new peripheral venous cannula bundle is being piloted in several ward areas. On completion of testing, all peripheral venous cannula bundles will be replaced site

wide with two versions; 24 hour bundle (for short stay) and a 5 day bundle. Progress on implementation will be reported via the Prevention Infection Control Committee and bundle compliance monitored via the service governance groups.

During our inspection we did not identify any patients who required an Adults with Incapacity Section 47 Certificate. An Adults with Incapacity Section 47 Certificate is a legal document which assists the patient, their family and staff to make decisions about the patient's care when the patient is unable to do so independently.

Inspectors observed the use of electronic screens in several areas of the hospital detailing patient placement and available beds for admissions. The screens enabled staff to see at a glance the status of patients, so that discharge medicines could be prepared. This supported the transfer of patients to the discharge lounge and reduced patient waits for discharge medications.

We observed that medications were securely stored in all areas inspected with an electronic medicines storage and administration system in use which is operated by finger scan. Staff told us that this provides an additional check against a patient's prescription. There were medication pods within individual rooms. These contained the patient's own medications which they bring from home.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. Standard infection control precautions include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Throughout the hospital all patients were in single bed bays. We observed a supply of alcohol-based hand rub at the entrance of each room as well as a sink inside the room for handwashing. We observed very good compliance with hand hygiene.

Inspectors observed good availability of personal protective equipment such as gloves and aprons with appropriate use of personal protective equipment in all the areas inspected.

Transmission based precautions are the additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection.

We observed two areas where transmission based precautions were in use. Clear signage was in place in both areas and this information had been shared with staff at the ward safety briefs. Personal protective equipment and clinical waste bins were available and used appropriately. Inspectors observed well documented care plans completed by the infection prevention and control team to indicate the pathways for managing the patients in isolation.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Inspectors observed this was managed in line with guidance.

During our inspection we observed building work being carried out within the hospital. Several areas were being upgraded and inspectors observed that areas were sealed off in corridors to prevent contamination of the environment in line with guidance. One side room in the high dependency unit was closed off due to a leak that had occurred in the roof space. We observed all equipment had been removed from the area and domestic staff were still cleaning the room.

We observed evidence of wear and tear of the environment throughout the hospital. This included patient areas, storerooms and toilets. We also observed poorly fitting backplates to toilets and numerous electrical sockets. This included one room where there was a loose backing plate on an electronic socket with exposed wires. Another socket had yellow and black tape across it.

We raised this at the time of inspection and were told by the charge nurse that this room is utilised for patients Monday to Friday as a step down from the high dependency unit. However, we were told by other staff on the ward that this and another room were out of action. It was not clear if the rooms were in use or if the repairs were being dealt with by the estates department. We raised this with the senior charge nurse for action at the time of the inspection.

We discussed this with senior managers who provided evidence that staff had not reported these areas for repair through the estates reporting system. In other areas inspected, we observed other outstanding repairs. These included damage to walls, skirting boards and an automatic hand washing unit. A requirement has been given to support improvement in this area.

In all of the wards we inspected the corridors and patient rooms appeared visibly clean and tidy and patient use equipment was clean.

We saw that domestic staff were working hard to clean the environment. They reported that they were well supported to do their jobs with sufficient supplies of products and equipment. They were clear on their duties. They told us they complete daily water flushing in all the wards that we visited.

However, we observed that cleaning products were not stored securely in several areas inspected and could be accessed by patients or members of the public. This is not in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We raised this concern at the time of inspection. A requirement has been given to support improvement in this area.

We observed in all the wards inspected that fire doors were unobstructed and there were no concerns with overcrowding or additional beds.

Staff we spoke with were able to tell us of their annual fire risk assessment. Inspectors observed a fire alarm sounding during the inspection. Staff confirmed they had heard this and had followed immediate fire alarm and safety actions until informed it was safe to proceed with normal duties.

## Areas of good practice

### Domain 4.1

- |          |  |
|----------|--|
| <b>2</b> | Ward areas were well led, calm and organised.  |
| <b>3</b> | Mealtimes were well organised with identified mealtime coordinators and patients receiving timely assistance where required. |

## Requirements

### Domain 4.1

- |          |   |
|----------|---|
| <b>1</b> | NHS Golden Jubilee must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes falls risk assessments, MUST charts, care and comfort rounding charts and fluid balance charts. |
| <b>2</b> | NHS Golden Jubilee must ensure the healthcare-built environment is effectively maintained to allow decontamination and ensure potential risks to patient and staff safety are effectively identified and mitigated.                         |
| <b>3</b> | NHS Golden Jubilee must ensure that all hazardous cleaning products are securely stored.  |

### Domain 4.3 – Workforce planning

- Quality indicator 4.3 – Workforce planning

**Staff we spoke with described having visible senior leadership support in place. This includes senior charge nurses working clinically to support the wider staff teams.**

Workforce pressures and recruitment challenges continue to be experienced throughout NHS Scotland with the current staffing position in the Golden Jubilee University National Hospital reflective of the national workforce challenges.

Workforce data submitted by the Golden Jubilee University National Hospital demonstrated that the current overall vacancy level within the nursing workforce is

9%. Further analysis noted that the highest vacancy level of 13.7% is within the registered nurse group. We consider a high vacancy level to be above 10%.

All clinical areas entered their real time nursing staff levels alongside a patient acuity score onto a template prior to the hospital site safety huddle. Completion of this process gives an overview of nurse staffing levels and skill mix; it has an automatic red, amber, green status built in which provides senior managers with an oversight of areas reporting a staffing risk. This helps to inform decision making when redeploying staff to mitigate staffing risk. We observed staffing related discussions and redeployment of staff to mitigate risks. This is recorded on the shared hospital safety huddle template. We did not observe any other clinical staff group represented or recording real time staffing requirements. This will be a requirement for the clinical staff cited within the Health and Care (Staffing) (Scotland) Act 2019.

Senior managers within the Golden Jubilee University National Hospital have identified staffing as an area of risk and have cited this on their risk register. The recruitment challenges have impacted on the numbers of nursing staff with the correct specific skills required to deliver specialist services. We were told initiatives are in place to recruit and develop staff within these specialist areas. This includes the NHS Scotland academy perioperative training programme and investment in education and competency-based training to develop existing staff within the specialist area that they work. NHS Golden Jubilee advised that this initiative provides support to enable the right people with the right skills to be in the right place. In addition, the Golden Jubilee University National Hospital is part of the national initiative to recruit international nurses. Inspectors were able to speak with an international nurse during the inspection who told us they felt well supported when moving to the hospital. Senior managers told us that pastoral support for this group of staff and review of the induction programme for newly qualified practitioners has helped them to improve staff retention among newly qualified staff. Staff told us that the most recent intake of 23 newly qualified nurses all remain in post 12 months later. Staff also told inspectors that they felt well supported in their new roles. We were told that newly qualified nurses are supernumerary for two weeks and are provided with a competency booklet to work through and more senior staff provide mentoring for the newly qualified staff.

The Golden Jubilee University National Hospital described that as a considerable portion of its work is planned surgery it is able to plan their staffing requirements and skill mix in advance. If required, the number of admissions can be planned in accordance with the availability of staff to ensure a safe delivery of care.

Evidence provided by NHS Golden Jubilee highlights the escalation process in place if nursing staff professionally judge that they require additional staff, or a different skill mix due to increased patient acuity and dependency. This includes discussion of real time staffing at the hospital safety huddles twice a day. Staffing risks that cannot be mitigated at the safety huddles are escalated to the clinical nurse managers to seek

further solutions. This approach supports an open and transparent culture, and system in recording, reporting, and managing staffing risks. Staff told inspectors they had a supportive and responsive senior leadership team.

Golden Jubilee University National Hospital plans to implement a national electronic system for rostering staff which will report real time staffing levels within the nursing staff group. This system will further enhance the existing processes in place by providing electronic recording and feedback to staff when they escalate concerns.

Workforce data provided by NHS Golden Jubilee demonstrates that supplementary staff are utilised to support workforce gaps. Supplementary staff includes substantive staff working additional hours, staff from the NHS boards' staff bank or staff from an external agency. The workforce data provided by the Golden Jubilee University National Hospital demonstrates that the supplementary staff used are predominantly bank staff.

Senior managers told us, in order to reduce any patient safety risks associated with the use of supplementary staff, these staff wear coloured badges to highlight they are working in an unfamiliar area and are not part of the core staff group. This helps to highlight that these staff may require additional support whilst on duty. This was recognised as an area of good practice and staff told inspectors that they felt supported when working in the hospital.

NHS boards should be in the final preparatory stage of implementation of the Healthcare Staffing (Scotland) Act (2019). During our inspection, the Golden Jubilee University National Hospital demonstrated a proactive approach towards workforce planning. We observed that staffing level tool runs were in progress on the dates of onsite inspection. This process helps to ensure that staffing levels and skill mix remain contemporary.

## Area of good practice

### Domain 4.3

- 4 Staff working in areas where they are not regular members of staff wear coloured name badges to highlight they may require extra support as they may not be familiar with the area.

## Recommendation

### Domain 4.3

- 1 During site safety huddles we did not observe any other clinical staff group represented or recording real time staffing. This will be a requirement for the clinical staff cited within the Health and Care (Staffing) (Scotland) Act 2019.

## Domain 6 – Dignity and respect

- Quality indicator 6.2 – Dignity and respect

**All observed interactions between staff and patients were professional, friendly and respectful. Patients and carers spoke positively about the care they received.**

All patients in the hospital were in single rooms with access to a shower and toilet. There were screens available between the door and bed area to afford privacy when required.

All staff and patient interactions we observed were respectful and appropriate. We observed that staff were caring and took time both to help patients and explain and deliver treatment. Patients described patient-centred, dignified and respectful care and were complimentary about care provided, explaining that staff provided regular updates regarding their care and treatment both to the patients and their families. Patients we spoke with described ‘kind, compassionate, care, above and beyond.’

We observed that the outpatients’ waiting area was busy but any patient discussions were held in consultation rooms. Patients in this area were complimentary about the staff and how well they had been looked after. They discussed with inspectors how nice the environment of the eye centre was. The eye centre has a toilet with assistive technology, providing an audio description of the area which helped patients map out the features of the accessible toilet for those with vision loss.

During our inspection we were approached by a patient who told us they were uncomfortable and in a degree of pain. The patient told us that they had raised this with a member of the allied health professional team but was concerned that this had not been communicated to nursing staff. We raised the patient’s concerns to be addressed with the senior charge nurse for the area at the time of inspection including highlighting that the patient was currently in pain. The senior charge nurse advised that an improvement plan was in place to enhance communication between the multidisciplinary teams to ensure the adequate and timely provision of pain relief. Hospital managers were able to provide us with evidence and assurance of oversight in this area.

The Golden Jubilee University National Hospital has a pain management team. A member of the pain management team advised inspectors that patient referrals are reviewed daily. There is a handover to the night nurse manager regarding patients who require specialist input and a report to the pain team from overnight to ensure a quick response.

## Area of good practice

### Domain 6

- 5 All observed interactions were professional, friendly and respectful. Patients and carers spoke positively about the care they received.

## Appendix 1 – List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2023)
- [Care of Older People in Hospital Standards](#) (Healthcare Improvement Scotland, June 2015)
- [Food Fluid and Nutritional Care Standards](#) (Healthcare Improvement Scotland, November 2014)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards](#) (Healthcare Improvement Scotland, 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, October 2023)
- [Operating Framework: Healthcare Improvement Scotland and Scottish Government: November 2022](#)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- [The Quality Assurance System](#) (healthcareimprovementscotland.org) (Healthcare Improvement Scotland, September 2022)
- [Staff governance covid-19 guidance for staff and managers](#) (NHS Scotland, August 2023)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

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