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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Gartnavel General Hospital
NHS Greater Glasgow and Clyde

23 – 24 May 2023

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First published July 2023

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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

Gartnavel General Hospital, Glasgow, is situated in the west of Glasgow City. It contains 280 beds and has a broad range of healthcare specialties, including elective surgery, medicine and older people. There is no emergency department on site.

About this inspection

We carried out an unannounced inspection to Gartnavel General Hospital, NHS Greater Glasgow and Clyde on Tuesday 23 and Wednesday 24 May 2023 using our safe delivery of care inspection methodology. We inspected the following areas:

- Brownlee
- ward 2C
- ward 3C
- ward 4A
- ward 4C
- ward 5C
- ward 6A, and
- ward 8A.

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 Greater Glasgow and Clyde 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 6 June 2023, we held a virtual discussion session with key members of NHS Greater Glasgow and Clyde 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 Greater Glasgow and Clyde and in particular all staff at Gartnavel General 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'.

At the time of inspection Gartnavel General Hospital, much like the rest of NHS Scotland, was experiencing a range of pressures including an increase in numbers of inpatient beds and reduced staff availability.

Despite these pressures, we observed that staff were focused on the provision of safe and compassionate care. Wards were well managed with clear leadership, effective communication and multi-disciplinary team work. 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 a good oversight of clinical and wider system pressures across both the hospital site and NHS Greater Glasgow and Clyde.

We observed supportive real time staffing discussions which took place during safety huddles at agreed times throughout the day. There was a focus on patient care and safety throughout the huddles, with senior nurses and managers working to support each area and reduce and mitigate risks.

Areas for improvement have been identified. These include hand hygiene, medication management and the safe storage of cleaning products.

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

This inspection resulted in six 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 is 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 believes the NHS board should follow to improve standards of care.

We expect NHS Greater Glasgow and Clyde 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

Areas of good practice

Domain 2

- 1 We observed a supportive culture with senior managers and nurses working together to support patient safety (see page 10).
- 2 We observed thorough oversight and governance of patient care by senior managers (see page 10).

Domain 4.1

- 3 Ward areas were well led, calm and well organised (see page 12).
- 4 Mealtimes were well organised and managed, with identified mealtime coordinators and patients receiving assistance where required (see page 12).

Domain 4.3

- 5 Staffing and safety huddles were open and transparent with a focus on patient safety and mitigation of risk (see page 16).

Domain 6

- 6 We observed caring, compassionate and person-centred care (see page 17).

Recommendation

Domain 4.3

- 1 Staffing level tools and the common staffing method should be used to further inform workforce planning (see page 16).

Requirements

Domain 4.1

- 1 NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance (see page 13).

This will support compliance with: National Infection Prevention and Control Manual (2022).

- 2 NHS Greater Glasgow and Clyde must ensure safe storage and administration of medicines at all times (see page 13).

This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

- 3 NHS Greater Glasgow and Clyde must ensure all hazardous cleaning products are securely stored (see page 13).

This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).

What we found during this inspection

Domain 1 – Key performance indicators

Quality indicator 1.5 – Key performance indicators

We observed hospital teams working together to provide safe and compassionate care despite increased hospital capacity and staff shortages.

At the time of inspection NHS Greater Glasgow and Clyde, like much of NHS Scotland, was experiencing a significant range of pressures including increased hospital admissions, increased pressures in the emergency departments and reduced staff availability.

Gartnavel General Hospital has a range of healthcare specialities including elective surgery, ophthalmology, general medicine and orthopaedic rehabilitation for the

elderly. The hospital does not have an emergency department or admission units on site. Patients admitted to the hospital are either through a planned elective admission, or are transferred to the hospital from other hospital sites within NHS Greater Glasgow and Clyde. Gartnavel General Hospital operates as part of the wider Greater Glasgow and Clyde whole system approach, with hospital teams working well together to provide the right care in the right place at the right time in line with Scottish Government emergency department signposting/redirection guidance.

In January 2023 NHS Greater Glasgow and Clyde responded to increased winter capacity pressures by opening two temporary wards at Gartnavel General Hospital to provide 36 additional beds. At the time of inspection we were advised by senior hospital managers of their plans to close these additional wards by the beginning of June as the winter pressures had now eased and the additional beds were no longer required.

On Tuesday 6 June 2023, we held a virtual discussion session with key members of NHS Greater Glasgow and Clyde staff to discuss the evidence provided and the findings of the onsite inspection. During the discussion session senior managers told us that whilst one of the winter pressure wards had been closed the other remained open. The remaining winter pressure ward receives patients who have an Adults with Incapacity section 47 certificate in place and are awaiting a guardianship order. An Adults with Incapacity 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. A guardianship order allows a person to make ongoing decisions on behalf of an adult who does not have capacity to do so themselves. We were told by hospital managers that the multidisciplinary team caring for patients on the ward have expertise in planning discharge for patients who have an Adults with Incapacity certificate in place and are awaiting a guardianship order. This includes designated social workers, medical and nursing staff. Senior managers explained to us that since the ward opened there has been a reduction in the number of patients who have had a delayed discharge whilst awaiting a guardianship order. A delayed discharge occurs when a patient is clinically able to leave hospital but is unable to do so as necessary care and support, such as care home funding or care packages, are not available. As a result of the positive impact of this ward on patients the decision had been taken to relocate the ward to another hospital site within NHS Greater Glasgow and Clyde. This will enable both winter pressure wards at Gartnavel General Hospital to be closed.

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.

Staff described feeling well supported by senior staff and colleagues within the hospital, this included ward areas supporting each other to cover meal breaks during staff shortages. Senior staff were visible throughout the hospital and staff informed inspectors that they were responsive and accessible. Despite challenges with reduced staffing, we observed areas had good clinical leadership and were calm and well organised.

We observed senior managers and lead nurses working together at regular hospital safety huddles to understand patient flow and raise issues such as patient safety concerns and staffing updates. Safety huddles included real time staffing discussions, including actions taken to mitigate risk. Staffing levels and risk mitigation are clearly documented on a safety huddle template. Inspectors observed clear and comprehensive safety briefs and safety boards on the wards and staff told us information from safety huddles is shared at ward handovers.

Evidence provided by NHS Greater Glasgow and Clyde included the three most frequent categories of incidents reported in the past twelve months, these were slips, trips and falls; violence and aggression; and staffing. At the virtual discussion session on 6 June 2023 we asked senior managers what actions had been taken and processes put in place to assist staff who have been subject to incidents of violence and aggression. Senior managers told us that multidisciplinary support was available for staff involved in violence and aggression. This includes signposting to occupational health and the staff health and wellbeing services, as well as training for staff on how to manage violence and aggression. Hospital managers also told us there was a focus on early assessment and recognition of underlying causes of violence and aggression such as patient delirium. Delirium is the sudden onset of confusion and can be caused by illness such as infection, medication and electrolyte imbalance. Evidence provided by NHS Greater Glasgow and Clyde included a May 2023 wellbeing flash card which includes a link to the staff wellbeing booklet. The booklet includes resources and signposting for staff to support physical, financial and mental health. Returned evidence from NHS Greater Glasgow and Clyde also included completed incident forms relating to violence and aggression, these showed good oversight of incidents including any actions taken, for example referring staff to occupational health.

NHS Greater Glasgow and Clyde shared with us the governance processes and senior oversight they have in place to ensure high quality patient care. This includes the review of patient falls, avoidable pressure ulcers, incident reporting, patient

complaints and staffing. During the inspection staff described to inspectors a peer review audit of documentation across two wards, with an action plan to be developed once audit results are complete. Peer review audits are completed by staff from other ward areas to ensure transparency and objectivity. At the virtual discussion we were told by senior managers that the peer review was part of the Combined Care Assurance Tool. NHS Greater Glasgow and Clyde’s Combined Care Assurance Tool audits the quality of care provided within acute inpatient wards. The tool has 13 sections, including the audit of completion of admission risk assessments such as falls, pressure ulcers and nutritional risk. Evidence provided by NHS Greater Glasgow and Clyde included documented reviews and lessons learned from the themes of these audits. The results of the audit and action plans are disseminated to the staff by the senior charge nurses and displayed on ward quality boards.

Areas of good practice

Domain 2	
1	We observed a supportive culture with senior managers and nurses working together to support patient safety.
2	We observed thorough oversight and governance of patient care by senior managers.

Domain 4.1 – Pathways, procedures and policies

Quality indicator 4.1 – Pathways, procedures and policies

The majority of areas inspected were calm and well organised and we observed good teamwork and leadership across the clinical areas to provide safe delivery of care. However, we noted some missed opportunities for hand hygiene and observed that some medications and cleaning products were not securely stored.

We observed the majority of areas were calm and well organised with good leadership and teamwork to support the safe delivery of care despite some ward areas experiencing staff shortages.

We observed a number of 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 also assisting patients who required help. Patients who required assistance received this in a timely manner and mealtime coordinators were aware of patients’ dietary requirements. In one area inspectors observed staff encouraging and assisting patients to eat their meals in an available dining area. In areas without dining areas patients were assisted to sit in chairs, or positioned in bed to enable meals to be eaten safely. However, we did observe that staff regularly

missed hand hygiene opportunities at mealtimes for themselves and patients. This will be discussed later in the report.

In evidence provided by NHS Greater Glasgow and Clyde patient slips, trips and falls account for the highest number of incident reports submitted. At the virtual discussion session senior managers told us there was an increased rate of slips, trips and falls on care of the elderly wards which was related to delirium. Senior managers advised us that actions to reduce the rate of falls included the use of the TIME bundle, a tool used to ensure early identification of delirium. The aim is to ensure early recognition of acute delirium and provide targeted support from the falls coordinator when required. NHS Greater Glasgow and Clyde provided evidence of governance and oversight of falls incidents including lessons learned and recommendations. During the inspection we observed good completion of falls risk assessments in the majority of areas, with falls risk identified and mitigation, such as falls alarms, in place.

In a number of areas inspected we observed medication trolleys and medication storage cupboards were unlocked. We also observed patients' medication had been dispensed and left in medication pots at the bedside. This increases the risk of medication error as medication may not be taken at the prescribed time, therefore reducing or extending time between doses. There is also a risk that the medication may be taken by the wrong patient. This is not in line with The Professional Guidance and Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019). We raised this with senior managers as a concern at the time of inspection. A requirement has been given to support improvement in this area.

We observed good completion of documentation of patient care in the majority of areas inspected. This included MUST (Malnutrition Universal Screening Tool), pressure ulcer care, bedside rail assessments and care and comfort rounding. Care and comfort rounding is when staff conduct checks and interventions at defined regular intervals to assess and manage patients fundamental needs, such as pressure area relief and fluid and nutrition.

Patients who are at risk of developing pressure ulcers may require pressure relieving equipment such as specialist mattresses or cushions. In one ward inspected staff members explained difficulty obtaining the correct pressure relieving equipment. We discussed this with NHS Greater Glasgow and Clyde senior managers who explained that wards hold a supply of pressure relieving cushions and that there is a standardised policy across NHS Greater Glasgow and Clyde for ordering pressure relieving mattresses. Mattresses are ordered online and are delivered within 6 hours and can be transported from other hospital sites if required. Senior managers advised issues with supply are raised at the safety huddles, however they had not been made aware of any issues. In response to this senior managers told us they would recirculate information on how to order this specialist equipment to all staff.

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). Whilst we observed good compliance with the majority of standard infection control precautions, hand hygiene compliance was varied throughout the hospital. This included multiple missed opportunities for hand hygiene including at mealtimes, before and after patient contact and before and after touching patient surroundings. We raised this concern at the time of inspection. A requirement has been given to support improvement in this area.

We observed good compliance with sharps and linen waste throughout the hospital including sharps bins being taken to the point of use, labelled correctly and temporary closure in place. We observed there was good availability of personal protective equipment.

We observed despite the hospital being an older building that the majority of areas inspected were clean, tidy and well maintained. The majority of patient use and medical equipment, such as observation machines, were clean. Domestic staff we spoke with advised they had a good availability of cleaning products to carry out their role. However, in the majority of areas inspected we observed cleaning products were not stored securely and could therefore 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 with senior managers at the time of inspection who told us this would be highlighted to staff. A requirement has been given to support improvement in this area.

Areas of good practice

Domain 4.1	
3	Ward areas were well led, calm and well organised.
4	Mealtimes were well organised and managed, with identified mealtime coordinators and patients receiving assistance where required.

Requirements

Domain 4.1

- 1** NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance.

This will support compliance with: National Infection Prevention and Control Manual (2022).

- 2** NHS Greater Glasgow and Clyde must ensure safe storage and administration of medicines at all times.

This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

- 3** NHS Greater Glasgow and Clyde must ensure all hazardous cleaning products are securely stored.

This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).

Domain 4.3 – Workforce planning

Quality indicator 4.3 – Workforce planning

NHS Scotland continues to experience significant pressures compounded by workforce shortages. Workforce data submitted to us by Gartnavel General Hospital for March 2023 showed workforce shortages within all professional groups including nursing, allied health professionals and medical staff.

We observed areas of good practice which included the staffing and site safety huddles and open and transparent conversations and communication across the site.

A nursing staffing template is completed by ward nursing staff which demonstrated staffing level and skill mix requirements to support the delivery of high quality, safe and effective care within their clinical area. As part of a rota, there is an assigned Lead Nurse and General Manager who have full oversight for the south sector within NHS Greater Glasgow and Clyde. Some of their duties includes assessing the overall staffing risks to inform staffing decisions, mitigations and/or escalations and submitting this information into the wider site safety huddles.

Site safety huddles take place at regular intervals throughout the day and link into the main huddle for the south sector of NHS Greater Glasgow and Clyde. This includes Gartnavel General, the Queen Elizabeth University and Victoria Infirmary Hospitals. The site safety huddle provides oversight of patient flow and patient safety concerns, and supports staffing decisions. There is representation from all professional groups including allied health professionals, medical staff, facilities and domestic services. The site safety huddle was observed to be an area of good practice.

Workforce data submitted by Gartnavel General Hospital demonstrated a significant increase in registered nursing vacancies over the last 12 months. Senior managers told us that nursing recruitment and retention of staff within some areas is a challenge. Senior managers view support as key to retaining staff and they provided evidence of a planned support programme.

There are processes in place to reduce workforce shortages. This includes successful recruitment of registered nurses, including recruitment of international nurses. Consideration is given when placing international nurses to ensure they have peer support. Senior managers have taken the opportunity to reflect and learn from previous recruitment to improve the process and experience for new staff in post. Two additional educational posts have been created in collaboration with the Practice Education Facilitator and Practice Development department to support this. Investment in staff support and development aims to contribute to retention within the board.

We were informed by senior nursing staff that sickness absence among registered nursing staff was high. This was also demonstrated by the workforce data submission. Initially, the level and reasons cited for staff absence in one clinical area was of concern to us. However, following an open and transparent discussion with the senior leadership team where they provided the context and actions taken, we were assured that there had been an appropriate response. This included the use of the safe to start guidance to mitigate the risk to patient care.

We were assured that staff absence within nursing was well managed. This included human resource department training sessions for senior charge nurses to fully understand the absence management policy and how to manage staff absence. Gartnavel General Hospital also offers a range of staff wellbeing services to support all staff. This includes access to staff counselling, chaplaincy services and occupational health services. Staff had also organised their own support groups locally within their ward areas.

Supplementary staffing includes substantive staff working additional hours, NHS Boards own staff bank or external agencies. To support nursing gaps, supplementary staffing was employed. There was evidence of staff bank usage as opposed to external high cost agency staffing. We observed bank staff were evenly distributed across site when required.

Gartnavel General Hospital provided evidence of Service Needs Analysis, this included planning for the introduction of new roles to support nursing staff. This includes the role of an administration assistant to support the senior charge nurse. The rationale for this post is to reduce the data burden and enable the senior charge nurses to be visible leaders to support quality and safety and improve patient and staff experiences. Inspectors observed visible leadership within the hospital and staff told inspectors they felt supported.

A further example of supporting the senior charge nurse was the introduction of a forum in which executive nurse directors and chief nurses collectively shared updates on staffing and vacancies. This includes key information which recognised and acknowledged the challenging staffing position. It also provided reassurance that staffing pressures were recognised at Board level and that various interventions were in place to help close the gap of current staffing shortfalls.

Governance incident reports cited staffing as third highest on NHS Greater Glasgow and Clyde's risk register. Incident reports submitted by Gartnavel General Hospital detailed occasions when wards within the hospital were left with just one registered nurse on duty. In these incidences staff were supported by the lead nurse, or overnight coordinator, to ensure staff were able to take breaks and that the necessary checks were carried out to ensure the delivery of safe patient care and staff wellbeing.

Gartnavel General Hospital has good communication strategies which help to ensure staff are informed of the current staffing position on the hospital site. This includes a staff newsletter 'Together We Care' which is distributed using a variety of methods to disseminate messages to staff in all areas.

We did not see evidence of recent staffing level tool runs, however we were advised that there are plans to run these in autumn 2023. A suite of staffing level tools are available to help NHS Scotland services plan the staff they need. The purpose of each tool is to provide information and recommendations on staffing levels based on workload. We would recommend that regular use of the staffing level tools and the application of the common staffing method as set out in the Health and Care (Staffing) (Scotland) Act 2019, would help to inform, evidence and identify changes in service needs and therefore recommended staffing levels.

Areas of good practice

Domain 4.3

- 5 Staffing and safety huddles were open and transparent with a focus on patient safety and mitigation of risk.

Recommendation

Domain 4.3

- 1 Staffing level tools and the common staffing method should be used to further inform workforce planning.

Domain 6 – Dignity and respect

Quality indicator 6.2 – Dignity and respect

We observed staff providing compassionate, responsive and person-centred care, with patients being treated with dignity and respect.

We observed staff working hard to provide compassionate and responsive care and patients and relatives we spoke with were complimentary about staff and the care provided. All interactions we observed between staff and patients were positive and patients were treated with dignity and respect. This included observing staff reassuring an anxious patient in a kind and compassionate manner and answering all their questions with regard to a surgical procedure. Inspectors also observed a member of staff sitting and holding a patient's hand while they went to sleep at the patient's request.

In all areas inspected, including in the additional winter contingency wards, patients had access to call bells, privacy curtains and bathrooms and toilets. In one area

inspectors observed that the toilet and bathroom facilities were small making accessibility difficult for patients requiring mobility assistance. We discussed this with senior managers during the virtual discussion session who explained that since the onsite inspection this area had now been closed for refurbishment and the patients had been transferred to a different ward to enable refurbishment to be carried out. Senior managers told us toilet and bathroom facilities would be upgraded during this process.

We observed good examples of person-centred care including boards above patients' beds with preferences such as preferred name, diet and fluids and 'what matters to me' information. In one area we observed staff assisting a patient with personal care at the patient's preferred time to enable him to have lunch with relatives.

During the inspection we were told by senior managers that NHS Greater Glasgow and Clyde had a virtual dementia tour bus on site. The virtual dementia tour includes interactive training and uses sensory tools to enable staff to experience how it may feel to live with dementia and better understand the needs of patients.

At the virtual discussion with senior managers we were told that medicine of the elderly wards have activity coordinators in post. This role includes engaging patients with person-centred care such as reminiscence, music and art therapy and one to one interactions. The activity coordinators also facilitate chair aerobics to encourage physical activity and help promote sleep. Evidence returned by NHS Greater Glasgow and Clyde shows that the number of activities coordinators is being increased.

Area of good practice

Domain 6

6 We observed caring, compassionate and person-centred care.

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, January 2016)
- [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, June 2023)
- [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, January 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

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