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Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Golden Jubilee University National Hospital

NHS Golden Jubilee

2 September 2025

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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 August 2025 we will be undertaking a series of shorter unannounced Safe Delivery of Care follow-up inspections of all NHS Boards previously inspected. The focus of the follow-up inspections will be the NHS boards previous inspection requirements and subsequent improvement action plans. We will review progress made against the relevant actions to provide assurance that all actions were completed or where actions remain outstanding progress has been made.

The follow up inspections will use our existing Safe Delivery of Care inspection methodology and reporting structure to fully align to the Healthcare Improvement Scotland Quality Assurance Framework. Further information about the methodology for acute hospital safe delivery of care follow up inspections can be found on our website.

Our Approach

We carried out an unannounced inspection of the Golden Jubilee University Hospital, NHS Golden Jubilee on Tuesday 21 and Wednesday 22 November 2023. As well as noting five areas of good practice, a total of three requirements were made to the NHS board which are listed below:

Previous inspection (November 2023) requirements
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.
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.
3. NHS Golden Jubilee must ensure that all hazardous cleaning products are securely stored.

To address these requirements, and in line with our safe delivery of care methodology, NHS Golden Jubilee submitted an improvement plan detailing the actions it intended to take in response to the concerns we identified.

We returned to carry out an unannounced follow-up inspection of NHS Golden Jubilee on 2 September 2025 to assess progress made against the actions contained within NHS Golden Jubilee improvement action plan.

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.

During our **previous inspection** we inspected the following areas:

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

During this follow-up inspection, we revisited several of the areas previously inspected to provide assurance of improvement within these areas. We also included a broad range of specialties to help us to understand the extent of any wider improvements across the hospital. We inspected the following areas:

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

We reviewed progress made against the previous inspection requirements and the NHS board's subsequent improvement action plans to provide assurance that all actions were completed or where actions remain outstanding, progress has been made.

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'. Details of the previous inspection can be found here.

Inspectors found significant improvements in the completion of patient care documentation including care plans and risk assessments. We observed care documentation was completed to a high standard.

We recognise improvement works have been carried out relating to the maintenance of the built environment. However, inspectors observed several clinical areas with visible signs of wear and tear and damage which may inhibit the effective cleaning of the environment. Therefore, the previous requirement given in 2023 will be carried over.

We found attendance at hospital wide and ward based safety huddles has improved since our previous inspection. During the November 2023 inspection a recommendation was given to support improvement in relation to the attendance of other staff groups such as allied health professionals and medical staff at safety huddles. Inspectors observed attendance from a variety of teams and members of the multidisciplinary team such as estates, medical, nursing and allied health professionals.

Inspectors observed that patients at Golden Jubilee National Hospital were consistently treated with kindness, compassion, and respect. Patients and relatives shared positive experiences, describing staff as friendly, patient, responsive, and supportive, and confirmed they could access help when needed.

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

This follow-up inspection resulted in three areas of good practice and no recommendations or new 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: http://www.healthcareimprovementscotland.scot

Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Golden Jubilee University National Hospital resulted in three new areas of good practice.

Domain 4.1	
1	Patient care documentation completed to a high standard including care plans and risk assessments (see page 8).

Domain 4.3	
2	Staff reported a supportive management structure and supportive working within ward based teams (see page 9).

Domain 6	
3	All observed interactions between staff, patients and visitors were respectful and patients were seen to be cared for with compassion (see page 9).

New recommendations from this follow-up inspection

The unannounced inspection to Golden Jubilee University National Hospital resulted in no recommendations.

New requirements from this follow-up inspection

The unannounced inspection to Golden Jubilee University National Hospital resulted in no new requirements. One requirement from the November 2023 inspection has been carried over.

What we found during this follow-up inspection

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During our previous inspection in November 2023 we highlighted variations and gaps in the completion of patient care documentation including care plans and risk assessments such as pressure area care, falls risks and fluid and nutrition assessments in several wards. Additionally, we observed risk assessments were not fully completed or updated following a change in the patient's condition or needs. 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. Due to this the following requirement was given to support improvement in this area.

November 2023 inspection – Requirement 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.

During this follow up inspection inspectors found patient care documentation was completed to a high standard. Risk assessments such as nutritional assessments and falls risk assessments were completed within appropriate timescales from patient admission. Additionally, risk assessments were updated in line with guidance, and were repeated following changes in patient condition or where a patient has experienced a fall.

Inspectors were told about quality improvement work that has been carried out to ensure clear identification of patients at risk of falls. This work includes using the colour yellow for a number of initiatives. Initiatives include the use of a printed and laminated maple leaf on a yellow background, the use of yellow slipper socks and the use of a yellow blanket for patients when they are being taken off the ward to attend therapy or investigations.

Inspectors were told the maple leaf will be placed at the doorway to the patient's room to ensure all staff are aware of potential for falls risk. The colour yellow alerts staff to ensure they are aware that the patient is at risk of falls therefore additional support and/or supervision may be required.

Within several wards inspectors were able to see information relating to the falls prevention displayed on a notice board. This explained the use of the initiatives to patients, staff and visitors to ensure awareness and importance.

Nursing staff we spoke with described an improvement initiative being tested throughout the hospital with the aim of standardising documentation and risk assessments. Due to the improvements observed during the onsite inspection and ongoing work described by staff, this requirement has been met.

During our previous inspection November 2023 we raised concerns regarding the healthcare built environment. The healthcare environment must be well maintained to support a safe environment and effective cleaning.

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.

In other areas inspected, we observed other outstanding repairs. These included damage to walls, skirting boards and an automatic hand washing unit. Due to this the following requirement was given to support improvement in this area.

November 2023 inspection – Requirement 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.

During this inspection, all wards inspected including corridors and patient rooms appeared visibly clean and tidy and patient care equipment was clean.

However, within some areas inspectors found patient ensuites to be in a poor condition, including staining to ceiling tiles and staining to flooring within shower areas. There was variable feedback from clinical areas as to whether these had been raised through the estates reporting system.

Additionally, within one ward the hand rail in the main corridor was broken which may lead to staff or patient injury. Inspectors raised this with clinical staff at the time of inspection who advised this would be reported immediately.

Clinical staff told inspectors that they report any repairs through an electronic reporting system and where there are ongoing concerns with repairs not being completed they will escalate to their clinical nurse manager, however staff reported repairs are normally actioned promptly.

Although improvements have been made following the previous inspection, due to findings during this follow up inspection this requirement has not been met, therefore carried over.

During the previous inspection in November 2023 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 was not in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We raised this concern at the time of inspection. The following requirement was given to support improvement in this area.

November 2023 inspection – Requirement 3
NHS Golden Jubilee must ensure that all hazardous cleaning products are securely stored.

During this follow up inspection inspectors observed new COSHH cupboards within all dirty utilities. These cupboards are easily identifiable due to their bright yellow colour and all have a lock to ensure secure storage of products. All cupboards inspectors checked were locked. We did not observe cleaning products stored incorrectly. Due to these improvements this requirement has been met.

Area of good practice

Domain 4.1	
1	Patient care documentation completed to a high standard including care plans and risk assessments.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

During our previous inspection in November 2023 staff within clinical areas and ward based teams reported a supportive management team. Inspectors spoke with senior charge nurses who were working clinically. They told inspectors that they have sufficient time to lead and carry out managerial tasks, however at times are required to stop management tasks and assist in the delivery of clinical care

Within several wards inspected student nurses spoke highly of the support they have received during their practice placements within the hospital and were complementary about the learning opportunities they received.

During our previous inspection it was observed that there was no representation of other staff groups and disciplines at hospital wide safety huddles. This resulted in the following recommendation.

November 2023 inspection – Recommendation 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.

During this follow up inspection, we observed representation from a wide range of staff groups at hospital huddles. There was representation from nursing, allied health professionals, housekeeping, estates and ehealth. The huddles were seen to flow effectively and information captured was relevant and accurate, including staffing and acuity levels.

Inspectors were told about pre huddles which take place within each directorate. We were told by senior charge nurses and clinical nurse managers that decisions regarding the movement of staff to mitigate staff shortages or increased acuity are routinely made during these pre huddles. This helps support areas to assess if they are safe to start or not, which is then reported back to the hospital wide huddles.

Where the safe to start position cannot be achieved at the pre-huddle meeting further discussions are then held at the hospital wide huddle to ensure safe staffing is achieved or escalated to senior managers for further mitigation. During our onsite inspection we observed one area requiring assistance to maintain one to one care for a patient. We observed supportive discussions with senior managers which resulted in assistance being provided by other ward areas throughout the day ensuring all areas

within the hospital remained safely staffed. Due to improvements observed during the follow up inspection, this recommendation has now been met.

Area of good practice

Domain 4.3	
2	Staff reported a supportive management structure and supportive working within ward based teams.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

All staff and patient interactions we observed were respectful and appropriate. 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.

Family members felt included in the care of their relative and were happy with the care provided, suggesting they would recommend the hospital to family or friends.

One patient we spoke with described always having the information that they required and that all procedures and plans were explained fully. The patient also stated that they were not afraid to ask questions which they described as reassuring and helped relieve anxiety about their hospital admission.

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

Patients said they could see staff were under pressure but felt it did not impact on their care and felt the level of care was excellent.

Area of good practice

Domain 6	
3	All observed interactions between staff, patients and visitors were respectful and patients were seen to be cared for with compassion.

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 2024)
- Ageing and frailty standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2024)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, October 2014)
- Delivering Together for a Stronger Nursing & Midwifery Workforce (Scottish Government, March 2025)
- 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 (Healthcare Improvement Scotland, May 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Healthcare Improvement Scotland and Scottish Government: operating framework (Healthcare Improvement Scotland, 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 and framework – Healthcare Improvement Scotland (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)

Appendix 2 - List of all requirements

Outstanding requirements to be addressed from November 2023 inspection
1. 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.

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