

Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Gartnavel General Hospital

NHS Greater Glasgow and Clyde

25 November 2025

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Healthcare Improvement Scotland Unannounced Inspection Report (Gartnavel General Hospital, NHS Greater Glasgow and Clyde): 25 November 2025

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.

In August 2025 we began 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](#).

Approach

We carried out an unannounced inspection of Gartnavel General Hospital, NHS Greater Glasgow and Clyde, on 23 — 24 May 2023. As well as noting six areas of good practice, a total of three requirements were made to the NHS board which are listed within this report.

To address these requirements, and in line with our safe delivery of care methodology, NHS Greater Glasgow and Clyde 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 Gartnavel General Hospital on 25 November 2025 to assess progress made against the actions contained within NHS Greater Glasgow and Clyde improvement action plan.

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 care of older people. There is no emergency department on site.

During our **previous inspection** 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 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:

- outpatient department
- ward 3A
- ward 3C
- ward 4A
- ward 4C
- ward 6A
- ward 6C
- ward 8A, and
- ward 8C.

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.

As part of our inspection, we also asked NHS Greater Glasgow and Clyde to provide evidence relevant to the focus of this inspection. The purpose of this is to limit the time the inspection team is onsite and reduce the burden on ward staff.

The findings detailed within this report relate to our areas of focus across the hospital.

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'. Details of the previous inspection can be found [here](#).

We observed significant improvements have been made relating to the safe storage of medications. The majority of medicine trolleys and cupboards were locked and stored securely. Inspectors did not observe any medicines being left unattended at patients' bedsides.

The majority of areas demonstrated good compliance with ensuring that all hazardous cleaning products were securely stored and that any reconstituted solutions were appropriately labelled and stored.

We observed improvement relating to compliance with hand hygiene. However, several hand hygiene opportunities were missed within some of wards inspected.

Patients were consistently treated with kindness, compassion and respect. Patients and relatives shared positive experiences, describing staff as friendly, patient, responsive, and supportive, confirming that 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, no recommendations and no new requirements. One previous requirement was carried forward.

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 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: <http://www.healthcareimprovementscotland.scot>

Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Gartnavel General Hospital resulted in three areas of good practice.

Domain 4.1

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| 1 | Domestic staff were visible throughout the hospital with all areas inspected tidy and cleaned to a high standard (see page 7). |
| 2 | Patients were supported with hand hygiene prior to mealtimes (see page 7). |

Domain 6

- | | |
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| 3 | Patients and relatives that we spoke with described kind and compassionate care, with staff being described as responsive and engaging (see page 8). |
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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 we observed poor hand hygiene compliance. Areas for improvement were also identified in the safe storage and administration of medications and the storage of hazardous cleaning products.

This resulted in the following requirements:

Previous inspection (May 2023) requirements
<p>1. NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance.</p> <p>NHS Greater Glasgow and Clyde have made significant improvements relating to hand hygiene and this requirement has been partially met. The previous requirement has been carried forward to support further improvement.</p>
<p>2. NHS Greater Glasgow and Clyde must ensure safe storage and administration of medicines at all times</p> <p>This requirement has been met.</p>
<p>3. NHS Greater Glasgow and Clyde must ensure all hazardous cleaning products are securely stored</p> <p>This requirement has been met.</p>

Standard infection control precautions should be used by all staff at all times to minimise the risk of infection. These include patient placement, hand hygiene and the use of personal protective equipment (such as aprons and gloves).

Practicing hand hygiene at appropriate times helps reduce the risk of the spread of infection.

Alcohol based hand rub and clinical wash hand basins were available in all areas inspected. Whilst inspectors observed improvements in hand hygiene compliance since the previous inspection, we did observe several occasions within different clinical areas where opportunities were missed to carry out hand hygiene by multiple members of staff. These missed opportunities included before and after contact with patients and their surroundings and after contact with bodily fluids. Through evidence we observed hand hygiene audits within the three months prior to the inspection for

the ward areas where opportunities were missed. Within these we noted that all areas were consistently achieving 100% compliance with one area dropping slightly to 95% in one month for staff not taking the opportunity to perform hand hygiene at appropriate times.

We were also provided with evidence of education opportunities for all staff in relation to hand hygiene provided by the infection, prevention and control service at monthly lunch and learn sessions. These appeared to be well attended with feedback suggesting it was felt to be valuable and increases engagement. Induction programmes for newly qualified staff and development programmes for healthcare support workers also feature hand hygiene components.

In several areas inspectors observed staff supporting patients with hand hygiene prior to mealtimes. Patient's tables were cleaned prior to food being placed on the table. Staff provided patients with assistance with meals where required.

The healthcare environment was clean, free of clutter and well maintained. Domestic staff were observed to be working hard to maintain a high level of cleanliness. This was further supported by several patients who spoke highly of the cleanliness of the hospital environment.

Inspectors observed new Control of Substances Hazardous to Health (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 hazardous cleaning products while in tablet form. All cupboards inspectors checked were found to be locked.

The National Infection Prevention and Control Manual recommends cleaning products should be freshly made and discarded after 24 hours. We found a premixed bottle of cleaning product within one dirty utility room which had appropriate labelling in line with The Control of Substances Hazardous to Health (COSHH) Regulations 2002. This stipulates that chlorine-based cleaning products must be marked with the date and time of when they were reconstituted.

The majority of medication storage cupboards and trolleys within clinical areas were locked or stored within locked rooms. There were no medications left unattended on patient tables. All patients inspectors spoke with advised that there have been no delays to receiving medication, including pain relief.

Areas of good practice

Domain 4.1	
1	Domestic staff were visible throughout the hospital with all areas inspected tidy and cleaned to a high standard
2	Patients were observed being supported with hand hygiene prior to mealtimes

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

Inspectors observed staff working hard to support the safe delivery of care. Caring and compassionate interactions were witnessed with staff consistently treating patients with dignity and respect.

Patients appeared to be well cared for and both patients and their relatives spoke positively about the care provided and the staff delivering it. Patients shared that staff were positive and responsive to their needs.

A number of patients voiced that they felt fully involved with their care and felt comfortable to be able to raise any concerns that they may have.

Within clinical areas, call bells were answered timely. We did not observe any patients waiting for a prolonged period of time for assistance.

Many patients were very positive about the mealtimes and food provided.

Area of good practice

Domain 6

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| 3 | Patient and relatives that we spoke with described kind and compassionate care, with staff being described as responsive and engaging. |
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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 May 2023 inspection
1. NHS Greater Glasgow and Clyde must ensure that all staff carry out hand hygiene in line with current guidance.

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