

# Unannounced Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Ninewells Hospital

NHS Tayside

27 – 29 January 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 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

Ninewells Hospital is a large teaching hospital located in Dundee, Scotland. It provides 24 hour emergency care, intensive care facilities, surgical specialities, maternity and paediatrics, major trauma and oncology services.

## About this inspection

We carried out an unannounced hospital inspection in conjunction with a maternity services inspection to Ninewells Hospital, NHS Tayside on 27 January to 29 January

2025 using our safe delivery of care inspection methodology. We inspected the following areas during the hospital inspection:

- emergency department
- intensive care unit
- ward 1
- ward 3
- ward 6
- ward 12
- ward 14
- ward 15
- ward 16
- ward 19
- ward 20
- ward 22
- ward 23a
- ward 26
- ward 29
- ward 32, and
- ward 36.

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 and policies and procedures.

As part of our inspection, we also asked NHS Tayside 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.

Throughout February and March 2025, we held several virtual discussion sessions with key members of NHS Tayside staff to discuss the evidence provided and the findings of the hospital inspection.

As a result of concerns identified during our maternity services inspection, the maternity inspection team carried out an unannounced return visit on Wednesday 12 February 2025. A copy of the maternity services inspection report can be accessed [here](#).

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 Tayside and in particular all staff at Ninewells 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 variance between the oversight and governance observed in the hospital inspection and the maternity services [inspection](#). Patient safety concerns were raised in the maternity services inspection in regard to processes surrounding emergency medication, quality of care provision, such as triage processes, and lack of oversight of senior management within maternity services.

During the inspection of hospital services in the acute sector of Ninewells Hospital we observed a visible senior management team who were aware of the current challenges facing them and proactively working to mitigate risks.

During our hospital inspection we observed that NHS Tayside has developed a well-established model in the emergency department of ensuring patients are signposted to receive the right care in the right place and could demonstrate good oversight and evidence of shared learning within this process. We observed a high compliance rate for advanced paediatric life support and senior managers evidenced good working relationships between medical specialities.

Site wide hospital huddles were thorough and supported staff to identify potential staffing risks. Senior nurses were visible throughout the inspection with staff and student nurses describing a positive and supportive culture in the hospital. Inspectors observed teams working hard to provide safe and effective care, which was reflected in the feedback from patients and their relatives. Mealtimes were well organised with patients who required assistance being offered this in a timely manner.

Senior managers within the acute services demonstrated oversight of common themes reported via the electronic incident reporting system and provided us with evidence of improvements being commenced in response to these.

Areas for improvement identified include processes in relation to fire safety training, water flushing for infrequently used water outlets and poor compliance of hand hygiene. Inspectors also observed that the current layout of older wards has impacted upon the provision of accessible showering facilities which can compromise patient dignity.

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

This inspection resulted in 10 areas of good practice, one recommendation and 14 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 Tayside 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

The unannounced inspection to Ninewells Hospital resulted in 10 areas of good practice.

### Domain 1

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|---|---|
| 1 | The senior emergency department team provide education to enable staff to safely redirect patients to the most appropriate care provider (see page 13).                     |
| 2 | The emergency department team have developed processes to ensure good oversight and sharing of any learning from potential adverse or suboptimal care events (see page 13). |
| 3 | A high number of staff have completed advanced or immediate paediatric life support training in the emergency department and paediatric inpatient ward (see page 13).       |
| 4 | NHS Tayside have developed good processes to minimise delayed discharges (see page 13).   |

### Domain 2

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| 5 | Hospital and board-wide huddles were comprehensive and ensured risks were identified and mitigated early (see page 15). |
| 6 | Staff and student nurses described a supportive culture in Ninewells Hospital (see page 15).                            |

### Domain 4.1

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| 7 | Patients, relatives and carers were complimentary regarding care (see page 21).                                     |
| 8 | Mealtimes were well organised and patients who required support were offered this in a timely manner (see page 21). |

### Domain 4.3

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| <b>9</b>  | NHS Tayside have developed support for assistant practitioners and newly qualified registrants (see page 24).              |
| <b>10</b> | NHS Tayside have a thorough induction programme for healthcare support workers within paediatric speciality (see page 24). |

## Recommendation

The unannounced inspection to Ninewells Hospital resulted in one recommendation.

### Domain 4.1

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| <b>1</b> | NHS Tayside should ensure patients have access to hand hygiene prior to mealtimes (see page 21). |
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## Requirements

The unannounced inspection to Ninewells Hospital resulted in 14 requirements.

### Domain 1

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|----------|---|
| <b>1</b> | <p>NHS Tayside must ensure all staff are trained in all elements of safe fire evacuation (see page 14).</p> <p>This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).</p> |
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### Domain 4.1

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| <b>2</b> | <p>NHS Tayside must ensure staff comply with hand hygiene in accordance with current guidance (see page 21).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>   |
| <b>3</b> | <p>NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance (see page 21).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023) and Scottish Health Technical Memorandum SHTM 04-01 part B (2014) 'Water Safety for healthcare premises Part B:Operational management.</p> |
| <b>4</b> | <p>NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift (see page 21).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>                                  |

<b>5</b>	<p>NHS Tayside must ensure patient privacy is maintained when using signage for transmission based precautions (see page 21).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023), Health and Social Care Standards (2017) criteria 1.2, 1.4, 4.1 and relevant codes of practice of regulated healthcare professions.</p>
<b>6</b>	<p>NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines (see page 21).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
<b>7</b>	<p>NHS Tayside must ensure that the hospital built environment is maintained to enable safe and effective cleaning (see page 21).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
<b>8</b>	<p>NHS Tayside must ensure the safe storage of medication (see page 21).</p> <p>This will support compliance with: Professional guidance on the safe and secure handling of medicines (Royal Pharmaceutical Society) and relevant codes of practice of regulated healthcare professions.</p>

### Domain 4.3

<b>9</b>	<p>NHS Tayside must ensure that there are processes in place to support the consistent application of the common staffing method (see page 24).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019).</p>
<b>10</b>	<p>NHS Tayside must ensure the recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated (see page 24).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019).</p>
<b>11</b>	<p>NHS Tayside must ensure senior charge nurses have access to protected leadership time (see page 25).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019).</p>



## Domain 6

**12** NHS Tayside must ensure all patients have access to suitable shower facilities (see page 27).

This will support compliance with: Health and Social Care Standards (2017) criteria 1.3, 1.19, 1.20 and 4.22.

**13** NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy (see page 27).

This will support compliance with: Health and Social Care Standards (2017) criteria 1.3, 1.19, 1.20, 2.3 and 4.22.

**14** NHS Tayside must ensure Adult with Incapacity section 47 certificates are completed fully and accurately (see page 27).

This will support compliance with: Adults with Incapacity (Scotland) Act (2000) Health and Social Care Standards (2017) criteria 1.2, 1.3, 2.12, 4.1, 4.11 and 4.14 and relevant codes of practice of regulated healthcare professions.

## What we found during this inspection

### Domain 1 – Clear vision and purpose

#### Quality indicator 1.5 – Key performance indicators

**NHS Tayside has developed a well-established model of ensuring patients are signposted to receive the right care in the right place with good oversight and evidence of shared learning. We observed a high compliance rate for advanced paediatric life support. Areas for improvement include processes relating to fire safety training.**

At the time of this inspection NHS Tayside, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity and delayed discharges. During our inspection the hospital was operating at 90% bed occupancy. The British Medical Association and the Royal College of Emergency Medicine describe a safe bed occupancy level of less than 85%.

In response to the increased hospital capacity, 'surge' beds were in use during our inspection of Ninewells Hospital. The 'surge' beds are reopened beds in previously closed bed spaces, meaning that all patients were being cared for in a designated bed space with access to call bells, oxygen, suction and electrical sockets. We did not observe any patients being cared for in non-standard care areas.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than four hours from arrival at the emergency department before admission, discharge or transfer for other treatment. During the week of our onsite inspection, across NHS Scotland 61.6% of patients were seen within

the four hour target. This is lower than the 87.1% of patients seen within four hours at Ninewells Hospital. During the week of the onsite inspection, five patients waited over eight hours and no patients waited over 12 hours in Ninewells Hospital's emergency department before being admitted, discharged or transferred to another area. This is significantly lower than many other emergency departments in Scotland where in the same week 1,991 patients throughout Scotland waited over 12 hours in emergency departments. Further information on emergency department attendances can be found [here](#).

The emergency department treats both adult and paediatric patients. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' states that emergency care settings for paediatric patients should be designed to accommodate the needs of children. Inspectors observed that Ninewells Hospital's emergency department included a separate paediatric waiting area and examination bay in the main department.

Nurses working in the emergency department are registered adult nurses. As part of the inspection, we asked NHS Tayside to provide us with the levels of nursing staff who are trained in paediatric life support. Paediatric life support training includes basic paediatric life support, paediatric immediate life support and advanced paediatric life support. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' documents that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has advanced paediatric life support (or equivalent training).

NHS Tayside do not currently have registered paediatric nurses working in the emergency department, however senior managers explained to us that support can be accessed from the paediatric team based within Ninewells Hospital if required. Senior managers told us that although this current informal process worked well, a standard operating procedure to formalise the process is in early stages of development.

Paediatric immediate life support training supports staff to identify paediatric patients at risk of deterioration and intervene quickly and effectively. From evidence submitted, 75% of registered nursing staff in the emergency department hold a current certificate in paediatric immediate life support. In addition, 100% of emergency department consultants and senior registrars are trained in advanced paediatric life support. NHS Tayside also explained in evidence returned to us that 75% of charge nurses in the emergency department are also trained in advanced paediatric life support.

Ninewells Hospital also provides inpatient paediatric care. In evidence received we observed that 64% of nursing staff working in the paediatric inpatient ward were trained in advanced paediatric life support and 44% trained in paediatric immediate life support. NHS Tayside clarified that the majority of staff who do not hold a certificate in paediatric immediate life support were trained in advanced paediatric life support. Advanced paediatric life support provides in depth knowledge and the skills

to lead paediatric resuscitation and builds upon the skills taught in paediatric immediate life support. In evidence submitted we were also told that simulation sessions are held regularly in the paediatric inpatient areas.

Inspectors observed that the Intensive Care Unit was equipped to care for paediatric patients. Currently there are no paediatric nurses working in the Intensive Care Unit. Senior managers explained that all staff in this area complete yearly paediatric basic life support training. We were also told that if a paediatric patient requires intensive care support, they would be transferred using ScotSTAR (Scottish Specialist Transport & Retrieval) to a specialist paediatric intensive care unit. ScotSTAR is a national service for the transport and retrieval of both critically ill children and adults throughout Scotland. Whilst awaiting retrieval by ScotSTAR, a paediatrician will attend the intensive care unit who may also be supported by a registered paediatric nurse where possible.

As part of the inspection, we asked NHS Tayside to provide evidence of any incidents or adverse events reported through the incident reporting system in the three months prior to our inspection. Within these reports we did not observe any adverse events reported with regards to the care of paediatric patients awaiting transfer to a specialist paediatric intensive care unit. During our discussion session, senior managers explained that regular feedback and learning is shared from ScotSTAR during clinical effectiveness days and via an online channel that staff can access. NHS Tayside explained that the clinical effectiveness day is a bi-annual event and all staff involved from the multi-disciplinary team in Ninewells Hospital along with staff from ScotSTAR and colleagues from paediatric intensive care units in Edinburgh and Glasgow are invited. We were provided with evidence of this from the 'Ninewells ScotSTAR Feedback' minutes where we can see areas of good practice identified by teams such as involving specialists such as cardiology and early escalation and updates to ScotSTAR. NHS Tayside also explained some of the learning from these sessions is used in a ward-based simulations programme.

Inspectors observed that the emergency department was calm and well organised. On the first day of inspection the department was operating at full capacity and inspectors observed delays of up to forty minutes to ambulances transferring patients into the department. These patients waited with Scottish Ambulance Service colleagues until a space became available in the main corridor of the emergency department. Nursing staff explained to inspectors that the nurse in charge of the emergency department will liaise with Scottish Ambulance Service crews who are waiting with patients. Scottish Ambulance Service colleagues who spoke with inspectors highlighted it was unusual to have delays of transferring patients into Ninewells Hospital emergency department and also described close working relationships with the emergency department team. In the electronic patient safety incident reports submitted to us that we reviewed there were no adverse events reported in the three months prior to our inspection with regards to patients being delayed whilst waiting to be transferred from ambulances into the emergency department.

The emergency department observation unit is a part of the emergency department, situated next to the main area and staffed by the emergency department team. This unit contains both a four bed bay as well as four single rooms. Inspectors observed that patients being cared for in this area had access to call bells, and toilet and shower facilities. Nursing staff in this area explained that patients being cared for in this unit are patients who would be discharged within 24 hours of admission such as head injury patients or patients awaiting results of tests. In narrative attached to evidence provided to us, NHS Tayside explained that the decision to admit a patient into this unit is made by a senior doctor in the emergency department.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to improve waiting times and delays in emergency departments and acute admission units. Patients who attend the emergency department with a minor illness or minor injury will be identified. A senior doctor or senior nurse will then explain to the patient where they may access a more suitable care provider such as the patient's General Practitioner, pharmacy or dentist. We were also provided with the information leaflet that patients are given if they are redirected which explains the redirection process as well as links to NHS Inform and the contact details for NHS24. Information videos are available online for patients explaining what redirection is as well as its importance in ensuring the emergency department has capacity to care for those with life threatening emergencies. NHS Tayside also provided us with evidence of the training that staff in the emergency department receive to support them to safely redirect patients to alternative care providers. We observed that this included several case-based scenarios to facilitate learning and discussion amongst staff.

NHS Tayside also provided us with the latest output from the 'QI Safety Survey Reviews' meeting. The purpose of this group is to identify patient care cases where learning or improvements can be shared within the emergency department, and these are also discussed at the emergency department clinical governance meetings. The reviews are completed by an emergency medicine consultant and a report is circulated to all emergency department staff as well as being displayed at the staff base. We can see in this evidence that for the week ending 21/07/24 Ninewells Hospital emergency department had 1253 attendances with 23 patients reattending within seven days. We did not observe any patient safety incidents relating to patients being redirected in the evidence we requested from NHS Tayside.

During our onsite inspection we observed that Ninewells Hospital had a low rate of delayed discharges with less than 10 patients each day. A delayed discharge occurs when a patient who is medically fit to be discharged from hospital cannot leave the hospital due to a lack of care, support or suitable accommodation such as a nursing home placement. We observed that the discharge team would provide updates during hospital huddles that we attended, giving senior managers better oversight of potential delays. Senior nursing staff we spoke with described strong multidisciplinary team working across both hospital and community settings to support the reduction in patients experiencing delayed discharge. Senior nursing staff also explained that to

support patient flow, delayed discharges are reviewed on a daily basis and escalated to the relevant Health and Social Care partnerships.

Ninewells Hospital also demonstrated a commitment to the 'Frailty at the Front Door' Programme with established Acute Frailty Units. Early and comprehensive assessment of older patients with frailty can reduce unnecessary hospital admissions and improves the experience and outcomes of patients attending these services. Inspectors observed that the Acute Frailty Units were calm and well led, patients appeared comfortable and patients inspectors spoke with were highly complimentary of the care offered. However, some nursing staff did explain to inspectors that they felt that they did not have sufficient time to do activities with patients and that this may lead to a lack of stimulation for patients.

NHS Tayside were able to provide evidence that 85% of staff had completed mandatory fire training. We were also provided with the Fire Risk Assessments for some of the clinical areas inspected including the emergency department. In these, it was identified that a number of staff had not undertaken an annual walkthrough fire evacuation drill. We raised this during our discussion session with senior managers who explained that this is completed with a combination of face to face training, fire walkthroughs and tabletop exercises. A requirement has been given to support improvement in this area.

In the emergency department fire risk assessment, we also observed that risks such as a faulty fire alarm panel had been identified. During our discussion session with senior managers, we were able to discuss this with a fire officer for NHS Tayside. We were told that fire panels are checked daily throughout the site. In evidence provided following our discussion session we were provided with evidence of this panel being checked after the initial fire risk assessment on a number of occasions with no fault observed. In additional narrative provided to us, NHS Tayside explained that fire panels across NHS Tayside are tested daily.

## Areas of good practice

Domain 1	
1	The senior emergency department team provide education to enable staff to safely redirect patients to the most appropriate care provider.
2	The emergency department team have developed processes to ensure good oversight and sharing of any learning from potential adverse or suboptimal care events.
3	A high number of staff have completed advanced or immediate paediatric life support training in the emergency department and paediatric inpatient ward.
4	NHS Tayside have developed good processes to minimise delayed discharges.

## Requirements

### Domain 1

- |   |  |
|---|--|
| 1 | NHS Tayside must ensure all staff are trained in all elements of safe fire evacuation. |
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### Domain 2 – Leadership and culture

#### Quality indicator 2.1 – Shared values

**Hospital huddles were thorough and supported staff to identify potential staffing risks. Senior nurses were visible throughout the inspection with staff and student nurses describing a positive and supportive culture in the hospital.**

We were able to attend the hospital safety huddles during our inspection. These were held throughout the day and attended by members of the multidisciplinary team including nursing, allied health professionals, hospital discharge team and facilities colleagues. The purpose of a safety huddle is to provide site situational awareness, understand patient flow and raise issues, such as patient safety concerns, review staffing and identify wards or areas at risk due to reduced staffing levels. We observed open and supportive conversations held regarding areas requiring additional support and early identification of potential staffing concerns that required escalating.

We were also able to observe the wider NHS Tayside huddles that were held immediately following the hospital huddle. This was attended by senior colleagues from Perth Royal Infirmary as well as colleagues from specialist areas such as the mental health team and Scottish Ambulance Service. Supportive and open conversations regarding capacity in both hospitals and staffing concerns were held with discussions surrounding how sites could support each other.

During the hospital huddles we attended we observed that staff would discuss additional staffing requirements for patients requiring an enhanced level of observation. Patients may require an enhanced level of observation to reduce the risk of harm for reasons such as an increased risk of falls or risk of self-harm. NHS Tayside provided us with the 'Mental Health Intervention Decision Making within General Adult Inpatient Settings' standard operating procedure as part of evidence returned to us. This recommends that patients with a higher risk of vulnerability require the continuous presence of a member of staff to support them. We can see in the Safe Care information submitted to us that patients who required this level of support were identified and escalated on this system, giving senior managers oversight of the additional staffing requirements. During huddles, we also observed staff identifying when additional support from a registered mental health nurse was required early and efforts made to provide this.

All areas inspected were calm and appeared well organised. We observed good teamwork and staff we spoke to describe the hospital as a good place to work with a



supportive culture. Inspectors were also able to speak to a number of nursing students who spoke highly of their placements and described feeling well supported. Senior nurses were visible throughout the hospital.

Inspectors were told that both the emergency department and ward areas hold a ward safety huddle prior to commencing a day or night shift. These are used to highlight any patient safety issues such as patients at higher risk of falling or those requiring a specialist diet. Inspectors did not have the opportunity to observe the ward huddles due to them occurring out with the time of our onsite inspections. Nursing staff in the emergency department explained to inspectors that they may hold more frequent huddles however this would be in response to increased acuity in the department. Inspectors did not observe these during our onsite inspection due to the level of acuity in the department.

## Areas of good practice

### Domain 2

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|---|---|
| 5 | Hospital and board-wide huddles were comprehensive and ensured risks were identified and mitigated early. |
| 6 | Staff and student nurses described a supportive culture in Ninewells Hospital.                            |

### Domain 4.1 – Pathways, procedures and policies

#### Quality 4.1 – Pathways, procedures and policies

**Inspectors observed teams working hard to provide care which was also reflected in the feedback from patients and their relatives. Mealtimes were well organised with patients who required assistance being offered this in a timely manner. However, we identified areas for improvement including poor hand hygiene compliance and water flushing of infrequently used water outlets.**

We observed good teamwork in all areas inspected with patients receiving kind and responsive care. Bed spaces were tidy and clean. All patients within ward areas had access to call bells which were answered promptly. As described earlier in the report, inspectors did observe patients waiting in a corridor with Scottish Ambulance Service colleagues. Inspectors did not observe any patients being cared for in non-standard areas within the wards.

Patients and their relatives were highly complimentary of the care given, reporting that staff were attentive and that they felt well informed of their care.

The main emergency department comprises of individual bays which are laid out in such a way that staff at nursing stations had visibility of all bays. Inspectors observed that call bells were within reach for patients being cared for in the emergency department.

From the patient safety incidents we requested that had occurred over the three months prior to our inspection, we observed that the most common incidents were trips, slips and falls and adverse medication incidents. We discussed these themes with senior managers during our discussion session. We were told that these themes had already been identified prior to our inspection and that improvement work was underway.

This included a ward caring for patients with neurological disorders or cognitive impairment that had been identified as having a higher incident of falls compared to other areas. Staff identified that a higher number of falls occurred at times of staff handovers and when personal care was being given and therefore less staff available to oversee patients during these times. Evidence provided also included a recent paper approved by senior managers in regard to recruiting additional healthcare support workers in this particular ward. In this paper it was explained that 18 out of 20 falls that were recorded in the months of July and August 2024 occurred when there had been a reduced number of healthcare support workers not familiar with the specialised nature of the ward that were on duty. It is hoped that by increasing the established numbers of healthcare support workers in this area that staff with the right skills will be able to better support patients in this ward. We were told that the recruitment of these additional healthcare support workers is underway.

We were also provided with improvement work from another ward where staff identified that falls were happening more frequently at night-time. In response to this, a test of change involving keeping bedside nightlights on was trialled. We can see in evidence provided that there had been a drop in the number of falls following this from eight per 1000 occupied bed days in June 2024 to two per 1000 occupied bed days in August 2024.

We also observed that violence and aggression incidents were commonly reported by staff. We were told by senior managers that work is ongoing to audit this theme of incident reports to identify any areas of concern or where support could be best targeted. We were also told that a recent rise in reporting of these incidents is thought to be partly attributable to recent training sessions delivered explaining how to report these incidents on the electronic reporting system. Evidence submitted by NHS Tayside shows an 83% compliance rate for violence and aggression training for staff. Furthermore, NHS Tayside explained that staff who experience an incident of violence or aggression will be supported through leadership teams including the lead nurse or lead midwife based in the Safety and Flow hub. Furthermore, NHS Tayside explained that staff who experience an incident of violence or aggression will be supported initially by their direct line manager and through leadership teams including the lead nurse or lead midwife based in the Safety and Flow hub where appropriate.

NHS Tayside were able to describe a number of staff wellbeing initiatives available including support from the spiritual care team as well as the wellbeing and workshop services which offer staff support sessions both in person and online. We were also provided with evidence of the wellbeing initiatives for staff in the theatres,



anaesthesia and critical care teams. These included fundraising, a celebration board to share good news and social events such as cold water swimming and group yoga. The team also described the close working relationship of the hospital chaplain describing them as very much part of the team.

Inspectors found that the majority of patient care documentation that could be reviewed was well completed. For example, we observed where patients required the use of bed rails, corresponding bed rails and falls risk assessments were completed and dated appropriately. Inspectors were told that nursing care records and risk assessments were transitioning on to an electronic system in some ward areas. In order to minimise interrupting clinical staff during our onsite inspection, inspectors did not access the electronic care records.

NHS Tayside provided evidence of care assurance audits that have been undertaken in a number of areas of Ninewells Hospital. The purpose of the care assurance audit is to find out if care is being provided in line with current guidance and standards. The 'NHS Tayside Tool for Environmental Auditing of the Clinical Area HAI (TEACH)' tool is completed monthly in each inpatient clinical area and assesses compliance with infection prevention and control guidance. The tool allows staff to document any issues identified as well as improvement actions undertaken.

As part of the inspection, we requested care audit compliance results for several of the clinical areas we inspected. These audits covered a variety of data including hand hygiene compliance, insertion and maintenance of peripheral venous cannulas and Malnutrition Universal Screening Tool (MUST) completion. During our virtual discussion session senior managers explained that there was ongoing work to move nursing documentation to an electronic system and once complete, this would ensure regular and complete audits in clinical areas. We were also told that work was ongoing to assess how best to extrapolate data from the system to make it fit for purpose.

Inspectors observed good completion of National Early Warning Score 2 (NEWS2) charts where these were available to review. NEWS2 charts are used to record a patient's physiological parameters such as pulse and blood pressure and will alert staff if a patient is at risk of deterioration. Ninewells Hospital uses an electronic system to record NEWS2 scores. Inspectors observed in some clinical areas that these scores were displayed on a monitor in a room designated for the medical team. This supported teams to have access to real time data and be alerted to a potential deteriorating patient quickly.

We had the opportunity to observe a number of mealtimes during the inspection. In all areas these were well organised and the meals were distributed in a timely manner with patients receiving assistance when required. Inspectors observed that patients' bed tables were cleared in preparation for meals being distributed and staff were aware of patients who had specialised dietary requirements. Inspectors were told that patients in the emergency department were able to access food and fluid if required. In the majority of wards, we did not see patients assisted or prompted with hand

hygiene prior to meals being distributed. A recommendation has been given to support improvement in this area.

Hand hygiene is an important part of standard infection control precautions to minimise the risk of infection. Other standard infection control precautions include patient placement, the use of personal protective equipment (such as gloves and aprons), management of the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Hand hygiene involves '5 moments' when hand hygiene should be performed. These are prior to touching a patient, prior to performing a procedure, after a procedure or body fluid exposure risk, after touching a patient or after touching a patient's surroundings. Inspectors observed that staff in the majority of clinical areas performed hand hygiene however in three wards inspectors observed poor compliance across all staff groups. In our previous Safe Delivery of Care inspection in April 2023 we also observed poor compliance with hand hygiene opportunities. Whilst we recognise the improvements in staff compliance in hand hygiene, a new requirement has been given to support improvement.

Personal protective equipment includes items such as disposable aprons and gloves. During our inspections we observed that staff used this appropriately and that there were sufficient supplies of personal protective equipment throughout the clinical areas inspected. Inspectors also observed aide-memoir posters throughout wards explaining how to correctly use personal protective equipment.

During the inspection we observed that chlorine-based cleaning products were not stored securely in the majority of areas, resulting in a risk that it may be accessed by patients or members of the public. We observed chlorine-based cleaning products stored in domestic storerooms which were situated in main corridors of the hospital. A number of these domestic storerooms were unlocked and had doors propped open, meaning these rooms could easily be accessed by patients or members of the public. Inspectors also observed reconstituted cleaning solution stored in unlocked utility areas and nursing stations. In one area, we also observed that reconstituted cleaning products were stored in bottles without lids. This is not in line with The Control of Substances Hazardous to Health (COSHH) Regulations 2002 which stipulate that these products must be kept in a secure area such as a locked cupboard.

Inspectors also observed that bottles were not marked with the date and time of when chlorine-based cleaning products were reconstituted. This would make it difficult for staff to know when the cleaning solution should be discarded. The National Infection Prevention and Control Manual recommends cleaning products should be freshly made and discarded after 24 hours.

We raised this with senior managers at the time of inspection and during subsequent hospital huddles that we attended we observed senior managers highlighting the safe storage of chlorine-based products. Senior managers also ensured staff were given

information regarding the safe use and storage of chlorine-based cleaning products by means of posters. However, we continued to observe poor compliance with the secure storage of chlorine-based cleaning products throughout the remainder of the onsite inspection. During our corresponding maternity inspection, we also observed poor compliance in the safe storage of chlorine-based cleaning products. A requirement has been given in both inspection reports to support improvement in this area.

We observed good compliance with sharps management in the majority of areas such as sharps containers having temporary closures in use. The use of the temporary closure prevents needles or other sharp objects falling out of the container if it is dropped.

However, inspectors observed that in the majority of clinical areas, there was a buildup of clinical waste bags on the floor in utility areas awaiting collection. This was due to insufficient storage for large clinical waste storage receptacles. In one ward inspectors were told that this waste was collected twice a day. During our discussions, senior managers explained that the portering service would attend clinical areas on a regular basis to uplift clinical waste. We were also told that waste was kept in controlled access rooms such as the utility areas and that all waste is closed and tagged as per current guidance in the National Infection Prevention and Control Manual. Senior managers explained that staff in clinical areas should escalate to the facilities team if additional waste collections were required. NHS Tayside did provide evidence of the scheduled collection times that portering staff attend clinical areas between the hours of 06:00 and 22:00, however this did not appear to be sufficient to manage the build-up of waste observed during the inspection. During our corresponding maternity services inspection, we also observed a build-up of clinical waste bags awaiting collection. A requirement has been given to support improvement in this area.

Transmission based precautions are additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed several areas where these precautions were in use. Clear signage was in place and staff were observed correctly using personal protective equipment in these areas. However, in one ward area, we observed that signage on patients rooms, used to inform staff and visitors of transmission based precautions, also detailed the patients infection. This does not promote patient privacy and is not in line with guidance in the National Infection Prevention and Control Manual which states that signage should be used to communicate isolation requirements. A requirement has been given to support improvement in this area.

During the inspection, the majority of patient care equipment was clean and ready for use. Inspectors observed that there was a lack of available storage in many of the clinical areas inspected. This resulted in equipment being stored in ward corridors. However, this did not appear to cause any obstructions. In one area, inspectors observed the use of a ward bathroom as a storage area for large equipment. The bathroom still contained a sink and bath. Staff were not able to describe who was

responsible for the process of flushing the water outlets in this bathroom. NHS Tayside provided us with the completed water flushing schedule for infrequently used water outlets for this ward. In this we observed that there were significant gaps in flushing these outlets with it being documented as being completed six times in the period covering August 2024 to January 2025. The National Infection Prevention and Control Manual explains that water outlets that are used infrequently or not at all may present a transmission risk from stagnant water and have the ability to contaminate the wider water system. Current guidance stipulates that outlets in clinical areas should be flushed twice weekly as a minimum. A requirement has been given to support improvement in this area.

Inspectors observed evidence of wear and tear throughout the hospital. The original Ninewells Hospital is now approximately 50 years old. Inspectors observed the use of tape to repair flooring in one ward and damage to the flooring in the emergency department as well as chipped paintwork, damaged door surrounds and black staining to shower and sink seals. In one ward area inspectors observed that ventilation grills were visibly dusty. As described at the start of the report, we carried out a Maternity Services Safe Delivery of Care inspection in Ninewells Hospital which also identified damage to the hospital built environment.

We spoke with senior managers and were told that the built environment of the hospital was challenging to maintain due to the age of the building and that a rolling programme of refurbishment to clinical areas was ongoing. In our previous Safe Delivery of Care inspection in April 2023 a requirement was given in regard to ensuring that the healthcare environment was maintained to support effective cleaning with areas such as damaged flooring in the emergency department observed in the previous inspection. NHS Tayside had responded in the corresponding action plan that the estates team had prioritised refurbishments and repairs of toilet and kitchen facilities as well as areas such as damaged walls, flooring, paintwork and doors. Due to the findings on this inspection this requirement has not been achieved. A new requirement has been given in both inspection reports to support improvement in this area.

During our previous Safe Delivery of Care inspection, a requirement was given in regard to the safe storage of medication due to inspectors observing medication left on patient bedside tables and unlocked medication trollies and cupboards in most areas. During this inspection, we observed there had been some improvements made as inspectors did not observe medication left at patients' bedside tables. However, in some wards inspectors observed that medication trollies and storage cupboards were unlocked. This is not in line with the Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings. We raised this with hospital managers at the time of inspection. A new requirement has been given to support improvement in this area.

## Areas of good practice

### Domain 4.1

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| 7 | Patients, relatives and carers were complimentary regarding care.                                     |
| 8 | Mealtimes were well organised and patients who required support were offered this in a timely manner. |

## Recommendation

### Domain 4.1

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| 1 | NHS Tayside should ensure patients have access to hand hygiene prior to mealtimes. |
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## Requirements

### Domain 4.1

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| 2 | NHS Tayside must ensure staff comply with hand hygiene in accordance with current guidance.  |
| 3 | NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance.  |
| 4 | NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift. |
| 5 | NHS Tayside must ensure patient privacy is maintained when using signage for transmission based precautions.   |
| 6 | NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines.   |
| 7 | NHS Tayside must ensure that the hospital built environment is maintained to enable safe and effective cleaning.   |
| 8 | NHS Tayside must ensure the safe storage of medication.  |

### Domain 4.3 – Workforce planning

#### Quality 4.3 – Workforce planning

**We observed that NHS Tayside has a support network for newly qualified and internationally educated nurses. We also observed a high level of oversight and support in development of the band 4 assistant practitioner role.**

Workforce data returned to us in evidence highlights that Ninewells Hospital currently has no vacancies in the band 5 or band 6 registered nurse role. However, a vacancy rate of over 10% was observed in the band 7 nursing role. During our discussions with senior managers, we were told that this is partly due to trainee Advanced Nurse Practitioners commencing their training at band 6 level and would move to a band 7 post upon completion of their training.

However, inspectors in some clinical areas were told by senior charge nurses that it can be challenging to access dedicated management time due to pressures within the clinical area. Senior managers acknowledged there can be difficulties to release staff however this time would be rearranged where possible. It was also explained that there are systems and processes in place to monitor if senior charge nurses are unable to access leadership time. This includes recording any cancelled leadership time on the electronic rostering system which gives senior managers oversight of any particular challenges. Under the requirements of the Health and Care (Staffing) (Scotland) Act 2019 there is a duty to ensure senior charge nurses and midwives can access protected leadership time. A requirement has been given to support improvement in this area.

NHS Tayside also provided us with evidence of their bespoke leadership programme for senior nursing and midwifery leaders. This aims to equip nursing and midwifery staff with leadership and management skills and we can see that staff who have attended this have described higher levels of confidence in areas such as supporting staff wellbeing, upholding good governance principles and enabling psychological safety.

The Health and Care (Staffing) (Scotland) Act 2019 commenced on 1 April 2024. It stipulates that NHS boards have a duty to follow the Common Staffing Method (CSM). The application of the common staffing method supports NHS boards to ensure appropriate staffing and the provision of safe and high quality care. From 1 April 2024, NHS boards are required to demonstrate that they are complying with the duties as cited in the legislation. Inspectors observed that areas that were inspected were calm and well organised, suggesting that appropriate levels of staff were in place at the time of inspection of the clinical area.

We were able to review the Emergency Care Provision Tool (ECPT) BOXI reports for the last two tool runs (June 2023 and January 2025) which reveal that there were potential quality assurance concerns and gaps in data which may impact upon the application and accuracy of outputs of both the staffing level tool and common staffing method. During our corresponding maternity inspection, we also observed challenges in completing the tool runs. A requirement has been given in both reports to support improvement in this area.

NHS Tayside utilises an electronic system to monitor staffing levels and patient acuity which is updated throughout the day. The output of this system provides a traffic light system status with red showing the highest shortfall of staff available to meet patient needs. As part of evidence requested NHS Tayside provided us with the output of this system for January 2025. In this we can see that nursing staff will add narrative to the risk rating explaining high acuity or staffing shortfalls such as a junior skill mix. However, some areas remained at red and in many cases it was difficult to ascertain what the mitigations had been to reduce risk with many entries with a red status moving to an amber status with no narrative attached. We raised this during our



discussions with senior managers who recognised that on some occasions, there were gaps in updating the status of this system once mitigations were put in place. A requirement has been given to support improvement in this area.

As described earlier in the report, student nurses described positive learning experiences during their placements. In evidence submitted to us, we can see that NHS Tayside has developed a transition programme to support final year nursing students move to a band 5 registered nurse role. NHS Tayside also supports newly qualified nurses with support of the practice education team. Visits are scheduled a minimum of twice yearly and there is support to engage registrants through the 'Flying Start' process. Flying Start NHS is the national development programme developed to equip newly qualified health professionals in nursing, midwifery and allied health professionals with skills required in their professional role.

Inspectors were told that a number of internationally trained nurses had been recruited into the Intensive Care speciality in response to a high vacancy rate. We asked NHS Tayside for evidence in regard to how internationally trained nurses are supported and were provided with information that 42 internationally trained nurses were supported throughout a number of cohorts to achieve their registration with the Nursing and Midwifery Council between April 2023 and April 2024. In order to achieve this an eight week programme was set up in collaboration with the University of Dundee. In the evidence submitted we can see that the course was amended or updated in response to analysis of course evaluations such as changing the style of course delivery or adding additional course content.

We were also told that the role of assistant practitioner was being supported in NHS Tayside. Assistant practitioners work under the supervision of a registered practitioner to undertake care and treatment tasks and will develop a high level of skill through training and experience. In evidence submitted, NHS Tayside explained that staff in this role complete a Scottish Credit and Qualifications Framework (SCQF) level 8 Professional Development Award in Acute and Community Care. This involves weekly college attendance as well as attending monthly Trainee Assistant Practitioner development days and support from the practice development team and preceptors in clinical areas. We were told that development days delivered by the practice development team included skills in clinical practice such as record keeping, electrocardiogram recording and oxygen therapy. The development days also cover skills in leadership, accountability and delegation, learning and an introduction to quality improvement.

NHS Tayside have demonstrated good oversight of the assistant practitioner programme with a commitment to understanding the current strengths and areas for improvement by conducting an organisation wide evaluation of the role of assistant practitioner in May 2024. For example, supporting guidance for line managers, trainees and preceptors has been developed following feedback that there has been a lack of clarity around the role and scope of practice. An assistant practitioner

development group has been created for NHS Tayside with an aim to continue the support of the role and improve education and development. Membership of this group includes clinicians, managers, assistant practitioners and educators.

NHS Tayside provided us with evidence of the support and training healthcare support workers are provided within the paediatrics team. In this we can see healthcare support workers in this speciality are trained to undertake clinical skills such as obtaining and documenting paediatric early warning system scores and what actions should be undertaken if these are out with normal parameters. The paediatric early warning system assesses physiological parameters such as heart rate, respiratory rate and temperature and there are currently five age appropriate charts to document these. It is important for staff to be trained to be able to identify, escalate and respond to an unwell child. The training programme also covers communication style for children, infection control and understanding of the roles and responsibilities of the wider paediatric team. Staff complete reflective accounts following their first week, first month and third month of employment enabling them to identify any barriers to learning and practical skills recorded as supervised and assessed.

In evidence submitted to us we can see that for the month of December 2024 sickness rates in the nursing workforce were 7.4%, higher than the target of 4% for NHS Scotland. During our discussion session with senior managers, we were told that the most common reason for sickness absence was anxiety and stress related illnesses. It was explained that sickness absence is managed by senior charge nurses and lead nurses with support from colleagues from human resources and the occupational health team. Senior managers also described staff being able to access psychological support as well as supporting staff using the ‘Once for Scotland’ workforce policies programme. As described earlier in the report, NHS Tayside has also provided evidence of other support available to staff including support from the spiritual care team.

Areas of good practice

Domain 4.3	
9	NHS Tayside have developed support for assistant practitioners and newly qualified registrants.
10	NHS Tayside have a thorough induction programme for healthcare support workers within paediatric speciality.

Requirements

Domain 4.3	
9	NHS Tayside must ensure that there are processes in place to support the consistent application of the common staffing method.
10	NHS Tayside must ensure the recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated.



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| <b>11</b> NHS Tayside must ensure senior charge nurses have access to protected leadership time. |
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## Domain 6 – Dignity and respect

### Quality 6.1 – Dignity and respect

**We observed staff providing compassionate care. However, inspectors observed that the current layout of older wards has impacted upon the provision of accessible showering facilities as well as the use of mixed sex accommodation which can compromise patient dignity.**

Inspectors observed staff working hard providing compassionate and person-centred care. Patients we spoke to described attentive, supportive and caring staff and acknowledged how busy the staff were.

Inspectors observed that the respiratory ward had an accessible shower facility with a piped oxygen supply, making showering facilities more accessible for those requiring supplemental oxygen. However, in some of the wards there were no accessible shower facilities for patients that may require equipment to promote mobility. Some of the shower areas were small, meaning that it would be difficult for a patient to get assistance from staff if required. These shower rooms also had a lipped edge which could make it difficult for some patients to access. Senior hospital managers told us that there was continued investment in renewing facilities throughout the hospital and currently these upgrades are being undertaken within the cardiology ward. Senior managers explained that the hospital morning huddles would provide staff with the opportunity to escalate concerns with regards to this and that teams worked well together to mitigate these issues. However, during the huddles that inspectors attended we did not observe this happening. Whilst we recognise the improvements that have been made in some clinical areas, the current provision of facilities does not support patients in all areas to access shower facilities. A requirement has been given to support improvement in this area.

We observed that in some wards in the hospital patients were being cared for in mixed sex bays. Nursing staff in most of these areas were able to describe a risk assessment for the use of mixed sex bays and patients inspectors spoke to did not voice any concerns regarding being cared for in a mixed sex bay. Inspectors observed that in one ward there were sufficient empty beds to ensure that there was no need to have a mixed sex bay in use in this area. Inspectors raised this at the time of inspection with the nurse in charge. We were provided with the NHS Tayside Dignity and Privacy Single Sex Accommodation policy as part of evidence returned to us. In this policy it is explained that all patients will be cared for in single sex occupancy areas except in certain areas due to clinical need such as the intensive care unit, major trauma unit or day surgery units. Several wards were also exempt, however, the ward in which inspectors observed patients could be moved, to ensure single sex accommodation was not included within this. The policy also describes that if a breach to this policy

occurs staff should escalate this to the senior nurse amongst other senior managers and that all breaches will be discussed at huddles. We did not observe this during the huddles we attended. During our previous safe delivery of care inspection in 2023, a requirement was given in relation to the use of mixed sex bays. NHS Tayside responded in the corresponding action plan that all breaches to the policy were to be recorded in the electronic incident reporting system. In the incident reports we requested as part of evidence we observed this being recorded twice in the three months prior to inspection. We are not assured that all actions to reduce the use of mixed sex bays or escalate their use to senior managers are effective. A new requirement has been given following this inspection.

Inspectors observed Adults with Incapacity Section 47 Certificates completed for a number of patients throughout the hospital. These are legal documents which assist patients, their families and staff to make decisions regarding a patient's care and treatment when the patient is unable to make the decision independently. We observed that whilst the majority of these were well completed, some of the certificates inspectors were able to review were incomplete or expired. Inspectors raised this with the nurse in charge and were told that medical staff would review these immediately. A requirement has been given to support improvement in this area.

In one ward inspectors observed the use of a mobile camera to monitor a patient in a single room. This patient was receiving one to one support from a member of staff. Nursing staff explained to inspectors that the camera did not record footage and instead transmitted to a small mobile screen that was held at the nursing station. During initial discussions we were told that the camera was only used when staff were in the room alone with the patient and switched off when personal care was undertaken. As the patient was deemed not to have the capacity to consent to the use of the camera, consent was obtained from their legal guardian. We spoke with senior managers who were open and honest regarding the use of the camera and told us that an urgent review had been undertaken following our initial feedback session and a new standard operating procedure had been developed.

In evidence provided following this discussion we were provided with the standard operating procedure for the use of monitors in neurology/neurosurgery. This provides clear guidance for staff working in these areas regarding the safe use of the device. The standard operating procedure stipulates that the use of the camera is not a substitute for seeking additional support from staff but as an additional measure when a patient may be distressed or over stimulated. We can also see that senior nursing staff will review the need for the use of this camera on a daily basis. During discussion sessions with senior managers, we were told that the decision to use the camera would be made following discussions between medical and nursing staff and the patient's next of kin or legal guardian. Senior managers were assured that as the camera was not used during episodes of personal care or during visits and that patient privacy and dignity was not compromised.

## Requirements

Domain 6	
12	NHS Tayside must ensure all patients have access to suitable shower facilities.
13	NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy.
14	NHS Tayside must ensure Adult with Incapacity section 47 certificates are completed fully and accurately.

# 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)
- [Fire Scotland Act](#) (Acts of the Scottish Parliament, 2005)
- [Food, fluid and nutritional care standards – Healthcare Improvement Scotland](#) (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](#) (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)

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