Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Ninewells Hospital, NHS Tayside

27 January – 29 January 2025

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Ch

Signature: _____

Full Name: Carole Wilkinson

Date: 23 September 2025

NHS board Chief Executive

Signature: _____

Full Name: Nicky Connor

Date: 24 September 2025

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation 1					
	NHS Tayside should ensure patients have access to hand hygiene prior to mealtimes				
	Patients will be encouraged to wash their hands before all mealtimes, and for those unable to safely access a sink, appropriate wipes will be provided. A spot audit will be conducted to assess compliance, supported by a communication plan to reinforce best practices. Focus on discussions regarding access and mealtimes during nursing leadership walkarounds	May 2025	**Senior Charge Nurses** Senior Nurses Lead Nurses IPC Link Nurses	To be discussed at Nursing and Midwifery Leadership Team meeting April 2025 Reviewing during leadership walkarounds	**Complete April 2025**
Requirements					
Domain 1					
1	***NHS Tayside must ensure all staff are trained in all elements of safe fire evacuation***				
	NHS Tayside to ensure all staff are trained in fire evacuation procedures	November 2025	**Clinical care group management teams** Divisional leads Fire safety Manager	Evidence / training available through wards fire folders Training guidance available via Fire Safety website	**Ongoing – within timescale**
	Fire evacuation walkthroughs to be implemented by all teams	November 2025	**Clinical Care Group Managers** Senior Charge Nurses Senior Nurses Fire safety advisors	Evidence / training available through wards fire folders Training delivered to Duty Holders by Fire Safety. Duty Holders can request further training if required.	**Ongoing – within timescale**

Domain 4.1					
2	***NHS Tayside must ensure staff comply with hand hygiene in accordance with current guidance***				
	WHO Hand Hygiene campaign planned for 5th May- this will include refresher training and resource materials.	May 2025	**IPC Team** Communication Team	The Communications Team have circulated a save-the-date notice along with resources for NHS staff to access. Successful communication and campaign delivered within NHS Tayside hospitals.	**Complete** **May 2025**
	NHS Tayside will ensure Hand Hygiene compliance against National IPC manual monitored through IPC annual audit programme (Clinical teams carry out NHS Tool for Environmental Auditing of the Clinical Area HAI (TEACH) and hand hygiene audits) • Regular visits to clinical areas IPC team will address observations of practice including hand hygiene • Exception reports to be raised at acute HAI committee	August 2025	**SCNs** IPC Team Senior / Lead Nurses	Verbal and written feedback are provided to clinical teams to aid learning. Dashboard available to all teams / leaders Feedback to August 2025 Acute HAI committee for assurance Monitored via TEACH tools	**Complete** **August 2025**
	Hand hygiene education is incorporated into all NHS Tayside IPC educational sessions as part of NHS Tayside's annual IPC educational programme.	May 2025	**IPC Team**	Educational programme in place	**Complete** **May 2025**
3	***NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance***				
	NHS Tayside will update NHST Water Safety Management Procedures Document	June 2025	**Acting Responsible Person (Water)**	The Water Safety Group (WSG) is in the process of updating "NHST Water Safety Management Procedures	**Complete** **June 2025**

				Document" and in particular flushing of little used outlets. Communication shared from the Acting Responsible Person (Water) on the 21 March 2025, highlighting the requirement of using water daily as an important part in maintaining good quality domestic hot & cold-water systems, and included the Log Sheet for Recording Water Flushing. Guidance issued re little used outlets flushing. Monitored via water flushing schedules for individual areas	
	Water Safety Management Group (WSMG) to refresh and issue the guidance on water safety to the safety & flow huddle for onward dissemination.	April 2025	**Water safety management group (WSG)**	Issued via safety and flow communication	**Complete** **April 2025**
	NES animation on the do's and don'ts of clinical wash hand basins to be reshared with clinical teams as a refresher.	April 2025	**Associate Nurse Director IPC**	Shared with Nurse and Medical Directors, along with the Manager for Soft Facilities to share with Clinical Teams across NHS Tayside. Shared with Nursing and Midwifery Leadership Team and acute leadership team for distribution within teams	**Complete** **April 2025**

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***				
	NHST provide secure storage of clinical waste through use of Lockable Eurobins, which are stored at designated storage areas across the site.	April 2025	**A/Ass Director of Facilities**	Standard operating procedures in place which provides guidance for storage and movement of lockable eurobins for relevant staff groups.	**Complete** **April 2025**
	In instances of Clinical Waste Bins reported full, NHST Waste and Porter Services are contactable by email with additional collections put in place accordingly. A Standard Operating Procedure for an Escalation process to be followed will be developed	June 2025	**A/Asso Director of Facilities**	Standard operating procedures in place which provides guidance for staff including timings of uplift and escalation where required out with these times.	**Complete** **June 2025**
	Portering Services to issue reminder via Safety Huddle to ensure clinical waste is placed in secure area and to issue relevant Portering Services contact numbers to allow all colleagues to escalate if and when required.	April 2025	**Portering services**	Escalation SOP and email reminder sent Memo also sent to all domestic service staffing	**Complete** **April 2025**
5	***NHS Tayside must ensure patient privacy is maintained when using signage for transmission based precautions***				
	NHS Tayside comply with the use of signage for transmission based precautions as directed by ARHAI Scotland National Infection Prevention and Control Manual: Transmission Based Precautions	April 2025	**Clinical Teams**	This is monitored by the IPCT through regular ward visits and IPC audits/support during outbreaks, as well as through clinical teams' internal audits.	**Complete** **April 2025**

				Posters have been shared by the IPCT when there is a patient with a known infection and are also available from the IPC Staffnet page. **link to door signage attached.** **2022-1-13-tbp-ic-droplet-posters_jan22.pdf** **2022-1-13-tbp-ic-contact-posters_jan22.pdf** **2022-1-13-tbp-ic-airborne-poster_jan22.pdf**	
	Communication memo to all senior charge nurses and midwives to ensure patient privacy / confidentiality is maintained when using signage	April 2025	**Associate Nurse Directors**	Discussions within nursing and mdiwfery leadership team meetings and with individual wards with IPCT as above. Memo sent following these discussion also.	**Complete** **June 2025**
6	***NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines***				
	Key messages shared with teams regarding safe storage and labelling of cleaning products via site safety huddle	January 2025	**Site safety teams**	Sent via safety and flow information on regular occasions to ensure improvements. Initially sent January 2025 and last sent August 2025. Regular discussions on meetings also.	**Complete** **January 2025**

	NHS Tayside will send memo to all nursing and facilities staff regarding compliance of safety for hazardous cleaning products. Compliance documented through area risk assessments.	April 2025	**Associate Nurse Directors** Domestic services manager	Discussions above and memo sent. Audited via domestic services regular audits. Quality of care walkarounds reviewing also.	**Complete** **June 2025**
	Memo to be issued out to Domestic staff members reiterating the requirement to: • Ensure all chemicals are locked away in the Domestic Services Room (DSR) or within the cupboards within the DSR. • Ensure that all DSR's are not left wedged open or unlocked.	19/02/25	**Domestic Services**	Memo issued via payslips Audited via domestic services regular audits. Quality of care walkarounds reviewing also. Improvements reported.	**Complete** **February 2025**
	Replacement keys to be arranged for DSR's that require them.	March 2025	**Domestic Services**	Key request submitted to Property 30/1/25. Keys returned and issued out to relevant teams on 7/2/25 & 11/3/25.	**Complete** **March 2025**
	Monitor ward-based compliance through leadership walk arounds, highlight any concerns immediately for rectification via team leaders / SCN of areas or teams	June 2025	**Associate Nurse Directors** Acute Leadership Team Senior and Lead Nurses	Walkarounds using quality of care assurance visits methodology commenced. Consistent reporting being implemented using planned template. Led by Senior or Senior charge nurse for each area with review by Lead Nurses.	**Complete** **June 2025**

7	***NHS Tayside must ensure that the hospital built environment is maintained to enable safe and effective cleaning***				
	NHS Tayside estates department will undertake a review of existing fault reporting procedures.	31/01/2025	**Head of Estates**	Complete	**Complete** **January 2025**
	Implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and monitoring progress.	December 2026	**Associate Director of Facilities.**	In progress New CAFM procured (Agility) currently being updated prior to "going live".	**Ongoing - within timescale**
8	***NHS Tayside must ensure the safe storage of medication***				
	Key messages shared with teams regarding safe storage of medication via site safety huddle	January 2025	**Site safety team**	Shared via daily huddle information Monitoring via quality of care assurance visits	**Complete** **January 2025**
	Safe and Secure Handling of Medicines information/Memo to be distributed highlighting importance of locked medicine storage within wards.	May 2025	**Associate Nurse Directors** Associate Director of Pharmacy, Acute Services Associate Director of Pharmacy for Medication Governance	Initial update via site rep Memo sent Monitoring via quality of care assurance visits with additional pharmacy audit for any areas of concerns. Improvements being reported.	**Complete** **June 2025**
	Day of care audit on safe and secure handling of medicine within specified wards. Audit will include practice as well as environmental improvements which can be made.	August 2025	**Senior / Lead Nurses** Supported by Consultant Nurse and pharmacy	Use of day of quality of care assurance methodology. Additional pharmacy audit for any areas of concerns. Improvements being reported. Wide selection of areas in evidence of implementation	**Complete** **August 2025**

				and improvements being reported.	
Domain 4.3					
9	***NHS Tayside must ensure that there are processes in place to support the consistent application of the common staffing method***				
	NHS Tayside will ensure there is a planned programme of Staffing Level Tool (SLT) runs and Common Staffing Method (CSM) Report production in place.	Complete / Ongoing	**NHS Tayside HCSSA Team** Clinical Teams	Annual planned programme in place. Support provided by NHST HCSSA team for clinical teams continues. Compliance reports on finalised SLT runs and CSM finalised reports provided to lead and senior nurses monthly. Areas or teams returning incomplete SLT and CSM reports are provided feedback and support to finalised and resubmit CSM reports. Governance of implementation within acute services via HCSSA Operational Workforce Sub-Group meeting in place.	**Complete** **August 2025**
	Additional support to be provided for identified areas from inspection to ensure consistent application of tool runs and CSM.	August 2025	**Senior Nurses** NHS Tayside HCSSA Team	Programme for tool runs and compliance in place. One to one support provided at all tool runs and for CSM completion aligned to SLT/CSM Planner. ED in Tayside will be supporting	**Complete** **August 2025**

				the development of the new ECP Tool with HIS. Monitoring via workforce team and lead nurses.	
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***				
	Review SafeCare SOP to ensure all subsections of the HCSSA are incorporated and addressed.	May 2025	**Safe Care Leads for Acute Services** NHS Tayside HCSSA Team	SLWG developed to review and provide up to date SoP SLWG commenced within timescale. SLWG set up to review and refresh Standard Operating Procedure for Real Time Staffing Assessment and Risk Management. SOP remains in draft and a subject expert subgroup are finalising the pathway and detailed process. Meeting dates of SLWG and expert subgroup in place and reviewing Draft Pathway and Draft SOP. Please note the Draft Sop and Pathway remain under review and development. Finalisation date is anticipated to be late 2025/early 2026, however early implementation can be considered ahead of this date given the legal requirements	Not completed due to SOP being in draft following decision to develop expert subgroup to ensure full review and consistent application and implementatio n. Good progress being made.

				attached to this document and active participation of operational leaders with the revision of the SOP.	
	Continued training package in place for use of SafeCare for clinical nursing and midwifery teams	May 2025	**NHS Tayside eRostering team**	Training programme in place and accessible to book throughout 2025 via eRostering Team. E Rostering teams channel to training videos. Once video completed then permissions for SafeCare granted. Ad hoc one to one training available on request. One to one follow training incorporated into new implementations. SafeCare Masterclass options are in development. Refresher and joint training delivered by SafeCare implementation team and HCSSA Lead on SafeCare completion (technical how to) and professional consideration (HCSSA compliance and RTS assessment and risk management)	**Complete** **May 2025**

				Education and training delivery of SafeCare in 2025 to date evidence available. Training now joint with e-rostering team and HCSSA team to ensure technical and professional input. Further progress with development of joint training packages.	
11	***NHS Tayside must ensure senior charge nurses have access to protected leadership time***				
	NHS Tayside will safeguard rota shifts in line with job roles that allocates leadership time for each Senior Charge Nurse. This time will be protected and only interrupted due to critical staffing situations in clinical areas. Compliance will be monitored monthly by the senior nursing leadership team through SafeCare data analytics and direct feedback from SCNs through managerial one to ones	**August 2025**	**Lead Nurses** **HCSSA Team** **Safe care leads.**	NHST supports the requirement of ensuring adequate time for clinical leaders through exclusion of SCN and team leaders during SLT runs to produce the staffing level demand for patient facing care excluding delivery of clinical care by Senior Charge Nurses/Team Leaders. SafeCare set up to record cancellation of SCM allocated leadership time use as mitigation for staffing risks. This is available as a data point for monitoring and review at SafeCare Huddles and reviewed for risk escalation.	**Complete** **August 2025**

				Protected Leadership time will be a specific action of the RTS & Risk Management SOP currently under review and refresh by subject specific SLWG. Protected leadership time is a triangulation point under risks within CSM report drawn from SafeCare Reporting.	
	Domain 6				
12	***NHS Tayside must ensure all patients have access to suitable shower facilities***				
	NHS Tayside will audit wards in Ninewells Hospital to review all existing shower facilities. Where these are identified as compromising patient dignity due inadequate showering facilities and mitigations cannot be put in place this should be escalated to estates.	**August 2025**	**Clinical care group managers**	No concerns escalated. Audits undertaken. Resolution to this could be compromised due to capital funding options.	**Complete** **August 2025**
	Where patients do not have access to suitable showering and this impacts on patient dignity / care and appropriate mitigations cannot be put in place – DATIX to be submitted • **Communication to be sent to clinical teams to highlight above process**	**May 2025**	**Senior Charge Nurses** **Senior Nurses**	No datixs received linked direct to showering which impacts on patient dignity. Covered within memo sent to highlight process.	**Complete** **June 2025**
13	***NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy***				

	Communication via the Senior and Lead nurse to share with teams to ensure all breaches to policy are recorded via the Datix adverse management system as per policy	April 2025	**Associate Nurse Directors**	Via hub 6 breaches during May and June 2025 in datix. Managed and escalated appropriately. Reviewed and discussed during quality of care assurance visits also	**Complete** **April 2025** (for communication)
	Monthly audit on Ninewells site around patient placement in bays regarding compliance to policy. Audit results to be discussed at Nursing and Midwifery Leadership Team (Acute Services) meeting.	August 2025	**Lead Nurses**	Incorporated via SLWG Work ongoing re trackcare Audit tool developed and in process for implementation	**Complete** **August 2025**
	NHS Tayside will have a suite of policies which are reflective and in place to support decision making, risk assessment and ensure privacy and dignity is always upheld for patients.	August 2025	**Protection Policy Steering Group (SLWG)**	Protection Policy steering group has been established. This will have a remit for reviewing and ensure relevant policies are reflective of key legislation and guidance, scope training and education and communicate to workforce. Supported by a programme of embedded audit. Good progress with SLWG. Policies developed and in progress of ratification.	**Complete** **August 2025 (only awaiting ratification)**
14	***NHS Tayside must ensure Adult with Incapacity section 47 certificates are completed fully and accurately***				

	NHS Tayside will ensure improvements for completion and accuracy of section 47 certificates are embedded in practice.	October 2025	**NHS Tayside AWIA Audit tool short life working group**	Audit tool developed and in process of sign off. Plan in place for testing and then future roll out across services. This will align with other quality assurance processes in place. Training programme in place. Adult protection advice line in place for staff to seek support. Decision specific screening tool developed and in use.	**Ongoing – within timescale**