

Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Borders General Hospital

NHS Borders

5 - 6 August 2025

© Healthcare Improvement Scotland 2025

Published October 2025

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.scot

About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures, the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

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

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

Our Approach

We carried out an unannounced inspection of Borders General Hospital, NHS Borders, on Tuesday 22 and Wednesday 23 November 2022. As well as noting six areas of good practice, a total of five requirements were made to the NHS board which are listed below.

Previous inspection (November 2022) requirements:
1. NHS Borders must ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.
2. NHS Borders must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments, care and comfort rounding charts and fluid balance charts.
3. NHS Borders must ensure that all staff carry out hand hygiene and use personal protective equipment in line with current guidance.
4. NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning.

5. NHS Borders must have a system in place to ensure that all reported staffing risks are reviewed and responded to within agreed timescales. This is to comply with staff and clinical governance.

To address these requirements, and in line with our safe delivery of care methodology, NHS Borders 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 Borders General Hospital from Tuesday 5 August to Wednesday 6 August 2025, to assess progress made against the actions contained within NHS Borders improvement action plan.

About the hospital we inspected

Borders General Hospital is a district general hospital situated on the outskirts of Melrose. It has 197 inpatient beds plus intensive therapy beds and offers a wide range of healthcare specialities.

During our [previous inspection](#) we inspected the following areas:

- emergency department
- intensive care unit
- high dependency unit
- ward 4
- ward 6
- ward 7
- ward 9
- ward 12
- ward 14, and
- ward 17.

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

- acute assessment and ambulatory care ward
- emergency department
- intensive care unit
- Margaret Kerr unit
- medical assessment
- Borders stroke unit
- ward 4
- ward 5
- ward 7
- ward 9
- ward 14, and
- ward 15.

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 Borders to provide evidence of its policies and procedures relevant to the focus of this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Wednesday 25 August 2025 we held a virtual discussion session with key members of NHS Borders staff to discuss the evidence provided and the findings of the inspection.

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

We would like to thank NHS Borders and in particular all staff at Borders 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](#).

Inspectors found improvements with hand hygiene compliance and the appropriate use of personal protective equipment (such as aprons and gloves). Improvements were also observed in the coordination of patient mealtimes.

The majority of patient care documentation reviewed was completed to a high standard.

Since our previous inspection, NHS Borders has introduced a Safe Staffing Risk Assessment and Escalation Standard Operating Procedure to mitigate and capture recurrent staffing risks.

We recognise improvement work underway relating to the maintenance of the built environment. However, there continues to be numerous clinical areas with outstanding requirements related to flooring replacement.

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

Further areas for improvement identified during this inspection include assistance with hand hygiene for patients at mealtimes, correct labelling of cleaning products, risk assessments for patients placed in non-standard care areas and access to call bells for these patients.

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

This follow-up inspection resulted in three areas of good practice, two new recommendations and four 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 Borders 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 Borders General Hospital resulted in three areas of good practice.

Domain 4.1

1	Staff had good awareness of patients' dietary requirements and mealtimes were well coordinated (see page 12).
2	The board's quality improvement initiatives, such as an anti-glove campaign to stop unnecessary glove use (see page 12).

Domain 6

3	Patients and relatives we spoke with described kind and compassionate care, with staff described as supportive and engaging (see page 15).
---	--

New recommendations from this follow-up inspection

The unannounced inspection to Borders General Hospital resulted in two recommendations.

Domain 4.1

1	NHS Borders should ensure that patients are assisted with hand hygiene prior to mealtimes (see page 12).
2	NHS Borders should ensure weights are recorded on medication prescription charts for all paediatric patients (see page 12).

New and updated requirements from this follow-up inspection

The unannounced inspection to Borders General Hospital resulted in four requirements.

Domain 4.1

1	<p>NHS Borders must ensure all hazardous cleaning products are labelled appropriately, as per manufacturers' guidelines (see page 12).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
2	<p>NHS Borders must ensure that all patient care documentation is accurately and consistently completed and updated, including care planning within the paediatric ward and Adults with Incapacity section 47 Certificates (see page 12).</p> <p>This will support compliance with: Adults with Incapacity (Scotland) Act (2000) Health, Quality Assurance System (2022) Criterion 4.1 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 practice of regulated healthcare professions.</p>
3	<p>NHS Borders must ensure documented risk assessment and selection criteria are in place to support placement of patients within non-standard care areas and ensure that all patients have access to a call bell or a means to contact staff when they require assistance (see page 12).</p> <p>This will support compliance with: Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) criteria 1.12, 1.14, 3.17, 3.21 and 5.18.</p>
4	<p>NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning (see page 13).</p> <p>This will support compliance with: Infection Prevention and Control Standards (2022) Criterion 8.1 and Scottish Health Technical Memorandum 03-01 Specialised Ventilation for Healthcare Premises.</p>

What we found during this follow-up inspection

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During the November 2022 inspection, we observed several patient mealtimes across a variety of ward areas. The majority were well organised, and staff knew the patients' dietary needs, including if patients were nil by mouth. However, in one area we observed mealtimes were not well managed with a lack of coordination. Meals were left for a length of time on bedside tables waiting for staff to be available to assist patients who required help. We observed some patients requiring assistance were left in bed with no pre-mealtime preparations observed, such as hand washing or help to sit. This resulted in the following requirement.

November 2022 inspection – Requirement 1

NHS Borders must ensure that patient mealtimes are managed consistently and that patients receive adequate support at mealtimes.

Improvement actions taken since the previous inspection include the implementation of a Protected Mealtimes Standard Operating Procedure to promote and support nutritional care and hydration for patients, with support from staff where required.

During this inspection, we were able to observe a number of patient mealtimes. Inspectors observed that the majority of mealtimes were well coordinated with patients receiving their meals in a timely manner. Those patients who required assistance appeared to receive this with minimal delay. Due to these observed improvements, this requirement has been met.

However, we observed that the majority of patients were not offered or assisted with hand hygiene prior to meals. A new recommendation has been given to support improvement in assisting patients with hand hygiene prior to mealtimes.

During the November 2022 inspection, we observed long periods of time between entries in the comfort rounding documentation within several wards. Risk assessments such as falls and nutritional screening assessments had not been completed. Additionally, some staff we spoke with lacked understanding of the use of some of the risk assessments and associated documentation such as updating falls care plans if a patient experiences a fall. A requirement was given to support improvement in this area.

November 2022 inspection – Requirement 2

NHS Borders must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessments, care and comfort rounding charts and fluid balance charts.

During this inspection we observed NHS Borders continues to operate a paper-based documentation system. We observed in the majority of areas patient care documentation was completed to a high standard. Admission and ongoing care booklets were in use and falls risk assessments were routinely completed and updated. In several areas, supplementary tools such as complex discharge checklists were being used to support care planning. Complex discharge checklists are structured tools used by healthcare teams to ensure that all necessary steps and considerations are addressed before a patient with complex needs is discharged from hospital.

Inspectors also observed good compliance with the completion of the Malnutrition Universal Screening Tool (MUST). The MUST chart is a tool designed to help identify adults who are malnourished and at risk of undernutrition. Additionally, this tool assists staff to identify patients' individual dietary requirements such as preferences and any food intolerances. Waterlow charts, used to identify patients' risk of developing pressure ulcers, and National Early Warning Score 2 (NEWS2) documentation was also routinely completed to a high standard. 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. All of these documents are important in providing guidance to support the development of an appropriate care plan for patients, highlighting specific care needs.

However, in several areas, inspectors identified variability in the completion of some documentation. In some cases, care plans were missing or partially completed, and key information such as weight, resuscitation status, and medication independence was not consistently recorded.

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 while the majority of these were well completed, some of the certificates inspectors were able to review were incomplete and missing some patient information. Inspectors raised this with the nurse in charge and were told that medical staff would review these immediately.

In one clinical area it was also observed that the weights of paediatric patients were not recorded on prescription charts. All babies, children, and young people admitted to an NHS Scotland hospital must be weighed and measured according to NHS 'Weighing and measuring of babies, children and young people' guidelines. These

guidelines also state that children's weights should be recorded on their prescription charts. The recording of patient weights on prescription charts can support the prescribing of safe dosing of certain medicines. While ward staff confirmed that all patients being admitted to the ward area are weighed, these weights were not routinely recorded on the prescription charts. A new recommendation has been given to support improvement in this area.

Additionally, a patient requiring Naso Jejunal (NJ) feeding did not have a completed Paediatric Yorkhill Malnutrition Score (PYMS). This is a nutritional screening tool developed to identify children at risk of malnutrition during hospital stays. It is used to prompt appropriate referrals to dietitians for further assessment and intervention.

During our virtual discussion, senior managers from NHS Borders informed us that since our inspection, work has been planned and implemented by senior clinical staff to improve compliance with the completion of existing documentation.

Within the paediatric ward we observed that not all patients had a care plan in place. We discussed this with senior managers who told us care planning documentation was not routinely completed for all patients as many were only admitted to the ward for short periods of time, often four hours or less. However, since the inspection, work has begun to introduce care planning documentation for all patients within the paediatric ward.

We recognise significant improvements have been achieved in relation to the completion of patient care documentation. However, further areas for improvement have been identified during this inspection. To support further improvement, this requirement has been partially met and closed. A new requirement has been given to support improvement.

During the onsite inspection, inspectors found that in order to meet the need for increased capacity within the emergency department, NHS Borders has implemented an additional four beds within a non-standard care area previously used as a plaster room. Staff advised us that there is currently no risk assessment or selection criteria in place to support decision making in relation to patient placement within the additional four beds. A risk assessment is an important tool in supporting the selection and placement of patients when additional beds are in use, to ensure patient safety, privacy, dignity and infection prevention and control risks.

In the absence of a formal risk assessment, staff told inspectors they apply professional judgement to determine which patients may be suitable to be accommodated in this non-standard care area. Inspectors were told only patients who are able to safely mobilise independently would be cared for in this area. However, this does not consider other risks associated with providing care for patients within non-standard care areas.

Only two of the four patients within the non-standard care area had access to a call bell. Senior managers explained that the recent introduction of a new call bell system

within the emergency department has led to difficulties integrating additional call bells into the new system. There are no current measures in place to ensure all patients within this area are able to alert staff should they require assistance. We discussed this with senior managers and requested evidence of any mitigations to enable patients to call for assistance if required, however, we have not yet received this. During our inspection however, we did not observe any patients unable to get help whilst in the department. A new requirement has been given to support patient selection criteria for placement within additional beds, and ensure all patients have access to a call bell.

Since increasing the emergency department's capacity through the use of the plaster room, NHS Borders has completed an updated fire risk assessment. This risk assessment takes into account the potential increased capacity in the emergency department and the need to safely evacuate patients from this area.

During the November 2022 inspection, we observed areas for improvement regarding hand hygiene opportunities. This is related to the overuse of gloves and not changing gloves or carrying out hand hygiene between patients or tasks. A requirement was given to support improvement in this area.

November 2022 inspection – Requirement 3
NHS Borders must ensure that all staff carry out hand hygiene and use personal protective equipment in line with current guidance.

During this inspection we observed good staff compliance with hand hygiene and the correct use of personal protective equipment. Alcohol gel dispensers and personal protective equipment dispensers were appropriately placed throughout clinical areas; we observed staff were consistently bare below the elbow. This requirement has been met.

However, during this inspection inspectors found pre-mixed bottles of cleaning products in sluice rooms, with inconsistent labelling. While some bottles were marked with date, time, and signature, others were not. This is not in line with The Control of Substances Hazardous to Health (COSHH) Regulations 2002 which stipulate that these products must be marked with the date and time of when chlorine-based cleaning products were reconstituted. Inconsistent labelling and recording of these details 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. A new requirement has been given to support improvement in this area.

During the November 2022 inspection we observed that there was inadequate storage throughout the hospital. This caused items to be placed on the floor impacting on the ability to effectively clean these areas. We observed throughout the hospital wards

that the flooring was in a very poor condition with a large amount of hazard tape in numerous places in main corridors, rooms and bays. This meant that the floor area could not be kept clean and could pose a trip hazard for patients, staff and visitors. We discussed this with senior hospital managers and were provided with an action plan to address this issue. The plan gave a broad outline of areas to be addressed within the financial year of 2022 - 2023. This resulted in the following requirement.

November 2022 inspection – Requirement 4
NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning.

During this inspection we found the physical condition of the built environment varied across departments. The areas inspected were visibly clean and cleaning schedules were up to date and completed.

We observed patient equipment continued to be stored in corridors, shower rooms, and repurposed spaces. This contributed to clutter and created potential barriers to effective decontamination.

In the majority of areas inspected we observed damage to flooring, walls, and ceiling tiles. In several wards, flooring was cracked, patched with tape, or coming away from the walls, impacting on the ability to effectively clean these areas. These include the emergency department, medical assessment unit, intensive care unit, high dependency unit, Borders stroke unit and wards 4, 5 and 14.

Senior managers provided us with information of a flooring replacement schedule. While we acknowledge improvements within some areas, with flooring replaced or overlaid in the hospital's main corridor, intensive care corridor and wards 6 and 9, there continues to be numerous clinical areas with outstanding flooring replacement requirements.

We also observed within several areas inspected the ventilation grills were not clean and contained visible thick dust. Cleaning of ventilation grates and other components is part of the routine maintenance expected under Scottish Health Technical Memorandum 03-01 Specialised ventilation for healthcare premises. Senior managers we spoke with described challenges in maintaining the healthcare-built environment due to the ongoing high occupancy within the hospital, which impacts on the ability to close patient areas to maintain and upgrade the environment. This requirement has not been met and will be carried forward.

Areas of good practice

Domain 4.1	
1	Staff had good awareness of patients' dietary requirements and mealtimes were well coordinated.
2	The board's quality improvement initiatives, such as an anti-glove campaign to stop unnecessary glove use.

New Recommendations

Domain 4.1	
1	NHS Borders should ensure patients are assisted with hand hygiene prior to mealtimes.
2	NHS Borders should ensure weights are recorded on medication prescription charts for all paediatric patients.

New Requirements

Domain 4.1	
1	<p>NHS Borders must ensure all hazardous cleaning products are labelled appropriately, as per manufacturers' guidelines.</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
2	<p>NHS Borders must ensure that all patient care documentation is accurately and consistently completed and updated, including care planning within the paediatric ward and Adults with Incapacity section 47 Certificates.</p> <p>This will support compliance with: Adults with Incapacity (Scotland) Act (2000) Health, Quality Assurance System (2022) Criterion 4.1 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 practice of regulated healthcare professions.</p>
3	<p>NHS Borders must ensure documented risk assessment and selection criteria are in place to support placement of patients within non-standard care areas and ensure that all patients have access to a call bell or a means to contact staff when they require assistance.</p> <p>This will support compliance with: Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criteria 1.24).</p>

Updated Requirement

4	<p>NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning.</p> <p>This will support compliance with: Infection Prevention and Control Standards (2022) Criterion 8.1 and Scottish Health Technical Memorandum 03-01 Specialised Ventilation for Healthcare Premises.</p>
---	--

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

During the previous inspection, Borders General Hospital used a staffing template. The key principle of this template is to record the real time staffing risks, mitigations, and professional judgement which then determines a 'safe to start' position. Professional judgement is when the clinical staff use their expertise to assess staffing requirements to ensure safe and effective care can be provided. However, during the previous inspection, we observed that the staffing template did not align with patient complexity, acuity or dependency scoring. Due to this the following requirement was given.

November 2022 inspection – Requirement 5

NHS Borders must have a system in place to ensure that all reported staffing risks are reviewed and responded to within agreed timescales. This is to comply with staff and clinical governance.

During this follow-up inspection we observed staffing risks being discussed and documented within the safety huddles and reviewed over the day. We observed this being carried out during our onsite inspection and within evidence provided by NHS Borders. We observed nursing and midwifery clinical staff were encouraged to make decisions regarding staff movement and assign the staff resources to areas of higher risk and priority. Clinical nurse managers had oversight over these decisions.

NHS Borders uses the Safe Care staffing system which records real time staffing numbers including skill mix and considers patient acuity. During this inspection, we reviewed staffing levels, skill mix, escalation processes, and workforce pressures across a range of departments. We observed improvements made with NHS Borders actively managing staffing challenges while maintaining a focus on patient safety and continuity of care.

Across all areas inspected, staff reported feeling safe to start their shifts, with agreed staffing levels generally achieved. In areas where agreed staffing levels could not be

achieved, mitigations were put in place such as nursing staff moving between wards. In high-dependency and intensive care units, staffing was adapted to reflect patient acuity, with additional support provided by Band 6 and Band 7 nurses where required. In some departments, staffing exceeded agreed levels during the day, while night shifts occasionally operated below expected numbers.

All departments had clear escalation processes in place for short staffing, including access to overnight nurse managers prior to senior managers arrival and discussion at daily safety huddles. Staff reported feeling confident to raise concerns and felt that they were listened to by senior colleagues.

Skill mix was a key consideration in critical care areas. While the majority of critical care staff have completed relevant training, inspectors were advised that when non-critical care trained nurses were working within the critical care areas, support was provided. A clinical educator was observed working at the bedside to support competency development. A real time acuity tool was in use to match staffing to patient need.

The majority of senior charge nurses we spoke with described having appropriate time to lead and advised they were working with their staff to aid with personal and professional development.

Inspectors were able to identify members of the multidisciplinary team working collaboratively within all wards visited. Allied health professional staff such as physiotherapists and occupational therapists were visible within all wards inspected and were willing and open to speaking with inspectors. Ward nursing staff did not highlight any concerns with shortages of allied health professionals, and they agreed they were able to have patients assessed and reviewed in a timely manner. Patients also spoke highly of contact with allied health professionals.

The allied health professional team uses a toolkit which supports the identification of priorities and staffing risks. This information is shared at the main staff huddle in the morning. At the time of the previous inspection there was no system in place to capture recurrent risks or themes, with only nursing and allied health professional teams capturing real time staffing, risks and mitigations. In February 2025 NHS Borders introduced a Safe Staffing Risk Assessment and Escalation Standard Operating Procedure, which in part aims to capture recurrent staffing risks. This requirement has been met.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

Patients and relatives we spoke with described kind and compassionate care, and we observed staff working hard to support the safe delivery of care.

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 they felt welcomed, well cared for, and that staff remained positive and attentive to their needs. During the inspection, patients requiring support with personal care were observed throughout the hospital, with privacy and dignity maintained through the appropriate use of curtains, with consent routinely sought.

Inspectors observed numerous caring and compassionate interactions, with staff consistently treating patients with dignity and respect.

Patients further praised staff, describing their care as ‘perfect’ and stating that staff frequently took time to make small gestures like unscheduled tea rounds, which were appreciated.

Play leaders provided age-appropriate activities for patients in the children’s ward, with parents expressing that they felt supported and valued.

Area of good practice

Domain 6	
3	Patients and relatives we spoke with described kind and compassionate care, with staff described as supportive and engaging.

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

New requirements to be addressed from August 2025 inspection
1. NHS Borders must ensure all hazardous cleaning products are labelled appropriately, as per manufacturers' guidelines.
2. NHS Borders must ensure that all patient care documentation is accurately and consistently completed and updated, including care planning within the paediatric ward and Adults with Incapacity section 47 Certificates.
3. NHS Borders must ensure a documented risk assessment and selection criteria are in place to support placement of patients within non-standard care areas and ensure that all patients have access to a call bell or a means to contact staff when they require assistance.
Outstanding requirements to be addressed from November 2022 inspection
4. NHS Borders must ensure that the environment is in a good state of repair and maintained to support effective cleaning.

Published October 2025

You can read and download this document from our website.
We are happy to consider requests for other languages or
formats.

Please contact our Equality and Diversity Advisor on 0141 225
6999

or email contactpublicinvolvement.his@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP

0131 623 4300	0141 225 6999
---------------	---------------

www.healthcareimprovementscotland.org