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# Unannounced **Follow-up** Inspection Report

## Acute Hospital Safe Delivery of Care Inspection

Forth Valley Royal Hospital

NHS Forth Valley

16 - 18 March 2026

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Healthcare Improvement Scotland Unannounced Inspection Report (Forth Valley Royal Hospital, NHS Forth Valley): 16 – 18 March 2026

# 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](#).

## Approach

We carried out an initial safe delivery of care inspection within Forth Valley Royal Hospital in April 2022 during which we identified a number of concerns relating to patient safety and the quality of care provided. We returned to carry out a follow-up inspection in September 2022 and remained concerned about the lack of sufficient improvement in relation to several key patient safety issues that had been escalated during the April 2022 inspection. We also identified a number of new concerns during this inspection. On both occasions Healthcare Improvement Scotland formally requested assurance from NHS Forth Valley and escalated these concerns to Scottish Government in line with our Operating Framework. [Healthcare Improvement Scotland and Scottish Government: operating framework](#).

Our April 2022 inspection resulted in nine requirements, three of which were met during our follow-up inspection in September 2022. However, a further 11 new requirements were made to NHS Forth Valley following our September 2022 inspection.

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We returned to carry out a further unannounced follow-up inspection of Forth Valley Royal Hospital in January 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within the NHS Forth Valley 2022 improvement action plans and the serious patient safety concerns raised through our formal escalation process. We observed improvements relating to patient safety and despite ongoing system pressures, areas inspected were calm, organised and well led. Staff described hospital managers as visible, accessible and supportive with staff reporting a change in culture, where they now feel safe to raise concerns.

Following the January 2024 inspection, eight of the 17 requirements from our previous safe delivery of care inspections in 2022 had been met with the remaining nine being partially met. Twelve new requirements were given to enable a new focus for improvement with the report highlighting eight areas of good practice and one recommendation

To address these requirements, and in line with our safe delivery of care methodology, NHS Forth Valley submitted an [improvement action plan](#) detailing the actions it intended to take in response to the concerns we identified.

We undertook a further unannounced follow-up inspection of Forth Valley Royal Hospital in March 2026 to assess progress made against the actions contained within the NHS Forth Valley 2024 improvement action plan and the serious patient safety concerns raised through our previous formal escalation process.

We returned to Forth Valley Royal Hospital on Tuesday 7 April 2026 to follow up on a number of potential patient safety concerns highlighted during our March 2026 inspection.

## About the hospital we inspected

Forth Valley Royal Hospital, Larbert, is a 687-bedded hospital. A total of 438 beds support acute inpatient care and the other beds support women and children's services and mental health services. The hospital provides a range of outpatient, inpatient and day services such as day surgery, emergency care, critical care, women and children and mental health services.

During our **previous inspection in January 2024** we inspected the following areas:

- acute assessment unit
- children's ward
- clinical assessment unit
- emergency department
- intensive care unit
- ward A21
- ward A22
- ward A31
- ward A32
- ward B11

- urgent care centre
- ward 6
- ward 8
- ward A11
- ward A12
- ward B12
- ward B22
- ward B23
- ward B31, and
- ward B32.

During our follow-up inspection, we revisited several of the areas previously inspected to provide assurance that improvements had been made. 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 unit
- clinical assessment unit
- emergency department
- ward 6
- ward A12
- ward A21
- ward A31
- ward B11
- ward B12
- ward B21
- ward B22
- ward B23
- ward B31, and
- ward B32.

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 Forth Valley 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 and reduce the burden on ward staff.

On Monday 30 March 2026 we held a discussion with key members of NHS Forth Valley to discuss concerns regarding management oversight of the care of patients within the clinical assessment unit. This will be discussed further within the report.

On Tuesday 7 April 2026, we carried out an unannounced return visit to Forth Valley Royal Hospital to ensure concerns we raised had been addressed.

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

We would like to thank NHS Forth Valley and in particular, all staff at Forth Valley Royal Hospital for their assistance during our inspection.

## A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'. Details of the previous inspection can be found [here](#).

We observed staff working hard to deliver patient-centered care. Both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns.

Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it. Despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care

We observed improvements relating to the management of patient mealtimes, maintenance of the healthcare environment and the cleanliness of patient care equipment.

Areas for improvement identified include improved compliance with paediatric immediate life support training, the safe storage of cleaning products and management of waste. These are similar to the findings from January 2024.

Through completion of this follow-up inspection, we recognise the ongoing challenges and the further work required, alongside progress made to support NHS Forth Valley in strengthening the safe delivery of care, addressing patient safety concerns and responding to the serious patient safety concerns previously raised through our formal escalation process.

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

This follow-up inspection resulted in two areas of good practice, one recommendation and seven new or updated requirements. Four previous requirements were not met and have been carried forward.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Forth Valley 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>.

## Area of good practice from this follow-up inspection

The unannounced follow-up inspection to Forth Valley Royal Hospital resulted in two areas of good practice.

### Domain 4.1

- 1 Patients were receiving assistance to carry out hand hygiene prior to mealtimes and being assisted with meals (see page 26).

### Domain 4.3

- 2 Safety and capacity huddles were inclusive, with staff being observed to raise concerns regarding staffing and safety (see page 28).

## New recommendation from this follow-up inspection

The unannounced inspection to Forth Valley Royal Hospital resulted in one recommendation.

### Domain 6

- 1 NHS Forth Valley should ensure discussion regarding patients detained under Mental Health (Care and Treatment) (Scotland) Act are discussed at hospital wide safety and capacity huddles. This will allow staff to highlight any patient or staff safety concerns, or patient care requirements and ensure management oversight (see page 30).

## New or updated requirements from this follow-up inspection

The unannounced inspection to Forth Valley Royal Hospital resulted in seven updated or new requirements.

### Domain 1

- 1 NHS Forth Valley must ensure all staff are aware of fire risk assessments and processes in place regarding fire safety, including awareness of the evacuation process (see page 13).  
  
This will support compliance with: Quality Assurance Framework (2022), Health & Social Care Standards (2017) and 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).

## Domain 2

- 2 NHS Forth Valley must ensure staff awareness of risk assessments and of the suitability of patients to be cared for in contingency beds are recognised, and ongoing review of patients is carried out (see page 20).

This will support compliance with: Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criterion 1.24.

## Domain 4.1

- 3 NHS Forth Valley must ensure safe intravenous line care practices to prevent the risk of infection (see page 26).

This will support compliance with: Health and Social Care Standards (2017) and National Infection Prevention and Control Manual criteria 2.4 and 4.2.

- 4 NHS Forth Valley must ensure that all staff comply with the safe management and disposal of waste including sharps and linen (see page 27).

This will support compliance with: National Infection Prevention and Control Manual (2024), Infection Prevention and Control Standards (2022) and Healthcare Associated Infection (HAI) standards (2015) Criterion 8.1 and Control of Substances Hazardous to Health (COSHH) Regulations (2002).

- 5 NHS Forth Valley must ensure all hazardous cleaning products are securely stored (see page 27).

This will support compliance with: Control of Substances Hazardous to Health (COSHH) Regulations (2002).

- 6 NHS Forth Valley must ensure the safe storage of medicines at all times, including controlled drugs (see page 27).

This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

## Domain 6

- 7 NHS Forth Valley must ensure patient privacy and dignity is maintained at all times (see page 30).

This will support compliance with: Quality Assurance System (2022) Criteria 4.1, Care of Older People in Hospital Standards (2015) standards 15.1 - 15.4 and Health & Social Care Standards (2017) standards 4, 4.11, 4.14, 4.15, 4.17 and 4.19.

# What we found during this follow-up inspection

## Domain 1 – Clear vision and purpose

### Quality indicator 1.5 – Key performance indicators

During our previous follow-up inspection in January 2024 we gave requirements to support improvement with paediatric life support training compliance for staff working within the emergency department, and to ensure emergency exit buttons are easily accessible to support safe fire evacuation processes.

This resulted in the following requirements.

Previous inspection (January 2024) requirements	
1	NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.  <b>This has not been fully met and will be carried forward.</b>
2	NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety.  <b>To support more focused improvement, an updated requirement has been given.</b>

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).

During the follow-up inspection of the emergency department, we spoke with the practice education facilitator who advised that the compliance rate for staff training in relation to the care of paediatric patients had increased since the previous inspection in January 2024.

We asked NHS Forth Valley for the training compliance for registered nurses who had completed paediatric life support training or advanced paediatric life support training. Evidence provided demonstrated 68% of nursing staff within the emergency department hold a current paediatric immediate life support or advanced paediatric life support certificate. This is an improvement since our last inspection in January 2024 where only 19% of staff had completed paediatric immediate life support training. A further eight members of staff booked to complete paediatric immediate life support training, and four staff members are booked to complete advanced paediatric life support training, all due to be completed by the end of 2026. We were also provided with evidence that the majority of senior nursing staff within the emergency department are appropriately trained. This includes 80% of deputy charge nurses and 80% of senior charge nurses who are accredited in Paediatric Immediate Life Support and/or Advanced Paediatric Life Support. This ensures consistent senior clinical oversight, with advanced paediatric life support expertise available on every shift to support effective leadership and rapid emergency response.

Inspectors spoke with the emergency department clinical educator who has identified training needs within the department and has ensured regular attendance at paediatric immediate life support courses. Staff told inspectors that they felt the introduction of the clinical educator has enhanced learning opportunities within the department and confirmed that protected time was allocated to complete elearning modules.

During this follow-up inspection all emergency exit buttons were clear and easily accessible for staff and visitors. Several wards inspected operated a locked door policy. However, staff working within these wards demonstrated awareness of the policy and clear signage was in place to inform staff and visitors that the doors were locked and to provide instructions on how to enter and exit the ward safely.

Staff within the majority of clinical areas were unable to describe the fire evacuation process to inspectors and the majority were unaware of the individual ward specific fire risk assessment. Additionally, within several areas staff told inspectors they were not aware of who would lead the evacuation process should this be required.

Evidence submitted by NHS Forth Valley shows that the majority of wards are on the risk register in relation to fire safety. This is mainly due to staff awareness of fire safety evacuation processes and completion of training. Evidence submitted by NHS Forth Valley shows that 79% of staff have completed mandatory fire safety training.

We raised this with senior managers who provided an update that all staff undergo a fire evacuation walkround as part of their induction to the clinical area. This induction aims to orientate staff to ward specific evacuation strategies, escape routes, alarm responses and fire assembly arrangements.

NHS Forth Valley has implemented immediate actions following our feedback that some staff were unclear on evacuation procedures. These actions have been taken to strengthen local assurance through repeat briefings, plans to carry out refreshed walk rounds and improved visibility of local fire information. This will be overseen through local leadership and fire safety governance arrangements to ensure risks are mitigated and staff confidence is maintained.

We were provided with details of plans to increase mandatory fire training compliance. This includes monthly reviews of training compliance at ward level with direct follow-up by line managers. Increased visibility and promotion of available education relating to fire safety is also being implemented throughout the hospital.

Within the majority of clinical areas inspectors observed additional contingency beds. Increasing the capacity of an area can have an impact on safe access and evacuation and in some cases can lead to overcrowding. NHS Forth Valley told us that contingency beds are included in all fire safety plans and where evacuation is required additional staff would be deployed to assess from across the site. This would be coordinated by the on call manager and senior managers within the hospital at the time.

Although we acknowledge immediate actions were taken following inspection feedback to increase staff awareness in relation to fire safety, this requirement has been updated with a new focus for improvement.

## Updated requirement

### Domain 1

- |   |  |
|---|--|
| 1 | NHS Forth Valley must ensure all staff are aware of fire risk assessments and processes in place regarding fire safety, including awareness of the evacuation process. |
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### Domain 2 – Leadership and culture

#### Quality indicator 2.1 – Shared values

During the previous follow-up inspection we gave requirements around the triage assessment process within the emergency department and the consistent assessment of patients placed within contingency beds.

This resulted in the following requirements.

#### Previous inspection (January 2024) requirements

- |   |   |
|---|---|
| 3 | NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment. |
|---|---|

**This requirement has been met.**

4 NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported.

**To support more focused improvement, an updated requirement has been given.**

During our previous inspection in January 2024 we observed electronic incident reports where patients were inappropriately triaged within the emergency department and identified as fit to wait in the waiting area. However, these patients had conditions which put them at risk of sudden deterioration.

The 2024 improvement action plan from NHS Forth Valley states that the Manchester triage tool will be implemented electronically and training will be delivered to all staff within the emergency department in relation to triage. The Manchester Triage System is a clinical risk management tool used to enable staff to treat patients in order of clinical priority. Through evidence we observed that 95.8% of registered staff within the emergency department have been trained in the use of the Manchester Triage System.

During this inspection we did not observe any reported incidents relating to inappropriate triage of patients within the emergency department or the clinical assessment unit.

Inspectors observed additional contingency beds continued to be in use throughout the majority of clinical areas due to increased hospital capacity and delayed discharges. 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. At the time of the follow-up inspection there were a total of 37 delayed discharges within Forth Valley Royal Hospital. The number of patients whose discharge is delayed impacts on the ability to move patients through the hospital to the right area for care and treatment. It is important to highlight that for those patients whose discharge is delayed they can experience poorer outcomes. Staff told us that where a patient's discharge is delayed they will continue to receive any input from physiotherapy and other allied health professionals such as dietetics and occupational therapy.

We observed contingency beds were placed within treatment rooms in clinical areas or an additional bed was added to a four bedded bay. On some of the wards inspected up to five additional patients were accommodated using contingency beds. This remains consistent with previous inspection findings.

Healthcare Improvement Scotland does not support the use of contingency beds and beds within non standard care areas such as treatment rooms and corridors, however, we acknowledge the need to reduce the serious pressures on services at times of increased capacity and emergency admissions. Where there is a requirement for the

use of contingency beds NHS boards must ensure that patient safety, privacy, and dignity is not compromised. Additionally, where contingency beds are being used NHS boards must ensure appropriate placement selection criteria are in place which should be fully risk assessed.

Senior managers from NHS Forth Valley told us that each patient placed within a contingency bed should have a completed Additional Bed Risk Assessment carried out and this should be stored within the patients notes.

Inspectors observed that although a contingency bed risk assessment is required for all patients placed in contingency beds, staff knowledge and use of this assessment was inconsistent. While some staff were aware of the process the majority were unaware of the risk assessment. Completion of risk assessments was variable, and in most clinical areas patients in contingency beds did not have a completed assessment. Many of these patients met the criteria for being at a higher risk for contingency bed placement, including reduced mobility, cognitive impairment, infection risk, clinical instability, or oxygen requirements. This is inconsistent with guidance, which states that patients placed in contingency beds should be medically stable with no ongoing clinical concerns.

The contingency bed risk assessment identifies that where a patient is assessed as higher risk, required actions include escalation to the senior charge nurse or nurse in charge and discussion at the site safety and capacity huddle. We attended a site safety huddle at which staff representatives from clinical areas highlighted that patients accommodated in contingency beds were assessed as higher risk. However, there was no evidence of further discussion regarding appropriate mitigation measures to reduce risk.

The guidance for the contingency bed risk assessment states that patients should be reviewed at least daily for continued suitability while accommodated in a contingency bed. Any changes to a patient's clinical condition, mobility, or cognitive status should be documented, or a 'no change' statement recorded where appropriate. Despite this, inspectors were unable to identify evidence of regular review, documentation of clinical reassessment, or clarification regarding the expected duration of placement within a contingency bed. We requested evidence of any staff or patient safety incidents directly associated with the use of contingency beds within clinical areas during March 2026. Review of this information identified a total of 17 incidents across eight wards.

Of these, four incidents related to patients being transferred to contingency beds despite being assessed as unsuitable. This included two patients with cognitive concerns, one patient with an identified infection risk, and one patient who was clinically unstable, requiring medical review and oxygen therapy. There were 11 reported falls with no injury sustained to patients placed within contingency beds. We did not identify any recurring themes or patterns across the reported incidents.

We are concerned that patients continue to be placed in non standard care areas without the necessary risk assessment and mitigations being carried out. Due to this, an updated requirement has been given to give a new focus for improvement.

During our previous inspection staff raised concerns with inspectors regarding the care of patients within contingency beds and that in some cases staff felt pressured to admit patients into these beds who were not suitable. As part of its improvement action plan, NHS Forth Valley described implementation of an action log from the safety huddles detailing actions to support staff caring for patients in contingency beds. NHS Forth valley provided us with safety huddle outputs, however there was no identified documentation of actions to support staff. During this follow-up inspection, staff did not raise concerns about feeling pressured to admit patients to contingency beds.

Inspectors spoke with several patients placed within contingency beds. All patients spoke highly of the care received and were not concerned regarding placement in a contingency bed. Patients told inspectors this had been explained to them, and they were advised this would be reviewed as alternative beds become available. Patients told inspectors they were able to obtain assistance from nursing staff in a timely manner. Inspectors did not observe buzzers ringing for prolonged periods of time.

One ward inspected was a 10-bedded contingency ward. These beds were not funded and relied on staffing support from the adjoining stroke ward.

Staff reported that this can affect the availability of a thrombolysis nurse from the stroke ward to attend the emergency department to deliver thrombolysis treatment. As a result, patients requiring thrombolysis intervention were often transferred to the intensive care unit. Thrombolysis is a time-critical emergency treatment for acute ischaemic stroke.

Evidence submitted included 10 incidents where no thrombolysis nurse was available. Although no patient harm was recorded, mitigations indicated that patients requiring thrombolysis would be admitted to the intensive care unit. We requested further information regarding stroke ward staffing and delivery of the thrombolysis service.

Stroke service staffing is managed in line with national safe staffing principles, with daily acuity-based review and escalation processes to support time-critical pathways, including thrombolysis. A review of incidents from 2025 identified no harm or delays attributed to the availability of staffing from the stroke ward.

Inspectors visited the clinical assessment unit which is situated next to the emergency department. Patients can be directed to the unit by their general practitioner, out of hours, cancer helpline and outpatient clinics. Patients are referred to the clinical assessment unit to undergo assessment, investigations, treatment and agree management plans. This may include for example patients suspected of having a deep

vein thrombosis, requiring investigation to diagnose this and treat. The clinical assessment unit has 16 cubicles, two are used for triage. However, these can be used as treatment cubicles when capacity requires it. There is also a chaired area, designed for four ambulant patients with the option to increase capacity to eight. On a patient's arrival to the clinical assessment unit, the staff member responsible for triage assesses the patient's needs and assigns the priority of treatment required. Forth Valley Royal Hospital emergency department introduced a two tier triage system in 2022 which has been replicated within the clinical assessment unit. This system is based on a 'sieve and sort' system which is a multidisciplinary approach between two registered nurses and healthcare support workers. All patients undergo the 'sieve' tier. This should be completed within 15 minutes of the patient's arrival and is a rapid simple safety triage. The sieve aims to identify patients at a higher risk of deterioration and with potential to become more unwell. Patients are prioritised in order of clinical need with those categorised as requiring immediate or requiring very urgent clinical care being taken straight to a clinical area within the clinical assessment unit, or transferred to the resuscitation area within the emergency department. All other patients will receive enhanced triage under the second tier 'sort'.

The sort process is carried out by a healthcare support worker trained in the process. The healthcare support worker will complete 'direct clinical tasks' that will help clinical decision making. This will include carrying out electrocardiogram (ECG), obtaining intravenous (IV) access, venepuncture and urine testing where clinically indicated.

A focused history and examination will then be undertaken by a senior clinical decision maker to determine the need for appropriate investigations and direction onto alternative pathways. These include admission to the hospital, redirection to other appropriate services or discharge home. Patients appropriate for review under the sort process will be reassessed if waiting longer than four hours since last clinical contact. Where there is a change in condition or a patient has been waiting longer than four hours within the clinical assessment unit, they will be reassessed by a registered nurse.

Evidence provided by NHS Forth Valley included a copy of the clinical assessment unit triage information and competency booklet for staff training, which all staff have completed. This includes a flowchart to be followed by staff, including the escalation process to report clinical concerns. Patients are assessed as red/very urgent, amber/urgent, green/non urgent and blue/ambulant depending on certain clinical criteria. For example, a reduced level of consciousness would be red. The competency booklet also includes the deteriorating patient escalation plan, admission time, triage time, national early warning score 2 (NEWS2) and if there is any clinical concern, if this has been escalated. Staff advised inspectors that triage is always undertaken by a registered nurse. NEWS2 is a tool that measures a patient's physiological measurements such as blood pressure and pulse. It identifies patients who are at risk of or have become unwell in order for medical and nursing staff to respond.

During our previous inspection in September 2022, we observed extreme overcrowding within the clinical assessment area and were not assured mitigations were in place to ensure patient and staff safety. This included concerns regarding delivery of fundamentals of care including the provision of regular medication and pain relief. These concerns were highlighted through our formal escalation process.

Within evidence submitted we observed that since December 2025, there were 20 occasions where a patient had self discharged from the clinical assessment unit against medical advice. The most common reason for self discharge cited by patients was that they were unable to wait a prolonged period on a chair and/or were unaware of the length of time they would be required to wait within the unit. Through review of evidence and incident reports we did not observe any evidence of adverse outcomes for patients as a result of self discharge from the clinical assessment unit.

During this follow-up inspection inspectors observed patients within the clinical assessment unit chaired area sitting on high backed chairs. Patients raised concerns to inspectors regarding the length of time they had been sitting on the chairs. Some patients had been there for over 23 hours. Staff told inspectors that if there were four patients within the area, they could accommodate a bed for each patient. However, if there are more than four the beds would not fit. Staff also said there were recliner chairs available for this area for use overnight. However, when the number of patients exceeds seven, and due to space, the chairs would not fit.

The clinical assessment unit care rounding chart includes National Early Warning Score 2 scores and vital signs recording frequency, pain management, fluids and nutrition and any time critical medication. Inspectors observed that the care and comfort rounding charts they were able to review had been fully completed, with no patients raising any concerns. However, this contradicted some patient feedback provided to inspectors. Patients told inspectors that they were cold, uncomfortable, in pain and one patient raised concerns that they had not received their regular cardiac medication.

We raised this as an immediate concern with senior managers who were unaware of the duration patients had been placed in this area. Immediate action was taken by the lead nurse who attended the unit, spoke with the patients, ensured regular medication was prescribed and administered and that patients were offered additional blankets if they remained cold.

Following our follow-up inspection, we met with senior managers to discuss concerns we had raised onsite in relation to management oversight of patients placed in the chaired area within the clinical assessment unit. We were told that a new template to communicate the status of the clinical assessment unit had been introduced and amendments to hospital wide safety huddles had been implemented. These include enhanced discussion regarding the number of patients waiting within the clinical assessment unit and the length of time they've been waiting. Discussions are also held

at hospital wide huddles regarding patient's specific care needs, such as pain management, and any patients waiting a prolonged period for scans or review by specialist teams.

As a result of our concerns relating to the chaired area within the clinical assessment unit we carried out a return visit to the area. During our return visit on 7 April 2026 we spoke with patients who did not raise any concerns relating to receiving fundamentals of care. Additionally, within hospital capacity outputs we observed recording of the status of the clinical assessment unit.

NHS Forth Valley is in the early stages of a review of unscheduled care services within Forth Valley Royal Hospital. This was commenced in early 2026 with oversight and leadership provided by the director of acute services. The review model is being developed through an iterative approach that uses data, operational learning and frontline feedback to continuously refine pathway design. It is informed by internal and external reviews, with learning used to improve flow, pathway effectiveness and patient experience. Strategic oversight is provided through the Urgent and Unscheduled Care Working Group, with governance oversight through the executive board.

Following our inspection in March 2026, a new escalation framework has been implemented in Forth Valley Royal Hospital to support safety within the clinical assessment unit. This is a structured, time based escalation framework to manage patient waiting times and maintain patient and staff safety. Patient flow and capacity are reviewed through scheduled capacity huddles, held five times daily. These huddles identify patients approaching or exceeding four hours, assess in line with Opel status, review downstream bed capacity, and consider surge capacity or alternative pathways such as ambulatory care.

NHS Forth Valley utilises the Operational Pressures Escalation Levels (OPEL) Framework. The aim of this is to ensure patient and staff safety and outlines the leadership and actions required during times of extremis in the hospital system. The OPEL Framework has a five level stepped response ranging from level one as the lowest response to level five as the highest level.

The escalation process is clearly defined and proportionate to risk. Early escalation occurs for patients nearing four hours, with action taken to address delays and flow barriers. Delays beyond four hours prompt escalation to senior nursing, medical staff, and on call management, with surge capacity activated where required. More prolonged delays trigger site management involvement and, where necessary, whole system escalation in line with Opel 3 or 4 arrangements.

Out of hours arrangements are explicitly described, including enhanced escalation, a formal safety huddle at 21:45, and mandatory comfort and dignity checks for patients experiencing prolonged waits. All escalation actions, decisions, and risks are

documented, with incident reporting undertaken where delays contribute to harm or near misses.

During our return visit on 7 April 2026, inspectors reviewed the clinical assessment unit template used to inform the hospital wide safety huddle. Inspectors observed that data relating to time to triage and time to first clinical assessment within the unit is now routinely captured and reported during hospital wide safety huddles.

The template also records the number of patients within the department, including those in waiting areas, cubicles and the chaired area. Additional information relating to patients in the chaired area is documented, including the longest waiting time, reason for delay, and the number of patients waiting longer than 12 hours.

Inspectors did not attend a hospital wide safety huddle during the return visit, however we reviewed completed safety huddle documentation. This demonstrated that a comprehensive overview of activity and pressures within the clinical assessment unit was being communicated through the hospital wide safety huddle process.

Senior managers have implemented daily walkrounds of the clinical assessment unit. These are being undertaken to enhance visibility and oversight of patient care. These walkrounds have been structured using a check in, check through and check out approach. Inspectors were provided with evidence of a walkround template designed to support a consistent and focused review of care delivery.

The template prompts staff to assess key aspects of patient care, including food, fluid and nutritional needs, and to identify potential safety concerns such as overcrowding and call bells ringing for prolonged periods. Consideration is also given to staff wellbeing, with prompts to identify indicators of fatigue, particularly during periods of increased activity and peak demand. In addition, the template supports clear and effective communication with patients, including providing information on waiting times and explanations for delays where applicable.

During our return visit staff within the clinical assessment unit told inspectors that members of senior management team were more visible following our follow-up inspection in March 2026.

## Updated requirement

### Domain 2

- |   |  |
|---|--|
| 2 | NHS Forth Valley must ensure staff awareness of risk assessments and of the suitability of patients to be cared for in contingency beds are recognized, and ongoing review of patients is carried out. |
|---|--|

## Domain 4.1 – Pathways, procedures and policies

### Quality 4.1 – Pathways, procedures and policies

During our previous inspection we gave requirements to ensure patients receive assistance with mealtimes in a timely manner and patient dignity and privacy is maintained when cared for in additional beds. Additional requirements were given in relation to the appropriate care and management of patients with peripheral venous cannulas, hand hygiene practices, management of waste, including linen, and the use of personal protective equipment. We observed inconsistencies in the safe storage of medications and the completion and updating of patient care documentation.

This resulted in the following requirements.

Previous inspection (January 2024) requirements	
5	NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner.  <b>This requirement has been met.</b>
6	NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.  <b>This has not been met and will be carried forward.</b>
7	NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed.  <b>To support more focused improvement, a new requirement has been given in Domain 6.</b>
8	NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.  <b>This has not been met and will be carried forward.</b>
9	NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.  <b>This has not been met and will be carried forward.</b>
10	NHS Forth Valley must ensure that: -  All staff comply with the safe management of waste including sharps and linen.

	<p>All patient equipment is clean and ready for use, including mobile patient privacy screens.</p> <p>The hospital environment maintained and equipment must be stored in a manner to enable effective cleaning.</p> <p><b>To support more focused improvement, an updated requirement has been given.</b></p>
11	<p>NHS Forth Valley must ensure the safe storage and administration of medicines at all times.</p> <p><b>To support more focused improvement, an updated requirement has been given.</b></p>

During this follow-up inspection, we observed mealtime coordinators within the majority of clinical areas. Staff were observed preparing patients for mealtimes, including assisting them to sit upright and offering hand hygiene. The mealtime coordinator was able to identify patients requiring support with eating and drinking and highlight any patients who may require a specific diet such as a textured diet due to clinical condition. Patients were receiving their meals in a timely manner, meals remained warm and patients who required assistance with nutrition were receiving help. Additionally, within the majority of wards patients were provided with hand wipes to perform hand hygiene before mealtimes.

Inspectors spoke with patients who described being happy with the meals they received. Within several wards we observed patients being offered alternative meals if they were not happy with their choice. Mealtimes were protected, therefore no additional, non-essential activity such as routine medication rounds or staff breaks were observed to be occurring during this time. Staff told inspectors this was to ensure prioritisation of mealtimes and ensure sufficient staff were available to assist with the distribution of meals and assist patients where required.

Peripheral venous cannulas are inserted into a vein to enable the administration of intravenous medication and fluids. Within the majority of areas inspected all documentation relating to the care of peripheral venous cannulas was complete with dates for review and removal documented. All peripheral venous cannulas were appropriately dressed, and the date of insertion was recorded on the dressing. However, inspectors observed several instances where intravenous infusions had been completed, and the intravenous giving set had been disconnected from the patient's cannula and had not been disposed of. We spoke with nursing staff who explained that they would normally attach a sterile cap to the end of the intravenous giving set when not attached to the patient's cannula. In two areas inspectors observed that several lines without a sterile cap were at patient bedsides. This is not in line with NHS Forth Valley's intravenous drug administration training and can increase the risk of contamination and lead to blood stream infection.

Within incident reports we observed three incidents of patients being discharged from the emergency department or assessment units with a peripheral venous cannula in place. This is a slight reduction following the inspection in January in 2024 where there were five. Staff within the clinical assessment unit told inspectors updates to patient notes has been useful to prompt staff to remove cannulas when discharging patients. Additionally, the implementation of a discharge checklist has also supported removal of cannulas prior to discharge. Despite the reduction in incidents, due to the findings on site relating to care of intravenous lines, an updated requirement has been given to support improvement in this area.

Inspectors observed that patients placed in contingency beds within treatment rooms had access to nurse call system and oxygen and suction. However, within the additional beds placed in four bedded bays patients did not have access to a fixed nurse call system, and patients were required to use a doorbell style buzzer that does not ring continually until answered. All patients inspectors spoke with within inpatient clinical areas confirmed they were aware of how to obtain assistance using the door bell buzzer and that the buzzer only rings once and should they not receive assistance they should press again. Patients placed within contingency beds in shared rooms have access to oxygen and suction and portable screens are available when required.

However, patients within the clinical assessment unit inspectors spoke with were unaware of the use of these door bell style buzzers. This was similar to our previous January 2024 inspection findings. Inspectors asked patients how they would summon assistance within the clinical assessment unit. They stated they would shout for a nurse or wave to gain attention as they were unaware of the door bell buzzers. Additionally, within the clinical assessment unit chaired area, patients told inspectors they were unaware of where they could go to carry out personal hygiene. We spoke to nursing staff regarding this who told us that there are no showering facilities available for patients within the clinical assessment unit, however there was an area available for patients to have a wash. Staff and senior managers acknowledged that this may not have been communicated to patients within the unit and that this would be improved moving forward.

During our return visit to the clinical assessment unit on 7 April 2026, patients told us they were aware of the use of the door bell buzzer and that this had been explained to them on arrival in the area. One patient told inspectors she had been assisted to the bathroom to carry out personal hygiene.

Care and comfort rounding is a structured, regular check by healthcare staff to proactively assess patients' comfort, safety, needs, and wellbeing, improving experience and reducing harm. Care and comfort rounding initial assessments should be carried out by registered nurse. Considerations within the care and comfort rounding include if the patient requires any time critical medications such as medicines for Parkinson's disease or requires insulin or anticoagulants. Any assistance for elimination or personal care is also recorded within the care and comfort rounding,

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along with any offer of food fluid and nutrition. The care and comfort rounding documents we reviewed indicated that patients raised no concerns regarding pain and comfort.

Within the clinical assessment unit inspectors observed completed care and comfort rounding for patients. However, as discussed earlier in this report patients we spoke with raised concerns about not receiving pain relief, regular routine medicines and being extremely uncomfortable.

Three patients raised concerns with inspectors that they were extremely uncomfortable as they had been sitting on rigid high back chairs for up to 23 hours whilst awaiting assessment and treatment. We raised this as a concern with senior managers at the time of inspection who were unaware of the length of time patients had been waiting. Senior managers attended the unit, spoke with the patients and expedited onward movement including transfer to the assessment unit and discharge home, while we remained onsite.

We raised concerns with senior managers who told us that where patients were required to remain overnight within the chaired area, they could be offered a bed provided the number of patients was four or less. Alternatively, staff could source recliner chairs from another department for use overnight. As mentioned earlier, this was only possible when there was seven or less patients within the area due to space. Where numbers exceed seven, patients will remain in high backed chairs with ongoing comfort monitoring.

During discussion with senior managers on Monday 30 March 2026 we were told that a number of recliner chairs had been ordered for the clinical assessment unit and were expected to be onsite within 3 - 4 weeks. In the meantime, staff can access recliner chairs for overnight use which are used within another area during the day. We also raised concerns with senior managers in relation to discrepancies within the care and comfort rounding. We were told that the importance of completing these accurately and reassessing patients would be communicated with staff. Additionally, patients will be advised to seek nursing assistance should anything change following completion of care and comfort rounding.

Within wards inspected, inspectors observed the majority of care plans and risk assessments to be completed and updated following any changes in patient condition. This included the completion of falls risk assessments which were observed to have been updated following a patient fall with additional actions identified.

However, within two wards inspectors observed gaps in care rounding documentation where it would appear patients had gone a prolonged period without any care input. This was raised at the time of the inspection and staff told inspectors this had been an oversight and provided evidence of patients having had clinical observations obtained

and recorded within this time frame. Inspectors spoke with staff on the clinical area and highlighted the importance of completing these documents.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. Standard infection control precautions include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Within the majority of clinical areas, throughout all staff groups, inspectors observed poor compliance with hand hygiene practices. Similarly to our inspection in January 2024 inspectors observed the overuse of gloves within several clinical areas and a number of staff were observed wearing wrist watches.

Discussions with the infection control team highlighted a recent reduction in hand hygiene compliance identified in audits throughout the majority of wards. Improvement work has commenced with staff carrying out peer audits with a focus on providing real time feedback at the time of the audit and reviewing the placement of alcohol based hand rub at the point of use. From audit results submitted by NHS Forth Valley, the most common opportunities missed were before patient contact., this was observed onsite. Plans to increase education and awareness sessions are in progress.

We observed the appropriate segregation of clinical and general waste being managed in line with the National Infection Prevention and Control Manual. Inspectors also observed appropriate segregation of linen. However, there was no evidence of linen being tagged when ready for uplift from the clinical areas. The National Infection Prevention and Control manual states all used and infectious linen bags must be tagged with details of the clinical area and the date of disposal. This allows for traceability in case of any misplaced belongings.

Similar themes from the January 2024 were identified in relation to the safe management of sharps and hazardous cleaning products. Within three wards inspectors observed items protruding from sharps bins. This was highlighted to the nurse in charge at the time and the situation was rectified. Additionally, inspectors observed that several sharps boxes did not have temporary closures in place, these prevent needles or sharps protruding from the boxes, or from falling out if the box is dropped. Within one ward inspectors observed poor compliance with sharps management, observing an injection being administered and the needle being re-sheathed. Additionally, there was no sharps receptacle taken to the point of use, further posing a risk of sharps injury whilst transporting the used needle.

In the majority of wards we observed that hazardous cleaning products were not always stored securely and could therefore be accessed by patients or members of the

public. This is not in line with the Control of Substances Hazardous to Health Regulations.

All patient care equipment, including privacy screens were clean and ready for use. Due to lack of storage facilities, some equipment, such as moving and handling equipment and privacy screens were stored within large bathrooms. Staff told inspectors when the bathrooms are in use by patients, the equipment can be moved into the corridor to reduce the risk of any contamination.

Within all areas inspectors did not observe any patient medication being left on bedside tables unattended or any medication trolleys unsecured and unattended. Patient medication lockers at bedsides were all observed to be locked. The majority of preparation rooms were locked and where they were unlocked, the medication cupboards inside were locked. However, within one ward inspectors observed a preparation room lock was broken, with all medication cupboards inside unlocked and the controlled drug cupboard was observed to be unlocked with the keys in the lock. This was escalated to the nurse in charge at the time who told inspectors the room lock was reported in January 2026 and replacement of the lock was awaited. We escalated this to senior managers whilst onsite who told us they would action this as a matter of urgency.

Feedback provided by NHS Forth Valley in the week following our onsite visit states that the lock has now been repaired and the safe and secure handling of medicines will be raised at the hospital wide safety huddle in the forthcoming weeks to highlight importance of medicines management.

## Area of good practice

### Domain 4.1

- 1 Patients were receiving assistance to carry out hand hygiene prior to mealtimes and being assisted with meals.

## New requirement

### Domain 4.1

- 3 NHS Forth Valley must ensure safe intravenous line care practices to prevent the risk of infection.

## Updated requirements

### Domain 4.1

- 4 NHS Forth Valley must ensure that all staff comply with the safe management and disposal of waste including sharps and linen.

5	NHS Forth Valley must ensure all hazardous cleaning products are securely stored.
6	NHS Forth Valley must ensure the safe storage of medicines at all times, including controlled drugs.

## Domain 4.3 – Workforce planning

### Quality 4.3 – Workforce planning

NHS Forth Valley uses an electronic real time staffing system for all nursing staff. Allied health professional groups such as dietetics, physiotherapy and occupational therapy do not yet use an electronic system.

Workforce data provided by NHS Forth Valley included the vacancy and sickness absence rates for the nursing staff within Forth Valley Royal hospital. Information was also provided relating to the use of supplementary staffing. We observed that throughout all nursing groups, since our previous inspection, actual establishments have increased by 60 staff overall. This increase is mainly band 3 healthcare support workers who have undergone further training to upskill from band 2 to band 3.

Within evidence submitted NHS Forth Valley demonstrated an over recruitment of band 5 registered nurses of 9.8% during the time of our inspection. Band 6 and band 7 nurses were also evidenced to be over recruited, with 43.5 whole time equivalent band 7 and 78 whole time equivalent band 6 nurses currently in post. Staff absence is higher at 9.8% than the planned 4%. However, this is in line with much of NHS Scotland.

We observed supplementary staffing usage appears high for both registered nurses and healthcare support workers. However, senior managers told us this is due to the high number of contingency beds in use throughout the hospital. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. This high use of supplementary staffing would support the staffing requirement for the use of contingency beds.

The electronic staffing system provides a red, amber, green and grey (RAGG) status in relation to staffing levels and patient acuity. This is a traffic light assurance system used to summarise staffing risk, compliance, and professional judgement against safe staffing requirements under the Health and Care (Staffing) (Scotland) Act 2019. Levels can be summarised as grey (no issue identified and no risk escalated), green (staffing safe and appropriate), amber (staffing pressure with mitigations in place and ongoing monitoring) and red (unsafe staffing and significant risk requiring immediate escalation).

Evidence submitted demonstrated high frequency of risk status assessments being downgraded with evidence recorded of mitigations or actions taken. Across 984

staffing assessments carried out in February 2026, 78% were initially flagged as red risk. When a clinical area is highlighted as red there may be a number of reasons, such as the availability of staff, staff skill mix or patient acuity within the ward. Real-time mitigations were being implemented which reduced red episodes to 8%, with 92% of shifts operating at grey or amber. Mitigations such as redeployment of staff from other clinical areas, ward coordinator taking a clinical caseload and additional shifts being requested through the staff bank system as a matter of urgency.

Forth Valley Royal Hospital holds a staffing huddle prior to the hospital wide safety and capacity huddle. This huddle allows open discussions to be held between clinical areas to identify any potential staffing shortfalls and identify early redeployment of staff to other areas. We had the opportunity to attend this during the inspection. During the meeting one area was highlighted as red and not safe to start due to staffing numbers and patient acuity. Inspectors observed active discussions and decisions being made to ensure real time redeployment of staff from another clinical area to support. It was clear that staff felt psychologically safe to raise concerns regarding staffing and safety during these huddles.

We observed representation from all clinical areas at hospital wide safety huddles, including allied health professionals such as physiotherapists, occupational therapists and pharmacy staff. Representation was also observed from colleagues from the Scottish Ambulance Service, communicating current pressures within the system, any patients expected to hospital and any patients awaiting transfer offsite.

Time to lead is a legislative requirement under the Health and Care (Staffing) (Scotland) Act (2019). This is to enable clinical leaders to ensure they have protected time and resource to ensure appropriate staffing alongside other professional duties to provide the delivery of safe, high quality and person-centred healthcare. Staff we spoke with during our onsite visit told us they felt they had adequate time to lead and carry out sickness absence management and staff appraisals.

## Area of good practice

### Domain 4.3

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| 2 | Safety and capacity huddles were inclusive, with staff being observed to raise concerns regarding staffing and safety. |
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## Domain 6 – Dignity and respect

### Quality 6.2 – Dignity and respect

During the previous inspection we raised concerns regarding the absence of legal paperwork relating to the care of patients detained under the Mental Health (Care and Treatment) (Scotland) Act.

This resulted in the following requirements.

Previous inspection (January 2024) requirements	
1	NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act.  <b>This requirement has been met.</b>

Inspectors observed that a number of patients had an Adults with Incapacity Section 47 certificate in place. These are legal documents which assist the patients, their family and staff to make decisions about the patient’s care and treatment when the patient is unable to do so independently. We observed that these were completed and signed and had comprehensive personalised treatment plans in place.

In one clinical area two patients were detained under the Mental Health (Care and Treatment) (Scotland) Act. This is a piece of legislation in Scotland that maintains the rights and protection of people with mental health conditions. The provisions of the Act are intended to ensure that care and compulsory measures of detention can only be used when there is a significant risk to the safety and welfare of the patient or others. Inspectors observed that this patient had a short term detention certificate in place.

Within the 2024 improvement action plan submitted by NHS Forth Valley, it states, to improve management oversight of patients detained under the Mental Health (Care and Treatment) (Scotland) Act, discussions would be held at hospital wide safety huddles. However, whilst onsite inspectors did not observe any discussion in relation to patients who were detained. Senior managers told inspectors staff would be reminded to include this information within their updates relating to their clinical areas. Due to this a new recommendation has been given to support focused improvement.

During previous inspections, we raised concerns in relation to patients’ privacy and dignity when being cared for in additional beds. An increased patient quota within the bay could impact on the privacy and dignity of all patients within the bay area during these times. During this inspection within one clinical area, on two separate occasions, staff were overheard discussing patients within the corridor. These conversations were not within a private area and there were multiple visitors within the clinical area at the time. On both occasions this was fed back to the nurse in charge. This was also fed back to senior managers from NHS Forth Valley whilst onsite. A requirement has been given to support improvement in this area.

## New recommendation

### Domain 6

- 1 NHS Forth Valley should ensure discussion regarding patients detained under Mental Health (Care and Treatment) (Scotland) Act are discussed at hospital wide safety and capacity huddles. This will allow staff to highlight any patient or staff safety concerns or patient care requirements and ensure management oversight.

## New requirement

### Domain 6

- 7 NHS Forth Valley must ensure patient privacy and dignity is maintained at all times.

## 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)
- [Delivering Together for a Stronger Nursing & Midwifery Workforce](#) (Scottish Government, March 2025)
- [Fire Scotland Act](#) (Acts of the Scottish Parliament, 2005)
- [Food, fluid and nutritional care standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, October 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)

## Appendix 2 - List of all requirements

New and updated requirements to be addressed from March 2026 inspection
1. NHS Forth Valley must ensure all staff are aware of fire risk assessments and processes in place regarding fire safety including awareness of the evacuation process.
2. NHS Forth Valley must ensure staff awareness of risk assessments and of the suitability of patients to be cared for in contingency beds are recognised and ongoing review of patients is carried out.
3. NHS Forth Valley must ensure safe intravenous line care practices to prevent the risk of infection.
4. NHS Forth Valley must ensure that all staff comply with the safe management and disposal of waste including sharps and linen.
5. NHS Forth Valley must ensure all hazardous cleaning products are securely stored.
6. NHS Forth Valley must ensure the safe storage of medicines at all times, including controlled drugs at all times.
7. NHS Forth Valley must ensure patient privacy and dignity is maintained at all times.
Outstanding requirements to be addressed from January 2024 inspection
1. NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.
2. NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.
3. NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.
4. NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.

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