



# Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced follow-up acute hospital safe delivery of care follow up inspection

Ninewells Hospital

NHS Tayside

18 - 19 February 2026

## Improvement Action Plan Declaration

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

**NHS board Chair**

Signature:

Full Name:

Tom Spink

Date:

2 June 2026

**NHS board Chief Executive**

Signature:

Full Name:

Nicky Connor

Date:

2 June 2026

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Ref:	Action Planned	Timescale to meet action <i>(All dates end of month unless otherwise stated)</i>	Responsibility for taking action	Progress	Date Completed
<b>Requirements</b>					
<b>Domain 1</b>					
1	<b><i>NHS Tayside must ensure that all improvement actions from previous inspections are completed, this includes fire evacuation walkthrough scenarios</i></b>				
	Fire evacuation walkarounds are recorded and documented when undertaken. <ul style="list-style-type: none"> <li>Local records held and reported through health and safety forums</li> </ul>	September 2026	Clinical care group management teams		
<b>Domain 4.1</b>					
2	<b><i>NHS Tayside must ensure that ward pharmacy medicines refrigerators have regular temperature monitoring and at least daily recording including procedures that outline actions to be taken where there is a temperature excursion</i></b>				
	Medicines refrigerators must have daily temperature checks recorded. <ul style="list-style-type: none"> <li>Monitor via TEACH tool, compliance shared real time and via HAI acute meeting for at least the next 3 months for assurance</li> <li>If temperatures noted to be out of range for immediate escalation as per process and documented.</li> </ul>	September 2026	Senior Charge Nurse/Midwives  Senior Nurse/Midwife		

3	<b><i>NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines</i></b>				
Key messages shared with clinical teams regarding safe storage and labelling of cleaning products via site safety huddle	June 2026	Soft facilities			
Memo to be issued out to Domestic staff members reiterating the requirement to: <ul style="list-style-type: none"> <li>• Ensure all chemicals are locked away in the Domestic Services Room (DSR) or within the cupboards within the DSR.</li> <li>• Ensure that all DSR's are not left wedged open or unlocked.</li> <li>• Audited via domestic services regular audits and report via appropriate health and safety forums</li> <li>• Review and audit on care assurance walkarounds for immediate staff feedback and resolution</li> </ul>	August 2026	Domestic Service Managers/Soft facilities			
4	<b><i>NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift</i></b>				
In instances of Clinical Waste Bins reported full, NHST Waste and Porter Services are contactable by email with additional collections put in place accordingly. <ul style="list-style-type: none"> <li>• Review of SOP to ensure clear and consistent escalation process in place</li> <li>• Communication to be resent to clinical areas around uplift of waste</li> <li>• Clinical teams to raise at daily huddles if ongoing concerns</li> </ul>	August 2026	Ass Director of Facilities			
<b>Domain 6</b>					

5	<b><i>NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy.</i></b>				
	Presentation of data and breaches to Single Sex Policy to be discussed every day at local team and Capacity & Flow huddles <ul style="list-style-type: none"> <li>• Data displayed on Command Centre (real time)</li> <li>• Daily discussion to mitigate and rectify where possible within service</li> </ul>	June 2026	Site Safety Team/ Professional Leads		
	Increase staff knowledge of revised NHS Tayside Dignity and Privacy Single Sex Accommodation Policy <ul style="list-style-type: none"> <li>• Training session at Nursing and Midwifery Leadership Team Meeting</li> <li>• Training session at Senior Charge Nurse / Midwife Meeting</li> </ul>	August 2026	Associate Nurse Directors		
	Ensure risk assessment undertaken for all patients within mixed sex bays as per policy <ul style="list-style-type: none"> <li>• Review during monthly CAV walkarounds for immediate staff feedback</li> <li>• SCN/Ms to ensure daily that risk assessments are undertaken</li> <li>• Monthly audit on Ninewells site around patient placement in bays regarding compliance with policy for next 3 months for assurance. Audit results to be discussed at Nursing and Midwifery Leadership Team (Acute Services) meeting</li> </ul>	August 2026	Associate Nurse Directors		