



Improvement Action Plan

Healthcare Improvement Scotland:

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

Perth Royal Infirmary

NHS Tayside

18 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
Recommendation 1					
Domain 4.1					
1	<i>NHS Tayside should ensure patients are assisted with hand hygiene prior to mealtimes</i>				
	<p>Patients will be encouraged to wash their hands before all mealtimes, and for those unable to safely access a sink, appropriate wipes will be provided.</p> <ul style="list-style-type: none"> • Audit will be conducted to assess compliance, audit tool being developed • Assess during Care Assurance Walkarounds for immediate staff feedback • Discuss at Nursing and Midwifery Leadership Team meeting May 2026 	September 2026	Associate Nurse Directors		
Requirements					
Domain 4.1					
1	<i>NHS Tayside must ensure patients do not experience delays to the delivery of fundamental care. This includes but is not limited to timely administration of medications and assistance to use the bathroom</i>				

	<p>Review of fundamentals of care across PRI wards with a focus on improvement for the following:</p> <ul style="list-style-type: none"> • Current ward processes • Escalation process when care is delayed • Focus on medication administration and toileting • Initial baseline record keeping audit to be undertaken within one month 	October 2026	Associate Nurse Director		
2	<i>NHS Tayside must ensure staffing challenges are consistently recorded and communicated and clear escalation processes and any mitigations/inability to mitigate are recorded clearly and accurately</i>				
	<p>Audit of updated SafeCare SOP to monitor compliance and consistency of escalation realtime and via DATIX</p> <p>Review of daily safety huddle to ensure timely discussions to seek solutions for existing staffing gaps and datix recording when cannot be safely mitigated</p>	September 2026	<p>Safe Care Lead for Acute Services with support from</p> <ul style="list-style-type: none"> • NHS Tayside HCSSA Team • PRI Professional leads 		
	<p>Ensure clear process in place for short term medical staffing escalation to ensure critical gaps are covered:</p> <ul style="list-style-type: none"> • Review of escalation process for medical staffing when short term absence arises • Ensure staff clear of process 	August 2026	Medical Director Acute Services		
	SLWG to be progressed for generic recruitment for identified HCSW vacancies	August 2026	Associate Nurse Director		

3	<i>NHS Tayside must ensure staff involved in the prescription and administration of intramuscular sedation are provided with the necessary training to do so safely. This should include but is not exhaustive of practical prevention and management of violence and aggression including physical restraint and immediate life support where applicable</i>				
	<p>Ensure all staff involved in the clinical management of acute behavioural disturbance are appropriately trained in Immediate Life Support (ILS) (or an equivalent course) and PMVA (including assessment for IM administration of medication)</p> <ul style="list-style-type: none"> • Improve compliance rates for ILS for both nursing and medical staff working in PRI • Monitor and improve PMVA training for all staff • Ensure documented training rates at local levels and dedicated for medical staff are available. 	August 2026	Associate Nurse Director Associate Medical Director		
4	<i>NHS Tayside must ensure all nursing staff in the emergency department are provided with the necessary paediatric life support training to safely carry out their roles. This must include paediatric immediate life support training required to support recognition and management of the deteriorating patient</i>				
	<p>Ensure that compliance for training for infant and child basic life support is increased to >80% of nursing staff trained</p> <ul style="list-style-type: none"> • Review of training records • Develop training plan to ensure all relevant staff are booked on and completion underway 	August 2026	Senior Nurse for ED		
5	<i>NHS Tayside must ensure effective and appropriate governance approval and oversight of policies and procedures are in place</i>				
	<p>The current process for approval, review and oversight of policies within NHS Tayside will be shared with clinical teams to ensure teams are aware of and compliant with the process.</p>	July 2026	Associate Nurse Director Associate Medical Director		

	<ul style="list-style-type: none"> • Shared via NMLT via Associate Nurse Directors • Shared via MLT via Associate Medical Directors <p>For cascading with teams</p>				
6	<i>NHS Tayside must ensure senior charge nurses have access to protected leadership time</i>				
	<p>NHS Tayside will safeguard rota shifts in line with job roles that allocates leadership time for each Senior Charge Nurse:</p> <ul style="list-style-type: none"> • This time should only be interrupted due to critical staffing situations in clinical areas. • Monitor and recorded via SafeCare 	Sept 2026	Lead Nurses		
7	<i>NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance</i>				
	<p>NHS Tayside will ensure Hand Hygiene compliance against National IPC manual monitored through IPC annual audit programme via TEACH tol and hand hygiene audits.</p> <ul style="list-style-type: none"> • Regular visits to clinical areas IPC team will address observations of practice including hand hygiene with immediate feedback to staff members and leads for clinical areas • SCNs to ensure weekly hand hygiene audits for one month with immediate effect • Exception reports to be raised at acute HAI committee 	August 2026	Lead Nurses with support from IPC Team		