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Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Ninewells Hospital

NHS Tayside

18 - 19 February 2026

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Healthcare Improvement Scotland Unannounced Inspection Report (Ninewells Hospital, NHS Tayside): X - X
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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.

In August 2025 we began 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 unannounced inspection of Ninewells Hospital, NHS Tayside, on Monday 27 to Wednesday 29 January 2025. As well as noting 10 areas of good practice, a total of 14 requirements were made to the NHS board which are listed within this report.

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

During the week commencing 16 February 2026 we carried out follow up inspections of both Ninewells Hospital and Perth Royal Infirmary NHS Tayside to assess progress made against the actions contained within NHS Tayside's improvement action plan for both sites following the previous inspection. The report for the follow-up inspection of Perth Royal Infirmary can be found on our website.

About the hospital we inspected

Ninewells Hospital is a large teaching hospital located in Dundee. It provides 24 hour emergency care, intensive care facilities, surgical specialities, maternity and paediatrics, major trauma and oncology services.

During our **previous inspection** we inspected the following areas:

- emergency department
- Intensive care
- ward 1
- ward 3
- ward 6
- ward 12
- ward 14
- ward 15
- ward 16
- ward 19
- ward 20
- ward 22
- ward 23a
- ward 26
- ward 29
- ward 32, and
- ward 36.

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:

- emergency department
- ward 1
- ward 3
- ward 5
- ward 6
- ward 12
- ward 14
- ward 15
- ward 16
- ward 17
- ward 19
- ward 23a
- ward 23b, and
- ward 30.

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 Tayside 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.

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

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

All areas inspected were calm and well organised with inspectors observing that patients were consistently treated with kindness, compassion, and respect. Patients shared positive experiences, describing staff as friendly, responsive, and supportive. Inspectors found improvements had been made in relation to the hospital environment, which was clean and well maintained. We found significant improvements in the safe storage of medications and the accurate completion of Adults with Incapacity section 47 certificates. The appropriate use of transmission based precautions signage to protect patient privacy was also seen to have improved since our previous inspection.

While we acknowledge that significant progress has been made by NHS Tayside, some areas of improvement remain, such as the safe storage of clinical waste and the safe storage of hazardous cleaning products.

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

This follow-up inspection resulted in three areas of good practice and two new or updated requirements. Three 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 Tayside 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 Ninewells Hospital resulted in three areas of good practice.

Domain 6

- | | |
|---|--|
| 1 | Staff were observed to be working collaboratively to provide person centred, compassionate care (see page 17). |
| 2 | Patients spoke highly of the care received (see page 17). |
| 3 | Adults with Incapacity section 47 certificates we reviewed were completed to a high standard (see page 17). |

New or updated requirements from this follow-up inspection

The unannounced inspection to Ninewells Hospital resulted in two new or updated requirements and three requirements were carried forward from the previous inspection.

Domain 1

- | | |
|---|--|
| 1 | NHS Tayside must ensure that all improvement actions from previous inspections are completed. This includes fire evacuation walkthrough scenarios (see page 10). |
|---|--|

This will support compliance with: 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 4.1

- | | |
|---|---|
| 2 | 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 (see page 13). |
|---|---|

This will support compliance with: Professional guidance on the safe and secure handling of medicines (Royal Pharmaceutical Society) and relevant codes of practice of regulated healthcare professions.

Requirements carried forward

Domain 4.1

- | | |
|---|--|
| 3 | NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines (see page 13). |
|---|--|

This will support compliance with: National Infection Prevention and Control Manual (2023).

4 NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift (see page 13).

This will support compliance with: National Infection Prevention and Control Manual (2023).

Domain 6

5 NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy (see page 18).

This will support compliance with: Health and Social Care Standards (2017) criteria 1.3, 1.19, 1.20, 2.3 and 4.22.

What we found during this follow-up inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

During our previous inspection we observed that although a high number of staff had completed mandatory online fire training, the majority of staff had not undertaken face to face training and fire walkthroughs.

This resulted in the following requirement.

Previous inspection (January 2025) requirements

1 NHS Tayside must ensure all staff are trained in all elements of safe fire evacuation.

This requirement has not been met and will be updated and carried forward.

The NHS Scotland Firecode SHTM 86: ‘Fire Risk Assessment’ states that all hospitals should have a yearly fire safety review. Inspectors observed in evidence that all annual fire risk assessments were up to date. Fire safety folders were also accessible for most areas with the yearly audits of fire safety folders carried out by the fire safety officer.

Within the majority of clinical areas, senior charge nurses described carrying out monthly fire walk rounds within their wards. These are to identify any changes within the environment relating to fire safety and to identify any possible barriers to evacuation. Staff told inspectors that the results of the fire walk rounds are recorded and stored within ward fire safety folders. We were able to review the fire safety folders within three ward areas which contained completed, up to date fire safety risk assessments. Staff told us that if any safety concerns are identified such as testing of equipment or concerns with fire extinguishers, these would be escalated to the estates department and actioned as a matter of urgency.

Staff were aware of, and told inspectors about, the mandatory online fire safety training that they are required to complete. Evidence submitted by NHS Tayside showed that 81% of staff have completed this training. This is similar to our previous inspection when training compliance was 85%. Ward staff also described being involved in fire safety walkthrough scenarios and within some areas nursing staff described participating in weekly ward based discussions relating to the safe fire evacuation process of both patients and staff.

The action plan provided by NHS Tayside following our previous inspection in 2025 identified that fire evacuation walkthroughs would be implemented by all teams. However, we can see in evidence submitted for this follow up inspection that only two clinical areas have completed this. Due to this an updated requirement has been given to support improvement.

Updated requirement

Domain 1

- 1 NHS Tayside must ensure that all improvement actions from previous inspections are completed. This includes fire evacuation walkthrough scenarios.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During our previous inspection we gave requirements to support improvement with hand hygiene practices and the monitoring and documenting of infrequently used water outlets. Additional requirements were given to support the safe storage and administration of medicines, the safe storage of hazardous cleaning products and the use of appropriate signage to indicate the use of transmission based precautions to maintain patient privacy. We also observed a build up of clinical waste bags stored on the floor in utility areas awaiting uplift.

This resulted in the following requirements.

Previous inspection (January 2025) requirements

- | | |
|---|--|
| 2 | NHS Tayside must ensure staff comply with hand hygiene in accordance with current guidance.

This requirement has been met. |
| 3 | NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance.

This requirement has been met. |

4.	NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift. This has not been met and will be carried forward.
5.	NHS Tayside must ensure patient privacy is maintained when using signage for transmission based precautions. This requirement has been met.
6	NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines. This has not been met and will be carried forward
7	NHS Tayside must ensure that the hospital built environment is maintained to enable safe and effective cleaning. This requirement has been met.
8	NHS Tayside must ensure the safe storage of medication. This requirement has been met.

Standard infection prevention and control precautions should be used by all staff, at all times to minimise the risk of infection. These include patient placement, hand hygiene and the use of personal protective equipment (such as aprons and gloves). Practicing hand hygiene at appropriate times helps reduce the risk of the spread of infection.

The majority of staff within clinical areas showed good compliance with hand hygiene and the correct use of personal protective equipment. Alcohol based hand rub and clinical wash hand basins were available in all areas inspected.

The National Infection Prevention and Control Manual states that water outlets that are used infrequently or not at all may present a transmission risk from stagnant water and have the ability to contaminate the wider water system. Current guidance states that outlets in clinical areas should be flushed twice weekly as a minimum. During our previous inspection we identified a bathroom used as a storage area that still contained a sink and bath, however we were not assured of the process for flushing of these water outlets.

During this follow-up inspection we did not observe any non-compliance of flushing infrequently used water outlets or bathrooms being used as storage areas. Throughout clinical areas the majority of staff were able to explain the water flushing programme

including who was responsible for this. Inspectors observed flushing records were completed consistently and stored in the clinical areas alongside evidence of monthly audits to support compliance with the flushing regime.

The healthcare environment was clean and well maintained in all areas we inspected. Domestic staff were observed to be working hard to maintain a high level of cleanliness with clinical staff observed carrying out cleaning of clinical equipment following use. Staff told inspectors that any maintenance requests are logged through NHS Tayside estates department helpdesk system and documented in the logbook which is then signed off when the work is completed. Staff we spoke with described estates colleagues as responsive to repair requests and that repairs were completed promptly.

In the majority of areas, we observed that chlorine-based cleaning products continued to be stored incorrectly, posing a risk that it may be accessed by patients or members of the public. We observed chlorine-based cleaning products were stored in domestic storerooms which were situated in main corridors of the clinical areas. A number of these domestic storerooms were unlocked and had doors wedged open, meaning these rooms could easily be accessed by patients or members of the public. Inspectors also observed these products stored in unlocked utility areas within unlocked cupboards. This is not in line with The Control of Substances Hazardous to Health (COSHH) Regulations 2002 which stipulate that these products must be kept in a secure area such as a locked cupboard. Therefore, this requirement has not been met and will be carried forward.

Whilst inspectors observed that all waste was closed and tagged as per current guidance in the National Infection Prevention and Control Manual, there continued to be a build up of clinical waste bags on the floor in dirty utility areas awaiting collection. This was due to insufficient storage for large clinical waste storage receptacles. Staff told inspectors that waste is collected at allotted times during the day. However, if additional uplifts are required this can be accommodated through a request to the portering services. Evidence provided includes NHS Tayside standard operating procedure for excessive waste in clinical areas. This highlights that 06:00 and 21:00 are the scheduled times for the collection of clinical waste bags. However, this did not appear to be sufficient to manage the build up of waste observed during the inspection. Therefore, this requirement has not been met and will be carried forward.

Transmission based precautions are additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed several areas where these precautions were in use. Clear signage was in place, highlighting to staff the appropriate levels of precautions required and staff were observed correctly using personal protective equipment in these areas. There was no patient identifiable information displayed within the signage ensuring that the patient's privacy was upheld.

The majority of medication storage cupboards and trolleys within clinical areas were locked or stored within locked rooms. There were no medications left unattended on

patient tables in line with the Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings. However, within several wards inspected it was observed that medicine refrigerator temperature checks were either missing or out of range with multiple resets recorded. This is essential in maintaining the stability and integrity of medications, ensuring they remain effective and safe for patients use. Within some areas the refrigerators were overfilled, limiting the effectiveness of cold storage due to impact on the circulation of air within the refrigerator. This was fed back to clinical staff on the wards and to senior managers at the time. Due to this a new requirement has been given to support improvement.

New requirement

Domain 4.1

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|---|---|
| 2 | 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. |
|---|---|

Requirements carried forward

Domain 4.1

- | | |
|---|--|
| 3 | NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines. |
| 4 | NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift. |

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

During the previous inspection we identified areas for improvement relating to safe staffing and systems and processes to support effective decision making. This included the consistent application of the common staffing method and the recording of clinical professional judgement.

This resulted in the following requirements.

Previous inspection (January 2025) requirements

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|---|--|
| 9 | NHS Tayside must ensure that there are processes in place to support the consistent application of the common staffing method. |
|---|--|

This requirement has been met.

10	NHS Tayside must ensure the recording of clinical professional judgement of real-time staffing requirements, including evidence of how decisions are reached and communicated. This requirement has been met.
11	NHS Tayside must ensure senior charge nurses have access to protected leadership time. This requirement has been met.

During this follow-up inspection we observed staffing risks being discussed and documented within the hospital wide safety huddles and reviewed throughout the day. We observed open and supportive conversations held where staffing requirements and shortfalls were discussed with a focus placed on patient acuity and occupancy of clinical areas.

NHS Tayside uses an electronic rostering system which records real time staffing numbers including skill mix and also considers patient acuity and dependency. During this inspection, we reviewed staffing levels, skill mix, escalation processes, and workforce pressures across a range of departments. Standard operating procedures and guidance for real time staffing assessment and risk management were provided. This supports the requirement to ensure adequate staffing on each shift, ensuring a safe level of patient care is delivered and any identified staffing level risks are managed.

Staff we spoke with described feeling confident in the use of the system and that their decisions in relation to professional judgement were accepted by senior managers and appropriate action taken. Through evidence submitted we observed recording of professional judgement and actions taken during and following hospital safety huddles. Clear documentation highlighted areas with staffing shortfalls and decisions being made to support these areas. Action taken included the redeployment of staff to assist in areas of higher acuity. Staff told inspectors that this is updated several times throughout the day by the clinical staff in the ward areas before hospital wide safety huddles ensuring that the data is real time and current.

We observed improvements made with NHS Tayside actively managing staffing challenges while maintaining a focus on patient safety, acuity 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. Staff reported feeling confident to raise concerns and felt that they were listened to by senior colleagues.

The Health and Care (Staffing) (Scotland) Act 2019 commenced on 1 April 2024. It stipulates that NHS boards have a duty to follow the Common Staffing Method (CSM).

The Common Staffing Method was introduced to provide a structured approach to determining staffing levels within NHS Scotland. It aims to ensure that healthcare providers have suitably qualified and competent staff available to deliver safe and high quality care. This incorporates various tools and methodologies to assess staffing needs based on workload and patient requirements. We were able to review examples of completed common staffing method reports for several different clinical areas that were completed fully, documenting local context, professional judgement, predicated absence allowance, staff engagement and feedback as well as escalation actions to support decisions and outcomes.

The evidence provided also outlined a rolling education programme of formal, twice monthly common staffing method training sessions which commenced in June 2025. These are mainly attended by senior nurses, lead nurses and senior charge nurses who are actively engaged in completing the reports. In total, 28 staff have attended these sessions. However, we can see in evidence provided that to date, 168 informal sessions have also been held for senior and lead nurses. These sessions provide an overview of the common staffing method reporting elements and report function in relation to workforce planning.

Areas inspected although busy, were calm and well led. No areas inspected raised any concerns regarding short staffing and within evidence submitted all clinical areas declared safe to start at the hospital wide morning huddle.

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, although acknowledged that this can be more challenging during the winter months. Senior charge nurses acknowledged that on some occasions they may be required to change their plan for a supervisory management day to taking a clinical caseload due to short term sickness or the acuity within the clinical areas. However, they described adequate time to complete managerial tasks. 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.

Domain 6 – Dignity and respect

Quality 6.2 – Dignity and respect

During our previous inspection inspectors observed that the layout of some older wards had impacted upon the provision of accessible showering facilities for patients who may require assistance or the use of moving and handling equipment. Additionally, requirements were given to support patient dignity, privacy and choice within mixed sex accommodation and to ensure improvement in the completion of Adults with Incapacity documentation.

This resulted in the following requirements.

Previous inspection (January 2025) requirements	
12	NHS Tayside must ensure all patients have access to suitable shower facilities. This requirement has been met.
13	NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy. This requirement has not been met and will be carried forward.
14	NHS Tayside must ensure Adult with Incapacity section 47 certificates are completed fully and accurately. This requirement has been met.

Inspectors observed staff working hard to provide compassionate and person-centred care. Patients we spoke with described attentive, supportive and caring staff and acknowledged how busy the staff were.

We observed caring interactions with staff consistently treating patients with dignity and respect.

We observed improvements within the built environment with upgraded showering facilities throughout a number of wards. These shower rooms are large enough to ensure staff have adequate space to assist patients if required and suitable space for the use of moving and handling equipment. There were no concerns raised by any patients or staff regarding access issues to showering facilities in any of the areas inspected.

Within one ward we observed patients being cared for within mixed sex bays. This was an assessment area. We observed staff utilise curtains between patients to ensure dignity is maintained. We were advised that where patients raised concerns regarding their placement in these rooms this would be reassessed to identify if a more suitable area is available.

Some clinical staff told inspectors that they were not aware of any formal documented risk assessment for mixed sex bays, explaining that they use professional judgment to identify if a patient is suitable or unsuitable for this type of accommodation. The evidence provided included the NHS Tayside Privacy, Dignity and Respect policy. In this policy it is explained that all patients will be cared for in single sex occupancy areas except in certain areas due to clinical need such as the intensive care unit, major trauma unit or day surgery units and the short stay assessment area, which is where inspectors observed patients in mixed sex accommodation.

NHS Scotland continues to prioritise the provision of single-sex accommodation where clinically appropriate, recognising its importance in maintaining patient dignity and

privacy. Patients being cared for within these areas raised no concerns when inspectors spoke with them and all patients had access to single sex bathrooms and showering facilities. These toilets and showers are within the main concourse of the ward and are clearly sign posted for male and female patients.

NHS Tayside’s Privacy, Dignity and Respect Policy describes the escalation process where a patient is placed in a mixed sex bay outwith an exempt area. This includes the requirement to complete an incident report whenever a patient is accommodated in a mixed sex bay that is not one of the designated clinical areas identified within the policy.

Within evidence submitted, we noted completion of incident reports relating to the use of mixed sex bays for the three months prior to this inspection. Several of these incident reports documented occasions where a patient had been placed in a mixed sex bay outwith the clinically exempt areas. These incidents occurred within inpatient wards. For some patients, placement in a mixed sex bay was necessary to allow access to specialist treatment. However, on some occasions this appears to be driven by hospital capacity pressures. From incident reports no harm to the patients were identified. Staff recording the incidents had communicated with and apologised to the affected patients, and the immediate action recorded was to move the patient to a single sex area at the earliest opportunity.

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 all certificates and associated documentation were completed thoroughly and to a very high standard. We acknowledge that there has been a significant improvement in the completion of these documents since the previous inspection.

Areas of good practice

Domain 6	
1	Staff were observed to be working collaboratively to provide person centred, compassionate care.
2	Patients spoke highly of the care received.
3	Adults with Incapacity section 47 certificates we reviewed were completed to a high standard.

Requirement carried forward

Domain 6

5 NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy.

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 January 2026 inspection
NHS Tayside must ensure that all improvement actions from previous inspections are completed, this includes fire evacuation walkthrough scenarios.
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.
Outstanding requirements to be addressed from January 2025 inspection
NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines.
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.
NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy.

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