



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Perth Royal Infirmary

NHS Tayside

18 February 2026

© Healthcare Improvement Scotland 2026
Published June 2026

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

www.healthcareimprovementscotland.scot

Healthcare Improvement Scotland Unannounced Inspection Report (Perth Royal Infirmary, NHS Tayside): 18
February 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.

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 Perth Royal Infirmary, NHS Tayside, on Tuesday 7 and Wednesday 8 December 2021. As well as noting five areas of good practice, a total of two 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 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 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 Ninewells Hospital can be found on our website.

About the hospital we inspected

Perth Royal Infirmary is a district general hospital with 191 inpatient beds. The hospital provides a variety of services for Tayside and Northeast Fife including accident and emergency, general surgery, general medicine and elderly medicine.

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

- accident and emergency department
- general outpatient department
- medical assessment unit
- orthopaedic outpatient department
- ward 1
- ward 3
- ward 6, and
- ward 7.

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:

- accident and emergency department
- ward 1
- ward 3
- ward 6
- ward 7
- ward 8
- Tay ward, and
- stroke unit.

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 Perth Royal Infirmary 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](#).

During this follow-up inspection, we observed staff working collaboratively to provide compassionate and responsive care. This was also reflected in patient feedback. Inspectors found the hospital environment was clean and well maintained.

Staff throughout the clinical areas inspected were clear on their roles and responsibilities, including how to support supplementary staff. Ward areas appeared calm and well organised.

However, we identified several areas requiring improvement including the provision of fundamentals of care. This included delays in assisting patients to use the bathroom, recording of physical observations and delays in the administration of medication.

Other areas for improvement include implementation of effective systems and processes to ensure the right staff are in the right place to support the safe delivery of care, as well as improving compliance with paediatric life support training and practical violence and aggression management training.

During our previous inspection we observed poor compliance with hand hygiene practices and the correct use of personal protective equipment. During this follow-up inspection we found that hand hygiene compliance remains an area requiring improvement.

Due to the findings from this follow up inspection Healthcare Improvement Scotland will return to carry out a full unannounced Safe Delivery of Care inspection at a future date.

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

This follow-up inspection resulted in one new recommendation, one previous requirement carried forward, one previous requirement partially met, and six new requirements.

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

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

We expect NHS 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>

New recommendation from this follow-up inspection

This unannounced inspection to Perth Royal Infirmary resulted in one recommendation.

Domain 4.1

- | | |
|---|---|
| 1 | NHS Tayside should ensure patients are assisted with hand hygiene prior to mealtimes (see page 17). |
|---|---|

New or updated requirements from this follow-up inspection

The unannounced inspection to Perth Royal Infirmary resulted in six new or updated requirements as well as one carried forward from the previous inspection.

Domain 4.1

- | | |
|---|---|
| 1 | <p>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 (see page 17).</p> <p>This will support compliance with: Quality Assurance Framework (2022) indicators 6.1 and 6.4 and Health and Social Care Standards (2017) criteria 1.4, 1.19 and 5.2.</p> |
| 2 | <p>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 (see page 17).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.</p> |
| 3 | <p>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 (see page 17).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019, Quality Assurance Framework (2022) indicators 2.14 and 6.1, Quality Network for Inpatient CAMHS Standards for Services (2021) Criterion 2.3.3, The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018) and relevant codes of practice of regulated healthcare professions.</p> |
| 4 | <p>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 where required to support recognition and management of the deteriorating patient (see page 17).</p> |

	<p>This will support compliance with: The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates (2018) and Health and Care (Staffing) (Scotland) Act (2019).</p>
5	<p>NHS Tayside must ensure effective and appropriate governance approval and oversight of policies and procedures are in place (see page 17).</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criterion 1.24 and Quality Assurance Framework (2022) Indicator 2.6.</p>
6	<p>NHS Tayside must ensure senior charge nurses have access to protected leadership time (see page 17).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019).</p>

Requirement carried forward

Domain 4.1	
1	<p>NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance (see page 18).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>

What we found during this follow-up inspection

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During our previous inspection a high number of supplementary staff were observed within one clinical area, where improvements were required in the organisation and coordination and delivery of care. This included mealtime coordination and the cleaning of patient care equipment following use. Other areas for improvement included hand hygiene and the appropriate use of personal protective equipment such as gloves and aprons.

This resulted in the following requirements.

Previous inspection (December 2021) requirements	
1	<p>NHS Tayside must ensure that when a high level of supplementary staff are in place, the delivery of care continues to be organised and coordinated. This includes mealtimes and cleaning equipment following use.</p> <p>is requirement has been partially met and will be carried forward with a new focus for improvement.</p>
2	<p>NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.</p> <p>This has not been met and will be carried forward.</p>

Supplementary staff are additional staff who cover absences and/or provide additional support due to increased service demand to support the delivery of safe and effective care. This includes staff working additional hours, overtime, bank, and agency workers. During our previous inspection the use of supplementary staff was high due to operational pressures associated with the COVID-19 pandemic. This resulted in a requirement being given to support the improvement and coordination of care delivery at times of high supplementary staff usage.

During this follow-up inspection, we reviewed the use of supplementary staff to assess progress made against this requirement. We can see in workforce data provided as evidence by NHS Tayside that there has been a reduction in the use of supplementary registered nursing staff from 8.9% in December 2021 to 6.1% in January 2026. During this inspection staff told us that there is no standardised orientation for supplementary staff. However, senior charge nurses advised that supplementary staff receive ward based orientation. This includes the location of patient equipment such as resuscitation trollies and moving and handling equipment, and also awareness of the day-to-day routine of the ward. Staff also told us that supplementary staff attend the ward safety brief at the start of each shift. Safety briefs are an effective method of communication used within healthcare, ensuring teams within clinical areas have an overview of all

Healthcare Improvement Scotland Unannounced Inspection Report (Perth Royal Infirmary, NHS Tayside): 18 February 2026

patients within the area. As these occurred out with the times of our onsite inspection, we did not have the opportunity to attend. Supplementary staff inspectors spoke with described feeling well supported and part of the team

In one ward area, staff explained supplementary staff would work alongside an experienced member of the team during their initial shift to ensure they were aware of the routine of the ward. All staff, including supplementary staff, inspectors spoke with were clear on their duties and routines of the clinical areas.

Evidence provided includes NHS Tayside's Standard Operating Process and Guidance on the Use of Supplementary Staff which outlines a structured process to manage staffing gaps safely and cost effectively. It prioritises internal solutions, using the staff bank before agencies, applies risk assessment and escalation timelines. However, within the document there is no information regarding how supplementary staff are orientated to ward areas.

In one area, staff described challenges in sourcing supplementary staff to fill staffing gaps and a reliance at times on redeploying staff from other areas. At the time of the onsite inspection this area was not short staffed.

Hospital safety huddles provide a forum for the multidisciplinary team to identify, communicate and mitigate any patient or staff safety risks. Four huddles occur throughout the day in Perth Royal Infirmary as well as a daily cross site huddle with Ninewells Hospital. From huddle outputs provided as evidence we observed attendance from nursing, medical and allied health professional staff such as physiotherapists and occupational therapists. The daily huddle reviews hospital capacity, emergency department status, and patient or staff safety issues or concerns identified at local ward based huddles or following the hospital at night team handover. The hospital at night team is a multidisciplinary team who provide senior leadership and emergency care to patients in the out of hours period. We attended one of these huddles and observed open and supportive conversations between nursing staff, where teams supported each other through deployment of staff where required.

NHS Tayside utilise an electronic staffing system which reports real time staffing requirements based on professional judgement in relation to patient care needs. This provides a traffic light system with red areas having the highest shortfall of staff available to meet patients' needs and considers staff skill mix and patient acuity to help mitigate risk. Inspectors observed this being utilised on the day of inspection to support decisions when redeploying staff. Whilst onsite we observed open discussions regarding staffing shortfalls, with plans being implemented to mitigate these through the redeployment of staff.

To assess potential impact of staffing levels, including high use of supplementary staff on patient care, we asked NHS Tayside to provide the themes identified through reviews of patient and staff safety incidents reported in the three months prior to this inspection. These included several reported incidents relating to staffing pressures with staff describing being unable to provide timely assistance to patients. On several occasions,

incidents described delays to fundamentals of care. These included delays in assisting patients with toileting, medication administration and the completion of vital sign observations due to insufficient staff availability. This had impacted on patients significantly, including one patient being left on a bedpan for a prolonged period of time. It is documented in narrative provided as evidence that this had resulted in the patient experiencing distress and sustaining avoidable pressure damage.

We raised concerns regarding the impact of reduced staff availability upon delivery of care with senior managers. They were aware of the incidents and acknowledged this had not met the required standards for safe, effective and person-centred care as outlined in the [Aging and Frailty Standards 2024](#). Evidence provided included narrative detailing the review of the incident where a patient was left on a soiled sheet. We can see from this that the review identified that there were two gaps in healthcare support worker availability for that shift. This was partially mitigated through the redeployment of a member of staff from another ward. A requirement has been given to support improvement in this area.

Senior managers explained that patient acuity and dependency had been recorded within the electronic staffing system, and that escalation to the site leadership team should occur when staff are unable to meet essential care needs. However, it was unclear whether escalation had occurred on this occasion. Senior managers explained that, following this incident, staff have been reminded of escalation pathways when care delivery is impacted with shared learning reinforced through ward safety briefings.

The '2222' number is an emergency number used within NHS hospitals which connects to the switchboard to activate an emergency response team. Incident reports submitted in evidence included three incidents relating to shortfalls in medical staffing out of hours. These incidents described reduced availability in medical staffing overnight, which resulted in the emergency response (2222) team being left short staffed. One incident described the team being understaffed across a weekend from Friday to Sunday. Within incident reports we did not observe any patient harm recorded as an outcome from this.

Concerns regarding out of hours medical cover were further reflected within Perth Royal Infirmary clinical governance meeting minutes from January 2026, where staff raised concerns regarding the absence of clear contingency arrangements. Gaps were also highlighted in medical cover across both Ninewells Hospital and Perth Royal Infirmary. These minutes also described unclear reporting and pathways when escalations are required.

We discussed this with senior managers who described escalation arrangements for gaps within the acute medical rota. We were told the minimum safe level of medical cover being an ST4 level doctor. The British Medical Association describe an ST4 doctor as a specialty trainee doctor in their fourth year of postgraduate training who are undertaking higher specialty training.

Where gaps cannot be filled locally in hours, they are escalated to the medical staffing office. Outwith normal working hours, escalation is managed directly by the on-call consultant. We were told medical staff may be redeployed from the overnight rota at Ninewells Hospital to provide support at Perth Royal Infirmary. Where this is not achievable, cover is provided by the on-call consultant. We observed in the Clinical Care Group minutes that senior medical staff are in the process of developing an escalation pathway in response to the concerns around provision of out of hours medical cover raised by staff at the Clinical Care Group. However, we were not provided with the timescale for this work to be completed by NHS Tayside.

As described earlier in this report, we requested the output of the hospital safety huddle for the days of our onsite inspection. We also requested the recorded outputs from the morning safety huddles at Perth Royal Infirmary for January 2026 to assess if the staffing challenges described within submitted incident reports were discussed and escalated at the time. While we can see that the majority of the multidisciplinary team would highlight staffing gaps, there was no reference to medical staffing. Furthermore, it did not appear that some of the staffing issues identified in incident reports such as reduced medical cover for the cardiac arrest team were routinely recorded during safety huddles. Therefore, it is not clear whether this had been raised and shared at the safety huddles. A requirement has been given to support improvement in this area.

Physical restraint should only be used as a last resort to prevent a person from harming themselves or others, or to provide necessary help or treatment. Within incident reports reviewed we identified several relating to the use of restraint to administer intramuscular sedation for patients who were experiencing stress and distress and may have been at risk of harming themselves or others. Stress and distress can include agitation, anxiety and aggression. These had all taken place in ward areas. The Mental Welfare Commission for Scotland highlights that physical restraint should only be carried out by staff who have been fully trained in the methods of restraint.

We observed in evidence provided that 89% of all staff have completed online prevention and management of violence and aggression training. We also asked for training figures for the practical prevention and management of aggression training (PMVA), which shows that 65% of staff have completed level 2 training. NHS Tayside also provided evidence of a short life working group that had been formed due to the increase in violence and aggression incidents. The purpose of the group is to review and improve recording of violence and aggression within clinical areas, as well as promoting attendance at face-to-face preventing violence and aggression training following initial completion of the online training module. The group is also gathering data on training levels related to violence and aggression and dementia care.

We also observed within submitted incident reports, several relating to violence and aggression towards staff which can have a detrimental effect on staff wellbeing. NHS Tayside has a wellbeing framework which supports staff and patient wellbeing by promoting physical, mental, emotional, and social health. It focuses on creating supportive environments, encouraging healthy behaviours, and building resilience

through leadership, culture, and access to resources. We asked NHS Tayside what support is available for staff following incidents of violence and aggression. Staff and patients can access the chaplaincy service and there is also a staff wellbeing service that provides support for staff experiencing stress, low mood, or anxiety. Staff can also self-refer to a psychological support service.

Evidence provided included the NHS Tayside Adult Inpatient Mental Health and Learning Disabilities Services: *Pharmacological Management of Acute Behavioural Disturbance* guideline. NHS Tayside confirmed that this guideline is applicable where appropriate, across all wards and is not limited to mental health and learning disabilities inpatient areas.

The guideline specifies that all staff involved in the clinical management of acute behavioural disturbance should be appropriately trained in Immediate Life Support (ILS) or an equivalent course. Evidence reviewed showed that 23% of medical staff at Perth Royal Infirmary hold a current ILS certificate, while 47% hold a current Advanced Life Support (ALS) certificate. A requirement has been given to support improvement in this area.

We asked senior managers what systems and processes are in place to ensure that the use of intramuscular sedation was the most appropriate and least restrictive treatment. We were provided with narrative describing that a number of nursing staff across acute services in Perth Royal Infirmary have taken part in the 'reducing stress and distress' national programme. The Reducing Stress and Distress National Improvement Programme supports hospital and care home teams in Scotland to reduce stress and distress for people living with dementia. However, training figures for staff who have completed the course were not provided. NHS Tayside also provided evidence supporting the use of rapid tranquillisation as documented within electronic patient safety incident reports. These reports stated that attempts at verbal de-escalation had been undertaken but were unsuccessful, resulting in the need for intramuscular sedation due to patients experiencing high levels of stress and distress.

Evidence based clinical guidelines, policies and procedures are used to assist clinicians in decision making regarding treatment and care in specific circumstances. Guidelines are a resource within clinical practice to improve communication between patients and health professionals and help patients make informed decisions. Ensuring clinical guidelines are consistent with evidenced based practice requires oversight and a system of review to ensure they remain relevant. Several guidelines and standard operating procedures provided within evidence exceeded their review date. These include Tayside guidance – Antipsychotics and Benzodiazepines in older adults with dementia and/or delirium-inpatient settings; mental health intervention decision making within general adult inpatient settings and violence and aggression management policy. A requirement has been given to support improvement in this area.

Perth Royal Infirmary does not have a dedicated inpatient paediatric service. There are regular outpatient paediatric clinics and paediatric day case surgical procedures carried

out at Perth Royal Infirmary. Additionally, paediatric patients may present at the emergency department. There is no permanent paediatric nursing staff based at Perth Royal Infirmary, either the paediatrician responsible for the outpatient clinic or an appropriately trained anaesthetist would be present in the event of a deteriorating paediatric patient. Senior managers explained that protocols have been developed with the Scottish Ambulance Service to ensure paediatric patients are conveyed directly to Ninewells Hospital and that any acutely unwell paediatric patients that do attend the emergency department are transferred immediately to Ninewells Hospital. However, they will be cared for within the emergency department until this is possible. Within the incident reports we did not observe any patient safety incidents involving paediatric patients. Further evidence submitted by NHS Tayside explains all paediatric theatre lists will transition to Ninewells Hospital by May 27th 2026.

The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' states 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 paediatric advanced life support (or equivalent training). Paediatric basic life support teaches skills to respond to a medical emergency, such as a child in cardiac arrest. It teaches staff to carry out cardiopulmonary resuscitation (CPR). Paediatric immediate life supports development of skills beyond basic life support for clinical staff to identify, assess and respond to a paediatric patient at risk of becoming critically unwell.

We requested training compliance figures for paediatric immediate life support for Perth Royal Infirmary emergency department. We can see from this that only 41% of nursing staff hold a current paediatric immediate life support certificate. NHS Tayside provided an update on upcoming paediatric basic life support sessions to be provided for staff who are required to provide support during an emergency. A requirement has been given to support improvement in this area.

During this inspection inspectors observed staff working collaboratively. Call bells were answered promptly and interactions between staff and patients were respectful and kind. Patients appeared clean and comfortable, with the majority of patients sitting at bedsides and dressed in their own clothes. Inspectors spoke with patients and their families, all of whom spoke very highly of the care provided by staff on the ward. Patients and relatives reported that staff were responsive and kind and attentive to their needs.

Care assurance visits are an opportunity for clinical leaders to focus on the quality of care delivery and identify areas of good practice and those requiring targeted support and improvement. We were provided with the completed care assurance visits for all inpatient areas of Perth Royal Infirmary. We observed that these audits reflected the positive patient feedback that inspectors were given and highlighted positive patient care.

Care assurance audits also demonstrated that senior charge nurse leadership time is monitored through roster reviews, professional judgement assessments at Care Group level, and daily oversight at site Safety and Flow meetings. Analysis of electronic staffing system outputs demonstrate that senior charge nurses taking on a clinical workload was an action to mitigate staffing shortfalls. Within the audits we did not observe any concerns in relation to delivery of fundamentals of care, and positive feedback from patients was noted. No evidence of delays to care such as delayed observations, medication rounds or assistance with personal care were noted.

Time to lead is a legislative requirement under the Health and Care (Staffing)(Scotland) Act (2019). This is intended to ensure clinical leaders have protected time and resources to support appropriate staffing, alongside their wider professional responsibilities in order to provide safe, high quality and person-centred care. We were provided with recent care assurance audits for ward areas and the emergency department. These demonstrated some senior charge nurses raising concerns regarding a lack of protected leadership time due to requirements to take clinical caseloads to mitigate staffing shortfalls. A requirement has been given to support improvement in this area.

Mealtimes we observed were well organised with a mealtime coordinator identifiable within the majority of wards. Meals were distributed in a timely manner, with patients receiving assistance to eat where required. However, the majority of patients were not offered, or assisted with, hand hygiene prior to meals. A recommendation has been given to support improvement in this area.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. These include patient placement, hand hygiene, and the use of personal protective equipment (such as aprons and gloves). Practicing good hand hygiene helps reduce the risk of the spread of infection and should be carried out effectively by all staff within the clinical area at all times. During this follow-up inspection, inspectors observed several missed hand hygiene opportunities throughout several clinical areas amongst all staff groups.

Missed opportunities were observed between contact with patients, patient environment and contact with patient equipment. We raised this with staff within clinical areas and senior managers at the time of inspection, who told us they would address this and ensure staff are reminded of appropriate hand hygiene practices and moments. In evidence submitted by NHS Tayside, we observed education events across all staff groups had been commenced regarding infection prevention and control, including hand hygiene. However, attendance levels were low.

The correct use of personal protective equipment reduces the risk of spreading infection. We observed that personal protective equipment was readily available throughout the hospital. However, in some clinical areas inspectors observed poor compliance with glove and apron usage such as when changing patients' beds. We also observed missed opportunities to carry out hand hygiene between patients and the patient environment and following the removal of gloves. During our previous

inspection we gave a requirement to support improvement in hand hygiene and the use of personal protective equipment compliance. This requirement has not been met and will be carried forward.

New recommendation

Domain 4.1	
1	NHS Tayside should ensure patients are assisted with hand hygiene prior to mealtimes.

New or updated requirements

Domain 4.1	
1	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.
2	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.
3	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.
4	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 where required to support recognition of the deteriorating patient.
5	NHS Tayside must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.
6	NHS Tayside must ensure senior charge nurses have access to protected leadership time.

Requirement carried forward

Domain 4.1	
------------	--

- 1 NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.

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 February 2026 inspection
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.
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.
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.
NHS Tayside must ensure all nursing staff working in the emergency department are provided with the necessary paediatric life support training to safely carry out their roles, including paediatric immediate life support training where necessary to enable recognition of the deteriorating patient.
NHS Tayside must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.
NHS Tayside must ensure senior charge nurses have access to protected leadership time.
Requirement carried forward from December 2021 inspection
NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance.

Published June 2026

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot