Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

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.

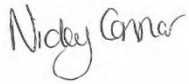
NHS board Chair

Signature: 

Full Name: Tim Spink

Date: 13/11/26

NHS board Chief Executive

Signature: 

Full Name: Nicky Connor

Date: 13/11/26

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Ref:	Action Planned	Timescale to meet action *(All dates end of month unless otherwise stated)*	Responsibility for taking action	Progress	Date Completed
Requirements					
Domain 1					
1	***NHS Tayside must ensure that all improvement actions from previous inspections are completed, this includes fire evacuation walkthrough scenarios***				
	Fire evacuation walkarounds are recorded and documented when undertaken. • Local records held and reported through health and safety forums	September 2026	Clinical care group management teams	Good progress has been made across acute services to strengthen compliance with fire safety requirements and the recording of fire evacuation walkarounds. Services have undertaken reviews of local processes and provided evidence of established fire safety arrangements, including routine fire safety checks, evacuation procedures, mandatory training, induction processes and engagement with Fire Safety Officers. Reporting and oversight are in place through local Health and Safety Forums.	October 26 Complete

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***				
	Medicines refrigerators must have daily temperature checks recorded. • Monitor via TEACH tool, compliance shared real time and via HAI acute meeting for at least the next 3 months for assurance • If temperatures noted to be out of range for immediate escalation as per process and documented.	September 2026	Senior Charge Nurse/Midwives Senior Nurse/Midwife	Audit activity has been fully transitioned to the Medical Audits electronic platform across inpatient areas, with compliance monitored routinely via SCNs and any exceptions reviewed through HAI governance processes for escalation and action as required.	September 26 Complete
3	***NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers guidelines***				
	Key messages shared with clinical teams regarding safe storage and labelling of cleaning products via site safety huddle	June 2026	Soft facilities	Memo reinforcing the safe labelling and secure storage of cleaning products was issued to all Domestic Services staff, shared through Safety Huddles, and implementation has been completed across clinical areas.	June 26 Complete
	Memo to be issued out to Domestic staff members reiterating the requirement to: • Ensure all chemicals are locked away in the Domestic Services Room (DSR) or within the cupboards within the DSR. • Ensure that all DSR's are not left wedged open or unlocked.	August 2026	Domestic Service Managers/Soft facilities	Domestic Services have undertaken a review of Domestic Services Rooms (DSRs), installed replacement locks and keys to strengthen security, embedded DSR audits within routine assurance processes and Walkarounds,	August 26 Complete

	• Audited via domestic services regular audits and report via appropriate health and safety forums • Review and audit on care assurance walkarounds for immediate staff feedback and resolution			and established ongoing monitoring through a rolling HIS action log to support sustained compliance and continuous improvement.	
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***				
	In instances of Clinical Waste Bins reported full, NHST Waste and Porter Services are contactable by email with additional collections put in place accordingly. • Review of SOP to ensure clear and consistent escalation process in place • Communication to be resent to clinical areas around uplift of waste • Clinical teams to raise at daily huddles if ongoing concerns	August 2026	Ass Director of Facilities	Portering services have reviewed and updated the clinical waste uplift SOP, strengthened escalation arrangements for out-of-hours requests, communicated the revised process through site safety huddles.	July 26 Complete
	Domain 6				
5	***NHS Tayside must ensure staff comply with the NHS Tayside Dignity and Privacy Single Sex Accommodation Policy.***				
	Presentation of data and breaches to Single Sex Policy to be discussed every day at local team and Capacity & Flow huddles • Data displayed on Command Centre (real time) • Daily discussion to mitigate and rectify where possible within service	June 2026	Site Safety Team/ Professional Leads	Single-sex accommodation compliance is now a standing item within capacity and flow reviews, with data monitored through the Command Centre to identify areas of concern and support targeted improvement actions; however, continued focus is required during periods of surge and escalation to ensure robust risk assessment,	October 26 Complete / Ongoing

				safe patient placement, and sustained adherence to policy.	
	Increase staff knowledge of revised NHS Tayside Dignity and Privacy Single Sex Accommodation Policy • Training session at Nursing and Midwifery Leadership Team Meeting • Training session at Senior Charge Nurse / Midwife Meeting	August 2026	Associate Nurse Directors	The revised Privacy, Dignity and Respect Policy has been implemented, supported by strengthened governance arrangements, workforce-wide communication through a 7-Minute Briefing, and reporting to CGQAM to provide oversight of policy compliance and improvement activity. Training and awareness sessions are being progressed with support from the Public Protection team through Nursing and Midwifery leadership forums, Senior Charge Nurse/Midwife meetings, and whole Consultant meetings to increase staff understanding and support the elimination of mixed-sex accommodation.	August 2026 Complete
	Ensure risk assessment undertaken for all patients within mixed sex bays as per policy • Review during monthly CAV walkarounds for immediate staff feedback • SCN/Ms to ensure daily that risk assessments are undertaken • Monthly audit on Ninewells site around patient placement in bays regarding compliance with	August 2026	Associate Nurse Directors	CAV walkarounds are now being established across all Acute Services areas and will incorporate review of mixed sex accommodation compliance, enabling immediate feedback, visibility of practice, and identification of improvement actions where	October 26 Complete

	policy for next 3 months for assurance. Audit results to be discussed at Nursing and Midwifery Leadership Team (Acute Services) meeting			required. Audit findings, learning and compliance trends will continue to be monitored and discussed through NMLT to support sustained improvement and assurance. Daily checks led by SCNs to ensure risk assessments are completed for all patients cared for within mixed sex bays in line with policy requirements.	