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

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: 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
Recommendation 1					
Domain 4.1					
1	***NHS Tayside should ensure patients are assisted with hand hygiene prior to mealtimes***				
	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. • 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	Progress has been made in strengthening hand hygiene practices in clinical areas through discussions at nursing and midwifery leadership team meeting held in May and July 26. Care assurance visits undertaken to review all aspects of quality of care. This has included exploring the provision of individual patient hand wipe packs to support greater patient participation in hand hygiene and maintain a sustained focus on infection prevention as part of everyday care	September 26 Complete
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***				
	Review of fundamentals of care across PRI wards with a focus on improvement for the following: • 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	Actions have focused on strengthening escalation processes and supporting leadership discussions around care prioritisation and the impact of staffing pressures on patient care. Senior Charge Nurses and senior nurses have worked with Nurses in Charge to enhance escalation practices, site safety discussions with professional leads, implement visual aids to support non-substantive staff, and support ward teams with decision-making where care may be impacted. Datix incidents are reviewed routinely to identify themes and improvement actions, supported by weekly review meetings, ward improvement champions, and care assurance walkarounds with peer review arrangements in place.	October 26 Complete
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***				
	Audit of updated SafeCare SOP to monitor compliance and consistency of escalation realtime and via DATIX Review of daily safety huddle to ensure timely discussions to seek solutions for existing staffing gaps and datix recording when cannot be safely mitigated	September 2026	**Safe Care Lead for Acute Services with support from** • NHS Tayside HCSSA Team • PRI Professional leads	SafeCare escalation processes continue to be tested and embedded across Perth Royal Infirmary, with ongoing audit activity demonstrating improved recording and communication of staffing risks. Subject matter experts have agreed key measures for monitoring compliance, and oversight arrangements through Safety Huddles	October 26 Complete

				and supplementary staffing governance groups are now supporting more consistent escalation, mitigation recording and risk management. This work will continue to report via the nursing workforce assurance group.	
	Ensure clear process in place for short term medical staffing escalation to ensure critical gaps are covered: • Review of escalation process for medical staffing when short term absence arises • Ensure staff clear of process	August 2026	Medical Director Acute Services	The medical staffing escalation SOP has progressed through stakeholder review with feedback sought from Associate Medical Directors and Chief Residents. Final amendments are being incorporated alongside the development of supplementary staffing principles, with consideration being given to strengthening out-of-hours administrative support arrangements to ensure a robust and sustainable escalation process.	October 26 Final sign off awaited
	SLWG to be progressed for generic recruitment for identified HCSW vacancies	August 2026	Associate Nurse Director	Generic recruitment in place for HCSWs focussed on specific areas / wards initially, advert live, recruitment day held in November and progressing.	August 2026 Complete
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***				
	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)	August 2026	Associate Nurse Director Associate Medical Director	Local clinical areas monitoring and documenting compliance with resuscitation and emergency response training requirements, providing assurance that curriculum and competency standards are being met	September 26 Complete

	• 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.			across all professional groups. This includes ongoing oversight of mandatory training requirements, such as ALS certification for IMT-1 trainees, with compliance reported through established local governance arrangements. Specific for medical staff - Foundation doctors are required to demonstrate competence in recognising and managing the deteriorating patient, cardiopulmonary arrest, and the delivery of high-quality CPR, while completion of FY2 includes effective multidisciplinary cardiac arrest management, leadership and communication skills. Improvement in PMVA learn-pro now demonstrated. Low level training (PMVA) face to face training also in place and dedicated for PRI staff.	
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 required to support recognition and management of the deteriorating patient***				
	Ensure that compliance for training for infant and child basic life support is increased to >80% of nursing staff trained • Review of training records • Develop training plan to ensure all relevant staff are booked on and completion underway	August 2026	Senior Nurse for ED	Training records reviewed and training plan in place to reach compliance rates.	August 26 Complete
5	***NHS Tayside must ensure effective and appropriate governance approval and oversight of policies and procedures are in place***				

	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. • Shared via NMLT via Associate Nurse Directors • Shared via MLT via Associate Medical Directors For cascading with teams	July 2026	Associate Nurse Director Associate Medical Director	NHS Tayside has a well established route for clinical policy development. Guidance shared with leaders for distributing through teams.	July 26 Re-issued November 26 Complete
6	***NHS Tayside must ensure senior charge nurses have access to protected leadership time***				
	NHS Tayside will safeguard rota shifts in line with job roles that allocates leadership time for each Senior Charge Nurse: • This time should only be interrupted due to critical staffing situations in clinical areas. • Monitor and recorded via SafeCare	Sept 2026	Lead Nurses	SafeCare continues to be utilised to monitor and record the safeguarding of Senior Charge Nurse leadership time. Protecting these leadership shifts remains an ongoing priority for nursing leadership, with disruption expected only in circumstances where critical staffing pressures require immediate clinical support. This remains an area of continued focus through local workforce and professional leadership oversight.	October 26 Complete
7	***NHS Tayside must ensure that all staff carry out hand hygiene at appropriate moments and use personal protective equipment in line with current guidance***				
	NHS Tayside will ensure Hand Hygiene compliance against National IPC manual monitored through IPC annual audit programme via TEACH tool and hand hygiene audits. • Regular visits to clinical areas IPC team will address observations of practice including	August 2026	Lead Nurses with support from IPC Team	Clinical areas undertake monthly audits using the Medical Audits electronic audit system, which assesses compliance with the Standard Infection Control Precautions (SICPs)	August 26 Audit re-reviewed October 26 Complete

	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			Monthly infection prevention audits demonstrate generally good compliance, with hand hygiene rated Green across all areas except one ward and PPE compliance rated Green or Amber across audited areas. Ongoing support from the Infection Prevention and Control Team and monitoring through local governance structures and the Acute IPCC for any areas of non-compliance and support improvements.	