



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced acute hospital safe delivery of care inspection

Western Isles Hospital, NHS Western Isles

3-4 September 2024

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: GILLIAN McCANNON

Date: 04th December 2024

NHS Board Chief Executive

Signature:

Full Name: GORDON G. JAMIESON

Date: 04th of December 2024

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	<p>Domain 1: Clear vision and purpose</p> <p>NHS Western Isles must ensure as a matter of urgency all staff are provided with and complete the necessary paediatric and adult immediate life support training to safely carry out their roles</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>				
1.1	Training dates for ILS and PILS will be published and advertised via NHS Western Isles learning events calendar and weekly team briefs.	Complete	Nurse/ AHP Director and Chief Operating Officer Resuscitation Officer	04/12/2024: Training dates for January to March 2025 were published on 21 st October 2024	21/10/2024
1.2	NHS Western Isles will ensure that available places on published dates for ILS and PILS courses from January to March 2025 will be allocated to priority staff groups in acute services which are Emergency Department staff, Clinical Support Nurses and staff working in Medical Ward 1.	Complete	Nurse/ AHP Director and Chief Operating Officer Resuscitation Officer Senior charge Nurses	23/01/2025: Published dates for ILS and PILS from January to March 2025 have been allocated and ED staff, M1 staff and CSN's were prioritised	31/12/2024
1.3	NHS Western Isles will ensure that all staff within priority staff groups (ED, CSN, M1) will have a valid ILS and PILS certificate as appropriate to their role.	30/09/2025	Nurse/ AHP Director and Chief Operating Officer Resuscitation Officer Associate Nurse Director Lead Nurse Acute Services	23/01/2025: Training compliance for ILS and PILS is correct as of 15/01/2025, full compliance is expected to be met by 31/05/2025 <u>ILS</u>	

			Senior charge Nurse	<p>M1: 35% (all remaining staff booked on) ED: 69% (all remaining staff booked on) CSN's: 23% (all remaining staff booked on)</p> <p>8 CSN's and 6 ED staff are also booked onto E ALS which will be running in WIH in June 2024</p> <p><u>PILS</u> M1: 50% (all remaining staff booked on) ED: 29% (all remaining staff booked on) CSN's: 27% (2 staff booked and awaiting additional dates for remaining staff but expected to meet deadline of 31/05/2025)</p> <p>EPALS will be running in WIH in September 2025 and awaiting confirmation of how many places will be available for CSNs and ED staff</p> <p>22 staff in Medical 1 are booked onto 17-week Paediatric Basics course commencing January 2025</p> <p>20/02/2025: Training compliance for rostered and available staff for ILS and PILS is correct as of 10/02/2025, full</p>	
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				<p>compliance is expected to be met by 31/05/2025</p> <p><u>ILS</u></p> <p>M1: 42.86 increase 7.86% (all remaining staff booked on)</p> <p>ED: 69% (all remaining staff booked on)</p> <p>CSN's: 45% increase 22% (all remaining staff booked on)</p> <p>8 CSN's and 6 ED staff are also booked onto E ALS which will be running in WIH in June 2024</p> <p><u>PILS</u></p> <p>M1: 55.55% increase 5.55% (all remaining staff booked on)</p> <p>ED: 29% (all remaining staff booked on)</p> <p>CSN's: 36% increase 9% (all remaining staff are booked on during April and May)</p> <p>Aiming to have 4-6 CSN's and 3 ED staff booked on EPALS running in WIH in September 2025</p> <p>20/03/2025:</p> <p>Training compliance for rostered and available staff for ILS and PILS is correct as of 11/03/2025, full compliance is expected to be met by 31/05/2025</p>	
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				<p><u>ILS</u> M1: 52% increase 9.14% (all remaining staff booked on) ED: 77% increase 8% (all remaining staff booked on) CSN's: 91% increase 46% (all remaining staff booked on)</p> <p>8 CSN's and 6 ED staff are also booked onto E ALS which will be running in WIH in June 2024</p> <p><u>PILS</u> M1: 57% increase 1.45% (all remaining staff booked on) ED: 38% increase 9% (all remaining staff booked on) CSN's: 45% increase 9% (all remaining staff are booked during April and May)</p> <p>Aiming to have 4-6 CSN's and 3 ED staff booked on EPALS running in WIH in September 2025</p> <p>17/04/2025: Training compliance for rostered and available staff for ILS and PILS is correct as of 11/04/2025, full compliance is expected to be met by 31/05/2025</p> <p><u>ILS</u> M1: 57% increase 5% ED: 77%</p>	
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				<p>CSN's: 100% increase 9%</p> <p>5 CSN's and 4 ED staff are also booked onto E ALS which will be running in WIH in June 2024</p> <p><u>PILS</u></p> <p>M1: 57%</p> <p>ED: 38%</p> <p>CSN's: 45%</p> <p>There has only been 1 PILs course held in the past 4 weeks which was specifically for theatre staff</p> <p>Aiming to have 4-6 CSN's and 3 ED staff booked on EPALS running in WIH in September 2025</p> <p>30/05/2025:</p> <p><u>ILS</u></p> <p>M1: 69% increase 12%</p> <p>ED: 77%</p> <p>CSN's: 100% increase 9%</p> <p>5 CSN's and 4 ED staff are also booked onto E ALS which will be running in WIH in June 2024</p> <p><u>PILS</u></p> <p>M1: 74% increase 15%</p> <p>ED: 38%</p> <p>CSN's: 73% increase 28%</p>	
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				Aiming to have 4-6 CSN's and 3 ED staff booked on EPALS running in WIH in September 2025	
1.4	The resuscitation training team will distribute quarterly up to date staff training compliance reports to Heads of Service and Senior Charge Nurses. These reports will be presented to the following groups and committees: Quality and safety group, Learning Review Group, Operational Service Delivery Team and Staff Governance Committee.	31/03/2025	Nurse/ AHP Director and Chief Operating Officer Resuscitation Officer Associate Nurse Director Lead Nurse Acute Services Senior charge Nurses	23/01/2025: First quarterly resuscitation training compliance report to be presented to Learning Review Group on 11/02/2025, OSDT on 19/02/2025 and onwards to Staff Governance Committee 20/02/2025 First quarterly resuscitation training compliance report presented to Learning Review Group on 11/02/2025, OSDT on 19/02/2025 and onwards to Staff Governance Committee	11/02/2025
1.5	Senior Charge Nurses will complete and provide the Associate Nurse Director and Lead Nurse Acute Services with a team level action plan to monitor, deliver and resolve non- compliance with ILS and PILS training.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior charge Nurse	23/01/2025: Team level action plans submitted by SCN's as requested and will be monitored through performance reviews	31/12/2024

1.6	Progress from team level action plans will be a key objective for SCNs. This will be reviewed by the Lead Nurse Acute Services and Associate Nurse Director with Senior Charge Nurses as part of their quarterly performance reviews, areas where there is no evidence of improvements will be discussed and managed in line with local processes.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior charge Nurse</p>	<p>23/01/2025: In progress, staff training compliance is discussed with SCNs as part of their performance reviews and will be added to SCN objectives from 01/04/2025</p> <p>20/02/2025: Standardised objectives developed and to be included in all SCN appraisals from 1st April 2025 – 31st March 2026.</p> <p>20/03/2025: Draft SCN core objectives agreed, to be shared with Practice Educator and SCN's for comment prior to uploading to Turas objectives on 01st April 2025.</p> <p>17/04/2025: SCN/ Team lead core objectives have been agreed and shared with lead nurses and SCN's/ Team Leads. These have been uploaded to Turas to facilitate 2025/26 appraisal/ performance review discussions.</p>	31/03/2025
1.7	A Learning and Development Standard Operating Procedure will be developed, this will include a guide for staff and managers to follow regarding booking, attending and monitoring of mandatory and essential training.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Human Resources Director</p> <p>Head of Clinical Governance and Professional Practice</p> <p>Organisational Development and Learning manager</p>	<p>23/01/2025: In progress and on track</p> <p>20/02/2025: Learning and Development SOP has been drafted and presented at OSDT on 19th February 2025.</p>	19/02/2025

1.8	Should a staff member not attend a booked ILS or PILS course a DNA notification letter will be sent to the individual and their line manager. The line manager would follow agreed processes within the Learning and Development Standard Operating Procedure.	Complete	Nurse/ AHP Director and Chief Operating Officer Resuscitation Officer Senior Charge Nurse	<p>23/01/2025: DNA notification letter is now being sent to staff and managers who do not attend a booked ILS or PILS course and links to SCN's objectives as referenced in 1.6</p> <p>Development of Learning and Development Standard Operating Procedure is in progress and on track</p> <p>20/02/2025: DNA notification letter is now being sent to staff and managers who do not attend a booked ILS or PILS course and links to SCN's objectives as referenced in 1.6</p> <p>Learning and Development SOP has been drafted and presented to OSDT on 19th February 2025.</p>	19/02/2025
2.	<p>Domain 1: Clear vision and purpose</p> <p>NHS Western Isles must ensure improvement actions within fire risk assessments are carried out, fire safety equipment is tested and maintained to ensure safe working and staff have completed mandatory fire training</p> <p>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)</p>				
2.1	NHS Western Isles will review outstanding actions from fire risk assessments that were completed in September 2024 and ensure any outstanding actions are completed as identified below.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer	<p>23/01/2025: In progress as recorded below</p> <p>20/02/2025: Work ongoing to complete all</p>	31/03/2025

			Hospital Manager	<p>outstanding actions as recorded below</p> <p>20/03/2025: On track for all outstanding actions from the fire risk assessments completed in September 2024 to be completed by 31st March</p> <p>17/04/2025: All outstanding actions on fire risk assessment are now complete</p>	
2.2	NHS Western Isles will ensure that annual fire extinguisher servicing is completed by the approved external contractor as per agreed work and maintenance schedule.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer	<p>04/12/2024: Fire extinguisher servicing is undertaken by an external contractor, and this was completed on 21/10/2024</p>	21/10/2024
2.3	Approved oxygen signage will be applied to door 2.270 in Medical Ward 2 to ensure staff are aware that oxygen is stored within the room and the associated hazards as identified within departmental fire risk assessment are communicated to staff through departmental safety briefs and the department communication plan.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer Senior Charge Nurse	<p>04/12/2024: Approved Oxygen signage applied</p>	29/11/2024
2.4	<p>Following assessment which is to be completed by an external specialist company, smoke detectors will be fitted in room 2.270 in medical ward 2 and room 3.67 in medical ward 1.</p> <p>In the interim staff will ensure the mitigations identified within departmental fire risk assessments are followed, this will be communicated to staff through</p>	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer Senior Charge Nurse	<p>04/12/2024: The external specialist contractor is due to attend WIH within 2 weeks to assess the works required so that accurate timescales for completion can be provided.</p>	17/02/2025

	departmental safety briefs and the department communication plan.			<p>23/01/2025: External contractor has completed his assessment, materials have been ordered, and we are awaiting confirmation of the installation date</p> <p>20/02/2025: External contractors have been on site and additional smoke detectors as identified in action have been installed.</p>	
2.5	<p>NHS Western Isles will replace existing electrical boards which have been ordered, work will start in 2025 to install the new electrical boards and test the current wiring</p> <p>In the interim increased vigilance and testing has commenced by the estates team and no causes for concern have been identified with the existing electrical wiring.</p>	Complete	<p>Human Resources Director</p> <p>Health and Safety Manager</p> <p>Fire Safety trainer</p> <p>Estates team</p>	<p>04/12/2024: New electrical boards have been ordered, and work will commence in 2025 to install them</p> <p>23/01/2025: 6 new Electrical boards are on site and the first installation will be in ED during the redevelopment works starting on 17/02/2025.</p> <p>20/02/2025: Replacing the electrical boards is not a legal requirement and works have mitigated any risks and test these on a regular basis.</p> <p>A risk assessment and testing SOP will be completed and placed on appropriate risk register</p>	31/03/2025

				<p>Replacing electrical boards requires full shut down of wards and departments. Replacement of the ED electrical board will be completed during the redevelopment work which commenced on 17/02/2025, Erisort electrical board will be replaced when the MRI scanner is installed late 2025/26 and M2 electrical board will be replaced when medical 2 is refurbished anticipated to be 2026.</p> <p>20/03/2025: Estates are currently working on developing a SOP and Risk assessment and expected to be presented to OSDT on 26/03/2025.</p> <p>The distribution boards have been tested using thermal imaging for any signs of loose connections or overloading circuits.</p> <p>17/04/2025: Electrical testing SOP and Risk Assessment completed and shared with fire service. The Risk Assessment will sit on the OSDT risk register</p>	
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2.6	NHS Western Isles will ensure that emergency lighting testing is completed as per the agreed work and maintenance schedules.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer Estates team	04/12/2024: This is on an ongoing maintenance program of works as per the estate's teams work plan and schedule.	28/11/2024
2.7	NHS Western Isles will develop and implement a program of multi-agency fire evacuation drills to ensure that staff understand the processes to be followed in the event of a fire within their department.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer	23/01/2025: Agreed program of fire evacuation drills and quarterly departmental fire safety audits are in place	16/01/2025
2.8	NHS Western Isles will increase the number of fire marshals across all sites and will provide the required training ensuring competency is assessed and achieved.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer	23/01/2025: Fire marshal training is in progress across NHS Western Isles and action will be completed within agreed timescales 20/02/2025: NHS Western Isles now has 164 trained fire marshals out of approximately 1100 staff and training continues 17/04/2025: NHS Western Isles now has 244 trained fire marshals out of approximately 1100 staff and training continues	20/02/2025

2.9	Training dates for fire safety will be published for 2025 and advertised via learning events calendar and team brief.	Complete	Human Resources Director Health and Safety Manager Fire Safety trainer	23/01/2025: Fire safety training dates published	31/12/2024
2.10	NHS Western Isles will ensure that all staff within acute services complete mandatory fire safety training as appropriate to their role via the Turas learning platform.	Complete	Nurse/ AHP Director and Chief Operating Officer Human Resources Director Health and Safety Manager Fire Safety Trainer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	23/01/2025: Training compliance accurate as of 15/01/2025 Acute services mandatory Turas fire safety module compliance = 62.8% SCN's now have access to reporting on Turas and can monitor compliance for their teams in real time. 20/02/2025: Training compliance accurate as of 10/02/2025 Acute services mandatory Turas fire safety module compliance for rostered and available staff is 81.6% an increase of 18.8% since 15/01/2025 20/03/2025: Training compliance accurate as of 12/03/2025 Acute services mandatory Turas fire safety module compliance for rostered and available staff is 83.4% an increase of 1.8% since 10/02/2025	30/05/2025

				<p>17/04/2025: Training compliance accurate as of 14/04/2025</p> <p>Acute services mandatory Turas fire safety module compliance for rostered and available staff is 87.7% an increase of 4.3% since 12/03/2025</p> <p>30/05/2025: Training compliance accurate as of 29/05/2025</p> <p>Acute services mandatory Turas fire safety module compliance for rostered and available staff is 92.66% an increase of 4.96% since 17/04/2025</p>	
2.11	The Health and Safety team will distribute quarterly up to date fire safety training compliance reports to Heads of Service and Senior Charge Nurses. These reports will be presented to the following groups and committees: Quality and safety group, Learning Review Group, Operational Service Delivery Team and Staff Governance Committee.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Human Resources Director</p> <p>Health and Safety Manager</p> <p>Fire Safety trainer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurse</p>	<p>23/01/2025: Fire safety compliance report completed and shared at the appropriate groups and governance committees as appropriate.</p>	16/01/2025

2.12	Senior Charge Nurses will complete and provide the Associate Nurse Director and Lead Nurse Acute Services with a team level action plan to monitor, deliver and resolve non- compliance with fire safety training.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	23/01/2025: Team level action plans submitted by SCN's as requested and will be monitored through performance reviews	31/12/2024
2.13	Progress from team level action plans will be a key objective for SCNs. This will be reviewed by the Lead Nurse Acute Services and Associate Nurse Director with Senior Charge Nurses as part of their quarterly performance reviews, any reasonable support required will be actioned. Areas where there is no evidence of improvements will be discussed and managed in line with local processes i.e. Capacity and Employee Conduct.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	23/01/2025: In progress, staff training compliance is discussed with SCNs as part of their performance reviews and will be added to objectives from 01/04/2025 SCN's now have access to reporting on Turas and can monitor compliance for their teams in real time. 20/02/2025: Standardised objectives developed and to be included in all SCN appraisals from 1 st April 2025 – 31 st March 2026. 20/03/2025: Draft SCN core objectives agreed, to be shared with Practice Educator and SCN's for comment prior to uploading to Turas objectives on 01st April 2025. 17/04/2025: SCN/ Team lead core objectives have been agreed and shared with	31/03/2025

				lead nurses and SCN's/ Team Leads. These have been uploaded to Turas to facilitate 2025/26 appraisal/ performance review discussions.	
3.	Domain 1: Clear vision and purpose NHS Western Isles must ensure all staff have completed appropriate levels of adult support and protection training relevant to their roles This will support compliance with: NHS Public Protection Accountability and Assurance Framework (2022) and Health and Care (Staffing) (Scotland) Act (2019)				
3.1	<p>NHS Western Isles will ensure that all staff within acute services complete mandatory adult and child support and protection training as appropriate to their role via the Turas learning platform.</p> <p><i>(All staff are required to complete child support and protection training level 1 and staff who work directly and regularly with children should complete level 2.</i></p> <p><i>All staff are required to complete adult support and protection training level 1, staff who within their role have direct and/ or substantial contact with adults should complete level 2).</i></p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurse</p>	<p>23/01/2025:</p> <p>Training compliance accurate as of 15/01/2025</p> <p>68.06% of staff in acute services have completed Adult Support and Protection level 1.</p> <p>31.4% of staff in acute services have completed Adult Support and Protection level 2.</p> <p>61.7% of all staff in acute services have completed Child Support and Protection level 1.</p> <p>54.6% of staff in acute services required to complete Child Support and Protection level 2 are compliant</p> <p>Breakdown of compliance into areas where CSP level 2 is mandatory in acute services are:</p>	

				<p>Med 1 - 43.33%</p> <p>AAU - 100%</p> <p>ED - 66.67%</p> <p>OPD - 41.67%</p> <p>CSN's - 21.42%</p> <p>SCN's now have access to reporting on Turas and can monitor compliance for their teams in real time.</p> <p>20/02/2025:</p> <p>Training compliance accurate as of 10/02/2025</p> <p>83.25 % of available and rostered staff in acute services have completed Adult Support and Protection level 1 an increase of 15.19% since 15/01/2025</p> <p>55.45% of rostered and available staff in acute services have completed Adult Support and Protection level 2, an increase of 24.05% since 15/01/2025.</p> <p>80.84% of rostered and available staff in acute services have completed Child Support and</p>	
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				<p>Protection level 1, an increase of 19.14% since 15/01/2025.</p> <p>60.81% of rostered and available staff in acute services required to complete Child Support and Protection level 2 are compliant, an increase of 6.21% since 15/01/2025</p> <p>Breakdown of compliance into areas where CSP level 2 is mandatory in acute services are:</p> <p>Med 1 – 53.8% increase 10.51%</p> <p>AAU - 100%</p> <p>ED – 75% increase 8.33%</p> <p>OPD – 53.8% increase 12.13%</p> <p>CSN's – 50% increase 28.58%</p> <p>20/03/2025:</p> <p>Training compliance accurate as of 12/03/2025</p> <p>86.38 % of available and rostered staff in acute services have completed Adult Support and Protection level 1 an increase of 2.98% since 10/02/2025</p> <p>58.37% of rostered and available staff in acute services have</p>	
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				<p>completed Adult Support and Protection level 2, an increase of 2.92% since 10/02/2025.</p> <p>84.4% of rostered and available staff in acute services have completed Child Support and Protection level 1, an increase of 3.59% since 10/02/2025.</p> <p>65.7% of rostered and available staff in acute services required to complete Child Support and Protection level 2 are compliant an increase of 4.89% since 10/02/2025</p> <p>Breakdown of compliance into areas where CSP level 2 is mandatory in acute services are:</p> <p>Med 1 – 60% increase 6.2%</p> <p>AAU - 100%</p> <p>ED – 75%</p> <p>OPD – 53.8%</p> <p>CSN's – 64.28% increase 14.28%</p> <p>17/04/2025:</p>	
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				<p>Training compliance accurate as of 14/04/2025</p> <p>93% of available and rostered staff in acute services have completed Adult Support and Protection level 1 an increase of 6.61% since 12/03/2025</p> <p>67.1% of rostered and available staff in acute services have completed Adult Support and Protection level 2, an increase of 8.77% since 12/03/2025.</p> <p>92% of rostered and available staff in acute services have completed Child Support and Protection level 1, an increase of 3.59% since 12/03/2025.</p> <p>79.22% of rostered and available staff in acute services required to complete Child Support and Protection level 2 are compliant an increase of 13.5% since 12/03/2025</p> <p>Breakdown of compliance into areas where CSP level 2 is mandatory in acute services are:</p> <p>Med 1 – 90.32% increase 30.32%</p> <p>AAU - 100%</p>	
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				<p>ED – 76.47% increase 1.47%</p> <p>OPD – 53.8%</p> <p>CSN's – 75% increase 10.72%</p> <p>30/05/2025:</p> <p>Training compliance accurate as of 29/05/2025</p> <p>95.87% of available and rostered staff in acute services have completed Adult Support and Protection level 1 an increase of 2.87% since 14/04/2025</p> <p>78.44% of rostered and available staff in acute services have completed Adult Support and Protection level 2, an increase of 11.34% since 14/04/2025.</p> <p>94.95% of rostered and available staff in acute services have completed Child Support and Protection level 1, an increase of 2.95% since 14/04/2025.</p> <p>83.11% of rostered and available staff in acute services required to complete Child Support and Protection level 2 are compliant an increase of 3.89% since 14/04/2025</p>	
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				<p>Breakdown of compliance into areas where CSP level 2 is mandatory in acute services are:</p> <p>Med 1 – 92.85% increase 2.53%</p> <p>AAU - 100%</p> <p>ED – 76.47% increase 1.47%</p> <p>OPD – 53.8%</p> <p>CSN's – 100% increase 25%</p>	
3.2	The public protection team will distribute quarterly up to date adult and child support and protection training compliance reports to Heads of Service and Senior Charge Nurses. These reports will be presented to the following groups and committees: Quality and safety group, Learning Review Group, Operational Service Delivery Team and Staff Governance Committee.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Public Protection Lead Nurse</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurse</p>	<p>23/01/2025: In progress and on track</p> <p>20/02/2025: In progress and on track</p> <p>20/03/2025: SCN's have access to Turas's reporting system for their department and can monitor staff compliance with completion of mandatory public protection modules.</p> <p>The Organisational Learning and Development manager submits a quarterly Turas Learn update report to Staff Governance for awareness and assurance.</p>	17/03/2025

3.3	Senior Charge Nurses will complete and provide the Associate Nurse Director and Lead Nurse Acute Services with a team level action plan to monitor, deliver and resolve non-compliance with adult and child support and protection training.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	23/01/2025: Team level action plans submitted as requested by SCNs	31/12/2024
3.4	The progress from team level action plans will be a key objective for Senior Charge Nurses. This will be reviewed by the Lead Nurse Acute Services and Associate Nurse Director with Senior Charge Nurses as part of their quarterly performance reviews, areas where there is no evidence of improvements will be discussed and managed in line with local processes.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	23/01/2025: In progress, staff training compliance is discussed with SCNs as part of their performance reviews and will be added to objectives from 01/04/2025 SCN's now have access to reporting on Turas and can monitor compliance for their teams in real time. 20/02/2025: Standardised objectives developed and to be included in all SCN appraisals from 1 st April 2025 – 31 st March 2026. 20/03/2025: Draft SCN core objectives agreed, to be shared with Practice Educator and SCNs for comment prior to uploading to Turas objectives on 01st April 2025 17/04/2025: SCN/ Team lead core objectives	31/03/2025

				have been agreed and shared with lead nurses and SCN's/ Team Leads. These have been uploaded to Turas to facilitate 2025/26 appraisal/ performance review discussions.	
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4.	Domain 2: Leadership and Culture NHS Western Isles must ensure that senior management and leadership oversight is effective to reduce the risks for staff and patients and support staff wellbeing. This will support compliance with: Health and Social Care Standards (2017) criteria 4.23 & Quality Assurance Framework (2022) criteria 2.3, 2.6 and 5.5				
4.1	NHS Western staff wellbeing group will continue to meet every two months. Membership consists of a variety of managers from different departments and geographical locations and includes representation from subject expert such as Occupational Health, Health Promotion and staff side. Work from the group is taken forward in partnership via Area Partnership Forum and Staff Governance Committee. The Resilience Group will also maintain its standing agenda item on staff wellbeing.	Complete	Human Resources Director Organisational Development and Learning manager		31/10/2024
4.2	<p>NHS Western Isles will continue all current measures in place to support staff well-being which includes the Employee Assistance Programme, continuing program of awareness surrounding women's health, cycle to work scheme, civility workshops, implementation of mental health contacts and confidential contacts.</p> <p>NHS Western Isles Endowment Committee has recently approved the purchase of reusable cups to be issued to all staff early next year as part of the rest, hydrate and</p>	Complete	Human Resources Director Organisational Development and Learning manager	23/01/2025: All ongoing provisions for staff wellbeing continue to be promoted across the organisation. The Employee Assistance Programme and associated Wisdom app remain well used by staff. Period products continue to be made available to staff as well as NHS Western Isles	02/06/2025

	refuel campaign.			<p>becoming recognised as an Endometriosis Friendly Employer. Mental Health Contacts to be launched on Wednesday 22nd January 2025.</p> <p>The Rest, Rehydrate and Refuel campaign has associated comms ready to go, with the only outstanding action procurement of appropriate reusable cups. Several options are being tested to ensure the most effective option is identified. These will then be made available to all staff as part of the campaign launch.</p> <p>20/02/2025:</p> <p>4 Sample re-usable cups currently being tested to assess suitability. Once complete, an order will be made for all staff in a variety of colours. This was slightly delayed due to waiting for samples to be sent. Anticipate completion of this by end of February 2025.</p> <p>20/03/2025:</p> <p>There has been a delay with the cups due to identification of the appropriate one which is now resolved, and the order has been placed. Accompanying</p>	
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				<p>communications have been drafted and there will be a 'Coming Soon' comms going out in the week of 17th March for national hydration and nutrition week.</p> <p>17/04/2025:</p> <p>There was a delay in ordering cups due to carriage and error made with the provider which was resolved on 10.04.2025. With this issue rectified, we hope to receive cups and organise distribution by the end of April 2025. Accompanying communications have been drafted and will coincide with the wider distribution to all staff.</p> <p>30/05/2025:</p> <p>Staff cups have arrived and will be distributed to all staff W/C 02/06/2025 alongside associated staff communications campaign</p>	
4.3	NHS Western Isles will establish staff focus groups to identify if staff feel that current wellbeing initiatives are effective and if there are additional ideas that could be taken forward by the wellbeing group.	Complete	Human Resources Director Organisational Development and Learning manager	<p>23/01/2025:</p> <p>Wellbeing Focus Groups will take place across two weeks in February (W/C 17th and 22nd). These will be carried out using both online and in-person formats. It is planned that these will also be available in person across the island chain. After</p>	13/03/2025

				<p>conclusion of these focus groups, detailed analysis of the outputs will be used to assess effectiveness, as well as help to shape ongoing initiatives for staff</p> <p>20/02/2025: Pending travel authorisation, focus groups to take place in Uist and Barra W/C 24th February with sessions online and in the Western Isles Hospital the following week. Outputs to be analysed and fed back to the Wellbeing Group in March 2025.</p> <p>20/03/2025: Focus groups are complete and outcomes have been presented to the wellbeing group. There are plans for communications on a 'You said, we did' piece that will ensure we can feedback to staff.</p>	
4.4	NHS Western Isles will continue to advertise staff wellbeing initiatives via weekly Team Brief, all staff email, social media and ensure posters are in place in physical buildings	Complete	Human Resources Director Organisational Development and Learning manager	<p>23/01/2025: Continued promotion of wellbeing resources for staff continued through Team Brief, staff Facebook. These included the importance of taking breaks as well as being mindful of own wellbeing, and being mindful of others and their own needs</p>	31/12/2024

4.5	Staff will be encouraged to raise any staff well-being concerns at hospital huddles where supportive actions can be agreed. The huddle spreadsheet will be amended to include questions regarding concerns for staff wellbeing such as concerns regarding missed breaks or staff late off shift.	Complete	Nurse/ AHP Director and Chief Operating Officer Human Resources Director Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	04/12/2024: December huddle spreadsheet has been amended to include questions regarding staff wellbeing	01/12/2024
5.	Domain 2: Leadership and Culture NHS Western Isles must improve feedback to staff on incidents raised through the incident reporting system and ensure learning from incidents is used to improve safety and outcomes for patients and staff This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) Criteria 3.1 and Learning from adverse events through reporting and review: A national framework for Scotland (2019)				
5.1	The Risk Management Team will deliver an education session to adverse event handlers and investigators on providing feedback to incident reporters. This education session will be recorded and available on the TURAS Learn platform.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Clinical Governance and Professional Practice Risk Manager	23/01/2025: Risk management WINES education session scheduled for 26/02/2025 20/02/2025: Risk management WINES education session scheduled for 26/02/2025 20/03/2025: Risk management WINES education session went ahead as planned on 26/02/2025 and recording of session has been uploaded to Turas	26/02/2025

5.2	NHS Western Isles will continue to share learning from adverse events in Quarterly Adverse Events Reports which are presented at Quality and Safety Groups, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Clinical Governance and Professional Practice Risk Manager		31/10/2024
5.3	The Risk Management Team will develop and publish a Quarterly Bulletin in NHS Western Isles Team Brief to share learning themes from Adverse Events Investigations.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Clinical Governance and Professional Practice Risk Manager	23/01/2025: In progress and on track 20/02/2025: First quarterly Risk Management Bulletin published in the team brief on 14/02/2025.	14/02/2025
6.	Domain 2: Leadership and Culture NHS Western Isles must have effective processes in place for communication and dissemination of information from hospital wide huddles This will support compliance with: Health and Social Care Standards (2017) Criteria 2.6				
6.1	NHS Western Isles will ensure that daily department safety briefs are re-established to ensure that all staff who work in the department have access to patient safety concerns, infection prevention control issues, staffing concerns for the upcoming shift. Feedback from the hospital huddle should be recorded here to ensure that all staff feel informed.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	04/12/2024: Department safety briefs were re-established on 14 th October 2024	14/10/2024

6.2	NHS Western Isles will ensure that the quality improvement team undertake monthly compliance audits for department safety briefs, and these are fed back to Senior Charge Nurses, Quality and Safety group, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Clinical Governance and Professional Practice Quality Improvement Team Senior Charge Nurse	04/12/2024: Audit completed in December for Oct, Nov and Dec.	31/12/2024
6.3	All departments in NHS Western Isles have an agreed and approved department staff communication plan. Senior Charge Nurses should ensure that all staff have access to this and have signed that they have read it, interdepartmental communications are made through the agreed pathways within the communication plan.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse		31/10/2024
7.	Domain 2: Leadership and Culture NHS Western Isles must ensure staff are supported within their roles and that concerns raised by staff are acted upon This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)				
7.1	NHS Western Isles will ensure that all staff are aware of the existing system and process that is in place to raise and escalate concerns by using red flags on safe care and Datix if risks cannot be mitigated. Staff escalation flow charts are available in all departments which advise staff of the actions to follow and who to escalate concerns to in and out of hours.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Lead Nurse Acute Services Senior Charge Nurse	04/12/2024: Additional training has been provided to staff on raising and escalating concerns and risks through Safe Care using the red flag system. Staff also identify any patient or staff safety concerns on the huddle spreadsheet which is then discussed and mitigated or escalated to on call executive director	31/10/2024

7.2	<p>NHS Western Isles will ensure that the outcome and/or mitigations resulting from staff raising concerns are implemented and fed back to staff.</p> <p>This would be at the hospital huddle and the department representative would feedback mitigations put in place to the team and record these on the department safety brief or through Datix feedback where the investigator or handler of a Datix will email the staff member who raised the Datix to advise them of the outcome of the investigation and any lessons learnt.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurse</p>		31/ 10/2024
8.	<p>Domain 2: Leadership and Culture</p> <p>NHS Western Isles must ensure effective and appropriate governance approval and oversight of policies and procedures are in place</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>				
8.1	<p>NHS Western Isles will ensure that all staff responsible for writing policies are aware of the governance processes that are already in place for approving policies and procedures.</p> <p>This information is available on the NHS Western Isles intranet page and will also be communicated to staff through weekly team brief and all staff email. Policies are reviewed and approved at clinical policies review group, HR policies review group, Corporate Management Team meetings or Resilience Group.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of clinical Governance and Professional Practice</p>	<p>23/01/2025:</p> <p>A reminder on the process for policy approval was published in staff team brief in December</p>	20/12/2024

9.	<p>Domain 4.1: Pathways, procedures and policies</p> <p>NHS Western Isles must ensure use of a selection criteria within risk assessments to support placement of patients within additional beds that are used during periods of extreme system pressure</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criterion 1.23, 1.4, 2.11, 2.32, 4.14 and 5.22 and Quality Assurance Framework (2022) Indicator 2.1</p>
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9.1	NHS Western Isles will develop a Standard Operating Procedure regarding the use of non-staffed contingency beds.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p>	<p>23/12/2025: In progress and on track</p> <p>20/02/2025: In progress and on track to meet deadline date</p> <p>20/03/2025: Draft contingency bed SOP expected to be presented to OSDT on 26/03/2025 for discussion and onwards to CMT for approval</p> <p>17/04/2025: April OSDT cancelled as not quorate, papers will be presented to OSDT on 23rd April and onwards to CMT on 20th May for approval</p> <p>30/05/2025: Approved by CMT</p>	30/05/2025
9.2	NHS Western Isles will develop a Patient Placement Standard Operating Procedure, this will include a risk assessment template to allow informed decision making and potential risks and mitigations to be	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p>	<p>23/01/2025: In progress and on track NHS Western Isles is in the process of reinstating a dedicated and secure paediatric area at the end of</p>	30/05/2025

	recorded when considering placement of patients.		Lead Nurse Acute Services	<p>medical ward 1, this will be fully operational by 24/01/2025</p> <p>20/02/2025: Dedicated and secure paediatric area in M1 is operational</p> <p>Patient placement SOP is being developed</p> <p>20/03/2025: Draft patient placement SOP expected to be presented to OSDT on 26/03/2025 for discussion and onwards to CMT for approval</p> <p>17/04/2025: April OSDT cancelled as not quorate, papers will be presented to OSDT on 23rd April and onwards to CMT on 20th May for approval</p> <p>30/05/2025: Approved by CMT</p>	
10.	<p>Domain 4.1: Pathways, procedures and policies</p> <p>NHS Western Isles must ensure all patients have access to call bells</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 4.11, 5.2, 5.3 and 5.4 and Healthcare Improvement Scotland Quality Framework (2018)</p>				
10.1	NHS Western Isles Estates department will issue the Emergency Department with temporary call bells as an interim measure when they become available at the end of December 2024.	Complete	Nurse/ AHP Director and Chief Operating Officer Estates Department	<p>23/01/2025: Due to a delay in the external contractor arriving on site, the work to install the new call bell system in APU starts 16/01/2025</p>	13/02/2025

	In the meantime, treatment room doors will be kept open unless a clinician is in the room allowing full visibility in the department.		Hospital Manager ED Senior Charge Nurse	and is expected to take 10 days. The ED redevelopment work begins on 17/02/2025 and ED will relocate to the Acute Assessment Unit for the duration of the improvement works approximately 10-12 weeks, the temporary call bell system will be in place in AAU prior to ED relocating and a fully integrated nurse call bell system will be in place in the newly refurbished ED. 20/02/2025: ED operational in AAU from 13/02/2025 and temporary call bells are insitu	
10.2	NHS Western Isles Emergency Department refurbishment is due to be commenced in February 2025 and call bells will be installed in all cubicles	30/05/2025	Nurse/ AHP Director and Chief Operating Officer Estates Department Hospital Manager ED Senior Charge Nurse	23/01/2025: ED redevelopment works scheduled to commence 17/02/2025 for approximately 10-12 weeks. 20/02/2025: ED redevelopment works commenced as scheduled and anticipated to take 10-12 weeks to complete 20/03/2025: ED redevelopment continues as	19/05/2025

				<p>planned and on track for completion within agreed timescales</p> <p>17/04/2025: ED redevelopment expected to be completed as scheduled on 09/05/2025, anticipated return to BAU by mid-May</p> <p>30/05/2025: ED redevelopment completed on 19/05/2025</p>	
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11.	<p>Domain 4.1: Pathways, procedures and policies</p> <p>NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed</p> <p>This will support compliance with: Quality Assurance System (2022) Criterion 4.1 and relevant codes of practice of regulated healthcare professionals</p>				
11.1	<p>Through monthly documentation compliance audits NHS Western Isles identified that despite focused communication with clinical teams through Quality and Safety group and Friday lunchtime meetings with medical staff regarding poor audit results, little improvement was seen. A documentation short life working group was convened to review existing inpatient documentation.</p> <p>NHS Western Isles Integrated Admission Document which includes patient risk assessments, treatment escalation plans, falls risk assessments, MUST screening tools, use of bed rails assessments and NEWs 2 was</p>	31/07/2025	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Head of clinical Governance and Professional Practice</p> <p>Quality Improvement Coordinator</p> <p>Senior Charge Nurse</p>	<p>23/01/2025: PDSA cycle 1 is complete with good engagement from staff and following the testing process amendments are being made to the documentation with PDSA cycle 2 due to commence in February 2025.</p> <p>20/02/2025: Collating feedback from first PDSA cycle. Cycle 2 planned for late February. Project on track for completion date.</p>	

	<p>reviewed and updated based on feedback from nursing and medical teams and is currently in phase one testing in clinical areas as per the model for improvement through PDSA cycles. This is being promoted on all computer log in screens and has been communicated to clinical teams via Senior Charge Nurses and email.</p> <p>Outcomes of the first PDSA cycle will be reviewed on completion and any required adjustments will be made based on staff feedback and audit results prior to PDSA cycle 2 commencing.</p>			<p>20/03/2025: PDSA 2 will commence on Monday 17th March to gain further feedback on the admission document, due to a change in postholders at the end of March deadline for project completion has been extended until 30th May 2025.</p> <p>17/04/2025: PDSA 2 has been completed - this PDSA consisted of reformatting the document to consider feedback from AHP staff. The document now includes a new risk assessment page for CPR for feet. It also now includes the discharge checklist as the discharge planning document which was tested last year has been deemed not suitable. PDSA 3 will take place in April - this PDSA will aim to gather feedback from all ward staff.</p> <p>30/05/2025: PDSA cycle 3 due to commence in ED and M2 06/06/2025. If a high level of certainty and assurance is achieved in this PDSA cycle go live will be towards the end of June 2025</p>	
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11.2	<p>NHS Western Isles will continue to audit and report compliance with documentation within acute wards which will include reporting on compliance with patient risk assessments, treatment escalation plans, falls risk assessments, MUST screening tools, use of bed rails assessments and NEWs 2.</p> <p>Monthly documentation audits are already in place and outcomes are shared at ward level, Quality and Safety group, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of clinical Governance and Professional Practice</p> <p>Quality Improvement Coordinator</p> <p>Senior Charge Nurse</p>		31/10/2024
12.	<p>Domain 4.1: Pathways, procedures and policies</p> <p>NHS Western Isles must ensure the safe storage and administration of medicines at all times</p> <p>This will support compliance with the Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions</p>				
12.1	<p>NHS Western Isles will ensure that all staff involved in the administration and storage of medication are aware of the importance of storing and administering medications as per professional regulations and local policy.</p>	Complete	<p>Medical Director</p> <p>Chief Pharmacist</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurse</p>	<p>23/01/2024:</p> <p>Staff reminded to ensure that they are following professional regulations and local policy in relation to storage and administration of medications. Associate Nurse Director and Chief Pharmacist undertook a walk round of clinical areas.</p>	31/12/2024

12.2	<p>NHS Western Isles will continue to report, investigate and share any learning from adverse events regarding storage and administration of medications.</p> <p>Any drug errors (prescribing, administering, storing) will be reported via Datix and learning will be shared at department level and via Quality and Safety Groups, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.</p>	Complete	<p>Medical Director</p> <p>Chief Pharmacist</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurse</p>		31/10/2024
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13.	<p>Domain 4.1: Pathways, procedures and policies</p> <p>NHS Western Isles 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 will support compliance with: National Infection Prevention and Control Manual (2023), Infection Prevention and Control Standards (2022)</p>				
13.1	NHS Western Isles will remind all staff of the importance of complying with hand hygiene standards to ensure that national guidance is adhered to.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Infection Prevention Control Team</p> <p>Senior Charge Nurse</p>	23/01/2025: IPCT continue to undertake regular hand audits and training.	31/12/2024
13.2	NHS Western Isles Infection Prevention and Control Team will continue to undertake monthly hand hygiene audits alongside department SICPS audits and results are reported via ICMAR at department level, SCN meetings, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Infection Prevention Control Team</p> <p>Senior Charge Nurse</p>		31/10/2024

13.3	NHS Western Isles will ensure that all staff are aware of and complying with the use of personal protective equipment in line with current national guidance. This will be communicated via Hospital Huddles, Department Safety Briefs, all staff emails and Team Briefs.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Infection Prevention Control Team Senior Charge Nurse	23/01/2025: IPCT will continue to undertake monthly Standard Infection Control Precaution audits, and Transmission Based Precaution audits, which are reported in the monthly IPC activity report	31/12/2024
14.	Domain 4.1: Pathways procedures and policies NHS Western Isles must ensure all staff comply with the safe management of waste including sharps This will support compliance with: National Infection Prevention and Control Manual (2023)				
14.1	NHS Western Isles will remind all staff of the importance of safe use and storage of waste including sharps to ensure that national guidance is adhered to.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Infection Prevention Control Team Senior Charge Nurse	23/01/2025: Reminders regarding safe use and storage of waste including sharps have been shared with staff and IPCT continue regular audits and spot checks.	31/12/2024
14.2	NHS Western Isles Infection Prevention and Control Team will continue to undertake monthly safe storage of waste including sharps audits alongside department SICPS audits. Results are reported via ICMAR at department level, SCN meetings, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Infection Prevention Control Team Senior Charge Nurse		31/10/2024

15.	Domain 4.1: Pathways, procedures and policies NHS Western Isles must ensure cleaning products are stored safely and securely This will support compliance with: National Infection Prevention and Control Manual (2023)				
15.1	NHS Western Isles will ensure that all staff are aware of and comply with the published COSHH guidance regarding the safe storage of cleaning supplies.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Infection Prevention Control Team Senior Charge Nurse	23/01/2025: Reminders regarding COSHH guidance in relation to the safe storage of cleaning supplies have been shared with staff and IPCT continue regular audits and spot checks.	31/12/2024
15.2	Infection Prevention and Control Teams and Senior Charge Nurses to undertake spot checks to ensure that cleaning supplies are stored correctly. Outcomes will be fed back to Senior Charge Nurses at department level and Lead Nurse Acute Services escalating if required to Quality and Safety Group, Learning Review Group, Operational Services Delivery Team and Clinical Governance Committee.	Complete	Nurse/ AHP Director and Chief Operating Officer Associate Nurse Director Infection Prevention Control Team Senior Charge Nurse	23/01/2025: SCN's and the IPC Team will continue to audit compliance to ensure all cleaning supplies are stored appropriately	31/12/2024
16.	Domain 4.3: Pathways, procedures and policies NHS Western Isles must ensure that decisions making regarding staffing risks and mitigations are open and transparent and aligned with patient acuity This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019				

17.	<p>Domain 4.3: Pathways, procedures and policies</p> <p>NHS Western Isles must consider skill mix, dependency and complexity of patients to support staff to apply professional judgement when declaring safe to start</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019</p>
18.	<p>Domain 4.3: Pathways, procedures and policies</p>

	<p>NHS Western Isles must ensure a robust system in place consistently to assess and capture real time staffing across all professions to ensure clear management oversight</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019</p>				
19.	<p>Domain 4.3: Pathways, procedures and policies</p> <p>NHS Western Isles must ensure clear real time staffing data is consistently recorded and communicated and clear escalation processes and any mitigations/ inability to mitigate are recorded clearly and accurately</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019</p>				
16-19.1	NHS Western Isles will review existing huddle processes and ensure when staffing concerns are raised any mitigations put in place or staff deployment between departments takes into consideration patient acuity and skill mix and that this is recorded in Safe Care at least twice daily.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Clinical Support Nurses</p> <p>Department Leads</p>		18/11/2024

16-19.2	<p>NHS Western Isles will ensure that all staff disciplines who are covered by the Health and Care (Staffing) (Scotland) Act 2019 are using Safe Care to record Real Time Staffing Assessment and will apply professional judgement to Safe Care at each census period to confirm that they agree with the RAGG status or amend as appropriate.</p> <p>Staff groups covered by the HCSA are Nursing and Midwifery, Medical and Dental, AHPs, Pharmacy, Healthcare Scientists and Chaplains.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Clinical Support Nurses</p> <p>Department Leads</p>	<p>04/12/2024:</p> <p>Safe Care and use of Professional Judgement is fully embedded in acute services and work continues with other teams and services to fully implement the use of Safe Care across all staff groups covered by the HCSA.</p> <p>23/01/2025:</p> <p>Continue to spread and embed the use of Safe Care and professional judgement across all staff groups as reported in HCSA quarterly reports</p> <p>20/02/2025:</p> <p>Work continues to spread the use of Safe Care amongst teams not yet onboarded such as medical, dental, pharmacy and labs</p> <p>20/03/2025:</p> <p>Nursing, Midwifery, Physiotherapy and Podiatry teams are actively using Safe Care to assess RTS and escalation of risk. Occupational Therapy will be using Safe Care from April and discussions are ongoing with SLT.</p> <p>Pharmacy WIH and Primary Care and will begin using Safe Care from the 1st April 2025.</p>	30/05/2025
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				<p>The next focus will be to onboard Chaplaincy, Labs, Medical and Dental.</p> <p>For teams not yet using safe care they have processes in place to record RTS and escalation of risk.</p> <p>17/04/2025: Chaplaincy, Pharmacy, OT, Physiotherapy and Podiatry are all live on Safe Care as well as all nursing and midwifery teams</p> <p>Speech and Language is in progress of onboarding but there has been a change in management so a slight delay.</p> <p>Labs are in the process of recruiting admin support and will onboard once completed</p> <p>Dentistry is currently going through an organisational change process so will not onboard until this is complete</p> <p>Medics. Currently assessing use of eRota, new MD starts in June 2025 who will give direction on way forward for medical teams</p> <p>For teams not yet using safe care</p>	
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				<p>they have clear paper processes in place to record RTS and escalation of risk.</p> <p>30/05/2025: All teams that can be live on Safe Care are. Medics, dental and labs all have alternative RTS assessments in place and our new MD started today who will plan onboarding for the remaining teams to Safe Care</p>	
16-19.3	<p>NHS Western Isles will share monthly Safe Care compliance rates with Senior Charge Nurses in inpatient areas to monitor and ensure that staff are completing Safe Care census data twice daily.</p> <p>Completion of Safe Care census data will be checked by Lead Nurse Acute Services/ Associate Nurse Director during office hours and Clinical Support Nurses out of hours and departments prompted if census data has not been inputted.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Senior Charge Nurses</p>	<p>04/12/2024: Weekly Safe Care compliance rates have been shared with SCNs in inpatient areas since 07/10/2024.</p> <p>Compliance in October 2024 was an average of 80% in inpatient areas.</p> <p>23/01/2025: Monthly Safe Care updates are now sent to SCN's to reflect sustained improvements in compliance rates</p>	07/10/2024

16-19.4	<p>NHS Western Isles will ensure that any staffing mitigations put in place as a response to concerns raised are recorded in Safe Care and if unable to mitigate the risk this will be escalated to the appropriate manager and a red flag applied as per NHS Western Isles Safe Care Standard Operating Procedure and staffing escalation flowcharts.</p> <p>Any unmitigated staffing risks will be escalated to the on-call Executive Director.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Clinical Support Nurses</p> <p>Department Leads</p>		31/10/2024
16-19.5	<p>Alongside the mandated quarterly Board HealthCare Staffing Act reports NHS Western Isles will present a quarterly Safe Staffing report to Quality and Safety Groups, Strategic Workforce Group and Staff and Clinical Governance Committees.</p> <p>This will report on Safe Care compliance across the organisation, application of Professional Judgement, number of red flags raised and mitigated and any consequences of risks that could not be mitigated.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Workforce Lead</p>	<p>23/01/2025:</p> <p>December Safe staffing report is completed and will be presented to approved groups and committees as timetabled; the report will also be shared with SCN's and operational leads.</p>	16/01/2025
20.	Domain 4.3: Pathways, procedures and policies				

	<p>NHS Western Isles must ensure that there are processes in place to support the consistent application of the common staffing method, demonstrating triangulation of quality, safety and workforce data to inform staffing requirements and where appropriate service improvements. This includes that the principles of the common staffing method are applied including having a robust mechanism for feedback to staff about the use of the common staffing method and staffing decisions made as a result</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019</p>
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20.1	<p>NHS Western Isles will develop a Standard Operating Procedure for the application of the Common Staffing Method.</p> <p>Once completed it will be reviewed and approved through the Strategic Workforce Group and Clinical Policies Group.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Workforce Lead</p>	<p>23/01/2025: In progress and on track</p> <p>20/02/2025: In progress and on track</p> <p>20/03/2025: Draft Common Staffing Method SOP expected to be presented to the Strategic Workforce Group on 26/03/2025 for discussion and approval through organisational governance routes</p> <p>17/04/2025: Common Staffing Method SOP was approved at the Strategic Workforce Group meeting on 26th March 2025 and Clinical Policies Group on 09th April 2025.</p> <p>SOP has been shared with relevant teams and placed on NHS Western Isles intranet.</p> <p>4 other HCSA SOPS approved and published</p> <p>Safe Care SOP Staffing level tool run SOP Time to Lead SOP RTS and escalation SOP</p>	09/04/2025
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20.2	<p>NHS Western Isles workforce lead will continue to support clinical team leads to apply the common staffing method following workload tool runs.</p> <p>Workload tool run and common staffing method reports will be presented to the Strategic Workforce Group and Clinical and Staff Governance Committees.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Associate Nurse Director</p> <p>Lead Nurse Acute Services</p> <p>Workforce Lead</p>	<p>23/01/2025: In progress and on track</p> <p>20/02/2025: In progress and on track</p> <p>20/03/2025: Draft CSM SOP is expected to be presented to Strategic Workforce Group on 26/03/2025 for discussion and approval.</p> <p>Schedule of workload tool run dates to be agreed for 2025/26 and on completion of these WLT and CSM reports will be presented to the Strategic workforce Group.</p> <p>17/04/2025: Common Staffing Method SOP was approved at the Strategic Workforce Group meeting on 26th March 2025 and Clinical Policies Group on 09th April 2025. SOP has been shared with relevant teams and placed on NHS Western Isles intranet.</p> <p>2025/26 schedule of workload tool runs has been developed and agreed</p> <p>4 other HCSA SOPS approved and published</p> <p>Safe Care SOP</p>	09/04/2025
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				Staffing level tool run SOP Time to Lead SOP RTS and escalation SOP	
21.	Domain 6: Dignity and respect NHS Western Isles must ensure that patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for all patients 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				
21.1	NHS Western Isles will reassess the timescales for improvement work/refurbishment in Medical Ward 2 however Erisort ward can be utilised as additional showering facilities when not in use.	Complete	Nurse/ AHP Director and Chief Operating Officer Estates Department Hospital Manager	23/01/2025: 2024/25 Capital funding is already fully allocated, assessment would be for allocation of 2025/26 capital funding. 20/02/2025: Full refurbishment of medical ward 2 is expected to commence in 2026, as an interim measure patients are supported to use showering facilities in Erisort ward, and an additional shower has been reinstated in medical ward 2 20/03/2025: As above 17/04/2025:	30/05/2025

				<p>Request made for release of capital funding to cover professional fees to allow feasibility work and initial concept design to begin.</p> <p>30/05/2025: 2025/26 capital funding was released to begin feasibility studies for the M2 refurbishment; MRI installation project will not be completed until 2026 and M2 refurbishment will begin following this</p>	
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22.	<p>Domain 6: Dignity and respect</p> <p>NHS Western Isles must ensure safe and effective policies and procedures are in place for all CCTV cameras in use. CCTV cameras must be operated in line with national regulation, guidance and local policy and staff are aware of and apply correct procedures</p> <p>This will support compliance with: Quality Health and Social Care Standards (2017) criterion 2.7</p>				
22.1	NHS Western Isles will review and update existing CCTV policy, this will be approved through Resilience Group.	Complete	Chief Executive Resilience Officer	<p>04/12/2024: The final draft of an updated CCTV policy has been completed.</p> <p>23/01/2025: In progress and on track</p> <p>20/02/2025: Updated CCTV policy will be presented to next CMT for approval</p>	18/03/2025

				20/03/2025: Updated CCTV policy approved at CMT on 18/03/2025	
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