

Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Western Isles Hospital

NHS Western Isles

13 - 14 October 2025

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures, the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From August 2025 we will be undertaking 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 Western Isles Hospital, NHS Western Isles on 3 – 4 September 2024. As well as noting eight areas of good practice, a total of 22 requirements were made to the NHS board which are listed within this report.

During the inspection in September 2024, we wrote to NHS Western Isles on two occasions to raise significant concerns. Concerns related to the availability of children's nurses, staff trained in paediatric immediate life support, and systems and processes for the safe care of acutely unwell and deteriorating patients. NHS Western Isles responded to our requests for further information in relation to these concerns. However, conflicting information was provided in relation to the number of suitably trained staff in paediatric immediate life support and adult immediate life support and there remained a lack of assurance in this area. Furthermore, we raised concerns about staff training in child and adult support and protection, fire training compliance and maintenance for firefighting equipment in Western Isles Hospital.

Due to the significant concerns raised and to support meaningful and effective improvement we implemented an enhanced overview of the improvement action plan process. NHS Western Isles was requested to submit additional action plans updating on their progress at 6, 10, 14, and 18 weeks post publication of the inspection report.

NHS Western Isles also chose to send an additional update at 24 weeks post publication highlighting further improvements. All copies of the improvement action plans can be found [here](#).

We returned to carry out an unannounced follow-up inspection of Western Isles Hospital in conjunction with a maternity safe delivery of care inspection on 13 - 14 October 2025. This was to assess progress made against the actions contained within NHS Western Isles improvement action plans.

About the hospital we inspected

Western Isles Hospital is a small rural general hospital located in Stornoway. It is the largest of the three hospital services within NHS Western Isles, with a total capacity of 98 beds (of which 16 are contingency beds). Western Isles Hospital was opened in 1992 with a range of acute hospital specialties such as general surgery, paediatrics, maternity and psychiatry. The hospital also includes diagnostic facilities, day hospital (ambulatory care unit), laboratory, allied health professionals and other services.

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

- acute assessment unit
- ambulatory care ward
- day surgery unit
- emergency department
- medical ward 1
- medical ward 2 and
- surgical ward.

During our follow-up inspection, we revisited several of the areas previously inspected to provide assurance of improvement within these areas. In addition to the following areas, colleagues from our maternity inspection team also visited the maternity unit within Western Isles Hospital. We inspected the following areas:

- acute assessment unit
- ambulatory care ward
- day surgery unit
- emergency department
- medical ward 1
- medical ward 2, and
- surgical ward.

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 Western Isles 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 Western Isles, and in particular, all staff at Western Isles Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'. Details of the previous inspection can be found [here](#).

We observed staff working collaboratively to provide compassionate and responsive care. Inspectors found the hospital environment was clean and well maintained. We found improvements in compliance rates of staff trained in paediatric and adult immediate life support. Additionally, we observed improved staff training figures relating to child and adult support and protection and regarding fire training compliance.

Previously we raised concerns regarding governance processes, in relation to the development and review of policies and procedures. We found all acute policies and procedures were current, ratified and up to date. Other areas for improvement identified during the previous inspection included the completion of patient documentation, and the safe storage of medication and cleaning products. During this inspection we found all medicines stored securely. However, there continued to be inconsistencies with completion of documentation, and cleaning products were not stored securely.

While we acknowledge significant progress has been made by NHS Western Isles, some areas of improvement remain, such as the completion of patient care documentation, maintenance of patient dignity, including access to showers, and the safe storage of cleaning products.

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

This follow-up inspection resulted in three areas of good practice, no recommendations and five new or updated requirements. Six previous requirements were not met and have been carried forward.

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

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

We expect NHS Western Isles to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: <http://www.healthcareimprovementscotland.scot>

Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Western Isles Hospital resulted in three areas of good practice.

Domain 1

- 1 Staff observed to be working collaboratively to provide person centered, compassionate care (see page 8).

Domain 4.1

- 2 The hospital environment was clean and well maintained. All patient care equipment was stored safely (see page 13).

Domain 6

- 3 All patients and families spoke highly of the care received (see page 17).

New or updated requirements from this follow-up inspection

The unannounced inspection to Western Isles Hospital resulted in five requirements.

Domain 1

- 1 NHS Western Isles must ensure staff carry out mandatory fire safety training and that fire drills are carried out in line with fire safety risk assessment recommendations (see page 9).

This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

Domain 2

- 2 NHS Western Isles must ensure a written process/pathway is in place to ensure continuity of care and staff support for the care of paediatric patients if there is no available paediatric nurse (see page 11).

This will support compliance with: Health and Social Care Standards (2017) Criterion 1.24 and Quality Assurance Framework (2022) Indicator 2.6.

Domain 4.1

- 3 NHS Western Isles must ensure staff awareness of policies, risk assessments and standard operating procedures in place to support the safe placement of patients within contingency beds (see page 14).

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.

4 NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed including risk assessments and fluid balance monitoring (see page 14).

This will support compliance with: Quality Assurance System (2022) Criterion 4.1 and relevant codes of practice of regulated healthcare professions.

Domain 4.3

5 NHS Western Isles must ensure that there is a robust system in place to consistently and clearly capture the assessment and associated management of real-time staffing risk across all professions to support both immediate and longer term decision making (see page 16).

This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.

What we found during this follow-up inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

During our previous inspection in September 2024, we wrote to NHS Western Isles on two occasions to raise significant concerns. Concerns related to staff training in paediatric and adult immediate life support, and systems and processes for the safe care of the acutely unwell and deteriorating patient. Additional concerns were raised relating to the low numbers of staff who had completed training in adult and child support and protection and mandatory fire training.

This resulted in the following requirements.

Previous inspection (September 2024) requirements

1. 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.

This requirement has been met.

2. 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.

NHS Western Isles has made significant improvements relating to fire safety, and this requirement has been partially met. To support more focused improvement, an updated requirement has been given.

3. NHS Western Isles must ensure all staff have completed appropriate levels of adult support and protection and child support and protection training relevant to their roles.

This requirement has been met.

During this inspection staff we spoke with described feeling more confident when caring for children and in raising concerns if they identified specific training requirements that would support them to care for children safely. We were provided with evidence that 83% of staff now have either a current paediatric immediate life support (PILS) or European Paediatric Advanced Life Support (EPALS) qualification in the ward where children are cared for. Within the emergency department 91% of staff hold a current certificate in PILS or EPALS.

Additionally, 78.5% of staff within the emergency department and 83% of staff within the ward that cares for both adults and children are now trained in adult immediate life support. We were provided with evidence that 100% of clinical support nurses are trained in adult immediate life support and 73% trained in paediatric immediate life support.

We observed staff with increased confidence in caring for these paediatric patients. When a trained children's nurse is not available, nursing staff have received additional training to support them to care for paediatric patients.

All staff working within acute services should have completed level 1 adult support and protection training and those who have direct or substantial contact with patients should complete level 2 adult support and protection training.

We requested updated training compliance for adult and child support and protection training level 1 and level 2 for all staff working within the emergency department and within the ward where children are cared for. This demonstrated 100% of staff working within the emergency department and within the ward have completed level 1 and level 2 child support and protection training and adult support and protection training.

We were provided with evidence that 92.6% of staff have now completed mandatory fire safety training via TURAS learn. We observed all fire extinguishers were serviced in October 2024 and new smoke detectors were installed. The number of fire wardens had increased from 164 to 244 in January 2025 with ongoing training being provided. Additionally, we were told of plans to carry out departmental drills with each department maintaining an audit of these. However, staff we spoke to told us that these have yet to commence.

Clinical areas inspected were free of clutter or obstructions. All fire extinguishers were visible and accessible. All clinical areas within the hospital had undergone a fire risk assessment within the last 12 months. We were also provided with the fire risk assessment action tracker which identifies any issues outstanding from fire risk assessments that require to be addressed. Some areas were highlighted as requiring

oxygen signage, testing of fire dampers and installation of fire detectors. NHS Western Isles provided evidence of a fire risk assessment action tracker which identifies tasks requiring completion. Additionally, NHS Western Isles provided an update that fire dampers had been serviced and tested.

The Care Assurance and Improvement Resource dashboard is a central data repository and data visualisation dashboard designed to support the aims of Excellence in Care. The dashboard stores data centrally, submitted on a monthly basis by health boards and provides benchmarks and measurement in relation to Excellence in Care targets. Previously NHS Western Isles had reported a reduction in compliance in relation to paediatric early warning score escalation. We can see it is recorded in the care assurance and improvement resource dashboard that in August and September 2025 100% of paediatric early warning scores were escalated appropriately. We cannot see any submitted incident reports in the three months prior to this inspection relating to concerns regarding the escalation of paediatric early warning scores.

Area of good practice

Domain 1

1 Staff observed to be working collaboratively to provide person centered, compassionate care.

Updated requirement

Domain 1

1 NHS Western Isles must ensure staff carry out mandatory fire safety training and that fire drills are carried out in line with fire safety risk assessment recommendations.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

During the previous inspection, we gave several requirements related to staff workload, skill mix, patient acuity, and difficulty taking scheduled breaks. In addition to requirements around senior management and leadership oversight, we gave feedback on incident reporting, communication, and governance and oversight of policies and procedures.

This resulted in the following requirements.

Previous inspection (September 2024) requirements

4. NHS Western Isles must ensure staff are supported within their role and that concerns raised by staff are acted upon.

This requirement has been partially met and will be carried forward with a new focus for improvement.

5. NHS Western Isles must ensure that senior management and leadership oversight and support is effective, to reduce the risks for staff and patients and support staff wellbeing.

This requirement has been met.

6. 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 requirement has been met.

7. NHS Western Isles must have effective processes in place for communication and dissemination of information from hospital wide huddles.

This requirement has been met.

8. NHS Western Isles must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.

This requirement has been met.

Staff told inspectors they felt supported within their roles and would know how to access wellbeing initiatives should they require them. Wellbeing initiatives continue to be offered by NHS Western Isles including the Employee Assistance Programme. This programme provides staff with access to a variety of confidential support services to support their mental health and wellbeing such as counselling and talking therapies. NHS Western Isles also continues to support women's health through implementation of the Once for Scotland Menopause and Menstrual Health workplace policy with access to free period products throughout the NHS board. Whilst onsite we observed posters displayed within the hospital advertising the Employee Assistance Programme and how staff could access this. We requested evidence of incident reports relating to patient or staff safety within the three months prior to this inspection. Within these we did not observe any incidents reported in relation to staff wellbeing. Staff told inspectors that they were able to manage their duties appropriately with the current skill mix and staffing numbers. Additionally, staff told inspectors they were able to take scheduled breaks and were able to leave shift on time.

Staff also told inspectors that they felt the culture within NHS Western Isles has improved since the inspection in September 2024. Staff inspectors spoke with said they would feel confident raising any patient or staff safety concerns. They also told inspectors that they feel that their concerns would be acted upon and that they would receive feedback in relation to any concerns raised.

There were no reported incidents relating to access to emergency equipment or medication. This included emergency medications which were stored securely within the emergency trolleys. Staff inspectors spoke with described having access to all required equipment for patient care and for use within emergency situations.

Staff feedback following submission of an incident report includes an email to confirm receipt and a further email informing them of the outcome of the review of the incident. Learning from incidents is shared through ward safety briefings and is discussed amongst staff. Staff we spoke with explained the improvements in feedback has led to them feeling more willing to submit incident reports, and feel their concerns are acted upon and listened to.

We observed each clinical area carries out a daily safety brief using the standardised template. Sharing the learning during safety briefs was felt to be a valuable addition as it gave the opportunity to discuss incidents and learning with a wider group of staff. Inspectors were able to review completed safety brief documents whilst on site and staff explained that the information from hospital wide huddles is fed into these.

We reviewed policies and procedures in place within the acute hospital. These were approved through the appropriate governance processes, with evidence of an approval and review process in place. However, there continues to be no formal written procedure for the care of paediatric patients when a paediatric nurse is not on duty. Staff told us that due to increased training and development opportunities they are more confident in this area, and they are aware of the steps they should follow in the event of a paediatric nurse being unavailable. Whilst we recognise improvement in this area a requirement has been given to ensure continuity of care and staff support for the care of paediatric patients when there is no available paediatric nurse.

Updated requirement

Domain 2

2 NHS Western Isles must ensure a written process/pathway is in place to ensure continuity of care and staff support for the care of paediatric patients if there is no available paediatric nurse.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During the previous inspection we gave requirements around the use of contingency beds in non-standard care areas, access to call bells, inconsistencies in patient care documentation, hand hygiene compliance and incorrect storage of cleaning products.

This resulted in the following requirements.

Previous inspection (September 2024) requirements

9. 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.

This requirement has been updated with a new focus for improvement.

10. NHS Western Isles must ensure all patients have access to call bells.

This requirement has been met.
11. NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed.
This requirement has been partially met and will be carried forward.
12. NHS Western Isles must ensure the safe storage and administration of medicines at all times.
This requirement has been met.
13. 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.
This requirement has been met.
14. NHS Western Isles must ensure all staff comply with the safe management of waste including sharps.
This requirement has been met.
15. NHS Western Isles must ensure cleaning products are stored safely and securely.
This requirement has not been met and will be carried forward.

During this inspection we found additional beds continued to be in use throughout the hospital due to increased capacity and delayed discharges.

While Healthcare Improvement Scotland does not support the use of contingency beds and beds within non-standard care areas such as treatment rooms and corridors, we acknowledge the need to reduce the serious pressures on services at times of increased capacity and emergency admissions. Where there is a requirement for the use of contingency beds NHS boards must ensure that patient safety, privacy, and dignity is not compromised. Additionally, where contingency beds are being used NHS boards must ensure appropriate placement selection criteria are in place which should be fully risk assessed.

The most recent action plan submitted by NHS Western Isles described the implementation of a Patient Placement Standard Operating Procedure. This document included a risk assessment template to allow informed decision making and any potential patient placement risks and mitigations to be recorded. However, during this inspection staff we spoke with were not aware of the standard operating procedure or the patient placement risk assessment. They could not describe the process in place to support patient placement. Staff shared with inspectors the challenges of additional beds within limited physical space, especially if a patient requires the use of additional equipment, such as oxygen therapy.

Inspectors found all patients had access to call bells within the emergency department and throughout the hospital and these were within reach. Within clinical areas, call bells were answered timely with no patients observed to be waiting for a prolonged period of time for assistance. Within the emergency department extensive work has been carried out to improve the space increasing the capacity of the resuscitation availability as required.

During this inspection all Adult with Incapacity (AWI) forms and associated documentation was completed to a high standard. Do not attempt resuscitation forms and associated documentation such as treatment escalation plans were also complete and stored within patient notes. However, inspectors found incomplete patient care documentation such as risk assessments including malnutrition universal screening tool, wound management charts and fluid balance charts. Additionally, some patient care plans were incomplete. We acknowledged the improvements made with AWI and do not attempt resuscitation forms. However, further improvement is required to ensure all patient care documentation is accurately and consistently completed.

Inspectors found the majority of medication cupboards within clinical areas were locked. There were no medications left unattended on patient tables. Incident reports reviewed did not highlight delays to administration of medication or missed medication as a concern. All patients inspectors spoke with reported receiving their medications in a timely manner with no delays.

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, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and bodily fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

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 appropriate times. Alcohol based hand rub was available throughout the hospital. Inspectors observed that there were occasions where staff missed opportunities to clean their hands, including before and after contact with patients' surroundings.

We observed hand hygiene, and the use of personal protective equipment was in line with current guidance, and staff were observed donning and doffing personal protective equipment correctly.

The majority of sharps bins were labelled correctly and stored safely with temporary closures in place. All areas were complying with appropriate segregation of waste.

The healthcare environment was clean and well maintained. Domestic staff were observed to be working hard to maintain a high level of cleanliness. Additionally, staff were observed carrying out cleaning of clinical equipment following use.

However, cleaning products continued to be stored incorrectly. Some products were observed to be reconstituted and stored within unlocked rooms which could be accessed by patients and members of the public.

Area of good practice

Domain 4.1

2 The hospital environment was clean and well maintained. All patient care equipment was stored safely.

New requirement

Domain 4.1

3 NHS Western Isles must ensure staff awareness of policies, risk assessments and standard operating procedures in place to support the safe placement of patients within contingency beds.

Updated requirement

Domain 4.1

4 NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed including risk assessments and fluid balance monitoring.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

During the previous inspection we gave several requirements in relation to safe staffing and systems and processes to support effective decision making, including the consistent application of the common staffing method.

This resulted in the following requirements.

Previous inspection (September 2024) requirements

16. NHS Western Isles must ensure that decision making regarding staffing risks and mitigations are open and transparent and aligned with patient acuity.

This requirement has been met.

17. NHS Western Isles must consider skill mix, dependency and complexity of patients to support staff to apply professional judgement when declaring safe to start.

This requirement has been met.

18. 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.

This requirement has been partially met and will be carried forward.

19. 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.

This requirement has been partially met and will be carried forward.

20. 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 improvement. This includes that the principles of the common staffing method are applied, including having a robust mechanism for feedback to be provided to staff about the use of the common staffing method, and staffing decisions made as a result.

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

During this inspection we attended hospital safety huddles where staffing requirements and shortfalls were discussed in an open and transparent way with a focus placed on patient acuity and patient care needs.

We observed staff had opportunities to discuss patient acuity and any specific patient dependency needs or any patient conditions giving cause for concern.

Staff skill mix was discussed with discussions to redeploy staff to meet the clinical needs of the patients. Within evidence submitted we did not observe any evidence of student nurses being used to supplement gaps in staffing or skill mix.

An electronic real time staffing system has been deployed to the majority of allied health professional groups such as dietetics, physiotherapy and occupational therapy. We were provided with the quarterly report for July, August and September. This demonstrated recording of staffing levels within allied health professional groups. However there continues to be some staff groups such as medical staff who do not utilise an electronic real time staffing system. Evidence submitted demonstrated high frequency of risk status assessments being downgraded with evidence recorded of mitigations or actions taken.

From evidence submitted we observed improvements in the completion of an electronic template and improved safety huddle discussions were observed showing progress in relation to communication and escalation. Inspectors were told that, where required, these discussions are held at ward level to ensure all staff are aware of the rationale around decision making.

Within evidence provided, we observed improvements in the monitoring of data over time. Throughout evidence reviewed we saw staff shortages were frequently

mitigated by reducing senior charge nurse leadership time. Whilst onsite inspectors spoke with senior charge nurses to understand if this had any impact on their time to lead. Senior charge nurses told inspectors that they still have adequate time to carry out managerial tasks. Senior charge nurses told inspectors that they are happy to support and take a clinical case load to ensure their wards are safe.

Whilst onsite inspectors spoke with student nurses who described their learning experience within Western Isles Hospital as a positive one with a supportive environment for learning.

During this inspection we observed open discussions during hospital huddles regarding the deployment of staff. NHS Western Isles provided evidence of the application of the common staffing method through the use of the hospital huddle outputs and professional judgement tool. Risks and mitigations were documented providing rationale for decision making in line with patient acuity. NHS Western Isles has developed a number of standard operating procedures in order to support staff in the use of the electronic staffing system which records real time staffing numbers, including skill mix, and considers patient acuity.

To support consistency, NHS Western Isles has implemented two Standard Operating Procedures, Common Staffing Method reporting template and a schedule of staffing level tool runs. However, there is a lack of evidence to support that the Common Staffing Method has been applied across all areas as mandated. Despite these improvements, there are several areas where a mandated staffing level tool run has not been carried out. NHS Western Isles was unable to provide examples of completed Common Staffing Method reports to demonstrate how this has been completed in practice since the commencement of the Health and Care Staffing Act, or what the outcomes have been.

Despite these improvements, there are several areas where the staffing level tool run has not been carried out since commencement of the Health and Care Staffing Act. This does not comply with the standard operating procedures implemented by NHS Western Isles or requirements of the Health and Care Staffing Act.

Updated requirement

Domain 4.3

5 NHS Western Isles must ensure that there is a robust system in place to consistently and clearly capture the assessment and associated management of real-time staffing risk across all professions to support both immediate and longer term decision making.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

During the previous inspection, inspectors raised concerns about two closed circuit television cameras in the corridor within the emergency department and the lack of shower and bathing facilities impacting on patient choice, dignity and respect.

This resulted in the following requirements.

Previous inspection (September 2024) requirements

21. NHS Western Isles must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for all patients.

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

22. 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.

This requirement has been met.

During this inspection we observed positive and kind interactions between all staff groups and patients. Patients spoke highly of the care received within Western Isles hospital.

Following the previous inspection, NHS Western Isles updated its CCTV policy to ensure all staff and patients were aware of the requirements relating to the management of CCTV. Additionally, following extensive emergency departmental redesign increasing capacity within the department, there is no longer a requirement to use a contingency bed within the corridor. The CCTV camera which was situated within the corridor has been removed and an updated system installed. The updated system is not directed towards any patient care areas.

During this inspection no patients raised concerns in relation to lack of showering facilities within the ward. Additionally, staff did not raise concerns of being unable to provide patients with appropriate personal care. However, due to other planned projects, work had not yet commenced to upgrade the ward environment and provide each multi-bedded bay with showering facilities. Patients currently have the opportunity to access additional showering facilities within a neighbouring empty ward. Due to other planned works over the winter period, we were told this may not always be possible as it would result in some rooms within the empty ward being unavailable for use.

Area of good practice

Domain 6

3 All patients and families spoke highly of the care received.

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)
- [Food, fluid and nutritional care standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, October 2014)
- [Delivering Together for a Stronger Nursing & Midwifery Workforce](#) (Scottish Government, March 2025)
- [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 October 2025 inspection
1. NHS Western Isles must ensure staff carry out mandatory fire safety training and that fire drills are carried out in line with fire safety risk assessment recommendations.
2. NHS Western Isles must ensure a written process/pathway is in place to ensure continuity of care and staff support for the care of paediatric patients if there is no available paediatric nurse.
3. NHS Western Isles must ensure staff awareness of policies, risk assessments and standard operating procedures in place to support the safe placement of patients within contingency beds.
4. NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed including risk assessments and fluid balance monitoring.
5. NHS Western Isles must ensure that there is a robust system in place to consistently and clearly capture the assessment and associated management of real-time staffing risk across all professions to support both immediate and longer term decision making.
Outstanding requirements to be addressed from September 2024 inspection
11. NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed.
15. NHS Western Isles must ensure cleaning products are stored safely and securely.
18. 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.
19. 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.
20. 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 improvement. This includes that the principles of the common staffing method are applied, including having a robust mechanism for feedback to be provided to staff about the use of the common staffing method, and staffing decisions made as a result.

21. NHS Western Isles must ensure patient dignity is maintained at all times. This includes but is not limited to access to shower facilities for all patients.

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Please contact our Equality and Diversity Advisor on 0141 225 6999
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