

Improvement Action Plan

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

Western Isles Hospital, NHS Western Isles

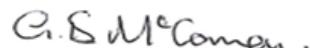
13 - 14 October 2025

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

NHS board Chief Executive

Signature:



Full Name: Gordon Jamieson

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
New and updated requirements to be addressed from October 2025 inspection					
1.	Domain 1: Clear vision and purpose <p>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.</p>				
1.1	<p>NHS Western Isles will ensure that compliance with mandatory fire training continues to be monitored monthly by team leads, operational leads and the Health and Safety team escalating to executive leads if fire safety training compliance falls below 85%.</p>	Complete	Nurse/ AHP Director and Chief Operating Officer Health and Safety Lead Lead Nurse Senior Charge Nurse	15/12/2025: All team and operational leads have access to TURAS reporting and are expected to monitor compliance rates within their teams and address any drop in compliance with mandatory training modules monthly as part of their core objectives. Staff members and managers are automatically alerted by TURAS as modules are approaching and have reached expiry.	15/12/2025
1.2	<p>NHS Western Isles Health and Safety team will continue to compile monthly Health and Safety training compliance reports and present these through OSDT, Health and Safety Committee and Staff Governance Committee to ensure board awareness and assurance.</p>	Complete	Director of Human Resources Health and Safety Manager	15/12/2025: Health and Safety training compliance reports are compiled monthly and presented through appropriate board governance processes.	15/12/2025

1.3	<p>NHS Western Isles will ensure that annual fire evacuation training is undertaken in line with requirements stipulated within the Scottish Health Technical Memorandum 83 and Part 2: which covers a range of general fire safety measures that apply throughout hospital premises.</p> <p>NHS Western Isles fire evacuation training may be in the form of an organised multi agency exercise, a walk and talk exercise as part of mandatory fire warden training or a desktop exercise.</p>	30/06/2026	<p>Director of Human Resources Health and Safety Manager Fire Safety Trainers</p>	<p>15/12/2025:</p> <p>NHS Western Isles Fire Warden training covers the requirements in SHTM 83 and SHTM part 2 requires patient care staff to have training primarily based on fire safety procedures for the place of work.</p> <p>In December 2024 the Health and Safety Training Team transitioned from Fire Safety training to Fire Warden training as fire safety is covered in Turas modules.</p> <p>NHS WI Fire Warden Training is in line with requirements within SHTM 83, Part 2 (TN2) and is based on a 'walk and talk' exercise and scenario or a desk top exercise and scenario, as in (TN9)</p> <p>Dates of these sessions are logged for all staff, and we are progressing well with rolling this out, current training compliance for patient care staff is 47%.</p>	
2.	<p>Domain 2: Leadership and Culture</p> <p>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.</p>				
2.1	<p>NHS Western Isles will develop a pathway that all staff have access to ensuring continuity of care for paediatric patients if there is no Registered Sick Children's Nurse on duty and care is being provided by a Registered Nurse (adult).</p>	31/03/2026	<p>Nurse/ AHP Director and Chief Operating Officer Lead Nurse Paediatric Charge Nurse</p>	<p>15/12/2025:</p> <p>In progress</p>	

3.	<p>Domain 4.1: Pathways, procedures and policies</p> <p>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</p>				
3.1	NHS Western Isles will develop a use of contingency beds and patient placement Standard Operating Procedure.	31/03/2026	Nurse/ AHP Director and Chief Operating Officer Lead Nurse	15/12/2025: In progress	
4.	<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 including risk assessments and fluid balance monitoring</p>				
4.1	<p>Following feedback from clinical teams and outputs from documentation audits NHS Western Isles is currently testing a revised Common Admission and Discharge document (CAAD) using PDSA methodology. This is being promoted on all computer log-in screens and has been communicated to clinical teams via Senior Charge Nurses, hospital huddles and email.</p> <p>Outcomes of the first PDSA cycle will be reviewed, and any required adjustments will be made with a full launch of the completed document expected by 31st March 2026.</p>	31/03/2026	Nurse/ AHP Director and Chief Operating Officer Head of Clinical Governance and Professional Practice Quality Improvement Coordinator Lead Nurse	15/12/2025: PDSA cycle 1 testing underway	
4.2	NHS Western Isles have an agreed process in place where a letter is issued by the Nurse/ AHP Director and Chief Operating Officer or Medical Director to department/ operational leads and individual staff members where consistently poor compliance with completion of documentation is identified by the Quality Improvement team through documentation audits or mortality reviews.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Clinical Governance and Professional Practice Quality Improvement Coordinator	15/12/2025: Agreement in place with Nurse/ AHP Director and Chief Operating Officer and Medical Director to issue letters when poor compliance with documentation is identified and letter drafted and approved.	

	Where there is no evidence of improvements this will be discussed with team/ operational leads and managed in line with local processes.		Lead Nurse Team Leads		
4.3	<p>NHS Western Isles will continue to undertake monthly documentation audits, results of these are shared at ward level, Quality and Safety groups, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.</p> <p>Documentation audits include reporting on compliance with completion of patient risk assessments, treatment escalation plans, falls risk assessments, MUST screening tools, use of bed rails assessments and NEWS 2.</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>15/12/2025:</p> <p>Monthly documentation audits continue</p>	
4.4	NHS Western Isles will undertake a baseline audit on compliance with completion of Fluid Balance Charts and results of this will determine the frequency of ongoing audit requirements.	31/03/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Clinical Governance and Professional Practice</p> <p>Quality Improvement Coordinator</p>	<p>15/12/2025:</p> <p>Baseline audit of compliance with completion of Fluid Balance Charts to be undertaken in January 2026.</p>	
5.	<p>Domain 4.3: Workforce planning</p> <p>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</p>				
5.1	NHS Western Isles will ensure that all staff disciplines who are covered by the Health and Care (Staffing) (Scotland) Act 2019 are consistently using Safe Care to record Real Time Staffing Assessment and will apply professional judgement at each census period to confirm that they agree with the RAGG status or amend as appropriate.	30/06/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Medical Director</p> <p>Workforce Lead</p> <p>E Rostering Team</p>	<p>15/12/2025:</p> <p>Safe Care and use of Professional Judgement is available to all nursing and Allied Health Professional across the organisation. The E Rostering team continue to work with teams and services to fully implement the use of</p>	

	<p>For departments not yet onboarded to Safe Care such as Medical and Dental NHS Western Isles will ensure that a robust system is in place to record and escalate any risks or concerns to staffing.</p> <p>Staff groups covered by the HCSA are Nursing and Midwifery, Medical and Dental, AHPs, Pharmacy, Healthcare Scientists and Chaplains</p>		<p>Lead Nurse</p> <p>Department Leads</p>	<p>Safe Care across all staff groups covered by the HCSA.</p>	
5.2	<p>NHS Western Isles will ensure that any staffing mitigations put in place as a response to concerns raised are recorded in Safe Care if available or In Phase.</p> <p>If it is not possible to mitigate the risk this will be escalated to the appropriate manager as per NHS Western Isles Real Time Staffing, Risk Escalation and Seeking Clinical Advice Standard Operating Procedure.</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>Workforce Lead</p> <p>Lead Nurse</p> <p>Department Leads</p>	<p>15/12/2025:</p> <p>NHS Western Isles have several Standard Operating Procedures available on the intranet to support staff to use Safe Care, Real Time Staffing assessment and advise on escalating risk. Risk escalation flow charts are available in all departments and staffing concerns are discussed and addressed at huddles.</p>	15/12/2025
5.3	<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, Corporate Management Team 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>Workforce Lead</p> <p>Lead Nurse</p> <p>Team Leads</p>	<p>15/12/2025:</p> <p>Quarterly safe staffing reports are completed and presented to approved groups and committees as timetabled; the report will also be shared with SCN's, team leads and operational leads.</p>	15/12/2025

Outstanding requirements to be addressed from September 2024 inspection					
11.	Domain 4.1: Pathways, procedures and policies				
NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed					
11.1	<p>Following feedback from clinical teams and outputs from documentation audits NHS Western Isles is currently testing a revised Common Admission and Discharge document (CAAD) using PDSA methodology. This is being promoted on all computer log-in screens and has been communicated to clinical teams via Senior Charge Nurses, hospital huddles and email.</p> <p>Outcomes of the first PDSA cycle will be reviewed, and any required adjustments will be made with a full launch of the completed document expected by 31st March 2026.</p>	31/03/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Clinical Governance and Professional Practice</p> <p>Quality Improvement Coordinator</p> <p>Lead Nurse</p> <p>Team Leads</p>	<p>15/12/2025:</p> <p>PDSA cycle 1 testing underway</p>	
11.2	<p>NHS Western Isles have an agreed process in place where a letter is issued by the Nurse/ AHP Director and Chief Operating Officer or Medical Director to department/ operational leads and individual staff members where consistently poor compliance with completion of documentation is identified by the Quality Improvement team through documentation audits or mortality reviews.</p> <p>Where there is no evidence of improvements this will be discussed with team/ operational leads and managed in line with local processes.</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>Lead Nurse</p>	<p>15/12/2025:</p> <p>Agreement in place with Nurse/ AHP Director and Chief Operating Officer and Medical Director to issue letters when poor compliance with documentation is identified and letter drafted and approved.</p>	15/12/2025
11.3	NHS Western Isles will continue to undertake monthly documentation audits, results of these are shared at ward level, Quality and Safety groups, Learning Review Group, Operational Service Delivery Team and Clinical Governance Committee.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Clinical Governance and Professional Practice</p>	<p>15/12/2025:</p> <p>Monthly documentation audits continue</p>	15/12/2025

			Quality Improvement Coordinator		
15.	Domain 4.1: Pathways, procedures and policies NHS Western Isles must ensure cleaning products are stored safely and securely				
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 Infection Prevention Control Team Senior Charge Nurse	15/12/2025: 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.	15/12/2025
18.	Domain 4.3: Pathways, procedures and policies 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.	Domain 4.3: Pathways, procedures and policies 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				
18-19.1	NHS Western Isles will ensure that all staff disciplines who are covered by the Health and Care (Staffing) (Scotland) Act 2019 are consistently using Safe Care to record Real Time Staffing Assessment and will apply professional judgement at each census period to confirm that they agree with the RAGG status or amend as appropriate. For departments not yet onboarded to Safe Care such as Medical and Dental NHS Western Isles will ensure that a robust system is in place to record and escalate any risks or concerns to staffing.	30/06/2026	Nurse/ AHP Director and Chief Operating Officer Medical Director Lead Nurse Department Leads	15/12/2025: Safe Care and use of Professional Judgement is available to all nursing and Allied Health Professional across the organisation. The E Rostering team continue to work with teams and services to fully implement the use of Safe Care across all staff groups covered by the HCSA.	

	Staff groups covered by the HCSA are Nursing and Midwifery, Medical and Dental, AHPs, Pharmacy, Healthcare Scientists and Chaplains				
18-19.2	<p>NHS Western Isles will ensure that any staffing mitigations put in place as a response to concerns raised are recorded in Safe Care if available or In Phase.</p> <p>If it is not possible to mitigate the risk this will be escalated to the appropriate manager as per NHS Western Isles Real Time Staffing, Risk Escalation and Seeking Clinical Advice Standard Operating Procedure.</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>Workforce Lead</p> <p>Lead Nurse</p> <p>Department Leads</p>	<p>15/12/2025:</p> <p>NHS Western Isles have several Standard Operating Procedures available on the intranet to support staff to use Safe Care, Real Time Staffing assessment and advise on escalating risk. Risk escalation flow charts are available in all departments and staffing concerns are discussed and addressed at huddles</p>	15/12/2025
18-19.3	<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, Corporate Management Team 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>Workforce Lead</p> <p>Lead Nurse</p> <p>Team Leads</p>	<p>15/12/2025:</p> <p>Quarterly safe staffing reports are completed and presented to approved groups and committees as timetabled; the report will also be shared with SCN's, team leads and operational leads.</p>	15/12/2025
20.	<p>Domain 4.3: Pathways, procedures and policies</p> <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 services 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 as a result.</p>				

20.1	NHS Western Isles have developed a standard operating procedure for the application of the common staffing method.	Complete	Nurse/ AHP Director and Chief Operating Officer Lead Nurse Workforce Lead	15/12/2025: NHS Western Isles Common Staffing Method SOP is available on the local intranet page and a copy sent to all operational and team leads.	15/12/2025
20.2	NHS Western Isles will ensure that common staffing method reports are completed following staffing level tool runs. The workforce lead and Lead Nurse will continue to support this work. Staffing level tool run and common staffing method reports will be presented to the Strategic Workforce Group, Corporate Management Team and Clinical and Staff Governance Committees.	31/03/2026	Nurse/ AHP Director and Chief Operating Officer Lead Nurse Workforce Lead	15/12/2025: 2025/26 staffing level tool runs continue as scheduled and team leads are being supported to complete common staffing method reports following these.	
21.	<p>Domain 6: Dignity and respect</p> <p>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</p>				
21.1	NHS Western Isles remains committed to the refurbishment of medical ward 2, this will require capital investment from Scottish Government and a business case has been submitted in November 2025 for consideration.	31/03/2026	Nurse/ AHP Director and Chief Operating Officer Head of Estates	15/12/2025: Outcome of business case submitted to Scottish Government is not expected before February 2026	
21.2	Patients continue to be supported to use showering facilities in Erisort ward and an additional shower was reinstated in medical ward 2 in February 2025.	Complete	Nurse/ AHP Director and Chief Operating Officer Senior Charge Nurse	15/12/2025: Additional showering facilities are available in Erisort ward if required	15/12/2025