



# 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**

**NHS board Chief Executive**

Signature:

Signature:

Full Name: Gillian McCannon

Full Name: Gordon Jamieson

Date: 12/05/2026

Date: 12/05/2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<b>New and updated requirements to be addressed from October 2025 inspection</b>					
<b>1.</b>	<b>Domain 1: Clear vision and purpose</b> <b>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.</b>				
1.1	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%.	Complete	Nurse/ AHP Director and Chief Operating Officer  Health and Safety Lead  Lead Nurse  Senior Charge Nurse	<b>15/12/2025:</b>  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	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.	Complete	Director of Human Resources  Health and Safety Manager	<b>15/12/2025:</b>  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</p> <p>Health and Safety Manager</p> <p>Fire Safety Trainers</p>	<p><b>15/12/2025:</b></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> <p><b>10/02/2026:</b></p> <p>Current training compliance for fire wardens within the acute staff has dropped to 34% - this is on account of the annual refresher falling on this period last year.</p> <p>Several courses are booked in order to address this, and we are confident that we will have improved figures within the next 2 months. We will continue to</p>	
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				<p>monitor the figures closely as we progress.</p> <p><b>05/03/2026:</b></p> <p>Fire warden training for clinical staff remains at 34%, reminders have been issued to SCN's to ensure that staff attend booked training sessions and escalated to Lead Nurse.</p> <p><b>17/04/2026:</b></p> <p>Fire warden training for acute services is 42% with further courses booked. A tabletop exercise was completed in one of the acute wards where staff demonstrated good overall knowledge of the procedures and protocols for a fire related incident</p>	
<b>2.</b>	<b>Domain 2: Leadership and Culture</b>				
	<b>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.</b>				
2.1	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).	30/06/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Lead Nurse</p> <p>Paediatric Charge Nurse</p>	<p><b>15/12/2025:</b></p> <p>In progress</p> <p><b>10/02/2026:</b></p> <p>Draft pathway in development. Minimum competency level for non-children's registered nurses to be included along with escalation pathways. For consultation and</p>	

				<p>comment prior to final approval at Clinical Policies Group.</p> <p><b>05/03/2026:</b></p> <p>Continuity of care: Paediatric nursing care medical one, WIH SOP drafted and for discussion at Marchs OSDT prior to submission to clinical policies group for approval.</p> <p><b>17/04/2026:</b></p> <p>Draft SOP has been reviewed at Marchs OSDT and is awaiting final approval and publication by Clinical Policies Group</p>	
<b>3.</b>	<p><b>Domain 4.1: Pathways, procedures and policies</b></p> <p><b>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</b></p>				
3.1	NHS Western Isles will develop a use of contingency beds and patient placement Standard Operating Procedure.	30/06/2026	Nurse/ AHP Director and Chief Operating Officer Lead Nurse	<p><b>15/12/2025:</b></p> <p>In progress</p> <p><b>10/02/2026:</b></p> <p>Work is ongoing to complete a local document however Scottish Acute Nurse Leaders Group which reports into SEND have developed a SLWG with representation from all health boards to develop a standardised patient placement and boarding SOP across Scotland.</p>	

				<p><b>05/03/2026:</b></p> <p>Draft SOP shared with colleagues at OSDT on 25/02/2026 for comments and feedback.</p> <p><b>17/04/2026:</b></p> <p>Draft SOP has been reviewed at Februarys OSDT and is awaiting final approval and publication by Clinical Policies Group</p>	
<b>4.</b>	<b>Domain 4.1: Pathways, procedures and policies</b>				
	<b>NHS Western Isles must ensure that all patient care documentation is accurately and consistently completed including risk assessments and fluid balance monitoring</b>				
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 31<sup>st</sup> March 2026.</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><b>15/12/2025:</b></p> <p>PDSA cycle 1 testing underway</p> <p><b>10/02/2026:</b></p> <p>The updated CAAD remains on schedule to go live at the end of March 2026, PDSA cycle 2 is scheduled to commence this month.</p> <p><b>05/03/2026:</b></p> <p>Testing continues with clinical teams on the new CAAD and is on track to be live from 01/04/2026</p> <p><b>17/04/2026:</b></p> <p>Revised CAAD went live on 01/04/2026</p>	01/04/2026

4.2	<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>Team Leads</p>	<p><b>15/12/2025:</b></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
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><b>15/12/2025:</b></p> <p>Monthly documentation audits continue</p>	15/12/2025
4.4	<p>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.</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><b>15/12/2025:</b></p> <p>Baseline audit of compliance with completion of Fluid Balance Charts to be undertaken in January 2026.</p> <p><b>10/02/2026:</b></p> <p>Fluid balance chart audit tool was sent to SCN's on 28/01/26 with a request for wards to complete 5 audits on their FBC to be returned 10/02/26. A reminder has</p>	17/04/2026

				<p>been sent for these to be completed and submitted to the QI team for analysis.</p> <p><b>05/03/2026:</b></p> <p>Baseline audit of 20 fluid balance charts in Western Isles Hospital was completed in February 2026, results shared via SBAR with Nurse Director, Head of Clinical Governance and Lead Nurse and will be discussed with SCN's at next Quality and Safety meeting with an action plan developed. Once action plan is created will be presented at the next Learning Review Group</p> <p><b>17/04/2026:</b></p> <p>The fluid balance audit and SBAR were shared at the Acute &amp; Community Quality &amp; Safety meeting on 8 April 2026.</p> <p>The agreed plan is for the Lead Nurse to include Fluid Balance Charts (FBC) as a standing item within his monthly meetings with the SCNs.</p> <p>QI team plan to reaudit fluid balance chart compliance in June 2026.</p>	
5.	Domain 4.3: Workforce planning				

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					
5.1	<p>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.</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>	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>Lead Nurse</p> <p>Department Leads</p>	<p><b>15/12/2025:</b></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 Safe Care across all staff groups covered by the HCSA.</p> <p><b>10/02/2026:</b></p> <p>SafeCare Compliance Jan 26:</p> <p>Barra Nursing 86%</p> <p>H@H 94%</p> <p>M1 70%</p> <p>M2 87%</p> <p>OUAB 92%</p> <p>Surgical 97%</p> <p>Exploring mechanisms to ensure consistent application of professional judgement daily.</p> <p>E roster and Safe Care roll out continues in areas not yet onboarded.</p> <p><b>05/03/2026:</b></p> <p>Safe Care compliance Feb 2026:</p>	

				<p>Barra Nursing 91.07%  H@H 60.71%  Erisort 1.79% (operational for 12 hours)  M1 58.93%  M2 71.43%  OUAB 100%  Surgical 94.64%</p> <p>Work is ongoing to onboard medical, dental and labs to E roster and Safe Care, and this is anticipated to be completed by June 26.</p> <p>All other teams under the HCSA are onboarded and work is ongoing to embed the application of professional judgement into practice daily.</p> <p><b>17/04/2026:</b></p> <p>Safe Care compliance March 2026:</p> <p>Barra Nursing 88.71%  H@H 70.97%  M1 64.52%  M2 82.26%  OUAB 91.94%  Surgical 98.39%</p> <p>Work is ongoing to onboard medical, dental and labs to E roster and Safe Care, and this is anticipated to be completed by June 26.</p>	
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				All other teams under the HCSA are onboarded and work is ongoing to embed the application of professional judgement into practice daily.	
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><b>15/12/2025:</b></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><b>15/12/2025:</b></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
<b>Outstanding requirements to be addressed from September 2024 inspection</b>					
<b>11.</b>	<b>Domain 4.1: Pathways, procedures and policies</b>				

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 31<sup>st</sup> March 2026.</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 Team Leads</p>	<p><b>15/12/2025:</b></p> <p>PDSA cycle 1 testing underway</p> <p><b>10/02/2026:</b></p> <p>The updated CAAD remains on schedule to go live at the end of March 2026, PDSA cycle 2 is scheduled to commence this month.</p> <p><b>05/03/2026:</b></p> <p>Testing continues with clinical teams on the new CAAD and is on track to be live from 01/04/2026</p> <p><b>17/04/2026:</b></p> <p>Revised CAAD went live on 01/04/2026</p>	01/04/2026
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><b>15/12/2025:</b></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	<p>NHS Western Isles will continue to undertake monthly documentation audits, results of these are shared at ward level, Quality and Safety groups, Learning</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p>	<p><b>15/12/2025:</b></p> <p>Monthly documentation audits continue</p>	15/12/2025

	Review Group, Operational Service Delivery Team and Clinical Governance Committee.		Head of Clinical Governance and Professional Practice Quality Improvement Coordinator		
<b>15.</b>	<b>Domain 4.1: Pathways, procedures and policies</b>				
	<b>NHS Western Isles must ensure cleaning products are stored safely and securely</b>				
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	<b>15/12/2025:</b>  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
<b>18.</b>	<b>Domain 4.3: Pathways, procedures and policies</b>				
	<b>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</b>				
<b>19.</b>	<b>Domain 4.3: Pathways, procedures and policies</b>				
	<b>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</b>				
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	30/06/2026	Nurse/ AHP Director and Chief Operating Officer  Medical Director  Lead Nurse  Department Leads	<b>15/12/2025:</b>  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.	

	<p>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><b>10/02/2026:</b></p> <p>SafeCare Compliance Jan 26:</p> <p>Barra Nursing 86%  H@H 94%  M1 70%  M2 87%  OUAB 92%  Surgical 97%</p> <p>Exploring mechanisms to ensure consistent application of professional judgement daily.</p> <p>E roster and Safe Care roll out continues in areas not yet onboarded.</p> <p><b>05/03/2026:</b></p> <p>Safe Care compliance Feb 2026:</p> <p>Barra Nursing 91.07%  H@H 60.71%  Erisort 1.79% (operational for 12 hours)  M1 58.93%  M2 71.43%  OUAB 100%  Surgical 94.64%</p> <p>Work is ongoing to onboard medical, dental and labs to E roster and Safe Care, and this is anticipated to be completed by June 26.</p>	
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				<p>All other teams under the HCSA are onboarded and work is ongoing to embed the application of professional judgement into practice daily.</p> <p><b>17/04/2026:</b></p> <p>Safe Care compliance March 2026:</p> <p>Barra Nursing 88.71%  H@H 70.97%  M1 64.52%  M2 82.26%  OUAB 91.94%  Surgical 98.39%</p> <p>Work is ongoing to onboard medical, dental and labs to E roster and Safe Care, and this is anticipated to be completed by June 26.</p> <p>All other teams under the HCSA are onboarded and work is ongoing to embed the application of professional judgement into practice daily.</p>	
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>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Workforce Lead</p> <p>Lead Nurse</p> <p>Department Leads</p>	<p><b>15/12/2025:</b></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</p>	15/12/2025

	Any unmitigated staffing risks will be escalated to the on-call Executive Director			departments and staffing concerns are discussed and addressed at huddles	
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><b>15/12/2025:</b></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
<b>20.</b>	<p><b>Domain 4.3: Pathways, procedures and policies</b></p> <p><b>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.</b></p>				
20.1	NHS Western Isles have developed a standard operating procedure for the application of the common staffing method.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Lead Nurse</p> <p>Workforce Lead</p>	<p><b>15/12/2025:</b></p> <p>NHS Western Isles Common Staffing Method SOP is available on the local intranet page and a copy sent to all operational and team leads.</p>	15/12/2025
20.2	<p>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.</p> <p>Staffing level tool run and common staffing method reports will be presented to the Strategic Workforce</p>	30/06/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Lead Nurse</p> <p>Workforce Lead</p>	<p><b>15/12/2025:</b></p> <p>2025/26 staffing level tool runs continue as scheduled and team leads are being supported to complete common staffing method reports following these.</p>	

	<p>Group, Corporate Management Team and Clinical and Staff Governance Committees.</p>			<p><b>10/02/2026:</b></p> <p>Completion of staffing level tool runs continues and supported by workforce lead and lead nurse.</p> <p>Draft common staffing method report completed and under review for Medical 1.</p> <p><b>05/03/2026:</b></p> <p>All areas in acute services on track to have a scheduled staffing level tool run completed by 31<sup>st</sup> March, Common Staffing Method reports will be completed thereafter</p> <p><b>17/04/2026:</b></p> <p>Medical 1 - Staffing Tool completed October 2025 and CSM report completed.</p> <p>Medical 2 Staffing tool completed February 2026 and CSM report completed.</p> <p>Surgical/ DSU Staffing level tool completed January 2026 and CSM report completed.</p> <p>Renal - PJ only February, CSM report started.</p> <p>OPD/ACU - Meeting with SCN to plan for a SLT run.</p> <p>ED – PJ only in August 2025 and CSM report completed.</p>	
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				AAU/ H@H – discussions ongoing to schedule a date for a PJ tool run	
21.	<b>Domain 6: Dignity and respect</b> <b>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</b>				
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.	30/06/2026	Nurse/ AHP Director and Chief Operating Officer  Head of Estates	<b>15/12/2025:</b> Outcome of business case submitted to Scottish Government is not expected before February 2026  <b>10/02/2026:</b> Still awaiting update/ feedback from SG, Head of Estates and Finance Manager have an upcoming meeting planned with SG Capital Investment Team  <b>05/03/2026:</b> SG unable to commit capital for this year at the level requested at this time however a further meeting is to be held in May to update.  <b>17/04/2026:</b> No further update expected until after the election	
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	<b>15/12/2025:</b>	15/12/2025

			Senior Charge Nurse	Additional showering facilities are available in Erisort ward if required	
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