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Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Balfour Hospital

NHS Orkney

23-24 March 2026

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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 April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland Quality Assurance Framework. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

The Balfour is situated near the centre of Kirkwall. It is a small rural general hospital with 48 beds. As well as inpatient units, day units, emergency department and maternity and women's health services, the Balfour has both a physiotherapy department and an occupational therapy department. It also has outpatients departments, audiology, radiography (X-Ray), a pharmacy, the laboratory, medical records, and a central decontamination unit.

Patients requiring specialist treatment may be transferred to the Scottish mainland, usually Aberdeen.

About this inspection

We carried out an unannounced hospital inspection in conjunction with a maternity services inspection to Balfour Hospital, NHS Orkney on Monday 23 and Tuesday 24 March 2026 using our safe delivery of care inspection methodology. An inspection report for the maternity inspection is published on our website. We inspected the following areas during the hospital inspection:

- emergency department
- Eir Acute Ward (Acute Care Inpatient 1) and,
- Hlin Assessment and Rehabilitation Ward (Inpatient 2).

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Orkney to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Orkney and in particular all staff at Balfour 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.'

We observed that wards were calm and well organised, with clear leadership, effective communication, and multidisciplinary teamwork. Patients we spoke with described receiving good, responsive care. We observed staff interacting with patients with compassion, dignity and respect.

Site wide hospital huddles were inclusive, well attended and supported staff to identify potential staffing risks.

Domestic staff were visible throughout the hospital and the hospital environment, including communal areas, which appeared clean and well maintained. All areas inspected were tidy and uncluttered.

Student nurses described positive learning experiences during their placements. In evidence submitted to us we can see NHS Orkney has developed a structured pathway to support newly qualified nurses as they move from training into practice.

Internationally recruited nurses also reported positive experiences of support and inclusion within NHS Orkney. Evidence demonstrated a structured approach to recruitment, development and pastoral support, with nurses describing feeling welcomed, safe and respected.

Areas for improvement identified include the strengthening and oversight of governance arrangements for the review of policies, guidelines and procedures.

Improvements are required in the completion of electronic staffing tools, and in assuring that clinical leaders are provided with protected time to fulfil their leadership responsibilities, including completion of staff appraisals.

Further improvement is required to ensure that timescales for the review of adverse events and significant adverse events are consistently met and that compliance with key mandatory training, including, fire safety, paediatric life support and mental health training is improved.

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

This inspection resulted in eight areas of good practice and seven requirements.

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 Orkney 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

The unannounced inspection to Balfour Hospital resulted in eight areas of good practice.

Domain 2	
1	We observed an open and supportive culture with the majority of staff reporting that the hospital was a good place to work (see page 19).

Domain 4.1	
2	All areas inspected were calm and well organised (see page 22).
3	Domestic staff were visible throughout the hospital and all areas visited were tidy and cleaned to a high standard. Equipment was clean and stored safely ready for use (see page 22).
4	Medications were stored securely in all areas inspected (see page 22).

Domain 4.3	
5	We observed that the hospital safety huddles were well managed, open, transparent, and focused on patient care, with all disciplines attending and contributing (see page 27).
6	Initiatives to support student and newly qualified nurses transition from training into practice (see page 27).
7	Structured and supportive approach to the recruitment and retention of internationally recruited nurses (see page 27).

Domain 6	
8	All observed interactions were professional, friendly and respectful. Patients and carers spoke positively about the care they received (see page 28).

Requirements

The unannounced inspection to Balfour Hospital resulted in seven requirements.

Domain 1	
1	NHS Orkney must ensure there is one member of staff on duty in the emergency department at all times who has advanced paediatric life support training or equivalent (see page 16). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 and The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings 2025.
2	NHS Orkney must ensure effective and appropriate governance approval and oversight of policies and procedures are in place to ensure the most up to date guidance is in use (see page 16).

	This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) criterion 2.5 and 2.6.
3	NHS Orkney must ensure that all staff are suitably trained, qualified and competent to safely carry out their role. This includes completion of statutory and role-specific training including: • Paediatric basic life support • Paediatric immediate life support • Fire safety • Prevention and Management of violence and aggression, including breakaway and restraint techniques • Mental health training, including relevant legislation (see page 16). 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) and Health and Care (Staffing) (Scotland) Act (2019) and relevant codes of practice of regulated healthcare professions.

Domain 2

4	NHS Orkney must ensure timescales of adverse events and significant adverse event reviews are achieved, including feedback to staff and action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland National Framework (see page 19). This will support compliance with: Healthcare Improvement Scotland A national framework for reviewing and learning from adverse events in NHS Scotland (2025) and the Quality Assurance Framework (2022) criteria 2.5 and 2.6.

Domain 4.1

5	NHS Orkney must ensure that all relevant staff complete Paediatric Early Warning Score (PEWS) training to support the accurate and consistent completion of PEWS documentation (see page 22). This will support compliance with: Nursing and Midwifery Council (NMC) The code (2018) and NHS Scotland and the Quality Assurance Framework (2022) criteria 2.6 and 4.4.

Domain 4.3

6	NHS Orkney must ensure that senior charge nurses have sufficient protected leadership time to fulfil their leadership and management responsibilities,

	including the completion of staff appraisals and support for staff development. This should include consistent monitoring and recording of when and why leadership time is compromised as part of mitigation for staffing shortfalls (see page 27). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 and Health and Social Care Standards (2017) criteria 3.14, 3.15 and 3.19 and the Quality Assurance Framework (2022) criteria 2.6 and 4.4.
7	NHS Orkney must ensure consistent use of the electronic staffing tool to effectively identify, record and manage staffing risks (see page 27). This will support compliance with: Health and Social Care Standards (2017) criteria 4.11, 4.14, 4.19 and 4.23 and the Health and Care (Staffing) (Scotland) Act 2019 and the Quality Assurance Framework criteria 2.5, 2.6 and 4.3.

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

During our inspection the emergency department was operating within capacity, supported by effective patient flow processes, timely ambulance handovers and established patient pathways. While care was well organised, improvements are required in workforce training, paediatric life support training and the review of clinical guidance.

The national target for accident and emergency waiting times is 95% of patients should wait no longer than four hours from arrival at the emergency department before admission, discharge or transfer for other treatment. During the week of our onsite inspection, across NHS Scotland 67.5 % of patients were seen within the four-hour target, whilst 97% of patients were seen within four hours at Balfour hospital. During the week of the onsite inspection, no patients at Balfour Hospital's emergency department waited longer than eight hours or 12 hours before being admitted, discharged, or transferred.

The emergency department comprises five individual patient bays and two resuscitation bays. Despite pressures on hospital capacity the department was operating within capacity with all patients cared for in designated areas.

We observed that the longest wait for transfer to an inpatient bed was 4.27 hours on the morning of the first day of inspection. In evidence received, we can see that there were no adverse events raised in the six months prior to this inspection due to delayed patients' admissions from the emergency department.

Patient flow and capacity within the emergency department are supported by pre alert arrangements with the Scottish Ambulance Service, with crews providing advance notification of patients being transported to the department, enabling staff to prepare appropriately for their arrival. This allows staff time to create capacity by moving patients out of the department where required. Inspectors were told that staff select the most clinically appropriate patients for discharge or admission to support safe patient flow. Staff in the emergency department described feeling well supported by senior managers and ward teams, with ward areas opening additional contingency beds on a short term basis to accommodate suitable patients during periods of increased demand.

During these periods of increased demand in acute services, inspectors were advised that additional surge capacity is created through the use of two designated single rooms within the maternity unit. Patients accommodated in these rooms are cared for and easily accessible to nursing staff from inpatient 1, with call bells redirected to that ward. When these rooms are utilised for acute patients, access between the rooms and the maternity unit is restricted. The rooms are situated between two sets of double fire doors; the doors on the maternity side are kept locked to prevent access into the maternity ward, while the doors on the inpatient ward side remain open to allow patients to enter and leave the rooms. Access to the maternity area itself remains controlled via security pass operated doors. In evidence received, we did not observe any incident reports relating to the use of these additional surge beds.

During our inspection, we did not observe any delays in ambulance turnaround times. Staff in the emergency department advised that delays in ambulance crews being able to transfer patients straight into the department were unusual. Available national data shows that for the week of the 23 March 2026, the median ambulance turnaround time at Balfour Hospital was 24.59 minutes. The national average for the same time was 52.08 minutes. We did not see any incident reports submitted in the six months prior to our inspection relating to delays in ambulance turnaround times.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to improve waiting times and delays in emergency departments and acute admission units. Further information can be found here. Balfour Hospital does not have an acute admission unit and all patients who require admission are transferred directly from the emergency department to an inpatient ward. All referrals from general practitioners are assessed within the emergency department, typically by a doctor or emergency nurse practitioner within a designated treatment room. Inspectors were told that, while these attendances can contribute to overall activity within the department, they do not routinely impact adversely on patient flow or capacity. The department also supports returning patients for planned interventions, such as dressing changes. Inspectors were told that transport arrangements have, on occasion, presented challenges, resulting in some patients being admitted to hospital following attendance due to the unavailability of suitable transport.

Staff described previous challenges in securing timely wheelchair accessible transport, to support discharge particularly during out of hours periods. We can see from the evidence provided, NHS Orkney outlined how it has responded to these issues through a range of actions, including the award of a new patient transport contract providing 24 hour wheelchair accessible provision and strengthened collaboration with the Scottish Ambulance Service. These measures are intended to reduce the risk of avoidable overnight hospital stays and improve the reliability of discharge arrangements. As several of these actions have only been in place since April 2026, it is too early to determine their full effectiveness. NHS Orkney state in evidence, however, they will continue to monitor progress through patient feedback and established governance processes.

Patients self-presenting to the emergency department are triaged by a doctor or nurse. Triage is the process of quickly assessing a patient's condition on arrival to determine how urgent their needs are and what the most appropriate next step in their care should be. Following triage, patients that are assessed as not requiring further investigation or treatment in the department, are given written information and guidance to support redirection to the most appropriate service such as general practice, dental services, optometry or community pharmacy. In evidence received, we did not observe any incident reports relating to patients who have been redirected following attendance to the emergency department.

Staff triage training is aligned with NHS Grampian practice. NHS Orkney follows NHS Grampian's redirection and triage pathways, with Aberdeen Royal Infirmary supporting delivery of Manchester Triage training locally. The Manchester Triage System is a structured clinical tool used in emergency departments to prioritise patients based on the urgency of their condition, assigning a category that determines how quickly they should be seen. At the time of inspection, 79% of emergency department staff were trained in Manchester Triage, including both senior charge nurses, 5 of 7 emergency nurse practitioners, and 8 of 10 nurses, with remaining staff in newly appointed or development posts not yet due for training. An emergency nurse practitioner is a registered nurse with advanced clinical training who is able to assess, diagnose, treat, and discharge patients presenting with a range of minor injuries and illnesses.

NHS Orkney demonstrated established pathways to support people presenting with a mental health need, including arrangements for timely assessment, access to specialist advice and onward referral where required. In the absence of an on island specialist psychological service, emergency department and inpatient teams are supported by real-time access to consultant psychiatrist advice through NHS Grampian. This operates alongside local clinical assessment, Community Mental Health Team input and Mental Health Officer involvement where required, including during out of hours periods.

The emergency department includes a dedicated emergency mental health transfer room, designed to support the safe management of patients experiencing mental

health distress while awaiting transfer to specialist services. The room provides a ligature reduced environment, including an adjoining ligature reduced bathroom, and allows for safe observation with access to a nearby staff observation space and enclosed private outdoor courtyard. Its use is underpinned by individualised risk assessment, including assessment of ligature risk, legal status and clinical presentation. Legal status refers to the patient's position under relevant mental health and capacity legislation, including whether they are subject to detention, voluntary admission, or other statutory measures that influence their care, observation, and rights. Observation levels, including continuous intervention where required, are determined proportionately to the assessed level of risk. Continuous intervention refers to a heightened level of observation in which a staff member maintains uninterrupted, direct engagement with the patient to ensure their immediate safety and respond promptly to any escalation in risk.

Inspectors observed that the emergency mental health transfer room was equipped with a hospital bed rather than an emergency department trolley to support patient comfort. Staff reported that patients receiving care within the emergency department for extended periods, including those in the emergency mental health transfer room, are offered hot meals in addition to standard provision.

Direct care for patients presenting with mental health needs is provided by Community Psychiatric Nurses within the emergency department and inpatient wards. This ensures that patients are supported by staff with the appropriate skills and knowledge to meet their needs.

Inspectors were told that patients requiring inpatient care who do not require transfer to specialist mental health services are admitted to Balfour Hospital wards. In these instances, ligature risk is managed through environmental risk reduction measures and enhanced observation, with patients prioritised for areas that optimise visibility and safety. Patients presenting with higher levels of risk, or where a safe management plan cannot be sustained locally, are escalated appropriately, including transfer to specialist inpatient services under established pathways.

Once a decision to transfer has been made, coordinated processes are in place to support safe and timely transfer. Patients are accommodated within the emergency mental health transfer room for short stays prior to transfer, supported by the community mental health team, including ongoing risk assessment, therapeutic engagement and coordination of transfer arrangements.

NHS Orkney reported that all emergency detention certificates are completed with appropriate statutory oversight by a Mental Health Officer, ensuring compliance with the Mental Health (Care and Treatment) (Scotland) Act (2003). An emergency detention certificate is a legal authority under the Mental Health (Care and Treatment) (Scotland) Act 2003 that allows a doctor to detain a person in hospital for up to 72 hours for assessment and care where there are urgent concerns about their mental health. No patients were subject to an emergency detention certificate during the inspection.

Evidence provided showed no reported incidents involving physical restraint, rapid tranquillisation or other restrictive interventions within the emergency mental health transfer room in the six months prior to our inspection. Physical restraint refers to the use of direct physical contact to restrict a person's movement to prevent harm to themselves or others. Rapid tranquillisation involves the use of medication to quickly reduce severe agitation or distress; both are only used as a last resort when other de-escalation measures have not been effective.

NHS Orkney provided evidence of recent developments to strengthen local mental health support within unscheduled care. This includes the introduction of a nurse-led psychiatric liaison service for patients of all ages, which at the time of inspection was operating in an interim model while recruitment continues. Although not yet fully established and operating within defined hours, this service enhances local specialist input to risk assessment, including the identification and management of self-harm and ligature risks, and supports clinical decision-making alongside existing escalation and transfer arrangements. Senior managers informed inspectors that the service is expected to be fully established by September 2026.

Additionally, senior managers reported that training on mental health legislation and the management of mental health presentations is being introduced for resident doctors. This training, developed by the community mental health team and delivered by senior mental health leads, is scheduled to commence from August 2026 as part of the resident doctor induction programme. This training is designed to replace the previous information sessions delivered by the mental health team.

Additionally, compliance with training in the Prevention and Management of Violence and Aggression, including restraint, was variable across clinical areas. Prevention and Management of Violence and Aggression courses support staff with the knowledge and practical skills to anticipate, de-escalate and safely manage incidents of violence or aggression, including the use of safe restraint techniques where necessary to protect patients and staff. Foundation level compliance ranged from 60% to 85%, while advanced and emergency training ranged from 50% to 85%. In the emergency department, 16 of 23 staff (70%) had completed advanced training, with a further four staff booked to complete the course by June 2026. This would increase compliance in the emergency department to 87%, and 82% overall throughout the hospital. Senior managers advised that gaps were partly due to staff absence. A requirement has been given to support improvement in this area.

NHS Orkney does not have any paediatricians onsite. Evidence provided includes the Standard Operating Procedure for Paediatric Care in the Balfour Hospital. This documents the process for escalation, senior clinical oversight and decision-making in the absence of any onsite paediatric specialists. The procedure outlines that care is led by the clinician with the most appropriate skills available such as consultant physician, surgeon, anaesthetist, obstetrician, general practitioner or midwife. This is supported by early consultant to consultant discussion and specialist advice from NHS Grampian. Local care is focused on emergency assessment, short term

stabilisation and observation, with transfer to mainland specialist services where ongoing or intensive care is required.

Although the emergency department assesses, diagnoses and treats both adult and paediatric patients, all nurses working in the department are registered adult nurses. Where paediatric patients are conveyed to the emergency department by ambulance, pre-alert calls are made by the Scottish Ambulance Service, enabling advance preparation and escalation of support. Senior managers described how this allows for early involvement of senior clinical decision-makers, including surgical, medical and anaesthetic consultants. Additional specialist advice can be sought via telephone support from the on-call paediatric consultant in NHS Grampian. Inspectors were advised that although the on-call anaesthetist is not resident onsite overnight, they are called in alongside the on-call theatre team to provide additional support when required. For paediatric patients requiring a higher level of care, arrangements are made to transfer the patient off island to NHS Grampian as soon as practicable.

Where children require intensive care support, senior nursing staff and managers told inspectors that transfer is coordinated through ScotSTAR, the national retrieval service. Similar arrangements apply to adults requiring intensive care, with patients supported locally by an anaesthetic doctor and operating department practitioner while awaiting retrieval. An operating department practitioner is a registered healthcare professional who works primarily in operating theatres and other perioperative settings, such as recovery areas, critical care and, in some hospitals, emergency departments.

The Royal College of Paediatrics and Child Health standards Facing the Future: Standards for children in emergency care settings state that every emergency department treating children must have staff trained in infant and child basic life support, with at least one member of staff on duty at all times who has advanced paediatric life support (or equivalent training). Advanced paediatric life support training provides in-depth knowledge and skills to lead paediatric resuscitation and builds upon those developed through paediatric immediate life support. While 66% of consultant medical staff based in the wider hospital have completed advanced paediatric life support training, no medical staff based within the emergency department hold this qualification. However, inspectors were advised that, in the event of an unwell child, support is provided by anaesthetic, surgical or medical consultants who have completed advanced paediatric life support and can attend to support care as required.

NHS Orkney also advised that a resident doctor within the emergency department is scheduled to undertake advanced paediatric life support training by the end of June 2026. Further information provided showed that 60% of registered nurses in the emergency department have completed paediatric immediate life support training. A requirement has been given to support improvement in this area.

Staff explained paediatric patients presenting to the emergency department who require inpatient care are admitted to inpatient 1 ward either for ongoing care or while awaiting transfer off island. Senior nursing staff described that paediatric patients are cared for within designated assessment rooms on the ward, enabling close observation and appropriate monitoring. Compliance with paediatric immediate life support training was reported as 100% for registered nurses in this area. No nursing staff working in the ward have completed advanced paediatric life support training.

Within evidence received we observed healthcare support workers caring for paediatric patients have access to, and have completed, paediatric basic life support training appropriate to their role. However, compliance rates were variable at 90% within the emergency department and 29% within inpatient 1 ward. A requirement has been given to support improvement in this area.

Inspectors observed one paediatric admission during the inspection period, where a clear plan was in place for continued assessment, review and potential transfer depending on the child's clinical condition.

We asked NHS Orkney to provide evidence of any incidents or adverse events reported through the incident reporting system in the six months prior to our inspection. Within these reports, we did not observe any adverse events relating to the care of paediatric patients awaiting transfer to a specialist paediatric unit. We discuss adverse event reporting further on page 16.

During the time of our onsite inspection there were 11 delayed transfers of care between the two wards. A delayed transfer of care occurs when a patient who is medically fit to be discharged from hospital cannot leave the hospital due to a lack of care, support or suitable accommodation such as a nursing home placement. Some patients were awaiting care home placements or care packages to facilitate a safe discharge. Quality improvement work and initiatives to address the issues surrounding delayed transfers of care are discussed in more detail in domain 2.

Throughout the inspection, medical and nursing staff described clinical support provided to NHS Orkney, primarily by NHS Grampian. Staff highlighted that a number of services, including the emergency department, outpatient oncology and maternity services, benefit from established and supportive collaborative arrangements between the two boards. Senior managers confirmed that these arrangements operate through an Obligate Network agreement, supporting the delivery and sustainability of services for the local population.

Obligate Networks were introduced following the Scottish Government policy Delivering for Remote and Rural Healthcare (2008). The policy recognised that formal collaboration between NHS boards is essential to deliver safe, effective and sustainable services for people living in remote and rural communities. Obligated arrangements require NHS boards to work together to maintain local services and to ensure access to specialist care that is not routinely available in Rural General

Hospitals. This includes agreed access to services such as child health, mental health, radiology and laboratory services. The approach reflects a system wide focus on equity of access, shared responsibility and continuous improvement across NHS Scotland.

While these collaborative arrangements provide important clinical support and access to specialist expertise, inspectors also reviewed supporting documentation, including clinical pathways and standard operating procedures, which underpin the delivery of care across NHS Orkney. During this review, inspectors noted that a number of pathways and standard operating procedures were past their renewal date, including NHS Grampian's triage guidance for pregnant women presenting to the emergency department (review date 2022) and Safe Handling, Disposal and Management of Systemic Anticancer Therapy (SACT) Spillage (review date 2022).

Whilst these documents are developed and maintained by NHS Grampian, inspectors noted that NHS Orkney has a responsibility to ensure that any guidance adopted for local use is current, appropriate and aligned with practice. Out-of-date documentation presents a potential risk to the consistency and safety of care and requires appropriate oversight across both organisations to ensure it remains up to date and fit for purpose. A requirement has been given to support improvement in this area.

NHS Orkney was able to provide evidence that 84.55% of staff had completed mandatory fire training. We were also provided with the Fire Risk Assessments for clinical areas inspected including the emergency department. Fire folders were observed at the entrances to ward areas with fire evacuation maps displayed on the wall. Fire log checklists within the fire folders contained checklists of daily, weekly and monthly checks required to ensure fire safety. Staff are required to carry out a walk round daily to ensure fire escapes are clear and that all self-closing doors are fully functioning, closed and not wedged open.

All checklists reviewed were up to date with no gaps in completion observed. All staff spoken to were aware of fire evacuation process and which of the patients in their care that would require assistance to safely evacuate. All corridors were free of clutter with fire doors unobstructed and closed as appropriate.

Child Protection and Adult Support and Protection training form a core element of workforce assurance within NHS Scotland. From January 2026 this training has been combined into one online course titled: Once for Scotland: Child Protection and Adult Support and Protection. Completion of this training provides assurance that frontline staff have the knowledge and skills to recognise risk, respond appropriately to concerns, and escalate public protection issues in line with national guidance. Monitoring compliance with mandatory public protection training supports the NHS board's assurance that its workforce is competent, supported, and able to deliver safe care to children and adults at risk. Evidence submitted by NHS Orkney shows that only one clinical area has not achieved a compliance rate of 91% or above due to staff long term absence.

Requirements

Domain 1	
1	NHS Orkney must ensure there is one member of staff on duty in the emergency department at all times who has advanced paediatric life support training or equivalent.
2	NHS Orkney must ensure effective and appropriate governance approval and oversight of policies and procedures are in place to ensure the most up to date guidance is in use.
3	NHS Orkney must ensure that all staff are suitably trained, qualified and competent to safely carry out their role. This includes completion of statutory and role-specific training, including: • Paediatric basic life support • Paediatric immediate life support • Fire safety • Prevention and Management of violence and aggression, including breakaway and restraint techniques • Mental health training, including relevant legislation.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

Inspectors observed a supportive leadership culture, with effective communication through safety huddles and clear escalation routes. Multidisciplinary working was well established. System pressures, including delayed transfers of care and workforce constraints, were recognised with a plan to address these through service redesign and pathway improvements. However, requirements were identified to strengthen adverse event review timescales, improve reporting processes, and increase workforce training compliance.

All areas inspectors visited were calm and well led. All staff we spoke with described senior leadership as supportive and approachable, and reported feeling encouraged to raise concerns when required.

Safety huddles support situational awareness through regular review of patient flow, staffing levels and emerging risks. They provide a forum to raise patient safety concerns and identify wards or areas at increased risk due to reduced staffing. We attended hospital wide safety huddles held throughout the day. The huddles observed were multidisciplinary, inclusive and supported staff to identify and respond to potential staffing risks. Attendees included nursing, allied health professionals and members of domestic services.

Within both inpatient wards, ward based safety huddles were carried out following each shift handover. Although inspectors did not observe these huddles, staff told us these were used to discuss patient safety concerns, including falls risks and staffing

issues. Inspectors reviewed completed safety brief templates from one ward, which recorded attendance by ward-based nursing staff and the issues discussed, including patients requiring referral to a dietician and those with infection prevention and control precautions in place.

In both ward areas, inspectors were told that a multi-disciplinary meeting was held in the morning and attended by nursing, medical and allied health professional staff. This meeting enabled discussion of changes in patient's care and highlighted key information from the earlier hospital huddle or ward safety brief.

During our inspection we observed pressures across the hospital relating to patient flow, including unplanned admissions and delayed discharges, which were discussed through site safety huddles. Inspectors noted that delays in transfer of care were influenced by a range of system factors rather than isolated service issues. including the timing of access to assessment, availability of community-based support and challenges in accessing suitable transport.

In response to these challenges NHS Orkney has commenced a programme of systemwide service redesign to improve patient flow and address the impact of an ageing population, increasing frailty and workforce pressures. Following an externally commissioned clinical services review completed in June 2025, a number of priority recommendations were agreed and progressed through six workstreams, these include Older Persons and Acute/Front Door. These workstreams focus on strengthening early identification and management of frailty, improving coordination across services, and reducing avoidable admissions and delayed transfers of care.

While core allied healthcare professionals services operate during weekday hours in line with local demand and workforce sustainability, urgent and time critical needs are met by the intermediate care team, weekend rehabilitation support and access to on call respiratory physiotherapy. Evidence from previous testing of extended allied healthcare professionals hours demonstrated low out of hours referral demand and no measurable impact on emergency department flow or patient outcomes. Senior managers explained that further work is underway to implement a single access and triage model for Occupational Therapy, Physiotherapy and Intermediate Care referrals, aimed at improving prioritisation, reducing duplication and strengthening system flow.

NHS Orkney's current guidance for learning from adverse events, was introduced in October 2025. The guidance aligns with national requirements, including the revised National Framework for Reviewing and Learning from Adverse Events in NHS Scotland (2025) and the updated Organisational Duty of Candour guidance. It sets out defined arrangements for the reporting, review and learning from adverse events, including expected timescales and escalation routes. The aim of the guidance is to support a consistent and transparent approach to learning, with a focus on openness and the involvement of patients, families and staff. A trigger list was also available to all staff to aid and encourage the submission of incident reports following an adverse event.

Staff described being encouraged to speak openly about incidents and learning, with senior managers and line managers taking an active role in checking on staff wellbeing following events. This includes signposting to a range of support options, local debriefs, peer support and access to occupational health and wellbeing services, with ongoing support available where required.

While staff told inspectors that they felt able and supported to complete incident reports, some explained not all potentially reportable incidents were submitted, explaining that perceived delays or lack of feedback were contributory factors. Review of evidence submitted by NHS Orkney showed that, despite the introduction of updated guidance, a number of incident reports remained under review more than six months after submission. Delays in review and feedback may limit opportunities for timely organisational learning, reduce staff confidence in the reporting process, and impact the board's ability to identify trends and implement preventative improvements. This was also highlighted in the maternity inspection as an area for improvement.

At the time of inspection, NHS Orkney had two outstanding significant adverse event reviews. Evidence provided showed that both of these had exceeded the 140 working day timescale for completion. A significant adverse event is an event which caused or could have caused significant harm. Significant adverse event reviews are essential to ensure key learning and reduce the risk of future harm. The most serious adverse events are categorised as level one, requiring a significant adverse event review which should be completed within 140 working days. Senior managers advised that the need for specialist clinical input from external clinicians has contributed to delays in meeting event review timeframes, with progress dependent on the availability of this support from other NHS boards. A requirement has been issued to support improvement in this area.

During our inspection, emergency department staff identified the absence of a designated clinical lead as a potential governance and oversight concern. During our initial feedback session inspectors raised this with senior managers. In response evidence was provided by NHS Orkney describing a distributed leadership model in place to maintain clinical oversight, including visible senior nursing and medical presence within the department. Access to senior clinical advice is supported through established regional and national pathways.

Beyond day-to-day operational leadership, senior managers informed inspectors that oversight of safety, quality and performance within the emergency department is supported through structured governance arrangements. This includes routine monitoring of risks and key performance indicators through operational processes and formal governance committees. Additional assurance is provided through participation in national and regional benchmarking and NHS Orkney governance processes and oversight arrangements to enable external scrutiny and shared learning. During our onsite inspection, staff demonstrated awareness of escalation

procedures and governance processes. A review of evidence found no recorded incidents related to escalation processes in the past six months.

NHS Orkney also provided a self-assessment against the NHS Greater Glasgow and Clyde Emergency Department Review published in March 2025. This was undertaken to consider the relevance of the findings and recommendations within their own local context. Inspectors noted that this exercise focused on key themes, including patient flow, workforce pressures and leadership capacity. Through this NHS Orkney identified areas of relative strength alongside ongoing system pressures. Performance information reviewed during the inspection indicated that key access and flow measures, including ambulance turnaround times and time to first assessment, compared favourably at a national level.

Senior managers we spoke with regarding this self-assessment recognised continuing challenges and pressures associated with delayed transfers of care, including escalation of surge arrangements. Lack of clinical nursing leadership capacity within the emergency department due to current vacancy of clinical nurse manager was also identified as a contributing factor. To address these issues, we were provided with evidence of the introduction of defined support arrangements, including 24 hour senior managers and executive cover, alongside annual review of acute site escalation and surge plans.

Engagement with service users forms a core part of quality assurance and continuous improvement. Inspectors observed several posters located across the hospital containing QR codes, providing service users with accessible opportunities to share feedback on their experience of care.

Areas of good practice

Domain 2	
1	We observed an open and supportive culture with the majority of staff reporting that the hospital was a good place to work.

Requirements

Domain 2	
4	NHS Orkney must ensure timescales of adverse events and significant adverse event reviews are achieved, including feedback to staff and action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland's National Framework.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

Inspectors observed that both inpatient wards and the emergency department were calm, organised and delivering responsive care. Documentation standards,

medicines management and infection prevention practices were consistently of a good standard. Care environments were clean and well maintained, supported by effective teamwork and a positive ward culture.

We observed a supportive ward culture, with good teamwork evident across all areas. Patients spoke positively about the care they received, and call bells were answered promptly. Patients described staff as responsive, attentive and supportive of their needs.

Paediatric Early Warning Score (PEWS) charts are used across NHS Scotland to record a child's physiological observations, such as breathing, heart rate and behaviour, and supports the early recognition and escalation of deterioration. As outlined in domain 1, paediatric patients may receive care within the emergency department and inpatient 1 ward.

We were provided with information regarding a quality improvement project to increase compliance with PEWS completion. Baseline initial audits identified gaps in the completion of the PEWS such as incomplete observations, inconsistent recording and omissions that risked delayed recognition of a deteriorating child. An improvement plan introduced in August 2025 focused on targeted education, simulation and senior nursing oversight, with audits showing progress and compliance rising from 59% to 95% by February 2026 (19 of 20 charts).

Senior managers reported that PEWS compliance continues to be monitored through audit and training. Since December 2025, 55% of staff in key areas and 40% of staff across the board have completed training sessions as part of the ongoing programme. Inspectors reviewed one completed PEWS chart during inspection, noting improvements; however, a requirement has been issued to ensure progress is sustained through further training.

All patient care documentation, including risk assessments such as Malnutrition Universal Screening Tool (MUST), Peripheral Venous Catheter (PVC) bundles and falls risk assessments, were completed to a good standard. Risk assessments were updated appropriately where changes in patient care were identified, for example falls risk assessments updated following a fall or where patients were reweighed due to weight loss.

Inspectors observed an Adults with Incapacity Section 47 Certificate was in place for one patient at the time of inspection. This was completed correctly and clearly documented within care planning. An Adults with Incapacity Section 47 Certificate is a legal document which assist patients, their families and staff to make decisions regarding a patient's care and treatment when the patient is unable to make the decision independently

During our onsite inspection, senior managers and a senior charge nurse highlighted a high number of patient falls within one clinical area. This was supported by evidence submitted, which showed a high number of incident reports relating to falls. Discussions with hospital managers identified that these were associated with a

small number of individuals receiving care. During the inspection, we observed that appropriate measures were in place to support patient's safety, with all relevant risk assessments and documentation up to date.

We were also provided with evidence regarding ongoing quality improvement activity aimed at reducing falls across the hospital, including work aligned with the Scottish Patient Safety Programme (SPSP) Acute Adult Programme, specifically the Falls Reduction and Excellence in Care workstreams. NHS Orkney also acknowledged the challenges associated with an increasingly frail and ageing patient population, as well as the limitations posed by the hospital's single-room accommodation, which restricts the ability to cohort patients identified as being at increased risk of falls. We were advised that all falls are recorded using an incident reporting system, with each incident reviewed within 24 hours and discussed at daily ward safety huddles to support shared learning and continuous improvement.

We observed mealtimes in both inpatient wards during the inspection, these were well organised, with meals served promptly and appropriate assistance provided to patients when required. Patients were offered hand hygiene prior to their meal and told us that the quality of the food was good.

Throughout our inspection, we observed that medicines were stored securely within locked cupboards located in a locked, pass controlled clean utility room. Patient's own medicines were kept in locked bedside cabinets and administered from these. There were no unattended medicines visible on bedside cabinets or tables during our inspection.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. Standard infection control precautions include patient placement, hand hygiene, the use of personal protective equipment (PPE) such as aprons and gloves, management of patient care equipment and the care environment, as well as safe management of blood and fluid spillages.

Hand hygiene is an important part of standard infection control precautions to reduce the risk of infection as outlined in the National Infection and Control Manual In all areas inspected, we observed good compliance with hand hygiene and the provision of and use of PPE and hand hygiene across all staff groups. Alcohol based hand rub was available throughout the hospital.

Signage was observed on doors for patients under Infection Prevention and Control precautions, with doors kept closed.

Other standard infection control precautions include the safe management of waste including linen and sharps. We observed good compliance with sharps and used linen management, with sharps boxes labelled and managed as per guidelines. Linen trolleys were placed and stored appropriately with the correct covering, while used linen was managed and disposed of correctly.

Contaminated care equipment can present a risk of infection if not cleaned effectively. During the inspection, all equipment reviewed appeared clean and stored appropriately, ready for use.

All areas of the hospital we visited including general corridors and reception were clean, tidy and uncluttered including patient bed areas. Domestic staff were visible throughout the hospital with the environment appearing to be in a good state of repair.

We observed chlorine-based cleaning products were stored securely in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Areas of good practice

Domain 4.1	
2	All areas inspected were calm and well organised.
3	Domestic staff were visible throughout the hospital and all areas visited were tidy and cleaned to a high standard. Equipment was clean and stored safely ready for use.
4	Medications were stored securely in all areas inspected.

Requirements

Domain 4.1	
5	NHS Orkney must ensure that all relevant staff complete Paediatric Early Warning Score (PEWS) training to support the accurate and consistent completion of PEWS documentation.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Inspectors observed visible leadership, with staff reporting good support and clear escalation routes. Student nurses described positive learning experiences during their placements. Workforce challenges and recruitment pressures were recognised, with initiatives in place to support the development and retention of newly qualified and internationally recruited nurses.

While staffing and governance arrangements were generally well managed, there was variation in appraisal completion rates across staff groups and clinical areas. Alongside limited protected time for leadership roles and inconsistent use of workforce systems, this was identified as an area for further improvement.

Senior charge nurses were visible and actively present across most clinical areas. Staff reported that they felt supported by senior colleagues and were confident in escalating concerns, including those relating to staffing pressures. Site safety huddles were inclusive of all departments and provided a whole-system overview of staffing, patient flow and risk in real time.

Workforce pressures and recruitment challenges continue to impact NHS Scotland. Senior managers reported that the remote and rural location of Balfour Hospital presents additional challenges in recruiting to vacant posts. Workforce data showed 2.5 vacancies in Band 5 and Band 6 registered nursing roles at the time of inspection, alongside a vacant Band 8A Clinical Nurse Manager post. Senior managers advised that this vacancy has impacted leadership capacity, including oversight of adverse event review processes.

Student nurses inspectors spoke with described positive learning experiences during their placements. In evidence submitted to us we can see NHS Orkney has developed a structured pathway to support newly qualified nurses as they move from training into practice. The programme is designed for the rural and island context and offers planned rotations across different clinical settings over a two-year period, followed by a consolidation post. This approach helps nurses build confidence and competence while gaining a broad range of experience and becoming part of the NHS Orkney workforce.

The pathway is supported by clear development expectations, dedicated preceptorship and regular clinical supervision, with a focus on wellbeing and professional support. Senior managers described strong interest in the programme, with high numbers of applicants and successful recruitment to all posts. Early feedback from participants has been positive, highlighting increased confidence, job satisfaction and readiness for practice. Overall, the pathway aims to support recruitment and retention, help develop a flexible nursing workforce and contribute to the long-term sustainability of services in a rural setting.

NHS Orkney has also put in place a structured and supportive approach to the recruitment and retention of internationally recruited nurses. Nurses joining from overseas receive preparation and ongoing support to help them meet professional requirements, alongside access to education, supervision and pastoral support. This includes input from the Practice Education Team, senior nursing staff and the international recruitment team, helping nurses to settle into their roles and the wider organisation.

Senior managers told inspectors that internationally recruited nurses have regular opportunities for professional development and access to clinical supervision that supports wellbeing and confidence. At the time of the inspection, 10 internationally recruited nurses were in post with some moving into further training and development. Nurses spoke positively to inspectors about their experiences of living and working in Orkney, describing feeling welcomed, safe and respected within the community and their teams. This focus on pastoral care and inclusion supports workforce stability and aligns with national expectations for international recruitment, contributing to the long-term sustainability of NHS Orkney's workforce. This focus on inclusion, staff wellbeing and long term workforce sustainability was recognised in May 2024 when NHS Orkney, in partnership North of Scotland Boards, received an International Recruitment Pastoral Care Quality Award.

Building on this focus on staff wellbeing, inclusion and long-term workforce sustainability, NHS Orkney also described actions to strengthen leadership capacity and support career progression within its nursing and midwifery workforce. As part of this approach, NHS Orkney has developed a Clinical Leadership Programme for nurses and midwives at Agenda for Change Bands 6 and 7, aimed at supporting staff who hold, or aspire to, clinical leadership roles and strengthening internal succession planning. Delivery takes place over a six-month period on a rolling basis, with an initial cohort of 18 nurses and midwives scheduled to begin in April 2026. NHS Orkney indicated that this forms part of a wider approach to improving leadership resilience and retention within a remote and rural context.

This leadership development offer includes a range of sessions focused on leadership behaviours, team culture, quality improvement, governance and staff wellbeing, drawing on expertise from across the organisation.

Time to lead is a legislative requirement under the Health and Care (Staffing) (Scotland) Act (2019). This is intended to ensure clinical leaders have protected time and resources to oversee appropriate staffing alongside their professional responsibilities and support the delivery of safe, high-quality and person-centred care. The Senior Charge Nurse role includes key leadership responsibilities such as oversight of quality and safety and the development of their teams, including the completion of annual appraisals. Staff appraisals are essential to enable staff to feel valued, support their development and promote a positive workplace culture.

Senior managers acknowledged the challenges associated with releasing protected leadership time and described systems in place to monitor and escalate where this cannot be achieved, including a dedicated Standard Operating Procedure (Adequate time given to clinical leaders (Time to Lead)). However, senior charge nurses across all three clinical areas told inspectors that accessing protected leadership time remains challenging due to service demand and staffing pressures, and that they did not feel they consistently had sufficient time to fulfil their leadership responsibilities in practice. Evidence provided by NHS Orkney demonstrated variation in the proportion of time senior charge nurses are able to allocate to leadership duties, ranging from approximately 6.4% in some clinical areas to up to 24.4% in others.

NHS Orkney provided data showing variation in appraisal completion rates for registered nursing staff, healthcare support workers and Allied Health Professionals across clinical areas, with compliance ranging from 0% to 100%.

We were provided with evidence that appraisal performance is monitored through performance review meetings alongside other workforce indicators, such as sickness absence and mandatory training compliance, with areas of low compliance discussed with senior leaders and expectations for improvement reinforced. We can also see appraisal data is reported through formal staff governance arrangements, including the Staff Governance Committee. Evidence provided, outlined a range of targeted actions to support improvement, including reinforcing line manager accountability,

providing practical support to managers to prioritise appraisal activity, and exploring changes to appraisal cycles to improve completion rates, with ongoing support from the NHS Orkney People and Culture Team. A requirement has been issued to support improvement in this area.

The Health and Care (Staffing) (Scotland) Act 2019 commenced on 1 April 2024. It stipulates that NHS boards have a duty to follow the Common Staffing Method (CSM). The application of the common staffing method supports NHS boards to ensure appropriate staffing and the provision of safe and high-quality care. From 1 April 2024, NHS boards are required to demonstrate that they are complying with the duties as cited in the legislation. Inspectors observed that clinical areas that were inspected were calm and well organised, with no staffing shortages reported during hospital wide huddles while we were onsite.

Inspectors reviewed NHS Orkney's application of the Common Staffing Method as part of its arrangements to support safe staffing and workforce planning. Evidence reviewed showed that staffing level tool outputs are considered alongside professional judgement, local knowledge and wider service specific quality and workforce information, in line with local procedures. Inspectors noted that Common Staffing Method activity has informed a wider review of nursing establishments across inpatient wards, the High Dependency Unit, the emergency department and Macmillan services. Where staffing pressure or variance has been identified, establishment changes have been agreed through governance routes, which has supported the recruitment of substantive staff and strengthening leadership capacity, skill mix and patient safety.

Senior managers explained limitations in how national staffing tools reflect the realities of providing care in a small remote hospital. In some inpatient areas, staff care for patients with a range of different needs at the same time, including medical, surgical and palliative care, which can increase workload and complexity. Wards made up entirely of single rooms may also reduce how easily staff can keep sight of patients and increase the time spent moving between rooms. These challenges are greater in a small remote service, where even small changes in patient needs can place added pressure on staffing and there is less flexibility to adjust resources at short notice. As a result, staffing tool outputs are considered alongside professional judgement and service specific information as part of Common Staffing Method to ensure staffing arrangements remain safe and appropriate.

Senior managers acknowledged that staffing tool use has been inconsistent to date, reflecting the early stage of implementation and variable staff familiarity with the tools. To strengthen assurance over time, senior managers informed inspectors that there is a renewed focus on improving consistency, with agreed plans to complete additional staffing tool runs across all departments. Inspectors were assured that, in the interim, staffing decisions continue to be reviewed through senior nursing oversight, incorporating patient acuity, workforce data, quality indicators and incident information. Governance of the Common Staffing Method process was

found to be supported through established operational, staff governance and board level routes, providing organisational oversight of staffing risks and mitigations.

Alongside staffing assurance through the Common Staffing Method, inspectors also reviewed NHS Orkney's arrangements for real-time identification and escalation of staffing risk to support safe and timely decision making in practice. This includes the use of an electronic staffing system to support real-time monitoring and escalation of staffing pressures, in line with the Health and Care (Staffing) (Scotland) Act. Senior managers described how the system was introduced across the organisation in 2023 to provide a consistent digital approach to recording staffing risk. Inspectors noted that use of the system has not yet been fully embedded across all acute services, with variable confidence and application across teams. Senior managers described a coordinated improvement approach aimed at reinforcing the system as the primary tool for day-to-day staffing risk assessment. This will be supported by a refresher training programme for all teams within NHS Orkney, which began in January 2026 and aims to improve data accuracy and ensure its appropriate use.

Evidence received showed that targeted improvement activity has been undertaken within higher acuity areas to improve the quality and timeliness of data entry, support consistent use of professional judgement and strengthen links between system outputs, operational huddles and escalation decisions. Inspectors were told that learning from this work is informing a phased approach to further rollout across services, taking account of workforce capacity and prioritising areas of higher clinical risk. Pending full embedding, additional controls are in place, including senior-led operational and safety huddles supported by structured documentation to record staffing levels, patient demand, mitigating actions and escalation. These measures support oversight of staffing risk while further improvement work continues.

Inspectors also reviewed NHS Orkney's Standard Operating Procedure for real-time staffing assessment and risk escalation. This Standard Operating Procedure sets out clear roles, responsibilities and escalation processes to support compliance with the Health and Care (Staffing) (Scotland) Act (2019), and provides a consistent framework for identifying, recording and responding to staffing risks in practice. The Standard Operating Procedure supports the use of the electronic staffing system for real-time monitoring and complements the Common Staffing Method by ensuring that staffing concerns, including severe or recurring risks, are escalated, mitigated and reviewed through established governance arrangements. While recognising the improvement work already underway, NHS Orkney must ensure the consistent and effective use of the electronic staffing system across clinical areas. This includes providing appropriate support and training for staff to embed the system into routine practice, so that it reliably supports oversight and informs decision-making, including as part of existing processes such as safety huddles. A requirement has been given to support further improvement in this area.

Areas of good practice

Domain 4.3	
5	We observed that the hospital safety huddles were well managed, open, transparent, and focused on patient care, with all disciplines attending and contributing.
6	Initiatives to support student and newly qualified nurses transition from training into practice.
7	Structured and supportive approach to the recruitment and retention of internationally recruited nurses

Requirements

Domain 4.3	
6	NHS Orkney must ensure that senior charge nurses have sufficient protected leadership time to fulfil their leadership and management responsibilities, including the completion of staff appraisals and support for staff development. This should include consistent monitoring and recording of when and why leadership time is compromised as part of mitigation for staffing shortfalls.
7	NHS Orkney must ensure consistent use of the electronic staffing tool to effectively identify, record and manage staffing risks.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

Inspectors observed consistently respectful, compassionate and person-centred care. Patients spoke highly of staff, describing care as kind and responsive, and described clear communication and support. Privacy, dignity and independence were well supported through single room accommodation and attentive care.

Inspectors observed that interactions between staff and patients were consistently professional, courteous and respectful. Patients and carers spoke positively about the care they received. All patients were accommodated in single rooms with access to a shower and toilet. Privacy was supported through the availability of blinds between the door and bed area when required.

The majority of patients were dressed in their own clothes and were sitting out at the bedside, supporting independence and wellbeing.

Inspectors observed staff delivering care in a kind and compassionate manner, taking time to support patients and explain treatments. Patients described care as person-centred, dignified and respectful and reported being kept informed about their care and treatment with regular updates provided to both patients and their families. Feedback from patients was overwhelmingly positive, with care described as “kind” and “exceptional”, staff praised for “going above and beyond” and that they

“couldn’t do enough for them”. One patient who had previously been transferred off island for surgery told inspectors they “couldn’t wait to get back to the Balfour”.

Nursing staff within both wards spoke positively about the support and availability of allied healthcare professionals colleagues such as physiotherapists, occupational therapists and dieticians. Patients also spoke highly of the support provided by allied healthcare professionals teams. Allied healthcare professionals staff were visible in both wards.

Areas of good practice

Domain 6	
8	All observed interactions were professional, friendly and respectful. Patients and carers spoke positively about the care they 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)
- Delivering Together for a Stronger Nursing & Midwifery Workforce (Scottish Government, March 2025)
- Fire Scotland Act (Acts of the Scottish Parliament, 2005)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, October 2014)
- 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)

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