

Unannounced Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Gilbert Bain Hospital

NHS Shetland

16-17 June 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 Gilbert Bain Hospital is a remote and rural hospital providing emergency and acute care along with planned care, diagnostics and investigative services. Visiting consultants provide outpatient clinics as well as inpatient and day case surgery to supplement the service provided by locally based consultants in general medicine, general surgery, anaesthetics and psychiatry. The hospital is supported by a range of health and care facilities across 16 inhabited islands providing care to a population of around 23,000.

About this inspection

We carried out an unannounced inspection in conjunction with a maternity services inspection to Gilbert Bain Hospital, NHS Shetland on Tuesday 16 and Wednesday 17

June 2026 using our safe delivery of care inspection methodology. We inspected the following areas:

- Ambulatory Care/Day Surgery Unit
- Emergency department
- Renal Ward
- Ward 1
- Ward 3

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 Shetland 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.

On Monday 6 July 2026, we held a virtual discussion session with key members of NHS Shetland staff to discuss the evidence provided and the findings of the inspection.

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 Shetland and in particular all staff at Gilbert Bain 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 staff working hard to deliver kind and respectful patient-centred care. Patients spoke highly of the excellent care that they had received and of the staff providing it.

All areas we inspected were calm and well led. Senior charge nurses were visible, easily identifiable and open to engaging with inspectors. Staff described a supportive senior management team and said they felt able to escalate issues or concerns.

The hospital wide safety huddles supported staff to identify potential staffing risks and evidence was provided of escalation and mitigations.

Despite an ageing-built environment, the hospital environment appeared clean although lacking in storage space.

Hospital managers advised that the remote and rural location of the hospital can create challenges in recruiting staff including the availability and affordability of staff accommodation.

We wrote to NHS Shetland in July to highlight concerns and seek further assurance in relation to low compliance with core mandatory and statutory training. This included fire safety, paediatric life support and child and adult support and protection. In response senior managers advised that Paediatric Immediate Life Support (PILS) will be the target level of resuscitation proficiency for emergency department and acute medical and surgical nursing teams.

Other areas for improvement identified include ensuring that clinical leaders are provided with protected time to fulfil their leadership responsibilities, including the completion of staff appraisals.

Further improvement is also required in ensuring compliance with appropriate hand hygiene and the safe storage of chlorine-based cleaning products.

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

This inspection resulted in eight areas of good practice, three recommendations and 13 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 Shetland 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 Gilbert Bain Hospital resulted in eight areas of good practice.

Domain 2	
1	Staff spoke highly of the support they received from senior managers (see page 19).
2	Frailty focused quality improvement initiatives were in place (see page 19).

Domain 4.1

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| 3 | All areas inspected were well led with a visible senior charge nurse presence (see page 24). |
| 4 | All patient use equipment we observed was clean and ready to use (see page 24). |

Domain 4.3

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| 5 | A structured and supportive programme for international nurses recruited to NHS Shetland is in place (see page 28). |
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Domain 6

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| 6 | Staff were observed to be working collaboratively to provide person-centred, compassionate care (see page 30). |
| 7 | Patients spoke positively of the care they received (see page 30). |
| 8 | Adults with Incapacity section 47 certificates we reviewed were completed to a high standard (see page 30). |

Recommendations

The unannounced inspection to Gilbert Bain Hospital resulted in three recommendations.

Domain 4.1

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| 1 | NHS Shetland should consider utilising person-centred assessment and care planning processes that include the use of 'Getting to Know Me' documentation to ensure the patient's wishes and views are central to care planning (see page 24). |
| 2 | NHS Shetland should ensure patients are offered hand hygiene prior to mealtimes (see page 24). |

Domain 4.3

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| 3 | NHS Shetland should ensure that all newly qualified practitioners have access to protected learning time to complete training, including the Flying Start Programme (see page 28). |
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Requirements

The unannounced inspection to Gilbert Bain Hospital resulted in 13 requirements.

Domain 1

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| 1 | <p>NHS Shetland must ensure a written process/pathway is in place to ensure continuity of care and staff support when paediatric patients require transfer to appropriate specialist sites (see page 16).</p> <p>This will support compliance with: Quality Assurance Framework (2022) Criteria 2.6 and 4.1.</p> |
| 2 | <p>NHS Shetland must ensure that all staff are suitably trained, confident and competent to safely carry out their role. This includes completion of statutory and role-specific training, including:</p> <ul style="list-style-type: none">• Paediatric basic life support• Paediatric immediate life support• Managing violence and aggression and• Child and adult support and protection (see page 16). <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019) and relevant codes of practice of regulated healthcare professions.</p> |
| 3 | <p>NHS Shetland must ensure a written process/pathway is in place to ensure the continuity and safe care of mental health patients when utilising the place of safety room within Gilbert Bain Hospital (see page 16).</p> <p>This will support compliance with: Quality Assurance Framework (2022) Criteria 2.6 and 4.1.</p> |
| 4 | <p>NHS Shetland must ensure all staff complete mandatory fire safety training and that this is recorded appropriately. This should include training in the safe evacuation of patients (see page 16).</p> <p>This will support compliance with: NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3 and Fire Safety (Scotland) Regulations (2006).</p> |

Domain 2

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| 5 | <p>NHS Shetland must ensure that there is appropriate multi-disciplinary team representation at meetings and safety huddles, including where appropriate, allied healthcare professionals and mental health services (see page 19).</p> <p>This will support compliance with: the Health and Care (Staffing) (Scotland) Act 2019 and Quality Assurance Framework (2022) Criterion 2.6.</p> |
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6	NHS Shetland must ensure timely review and implementation of lessons learned from reported incidents including staff feedback. (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.
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Domain 4.1

7	NHS Shetland must ensure that all patient care documentation is accurately and consistently completed including the National Early Warning Score 2 (NEWS2) charts (see page 25). This will support compliance with: Quality Assurance Framework (2022) Criterion 4.1 and relevant codes of practice of regulated healthcare professions.
8	NHS Shetland must ensure staff comply with hand hygiene and are bare below the elbows in accordance with current guidance (see page 25). This will support compliance with: National Infection Prevention and Control Manual (2023).
9	NHS Shetland must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per guidelines (see page 25). This will support compliance with: National Infection Prevention and Control Manual (2023) and the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
10	NHS Shetland must ensure patient discharge summaries are completed and discharge medications prescribed and dispensed appropriately (see page 25). This will support compliance with Quality Assurance Framework (2022) Criteria 2.6 and 4.1.
11	NHS Shetland must ensure that there is provision of appropriately trained staff that is reflective of the care needs of patients that is inclusive of the Ambulatory Care and Day Surgery Unit (see page 25). This will support compliance with: Health and Care (Staffing) (Scotland) Act (2019).
12	NHS Shetland must ensure an effective process is in place to support staff during periods of lone working, including the completion of a risk assessment to ensure the continuity of safe patient care and safe staff working (see page 25). This will support compliance with: Quality Assurance Framework (2022) Criteria 2.6 and 4.1.

Domain 4.3

- 13** NHS Shetland must ensure that there are systems and processes in place to support clinical leaders to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include, but is not limited to, staff appraisals (see page 28).

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

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

During our onsite inspection the emergency department was operating within capacity, with minimal waiting times and timely ambulance handovers. We observed that the department was calm and well led. However, areas for improvement were identified including staff compliance with training such as paediatric life support.

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, 63% of patients were seen within the four-hour target across NHS Scotland, with 86% of patients seen within four hours at Gilbert Bain Hospital. We can see in evidence provided that during the week of our onsite inspection, no patients at Gilbert Bain Hospital's emergency department waited longer than eight hours before being admitted, discharged or transferred.

The emergency department comprises of three patient cubicles, a resuscitation room with two beds, one triage room and one plaster room. Despite pressures on the hospital the department was well organised and calm.

We did not observe any delays to patients being transferred into the emergency department from ambulances during our onsite inspection. As there were no ambulances waiting, we were unable to speak to any of the Scottish Ambulance Service staff. Emergency department staff explained that it was unusual for there to be a delay in patients being transferred into the emergency department. However, if this occurred, patients remain under the care of colleagues from the Scottish Ambulance Service until a space becomes available in the department. Staff also advised that if a patient's condition deteriorated while waiting to be transferred, that this would be escalated to the nurse in charge of the department, who would assist and inform medical staff that further assessment and possible intervention were required.

We asked NHS Shetland to provide evidence of all incidents reported by staff through their incident reporting system for the three months prior to this inspection. We can see from these that there were no incidents reported in relation to patient transfer delays into the emergency department from ambulances.

At the time of inspection, the emergency department was operating within capacity with no contingency beds in use. However, inspectors were told by staff that should additional beds be required, patients would not be cared for in corridors. In these instances, the ambulatory care or the high dependency unit would be utilised for additional capacity for short periods of time.

We were provided with NHS Shetlands standard operating procedure documenting the process in place for the utilisation of surge beds. This includes the use of the high dependency unit and support from theatres recovery to source an additional bed, privacy screens and call bell. The decision to utilise the surge beds is made by the senior manager on-call for the hospital. The requirement for the surge beds should be reviewed every 12 hours to allow the high dependency pathway to reinstate as soon as possible.

Gilbert Bain Hospital does not have designated major or minor injury areas within the emergency department, nor does it have an acute admissions unit. All patients are transferred directly from the emergency department to an inpatient ward following assessment.

Patients who self-present or are referred via a general practitioner are triaged by a trained member of the emergency department team. 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. The Royal College of Emergency Medicine advises that triage should occur within 15 minutes of presentation. There is no standardised triage system in Scotland. NHS Shetland uses three level scales to assess vital signs and symptoms to determine treatment priority, reduce waiting times and manage crowded environments. Typically, this rapid process will be within 15 minutes of arrival, categorising patients by clinical urgency and prioritising care for life threatening conditions.

Inspectors were told that all registered staff within the emergency department were trained in a local triage model and we were provided with the competency framework that is completed. There were no delays to triage during our inspection. We did not see any incidents reported relating to delays in triage in the three months prior to the inspection. Senior managers advised that all emergency department nurses complete the Royal College of Nursing National Curriculum and Competency Framework for Emergency Nursing level two. This was produced in response to a demand from the Royal College of Nursing Emergency Care Associate members for clarity in the competencies of nurses working in emergency departments. The aim being to encourage professional development, leadership skills and career progression while promoting high-quality patient care and a culture that supports recruitment and retention. The framework is designed to support all nurses, from newly qualified through to experienced nurses. In addition to this, scenario-based training is undertaken as well as tabletop exercises which are facilitated by members of the multi-disciplinary team.

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. Patients attending the emergency department may be redirected to a more appropriate care setting as part of the triage process. This includes self-care advice or signposting to a more appropriate care provider such as a pharmacy or ophthalmologist.

Within evidence we were provided with the emergency department redirection policy which highlights the nurse led process of streaming or directing emergency department attendees to specific services within the emergency care system such as NHS24, dentists and sexual health clinics. It goes on to state that the emergency nurses must use their clinical experience in conjunction with discussions with a member of the medical team to ensure a positive outcome for the patient. There was no evidence of patients being redirected inappropriately within incident reports in the three months prior to our inspection.

NHS Shetland benefits from established, supportive clinical arrangements, provided primarily by NHS Grampian. This arrangement operates through an Obligate Network agreement which sustains the delivery of local services for Shetland while allowing access to specialist services outwith the island.

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 systemwide focus on equity of access, shared responsibility and continuous improvement across NHS Scotland.

The emergency department treats both adult and paediatric patients; however, the nursing staff working in the emergency department are registered adult nurses. As previously discussed, all emergency department nurses complete the Royal College of Nursing National Curriculum and Competency Framework for Emergency Nursing level two. This includes in-depth competency frameworks for caring for children and young people, including assessment and identification of acutely unwell children and young people including prioritisation at triage. As a remote and rural health board, NHS Shetland recognises that children and young people presenting to acute services are frequently cared for by registered nurses working within adult nursing teams. There were no paediatric inpatients observed during our onsite inspection.

NHS Shetland employs a part-time community consultant paediatrician who also works at NHS Grampian to support emergency care skills maintenance. The community consultant paediatrician will provide treatment planning input if a child is admitted locally via an urgent care pathway, as do the children’s nurses. The hospital is supported by the child health team, which provides planned care input for children with a range of visiting specialist paediatricians who provide input from their base at NHS Grampian. This includes paediatric orthopaedic surgeons who work alongside the consultant

surgeons and children's nurses, preventing unnecessary travel for children and their families to access services on mainland Scotland.

There are no dedicated inpatient paediatric facilities at Gilbert Bain Hospital. Children who require urgent care are seen in the emergency department by emergency care physicians who have paediatric and critical care competencies.

Paediatric admissions are only accepted where it is understood that the child can be discharged within 24-48 hours and they may be cared for within both inpatient ward areas depending on if the admission is medical or surgically related. Emergency care physicians and consultant surgeons have access to senior paediatric support from NHS Grampian through the on-call system and, where necessary, a multi-disciplinary approach is taken to decide if a child can be safely managed locally or requires transfer directly to the Royal Aberdeen Children's Hospital. We asked senior managers about the formal processes in place to support staff when paediatric patients require transfer off island. However, there is no specific standard operating procedure or protocol in place. A requirement has been given to support improvement in this area.

Where a child is critically unwell and awaiting transfer off island for enhanced care and treatment, we were advised a referral for support would be made to ScotSTAR. This is a national service for safe and effective transport and retrieval of critically ill children and adults throughout Scotland. Staff within the emergency department reported a good relationship with ScotSTAR and good availability of the service should this be required. We can also see that scenario training is provided by ScotSTAR to the staff of Gilbert Bain Hospital within the evidence. Any child who is assessed as clinically stable enough would be transferred by air ambulance or via a commercial flight with their families.

Within incident reports submitted as evidence we observed one instance relating to the care of paediatric patients awaiting transfer off island. We can see within the documentation that this is due to an appropriate aircraft not being available. There is documented communication between the services, a request for a video call to assess the patient's condition and most suitable mode of transport required as well as the consultant anaesthetist review. We did not observe any documented harm as an outcome of the delay to transfer.

Paediatric life support training includes basic, immediate and advanced life support. One healthcare support worker is trained in basic paediatric life support and 55% of registered nursing staff in the emergency department hold a current certificate in PILS. Immediate life support provides a variety of skills, from managing the deteriorating patient, identifying causes of deterioration and treating cardiac arrest in children.

We raised low training compliance with senior managers who advised all emergency department nursing staff had received additional training. This includes 90% of staff completing immediate life support and 84% advanced life support training. The emergency team bleep holder is trained in advanced life support and will lead the resuscitation until a consultant anaesthetist or emergency medicine physician is available to support or take over. However, these courses are aimed at life support of adult patients, not paediatric patients. We observed in evidence provided that eight

nursing staff in the emergency department and two in ward 1 have completed the Trauma Nursing Core Course (TNCC). A further five staff from the emergency department and one from ward 1 have also completed the European Trauma Course. Both these courses include paediatric care.

Evidence returned showed that there are two consultants and one senior nursing colleague within the emergency department as well as consultant anaesthetists who are trained in advanced paediatric life support or equivalent. The Royal College of Paediatrics and Child Health Standards 'Facing the Future: Standards for children in emergency care settings documents that there must always be one member of staff on duty who has advanced paediatric life support or equivalent training. Senior managers confirmed that separate rosters for emergency department physicians and consultant anaesthetists ensure that there is 24-hour cover provided. PILS training compliance within ward areas is also low with 16% compliance in ward 1 and 21% in ward 3.

NHS boards play a crucial role in child and adult support and protection. Adult and child protection training provides staff with the information required to promote the protection and wellbeing of adults and children. It also highlights the process to follow if staff are concerned that a person has been, or is at risk of being, harmed. Level one child protection training is aimed at all members of the health care workforce and provides information on what to do if they think a child is being harmed. Level two training is for staff who have direct and/or substantial contact with children and young people and families and carers. Level three training focuses on advanced safeguarding and covers more complex issues.

We asked NHS Shetland for information on staff training compliance for child support and adult support and protection training. From this we observed 88% of staff have completed the Once for Scotland: Child and Adult protection level one, with 25% completing level two training in the emergency department. Within the wards where paediatric patients are cared for, the training compliance for level two adult support and protection training is 11% in ward 1 and 21% in ward 3.

We wrote to NHS Shetland in July to highlight concerns and seek further assurance in relation to low compliance with core mandatory and statutory training. This included fire safety, paediatric life support and child and adult support and protection. In response, senior managers advised that PILS will be the target level of resuscitation proficiency for emergency department and acute medical and surgical nursing teams. This is intended to ensure staff have the skills and competence for the clinical care they provide. A requirement has been given to support improvement in this area.

NHS Shetland also provided an improvement action plan. This outlined the current training compliance levels and the expected compliance position by November 2026. The action plan confirmed that level 2 and level 3 child protection training programmes are planned for 2026 and 2027 to supplement the online training already available. NHS Shetland is also reviewing the protected learning time required to support staff to maintain training and skills competencies. An organisational risk has been added to the NHS Shetland risk register to reflect the current position and support ongoing workforce and service planning.

A consultant psychiatrist provides on-call cover to support the mental health officers, mental health nurses and support staff within hours and also on-call provision for out of hours. NHS Shetlands Psychiatric Emergency Plan outlines the procedures for managing a psychiatric emergency, minimising distress and disturbance for the patient and ensuring as smooth and safe a transition to the appropriate treatment setting as possible. We observed admission care documentation aligns with the Psychiatry Emergency Plan to ensure a person-centred approach is provided.

A place of safety is a designated location where a person experiencing an acute mental health crisis can be assessed and receive appropriate care and treatment.

Patients who require to be cared for within a place of safety are transferred to ward 3 where there is an ensuite, single room facility with access to a low stimulus room and also a forensic suite within the ground floor for ongoing assessment and care. However, these are not low risk ligature areas. Ligature risk is reduced and mitigated by continuous interventions at all times. Observation levels, including continuous intervention where required, are determined by the assessed level of risk as documented within the risk assessment for the place of safety rooms. The ligature risk assessments highlight that there are no standard operating procedures for the use of the place of safety rooms. Senior managers explained this is due to the settings not being exclusively utilised for the provision of patients with an acute psychiatric crisis. A requirement has been given to support improvement in this area.

Management of violence and aggression training is essential to promote patient and staff safety. We observed five reported incidents of patients displaying aggressive behaviour either towards staff or other patients. Staff told us a debrief would take place following an incident. These would normally be informal due to the size and availability of the teams. This would be carried out almost immediately following the incident. Any learning from incidents would be implemented and shared with the wider teams as well as discussed at handovers and regular team meetings. Staff can also be referred to occupational health for additional support.

NHS Shetland have a violence and aggression prevention training protocol which supports the national Once for Scotland - Work related Violence and Aggression Policy. Training requirements within this are evaluated based upon individual departments level of risk. The training can range from, but is not limited to, managing difficult telephone conversations, de-escalation techniques and high-risk emergency intervention training. However, staff training compliance rates range from only 4% to 47% across nursing staff and 67% of medical staff. A requirement has been issued to support compliance in this area.

The use of covert medication refers to the practice of administering medication in a disguised form which is usually administered in food or drink. The most common scenario being refusal to take medication where treatment is deemed necessary for the individuals physical or mental health. NHS Shetland adopt NHS Grampian's Policy for the Covert Administration of Medicines in Adults which provides a legal and governance framework for administering medication covertly to adults who lack capacity. The policy emphasises the importance of multidisciplinary decision-making, consultation with legal

representatives, pharmacist involvement, robust documentation, regular review and adherence to Adults with Incapacity and Mental Health legislation.

Covert administration must only occur when it is in the patient's best interests, represents the least restrictive option and all alternative approaches have been considered. During our onsite inspection we were able to review care plans for a patient who was receiving covert medications. The care plan was fully completed with all the appropriate information documented within the covert medication care pathway.

Evidence of Once for Scotland - Fire Safety training showed variable compliance across the clinical areas, with only ward 1 and day surgery unit obtaining 100% compliance, the emergency department 90% and ward 3 69%. NHS Shetland reported there has been issues identified with the online learning resource system in relation to compliance not being recorded for departments. This issue is being reviewed by NHS Shetland.

Fire warden training dates offered were provided from January to May 2026. However, no figures were provided for staff who have completed the training. This requires the staff member to have been nominated by their line manager and to have completed the mandatory fire safety module before undertaking the annual fire warden training.

Senior charge nurses told inspectors that recent fire evacuation training had been carried out, with staff being shown how to use evacuation aids appropriately to ensure a safe evacuation. This followed on from an issue with lifts being out of use. There was no evidence provided of training dates or numbers of attendees provided. We raised low fire training compliance in our letter to NHS Shetland requesting further assurance of training compliance. NHS Shetland letter of response includes predicted improvement of 86% compliance or above by November 2026. A requirement has been given to support improvement in this area.

Fire folders and evacuation information was displayed at the entrance to the clinical areas inspected. All staff spoken to were aware of the fire evacuation process and also what patients, if any, would require support and assistance to evacuate safely. All fire doors were free from obstruction and the provided fire plans were current.

Requirements

Domain 1

1	NHS Shetland must ensure a written process/pathway is in place to ensure continuity of care and staff support when paediatric patients require transfer to appropriate specialist sites.
2	NHS Shetland must ensure that all staff are suitably trained, confident 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 • Managing violence and aggression and • Child and adult support and protection.
3	NHS Shetland must ensure a written process/pathway is in place to ensure the continuity and safe care of mental health patients when utilising the place of safety room within Gilbert Bain Hospital.
4	NHS Shetland must ensure all staff complete mandatory fire safety training and that this is recorded appropriately. This should include training in the safe evacuation of patients.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

Inspectors observed a supportive culture where staff spoke highly of their workplace and the senior management team. We observed supportive conversations during safety huddles with the prompt identification of potential safety or staffing risks.

During our onsite inspection we were able to attend the hospital wide safety huddle which is held daily at 8:30am. This was attended by members of the multi-disciplinary team including senior managers, nursing, medical, laboratory and domestic staff. The purpose of a safety huddle is to provide site situational awareness, understand patient flow and raise issues, such as patient safety concerns, review staffing and identify wards or areas at risk due to reduced staffing levels. We observed supportive conversations regarding areas that required additional input with the prompt identification of any potential staffing concerns. Risk mitigations discussed included the redeployment of staff between clinical areas and use of bank staff if available.

We attended the multi-disciplinary team meeting that follows on from the daily hospital safety huddles where we observed collaborative working and evidence of strong working relationships across both the hospital and community teams. Inspectors observed that the meeting was well led with a clear role and purpose. However, during both the hospital wide safety huddle and the multi-disciplinary team meeting, there was no representation from allied healthcare professionals, the estates team or mental health representatives. As there is not a dedicated mental health professional on site at

all times staff told us that regular attendance by the mental health team can be challenging. A requirement has been given to support improvement in this area.

A multi-disciplinary ward safety huddle is carried out following the handover from each shift within inpatient areas. Although inspectors did not have the opportunity to observe these, staff told us these were used to discuss patient safety concerns, to ensure appropriate treatment is being considered to ensure timely investigations, admission or discharge, falls risks as well as staffing concerns.

Staff spoke highly of the support provided by direct line managers and senior managers, who were visible within the clinical areas and easily contactable if required. There is a silver command on duty within the hospital, contactable through the paging system, to which any patient or staff safety concerns can be escalated to. All areas visited by the inspectors were organised and calm. Staff reported feeling confident to escalate any concerns and were assured these would be responded to promptly.

A delayed discharge 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. We were told that Gilbert Bain Hospital had reported 11 delayed discharges during the time our inspectors were onsite. NHS Shetland provided examples of quality improvement work to address delayed discharges. This work supports the aim of reducing the number of patients who experience delays to their discharge. The Discharge Without Delay programme is a national initiative that aims to prevent unnecessary delays in hospital discharges by promoting early, coordinated planning across the entire healthcare system, including NHS staff, hospital-based social care workers and community teams. The core objective being to limit hospital stays to what is clinically and functionally essential, ensuring patients return home as soon as they are ready. More information can be found [here](#).

NHS Shetland commenced its Discharge Without Delay programme in June 2026 with a particular focus on frailty. Educational sessions are being delivered two to three times per week to promote the importance of early discharge and the concept of the “golden 72-hour window.” The programme highlights that outcomes for frail patients are often largely determined within the first 72 hours of admission, during which patients are most likely to either show improvement or experience potential irreversible decline.

The Rockwood frailty score is a recognised validated tool that assesses frailty in adults. More information can be found [here](#). This is currently being embedded in NHS Shetland with ongoing monitoring to assess accuracy of use and implementation. All staff who attend the Discharge Without Delay – Focus on Frailty training sessions are being asked to have completed the clinical frailty score training module before attending. NHS Shetland shared a quality improvement measure specifically for this group of patients. Each patient will receive an activity passport to aid maintaining their activity levels during their inpatient stay. The exercises will be tailored to each individual patient’s capabilities with a focus on prevention and the aim to reduce a hospital stay thus aligning with the Scottish Operational Improvement Plan 2025-26.

We were also shown the 'Let's get you discharged without delay' patient and relative information leaflet. This sets out the expectations of the discharge planning process, outlining how delays to discharge can have serious consequences for a patient's health especially if they are considered frail as well as the emotional wellbeing impact.

The national framework for reviewing and learning from adverse events in NHS Scotland indicates that all adverse incidents should be reviewed. The level of the review will be determined by the category of the event and is based on the impact of harm, with the most serious requiring a significant adverse event review. More information can be found [here](#). Senior managers advised that NHS Shetland clinical governance team coordinates the thematic analysis of the learning from adverse events which is shared with relevant governance groups and in organisational adverse event and risk reports.

Level three reviews are normally led by the head of department with most reviews at this level occurring where the harm is recorded as negligible or minor or as a 'near miss.' The majority of adverse events reported in NHS Shetland fall into this level of review. The review timeline guidance states that the incident should be closed within 10 working days from when reported. However, we can see in data provided that although the majority of incidents had the initial review within a timely manner, less than 50% of level 3 reviews were closed within 10 days. We also saw this reflected within our corresponding maternity services inspection.

From evidence submitted in relation to safety incidents we were able to observe that learning is recorded on the electronic system following investigation. The majority of the recorded incidents provided a full description of the incident, lessons learned, what had gone well and what could have been improved. Staff reported to inspectors that they felt confident to submit incident reports. However, they did not always receive verbal feedback on the outcome. A requirement has been given to support improvement in this area.

We identified through reviewing clinical incident reports that one of the highest categories of reports was falls. NHS Shetlands clinical governance committee report highlights that quarter four saw an increase in falls per 1,000 occupied bed days. The majority of the patients involved in these falls were frail, elderly patients with complex care needs who have had previous falls. We can see that attempting to mobilise to the bathroom was a common theme within the falls report. As part of a focus on frailty, quality improvement measures are being considered and introduced to try to reduce the falls rate. This includes the updating of falls paperwork, including the post-falls bundle, as well as considering how enhanced care is delivered within the multidisciplinary team. Hydration was a key factor with measures like providing decaffeinated drinks as standard with the aim of decreasing overnight incontinence while improving the overall sleep quality and reducing agitation. Patients also have call bells close to them to call for assistance to go to the bathroom.

A fluid audit was carried out by dietician students looking at a general overview of patient fluid intake, ease of access and the use of fluid balance charts. The findings showed that overall, nursing staff prioritise patient hydration well with strict jug filling timetables and appropriate assistance. Fluid intake is also discussed at ward safety

huddles and handovers. However, fluid balance charts could be variable dependent on which staff member was completing them. Patient feedback showed overall satisfaction with access to water and alternatives such as tea and juice. The common theme that arose was the weight of the jug and pouring ability. The lids were reported as not being secure and spillages were common. We were told a further test of change around hydration status is due to commence in August 2026 with introducing smaller water jugs. We were told this audit will be repeated following the test of change completion.

Areas of good practice

Domain 2

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|---|---|
| 1 | Staff spoke highly of the support they received from senior managers. |
| 2 | Frailty focused quality improvement initiatives were in place. |

Requirements

Domain 2

- | | |
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| 5 | NHS Shetland must ensure that there is appropriate multi-disciplinary team representation at meetings and safety huddles, including where appropriate, allied healthcare professionals and mental health services. |
| 6 | NHS Shetland must ensure timely review and implementation of lessons learned from reported incidents including staff feedback. |

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

All areas inspected were calm and well led and delivering patient-centred care. Despite an ageing-built environment all areas inspected were clean. However, we observed poor compliance with bare below the elbows guidance, hand hygiene and unsecured storage of chlorine-based cleaning products.

We observed friendly, relaxed and professional relationships with good multi-disciplinary teamwork. Senior charge nurses were present and visible in all clinical areas. Patients spoke enthusiastically about the excellent care they received. Call bells were answered promptly and staff were seen to provide dignified, patient-centred care. Patients described staff as attentive and willing to help.

All patient care documentation reviewed, including Peripheral Venous Catheter (PVC) bundles, falls risk assessments and Malnutrition Universal Screening Tools (MUST) were completed to a high standard.

Inspectors observed good completion of the National Early Warning Score 2 (NEWS2) charts. This is a chart which record a patient's physiological parameters such as pulse and blood pressure and will alert staff if a patient is at risk of deterioration. Within evidence provided we can see that there was a slight improvement in the appropriate frequency of completed NEWS2 charts from 77.5% in quarter three to 80% in quarter four. However, accuracy of observations completed had decreased from

87.5% to 70%. This was similarly reflected in the corresponding maternity services inspection. A requirement has been given to support improvement in this area.

While we observed patients' admission booklets were completed well, it lacked any details that would help the staff to understand who and what is important to the patient and allow the staff to get to know the patient better. There are tools available across NHS Scotland such as 'Getting to Know Me.' This is a simple tool that can be offered to anyone within a hospital but is particularly useful for those with a cognitive impairment. For further information, see [here](#). The document allows staff to get to know the person, understand who and what is important to them and what their likes and dislikes are. This is routinely used in healthcare and supported by Alzheimer's Scotland and the Scottish Government. A recommendation has been given to support improvement in this area.

We observed pressure ulcer risk assessments were completed to a good standard. However, within incident reports we reviewed, 14 related to pressure ulcers across both inpatient ward areas within the period from March until June 2026. Nine of these state that the patient was admitted to Gilbert Bain Hospital already having acquired these pressure ulcers due to several potential contributing factors such as frailty, limited mobility and continence issues while in the community.

The incident reports highlighted the majority of pressure ulcers were identified on admission and had appropriate interventions such as skin assessments, positional changes implemented, pressure relieving mattresses and tissue viability team input. There were five incident reports that were categorised as potentially having developed while the patient was being cared for within the hospital setting. The incidents reports submitted were completed fully with what immediate actions had been taken, what improvements could be made and what lessons had been learned.

NHS Shetlands clinical governance committee minutes from June 2026 show that three hospital acquired pressure ulcers were reported in quarter four through the electronic adverse event system and identified on both inpatient ward safety crosses. Patient safety crosses are a visual data collection tool to monitor and improve safety practices such as the recording of incidents like pressure ulcers. Mitigations recorded included full skin inspections being completed, pressure areas being appropriately dressed, the patient being transferred onto airwave mattresses and care plans being completed to include regular positional changes and skin chart completion. At the time of the inspection process these were under review by the senior charge nurses (SCN) and the tissue viability nurse.

Gilbert Bain Hospital includes a high dependency unit providing level two critical beds for patients requiring more intensive observation, treatment and nursing care than can be provided on a ward. This includes patients recovering from surgery or those needing advanced pain management and fluid balance monitoring. This unit is within and staffed by ward 1. We were told that there are currently nine staff who are assessed as competent to look after patients who require this higher level of care. We were provided with evidence of the competency-based framework that the nurses complete to ensure that they have the skills and knowledge to deliver effective interventions

when providing care within the high dependency unit. These competences include assisting the medical staff with the insertion of arterial and central venous catheters and also the maintenance of these lines while monitoring the patients.

Nursing staff are not trained to take care of patients who require invasive ventilation within this area. If this is required prior to transferring a patient off island to an appropriate intensive care unit an on-call anaesthetist and anaesthetic nurse are available to provide care for the patient. Additionally, nursing staff within the unit provide an overnight on-call service provision should a patient require high dependency care to ensure that the staffing levels remained safe for the other patients within the ward.

The ambulatory care and day surgery unit is an area with 12 trolley spaces and is managed by the senior charge nurse in ward 1. The department provides pre and post-operative care for patients undergoing elective surgery as well as ambulatory pathways such as biologic therapies, day infusions and bladder treatments. Biologic therapies are advanced medicines that target specific components of the immune system or disease process. They are increasingly used to treat chronic and complex conditions such as autoimmune diseases, cancer and severe asthma. Unlike traditional drugs, biologics require specialist preparation, monitoring and administration, often delivered intravenously or by injection within ambulatory care. Biologic therapies can present a significant patient safety risk due to their complexity and monitoring requirements.

Competencies for staff delivering this service are significant with the evidence showing that there is a small cohort of registered nurses with these skills, with no resilience for staff absence. Staff who support the department are often not trained in biologics. In evidence provided there is no protected time provided for staff within ambulatory care for personal development or study time and all mandatory training was carried out in staffs own time. A requirement has been given to support improvement in this area.

Ambulatory care staff are scheduled to finish at 16:00 while ward 1 staff work 12-hour shifts. Staff told inspectors there have been occasions when ambulatory staff have had to remain beyond their scheduled finish time because patients have not fully recovered from their procedures or theatre lists had run late. Staff also described it could be difficult to take this time back due to staffing shortages. This can result in a staff member working alone within the department after 16:00. Staff advised that this would be escalated to the on-site nurse in charge of the hospital who would maintain regular contact with ward staff and escalate to senior managers if required. The NHS Shetland Lone Working and Working in Isolation Guidance provides local context in support of the Once for Scotland – Lone Working Policy. It provides guidance to support the development of lone working procedures and the need for a lone working risk assessment to be completed. We discussed the staffing issues of the ambulatory care unit with senior managers; however, we did not observe any evidence of risk assessments being completed or of any formal mitigations in place to ensure the safety of both staff and patients. A requirement has been given to support improvement in this area.

We observed mealtimes in one of the inpatient wards during the inspection. These were well organised, with meals served promptly and appropriate assistance provided to patients when required. There was not a designated mealtime coordinator, however, there was a whole team approach that ensured that patient's bedside tables were cleared in preparation for meal times and that any dietary requirements were highlighted. Patients told us that the quality of the food was good and that there was a sufficient choice of meals on the menu.

Staff told us that patients should be offered hand hygiene prior to their meal, with the provision of hand wipes. However, this was not observed by the inspectors. A recommendation has been given to support improvement in this area.

Hand hygiene is considered an important practice in reducing the transmission of infectious agents which causes infections within the healthcare setting. Hand hygiene involves '5 moments' when hand hygiene should be performed. These are prior to touching a patient, prior to performing a procedure, after a procedure or body fluid exposure risk, after touching a patient or after touching a patient's surroundings.

Inspectors observed that there was missed hand hygiene opportunities within several clinical areas. Within one inpatient area we observed a lack of availability of alcohol-based hand rub dispensers in the patient bays. This was highlighted with the senior charge nurse of the area during feedback who explained that there should be bottles attached to the bottom of each bed. However, when patients are transferred these bottles can be lost. Several medical and allied healthcare professionals were observed not complying with bare below the elbows guidance with the wearing of wrist watches. Adhering with bare below the elbows is essential to support effective hand hygiene. A requirement has been given to support improvement in this area.

Other standard infection prevention and control precautions include patient placement, the use of personal protective equipment (such as gloves and aprons), management of the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries). Personal protective equipment including items such as gloves and disposable aprons was observed to be used in line with the National Infection, Prevention and Control Manual with donning and doffing procedures carried out appropriately in most areas.

Transmission based precautions are additional infection control precautions that are required to be used by staff when caring for patients with known or suspected infections. There was minimal areas where these precautions were in use. Where required, clear signage was in place and patient confidentiality was maintained.

We observed good compliance with used linen and sharps management in most areas. Sharps boxes were labelled clearly with the majority having the temporary closure mechanism in use. The use of the temporary closure prevents needles or other sharp objects protruding from the boxes or falling out of the container if it is dropped. Clean linen was covered and stored appropriately while used linen was segregated and disposed of correctly in line with the National Infection Prevention and Control Manual.

Care equipment can easily be contaminated with blood, body fluids and excretions during care delivery, making it a possible source for transmission of infectious agents. All patient care equipment reviewed appeared to be clean and ready to use with a sticker identifying when the equipment was last cleaned. Due to the lack of storage, some equipment, such as moving and handling equipment, was being stored within a large bathroom. Staff told inspectors that when the bathroom was required for patients the equipment would be moved into the corridor to reduce any contamination risk, it would then be cleaned before being moved back into the bathroom.

In the majority of clinical areas we observed that chlorine-based cleaning products were not always stored securely and could potentially be accessed by members of the public or patients. This is not in line with the Control of Substances Hazardous to Health Regulations 2002 which stipulate that these products must be kept in a secure area such as a locked cupboard. A requirement has been given to support improvement in this area.

Gilbert Bain Hospital is an ageing building where some areas had visible wall and ceiling damage, older dated bathrooms and general signs of wear and tear. All areas of the hospital that we visited, including reception areas and general corridors were clean and tidy. However, cluttered with equipment due to the lack of storage space. The outer aspect of the hospital is currently being supported by scaffolding. However inspectors were advised that this had been in place for at least 18 months prior to the inspection and, although unsightly, was not causing any issues.

Inspectors were advised by a member of staff that if they have any maintenance requests that they are easily able to report on the estate departments portal. However, we were also told that it is sometimes quicker to simply call the estates team who will attend and rectify if possible. Inspectors spoke with staff regarding the routine flushing of water outlets within the clinical areas. Compliant water flushing records were available and displayed within the ward notice board alongside the cleaning schedules.

Clean utility rooms in the two inpatient areas were not locked. However, all medications were safely stored with fridges and cupboards locked. Throughout the inspection we observed that patients own medications were stored within locked bedside pods and administered from these. There were no visible, unattended medications on bedside tables. However, we observed two reported incidents relating to patients medications not being securely stored within a bedside pod and of medications not being disposed of correctly. This is not in line with the professional guidance and administration of medicines in healthcare settings (Royal Pharmaceutical Society and Royal College of Nursing 2019).

Additionally, a small number of incidents were also recorded in relation to the safe discharge of patients, which included discharge medications and discharge summaries. NHS Shetland has seen an increase in incidents relating to delayed completion of emergency discharge letters and, in a small number of cases, discharge prescriptions not being completed prior to patient discharge.

NHS Shetland advised these incidents coincided with the implementation of the upgraded electronic discharge summary system. While the transition to the electronic system introduced additional process steps and may have contributed to some delays during the initial adoption period, the incidents are considered multifactorial by NHS Shetland. This includes changes in workflow, staff familiarity with the new system and the requirement for both completion and authorisation of discharge documentation before it becomes visible to the GP. An action plan was provided which aims to improve the quality and completion of the discharge summaries. This includes staff contacting the pharmacy department daily to advise of upcoming discharges, followed by a further phone call to update when the discharge summary is completed.

Incident reviews have not identified a specific system-related failure relating to discharge prescriptions. Robust discharge processes are essential and senior managers confirmed they had reinforced with staff the requirement to ensure all discharge medications are prescribed, dispensed where required and clearly documented prior to patient discharge. A requirement has been given to support improvement in this area.

Areas of good practice

Domain 4.1	
3	All areas inspected were well led with a visible senior charge nurse presence.
4	All patient use equipment we observed was clean and ready to use.

Recommendations

Domain 4.1	
1	NHS Shetland should consider utilising person-centred assessment and care planning processes that include the use of 'Getting to Know Me' documentation to ensure the patient's wishes and views are central to care planning.
2	NHS Shetland should ensure patients are offered hand hygiene prior to mealtimes.

Requirements

Domain 4.1

7	NHS Shetland must ensure that all patient care documentation is accurately and consistently completed including the National Early Warning Score 2 (NEWS2) charts.
8	NHS Shetland must ensure staff comply with hand hygiene and are bare below the elbows in accordance with current guidance.
9	NHS Shetland must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per guidelines.
10	NHS Shetland must ensure patient discharge summaries are completed and discharge medications prescribed and dispensed appropriately.
11	NHS Shetland must ensure that there is provision of appropriately trained staff that is reflective of the care needs of patients that is inclusive of the Ambulatory Care and Day Surgery Unit.
12	NHS Shetland must ensure an effective process is in place to support staff during periods of lone working, including the completion of a risk assessment to ensure the continuity of safe patient care and safe staff working.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Inspectors observed senior charge nurses were visible during the inspection with staff reporting a supportive leadership team. Workforce pressures and recruitment challenges were recognised.

Workforce data provided by NHS Shetland included the vacancy and sickness absence rates for the nursing staff within Gilbert Bain Hospital. NHS Scotland continues to experience recruitment challenges and workforce pressures. However, senior managers confirmed that the remote and rural location of Gilbert Bain Hospital adds further challenges for recruiting into vacant posts. Workforce data provided shows staff sickness is lower at 2.6% than the planned 4% within the acute nursing service, with the overall nursing vacancy rate at 8.5%. We consider a high vacancy rate to be above 10%.

NHS Shetland has recently introduced an upgraded electronic workforce management system which records real time staffing numbers including skill mix and also considers patient acuity and dependency. During this inspection we reviewed staffing levels, skill mix, escalation processes and workforce pressures across a range of departments. Staff we spoke with described feeling confident in the use of the system and feeling assured that their decisions in relation to professional judgement were accepted by senior managers and appropriate action taken. Mitigations included the redeployment of staff to assist in areas of higher acuity or a request for bank staff. However, this can be limited due to the small pool of bank staff available.

The electronic workforce management system uses a red, amber, green and grey (RAGG) status to indicate staffing levels, patient acuity, staffing risks and professional

judgement. Grey indicates no issue or escalated risk, green indicates safe and appropriate staffing, amber indicates staffing pressure with mitigations in place and ongoing monitoring and red indicates unsafe staffing and significant risk requiring immediate escalation.

Within evidence, NHS Shetland demonstrates the use of the workforce management system. Clinical teams use professional judgement functions to raise staffing risks which includes skill mix and inadequate staffing levels and associated mitigation as well as the red flag function.

The red flag function is used to signal a potential risk or harm to patients relating to the allocation or availability of clinical staff within an area. Within evidence provided there were two documented red flag episodes in the three months prior to our inspection. The first incidence related to a high workload that resulted in missed staff breaks. The second incidence related to the nurse in charge of a ward being required to take a clinical caseload which affected their protected leadership time and staff breaks due to inadequate staffing and skill mix. Both incidents were mitigated through the redeployment of a registered staff member from another department to support.

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 CSM 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.

NHS Shetland provided CSM and professional judgement assessments which identified that most of the departments staffing requirements exceed the funded establishment due to several factors which include remote and rural generalist requirements, an ageing, frail population with high dependency needs that include long term comorbidities and increasing nurse-led services. Through this method, significant resource requirements have been identified for seven out of nine areas of nursing resulting in a lack of assurance that the staffing aligns with the requirement of the safer staffing legislation. This was raised with senior managers during the inspection process. A requirement has been given to support improvement in this area.

Senior managers described staffing challenges and limitations in how national staffing tools reflect the realities of providing care in a small remote hospital. Within inpatient areas in NHS Shetland staff care for patients with a range of different needs at the same time, including medical, surgical and high dependency care. NHS Shetland recognise the need to recruit 20.8 whole time equivalent nurse posts with 12.9 whole time equivalent posts identified as critical to minimise the use of supplementary staffing. In the interim, mitigations include the use of bank and agency staffing to provide assurance that staffing is appropriate to support safe, high-quality care.

Workforce data provided demonstrates the overall use of supplementary registered nursing staff, band 5 to band 8 for May 2026 has remained the same from May 2025. With an increase within band 2 to band 4 staff use from 5.65 whole time equivalent to 6.33. Supplementary staffing such as bank, agency and the use of overtime for

substantive staff is being used to maintain safety, however the workload tool outputs show that it is financially not sustainable.

Time to lead is a legislative requirement under the Health and Care (Staffing) (Scotland) Act (2019). It enables clinical leaders to have protected time and resources to support appropriate staffing and fulfil wider professional duties that contribute to the delivery of safe, high-quality and person-centred healthcare. The majority of senior charge nurses we spoke with described not always having appropriate time to lead. However, they told us they were working with staff to enable personal and professional development where time allowed.

On some occasions senior charge nurses described having to change duties from supervisory management days to taking a clinical caseload due to short term sickness. This was evidenced within the professional judgement of the workforce management system discussed earlier in this domain. The clinical leadership role has many key areas of responsibility for the senior charge nurse to undertake including return to work interviews and annual staff appraisal.

Within evidence submitted the overall compliance for completion of annual staff appraisals is 48% across all sectors. Breakdown of this data shows a variation in completion of appraisals across the hospital ranging from 3% to 57%. Staff appraisals are essential to assessing and supporting staff performance. A requirement has been given to support improvement in this area.

NHS Shetland described actions to strengthen leadership capacity and support progression within its workforce. As part of this approach, we can see that 55 members of the multi-disciplinary team have undertaken the Leading an Empowered Organisation training. Leadership development is well recognised as an essential component of safe and effective care, improved staff satisfaction, succession planning and staff retention. Key outcomes of the training include encouraging ownership, accountability, teamwork, quality improvement and healthy, inclusive and engaging leadership style.

We were provided with evidence of staff evaluation of the three-day programme, which was positive. One common theme was that the course would be beneficial for all staff to undertake, not just those in a leadership capacity as its transferable across sectors and job roles.

During the onsite inspection there were no student nurses on placement within the hospital. However, we were able to review the feedback from the previous quarter of student nurses received on QMPLE. This is the quality management of the practice learning environment which is a web based resource developed by NHS Education for Scotland to monitor and improve the quality of nursing and midwifery practice learning experiences.

Ten student nurses provided feedback from their experience of their placement and 100% of these were very satisfied with their learning experience. This is an increase from 75% in the previous quarter. Overall, the feedback highlighted the variety of placement settings, the availability of practical learning opportunities and the positive support they received.

We were provided with copies of the orientation programme for registered practitioners for both of the inpatient areas. This outlines the assessment and development of existing and newly acquired skills through a competency-based framework. The staff members allocated assess their practice through observation and signs them off when competent.

The Flying Start Programme is for newly qualified staff transitioning from training student roles to registered practitioners. This is a structured programme aimed at newly qualified practitioners in Scotland. This includes nurses, midwives and allied healthcare professionals. Its primary goal is to support learning, professional development and confidence building during the transition from student to registered professional. However, the completion rate for this programme within NHS Shetland sits at only 29%. The Scottish Government recommends that all newly qualified practitioners complete this programme within their first year of practice. A recommendation has been given to support improvement in this area.

Senior managers explained a number of internationally trained nurses had been recruited into the hospital. The evidence provided shows a structured and supportive programme to help the nurses prepare professionally but also providing information on driving licence requirements and how to obtain a bank account. Signposting the nurses towards local services such as accommodation, childcare, shopping and places of worship is also provided by the human resources department. Nurses spoke positively about their experiences of working and living in Shetland, describing feeling welcomed into the community and importantly, feeling safe. The feedback from some staff was that retaining the nurses on the island can be challenging after they gain initial experience. The realities of island life, the isolation from the mainland and difficulties with accommodation were attributed to nurses not choosing to stay longer term.

Areas of good practice

Domain 4.3

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| 5 | A structured and supportive programme for international nurses recruited to NHS Shetland is in place. |
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Recommendations

Domain 4.3

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| 3 | NHS Shetland should ensure that all newly qualified practitioners have access to protected learning time to complete training, including the Flying Start Programme. |
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Requirements

Domain 4.3

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| 13 | NHS Shetland must ensure that there are systems and processes in place to support clinical leaders to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include, but is not limited to, staff appraisals. |
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Domain 6 – Dignity and respect

Quality 6.2 – Dignity and respect

We observed patients were treated kindly with respect and compassion. All interactions between staff and patients were positive with patients speaking highly of the staff and the care they received.

Inspectors observed staff working hard to provide kind, compassionate and person-centred care. Patients we spoke with described caring staff who were attentive to their needs while acknowledging how busy the staff were.

We observed caring interactions with staff consistently treating patients with dignity and respect. Staff appeared to know their patients very well and had excellent relationships established.

Feedback from patients was overwhelmingly positive. Care was described as ‘super’ with staff being praised for ‘making the renal unit feel like home’ and that they could not do enough for them. One patient inspectors spoke with was reluctant to leave as they felt so well cared for and did not want to miss their favourite meal on the menu. All patients stated they had received care in a timely manner with no prolonged waits for assistance or treatment and were kept informed of their treatment plan by the medical and nursing staff. This was supported in the evidence that was supplied by NHS Shetland. Patient survey results for ward 1 showed 100% for the overall rating of their hospital experience over a five month period. Staff were praised for their interactions with patients and excellent standards of care provided.

Patients were accommodated in the most appropriate bed spaces for their care requirements. There were single rooms available in both inpatient ward areas as well as dual occupancy rooms and multi-bed bays where we observed staff utilise curtains between patients to ensure dignity was maintained. All patients had access to toilet and showering facilities in close proximity. Inspectors found throughout the inpatient wards within Gilbert Bain Hospital that there were no mixed gender bays. Mixed gender bays can have an impact on privacy, dignity and personal choice of patients. NHS Scotland continues to prioritise the provision of single-sex accommodation where clinically appropriate, recognising its importance in maintaining patient dignity.

We were provided with a risk assessment by NHS Shetland which outlined the mitigations that would be put in place at times of high occupancy, should a mixed gender area be required. This included dedicated corresponding bathroom facilities being available, careful consideration to patient placement and patients also being included in the discussion about their placement preferences.

We observed most patients were sitting out at their bedsides and dressed in their own clothes, which supports wellbeing and promotes independence. Patients that were required to remain in their beds appeared clean and settled with easy access to fluids and their belongings.

Inspectors observed Adults with Incapacity Section 47 Certificates completed for several patients throughout the inpatient areas. These are legal documents 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. We observed that all certificates and associated documentation were fully completed.

Areas of good practice

Domain 6	
6	Staff were observed to be working collaboratively to provide person-centred, compassionate care.
7	Patients spoke positively of the care they received.
8	Adults with Incapacity section 47 certificates we reviewed were completed to a high standard.

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.

- [Ageing and frailty standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, November 2024)
- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- [Clinical Governance Standards](#) (Healthcare Improvement Scotland, February 2026)
- [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 Records Keeping Standards](#) (Royal College of Physicians, October 2015)
- [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, August 2026)
- [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 2023)
- [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)
- [The UNCRC Act - UNCRC \(Incorporation\) \(Scotland\) Act 2024](#) (Scottish Government, September 2024)

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