



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Mental Health Services Safe Delivery of Care Inspection

Cleland Hospital, NHS Lanarkshire

14 January 2025

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive, NHS board Chair to ensure the improvement action plan is accurate and complete, and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: 

Full Name: Martin Hill

Date: 25.08.2025

NHS board Chief Executive



Signature: 



Full Name: Louise Long





Date: 25.08.2025







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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	NHS Lanarkshire must review provision of patient opportunities to access appropriate meaningful activities				
	<p>Review of funded establishment to assess possible transfer of funding to support the recruitment of Band 3 Wellbeing/activity coordinator</p> <p>To submit SBAR to Workforce Planning Meeting for agreement of recruitment</p>	<p>Ongoing</p> <p>13/05/2025</p>	<p>Service Manager/Senior Nurse</p> <p>Service Manager/Senior Nurse</p>	<p>SBAR for workforce planning to be completed.</p> <p>The MHLDA Workforce Governance meeting in July 2025 agreed that they will compose a paper from all MHLDA areas requesting additional funding be submitted for consideration which will also take into account the reduced working week.</p>	<p>Ongoing</p> <p>Ongoing</p>


				<p>Progress</p> <p>Within the service a staff member is allocated to support meaningful activity.</p> <p>Patients are made aware of activity by displaying poster on the notice board, and invite to attend.</p> <p>Activities are facilitated in group and individual format</p> <p>Activity folders are being developed to evidence more appropriately the effectiveness of activities within the wards</p>	<p>Ongoing</p>  <p>activity posters.pdf</p>
2	NHS Lanarkshire must review the locked door policy and ensure it is in line with best practice guidance. NHSL must ensure that the necessary patient risk assessments and signage are in place.				
	Locked Door environmental risk assessment to be completed for control book	14/04/2025	Senior Charge Nurses	<p>Action being tabled at the MHLDA Partnership Board/Divisional Partnership Board</p> <p>Locked door policy reviewed in November 2024, with a</p>	<p>19/04/2025</p>  <p>Locked Door PolicyNov 2024.docx</p>


	Signage to be put into place advising patients and visitors in ingress and egress	14/03/2025	OSM and Service Manager	<p>review date of November 2026.</p> <p>Audit of clinical record confirms that all patients living within Cleland now have a personal risk assessment for locked doors</p>	<div>  <p>Locked door Policy MHL D V8.docx</p> </div> <div>  <p>Locked door audit.docx</p> </div> <p>19/03/2025</p> <p>Actions complete</p>
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3	NHS Lanarkshire must develop a ward staff meeting structure to ensure discussions, information and alerts are appropriately recorded and communicated to staff				
	Regular ward meetings to be scheduled with appropriate agenda and recording of discussion point and actions.	28/02/2025	Service Manager/Senior Nurse and Senior Charge Nurses	<ul style="list-style-type: none"> • Template Agenda and Minutes have been provided to 	24/03/2025




				<p>Senior Charge Nurses for use at ward meetings. 24/3/25</p> <ul style="list-style-type: none"> • Projection of dates to be available to staff forward meetings via electronic diaries. • Dates for submission of AOCB to be forecasted in electronic diaries • Minutes of meetings to be shared with ward team <p>August</p> <p>Copy of ward agenda and minute of meeting and schedule of meetings attached to provide assurance.</p>	 ward meeting minutes 180625 PSS.1  ward agenda 180625 PSS.docx  PSN minute June 25.doc  Parkside North meeting schedule.doc  Ward meeting dates PSS.docx  PSN Meeting Agenda June 2025.do
4	NHS Lanarkshire must ensure that wards adhere to the audit program providing assurance that safe high quality care is being delivered, while				

	identifying and addressing any areas of improvement.				
	<p>Reminder of audit submission dates to be added to Senior Charge Nurse Electronic Diaries</p> <p>Where required identify additional support to be provided to ensure full completion of required monthly audit</p> <p>Quarterly Care Assurance Report will identify deficits and improvements required within the service. This will be monitored by the MH&LD Clinical Governance group and included in the partnership Assurance report.</p>	<p>30/03/2025</p> <p>01/04/2025 and ongoing</p> <p>April 2025 and quarterly thereafter</p> <p>Immediate and ongoing</p>	<p>Senior Nurse</p> <p>S Nurse/Practice improvement Nurses/ Senior Charge Nurses</p> <p>Senior Nurse/Senior Charge Nurses</p>	<p>SCNs notified on 27/3/25</p> <p>Senior Nurse attending wards on 1/4/2025.</p> <p>Feedback for quarter 4 will be feedback at SCN Forum 28/4/25</p> <p>August 25 update</p> <p>Lanquip reports for Parkside North and south attached to evidence completion of audits in line with Board requirement</p>	<p>27/3/25</p> <p>Complete and Ongoing</p> <p>28/04/2025 and ongoing</p> <p> HIS UPDATE AUG 2025.docx</p> <p> Lanquip Audit program.docx</p>

5	NHS Lanarkshire must ensure patient referrals to speech and language therapy are actioned in line with local referral target.				
	<p>Identified actions/ referrals from GP Visits or MDT, must be recorded within the patient's record.</p> <p>Audit evidence of actions taken following review can be evidenced via Trakcare.</p>	<p>Immediate and ongoing</p> <p>Immediate and ongoing</p>	<p>Senior Charge Nurses or delegate</p> <p>Senior Nurse/ Senior Charge Nurses</p>	<p>Internal audit by SCN to begin April 2025</p> <p>Audit of recent referrals undertaken to ensure ongoing compliance and care needs are being addressed</p>	<p>30/04/2025</p>  <p>Referral audit.docx</p>
6	Cleland Hospital must explore options for recording of GP patient visits and interventions to facilitate continuity of care.				
	The option of recording in Morse will be explored. If this is not possible due to contractual restriction or issues of vicarious liability, other options will be put in place.	25/03/2025	Service Manager/ Senior Nurse/Senior Charge Nurses.	<p>Meeting between Senior Nurse, Service Manager and GP to be arranged in April 2025.</p> <p>August update</p> <p>GP has agreed to undertake Morse Training modules. Date for training to be confirmed as challenging for GP to release time to attend. In the interim record keeping</p>	Ongoing

				<p>is maintained within paper light clinical records.</p> <p>Staff on the ward have been asked to ensure GP visit and outcomes are recorded within the continuation notes from a nursing perspective to ensure all information is accurate and up to date</p>	
7	NHS Lanarkshire must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift				
	<p>A request has been made to provide the External Waste Storage Area, with a suitable locking mechanism.</p> <p>Waste bins are unlocked and locked during each use. Keys for the bins are retained within the duty key box in both Parkside North and South, reducing the risk of exposure to the public</p>	<p>26/03/2025</p> <p>Immediate and ongoing</p>	<p>SCN</p> <p>HCSW/SN/CN/SCN</p> <p>Domestic Staff</p>	<p>Locking mechanism escalated to PSSD on 28/3/25. See photograph below</p> 	<p>02/05/2025</p> <p>02/05/2025</p>

				Waste bin keys for waste bins now secured within ward key safes within duty rooms.	
8	NHS Lanarkshire must review the current assurance processes around the use of staffing level tools to support the consistent application of the principles of the common staffing method including consideration of all aspects of the methodology when decisions on safe staffing levels are being made				
	<p>Corporate – Assurance comes from service; schedule is provided and tools run as per schedule. Reporting falls to corporate, providing boxi reports and ensuring the outputs are reviewed at service level in conjunction with Common Staffing Method.</p> <p>Staffing level tool reports are set out in the CSM, ensuring this approach is utilised as per legislative requirements.</p> <p>Service- Tools are scheduled across the Board. Assurance comes from SN/TL etc. ensuring data collection, completion, data entry and quality assurance. Reporting is required in line with scheduled timelines. Conversations are documented on Staffing Level Tool Template to provide assurances of monitoring and compliance of the</p>			<p>SOP in development, highlighting roles and responsibilities.</p> <p>Additional training available across Board.</p> <p>August 2025 Update</p> <p>E Rostering and Safe Care being disseminated to staff within all areas of older adult to be operation by 01/09/2025</p> <p>Schedule for work force tools attached for information</p>	Ongoing

	CSM. Tool runs not considered completed until this report is finalised			 Schedule 2025-26- NHSL.xlsx Reports from 2024/25 tool run have been attached for information  Parkside North Workforce Report.doc  Parkside South Workforce Report.doc	
9	NHS Lanarkshire must ensure a robust system in place consistently to assess and capture real time staffing across all professions for clear escalation process and any mitigations/inability are recorded clearly and accurately				
	<p>NHS Lanarkshire have adopted the PRAG tool for the measurement of real time staffing.</p> <p>The tool is completed each morning, and is subject to alteration throughout the day in line with changes of staffing.</p> <p>SCN to train staff in the use of the escalation process.</p>	<p>Immediate and ongoing</p> <p>Immediate and ongoing</p> <p>Immediate and ongoing</p>	Service Manager/Senior Nurse and Senior Charge Nurses.	Real Time Staffing Reports on Nursing Midwifery and Allied Health Professionals Risk Escalation SOP, ensuring staffing is considered in real –time, allowing for staffing concerns to be escalated, mitigated and	Ongoing

				<p>documented for assurances and oversight.</p> <p>Safe care roll out has commenced within board and a roll out plan will be shared.</p> <p>Due to its increased functionality, we will have greater oversight of our ability to comply with Duty 12IC, D and E.</p> <p>August upate</p> <p>Safe care and e-rostering currently being rolled out across the Older Adult Mental Health Service supporting time to lead for all SCN</p> <p>PRAG tool will run in tandem with the Safe care tool for a period of time, all staff have now received tutoring to ensure accurate completion</p> <p>Go live date 01/09/2025</p>	
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10	NHS Lanarkshire must review the provision of showering and bathing facilities as part of any refurbishment of Cleland Hospital Mental Health Wards.				
	Consideration will be given to bathing and showering facilities, if there is any required or planned capital expenditure for Cleland Hospital.		MHLDA Management Team	Request for consideration being tabled at the Divisional Partnership Forum on the 15/4/25 Should any capital works funding be required within Cleland hospital consideration will be given to incorporating en-suite showers to the facility	15/04/2025 15/05/2025
11	NHS Lanarkshire must ensure patients are supported to give regular feedback on their care, experience to inform improvements to the service.				
	Quality assurance framework will be developed to support patients to provide feedback on the delivery of care within Cleland Hospital by:	15/05/2025	Rehab & Older Adult Governance Groups	Will be added to both respective agendas for completion. Ward 3, UHW, Quality Statements shared with both teams for reference and learning.	15/05/2025

	Promoting the use of Care Opinion	Ongoing	SCN/Practice Improvement	Care Opinion being rolled out across all ward in Older Adult Mental Health, SCN being supported by Practice Improvement.	Ongoing
	Linking with advocacy service in the development of questionnaires	Immediate and ongoing	SCN/CN/SN/HCSW	Patient engagement to be discussed at Older Program Board	Complete
	Develop easy read versions to assist the informed completion of documents			short life working group to be initiated following the Older Adult Program Board	30/08/2025
	Facilitate patient meeting which would inform the use of “You said, We did” board for display within the wards.			August update Care Opinion continues to be rolled out, QR codes are being provided to ward areas, to support easier completion of same.	Ongoing
				There are anomalies within the patient and carer group and their ability to utilise information technology however the service does take into consideration , thank you cards and notes that evidence good care	Ongoing

				<p>The number of complaints received is reviewed for trends and learning and this is disseminated to staff members. This information is reflected within the care assurance reports</p> <p>Service manager is attending Advocacy carers group on 10/09/2025 to support engagement within the service to enhance participation and direction within service provision.</p> <p>Where appropriate patients are involved in discussion for their care plans during 1 to 1 sessions. Where the patient does not have capacity the care plan is discussed and reviewed by Power of Attorney or Guardian with staff member</p>	
12	Cleland Hospital should promote regular participation of Occupational Therapy in MDT meetings.				
	Occupational therapy staff member will be invited to attend MDT meetings	Immediate and ongoing	SN/CN/SCN/OT	<p>Discussed with AHP Lead.</p> <p>Meeting with OT lead and consultants, SCNS and Service Manager undertaken to plan a way forward due to</p>	<p>21/03/2025</p> <p>17/04/2025</p>

				<p>the priority referral system currently being implemented by Occupational therapy</p> <p>Occupational therapist will attend the MDT meetings for those who have been referred to the service and for those who are currently receiving input from the service</p>	06/05/2025
13	Cleland Hospital must explore ways to encourage patient to perform hand hygiene, prior to mealtimes.				
	Prior to mealtimes, staff will encourage patients to the opportunity to wash hands before going to the dining room.	Immediate and ongoing	HCSW/SN/CN/SCN	<p>Communicated and actioned to and by SCNs.</p> <p>Where patient capability allows staff will direct patients to wash their hands before meals. Where patients refuse they will be offered wet wipes to clean their hands before eating</p> <p>Packs of wet wipes are available within the dining room to support patients to clean their hands before eating</p>	<p>24/03/2025</p> <p>24/03/2025</p> <p>24/03/2025</p>
14	Cleland Hospital should ensure that patient's decision not to be involved in MDT meetings is				

	recorded in their notes, and record that outcomes have been communicated to them.				
	<p>Patient preferences regarding attendance at MDT must be recorded within the care plan.</p> <p>Following the MDT a staff member must advise the patient of outcomes from their MDT ensuring this meeting is documented within the care plan.</p>	Immediate and ongoing	HCSW/SN/CN/SCN	<p>There is evidence within the electronic record that patients and families do attend MDTs and Reviews and this is recorded through the MDT record, however there is no evidence recorded when patients do not wish to attend</p> <p>SCN will ensure nursing staff complete care plans for all patients currently residing within Parkside North and South, that will clearly outline the patients Named Person, legal status, and willingness to engage in processes, and the review timescale.</p>	Ongoing
15	Cleland Hospital should ensure clinical leaders have time to lead, and that this is monitored to inform future workforce planning.				
	<p>Service Manager to support SCN to ensure time to lead is protected.</p> <p>Monitoring of PRAG tool to be undertaken to advise Quality Assurance and Workforce tools.</p>	Immediate and ongoing	Service Manager/Senior Nurse/Senior Charge Nurses	<p>August update</p> <p>Safe care and e-rostering currently being rolled out across the Older Adult Service supporting time to lead for all SCN</p>	Go live date 01/09/2025


	Cleland Hospital should ensure appropriate signage and information is available to patients and carers in both wards, in the appropriate formats.				
	<p>Review of signage to ensure orientation for patients supporting independence to be undertaken</p> <p>Signage to be identified and ordered</p> <p>Signage to be put into place on ward</p>	<p>30/04/2025</p> <p>15/05/2025</p> <p>30/07/2025</p>	<p>Service Manager and Senior Charge Nurses</p> <p>Service Manager</p> <p>PSSD colleagues</p>	<p>Discussed with OSM. Dementia friendly signage being sourced.</p> 	15/05/2025



Information leaflets on health and wellbeing, medication are available from the reception area

Information on dementia has been made available

Attempts to have the information leaflets freely available within the entrance, had to be reviewed due to patients removing and defacing.

				<p>There is a poster at reception advising family members of information availability.</p> 	
				<p>Medical illustrations, will provide the information in specialist formats if required</p>	