Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Mental Health Services Safe Delivery of Care Inspection

Ailsa Hospital, NHS Ayrshire & Arran

29 July 2025

Improvement Action Plan Declaration

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

NHS board Chair

Signature: _Lesley M B_____

Full Name   Lesley Bowie

Date: 28/11/2025_____

NHS board Chief Executive

Signature: _____

Full Name: Gordon James

Date: ____28/11/2025_____

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Action 1	Review assurance process for oversight of mandatory training, including ward and service-level reporting via Clinical Governance groups. Incorporate Basic Life Support and Violence and Aggression training. Deliver revised reporting template for approval.	16/01/2026	William Lauder, GM ACH	Process reviewed and updated. Revised reporting template drafted and scheduled for submission to Clinical Governance meeting in Jan 2026 for approval. Assurance: Governance sign-off planned.	
Action 2	Achieve 80% compliance for Basic Life Support training in Dunure and Clonbeith Wards.	31/03/2026	Lynne Murray, CNM	Additional BLS courses scheduled. Assurance: Monitored via Clinical Governance dashboard.	
Action 3	Achieve 95% completion of Violence & Aggression training (LearnPro) in Dunure and Clonbeith Wards.

Achieve 75% completion of face to face (VACR4) in Dunure and Clonbeith Wards. | 31/03/2026

30/06/2026 | Lynne Murray, CNM | LearnPro compliance currently 91.5% Face-to-face VACR4 sessions compliance 49.5% and further sessions scheduled Q3 and Q4 2025/26. Assurance: Progress tracked through governance reporting outlined in Action 1. | |
| Action 4 | Ensure minimum of 8 senior nursing staff (including Charge Nurses) complete ligature assessment training delivered by Health & Safety. | 31/03/2026 | Lynne Murray, CNM | Training sessions scheduled for Jan–Mar 2026. Attendance list will be | |

					verified and reported via Clinical Governance	
Action 5	Ensure 95% of DATIX adverse events receive initial review within 10 working days. Report outstanding reviews via Clinical Governance.	31/01/2026	CNM SCN Dunure / SCN Clonbeith		Policy reinforced with Senior Charge Nurses. Assurance: Quarterly governance report includes outstanding cases.	
Action 6	Maintain SCN allocation of 1 day/week for falls improvement work while progressing business case for Falls Coordinator post. Continue compliance monitoring of falls risk assessments via documentation audit.	Ongoing / 31/03/26 Ongoing	William Lauder, GM ACH CNM, EMH/ Senior Nurse MH Inpatient Services		SCN time maintained. Assurance: Audit results reported quarterly to Clinical Governance with oversight of associated improvement plans.	
Action 7	Complete all Estates-related issues identified during inspection.	31/01/2026	GM ACH Head of Estates		Most significant items of works completed; remaining items scheduled for completion by Jan 2026. Assurance: Estates progress report reviewed at Mental Health Inpatient Operational Management Team meeting.	
Action 8	Review Workforce Tool completion and supporting data to evidence Common Staffing Method usage. Ensure documentation is clear and embedded.	31/03/2026	GM ACH CNM, EMH Workforce Planning Team		Assurance: Compliance check scheduled for March 2026 at Mental Health Inpatient Operational Management Team meeting.	