



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Acute Mental Health Services safe delivery of care inspection

Forth Valley Royal Hospital, NHS Forth Valley 25 – 26 August 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: _____

Full Name: Neena Mahal

Date: __28/05/26_____

NHS board Chief Executive

Signature: _____

Full Name: Ross McGuffie

Date: __28/05/26_____

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18 Week Action Plan Update – May 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed	Progress update
Requirement 1. Domain 1	NHS Forth Valley must ensure safe and effective policies and procedures are in place for all CCTV cameras in use. CCTV cameras must be operated in line with national regulation, guidance and local policy and staff are aware of and apply correct procedures.	Mar 2026	Head of Service	<p>NHS Forth Valley Surveillance Systems Policy which was already in progress prior to the Safe Delivery of Care Inspection is being progressed through local governance routes to the whole use of this policy as well as developing and implementing a local</p> <p>NHS Forth Valley Mental Health and Learning Disability (MHL) service will ensure the safe and effective Standard Operating Procedure (SOP) for the use of CCTV in the Mental Health Unit (MHU) by March 2026.</p>	Complete April 2026	The NHS Forth Valley Surveillance Systems Policy has been approved and implemented. A local SOP for CCTV use in the MHU has also been developed, approved, and implemented. All CCTV cameras in the MHU have been mapped and are supported by appropriate signage.

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Requirement 2 Domain 1	NHS Forth Valley must ensure effective governance and oversight of all necessary staff training to support all staff to safely carry out their roles. This includes but is not limited to, Basic Life Support, Public Protection, Prevention and Management of Violence and Aggression Training and Training in relation to Specialist Admissions.	Feb 2026	Chief Nurse/Head of Service	NHS Forth Valley MHL D has established weekly monitoring of individual mandatory training modules these will be included in the Workforce Governance Reports each month which reports directly into the Nursing Midwifery and Allied Health Professionals (NMAHP) Workforce Governance Committee.	Complete February 2026	Weekly training monitoring is now established and embedded within governance reporting.
		Mar 2026		By March 2026 NHS Forth Valley MHL D will embed the training dashboard available via Pentana to monitor and drive improvements in training compliance.	Complete March 2026	The Pentana dashboard is now in place to monitor training requirements, and new Turas Learn reporting has strengthened oversight.

		July 2026		NHS Forth Valley MHL D Mandatory training compliance is currently 65% from 58% in August 2025. An initial aim of 80% compliance of all relevant staff is set for March 2026, with an aim of 95% by July 2026.	On plan with revised timeline – September 2026	Overall compliance is improving but has not yet reached target levels in all areas. Current overall compliance is 74%, with individual modules ranging from 60% to 90%. Prioritising a phased approach to training has supported 80%+ compliance in Public Protection, M&H, Violence & Aggression, Fire Safety and Hand hygiene. Whilst we haven't achieved initial compliance aim for all training, this phased approach continues to operate with controls and monitoring in place, and a revised aim of 95% compliance by September 2026.
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				<p>During the inspection process, Adult Resuscitation training improved from 23% to 68% while face to face training improved from 8% to 26% in January 2026 Child and Adolescent Mental Health training increased from 3% to 33% Perinatal training increased from 3% to 40% PAMOVA training improved from 67% to 81%. Public Protection training increased from 46% to 84%.</p>	<p>On plan with revised timeline – September 2026</p>	<p>Adult resuscitation training has improved to 86%. Face-to-face training has also risen to 37% and is expected to reach 44% by 1 June 2026 based on booked sessions. Child and Adolescent Mental Health training has increased to 49%, Perinatal training to 73%, PAMOVA to 86%, and Public Protection training to 88%.</p>
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Requirement 3. Domain 1.	NHS Forth Valley must demonstrate how it supports the ongoing development of skills and knowledge through adequate supervision and appraisal for staff	Feb 2026	Chief Nurse	NHS Forth Valley MHL D service has implemented a supervision calendar in each ward where progress is tracked. This will be reported through staff and clinical governance meetings.	Complete February 2026	A supervision calendar is in place, and supervision data is reported through workforce and clinical governance structures.
		July 2026		MHU's appraisal compliance is currently 40%. The service aim is to achieve 50% by March 2026 and 95% by July 2026.	On track July 2026	Compliance has risen to 50%; this is expected to be at 60% by mid June and on track for 95% compliance by July 2026. This is monitored weekly via Turas reporting by CNM and reported on monthly via local governance structures.
		Dec 2026		Senior staff attend the Clinical Supervision Steering Group which focuses on the implementation and evaluation of clinical supervision across all of NHS Forth Valley. The service aim for Clinical Supervision is to achieve 50% by July 2026 and 95% by December 2026.	On track December 2026	Supervision arrangements are still at an early stage, and tracking tools are now in place. Current compliance is 12%. Compliance is expected to be 95% by December 2026.

Requirement 4 Domain 1	NHS Forth Valley must ensure processes are in place to continue to mitigate the risk of access to the roof in the outdoor space and monitor the impact of any interventions in place	Sept 2025	Head of Service	NHS Forth Valley MHL D service has implemented the risk mitigation discussed during the inspection visit which has been effective in preventing roof access in the outdoor space.	Complete January 2026	Anti-climb paint has been effective, with no further incidents of roof access. To further mitigate risk, installation of rolling roof bars is currently being explored and costed.
		July 2026		The MHL D service has established a MHU Estates Oversight Group which will embed the Mental Health Built Environment Quality and Safety Assessment Toolkit Application. This group will ensure compliance in relation to any ongoing risk whereby patients can access the roof. The group meets quarterly, reporting into Health and Safety Committee for action and Clinical Governance Working Group for information and assurance.	On track July 2026	The Estates Oversight Group is now established, with monitoring embedded through local governance reporting, supported by newly formed local estates delivery groups. Delivery of the Mental Health Built Environment Quality and Safety Assessment Toolkit remains on track for completion by July 2026.

Requirement 5. Domain 1.	NHS Forth Valley must ensure improvement actions are compiled with and progressed with agreed timescales to reduce ligature risk identified through significant adverse event reviews and HSE improvement notices.	Dec 2027	Head of Service	NHS Forth Valley MHLDS Service is delivering on the necessary improvements in line with the HSE Notice of Improvement with the first stage of this work beginning in January 2026.	On track for Dec 2027	<p>The improvement programme in response to the HSE Improvement Notice commenced in May 2026 and is progressing through phased delivery, with installation and enabling works underway across wards to ensure safe implementation and minimise disruption. Ward 3 remains on track for completion by end August 2026.</p> <p>Delivery timelines reflect the scale and complexity of the estates programme, with progress actively managed around contractor availability, procurement lead times, the coordination of works within live clinical environments and available capital (Board investing £1m/yr from overall</p>
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						£6.5m annual capital budget).
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				<p>NHS Forth Valley MHL D Service has established an Estates Oversight Group which provides oversight and assurance in relation to the suite of works in the MHU.</p>	<p>Complete January 2026</p>	<p>The Estates Oversight Group is now embedded as the central governance mechanism for environmental risk reduction and environmental improvements. This includes oversight of ligature reduction work.</p> <p>This provides clear escalation routes and strengthens assurance through an established governance structure, improving visibility of risks and progress at a service level, leading to visibility and assurance at Board level.</p> <p>Whilst strengthening oversight, ongoing focus is required to ensure all actions are delivered within agreed timescales and that risks continue to be</p>
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						actively managed.
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		March 2026		<p>NHS Forth Valley MHLN service is collaborating with Organisational Development to implement eLearning which has been sourced from the NHS Highland Ligature Model. This will be available to all staff by March 2026, and compliance monitored through staff and clinical governance groups.</p>	On track – revised timescale June 2026	The training package has been adapted to reflect local context and is nearing completion, with launch anticipated in early June. This will be made available to all relevant staff, with compliance monitored through clinical and staff governance processes, in line with the expectation that 95% of inpatient nursing staff will complete the training by December 2026.
		December 2026		<p>The aim is that 95% of appropriate staff will have completed this eLearning by December 2026</p>	On track December 2026	

Requirement 6. Domain 1.	NHS Forth Valley must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated	April 2026	Head of Service	NHS Forth Valley MHLDS Service will provide oversight of ligature risk assessments and associated action plans through the Health and Safety Committee for action and the Clinical Governance Working Group for information and assurance.	On track – revised timescale Jul 2026	<p>Oversight of ligature risk assessments through the Health and Safety Committee is now standing agenda item; following a presentation in May 2026. Assurance and updates are being provided via attendance from members of the Ligature Working Group. "70% of ligature risk assessments are complete and will be fully completed by July 2026.</p> <p>This reflects that a reporting route into the Health and Safety Committee is established in practice, with the committee acting as the forum for action and scrutiny, in line with the agreed governance structure.</p>
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		Feb 2026		NHS Forth Valley MHLDS Service will re-establish a ligature working group which will contain key personnel who are trained to ensure consistency of risk assessment and quality of action planning. This will be reported and monitored through local clinical governance groups.	On track – revised timescale September 2026	The Ligature Working Group has been successfully re-established, providing a multidisciplinary forum to support coordination and oversight of ligature risk activity. Oversight through governance groups is established but elements of reporting, consistency of assessments, and quality assurance are not yet fully embedded. An audit tool is in development and will be applied across all comparable wards with aim of completion by September 2026.
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Requirement 7. Domain 1.	NHS Forth Valley must ensure management processes to identify ongoing risk and ensure timely review, oversight and implementation of adverse event improvement actions align with the National Framework for Reviewing and Learning from Adverse Events.	February 2026: Completion of improvements within the electronic adverse event reporting system December 2026: Full implementation of aligned processes	Associate Medical Director/Chief Nurse/Head of Clinical Governance (Director of Nursing – starts March 2026)	NHS Forth Valley is reviewing and enhancing the adverse events reporting processes within Safeguard (Ulysses) to improve usability, reporting workflows, escalation pathways, investigation quality, and organisational learning. This work will ensure full alignment with the HIS National Framework by February 2026.	Complete February 2026	NHS Forth Valley has completed alignment of its adverse event reporting processes within Safeguard (Ulysses) with local policy and procedure, the Healthcare Improvement Scotland Adverse Events Framework and the principles set out within the Blueprint for Good Governance. This milestone was achieved in February 2026.
				The Adverse Event Policy and associated Significant Adverse Event Reviews and Local Management Team Review procedures have been updated to reflect the national framework and provide clear operational guidance.	Complete February 2026	The Adverse Event Policy, together with the associated Significant Adverse Event Review and Local Management Team Review procedures, has been updated and is now operational. This provides a clear and consistent framework for the reporting, review and management of adverse events in line

						<p>with national expectations.</p> <p>Performance reporting in relation to adverse event reporting compliance and review timescales is being developed collaboratively with Clinical Governance and Health and Safety colleagues. This will strengthen assurance arrangements, support more robust oversight and enable more timely review in keeping with the active and collaborative governance approach described within the Blueprint for Good Governance.</p>
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				<p>A new training package has been identified to support consistent application across all staff groups. A benefits analysis of the nationally procured Healthcare Guardian (In-Phase) system is underway, with completion planned for February 2026.</p>	<p>Partially complete – revised timescale 2027</p>	<p>The training package to support phase 1 of the Safeguard enhancements has been completed, including impact scoring, strengthened manager sign-off and alignment with Healthcare Improvement Scotland timescales. NHS Forth Valley also has an agreed timeline for transition to the Healthcare Guardian system, with associated improvement activity being incorporated within this programme of work through a phased approach to implementation, with completion anticipated in 2027.</p>
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				<p>Development of an internal NHS Forth Valley Community of Practice is in progress, with MHL D learning forming a key component to support broad sharing of learning from adverse events.</p> <p>NHS Forth Valley continues to actively participate in the HIS-led national adverse event network.</p>	<p>On track – May 2026</p> <p>Complete February 2026</p>	<p>The NHS Forth Valley Community of Practice will go live at the end of May 2026 to support the systematic sharing of learning summaries arising from Significant Adverse Event Reviews, Local Management Team Reviews and Child Death Reviews. These summaries will be available to colleagues across NHS Forth Valley in order to strengthen organisational learning, increase visibility of improvement themes and support the wider dissemination of learning identified through review activity. NHS Forth Valley is also now submitting all learning summaries arising from Significant Adverse Event Reviews to Healthcare</p>
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						<p>Improvement Scotland for the national Community of Practice.</p> <p>All improvement plans arising from Significant Adverse Event Reviews are now tracked through Pentana, with reporting to Directorate-level Clinical Governance groups to support oversight and accountability. Work is underway to implement the same approach for Local Management Team Review improvement plans, with completion scheduled for December 2026.</p> <p>NHS Forth Valley also continues to participate actively in the Healthcare Improvement Scotland Adverse Event Network in</p>
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						support of national learning, shared improvement and continued alignment with the Adverse Events Framework.
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Requirement 8 Domain 1	NHS Forth Valley must ensure systems and processes are in place that support the effective identification and mitigation of risk to ensure a safe environment for all patients	July 2026	Head of Service / Chief Nurse	NHS Forth Valley MHL D service is implementing a new formulation-based clinical risk assessment tool which includes a specific assessment of sexual safety.	On track July 2026	NHS Forth Valley MHL D service has implemented the inclusion of questions relating to sexual safety in initial assessments and MDT records. The newly developed formulation based clinical risk assessment tool incorporating assessment of sexual safety will be presented at the May 2026 MHL D CG group. This new risk assessment tool has been formatted for the electronic patient record, and a TURAS module is in development with training on its use planned. It is planned that this will be embedded by the end of July 2026.
		May 2026		To support implementation, an e-learning module will be available by May 2026 and augmented with face-to-face training. Completion of training will be monitored through workforce governance reporting.	On track revised timescale July 2026	
		March 2026		NHS Forth Valley MHL D is developing a ward sexual safety charter which will be	On track revised	

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		April 2026		implemented by March 2026	timescale September 2026	A ward level Sexual Safety Charter is in development, supported by local lived experience panel members to ensure co-production. Sexual Safety Champions have been identified to support implementation, promote awareness, and act as a local point of contact for staff in relation to sexual safety practice.
				NHS Forth Valley has ensured key stakeholders, professional structures and subject matter expertise is central to the delivery of governance, improvement and assurance. This collaboration will take place through the improvement programme governance infrastructure. MHL services will complete benchmarking against the Sexual Safety Standards by April 2026	Complete April 2026	An improvement programme informed by the National Sexual Safety Collaborative and Sexual Safety Standards has been established with stakeholder engagement. Benchmarking has

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		April 2026		<p>NHS Forth Valley is designing an improvement programme which is informed by the National Sexual Safety Collaborative and Sexual Safety Standards.</p> <p>The Chief Nurse and Head of Service will provide senior leadership and oversight to ensure high quality delivery of this programme.</p> <p>The MHU Estates Oversight Group will make recommendations on adaptations to the MHU environment by June 2026. This will improve patient experience, privacy and prevention of harm.</p>	On track revised timescale December 2026	been completed and identified areas for improvement which will inform the programme priorities.
		June 2026				

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Requirement 9 Domain 1	NHS Forth Valley must ensure fire safety doors are maintained in a safe working order that enables safe fire evacuation and reduces the restriction of movement around older adult wards	May 2026	Head of Service / Director of Estates	The MHLD services have established a MHU Estates Oversight Group which will provide oversight of existing procedures and infrastructure to ensure a timely response to any improvements required.	Complete January 2026	<p>Local processes are in place to identify and address required improvements to fire safety doors, supporting a timely and coordinated response.</p> <p>Arrangements are in place for routine monitoring through the Estates Oversight Group, with escalation of risks and required actions to the Health and Safety Committee for action, and reporting to the Clinical Governance Working Group for assurance, though escalation routes to Health and Safety are still embedding.</p>
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				The MHLD Estates oversight group will review the current fire doors and explore alternative designs and technical changes.	On track May 2026	Work is progressing to review current fire doors and identify safer and more suitable design solutions. Input has been sought from Fire Safety Officers, with options now being developed and considered by clinical and estates teams to ensure any proposed changes balance safety, functionality and patient needs. This work is approaching a recommendation stage, with proposals due to be presented through the Estates Oversight Group to support decision-making and alignment with wider infrastructure plans.

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						<p>arrangements. This has included confirming and assigning appropriate authorship for all policies and guidelines. In parallel, the Mental Health and Learning Disability (MHL) Clinical Governance Lead is actively engaging with local clinical governance meetings to develop a Standard Operating Procedure (SOP), which will clearly define expectations in relation to policy ownership, review, and approval.</p> <p>In addition, a dedicated email inbox has been established to support enquiries relating to Standard Operating Procedures (SOPs) and clinical guidelines. This provides a single,</p>
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					<p>accessible point of contact, ensuring that queries are managed promptly, consistently, and are not person dependent.</p> <p>In terms of progress, a further 15 guidelines (26.8%) are currently assessed as being at least 75% complete, with an additional five documents (9%) exceeding 50% completion.</p> <p>As part of the formal governance process, nine completed policies are scheduled for submission to the Mental Health and Learning Disability Clinical Governance Working Group (MHLD CGWG) for approval on 28 May 2026.</p>
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				<p>The Clinical Governance Working Group (CGWG) will oversee this programme, with Directorate Clinical Governance Groups responsible for monitoring progress. A standing update on policy and guideline status will be included in all Directorate Clinical Governance meetings.</p>	<p>Complete March 2026</p>	<p>Regular reports and updates are now being sighted through governance groups across the MHL D business units, strengthening visibility of progress and supporting local accountability for delivery. In addition, oversight of this work across all parts of the system is being maintained through the Clinical Governance Working Group on a scheduled quarterly basis.</p>
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				<p>The MHLD Clinical Governance Group's Clinical Guidelines Working Group will continue to oversee the updating and management of guidelines, working towards the wider board aim for 95% of policies and guidelines to be in-date by December 2026.</p>	<p>On track December 2026</p>	<p>The MHLD Clinical Governance Group, through its Clinical Guidelines Working Group, will continue to oversee the updating, management and assurance of clinical policies and guidelines, in support of the wider Board objective to achieve 95% of documents within review date by December 2026.</p>
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Requirement 11. Domain 2.	NHS Forth Valley must ensure that there are clear assurance processes and systems and these are planned and organised in a way that provides assurance that high quality care is being delivered	February 2026	Chief Nurse	<p>The MHL D services will provide a Quality and Safety Assurance report to the Quality and Safety steering group, this incorporates the quality measures maintained on Pentana dashboard and the associated Safety Action plans.</p> <p>Assurance will be achieved through the Quality and Safety Steering group which will provide a reporting and assurance mechanism to the Quality Programme Board and the Clinical Governance Working Group and Committee.</p> <p>NHS Forth Valley will continue to monitor performance and progress against agreed national and local safety and quality measures (such as Scottish Patient Safety Programme and Excellence in Care).</p> <p>The Quality and Safety Steering Group provides a platform for sharing best practice, lessons learned, and thematic insights from</p>	<p>On track – revised timescale August 2026</p> <p>On track – revised timescale August 2026</p>	The Quality and Safety Steering Group has been established at organisational level as the Safety Steering Group, providing a stronger forum for oversight of quality and safety across the system The group reports directly to the Quality, Safety & Experience Board.A revised assurance reporting template has been developed and is currently being trialled. This is intended to support structured, consistent reporting and enhance the quality, transparency and standardisation of information presented to the
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				<p>quality reviews and Care Assurance Visits.</p> <p>The group will review performance data and identify areas of limited assurance, triggering escalation through agreed governance routes.</p> <p>This proactive approach helps address risks early and supports improvement planning at service level by combining oversight, assurance, and improvement leadership.</p>	<p>group.</p> <p>At this early stage, formal written reports from Mental Health and Learning Disabilities (MH&LD) are in development. Key areas of work such as the Sexual Safety Measurement Plan, Excellence in Care Assurance reporting and the Scottish Patient Safety Programme (SPSP) Transition of Care improvement work will be reported via the Safety Steering Group.</p> <p>There is clear evidence of appropriate senior clinical representation and oversight, including</p>
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						<p>attendance and contributions from the Chief Nurse and senior MHL D staff.</p> <p>Arrangements are now in place to strengthen formal reporting, with a comprehensive MHL D report planned for the next Safety Steering Group meeting. This will support triangulation and assurance across governance structures and align with reporting to the MHL D Clinical Care Governance Committee (CCGC), Clinical Governance Working Group and Committee, and the Quality Programme Board.</p>
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Requirement 12. Domain 2.	NHS Forth Valley must ensure there is oversight and consistent application of screening tools to identify the risk of falls or pressure sores across all wards in the MHU	June 2026	Chief Nurse	<p>NHS Forth Valley MHU will introduce the agreed NHS Forth Valley Falls and Pressure Injury risk screening tools across the MHU.</p> <p>The application of these tools will be audited and recorded with an aim of 95% compliance by June 2026. Compliance will be monitored via Clinical Governance Groups and the Quality and Safety Steering Group.</p>	<p>Complete March 2026</p> <p>On track – revised timescale October 2026</p>	<p>NHS Forth Valley MHU introduced the agreed Falls and Pressure Injury risk screening tools across the MHU in March 2026.</p> <p>Application of the tools is being audited and recorded locally, with current compliance at 45% Falls and 50% Purpose T. Additional training sessions are planned for June 2026 to support improved uptake and compliance with revised compliance aim of 95% by October 2026. A targeted quality improvement</p>
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						<p>approach will be implemented, focusing on priority areas and informed by learning from the Safer Together Collaborative and aligned with SPSP Adults in Hospital improvement work.</p> <p>Compliance is monitored weekly and reported through MHL D Clinical Governance and the Clinical Management Group to support ongoing oversight and improvement.</p>
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		May 2026		NHS Forth Valley have implemented a new policy on the management of Pressure Injury and a Safer Mobility Policy. Education and support will be provided by the Practice Development Unit to support consistent application of these policies and assessment tools.	Complete March 2026	The Purpose T pressure injury risk assessment tool has been introduced across the MHU. Education to support its application is being provided by the Tissue Viability team and through online learning resources, alongside wider practice development support. Education and support are also being delivered through the Practice Development Unit to support consistent application of these policies and associated assessment tools, including HCSW Skills Days, safer mobility
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						learning opportunities, and the NMAHP Graduate Stepping Forward Programme.
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Requirement 13. Domain 4.1	NHS Forth Valley must ensure that the care environment is in a good state of repair to support effective cleaning and that effective assurance systems are in place to support the reporting of environmental issues and the monitoring of the care environment	June 2026	Chief Nurse	<p>NHS Forth Valley MHL D services have established a MHU Estates Oversight Group which will use the Mental Health Built Environment Quality and Safety Assessment Toolkit to review the existing procedures and infrastructure. This review will be completed by June 2026.</p> <p>Effective oversight of Infection Prevention and Control (IPC) will be maintained through the local operational infection control group which will act as a conduit for the board Infection Control Committee and local service delivery. This will include oversight by specialist IPC advisors and the Chief Nurse.</p>	<p>On track – revised timescale July 2026</p> <p>Complete February 2026</p>	<p>The Estates Oversight Group is now in place, with monitoring built into local governance reporting. Local estates delivery groups have also been established to support this work. Implementation of the Mental Health Built Environment Quality and Safety Assessment Toolkit remains on schedule and is expected to be completed by July 2026.</p> <p>IPC reports are submitted every six weeks to the Clackmannanshire and Stirling Operational Unit Infection Control Group, supported by ward-level reports that provide a clear reporting route from ward to Board level.</p>
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Requirement 14. Domain 4.1	NHS Forth Valley must ensure consistent recording of flushing of infrequently used water outlets to improve compliance and provide assurance in line with current national guidance	August 2025	Chief Nurse	Effective oversight of Infection Prevention and Control (IPC) will be maintained through the local operational infection control group which will act as a conduit for the board Infection Control Committee and local service delivery. This will include oversight by specialist IPC advisors and the Chief Nurse	Complete January 2026	Effective oversight of Infection Prevention and Control (IPC) is maintained through local operational infection control groups, which support the flow of information between ward teams, service delivery, and the Board Infection Control Committee.
				NHS Forth Valley has a Water Safety Policy in place that supports the flushing of infrequently used water outlets process which is in line with national guidance. This is reviewed at the Water Safety Group to provide oversight across NHS Forth Valley.	Complete January 2026	Ward-level infection control meetings are now in place to strengthen local oversight, enable timely discussion of IPC issues, and support escalation where required. Key themes and concerns are fed through to wider governance forums, with

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						oversight from specialist IPC advisors and the Chief Nurse.
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		Feb 2026		The MHU will ensure the flushing of infrequently used water outlets is carried out on a twice weekly basis. Compliance will be monitored and recorded by Senior staff to achieve 95% compliance by Feb 2026	Complete April 2026	Twice weekly flushing of infrequently used water outlets is now embedded within the MHU, supported by strengthened audit and monitoring arrangements. Sustained improvement has been demonstrated, with recent data showing consistent 100% compliance. Ongoing oversight remains in place to ensure standards are maintained and compliance continues to be evidenced over time.
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Requirement 15. Domain 4.3	NHS Forth Valley must ensure there are clear and consistent systems and processes in place for the monitoring and mitigation of any severe and or recurring staffing risk to support longer term workforce planning.	April 2026	Chief Nurse	NHS Forth Valley MHL D services have implemented Safecare as a real-time staffing resource to provide oversight and real time monitoring of staffing levels to identify risks.	Complete February 2026	Safecare has been implemented, alongside daily huddles and twice-daily recording of professional judgement. Professional judgement continues to be recorded twice a day, and daily staff huddles remain in place. Operational guidance has been developed to strengthen escalation pathways and standardised definitions and documentation. This is currently out for consultation across the wider NHS Forth Valley network. Governance reporting is established from ward to board level.
		April 2026		NHS Forth Valley MHL D services record professional judgements twice daily. Daily staffing huddles across MHL D support risk mitigation and the escalation of severe risk. The service will further strengthen these processes by clarifying escalation pathways, improving documentation, and introducing regular quality assurance checks	Complete February 2026	
				NHS Forth Valley MHL D report and monitor recurrent staffing risks via the NMAHP Workforce Governance group.	Complete February 2026	
				NHS Forth Valley undertakes annual reviews of the nursing blueprints utilising the common staffing method to identify the required		The annual nursing blueprint has been reviewed and is

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				workforce to mitigate recurrent staffing risks.		nearing completion, with final approval from Finance expected by June 2026.
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						framework, supporting their identification, monitoring and escalation, with mitigations and controls kept under ongoing review.
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				required workforce to mitigate recurrent staffing risks.		
Requirement 17. Domain 4.3	NHS Forth Valley must demonstrate how it supports, monitors and reviews the provision of adequate time to lead and resources available to clinical leaders	March 2026	Chief Nurse	NHS Forth Valley MHL D services will ensure leadership time will be rostered and monitored through a centralised monitoring system, ensuring transparency and accountability. This process will be fully implemented by March 2026.	Complete March 2026	Eroster is now fully implemented as the central monitoring system. Time to lead is reviewed weekly, with any issues escalated through workforce governance structures. Since the last update, time to lead has increased to 80% of the Senior Charge Nurse working week.
Requirement 18. Domain 6.	NHS Forth Valley must ensure meaningful activity is consistently provided, including weekends and that activity plans are completed and updated	April 2026 February 2026	Head of Service	By April 2026 there will be a timetable of therapeutic activities available over 7 days. NHS Forth Valley MHL D has introduced a process to monitor the consistency of activities, which is reported on via Clinical Governance.	Complete April 2026 Complete April 2026	A seven-day timetable of therapeutic activities has been established in line with the agreed timescale. A monitoring process is now in place within MHL D to support oversight of the consistency of

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						<p>delivery, with reporting through Clinical Governance.</p> <p>While the requirement has been met in terms of implementation, audit findings indicate that further work is required to achieve consistent delivery across all areas. Challenges relating to staff capacity and patient uptake have been identified and continue to be addressed through ongoing monitoring and improvement activity.</p>
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Requirement 19. Domain 6.	NHS Forth Valley must ensure that patients' privacy and dignity is maintained, adult support and protection issues are assessed at all times including having appropriate toilet and showering facilities that support dignity and privacy in a mixed sex environment.	March 2026	Head of Service	NHS FV has undertaken work to ensure that patient placement is informed by privacy, dignity and patient safety across the Acute Mental Health Wards.	Complete March 2026	NHS Forth Valley MHL D has established a structured and risk based approach to maintaining patient privacy, dignity, and safeguarding within mixed sex inpatient environments. This includes defined gender based zoning in Ward's 2 and 3, including dedicated toilet and showering facilities. A mandatory risk assessment is required for any deviation from standard placement, and the use of environmental and staffing mitigations. These arrangements are supported through routine multidisciplinary review, with all mixed
		June 2026		NHS Forth Valley MHL D service will undertake a comprehensive review of the evidence relating to mental health admission ward provision. This review will consider current practice, national guidance, patient experience and safety considerations.	On Track June 2026	

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						<p>sex placements subject to daily reassessment to ensure that risks remain appropriately managed and that transfer to gender appropriate accommodation occurs at the earliest opportunity.</p> <p>A structured review of the evidence base relating to single sex and mixed sex mental health environments is underway with the first meeting scheduled for end of May. This work is intended to inform future service development, including environmental design and operational practice, and to ensure that current arrangements remain</p>
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						aligned with best available evidence.
Recommendation 1 Domain 2.	NHS Forth Valley should consider the benefit of extending access to reflective session to staff in older adult wards within the mental health unit	June 2026	Director of Psychology / Chief Nurse	NHS Forth Valley MHL D service will expand access to this to include all MHU wards by June 2026	On track June 2026	Work is progressing as planned to introduce reflective practice groups for older adult wards, with the first session scheduled for 18th June 2026. Support has been established from Psychology and

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						Lead Nurses, and a staff questionnaire has been circulated to ensure the groups are shaped to be meaningful, accessible, and beneficial for teams.
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