



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:

20/01/2026

NHS board Chief Executive

Signature:

Full Name:

Ross McGuffie

Date:

20/01/2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
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.	March 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 system clinical governance working group for board oversight.</p> <p>NHS Forth Valley Mental Health and Learning Disability (MHL) service will ensure the safe and effective use of this policy as well as developing and implementing a local Standard Operating Procedure (SOP) for the use of CCTV in the Mental Health Unit (MHU) by March 2026.</p>	

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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.	February 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.	
		March 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.	
		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.	

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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</p> <p>Child and Adolescent Mental Health training increased from 3% to 33%</p> <p>Perinatal training increased from 3% to 40%</p> <p>PAMOVA training improved from 67% to 81%.</p> <p>Public Protection training increased from 46% to 84%.</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	February 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.	
		July 2026		MHU's appraisal compliance is currently 40%. The service aim is to achieve 50% by March 2026 and 95% by July 2026.	
		December 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.	

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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	September 2025	Head of Service	<p>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.</p> <p>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.</p>	January 2026
		July 2026			

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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.	December 2027	Head of Service	NHS Forth Valley MHL D 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.	January 2026
		March 2026		<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>NHS Forth Valley MHL D 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>	

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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.	<p>February 2026: Completion of improvement s within the electronic adverse event reporting system</p> <p>December 2026: Full implementation of aligned processes</p>	<p>Associate Medical Director/Chief Nurse/Head of Clinical Governance</p> <p>(Director of Nursing – starts March 2026)</p>	<p>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.</p> <p>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.</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>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>	
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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.	
		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.	
		March 2026		NHS Forth Valley MHL D is developing a ward sexual safety charter which will be implemented by March 2026	
		April 2026		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	

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		April 2026		<p>infrastructure. MHL D services will complete benchmarking against the Sexual Safety Standards by April 2026</p> <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>	January 2026
		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 MHL D 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.	
				The MHL D Estates oversight group will review the current fire doors and explore alternative designs and technical changes.	

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Requirement 10. Domain 1.	NHS Forth Valley must ensure effective and appropriate governance approval and oversight of policies and procedures that are in place	December 2026	Head of Clinical Governance Locally Associate Medical Director	<p>A comprehensive review of clinical guidelines and policy documents is underway, supported by a RAG-rated prioritisation approach for critical content. This has been reported through Clinical Governance Committee for assurance at board level.</p> <p>Processes for development, consultation, approval, and accessibility are being standardised to ensure clarity and consistency.</p> <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>	
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				<p>The MHLG 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>	
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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 MHLN 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>	
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				<p>The Quality and Safety Steering Group provides a platform for sharing best practice, lessons learned, and thematic insights from 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>	
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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>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.</p>	
		May 2026			

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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>	
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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	January 2026
				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.	January 2026

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		February 2026		The MHU will ensure the flushing of infrequently used water outlets is carried out on a weekly basis. Compliance will be monitored and recorded by Senior staff to achieve 95% compliance by Feb 2026	
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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.	
		April 2026		<p>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</p> <p>NHS Forth Valley MHL D report and monitor recurrent staffing risks via the NMAHP Workforce Governance group.</p> <p>NHS Forth Valley undertakes annual reviews of the</p>	

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				nursing blueprints utilising the common staffing method to identify the required workforce to mitigate recurrent staffing risks.	
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Requirement 16. Domain 4.3	NHS Forth Valley must ensure there are clear, consistent systems and processes in place to support and monitor wider system oversight, of identified staffing or safety risks within the MHU	February 2026	Chief Nurse	<p>NHS Forth Valley MHLD participates in the whole system huddle to discuss staff and safety concerns.</p> <p>NHS Forth Valley MHLD services have implemented Safecare as a real-time staffing resource to provide oversight and real time monitoring of staffing levels to identify risks.</p> <p>NHS Forth Valley MHLD services record professional judgements twice daily. Daily staffing huddles across MHLD support risk mitigation and escalation process of severe risk.</p> <p>NHS Forth Valley MHLD report and monitor recurrent staffing risks via the NMAHP Workforce Governance group. NHS Forth Valley undertakes annual reviews of the nursing blueprints utilising the common staffing method to identify the</p>	
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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.	
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.	

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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 June 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. 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.	
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	

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