



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Improvement Action Plan

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

NHS Ayrshire & Arran

Ailsa Hospital

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 Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature:

Lesley Be...

Date:

13/4/26

NHS board Chief Executive

Signature:

Carole...

Date:

13/4/26

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Progress update 12th May 2026

Total number actions identified	15	Number of actions complete	14 (93%)	Number of actions in progress (out with timescales)	1 (7%)
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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. <ul style="list-style-type: none"> Incorporate Basic Life Support and Violence and Aggression training. 	16/01/2026	William Lauder, GM ACH	Complete	16/01/2026
	Review assurance process for oversight of mandatory training, including ward and service level reporting via Clinical Governance groups. <ul style="list-style-type: none"> Deliver a revised reporting template for approval. 	16/01/2026	William Lauder, GM ACH	Complete	16/01/2026
Action 2	Achieve 80% compliance for Basic Life Support training in Dunure and Clonbeith Wards.	31/03/2026	Lynne Murray, CNM	Complete	30/03/2026
Action 3	<ul style="list-style-type: none"> Achieve 95% completion of Violence & Aggression training (Learn Pro) in Dunure ward. 	31/03/2026	Lynne Murray, CNM	Complete	31/03/2026
	<ul style="list-style-type: none"> Achieve 95% completion of Violence & Aggression training (Learn Pro) in Clonbeith ward. 	31/03/2026	Lynne Murray, CNM	Complete	31/03/2026

	<ul style="list-style-type: none"> Achieve 75% completion of face to face (VACR4) in Dunure and Clonbeith Wards. 	30/06/2026	Lynne Murray, CNM	<p>Complete</p> <p>Update 08/05/26: 75% of Dunure and Clonbeith staff have completed face to face VACR4 training. To support continued progress 7 staff from Clonbeith and 8 staff from Dunure have face to face VACR4 training booked, which will ensure 95% of available staff have completed VACR4 training by September 2026. (Staff currently unavailable due to long-term absence or maternity leave/pregnancy are not included).</p> <p>Ongoing compliance will be monitored through regular one-to-one meetings and PDP discussions, with oversight of overall compliance and assurance monitored via clinical governance meetings.</p>	<p>30/03/2026</p> <p>30/09/2026</p>
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	Complete	31/03/2026
Action 5	Ensure 95% of DATIX adverse events receive initial review within 10 working days – Clonbeith	31/01/2026	CNM	Complete	31/03/2026
	Ensure 95% of DATIX adverse events receive initial review within 10 working days - Dunure	31/01/2026	CNM	<p>Update 31/03/26 Dunure – 67% within 10 working days</p> <p>(Unplanned leave has led to a delay in implementation other support has</p>	In progress

				been identified to improve this by the end of June 2026)	
	Report outstanding Datix reviews via Clinical Governance.	31/01/2026	SCN Dunure / SCN Clonbeith	Complete	31/01/2026
Action 6	Maintain SCN allocation of 1 day/week for falls improvement work	Ongoing / 31/03/2026	William Lauder, GM ACH	Complete	31/03/2026
	Progress business case for Falls Coordinator post.	Ongoing / 31/03/2026	William Lauder, GM ACH	A revised Falls Champion model has been implemented across ward teams to strengthen local capability and ensure falls prevention expertise is cascaded effectively within existing resources as an alternative to a Fall's Coordinator.	31/03/2026
	Continue compliance monitoring of falls risk assessments via documentation audit	31/03/2026	CNM, EMH/ Senior Nurse MH Inpatient Services	Complete	18/03/2026
Action 7	Complete all Estates-related issues identified during inspection	31/01/2026	GM ACH /Head of Estates	Complete	31/01/2026
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	Complete	31/01/2026