



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced acute hospital safe delivery of care follow up inspection

University Hospital Monklands

NHS Lanarkshire

20 January 2026

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: Katharina Kasper

NHS board Chief Executive

Signature: 

Full Name: Louise Long

Date: 30/3/26

File Name: HIS_LAP_UHM_LAN_MAY26	Version: 1.0	Date: 02/04/2026
Produced by: HIS/NHS Lanarkshire	Page: Page 1 of 5	Review Date: -
Circulation type (internal/external): Internal and external		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress Immediate actions undertaken:	Date Completed
Domain 1:Clear Vision & Purpose					
1	NHS Lanarkshire will ensure that when patients are cared for in mixed sex bay, suitable mitigations are put in place to maintain patient dignity, respect and choice	30 December 2026	Acute Nurse Director	<p>NHS Lanarkshire are currently developing a Mixed Sex room policy to maintain patient dignity, respect and choice, this will incorporate the care of patients in a mixed sex bay.</p> <p>A SLWG will be established to develop risk assessments that will ensure appropriate mitigation are put in place. Compliance will be monitored through ED safety huddle / Site Safety huddle and site Flow Oversight Board.</p> <p>NHS Lanarkshire has reached out to NHS Scotland Acute Nurse Leader group to request that other boards could share their risk assessments and mitigation for mixed sex bays</p> <p>This will support required cultural and practice changes to strengthen placement</p>	

				decision pathways and ensure FLOW models of care are applied consistently across assessment and inpatient areas.	
2	<p>NHS Lanarkshire will ensure that all patient care documentation is completed including risk assessments. This should include</p> <p>Risk assessments for an identified care and safety needs</p> <p>Care plans should be completed and regularly evaluated and updated to reflect changes in the patient's condition or need</p>	30 December 2026	Acute Nurse Director	<p>Initial feedback discussed with site teams.</p> <p>Site wide roll out of new documented daily care plan (launch due May 26).</p> <p>Programme of audit has been agreed to identify areas of good practice and improvement will be led by Chief Nurse.</p> <p>Quality of Care audits conducted by Senior Nurse and Senior Charge nurse will review patient care documentation including risk assessments</p> <p>This will be monitored at Site Assurance meeting and discussed at Acute Care Assurance Steering group and NMAHP Professional Governance Group.</p>	
Domain 4.1 Pathways, procedures and policies					

Domain 4.1	NHS Lanarkshire should ensure that patients are assisted with hand hygiene prior to mealtimes when required	30 June 2026	Acute Nurse Director	<p>Following initial feedback to the Senior Charge Nurses it was agreed that the mealtime co-ordinator would have the responsibility of ensuring that patients are assisted as required.</p> <p>The planned mealtime audits using standardised tool will identify areas of good practice / areas of improvement. This improvement work will be led by the Chief of Nursing as part of the site Food Fluid & Nutritional Care meeting and monitored by NHS Lanarkshire's Food Fluid & Nutritional Care Steering Group</p>	
Domain 4.1	NHS Lanarkshire must ensure that all staff carry out hand hygiene at appropriate moments and use of personal protective equipment in line with current guidance.	30 June 2026	Acute Nurse Director & Director of Infection Prevention Control.	<p>Local audits of hand hygiene compliance in place. Support provided to all clinical areas from Infection Control Team – this includes education, training on PPE compliance and feedback from local visits.</p> <p>Compliance with the selection and use of Personal Protective Equipment continues to be reviewed by site teams and educational support provided</p>	

				<p>by Infection Prevention and Control Teams.</p> <p>Improvement work is led locally by Chief Nurse and supported via the NHS Lanarkshire Infection Prevention and Control Committee</p> <p>Increase observational audits to weekly for a period of 2 months.</p> <p>Ensure all sinks, sanitiser units and PPE stations are stocked and accessible.</p>	
--	--	--	--	---	--