



Improvement Action Plan

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

University Hospital Wishaw, NHS Lanarkshire

03 – 04 December 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: Katharina Kasper

Date: 11/05/26

NHS board Chief Executive

Signature: _____

Full Name: Louise Long

Date: 11/05/26

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			MHLDA Workforce Group	<ul style="list-style-type: none"> Basic Life Support (Adult): 83% <p>Mandatory and role-specific training is monitored on a monthly basis, with compliance data reported through staff and clinical governance structures.</p> <p>NHS Lanarkshire has implemented Safe Care and eRostering as real-time staffing resources, enabling effective oversight of staffing levels.</p>	
Requirement 2	NHS Lanarkshire must ensure that staff report all incidents within the ward environment on the electronic system and that there is a robust system in place for sign-off, learning and development from incidents.	May 2026	Associate Nurse Director & General Manager	InPhase incidents continue to be reviewed on a monthly basis, with feedback provided to Senior Charge Nurses to support timely and appropriate sign-off. This approach is helping to strengthen oversight and promote consistency in incident management across services.	May 2026
		May 2026	Associate Nurse Director &	Themes and trends are reviewed and discussed at the multidisciplinary Clinical	

		September 2026	<p>General Manager</p> <p>Associate Nurse Director and General Manager</p>	<p>Quality meetings to inform learning and development needs and any improvement work.</p> <p>A phased programme to enhance InPhase reporting within MHLDA is also underway, with the aim of improving the quality and usefulness of data to better inform governance and decision-making. Enhancements to violence and aggression reporting have now been completed, and further phases will focus on strengthening reporting in relation to absconding, medication errors and falls.</p> <p>Incidents are also routinely reported through established governance structures, ensuring appropriate oversight and scrutiny. This includes input from senior clinical, operational and health and safety representatives, providing a multidisciplinary</p>	
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		September 2026	Associate Nurse Director & General Manager	<p>perspective on risk, safety and quality.</p> <p>At ward level, safety culture discussion cards will be introduced to actively promote and facilitate open conversations around safety and team culture. This approach is intended to support staff engagement, encourage reflective dialogue, and strengthen a positive safety culture within clinical teams.</p>	
Requirement 3	NHS Lanarkshire must ensure when patients require seclusion it is implemented and documented consistently across the service and underpinned by an agreed organisational seclusion policy.	October 2026	Associate Nurse Director and Associate Medical Director	<p>A Seclusion Policy will be developed in NHSL to provide a guiding framework for staff to ensure consistency, safe practice and efficient decision making.</p> <p>A proforma will be developed to ensure seclusion is documented consistently across the service.</p>	

				Ongoing governance oversight and assurance of compliance will be undertaken through the NHS Lanarkshire Mental Welfare Commission and Legislation Group and the MHLDA Clinical Governance Group.	
Requirement 4	NHS Lanarkshire must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated.	December 2026	General Manager and NHSL Ligature Reduction Group	<p>NHS Lanarkshire is delivering the required improvements in line with the HSE Notice of Improvement, with key work-streams already underway.</p> <p>NHS Lanarkshire has an overarching, multidisciplinary Ligature Reduction Steering Group where there are annual and 6 monthly Risk Ligature assessments undertaken by an MDT. Additionally there are fortnightly governance meeting to oversee progress, review actions and support ongoing planning.</p>	

<p>Requirement</p> <p>5</p>	<p>NHS Lanarkshire must ensure that all patient documentation is accurately and consistently completed.</p>	<p>October 2026</p>	<p>Associate Nurse Director</p>	<p>NHS Lanarkshire will ensure that all patient documentation is completed accurately, contemporaneously and consistently, in line with professional, legal and organisational standards. Documentation standards are currently being finalised to reflect updates to the Lanarkshire Safety Assessment Framework, continuous intervention practice, and the Triangle of Care.</p> <p>Record-keeping audit compliance has remained at 90% since the time of inspection. To support further improvement and standardisation, electronic forms have been developed to provide a consistent approach to record keeping following intramuscular medication administration and associated physical health monitoring. These will also support ongoing audit.</p>	
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				<p>Documentation is part of the care assurance improvement programme and governance is through the Care Assurance Steering Group and NMAHP Professional Governance Group.</p> <p>Standardised electronic nurse/patient 1:1 records have been developed, with an associated audit process to strengthen oversight and assurance.</p> <p>These tools are currently at testing stage, with oversight and assurance to be provided through established clinical governance structures and the Morse reference group.</p>	
<p>Requirement 6</p>	<p>NHS Lanarkshire must ensure staff who are carrying out enhanced observations provide proactive, responsive and personalised care to support safe patient care.</p>	<p>September 2026</p>	<p>Associate Nurse Director</p>	<p>A clear focus has been maintained on delivering proactive, responsive and personalised care to support safe patient care. Work is currently underway to develop an updated policy for continuous intervention, aligned with the <i>From Observation to Intervention</i></p>	

				<p>guidance from HIS, to ensure consistency and clarity in practice across services.</p> <p>Benchmarking has been completed across adult mental health wards to establish the current position in relation to staff trained in trauma-informed approaches. In response, a comprehensive package of training has been developed incorporating key elements of safety and stabilisation, carer awareness, and ligature risk reduction.</p> <p>This training will be delivered alongside the updated continuous intervention guidance and will be subject to tests of change across a range of clinical settings, including IPCU, older adult, adult mental health, and learning disability wards, to support safe, consistent and person-centred care delivery.</p>	
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<p>Requirement 7</p>	<p>NHS Lanarkshire must ensure that staff are provided with recognised tools for the assessment of alcohol detoxification and to provide assurance that the assessment of withdrawals is completed accurately.</p>	<p>September 2026</p>	<p>Associate Medical Director</p>	<p>A standard operating procedure (SOP) has been approved through the Addiction Governance Group for inpatient detoxification within mental health inpatient wards. This outlines the use of recognised assessment tools including baseline blood investigations, Severity of Alcohol Dependency Questionnaire (SADQ), and objective alcohol assessment as part of the initial work-up.</p> <p>Where monitoring is required during inpatient detoxification, a formal guidance document for nursing staff and resident medical staff is currently in development.</p>	
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<p>Requirement 8</p>	<p>NHS Lanarkshire must ensure that all staff use personal protective equipment and carry out hand hygiene in line with current guidance.</p>	<p>September 2026</p>	<p>Senior Nurses and Senior Charge Nurses.</p>	<p>Audit activity for PPE and hand hygiene compliance continues, supported by promotion of training modules. Governance</p>	
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				<p>oversight is provided through North Hygiene arrangements, with escalation to the Infection Control Committee.</p> <p>A targeted improvement plan is being progressed by Senior Charge Nurses, with oversight and support from Senior Nurses which will strengthen compliance and drive sustained improvement.</p> <p>PPE compliance has shown improvement. Sustained focus is required on consistent PPE practice, particularly around appropriate changing of aprons and gloves, to ensure compliance is maintained.</p>	
<p>Requirement 9</p>	<p>NHS Lanarkshire must ensure the healthcare environment is effectively maintained to ensure a safe and clean environment. This includes, but is not limited to, inpatient showering facilities.</p>	<p>September 2026</p>	<p>General Manager and PSSD</p>	<p>NHS Lanarkshire has strengthened oversight of the healthcare environment to ensure it is maintained to a safe and clean standard. Regular environmental walk rounds are scheduled across inpatient areas, alongside unannounced infection</p>	

				<p>Prevention and Control (IPC) visits to provide additional assurance.</p> <p>The findings from these walk rounds and IPC visits are reviewed, with any required actions clearly identified and progressed. Outcomes and associated actions are formally reported through the North Hygiene Meeting and the Infection Control Committee. This ensures robust governance, oversight, and ongoing monitoring of environmental standards, including inpatient showering facilities.</p> <p>PSSD and senior operational leaders within Mental Health services meet regularly to review outstanding actions and address any newly identified environmental issues. This ensures a coordinated and proactive approach to maintaining safe and clean care environments.</p>	
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<p>Requirement 10</p>	<p>NHS Lanarkshire must ensure that there are clear, robust systems and processes in place to support the full and consistent application of the Common Staffing Method within mental health services, demonstrating triangulation of quality, safety and workforce data to inform staffing requirements.</p>		<p>Associate Nurse Director</p>	<p>NHS Lanarkshire has established systems and processes to support the consistent application of the Common Staffing Method (CSM) across mental health in-patient wards. Staffing level tools are scheduled and ran, the CSM method is applied using data triangulation and a CSM template is completed to evidence all 9 triangles of the CSM. We continue to work on this, building a CSM SOP to identify roles and responsibilities. We discussed this recently with HIS at our Board review call.</p> <p>Our Milan dashboard allows workforce data to all staff who have required access. Quality and safety are discussed locally at Safety Huddles/Briefs and all of this data is triangulated at our workforce governance groups, where we discuss risk, severe and recurrent risk and mitigations.</p>	<p>April 2026</p>
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				<p>SafeCare is utilised as a real-time staffing system, providing oversight and continuous monitoring of staffing levels to support the identification and management of risk.</p> <p>This is complemented by the routine recording of professional judgement, alongside daily staffing huddles across services, enabling the triangulation of workforce, quality and safety information. These processes ensure that staffing decisions are informed by patient acuity, clinical risk and operational pressures, supporting safe and effective care delivery.</p> <p>Ongoing staffing risks are formally escalated, reported and monitored through established governance structures, including the NMAHP Workforce Governance Group, providing appropriate organisational oversight and</p>	
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		September 2026	Workforce Planning Team	<p>facilitating timely escalation where required.</p> <p>At ward level, additional SafeCare training has been provided to staff to ensure they are equipped to use the system effectively, reducing reliance on individual staff members and promoting consistency in its application. In addition, census options within the system have been streamlined to reflect the categories required for adult psychiatry wards, supporting more accurate and relevant data capture.</p>	
		September 2026	Workforce Planning Team	<p>Workforce are in the process of developing a CSM SOP which detail the process.</p>	
Requirement 11	NHS Lanarkshire must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing.	September 2026	Associate Nurse Director and General Manager	NHS Lanarkshire is reviewing the skill mix within inpatient ward environment, and will consider activity coordinators as part of this work.	

<p>Requirement</p> <p>12</p>	<p>NHS Lanarkshire must provide appropriate facilities for patients to launder their clothing, and ensure all patients have access to clean laundered clothes.</p>	<p>September 2026</p>	<p>PSSD and General Manager</p>	<p>NHS Lanarkshire is reviewing the estate to find an appropriate space, in order to create a storage area incorporating laundry facilities, enabling access for patients within the mental health unit.</p>	
<p>Recommendation</p> <p>1</p>	<p>NHS Lanarkshire should consider improvement of access to the outside environment available from the mental health wards.</p>	<p>March 2027</p>	<p>General Manager and PSSD</p>	<p>NHS Lanarkshire is reviewing outside space to create an accessible environment.</p>	
<p>Recommendation</p> <p>2</p>	<p>NHS Lanarkshire should consider a dementia friendly care environment within the older adult ward.</p>	<p>November 2026</p>	<p>Associate Nurse Director and General Manager</p>	<p>A review of the ward environment will be undertaken to identify and implement improvements that support the development of a more dementia-friendly care environment. NHS Lanarkshire recognises the needs of patients with</p>	

				<p>dementia within the current ward setting.</p> <p>There is a structured 12-month training plan aimed at enhancing staff knowledge and skills in relation to dementia. This will support a more proactive and person-centred approach to recognising and responding to patient stress and distress.</p> <p>The older adult ward inspected is one of the pilot areas for this training.</p>	
<p>Recommendation</p> <p>3</p>	<p>NHS Lanarkshire should ensure that accurate, up-to-date, and accessible information on the mental health inpatient wards is published and maintained on their website.</p>	<p>September 2026</p>	<p>Associate Nurse Director, General Manager, and Communications Team</p>	<p>In-patient information leaflets have been developed for patients and family carers to improve access to clear, accessible, and person-centred information.</p> <p>The mission statement for adult mental health wards is currently in development to</p>	

				<p>support consistent communication of values and expectations across services.</p> <p>An accessible information page will also be co-produced in line with Triangle of Care principles and developed for the NHS Lanarkshire website, supported by the communications team. This will ensure that information is inclusive, relevant, and widely accessible to patients, families and carers.</p>	
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