Unannounced Inspection Report

Mental Health Services Safe Delivery of Care Inspection

University Hospital Wishaw

NHS Lanarkshire

03 – 04 December 2025

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Published May 2026

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About our inspection

Background

The current Healthcare Improvement Scotland Adult Mental Health inspection programme was developed as part of a range of actions to support and improve NHS adult mental health services in Scotland in the context of the COVID-19 pandemic and beyond. Although the initial focus of this work was on Infection Prevention and Control, it was agreed with Scottish Government to broaden the inspection focus from infection prevention and control to a broader assurance function, creating a new and revised 'safe delivery of care' assurance model in NHS adult mental health units.

Our revised methodology will incorporate the HIS Quality Assurance System Quality Assurance Framework and framework and will consider a wide range of standards such as the Health and Social Care Standards (2017) and the new Core Mental Health Quality Standards and indicators (2024)

Further information about the methodology for adult mental health inpatient services safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

University Hospital Wishaw is a district general hospital with a wide range of specialities including an emergency department, paediatrics and maternity. It is one of three acute hospitals in NHS Lanarkshire and has four mental health wards which comprises of two adult acute wards, an older adult ward and an Intensive Psychiatric Care Unit.

About this inspection

We carried out an unannounced inspection at University Hospital Wishaw, NHS Lanarkshire on Wednesday 3 and Thursday 4 December 2025 using our safe delivery of care inspection methodology. We inspected the following areas:

- Ward 1
- Ward 2
- Ward 3 and,
- Intensive Psychiatric Care Unit.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Lanarkshire to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

We held several virtual discussion sessions with senior members of NHS Lanarkshire's management team, including nurse consultants and the Prevention and Management of Violence and Aggression (PAMOVA) training team, to discuss the evidence submitted and the findings of the inspection.

The findings detailed in this report reflect our observations within the areas of the hospital that were inspected at the time of the inspection.

We would like to thank NHS Lanarkshire, and in particular all staff at University Hospital Wishaw for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

During the inspection we observed staff treating patients with care and compassion. We observed visible leadership on the wards and staff described positive working relationships. Student nurses were complimentary about their learning experiences.

The hospital environment, including communal areas, were clean and the majority of areas were well maintained. However, some areas of the built environment were in need of repair.

We reviewed incident reports and raised concerns surrounding the use of prone restraint, the lack of physical health monitoring during and post restraint, and the use of seclusion.

We also observed the use of mixed sex and mixed function wards is challenging for staff and patients with regards to privacy and dignity. Other areas for improvement include documentation and ensuring protected time for learning for staff.

What action we expect the NHS board to take after our inspection

This inspection resulted in four areas of good practice, three recommendations and 12 requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Lanarkshire to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.scot

Areas of good practice

Domain 1	
1	All observed interactions between staff and patients were professional, kind and respectful (see page 19).
2	Quality improvement work achieved a reduction in falls (see page 19).

Domain 4.3	
3	Students reported positive practice and supportive learning environments provided by staff within clinical areas (see page 30).

Domain 6	
4	Staff reported the benefit of the psychology services providing trauma-based practice (see page 35).

Recommendations

Domain 6	
1	NHS Lanarkshire should consider improvement of access to the outside environment available from the mental health wards (see page 35).
2	NHS Lanarkshire should consider a dementia friendly care environment within the older adult ward (see page 35).
3	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 (see page 35).

Requirements

Domain 1	
1	NHS Lanarkshire must ensure all staff complete mandatory, role-specific training required, supported by robust and consistent oversight of protected learning time to maintain safe staffing levels and staff development (see page 19). This will support compliance with: Health Care (Staffing) (Scotland) Act 2019 Criteria 12II, Core Mental Health Standards (2023) Criteria 4.1 & 4.5 and relevant codes of practice of regulated healthcare professions.
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 (see page 19). This will support compliance with: Core Mental Health Standards (2023) Criteria 5.8, Quality Assurance Framework Criteria 2.3, 2.5 & 2.6, Health and Social Care Standards (2017) Criteria 4.19 and relevant codes of practice of regulated healthcare professions
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 (see page 19). This will support compliance with: Mental Welfare Commission, Rights, Risks and Limits to Freedom 2025 and Health and Social Care Standards (2017) Criteria 4.1
4	NHS Lanarkshire must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated (see page 19). This will support compliance with: Health and Social Care Standards (2017) Criteria 5.19 & 4.19 and Quality Assurance Framework (2022) Indicator 2.6 & 4.1

Domain 4.1	
5	NHS Lanarkshire must ensure that all patient documentation is accurately and consistently completed (see page 26). This will support compliance with: Quality Assurance Framework (2022) 4.1 & relevant codes of practice of regulated healthcare professions
6	NHS Lanarkshire must ensure staff who are carrying out enhanced observations provide proactive, responsive and personalised care to support safe patient care (see page 26). This will support compliance with: Health and Social Care Standards (2017) Criteria 1.19, Quality Assurance Framework (2022) Criteria 1.5,2.1 & 2.2 and Core Mental Health Standards (2023) Criteria 2.3 and 4.11
7	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 (see page 27). This will support compliance with: National Institute for Healthcare and Clinical Excellence Alcohol-Use Disorders: Diagnosis and Management of Physical Complications 2017 and the Quality Assurance Framework (2022) Criterion 4.1
8	NHS Lanarkshire must ensure that all staff use personal protective equipment and carry out hand hygiene in line with current guidance (see page 27). This will support compliance with: National Infection Prevention and Control Manual (2023)
9	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 (see page 27). This will support compliance with: National Infection Prevention and Control Manual (2022) and Standard 8 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022) and Health and Social Care Standards (2017) Criterion 5.22

Domain 4.3	
10	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 (see page 30). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019

Domain 6	
11	NHS Lanarkshire must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing (see page 35). This will support compliance with: Health Care (Staffing) (Scotland) Act 2019, Health and Social Care Standards (2017) Criteria 1.19 & 1.25 and Core Mental Health Standards Criteria 4.6
12	NHS Lanarkshire must provide appropriate facilities for patients to launder their clothing, and ensure all patients have access to clean laundered clothes (see page 35). This will support compliance with: Health and Social Care Standards (2017) Criteria 5.23 & 4.19

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

We observed multidisciplinary teams were engaged in providing person-centred care and treatment. Staff described positive working relationships with the senior management team who were visible in clinical areas including the leading of daily safety huddles. There was good support in place in relation to staff wellbeing. However, we observed some staff training levels were low, including prevention of violence and aggression and basic life support.

University Hospital Wishaw has four mental health wards including adult acute assessment, older adult and an Intensive Psychiatric Care Unit. Referrals into the wards are made by community mental health teams and psychiatric liaison team based at University Hospital Wishaw. Patients can be informally referred to the Intensive Psychiatric Care Unit, or patients must be detained under civil procedures of the Mental Health (Care and Treatment) (Scotland) Act 2003, or under the Criminal Procedures (Scotland) Act 1995 (transferred from custody cells, prison, or the immigration removal centre) and are discussed at multidisciplinary team meetings.

University Hospital Wishaw does not use surge beds within the mental health wards. A surge bed is a temporary hospital bed introduced to increase capacity during periods of high demand. However, when additional capacity is required, a ‘pass bed’ is utilised. A pass bed is a bed that remains allocated to an existing patient who has planned leave from the ward, such as a home pass, allowing the bed to be temporarily used by another patient requiring admission.

Staff told us that the decision to admit a patient to a pass bed is based on professional judgement with careful consideration of patient safety and acuity- with the final decision made by the Responsible Medical Officer. Senior managers advised that pass beds are only used in exceptional circumstances, and their use is highlighted and discussed at the morning mental health safety huddles to support contingency planning. An individual risk assessment is completed for any patient due to take planned leave to determine whether it is clinically appropriate for them to do so.

At the time of inspection there were 12 delayed discharges. A delayed discharge occurs when a patient who is clinically ready to leave cannot do so due to a lack of care support or suitable accommodation such as a nursing home placement. Any delay in discharge can have a severely detrimental effect on a person’s health and wellbeing, including the loss of independence, autonomy and confidence. NHS Lanarkshire has a Delayed Discharge Team who provides a link between the wards and services that would provide care and support to a person awaiting discharge.

Clinical staff told us that weekly meetings are held with the discharge coordinator. These meetings provide updates on progress towards discharge and identify any barriers to safely facilitating discharge. Staff advised that the main reasons for delayed discharge were difficulties accessing care packages and suitable housing. Oversight arrangements include a monthly delayed discharge steering group. We were told these are attended by the discharge liaison nurse, senior operational and clinical leaders, housing, and social work representatives. This group reviewed patients experiencing delayed discharge and monitored progress towards discharge. Staff also told us that exceptional delayed discharges are escalated by informing the Mental Welfare Commission. We saw evidence of this escalation and on-going monitoring within patient records.

Public Health Scotland reported in July 2025 that 31.4% of Child and Adolescent Mental Health Services inpatient admissions across NHS Scotland were out with specialist Child and Adolescent Mental Health Services units. The Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice states that a child or young person should only be admitted to an adult ward in exceptional circumstances, for example, where no bed in a child or adolescent mental health inpatient unit is available. This is because of the child or young person’s vulnerability and protection due to the potential impact of an adult environment on the child or young person’s mental health and wellbeing.

Staff told inspectors that if an inpatient bed is not immediately available within one of the regional Child and Adolescent Mental Health Services that children and young people requiring admission would be temporarily cared for in one of the mental health wards or general paediatric wards within University Hospital Wishaw.

Senior managers advised us that the admission of anyone under the age of 18 to an adult ward would be in line with NHS Lanarkshire Mental Health, Learning Disability and Addiction Services Admission standards and should be recorded through the incident reporting system. Additionally, the Mental Welfare Commission should be notified. In evidence submitted we observed five admissions of patients under the age of 18 years old to an adult ward in the three months prior to this inspection. We could also see in evidence that the Mental Welfare Commission had been informed of all under 18 admissions. However, only two of the five admissions under 18 were reported through the NHS Lanarkshire's incident reporting system which is not in line with NHS Lanarkshire’s admission policy.

All patients admitted to University Hospital Wishaw mental health wards who are under 18 have their care and treatment led by a Child and Adolescent Mental Health Services consultant and are supported daily by the Child and Adolescent Mental Health Services intensive treatment team (CITT). Patients under 14 may be placed in the children’s ward within University Hospital Wishaw. However, all admissions and most appropriate patient placement is discussed at

multidisciplinary team meetings in order to be patient centred. Patients are supported with a minimum of 1:1 enhanced observation during their admission which can be provided by substantive or supplementary staff. Enhanced observations and supplementary staff are discussed later in this report.

Young people admitted to University Hospital Wishaw for treatment of mental health concerns are also supported by NHS Lanarkshire's child and adolescent mental health services intensive treatment team. During our onsite inspection members of this team confirmed that they would be involved daily to support the young person's care. Inspectors reviewed the care plans of one young person during our onsite inspection and observed evidence of 1:1 therapeutic engagement by ward staff during enhanced observations. We also observed a risk assessment, safety plan and care plan in place to support enhanced observations and the on-going monitoring of the young person's mental state.

Staff working with children and young people should have a range of specialist skills that are evidence-based and have the skills and knowledge to effectively assess and work with young people to improve outcomes. This includes understanding of child development, trauma-informed practice, age-appropriate risk assessment, safeguarding frameworks for under 18s, and the ability to work collaboratively with families. However, staff we spoke with raised concerns about the lack of training in relation to child and adolescent mental health patients.

We asked senior managers about the provision of training for both substantive and supplementary mental health staff who provide care and support for children and adolescents on adult mental health and paediatric wards. They advised that there was no formal training offered and staff within the wards are supported by the child and adolescent mental health services intensive treatment team when a person under 18 is admitted.

Child protection training provides staff with the information required to promote the protection and wellbeing of children. It also highlights the process to follow if staff are concerned that a person has been, or is at risk of being, harmed. Level one child protection training is aimed at all members of the health care workforce and provides information on what to do if they think a child is being harmed. We noted that level one child protection training compliance within the two adult wards where Child and Adolescent Mental Health Services patients may be cared for, is 86% and 100%. However, at the time of the inspection, staff did not have access to level two or three enhanced child protection training which is aimed towards staff with direct or substantial contact with children and young people. We raised this with senior managers who advised that a training matrix to support appropriate skill mix with additional training was being considered.

Strengthening mental health staff knowledge and understanding of children and adults who may be 'at risk of harm' and who are unable to safeguard their own interest is a fundamental part of delivering safe and effective care. A requirement has been given to support improvement in this area.

We asked NHS Lanarkshire to provide compliance rates for all the mandatory staff training programmes. Evidence provided highlighted adult support and protection training compliance rates were between 96% and 100% across all ward areas. However, some lower training compliance rates were also observed such as practical basic life support training at 48% on one ward and practical prevention and management of violence and aggression training at 76% on another ward. This may result in staff not having the skills and knowledge to provide safe and effective care for patients on the wards.

Basic life support is essential to ensure staff have the skills and knowledge to identify and care for the medically deteriorating patient. We requested updated training compliance figures during our virtual discussion session with senior managers from NHS Lanarkshire. However, the information provided did not give assurance that NHS Lanarkshire was meeting the relevant standards as outlined within the UK Resuscitation Council Core Mental Health Quality Standards.

We raised this with senior managers who provided additional information confirming that staff receive resuscitation training at induction and through regular online updates, with practical sessions delivered when required. We can also see in evidence provided that basic life support training using the train-the-trainer model began in January 2026 with further training dates in place in February and March this year. Senior managers advised us that access to practical basic life support training had previously been restricted due to lack of available trainers. A train-the-trainer programme is a framework to train a group of staff in a specific subject to enable them to cascade the training to other staff.

Staff told us that the National Early Warning Score 2 (NEWS2) tool was used in the wards and inspectors observed that they were well completed. Within incident reports reviewed we did not see any incidents of patient harm as a result of a failure to recognise a deteriorating patient or the availability of basic life support training.

It is vital that staff are trained in the management of violence and aggression to ensure safe management and de-escalation of incidents. These incidents are often more frequent within mental health wards due to the illnesses being experienced by patients. NHS Lanarkshire's prevention and management of violence and aggression policy states that staff working within mental health units must complete prevention and management of violence and aggression training, and compliance levels should be 100% of staff participating and completing the e-learning. We saw compliance rates of between 76% and 83% across the four wards.

In electronic incident reports provided to us as part of the inspection, we identified an incident where there were three members of staff on shift unable to complete restraint. This was due to physical constraints identified by a staff risk assessment, and a member of staff not trained in violence and aggression reduction techniques. We asked senior managers how they ensure that staff with

the appropriate skills are on duty to ensure staff and patient safety is maintained. Senior managers advised that skill mix is incorporated when the rota is created and any issues in relation to skill mix can be discussed at the morning safety meeting, with staff redeployment as required. We can see it is documented in the incident report that this was escalated to senior managers. Documented actions include ensuring any changes in the rota to be approved by the senior charge nurse or charge nurse. We can also see that it is documented that there was no harm or injury as a result of the incident.

The Healthcare Improvement Scotland learning from adverse events national framework indicates that all adverse incidents should be reviewed. The level of the review will be determined by the category of the event and is based on the impact of harm, with the most serious requiring a significant adverse events review. NHS Lanarkshire provided their adverse events 'toolkit' which provides the guidance, processes and documentation required in relation to adverse events to ensure that each event is thoroughly analysed, lessons are learned and meaningful actions are taken. The aim is to promote continuous learning and drive forward improvements in care quality and patient safety. NHS Lanarkshire mental health, learning disability and addiction services have introduced a monthly Significant Adverse Event Review (SAER) action group to provide strong oversight of the progress, learning, and completion of all actions resulting from concluded SAERs. The group offers assurance and routine updates to the NHS Lanarkshire Mental Health, Learning Disability and Addiction Clinical Governance Committee, the Performance and Quality Meeting, the Divisional Partnership Meeting, and the Adverse Events Group.

Staff spoke of being well supported following any incidents and NHS Lanarkshire provided their Adverse Event Management Policy which details available staff support following an incident such as the staff care and wellbeing service and online resources.

We asked NHS Lanarkshire to provide us with incidents or adverse events reported by staff through the electronic incident reporting system for the three months prior to this inspection. Staff we spoke with told us they are encouraged to submit an incident report when any patient or staff safety incident or near miss has occurred. We were advised that incident reports are signed off following review of the information by senior staff and that any identified themes are discussed with staff and actioned as required. However, as described earlier in this domain, we observed inconsistencies in the reporting of adverse events such as when a patient under the age of 18 years is admitted to one of the mental health wards. This may impact upon the ability to identify themes and support learning from reported incidents. During our discussion session, senior managers acknowledged that incident report documentation was being reviewed as a priority. A requirement has been given to support improvement in this area.

We observed that within older adult in-patient services the highest number of reported incidents relates to falls. We discussed this with senior managers who advised that focused work has been completed with staff teams and falls champions. This included a review of how falls risks assessments were completed and education surrounding falls care plans and risk assessment. We can see in evidence provided that falls were reduced by 65% within older adult settings over a twelve-month period.

Prone restraint is a physical intervention in which a person is held face down, usually on the floor or another surface, with staff applying controlled force to limit movement. This position restricts a person's ability to move freely and can create additional risks, including compromised breathing and reduced ability to communicate distress. The National Institute for Healthcare and Clinical Excellence (NICE) guidance on violence and aggression states that manual restraint should not routinely be used for longer than ten minutes and restraint in the prone position should be for as short a period of time as possible. Staff should also monitor the patient's physical and psychological health for as long as clinically necessary after using manual restraint. We observed five incident reports submitted as evidence detailing the use of prone restraint. The majority of these were to enable the administration of intramuscular medication due to stress and distress including violence and aggression. This included one incident where, although no patient harm was noted, it is documented that the restraint lasted for approximately one hour. However, it is not clear if the patient was restrained in the prone position for all of the duration. We also observed in other evidence provided that documentation was inconsistent and did not record the duration of restraint or physical health monitoring.

We raised this as a concern with senior managers who provided further evidence of post restraint physical health monitoring National Early Warning Scores 2 charts. Senior managers also advised that they were aware of the need to raise the standard of documentation surrounding the recording of the use of restraint. Senior managers detailed their commitment to a wider documentation review and consistent audit of documentation. A requirement has been given to support improvement in this area.

We attended a virtual discussion with the prevention and management of violence and aggression training team who advised that whilst prone restraint is taught as part of restraint training, it should only be used as a last resort. This could include when other approaches, such as supine restraint or the use of a safety pod (a specialised medical grade beanbag style device) are not viable. We were also advised that the training team are available to assist staff with any issues they raise or if further support and training is required or requested. We can see that all five reported incidents of prone restraint were in one ward area. We can also see in evidence provided that staff training levels for the prevention and management of violence and aggression for this ward area is 84% for practical training and 95% for online training. We asked senior managers for the systems

and processes that are in place for the review and overview of reported incidents. We were advised that at local level, the senior charge nurse is responsible for providing assurance by regularly reviewing incident reports for their ward, ensuring compliance with standards and identifying any areas requiring action. We were also advised that the senior nurse and service manager meet monthly to review reported incidents across the mental health wards, including associated actions and learning outcomes.

We observed in evidence provided that the NHS Lanarkshire Prevention and Management of Violence and Aggression Policy was due for review in 2025. However, senior managers advised that this has been deferred as it is due to be replaced in March 2026 by the Once for Scotland Violence and Aggression policy.

During our onsite inspection inspectors witnessed an unplanned restraint and noted that this was completed quickly and efficiently, with dignity and respect maintained throughout the process.

Analysis of incident reports identified that 58% of all reported events related to violence and aggression, including incidents directed towards staff. The Intensive Psychiatric Care Unit had the highest recorded number of incidents of violence and aggression. We recognise that a rise in reported incidents may be attributed to the acuity and dependency on the ward at the time. Inspectors reviewed updated care plans, risk assessments and multidisciplinary team reviews in relation to incidents of violence and aggression. Review of electronic incident reports also identified episodes of challenging behaviour of patients within the wards. In these cases, staff responded appropriately by implementing enhanced observations and initiating referrals to the Intensive Psychiatric Care Unit, where required.

To reduce the risk of suicide and self-harm, NHS boards have a responsibility to ensure patients are appropriately assessed, additional safety measures are in place and are reflective of patient risk assessments. Mental health units in Scotland should conduct annual ligature risk assessments to ensure patient safety.

In August 2024 the Health and Safety Executive (HSE) issued an improvement notice regarding one ward in University Hospital Wishaw in relation to reducing possible ligature risk in areas where patients who may be at risk of suicide are cared for. Whilst this inspection is separate to, and not related to, the Health and Safety Executive inspection, during our onsite inspection we were provided with evidence of ongoing work to improve ligature safety within the mental health wards. This includes an action plan timeframe for completion of actions identified in relation to the Health and Safety Executive notice and ongoing dialogue with the Health and Safety Executive to confirm on going work towards compliance with the notice.

We were given completed ligature risk assessments for each ward which identified risks and mitigations including the use of ligature reduction fittings,

clinical risk assessments and enhanced observation when patient risks are identified. In evidence provided we observed that the NHS Lanarkshire ligature review group provides oversight of completion of audits and the ongoing works planned to reduce ligature risks throughout the mental health wards. These include replacement of beds and doors and processes to reduce the risk inherent with personal belongings brought into the ward by patients and relatives. Additionally, there has been training developed for staff regarding ligature safety with proposed practical training being rolled out. We were provided with an action plan that indicated that the timeline to roll out this training is still to be ascertained. However, it will be mandatory for all in-patient and property and support services division staff to complete. However, we noted in evidence provided that ligature reduced fixings had been repaired and curtain rails had been replaced when they were pulled down in such a way that could create a possible anchor point on ligature reduction products. These issues had been escalated to the estates department to remind them that all fixings or any replacement product should meet ligature reduction standards.

Senior managers also advised that there are annual site inspection visits for ligature risk assessment checks with multidisciplinary team involvement including medical staff and senior managers. There are annual multidisciplinary team ligature assessments and 6 monthly internal ligature assessments with the senior charge nurse and supported by the service manager. There are also environmental checks completed with the property and support services division who completes the maintenance of anti-ligature equipment.

NHS boards have a responsibility to comply with fire safety standards in accordance with NHS Scotland Firecode (2007). We were provided with the mental health wards NHS Scotland fire risk assessment reports for November 2023 which were completed following a fire in a ward. These included recommended improvement actions for identified moderate and significant risks in relation to the bedroom doors. This includes a survey of the bedroom doors in relation to the possible application of controlled safe closing door hinges. We asked senior managers for an update on this who advised that there are no outstanding actions from the action plan.

The mental health wards at University Hospital Wishaw complete monthly fire safety check audits. We were provided with a selection of completed audits over the past year, including January 2026. The audit template includes questions related to fire escapes and exits including highlighting that the use of fire door wedges is prohibited. The audit also asks if staff are familiar with their roles and responsibilities in the case of fire. We observed that the audits were fully completed and did not highlight any current fire risks. We can see in evidence provided that staff online fire training is between 82% and 89% however, accounting for long term absences all wards remain above 90% compliance. We did not observe any obstructions to fire exits during our onsite inspection.

Areas of good practice

Domain 1	
1	All observed interactions between staff and patients were professional, kind and respectful.
2	Quality improvement work achieved a reduction in falls.

Requirements

Domain 1	
1	NHS Lanarkshire must ensure all staff complete mandatory, role-specific training required, supported by robust and consistent oversight of protected learning time to maintain safe staffing levels and staff development.
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.
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.
4	NHS Lanarkshire must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

Areas inspected were calm and well organised. Ward staff reported they were well supported by their senior colleagues. All staff we spoke to told us they felt well supported by the senior charge nurses. Senior managers spoke positively about the workplace, reported that they enjoyed their roles and appeared open and transparent about the day-to-day demands of their work.

Inspectors were able to observe ward communication handovers and safety briefings and attended the University Hospital Wishaw mental health morning site huddle. This was attended by nurse team leaders or representatives. Current bed pressures, patients on enhanced observations, possible discharges and admissions and staffing levels were discussed. Inspectors observed attendees were confident to articulate the needs of their patients. Inspectors also attended the online NHS Lanarkshire cross-site mental health site huddle which was well attended by senior nursing staff. Staff advised inspectors that information is communicated to them via email and shift handover.

NHS Lanarkshire has a clinical governance framework in place. Inspectors were provided with minutes of the wider Mental Health and Learning Disability

(MHLDA) Clinical Governance Committee for October 2025. This group provides assurance and regular updates to the Performance and Quality Meeting, the Divisional Partnership Meeting and Serious Adverse Events Group. There is representation of senior staff across all specialties. We saw discussions around risk, quality, policies and practice, initiatives and areas for improvement. Actions were then agreed and taken forward.

NHS Lanarkshire have ward level governance and assurance processes that include a range of audits such as infection prevention and control, record keeping, uniform compliance and physical health monitoring of the deteriorating patient. In addition, there are annual care assurance visits which are led by senior staff. The results from ward level assurance visits are reported through the mental health and learning disability clinical governance group. This includes reporting on completion and compliance of audits and care assurance reports.

A regular programme of audits can support early identification of risks, support compliance with policy, and maintain patient and staff safety. NHS Lanarkshire provided us with a timetable for audits for risk assessment, care plans, nursing notes and enhanced observations. NHS Lanarkshire utilises a quality improvement portal. The portal provides resources and learning opportunities for staff to develop their knowledge and skills in quality improvement, supporting them to deliver better services and outcomes for patients. We can see in evidence provided that infection control, record keeping, falls, food fluid and nutrition, and early warning audit scores were recorded and stored electronically on the portal. Feedback from audits are provided to staff through safety huddles and email.

Audit results are captured in annual care assurance visits and reported through the clinical care and governance group. Senior managers advised that work is ongoing to improve oversight and assurance of compliance and completion of planned audit programmes. This includes the development of standards of documentation and associated audits, and the development of an electronic dashboard to provide further assurance of safe and effective delivery of care.

Domain 4.1 – Pathways, procedures and policies

Quality indicator 4.1 – Pathways, procedures and policies

We observed variations in the completion of patient care documentation. The healthcare environment in some areas requires maintenance and repair to ensure a safe and clean environment.

The Mental Health (Care and Treatment) (Scotland) Act 2003 emphasises patient rights, participation in decision-making, and person-centred care. We saw evidence within patient records that patients and their families were involved in multidisciplinary team meetings. For example, in one ward we observed that the care plans had been completed comprehensively. Multidisciplinary team minutes were well recorded and demonstrated a person-centred approach, with evidence

of family and carer involvement. There was documented evidence of support which was offered to family members who were distressed or impacted by their family members illness. Care plans showed that the biopsychosocial needs include assessment of moving and handling risks, skin integrity bundles and continence needs.

However, not all care records we reviewed documented the reasons why patients had declined to participate in their review meetings or whether the outcomes of those meetings had been communicated to them. Improved documentation in this area would support transparency and demonstrate that patients remain involved in decisions about their care, even when they choose not to attend review meetings. We also observed that multiple systems were used for documentation and care planning including a combination of electronic and paper-based systems. We observed variation in the completion of patient care documentation, with some gaps identified, including instances where care plans were incomplete. In one ward inspectors noted that care plans were largely based on a standard template and were not sufficiently personalised to reflect individual patient needs.

In audits provided as evidence we observed a drop in care planning and risk assessment compliance in the three-month period from August to October 2025 for one ward area. The potential cause of this was identified as the rotation of audit responsibility with some staff interpreting findings differently from others. Audits showed a decline in record keeping, falling from 100% to 85% August to September 2025. There was also a steep decline in care planning, falling to 58% in October 2025. Actions from this included supporting ward staff to ensure consistent application of the ward level tools. A requirement has been given to support improvement in this area.

The Mental Health (Care and Treatment) (Scotland) Act 2003 states a person may be detained in hospital when they are experiencing a mental disorder and require assessment or treatment that cannot be safely or effectively provided on a voluntary basis. The Adults with Incapacity (Scotland) Act 2000 provides a legal framework to safeguard the welfare, property, and financial affairs of adults (aged 16+) who are unable to make some or all decisions for themselves due to conditions such as mental illness, learning disability, dementia, acquired brain injury, or difficulties with communication. Paper records of legal documentation were in place for patients who were subject to mental health detention orders. Adults with Incapacity documentation was also completed to a good standard.

Risk assessments ensure a comprehensive review of patients' care needs such as nutritional, mobility and falls, and allowing a person-centred approach to care. We observed that Malnutrition Universal Screening Tools (MUST), falls risk assessment and pressure area screening tools are used on admission for all patients. We also observed evidence of appropriate referral onto, and input from, dietetic services following the screening. We were provided with NHS

Lanarkshire’s admission standards which detail that a physical health assessment is carried out including a reconciliation of medication, blood tests and electrocardiogram if required. Inspectors observed that ongoing physical health was monitored by nursing staff and discussed at multidisciplinary team meetings as required. We were told allied healthcare professional input such as physiotherapy, podiatry and dietician is through referral only with no standard input into the wards unless the patient requires input from these services. Ward staff did not report any issues in accessing these services via the current referral routes.

The use of enhanced observations is the practice used to support patient safety and individual care to reduce the risk of patient harm to themselves or others. We requested a copy of NHS Lanarkshire’s Clinical Observation and Engagement policy and guidelines for best practice. We noted that the policy was due to be reviewed in December 2025 and does not reflect or reference current best practice guidelines contained in Healthcare Improvement Scotland's (HIS) Scottish Patient Safety Programme: From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care (2018). The framework promotes early intervention in the context of a patients deteriorating mental health with a move away from the historical practice of clinical observation referred to in NHS Lanarkshire’s current policy.

NHS Lanarkshire’s current policy notes that a patient on ‘constant observation’ should be within sight at all times and in all circumstances. Inspectors noted that a staff member allocated to enhanced observations did not have a view into the patient’s room as the door was closed and the window blind was closed over. This was raised immediately by inspectors at the time of the ward visit and with the senior leadership team who ensured staff understood the requirements of constant observations and ensure sight of the patient.

We observed in evidence provided that a short life working group has been convened in relation to continuous intervention and alignment to current best practice. However, although the group has met on three occasions there are no timescales for actions within the action log provided. A requirement has been given to support improvement in this area.

Seclusion is a restrictive practice in which a person is isolated and prevented from leaving a room or area, with the intention of managing behaviours that pose a significant risk of harm to themselves or others. Seclusion requires careful management by an agreed decision-making process and monitoring by staff who are fully trained in the prevention and management of behaviour which may cause harm to others. In evidence provided we observed thorough person-centred care plans for the use of seclusion. However, NHS Lanarkshire does not have a board wide seclusion policy.

We observed that there were gaps and inconsistencies in documentation and language used in relation to the use of seclusion with some instances where it was

recorded that patients were restricted to their side rooms. Whilst this may occur for reasons such as maintaining dignity, low stimulus needs, or the physical or mental health of the patient or others, if the patient is restricted and prevented from leaving their room this should be recorded as seclusion. We raised this with senior managers who advised that work is underway to strengthen documentation, care planning, and assessment processes in relation to seclusion. This includes a paper on these issues due in February 2026 and a short life working group being established to take improvement work forward. A requirement has been given to provide support in this area.

Within the wards inspected, patients cared for included those detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. We observed that the main ward doors for Wards 1 and 2 have restricted access. Ward 3 and Intensive Psychiatric Care Unit are locked for the safety and security of patients. As part of the evidence requested, we were provided with NHS Lanarkshire's locked door policy. All staff were aware of the locked door policy and communication was held with any visitors to ensure they were aware of how to access and exit the wards.

Inspectors observed mealtimes and noted communal eating, which was well facilitated and organised by staff. Those eating alone were supported with choices for their meal and staff ensured drinks were provided.

We observed that incident reports submitted as evidence included medication-related incidents, including a significant discrepancy with clonazepam. This is a prescription only medicine and controlled drug that has an increased risk of misappropriation, misuse, or dependence potential. We raised this with senior managers who confirmed that pharmacy had undertaken an investigation and the cause of the discrepancy was unable to be determined. However, senior managers outlined immediate mitigation measures that had been taken, including adding clonazepam to NHS Lanarkshire's desirable drug list for shift-by-shift stock checks and removing it from the routine medicines top-up system.

A desirable drug list refers to a defined group of medicines that require additional scrutiny, tighter stock control, and specific ordering and storage procedures due to their higher risk of misappropriation, misuse, or dependence potential. The goal of maintaining a desirable drug list is to promote safe governance, reduce diversion risks, and ensure responsible handling of medications.

Review of additional evidence highlighted an entry in NHS Lanarkshire's mental health risk register in relation to the lack of mental health pharmacy provision. Controls in place include an increase in pharmacy technicians' resource for inpatient mental health wards and the lead pharmacist taking on clinical commitment to IPCU, which has previously not had dedicated pharmacy input. At the virtual discussion session, senior managers advised recruitment into pharmacy vacancies had been successful.

NHS Lanarkshire supports patients receiving inpatient alcohol detoxification. Referrals for admissions for alcohol detoxification are planned within the adult mental health wards in liaison with community addiction services. Alcohol withdrawal can cause severe symptoms such as tremor, agitation, seizures and delirium tremens. Symptoms can be life threatening in severe cases requiring urgent medical attention, therefore it is increasingly important that these are managed safely and patients receive support.

Evidence provided includes NHS Lanarkshire's Mental Health, Learning Disability and Addiction In-Patient Services policy on alcohol withdrawal management. This highlights that a fixed dose medication regimen is the preferred method for alcohol withdrawal detoxification. A fixed-dose regimen involves administration of scheduled medication at set times, rather than adjusting treatment based on the patient's withdrawal symptoms which requires ongoing assessment of risk and clinical status.

An alcohol withdrawal risk assessment tool is a standardised tool which can be used by health professionals to assess the severity of alcohol withdrawal symptoms and therefore guide treatment. The absence of a validated alcohol withdrawal assessment tool during detoxification significantly increases the risk of patient harm, including missed deterioration, seizures, delirium tremens as noted above, inappropriate medication dosing, and delays in recognising serious complications. During our onsite inspection staff advised us that they use professional judgment to assess the severity of alcohol withdrawal symptoms and need for further additional medication to control symptoms. However, no formal alcohol withdrawal tool is utilised. This is not in line with the National Institute for Healthcare and Clinical Excellence (NICE) guidelines for the management of alcohol withdrawal which recommends the use of formal assessment tools to assess the nature and severity of alcohol misuse. We were also told by a member of staff that they felt the utilisation of an assessment tool to help monitor withdrawal would be beneficial.

At the time of our inspection, we found no evidence of consistent risk monitoring during alcohol withdrawal. We raised this with senior managers who advised that there was ongoing work in relation to supporting patients safely through alcohol detoxification. This includes the development of an alcohol bundle which will include recognised tools for measuring and monitoring withdrawal symptoms, staff training requirements and clearer pathways that include preparation and support for those being admitted to an inpatient ward for a planned detoxification. However, senior managers told us this work was in the early stages and although work around preparation for admission was underway, they could provide no timeframes for completion and implementation of the completed alcohol bundle. A requirement has been given to support improvement in this area.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. These include patient placement, hand hygiene and the use of personal protective equipment (such as aprons and gloves). Inspectors observed that personal protective equipment such as gloves and aprons were accessible, stored correctly and used appropriately. However, we observed overuse of gloves in some wards with some staff not changing gloves or carrying out hand hygiene between patients. A requirement has been given to provide support in this area.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. In most areas clinical waste and linen appeared to be managed and stored in line with national guidance. Inspectors observed good compliance with sharps management, sharps boxes were appropriately labelled, and temporary closures were in use to maintain safety.

NHS boards are required to have water safety systems in place for the control and management of risks posed by waterborne organisms that may cause disease. This includes regular flushing/running of infrequent or low use water outlets. Inspectors were advised that water flushing was completed by the private maintenance operator in some areas. However, it was also reported that this was completed by ward staff in the Intensive Psychiatric Care Unit with any unused outlets being flushed weekly. We raised the frequency of this with staff at the time of inspection and at our virtual discussion as this is not in line with the National Infection Prevention and Control Manual which states that flushing should be undertaken as a minimum twice weekly.

During our onsite inspection we observed all areas inspected were clean. However, domestic staff we spoke with explained that at times they may be moved to cover acute wards within the wider hospital which may have an impact on their ability to complete their work within the mental health wards. Staff also told inspectors that they felt there was not enough domestic provision for the mental health wards. We discussed the issues raised by domestic staff with senior managers who advised that due to the demand on University Hospital Wishaw, at times it is necessary to prioritise domestic staff to other clinical areas to mitigate the risks across the hospital. We were also told that any issues with domestic services would be raised at mental health meetings every 4-6 weeks with Property and Support Services Department and hotel services. The domestic supervisor can also be contacted out with these times regarding urgent issues.

Inspectors observed that the shower facilities in the shared bedrooms required remedial repair. This included areas of peeling paint, damaged walls, and damaged shower trays. Patients told inspectors that the showers routinely flooded into the bedroom areas. They reported placing rolled-up towels at the bottom of the doors in an attempt to prevent water from entering the bedrooms.

We raised this concern both during our onsite visit and online virtual discussion session. However, senior managers and infection prevention and control staff were not aware of the use of the towels for flooding and advised that this had not been highlighted in patient feedback. We can see in evidence provided, that towels had been found on the floor and removed during standard infection control and prevention environmental audits.

Following the virtual discussion senior managers advised that an immediate plan was put in place to address the flooding. This includes providing regular, responsive domestic support and any persistent issues will continue to be escalated through NHS Lanarkshire's property and support services division team helpdesk. Patients will receive clear guidance about the known shower issue with additional signage displayed in the ward and information shared with ward staff on how to safely manage water overspill. Senior managers also confirmed that the estates team is prepared to support the development of a business case to re-screed the floors, replace the flooring, and raise the door thresholds to provide a long-term, sustainable solution. However, we were not provided with a timeline for this.

University Hospital Wishaw is a private finance initiative building and is therefore maintained by a private maintenance contractor. If an event or an issue is identified there is a helpdesk system and it would be logged here as an individual task. During our inspection we observed the fabric of the wards was tired with areas of wear and tear evident to walls, door frames and flooring making effective cleaning more challenging.

Staff told us that the NHS Lanarkshire estates department and the private maintenance operator were reasonably responsive to requests, but they felt that the same issues were often recurring. Staff told us maintenance requests were phoned in, and a record book is kept on the ward. There is currently no electronic system for reporting or following up requests made for maintenance or repair. The current process relies on staff reporting any issues to the help desk and documenting the details within the ward book. NHS Lanarkshire must ensure maintenance of the healthcare environment to support effective cleaning and promote a therapeutic environment. A requirement has been given to support improvement in this area.

Requirements

Domain 4.1	
5	NHS Lanarkshire must ensure that all patient documentation is accurately and consistently completed.
6	NHS Lanarkshire must ensure staff who are carrying out enhanced observations provide proactive, responsive and personalised care to support safe patient care.

7	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.
8	NHS Lanarkshire must ensure that all staff use personal protective equipment and carry out hand hygiene in line with current guidance.
9	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.

Domain 4.3 – Workforce planning

Quality indicator 4.3 – Workforce planning

We observed staff working hard to provide safe, effective, person-centred care. Staffing levels were appropriate and where there was an increase in the number of patients requiring enhanced observations, additional staffing was provided.

Time to lead is a legislative requirement under the Health Care Staffing (Scotland) Act (2019). This is to enable clinical leaders to provide and oversee the delivery of safe, high quality and person-centred healthcare. During our inspection we observed senior charge nurses supporting their teams and present on all wards. Senior charge nurses inspectors spoke with described having adequate time to lead.

Senior managers advised that they are working closely with National Education for Scotland to adopt the national clinical supervision framework (2004) across the service. Clinical supervision is a proactive process to support development and professional growth by offering dedicated time, feedback, and guidance in a psychologically safe space to enable staff to critically reflect on practice. Staff told us that group supervision and reflective practice sessions, which were supported by psychology, were in place. Some staff spoke positively about the sessions while others stated they did not find it helpful.

Workforce data submitted by NHS Lanarkshire for December 2025 demonstrates no significant nursing vacancy rate within the mental health wards at University Hospital Wishaw. The average vacancy rate throughout the four wards is 7.8%. We consider a high vacancy rate to be greater than 10%. The average sickness absence rate throughout the four wards is 11.1% which is significantly higher than NHS Lanarkshire's predicted sickness absence rate of 4% or less.

Long term sickness is defined as a period of sickness absence that lasts longer than 29 days. We can see that long term sickness varied between 2.7% and 13.3% between the wards. Within the October 2025 workforce governance group, anxiety and stress are reported as the most common reasons for sickness absence. It is reported that considerable work is ongoing across the partnership to support staff whilst at work. These measures include safety culture cards, the

psychological safety survey, staff safety huddles and stay conversations in all teams and improved provision of supervision.

Predicted absence allowance is the percentage of hours built into staffing provisions for planned and unplanned leave/absence of permanent staff. The national recommendation is 22.5%. Within evidence we could see that actual absence is higher than this at 28.1%, mainly due to sickness and maternity leave. There was no study leave recorded within actual absences in any ward for 2024 and 2025. As discussed in Domain 1, compliance with mandatory training is variable. NHS Lanarkshire must record protected time for learning to ensure effective oversight of actual staffing numbers ensuring staff can access opportunities for development.

NHS Lanarkshire are transitioning to an electronic staffing system to monitor real time staffing across the Mental Health Unit. The system will provide real-time staffing requirements based on roster demand or patient care needs. This provides a traffic light system with red areas having the highest shortfall of staff available to meet patients' needs. This enables informed decisions to be made when deploying staff to help mitigate risk. This system considers the acuity of the patients versus available staffing numbers. It also allows for professional judgement to be made in terms of required staffing in relation to patient acuity. However, at the time of inspection this was not fully operational in all wards.

Inspectors attended the University Hospital Wishaw mental health morning site huddle and the mental health service NHS Lanarkshire wide daily huddle. This was attended by nursing team leaders and senior managers within the mental health service. Clinical acuity, use of enhanced observations, possible discharges and admissions, and staffing levels were discussed. At the time of the huddle, NHS Lanarkshire identified no staffing deficits across the mental health unit.

Senior managers told us that shortages of staff would initially be addressed by the redeployment of staff across the mental health unit and wider inpatient mental health services across NHS Lanarkshire, if required. If this was insufficient to mitigate staffing deficits, supplementary staff would be used. NHS Lanarkshire use supplementary staffing such as staff bank or agency to help cover staffing shortfalls left by absence, vacancy and increased service demand. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency.

Staff told us that bank staff who work on the mental health unit are mainly familiar with the wards. Staff also told inspectors that if they had staffing concerns due to increased acuity or staff absence, senior managers were responsive to requests. In nursing workforce data provided for the mental health unit we observed daily use of supplementary staff to fill staffing gaps and provide cover for increased acuity including the use of enhanced observations throughout the unit.

Senior managers advised that bank/agency staff and staff new to the ward environment will undergo a ward induction including risk assessments and environmental issues. Supplementary staff are included in the handover of patient groups including risk assessments. However, supplementary staff are not always familiar with the ward environment. Inspectors were advised that handover may happen out with set times for this staff group due to the timing of shifts beginning and ending. The nurse in charge ensures they are orientated to the ward and patients, and supports meal breaks.

The Common Staffing Method is a multifaceted triangulated approach, designed to help leads understand and evidence staffing requirements and the impact of staffing on quality and safety. The Health and Care (Staffing) (Scotland) Act 2019 commenced on 1 April 2024. It stipulates that NHS boards have a duty to annually apply the Common Staffing Method, which includes a staffing level tool run and requires this to be applied rigorously and consistently. The application of the common staffing method and associated staffing level tools supports NHS boards to ensure appropriate staffing, the health, wellbeing and safety of patients and the provision of safe and high-quality care.

NHS Lanarkshire do not have a standard operating policy for the Common Staffing Method. However, senior managers advised us that they were working towards this. NHS Lanarkshire were unable to provide the complete common staffing method reports for mental health and learning disabilities as the staffing tool was running at the time of inspection. We can see in the previous 2024 report gaps in the service specific information required to consistently and fully inform staffing requirements. These include a lack of information to evidence staff feedback and service specific trends and to demonstrate the impact of staffing on quality and safety. A requirement has been given to support improvement in this area.

NHS Lanarkshire have a number of resources in place to support staff wellbeing which are collated on the staff support and wellbeing website including low-intensity interventions such as bereavement and peer support, spiritual care and up to four counselling sessions through the Talking Rooms. Staff also have clear pathways to additional mental health resources, including Silver Cloud, Stress Control programmes and crisis support. Occupational Health remains accessible when required, and referrals to the Psychological Services Staff Support Team can be made for specialist assessment and treatment.

Alongside available individual support, the Psychological Services Staff Support Team service also implements a number of organisational measures to strengthen team wellbeing. These include proactive initiatives that promote psychological safety and structured wellbeing responses following significant incidents, where appropriate, delivered in partnership with the Inpatient Psychology Service. Reflective practice has been embedded within the Intensive Psychiatric Care Unit and Ward 1 throughout 2025, facilitated by external clinicians to ensure

independent insight, with planned expansion to Wards 1 and 2 as part of the forthcoming service improvement programme.

Support of new staff, including newly registered nurses can be directly linked to staff retention and health and wellbeing. Newly registered nurses we were able to speak with reported that they were well supported in their role. Evidence provided includes NHS Lanarkshire's newly registered nurse pathway. This includes the framework for the first year of newly registered nurses development including a 4-week induction programme and 12 months management and peer support.

The Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment outlines the roles and responsibilities of practice supervisors and assessors, ensuring that student nurses receive mentorship through high-quality support, and supervision during their practice placements. Students gave positive feedback to inspectors on their experience when on placement and report being supported to apply and attend the open university nursing course whilst employed as a health care support worker within NHS Lanarkshire.

As part of our evidence request, we were provided with NHS Lanarkshire's Mental Health, Learning Disability and Addictions Newly Qualified Nurse Induction Program Proposal 2023. This proposal seeks to ensure that newly qualified nurses join the workforce fully equipped with all necessary training, access to all relevant systems and are fully aware of NHS Lanarkshire's locality specific policies and procedures from their first day in clinical practice. It also seeks to reduce administrative pressures on team leaders and senior charge nurses and ultimately aims to increase retention of staff to alleviate pressures within the service.

Area of good practice

Domain 4.3	
3	Students reported positive practice and supportive learning environments provided by staff within clinical areas.

Requirements

Domain 4.3	
10	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.

Domain 6 – Dignity and respect

Quality indicator 6.2 – Dignity and respect

We observed warm and respectful person-centred interactions between patients and staff. The use of mixed sex wards can create challenges for staff and patients with an impact on privacy. We observed that doors to outdoor spaces were kept locked and could only be accessed through the quiet room, therefore restricting access.

Inspectors spoke with a number of patients who described staff as very supportive and responsive.

Stress and distress can include agitation, anxiety and aggression. Stress and distress training is intended to support staff's recognition and understanding, and appropriate responses to stress and distress behaviours to promote safe, compassionate, and person-centred care. We discussed this with nurse consultants within the service who were able to explain the quality improvement work being undertaken in relation to the training plan being rolled out on managing patient distress. This has involved working with staff to identify and negate barriers to learning such as IT skills or access to IT equipment. The training is online learning and includes proactive and preventative measures in managing patient distress. There is work being undertaken to develop an online learning module for staff to complete every three years. The aim is to measure improvement through length of patient stay, reduction in number of violence and aggression incidents and a reduction in falls. Progress of this work will be discussed at NHS Lanarkshire's Mental Health, Learning Disability and Addiction Governance Committee.

The triangle of care is a mental health framework that promotes a partnership between patients, their carers and mental health professionals, which ensures that carers are recognised as key partners in care. This work commenced following the review of Serious Adverse Event Reports (SAER) actions within NHS Lanarkshire, with a particular focus on strengthening family and carer involvement. Training has been developed by the nurse consultants to support the triangle of care framework and is now incorporated into the induction programme for newly registered nurses and all new staff joining NHS Lanarkshire. Carer-awareness training has been delivered to a range of staff groups, including occupational therapy, psychology, and administrative teams.

Staff told inspectors about targeted training around interventions to reduce distress and staff highlighted the impact of this when working with patients who had complex needs and high levels of distress. Staff felt confident that the impact of the training was evident.

Mixed sex accommodation can impact patient dignity and personal choice. University Hospital Wishaw provides mixed sex accommodation in all three

mental health wards. Although the wards are mixed sex, the multibed bays are single sex. Curtains provide limited privacy, and the bays have windows to the outside corridor. Previous Mental Welfare Commission visits highlighted issues with regards to privacy and dignity within mixed sex wards. The Mental Welfare Commission for Scotland is an independent body that safeguards the rights and welfare of people with mental illness, learning disabilities, dementia, and related conditions.

Patients who feel distressed or in need of a quiet space in a noisy environment are disadvantaged if they are placed in a multi-bed bay. This could lead to further heightening of distress and agitation and require increased staff intervention. We were told by ward staff that risks are mitigated by individual risk assessments, the use of observation levels and staff training for adult support and protection.

Staff told inspectors about targeted training for interventions to reduce distress and staff highlighted the impact of this when working with patients who had complex needs and high levels of distress. Staff felt confident that the impact of the training was evident in their ability to manage the patient’s triggers and distress.

Staff in Ward 2 told us of a focused piece of work that involved staff training led by psychology around trauma informed practice. Trauma-informed practice in healthcare recognises when previous trauma may be affecting someone and adapting care to prioritise safety, trust, empowerment, choice, collaboration, and avoiding re-traumatisation.

The provision of meaningful activity on mental health wards is said to increase social connectedness, improve psychological wellbeing and is essential to promote wellbeing and recovery. The provision of activity was variable throughout the wards inspected.

One of the mental health wards has a peer support worker role with staff speaking highly of the role. This role supports activities and recovery-based work throughout the ward for 20 hours per week, which includes therapets and therapy Shetland ponies visiting the ward. We observed a peer support worker and nursing students supporting activities during the onsite inspection. We also observed in one ward that there was a weekly activity board with several groups taking place, such as keep fit, walking, and bingo.

However, during our onsite inspection we observed that in another ward patients had gathered in the day room and there were very little activities to occupy them. There was an activity room but there were no planned programmes evident or staff to offer any meaningful activity. Staff we spoke with reported that they would offer activities when staffing and patient acuity allowed, but this was not always possible owing to other duties taking priority.

We saw in most wards that there was a lack of formalised meaningful activities. The patients that we spoke with reported a lack of things to do which left them

bored. The staff we spoke with agreed that an activities coordinator or coordinators would be helpful in wards where there was no peer support worker or in addition to the peer support worker role. They reported that they tried to help with activities, but this was dependent upon how busy they were within the ward. A requirement has been given to support improvement in this area.

In evidence provided we observed a proposal to secure funding for ward activity coordinators. In it they highlighted the benefits and cost to patients' wellbeing. Senior managers provided an update regarding the progress of the activity coordinator posts. These are currently going through the workforce governance process.

Staff described challenges within one ward where both patients with dementia and patients with functional illness are cared for within the same ward. This resulted in challenges for both patients and staff due to the variance in patient care needs. For example, patients with middle or late-stage dementia may require more assistance with comprehension, orientation and personal care. However, those with functional illness may not understand unpredictable behaviours from others, and this may heighten anxiety and agitation. Due to the variance in these illnesses, there is potential for increased workload and stress on staff as they must manage a wide range of behaviours, requiring different approaches for different patient groups. This is supported by findings in the Mental Welfare Commission report on older people's functional mental health wards in hospitals (2020) who highlighted that mixing patients who are solely diagnosed with dementia with those who do not have that diagnosis is challenging and does not meet the needs of their group.

A dementia-friendly environment is designed to support individuals with dementia by minimising confusion and enhancing their ability to navigate and function within their surroundings with clear signage on rooms. However, the ward where patients with dementia are cared for was not dementia friendly, with no additional signage or adaptations. We raised this with senior managers who agreed that the lack of dementia friendly adaptations did not support patients' needs. Within incident reports provided we did not see any evidence of direct patient harm as a result of the needs of the mixed patient groups or the lack of dementia friendly environment. However, a recommendation has been given to support improvement in this area.

The mental health inpatient wards do not provide facilities that enable patients to launder their own clothing. Where patients do not have family or carers available to assist, patients are advised to use community washing machines located at a nearby petrol station. In addition, the ward advertises a local laundry service that will collect and return clothing. However, this service incurs a financial cost to the patient. While ward staff may access onsite laundry facilities within the hospital during nightshift, for patients who are unable to leave the ward, this is dependent

on ward activity. As a result, this arrangement is inconsistent and does not reliably meet patient need.

These options are not suitable or equitable, particularly for individuals who are detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and are therefore unable to leave the ward, and for those who do not have family members who can undertake laundry on their behalf. The absence of accessible, appropriate laundry provision impacts negatively on patients' dignity and respect. It also restricts opportunities for individuals to maintain or develop daily living skills that are important for recovery and discharge planning. A requirement has been given to support improvement in this area.

There are communication groups in the acute wards and patient/carer feedback in Intensive Psychiatric Care Unit to collect patient feedback. There is also the QR code for care opinion available in wards. Community meetings can offer patients the opportunity to feedback and voice ideas for improvement. Community meetings were observed in evidence which highlighted patients voicing concerns surrounding smoking and lack of daily activity. In Intensive Psychiatric Care Unit, carers are additionally invited to provide written feedback following their relative's inpatient stay, supported by a stamped addressed envelope to maximise accessibility and response rates. However, staff reported that there has been limited feedback from patients and carers in relation to suggestions for areas of improvement to be implemented.

Complaints are managed through NHS Lanarkshire's complaints procedure which is readily available on NHS Lanarkshire's website. Care opinion is used to capture people's experience of NHS Lanarkshire's mental health services. Patient feedback is captured through the ward community meeting minutes and reviewed by the senior charge nurse. The care opinion is an independent online platform which enables people to provide feedback to NHS boards in relation to experience of care.

NHS Lanarkshire provides information on local hospitals and associated services through its public website. While acute wards are listed with accompanying contact telephone numbers, there is no equivalent information available for mental health inpatient wards, including those located at University Hospital Wishaw. Specifically, details such as ward names, contact numbers, and visiting arrangements for mental health services are absent.

The lack of publicly accessible information creates a barrier for families, carers, and friends, who may be unable to identify the correct ward or obtain essential contact details. This omission has the potential to negatively impact communication with inpatient areas and may cause unnecessary distress to those attempting to support individuals receiving care. A recommendation has been given to support improvement in this area.

Area of good practice

Domain 6	
4	Staff reported the benefit of the psychology services providing trauma-based practice.

Recommendations

Domain 6	
1	NHS Lanarkshire should consider improvement of access to the outside environment available from the mental health wards.
2	NHS Lanarkshire should consider a dementia friendly care environment within the older adult ward.
3	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.

Requirements

Domain 6	
11	NHS Lanarkshire must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing.
12	NHS Lanarkshire must provide appropriate facilities for patients to launder their clothing, and ensure all patients have access to clean laundered clothes.

Appendix 1 - List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- Ageing and Frailty Standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2024)
- Allied Health Professions (AHP) Standards (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- Clinical Governance Standards (Healthcare Improvement Scotland, February 2026)
- Core Mental Health Quality Standard (Scottish Government, September 2023)
- Delivering Together for a Stronger Nursing and Midwifery Workforce (Scottish Government, February 2025)
- Fire Scotland Act (Acts of the Scottish Parliament, 2005)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2014)
- From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care (Healthcare Improvement Scotland, January 2019)
- Generic Medical Record Keeping Standards (Royal College of Physicians, November 2009)
- Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019)
- Health and Social Care Standards (Scottish Government, June 2017)
- Infection prevention and control standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, May 2022)
- Mental Health (Care and Treatment) (Scotland) Act (Acts of the Scottish Parliament, 2003)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Healthcare Improvement Scotland and Scottish Government: operating framework (Healthcare Improvement Scotland, November 2022)
- Prevention and Management of Pressure Ulcers - Standards (Healthcare Improvement Scotland, October 2020)
- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- Rights, risks, and freedom to limits (Mental Welfare Commission, March 2021)

- Standards for student supervision and assessment (Nursing & Midwifery Council, April 2023)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)
- The quality assurance system and framework – Healthcare Improvement Scotland (Healthcare Improvement Scotland, September 2022)

Published May 2026

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or email contactpublicinvolvement.his@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot