



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

NHS board Chief Executive

Signature: _____

Full Name: Louise Long

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirement 1	NHS Lanarkshire (NHSL) 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.	September 2026	Associate Nurse Director General Manager	Completed Training governance has been strengthened through the re-establishment of the Training Matrix Group, chaired by the Adult Mental Health Nurse Consultant. Monthly review processes are in place to monitor mandatory and role-specific training compliance and report progress through governance structures. The review of training requirements remains ongoing, with some training package allocations still to be finalised. Progress is monitored through Mental Health, Learning Disability and Addiction (MHLDA) Clinical Governance Structure. Training compliance continues to improve across key mandatory training. To further support improvement, BLS Train-The-Trainer preparation has been completed, with three staff members now trained to deliver local BLS education. Weekly face-to-face BLS training sessions have been implemented throughout September, increasing local training capacity and supporting ongoing compliance. A training compliance report has been developed to monitor and report training requirements beyond the Once for Scotland mandatory and statutory LearnPro modules.	September 2026

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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	Completed NHSL has completed the required improvements in response to the HSE Notice of Improvement, overseen through the multidisciplinary Ligature Reduction Steering Group. Annual and six-monthly multidisciplinary ligature risk assessments are embedded, supported by regular ligature risk walkrounds and fortnightly governance meetings. These arrangements provide ongoing oversight of identified risks, monitor delivery of agreed actions and support continuous risk reduction. Board funding has been allocated to address all identified ‘Very High’ and ‘High’ risk anchor points. A programme of works has subsequently been developed and is currently with the Chief Officer for approval, providing a structured longer-term approach to progressing the remaining environmental risk-reduction measures.	September 2026

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Requirement 5	NHS Lanarkshire must ensure that all patient documentation is accurately and consistently completed.	October 2026	Associate Nurse Director	Progressing NHSL has maintained record-keeping audit compliance above 90% across all four wards since inspection, providing strong assurance of documentation standards. Updated documentation standards are being finalised to align with Lanarkshire Safety Assessment Framework, Continuous Intervention Practice and Triangle of Care. Completed Standardised electronic forms for post-intramuscular medication physical health monitoring have been developed and tested within Morse to improve consistency, support clinical effectiveness and strengthen audit assurance. A standardised nurse/patient 1:1 record is also being tested to enhance the quality and consistency of documentation. Associated guidance has progressed through clinical governance processes. Oversight and assurance are provided through the Care Assurance Steering Group, NMAHP Professional Governance Group, Morse reference Group and established Clinical Governance Structures.	
Requirement 6	NHS Lanarkshire must ensure staff who are carrying out enhanced observations provide proactive, responsive, and personalised care to support safe patient care.	November2026	Associate Nurse Director	Progressing A clear focus has been maintained on delivering proactive, personalised care. NHSL has completed benchmarking of trauma informed practice across adult mental health wards and developed a training programme incorporating safety and stabilisation, carer awareness, and ligature reduction. An updated Continuous Intervention Policy, aligned to HIS From Observation to Intervention Guidance, is also being progressed to support consistent practice across services. Training and guidance will be tested across IPCU, adult mental health and older adult to support safe, person-centred care. Progress is being monitored through the Continuous Intervention Group action plan and reported through clinical governance structures. (Expecting to complete by November)	

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Requirement 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.	September 2026	Associate Medical Director	Progressing An Inpatient detoxification SOP has been approved through the Addiction Governance Group, establishing a standardised approach to assessment and management within mental health inpatient wards, including the use of recognised assessment tools and baseline investigations. Supporting guidance for nursing and medical staff is being developed to strengthen monitoring during inpatient detoxification. The SOP will be presented to the MHLDA Clinical Governance Group on 30 October 2026 for wider consultation and feedback. One approved the role out of the SOP will be complete by November 2026 .	
Requirement 8	NHS Lanarkshire must ensure that all staff use personal protective equipment and carry out hand hygiene in line with current guidance.	September 2026	Associate Nurse Director	Progressing Audit results demonstrate improvement in hand hygiene and dress code compliance, although hand hygiene performance remains marginally below the local benchmark of 90%. A targeted improvement programme is being progressed through a Short Life Working Group with oversight from the North Hygiene Group. Expected to be completed by November 2026 .	

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Requirement 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.	September 2026	General Manager and PSSD	Progressing NHSL has strengthened oversight of the healthcare environment through regular environmental walkrounds, unannounced IPC visits and established governance arrangements. Findings and actions are reviewed and monitored through the North Hygiene Group, Infection Control Committee, and regular meetings with PSSD and senior operational leaders to ensure coordinated approach to maintaining safe, clean, care environments. Environmental inspections have identified a small number of outstanding estates actions, which continued to be monitored through established governance processes. Additional assessments of shower facilities have also been undertaken to inform environmental improvements and mitigate risks associated with water overspray and drainage, expected completion December 2026.	

Requirement 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 (CSM) within mental health services, demonstrating triangulation of quality, safety, and workforce data to inform staffing requirements.	September 2026	Associate Nurse Director and Workforce Planning Team	Progressing NHSL is strengthening compliance with the CSM. A draft Standing Operating Procedure for SafeCare has been developed which highlights roles and responsibilities and clarity for staff around professional judgement, workload, skill mix, and red flags. To support sustainability and reduce reliance on individual staff members completing Safe Care, there has been additional training facilitated and more staff have access to the system across inpatient services. Daily Safety Huddles/Briefings are undertaken across MHLDA Inpatient services and supported by senior operational and professional leads. Workforce, skill mix, patient acuity, and safety risks are reviewed and triangulated to support decision-making and risk management. Ongoing staffing risks are formally escalated, reported and monitored through established governance structures, including the NMAHP Workforce Governance Group, providing appropriate organisational oversight, and facilitating timely escalation where required. Expected completion December 2026	
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Requirement 11	NHS Lanarkshire must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing.	December2026	Associate Nurse Director and General Manager	Progressing The service has secured funding to support the implementation of activity coordinators across all mental health inpatient areas. The service has developed a Band 3 Activity Coordinator Job Description in line with the requirements of Mental Health staff for supporting patients in off ward areas. The job description has been agreed by Management and Partnership. it has been submitted to the Job Evaluation panel and will be presented at the October meeting for final sign off to allow recruitment to commence. The completion date for the recruitment of activity coordinators has been modified to December 2026.	

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Requirement 12	NHS Lanarkshire must provide appropriate facilities for patients to launder their clothing, and ensure all patients have access to clean laundered clothes.	September 2026	PSSD and General Manager	Progressing A suitable area within Ward 2 has been identified for the development of patient-accessible laundry facilities. Funding has been approved and a CCN raised to progress the required works. Given the financial implications and interdependencies associated with the environmental works, it has been agreed with PSSD and Serco colleagues that these will be managed through one overarching project plan. This will incorporate the development of the Ward 2 laundry facility and the reconfiguration of the existing Ward 1 bathroom to create an MDT space, enabling improved direct patient access to the courtyard. Implementation is underway, with the overarching project plan and associated completion timescales currently being finalised. This approach will provide clearer oversight, coordination and assurance across the programme of works. Completion expected December 2026	

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Recommendation 1	NHS Lanarkshire should consider improvement of access to the outside environment available from the mental health wards.	March 2027	General Manager and PSSD	Progressing Wards 2, 3 and IPCU all have direct patient access to outside space. Given the financial implications and interdependencies associated with the environmental works, it has been agreed with PSSD and Serco colleagues that these will be managed through one overarching project plan. This will incorporate the development of the Ward 2 laundry facility and the reconfiguration of the existing Ward 1 bathroom to create an MDT space, enabling improved direct patient access to the courtyard. Implementation is underway, with the overarching project plan and associated completion timescales currently being finalised. This approach will provide clearer oversight, coordination and assurance across the programme of works.	
Recommendation 2	NHS Lanarkshire should consider a dementia friendly care environment within the older adult ward.	November 2026	Associate Nurse Director and General Manager	NHSL is progressing a review of the ward environment to identify opportunities to further enhance dementia friendly care. Dementia friendly signage has been implemented, and the older adult ward is participating as a pilot site for a structured 12-month dementia education programme. This programme aims to strengthen staff knowledge and skills, supporting a proactive, person-centred approach recognising and responding to distress and meeting the needs of people living with dementia.	

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Recommendation 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.	November2026	Associate Nurse Director, General Manager, and Communications Team	An adult mental health ward mission statement is being developed to promote a shared understanding of values, expectations, and standards across inpatient services. Inpatient information leaflets for patients, families and carers have been developed and are currently undergoing co-production review with carers and partner organisations to ensure they are accessible, relevant, and person-centred. In addition, an online information resource is being co-produced in line with Triangle of Care principles and will be published on the NHSL website to improve access to information and support for patients, families, and carers. The completion is set for October 2026.	