



Improvement Action Plan

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

University Hospital Monklands

NHS Lanarkshire

20 January 2026

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: _____

Full Name: Katharina Kasper

NHS board Chief Executive

Signature: _____

Full Name: Louise Long

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Domain 1:Clear Vision & Purpose				
1	NHS Lanarkshire will ensure that when patients are cared for in mixed sex bay, suitable mitigations are put in place to maintain patient dignity, respect and choice	30 December 2026	Acute Nurse Director	NHS Lanarkshire is currently developing a Same Sex Accommodation Policy to support patient dignity, respect, privacy and choice. It is anticipated that the policy will be finalised by 30 December 2026. Progress is being monitored through the NMAHP Professional Governance Group and will also be reported through the Acute Divisional Management Team (DMT). The policy will clearly define the standards, responsibilities and processes required to ensure compliance with same sex accommodation requirements across all inpatient settings. Whilst the policy is being developed, progress has been made to reduce the use of mixed sex accommodation within assessment areas, particularly where patients remain in these environments for longer than four	

				hours. Where mixed sex accommodation cannot be avoided due to operational pressures, staff are required to undertake and document an individual risk assessment, ensure patients are informed and involved in decision making, maintain privacy and dignity through appropriate environmental controls, and implement any additional mitigating actions identified. A local Short Life Working Group has been established to oversee the development and implementation of the policy. The group is responsible for agreeing operational actions, monitoring compliance, reviewing associated risks, and providing regular progress reports through the relevant governance structures.	
2	NHS Lanarkshire will ensure that all patient care documentation is completed including risk assessments. This should include Risk assessments for an identified care and safety needs Care plans should be completed and regularly evaluated and updated to reflect changes in the patient's condition or need	30 December 2026	Acute Nurse Director	The new Daily Care Plan has been fully evaluated, implemented across all ward areas, and embedded within routine clinical practice. This has supported a more consistent approach to the assessment of patient needs, care planning, delivery of interventions, and ongoing evaluation of outcomes. Risk assessment documentation continues to be reviewed through the bi-monthly Care Assurance Meeting,	

				informed by findings from Quality of Care audits. Learning identified through adverse event reviews is progressed through established clinical governance processes to ensure that documentation standards, risk assessment completion, and care planning practices remain subject to ongoing scrutiny, assurance, and continuous improvement. Further work is required to improve compliance with monthly record-keeping audits across all sites and to ensure findings are consistently recorded on the LANQIP system. This will be progressed through the Senior Charge Nurse Forum, with oversight and support from Senior Nurses during clinical sessions, ward visits, and clinical supervision activities. Progress will be monitored through Site Assurance Meetings and reported to both the Acute Care Assurance Steering Group and the NMAHP Professional Governance Group to provide assurance and support sustained improvement. The improvement actions outlined above are expected to be fully implemented by 30 December 2026.	
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	Domain 4.1 Pathways, procedures and policies				
Domain 4.1	NHS Lanarkshire should ensure that patients are assisted with hand hygiene prior to mealtimes when required	30 June 2026	Acute Nurse Director	Mealtime Coordinators remain in place across all ward areas and are responsible for supporting consistent mealtime practices and ensuring patients receive appropriate assistance, including support with hand hygiene prior to meals where required. A Mealtime Observational Audit was undertaken in June 2026. As part of this audit, compliance with supporting patients to undertake hand hygiene before meals was assessed, with an overall compliance rate of 84% achieved across the site. The findings have been reviewed by the site Food, Fluid and Nutrition Group to identify areas of good practice and agree improvement actions where required. Ongoing monitoring and improvement plans are in place to support compliance. Compliance with the Mealtime Observational Audit is reported through the Acute Food, Fluid and Nutritional Care Meeting and is also included within the NHS Lanarkshire Food, Fluid and Nutritional Care	30 June 2026

				Governance structure for wider organisational oversight and assurance.	
Domain 4.1	NHS Lanarkshire must ensure that all staff carry out hand hygiene at appropriate moments and use of personal protective equipment in line with current guidance.	30 June 2026	Acute Nurse Director & Director of Infection Prevention Control.	Ongoing monitoring of hand hygiene compliance continues through local audit arrangements, with oversight provided by the Infection Prevention and Control (IPC) Team. Although overall compliance remains above 95%, variation has been identified between locally reported audit findings and Infection Prevention and Control validation audits. Consequently, this action remains open. To strengthen assurance and support a more accurate assessment of practice, a peer review approach has been introduced to the observational audit process. This enhanced methodology is intended to improve consistency in audit practice, provide independent validation and constructive challenge of findings, and support the identification of areas requiring targeted improvement. It is anticipated that this action will be completed by 30 December 2026. Improvement activity is led locally by the Chief Nurse and supported through the NHS Lanarkshire Infection	

				Prevention and Control Committee. The outcomes of the enhanced audit process, together with any required improvement actions, will be reported through the Senior Nurse Meeting and relevant governance structures to ensure appropriate oversight, monitoring of progress, and ongoing assurance regarding hand hygiene compliance across teams.	
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