Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Mental Health Services Safe Delivery of Care Inspection

Cleland Hospital, NHS Lanarkshire

14 January 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: Martin F Hill
_____

NHS board Chief Executive

Signature: _____

Full Name: Colin Lauder
_____

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Healthcare Improvement Scotland | **Inspections and reviews** — To drive improvement

Date: ___ 10th April 2025_____

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	NHS Lanarkshire must review provision of patient opportunities to access appropriate meaningful activities				
	Review of funded establishment to assess possible transfer of funding to support the recruitment of Band 3 Wellbeing/activity coordinator

To submit SBAR to Workforce Planning Meeting for agreement of recruitment | April 30th

13/05/2025 | Service Manager/Senior Nurse

Service Manager/Senior Nurse | SBAR for workforce planning to be completed.

This will tabled at the MHLDA Workforce Governance Meeting on the 13/5/25 | |
| 2 | NHS Lanarkshire must review the locked door policy and ensure it is in line with best practice guidance. NHSL must ensure that the necessary patient risk assessments and signage are in place. | | | | |
| | Locked Door environmental risk assessment to be completed for control book

Signage to be put into place advising patients and visitors in ingress and egress | 14/04/2025

14/05/2025 | Senior Charge Nurses

OSM and | Action being tabled at the MHLDA Partnership Board/Divisional Partnership Board 15/4/25 for agreement | |

			Service Manager		
3	NHS Lanarkshire must develop a ward staff meeting structure to ensure discussions, information and alerts are appropriately recorded and communicated to staff				
	Regular ward meetings to be scheduled with appropriate agenda and recording of discussion point and actions.	28/02/2025	Service Manager/Senior Nurse and Senior Charge Nurses	1 Template Agenda and Minutes have been provided to Senior Charge Nurses for use at ward meetings. 24/3/25 2 Projection of dates to be available to staff for ward meetings via electronic diaries. 3 Dates for submission of AOCB to be forecasted in electronic diaries 4 Minutes of meetings to be shared with ward team	
4	NHS Lanarkshire must ensure that wards adhere to the audit program providing assurance that safe high quality care is being delivered, while identifying and addressing any areas of improvement.				

	Reminder of audit submission dates to be added to Senior Charge Nurse Electronic Diaries	30/03/2025	Senior Nurse	SCNs notified on 27/3/25	27/3/25
	Where required identify additional support to be provided to ensure full completion of required monthly audit	01/04/2025 and ongoing	S Nurse/Practice improvement Nurses/ Senior Charge Nurses	Senior Nurse attending wards on 1/4/2025.	
	Quarterly Care Assurance Report will identify deficits and improvements required within the service. This will be monitored by the MH&LD Clinical Governance group and included in the partnership Assurance report.	April 2025 and quarterly thereafter Immediate and ongoing	Senior Nurse/Senior Charge Nurses	Feedback for quarter 4 will be feedback at SCN Forum 28/4/25 Care Assurance scrutiny at scheduled MH&LD and Partnership meetings.	
5	NHS Lanarkshire must ensure patient referrals to speech and language therapy are actioned in line with local referral target.				
	Identified actions/ referrals from GP Visits or MDT, must be recorded within Ward the patient's record. Audit evidence of actions taken following review can be evidenced via Trakcare.	Immediate and ongoing Immediate and ongoing	Senior Charge Nurses or delegate Senior Nurse/ Senior Charge Nurses	Internal audit by SCN to begin April 2025	

6	NHS Lanarkshire must explore options for visiting clinical staff have access to patient records to enable them to record patient interventions.				
	The option of recording in Morse will be explored with independent contractors such as GPs. If this is not possible due to contractual restriction or issues of vicarious liability, other options will be put in place.	25/03/2025	Service Manager/ Senior Nurse/Senior Charge Nurses.	Meeting between Senior Nurse, Service Manager and GP to be arranged in April 2025.	
7	NHS Lanarkshire must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift				
	A request has been made to provide the External Waste Storage Area, with a suitable locking mechanism. Waste bins are unlocked and locked during each use. Keys for the bins are retained within the duty key box in both Parkside North and South, reducing the risk of exposure to the public	26/03/2025 Immediate and ongoing	SCN HCSW/SN/CN/SCN Domestic Staff	Locking mechanism escalated to PSSD on 28/3/25. Waste bin now secured within ward key safes within duty rooms.	2/2/25
8	NHS Lanarkshire must review the current assurance processes around the use of staffing level tools to support the consistent application of the principles of the common staffing method including				

	consideration of all aspects of the methodology when decisions on safe staffing levels are being made				
	Corporate – Assurance comes from service; schedule is provided and tools run as per schedule. Reporting falls to corporate, providing boxi reports and ensuring the outputs are reviewed at service level in conjunction with Common Staffing Method. Staffing level tool reports are set out in the CSM, ensuring this approach is utilised as per legislative requirements. **Service**- Tools are scheduled across the Board. Assurance comes from SN/TL etc. ensuring data collection, completion, data entry and quality assurance. Reporting is required in line with scheduled timelines. Conversations are documented on Staffing Level Tool Template to provide assurances of monitoring and compliance of the CSM. Tool runs not considered completed until this report is finalised			SOP in development, highlighting roles and responsibilities. Additional training available across Board.	
9	NHS Lanarkshire must ensure a robust system in place consistently to assess and capture real time staffing across all professions for clear escalation process and any mitigations/inability are recorded clearly and accurately				

	NHS Lanarkshire have adopted the PRAG tool for the measurement of real time staffing. The tool is completed each morning, and is subject to alteration throughout the day in line with changes of staffing. SCN to train staff in the use of the escalation process.	Immediate and ongoing Immediate and ongoing Immediate and ongoing	Service Manager/Senior Nurse and Senior Charge Nurses.	RTSR is on NMHAP Risk Escalation SOP, ensuring staffing is considered in real – time, allowing for staffing concerns to be escalated, mitigated and documented for assurances and oversight. Safecare roll out has commenced within board and a roll out plan will be shared. Due to its increased functionality, we will have greater oversight of our ability to comply with Duty 12IC, D and E.	
	Time to Lead - Within NHSL, those profession utilising PRAG follow this current process which is documented in our PRAG guidance. 'The SCN/SCM/TL should be included in the required headcount figures if they are on duty and contributing to the workload of the area to ensure safe and effective care. If the SCN is rostered for managerial duties out with the ward/department then this would not be captured. Despite our confidence that we have in supporting our clinical leaders in their TTL, we acknowledge that the process needs to more robust. Safecare will support the ability to do this.	Immediate and ongoing	Workforce planning/SLWG	Short life working group developing a SOP to assure and document this process.	

10	NHS Lanarkshire must review the provision of showering and bathing facilities as part of any refurbishment of Cleland Hospital Mental Health Wards.				
	Consideration will be given to bathing and showering facilities, if there is any required or planned capital expenditure for Cleland Hospital.		MHLDA Management Team	Request for consideration being tabled at the Divisional Partnership Forum on the 15/4/25	
11	NHS Lanarkshire must ensure patients are supported to give regular feedback on their care, experience to inform improvements to the service.				
	Quality assurance framework will be developed to support patients to provide feedback on the delivery of care within Cleland Hospital by: Promoting the use of Care Opinion Linking with advocacy service in the development of questionnaires Develop easy read versions to assist the informed completion of documents	15/05/2025 30/07/2025 Immediate and ongoing	Rehab & Older Adult Governance Groups SCN/Practice Improvement SCN/CN/SN/HCSW	Will be added to both respective agendas for completion. Ward 3, UHW, Quality Statements shared with both teams for reference and learning.	

	Facilitate patient meeting which would inform the use of "You said, We did" board for display within the wards.				
12	Cleland Hospital should promote regular participation of Occupational Therapy in MDT meetings.				
	Occupational therapy staff member will be invited to attend MDT meetings	Immediate and ongoing	SN/CN/SCN/OT	Discussed with AHP Lead.	Complete
13	Cleland Hospital must explore ways to encourage patient to perform hand hygiene, prior to mealtimes.				
	Prior to mealtimes, staff will encourage patients to the opportunity to wash hands before going to the dining room.	Immediate and ongoing	HCSW/SN/CN/SCN	Communicated and actioned to and by SCNs.	24/3/25
14	Cleland Hospital should ensure that patient's decision not to be involved in MDT meetings is recorded in their notes, and record that outcomes have been communicated to them.				
	Patient preferences regarding attendance at MDT must be recorded within the care plan. Following the MDT a staff member must advise the patient of outcomes from their MDT ensuring this meeting is documented within the care plan.	Immediate and ongoing	HCSW/SN/CN/SCN	Will be achieved with the completion of the Professional Nursing Documentation Audit Framework.	
15	Cleland Hospital should ensure clinical leaders have time to lead, and that this is monitored to inform future workforce planning.				

	Service Manager to support SCN to ensure time to lead is protected. Monitoring of PRAG tool to be undertaken to advise Quality Assurance and Workforce tools.	Immediate and ongoing	Service Manager/Senior Nurse/Senior Charge Nurses		
	Cleland Hospital should ensure appropriate signage and information is available to patients and carers in both wards, in the appropriate formats.				
	Review of signage to ensure orientation for patients supporting independence to be undertaken Signage to be identified and ordered Signage to be put into place on ward	30/04/2025 15/05/2025 30/07/2025	Service Manager and Senior Charge Nurses Service Manager PSSD colleagues	Discussed with OSM. Dementia friendly signage being sourced.	