



Item No. 14

Meeting Date Wednesday 4th February 2026

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

Report By: Kelda Gaffney, Depute Chief Officer, Operations & Governance / Chief Social Work Officer
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Mental Welfare Commission Local Visits 2025

Purpose of Report:	The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission local visit reports to mental health inpatient wards in Glasgow City, published during the period 1 st January 2025 to 31 st December 2025.
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Background/Engagement:	<p>The Mental Welfare Commission was originally set up in 1960 under the Mental Health Act. Their duties are set out in the current Mental Health Care and Treatment Act. The Commission carry out their statutory duties by focusing on five main areas of work. They have a programme of visits to services who deliver Mental Health Care and Treatment to assess practice, monitor the implementation of mental health legislation, investigations, offering information and advice, and influencing and challenging service providers.</p> <p>The Mental Welfare Commission undertake local visits, either announced or unannounced and visit a group of people in a hospital, care home or prison service. The local visits; identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the Mental Welfare Commission have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.</p>
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> Mental Health Services Clinical Governance Group. Not Applicable <input type="checkbox"/>
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the contents of the report.
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Relevance to Integration Joint Board Strategic Plan:
These services are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable adults and older people.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcomes:	This report relates to: Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected. Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Outcome 5 - Health and social care services contribute to reducing health inequalities. Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. Outcome 7 - People who use health and social care services are safe from harm. Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.
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Personnel:	None
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Carers:	None
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Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Recommendations from Local Visits could imply that people are not receiving good quality care and outcomes. There are also reputation risks to the Health and Social Care Partnership as the local visit reports are published on the Mental Welfare Commission website.
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	Mental Welfare Commission recommendations for in-patient and community mental health services managed by NHS Greater Glasgow and Clyde / Health and Social Care Partnerships have a direct impact on the public perception of NHS Greater Glasgow and Clyde and the Health and Social Care Partnerships. The report confirms that detailed action plan responses are in place to the recommendations of the Mental Welfare Commission.

1. Purpose

- 1.1 The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission local visit reports to mental health inpatient wards in Glasgow City, published during the period 1st January 2025 to 31st December 2025.

2. Background

- 2.1 The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced; to a group of people in a hospital, community mental health teams, care home or prison service. The visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia

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and learning disability; follow up on individual cases where the Commission have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.

3. Process

- 3.1 The visit process involves the Mental Welfare Commission (MWC) arranging visits in accordance with their local visit programme. The service is notified of announced visits and arrangements are made with local services. For unannounced visits the MWC will arrive at the ward and report to the nurse in charge/Inpatient Service Manager to inform them of the unannounced local visit.
- 3.2 During local visits the Mental Welfare Commission review the care and treatment of patients, meet with people who use the service and also speak to staff and visitors. The MWC review the care of patients through meeting patients and reviewing patients' files.
- 3.3 Local Visits are not inspections, but the Mental Welfare Commission's report does detail findings from the date of the visit.
- 3.4 The Mental Welfare Commission can provide recommendations, and the service is required to provide a SMART action plan response within three months of receiving the final report, providing detail of the actions and timescales for completion. The services also advise how they have shared the local visit report with the individuals in the service, and the relatives/carers that are involved.

4. Local Visit Reports 2025

- 4.1 The Mental Welfare Commission published a total of 17 local visit reports during the reporting period across NHS Glasgow City sites. All of these visits relate to Glasgow City Mental Health Hospital wards; there were no reports published for local visits to Community Mental Health teams in Glasgow City.
- 4.2 The Mental Welfare Commission visited; adult, older adult; intensive psychiatric care units (IPCU); specialist services; and rehabilitation wards. Of the 17 local visits undertaken 11 were announced and 6 were unannounced.
- 4.3 A total of 76 recommendations were made from 15 Glasgow City local visits. No recommendations were made following local visits to:

- [Banff and Balmore Wards, Leverndale Hospital](#); and
- [Mother and Baby Unit, Leverndale Hospital](#);

Kelvin ward also received no recommendations following a joint local visit to [Clyde and Kelvin wards, Gartnavel Royal Hospital](#).

- 4.4 The Glasgow City visits undertaken are detailed in Appendix 1, with links to the Mental Welfare Commission reports. A small number of local visits took place at the end of 2025; these reports will be published in 2026 and included in the next annual report. These will also be included in the quarterly Clinical and Professional Quarterly Assurance Statement to the Committee.

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- 4.5 Action plans are developed and submitted to the Mental Welfare Commission for each of the local visit reports that receive recommendations. Actions are monitored locally, and services are accountable for local actions. Actions that are identified as board-wide or for escalation are accountable to the Mental Health Services Clinical Governance Group.
- 4.6 The services also advise the Mental Welfare Commission how they have shared the local visit report with patients, and the relatives/carers that are involved. Some examples of ways in which the reports were shared, include:
- *Feedback from the visit made available to visitors/carers in entrance area to the ward and also signposted as to how to access same via MWC website. Feedback discussed with patients through regular community meetings. Via community meetings within wards, feedback to wider service, discussed at governance meetings both locally and board wide. Patients and carers will routinely discuss aspects of recent MWC reports within the ward areas. (IPCU ward)*
 - *The visit report and corresponding action plan have been shared with the ward team and management via email. Key findings and areas for improvement have been discussed with staff individually during nurse line management supervision meetings on a one-to-one basis to ensure clarity and accountability. Printed leaflets summarising the report have been made available on the ward, and the report will also be referenced in the upcoming ward community memo for patients. Staff will guide patients to these leaflets and provide assistance with reading them if needed. (Rehab ward)*
 - *Report discussed with nursing and medical staff by Senior Charge Nurse. Action plan formulated in collaboration with nursing management and Clinical Director. Findings of report displayed on patient notice board. (Adult Acute ward)*

5. Mental Welfare Commission Recommendations

5.1 When local visits are undertaken the Mental Welfare Commission (MWC) review:

- Care, treatment, support and participation;
- Use of mental health and incapacity legislation;
- Rights and restrictions;
- Therapeutic activity and occupation; and
- The physical environment.

5.2 The number of recommendations made per category as a proportion of the total 76 recommendations are outlined below:

Recommendation Category	Number	Percentage
Care, treatment, support and participation	27	36%
Use of mental health and incapacity legislation	13	17%

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Rights and restrictions	17	22%
Therapeutic activity and occupation	3	4%
The physical environment	16	21%
Total	76	100%

5.3 Some examples of recommendations and service responses are highlighted in Appendix 2.

6. Themes

6.1 Themes were identified from the Local Visit reports published in 2025 for both positive aspects and areas of improvement, as recognised from the recommendations made in the reports.

6.2 Some themes for areas of improvement were in relation to:

6.2.1 Care Plans

Within the category 'Care, Treatment, Support and Participation' 14 of the 27 recommendations made were regarding care plans; these were received from 12 local visits. The main points from the recommendations were regarding the system for recording care plans; that managers audit care plans to ensure reviews are taking place on a consistent basis, that they are person-centred, include all the individual's needs, ensure individuals participate in the care planning process and that they and their family and carers are given opportunities to engage in care plan reviews; with the views of individuals and their families clearly recorded. Also that people's care plans are shared with them in an accessible format.

6.2.2 Specified Persons

Within the category 'Rights and Restrictions' 12 of the 17 recommendations made were regarding Specified Persons; these were received from 9 local visits. The recommendations were regarding ensuring appropriate paperwork is completed; that a reasoned opinion is provided; that individuals are provided with written information regarding restrictions imposed, timescales for review and information about their rights; and also in relation to training for staff.

6.2.3 The Physical Environment

Within the category 'The Physical Environment' 16 recommendations were received from 11 local visits. 7 of the recommendations were regarding smoking on hospital grounds. The other 9 recommendations were from 7 local visits and were regarding the physical environment, in relation to repairs, décor and making wards more homely, privacy, space, improvement works, and of a ward (*IPCU, Leverndale Hospital*) being fit for purpose.

6.3 Some positives to note from the local visit reports and of the recommendations made are:

6.3.1 Staff

There are often many positive comments provided in the reports about staff in the multi-disciplinary team and the care and treatment provided to patients. This is often acknowledged by patients, relatives and the MWC.

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6.3.2 Treatment Forms

There has been a reduction in the number of recommendations received regarding treatment forms for prescribed medication. This had been a recurring theme in the local visit reports. From the 2024 reports, Glasgow received 8 recommendations regarding treatment forms; and in 2025, 5 recommendations were received.

Some examples of improvement work undertaken regarding treatment forms are: NHSGGC Spotlight Legislation and Medication Administration staff training sessions provided; staff attending MWC webinars and MWC webinar recording links circulated to staff; regular audits and reminders circulated; service monitoring assurance; and promotion of staff resources and policies.

Work in relation to treatment forms will be a continued area of focus.

6.3.3 Activity Provision

It is also positive to note that a small number of recommendations continue to be received for activity provision. In 2024, 4 recommendations were received; and in 2025, 3 recommendations were received. In Glasgow there are various activity provision provided from ward staff, volunteers, third sector and the community. Activities can be provided in a one-to-one basis or in small groups.

Some examples of activity provision include, relaxation, music, art, games, pet therapy, exercise groups, gym access, gardening and social activities; and church and spiritual outings. Another example of activity provision in a ward is of a community group led by one of the staff nurses which is well attended and gives people the opportunity to discuss their care and treatment in the ward. In another ward, a therapeutic activity nurse had also run psychological groups with support from psychology on topics such as sleep hygiene, managing emotions and a weekly talking therapy group.

7. Good Practice

7.1 In addition to making recommendations the MWC local visit reports also describe good practice across a number of areas, which are contained in the body of the reports. There is often good feedback from the MWC on improvement actions and changes made since their previous visit. Reports also often contain very good patient feedback on the care and treatment they receive.

7.2 The MWC highlighted the undernoted areas of good practice in the reports published in 2025:

- The rehabilitation service has Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services and they recently completed their third accreditation review. (*Rehab Ward, Leverndale Hospital*)
- An audit that had recently been completed by a resident doctor about the physical health care needs of people in the ward and the MWC saw the detailed and comprehensive physical health care plans that resulted from this. (*Rehab Ward, Leverndale Hospital*)
- While reviewing the records on EMIS (the electronic patient system) the MWC were impressed by the level of recording and therapy delivered by psychology staff to the individuals on the ward. The detail of the information

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that was recorded helped to illustrate to all who read these records what strategies were in place for the individuals. This included the steps taken to explore their presenting symptoms. The psychology recordings were fully embedded on EMIS and demonstrated good practice with information sharing that could help all in the multi-disciplinary team that provide support and promote recovery for individuals. (*Intensive Psychiatric Care Unit, Gartnavel Royal Hospital*)

- The MWC were pleased to hear that family and/or carers can attend a monthly carers group meeting. Several staff members advised about the importance of consulting and seeking views from family and/or carers to support someone's recovery, whilst respecting an individual's choice regarding their decision not to have information shared; the Commission agreed this is good practice. (*Wards 4A and 4B, Leverndale Hospital*)
- The MWC were pleased to find an example of good practice in relation to the process of reviewing 'Do not attempt cardiopulmonary resuscitation' (DNACPR) for one individual. The DNACPR had been put in place by a medical doctor prior to the person being admitted Tate Ward. When reviewing the DNACPR, the Consultant Psychiatrist was considering the views of the individual, as well as their family appropriately and this was clearly recorded. (*Tate Ward, Gartnavel Royal Hospital*)
- The MWC heard about good practice in relation to individualised care being provided. This included those with physical health conditions being supported by the multi-disciplinary team with activities such as hand massage, gym sessions and Tai Chi. (*McNair Ward, Gartnavel Royal Hospital*)

8. Improvement Work

8.1 Pre-emptive work to identify issues is undertaken by a number of methods, including through the regular monitoring of local visit reports, which assists in identifying potential issues and themes and allows quality improvement work to be developed. A further methodology is also being aware of future developments; the end of year meeting with the MWC also provides insight on the areas that they will be focusing on in the upcoming year. Some improvement work in response to recommendations from the local visit reports are outlined below.

8.2 Person Centred Care Plans

8.2.1 A significant amount of improvement work has been undertaken on person centred care plans. As care plans was a recurring theme from the local visit reports, a short life working group was established, and person centred care plan (PCCP) templates were developed; these were tested and then officially rolled out across inpatient and community mental health sites on 1st July 2024.

Although the MWC have recognised the standardisation of Care Planning across all teams and noted improvements, some reports still recommend that managers should be regularly reviewing the qualitative information within Care Plans to ensure that it is person centred and show participation from patients and carers/family.

Further monitoring and improvements have continued to be developed.

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PCCP awareness sessions and training resource materials have been developed and will be delivered as part of an essential skills model and CPD (continuous professional development) programme of work across adult mental health areas. In October 2025, the first of the PCCP awareness sessions were delivered to all newly qualified nurses as part of their induction programme; the sessions will be rolled out to wider staff teams within mental health early in 2026.

Local support regarding quality content and practical completion continue to be offered when needed by the Practice Development Nurse team. There has also been engagement with the Mental Health Network; and actions were taken forward including amendments to the EMIS (Egton Medical Information Systems) template in language terminology, as suggested by the Mental Health Network. Language terminology and quality of content will continue to be part of the training resources delivered. Focus will also remain on the digital skills and accessibility within the electronic patient record.

8.3 Specified Persons

- 8.3.1 In May 2025 the MWC issued an updated [Good Practice Guide on Specified Persons](#); the [RES1 form](#) (notification form to the Mental Welfare Commission of the designation of a specified person) was also updated with sections included for the Responsible Medical Officers (RMO) reasoned opinion to be recorded. Following this, the NHSGG&C Specified Persons Policy and Procedure and Seven Minute Briefing was reviewed and updated; and circulated widely to staff.

It is recognised that further action is required for implementation and training for staff; this will be a focus in 2026 and training will be delivered to both medical and nursing staff.

Written notification to patients, who are designated as specified persons, is issued by Medical Records; letters will now also be uploaded to EMIS to ensure that these are available on the patient's electronic record and visible to MWC colleagues, when reviewing records as part of the local visits.

8.4 The Physical Environment

- 8.4.1 Recommendations have been received from the MWC regarding patients smoking on hospital grounds; that managers should ensure that legislation and local procedures are adhered to in relation hospitals buildings being smoke free; and to provide support and guidance for staff on how to manage noncompliance with the smoking ban on hospital premises.

Since 2023, it is illegal to smoke within 15 metres of hospital buildings. NHGG&C has a clear policy that smoking is not allowed on NHS grounds. Within NHSGG&C there is an internal Mental Health Smoke Free Group with representatives from board wide Mental Health Services. The scope of smoke free work covers the following areas: policy implementation, supporting patients; supporting staff; and compliance and reporting.

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Services undertake local actions including, patients are offered to be referred to smoking cessation; nicotine replacement therapy; discussions at community groups, with information-sharing and education at the community group to inform people about the no smoking legislation. There is also 'no smoking' signage on sites.

Further action for management going forward is that sessions will be delivered to staff for training and support.

8.4.2 Improvement Works to the environment

Some examples of local actions in response to recommendations regarding the environment have included, reporting repairs to estates for remedial work to be undertaken; the monitoring of furniture, fixtures and fittings and review of possible items that could improve the environment for the patient group is an ongoing process; working with facilities management re any actions; and a feasibility study and options appraisal undertaken regarding updating the environment.

There are also improvement works being undertaken to the environment by the Suicide and Self Harm Risk Management Group to remove ligature points from wards.

The Scottish Government has also developed a Mental Health Built Environment (mHBE) Application software and Guide, which was launched on the 4th July 2025. The mHBE assessment is a new app-based tool introduced to systematically evaluate and improve NHS adult acute mental health wards' built environments, aiming to enhance patient care and outcomes. This initiative involves regular assessments, user feedback, and data comparisons to drive continuous improvement. NHSGG&C planned assessments of all adult acute mental health wards is due to take place during November and December 2025.

Whilst improvement work has been undertaken, it is acknowledged by management that these will not resolve all issues; there are challenges due to the fabric of the estate in some areas, as well as financial challenges. These constraints were shared with the MWC at the end of year meeting in December 2025.

9. Escalations

- 9.1 The MWC escalated to managers' in NHSGG&C, through the local visit reports, the recommendations regarding the smoking ban and guidance required for staff. Actions are being taken forward, as detailed at section 8.4.1 of the report.

10. Governance Arrangements and Shared Learning

- 10.1 Governance arrangements are in place to ensure the robust monitoring of the local visit reports. As Chair of the Mental Health Services Clinical Governance Group (MHSCGG), the Deputy Medical Director for Mental Health and Addictions takes a summary report to each meeting of the NHSGGC Board Clinical Governance Forum which occurs bi-monthly.

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- 10.2 Where local HSCP or Care Group governance committees consider that there is learning or issues to be shared with the wider Mental Health Service, or advice to be sought, then this is reported to the MHSCGG. A reciprocal arrangement exists with the MHSCGG disseminating learning and guidance or seeking information from local HSCP or Care Group governance committees.
- 10.3 Board wide awareness/learning is implemented/shared via a number of mechanisms, including:
- Email alerts/notifications
 - Right Decision Platform
 - Patient Safety Bulletin
 - MyPsych App
 - Seven Minute Briefings
 - MWC Good Practice Guides and Advice Notes
- 10.4 Board wide actions may also be delegated to the following groups to implement in conjunction with Heads of Service and other operational managers:
- Quality Improvement Sub-group; and
 - Mental Health Policy Steering Group.
- 10.5 An annual End of Year meeting takes place with the Mental Welfare Commission, with representatives from NHSGG&C and the six Health and Social Care Partnerships. The meeting has a focus on the local developments and issues that arise from local visits to services and the recommendations. At the most recent end of year meeting in December 2025; NHSGG&C were able to share with the MWC some of the improvement work undertaken, future actions; and outlining some of the challenges and pressures.

11. Recommendations

- 11.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the content of the report.

	Mental Welfare Commission Local Visit	Type of visit	Date of Visit
1.	Armadales and Broadford Wards, Stobhill Hospital Adult Acute and Adult Eating Disorder Service	Announced	6 th November 2024
2.	IPCU, Leverndale Hospital Intensive Psychiatric Care Unit	Announced	2 nd December 2024
3.	Rehab Ward, Leverndale Hospital Rehabilitation	Announced	11 th December 2024
4.	Rutherford Ward, Gartnavel Royal Hospital Adult Acute	Unannounced	21 st January 2025
5.	Banff and Balmore Wards, Leverndale Hospital Older People's Mental Health (functional and organic)	Announced	13 th February 2025
6.	Cuthbertson and Timbury Wards, Gartnavel Royal Hospital Older People's Mental Health (functional and organic)	Announced	24 th February 2025
7.	IPCU, Gartnavel Royal Hospital Intensive Psychiatric Care Unit	Unannounced	3 rd March 2025
8.	Wards 4A and 4B, Leverndale Hospital Adult Acute	Unannounced	10 th March 2025
9.	Mother and Baby Unit, Leverndale Hospital Specialist Mental Health Services	Announced	19 th March 2025
10.	Ward 3A, Leverndale Hospital Adult Acute	Unannounced	24 th March 2025
11.	Kelvin and Clyde Wards, Gartnavel Royal Hospital Rehabilitation / Long Rehab complex care	Announced	25 th March 2025
12.	Tate Ward, Gartnavel Royal Hospital Adult Acute	Unannounced	30 th April 2025
13.	Ailsa Ward, Stobhill Hospital Rehabilitation	Announced	7 th July 2025
14.	Ward 2, Leverndale Hospital Adult Acute	Announced	6 th August 2025
15.	Balloch Ward, Leverndale Hospital Adult Complex Care	Announced	3 rd September 2025
16.	McNair Ward, Gartnavel Royal Hospital Adult Acute	Announced	25 th September 2025
17.	Tate Ward, Gartnavel Royal Hospital Adult Acute	Unannounced	25 th September 2025

Appendix 2

MWC Recommendation	Service Response Self-Evaluation (where we are at currently in relation to this recommendation)	Activity (what do we need to do to meet this recommendation)	Audit (how will we know we have met this recommendation)	Timescales for implementation of Actions
<p>Managers should ensure that individuals have access to meaningful activity and occupation seven days per week. <i>(Wards 4A and 4B, Leverndale Hospital)</i></p>	<p>Allocated Patient Activity Coordinator nurse working Monday-Friday 9am-5pm. Ward staff try to provide additional activity out with these hours where ward activity allows. Wellbeing service short life working group looking at therapeutic activities, resources and staffing to deliver this.</p>	<p>Senior Charge Nurse / Charge Nurse will assess the workload daily and work things in order to maximise the chance for increasing access to activities for patients.</p>	<p>Increased level of activities offered to patients on ward.</p>	<p>Task and finish board wide group has concluded an approach for consistency across all hospitals in June 2025.</p>
<p>Managers responsible for Tate Ward should carry out an audit of person-centred care plans to ensure they use individualised language, are accessible to individuals and that the views of individuals and their families clearly recorded. <i>(Tate Ward, Gartnavel Royal Hospital)</i></p>	<ul style="list-style-type: none"> • Staff have been referred to the “good practice guide on care plans” to enhance knowledge on care planning. • Staff will be reminded to ensure that care planning documentation does not have any inconsistencies with risk management and ensure that documentation is accurate when making any changes. • Staff complete daily handovers to ensure consistent communication between the full multi-disciplinary team. 	<ul style="list-style-type: none"> • Named and associate nurses review care plans weekly to identify new needs. • Ward management team (WMT) have allocated team leaders who complete a weekly audit of selected care plans in order to monitor the contents are person-centred and they use individualised language led by the patient as opposed to nursing-orientated language. • Nursing staff will discuss and create care plans alongside the patient and the patient will have full access to see their care plan, providing their mental state is stable and that this will not cause any stress or distress. 	<ul style="list-style-type: none"> • WMT audit care plans on a weekly basis. • Care plan audit results and actions are discussed at Nurse Line management and Clinical Supervision sessions. 	<p>2 months</p>

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MWC Recommendation	Service Response Self-Evaluation (where we are at currently in relation to this recommendation)	Activity (what do we need to do to meet this recommendation)	Audit (how will we know we have met this recommendation)	Timescales for implementation of Actions
		<ul style="list-style-type: none"> • Nursing staff and WMT will ensure the views of family members are captured within the care plans or document reasons if this has not been possible. 		
<p>Medical staff responsible for Broadford ward should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act. <i>(Broadford Ward, Stobhill Hospital)</i></p>	<p>All medical staff will be reminded to ensure that documentation is of a high standard at all times. Also that a reasoned opinion in regards to restrictions made under the Mental Health Act is well documented with reason for the opinion clear and precise.</p>	<p>This will be discussed during multi-disciplinary team meetings.</p>	<p>By ensuring monthly audits are complete.</p>	<p>Ongoing</p>
<p>Managers should provide support and guidance for staff on how to manage noncompliance with the smoking ban on hospital premises. <i>(Cuthbertson and Timbury Wards, Gartnavel Royal Hospital)</i></p>	<p>Referral to the smoking cessation service is offered to all patients from the point of admission, but can be utilised at any stage of the admission. Staff advise all patients found smoking about the smoking ban and offer referral to smoking cessation.</p>	<p>Governing bodies need to provide frontline staff with training, support and advice about how best to approach these incidents without incurring a negative impact on the therapeutic relationships with their patient.</p>	<p>Senior Charge Nurse will audit the use of Smoking cessation services by patients. Inpatient management team will be contacted for advice on where to find best practice guidelines that relates to this topic.</p>	<p>6-8 weeks</p>
<p>Medical staff in Ward 3A should ensure that all prescribed medication is appropriately authorised under the Mental Health Act. <i>(Ward 3A, Leverndale Hospital)</i></p>	<p>Established systems in place. Medical records send reminders to Responsible Medical Officer well in advance when Consent to treatment required. Any tasks not completed within timescale required escalated to Clinical Director. Weekly (weekend) audit conducted</p>	<p>Weekly audits</p>	<p>Audit process already in place as part of weekend workload.</p>	<p>Immediate with weekly audits.</p>

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MWC Recommendation	Service Response Self-Evaluation (where we are at currently in relation to this recommendation)	Activity (what do we need to do to meet this recommendation)	Audit (how will we know we have met this recommendation)	Timescales for implementation of Actions
	to ensure prescribed medication consistent with any treatment certificate. Weekly consideration at multi-disciplinary team including pharmacy colleagues.			