

Improvement Action Plan

Healthcare Improvement Scotland and Mental Welfare Commission:
Unannounced Safe Delivery of Care Inspection and Visit to
Child and Adolescent Mental Health Service Inpatient Units.

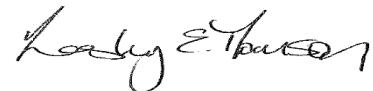
Royal Hospital for Children, NHS Greater Glasgow and Clyde - 18-19 August 2025

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: Dr Lesley Thomson KC

NHS board Chief Executive

Signature:



Full Name: Professor Jann Gardner

Date: 15th January 2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Improvement 1	<p>An NHS Greater Glasgow and Clyde seclusion policy needs to be in place to underpin the use of the seclusion room on Ward 4.</p> <p>A review of any policy gaps in relation to restrictive practice has commenced with a commitment to least restrictive practice at all times. Any gaps will then result in policy development and seclusion will be considered in this.</p>	December 2026	Mental Health Policy Manager		
Improvement 2	<p>Anyone has a right to make an advance statement, and we recommend that Ward 4 build the offer of an advance statement into practice when the person is well, as part of discharge planning.</p> <p>Ward 4 will within the discharge planning process ensure advanced statements are considered with the child, carer and community team.</p>	March 2026	Senior Charge Nurse and Responsible Medical Officer within NCIPU		

Requirement 1	<p>NHS Greater Glasgow and Clyde must ensure all improvement actions within fire risk assessments are completed to include but not limited to repair and replacement of defective fire doors (see page 22).</p> <p>There is a programme of work across QEUH/ RHC site to address identified areas in line with Fire risk assessments which includes but is not exclusive to fire doors. The specific fire door project is programmed to run until June 2028. All existing fire doors are subject to inspection and repaired as necessary to maintain the fire integrity of the hospital.</p> <p>As per the draft report, Senior managers have advised that Ward 4 does not have any current outstanding actions from the fire risk assessment.</p>	June 2028	Site Manager Estates		
	<p>NHS Greater Glasgow and Clyde must ensure effective and appropriate governance approval and oversight of policies and procedures are in place to ensure the most up to date guidance is in use (see page 34).</p>	April 2026	Corporate Risk Manager/ Lead for Governance SCS		

	<p>NHSGGC is currently undertaking a review of the Policy Development Framework which provides the framework for all policy development and revision in NHSGGC to ensure a robust framework for the development, approval and management of policies and other associated documents in line with the approach to Active Governance. Specific clinical guidance documents are the responsibility of each service and a review of all documents will be undertaken to ensure these are in date.</p>				
	<p>NHS Greater Glasgow and Clyde must ensure all staff who administer rapid tranquillisation have completed immediate life support training or equivalent (see page 35).</p> <p>All ward 4 trained nursing staff will be trained in immediate life support training. This has already commenced.</p>	March 2026	Senior Charge Nurse		
	<p>NHS Greater Glasgow and Clyde must ensure that rooms used for seclusion</p>	June 2026	Senior Charge Nurse and Responsible Medical		

	<p>meet QNIC requirements (see page 14 and page 41).</p> <p>A scoping exercise benchmarking against QNIC standards will occur within ward 4 to identify suitable room(s). Practice guidance in relation to least restrictive practice will be developed in the context of seclusion being used only when all other means of behavioural support have been utilised and in line with the Mental Health Act.</p>		Officer and Service Manager within NCIPU		
	<p>NHS Greater Glasgow and Clyde must ensure that all documentation is completed consistently, including nutritional fluid charts, care plan reviews and risk assessments (see page 42).</p> <p>There is a standardised audit twice a year which will continue to monitor compliance in line with professional standards. In addition, a local weekly audit led by the Senior Charge Nurse will be put in place to support improvement over the next 8 weeks</p>	April 2026.	Senior Charge Nurse with NCIPU		

	targeting areas highlighted. CPD on documentation and record keeping focused on completion of areas highlighted will occur.			
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