

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.

Skye House, NHS Greater Glasgow and Clyde, 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: **12th February 2026**

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File Name: 2026-02-12 Skye House Improvement Action Plan	Version: 1.0	Date: 12/02/2026
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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Improvement 1	<p>Culture: significant concerns were raised in relation to the attitudes of some staff, both permanent and supplementary. While this was reported to Skye House managers at the time of our visit and action taken, this is an issue that requires ongoing investment in culture change. This includes supporting colleagues who witness and hear such attitudes to not tolerate but to address this behaviour directly with their peers</p> <p>Senior team members will attend active bystander training to support development of whole staff team in relation to peer challenge</p> <p>Civility saves lives champions will be embedded within Skye House</p>	<p>June 2026</p> <p>May 2026</p> <p>February 2026</p>	Inpatient Service Manager/ Professional leads		

	<p>Skye House has developed for bank staff a more specific Skye House induction including what the expectations of working within Skye House are in terms of values and attitudes.</p> <p>Neurodevelopmental sponsorship group commenced to support neuroaffirming practice across the team focusing on young person journey, adult talk with young people, family involvement, care decisions and build environment</p> <p>Meetings in Skye House have now a built in point for reflection and multiple perspective to enable perspectives to be heard, understood, explored and challenged.</p> <p>Safety Climate survey scheduled to take place in February for young people and staff benchmarking current position</p> <p>SCS focus on culture will be part of staff development days in May 2026.</p>	<p>December 2026</p> <p>February 2026</p> <p>February 2026</p> <p>May 2026</p> <p>June 2026</p>			
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	Supervision focus across team and monitoring of frequency in line with NHSGGC policy				
Improvement 2	<p>There are long standing gaps in staffing at Skye House. Whilst the recent reported commitment to increase nurse staffing levels at Skye House is welcome, implementation and impact underpinned by a robust workforce model is required.</p> <p>Additional staffing has been agreed across professional groups within Skye House. 11 wte additional nurses are in post with 6 wte at advertisement. Additional MDT posts have been advertised: Dietetics, Psychology, SLT, Art therapy and occupational therapy posts have been interviewed for in January 2026 and appointed to.</p> <p>Additional activity coordinator commences at the beginning of February 2026.</p> <p>A tri-regional review has been commissioned by the Chief Executives</p>	<p>August 2026</p> <p>May 2026</p> <p>February 2026</p> <p>May 2026</p>	Inpatient Service Manager / SCS General Manager/ Chief Officer		

	responsible for the regional units and led by Scotland West. This will report in Early 2026 and inform the model for regional units going forward which will then direct sustainable safe workforce requirements.				
Improvement 3	<p>Authority to treat young people should be in accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003. Lawful practice and understanding of roles and responsibilities has yet to be embedded at Skye House. There is a need to implement a robust system of audit involving the multidisciplinary team.</p> <p>There is an established weekly meeting to review all medication paperwork. There is a formal annual audit of medication paperwork. There is weekly monitoring of legal documentation. A review of all these processes with the MDT will be undertaken to ensure adherence to legal authority to treat.</p> <p>The service are seeking ongoing dialogue regarding Authority to treat</p>	<p>April 2026.</p> <p>February 2026</p>	Inpatient Service Manager/ Clinical Director		

	and roles with the Mental Welfare Commission to understand the differences highlighted and agree a way forward.				
Improvement 4	<p>NHS Greater Glasgow and Clyde should consider adding self-harm and suicide prevention training to mandatory training for Skye House staff.</p> <p>NHSGGC offer an annual half day's training which is an update on the literature and best practise around suicide and self-harm across Specialist Children's Services. It utilises resources provided by NHS Education Scotland and any updated literature / practise that have occurred throughout the year. This is recorded and available to staff via a Teams channel. Skye House will build this into all staff pdp and ensure time is released to attend in person or via digital access.</p>	June 2026	Inpatient Service Manager and professional leads		
Improvement 5	Restraint recording requires to be consistent in terms of numbers and detail. Multiple restraints need to be		Inpatient Service Manager		

	<p>recorded as such to avoid under-reporting.</p> <p>Datix (which is the incident management system) has been a focus of development within Skye House in January 2026 to ensure accuracy and detail of completion. Over the next 8 weeks focus will be on reporting incidents separately rather than within one incident and reviewed in incident reporting group to ensure change in recording to single incidents.</p>	March 2026.			
Improvement 6	<p>Social work vacancy: this vacancy requires to be filled and there needs to be understanding of the value of the social work contribution. This will also enhance understanding of child and adult support and protection practice and reporting.</p> <p>Rather than there being a vacancy within Skye House a new role has been created as part of workforce development which is a social work role. This was not present previously. Currently the job description is being agreed and will then be advertised in</p>	June 2026	Inpatient Service Manager		

	Spring 2026. It would be anticipated the postholder will commence by June 2026.				
Improvement 7	<p>The quality of care plans and risk assessments/risk management plans need to improve and be subject to regular audit. (linked to requirement noted below)</p> <p>There is a short life working group on care planning focused on nursing standards in relation to 72 hour assessment, named nurse and assessment.</p> <p>There is an audit of nursing care plans every 3 months using MCAAT and at present a monthly audit of care plans against specific standards including young person voice in care plans, family involvement, MDT voice and that the young person has a copy of plan.</p> <p>A young person friendly care plan has been developed and implementation plan in development</p>	<p>April 26</p> <p>March 26</p> <p>March 26</p>			

	<p>Risk assessment training included in induction of new staff in October 25 and for all new staff to future.</p> <p>Nursing improvement project – to support case note standards, Datix and risk management plan within face caras a short life working group has commenced with implementation in May 2026 with audit process built in.</p> <p>MDT Fortnightly review of risk assessments. Open ward is reviewed weekly and risk profile updated standard dependent on change in risk profile.</p> <p>Risk management plans – a review will be undertaken in terms of risk management across the unit and improvement plan developed</p>	<p>Complete</p> <p>May 2026</p> <p>March 2026</p> <p>May 2026</p>			
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Improvement 8	<p>An NHS Greater Glasgow and Clyde seclusion policy needs to be in place to underpin the use of seclusion at Skye House.</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>	June 2026	Mental Health Policy Manager		
Improvement 9	<p>Anyone has a right to make an advance statement, and we recommend that Skye House build the offer of an advance statement into practice when the person is well, as part of discharge planning</p> <p>Skye House will within the care pathway process ensure and demonstrate advanced statements are considered with the young person, carer and community team supported by advocacy services.</p>	April 2026	Inpatient Service Manager		
Requirement 1	<p>NHS Greater Glasgow and Clyde must ensure that all staff are aware of their responsibilities in relation to child protection and adult support and</p>				

	<p>protection and, safeguarding policy and legislation is followed when there is evidence of harm and/or immediate risk.</p> <p>All staff will have completed the mandatory training module on public protection</p> <p>All registered staff should complete Public Protection level 3 roles and responsibilities training</p>	<p>March 2026</p> <p>September 2026</p>			
Requirement 2	<p>NHS Greater Glasgow and Clyde must ensure all improvement actions within fire risk assessments are completed, fire safety equipment is tested and maintained within required timeframes and staff are trained in fire evacuation procedures (see page 31).</p> <p>The fire door survey has been completed as per the recommendation of the fire risk assessment. The Estates department is reviewing the survey and will action accordingly. The fire extinguishers have also been assessed and replaced.</p>	<p>March 2026</p>	Estates Manager		

	Fire evacuation planned twice per year to ensure staff have experience of evacuation	March 2026/ August 2026	Inpatient Service Manager		
Requirement 3	<p>NHS Greater Glasgow and Clyde must ensure that a robust multidisciplinary workforce model is implemented to promote patient and staff safety (see pages 25 and 34).</p> <p>Additional staffing has been agreed across professional groups within Skye House. 11 wte additional nurses are in post with 6 wte at advertisement. Additional MDT posts have been advertised: Dietetics, Psychology, SLT, Art therapy and occupational therapy post have been interviewed for in January 2026 and appointed to.</p> <p>Additional activity coordinator commences at the beginning of February 2026.</p> <p>A tri-regional review has been commissioned by the Chief Executives responsible for the regional units and</p>	<p>August 2026</p> <p>May 2026</p> <p>February 2026</p> <p>May 2026</p>	Inpatient Service Manager / Head of Tier 4 Services/ SCS General Manager/ Chief Officer		

	led by Scotland West. This will report in Early 2026 and inform the model for regional units going forward which will then direct sustainable safe workforce requirements.				
Requirement 4	<p>NHS Greater Glasgow and Clyde must ensure clinical leaders are provided with adequate time to lead and ensure the timely completion of staff appraisals (see page 34).</p> <p>Within the workforce development a number of posts identified and being recruited to are to provide leadership across professional groups to ensure compliance with Health and Care (Staffing) (Scotland) Act 2019 in relation to duty of Time to lead.</p> <p>Turas completion rates are monitored monthly and all staff at work will have Turas in place by May 26.</p> <p>Bed reduction to 16 beds have occurred to enable duties within Health and Care (Staffing) (Scotland) Act 2019 to be met including time to lead.</p>	<p>April 2026</p> <p>May 2026</p> <p>Complete</p> <p>August 2026</p>	Inpatient Service Manager/ Professional leads		

	Senior nursing staff will attend ready to lead programme				
Requirement 5	<p>NHS Greater Glasgow and Clyde must enable staff to be supported to attend clinical supervision and reflective practice (see page 37).</p> <p>For nursing additional supervisors have been allocated. The Health care support workers are offered group supervision. All new staff will attend the NES supervision training to develop their knowledge in supervision, supervision structure and be supported to develop as supervisors.</p> <p>For nurse line management there is an agreed template to record this and allocated staff and will be carried out in line with NHSGGC policy and audited through monitoring process.</p> <p>A monitoring process has been developed and will be implemented to ensure regular monitoring of attendance in line with NHSGGC policy on supervision and reflective practice across professional groups.</p>	<p>June 2026</p> <p>March 2026</p> <p>April 2026</p>	Inpatient Service Manager and Professional Leads		

Requirement 6	<p>NHS Greater Glasgow and Clyde must ensure timely review and implementation of lessons learned from reported incidents including significant adverse events (see page 39).</p> <p>NHSGGC have put in place a robust process of all overdue SAERs to ensure completion of SAERS and learning from events is integrated in a timely way.</p> <p>There is a weekly decision making process for all adverse events to be reviewed in line with NHS GGC policy for managing adverse events and review progress of Adverse Event reviews ongoing.</p> <p>There is a monthly review of all Datix themes within the Incident review group , learning would be shared in team meeting.</p> <p>Learning from SAERS related to Skye House are fedback to the staff team through team meetings and action plan</p>	<p>February 2026</p> <p>Complete and in place</p> <p>Complete and in place</p> <p>May 2026</p>	Lead for Governance, Clinical Director and Inpatient Service Manager		

	developed which is monitored through the SCS SAER group.				
Requirement 7	<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 40).</p> <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.</p> <p>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>April 2026.</p> <p>April 2026</p>	<p>Corporate Services Manager/ Lead for Governance in SCS</p>		

Requirement 8	<p>NHS Greater Glasgow and Clyde must ensure meaningful activity is consistently provided, including evenings and weekends (see pages 20 and 43).</p> <p>NHSGGC recognises the importance of meaningful occupation and activity in relation to recovery. As part of workforce development two activity coordinators will work over a 7 day period including evenings and weekends commencing in February 2026. Activities offered will be personalised to young people’s interest and preference enabling young people to have positive experiences building on their strengths and interests.</p>	February 2026	Inpatient Service Manager		
Requirement 9	<p>NHS Greater Glasgow and Clyde must ensure adequate provision of mealtime support, therapeutic environment during mealtimes and a full range of dietary options (see page 49).</p> <p>NHSGGC has undertaken a review of dietary options and provision based on feedback received. There is a clear</p>	June 2026	Dietetic Professional Lead, Occupational Therapy Professional Lead, Professional Nurse Lead and Inpatient Service Manager		

	<p>developed plan in place to ensure appropriate provision of meals which will be monitored by the Lead dietician in liaison with facilities team.</p> <p>There are a range of spaces available to young people to support mealtimes which will be utilised dependent on personalised needs. Mealtime support training is currently being reviewed by clinical leaders across professional groups to ensure training and development is standardised and competency based</p>				
Requirement 10	<p>NHS Greater Glasgow and Clyde must ensure robust processes are in place to provide adequate dietetic cover (see page 49).</p> <p>There is a weekly timetable of dietetic availability developed to ensure dietetic cover for the ward</p> <p>NHSGGC as part of workforce development put in place two further dietician roles with one being interviewed in January and a further post anticipated to be interviewed in February. This is in recognition of the</p>	<p>Complete</p> <p>April 2026.</p>	Dietetic Professional Lead and Inpatient Service Manager		

	increase in use of beds to support young people who are experiencing an eating disorder and the necessary role of dietetics in care planning and intervention to support recovery.				
Requirement 11	<p>NHS Greater Glasgow and Clyde must ensure that:</p> <ul style="list-style-type: none"> *all young person's care documentation is accurately and consistently completed and reviewed appropriately *young people and their families are involved in planning their care, and that this is clearly documented *there is a system in place to identify young people if they are unable to confirm their name and date of birth themselves during medication administration (see pages 5 and 55). <p>There is an established cycle of case note audit across all professional groups with improvement plans developed following audit.</p> <p>Nursing improvement project – to support case note standards, Datix and</p>	<p>Annual audit as minimum</p> <p>May 2026</p>	Inpatient manager/ professional leads		

	<p>risk management plan within face caras a short life working group has commenced with implementation in May 2026 with audit process built in.</p> <p>There is a Short life working group on care planning focused on nursing standards in relation to 72 hour assessment, named nurse and assessment.</p> <p>There is an audit of nursing care plans every 3 months using MCAAT and at present a monthly audit of care plans against specific standards including young person voice in care plans</p> <p>A young person friendly care plan has been developed</p> <p>Risk management – Datix training has been the focus in January as part of assurance of Datix.</p> <p>Hepma – if a young person does not consent to a photograph being stored on HEPMA then a description has been</p>	<p>April 2026</p> <p>February 2026</p> <p>March 2026</p> <p>March 2026</p> <p>Completed</p>			
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	added – this has now occurred for all young people.				
Requirement 12	<p>NHS Greater Glasgow and Clyde must ensure all staff are compliant with the safe management of linen and appropriate wearing of jewellery (see page 56).</p> <p>All nursing staff will complete Learn pro module GGC:178 Segregation of Waste and Linen. This will also be included in induction of all new nursing staff. 80% of staff in scope and at work will have completed by May 2026.</p> <p>The Standard Infection Control Precautions Audit includes linen management and will be completed in March 2026, results will be reviewed and action plan developed accordingly</p> <p>Hand hygiene is a monthly audit to ensure compliance with standard. These will be monitored monthly.</p> <p>Uniform policy is a monthly audit at Skye House and daily leadership on each shift in relation to uniform</p>	<p>May 2026</p> <p>March 2026</p> <p>Monthly</p> <p>Monthly</p>	Senior Charge Nurse		

	compliance which includes jewellery occurs. There is a wider external audit throughout Mental health with non-planned audits occurring.				
Requirement 13	<p>NHS Greater Glasgow and Clyde must ensure adequate oversight and cleaning schedules for windows including window mesh (see page 56).</p> <p>The Estates department has agreed annual contract with an identified a supplier and actioned that this is put in place for all windows in Skye House where mesh is present.</p>	June 2026	Estates Manager		
Requirement 14	<p>NHS Greater Glasgow and Clyde must ensure measures are put in place to ensure regular maintenance and timely repair of heating systems (see pages 22 and 57).</p> <p>Estates are procuring a specialist underflooring heating provider to service the heating based on feedback to date. Estates will link with the Energy team within NMSGGC for regular and routine monitoring through remote monitoring.</p>	April 2026	Estates Manager		

Requirement 15	<p>NHS Greater Glasgow and Clyde must ensure there is clear signage in place when entry and exits to wards are locked as per NHS Greater Glasgow and Clyde policy (see page 60).</p> <p>NHSGGC have a Policy on Locked doors. Implementation of that policy will be refreshed with the team to ensure all elements of policy are adhered to including clear signage when in use. This will occur through team meetings, handovers and nursing meetings. When the locked door policy is in place an audit of compliance with policy will occur.</p>	March 2026 – June 2026.	Inpatient Service Manager/ Senior charge nurse		
Requirement 16	<p>NHS Greater Glasgow and Clyde must ensure the Skye House building environment, including visiting areas, is monitored and maintained including to promote privacy and dignity (see page 60).</p> <p>As part of the workforce development a post has been developed to support the management of the build environment. The postholder is in post and a</p>	June 2026	Inpatient Service Manager/ Estates Manage		

	<p>programme of areas to be addressed has been developed.</p> <p>Introduction of a monthly walk arounds with estates team have been developed to ensure all building issues are identified and addressed in a timely manner.</p> <p>In relation to specific toilet doors this work has been undertaken based on feedback given.</p>	<p>April 2026</p> <p>Complete</p>			
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