Improvement Action Plan – Progress Update June 2026

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

Date: 23rd July 2026 (Updated)

NHS board Chief Executive

Signature: 

Full Name: Professor Jann Gardner

Date: 23rd July 2026 (Updated)

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Improvement 1	**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** Senior team members will attend active bystander training to support development of whole staff team in relation to peer challenge	June 2026 May 2026	Inpatient Service Manager/ Professional leads	7 members of staff have completed Active Bystander training with 14 booked for dates later in 2026 when dates are available. On reviewing the available training, all staff were asked to complete the Speak Up LearnPro module. Compliance rate 92% of in scope staff.	21/05/2026 26/05/2026

	Civility saves lives champions will be embedded within Skye House	February 2026		Civility saves lives Champions identified, and posters displayed in Skye House. There are 5 champions within Skye House. (Training completed in February, Champions identified and posters to identify Champions to staff completed in June)	04/06/2026
	Skye House has developed a more specific Skye House induction for bank staff including what the expectations of working within Skye House are in terms of values and attitudes.	December 2026		Bank staff induction created and rolled out.	03/06/2026
	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	February 2026		Group established to support neuroaffirming practice. Evidenced by meeting minutes. Evidence of embedding of development	28/05/2026

	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. Safety Climate survey scheduled to take place in February for young people and staff benchmarking current position	February 2026		considered in ongoing community groups and services assurance visits. (group established by February expected date, embedding and evidence for assurance gathered by May) Reflective practice and multi-perspective discussion embedded within meetings; evidence demonstrated through meeting minutes. Each meeting has a reflection point at beginning of meetings. Learning from reflections discussed in meetings and actioned by team. (added to meetings by February predicted date, embedded with evidence for assurance by May) Safety climate survey completed with young people	07/05/2026

	SCS focus on culture will be part of staff development days in May 2026. Supervision focus across team and monitoring of frequency in line with NHSGGC policy	May 2026 June 2026		(via Advocacy) and staff; baseline position established. This will be repeated later in the year as part of our Skye House Culture Plan. Culture plan was agreed; staff development days delivered in May/June 2026. Measures taken showed improvements in awareness, knowledge and psychological safety at both individual and team levels. Outcomes of the sessions included a Skye House Charter and a Skye House Shared Identity and Purpose statement, all of which were co-produced with young people. Monitoring system in place and being considered over time.	28/05/2026 May 2026

Improvement 2	**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.** 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.	August 2026 May 2026	Inpatient Service Manager / SCS General Manager/ Chief Officer	Additional staff now in post: 2.0 WTE Dieticians 0.8 WTE Speech and Language Therapist 1.0 WTE Occupational Therapist 0.6 WTE Art Therapist 1.6 WTE Clinical Psychologists 1.0 WTE Practice Development Nurse 1.0 WTE Operational Manager (commencing July 2026) 17 WTE Nursing posts Remaining 1.0 WTE nursing post being recruited through	14/05/2026

	Additional activity coordinator commences at the beginning of February 2026.	February 2026		central recruitment in July 2026. One activity coordinator was in place at point of inspection working Mon – Fri 9 – 5 model. By Feb 2026 two Activity Coordinators were in post working 7 days on an extended working day pattern to enable activities for young people over longer periods of time and at desired times (e.g. after dinner). Third sector organisation provide weekly activities and additional weeklong activities in school holiday periods. Activity plans now in place and monitored. Young people contribute to activity plans through discussion at Community Group and activities are overseen by Occupational	01/02/2026

	A tri-regional review has been commissioned by the Chief Executives 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.	May 2026		Therapists to ensure they are meaningful for young people. The tri-regional review has resulted in a draft National Specification, which is currently undergoing consultation to a final version by the end of August. This will enable further development of the regional units by supporting benchmarking and consistent service delivery in Scotland. The Scottish Government policy team are engaged to develop a fuller model of service, including surrounding community service need, to ensure model for inpatient care arising from tri-regional review is sustainable and supported, with an agreed financial framework and workforce model.	August 2026

Improvement 3	**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.** 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. The service is seeking ongoing dialogue regarding Authority to treat and roles with the Mental Welfare Commission to understand the differences highlighted and agree a way forward.	April 2026 February 2026	Inpatient Service Manager/ Clinical Director	Audit process set up to monitor legal documentation. This is reviewed at weekly meeting and learning is actioned and embedded by the team. The Clinical Director for CAMHS and Deputy Medical Director have met with MWC on 18th March. All relevant consultant and SAS psychiatry staff have now attended C&A specific AMP training on	23/04/2026 June 2026

				12th June (CAMHS staff) and will make application to MWC for approval.	
Improvement 4	**NHS Greater Glasgow and Clyde should consider adding self-harm and suicide prevention training to mandatory training for Skye House staff.** 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.	June 2026	Inpatient Service Manager and professional leads	Training has been attended by half of the staff group at time of writing with ongoing roll out of training planned by the end of June 2026.	June 2026
Improvement 5	**Restraint recording requires to be consistent in terms of numbers and detail. Multiple restraints need to be**		Inpatient Service Manager		

	recorded as such to avoid under-reporting. 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.	March 2026		Datix training rolled out and Datix training flowchart in operation. Monthly Incident Review Group and Clinical Effectiveness Group oversight established. Learning shared through monthly team meetings, learning actioned and embedded by the team with Datix audit cycles established to monitor ongoing development. (system established by predicted date, evidence for assurance gathered by May)	07/05/2026
Improvement 6	**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**. Rather than there being a vacancy within Skye House a new role has been created as part of workforce development which	June 2026	Inpatient Service Manager	Social work job description created and role profile reviewed and approved.	05/06/2026

	is a social work role. This was not present previously. Currently the job description is being agreed and will then be advertised in Spring 2026. It would be anticipated the postholder will commence by June 2026.			Vacancy approved and now advertised.	
Improvement 7	**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)** There is a short life working group on care planning focused on nursing standards in relation to 72 hour assessment, named nurse and assessment. 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.	April 26 March 26		Short life working group completed and agreed plans are in place with ongoing monitoring. (group established by predicted date. Plans in place and monitoring by June) Ongoing audit cycles in place and undertaken every 3 months. Last audit reported in May 2026 with compliance to MHCAAT standards at 92%. Specific care plan audit completed monthly and	June 2026 26/03/2026

				showed compliance: March 82%, April 90%, May 90%.	
	A young person friendly care plan has been developed and implementation plan in development	March 26		Young person-friendly care plans have been developed and are in place; co-produced with young people and evidenced on EMIS and within young people's rooms. (Template developed by predicted date, in use and monitored by June)	04/06/2026
	Risk assessment training included in induction of new staff in October 25 and for all new staff to future.	Complete		In place and compliance monitored. Ongoing for new staff with mornitoring in place.	October 25
	Nursing improvement project – to support case note standards, Datix and risk	May 2026		Project complete and ongoing audit process in place for monitoring. Learning is	March 2026

	management plan within face caras a short life working group has commenced with implementation in May 2026 with audit process built in.			actioned by team and ongoing monitoring provides assurance of embedding.	
	MDT Fortnightly review of risk assessments. Open ward is reviewed weekly and risk profile updated standard dependent on change in risk profile.	March 2026		MDT has moved to weekly and review of risk assessments is carried out as part of this. If there is a change to risk profile then FaceCaras is updated in line with NHSGGC policy. (Planned by predicted date, operational by June)	June 2026
	Risk management plans – a review will be undertaken in terms of risk management across the unit and improvement plan developed	May 2026		Risk management plans reviewed weekly at MDT. Risk management is also considered as part of nursing audit process. Additional Information:	June 2026

				The completion and implementation of risk assessments is a shared multidisciplinary team responsibility. Risk is considered continuously through day-to-day clinical contact, observation, professional judgement, and discussion with the young person and their family/carers. Any changes in presentation, needs or identified risks inform care planning and interventions in real time to ensure that support remains responsive and person-centred. At weekly team meetings, the team reviews and updates relevant aspects of the FACE-CARAS assessment, including identified risks and associated risk management plans. Any	16/07/26

				agreed changes are recorded during the meeting and are immediately available to all team members. Where significant changes are identified outwith this forum, these are communicated promptly through the daily huddle and incorporated into care plans as required. Learning from incidents is supported through the Datix reporting system. Reported incidents are reviewed through the Incident Review Group and the Clinical Effectiveness and Governance Group to identify themes, lessons learned, and opportunities for service improvement. Agreed actions are monitored through the appropriate governance structures to support	

				continuous quality improvement. The Mental Health Combined Care Assurance Audit Tool (MHCATT) provides a three-monthly quality assurance review of clinical records and care delivery. The audit process offers assurance that assessments, care plans, risk management plans and reviews are completed to the required standard and remain person-centred. Findings are shared by the Professional Lead for Nursing and the Senior Charge Nurse, with actions identified and communicated to the Charge Nurse team and wider nursing staff through nursing meetings. Progress against actions is monitored through governance and operational	

				meeting structures until completion	
Improvement 8	**An NHS Greater Glasgow and Clyde seclusion policy needs to be in place to underpin the use of seclusion at Skye House.** 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.	June 2026	Mental Health Policy Manager	NHSGGC Seclusion Policy is currently in draft and out to consultation prior to moving through governance processes for final sign off. This will be completed in September 2026 to ensure comprehensive consultation and collaborative adoption across all services. A local Standard Operating Procedure has been approved through local governance processes. This is operational and includes monitoring processes.	This will be completed by September 2026.
Improvement 9	**Anyone has a right to make an advance statement, and we recommend that Skye House build the offer of an advance**		Inpatient Service Manager		

	statement into practice when the person is well, as part of discharge planning 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.	April 2026		A SOP has been developed, ratified and is in place. In nursing standards; within 72 hours there is a question around the presence of advance statement as standard. (planned for predicted date, through governance processes by June) Additional Information: The team utilise an updated weekly multidisciplinary monitoring tool that records whether discussions regarding an Advance Statement have taken place, alongside any reasons why completion has not progressed at that time.	09/06/26 16/07/26

				Staff are expected to proactively support, encourage and engage young people in conversations about Advance Statements, recognising their importance in care planning and promoting choice. Where a young person's clinical presentation, capacity, or current circumstances indicate that progressing an Advance Statement is not appropriate, this is clearly documented and the discussion is revisited at a suitable point with staff prompting and support. Compliance is monitored through the MH CCAAT system, which records whether the young person has been offered the opportunity to complete an Advance Statement and any	

				subsequent actions. In addition, EMIS records document whether an Advance Statement has been completed or, where this has not been possible, the reasons for this and plans for future review.	
Requirement 1	**NHS Greater Glasgow and Clyde must ensure that all staff are aware of their responsibilities in relation to child protection and adult support and protection and, safeguarding policy and legislation is followed when there is evidence of harm and/or immediate risk.** All staff will have completed the mandatory training module on public protection	March 2026		Compliance with the mandatory training module on public protection: in June 2026 compliance at 97% of in scope staff. (scheduled in diaries by predicted date, completed in May)	21/05/2026

	All registered staff should complete Public Protection level 3 roles and responsibilities training	September 2026		Public Protection training completed on 3/6/26 and 4/6/26. This was bespoke training from the Public Protection Medical Lead for NHSGGC. Additional Information: Further dates are planned and have been shared with team. 30th August (by Public Protection team), 27th and 29th October (bespoke training for Skye House). Original training dates in June had space for 30 people per session. Public Protection is an ongoing area of focus and a key indicator for us so the intention was for the June training to be our starting	04/06/2026 16/07/26

				point for compliance with the intention of ongoing collaboration with our colleagues in Public Protection for further development.	
Requirement 2	**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).** 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.	March 2026	Estates Manager	A contractor has carried out all remedial work in relation to fire doors highlighted in the fire safety report. The next stage is for Estates to review this work and establish if any further doors require full replacement. This will be	07/05/2026

	Fire evacuation planned twice per year to ensure staff have experience of evacuation	March 2026/ August 2026	Inpatient Service Manager	reviewed by end of June 2026. Fire evacuation was carried out in the Therapy Block on 3/3/26 and in the School on 13/5/26. For wards, Charge Nurses deliver ward-based Fire Safety training across the wards on advice of NHSGGC Fire Safety Officer.	14/05/2026
Requirement 3	**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).** Additional staffing has been agreed across professional groups within Skye House. 11 wte additional nurses are in post with 6 wte at advertisement.	May 2026	Inpatient Service Manager / Head of Tier 4 Services/ SCS General Manager/ Chief Officer	Additional staff now in post: 2.0 WTE Dieticians	14/05/2026

	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. Additional activity coordinator commences at the beginning of February 2026.	 February 2026		0.8 WTE Speech and Language Therapist 1.0 WTE Occupational Therapist 0.6 WTE Art Therapist 1.6 WTE Clinical Psychologists 1.0 WTE Practice Development Nurse 1.0 WTE Operational Manager (commencing July 2026) 17 WTE Nursing posts Remaining 1.0 WTE nursing post being recruited through central recruitment in July 2026. Activity Coordinators in post working 7 days on an extended working day pattern to enable activities for young	 01/02/2026

				people over longer periods of time and at desired times (e.g. after dinner). Third sector organisation provide weekly activities and additional weeklong activities in school holiday periods. Activity plans now in place and monitored. Young people contribute to activity plans through discussion at Community Group and activities are overseen by Occupational Therapists to ensure they are meaningful for young people.	
	A tri-regional review has been commissioned by the Chief Executives 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.	May 2026		The tri-regional review has resulted in a draft National Specification, which is currently undergoing consultation to a final version. This is expected to be concluded by the end of	August 2026

				August. This will enable further development of the regional units by supporting benchmarking and consistent service delivery in Scotland. The Scottish Government policy team are engaged to develop a fuller model of service, including surrounding community service need, to ensure model for inpatient care arising from tri-regional review is sustainable and supported with an agreed financial framework and workforce model.	
Requirement 4	**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).** 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	April 2026	Inpatient Service Manager/ Professional leads	Leadership posts across key professional groups have been enhanced and are in	07/05/2026

	(Staffing) (Scotland) Act 2019 in relation to duty of Time to lead. Turas completion rates are monitored monthly and all staff at work will have Turas in place by May 26. 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. Senior nursing staff will attend ready to lead programme	 May 2026 Complete August 2026		post – these are SLT, OT, Dietetics and Nursing. Turas in place for all staff. Monitoring compliance; current compliance rate at 85.4%. Bed reduction since December 2025 to 16 beds and was reviewed in March 26. Will be reviewed again in October 2026. Two Charge nurses have attended leadership training – nursing and midwifery clinical leadership programme – cohort 2. Awaiting cohort 3 release.	 07/05/2026 December 2025 07/05/2026

Requirement 5	**NHS Greater Glasgow and Clyde must enable staff to be supported to attend clinical supervision and reflective practice (see page 37).** 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. 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. 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.	June 2026 March 2026 April 2026	Inpatient Service Manager and Professional Leads	Benefits of additional staffing on capacity for supervision and line management only now coming into effect following completion of recruitment and induction processes for additional staffing. All nursing staff have allocated Supervisors and Line Managers as well as access to peer supervision and group reflective practice sessions. There is a system in place for monitoring of supervision and line management compliance. A central system for recording supervision activity has been developed using MS forms to enable monitoring.	June 2026 April 2026

Requirement 6	**NHS Greater Glasgow and Clyde must ensure timely review and implementation of lessons learned from reported incidents including significant adverse events (see page 39).** 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. 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. There is a monthly review of all Datix themes within the Incident review group,	February 2026 Complete and in place	Lead for Governance, Clinical Director and Inpatient Service Manager.	There is an NHSGGC dashboard with each directorate holding weekly meetings in relation to any Adverse events with monitoring and escalating processes built in. Complete. Complete and in place with ongoing monitoring	January 2026 February 2026 February 2026

	learning would be shared in team meeting. Learning from SAERS related to Skye House are fedback to the staff team through team meetings and action plan developed which is monitored through the SCS SAER group.	Complete and in place May 2026		Complete and in place with ongoing monitoring; monthly meetings within Skye House to review all Datix via Incident review group. Learning is considered and actioned by the team with Datix audit cycles in place for assurance of embedding. Feedback sessions from LAERs and SAERs related to Skye House complete and in place. Learning actioned by the team and monitoring in place for ongoing assurance.	11/06/26
Requirement 7	**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).** NHSGGC is currently undertaking a review of the Policy Development Framework which provides the framework for all	April 2026	Corporate Services Manager/ Lead for Governance in SCS	NHSGGC has revised and approved a detailed Policy	27/05/2026

	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.	 April 2026		Development Framework for the development, approval and management of all Board policies. This was updated in May 2026. Service developed guidance and protocols have been reviewed and ratified through governance forum. (planned by predicted date, governance processes completed and policy updates signed off in June)	 June 2026
Requirement 8	**NHS Greater Glasgow and Clyde must ensure meaningful activity is consistently provided, including evenings and weekends (see pages 20 and 43).**		Inpatient Service Manager		

	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.	February 2026		Activity coordinators in post working 7 days and an extended working day pattern to enable activities for young people. Third sector organisation provide weekly activities and additional weeklong activities in school holiday periods. Activity plans now in place and monitored. Young people contribute to activity plans through discussion at Community Group and activities are overseen by Occupational Therapists to ensure they are meaningful for young people.	01/02/26
Requirement 9	**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).** NHSGGC has undertaken a review of dietary options and provision based on				

	feedback received. There is a clear developed plan in place to ensure appropriate provision of meals which will be monitored by the Lead dietician in liaison with facilities team. 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	June 2026	Dietetic Professional Lead, Occupational Therapy Professional Lead, Professional Nurse Lead and Inpatient Service Manager	Adult menus and 1.5 portions available for young people. Now have a bespoke staff ordering provision for those engaging in meal time support. Community meetings in place where young people are proactively encouraged to provide feedback on menus offered and meals provided. Provision for off menu food items available via alternative fund to meet individual requests. Digitised menu ordering system is being tested in June. When implemented, this will enable broader menu offers. Mealtime support training competency framework developed and has passed through governance process. Implementation plan in development for predicted	June 2026

				operationalisation in September 2026.	
Requirement 10	**NHS Greater Glasgow and Clyde must ensure robust processes are in place to provide adequate dietetic cover (see page 49).** There is a weekly timetable of dietetic availability developed to ensure dietetic cover for the ward 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 increase in use of beds to support young people who ae experiencing an eating disorder and the necessary role of dietetics in care planning and intervention to support recovery.	Complete April 2026.	Dietetic Professional Lead and Inpatient Service Manager	Completed and process in place with ongoing monitoring of cover for assurance. New Dieticians started on 27/04/2026.	26/03/2026 27/04/2026

Requirement 11	**NHS Greater Glasgow and Clyde must ensure that:** ***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).** There is an established cycle of case note audit across all professional groups with improvement plans developed following audit. Nursing improvement project – to support case note standards, Datix and risk management plan within face caras a	Annual audit as minimum	Inpatient manager/ professional leads	Professional requirements for different disciplines checked and action plans overseen by Professional Leads. Learning considered and actioned by individual clinicians and teams and ongoing monitoring in place. Project complete and ongoing audit process in place for	June 2026 May 2026

	short life working group has commenced with implementation in May 2026 with audit process built in.	May 2026		monitoring. Learning is actioned by team and ongoing monitoring provide assurance of embedding.	
	There is a Short life working group on care planning focused on nursing standards in relation to 72 hour assessment, named nurse and assessment.	April 2026		Short life working group completed; plans are in place to support ongoing audit cycles.	26/03/2026
	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	February 2026		Ongoing audit cycles in place. Learning is actioned by the team and monitored to ensure embedding.	26/03/2026
	A young person friendly care plan has been developed	March 2026		Young person-friendly care plans have been developed and are in place; co-produced	04/06/2026

				with young people and evidence on EMIS and within young people's rooms. (template established by predicted date, in use and monitored by June)	
	Risk management – Datix training has been the focus in January as part of assurance of Datix.	March 2026		Training provided to staff and process in place for dissemination of learning from Datix with ongoing audit to ensure actions and learning are embedded	01/02/2026
	Hepma – if a young person does not consent to a photograph being stored on HEPMA then a description has been added – this has now occurred for all young people.	Completed		A description added to HEPMA and this is an auditable standard in relation to medication.	01/02/2026
Requirement 12	**NHS Greater Glasgow and Clyde must ensure all staff are compliant with the safe management of linen and**		Senior Charge Nurse		

	appropriate wearing of jewellery (see page 56).				
	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.	May 2026		Completed; compliance rate: 95%. Ongoing monitoring for new staff.	21/05/2026
	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	March 2026		Completed and overall compliance for audit at 93% and safe management of linen at 98%. Ongoing monitoring for new staff. (planned in diaries by predicted date, completed in May)	21/05/2026
	Hand hygiene is a monthly audit to ensure compliance with standard. These will be monitored monthly.	Monthly			26/03/2026

	Uniform policy is a monthly audit at Skye House and daily leadership on each shift in relation to uniform compliance which includes jewellery occurs. There is a wider external audit throughout Mental health with non-planned audits occurring.	Monthly		Completed and compliance for May was 100%. Ongoing monitoring for new staff. Completed and ongoing as standard monthly. 5 staff audited monthly with consideration of all 10 standards. Compliance was 100% in April 2026. In May 2026, one staff member of the five staff audited did not meet one of the standards out of the ten standards audited.	26/03/2026
Requirement 13	**NHS Greater Glasgow and Clyde must ensure adequate oversight and cleaning schedules for windows including window mesh (see page 56).** 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.	June 2026	Estates Manager	Annual cleaning contract in place and ad hoc cleaning can be requested when required.	23/04/2026

Requirement 14	**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).** 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 NHSGGC for regular and routine monitoring through remote monitoring.	April 2026	Estates Manager	Estates have a service contract now in place to ensure routine maintenance of underfloor heating. Heating monitored via remote monitoring.	23/04/2026
Requirement 15	**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).** 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.	March 2026 – June 2026.	Inpatient Service Manager/ Senior charge nurse	The policy has been reviewed with team in line with operational compliance including signage. Completed with appropriate policy governance in place for ongoing review over time.	23/04/2026

Requirement 16	**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).** 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 programme of areas to be addressed has been developed. 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. In relation to specific toilet doors this work has been undertaken based on feedback given.	June 2026 April 2026	Inpatient Service Manager/ Estates Manage	This post has been recruited to and is in place for building management. Ongoing monthly walk around in place with associated actions.	23/04/2026 23/04/2026

		Complete		Completed	23/04/2026