Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan – Progress Update June 2026

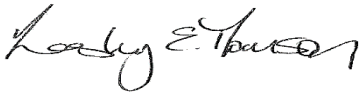
Healthcare Improvement Scotland and Mental Welfare Commission: Unannounced Safe Delivery of Care Inspection and Visit to Child and Adolescent Mental Health Service Inpatient Units.

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

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	**An NHS Greater Glasgow and Clyde seclusion policy needs to be in place to underpin the use of the seclusion room on Ward 4**.	December 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 in September 2026. This is to ensure comprehensive consultation and collaborative adoption across all services.	Will complete in September 2026
	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.			A local Standard Operating Procedure is in place for Ward 4, underpinned by Mental Welfare Commission good practice guidelines. This has been approved through local governance processes.	30/05/2026

Improvement 2	**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.** Ward 4 will within the discharge planning process ensure advanced statements are considered with the child, carer and community team.	March 2026	Senior Charge Nurse and Responsible Medical Officer within NCIPU	Person-centred care plans and multidisciplinary team feedback forms are in place. Advance statements are incorporated into care planning and part of discharge planning meetings. Additional Information: 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	23/3/2026 16/07/2026

				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 MHCAAT 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 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).** 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.	June 2028	Site Manager Estates	This forms part of an Estates lead improvement programme running to June 2028. Current status for Ward 4 is that one set of doors have been upgraded.	June 2026
	As per the draft report, Senior managers have advised that Ward 4 does not have any current outstanding actions from the fire risk assessment.			All aspects of fire safety and mitigations are in place. A fire risk assessment is present, in date and approved by Fire Safety Officers	23/04/2026
Requirement 2	**NHS Greater Glasgow and Clyde must ensure effective and appropriate governance approval and oversight of**	April 2026	Corporate Risk Manager/ Lead for Governance SCS	NHSGGC has revised and approved a detailed Policy	27/05/2026

	policies and procedures are in place to ensure the most up to date guidance is in use (see page 34). 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.			Development Framework for the development, approval and management of all Board policies which was updated in May 2026. Ward 4 has undertaken a review of local protocols and guidance documentation to ensure they are in date. A robust system has also been developed to flag policies requiring review in the future to ensure timely revision and governance approval.	
Requirement 3	**NHS Greater Glasgow and Clyde must ensure all staff who administer rapid tranquillisation have completed immediate life support training or equivalent (see page 35).** All ward 4 trained nursing staff will be trained in immediate life support training. This has already commenced.	March 2026	Senior Charge Nurse	All Ward 4 registered nursing staff have completed the required training.	21/4/2026

Requirement 4	**NHS Greater Glasgow and Clyde must ensure that rooms used for seclusion meet QNIC requirements (see page 14 and page 41).** 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.	June 2026	Senior Charge Nurse and Responsible Medical Officer and Service Manager within NCIPU	A scoping exercise was completed in conjunction with colleagues in Health and Safety, Fire Safety, and Estates. Current provision still in operation and early intervention measures in place. There has been no requirement for seclusion in past year but a suitable room has been identified should it be required and estates are currently adapting it to meet QNIC standards. 10 and 12 weeks lead time given, so predicted completion would be August 2026.	2/4/2026
Requirement 5	**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).**	April 2026.	Senior Charge Nurse with NCIPU	A Standard Operating Procedure for record keeping has been completed and shared with nursing staff. Mental Health Clinical Audit completed and result in May showed	23/4/2026

	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 targeting areas highlighted. CPD on documentation and record keeping focused on completion of areas highlighted will occur.			record keeping 99% compliant for nursing.	