Healthcare Improvement Scotland | Inspections and reviews To drive improvement

Improvement Action Plan

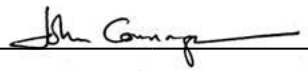
Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland: Unannounced Safe Delivery of Care Inspection and Visit to Child and Adolescent Mental Health Service Inpatient Units.

Royal Hospital for Children and Young People – Melville Unit, NHS Lothian 12-16 May 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: PROFESSOR JOHN CONNAGHAN CBE

Date: 9 October 2025

NHS board Chief Executive

Signature: 

Full Name: PROFESSOR CAROLINE HISCOX

Date: 9 October 2025

Ref:	Domain	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Part 1 - The Metal Welfare commission will review the content and time frames of the actions outlined in part 1 of the improvement action plan.						
MWC 1	The practical application and safe use of proportionate restraint as a last resort is a significant issue at the Melville Unit. Based on observation of practice, the impact on young people, the lack of detailed anticipatory care plans, incomplete recording of details post event and completion of the electronic incident reporting system, the approach to restraint in Melville Unit requires further enquiry and improvement by the service.	1.1 Request amendment to the electronic incident reporting system (Datix) categories to offer an alternative to current 'Violence & Aggression' categorisation to allow for planned restraint for treatment.	30 October 2025.	CAMHS General Manager.	In progress: Discussions with other inpatient CAMHS units to consider if a common data set could be created across Scotland, next meeting held 30 October 2025. V&A data on IPU reported quarterly to REAS SMT. REAS Chief Nurse progressing further detail on V&A categorisations with V&A Team.	
		1.2 Develop an audit tool to monitor compliance with recording distress	31 December 2025.	CAMHS Consultant Nurse.	In progress - Developing plan to introduce monthly audits of quality and compliance to Melville SMT, with feedback loop to clinical teams	

		preferences in MH PCCP in EPR.			and escalation to CAMHS SMT if <85% compliance.	
		1.3 Training and guides for staff around care planning for distress preferences / restraint to be developed and integrated in to care pathway.	31 December 2025.	CAMHS Consultant Nurse.	In progress - MH EPR clinician guides template has been developed for Tier 3 and can be adapted for Tier 4 and IPU to support implementation.	
MWC 2	Nasogastric tube feeding under restraint requires further enquiry and improvement by the service to ensure best practice is being followed and young people are given every opportunity to retain decision making as per best practice guidelines.	2.1 Develop a SOP for Nasogastric Tube Feeding Standard Operating Procedure.	31 November 2025.	IPU Consultant Clinical Psychologist.	In progress - SOP in draft final version to be approved through governance route.	
		2.2 Develop educational resources to support NG feeding SOP with engagement and feedback from CYP.	31 December 2025.	IPU Consultant Clinical Psychologist.		

		2.3 Deliver staff training on SOP and evaluate staff confidence pre/post with aim of 90% staff receiving training.	31 March 2026.	IPU Consultant Clinical Psychologist.	Implementation plan under development	
		2.4 Reduce NG feeding under restraint by 80% by 31 May 2026 (this is an improvement aim).	31 May 2026.	IPU Consultant Clinical Psychologist.	NG Tube Feeding project in Quality Planning Stage of Quality Improvement Work to identify improvement aims. Baseline data established; Early analysis indicates 25% (June 2025) of CYP currently receiving NG feeding under restraint.	
		2.5 Develop Quality Improvement plan to address Continuous Intervention (CI) activities.	Mapping completed by 01 December 2025.	Service Director.	In progress - Process mapping workshop being planned; baseline flow chart drafted.	
		2.6 Test advanced care planning helping CYP make decisions for their	Pilot in progress.	CAMHS Consultant Nurse.	In progress – currently testing care planning with Tier 4 CAOT community team and	

		future care & advanced statements.			planned to scale up to other community teams if successful.	
		2.7 Ensure all children and young people (CYP) are offered independent advocacy at key points in their care journey (e.g. admission, post-MDT review, before significant treatment decisions) and record advocacy discussions clearly in the electronic patient record.	31 October 2025.	CAMHS General Manager.	Completed - Admission checklist updated to include advocacy offer. Staff reminded via safety huddle to offer independent advocacy at other key points. In progress- Audit tool in development to capture documentation of advocacy discussions. First audit due 01 November 2025.	
		2.8 Undertake a qualitative review of a sample of records to assess how effectively family perspectives, updates, and shared decisions are captured.	01 November 2025.	CAMHS Nurse Consultant.	Planned. Initial scoping of note content underway.	

		2.9 Develop guidance for staff on high-quality narrative recording that reflects collaborative practice.	01 December 2025.	CAMHS Nurse Consultant.		
MWC 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 Melville Unit with no evidence of managerial oversight or action progressing following recommendations previously made by the Commission. This is an area which requires further enquiry and improvement by the service.	3.1 Continue existing systems of governance around authority to treat.	Ongoing.	Chief Nurse.	A system has been in place since May 2025, for ensuring authority to treat is monitored. This has been supplemented by additional scrutiny. • Charge Nurse checks the compliance with daily checks every week. • Physicians Associate, overseen by Consultant Psychiatrist, will provide weekly full audit of compliance with legal authority to treat	Complete

					procedure. Hardcopies of legal paperwork are held in the dispensary for medications and treatment room for NG Feeds. Registered nurses check these are up to date daily before administration of treatment.	
MWC 4	The issue of concerning multidisciplinary team dynamics has been a long-standing known issue at Melville Unit. Our direct observation and feedback given to us evidence that little progress has been made. This is an area which requires further enquiry and improvement by the service.	4.1 Evaluate the impact of interventions introduced previously using a short survey to capture staff experiences.	Baseline data collated by 31 October 2025; evaluation report by 30 April 2026 and release of iMatter scores due June 2026.	CAMHS General Manager.	AMBIT framework in early implementation phase. In progress – Recent structures (such as structured clinical meetings, clinical huddles, reflective pauses, and AMBIT-informed practice) have been introduced to support the team dynamics, communication, collaboration, and psychological safety.	

		4.2 Offer team members opportunity to attend external Psychological Safety professional development training e.g. 'Civility Saves Lives' .	01 February 2026.	CAMHS General Manager.	Planned support from Organisational Development department to deliver "Confident Conversations" sessions to leadership team. Draft supervision template developed to include action/feedback log.	
MWC 5	There appeared to be a disconnect between what activities were reportedly said to be available and the experience of young people particularly in the evenings and at weekends. Some young people explained that this failure in provision meant they spent too much time thinking their own "thoughts."	N/A	N/A	N/A	This finding is covered by HIS requirement in part two of the report at domain 4.1 (4).	N/A
MWC 6	The quality of care planning, associated documentation and inclusion of parents/relatives remain an area that has yet to develop as recommended by the Commission previously.	N/A	N/A	N/A	This finding is covered by HIS requirement in part two of the report at domain 4.1. (5), 4.1(6) and domain 6(11).	N/A
MWC 7	Communication with young people and their families is an area highlighted for further improvement.	N/A	N/A	N/A	This finding is covered by HIS recommendation in part two of the report at domain 4.1(1) and requirement 4.1(5).	N/A

MWC 8	The maintenance of the environment to ensure staff and patient safety.	N/A	N/A	N/A	This finding is covered by HIS requirement in part two of the report at domain 4.1(8).	N/A
Part 2 - Healthcare Improvement Scotland will review the content and time frames of the actions outlined in part 2 of the improvement action plan.						
HIS 1	NHS Lothian must ensure enough staff are on duty who are trained in restraint to respond to staff personal alarms at all times.	1.1. Set minimum compliance threshold for restraint training at 85% and audit quarterly.	01 November 2025.	CAMHS General Manager.	In progress – review of initial professions shows over 80% of nursing staff and psychology completed high-level restraint training.	
		1.2 Augment existing organisational alarm response SOP by developing guidance specifically for CAMHS.	01 November 2025.	CAMHS General Manager.	In progress – Defining roles and responsibilities across MDT staff for entire process of responding to alarms and restraints documented in SOP.	
HIS 2	NHS Lothian must ensure all staff who administer rapid tranquilisation have completed intermediate life support training.	2.1 Review training needs for and make appropriate provision of ILS for staff working within the in-patient unit.	01 November 2025.	CAMHS General Manager.	In progress - Review underway; current compliance mapping shows BLS training up to date for all staff. Awaiting confirmation from HIS on ILS expectation specific to	

					CAMHS inpatient settings.	
HIS 3	NHS Lothian must ensure timely review and implementation of lessons learned from reported incidents including significant adverse events.	3.1 Undertake themed reviews of Datix and SAE reports relating to Melville Unit on a quarterly basis.	31 January 2025.	CAMHS General Manager.		
HIS 4	NHS Lothian must ensure meaningful activity is consistently provided, including evenings and weekends and that activity plans are completed and updated in care plans.	4.1 Deliver an expanded range and availability of activity for patients into evening and over weekends.	05 January 2025.	CAMHS Consultant Nurse.	Work is in progress - Leads meeting every 4 weeks until end of 2025 to develop new programme plan, with focus on out of hours/weekends activities to start 2026. Additional activities have been established with Aromatherapies every first Thursday of month Therapets visits every Friday afternoon.	
		4.2 Develop Refresher Sessions for all nurses to	01 October 2025.	CAMHS General Manager.	This has been shared as evidence with MWC.	Complete

		develop and enhance their skills working therapeutically with CYP individually and in groups.				
		4.3 Develop an automated report providing audit of what activity is being offer to CYP.	01 October 2025.	CAMHS General Manager.	Report of activities offered to patients and what is being accepted by CYP recorded in daily notes using search for canned text "activity" for review by OT s to support care planning.	Complete
HIS 5	NHS Lothian must ensure effective communication with families and young people including care planning, meal plans, passes and any restrictions put in place.	5.1 Audit current use of keyworkers' weekly on parent/carer contact phone call with patient consent recording on EPR using canned text for parent/carer engagement.	01 November 2025.	CAMHS General Manager.	• Complete - Automated weekly report developed to give rapid weekly feedback started August 2025. • In progress - Engagement with staff for better utilisation of canned text across MDT on 27 October 2025. • In progress -	

					Bringing learning and audit report to extended Monday meetings and utilising QI pinboard in IPU to share uptake on 27 October 2025.	
		5.2 Develop leaflet providing information (including Family and Carer Quick Guide to meal plans) on Padlet to be provided at admission and within Electronic Patient letter for parents to have access to IPU information.	Complete.	CAMHS Consultant Nurse.	Complete – provided evidence to MWC of current digital information and leaflets and mealtime guides held within the digital Information Pack for Parents, Carers and Guardians for IPU Welcome Pack & Resources.	May 2025.
		5.3 Provide written information to CYP prior to and following meetings.	In progress – to conclude 31 December 2025.	CAMHS Consultant Nurse.	A quality improvement project has been established to ensure proactive contact and effective information sharing with YP & Families & Carers.	

HIS 6	NHS Lothian must ensure that all documentation is accurately and consistently completed and reviewed. This includes activity plans, nasogastric bolus charts, and risk assessments.	6.1 Develop, implement and audit IPU Nursing Record Keeping Guidance.	01 February 2026.	REAS Chief Nurse.	In progress - Draft Record Keeping Guidance developed Aug–Sept 2025 and currently under review. Weekly documentation review process is live. Supervision template under revision to include sample note audits. Development Day presentation scheduled for 27 October 2025.	
HIS 7	NHS Lothian must ensure all environmental risks are identified, and risk assessed to mitigate potential risks arising from the physical environment.	7.1 Maintain proactive environmental risk management through the Melville Unit Environmental Group.	SLWG in place and meeting monthly.	Melville Unit Environmental SLWG - Clinical Nurse Manager, with Estates, Equans (private firm that manages hospital building), Senior Charge Nurse and Service Manager.	In progress - Group active and meeting monthly. Environmental tracker live and under review; initial actions logged and in progress. Compliance with H&S regulations mapped for next meeting.	

HIS 8	NHS Lothian must ensure the care environment is consistently maintained to ensure staff and patient safety including timely reporting of maintenance requests.	8.1 Remind staff of their ongoing responsibility to environmental maintenance and safety assurance.	31 October 2025.	Site Director.	All maintenance issues logged on the live action tracker and assigned for follow-up within agreed time frames. Equans and Estates teams attend monthly SLWG to review outstanding items and agree completion dates.	
HIS 9	NHS Lothian must ensure the safe disposal of sharps.	9.1 Review of sharps management across Site & staff reminded of requirements to monitor compliance through local safety brief and IPC walk-round.	May 2025.	Chief Nurse.	A single non-compliance was observed by HIS; all other SICPs fully compliant. Action was taken immediately following inspection to remind staff and to verify closure of sharps bins.	Complete

HIS 10	NHS Lothian must ensure completion of the staffing level tool as part of the common staffing method.	10.1 Use the Common Staffing Methodology (CSM) to review staffing requirements.	Ongoing annual review cycle.	REAS Chief Nurse.	The Staffing Review in 2025 applied the CSM, escalation and governance to secure additional staffing for the unit. NHS Lothian will Continue to use the CSM annually and at key change points to ensure safe staffing levels are maintained.	Complete
HIS 11	NHS Lothian must ensure that young people and their families are involved in planning their care and that this is clearly documented including regular one to ones.	11.1 Development of templates co-designed with YP to be used in advance of weekly meetings	Ongoing.	CAMHS Consultant Nurse.	Templates shared with MWC in part of evidence.	Complete
		11.2 Development of quarterly "Melville Carers & Parents Bulletin" sharing what is going on in the ward & developments shared five times a	Ongoing.	CAMHS Consultant Nurse.	Has started, Autumn Bulletin shared with MWC as evidence	Complete

		year, every quarter and Christmas.				
HIS 12	NHS Lothian must ensure necessary medication is available in an emergency.	12.1 All required emergency medications are in stock and regularly checked.	Ongoing, occurs weekly.	CAMHS General Manager.	The Clinical Nurse Manager will oversee a weekly medication stock check and restocking process. Pharmacy to provide quarterly oversight and advice as part of governance assurance.	Complete
HIS 13	NHS Lothian must ensure any outstanding improvement actions highlighted within the Royal College of Psychiatry Quality Network for Inpatient CAMHS (QNIC) internal audit are actioned.	13.1 Conduct an internal review of the QNIC Standards.	31 January 2026.	CAMHS General Manager.		
HIS 14	NHS Lothian must ensure adequate provision of a full range of dietary options.	14.1 Review current catering provision.	31 December 2025.	CAMHS General Manager.	In progress - Initial scoping of current menu completed.	