Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Mental Health Services Safe Delivery of Care Inspection

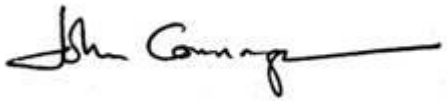
Royal Edinburgh Hospital, NHS Lothian

17 – 19 June 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 re presentative 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: 08 May 2025

NHS board Chief Executive

Signature: 

Full Name: Professor Caroline Hiscox

Date: 08 May 2025

Circulation type (internal/external): Internal and external

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Ref: Requirements	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1	Reminder to staff around the importance of accurate and timely completion of Documentation.	31/10/2025	Chief Nurse	Documentation SOP has been reviewed, updated and resent to staff with rationale for the need to comply with standards.	Complete
	Development of Mental Health documentation standards for the Lothian Accreditation and Care Assurance framework.	31/12/2025	Chief Nurse	The LACAS process has been paused across NHS Lothian to allow for a complete review. A paper attached that provides details of this review and the recommendations. This review is likely to take 6 months to complete. The MEG audit system will commence across REH from 1st May 2026. To be completed by Nov 26.	Incomplete
	Create a streamlined process for auditing patient records.	31/03/2026	Chief Nurse	MEG system commences on 1st May 2026 having been tested across 3 services.	Complete
2	Review of local orientation / induction materials for bank / agency and other staff deployed to unfamiliar areas.	31/10/2025	Chief Nurse	Local induction updated and agreed with staff bank.	Complete

	Review of SOPs in each clinical area.	31/12/2025	Chief Nurse	All SOPs have been reviewed and updated.	Complete
3	Reminder to all staff of the extant policy and procedures around continuous interventions.	31/10/2025	Chief Nurse	SOP updated and shared with staff. Continuous Intervention working group (involving patient reps) continues to look for improvement and Practice Development Nurses are delivering training to staff. PhD. research on CI implementation has been presented at REAS Practice development group, with plan in place to do a Webinar for HIS. This group will report to the restraint and restrictive practices group from April 2026.	Complete
	Establish opportunities for training through the Clinical Education Team working with wards to embed good practice.	31/12/2025	Chief Nurse	Each service has developed a training timetable specific to their needs. Training also being delivered by the Practice Development and Clinical Education Nurses.	Complete
4	The completion of risk assessments will be overseen by the Senior Charge Nurse / Nurse in Charge in each area and highlighted in the handover to all staff.	31/10/2025	Chief Nurse	Business Objects (BOXI) report developed for risk assessment completion. All risks highlighted on white board for handovers by the NIC/SCN and included in safety brief.	Complete
5	Improve compliance with mandatory and essential training including, but not limited to life support, adult support and	31/03/2026	Site General Managers	The transition from LearnPro to TURAS disrupted completion figures for this. The TURAS platform system updated again w/b 10 March and made changes to modules available. Completion rates have improved. Cross over period between shifts will be identified as allocated time to complete TURAS modules. When implemented, protected	Incomplete

	protection, child support and protection and fire safety training to 80%.			learning time will also be used for completion of mandatory training. Module completion rates are reported via a performance scorecard; this will allow auditing of rates and remedial action will be taken if compliance is found to be low. Mar 26 – above 75% completion for majority of mandatory training modules and above NHS Lothian average for all modules. New Once for Scotland modules to all be completed by 01 Sept 26.	
6	Action 4 includes oversight of environmental ligature risk assessments.			All environmental ligature assessments have been redone completely, on the updated template with a consistent risk grading appropriate to the environment.	Complete
	Action at 5 includes improvement in environmental ligature training.			TURAS module has been developed, following some adjustments. It will be live by 06 May 2026. Practical ligature awareness training in place with first date 06 May 2026.	Complete
	Convene a Ligature Oversight Board involving senior managers, professional leads, estates colleagues and health and safety team to ensure use of a recognised ligature risk assessment tool, standardisation of process/methodology and robust governance oversight.	31/11/2025	Service Director	This group started in January 2026 and includes Estates, nursing and Health and Safety.	Complete
7	Training opportunities will be offered to staff to increase their	31/12/2025	Site General Managers	Learning and Leadership Academy has been developed Lothian wide. Stay and grow career conversations are available across NHS Lothian.	Complete

	confidence working with different patient groups.		Deputy Chief Nurse	Training developed for HIS3 is open to all staff. Internal moves to increase experience are available via NHS Lothian process.	
8	Development of Mental Health standards for the Lothian Accreditation and Care Assurance framework will include practices around medication administration.	31/12/2025	Chief Nurse	The LACAS process has been paused across NHS Lothian to allow for a complete review. A paper attached that provides details of this review and the recommendations. This review is likely to take 6 months to complete. The MEG audit system will commence across REH from 01 May 2026. To be completed by Nov 26.	Incomplete
9	All Health and Safety (including fire safety) risk management requirements to be reviewed and reported to the Site CMT and remedial action taken where deficits are identified.	28/02/2026	Site Director	Escalation flow chart in place this requires some local information to be added. All Health and Safety risks reported through H+S committee.	Complete
10	Improve staff wellbeing opportunities as per the Staff Engagement & Experience Delivery Plan 2024-2026.	31/11/2025	Site Director	Staff Wellbeing nurse in post and has a developed delivery plan.	Complete
	Include staff wellbeing in 1:1 meeting checklist.	15/10/2025	Chief Nurse	Staff wellbeing has been added to the 1:1 form to prompt CNMs to discuss staffing needs.	Complete

	Increase the number of Senior Leadership walkarounds.	31/12/2025	Site Director	Chief Nurse and Associate Director of Pharmacy do monthly walkarounds. Further walk arounds for Senior team are to start from January. Meet the Senior Leadership Team in place across REH site.	Complete
11	Develop and implement a Debrief SOP.	31/03/2025	Site Director	Debrief SOP developed, feedback from review has highlight opportunity to improve the SOP. Will be completed by 22 May 26, following further MDT consultation.	Incomplete
12	Action at 9 includes reviewing the risk assessment protocol for locked doors.			SOP for entry and exit from a ward Updated and shared.	Complete
	Ensure staff have read and understood locked door policy.	31/10/2025	Chief Nurse	The service have asked their staff to sign to confirm that the SOP is "read and understood". Evidence can be provided by the service managers.	Complete
	Introduce standardised signage for locked doors.	30/01/2026	Site Director	Standardised signage in place.	Complete
13	Development a regular schedule of audit under the Mental Health standards as part of the Lothian Accreditation and Care Assurance framework.	31/12/2025	Chief Nurse	The LACAS process has been paused across NHS Lothian to allow for a complete review. A paper attached provides details of this review and the recommendations. This review is likely to take 6 months to complete. The MEG audit system will commence across REH from 01 May 2026. To be completed by Nov 26.	Incomplete

14	Reminder to all staff about their obligations to comply with policies, procedures and guidelines around the management, storage and disposal of linen, clinical waste, sharps boxes, etc. in line with Infection Prevention and Control and Health & Safety policies.	31/12/2025	Chief Nurse	Email sent to all staff to advise. This will be audited, monitored and actioned through the MEG Healthcare Associated Infection (HAI) audits.	Complete
15	Reminder to all staff (including bank and agency workers via the Staff Bank) of the requirement to comply with the Uniform Policy.	31/11/2025	Chief Nurse General Manager (Supp Staffing)	Dress code and uniform policy shared with all areas with email reminding staff of their responsibilities. Compliance with uniform policy will be audited, monitored and actioned through the MEG Healthcare Associated Infection (HAI) audits.	Complete
16	Engage all disciplines in the daily staffing huddles for deployment and planning of future staffing requirements for all disciplines.	31/11/2025	Site Director	All disciplines invited to staffing huddle.	Complete
	Carry out annual reviews of staffing levels using the PJ tool and other quality data to determine appropriate staffing requirements.	31/10/2026	• AMD • AHP lead • Director of Psychology	AHPs have locally developed tool to determine staffing requirements Psychology testing tool from HIS. No nationally recognised tool available for medical staff.	Complete

17	Comply with the annual schedule for tool runs and application of the Common Staffing Method for Nursing.	Ongoing	Chief Nurse	Professional judgement tools completed for Nursing and common staffing method implemented.	Complete
18	In order to ensure consistent assessment, capture, and mitigation of real time staffing risks: 1. Continue to use Safe Care red flag functionality for identifying and escalating risks for nursing staff. 2. Roll out the SafeCare Realtime escalation groups as they migrate to eRoster system. 3. Record risks, mitigations and decisions as part of the daily huddle process, this includes recordings of risks and mitigation/inability to mitigate when decisions around staffing is being made.	Ongoing 31/03/2027 31/10/2025	Lead Professionals • Chief Nurse • AMD • AHP lead • Director of Psychology	1. Red flag system in place for nursing since 01/08/2025. 2. eRoster and Safecare in place for nursing. 3. Risks/mitigations recorded on Safecare system. 4. Feedback to staff teams via CCN.	Complete

	4. Establish a mechanism to feedback decisions around staffing to teams.	31/11/2025			

19	Enhance the engagement of professionals with existing Carers Groups.	31/12/2025	General Managers	Minutes from meetings evidence MDT involvement in carers groups.	Complete
	Review the current “communicating with family, friends and carers” guidance.	31/12/2025	Chief Nurse	Procedure for communicating with families, friends and carers updated and currently going through approval process.	Complete
20	Actions at requirements 4, 9 and 13 support this requirement also.				Complete

	The development a regular schedule of audit under the Mental Health standards as part of the Lothian Accreditation and Care Assurance framework at requirement 13 will support this requirement also.				Complete
	The focus of Senior leadership walkarounds will be expanded to enhance assurance.	31/12/2025	General Managers Chief Nurse	Pharmacy + Nursing. Health and Safety and meet SLT walkarounds in place.	Complete
21	Meaningful activities will be provided to enhance recovery and promote wellbeing. These will be planned and recorded at ward level.	31/03/2026	• Chief Nurse • AHP Lead • Director of Psychology	Activity Nurses in post and recording in clinical notes.	Complete
	Total staffing levels will be recorded on SafeCare and Health Roster to evidence adequacy of staffing levels or mitigations.			eRoster and Safecare in place and used at huddle discussions.	Complete

Recommendations					
1	The regular reporting to Health and Safety committee (locally and at Board level) will evidence the compliance with and impact of the delivery of Management of Aggression Training in line with the adopted Training Strategy.	Ongoing	General Manager	Restraint and restrictive practice group to commence in April. This work is currently completed by the V+A governance group.	Complete
2	Ward staff will have opportunities to participate in staff meetings to support team discussion and information sharing and will be provided with notes of these meetings if they are unable to be present.	31/12/2025	Site General Managers	Staff meetings in place, minutes available.	Complete
3	Patients will be encouraged to perform hand hygiene prior to mealtimes using a range of means including reminding staff to	31/10/2025	Chief Nurse	Request that hand washing is discussed at ward community meetings. Minutes available.	Completed

	promote handwashing.				
4	A dedicated space will be created to facilitate outdoor opportunities for patients in the rehabilitation wards to develop a therapeutic space.	31/10/2026	General Manager	Funding has been confirmed from Lothian Charity to develop a rehab therapeutic space. This action is weather dependant. To be completed by 31 Aug 26.	Incomplete