Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Mental Health Services Safe Delivery of Care Inspection

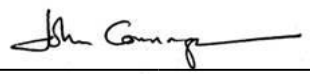
Royal Edinburgh Hospital, NHS Lothian

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 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: 14/10/25

NHS board Chief Executive

Signature: 

Full Name: PROFESSOR CAROLINE HISCOX

Date: 14/10/25

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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		
	Development of Mental Health documentation standards for the Lothian Accreditation and Care Assurance framework	31/12/2025	Chief Nurse	Lead Nurse (Quality Improvement and Standards) has been appointed	
	Create a streamlined process for auditing patient records.	31/03'/2026	Chief Nurse		
2	Review of local orientation / induction materials for bank / agency and other staff deployed to unfamiliar areas	31/10/2025	Chief Nurse		
	Review of SOPs in each clinical area	31/12/2025	Chief Nurse		
3	Reminder to all staff of the extant policy and procedures around continuous interventions	31/10/2025	Chief Nurse		
	Establish opportunities for training through the Clinical Education Team working with wards to embed good practice	31/12/2025	Chief Nurse		

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		
5	Improve compliance with mandatory and essential training including but not limited to life support, adult support and protection, child support and protection and fire safety training to 80%.	31/03/2026	Site General Managers		
6	Action 4 includes oversight of environmental ligature risk assessments.				
	Action at 5 includes improvement in environmental ligature training				
	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		
7	Training opportunities will be offered to staff to increase their confidence working with different patient groups.	31/12/2025	Site General Managers Deputy Chief Nurse		
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	Lead Nurse (Quality Improvement and Standards) has been appointed	
9	All Health and Safety (including fire safety) risk management requirements to be reviewed and	28/02/2026	Site Director		

	reported to the Site CMT and remedial action taken where deficits are identified.				
10	Improve staff wellbeing opportunities as per the Staff Engagement & Experience Delivery Plan 2024-2026	31/11/2025	Site Director		
	Include staff wellbeing in 1:1 meeting checklist.	15/10/2025	Chief Nurse		
	Increase the number of Senior Leadership walkarounds	31/12/2025	Site Director		
11	Develop and implement a Debrief SOP	31/03/2025	Site Director		
12	Action at 9 inlcudes reviewing the risk assessment protocol for locked doors				
	Ensure staff have read and understood locked-door policy	31/10/2025	Chief Nurse		
	Introduce standardised signage for locked doors	30/01/2026	Site Director		
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	NHS Lothian are developing Mental Health LACAS Standards. QI and Standards Nurse in place to monitor compliance	
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		

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)		
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		
	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		
17	Comply with the annual schedule for tool runs and application of the Common Staffing Method for Nursing	Ongoing	Chief Nurse		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. 4. Establish a mechanism to feed back decisions around staffing to teams	Ongoing 31/03/2027 31/10/2025 31/11/2025	Lead Professionals • Chief Nurse • AMD • AHP lead • Director of Psychology	1. Red flag system in place for nursing since 01/08/2025	Complete

19	Enhance the engagement of professionals with existing Carers Groups	31/12/2025	General Managers		
	Review the current “communicating with family, friends and carers” guidance	31/12/2025	Chief Nurse		
20	Actions at requirements 4 and 9 support this requirement also.				
	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.				
	The focus of Senior leadership walkarounds will be expanded to enhance assurance	31/12/2025	General Managers Chief Nurse		
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		
	Total staffing levels will be recorded on SafeCare and HealthRoster to evidence adequacy of staffing levels or mitigations				
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		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		
3	Patients will be encouraged to perform hand hygiene prior to mealtimes using a range of means including reminding staff to promote handwashing.	31/10/2025	Chief Nurse		
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	