



Improvement Action Plan

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

Dudhope Young People’s Inpatient Unit, NHS Tayside – 20-21 October 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:

Carole Wilkinson

Date:

18 February 2026

NHS board Chief Executive

Signature:

Full Name:

Nicky Connor

Date:

18 February 2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Areas for Improvement					
285	Key clinical information around significant events, such as restraint, was not being recorded adequately in clinical records. This is a significant risk and recording expectations needs to be addressed with regular audits done for assurance.				
	<p>NHS Tayside will ensure the accurate recording of clinical information in respect of significant events, e.g. restraints, within individual patient clinical records, in addition to inclusion within Adverse Event Reports via Datix system.</p> <p>NHS Tayside will develop and implement an audit requirement to monitor the recording of clinical information.</p>	March 2026	Senior / Lead Nurse Quality Improvement & Practice Development Team	<p>In progress.</p> <p>Improvement objectives established:</p> <p>Nursing staff supported to ensure EPR entries reflect all adverse event information, and recorded separately to the corresponding Datix record.</p> <p>Reporting of daily audit of individuals EPRs commenced with CNs / SCN completing daily audit of EPRs to monitor and ensure compliance.</p>	
286	There has been a long-standing lack of dedicated social work input to the unit timelines need to be set and met to address this gap.				
	NHS Tayside will implement action to conclude regional discussions around the vacant social work role and commence recruitment to the post, ensuring appropriate professional supervision of the post-holder.	May 2026	Senior Nurse Care Group Manager	<p>In progress.</p> <p>Arrangements for professional supervision of the social work role now satisfied, post advertised and shortlisting commenced. Interviews planned for 03-03-26.</p>	

				Appointment anticipated to be in post in May.	
287	We were unable to view multidisciplinary risk assessments during our visit. Multidisciplinary risk assessments should be in situ and readily accessible. Risk assessments should inform comprehensive risk management plans to address complexities identified. Audits require to be done to give assurance of consistency of approach to risk assessments and comprehensive risk management plans in response to all identified risks.				
	NHS Tayside will work with partners to develop and implement an audit protocol to ensure that multidisciplinary risk assessments are readily accessible to support audit, inspection and peer review requirements.	June 2026	YPU Senior Management Team Quality Improvement & Practice Development Team Associate Nurse Director (MH)	In progress. NHS Tayside Mental Health Services have partnered with Suicide Prevention Network, NES, HIS, NHS Dumfries and Galloway, NHS Borders and NHS Ayrshire and Arran to develop new personalised approach to safety assessments and safety planning focusing on MDT review. The collaboration has contributed to the NES training pilot for the new approach to personalised safety assessments and safety planning. NHS Tayside have offered to pilot early testing of training material as part of the roll out of new framework. Train the trainer approach will be delivered in Tayside by the QI/PD team.	
288	There was no promotion of advance statements. It is recommended that Dudhope build the offer of an advance statement into practice when the person is well, as part of discharge planning.				

	NHS Tayside will ensure that advance statements are promoted within the Young People's Unit to all patients, carers, families and guardians to inform the delivery of person-centered care and effective discharge planning.	March 2026	YPU Senior Management Team	In progress. Improvement objectives established: Section on Advance Statements to be added to Care Programme Approach meeting check lists to ensure advance statements are promoted, discussed and recorded at CPA meetings (every 6 weeks), and at every discharge planning. YPU MDT will develop practice to meet person-centred care planning standard 1.	
289	We observed there were significant delays in maintaining the health care environment including maintenance of fire doors and completion of fire risk assessment actions. Action needs to be taken to address this.				
	NHS Tayside will ensure that any significant delays in maintaining the health care environment, including maintenance of fire doors and fire risk assessment actions are managed effectively. This will include implementation of learning from the review of existing fault reporting procedures undertaken by NHS Tayside estates department and implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and progress monitoring.	March 2026	YPU Senior Management Team Fire Safety Advisors Head of Estates Care Group Manager Associate Director of Estates	In progress. Remediations underway to identified environmental concerns. PAT testing requirements known and resolution of deficits ongoing. NHS Tayside Fire Safety Advisors to update risk assessment before March 2026 to be followed by annual inspection visit from SFRS in March 2026.	

				Improvement objectives established: Internal YPU workplans, systems and fault reporting processes to align with NHS Tayside Estates fault reporting procedures and requirements of new CAFM system.	
Requirements					
290	The following requirements have been made which NHS Tayside must prioritise to meet national standards.				
290.1	<p>NHS Tayside must ensure all staff have completed appropriate levels of child protection and adult support and protection training relevant to their roles (see page 26).</p> <p><i>This will support compliance with: NHS Public Protection Accountability and Assurance Framework (2022) and Health and Care (Staffing) (Scotland) Act (2019).</i></p>				
	NHS Tayside will ensure that all staff within the YPU complete child protection and adult support and protection training appropriate to their role and level of professional accountability.	August 2026	SCN YPU Senior Management Team	<p>In progress.</p> <p>Protected time allocated to staff to complete necessary training.</p> <p>Improvement objectives established:</p> <p>Compliance for ASP learning module 95%. Compliance for CP Level 1 and CP Level 2 95%.</p> <p>All staff identified as requiring to complete CP Level 3 training will be scheduled to attend</p>	

				appropriate training before July 2026. Compliance against standards to be monitored and reported via Clinical Governance structure.	
290.2	NHS Tayside must ensure all improvement actions within fire risk assessments are completed within required timeframes and portable fire equipment is tested as per guidance (see page 28).				
	This will support compliance with: NHS Scotland “Firecode” Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006), and Quality Assurance System: Quality Assurance framework criteria 2.6, 6.7).				
	NHS Tayside will ensure that all improvement actions identified within fire safety risk assessments are completed within required timeframes and portable fires safety equipment is tested to comply with respective guidance and standards. See 289 above also.	March 2026	YPU Senior Management Team Fire Safety Advisors Head of Estates Care Group Manager Associate Director of Estates	In progress. Remediations underway to address 2025 risk assessment. NHS Tayside Fire Safety Advisors to update risk assessment before March 2026 to be followed by annual inspection visit from SFRS in March 2026.	
290.3	NHS Tayside must ensure effective systems and processes are in place to support assurance of a safe healthcare environment and that all essential maintenance works are completed in a timely manner (see page 29).				
	<i>This will support compliance with: Quality Assurance Framework (2022) criteria 2.6, 4.1, 47, 6.1, 6.7 and Health and Social Care Standards 2017 criterion 5.17 and 5.22.</i>				
	NHS Tayside will ensure that effective processes, systems and standards are developed and implemented to support assurance of a safe healthcare environment and	August 2026	YPU Senior Management Team Fire Safety Advisors	In progress. Remedial action to address environmental and IPCT issues	

	<p>that all essential maintenance works are completed in a timely manner.</p> <p>This will include implementation of learning from the review of existing fault reporting procedures undertaken by NHS Tayside estates department and implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and progress monitoring.</p>		<p>Head of Estates</p> <p>Head of Soft Facilities</p> <p>Care Group Manager</p> <p>Associate Director of Estates</p>	<p>identified during inspection underway or completed.</p> <p>Improvement objectives established:</p> <p>Monitoring, recording, reporting and escalation progresses within YPU to be developed, managed by YPU SMT with escalation through management line.</p> <p>Internal YPU systems and processes to align with NHS Tayside Estates fault reporting procedures and requirements of new CAFM system.</p>	
<p>290.4</p>	<p>NHS Tayside must ensure staff are provided with adequate training to safely carry out their roles including that all staff who administer rapid tranquillisation have completed immediate life support training or equivalent (see page 43).</p> <p><i>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 and Quality Assurance Framework (2022) Indicator 2.14 and 6.1 and Quality Network for Inpatient CAMHS Standards for Services (2021) Criteria 2.3.3. and The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2018) and relevant codes of practice of regulated healthcare professions.</i></p>				
	<p>NHS Tayside will undertake a training needs analysis and develop a training plan to ensure all staff are provided with adequate training to safely carry out their roles in accordance with identified best practice, including PILS training for those administering rapid tranquillisation.</p>	<p>December 2026</p>	<p>Senior / Lead Nurse</p> <p>Associate Nurse Director (MH)</p>	<p>In progress.</p> <p>Improvement objectives established:</p> <p>Training Needs Analysis to be completed before May 2026.</p> <p>Development and implementation of training plan before June 2026.</p>	

				100% registered nurses and medical staff to be trained in Paediatric Immediate Life Support (PILS) before December 2026.	
290.5	<p>NHS Tayside must ensure all young person's care documentation is accurately and consistently completed and reviewed appropriately. This is to include accurate documentation and administration of artificial nutrition via nasogastric tube (see page 40).</p> <p><i>This will support compliance with: Quality Assurance System: Quality Assurance Framework (2022) criteria 2.2, 6.1, 6.2, 6.6 and Health and Social Care Standards (2017) 2,21 and 2.22.</i></p>				
	<p>NHS Tayside will undertake a review of records management processes and protocols to ensure all young person's care documentation is accurately and consistently completed and reviewed appropriately against applicable standards.</p> <p>This will include review of documentation and administration of artificial nutrition via nasogastric tube and development and implementation of appropriate clinical audit protocols.</p>	April 2026	<p>Senior / Lead Nurse</p> <p>Quality Improvement & Practice Development Team</p> <p>Associate Nurse Director (MH)</p>	<p>In progress.</p> <p>Improvement objectives established:</p> <p>100% of patient care plans to conform with NHS Person Centred Care Plan Standards.</p> <p>Review dates for patient care plans will be identified and interim / summary of reviews documented.</p> <p>Care plans will include additional detail for planned intervention, e.g. NG feeds, use of planned restraint (including number of staff required, additional support identified, use of music, low lighting).</p> <p>Full care plans (including review notes) will be reviewed and monitored via monthly</p>	

				care plan audit meetings. Deficiencies identified will be addressed through specific feedback provided to staff involved via clinical supervision.	
290.6	NHS Tayside must ensure the healthcare environment is effectively maintained to ensure a clean and safe environment (see page 48).				
	<i>This will support compliance with: National Infection Prevention and Control Standards (2022) and Quality Assurance Framework (2022) criteria 2.6 and 6.7)</i>				
	NHS Tayside will develop a maintenance programme to ensure the YPU healthcare environment is effectively maintained to ensure a clean and safe environment consistent with national standards and assurance frameworks. See 290.3 above also.	August 2026	YPU Senior Management Team Head of Soft Facilities Care Group Manager	In progress. Improvement objectives established: YPU SMT to develop a maintenance programme in conjunction with NHS Tayside Soft Facilities to recognise relevant environmental legislation and standards. Maintenance programme to be managed by YPU SMT, reported via clinical governance and escalated through care group. Internal YPU systems and fault reporting processes to align with NHS Tayside Estates fault reporting procedures and requirements of new CAFM system.	