Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

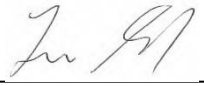
Healthcare Improvement Scotland:
Unannounced Safe Delivery of Care Inspection of
Child and Adolescent Mental Health Service Inpatient Units.

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.

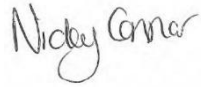
NHS board Chair

Signature: 

Full Name: Tom Spink

Date: 4 August 2026

NHS board Chief Executive

Signature: 

Full Name: Nicky Connor

Date: 4 August 2026

Ref:	Action Planned	Timescale	Responsible for Action	NHS Tayside Actions	Progress Update – 26-06-26	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.**					
	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. NHS Tayside will develop and implement an audit requirement to monitor the recording of clinical information.	March 2026	Senior / Lead Nurse Quality Improvement & Practice Development Team	NHS Tayside will ensure 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.	Following training delivered by senior nursing team at YPU, nursing team now fully aware of requirement to record incidents in both Datix and within EPR. Compliance is checked via the audit tool and will be monitored via YPU Clinical Governance Committee. Nursing staff supported to ensure EPR entries reflect all adverse event information, and recorded separately to the corresponding Datix record.	12 May 2026
				NHS Tayside will develop and implement an audit requirement to monitor the recording of clinical information.	Audit tool developed and operational. First cycle completed (1st May) scoring 19/22 compliance. Audit tool now embedded and operating 'business as usual'. Output reported and monitored via organisational Clinical Governance structure.	12 May 2026
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	May 2026	Senior Nurse	NHS Tayside will implement action to conclude	Social worker supervision confirmed to be provided by NHS Tayside social worker based in the Public Protection Team.	18 February 2026

	social work role and commence recruitment to the post, ensuring appropriate professional supervision of the post-holder.		Care Group Manager	regional discussions around vacant social work role and commence recruitment to the post, ensuring appropriate professional supervision of the post-holder.	Post advertised, shortlisting completed.	16 February 2026
					Interviews completed, successful candidate appointed. HR on-boarding processes underway. Start date to be confirmed.	12 May 2026
					Not possible to complete all required HR processes to arrange start date before end May. HR on-boarding processes are underway. Start date to be confirmed.	Anticipated completion date: 31 July 2026
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)	NHS Tayside Mental Health Services have partnered with Suicide Prevention Network, NES, HIS, NHS D&G, NHS Borders and NHS A&A to develop new personalised approach to safety assessments and safety planning focusing on MDT review.	Specific risk assessment tools, i.e. SRFBT, HCR20s to be incorporated into the updated protocol in identifying that these are available alongside the revised approach to safety assessment. Updates provided below which are in place for whole system mental health and learning disabilities services. Person centred care planning standards are audited monthly within the unit in which risk assessments inform care planning.	30 June 2026

				NHS Tayside to contribute to the NES training pilot for the new approach to personalised safety assessments and safety planning.	NHS Tayside has prioritised plans in place to complete, 'train the trainer' and remain actively engaged in the national work. NHS Tayside will deliver, 'Introduction to Personalised approach to Risk' training from June onward. Dates circulated and YPU staff supported to book suitable slots. PDS (previously NES) have confirmed that the Person-Centred Safety Assessment Learning Programme, including key dates, expectations and the learning approach. An initial rollout in August 2026 for boards involved in the NCISH learning collaborative is underway.	Anticipated completion date: 31 August 2026
				NHS Tayside to work alongside national and board-level developments and devise and implement practical application of MDT risk assessment within inpatient unit.	NHS Tayside T4 Network Nurse (Tayside) now sits on Mental Health Safety Assessment Group, which is a priority held within the Safety and Quality Forum. NHS Tayside YPU Consultant Clinical Psychologist continues to liaise with NHS Tayside and NES colleagues in relation to risk assessment work. NHS Tayside YPU Consultant Clinical Psychologist led introductory discussion sessions within YPU team at June staff development days, which included further planning for implementation of introductory training. NHS Tayside YPU staff development day in November to provide a detailed session on the new safety planning processes.	Anticipated completion date: 30 November 2026

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	NHS Tayside will ensure that advance statements are promoted within the YPU to all patients, carers, families and guardians to inform the delivery of person-centred care and effective discharge planning.	CPA checklist updated to ensure chair of the meeting is required to discuss advance statement at each meeting.	13 February 2026
					Addition of advance statement section to CPA meeting report template (master template and all current CPA reports for Young People). Young Person's now explicitly recorded in the meeting note.	13 February 2026
					Communication sent to all staff explaining requirement for promotion and discussion of advance statements at CPAs. Communication included MWC guidance links on advance statements. All staff now aware of requirements.	13 February 2026
					Action taken to ensure that advanced statements are completed, when appropriate, during admission. Where advance statement is to be completed during admission, RMO, SLT and nursing team collaborate with Young Person to complete. If not, staff aware to ensure that action is passed to local board to take forward following discharge. Requirement in place for home team to take this forward included in the discharge letter. Letter template updated to include a section on advance statement status completed by RMO as part of their input to the discharge letter.	13 February 2026
					Feedback received from young people and families in relation to advance statements solicited. Families did not feel that discussion of advance statement was appropriate during CPA meeting when their child is still unwell.	30 June 2026

					Feedback provided to MWC that format of advance statement is not child or young person friendly and that further consideration needs to be given to approach for young people. NHS Tayside YPU MDT continue to monitor feedback from young people and families and feed back to MWC.	
					NHS Tayside YPU MDT developed practice to meet person-centred care planning standard 1. Person-centred care charter self assessment completed (03/03/2026) - scoring 84/100. Action plan created and approved at YPU Clinical Governance meeting on 28/04/2026. Action plan monitored via organisational Clinical Governance structure.	13 February 2026
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	March 2026	YPU Senior Management Team Fire Safety Advisors Head of Estates Care Group Manager	NHS Tayside will ensure that any significant delays in maintaining health care environment, including maintenance of fire doors and fire risk assessment actions are managed effectively.	YPU SMT have prepared and implemented a fault reporting and escalation protocol. Protocol confirmed with Assistant Estates Manager. Monthly update email highlighting outstanding concerns and issues in respect of the built environment sent to all parties from YPU Service Manager. The email lists all specific outstanding issues which require action. Email copied to Care Group Manager to enable escalation where required.	29 May 2026

	undertaken by NHS Tayside estates department and implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and progress monitoring.		Associate Director of Estates	NHS Tayside will identify and implement 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.	Care Group HIS/MWC Inspection Improvement Plan Oversight Group formed to oversee and direct work to ensure satisfactory completion of all work streams, and escalate where necessary. NHS Tayside Estates Department to inform YPU SMT when Estates Review and CAFM is to be made available to YPU team.	29 May 2026 Anticipated completion date: 30 September 2026
Requirements						
290	**The following requirements have been made which NHS Tayside must prioritise to meet national standards.**					
290.1	**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).** *This will support compliance with: NHS Public Protection Accountability and Assurance Framework (2022) and Health and Care (Staffing) (Scotland) Act (2019).*					
	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	NHS Tayside to allocate protected time to staff to complete necessary training.	NHS Tayside YPU Senior Managers now support all staff to access training required to be completed. Regular review of training matrix at service governance meetings and reported on through organisational Clinical Governance structure - hot spots identified and recovery plans developed. All staff receive yearly appraisals that include individualised Personal Development Plans.	Anticipated completion date: 31 August 2026

					YPU service management review training completion rates to enable follow up discussions in regard to hot spot areas with staff teams. Known challenges in accessing CP level 3 training acknowledgement in regard to number of training requests made and discussions ongoing with Public Protection Team to facilitate additional training for YPU personnel.	
				NHS Tayside to achieve compliance for ASP learning module = 95%	ASP level 1 module completion rate as at 18th June = 96%. Noting that ASP level 1 module is now combined with CP level 1 module, available via LearnPro. 7 minute briefing - Understanding Age in Child Protection (CP) and Adult Support and Protection (ASP) Legislation, with requirement linked to crossing the legalisation for 16–18-year-olds, also developed. This was published by the Public Protection Team on the 02/06/2026 Following discussion with ASP team; YPU SMT have agreed that YPU clinical staff should also aim to complete level 2 ASP training session - given that we often deal with young people transitioning into adult services and we also work very closely with parents and families.	18 June 2026
				NHS Tayside to achieve compliance for CP level 1 = 95%	Current completion rate as at 18th June = 96%. Noting changes to LearnPro mandatory training. Child Protection Level 1 and ASP module replaced by joint Once for Scotland CP and ASP module.	18 June 2026

				NHS Tayside to achieve compliance for CP level 2 = 95%	Current LearnPro completion rate as at 22nd June = 49%. Noting difficulty in compiling completion rates for both LearnPro module and NES module. Service uncertain compliance figure is fully accurate due to discrepancies in data and problems linking Turas accounts to LeanrPro. NHS Tayside YPU SMT working with LearnPro to obtain assurance on accuracy of data and recommending that staff complete the NES online version until resolved.	Anticipated completion date: 31 December 2026
				NHS Tayside to identify all staff requiring to complete CP level 3 training and schedule to attend before July 2026.	Current LearnPro completion rate as at 22nd June = 46%. Face-to-face level 3 training courses scheduled for sessions across next 6-12 months. Additional training from Public Protection Team arranged for YPU staff. Arrangements being made for this option.	Anticipated completion date: 31 December 2026
				NHS Tayside to monitor compliance against standards to be monitored and reported via Clinical Governance structure.	YPU Service Manager working with Information Officer to further enhance YPU Training Matrix and develop monitoring processes to ensure mandatory training and agreed new role requirements, e.g. AILS, ASP Level 2. Delayed due to staff absence.	Anticipated completion date: 31 August 2026
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	NHS Tayside will ensure that all improvement actions identified within fire safety risk assessments are completed within required timeframes and portable fire safety equipment is tested to comply with respective guidance and standards.	Contractor attended and reviewed 12 fire doors requiring maintenance, replacing fittings and adjusting self-close actions as required. All door stops removed. Work to address identified concerns in relation to fire doors was completed 31 March 2026. As per recommendation by ADT fire alarm engineer, 7 February 2025, heat detectors in all toilets in building should be changed to smoke detectors. This will avert delayed detection of potential malicious fires within these toilets. Work assigned to contractor and ongoing. All PAT testing requirements identified and actions recorded. Visual testing protocol in place and attendance of electrician to complete core electrical tests in progress.	Anticipated completion date: 31 July 2026
				NHS Tayside to monitor remediations underway to address 2025 risk assessment.	Fire door survey completed by NHS Tayside Fire Safety Officer. Care Group HIS/MWC Inspection Improvement Plan Oversight Group formed to oversee and direct work to ensure satisfactory completion of all work streams, and escalate where necessary. Audit of remediations complete, report received, action plan compiled. YPU SMT ensure all staff receive annual fire safety training. See below also.	24 March 2026

				NHS Tayside Fire Safety Advisors to update risk assessment before March 2026 to be followed by annual inspection visit from SFRS in March 2026.	NHS Tayside Fire Safety Team attended YPU to complete annual risk assessment. All items highlighted in previous reports were reviewed. Progress noted re fire doors with door stops. Replacement seals required for multiple doors throughout building. New contract in place for testing regime. NHST Fire Safety Officer confirmed new contractor should be out to YPU in March ahead of SFRS Audit. These matters highlighted in 2026 risk assessment ahead of SFRS Annual Audit on 19-March 2026.	31 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).** *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.*					
	NHS Tayside will ensure that effective processes, systems and standards are developed and implemented to support assurance of a safe healthcare environment and that all essential maintenance works are completed in a timely manner. This will include implementation of learning from the review of existing fault reporting procedures	August 2026	YPU Senior Management Team Fire Safety Advisors Head of Estates Head of Soft Facilities	Remedial action to address environmental and IPCT issues identified during inspection underway or completed.	All works identified during inspection complete. YPU records, reports and escalates all essential maintenance works as required and as per existing protocols (SMT, management committee, clinical governance committee, risk register, H&S committee). See 289 above also.	31 March 2026
				NHS Tayside monitoring, recording, reporting and escalation processes within	Care Group HIS/MWC Inspection Improvement Plan Oversight Group formed to oversee and direct work to ensure satisfactory completion of all work streams, and escalate where necessary.	31 March 2026

	undertaken by NHS Tayside estates department and implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and progress monitoring.		Care Group Manager Associate Director of Estates	YPU to be developed and managed by YPU SMT with escalation through management line.		
				NHS Tayside Internal YPU systems and processes to align with NHS Tayside Estates fault reporting procedures and requirements of new CAFM system. This will include implementation of learning from the review of existing fault reporting procedures undertaken by NHS Tayside estates department and implementation of new CAFM (computer aided facilities management) system to enhance fault reporting and progress monitoring.	Discussions have taken place to audit NHS Tayside Internal YPU systems and processes to align with NHS Tayside Estates fault reporting procedures. Further refinement may be required when Estates Review advise CAFM is to be made available to YPU team.	Anticipated completion date: 30 September 2026

290.4	**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).** *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.*					
	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.	December 2026	Senior / Lead Nurse Associate Nurse Director (MH)	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 tranquilisation.	Training needs analysis for this training requirement complete and in place. Immediate Life Support not applicable as relates to adults. Paediatric Immediate Life support not applicable as it relates to age 0-12. NHS Tayside Resus Officer has devised a new training course Adolescent Immediate Life Support (AILS). First training session trialled in early June. All clinical staff will complete this training before end of December 2026. In the last 12 months BLS training was delivered to 19 out of 32 nurse registrants and medical staff. All staff will also complete BLS training (as they do currently) to cover other age groups.	Anticipated completion date: 31 December 2026
				NHS Tayside to develop and implement a training plan for YPU staff.	AILS training session trialled in early June. Training plan in place to enable all staff to complete AILS training before end of December 2026. Following implementation of the bespoke AILS training course in June 2026, training was delivered to 10 out of 32 nurse registrants and medical staff.	30 May 2026

					Training dates are arranged to 31 December 2026 to ensure all staff complete BLS and AILS courses. All staff will also complete BLS training to cover other age groups	
				NHS Tayside to ensure that 100% of registered nurses and medical staff receive PILS training.	All clinical staff will complete AILS training before end of December 2026. Training dates are arranged to 31 December 2026 to ensure all staff complete BLS and AILS courses. **Mitigation:** Current practice: in delivery of rapid tranquilisation - patients are managed and monitored by nursing/medical staff using PEWS. The protocol for management of deteriorating patients is followed when required. In an emergency scenario medical staff would provide support, this includes the YPU medical team, out of hours duty doctor, or emergency 999 call.	Anticipated completion date: 31 December 2026
290.5	**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).** *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.*					
	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	April 2026	Senior / Lead Nurse Quality Improvement & Practice	NHS Tayside will undertake a review of records management processes and protocols to ensure all young person's care	Continued monthly audit of Young People's care plans against MHLD Standards for Person Centred Care using the Person-centred Planning Audit Tool is in place. Target to maintain score above 90%. Increased focus on Standard 10 evidence review of care plan including consideration of: Has the persons needs changed? Is there progression towards the goal? Are intervention	12 May 2026

	reviewed appropriately against applicable standards. This will include review of documentation and administration of artificial nutrition via nasogastric tube and development and implementation of appropriate clinical audit protocols.		Development Team Associate Nurse Director (MH)	documentation is accurately and consistently completed and reviewed appropriately against applicable standards.	working, do they need to change? and the use of rating scales to support review. Link Charge Nurse audits records management processes on a monthly basis. Unit records compliance of over 95% with additional support for training/improvement when compliance rate of 100% is not achieved. Practice development nurse will support audit review and ensure impartiality. Compliance rate and audit findings are reported through the organisational clinical governance structure. Review dates for patient care plans will be identified and interim / summary of reviews documented.	
				NHS Tayside to ensure review includes documentation and administration of artificial nutrition via NG tube and development and implementation of appropriate clinical audit protocols.	Care plans now 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). Care plans are reviewed by nursing team at least every two weeks. Compliance is audited by Link Charge Nurse monthly. Any requirement for relevant detail Re: interventions is reviewed in the monthly audits. Compliance rate and audit findings are reported through the organisational clinical governance structure.	12 May 2026

290.6	**NHS Tayside must ensure the healthcare environment is effectively maintained to ensure a clean and safe environment (see page 48).** *This will support compliance with: National Infection Prevention and Control Standards (2022) and Quality Assurance Framework (2022) criteria 2.6 and 6.7)*					
		August 2026	YPU Senior Management Team Head of Soft Facilities Care Group Manager	NHS Tayside to develop a maintenance programme in conjunction with NHS Tayside Soft Facilities to recognise relevant environmental legislation and standards.	NHS Tayside YPU SMT working with range of services to collate required detail for maintenance programme. Continuing to engage with Site Manager and Estates team in meantime.	Anticipated completion date: 30 September 2026
				NHS Tayside to ensure maintenance programme is managed by YPU SMT, reported via clinical governance and escalated through care group.	Care Group HIS/MWC Inspection Improvement Plan Oversight Group formed to oversee and direct work to ensure satisfactory completion of all work streams and escalation where required.	Anticipated completion date: 30 September 2026