Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Mental Health Services Safe Delivery of Care Inspection

Midpark Hospital, NHS Dumfries & Galloway

27-28 July 2026

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: Mark Cook

Date: 26 October 2026

NHS board Chief Executive

Signature: 

Full Name: Julie White

Date: 26 October 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation 1 NHS Dumfries & Galloway should continue to progress seeking medical cover to reinstate access to the dedicated alcohol detoxification service					
1	Medical cover is currently unavailable. In the interim, the proposed Clinical Nurse Specialist model for the alcohol detoxification bed is being developed. Consultant Psychiatrist oversight is yet to be confirmed. Clinical governance and escalation arrangements will also be agreed before the model is implemented.	31st March 2027	Associate Medical Director Inpatient Service Manager Specialist Drug and Alcohol Service Manager	The Advanced Clinical Nurse Specialist has commenced training, which is due to be completed by January 2027.	
Recommendation 2 NHS Dumfries & Galloway should support staff through regular clinical supervision					
2	The Clinical Supervision Working Group will oversee training requirements and support a consistent organisational approach. Mental Health Services are implementing a Train-the-Trainer model, with nurses undertaking training aligned with the national Clinical Supervision Framework to build internal expertise and embed clinical supervision in practice.	In line with national framework, this will be fully embedded by 31st January 2030. Locally, train the trainers will be completed by Mental Health by 31st March 2027	Lead Nurse	Midpark Hospital is piloting the e-rostering system to plan and record clinical supervision, supporting ongoing audit.	

		and rollout of training to staff by 31st January 2028.			
Recommendation 3 NHS Dumfries & Galloway should consider improvement of the outdoor area for patients within Midpark Hospital to develop a more accessible therapeutic space					
3	A revised grounds maintenance programme of works is currently being developed to identify and progress opportunities to improve the accessibility and therapeutic quality of the outdoor areas at Midpark Hospital.	31st March 2027 - with a continual programme of review, maintenance and consideration of improvement thereafter.	NHS D&G Contract and Compliance Manager NHS D&G Estates Officer		
Requirement 1 NHS Dumfries & Galloway must ensure effective and appropriate governance approval and oversight of polices are in place to ensure the most up to date guidance is in use (see page 15). This will support compliance with: Quality Assurance Framework Criterion 4.1.					
4	Establish a mental health policy database and checklist, supported by a quarterly assurance statement and evidence of oversight submitted to the Mental Health Senior Management Team.	Database by 31st January 2027 with quarterly assurance statement by 31st March 2027	Admin Service Manager		
Requirement 2 NHS Dumfries & Galloway must ensure that all incidents reported on the electronic system are sufficiently recorded and that there is a robust system in place for: • review • closure • learning from incidents and, • effective communication and feedback from incident reports (see page 15). This will support compliance with: Core Mental Health Standards (2023) Criterion 5.8, Quality Assurance Framework criteria 2.3, 2.5 and 2.6, Health and Social Care Standards (2017) Criterion 4.19 and A national framework for reviewing and learning from adverse events in NHS Scotland.					

5	Improve compliance with agreed timescales and strengthen oversight of incidents approaching or exceeding KPI requirements. Establish a more systematic approach to identifying, analysing and sharing themes and learning arising from incidents and adverse events. Continue to monitor and escalate the identified system limitation affecting feedback to incident reporters, while supporting appropriate local feedback mechanisms. Strengthen the Team Based Quality Review process at Midpark Hospital to improve consistency, governance oversight, learning and assurance that agreed actions are completed and sustained. Continue to sustain the good standard of incident reporting and Team-Based Quality Reviews demonstrated across the Directorate Medical staff in training will develop and implement an audit to assess the effectiveness of communication and feedback provided to incident reporters. The audit will be repeated during each rotation of medical staff in training.	31st March 2027 31st March 2027 31st March 2027 31st March 2027 31st March 2027 30th June 2027	Inpatient Service Managers Lead Nurse Associate Medical Director Performance and Improvement Lead Patient Safety and Improvement Manager	Service Managers have commenced work with performance and Improvement lead on establishing an updated Team Based quality review process to improve review and learning of Cat 3 incidents. This work will take time to test and develop on the adverse event In-phase system.	

Requirement 3 NHS Dumfries & Galloway must ensure all staff complete mandatory, role specific training required to safely carry out their role, supported by protected learning time to maintain safe staffing levels and staff development (see page 18). This will support compliance with: Health Care (Staffing) (Scotland) Act 2019 Criterion 12II, Core Mental Health Standards (2023) criteria 4 and 4.1.					
6	Maintain compliance with mandatory and role-relevant training by identifying individual development needs, protecting dedicated time for required training and professional development, and monitoring compliance so that emerging gaps are addressed promptly. There requires to be a cleansing process to ensure ward level data is specific to the speciality and role requirements	Complete 30th December 2026	Inpatient Service Managers Inpatient service managers and Senior Charge Nurses	The score cards sent to HIS as part of the data gathering, covered role mandatory training and core mandatory training. The core mandatory training is speciality specific. There requires to be a cleansing process to ensure ward level data is specific to the speciality and role requirements Current service scorecard shows Core Mandatory at 95 % and Role Mandatory at 85%, The inpatient service will undertake a review of data held for role mandatory training to ensure this is specific to role requirements as per ward speciality Continue to use the e-rostering system to prioritise and monitor protected learning time.	21st October, 2026

Requirement 4 NHS Dumfries & Galloway must ensure that all patient documentation including but not limited to NEWS2 and continence assessments are undertaken at point of admission and are reviewed and updated as appropriate, with care plans implemented and kept up to date to meet patient needs. All paperwork should be appropriately signed by registered nurses (see page 18). This will support compliance with: Quality Assurance Framework Criterion 4.1, Nursing and Midwifery Standards for student supervision and assessment (2003) and relevant codes of practice of regulated healthcare professions.					
7	Use the structured care-planning audit process to provide ongoing assurance about the quality, person-centredness and completeness of care-planning documentation. Review the findings, identify areas for improvement and take action where required. Where the Care Plan audit tool identifies one off omissions from a care plan, this will be looked at as an individual practice learning opportunity, alongside further scoping to ensure a system issue is not emerging. These omissions will be discussed at team meeting level, and any themes identified will inform quality improvement opportunity at ward level. Escalation for any ongoing quality improvement activity will be monitored by service managers and where there are system wide omissions this will be taken via the Mental Health Clinical and medicine governance group oversight at the monthly meeting Reinforce the requirement for registered staff to review and sign relevant documentation, ensuring clear professional accountability and oversight. Email will be sent from Lead Nurse to service managers across the Mental Health Directorate to disseminate to all staff.	Complete 6th November 2026	Inpatient Service Managers Senior Charge Nurse Inpatient Service managers Lead Nurse		21st October 2026

Requirement 5 NHS Dumfries & Galloway must ensure implement and maintain effective systems to ensure that current Mental Health (Care and Treatment) (Scotland) Act 2003 documentation is easily accessible to all relevant staff (see page 24). This will support compliance with: Mental Health (Care and Treatment) (Scotland) Act 2003.					
8	Mental Health Act documentation is maintained and accessible in the electronic clinical record. For patients admitted from outside the region, relevant documentation is scanned into the record to support timely access, continuity of care and appropriate clinical governance. Reminder email sent to all staff as a reminder where to locate Mental Health act documentation	Complete 6th November 2026	Mental Health Records Department Inpatient Service managers	Following inspection, it was identified that there had been a gap in an out of region transfer mental health act paperwork being scanned into the electronic clinical file. Paper files were being held separately. This issue has now been resolved, and medical records are now ensuring that documentation is being scanned into electronic files for all patients.	25th October 2026
Requirement 6 NHS Dumfries & Galloway must ensure effective completion of ligature risk assessments and any identified risks to ensure these are effectively mitigated and underpinned by an agreed organisational ligature policy (see page 25). This will support compliance with: Health and Social Care Standards (2017) criteria 5.19 and 4.19 and Quality Assurance Framework (2022) indicators 2.6.and 4.1.					
9	In the absence of a nationally validated Scottish Ligature Risk Assessment tool, existing local systems and processes for the identification, assessment and management of ligature risks will continue to be applied and reviewed.	On-going	Occupational Health & Safety Business Manager Inpatient Service Managers	National discussions within Mental Health Built Environment work have raised a once for Scotland approach for ligature assessment.	

	Assess the feasibility and value of developing an organisational policy or framework to ensure a consistent approach to ligature risk assessment and management. Midpark Hospital will continue to utilise the national built-environment audits to systematically identify and manage environmental risks. Six monthly environmental walkrounds will continue, with identified risks and required actions escalated by the General Manager and monitored through the boards existing monthly Health and Safety governance meeting	30th June 2027	Deputy General Manager		
Requirement 7 NHS Dumfries & Galloway must ensure all areas within wards are risk assessed to identify and mitigate any risks associated with restricted lines of sight (see page 25). This will support compliance with: Health Building note 03-01 Adult acute mental health units (2014)					
10	Complete a formal Environmental and Health and Safety Review of all wards. Document risks associated with restricted lines of sight and other areas for improvement, assign appropriate actions and monitor them through to completion.	28th February 2027	Health and Safety Advisor Inpatient Service Managers		
Requirement 8 NHS Dumfries & Galloway must ensure robust fire safety management arrangements are in place, with identified fire risks supported by documented risk assessments, mitigation measures and available action plans. Staff should understand their role the management of fire safety risks (see page 25).					

Healthcare Improvement Scotland Unannounced Inspection Report (Midpark Hospital, NHS Dumfries & Galloway): 27 – 28 July 2026 10 This will support compliance with: Fire Safety (Scotland) Regulations (2006), The Fire (Scotland) Act (2005) Part 3 and NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017).					
11	Refreshed Fire Risk Assessments have recently been completed for Midpark Hospital to provide an up-to-date assessment of fire safety risks. Staff familiarisation training has been arranged to be undertaken during November, 2026 for hospital leads. This will ensure that there is appropriate oversight to ensure actions are progressed and staff roles and responsibilities for fire safety are clearly understood. Mandatory fire safety training is in place for all relevant staff, this will be supplemented by local fire safety awareness and instruction appropriate to the specific risks within Midpark Hospital.	30th November 2026	NHS D&G Fire Officer NHS D&G Contract and Compliance Manager		
Requirement 9 NHS Dumfries & Galloway must ensure when patients require seclusion it is implemented and documented consistently across the service and underpinned by an agreed organisational seclusion policy (see page 25). This will support compliance with: Mental Welfare Commission Rights, Risks and Limits to Freedom (2025) and Health and Social Care Standards (2017) Criterion 4.1.					
12	Develop and implement a standardised seclusion protocol aligned with relevant legislation, policy and best-practice guidance. The protocol will set clear requirements for authorisation, observation, review, documentation, escalation and post-seclusion processes.	31st March 2027	Lead Nurse Violence and Aggression Reduction Advisor Inpatient Service Managers	The Lead Nurse will engage with the National Mental Health Leads Group to inform development of the seclusion protocol.	

Requirement 10 NHS Dumfries & Galloway must ensure effective systems are in place to support staff when working in an unfamiliar area (see page 29). This will support compliance with: Health and Social Care Standards (2017) criteria 1.3, 1.20, 1.24, 3.14, 4.11, 4.14 and 5.19 and Quality Assurance Framework criteria 2.2, 4.1 and 6.1.					
13	Develop and implement a Standard Operating Procedure (SOP) defining the processes, roles, responsibilities and support arrangements for staff providing cover or assistance in other clinical areas.	31st December 2026	Inpatient Service Managers		
Requirement 11 NHS Dumfries & Galloway must ensure work towards the elimination of mixed sex accommodation, and that effective systems and process are in place to: • uphold the highest standards of care, and • ensure adult support and protection issues are always effectively assessed (see page 31). This will help support compliance with: Health and Social Care Standards (2017) criteria 4,1, 4,1 and 5.19 and Quality Assurance Framework (2022) criteria 6.1 and 6.2.					
14	Midpark Hospital's existing configuration does not support fully single-sex wards. To mitigate this, single-sex wings or areas are used wherever practicable, and all patient bedrooms have en-suite facilities to support privacy and dignity. A Sexual Safety Policy is also being developed for all patient areas across NHS Dumfries and Galloway.	30th June 2027	Lead Nurse Associate Nurse Director	Midpark Hospital have completed self-assessment in October 2026 using NHS England endorsed sexual safety in-patient tool. This will inform areas for improvement and support development of policy.	
Requirement 12 NHS Dumfries & Galloway must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing (see page 31). This will help support compliance with: Health Care (Staffing) (Scotland) Act (2019), Health and Social Care Standards (2017) criteria 1.19 and 1.25 and Core Mental Health Standards Criterion 4.6.					

15	Maintain and embed the consistent use of activity plans across all inpatient wards, with ongoing multidisciplinary team support for ward teams.	Complete	Inpatient Service Managers		25th October 2026