



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Mental Health Services Safe Delivery of Care Inspection

Queen Margaret Hospital, NHS Fife

18 February 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: Pat Kilpatrick

Date: 5.06.25

NHS board Chief Executive

Signature:

Full Name: Carol Potter

Date: 5.06.25

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirement 1 NHS Fife must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds are in use (see page 10). This will support compliance with: Health and social care standards (2017) criteria 4, 4.11					
1	Risk assessment for the use of surge beds within Under 65 General Adult Admission wards will be developed.	30th June 2025	Senior Manager, Mental Health Service Clinical Service Manager, General Adult Mental Health Service Lead Nurse, General Adult Mental Health Service.		
Requirement 2 NHS Fife must ensure that all staff complete the necessary training to safely carry out their roles. This includes but is not limited to life support, adult support and protection, child support and protection and fire safety training (see pages 12 & 17). This will support compliance with: Health Care (Staffing (Scotland) Act 2019 Criteria 12II & Core Mental Health Standards (2023) Criteria 4.1 & 4.5 and relevant codes of practice of regulated healthcare professions.					
2.1	Each ward will ensure that a Staff Training Action plan is in place which will be reviewed and updated through local area Quality Matters Assurance Groups (QMAG) and reported through MH & LD	31 st August 2025	Senior Manager, Mental Health Service Clinical Service Managers		

	QMAG, with onward assurance to the Chief Executive via the Executive Leadership Team		Lead Nurses		
2.2	Mental Health Service will implement a Training Calendar with monthly focus on specific areas of training supported by the Core Skills Training Diary and the required Protected Learning Time to achieve each priority.	31 st July 2025	Senior Manager, Mental Health, Learning Disability & Addictions Service Mental Health Business Manager		
2.3	Implement a supportive programme co-designed with SCNs/TLs to help balance clinical and non-clinical responsibilities, including training, peer support, and protected time, with feedback gathered quarterly to assess impact.	31 st July 2025	Head of Nursing - Nursing Directorate Senior Manager Mental Health, LD & Addictions Services		
Requirement 3 NHS Fife must ensure effective and appropriate governance approval and oversight of policies and procedures are in place (see page 13). This will support compliance with: Health and Social Care Standards (2017) Criteria 1.24 & Quality assurance framework criteria 2.6					
3.1	Mental Health Services will adopt the new NHS Fife Policy and Procedure framework and review 100% of all current documentation to ensure policies and procedures are compliant and align with the framework standards.	31 st August 2025	Head of Service, Complex Critical Care Services Associate Director of Nursing Change and Improvement Manager		

3.2	Action plan to be reviewed, a policy tracker will be introduced to monitor progress for policies and procedures and for all to be reviewed and submitted to the group for governance and robustness	31 st July 2025	Head of Service, Complex Critical Care Services Associate Director of Nursing Change and Improvement Manager		
3.3	Allocate out of date procedures for review and ensure support to review within the policies and procedures group within 3 months to ensure policies and procedures remain current and compliant.	30 th September 2025	Associate Director of Nursing – Nursing Directorate		
3.4	Paper to be submitted 2 monthly to the Quality Matters Assurance Group (QMAG) and provided to the Mental Health Oversight group on progress and assurance around policies and procedures.	31 st August 2025	Associate Director of Nursing Change and Improvement Manager		

Requirement 4

NHS Fife must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated (see page 14). This will support compliance with: Health and Social Care Standards (2017) Criteria 5.19 & 4.19 and Quality Assurance Framework (2022) Indicator 2.6.and 4.1.

4.1	NHS Fife will ensure that all areas are reminded who should be in attendance at the Ligature Risk Assessment meeting.	26th May 2025	Head of Complex & Critical Care/Chair of Ligature Oversight Board	Completed.	26 th May 2025
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4.2	NHS Fife will ensure that all Ligature Risk Assessments have a second line of scrutiny through Ligature Risk Oversight Group.	26th May 2025	Head of Complex & Critical Care/Chair of Ligature Oversight Board	Completed.	26 th May 2025
4.3	NHS Fife will ensure that the Ligature procedure is updated to identify the process to update risk assessments if there are clinical reasons that specific rooms/areas can't be assessed at the time.	30th September 2025	Head of Complex & Critical Care/Chair of Ligature Oversight Board		

Requirement 5

NHS Fife must use data on incidents and identify themes to inform and drive quality and improvement and safe delivery of care in the Queen Margaret Hospital mental health wards (see page 15). This will support compliance with: Health and Social Care Standards (2017) Criteria 4.27.

5.1	Using the Quality Matters Assurance and Safety Huddle data and IPQR data, NHS Fife will ensure actions are agreed and taken forward for focused areas of improvement where this is required. This will include collaboration with other key stakeholders to ensure PDSA cycles, development of action plans and a robust process for monitoring, reporting and escalation.	31 st August 2025	Clinical Care Governance/Head of Nursing		
5.2	Register of agreed quality improvement initiatives to be gathered to ensure compliance with quality improvement initiatives and the impact of interventions.	31 st August 2025	Clinical Care Governance/Head of Nursing/Change and Improvement manager		

Requirement 6

NHS Fife must take steps to understand and reduce the high number of falls within the mental health wards in Queen Margaret Hospital (see page 16). This will support compliance with: Health and Social Care Standards (2017) criteria 4.11, 4.14

6	NHS Fife will ensure targeted falls quality improvement is underway with a new group arranged and meetings in place to identify specific improvement work within mental health wards at Queen Margaret Hospital.	31st July 2025	Clinical Service Manager, Older Adult Psychiatry. Lead Nurses		
<p>Requirement 7</p> <p>NHS Fife must ensure staff comply with the locked-door policy and that the necessary ward specific signage and risk assessments are in place (see page 17). This will support compliance with: Health and Social Care Standards (2017) Criteria 2.7.</p>					
7.1	The locked door procedure will be reviewed, finalised and approved at the procedures group and uploaded to NHS Blink	31 st July 2025	Associate Director of Nursing – Nursing Directorate Change and Improvement Manager		
7.2	Appropriate signage for the locked door procedure will be designed, approved and displayed at the entrance of each ward area,	31 st August 2025	Lead Nurses		
7.3	Information about the locked door procedure will be added to all ward information packs and distributed to patients and families on admission.	31 st August 2025	Lead Nurses		
7.4	Staff will be expected to discuss the locked door procedure with patients and relatives during	31 st July 2025	Lead Nurses Senior Charge Nurses		

	admission, with documentation of the discussion recorded in the patient's notes.				
Requirement 8 NHS Fife must ensure that all fire risk assessments are accurately completed (see page 17). This will support compliance with: Fire Safety (Scotland) Regulations (2006), The Fire (Scotland) Act (2005) Part 3 & NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017)					
8	NHS Fife will ensure that fire risk assessments are sent to SCN, LN and CSM on completion to check for accuracy and agreement.	28th May 2025	Fire Officer Clinical Service Manager	Discussed and agreed with Fire Officer.	22 nd May 2025
Requirement 9 NHS Fife must ensure that wards adhere to the audit schedule, and these are planned and organised in a way that provides assurance that high quality care is being delivered (see page 19). This will support compliance with: Health and social care standards (2017) criteria 4.11 and relevant codes of practice of regulated healthcare professions.					
9.1	NHS Fife will ensure the electronic audit assurance tool tested within Older Adult wards is standardised and used in all ward areas.	30th June 2025	Lead Nurses and Change and Improvement Manager		
9.2	There will be a dashboard/tracker of audit completion and a robust process to monitor compliance and escalation if required.	30 th Jun 2025	Lead Nurses and Change and Improvement Manager		
9.3	6 monthly thematic reports on the audit findings to be provided through the existing governance meeting structures on the themes, risks and improvements.	30 th September 2025	Lead Nurses and Head of Nursing		
Requirement 10					

NHS Fife must ensure the care environment is in a good state of repair to support effective cleaning (see page 22). This will support compliance with: National Infection Prevention and Control Manual (2022) & Standard 8 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022)

10.1	Continue monthly Care Assurance walkarounds and IPC scheduled and unscheduled visits, with finding documented and actioned within 4 weeks.	30 th September 2025	Head Of Nursing Lead Nurses IPCT		
10.2	Ensure robust MICAD reporting process for all staff, including a clear escalation pathway for unresolved or high risk issues, with monthly audits to ensure compliance.	30 th September 2025	Clinical Service Manager Lead Nurses Senior Charge Nurses		
10.3	Continue delivering planned environmental improvements for the Mental Health estate, with progress reviewed monthly at the Estates Group and the Mental Health Ligature Programme Board, and all updates documented in the meeting minutes.	30 th September 2025	Senior Manager, – Mental Health, LD & Addiction Services Head of Service – Complex and Critical Care		
10.4	NHS Fife staff within Domestic Services, Quality Assurance and ward staff will continue to report Estates defects as part of routine monitoring of the ward environment. Estates Manager will review defects as these are reported and prioritise repairs/replacement to allow for ease of cleaning and maintenance of a safe clean environment for the delivery of patient care.	30 th September 2025 30 th June 2025	Support Services Manager Estates Manager IPCT Estates Manager – Review of outstanding repairs to flooring.		

Requirement 11

NHS Fife must ensure used linen is managed appropriately, in line with national guidelines (see page 22). This will support compliance with: National Infection Prevention and Control Manual (2022) & Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022)

11.1	NHS Fife will ensure that there continues to be a focus on safe handling of used linen at ward level with a reminder of the correct process, procedure to follow and who to contact where linen hampers are not readily available.	30 th June 2025	Linen Services Manager		
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Requirement 12

NHS Fife must ensure:

- there are clear and consistent systems and processes in place for the monitoring and mitigation of any severe and/or recurring staffing risk to support longer term workforce planning.
- there are clear, robust systems and processes in place to support the full and consistent application of the common staffing method (see pages 25 & 27).

This will support compliance with: Health Care (Staffing (Scotland) Act 2019

12.1	Review all safe staffing-related entries on the Mental Health risk register and ensure that appropriate mitigation actions are documented, implemented, and reviewed monthly through governance structures.	31 st July 2025	Senior Manager – Mental Health, LD & Addiction Services Associate Director of Nursing		
12.2	Continue supporting the rollout of the newly developed MHL D Workforce Tool across all relevant services.	31 st December 2025	Head of Nursing Associate Director of Nursing		
12.3	Share the 2025/2026 Workforce Tool run schedule and training resources with all services, and provide	30 th June 2025	Head of Nursing		

	targeted support during each scheduled run to ensure accurate data input and engagement.		Associate Director of Nursing		
12.4	Provide robust staffing reports in line with the MHLD Workforce Tool schedule, ensuring timely submission to governance and management structures, with clear outcomes and actions communicated back to all participating teams within 10 working days.	31 st December 2025	Head of Nursing		

Requirement 13

NHS Fife must ensure clear real time staffing data is consistently recorded and any mitigations or inability to mitigate are recorded clearly and accurately (see page 26). This will support compliance with: Health Care (Staffing) (Scotland) Act 2019

13.1	Implement eRostering and SafeCare across all Mental Health and Learning Disability service areas, ensuring all staff are trained and systems are actively used for shift planning and acuity-based staffing decisions.	30 th September 2025	Head of Nursing Lead Nurses		
13.2	Reinforce daily OPEL status reporting and Teams channel staffing updates by issuing monthly reminders to all team leads, and develop a standardised process to record staffing-related decisions and actions taken, with documentation stored centrally and reviewed monthly.	30 th June 2025	Associate Director of Nursing Clinical Services Managers Lead Nurses		

Requirement 14

NHS Fife must demonstrate how it supports, monitors and reviews the provision of adequate time to lead and resource to clinical leaders (see page 27). This will support compliance with: Health Care (Staffing) (Scotland) Act 2019

14.3	Develop and implement a robust and standardised process for recording the time allocated to Senior Charge Nurses and Team Leaders for leadership activities, ensuring consistent use across all MHL D services and monitored monthly.	31 st July 2025	Associate Director of Nursing Senior Manager Mental Health, LD & Addictions Services		
14.4	Implement a supportive programme co-designed with SCNs/TLs to help balance clinical and non-clinical responsibilities, including training, peer support, and protected time, with feedback gathered quarterly to assess impact.	31 st July 2025	Head of Nursing Senior Manager Mental Health, LD & Addictions Services		
14.5	NHS Fife will seek to enhance medical clinical leadership by progressing recruitment to a Clinical Director post.	30 th September 2025	Associate Medical Director		

Requirement 15

NHS Fife must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing (see page 29). This will support compliance with: Health Care (Staffing) (Scotland) Act 2019 & Health and Social Care Standards (2017) Criteria 1.19 & 1.25 & Core Mental Health Standards criteria 4.6

15.1	Each ward will undertake a review of current workforce establishment and skill mix in order to ensure that adequate resource is allocated to meaningful activity within the ward settings	31 st August 2025	Clinical Service Managers Senior Manager Head of Nursing		
15.2	Mental Health Services will reprovise the skill mix of the Allied Health Professions workforce in order to recruit and embed staff with a specific focus on meaningful activity across each inpatient setting	30 th September 2025	Clinical Service Managers Senior Manager		

Recommendation 1 - Domain 2

NHS Fife should ensure ward staff have an opportunity to participate in staff meetings to support team discussion and information sharing (see page 19)

16.1	NHS Fife will ensure that ward based team meetings are arranged and the record of these are shared with team.	31st August 2025	Clinical Services Managers Lead Nurses Senior Charge Nurses		
16.2	NHS Fife will ensure further initiatives are trialled to ensure staff are well informed such as -Lead Nurse monthly service meetings attended by Senior Charge Nurses and Team Leads with minutes shared amongst teams. - Management team staff forums to allow the opportunity to ask questions sent in advance with subject's wider service.	31st August 2025	Clinical Services Managers Lead Nurses Senior Charge Nurses		

Recommendation 2 - Domain 6

NHS Fife should consider improvement of the outdoor area for patients within Ward 2 in Queen Margaret Hospital to develop a more therapeutic space

17.1	NHS Fife will ensure a better patient experience within the external area by linking with landscapers to consider opportunities to improve the current environment.	30th September 2025	Senior Manager Clinical Service Manager		
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