

Unannounced Inspection Report

Mental Health Services Safe Delivery of Care Inspection

Queen Margaret Hospital

NHS Fife

18 February 2025

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About our inspection

Background

The current Healthcare Improvement Scotland Adult Mental Health inspection programme was developed as part of a range of actions to support and improve NHS adult mental health services in Scotland. Though the initial focus of this work was on Infection Prevention and Control, it was agreed with Scottish Government to broaden the inspection focus from infection prevention and control to a broader assurance function, creating a new and revised 'safe delivery of care' assurance model in NHS adult mental health units.

Our revised methodology will incorporate the HIS Quality Assurance System [Quality Assurance Framework](#) and framework and will consider a wide range of standards such as the Health and Social Care Standards (2017) and the new Core Mental Health Quality Standards and Indicators (2023).

Further information about the methodology for adult mental health inpatient services safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

Queen Margaret Hospital, located in Dunfermline, is one of two main acute hospital sites in Fife. It offers a range of inpatient and outpatient services including care of the elderly wards, a minor injuries unit and a day surgery unit. The hospital has three mental health inpatient wards. This includes two older adult wards with 18 inpatient beds and an acute adult mental health ward with 22 inpatient beds. While NHS Fife

are responsible for the provision of care, the mental health wards are part of the complex and critical care services which are managed by Fife Health and Social Care Partnership.

About this inspection

We carried out an unannounced inspection to Queen Margaret Hospital, NHS Fife on Tuesday 18 February using our safe delivery of care inspection methodology. We inspected the following areas:

- ward 1
- ward 2
- ward 4

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Fife to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

Throughout March 2025, we held virtual discussion sessions with senior managers in NHS Fife to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Fife and, in particular, all staff at Queen Margaret Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

During the inspection, we observed staff treating patients with care and compassion, showing dignity and respect and communicating clearly and sensitively using a range of methods to overcome barriers to communication.

We observed staff using techniques such as personalised playlists to support patients experiencing stress and on one ward we observed an innovative approach to provision of patient information using digital technology. Patients we spoke with were positive about the care they received.

We observed visible clinical leadership and staff told us of good management support at ward level. Daily site safety huddles are used to escalate and mitigate risks relating to capacity, patient acuity and staffing across the site.

Care plans were complete and up to date. Individual patient risk assessments were comprehensive and there was evidence of regular review.

The hospital environment, including communal areas, were clean and the majority of areas were well maintained. All areas inspected were tidy and uncluttered.

NHS Fife has an ongoing programme of redecoration and upgrading of the mental health wards at Queen Margaret Hospital. Planned work includes redecoration, flooring replacement and improvements to patient washing facilities.

NHS Fife has a ligature programme board to oversee the risk management of the ligature reduction programme. However, the ligature assessments provided were incomplete and mitigations described within the risk assessments raised concerns with the inspection team. We raised this immediately as a concern with senior managers who provided assurance that risk assessments would be reviewed and updated as a matter of priority.

We observed the use of mixed sex and mixed function wards is challenging for staff and patients with regards to privacy and dignity.

Other areas for improvement identified include lack of meaningful activities for patients which are essential to promote wellbeing and purpose, low completion of essential mandatory training, and high staff sickness and vacancy rates. This could impact the safe and effective delivery of care.

What action we expect the NHS board to take after our inspection

This inspection resulted in six areas of good practice, 15 requirements and two recommendations.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Fife to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.scot

Areas of good practice

Domain 2

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| 1 | We observed a supportive culture with senior charge nurses and lead nurses working together to support safe care (see page 19). |
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Domain 4.1

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| 2 | Patients received a comprehensive physical health assessment using the physical health passport (see page 21). |
| 3 | A range of patient health education information was available on the wards including the use of QR codes to convey information on medication (see page 21). |
| 4 | Phrase cards in patients' first language were used to support communication between staff and patients (see page 21). |

Domain 6

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| 5 | We observed caring, compassionate and person-centred care (see page 28). |
| 6 | The dementia café area provided a safe and supportive social space for individuals with dementia and their families (see page 29). |

Requirements

Domain 1

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|----------|--|
| 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 |
| 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, 16 & 17). |

	<p>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.</p>
3	<p>NHS Fife must ensure effective and appropriate governance approval and oversight of policies and procedures are in place (see page 13).</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 1.24 & Quality assurance framework criteria 2.6</p>
4	<p>NHS Fife must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated (see page 15).</p> <p>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.</p>
5	<p>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 16).</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 4.27</p>
6	<p>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 17).</p> <p>This will support compliance with: Health and Social Care Standards (2017) criteria 4.11, 4.14</p>
7	<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).</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 2.7.</p>
8	<p>NHS Fife must ensure that all fire risk assessments are accurately completed (see page 17).</p> <p>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)</p>

Domain 2

- 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 20).

This will support compliance with: Health and social care standards (2017) criteria 4.11 and relevant codes of practice of regulated healthcare professions.

Domain 4.1

- 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)

- 11** NHS Fife must ensure used linen is managed appropriately, in line with national guidelines (see page 23).

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).

Domain 4.3

- 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 & 28).

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

- 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

- 14** NHS Fife must demonstrate how it supports, monitors and reviews the provision of adequate time to lead and resources available to clinical leaders (see page 27).

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

Domain 6

- 15** NHS Fife must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing (see page 30).

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

Recommendations

Domain 2

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

Domain 6

- 2** NHS Fife should consider improvement of the outdoor area for patients within Ward 2 in Queen Margaret Hospital to develop a more therapeutic space (see page 29).

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

We observed the multidisciplinary team working together to provide individualised care and treatment for patients, including staff-led improvement work to reduce distress, and the use of evidence-based psychological interventions. However, staff described challenges in relation to wards with people with both dementia and functional illness within the same ward. Compliance rates with staff mandatory training are low and require improvement.

Queen Margaret Hospital has three mental health wards that provide inpatient services for people with mental illness. Ward 1 provides assessment and treatment for older adults with both functional mental illness and dementia. Ward 2 provides assessment and treatment for adults with acute mental illness. Ward 4 is a continuing care ward for those with a diagnosis of dementia who have complex needs such as communication, behavioral and physical health care needs. Referrals to older adults' inpatient services are generally made by General Practitioners or community mental health teams. Admission to adult wards in NHS Fife are arranged by the unscheduled care assessment team or community mental health teams.

At the time of inspection, the two older adult wards had a total of six available beds. However, the adult acute ward was accommodating patients within four additional “surge” beds. A surge bed is a temporary hospital bed that is added to increase capacity during periods of high demand. Currently surge beds are used within under 65 acute adult admission units within NHS Fife mental health services. Patients were being cared for within these surge beds to provide the right care in the right place for the patient, rather than placing patients in a ward that does not specialise in the specific type of care they may require.

The bed spaces used for the surge beds were established bed spaces which had been closed during the COVID 19 pandemic in response to national benchmarking, feedback from the Mental Welfare Commission, and in line with best practice for acute wards. Therefore, they have available privacy curtains and access to call bells and personal storage. Senior managers acknowledged that multi-bed bays may compromise patient privacy and dignity, as well as contribute to increased stress levels. NHS Fife mental health services do not have any formal risk assessments, policies or selection criteria to support staff with patient placement within a surge bed. During the safety huddle we attended we observed discussions about the use of the surge beds in relation to staffing, safety and patient needs and acuity. Staff we spoke with told us they carry out an informal assessment before placing a patient in a surge bed, based on the

patients' risk level including vulnerability and risk to themselves and others. Although there are currently no plans to eliminate multi-bed rooms entirely, senior managers in NHS Fife told us of a phased plan to reduce surge capacity across mental health services. As part of this inspection, we requested incident reports submitted by staff for the three months prior to our inspection. We did not see any incident reports relating to the use of surge beds within these. The impact of surge beds in relation to patient privacy within the multi-bedded bays is discussed further in Domain 6. A requirement has been given to support improvement in this area.

In evidence received, we observed there is an entry on NHS Fife's mental health service current risk register that highlights that the reduction of bed numbers would support safe staffing levels. This is discussed further in Domain 4.3.

Ward 1 provides assessment and treatment for people with both functional illnesses and dementia. Staff told us of the challenges for both patients and staff. For instance, patients with middle or late-stage dementia may require more assistance with comprehension, orientation and personal care. Those with functional illness may not understand unpredictable behaviours from others, and this may heighten anxiety and agitation. There is potential for increased workload and stress on staff as they must manage a wide range of behaviours, requiring different approaches for different patient groups. This is supported by findings in the Mental Welfare Commission report on older people's functional mental health wards in hospitals (2020) who highlighted that mixing patients who are solely diagnosed with dementia with those who do not have that diagnosis is challenging and does not meet the needs of either group.

Inspectors observed staff working closely with patients on the wards. Individual patient risk assessments were complete and reviewed and patients were under enhanced observations, where risk was identified. Staff told us they use clinical assessments and day-to-day identification and control of risks that could affect patient safety to support the care and treatment of this mixed patient group. However, we noted a high number of reported incidences of both violence and aggression, and falls on the mixed function ward. This is discussed later in this report.

Queen Margaret Hospital does not have specialist inpatient mental health wards for children and young people. Inspectors were told by staff that children and young people requiring admission to a specialist inpatient mental health unit would be temporarily cared for in ward 2 if an inpatient bed is not immediately available within regional child and adolescent mental health services (CAMHS). The Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice states that a child or young person should only be admitted to an adult ward in exceptional circumstances, for example, where no bed in a child or adolescent ward is immediately or directly available. This is because of the child or young person's vulnerability and potential impact of an adult environment on the child or young person's mental health. We

were given evidence of one admission of a patient under the age of 18 years old in the last three months. The admission was for two days. NHS Fife have guidelines in place for when patients under 18 years of age are admitted to adult mental health wards. These describe, following initial review by the CAMHS consultant psychiatrist and the CAMHS intensive therapy service, that patients from age 11-15 should be placed on constant observations to ensure safety and access to age-appropriate interactions and activities. Where possible this should be facilitated by CAMHS staff. All patients under the age of 18 years old should be prioritised for a single room to manage risk and observation levels determined by a joint adult and CAMHS service risk assessment and individualised care plan on admission. Input from specialist child and adolescent mental health services staff should continue daily whilst the patient is in the inpatient adult ward. We did not have the opportunity to observe these guidelines being implemented as there were no patients under 18 being cared for within an adult ward during the inspection. However, we were assured by senior managers that the guidelines were followed during the last admission including input from CAMHS services and notification to the Mental Welfare Commission.

We requested information on staff child protection training which showed that completion rates were low at 19%. We also asked for evidence of staff training including mandatory adult support and protection training. Compliance rates were variable across the three wards ranging from 55% to 100%. Compliance with child and adult support and protection training is essential in strengthening mental health staff knowledge and understanding of children and adults who may be 'at risk of harm' and who are unable to safeguard their own interest. Ensuring patient safety, rights, and well-being is a fundamental part of delivering safe and effective care.

We asked NHS Fife to provide compliance rates for all the mandatory staff training programmes. From this we observed low compliance rates across the three wards inspected, including adult basic life support and infection prevention and control training. We noted that this has been highlighted at the mental health and learning disability management meetings with workforce pressures being the main contributing factor in low compliance rates. This may result in staff not having the skills and knowledge to provide safe and effective care for patients on the wards. We raised this with senior managers who told us of ongoing work to improve compliance rates including the provision of protected learning time for staff and a review of the approaches currently taken to support this. A requirement has been given to support improvement in this area.

The use of enhanced observations is the practice used to support patient safety and individual care to reduce the risk of harm to themselves or others. We requested a copy of NHS Fife's patient observation policy. We noted that the policy was due to be reviewed in 2019 and does not reflect or reference current best practice guidelines contained in [Healthcare Improvement Scotland's \(HIS\) Scottish Patient Safety](#)

Programme: From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care (2018). This guideline recommends a framework of proactive responsive and personalised care that focuses on prevention and early intervention in the context of a patient's deteriorating mental health with a move away from the historical practice of enhanced observation referred to in NHS Fife's current policy. Throughout the inspection we noted a number of policies and procedures that were out of date, had missing information and required to be reviewed and updated to ensure current best practice was evidenced throughout them. Policies provided in draft form included the Mental Health Admission, Transfer and Discharge Procedure and the Interface and Transition between General Adult and Older Adult Mental Health Services Guidance. A requirement has been given to support improvement in this area.

Delayed discharge refers to situations where a patient, who is clinically ready to leave hospital, cannot do so because the necessary care, support, or accommodation is not available. This can occur for various reasons, such as waiting for care home placement, community care arrangements, or adaptations to a home environment. At the time of inspection, there were 14 patients experiencing delayed discharge in the clinical areas inspected, with 13 being in the older adult wards. Any delay in discharge can have a severely detrimental effect on a person's health and wellbeing, including the loss of independence and confidence. Queen Margaret Hospital has a discharge coordinator who engages daily with staff to discuss patients whose discharge is delayed. The focus of the discharge coordinator is to provide a link between the wards and services that would provide care and support to a person awaiting discharge. Inspectors were told by staff that the creation of this role was a positive development and provided a coordinated approach when working towards supporting a patient's discharge. We requested information regarding the impact of the discharge coordinator post, but NHS Fife were not able to provide this information in relation to the mental health wards in Queen Margaret Hospital. We were given evidence of delayed discharge numbers over a three-month period and noted that there was a reduction in delayed discharges across the older adult service.

Annual ligature risk assessments are part of an ongoing programme of assurance within NHS hospitals to reduce the number of incidences of self-harm or suicide by identifying potential ligature points and the controls and mitigations in place to reduce identified risks. The NHS Fife ligature management project board has oversight of the ligature reduction programme. NHS Fife provided evidence of ongoing works in the ward environments to improve the safety of fittings and fixtures. Inspectors observed that there were some anti-ligature fittings in wards including anti-ligature designed doors and showers, and staff told us they were kept updated regarding ligature concerns through daily handovers and safety briefings.

We were provided with ligature risk assessments for the wards inspected however, the risk assessments were incomplete for two wards with no documented controls for identified risks. The associated ligature action plans were also incomplete. Within one of the wards, a risk assessment from October 2024 described using the term 'peep holes' on the outside doors of patient toilet and shower areas as a mitigating control to reduce the risk of potential ligature point use. It also described that they provided limited assurance as the area visible did not include the entire toilet or shower.

We raised our concerns immediately with senior managers in relation to patient privacy and dignity. However, senior managers told us that they were not aware of this as a mitigation within any risk assessments, or that these were in place within toilets or shower areas in any of the wards in Queen Margaret Hospital. Senior managers took immediate action to review the ward environment and risk assessments. They confirmed what they described as vision panels that were in place in a number of areas across NHS Fife mental health services including one ward within Queen Margaret Hospital where they had been fitted in 2019 in response to a significant incident. We were provided with assurance by senior managers that the panels had not been used as mitigation against ligature risk for the last five years. Following concerns raised during our inspection these were securely locked and could not be used to view the bathroom or shower areas. Updated ligature risk assessments were provided for two of the wards inspected. These had been undertaken by the lead for health & safety within NHS Fife's health & safety department, ward Senior Charge Nurse, Lead Nurse and Clinical Service Manager. These no longer included any form of vision panels as a current control measure. However, we did note that there were areas that were highlighted as not assessed as they were locked or in use at the time of the assessment being completed. In an update provided by senior managers we were told that these rooms have now been assessed and the risk assessment updated.

We were provided with minutes from the ligature management project board meeting. Membership of this includes the Head of the Complex and Critical Care Services, Clinical Services Managers, Associate Directors of Nursing and Medicine and Health and Safety Advisors from NHS Fife. Within these it was highlighted that the current soap dispensers in all wards inspected had been identified as a ligature risk due to failure to collapse under current weight specifications. An additional risk had been identified following an incident in NHS Fife's Stratheden Hospital in December 2024 where anti-ligature privacy curtain rails in the multi-bedded bays failed to collapse when used to secure a ligature. We were advised that NHS Fife mental health services use these curtain rails across all services. Senior managers told us the acute adult ward at Queen Margaret Hospital was identified as a high-risk area due to patient acuity. To mitigate this, an additional staff member is allocated to this ward each shift to conduct curtain rail checks at a minimum of every 30 minutes. The allocation of the additional staff member was usually covered by bank or agency staff

and escalated via the staffing huddle if staff are not available to cover. This was also highlighted in daily huddle records, and during the inspection, we observed the presence of additional staff on the ward. In evidence provided, there were two incidents noted in relation to the use of ligature points for Queen Margaret Hospital within the three-month period. These were not in relation to the soap dispensers or privacy curtain rails. Senior managers told us that the process to replace all the curtain rails and soap dispensers across the NHS Fife mental health estate was underway. An update confirmed there is currently no timeframe for completing the replacement of the soap dispensers and this is being mitigated by increased awareness through safety briefs and handovers and existing risk management procedures such as the use of enhanced observations where increased risk to an individual is identified. A requirement has been given to support improvement in this area.

In one ward, five consultant psychiatrists were responsible for patient care, providing continuity across inpatient and community settings. While this model ensures patients remain under the same psychiatrist throughout their journey, it also results in five multidisciplinary meetings per week. Staff reported this placed a significant administrative burden and reduced time for direct patient care. However, patients valued the weekly meetings, saying they felt more involved in their care planning.

As part of this inspection, we asked NHS Fife to provide evidence of any incidents reported by staff in relation to patient safety for the three months prior to this inspection. There were 365 incidents reported over a three-month period in the three mental health wards. We saw evidence of the process used within NHS Fife mental health services to identify themes through the monthly incident reports presented at the Quality Matters Assurance Safety Huddle. The main themes identified include increasing falls and violence and aggression.

We observed that one older adult ward as described earlier in this report, with a mixed patient group of patients with functional illness and patients with dementia, had a significant number of incidences of violence and aggression with 103 being recorded on the incident reporting system for a three-month period. The majority of these incidents were acts of violence and aggression between patients and required staff intervention. There was no serious harm reported in relation to these incidents. Staff told inspectors that they manage violence and aggression through the use of individual patient risk assessments, care planning, increased observations and staff training.

We received additional evidence regarding the actions taken following the inspection to address the significant number of incidents in one ward. NHS Fife have undertaken a review of incidents across the older adult wards and identified individual patient specific incidents. Outcomes from this included identification of patterns and trends resulting in a multi-disciplinary case conference to reduce stress and distress and

medication resistance where these play a role in incidents of violence and aggression for individual patients. Further work to review the dementia pathway within NHS Fife is also underway. Inspectors saw evidence of staff making appropriate referrals in line with adult support and protection guidelines. This included an interagency referral discussion taking place as part of the adult support and protection process when harm was reported in ward 4. The outcome was that staff were appropriately recognising and responding to potential patient harm. Additional evidence provided in relation to learning from incidents included the development of an action plan within the Reducing Restrictive Practice working group to demonstrate actions taken to reduce risks and monitor outcomes. NHS Fife should ensure they consistently use data from incidents to learn, inform and drive improvement within the wards in Queen Margaret Hospital. A requirement has been given to support continued improvement in this area.

We asked for compliance rates with face-to-face training for the management of violence and aggression specific to this ward. Information provided showed that 86% of staff have completed this, with the NHS Fife mandatory safe and therapeutic interventions training compliance at 56%. A requirement in relation to low training compliance has been given.

We also observed that there were a high number of falls reported in the two wards that were caring for older adults. One of these wards experienced significant staffing pressures relating to high staff sickness and vacancy rates. Staffing pressures can have an impact on the safe delivery of care. This will be discussed in more detail later in the report. Inspectors observed completed falls bundles in use in all wards inspected. Falls bundles are a structured set of evidence-based assessments and interventions designed to prevent patient falls and reduce falls related harm. We observed that patients who were identified as at risk of falls had planned multi-disciplinary input with a focus on reducing falls and harm from falls. Senior managers told us about the ongoing quality improvement work in NHS Fife in relation to this area. This includes work to develop a link practitioner forum, auditing and compliance reviews and complex care reviews for falls with harm.

NHS Fife also produce a monthly adverse events learning newsletter which details common themes, outcomes and learning and this is cascaded to staff. The evidence provided was mainly in relation to learning from falls. Nursing staff spoke positively to inspectors about a fortnightly solution focused multidisciplinary falls meeting that identified individual patients at high risk and contributed to developing plans to mitigate risks. However, from the information provided the improvement work in relation to falls has not yet had an impact in the wards inspected, where it appears the incidence of falls have increased over the past six months.

In additional evidence provided we noted that through the Health and Social Care Partnership falls oversight group Queen Margaret Hospital has now been identified as a priority area for quality improvement work to reduce falls and falls with harm, with work commencing in May 2025. A requirement has been given to support improvement in this area.

Within the wards inspected, the patients cared for included those detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. We observed the main ward doors are locked for the safety and security of patients. One ward was accessible via secure swipe card entry and two of the wards did not require swipe card for entry but required swipe cards to exit. Within one of the wards inspected, there was no signage to guide patients and visitors leaving the ward although, we observed staff were available to guide patients and visitors. As part of the requested evidence, we were given NHS Fife’s locked door policy. Inspectors observed aspects of the policy were not being followed such as ward level risk assessments were not in place and daily reviews of the appropriateness of a locked door did not happen. Senior managers told us that the current policy is under review and the revised policy would reflect the risk for the patient group and support the least restrictive option for those able to leave the wards safely. A requirement has been given to support improvement in this area.

Inspectors observed that all fire exits were clearly marked and unobstructed. NHS Fife provided us with evidence of a fire safety strategy for the mental health wards in Queen Margaret Hospital. The document did not reflect the current occupancy within the wards. We also observed that the annual fire risk assessment for one ward had details of a different ward. A requirement has been given to support improvement in this area.

In evidence submitted, we can see that a fire safety checklist was completed weekly in the wards, and this included safe evacuation routes, access to suitable equipment and staff training. Fire safety training was also variable with the level of compliance in the three wards being 79%, 57% and 70%. A requirement has been given to support improvement in this area.

Requirements

Domain 1	
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.
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.

3	NHS Fife must ensure effective and appropriate governance approval and oversight of policies and procedures are in place.
4	NHS Fife must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated.
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.
6	NHS Fife must take steps to understand and reduce the high number of falls within the mental health wards in Queen Margaret Hospital.
7	NHS Fife must ensure staff comply with the locked-door policy and that the necessary ward specific signage and risk assessments are in place.
8	NHS Fife must ensure that all fire risk assessments are accurately completed.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

Inspectors observed collaborative safety huddles and improvement work at ward level. Areas for improvement include ensuring staff have an opportunity to participate in regular ward meetings to encourage discussion and communication among the staff group.

The mental health wards in Queen Margaret Hospital are part of the complex and critical care services which are managed by Fife Health and Social Care Partnership. As part of this structure, NHS Fife has a clinical governance framework in place that includes risk management and quality assurance activities. The Health and Social Care Partnership have oversight of key risks of the complex and critical care service. A risk register is a tool used by NHS boards to identify, assess and manage risks. Within evidence provided we saw risks are recorded on NHS Fife's risk register and reviewed at the clinical risk governance group and any overdue risks are highlighted through the quality matters dashboard at the Quality Matters Assurance Safety Huddle. NHS Fife provided us with evidence of meeting discussions that feed into the Quality Matters Assurance Group. Within these we saw themes of recurring risks are captured throughout the meetings such as increasing incidents relating to violence and aggression and falls. However, as discussed in Domain 1, we were provided with high numbers of incidents of violence and aggression and falls within the wards inspected. We are not assured that the learning from the identified themes have led to effective improvement actions at ward level.

In evidence provided, we observed that senior charge nurse meetings in the acute and older adult services involved discussions around ongoing operational pressures at both

ward and service level. Ongoing concerns regarding staff morale due to low staffing numbers are highlighted in these meetings as a consistent concern. This is described further in Domain 4.3.

Staff within Queen Margaret Hospital told inspectors they felt there was a supportive culture within the hospital with good relationships between staff and managers. We observed collaboration and cooperation during safety huddles and were told of a number of improvements happening within the wards supported by staff and managers. These include the implementation of the Newcastle formulation model of care to reduce stress and distress which was supported by psychology services and included all members of the multidisciplinary team. We were also told of a proposal to implement formulation with psychology support in the adult service. The impact of this will be discussed further in Domain 4.1.

In the wards inspected staff described good multidisciplinary working with allied health professionals being an integral part of the team. We observed input from physiotherapy and occupational therapy. We also observed evidence of support from tissue viability, the infection prevention and control team and the palliative care team. Staff on one ward described the positive impact of having a link mental health officer who attends the multidisciplinary team meetings and provides liaison with local authority teams to support the discharge process.

Staff told inspectors that communication within the ward was good. Information is included in a handover which includes a safety brief at the start of each shift. There were whiteboards with alerts and current clinical information in staff areas. Staff policies were easily accessible on the staff intranet and inspectors were told that information was also shared through emails and during staff meetings. However, the staff meetings were described as being dependent on staffing levels and had not taken place during the three months prior to the inspection. A recommendation has been given to support improvement in this area.

Fife's Health and Social Care Partnership have ward level governance and assurance processes that include a range of audits and include a monthly care assurance walk around incorporating the 15-steps challenge. This is a quality improvement toolkit that lets staff see a clinical environment through the eyes of patients and relatives, helping them identify on first impression what care looks and feels like. Clinical audit results are reported to the mental health and learning disability quality matters assurance group. The range of audits include infection prevention and control walk rounds, safe and clean audits and documentation assurance. We saw outcomes of assurance walk rounds being raised through email to senior charge nurses. In one ward, we found audits were mainly completed with action plans in place where areas for improvement were identified. However, with the evidence provided for the other wards inspected we saw that the audits were incomplete with some not being done as scheduled and

outcomes not recorded. Some audits were recorded electronically while others were in paper format. Managing both electronic and paper audits can reduce reliability and the ability to report effectively. We discussed this with senior managers who provided evidence of proposed work to improve completion of audit tools using a care assurance schedule spreadsheet. Audits are essential for identifying risks, ensuring compliance with policy, and maintaining patient and staff safety. A requirement has been given to support improvement in this area.

The Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment outlines the roles and responsibilities of practice supervisors and assessors, ensuring that student nurses receive mentorship through high-quality support, and supervision during their practice placements. In additional evidence provided, we noted there were sufficient numbers of suitably prepared staff to provide supervision and assessment of student nurses in the practice learning environment.

Area of good practice

Domain 2

- | | |
|----------|---|
| 1 | We observed a supportive culture with senior charge nurses and lead nurses working together to support safe care. |
|----------|---|

Requirement

Domain 2

- | | |
|----------|---|
| 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. |
|----------|---|

Recommendation

Domain 2

- | | |
|----------|--|
| 1 | NHS Fife should ensure ward staff have an opportunity to participate in staff meetings to support team discussion and information sharing. |
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Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

All wards were calm and organised although busy throughout the inspection. Patients appeared well cared for. Documentation demonstrated a person-centred approach to care and was comprehensive and up to date.

During the inspection, we observed staff treating patients with care and compassion, showing dignity and respect and communicating clearly and sensitively. Inspectors spoke with patients who were positive about the care they received.

The majority of care documentation reviewed was complete, up to date, and contained detailed information on patient care needs and goals. We observed evidence of ongoing assessments, including falls risk assessments, pressure area assessments, and the physical health passport, which is a comprehensive physical assessment. We saw patients in the older adult wards had psychological formulations completed. Psychological formulations support staff to develop a holistic understanding of the patient and allow them to alter approaches to consider how they can help reduce the negative impact of an individual's behaviour. In evidence provided we can see that there is work ongoing to identify triggers and work with those displaying distressed behaviour.

We observed patients requiring enhanced observations with either one or two members of staff supporting them. Patients may require enhanced observations to reduce the risk of harm to themselves or others. Observation care plans were complete and up to date with information on why decisions were taken to reduce or maintain enhanced observations.

The Mental Health (Care and Treatment) (Scotland) Act 2003 emphasises patient rights, participation in decision-making, and person-centered care. Inspectors observed evidence of patient and carer involvement within care documentation. Inspectors also observed patients could use electronic tablets to assist with virtual family contact. Staff told us this was used regularly in circumstances where patient's families struggled to visit the ward.

Inspectors observed patient information available within wards, one ward was using QR codes to provide patients with information on various types of commonly used medication. Information on accessing advocacy services was widely available. This was implemented as part of an action plan following recommendations from the Mental Welfare Commission visit in November 2023.

We observed signs being used in bedrooms to identify patient needs while maintaining confidentiality and for one patient we saw phrase cards in the patient's first language to help staff communicate effectively.

Inspectors observed staff working to meet patient needs. For example, when a patient was becoming unsettled, staff were able to use techniques to reduce stress by listening to a personalised music playlist. Staff use music as part of an individualised plan to proactively manage stress and distress. We observed a weekly music therapist that input into all wards, and this was described by staff to be a very positive inclusion in the ward activities. We also observed a dedicated activities coordinator for the older adult wards and although we saw no planned activities calendar, we were told that this was needs led. However, although music therapy was available weekly in the adult ward, we saw no other activities taking place.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. These include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management, and prevention and exposure management (such as sharps injuries).

All ward areas inspected were clean and tidy, with no obstructions in corridors. The patient equipment we observed was clean and well maintained. Storage rooms were well organised. Improvements to the environment had been made following the Healthcare Improvement Scotland inspection in February 2023 including flooring in two wards and refurbishment of a shower room to increase the provision of washing facilities. However, the flooring in one ward showed significant wear and tear which in some places was worn and cracked with tape being used to secure the flooring at places and this meant that effective cleaning is difficult. During our discussions, senior managers explained that this would be replaced as part of the ongoing programme of refurbishment of the mental health wards in Queen Margaret Hospital. A requirement has been given to support improvement in this area.

Staff and senior managers outlined plans for redeveloping mental health wards at Queen Margaret Hospital. Currently, a first-floor ward (Ward 3) is being upgraded, this will include increased shower provision. We were told refurbishment plans will also focus on reducing ligature risks. However, the newly refurbished Ward 3 will continue to be a mix of single bedrooms and multi-bed bays and will have limited access to outdoor space. The impact of this will be discussed later in the report in Domain 6.

Staff we spoke with told inspectors that the estates team were responsive, and any critical issues with the healthcare-built environment were dealt with as a matter of urgency.

Practicing good hand hygiene helps reduce the risk of the spread of infection. We had limited opportunities to observe staff carrying out hand hygiene as personal care was delivered in patients' rooms. Staff carried personal alcohol-based hand rub.

Personal protective equipment such as gloves and aprons were accessible, and inspectors observed this to be stored correctly. We observed that the ward had sufficient stocks of personal protective equipment.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Patients personal clothing is laundered on site and all other linen is processed at Victoria Hospital. However, we observed that staff didn't always have access to sufficient laundry bags. Staff told us that this happened regularly, and they replaced the linen bags with clear plastic bags. This means that there is an additional step during the laundry process and laundry staff may be unnecessarily exposed to dirty laundry. A requirement has been given to support improvement in this area.

Clinical waste was managed and stored in line with national guidance.

Inspectors observed good compliance with sharps management, sharps boxes were appropriately labelled, and temporary closures were in use to maintain safety.

Inspectors observed domestic staff working hard to clean the environment. They reported that they were well supported to do their jobs with sufficient supplies of products and equipment.

Areas of good practice

Domain 4.1	
2	Patients received a comprehensive physical health assessment using the physical health passport.
3	A range of patient health education information was available on the wards including the use of QR codes to convey information on medication.
4	Phrase cards in patients' first language were used to support communication between staff and patients.

Requirements

Domain 4.1	
10	NHS Fife must ensure the care environment is in a good state of repair to support effective cleaning.
11	NHS Fife must ensure used linen is managed appropriately, in line with national guidelines.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

We observed senior charge nurses and lead nurses supporting staff. Wards were busy but calm and patients appeared well cared for. However, ward staff and senior managers advised inspectors of ongoing staffing challenges.

Workforce data submitted by NHS Fife for January 2025 demonstrates an overall nursing vacancy rate of 14.2% within the mental health wards at Queen Margaret Hospital and a total sickness absence rate of 15.7%. We consider a high vacancy rate to be greater than 10% with the aim to achieve a sickness absence rate of 4% or less. There is a variation in vacancy rates across ward areas with the highest being for band 5 registered nurses, the highest of this being 38.9% in one ward area. This ward also had a sickness rate of 16.50% of which 15.60% is long term sickness. Long term sickness is defined as a period of sickness absence that lasts longer than 29 days.

Further evidence provided includes the overall reason for sickness absence across the mental health wards for the period of March 2025, with anxiety/stress/depression/other psychiatric illness being recorded as the highest cause. Senior managers advised that there are a range of resources in place for managers and staff to access to provide support for staff health and wellbeing. These include self-referral counselling services, NHS Fife occupational health and online resources such as the national wellbeing hub. NHS Fife also have staff peer support which provides staff with the opportunity to have confidential supportive conversations.

NHS Fife have a number of processes in place to support senior charge nurses with attendance management. This includes support from NHS Fife's Human Resources department and the use of NHS Scotland Workforce Attendance Policy.

Senior managers acknowledged the importance of the health and wellbeing of staff and advised that there are a number of staff health and wellbeing champions. However, we can see in evidence provided that there are no wellbeing champions in the wards inspected. We were also told of efforts to reinstate the mental health and learning disabilities health and wellbeing subgroup which hadn't met recently due to staff absences.

Updated evidence for March 2025 shows an improvement in overall vacancy rates and highlights that six full time band 5 registered nursing posts will be filled by newly qualified practitioners in September. Senior charge nurses also describe the impact of low staffing numbers on the ability to effectively support newly qualified practitioners on the wards. We raised this with senior managers who told us of a 'summer school' offered to support newly qualified practitioners. These are held online in the three months prior to commencing employment and offer a range of topics. Senior

managers advised that feedback from the 2024 summer school was positive. Additionally, newly qualified practitioners attend a mandatory fourday induction which includes all core training requirements. All newly qualified practitioners are also allocated a mentor for their initial three months and are required to complete an induction programme specific to their role.

During our virtual discussion in February, we asked senior managers how they manage workforce requirements in light of the high sickness and vacancy rates within registered nursing staff. We were advised that staffing requirements are reviewed at meetings throughout the day and actions are taken to mitigate risk such as redeployment of staff. During our onsite inspection, inspectors were able to attend a number of these meetings including the daily safety huddle, a workforce huddle and a site safety huddle. These huddles support staff to take actions to mitigate any concerns regarding staffing to ensure safe delivery of care. We observed these were structured, inclusive, open and transparent and provided a real time whole site overview. Senior managers also told us of monthly walk rounds by the associate director of nursing and representative from the Local Partnership Forum to meet with staff to enable them to highlight any concerns. Senior managers also advised that NHS Fife is planning to implement an electronic staffing system in 2025 which will provide a visual live time dependency and acuity overview.

Whilst we observed staff to be working hard to provide safe and effective care, we can see in evidence provided that nurse staffing levels are consistently reported as being below established staffing levels in a number of the wards inspected. NHS Fife utilise a number of processes when monitoring staffing risks. These include incident reporting, safety huddles with use of real time staffing templates and NHS Fife's risk register. Triangulation of this information is currently through the fortnightly quality management huddles which are part of the critical and complex care service governance structures. However, it is unclear how recurring risks are being considered, triangulated with quality and safety, to meet the guiding principles of the legislation and to support an understanding of the future workforce required. A requirement has been given to support improvement in this area.

Initiatives to support workforce challenges within Queen Margaret Hospital include block booking bank staff, usage of agency staff and covering shortfalls by substantive staff working additional hours. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. Workforce data provided included the supplementary staff rate for January 2025. This shows that supplementary staff use within Queen Margaret Hospital is predominantly covered by the staff bank with 5.6 whole time equivalent registered staff and 37.67 non-registered staff. Substantive staff from other ward areas supplied by the workforce hub are also part of supplementary staffing. NHS Fife's workforce hub provides a bank of substantive staff who work across NHS Fife to

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provide cover for staffing shortages. The hub also coordinates the escalation to agency staff use, where required.

During our on-site inspection, we were told there was use of supplementary bank staff on every ward with one ward using a substantive member of staff from another area who was allocated through the workforce hub. We can see in evidence provided that high use of supplementary staffing is compounded by increased patient acuity, the requirement for patient observations and use of the surge beds. Senior managers advised that the use of the surge beds is ongoing with the aim to commence a staged approach to reduce their use across mental health wards in NHS Fife starting in June. However, timelines for the reduction of surge beds in Queen Margaret Hospital were not yet defined.

Senior managers advised that daily staffing decisions are influenced by patient acuity and dependency and that whilst the roster policy sets baseline staffing establishments, adjustments are made daily by senior nursing staff using professional judgment to address real time staffing needs. Senior managers also advised that staffing needs are discussed three times daily using a Safe to Start approach to highlight staffing risk. This is a traffic light system with green being when optimum staffing levels are met, amber when minimum levels are met and red when unsafe levels require immediate action. We can see in evidence provided that increased clinical pressures and workforce gaps are reported frequently as amber status for staffing, which signifies minimum safe levels of staff.

We observed a nurse staffing template being utilised during the hospital safety huddles. This was a live document which showed planned and actual staffing, and any updates. The template documented patient acuity including enhanced observations and required staffing skill mix to support professional judgement of required staffing levels and highlight any gaps. However, actions and decisions taken to mitigate risk were not documented. A requirement has been given to support improvement in this area.

Evidence provided includes the standard operating procedure for NHS Fife Acute Services Division Real Time Nurse Staffing and Safe to Start OPEL Tool and Escalation Log Completion. This documents that the tools work in conjunction with each other with the aim to ensure that staffing decisions are guided by real time staffing data to enable effective allocation of staff to ensure the delivery of high quality, safe and effective care. The policy includes escalation processes and actions to be taken for each OPEL status including out-of-hours. These include actions such as immediate escalation to the head of nursing for red/purple status (critical and extreme pressure).

Despite the level of reported vacancies, ward staff did not report any impact on patient care delivery during the inspection visit. They told inspectors that they were able to maintain and increase cover with supplementary staff and that gaps in staffing

were predominantly filled by bank staff who were familiar with the ward. However, we can see in evidence provided that concerns are noted in the minutes of staff meetings that reduced staffing was impacting on staff morale and the ability to have protected training time. We can also see that staff submitted two incident reports relating to staffing in the three months prior to our inspection. One in relation to time to lead and one in relation to low staffing numbers and high acuity. We can see from these that no outcome in terms of harm was noted.

Time to lead is a legislative requirement under the Health Care Staffing (Scotland) Act (2019). This is to enable clinical leaders to provide the delivery of safe, high quality and person-centred healthcare.

Senior managers advised that senior charge nurses have one day per week allocated to a non-clinical role which is supported within NHS Fife's Wide Roster Management Procedure. However, it is documented in the mental health senior charge nurse forum meeting from February 2025 that this is not always achieved, and that staff are having to work clinically to support the ward during their allocated time to lead. From discussion with senior managers, there is board recognition of improvements required in this area in terms of measuring how often senior charge nurses are required to forgo protected leadership time.

Part of the senior charge nurse role includes leadership, overseeing quality, safety and development of their team including annual appraisals. We can see in evidence provided that annual appraisal (personal development and planning review) rates are low across the mental health wards at Queen Margaret Hospital, with the lowest being 15% and highest being 45%. We can also see in minutes from the Fife Health and Social Care Partnership Mental Health, Learning Disabilities and Addictions management meeting in March 2025 that, whilst appraisal rates have improved, senior charge nurses are having difficulty in completing appraisals due to inadequate time to lead. Annual appraisals enable staff to provide and receive feedback over the past 12 months and to agree and identify any training needs and goals for the next 12 months. We raised this with senior managers who provided action plans that are now in place to improve appraisal rates. These include one area completing three appraisals a month and the other ward areas having a target completion date of May and July 2025. A requirement has been given to support improvement in this area.

The Health and Care (Staffing) (Scotland) Act 2019 stipulates that health boards have a duty to follow the Common Staffing Method following a staffing level tool run and requires this to be applied rigorously and consistently. The application of the common staffing method and staffing level tools supports NHS Boards to ensure appropriate staffing, and the health, wellbeing and safety of patients and the provision of safe and high-quality care.

Evidence shows that all wards inspected within Queen Margaret Hospital completed the NHS Fife Workforce Planning Mental Health Inpatients Workforce Tool run in October 2024. However, in further evidence we can see that not all of these have accurate data input which could impact their outcome and accuracy.

We were given evidence relating to the common staffing method application within NHS Fife, including the use of a consistent reporting template within ward level and a full common staffing method schedule including governance timelines. However, there does not appear to be prioritisation or specified timelines to implement recommendations to ensure safe staffing levels following staffing tool runs and the application of the common staffing method. Senior managers acknowledged that training should be ongoing to ensure clear and consistent application of the staffing tool runs and common staffing method and evidence provided includes dates of ongoing training for staff. A requirement has been given to support improvement in this area.

Requirements

Domain 4.3

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.

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.

14 NHS Fife must demonstrate how it supports, monitors and reviews the provision of adequate time to lead and resources available to clinical leaders.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

Patients were treated with dignity and respect. We observed warm and respectful interactions between patients and staff and person-centred interaction based on best practice models for dealing with distressed behaviour. The use of mixed sex wards create challenges for staff and patients with an impact on privacy. Due to a lack of meaningful activities on one ward, patients described feeling bored with little to do throughout the day.

We observed that staff and patient interactions were positive and patients were treated with dignity and respect. Staff knew patients well and we observed warm and

respectful interactions between patients and staff. We observed staff delivering patient centred interventions in challenging environments. We observed mealtimes were patient centred. Patients were given a choice from a menu and dietary needs and their preferences for tea/coffee were supported. Patients who required extra support with their meal received this promptly.

Mixed sex accommodation can impact patient dignity and personal choice. Queen Margaret Hospital provides mixed sex accommodation in all three mental health wards. We noted in previous Mental Welfare Commission visits that the provision of mixed sex wards was highlighted as an issue with regards to privacy and dignity. The wards can be busy and noisy and in one ward, when the surge beds are in use, the opportunity for privacy is reduced further. Staff told us that the situation is challenging in relation to the provision of safe patient care due to the vulnerability of this patient group within a mixed sex environment. Although the wards are mixed sex, the multi-bed bays are single sex. Curtains provide limited privacy, and the bays have windows to the outside corridor. Patients who feel distressed or in need of a quiet space in a noisy environment are disadvantaged if they are placed in a multi-bed bay. This could lead to further heightening of distress and agitation and require increased staff intervention. We were told by ward staff that risks are mitigated by individual risk assessments, the use of observation levels and staff training around adult support and protection. However, as discussed earlier in this report, a requirement has been given relating to the completion of mandatory training including adult support and protection training. Patients did not raise concerns at the time of inspection and there were no incidents relating to mixed sex wards within the incident reports we reviewed. Senior managers told us that this has been highlighted for discussion at the next policy and procedures meeting however, there was no current plans to change the provision of mixed sex wards.

Outdoor spaces in mental health wards play a crucial role in patient well-being, recovery, and overall therapeutic care. The older adult wards had no immediate access to outdoor space, with patients mainly having to be accompanied to the 'forget me not' garden on the ground floor. This means that access could be limited when staffing levels are low or the ward has a high level of clinical activity. The ward environments have been changed to create more space for privacy and for patients meeting with families or visitors. The development of a therapeutic space within the older adult wards, referred to as the dementia café, meant that those accommodated in the dormitories had somewhere to meet with visitors, which offered a bright and spacious environment and a choice of snacks and drinks.

The outdoor area for the adult ward is a concrete courtyard area with no plants or areas for privacy and does not offer a therapeutic space for recovery or reflection. A recommendation has been given to support improvement in this area.

The provision of meaningful activity on mental health wards is said to increase social connectedness, improve psychological wellbeing and is essential to promote wellbeing and recovery. We observed that limited meaningful activity was taking place in one ward and were told by staff that this was led by nurses and dependent on staffing levels. There was no fixed timetable of activities as these were guided by patient needs on a day-to-day basis. There is currently no activity coordinator provision on one ward and patients described to inspectors feeling bored with little to do throughout the day. Patients told inspectors that previously there were some activities provided mainly by nursing staff, and they felt they would benefit from this being available throughout the day. A requirement has been given to support improvement in this area.

One of the wards inspected held a community meeting which offered patients the opportunity to feedback and voice ideas for improvement. In response to patient feedback, the staff developed a template to help the patients remember what to ask when seeing the consultant as part of their weekly review. Feedback from patients at the ward meeting highlighted consistently that they would benefit from more activities being available throughout the day.

We saw a record of compliments and complaints from patients and relatives across the complex critical care service. This is escalated through the incident reporting system and compliments are recorded at ward level. Complaints are managed through NHS Fife's complaints procedure which is readily available on NHS Fife's website. Care opinion is used to capture people's experience of NHS Fife mental health services. Feedback seen was positive.

Areas of good practice

Domain 6	
5	We observed caring, compassionate and person-centred care.
6	The dementia café area provided a safe and supportive social space for individuals with dementia and their families.

Requirement

Domain 6	
15	NHS Fife must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing.

Recommendation

Domain 6	
2	NHS Fife should consider improvement of the outdoor area for patients within Ward 2 in Queen Margaret Hospital to develop a more therapeutic space.

Appendix 1 - List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- [Core Mental Health Quality Standard](#) (Scottish Government, September 2023)
- [Fire Scotland Act](#) (Acts of the Scottish Parliament, 2005)
- [Food, fluid and nutritional care standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, November 2014)
- [From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care](#) (Healthcare Improvement Scotland, January 2019)
- [Generic Medical Record Keeping Standards](#) (Royal College of Physicians, November 2009)
- [Health and Care \(Staffing\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2019)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection prevention and control standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, May 2022)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act](#) (Acts of the Scottish Parliament, 2003)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, January 2024)
- [Healthcare Improvement Scotland and Scottish Government: operating framework](#) (Healthcare Improvement Scotland, November 2022)
- [Prevention and Management of Pressure Ulcers - Standards](#) (Healthcare Improvement Scotland, October 2020)
- [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- [Rights, risks, and freedom to limits](#) (Mental Welfare Commission, March 2021)
- [Staff governance COVID-19 guidance for staff and managers](#) (NHS Scotland, August 2023)
- [Standards for student supervision and assessment](#) (Nursing & Midwifery Council, April 2023)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing & Midwifery Council, October 2018)

- [The quality assurance system and framework – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, September 2022)

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