



Improvement Action Plan

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

Stratheden Hospital, NHS Fife

27 – 29 January 2026

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan. **NHS board Chair**

NHS board Chief Executive

Signature: _____

Full Name: Patricia Kilpatrick

Date: 01.06.26

Signature: _____

Full Name: William Edwards

Date: 01.06.26

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<p>Requirement 1</p> <p>NHS Fife must ensure that sexual safety policies and procedures are in place to support staff to: • ensure adult support and protection issues are always effectively assessed • ensuring the appropriate care environments for all patients, and • facilities support dignity and privacy and safety in a mixed sex environment (see page 16). This will support compliance with: Health and Social Care Standards (2017) Criteria 4.1, 4.1 and 5.19 and Quality Assurance Framework (2022) Criteria 6.1 and 6.2.</p>					
1.1	Review existing comparator Board policies and procedures relating to sexual safety, mixed sex accommodation, dignity and privacy, and develop a comprehensive NHS Fife policy and operational procedure.	1 st September 2026	Associate Director of Nursing		
1.2	Complete an Equality Impact Assessment (EQIA), with support and quality assurance from EQIA leads, to ensure the policy, procedures, and implementation arrangements consider the needs and rights of all protected characteristic groups.	1 st September 2026	Associate Director of Nursing and Equality & Human Rights Lead Officer		
1.3	Develop and implement a standardised risk assessment and decision-making framework for patient placement and care environment allocation, including escalation processes and documentation requirements where risks relating to sexual safety, vulnerability, dignity, or mixed sex accommodation	1 st September 2026	Associate Director of Nursing		

	are identified.				
1.4	Undertake a review of current care environments and facilities to assess compliance with dignity, privacy, and mixed sex accommodation requirements, and ensure findings inform future estate planning, refurbishment, and transformation programmes.	1 st September 2026	Lead AHP, Service Managers for Mental Health Services, and Estates colleagues		
1.5	To strengthen Adult Support and Protection (ASP) arrangements and improve safeguarding oversight across Mental Health Services and all areas in NHS Fife. NHS Fife will recruit and embed 2 x Band 7 Adult Support and Protection Practitioners who will provide specialist leadership, staff support, case review, training, and assurance relating to adult protection, sexual safety, mixed-sex accommodation risk management and trauma-informed safeguarding practice.	1 st August 2026	Associate Director of Nursing		

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, adult life support, adult support and protection, child support and protection, violence and aggression and fire safety (see page 16). 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	NHS Fife Mental Health Service will develop, strengthen and enhance an action plan for each area to address compliance and ensure effective governance and oversight of all necessary staff training to support all staff to safely carry out their roles. This includes but is not limited to, adult life support, adult support and child Protection,	1 st July 2026	Lead Nurses, Lead AHP, and Service Managers for Mental Health Services		
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	Violence and Aggression and fire training.				
2.2	NHS Fife Mental Health Service will implement a standardised approach to mandatory training compliance across all services. Lead Nurses will support Senior Charge Nurses within their clinical areas to allocate protected time within duty rotas to enable all staff to complete mandatory training requirements within agreed timescales.	1 st July 2026	Lead Nurses		
2.3	A consistent recording and monitoring process will be established across all services to accurately document training completion, outstanding compliance, and protected learning time provided. This will apply to all staff working within Mental Health Services with the compliance reviewed routinely by reports to the Senior Leadership Team and through supervision and annual appraisal processes.	1 st August 2026	Business Manager, Lead Nurses, Lead AHP, and Service Managers for Mental Health Services		
2.4	Senior Charge Nurses/Lead Nurses will provide monthly compliance updates and escalation reports to the Head of Nursing and Clinical Service Manager, identifying areas of non-compliance, associated risks, and actions being taken to improve completion rates.	1 st July 2026	Lead Nurses		
2.5	A Mental Health Mandatory Training Improvement Plan will be developed and reviewed monthly to support sustained improvement in compliance,	1 st July 2026	Head of Service		

	<p>workforce capability and patient safety.</p> <p>The Employability and Learning Manager will support and attend Mental Health Service management and governance meetings to provide strategic oversight and assurance relating to mandatory training compliance across inpatient services.</p>				
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Requirement 3

NHS Fife must ensure that all staff receive regular clinical supervision, personal development plan discussions and annual appraisals, supported by a standardised and reliable system for recording completion across all wards (see page 16). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019

3.1	Mental Health Services within NHS Fife will improve engagement with the pilot and roll out of the NES Clinical Supervision Framework to implement a structured and measurable approach to staff supervision and appraisal to support the ongoing development of skills and knowledge across mental health services.	1 st November 2026	Lead Nurses and Lead AHP		
3.2	Establish a single electronic repository aligned to the NES Framework to record clinical supervision, PDP discussions and appraisals for nursing staff across all wards, with monthly compliance reporting and oversight at service and HSCP senior leadership level.	1 st November 2026	Business Manager and Lead Nurses		
3.3	Deliver targeted training and awareness sessions for managers and staff on the supervision and appraisal framework, with opportunities for teams to test, pilot and provide feedback on implementation	1 st September 2026	Associate Director of Nursing		

	processes prior to full rollout.				
3.4	Ensure all staff receive annual Personal Review and Development Plan (PRDP) discussions and appraisals, with clear recording, monitoring and escalation processes in place to improve completion rates and assurance of compliance across services.	1 st November 2026	Lead Nurses, Lead AHP, and Service Managers for Mental Health Services		

Requirement 4
 NHS Fife must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety (see page 19). This will support compliance with: Quality Assurance System (2022) Criterion 2.1

4.1	NHS Fife Mental Health Services will implement a staff awareness programme across all inpatient and community areas to ensure staff understand routes for escalating concerns relating to patient safety, staff wellbeing, whistleblowing, and professional conduct. This will include promotion of the Whistleblowing Policy, Speak Up Champion role, DATIX reporting processes, and local escalation pathways through team meetings, induction, supervision, and visible ward-based information.	1 st September 2026	Lead Nurses, Lead AHP, and Service Managers for Mental Health Services		
4.2	The Speak Up/Whistleblowing Champion, alongside senior nursing and management staff, will undertake a scheduled visibility walkaround across clinical areas to promote the role and provide opportunities for confidential discussion, and support staff to raise concerns. Outcomes, themes, and actions identified will be recorded and reviewed through governance structures	1 st July 2026	Speak Up/Whistleblowing Champion, Head of Service, and Associate Director of Nursing		

4.3	NHS Fife Mental Health Services will establish regular structured staff engagement opportunities within ward and team environments, including safety conversations, team huddles, leadership drop-in sessions, and open forums, to enable staff to share concerns, ask questions, and contribute to service improvement. This will build upon and formalise the ongoing leadership walkarounds currently undertaken.	1 st August 2026	Service Managers for Mental Health Services and Lead Nurses.		
4.4	NHS Fife Mental Health Services will embed the principles and behaviours outlined within the Clinical Leadership framework by increasing visible and supportive leadership presence within clinical environments. This will include routine time spent in ward/team areas providing coaching and support for teams, and modelling an open, compassionate, trauma-informed and psychologically safe culture	1 st June 2026	Lead Nurses, Lead AHP, Head of Nursing, and Associate Director of Nursing		
4.5	NHS Fife will deliver a programme of Organisational Development and leadership sessions aligned to the “My Leadership Way” approach, supporting managers and teams to model compassionate leadership behaviours, promote open communication and strengthen a culture where staff feel safe to raise concerns relating to staff and patient safety.	1 st December 2026	Head of Service, Associate Director of Nursing, and Associate Medical Director		

Requirement 5

NHS Fife must use data from reported incidents and identify themes to inform and drive quality and improvement and safe delivery of care in Stratheden Hospital mental health wards (see page 19). This will support compliance with: Health and Social Care Standards (2017) Criteria 4.27 and Quality Assurance Framework (2022)

Criterion 5.4 and 5.5

5.1	The Quality, Matters and Safety Huddle (QMASH) already meets every four weeks. To enhance frontline ownership and ensure ward-level learning, the membership is being formally extended to include Senior Charge Nurses from each mental health ward. This will ensure that incident themes, risks and required actions are directly reviewed by those responsible for day-to-day clinical leadership.	1 st July 2026	Clinical Care Governance Team and Lead Nurses		
5.2	Ward-level mental health dashboards are already in place on a shared drive. Access arrangements are being reviewed to ensure that all Senior Charge Nurses and relevant clinical leaders can reliably access and use these dashboards to monitor incident trends, themes and quality indicators.	1 st July 2026	Clinical Care Governance Team and Lead Nurses		
5.3	To support consistent engagement with data, printed data summaries will be produced and disseminated to Senior Charge Nurses via the Nursing Directorate. This will ensure that all ward leaders have this information in addition to the information already provided, to identify areas for improvement and contribute to discussions on risk and learning.	1 st July 2026	Clinical Care Governance Team and Lead Nurses		

Requirement 6

NHS Fife must ensure systems and processes are in place to monitor and support a consistent approach to quality improvement to support assurance that high quality care is being delivered (see page 19). This will support compliance with: Quality Assurance Framework (2022) Criteria 4.1 and Quality Assurance Framework (2022) Criterion 5.4 and 5.5

6.1	A Scottish Patient Safety Programme (SPSP) Steering Group (the Essentials of Care Group) has been formally established to provide strategic oversight, set priorities and ensure alignment with organisational quality and safety objectives.	1 st July 2026	Director of Nursing and Clinical Care Governance colleagues		
6.2	A series of Sub-groups from the Essentials of Care Group are being created to lead specific areas of improvement. Each Sub-group will use recognised improvement methodology, including driver diagrams, project charters, and routine data review, to ensure a consistent and evidence-based approach across all wards.	1 st September 2026	Director of Nursing and Subgroup leaders, yet to be agreed upon.		
6.3	Each Sub-group will provide regular assurance and exception reports to the Essentials of Care Group. This will ensure visibility of progress, early identification of risks, and timely escalation of issues requiring senior oversight.	1 st September 2026	Subgroup leaders, yet to be agreed upon.		
6.4	The Essentials of Care Group will provide formal assurance reporting to the HSCP QMAG, which in turn provides assurance to the HSCP Clinical and Care Governance Group ensuring robust governance, transparency and clear accountability for improvement activity across mental health services.	1 st September 2026	Director of Nursing		

Requirement 7

NHS Fife must ensure that all patient documentation is accurately and consistently completed including documentation of patient involvement (see page 23). This will support compliance with: Quality Assurance Framework (2022) Criteria 4.1 & relevant codes of practice of regulated healthcare professions.

7.2	NHS Fife Mental Health Services will establish a multidisciplinary Care Planning Improvement Group to implement and monitor principles of good practice in care planning, ensuring patient involvement, collaborative decision-making and consistent documentation standards across all inpatient areas.	1 st September 2026	Clinical Service Manager and Head of Nursing		
7.3	NHS Fife Mental Health Services will review and update the current patient documentation audit tool and associated procedures to ensure they are fit for purpose, aligned to professional standards and consistently applied in practice, with compliance, improvement actions and learning monitored through established 1:1 management and governance structures.	1 st September 2026	Head of Nursing and Lead Nurses		

Requirement 8

NHS Fife must ensure improvement actions are complied with and progressed with agreed timescales to reduce ligature risk identified through the ligature risk assessments (see page 23). This will support compliance with: Health and Social Care Standards (2017) Criteria 5.17

8.1	Strengthen Governance and Assurance by introducing a standardised reporting template for consistent assurance submissions to the Ligature Programme Board and QMAG.	1 st September 2026	Clinical Service Manager		
8.2	Improve Process Compliance and Documentation by establishing a clear and robust sign-off pathway detailing responsibilities for completion, verification, and escalation of all assessments. Create a timetable that establishes a programme of assessments and follow up action planning-	1 st September 2026	Clinical Service Manager		

8.3	Enhance Communication and Escalation Pathways by defining explicit escalation thresholds, including timescales for unresolved actions, to ensure early identification and visibility of risk.	1 st September 2026	Clinical Service Manager		
8.4	Improve Monitoring by introduce a centralised tracker to monitor all ligature action plans including deadlines and escalation points. Ensure appropriate follow up of action plans is included in the standing agenda and that each action plan is returned to the group for follow up in a timely manner.	1 st September 2026	Clinical Service Manager		

Requirement 9

NHS Fife must ensure alcohol-based hand gel is available for staff as near to point of care as possible. Where this is not practical, personal hand rub dispensers should be used (see page 23). This will support compliance with: National Infection Prevention and Control Manual (2023)

9.1	IPC and Senior Charge Nurses (SCNs) will complete a review of all mental health inpatient clinical areas to assess the placement and availability of hand rub at the point of care, identifying gaps and implementing additional dispenser installation or alternative solutions, including personal dispensers where required, in line with the NIPCM.	1 st July 2026	IPC colleagues and Senior Charge Nurses		
9.2	IPC will procure and distribute personal hand rub dispensers where appropriate and deliver a targeted staff communication and awareness programme to reinforce expectations and promote the appropriate use of hand hygiene products across clinical areas.	1 st July 2026	IPC colleagues		
9.3	IPC will undertake a follow-up compliance review and incorporate ongoing monitoring through	31 st December	IPC colleagues		

	routine ward visits and the formal two-yearly audit programme, with progress, compliance levels and improvement actions reported through PAN NHS Fife IPC Group and IPCC governance structures.	2026			
Requirement 10 NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 23). 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	Ensure IPC principles are embedded within all maintenance, refurbishment, and building planning processes through RAMS and HAI-SCRIBE as appropriate.	1 st August 2026	Estates and IPC colleagues		
10.2	Ensure a clearly defined and embedded process is in place for all identified estate issues that impact the ability to clean, to be reported via MICAD to support Estates prioritisation of works. Actions should be agreed with ward teams and relevant services to ensure practical and timely risk resolution. Ensure existing processes support escalation and resolution of care environmental concerns to maintain a safe, clean and therapeutic environment for patients and staff.	1 st September 2026	Service Managers for Mental Health Services		
10.3	Review and update the existing Care Assurance procedures and processes in partnership with the Excellent in Care Lead, taking account of the Mental Health Built Environment (MHBE) Toolkit requirements. Continue regular multidisciplinary care assurance walkarounds with support from IPC and Estates colleagues to promote safe, therapeutic	1 st August 2026	Head of Nursing, Excellence in Care Lead, Estates colleagues, and IPC Team.		

	and well-maintained care environments across clinical areas.				
<p>Requirement 11</p> <p>NHS Fife must ensure that robust and consistently applied arrangements are in place to provide appropriate support, supervision and development for newly qualified and inexperienced registered nurses. This must include ensuring that essential early career support is completed before staff are required to coordinate or lead shifts, and that sufficient workforce capacity is in place to enable this support (see page 28)</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019</p>					
11.1	Implement Flying Start on commencement of post, monitored at service level for completion and supported through summer school, corporate induction and Newly Registered Nurses (NRNs) Support sessions. Progress to be reported at the Sustainable Workforce monthly meeting.	31st August 2026	Lead Nurses		
11.2	Reinforce and standardise the existing Nurse in Charge (NiC) competency framework and ensure that managerial supervision contains discussions and support around being and in charge and is documented.	30th June 2026	Lead Nurses		
11.3	Ensure all Newly Registered Nurses (NRN's) have clinical supervision in line with NES Clinical Supervision Framework currently being rolled out within NHS Fife.	31st August 2026	Lead Nurses		
11.4	Continue to develop and promote the attendance for the September 2026 NRNs following induction on the nurturing programme, to ensure ongoing support, training and peer supervision is available monthly. This will be evaluated with NRNs to gather feedback.	31 st July 2026	Head of Nursing and Clinical Service Manager		

Requirement 12

NHS Fife must ensure that appropriate and timely multidisciplinary team staffing is consistently available across inpatient mental health services. This includes sufficient access to professions such as occupational therapy and psychology to support positive patient outcomes, and to ensure that care delivery is not adversely impacted by gaps in provision (see page 28). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019

12.1	NHS Fife Mental Health Services will review and formalise the Single Point of Access (SPA) and prioritisation arrangements for inpatient Occupational Therapy services to ensure equitable access, timely assessment and intervention, and clear prioritisation of patients with the highest clinical need. Compliance and response times will be monitored through monthly audit and activity reporting.	1 st September 2026	Lead AHP		
12.2	NHS Fife Mental Health Services will complete a workforce capacity and demand review for inpatient mental health Occupational Therapy services, including vacancy analysis, unmet need and benchmarking against national guidance, with agreed escalation and risk management processes in place to mitigate the impact of staffing gaps on patient care and service delivery.	1 st November 2026	Lead AHP		
12.3	Mental Health Services will strengthen and embed a multidisciplinary model of inpatient care that recognises and maximises the unique contribution of all professional groups, including Occupational Therapy, Psychology, Nursing, Medicine and Allied Health Professionals, to support safe, therapeutic and recovery-focused care delivery. This will involve development of a workforce plan in line with the	1 st September 2027	Lead AHP, Director of Psychology, Head of Nursing, and Clinical Director		

	Clinical Services Review & Redesign Project.				
12.4	The Clinical Services Review & Redesign Project Board is currently leading service redesign and will need to consider opportunities to support implementation of the proposed clinical psychology service for inpatient wards as part of the broader redesign work. Evidence will include revised clinical pathways, workforce modelling and re-allocation of funding streams to support implementing the Psychology service into inpatient settings.	1 st September 2027	Director of Psychology		

Requirement 13

NHS Fife must ensure that clear and consistent arrangements are in place for the identification, monitoring and mitigation of severe and/or recurring staffing risks, to support safe delivery of care and inform both immediate and long-term workforce planning. This should include clear arrangements to ensure staff receive timely feedback on actions taken following escalation and incident reporting (see page 28). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019

13.1	A standardised approach will be implemented for the identification, escalation and management of staffing risks using SafeCare as the primary reporting system, supported by a structured process for reviewing recurrent and severe staffing pressures, and ensuring staff receive timely and visible feedback on actions taken following staffing escalations and Datix reporting.	30th June 2026	Head of Nursing and Lead Nurses		
13.2	NHS Fife Mental Health Services will strengthen the robust application of nursing workforce planning tools, incorporating learning from current implementation and external support from Healthcare Improvement Scotland, and will repeat nursing workforce planning later in the year to	1 st December 2026	Associate Director of Nursing, Head of Nursing, and Lead Nurses		

	inform ongoing risk mitigation, service redesign and long-term workforce planning arrangements.				
13.3	NHS Fife Mental Health Services will continue and expand current recruitment and retention initiatives to attract people into healthcare careers within Fife, including strengthened engagement with Higher Education Institutions (HEIs), exploration of “earn as you learn” opportunities and development of alternative routes into health and care professions to support a sustainable future workforce.	31st July 2026	Associate Director of Nursing, Head of Nursing, and Practice and Professional Development colleagues		

Requirement 14

NHS Fife must demonstrate how it supports, monitors and reviews the provision of adequate protected time to lead, and ensures that appropriate resources are available to enable clinical leaders to fulfil their leadership, supervisory and governance responsibilities (see page 28). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019

14.1	Implement a consistent process across Mental Health Services to record and monitor protected time for clinical leadership.	31st August 2026	Lead Nurses		
14.2	Implement a structured process to monitor not only the provision and delivery of protected leadership time, but also whether the allocated 0.4 WTE is sufficient to enable clinical leaders to fulfil their leadership, supervisory and governance responsibilities.	31st August 2026	Head of Nursing and Lead Nurses		
14.3	Further develop and implement a structured programme and support model for band 6, 7 and 8a nursing staff to enable them to fulfil leadership, supervisory and governance responsibilities.	31st August 2026	Associate Director of Nursing		

14.4	Ensure the principles set out in the Clinical Leadership paper are embedded consistently in practice, with accessible support in place for staff wellbeing and the development of sustainable, effective clinical leadership across services.	1 st July 2026	Associate Director of Nursing, Head of Nursing, and Lead Nurses		
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Requirement 15

NHS Fife must ensure that there are clear and robust systems and processes in place to support the full and consistent application of the Common Staffing Method (CSM) across mental health services. This must include effective triangulation of quality, safety and workforce data to inform staffing requirements and decision making, and clear arrangements to ensure staff feedback on decisions made (see page 28). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019

15.1	Provide awareness and training sessions around the Common Staffing Method and triangulation of data, supported by workforce lead to ensure a consistent process is being followed to inform staffing decisions.	1 st August 2026	Head of Nursing and Workforce Lead		
15.2	Mental Health Services within NHS Fife will ensure current arrangements will be strengthened to ensure staff receive clear, timely, and consistent feedback on staffing decisions and associated actions. This will include the introduction of standardised communication processes, and defined timeframes for feedback following staffing reviews. Mechanisms for staff engagement will be enhanced to support understanding, encourage feedback, and ensure transparency. Compliance will be monitored through existing governance and assurance frameworks.	1 st August 2026	Head of Nursing		

Requirement 16

NHS Fife must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing (see page 31). This will support

compliance with: Health and Care (Staffing) (Scotland) Act 2019 & Health and Social Care Standards (2017) Criteria 1.19 & 1.25 & Core Mental Health Standards
Criteria 4.6

16.1	Implement newly recruited Activity Co-ordinator posts across the identified inpatient mental health wards to increase the availability and consistency of meaningful activity opportunities for patients. Three Activity Co-ordinators will be in post across the Stratheden site.	1 st September 2026	Lead AHP		
16.2	Develop and implement a structured programme of therapeutic and meaningful activities across inpatient mental health wards aligned to patient need, recovery goals and patient centred treatment plans. There will be weekly activity programmes in place across all inspected wards and reviewed monthly. There will be access to ward activity timetables and monthly reviews for assurance	1 st October 2026	Lead AHP		
16.3	Establish baseline and ongoing measurement processes to evaluate the impact of Activity Co-ordinator roles on patient access to meaningful activity, patient experience and ward wellbeing. Agreed measures and data collection tools to be developed. Quarterly review report will be produced. Audit tools, patient feedback and activity participation data will be developed to provide assurance.	1 st November 2026	Lead AHP		
16.4	Develop and deliver multidisciplinary staff awareness sessions to reinforce that meaningful activity is a core component of therapeutic care and is the responsibility of all inpatient staff. All	1 st January 2027	Lead AHP		

	inpatient staff to attend awareness/training sessions or receive briefing materials.				
16.5	Ensure risks relating to reduced AHP capacity, vacancy management delays and limited specialist staffing are monitored through service risk management and governance arrangements. This will be reviewed regularly through governance structures.	1 st December 2026	Lead AHP		

Requirement 17

NHS Fife must ensure all patients have equitable access to members of the multidisciplinary teams including allied health professionals and psychology (see page 31). This will support compliance with: Health and Social Care Standards 2017 Criteria 4.11

17.1	Review and standardise referral pathways to inpatient AHP services to ensure all wards have clear and equitable access arrangements through the existing single point of access model (SPA). Referral pathway guidance will be disseminated across all inpatient wards	1 st September 2026	Lead AHP		
17.2	Introduce regular AHP referral and activity reporting to identify variation in referral patterns, access and unmet need across the inpatient wards. Quarterly referral and activity reports to be produced and reviewed through governance structures	1 st November 2026	Lead AHP		
17.3	Work collaboratively with ward teams to develop criteria and prompts to support earlier identification of patients who may benefit from AHP input.	1 st September 2026	Lead AHP		
17.4	Explore opportunities for targeted AHP attendance at ward reviews and meetings within existing	1 st September 2026	Lead AHP		

	workforce capacity to improve visibility of AHP services and support timely identification of patient need.				
17.5	The Clinical Services Review & Redesign Project Board is currently leading service redesign and will need to consider opportunities to support implementation of the proposed clinical psychology service for inpatient wards as part of the broader redesign work. Evidence will include revised clinical pathways, workforce modelling and re-allocation of funding streams to support implementing the Psychology service into inpatient settings.	1 st September 2027	Director of Psychology		

Requirement 18

NHS Fife must ensure patients are supported to give feedback on their care experience to inform improvements in the service (see page 31). This will support compliance with: Health and Social Care Standards 2017 Criteria 4.6,.4.7 and 4.8

18.1	Mental Health Services within NHS Fife will ensure that Care Opinion is actively promoted across all clinical areas. Information boards and QR codes will be clearly displayed and easily accessible within all ward environments.	1 st August 2026	Lead Nurses		
18.2	A review of multidisciplinary clinical meeting templates will take place across all mental health inpatient services to ensure that these either contain, or are updated to contain, a section for the patient's views about their care to be recorded	1 st August 2026	Lead Nurses and Clinical Leads		
18.3	Teams will broaden the range of methods available for patients to provide feedback about their care e.g. access to feedback forms via QR codes, visible	1 st August 2026	Lead Nurses, Clinical Care Governance colleagues, Patient		

	<p>information on wards and in activity areas about how to provide feedback, access to paper feedback forms, consider gathering feedback at point of discharge etc.</p> <p>Themes from patient and carer feedback, including complaints, will be analysed to identify opportunities for improvement.</p>		Experience Team, and Lead AHP		
18.4	Regular 'community meetings' will be offered on each ward to allow patients to engage with staff as a group to give feedback about their experience on the ward	1 st August 2026	Senior Charge Nurses		