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Scotland

Inspections  
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To drive improvement

# Unannounced Inspection Report

## Mental Health Services Safe Delivery of Care Inspection

Stratheden Hospital

NHS Fife

27 – 29 January 2026

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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 in the context of the COVID-19 pandemic and beyond. Although 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 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 (2024)

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

Stratheden Hospital is located in Cupar, Fife. It is one of two main mental health hospitals in Fife. It consists of seven inpatient wards which include an adult admission ward, two wards for older people, a forensic mental health unit, intensive psychiatric care unit and two rehabilitation wards. Whilst NHS Fife is responsible for the provision of care, the mental health wards are part of the

complex and critical care services managed by Fife Health and Social Care Partnership.

## About this inspection

We carried out an unannounced inspection to Stratheden Hospital, NHS Fife on Tuesday 27 – Thursday 29 January 2026 using our safe delivery of care inspection methodology. We inspected the following areas:

- Dunino ward
- Elmview ward
- Hollyview ward
- Lindores ward
- Lomond ward
- Muirview ward
- Radernie ward

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.

On Tuesday 3 March 2026, we held a virtual discussion session with key members of NHS Fife staff 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 Stratheden 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 warmth, care and compassion. Despite ongoing staffing level challenges, ward-based staff were working hard to provide safe delivery of care to patients.

We observed visible clinical leadership at local level with the majority of staff describing good support at an operational level by senior charge nurses and clinical service managers. However, staff also described a disconnect between clinical and operational teams and senior managers.

Staff we spoke with across all areas inspected consistently reported significant and sustained understaffing. Staff told us that they did not feel listened to when raising concerns about staffing levels. They described that ward establishments had remained largely unchanged for many years and were no longer sufficient to meet the increasing acuity and care needs of patients within inpatient areas.

NHS Fife has requested, and is receiving, support from Healthcare Improvement Scotland's Healthcare Staffing Programme to strengthen assurance around safe and effective staffing and to support consistent, evidence-based workforce decision-making.

We wrote to NHS Fife to raise concerns relating to the poor completion of some essential staff mandatory training. This included violence and aggression, basic life support, falls, pressure area training and fire training. Senior managers responded with a plan to address training gaps, and further detail on the assessment of skill mix and mitigation, in the interim period, while staff are supported to complete the necessary training.

Staff appraisals play a key role in assessing performance, identifying development needs and supporting a positive and effective work culture. While some staff were receiving clinical supervision, annual appraisals and supervision were not being consistently undertaken in some wards. This was attributed to ongoing work pressures and staffing challenges.

Other areas for improvement identified include ensuring completion of ligature risk assessments and action plans, updating policies, and the accurate and timely completion of patient documentation.

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

This inspection resulted in six areas of good practice, no recommendations and 18 requirements.

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](http://www.healthcareimprovementscotland.scot)

## Areas of good practice

### Domain 1

- 1 A skills bus has been introduced to provide face to face training. This provides practical training for staff (see page 14).

### Domain 2

- 2 Staff described having good senior support at ward level (see page 18).

### Domain 4.1

- 3 We observed the use of early recognition systems in place to reduce violence and aggression (see page 22).

### Domain 4.3

- 4 Despite ongoing staffing level challenges, ward-based staff were working hard to provide safe delivery of care to patients (see page 27).

### Domain 6

- 5 We observed warm and respectful interactions with the staff and patients (see page 30).
- 6 The staff ran a deciders course which can help lessen the need for medication for patients (see page 30).

## Requirements

### Domain 1

- 1 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 15).

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.

**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 15).

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.

**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 15).

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

## Domain 2

**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 18).

This will support compliance with: Quality Assurance System (2022) Criterion 2.1.

**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 18).

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.

**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 18).

This will support compliance with: Quality Assurance Framework (2022) Criteria 4.1 and Quality Assurance Framework (2022) Criterion 5.4 and 5.5.

## Domain 4.1

**7** NHS Fife must ensure that all patient documentation is accurately and consistently completed including documentation of patient involvement (see page 22).

This will support compliance with: Quality Assurance Framework (2022) Criteria 4.1 & relevant codes of practice of regulated healthcare professions.

8	<p>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 22).</p> <p>This will support compliance with: Health and Social Care Standards (2017) Criteria 5.17.</p>
9	<p>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 22).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2023).</p>
10	<p>NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 22).</p> <p>This will support compliance with: National Infection Prevention and Control Manual (2022) &amp; Standard 8 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).</p>

### Domain 4.3

11	<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 27).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.</p>
12	<p>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 27).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.</p>
13	<p>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 27).</p>

	<p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.</p>
<b>14</b>	<p>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 27).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.</p>
<b>15</b>	<p>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 27).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.</p>

<b>Domain 6</b>	
<b>16</b>	<p>NHS Fife must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing (see page 30).</p> <p>This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019 &amp; Health and Social Care Standards (2017) Criteria 1.19 &amp; 1.25 &amp; Core Mental Health Standards Criteria 4.6.</p>
<b>17</b>	<p>NHS Fife must ensure all patients have equitable access to members of the multidisciplinary teams including allied health professionals and psychology (see page 30).</p> <p>This will support compliance with: Health and Social Care Standards 2017 Criteria 4.11.</p>
<b>18</b>	<p>NHS Fife must ensure patients are supported to give feedback on their care experience to inform improvements in the service (see page 30).</p> <p>This will support compliance with: Health and Social Care Standards 2017 Criteria 4.6,.4.7 and 4.8.</p>

# What we found during this inspection

## Domain 1 – Clear vision and purpose

### Quality indicator 1.5 – Key performance indicators

**We observed additional beds were being utilised in one ward area. We also observed that the hospital has several mixed sex wards which can have an impact on privacy and dignity. Staff told us of the introduction of a skills bus to provide face to face practical training. However, staff training compliance requires improvement.**

Stratheden Hospital has seven inpatient mental health wards. These include an adult admission ward, two rehabilitation wards, forensic mental health, intensive psychiatric care and two older adult wards. During our onsite inspection we observed that two wards were operating at full or over capacity. However, this was not reflected in data provided as evidence by NHS Fife which documented that the hospital was operating at only 88% capacity at that time. A lack of effective oversight of occupancy levels may impact accurate assessment of staffing requirements to meet acuity and dependency and enable a safe delivery of care.

We contacted NHS Fife to seek clarity and assurance regarding the accuracy of the recorded bed occupancy who provided updated occupancy figures which aligned with our findings during the onsite inspection. We were advised by senior managers that the original figures supplied had been compiled from a variety of sources and were subsequently identified as containing inaccuracies. The assessment of staffing requirements and acuity and dependency is discussed in detail in Domain 4.3 of this report.

We observed that Lomond ward had two additional beds in use. These are temporary hospital beds that are added to increase capacity during periods of high demand and are in addition to the funded establishment. The additional beds were in established bed spaces which had previously been closed during the Covid-19 pandemic when the bays were reduced from six to four beds.

Criteria for the use of additional beds within the bays should be considered in relation to staffing, safety, patient privacy and dignity, and acuity. NHS Fife mental health services do not have any formal risk assessments, policies or selection criteria to support staff with patient placement when utilising additional beds. Staff advised inspectors that when patients are admitted they consider risk and clinical need when additional beds are required to be used. However, staff told inspectors that the impact of additional beds was significant in relation to increased workload and acuity. As part of this inspection, we asked NHS Fife to provide us with any incident reports submitted by staff for the three months prior to our inspection. We can see from these that there was no incident reports

submitted regarding the use of additional beds. Ward staff explained that the staffing levels were not always increased when the additional beds were in use. Staffing levels will be discussed in more detail in Domain 4.3 of this report.

A pass bed is a bed that remains allocated to an existing patient who has planned leave from the ward, such as a home pass. Staff told us there were several patients on pass during the onsite inspection. In one ward a pass bed was being used for a patient recently admitted to the ward.

Inspectors were told that the decision to use a pass bed for an admission is made by the clinical team. It would then be escalated to senior leaders and service managers if the initial patient requires to return to hospital unexpectedly and the bed had been used for another patient. Staff would then apply professional judgement to determine the best placement for each patient dependent upon their own particular clinical needs.

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 our inspection there were 23 patients with a delayed discharge, across the hospital.

Mental Health and Learning Disabilities Services has a discharge planning manager. The discharge planning manager plays a key role in supporting safe and timely discharge. They work in collaboration with the multidisciplinary team, social work and community services to develop appropriate discharge plans, identify and address any barriers, and ensure decisions are progressed without unnecessary delay. They monitor patients approaching discharge, escalate concerns promptly, and maintain clear communication with patients and families to support understanding of plans and available support. Their input aims to maintain patient flow and prevent avoidable extended stays in hospital.

Senior managers explained NHS Fife reviews delayed discharge as a board wide approach. These are discussed at weekly meetings with input from the delayed discharge coordinator. Patients who remain in wards for extended periods of time continue to receive the same level of care.

We saw that there were wards who were caring for patients with both functional and organic illness. Staff told us of the challenges for both patients and staff due to the variance in patient care needs. For example, patients with middle or late-stage dementia may require more assistance with comprehension, orientation and personal care. However, those with functional illness may not understand unpredictable behaviours from others, and this may heighten anxiety and agitation. Due to the variance in these illnesses, 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. More information can be found [here](#). Senior managers advised us they are considering reinstating separate functional and organic patient areas of the ward. However, we were not given timescales for this change to take place.

During the onsite inspection we observed that there were several mixed sex wards. Some of the wards were split into separate male and female sides and others had either single rooms or single sex multi bed bays. All single bedrooms were ensuite and the multi bay areas had single sex shared toilet and shower facilities. Staff we spoke with explained the challenges of providing care in a mixed sex ward, for example trying to offer the least amount of restrictive practice while keeping patients safe.

During the time spent on site staff told us of the challenges associated with caring for patients whose behaviours included sexual disinhibition or sexual aggression. We saw from the evidence submitted that there had been five incident reports submitted that related to sexually aggressive behaviour. Staff told us that mitigations included updated and dynamic clinical risk assessments, the use of continuous interventions and the use of seclusion. The use of seclusion is discussed further in Domain 4.1.

NHS Fife does not currently have a mixed sex risk assessment or sexual safety policy, to support staff and patients. We asked senior managers about the challenges of mixed sex wards and how these are mitigated. They acknowledged that adult support and protection, safety, privacy and dignity in a clinical environment was a priority and told us that they are working with other boards to identify good practice in relation to sexual safety policies and practice. A requirement has been given to support improvement in this area.

Continuous intervention ensures close monitoring and therapeutic engagement with someone who needs intensive support to reduce the risk of harm to themselves or others. Decisions to initiate continuous intervention are based on the risk to the individual and others and should be the least restrictive intervention that maintains safety and promotes recovery in line with the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. Healthcare Improvement Scotland's 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)' 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.

Inspectors observed that throughout the hospital the terminology relating to observations was a mix of enhanced, close and continuous intervention. Although

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we did see that the staff were following mental health principles in terms of risk, least restrictive practices and promoting recovery.

In one ward we observed clear signage in areas used by patients that contributed to a dementia-friendly environment. This is designed to support individuals with dementia by minimising confusion and enhancing their ability to navigate and function within their surroundings. We saw that staff displayed a good knowledge and were interacting well with the patients to minimise anxiety and confusion.

Staff we spoke with told us about the implementation of the policy of the month initiative, where staff are sent a policy, and they must read and sign it. However, some staff told us that communication in relation to changes to policies and procedures was not always effective. This was highlighted when staff we spoke with were not aware of the updated NHS Fife policy detailing guidelines for clinical risk assessments.

Adult support and protection training is required to ensure that all staff understand their legal duties under the Adult Support and Protection (Scotland) Act 2007, can recognise signs of harm, and respond appropriately. Training figures provided demonstrated compliance with adult support and protection training varied across the wards. This ranged from 42.86% to 96.00% for Level 1 training and 0% to 96% for Level 2. Training equips staff to identify adults at risk, carry out timely and proportionate interventions, and follow local reporting procedures. It aims to promote early recognition of concerns, consistent decision-making, and a safeguarding culture that prioritises the safety, rights, and wellbeing of adults who may be at risk of harm.

Training compliance for online violence and aggression training submitted also demonstrated significant variance from 0% to 96% and face-to-face physical intervention training ranging from 35.48% to 84%. We observed a high level of incidence reports for violence and aggression in evidence submitted.

Other training with varied compliance including variance from 0% to 58.06% for basic life support, with practical training varying from 25.71% to 60%, falls training compliance at 62% in some wards, pressure area training rates at 27% in some wards and fire training compliance between 28% in one ward up to 96% in other wards.

Staff we spoke with explained that consistently low staffing levels often resulted in training being cancelled or postponed. In evidence provided, we observed two incidents submitted about training being cancelled due to low staffing levels and staff being required to cover wards across the hospital.

Having staff with the appropriate skills and knowledge within their area of practice is essential to the delivery of safe and effective care. During the inspection, and through discussion with senior managers, we sought assurance regarding how staff are supported to maintain competence and professional development. Staff appraisals play a key role in assessing performance, identifying

development needs and supporting a positive and effective work culture. Senior managers told us that while some staff were receiving clinical supervision, which provides professional support, reflection and guidance to support high quality patient care, annual appraisals and supervision were not being consistently undertaken in some wards. This was attributed to ongoing work pressures and staffing challenges. A requirement has been given to support improvement in this area.

We raised concerns regarding poor training compliance rates with senior managers who acknowledged rates were low and explained the location of the hospital meant that travel for training which required physical attendance could be difficult. Some staff within the hospital have been trained to train other staff on site and NHS Fife had implemented a skills bus which staff reported was a good initiative. This initiative brings training access to the hospital site and provides practical training for staff in skills such as basic life support, venepuncture and electrocardiograms. However, staff explained they would like the bus to be on site more frequently and senior managers told us they were actively working to secure more frequent access.

We wrote to NHS Fife to formally raise serious concerns regarding poor compliance with mandatory training. NHS Fife senior management team responded positively with a detailed response on planned improvement actions to address the poor training levels. This includes developing a more flexible approach to staff training to ensure baseline compliance and competence, carrying out a focussed review of incident reports that are attributed to violence and aggression, basic life support, falls, and pressure ulcers. Assurance was also provided that while staff training compliance improvements were underway, measures have been put in place to mitigate risk at ward level. Each ward is working to ensure a minimum number of staff are trained in critical training to support safe care. This is reviewed proactively during daily huddles, where staffing is discussed and adjustments can be made to support safety and maintain an appropriate skill mix across wards. A requirement has been given to support continued improvement in this area.

## Area of good practice

### Domain 1

- |          |                                                                                                                |
|----------|----------------------------------------------------------------------------------------------------------------|
| <b>1</b> | A skills bus has been introduced to provide face to face training. This provides practical training for staff. |
|----------|----------------------------------------------------------------------------------------------------------------|

## Requirements

Domain 1	
1	NHS Fife must ensure that sexual safety policies and procedures are in place to support staff to: <ul style="list-style-type: none"><li>• ensure adult support and protection issues are always effectively assessed</li><li>• ensuring the appropriate care environments for all patients, and</li><li>• facilities support dignity and privacy and safety in a mixed sex environment.</li></ul>
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.
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.

## Domain 2 – Leadership and culture

### Quality indicator 2.1 – Shared values

**We observed that ward staff were working hard to provide care. Staff throughout the hospital voiced frustration at staffing levels. Staff also described feeling supported at ward level but did not feel they were listened to by more senior managers.**

NHS Fife Clinical Governance Framework 2022-2025 describes a clear and tiered governance system. Regular data review huddles and clinically led portfolio groups provide focused oversight of service specific quality issues which affect patients in mental health, community hospitals and children’s services. These groups feed into the Clinical and Care Quality Matters Assurance Group, which provides overarching clinical and care governance across all delegated services. The framework is currently due for review. We have been told that an up-to-date framework is being developed.

Inspectors observed wards were very busy with high acuity patients. Staff we spoke with appeared frustrated and upset, describing staffing levels affected their ability in delivering patient care. They told us they escalate concerns daily to senior staff. The implications of this are discussed later in Domain 4.3.

Senior managers explained the onsite process for staff to escalate concerns. This includes clinical service managers on site who are first point of contact when issues arise or if an unexpected event occurs. Following this, escalation is through head of service, head of nursing, and/or the clinical director. This can be done verbally or by submitting an electronic incident report. The staff we spoke with

described a positive relationship with clinical service managers who were approachable and supportive when raising issues.

Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's staff bank or staff from an external agency. Staff told us they use professional judgement to request supplementary staffing. However, delays often occur due to limited agency and bank availability. We observed within evidence reviewed that discussions regarding staffing gaps, mitigations, and requests for supplementary staffing were taking place at the mental health daily safety huddle and discussed at management oversight meetings.

Staff we spoke with also described relationship challenges between operational and professional leadership structures, resulting in staff feeling their concerns were unheard. The staff reported that this had resulted in a culture of mistrust and apprehension between the teams. We raised these concerns with senior managers who acknowledged that they were aware of the improvements required to support staff and management teams, build trust and improve leadership and culture within the hospital. Senior managers outlined plans to address this through new senior leadership meetings involving both operational and professional leads, as well as members of the senior management team having a more visible presence in the ward areas. A requirement has been given to support improvement in this area

Senior charge nurses described good relationships with clinical service managers and lead nurses. Staff told us they received information via email, safety briefs, and handovers. In one ward inspectors observed a guidance sheet that outlined the duties and responsibilities of the nurses on duty. This included the number of patients on the ward, the number of patients who were on continuous interventions and specific risks or requirements for patients and staff. It also included dietary requirements and any medications that were due out with the usual medication round times. Whilst this guidance sheet was not in use in other wards, staff were able to describe the safety processes in place.

Quality improvement and assurance enhance patient outcomes by systematically identifying gaps in care and implementing evidence-based changes that lead to safer, more effective, and consistent practice.

We met with a group of staff who raised concerns about the effectiveness of current quality improvement and assurance systems. They reported that the quality improvement processes being used at present were being utilised to capture data at board level, but not local level. They felt the existing system did not consistently capture the information required to influence improvement work and help improve patient care at Stratheden Hospital.

Staff described previously there had been a continuous quality improvement cycle where information and data produced at a ward level, was then analysed and used to enhance patient care. They reported this had improved care for patients,

reducing the need for medications, restraint, and resulted in a reduction in violence and aggression and self-harm. They further reported that they had wished to continue with this programme as they considered it an effective process. However, it was no longer in place. We saw that there had been several incident reports of violence and aggression, self-harm and medication errors. We discussed this with senior managers who explained work was underway to complete an audit and use the findings to improve care relating to self-harm, restraint, seclusion, trauma informed practice and medication errors within the inpatient areas. Senior managers acknowledged that releasing staff to provide improvement work was challenging and as such, this piece of work was at the planning stage. A requirement has been given in support of this area

Evidence provided demonstrated a board wide quality and improvement approach including community services, care homes and care at home services. However, a lot of the data was not relevant to mental health in patient areas. We discussed this with senior managers who informed us that they were in the process of looking at areas which were relevant to an inpatient setting.

A regular programme of audits can support early identification of risks, support compliance with policy, and maintain patient and staff safety. We asked for all the completed audits that had been carried out in the hospital for the previous three months including the programme of scheduled audits to be carried out. Audits provided included the NHS Fife HAI Prevention and Control Assurance Audit Framework programme of audits. We observed good compliance with ward level hand hygiene audits along with completed infection prevention and control walk rounds and care assurance walk rounds.

Staff we spoke with described annual care assurance visits and a timetable of audits which are assigned to charge nurses and senior charge nurses. These included audits of treatment certificates that must be in place under the Mental Health (Care and Treatment) (Scotland) Act 2003. Staff told us of other audits being carried out which included medication and monthly documentation audits.

We discussed audit and assurance processes that are in place with senior managers who advised that the electronic platform in place did not support staff to accurately record the results. At present, excel spreadsheets are in place and this is not providing the level of information that is needed. We were also advised that due to this, other electronic platforms are being considered to ensure more accurate recording of data. A requirement has been given to support improvement in this area.

## Area of good practice

### Domain 2

2 Staff described having good senior support at ward level.

## Requirements

### Domain 2

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

### Domain 4.1 – Pathways, procedures and policies

Quality indicator 4.1 – Pathways, procedures and policies

**There is ongoing work across Stratheden Hospital to ensure reduced ligature risk. Inspectors observed parts of the healthcare environment appeared tired and in need of maintenance and repair. The completion of patient care records was variable, across areas inspected.**

In mental health wards personal alarms are carried by all staff to ensure prompt responses to emergency situations. In all wards inspected staff carried personal safety alarms. However, one ward reported being short of alarms. We raised this with senior managers who addressed this promptly with additional alarms being provided. Within incident reports reviewed we did not see any incidents relating to personal alarms being lost or faulty.

People who experience significant mental health problems are at a considerably higher risk of developing physical health problems than the general population. We observed the majority of patient reviews of physical health were carried out during initial assessment on admission. This included frailty screening, Malnutrition Universal Scoring Tool results and Pressure Ulcer Risk Assessment scores. These were recorded on patient's electronic care records.

We reviewed patient care documentation across all wards, including patients individual care plans. Care plans were in place for high dose monitoring of antipsychotic medication, physical health monitoring, and mental health monitoring. However, these were not always up to date. Completion was variable with gaps in care plans and examples of care plans not being timeously reviewed. Evidence of patient involvement in care planning was limited. In one instance a care plan had not been completed for a patient who had been admitted four days

previously. When we fed this back, staff told us this would be actioned as a matter of priority. However, they explained timely completion of patient documentation was an ongoing issue due to current pressures in the ward, with only two registered staff per shift. We also observed that a number of admission documents were not complete including sleep and nutrition assessments. This could have an impact upon the patients' health and wellbeing and does not give a comprehensive assessment of the patients care needs. We also noted that student nurse entries were not always countersigned. This was fed back to staff at the time of the inspection.

A passport to health was used for ongoing monitoring and daily National Early Warning Scores 2 were done for patients with an identified need. These forms can indicate a deteriorating health condition and are designed to inform staff of the decline in health. Any sign of declining health would be reported to medical staff on the ward. Senior staff explained the process of caring for people who showed deteriorating health or a physical health emergency. The patient would be transferred to the nearest general hospital. This would be facilitated by medical staff or the senior nurse on duty. However, as discussed earlier in this report, significant variance in staff completion of mandatory training, including basic life support, has been identified through this inspection. A requirement has been given in Domain 1 to support improvement in this area.

Staff told us that two different electronic care systems are used for MUST and FEWS and another for risk assessments, care plans and documentation, which can create challenges, particularly when staffing levels are pressured. Where information is recorded and updated can vary depending on which staff are on duty, increasing the risk of error or omissions.

Patients within the older adult wards who were displaying stressed and distressed behaviour did not always have stress and distress care plans in place. The staff on duty reported that this was due to pressure of work and would be attended to immediately. This should be completed as part of ongoing assessment and planning of care to identify and minimise distress using a person-centred approach. Stress and distress care plans are an evidence-based approach for dealing with stressed and distressed behaviours that aims to improve the experience and outcomes of people living with dementia. A requirement has been given to support improvement in the recording and completion of essential patient care documentation.

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 anchor points and the controls and mitigations in place to reduce identified risks. NHS Fife's Ligature Management Policy sets out the aims, purpose and mechanisms to identify and mitigate ligature risks. The people and groups who are responsible for the oversight of the policy include head of complex and critical care/head of estates, the Ligature Mitigation Project

Board, Ligature Mental Health Inpatient Oversight Group, and NHS Fife Health and Safety Sub-Committee.

The ligature risk assessments submitted had been completed with varying degrees of current controls included. We also observed that completion dates of action plans were often not included. We discussed this with senior managers who informed us that they had recognised that the ligature risk assessments had not been completed to an acceptable standard through their own auditing procedures. We were also advised that training and support is being provided to the registered nurses who have the responsibility of the completion of the risk assessments to improve compliance. A requirement has been given to support improvement in this area.

Following an incident in the hospital in December 2024 there has been an ongoing schedule of work in place to reduce the risk of ligature anchor points. We were also advised of ongoing issues with a specific type of fixture and fitting. However, mitigations have been put in place until a resolution can be found.

Within the incident reports submitted by NHS Fife we observed that approximately 40% were recorded as unwanted behaviour, violence and aggression. We observed that staff were utilising therapeutic interventions including de-escalation techniques to deal with distress and aggression. We also observed that restraint was used when necessary to ensure the safety of staff and patients. In one ward, staff told us that there were very few incidents of violence and aggression and rigorous risk assessments including a daily red, amber and green (RAG) rating for patient risk were carried out in this area. This is an early recognition system which identifies when a patient is becoming distressed or unwell and requires support from staff. Staff across the hospital also reported that there were debriefs after incidents and that they felt well supported. However, as mentioned above, a requirement has been given regarding the completion of mandatory training. This includes the safe and therapeutic use of de-escalation and physical interventions where required.

The use of seclusion within mental health inpatient areas should only be considered where there is a clear and identified risk that the patient presents a significant degree of danger to themselves or others, and the situation cannot be managed more safely or appropriately by any other means. The Mental Welfare Commission suggests that all health boards should have a policy on the use of seclusion whether it's used or not. In evidence submitted in minutes of the Patient Safety Oversight group we saw that NHS Fife had discussed this area and were seeking to review their policy in line with best practice. This involved comparisons with other health boards. Within documentation reviewed we saw one instance of seclusion documented which explained the rationale and subsequent actions taken.

Standard infection control precautions should be used by all staff to minimise the risk of cross infection. These include patient placement, hand hygiene, the use of

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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).

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. However, we did observe hand hygiene being carried out after contact with linen and patient equipment. We observed alcohol-based hand rub was not available inpatient areas due to patient safety reasons and staff did not carry personal alcohol-based hand rub. A requirement has been given to support improvement in this area.

Inspectors observed that there was good compliance with standard infection prevention and control precautions such as linen, waste and sharps management. Patients personal clothing was laundered on site and all other linen was processed at the hospital laundry. We observed both linen and waste were managed in line with the national infection prevention and control manual. Sharps boxes were all assembled and marked with dates and names and not over filled. Clinical waste was managed appropriately.

During the inspection, patient care equipment was clean and ready for use. Storerooms were tidy and well organised. The hospital environment appeared clean. We observed that in the newer parts of the hospital, the environment was in a generally good state of repair. However, in the older parts of the hospital we observed some of the healthcare environment was in need of repair. These included showers leaking, stained flooring and wooden surfaces in food preparation areas that were not sealed. We were told of a programme of work for flooring to be replaced across the hospital. We saw from some care assurance walk round reports submitted in evidence that these areas had been identified previously by hospital staff. Within evidence provided, previous care assurance walk rounds and infection prevention and control audits had already identified age and condition of the ward and that priority maintenance should be carried out

We discussed this with ward staff and with the senior managers who informed us there is a reconfiguration plan in place for Stratheden Hospital and other parts of the mental health estate. This includes a proposed move away from hospital inpatient beds to providing more community-based services. We were told on site that there were proposals to move some wards to a different hospital. We saw from the evidence provided that there are parts of the hospital which have been identified as needing repair. However, because they have been scheduled for closure or transfer this had been viewed as being put on hold or not cost effective. Where there is inpatient accommodation, guidance within the national infection prevention and control manual highlights the care environment must be well maintained and in a good state of repair. A requirement has been given to support improvement in this area.

## Area of good practice

### Domain 4.1

- |          |                                                                                              |
|----------|----------------------------------------------------------------------------------------------|
| <b>3</b> | We observed the use of early recognition systems in place to reduce violence and aggression. |
|----------|----------------------------------------------------------------------------------------------|

## Requirements

### Domain 4.1

- |           |                                                                                                                                                                                    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7</b>  | NHS Fife must ensure that all patient documentation is accurately and consistently completed including documentation of patient involvement.                                       |
| <b>8</b>  | NHS Fife must ensure improvement actions are complied with and progressed with agreed timescales to reduce ligature risk identified through the ligature risk assessments.         |
| <b>9</b>  | 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. |
| <b>10</b> | NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning.                                                               |

### Domain 4.3 – Workforce planning

#### Quality indicator 4.3 – Workforce planning

**Within the majority of wards inspected, we observed good teamwork, with most staff describing feeling supported at an operational level by senior charge nurses and clinical service managers. However, staff uniformly raised concerns regarding the impact of ongoing staffing shortages which challenged their ability to deliver safe and effective care.**

Workforce data submitted by NHS Fife for December 2025 indicates an overall nursing vacancy rate of 20% among Band 5 registered staff within Stratheden Hospital. A vacancy rate in excess of 10% is considered high. In January 2026 prior to this inspection, NHS Fife requested support from Healthcare Improvement Scotland’s Healthcare Staffing Programme to undertake a Mental Health and Learning Disabilities Staffing Level Tool run within inpatient services across NHS Fife. The purpose of this work was to strengthen assurance around safe and effective staffing and to support consistent, evidence-based workforce decision making. A staffing level tool provides quantitative information based on patients needs to determine appropriate staffing levels as part of mandated annual common staffing method application.

To deliver this work, a dedicated multidisciplinary team was established, drawing on relevant expertise from the Healthcare Improvement Scotland Healthcare Staffing Programme and Excellence in Care teams. The team developed a bespoke improvement support package, tailored to NHS Fife’s priorities and focused on four key areas: Strengthening the use of the new Mental Health and Learning

Disabilities Staffing Level Tool, Supporting the application of the Common Staffing Method, enhancing real time staffing assessment, and strengthening the effectiveness of safety huddles. This includes the timely identification and mitigation of risk associated with safe staffing, supporting informed decision-making, and enabling effective monitoring of recurrent and severe staffing risks.

The improvement support package was agreed for delivery over a 12-week period commencing March 2026, providing focused input to build local capability, consistency, and sustainability in mental health and learning disabilities inpatient staffing practice.

Across NHS Scotland, there is a national recommendation for Boards to fund an additional 22.5% staffing uplift within establishments to provide cover for predictable absence. This includes annual leave, study leave, parental leave, and sickness absence. At Stratheden Hospital, the total staff absence rate for December 2025 was 34.7%, exceeding the planned predictable absence provision. This included a sickness absence rate of 15.8%, with 9.2% attributable to long-term sickness absence. This is significantly higher than the benchmark, which aims for a sickness absence rate of 4% or less. Between higher than planned absence rates, high registered nursing vacancy and high acuity of patients, this resulted in high use of supplementary staffing, such as bank, agency and overtime.

While overtime was offered to substantive staff, all wards inspected reported the regular use of supplementary bank and agency staff. Evidence submitted demonstrated that an average of 42 whole time equivalent supplementary staff were utilised across the site each week. This equates to approximately 25% of the hospital's funded establishment, with one ward using an average of seven bank and agency staff per day. These staff comprised a mix of registered nurses and healthcare support workers.

Sustained reliance on supplementary staffing has the potential to negatively impact the ward skill mix, which may impact care delivery and place additional pressure on substantive staff. Staff told us that, due to the regular use of bank staff, many were familiar with ward routines and patients' needs. However, staff continued to describe ongoing challenges in relation to reduced skill mix, associated both with the high level of supplementary staffing and a high proportion of newly registered nurses with limited clinical experience.

We were told that NHS Fife aims to ensure that all newly qualified nurses complete Flying Start, the mandatory Scottish development programme for newly qualified nurses, midwives and allied health professionals. This programme supports the transition from student to confident practitioner. The expectation is that newly qualified nurses complete Flying Start prior to leading or co-ordinating shifts. However, we were told this is not consistently achievable.

On one ward, four newly qualified nurses were in post, with a fifth due to commence shortly following the on-site inspection. A senior charge nurse

described challenges in providing appropriate supervision and support for newly qualified nurses alongside the delivery of safe patient care. This increased the pressure on more experienced staff, who were required to balance clinical leadership, patient care, and developmental support for less experienced colleagues. Staff told us that work had begun to develop local resources to support newly qualified nurses. However, this had not been completed due to ongoing staffing pressures and sustained clinical activity. A requirement has been given to support improvement in this area.

We spoke with staff across a number of wards who consistently reported frustration with current staffing levels. Staff told us that staffing pressures were having a significant impact on their ability to carry out their roles effectively and to deliver the level of care they considered patients required. On one ward, staff appeared visibly distressed when describing the challenges they faced in meeting patients' needs. They reported that a high proportion of patients required significant support with personal care, and that limited staffing meant they were not always able to carry out therapeutic or meaningful activities with patients. We raised this with senior managers who acknowledged the ongoing staffing challenges and impact on staff. They reported that they were taking steps to address the issue of staff wellbeing, part of which was issuing a staff stress questionnaire. While we were told of the recruitment of support staff specifically to support meaningful activity, we were also told of the lack of access to different professions in some areas, such as occupational therapists and psychology, which impacts negatively on patient outcomes. One nurse was able to describe in detail the positive impact psychology input had for patients, when it was available, and that the current lack of this is having a negative impact. A requirement has been given to support improvement in this area.

NHS Fife uses an electronic staffing system to monitor real-time staffing risk across their mental health inpatient areas. This system is designed to support clinical professional judgement by reporting staffing requirements in response to patient acuity and care needs versus available staffing. The system uses a traffic-light approach, with red status indicating the highest level of staffing shortfall, to support decision-making when deploying staff and mitigating any identified staffing shortfalls.

Staff told us that the electronic staffing system had been recently introduced, and that minimal training had initially been provided to support its implementation. We raised this with senior managers, who advised that additional training had since been introduced to support staff understanding of the system and to promote greater consistency in its use.

While onsite, we were informed of ongoing issues with the professional judgement functionality of the electronic system, which were being progressed with the system manufacturer. We were told that daily huddles and the use of the OPEL (operational pressures escalation levels) framework were being used as

interim mitigations. However, staff reported that current systems and processes did not always accurately reflect the staffing required to provide safe care. Staff demonstrated awareness of escalation processes relating to staffing shortfalls due to increased patient acuity or sickness absence but told us they did not always feel that concerns raised were acted upon.

Staff also reported that where wards were assessed as being over their rostered staffing levels, staff were frequently redeployed to other areas of the hospital, regardless of the acuity and care needs of patients within their own ward. Staff told us they would submit incident reports related to staffing pressures when time allowed. Review of incident data provided showed that 4.5% of incidents were related to staffing challenges. However, it was not clear what feedback staff received following submission, or what actions had been taken as a result. A requirement has been given to support improvement in this area.

We were advised that staffing requirements are reviewed throughout the day, with actions taken to mitigate identified risks, including the redeployment of staff. During the on-site inspection, inspectors attended a number of huddles, including the daily safety huddle, workforce huddle, and site safety huddle. These forums were used to identify and respond to concerns relating to staffing in order to support the safe delivery of care. Staff present at the huddles included clinical service managers, charge nurses, and members of the wider multidisciplinary team. Discussions focussed on staffing shortages, increased patient acuity, and actions required to mitigate identified risks. We observed that staff were able to raise concerns openly, and that decisions were made to address these, including staff redeployment, senior charge nurses foregoing protected leadership time, and the use of agency staff. However, despite this, we noted that some risks remained unresolved as huddles concluded.

Time to lead is a legislative requirement under the Health and Care Staffing (Scotland) Act 2019, intended to provide protected supervisory time for clinical leaders to oversee the delivery of safe, high-quality and person-centred care, and to support and develop their teams. We were told that the current local aim is to provide senior charge nurses with 15 hours (pro rata) per week of protected leadership time.

Staff we spoke with described that planned supervisory and leadership time was frequently eroded, due to the need for senior charge nurses to undertake unplanned clinical caseloads to mitigate staffing challenges. Evidence provided demonstrated that sustained pressures relating to ward demand and capacity continued to require both senior charge nurses and deputy charge nurses to undertake clinical caseload holding activity to maintain safe staffing levels across all wards within the unit.

Senior charge nurses on two wards described that leadership and management responsibilities, including use of the electronic rostering and absence management system, the management of adverse events and incidents, and staff

appraisals were time-consuming. They told us that when rostered for supervisory leadership time, they were often required to provide direct clinical care, which limited their ability to exercise protected 'time to lead' and significantly impacted on their capacity to complete required leadership and governance tasks. A requirement has been given to support improvement in this area.

The Health and Care (Staffing) (Scotland) Act 2019 places a statutory duty on NHS Boards to apply the Common Staffing Method (CSM) rigorously and consistently. This includes the use of staffing level tools to inform decision-making and to support the provision of safe, high-quality care, while protecting the health, wellbeing and safety of patients and staff. Staff we spoke with across all areas described that ward staffing establishments had remained largely unchanged for many years and were no longer sufficient to meet the increasing acuity and care needs of patients within inpatient areas.

Staff told us that a staffing level tool run had been undertaken in October 2024. However, they had not received feedback on the outcomes. On one ward, staff described being informed that an increase in staffing establishment was planned, which was subsequently withdrawn without explanation. This contributed to frustration and reduced confidence in staffing review processes.

We raised these concerns with senior managers, who advised that a comprehensive workforce health check, using the full Common Staffing Methodology, had been undertaken across mental health inpatient areas. Senior managers told us that this identified significant inconsistencies in the October staffing tool-run outputs. These included issues with the reliability of recorded occupancy data and the application of professional judgement, which impacted the accuracy of the tool at that time. Senior managers explained that, as a result, the October staffing tool run did not provide an accurate reflection of staffing requirements, with examples of both under and over-staffing recommendations identified. A requirement has been given to support ongoing improvement in this area.

NHS Fife, and senior managers responsible for the delivery of care within Stratheden Hospital acknowledged the number of concerns, identified throughout this inspection, and have been welcoming of the ongoing improvement support from Healthcare Improvement Scotland's Healthcare Staffing Programme.

## Area of good practice

### Domain 4.3

- 4** Despite ongoing staffing level challenges, ward-based staff were working hard to provide safe delivery of care to patients.

## Requirements

### Domain 4.3

- 11** 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.
- 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.
- 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.
- 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.
- 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.

## Domain 6 – Dignity and respect

### Quality indicator 6.2 – Dignity and respect

**We observed warm and compassionate interactions between staff and patients. However, meaningful activities were not consistently available for patients across Stratheden Hospital. There is limited resource of allied health professionals and psychology across the hospital.**

During our onsite inspections we observed interactions between patients and staff were warm, compassionate and respectful.

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. At the time of the onsite inspection, there was no activities coordinator in any of the wards. We were told that the recruitment process was actively ongoing for an activities coordinator to be shared between Muirview and Elmview wards. Ward staff told us that they would try to provide meaningful activities for the patients, but this could not be sustained when staffing was low or if the patient's acuity increased. We did observe that, during the staff handover period, some staff would play board games with the patients and take the patients out for a walk.

Patients throughout the hospital have access to an onsite gym, within the Ceres Centre, where they can book sessions with a physiotherapist. Patients can also access within wards, among other activities, games consoles, film nights and a pool room. Access to these facilities depend on patients being well enough to use safely or staff being free to accompany patients to the centre who require support. Staff in the acute and older adult wards told us that this can be a challenge due to low staffing levels. Music therapy is available, but this can only be accessed by patients on some wards. A requirement has been given to support improvement in this area.

Outdoor spaces in mental health wards play a crucial role in patient well-being, recovery, and overall therapeutic care. All wards have access to outdoor space. Muirview ward has an outdoor space in the middle of the ward however, there was a problem with the surface of the space, meaning it could not be used by the patients. We were told that it was being attended to, with funding in place, but we were not given any timescales.

Within the forensic ward the Scottish Association for Mental Health were funded to support patients five days per week with a focus on activities both within and outside the ward, for example attending the onsite gym or local activities out with the hospital. In the same ward there was also a psychologist, occupational therapist and a music therapist. The music therapist is shared across multiple wards.

However, staff on the acute ward advised that there was very limited input for patients, with a lack of allied health professional provision, including physiotherapy and occupational therapy. Staff within another ward explained they were unable to access speech and language therapy input for a patient due to limited resources.

We discussed this with the senior management team who acknowledged gaps in the provision of allied health professional and psychology input. They explained this was key within the proposed redesign of mental health services across NHS Fife, with an aim to review the allied health professional resources to ensure that resources are distributed equally throughout the board area. All patients should have access to staff who will provide meaningful activity or who will meet their clinical needs. A requirement has been given to support improvement in this area.

Two members of staff in one ward have completed a decider skills one day course. Decider skills is an evidence-based approach that teaches practical, easy-to-use skills drawn from cognitive behavioural therapy and dialectical behaviour therapy. The initiative aims to equip staff and patients with tools to manage stress and distress, improve emotional regulation, and support safer, more consistent decision-making in challenging situations. It is designed to enhance patient confidence, reduce escalation, and promote a more therapeutic response to stress and distress, which in turn can reduce the need for medications.

Staff in the hospital explained they have a 'natural waking' approach which supported staff and patients to allow patients to wake up naturally and not have to conform to specific times.

Patients we spoke with were generally positive about their care. However, a patient on one ward reported that their room was cold. Staff in the ward confirmed that this was an ongoing issue and advised that it had been escalated to senior staff, who confirmed there was a problem with the heating system which had been reported to the estates team. There is a plan to flush and rebalance the heating systems, but the heating needs to be switched off to do this, therefore this has been planned to take place during spring. In the meantime, electric heaters are being fixed in position in the affected rooms until the central system is repaired.

Advocacy is performed by a service which is independent of the hospital. It ensures people have the right to voice their opinion on their care, rights and treatment decisions. We were told of regular advocacy input if required. Information on how to access this service is displayed on two wards.

We observed that the hospital uses Care Opinion as the main source for patient feedback. However, we observed only one ward displayed QR codes for patients to access this. This will not support patients to provide feedback to inform service improvement for those people who are unaware of or choose not to use Care Opinion. The NHS Care Opinion website is a public independent website where

people can share their experience of NHS care. There is no other mechanism in place to record patient feedback or evidence of learning from this. A requirement has been given to support improvement in this area.

### Areas of good practice

Domain 6	
5	We observed warm and respectful interactions with the staff and patients.
6	The staff ran a deciders course which can help lessen the need for medication for patients.

### Requirements

Domain 6	
16	NHS Fife must ensure adequate staffing to enable meaningful activity to be provided to enhance recovery and promote wellbeing.
17	NHS Fife must ensure all patients have equitable access to members of the multidisciplinary teams including allied health professionals and psychology.
18	NHS Fife must ensure patients are supported to give feedback on their care experience to inform improvements in the service.

# 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.

- [Ageing and Frailty Standards – Healthcare Improvement Scotland](#) (Healthcare Improvement Scotland, November 2024)
- [Allied Health Professions \(AHP\) Standards](#) (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- [Clinical Governance Standards](#) (Healthcare Improvement Scotland, February 2026)
- [Core Mental Health Quality Standard](#) (Scottish Government, September 2023)
- [Delivering Together for a Stronger Nursing and Midwifery Workforce](#) (Scottish Government, February 2025)
- [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)

- [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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