Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

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



Signature: _____

Full Name: Patricia Kilpatrick

Date: __19.10.26_____

NHS board Chief Executive



Signature: _____

Full Name: William Edwards

Date: _19.10.26_____

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Requirement 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 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.				
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.	1st September 2026	Associate Director of Nursing	Work has progressed across NHS Fife to review and strengthen policies and operational procedures relating to sexual safety, mixed-sex accommodation, dignity and privacy**.** A short-life working group was established to review existing NHS Fife arrangements and consider comparator policies and procedures from other NHS Boards. Best practice was coordinated through the Mental Health Leads network, which has helped inform the development of a comprehensive NHS Fife sexual safety policy/procedure. This policy is progressing through NHS Fife governance routes.	Complete

				NHS Fife has completed an organisation-wide assessment of clinical accommodation to provide assurance of compliance with the Equality Act 2010 and the EHRC Code of Practice. The Executive Leadership Team has reviewed the findings and agreed a position of moderate assurance, supported by documented clinically justified exceptions. Final approval and implementation of the associated policy will further strengthen organisational assurance.	
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.	1st September 2026	Associate Director of Nursing and Equality & Human Rights Lead Officer	An Equality Impact Assessment has been undertaken as an integral part of the development of the sexual safety and mixed-sex accommodation policy, using the strengthened NHS Fife EQIA process. This will be supported by the revised NHS Fife EQIA governance processes. to ensure that the policy and implementation arrangements appropriately consider the needs and rights of protected characteristic groups.	Complete
1.3	Develop and implement a standardised risk assessment and decision-making framework for patient placement and care environment allocation, including escalation processes	1st September 2026	Associate Director of Nursing	The standardised risk assessment and decision-making framework is incorporated within the draft sexual safety and mixed-sex accommodation policy and supporting appendices. This sets out the assessment, documentation	Complete

	and documentation requirements where risks relating to sexual safety, vulnerability, dignity, or mixed sex accommodation are identified.			and escalation requirements where risks relating to sexual safety, vulnerability, dignity or mixed-sex accommodation are identified. In addition, Mental Health Services have implemented a decision-making process for surge capacity which requires clinical and professional leadership approval and explicit consideration of sexual safety and mixed-sex accommodation risks.	
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.	1st September 2026	Lead AHP, Service Managers for Mental Health Services, and Estates colleagues	An organisation-wide review has been completed to assess mixed-sex accommodation arrangements and identify areas requiring further review or mitigation. Within Mental Health inpatient services, sleeping accommodation is provided through individual bedrooms or designated single-sex dormitories, while risks associated with shared ward areas are being considered through the wider sexual safety, dignity and privacy programme. Options to provide greater separation within Elmview Ward are also being assessed, with environmental requirements and costings obtained to inform estates and service planning decisions.	Complete
1.5	To strengthen Adult Support and Protection (ASP) arrangements and improve safeguarding	1st August 2026	Associate Director of Nursing	Two ASP band 7 practitioners post have successfully been recruited to. They work across all areas and support the	Complete

	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.			ASP and Public protection agenda. This has strengthened the support for the wider public protection resource, early education has commenced and staff encouraged to undertake TURAS modules. Public protection information and awareness raising emails having been sent out, along with encouraging staff to undertake the NES modules.	
	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, Violence and Aggression and fire training.	1st July 2026	Lead Nurses, Lead AHP, and Service Managers for Mental Health Services	A monthly reporting and escalation process has been agreed for Senior Charge Nurses and Lead Nurses to provide mandatory training compliance updates to the Head of Nursing and Clinical Service Managers. The reports will identify areas of non-compliance, associated risks and actions being taken to improve completion rates. Implementation is progressing; and reporting will provide evidence that the process is operating as intended and enable gaps to be monitored through senior leadership and governance arrangements.	Complete

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.	1st July 2026	Lead Nurses	A standardised monitoring approach is now in place across Mental Health Services, supported by a central reporting spreadsheet aligned with Once for Scotland learning arrangements. Lead Nurses and Clinical Service Managers review compliance with Senior Charge Nurses, identify areas requiring targeted action and support the allocation of protected learning time where operational pressures permit. Core skills compliance has increased to 80% from 30%, with continued monitoring focused on areas where improvement is not yet sustained.	Complete
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.	1st August 2026	Business Manager, Lead Nurses, Lead AHP, and Service Managers for Mental Health Services	A standardised service-wide recording process has been implemented and is held centrally to support consistent monitoring of completed and outstanding mandatory training. Compliance information is reviewed locally by clinical leaders and reported through the MHLD Sustainable Workforce Group, with assurance and escalation through the HSCP Sustainable Workforce Group and CCCS QMAG. This provides a consistent route for identifying gaps, agreeing improvement actions and monitoring delivery.	Complete

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.	1st July 2026	Lead Nurses	A monthly reporting and escalation process is now in place. Mandatory training compliance is reviewed by Senior Charge Nurses, Lead Nurses and Clinical Service Managers, with areas of non-compliance identified and targeted actions agreed. Performance and exceptions are reported through senior leadership and governance arrangements, enabling gaps and associated risks to be identified, escalated and monitored to resolution.	Complete
2.5	A Mental Health Mandatory Training Improvement Plan will be developed and reviewed monthly to support sustained improvement in compliance, workforce capability and patient safety. 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.	1st July 2026	Head of Service	Mental Health mandatory training improvement plans have been developed and distributed across services. These identify areas of lower compliance, required improvement actions, responsible leads and arrangements for ongoing review. Compliance is monitored using central service-level information and Turas reports provided by Employability and Learning colleagues, with Lead Nurses and Clinical Service Managers reviewing areas requiring targeted action. The Employability and Learning Manager provides strategic support and contributes to Mental Health management and governance arrangements, strengthening oversight of compliance, workforce capability and patient safety. Full implementation is	Complete

				demonstrated through routine monthly review of the improvement plans and evidence that identified gaps are acted upon and monitored.	
	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.	1st November 2026	Lead Nurses and Lead AHP	Implementation of the NES Clinical Supervision Framework is progressing across Mental Health Services. An initial awareness session was well attended by Clinical Service Managers, Lead Nurses and Senior Charge Nurses, and community mental health teams have engaged positively with the pilot. The next phase is focused on extending implementation within inpatient services, identifying supervisors and introducing a consistent monitoring process. Progress and barriers will be reviewed through nursing leadership arrangements to support wider implementation PDP compliance is a priority for the board, services are receiving their compliance data monthly, with local RAG rated monitoring and action plans for improvement put in place. Good uptake with Clinical Supervision Pilot from community MH teams and	Progressing

				further work to improve engagement with inpatients is planned.	
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.	1st November 2026	Business Manager and Lead Nurses	Development of a single electronic recording and monitoring approach will be progressed as the NES Clinical Supervision Framework is embedded across the Mental Health workforce. This will support consistent recording of clinical supervision, PDP discussions and appraisals and enable future compliance reporting through service and HSCP leadership arrangements. In the interim, PDP completion remains a leadership priority. Compliance data is reviewed monthly, with local RAG-rated monitoring and action plans used to identify areas of lower performance, assign responsibility and track improvement.	Progressing
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 processes prior to full rollout.	1st September 2026	Associate Director of Nursing	An initial awareness session was delivered on 17 June and was well attended by Clinical Service Managers, Lead Nurses and Senior Charge Nurses. Further information has been shared through the Lead Nurse Forum, professional open forum and service communications. Mental Health staff have volunteered to undertake supervisor development, and community teams are engaging with the	Progressing

				pilot arrangements. Learning from the pilot and staff feedback will inform wider implementation across inpatient services.	
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.	1st November 2026	Lead Nurses, Lead AHP, and Service Managers for Mental Health Services	PDP compliance is monitored monthly using local RAG-rated reports, with action plans in place for areas of lower performance. Senior Charge Nurses and Clinical Service Managers review progress through service and Band 7 meetings, and outstanding PDPs are scheduled across the year to support sustained completion. This has established clearer ownership, improved visibility of compliance and enabled areas requiring additional management support to be identified and addressed. The Chief Executive newsletter has had a clear focus on PDPs and been disseminated widely across services. The service has increased compliance further over Aug to Sept with a 10% rise in compliance with a continued focus on ensuring this progresses across the year.	Progressing
	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	1st September 2026	Lead Nurses, Lead AHP, and Service Managers for	Staff awareness of the routes available for raising concerns has been strengthened through team meetings,	Complete

	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.		Mental Health Services	staff forums, induction, supervision, Datix awareness and increased visible clinical leadership. Senior clinical leaders are role modelling the behaviours set out in the Clinical Leadership Framework and providing opportunities for staff to raise concerns directly and at an early stage. The Speak Up Champion and formal whistleblowing arrangements continue to be promoted as additional confidential and independent routes where staff do not feel able to use local processes. The Improvement Team is also adapting and testing a psychological safety questionnaire to identify themes, support organisational learning and inform targeted improvement.	
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	1st July 2026	Speak Up/Whistleblowing Champion, Head of Service, and Associate Director of Nursing	Mental Health Services are creating regular opportunities for staff to raise concerns through daily site huddles, whole-system huddles, staff meetings, the fortnightly professional open forum, leadership visits and staff-side walkarounds. These arrangements are intended to make speaking up part of routine service engagement, enabling concerns to be raised early, discussed openly and acted upon through local leadership and governance processes. The Speak Up Champion has undertaken two visits to Stratheden Hospital,	Complete

				providing staff with access to confidential and independent support and increasing awareness of the formal routes available where concerns cannot be resolved through normal service arrangements. This complements, rather than replaces, the routine opportunities available to staff to raise concerns with local and senior leaders. Themes arising through staff engagement, Datix reporting and Speak Up routes will be reviewed through established governance arrangements to identify learning, actions and feedback for staff.	
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.	1st August 2026	Service Managers for Mental Health Services and Lead Nurses.	Daily huddles continue across all sites, alongside whole-system huddles, the fortnightly open forum and regular staff meetings. Senior leadership visibility across the Stratheden site has continued to increase. The Executive Nurse Director has recently visited the site, with two further visits planned before the end of 2026. This represents a greater level of Executive Nurse Director engagement with Mental Health Services than with any other service area across NHS Fife. These visits complement the established programme of senior leadership, staff-side and multidisciplinary walkarounds, providing additional opportunities for	Complete

				direct staff engagement and observation of care delivery. Monthly Staff-Side Walk rounds take place by Associate Director of Nursing and Staff-Side Rep. With several visits having taken place to mental health wards, 10th of April 2026, July 24th and August 31st. The Head of Service, Associate Medical Director, Associate Director of Nursing and Clinical Service Managers have undertaken site visits alongside Participation and Engagement colleagues and staff-side representatives. These are planned quarterly across all Mental Health sites. Older adult services continue to have their quarterly staff forums for all staff working across the service. They have developed a 3 monthly newsletter with two of these having been shared across all the services, latest being in September 2026.	
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,	1st June 2026	Lead Nurses, Lead AHP, Head of Nursing, and Associate Director of Nursing	The Clinical Leadership Framework paper has been shared and is being followed by senior clinical leaders across the organisation. This is recorded on a weekly basis and returned monthly to the Director of Nursing. There is an AHP record held. Next steps include an MS Forms being returned each month from the staff on	Complete

	and modelling an open, compassionate, trauma-informed and psychologically safe culture			their experience and findings to collate the learning.	
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.	1st December 2026	Head of Service, Associate Director of Nursing, and Associate Medical Director	Organisational Development support has been provided through Our Leadership Way sessions with senior nursing and AHP teams. Further work is being progressed with Mental Health leadership to translate the framework into a structured programme for managers and teams, with a focus on compassionate leadership, open communication and psychological safety. The programme will be aligned with the developing Mental Health leadership model and informed by staff feedback and organisational learning.	Progressing
	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	1st July 2026	Clinical Care Governance Team and Lead Nurses	Quality Matters Assurance Safety Huddle (QMASH) membership has been strengthened to include Senior Charge Nurses, with improved engagement. Ward-level dashboards training sessions have taken place and were well attended to promote the use of data to SCN/LN and Clinical Service Managers. Quality data is now being shared monthly and displayed within clinical	Complete

	required actions are directly reviewed by those responsible for day-to-day clinical leadership.			areas to support identification of themes, learning and improvement actions.	
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.	1st July 2026	Clinical Care Governance Team and Lead Nurses	Ward-level dashboard access has been established for relevant clinical leaders. Bitesize training has been delivered to support Senior Charge Nurses and Lead Nurses to interpret and use the information effectively. Dashboard information is now reviewed through monthly service meetings and displayed within clinical areas, supporting team reflection, identification of emerging themes and agreement of improvement actions.	Complete
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.	1st July 2026	Clinical Care Governance Team and Lead Nurses	Standardised quality information is provided monthly to wards and displayed within clinical areas. This includes falls, medication incidents, infection prevention and control, distressed behaviour and behavioural incidents, ligature risks, self-harm and violence and aggression. Senior Charge Nurses use this information with teams to review themes, identify learning and agree improvement actions. NHS Fife has appointed a Head of Improvement and Head of Assurance who oversee the work of the new Quality Directorate with a newly established Care Assurance Oversight Board chaired by the Executive Nurse	Complete

				Director reporting into the existing clinical governance structures	
	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.	1st July 2026	Director of Nursing and Clinical Care Governance colleagues	The Essentials of Care governance structure has since been incorporated into the new Quality Directorate. This has been established across NHS Fife to provide strengthened oversight, governance and momentum for Quality Improvement activity across all areas. As part of a review of all NMAHP quality and safety groups there were a number of areas where duplication existed and therefore under the new Quality Directorate and Care Assurance Oversight Board the previous structures are revised.	Complete
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.	1st September 2026	Director of Nursing and Subgroup leaders, yet to be agreed upon.	Ten quality improvement workstreams have been identified within the revised structure and will report to the Care Assurance Oversight Board using agreed improvement methodology, measures and assurance arrangements. Mental Health-specific matters will continue to be monitored through the appropriate service governance route, including HSCP QMAG, the Patient Safety Oversight Group or the Ligature	Complete

				Programme Board according to the nature of the work or risk.	
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.	1st September 2026	Subgroup leaders, yet to be agreed upon.	Workstream leads will provide agreed progress, exception and risk reports through the relevant governance route. Organisation-wide care assurance activity will report to the Care Assurance Oversight Board, while Mental Health-specific improvement and safety matters will continue to be considered through the appropriate HSCP and specialist governance groups. This supports early identification of slippage and clear escalation to senior and executive oversight.	Complete
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.	1st September 2026	Director of Nursing	Mental Health improvement activity will continue to be reported through HSCP QMAG and the HSCP Clinical and Care Governance Group, with organisation-wide care assurance and quality improvement reporting provided through the Care Assurance Oversight Board. This maintains clear accountability and avoids the loss of Mental Health-specific oversight within the revised corporate structure.	Complete
	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.	1st September 2026	Clinical Service Manager and Head of Nursing	Work to strengthen documentation and care planning has progressed and is now aligned with the wider NHS Fife programme, supporting a consistent organisational approach and informing the future specification of an electronic care planning solution. The Care Assurance documentation audit process has also been reviewed and updated, with Care Assurance walkarounds continuing to take place and scheduled for the rest of the year. Care Assurance Oversight Group are developing a new working group to take this work forward across NHS Fife.	Complete
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.	1st September 2026	Head of Nursing and Lead Nurses	The Care Assurance procedure, including the documentation audit process, has been reviewed and updated. A focused review of the patient documentation audit tool is scheduled with the Head of Nursing and Lead Nurses to confirm alignment with professional standards and the wider NHS Fife care planning programme. Findings, compliance and required improvement actions will continue to be monitored through Care Assurance visits, management arrangements and established governance structures.	Complete
	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.	1st September 2026	Clinical Service Manager	A central ligature action tracker and standardised reporting arrangements have been established to support assurance reporting to the Ligature Programme Board and QMAG. The Programme Board meets monthly and is supported by an operational ligature group which reviews progress, identifies overdue actions and escalates unresolved risks. All ward ligature risk assessments have been completed in line with the annual programme, with resulting actions monitored through the tracker. Physical risk-reduction work has also been completed across Mental Health wards, including changes to curtain rails and the replacement of soap, towel and toilet-roll dispensers with magnetic alternatives where required to improve anti-ligature compliance. The refurbishment programme is providing further environmental risk reduction: Ward 1 has relocated to the refurbished Ward 3 accommodation, with Ravenscraig planned to move into Ward 1 following completion of the current refurbishment work. No ligature incidents have been reported during the previous three months. Incident information continues to be monitored alongside risk assessments, action-plan delivery and	Complete

				environmental improvements to identify any emerging risks or need for further action. The revised governance arrangements are operating, with final agreement of the Terms of Reference by the Ligature Programme Board required before the action can be formally closed.	
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-	1st September 2026	Clinical Service Manager	A 12-month timetable has been created of Ligature assessments for 2026. This timetable also includes dates for follow up action plan meeting after each Ligature risk assessment, at which point the assessment will be signed off. The action plan will then be brought back to each Ligature oversight meeting and monitored via the action tracker for completion or escalation to the project board of any unresolved issues.	Complete
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.	1st September 2026	Clinical Service Manager	The Ligature Policy has also been reviewed, approved and shared widely across the multidisciplinary team. This provides a clearer and more robust governance framework for the identification, assessment, escalation and management of ligature risks.	Complete
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	1st September 2026	Clinical Service Manager	A centralised tracker is in place to monitor all ligature action plans, responsible leads, deadlines and escalation points. Review of outstanding actions is a standing item at the operational ligature group, with	Complete

	standing agenda and that each action plan is returned to the group for follow up in a timely manner.			unresolved or higher-risk issues escalated to the monthly Programme Board. This provides a consistent and auditable process for monitoring completion and risk mitigation.	
	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.	1st July 2026	IPC colleagues and Senior Charge Nurses	Mental health clinical areas have been reviewed by IPC, with additional handheld and personal hand rub dispensers provided where required. Local responsibilities for monitoring and promoting hand hygiene have also been established, with ongoing IPC communication and assurance activity.	Complete
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.	1st July 2026	IPC colleagues	IPC colleagues attended an AHP staff meeting to discuss hand hygiene. Following this individual hand gels have been ordered for all staff. Processes have been implemented to ensure SCN/CN and AHP leads have a responsibility to promote and monitor this on a daily basis. IPC continue to share communications to support appropriate hand hygiene.	Complete

9.3	IPC will undertake a follow-up compliance review and incorporate ongoing monitoring through 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.	31st December 2026	IPC colleagues	IPC has confirmed completion of reviews across Mental Health clinical areas, with additional handheld and personal hand rub dispensers provided where required. Ongoing monitoring is incorporated within routine IPC engagement and the formal two-yearly audit programme. All scheduled two-yearly audits for Stratheden Hospital are currently in date, with identified concerns and improvement actions escalated through local management and established IPC governance arrangements. Supporting evidence of the completed follow-up review and resulting assurance will be retained through the relevant IPC governance process.	Complete
	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.	1st August 2026	Estates and IPC colleagues	IPC and Estates are routinely involved in relevant maintenance, refurbishment and building-planning activity. RAMS and HAI-SCRIBE processes are applied where required to ensure infection prevention and control risks are considered, documented and addressed before and during works. The criteria for applying these processes have been reinforced across services, supporting	Complete

				consistent IPC involvement in environmental planning and assurance.	
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.	1st September 2026	Service Managers for Mental Health Services	Ward teams have a process in place of checking outstanding jobs on MICAD weekly and emailing estates with this information. Estates and IPC are involved in the scheduled walk arounds and attend the Pan-Fife IPC group.	Complete
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 and well-maintained care environments across clinical areas.	1st August 2026	Head of Nursing, Excellence in Care Lead, Estates colleagues, and IPC Team.	The Care Assurance procedure has been reviewed and approved and now incorporates the Mental Health Built Environment Toolkit requirements. Multidisciplinary Care Assurance visits continue across Mental Health and Learning Disability inpatient areas, with participation from clinical teams, IPC and Estates where required. Findings are recorded, allocated for action and reviewed through management and governance arrangements to provide assurance on the safety, cleanliness and	Complete

				therapeutic quality of care environments.	
	Requirement 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 (see page 28) This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019				
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	A structured support programme is in place for Newly Registered Nurses, including Flying Start, summer learning sessions, corporate induction and a dedicated Mental Health and Learning Disability induction programme. Lead Nurses and Senior Charge Nurses support protected time for participation and monitor completion through local management arrangements. Progress will be reviewed through the MHLD Sustainable Workforce Group, with the nurturing programme providing ongoing education, support and peer contact following induction.	Complete
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	The Nurse in Charge competency framework has been reviewed and remains current. The framework has been rolled out across inpatient services and is used to support assessment and development before staff undertake shift coordination responsibilities. Completion and any additional support required are discussed through	Complete

				supervision and retained within local management records, providing evidence that staff are appropriately prepared before leading a shift.	
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	Clinical supervision for Newly Registered Nurses is being developed as an early priority within the wider rollout of the NES Clinical Supervision Framework. Initial awareness and preparation activity has taken place, and Mental Health staff have volunteered to undertake supervisor development. As the framework is embedded, arrangements will be established to identify supervisors, support access to supervision and introduce consistent recording and monitoring for NRNs. This will build towards clinical supervision becoming a routine component of the NRN development and support pathway.	Process Complete Action will be complete as part of the NRN onboarding programme through October to December 2026.
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.	31st July 2026	Head of Nursing and Clinical Service Manager	The nurturing programme has been developed to provide Newly Registered Nurses with ongoing monthly education, support and peer contact following induction. Dates and programme content have been informed by feedback from the previous NRN cohort. Attendance, participant feedback and identified development needs will be reviewed to inform future delivery.	Complete

	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.	1st September 2026	Lead AHP	The Occupational Therapy Single Point of Access and prioritisation arrangements have been reviewed and formalised. Monthly monitoring now provides visibility of referral volumes, source, complexity, allocation decisions, referral appropriateness and waiting time to first appointment. This supports equitable prioritisation based on clinical need and enables emerging demand, delays or variation between inpatient areas to be identified and addressed.	Complete
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.	1st November 2026	Lead AHP	The inpatient Occupational Therapy capacity and demand review is underway and has been aligned with the wider NHS Fife AHP workforce review. The review is considering establishment, vacancies, referral demand, caseload complexity, unmet need and available benchmarking information. Findings will be used to inform workforce planning, risk mitigation and escalation through the Strategic Workforce Programme Board and its AHP workstream.	Progressing – the board agreed to undertake a full review of AHP capacity and demand across NHS Fife, this is part of the Strategic Workforce Review Programme and therefore will move the completion date to March 2027.

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 Clinical Services Review & Redesign Project.	1st September 2027	Lead AHP, Director of Psychology, Head of Nursing, and Clinical Director	Work is underway to define the contribution, capacity and required deployment of Nursing, Medicine, Psychology, Occupational Therapy and other Allied Health Professionals within inpatient care. This is being aligned with the Clinical Services Review and Redesign programme and the wider workforce planning process. The outputs will inform the future multidisciplinary care model, clinical pathways and workforce requirements needed to support safe, therapeutic and recovery-focused inpatient care.	Progressing
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	1st September 2027	Director of Psychology	Work is progressing to strengthen psychology provision within inpatient wards. A paper setting out the current position, resource requirements and impact on service delivery has been developed and formally considered through NHS Fife governance structures, including the Clinical Governance Oversight Group. This has ensured that the need for enhanced inpatient psychology provision is clearly understood, associated risks are visible and the case for improvement is informing wider strategic, workforce and financial planning. While immediate	Progressing

	Psychology service into inpatient settings.			substantive change is constrained by the current financial and workforce position, Psychology is represented on the Clinical Services Review and Redesign Project Board and continues to identify opportunities to improve inpatient access as part of future service and workforce planning.	
	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	SafeCare is implemented across Mental Health Services and is used twice daily to support staffing huddles, identify immediate staffing pressures and inform deployment and escalation decisions. Learning has been gathered from other NHS Boards on the use of red flags and structured review of recurrent or severe staffing pressures; however, this additional process has not yet been implemented within MHLD. Work is underway to agree how this learning will be adapted locally, including the escalation route, recording of decisions and feedback to staff following staffing escalations and Datix reporting.	Complete

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 inform ongoing risk mitigation, service redesign and long-term workforce planning arrangements.	1st December 2026	Associate Director of Nursing, Head of Nursing, and Lead Nurses	Engagement with HIS commenced for 12 weeks, to support with the workforce tools, which were ran for 2 weeks in April 2026. Report is currently being revised to take into account the NRN in post the change and the strategic direction of redesign within the services. All appointable NRN were recruited to mental health with an aim to recruit over vacancies. Alongside the formal workforce planning work, the Executive Nurse Director's recent visits to Stratheden Hospital provided positive senior leadership assurance regarding the workforce position and the functioning of clinical areas at the time of the visits. This observational assurance will continue to be considered alongside workforce data, SafeCare information, professional judgement and the findings from the workforce planning tools through established governance arrangements.	Progressing
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),	31st July 2026	Associate Director of Nursing, Head of Nursing, and Practice and Professional Development colleagues	Information has been shared through various forums; huddles, open forums regarding Earn as You Learn and opportunities for Return to Practice. Mental Health are supporting the Gingerbread HCSW placement initiative of supporting single parents into work.	Complete

	exploration of “earn as you learn” opportunities and development of alternative routes into health and care professions to support a sustainable future workforce.			53 NRN’s have been appointed to commence in Mental Health Services from October 2026, this is the most NRN to date. HCSW’s from across service are engaged in EAYL, Open recruitment days held for LD service and plans in place to develop in MH wards. Plans in place to join and engage HEI with recruitment days in early new year. Development of workforce plan for LD service where recruitment and succession planning is required.	
	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	Protected clinical leadership time is currently recorded through SSTS. Agreement has been reached to introduce a standardised approach across Mental Health and Learning Disability Services by recording this time within eRostering. This will improve consistency of recording and enable routine reports to be produced showing leadership time allocated, delivered or cancelled. These reports will support monitoring through the MHLD Sustainable Workforce Group and enable recurrent barriers to protected leadership time to be identified and escalated.	Complete

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	Oversight of protected leadership time has been agreed through the MHLD Sustainable Workforce Group. The move to standardised recording through eRostering will provide reports on time allocated, delivered and cancelled. This information will be considered alongside feedback from Senior Charge Nurses, supervision discussions, staffing pressures and delivery of leadership and governance responsibilities to assess whether the current allocation of 0.4 WTE is sufficient and identify any required action. Implementation of the eRostering reporting arrangements and review of the first reports will provide the evidence required to assess delivery of protected time and whether the current allocation is sufficient.	Complete – monitoring is complete however the assessment of the time allocation is on going.
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	A Band 5 to Band 6 leadership development programme has commenced across NHS Fife. 8a and 8b's have also been supported to access the Partnerships Intermediate and Executive Leadership programmes, with several senior staff securing places. Additional funded leadership module opportunities have been promoted,	Complete

				with one Band 7 nurse currently participating. Further work through Our Leadership Way is focused on developing a structured support programme for Band 7 and Band 8a nursing staff, with initial engagement sessions undertaken to inform the programme content. Full implementation will be demonstrated when the programme, access arrangements and evaluation process for these staff groups are agreed and operational. Band 8a Leaders within mental health are also participating in the RCN Leadership programme.	
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.	1st July 2026	Associate Director of Nursing, Head of Nursing, and Lead Nurses	The Clinical Leadership Framework has been shared across Mental Health Services and senior clinical leaders are recording their visibility within clinical areas through the established monthly reporting process. Leadership visits, coaching conversations, staff engagement and access to wellbeing support are being used to embed visible, compassionate and psychologically safe leadership in practice. This visible leadership extends to executive level, with the Executive Nurse Director as previously indicated visiting mental health. Feedback gathered through leadership visits and monthly reporting arrangements will be	Complete

				used to identify learning and areas requiring further support.	
	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.	1st August 2026	Head of Nursing and Workforce Lead	Healthcare Improvement Scotland has supported delivery of Common Staffing Method training for Clinical Service Managers, Lead Nurses and Senior Charge Nurses, strengthening consistency in the use of workforce tools and triangulation of workforce, quality and safety information. A Workforce Lead commenced in August 2026 and is providing ongoing support. The 2026/27 tool-run schedule has been agreed, with the next Mental Health and Learning Disability run planned for December 2026.	Complete
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	1st August 2026	Head of Nursing	Healthcare Improvement Scotland supported delivery of Common Staffing Method training for Clinical Service Managers, Lead Nurses and Senior Charge Nurses, strengthening capability and consistency in applying the methodology and triangulating workforce, quality and safety data. Outputs from the workforce tool have been consolidated and formal	Complete, however the outputs need time to be considered as part of the wider Mental Health Strategy.

	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.			consideration of the findings will be informed by the wider Mental Health and Learning Disability strategy, future clinical models and workforce planning, taking account of workforce availability and service sustainability. Agreed conclusions, decisions and actions will be communicated through the MHLD Sustainable Workforce Group, Lead Nurse Forum and Senior Charge Nurse Forum, providing a clear feedback route to staff. The Partnerships Participation and Engagement team are involved in all strategy decisions requiring communication to staff and patients within inpatients settings. In the interim, staffing decisions and actions arising from daily huddles, SafeCare escalation and local staffing reviews are communicated through ward leadership, operational huddles and established staff forums. Work continues to standardise the recording and feedback process so that staff can see how concerns have been considered and what action has been taken.	
	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.	1st September 2026	Lead AHP	Three Activity Coordinators have been recruited for the Stratheden inpatient wards and have commenced (6 in total across other sites). Their role has been developed setting out their contribution to meaningful and therapeutic activity, with leadership, professional support and supervision arrangements being formalised to support consistent implementation across wards.	Complete
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	1st October 2026	Lead AHP	The Lead AHP is working with Activity Coordinators and ward teams on finalising a structured weekly programme of therapeutic and meaningful activity aligned to patient need, recovery goals and individual care plans. Fortnightly coordination meetings are being established to support consistency, share learning and address operational barriers. Ward activity timetables and monthly review arrangements will provide assurance that programmes are available, delivered consistently and adapted in response to patient need and feedback.	Complete
16.3	Establish baseline and ongoing measurement processes to evaluate the impact of Activity Co-ordinator roles on patient access to meaningful activity,	1st November 2026	Lead AHP	Work is underway with Clinical Governance colleagues to establish baseline measures and a consistent evaluation framework for Activity Coordinators. This will assess their	Progressing

	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.			impact on patient access to meaningful activity, patient experience and ward wellbeing, with findings used to inform improvement and provide ongoing assurance.	
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 inpatient staff to attend awareness/training sessions or receive briefing materials.	1st January 2027	Lead AHP	An awareness programme has been developed to reinforce that meaningful activity and therapeutic engagement are core responsibilities of the whole inpatient multidisciplinary team. The delivery approach is being finalised to maximise staff participation, using a combination of facilitated sessions and briefing materials. This work is aligned with the wider review of enhanced patient observation, supporting a move towards continuous therapeutic engagement that is purposeful, person-centred and recovery focused.	Progressing
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.	1st December 2026	Lead AHP	Monitoring arrangements for risks relating to AHP capacity, vacancies and limited specialist staffing will be further developed following completion of the AHP workforce capacity and demand analysis. This work is aligned with the wider AHP workforce review being undertaken as part of the NMAHP Strategy. A dedicated AHP workstream has also been established within the	Progressing

				NHS Fife Strategic Workforce Programme Board, creating an organisation-wide route for considering AHP workforce priorities and supporting alignment between service-level analysis and wider strategic workforce planning.	
	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	1st September 2026	Lead AHP	The referral pathway for inpatient AHP services has been reviewed and standardised. All inpatient wards now use a single referral route through Morse, aligned with the existing Single Point of Access model. Referral pathway guidance has been disseminated across all inpatient wards, and referrals are routinely reviewed through AHP allocation meetings to support clear and equitable access to AHP services.	Complete
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	1st November 2026	Lead AHP	Monthly referral monitoring is now providing information on referral volumes, referral sources, clinical complexity, allocation decisions, appropriateness and waiting time to first appointment. This information will be consolidated into quarterly AHP referral and activity reports to identify variation in access, demand and unmet need across inpatient wards. Reports will be reviewed through AHP	Complete

				leadership and relevant Mental Health governance arrangements, with identified risks or service gaps escalated for action.	
17.3	Work collaboratively with ward teams to develop criteria and prompts to support earlier identification of patients who may benefit from AHP input.	1st September 2026	Lead AHP	Ward engagement and education activity is being developed to improve staff understanding of AHP roles and support earlier identification of patients who may benefit from AHP assessment or intervention. This will include practical referral prompts and criteria developed with ward teams and aligned with the Single Point of Access prioritisation arrangements. Implementation will be supported through ward engagement, multidisciplinary meetings and review of referral data to assess whether appropriate referrals are being made earlier.	Complete
17.4	Explore opportunities for targeted AHP attendance at ward reviews and meetings within existing workforce capacity to improve visibility of AHP services and support timely identification of patient need.	1st September 2026	Lead AHP	A targeted approach is being developed to prioritise AHP attendance at ward rounds, multidisciplinary reviews and complex case discussions where specialist input is most likely to influence assessment, care planning or discharge. Job-planning discussions and workforce capacity analysis are being used to identify where attendance can be provided sustainably within existing resources. Attendance, resulting	Complete

				referrals, contribution to care planning and staff feedback will be monitored to assess impact and inform future deployment.	
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.	1st September 2027	Director of Psychology	Work is progressing to strengthen psychology provision within inpatient wards. A paper setting out the current position, resource requirements and impact on service delivery has been developed and formally considered through NHS Fife governance structures, including the Clinical Governance Oversight Group. This has ensured that the need for enhanced inpatient psychology provision is clearly understood, associated risks are visible and the case for improvement is informing wider strategic, workforce and financial planning. While immediate substantive change is constrained by the current financial and workforce position, Psychology is represented on the Clinical Services Review and Redesign Project Board and continues to identify opportunities to improve inpatient access as part of future service and workforce planning.	Progressing
	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.	1st August 2026	Lead Nurses	Work is progressing to strengthen the promotion of Care Opinion across Mental Health Services. Information boards and QR codes are available within clinical areas; The Excellence in Care Lead is supporting improvement work across 11 test areas, including two Mental Health wards, using the Patient Reported Experience Measure to strengthen the collection and use of patient and carer feedback. Learning from this work will inform wider implementation across Mental Health inpatient services.	Complete
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	1st August 2026	Lead Nurses and Clinical Leads	A review of multidisciplinary clinical meeting documentation has commenced across Mental Health inpatient services. The review has confirmed that services use established meeting templates; however, further assurance is required to confirm that each template includes a clear section for recording the patient's views about their care. This has been delayed as during the review it was discovered that different templates were used, once addressed it will be confirmed across all inpatient and specialist services, with any templates updated where required to ensure patients' views are consistently documented. .	Progressing

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 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. Themes from patient and carer feedback, including complaints, will be analysed to identify opportunities for improvement.	1st August 2026	Lead Nurses, Clinical Care Governance colleagues, Patient Experience Team, and Lead AHP	A range of routes is available for patients and carers to provide feedback, including Care Opinion, QR codes, paper forms, feedback at discharge, community meetings and direct conversations with staff. Patient Reported Experience Measure activity also provides an additional opportunity to gather structured feedback. While these routes are available, further work is required to ensure that they are consistently visible, clearly signposted and actively promoted across all inpatient wards. In particular, Care Opinion has been available for some time, but work to increase awareness and encourage its wider use remains at an early stage. Patient and carer feedback is collated at service level and reported through QMAG, providing oversight of feedback received across the service. Further improvement is required to strengthen how themes from the different feedback routes, including complaints, are analysed collectively, translated into identified service priorities and linked to assigned and monitored improvement actions. Work will therefore be progressed to develop a more consistent approach to promotion, thematic analysis, action tracking and	Complete

				feedback to patients and carers on improvements made.	
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	1st August 2026	Senior Charge Nurses	Community meetings are established across inpatient wards but are not yet offered consistently across all areas. Senior Charge Nurses are working with ward teams and Activity Coordinators to establish a regular approach, with meetings scheduled and communicated to patients according to ward needs. Implementation will be monitored through ward activity programmes and Care Assurance arrangements, with themes and actions arising from meetings recorded and fed back to patients.	Complete