



Improvement Action Plan

Healthcare Improvement Scotland: unannounced Maternity Services Safe Delivery of Care Inspection

Ninewells Hospital, NHS Tayside

27 January – 29 January 2025

Improvement Action Plan Declaration

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

NHS board Chair

Signature: 

Full Name: Carole Wilkinson

Date: 6 May 2025

NHS board Chief Executive

Signature: 

Full Name: Nicky Connor

Date: 6 May 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendations					
1	<i>NHS Tayside should ensure improvement in their assurance of staff bereavement training</i>				
	NHS Tayside will continue to monitor and improve recording of maternity staff bereavement training <ul style="list-style-type: none"> Ensure process of MDT training figures are recorded and maintained 	August 2025	Quality Lead Practice Development Midwife Clinical Lead		
2	<i>NHS Tayside should ensure processes are in place to support mothers and babies to have access to family centred care with extended family members actively encouraged to engage in maternal and newborn care</i>				
	NHS Tayside will continue to promote open access for partners/fathers/support people and defined visiting times for extended family members within the postnatal ward <ul style="list-style-type: none"> Signage regarding visiting to be reviewed and improved Information for person centred visiting to be discussed in antenatal period 	August 2025	Senior Charge Midwife Communication Team		
3	<i>NHS Tayside should consider ways to improve oversight and staff feedback of interpretation services, to ensure any areas for improvement can be identified and addressed</i>				
	NHS Tayside will improve oversight and use of interpretation services for maternity services	August 2025	Addressing inequalities in maternity services (AIMS) group		

			Senior Charge Midwives		
Requirements					
Domain 1					
1	NHS Tayside must ensure a system is in place to monitor women requested to attend for review following telephone triage and should inform women of the urgency and timeframe for attendance				
	<p>Birmingham Symptom-Specific Obstetric Triage System (BSOTS) implementation</p> <p>NHS Tayside will ensure that an appropriate system for triage is in place, this will encompass advice from telephone consultation to attendance at hospital.</p>	August 2025	BSOTS maternity project team Senior Midwife Consultant Obstetrician Senior Charge Midwife Maternity Service Improvement Group	<p>BSOTS implementation underway which will capture this work, currently exploring use of Consultant Connect for recording of calls.</p> <p>Interim process progressing through ratification to support telephone triage and triage prioritisation process until BSOTS implemented (in the form of an SOP)</p> <p>On-going discussions re: infrastructure and administrative support for implementation</p>	
	Divisional team to monitor implementation progress as part of weekly oversight group and escalate as appropriate any barriers or challenges to implementation	August 2025	Divisional leadership team	Weekly meetings organised.	

2	<i>NHS Tayside must ensure signage is in place to provide clear instruction and direction to the public within the hospital environment. This includes but is not limited to maternity triage</i>				
	NHS Tayside to continue to progress wayfinding project work to improve hospital signage work	August 2025	A/Associate Director of Facilities	Facilities to link with maternity colleagues around maternity triage signs	
3	<i>NHS Tayside must ensure effective oversight of guidance and process within maternity triage to support safe delivery of care</i>				
	NHS Tayside will ensure maternity triage guidance is up to date and available for all staff to use in practice.	February 2025	Director of Midwifery Senior Charge Midwife Maternity guidelines group	Maternity triage guidance up to date and progressed via appropriate governance route Raised via hot topics >90% staff signed for awareness of current guidance document Complete	February 2025
	Maternity services improvement group in place including CCG & divisional oversight	August 2025	Divisional leadership team	Weekly meetings in progress	
4	<i>NHS Tayside must ensure medication required for emergency treatment is accessible to staff with effective oversight and assurance of staff knowledge of process</i>				
	NHS Tayside maternity services will ensure there is an emergency response pathway.	April 2025	Clinical Obstetric Lead Maternity guidelines group	Multi-professional review undertaken and awaiting clinical sign-off through appropriate governance routes	
	NHS Tayside maternity services will conduct a programme of emergency simulation training specific to maternity triage area. Attendance tracked.	Complete	Quality Lead Practice Development Midwife Consultant Anaesthetist Consultant Obstetrician	Commenced. Dates planned throughout the year	First session completed

	NHS Tayside will ensure that staff are aware of how to access emergency medications	Complete	Senior Charge midwife	Visual reminders placed in clinical areas of where emergency medications are kept	14/04/25
	Conduct an audit of staff awareness of emergency medication location and process in emergency.	July 2025	Senior Charge Midwife	On-going (3 months and then review)	
5	<i>NHS Tayside must ensure effective oversight to ensure essential patient equipment is in working order and ready for use this includes but is not limited to fetal monitoring equipment</i>				
	Effective oversight in place from clinical teams to ensure all equipment available to provide safe and effective patient care.	April 2025	Senior charge midwives	Daily handover equipment check in place (March 2025) Will be monitored via monthly audit cycle	
	Process in place to ensure comprehensive oversight of equipment issues and report to clinical care group relevant issues.	May 2025	Clinical care group management team Senior midwives medical physics Digital department	Dialogue and agreement to proceed with medical physics/ IT has been gained.	
	NHS Tayside will ensure that staff are aware of how to escalate and monitor equipment faults impacting on clinical care and where no mitigations can be put in place.	February 2025	Clinical Care Group Manager Senior Charge Midwives Senior Midwives	Standing operating procedure developed regarding escalation for equipment and faults issues – complete	February 2025
6	<i>NHS Tayside must ensure improvement in governance and oversight of ethnicity completeness data for all women and birthing people booking for perinatal care</i>				

	NHS Tayside to review and ensure accuracy of data completion for PMRT reports submitted nationally	August 2025	Quality Lead Midwife Clinical Lead for Governance	Link with MBRACCE regarding data quality challenges to identify area of improvement for reporting	
	Ensure process is robust for NHS Tayside Public Health to notify maternity services leadership team of Missing or incomplete data	August 2025	Public Health Laboratory senior midwife	Currently no identified concern regarding data collection.	
	Communication to be sent to all staff to ensure ethnicity data is completed for mother and baby post-birth, incorporated into documentation audit	April 2025	Senior midwife Senior charge midwives	To be reviewed as part of audit process Communication complete	April 2025
	Consideration of implementation of electronic FOQ (Family Origin Questionnaire)	August 2025	Senior midwife Public Health Lab team	Dialogue commenced with lab team	
7	<i>NHS Tayside must ensure all fire exit signage is present and maintained to ensure safe fire evacuation and actions and improvements identified within fire safety risk assessments are addressed</i>				
	To address immediate deficiencies related to fire signage noted at inspection	31/01/2025	Fire Safety Team	Complete	31/01/2025
	A review has been undertaken to enhance audit findings and remedial actions are recorded and an informed risk-based action plan is produced	28/02/2025	Head of Estates Fire Safety Manager	Complete.	28/02/2025
	Implement revised Standard Operating Procedure (S.O.P.)	31/07/2025	Head of Estates Fire Safety Manager	In progress	

Domain 4.1

8	<i>NHS Tayside must ensure venous thromboembolism guidance and risk assessments in place are aligned to support staff during the risk assessment of venous thromboembolism</i>				
	Local Guidance in production in line with National recommendations.	May 2025	Clinical Lead	Monitored within case supervision audit.	
	RCOG guidance regarding VTE assessment points shared with team	19/02/2025	Badgernet Project Midwife	Complete	Complete
	Ensure overarching NHS Tayside VTE policy updated in line with any changes to maternity recommendations	May 2025	Clinical Lead Maternity guidelines group		
9	<i>NHS Tayside must ensure robust processes are in place to support quality assurance processes within maternity services</i>				
	NHS Tayside to redefine quality assurance audit schedules, benchmarking and report via maternity governance forum onto WCF governance forum / QPRs	August 2025	Lead Midwife Clinical Director Clinical Care Group Manager Senior Midwives Clinical Lead	Forum in progress. Terms of Reference to be reviewed re data discussed. Monthly quality assurance schedule via maternity forum	
	Roles and responsibilities session for Senior Charge Midwives in relation to quality assurance	June 2025	Lead Midwife Associate Nurse Director Senior Midwives		

10	<i>NHS Tayside must ensure effective systems and process are in place to support assurance of a safe healthcare environment and that all essential maintenance works are completed</i>				
	Undertake a review of existing fault reporting procedures.	31/01/2025	Head of Estates	Complete	31/01/2025
	Implementation of a new CAFM (computer aided facilities management) system to enhance fault reporting and monitoring progress.	31/01/2026	Associate Director of Facilities.	In progress	
11	<i>NHS Tayside must ensure compliance with SICPS this includes but is not limited to:</i> <i>a) hand hygiene</i> <i>b) linen management</i> <i>c) sharps management</i>				
	WHO Hand Hygiene campaign planned for 5 th May- this will include refresher training and resource materials.	May 2025	IPC Team	The Communications Team has circulated a save-the-date notice along with resources for NHS staff to access.	
	NHS Tayside will ensure Hand Hygiene compliance against National IPC manual monitored through IPC annual audit programme (Clinical teams carry out NHS Tool for Environmental Auditing of the Clinical Area HAI (TEACH) and hand hygiene audits) <ul style="list-style-type: none"> Regular visits to clinical areas IPC team will address observations of practice including hand hygiene Exception reports to be raised at acute HAI committee 	August 2025	IPC Team SCMs Senior Midwives / Lead Midwife	Verbal and written feedback are provided to clinical teams to aid learning. Dashboard available to all teams / leaders Feedback to August 2025 Acute HAI committee for assurance	
	Hand hygiene education is incorporated into all IPC educational sessions as part of NHS Tayside's annual IPC educational programme.	May 2025	IPC Team	Educational programme in place	Complete

	<p>Standard Infection Control Precautions, including linen and sharps management compliance are monitored against the National IPC Manual as part of the IPC annual audit programme.</p> <ul style="list-style-type: none"> Ensure process in place for monitoring through maternity forum and escalated where triggered to acute HAI committee 	July 2025	<p>IPC Team</p> <p>Senior Charge Midwives</p>	<p>Currently in discussion with an external audit company to procure an IPC audit system to support quality assurance.</p> <p>Feedback to August 2025 Acute HAI committee for assurance</p>	
	<p>Clinical teams also carry out a monthly audit of Standard Infection Control Precautions which is currently feedback to the IPC team and shared on a dashboard which is discussed at the Acute HAI Committee.</p> <ul style="list-style-type: none"> Ensure process in place for monitoring through maternity forum and escalated where triggered to acute HAI committee 	July 2025	Senior Charge Midwives	Feedback to August 2025 Acute HAI committee for assurance	
12	<i>NHS Tayside must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers' guidelines</i>				
	Key messages shared with teams regarding safe storage and labelling of cleaning products via site safety huddle	January 2025	Site safety teams	Complete	January 2025
	NHS Tayside will send memo to all nursing and midwifery and facilities staff regarding compliance of safety for hazardous cleaning products. Compliance documented through area risk assessments.	April 2025	<p>Associate Nurse Directors</p> <p>Domestic services manager</p>		
	<p>Memo to be issued out to Domestic staff members reiterating the requirement to:</p> <ul style="list-style-type: none"> Ensure all chemicals are locked away in the Domestic Services Room (DSR) or within the cupboards within the DSR. <p>Ensure that all DSR's are not left wedged open or unlocked.</p>	February 2025	Domestic Services	<p>Memo issued via payslips</p> <p>Complete</p>	19/02/25

	Replacement keys to be arranged for DSR's that require them.	March 2025	Domestic Services	Key request submitted to Property 30/1/25. Keys returned and issued out to relevant teams on 7/2/25 & 11/3/25. Complete	11/03/25
	Monitor ward based compliance through leadership walk arounds, highlight any concerns immediately for rectification via team leaders / SCM of areas or teams	June 2025	Senior Midwives Lead Midwife Associate Nurse Directors Acute Leadership Team Senior and Lead Nurses		
13	<i>NHS Tayside must ensure that clinical waste is stored in a designated safe, lockable area whilst awaiting uplift and staff are aware of how to escalate if there is a buildup of clinical waste awaiting uplift</i>				
	NHST provide secure storage of clinical waste through use of Lockable Eurobins, which are stored at designated storage areas across the site.	April 2025	A/Ass Director of Facilities	Complete	April 2025
	In instances of Clinical Waste Bins reported full, NHST Waste and Porter Services are contactable by email with additional collections put in place accordingly. A Standard Operating Procedure for an Escalation process to be followed will be developed	June 2025	A/Asso Director of Facilities	In development	
14	<i>NHS Tayside must ensure infrequently used water outlets are flushed in line with current national guidance</i>				
	NHS Tayside will update NHST Water Safety Management Procedures Document	June 2025	Acting Responsible Person (Water)	The Water Safety Group (WSG) is in the process of updating "NHST Water Safety Management Procedures	

				Document” and in particular flushing of little used outlets. Communication shared from the Acting Responsible Person (Water) on the 21 March 2025, highlighting the requirement of using water daily as an important part in maintaining good quality domestic hot & cold-water systems, and included the Log Sheet for Recording Water Flushing.	
	Water Safety Management Group (WSMG) to refresh and issue the guidance on water safety to the safety & flow huddle for onward dissemination.	April 2025	Water safety management group (WSG)	Complete	18 April 2025
	NES <u>animation on the do’s and don’ts of clinical wash hand basins</u> to be reshared with clinical teams as a refresher.	April 2025	Associate Nurse Director IPC	Shared with Nurse and Medical Directors, along with the Manager for Soft Facilities to share with Clinical Teams across NHS Tayside. Complete	April 2025
15	<i>NHS Tayside must ensure the appropriate management and monitoring is in place to ensure the safe storage of medicines</i>				
	Key messages shared with teams regarding safe storage of medication via site safety huddle	January 2025	Site safety team	Locked drug cupboards and drug trolleys in line with policy. Drug room doors are kept closed with signage for staff.	Complete

	Safe and Secure Handling of Medicines information to be completed highlighting importance of locked medicine storage within wards.	May 2025	Associate Nurse Directors Associate Director of Pharmacy		
	Day of care audit on safe and secure handling of medicine within specified wards. Audit will include practice as well as environmental improvements which can be made.	August 2025	Senior / Lead Midwife Supported by Consultant Midwife and pharmacy		
Domain 4.3					
16	<i>NHS Tayside must ensure that clear and robust systems and processes are in place to allow consistent assessment and capture of real time staffing risk across all clinical professional groups within Maternity services to support consistent management of any identified staffing risks within maternity services. This must include feedback to staff regarding decisions undertaken</i>				
	NHS Tayside will ensure that safecare is embedded for safe, realtime decision making and escalation of staffing to ensure consistent management of staffing decisions within inpatient maternity services	July 2025	Director of Midwifery Lead Midwife Senior Midwives Senior Charge Midwives Safe care leads Workforce staffing lead	Safecare implemented within Maternity Services for professional judgment completion. The clinical teams and midwifery leadership team will undergo a refresh and relaunch of the use of SafeCare as a Real Time Staffing system. This will include use of staffing huddles, risk reporting, risk mitigation, risk recording, risk escalation and roster reviews. The refresh and relaunch will be inclusive of a review of current SOPs.	

	NHS Tayside will ensure up to date staffing escalation guidance is in place for maternity staffing and staff are aware of use.	July 2025	Director of Midwifery Tayside maternity guidelines group Senior Midwives Lead Midwife Clinical Lead	Refresher sessions to be arranged with SCMs regarding use of guidance Updated as per guidelines process	
	Medical staffing managed via on-call team, SOP available on Staffnet and staff are aware of how to access.	May 2025	Clinical director Clinical Lead	Communication to be sent to wider team regarding process for medical staffing management.	
17	<i>NHS Tayside must ensure there are clear systems and processes in place for the monitoring and mitigation of any severe and/or recurring staffing risk within maternity services to support longer term workforce planning and service improvement</i>				
	NHS Tayside will continue to develop midwifery workforce plan annually to ensure review of staffing requirements are current. Risks to workforce planning to be escalated as per staff governance in line with safe staffing and resource available	July 2025	Director of Midwifery	Workforce planning forms part of CCG Service planning. Service risks around safe staffing of the service in line with Workforce profile and predicted challenges are escalated through the CCG and Clinical Governance and QPR. Staffing risks escalated to clinical care group and through governance channels No current active risks regarding staffing.	

	Utilise safe care to best effect to ensure any staffing risks and trends are identified realtime and escalated appropriately	July 2025	SCMs Senior Midwives	Senior midwives reviewing reporting and liaising with safe care lead	
18	<i>NHS Tayside must ensure that there are clearly defined systems and processes in place within Maternity services to support effective leadership and oversight relating to appropriate staffing requirements as defined within the Health and Care (Staffing) (Scotland) Act 2019. This includes, but is not limited to, the monitoring and mitigation of the impact of staffing challenges, including reduced skill mix</i>				
	Maternity services will ensure workload tool runs are completed and compliant with legislation and escalate accordingly	August 2025	Senior charge midwives senior midwives NHS Tayside HCSSA Team	To commence in line with acuity tool implementation (May)	
	To ensure effective and regular monitoring of staffing compliance including mitigations are appropriate	August 2025	Senior charge midwives senior midwives	Reinvigorate weekly staffing meeting to monitor SafeCare compliance and to review requirement for SCM's to work clinically, ensuring that all mitigations are explored. Attendance to be prioritised and monitored.	
	NHS Tayside to be pilot site for national Acuity tool for maternity services development.	Commences May 2025	Workforce team Senior Midwives		
19	<i>NHS Tayside must ensure they are complying with the duty imposed by section 12II, ensuring that its employees receive time and resources to undertake such training essential to their role</i>				
	Ensure maternity teams are provided with time and resource to undertake training essential to role	August 2025	Consultant Obstetricians SCMs Senior Midwives	Medical rotas include dedicated time for CPD Review maternity training identified as essential for role	

			Clinical Lead / Rota Managers Consultant Midwife Practice Development team as appropriate	within NHS Tayside (reflective of national guidance/DL)	
	Ensure process is in place for mandatory training data to be reported via Maternity Forum and Maternity Governance meeting, this should include number of training cancelled due to acuity or staffing to review themes. This should also be available per professional staffing group.	July 2025	Senior Midwives Clinical Lead Lead Midwife Clinical Director		
20	<i>NHS Tayside must ensure that there are systems and processes in place to support clinical leaders within Maternity services being able to access appropriate protected leadership time to fulfil their leadership and management responsibilities. This will include consistent monitoring and recording of when and why this is sacrificed as part mitigation for staffing shortfalls</i>				
	NHS Tayside will safeguard rota shifts in line with job roles that allocates leadership time for each Senior Charge Midwife. This time will be protected and only interrupted due to critical staffing situations in clinical areas. Compliance will be monitored monthly by the senior midwifery and care group leadership team through SafeCare data analytics and direct feedback from SCMs through managerial one to ones	August 2025	Lead Midwife Senior Midwives HCSSA Team Safe care leads.	NHST supports the requirement of ensuring adequate time for clinical leaders through exclusion of SCM and team leaders during SLT runs to produce the staffing level demand for patient facing care excluding delivery of clinical care by Senior Charge Midwives/Team Leaders. The Professional judgment outcomes and the SLT outcomes are then triangulated as part of the CSM triangulation outcomes.	

