Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Maternity Services safe delivery of care inspection

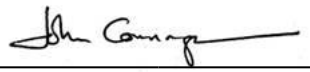
Royal Infirmary of Edinburgh, NHS Lothian

23 – 24 June 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: Professor John Connaghan

Date: 3 October 2025

NHS board Chief Executive

Signature: 

Full Name: Professor Caroline Hiscox

Date: 3 October 2025

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation Domain 1-1	Mandate bereavement training for all midwifery staff.	31/10/25	Director of Midwifery	• NHS Lothian is undertaking a comprehensive review of bereavement care and support, including governance structures.	
Recommendation Domain 1-2	We will enhance the identification of families who have experienced bereavement in the past by introducing a discreet, bespoke sticker system.	31/10/25	Director of Midwifery		
Requirement Domain 1-1	Improve MEWS compliance and escalation to 95% by 31/03/26 (this is our improvement aim).	Ongoing	Associate Medical Director/Director of Midwifery	• Actively participating in the SPSP perinatal programme to improve MEWS compliance and escalation. • MEWS audit and data is reviewed at weekly huddles held in all clinical areas.	
	Ensure that all women are reviewed within 15 minutes of attending OTA. Improve clinical review times in line with appropriate BSOTS defined timescales.	31/03/26	Associate Medical Director	• In 2025 we have seen a positive shift in the numbers of women who are triaged within 15 minutes. • Staffing investment in place to support improvement work and safety. • Weekly review of data at the Triage huddle.	

	Identify variation contributing to long waits for women on an Induction of Labour pathway.	31/12/25	Associate Medical Director	• IOL is in the Quality Planning Stage of our Quality Improvement Work to identify improvement aims. • In the interim an IOL coordinator post was created to support planning and managing IOL activity and contributing to the quality planning work underway.	
	NHS Lothian Maternity Divert SOP created and implemented.	05/09/25	Service Director	• Divert SOP created in collaboration with staff in August 2025.	Complete
Requirement Domain 1-2	Call bell system installed in RIE OTA.	01/10/25	Service Director	• Call bell system in place.	Complete
Requirement Domain 1-3	Develop a video for women about our IOL process and share via our website and through Maternity Voices Partnership (MVP) meetings.	01/09/25	Director of Midwifery	• We have developed and shared an IOL video in collaboration with our MVP where the process is explained. • All Midwifery Unit Coordinators are aware and can signpost staff to the resources available for women.	Complete
Requirement Domain 1-4	Review the appropriateness of SOPs for Transitional Care across the system.	30/11/25	Associate Medical Director		

Requirement Domain 1-5	The service will aim to improve the data collection process for ethnicity by: 1. issuing a communication to all community midwives to remind staff of the importance of recording ethnicity information. 2. reviewing the options available on our electronic patient record system for recording ethnicity to ensure we minimise the number of 'unknown' answers.	31/03/26	Director of Midwifery	• This point has been highlighted and discussed at clinical management service meetings in 2025. • Performance reports changed from monthly to weekly to support timely review of any 'unknown' ethnicity entries.	
Requirement Domain 1-6	Embed routine checks to ensure face to face interpretation needs are identified and met at key maternity touchpoints - booking and labour. Reinforce the process whereby midwives can escalate concerns if virtual interpretation is unsuitable out with booking appointments and labour. Use the SG racialised health inequalities toolkit as a benchmark. Provide updated guidance to staff on when and how to access interpretation services.	31/01/26	Director of Midwifery	• The NHS Lothian Interpretation and Translation Service is available 5 days / week for booking of interpreters, out of hours the Board's main switchboard can make contact with agency suppliers. • An assessment against the Scottish Government Racialised Health Inequalities Action Plan, Interpretation toolkit and Evidence and Data Resource in May 2025 identified that provision of face to face/digital solutions is in line with the recommendations.	

Requirement Domain 2-7	To help create a psychologically safe environment for all staff we will: 1. Support the development of our leadership team. 2. Improve rates of PDP completion for all staff to ensure their own development needs and ambitions are recognized and recorded. 3. We will continue to encourage our staff to record all incidents and “near miss” situations through Datix. 4. Continue to highlight opportunities to escalate concerns through NHS Lothian's Speak Up service. 5. Co-creation and implementation of a Culture Charter for Women's Services building on the NHS Lothian Values, supported by training and awareness raising. 6. We will recruit a cohort of cultural ambassadors who will work with our senior management team to create a new culture charter.	Ongoing Ongoing Ongoing/ Monthly 03/10/25 31/03/26 31/10/25	Service Director	• The service has taken several actions to support attendance cultural renewal workshops during summer 2025. We will look to employ similar solutions to increase attendance at training courses or workshops where possible. • Individual members of the leadership and management team have already attended developmental opportunities around leadership and communication. • OD sessions for Women's CMT have already taken place, with further sessions being planned. A core component of these sessions is how to develop a culture of compassionate leadership and creating psychological safety among teams. • Datix reported and Speak Up service are advertised at each monthly staff engagement session. • Women's services planned a week-long event as part of the National Speak Up Campaign running between 29th September - 3rd October 2025. This includes scheduled face to face contact opportunities between management/leadership and staff. • Project launched as part of the Women's Services staff Townhall meetings in May 2025 where we shared the findings of the external culture survey.	Complete

				• Delivered 30 culture renewal sessions in July – August 2025 to prime staff about our upcoming process to recruit cultural ambassadors who can support us to renew our internal workplace cultural values.	
Requirement Domain 2-8	Improve staff wellbeing opportunities as per the Staff Engagement & Experience Delivery Plan 2024-2026 (also see other actions as per requirement 2-7). Ensure robust local arrangements for provision of midwifery staff breaks across all areas.	31/03/26 31/11/25	Service Director Director of Midwifery	• WS's Equality, Diversity and Inclusion group. • January - March 2025 action as part of the Safe Staffing 60-day improvement programme. • Audited staff breaks compliance across nursing and midwifery at the RIE Women's Services. • Mixed success with instilling a robust data recording system. • Project re-started in summer 2025 by developing an SOP for facilitating and recording time off in lieu (TOIL) for staff when not possible to facilitate timely breaks.	
Requirement Domain 2-9	Improve timelines for completion of reviews of all SAEs by 10%.	31/01/26	Associate Medical Director	• Increased numbers of lead reviewers by organising extra training dates in 2025. • Review commissioning and approval processes to identify opportunities to streamline and reduce timescales. • Review tasks and roles required for aspects of the process to optimise use of clinical expertise.	

Requirement Domain 2-10	We will encourage our staff to record all incidents and “near miss” situations through Datix, and if needed to escalate reporting their concerns through NHS Lothian's Speak Up service. Introduce a governance process to monitor adherence to reporting guidelines for all incidents highlighted. Adopt the HIS learning summary document.	Ongoing 31/10/25 31/01/26	Service Director Director of Midwifery Director of Midwifery	• Datix reported and Speak Up service are advertised at each monthly staff engagement session. • Women's services planned a week-long event as part of the National Speak Up Campaign running between 29th September - 3rd October 2025.	

Requirement Domain 4.1-11	To ensure efficient senior management and oversight is provided we will: 1. Strengthen the Realtime escalation protocol. 2. NHS Lothian Maternity Divert SOP created and implemented. 3. We will clarify and strengthen the Midwifery Unit Coordinator role description and will strengthen the rota for this role to ensure consistent 24/7 cover. 4. The service will review the current out of hours on-call rota to ensure it is fit for purpose and safely staffed by appropriately trained senior staff members.	01/08/25 05/09/25 Ongoing 30/06/25	Service Director Service Director Director of Midwifery Service Director	• Women's Services adapted the NHS Lothian standard PREP Stat reporting tool for use at daily safety huddles. • Tool goes through continuous improvement to better reflect service status and increase focus on reporting of patients of concern. • Service also adapts the timing of the meeting in response to staff feedback. Originally the meeting was scheduled at 8am and 4pm, current meeting iteration is scheduled at 8:45am and 3pm. • Divert SOP created and implemented in collaboration with staff in September 2025. • We are currently reviewing the MUC role to ensure the scope is clearly defined and accurately reflects its responsibilities. This will help improve understanding, alignment, and transparency across teams. • On-call rota SLWG established on 05-08-25 including professional midwifery / operational management / employee relations and partnership input. • Review of other on-call SOPs across NHSL and midwifery services. • Clarifying the infra-structure required to support the preferred model.	Complete Complete

				• Developing a range of options for consideration in determining the requirements for the on-call rota e.g. clinically or managerially delivered.	
Requirement Domain 4.1-12	Covered under Requirement 2-7 above.				
Requirement Domain 4.1-13	Review current VTE guidance and risk assessments to ensure alignment.	31/01/26	Associate Medical Director/ Director of Midwifery		
Requirement Domain 4.1-14	Create a streamlined process for auditing patient records.	31/03/26	Director of Midwifery	• We have appointed a lead nurse for Quality Improvement and Standards to support governance improvement work.	

Requirement Domain 4.1-15	NHS Lothian will implement the new Scottish Government Maternity Care pathways, and as part of this work we will review our internal processes to ensure supportive conversations are facilitated for all patients at all stages of pregnancy.	31/03/26	Director of Midwifery	• The service developed a Framework to support choices outside guideline as a response to our staff raising concerns related to high-risk patients who were choosing to give birth at home. • We have established a roundtable discussion series with local doulas to address current tensions in working practices and enhance collaboration between doulas and community teams. • The Maternity Voices Partnership collaborated with the service to launch the BRAIN sticker. This is a tool available in fifteen languages which guides women towards giving full informed consent.	
Requirement Domain 4.1-16	NHS Lothian to continue the Lifecycle programme of environment improvements as planned. Remind staff about the process of escalation for environmental concerns.	31/12/27 31/10/25	Service Director Service Director	• Improvement work started with our inpatient antenatal and postnatal work in June 2025. • The first stage on Ward 211 was completed on time in August 2025. • Work is currently ongoing in Ward 119 which is due to complete by end of 2025. • Scoping works focus on options for Labour Ward recognising challenges of decanting. Works will need to be completed before December 2027 when NHSL will receive handover of the building from PFI partners.	

Requirement Domain 4.1-17	Remind staff to prioritise monthly walk rounds to monitor compliance with safe storage of medicines and ensure that any identified gaps are addressed immediately.	31/10/25	Director of Midwifery	• We participate in the wider Lothian Medicines Management Audit Meeting. • We launched the Women's Services Care Assurance Oversight Group in April 2025 to provide a forum for oversight and escalation.	
Requirement Domain 4.1-18	Remind staff to prioritise monthly walk rounds to monitor compliance with SICPs.	31/10/25	Director of Midwifery	• We launched the Women's Services Care Assurance Oversight Group in April 2025 to provide a forum for oversight and escalation.	
Requirement Domain 4.1-19	All maternity specific fire safety actions to be reviewed in line with the general Royal Infirmary of Edinburgh fire action plan and ensure follow up actions are completed.	31/12/25	Service Director		

Requirement Domain 4.3-20	In order to ensure consistent assessment, capture, and mitigation of real time staffing risks, we will: 1. Strengthen the Realtime escalation Protocol. 2. NHS Lothian Women's Services will implement the use of Safe Care as part of the twice daily safety huddle.	01/08/25 31/10/25	Service Director Director of Midwifery	• Women's Services adapted the NHS Lothian standard PREP Stat reporting tool for use at daily safety huddles. • Tool goes through continuous improvement to better reflect service status and increase focus on reporting of patients of concern. • Service also adapts the timing of the meeting in response to staff feedback. Originally the meeting was scheduled at 8am and 4pm, current meeting iteration is scheduled at 8:45am and 3pm. • All charge midwives and clinical midwifery managers received training in the use of Safe Care as part of the August and September Midwifery Care Assurance Standards meeting series. Additional training available for midwifery staff is offered through our SafeCare lead. • Staff will start using SafeCare more consistently, so that information specific to each clinical area can be incorporated in daily safety huddles.	Complete

Requirement Domain 4.3-21	To ensure that maternity and obstetric services are appropriately and effectively staffed, we will: 1. Review the medical model/ Triage Workforce. 2. Scope the development of an Advanced Midwifery Practitioner model. 3. Review the rotational model for Midwives. 4. Introduce a weekly prospective review of staffing levels across all areas.	 01/12/25 31/03/26 10/11/25 31/10/25	 Associate Medical Director Nurse Director (Acute) Nurse Director (Corporate) Director of Midwifery	• NHS Lothian invested an additional £1.5 mil resource to improve midwifery staffing in January 2025. • We have reviewed the midwifery rotational model using a co-production approach and agreed on a structure comprising core staff alongside a proportion of rotational posts.	
Requirement Domain 4.3-22	Establish a programme of support for newly recruited internationally trained midwives in consultation with Edinburgh Napier University. Ensure all international medical graduates continue to be included in the wider NHS Lothian training programme for internationally trained doctors.	01/09/25 Ongoing	Director of Midwifery Associate Medical Director	• We have designed and set up a bespoke enhanced programme of support for internationally trained midwives, including a module with Edinburgh Napier University. • Resident doctors committee created Aug 25 with reps from all tiers including IMG reps.	Complete Complete

Requirement Domain 4.3-23	See Requirement 4.3-20: Strengthen the Realtime escalation protocol. See Requirement 4.3-21: Introduce a weekly prospective review of staffing levels across all areas.				
Requirement Domain 4.3-24	See Requirements 2-7 and 2-12.				
Requirement Domain 4.3-25	To ensure staff are appropriately trained to conduct their roles we will: 1. Ensure protected learning time for Staff. 2. Establish a robust system for recording training requirements. 3. Develop a program to ensure maintenance of key skills to support safe workforce deployment.	31/03/26	Director of Midwifery/ Associate Medical Director	• Mandatory training compliance data will be reported monthly at the Women's services CMT.	

Requirement Domain 4.3-26	Support staff to use eRoster functionality to accurately evidence dedicated leadership time and changes to role allocation. Utilise the daily safety huddle to document the rationale for changes to role allocation.	31/10/25	Director of Midwifery		