

# Improvement Action Plan

## Healthcare Improvement Scotland: Unannounced Maternity Services safe delivery of care inspection

Western Isles Hospital, NHS Western Isles

13 – 14 October 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

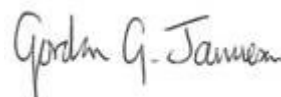
Signature:



Full Name: Gillian McCannon

#### NHS board Chief Executive

Signature:



Full Name: Gordon Gregor Jamieson

Date: 22 May 2026

Date: 22.05.2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
<b>Recommendations</b>					
<b>Rec. 1</b>	<b>Domain 1: Clear vision and purpose</b> <b>NHS Western Isles should improve bereavement training compliance rates for all staff providing bereavement care to families.</b>				
1.1	NHS Western Isles will provide regular opportunities to staff to complete bereavement training relevant to their role.	Complete	Nurse/ AHP Director and Chief Operating Officer  Head of Midwifery	<b>08/01/2026:</b> Stillbirth and Neonatal Death Charity (SANDs) and the Miscarriage Association are visiting Western Isles Hospital on 29 <sup>th</sup> January 2026 to provide bereavement training to NHS Western Isles staff and relevant partner agencies  <b>09/02/2026:</b> Training completed as planned	09/02/2026
<b>Requirements</b>					
<b>Req. 1</b>	<b>Domain 1: Clear Vision and Purpose</b> <b>NHS Western Isles must ensure a system is in place to support the clinical risk assessment of woman and babies when transfer to a mainland health board is required</b>				
1.1	NHS Western Isles will continue to follow approved operational guidelines “accessing neonatal advice and pathways for transfer of newborn infants delivered in	Complete	Nurse/ AHP Director and Chief Operating Officer  Head of Midwifery	<b>08/01/2026:</b> Approved guidance in use	08/01/2026

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	Uist CMU, Barra community and Western Isles Hospital.				
1.2	NHS Western Isles will ensure that the risk assessment on the maternity services risk register regarding the air transfer of patients in utero or ex utero to consultant or tertiary units is reviewed and updated every 5 years or earlier if a need arises.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Midwifery	<b>08/01/2026:</b> Risk assessment and risk register updated in October 2025	08/01/2026
1.3	NHS Western Isles will ensure that person specific risk assessments are completed for all high-risk pregnancies utilising NHS Western Isles standardised risk assessment form and stored within the woman's records so it is accessible to all staff, these should be reviewed and updated if required at each appointment.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Midwifery	<b>08/01/2026:</b> This process is well embedded in practice	08/01/2026
1.4	NHS Western Isles will develop additional guidance regarding off island transfer of both mother and neonate including a check list for staff to consider.	Complete	Nurse/ AHP Director and Chief Operating Officer Head of Midwifery	<b>08/01/2026:</b> Yet to start <b>09/02/2026:</b> Draft In- Utero transfer consultant led unit to consultant led unit and transfer of women from community maternity units in an Extreme Obstetric Emergency Guidelines completed and will be presented to maternity services clinical governance forum on 13/02/2026 for comment and onwards to clinical policies group for approval <b>05/03/2026:</b> In utero transfer guidance was approved at MSCGF and has been submitted to	20/05/2026

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				<p>Clinical Policy group for approval and publication</p> <p><b>17/04/2026:</b></p> <p>Reviewed at CPG and sent back to SCM with some minor comments to address before approval and publication</p> <p><b>20/05/2026:</b></p> <p>Approved at Clinical Policies Group, shared with staff and published on NHS Western Isles intranet page.</p>	
<b>Req. 2</b>	<b>Domain 2: Leadership and Culture</b>				
	<b>NHS Western Isles must ensure timescales of significant adverse events reviews are achieved, including action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland National Framework.</b>				
2.1	<p>NHS Western Isles monitors progress of Serious Adverse Events Reviews at fortnightly risk review meetings attended by the Nurse and Medical Director, Head of Clinical Governance, Risk Management Team and Health and Safety Manager. Reasons for delays are discussed, recorded and escalated where required.</p> <p>A SAER Improvement Plan Tracker is presented for monitoring at the Learning Review Group where any outstanding actions are discussed and reviewed to encourage completion. The SAER Improvement Plan tracker is also presented for assurance at the Clinical Governance Committee.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Clinical Governance</p>	<p><b>08/01/2026:</b></p> <p>Risk management meeting is well embedded and meets fortnightly.</p> <p>Learning Review Group is also well embedded and meets quarterly.</p>	08/01/2026
<b>Req. 3</b>	<b>Domain 2: Leadership and Culture</b>				

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NHS Western Isles must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes risk assessment tools such as the maternity early warning system (MEWS)					
3.1	NHS Western Isles maternity services will continue their ongoing quality improvement project focussing on improving documentation and in particular compliance with MEWs and MEWs escalation. This is audited monthly and recorded on the CAIR dashboard and reported through the maternity services clinical governance forum.	30/06/2026	Nurse/ AHP Director and Chief Operating Officer  Head of Midwifery  Team Leader	<p><b>08/01/2026:</b></p> <p>Data held in the CAIR dashboard for November 2025 shows a MEWs compliance rate of 62.5% and a MEWs escalation rate of 100%</p> <p><b>09/02/2026:</b></p> <p>Data held in CAIR dashboard for December 2025 shows a MEWS compliance rate of 58.3% and a MEWS escalation rate of 100%</p> <p>A change idea was implemented in December 2025 undertaking staff education on the completion of manual MEWS charts and for January 2026 MEWS compliance was 100% as was MEWS escalation. This action will continue to be monitored for sustained improvement.</p> <p><b>05/03/2026:</b></p> <p>February MEWS data not yet available</p> <p><b>17/04/2026:</b></p> <p>Data held in CAIR dashboard for February 2026 shows a MEWS compliance rate of 62.5% and a MEWS escalation rate of 100%</p>	

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				<p>March 2026 data show a MEWS compliance rate of 77.8% and MEWS escalation rate of 100%</p> <p>A change idea was implemented in December 2025 undertaking staff education on the completion of manual MEWS charts. This action will continue to be monitored for sustained improvement.</p> <p><b>20/05/2026:</b></p> <p>April 2026 shows a MEWS compliance rate of 88.3% and a MEWS escalation rate of 66.7% (one patient) as numbers are small one non-compliance can significantly impact overall compliance rates.</p> <p>Maternal deterioration focussing on MEWS and PPH presented at SPSP regional meeting on 11<sup>th</sup> May 2026.</p> <p>Education and raising awareness of importance of accurate completion of MEWS charts is ongoing with staff to achieve sustained improvements and compliance</p>	
<b>Req. 4</b>	<b>Domain 4.1: Pathways, procedures and policies</b>				
	<b>NHS Western Isles must ensure effective and appropriate governance approval and oversight of policies and procedures are in place</b>				
4.1	NHS Western Isles are exploring the option of investing in and implementing the policies application on Inphase. This would improve governance and provide	30/06/2026	Nurse/ AHP Director and Chief Operating Officer  Head of Clinical Governance	<b>08/01/2026:</b>	

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	robust organisational oversight of policy approval, review and expiration processes			<p>SBAR being developed to present to the Corporate Management Team for discussion and decision.</p> <p><b>09/02/2026:</b></p> <p>SBAR presented to CMT on 20/01/2026, CMT requested a demonstration of the App to enable decision making and Head of Clinical Governance has approached InPhase to arrange this and awaiting a response</p> <p><b>05/03/2026:</b></p> <p>Provisional date for demo is 30<sup>th</sup> April 2026</p> <p><b>17/04/2026:</b></p> <p>System demonstration scheduled for 01/05/2026</p> <p><b>20/05/2026:</b></p> <p>System demonstration for CMT members occurred on 01/05/26 as planned, revised paper to be presented to Junes CMT for approval to purchase policies app on Inphase .</p>	
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<b>Req. 5</b>	<b>Domain 4.1: Pathways, procedures and policies</b>  <b>NHS Western Isles must ensure staff carry out mandatory fire safety training and that fire planning is carried out in line with fire safety officer recommendations</b>
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5.1	NHS Western Isles will ensure that compliance with mandatory fire training continues to	Complete	Nurse/ AHP Director and Chief Operating Officer	<b>08/01/2026:</b>	<b>09/02/2026</b>
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	be monitored monthly by team leads, operational leads and the Health and Safety team escalating to executive leads if fire safety training compliance falls below 85%.		Health and Safety Lead Head of Midwifery Team Lead	<p>All team and operational leads have access to TURAS reporting and are expected to monitor compliance rates within their teams and address any drop in compliance with mandatory training modules monthly as part of their core objectives.</p> <p>Staff members and managers are automatically alerted by TURAS as modules are approaching and have reached expiry.</p> <p>As of 06/01/2026 81.48% of midwives are compliant with their Turas fire safety modules</p> <p><b>09/02/2026:</b></p> <p>96.29% of midwives are compliant with their Turas fire safety modules</p>	
5.2	NHS Western Isles Health and Safety team will continue to compile monthly Health and Safety training compliance reports and present these through OSDT, Health and Safety Committee and Staff Governance Committee to ensure board awareness and assurance.	Complete	Director of Human Resources Health and Safety Manager	<p><b>08/01/2026:</b></p> <p>Health and Safety training compliance reports are compiled monthly and presented through appropriate board governance processes.</p>	08/01/2026
5.3	NHS Western Isles will ensure that annual fire evacuation training is undertaken in line with requirements stipulated within the Scottish Health Technical Memorandum 83 and Part 2: which covers a range of general fire safety measures that apply throughout hospital premises.	Complete	Director of Human Resources Health and Safety Manager Fire Safety Trainers	<p><b>08/01/2026:</b></p> <p>NHS Western Isles Fire Warden training covers the requirements in SHTM 83 and SHTM part 2 requires patient care staff to have training primarily based on fire safety procedures for the place of work.</p>	20/05/2026

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	<p>NHS Western Isles fire evacuation training may be in the form of an organised multi agency exercise, a walk and talk exercise as part of mandatory fire warden training or a desktop exercise.</p>			<p>In December 2024 the Health and Safety Training Team transitioned from Fire Safety training to Fire Warden training as fire safety is covered in Turas modules.</p> <p>NHS WI Fire Warden Training is in line with requirements within SHTM 83, Part 2 (TN2) and is based on a 'walk and talk' exercise and scenario or a desk top exercise and scenario, as in (TN9)</p> <p>Dates of these sessions are logged for all staff, and we are progressing well with rolling this out, current training compliance for patient care staff is 47%.</p> <p><b>09/02/2026:</b></p> <p>The health and Safety team have fire warden training booked with the maternity team on 12/02/2026</p> <p><b>05/03/2026:</b></p> <p>Compliance with fire warden training has dropped to 25% in maternity, emailed Head of Midwifery for a clear action to improve compliance. An unannounced live fire evacuation exercise is planned for maternity ward WC 16/03/2026</p> <p><b>17/04/2026:</b></p>	
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				<p>Maternity Fire warden training has increased from 25% to 57%</p> <p>On 2<sup>nd</sup> April, a tabletop Fire Drill exercise was carried out with staff on duty within the Maternity unit.</p> <p>This was a well-attended event, and the staff on duty demonstrated good knowledge of the fire procedures and protocols.</p> <p><b>20/05/2026:</b></p> <p>Training compliance in F2F mandatory fire warden training is now 85% and Turas mandatory fire training module is 92%</p>	
<b>Req. 6</b>	<b>Domain 4.3: Workforce planning</b>				
	<b>NHS Western Isles must ensure safe, person-centred care provision is maintained by having the right staffing in place including the provision of development roles to support succession planning</b>				
6.1	NHS Western Isles is currently reviewing the nursing leadership model for women and children's services	30/06/2026	Nurse/ AHP Director and Chief Operating Officer	<p><b>08/01/2026:</b></p> <p>Job Descriptions are being developed for leadership roles in women and children's services</p> <p><b>09/02/2026:</b></p> <p>Associate Director of Women and Children's Services job description has been approved and is awaiting a job matching panel prior to being advertised.</p> <p>Lead Nurse/ Midwife for Women and Children's Services job description has</p>	

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				<p>been developed and is currently going through job approval processes.</p> <p><b>05/03/2026:</b></p> <p>Associate Director of Women and Children's services post is out to advert</p> <p><b>17/04/2026:</b></p> <p>Attempts to recruit are ongoing</p> <p><b>20/05/2026:</b></p> <p>Associate Director of Women and Children's services post is out to advert again with a closing date of 26/05/2026</p>	
<b>Req. 7</b>	<b>Domain 4.3: Workforce planning</b>				
	<b>NHS Western Isles must ensure 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</b>				
7.1	NHS Western Isles will ensure that there are systems and processes in place to support clinical leaders in maternity services to access protected leadership time to fulfil management and leadership responsibilities.	Complete	Nurse/ AHP Director and Chief Operating Officer	<p><b>08/01/2026:</b></p> <p>NHS Western Isles Head of Midwifery is office based and supernumerary for 90-100% % of her time, only stepping in clinically on occasions to cover an on call if sickness absence occurs</p> <p>The Midwifery B7 team lead is regularly assigned protected management days appropriate to the role</p>	08/01/2026
<b>Req. 8</b>	<b>Domain 4.3: Workforce planning</b>				

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**NHS Western Isles must ensure clear real time staffing data is consistently recorded and communicated and clear escalation processes and any mitigations/ inability to mitigate are recorded clearly and accurately**

8.1	NHS Western Isles will ensure that staff within maternity services are consistently using Safe Care to record Real Time Staffing Assessment and will also apply professional judgement at each census period to confirm that they agree with the RAGG or amend as appropriate.	31/08/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Workforce Lead</p> <p>E Rostering Team</p> <p>Head of Midwifery</p> <p>Team Lead</p>	<p><b>08/01/2026:</b></p> <p>Compliance with use of Safe Care continues to improve and work continues to consistently embed this into practice</p> <p><b>09/02/2026:</b></p> <p>Safe Care compliance for January 2026 was 38.71%, work and training is ongoing with the maternity team to improve use of Safe Care and Professional Judgement consistently</p> <p><b>05/03/2026:</b></p> <p>Safe Care compliance for February 2026 was 60.71%, training is ongoing to ensure use of Safe Care and Professional Judgement is embedded consistently in practice</p> <p><b>17/04/2026:</b></p> <p>As the Staffing Levels Tools have transitioned to SafeCare the integrated roster has been split to In-patients, Outpatients, Community and from this month U&amp;B. This is to accurately capture the workload across the service</p> <p>The Community and Outpatients data is entered one per day, whereas the in-patient census is required at the beginning</p>	
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				<p>of each shift. This remains a work in progress but going in the right direction to accurate capture RTS &amp; SLT information.</p> <p>This change has impacted and raised questions around the Census &amp; PJ review process. We are working on refining this process to ensure it is reliable and consistent going forward</p> <p><b>Safe Care Compliance for March 26:</b></p> <p>Maternity outpatients: 41.94%</p> <p>Maternity community: 48.93%</p> <p>Maternity ward: 51.61%</p> <p><b>20/05/2026:</b></p> <p><b>Safe Care compliance for April 2026:</b></p> <p>Maternity outpatients: 40%</p> <p>Maternity community: 40%</p> <p>Maternity ward: 40%</p> <p>Maternity Uist: 0%</p> <p>Further training has been arranged for staff and staff are reminded to complete Safe Care daily</p>	
8.2	NHS Western Isles will ensure that any staffing mitigations put in place as a response to concerns raised are recorded in Safe Care and In Phase.	Complete	Nurse/ AHP Director and Chief Operating Officer  Head of Midwifery	<p><b>08/01/2026:</b></p> <p>This is well embedded in practice</p>	08/01/2026

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	<p>If it is not possible to mitigate risks this will be escalated to the Head of Midwifery as per NHS Western Isles Real Time Staffing, Risk Escalation and Seeking Clinical Advice Standard Operating Procedure.</p> <p>Any unmitigated staffing risks will be escalated to the on-call Executive Director</p>		Team Leader		
8.3	<p>Alongside the mandated quarterly Board HealthCare Staffing Act reports NHS Western Isles will present a quarterly Safe Staffing report to Quality and Safety Groups, Strategic Workforce Group, Corporate Management Team and Staff and Clinical Governance Committees.</p> <p>This will report on Safe Care compliance across the organisation, application of Professional Judgement, number of red flags raised and mitigated and any consequences of risks that could not be mitigated.</p>	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Workforce Lead</p> <p>Head of Midwifery</p> <p>Team Leader</p>	<p><b>08/01/2026:</b></p> <p>Quarterly safe staffing reports are presented to approved groups and committees</p>	08/01/2026
<b>Req. 9</b>	<p><b>Domain 4.3: Workforce planning</b></p> <p><b>NHS Western Isles should ensure daily oversight of maternity services within wider safety huddles to maintain senior managers oversight of the service</b></p>				
9.1	NHS Western Isles will integrate maternity services into the wider hospital huddles.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Midwifery</p> <p>Lead Nurse</p>	<p><b>08/01/2026:</b></p> <p>Maternity services will update their RAGG status onto the daily huddle spreadsheet and will attend in person when clinical activity or staffing allows. The lead nurse will be advised of any concerns or risks</p>	08/01/2026
<b>Req.</b>	<p><b>Domain 4.3: Workforce planning</b></p>				

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10	<p><b>NHS Western Isles must ensure that there are processes in place to support the consistent application of the common staffing method, demonstrating triangulation of quality, safety and workforce data to inform staffing requirements and where appropriate service improvement. This includes that the principles of the common staffing method are applied including having a robust mechanism for feedback to be provided to staff about the use of the common method and staffing decisions made as a result.</b></p>				
10.1	<p>NHS Western Isles have developed a standard operating procedure for the application of the common staffing method</p>	<p>Complete</p>	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Midwifery</p> <p>Workforce Lead</p>	<p><b>08/01/2026:</b></p> <p>NHS Western Isles Common Staffing Method SOP is available on the local intranet page and a copy sent to all operational and team leads.</p>	<p>08/01/2026</p>
10.2	<p>NHS Western Isles will ensure a staffing level tool run is completed and followed up with a common staffing method report which will be presented to the appropriate governance committees.</p>	<p>31/06/2026</p>	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Midwifery</p> <p>Workforce Lead</p>	<p><b>08/01/2026:</b></p> <p>Data from the recent staffing level tool run has been uploaded to the SSTS platform and work is underway to compile a common staffing method report.</p> <p><b>09/02/2026:</b></p> <p>Maternity Staffing Level Tool run to be completed this month</p> <p><b>05/03/2026:</b></p> <p>Common staffing method report under development</p> <p><b>17/04/2026:</b></p> <p>Work is ongoing to complete the CSM report for presentation to the Strategic Workforce Group. This was delayed due to the recent retirement of the SCM and Head of Midwifery.</p>	

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				<p><b>20/05/2026:</b></p> <p>Draft CSM report complete and awaiting review and sign off before being presented to the next SWG.</p>	
<b>Req. 11</b>	<p><b>Domain 4.3: Workforce planning</b></p> <p><b>NHS Western Isles must have robust systems and processes in place to ensure that all staff are appropriately trained to carry out their role. This includes protected learning time, monitoring of training completion and consideration of skills and experience when redeploying staff.</b></p>				
11.1	NHS Western Isles will ensure that robust systems and processes are in place to ensure that all staff are appropriately trained to carry out their role.	Complete	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Midwifery</p> <p>Team Leader</p>	<p><b>08/01/2026:</b></p> <p>Staff are provided protected learning time or time of in lieu to undertake mandatory and role essential training</p>	08/01/2026
11.2	NHS Western Isles will ensure that compliance with mandatory training continues to be monitored monthly by team and operational leads escalating to executive lead if mandatory training compliance falls below 85%.	30/06/2026	<p>Nurse/ AHP Director and Chief Operating Officer</p> <p>Head of Midwifery</p> <p>Team Leader</p>	<p><b>08/01/2026:</b></p> <p>All team and operational leads have access to TURAS reporting and are expected to monitor compliance rates within their teams and address any drop in compliance with mandatory training modules monthly as part of their core objectives.</p> <p>Staff members and managers are automatically alerted by TURAS as modules are approaching and have reached expiry.</p> <p><b>09/02/2026:</b></p> <p>NHS Western Isles has 16 mandatory modules on Turas learn for staff to</p>	

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				<p>complete, 8 of these have over 85% of staff completed the modules and work is ongoing to improve compliance with the remaining 8 modules.</p> <p>58% of staff in maternity have completed Immediate Life Support with 86% of staff having completed Basic Life Support, this is expected to improve over the next few weeks as staff are booked onto upcoming training courses.</p> <p><b>NB:</b> ILS is for all trained staff who do the equivalent in the Scottie course each alternative year and on the other alternative years do ILS, so they are compliant in adult resuscitation. Hence ILS figures may appear low each year, but staff will have done the resuscitation in their Scottie course similarly all neonatal resuscitation is 95-100% for all trained staff.</p> <p><b>05/03/2026:</b></p> <p>NHS Once for Scotland suite of 9 mandatory training modules went live on 02/03/2026. 5 modules have a compliance greater than 85%, 2 over 70% and 2 under 60%. Work is ongoing with the team to ensure compliance in the 4 modules with compliance less than 85% improves</p> <p><b>16/04/2026:</b></p>	
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				<p>Of the 9 Once for Scotland mandatory training modules 4 have compliance over 85%, work is ongoing with the team to raise compliance in the remaining modules</p> <p><b>20/05/2026:</b></p> <p>Of the 9 Once for Scotland mandatory training modules 4 have compliance over 85%, work is ongoing with the team to raise compliance in the remaining modules</p>	
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