



# Improvement Action Plan

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

Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran  
08 – 09 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** 

**NHS board Chief Executive** 

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: Lesley Bowie

Full Name: Gordon James

Date: 10 June 2026

Date: 10 June 2026

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 1 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

**Recommendations = 2**

<b>Total number actions identified</b>	6	<b>Number of actions Complete</b>	6 (100%)	<b>Number of actions in progress</b>	0 (0%)
--	---	-----------------------------------	-------------	--------------------------------------	-----------

**Requirements = 16**

<b>Total number actions identified</b>	44	<b>Number of actions Complete</b>	30 (68%)	<b>Number of actions in progress</b>	14 (32%)
--	----	-----------------------------------	-------------	--------------------------------------	-------------

**Overall position**

<b>Total number actions identified</b>	50	<b>Number of actions Complete</b>	36/50 (72%)	<b>Number of actions in progress (all within timescales)</b>	14/50 (28%)
--	----	-----------------------------------	----------------	--	----------------

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
<b>Recommendations</b>						
1.	NHS Ayrshire & Arran should consider current guidance around Shared Language for Pregnancy, Labour and Birth	Update external website and intranet systems with preferred language.	By 31 <sup>st</sup> March 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	16 <sup>th</sup> March 2026
		Review and update locally developed clinical guidelines (143) and other decision support tools. <ul style="list-style-type: none"> <li>A tracking dashboard will be used to monitor progress and ensure all guidelines are reviewed by December 2026.</li> </ul>	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	23 <sup>rd</sup> February 2026

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		Improve staff awareness <ul style="list-style-type: none"> <li>○ Incorporate into staff education sessions</li> </ul>	By 31 <sup>st</sup> March 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	9 <sup>th</sup> February 2026
		Improve staff awareness <ul style="list-style-type: none"> <li>○ Develop email communication to be shared with Women and Children's (WAC's) staff</li> </ul>	By 31 <sup>st</sup> March 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	17 <sup>th</sup> February 2026
2.	NHS Ayrshire & Arran should improve bereavement training compliance rates for all staff providing bereavement care to families	Increase bereavement training compliance to 80% for all staff providing bereavement care to families.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	31 <sup>st</sup> January 2026
		Ensure bereavement training compliance is recorded and monitored through Maternity Clinical Governance.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	31 <sup>st</sup> January 2026
<b>Requirements</b>						
1.	NHS Ayrshire & Arran must ensure process is in place to ensure women receive timely access to midwifery telephone assessment	Develop and implement a standard operating procedure (SOP) for maternity telephone triage.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	6 <sup>th</sup> February 2026

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 3 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		Introduce a programme of weekly audit of triage times and outcomes for telephone assessment.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	7 <sup>th</sup> November 2025
		Review audit results at maternity clinical and operational governance meetings to understand any recurrent themes and identify areas for improvement.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	7 <sup>th</sup> November 2025
		Undertake a demand and capacity led workforce review to ensure the service can provide timely access for patients.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	30 <sup>th</sup> November 2025
2.	NHS Ayrshire & Arran must ensure effective governance and oversight of activity within the maternity service to support safe delivery of care for women, including, but not limited to maternity triage	Review audit results at maternity clinical and operational governance meetings to understand any recurrent themes and identify areas for improvement.	By 30 <sup>th</sup> April 2026.	Director of Midwifery / General Manager / Associate Medical Director	Complete	31 <sup>st</sup> January 2026
		Design and implement electronic maternity triage dashboard. This will include triage activity, staffing, wait times, and outcomes, to ensure effective governance and oversight of activity.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress Update 05/06/26 Meeting arranged with eHealth to progress June 2026.	

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 4 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
3.	NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time	Engage with relevant stakeholders (Primary Care, ultrasound, MDT and other specialist groups), to ensure scheduled and unscheduled pathways are being appropriately utilised.	By 31 <sup>st</sup> August 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	6 <sup>th</sup> February 2026
		Badgernet data will be monitored through operational governance structures.	By 31 <sup>st</sup> August 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete The data is currently unable to be captured on Badgernet. The data is collected electronically on the daily midday safety brief, which is monitored through operational governance structures.	5 <sup>th</sup> June 2026
4.	NHS Ayrshire & Arran must ensure an effective system is in place to ensure patient documentation is accurately Completed, to support the safe delivery of care	Update documentation audit tool to include risk assessments.	By 31 <sup>st</sup> July 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	11 <sup>th</sup> March 2026

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 5 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		Reminders to staff at daily huddles to accurately Complete patient documentation.	By 31 <sup>st</sup> July 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	20 <sup>th</sup> October 2025
		Carry out 10 sample audits per month to assure compliance.	By 31 <sup>st</sup> July 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	27 <sup>th</sup> April 2026
5.	NHS Ayrshire & Arran must ensure engagement with staff, to ensure an open and transparent culture	To help create a psychologically safe environment for all staff, we will: <ul style="list-style-type: none"> <li>Encourage staff to record all incidents and 'near miss' incidents through Datix</li> </ul>	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	31 <sup>st</sup> January 2026
		To help create a psychologically safe environment for all staff, we will: <ul style="list-style-type: none"> <li>Encourage staff to utilise embedded escalation ladder and existing Speak Up advocates, staff care and wellbeing programmes for support if required.</li> </ul>	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	17 <sup>th</sup> November 2025

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 6 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		To help create a psychologically safe environment for all staff, we will: <ul style="list-style-type: none"> <li>○ Deliver 6 staff engagement sessions per year, themes and improvement actions will be monitored.</li> </ul>	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress <u>Update 05/06/26</u> 4 sessions complete <ul style="list-style-type: none"> <li>• 19/01/26</li> <li>• 09/02/26</li> <li>• 30/03/26</li> <li>• 01/06/26</li> </ul> 2 sessions arranged <ul style="list-style-type: none"> <li>• 03/08/26</li> <li>• 19/10/26</li> </ul>	
6.	NHS Ayrshire & Arran must ensure timescales of significant adverse events reviews are achieved, to support and improve the quality and safety of care. This should be aligned with the timeframes suggested within national guidance	Maternity services will aim to achieve 80% compliance with SAER action timeframes. This will be monitored at Maternity Clinical Governance meetings.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress <u>Update 05/06/26</u> Currently there are five open SAERs for maternity-neonatal services, three are within national guidance timeframes.	
		A further 5 staff will be trained in Root Cause Analysis/ SAER training.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress <u>Update 05/06/26</u> A further 4 staff have been trained since January 2026. Next training course will take place end of June 2026.	

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5

Version: 2.5

Date: 10/06/2026

Produced by: HIS/NHS Ayrshire & Arran

Page: Page 7 of 14

Review Date: -  
11/06/2026

Circulation type (internal/external): Internal and external

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
7.	NHS Ayrshire & Arran must ensure staff receive time and resources to undertake training essential to their role. This includes protected learning time, monitoring of training completion and consideration of skills and experience	All areas will record and audit protected learning time through e-Roster, achieving 80% compliance.	By 31 <sup>st</sup> March 2027	Director of Midwifery / General Manager / Associate Medical Director	In progress <u>Update 05/06/26</u> All maternity clinical areas are live on e-Roster from April 2026. First audit will be carried out September 2026	
		Milestone: ○ 30 <sup>th</sup> June 2026 – All maternity clinical areas live on e-Roster with protected learning time functionality enabled.	30 <sup>th</sup> June 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	6th April 2026
		Milestone: ○ 30 <sup>th</sup> September 2026 – First quarterly audit of protected learning time completed.	30 <sup>th</sup> September 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress	
		Milestone: ○ 31 <sup>st</sup> December 2026 – ≥60% compliance achieved across all maternity areas. Actions agreed and implemented to address any gaps.	31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress	
		Milestone: ○ 31 <sup>st</sup> March 2027 – ≥80% compliance sustained for two consecutive quarters.	31 <sup>st</sup> March 2027	Director of Midwifery / General Manager / Associate Medical Director	In progress	

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5

Version: 2.5

Date: 10/06/2026

Produced by: HIS/NHS Ayrshire & Arran

Page: Page 8 of 14

Review Date: -  
11/06/2026

Circulation type (internal/external): Internal and external

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		Milestone: <ul style="list-style-type: none"> <li>Findings reviewed at Maternity Clinical Governance and Maternity Evolution Group.</li> </ul>	31 <sup>st</sup> March 2027	Director of Midwifery / General Manager / Associate Medical Director	In progress	
		Individual training and development needs of staff will be discussed at annual PDRs.	31 <sup>st</sup> March 2027	Director of Midwifery / General Manager / Associate Medical Director	Complete	5 <sup>th</sup> June 2026
8.	NHS Ayrshire & Arran must ensure governance and oversight of incident reporting and improve feedback to staff who have submitted incident reports through the incident reporting system	Establish a weekly Senior Quality Assurance Meeting, chaired by the Director of Midwifery / General Manager / Associate Medical Director, to provide governance and oversight of incident reporting, investigation progress, themes, and improvement actions.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	12 <sup>th</sup> February 2026
		Provide feedback to 100% of Datix reporters on final approval of investigation and report through the incident reporting system.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	30 <sup>th</sup> September 2025

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 9 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		Quarterly compliance audits will be carried out to ensure each person has received feedback.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	30 <sup>th</sup> April 2026
9.	NHS Ayrshire & Arran must ensure governance and oversight to ensure venous thromboembolism risk assessment compliance	Include VTE risk assessment in monthly documentation audits.	By 31 <sup>st</sup> March 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	23 <sup>rd</sup> February 2026
		Compliance will be recorded and monitored through Maternity Clinical Governance group.	By 31 <sup>st</sup> March 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	23 <sup>rd</sup> February 2026
		Review and share audit results and themes to determine areas for improvement.	By 31 <sup>st</sup> March 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	23 <sup>rd</sup> February 2026
10.	NHS Ayrshire & Arran must ensure that patient equipment is clean and ready for use	Reinforce equipment cleaning SOPs to all staff within clinical areas and introduce weekly spot checks.	By 28 <sup>th</sup> February 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services	Complete	31 <sup>st</sup> October 2025

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
		Monitor through the monthly environmental audit schedule and report via Maternity Evolution Group.	By 28 <sup>th</sup> February 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services	Complete	31 <sup>st</sup> October 2025
11.	NHS Ayrshire & Arran must ensure infrequently used water outlets are flushed in line with current national guidance	Training will be carried out to ensure all staff understand the correct frequency for flushing of all outlets and are aware of and use the agreed documentation to record flushing of outlets.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services	Complete Guidance has been provided to all staff detailing correct frequency for flushing of all outlets and standardised flushing recording documentation shared with all staff.	30 <sup>th</sup> April 2026
		Ensure Midwife in charge of areas carry out a weekly check of the flushing records to ensure flushing has been correctly recorded, the area is compliant, and a record of compliance has been maintained discuss and report via Maternity Evolution Group.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services	Complete	30 <sup>th</sup> April 2026

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 11 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
12.	NHS Ayrshire & Arran must ensure fire risk assessments are up to date and fire actions and improvements identified within fire safety risk assessments are addressed	Fire risk assessments were completed on the 2 <sup>nd</sup> and 15 <sup>th</sup> of December.	By 31 <sup>st</sup> July 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services	Complete	15 <sup>th</sup> December 2025
		Review all open maternity fire safety actions and complete all required actions. Progress will be monitored through the monthly update to the Fire Action Plan.	By 31 <sup>st</sup> July 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services	Complete	30 <sup>th</sup> April 2026
13.	NHS Ayrshire & Arran must ensure oversight of potential risks within maternity services are consistently captured within the wider hospital safety huddle	Potential risks identified at WAC's huddle will be shared with wider hospital safety huddle via email or escalation as appropriate.	By 30 <sup>th</sup> April 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	1 <sup>st</sup> June 2026
14.	NHS Ayrshire & Arran must ensure that clear and robust systems and processes are in place, including guidance and support for staff, to allow consistent assessment and capture of real-time	Deliver 6 information sessions per annum for staff with duty manager and page holder roles.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress <u>Update 05/06/26</u> 3 sessions complete ● 17/11/25	

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 12 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
	staffing risk across all professional clinical groups				<ul style="list-style-type: none"> <li>• 16/03/26</li> <li>• 23/04/26</li> <li>3 sessions arranged</li> <li>• 29/06/26</li> <li>• 22/09/26</li> <li>• 30/11/26</li> </ul>	
		Broader staff education will be undertaken at staff engagement sessions.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	17 <sup>th</sup> November 2025
15.	NHS Ayrshire & Arran must ensure that there are processes in place to support consistent annual application of the common staffing method, demonstrating triangulation of all relevant service specific quality, safety and workforce data	Continue to contribute to the national development of the professional judgement tool and ensure application on an annual basis in line with the Healthcare Staffing Act.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	30 <sup>th</sup> November 2025
16.	NHS Ayrshire & Arran must ensure clinical leaders within maternity services have 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	Continue to ensure protected time is allocated for leaders to carry out leadership and management responsibilities.	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	Complete	30 <sup>th</sup> November 2025
		Milestone: <ul style="list-style-type: none"> <li>○ 30<sup>th</sup> June 2026 – Leadership roles with agreed protected leadership time formally defined and recorded on e-Roster.</li> </ul>	By 30 <sup>th</sup> June 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress Update 05/06/26 Implementation programme in progress for e-Roster training to	

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
					be completed by 30/06/26.	
		Milestone: <ul style="list-style-type: none"> <li>30<sup>th</sup> September 2026 – Mechanism implemented within e-Roster to record when protected leadership time is lost, including reason (e.g. staffing shortfall).</li> </ul>	By 30 <sup>th</sup> September 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress	
		Milestone: <ul style="list-style-type: none"> <li>31<sup>st</sup> December 2026 – First six-month audit of leadership time Completed.</li> </ul>	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress	
		Milestone: <ul style="list-style-type: none"> <li>Quarterly Audit reviewed at Maternity Clinical Governance and Maternity Evolution Group</li> </ul>	By 31 <sup>st</sup> December 2026	Director of Midwifery / General Manager / Associate Medical Director	In progress	

File Name: 2026-06-08 Maternity improvement plan Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.5	Version: 2.5	Date: 10/06/2026
Produced by: HIS/NHS Ayrshire & Arran	Page: Page 14 of 14	Review Date: - 11/06/2026
Circulation type (internal/external): Internal and external		