

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:

Full Name:

Lesley Bowie

Signature:



Full Name:

Gordon James

Date: 27 January 2026

Date: 27 January 2026

File Name: 2025-12-16 2026-01-30 Maternity improvement action plan Ayrshire Maternity Unit University Hospital Crosshouse NHS Ayrshire Arran
v2.1 Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran v2.1

Version: 2.1

Date: 30/01/2026

Produced by: HIS/NHS Ayrshire & Arran

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Review Date: -
11/06/2026

Circulation type (internal/external): Internal and external

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
Recommendations						
1.	NHS Ayrshire & Arran should consider current guidance around Shared Language for Pregnancy, Labour and Birth	<ul style="list-style-type: none"> Update external website and intranet systems with preferred language. Review and update locally developed clinical guidelines (143) and other decision support tools. <ul style="list-style-type: none"> A tracking dashboard will be used to monitor progress and ensure all guidelines are reviewed by December 2026. Improve staff awareness; <ul style="list-style-type: none"> Incorporate into staff education sessions Develop email communication to be shared with Women and Children's (WAC's) staff 	By 31 st March 2026 By 31 st December 2026 By 31 st March 2026	Director of Midwifery / General Manager / Associate Medical Director		
2.	NHS Ayrshire & Arran should improve bereavement training compliance rates for all staff providing bereavement care to families	<ul style="list-style-type: none"> Increase bereavement training compliance to 80% for all staff providing bereavement care to families. Ensure bereavement training compliance is recorded and monitored through Maternity Evolution Group 	By 31 st December 2026	Director of Midwifery / General Manager / Associate Medical Director	Spreadsheet developed to monitor compliance.	
Requirements						

Ref:	Recommendation/ Requirement	Action Planned	Timescale	Responsible Person	Progress	Date Completed
1.	NHS Ayrshire & Arran must ensure process is in place to ensure women receive timely access to midwifery telephone assessment	<ul style="list-style-type: none"> Develop and implement a standard operating procedure (SOP) for maternity telephone triage. Introduce a programme of weekly audit of triage times and outcomes for telephone assessment. Review audit results at maternity clinical and operational governance meetings to understand any recurrent themes and identify areas for improvement. Undertake a demand and capacity led workforce review to ensure the service can provide timely access for patients. 	By 30 th April 2026	Director of Midwifery / General Manager / Associate Medical Director	Draft SOP in progress.	
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	<ul style="list-style-type: none"> Review audit results at maternity clinical and operational governance meetings to understand any recurrent themes and identify areas for improvement. 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 30 th April 2026. By 31 st December 2026	Director of Midwifery / General Manager / Associate Medical Director		

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3.	NHS Ayrshire & Arran must ensure that patients are provided with the right care, in the right place, at the right time	<ul style="list-style-type: none"> Engage with relevant stakeholders (Primary Care, ultrasound, MDT and other specialist groups), to ensure scheduled and unscheduled pathways are being appropriately utilised. Badgernet data will be monitored through operational governance structures. 	By 31 st August 2026	Director of Midwifery / General Manager / Associate Medical Director		
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	<ul style="list-style-type: none"> Update documentation audit tool to include risk assessments. Reminders to staff at daily huddles to accurately complete patient documentation. Carry out 10 sample audits per month to assure compliance. 	By 31 st July 2026	Director of Midwifery / General Manager / Associate Medical Director		
5.	NHS Ayrshire & Arran must ensure engagement with staff, to ensure an open and transparent culture	<ul style="list-style-type: none"> To help create a psychologically safe environment for all staff, we will: <ul style="list-style-type: none"> Encourage staff to record all incidents and 'near miss' incidents through Datix Encourage staff to utilise embedded escalation ladder and existing Speak Up advocates, staff care and wellbeing programmes for support if required. 	By 31 st December 2026	Director of Midwifery / General Manager / Associate Medical Director		

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		<ul style="list-style-type: none"> ○ Deliver 6 staff engagement sessions per year, themes and improvement actions will be monitored. 				
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	<ul style="list-style-type: none"> ● Maternity services will aim to achieve 80% compliance with SAER action timeframes. This will be monitored at Maternity Clinical Governance meetings. ● A further 5 staff will be trained in Root Cause Analysis/ SAER training. 	By 31st December 2026	Director of Midwifery / General Manager / Associate Medical Director		
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	<ul style="list-style-type: none"> ● All areas will record and audit protected learning time through e-Roster, achieving 80% compliance. <p>Milestones:</p> <p>30th June 2026 – All maternity clinical areas live on e-Roster with protected learning time functionality enabled.</p> <p>30th September 2026 – First quarterly audit of protected learning time completed.</p> <p>31st December 2026 – ≥60% compliance achieved across all maternity areas. Actions agreed and implemented to address any gaps.</p>	By 31 st March 2027		An implementation programme is in progress for e-Roster training and building of e-Roster platforms for all clinical maternity areas.	

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		<p>31st March 2027 – ≥80% compliance sustained for two consecutive quarters.</p> <p>Findings reviewed at Maternity Clinical Governance and Maternity Evolution Group.</p> <ul style="list-style-type: none"> Individual training and development needs of staff will be discussed at annual PDR's. 				
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	<ul style="list-style-type: none"> 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. Provide feedback to 100% of Datix reporters on final approval of investigation and report through the incident reporting system. Quarterly compliance audits will be carried to ensure each person has received feedback. 	By 30 th April 2026	Director of Midwifery / General Manager / Associate Medical Director		
9.	NHS Ayrshire & Arran must ensure governance and oversight to ensure venous thromboembolism risk assessment compliance	<ul style="list-style-type: none"> Include VTE risk assessment in monthly documentation audits. Compliance will be recorded 	By 31 st March 2026	Director of Midwifery / General Manager /		

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		<p>and monitored through Maternity Clinical Governance group.</p> <ul style="list-style-type: none"> • Review and share audit results and themes to determine areas for improvement. 		Associate Medical Director		
10.	NHS Ayrshire & Arran must ensure that patient equipment is clean and ready for use	<ul style="list-style-type: none"> • Reinforce equipment cleaning SOPs to all staff within clinical areas and introduce weekly spot checks by team leader. • Monitor through the monthly environmental audit schedule and report via Maternity Evolution Group. 	By 28 th February 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services		
11.	NHS Ayrshire & Arran must ensure infrequently used water outlets are flushed in line with current national guidance	<ul style="list-style-type: none"> • 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. • 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 th April 2026	Director of Midwifery / General Manager / Associate Medical Director/ Director of Infrastructure and Support Services		
12.	NHS Ayrshire & Arran must ensure fire risk assessments are up to date and fire	<ul style="list-style-type: none"> • Fire risk assessments were completed on 2nd and 15th 	By 31 st July 2026	Director of Midwifery /		

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	actions and improvements identified within fire safety risk assessments are addressed	<p>December 2025.</p> <ul style="list-style-type: none"> 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. 		General Manager / Associate Medical Director/ Director of Infrastructure and Support Services		
13.	NHS Ayrshire & Arran must ensure oversight of potential risks within maternity services are consistently captured within the wider hospital safety huddle	<ul style="list-style-type: none"> Potential risks identified at WAC's huddle will be shared with wider hospital safety huddle via email or escalation as appropriate. 	By 30 th April 2026	Director of Midwifery / General Manager / Associate Medical Director		
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 staffing risk across all professional clinical groups	<ul style="list-style-type: none"> Deliver 6 information sessions per annum for staff with duty manager and page holder roles. Broader staff education will be undertaken at staff engagement sessions. 	By 31 st December 2026	Director of Midwifery / General Manager / Associate Medical Director		
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	<ul style="list-style-type: none"> 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 st December 2026	Director of Midwifery / General Manager / Associate Medical Director		
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	<ul style="list-style-type: none"> Continue to ensure protected time is allocated for leaders to carry out leadership and management responsibilities. 	By 31 st December 2026	Director of Midwifery / General Manager / Associate Medical Director		

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	this is sacrificed as part mitigation for staffing shortfalls	<p>Milestones:</p> <p>30th June 2026 – Leadership roles with agreed protected leadership time formally defined and recorded on e-Roster.</p> <p>30th September 2026 – Mechanism implemented within e-Roster to record when protected leadership time is lost, including reason (e.g. staffing shortfall).</p> <p>31st December 2026 – First six-month audit of leadership time completed.</p> <ul style="list-style-type: none"> • Quarterly Audit reviewed at Maternity Clinical Governance and Maternity Evolution Group 				

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