Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Maternity Services safe delivery of care inspection

Victoria Hospital, NHS Fife

02 – 03 December 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: Patricia Kilpatrick

Date: 23.07.2026

NHS board Chief Executive

Signature: _____

Full Name: William Edwards

Date: 23.07.26

Ref:	Recommendations	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Updated Progress	Date Completed
1.	NHS Fife should consider improving bereavement training compliance rates for all staff providing bereavement care to families.	• Increase bereavement training compliance to 80% of all staff providing bereavement care to families. • Implementation of awaited national guidance on level of training required for all grades of staff. • Share training resources with all staff.	7th December 2026 tbc By 31st March 2026.	Director of Midwifery Associate Medical Director	• Promote available training NES eLearning: Bereavement following Pregnancy Loss and the Death of a Baby and/or Held in our Hearts Compassionate Care Training.	• Bereavement training - Good progress made within all maternity staff groups (44%). Still awaiting national guidance on level of training required for all grades of staff – staff accessing the TURAS NES e-learning meantime. Bereavement 1hrly update sessions continue to be delivered in yearly mandatory training (bi-monthly study days) in addition to TURAS e-learning. • Completed -Training resources shared with all staff via department's Team channels.	On track 31/3/2026

		• Monitor training compliance with support of Bereavement nurse and the Senior Charge Midwives (SCMs).	By 30th April 2026.		• Monthly training figures audit to be captured by SCMs. • Utilise protected learning time to ensure staff can undertake bereavement training.	• Completed – Bereavement training captured within monthly training stats by SCMs. • Senior charge midwives supporting with allocating time.	31/3/2026 31/3/2026
2.	NHS Fife should consider improving trauma informed training compliance rates for all staff	• Increase trauma informed training compliance to 80% for all staff. • Share training resources available to all staff.	7th December 2026 By 31st March 2026.	Director of Midwifery Associate Medical Director	• Promote the TURAS module National Trauma Transformation programme. • Monthly training figures audit to be captured by SCMs.	• Good progress made on improving Trauma Informed training (66%) • Completed -Training resources shared on CPD Passport and department Team's Channels. • Completed– Trauma Informed Transformation training captured within monthly training stats by SCMs.	On track 31/3/2026 31/3/2026

Ref:	Requirements	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Updated Progress	Date Completed
1.	NHS Fife must ensure the ongoing oversight and governance in maternity triage to support the safe delivery of care.	• Implementation of the Birmingham symptom-specific obstetric triage system (BSOTS) at the current hours of operation. • Safe staffing models aligned with BSOTS. • Undertake an options appraisal for a dedicated maternity triage system 24 hours a day, seven days a week. • Audit triage to assessment time in line with BSOTS. • Incident themes reviewed monthly. • Share feedback and learning from complaints and care opinion with	2nd November 2026	Director of Midwifery Associate Medical Director	• We have reviewed the current provision of triage with the proposal of implementing BSOTS within current hours. We are scoping out of hours provision for triage based on activity whilst ensuring safety as our main focus. • Plan to run the new maternity workload tool once BSOTS in use. • Monthly audits to capture activity of calls and triage time. • Monthly review of datix for BSOTS compliance. • Infographic currently shared with staff. Identify other methods of sharing	• Continue to scope and review out of hours before considering implementation of BSOTS, within Maternity Triage for both current hours and extended hours of operation. • Planned date for workload tool run 01/02/2027. • On-going monthly audits for compliance with waiting times and calls. • SCM continues to share Infographic with staff. Staff are also informed via the Safety Brief and Team meetings where learning is shared. • Safety Brief also highlights specific learning themes or any current concerns.	On track 30/04/26 30/04/26 30/04/26

		staff.			the learning from complaints and care opinion.		
2.	NHS Fife must ensure timescales of incident reviews and significant adverse event reviews are achieved. This includes feedback to staff and action plans to support and improve the quality and safety of care.	• Aim to achieve 80% completion of SAER reviews within the recommended timeframe (Maternity and Neonatal Adverse review process for Scotland, September 2021). • Aim to achieve 80% of closure of Level 2 and Level 3 incidents within the recommended timeframe recommended timeframe (NHS Fife Resource Pack , January 2026) • Adapt NHS Fife Adverse Events Dashboard for Maternity Services to monitor oversight with all	7th December 2026 7th December 2026 7th December 2026	Director of Midwifery Associate Medical Director	• Additional Obstetric lead reviewers allocated. • Increase in appointment of Band 7 Clinical Risk Midwife from 0.4 to 0.69WTE. • Adverse events team to support with development of Maternity Adverse Events Dashboard.	• Completed - 2 Additional Lead Reviewers have been identified and are in post. • Completed – 1 WTE (Band 7) and 1, 0.67 (Band 6)WTE • Level 3 SAER – 3 since Jan 26 – 1 signed off within 90 day target, other 2 on target. Currently 66% compliance. • Completed - Maternity Adverse Events Dashboard is now live.	May 2026 02/03/2026 On track 30/6/2026

		adverse event reviews. • Provide feedback to reporters of incidents on final approval via Datix email. • Provide feedback to staff involved in a SAER on final approval. • Establish monthly Action/Improvement Plan meeting to ensure oversight and completion of action plans from SAERs.	7th December 2026 7th December 2026 7th December 2026		• Systems currently in place to enable feedback to staff once review completed. • Monthly Improvement plan/actions, meeting dates in place.	• Completed – Existing staff monthly Datix newsletter / Infographic. • Planning on including a Learning Summary feedback session, within the monthly multidisciplinary meetings, commencing Sept/Oct 26 • Completed – Embedded monthly Improvement meetings to review plans and actions.	29/05/26 On track Jan 2026

3.	NHS Fife must ensure they facilitate a consistent supporting structure for staff following adverse events.	• Ensure immediate and ongoing support • Peer support champions • Follow up pathway • Promote the use of the NHS Fife Adverse Events Support Pathways for all staff involved in an adverse event.	1st June 2026	Director of Midwifery Associate Medical Director	• Current system in place for immediate and ongoing support. • The Staff Support Pathway provides guidance for managers on how to support staff in the period immediately following an adverse event and in the following weeks, as well as on the type of additional support available.	• Completed – NHS Fife Adverse Events Support Pathways is embedded within Maternity. • All staff have access to resources either digitally via Staffpoint or printed material within the department. There is also face to face manager training available , SCM attended and cascaded information to team. • Fife wide peer support is also available for staff involved in adverse events.	1st June 2026 1st June 2026 1st June 2026
4	NHS Fife must ensure ongoing oversight of care assurance data; this includes but is not limited to:	• The Women & Children's Clinical Governance Group will have oversight of national reports and audits, Perinatal and	31st March 2026	Director of Midwifery Associate Medical Director	• Monitor key safety indicators • Deep Dives are undertaken where appropriate	Completed • Clinical Governance group and QI midwife have oversight of National Reports and Audits. • NHS Fife is also a Pilot	31/03/26

	(i) Apgar specific data.	Maternal surveillance (PHI data, SPSP Perinatal Collaborative, NMAP, NNAP, MBRRACE-UK Perinatal and Maternal reports) • A short life working group to be established to review the Apgar data				site for Excellence in Care maternity measure APGAR<7 at 5 mins. • Clinical Governance Group SLWG's deep dives into AGPAR <7 at 5mins for 2024 and 2025. Further deep dives into the incidents of General Anesthesia in Caesarean sections (CS) including outcomes. On-going audit on the avoidable risk factors of Elective CS. • Lessons learned feedback has been delivered via the DATIX newsletters	Ongoing June 2026 June 2026
5	NHS Fife must ensure that improvement points from patient feedback are utilised to guide structured learning	• Review feedback and identify themes from Care Opinion and Patient Experience (complaints).	1st November 2026	Director of Midwifery Associate Medical Director	• Development of Maternity Voices Partnership to be involved in improvements and guidelines.	• Maternity Voices Partnership in progress, SLWG engaging with Third sector. Aiming to launch in October	On track

	and improvements.	• Skills and drills for each area tailored to SAER/Complaint and Clinical risk feedback			• Prompt Scenarios used in direct correlation to SAER/CCR review findings.	2026. • Maternity triage involved in pilot for Relational Patient Reported Experience Measure (PREM) as part of Excellence in Care. • Completed and embedded in Mandatory training. Prompt scenarios and CTG workshops are based on recent adverse /complex care reviews.	July 2026 May 2026
6	NHS Fife must ensure that employees receive time and resources to undertake training which is essential to their role.	• Full implementation of eRostering. • All areas will record and audit	7th December 2026.	Director of Midwifery	• Ensure staff are provided time to undertake training essential to their role. This will be factored into the use of eRostering. • Will utilise SafeCare to	• Implementation of eRostering in progress with workbooks completed. Staff are allocated time to support with training on paper roster until eRostering in use. This is reviewed by the SCM if unable to fulfill. Full implementation of eRostering early November 2026.	On track

		protected learning time via the eRoster system. • Audit compliance	By 5th October 2026.		monitor challenges.	• Delay in SafeCare implementation due to revised timescale of eRostering.	Delay
7	NHS Fife must ensure staff carry out mandatory fire safety training and that all fire exits are free of obstructions.	• Aim to have 100% of staff completed fire safety training. • Meeting with Fife fire lead to identify fire wardens to be trained.	29th March 2027	Director of Midwifery Associate Medical Director	• All staff to be trained either face to face or online in fire safety. • Senior Charge Midwives to review monthly • All escalations are sent through Fire Safety Officer as a central point of contact with ongoing challenges with Estates timely removal of goods/cages.	• On course to achieve 100% Fire safety training - presently 77% compliant. • Completed - SCM's audit training on a monthly basis • Fire wardens have been identified for each area and training dates are being explored. • Departmental Fire drills / simulations led by the Fire Safety Officers have also taken place to consolidate training. • Fire Actions are	On track 31/03/2026 May 2026 July 2026

		• Review monthly fire actions				reviewed on a monthly basis by SCM's, with all escalations sent through the Fire Safety Officer.	31/03/2026
8	NHS Fife must ensure that equipment used is safe and suitable for its purpose, including when placing baby mats and scales on appropriate equipment to ensure patient safety.	• Weekly equipment audit undertaken. • Follow up actions for equipment repairs and replacements.	30th March 2026	Director of Midwifery Associate Medical Director	• Senior Charge Midwives to review monthly the completion of audits and any outstanding actions required. • Trolley with breaks ordered.	• Completed - SCM's review monthly equipment audits and outstanding actions. • Completed - Trolley with breaks delivered and in service.	31/03/2026 31/04/2026
9	NHS Fife must ensure that all staff comply with hand hygiene in line with the National Infection and Prevention control manual.	Monthly audits undertaken	30th March 2026	Interim Director of Midwifery Associate Medical Director	Senior Charge Midwives to review monthly the completion of audits with actions undertaken.	• Completed - Hand hygiene audit undertaken in all departments with SCM review / actions monthly	31/03/2026
10	NHS Fife must ensure all hazardous cleaning	Staff Daily checking of Hazardous substance	30th March 2026	Interim Director of Midwifery	Senior Charge Midwives to review monthly the completion of audits.	• Completed - Storage of Hazardous substance added to	31/03/2026

	products are securely stored.	storage added to staff daily safety checklist.				daily audit and reviewed by SCM's.	
11	NHS Fife 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.	Implementation of eRostering and SafeCare	28th September 2026	Interim Director of Midwifery	• Maternity services are using the TURAS Real Time Staffing (RTS) platform until SafeCare is introduced. Maternity Coordinator has been advised to complete RTS at each shift handover as a minimum requirement. • Plan to implement Safecare as a real-time staffing resource. This will assist in monitoring staffing levels and identifying any risks.	• Evidence on TURAS that RTS is being captured by the ward and MLU but limited input from CLU over July. Some challenges identified over access to the system. • There will be a delay in implementation of SafeCare due to eRostering team capacity. Workbooks now with the eRostering team.	On track Delay

12	NHS Fife must ensure that there are processes in place to support the consistent application of the common staffing method.	• Follow Safe staffing legislation. • Undertake maternity workload tool run followed by triangulation of workforce, quality, safety and professional judgment data. • Present written report to Executive Nurse Director.	31st October 2026	Interim Director of Midwifery	• Plan dates for workload tool run. • Preparation time • Run Maternity workload tool and Professional judgment • Triangulate data • SBAR report	• Tool run planned for 01/02/2027. Due to delay in accessing SafeCare , tool run planned with dependency of Professional judgment. • Preparation time built in. We will take the learning from the HIS workforce support provided to Mental Health and apply to the Maternity tool run with the support of the new workforce tool run lead.	On track On track
13	NHS Fife 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	• Maternity workload tool to identify safe staffing numbers to include protected time to lead. • Use of eRostering	1st December 2026	Interim Director of Midwifery	• Ensure leadership time will be factored into the use of eRostering. • Will utilise SafeCare to monitor	• Leadership time will be built into eRostering. • Aiming to build 7.5hrs, pro rata, for each SCM, achieving in all areas with challenges in Consultant led unit as multi SCM area. • Clinical Managers continue to work	On track On track On track

	leadership and management responsibilities.	to support with allocated time.	By 5th October 2025		challenges.	alongside Senior Charge Midwives to facilitate protected leadership time, seeking to understand any challenges impacting achievement and implementing supportive measures where required. Due to delay in SafeCare, we will use paper roster system to support with protected leadership time.	