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: 09.03.26

NHS board Chief Executive

Signature: _____

Full Name: Carol Potter

Date: 09.03.26

Ref:	Recommendations	Action Planned	Timescale to meet action	Responsibility for taking action	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. • Monitor training compliance with support of Bereavement nurse and the Senior Charge Midwives (SCMs).	7th December 2026 tbc By 31st March 2026. By 30th April 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. • Monthly training figures audit to be captured by SCMs. • Utilise protected learning time to ensure staff can undertake bereavement training.	
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.	
Ref:	**Requirements**	**Action Planned**	**Timescale to meet action**	**Responsibility for taking action**	**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 staff.	2nd November 2026	Director of Midwifery Associate Medical Director	• Scope funding for additional staffing following the BSOTS model would require 4.2WTE midwives. Partial uplift requested, business case required. • 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 the learning from complaints and care opinion.	
2.	NHS Fife must ensure timescales of incident reviews and significant	• Aim to achieve 80% completion of SAER reviews within the	7th December 2026	Director of Midwifery	• Additional Obstetric lead reviewers allocated. • Increase in appointment	

	adverse event reviews are achieved. This includes feedback to staff and action plans to support and improve the quality and safety of care.	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 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		Associate Medical Director	of Band 7 Clinical Risk Midwife from 0.4 to 0.69WTE. • Adverse events team to support with development of Maternity Adverse Events Dashboard. • Systems currently in place to enable feedback to staff once review completed. • Monthly Improvement plan/actions, meeting dates in place.	

		of action plans from SAERs.				
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.	
4	NHS Fife must ensure ongoing oversight of care assurance data; this includes but is not limited to: (i) Apgar specific data.	• The Women & Children's Clinical Governance Group will have oversight of national reports and audits, Perinatal and Maternal surveillance (PHI data, SPSP Perinatal Collaborative, NMAP, NNAP, MBRRACE-UK Perinatal and Maternal reports) • A short life working group	31st March 2026	Director of Midwifery Associate Medical Director	• Monitor key safety indicators • Deep Dives are undertaken where appropriate	

		to be established to review the Apgar data				
5	NHS Fife must ensure that improvement points from patient feedback are utilised to guide structured learning and improvements.	• Review feedback and identify themes from Care Opinion and Patient Experience (complaints). • Skills and drills for each area tailored to SAER/Complaint and Clinical risk feedback	1st November 2026	Director of Midwifery Associate Medical Director	• Development of Maternity Voices Partnership to be involved in improvements and guidelines. • Prompt Scenarios used in direct correlation to SAER/CCR review findings.	
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 protected learning time via the eRoster system. • Audit compliance	7th December 2026. By 5th October 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 monitor challenges.	
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. • Review monthly fire actions	29th March 2027 31st August 2026 30th April 2026	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 • Fire wardens to be trained in each area, this will enable facilitation of	

					fire drills on site. • All escalations are sent through Fire Safety Officer as a central point of contact with ongoing challenges with Estates timely removal of goods/cages.	
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.	
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.	
10	NHS Fife must ensure all hazardous cleaning products are securely stored.	Staff Daily checking of Hazardous substance storage added to staff daily safety checklist.	30th March 2026	Interim Director of Midwifery	Senior Charge Midwives to review monthly the completion of audits.	
11	NHS Fife must ensure that clear and robust systems and processes are in place to allow	Implementation of eRostering and SafeCare	28th September 2026	Interim Director of Midwifery	• Maternity services are using the TURAS Real Time Staffing (RTS)	

	consistent assessment and capture of real-time staffing risk across all clinical professional groups within maternity services.				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.	
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 judgement • Triangulate data • SBAR report	
13	NHS Fife must ensure that there are systems and processes in place to support clinical leaders within maternity services being able to access	• Maternity workload tool to identify safe staffing numbers to include protected time to lead. • Use of eRostering to	1st December 2026	Interim Director of Midwifery	• Ensure leadership time will be factored into the use of eRostering. • Will utilise SafeCare to monitor challenges.	

	appropriate protected leadership time to fulfil their leadership and management responsibilities.	support with allocated time.	By 5th October 2025			