



Improvement Action Plan

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

Forth Valley Royal Hospital, NHS Forth Valley

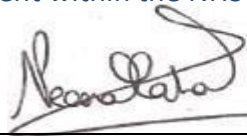
25 – 26 August 2025

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:

Neena Mahal

Date:

__02/04/2026_____

NHS board Chief Executive

Signature:



Full Name: Ross McGuffie

Date: __02/04/2026_____

File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 1 of 45	Review Date: - 09/04/2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Updated Progress	Date Completed	Links to Evidence
Recommendation 20. Domain 1.1	NHS Forth Valley should consider adopting a continuity approach to maternity telephone triage	January 2026	Director of Midwifery	<p>NHS Forth Valley Women & Children's services will implement the dedicated telephone triage by Jan 2026.</p> <p>NHS Forth Valley Maternity Services is undertaking a comprehensive assessment of midwifery staffing levels to support the optimal approach for implementing this recommendation within maternity triage.</p> <p>A detailed measurement plan containing process and outcome measures will support the implementation and evaluation of this improved process.</p>	<p>Improvement activity in maternity triage has progressed from early testing to consistent delivery of a redesigned model.</p> <p>The introduction of a continuity-based triage approach, supported by a standardised RAG prioritisation tool and additional staffing, has reduced unwarranted variation in assessment and escalation. Evidence of improvement;</p>	April 2026	Recommendation 20 - Domain 1.1

				<p>Outcomes from these measurements and patient feedback will be reviewed at the monthly triage improvement group.</p>	<p>Triage data demonstrating a sustained upward trend in women being assessed within timescales aligned to clinical priority.</p> <p>Increased consistency in escalation decisions, indicating improving process reliability rather than isolated performance gains.</p> <p>Outcome data is tabled for discussion at the W&C Governance forum and Forth Valley's Oversight Group.</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 3 of 45	Review Date: - 09/04/2026

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Recommendation 20. Domain 1.2</p>	<p>NHS Forth Valley should consider improving bereavement training compliance rates for all staff providing bereavement care to families</p>	<p>31 March 2026</p>	<p>Director of Midwifery / Associate Medical Director</p>	<p>Training compliance for the department has increased from 59% to 72% since the inspection observation visit. The Woman and Children’s directorate have establish an AIM of 95% of all relevant staff will have completed the training by March 2026.</p> <p>To give assurance around the reliability of the bereavement training provided, staff feedback is being measured. Patient feedback is forming learning, through patient questionnaires including the Maternity Voices Partnership.</p> <p>In addition, assurance will be strengthened by:</p> <ul style="list-style-type: none"> • Development of an additionally Bereavement Training Module within TURAS for all disciplines of staff by March 2026. • Board oversight will take place via Performance reviews and the data to support the work will be presented on the 	<p>NHS Forth Valley has taken a systematic improvement approach to increasing bereavement training compliance for staff providing bereavement care.</p> <p>The focus has been on improving process reliability and sustained uptake.</p> <p>Training compliance has demonstrably improved from 80% to 95%, indicating a sustained positive trajectory towards full compliance. This improvement reflects clearer accountability at team level, routine monitoring through local governance structures, and improved visibility of compliance data to clinical leaders.</p> <p>To support sustainability and</p>	<p>April 2026</p>	<p>Recommendation 20 - Domain 1.2</p>
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<p>File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0</p>	<p>Version: 1.0</p>	<p>Date: 19/11/2025</p>
<p>Produced by: HIS/NHS Forth Valley</p>	<p>Page: Page 4 of 45</p>	<p>Review Date: - 09/04/2026</p>
<p>Circulation type Internal and external</p>		

				<p>Maternity pentana dashboard by Jan 26.</p>	<p>ongoing capability, nationally developed NES bereavement education resources hosted on TURAS have been embedded as part of the learning offer. This provides a standardised, accessible learning system that supports continuous professional development.</p> <p>Overall, improvement in this domain demonstrates a shift from variable engagement to a more reliable and embedded training system, supported by governance oversight and aligned with national resources, providing assurance of ongoing improvement and sustainability.</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 5 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21. Domain 1.1	<p>NHS Forth Valley must ensure effective oversight of activity within the maternity unit to support safe delivery of care for women including but not limited to:</p> <ol style="list-style-type: none"> 1. Maternity triage 2. Delays to care, including inductions 	Jan 2026	Director of Midwifery	<p>NHS Forth Valley will improve oversight of maternity triage service through the dedicated improvement group. This group reviews current practice and drives the following improvements aims aligned to the specific measurement plans in relation to the maternity triage process. Oversight will be provided via the newly established Quality and Safety Steering Group.</p> <p>NHS Forth Valley has strengthened oversight of the induction of labour (IOL) pathway to ensure safe, timely, and person-centred care. A driver diagram has been developed to clarify the aim and establish clear timeframe workstreams focused on reducing delays, improving consistency in clinical decision-making, and enhancing women's experience. An improvement group has been established which will also</p>	<p>NHS Forth Valley has demonstrated Improvement activity within this domain has focused on improving flow and reliability in early clinical decision making and subsequent access to care.</p> <p>The inspection highlighted variation in how women were assessed, prioritised and progressed, particularly during periods of high demand.</p> <p>The service has responded by introducing a more standardised triage model, underpinned by continuity, clearer prioritisation guidance and increased clinical capacity.</p> <p>This now supports consistent, system level decision making. Early data indicates</p>	April 2026	<u>Requirement 21 - Domain 1.1</u>
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 6 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>improvement in timeliness aligned to clinical priority, suggesting increasing reliability of the new process.</p> <p>Learning from induction of labour delays has been focussing on system flow and capacity restraints.</p> <p>Process mapping and analysis of transfer times and escalation pathways have enabled NHS Forth Valley to identify recurrent points of delay and variation.</p> <p>Targeted tests of change have been implemented to strengthen oversight, clarify escalation triggers and improve real time decision making and senior oversight.</p> <p>Overall, changes in</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 7 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>this domain are now embedded within routine governance and supporting sustained improvement</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 8 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21. Domain 1.2	NHS Forth Valley must ensure that patients are provided with the right care, in the right place, at the right time.	Jan 2026	Director of Midwifery/ Associated Medical Director	<p>NHS Forth Valley is committed to delivering safe, effective, MEWS and person-centred care by ensuring timely access to appropriate services across all care settings. This principle underpins our clinical governance framework and aligns with national guidance on <i>Right Care, Right Place</i>. This will also include the implementation of the Modified Early Warning Score (MEWS) across clinical areas beyond maternity by Jan 2026.</p> <p>The Clinical Observations Policy is currently under development and will set out best practice for MEWS application across the Acute setting, ensuring consistency and compliance with HIS standards by FEB 2026 is allow approval at Clinical Governance Working Group</p> <p>These improvement actions will be reported to the Quality and Safety Steering Group.</p>	<p>NHS Forth Valley has demonstrated Improvement in this domain whereby there is increased reliability of escalation and situational awareness across acute and maternity interfaces.</p> <p>Focused testing of escalation through the hospital wide safety huddle identified early variation.</p> <p>Improvement actions were deliberately small scale and iterative, resulting in sustained improvement in reliability, with maternity specific information now consistently shared.</p> <p>This demonstrates effective use of measurement for improvement, with</p>	April 2026	Requirement 21 - Domain 1.2
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 9 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>real time data guiding adaptation. Preparatory work for national MEWS implementation has moved from planning into system readiness, with policies approved, identification processes strengthened (pregnancy signifier), and local multidisciplinary ownership established.</p> <p>This provides assurance that MEWS implementation will be embedded into existing systems.</p>		
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Requirement 21 Domain 2.3	NHS Forth Valley must ensure effective governance and oversight to ensure all adverse events are reliably reported and changes to clinical practice identified through adverse events are compliant with the adverse events framework.	Dec 2026	Director of Midwifery / Head of Clinical Governance /Associated Medical Director	<p>Woman & Children’s directorate are reviewing current processes to improve reporting, reporting verification processes conducted by leads by Dec 2026. This will ensure reliable reporting to the Clinical Governance Groups.</p> <p>NHS Forth Valley is undertaking a review and implementing changes to our current adverse events reporting system (Safeguard) Regarding the Adverse Events Process and the Ulysses Safeguard System, a review is currently underway to enhance the system's usability and effectiveness. This review includes refining workflows for reporting, escalation, investigation quality, and learning dissemination. Our goal is to ensure the system supports timely, high-quality reviews and facilitates meaningful learning across the organisation within a robust reporting process, clearly aligned with the HIS national framework.</p> <p>to align with the HIS National Framework by FEB 2026.</p>	<p>NHS Forth Valley has demonstrated measurable improvement in the reliability and maturity of adverse events governance, with arrangements now embedded within routine practice and aligned to the Adverse Events Framework.</p> <p>Improvement activity has focused on strengthening the system for reporting, review and learning, rather than individual compliance.</p> <p>A coordinated approach between Corporate Clinical Governance, Risk and Directorate teams has improved consistency of reporting through</p>	April 2026	Requirement 21 - Domain 2.3
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 11 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>NHS Forth Valley has reviewed and updated the Adverse Event Policy, SAER policy. These policies and procedures are now more closely aligned with the HIS national framework. A new training package has been identified to support consistent application across all staff levels. In addition, NHS Forth Valley is undertaking a benefits analysis process of the nationally procured Healthcare Guardian (In-Phase) adverse events management system by FEB 2026.</p> <p>Additionally, work is in progress to develop an internal Community of Practice for NHS Forth Valley of which Women and Children's will form a key constituent part This will enable the widespread sharing of learning from adverse events among all staff and staff groups. Furthermore, we are engaging at a national level with HIS to participate and collaborate with the NHS Scotland Community</p>	<p>Safeguard and reduced variation previously identified between reporting systems. Ongoing work to standardise impact categorisation at the point of reporting is strengthening data quality and supporting meaningful learning.</p> <p>Governance oversight has been enhanced through the establishment of a local Significant Adverse Event Review (SAER) group, providing clear accountability for review, action planning and learning.</p> <p>The use of Pentana to track actions</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 12 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>of Practice, which aims to share learning across all NHS Boards in Scotland.</p>	<p>ensures learning is systematically translated into change, with senior multidisciplinary oversight providing proportionate challenge and escalation where required.</p> <p>These arrangements are embedded and routinely monitored, providing assurance that adverse events are reliably reported, reviewed and used to drive improvement in clinical practice.</p> <p>This represents a shift from reactive assurance to a more stable, learning oriented system, supporting sustained</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 13 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					improvement in quality and safety.		
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Requirement 21. Domain 4.1.4	NHS Forth Valley must ensure clinical guidelines are up to date and reviewed within agreed timescales.	31 January 2026	Director of Midwifery/Associated Medical Director/Head of Clinical Governance	<p>NHS Forth Valley is conducting a thorough review of existing clinical guideline and policy documents, implementing a RAG status approach to prioritise critical clinical policies and guidelines. This effort includes standardising the development, consultation, approval, and accessibility processes to ensure clarity, consistency, and alignment with best practices. This review will be complete by JAN 26 , W&C policy.</p> <p>The NHS Forth Valley Clinical Governance Working Group (CGWG) will oversee this process, with responsibility and accountability at the Directorate Clinical Governance group level. Updates on the progress of policy and guideline development and reviews will be a standing agenda item at all Directorate level Clinical Governance groups and the CGWG.</p> <p>NHS Forth Valley W&C have a</p>	<p>NHS Forth Valley has strengthened arrangements to ensure clinical guidelines are up to date and reviewed within agreed timescales.</p> <p>All clinical guidelines submitted as part of the HIS inspection evidence are now in date, providing assurance that immediate areas of focus have been addressed.</p> <p>Across maternity services, 50% of clinical guidelines are currently in date, an improvement from 42% within the last reporting period, with a</p>	April 2026	<u>Requirement 21 - Domain 4.1.4</u>
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 15 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>local Clinical Guidelines Working Group which will prioritise any expired clinical guidelines with an expected completion trajectory of 72% by January 2026. The wider NHS Forth Valley Board policy and guideline aim is that 95% will be within their review timescale by Dec 2026 .</p>	<p>further 23% actively in progress.</p> <p>This demonstrates a positive trajectory towards full compliance. Progress is subject to ongoing monitoring through established governance arrangements.</p> <p>It is recognised that external factors, including the current Women & Children’s pharmacy vacancy and the scheduling of quarterly Area Drugs and Therapeutics Committee (ADTC) meetings, may influence timescales for completion.</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 16 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>These risks are understood and managed through existing escalation and oversight processes.</p> <p>The Directorate have also developed a W&C Governance page, and this has been shared with all staff.</p>		
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Requirement 21. Domain 4.1.5	NHS Forth Valley must ensure that women accessing acute care out with maternity services are consulted with appropriate risk assessments, such as the maternity early warning system (MEWS)	31 January 2026	Director of Midwifery/Associate Medical Director	<p>NHS Forth Valley is implementing the Maternity Early Warning System (MEWS) across all acute clinical areas outside maternity services. This work forms part of the ongoing development of the clinical observations policy.</p> <p>NHS Forth Valley will ensure that any pregnant woman / birthing person admitted out with maternity services is clearly highlighted via the site safety huddles, enabling robust management plans and timely transfers where required.</p> <p>NHS Forth Valley is also implementing eObs across the system and we are currently scoping the function of a pregnant signifier in TRAK by Jan 26. This will provide digital oversight for all teams to understand where woman who are pregnant are positioned in our whole system.</p>	<p>NHS Forth Valley has taken a system level improvement approach to ensuring women accessing acute care are consistently identified and supported with appropriate risk assessment, including use of the Maternity Early Warning System (MEWS).</p> <p>The focus has been on reducing reliance on individual knowledge and strengthening standardised, organisation wide processes.</p> <p>Improvement actions have prioritised early and reliable identification of pregnant and</p>	April 2026	Requirement 21 - Domain 4.1.5
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 18 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>recently pregnant women, recognising this as a key enabler for timely risk assessment.</p> <p>Introduction of the pregnancy signifier within TrakCare, supported by a standard operating procedure, strengthens system reliability by embedding identification into routine clinical workflows across acute services.</p> <p>Approval of the revised Clinical Observations Policy has further improved reliability by formalising MEWS use for all women with a confirmed pregnancy up to 42 days post</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 19 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>pregnancy, ensuring consistent expectations across clinical areas and reducing unwarranted variation in practice.</p> <p>For additional assurance and learning, planned retrospective audit activity is positioned as a quality improvement tool, enabling the service to assess compliance, identify residual gaps and inform further refinement.</p> <p>This approach supports continuous learning rather than episodic assurance. These changes are now embedded within policy, systems and</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 20 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					governance arrangements, providing assurance that risk assessment for women accessing acute care is more reliable, sustainable and aligned with national expectations, and that the system is capable of ongoing monitoring and improvement.		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 21 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21. Domain 4.1.6	NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines	March 2026	Head of Service	<p>NHS Forth Valley maternity services have engaged with the Director and Associate Director of Pharmacy to ensure alignment with governance and HIS expectations. NHS Forth Valley will progress with an SBAR for review at the Safe and Secure Handling of Medications SLWG and subsequently to the Medical Devices Committee for approval of funding.</p> <p>NHS Forth Valley is exploring swipe access improvements to drug storage areas to improve access and safety in alignment with this requirement by March 2026.</p> <p>In the interim, NHS Forth Valley is mitigating risk around medicine storage within maternity services through the following measures:</p> <ul style="list-style-type: none"> • Ongoing audits by Controlled Drug Officers to ensure compliance with safe storage standards. • NHS Forth Valley maternity services carry out regular reviews of Care Assurance outputs to validate adherence to these standards. 	<p>NHS Forth Valley continues to prioritise the safe and secure use of medicines across inpatient maternity services. Local audit data demonstrate a high level of process reliability, with compliance consistently maintained above 90%.</p> <p>Initial variation (90–100%) has reduced over time, with performance now stabilised at 93%, providing assurance of manage unwarranted variation, and maintain consistency across areas.</p> <p>Progress has been temporarily paused (swipe access)</p>	April 2026	Requirement 21 - Domain 4.1.6
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 22 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<ul style="list-style-type: none"> NHS Forth Valley maternity services have introduced daily audits to provide real-time assurance, with compliance rates reported through established governance processes. 	<p>pending financial confirmation and when confirmed will progress through established governance and approval processes.</p> <p>In the interim, proportionate oversight and controls will remain in place.</p> <p>sustained and embedded practice.</p> <p>Ongoing audit and feedback cycles remain in place to support learning,</p>		
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Requirement 21. Domain 4.1.7	NHS Forth Valley must ensure that all staff complete statutory fire training	31 March 2026	Director of Midwifery / Associate Medical Director	<p>Under the <i>Fire (Scotland) Act 2005</i>, NHS Forth Valley is required to ensure that all staff receive the appropriate fire safety training.</p> <p>TURAS Fire Training e-learning module remains the primary method for all staff to complete within NHS Forth Valley. Current compliance for online training is 80% with an AIM set for 95% by Jan 2026.</p> <p>Face-to-Face Sessions are provided for staff undertaking the Fire Warden role, as per legislation, in collaboration with the Fire Safety Training Team. Current compliance 53% with an AIM Set for 95% by FEB 2026.</p> <p>NHS Forth Valley maternity services will strengthen compliance by prioritising the following actions:</p> <ul style="list-style-type: none"> • Targeted support for areas requiring additional training. • Updates as part of the 	<p>NHS Forth Valley maintains robust systems to ensure statutory fire training compliance through established governance, monitoring, and assurance arrangements.</p> <p>The TURAS Fire Training eLearning module remains the primary delivery method, with compliance currently at 97%, exceeding the agreed 95% target by March 2026 and demonstrating a high level of system reliability.</p> <p>Role specific face-to-face fire safety training for Fire Wardens is delivered in</p>	April 2026	Requirement 21 - Domain 4.1.7
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 22 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>Women & Children's Performance Report and Women & Children Health & Safety Meeting which will provide oversight of this training compliance.</p>	<p>collaboration with the Fire Safety Training Team, ensuring alignment with legislative and professional requirements.</p> <p>Compliance among maternity staff is high at 96%, indicating effective local implementation.</p> <p>Lower compliance within the medical workforce (30%) reflects system pressures, including vacancies and staff absence, which have required the prioritisation of safe clinical cover and led to the cancellation of some planned sessions.</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 22 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>A targeted recovery plan is in place to address this variation, including engagement at consultant level through scheduled attendance at the next consultant meeting (end April 2026, date to be confirmed) and the provision of additional ad hoc training sessions where clinical acuity allows.</p> <p>This work is subject to close oversight by the Clinical Director, Associate Medical Director, and Performance Manager.</p> <p>Overall, the risk is actively managed through continuous monitoring,</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 22 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					responsive improvement actions, and senior leadership oversight, with a clear focus on restoring reliability, reducing unwarranted variation, and sustaining compliance across all staff groups.		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 22 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21. Domain 4.3.8	NHS Forth Valley must ensure that there are clear, consistent systems and processes in place to support management of any potential identified staffing risks within maternity services. This includes accurate recording of any escalation, mitigation/inability to mitigate, communication of outcomes with all relevant clinical teams and any disagreements with decisions made	31 March 2026	Director of Midwifery/Associate Medical Director	<p>NHS Forth Valley is working towards full implementation of Safecare as a real-time staffing resource to monitor staffing levels and identify risks. Maternity services are using the TURAS platform as an interim solution. Safecare will be implemented by FEB 2026 in Maternity Services.</p> <p>When risks are identified (e.g., staffing below safe levels), NHS Forth Valley maternity service uses local developed escalation cards and decision-making checklists to guide staff through the process. If risks cannot be mitigated locally, they are escalated to senior staff, including the “lead of the week” and professional on-call, with clear documentation of actions taken.</p> <p>This escalation is be documented in three key areas to ensure transparency and enable ongoing review:</p> <ul style="list-style-type: none"> • Unit / huddle reports • Real Time Staffing 	<p>NHS Forth Valley has established reliable systems to identify, escalate, and manage staffing risks within maternity services.</p> <p>The introduction of eRoster and SafeCare has improved real time visibility of staffing capacity and service demand, supporting earlier risk identification and timely decision making.</p> <p>Since the launch of SafeCare in February 2026, all Amber and Red staffing risks have been escalated and mitigated appropriately, with no unresolved risks identified. Decisions</p>	April 2026	Requirement 21 - Domain 4.3.8-9
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 28 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>platform</p> <ul style="list-style-type: none"> Decision-making checklists <p>This process ensures that all escalations are tracked, reviewed, and addressed appropriately and tabled at relevant governance groups.</p>	<p>and actions are documented and communicated through established staffing huddles and escalation pathways, with senior oversight provided by the maternity page holder and Lead of the Week.</p> <p>These arrangements provide assurance through transparent, auditable processes and shared situational awareness.</p> <p>To further strengthen system reliability and reduce unwarranted variation, SafeCare will become the sole system for</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 29 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					staffing risk recording from 6 April 2026. Incident reporting and real time review continue to support learning and continuous improvement.		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 30 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21. Domain 4.3.9	NHS Forth Valley 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. Assessments should consider skill mix of available staff, dependency, and complexity of patients to support staff to confidently apply and record professional judgement in relation to required staffing when declaring “safe to start”		Director of Midwifery / Associate Medical Director	<p>NHS Forth Valley maternity services are committed to embedding a culture of proactive and informed staffing risk management. The organisation’s strategic direction prioritises:</p> <p>Safecare will be fully implemented by FEB 2026 in Maternity.</p> <ul style="list-style-type: none"> NHS Forth Valley maternity services are using integrated digital platforms to enable leadership and clinical teams to make informed, real-time decisions regarding workforce deployment and patient safety. NHS Forth Valley is committed to embedding this digital platform (Safecare) within the medical rotas by March 2026 NHS Forth Valley 	<p>NHS Forth Valley has established a reliable system for the identification, escalation, and management of staffing risk within maternity services.</p> <p>Realtime assessment of staffing capacity, informed by professional judgement, skill mix, patient dependency, and clinical complexity, supports safe decision making at the point of service delivery. Clearly defined escalation and mitigation processes, supported by senior oversight, ensure risks are consistently recorded,</p>	April 2026	Requirement 21 - Domain 4.3.8-9
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 31 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>maternity services are creating an environment where staff are supported to exercise professional judgement confidently, with clear frameworks that recognise the complexity and diversity of clinical settings. The Rostering and Staffing escalation Policy will be implemented by FEB 2026. This will support standards and wellbeing requirement for all NMAHP staff.</p> <ul style="list-style-type: none"> • NHS ForthValley maternity services are ensuring robust oversight through workforce governance structures. • NHS Forth Valley maternity services are currently aligning reporting against the workforce governance com template including timeline alignment for reporting purposes by FEB 2026. 	<p>communicated, and managed. The introduction of eRoster and SafeCare strengthens system consistency, transparency, and auditability across professional groups, enabling early risk identification and providing assurance that staffing risks are effectively controlled.</p> <p>Since the launch of SafeCare in February 2026, all Amber and Red staffing risks have been escalated and mitigated appropriately, with no unresolved risks identified. Decisions and actions are documented and communicated</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 32 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>through established staffing huddles and escalation pathways, with senior oversight provided by the maternity page holder and Lead of the Week.</p> <p>These arrangements provide assurance through transparent, auditable processes and shared situational awareness. To further strengthen system reliability and reduce unwarranted variation, SafeCare will become the sole system for staffing risk recording from 6 April 2026. Incident reporting and real time review</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 33 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					continue to support learning and continuous improvement		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 34 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21 Domain 4.3.10	NHS Forth Valley must ensure that maternity and obstetric services are appropriately and effectively staffed in order to reduce delays to care, preserve patient safety and support staff wellbeing	31 March 2026	Director of Midwifery/Associate Medical Director	<p>NHS Forth Valley recognises that safe, timely, and person-centred care depends on having the right staff in the right place at the right time. To reduce delays, preserve patient safety, and support staff wellbeing, the following measures are being implemented: Time frame for Safecare implementation FEB 2026.</p> <ul style="list-style-type: none"> NHS Forth Valley maternity services utilise an electronic staffing roster that shows the allocation of staff across all maternity areas. NHS Forth Valley maternity services conduct daily huddles to review 	NHS Forth Valley has strengthened whole system arrangements to ensure maternity and obstetric services are safely and sustainably staffed, in line with the Health and Care (Staffing) (Scotland) Act 2019. Improved compliance with SafeCare has enhanced real time visibility of staffing capacity and service pressures, with agreement to adopt SafeCare as the sole system for staffing oversight from w/c 6 April 2026, reducing unwarranted variation and improving	April 2026	Requirement 21 - Domain 4.3.10
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 35 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>scheduled and unscheduled care, enabling timely adjustments to staffing levels. NHS Forth Valley maternity services have in place escalation pathways supported by standard operating procedures and daily multidisciplinary reviews which are utilised to ensure safe provision of care</p> <ul style="list-style-type: none"> • NHS Forth Valley will support staff participation in leadership development days and NMAHP forums 	<p>consistency and assurance.</p> <p>Workforce capacity, recruitment progress, service pressures, and mitigation actions are routinely reviewed through established governance structures, including the Local Workforce Governance Meeting, enabling early identification and proactive management of risk. Maternity services are fully embedded within Board wide recruitment and retention arrangements, with ongoing recruitment supported through</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 36 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

				<p>to foster resilience and collaborative problem-solving.</p>	<p>strong partnerships with local universities and participation in graduate over recruitment programmes to support workforce sustainability.</p> <p>Arrangements to support staff wellbeing continue to evolve. Restorative clinical supervision is in place, with targeted improvement actions underway to address lower than anticipated uptake. These include rostered supervision sessions as a test of change, supervisor capacity building, and the development of a</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 37 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>revised, structured supervision model aligned to professional, practice, and clinical needs. Participation as a national pilot site for the Turas clinical supervision evaluation tool further strengthens learning and improvement.</p> <p>Overall, these actions demonstrate a coordinated, improvement focused approach to workforce planning, oversight, and staff support, with clear senior accountability and a positive trajectory toward greater system</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 38 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					<p>reliability and sustainability.</p> <p>There has been a recent appointment of a Deputy Chief Nurse with a dedicated workforce portfolio to strengthen senior leadership oversight of nursing and midwifery workforce planning, deployment and sustainability. The role provides clear executive accountability for workforce risks, including recruitment, retention, capacity, skill mix and training, and ensures these are</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 39 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					systematically aligned with service demand.		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 40 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

Requirement 21. Domain 4.3.11	NHS Forth Valley 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 leadership and management responsibilities, also ensuring that its employees receive time and resources to undertake training which is essential to their role. This will include consistent	31 March 2026	Director of Midwifery	<p>NHS Forth Valley maternity services will ensure leadership time will be rostered and monitored through a centralised monitoring system, ensuring transparency and accountability. This process will be fully implemented by DEC 2026</p> <p>NHS Forth Valley maternity services is implementing monitoring via the SafeCare digital platform for robust compliance tracking, with a test of change in January 2026, with full roll-out in February 2026 highlight</p> <p>NHS Forth Valley maternity services will monitor staff wellbeing through structured monthly feedback, assessing how</p>	NHS Forth Valley has strengthened systems to ensure clinical leaders within maternity services are enabled to fulfil their leadership and management responsibilities while maintaining safe clinical delivery and access to essential training. Protected leadership time is actively monitored through a standardised reporting approach, providing visibility of when leadership time is achieved and when it is deferred due to service pressures. Importantly, unmet leadership time is	April 2026	Requirement 21 - Domain 4.3.11
	File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS	Version: 1.0	Date: 19/11/2025				
	Produced by: HIS/NHS Forth Valley					Page: Page 41 of 45	Review Date: - 09/04/2026
	Publication type Internal and external						

	<p>monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls</p>			<p>dedicated leadership time contributes to:</p> <ul style="list-style-type: none"> • reducing stress • strengthening morale • creating opportunities for professional development. <p>NHS Forth Valley will evaluate the data to ensure alignment with the Nursing & Midwifery Taskforce principles of compassionate leadership and staff wellbeing. This will be reported through the board NMAHP Worforce group NHS Forth Valley is currently developing a rostering policy with a predicted date for completion in FEB 2026.</p>	<p>formally recognised and escalated rather than absorbed informally, supporting transparency and organisational learning. Current data demonstrate that, on average, 80% of clinical leaders are receiving protected 'time to lead', indicating improving system reliability.</p> <p>SafeCare is fully implemented and will operate as the sole system for staffing data collection, strengthening consistency, transparency, and senior oversight of</p>		
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<p>File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0</p>	<p>Version: 1.0</p>	<p>Date: 19/11/2025</p>
<p>Produced by: HIS/NHS Forth Valley</p>	<p>Page: Page 42 of 45</p>	<p>Review Date: - 09/04/2026</p>
<p>Circulation type Internal and external</p>		

					<p>workforce capacity and its impact on leadership and training time.</p> <p>Recruitment challenges to clinical leadership posts within Obstetrics and Gynaecology have been identified as a capacity risk. Targeted mitigations are under active consideration, including extending or re-advertising posts and embedding leadership responsibilities within job planning arrangements, to improve leadership resilience and sustainability.</p>		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 43 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

					Overall, these actions demonstrate a proactive, improvement focused approach to strengthening leadership capacity through reliable measurement, explicit escalation of pressure points, and adaptive solutions where system constraints are identified.		
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File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 44 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		

File Name: 2025-08-29 2025-11-17 NHS Forth Valley HIS Inspection Report - Improvement Action Plan Declaration Forth Valley Royal Hospital, NHS Forth Valley v1.0	Version: 1.0	Date: 19/11/2025
Produced by: HIS/NHS Forth Valley	Page: Page 45 of 45	Review Date: - 09/04/2026
Circulation type Internal and external		