



Improvement Action Plan

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

Borders General Hospital, NHS Borders

16 – 17 March 2026

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: Fiona Sandford

Date: 11th June 2026

Signature: 

Full Name: Peter Moore

Date: 11 June 2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendations Domain 6 1	Embed trauma informed practice training within the maternity training passport and mandatory update programme, with targeted sessions prioritised for labour ward, ward 16 and senior clinicians. Training compliance to be monitored via role specific training within Learn Pro and reviewed through maternity governance structures.	31 st December 2026	Associate Director of Midwifery/Clinical Director for Obstetrics & Gynaecology	<ul style="list-style-type: none"> Progress continues with completion of the TURAS National Trauma Transformation Programme. At present, 63% of midwives have fully completed Modules 3 and 4, with a further 11% partially completed. A Clinical Educator has been appointed to support development of an electronic training record in partnership with the Training and Development Team, to strengthen monitoring and oversight of compliance, which will be monitored via maternity governance structures. 	

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<p>Requirements</p> <p>Domain 1.1</p>	<p>Strengthen governance and assurance of unscheduled maternity care through enhanced audit, defined performance indicators (including time to first assessment) and routine review at maternity governance meetings.</p>	<p>12-18 months</p>	<p>Associate Director of Midwifery/Clinical Director for Obstetrics & Gynaecology</p>	<ul style="list-style-type: none"> ● A Short Life Working Group has been established to review the current triage pathway. Gaps have been identified and an improvement plan is being developed to support safe and effective triage within a rural setting. ● The Associate Director of Midwifery is participating in the national triage group to inform development of a Once for Scotland approach to timely access to unscheduled maternity care. ● The Senior Charge Midwife is participating in the national triage implementation group to review pathways across Scotland in a range of healthcare settings. 	
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				<ul style="list-style-type: none"> • Process mapping of triage pathways has been completed. • Identified gaps have been incorporated into the draft NHS Borders triage pathway using BSOT principles. 	
Domain 1.2	Improve completeness and oversight of ethnicity data through system level process changes and routine monitoring via maternity governance until sustained improvement is demonstrated.	31 st December 2026	Associate Director of Midwifery	<ul style="list-style-type: none"> • Undertake quality planning to understand local data and establish where improvement activity is required, which will inform an improvement programme. • Test of change is underway to complete ethnicity data at point of contact with maternity services – review Q2 data to measure progress. 	
Domain 1.3	Reinforce access to interpretation services, including out-of-hours escalation, and strengthen staff feedback and incident	March 2027	Associate Director of Midwifery/Clinical	<ul style="list-style-type: none"> • Improving access to the full range of 	

	reporting mechanisms to identify themes and service improvement opportunities.		Director for Obstetrics & Gynaecology	<p>interpreting and translation services remains a key priority for NHS Borders maternity services.</p> <ul style="list-style-type: none"> • Staff reminders have been incorporated into safety briefs across all areas. • The requirement to submit an adverse event report where difficulties accessing interpretation services present a patient safety concern has been highlighted to staff. • Adverse event reporting criteria to include issues relating to access to translation and interpretation service • Compliance and any emerging themes will be monitored monthly through maternity governance processes. 	
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				<ul style="list-style-type: none"> Proposed discussion with MiDS, SEND and SAMD to work collaboratively in developing an agreed model for external reviewers. 	
Domian 4.1 5	Maintain a rolling programme of environmental improvements and ensure identified risks are escalated, monitored and assured through NHS Borders governance structures.	Ongoing refurbishment of Labour Ward	Estates & Facilities/General Manager for Surgery, Women & Children Services	<ul style="list-style-type: none"> Refurbishment works have been progressed within Labour Ward in partnership with the Estates & Facilities Manager, supporting an ongoing programme of environmental improvement. The current estate does not fully meet contemporary Health and Safety standards. This has been recognised within capital planning processes as part of longer term consideration for replacement accommodation. 	

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				<ul style="list-style-type: none"> Photographic evidence confirms that the medical gases are now stored correctly following refurbishment. 	
Domain 4.1 6	Ensure all medicines are stored securely in line with professional guidance, supported by local audit and routine checks.	March 2026	Associate Director of Midwifery	<ul style="list-style-type: none"> Immediate actions taken to secure medication storage under sink. Ongoing spot audits provide assurance of sustained compliance. 	17 th March 2026
Domain 4.17	Ensure all fire exit signage is present and maintained through routine estates and fire safety monitoring.	March 2026	Fire Training Officer	<ul style="list-style-type: none"> The missing sign was replaced during the inspection. Ongoing monitoring has been incorporated into the Fire Officer's reporting arrangements. 	17 th March 2026
Domain 4.3 8	Ensure consistent application of the common staffing method, including correct use of mandated staffing tools, professional judgement and triangulation of quality, safety and workforce data via a standardised reporting template.	December 2026	Associate Director of Midwifery	<ul style="list-style-type: none"> Daily real-time staffing assessments are embedded in practice. Work is underway to improve the completeness of staffing tool runs and to introduce triangulated reporting 	

				<p>in line with statutory requirements.</p> <ul style="list-style-type: none"> • A further workforce tool run is scheduled for November 2026. Findings will be incorporated into SafeCare, alongside the use of the professional judgement tool and the common staffing method. • On completion of the workforce tool, it will be submitted to the national team. 	
Domain 4.3 9	Strengthen oversight of mandatory training compliance across all staff groups, with targeted improvement actions for medical staff and routine reporting through maternity governance	December 2026	Associate Director of Midwifery/Clinical Director for Obstetrics & Gynaecology	<ul style="list-style-type: none"> • Core and role-specific mandatory training compliance is reviewed monthly through the Clinical Management Team. • The Clinical Director is reviewing current arrangements for aligning role-specific mandatory training to staff profiles. Ongoing 	

				<p>monitoring will be undertaken through appropriate governance processes and individual 1:1 review.</p> <ul style="list-style-type: none"> Overall mandatory training compliance has improved from 69% to 77%. 	
Domain 6 10	Strengthen use of recurring themes from patient feedback to inform service improvement, ensuring actions are clearly documented, monitored and fed back to staff and service users.	December 2026	Associate Director of Midwifery/Clinical Director for Obstetrics & Gynaecology	<ul style="list-style-type: none"> All complaints are reviewed through the Clinical Management Team. Staff involved in complaints are supported by their line manager to reflect on the issues raised and to provide feedback where learning is identified. Learning from complaints is shared through the daily safety brief. Common themes are triangulated and 	

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				shared with all staff through email communication.	
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