

Improvement Action Plan

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

Gilbert Bain Hospital, NHS Shetland

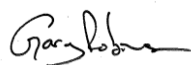
16 – 17 June 2026

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

Signature:



Full Name:

Gary Robinson

Date:

18 September 2026

NHS board Chief Executive

Signature:



Full Name:

Brian Chittick

Date:

18 September 2026

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendation Domain 6 (1)	NHS Shetland should consider improving trauma informed practice training attendance rates for all staff	31.03.2027	Senior Charge Midwife Chief Midwife	Discussions have been held with the staff about trauma informed practice and staff will be supported to complete the TURAS modules. We have set a target of 90% compliance. Training compliance will be monitored and reported through Clinical Governance	
Recommendation Domain 6: (2)	NHS Shetland should consider improving bereavement training attendance rates for all	31.03.27	Senior Charge Midwife Chief Midwife Obstetric Clinical Lead	The Board works closely with SANDS and has plans to deliver training sessions over the coming months. Due to the rotational Consultant model, achieving attendance for all will require hybrid models of training. Discussions underway with SANDS to identify training dates over Q3 and Q4	
Requirement Domain 1 (1)	NHS Shetland must ensure implementation of a systematic approach to unscheduled maternity care and the development of local clinical guidelines to support staff in this area.	31.03.2027	Senior Charge Midwife Obstetric Clinical Lead	Preliminary discussions have already taken place and the Senior Charge Midwife is leading a Short Life Working Group. Part of the work of the SLWG is the development of a guideline to support unscheduled care.	

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				NHS Shetland actively participates in the National Triage implementation Group meeting. Scheduled appointments have been removed from Triage, so the focus is now on unscheduled care to ensure women are seen appropriately and in a timely manner	
Requirement Domain 1(2)	NHS Shetland must ensure guidance is in place to support women to make evidenced based decisions on the location of their birth and to reduce variance in advice given	30.06.27	Obstetric Clinical Lead Senior Charge Midwife	We use the national guidance provided to support decision making. We have successfully recruited 2 new obstetric Consultants and once they have on boarded there will be a whole team discussion to gain agreement on pathways of care to reduce the variability of advice given	
Requirement Domain 1 (3)	NHS Shetland must ensure continued governance and oversight of staff training for all staff groups	31.12.2026	Obstetric Clinical Lead Senior Charge Midwife	A program of training will be implemented with oversight by the Maternity Clinical Governance Group to take a centralised approach	

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Requirement Domain 1 (4)	NHS Shetland must ensure the equipment required to communicate with supporting health boards is available at all times to support the safe delivery of care	Complete		There is a dedicated iPhone located in the resus area solely for this purpose.	03.07.2026
Requirement Domain 2 (5)	NHS Shetland must continue the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety	Ongoing through 26/27 -27/28	Senior Charge Midwife Chief Midwife Staff Development	There is on-going work with Staff Development to work with the team over the next 26/27 and beyond. This includes providing 'by stander training', development of a team charter (Nov 2026) and sessions on clinical leadership (Dec 2026)	
Requirement Domain 2 (6)	NHS Shetland must ensure incident reporting monitoring and governance aligns with Healthcare Improvement Scotland's A national framework for reviewing and learning from adverse events framework	31.10.2026	Senior Charge Midwife Clinical Governance Chief Midwife	All open maternity incidents will be discussed at the Maternity Clinical Governance Meetings to ensure there is oversight of the incidents and actions and learning agreed.	
Requirement Domain 4.1 (7)	NHS Shetland must ensure clinical guidelines are up to date and reviewed within agreed timescales	31.03.2027	Senior Charge Midwife Obstetric Clinical Lead Chief Midwife	The guidelines are moving to Policy Stat. That will support improved librarianship. Regular updates on the guideline development will be provided at the Maternity Clinical Governance meeting and subsequently the Joint Governance Group	

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Requirement Domain 4.1 (8)	NHS Shetland must ensure that all patient documentation is accurately and consistently completed with actions recorded. This includes, but is not limited to, risk assessment tools such as the maternity early warning system	31.03.2027	Senior Charge Midwife Obstetric Clinical Lead Chief Midwife	There will be a continued program of notes audit to ensure compliance along with continued monitoring of MEWS compliance. There is a program of training in progress to support the launch of the new MEWS chart. MEWS chart compliance continues to be monitored via EiC and SPSP audit submissions.	
Requirement Domain 4.3 (9)	NHS Shetland must have oversight of all staff working hours to ensure adequate rest and wellbeing to support the safe delivery of care	31.09.2026	Senior Charge Midwife Chief Midwife Obstetric Clinical Lead	Allocate Optima reports are run weekly and will be discussed with the Senior Charge Midwife to ensure safe staffing. For Consultant Obstetricians, diaries will be required to be completed to ensure adequate rest is built into their job plans	
Requirement Domain 4.3 (10)	NHS Shetland must ensure pathways for escalation including the Business Continuity Plan are updated and understood by staff	31.12.2026	Chief Midwife	There is a Business Continuity plan that is updated annually. It is accessible to all staff via the team's shared drive or via hard copy in the department. A table top exercise will be held with support from the Business Continuity and Resilience Officer in December to run	

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				through the different BCP scenarios	
Requirement Domain 4.3 (11)	NHS Shetland must ensure clear real-time staffing data is consistently recorded and communicated and clear escalation processes and any mitigations/inability to mitigate are recorded clearly and accurately	31.12.2026	Senior Charge Midwife Chief Midwife Allocate Optima business team	Staff will receive refresher training in the completion of Safe Care. Currently data is completed at 8am in time for the 8.30 huddle, this will be extended to include 8pm in readiness for the 9pm huddle.	

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