Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Maternity Services safe delivery of care inspection

Balfour Hospital, NHS Orkney

23 – 24 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

Signature: 

Full Name: David Campbell

Date: 5 November 2026 (18-Week Review Date)

NHS board Chief Executive

Signature: 

Full Name: Dave Harris

Date: 5 November 2026 (18-Week Review Date)

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Recommendations					
Domain 1 – Clear vision and purpose					
1	**NHS Orkney should consider introducing a structured communication format such as an SBAR (Situation, Background, Assessment, Recommendation) during handovers and at times of escalations.** NHS Orkney uses SBAR for transfer of information and escalation across the organisation. An SBAR is available for use within the clinical record, and targeted training will be put in place to support maternity staff in using the SBAR approach consistently.	31/08/2026	Lead Midwife Senior Charge Midwife	June 2026 – Discussions have commenced within the Maternity service to revise the way handovers are currently conducted. October 2026 – The Badgernet (electronic patient records) SBAR handover tool is now used for all transfers external to the organisation. An internal handover sheet is in place for internal handover such as shift change and for relaying of information.	12 August 2026
Domain 6 – Dignity and Respect					
2	**NHS Orkney should consider improving trauma informed training compliance rates for all staff.** Work is underway across NHS Orkney to strengthen trauma-informed practice, supported by implementation of the TURAS trauma-informed training programme and a target of achieving 80% compliance within maternity services. Training uptake will be monitored and reported	~~31/12/2026~~ Revised date: 30 April 2027	Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services Lead Midwife	June 2026 – STILT was completed in March 2026 by members of the Senior Leadership team. Joint planning with OIC commenced in April 2026 to support a conjoined approach.	In Progress

	through the clinical governance structure, of which the Maternity Clinical Governance Group forms part. This work is being taken forward in conjunction with partner agencies, including Orkney Islands Council, to support a joined-up approach. It includes senior leadership participation in the Scottish Trauma-Informed Leaders Transformation (STILT) programme and planned bereavement care training, within which trauma-informed practice is embedded, to support consistent application and system-wide improvement.		Senior Charge Midwife	A baseline of compliance for Maternity services was completed in June 2026 with a plan to support staff to complete TURAS training. Trauma-informed practice now embedded within the planned bereavement care training. October 2026 – eLearning modules for Trauma informed practice are now mandatory for the Maternity team. Compliance for this is being monitored through the Maternity Clinical Governance Group. Bereavement training was completed in October 2026 to provide bespoke trauma informed practice for staff. A seminar – Womb to World, was provided in Orkney with NHS Orkney staff being pre-paid for them to attend.	
Requirements					
Domain 1 – Clear vision and purpose					
1	**NHS Orkney must ensure governance and oversight to ensure venous thromboembolism (VTE) risk assessment compliance.**	~~30/09/2026~~	Lead Midwife Senior Charge Midwife	June 2026 – The pathway and SOP are currently in draft and out for consultation with	In Progress

	NHS Orkney will implement a standardised VTE approach across the maternity pathway through revision and ratification of the Minimum Maternity Care Pathway and the VTE prevention Standard Operating Procedure (SOP). Compliance will be monitored through inclusion of VTE metrics within the maternity audit programme, including trend analysis and escalation where required, with the Maternity Clinical Governance Group having ownership for this, and sustained improvement assured through the clinical governance processes including Performance Review Meetings and quarterly reporting to the NHSO Clinical Governance Group.	Revised date 28 February 2027		ratification expected by the end of August 2026. Audit reporting now in place as part of the maternity audit plan. October 2026 – Maternity service is participating in the Scottish Patient Safety Programme (SPSP) Perinatal programme for VTE. Audit of VTE assessments commenced in April 2026 and continue with monitoring through the Maternity Clinical Governance Group. Organisational change from Dalteparin to Enoxaparin completed in August 2026. The SOP is in development, but due to the change in anticoagulant medication, has not been completed and ratified at present. The ratification is expected to be completed by 28 February 2027.	
Domain 2 – Leadership and Culture					

2	**NHS Orkney must ensure timescales of adverse events are achieved. This includes feedback to staff and action plans to support and improve the quality and safety of care. This should be aligned with the timeframes in Healthcare Improvement Scotland's National Framework.** NHS Orkney will strengthen the organisation-wide management of adverse events through review of current processes and revision and ratification of adverse event management guidance, aligned to Healthcare Improvement Scotland's national framework. This will support consistent review timeframes, clear action planning, timely feedback to staff and shared learning across services. The adverse event reporting system will be reviewed to support robust and clear action plans, documented feedback and improved tracking of completion. Compliance with expected review timeframes will be monitored through audit and routine reporting, with strengthened oversight through clinical governance processes, including performance review meetings and escalation through the clinical governance structure to Board where required.	~~31/10/2026~~ Revised date 11 November 2026	Medical Director Head of Patient Safety, Quality and Risk.	June 2026 – Processes are in place for scrutiny of Category 1 adverse event reviews, with escalation through clinical governance structures to Board. Additional reviewers are being trained to improve resilience. The Adverse Event Management Guidance is being updated in line with HIS national framework, with consultation planned ahead of ratification by end July 2026. Work is also underway to strengthen reporting systems to improve action planning, feedback and tracking. Within maternity, multidisciplinary collaborative reviews commenced in March 2026 and are now supported through dedicated time. Oversight is being strengthened through the Maternity Clinical Governance	In Progress

				Group, with regular sharing of learning at weekly service meetings. October 2026 – There are no outstanding SAER for the Maternity service. The service has implemented a sub-group of the Maternity Clinical Governance Group which meets every two weeks to review adverse events, ensure learning is identified and feedback is provided to reporters. This commenced in July 2026. Currently the Maternity Service has 12 open adverse events. The organisation wide guidance document has been through the consultation process and is due to be ratified 10 November 2026.	
Domain 4.1 – Pathways, procedures and policies					
3	**NHS Orkney must ensure effective and appropriate governance approval and oversight of policies and procedures are in place to ensure the most up to date guidance is in use.**	~~30/11/2026~~ Revised date:	Head of Patient Safety, Quality and Risk	June 2026 – The draft consultation and ratification process is complete and is	In Progress

	NHS Orkney will revise the Corporate Policy and Procedure Development Framework to clarify and ensure that all clinical standard operating procedures, guidelines, pathways and policies are developed and managed through a uniform organisation-wide process. This will set clear expectations for document development, consultation, approval, review timeframes and ratification. The existing document tracker will be highlighted to all staff, alongside a process to ensure that all organisation-wide and service-held documents are captured centrally. This will provide full organisational oversight of current documents, review dates and approval status. Maternity services will be supported to transition to this process, strengthening oversight and ensuring alignment with the wider clinical governance arrangements.	31 March 2027	Head of Corporate Governance	currently being used as a test of change. Collation of guidance documents has commenced on a service-by-service basis to support central oversight of organisation-wide and service-held documents. Maternity services are reviewing their process documents and are partially through the review of the out-of-date documents. October 2026 – The organisation wide document is in place. The maternity service has completed the identification and prioritisation exercise for maternity guidelines/ process documents.	
4	**NHS Orkney must ensure an effective system is in place to record patient documentation. This includes but is not limited to: i. The maternity early warning score is accurately completed to support the safe delivery of care.** NHS Orkney will strengthen maternity documentation by moving to a single process and documentation approach for maternity early warning score (MEWS) completion, escalation and recording. This will support consistent	01/09/2026	Lead Midwife Senior Charge Midwife Obstetric Lead Head of Patient Safety, Quality and Risk	June 2026 – NHS Orkney actively participating in the MEWS SPSP programme with implementation plan agreed. October 2026 – MEWS charts fully implemented into the service, with compliance submitted to the Excellence in Care programme and	30 September 2026

	practice across maternity services and reduce variation between documentation routes. To support this, and the move to the Once for Scotland approach to MEWS, NHS Orkney is actively engaging in the Scottish Patient Safety Programme (SPSP) MEWS work to implement the new chart and support staff training as part of the national implementation programme. Compliance will be monitored through audit and reported via SPSP and the Maternity Clinical Governance Group, with learning and improvement actions escalated through wider clinical governance processes.			continued participation in the Scottish Patient Safety Programme (SPSP) MEWS programme. Improvement work related to compliance progressed through the Maternity Clinical Governance Group including monthly audit result review.	
5	**NHS Orkney must ensure that employees receive time and resources to undertake training which is essential to their role.** NHS Orkney will ensure all staff are supported to meet statutory, mandatory and core maternity training requirements through prioritisation of protected learning time within duty rosters and proactive monitoring of compliance. Training needs will be identified through annual appraisal and departmental Training Needs Analysis. Compliance, including uptake of protected learning time (target 80% via e-Roster), will be routinely audited and reported through governance structures, with gaps escalated to line managers. Access to key national programmes (including K2 and SMMDP) will be supported, with multidisciplinary participation to strengthen team-based learning and coordination across the maternity pathway.	30/09/2026	Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services Lead Midwife Senior Charge Midwife	June 2026 – SMMDP courses are booked for 2026/2027. Training dates are now live for quarterly CTG review sessions on the ward. Staff are rostered protected time via eRoster to ensure completion and training compliance reporting established organisation wide through governance processes including performance review meetings. October 2026 – Staff rostered for protected learning-time with 85% compliance. Mandatory training figures were audited and reported through organisation wide	30 September 2026

				processes including performance review meetings. Maternity training compliance has been reviewed through the Maternity Clinical Governance meeting, which is showing a trajectory of improvement.	
6	**NHS Orkney must ensure that all staff complete statutory fire safety training.** NHS Orkney will strengthen compliance with statutory fire safety training across maternity services through proactive monitoring, escalation of non-compliance and prioritisation of protected time for staff to attend training. Compliance will be routinely reported through the Maternity Clinical Governance Group to provide oversight and assurance.	31/07/2026	Lead Midwife Senior Charge Midwife	June 2026 – Current compliance levels reviewed and gaps identified. With staff made aware and rostered to complete training. Training reviewed through governance processes including the performance review meetings. October 2026 – Fire eLearning compliance 93% with staff on Maternity leave removed from figures. The Fire responder training requirement is to have a person per shift trained and this is now achieved.	31 October 2026
Domain 4.3 – Workforce planning					
7	**NHS Orkney must ensure senior charge midwives have appropriate and protected leadership time to fulfil their leadership and management responsibilities. This will include consistent monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls.**	01/08/2026	Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services	June 2026 – Review of current Senior Charge Midwife workload and leadership allocation undertaken.	30 September 2026

	NHS Orkney will ensure protected leadership time for the Senior Charge Midwife and Interim Deputy Director of Nursing/Lead Midwife to support delivery of managerial, professional, governance and strategic responsibilities. Rosters will be structured to prioritise leadership time, with proactive planning to minimise redeployment. Compliance and impact will be reviewed through the Maternity Clinical Governance Group and wider governance structures to provide oversight, assurance and escalation where required.		Lead Midwife Senior Charge Midwife	Initial steps taken to reflect protected leadership time within rosters. SafeCare in place within Maternity and staff undergoing training to fully implement the system. October 2026 – Protected leadership time reflected within the roster. SafeCare set up to allow recording of when this was not achieved with mitigations. September 2026- Nursing, Midwifery and Allied Health Professionals workforce group stood up focusing on safe staffing, common tool methods, time to lead and workforce planning.	
8	**NHS Orkney 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.** NHS Orkney will standardise the use of SafeCare as the single system for real-time assessment, recording escalation of staffing risk across all maternity staff groups. This will include clear expectations for use, targeted training and implementation of a consistent	~~01/08/2026~~ Revised date: 31 March 2027	Executive Director of Nursing, Midwifery & Allied Health Professionals and Chief Officer for Acute Services Lead Midwife Senior Charge Midwife	June 2026 – SafeCare in place within Maternity and staff undergoing training to fully implement the system. October 2026 – SafeCare implemented into the maternity service with training for staff in the use of this. SOPs for escalation already in place.	In progress

	process for completion at defined points within each shift. All staffing risks, escalations, mitigation actions and any unresolved risks or disagreements will be documented within SafeCare to support transparency and shared decision-making. Data will be routinely reviewed through SafeCare reporting and monitored via the Maternity Clinical Governance Group and wider governance structures to identify themes, inform workforce planning and provide assurance, with escalation of risks where required.			Auditing carried out monthly showing a month-on-month increase in compliance. Improvement work took place in August to support embedding of practice. Work is ongoing, as increase in completion, but not consistent. Expected to be fully compliant by 31 March 2027 with compliance monitored through Maternity Clinical Governance Group and the Nursing, Midwifery and Allied Health Professionals workforce group.	
9	**NHS Orkney must ensure that there are processes in place to support the consistent application of the common staffing method.** CSM tool runs will be undertaken in line with national expectations, with outputs formally reported, reviewed and used to inform workforce planning and service improvement. Compliance will be monitored through governance structures, with findings reported to the Maternity Clinical Governance Group to provide oversight, assurance and escalation of any gaps or risks.	~~01/08/2026~~ Revised date: 30 November 2026	Lead Midwife Senior Charge Midwife	June 2026 – Organisation wide SOPs in place. Maternity supported to implement and embed these. Maternity Staffing level tool has been completed May/June 2026. October 2026 - Report from CSM will be available in November 2026. Meetings continue with the Clinical Lead for Workforce to support the integration of CSM.	In Progress

				Work will be completed end of November 2026.	
10	**NHS Orkney must ensure that clear and robust systems and processes are in place to ensure that all staff can engage and complete the appraisal process.** NHS Orkney will strengthen appraisal compliance through proactive monitoring, regular reporting and escalation of non-compliance to line managers to ensure timely completion. Individual development will be identified through annual appraisal processes and aligned to service requirements. Appraisal compliance will be routinely reviewed through governance structures, including the Maternity Clinical Governance Group, to provide oversight, assurance and targeted action where gaps are identified.	~~31/08/2026~~ Revised date: 31 December 2026	Lead Midwife Senior Charge Midwife	June 2026 – Current compliance levels have been reviewed and gaps identified with outstanding appraisals scheduled. October 2026 – Obstetric appraisals 100% Maternity staff appraisals 73% which includes staff on Maternity leave with the remaining staff booked to be completed by 31 December 2026.	In Progress