Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Maternity Services Safe Delivery of Care Inspection

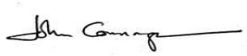
Dr Gray's Hospital, NHS Grampian

27-28 April 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: Professor John Connaghan

Date: 6th November 2026

NHS board Chief Executive

Signature: 

Full Name: Laura Skaife-Knight

Date: 6th November 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirements					
REQ 1	**Domain 1: Clear Vision & Purpose** **NHS Grampian must ensure timely review for women presenting for unscheduled care to support the safe delivery of care.**				
	Establish a multidisciplinary Performance and Access Group to oversee maternity activity, including but not limited to, maternity triage activity, time to first assessment and delays in care, including induction of labour. Establish agreed data measures, escalation thresholds and routine reporting through maternity and organisational clinical governance structures. Reporting and escalation would be to Acute Governance Structure, NHS Grampian (NHSG) Clinical Quality and Safety Executive Management Group (CQSEMG) and NHSG Clinical Governance Committee	31 March 2027	Director of Midwifery & Divisional Medical Director	Status: In progress Draft terms of reference and associated actions have been developed. KPI data collection is ongoing, with baseline measures and reporting arrangements to be agreed.	
	Develop a clear implementation plan for the introduction of the Birmingham Symptom Specific Obstetric Triage System (BSOTS) for in-person maternity triage with clear milestones identified. Including but not limited to; (i) Complete financial modelling of agreed BSOTS midwifery and medical workforce model. (ii) Approve standard operating procedure and equipment requirements.	 31 December 2026 31 December 2026	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	

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	(iii) Staff training and competency assessment to be undertaken.	30 April 2027			
	Implement new model of BSOTS into maternity triage.	31 May 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery		
	Maintain a program of manual case note reviews to monitor compliance with the 15-minute triage standard. With oversight and review provided through the multidisciplinary Performance and Access Group governance arrangements, ensuring improvement actions are agreed, monitored and learning shared.	31 May 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress Manual audit process was introduced March 2026	
	Transition the 15-minute compliance audit from manual record review to electronic monitoring following implementation of BSOTS and the required functionality.	31 May 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	
REQ 2	**Domain 1: Clear Vision & Purpose** **NHS Grampian must ensure ongoing oversight and governance of telephone access to the maternity service to support the safe delivery of care.**				
	Implement and embed a resilient 24/7 registered-midwife telephone assessment model with clear escalation arrangements. With ongoing service monitoring of call volume, response performance and any access issues, and use findings to inform ongoing development of the telephone triage model.	31 December 2026	Director of Midwifery & Divisional Medical Director	Status: In progress Centralised telephone triage redesign underway. New telephone line in place. Ongoing data and monitoring requirements identified and will	

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				be reviewed and monitored through the Performance and Access Group with documented action and escalation where agreed thresholds not achieved.	
REQ 3	**Domain 1: Clear Vision & Purpose** **NHS Grampian must ensure the continued development of a culture which promotes and supports staff psychological safety.**				
	Continue to deliver and evaluate the Improving Working Relationships programme of work. This is a dynamic piece of work that responds to service and colleagues' needs and improvements. This work includes, and is not limited to: (i) Launch local maternity services values, development of values poster and undertake staff engagement sessions to raise awareness of the values work. (ii) Develop a toolbox resource to support values dissemination and use within individual teams. (iii) Launch and implement the locally developed simulation training sessions with clinical teams (iv) Develop and embed the Workplace Champion role across maternity services to support and promote respectful, values-based workplace	Complete 31 December 2026 31 December 2026 28 February 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: Complete & In Progress A multidisciplinary culture plan is in place, with ongoing monitoring from the Improving Working Relations Oversight Group. The launch of the local maternity services values began Week Beginning 5th October 2026, with staff engagement sessions underway.	5 October 2026

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	behaviours. (v) Identifying and delivering further targeted improvement activity in response to staff feedback, evaluation findings and identified service needs.	31 March 2027			
	Continue to monitor the impact of culture improvement work through yearly staff experience surveys to assess whether improvements are being embedded and identify further areas of improvement.	30 November 2026	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress The next staff experience survey will be shared with teams Week Beginning 16th November 2026 for 3 weeks.	
REQ 4	**Domain 1: Clear Vision & Purpose** **NHS Grampian must ensure robust systems and processes are in place to ensure that all staff are appropriately trained to carry out their role. This includes consideration of skills and experience when deploying staff to other health boards.**				
	Increase staff compliance of Core Mandatory Training requirements to 90% by the end of March 2027.	31 March 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	
	Share the organisational digital workforce dashboards to support improved monitoring of training compliance with Clinical Leaders. Ongoing monitoring of compliance will be undertaken monthly at Maternity Clinical Governance Group.	Complete	Head of Midwifery	Status: Complete	27 October 2026

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	To undertake a review of the processes and guidance available to support staff deployment to other health boards inclusive of training requirements.	31 March 2027	Clinical Midwifery Manager & Head of Midwifery	Status: In progress	
REQ 5	**Domain 1: Clear Vision & Purpose** **NHS Grampian must ensure that women are provided with the right care, in the right place, at the right time by right professional team.**				
	Implement a multidisciplinary Performance and Access Group to oversee maternity pathways, monitor any delays in care and identify any areas of improvement required.	31 December 2026	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	
REQ 6	**Domain 2: Leadership & Culture** **NHS Grampian must ensure effective governance and oversight of adverse events to support and improve the quality and safety of care, including but not limited to:** **(i) Reliable and timely reporting of all adverse events** **(ii) Thorough review is carried out to establish what happened, how it happened and why it happened.** **(iii) Ensure compliance with the Healthcare Improvement Scotland national adverse events framework.** **(iv) Feedback and lessons learned from incidents are shared [in a] with relevant staff and improvement actions are implemented.**				
	Embed the multidisciplinary Significant Adverse Events Oversight and Commissioning Group for Women and Children's Division to ensure prompt commissioning of reviews, active monitoring of timescales and milestones, support for review teams, escalation of delay, action-plan quality assurance.	Completed	Director of Midwifery, Divisional Medical Director, Chief Nurse & Head of Midwifery	Status: Complete Women and Children's Oversight and Commission Group was introduced in September 2026 and meets on a weekly basis.	7 September 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Conclude all remaining overdue Level 2 Adverse Event Reviews in line with the trajectory agreed through the CQSEMG and maintain compliance with agreed review timescales.	30 June 2027	Director of Midwifery, Divisional Medical Director, Chief Nurse & Head of Midwifery	Status: In progress	
	Ensure all Level 1 and Level 2 review reports contain a documented dissemination and learning plan which identifies where findings will be shared, how improvement actions will be monitored and how evidence of completion will be provided. Identify mechanism for shared learning beyond maternity services.	31 March 2027	Director of Midwifery, Divisional Medical Director, Chief Nurse & Head of Midwifery	Status: In progress	
	Implement a quality improvement programme for commissioners, review leads and approvers, including training workshops, and standardised quality assurance processes to ensure reviews are undertaken in accordance with the NHSG Policy and HIS National Framework.	30 June 2027	Director of Midwifery, Divisional Medical Director, Chief Nurse, Head of Midwifery with support from Quality Improvement and Assurance Team & Practice Education		
REQ 7	**Domain 2: Leadership & Culture** **NHS Grampian must ensure the safe and secure use of medicines at all times, including administration of medicines.**				
	Provide ongoing assurance through medicines management audits with identified risks promptly addressed and monitored to completion. Weekly review and oversight by Senior Charge Midwife and	31 March 2027	Senior Charge Midwife, Clinical Midwifery Manager & Pharmacy Team		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	monthly by Clinical Midwifery Manager to ensure improvements.				
REQ 8	**Domain 4.1: Pathways, Procedures & Policies** **NHS Grampian must ensure effective and appropriate governance approval and oversight of guidelines, policies and procedures are in place to ensure the most up-to date evidence-based guidance is available.**				
	Complete a risk-prioritised review of overdue maternity guidance. Ensure every document has a named owner, approval route and review date, with routine compliance reporting through the multidisciplinary maternity clinical guidelines group.	31 December 2026	Director of Midwifery, Consultant Obstetrician & Consultant Midwife	Status: In Progress A multidisciplinary clinical guidelines group has been established.	
REQ 9	**Domain 4.1: Pathways, Procedures & Policies** **NHS Grampian must ensure effective governance and oversight to ensure:** **(i) venous thromboembolism risk assessment compliance.** **(ii) compliance with Maternity early warning system.** **(iii) compliance with SBAR communication tool.**				
	1. Implement the new national MEWS into practice across Maternity Services. 2. Update the current monthly MEWS audit process in line with the implementation of the new national MEWS chart. Oversight and monitoring of compliance through the Performance and Access Group with monitoring of improvement	31 March 2027 31 March 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	

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	cycles where compliance is below expectation. 3. Further develop the monthly VTE audit and reporting arrangements to provide robust monitoring of compliance, progressing towards electronic extraction of data from the electronic patient record. Oversight and monitoring of compliance through the Performance and Access Group with monitoring of improvement cycles where compliance is below expectation.	31 May 2027			
	Standardise the use of SBAR for defined clinical handovers and escalation across maternity services and reinforce SBAR through Practical Obstetric Multi-Professional Training (PROMPT) training, induction, mandatory learning and local MDT simulation training. Agreed governance reporting and escalation would be through Women & Children's Clinical Governance, Acute Sector Clinical governance and NHSG CQSEMG.	31 March 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress.	
	Undertake an audit of SBAR compliance every two months using an agreed tool. Results will be monitored and reviewed through an agreed governance route.	31 March 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	
REQ 10	**Domain 4.1: Pathways, Procedures & Policies**				

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	NHS Grampian must ensure effective governance and oversight to ensure all women who require translation services have access to approved translation services.				
	Develop and implement a maternity interpretation audit incorporating access to interpretation services, any unsuccessful or delayed requests, mode of interpretation provided, barriers to access to support identification of any improvement work. Monitoring and oversight will be undertaken via online reporting and reviewed monthly.	31 March 2027	Equality Lead, Director of Midwifery & Head of Midwifery	Status: In progress	
REQ 11	**Domain 4.1: Pathways, Procedures & Policies** **NHS Grampian must ensure staff receive time and resources to undertake training essential to their role. This will include consistent monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls.**				
	Ensure appropriate rostering codes are being used in SafeCare to ensure protected activity is clearly identifiable and that cancelled or interrupted protected time is recorded, including the reason, staffing mitigation applied.	31 December 2026	Director of Midwifery, Head of Midwifery & Chief Nurse	Status: In progress	
	Complete the nursing and midwifery staffing-level and professional-judgement tool reviews using the Common Staffing Method (CSM). Ensuring that staffing recommendations, and any severe and recurrent risks identified through this process are raised through agreed NHSG CSM Governance arrangements.	31 March 2027	Director of Midwifery, Head of Midwifery & Chief Nurse	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
REQ 12	**Domain 4.1: Pathways, Procedures & Policies** **NHS Grampian must ensure staff carry out mandatory fire safety training.**				
	Increase compliance with mandatory fire safety training and tabletop exercises to 80% by end of March 2027. Monitoring of compliance via Maternity Health and Safety group.	31 March 2027	Fire Safety Lead, DGH Unit Operational Manager (UOM), Clinical Leads & Deputy Nominated Officer Fire	Status: In progress	
REQ 13	**Domain 4.1: Pathways, Procedures & Policies** **NHS Grampian must ensure infrequently used water outlets are flushed in line with current national guidance.**				
	1. Validate the register of infrequently used outlets and required flushing frequencies. 2. Communicate responsibilities and expectations around water flushing guidance with teams across maternity services 3. Each Senior Charge Nurse / Midwife to carry out a weekly compliance audit of water flushing for their areas. This will then be provided to their Clinical Midwifery Manager weekly, with non-compliance actioned and reported to the Head of	31 December 2026 31 December 2026 31 December 2026	Water Safety Lead, Estates Lead, AMH Service Manager & Infection Prevention and Control Lead Clinical Midwifery Managers & Head of Midwifery Clinical Midwifery Managers & Head of Midwifery	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Midwifery				
REQ 14	**Domain 4.3: Workforce Planning** **NHS Grampian must ensure that there are processes in place to support the consistent application of the common staffing method. This should include but not limited to:** **(i) the correct application of running the mandated staffing level and professional judgement tools** **(ii) a reporting template demonstrating triangulation of quality, safety and workforce data to inform staffing requirements and, where appropriate, service improvement.**				
	Implement a local tracking system to ensure that all elements of the NHS Grampian *Standard Operating Procedure: Staffing Establishment Management through Application of Common Staffing Methodology*, are being undertaken to provide assurance that the CSM is consistently being applied in practice. Oversight and monitoring of this will take place via the Women and Children Divisional Business Meeting.	31 January 2027	Director of Midwifery & Head of Midwifery		
	Complete the 2026 midwifery and nursing staffing level tools run. Including assessment of the senior midwifery / nursing oversight provided through the bleep-holder role to maintain service-wide situational awareness, coordination and escalation of staffing risk, decision documentation, staff feedback and handover of unresolved risks.	31 March 2027	Director of Midwifery & Head of Midwifery	Status: In progress	

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REQ 15	**Domain 4.3: Workforce Planning** **NHS Grampian 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 including, but not limited to:** **(i) Staff appraisals** **(ii) Clinical supervision.**				
	Develop an agreed position on the appropriate protected leadership time to be provided across the service.	28 February 2027	Director of Midwifery & Head of Midwifery	Status: In progress	
	Implement a recording process to monitor the provision of protected leadership time using SafeCare. Including recording of when protected time has been unable to be achieved due to clinical demands.	31 March 2027	Director of Midwifery & Head of Midwifery	Status: In progress	
	Clinical supervision project board to review and develop a plan for implementation and improvements to support access to clinical supervisions for midwives and nurses.	31 March 2027	Clinical Supervision Project Lead	Status: In progress	
	Share with team leaders and managers information on the available organisational staff training sessions and resources to support appraisals completion.	30 November 2026	Director of Midwifery & Head of Midwifery	Status: In progress	
	Increase compliance with appraisals to 70% completed or in progress for new starts / Graduate	31 March 2027	Director of Midwifery & Head of Midwifery	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Midwives / Nurses, across inpatient areas by end of March 2027 for nursing and midwifery teams.				
REC 1	**Domain 6: Dignity & Respect** **NHS Grampian should consider improving bereavement training compliance rates for all staff.**				
	Implement a maternity bereavement training plan with an agreed compliance aim for all relevant staff groups and maintain central training records and support bereavement champions. Ongoing monitoring and review of training compliance will be routinely through education and governance structures.	31 December 2026	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress Development of training plan is underway. Compliance will be reported alongside all other Core Mandatory Training elements	
REC 2	**Domain 6: Dignity & Respect** **NHS Grampian should consider improving trauma-informed training compliance rates for all staff.**				
	Undertake a review of the maternity trauma-informed learning package and embed it within staff induction and mandatory study days. Promote national TURAS resources with teams, maintain central training records and evaluate how learning is applied in practice.	31 March 2027	Practice Education Lead	Status: In progress	