Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Safe Delivery of Care Inspections

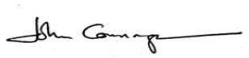
Aberdeen Maternity Hospital, NHS Grampian

29-30 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 and purpose** **NHS Grampian must ensure effective governance and oversight of activity within the maternity service to support safe delivery of care for women, including, but not limited to:** (i) **maternity triage** (ii) **time to first assessment of women** (iii) **delays to care, including inductions.**				
	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 & Head of Midwifery	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.	31 December 2026	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	(ii) Approved standard operating procedure and equipment requirements. (iii) Staff training and competency assessment are undertaken.	31 December 2026 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 and purpose** **NHS Grampian must ensure an effective process is in place to ensure women receive timely access to midwifery telephone assessment.**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	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 is underway. New telephone line in place. Ongoing data and monitoring requirements identified and will be reviewed and monitored through the Performance and Access Group with documented action and escalation where agreed thresholds are not achieved.	
REQ 3	**Domain 1: Clear vision and purpose** **NHS Grampian must undertake regular review of staff skills and competency to ensure all nurses and midwives are supported to work within their scope of practice.**				
	Complete a review of roles, competency framework and scope of practice for nurses and midwives providing postoperative maternity care. The framework will define governance and escalation arrangements for cross-professional roles and develop clear guidance on the responsibilities for nurses and midwives working within this area.	31 March 2027	Chief Nurse & Head of Midwifery	Status: In progress A model has been identified in which the midwife caring for the woman and baby provides ongoing oversight of care and is a point of escalation.	
REQ 4	**Domain 1: Clear vision and purpose** **NHS Grampian must ensure governance and oversight to monitor compliance with SBAR communication tool.**				
	Standardise the use of SBAR for defined clinical handovers and escalation across maternity services	31 March 2027	Director of Midwifery, Divisional Medical	Status: In progress.	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	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.		Director & Head of Midwifery		
	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 5	**Domain 1: Clear vision and purpose** **NHS Grampian must ensure nurse call bells and emergency buzzers are functional and available at all times to support the safe delivery of care.**				
	Complete a service-wide functionality and safety check of nurse call bells and emergency buzzers. Introduce documented local checks, clear fault escalation timescales and senior oversight until repairs or replacement are complete.	31 December 2026	Facilities Lead & AMH Service Manager	Status: In progress An audit of call bells across maternity services was undertaken at time of inspection and has been ongoing. A risk assessment was undertaken, with an action to introduce daily checks and progress a new emergency buzzer system. A procurement exercise for a replacement system is underway	
REQ 6	**Domain 1: Clear vision and purpose** **NHS Grampian must ensure systems and processes are in place to monitor and support a consistent approach to the provision of transitional care within the postnatal ward.**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Daily monitoring of the acuity of babies within the postnatal wards ensuring all babies that meet the transitional care criteria are highlighted. Reporting will also take place via daily MDT huddles and neonatal wards rounds.	31 December 2026	Chief Nurse, Head of Midwifery & Neonatal Medical Clinical Lead	Status: In progress	
	Refresh clinical guidance that outlines the eligibility criteria and escalation arrangements.	31 December 2026	Chief Nurse, Head of Midwifery & Neonatal Medical Clinical Lead	Status: In progress	
	Define and approve the transitional care model and undertake a review of staffing requirements and neonatal support.	30 June 2027	Chief Nurse, Head of Midwifery & Neonatal Medical Clinical Lead	Status: In progress	
REQ 7	**Domain 1: Clear vision and purpose** **NHS Grampian must ensure that women are provided with the right care, in the right place, at the right time by the 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. Agreed governance reporting and escalation would be through Women & Children's Clinical Governance, Acute Sector Clinical governance and NHSG CQSEMG.	31 December 2026	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	
REQ 8	**Domain 2: Leadership and culture** **NHS Grampian must ensure the continued development of a culture which promotes and supports staff psychological safety for all staff groups.**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	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 behaviours. (v) Identifying and delivering further targeted improvement activity in response to staff feedback, evaluation findings and identified service needs.	Complete 31 December 2026 31 December 2026 28 February 2027 31 March 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
	Continue to monitor the impact of culture improvement work through yearly staff experience surveys to assess whether improvements are being	30 November 2026	Director of Midwifery, Divisional	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	embedded and identify further areas of improvement.		Medical & Head of Midwifery	The next staff experience survey will be shared with teams Week Beginning 16 Nov 2026 for 3 weeks.	
REQ 9	**Domain 2: Leadership and culture** **NHS Grampian must ensure staff receive time and resources to undertake training essential to their role with consistent monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls.** **This includes, but is not limited to:** (i) **violence and aggression.** **(ii) core mandatory training**				
	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
	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	
	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	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Complete a training needs assessment and establish a clear, measurable trajectory for improving compliance with prevention and management of violence and aggression training, with implementation monitored to achieve a minimum of 80% compliance by 31 May 2027.	31 May 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	
	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	
REQ 10	**Domain 2: Leadership and culture** **(Page 9) 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) And that feedback and lessons learned from incidents are shared [in a] with relevant staff and improvement actions are implemented.** **(Page 24) NHS Grampian must ensure timescales of adverse events are achieved and aligned with the timeframes in Healthcare Improvement Scotland's National Framework.**				
	Embed the multidisciplinary Significant Adverse Event 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.	31 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 11	**Domain 4.1: Pathways, procedures and policies** **(Page 10) NHS Grampian must ensure effective governance and oversight to ensure:** **(i) venous thromboembolism risk assessment compliance.** **(ii) monitor compliance with maternity early warning system** **(iii) monitor completion and compliance with newborn early warning scoring system** **(Page 28) NHS Grampian must ensure effective governance and oversight to ensure:**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	(i) Monitor compliance with maternity early warning system **(ii) Monitor completion and compliance with newborn early warning scoring system** **(iii) Venous thromboembolism risk assessment compliance.**				
	1. Implement the new national MEWS and newborn early warning chart (NEWTT2) 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 cycles where compliance is below expectation. 3. Introduce a monthly NEWTT2 audit process across maternity in line with the implementation of the new chart. Oversight and monitoring of compliance through the Performance and Access Group with monitoring of improvement cycles where compliance is below expectation. 4. 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 March 2027 31 March 2027 31 March 2027 31 May 2027	Director of Midwifery, Divisional Medical Director & Head of Midwifery	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
REQ 12	**Domain 4.1: Pathways, procedures and 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 13	**Domain 4.1: Pathways, procedures and policies** **NHS Grampian must ensure effective systems and processes are in place to support assurance of a safe healthcare environment:** • **that staff are aware of the process and** • **that all essential maintenance works are completed.**				
	1. Review and strengthen the identification and close out process for remedial maintenance issues. 2. Implement improved identification, reporting, governance and escalation of issues or delays. Supported by health and safety and maternity governance arrangements.	31 December 2027 31 March 2027	Estates Lead & AMH Service Manager	Status: In progress	
REQ 14	**Domain 4.1: Pathways, procedures and policies** **NHS Grampian must ensure infrequently used water outlets are flushed in line with current national guidance and support staff in understanding the process of assurance regarding water flushing.**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	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 Midwifery.	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	
REQ 15	**Domain 4.1: Pathways, procedures and policies** **(Page 10) NHS Grampian must ensure staff carry out mandatory fire safety training.** **(Page 28) NHS Grampian must ensure mandatory fire safety training is available to staff and complied with.**				
	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, AMH Service Manager, Clinical Leads & Deputy Nominated Officer Fire	Status: In progress	
REQ 16	**Domain 4.3: Workforce planning**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	NHS Grampian 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, to support consistent management of any identified staffing risks. This must include feedback to staff regarding decisions undertaken. This should include, but is not limited to: **(i) when staffing risks cannot be mitigated or when disagreement occurs** **(ii) if increased care needs for women or babies are identified and staffing concerns are escalated.** **(iii) when consultant obstetricians are unable to support ward rounds to enable oversight of workload**				
	Undertake a review of current nursing and midwifery workforce governance arrangements and develop a standardised Nursing and Midwifery Workforce Governance Framework to strengthen the consistent identification, assessment, management and escalation of staffing risks across establishment planning, workforce delivery and real-time staffing.	31 March 2027	Director of Midwifery & Senior Nurse Manager	Status: In progress	
	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	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	Consultant obstetricians are to escalate to operational and medical leadership in real time to daily huddles if demands of labour ward prevent daily consultant led antenatal / postnatal ward round or appropriately timed review of women in triage, day assessment, ARI or the Early Pregnancy Unit, consultant obstetricians are to escalate to operational and medical leadership in real time through daily huddles, local management escalation or to the site management out of hours. Service to ensure clear process to record and escalate severe and recurrent risks relating to medical workforce. If repeated breaches, alternative service models for consultant staffing will be explored.	31 December 2026	Unit Operational Manager, Unit Clinical Director & Divisional Clinical Director		
REQ 17	**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 is 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*,	31 January 2027	Director of Midwifery & Head of Midwifery		

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	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.				
	To review the 2026 staffing-level and professional judgment tool outputs to ensure all inpatient areas are compliant.	Complete	Director of Midwifery	Status: Complete All inpatient areas are fully compliant for 2026 tool run.	30 October 2026
	Complete the 2026 nursing and midwifery staffing-level and professional-judgement tool reviews using the Common Staffing Method (CSM) and using the agreed reporting template and organisational guidance. 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	Status: In progress	
REQ 18	**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** **(iii) Protected teaching time for obstetric medical staff**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	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 Midwives/ Nurses, across inpatient areas by end of March 2027 for nursing and midwifery teams.	31 March 2027	Director of Midwifery & Head of Midwifery	Status: In progress	
	Assessment of medical staff capacity and how this can be improved to protect teaching time is being taken forward as part of a current review of job plans and workforce availability.	31 March 2027	Divisional Clinical Director & Associate Director for Medical Education	Status: In progress	
REQ 19	**Domain 4.3: Workforce planning**				

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	NHS Grampian must ensure that all newly qualified midwives are consistently provided with protected supernumerary time during their induction and orientation period.				
	Set a minimum protected supernumerary orientation standard for newly qualified midwives. Roster and record supernumerary shifts consistently in Optima and record any loss of protected time as a staffing risk with review and recovery actions.	31 December 2026	Director of Midwifery, Head of Midwifery & Practice Education Lead	Status: In Progress	
REQ 20	**Domain 6: Dignity and Respect** **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	
Recommendations					
REC 1	**Domain 4.3: Workforce planning** **NHS Grampian should undertake a comprehensive workforce review of consultant obstetric staffing.**				
	Undertake a comprehensive review of consultant obstetric staffing, including activity, acuity, ward-	31 March 2027	Divisional Medical Director	Status: In progress	

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	round requirements, out-of-hours cover, additional duties and job planning. Triangulate findings with quality, safety, workforce and professional judgement information and agree an implementation plan.			Scoping work is recorded as underway, including consideration of duties not currently reflected in job plans.	
REC 2	**Domain 6: Dignity and Respect** **NHS Grampian should consider improving bereavement training compliance rates for all staff providing care to families.**				
	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	Development of training plan is underway. Compliance will be reported alongside all other Core Mandatory Training elements Status: In progress	
REC 3	**Domain 6: Dignity and Respect** **NHS Grampian should consider improving trauma informed practice training compliance rates for all staff providing care to families.**				
	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	