Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Maternity Services Safe Delivery of Care Inspection

Dumfries and Galloway Royal Infirmary, NHS Dumfries & Galloway

27-28 July 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: Mark Cook

Date: 26 October 2026

NHS board Chief Executive

Signature: Julie J White

Full Name: Julie White

Date: 26 October 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
	RECOMMENDATIONS (4)				

Domain 1,1 Clear vision and Purpose	**NHS Dumfries & Galloway should consider improving bereavement training compliance rates for all staff providing bereavement care to families and providing a dedicated clinical space for caring for bereaved families:** Develop a programme of bereavement training sessions throughout 2027 to support continued improvement in staff competency and confidence. Establish a robust system for recording bereavement training attendance. Continue miscarriage care and early pregnancy loss working group and develop work plan to implement Miscarriage framework. Review and strengthen bereavement and pregnancy loss training provision for staff within the Early pregnancy assessment service including sonographers. Establish permanent bereavement midwife hours within roster to support coordination of bereavement care, family support, staff education, and service development. Develop business case, and progress through Board, to identify additional dedicated staffing hours to support all pregnancy loss pathways, improving care and support for women and families.	Ongoing/ immediate Dec 2027 January 2027 March 2027	Bereavement Midwife Clinical Midwifery Manager Inpatient service manager Director of Midwifery	Bereavement training session undertaken 16th September with 10 staff attending Further bereavement training session planned for 9th November with 13 staff scheduled to attend	

	Identify and develop a dedicated clinical space for bereaved families. Consider designation of a specific room and enhancements to create a calming environment, including appropriate décor, lighting, comfortable furnishings, floor mattresses where appropriate.	March 2027	Bereavement Midwife		
Domain 2,2 Leadership and culture	**NHS Dumfries & Galloway should consider improving trauma informed training for all staff:** Incorporate trauma informed training into 2027 midwifery training schedule alongside adverse events training Incorporate trauma informed training into MDT / medical staffing training schedule. Complete relevant TURAS Trauma informed training modules for clinical supervisors and managers including Psychological first aid.	December 2026 December 2026 March 2027	Perinatal Quality and Safety Manager Clinical director obstetrics Lead Midwife	All Clinical supervisors already requested to complete TURAS module: Understanding the impact of trauma and responding in a trauma informed way.	

Domain 4.1,3 Pathways, procedures and policies	**NHS Dumfries & Galloway should consider implementing a system for storage of expressed breastmilk in line with national guidance:** Develop proposal for use of 'Li-LAC maternal milk checking system' across maternity and neonatal services which utilises barcode scanning and software app for labelling and tracking. Progress through Board	March 2027	Clinical Nurse Manager	Proposal developed and funding applied for.	
Domain 6,4 Dignity and respect	**NHS Dumfries & Galloway should consider implementing Re:Birth language:** Update all local documentation to reflect appropriate Re:Birth language. Implement consistent use of Re:Birth language across the MDT workforce and wider organisation during all verbal communications including handovers, ward rounds, clinical discussions and adverse event reviews and ensure that all reporting documents reflect the same.	March 2027 Ongoing	Clinical Midwifery Manager Clinical midwifery Manager /Clinical Director obstetrics		

	REQUIREMENTS (9)				
Domain 1,1 Clear vision and purpose	**NHS Dumfries & Galloway must ensure effective governance and oversight to inform improvement and mitigate risk when delays to care occur. This includes but is not limited to: Delays to Induction of Labour process.** **This will support compliance with: Health and Social Care Standards (2017) criteria 1.19 and 1.24 and Quality Assurance Framework (2023) criteria 2.5 and 1.5.** Develop and implement a document to record delays in care and any escalation processes, risk assessments, mitigations and outcomes identified. Audit of any delays monthly and report via Governance and Performance route.	November 2026 January 2027	Clinical Midwifery Manager Inpatient services manager	Document in draft format and circulated for comments / suggestions October 2026	

Domain 4.1,2 Pathways, procedures and policies	**NHS Dumfries & Galloway must continue to ensure governance and oversight of unit data to support learning and improvement, including but not limited to:** • **Maternity early warning score (MEWS) chart** • **Postpartum haemorrhage** **This will support compliance with: Quality Assurance Framework (2023) Criterion 2.6.**				
	Continue MEWS data collection, reporting and distribution on monthly basis	Ongoing	Clinical Midwifery Manager	Training ongoing across maternity: Midwifery 91% / Medical staff 73%	
	Implement new National MEWS	November 2026	Clinical Midwifery Manager	Train the trainers also rolled out across wider acute hospital wards, Emergency department, CCU and anaesthetics. Resuscitation team and Clinical Educators supporting this across wider organisation	
	Continue PPH QI work and audit monthly. Report via Governance and Performance route	Ongoing	SCM lead for PPH work		
	Work with local health intelligence team to ensure required data is available on a monthly basis	March 2027	Director of Midwifery		

Domain 4.1,3 Pathways, procedures and policies	**NHS Dumfries & Galloway must continue to ensure clinical guidelines are up to date and reviewed within agreed timescales** **This will support compliance with: Quality Assurance Framework (2023) Criterion 5.4 and the Health and Social Care Standards (2017) Criterion 4.11**				
	Identify dedicated resource from SCM to support updating of guidelines	October 2026	Perinatal Quality and Safety Manager	Work underway with guideline and template for completion to align with Right Decisions Platform	
	Continue MDT meetings to ratify recently updated guidelines and prioritise next	Ongoing	Clinical director obstetrics		
	Report ratified updated guidelines via Governance and Performance route.	Ongoing	Clinical Midwifery Manager		
	Go live with Maternity and Obstetrics Right decisions platform	December 2027	Clinical director obstetrics	Initial development in place, awaiting completion of updated guidelines to format onto platform	

Domain 4.1,4 Pathways, procedures and policies	**NHS Dumfries & Galloway must ensure effective governance and oversight of adverse events to support and improve the quality and safety of care, including, but not limited to:** • **Incident reporting** • **Reliable and timely reporting of all adverse events** • **Compliance with the Healthcare Improvement Scotland national adverse events framework** **This will support compliance with: A national framework for reviewing and learning from adverse events in NHS Scotland (2025) and Quality Assurance Framework (2022) Criterion 2.5.**				
	Continue to review all adverse events in previous 24 hrs at the daily safety huddle. In addition, process to be implemented to confirm Inphase submission and relevant reference number identified.	November 2026	Clinical director obstetrics		
	SCM handover to include confirmation of adverse events submission.	November 2026	Inpatient services Manager		
	Introduce additional weekly MDT Adverse Events (AE) review meeting to improve rapid review of AE and implementation of any necessary immediate actions.	November 2026	Perinatal Quality and Safety Manager / Clinical director obstetrics		

Domain 4.3,5 Workforce planning	**NHS Dumfries & Galloway must ensure that there are processes in place to support consistent annual application of the common staffing method, demonstrating triangulation of all relevant service specific quality, safety and workforce data** **This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.** Implement further training on Professional Judgment to improve consistent reporting Workforce tool run scheduled for August and February Complete report following tool run, including triangulation of quality, safety and workforce data	January 2027 February 2027 April 2027	Lead Midwife Lead Midwife Lead Midwife		

Domain 4.3,6 Workforce planning	**NHS Dumfries & Galloway must ensure that clear and robust systems and processes are in place, including guidance and support for staff, to allow consistent assessment and capture of real time staffing risk across all professional clinical groups** **This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.** Undertake training to introduce Safecare into daily staffing huddle. Implement Safecare into daily staffing huddle from 2nd Nov 26	October 26 November 2026	Clinical Midwifery Manager Clinical Midwifery Manager	Training date planned 28th October 2026	
Domain 4.3,7 Workforce planning	**NHS Dumfries & Galloway must ensure oversight of potential risks within maternity services are consistently captured within the wider hospital safety huddle** **This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.** Implement attendance of maternity services representation at wider hospital huddle by end Jan 27	January 2027	Lead Midwife		

Domain 4.3,8 Workforce planning	**NHS Dumfries & Galloway must ensure that effective systems and processes are in place to support clinical leaders within maternity services to undertake staff appraisals** **This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.**				
	Identify any barriers / challenges to undertake appraisals in timely fashion.	December 2026	Clinical Midwifery Manager		
	Ensure all clinical leaders are prioritising and planning a schedule of appraisals within their allocated management time	January 2027	Clinical Midwifery Manager		
	Implement reporting of appraisal compliance within monthly Governance and performance route.	January 2027	Inpatient services manager		

Domain 4.3,9 Workforce planning	**NHS Dumfries & Galloway must ensure they are complying with the duty imposed by section 1211, ensuring that its employees receive time and resources to undertake such training essential to their role** **This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.** Ensure mandatory training is core component of appraisal review Monthly reporting of mandatory training compliance via Governance and reporting route. All staff to be responsible for own mandatory training and to highlight with line manager where time to complete and maintain mandatory requirements has not been achieved.	January 2027 January 2027 Ongoing	Clinical Midwifery manager / Clinical director obstetrics Inpatient services manager Lead Midwife	CTG K2 training full completion improved from 44% to 65% (October 2026) for midwifery staff since date of inspection.	