

NHS Greater Glasgow and Clyde	Paper No. 25/166
Meeting:	NHSGGC Board Meeting
Meeting Date:	18 December 2025
Title:	Maternity Improvement Programmes
Sponsoring Director:	Angela Wallace, Executive Board Nurse Director
Report Author:	Dr Mary Ross-Davie, Director of Midwifery Jamie Redfern, Women and Children's Director

1. Purpose

The purpose of the attached paper is to: provide the Board with an update on the improvement work that has been underway in maternity services across GGC over the last three years.

2. Executive Summary

The paper can be summarised as follows:

Over the last three years, there has been a range of focussed improvement work across maternity services in GGC.

This has included:

- A review of the maternity services in 2022, identifying challenges and key areas for improvement
- Implementation of the Scottish Government Best Start maternity service recommendations, with significant development of community based midwifery care, improvements in continuity of carer and choice of place of birth.
- Development of a programme of engagement with maternity staff, women and families and third sector organisations.
- A focus on improving the experience and outcomes of global majority women in our care
- Ensuring that we have the right workforce to deliver the right care.

Significant progress has been made and our improvement journey continues.

We acknowledge the challenges that may arise through the HIS maternity inspection process and the anticipated national review of maternity services in 2026.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Board asked to note the contents of this paper.
- Board awareness of the significant positive improvement work that has been undertaken and is being continued in maternity services across GGC.
- Board awareness of noted challenges that may be identified in a future HIS maternity inspection and national review of maternity services

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Neutral</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment | <u>Positive</u> impact |

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity: this summary will be shared with the Maternity Governance group and will in turn be shared with the Women and Children's maternity governance meeting.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

Maternity Assurance Group
Maternity Governance Group
Directors Group 2

8. Date Prepared & Issued

Prepared on: 9 December 2025
Issued on: 10 December 2025

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1. Purpose

The purpose of the attached paper is to:

Provide an update for the Board in relation to developments in NHSGGC maternity services since 2022.

2. Executive Summary

The paper can be summarised as follows:

3. Situation

3.1 Overall trends

In contrast to most other health boards in Scotland, GGC has an increasing booking and birth rate.

The most recent Public Health Scotland (PHS) Clinical Quality Publication, titled Antenatal Booking in Scotland – Year ending December 2024 confirms that the overall number of pregnancy bookings across Scotland has been declining over the last five years with a continued slight fall from 50,466 in 2023 to 49,952 in 2024. NHSGGC is the exception to this, with annual increases in bookings over this period. Bookings in NHSGGC have increased consistently annually from 11,420 in 2020 to 12,003 in 2024, an overall growth of 5.1%. Nearly one third of women giving birth in Scotland were cared for in NHSGGC in 2023-2024 (30%). This proportion is increasing, from 27.9% in 2021-22.

NHSGGC has had a modest increase in births from 13,257 in 2022, to 13,446 in 2024.

A key measure of accessibility of maternity care is the date of booking for maternity care. During this period, there has been a steady decline in early bookings (<10 weeks) in GGC, falling from 41.2% in 2021 to 29.9% in 2024. Early booking in pregnancy maximises the opportunities for identifying risks and problems early, instigating appropriate treatment and assessments and tests and providing appropriate timely public health and psychosocial guidance and support.

However, despite this reduction in early bookings, in 2024, both NHSGGC and Scotland met the Local Delivery Plan (LDP) standard of at least 80% of pregnant women in each SIMD quintile booking antenatal care by the 12th week of gestation. NHSGGC showed notable improvement over the last twelve months in SIMD 1, rising from 79.6% in 2023 to 83.5% in 2024, reflecting progress in engaging pregnant women from more deprived communities earlier in care.

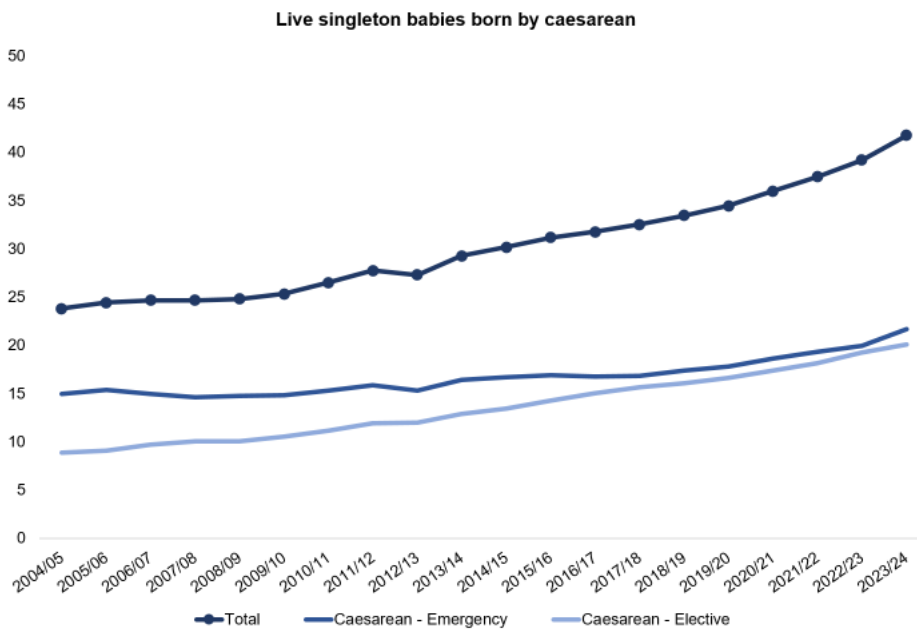
3.2 Complexity of presentation

Like the rest of the UK, NHSGGC has increasing complexity among the pregnant population.

Across NHSGGC, Scotland and the UK we continue to see a rise in the number of pregnant women who are affected by obesity and diabetes. Preterm birth and caesarean birth rates have continued to increase. The increasing complexity of women in our care, is reflected in increased intervention rates, which in turn result in increased care needs and longer hospital stays. The proportion of women who have their labour induced, rather than going into spontaneous labour has been rising across NHSGGC, Scotland and the UK – with a rate of 22% in 2009, now nationally at 35% and at 39% in NHSGGC. Induction and caesarean rates are higher among global majority women.

Similarly, the proportion of births which are caesarean rather than vaginal has increased over the last twenty years nationally from 24% to 42%. 2024 was the first year in NHSGGC where the number of births by caesarean was higher than the number of vaginal births (44% v 42%). The number of caesarean births in NHSGGC in 2024 was 11% higher or 1335 more than in 2019, more than six additional caesarean births every day. This increase is driven by an increase in medical and obstetric complexity and also by an increase in the number of women requesting a planned caesarean birth by choice. Women who give birth by caesarean are more likely to experience complications including postpartum haemorrhage, require blood transfusion, have a postnatal infection, require high dependency and intensive care. Babies born by caesarean are more likely to require neonatal admission.

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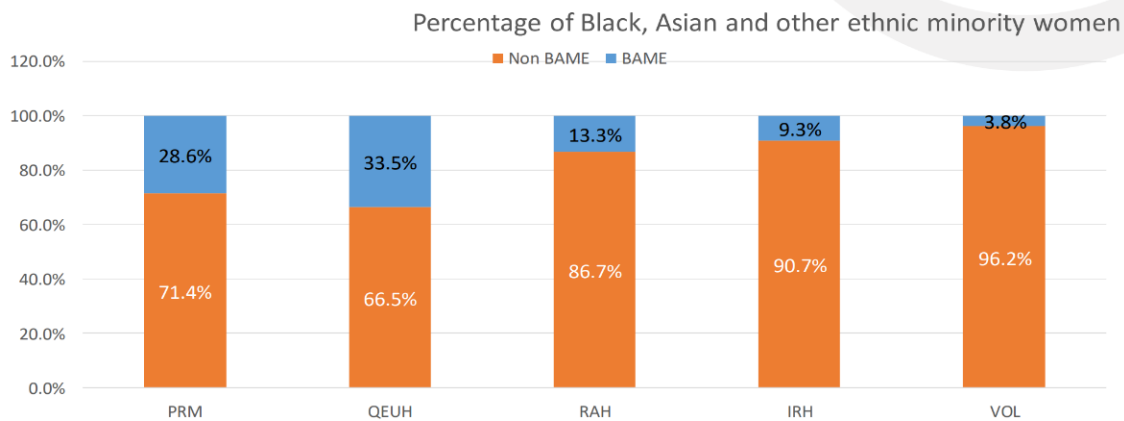


3.3 Global majority and deprivation impact

NHSGGC has the highest proportion of pregnant women from ethnic minorities and women living with deprivation in Scotland.

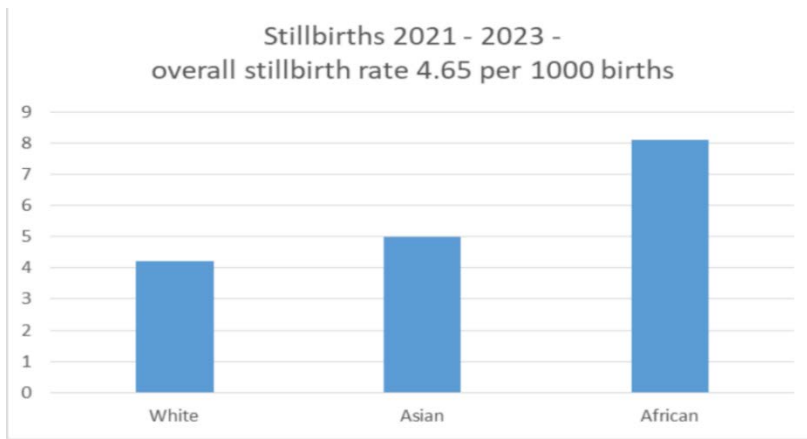
NHSGGC has the highest proportion of pregnant women who are from an ethnic minority among all Health Boards in Scotland. In Glasgow, the proportion is 30%:

The percentage of women from global majority communities varies across the units. From these communities, 55% do not have English as their first language and 65% are unable to read or write English



Global majority women are more likely to have diabetes, caesarean birth and have a baby small for gestational age; they are also more likely to have a stillbirth, neonatal death and experience significant maternal morbidity and even mortality.

The table below is for NHSGGC stillbirth rates:



While outcomes for global majority women are poorer than for white UK women, it also important to note that, in NHSGGC, our stillbirth numbers in 2024 continued to fall: from 69 in 2022, to 55 in 2023 and 38 in 2024.

In NHSGGC more than a third of women (36.4%) live in the most deprived areas (SIMD 1). This is significantly higher than the overall proportion in Scotland (24.4%). Women living with deprivation are more likely to have a range of health issues including obesity, diabetes, preterm birth and to have babies that are small for their gestation.

4. Background

A new Executive Nurse Director (END) joined GGC in April 2022 and new Director of Midwifery (DoM) joined June 2022. The END commissioned the DoM to undertake a systematic review of Maternity Services, which was reported in November 2022, looking back at previous years:

- new RHC building and subsequent issues drew focus to Childrens' services in the Directorate,
- focus in Maternity on maintaining Business as Usual and then managing the pandemic,
- 15 years ago, the shift towards a 'hub and spoke' model of centralisation into hospital based outpatients department rather than community and primary care based antenatal care,
- very little progress towards Best Start implementation – the little that had taken place, with two continuity of carer midwifery teams, was reversed in the pandemic,
- stalled progress towards continuity of carer, choice of place of birth, neonatal transitional care,
- lack of review of service needs – huge shift in population with significant increase in global majority women; much more complexity generally in population and exponential increase in medical interventions,
- no review of midwifery funded establishment since 2014
- in 2019 new NMC Midwifery proficiencies introduced NIPE (Neonatal and Infant Physical Examination) ,the detailed newborn examination – as a core midwifery role, but no change in postnatal staffing or education followed to implement,
- midwifery workload tool run undertaken 2019 – no follow up on results,
- overall a highly medicalised maternity model had developed.

Following this stocktake, the maternity leadership team focussed on developing a clear improvement and development plan for the service, with support from the END. This programme of work focussed on a number of key Quality Improvement and Service developments:

1. Focus on implementing Best Start maternity recommendations

We directed the Scottish Government Best Start funding to catalyse the stalled implementation of continuity of carer and choice of place of birth.

Continuity of carer

Three project midwives worked with the senior team and frontline staff to implement new systems, guidance and working practices to significantly increase the proportion of women who experience continuity of carer during pregnancy and the postnatal period and to implement the full range of choice of place of birth across NHS GGC.

Over a three year period, we have succeeded in increasing the proportion of women having antenatal continuity of carer from a named midwife, from an average of around 10-20%, to an average of 50%, with rates of up to 80% continuity for women living with social complexity and deprivation. This has included lengthening the allocated time for the booking and return antenatal appointments and an increase in the provision of local antenatal clinics. This has then resulted in an increase in the number of women who describe feeling listened to, supported during pregnancy and able to make informed choices about their care as they have enough time during appointments.

Alongside midwife units

We established alongside midwife units in the labour suites of PRM and QEUG, where there had not been this option previously. The project midwives improved the birth environments through redecoration and purchase of new active birth equipment, developed new guidance for midwives, new leaflets for women and provided practical workshops on providing care in a midwife led setting. This has led to an increase in the number of women having physiological labour and birth where they wish this and having waterbirths or using a birthing pool during labour.

There will be continued focus on these elements of Best Start implementation through our Maternity and Neonatal strategy implementation in the coming four years.

2. Focus on increasing engagement with staff and with women and families

Staff engagement

Over the last three years, the senior maternity team has implemented a range of approaches to increase engagement and visibility with all staff:

- Monthly senior Directorate team walkabouts in clinical areas
- Monthly MDT online professional updates
- Maternity Sharepoint site
- Biweekly Maternity Matters update newsletter

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- Staff wellbeing and Clinical Safety boards in all ward areas, with regular updated content
- Six weekly online meetings with General Manager, Director of Midwifery (DoM), Associate chief midwife (ACM) and Lead midwife at unit level with Senior charge and labour ward charge midwives
- Unit level positive workplace culture groups and improvement groups
- Online engagement meetings with DoM and ACM with a range of staff groups on particular topics. Touch base sessions with early career midwives. Sessions with all staff on particular topics, including development of the shared Behaviours charter, development of the Maternity and Neonatal strategy, preparing for the HIS inspections and the workload tool.

Communities and people we serve

We have also established strong co-working with our colleagues in the Public Engagement, Public Involvement, Communications and Equalities teams, developing a coordinated approach to increase engagement with the communities we serve:

- Established a Maternity Voices partnership. This group has met virtually three times and once in person, with women and families invited who have had experience of using our services in the last two years.
- Established a Third Sector network and doula network group, to build mutual understanding and more joint working.
- Implemented six monthly text-based surveys with women who have given birth with us, in the top community languages, to hear about their experiences of care.
- Raised our profile on social media with a communications plan.
- Had a public information campaign, including posters on buses, subway and in public areas about our new digital booking system called 'Meet your midwife'.
- We have involved midwives in recording videos for social media on a range of topics, including vaccinations in pregnancy and booking early in pregnancy.
- Involved midwives and obstetricians in a new series of podcasts to be used as part of antenatal education.
- Undertaken a survey on visiting policies which has led to implementation of a new approach in line with feedback from staff and from women

We continue to focus on developing this engagement and this is a clear focus in our new Maternity and Neonatal strategy.

3. Focus on improving the experience and outcomes of global majority women in our care

We have received national recognition for the groundbreaking work we have been doing in this area, including being shortlisted for a National Scottish health award, an RCN award and being invited to present at a range of national and Scottish Government fora on the work.

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This joint work between maternity, recruitment, Amma Birth companions, PEPI and the inequalities team has included:

- Audits of our interpreting service; leading to notable improvements
- Education for all staff on accessing and effectively using interpreters
- Receiving and sharing feedback on the experiences of women supported by Amma Birth companions
- Implementing approaches to increase the diversity of our midwifery workforce
- Undertaking a survey with maternity staff on their experiences of racism
- Audit of the levels of continuity, birth planning and access to midwife led care for our global majority women; this has then been followed with awareness raising sessions with staff, leading to improvements
- Provision of a much wider range of leaflets and information in different languages
- An anti-racism workshop for the senior maternity team, followed by a further anti racism training workshop with 30 midwives and third sector colleagues
- An online professional update on improving care for Muslim women
- Development of range of images and pictures with more diversity for use in posters and publications.

Further work is planned and needed in this area and is a strong area of focus in our new Maternity and Neonatal strategy.

4. Focus on workforce and ensuring an efficient and effective service

Over the last three years, the senior team has sought to identify new pathways of care as well as where the service can be run more effectively to improve experience and outcomes for women and use resources as efficiently as possible. This has included:

- We have run the midwifery workload tool in December 2023, December 2024 and July 2025. Initial outputs have been shared with staff and final data validation is taking place before wider sharing with Corporate colleagues.

The findings of the tool runs, accompanied by the professional judgement assessment of the common staffing method, indicates a need for an increased midwifery workforce, that reflects the changing needs of those using our services.

In the interim, the corporate team have acknowledged the changes to our maternity service and need for a review of midwifery staffing to support contemporary safe and effective care as well as staff wellbeing. The Corporate team have responded to these findings by supporting an increase in the overall funded establishment of around 35 whole time equivalent midwives. This has fully supported the identified additional staffing needed in our triage units to enable the establishment of a new and evidenced safe way of working, the BSOTS approach (Birmingham Symptom

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Specific obstetric triage system, an approach to risk stratification at our maternity front door).

This increase in midwifery staffing uplift has also enabled us to open up for further recruitment in December 2025 to increase our labour ward staffing by a further 15 midwives. This represents an additional midwife on every shift on each labour ward, which will have a significant impact on reducing issues with unit flow and reduce delays in the induction of labour process.

- We have escalated where concerns have arisen about safe staffing levels in particular parts of the service; most notably in the QEUH and RAH labour suites and in triage services, developing action plans and implementing service change and supporting staff to be at work.
- We have provided the Acute and NHSGGC Executive team with positive plans to develop the effectiveness of our service, with proposals for development of our midwifery leadership structures, our clinical risk and practice development teams and our triage services. These have led to the appointment of a new fifth Lead midwife role – focussed on quality, risk and governance, who comes into post in August 2025 and agreement to appoint a new Consultant midwife role. It has also led to short term increased funding from the END for increases in our specialist roles, including a public protection midwife role, clinical risk midwifery roles, a retention support midwife role and practice development roles. All of these short term roles have had significant positive impact on our service delivery.
- We have engaged actively with the Glasgow Children's hospital charity and received financial support to improve our bereavement care, including environments and also through funding of a bereavement midwife role.
- We have responded to the changing skill mix of our workforce by developing a retention support midwife role to support newly qualified midwives and now have clinical skills midwife roles in each unit, where supernumerary staff support newly qualified midwives in developing their confidence and competence in key skills.
- We have implemented service improvement projects to improve women's experience, safety and unit flow including an Active Induction of labour pathway and a Triage improvement project, both of which are ongoing.
- We are working to develop a new staffing model for our maternity theatres, to release midwives back to core midwifery roles and staffing our theatres with appropriately trained scrub and recovery nurses and ODPs. We are continuing to work to address pressures with our Planned caesarean birth capacity, with practical new systems and new environments, as well as a new theatre charge midwife role in RAH.
- We have undertaken focussed work over the last 18 months to improve 'grip' in relation to use of supplementary staffing, sickness and absence levels and improve retention. The weekly focus by all of the senior team has supported us in addressing our supplementary spend, supported in particular by a very notable improvement in our sickness and absence levels. This has in part been achieved through running education sessions for all senior charge midwives on managing sickness and absence and 'controlling the controllables' at ward level. We have

raised the profile of how our sickness and absence levels have impacted on our staffing levels, ensuring that addressing this has become part of the staff culture.

5. Assessment

We recognise the significant improvement work that has been developed across our maternity services since 2022.

The Maternity services leadership team has demonstrated itself to be highly effective, working collaboratively across disciplines, with true multi-disciplinary working between midwifery, general management, obstetrics, anaesthetic and neonatal colleagues.

We recognise that challenges remain and there is more work to be done, as we await the Healthcare improvement Scotland (HIS) maternity inspections and the likely announcement of a national maternity review in 2026.

HIS maternity inspections.

Throughout 2025 we have had regular preparation meetings with the multi-disciplinary team to ensure we provide care every day to the highest standard and that we are as prepared as a team for inspection to the service.

To support our focus of preparedness, given this is a new inspection field for HIS, a number of key actions have been taken. This has included detailed benchmarking against the published inspection reports from Tayside and Lothian. The maternity leadership team feel confident that we have much to demonstrate to the HIS inspection team in relation to the work detailed above.

Translation and awareness among frontline staff of all of the work which has been undertaken can be challenging and we are aware that we continue to feel staffing pressures, as the full response to the recognition of additional staffing required in parts of the service including triage and labour suites, has not yet been fully translated into our staffing levels. It is likely that staffing levels will be raised by staff to the inspectors as well as this being an area of enquiry the inspectors pursue.

Another area we anticipate comment from HIS relate to the fabric of our, now aging, maternity buildings, with some lengthy delays experienced in progressing urgent upgrade work, particularly at the QEUH and RAH.

In addition to the inspections, there are other areas that may result in reputational risk. There are several high profile cases that will be in the public domain over the coming months, including a further Fatal Accident Inquiry, which includes a focus on the need to divert between maternity units and triage processes.

We now have in place our governance processes for implementation of the new Maternity and Neonatal strategy including oversight and working groups. These will also reflect and focus on implementing the NHSGGC Nursing and midwifery strategy – Leading the Way, and Quality strategy. We will have our Women and Children's Hackathon in January 2026, which will enable us to develop innovative approaches to increase our efficiency and effectiveness.

Future plans

- We are planning a wide review and focus on improvement of our early pregnancy and miscarriage services, supported by additional recurring Scottish Government funding.
- With the support of our new Lead midwife role we will continue to develop our Assurance and Governance focus, ensuring we are a service that rapidly learns from adverse events, translating learning into positive change and sensitively and consistently engaging with affected families.
- We will continue to embed our key service improvements in relation to our Active Induction of labour pathway and Triage improvement project, implementing a centralised telephone triage team and implementation of BSOTs, with the support of additional midwifery recruitment above our funded establishment.
- Workload midwifery tool run planned for summer 2026, which will take place on the nationally amended tool platform.
- Review of medical staffing

1. Recommendations

The following actions are requested:

- Board asked to note the contents of this paper.
- Board awareness of the significant positive improvement work that has been undertaken and is being continued in maternity services across GGC.
- Board awareness of noted challenges that may be identified in a future HIS maternity inspection and national review.

2. Response Required

This paper is presented for awareness.

3. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

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| • Better Health | <u>Positive</u> impact |
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4. Date Prepared & Issued

Prepared on: 9 December 2025

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