

<b>Meeting:</b>	NHS Grampian Board
<b>Meeting date:</b>	19 February 2026
<b>Item Number:</b>	11
<b>Title:</b>	Maternity and Neonatal Services in Grampian Governance
<b>Responsible Executive:</b>	Geraldine Fraser, Chief Officer for Acute Services
<b>Report Author:</b>	Katie Colville, Director of Midwifery Su Bunn, Divisional Clinical Director Sue Swift, Divisional General Manager Caroline Clark, Chief Nurse

## 1 Purpose and recommendations

### This is presented to the Board for:

- Assurance

### Recommendation(s)

The Committee is asked to:

- **Assurance** –review and scrutinise the information provided in this paper and confirm that it provides assurance that improvements are being made and appropriate evidence of these has been provided to the Board’s satisfaction.
- **Future reporting** – to request that another report on this subject be brought back to the Board at the end of 2026.

### This report relates to:

- Maternity and Neonatal Services
- Health Improvement Scotland (HIS) Maternity Inspection Programme

### This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

### The subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below):

- Significant delays in the delivery of Unscheduled Care
- Inability to affectively maintain and invest in NHS Grampian’s infrastructure
- Deviation from recognised service standards of practice and delivery

- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Deteriorating Workforce Engagement

## **2 Report summary**

### **2.1 Situation**

This report provides the Board with an update on the governance structures in place across NHS Grampian's maternity and neonatal services and how these structures deliver oversight, accountability, and assurance to the organisation. This report also sets out the current challenges facing the service and the improvement work underway, as part of the organisation's preparedness for forthcoming Healthcare Improvement Scotland (HIS) inspections.

### **2.2 Background**

Maternity services in NHS Grampian provide the full continuum of pregnancy, intrapartum and postnatal care for families, encompassing both planned and unplanned pathways. Neonatal care is delivered at the tertiary level, including neonatal intensive care, with referrals to Glasgow for neonates requiring cardiac surgery or neurosurgery. Care is delivered across community, acute and specialist settings, supporting a diverse population whose clinical and social needs have become increasingly complex.

Over the past decade, maternity and neonatal services across the UK have been subject to significant scrutiny following multiple high-profile investigations and reviews into care. These include major reviews in England and Northern Ireland, with a further review underway in Wales. In Scotland, the Scottish Government has announced the establishment of a Maternity and Neonatal Taskforce, which is currently being established and will determine the scope of a national review. Across all the reviews to date consistent themes have emerged, safe maternity and neonatal care requires strong organisational oversight, clear governance frameworks, reliable escalation pathways and a culture that prioritises openness, listening, continuous learning and early identification of risk. These features are now recognised as essential foundations for high quality, safe maternity and neonatal services.

In early 2025, Healthcare Improvement Scotland (HIS) began unannounced inspections of acute maternity services across Scotland. Inspection reports have been published for NHS Tayside, NHS Lothian, NHS Forth Valley, NHS Western Isles and NHS Ayrshire and Arran. Though early in the inspection cycle, recurring themes have already been highlighted relating to governance, workforce capacity and skill mix, delays in care, organisational culture and staff wellbeing, and constraints within the physical care environment. These challenges mirror national patterns and are also reflected within aspects of local maternity and neonatal services in Grampian.

At the same time, the complexity of maternity and neonatal care has risen significantly, despite declining local birth rates. NHS Grampian is caring for a growing proportion of women and babies with complex clinical, psychological and social needs. Collectively, these factors mean that today's maternity and neonatal services operate in a far more complex and labour intensive environment than in previous years. Robust governance, a skilled and resilient

workforce, reliable escalation processes and strong leadership are therefore essential to ensuring safe, effective and person-centred care.

## **2.3 Assessment**

### **2.3.1 Overview of Emerging Themes from national maternity HIS Reports**

Recent published HIS inspection reports for maternity services have highlighted several recurring themes across the Boards. These themes are also present to varying extents, within maternity and neonatal services in NHS Grampian. The themes include:

- Workforce capacity challenges
- Delays in scheduled and unscheduled care (Maternity Triage, Induction of Labour, Theatre access)
- Variation in governance arrangements
- Culture and staff wellbeing concerns (civility, psychological safety, escalation)
- Environmental limitations

In Grampian, these national themes have been reviewed against our own service context. While the degree of impact varies across pathways, the underlying issues resonate with local intelligence, clinical feedback, governance findings and service user insight. Several actions and improvements are already underway to strengthen governance, mitigate risk and enhance readiness for inspection locally.

### **2.3.2 Current Local Strengths**

- Work has been undertaken, and continues, to strengthen our governance structures, with clearer reporting and accountability pathways.
- Well established clinical review processes are in place. This includes twice daily service safety huddles, weekly local risk management meetings, and weekly Morbidity & Mortality reviews, and multidisciplinary review streams.
- A monthly Perinatal Clinical Governance meeting has also been introduced to support joint governance across maternity and neonatal services.
- A dedicated Quality, Risk & Governance (QRG) Team are in place, providing oversight, coordination and trend analysis.
- Introduction of cultural improvement work within maternity services with the development of a Maternity Culture Oversight Board to identify and support implementation of improvement work on civility and psychological safety.
- Strong mechanisms for service user voice in place such as Maternity Voices Partnership (MVP), feedback service, Care Opinion and a maternity engagement manager to support targeted engagement opportunities.
- Ongoing targeted improvement work in maternity triage and induction of labour pathways.

### **2.3.3. Current Challenges and Areas for Improvement**

#### **Workforce and Staffing Acuity**

##### **Key issues:**

- The most significant risk across maternity and neonatal services remains workforce capacity.
- High workload and rising acuity, requires review of staffing models and funded establishments.
- Challenges across service with achieving compliance in mandatory training, supervision and audit activity.

- Staff on the frontline of the services may not yet feel the impact of the work we are doing around workforce as this is still ongoing.

#### **Improvements underway:**

- Workforce reviews are currently underway using Common Staffing Methodology (CSM) and working with clinical and finance colleagues to review alignment of establishment with acuity and demand.
- Strengthening of recruitment, retention and preceptorship support.
- Ongoing medical staffing review and service planning to inform options on different medical workforce models

#### **Delays and flow across care pathways**

Similar to the themes highlighted in other boards' HIS reports, flow remains challenging locally, with some significant delays in induction of labour and triage processes and difficulties with planned caesarean birth list capacity.

#### **Key issues:**

- Maternity triage provides unscheduled care to pregnant women through both telephone triage and face to face assessment. It is a critical pathway for early recognition of deterioration, timely escalation, and appropriate clinical decision-making. At present, the service is not consistently achieving national triage best practice recommended standards regarding systematic assessment, response times, medical reviews or staffing models.
- The telephone triage line receives substantial call volumes and national guidance recommends that calls are managed from a dedicated, non-clinical environment, which is not currently achievable with existing workforce. Our current telephone line has a dedicated staff member during the day, but overnight provision is limited due to workforce constraints.
- Induction of Labour (IOL) remains an area where women can experience delays at multiple stages of the pathway. These delays occur: Before admission, when women are awaiting a space to commence their induction. During ongoing labour care, when progression to labour ward is dependent on staffing availability, labour ward capacity or neonatal cot capacity. Delays within the IOL pathway present safety, experience and reputational risks. A programme of improvement work is now in progress to address the root causes of delay and strengthen the safety and reliability of the IOL pathway
- Obstetric theatre staffing out of hours affects the availability of both emergency theatres. On occasion there is staffing available for only one emergency theatre with reliance upon the ARI theatre staffing to support in the event of a second theatre being urgently required overnight. In addition, there is no theatre recovery staffing available overnight with midwifery staff requiring to step in addition to their labour ward duties. Midwifery staff are highly trained but are not theatre practitioners and have not completed recovery competencies.
- Local data has shown there has been a significant shift in neonate acuity to smaller, sicker babies which requires an increase in the number of neonatal nurses qualified in the speciality, and medical staff, pharmacy and allied health professionals (AHPs) to meet demand.
- This shift in acuity impacts on local cot availability and thus puts pressure on maternity services through delays in scheduled activity and requirement to transfer mothers or babies to other health boards.

- Aberdeen is to become one of three Level 3 NICUs in Scotland and will need to increase our local cot capacity to 31 cots to accommodate additional intensive care babies from NHS Tayside.

#### **Improvements underway:**

- A focused improvement programme regarding maternity triage has been commissioned, supported by the Moray Maternity Collaborative with a dedicated triage improvement midwife in post at the end of 2025 leading the project.
- There is an evidence-based model called BSOTs which is a systematic process for maternity triaging which is recommended by Royal College of Obstetricians and Gynaecologists best practice guidance. BSOTs is currently utilised by a high % of sites across the UK and our plan is to introduce this into NHS Grampian in 2026.
- Early scoping work has highlighted clear requirements for strengthened workforce capacity, targeted training, and improved infrastructure to move the service closer to national triage best practice.
- A dedicated midwife-led project is underway around IOL to improve visibility of delays, strengthen escalation processes and enhance the quality of communication with women and families during periods of delay.
- Data capture processes are being strengthened to support monitoring of delays, capacity constraints and clinical acuity. This will improve situational awareness and support both operational decision-making and workforce planning.
- A review of workforce across the maternity, theatre and neonatal service is ongoing to ensure staffing models align with demand, acuity and national best practice.
- Work is ongoing locally and with Scottish Government colleagues to review NNU staffing required for North of Scotland demand.

#### **Culture, Leadership & Staff Wellbeing**

##### **Key issues:**

- Concerns have been identified within the service around civility, mandatory training compliance and high sickness absence rates.

##### **Improvements underway:**

- A maternity oversight group was established in 2025, co-led by obstetric and midwifery leadership focused on addressing and supporting culture change. This group has involvement from MDT staff, students and practice education.
- Work is ongoing, to date the team have held workshops to co-create shared values and behavioural expectations across teams, developed simulation-based sessions to help staff manage uncivil behaviours and understand their impact and work to promote the escalation of any concerns, including promotion of the Whistleblowing Standards, with plans to introduce workplace behaviour champions across the service in 2026.

#### **Health Inequalities**

##### **Key issues:**

- National evidence from MBRRACEUK (*Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK*) shows that pregnant women from Black, Asian and minority ethnic communities face disproportionately poorer outcomes and therefore require targeted, culturally sensitive and equitable care to reduce avoidable harm.

### **Improvements underway:**

- A Health Needs Assessment (HNA) is underway, in partnership with public health colleagues, focusing on women with vulnerabilities and those from ethnic minority communities, including lived experience contributions
- Ongoing work to improve ethnicity data completeness
- These assessments will support future service design and improvement priorities.

### **Environment & Infrastructure**

- Environmental limitations continue to impact service delivery and experience. Parts of our buildings would need refurbishment to meet IPC and other standards, with issues with damaged flooring, roof tiles and decoration identified.
- The birthing pool within Aberdeen Maternity Hospital remains out of action, impacting on women's pain relief choices within Aberdeen. Five birthing pools are currently available across other parts of the service (Moray, Inverurie and Peterhead).
- Despite active mitigation, the ageing infrastructure at Aberdeen Maternity Hospital continues to impact the service. These constraints will remain until transition to the Baird Family Hospital

### **Governance**

The service has taken steps to enhance governance this includes:

- A refreshed local clinical governance structure, providing clear lines of reporting and escalation (Appendix one).
- The service will now report to the NHS Grampian Clinical Governance Committee every 6 months and is currently in the process of developing clear KPIs which will be presented at this committee.
- The service will also report every 6 weeks to the new Acute Service Governance Meeting on all areas of governance.
- These reporting mechanisms, alongside reporting to other organisational committees, provide clear lines of reporting and escalation for the service on a frequent basis.
- Ongoing work continues within the service to continuously assess and improve local governance arrangements.
- It has been identified that further work is required within the service to ensure consistent embedding of learning reliably into practice following event reviews.
- Team is engaged in the organisations current work regarding improving delays in meeting expected HIS SAER timescales.

### **Summary**

Work has been undertaken to strengthen the governance, oversight and reporting arrangements for the service. This report highlights several key challenges facing the service that align closely with the themes emerging from recent HIS inspections of maternity services across Scotland. Targeted improvement activity is underway in many of these areas. However, sustained organisational focus and support will be essential to deliver the scale and ambitions of the improvements required and to ensure continued progress toward a safe, high-quality maternity and neonatal service.

#### **2.3.1 Quality / Patient Care**

The areas described in this report has direct implications for the quality and safety of maternity and neonatal care across NHS Grampian

- Strengthened incident review processes and governance meetings support improved safety oversight.
- Targeted improvement work within maternity triage, induction of labour and neonatal pathways is designed to reduce delays, improve flow and support timely clinical decision- making.
- Workforce constraints, particularly in midwifery, obstetrics and neonatal services, continue to impact the reliability of pathways and the pace of improvement.
- Continued delays in key pathways (Triage, IOL, theatre access) pose risks to patient experience and, at times, clinical safety.
- Environmental limitations within AMH impact the care environment, Infection Prevention and Control (IPC) compliance and families experience.

Overall, while quality improvement work is underway, risks remain and require continued focus and sustained organisational support and oversight.

### **2.3.2 Workforce**

- Midwifery, obstetric, theatre and neonatal staffing remain the most significant risk to service resilience.
- Mandatory training, supervision and audit compliance are below expected levels, influenced by persistent staffing pressures.
- The ongoing Common Staffing Methodology (CSM) review and medical workforce planning work aims to strengthen alignment between staffing levels, clinical acuity and service demand.
- Cultural improvement work is underway to support improvements in civility and teamworking.

### **2.3.3 Financial**

- Workforce pressures and reliance on temporary staffing present financial challenges.
- Obstetric theatre budget is in significant overspend with no anticipated improvement without additional investment.
- Review of current workforce across several areas is ongoing and will result in recommendations for increased staffing requirements across multiple areas.

### **2.3.4 Risk Assessment / Management**

Risks relating to maternity triage, workforce gaps, neonatal services and infrastructure are recorded on relevant operational risk registers with active mitigation plans. These risks are discussed frequently and monitored via the Integrated Families Business Meeting and Integrated Families Clinical Governance meetings.

### **2.3.5 Equality and Diversity, including health inequalities**

The maternity and neonatal service plays a significant role in advancing NHS Grampian's equality commitments and addressing health inequalities across the region. The ongoing Health Needs Assessment is focused on understanding the experiences and outcomes of women with vulnerabilities and those from minority ethnic communities.

An Equality Impact Assessment will be completed where required as individual improvement projects progress.

### **2.3.7 Communication, involvement, engagement and consultation**

There has been collaboration with maternity and neonatal colleagues and leadership team in shaping the contents of this paper.

### **2.3.8 Route to the Meeting**

There has been collaboration with maternity and neonatal colleagues and leadership team in shaping the contents of this paper.

## **2.4 Recommendation(s)**

The Committee is asked to:

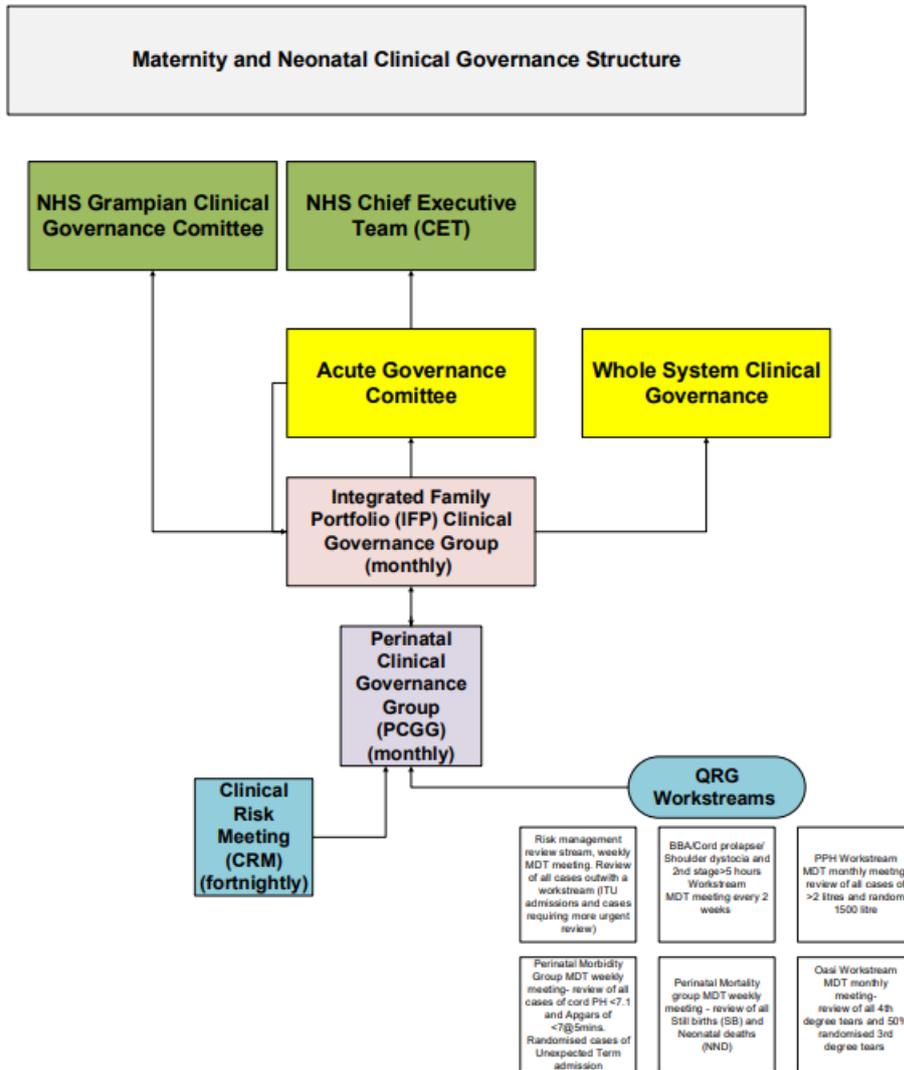
- **Assurance** –review and scrutinise the information provided in this paper and confirm that it provides assurance that improvements to policies and processes are being made and appropriate evidence of these has been provided to the Board’s satisfaction.
- **Future reporting** – to request that another report on this subject be brought back to the Board at the end of 2026.

## **3 Appendix/List of appendices**

The following appendices are included with this report:

- Appendix 1 – Maternity governance structure

# Appendix One



## Acute Sector- Operational governance reporting

