

Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Maternity Services safe delivery of care inspection

Queen Elizabeth University Hospital, NHS Greater Glasgow & Clyde

27 – 28 January 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: Dr Lesley Thomson KC

Date: _____02/06/2026_____

NHS board Chief Executive

Signature:  _____

Full Name: Professor Jann Gardner

Date: _____02/06/2026_____

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Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Domain 2 Rec 1	<p>NHS GGC should consider improving trauma informed training compliance for all staff</p> <p>We can confirm that NHSGGC Maternity services have the development of more trauma informed practice as a key area of focus.</p> <p>As this is not yet mandated by Scottish Government, NHSGGC will now consider whether this should be made mandatory locally as this is not yet mandated by Scottish Government as part of mandatory training for maternity staff.</p> <p>Additionally, NHSGGC is designing a plan for the nationally available trauma-informed practice modules to be rolled out further to all staff groups.</p>	01.04.27 01.04.27	DoM and CDs (Director of Midwifery and Clinical Directors)	<p>We can confirm that a trauma informed approach is embedded in all SMMDP programmes, including SCOTTIE, SNRC and REACTS.</p> <p>Additionally, all NHSGGC core mandatory training for midwives is delivered using trauma informed principles.</p>	Complete and ongoing Complete and ongoing
Domain 4.3 Rec 2	<p>NHS Greater Glasgow and Clyde should continue to take steps to enable midwifery staff to undertake examination of the newborn as per Best Start recommendation number 23</p> <p>We can confirm that an increase in the midwifery team for the Queen Elizabeth postnatal ward has enabled NHSGGC to implement the midwife-led NIPE clinic model, which will be in place July 2026.</p> <p>The re-establishment of a midwife led NIPE service across postnatal wards will ensure that the NIPE midwives undertake appropriate examinations and support student midwives and midwives to gain and maintain accreditation in NIPE.</p>	01.10.26	DoM	We can confirm that staffing has been increased in the postnatal ward to support increased midwife-led NIPE.	01.04.26

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Domain 6 Rec 3	<p>NHS Greater Glasgow and Clyde should consider a flexible approach to the presence of partners, to ensure that families can stay together, with suitable accommodation and facilities being provided when babies are unwell in neonatal unit</p> <p>As a learning organisation, NHSGGC remain committed to adapting to feedback. Therefore, plans are in place to continue to carefully monitor the feedback we receive from women and families about their experience of visiting and having their partners with them.</p> <p>NHSGGC can confirm that continued careful monitoring will be undertaken to ensure that all families with babies in the neonatal unit are able to stay with them.</p> <p>Additionally, we will repeat the survey with families to gather views on visiting arrangements.</p>	01.10.26	DoM, GM (General Manager) PEPI team (Public Engagement Public Involvement)	<p>We can confirm that there is a flexible approach to presence of partners, within the constraints of our current footprint.</p> <p>A revised visiting approach was introduced in June 2025. This was based on substantial engagement with staff and women to gather views. Prior to this, there was a considerable level of concern in relation to security and privacy from our previous policy of allowing partners to stay overnight in four bedded bays with only curtains between beds.</p> <p>NHSGGC can confirm that each ward has some side rooms available. These are allocated on an individualised and flexible basis to enable partners to be able to stay overnight. This decision is made by the Senior charge midwife for each ward and takes into account a number of factors including the woman's health, baby's health, multiple pregnancies, where a baby is unwell and distances families need to travel home.</p> <p>In addition to this, suitable accommodation is provided to families and partners when their babies are unwell on the neonatal unit.</p>	Complete 01.06.25
	01.10.26	Complete and ongoing		Complete and ongoing	

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Rec 4	<p>NHS Greater Glasgow and Clyde should consider improving staff bereavement training compliance and providing dedicated space for caring for bereaved families</p> <p>As a learning organisation, NHSGGC will give consideration locally to the practicality of making bereavement training part of the mandatory education for the maternity MDT, given that bereavement training has not yet been included in the core mandatory training mandated by the Scottish Government. Six monthly in person and virtual one day MDT bereavement sessions will continue.</p> <p>We can advise that there is ongoing work to develop dedicated space for bereaved families in addition to the counselling rooms and two bereavement rooms in labour suite.</p> <p>NHSGGC can also confirm that a significant donation from the Glasgow Children’s hospital charity is supporting work on a substantial refurbishment of the two bereavement rooms in the QE labour suite, that will also have a separate entrance.</p>	01.04.27	DoM, CDs	<p>We can advise that since 2023 NHSGGC maternity bereavement services have been developed significantly. This has included the appointment of 2 full-time additional bereavement midwives in addition to the previous one. Also, there is identified funding to support further expansion of the bereavement team in QEUH.</p> <p>Since 2023 a senior-led MDT multi-agency bereavement coordinating group for Women and Children’s bereavement care improvement has been in place, with a rolling action plan. Alongside this, since 2024, MDT bereavement training has been offered every six months, with over 200 staff trained. All staff will continue to be encouraged to undertake further bereavement training.</p> <p>We can advise that significant progress in relation to implementation of the National Bereavement care pathway and the Miscarriage Framework has been made. The service has submitted progress reports to Scottish Government. This progress has received positive feedback from the NBCP national team.</p> <p>A suite of patient information leaflets relating to a range of pregnancy and infant loss have been developed and translated into our key community languages.</p> <p>Whilst two counselling rooms in the QEUH have recently been refurbished.</p>	01.04.23
					01.01.23
					Ongoing
					01.04.26
					01.04.26
				01.02.25	

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Domain Req 1	NHS Greater Glasgow and Clyde must ensure timely review for women presenting to maternity assessment to support the safe delivery of care		DoM, CDs, GM W & C and Acute Executive	We can advise that there has been a BSOTS pilot in QEUH.	01.09.23
	We can confirm that long-term work to improve maternity triage has been underway since 2023 and continues. Whilst Audit and governance reporting will continue to monitor the timeliness of triage assessment.	Ongoing		There has also been the Launch of centralised telephone call hubs with a dedicated midwifery team and recorded calls.	02.03.26
	Alongside this, medical staffing for triage has been reviewed, with plans to strengthen provision.	01.10.26		During 2025, we can confirm that 19 additional full-time midwives were recruited to strengthen the triage and support a centralised telephone hub. These staff have been in post since February 2026.	01.02.26
				Medical staffing uplift of 2 middle grade doctors per site to support BSOTS has been escalated to Board and Deanery and outcome pending.	01/05/26

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Domain 1 Req 2	<p>NHS Greater Glasgow and Clyde must ensure effective governance and oversight to inform improvement and mitigate risk when delays to care occur</p> <p>The NHS GGC leadership team recognise that significant delays to accessing one to one care in the labour suite have occurred and though on occasion short delays may be unavoidable, should not be frequent or prolonged. Delays can increase risk and negatively impact women's experiences. We are committed to a range of actions to reduce the number and length of these delays.</p> <p>To ensure that risks around delays in care are consistently escalated through all appropriate processes through the Board, revised robust processes are in development.</p> <p>Out-of-hour cross-site huddles will be supported by an on-call model of senior members of the maternity team to provide support in relation to the implementation of mitigations.</p> <p>Additionally, NHSGGC will continue the ongoing response to the findings of maternity workload tool runs, to ensure safe staffing in place to ensure timely care, with stepped recruitment.</p>		DoM, ACM	<p>We can advise that continuous and ongoing review and adaptation of Safe to Start huddles has been completed. This has included the addition of discussion regarding medical staffing and attendance by medical colleagues to ensure MDT oversight of any risks. This change ensures clear joint daily MDT oversight of current pressures and risks and supports MDT involvement in decision making.</p>	01.04.26
		01.07.26		<p>All charge midwives have been invited to attend cross site safety huddles to understand decision making and gain experience in initiating appropriate mitigations when activity levels are high. This ensures that there are levels of consistency and transparency for all staff about how RAGG rating is applied as well as the mitigations that can be applied.</p>	01.03.26
		01.07.26		<p>Two external Director of Midwifery colleagues were invited to attend our cross-site huddles to provide feedback on our cross-site huddle documentation and process, who gave supportive and positive feedback.</p>	01.03.26
		01.10.26		<p>Adaptations have been completed to Safe to Start huddle sheets, which are completed on each shift and in weekly monitoring sheets.</p>	01.04.26
				<p>Delays in care have been added to be consistently monitored in the weekly Safe to Start reports, to be shared through Maternity, Women and Children's. This ensures that ongoing daily delays in care are escalated through the organisation, beyond the maternity team.</p>	01.04.26
				<p>Acute governance processes are in place, including risk registers.</p> <p>We can confirm that the increase in our Safe to Start huddles has resulted in both increased learning and a mitigation of risk. Our huddles are ensuring better decision making and staff allocation.</p>	01.05.26 01.05.26

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Domain 1 Req 3	<p>NHS Greater Glasgow and Clyde must ensure all women who require interpreter services have access to approved interpretation services</p> <p>NHSGGC can confirm that this has been a long-term service improvement focus since 2022.</p> <p>Continuous improvement of access to a full range of interpreting and translation services remains a key focus for NHSGGC maternity services.</p> <p>Ongoing staff feedback about the quality and quantity of interpreting service provision is to be sought. Whilst there is ongoing auditing to monitor success rates of interpreter requests.</p> <p>As a learning organisation, feedback will continue to be sought through regular meetings with third sector organisations, including Amma Birth companions, on our interpreting and translation services to ensure continuous improvement.</p> <p>NHSGGC is awaiting national work that is underway to identify whether AI based applications for emergency interpreting requirements will be feasible and acceptable going forward, in addition to current in person and telephone interpreting services.</p> <p>A pilot of video interpreting provision is underway, as a second line option when in person interpreters are not readily available. This is likely to improve the quality of interpreting provision above telephone interpreting.</p> <p>Additionally, all key maternity patient information leaflets will continue to be translated into our top ten community languages.</p>	Ongoing	Inequalities team, Staff bank managers, DoM	<p>The ongoing MDT inequalities group, which was established in 2022, continues to focus on this improvement work.</p> <p>NHSGGC have revised the guidance to affirm the need to book interpreters in a timely manner for all scheduled appointments and to highlight the need to seek in person and telephone interpreters for unscheduled care was shared with all maternity staff in October 2025. This includes guidance that family members should not be used as interpreters.</p> <p>Our audit has highlighted a very high level of success in booking telephone interpreters when required – at over 96%, whilst in-person interpreters have been available at the time of need in 80% of cases. Where an in-person interpreter is not available, the team progress to book a telephone interpreter. Maternity services in NHSGGC are the second highest user of interpreting services in NHSGGC.</p> <p>Two audits of interpreting service provision in maternity services were completed in 2023 and 2024, which demonstrated an improvement in the quantity and quality of interpreting provision between the two audits.</p> <p>Ongoing in-person and online training alongside marketing materials to all maternity staff to raise awareness of interpreting booking and best practice have been provided.</p> <p>Many of the key patient information leaflets have been translated into our top ten community languages, alongside this, the online single point of access booking system for maternity care is available in translated form in the top ten community languages. These are available to women through their Badgernet app and can also be provided in printed form.</p> <p>In 2026, new options for interpreting in antenatal classes were introduced.</p>	01.09.22
	Ongoing	01.10.25			
	2023 and 2024, ongoing	01.04.26			
	Ongoing				
	National work	2023 and 2024			
	01.06.26				
Ongoing	01.06.25				
	01.01.26				

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				<p>Additionally, NHSGGC maternity services have been recognised at a national level for our high-quality work in relation to improving the experience and outcomes of maternity care of global majority women over the last three years.</p>	<p>01.01.26</p> <p>Ongoing</p>
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Domain 1 Req 4	<p>NHS Greater Glasgow and Clyde must ensure that patients are provided with the right care, in the right place, at the right time by right professional team. This includes but is not limited to:</p> <p>I. Scheduled care within maternity assessment unit</p> <p>II. Non-obstetric unscheduled presentation and admissions</p> <p>III. Appropriate level of clinician review</p> <p>The NHSGGC leadership team recognise that significant delays to accessing one to one care in the labour suite have occurred and although on occasion short delays may be unavoidable, should not be frequent or prolonged. We acknowledge that delays can increase risk and negatively impact women's experiences. As a learning organisation, we are committed to a range of actions to reduce the number and length of these delays.</p>		CD, GM and DoM	<p>i. As above, a range of improvement work has been completed in relation to triage services. The BSOTS triage algorithms provide clear guidance for directing women with non-obstetric, medical conditions or trauma into acute and ED services, rather than bringing to maternity services.</p> <p>ii) A new revised guideline on sudden onset chest pain and or shortness of breath in pregnancy, ensuring that women are first reviewed in an acute ED context, rather than coming directly to maternity triage, has been agreed.</p> <p>iii) A well-established model with consultant obstetricians on calls out of hours is in place. When a consultant lives out with the immediate geographical catchment of the hospital, they will stay within the hospital.</p>	02.03.26
	<p>(i) As above, this forms part of the completed and ongoing maternity triage improvement work. Audits of the time taken to assessment in our triage units will continue. Monitoring of waiting times in the triage units will also continue and will be reported to Maternity Governance and Assurance groups.</p>	Ongoing			01.06.26
	<p>(ii) A SLWG is to be established with Acute and ED colleagues to develop a range of agreed pathways for women presenting with non-obstetric presentations, in addition to the recently completed development of guidance on care of women with sudden onset chest pain or shortness of breath.</p>	Ongoing			Complete, ongoing

	(iii) Continued monitoring of out-of-hours consultant presence in the labour suites will be undertaken. Staff will be encouraged to submit a DATIX if there is any concern or delay in relation to requested consultant attendance.				
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Domain 1 Req 5	<p>NHS Greater Glasgow and Clyde must ensure effective oversight to ensure essential patient equipment is available and ready for use. This includes, but is not limited to:</p> <p>i. Fetal monitoring equipment</p> <p>ii. Obstetric emergency equipment including medication</p> <p>NHSGGC leadership team acknowledge that the inspectors' findings of missed checking of emergency equipment were unacceptable and not the standard we expect. As a result, a range of improvement work has been completed to ensure rigorous ongoing checking and assurance of all emergency equipment.</p> <p>Additionally, the revised and updated processes for monitoring, ordering and checking of fetal monitoring and obstetric emergency equipment will be continuously monitored and revised as required.</p> <p>Also, the benefits of developing a new digital approach to the maintenance and checking of all emergency trollies is being explored.</p>	01.02.26	DoM, GM	<p>We have implemented a plan to inform frontline staff of the appropriate processes to escalate equipment needs and ensure replacement, repair and increase in provision of all equipment including fetal monitoring equipment. This ensures that all essential patient equipment is available and ready for use.</p> <p>An audit of all CTG (fetal monitoring equipment) was completed in February 2026 throughout the unit and found the following:</p> <p>Maternity Assessment Unit:</p> <ul style="list-style-type: none"> ▪ Total 7 CTG machines ▪ 6 were fixed to wall in bed spaces ▪ 1 was on wheels for use in the side room <p>• Day Care Unit:</p> <ul style="list-style-type: none"> ▪ 4 CTG machines ▪ All fixed to wall in bed spaces <p>• Ward 48 (antenatal ward):</p> <ul style="list-style-type: none"> ▪ 9 CTG machines on wheels (this is one CTG for 2 beds) ▪ A further 2 CTG machines were with Medical Physics for repair at the time of audit <p>• Labour Ward:</p> <ul style="list-style-type: none"> ▪ 16 CTG machines on wheels at the time of audit (one machine per room/bed) ▪ 1 CTG was unaccounted for at the time ▪ 1 CTG was with Medical Physics <p>The audit confirmed that overall CTG provision is</p>	01.02.26
		Ongoing			
		01.10.26			

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				<p>sufficient across all clinical areas, with no gaps identified that would impact service delivery. Processes remain in place to manage equipment under repair and ensure availability is maintained.</p> <p>New rigorous daily checklists in all areas including checking of all emergency equipment and medication has been implemented. This is then monitored weekly by the ward senior charge midwives and the unit lead midwife and then overseen by the Associate chief midwife on a monthly basis. The increased oversight and governance around equipment and medication ensures greater and more effective oversight is in place.</p> <p>The procurement of new emergency trolleys across maternity areas is underway. Final numbers and allocation will be confirmed once product selection has been agreed with the Resuscitation Team.</p> <p>The maternity team has worked closely with Resuscitation colleagues to ensure all emergency trolleys are appropriately stocked and maintained in line with current recommendations.</p> <p>Current interim measures include:</p> <ul style="list-style-type: none"> • Currently approved checklists in use. • Tamper-evident tagging systems have been introduced in Labour Ward and Ward 47. These are checked and replaced weekly (every Monday) unless opened, reducing the need for daily full checks while maintaining safety assurance. • All other clinical areas continue to carry out daily emergency trolley checks and provide weekly assurance that checks are completed and documented. <p>Benefits:</p>	<p>01.02.26</p> <p>01.06.26</p> <p>01.09.26</p> <p>01.02.26</p> <p>01.02.26</p> <p>01.02.26</p> <p>01.02.26</p>
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				<ul style="list-style-type: none"> • Standardisation of emergency equipment in line with the Resuscitation Team guidance. • Improved patient safety through consistent, reliable equipment availability. • Reduced variation in checking processes • Increased efficiency through use of sealed/tagged systems where appropriate • Strengthened governance and assurance through regular monitoring and compliance reporting 	
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Domain 1 Req 6	<p>NHS Greater Glasgow and Clyde must ensure effective senior management oversight and support, to ensure the fundamentals of care are provided and reduce the risks for women, their babies and staff at times of extreme pressure within maternity services including but not limited to:</p> <p>(i) Preserving dignity (ii) Providing adequate analgesia (iv) Ensuring the appropriate level of care provision for the clinical situation for women and babies, including monitoring</p>	Ongoing	DoM Executive team	<p>We can confirm that where women are being cared for in early labour outside the labour ward, they are able to be provided with a range of pain relief. Diamorphine/Morphine is available for use in both the Maternity Assessment Unit and the antenatal ward, in line with local guidelines and clinical assessment.</p> <p>Mobile Entonox can be used within the antenatal ward for short duration procedures, such as examinations or other brief interventions. It cannot be used for prolonged periods, as there is no scavenging system in place to safely remove exhaled gases.</p> <p>Entonox can be used as required within MAU, where appropriate.</p> <p>We can confirm that where a woman in early labour or more established labour has been unable to access one to one care in labour ward, they are and will continue to receive appropriate monitoring of their own and their baby's wellbeing. This includes continuous electronic fetal monitoring where this is indicated and the full range of maternal observations.</p> <p>To provide a long-term response to delays in the transfer of women to labour suite, the findings of the maternity workload tool are being addressed in a stepwise approach, since February 2025. The funded midwifery establishment has been increased by more than 35 whole time equivalents over the last year – with all of these in place in April 2026.</p> <p>Safe to Start huddle sheets have been updated to record delays in access to labour suite for one-to-one care, with escalation through governance and the risk register where concerns persist.</p> <p>Formal postnatal ward rounds with an obstetrician, accompanied by a midwife, have been embedded in each</p>	<p>Complete, ongoing</p> <p>Complete, and ongoing</p> <p>01.04.26</p> <p>01.05.26</p> <p>01.04.26</p>
	The NHSGGC leadership team acknowledge that some women have not been able to access one to one care in labour ward at the appropriate time. We agree that this is not the standard of care we wish to provide.	01.04.26 ongoing			
	Short, medium and long-term measures are in place to reduce delays in access to labour ward and care.	01.07.26			
	A new out-of-hours on-call model for the senior maternity team will be introduced in July 2026.	01.10.26			
	A further workload tool in June 2026 will inform staffing need and action to reduce delays in accessing one-to-one care.	01.06.26			
	Further recruitment above funded establishment is planned to continue the stepwise increase in response to the workload tool findings.	01.06.26			
	Staff will be reminded to submit DATIX reports for delays in admission to labour suite; these will be reviewed, acted on and escalated as required.	01.06.26			
	Delays in care will be reported through monthly clinical governance and the maternity risk register.				

				<p>postnatal ward to ensure the appropriate level of care is available for every woman and baby.</p> <p>NHSGGC will implement a guideline for women experiencing delays to care which will include standardised monitoring protocol for women not receiving 1:1 care in labour, clearly defining maternal and fetal observation requirements, escalation triggers, and frequency of review. This will be supported by a structured risk assessment and escalation process, clear documentation standards within the clinical record, and real-time senior midwifery oversight at shift level.</p> <p>Compliance will be monitored through regular audit of cases where 1:1 care is not achieved; each case should be individually datixed with findings reported through local governance structures and the Maternity Assurance Group to ensure consistent application and sustained improvement.</p>	<p>01.08.26</p> <p>01.08.26</p>
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Domain 1 Req 7	<p>NHS Greater Glasgow and Clyde must ensure systems and processes are in place to monitor and support a consistent approach to the provision of transitional care within the postnatal wards</p> <p>In response to feedback from inspectors that some staff on the postnatal wards were unclear about the guidance or reasons for providing transitional care within postnatal wards, this guidance has been reshared</p> <p>Continued monitoring of the suitability of the babies cared for in the postnatal wards will be undertaken to ensure that all babies receive the appropriate level of care.</p> <p>Continued focus and development of postnatal ward staffing to enable increased transitional care on the postnatal ward to enable more mothers and babies to stay together.</p>	01.04.26	DoM, CD neonates	<p>In line with Best Start recommendations, over recent years, more babies and mothers have been supported to stay together on the postnatal ward, rather than being separated if a baby is on the neonatal unit. Additional support for these babies on the postnatal ward is provided through an 'in reach' approach by the neonatal team.</p> <p>Additionally, there is readily available transitional care criteria included in the daily Safe to Start huddle sheets.</p> <p>Updated evidence-based guidance on the provision of transitional care within postnatal wards was developed and shared with the maternity and neonatal team.</p> <p>This guidance has been shared again with all staff to ensure awareness.</p>	Complete and ongoing
		Ongoing			21.11.25
		01.04.27			01.03.26

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Domain 2 Req 8	NHS Greater Glasgow and Clyde must ensure the continued development of a culture which promotes and supports staff psychological safety		CDs, DoM Organisational Development	Civility Saves Lives sessions; a positive workplace culture group and a co-produced Behavior's Charter were introduced following concerns identified in 2022.	01.01.24
	We acknowledge ongoing culture concerns within the unit and continue to work to improve in the following ways:	Ongoing			
	Analysis of the maternity, neonatal and gynaecology culture survey is underway.	01.07.26		A five-week culture survey launched in April 2026 and received 520 responses. The responses are being analysed and used to further develop our NHSGGC culture programme.	01.04.26
	MDT staff continue to be encouraged to become trained peer supporters.	Ongoing		NHSGGC held a Board wide Culture Hackathon, which included maternity services. The outputs of this event resulted in clear outcomes to support workplace culture development across the Board.	25.05.25
	An Organisational Development action plan is in place, with a particular focus on QEUH, including Civility Saves Lives sessions and targeted team support.	01.09.26			
	Senior staff will be encouraged and supported to promote psychological safety and support staff to report incidents and concerns.	01.10.26			
	Training has been commissioned for 60 senior and frontline staff on incident investigation, family communication and psychological safety.	01.10.26			
The NMC and GMC have been invited to support further teamwork and culture sessions.	01.10.26				
Advanced peer supporter training is planned for September 2026 to strengthen post-incident staff support.	01.10.26				

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Domain 2 Req 9	<p>NHS Greater Glasgow and Clyde must ensure effective governance and oversight of adverse events to support and improve the quality and safety of care, including but not limited to:</p> <p>(i) Reliable and timely reporting of all adverse events</p> <p>(ii) Compliance with the Healthcare Improvement Scotland national adverse events framework</p> <p>(iii) Compliance with statutory duty of candour</p> <p>(iv) Actions from adverse events reviews are implemented timely into practice and monitored to ensure improvement is embedded.</p> <p>Reliable and timely reporting of adverse events will be supported in the following ways:</p> <p>Raising awareness of the GGC incident Management and Reporting Policy across the MDT.</p> <p>A planned move to using M&M module within Datix, in addition to the incident reporting module.</p> <p>Resources and awareness to support the MDT to use reporting tools effectively.</p> <p>Senior oversight of all incidents reported, to ensure the review initiated is appropriate and timely with a revised SOP</p> <p>A review of factors that inhibit compliance with the Healthcare Improvement Scotland national adverse events framework in terms of timescales for commissioning and completing reviews will be completed. This will include consideration of the need for further expansion of clinical risk midwifery and medical staffing capacity.</p> <p>A single Women's Health Quality and Safety SharePoint is in development to support the senior</p>	<p>Ongoing</p> <p>01.04.26</p> <p>01.06.26</p> <p>01.06.26</p> <p>01.10.26</p> <p>01.07.26</p>	<p>DoM, CDs</p>	<p>Significant improvement and remodelling work have been undertaken in relation to our maternity clinical governance processes and structures over the last two years, though it is recognised there is more work to be done.</p> <p>Our Improvement work has included the development of new processes and a new lead midwife role for Quality risk and governance. This post manages the clinical safety team and was filled in August 2025.</p> <p>The maternity clinical safety team has been increased by one full-time role in the last year, and the team will be expanded further to increase capacity to undertake more rapid reviews.</p> <p>In 2024 the SAER Recommendations Implementation Group was set up: an MDT monthly group to oversee and ensure timely implementation of learning and recommendations from SAERs. SAER RIG continues to monitor the timely implementation of actions from significant adverse event reviews.</p> <p>The M&M module and the incident module within Datix are now live for Maternity. Resources to support this change, reference GGC Incident Mgt and Reporting Policy, highlighting the importance of reporting events, including those where staff may be uncertain if a clinical outcome is an adverse event. The M&M module is more concise and includes a maternity specific list of clinical outcomes to support staff to report effectively.</p> <p>Stronger processes have been implemented for local safety meetings, including wider access to action notes and minutes as well as recording of attendance to support greater oversight.</p> <p>Local Datix RIGs have been established in 2026 and will monitor this for each site.</p> <p>NHSGGC Board has approved a revised Policy and Procedure for Managing Adverse Events, which is being implemented across all Board areas, including Maternity</p>	<p>01.09.24</p> <p>01.08.25</p> <p>01.03.26</p> <p>01.09.24</p> <p>01.04.26</p> <p>01.04.26</p> <p>01.04.26</p> <p>01.04.26</p> <p>01.01.26</p>
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	<p>oversight of incident review. This will be an accessible resource to the wider team of the level of activity, progress of incident reviews, minutes of meetings, and emerging themes.</p> <p>To ensure continued compliance with organisational duty of candour, all members of the clinical safety team will evidence completion of DoC modules on LearnPro/Turas.</p> <p>A Thematic analysis of recommendations will be completed and reported to Maternity Clinical Governance at its bi-monthly meetings.</p>	<p>01.07.26</p> <p>01.07.26</p>		<p>services. The revised policy is crucial to supporting the effective oversight of SAERs and ensuring that learning is captured and progressed.</p>	
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Domain 4.1 Req 10	<p>NHS Greater Glasgow and Clyde must ensure governance and oversight of unit data and ensure a robust documentation audit to support learning and improvement including but not limited to:</p> <p>(i) venous thromboembolism risk assessment</p> <p>(ii) maternity early warning score (MEWS) chart</p> <p>(iii) Postpartum haemorrhage</p> <p>(iv) Obstetric anal sphincter injury</p> <p>(v) Data completeness</p> <p>(vi) Cardiotocography interpretation</p> <p>NHSGGC recognises the importance of accurate documentation and data collection and as a result, has focused on the following:</p> <p>For VTE, an ongoing Quality Improvement approach has demonstrated improvements. This continued focus on improving VTE risk assessment is supported by an additional user guide and local guidance, narrated presentations as well as other support mechanisms being implemented.</p> <p>Regular documentation audits are undertaken by MCCAT peer and external reviewers, and ward managers. The MCCAT will continue to be reviewed to ensure it supports assurance of all key aspects of quality of care.</p> <p>Existing data collection continues. This includes some of these measures. To support the existing data collection and of other measures, consideration is being given to identifying any further required staff resource to ensure robust and reliable data collection.</p> <p>The implementation of the National MEWS will include a robust audit of documentation, compliance</p>	Ongoing	DoM, CDs	<p>A plan has been implemented to capture data in relation to obstetric anal sphincter injury through our Badgernet records and this is reported through national reports including NMPA.</p> <p>Improvement work continues in relation to VTE risk assessment. While this has noted a significant improvement from an average of 23% to 53%, NHSGGC acknowledges improvement work to continue.</p> <p>In 2024 a Maternity specific care assurance tool was developed by the maternity team, which includes documentation audit. Regular audits in all areas using the MCCAT continue.</p>	Completed and ongoing
		Ongoing			2025 and ongoing
		Ongoing			01.04.24
		01.10.26			

	<p>and escalation. The NHSGGC maternity team is involved in the national work to implement the new national MEWs.</p> <p>Further communication channels and approaches are being implemented to ensure the data collected is visible, shared in a meaningful way with the MDT and discussed routinely at governance forums to support learning and improvement.</p>	01.10.26																					
<p>Domain 4.1 Req 11</p>	<p>NHS Greater Glasgow and Clyde must continue to ensure clinical guidelines are up to date and reviewed within agreed timescales</p> <p>This continues to be an area of improvement focus. There is continued focus on ensuring all maternity guidelines are kept up to date and reviewed within agreed timescales. Our aim is to reach a position of 5% of guidelines breached by end of 2026.</p> <p>Our new Consultant midwife is now in post (from May 2026). This postholder, along with a consultant obstetrician, will take a lead role in ensuring a reduction in the number of breached guidelines during 2026.</p> <p>A Consultant obstetrician is allocated to co-chair the Guidelines group with the consultant midwife.</p>	<p>01.12.26</p> <p>Ongoing</p> <p>18.05.26</p>	<p>Consultant midwife CDs, DoM</p>	<p>A refreshed approach to Maternity guideline development and updating was introduced in 2024, with a new MDT coordinating group co-chaired by a senior midwife and obstetrician. This group has been successful in reducing the number of breached guidelines from 2023 – present. Through review and updating of guidelines, removal of unnecessary guidance and combining of some guidelines:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>No. of breached maternity guidelines</th> <th>% of maternity guidelines that are out of date</th> </tr> </thead> <tbody> <tr> <td>January 2024</td> <td>119</td> <td>58%</td> </tr> <tr> <td>December 2024</td> <td>78</td> <td>45%</td> </tr> <tr> <td>June 2025</td> <td>51</td> <td>32%</td> </tr> <tr> <td>December 2025</td> <td>40</td> <td>26%</td> </tr> <tr> <td>April 2026</td> <td>33</td> <td>22%</td> </tr> </tbody> </table> <p>All out of date guidelines have been allocated to a lead author for review and the process of being updated is underway.</p>	Date	No. of breached maternity guidelines	% of maternity guidelines that are out of date	January 2024	119	58%	December 2024	78	45%	June 2025	51	32%	December 2025	40	26%	April 2026	33	22%	01.12.24 and ongoing
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December 2025	40	26%																					
April 2026	33	22%																					

<p>Domain 4.1 Req 12</p>	<p>NHS Greater Glasgow and Clyde must ensure the healthcare-built environment is effectively maintained to allow decontamination and ensure potential risks to patients and staff safety are effectively identified and mitigated</p> <p>The QEUH maternity unit is now an older building, which can present challenges in relation to ongoing maintenance. The importance of effective maintenance is recognised and renewed focus will continue.</p>	<p>Ongoing</p>	<p>GM, Director of W & C, Director of Estates</p>	<p>Frequent (weekly) meetings have been established with facilities and estates colleagues to meet with the general management and midwifery team to address identified issues.</p> <p>Monthly MDT walkabouts including Estates and Facilities colleagues of the unit, to ensure good communication and timely response to problems.</p> <p>Ward managers have received a reminder of their key role in reporting and following up the need for repairs to the environment and their central role in providing a clean and safe environment and escalating any concerns to their unit lead to address if required.</p>	<p>01.04.26</p> <p>01.05.26</p> <p>01.04.26</p>
<p>Domain 4.1 Req 13</p>	<p>NHS Greater Glasgow and Clyde must ensure that all women have access to a call bell</p> <p>We can confirm that an audit of all call bells has been undertaken.</p>	<p>01.04.26</p>	<p>GM, DoM</p>	<p>There are currently no known issues with call bell availability or functionality across QE Maternity services.</p> <p>The indication from the inspection report is that this relates to concerns from the inspection team that a single wall mounted call bell had not been moved to within reach of a woman in triage. All staff have been reminded to ensure that call bells are always put within reach of a woman who is confined to a bed. P-I</p> <p>We can confirm that each bed space is equipped with a call bell that is readily accessible to women.</p> <p>While there may be occasional individual faults, these are identified promptly and are easily repaired or replaced. There are no outstanding faults with call bells in clinical areas currently.</p>	<p>20.05.26</p> <p>20.05.26</p>

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Domain 4.1 Req 14	<p>NHS Greater Glasgow and Clyde must ensure compliance with national guidance this includes but is not limited to:</p> <p>(i) hand hygiene</p> <p>(ii) linen management</p> <p>(iii) sharps management</p> <p>(iv) uniform policy</p> <p>(v) transmission-based precautions</p> <p>(vi) correct bed spacing</p> <p>(vii) Environmental and equipment cleanliness</p> <p>NHSGGC recognises that at the time of the inspection there were aspects of infection prevention and control practice and other environmental concerns identified. These were not at the standard we wish to see. We continue to develop and improve in these areas.</p> <p>There is current work being undertaken with wider NHSGGC teams to identify effective approaches to ensure compliance with uniform policy; this will lead to a change to the approach to address non-compliance by staff.</p> <p>Environmental constraints of ward areas remain in relation to bed spacing. A more robust approach to ensuring regular risk assessment and mitigations are in place to address reduced bed spacing, particularly during busy periods, has been implemented.</p> <p>A new housekeeper role is being recruited in the labour suite to support midwifery teams with these particular areas of the environment, particularly storage, line management and equipment cleanliness.</p>		ACM, CSM, GM, DoM, IPC, Facilities Manager	<p>On the day of the first inspection a range of immediate actions were undertaken to address the immediate concerns highlighted in relation to these key issues.</p> <p>Checklists for completion daily, weekly and monthly, have been revised to provide assurance that all relevant checks and audits are undertaken. The responsibility for the maintenance of these standards sits with every individual employed by NHSGGC in the maternity unit and is clearly set out in a range of policies and their job descriptions.</p> <p>Each shift lead and ward manager has been reminded about their key role in implementing and overseeing the implementation of these key areas of care and provided with supportive documentation to complete.</p> <p>From early 2025 each ward area has been provided with a handover checklist to be used at the beginning of each shift to ensure peer review in terms of uniform compliance and reminders in relation to IPC measures.</p> <p>This ward-level assurance is then overseen on a weekly basis by the unit lead, and then, monthly, by the Associate chief midwife.</p> <p>A new monthly walkabout, with a detailed checklist, to enable the Associate chief midwife to observe and feedback all these areas of environmental and infection prevention and control to the lead midwife for the unit has been implemented.</p> <p>In turn, any concerns or gaps identified in the weekly or monthly checks will be escalated to the Director of Midwifery and Clinical Service Manager.</p> <p>There is now increased presence in maternity areas from Infection prevention and control colleagues as well as domestic facilities colleagues.</p>	27.01.26
					01.02.26
					01.04.26
		01.06.26			01.02.25
		Ongoing			01.04.26
					01.04.26
		01.07.26			01.04.26 ongoing
					01.05.26

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				This is further assured through the new weekly Maternity improvement meetings, chaired by the Director for Women and Children's.	
Domain 4.1 Req 15	<p>NHS Greater Glasgow and Clyde 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</p> <p>At the time of the inspection there were a small number of water outlets that had not been flushed in line with guidance. There is now a clear process in place across QE Maternity to ensure that infrequently used water outlets are flushed in line with current national guidance.</p>	01.02.26	DoM, GM, CSM, ACM, Facilities manager	<p>Domestic Services are responsible for carrying out the flushing of infrequently used outlets.</p> <p>Each Senior Charge Midwife (SCM) is responsible for ensuring that all identified outlets within their area are flushed twice weekly in accordance with guidance.</p> <p>Assurance Process: A formal process is now in place whereby each SCM undertakes a weekly audit of compliance within their clinical area. SCMs provide weekly assurance to the Lead Midwife confirming that flushing has been completed in line with current guidance.</p> <p>Staff Awareness: Responsibility and expectations regarding water flushing have been clearly communicated, ensuring staff understand both the process and the assurance requirements.</p> <p>Summary / Assurance: Robust systems are now in place to ensure compliance with national guidance, with clear lines of responsibility, routine monitoring, and regular reporting to provide ongoing assurance.</p>	01.02.26

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<p>Domain 4.1 Req 16</p>	<p>NHS Greater Glasgow and Clyde must always ensure the safe and secure use of medicines, including the governance and oversight of compliance with safe storage and administration of medicines</p> <p>NHS GGC recognises that at the time of the inspection, medicines management guidelines and standards were not consistently being systematically followed. This is not the standard we wish to see and will continue to improve our practise.</p> <p>To ensure increased compliance within the system, plans are being developed to identify and train medicines safety champion roles in each ward area.</p> <p>In addition, to tackle the lack of pharmacy presence across maternity services, a business case for a pharmacy technical team will be developed, with the aim of providing collaborative support for midwifery staff for all aspects of the SSHM.</p>	01.08.26	DoM, ACM	<p>The NHSGGC Safe and Secure handling of Medicine (SSHM) policy outlines definitive responsibility and accountability for medicines safety in all clinical areas and is applicable to ALL staff working within NHS GGC who handle medicines.</p> <p>Responsibilities:</p> <p>Within Maternity services, appointed Midwives/Senior Charge Midwives are responsible for the application of SSHM Policy at ward/clinical level.</p> <p>Assurances Process:</p> <p>Work has commenced to strengthen ward level medicines management assurance, with the implementation of monthly Medicines Administration and Observation of Practice (MAOP) audits.</p> <p>Standardised audit schedules and templates have been introduced. SCMs will report audit findings to the Lead Midwife/DoM through a designated centralised location. This provides both oversight and transparency at SCM level.</p> <p>Audit findings will be used to develop agreed action plans and identify risks/capacity issues which will be escalated through Maternity Governance routes.</p> <p>A Risk Midwife has been appointed to the Women and Children’s Safer Use of Medicines Committee.</p> <p>Staff Awareness:</p> <p>Responsibility and expectations regarding SSHM and Medicines management assurance has been clearly communicated to all SCMs, outlining MAOP audit requirements and responsibilities.</p> <p>Summary/Assurance:</p>	01.04.26	
		01.10.26				01.04.26
						01.04.26
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						01.03.26
					01.04.26	

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				Robust systems are now in place to improve compliance with NHS GGC policy on SSHM, with a system for regular monitoring and reporting to provide ongoing assurance.	01.08.26
Domain 4.1 Req 17	NHS Greater Glasgow and Clyde must ensure all hazardous cleaning products are securely stored and labelled appropriately, as per manufacturers' guidelines		DoM, ACM	All clinical areas are equipped with lockable storage units for hazardous cleaning products. At the time of inspection, a small number of areas were identified where locks were either broken, or storage standards were not fully adhered to. In response, communication was issued to all areas to reinforce the requirement that all hazardous products must be always stored securely in locked units. NHSGGC can confirm that the lock has been temporarily repaired with a new cupboard ordered. In the interim, all cleaning fluid is being stored safely in a different locked cupboard. Staff are aware of the requirement to label all hazardous cleaning products clearly, including appropriate concentration details, in line with manufacturer guidance.	01.02.26
	Improved focus and compliance systems have been implemented to ensure compliance with guidelines.	Ongoing			
	All areas are now compliant and utilising available lockable storage appropriately, with the exception of the labour ward, where one unit requires to be placed. A procurement request has been submitted, and this is currently being progressed.	27.05.26			
	In addition, there is currently no suitable lockable cupboard for the storage of Titanchlor once diluted. A request has been raised with Estates for a larger, appropriate lockable storage unit to ensure safe and compliant storage.	01.07.26			

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Domain 4.1 Req 18	<p>NHS Greater Glasgow and Clyde must ensure fire risk assessments are up to date and fire actions and improvements identified within fire safety risk assessments are addressed including but not limited to:</p> <p>(i) Staff training compliance</p> <p>(ii) Safe storage of medical gases and appropriate signage</p> <p>The findings of the inspectors are noted in relation to these areas, and we have responded with a range of actions.</p>	01.06.26	DoM, GM	<p>(i) Staff Training Compliance:</p> <p>Fire safety training compliance is regularly monitored, with systems in place to ensure staff complete required training and remain up to date.</p>	Ongoing
				<p>(ii) Safe Storage of Medical Gases and Signage:</p> <p>Actions have been taken to improve the safe storage of medical gases:</p>	
				<p>Gas cylinder trolleys have been procured to ensure cylinders are stored safely and appropriately.</p>	01.02.26
				<p>Excess cylinders have been removed from ward areas to reduce risk and maintain compliance.</p>	
	<p>Appropriate gas signage has been ordered, and installation in the relevant clinical areas is planned.</p>		01.08.26		
	<p>To ensure ongoing awareness and focus, a member of the maternity team has been invited to join the Board medical gases committee.</p>		01.05.26		

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<p>Domain 4.3 Req 19</p>	<p>NHS Greater Glasgow and Clyde must ensure that there are clear, consistent systems and processes in place to support management of any potential identified staffing risks within maternity services.</p> <p>This includes accurate recording of any clinical risk, escalation, mitigation/inability to mitigate, communication of outcomes with all relevant clinical teams and any disagreements with decisions made.</p>		DoM Executive team	<p>The Safe to Start daily cross-site huddles have been adapted to include discussions of medical staffing and to enable attendance by medical colleagues to ensure MDT oversight of any risks.</p>	01.04.26
	<p>NHS GGC recognises that safe staffing is central to the provision of high quality, safe care.</p>	Ongoing		<p>All charge midwives have been invited to attend cross-site safety huddles to understand decision making and gain experience in initiating appropriate mitigations when activity levels are high. To ensure successful decision making.</p>	01.04.26
	<p>We can confirm that ensuring safe staffing is a key and ongoing focus for the whole of the maternity and wider leadership team.</p>	Ongoing		<p>Changes have been finalised to the Safe to Start huddle sheets, which are completed on each shift and the weekly monitoring sheets. Allowing for successful monitoring of any risks and delays in care.</p>	01.04.26
	<p>The Safe to Start huddle processes and recording to enable real time monitoring of risks and delays in care will continue to be developed and improved.</p>	Ongoing		<p>Additionally, the funded midwifery establishment by more than 35 whole time equivalents over the last year – with the final cohort in place in April 2026 allows for greater staffing levels and a reduction in delays in care.</p>	01.10.26
	<p>The submission of Datix by staff where there are significant concerns about staffing is encouraged and has been reinforced. Where staff have not been able to access a rest break and where there have been delays in care, the senior team will continue to review and respond to these concerns promptly, undertake necessary actions to prevent recurrence and feed back to staff the results of the Datix process.</p> <p>Where the operational senior team is unable to address the concerns raised in the Datix, they are encouraged to escalate the concerns through bimonthly maternity governance reports or by more immediate methods to senior team if required.</p> <p>Delays in care will be monitored in the weekly Safe to Start reports, to be shared through the Maternity,</p>	01.05.26			

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<p>Women and Children's and Acute governance processes including risk registers.</p>	01.06.26			
<p>Risks from delays in care will be consistently escalated through all appropriate processes through the NHSGGC organisation.</p>	01.07.26			
<p>There are well developed plans to implement a new out of hours on-call model by the senior maternity team to ensure support for charge midwives out of hours. This will be implemented from July 2026.</p>	01.10.26			
<p>Findings of the maternity workload tool will continue to be shared and escalated, in line with Safe staffing legislation. This will include a further workload tool run in June 2026, which will further clarify staffing needs, to reduce delays in accessing one-to-one care in labour suite.</p>	01.06.26			
<p>Datix will be submitted to record if a woman has had a delay in admission to labour suite. These delays in appropriate care will be included in monthly clinical governance reporting and added to the maternity risk register.</p>				

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Domain 4.3 Req 20	<p>NHS Greater Glasgow and Clyde 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. Assessments should consider skill mix of available staff, dependency and complexity of patients to support staff to confidently apply and record professional judgement in relation to required staffing when declaring “safe to start”</p> <p>As above, there is ongoing work to develop and improve the Safe to Start guidance, training, support and processes.</p>	Ongoing	DoM	<p>The Safe to Start guidance has been updated and charge and senior charge midwives have been provided with training on use and escalation.</p> <p>New descriptors in the Safe to Start huddle sheets have been developed, which indicate more accurately and in line with the new ‘Safestart’ workload tool descriptors, as complex, enhanced or core care for women and babies. The sheets continue to record skill mix.</p> <p>The revised Safe to Start huddle sheets include further guidance on transitional care, RAGG rating criteria for each ward.</p> <p>All Safe to Start huddle sheets are completed on every shift by the coordinator. These are reviewed, responded to and escalated as required on a shift-by-shift basis by the senior team.</p>	<p>01.04.26</p> <p>01.04.26</p> <p>01.04.26</p> <p>Complete and ongoing</p>
Domain 4.3 Req 21	<p>NHS Greater Glasgow and Clyde must ensure oversight of potential risks within maternity services are consistently captured and discussed where appropriate within the wider hospital safety huddle</p> <p>This is well established in the wider Acute huddles.</p>	01.01.26	Director of W & C	Risks and pressures within maternity services are included in the Acute daily touchpoint, attended by senior executive team by the Director of W & C, this will continue.	In place since 2022 and ongoing

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Domain 4.3 Req 22	NHS Greater Glasgow and Clyde must ensure a supportive and inclusive working environment for staff which supports staff to raise concern with systems and processes in place to ensure that these concerns are responded to and appropriately addressed	Ongoing	CDs, DoM	Existing mechanisms to ensure senior visibility and engagement with all staff will continue, including senior walkabouts, Tuesday Topics, SharePoint updates, newsletters and six-weekly meetings with charge midwives.	01.09.22 and ongoing
	NHSGGC note that further work is required to ensure all staff feel heard and receive feedback when concerns are raised.	Ongoing		Culture concerns identified in 2022 led to Civility Saves Lives sessions and a co-produced Behaviours Charter.	01.01.24
	Communication approaches will continue to be strengthened across this large and complex service.	01.07.26		The inspection confirmed that further improvement is still required.	08.05.26
	Additional approaches to improve visibility and communication, including town hall meetings, short films, narrated updates, podcasts and 'You said, we did' posters, will be tested.	01.07.26		A five-week culture survey launched in April 2026 and received 520 responses.	10/05/26
	Further development of safety culture work and education on raising concerns and adverse event review will continue.	01.09.26		Peer supporter capacity has increased across the MDT.	
	Senior charge midwives and lead midwives will provide direct feedback to staff who raise concerns or submit DATIX reports.	01.09.26		Improvements have been implemented to the medical staffing pastoral care provision (single point of consultant contact, consultant attendance at induction meetings to highlight pastoral care, regular formal pastoral care meetings throughout the year).	
	Training has been commissioned for 60 senior and frontline staff on incident investigation, family communication and psychological safety.	01.09.26			
	The NMC and GMC have been invited to support further teamwork and culture sessions.	01.10.26			
Advanced peer supporter training is planned for September 2026 to strengthen staff support after critical incidents.	01.09.26				

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Domain 4.3 Req 23	<p>NHS Greater Glasgow and Clyde must ensure that there are systems and processes in place to safeguard all clinical leaders within maternity services being able to access appropriate protected leadership time in order to fulfil their leadership and management responsibilities such as oversight of quality of care and provision of support for staff. This will include consistent monitoring and recording of when and why this is sacrificed as part of mitigation for staffing shortfalls and/or increased service demand.</p> <p>Implementation of a new monitoring approach is planned for lead midwives to ensure that charge and senior charge midwives can report when they are unable to have nonclinical time required for their leadership and management responsibilities. The results will be reported at the monthly lead midwife meetings with the DoM and to the operational meeting, chaired by the General Manager.</p> <p>The maternity workload tool will continue to be undertaken to monitor and address our staffing levels. This will reduce the number of instances where leaders are required to work clinically.</p>	01.07.26	DoM, GM Executive team	<p>The NHSGGC Nursing and Midwifery strategy 'Leading the way' sets out clearly our aim to enable senior staff with time to lead.</p> <p>We are working to ensure clinical leaders have protected leadership time is being done by increasing our overall midwifery staffing levels, responding to the maternity workload tool findings and through our implementation of the 'Leading the Way' strategy.</p>	01.03.25
	01.07.26	Ongoing			

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Domain 4.3 Req 24	NHS Greater Glasgow and Clyde must have robust systems and processes in place to ensure that all staff are appropriately trained to carry out their role. This includes protected learning time and monitoring of training completion		DoM, GM, CDs	Monitoring compliance rates with core mandatory training has been supported with a new digital dashboard tracking attendance at educational sessions.	01.10.25
	Staff compliance with core mandatory training is an area of ongoing improvement focus.	30.06.26		Focused work to encourage and support attendance at core mandatory training sessions has led to some improvements over recent years, but there is more work to be done.	Ongoing
	A new approach to provision of midwifery core mandatory training is being piloted in June, which is anticipated to make a positive contribution to increasing the ability of staff to attend all core mandatory training.	01.10.26			
	The key mitigation to ensure greater training compliance is the work underway and continuing to increase our midwifery staffing levels.				

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Domain 4.3 Req 25	<p>NHS Greater Glasgow and Clyde must ensure that maternity services are appropriately and effectively staffed to reduce delays to care, preserve patient safety and support wellbeing by enabling staff to take statutory rest breaks on shift</p> <p>Ensuring safe staffing for our maternity services is a key concern and focus for the unit level operational leadership, the GGC wide maternity and wider W & C leadership team and the Board.</p> <p>There is strong leadership commitment to ensuring that staff are always able to take a break during their shift. Shift by shift monitoring of whether breaks have been facilitated has been reinstated.</p> <p>We have work underway and ongoing to address the findings of the maternity workload tool.</p> <p>The next workload tool run, using the new revised maternity tool on Safestart, will be undertaken in June 2026. Staff have received training and guidance to complete effectively.</p> <p>Above funded establishment recruitment to continue in response to workload tool findings.</p>	Ongoing	Executive team DoM GM	<p>To provide a long-term response to delays in transfer of women to labour suite, there is ongoing work to address the findings of the maternity workload tool in a stepwise approach since February 2025. Funded midwifery establishment has been increased by more than 35 whole time equivalents over the last year – with all of these in place in April 2026</p> <p>Three rounds of active recruitment of midwives have been completed in the last 12 months, addressing all vacancies and increasing our overall staffing.</p>	01.04.26
			01.05.26		01.04.26

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 6 Req 26</p>	<p>NHS Greater Glasgow and Clyde must ensure learning and improvement from themes highlighted from patient complaints.</p> <p>The maternity team will work with the complaints and public engagement team to develop an innovative approach to track themes, identify learning and any service change required, and implement these in a timely way. This will be governed through our Maternity Assurance Group, and this approach will be developed over the coming months.</p>	<p>01.07.26</p>	<p>DoM</p>	<p>Themes from the Patient Engagement care opinion posts have been considered and shared regularly through clinical governance. Themes of complaints are shared through clinical governance reports.</p> <p>There are robust complaints processes, with high rates of responding to complaints within set timescales.</p> <p>In person meetings for parents who have had cause to complain are offered when needed, to discuss their concerns and ensure learning and service improvement.</p> <p>Complaints have led to several service improvement areas of work including EPAS, triage, and visiting policies. Additionally, as part of our bi-monthly review of complaints anti-racism training will be provided to staff. The bi-monthly review of complaints will allow for colleagues to theme any complaints more successfully. Therefore, ensuring that patterns can be identified more easily, and there will be more successful prioritisation around what to deal with first.</p>	<p>Complete ongoing</p> <p>Complete ongoing</p> <p>Complete ongoing</p>
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