

## **Southern Trust Integrated Maternity & Women's Health Services**

### **Support & Intervention Update**

Following escalation of both midwifery and obstetric medical staffing concerns as a consequence of chronic staffing shortages (primarily on the Daisy Hill site), the Trust were placed on the Support and Intervention Framework (SIF) at a level 4 on 13<sup>th</sup> November 2024.

The Trust established a formal project structure early in the process and has maintained regular touchpoint meetings with both SPPG and PHA colleagues to ensure issues are escalated, discussed and action plans progressed.

The Trust SIF level was de-escalated to level 3 in mid-January 2025 in recognition of the stable project structure, management arrangements and progress to stabilise the obstetric and gynaecology service in the immediate term. The Trust was further de-escalated to level 2 in April 2025, again in recognition of further stabilisation of the medical workforce.

Effective from the 5<sup>th</sup> of December 2025, the Trust has been de-escalated to level 1. It is important to note the de-escalation is in response to the overall management of the difficulties, associated planning and focus on business continuity and safety as demonstrated by the Trust to the Department of Health.

However, it is acknowledged by the Trust and the Department of Health that the medical workforce (particularly Obstetrics), primarily in Daisy Hill, remains in a highly fragile state. The Obstetric service remains highly reliant on short term locum consultants as a consequence of an inability to attract substantive Consultants to vacant posts. The Trust continues to explore all opportunities to recruit, however this position is not likely to change in the current environment. It is accepted by the commissioner and the Department that the Trust has demonstrated strong control and management of the situation, justifying the de-escalation.

A Trust business continuity plan has been developed and agreed internally within the Trust (and with the Department of Health) for implementation should a significant service deterioration take place presenting a risk to the safety of women and infants. The Trust is working to mitigate any such requirement but also respects the need for clear planning and documentation to support any decision to respond safely to an unplanned change to service provision.

The Trust is committed to assurance that any requirement to implement a consolidation of service provision as a temporary measure will be managed carefully, sensitively and in a well-planned process. The focus will always be on safety and maternal and infant wellbeing.

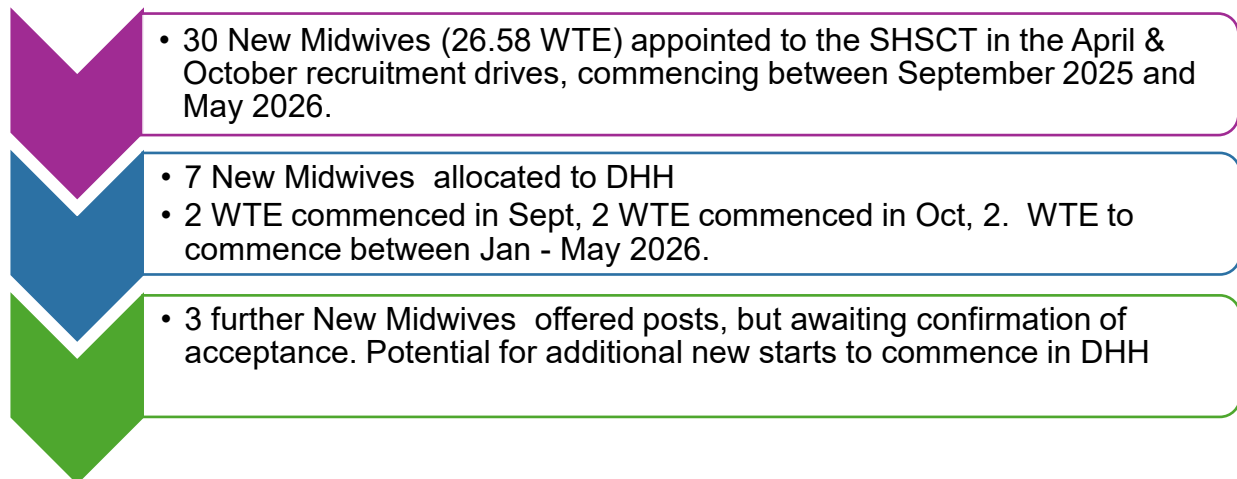
### Midwifery Workforce

As of November 2025, the midwifery workforce across the Trust stands at 181.28 WTE front line practitioners, with 50.05 WTE midwives based at the Daisy Hill Hospital (DHH) site and 8.42 WTE in the Newry & Mourne Community area.

There is an overall workforce of approximately 223 WTE registered midwives inclusive of all grades and settings across the organisation.

The Trust has achieved notable success in its midwifery recruitment efforts, reflecting dedication and strategic focus of the teams involved. There has been a strong focus on securing new starts, particularly in the context of increasing competition across the region.

Since April 2025, the Clinical Skills Midwife has played a pivotal role in engaging with successful candidates by sending personal greeting cards and maintaining monthly contact. This approach has helped to build early relationships, foster a sense of belonging, and keep candidates informed with relevant updates, further strengthening the Trust's recruitment strategy. This will



be further reinforced with the recent appointment of a second Clinical Skills Midwife to support new staff joining the service.

As a result, the DHH midwifery team has moved beyond the stabilisation phase and is now well-positioned to contribute to wider service development initiatives.

Notably, Daisy Hill Hospital currently maintains a full staffing complement, with no recorded vacancies and as of November 2025 has an over-compliment of approximately 2 whole-time equivalents (WTE) against the current funded staffing level.

What is encouraging is that the overall trend for sickness is decreasing, with 10.16 WTE remaining off work across the Service, which equates to 5% of staff (Trust rate is 6.7%).

Whilst the midwifery workforce is now in a much stronger and more resilient position than it was 12 months ago, we as Trust remain committed to maintaining this progress through proactive

and responsive support. We recognise that workforce challenges can emerge unexpectedly, and therefore have robust measures in place to identify, address, and

resolve any issues swiftly

and effectively. This includes ongoing workforce monitoring, strengthened leadership structures, and clear escalation pathways to ensure staff feel supported and that service continuity is always safeguarded.

### **Medical Workforce**

The Trust's Obstetric and Gynaecology medical workforce is currently under considerable pressure, with the Daisy Hill Hospital (DHH) site facing particularly fragile and complex challenges. It is both recognised and deeply appreciated that many medical colleagues consistently work beyond their contracted job plans to sustain safe service delivery.

The DHH consultant model is built around 8 WTE posts; however, despite sustained recruitment efforts over the past six years, including international outreach, persistent gaps remain due to long term sickness, retirements, and unfilled vacancies. At present, the site operates with 6 substantive consultants and 2 long-term locums to maintain a 1:8 rota. This position is further destabilised by the recent resignation of a consultant obstetrician and gynaecologist (to return to his country of origin), which will reduce the substantive team to 5 once the notice period concludes at the end of January.

Consequently, the service is increasingly reliant on high-cost locums, and the available pool of suitably skilled individuals, particularly those with fetal biometry scanning competencies, is extremely limited. The Trust is actively progressing recruitment, with one post due to be advertised imminently, and continues to take targeted actions to stabilise and support the service during this critical period.

### **Elective Activity**

During the COVID-19 pandemic, a strategic decision was made to relocate a proportion of elective Caesarean sections births to Daisy Hill Hospital (DHH), with procedures scheduled across Tuesday, Wednesday, and Thursday each week. Consultant support from Craigavon Area Hospital (CAH) was provided for the Tuesday and Thursday sessions to ensure safe and consistent cover.

In response to ongoing fragility within the medical and midwifery workforce, alongside limited access to several specialist services at Daisy Hill Hospital (DHH), a comprehensive risk stratification process has been developed. This structured approach enables consistent assessment of clinical risk and ensures that care is directed to the most appropriate setting. As a result, DHH has been redefined as a routine birth and maternity unit, with high-risk cases now being safely redirected to Craigavon Area Hospital (CAH), where the necessary specialist support is available. This decision has been driven solely by our unwavering commitment to

patient safety, ensuring that all women and babies receive the safest, most appropriate care based on their individual needs.

A consequence of this is that the number of women eligible to (CS) birth at DHH has declined, resulting in frequent underutilisation of the full 6-session allocation. In response, a proposal paper has been developed to pilot the redirection of one dedicated elective Caesarean list to CAH, where demand consistently exceeds capacity, and the session could be reliably filled.

This approach not only streamlines service delivery and optimises resource use across both sites but also creates valuable capacity within the DHH team for additional non-CS elective procedures and to advance key service developments, specifically the establishment of a Day Obstetric Unit (DOU) and a dedicated Induction of Labour (IOL) bay within the delivery suite setting.

### **Early Pregnancy Problem Clinic (EPPC)**

Significant progress is underway to enhance the Early Pregnancy and Pregnancy Counselling (EPPC) services at Daisy Hill Hospital (DHH), with a clear strategic focus on transitioning toward a nurse-led model of care. This development is supported by the allocation of additional resources aimed at upskilling the existing workforce, ensuring that staff are equipped with the necessary expertise to deliver high-quality, safe, and compassionate care to women in early pregnancy.

By expanding clinical capacity within EPPC, the service is not only improving access and continuity for service users but also helping to alleviate pressure on other critical areas of the hospital, including the Emergency Department. This investment reflects a broader commitment to integrated, responsive care pathways that prioritise both patient experience and system sustainability.

### **Continuity of Midwifery Care (CoMC) – Team Sapphire**

The Trust is proud to champion the vision of expanding Continuity of Midwifery Carer (CoMC) as a shining example of how we are bringing our Vision and Strategy 2030 to life, delivering safe, compassionate, and person-centred care at the heart of our communities.

In this model, a small team of midwives provides dedicated care to a caseload of women throughout pregnancy, labour, and the early postnatal period. Evidence shows this approach not only enhances safety and clinical outcomes but also significantly improves experiences for both service users and staff.

At Daisy Hill Hospital, Team Sapphire, launched in April 2024, has embraced this model wholeheartedly, currently caring for 140 women and having supported

284 births in their first year. The team recently celebrated their one-year milestone, with overwhelmingly positive feedback from mothers who described the deep trust and connection they built with their midwives as central to their positive birth experiences. We are immensely proud that our service is the only one in Northern Ireland to have expanded to include two CoMC teams, reinforcing our commitment to innovative, relationship-based care.

### **Future Service Delivery planning**

The Southern Health and Social Care Trust is currently undertaking a comprehensive review of maternity and gynaecology service provision as part of its longer-term planning. This work is driven by a commitment to transformation, improvement, and feasible service sustainability across both hospital sites and community settings. The overarching aim is to identify opportunities to enhance safety, clinical capacity, streamline pathways, and ensure equitable, high-quality care for women and families across the region.

To initiate this programme of work, a multidisciplinary, cross-site workshop was held on 24th September 2025, bringing together senior midwives, obstetricians, senior managers, and Trust directors. The event fostered rich discussion and collaborative thinking around the future direction of obstetric and midwifery services. Contributions from all participants shaped a themed action plan, which now guides the workstreams progressing short, medium, and long-term goals. These workstreams are underpinned by a shared vision of integrated, responsive care that reflects both clinical best practice and the lived experiences of service users.

Key areas of focus include:

- The transition to team-based job planning for gynaecology theatre across the Trust. This approach aims to maximise utilisation of commissioned sessions and enable DHH consultants to follow complex patients to the CAH site, with opportunities for buddy operating and skill refreshment.
- In parallel, a development plan for Speciality doctors is being advanced to support skill maintenance and progression, including rotational opportunities at CAH to ensure safe and effective service delivery.
- Further work is underway to improve induction of labour pathways, with emphasis on standardising practice across both acute sites and establishing pre-induction review clinics to streamline care.
- Efforts are also being made to increase the utilisation of midwifery-led units (MLUs), reducing barriers to admission and enhancing confidence in MLU care. This includes supporting the continued rollout of Continuity of Midwifery Carer models, which remain central to our commitment to personalised, relationship-based care.



Southern Health  
and Social Care Trust

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