Southern Health and Social Care Trust
TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

Chair
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An update on the Development of a Proposed Future Service Model for IMWH

"The Southern Trust is committed to facilitating access to high quality antenatal, intrapartum, and postnatal care to women, as close to home as safely possible."

Introduction

On 24th September senior midwives, obstetricians, senior managers, and directors of the Trust participated in a workshop to plan the way in which our obstetrics and midwifery service should develop. This paper provides a briefing for staff and other interested parties about the outcome of those discussions. We were assisted by independent external experts who provided examples of good practice from elsewhere. Our aim was to identify a safe and sustainable model for Obstetrics and Midwifery services across the Trust. This necessarily involved some discussion about Gynaecology; however, we were not trying to produce a plan for Gynaecology.

There was a good discussion with contributions from all participants. We were able to agree on some changes we can begin to make straight away to improve the current service as well as identifying potential models of service delivery in the longer term.

Leadership of Women's Health services

The trust has decided to move the Director level leadership of both Obstetrics and Gynaecology (O&G) out of the Directorate of Surgery and Clinical Services (SCS) and to combine it with the Directorate of Children and Young People's services (CYP). A new name for the combined services Directorate will be agreed on by relevant leads in consultation with staff in the coming weeks. This means that Colm McCafferty will become the board level Director responsible for Women's services. This change is being made to ensure that our women's services benefit from the leadership of an experienced executive director at a time of significant change. Colleagues will hear directly from Colm as he begins to engage with the services.

Current situation

We recognised that there are significant challenges in the current service model, including:

- Proportion of women within our service accessing and receiving Midwifery Led Care.
- Making full use of the midwifery led units considering that they are co-located with acute obstetrics.
- Recruitment and retention of consultants.
- Recruitment and retention of midwives.
- Maintenance of professional skills for all our clinical staff.
- Constraints within current infrastructure (buildings, equipment, etc) to support the delivery of care.
- Alignment of working practices between Daisy Hill and Craigavon hospitals.
- While pregnancy and birth is a normal life event, Obstetrics is a high-risk specialty. Data from NHS Resolution tells us that in England, Obstetrics is the highest risk specialty in a typical General Hospital. We believe this to be true for our hospitals and consequently must be as certain as possible that we have a safe model for services both now and in the future.

Conclusions

The Trust is committed to providing Continuity of Care that supports women to achieve a healthy pregnancy and birth, providing accessible Midwifery services centred in local communities. Continuity of Midwifery Care (CoMC) is delivered through a model where women receive support from the same midwife, or a consistent team throughout pregnancy, birth and the early parenting period. This integrated approach ensures appropriate care across antenatal, intrapartum and postnatal care. It also acknowledges that while all women need a midwife, some will require additional care from obstetricians and other specialities. All of this is seamlessly woven into the CoMC model, ensuring collaborative, continuous care for every woman. Our Community Midwifery Teams provide personalised care and individualised assessment of risk if and when mothers have or develop complications in their pregnancy. Depending on the assessment of any risks, women will receive the advice and more specialised care needed to achieve the best possible outcomes for mother and baby. This may mean travelling to centres of expertise in the Trust or to regional services.

The future service model will expect common standards and working practices across all the Trust sites. We will expect staff to be able to work at different sites to

maintain and develop their skills because this will ensure uniformly high standards of care as well as provide resilience in our workforce. Staff will be fully supported in this endeavour.

Proportion of women receiving Midwifery Led Care

Priorities identified were:

- Clear communication and care planning between Midwifery and Obstetric teams and robust referral processes to ensure women remain on the right pathway.
- Support the implementation and further roll out of CoMC.
- There was a desire from both midwifery and medical colleagues to reduce medical intervention where appropriate, specifically there would be an expectation that midwifery referrals to consultants would in many cases result in advice and a return to the midwifery pathway.
- Improvement in induction processes and pathways.

Recruitment and retention of midwives

We noted that there has been significant success in recruiting newly qualified midwives and that by January 2026 there will only be approximately 4 vacancies remaining. Rolling recruitment will continue until all vacancies have been filled, this may include recruiting above the currently funded position to accommodate maternity leave.

We are deeply committed to supporting our midwives' professional growth by providing training opportunities, like commissioned courses through Queens University, Belfast and ensuring that they work in an environment which allows them to utilise these new skills. By fostering a supportive and dynamic work environment, we aim to make the SHSCT an attractive and fulfilling place for midwives to build their careers.

We are also striving to ensure that our future model promotes midwifery-led care in our midwifery-led units to further attract and retain midwives who are passionate about leading this model of care.

Recruitment and retention of consultants

- O&G are developing into separate medical specialties; the doctors now starting their consultant careers tend to do so as either Obstetricians or Gynaecologists. Consequently, to successfully recruit a future O&G Consultant workforce, we must move from exclusively joint O&G medical posts to include separate O&G consultant posts and associated out of hours cover. We have already recruited

consultants to specifically obstetrics or gynaecology posts. However, for the next few years we expect there to be a mixture of some Consultants working in both specialties and some in just one.

- The development of separate on-call rotas will require an increased number of consultants to provide sustainable numbers of doctors to provide for both a dedicated obstetric service and a separate dedicated gynaecology service on a 24/7 basis.
- We will consider whether we could recruit and retain sufficient consultants to cover both sites and act accordingly.
- Given the number of births in Daisy Hill Hospital, it is not feasible to split the medical workforce into O&G only, and so DHH will continue to work with a combined O&G medical workforce. This service will continue unless medical workforce recruitment challenges cause this to be unsafe.
- We will make every effort to develop a 'grow your own' consultant O&G workforce, maximising opportunities for our current SAS doctors to work towards consultant status. This will aid the robustness of the current service model in both hospitals
- Our assessment of the safest way to deliver intrapartum care will include consideration of support from other specialities, such as General Surgery, General Medicine, Urology and Endocrinology.

Maintenance of professional skills for all MDT staff

- Opportunities to maintain and develop clinical skills are needed to provide safe care for higher risk pregnancies and births, supporting our clinical staff to gain this experience by working across both hospitals and into community settings. These opportunities need to be identified and protected to ensure equity of access for the multidisciplinary team working across the Trust.

Potential changes to the infrastructure

- In collaboration with estates services, we will assess what facilities will be required to improve how and where we deliver services, and particularly how we better meet the demands on our obstetric service.
- Movement of unscheduled antenatal attendances to community hubs for triage by Midwives.

Next steps

- We will simultaneously work to improve our services as they are configured today while planning a sustainable future. In the short to medium term this means that we will improve the professional development of both midwives and obstetricians based upon continuity of midwifery care, common standards across both hospitals and some rotation between sites. Meanwhile we will develop proposals to ensure that services remain safe and are sustainable for the long term.
- Central to this will be ongoing engagement with our staff and service leads as we chart a way forward which will have the confidence of our service users.
- We wish to take this opportunity to sincerely thank you all for your work to date and for your continued support.
- A further workshop will be arranged, and staff will be informed of the dates in due course.

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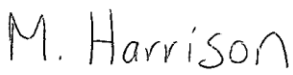

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