Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

IMWH Update for Trust Board

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Harrison, Michelle

VERSION 1.1

Contents

1. Purpose

The purpose of this paper is to provide the Board with an update on the current position across the Integrated Maternity and Women's Health (IMWH) Services. This includes the workforce position, associated service risks, governance arrangements, mitigation measures, and ongoing planning to support the delivery of safe, sustainable maternity and gynaecology services across the Southern Trust.

2. Summary

Over the past 18 months, significant progress has been made to stabilise maternity and gynaecology services following escalation under the Department of Health Support and Intervention Framework (SIF). Strengthened governance structures, enhanced operational oversight, improved workforce planning, and robust risk management arrangements enabled de-escalation from Level 4 to a "Watching Brief" status.

While this progress reflects the sustained efforts of staff and leadership teams, the service continues to operate within a challenging medical workforce environment. Obstetric medical staffing remains fragile across both sites, most notably at Daisy Hill Hospital (DHH), where sustained shortages across consultant and junior doctor tiers continue to place pressure on service delivery.

An anonymous communication was recently shared with external stakeholders, who subsequently engaged constructively with the Trust to seek clarification and assurance in relation to the matters raised. A focused programme of work continues across both sites to strengthen governance and leadership arrangements. This includes enhancing communication with frontline staff and reinforcing professional standards as part of ongoing service development and drive for improvements.

The Trust is fully committed to maintaining safe, high-quality care. Work continues to strengthen workforce resilience, enhance governance and oversight, and support the longer-term sustainability of services in the Trust.

3. Current Workforce Position

3.1 Midwifery Workforce

The midwifery workforce across the Trust has experienced significant and sustained improvement, with the service now moving into a more stable position that supports ongoing development and transformation. As of April 2026:

- Midwifery establishment: 198.11 WTE
- Midwives in post: 196.44 WTE
- Overall vacancy gap reduced to 1.67 WTE

This reflects a strong and near full establishment, with vacancy levels now at a minimal level.

Recruitment activity continues to be highly successful:

- 101 applications received during the most recent campaign
- 33 appointable candidates identified
- 7 staff currently progressing through pre-employment checks
- 26 further staff due to qualify by Autumn 2026

This demonstrates the Trust's continued ability to attract and recruit high-quality midwifery staff, providing a strong pipeline to support both current service delivery and future workforce planning.
As with other Trust services and teams, Maternity leave, sickness absence and other leave arrangements does impact on staff availability on occasions. However, this is actively managed and does not recurrently detract from the overall stability of the workforce position.

A number of measures are in place to support safe staffing and service continuity:

- Daily staffing and acuity reviews
- Enhanced escalation arrangements
- Rolling recruitment programmes
- Cross-site workforce deployment
- Occupational Health supported return-to-work processes

The Trust remains in a strong position in relation to midwifery workforce supply, with recruitment consistently delivering positive outcomes. This provides a solid foundation to move beyond stabilisation and into a phase of service development and improvement, supporting enhanced models of care across both acute and community maternity services over the coming year.

3.2 Medical Workforce

The medical workforce position remains the most significant operational and strategic challenge across IMWH services.

Trust-Wide Position

Current challenges include:

- Fragility across all medical tiers (Consultant, SAS, Registrar and SHO)
- Significant rota gaps across both hospital sites
- Increasing reliance on locum workforce (particularly on the Daisy Hill site)
- Daily senior management oversight required to maintain safe staffing
- Limited availability of appropriately skilled Obstetric and Gynaecology consultants to recruit
- Limited availability via agency recruitment

While mitigation measures remain in place, the summer period is expected to present additional challenges due to planned leave and limited recruitment availability.

Recruitment and mitigation actions include:

- Approval has been secured through Corporate Scrutiny for replacement and additional Consultant and SAS posts.

Consultant Workforce

- A Consultant Obstetrics and Gynaecology post at Daisy Hill Hospital (DHH) was advertised in February 2026; however, no appointable candidates were identified. A further advertisement is planned for June 2026 to maximise opportunities to attract suitable applicants.
- A Consultant Obstetrics post at Craigavon Area Hospital (CAH) has recently been advertised, with candidate availability anticipated later in 2026. Early engagement with prospective applicants has been positive, and the Trust will act promptly to secure appointments where possible.
- One long-term locum consultant contract at DHH has been extended to October 2026, providing continued stability in the short term; however, there remains some uncertainty regarding longer-term availability. The Trust is actively managing this risk and engaging potential replacement cover.
- Encouragingly, a further consultant has expressed interest in a long-term locum arrangement and is available to commence at short notice. This role is expected to support the DHH on-call rota while also contributing to in-hours activity across both sites, providing additional flexibility and resilience.

SAS Workforce

- A SAS post advertisement at DHH attracted 11 applicants:
    - 1 candidate successfully appointed
    - 2 reserve candidates have accepted 12-month temporary posts to support service delivery
- Approval has also been secured for two long-term locum appointments at Registrar/SAS level, with both posts offered and accepted. These roles will work across both sites and provide additional flexibility to mitigate rota gaps and support service resilience.

SHO / Clinical Fellow Workforce

- A recent recruitment campaign for Clinical Fellow (SHO-level) posts in Obstetrics and Gynaecology attracted 4 applicants, all of whom were successfully appointed and offered posts.
- A further round of interviews is scheduled for June 2026, with additional candidates identified, to further strengthen the workforce, particularly at the DHH site.

Additional Recruitment Activity

- Active exploration of agency and, where appropriate, international recruitment opportunities remains ongoing
- Medical HR continues targeted engagement with locum agencies to secure both short- and longer-term cover

Despite these sustained and proactive efforts, recruitment continues to be constrained by a limited pool of suitably qualified candidates with the required Obstetrics and Gynaecology competencies.

3.2.1 Craigavon Area Hospital (CAH)

Consultant Workforce

Current workforce gaps remain as a consequence of:

- 1 vacant Obstetrics & Gynaecology post
- consultants on maternity leave
- long-term sick leave

This results in 4 WTE consultant posts being vacant or unavailable at present.

Registrar Workforce

- Minimum safe rota requirement: 1:8
- Current substantive registrars available: 5

3.2.2 Daisy Hill Hospital (DHH)

DHH remains the most operationally vulnerable site, with ongoing reliance on temporary workforce solutions.

Consultant Workforce

- Approximately 8 WTE required
- Current gaps include:
    - 2 vacant posts
    - long-term absence
    - Pending substantive resignation (reducing numbers further from September 2026)
- Reliance on long-term locum consultants

This results in 5 Substantive consultant posts (4 from September) and increased reliance on Locum cover.

SAS Workforce

- 1 vacant SAS post
- Reduced availability within existing team

SHO Workforce

- 5 SHO vacancies
- 3 doctors supporting a 1:7 rota

While services continue to be delivered safely, DHH is operating with limited resilience and remains highly reliant on active workforce management and contingency planning.

4. Service Impacts

4.1 Antenatal and Obstetric Services

Medical workforce pressures are impacting service delivery:

- Reduced availability of consultant-led clinics
- Increased reliance on junior medical staff
- Challenges maintaining specialist clinics
- Variability in continuity of care

The Trust continues to prioritise patient safety and ensure care is delivered by appropriately skilled staff, with escalation processes in place where needed.

4.2 Gynaecology Services

To maintain safe obstetric services, some consultant capacity has been redirected from gynaecology.

This presents ongoing challenges, particularly in the context of:

- Existing waiting list pressures
- Maintaining elective activity

Mitigations are in place to minimise impact on patient outcomes.

5. Governance, Leadership and Culture and Improvement

Despite workforce pressures, the Trust continues to strengthen governance, leadership, and culture across IMWH services.

Routine review of incidents and outcomes highlights opportunities to improve:

- Communication and escalation
- Documentation standards
- Consistency in governance processes
- Learning and continuous improvement

While variations exist between sites, targeted work is underway to enhance consistency and assurance.

Actions in progress include:

- Development of a strengthened, standardised governance framework
- Scheduled governance workshop (June 2026)
- Engagement with frontline staff to inform service improvements
- Focus on leadership development and professional standards

This work is focused on embedding a positive, open culture that supports learning, accountability and continuous improvement.

6. Service Safety and Risk Mitigation

The Trust continues to maintain safe services through active management and contingency planning. Given the current workforce position, temporary intrapartum diversion from DHH to CAH may be required if staffing falls below safe levels.

Any such measures would:

- Be time-limited and clinically led
- Support safe emergency care
- Protect workforce sustainability
- Be subject to regular review

Planning is informed by regional and national learning and aims to ensure proactive, controlled responses where required.

7. Conclusion and Future Service Planning

IMWH services continue to operate within a challenging environment, particularly due to ongoing medical workforce constraints.

Notwithstanding this, progress has been made in:

- Stabilising governance arrangements
- Strengthening the midwifery workforce
- Enhancing operational oversight

While risks remain, particularly at DHH, the Trust is taking proactive, structured action to manage these safely. The continued priority is to ensure that women and babies receive safe, high-quality care, while building a more resilient and sustainable service for the future.

It is important to emphasise, the Trust's recruitment efforts, particularly in respect of Consultant grade is in the context of a very competitive labour market with each of the other Trusts competing for a limited pool of available staff.

This potentially increases risk to the Southern Trust in respect of substantive staff being attracted to other posts.