Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

IMWH Update for Trust Board

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VERSION 1.0

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 services across the Southern Trust.

2. Summary

Around 4,500 women and babies use Trust maternity services each year. Services remain safe through intensive oversight, but the medical workforce is critically fragile, with the most immediate risk at Daisy Hill Hospital.

Midwifery staffing is stable; however, substantive consultant capacity is below establishment across both sites. Two further DHH consultant departures in October and November 2026 will leave insufficient Consultant cover to run a safe service in Daisy Hill hospital. Sustained recruitment has not resolved the shortage, and reliance on high-cost temporary staffing is not a sustainable solution.

A Trust-wide stabilisation programme has strengthened governance, daily oversight, recruitment, rota management, cross-site working and business continuity. A continuity plan provides for temporary consolidation of inpatient maternity services at Craigavon Area Hospital if staffing pressures impact on safe delivery of care to mothers and babies. Antenatal, post-natal and gynaecology outpatient services will continue at DHH.

The immediate priority is to sustain safe services while progressing a more resilient, integrated Trust-wide model. The Board is asked to note the high workforce risk, support the stabilisation and requirement for continuity arrangements.

3. Current Workforce Position

3.1 Midwifery Workforce

The midwifery workforce across the Trust remains stable and continues to be supported through ongoing recruitment activity and workforce planning measures. While vacancy levels have increased since earlier in the year, the service remains focused on maintaining safe staffing levels and strengthening workforce sustainability.

As of August 2026:

- **Midwifery establishment:** 198.11 WTE
- **Midwives in post:** 181.00 WTE
- **Overall vacancy gap:** 17.11 WTE

The increase in vacancies reflects a combination of workforce changes, including reductions in contracted hours, retirements, and resignations, with some staff taking up opportunities at higher grades or transferring to positions in other Trusts across the region. These workforce movements are consistent with wider workforce challenges experienced across Health and Social Care services.

Despite these changes, recruitment activity continues to be highly successful and demonstrates the Trust's ability to attract and appoint high-quality midwifery staff. A strong pipeline of candidates remains in place to support both current service delivery and longer-term workforce planning.

Current recruitment activity includes:

- 101 applications received during the most recent recruitment campaign
- 33 appointable candidates identified
- Ongoing progression of staff through pre-employment checks
- 16 further midwives due to commence employment over the coming months

As with other services across the Trust, maternity leave, sickness absence and other forms of leave can impact staff availability at particular times. These pressures are closely monitored and actively managed to minimise any impact on service delivery. A range of measures remain in place to support safe staffing and service continuity, including:

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

While the workforce position is currently experiencing a higher level of vacancy than earlier in the year, the Trust remains well placed to address these gaps through sustained recruitment activity and a strong cohort of incoming staff. This will support continued service improvement and the ongoing development of maternity services across both acute and community settings.

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 Consultant medical tiers
- 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

3.2.1 Consultant Workforce

Current Medical Staffing – CAH & DHH

	CAH – Consultant Staffing	DHH – Consultant Staffing
Funded / Required staffing	12.02wte	8.0 wte
Vacancies	1.0 wte	3.0 wte
Maternity Leave	2.0 wte	
Sick Leave	1.0 wte	1.0 wte
Resignations*		**2.0 wte**
Available Substantive Consultant Staffing	**9.02wte**	**2.0 wte**
Available Locum Consultants		**2.0****

**Resignations effective 17.10. 26 & 14.11.26*

***high-cost agency locum*

3.2.2 SAS / SHO / Clinical Fellows Workforce (CAH & DHH)

- Following successful recruitment of substantive and long-term locums, the SAS, SHO and Clinical staffing tiers are in a strong position.

3.3 Recruitment and mitigation actions

The Trust has exhausted all reasonable routes to recruit Consultant Obstetricians for Daisy Hill Hospital, including substantive campaigns, enhanced national advertising, national and international searches, framework and off-framework agencies, direct market engagement and alternative recruitment models. This activity is documented and continues to inform workforce planning.

Substantive Recruitment Activity

Between 2024 and August 2026 a total of 14 consultant recruitment campaigns has been advertised. DHH has secured only 1 of the 5 unique consultant adverts over the last 3 years. This represents 14% of all consultant appointments made across the Trust (1 of 7).

The latest DHH Consultant Obstetrician campaign closed on 17 September 2026 after an extension to maximise applications. Two applications were received, but neither met the essential criteria for interview; an earlier campaign ending in February 2026 also produced no suitable candidates.

The vacancy was promoted widely through national medical and health recruitment platforms, professional publications and Trust social media.

National and International Agency Search Activity
Alongside substantive recruitment, the Trust has used the HealthTrust Europe Medical Locum Framework since May 2026 to seek UK and international candidates for substantive, fixed-term or locum roles through approximately 110 specialist agencies. All submitted CVs have been clinically reviewed and followed up where appropriate, but no suitable Consultant Obstetrician has been identified.

Off-Framework and Wider Market Testing
The Trust has also tested the wider market through approximately 58 contracted NI Medical and Dental Agency Framework suppliers and off-framework agencies. All leads have been reviewed and followed up where appropriate, but no suitable Consultant Obstetrician has been identified; activity remains ongoing.

Exploration of Alternative Recruitment Models
The Trust is actively exploring a neutral vendor arrangement with Agile to access additional agencies and wider consultant candidate pools. Contractual, procurement and governance requirements are under review, with progression anticipated shortly.

Direct Candidate Engagement
The Trust continues direct engagement with prospective consultants. A Consultant Obstetrician practising in the United States has recently enquired about relocating to Northern Ireland, and an informal discussion is planned to explore circumstances, intentions and potential suitability. The enquiry remains exploratory.

Workforce Planning and Clinical Engagement
Clinical leaders and workforce teams continue to review and follow up all CVs and expressions of interest. Wider workforce planning and horizon scanning are also informing future requirements, service sustainability and contingency arrangements amid national Obstetrics and Gynaecology recruitment pressures.

Assurance Statement
The Trust has pursued all reasonable routes to recruit Consultant Obstetricians for Daisy Hill Hospital, including substantive campaigns, enhanced national advertising, UK and international searches, framework and off-framework agencies, alternative recruitment models and direct candidate engagement. Despite extensive activity and clinical review of all leads, no suitable appointment has been secured, reflecting wider Obstetrics and Gynaecology workforce shortages. Recruitment and sourcing activity remains ongoing.

- Direct engagement with HSE colleagues in Ireland by both SPPG and the SHSCT Trust's Chief Executive has not resulted in any concrete assistance

- In August 2026, the SHSCT CX wrote to all O&G consultants (via their respective organisations asking for assistance and offering remuneration at the top of the agency scale, however no substantive response has been forthcoming.

4. Service Impacts

The medical workforce challenges outlined in this paper continue to place pressure on service delivery across maternity services, particularly in relation to maintaining sustainable consultant obstetric cover.

Current impacts include:

- Increased reliance on temporary medical staffing to support rota resilience.
- Reduced flexibility to accommodate unforeseen absences and service pressures.
- Requirement for enhanced operational oversight and daily staffing reviews.
- Increased management and clinical leadership capacity devoted to workforce planning and risk management.
- Challenges in maintaining service resilience while supporting annual leave, study leave and training commitments.

Key maternity quality and safety indicators continue to be monitored closely through established governance processes. Current oversight indicates that services remain safe, with no emerging themes or trends that would indicate a deterioration in patient safety attributable to the workforce challenges described within this paper.

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
- 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. Continuity Planning

Despite the Trust's sustained recruitment efforts, ongoing national and international recruitment campaigns, and requests for regional mutual support, significant challenges remain in securing sufficient consultant obstetric capacity to maintain resilient inpatient maternity services at Daisy Hill Hospital.

Recognising the potential impact of the anticipated consultant departures in October and November 2026, the Trust has developed a comprehensive Business Continuity Plan which has been approved by SPPG and is available for implementation should staffing levels fall below those required to safely sustain the service.

The Trust continues to actively pursue all available opportunities to avoid the need to enact continuity arrangements. This includes ongoing engagement with the Department of Health, SPPG, neighbouring Trusts and other regional stakeholders to explore options for mutual aid and alternative staffing solutions. The Chief Executive and Senior Leadership Team remain engaged in discussions regarding potential regional support, including a request for additional consultant resource to assist in sustaining obstetric services at Daisy Hill Hospital.

While these discussions continue, the Trust must plan responsibly for all eventualities. Given the current workforce position and projected staffing challenges, preparations are underway to ensure the safe and effective implementation of continuity arrangements, should they be required from November 2026 onwards.

In the event that sufficient regional support cannot be secured, the Trust's approved continuity plan provides for the temporary consolidation of inpatient maternity and birth services at Craigavon Area Hospital, while continuing to provide antenatal, postnatal outpatient services at Daisy Hill Hospital. Any implementation of continuity arrangements would be undertaken in a planned and controlled manner, supported by robust communication, operational oversight and stakeholder engagement.

Any such arrangement would remain under continuous review and would be in place only for as long as necessary to ensure the safe delivery of care. Throughout this period, the Trust's primary focus would remain the safety and wellbeing of women, babies and staff, together with the delivery of high-quality maternity services across the Southern Trust.

7. Conclusion and Future Service Planning

Maternity services at Daisy Hill Hospital continue to face significant medical workforce challenges arising from the retirement and resignation of consultant obstetricians and the ongoing difficulty in recruiting to consultant vacancies. Despite extensive local, regional, national and international recruitment activity, the Trust has been unable to secure sufficient substantive consultant appointments to establish a sustainable workforce position. This reflects wider workforce shortages across Obstetrics and Gynaecology services throughout Northern Ireland and the UK.

The Trust remains committed to maintaining inpatient maternity services at Daisy Hill Hospital where this can be achieved safely and sustainably. However, the safety of women and babies, together with the wellbeing of staff, must remain the overriding consideration in all service planning and operational decisions.

A significant programme of work has been undertaken to identify and evaluate potential solutions to the workforce challenges facing maternity services. This has included extensive recruitment activity, regional engagement, workforce redesign, mutual aid discussions and the detailed consideration of alternative service delivery models.

As part of the Trust's continuity planning process, a range of options have been explored and assessed, including alternative staffing arrangements, regional support mechanisms, modified models of obstetric care and service configurations designed to reduce reliance on consultant obstetric availability at Daisy Hill Hospital. Following detailed clinical, operational and workforce assessment, none of these options were considered capable of delivering a safe, sustainable and resilient service. This has culminated in the Trust identifying the temporary consolidation of inpatient maternity and birth services from Daisy Hill Hospital to Craigavon Area Hospital as the safest and most sustainable continuity arrangement available, should implementation of the approved business continuity plan become necessary.

It is important to recognise that consultant recruitment is taking place within a highly competitive labour market, with Health and Social Care organisations across the region competing for a limited pool of suitably qualified staff. Consequently, there remains an ongoing risk that existing substantive staff may be attracted to opportunities elsewhere, further impacting workforce sustainability.

While risks remain, particularly in relation to the provision of inpatient maternity services at Daisy Hill Hospital, the Trust is taking proactive, structured and evidence-based action to manage these safely. Enhanced governance arrangements, daily operational oversight, workforce monitoring and continuity planning provide assurance that risks are being actively identified, reviewed and mitigated.

Quality and safety indicators continue to be closely monitored through established governance processes. Current oversight provides assurance that maternity services remain safe, with no evidence of deterioration in the quality of care attributable to the workforce challenges outlined in this report.

The Trust will continue to work closely with staff, service users, trade unions, professional bodies, commissioners and regional partners as plans progress. The continued priority is to ensure that women and babies receive safe, high-quality care while supporting the development of a more resilient, sustainable and integrated maternity service for the future.