

Medical workforce pressures affecting inpatient maternity services at Daisy Hill Hospital

Frequently asked Questions and Answers

13 October 2026

Had a shared or cross-site consultant rota between Craigavon Area Hospital and Daisy Hill Hospital, particularly for overnight cover, been explored?

Yes. Cross-site working has been developed where possible. However, Craigavon Area Hospital does not have spare consultant capacity that could be redeployed to Daisy Hill Hospital.

Had cross-site or overnight cover been offered as part of the package for prospective recruits?

The Trust has undertaken extensive recruitment activity, offered enhanced payments and engaged prospective recruits about working at Daisy Hill Hospital and Craigavon Area Hospital. Alternative recruitment and staffing models have been explored. Cross site working can only be offered where there is capacity to do so across both sites. At present there is no additional consultant capacity at Craigavon Area Hospital.

Was there clinical input into advertised consultant job specifications, and were the posts designed to be sufficiently attractive?

Yes. Consultant job plans were subject to external professional assurance and clinical leaders have engaged with prospective applicants and senior trainees about the type of posts they would find attractive. Daisy Hill Hospital posts combined obstetrics and gynaecology; larger rotas, less frequent on-call commitments and work-life balance were identified as factors influencing applicants' choices.

What feedback had the Trust received from recruitment activity and why were clinicians not applying for or accepting Daisy Hill posts?

The Trust's engagement indicated that several factors affected recruitment to Daisy Hill Hospital, including the combined obstetrics and gynaecology role, the nature and frequency of on-call commitments, the attraction of larger teams elsewhere and work-life balance. Recruitment campaigns have attracted a limited number of appointable candidates.

What is being done with cross-border partners to support Daisy Hill Hospital?

SPPG and the Southern Trust Chief Executive has engaged directly with HSE colleagues to seek assistance. This has not yet resulted in any concrete workforce assistance for Daisy Hill Hospital. Discussions continue with HSE re any other supports which could be made available in the event of Temporary consolidation.

What support or resource had been identified by the other HSC Trusts?

No sustainable additional resource has been identified from other HSC Trusts. Requests for regional mutual support have been made and engagement is continuing with the Department of Health, SPPG, other Trusts and other regional stakeholders. In August 2026, the Chief Executive wrote to O&G consultants through their respective organisations requesting assistance and offering

remuneration at the top of the agency scale. The Trust received two offers of occasional shift cover but no substantive response was received.

Did the consultants who resigned raise grievances before resigning and, if so, were these acted upon?

No grievances have been raised by any consultants who resigned.

Were exit interviews undertaken with departing consultants and what issues were identified?

Senior leaders have spoken extensively with the consultants who resigned and understand their reasons for leaving. The reasons referenced included personal circumstances, career opportunities, job design with roles focused on one part of the specialty, on-call commitments and work-life balance.

Could the additional birth activity, staffing requirement and theatre capacity be accommodated safely and sustainably at Craigavon Area Hospital?

The Trust's assessment is that temporary consolidation at Craigavon Area Hospital could be implemented safely if required. A comprehensive Business Continuity Plan has been developed and approved by SPPG, and temporary consolidation has been identified, following clinical, operational and workforce assessment, as the safest and most sustainable continuity arrangement available. Detailed work on beds, theatres, neonatal arrangements, staffing and clinical pathways is being progressed.

Would Daisy Hill maternity staff be required to transfer to Craigavon Area Hospital?

A transfer of some but not all Daisy Hill maternity staff would be required. Planning assumptions are currently indicating approximately 20 WTE midwives will be needed to transfer. Staff will receive individual engagement and support as part of the Management of Change process.

Had the Northern Ireland Ambulance Service given its view on the proposal and the impact on ambulance cover?

The Northern Ireland Ambulance Service implications have been included in continuity planning. NIAS would be represented in the overarching contingency arrangements and that specific ambulance protocols would be required.

Would the Trust support or participate in the proposed health summit bringing together Ministers, the Department, Trusts and other stakeholders?

Yes, the Trust welcomes and supports all continued regional engagement to support services.

When did the Trust become aware that consultants were retiring or resigning, and when was succession planning undertaken?

We have been made aware of consultants resigning over the past three months. Recruitment efforts to support succession planning have been ongoing since 2024.

How many consultant recruitment exercises had been undertaken?

Fourteen consultant recruitment campaigns have been advertised across the Trust between 2024 and August 2026. Five distinct Daisy Hill Hospital consultant advertisements have resulted in ten applications, four shortlisted candidates, three interviews and one appointment.

What had been done specifically to retain existing consultants?

The Trust met with consultants, however were not able to offer any adjustments which would result in them remaining.

What incentives had been considered or offered to secure consultant cover?

Enhanced remuneration has been offered to secure additional consultant cover. Obstetricians have been offered payments at the top of the agency scale.

When was the workforce position escalated to the Department of Health?

Due to the vulnerability of the service, the Trust's obstetrics and gynaecology service has been supported through the Department of Health's Support and Intervention Framework from November 2024. The fragility of the service has been retained on all formal engagements with SPPG in respect of O&G services in the Southern Trust and Daisy Hill Hospital in particular.

Where were the capacity assessment and staffing model for Craigavon, including additional midwives, obstetricians, neonatal capacity, theatre capacity, anaesthetic cover and beds?

The Trust has undertaken clinical, operational and workforce assessment and has developed an SPPG-approved Business Continuity Plan. Detailed planning continues on additional beds, theatre capacity, neonatal and network arrangements, staffing and other interdependencies. The capacity requirements in CAH are subject to ongoing detailed planning should temporary consolidation be required.

What would removal of inpatient maternity mean for anaesthetics, theatres, paediatrics, neonatal care, gynaecology, Daisy Hill Emergency Department and the overall sustainability of Daisy Hill Hospital?

Antenatal, postnatal and gynaecology outpatient services are expected to continue at Daisy Hill Hospital. Along with gynae clinics including colposcopy, hysteroscopy, ambulatory and early pregnancy problem clinic. Emergency pathways and the wider effects on anaesthetics, theatres, paediatrics, neonatal services, gynaecology and the Emergency Department are being considered through continuity planning.

Would the Trust publish the evidence underpinning the contingency arrangements, including capacity modelling, workforce modelling, travel-time assessment, ambulance implications, rural impact and impact on linked Daisy Hill services?

The travel-time analysis, equality screening, rural-needs assessment, quality-impact assessment and other detailed continuity-planning work are still being developed and will be shared when available.

What measurable conditions would result in inpatient maternity services returning to Daisy Hill if the move were temporary?

The Trust remains committed to maintaining inpatient maternity services at Daisy Hill Hospital where this can be achieved safely and sustainably. Any temporary consolidation will remain under continuous review and will continue only for as long as necessary to ensure safe care. Retaining or re-establishing inpatient maternity services in Daisy Hill Hospital will be dependent on having the required specialist medical capacity to do so safely.

What meaningful consultation and partnership engagement would take place with trade unions and affected staff?

Staff representatives were briefed immediately before the staff and public announcement on Monday 21st September. Trade Unions can be assured that regular meetings have been established, the first of which was scheduled to take place on Friday 25th September (and every Friday thereafter throughout the current challenge). Trade unions and affected staff will be kept involved as planning

progresses, and are involved in regular meetings regarding the management of change process and continuity planning. Trade Unions will participate in staff discussions and affected staff will be offered individual engagement as part of any management of change process.

What staffing level is required for the service to return?

If sufficient specialist workforce capacity can be established across all grades, inpatient maternity services in Daisy Hill Hospital will be retained or re-established at a future date. Minimum and safe Consultant requirement is 12.0 WTE CAH and 8.0 WTE DHH.

What recruitment plan is being implemented?

The Trust will continue to explore any available consultant workforce via active locum agency engagement and Public advert (planned for November).

Who is responsible for delivering it?

Recruitment is being led through the responsible directorate, clinical leadership and workforce teams. The Directorate of Children, Young People & Women's Services is responsible for ongoing recruitment, heavily supported by HROD.

What are the timescales?

Consultant Obstetrician recruitment campaign closed on 17 September 2026 after an extension to maximise applications. There were no suitable applicants.

Recruitment is ongoing. Successful recruitment is dependent on available workforce.

When will progress be reviewed?

Progress is continually reviewed and monitored.

Was consultant recruitment being undertaken continuously and on an ongoing basis?

Yes. Consultant recruitment and sourcing activity has been ongoing and will continue. The Trust is using substantive recruitment campaigns, national and international searches, framework and off-framework agencies, alternative recruitment models and direct candidate engagement.

How was the Trust recruiting internationally or globally?

The Trust has been recruiting through UK and international searches, approximately 110 specialist agencies under the HealthTrust Europe Medical Locum Framework, approximately 58 NI Medical and Dental Agency Framework suppliers and off-framework agencies, professional recruitment platforms and direct candidate engagement. The Trust also explored a neutral-vendor arrangement to access additional agencies and candidate pools and is considering an exploratory enquiry from a consultant practising in the United States.

What is the assessed safe capacity at Craigavon Area Hospital if inpatient maternity services are consolidated there?

Following clinical, operational and workforce assessment, temporary consolidation at Craigavon Area Hospital is the safest and most sustainable continuity arrangement available if the Business Continuity Plan has to be implemented.

How many additional beds are required and where will they be located?

Additional bed capacity at Craigavon Area Hospital is being planned as part of the continuity arrangements.

Where will the additional labour/delivery room capacity be provided?

Additional labour and delivery capacity is being considered through continuity planning.

Will women continue to be guaranteed one-to-one midwifery care while in the delivery suite?

Yes, one-to-one midwifery care in the delivery suite will be protected.

What will happen if Craigavon maternity reaches capacity?

Detailed continuity plans to manage patient demand and flow are being developed and will be kept under continual review.

What consultation had taken place with staff in the Daisy Hill maternity unit?

Staff were briefed before the public announcement, and since then further meetings, individual engagement and trade union involvement has commenced. An extraordinary Joint Negotiating and Consultative Forum with Trade Unions has also taken place and weekly meetings agreed to ensure effective information sharing. Staff will be kept advised as contingency plans are developed and individual colleagues who may be impacted will be offered one to one support. Staff are provided with regular weekly written updates, a weekly live briefing and regular managerial engagement.

What happens if a woman in active labour or an obstetric emergency presents at Daisy Hill Emergency Department?

A safe emergency pathway for women presenting in labour or with an obstetric emergency at Daisy Hill Hospital is being developed through clinician-led continuity planning.

What assurance can be provided that women and babies will be safe under the proposed arrangements?

Temporary consolidation at Craigavon Area Hospital has been identified as the safest and most sustainable continuity arrangement available if staffing levels can no longer support a safe inpatient service at Daisy Hill Hospital. The Trust's assurance would be based on an SPPG-approved Business Continuity Plan, clinical, operational and workforce assessment, professional governance, daily oversight, risk review and continued monitoring of maternity quality and safety indicators. Two external subject matter experts have also been appointed to act as Critical Friends to the continuity plans being developed.

Will the Trust publish its recruitment plans and evidence?

Yes. Information on consultant recruitment activity can be made publicly available. The Board paper details substantive campaigns, national and international searches, agency activity, alternative recruitment models and direct candidate engagement.

What is the recruitment target date and who is accountable for delivery?

Recruitment and sourcing activity is ongoing and is being led through the responsible directorate, clinical leadership and workforce teams. The Directorate of Children, Young People & Women's Services is responsible for ongoing recruitment, heavily supported by HROD.

What is the route back from a temporary move and what measurable criteria would support return to Daisy Hill?

The Trust remains committed to maintaining inpatient maternity services at Daisy Hill Hospital where this can be achieved safely and sustainably. Any temporary consolidation will remain under continuous review and will continue only for as long as necessary to ensure safe care. If sufficient

specialist workforce capacity can be established, inpatient maternity services in Daisy Hill Hospital will be retained or re-established at a future date.

What evidence supports the Trust's assurance that consolidation can be delivered safely?

The safety assurance is based on a comprehensive Business Continuity Plan approved by SPPG and on clinical, operational and workforce assessment of alternative options. Alternative staffing arrangements, regional support, modified models of obstetric care and alternative service configurations have been assessed, but none is considered capable of providing a safe, sustainable and resilient inpatient service at Daisy Hill Hospital with the projected consultant workforce. Temporary consolidation at Craigavon Area Hospital has therefore been identified as the safest and most sustainable continuity arrangement available. Quality and safety indicators will continue to be monitored through established governance arrangements.

What is the number of obstetric specialty registrars currently working at Daisy Hill?

Daisy Hill Hospital currently has 10 substantive obstetric SAS (Specialty, Associate Specialist) doctors in post.

This includes seven permanent substantive doctors and three temporary substantive doctors.

Two of the seven permanent doctors are part-time.

Why are eight obstetric consultants required for the Daisy Hill site?

The Royal College of Obstetricians and Gynaecologists defines standards and oversees the appropriate allocation of consultant time to support the delivery of safe services.

In practical terms and to offer a balanced and sustainable pattern of working in and out of hours, most rotas aim for a frequency of 1:8 or better.

This means that at least eight consultants are needed to support the rota

As a Trust, in line with advice from HR and consultant colleagues, the obstetric and gynaecology rota should not fall below 1:8, in order to support a safe, balanced and sustainable service and mitigate the risk of work-related fatigue and potentially unsafe decision-making.

For further information:

[24th September Trust Board Paper](#)