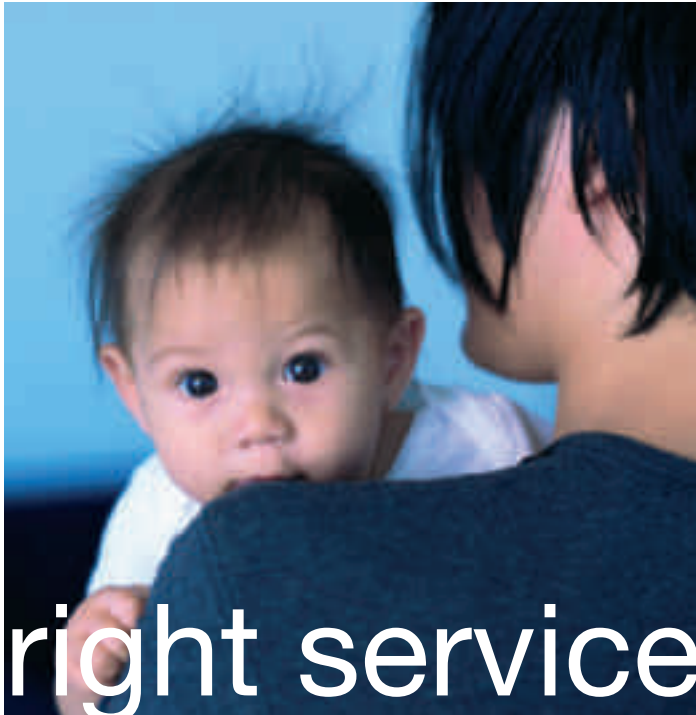




Belfast Health and  
Social Care Trust



right service

for women and their partners



right place



A consultation proposal  
to reshape  
Maternity Services  
in Belfast

1 March 2012 to 31 May 2012





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## Availability in other formats

Throughout this paper you will find an explanation for some of the technical terms used. If there is something in the document that you do not understand, please feel free to contact the Trust.

If you have any queries about this document and its availability in alternate formats then please contact:

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## Foreword

Brian Barry, Director of Specialist Hospitals, Women and Child Health

### RIGHT SERVICE, RIGHT PLACE FOR WOMEN AND THEIR PARTNERS

We have produced this document to ensure that women, their partners and families, staff and the public have an opportunity to consider and comment on the proposed reshaping of maternity services in Belfast. Our aim is to ensure our maternity services are of the highest possible quality, are responsive to the needs of women and their partners and offer informed choice whilst improving the user experience. Any changes we make will only happen after we have listened to everyone's views. That is why we would encourage you to contribute to our plans. Your opinion matters to us.

In 2008 in our New Directions consultation document, we opened a conversation on the best way to deliver services in Belfast over the next decade. This document is part of the next steps. It represents a formal consultation on specific proposals for service change in the delivery of maternity services. Our priority is, and will remain, the safety of women throughout all the stages of their journey. Our focus here is on the where, rather than the how, women will deliver their babies.

We are proposing that consultant-led obstetric services should be provided at the Royal Jubilee Maternity Service, alongside the existing models of midwife-led care, and that a free-standing Midwife-Led Unit should be developed at the Mater Hospital. Antenatal care would continue to be delivered in its current locally accessible arrangement, in the community and in the Mater Hospital and Royal Hospital sites.

We want to do all of this to ensure women, their babies and their families have the best maternity experience possible, delivered by the right person, in the right place, at the right time.

First, we want to listen to you. We hope you will take the time to read this document and let us know your views on the proposals. Help us to get it right.

[http://intranet.belfasttrust.local/Corporate Documents/New\\_Directions\\_Final.pdf](http://intranet.belfasttrust.local/Corporate Documents/New_Directions_Final.pdf)







**An Alongside Midwifery Unit** is a unit offering care to women with straightforward pregnancies in which midwives are the professional responsible for care.

Medical services including obstetric, neonatal and anaesthetic care are immediately available on the same site.

**Obstetrics** is the branch of medicine that trains doctors to help pregnant women with pregnancy care and delivery of their babies especially when there are complex health needs.

The Obstetric team works closely with GPs and primary care professionals across the region.

**A Freestanding Midwifery Unit** is a unit offering care to women with straightforward pregnancies in which midwives are the professional responsible for care.

General Practitioners may also be involved in antenatal and postnatal care. Medical services including obstetric, neonatal and anaesthetic care are not immediately available on the same site. Transfer may involve a car or ambulance journey.

## Executive Summary

Choosing where, and how, to give birth is an important decision for mothers-to-be. The Belfast Health and Social Care Trust is committed to ensuring that all women have their birthing experience in an environment which is staffed to meet their needs, with appropriate clinical linkages for delivery and access to postnatal and neonatal care as required. The Trust also wants to offer women the possibility of using a midwife-led unit which would enhance their choice in where they can deliver their babies. This would support the current models of midwife-led care.

Five options were initially considered for the reshaping of Maternity Services and these were reduced to three for more detailed examination:

**Option 1 Maintain** Consultant-led Obstetric services at the Royal Jubilee Maternity Service and Mater Hospital, including current models of **Midwife-Led Care** in both Units (this is the status-quo);

**Option 2 Establish** one Consultant-led Obstetric service and an **Alongside Midwife-Led Unit** at the Royal Jubilee Maternity Service only;

**Option 3 Establish** one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a **Free-standing Midwife-Led Unit** at the Mater Hospital.

## Service Recommendation

The Belfast Trust Maternity Project Group<sup>1</sup> recommendation is that:

The Belfast Health and Social Care Trust should take forward Option 3 which will establish one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a free-standing Midwife-Led Unit at the Mater Hospital.

Option 3 is the preferred option for the Belfast Maternity Service because it will:

- Give women greater choice in their options for maternity care, with the change to a Free-standing Midwife-Led Unit at the Mater Hospital;
- Improve safety for all women by bringing together the Labour Ward consultant obstetric presence in one unit;
- Maintain the existing clinical linkages to other regional services on the Royal Hospital site, including the Regional Neonatal Unit and The Children's Hospital;
- Offers the necessary physical capacity to accommodate one consultant-led obstetric service in the Royal Jubilee Maternity Service;
- Locate a free-standing Midwife-Led Unit at the Mater, where the necessary physical capacity exists;
- Significantly improve training and supervision of junior doctors as a consequence of single site consultant-led care;
- Align with the strategic direction set by the Belfast Health and Social Care Trust and the Health and Social Care Board/Public Health Agency.

## Introduction

- 2.1 The development of the Belfast Trust and recent reviews of maternity services<sup>2</sup> have provided the obstetricians, midwives and other relevant staff with the opportunity to reshape maternity services. The purpose is to ensure that women, their partners and their babies experience a quality service which offers maximum safety and choice in their location and type of maternity service.
- 2.2 The Trust, in its public consultation on New Directions<sup>3</sup>, received support for its key principles to ensure that all women who give birth in the Belfast Trust, have an experience which gives them:
- choice in how and where to give birth;
  - continuity of care during childbirth; and
  - control in their maternity care, based on high quality information and evidence based clinical advice.

New Directions indicated that the Trust's proposed model for Maternity Services is to locate inpatient obstetric services, including neonatal services, in the Royal Jubilee Maternity Service at the Royal Maternity Hospital complemented by the provision of a Midwife-Led Unit at the Mater Hospital. It was also proposed that antenatal care would continue to be provided in its current locally accessible arrangement. Postnatal care would continue to be provided in the home following appropriate discharge. Community midwife teams would continue to provide ongoing assessment, monitoring and support of mothers and babies.

Neonatal care is the care of the newborn. Neonatal units specialise in the care of babies born early with low birth weight or babies who have a medical condition that requires specialised treatment.

Postnatal Care is the care of the mother and baby immediately following birth and up to 6 weeks after.

Antenatal care is the midwifery and medical supervision given to a pregnant woman and her baby from conception to the delivery of the baby with the aim of prompt detection and treatment of problems.

2 RQIA: Report on the RQIA Review of Intrapartum Care March 2010 [http://www.rqia.org.uk/cms\\_resources/Southern%20Report%20Published%20Version%2011%20May%2010.pdf](http://www.rqia.org.uk/cms_resources/Southern%20Report%20Published%20Version%2011%20May%2010.pdf)

3 New Directions – a conversation on the future delivery of health and social care services in Belfast – Belfast Health and Social Care Trust, 2008.

### 3.0 How are Maternity Services currently delivered?

3.1 Around 26,000 babies are born each year across Northern Ireland, almost all within eleven Units. Within the last decade, five maternity services have developed Midwife-led Units, three of which have an Alongside Midwife-Led Unit<sup>4</sup> and a further two are Freestanding Midwife Led Units<sup>5</sup>. The Belfast Maternity service includes the Royal Jubilee Maternity Service and the Mater Maternity Unit, both of which offer consultant and midwife-led care.

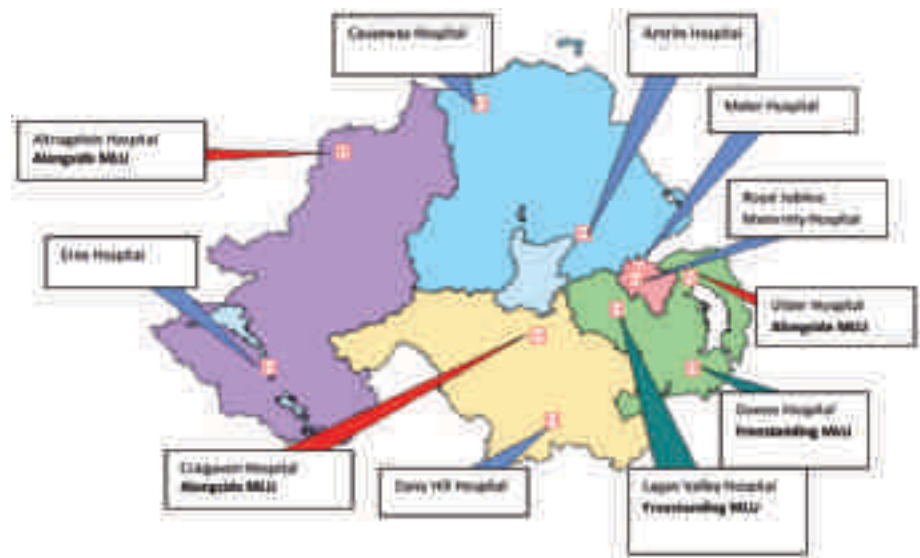


Figure 1.0 Location of Maternity Units in Northern Ireland

#### Figure 1.0 Location of Maternity Units in Northern Ireland

3.2 The Royal Jubilee Maternity Service delivers over 20% of babies in Northern Ireland and is the regional referral centre for high risk and complicated pregnancies. The Regional Neonatal Unit is based alongside the Royal Jubilee Maternity Service and both are located close to the Children's Hospital on the Royal Hospitals site. The regional nature of the Royal Jubilee Maternity Service is highlighted in Table 1, which shows the Trust of Residence for mothers in 2011, with births to women from across all 5 Trusts.

<sup>4</sup> An **Alongside Midwifery Unit** is a unit offering care to women with straightforward pregnancies in which midwives are the professional responsible for care. Medical services including obstetric, neonatal and anaesthetic care **are immediately available on the same site**.

<sup>5</sup> A **Freestanding Midwifery Unit** is a unit offering care to women with straightforward pregnancies in which midwives are the professional responsible for care. General Practitioners may also be involved in antenatal and postnatal care. Medical services including obstetric, neonatal and anaesthetic care **are not immediately available on the same site**. Transfer may involve a car or ambulance journey.

**Table 1: Births in Royal Jubilee Maternity Service by Trust Residence**

RJMS births by Trust residence	No of births 2011	Percentage*	Belfast as Trust of Residence		
			Area	No of births	Percentage*
Belfast Trust	2689	48%	North	497	18%
South Eastern Trust	1420	25%	South	749	28%
Northern Trust	1187	21%	East	269	10%
Southern Trust	234	5%	West	892	33%
Western Trust	64	1%	Castlereagh	222	11%
Great Britain/Republic Of Ireland	8	-	TOTAL	2689	100%
<b>TOTAL</b>	<b>5602</b>	<b>100%</b>			

3.3 As the regional centre, the Royal Jubilee Maternity Service has close physical and clinical links with the:

- Specialist neonatology teams from the Regional Neonatal Unit;
- Specialist paediatric support from the Children’s Hospital;
- Specialist clinics for women with cardiology, haematology, endocrinology, neurology and other sub-specialty services on the Royal Victoria Hospital site.

3.4 The Mater Maternity Unit (MMU) in the Belfast Trust delivers 5% of total births in Northern Ireland, and provides a locally accessible service with 92% of their births to women from North and West Belfast and the Northern Trust, particularly from the Newtownabbey and Glengormley areas, as shown in Table 2.

**Table 2: Births in Mater Maternity Unit by Trust Residence**

MMS births by Trust residence	No of births 2011	Percentage*	Belfast as Trust of Residence		
			Area	No of births	Percentage*
Belfast Trust	794	65%	North	558	70%
South Eastern Trust	27	2%	South	32	4%
Northern Trust	396	32.5%	East	20	2%
Southern Trust	3	0.5%	West	170	22%
Western Trust	1	-	Castlereagh	14	2%
Great Britain/Republic Of Ireland	1	-	TOTAL	794	100%
<b>TOTAL</b>	<b>1222</b>	<b>100%</b>			

\*Percentages have been rounded up for ease of reading

3.5 Table 3 highlights the current provision of Maternity Services in the Belfast Trust.

**Table 3: Current Maternity Services Provision in Belfast Trust**

Unit/Team	Services Provided
Community Midwife team	Ante-natal care (or shared with GP/Obstetrician), Home Birth;  Post-natal care (when woman returns home after childbirth); Provides services across Belfast from 3 community bases.
Mater Maternity Unit*	Antenatal care: women are booked for care with an obstetrician or midwife;  Care during Labour: <ul style="list-style-type: none"> <li>- daytime consultant obstetric presence;</li> <li>- Middle grade obstetric doctor available on site to 5pm;</li> <li>- Out of hours service supported by an obstetric doctor on-call from home;</li> <li>- access to theatres and anaesthetics, shared with other services;</li> <li>- 1:1 midwifery care in labour;</li> </ul> Women who have concerns during their pregnancy currently self-refer to the Maternity Unit for review by midwives and medical team; Postnatal inpatient care.
Royal Jubilee Maternity Service	Antenatal care: women are booked for care with an obstetrician or midwife; A 24 hour Emergency Admission and Assessment Unit;  Care during labour: <ul style="list-style-type: none"> <li>- daytime consultant obstetric presence;</li> <li>- senior obstetric doctor with a minimum of 6 years training on site 24 hours a day, 7 days per week;</li> <li>- an anaesthetic team with prime responsibility to support the obstetric service;</li> <li>- 1:1 midwifery care in labour;</li> </ul> Postnatal Care inpatient and community; A Day Obstetric Unit/Centre for Foetal Medicine.
Neonatal & Paediatric Services	Regional Neonatal Unit Neonatal Transport Service The Children's Hospital
Regional Specialist Clinics	Provision of joint clinics for women with a range of specialist requirements including Diabetes, Endocrinology, Cardiology, Neurology, or Haematology.

**Notes:\*** Where women booking for the Mater Hospital are assessed as potentially high risk pregnancies, these women are transferred to the Royal Jubilee Maternity Service.



**Midwives** provide care to all women, whether or not they are considered at high or low risk, and take primary responsibility (midwife led) for women throughout straightforward pregnancies and during labour and birth.

The Trust supports a Home Birth option and women who choose to have a home birth will be looked after by community midwives integral to the Belfast maternity service.

**Intrapartum Care** is the care of the mother and fetus during labour and the birth process.

## 4. Why reorganise Maternity Services now?

4.1 Safety and quality underpin all health and social care services. Evidence shows that a focus on normalising birth results in better quality, safer care and an improved experience for mothers and their babies<sup>6</sup>. Pregnancy and childbirth is not without risk and appropriate interventions can and do save the lives of mothers and babies. However interventions are not risk free and can be associated with complications. In the Department's Quality Strategy<sup>7</sup> there is a clear commitment to safety – "avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them."

4.2 The DHSSPS Maternity Services Consultation - a draft Maternity Strategy for Northern Ireland (2011)<sup>8</sup> recommended that there should be both greater focus on the 'normalisation' of births and the availability of safe, high quality obstetric services for those who need them. The draft Maternity Strategy indicates that appropriately skilled and trained obstetric, neonatal and anaesthetic decision makers should be available on site to support consultant availability throughout the 24 hour day in Consultant Led Units. This standard is met in the Royal Jubilee Maternity Service but cannot be delivered in the Mater Hospital. This point was also recognised in an RQIA Review of Intrapartum Services<sup>9</sup>, which expressed concern about the future sustainability of two consultant-led units in such close proximity in Belfast.

4.3 In the Commissioning Plan,<sup>10</sup> 2011/12, the Health & Social Care Board (Board) and Public Health Agency (PHA) indicate their intention to deliver the recommendations of the DHSSPS Regional Review of Maternity Services and refer to the importance of a paediatric inpatient unit co-located with a consultant obstetric unit. They highlight that the only consultant obstetric unit without a co-located paediatric inpatient unit is the Mater Hospital.

6 "Promoting Normal Birth" NHS Institute for Innovation and Improvement 2010 <http://www.institute.nhs.uk/images//documents/Building-Capability/HIA/4.Promoting%20normal%20birth.pdf>

7 Quality 2020: A Ten Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland, DHSSPS 2011

8 Maternity Services Consultation:- a draft Maternity Strategy for Northern Ireland, DHSSPS, 2011

9 RQIA: Report on the RQIA Review of Intrapartum Care March 2011 [http://www.rqia.org.uk/cms\\_resources/Southern%20Report%20Published%20Version%2011%20May%2010.pdf](http://www.rqia.org.uk/cms_resources/Southern%20Report%20Published%20Version%2011%20May%2010.pdf)

10 Commissioning Plan 2011/12, the Health & Social Care Board (Board) & Public Health Agency (Page 68).

- 4.4 The Regional Review of Health and Social Care in Northern Ireland 'Transforming Your Care'<sup>11</sup> will shape the delivery of health and social care over the next decade. In relation to maternity services, the review recommends that:
- services in consultant-led obstetric and midwife-led units should be available dependent on need;
  - promotion of the normalisation of birth, with midwives leading care for straightforward pregnancies and labour, and reduction over time of unnecessary interventions;
  - continuity of care for women throughout the maternity pathway.
- 4.5 In the Belfast Trust response to the DHSSPS 'Maternity Services Consultation - a draft Maternity Strategy for Northern Ireland' (2011)<sup>12</sup>, the Trust emphasised that:
- Women with high risk pregnancies should continue to be treated within the regional centre for maternity services at the Royal Jubilee Maternity Service;
  - The regional maternity centre must continue to be located adjacent to the Royal Victoria Hospital which can provide a full range of specialist services for pregnant women and new mothers, including interventional radiology and intensive care;
  - Prenatal services at the Royal Jubilee Maternity Service require the on-site back up from the full range of paediatric specialties based in the Children's Hospital; Preterm babies should be looked after in a neonatal unit staffed 24/7 by appropriately qualified consultant Neonatologists.
- 4.6 The Trust has reviewed its existing arrangements for consultant obstetric presence in its labour wards, the provision of the neonatal service at the Mater Hospital and the training needs of junior medical staff. The Belfast Maternity service has concerns about the impact of delivering safe and sustainable services within two consultant obstetric services in the medium term. Therefore the Belfast Trust believes that there is a need for change in the Trust's Maternity Services.
- 4.7 Labour ward consultant obstetric presence is required to ensure quality decision-making in the clinical care of women and babies and support and training for junior doctors. Whilst the Royal Jubilee Maternity Service meets the Maternity Strategy expectation that appropriately skilled doctors are on site 24/7<sup>13</sup>, the Mater Hospital cannot provide this level of medical expertise on site 24/7.
- 4.8 The Mater Hospital relies on locum doctors to fill the service gaps in rotas for the team of doctors who provide support to the consultant obstetric staff. The number of junior doctors allocated to the Mater Hospital is limited by training requirements which must ensure that doctors work in a way that develops their skills, knowledge and expertise. Bringing together consultant-led obstetric services onto one site would provide the appropriate clinical support for the doctors in training, which cannot be provided in the current split site arrangement.
- 4.9 The regional neonatal team from the Royal Jubilee Maternity Service supports the daytime neonatal cover at the Mater Hospital and out of hours support is provided by locum consultants on call from home. Bringing together consultant-led obstetric service onto one site will mean that the neonatal team will only be required to support intranatal care in one setting.

<sup>11</sup> Transforming Your Care, A Review of Health and Social Care in Northern Ireland, Health and Social Care Board, December 2011

<sup>12</sup> Maternity Services Consultation: - a draft Maternity Strategy for Northern Ireland, DHSSPS, 2011

<sup>13</sup> RJMS have an obstetric doctor on-site 24 hours a day with a minimum of 6 years training in obstetrics.



#### 4.10 How were the Options for reshaping Maternity Services assessed?

The Belfast Trust Maternity Project Group considered that the key criteria in assessing the options for the delivery of maternity services across the Belfast Health and Social Care Trust are:

- 4.11 **Safety and Sustainability** – the need to provide choices for women and their partners within a safe and sustainable service;
- 4.12 **Quality and Effectiveness** – maternity services should maintain and enhance, where possible, their quality, effectiveness and efficiency;
- 4.13 **Clinical Linkages** – maternity services must be appropriately clinically linked to ensure that relevant specialist services are available to women and their babies;
- 4.14 **User accessibility** – maternity services must be accessible to women and their partners; and
- 4.15 **Strategic Compatibility** – the organisation of maternity services should complement the strategic direction set by the Belfast Health and Social Care Trust, the Health and Social Care Board and the Public Health Agency.

A locum doctor is a professionally-qualified, medical practitioner who is appointed to provide either short-term cover for a doctor who is temporarily unavailable for work, or, on a longer term temporary basis, to fill a vacant post.



## 5. Consideration of the options for the future delivery of Maternity services

- 5.1 Five options were initially considered by the Belfast Trust Maternity Project Group and these are summarised below:

**Option 1 Maintain** Consultant-led Obstetric services at the Royal Jubilee Maternity Service and Mater Hospital, including current models of **Midwife-Led Care** in both units (this is the status-quo);

**Option 2 Establish** one Consultant-led Obstetric service and an **alongside Midwife-Led Unit** at the Royal Jubilee Maternity Service only;

**Option 3 Establish** one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a **free-standing Midwife-Led Unit** at the Mater Hospital;

**Option 4 Establish** one Consultant-led Obstetric service and an **alongside Midwife-Led Unit** at the Mater Hospital only.

**Option 5 Establish** one Consultant-led Obstetric Service, including current models of midwife-led care, at the Mater Hospital and a **free-standing Midwife-led Unit** at the Royal Jubilee Maternity Service.

- 5.2 Following initial consideration, the Project Group concluded that Options 4 and 5 were not achievable for a number of reasons:
- Clinically, the Mater Hospital does not have the range of services on site which some women will need to access, such as diabetes, endocrinology, haematology, neurology or cardiology;
  - The Mater Maternity Unit is physically removed from the Children's Hospital, whose close access to the Royal Jubilee Maternity Service is of significant benefit to Maternity Services;
  - Safety would be compromised as the Regional Neonatal Unit (NNU) is located in the Royal Jubilee Maternity Service on the Royal Hospitals site. Option 4 and 5 would mean that there would be a requirement for increased neo-natal provision at the Mater Hospital as all high risk births would take place there at a distance from the NNU;
  - Whilst there is physical capacity within the Mater Maternity Unit to support the current 1200 births per annum, the Unit is unable to support the delivery of a significant increase in births and is unlikely to achieve capital funding to enable appropriate infrastructure to be developed.

- 5.3 Three options were therefore taken forward for further consideration by the Maternity Project Group:

**Option 1 Maintain** Consultant-led Obstetric services at the Royal Jubilee Maternity Service and Mater Hospital, including current models of **Midwife-Led Care** in both units (this is the status-quo);

**Option 2 Establish** one Consultant-led Obstetric service and an **alongside Midwife-Led Unit** at the Royal Jubilee Maternity Service **only**;

**Option 3 Establish** one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a **free-standing Midwife-Led Unit** at the Mater Hospital.

- 5.4 The Belfast Trust Maternity Project Group identified the key advantages and disadvantages of each option, as summarised below.

**Option 1 Maintain** Consultant-led Obstetric services at the Royal Jubilee Maternity Service and Mater Hospital, including current models of **Midwife-Led Care** in both units (this is the status-quo);

### Advantages

- Women have some choice in how and where they wish to have their maternity care as consultant-led and midwife-led care are available on each site (choice dependent on clinical risk factors). Where required, women are transferred to access specialist services in the Royal Jubilee Maternity Service;
- This option sustains the regional nature of the Royal Jubilee Maternity Service, with its linkages to the specialist clinical services on the Royal Hospitals site for those women and babies who require care from other specialist services, for example, diabetes, epilepsy, neurology or cardiology teams.



## Option 1

### Disadvantages

- Safety for women is not assured because of the lack of 24 hours a day on-site medical support in the Mater Hospital;
- Safety is not optimal because of the difficulties in sustaining neonatal service at the Mater Hospital;
- Safety is not assured because junior doctors in obstetrics, anaesthetics and doctors supporting the neonatal services provide cover from home, as highlighted in the RQIA report<sup>14</sup> and there will continue to be a reliance on locum doctors to support the service;
- Women attending the Mater Hospital, who have specialist assessment needs alongside their obstetric care, will need to also attend the Royal Hospital site or may need to change their delivery location;
- Access to the anaesthetic service at the Mater Hospital is shared with other services and there is no dedicated maternity theatre on the Mater site;
- This option will not help alleviate the current problems within the service in sustaining clinical rotas as consultant led care will remain on two sites;
- The duplication of both consultant-led and midwife-led services on each site is not the most efficient and effective use of resources;
- Continuing to provide services in the same way is not in line with the Trust and regional strategic direction for women’s services.

<sup>14</sup> Report of the RQIA Review of Intrapartum Care, RQIA (2010)

Summary of Option 1 consideration					
Option 1	Safety and Sustainability	Quality & Effectiveness	Clinical linkages	User accessibility	Strategic Compatibility
	X	√	√	√	X

**Option 2: Establish** one Consultant-led Obstetric service and an **alongside Midwife-Led Unit** at the Royal Jubilee Maternity Service **only**.

### Advantages

- This option, with the availability of an alongside Midwife-Led Unit, ensures that women and their partners have a clear choice in the type of care they wish to have within the Belfast Trust;
- Safety would also be maximised by having one neonatal staffing demand at the Royal Jubilee Maternity Service. This option would mean that there would no longer be a requirement for a neonatal division of labour at the Mater Hospital;
- This option would improve safety for all women, as consultant led obstetric care will be concentrated in one location;
- This option sustains the regional nature of the Royal Jubilee Maternity Service, with its linkages to the specialist clinical services on the Royal Hospitals site for those women and babies who require care from other specialist services, for example, diabetes, epilepsy, neurology or cardiology teams.
- Antenatal care will continue to be provided locally in both the Mater Hospital and Royal Jubilee Maternity Service. This will ensure local accessibility for women during the antenatal stage of their pregnancy and admission only to the Royal Jubilee Maternity Service for delivery;
- Training and supervision of junior doctors will be significantly improved as a consequence of single site consultant-led care;
- Having consultant led care in one location will significantly improve training and supervision of junior doctors.

### Disadvantages

- This option would have a perceived detrimental impact on local accessibility for women, in determining the location for the delivery of their babies;
- This option offers limited choice of delivery location for women;
- Both Consultant-led and midwife-led care will only be available at the Royal Jubilee Maternity Service leaving no maternity provision at the Mater Hospital and this would reduce the choice available to women and their partners;
- There is evidence of increased rates of intervention where consultant-led and alongside midwife-led units are co-located;
- This option is not in line with the Trust and regional strategic direction for women's services.

### Summary of Option 2 consideration

Option 1	Safety and Sustainability	Quality & Effectiveness	Clinical linkages	User accessibility	Strategic Compatibility
	√	√	√	X	X

**Option 3: Establish** one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a **free-standing Midwife-Led Unit** at the Mater Hospital.

### Advantages

- This option, with a freestanding Midwife-Led Unit at the Mater Hospital, would ensure that women and their partners have an extended and clearer choice in the type of maternity care they wish to have within the Belfast Trust;
- Safety for newborn babies would be maximised by having one neonatal staffing demand at the Royal Jubilee Maternity Service. This option would mean that there would no longer be a requirement for a neonatal division of labour at the Mater Hospital. Should the need arise, the baby will be transferred from the Midwife-Led Unit to the Royal Jubilee Maternity Service;
- This option will help alleviate the current problems within the service in sustaining clinical rotas as consultant led care will be in one location;
- This option would improve safety for all women as consultant led obstetric care will be concentrated in one location;
- Training and supervision of junior doctors will be significantly improved as a consequence of single site consultant-led care and there will be a decrease in the reliance on locum doctors to support service delivery;
- This option sustains the regional nature of the Royal Jubilee Maternity Service, with its linkages to the specialist clinical services on the Royal Hospitals site for those women and babies who require care from other specialist services, for example, diabetes, epilepsy, neurology or cardiology teams;

- This option will continue to provide maternity services in two locations, thus supporting accessibility of service delivery;
- The Royal Jubilee Maternity Service has physical capacity to accommodate increased activity;
- Following approval for a new maternity hospital at the Royal Hospitals, planning has begun for the Royal Jubilee Maternity Service to move into new accommodation which will also have the necessary physical capacity for the scale of births envisaged;
- The Mater Hospital has physical capacity to support a free-standing Midwife-Led Unit;
- This option is in line with the Trust and regional strategic direction for Women's services.

### Disadvantages

- Consultant-led care will only be available at the Royal Jubilee Maternity Service. This may impact on the accessibility of the service for some women and their partners.

### Summary of Option 3 consideration

Option 1	Safety and Sustainability	Quality & Effectiveness	Clinical linkages	User accessibility	Strategic Compatibility
	√	√	√	√	√

## 5.5 Preferred Option

The recommendation from the Belfast Trust Maternity Project Group is that **Option 3** is the preferred option:

**Establish** one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a **free-standing Midwife-Led Unit** at the Mater Hospital.

**Option 3 is the preferred option for the Belfast Maternity Service because it will:**

- Give women greater choice in their options for maternity care, with the change to a Free-standing Midwife-Led Unit at the Mater Hospital;
- Improve safety for all women by bringing together the Labour Ward consultant obstetric presence in one unit;
- Maintain the existing clinical linkages to other regional services on the Royal Hospital site, including the Regional Neonatal Unit and The Children's Hospital;
- Offers the necessary physical capacity to accommodate one consultant-led obstetric service in the Royal Jubilee Maternity Service;
- Locate a free-standing Midwife-Led Unit at the Mater, where the necessary physical capacity exists;
- Significantly improve training and supervision of junior doctors as a consequence of single site consultant-led care;
- Align with the strategic direction set by the Belfast Health and Social Care Trust and the Health and Social Care Board/Public Health Agency.

## 6. What would this mean for women and their partners, for staff and Trust sites?

### 6.1 For Women, their partners and their babies

- Women will continue to have the choice to access locally available antenatal care and receive appropriate assessment and support to make the best choice for their place of birth;
- There is one location for consultant-led obstetric services supported by a comprehensive Neonatal Service;
- Specialist access for women and babies who require care from other services will be available either during pregnancy, birth or in the postnatal period;
- Women will have an option to give birth to their baby in a Free Standing Midwife-Led Unit in the Mater Hospital.

### 6.2 For Staff

- Teams will be equipped to meet the needs of women by concentrating their skills to give significantly improved levels of expertise and clinical decision making at all times;
- Improved on site support for junior medical staff in training through increased physical presence in Delivery Suite and decreased reliance on locum cover;
- More effective deployment of staff in the service, supporting team development and improved clinical care;
- The Neonatal team will be able to concentrate their resources on one site.
- There will be no loss of permanent staffing across the service.

### 6.3 For Trust Sites

- Strategic development of a free-standing Midwife-Led Unit supports the Trust and regional strategic direction for normalisation of births;
- There is physical capacity in the Royal Jubilee Maternity Service and Mater Hospital to accommodate the preferred option.



## 7. Workforce

### What does this mean for Staff?

It is important to acknowledge the contribution, skills, knowledge and expertise of the staff who deliver Maternity Services within the Trust. The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change.

The proposal set out in this consultation document is to develop a single Consultant led Maternity Service with Midwifery-led care at the Royal Jubilee Maternity Services (RJMS) and a free-standing Midwifery-led Unit at the Mater Hospital.

The Maternity Service is delivered by 378 staff in Royal Jubilee Maternity and 54 staff at the Mater Hospital. The staff include:-

- 21 Medical staff\*
- 361 Midwives and Nurses
- 39 Administrative and Support staff
- 11 Professional and Technical staff

The proposal will impact on the staff delivering the Maternity Services, however, it is not anticipated there will be a reduction in funded staffing levels as a result of this proposal.

In addition there are other staff employed by the Trust who provide a service to the Maternity Service, for example staff employed in Patient Client Support Services, Health Records, Theatres and other areas. While not directly affected in the same way as Medical or Midwifery staff for example, these staff and services will be included in the consultative process of this service change.

### If the proposal is approved the main impacts anticipated for staff will be:-

#### Relocation / Redeployment

The proposal will involve the relocation and/or redeployment of some staff and posts for Medical, Nursing and Midwifery and Administrative staff, to facilitate the reconfiguration to a consultant-led obstetric service at RJMS and the creation of a free standing Midwife led Unit at the Mater Hospital.

Where staff need to be relocated and/or be redeployed the Trust has in place an agreed Framework on the Management of Staff affected by Organisational Change and Staff Redeployment Protocol. These have been developed and agreed with Trades Unions in recognition of the fact that location of work is of major importance to staff in supporting and minimising the impact on staff through periods of change. These arrangements also provide the provision of the national Terms and Conditions on issues such as excess mileage and the application of the Trust's Flexible Working Arrangements.

#### New Ways of Working/Re-training or Re-skilling

As the Trust is proposing to reconfigure maternity services, staff whose job roles may change, will be offered appropriate training/re-training.

#### Providing Support for Staff

In dealing with any proposal the Trust is committed to ensuring that the process is characterised by openness, transparency, involvement, recognition and engagement with its staff and Trades Unions. The Trust will put in place a range of support mechanisms which can be tailored to the specific needs of the individual. These may include, as appropriate, individual staff support, induction, skills analysis to identify staff needs and support the transition to the agreed change in service, advice and guidance on Human Resource Policies and Procedures.

#### Partnerships

The Trust will work in partnership with Trades Unions and in accordance with the agreed Frameworks.

These proposals are subject to this consultation process and an Equality Impact Assessment which will inform the decision to be made. The Equality Impact Assessment provides more detail on the impact of staff and service users.

\* These figures do not include junior doctors who are placed on rotation as part of their training.



## 8. Conclusions and Recommendations

In the context of the proposal to reshape the delivery of maternity services, and the consideration of the available options, this document was approved for consultation by Belfast Health and Social Care Trust at the Trust Board meeting on **1 March 2012**.

We are now seeking staff, service user and public views on the proposed option. Please refer to section 9 for the consultation questions.

## 9. Your Opportunity to Have Your Say – Consultation Questions

This document represents a formal consultation between the Belfast Trust and the citizens we serve on how we should deliver maternity services. The consultation period will open on **1 March 2012 and close on 31 May 2012**.

We are sending this paper to staff, key groups and stakeholders and Trades Unions. We will also respond to requests for further clarification and discussion as best we can. The documents will be available on both the Trust's intranet and internet pages.

We will hold a series of meetings with relevant parties to ensure they have all the relevant information to respond to the Consultation. A report will be presented to Trust Board following the consultation period. The Trust Board meeting is open to the public.

## Consultation Questions:

- 1a Do you think our proposal to reshape maternity services across Belfast meets the needs of women and their partners?
- 1b If not, why not?
- 2a Do you agree with the proposal to centralise consultant-led obstetric services within the Royal Jubilee Maternity Service?
- 2b If not, why not?
- 3a Do you agree with the proposal to locate a free-standing Midwife-Led Unit at the Mater Maternity Unit?
- 3b If not, why not?

## Appendix 1 Glossary

### Glossary of abbreviations

BHSCT	Belfast Health and Social Care Trust
DHSSPS	Department of Health Social Services and Public Safety
RJMS	Royal Jubilee Maternity Service
RBHSC	Royal Belfast Hospital for Sick Children
RMH	Royal Maternity Hospital
RVH	Royal Victoria Hospital
MIH	Mater Infirmorum Hospital
MMU	Mater Maternity Unit
MLU	Midwife-Led Unit
DOU	Day Obstetric Unit
RFC	Regional Fertility Clinic

## Appendix 2

### Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations, please let us know. Responses in writing should be sent to:

Mr C Donaghy, Chief Executive  
Belfast Health and Social Care Trust  
c/o Public Liaison Service  
Communications Department  
1<sup>st</sup> Floor, Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast BT8 8BH

Alternatively, comments may also be emailed to:

[stakeholdercomms@belfasttrust.hscni.net](mailto:stakeholdercomms@belfasttrust.hscni.net)

visit our website

<http://www.belfasttrust.hscni.net/about/RightService-RightPlace-Maternity.htm>

### Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, in this case, Belfast Trust. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.

### Appendix 3 Equality and Human Rights

Equality and human rights underpin the services that health and social care provide. They are integral to all functions of the Belfast Health and Social Care Trust such as service delivery, policy formulation, employment and procurement.

The Trust recognises that equality in health and social care is not about people getting the same treatment – equality means people accessing person-centred, person-led, quality care which meets their needs.

Human rights are founded on 5 fundamental values: fairness, respect, equality, dignity and autonomy. The Trust has incorporated both respect and dignity in its corporate values and behaviours.

Moreover, the Trust's higher purpose is to improve health and well-being and reduce health inequalities – by working in partnership with others and by engaging with staff to deliver safe, improving, modernising cost effective health and social care.

Under Section 75 of the Northern Ireland Act 1998, the Belfast HSC Trust is obliged to consider the implications for equality of opportunity and good relations. As part of this assessment, the Trust also considers implications for human rights and disability. This means the Trust is not only morally and ethically bound to deliver its acute services to its users in an equitable fashion with respect and dignity; but it also is statutorily bound to do so.

### Section 75 of the Northern Ireland Act 1998

Section 75 (1) of the NI Act 1998 requires Belfast HSC Trust, in carrying out its work, to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, between men and women generally, between persons with a disability and persons without and between persons with dependants and persons without. Section 75 (2) requires the Trust to promote good relations between persons of different religious belief, political opinion or racial group.

The Trust is carrying out an equality impact assessment on this proposal to ensure that it undergoes a full and systematic analysis to firstly, determine the extent of differential impact upon the 9 aforementioned groups and secondly establish if that impact is adverse.

If so, the Trust must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

The Belfast Health and Social Care Trust is committed to listening to the view of staff, service users, carers and families and advocacy groups and the wider public and making an informed decision on the basis of these consultation responses.

The EQIA pertaining to this proposal can be found at

<http://www.belfasttrust.hscni.net/involving/Consultation.html>

## Appendix 4

## The Belfast Trust Maternity Project Group Membership

Name	Title
Eliz Bannon (Chair)	Co Director, Specialist Hospitals, Women and Children Health Services
Dr Stephen Austin	Consultant Anaesthetist, LNC Representative
Orla Barron	Health and Social Inequalities Manager
Louise Beckett	Senior Human Resources Manager
Denise Boulter	Consultant Midwife, Public Health Agency
Deirdre Brady	Chief Executive, Tiny Life
Ruth Clarke	Maternity Services Manager/Head of Midwifery
Albert Clugston	Unison Representative
Iain Deboys	Assistant Director, Belfast Local Commissioning Group
Maureen Doyle	Equality Manager
Melanie Fitzpatrick	Trades Union Representative, Royal College of Midwives
Miriam Gibson	Employment & Equality Manager
Janet Johnson	Service Manager, Anaesthetics and Theatres
Heather Kyle	Senior Midwife, Intrapartum and Midwifery & Triage Services
Dr Clifford Mayes	Consultant, Regional Neonatology Unit and Neonatal Lead
Anne McAuley	Governance Lead, Specialist Hospitals, Women & Children
Dr Donagh McDonagh	Associate Medical Director for GPs, Belfast Trust
Bernie McQuillan	Co Director, Strategic Planning
Christina Menage	Senior Midwife, Antenatal Outpatients, Postnatal Wards and Community
Diane Mulligan	Corporate Communications and Public Liaison
Dr Mary Murnaghan	Consultant, Obstetrics and Gynaecology + NIMDTA representative
Geraldine Nolan	Strategic Development Manager
Dr Stephen Ong	Consultant Obstetrician and Obstetric Lead
Joan Peden	Co Director, Human Resources
Dr Dale Spence	Maternity Services Liaison Committee representative
Dr Richard Wright	Associate Medical Director, Specialist Hospitals, Women and Children Health Services

## Appendix 5 Staff Involved in Providing Maternity Care

**General Practitioners** have a responsibility for providing holistic care to the whole family. They also have a continuing role in promoting health and treating illness in pregnancy. In most circumstances, they are the professional who confirms pregnancy and many are still involved, to varying degrees, in providing 'shared care' during pregnancy and the postnatal period, especially for women with higher risk pregnancies.

**Midwives** are the main providers of care to women throughout pregnancy, childbirth and the postnatal period. They provide clinical care and emotional support in both hospital and community settings, and are usually the lead professional throughout pregnancy and childbirth for women with low risk pregnancies. Their expertise is in normal pregnancy, childbirth and postnatal care, and in making referrals to appropriate medical professionals and others if they detect deviations from the normal. They also have a significant role in health education and in supporting the mother and family in the transition to parenthood.

**Obstetricians/Gynaecologists** are expert in all aspects of pregnancy and childbirth. They may be generalists or subspecialists in maternal foetal medicine, infertility, gynaecological oncology, gynaecological urology or community gynaecology. Obstetricians have a specific expertise in treating complications of pregnancy and childbirth, and providing specialist screening and treatment.

Women with a high risk pregnancy will have their care managed by an obstetrician, with midwifery and GP support. Other women may see obstetricians to receive specialist advice, have access to specialist screening, or to meet the consultant who will be responsible for providing care if their pregnancy becomes high risk or if emergency support is required.

**Neonatologists who** are fully trained in resuscitation and stabilisation of sick newborn babies have a responsibility for looking after the medical needs of all babies, including premature infants, babies who are ill, and babies with congenital abnormalities. Neonatologists are paediatricians who specialise only in the care of the newborn baby and they develop and supervise intensive care, high dependency and special care services.

Neonatologists work closely with obstetricians and midwives to plan care of newborn babies when complications have been identified prior to birth. Planning with the parents may include choosing the optimal time of birth, maturing the baby prior to delivery, and organising the appropriate intensive care facilities for the sick newborn baby.

**Obstetric Anaesthetists** play an integral part in the team caring for women during pregnancy and childbirth. They currently provide care for approximately 35% of women in labour. Anaesthetists usually see women for counselling and advice at the request of an obstetrician, GP or midwife. They provide routine epidural services for women during childbirth and they are skilled in administering epidural, spinal and general anaesthesia to pregnant women and caring for them in emergency situations including high dependency and intensive care.

The **Ambulance Service** has an important role in the urgent and routine transfer of women and babies to maternity units by paramedics and ambulance crews trained to provide care for pregnant women and newborn babies.

## References

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Commissioning Plan 2011/12, Health & Social Care Board & Public Health Agency

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