Northern Health and Social Care Trust

Acute Maternity Services Transformation

‘Considering the Options’ Paper

November 2022

Alternative Formats

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Czech: 'Aby byly uspokojeny potřeby těch, kteří nemluví plynule anglicky, je možné tento návrh Akčního plánu na požádání poskytnout v jazycích etnických menšin.'

Slovak: Tento Akčný Plán môže byť na požiadanie dostupný v jazykoch národnostných menšín z dôvodu zabezpečenia potrieb tých, ktorí nie sú spôsobilí mu porozumieť v angličtine.

Chinese- (Cantonese):這行動計劃草案將會根據需求被翻譯成各種小數族裔語言去迎合那些英語不流利的人士的需要。

Contents

We use the words women and woman throughout this paper, recognising that this reflects the biology and identity of the great majority of those who are childbearing; for the purpose of this paper, these terms include girls, and people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All those using maternity care and services should receive individualised, respectful care including use of the gender nouns and pronouns they prefer.

Glossary

Ambulatory Services	Care being provided outside the hospital
AMU	Alongside Midwifery Unit (AMU) provides care to women with straightforward pregnancies during labour and birth in which midwives take primary professional responsibility for care. During labour and birth diagnostic and treatment medical services, including obstetric, neonatal and anaesthetic care are available, should they be needed, in the same building, or in a separate building on the same site.
CoMc	Continuity of Midwifery Care
Domino Care	Care in pregnancy and birth provided by community midwives
Drivers for change	An internal or external pressure that shapes change
ED	Emergency Department
FMAU	Fetal Maternal Assessment Unit sees any anyone with urgent pregnancy issues as well as providing some ongoing planned monitoring and scans
FMU	Freestanding Midwifery Unit offers care to women with straightforward pregnancies during labour and birth in which midwives take primary professional responsibility for care. During labour and birth diagnostic and treatment medical services including obstetric, neonatal and anaesthetic care, are not immediately available but are located on a separate site should they be needed.
Intra-Partum Care	Care during labour
Midwifery Led Care	Midwives provide all aspects of care during pregnancy, labour, delivery and the postnatal stage.

MLU	Midwifery Led Unit: Midwife-led units are maternity units run solely by midwives. They can either stand alongside a consultant-led unit or be freestanding. Midwife-led units will only admit women experiencing a straightforward pregnancy and birth.
Neonatal	Relating to new-born children
NIAS	Northern Ireland Ambulance Service
NICE	National Institute for Health and Care Excellence
NISTAR	Northern Ireland Specialist Transport and Retrieval
Post-Partum	Following child birth
RCOG	Royal College of Obstetrics and Gynaecology
ST3+	Specialty trainee, third year
RoV	Renewing our Vision
Shared Care	Care provided by community midwives and the hospital
ST2	Specialty trainee, second year
Tertiary Centre	A hospital that provides tertiary care, which is a level of health care obtained from specialists in a large hospital.

1.0 Purpose

The purpose of this 'Considering the Options' paper is to describe the engagement to date in communicating the drivers for change, reviewing all possible options to transform maternity services provided by the Northern Health and Social Care Trust (NHSCT) to deliver the best possible care for local people.

The paper includes the available information and evidence that has supported the development of a model of care and an analysis of possible options to deliver this model of care. It proposes viable options to transform acute maternity services, including inpatients and ambulatory services. This paper also presents to Trust Board and the NHSCT Executive Team emerging proposals for service change, with the aim of enabling a decision as to whether there is a case to go forward to public consultation.

The paper aims to evidence that all options, benefits and impact on service users have been considered and suggests that the planned consultation will seek the views of women, families and members of the public who may potentially be impacted by the proposal. The material set out in this document is for discussion purposes and involved contributors will comply with their statutory obligations when seeking to make decisions that will have an impact on the provision of care services.

The case set out does not represent a commitment to any particular course of action on the part of the organisations involved. The aim is to support continuing discussion and the development of options which will be subject to formal public consultation. Trust Board will take into account the feedback received during the consultation process before approval and implementation can proceed.

The objectives of this service review include consideration of:

Safety and quality

Provide maternity and neonatal services that are safe, secure and effective and ensure quality assessment, treatment and care for all women, babies and families, in alignment with Trust and Regional Strategic direction

Deliverability and Sustainability

Ensure that maternity services are deliverable, sustainable and fit for the future

Resources

- Optimise the available resources to support the delivery of care and treatment which is the safest, most effective and women centred, within available resources by developing and supporting our workforce and meeting the challenge of recruiting and retaining staff with the right skills and expertise.
- Consider the impact on other specialties and the impact on the wider health and social care system including other HSC Trusts

and the Northern Ireland Ambulance Service (NIAS) in delivering the service model

Implementation

Ensure timely implementation of a model which can achieve changes quickly for reasons of safety, considering any resource investment, support for staff, capacity, service requirements and capital works.

Accessibility

- Provide an accessible maternity service for patients across the Northern Trust area.

2.0 Introduction

In most cases pregnancy and birth are a positive and safe experience for women and their families. This is the outcome that everyone working in maternity services wants every time, for every woman and their family. The safety of maternity services is of paramount importance and maternity teams face many challenges in delivering safe care to mothers, babies and families including increasingly complex obstetric care, a more ethnically diverse population, greater client expectations and available resources.

The regional and national shortages in midwives and doctors is well known and this drives considerable use of locum staff. Any unit with small numbers of births presents challenges for staff in the attainment of clinical expertise, maintenance of skills and exposure to complex cases. These factors impact on safe and consistent standards of maternity care and can result in a pattern of unwarranted variation in both practices and outcomes.

The spotlight is rightly on safety in maternity services and the Ockenden Review of maternity services at Shrewsbury and Telford NHS Trust, the Kirkup Review of maternity services in East Kent, and the earlier findings of the Morecambe Bay Review all have shown that there are some units where core safety standards have not been met, with tragic

consequences. Safe maternity teams need adequate numbers of staff with the right skills, in the right place, at the right time. Whilst maintaining our focus on providing high quality, accessible care for women and families, we also need to consider the future sustainability of the service.

The Trust is developing a business case for a new-build £210m Women and Children's Unit on the Antrim Hospital site, which will provide high-quality, purpose-built accommodation for maternity and paediatric services. Subject to business case approval and funding availability, we expect this facility to be commissioned for service in 2029. Due to concerns in relation to workforce, safety and sustainability, service reform is required to provide a safe and sustainable interim solution in advance of a new build.

3.0 Strategic context

The principal strategic drivers influencing the direction of acute services generally are *Systems not Structures* (The Bengoa Report), the Ministerial response to it *Health and Well-being 2026: Delivering Together* (2016) and the resultant transformation programme. Those more specific to services relevant to the specialty of Maternity and Gynaecology are the Department's Maternity Strategy (2012-2018) and the Elective Care Framework (2021).

Notably, The Maternity Strategy, citing the NICE guideline on intra-partum care, commented "*Maternity policy must focus on as much care as possible being delivered close to home, but at the same time recognise that if more specialist care is needed this should be provided within a unit that meets NICE recommendations."*

The former Minister of Health repeatedly emphasised the need for sustained reform and investment to rebuild health and social care. The focus of reform must include identifying the drivers that will impact inexorably on health and care delivery and embrace them to shape change.

The recently published 'A Future Planning Model - Integrated Care System NI' draft framework stresses that we must:

- Put the needs of the people at the heart of everything we do – planning and delivering services based on population need;
- Support and empower staff to deliver safe and effective services and develop their skills and expertise; and
- Improve efficiency and optimise capacity through making the best use of available resources and supporting sustainability of services and the wider system.

In June 2022, the former Minister of Health announced that a design plan would be developed mapping out the future shape of hospital services across Northern Ireland. It will spell out what a reorganised hospital and supporting primary care network can look like and where key services would be provided. In launching the plan the Minister stated that: "*The design plan will build on clinically led service reviews, public consultations and the strategies already in place – our building blocks for the future*." The current proposal is at the forefront of that design plan, bringing forward a service area where there is a clear clinical case for reconfiguration to enhance safety and quality of care.

4.0 The Northern Trust's Service Reform Programme

In 2021, the Trust commenced a service reform programme, Renewing our Vision (RoV) with a mission statement to build safe and sustainable services, maximising the resources available to us, learning from the experience of COVID and responding to strategic drivers, designed in partnership to meet the needs of our population.

The programme has a total of seven projects and 24 workstreams, covering acute services, intermediate care and community services, elective, urgent care, cancer services, mental health and learning disability and children's services. The work to consider reform of maternity services sits as one of the four distinct work streams under the formal structure for the Renewing our Vision project for acute services.

Acute services in the Northern Trust are delivered from two sites: Antrim Area Hospital and Causeway Hospital. Both hospitals play an essential role in our service delivery and the Trust is committed to maintaining acute services on both sites.

A number of our clinical teams, including maternity are currently reviewing the way they deliver services across Antrim and Causeway Hospitals. There is an acknowledgement that this cannot be about bricks and mortar but rather agreeing what services are required to meet population health needs and deciding how, and where best, to deliver them to ensure that they remain safe and sustainable for many years to come.

5.0 Our Population

The Northern Health and Social Care Trust (NHSCT) became operational on 1st of April 2007, providing services for a population of over 479,000. The Northern Health and Social Care Trust supports approximately 4000 women and families per annum during pregnancy, birth and up to 28 days in the postnatal period. Maternity services are provided at two acute hospitals and from a number of community based settings including people's own homes.

In relation to population dynamics, according to NISRA (2019) annual growth of our population within Northern Ireland is currently in the region of 8,700 people (0.5%). Three factors that change our population are births, deaths (89%) and migration (11%). In NI, contribution of net inward migration is lower than the rest of the UK.

Over the past 30 years there has been a downward trend in birth women for 'younger' mothers and upward trend for 'older' women.
Overall, fewer women are having children and those that are, are having them later in life and having fewer of them. In addition, the levels of complexity are also increased as approximately 1 in 4 women are classified as obese at booking and the percentage of women with diabetes in pregnancy has increased by more than 10%.

Table 1: NHSCT Births Trend analysis

Year	Births	Birth rate per 1,000 female population aged 15-44 years	Male Births	Female Births	Births to Teenage Mothers		Births to Teenage Mothers (%)	Births to Mothers from Outside Northern Ireland	Births to Mothers from Outside Northern Ireland (%)
2019	5384	61	2800	2584	156		3	815	15.1
2018	5292	60	2663	2629	153		3	762	14.4
2017	5535	62	2846	2689	164		3	798	14.4
2016	5740	64	2939	2801	178		3	849	14.8
2015	5763	63	2971	2792	165		3	868	15.1
2014	5879	64	3057	2822	191		3	880	15.0
2013	5869	63	3002	2867	237		4	909	15.5
2012	5959	64	3088	2871	258		4	900	15.1
2011	6048	66	3062	2986	252		4	941	15.6
2010	6110	66	3159	2951	284		5	911	14.9
2009	5947	64	3035	2912	310		5	873	14.7
2008	6347	68	3256	3092	344		5	994	15.7
2007	6021	66	3043	2978	295		5	869	14.4
2006	5781	63	2924	2857	328		6	790	13.7
2005	5623	62	2898	2725	299		5	690	12.3

Source:
NINIS - Births, administrative geographies

Over the next 20 years the number of births in the Causeway area is projected to fall by 11% and the population of older people (over 75 years) is expected to grow by 65% (NISRA). This means that increasing numbers of people are needing to use local health and care services that are not always designed to support the growing numbers of local people needing their support.

The trends in the population below show significant increases in the elderly female population which will have important implications for aspects of gynaecology services, particularly oncology and urinary continence care.

Table 2: Projected adult female population (NI total)

Age group	2021	2025	2030	Percentage change 2021-30
15-19	55,725	62,360	63,919	+15.7%
20-44	301,387	294,523	289,179	-4.9%
45-64	251,762	253,913	252,162	+2.3%
65-79	126,392	135,892	151,650	+26.2%
80+	50,947	56,894	65,019	+33.8%

Source - https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18_Bulletin.pdf

A projected decline in the number of women in the 20-44 age range will impact on projected future births as set out in the following table.

Table 3: Projected Births (NI total)

Year	Anticipated Births (22,515 in 19/20)
2021-2022	21,988
2023-2024	21,631
2025-2026	21,302
2027-2028	20,995
2029-2030	20,793

Source - https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NPP18_Bulletin.pdf

Our ageing population, changing patterns of disease (more people living with multiple long term conditions) and rising public and patient expectations mean that fundamental changes are required to the way in which care is delivered in the region. The healthcare system needs to reflect on how best to meet the changing needs of the local population and to rethink how we deliver an equitable service that can ensure the best health outcomes for our population, can adapt to the challenges of the future and represents good value.

6.0 Our current maternity service

The Northern Trust operates two consultant-led maternity units, at Antrim and Causeway Hospitals, with community midwifery services to their respective catchment populations. This client group also includes the provision of antenatal and postnatal care to a significant number of

women and babies who reside within the NHSCT geographical area but who choose to birth outside the Trust (37% of all births in 2021). In addition, antenatal clinic services are provided for non-resident women who are registered with a GP within NHSCT localities.

As there is no neonatal unit on the Causeway site, births are risk-stratified in order to minimise the requirement for new-born infant transfers. This means that any pregnant woman or person who is assessed to be at an increased risk of pregnancy or birth related concerns, will be advised to have their maternity care provided on the Antrim site. Specialist clinics such as a joint endocrine/obstetric clinic for women with diabetes in pregnancy, a high BMI and a twin clinic are located on the Antrim site and provide specialist pathways in line with best practice guidance. We also work with our colleagues in the tertiary centre at the Royal Jubilee Maternity Service for some of the more specialised regional services including Fetal Medicine, HIV, cardiac, epilepsy and fertility services.

Outpatient antenatal clinics operate in both the acute Causeway and Antrim hospitals as well as in the peripheral hospital sites, including Whiteabbey, Moyle and Mid Ulster Hospital, Ballymena Health and Care Centre and within a number of GP surgeries.

A Fetal Maternal Assessment Unit (FMAU) is available in both the Causeway and Antrim hospitals and provides access 24 hours per day, seven days per week for both scheduled and unscheduled care for pregnant and postnatal women from 18 weeks gestation and over until six weeks post-partum. The Fetal Maternal Assessment Unit is an emergency point of contact for assessment of women in labour or for urgent or immediate concerns regarding the wellbeing of the woman or baby, during pregnancy or in the postnatal period. It provides 24/7 telephone access for urgent advice and decision-making.

Models of maternity care available in the NHSCT include midwifery-led care, consultant-led care and shared care (care provided by community midwives and the hospital), domino care (care in pregnancy and birth provided by community midwives) and Continuity of Midwifery Care (CoMC). Choice of place of birth includes the consultant-led unit on Antrim or Causeway sites and Homebirth.

7.0 Case for change

The paper outlines the need for the reconfiguration of the maternity service at our two acute hospitals: Antrim and Causeway.

This is driven by multiple considerations including:

7.1 Current challenges

Safety and quality

- A need to improve standards and outcomes by reducing intervention rates
- Maternity facilities need to be able to cater for rising demand for complex care for their services in ways which keep services safe.
- A need to balance demand and enhance safety by reducing the number of elective Caesarean Sections postponed due to emergency caesarean section taking priority

Deliverability and sustainability

A need for a more clinically sustainable and recognised model of maternity care.

Resources

Staff shortages, particularly medical shortages, create difficulties in staffing safely obstetric services on the Causeway site.

Accessibility

- Services must be modernised to improve the experiences of expectant parents while remaining geographically accessible.
- Hospitals need to respond to their local demography such as an ageing population with an increasing number of people living with chronic disease and multiple comorbidities.

7.2 Safety

A small maternity unit is considered to be less than 3500 deliveries per year (RCOG, 2016 *A Framework For Maternity Service Standards Providing Quality Care For Women*). The numbers of births in Causeway have seen year on year decrease and the birth rate it is anticipated to fall below 900 by the end of 2022, despite diverting some appropriate activity from Antrim to Causeway Maternity. This equates to approximately 2.5 births per day and raises significant concerns in relation to the maintenance of skills for both medical and midwifery staff in complex care.

Within Northern Trust, perinatal mortality rates are regionally comparable, however morbidity rates are equally important. Unnecessary interference during pregnancy and labour can lead to a cascade of interventions and often result in higher levels of emergency caesarean sections. There is a higher intervention rate in Causeway than would be expected for a risk-stratified unit.

Despite the small number of low risk deliveries in Causeway Hospital the Trust must provide relatively high numbers of staff to comply with working regulations. This creates a dilution effect resulting in minimal exposure to clinical scenarios that are commonplace in other units. This is not conducive to maintaining and developing skills. It also creates a scenario in which it is becoming more and more challenging to recruit medical staff.

Causeway Maternity Unit is currently a consultant-led unit, with risk stratification criterion due to the lack of a neonatal facility. This hybrid maternity model is not a recognised model of consultant led provision replicated anywhere across the region.

Any pregnancy or birth which has a higher risk of the baby requiring admission to a neonatal unit is transferred to Antrim for intrapartum care and birth. However, any baby has the potential to develop acute neonatal symptoms requiring treatment following birth or may require delivery in Causeway at any gestation, including preterm birth. Despite risk stratification, as a consultant led unit Causeway still receive unscheduled attendances where women may not meet the risk stratified criteria for birth in Causeway. In this circumstance, the midwives are

supported by their paediatric colleagues to provide immediate neonatal resuscitation and stabilisation. As there is no neonatal unit on the Causeway site, transfer of the baby to an acute hospital site with neonatal facilities means separation of a mother and her baby. This creates issues relating to bonding and attachment, establishment of breastfeeding, anxiety and post-partum depression and is not an experience we would wish for any of our women and families.

Neonatal transfer is currently supported by the Northern Ireland Specialist Transport and Retrieval team (NISTAR). Occasionally if these services are not available, the Northern Ireland Ambulance Service (NIAS) will provide an ambulance and the transfer is undertaken by a Trust paediatrician and a midwife, however this removes a midwife and the paediatrician from Causeway and requires a second paediatrician to be available to cover.

NISTAR has recently escalated concerns regarding transfer cover for paediatrics and neonates and highlight they are currently experiencing significant gaps in their rota. This has a specific impact on the safety of services in Causeway in relation to the ability to provide safe and timely transfers of babies to a unit with neonatal facilities.

7.3 Workforce

Operationally providing comprehensive services that almost mirror each other on both sites is a significant workforce challenge, further complicated by difficulties with recruitment and retention of both the medical and midwifery workforce.

The *Strategy for Maternity Care in Northern Ireland 2012-2018* (DHSSPSNI 2012) stipulates that a consultant-led obstetric unit should be supported by resident ST3+ doctors or equivalent in obstetrics, paediatrics and anaesthetics. While the Antrim Maternity Unit conforms to these standards, Causeway maternity service presents challenges as the resident obstetrics middle grade rota is heavily dependent on locums and temporary staff and this is a potential risk to safe and quality care. Currently, the first on-call rota has 5 out of 8 posts covered by locums. The 2nd on-call middle grade rota is relying on locums for 3 out of 8 positions. This reliance on unpredictable locum medical staff is far from

ideal. It is much better to build a well-trained, multi-professional team of clinicians who know each other and work and train together effectively to avoid harm to women and babies.

75% of obstetric trainees are female and data from the RCOG workforce census indicates that a large proportion of trainees and eventually consultants work less than full time. Competencies gained during training require that modern consultants work in teams rather than isolated independent experts which challenges the model of smaller rural maternity units where traditionally consultants with very broad skills and experience attempted to provide all services. This is no longer appropriate or feasible. Recruitment of new consultants must offer a modern team based approach with on call frequency and job plans that facilitate less than full time working and an acceptable work-life balance.

A retirement and another consultant leaving Causeway Obstetrics department has meant 40% of consultant on call activity is reliant on locum cover. A recent advertisement to recruit two new consultant obstetrician/ gynaecologist posts to the Causeway site, failed to attract any applicants. This is unprecedented and anecdotal feedback suggests that medical recruitment to Causeway is an unattractive option, both in terms of on-call frequency and skill enhancement. The impact of inability to recruit to the consultant tier is that the Causeway service is currently in an extremely vulnerable and precarious position and any unplanned absence may potentially result in an inability to provide 24/7 consultant cover.

Causeway only have trainees up to the level of ST2 and even then usually only for six months. This means we do not have the opportunity to train permanent staff to a middle grade level. It also prevents our permanent medical and midwifery team staff from learning from dynamic and motivated trainees at more senior levels.

Whilst midwifery vacancies are currently experienced by all Trusts, Causeway has historically struggled to recruit and retain midwives. Similar to the medical tier, feedback reflects lack of opportunity for experiential learning, particularly in younger, less experienced midwives. The sporadic lack of business and activity in the unit has also been voiced as unappealing to midwives.

7.4 Lack of choice for women

Current service provision in the NHSCT is not in line with *The Strategy for Maternity Care in Northern Ireland 2012-2018* (DHSSPSNI 2012) in regards to provision of a Midwifery led Unit (MLU) either alongside (AMU) or freestanding (FMU),

"Women will be supported to make an informed decision about their place of birth by providing a balanced description of the benefits and risks of the different types of maternity settings. This will include information on midwife-led units, homebirth and consultant-led units."

"Where a consultant-led unit is provided, a midwife-led unit will be available on the same site."

"Freestanding midwife-led units will be considered as an option for the provision of accessible, high-quality, sustainable, and effective maternity care."

The lack of a Midwifery-Led Unit in the Northern Trust may restrict choice for women who wish to avail of a non-medicalised approach to childbirth.

The Strategy for Maternity Care in Northern Ireland 2012-2018 states that women should be offered a choice at all stages and in all aspects of their pregnancy. This includes: choice of provider for antenatal, intrapartum and postnatal care; choice of birth setting; choice of pain management during the birth; choice regarding the involvement of their birth partner; and choice as to how to feed their baby. The NICE guideline on intrapartum care (care during labour) for healthy women and babies sets out the evidence for the safety of different birth settings and recommends that women should be given the choice of where to give birth. The guideline lists four birth settings which should ideally be offered to women who are at low risk of complications: home, free-standing midwifery unit, alongside midwifery unit and obstetric unit.

8.0 Benefits Appraisal

A benefits appraisal is a process of quantifying and comparing the potential benefits of options in terms of non-financial criteria.

8.1 Benefit Criteria

Benefit criteria are used to select and evaluate the options that have the potential to meet the specific project objectives. Although cost is an important evaluative determinant, it represents only one of a number of issues, which will impact on the value to be provided from that particular option. In addition, it is the case that not all costs or benefits can be measured in monetary terms, as no market value exists for them.

8.2 Non-Financial Benefit Criteria

Detailed below in Table 4 are a list of benefits and their descriptors which will be used to both shortlist and score the options.

Table 4: Benefits appraisal

Benefit Criteria	Description of Criteria
Patient Safety and Quality	The provision of maternity and neonatal Services that are safe, secure and effective and ensure quality assessment, treatment and care for all women, babies and families is the most important factor for consideration. It is important that the options align with the Trust and Regional strategic direction for maternity services and have the flexibility to respond to future changes in service provision Options which incorporate the following will rate higher: • Assessment and Ambulatory Care Pathways with access for GPs and speciality advice • Continuous 24/7 midwifery presence • Seen by the appropriate specialty in a timely manner
Deliverability and Sustainability	The assessment of this criterion will focus on the ability of each option to: • Provide the capacity and environment that satisfies the existing and projected demand for Maternity attendances, births and admissions • Provide adequate bed capacity <u>Sustainability</u> • Improve the Trust's ability to recruit and retain adequate consultant staff to deliver the service model. • Options which provide a service model that offers access to all obstetrics and gynaecology specialities for all junior doctor trainees and the ability to receive mentorship in these areas will rate higher.
Effective Use of Resources	A key corporate objective of the Trust is to 'deliver value by optimising resources' The rating of options should reflect the following: • Optimise the staffing resource across to support the delivery of care and treatment which is the safest, most effective and women centred, within available resources. • Consideration of impact on other specialties • Consideration of impact on the wider health and social care system including other HSC Trusts and the Northern Ireland Ambulance Service (NIAS) in delivering the service model • Stability of workforce and less dependence on locum staff
Implementation	The assessment of this criterion will focus on: Those options that can be implemented in a timely manner to achieve changes more quickly for reasons of safety, considering any resource investment, support for staff, capacity, service requirements and capital works will score higher.
Accessibility	Where appropriate and feasible the Trust is supportive of the delivery of accessible services. The assessment of this criterion will focus on each option's ability to: Provide a maternity service which is geographically accessible.

9.0 Options

9.1 Long List of Options

In Table 6 of this 'Considering the Options' paper, the long list of options considers potential scenarios for the provision of maternity services at the Northern Trust that would potentially mitigate safety and sustainability issues.

The options appraisal process identified two options which have the potential to provide additional benefits to our population in terms of outcomes and quality of care. It is important that, as we develop proposals for change, we ensure this takes account of the needs of local people in relation to protected characteristics and health inequalities, in a way that responds to the diverse needs of the population.

In reviewing acute maternity services, it is equally important that we consider the overall model for services at Causeway Hospital and acknowledge that maternity services has links and dependencies with other specialities on the hospital site, in particular the Emergency Department (ED) and paediatrics. These interdependencies with maternity services must be considered and addressed as part of developing a future model for maternity services.

Consideration has been given to a wide range of information about the Northern Trust population including issues such as ability to access services, demographic trends and patterns of service use. This evidence has informed the development of our proposals taking account of the equality and travel impact assessments to ensure that local people continue to have access to high quality, safe and sustainable services to meet their needs.

Table 5: Options appraisal

Option	Description	Advantages	Disadvantages
1.	Do nothing – maintain status quo	No advantages. This option is used as a baseline only and does not provide solutions to the issues raised	Does not address the clinical safety concerns raised
2.	Enhancement of Causeway maternity service in terms of investment for neonatal support, staffing, training and rotation.	Would address deficits in neonatal care, midwifery, anaesthetic and medical staffing and models of care. Removes risk stratification resulting in increased births Would enable experiential learning through effective and planned rotation	Significant financial investment would be required. Ability to recruit to additional staffing very unlikely. Volume of births in Causeway will not be adequate to make this a viable service
3.	Consultant-led births move to Antrim site providing intrapatum care for an additional 600-700 births per annum. Development of a FMU in Causeway for approximately 200-300 women suitable for low intervention midwifery led care and birth. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on causeway site.	Would retain local access for births for a percentage of the population Would retain local access for antenatal and postnatal services for all women Would improve local access for some complex antenatal care Would retain ambulatory access to scheduled maternity care Addresses safety risk of no neonatal unit in causeway Enhances specialist care pathways and the provision of safer intrapartum care for complex women	Removes local intrapartum access for approximately 600-700 women who would be required to make a single journey to Antrim to birth their baby Removes local access for unscheduled attendances to FMAU for immediate concerns Further distance to travel to access intrapartum care and unscheduled FMAU attendance
4.	Move all births to Antrim site providing intrapartum care for an additional 900 births per annum. Retain early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.	Would retain local access for antenatal and postnatal services for all women Would improve local access for some complex antenatal care Would retain ambulatory access to scheduled maternity care Addresses safety risk of no neonatal unit in causeway Enhances specialist care pathways and the provision of safer intrapartum care for complex women	Removes local access to intrapartum care for all women Removes local access for unscheduled attendances to FMAU for immediate concerns Further distance to travel to access intrapartum care and unscheduled FMAU attendance
5.	Move all maternity services to Antrim	Addresses safety risk of no neonatal unit in causeway Enhances specialist care pathways and the provision of safer intrapartum care for complex women	Removes local access to all maternity care for all women Removes local access for unscheduled attendances to FMAU for immediate concerns Further distance to travel to access intrapartum care and unscheduled FMAU attendance Capacity issues

Impact Statement Exercise

The long list of options have been evaluated against the selected benefit criteria and those options that do not meet the criteria have been discounted. A rationale for the discounted options is detailed in Table 6.3 below.

✓✓✓- Fully addresses

✓✓ - Meets most

✓ - Partially meets

X – Does not meet

Table 6: Options evaluation

	Option 1 Do nothing – maintain status quo	**Option 2** Retain 2 site model with enhancement of Causeway maternity service	**Option 3** Development of a FMU in Causeway Consultant-led births move to Antrim	**Option 4** Move all births/ inpatients to Antrim Retain AN/PN ambulatory in CAU	**Option 5** Move all maternity services to Antrim
Benefit Criteria	**1**	**2**	**3**	**4**	**5**
Safety and Quality	X	✓✓✓	✓✓✓	✓✓✓	✓✓
Deliverability and Sustainability	X	X	✓✓	✓✓	X
Effective Use of Resources	X	X	✓✓	✓✓	✓✓
Implementation	✓	X	✓✓	✓✓	X
Accessibility	✓✓	✓✓✓	✓✓	✓✓	X

9.2 Discounted Options

The clinical team considered the range of options and it was agreed that the following options should be discounted.

Table 7: Discounted Options

Option Number	Option Description	Discounted rationale
Option 1	Do nothing – maintain status quo	• This option is used as a baseline only and does not provide solutions to the issues raised. • Does not address the clinical safety concerns raised • Not deliverable or sustainable in the medium to long term due to workforce constraints and recruitment concerns • Not an effective use of current medical staff resources due to decreasing number of births
Option 2	Enhancement of Causeway maternity service in terms of investment for neonatal support, staffing, training and rotation.	• Not deliverable or sustainable due to workforce constraints and recruitment concerns • Resource impact would be significant and not proportionate to activity levels • Inability to implement in a timely manner due to lack of staffing and budget constraints
Option 5	Move all maternity services to Antrim	• Not deliverable in the short to medium term (until a new build complete) due to the limited footprint in Antrim • Unable to implement in a timely way • Removes all access to local maternity services for women in Causeway

9.3 Shortlisted Options

The following table details the short list of options.

Table 8: Shortlisted Options

Option Number	Option Description	Shortlisted rationale
Option 3	Consultant-led births move to Antrim site providing intrapartum care for an additional 600-700 births per annum. Development of a FMU in Causeway for approximately 200- 300 women suitable for low intervention midwifery led care and birth. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on causeway site.	• This option meets the safety and quality criteria for women satisfying locally agreed criteria for low-risk births. • This option enhances specialist care pathways and the provision of safer intrapartum care for complex women • This option rates highly under the regional strategic direction as the Maternity Strategy for NI which states that women should have access to choice for place of birth, including birth in a MLU • This is a deliverable and sustainable option as both medical and midwifery workforce numbers are sufficient to retain a FMU service • Enhances safety as provides an opportunity for medical consultants to work a split obstetrics and gynaecology rota (1:8 on call) • This option can be implemented in a timely manner ensuring safety. • This provides local access to intrapartum care for low-risk births • Retains local access for antenatal and postnatal services for all women • Retains ambulatory access to scheduled maternity care • This option improves local access for some complex antenatal care and antenatal clinics will be enhanced on Causeway site
Option 4	Move all births to Antrim site providing intrapartum care for an additional 900 births per annum. Retain early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on causeway site.	• This meets the safety and quality criteria for women by the provision of safe intrapartum care for women • This option enhances specialist care pathways and the provision of safer intrapartum care for complex women • This is a deliverable and sustainable option as both medical and midwifery workforce numbers are sufficient to staff this service • Enhances safety as provides an opportunity for medical consultants to work a split obstetrics and gynaecology rota (1:8 on call) • This option can be implemented in a timely manner ensuring safety. • Retains local access for antenatal and postnatal services for all women • Retains ambulatory access to scheduled maternity care • This option improves local access for some complex antenatal care and antenatal clinics which will be enhanced on Causeway site

Through our engagement and options process we developed five options. The conclusion from engagement and the options appraisal is a proposal to take forward two clinically deliverable and viable options for formal consultation with women, families, the public and local stakeholders:

Option 3. Consultant-led births move to Antrim site which would provide intrapartum care for an additional 600-700 births per annum. Development of a FMU in Causeway for approximately 200-300 women suitable for low intervention midwifery-led care and birth. Retain and enhanced early pregnancy assessment units, antenatal and postnatal clinics and scheduled ambulatory services on Causeway site.

The deliverability of option 3 will be subject to the outcome of the Coroners recommendation for a comprehensive review by the DoH of staff numbers, training and policies within FMUs.

Option 4. Move all births to Antrim site which would provide intrapartum care for an additional 900 births per annum. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.

In options 3 and 4, the Trust will also explore the possibility of providing an interim MLU in Antrim Area Hospital pending the development of the new purpose-built Women and Children's Unit.

Access to high quality antenatal and postnatal services are critical for women living in our communities. These proposals preserve and enhance the range of scheduled antenatal and postnatal care in Causeway Hospital. The only change in terms of access is that around 600-900 women will make a single additional journey to the centre of their choice to give birth to their babies and if there is an urgent concern during the pregnancy then women will need to attend Antrim FMAU.

This review sets out a need for change in our acute maternity service model because right now the service is vulnerable at Causeway Hospital.

10.0 Involvement of stakeholders in developing our options

We have engaged inclusively and constructively with our internal stakeholders to consider the options we would like to consult on for the future of acute maternity services. Our staff were involved in a range of meetings, briefing and workshops.

Involving and listening to staff to identify and develop good practice has been important when developing our options for consultation. Staff, particularly those in close contact with services users, are in a great position to know what is and is not working and to suggest ways forward. Positive staff and staff experience is imperative in delivering an excellent service user experience.

11.0 Travel Impact

Work is being conducted in NHSCT to develop and implement a service delivery model that will support safe, sustainable and efficient maternity and neonatal services. As noted above, 600-900 women per year will make a single additional journey to give birth to their babies, but there is no evidence this will have any adverse impact on outcomes for these women.

This is supported by two recent reviews of the evidence, which did not find any consistent association between distance or travel time to an obstetric unit and maternal and neonatal outcomes:

- Public Health Wales "*Research Evidence Review: Impact of Distance/ Travel Time to maternity Service on Birth Outcomes" (Price & Little, 2015)*.
- Malouf RS, Tomlinson C, Henderson J, et al. 'Impact of obstetric unit closures, travel time and distance to obstetric services on maternal and neonatal outcomes in high-income countries: a systematic review*. BMJ Open* 2020;10:e036852. doi:10.1136/bmjopen-2020-036852

12.0 Equality Impact Assessment

We have completed an Equality Impact Assessment . The Equality Impact Assessment looks at the potential impacts of the options on those classed as having protected characteristics as laid down in Section 75 of the Northern Ireland Act 1998. If an option shows a possible 'adverse impact' on any group, the Trust must consider how this might be reduced. This would include how an alternative proposal might lessen this effect and serve to promote equality of opportunity and good relations.

The Trust will also consult on its Equality Impact Assessment during the consultation period in order to assess the views of those who will be affected by decisions. This will help to raise awareness of issues and problems that options may pose for various groups, which may not otherwise be discovered.

Our initial assessment of impact in our Equality Impact Assessment has shown the following.

The age profile of affected service users will be those people of childbearing age, primarily in the 15 to 44 years category. There has been a sustained drop in females aged 15 to 44 years in the Trust geographical area from 97,935 in 2008 to 89,215 in 2020. There has also been a sustained fall in the proportion of teenage mothers (those aged 13 to 19 years) from 5% of births in 2005 to 3% in 2019. The Trust has not identified that any particular age range will experience an adverse impact.

We are aware that provision of acute maternity inpatient services on the Antrim Area Hospital site will mean that some of the population will have to travel further to access the service. This may present difficulties for people with reduced mobility.

Data gathered from NINIS indicated that 15.1% of births in 2019 were to mothers from outside Northern Ireland compared to 12.3% in 2005. The trend across this period has been sustained increasing proportions of

births to mothers originating from outside Northern Ireland. The Trust is mindful that there are increasing numbers of people using services whose first language is not English. The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service and translated material.

The Trust recognises that this proposed service reconfiguration may impact on staff in terms of relocation to a new work site. The Trust will put robust mitigating measures in place, adopting the principles of the Trust's Management of Change HR Framework. Staff's individual and specific circumstances will be considered and where adverse impact is identified, the Trust will take steps to mitigate its effects.

The maternity services workforce at Causeway and Antrim Area Hospital sites is predominately female. The Trust is of the opinion that there is no evidence to suggest that there will be any adverse impact on the grounds of gender. The Trust is aware that this section of the workforce may have dependency and caring responsibilities and will consider mitigating measures for staff directly affected.

There is no evidence to suggest that this proposal will have any adverse impact for current staff on the grounds of disability but for staff who declare themselves as having a disability, reasonable adjustments will be made in line with related employment policies and good practice guidelines.

The marital status of staff working in the Trust as a whole is 61.82% married and 29.22% single which is reflective of the profile across the two inpatient sites. The Trust is of the opinion that there is no evidence to suggest that this proposal will have an adverse impact upon staff on the grounds of marital status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married and will consider any mitigating measures for staff directly affected.

24.2% of Trust staff have indicated they have caring responsibilities either for a dependent older person, a person with a disability or have dependent children. We are also mindful that the majority of staff is female. Research indicates that 1 in 8 people in Northern Ireland have caring responsibilities and Carers Northern Ireland statistics indicate that

64% of females are carers. The Trust is aware of the caring obligations associated with its female employees. The Trust will consider any mitigating measures for staff directly affected.

Available figures indicate that the majority of staff affected is white. This is largely reflective of the overall average for all Trust staff (61.51%). The Trust considers that there is no evidence to suggest that this proposal will have an adverse impact upon current staff on grounds of racial group.

The principles of the Trust's Management of Change Human Resource Framework provide a robust and transparent process for decisions relating to affected staff. Steps will be taken to ensure that the implementation process in no way conflict with the requirements of existing equality and anti-discrimination legislation. The Trust has systems in place to support staff through the changes.

A communication strategy will ensure staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings to discuss plans, to influence the planning process and express any concerns.

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion.

The Trust will ensure that its engagement arrangements adhere to best practise principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions in line with the Trust's Management of Change Framework. Staff will be kept fully informed throughout and in any future recommendation arising from this consultation process.

The Trust is committed to monitoring for any adverse impact. The Trust will work in partnership with Trade Unions to assess the impact on staff and to put robust mitigating measures in place.

13.0 Rural Needs Impact Assessment (RNIA)

We have completed a Rural Needs Impact Assessment.

A Rural Needs Impact Assessment helps the Trust to understanding the impact the options are likely to have on people in rural areas.

Our initial assessment of impact in our rural communities has shown that there should be no differential impact in respect of local access to early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services. It is planned to retain these functions at current locations of delivery; outpatient antenatal and postnatal clinics operate in both the acute Causeway and Antrim hospitals as well as in the peripheral hospital sites, including Whiteabbey, Moyle and Mid Ulster Hospital, Ballymena Health and Care Centre and within a number of GP surgeries.

This paper shortlisted two options for consideration. Under both of these proposals consultant led delivery will be based at Antrim Area Hospital site and therefore, for births that require this level of care, there is likely to be longer travel times and availability of transport issues, including the economic cost of transport arising, impacting upon economic needs. As the proposed options involve relocation of consultant led delivery from two acute hospital locations to one acute hospital location only the decision has been taken to base the definition of rural on travel times from areas of population within Northern Trust to Antrim (the proposed location for consultant led service). A secondary analysis of travel times to Coleraine has been included for those locations falling outside of the maximum 30 minute travel time to Antrim; this gives data on the likely travel times to the FMU proposed under option 3 as an additional service and included as potential mitigation.

Six locations remain outside the 30 minute drive time for both option 3 and option 4; Cookstown, Whitehead, Draperstown, Carnlough, Ballycarry and Cushendall. These locations exceed the 30 minute drive time for option 4 by between 5 and 10 minutes; Antrim remains the best option for people from these locations. It is recommended that engagement and consultation with local communities to shape these options include representation from these outlying areas. In addition, in

the event of not proceeding with Option 3, targeted engagement is recommended with NHSCT residents of settlements located more than 30 minutes travel time from Antrim. These are detailed in the RNIA and include, ordered by in descending population size, Coleraine, Cookstown, Ballymoney, Portstewart, Portrush, Ballycastle, Whitehead, Draperstown, Kilrea, Carnlough, Ballycarry, Bushmills, Cushendall, Garvagh and Castlerock.

There may be a potential economic impact on staff who live in rural areas. A change in work location could result in longer travel times, expenses incurred as a result of travel or car parking charges, and family life routines. These situations would be carefully addressed locally by the Trust and application of the Management of Change Framework with actions including consideration of any work related travel costs and consideration of redeployment options.

Additional factors to consider include:

- The current choice by significant numbers of NHSCT resident mothers to attend hospitals outside NHSCT. Every year approximately 4,000 babies are born in the Northern Trust area. Mothers, in 37% of cases (2021), choose to deliver in maternity services outside of the Northern Trust area primarily in Altnagelvin Hospital for those who reside in the Northern sector of the Trust and in Belfast hospitals for those who live in the Southern sector of the Trust area. Both of these alternative choices already involve significant travel to avail of delivery services.
- All maternity birth delivery services were transferred to Antrim from 9 April 2020 to 24 August 2020 during Covid-19 pandemic. Service users continued to access these services during this time.

14.0 The Process

14.1 Proposed Consultation Process

The Trust will adopt a transparent, best practice approach to consultation based on the following key principles.

We will:

- Engage with local people and describe our journey and the purpose of our review
- Incorporate the findings from our Equality Impact Assessment and Rural Needs Impact Assessment, which have helped us identify the groups and communities we should target during the consultation process
- Involve stakeholders through a variety of activities including attending pre-existing engagement opportunities
- Acknowledge the importance our communities place on maternity services and commit to considering all available feedback and insight to further inform our proposals
- Share the information we have considered in developing our options
- Ensure that we engage with all groups and partners with an interest in our plans including our partners in local Councils, local councillors, MPs and Members of the Local Assembly
- Be clear about our strategic goals to deliver high quality care in for local people, whilst also being transparent about the challenges we face
- Be transparent about the benefits and risks of our options

14.2 Outline of the consultation process

The consultation process will run for a period of 14 weeks from 25 November 2022 until 3 March 2023 to allow the Trust to gather information, evidence and stakeholder feedback that will enable it to make an informed decision on the options in the best interests of local people.

During the consultation process, there will be many opportunities for service users, carers, local communities and staff to make their views known. We will be holding listening events to give people the opportunity to find out more and to give comments. Details of these meetings will be publicised. We will also be writing to local groups and organisations, to ask if they would like us to attend their meetings to talk about the consultation. This will include targeting groups attended by mothers and young families. We will also be making sure that we contact particular communities of interest in the Trust area to seek their views.

The responses to the consultation process will be analysed and we will publish a report outlining how we have considered the feedback in coming to our decision. We will promote the consultation process through social media and other established channels including dissemination to our Consultee Database, our Involvement Network, local stakeholder groups and existing forums.

The Consultation Document will be available in Easy Read and other languages spoken in the Trust area on request.

14.3 Process for decision-making following close of the consultation

Following the close of the formal consultation, the Trust's Senior Management Team and Trust Board will review all the feedback and any new and relevant information received during the consultation period to propose a final recommendation for approval.

Recommended proposal will be shared with DoH prior to publicising final decision.