Northern Health and Social Care Trust

Working with you to Transform Acute Maternity Services

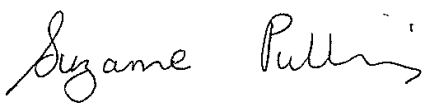
Consultation Feedback Report March 2023

Foreword from the Director of Paediatrics, Women's Services, Corporate Support and Executive Director of Nursing

We are proud of our maternity services and we want everyone across the Northern Trust area to benefit from safe, effective and high quality acute maternity services. Our clinical teams are proud of the great care that they provide to families, however, we acknowledge that to ensure excellent outcomes, these services need to adapt and develop to meet new guidelines and changing population needs. To achieve this, we developed clinically deliverable options for consultation to address the challenges we have in acute maternity services. The staff who deliver our acute maternity services, including our Obstetricians and Midwives, shaped the clinically deliverable options.

In order to support a conversation and to gather feedback on the two clinically deliverable options identified we have been consulting on these options to transform our acute maternity services. One of our biggest challenges is using our skilled staff and our environments in the best way we can. We must ensure our maternity service is safely staffed so women can have the right birth, at the right time and in the right place.

This Report describes the consultation process and gives a summary of the feedback we received. I want to thank everyone who gave us feedback during this consultation. At the heart of our plans are the people who use our acute maternity services and I would particularly like to thank everyone who took the time to respond to the consultation and to meet with us.



Director of Paediatrics, Women's Services, Corporate Support and Executive Director of Nursing

We use the words women and woman throughout this consultation 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.

For further information this Report should be read alongside our consultation document 'Working with you to transform Acute Maternity Services' and the 'Considering the Options' paper.

1. Background

We support approximately 4000 women and families each year during pregnancy, birth and up to 28 days in the postnatal period.
We operate two consultant-led maternity units, at Antrim and Causeway Hospitals, with community midwifery services to their respective catchment populations. This includes the provision of antenatal and postnatal care to a significant number of women and babies who live within the NHSCT geographical area but who choose to birth outside the Trust.

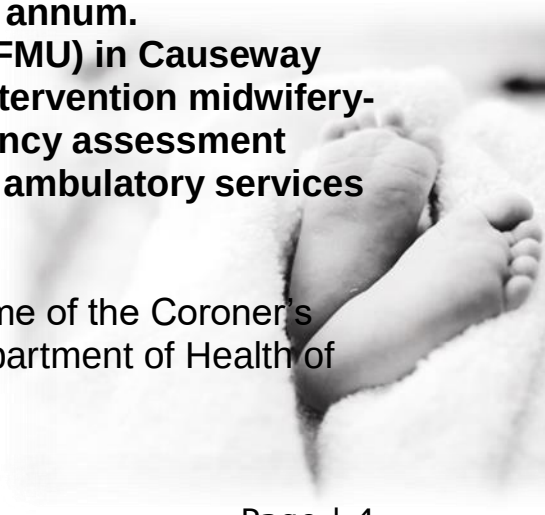
As there is no neonatal unit on the Causeway site, any pregnant woman or person who is assessed to be at an increased risk of pregnancy or birth related concerns, will be advised to have their maternity care provided on the Antrim site. Clinics for women with diabetes in pregnancy, a high BMI and for women who are having twins are located on the Antrim site and provide specialist pathways.

We have engaged inclusively and constructively with our internal stakeholders to look at how we would provide our acute maternity services in the future and drew upon regional strategic direction and national best practice. Our staff were involved in a range of meetings, briefings and workshops.

We developed a list of options for future acute maternity services. Having considered the links and dependencies with other specialties on the Causeway Hospital site and information about the Northern Trust population we identified two clinically deliverable options that we believe provide better outcomes and quality of care for women living in the Trust area.

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 Freestanding Midwifery Led Unit (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 scheduled ambulatory services on Causeway site.



The deliverability of option 3 will be subject to the outcome of the Coroner's recommendation for a comprehensive review by the Department of Health 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 Midwifery Led Unit in Antrim Hospital pending the development of the new purpose-built Women and Children's Unit.

We believe these two clinically deliverable options have the potential to provide additional benefits to our population in terms of outcomes and quality of care. Full details of the options explored are in the paper entitled 'Considering the Options' which can be found on our website www.northerntrust.hscni.net.

From 25 November 2022 to 3 March 2023 we have been consulting widely to inform our decision on the future of acute maternity services at our two acute hospitals: Antrim and Causeway. Our consultation document explained why we need to transform our acute maternity services and described two clinically deliverable options for future services. It did not represent a commitment to any particular course of action. Its aim was to give people the facts and support a conversation and to gather feedback on the two clinically deliverable options we identified.

Our consultation included a number of listening events, meetings with staff and a 14 week formal consultation process. A full copy of all consultation documents can be found on the Trusts' website.

The purpose of this report is to reflect the breadth of views expressed during the consultation. It identifies key themes emerging from the responses and will assist the Trust to better understand the needs, desires and aspirations of the community that they serve.

2. Consultation process

Engagement and discussion with internal stakeholders shaped our two clinically deliverable options for future services. Staff have identified and highlighted some of the risks inherent in our current service and that has also shaped the case for change. Our staff were involved in a range of meetings, briefings 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.

On 25 November 2022 we commenced a public consultation on the future of acute maternity services in the Northern Trust area. The consultation closed on 3 March 2023. We extended the length of the consultation to 14 weeks given the Christmas and New Year period during the consultation period. The consultation was an opportunity for interested parties and members of the public to comment on the clinically deliverable options being considered and to share experiences, knowledge or ideas that help to inform decision-making.

We made all attempts to ensure the consultation document was easy to understand and provided it in an Easy Read format. To support those consulted to make an informed view we provided additional key information. This background information included a paper 'Considering the Options' that

detailed how we identified our two clinically deliverable options. We also included an Equality Impact Assessment and Rural Needs Impact Assessment, which examined how the clinically deliverable options may have an impact on equality groups and those who live rurally.

We explained from the start of the consultation process that we were consulting on the two clinically deliverable options for future acute maternity services. The other options were discounted as they did not address the clinical safety concerns raised and they are not deliverable because of workforce constraints due to decreasing number of births.

We used several different methods of engagement, detailed below, to encourage interested groups and individuals to provide feedback.

Requesting responses from individuals and representative organisations

To raise awareness of the consultation process we publicised the consultation documents and information about the listening events through our regional consultation list, made up of 445 organisations and representative groups and in addition through 689 local groups and organisations including all Trust service user and carer groups. We sent all MLAs, MPs, Councils and GPs information about the consultation and listening events. The consultation was posted on the home page of the Trust's website and to expand the reach of the consultation we posted regularly on social media.

Our Rural Needs Impact Assessment (RNIA) helped us to identify the groups and communities we should target during the consultation process. As a result, we met with Rural Community Network who have disseminated the information across their networks including the Northern Area Community Network and Northern Ireland Women's Network.

A letter was also sent to consultees reminding them of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in hard copy or in different formats on request.

An on-line proforma, hosted on Citizen Space, was available to complete. We are mindful that to engage through Citizen Space individuals need to have access to a suitable device, broadband, and knowledge to complete an online proforma. We have therefore accepted responses in other formats including hard copies of written or typed responses, sent in by post, or email and we welcomed responses provided over the telephone.

Listening events with service users, carers and interested parties

Mindful that online engagement has the power to reach new audiences we held two virtual listening events on 18 January 2023 at 7pm and 8 February 2023 at 11am.

Our virtual online listening events followed the same format as in person public meetings. Registered participants had the opportunity to view the background information and options and to speak to the service leads through live chat sessions.

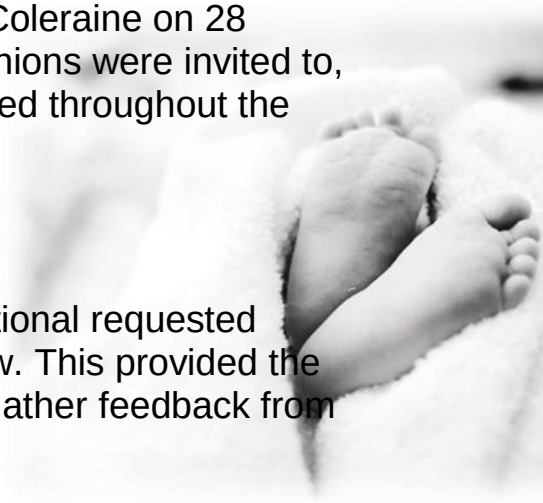
Our online listening events were attended by 63 participants.

We also held an in person public meeting in Portrush on Wednesday 22 February at 7pm, which followed the same format. 14 attended the in-person listening event.

All feedback we received at the listening events has been included in this report and considered by the key decision makers. We would like to thank everyone who attending the listening events. It allowed us to hear some very memorable testimonies and to hear about local dimensions and some of the concerns raised.

Meetings with staff

We recognise the importance of involving our staff in any change to services. We have met with staff over the last months and have established processes to make sure that staff can raise issues and are involved in the on-going implementation of the proposals. Before launching the consultation we held two virtual meetings for staff on 23 Nov 2022 to provide information on the issues being faced and the clinically deliverable options being considered. A total of 70 staff attended these two meetings. During the consultation process we held staff engagement meetings in both Antrim and Coleraine on 28 February 2023, attended by 32 staff members. Trade Unions were invited to, and attended these sessions and have been kept informed throughout the process.



Individual meetings

The Trust attended and participated in a number of additional requested meetings during the consultation process – see list below. This provided the opportunity for the Trust to talk about its proposals and gather feedback from participants.

18 January 2023	Trust GP Partnership
19 January 2023	Public meeting of LCG
1 February 2023	DUP
7 February 2023	Causeway Coast and Glens Council
25 February 2023	Maternity Services Liaison Committee
27 February 2023	Cushendall Mother and Tot Group

Feedback received

This consultation process has provided us with feedback on the broad range of views that exist on the future of acute maternity services in the Trust area. It also provided us with a lot of detail about why respondents hold these views. The consultation has provided the opportunity for interested parties to comment on proposed clinically deliverable options – telling us what aspects are of the most importance to them, letting us know if they have any concerns, or what the benefits might be.

It is important to note that the feedback received should not be taken to represent the views of the population as whole.

Consultees have contributed their valuable time to respond to our consultation process. We held a workshop on 15 March 2023 to make sure that key decision makers could consider the feedback in full.

A total of 273 responses were received during the formal 14 week consultation. 155 of these responses provided a narrative in their response which have been thematically analysed.

The feedback we received from listening events with stakeholders and engagement with staff is also included in this report.

Promoting Equality and Rural Needs

We are committed to promoting equality of opportunity, good relations and human rights in all aspects of its work. In keeping with our legislative requirements, the Trust completed and consulted on an Equality Impact Assessment (EQIA) on the clinically deliverable options, which is available on the Trust's website.

We are also committed to understanding the impact the clinically deliverable options are likely to have on people in rural areas. We completed and consulted on a Rural Needs Impact Assessment (RNIA) on the options, which is available on the Trust's website

3. Summary of Feedback

Given the different forms of responses (questionnaires, narrative responses, surveys, listening events etc.), we have categorised the feedback we have received into themes.

Some of the questions in the online survey required respondents to choose from a fixed set of options. For the questions which invited a free-text response and for feedback received during the listening events and staff engagement, we used a qualitative content analysis approach to identify, analyse and interpret patterns of meaning (or 'themes').

Consultees were asked if they agreed with the reasons and need for change outlined in the document. 69 said yes, 201 said no and 3 said neither yes or no.

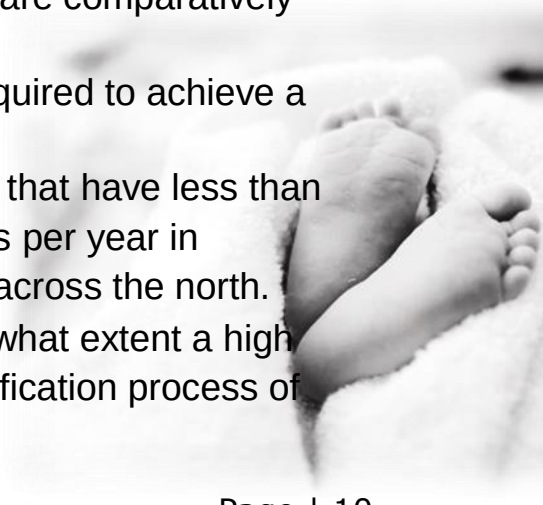
118 of all written responses provided a yes/no response with no further comments.

155 of the written responses raised a number of points, which have been themed.

Issues, which respondents felt, needed further expansion or clarification

Respondents felt that it is important that any proposals for a change to services are evidence based and aimed at meeting the health care needs of the population to improve health outcomes. Some respondents requested further information and clarification as follows.

- Explanation of the significance of birth numbers to patient outcomes as research suggests that the smaller units in the UK are comparatively large by international standards.
- Clarification on the minimum number of doctors required to achieve a genuinely safe and sustainable service.
- Information on the maternity units across the north that have less than 3,500 births per year, and how the number of births per year in Causeway compare with the other maternity units across the north.
- Information on the reasons for intervention and to what extent a high intervention rate is considered during the risk stratification process of pregnancies.



- Clarification on whether some pregnant women receiving antenatal care at Causeway are being classified as likely 'low risk' births incorrectly.
- Query about the Causeway birth rate data used in the consultation as the Maternity Unit was closed for considerable time during the pandemic which would impact on the figures.
- Clarity on whether the unscheduled Fetal Maternal Assessment Unit (FMAU) attendance can be factored into the provided options
- Query if Obstetric Consultants will be available at Causeway Hospital for emergency cases.

Trust response

The Trust was committed to providing up to date and accurate information during the consultation and provided a range of data in its 'Considering the Options' document.

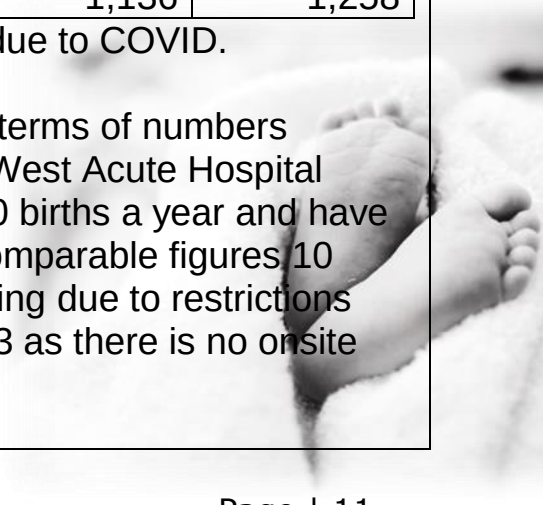
In response to the request further information and clarification, please see below.

The table below shows the number of births for the eight consultant-led units in the region, over the past five years.

Hospital	2017	2018	2019	2020	2021
Altnagelvin	2,528	2,496	2,422	2,333	2,379
Antrim	2,910	2,816	2,933	3,164	2,896
Causeway	943	903	895	532*	862
Craigavon	4,028	3,911	3,876	3,233	3,240
Daisy Hill	1,745	1,624	1,656	1,803	1,956
Royal	5,137	5,126	4,861	4,546	5,051
Ulster	4,028	4,183	4,059	3,760	4,153
SWAH	1,229	1,252	1,197	1,136	1,258

* Births were centralised in Antrim for a period in 2020 due to COVID.

Causeway Hospital is the smallest unit in the region, in terms of numbers comparable units would be in Daisy Hill and the South West Acute Hospital (SWAH) in Fermanagh. However, they have over 1,200 births a year and have adjoining neonatal facilities. Causeway Hospital had comparable figures 10 years ago but birth numbers have been consistently falling due to restrictions placed on the Trust by the Public Health Agency in 2013 as there is no onsite neonatal facility.



The maternity service in Causeway Hospital is a highly unusual model of care in terms of having a comparatively small number of births within an obstetric led unit yet not providing services to people with complexities such as diabetes or other risk factors. This creates additional risk in that women requiring urgent care, such as women in preterm labour will still attend or be directed to Causeway for care as it is a consultant led unit, however as there is no neonatal unit these babies will need to be transferred to another hospital with onsite neonatal facilities.

In this circumstance, the midwives are supported by their paediatric colleagues to provide immediate neonatal resuscitation and stabilisation. Transfer of the baby to an acute hospital site with neonatal facilities is currently supported by the Northern Ireland Specialist Transport and Retrieval team (NISTAR). If these services are not available, Northern Ireland Ambulance Service (NIAS) will provide an ambulance and the transfer is undertaken by a paediatrician and a midwife, however this removes a midwife and the paediatrician from acute inpatient paediatrics and requires a second paediatrician and an additional midwife to be available to cover. NISTAR have 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.

Those planning services need to look across the full care spectrum to ensure the most efficient distribution of services, to remove duplication, and to ensure that women and babies receive the right care, in the right place, at the right time.

In relation to clarification on the minimum number of doctors required to achieve a genuinely safe and sustainable service, it is accepted that the availability of experienced medical and midwifery staff is extremely important, but there is limited evidence on how many staff are needed, of what type and over what time period. There is no 'optimal design' for local services; their configuration will depend on the local context and the specialty-specific balance between access, workforce and ability to recruit and retain staff, quality of care and outcomes for women and babies, finance and use of technology. Recruitment and retention of both medical and midwifery workforce in Causeway is extremely challenging and staffing is currently spread too thinly across the two sites which is impacting on our ability to ensure continued safe and sustainable services.

Regional benchmarking of outcomes for women and babies is provided by PHA and the information suggests that the level of intervention in Causeway is comparable to larger maternity units which provide care for women with all levels of complexity. The number of births in Causeway maternity averages 2-3 per

day and this has led to an escalation of concern by the clinical team in relation to the maintenance of skills for both medical and midwifery staff. The lack of exposure to complex cases and obstetric emergencies has created a tendency to intervene medically more than would be expected in a risk stratified maternity unit.

Regarding the query on whether some pregnant women receiving antenatal care at Causeway are being classified as likely 'low risk' births incorrectly, we would respond by stating that risk assessment is a dynamic process and the level of risk can and often changes from the assessment made at the time of booking and subsequently during the antenatal period.

In relation to the analysis of the birth numbers in Causeway and the modelling work undertaken to scope the capacity in Antrim for additional births, we can confirm that the service did not use the data derived during the period of centralisation in 2020, which was due to regional COVID pressures.

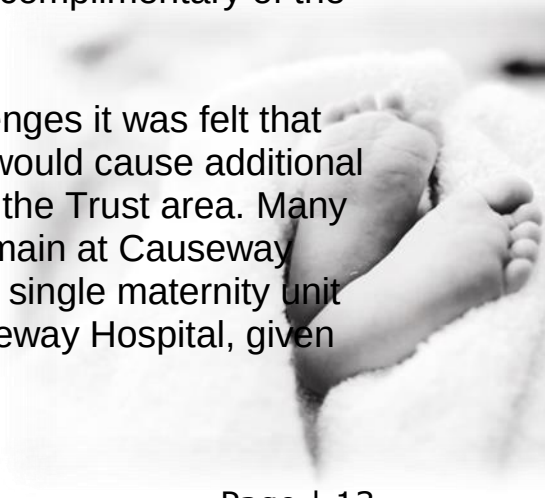
We can confirm that the unscheduled attendances to the Fetal Maternal Assessment Unit (FMAU) has been factored into the provided options.

Obstetric Consultants will not be available at Causeway Hospital for emergency cases. Any woman who requires urgent maternity care should contact a 24/7 advice line and they will be advised regarding the appropriate course of action. Alternatively, if they require an ambulance, bypass protocols will be agreed with NIAS, who will transfer the woman to the nearest consultant-led obstetric unit.

Views on change to acute maternity services at Causeway Hospital

It was clear from the feedback that Causeway maternity services are viewed as an 'excellent' and valuable resource. Many respondents provided personal accounts of birthing their babies at Causeway and were complimentary of the experience and all of the staff.

While it was recognised that the Trust faces many challenges it was felt that the outcome of both of the clinically deliverable options would cause additional travel and stress for women living in the northern part of the Trust area. Many respondents felt that acute maternity services should remain at Causeway Hospital. It was also suggested that if there were to be a single maternity unit for the Northern Trust it would be better located at Causeway Hospital, given the distribution of other units across the region.



There was concern that the Trust area is too big to have one maternity service and the removal of consultant-led births to Antrim Hospital is restricting choice for women and that women should have the opportunity to give birth at their local and familiar hospital.

There was concern that women's health is going to be affected by this change as women are more likely to have caring roles, are less likely to have access to vehicles and are being asked to travel further.

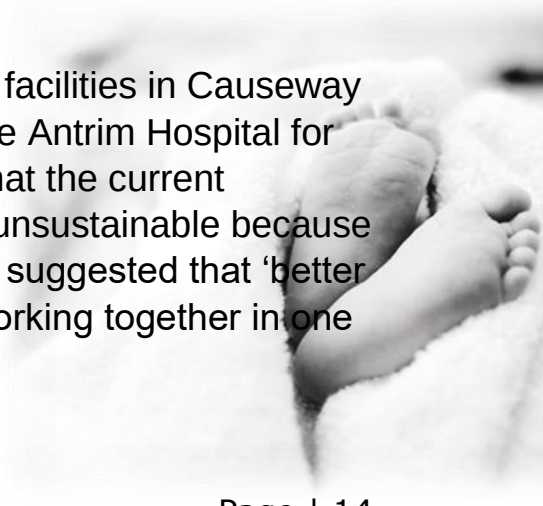
It was suggested that the objective to provide 'safe and quality' care would not be achieved by transferring all births to Antrim and that the Trust should seek to address staffing issues. There were suggestions that the current difficulties are due to management issues, a lack of funding, and a failure to promote Causeway Hospital to prospective applicants. It was recommended the neonatal unit at Causeway Hospital should be opened.

There was criticism that there have been no discussions around what would happen if someone arrives at Causeway Emergency Department in active labour and an ambulance is not available for an immediate transfer to Antrim Hospital.

There was a concern that the higher volume of patients at Antrim Hospital will lead to higher rates of intervention. There was also concern for women from the Causeway area who will be in unfamiliar surroundings when birthing in Antrim Hospital.

Some respondents understood and agreed with the need for change. There was recognition that everyone living in the Trust area should receive safe, effective and high-quality acute maternity services and that women who have complications with their pregnancy should birth on labour wards where senior obstetricians are present.

There was recognition that with the absence of neonatal facilities in Causeway some high-risk pregnancies are already transferred to the Antrim Hospital for intrapartum care and birth. There was also recognition that the current provision of maternity services at Causeway Hospital is unsustainable because of falling birth rates and workforce challenges and it was suggested that 'better care' could he provided in a central location, with staff working together in one department.



It was suggested that with the advance in medical care and interventions, more babies require neonatal care and that it is vital that premature and sick babies in the local population are included in any considerations about service transformation.

The view was expressed that moving consultant-led births to Antrim Hospital could potentially lessen the risk of mother and baby separation, allowing women whose babies are in the neonatal unit to bond with their babies.

It was suggested that small units are unsustainable and Northern Ireland cannot 'improve healthcare' unless 'hard decisions' are made to rationalise care into larger specialised units.

The planned capital build of a Woman and Children's Unit for Antrim Hospital, with a new bereavement suite and additional clinical rooms, was welcomed for many residents in the Mid Ulster District.

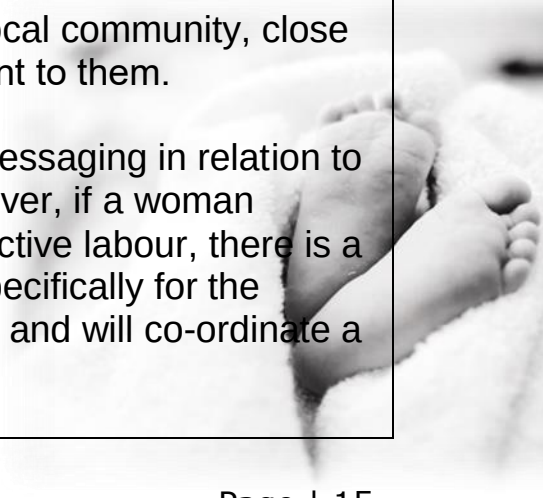
Some staff endorsed the proposals to provide all births at Antrim Hospital to provide a 'safer service for women and a better working environment for staff'.

There was concern expressed that the consultation focused solely on maternity services in the Northern area and there appeared to be insufficient regional discussions. It was suggested that the consultation documents fail to demonstrate engagement with the other Trusts and in particular the Western Trust.

Trust response

Our priority is to provide safe and sustainable maternity services, with choice of place of birth for women and families including home births, midwife-led births and consultant led care where necessary. We would also strive to ensure that there is support for antenatal and postnatal care in the local community, close to people's homes, which people have told us is important to them.

There will be clear bypass protocols and robust public messaging in relation to where women should seek urgent maternity care. However, if a woman attends Causeway Hospital Emergency Department in active labour, there is a senior manager (who is a senior midwife) on-call 24/7 specifically for the maternity service who will offer advice and/or assistance and will co-ordinate a transfer from Causeway Hospital if required.



We appreciate there may be some concern that additional birth numbers at Antrim Hospital will lead to higher rates of intervention. The Trust's aim is to reduce the level of unnecessary intervention during childbirth (where appropriate) and this will be continuously and closely monitored. Any intervention in pregnancy or during birth should have a clear clinical indication and any decision to intervene must be discussed with the women and consent given. Sufficient staffing levels support clear pathways for women and we will retain midwifery led pathways in Antrim Hospital.

Providing a single maternity unit for the Northern Trust in Causeway Hospital would not be deliverable due to the clinical interdependencies that exist on the Antrim site for complex births, notably the neonatal unit.

Data suggests that only 57% of women in the Causeway locality currently give birth in Causeway Hospital. Approximately 43% of women either choose to birth elsewhere or are advised to have their care in Antrim due to a complexity and the associated risk stratification criteria, which applies to Causeway Maternity. Overall, within the Northern Trust approximately 1400 women who live in the Northern Trust locality choose to give birth in other Trust facilities outside of the Northern region.

The Trust engaged with the Western Trust as part of the consultation process to ensure they were fully aware of the options under consideration, and had the opportunity to consider any potential impact on services at Altnagelvin Hospital.

Antenatal and postnatal clinics

Respondents welcomed the commitment that early pregnancy assessment units, antenatal and postnatal clinics and scheduled ambulatory services will be retained on both the Causeway and Antrim sites and some antenatal in other locations such as Whiteabbey, Moyle and Mid Ulster Hospital, Ballymena Health and Care Centre.

There was a request for reassurance that women who require more complex antenatal care can receive that care at Causeway Hospital.

The Trust is asked to consider mothers who experience issues post-birth as there can be confusion on where to turn to for support if a mother has accessed care on both sites.

There was a query around what enhanced antenatal care and postnatal services mean in practice.

Trust response

The Trust is committed to providing antenatal and postnatal clinics closer to home in the community, which is what mothers have said they want. Currently complex cases or those with certain conditions must travel to have all their antenatal attendances provided at Antrim or Ballymena. We aim to provide this antenatal care at clinics in Causeway Hospital. By enhancing the antenatal and postnatal care at Causeway Hospital, many women will no longer be required to make multiple trips to Antrim or Ballymena for this care.

Scheduled ambulatory maternity care will also continue to be provided on the Causeway Hospital site.

Removal of Fetal Maternal Assessment Unit

There was concern about removing access to the Fetal Maternal Assessment Unit at Causeway Hospital. It was felt that this provides vital support and care to women with urgent concerns and removing local access to this service would be detrimental for mothers and babies in an emergency.

Trust response

Any woman who has urgent or immediate concerns in relation to their pregnancy will be directed to attend the Fetal Maternal Assessment in Antrim Hospital, where there will be recourse to a caesarean section, if required.

We would advise any woman who has urgent concerns to contact the 24/7 direct line to maternity services in Antrim for advice, or urgently make their way directly to Antrim as we would not want any delay in care due to needing to transfer from Causeway.

Freestanding midwifery led unit

Some respondents indicated that their first preference would be the creation of a freestanding maternity led unit within the Causeway Hospital site. It was suggested that the majority of women can birth with little to no intervention and service models should not assume a need for high levels of intervention.

It was proposed that there would be a number of benefits for creating a freestanding midwifery led unit at the Causeway Hospital, as it would continue to provide choice and local service provision to a number of low-risk pregnant women. Some respondents stated that the rate of intervention in birth 'is very high in Causeway Hospital' and a freestanding midwifery led unit would provide a lower intervention space for physiological birth.

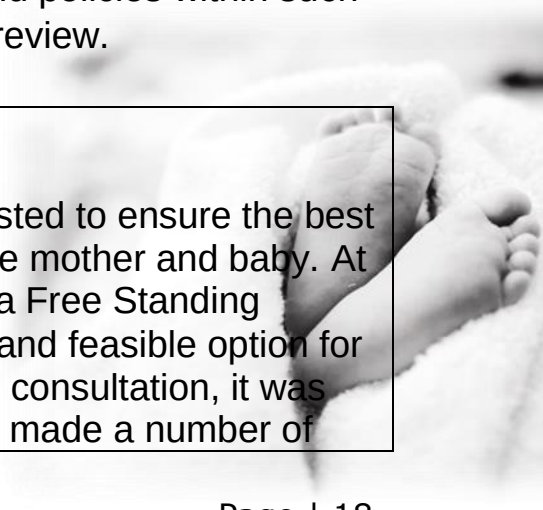
It was also suggested that midwifery led units need to have an obstetric unit nearby and Antrim Hospital is too far to travel and a unit in Causeway Hospital is not adequate to meet the needs of the local population, especially if there are any unexpected complications. There were concerns that if there are complications while birthing in a freestanding midwifery led unit in Causeway Hospital the length of time to get to Antrim Hospital for urgent medical intervention may put women at risk. The Trust is asked to demonstrate how it will manage this risk and ensure ambulance capacity if transfer to Antrim Hospital is required and minimise the risk of birth before arrival, including births that may take place in an ambulance on the way to Antrim Hospital.

It was recommended that if a free standing midwifery led unit is established sufficient staffing levels and skill mix must be maintained.

The view was expressed that the option proposing the establishment of a free standing midwifery led unit in Causeway Hospital was not a 'sound basis for consultation' as this is dependent on the outcome of a comprehensive review by the Department of Health of staff numbers, training and policies within such units. Consultees sought clarity on the timescale of the review.

Trust response

Previous guidance to support choice of place of birth existed to ensure the best and safest possible care to meet the specific needs of the mother and baby. At the time of developing our options, the establishment of a Free Standing Midwifery Unit (FMU) at Causeway Hospital was a valid and feasible option for us to consult on. However, just prior to the launch of the consultation, it was reported in the media that the Coroner at an inquest had made a number of



important findings for the Department of Health to consider.

On 20 December 2022, the Permanent Secretary confirmed that a comprehensive review would be undertaken with respect to staff numbers, experience, training and policies within Freestanding Midwifery Units prior to any coming into operation or reopening. The outcome of this review is not available at this stage for the Trust to consider.

Homebirths

There was some concern about the possible negative impact that both the clinically deliverable options may have on the homebirths service. While it was recognised that homebirths are only available for women who are assessed to be low risk, it was felt that they may be placed at a higher risk if there were complications and their travel time to a birthing suite was increased.

It was queried how the proposals will affect 'continuity of midwifery carer teams' when they are rolled out. It was suggested that a home birth should be explored as an option and supported for all women requesting one and that women should have the choice of safe, effective midwifery led care.

Trust response

The Northern Trust maternity services are committed to supporting women's choice of place of birth and a personalised risk versus benefits discussion is held with women in relation to homebirth, if that is requested. Together with the woman and her family, midwives will provide an informed care plan based on individual circumstances, including distance to travel, if a transfer is required. Women will be given as much evidence based information as possible for them to make an informed decision regarding her care.

The regional Continuity of Midwifery Carer (CoMC) is now approaching Phase 2 which is a rollout of the first teams within all Trusts. The Northern Trust has had a CoMC team (the Lotus Team) in place since 2020 and this team will now align with the regional model. This option of maternity care will be offered to women in the Causeway locality so they will have a small number of professionals who provide continuity throughout the pregnancy with a known midwife going on-call to provide support during birth in Antrim. It is anticipated this model will continue to scale up over the next five years so that the majority of women can avail of this evidence-based approach to care in the future.

Future of Causeway Hospital

There was recognition that Causeway Hospital plays an important role in meeting the health needs of the local community and there was concern expressed that the proposed changes to acute maternity services is the beginning of an 'overall downgrade' of Causeway Hospital.

It was suggested that many departments have been moved from Causeway to Antrim and a 'lack of investment in Causeway and ambitious plans for new units at Antrim'. It was stressed that whatever decision is taken it does not become the 'beginning of the end' for other services such as the emergency department. It was also suggested that during the spring/summer months the Causeway population increases considerably and Causeway Hospital should be put to best possible use going forward and the services currently provided should not be 'diminished.'

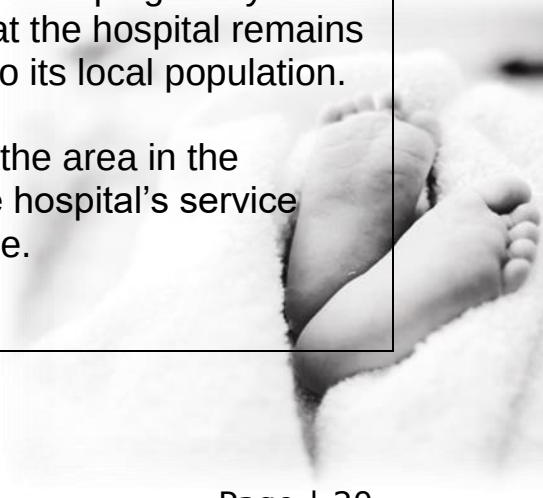
The view was expressed that if there was investment in Causeway to enhance maternity services there would be no need for high risk births to go to Antrim Hospital and this would increase the number of births at Causeway Hospital.

Trust response

The Trust wants to make it clear that Causeway Hospital is a key part of our acute hospital network and that we are committed to maintaining acute services and an Emergency Department on the site. Causeway Hospital plays a very important role serving the community around the Coleraine area and we want to enhance rather than diminish that role.

We need to take into account the demographics of the Causeway population however, and it is clear that while the birth rate in the area is falling, there is a large and growing older population. That is why we are developing frailty and ambulatory services in Causeway Hospital, to ensure that the hospital remains focused on delivering high quality, sustainable services to its local population.

We are also conscious of the large number of tourists in the area in the summer months, and will ensure that any changes in the hospital's service configuration are well communicated to the public at large.



Capacity in Antrim Hospital

There was concern that transferring acute maternity services to Antrim Hospital is not viable given the 'pressures in the maternity unit in Antrim'. It was felt that the capacity to accommodate the increase of patients in Antrim Hospital required a greater focus in the consultation documents and the Trust was asked to clarify if Antrim Hospital has the capacity to cope with the increased number of births.

A number of respondents shared their experience of giving birth in Antrim Hospital and described the maternity unit as short staffed, having no beds or suitable space to give birth.

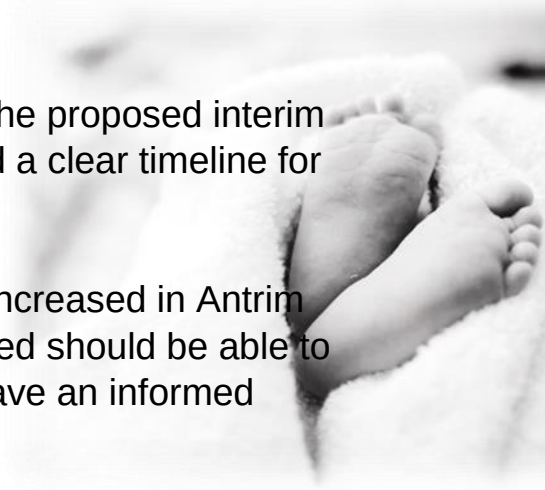
It was felt that in the absence of the new build at Antrim Hospital the proposal to move acute maternity services to Antrim Hospital 'appears premature' when capacity at Antrim Hospital is not being increased to meet demand. It was suggested that during the pandemic, when maternity services in the Causeway Hospital were moved temporarily to the Antrim site, there were too many patients in a ward not adapted for larger numbers.

It was suggested that Causeway Hospital is currently taking patients from Antrim Hospital because Antrim's maternity unit is under pressure and that Antrim's neonatal unit has recently been cut from 16 beds to 13 due to staffing challenges. It was also suggested that the neonatal unit at Antrim should be expanded before there are any extra births at Antrim Hospital to avoid babies being transferred elsewhere.

It was noted that some mothers with complex or high-risk pregnancies have to be admitted as an inpatient and these admissions should be considered alongside the extra 600-700 births per year to be accommodated in Antrim Hospital.

The view was expressed that the Trust must commit to the proposed interim midwifery led unit at Antrim in order to build capacity and a clear timeline for the establishment of the unit should be agreed.

It was suggested that the Trust should ensure space is increased in Antrim Hospital before any move and that women already booked should be able to birth in Causeway Hospital and 'new bookers' should have an informed choice.



Trust response

The Trust acknowledges that the maternity unit in Antrim is busy. We have however carried out detailed modelling of the Antrim and Causeway activity and have planned a number of mitigations to smooth out any potential peaks.

During periods of escalation due to an increase in activity, reduced bed capacity or workforce issues, scheduled activity will be co-ordinated to ensure that inpatient beds are used in the most efficient way.

Additional birthing bed capacity can be implemented during periods of peak activity with a stepped approach to the utilisation of additional contingency beds, bringing the capacity for birthing beds from a core stock of 7 to a flex capacity of 10.

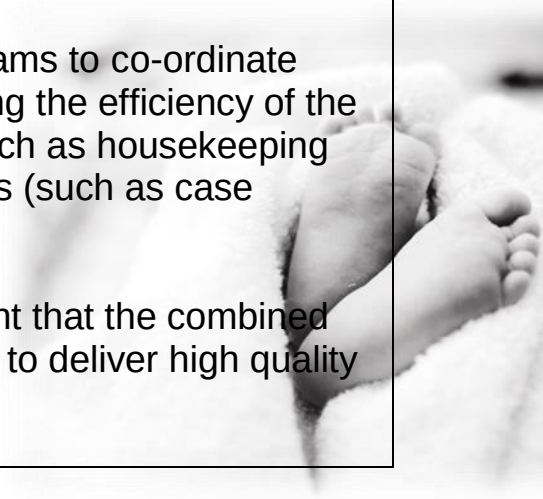
A maternity bed flow co-ordinator role will also be established to proactively consider service planning, smoothing activities, predicting demand and escalation and to lead on contingency planning.

This role will co-ordinate and smooth the elective workload of induction of labour and elective caesarean section and will ensure that robust communication processes are in place with both the women and the multi-disciplinary team (MDT). A MDT Huddle occurs twice daily as a minimum to assess activity and acuity and the maternity bed flow co-ordinator will be present during the Huddle and identify potential pressure points within the system.

Elective work will be further smoothed by increasing induction of labour slots across seven days rather than the current five-day working model. Elective caesarean section lists via main theatres will also ease unnecessary delays for woman. We are working towards attaining 4 elective caesarean lists in main theatres.

The maternity bed flow co-ordinator will work with the teams to co-ordinate discharges to the community team , as well as overseeing the efficiency of the non-clinical services that support care and treatment (such as housekeeping and transportation) and timely access to support services (such as case management and social work).

With the above measures in place the service is confident that the combined activity can be accommodated and that we can continue to deliver high quality maternity care.



Additional travel

The main concern for respondents was the addition travel distance, time and costs to Antrim Hospital. It was felt that because Causeway is such a 'big catchment area' many women will have to travel a further distance to a consultant led unit resulting in many more babies born on the way to hospital and increased anxiety.

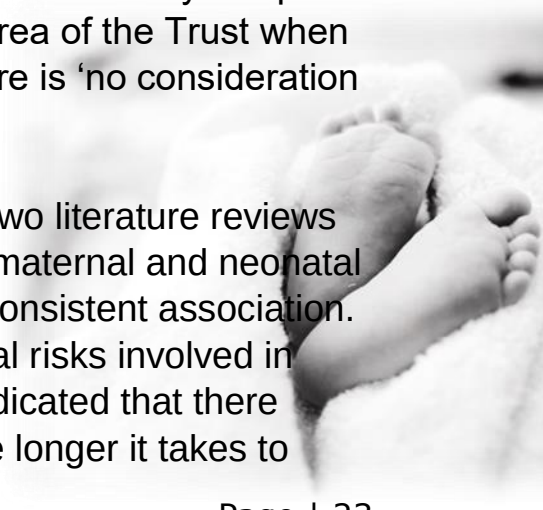
Respondents suggested that both options 3 and 4 would result in more women giving birth at Antrim resulting in longer travel times at a time when the cost of transport is high. There was concern that families living in rural areas without private transport may find it difficult to access services as public transport links are not good and there can be limited provision of community transport.

There was some criticism of the travel times quoted in the consultation documents with the view expressed that they do not take speed limits, traffic lights or snow and ice into consideration.

It was felt that increased travel times and distances will also impact on people from socioeconomically deprived areas given the additional costs of travelling further distances and even families with access to private transport may struggle with the high cost of petrol and diesel.

It was stated that Causeway Hospital is located almost 40 miles away from Antrim Hospital, and some women who live in these rural areas will experience complex pregnancies or unexpected preterm labour. There was concern that more than 30 minutes' travel time could be too far to travel safely in an emergency, putting the lives of both mother and baby at risk. The Trust was asked to 'not remove a necessary service from a rural community' or 'overlook women's right to basic healthcare'. It was suggested that Causeway Hospital was the 'ideal location' for people living in the northern area of the Trust when Antrim Hospital 'is only 11 miles … from Belfast' and there is 'no consideration to people outside the Greater Belfast Area'.

It was noted that the consultation documents reference two literature reviews examining the impact of travel time to obstetric units on maternal and neonatal outcomes and the Trust has concluded that there is no consistent association. There was concern this conclusion understates the actual risks involved in increased travel times as one of the literature reviews indicated that there appears to be an increased risk of birth before arrival the longer it takes to



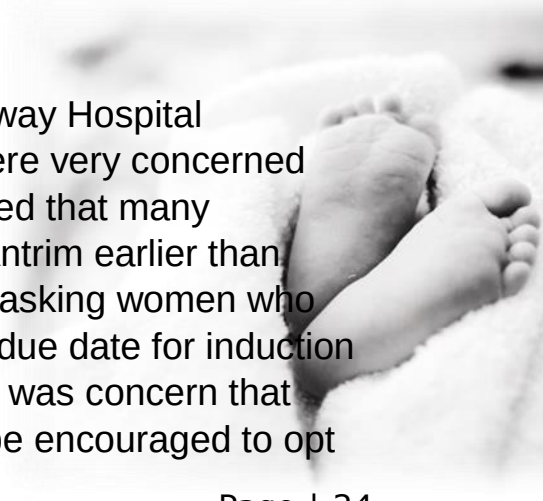
reach the obstetric unit. It was proposed that some studies state that birth before arrival was linked with an increased risk of perinatal or neonatal mortality.

The view was expressed that assessing the impact of increased travel time/distance requires an understanding of the models of maternity care, transport services, landscape characteristics, women's satisfaction with care and places of birth available in the specific area. It was suggested that it is not reasonable to conclude that there will be no increased risks to mother or baby as a result of longer distance and travel time. It was felt crucial that increased travel times and distances should not put mother and baby at risk, thereby offsetting any maternal and infant safety improvements resulting from service reconfiguration.

It was suggested that while the consultation document refers to 'a single journey' this will happen at a time when a woman needs to feel safe and comfortable and worries about travelling to the hospital, can have negative effects on birth hormones, which can lead to an increase of medically managed interventions.

It was suggested that following a birth at Antrim Hospital, family and friends of those who live in the Causeway area may find it difficult to travel and the reduced contact could result in the new mother feeling isolated and potentially impact on postnatal mental health. The reference to 'a single trip' was seen as inaccurate as there could be multiple trips for mother and birthing partner such as being sent home if labour not progressed, partner travelling for visits and to collect mother and baby.

There was concern that the Northern Ireland Ambulance Service (NIAS) will be expected to provide transport to Antrim Hospital in emergencies and NIAS has been under considerable pressure in recent times.



Some respondents who had babies previously in Causeway Hospital described how their labours were very quick and they were very concerned about the extra travel to Antrim Hospital. It was suggested that many expectant mothers would arrive at the maternity unit in Antrim earlier than necessary causing more capacity issues. It was felt that asking women who have experienced precipitous labours to come in before due date for induction is inappropriate unless there is a medical reason. There was concern that under consultant care at Antrim Hospital women would be encouraged to opt

for an ‘unnatural birth/ induction’ due to travel and birthing history which will impact on the induction numbers further.

There was concern for women who have no form of transport and are expected to attend for appointments and birth especially when ‘many taxi companies in the Causeway area do not work in the early hours’.

There was a query about the ‘discharge within 24hrs’ policy for non-complicated births and a suggestion this would need to be considered in light of the extra travel time for dependents/visitors. It was also queried if the ‘covid’ policy remains that birthing partners only enter at the ‘last minute’ as an increased distance to travel and lack of access to private transport could result in partners missing births.

Trust response

We acknowledge that for some women the clinically deliverable options will increase the distance from home to their maternity unit. This is unavoidable if we are to address the issues around the safety and sustainability of the service, as set out in the consultation document.

We will try to mitigate this increased distance as much as possible, for example through enhancing the antenatal and postnatal services available locally, to reduce the distance women need to travel for care before and after their baby is born.

Births Before Arrival (BBAs) will happen in a small number of cases irrespective of where acute maternity services are based. There were 14 in 2022 and the same number in 2021. The data tells us that these babies are generally low risk with positive outcomes, many being born at home.

During the period of centralisation of services in 2020, one of the women transferred from Causeway to Antrim experienced a BBA.

The Trust has adopted regional visiting policy and does not have a ‘discharge within 24hrs’ policy.

Workforce

There was recognition that the recruitment of staff and the retention of sufficient clinical expertise is a significant challenge in sustaining acute maternity services in Causeway Hospital because of the smaller number of births.

It was suggested that the reliance on locum medical staff is region wide issue, which should be addressed as it has a detrimental effect on the quality of care and is not financially sustainable.

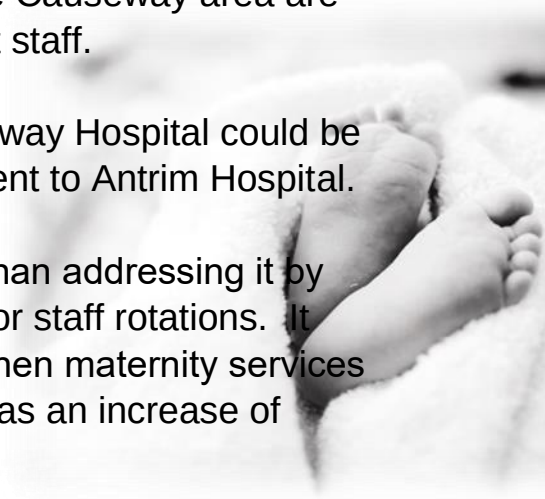
It was felt that concern about the future of Causeway Hospital could be having an impact on the number of job applications and suggested that the Trust must ensure that Causeway Hospital is an attractive employment opportunity. Clarification was sought on whether the two posts were advertised exclusively for the Causeway site, or for the Northern Trust area with the opportunity to rotate. It was suggested that the Trust was delaying processing the applications for the vacant Consultant posts in Causeway Hospital until the consultation closes. It was felt that a lack of financial investment in doctors that has led to challenges outlined in the consultation report.

Concern was expressed that the lack of certainty surrounding the future of acute maternity services has negatively affected staff morale and there was concern about the current insufficient staffing levels and impact this is having on the health and wellbeing of staff.

It was queried if the Trust had examined other aspects of the recruitment process, which may have contributed to the lack of applications, or if it had explored other opportunities to develop and maintain clinician skills. It was recommended that medical and nursing staff should be contracted to work across both Trust sites and it was felt that mothers in the Causeway area are being put at risk because of the Trust's inability to attract staff.

It was suggested that staff in the maternity unit in Causeway Hospital could be experiencing more complex cases if patients were not sent to Antrim Hospital.

There was concern the Trust is ‘moving the risk’ rather than addressing it by other means such as developing a recruitment strategy or staff rotations. It was suggested that Antrim hospital did not ‘cope well’ when maternity services were moved there during the pandemic and that there was an increase of



women giving birth in cars, in the emergency department and GP surgery carparks during the pandemic.

There was unease that the consultation document 'undermines' the work of the midwives who have trained for years and are now being told they are 'incompetent'. Staff have expressed 'upset' that the local media has described Causeway Hospital as an unsafe place to give birth. The view was also expressed that the midwives in the Causeway are 'second to none' and are 'more than capable' to deal with high BMI, gestational diabetes and other obstetric complications.

It was queried how staff would be recruited to Antrim Hospital to cope with the increased number of births if staff cannot be recruited to Causeway Hospital.

It was suggested that the redeployment of maternity staff to Antrim would have an impact on the distance, time and expense to travel to work and the morale of staff. In addition the maternity staff are all women and they may have children and caring responsibilities, or are aged 55 plus and are likely to retire if their commute becomes significantly longer which will 'compound' recruitment issues and add to the staffing shortage.

There was a query about the impact of the proposals on obstetric trainees and if it will have an adverse impact on the retention or attraction of obstetric trainees in the Causeway area.

It was also queried if the absence of a neonatal unit in Causeway is contributing to the recruitment issue.

Trust response

The Trust has been vigorous in its recruitment efforts for all range of staff for vacancies in Causeway (not exclusively in obstetrics). The 'Causeway Hospital' Video, which was hosted on Trust website, Twitter, LinkedIn, Facebook and YouTube, received local media coverage. The Twitter video had 25,623 impressions and 5,576 views. On Facebook the video had 15,000 views and 126 shares on Causeway Coast and Glens Community Facebook and 11,000 views on Love Ballymena. This video highlighted the advantages of living and enhancing a career in Causeway Hospital to an audience extending beyond Northern Ireland. It was part of a broader recruitment effort, which included advertisement of posts in a range of print and social media.

Recruitment and retention are ongoing workforce challenges, which also extend to the midwifery profession. A contributory factor in the difficulties the Trust experiences in recruitment and retention is in part due to staff in maternity services not having the opportunity to practice the full range of clinical skills necessary to maintain safe practice due to the nature of the service provided in Causeway Hospital. The consolidation of maternity services will address the issues presented of midwives having the opportunity to practice the full range of services as part of continual professional development.

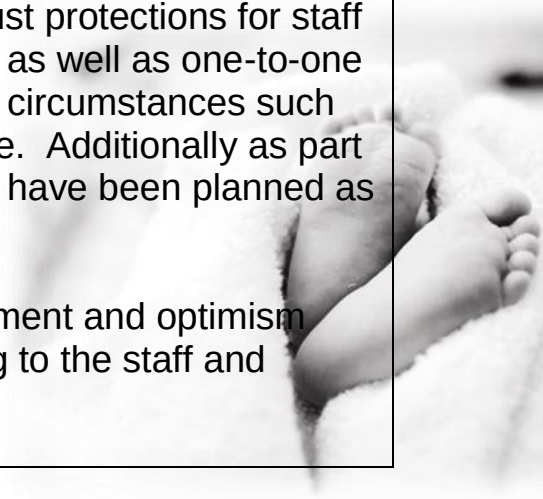
Given the potential for complexity and acuity within obstetrics; the current model for maternity services in Causeway Hospital may not consistently present opportunities for the level of multidisciplinary team working to which consultant obstetricians aspire and that has perhaps contributed to consultants not applying for or accepting positions.

Since the public consultation, we have seen an increase in the number of applicants to the medical posts. It is believed that the increased level of interest in this second recruitment drive is in part due to the proposed service changes, which have potentially increased clinicians' confidence in the safety and sustainability of services moving forward, making the positions more attractive.

The current service is maintained through temporary fixed term arrangements and staff working additional hours through 'goodwill', which is not sustainable in the longer term. We anticipate a continuation of pressures in maternity services regardless of whichever option is taken forward because of the recruitment and retention issues of midwives and obstetricians. We recognise that a focus on workforce planning and the availability of funding for sustainable services into the future is vital.

The Trust recognises that change can be a challenge for staff. The Trust has a formal management of change process, which is conducted in partnership with our trade union colleagues. This process allows for robust protections for staff of their terms and conditions during any change process as well as one-to-one meetings and adjustments made for staff whose specific circumstances such as caring responsibilities may be impacted by the change. Additionally as part of the change process, team development and induction have been planned as required.

It should also be noted that some staff expressed excitement and optimism about the opportunity that the revised options could bring to the staff and patient experience.



The Trust confirms that Causeway Hospital is a safe place to give birth, and recognises the very high skill and competence levels of clinicians and midwifery staff. We want to acknowledge the level of skill of our staff within Causeway Hospital maternity services and to thank them for their dedication and hard work.

The Trust acknowledges the pressures, difficulties and emotional stresses of being a midwife, particularly those parts of the job outside of core midwifery, such as administration and dealing with social issues. The Trust recognises that a stretched work force may result in some staff "burnout" as well as managing the emotional affect that the job brings on a daily basis particularly if having to deal with loss. The Trust has a Workforce Wellbeing Strategy, which includes the retained services of third party counselling service as well as in house psychological support through our Occupational Health and Organisational Development Services. There is also a stress management-talking toolkit. These are available to promote and support staff wellbeing but also to respond at times when staff are suffering from stress.

The Trust is committed to supporting all the staff that work in maternity services in the Trust area. The Trust recognises that it must support newly qualified staff so that they remain in the profession.

Equality Impact Assessment

It was noted that the Equality Impact Assessment (EQIA) stated that both clinically deliverable options would have an impact on people living with a disability and that the Trust will monitor for any adverse impact. It was suggested that the Trust should be more proactive and provide better transport links between Causeway and Antrim, perhaps in the form of community transport services.

The predominant concern expressed by consultees was around travel and access to more distant acute maternity services, especially for particular demographic groups.

Concern was raised about the potential negative impacts on equalities groups, mainly because of increased travel/journey time, complexity and cost, particularly those with young children to care for, who might not be able to

afford a taxi if they were without access to a private vehicle and public transport was either unavailable or unsuitable.

Concern was raised about the impact of changes on people with disabilities, who might already find travelling further challenging and expensive. There was a query if accessible toilet and bathing facilities, large enough for an electric wheelchair or motorised scooter, are available in maternity units. In addition, there should be somewhere accessible to place shower gel and towel.

It was suggested that older women are more likely to require intervention and are therefore being discriminated against under these proposals.

There was a concern about the 'births to unmarried mothers' data provided in the Equality Impact Assessment (EQIA) and a suggestion that it is 'carrying on the stigma of an outdated world view' and the marital status of woman has no bearing on the services provided.

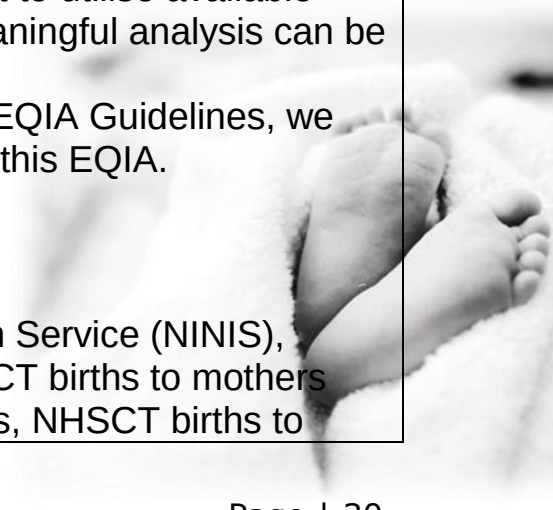
Trust response

An Equality Impact Assessment (EQIA) was completed for this proposed service reform in line with the relevant law, section 75 of the Northern Ireland Act 1998.
This says we must properly consider the need to promote equality of opportunity between:
• people of different religious belief, political opinion, racial group, age, marital status or sexual orientation
• men and women generally
• people with a disability and people without one, and
• people with dependents and people without dependents.

In order to consider equality of opportunity it is important to utilise available datasets covering the Section 75 categories so that meaningful analysis can be completed and reflected upon.
In line with the ECNI Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare this EQIA.

We gathered data for six populations, namely:

- From Northern Ireland Neighbourhood Information Service (NINIS), NHSCT birth trends analysis for 1999-2019, NHSCT births to mothers from outside NI, NHSCT births to teenage mothers, NHSCT births to



unmarried mothers

- From Northern Ireland Statistics and Research Agency (NISRA), retrospective female population numbers for NHSCT detailed by age group from 2008 to 2020

- From NISRA, projected adult female population for Northern Ireland as a region to 2030

- From NISRA, projected births for Northern Ireland as a region to 2030

- Analysis of the resident population of NHSCT into Section 75 categories to determine who may need inpatient maternity services in future

- Analysis of the staff group of acute inpatient maternity services in Causeway hospital into Section 75 categories with comparator to all staff group of NHSCT

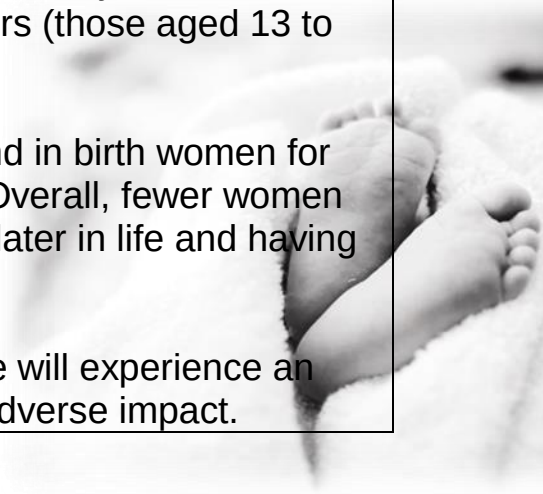
In preparing the EQIA, we took into account data and research findings from a range of sources. Statistical information was available from NISRA and NINIS (including Census information from 2011, the most recent census for which detailed analysis is available).

The Trust will continue to make sure that the needs of each service user are fully assessed and that any special requirements are identified and will be taken fully into account when meeting their future needs.

The age profile of 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 15-44 years in the Trust area from 97,935 in 2008 to 89,215 in 2020. The target population for this service has therefore fallen by almost 10% over this time period. This trend is projected to continue in the years to 2030. There also has been a significant drop in teenage mothers (those aged 13 to 19 years) from 5% of births in 2005 to 3% in 2019.

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.

The Trust has not identified that any particular age range will experience an adverse impact and is committed to monitoring for any adverse impact.



We are aware that the 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. The Trust is committed to monitoring for any adverse impact. Specific communications regarding care and travel choices at time of delivery for the option chosen will be considered. Facilities available at Antrim Hospital maternity wards including wheelchair access and appropriate accessible toilet, bathing and showering facilities are available to access via the AccessAble mobile application (app). This app allows patients to research and plan their hospital stay.

The Trust has a duty to examine available data relating to the protected equality categories including marital status.

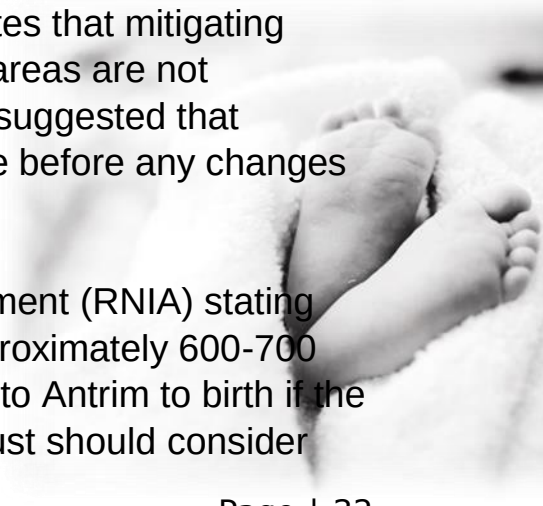
The nature of the service means that people are discharged home from inpatient services as soon as possible, with limited hospital stay. This should minimise impact upon both the mother and associated dependents.

In keeping with the Equality Commission's guidance, the Trust will put in place a process to monitor the impact of this proposal on the relevant groups.

If, as a result of this monitoring, the Trust finds that the impact of this service reform results in a greater adverse impact that predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

Rural Needs Impact Assessment

It was stated that the rural needs impact assessment notes that mitigating measures may be required to ensure that those in rural areas are not adversely affected by the proposed service change and suggested that mitigating measures should be identified and put in place before any changes to services are made.



There was reference to the Rural Needs Impact Assessment (RNIA) stating that the move will affect local intrapartum access for approximately 600-700 women who would be required to make a single journey to Antrim to birth if the options were implemented. It was suggested that the Trust should consider

that there might be circumstances when women will have to make more than one journey, particularly towards the end of their pregnancies when issues such as high blood pressure, gestational diabetes, pre-eclampsia, and iron deficiency can occur.

It was suggested that the Rural Needs Impact Assessment (RNIA) should have include an urban/rural breakdown of birth trends in Trust area. It was also suggested that data should be available on the number of women who attend Fetal Maternal Assessment Unit (FMAU) for immediate concerns to allow respondents to understand how much this service is used and to comment on its potential withdrawal for rural women.

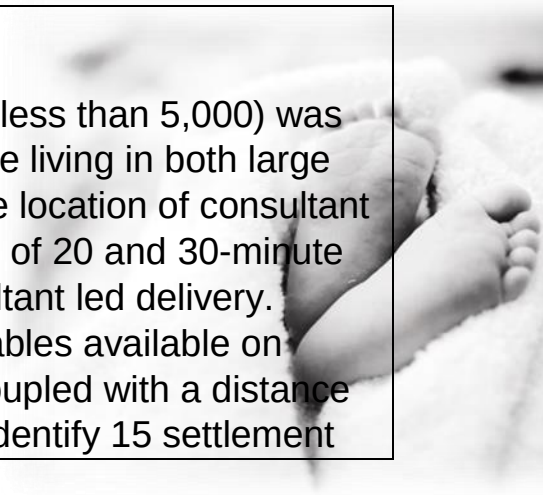
It was recommended that the Rural Needs Impact Assessment should include data on the number of households that have access to private transport and that 19% of households in the NHSCT area had no access to a private car or van in 2011 – although some of these are likely to be older households. It was also recommended that point 2C should say "those living outside 20/30 minutes' drive time from Antrim Hospital will require more effort, time and resources to access services than those inside 20/30 minutes' drive time" as this is more consistent with the "rural" definition the Rural Needs Impact Assessment is using.

There was a suggestion that it would have been useful to know the percentage of 152,495 who live outside the drive time limits.

There was a query if mothers were surveyed on their experience during the temporary transfer of all birthing services to Antrim Hospital during Covid and if any positives/negatives were identified for mothers outside the 20/30 minute drive time from the hospital.

Trust response

The default definition of rural (Population Settlements of less than 5,000) was not considered useful in differentiating impacts, as people living in both large and small settlements will be impacted by changes in the location of consultant led births. The definition applied in the RNIA is in excess of 20 and 30-minute drive times from Antrim, the proposed location for consultant led delivery. Settlement sizes in Northern Trust were obtained from tables available on Northern Ireland Statistics Research Agency (NISRA) coupled with a distance time calculator available on the intranet. This helped to identify 15 settlement



locations where travel time to Antrim is in excess of 30 minutes.

An analysis of births into urban and rural would align to the default definition of rural as population settlements less than 5,000 which was not the definition of rural used in Rural Needs Impact Assessment.

Attendances at FMAU to address immediate concerns are recorded at individual medical record level and not subject to amalgamation.

In addition, the car/van ownership analysis available for Northern Trust area via NISRA is aligned to household level only rather than to a level identifying users of this service in the anticipated age group of 16 to 44 years old. As noted by respondents it is likely that non-car ownership may include disproportionate levels of older people and the most recent figures relate to the 2011 census.

The Trust has used external sources when completing the RNIA including the Department of Health Inequalities Report and extracted relevant data from Northern Ireland Neighbourhood Information Service.

Northern Ireland Statistics Research Agency provided data in relation to settlement classification, which aggregates open countryside into one category, and an amalgamated figure for the Trust as noted in the responses. No further level of detail could be found on this.

The Trust acknowledges that a survey of women's experience during the temporary transfer of all birthing services to Antrim Hospital during Covid would have been valuable. The Trust is committed to monitoring the impact of additional travel going forward.

Consultation and engagement process

There was a view that communication with the public, stakeholders and staff is vital and that the Trust should be open and transparent about their partnership and co-production process with staff, trade union representatives, and women accessing maternity services and relevant organisations that advocate for women.

There was concern that the consultation exercise was a ‘tick box exercise’ and a ‘forgone conclusion’.

It was suggested that the consultation process was not accessible to women who have used or will use Causeway maternity services.

There was criticism that some of the links to the documents were not working or did not take the consultee the correct document.

There was a query if the permanent secretary can make a decision in the absence of a Minister for Health.

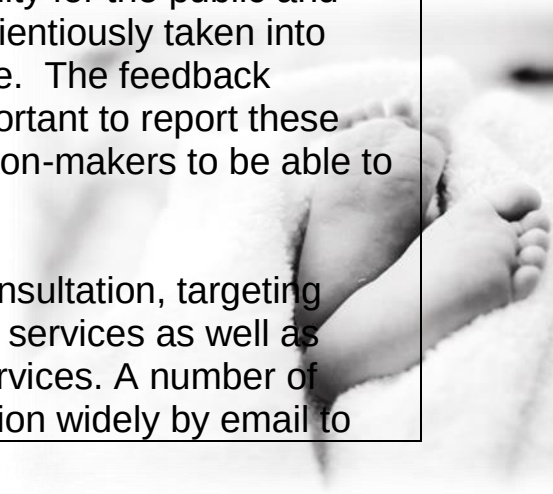
It was suggested that the Trust should develop a communication strategy for the public, including expectant mothers and those whose first language is not English. People in the Causeway area who are expecting to have a consultant-led birth at Causeway should be informed of any changes as soon as possible. It was also suggested that it is important to consider communication with pregnant tourists in the Causeway area.

Trust Response

The Trust would like to emphasise that this consultation was launched to listen to the public and ensure they have a say on how we provide future acute maternity services. The key consideration when assessing the clinically deliverable options for future services was how we make the best use of the resources we have available to provide safe and sustainable services. We know that we cannot make any decision without hearing from the people who use our services.

The purpose of this consultation has been to establish a dialogue, based on a genuine exchange of views. Consultation is an opportunity for the public and stakeholders to give feedback on proposals to be conscientiously taken into account by decision makers alongside all other evidence. The feedback received often reflects widely varied views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to take into account the issues raised.

The Trust made efforts to raise awareness about the consultation, targeting women and families with recent experience of maternity services as well as others with an interest in the provision of local health services. A number of different methods were used, including sharing information widely by email to



local organisations, posts on social media, newspaper, radio and television coverage and it also engaged with specific organisations to collect the views of women and those who live in rural areas. In addition, the Trust arranged 3 engagement events (two virtual and one in person), attended local Council meetings and met with groups representing local communities. The Trust also held a number of engagement meetings with staff. We have also worked closely with our colleagues. GPs have been involved and Primary Care is vital going forward.

Once Trust Board has considered the outcome of the consultation, it will submit a recommendation to the Department of Health for final approval. If there is no minister in post at that time, the Permanent Secretary will take a view as to whether he can make a final decision on the proposed change in line with guidance published by the Secretary of State.

The Trust is committed to widely communicating any change to services across all communities. This will include accessible information on our website, extensive use of social media, tours both in person and virtual and engaging with local representative groups to ensure the message gets to harder to reach communities.

Appendix 1

Written Responses to Consultation

Adam Millar	Individual
Adeline Farr	Individual
Aidan Campbell	Rural Community Network
Aideen McIlroy	Individual
Aisling Kearney	Individual
Alan Robinson	MLA
Alison Lindsay	Individual
Alix Halliday	Individual
Amelia McAuley	Individual
Amie	Individual
Amy Boyd	Individual
Amy McFarland	Individual
Andrea McConaghy	Individual
Angela Neeson	Individual
Ann Donnelly	Member of staff
Ann McAleer	Mid Ulster District Council
Anna Patricia Crawford	Individual
Anna Smyth	Individual
Anne Collins	Member of Disability Consultation Panel
Annie McNicholl	Individual
Aoife Lowry	Individual
Aoife Reynolds	Individual
Avril Roulton	Individual
Becky Andrews	Individual
Beth Hunter	Individual
Bronagh Brennan	Individual
Bronagh Hayes	Individual
Bronagh Mc Laughlin	Individual
Caitlin Norton	Member of staff
Caoimhe	Individual
Caoimhe Dillon	Individual
Carli	Individual
Catherine Edwards	Individual
Catherine Spence	Member of staff
Catriona Boyle	Individual
Catriona Campbell	Individual
Catriona Campbell	Individual
Chantelle Crowe	Individual
Charles Beattie	Member of staff

Chloe Crawford	Individual
Christa Dunlop	Individual
Christina Madden	Individual
Christina Quigley	Member of staff
Christine Doherty	Individual
Christine Martin	Member of staff
Christine McCallion	Individual
Ciara McCann	Individual
Ciaran OConnor	Sinn Fein
Claire Lorimer	Individual
Claire Smith	Individual
Clare Halliday	Individual
Clare Mullan	Individual
Clodagh OKane	Individual
Corinna Robbin	Individual
Courtney Allen	Individual
Dan Mullan	Individual
Danielle Neeson	Individual
David Avery	Individual
David Jackson	Causeway Coast and Glens Council
Dawn Gage	Member of staff
Dean McGonagle	Individual
Diana Doherty	Individual
Diana Kirk	Individual
Dion Moody	Individual
Donna	Individual
Dr Leanne Johnston	Individual
Eimear McGovern	Individual
Elaine Donnelly	Sure Start
Elisha	Individual
Elizabeth	Individual
Elizabeth ONeill	Individual
Elizabeth ONeill	Individual
Ellen McDowell	Individual
Emer Kelly	Individual
Emily Courtney-Clifton	Individual
Emma	Individual
Emma	Member of staff
Emma Ferris	Individual
Emma Mullan	Individual
Emma Neill	Individual
Emma Smyth	Individual
Erin Honeyford	Individual
Evie McBride	Individual

Francesca	Individual
Francesca Armstrong	Individual
Gavin Clohessy	Individual
Gemma	Individual
Gemma Hardman	Individual
Gemma Reid	Individual
Georgia Steele	Individual
Geraldine Mullan	Individual
Gillian Stewart	Individual
Gregory Campbell	MP
Hannah McCauley	Individual
Heather	Individual
Heather Harkin	Individual
Helen	Individual
Helen Jordan	Individual
Ian	Individual
J Mckay	Individual
Jade Best	Individual
James Wylie	Individual
Janet	Individual
Jason Pollock	Individual
Jason Steele	Individual
Jean KNOWLES	Individual
Jenna Campbell	Individual
Jenna McFaull	Individual
Jenna Reid	Individual
Jenna Watson	Individual
Jenny Lowe	Individual
Jessica	Individual
Jessica Halliday	Individual
Jessica Higgins	Individual
Jessica Matear	Individual
Jill Campbell	Individual
Jim Allister	MLA
Joanne Honeyford	Individual
John Boyle	Individual
John Wilkinson	Individual
Julie Hartin	Individual
Julie McLaughlin	Individual
Julieanne Woods	Individual
Karen Murray	Royal College of Midwives
Karen Nicholl	Individual
Karen O Kane	Individual
Karen Ward	Individual

Karly Pollock	Individual
Kat	Individual
Kate Byrne	Individual
Katherine Clements	Individual
Kathleen Mearns	Individual
Katie Collum	Individual
Katie Simpson	Individual
Katrina Freeman	Individual
Kay Mc Aleese	Individual
Kim	Individual
Kirsty Elliott	Individual
Kirsty Scott	Individual
Laoi Aine Ni Pheacoig	Individual
Laura Magee	Individual
Laura Maria Gallagher	Individual
Laura McMurray	Individual
Laura Thompson	Individual
Lauren	Individual
Lauren Boyd	Individual
Lauren Hutchinson	Individual
Lauren Torney	Individual
Lauren Watson	Individual
Lauren Watson	Individual
Leanne McGrath	Individual
Lesley Moore	Individual
Leslie Altic	BirthWise
Linda McAfee	Individual
Lisa Gilmore	Individual
Lisa Gregg	Individual
Lisa McCorley	Individual
Lisa Tolardo	Individual
Lord Heseltine	Individual
Louise Crozier	Individual
Louise McCormick	Individual
Louise Smyth	Individual
Lyndsey McCullough	Maternity Matters, MSLC Northern Trust
Lynn Davenport	Individual
Lynsey OKane	Individual
Lynsey Patton	Individual
Lynsey Taylor	Individual
M. McElwee	Individual
Margaret Campbell	Individual
Marlene Mctague	Individual
Martha Smith	Individual

Mary Johnston	Individual
Mary McLaughlin	Individual
Maura McFerran	Individual
Maureen Kirk	Individual
Maurice Bradley	MLA
Michael graham	Individual
Michael Mullan	Individual
Michael Neely	Individual
Mrs Gibson	Individual
Naoise Scally	Individual
Naomi Steele	Individual
Natasha Shivers Easton	Individual
Niall Mullan	Individual
Niamh Diamond	Individual
Nichola Neill	Individual
Nicola	Individual
Nicola Bones	Individual
Nirvana Fleck	Individual
Olivia McConaghie	Member of staff
Pamela Cross	Individual
Paula OKane	Individual
Peter	Individual
Phil Birkett	Individual
Phillip Doherty	Individual
Rach Jamison	Member of staff
Rachel Barr	Individual
Rachel Pollock	Individual
Rebecca Donnelly	Individual
Rebecca Halliday	Individual
Rebecca Rainey	Member of staff
Rebekah Corbett	Tiny Life
Rheigan Parke	Individual
Richard O'Reilly	Individual
Robin Swann	MLA
Roisin Moore	Individual
Roisin Neeson	Individual
Ruth	Individual
Samantha Henry	Individual
Samantha Warke	Individual
Sarah Morrell	Ulster Farmers' Union
Sarah Reynolds	Individual
Seamus O'Rourke	Individual
Seaneen McGarry	Individual
Shannon	Individual

Shannon	Individual
Sharon Green	Individual
Sherlyn Logue	Individual
Sibylle	Individual
Sinéad Henry	Individual
Sinead Horner	Individual
Sinead McGivern	Individual
Sinead Ward	Individual
Siobhan McAfee	Individual
Siobhan McPeake	Individual
Siobhan Quinn	Individual
Stephanie	Individual
Susan	Individual
Terri Darragh	Individual
Theresa McAllister	Individual
Theresa McAllister	Individual
Therese McErlean	Individual
Tim Thorpe	Individual
Victoria O'Hanlon	Individual
Warwick Kirsty	Individual
William Taylor	Farmers for Action
William Wylie	Individual
Zara Greer	Individual
Zoe Smyth	Individual
Anonymous x 34