

# Document Pack

**Democratic Services Section  
Chief Executive's Department  
Belfast City Council  
City Hall  
Belfast  
BT1 5GS**



11<sup>th</sup> May, 2012

**BRIEFING SESSION STRATEGIC POLICY AND RESOURCES COMMITTEE  
TO WHICH ALL MEMBERS ARE INVITED**

Dear Alderman/Councillor,

A Briefing Session, to which all Members of the Council are invited, will be held in the Lavery Room (Room G05), City Hall on Monday, 21st May, 2012 at 2.00 pm, for the transaction of the business noted below.

You are invited to attend.

Yours faithfully,

PETER McNANEY

Chief Executive

**AGENDA:**

1. **To receive a presentation from representatives of the Belfast Health and Social Care Trust in relation to the consultation proposals to reshape Maternity Services in Belfast (Pages 1 - 104)**

**To: All Members of the Council**

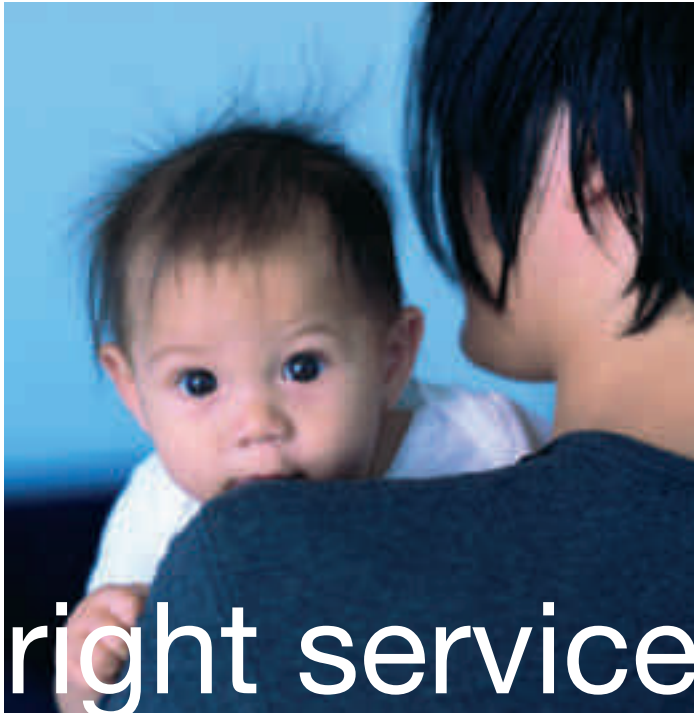
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Belfast Health and  
Social Care Trust

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Agenda Item 1



right service

for women and their partners



right place



A consultation proposal  
to reshape  
Maternity Services  
in Belfast

1 March 2012 to 31 May 2012





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## Availability in other formats

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

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

Orla Barron  
Health and Social Inequalities Manager  
1<sup>st</sup> Floor, Graham House  
Knockbracken Health Care Park  
Saintfield Road  
Belfast  
BT8 8BH  
Tel 028 9096 0069  
E-mail: [Orla.barron@belfasttrust.hscni.net](mailto:Orla.barron@belfasttrust.hscni.net)







## Foreword

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

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

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

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

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

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

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

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





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

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

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

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

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

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

## Executive Summary

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

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

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

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

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

## Service Recommendation

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

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

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

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

## Introduction

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

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

- 2.3 The Belfast Trust made a commitment to consult on proposals once these had been further developed. This document is that next step and details why the Belfast Trust is convinced that there is a need to make proposals for change to the way maternity services currently operate. The Trust is confident that its proposal will result in an enhanced level of care for women with high-risk pregnancies whilst ensuring that women with straightforward pregnancies have the choice to continue to access locally available services.

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

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

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

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

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

### 3.0 How are Maternity Services currently delivered?

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

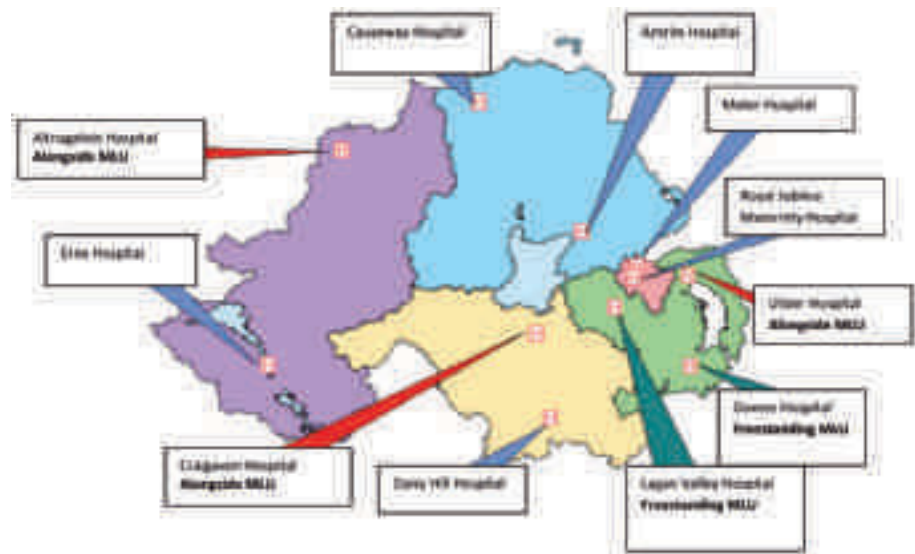


Figure 1.0 Location of Maternity Units in Northern Ireland

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

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

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

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

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

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

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

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

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

Table 2: Births in Mater Maternity Unit by Trust Residence

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

\*Percentages have been rounded up for ease of reading

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

Table 3: Current Maternity Services Provision in Belfast Trust

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

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



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

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

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

#### 4. Why reorganise Maternity Services now?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Advantages

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



## Option 1

## Disadvantages

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

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

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

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

**Advantages**

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

**Disadvantages**

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

Summary of Option 2 consideration

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

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

**Advantages**

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

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

**Disadvantages**

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

Summary of Option 3 consideration

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

## 5.5 Preferred Option

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

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

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

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



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

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

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

### 6.2 For Staff

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

### 6.3 For Trust Sites

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

## 7. Workforce

### What does this mean for Staff?

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

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

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

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

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

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

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

#### Relocation / Redeployment

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

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

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

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

#### Providing Support for Staff

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

#### Partnerships

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

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

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

## 8. Conclusions and Recommendations

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

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

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

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

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

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

Consultation Questions:

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

## Appendix 1 Glossary

## Glossary of abbreviations

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

## Appendix 2

## Your invitation to comment

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

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

Alternatively, comments may also be emailed to:

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

visit our website

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

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

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

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

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

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

## Appendix 3 Equality and Human Rights

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

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

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

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

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

## Section 75 of the Northern Ireland Act 1998

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

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

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

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

The EQIA pertaining to this proposal can be found at

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

Appendix 4	The Belfast Trust Maternity Project Group Membership
Name	Title
Eliz Bannon (Chair)	Co Director, Specialist Hospitals, Women and Children Health Services
Dr Stephen Austin	Consultant Anaesthetist, LNC Representative
Orla Barron	Health and Social Inequalities Manager
Louise Beckett	Senior Human Resources Manager
Denise Boulter	Consultant Midwife, Public Health Agency
Deirdre Brady	Chief Executive, Tiny Life
Ruth Clarke	Maternity Services Manager/Head of Midwifery
Albert Clugston	Unison Representative
Iain Deboys	Assistant Director, Belfast Local Commissioning Group
Maureen Doyle	Equality Manager
Melanie Fitzpatrick	Trades Union Representative, Royal College of Midwives
Miriam Gibson	Employment & Equality Manager
Janet Johnson	Service Manager, Anaesthetics and Theatres
Heather Kyle	Senior Midwife, Intrapartum and Midwifery & Triage Services
Dr Clifford Mayes	Consultant, Regional Neonatology Unit and Neonatal Lead
Anne McAuley	Governance Lead, Specialist Hospitals, Women & Children
Dr Donagh McDonagh	Associate Medical Director for GPs, Belfast Trust
Bernie McQuillan	Co Director, Strategic Planning
Christina Menage	Senior Midwife, Antenatal Outpatients, Postnatal Wards and Community
Diane Mulligan	Corporate Communications and Public Liaison
Dr Mary Murnaghan	Consultant, Obstetrics and Gynaecology + NIMDTA representative
Geraldine Nolan	Strategic Development Manager
Dr Stephen Ong	Consultant Obstetrician and Obstetric Lead
Joan Peden	Co Director, Human Resources
Dr Dale Spence	Maternity Services Liaison Committee representative
Dr Richard Wright	Associate Medical Director, Specialist Hospitals, Women and Children Health Services

## Appendix 5 Staff Involved in Providing Maternity Care

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

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

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

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

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

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

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

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



## References

Report of the RQIA Review of Intrapartum Care, RQIA, 2010

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

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

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

Transforming Your Care, A review of Health and Social Care in Northern Ireland, Health and Social Care Board, December 2011.





## **Equality Impact Assessment Document**

In accordance with Section 75 and Schedule 9  
The Northern Ireland Act 1998

**Proposal to reshape Maternity Services in Belfast**

Consultation Period: 1 March 2012 – 31 May 2012



# Belfast Health and Social Care Trust

## **Proposal to Reshape Maternity Services in Belfast**

### **Section 75 and Schedule 9 The Northern Ireland Act 1998**

### **Equality Impact Assessment March 2012**

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:

**Orla Barron**  
**Health & Social Inequalities**  
**Manager**  
**Graham House**  
**Knockbracken Healthcare Park**  
**Saintfield Road**  
**Belfast BT8 8BH**

**Tel: 028 90960069**

**Fax: 028 9056 6701**

**Text phone: 028 9056 5330**

**E-mail:**

**[orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)**

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## **Executive Summary**

Belfast Trust is reviewing the delivery of Maternity Services, which are currently provided by the Royal Victoria Hospital and the Mater Hospital. The Trust is proposing that consultant-led Obstetric services for Belfast are provided at the Royal Jubilee Maternity Service alongside the existing Midwife-led care, and that a free-standing Midwife-led Unit should be developed at the Mater Hospital. It is also proposed ante natal care will continue to be provided in its current locally accessible arrangement. Post natal care will continue to be provided in the home following appropriate discharge. Community midwife teams will continue to provide ongoing assessment, monitoring and support of mothers and infants.

The aim of this review is to ensure that the Maternity Services in Belfast continue to provide a quality service for high risk pregnancies from across the region, whilst ensuring that women at both low and high risk of complication have their birthing experience in an environment which is appropriately staffed to meet their needs, in the most appropriate location, with appropriate clinical linkages for delivery and initial post-natal and neonatal care.

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

This paper is an Equality Impact Assessment (EQIA) on the Trust's proposal to establish one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a free-standing Midwife-Led Unit at the Mater Hospital.

A review of options in regard to the future delivery of Maternity Services in Belfast was undertaken by the Maternity Project Group. The membership is set out in Appendix 2.

A range of options were considered and the advantages and disadvantages of each option identified to enable the Group to conclude on a preferred option. This is detailed in Section 3 of the Report.

The Trust is now embarking on a consultation process regarding the preferred option to established one Consultant-led Obstetric Service, including current models of Midwife-led care, at the Royal Jubilee Maternity Service and a free-standing Midwife-led Unit at the Mater Hospital.

A screening exercise was carried out on the proposal to reorganise Maternity Services and the proposal was screened in for a full Equality Impact Assessment.

The Trust is conducting this Equality Impact Assessment to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views to help inform the final decision making process.

The Trust is statutorily bound to consider the implications for equality of opportunity and good relations. Human rights and disability considerations are also integral to this process.

This Equality Impact Assessment paper will firstly outline the organisational and strategic context from which this proposed reform has emanated.

Section 2 provides an overview of the current service model, the factors which have prompted the Trust to propose the new model of Maternity Services and how the future model would work.

Section 3 outlines the options considered and how the preferred option was identified.

Section 4 considers available data and research.

Section 5 examines how this proposed reconfiguration could potentially affect the key stakeholders. It will consider the information to inform us of how this proposal may impact on people from across the Section 75 groups, both service users and staff, and assess whether the impact will be differential and possibly adverse.

Section 6 looks at any mitigation measures necessary in the event of adverse impact for either staff or service users.

To conclude, Section 7 looks at the formal arrangements that the Trust will make in terms of consultation and communication of the final decision, following the consultation.

The Trust is conducting this Equality Impact Assessment to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views before any final decisions are taken.

The proposal is outlined in the consultation document “Excellence and Choice. A consultation on the future delivery of Maternity Services in Belfast” available to download <http://www.belfasttrust.hscni.net>



The Trust welcomes any comments which you may have in terms of the Equality Impact Assessment.

A copy of this EQIA report is available on the Trust's website at <http://www.belfasttrust.hscni.net>

**Deadline for comments will be: 31 May 2012**

To facilitate comments please see Appendix Three – Consultation Pro-forma.

Following consultation a summary report will be made available.

**SECTION 1**  
**INTRODUCTION**

- 1.1 Introduction
- 1.2 Statutory Context Section 75
- 1.3 The Equality Impact Assessment Process

## **1 Introduction**

### **1.1 Introduction**

Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998, Belfast Health and Social Care Trust ('The Trust') gave an undertaking to carry out an Equality Impact Assessment (EQIA) on each policy or group of co-joined policies where screening had indicated that there may be major implications in relation to one or more of the nine equality dimensions.

### **1.2 Statutory Context Section 75 NI Act 1998**

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- Between men and women generally
- Between persons with a disability and persons without; and
- Between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Belfast Health and Social Care Trust submitted its revised Equality Scheme to the Equality Commission for Northern Ireland (ECNI) on 1<sup>st</sup> May 2011. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75 and will duly implement the requirements of the Revised Guidance for Public Authorities on Implementation of Section 75. The Trust's Scheme was formally approved in September 2011 and henceforth, policies are screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- What is the likely impact on equality of opportunity for those affected by this Policy? (major / minor / none)
- Are there opportunities to better promote equality of opportunity?
- To what extent is the Policy likely to impact on good relations?
- Are there opportunities to better promote good relations?

Consideration is also given to the health and social Inequality, disability discrimination and human right implications.

Further, the Trust gave a commitment to apply the above screening methodology to all policies and where necessary and appropriate to subject policies to further Equality Impact Assessment.

### **1.3 The Equality Impact Assessment Process**

An Equality Impact Assessment is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties (Annex 1 – Procedure for conduct of Equality Impact Assessment). Whilst an EQIA must address all 9 Section 75 categories, it does not need afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

This current EQIA shall follow seven separate elements as outlined in the Equality Commission’s guide to Statutory Duties:

1. Consideration of available data and research
2. Assessment of Impacts
3. Consideration of measures which might mitigate any adverse impact or alternatives which might better achieve the promotion of equality of opportunity
4. Formal Consultation
5. Decision by public authority
6. Publication of results of EQIA
7. Monitor for Adverse impact in the future and publication of results of such monitoring

## **SECTION 2**

### **BACKGROUND TO SERVICE PROVISION**

- 2.1 Current Service Profile
- 2.2 Key Drivers for Change
- 2.3 Future Proposed Model

## 2. Background to Service Provision

Maternity services provide care for women from when they become pregnant and attend for care until they are signed off by the midwife (usually around 10 days after the birth but can be up to 6 weeks post-natally). Obstetrics is the branch of medicine that trains doctors who help pregnant women with the care and delivery of their babies especially when there are complex health needs. Midwives provide care to all women, whether or not they are considered at high or low risk, and take primary responsibility (midwife led) for women throughout straightforward pregnancies and during labour and birth. In addition, care of the newborn or neonatal care can be seen as an extension of maternity care where the baby requires admission to the neonatal unit for medical or surgical management.

### 2.1 Current Service Profile

Table 1 highlights the current provision of Maternity Services in the Belfast Trust.

**Table 1: Current Maternity Services in the Belfast Trust**

<b>Unit / Team</b>	<b>Services Provided</b>
Community Midwife team	<p>Ante-natal care (or shared with GP/Obstetrician), Home Birth;</p> <p>Post-natal care (when woman returns home after childbirth); Provides services across Belfast from 3 community bases.</p>
Mater Maternity Unit*	<p>Antenatal care: women are booked for care with an obstetrician or midwife;</p> <p>Care during Labour</p> <ul style="list-style-type: none"> <li>- daytime Consultant presence supported by a team of junior doctors;</li> <li>- access to theatres and anaesthetics shared with other services;</li> <li>- 1:1 midwifery care in labour;</li> </ul> <p>Women who have concerns during their pregnancy currently self-refer to the Maternity Unit for review by midwives and medical team;</p> <p>Postnatal inpatient care.</p>

Royal Jubilee Maternity Service	<p>Antenatal care: women are booked for care with obstetrician or midwife;</p> <p>A 24 hour Emergency Admission and Assessment Unit:</p> <p>Care during labour:</p> <ul style="list-style-type: none"> <li>• an obstetric doctor with a minimum of 6 years training in obstetrics on site 24 hours a day</li> <li>• an anaesthetic team with prime responsibility to support the Obstetric Service</li> <li>• 1:1 midwifery care in labour</li> </ul> <p>Postnatal Care inpatient and community</p> <ul style="list-style-type: none"> <li>• dedicated neonatal service</li> <li>• dedicated neonatal transport service</li> </ul> <p>A Day Obstetric Unit/Centre for Foetal Medicine.</p>
Neonatal & Paediatric Services	<p>Regional Neonatal Unit Neonatal Transport Service The Children's Hospital</p>
Regional Specialist Clinics	<p>Provision of joint clinics for women with a range of specialist requirements including Diabetes, Endocrinology, Cardiology, Neurology, or Haematology</p>

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

The definitions used in this document are set out below:

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

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

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

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

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

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

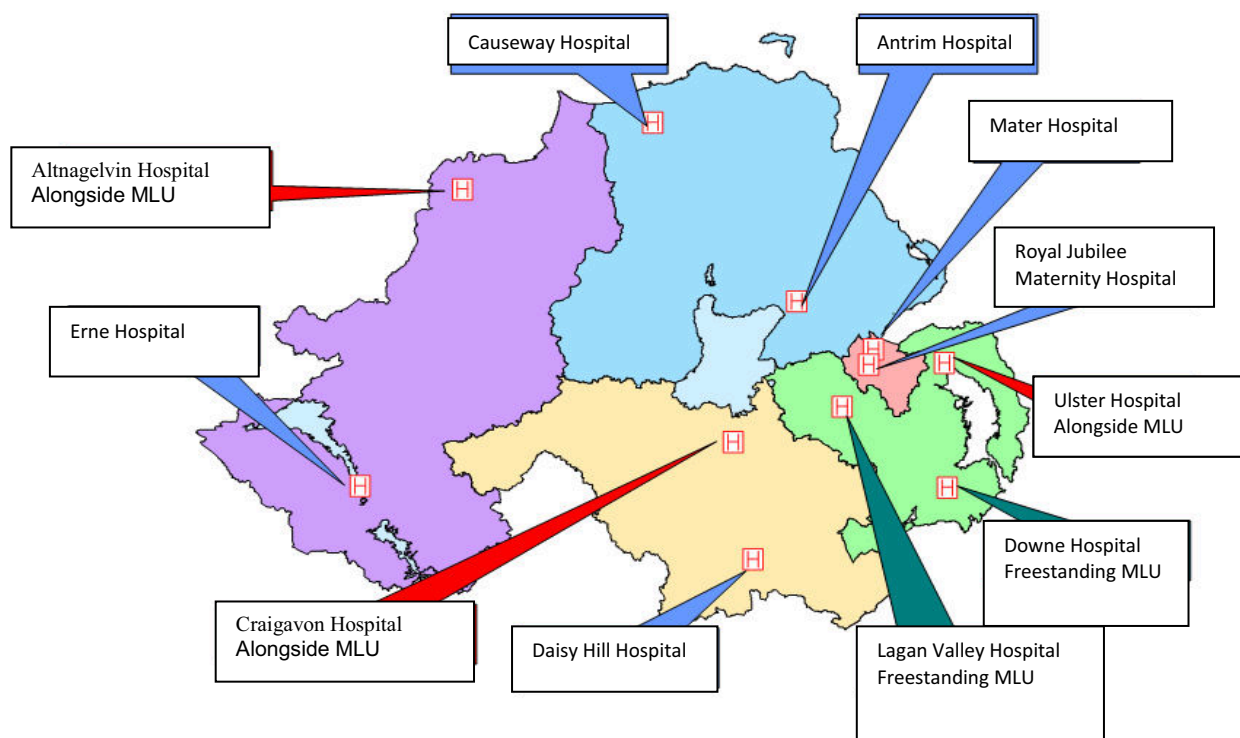
**Intrapartum Care** is the care of the mother and foetus during labour and the birth process.

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



## Service Provision

Around 26,000 babies are born each year across Northern Ireland, almost all within eleven Units. Within the last decade, five maternity services have developed Midwife-led Units, three of which have an Alongside Midwife-Led Unit<sup>1</sup> and a further two are Freestanding Midwife Led Units<sup>2</sup>. The Belfast Maternity service includes the Royal Jubilee Maternity Service and the Mater Maternity Unit, both of which offer consultant and midwife-led care.



**Figure 1 : Location of Maternity Units in Northern Ireland 2010/11**

The Royal Jubilee Maternity Service delivers over 20% of babies Northern Ireland and is the regional referral centre for high risk and complicated pregnancies. The regional neonatal Unit is based alongside the Royal Jubilee Maternity Service and both are located close to the Children's Hospital on the Royal Hospital site. The regional nature of the Royal Jubilee Maternity Service is highlighted in Table 2, which shows the Trust of Residence for mothers in 2011, with births to women from across all 5 Trusts.

<sup>1</sup> An Alongside Midwifery Unit is a unit offering care to women with straightforward pregnancies in which midwives are the professional responsible for care. Medical services including obstetric, neonatal and anaesthetic care are immediately available on the same site.

<sup>2</sup> A Freestanding Midwifery Unit is a unit offering care to women with straightforward pregnancies in which midwives are the professional responsible for care. General Practitioners may also be involved in antenatal and postnatal care. Medical services (including obstetric, neonatal and anaesthetic care) are not immediately available on the same site.

**Table 2: Births in Royal Jubilee Maternity Service by Trust Residence**

<b>RJMS Births by Trust residence</b>	<b>No of births 2011</b>	<b>Percentage</b>
Belfast Trust	2689	48%
South Eastern Trust	1420	25.5%
Northern Trust	1187	21%
Southern Trust	234	4.5%
Western Trust	64	1%
Great Britain / Republic Of Ireland	8	-
<b>TOTAL</b>	<b>5602</b>	<b>100%</b>

<b>Belfast as Trust of Residence</b>		
<b>Area</b>	<b>No of Births</b>	<b>Percentage</b>
North	497	18.5%
South	749	28%
East	269	10%
West	892	33%
Castlereagh	222	10.5%
<b>TOTAL</b>	<b>2689</b>	<b>100%</b>

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

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

The Mater Maternity Unit (MMU) in the Belfast Trust delivers 5% of total births in Northern Ireland, and provides a locally accessible service with 92% of their births to women from North and West Belfast and the Northern Trust, particularly from the Newtownabbey and Glengormley areas, as shown in Table 3.

**Table 3: Births in the Mater Maternity Unit by Trust Residence**

<b>Mater Maternity Unit birth by Trust Residence</b>	<b>No of birth 2011</b>	<b>Percentage</b>
Belfast	794	65%
NHSCT	396	32.5%
SE Trust	27	2.2%
SHSCT	3	0.3%
WHSCT	1	-
GB/ROI	1	-
<b>TOTAL</b>	<b>1222</b>	<b>100%</b>

<b>Belfast</b>	<b>No of births 2011</b>	<b>Percentage</b>
North	558	70%
South	32	4%
East	20	2.5%
West	170	21.5%
Castlereagh	14	2%
<b>TOTAL</b>	<b>794</b>	<b>100%</b>

## 2.2 Key Drivers for Change

The decision to reshape Maternity Services was informed by the relevant sections of the Trust's consultation document New Directions together with key principles for reshaping Maternity Services as detailed in the following documents; expert opinion and relevant research:

### **New Directions : A conversation on the future delivery of health and social care services in Belfast**

The Trust, in its public consultation on New Directions<sup>3</sup>, received support for its key principles to ensure that all women who give birth in the Belfast Trust, have an experience which gives them:

- choice in how and where to give birth;
- continuity of care during childbirth; and
- control in their maternity care, based on high quality information and evidence based clinical advice.

New Directions<sup>4</sup> indicated that the Trust's proposed model for Maternity Services is to locate inpatient obstetric services, including neonatal services, in the Royal Jubilee Maternity Service at the Royal Maternity Hospital complemented by the provision of a Midwife-Led Unit at the Mater Hospital. It was also proposed that ante natal care would continue to be provided in its current locally accessible arrangement. Post natal care would continue to be provided in the home following appropriate discharge. Community midwife

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

<sup>4</sup> 'New Directions – a conversation on the future delivery of health and social care services in Belfast' – Belfast Health and Social Care Trust, 2008.

teams would continue to provide ongoing assessment, monitoring and support of mothers and babies.

### **DHSSPS Regional Review of Maternity Services - a draft Maternity Strategy for Northern Ireland (2011)**

The strategy aims to provide women centred care, while putting midwives back at the heart of maternity services to normalise birth and the availability of safe, high quality Obstetric Services for those who need them. The draft Maternity Strategy indicates that appropriately skilled and trained Obstetric neonatal and anaesthetic decision makers should be available on site to support Consultant availability throughout the 24 hour day in Consultant-led Units. This standard is met in the Royal Jubilee Maternity Service but cannot be delivered in the Mater Hospital. The draft Maternity Strategy also suggests that free-standing Midwife-led Units should be developed and maintained where there is an assessed need and the service contributes to a sustainable Maternity service.

### **Health and Social Care Board Commissioning Plan**

In the Commissioning Plan 2011/12, the Health & Social Care Board (Board) & Public Health Agency (PHA) indicate their intention to deliver the recommendations of the DHSSPS Regional Review of Maternity Services and refer to the importance of a Paediatric in-patient Unit co-located with a Consultant Obstetric Unit. They highlight that the only Consultant Obstetric Unit without a co-located Paediatric in-patient Unit is the Mater Hospital.

### **Promoting Normal Birth**

Safety and quality underpin all health and social care services. Evidence shows that a focus on normalising birth results in better quality, safer care and an improved experience for mothers and their babies<sup>5</sup>. Pregnancy and childbirth is not without risk and appropriate interventions can and do save the lives of mothers and babies. However interventions are not risk free and can be associated with complications. In the Department's Quality Strategy<sup>6</sup> there is a clear commitment to safety – “avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.”

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<sup>5</sup> “Promoting Normal Birth” NHS Institute for Innovation and Improvement 2010  
<http://www.institute.nhs.uk/images//documents/BuildingCapability/HIA/4.Promoting%20normal%20birth.pdf>

<sup>6</sup> DHSSPS Quality 2020: A Ten Year Quality Strategy for Health and Social Care in Northern Ireland 2011

## **Regulations and Quality Inspection Authority - Report on the RQIA Review of Intrapartum Care March 2010**

The RQIA team<sup>7</sup> expressed concern about the future sustainability of 'two consultant-led units in such close proximity' given the compromised labour ward cover in both Units. If both Labour Ward teams came together, this would provide a minimum of 98 hours consultant presence per week.

In addition, the RQIA team recognised that further investment and service reconfiguration is needed. The Trust acknowledges that it is not simply a matter of recruiting additional Consultant Obstetricians as this would not begin to address the labour ward deficit in the Mater. There would also be a significant challenge to ensure that an expanded medical team on the Mater site would be able to work in a way that maintained their skills, knowledge and expertise.

## **Transforming Your Care – a review of Health and Social Care in Northern Ireland (2012)**

The Regional Review of Health and Social Care in Northern Ireland 'Transforming Your Care'<sup>8</sup> will shape the delivery of health and social care over the next decade. In relation to maternity services, the review recommends that:

- Services in consultant-led obstetric and midwife-led units should be available dependent on need
- Promotion of the normalisation of birth, with midwives leading care for straightforward pregnancies and labour, and reduction over time of unnecessary interventions; continuity of care for women throughout the maternity pathway.

### **Right people at the right place and the right time**

Belfast Health and Social Care Trust is also focused on ensuring women have access to the right people at the right place and the right time. The Trust has reviewed its existing arrangements for consultant obstetric presence in both labour wards, neonatal service at the Mater Hospital, training of junior medical staff and the impact of changes to the working hours of doctors and it is these factors which demonstrate the need for change in the Trust's Maternity Services.

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<sup>7</sup> RQIA: Report on the RQIA Review of Intrapartum Care March 2010  
[http://www.rqia.org.uk/cms\\_resources/Southern%20Report%20Published%20Version%2011%20May%2010.pdf](http://www.rqia.org.uk/cms_resources/Southern%20Report%20Published%20Version%2011%20May%2010.pdf)

<sup>8</sup> Transforming Your Care, A Review of Health and Social Care in Northern Ireland, HSCB, December 2011

Labour ward consultant obstetric presence is required to ensure quality decision making in the clinical care of women and babies and support and training for junior doctors. Whilst Royal Jubilee Maternity Service meets the Maternity Strategy expectation that appropriately skilled Doctors are available 24/7, the Mater Hospital cannot provide this level of medical experts.

The Mater Hospital relies on locum Doctors to fill the service gaps in rotas for the team of Doctors who provide support to the Consultant Obstetric staff. The number of junior Doctors allocated to the Mater Hospital is limited by training requirements which must ensure that Doctors work in a way that develops their skills, knowledge and expertise, provides both a neonatal support service and a team of doctors who support the Consultant staff. Bringing together Consultant-led obstetric services onto one site would provide the appropriate clinical support for the Doctors in training, which cannot be provided in the current split-site arrangement. The regional neonatal team from the Royal Jubilee Maternity Service supports the daytime neonatal cover at the Mater Hospital and out of hours support is provided by locum consultants on call from home. Bringing together consultant-led Obstetric Service onto one site will mean that the neonatal team will only have to support intranatal care in one setting.

### **2.3 Future Proposed Model**

The proposal is to provide one Consultant-led Obstetric Service, including current models of midwife-led care, at the Royal Jubilee Maternity Service and a free-standing Midwife-Led Unit at the Mater Hospital. Ante natal care will continue to be provided in its current locally accessible arrangement. Post natal care will continue to be provided in the home following appropriate discharge. Community midwife teams will continue to provide ongoing assessment, monitoring and support of mothers and infants.

We believe that this proposed model of Services would ensure that Maternity Services in Belfast continues to provide a quality service for high risk pregnancies from across the region whilst ensuring that women at both low and high risk of complication have their birthing experience in an environment which is appropriately staffed to meet their needs on the most appropriate location with appropriate clinical linkages for delivery and initial post-natal and neonatal care ie.

- Give women greater choice in their options for maternity care, with the addition of a Free-standing Midwife-Led Unit at the Mater Hospital
- Improve patient safety for all women by bringing together the Labour Ward consultant obstetric presence in one unit

- Maintain the existing clinical linkages to other regional services on the Royal Hospital site, including the Regional Neonatal Unit and The Children's Hospital
- Offer the necessary physical capacity to deliver approximately 6,700+ births in the Royal Jubilee Maternity Service. A new build Maternity Hospital has been approved for the Royal Hospitals site, which will be capable of meeting the needs of both consultant-led and midwife-led care
- Locate a free-standing Midwife-Led Unit at the Mater, where the necessary physical capacity exists
- Align with the strategic direction set by the Belfast Health and Social Care Trust and the Health and Social Care Board/Public Health Agency.

### **SECTION 3**

#### **PROPOSED SERVICE CHANGE OPTIONS**

- 3.1 Consideration of options
- 3.2 Preferred Option
- 3.3 What does this mean for women, their partners and their babies, staff and Trust sites?
- 3.4 What does this mean for staff?



### 3 Proposed service change options

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

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

#### 3.1 Consideration of the options

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

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

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

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

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

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

Following initial consideration, the Project Group concluded that Options 4 and 5 were not achievable for a number of reasons :-

- Clinically, the Mater Hospital does not have the range of services on site which some women will need to access, such as diabetes, endocrinology, haematology, neurology or cardiology. Therefore neither options 4 or 5 meet the Clinical linkages required to support a regional service
- The Mater Maternity Unit is physically removed from the Children's Hospital, whose close access to the Royal Jubilee Maternity Service is of significant benefit to Maternity Services. Neither options 4 or 5 meet the Clinical Linkages required to support a regional service
- Safety would be compromised as the Regional Neonatal Unit (NNU) is located in the Royal Jubilee Maternity Service on the Royal Hospitals site. Option 4 and 5 would mean that there would a requirement for increased neo-natal provision at the Mater Hospital as all high risk births would take place there at a distance from the NNU. Therefore options 4 and 5 do not meet the safety and sustainability consideration for the development of maternity services
- Whilst there is physical capacity within the Mater Maternity Unit to support the current 1200 births per annum, the Unit is unable to support the delivery of approximately 6700+ babies per year and is unlikely to achieve capital funding to enable appropriate infrastructure to be developed. A business case for a new maternity hospital at the Royal Hospitals has been approved by DHSSPS. This process would have to begin again to seek funding for the development of appropriate infrastructure at the Mater Hospital and could delay any changes for ten years or more. Neither options 4 or 5 meet the strategic compatibility required for the development of maternity services.

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

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

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

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

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

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

### **Advantages**

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

### **Disadvantages**

- Safety for women is not optimal because of the lack of 24 hours a day on-site medical support in the Mater Hospital
- Safety is not optimal because of the difficulties in sustaining neonatal cover at the Mater Hospital
- Safety is not optimal because junior doctors in obstetrics, anaesthetics and doctors supporting the neonatal services provide cover from home, as highlighted in the RQIA report and there will continue to be a reliance on locum doctors to support the service<sup>9</sup>
- Women attending the Mater Hospital, who have specialist assessment needs alongside their obstetric care, will need to also attend the Royal Hospital site or may need to change their delivery location

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<sup>9</sup> Report on the RQIA Review of Intrapartum Care, Belfast Health and Social Care Trust (2010)

- Access to the anaesthetic service at the Mater Hospital is shared with other services and there is no dedicated maternity theatre on the Mater site
- This option will not help alleviate the current problems within the service in sustaining clinical rotas as consultant led care will remain on two sites
- The duplication of both consultant-led and midwife-led services on each site is not the most efficient and effective use of resources
- Continuing to provide services in the same way is not in line with the Trust and regional strategic direction for women's services.

### Summary of Option 1 consideration

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

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

### Advantages

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

- Training and supervision of junior doctors will be significantly improved as a consequence of single site consultant-led care
- Having consultant led care in one location will significantly improve training and supervision of junior doctors.

### Disadvantages

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

### Summary of Option 2 consideration

Option 2	Safety and Sustainability	Quality & Effectiveness	Clinical linkages	User accessibility	Strategic Compatibility
	√	√	√	x	x

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

### Advantages

- This option, with a freestanding Midwife-Led Unit at the Mater Hospital, would ensure that women and their partners have an extended and clearer choice in the type of maternity care they wish to have within the Belfast Trust
- Safety for newborn babies would be maximised by having one neonatal staffing demand at the Royal Jubilee Maternity Service. This option would mean that there would no longer be a requirement for a neo-natal division

of labour at the Mater Hospital. Should the need arise, the baby will be transferred from the MLU to the Royal Jubilee Maternity Service

- This option will help alleviate the current problems within the service in sustaining clinical rotas as consultant led care will be in one location
- This option would improve safety for all women, as consultant led obstetric care will be concentrated in one location
- Training and supervision of junior doctors will be significantly improved as a consequence of single site consultant-led care and there will be a decrease in the reliance on locum doctors to support service delivery
- This option sustains the regional nature of the Royal Jubilee Maternity Service, with its linkages to the specialist clinical services on the Royal Hospitals site for those women and babies who require care from other specialist services, for example, diabetes, epilepsy, neurology or cardiology teams
- This option will continue to provide maternity services in two locations, thus supporting accessibility of service delivery
- The Royal Jubilee Maternity Service has vacant physical capacity to accommodate increased activity
- Following approval for a new maternity hospital at the Royal Hospitals, planning has begun for the Royal Jubilee Maternity Service to move into new accommodation which will also have the necessary physical capacity for the scale of births envisaged
- The Mater Hospital has physical capacity to support a free-standing Midwife-Led Unit
- This option is in line with the Trust and regional strategic direction for Women's services.

### **Disadvantages**

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

## Summary of Option 3 consideration

Option 3	Safety and Sustainability	Quality & Effectiveness	Clinical linkages	User accessibility	Strategic Compatibility
	√	√	√	√	√

### 3.2 Preferred Option

The preferred option for the Belfast Maternity Service is Option 3.

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

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

- Give women greater choice in their options for maternity care, with the change to a Free-standing Midwife-Led Unit at the Mater Hospital
- Improve patient safety for all women by bringing together the Labour Ward consultant obstetric presence in one unit
- Maintain the existing clinical linkages to other regional services on the Royal Hospital site, including the Regional Neonatal Unit and The Children's Hospital
- Offer the necessary physical capacity to deliver approximately 6,700+ births in the Royal Jubilee Maternity Service. A new build Maternity Hospital has been approved for the Royal Hospitals site, which will be capable of meeting the needs of both consultant-led and midwife-led care
- Locate a free-standing Midwife-Led Unit at the Mater, where the necessary physical capacity exists
- Significantly improve training and supervision of junior doctors as a consequence of single site consultant-led care
- Align with the strategic direction set by the Belfast Health and Social Care Trust and the Health and Social Care Board/Public Health Agency.

### **3.3 What would this mean for women and their partners, for staff and Trust sites?**

#### **For Women, their partners & their babies**

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

#### **For Staff**

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

#### **For Trust Sites**

- Strategic development of a free-standing Midwife-Led Unit supports the Trust and regional strategic direction for normalisation of births



- There is physical capacity in Royal Jubilee Maternity Service and Mater Hospital to accommodate the preferred option.

### **3.4 What does this mean for Staff**

The preferred option is to develop a single Consultant led Maternity Service with Midwifery- Led Care at the RJMS and a freestanding Midwifery- Led Unit at the Mater Hospital.

The Maternity Service is currently directly provided by 378 staff employed at RJMS and 54 staff employed at the Mater Hospital. This group includes 361 (84%) Nursing and Midwifery staff, 39 (9%) Administrative and support staff, 11 (3%) Professional and Technical and 21(5%) Medical staff which includes 5 Consultants based at the Mater Hospital and 13 Consultants based at the RJMS. Junior Doctors who are on short term rotation and student midwives on training placements have not been included in these figures. There are other staff employed by the Trust who provide a service to the Maternity service, for example staff employed in Patient Client Support Services, Health Records, Theatres and other areas.

The proposal will have an impact on some of the staff currently directly employed in the Maternity Service. However, it is not anticipated that there will be a reduction in funded staffing levels as a direct result of this proposal. It will require the relocation of some staff from the Mater Hospital to the RJMS. The proposal may have an indirect impact on the staff groups employed in services providing support to the Maternity Service. While not directly affected in the same way as Medical and Midwifery staff, for example these staff and services will be included in the consultation process of this service change.

In particular the Consultant Medical Staff currently employed at the Mater Hospital will be required to provide Consultant led in-patient services in RJMS as part of the provision of a single Consultant Led Service. This will require a need to review Job Plans in accordance with the Job Planning process within the Trust.

There will also be an associated impact on medical secretarial staff and there may be a need for secretarial staff to relocate from the Mater Hospital to RJMS to provide support to the consultants.

The proposal, if approved, will require a new staffing configuration in the Mater Midwifery- Led Unit. At this stage it is considered that midwife roles at band 7 currently in the Mater which have responsibility for the provision of midwife care, coordination of the labour ward and the antenatal clinic will remain in the structure. Midwives employed at band 5/6, excluding neonatal unit and Cardiotocography coordination, may be required to move as they will have the

opportunity to consider working within the Midwife- Led Unit or the RJMS. Some of the Nursing Auxiliaries positions at band 2 may have to relocate to the RJMS.

All staff affected will be dealt with under the agreed **Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol** in partnership with Trade Unions. The details of this are outlined in Section 6.

## **SECTION 4**

### **CONSIDERATION OF AVAILABLE DATA AND RESEARCH**

- 4.1 Strategic Data Sources
- 4.2 Local Data Sources
- 4.3 Population Profile
- 4.4 Population Profile: Maternity Service Users within Belfast HSC Trust
- 4.5 Belfast HSC Trust: Staff Profile

## **4 Consideration of available data and research**

**In keeping with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources. The following data sources were used to inform this Equality Impact Assessment.**

### **4.1 Strategic Data Sources**

The strategic direction for the provision of health and social care is laid down in a number of key strategic documents notably:

- Developing Better Services (DBS) 2002
- Northern Ireland Statistics & Research Agency (NISRA)
- Specification for a New Centralised maternity Hospital in Belfast (DHSSPS)
- Transforming your Care – a Review of Health and Social Care in Northern Ireland (Dec 2011)
- Commissioning Plan 2011/12, the Health & Social Care Board (Board) & Public Health Agency (PHA)
- Commissioning Plan 2011/12, the Health & Social Care Board (Board) & Public Health Agency
- Regional Review of Maternity Services (2011):- a draft Maternity Strategy for Northern Ireland'
- DHSSPS statement by Angela Smith Minister for Health, on foot of consultation on Community Midwife Units 2004
- Report on the RQIA Review of Intrapartum Care, Belfast Health and Social Care Trust (2010)
- "Promoting Normal Birth" NHS Institute for Innovation and Improvement 2010

- The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour, Royal College of Obstetricians & Gynaecologists, the Royal College of Midwives, the Royal College of Anaesthetists & the Royal College of Paediatricians & Child Health (2007)
- DHSS HSS(SC) 1/96, “The Commissioning and Provision of Maternity Services: Policy Guidelines”, June 1996
- DHSSPS Quality 2020: A Ten Year Quality Strategy for Health and Social Care in Northern Ireland 2011
- Mater protocol for women who should transfer to the RJMS.

## **4.2 Local Data Sources**

This document is also shaped by a number of Trust documents as follows:

- “The Belfast Way”: A vision of excellence in Health and Social Care
- “New Directions”: A conversation on the future delivery of Health and Social Care Services for Belfast
- The Belfast HSC Trust Delivery Plan
- The Belfast HSC Trust Corporate Plan
- Emerging Themes – Section 75 Inequalities Audit - was conducted across all our functions of service provision, employment and procurement. This is a significant body of research and informative resource for Health and Social Care organisations, when they are looking at reform or modernisation of their services or practices and ensures that Section 75 considerations can be considered from the outset.
- Royal Jubilee Maternity Services Experience Based Design project report (2012)
- Human Resources Management System (Equal Opportunities Management System).

### 4.3 Population Profile

#### Belfast & Castlereagh Area Population by Section 75 Group (latest available data 2010)

Table 4:

<b>Section 75 Group Area</b>	<b>Belfast Health and Social Care Trust Population</b>	
Gender	Male	47.4%
	Female	52.6%
Age	0 to 9	11.8%
	10 to 19	14.4%
	20 to 29	15.9%
	30 to 39	13.0%
	40 to 49	14.0%
	50 to 59	10.6%
	60 to 69	8.9%
	70 to 79	7.2%
	80 and Over	4.3%
Religion	Roman Catholic	37.4%
	Protestant	44.7%
	Other Religion	0.6%
	No Religion or None stated	17.3%
Political Opinion (Based on council seats on Belfast City and Castlereagh Borough Councils)	DUP	26 seats
	UUP	12 seats
	Alliance	8 seats
	SDLP	10 seats
	Sinn Fein	14 seats
	PUP	2 seats
	Traditional Unionist Voice	1 seat
	Independent	1 seat
Marital Status (based on over 16s)	Single (never married)	38.9%
	Married	39.5%
	Re-married	2.4%
	Separated	5.1%
	Divorced	4.8%
	Widowed	9.2%

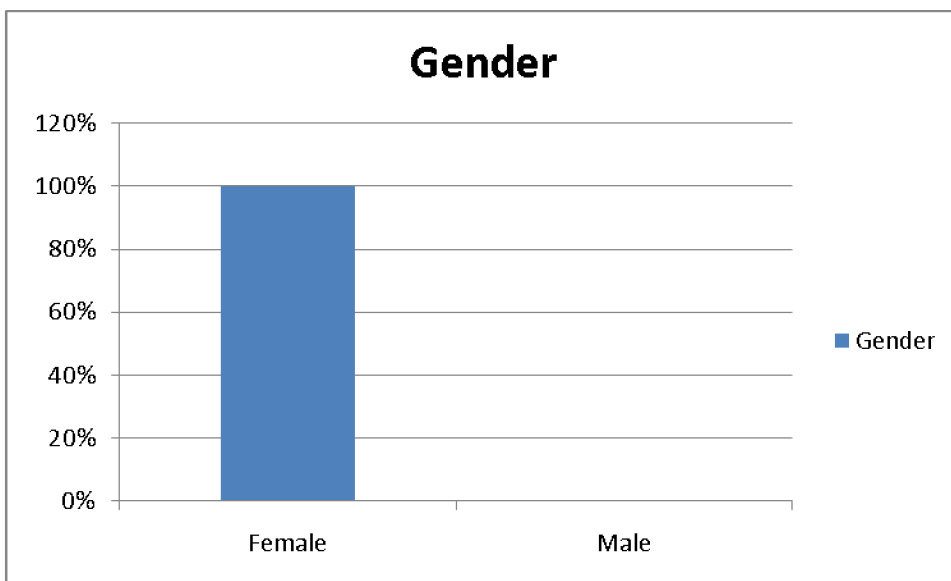
Dependant Status (based on households with children between 0 and 15 or a person between 16 and 18 in full-time education)	Dependant Children No Dependant Children	30.4% 69.6%
Disability (based on households with one or more person with a limiting long-term illness)	Disabled Not Disabled	43.6% 56.4%

#### 4.4 Population Profile: Maternity Service Users within Belfast HSC Trust

The information detailed below has been extrapolated from the Trust’s Patient Administration System. Data has been provided to give a Section 75 profile of Obstetric Service Users across age, marital status and religious belief. In areas where information is not routinely collected against Section 75 categories, Belfast Trust has used a range of other information sources as a proxy indicator for Section 75 profile.

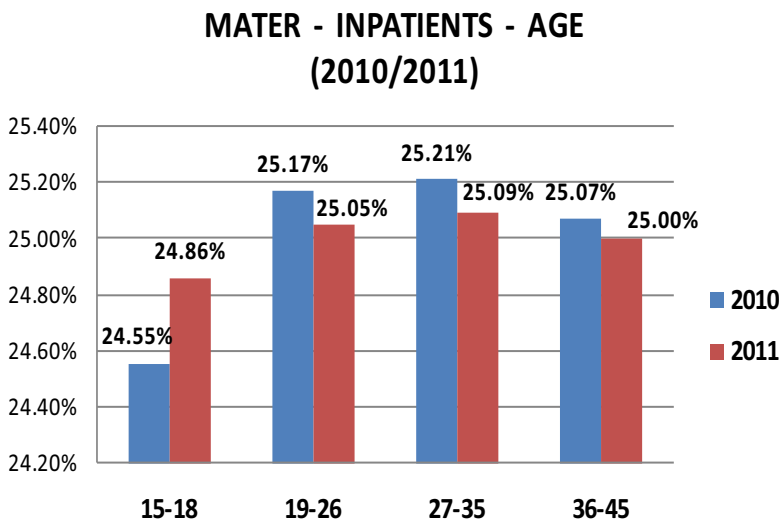
##### Chart 1: Service User by Gender

By the very nature of its clinical services, users are exclusively female.

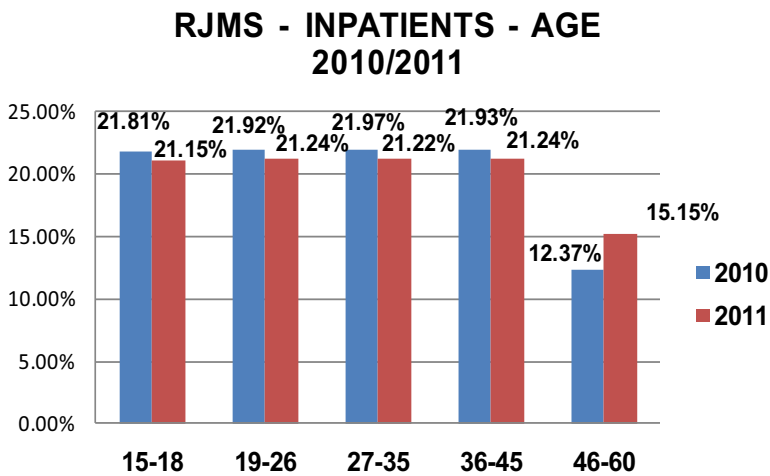


The charts below provides a breakdown of age groups

**Chart 2: Maternity Service User by age at the Mater Hospital.**



**Chart 3: Maternity Service Users by Age at the RJMS**



The table below provides an approximate breakdown of age groups of service users who avail of maternity services at both the Royal Jubilee Maternity Hospital and the Mater Hospital.

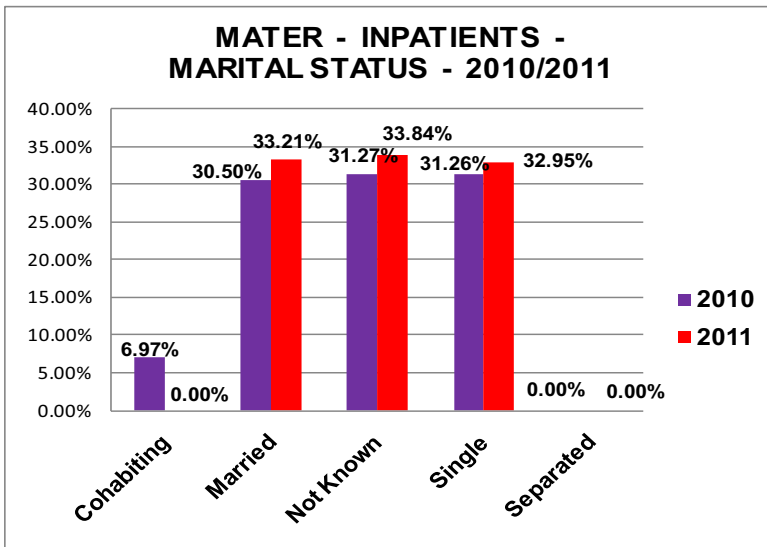
**Table 5: Age Groups**

15-18	23%
19-26	25%
27-35	25%
36-45	17%
46-50	10%

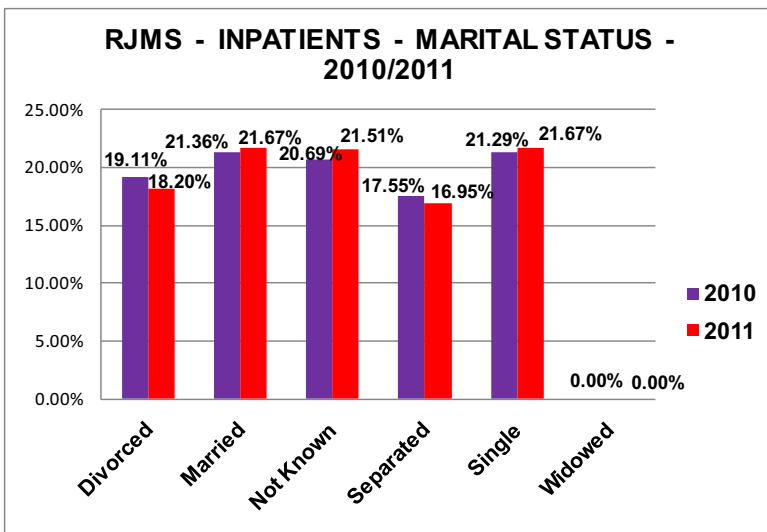


## Marital Status

**Chart 4: Maternity Service Users by Marital Status at the Mater**



**Chart 5: Maternity Service Users by marital status at the RJMS**

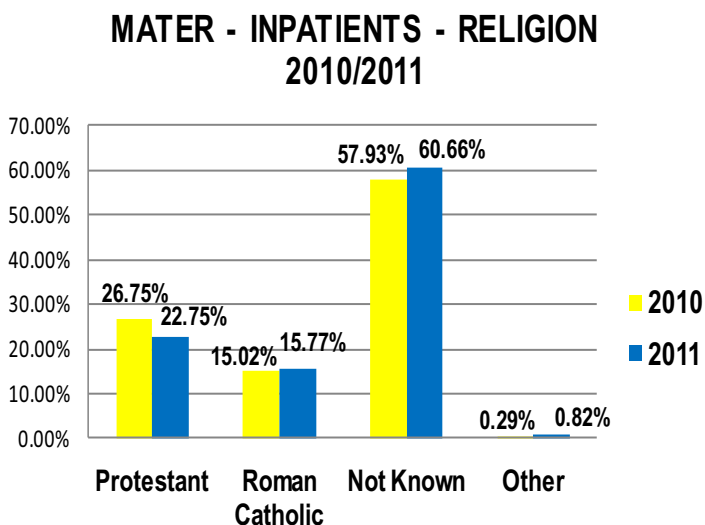


**Table 6: Service Users by Marital Status in the Mater and RJMS**

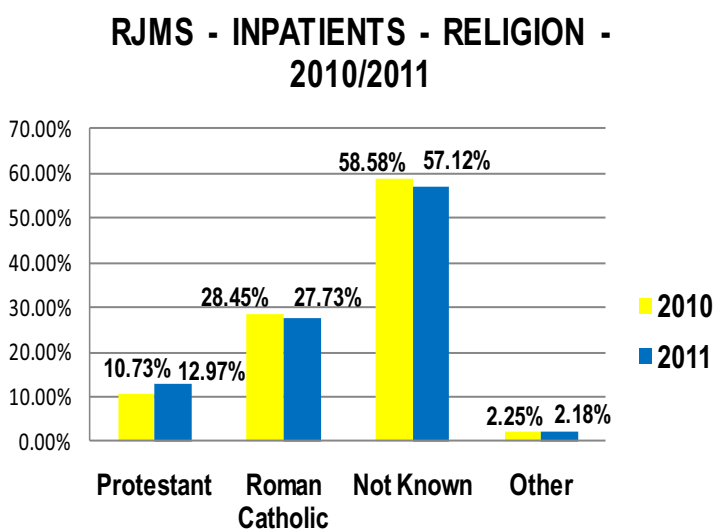
	2010- Mater	2010- RJMS	2011- Mater	2011- RJMS
Married	30.50%	20.67%	33.21%	24.73%
Single	31.26%	20.9%	32.95%	21.67%
Not Known	31.27%	20.92%	33.84%	25.85%
Cohabiting	19.78%	0%	13.16%	0%
Separated	0%	17.55%	0%	16.95%
Divorced	0%	19.11%	0%	18.2%

## Religious Belief

**Chart 6: Maternity Service Users by Religious Belief at the Mater**



**Chart 7: Maternity Service Users by Religious Belief at RJMS**



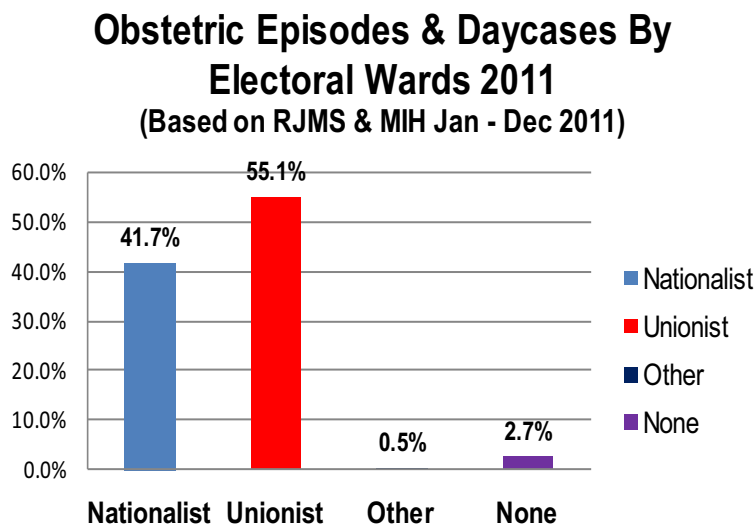
**Table 7: Service Users by Religious Belief at the Mater and RJMS**

Religion	Mater 2010	RJMS 2010	Mater 2011	RJMS 2011
Protestant	26.75%	10.73%	22.75%	12.97%
Roman Catholic	15.025	28.45%	15.77%	27.73
Not Known	57.93%	58.58%	60.66%	57.12%
Other	0.29%	2.25%	0.82%	2.18%

## Political Opinion

The following information is based on a residency analysis of electoral wards and is a proxy for the composition of service users by political opinion.

**Chart 8: Maternity Service Users by political opinion**



**Table 8: Service Users by political opinion at the Mater and RJMS**

Nationalist	41.7%
Unionist	55.1%
None	2.7%
Other	0.5%

## Ethnicity

The Trust uses a number of information sources to indicate the ethnicity of Users. Belfast Trust has reviewed the requests from Maternity Services for interpreters from the Northern Ireland Health and Social Care Interpreting Services (NIHSCIS) over a twelve month period which, gives an indication of minority ethnic users but, of course, will not capture those who are fluent in English or provide an interpreter from outside the (NIHSCIS). Requests for the top ten languages shows that Polish is by far the most requested at 694, followed by Chinese Mandarin at 371, Romanian, 137, Lithuanian at 127. This would be in keeping with the increased Eastern European population who have come to live in Northern Ireland since the 2004 enlargement of the European Union.

Other statistics taken into account to inform the volume of ethnic minority service Users:

- 40,200 migrant workers registered in NI between April 08 – March 10
- 2347 Births were registered to mothers born outside the UK<sup>10</sup>
- School attendance by children of migrants in 2009/10:
  - Primary school 5130
  - Post primary – 2402
  - 42 languages spoken in NI schools.<sup>11</sup>

The Northern Ireland Statistics and Research Agency estimate that almost 110,000 international migrants arrived in Northern Ireland during the nine-year period, July 2000 – June 2009. Almost 10 per cent of babies born in Northern Ireland during 2010 had foreign-born mothers, compared with 3 per cent in 2001.<sup>12</sup>

### **Interpreting Service Requests from Obstetric Services**

The chart below gives an indication of Maternity ethnic minority Service Users who do not speak English competently; it goes some way to inform on ethnicity. The Trust is working with local ethnic minority organisations throughout the consultation process to ensure that qualitative information is available to complement this quantitative data.

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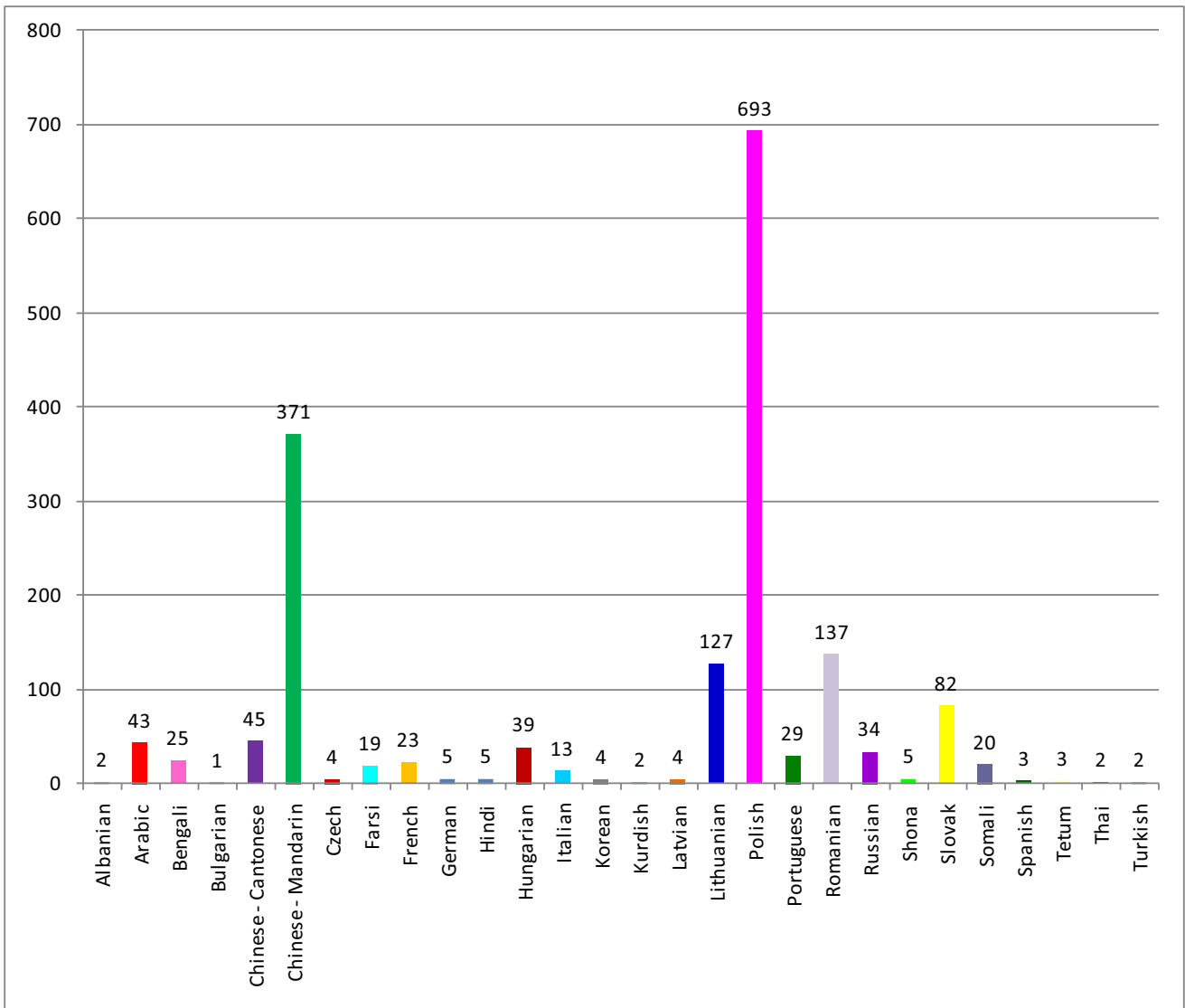
<sup>10</sup> UK Border Agency

<sup>11</sup> Northern Ireland School Census 2010

<sup>12</sup> Migration in Northern Ireland: a demographic perspective  
[www.niassembly.gov.uk/researchandlibrary/2011/7111.pdf](http://www.niassembly.gov.uk/researchandlibrary/2011/7111.pdf)

### Chart 9: Maternity Service Users who availed of an interpreter

The chart shows that Polish is the language most requested, at 693 followed by Romanian 137 and Lithuanian 127.



## **Sexual Orientation**

The Belfast Health and Social Care Trust does not currently collect data on Users sexual orientation:

Estimated 10% of population is Lesbian Gay and Bisexual equates to estimated 168,527 of the NI population i.e. possibly 1 in 10 in terms of clientele / service users.<sup>13</sup>

## **Those with and without a disability**

Each patient is assessed for their clinical and medical needs on admission and this would include any needs relating to disability.

Disability Action (Northern Ireland) research shows that 1 in 5 people or 20% of the population have a disability. Northern Ireland Statistics Research Agency statistics show that 45.64% of people in the 50 plus age group have a long term limiting illness (NISRA T46 Age – People, Family and Households).

Belfast & Castlereagh Area Population by Section 75 Group shows 43.6% of the population are disabled (based on households with one or more person with a limiting long-term illness).

## **Those with and without Dependants**

Given the nature of the service it may be assumed that a significant percentage of Users will have dependant children and possibly other caring responsibilities e.g. care for an elderly family member. The Trust's consultation process and future monitoring plans will assist in collecting reliable data in the future.

Carers UK estimate that there are currently 207,000 carers in Northern Ireland (a substantial increase from the DHSSPS figure of 185,000 quoted in 2006).

## **Health and Social Inequalities**

The Trust is mindful that we provide services for Users from some of the most deprived areas in Northern Ireland:

- Belfast is the most deprived out of the 26 Local Government Districts (LGDs)
- Belfast has eight of the 10 most deprived wards in Northern Ireland

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<sup>13</sup> Rainbow Project 2008

- Belfast has nine of the 10 worst wards in the region in relation to health deprivation
- There are 82,986 people in Belfast experiencing income deprivation and 30,119 people experiencing employment deprivation
- Belfast has 150 Super Output Areas (SOAs) in total and 34% of these SOAs fall within the most deprived 10% of all SOAs in Northern Ireland
- 6.5% of the city's population live in 10% of the most deprived SOAs in Northern Ireland.<sup>14</sup>

#### **4.5 Belfast Health and Social Care Trust: Staff profile**

This information relates to staff employed in the Belfast Trust in January 2012 and staff providing the Maternity service at the Mater and Royal Hospitals. The Obstetric service is currently provided by 378 staff employed at RJMS and 54 staff employed at the Mater. This group includes 361 (84%) Nursing and Midwifery staff, 39 (9%) Administrative and support staff, 11 (3%) Professional and Technical and 21 (5%) Medical staff which includes 5 Consultants based at the Mater Hospital and 13 Consultants based at the RJMS.

Junior Doctors who are on short term rotation and student midwives on training placements have not been included in the analysis.

The figures for staff providing services to the Maternity Service, for example staff employed in Patient Client Support Services, Health Records, Theatres and other areas have not been included in the analysis. It is not anticipated that there will be any direct impact as there will be continued service provision within these areas at the Mater Hospital.

The profile of the 54 staff based in the Maternity service at the Mater hospital and 378 staff who are involved in the provision of the service at the RJMS has been compared below with the profile of all Trust employees to identify any potential adverse impact.

It should be noted that due to rounding of the figures the percentages may not always total 100 percent.

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<sup>14</sup> Northern Ireland Index of Multiple Deprivation (2005)

Table 9:

<b>Community Background</b>	<b>Trust</b>	<b>Royal</b>	<b>Mater</b>	<b>Both</b>
Protestant	45%	43%	33%	42%
Roman Catholic	49%	54%	61%	55%
Other	6%	3%	6%	3%
<b>Gender</b>				
Male	21%	3%	7%	3%
Female	79%	97%	93%	97%
<b>Age Group</b>				
Under 45	57%	50%	54%	50%
45+	43%	50%	46%	50%
<b>Disabled</b>				
No	65%	82%	69%	80%
Yes	2%	2%	2%	2%
Unknown	34%	16%	30%	17%
<b>Marital Status</b>				
Married	57%	70%	76%	71%
Single	38%	25%	22%	25%
Other / Not Known	5%	5%	2%	5%
<b>Caring Responsibilities</b>				
Child	18%	28%	26%	28%
Older Person	2%	3%	4%	3%
Disabled Person	1%	<1%	0%	<1%
None	18%	13%	13%	13%
Unknown	60%	56%	57%	56%
<b>Political Opinion</b>				
Unionist	7%	9%	6%	9%
Nationalist	6%	6%	11%	7%
Other	7%	9%	9%	9%
Do not wish to answer / Unknown	80%	76%	74%	76%
<b>Race</b>				
White	77%	93%	69%	90%
BME	4%	1%	7%	1%
Unknown	19%	6%	24%	8%



<b>Sexual Orientation</b>				
Opposite Sex	35%	39%	37%	39%
Same Sex/ Both	1%	<1%	2%	1%
Do not wish to answer / Unknown	64%	61%	61%	60%

The Table below shows the residency patterns for staff based at the Mater and RJMS

**Table 10:**

**RJMS**

Home area	% staff
Lisburn	18%
Belfast West	16%
Castlereagh	10%
Belfast North	7%
Belfast South	7%
Antrim/ Ballymena	6%
Craigavon/Armagh	6%
Down	6%
N Down/Ards	6%
N'abbey	5%
Carrick/Larne	4%
Belfast East	3%
Banbridge	2%
Co Tyrone	2%
Co L'Derry	1%
Other areas	1%

**Mater**

Home area	% staff
Belfast North	20%
N'abbey	19%
N Down/Ards	11%
Belfast South	9%
Carrick / Larne	7%
Belfast West	7%
Banbridge	6%
Lisburn	6%
Antrim	4%
Ballymena	4%
Castlereagh	4%
Down	4%

Staff travel to work at the Mater from throughout Belfast and beyond including areas such as West Belfast and Lisburn which would be closer to the RJMS. At RJMS staff are also travelling from throughout Belfast and from areas such as Newtownabbey and Antrim which would be closer to the Mater.

## **SECTION 5**

### **CONSIDERATION OF ADVERSE IMPACTS**

- 5.1 Scope of the EQIA
- 5.2 Equality Screening
- 5.3 Assessment of impact on Section 75 Groups- Service Users
- 5.4 Assessment of impact on Section 75 Groups - Staff

## **5 Consideration of Adverse Impacts**

### **5.1 Scope of the EQIA**

The scope of this Equality Impact Assessment focuses on the equality and human rights considerations of the proposal to provide consultant-led Obstetric services for Belfast at the Royal Jubilee Maternity Service based at the Royal Maternity Hospital; by the development of a free-standing Midwifery-Led Unit at the Mater Hospital and Antenatal care and treatment would continue to be delivered on both sites. In addition to providing Obstetric Services for local Users, women are transferred to the Royal Jubilee Maternity Service for their Obstetrics care and delivery from across Northern Ireland.

The Trust works to ensure that equality and human rights are mainstreamed and considered at the conceptual stage and on an ongoing basis throughout formulation of such service reconfiguration proposals.

### **5.2 Equality Screening**

In accordance with the statutory requirements of Section 75 of the Northern Ireland Act 1998, the proposal to reorganise Maternity Services was screened in and it was agreed that the preferred option would be subject to a full Equality Impact Assessment.

### **5.3 Assessment of Impact on Section 75 groups – Service Users**

#### **Gender**

Maternity Services, in terms of clinical services, are exclusively for women. However the woman and her family's circumstances are assessed holistically. Psychological, social, spiritual and cultural needs are identified early and managed appropriately. There is no indication that this proposal would impact adversely on women.

## **Age**

Statistics show that approximately 23% of Maternity Users of both Mater and RJMS are in the 15-18 age group, 25% aged 19-26 years, 25% aged between 27-35, 17% aged 36-45 years. A further 10% are aged 46-60. This would accord with Maternity Services Users being of child bearing age. Based on this information there is no indication that this proposal would have an adverse impact in terms of age.

## **Marital Status**

Approximately 1/3 of Mater users are married, 1/3 are single and 1/3 are not known. Mater Services collect data on those Users who are cohabiting.

Approximately 1/3 of RJMS users are married, 1/3 are single and 1/3 are not known. RJMS does not collect data on Users who are cohabiting but does collect data on those who are divorced. There is nothing to suggest that at present there would be any adverse impact in terms of marital status.

## **Religion**

The RJMS has a higher number of Roman Catholic Service Users whilst the Mater has a higher number of Protestant Service Users. However given the volume of 'not knowns' in terms of religious monitoring, it is difficult to make a comprehensive assessment of the potential impact. Qualitative information gathered through the public consultation will help inform the equality impact assessment.

## **Political opinion**

According to the residency analysis conducted on the electoral wards, 55% of the postcodes of service users were affiliated as Unionist in their political opinion and almost 42% were Nationalist. When compared with the Belfast and Castlereagh Area Population profile (as detailed on page 40) which recorded 55% of the population as broadly Unionist and 33% as broadly Nationalist, there is a slightly higher proportion of Nationalists who used Maternity Services.

## **Ethnicity**

Based on the information available, the Trust assessed that there is nothing to suggest that people from different ethnic origins would experience major adverse impact in relation to the proposed reconfiguration of Maternity Services.

## **Sexual Orientation**

There is nothing in terms of the available information to suggest that this proposal would adversely affect anyone as a result of their sexual orientation.

## **Those with and without a disability**

Each patient is assessed for their clinical and medical needs on admission and this would include any needs relating to disability. Maternity staff are trained and experienced in providing appropriate care for disabled Users.

Based on current information there is nothing to suggest that people with or without a disability would experience an adverse impact in relation to this proposal.

## **Those with and without Dependants**

Given the nature of the service it may be assumed that a significant percentage of Users will have dependant children and may also have other caring responsibilities.

## **Human Rights considerations**

The Trust is mindful of its statutory obligations under the Human Rights Act (1998) and also United nation's Convention on the Rights of the Child; we believe that this proposal will provide choice and be woman and child centred.

## **Health and Social Inequalities**

As eluded to in the previous section, the Trust is mindful of the health inequalities experienced by a proportion of service users. The overall purpose of the Trust is to improve health and well being and to reduce health inequalities. Belfast Trust have devised a strategy and action plan to reduce inequalities entitled "Not Just Health"<sup>15</sup> and this details the actions the Trust will take to contribute to the reduction of health inequalities.

The Trust is also cognisant of the correlation between health inequalities and those across the Section 75 categories. The Trust has conducted an audit of Section 75 inequalities, based on its functions to identify which inequalities may exist. The Trust has formulated an action plan<sup>16</sup> to address these inequalities for its service users and staff.

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<sup>15</sup> [http://www.belfasttrust.hscni.net/pdf/Health\\_Social\\_Inequalities\\_strategy.pdf](http://www.belfasttrust.hscni.net/pdf/Health_Social_Inequalities_strategy.pdf)

<sup>16</sup> [http://www.belfasttrust.hscni.net/pdf/Equality\\_Scheme\\_ActionPlan\\_Apr2011.pdf](http://www.belfasttrust.hscni.net/pdf/Equality_Scheme_ActionPlan_Apr2011.pdf)

#### 5.4 Assessment of impact on Section 75 Groups – Staff

Table 11:

Group	Yes / No / Don't Know	Please provide details
Community Background	Yes	The overall Trust position is 45% Protestant and 49% Roman Catholic, and 6% other. In the area under review there is a higher proportion of Roman Catholics based at the Mater Hospital (61%). At the RJMS 54% staff are Roman Catholic and 43% Protestant.
Gender	Yes	The staff on both sites are predominantly Female (93% Mater, 97% RJMS). This is higher than the Trust position of 79% Female: 21% Male. While this is not reflective of the Trust staff as a whole it would be reflective of midwives who are predominantly female.
Age	Yes	The overall Trust position is 57% under 45 and 43% over 45. At both locations there are more staff in the over 45 age bracket than in the Trust as a whole. At the Mater hospital 54% are under 45 and 46% over 45. In the RJMS 50% of staff are under 45 years and 50% are over 45.
Disability	No	2% of Trust staff stated that they have a disability. In the Mater Hospital, and the RJMS, 2% have stated that they have a disability. This does relate to a very small number of staff. The Trust is committed to ensuring that reasonable adjustments will be facilitated according to any individual needs identified in line with the Trust's Framework on the Employment of People with Disabilities.

Marital Status	Yes	<p>In the Trust 57% of staff are married, 38% single and 5% other.</p> <p>In the Mater Hospital a higher proportion of staff than in the Trust as whole (76%) have stated that they are married and 22% single.</p> <p>At the RJMS, 70% are married and 25% single.</p>
Caring Responsibilities	Yes	<p>In the Trust 21% of staff have caring responsibilities, 19% have no caring responsibilities. No information has been provided by 60% of staff.</p> <p>For staff based at the Mater 30% have caring responsibilities, 13% have no dependents and dependent status is not known for 57%, At the RJMS 31% are carers, 13% have no caring responsibilities and 56% have provided no information. With the higher proportion of female staff it is likely that they will have caring responsibilities. 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.</p>
Political Opinion	No	<p>In the Trust 7% state that they are Unionist, 6% Nationalist and 7% Other. 80% provided no information or chose not to answer.</p> <p>At the Mater 6% are Unionist and 11% Nationalist. This does however refer to a small number of staff. 74% have chosen not to declare their political opinion or provided no information. At the RJMS 9% are Unionist, 6% Nationalist and 76% have provided no information.</p>
Race	No	<p>In the Trust 77% of staff are white; 19% not known, and 4% BME.</p> <p>In the Mater 69% of staff are recorded as 'White', 24% Unknown, and 7% Black and Minority Ethnic. At the RJMS 93% are White, 1% BME and 6% Unknown. This does not differ significantly from with Trust figures.</p>

Sexual Orientation	No	<p>The Trust position is that 35% of staff state their sexual orientation is towards the opposite sex, &lt;1% state their sexual orientation is towards the same sex or both sexes; and 64% not known/wish not to declare.</p> <p>In the Mater Hospital 2% state their sexual orientation is towards the same sex or both sexes, 37% state their sexual orientation is towards the opposite sex 61% are not known/wish not to declare. At the RJMS, &lt;1% state their sexual orientation is towards the same sex or both sexes, 39% state their sexual orientation is towards the opposite sex 61% are not known/wish not to declare. This is in line with Trust figures.</p>
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## **SECTION 6**

### **CONSIDERATION OF MEASURES TO MITIGATE ADVERSE IMPACT / ALTERNATIVE POLICIES**

- 6.1 Introduction
- 6.2 Service Users
- 6.3 Staff

## **6 Consideration of measures to mitigate adverse impact / alternative Policies**

### **6.1 Introduction**

The consideration of mitigating measures and alternative policies is core to the EQIA process. Mitigation can take the form of lessening the severity of the adverse impact. Having considered all relevant information, the Belfast Trust will take action to mitigate any adverse impact or methods identified to better promote equality of opportunity.

Belfast Health & Social Care Trust considers that consultant-led Obstetric services for Belfast at the Royal Jubilee Maternity Service, the development of a free-standing Midwifery-Led Unit at the Mater Hospital and continued antenatal care and treatment delivered on both sites would enhance services to users, allowing women to choose the service that they prefer, and, in the event of complications, provide access to a consultant-led service.

The Trust has produced this Equality Impact Assessment paper on the basis of the information available at present. There has been nothing to date to suggest that the reshaping of the Maternity Services would have a major adverse impact on any individual or group covered by Section 75.

The Trust will engage directly with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking account of all the information, views and opinions from all stakeholders during the consultation period to assist in the decision making process. A representative of Maternity Liaison Committee of Northern Ireland has been a member of the Project Group throughout.

### **6.2 Service Users**

#### **Gender**

Maternity services, in terms of clinical services, are for women. However the woman and her family's circumstances are assessed holistically. The service provides post-natal care (when woman returns home after childbirth) from 3 community bases across Belfast. There is no indication that this proposal would impact adversely on women.

## **Age**

The age range assessed in Section 5 would accord with Maternity Services Users being of child bearing age. The information available on the proposed changes to services has indicated that this proposal would not adversely impact in terms of age of Users. However, the Trust will work with service users and those groups representing people of different ages, to ensure that any potential adversity is minimised.

## **Marital Status**

The consultation document will be issued to all Section 75 and representative organisations; Belfast Trust hopes that any potential adverse impact on marital status will be raised during the consultation process.

## **Religious Belief**

The Trust will consult with all Section 75 organisations and relevant community groups to assist in ensuring that equality of service is provided and good relations promoted to all of our users in terms of individual religious needs.

## **Political opinion**

The Trust aims to provide a welcoming environment for all of its users and will display its good relations statement in prominent places throughout all Trust buildings.

The Trust will continue to engage with Community Groups and public representatives in the Belfast area to ensure that the Trust is accessible to all sections of the community.

## **Ethnicity**

The Trust will conduct outreach initiatives to ensure that more individuals from ethnic minorities avail of these services. Maternity Services mitigate any adverse impact in terms of language barrier by providing an Interpreter for any User who needs one. In addition there are appointment letters and cards that can be instantly translated into whatever language is required as well as a telephone interpreting service which provides immediate access to interpreting. A Translated Welcome Pack is also available to staff for use with inpatients that do not speak English proficiently. The pack provides information on services available to inpatients and is provided in 17 languages including, Polish, Chinese Mandarin, Chinese Cantonese, Lithuanian and Romanian.

Maternity Services will also work in partnership with the Health and Social Inequalities Team, Community Development and Health Improvement internally, to look at ways of overcoming any barriers to accessing its Service.

Community work continues with Chinese Welfare Association (CWA), Northern Ireland Council for Ethnic Minorities (NICEM), Multi Cultural Resource Centre (MCRC) and the Polish Association Northern Ireland and other minority ethnic organisations.

The staff training programme includes mandatory Equality and Diversity training and Cultural Diversity training; other resources include a welcome pack and a Multi-Cultural and Beliefs handbook.

### **Sexual Orientation**

The Trust will continue to engage with LGB organisations and representative groups to ensure the service is accessible and welcoming. The Trust will continue to provide sexual orientation equality training for all staff.

### **Those with and without a Disability**

Maternity staff are trained and experienced in caring for disabled users. Each service user is assessed holistically and their care package designed with the user. The Trust will continue to work with disability representative organisations to ensure that the service they provide continues to be responsive and sensitive to each individual's needs.

### **Those with and without Dependents**

As one of its guiding principles the Belfast Health & Social Care Trust recognises and values the key role of carers and families and the contribution they make to the provision of services. The Trust has produced a Carers' Strategy<sup>17</sup>. Belfast Trust will continue to engage with carer groups and advocacy groups to ensure that this proposed reconfiguration would meet the needs of those with caring responsibilities. The Trust has two nominated carer co-ordinators and is developing new ways of supporting the needs of carers. An assessment of carer needs is an integral part of the Northern Ireland Single Assessment Tool approach.

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<sup>17</sup> [http://www.belfasttrust.hscni.net/pdf/BHSCT\\_Carers\\_Strategy.pdf](http://www.belfasttrust.hscni.net/pdf/BHSCT_Carers_Strategy.pdf)

## **Addressing Health and Social Inequalities**

The Trust will continue to progress the actions detailed in the Not Just Health Action Plan and the Action-Based Plan to address Section 75 Inequalities. This will also incorporate work on the Traveller Strategy and the Disability Action Plan – all of which are designed to address inequity and promote inclusion.

### **6.3 Staff**

The preferred option is to develop a single Consultant-led Obstetric service with Midwife Led Care at the RJMS and a freestanding Midwife Led Unit at the Mater Hospital. This will impact on the staff currently providing Maternity Services at both locations and will require some staff to relocate from the Mater Hospital to RJMS. The details of what this will mean for staff are set out in Section 3.4.

The analysis of the staff profile and consideration of adverse impact are set out in Section 4. This identifies that there is a greater number of female staff employed in the Maternity Service than in the Trust as a whole and that it is likely that many of these staff will have caring responsibilities. The Trust will ensure that it will take account of this in the implementation of any reorganisation and the measures which will be applied to mitigate against any potential adverse impact for the staff affected are set out below.

#### **6.3.1 Providing Support for Staff**

In dealing with any reorganisation proposal the Trust is committed to ensuring that the process is characterised by openness, transparency, involvement, recognition and engagement with its staff and Trade Union Side colleagues. It will comply with all relevant employment and equal opportunities legislation when implementing any proposed changes.

The Trust has developed a Good Practice Guide on Consultation and Communication in relation to its Strategic Reform and Modernisation Programme. This guidance sets out the consultation and communication framework for the Trust, the essentials of public consultation and details the staff and equality considerations to be undertaken by Managers. It will be applied to this process and the general principles are:

- Staff will be kept fully informed and will be supported during this process
- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes.

- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

In relation to this proposal, if approved, the Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms which can be tailored to the specific needs of individual staff. These will include, as appropriate, individual staff support, induction, training and re-skilling, application and interview preparation if required, and advice and guidance on Human Resource policies and procedures.

### **6.3.2 Staff Relocation / Redeployment**

This proposal will involve the relocation and redeployment of some staff as detailed in Section 3.4. The Trust in partnership with Trade Union side will consider how it will minimise any adverse impact on the workforce resulting from this. This will be dealt with in accordance with the Trust's agreed **Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol**. The Trust is committed to engaging and consulting fully with staff throughout the consultation process and thereafter.

The Trust recognises that the predominantly female workforce who are likely to have caring responsibilities will have particular needs. It will give consideration to the provision of different work patterns and/or arrangements to facilitate employees' personal circumstances, wherever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust's range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

Any requirements for reasonable adjustments for staff with disabilities will be facilitated in line with the Trust's Framework on the Employment of People with Disabilities.

The two hospital sites are approximately two miles apart. The analysis from the post code information shows that the majority of staff already travel to work from across all areas of Belfast and beyond. However, where staff are relocated, and this necessitates travelling further to work, they are entitled under Agenda for Change Terms and Conditions to excess travel payments to mitigate any additional cost involved.

### **6.3.3 Partnership Approach**

The Trust will ensure the effective management, implementation and review of the process at every stage. It will ensure a partnership approach with Trade Union side to achieve an effective transition to the new arrangements in line with the appropriate Frameworks referred to above.

### **6.3.4 Ongoing Monitoring and Review**

The Trust is committed to ensuring that all of the reorganisation requirements and outcomes associated with this proposal will be closely monitored to ensure that individual staff are fully supported and effectively integrated as appropriate into any new structures, working arrangements or new job roles.

## **SECTION 7**

### **FORMAL CONSULTATION, PUBLICATION AND MONITORING**

- 7.1 Formal Consultation
- 7.2 Publication
- 7.3 Decision of the Public Authority
- 7.4 Monitoring



## **7 Formal consultation, publication and monitoring**

### **7.1 Formal Consultation**

The Trust wishes to consult as widely as possible on the findings included in this Equality Impact Assessment. With this in mind the Trust proposes to take the following actions:

- A press release will be prepared and submitted to various media outlets
- Prominent advertisements inviting the public to comment on this matter will be placed in the main newspapers in Northern Ireland, in accordance with normal practice
- A letter will be issued to relevant Consultees listed in the Trust's Equality Scheme
- A copy of this report will be posted on the website
- Individual consultation meetings will be arranged with representatives of particular interest groups if requested
- The report will be made available, on request, in alternative formats including Braille, disk and audio-cassette and in minority languages for those who are not fluent in English.

The closing date for responses is **31 May 2012**.

### **7.2 Publication**

The outcomes of the EQIA will be posted on the Trust's website and made available on request. The Trust shall issue the outcome of the EQIA to those who submit responses to its consultation on this proposal.

### **7.3 Decision of the Public Authority**

Belfast Trust will take into account any responses or feedback provided before taking a final decision on the proposal.

## **7.4 Monitoring**

In keeping with the Equality Commission's guidelines governing EQIA, Belfast Trust will put in place a monitoring strategy to monitor the impact of the reshaping of Maternity Services on the relevant groups and sub-groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the change results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

## Glossary of Abbreviations

BHSCT	Belfast Health and Social Care Trust
DBS	Developing Better Services
DHSS	Department of Health and Social Services
DHSSPS	Department of Health Social Services and Public Safety
DOU	Day Obstetric Unit
ECNI	Equality Commission for Northern Ireland
EQIA	Equality Impact assessment
HSC	Health and Social Care Trusts
MIH	Mater Infirmorum Hospital
MLU	Midwife-Led Unit
MMU	Mater Maternity Unit
NIMDA	Northern Ireland Medical Dental Training Authority
NISAT	Northern Ireland Single Assessment Tool
NISRA	Northern Ireland Statistics and Research Agency
RCOG	Royal College of Obstetricians and Gynaecologists
RFC	Regional Fertility Clinic
RJMS	Royal Jubilee Maternity Service
RMH	Royal Maternity Hospital
RQIA	Regulations and Quality Improvement Authority
RVH	Royal Victoria Hospital

**Working Time Directive** - European law seeking to protect the health and safety of workers which limits the number of hours that doctors are allowed to work over an average week

**Belfast Trust Maternity Project Group Membership**

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

## Appendix 3

**Consultation Questionnaire**

The aim of this consultation is to obtain views from interested stakeholders and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the space provided. The closing date for this consultation 31 May 2012 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Mrs Orla Barron, Health & Social Inequalities Manager,  
Health & Social Inequalities, 1<sup>st</sup> Floor,  
Graham House, Knockbracken Healthcare Park, Saintfield Road,  
Belfast, BT8 8BH

Tel: 028 90960069 Fax: 028 90566701 Textphone: 028 90902863  
E-mail: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)

Before you submit your response, please read Appendix 4 at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

**So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.**

Name:	
Position:	
Organisation:	
Address:	

**I am responding: as an individual  on behalf of an organisation**   
(please tick)

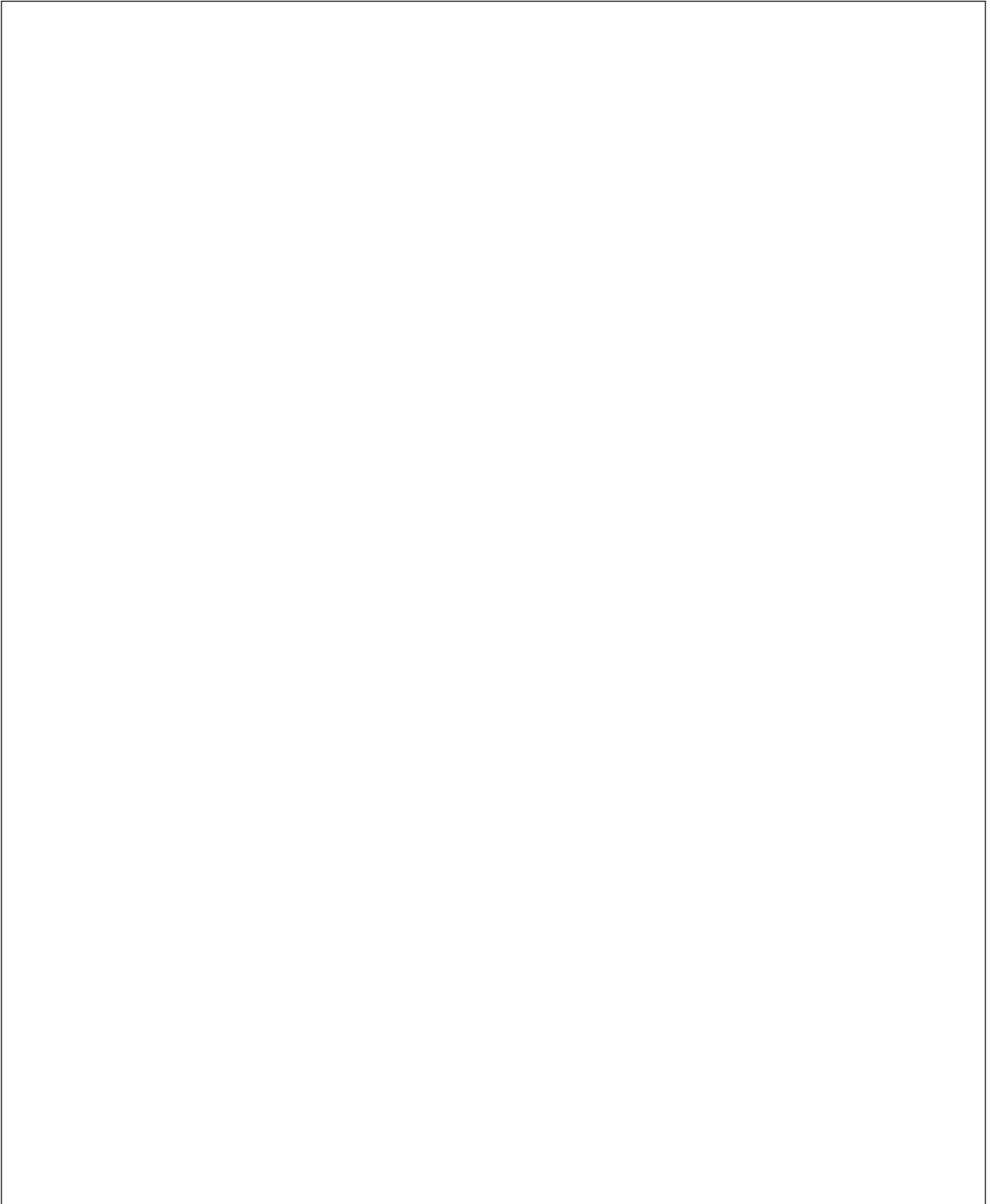
Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of these proposals.

Can you identify any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented.

Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?

The Trust is seeking your views on the human rights implications of the proposals and any issues you think relevant.

**General comments**

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Thank you for your input to this consultation exercise



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

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

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

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

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