



Northern Health
and Social Care Trust

Transformation of Acute Maternity Services: Interim two-month review



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Introduction

Following a 14-week public consultation which sought views on the transformation of our acute maternity services, at its public meeting in March 2023, the Board of the Northern Trust approved a recommendation that all inpatient care and hospital births should take place at Antrim Hospital.

That recommendation was approved by Peter May, the Permanent Secretary of the Department of Health (DoH) on the 8 June 2023.

The new model came into effect operationally on the 17 July, 2023 when inpatient services and births in Causeway maternity unit moved to Antrim Area Hospital.

The DoH stipulated that given the significant service change, the Trust should put monitoring arrangements in place to provide assurances that the consolidation had proceeded as planned and carry out a robust evaluation of the new arrangement six months after the change had been made. This included a review of:

- the expanded capacity within Antrim Area Hospital and an assessment as to how the service in Antrim Area Hospital is dealing with the increased number of births;
- the numbers of babies born before arrival in Antrim Area Hospital from Causeway Hospital catchment postcodes;
- any instances where women have presented in labour at Causeway Hospital post the service change; and
- intervention rates for instrumental deliveries and caesarean sections.

In response to ongoing concerns from some elected representatives, campaign groups and service users, the Chief Executive of the Northern Trust offered to provide a two-month interim review of the service change, to provide a level of assurance around safety and capacity of maternity services within the Antrim site.

This evaluation spans activity from the 17 of July 2023 to the 18 September and focuses on the above considerations, as specified by DoH.



1. Expanded capacity within Antrim and how the service in Antrim is dealing with the increased number of births

1.1 Capacity

Work to provide additional capacity in Antrim has now been completed and is fully operational. A bereavement suite with birthing facilities has increased core birthing room capacity from seven to eight, with the option to use two further rooms for birthing.

Provision of two additional clinical rooms has enabled the service to enhance and streamline ambulatory pathways. Previously the Fetal Maternal Assessment Unit provided both scheduled and unscheduled care 24/7 for pregnant and postnatal women. Due to this enhanced capacity, we have been able to separate the scheduled and unscheduled ambulatory activity to provide a Day Obstetric Unit (DOU) with scheduled appointments and pre-assessment and an Emergency Obstetric Unit (EOU) for unscheduled attendances 24/7.

Unscheduled ambulatory activity moved from Causeway to Antrim Maternity as part of the reform and the table below demonstrates that in August 2023 (post service change) unscheduled activity was similar to the previous year. However, there has been a notable increase in telephone calls (853 vs 682). As part of the service model change, a number of staff chose to be redeployed from Causeway to Antrim hospital as their first preference, within a management of change process. This has enabled the service to safely staff the divided ambulatory pathways which are now in two areas, as well as manage any additional activity and telephone calls.

| | Total Recorded Daily Attendance | Triage Calls (Recorded) | Scheduled Work (Appointments) | | Total Recorded Daily Attendance | Triage Calls (Recorded) | Scheduled Work (Appointments) |
|--------|---------------------------------|-------------------------|-------------------------------|--------|---------------------------------|-------------------------|-------------------------------|
| Aug-22 | 634 | 682 | 290 | Jun-23 | 518 | 621 | 150 |
| Sep-22 | 579 | 682 | 271 | Jul-23 | 596 | 852 | 160 |
| Oct-22 | 556 | 608 | 285 | Aug-23 | 652 | 853 | 153 |

Additional capacity has also been provided in main theatres to enable maternity services to run an elective caesarean section list twice weekly, increasing to three sessions per week from October 2023. This increases birthing room and recovery space capacity within Delivery Suite and importantly is an improved pathway in relation to safety and experience and for women undergoing scheduled caesarean sections.

The Capacity and Escalation Plan is utilised during periods of peak activity and makes provision for increasing birthing bed capacity from eight to 10 birthing beds and flexing up inpatient beds from 29 to 35 beds, if required.

1.2 Birthing data

As an overall assessment of how the service has dealt with increased number of births, the following data reflects that it has been a busy period as anticipated. However activity was managed safely and effectively via the prospective assessment of capacity and demand, smoothing activities and effective multi-disciplinary working.

There was a predicted increase in birthing numbers for August as part of seasonal variance. This was not significantly greater than 2022 birth data.

| 2022 births | | | 2023 births | | |
|-------------|-----|-----|-------------|-----------|----------------------------------|
| | CAU | AAH | TOTAL | ANTRIM | |
| July | 71 | 241 | 312 | July | 323 (33 in CAUS) |
| August | 74 | 241 | 315 | August | 321 |
| September | 86 | 277 | 363 | September | 166 (as of 18 th Sep) |
| October | 83 | 252 | 335 | October | |
| November | 71 | 227 | 298 | November | |
| December | 69 | 237 | 306 | December | |

Since the amalgamation of inpatients and births in maternity services in NHSCT, the service has utilised the Capacity and Escalation Plan on a daily basis to articulate activity, acuity and staffing levels within Antrim Maternity Unit. A midwifery co-ordinator role has been established to ensure efficient flow of activity through the unit and undertakes smoothing activities to make sure sufficient capacity is available for a safe and positive experience for women, babies and their families.

To date, we have had 11 instances of amber escalation since July 17 2023 and no red escalation. An amber escalation is a fairly regular state for any busy maternity unit due to the largely unpredictable nature of spontaneous labour and birth. On each occasion of an amber escalation, four-hourly multidisciplinary huddles are initiated and usually, escalation has returned to green within a few hours as staff focus on discharges to reinstate flow or additional staffing have been redeployed from other areas, if required.

1.3 Delays in care

During times of increased activity within any maternity unit, it is part of our normal operational management for scheduled births to be delayed if appropriate and safe to do so, to ensure safety and ability to provide one to one midwifery care for women in labour, as this is the minimum standard. The table below demonstrates the number of occasions when scheduled work including induction of labour and elective caesarean sections have been delayed for reasons related to capacity, demand and staffing levels.

| Delays in scheduled activity | | | |
|------------------------------|------------|-------|------------|
| | < 12 hours | 12-24 | > 24 hours |
| Induction | 50 | 13 | 13 |
| C-sections | 1 | 6 | 7 |

2. Born Before Arrivals (BBAs)

Since the centralisation of inpatients and births three women have experienced birth before arrival to hospital (one set of twins and two single births). Neither was from a Causeway Hospital catchment postcode however one woman was originally booked for birth in Causeway but lived closer to Antrim Area Hospital.

To provide comparison, there were 14 BBAs in NHSCT 2022 and 14 BBAs in 2021.

| Born Before Arrivals (BBAs) | | | |
|-----------------------------|---|--------|---|
| JUL-22 | 0 | JUL-23 | 1 |
| AUG-22 | 2 | AUG-23 | 2 |
| SEP-22 | 3 | SEP-23 | 1 |
| OCT-22 | 1 | OCT-23 | |
| NOV-22 | 1 | NOV-23 | |
| DEC-22 | 0 | DEC-23 | |

3. Instances where women have presented in labour at Causeway Hospital

Since the maternity service reform, no women have presented in labour at Causeway Hospital.

One pregnant woman attended Causeway Emergency Department and following assessment, travelled to Antrim maternity unit for on-going clinical care as per agreed pathways.

4. Intervention rates for instrumental deliveries and caesarean sections

The data below reflects a normal variance in the clinical outcomes of instrumental births and Caesarean sections.

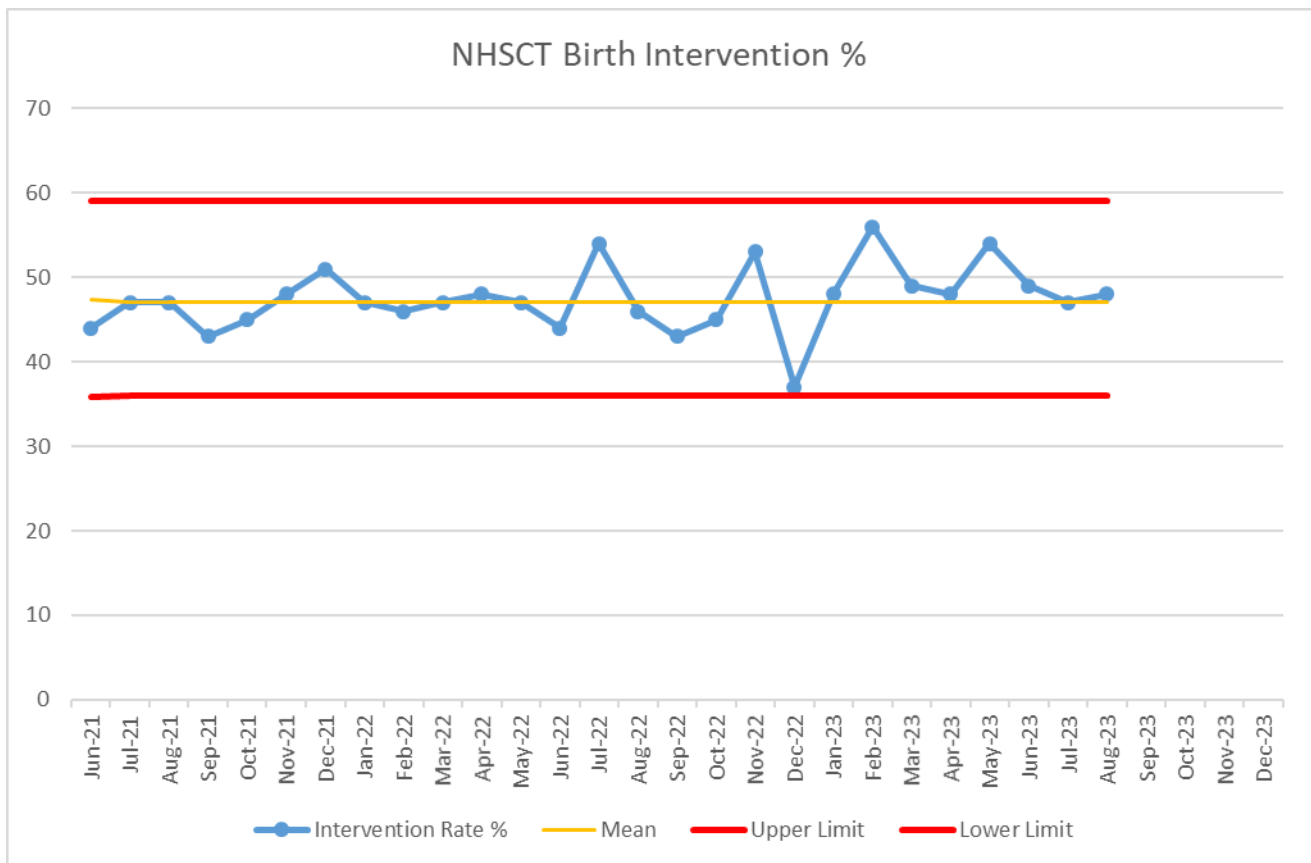
| Instrumental Birth Rate (% of total births by assisted vaginal delivery (ventouse and forceps)) | | | |
|--|----|--------|----|
| JUL-22 | 11 | JUL-23 | 10 |
| AUG-22 | 8 | AUG-23 | 7 |
| SEP-22 | 12 | SEP-23 | |
| OCT-22 | 12 | OCT-23 | |
| NOV-22 | 12 | NOV-23 | |
| DEC-22 | 12 | DEC-23 | |
| | | | |



NB 2022 data combined average CAUS & AAH sites

| Caesarean Birth Rate (% of total births by Caesarean Section) | | | |
|--|----|--------|----|
| JUL-22 | 43 | JUL-23 | 39 |
| AUG-22 | 37 | AUG-23 | 41 |
| SEP-22 | 31 | SEP-23 | |
| OCT-22 | 33 | OCT-23 | |
| NOV-22 | 41 | NOV-23 | |
| DEC-22 | 25 | DEC-23 | |
| | | | |

The table below shows the combined intervention rates of instrumental birth and CS in NHSCT since June 2021 and shows that there has been no increase since the service change.



5. Enhancements to Service

Additional complex clinics to CAU

We are committed to enhancing the Causeway maternity hub by improving local accessibility to antenatal and postnatal services to women within the Causeway locality. Complex antenatal clinics have been moved to Causeway so as to mitigate the distance women have historically been asked to travel to receive this care. We are committed to continuously reviewing this care provision and hope to expand the provision of further complex antenatal care within the Causeway Maternity Hub in the future. Complex clinics were established in September 2023 are;

- 3rd trimester Midwifery Led Scanning clinic
- WTHP (Weigh to a Healthy Pregnancy) for women with increased BMI in pregnancy

6. Patient Experience Feedback

The Northern Trust is committed to ensuring that patient experience is firmly embedded in this review process. We have captured feedback as follows.

There have been no formal complaints in relation to the maternity reform, however there have been two comments received from mothers indicating they were unhappy with the closure of Causeway inpatient maternity services.

Care Opinion (an online Service User feedback platform) allows service users to share their experience of services online. There have been seven stories shared on Care Opinion relating to maternity care within the review timeframe.

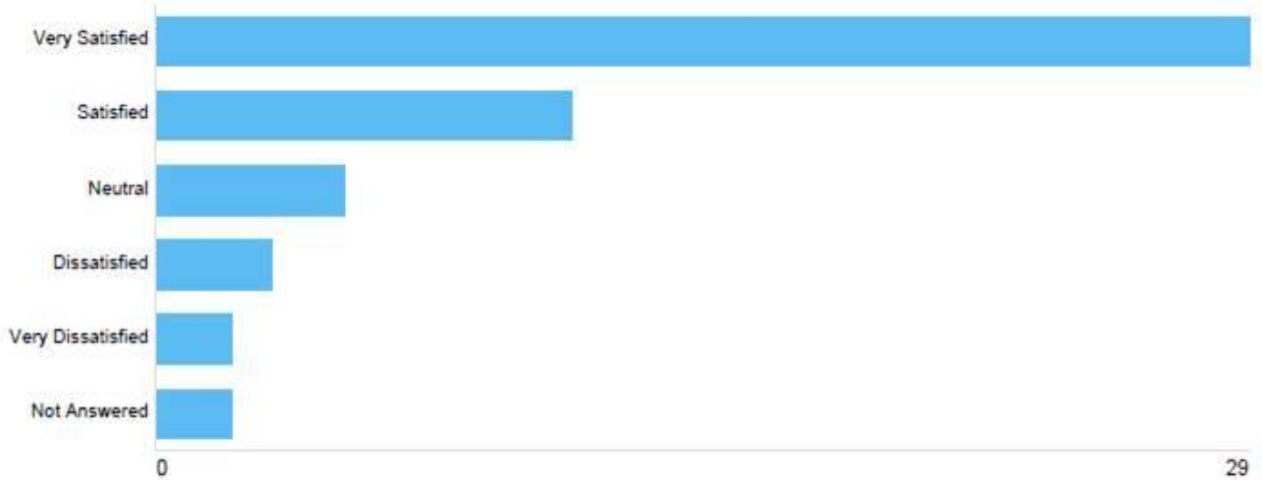
Six stories reflect a very positive experience particularly regarding good communication and sharing of information, quality of care, treatment, staff attitude and behaviour. Many compliments have been posted about named staff. Two of the stories related to the Lotus Team because of the positive experience regarding continuity of care. One story detailed a service user experience of being cared for in a busy environment with limits regarding staff availability to provide comfort during waiting periods, lack of space, privacy, beds and noise. Since receiving this feedback, scheduled and unscheduled workloads are now dealt with in separate areas which should have a positive impact on the issues raised.

All the women who had their babies in the maternity unit in Antrim Area Hospital in August 2023 have been given the opportunity to provide feedback via a survey. A letter was sent to all the women asking them to access the survey via a QR code.

To date we have received 52 responses. The table below illustrates how satisfied people are with maternity services since they have moved to Antrim.

Question 1: How satisfied did you feel around the care you received?

How satisfied



| Option | Total | Percent |
|-------------------|-------|---------|
| Very Satisfied | 29 | 55.77% |
| Satisfied | 11 | 21.15% |
| Neutral | 5 | 9.62% |
| Dissatisfied | 3 | 5.77% |
| Very Dissatisfied | 2 | 3.85% |
| Not Answered | 2 | 3.85% |

In total almost 77% of respondents indicated they were very satisfied or satisfied with the care they received.

The majority of responses were extremely positive about the staff, the midwives and doctors were described as 'excellent', 'caring', 'attentive' and 'supportive'.

'All staff were so helpful and reassuring. We felt safe and comfortable.'

The survey asked for detailed feedback on how the service could be improved and the following themes emerged.

- Some described the ward as 'very busy', or 'short staffed'
- There was concern about delays to planned induction, being induced when no beds are available and being moved around bays.
- It was suggested that outpatient clinics were not 'very efficient'
- It was also suggested that more support should be given to first time mothers.

All the feedback has been considered in detail. It has given us a meaningful and essential source of information to learn from patient experiences and develop an action plan for quality improvement. We will continue to use the survey to get valuable feedback.

7. Staff Wellbeing

The service has liaised with HSC leadership centre and have planned 4 team development days in September and October for the following staff members:

- 1 session face to face for Band 7 Midwives
- 2 session face to face for all staff
- 1 virtual evening session.

The outcome of these sessions will be included within the six-month review.

