

MATERNITY SERVICES AT THE JUBILEE AND ROYAL MATERNITY HOSPITALS

A CONSULTATION PAPER



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Foreword

Of all the services provided by our hospitals, few are closer to people's hearts than maternity services. Both the Jubilee Hospital and the Royal Maternity Hospital have a proud history and are rightly cherished by the people they serve.

I know that the prospect of change to these hospitals arouses strong feelings. People are genuinely concerned about the future of facilities that have served them well for generations. I understand those concerns. But there must be change if we are to provide the people of Belfast with the best possible maternity services.

The Government has decided to combine the services provided in the Jubilee and Royal Maternity Hospitals on one site. This will improve care and treatment for mothers and babies by bringing midwives, obstetricians and other specialist staff together in one unit which will meet the needs of mothers and babies into the next millennium.

There are a number of ways in which this can be achieved and, before any decision is made, it is important to let the mothers who will use these services, the staff who will provide them, and all others with an interest have their say. That is why I have published this consultation paper.

I look forward to the responses.

JOHN MCFALL

Minister for Health and Social Services

July 1999

INTRODUCTION

This paper seeks views on how to combine the maternity services that are currently provided at the Royal Maternity Hospital and the Jubilee Maternity Hospital, Belfast.

The Government's aim is to improve these services by bringing them together on a single site. There are a number of different ways in which this can be done. The Government wishes to give mothers, staff and others with an interest in these services an opportunity to make their views known before a decision is taken on the way forward.

This paper is being sent for comment to: Health and Social Services (HSS) Boards; HSS Councils; the Belfast City Hospitals HSS Trust; the Royal Group of Hospitals HSS Trust; other Trusts which provide hospital maternity services; health and social services trades unions and professional bodies; MPs representing Belfast and the surrounding area; members of the Northern Ireland Assembly for Belfast and the surrounding area; district councils in Belfast and the surrounding area; the health spokespersons of the main political parties in Northern Ireland; the Queen's University of Belfast and the University of Ulster; and organizations representing people who use the maternity services at the Jubilee and Royal Maternity Hospitals. It is also being made available direct to the public, on request.

The consultation period has been extended by two weeks, and will end on 5 November 1999. Comments on any of the issues raised in this paper will be welcome. The address to which responses should be sent is shown at the end of the paper, along with telephone numbers for any enquiries.

The Minister will decide on the way forward in the autumn, after careful consideration of all comments received in the course of the consultation process. The Department of Health and Social Services (DHSS) will publish a summary of the responses received to this paper at that time.

BACKGROUND

The services under consideration

Hospital maternity services are currently provided at the Jubilee Maternity Hospital on the Belfast City Hospital site; and the Royal Maternity Hospital on the Royal Group of Hospitals site. The maternity units are approximately 1.2 miles apart by road. Around 3000 babies are born in each of the two maternity units annually. Both hospitals currently have neonatology units similar to those in area hospitals in other parts of Northern Ireland. In addition, the Regional Neonatal Intensive Care Unit for Northern Ireland is located in the Royal Maternity Hospital.

Related services

The Royal Group of Hospitals and Belfast City Hospital provide other specialist services that are related to maternity services. These include: gynaecology services, which are provided in the Belfast City Hospital tower block and in the Royal Victoria Hospital; and specialist paediatric services for all of Northern Ireland, which are provided in the Royal Belfast Hospital for Sick Children.

This consultation is not about the future of either gynaecology services or paediatric services. However, in deciding the way forward for maternity services, it is important to consider their links to these services.

Proposals to combine the Jubilee and Royal Maternity Hospitals

It has been the policy of both the previous and present Governments that maternity services at the Jubilee and Royal Maternity Hospitals must be brought together on one site, to ensure that mothers and babies receive the best possible care and treatment.

Over the past few years, various proposals have been considered for combining services on either the Royal Group of Hospitals site or the Belfast City Hospital site. These are described briefly below.

In 1994, the then Government set up the Acute Hospitals Reorganization Project, under the chairmanship of Dr James McKenna, to consider maternity and other services in the Royal Victoria Hospital and Belfast City Hospital.

Following consultation, Dr McKenna submitted a report¹ to the DHSS in 1996, which set out two options for maternity services. The first option was that both the Jubilee and Royal Maternity Hospitals would close, and be replaced by a new maternity unit in the Belfast City Hospital tower block. The second option was that the Jubilee Maternity Hospital would close, and services would be combined in a refurbished Royal Maternity Hospital.

Dr McKenna recommended the first option, stressing the importance of bringing together obstetrics, gynaecology and neonatology, and of making the best use of the modern hospital accommodation available in the Belfast City Hospital tower block. A summary of Dr McKenna's recommendations in this area is given at Appendix 1.

Following consultation, the then Minister for Health and Social Services, Malcolm Moss MP, accepted Dr McKenna's recommendations in 1997. This decision proved controversial. However, the present Government came into office before it could be implemented.

¹ Copies of the report entitled *Seeking Balance*, may be obtained by contacting the DHSS using the address, telephone number, or E-mail address shown on page 22.

Acknowledging public concern about the decision, the new Government undertook a review which included the setting up of an Independent Medical Review Panel, chaired by Professor Liam Donaldson, to re-examine clinical aspects of Dr McKenna's recommendations. In October 1997 Professor Donaldson reported² to the Minister. Whilst agreeing with many of the findings of the earlier McKenna report, Professor Donaldson recommended a different solution.

Professor Donaldson agreed that it was important to bring obstetric services and neonatology services together. However, he concluded that, in order to provide the clinically best possible services, maternity services and paediatric services should be provided side by side.

Professor Donaldson recommended that the Jubilee and Royal Maternity Hospitals should be replaced by a new maternity hospital on the Royal site, with direct access to the Royal Belfast Hospital for Sick Children. Professor Donaldson pointed out that Dr McKenna had not been able to consider this option because the money to build a new hospital had not been available. A summary of Professor Donaldson's conclusions and recommendations is given at Appendix 2.

In November 1997, the then Minister, having completed the review and accepted Professor Donaldson's recommendations, asked the Royal Group of Hospitals Trust and the Belfast City Hospitals Trust to develop proposals to take them forward. In June of this year, following a judicial review, that decision

² Copies of the *Report of the Medical Review Panel established to review a proposal for change to maternity, neonatal and gynaecology services in Belfast* may be obtained by contacting the DHSS using the address, telephone number, or E-mail address shown on page 22.

was quashed by the High Court. The Court ruled that the Minister had acted unfairly because the consultation exercise carried out by the DHSS was flawed.

The Court's ruling means that the DHSS must now re-examine options for combining services, and carry out a consultation exercise to assist the Minister in making a fresh decision on the way forward.

Options for combining services and factors to be considered

There are a number of possible options for combining services on either the Royal Group of Hospitals site or the Belfast City Hospital site.

In arriving at a decision the Minister must give consideration to all relevant factors. As well as clinical benefits to mothers and babies, there are other factors which must be taken into account, including: social, economic and women's rights issues. These are set out more fully on page 12.

The remainder of this paper:

- **sets out the Government's aims and objectives for a combined maternity unit;**
- **describes the options under consideration; and**
- **seeks views on how well the options might meet those aims and objectives, and on other factors that need to be taken into account.**

AIMS AND OBJECTIVES FOR MATERNITY SERVICES

Overall aims

The Government's overall aims for maternity services are set out in the circular: *The Commissioning and Provision of Maternity Services: Policy Guidelines*³. The services provided at the new combined maternity unit must meet those aims, which are summarized below.

They must be safe for mothers and babies

For the vast majority of mothers, giving birth is a normal experience that takes place without the need for complex medical treatment for either mother or child. However, for births where difficulties or complications arise, it is important to have available a range of specialized medical services including obstetrics, neonatology, and paediatrics.

They must provide high quality care and treatment

The services should aim to provide care and treatment of the highest possible quality, meeting recognized standards of good practice. The quality of maternity services depends largely on the availability of suitably qualified and skilled staff and the right environment to minimize risk whilst offering choice of care.

³ Copies of the circular, reference number HSS(SC) 1/96, may be obtained by contacting the DHSS using the address, telephone number, or E-mail address given on page 22.

They must provide a woman-centred service

Maternity services should be woman-centred. A woman-centred service is defined as one in which:

- women are asked what they want and levels of customer satisfaction are tested;
- the service has the support of women who use it; and
- the services produce good clinical outcomes.

They must offer choice

Maternity services should allow women to state their preferences regarding the type of care they receive, and the professionals who care for them. Wherever possible these preferences should be met.

There must be good communication

Women must be given clear, comprehensive and unbiased information about the care available. They must feel free to raise any concerns, and have the right to be treated with dignity and respect at all times.

Mothers should be in control

Women giving birth should feel that they are in control of what is happening to them, and able to make decisions about their care.

They should ensure continuity of care and of carer

The organization and staffing of services should provide a flexible programme of care delivered by known and trusted carers.

Further objectives

In addition to the general aims above, which apply to all maternity services, there are three further objectives that must be taken into account. These are set out below.

A lasting solution

The new unit must be capable of meeting the needs of mothers and babies for many years to come. The services to be provided must be able to respond to improvements in practice, the development of new technology, and changing demand.

Regional services

As well as providing better services for the Belfast area, the combined maternity unit should support the further development of the regional perinatal service for Northern Ireland, to cope with the highest risk births and very ill babies who require very specialized care and treatment.

Best use of resources

The new unit must make the best possible use of hospital accommodation, skilled staff and money to provide effective and high quality services.

Other factors

There are also a number of other important factors that must be taken into account in deciding on the best way forward. These include:

- access to services for expectant mothers and their families;
- the effect of the siting of the service on jobs and the local economy;
- women's rights; and
- the ethos of care underpinning the service.

The Government would welcome comments on the options set out in the next section in relation to the aims, objectives and other factors described above, or on any other issues which you think are relevant.

New options for care

This consultation focuses on consultant-led maternity services. However, maternity services led by midwives and/or GPs have an important role to play in offering greater choice, control and continuity of care for women. In 1994, the report of the Maternity Unit Study Group entitled *Delivering Choice*⁴ recommended the development of maternity units led by midwives and/or GPs.

The Eastern Health and Social Services Board, the Royal Group of Hospitals Trust and the Belfast City Hospital Trust will consider the opportunities for such an initiative in the light of the eventual decision on where the new combined maternity unit will be located.

⁴ Copies of the report may be obtained by contacting the DHSS using the address, telephone number or E-mail address given on page 22.

OPTIONS FOR COMBINING SERVICES

There are a number of options for combining maternity services. In the final analysis the options will be judged against the aims, objectives and other factors set out in the preceding section.

The options, grouped by hospital site, are listed below.

Royal Group of Hospitals Site

1. *A new Royal Maternity Hospital*

Maternity and neonatal services would be provided in a new hospital on the Royal Group of Hospitals site, in a location that allows direct access to the Royal Belfast Hospital for Sick Children. The cost of building the new hospital would be in the region of £15 million⁵.

2. *A fully refurbished Royal Maternity Hospital*

Maternity and neonatal services would be provided in a completely refurbished and upgraded Royal Maternity Hospital. The cost of refurbishing and upgrading the hospital would be in the region of £8 million⁵.

⁵ These figures are estimated capital costs, excluding equipment costs.

Belfast City Hospital Site

3. *Belfast City Hospital tower block*

Maternity and neonatal services would be provided in a new maternity hospital in 3 floors of the Belfast City Hospital tower block. The cost of the new hospital would be in the region of £9 million⁵.

4. *A new Belfast City Maternity Hospital*

Maternity and neonatal services would be provided in a new maternity hospital to be built somewhere on the Belfast City Hospital site. The cost of building the new hospital would be in the region of £15 million⁵.

It would not be possible to centralize services by refurbishing and upgrading the Jubilee Maternity Hospital. This is because the Jubilee – unlike the Royal Maternity Hospital – would simply not be big enough to cope with the total number of births from both hospitals. In addition, the Jubilee Maternity Hospital is an old building which, even after upgrading, would fall short of modern design and building standards.

General comments on options

Option 1.

This was the option recommended by Professor Donaldson. He concluded that the best clinical solution for mothers and babies was ‘to develop a new unified maternity block to have direct access to the Royal Belfast Hospital for Sick Children, and to provide the facilities necessary for a regional perinatal centre’.

The new hospital would be able to incorporate all of the most modern design and building standards for a maternity hospital. It would be directly linked to the Royal Belfast Hospital for Sick Children. This would mean that very ill babies requiring specialist paediatric services could be transferred to the Royal Belfast Hospital for Sick Children direct, rather than by ambulance as at present.

Option 2.

This was the proposal originally put forward by the Royal Group of Hospitals to the Acute Hospitals Reorganization Project. Because it would not be a new building, the refurbished hospital would fall short to some degree of the most modern design and building standards.

This option would bring services together on one site, but maternity and neonatal services would remain separate from paediatrics, albeit by only a few hundred yards. This would mean that very ill babies requiring specialist paediatric services would continue to be transferred by ambulance to the Royal Belfast Hospital for Sick Children.

Option 3.

This was the option recommended by Dr McKenna. In the body of their report, the Donaldson Team commented favourably on the work of the Acute Hospitals Reorganization Project (Dr McKenna's group). They saw the Belfast City Hospital tower block proposal as 'understandable and justifiable' and as serving the goal of uniting maternity and neonatal services. It also offered 'some advantages in facilitating the joint management of women with medical disorders in pregnancy, maintaining good clinical linkages for gynaecological

oncology, and in utilising the reasonably high quality accommodation in the Belfast City Hospital tower’.

As with the previous option, the refurbishment of the tower (though only 15 years old) will fall short to some degree of the most modern design and building standards.

Under this option, while maternity and neonatal services would be brought together, they would remain separate from specialist paediatric services. This would mean that very ill babies requiring specialist paediatric services would continue to be transferred by ambulance to the Royal Belfast Hospital for Sick Children.

Option 4.

A new build maternity hospital on the Belfast City Hospital site could incorporate the most modern design and building standards. Under this option, maternity and neonatal services would remain separate from specialist paediatric services. This would mean that very ill babies requiring specialist paediatric services would continue to be transferred by ambulance to the Royal Belfast Hospital for Sick Children.

Costs

All of the options involve significant capital investment. Once the Minister takes a decision on the site of the combined service a detailed Business Case to support this investment will be commissioned. This Business Case will need to be approved and the scope for private finance fully explored before the method of funding and a timetable for the project can be determined. This decision will

have to take account of the overall funding available to the HPSS and other competing priorities for investment.

Summary

The four options on which the Department is inviting comments and views are:

- 1. a new maternity hospital on the Royal Group of Hospitals site with direct access to the Royal Belfast Hospital for Sick Children;**
- 2. a fully refurbished Royal Maternity Hospital;**
- 3. a maternity hospital in 3 refurbished floors of the Belfast City Hospital tower block; and**
- 4. a new maternity hospital on the Belfast City Hospital site.**

MATERNITY SERVICES IN THE IMMEDIATE FUTURE

As with any major change to services, the chosen option may take 3 - 5 years to put in place. It is necessary, therefore, to consider how services should be provided in the meantime.

The two possible ways of providing maternity services for the time being are set out below. The Department would welcome views on these interim solutions in the light of the aims, objectives and other factors set out in the preceding section; and on how well they would fit with the long-term options set out above.

These interim proposals are put forward against the background of notice from the Royal College of Paediatricians and Child Health (RCPCH) that neonatal services can only continue to be provided at the Jubilee Maternity Hospital for a limited period. This is because of concerns that medical staffing levels are inadequate to provide the necessary levels of night cover.

The two possible interim options are:

A. *Transfer services to the Royal Maternity Hospital*

This would mean the transfer of all services from the Jubilee Maternity Hospital into the Royal Maternity Hospital until such times as a new maternity unit would be ready.

B. *Retain services on both sites*

A second option would be to maintain maternity services in both the Jubilee and Royal Maternity Hospitals until the new combined unit is ready.

It would not be possible to transfer all services to the Jubilee Hospital as an interim option. This is because the Jubilee Hospital would not be big enough to cope with the total number of births from both hospitals.

General comments on interim options

Option A

This was proposed by Professor Donaldson's report. Work on a limited refurbishment of the Royal Maternity Hospital started before the High Court quashed the decision to proceed with Professor Donaldson's proposals, and should be completed by 1 October. Under this option, maternity services could be combined within a few months to give better care and treatment for mothers and babies in an acceptable standard of accommodation.

This interim solution could fit well with options 1, 3 or 4. However, if option 2 were chosen this would be more problematic, as it would be necessary to close at least parts of the Royal Maternity Hospital while a programme of full refurbishment took place.

Any interim transfer of services to the Royal Maternity Hospital would not rule out the options of building a new maternity hospital in the Belfast City Hospital tower block or on another Belfast City Hospital site.

Option B

Under this option, services would continue to be provided on two sites for a number of years. This would mean a delay in achieving benefits from combining the two maternity units.

If this option were chosen, it is unlikely that neonatal services could be retained at the Jubilee. To maintain clinically acceptable on-call arrangements, these services would probably have to combine in the Royal Maternity Hospital, pending the unified neonatal services being eventually joined to the new maternity unit at its chosen site. In these circumstances, the Jubilee maternity unit would, in the interim, provide obstetric services for the majority of mothers whose babies are assessed as not being at high risk.

Impact of interim solutions on the development of better cancer services

The Department has decided that a new cancer centre will be built on the Belfast City Hospital site. This centre will provide a range of cancer services for the Belfast area, as well as specialist cancer services for all of Northern Ireland. Work on the cancer centre is scheduled to begin early next year.

Depending on which interim option is chosen, the long-term solution for developing cancer services at the Belfast City Hospital site may be affected. If option B is chosen, the preferred site for the cancer centre, the current Jubilee site, would not be available within the required time-scale. In these circumstances, the cancer centre would have to be built on a marginally less satisfactory site in a different part of the Belfast City Hospital complex. This is another factor that will have to be taken into account in deciding on the interim solution to be adopted.

Impact on other maternity services

The focus of this consultation is on maternity services at the Royal Maternity Hospital and Jubilee Maternity Hospital. However, the Department recognizes that, whatever option is chosen, some Belfast mothers may choose not to use the new combined maternity hospital, but to seek maternity care from another maternity hospital such as the Mater, the Ulster, Lagan Valley and perhaps even Antrim. This would have to be taken into account by those commissioning maternity services.

NEXT STEPS

The consultation period has been extended by two weeks and will end on 5 November. Written responses may be sent by post or by electronic mail to the addresses shown below.

Secondary Care Unit

HSS Executive

Room 113

Dundonald House

Belfast

BT4 3SF

Maternity.services@dhssni.gov.uk

The responses to this paper will be carefully considered before a decision is made on the way forward in the autumn. The DHSS will publish a summary of the responses received to this paper at that time.

If you have a query about any of the issues raised in this paper you may telephone 01232 524252 or write to/E-mail the Department at the above addresses.

In keeping with the Department's policy on openness, responses to this document may be made available to the public on request. If you do not wish your response to be used in this way, or if you would prefer it to be used anonymously, please let us know when responding.

Further copies of this paper may be obtained by writing to the address shown above, or by telephoning 01232 524383, or by using the E-mail address shown above.

Electronic versions are available on the Northern Ireland Civil Service website at:

<http://www.dhssni.gov.uk>

or on the HPSS intranet at:

<http://hpssweb.n-i.nhs.uk>

Versions of the paper in Chinese, large type, Braille, audio cassette and sign-language video may be obtained by using the address, telephone number or electronic mail address given above.

GLOSSARY

Acute services - health care and treatment provided mainly in hospitals.

Consultant-led maternity services - maternity services for which consultant obstetricians take overall responsibility for patient care.

Gynaecology services- specialist services for the diagnosis and treatment of conditions specific to women.

Gynaecological oncology services- specialist services for the diagnosis and treatment of specific female cancers, such as cancer of the ovary, womb, and cervix.

Maternity services - services for the care of women throughout pregnancy. This can include pre-pregnancy counselling as well as care before, during and after delivery.

Midwife/GP led maternity services- maternity services for which midwives or GPs take overall responsibility for patient care.

Midwifery-led unit – a self contained, midwife managed unit which provides full midwifery care.

Neonatology services - specialist services devoted to the diagnosis and treatment of disorders of the new-born infant.

Obstetric services - medical services for the care of women throughout pregnancy.

Paediatric services - specialist services dealing with children and their development and the diagnosis and treatment of disease in children.

Regional perinatal service - specialist services for the diagnosis and treatment of rare and complex conditions arising around the time of birth.

Royal College of Paediatrics and Child Health – the professional body charged with the maintenance of standards in the medical care of children. Part of this role includes the oversight of post-graduate medical training.

APPENDIX 1

THE RECOMMENDATIONS ON MATERNITY SERVICES IN *SEEKING BALANCE*

(This is an extract from the report 'Seeking Balance' which was produced in 1996.)

Maternity, Gynaecology and Neonatology

These three services should ideally be together. The major one is maternity (obstetrics). The top unit in Northern Ireland must provide for a large number of normal deliveries as well as for the most difficult problems, which present in pregnancy and childbirth. Neonatology encompasses the care of new-born infants, normal and otherwise. At regional level, it must accommodate those infants who are most threatened in the first days and weeks of life. Gynaecology deals with women's diseases, some of which are related to pregnancy. Cancers of women are an important part of gynaecological practice.

Maternity services have been the subject of a Ministerial decision. On the recommendation of EHSSB they are to be provided on one but not both sites. They are large services that would profit from better communication. They fit into the profile of either hospital, and neither hospital will be rendered clinically non-viable by their absence. One benefit of a major refashioning of maternity services in Central Belfast is that it can take account of the changes foreshadowed in *Delivering Choice* (Report of the Northern Ireland Maternity Unit Study Group – August 1994).

The consultant obstetricians and neonatologists have pointed out the physical inadequacies of both present units. Their desired option is the creation of a new single unit on either site. A newly built regional maternity/neonatology unit

would cost more than £10 million (BCH estimated the cost at £10 million, RGH at £16 million). Money has not been reserved in the Management Executive's Capital Development Plan for Northern Ireland for this purpose. The proposed development for RGH did not include a new maternity unit, and no degree of flexibility would allow it to be included in an investment of £65 million.

The EHSSB prepared a description of maternity services which would satisfy current and future needs. Both BCH and RGH were invited to make proposals to meet this specification. BCH considered that renovating Jubilee and allowing it to expand would cost either £4 million or £8 million. The cost would depend on the degree of expansion and the standard required. To meet standards expected in the future would require the larger amount. The Royal Maternity Hospital (RMH) could be modified at an initial cost of £0.5 million. To improve standards to some degree would cost £1.5 million, but this would not meet every expectation. The implication is that, relatively soon, further upgrading would be necessary. To bring the 3 floors of the Tower fully up to standard would cost £5-6 million. Such a scheme is estimated to need 3 years to complete.

In a majority judgement, the Steering Group adopted the proposal that maternity services together with neonatology and gynaecology should be provided in the BCH Tower. The main arguments for the proposal are:

That the £5-6 million should provide a 25 year solution which would meet the expected modern standard. The Tower would be fully utilised with a service in which outpatient care will increasingly be carried out from community bases. Gynaecology services could be provided under the same roof, including all-important gynaecological cancer services. Moving an easily identified large

block of services would be easier than juggling several smaller services. Finally, RMH would become available at a critical point 3 years from starting to allow decanting of services on the RGH site during the rebuilding programme. Ultimately both Jubilee and RMH would be taken out of use.

APPENDIX 2

THE CONCLUSIONS AND RECOMMENDATIONS OF *THE REPORT OF THE MEDICAL REVIEW PANEL ESTABLISHED TO REVIEW A PROPOSAL FOR CHANGE TO MATERNITY, NEONATAL AND GYNAECOLOGY SERVICES IN BELFAST*

(This is an extract from the above report which was produced in 1997.)

Conclusions

Conclusion 1 The most pressing requirement is to bring together the maternity, neonatal and gynaecology services that are currently split between the BCH and RGH sites. Until this is done, the provision of these services for Belfast, and of specialist services for the whole of Northern Ireland, will fail to reach their full potential.

Conclusion 2 The AHRP recommendation to move maternity, neonatal and gynaecology services to the BCH Tower addressed the central issue of unification. In the light of the options to achieve this which were available for consideration, the recommendation was understandable and justifiable.

Conclusion 3 The high quality solution for these services would be to create a configuration in which the mode of transfer for a sick baby is a short 'push' via an internal corridor, and not an ambulance journey.

Conclusion 4 Whilst an interim solution that maintains the separation between neonatal unit and specialist paediatric services is sustainable in the short term, in the longer term it will impact on clinical effectiveness adversely by inhibiting the development of high quality services.

Conclusion 5 Gynaecology services should be located on the same site as obstetric services.

Conclusion 6 A comprehensive strategy should be developed urgently to address the location and staffing of maternity units in Northern Ireland together with the nature of the services they should provide.

Conclusion 7 Rivalry between the RGH and BCH NHS trusts and their staff generally acts as an impediment to progress in the planning and development of services.

Conclusion 8 Staff on both sides run an impressive service with many commendable features, which is clearly appreciated by the public. The benefits of a family centred service should be preserved and enhanced in any new service.

Conclusion 9 We did not hear any convincing argument why religious differences should cut across the development of a high quality service for mothers and babies in Northern Ireland.

Recommendations

Recommendation 1: The definitive solution – a unified integrated regional service

The ultimate goal for these services should be to develop a new unified maternity block to have direct access to the Royal Belfast Hospital for Sick Children, and to provide the facilities necessary for a regional perinatal centre. Plans that represent value for money and are affordable should be drawn up and thoroughly tested without delay, and an unambiguous timescale established for implementation.

Recommendation 2: Seeking scope for early implementation

Whilst we realise that our first recommendation cannot be realised immediately, plans for rationalisation of other services between the two hospital sites should be re-examined quickly to see whether there are opportunities to release funding to implement it. At the same time, the potential for Public-Private Partnership funding should be tested. If these ideas are pursued vigorously, it is possible that they will yield an earlier implementation.

Recommendation 3: The need for an interim solution

Nevertheless, it is possible that the ultimate goal will take significant time to bring to fruition. If so, plans should be formulated to allow an interim unification of maternity, neonatal and gynaecology services, given the pressing need to bring them together. If this was on the Royal site, the proper long-term solution would not be blocked off, as it would be by the BCH proposal.

Recommendation 4: Gynaecology also to be unified and integrated

A gynaecology unit should be created with the potential to develop further reproductive medicine and gynaecological oncology services (except for radiotherapy), on the same site as the regional perinatal centre.

Recommendation 5: A high quality maternity service for all of Northern Ireland

A comprehensive strategic plan should be formulated urgently and implemented for maternity services in the whole of Northern Ireland.

Recommendation 6: Fostering improved team working

Rivalry and unconstructive competition between the two Belfast acute NHS trusts should be significantly reduced by merging them.

Recommendation 7: Preserving the best of both existing units

The high standard of family centred care developed at both the Jubilee Maternity and the Royal Maternity Hospitals should be recreated in the new facilities.