NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Quality Impact Assessment (QIA) Template DRAFT

Executive Summary and QIA Details	
Title	Birthing Services at County Hospital, Stafford and Samuel Johnson Lichfield
Portfolio / Collaborative / Place	Maternity/Transformation
QIA reference number	QIA23-067
Date QIA started	03 November 2023
Proposed Project Start Date	To be confirmed – subject to completion of service change assurance and governance process
Portfolio Director & Role	Heather Johnstone – Chief Nursing and Therapies Officer
Clinical Lead & Role	Ali Budd – Lead Midwife for the Local Maternity and Neonatal System
Project Lead & Role	Helen Slater – Associate Director of Transformation
Quality Lead & Role	Vicki Graham – Senior Quality and Assurance Manager
QIA Author & Role	Gina Gill - Transformation Programme Lead
Summary of reason for QIA (max 200 words) • **Current state** • **Rationale for change** • **Proposed future state**	*Brief overview of the proposed service changes, including why this change is being proposed, the locations covered in the proposal, current state and proposed future state.* As part of the ongoing involvement, the ICB and system partners are continuing to review maternity services in Staffordshire and Stoke-on-Trent. As part of this, we are exploring the future of the freestanding midwifery birthing units (FMBUs). These are units at County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield, where women with low-risk pregnancies could choose to give birth. The two FBMUs were closed for births during the COVID-19 pandemic, to ensure safe staffing at the acute units at Royal Stoke University Hospital and Queen's Hospital, Burton. Whilst the initial closures were directly related to COVID-19, significant staffing challenges in the maternity workforce have prevented both Trusts from being able to safely reopen these units. Staffordshire & Stoke-on-Trent ICB is currently undertaking a service change programme in relation to the birthing services that are temporarily closed. The service change programme will be conducting in accordance with the NHSE guidance planning, assuring and delivering service change for patients (https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf). In 2020, in line with national guidance, the birthing units were temporarily closed to consolidate the workforce at the main acute sites. Due to workforce home births have also been intermittently suspended since the pandemic. Although feedback on the birthing units was positive prior to the closure, there were signs that partners needed to consider a new approach: • Birthrate Plus® is the most widely used system for classifying women and babies according to their needs and using clinical outcome data to calculate the number of midwives required to provide intrapartum and postpartum care. Birthrate plus assessments have been completed at both Trusts. These show that the levels of complexity has continued to rise and even fewer women may be suitable for low-risk care across Staffordshire and Stoke-on-Trent. • Despite repeated campaigns to promote the FMBUs, women choosing to give birth there continued to fall • Staffing shortages in midwifery are a challenge across the NHS with a shortage of just under 2500 midwives across England (Royal College of Midwives, 5 April 2023). • Skill mix and sustained competency of midwives is also a key safety factor to consider when birthing numbers are so low • The temporary closure alongside revised national guidance has led to new ways of working and the system must now consider the long-term sustainability of services to ensure patients are offered a full choice of where to give birth

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	CQC service specific inspections were completed at both Trusts during 2023 which identified areas for improvement within wider maternity services. Immediate plans were put into place to address the CQC actions and recommendations and both Trusts continue to work on the delivery of their quality improvement plans alongside overall maternity transformation programmes in line with national guidance. It should be noted neither Trust received recommendations to reinstate intrapartum services at the FMBUs and no concerns were raised specifically regarding midwife-led services at Queen's Hospital Burton or Royal Stoke University Hospital. The proposal would make permanent the temporary closure of the birthing service at County Hospital and Samuel Johnson Hospital. Under the proposal: • There will be no change to the provision of consultant-led services (provided at Royal Stoke University Hospital and Queen's Hospital Burton) • Midwife-led care would continue to be offered at Royal Stoke Hospital and Queen's Hospital, Burton, alongside consultant-led units • Aim to develop and grow a continuity of carer model for the most vulnerable in the county. • Antenatal and postnatal care will continue at the FMBUs. In addition, home birth services have been reintroduced. Although this is outside of scope of this review the reintroduction of this service ensures women are able to access an additional option for low-risk births. **Quality Impacts** • Consistent staff to patient ratios across sites removing the inequity in provision seen when the FMBUs were open • Midwives' skills and experience are fully utilised in other areas of maternity care such as the alongside midwife-led units and within the home birth service. This also means they can support the delivery of key national requirements e.g. inductions of labour. • Women who develop complications would no longer need to be transferred from the FMBU to a hospital unit during advanced labour after already having travelled to an FMBU • FMBUs are for low-risk pregnancies only and the vast majority of the population (83%) fall into the moderate to high -risk category. Over time, even fewer women will fall into the low-risk category as data shows pregnancies are becoming more complex. As a result, the FMBUs do not meet the needs of the majority of the population. The proposal and related clinical evidence has been independently reviewed by the West Midlands Clinical Senate (WMCS). A copy of the report is appended to this assessment. To note: West Midlands Clinical Senate undertook a Stage 2 Clinical Assurance Review, in 2018, regarding the proposal to permanently close the FMBU at County Hospital, Stafford. Following the review, the panel acknowledged that the proposal reflected up to date clinical guidance and continued to offer choice of place of birth, that the proposal would provide an equitable service across the geography, that the proposal may result in an improvement in staff ratios and that there was sufficient evidence to proceed with the preferred proposal.
Key issues raised in QIA	*Executive summary of key issues / risks once the QIA has been completed to ensure that these are highlighted to Decision Makers/Committees/Boards.* *Also include any key issues / risks that cannot be mitigated.* The assessment largely identifies either a positive or neutral impact of the proposal. The negative impact identified relates to the potential travel implications/impact for those who are eligible to give birth at County Hospital or Samuel Johnson and who would have chosen to give birth there. While a number of patients are affected by the additional travel time of approximately 6 minutes on average, the travel analysis highlights choice of place of birth can be a factor over travel time as 25% of the cohort analysed chose to travel further to an FMBU rather than to their nearest maternity unit.

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	It is however noted that the proposal affects a relatively small number of births (around 344 per year) when compared to the overall number of births at UHNM and UHDB (around 15,033 per year) Although the FMBU is temporarily closed to births, provision of other aspects of maternity care have continued through the FMBU such as antenatal and postnatal clinics, therefore the majority of appointments and support during the pregnancy can be provided closer to home. Women continue to be offered the choice of a low-risk birth setting within UHNM, UHDB and neighbouring Trusts. Homebirth services are currently suspended however both Trusts began booking women into the home birth service during their early pregnancy from 01 April 2024 which will provide an additional option for low-risk births.

Version Control			
Version Number	**Date**	**Author**	**Summary of Changes**
28June	09/07/24	AB	Minor amends from Lead Midwife for the LMNS
03July	16/07/24	BR	Safeguarding & Portfolio Director comments added for QIA panel 23/07/24
29Aug	02/09/24	JN	Submitted amends post panel. 03/09/24 Confirmed complete Gateway 2 (BR).

Sign-Off following completion of the Quality Impact Assessment on page 2 onwards

Quality Buddy Comments	
Name & Role	Vicki Graham –Senior Quality Improvement and Assurance Manager
Comments & Date	The FMBUs have been temporarily closed since 2020. Safety has been maintained during this time and there is no expected negative impact on safety in the permeant closure of these unit. Evidence shows the needs of the population are changing and FMBU no longer meet the needs of our patients. Home births are beginning to be offered for patients who have been booked in from April 2024. There is patient choice for patients at a range of midwife and consultant led services in Staffordshire and Stoke-on-Trent as well as outside the ICS area. Travel is the most significant impact for patients with some, particularly those in Stafford, being affected more than others. However, the travel analysis has shown travel time isn't the only factor that women consider with some women choosing to travel farther. There is a reputational risk for the ICB in the permeant closure of these services, so comms is key. The proposals have been considered by the clinical senate and there have been technical events etc to engage with stakeholders. Postnatal and antenatal care will continue at the units and staffing can be utilised to support home births. I think this would need to be considered at gateway 2 given the potential reputational risk. 04/07/24
Safeguarding Lead Comments	
Name & Role	Heidi Watts (Designated Nurse for Safeguarding Adults)
Comments & Date	No comments from adult safeguarding point of view – Steph responded on behalf of safeguarding. Although this involves adults – they are unlikely to be adults at risk – those with care and support needs and deemed vulnerable would not have been likely to have been using these services, they are more likely to have needed to go to one of the main birthing centres. There are robust safeguarding adults policies and procedures in place within the acute trusts. There could be a positive impact in that it could help with some of the recruitment challenges within midwifery. Happy for you to add these comments in to the QIA if you need them specifically. 10/07/24
Name & Role	Stephanie Nightingale (Designated Nurse for Safeguarding Children)
Comments & Date	This review of FMBUs recognises the need for change in the offer currently available. The reintroduction of home births for low-risk pregnancies is welcomed and provides a risk assessed alternative to FMBUs. Maternity led care is the ideal for a lot of women and may actually reduce the opportunity for medical intervention which appears to be rising. This may be as a result of the lack of availability of FMBUs since Covid. In light of the reduced numbers of Midwives it is a safer option to strengthen teams in the main hospital maternity sites, sharing capacity, experience and the opportunity to support junior members of staff. Research has been conducted suggesting pregnancies and births have become more complex in which case medical oversight in a main hospital maternity unit is a safer option. The numbers of women delivering at the two FMBUs are minimal and therefore will have a minimal impact on choice for women. The additional travel time to main hospital sites does not appear to demonstrate any significant clinical or patient safety issues according to the Patient Experience section. 10/07/24
Portfolio Director Comments	
Name & Role	Heather Johnstone (Chief Nursing & Therapies Officer)
Comments & Date	I have no comments on the QIA as it appears to have captured the extensive work carried out by the ICB and wider stakeholders to make an informed decision. 11/07/24

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Safe	Delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.	**Positive**	Improved responsiveness to any intervention required as a result of a change from low-risk to high-risk care. This is due to the proximity of interdependent services at the acute units compared to within a standalone unit where and ambulance transfer would be required e.g. obstetrics, fetal monitoring, neonatal care, epidural etc.	The travel analysis shows that a proportion of those who gave birth within Stafford Hospital and Samuel Johnson Community Hospital (32.3% SJH and 10.3% County) needed to be transferred to an acute site for additional support.	n/a	n/a
		Neutral	Making permanent the temporary closure of the Freestanding Midwifery Birthing Units (FMBU) at Samuel Johnson Hospital, Lichfield (run by UHDB) and County Hospital, Stafford (run by UHNM) will have a neutral impact on safety as alternative models of care and settings for birth are as safe and a highly acceptable option for women that follow a low-risk care pathway. During the time the birthing element of FMBU has been suspended/closed; regular updates, messages and communications have been provided to expectant mothers and families via internal Trust communications, the Maternity and Neonatal Voices Partnership and the ICB communications team.	During the period that the FMBU birthing element has been temporarily closed for low-risk women, no serious Incidents, incidents, quality and/or patient safety concerns have been reported as a result of the continued temporary closure. The Trusts have not experienced any impact elsewhere within maternity services due to the temporary closure of intrapartum services for low-risk women at the FMBUs. The Trusts have not seen an increase in Serious Incidents and Datix Incidents as a result of the temporary closure of intrapartum services for low-risk women at the FMBU. Since the closure, there has been no increase in babies born before arrival to hospital and no women have presented to County Hospital or Samuel Johnson Hospital in labour whist intrapartum services have been suspended. A safety sense check was completed in August 2020 to assess the impact of COVID-19. This was reported to the	Patient complaints via Trust and ICB patient advice and liaison teams and feedback through the MNVP reported to the Quality and Safety oversight forum on a monthly basis. Within Staffordshire and Stoke-on-Trent and Derby and Derbyshire ICBs, quality and patient safety is reported to, and oversight obtained through the LMNS governance structure. This includes the Regional Perinatal Quality and Safety Group, the LMNS Board and Quality and safety committee (SSOT) and the System Quality Group (DD ICB) Contract reporting requirements (including quality reporting) is received through the usual contracting routes. Both Trusts use reporting mechanisms to monitor the impact including Datix, thematic reviews and previously RCA, now superseded by the reports outlined below: • Quarterly Maternity Serious Incidents Report • Quarterly maternity Family Experience Report	n/a

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				Regional Maternity Team (NHSE/I) at both LMNS level for each of the Trusts within the LMNS. The key indicators were: • Stillbirths • Neonatal deaths • Maternal deaths • Babies born before arrival • Births in midwife-led settings The reporting covered 2019/20 and April 2020 – July 2020 and UHNM reported there was no impact on safety as a result of the pandemic. The additional travel time (conducted via travel time analysis) would not provide any significant clinical or patient safety issues. Further detail on the travel analysis is included within the Patient Experience section.	• Quarterly MNVP feedback report	
		Negative	n/a	n/a	n/a	n/a

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Effective	Informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.	**Positive**	Making permanent the temporary closure will have a positive impact on effectiveness. Before the temporary closure, the number of babies born in the FMBUs was very low. This has implications for our staff: • The units had to be staffed 24/7, with two midwives present for a birth. The low number of births meant we were not making the best use of our staff's time. This is a concern, especially given staffing pressures. • A previous TSA review of maternity services at County Hospital recommended that the unit manage a minimum of 350 births per year to be clinically and financially viable. There were not enough births in the FMBU to ensure this. The number of births per year at the Samuel Johnson Hospital also fell short of this number. FMBUs are for low-risk pregnancies only. Birthrate Plus® assessments completed for at both Trusts showed that pregnancies are becoming more complex and a decreasing number of women are eligible to give birth within these units. Although the Trusts promoted the FMBUs, the number of births there continued to fall, as most low-risk women were choosing to give birth in the midwife-led units at the main hospitals instead.	Based on the number of births in 2019/20, this amounted to an average of eight per month at County Hospital in Stafford and 18 per month at Samuel Johnson Community Hospital. The Trust Special Administrators' report for Mid Staffordshire NHS Foundation Trust (Final report December 2013) Home - Birthrate Plus® Recommendations | Safe midwifery staffing for maternity settings | Guidance | NICE FMBUs are for low-risk pregnancies only. A Birthrate Plus® assessment completed for UHNM in 2022 showed that pregnancies are becoming more complex. Just over 83% (5,102) of all pregnant women in UHNM's delivery suite are either moderate or high-risk pregnancies. This	The Trusts are required to monitor and report on safe staffing numbers, to ensure there are sufficient staff on wards. Trust workforce reports are produced utilising ward acuity reports, daily safety huddles and weekly workforce planning. The quarterly workforce report (position against Birthrate plus) is reported through divisional, directorate, executive Quality & Safety Oversight Group, quality governance committee, board assurance and the LMNS. Safe staffing numbers are also reported on the monthly and quarterly dashboards. The acuity app from Birthrate plus is utilised by the trusts and assesses real time staffing based on the clinical needs of women and babies for intrapartum and ward areas. Acuity App - Birthrate Plus® The Trusts utilise incident reporting systems. Serious incident reporting has recently been superseded by PSIRF and after-action learning reviews.	n/a

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			As a result, it is unlikely that the number of births within the FMBUs would rise if they were to re-open and therefore do not represent the most effective use of resource to meet the needs of the population. Homebirth services are currently suspended however both Trusts began booking women into the home birth service during their early pregnancy from 01 April 2024. Making permanent the temporary closure of the FMBUs allows the second community midwife, who would be on call as the second midwife to support the FMBU, to support and strengthen the home birth service and ensure the longer-term sustainability of this service. Due to the low number of deliveries within the FMBUs, making permanent the temporary closure of birthing services at the FMBUs also ensures midwives skills	means that just under 17% (1,045) of all pregnancies are suitable for low-risk care – compared to 29% in 2017/18 (West Midlands Clinical Senate review). The Birth-rate Plus® assessment completed in 2021 for UHDB identified that between 63.9% (QHB) and 68.9% (RDH) of women were in the two highest levels of complexity categories of care, IV and V, a percentage that is higher than the average for England of 58% (based on 55 maternity units from a wide range of size and location), and a figure that had risen by 6% since the previous Birth-rate Plus® assessment in 2017. These women would only be cared for at either QHB or RDH where there is obstetrician-led care. The BirthPlace Study (NPEU, 2011) found that trusts which supported more home births achieved better maternal outcomes compared with trusts which supported fewer home births, therefore an increase in home births would improve the quality of outcomes for women and their babies. NICE Guideline (NG2017): Inducing labour Overview | Inducing labour | Guidance | NICE	The ICBs receive updates on these areas from the Trusts via the LMNS Partnership Boards.	

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			and experience are fully utilised in other areas of maternity care and support the delivery of key national requirements. For example, recent guidance recommends an induction of labour (IOL) is offered at 7 days past a due date (40 weeks plus 7 days). Women may be booked for an IOL, but if another woman presents in labour they will take priority. Because of the unpredictable nature of labour and the workforce challenges, there will be times when IOLs are delayed, resulting in the recommendation not being met.			
		Neutral	During the period that the birthing element for low-risk pregnancies at the FMBUs have been temporarily closed, the care provided by clinical staff in maternity and received by women has not changed. The outcomes have remained the same. All Women and families have been fully informed of the service change and rationale for the temporary closure of the birthing element of the unit for low-risk women. Antenatal and Postnatal Care has continued to be delivered at the FMBUs.	All national guidance released from relevant professional bodies - RCM, RCOG and NICE guidance has continued to be followed.	Key outcome measures are recorded on a monthly basis and include: • Caesarean and Induction • Maternal mortality • Neonatal mortality • Smoking • BAME Specific • Post Partum specific outcomes • Any additional metrics from within the NHS oversight framework	n/a
		Negative	n/a	n/a	n/a	n/a

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Positive Experience	**Responsive and personalised -** shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable. **Caring -** delivered with compassion, dignity, and mutual respect.	**Positive**	Women will continue to be offered choice of a midwife-led birth as part of their choice menu. Prior to the temporary closure of the birthing service at the FMBUs any women who experienced complications during labour would be subject to a transfer to the acute site via ambulance from the FMBU. With the new proposal all women will be required to travel to the acute site for a midwife-led birth, however, once in the unit should they experience complications they would have the available consultant-led services available nearby. This reduces the risk of a women having to be transferred in the later stages of childbirth, therefore reducing the potential for poorer experience of childbirth. In addition, any babies born who need additional support would have closer access to a Neonatal Team at the main hospital sites, rather than a 'blue light' transfer to the hospital's neonatal unit.	UHNM guidelines for transfer from the FMBU to Royal Stoke Hospital in Stoke-on-Trent state a minimum of 47 minutes transfer time where this is required. A similar time would be required for transfers from Samuel Johnson hospital in Lichfield to Queen's Hospital in Burton. This would be in addition to any initial travel time to the FMBU. Neonatal units are located adjacent to the maternity led unit within Royal Stoke, as are the consultant-led unit and theatres. As a result women and/or their baby can be transferred immediately from a low-risk setting without the need to transfer to a different hospital. At Queen's Hospital Burton, the neonatal unit and theatres are within the maternity unit and therefore an immediate transfer can be arranged if required. The birthing suites are designed to be flexed dependent on need, therefore a patient who develops complexities within a low-risk setting in most cases may remain within the suite and equipment/clinical team is brought into the room.	Ambulance wait and transfer times monitored via standard NHS contracting routes.	n/a

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		Neutral	All women are asked about their preferred choice of delivery during an assessment with the midwife. The midwife will take a number of factors into consideration including a woman's weight, age, overall health and any history of previous deliveries. All women who are considered to be in a safe range for these factors and having just one baby will be given the choice of where to deliver. Women continue to be assessed throughout their pregnancy to check for any developing risk factors or complications, which may require a change of delivery options. Under this proposal, there will be no change to routine ante natal and postnatal services which would remain locality based as recommended by both the National Maternity Review (Better Births) and the TSA (for UHNM). The Trusts will continue to offer the choice of place of birth as recommended by the Birthplace Study (National Perinatal Epidemiology Unit, 2011), Better Births and the National Institute of Clinical Excellence (NICE). Women would still be able to choose to give birth: • At home anywhere in Staffordshire and Stoke-on-Trent	NICE Guideline (NG201) covers the routine antenatal care that women and their babies should receive. This includes the assessing a number of risk factors throughout the pregnancy and links to supporting NICE guidance where risk factors e.g. hypertension have been identified. The guidance includes key communication principles and identifies information that should be shared with pregnant women and their partners throughout the pregnancy. Recommendations | Antenatal care | Guidance | NICE NICE guideline 235 Recommendations | Intrapartum care | Guidance | NICE outlines clear recommendations for clinicians on planning place of birth with women and their partners. Birthplace Study (National Perinatal Epidemiology Unit, 2011) Microsoft Word - SDO 08-1604-140_FR4.doc (ox.ac.uk) The key findings of the study can be found here The Birthplace cohort study: key findings | SHEER | NPEU > Birthplace (ox.ac.uk) National Maternity Review Report – Better Births (2016) national-maternity-review-report.pdf (england.nhs.uk) All women are asked about their preferred choice of delivery during an assessment with the midwife	Trust performance dashboards include place of birth broken down by setting. Implementation of NICE guidance and the subsequent monitoring of compliance with gap analysis is completed through regular Trust quality assurance meetings. This is also reported to ICB via the Quality and Safety Committee for assurance.	n/a

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			(for women who are booked from April 2024) • At a midwife-led unit at the Alongside Midwife Birth Unit/Service at Royal Stoke University Hospital or Queens Hospital Burton; or • At a consultant-led obstetric unit at Royal Stoke University Hospital or Queens Hospital, Burton. Some women also choose to give birth within out of area hospitals such as New Cross in Wolverhampton, Walsall Manor in Walsall, Good hope, Royal Derby Hospital or Shrewsbury and Telford NHS Trust, for convenience to their place of residence. Women will continue to have the choice of delivery at alternative providers.	Women and families have been kept regularly updated via the MNVP and both the Trust and ICBs Communications and Engagement Team regarding changes to the FMBU, Home Birthing Service and any other service changes to maternity.		
		Negative	There may be travel implications for women who are eligible to give birth at County Hospital or Samuel Johnson and who would have chosen to give birth there. Within the travel analysis, scenario 4 takes into account the re-introduction of the home birth service and the patient flows during the temporary closure of birthing service at the FMBUs. It is likely this scenario represents the impact of	Travel time analysis was commissioned to understand the impact of the proposal on travel time. The analysis covered a range of scenarios: **Actual time:** Time that women actually travelled from their home address to either County or Samuel Johnson. **Baseline:** With County and Samuel Johnson still open and this situation is based on travel time to the nearest		**Risk Score 2 x 2 = 4** With regards to travel, while a number of patients are affected by the additional travel time of approximately 6 minutes on average, the comparison of scenarios highlights choice of place of birth can be a factor over travel time as 25% of the cohort analysed chose to travel further to an FMBU rather than to their nearest maternity unit.

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Quality Impact Assessment (only complete applicable rows)						
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			the proposal more accurately than other scenarios and further detail is provided below. Further detail on the other scenarios can be found in the full report. Within scenario 4, the average travel time would increase by around 8 minutes compared to Baseline or by 6 minutes compared to the actual travel time. Patients within Stafford are most affected by the proposals with travel time increasing by around 14 minutes compared to actual travel time. Within this scenario, the average travel time decreases in a number of areas as patient are using alternative units that are closer to their home address.	maternity site within Staffordshire (i.e. County, Samuel Johnson, Royal Stoke or Burton). This is assuming women travel to their nearest site, which is not actually the case as women have opted to travel further to use County and Samuel Johnson. **Scenario 1:** All activity that would have happened at County or Samuel Johnson moves to the nearest site within Staffordshire, i.e. Royal Stoke or Burton. **Scenario 2:** All activity that would have happened at County or Samuel Johnson moves to the nearest site, either within Staffordshire or to an external provider site if nearer. **Scenario 3:** All activity that would have happened at County or Samuel Johnson moves to the nearest site within Staffordshire (i.e. Royal Stoke or Burton) or to a nearer external provider if the site has a midwife-led unit. In this scenario activity it is assumed that women will only travel outside of Staffordshire to attend an MLU if it is the nearest site, otherwise it is assumed they will travel to Royal Stoke or Burton. **Scenario 4:** Deliberate reallocation of activity based on historic patient flows, including home births and taking into account travel times. Additional analysis was completed to consider the impact of blue light transfers on total travel time. The full travel analysis is appended to this QIA.		It is recognised that there may be an impact on those who were eligible to give birth at County Hospital or Samuel Johnson and who would have chosen to give birth there and therefore alternative options for low-risks births are offered to women (as outlined below). It is however noted that the proposal affects a relatively small number of births (around 344 per year) when compared to the overall number of births at UHNM and UHDB (around 15,033 per year) Although the FMBU is temporarily closed to births only, all other maternity services have continued to operate during this time at the FMBU, therefore the majority of appointments and support during the pregnancy can be provided closer to home. Women have still had the personalised option to birth at other neighbouring/local maternity providers – RWT, Walsall, UHDB, UHB, Shrewsbury and Telford etc. Women have still been given/offered the option of Obstetric care and Midwifery Led care at UHNM, UHDB and RDH. Both Trusts began booking women into the home birth service during their early

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						pregnancy from April 2024 which will provide an additional option for low-risk births. Women and families have been kept regularly updated via the MNVP and both the Trust and ICBs Communications and Engagement Team regarding changes to the FMBU, Home Birthing Service and any other service changes to maternity. A range of involvement activity has taken place since 2019 to understand people's views and experiences of maternity services. More recently, the ICB ran a public facing deliberative event to gain peoples views on the proposal for birthing service. The journey to develop our proposals including any patient involvement is appended to this assessment.

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Well-Led	Driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.	**Positive**	A centralised workforce to support clinical pathways and escalation as required. This also provides enhanced opportunities for learning and support given the range of births and deliveries across low, moderate and high-risk births and pathways and the range of specialists involved in such care. The development of proposals is in line with the process outlines within the Planning, Assuring and Delivering Service Change for Patients guidance. A range of colleagues and partners have been involved throughout the process including Trust and ICB clinicians, maternity leads, quality leads and	When the services were temporarily closed in March 2020, staff who transferred into the acute units were supported and upskilled as required. In some instances, upskilling was not required due to the rotational basis of the teams and the skills already acquired through working across different settings. At UHNM, on transferring to Royal Stoke, following the suspension of the FMBU services, there were three substantive Band 7 midwives that initially had a supernumerary period on delivery suite of two weeks followed by allocation to shifts where there was an addition band 7 to offer support and guidance. At UHDB, affected staff had a 1:1 with their clinical lead and were able to choose their preferred place of work (i.e. the Royal Derby birth centre, the queens hospital labour ward, antenatal care or on an inpatient ward) All staff were supernumerary initially following the transfer and received in house training in their area of preference where this was required. As the unit remain closed there were regular update meeting with the Head of Midwifery NHS England » Planning, assuring and delivering service change for patients The service change programme was initiated and a service change project group and service change steering group was established in Summer 2023.	Regular workforce and assurance reports, including any training needs/compliance is taken through the Trusts assurance process. Monitoring compliance with preceptorship programme	n/a

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			patient involvement leads across Staffordshire and Stoke and Derby and Derbyshire ICS'. Elected members have been kept informed via the overview and scrutiny committees with further updates planned at key points throughout the programme.	The project group includes clinical representation and meets on a bi-weekly basis. The overarching responsibility of the project group is to plan and undertake the maternity service change programme in line with the Planning, assessing and Delivering Service Change for patients. Guidance. The Steering group also include clinical representation and meets on a monthly basis. The purpose of the steering group is to oversee the delivery of the Maternity Service change Programme. The terms of reference, including the membership, for the project group and steering group is appended to this assessment. The programme team is satisfied that the proposal meets the Government's four tests applied to service change, and in addition, NHS England and NHS Improvement's (NHSEI) Patient Care (bed closure) Test. The proposal and related clinical evidence has been independently reviewed by the West Midlands Clinical Senate (WMCS). A copy of the report is appended to this assessment.		
		Neutral	n/a	n/a	n/a	n/a
		Negative	n/a	n/a	n/a	n/a

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Sustainably Resourced	Focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.	**Positive**	There is a more efficient and robust staffing model when birthing services are centralised on one site. Midwives are able to maintain their competencies when supporting a mix of low- and high-risk births. Making permanent the temporary closure of the FMBUs provides an opportunity to fully utilise the space within the birthing suite for alternative service provision. This proposal will have a positive impact on productivity.	Due to the low number of births at the FMBUs, the sites were underutilised while they were open. The 24/7 nature of the service also means the units cannot be utilised for other health services.	Workforce/Staffing reports as described within the effectiveness section.	
		Neutral	n/a	n/a	n/a	n/a
		Negative	n/a	n/a	n/a	n/a

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Equitable	Everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.	**Positive**	There are national recommendations regarding the ratio of clinical midwives to the annual number of births to assure safe staffing levels. Trusts must use a NICE-endorsed toolkit to calculate the required midwifery staffing establishment. The birthrate plus tool is utilised within UHNM and UHDB and calculates staffing requirements based on their specific activity, case mix, demographics and skill mix within their areas. The low number of births at the FMBUs meant there was an inequity for women depending on which site they attended as a disproportionate level of resources was needed to support the FMBUs, resulting in the higher-risk pregnancies receiving less support. Making permanent the temporary closure of the FMBUs removes this inequity.	Due to the low numbers of births at the FMBU in Stafford, the ratio of midwives to women with low-risk births was 1:7 when the County FMBU was open. In comparison, the women with more complex, high-risk births were receiving the midwife to birth ratio of 1:30 in 2018. West Midlands Clinical Senate undertook a Clinical Assurance Review, in 2018, regarding the proposal to permanently close the FMBU at County Hospital, Stafford. Following the review, the panel acknowledged that the proposal reflected up to date clinical guidance and continued to offer choice of place of birth, that the proposal would provide an equitable service across the geography, that the proposal may result in an improvement in staff ratios and that there was sufficient evidence to proceed with the preferred proposal.	Workforce/Staffing reports as described within the effectiveness section.	n/a
		Neutral	n/a	n/a	n/a	n/a
		Negative	n/a	n/a	n/a	n/a

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Screening Criteria

To be completed by QIA Author	
Does the QIA document any level of risk (negative quality impact) that has been introduced by the 'business decision' and not mitigated?	~~Yes~~ / No
Is the 'business decision' part of a formal (NHS England) service change proposal? E.g., national transformation work such as pre-consultation business case/decision making business case.	Yes / ~~No~~
Does the 'business decision' increase the number of steps/handoffs within a single pathway and identify the potential for an associated increased risk?	~~Yes~~ / No
Has the QIA author or other MDT member requested a QIA Panel discussion due to the level of perceived risk or other reasons e.g., potential media interest?	~~Yes~~ / No
If **'yes'** to any Screening Criteria, please include brief explanation: Staffordshire & Stoke-on-Trent ICB is currently undertaking a service change programme in relation to the birthing services that are temporarily closed. The service change programme will be conducting in accordance with the NHSE guidance planning, assuring and delivering service change for patients.	

If all screening criteria are recorded as **'no'** then the QIA can be signed-off without a QIA Panel (**Gateway 1**).

If a **'yes'** has been recorded in any of the screening questions, then the QIA will be considered at a QIA Panel (**Gateway 2**).

Gateway Control

To be completed by the Quality Assurance and Improvement Team	
Gateway	Gateway 2
Quality Lead	Becky Roberts, Senior Quality Improvement and Assurance Manager
Comments and Date	Following Gateway Control review and screening criteria this QIA is for Gateway 2 oversight at the next QIA panel.
Final Version of QIA Emailed back to QIA Author and Portfolio Director	
Date Sent	N/A

Gateway 2 ONLY – QIA Panel Feedback

To be completed by the Quality Assurance and Improvement Team	
Date of QIA Panel	23/07/24
Feedback and Actions / Amendments	**Outcome** QIA **completed** at Gateway 2 with **some wording amendments required**: • Stephanie Nightingale Safeguarding Comment to be added • Add a sentence to the introduction reference the Trusts CQC rating. "This is supporting the transformation and improvement planning. Both trusts are working towards the maternity service standards set out in the NHS Planning Framework and Ockenden safety". Or similar. • Amend Homebirths sentence to reflect this is part of the wider Maternity Transformation plan and not this QIA proposal. "We have reintroduced home birthing and will monitor the impact of that on the wider maternity and the natal services" or similar and consider putting this into the opening narrative. • Improved responsiveness to any surgical intervention should be included the Safe section as a positive. • Reference the team have looked at the analysis as part of the travel time and evidence the need for onward surgical intervention in around 20% of births (32.3% Samuel Johnson and 10.3% County). Or similar.
QIA requires resubmission	Yes / ~~No~~ (with amends to inbox not to panel).
Confirmation of Amendments by Quality Assurance and Improvement Team	
Quality Lead	Becky Roberts, Senior Quality Improvement and Assurance Manager
Date Confirmed	03/09/24
Final Version of QIA Emailed back to QIA Author and Portfolio Director	
Date Sent	03/09/24

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APPENDIX 1 - Quality Buddy QIA Template Checklist

Considerations for completing the Quality Impact Assessment. Remember to use evidence where possible.

National Quality Board (NQB) Domain	Considerations
Safe	Harm to patients, Incidents, Healthcare Associated Infections (HCAIs), Safeguarding of adults and children, including children and Young People (CYP) aged 0-25 with Special Educational Needs and Disabilities (SEND), and Vulnerable adults or children. Patient Safety Incident Response Framework (PSIRF).
Effective	Evidence based practice, NICE Guidance, Consistency/continuity of care, Continuous improvement, Wider determinants of health, Health inequalities and prevention, Improve outcomes in population health and healthcare.
Positive Experience	Patient / service user experience (complaints / PALS/ Surveys etc.), Hard to reach groups, Consent and confidentiality, Informed choice and care planning, Compassionate and personalised care, Physical environment or location and accessibility, Involvement of service users, patients, and carers.
Well-Led	Clinical leadership and engagement, Learning culture and continuous improvement, Governance, Staff experience.
Sustainably Resourced	Enhance productivity and value for money. Reducing waste and inefficiencies, adding value, Performance improvements, Pathway improvement, Supporting broader social and economic development.
Equitable	Tackle inequalities in outcomes, experience, and access, reducing variation, reducing health inequalities.

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