

Birthing Services at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield.

Decision-making business case

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

University Hospitals of North Midlands NHS Trust

University Hospitals of Derby and Burton NHS Foundation Trust



Document control sheet

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1. Formal public consultation report of findings
2. Formal public consultation plan
3. Quality Impact Assessment (QIA) 2024
4. Quality Impact Assessment (QIA) 2026
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Purpose of the document

The purpose of this decision-making business case (DMBC) is to present and summarise the extensive review undertaken in the programme of work relating to Birthing Services at County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield.

The purposes of the DMBC are to:

- Describe the proposal development process, which has followed NHS England's (NHSE) service change guidance: 'Planning, assuring and delivering service change for patients'.
- Demonstrate that the proposal is aligned to the national NHS 10-year Plan and both national and local maternity and neonatal policies and guidance.
- Demonstrate that benefits for and impacts on service users have been considered.
- Demonstrate that the planned decision has taken account of the views of patients and members of the public who may be impacted by the proposal.
- Inform the necessary assurance processes. These include providing evidence that the proposal meets the government's four tests of service change, the additional patient care test (otherwise known as the 'NHS beds test') and other relevant best practice checks for planning service change and consultation.
- Ask the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common to make a decision in relation to the proposed service change for intrapartum birthing services at County hospital and Samuel Johnson Community hospital including the GTT and Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield.

This DMBC is written for the following audiences:

- NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common, which is the organisation that carries the legal responsibilities for public involvement duties and deciding whether to implement the permanent service change proposal described in this DMBC.
- The Boards of University Hospitals of North Midlands NHS Trust and University Hospitals of Derby and Burton NHS Foundation Trust so they are informed of the proposed change to their services.
- The Health Overview and Scrutiny Committee (HOSC) of Staffordshire which will scrutinise this proposal in line with their responsibilities.
- Members of the public who might be impacted by these proposals.

This DMBC should be read in conjunction with the pre-consultation business case (PCBC) and the public consultation document published on 12 May 2025, which provide the background to the proposals and the content of the consultation. For transparency, the final draft of this DMBC will be made available publicly, but the document is not written with a public audience in mind.

Document status

Until published, this is a confidential document for discussion purposes. Any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in section 22 (Information intended for future publication), section 36 (Prejudice to effective conduct of public affairs) and section 43 (Commercial interests). Prior to any envisaged disclosure under the Freedom of Information Act, the parties should discuss the potential impact of releasing such information as is requested.

The material set out in this document is for decision-making purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions that will have an impact on the provision of care services.

1. Executive summary

1.1 Background

- 1.1.1 NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), along with colleagues from NHS Derby and Derbyshire ICB have been working with provider partners to outline the current position in relation to the birthing services that were previously provided at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield.
- 1.1.2 In 2018/19, system partners identified maternity services as one of five clinical areas for review and consideration of alternative future models of care. An options appraisal process commenced in 2019, which included patient and public involvement, however COVID-19 led to a pause in the transformation programme for Staffordshire and Stoke-on-Trent, and to a pause in specific plans for local birthing services.
- 1.1.3 In 2020, at the beginning of the Covid-19 pandemic and in line with national guidance, birthing services at both at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield were temporarily suspended to consolidate the midwifery workforce at the main acute sites.
- 1.1.4 Home birth services were also temporarily suspended at the start of the pandemic and neither trust had been able to sustainably reinstate these services due to the ongoing midwifery staffing workforce shortage until recently. Both trusts began booking women into the home birth service during their early pregnancy from 01 April 2024 which now means that women have the full range of low-risk birth settings to choose from.
- 1.1.5 During 2022 it was anticipated that both trusts would be in position to reinstate services either as per the clinical model of 2020 (pre-COVID) or through the implementation of an 'on-demand model'. However, workforce challenges in relation to recruitment and retention of staff meant that neither provider was able to implement a revised service offer. During this time, both organisations provided regular updates to the Local Maternity and Neonatal System (LMNS) Partnership Board and correspondence was maintained with NHSE via the service change assurance routes.
- 1.1.6 Due to continued staffing pressures throughout 2022/23, both organisations informed the ICB in April 2023 they were not in a position to reinstate services as per the model of care considered in 2021, therefore it was agreed that the service change and public involvement process would be re-established and further work would be undertaken to explore all possible proposals for future service provision.
- 1.1.7 County Hospital and Samuel Johnson Community Hospital have remained open for antenatal and postnatal care throughout this period and both trusts continue to offer the choice of a consultant-led or midwife-led birth at Royal Stoke University Hospital and Queen's Hospital, Burton.

1.2 Why change is needed

- 1.2.1 Before the temporary closure, the number of babies born in a Freestanding Midwifery Birth Unit (FMBU) was very low. 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 in Lichfield. 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.
- 1.2.2 A previous Trust Special Administrator (TSA) review of maternity services at County Hospital recommended that the units manage a minimum of 350 births per year for them to be clinically and financially viable – in other words, for the workforce to be used in the best way possible, to ensure they maintain their skills and competency, and for the services to give value for money. There were not enough births in the FMBUs to ensure this.
- 1.2.3 FMBUs are for low-risk pregnancies only. A Birthrate Plus® assessment completed for UHNM in 2025 showed that pregnancies are becoming more complex. Just over 89% (5,411) of all women who gave birth at UHNM fell into the moderate or high-risk category. This means that just under 11% (669) were suitable for low-risk care – compared to 17% in 2022 and 29% in 2017/18 (West Midlands Clinical Senate review). A similar level of complexity is seen at UHDB where the 2025 Birthrate Plus® assessment showed that around 90% of all births fall into the moderate or high-risk categories.
- 1.2.4 There are around 10,500 births per year for the Staffordshire and Stoke-on-Trent population when we include births at all hospitals (including those that are outside of our area). Birthrate Plus® assessment can only be completed for a particular trust's footprint and therefore cannot be completed for an ICB population as a whole. However, applying the trends being seen at UHNM and UHDB gives an estimate of the levels of low, and moderate or high-risk pregnancies for the local population. Staffordshire and Stoke-on-Trent would therefore expect 9,345 pregnancies each year to be moderate or high-risk, and 1,155 pregnancies to be low-risk.
- 1.2.5 Although the trusts promoted birthing services at 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.

- 1.2.6 Providing safe services is vital. Recent investigations into maternity services have emphasised how important it is to maintain safe staffing levels in line with Birthrate Plus®. Both trusts have had Birthrate Plus® assessments, and both have run successful recruitment campaigns with the majority of posts filled however a proportion of these will still be working through their preceptorship programme. This requires a period of structured support from more experienced midwives for newly registered midwives whilst they integrate into their new team and place of work.
- 1.2.7 To run the birthing services at the FMBUs and safely staff them 24/7, a minimum of 12.15 experienced Band 7 midwives (whole-time equivalent) would be needed for each unit.
- 1.2.8 The skill mix ratio as a result of the proportion of newly qualified midwives mean that, at present, the trusts cannot staff the FMBUs for births as well as safely staffing the services at Royal Stoke University Hospital and Queen's Hospital, Burton.
- 1.2.9 As the number of women with low-risk pregnancies is getting lower, we needed to consider:
- Whether it is viable to re-open the units.
 - Whether it would make the best use of our workforce if we did, because the low number of births mean midwives will struggle to maintain their skills and competencies if they are based at an FMBU.

1.3 Proposal development and patient and public involvement

- 1.3.1 Patient and public involvement is a priority for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS). Women, their families and carers, staff and clinicians and local people have been informed and involved in developing these proposals for the future of maternity services in Staffordshire and Stoke-on-Trent from the outset. Figure 1 at the end of this section outlines the process we have undertaken over the past few years.
- 1.3.2 The development of the proposals and patient and public involvement that ran alongside this fall into four phases:
- Phase one - the initial proposal development and the patient, public and stakeholder involvement that took place during 2019-20 as maternity services were considered as part of the wider Together We're Better transformation programme.
 - Phase two – targeted maternity involvement in 2020 as part of the Together We're Better transformation programme.
 - Phase three – the process of developing proposals for the future of these services was paused in 2020 as a result of the COVID-19 pandemic. In late summer 2021 the process was started again with further engagement to understand whether there were any additional considerations about the future of maternity services.

- Phase four – re-established proposal development process undertaken in 2023 along with public involvement to explore all possible proposals for future service provision.

1.3.3 The process for developing the proposal included:

- Discussions of proposals with the Health and Overview Scrutiny Committees for Staffordshire County Council, Stoke-on-Trent City Council and Derbyshire County Council.
- Development and ongoing refinement of a PCBC exploring the proposal and its impacts.
- Regulatory and best practice assurance, including:
 - A review of the clinical model by the West Midlands Clinical Senate.
 - Submission of the PCBC for NHS England regional assurance.

1.3.4 In March 2025, NHS Staffordshire and Stoke-on-Trent ICB's Board received the pre-consultation business case (PCBC), which details the proposal development process and the involvement that had taken place to date. The PCBC was approved at the ICB Board meeting and it was agreed to proceed to a twelve-week period of formal public consultation on the proposal set out in the PCBC.

1.3.5 This DMBC is a technical document that follows the PCBC and completion of the public consultation exercise.

1.3.6 The formal public consultation, which ran from 12 May to 03 August 2025, enabled a robust dialogue with an extensive range of stakeholders.

1.3.7 A mid-point review was held on 16 June 2025, to review all consultation activity to date, the outputs of that activity and a review of future planned events, in order to highlight any identified gaps in knowledge and/or reach.

1.3.8 The review concluded that the consultation was largely delivering to plan, but highlighted areas where adjustments could be made to the campaign approach to target specific groups more closely and encourage more traffic to the survey link.

1.3.9 While birthing services at the FMBUs remained temporarily closed after March 2020, antenatal and postnatal care continued at both sites, except for glucose tolerance testing (GTT)¹ and anti-D immunoglobulin² clinics, which have not been offered at Samuel Johnson Community Hospital since the pandemic. Up until 2020, there were 8 bookable slots per week for GTTs and 8 bookable slots per week for Anti-D immunoglobulin available at Samuel Johnson Community Hospital. The GTT slots were regularly filled while the Anti-D immunoglobulin slots were underutilised. Both clinics are now offered at Queen's Hospital, Burton.

1.3.10 Based on the feedback gathered in the consultation and as agreed by the Maternity Technical Group in November 2026, the ICB undertook a further four weeks of engagement. This ran from 02 February to 02 March 2026 to seek additional views from the public and stakeholders on antenatal and postnatal care.

1.3.11 The feedback from the additional engagement was added to the report of findings and shared with the Maternity Technical Group for consideration on 23 April 2026.

1.3.12 NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU's) Communications and Engagement Service, on behalf of Midlands Partnership University NHS Foundation Trust, to coordinate the independent analysis of the feedback from the consultation and to produce the enclosed report. (Appendix 1)

1.3.13 Summary of reach during the consultation:

- 1,403 surveys completed, of which 62 were completed on the easy read version.
- 871 copies of standard consultation document and 223 of Easy Read downloaded during consultation were downloaded.
- 24 attendees at online and public events.
- 11 engagement sessions at hospitals, family hubs and baby and toddler sessions – 70 people engaged.
- Separate meetings held for Gypsy, Roma and Traveller communities with 16 attendees.
- 14, 835 views (across 6,517 total users) of information pages on the ICB website
- 529,538 impressions across social media campaigns (Impressions measure the total number of times a post is displayed on users' screens).

1.3.14 Summary of reach during the additional engagement:

- 160 survey responses collected via:
 - 23 provider site visits.
 - 12 community engagement sessions.

¹ GTT is a blood test used to diagnose gestational diabetes, which can occur during pregnancy. If a woman has one or more risk factor, they are invited to have a GTT test for diagnosis.

² Anti-D is offered at 28 weeks gestation to pregnant people with a RD- negative blood group. This is a preventative safety measure, that protects against small, unpredictable RD-positive fetal blood exposure that could otherwise cause the mother to develop antibodies and affect her current pregnancy

- 1.3.15 Some equalities concerns were raised that focused on travel and transport, particularly for those with limited access to private transport and concerns about increased travel times.
- 1.3.16 The second theme of feedback was around patient choice with participants expressing their desire to choose midwife-led services.
- 1.3.17 The third prominent theme was around the impact on other hospitals with participants raising concerns about the increased demand on other services and the capacity of midwife-led care.
- 1.3.18 During the consultation we heard that GTT and Anti-D immunoglobulin clinics were no longer available at Samuel Johnson Community Hospital. These ceased at the beginning of the pandemic when birthing services were temporarily suspended. We therefore undertook four weeks additional targeted engagement to gather views on these clinics.
- 1.3.19 This feedback and the further consideration and evidence compiled following the public consultation in response to it, together with the evidence contained within the PCBC, have been brought together into a DMBC, which is put before the Board for decision.

1.4 Impact of the proposals

- 1.4.1 It is acknowledged that feedback from the engagement and consultation on the proposal has identified travel and transport as a significant concern for patients and the public.
- 1.4.2 This concern was generally expressed in terms of:
- The impact on those with a limited income or non-drivers.
 - Concerns over the loss of a local service and having to travel further to other locations.
 - Concerns over the safety of the mother and baby when travelling long distances to access care.
- 1.4.3 A travel impact analysis has been considered, which contains an assessment of the proposal on people from different geographical areas across Staffordshire and Stoke-on-Trent. The travel analysis within the PCBC highlighted that the average travel time for birthing services would increase by around 6 minutes. Women who utilised the FMBU are most affected by the proposals with travel time increasing by around 14 minutes. Average travel time decreased in a number of geographical areas as women were using alternative units that are closer to their home address.

1.4.4 When considering the travel impact for the GTT and Anti-D immunoglobulin clinics that are no longer offered at Samuel Johnson Community Hospital, Women living in Lichfield are likely most affected due to the proximity of Samuel Johnson Community Hospital. If all women were to travel to Queens Hospital, Burton for this appointment average travel time would increase by 12 minutes. If all women were to travel to their closest unit, average travel time would increase by 6 minutes.

1.4.5 The feedback from the public and the travel impact analysis have been considered in detail and, while it is recognised there will be an impact on a small cohort, the following advantages are significant for the trusts to deliver the best-quality care:

- 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. This also means our midwives are able to maintain their competencies when supporting a mix of low- and high-risk births.
- There is a more efficient and robust staffing model when birthing services are centralised on one site, which supports the longer-term sustainability of the workforce at a time when there are national staffing shortages in midwifery.
- 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 the FMBUs where an ambulance transfer to an acute site would be required for any additional support e.g. obstetrics, fetal monitoring, neonatal care, epidural etc.
- FMBUs are for low-risk pregnancies only and the vast majority of the population (89%) fall into the moderate to high-risk category. The rising complexity of pregnancies over the years means even fewer women are now suitable for low-risk care. We must therefore ensure our midwives are able to support those who are moderate or high risk and not divert what would be a disproportionate level of resource to an underutilised unit.

1.4.6 Section 5 of this business case outlines our consideration of the themes raised during the formal public consultation and the additional targeted engagement.

1.5 Financial and resource implications

1.5.1 The proposal makes permanent the temporary arrangements that have been in place since March 2020 when birthing services at County Hospital and Samuel Johnson Community Hospital were temporarily suspended.

- 1.5.2 Workforce plans have been developed in line with Birthrate Plus® to ensure the appropriate number of midwives according to the clinical needs of the local maternity population. These have not been developed in response to this proposal, instead they have been developed for overall maternity services to ensure the trusts reach full workforce establishment with sustainable recruitments plans in place for the future workforce.
- 1.5.3 The single viable proposal described within this business case would not introduce any new models of care and end-to-end pathways would not be affected. The proposal has no direct implications on staffing levels however workforce plans are described within this document to demonstrate the longer-term workforce sustainability within overall maternity services.
- 1.5.4 Both trusts have made significant investment to ensure they are at the full midwifery establishment in line with Birthrate Plus®. The additional investment within each of the trusts mean they are able to safely staff maternity services under the current operating model which mirrors the proposal within this pre-consultation business case. As a result, there are no additional staffing costs as a result of this proposal and no additional estates costs have been identified.

1.6 Decision-making business case

- 1.6.1 Specifically, this DMBC document sets out the request for the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common, as the Consulting Authority, to approve the proposal outlined in this business case.
- 1.6.2 This document and the recommendations within it have been underpinned by a clinically-led review and evaluation process which considered the evidence collated in the PCBC, the feedback received through the public consultation and the consideration by the maternity Steering Group of the consultation feedback received.
- 1.6.3 NHS Staffordshire and Stoke-on-Trent ICB is grateful for all the feedback and fully acknowledges both the support and concerns relating to the proposal. Following the extensive programme of work to review the findings of the public consultation and ensure conscientious consideration of the feedback, the overarching conclusions of the subject matter expert groups and clinical leaders were that the change proposal consulted on was still supported.
- 1.6.4 It is recommended that NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common approve the following proposed service change:

- Make permanent the existing temporary closure of intrapartum birthing services at County hospital and Samuel Johnson Community hospital including the GTT and Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield.

1.6.5 It should be noted that:

- The ICB Board is not bound by the recommendations or conditions put forward in this DMBC. The ICB Board can choose to support, reject or amend the recommendations as members see fit.
- The proposal has been built on a solid base of clinical evidence.
- The proposal has heard, considered and responded to the themes that emerged from public consultation.
- The proposal for birthing services is assured by the West Midlands Clinical Senate.
- The proposal is recommended in order to improve patient outcomes and deliver against national clinical guidance.

1.6.6 The recommendation is set out below, together with an overview of key areas of consultation feedback, considerations given and identified actions if the proposal is agreed. The full extent of consultation feedback, the consideration given, and the resulting conclusions and actions of the subject matter expert working groups should be read in full and can be found in the DMBC and its appendices.

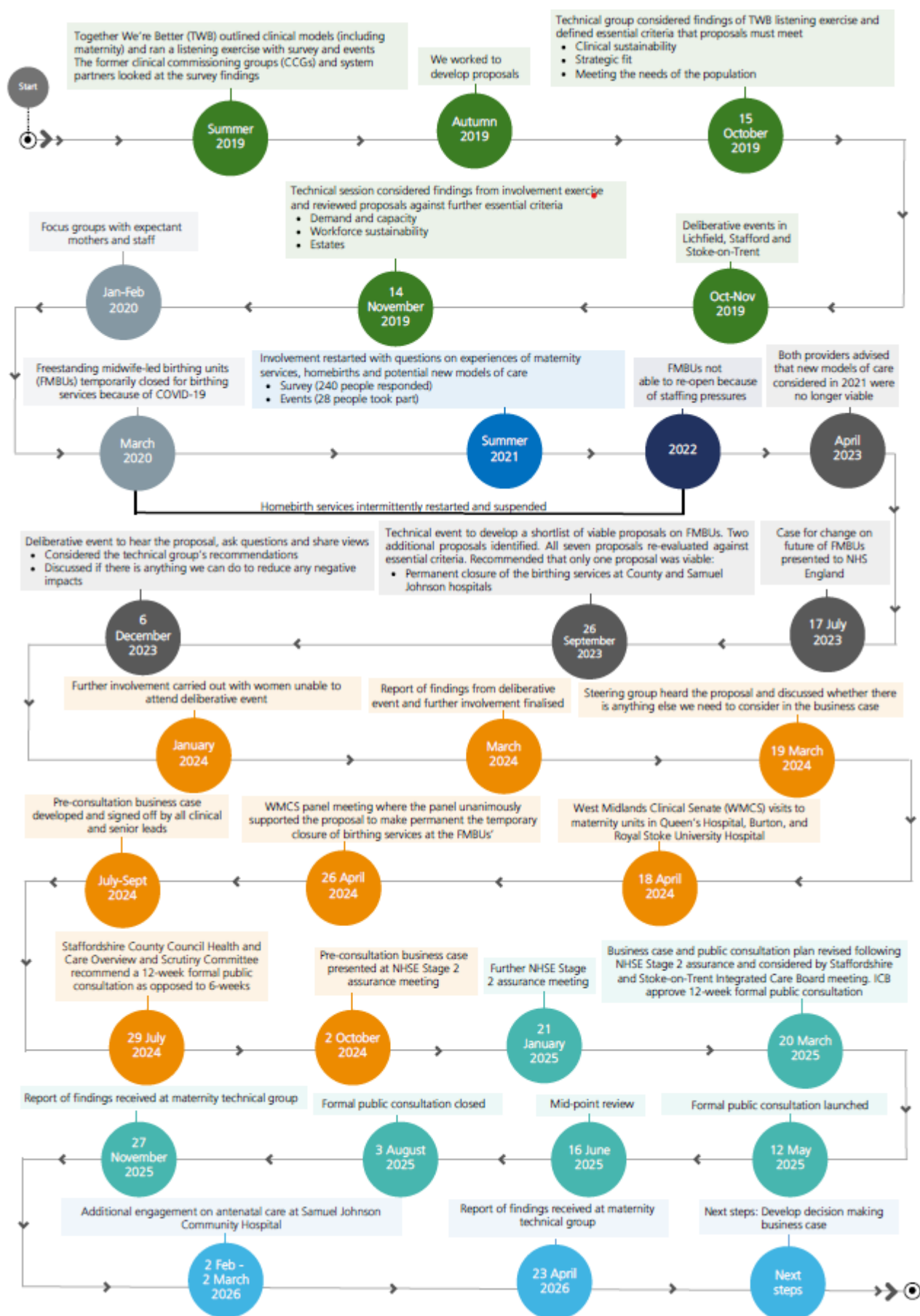
1.7 Recommendation

- 1.7.1 To make permanent the existing temporary closure of intrapartum birthing services at County Hospital and Samuel Johnson Community Hospital.
- 1.7.2 This would mean freestanding midwifery-led birthing units would not be reinstated at County Hospital, Stafford or Samuel Johnson Community Hospital, Lichfield.
- 1.7.3 Patients who would previously have attended GTT or Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield will attend these clinics at Queens Hospital, Burton.
- 1.7.4 Patients who would previously have chosen to give birth at the freestanding midwifery-led birthing units will be offered choice of a consultant-led or midwife-led birth at Royal Stoke University Hospital and Queen's Hospital Burton alongside the choice of home births.
- 1.7.5 The concerns raised by the public during the consultation in relation to travel impacts are acknowledged and were considered and reviewed by UHNM, UHDB and the ICB.

1.8 Next steps

- 1.8.1 This decision-making business case will be reviewed by the NHS Integrated Care Board (ICB) as the statutory decision makers.
- 1.8.2 The ICB will then consider the proposal and the evidence presented and make a decision on long-term provision. The recommendation is to make permanent the existing temporary closure of intrapartum birthing services at County Hospital and Samuel Johnson Community Hospital including the GTT and Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield.
- 1.8.3 If the service change outlined in this business case is agreed by the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common, implementation and ongoing monitoring of service provision will be driven by the responsible provider organisation.
- 1.8.4 The ICB will oversee the strategic commissioning of the new model of care and implementation of the service changes, as the NHS commissioning authority for the Staffordshire and Stoke-on-Trent health system.

Figure 1: Process timeline for the development of this decision-making business case



2 Introduction

2.1 Background

- 2.1.1 Maternity services in Staffordshire and Stoke-on-Trent in recent years have been provided from a number of locations;
- Consultant-led births in Royal Stoke University Hospital and Queen's Hospital, Burton
 - Midwife-led births in Royal Stoke University Hospital and Queen's Hospital, Burton
 - Freestanding Midwifery birth units at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield
 - Home birth services
- 2.1.2 Freestanding Midwifery Units are midwife-led units, separate from an acute hospital, where some women (considered low-risk) can choose to give birth. They do not provide immediate obstetric, neonatal, or anaesthetic care, so people may need to be transferred to an acute hospital if there are complications during or after birth
- 2.1.3 In 2018/19, system partners identified maternity services as one of five clinical areas for review and consideration of alternative future models of care. An options appraisal process commenced in 2019, which included patient and public involvement, however COVID-19 led to a pause in the transformation programme for Staffordshire and Stoke-on-Trent, and to a pause in specific plans for local birthing services.
- 2.1.4 In 2020, at the beginning of the Covid-19 pandemic and in line with national guidance, birthing services at both at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield were temporarily suspended to consolidate the midwifery workforce at the main acute sites.
- 2.1.5 Home birth services were also temporarily suspended at the start of the pandemic and neither Trust were initially able to sustainably reinstate these services due to the ongoing midwifery staffing workforce shortage following the pandemic. Both trusts began booking women into the home birth service during their early pregnancy from 01 April 2024 which now means that women have the full range of low-risk birth settings to choose from.
- 2.1.6 Whilst the initial closures were directly related to COVID-19, staffing challenges in the maternity workforce, which has been a challenge nationally, prevented both trusts from being able to safely reopen these units to intrapartum services.
- 2.1.7 Given the learning from high profile investigations into maternity services e.g. Shrewsbury and Telford / East Kent / Nottingham there is greater focus on the delivery of safe staffing levels across the breadth of maternity services.

- 2.1.8 Both trusts continue to provide antenatal and post-natal care at County Hospital and Samuel Johnson Community Hospital and offer the choice of a consultant-led or midwife-led birth at Royal Stoke University Hospital and Queen's Hospital Burton alongside the choice of home births.

2.2 National and local context

- 2.2.1 In line with national ambitions set out in the three-year delivery plan for maternity and neonatal services³, the NHS 10-year plan⁴, and a Case for Change⁵ published in 2019 by the Staffordshire and Stoke-on-Trent Integrated Care System (formerly Sustainability and Transformation Partnership (STP)), work to transform maternity services has been taking place across Staffordshire and Stoke-on-Trent over several years.
- 2.2.2 National guidance and independent reviews consistently reinforce the commitment to transform maternity services so that care is safer, more personalised and more equitable. This ambition was established through the National Maternity Review and the Better Births report⁶, and has continued through the NHS England Maternity Transformation Programme, the Three-Year Delivery Plan for Maternity and Neonatal Services, NHS Planning Guidance, and wider national maternity safety and inequalities programmes. More recently, the Independent National Maternity and Neonatal Investigation⁷ led by Baroness Amos has further highlighted the urgent need for improvement in safety, equity, culture, accountability and women's experiences of care across maternity and neonatal services in England.
- 2.2.3 Learning from high-profile investigations into maternity services has also emphasised the importance of achieving and maintaining safe staffing levels in line with Birthrate Plus®.
- 2.2.4 This strategic backdrop, coupled with the ICS' commitment in the Joint forward plan⁸ to ensuring that all activities in the maternity and neonatal programme will support achievement of the four themes of the National Delivery Plan is central to the system's maternity transformation agenda and has informed the development of this decision-making business case (DMBC) for birthing services in Staffordshire and Stoke-on-Trent.
- 2.2.5 Before the temporary closure, the number of babies born in a Freestanding Midwifery Birth Unit (FMBU) was very low. 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 in Lichfield. This has implications for our staff:

³ [NHS England » Three year delivery plan for maternity and neonatal services](#)

⁴ [10 Year Health Plan for England: fit for the future - GOV.UK](#)

⁵ [Case for Change](#), Together We're Better, 2019

⁶ [NHS England » National Maternity Review](#)

⁷ [Home - National Maternity and Neonatal Investigation](#)

- 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 Trust Special Administrator (TSA) review of maternity services at County Hospital recommended that the units manage a minimum of 350 births per year for them to be clinically and financially viable – in other words, for the workforce to be used in the best way possible, to ensure they maintain their skills and competency, and for the services to give value for money. There were not enough births in the FMBUs to ensure this.

2.2.6 FMBUs are for low-risk pregnancies only. The PCBC described the rising complexity in pregnancies with more women presenting with comorbidities and requiring consultant-led care. Both UHNM and UHDB Birthrate Plus® assessments showed that around 83% of all women who give birth within the trusts fall into the moderate or high-risk categories. This meant that just 17% of all women giving birth within the trusts were suitable for low-risk care. Birthrate Plus® assessments is completed every three years to take into account any changes in the local birthrate and the complexity of those births. Assessments completed at both trusts in 2025 show a continued rise in maternal complexity with just over 11% of all pregnancies categorised as low risk within UHNM and 10% categorised as low risk within UHDB (14.1% Royal Derby Hospital, 5.7% Queen's Hospital, Burton).

2.2.7 There are around 10,500 births per year for the Staffordshire and Stoke-on-Trent population when we include births at all hospitals (including those that are outside of our area). Birthrate Plus® assessment can only be completed for a particular trust's footprint and therefore cannot be completed for an ICB population as a whole. However, applying the trends being seen at UHNM and UHDB gives an estimate of the levels of low, and moderate or high-risk pregnancies for the local population. Staffordshire and Stoke-on-Trent would therefore expect 9,345 pregnancies each year to be moderate or high-risk, and 1,155 pregnancies to be low-risk.

2.2.8 Although the trusts promoted birthing services at 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.

2.2.9 Providing safe services is vital. Recent investigations into maternity services have emphasised how important it is to maintain safe staffing levels in line with Birthrate Plus®. Both trusts have had Birthrate Plus® assessments, and both have run successful recruitment campaigns with most posts filled however a proportion of these will still be working through their preceptorship programme. This requires a period of structured support from more experienced midwives for newly registered midwives whilst they integrate into their new team and place of work.

- 2.2.10 To run the birthing services at the FMBUs and safely staff them 24/7, a minimum of 12.15 experienced Band 7 midwives (whole-time equivalent) would be needed for each unit.
- 2.2.11 The skill mix ratio because of the proportion of newly qualified midwives means that, at present, the trusts cannot staff the FMBUs for births as well as safely staffing the services at Royal Stoke University Hospital and Queen's Hospital, Burton.
- 2.2.12 As the number of women with low-risk pregnancies is getting lower, we needed to consider:
- whether it is viable to re-open the units
 - whether it would make the best use of our workforce if we did, because the low number of births mean midwives will struggle to maintain their skills and competencies if they are based at an FMBU.

2.3 Overview of process to date

- 2.3.1 The proposal put forward in this DMBC case stems from a lengthy process of discussion and engagement with patients, the public, partner organisations and health and care professionals, spanning several years.
- 2.3.2 It takes account of feedback from the formal public consultation, as well as reviews of service change proposals undertaken by clinical experts and an assessment of impact undertaken by the local health system.
- 2.3.3 Decision-making responsibility falls solely with the NHS Staffordshire and Stoke-on-Trent ICB. As such, this document, while set in the context of the Integrated Care System, is owned by the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common.

2.4 Broad engagement by the CCGs (now ICB) (2019)

- 2.4.1 Patient, public and stakeholder involvement took place across 2019–20 as maternity services in Staffordshire and Stoke-on-Trent were considered as part of a wider transformation programme.
- 2.4.2 The case for change was articulated to the public and findings from this engagement exercise were shared with participants at options appraisal events for the public and staff. The report of findings from the engagement work was received by the Governing Body of the Staffordshire and Stoke-on-Trent CCGs.

2.5 Maternity involvement (2020)

- 2.5.1 Six focus groups were held where maternity leads spoke to 25 new mothers, expectant mothers, people thinking about having a baby and staff who work in maternity services. Forty surveys were also completed. During these groups, leads shared the emerging models of care and sought attendees' views on the desirable criteria for evaluating proposals
- 2.5.2 The report of findings was shared with the Together We're Better (TWB) programme team and was incorporated into the evidence base for the options appraisal process. (Together We're Better was the partnership of health and care organisations before the Staffordshire and Stoke-on-Trent ICS was formed.)

2.6 Sense-check/ pre-consultation engagement (2021)

- 2.6.1 The process of developing proposals for the future of these services was paused in 2020 because of the COVID-19 pandemic.
- 2.6.2 In Summer 2021 the involvement conversation was restarted by system partners, supported by TWB. It was recognised that services and people's experiences had to adapt during the pandemic, and so further sense-check involvement activity took place during summer 2021 to understand whether there were any additional considerations about the future of maternity services, or any further proposals which had not been considered.
- 2.6.3 An involvement Equality Health Impact Assessment (EHIA) was produced that outlines the approach to involving seldom heard groups. The Communications and Engagement team worked closely with the CCGs Local Equality Advisory Forum (LEAF) and the voluntary sector to identify opportunities to involve and empower these groups to get involved.
- 2.6.4 Commissioning and provider staff were involved in the various engagement programmes through internal communications including the intranet and staff newsletters and briefings. They were able to complete questionnaires and were invited to attend events. Staff were offered one-to-one interviews to help share their feedback.

2.7 Re-establishment of the options appraisal process

- 2.7.1 During 2022 it was anticipated that both trusts would be in position to reinstate services either as per the clinical model of 2020 (pre-COVID) or through the implementation of an 'on-demand model'. Due to continued staffing pressures throughout 2022/23, both UHNM and UHDB informed the ICB in April 2023 they were not able to reinstate services as per the model of care considered in 2021.

- 2.7.2 In July 2023, the case for change on the future of birthing services at the FMBUs was presented to NHS England during a Stage 1 assurance meeting. No issues were raised by NHSE during the meeting and the feedback from NHSE was that the case was well presented with partners demonstrating a clear and robust understanding of the clinical model and the challenges the ICS is facing.
- 2.7.3 As a result, the ICB, alongside system partners, reinstated the service change process that was paused due to the pandemic and began to reassess proposals for the future of birthing services at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield.
- 2.7.4 At a technical event held in September 2023, clinicians reviewed seven potential proposals to develop a shortlist of viable proposals. These were assessed against six essential criteria. During the event it was recommended that only one proposal is viable at this stage - which is to make permanent the temporary closure of intrapartum birthing services at County Hospital and Samuel Johnson Community Hospital.
- 2.7.5 A deliberative event with women and key stakeholders was held online in December 2023 to discuss the proposal for intrapartum services previously provided at County Hospital and Samuel Johnson Community Hospital. Further involvement was carried out with women who registered but were unable to attend the event

2.8 The pre-consultation business case

- 2.8.1 The pre-consultation business case (PCBC) was prepared by NHS Staffordshire and Stoke-on-Trent ICB in conjunction with UHNM and UHDB, to provide assurance to local governance boards and NHS England (NHSE) that the system had thoroughly considered all potential proposals before deciding to move to public consultation.
- 2.8.2 The PCBC included:
- A detailed case for change, supported by system partners
 - The proposed change to birthing services at County Hospital and Samuel Johnson Community Hospital
 - Alignment of the proposal with NHS policy and plans
 - Assessments of impacts related to quality, equality and travel
 - The rationale for proceeding with a single viable proposal
 - Governance and decision-making arrangements
 - Clinical assurance of the proposal, including the West Midlands Clinical Senate
 - A description of the public engagement that has occurred in the development of the proposal.

2.8.3 It should be noted that throughout the process, other options were considered and appraised. The proposal described here is the one that meets the needs of the population while aligning with national and local strategies and guidance.

2.9 Independent expert advice and assurance

The proposal contained within the PCBC had successfully passed through rigorous regional and national assurance processes.

2.9.1 Clinical

2.9.1.1 The West Midlands Clinical Senate was set up as a source of independent, objective and strategic advice and guidance to local health and care systems, to assist them to make the best decisions about healthcare for the populations they represent.

2.9.1.2 The Senate's review of the proposal was commissioned by NHS Staffordshire and Stoke-on-Trent ICB on behalf of the Integrated Care System (ICS) including University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) and University Hospitals of North Midlands NHS Trust (UHNM). It was carried out on 26 April 2024 by a panel of experts from the Senate, most of whom are practising clinicians.

2.9.1.3 The purpose of the review is to offer external clinical assurance on the single proposal. The clinical senate review and responses to the points raised in its recommendations formed an essential part of the preparation for the stage 2 assurance checkpoint process as set out in NHSE's service change guidance: 'Planning, assuring and delivering service change for patients'.

2.9.1.4 The report⁹ contained five recommendations for the programme to consider. These are outlined below, with the programme response to each of the recommendations.

Table 01: WMCS recommendations and programme response

Recommendation	Programme response
Recommendation 1 The panel supports the ICB's proposal to make permanent the temporary closure of birthing/intrapartum service at the two FMBUs for intrapartum maternity care and reinstate the home birthing service.	NHS Staffordshire and Stoke-on-Trent ICB along with UHNM, UHDB and Derby and Derbyshire ICB acknowledge the time and due diligence that the WMCS panel members took in reviewing the evidence submitted and the rounded discussion that took place in order for the panel to support the proposal.
Recommendation 2	UHDB will give continued consideration to ensuring a high- quality birthing environment is maintained and provides equity of access across acute sites. Standards

⁹ [Midlands Clinical Senates - Clinical Reviews - Recent](#), Review of the Staffordshire and Stoke-on-Trent Intrapartum Maternity Services (April 2024)

The panel recommend that consideration is given to the different standards of birthing environment in place across the acute sites to ensure patients have a comparable high standard environment regardless of the birthing location.	will be monitored and maintained and capital funding will be sought when upgrades are required.
Recommendation 3 The panel recommend that engagement with neighbouring ICBs at an LMNS level is widened to ensure that mothers receive equitable care during birthing and consider putting in place systems to ensure that all clinical notes are made accessible to those that need them in a timely manner	This is a national issue which is specific currently for birthing people receiving post-natal care in Staffordshire but who have given Birth at University Hospitals Birmingham NHS Foundation Trust (UHB). University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) have introduced a new electronic maternity record, which will be the same one as that used at UHB and therefore all clinical notes will be electronically accessible. NHS Staffordshire and Stoke-on-Trent ICB (SSOT) LMNS has arranged to meet with UHDB once implemented to review success. Whilst this hasn't been raised by University Hospitals of North Midlands NHS Trust as an issue within maternity services, the LMNS will scope this and ensure actions taken as required. Digital Maturity assessments and “What good looks like” benchmarking exercise has taken place with our providers. This formed the basis of their maternity digital strategy, which includes standardisation and interoperability. The SSOT LMNS works closely with Derby and Derbyshire ICB/ LMNS and Black Country ICB / LMNS as part of the wider maternity programme and will work with other ICBs at an LMNS level to understand any barriers to the sharing of clinical records in any cross-border patient flows. As an LMNS, we continue to be an active member of the regional digital maternity leadership network, and learning is shared widely across the system to help drive forward equitable care. As a system, we have continued to progress steps to Digitise, Connect and Transform. This aims to increase digital maturity and ensure a core level of infrastructure, digitisation and skills. Our actions contribute to meeting

	the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care and reducing digital inequity. The ICS digital teams are progressing our Electronic Patient Record programme focusing on interoperability and system-wide working. Our priority is now on the procurement process and embedding the identified solution.
Recommendation 4 The panel recommend that the ICB works with the provider trusts to fully develop and implement the home birthing service to ensure it is fully planned and understood to ensure safe delivery of babies at home. The panel was supportive of the workforce and operational/clinical model being led and developed by the staff in the services with oversight from senior midwives.	Both providers have reinstated the offer of home birth commencing on the 1st April 2024 with home birth being offered to those who book from that date forward and those who fit the criteria. UHDB have undertaken multidisciplinary skills training, which is included within their PROMPT training days, which are also attended by paramedics at EMAS and WMAS. This facilitates working together around transfer women in practical scenarios. Additional bespoke home birth education is planned for August. Community midwives are also going through a process of reorientation with intrapartum birth settings to refresh their skills. Similarly, UHNM have held multidisciplinary skills training in home birth, including WMAS colleagues who have been attending training and updating in home birth, emergencies, and transfers. Community midwives are also going through a process of reorientation with intrapartum birth settings to refresh their skills. UHNM have commenced a staff Home Birth Working Group to support the service. Within the considerations of the working group we are including future plans for continuity of carer wherever possible. Home birth is included as an update at both LMNS Quality & Safety Oversight Forum and the LMNS Partnership Board and the ICB will oversee implementation through these forums.
Recommendation 5 The panel suggest the ICB and provider trusts give due consideration to the naming of the FMBUs to ensure the public are clear on what services will be available going forwards.	The trusts and ICBs will work collaboratively with their MNVPs to develop the appropriate signage for maternity services within County Hospital and Samuel Johnson Community Hospital.

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2.9.1.5 The panel unanimously concluded that they supported the proposal to make permanent the temporary closure of the birthing/intrapartum service at these two freestanding midwifery - led birthing units. Given the intensity of resource needed, coupled with the relatively low numbers of births taking place prior to Covid-19 (in some cases only 8 births per month), it was not considered to be a sustainable use of clinical staffing.

2.9.2 **NHS regulator**

2.9.2.1 The PCBC and associated documentation was presented to a Regional NHSE panel on 02 October 2024.

2.9.2.2 NHSE requested additional information and a further meeting took place on 21 January 2025.

2.9.2.3 NHSE were assured that proposals met the five tests of service change as well as other good practice tests and were content that the ICB proceed to consultation.

2.10 **Decision to proceed to consultation**

2.10.1 On 20 March 2025 following completion of the NHSE assurance process outlined above, the PCBC was considered by NHS Staffordshire and Stoke-on-Trent ICB Board, and the Board agreed to proceed with a twelve-week formal public consultation.

3 Public consultation

3.1 Overview of consultation

- 3.1.1 The consultation on the proposed NHS service change set out in the pre-consultation business case (PCBC) was planned and delivered in line with national guidance, good practice and the statutory 'Duty to Involve'.
- 3.1.2 There is a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:
- Section 242 of the NHS Act 2006 places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate
 - Section 244 requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees)
 - The Health and Care Act 2022 places a duty on the ICB to make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways):
 - In the planning of the commissioning arrangements by the ICB
 - In the development and consideration of proposals by ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on:
 - the manner in which the services are delivered to the individuals
 - or the range of health services available to them
 - in decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- 3.1.3 NHS Staffordshire and Stoke-on-Trent ICB was the NHS organisation legally responsible for approving the PCBC and agreeing to proceed to a public consultation on the service change proposal set out within it. Decision-making responsibility, through the decision-making business case (DMBC) following the public consultation, also falls solely with Staffordshire and Stoke-on-Trent ICB.
- 3.1.4 Through public bodies giving an account of their plans or proposals and listening to feedback, public consultation promotes accountability and assists decision making.

- 3.1.5 It should be noted, however, that consultations are not referenda or ‘votes’ in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously consider the issues raised.
- 3.1.6 NHS Staffordshire and Stoke-on-Trent ICB is also required to make sure the consultation activities meet the requirements of The Equality Act 2010, which requires a demonstration of how the Public Sector Equality Duty is being met.
- 3.1.7 An overview of the consultation process is provided below. More detail is available in Appendix 2, which contains the Communications and Involvement plan.

3.2 Overview of consultation process

- 3.2.1 The NHS Staffordshire and Stoke-on-Trent ICB launched the public consultation on 12 May 2025. It ran for twelve weeks until 03 August 2025. The approach to consultation was underpinned by the Gunning principles which say consultations must have the following principles applied:
- Consultation takes place when proposals are still at a formative stage
 - Sufficient information is provided to give ‘intelligent consideration’
 - There is adequate time for consideration and response
 - Consultation responses must be ‘conscientiously’ taken into account.
- 3.2.2 In line with the Communications and Involvement plan, a suite of materials was produced, which included the main consultation document and survey, which were available in standard and easy read format. The Plan was designed to support targeted engagement activities while also providing flexibility to undertake additional involvement should this be required following the mid-point review.
- 3.2.3 Consultation resources included:
- The consultation document and easy read version. Hosted online but paper copies provided on request.
 - A suite of webpages developed to provide information for the public, staff and stakeholders.
 - Promotional posters and leaflets were distributed across various community centres and public spaces
- 3.2.4 Recognising that the consultation phase followed the involvement activity in 2019 and 2021, the aim was to build on the relationships already established and previous conversations with stakeholders. A range of activities was launched, including:
- A roadshow of virtual and face-to-face consultation events, staff events and engagement sessions at key hospitals and pre-existing community groups.
 - A survey to gather views about the business case and understand if there was anything

else that should be taken into consideration. Feedback was sought from local councillors and other stakeholders throughout the development of the survey.

- Stakeholder communications, including briefings for staff.
- Social Media assets to encourage people to contribute to the consultation or attend the events.
- Media releases.

3.2.5 The public consultation was supported by a comprehensive communication strategy:

- Distribution of a communications toolkit which included resources to support the promotion of the consultation. This included a digital poster, leaflet, social media graphics and post copy, MP4 video for waiting rooms and a link to the consultation document and an easy read version.
- Printed poster and leaflet promoting the consultation were shared for display at GP practices, hospitals, and community venues used by parents with young children, including family hubs.
- A paid for social media campaign that ran from 12 May to 03 August 2025 on Facebook, X and Instagram. Two social media assets were designed to accompany the posts – one aimed at male and female adults (aged 18 and over) and one aimed at women aged 18-45 who were parents or had parenting-related interests. The combined number of impressions across both adverts on all platforms was 491,735.
- An organic social media campaign ran from 12 May to 3 August 2025 on the ICB and ICS Facebook, Instagram and Twitter accounts which achieved 37,804 impressions across all platforms. Facebook delivered the strongest impressions/engagement figures for the campaign.
- Media releases were issued on 12 May, 4 June and 7 July 2025 to 322 media contacts and to local MPs resulting in 7 conversations with journalists during June and July. A video explaining the rationale for the consultation was included in the 4 June media release and published on the ICB website
- A poster and leaflet promoting the consultation were shared for display at GP practices, hospitals, and community venues used by parents with young children, including family hubs.
- During the consultation, there were 19 pieces of media coverage across print, online and broadcast media
- Regular stakeholder briefings were shared to keep partners and stakeholders informed throughout the process.

3.2.6 The lead Voluntary, Community and Social Enterprise (VCSE) organisations in each local area supported further engagement activities and the sharing of information through their communication tools and platforms.

3.2.7 Local groups were sent information and promotional materials to encourage attendees at target groups to complete the survey and attend events.

- 3.2.8 The consultation included events held in community venues across Staffordshire and Stoke-on-Trent. Events were run in the daytime, evening and online, to help ensure that as many people as possible had the opportunity to attend. A feedback capture form was used to record any comments from people attending events and this information was analysed and coded as part of the overall feedback.
- 3.2.9 Consultation events were held to deliver a presentation and receive feedback on the proposal. Members of the clinical team were present to answer questions and listen to participants' views. Feedback was gathered anonymously by a team of facilitators who submitted comments using a digital feedback form. Of the six planned events, four went ahead – two in Lichfield and two online. The events planned for Stafford did not go ahead because very low numbers had registered for them; the team ensured all who had registered their interest were given the opportunity to join the online events. The events had 24 participants attend in total.
- 3.2.10 There were eleven engagement sessions that took place at hospitals, family hubs and baby and toddler sessions across Lichfield and Stafford, with the aim of promoting the survey and encouraging people to give their feedback. Separate meetings were held for Gypsy, Roma and traveller communities. There were a total of 86 attendees at these events.
- 3.2.11 In line with good practice, the Communications and Engagement team conducted a mid-point review of the consultation on 16 June 2025. Recommendations were made to the Maternity Steering Group for consideration on 26 June 2025.
- 3.2.12 The mid-point review looked at evidence of the consultation data to date, including:
- An overview of the events and promotional activities delivered to date and those still to come
 - Geographical and demographic profile of survey respondents to identify any gaps in our reach, including minority groups and those often seldom heard
 - Recommendations on any possible changes to the communications and engagement plan for the remainder of the consultation.
- 3.2.13 The review concluded that the consultation was largely delivering to plan, but highlighted areas where adjustments could be made to the campaign approach to target specific groups more closely and encourage more traffic to the survey link. Recommendations at the mid-point review included:
- targeted engagement with groups identified as requiring additional representation and hyper-local community groups
 - follow up emails to stakeholders to nudge responses
 - increased engagement with local media outlets to correct inaccurate or incomplete narratives and to renew the offer of interviews with clinical leaders

- refining paid-for advertising to adjust the target audience, including hyper-local groups
- refining social media ads to strengthen visuals pertinent to specific target audience groups and for content to signpost people directly to the survey and information.

3.2.14 While birthing services at the FMBUs remained temporarily closed after March 2020, antenatal and postnatal care continued at both sites, except for glucose tolerance testing (GTT) and anti-D immunoglobulin clinics, which have not been offered at Samuel Johnson Community Hospital since the pandemic. GTT is a blood test used to diagnose gestational diabetes, which can occur during pregnancy.

3.2.15 Anti-D immunoglobulin is offered at 28 weeks gestation to women with a RD- negative blood group. This is a preventative safety measure, that protects against small, unpredictable RD-positive fetal blood exposure that could otherwise cause the mother to develop antibodies and affect her current pregnancy.

3.2.16 Based on the feedback gathered in the consultation and as agreed by the Maternity Technical Group in November 2026, the ICB undertook a further four weeks of engagement. This ran from 02 February to 02 March 2026 to seek additional views from the public and stakeholders on antenatal and postnatal care.

3.2.17 This engagement was targeted at people who were pregnant or who had recently given birth in the Lichfield, Burton and Tamworth areas as the aim was to understand any potential impact of the unavailability of GTT and anti-D immunoglobulin clinics at Samuel Johnson Community Hospital and identify necessary mitigations.

3.2.18 A new survey was developed to take to a series of engagement sessions across the County. 35 sessions were attended, ranging from antenatal clinics at Queen's Hospital, Burton, Sir Robert Peel Community Hospital, and Samuel Johnson Community Hospital, to parent and toddler groups and other similar groups.

3.2.19 Briefings and posters were used to promote the additional engagement and the webpages and the consultation documents created for the birthing services consultation continued to be available to view or download.

3.2.20 When the Communications and Involvement plan was developed, it was recognised it would need to be 'dynamic' in nature. Throughout the public consultation and additional engagement period, the team listened to feedback from the public and other stakeholders and adjusted the plan to improve delivery. During a Staffordshire Health Overview and Scrutiny Committee (HOSC) meeting in February, members asked whether any targeted engagement had taken place with residents of Burntwood. In response, the Communications and Engagement Team arranged an additional engagement opportunity at Spark Burntwood (community-centred charity centre) on 27 February 2026, attending a baby sensory session to speak directly with local families and gather their views.

3.2.21 The feedback from the additional engagement was added to the report of findings and shared with the Maternity Technical Group for consideration.

3.3 Staffordshire Health Overview and Scrutiny Committee

3.3.1 In accordance with the National Health Service Act 2006 and Regulation 23 of The Local Authority Regulations 2013, the Staffordshire Health Overview and Scrutiny Committee (HOSC) was requested to respond to the consultation.

3.3.2 Overview and Scrutiny Committee responsibilities are outlined at the beginning of the PCBC. NHS commissioners have kept the Staffordshire County Council HOSC updated with information about the programme. Updates have also been shared with the Stoke-on-Trent City Council and the Derbyshire County Council HOSCs.

3.3.3 HOSCs received information about the Together We're Better transformation programme as it progressed through 2019 and 2020. Information shared and discussed from 2021 onwards includes updates on wider maternity services across Staffordshire and Stoke-on-Trent, the situation regarding birthing services at County Hospital and Samuel Johnson Community Hospital and details of any patient and public involvement on these issues.

3.3.4 The table below outlines the nature of each meeting attended and the outcomes:

Table 01: Summary of engagement with Health Overview and Scrutiny Committees

HOSC meeting	Date	Purpose of meeting	Outcome
Staffordshire Health and Care Overview Scrutiny Committee	09 August 2021	Update about the ongoing temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital.	The update report and presentation were noted. The Committee requested: • Further data about the trend for home births to be circulated • The final proposals be considered by the Committee at a future meeting
Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	23 September 2021	Update about the ongoing temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital.	The update report and presentation were noted. The Committee requested future updates include details of the work being done to develop support for fathers
Staffordshire Health and Care Overview Scrutiny Committee	11 July 2022	Update about the ongoing temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital.	The update report was noted. The Committee requested ICS midwife staffing data for information.

HOSC meeting	Date	Purpose of meeting	Outcome
Staffordshire Health and Care Overview Scrutiny Committee	17 October 2022	Update on Ockenden Report	The update report was noted.
Staffordshire Health and Care Overview Scrutiny Committee	23 November 2023	Update on process for birthing services and wider maternity and neonatal services	The update report was noted. The Committee requested continued updates on birthing services and asked the ICB to consider the feasibility of an external audit of wider maternity and neonatal services in Staffordshire.
Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	15 February 2024	Update on process for birthing services and wider maternity and neonatal services	The update report was noted. The Committee requested a further update in June 2024.
Derbyshire County Council Improvement and Scrutiny Committee - Health	13 May 2024	Update on process for birthing services and wider maternity and neonatal services	The update report was noted. The Committee requested a further update in 6-12 months
Staffordshire Health and Care Overview Scrutiny Committee	29 July 2024	Presented draft business case outlining the proposal to make permanent the temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital and described the plan for formal public consultation.	The update report was noted. The Committee considered the proposal undertake a 6-week consultation and requested this is amended to 12 weeks. The Committee requested further data which was subsequently shared with the Committee and included within the business case. A further comment noted was the <i>Committee consider further scrutiny of Intrapartum services previously provided at County Hospital and Samuel Johnson Community Hospital.</i>
Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	08 August 2024	Presented draft business case outlining the proposal to make permanent the temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital and described the plan for formal public consultation.	The update report was noted. The Committee asked ICB colleagues to ensure that it was clear that services at the local hospitals would be unaffected by the proposal, and that an update was

HOSC meeting	Date	Purpose of meeting	Outcome
			provided for the committee following consultation.
Letter to Derbyshire County Council Improvement and Scrutiny Committee - Health	06 September 2024	Draft business case outlining the proposal to make permanent the temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital and the plan for formal public consultation shared with members.	No further correspondence received.
Derbyshire County Council Improvement and Scrutiny Committee - Health	20 January 2025	Update on process for birthing services and wider maternity and neonatal services	The update report was noted.
Staffordshire Health and Care Overview Scrutiny Committee	30 June 2025	Update on consultation process	The update report was noted. Members were asked to publicise the consultation to residents to encourage them to respond to the consultation. Confirmed that the report of findings from the consultation would be shared with the Committee following the conclusion of the consultation.
Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	03 July 2025	Update on consultation process and wider maternity and neonatal services.	The update report was noted
Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	11 December 2025	Update on consultation process and wider maternity and neonatal services.	The update report was noted

HOSC meeting	Date	Purpose of meeting	Outcome
Staffordshire Health and Care Overview Scrutiny Committee	23 February 2026	Update on additional engagement regarding antenatal services at Samuel Johnson Community Hospital.	The update report was noted. The Committee requested further detail on the engagement approach and this was subsequently shared with the Committee.
Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	14 May 2026	Update on consultation process and wider maternity and neonatal services.	The update report was noted
Letter to Staffordshire Health and Care Overview Scrutiny Committee and Stoke-on-Trent Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee	01 June 2026	Report of findings sent to OSC Chair to circulate to members	No further correspondence received.

- 3.3.5 In addition to attendance at the above meetings, the HOSCs are listed as key stakeholders within the communications and engagement plan and therefore received additional stakeholder updates throughout the programme of work.
- 3.3.6 Following the request from the HOSC to extend the formal public consultation from the six weeks proposed to a 12 twelve-week public consultation, the ICB wrote to the HOSC to confirm approach it wished to take with regard to the consultation processes: whether the Committee deem the proposal to be a 'substantial variation' and wish to be formally consulted separately to the planned public consultation.
- 3.3.7 A further letter was sent following the ICBs decision to proceed with the formal consultation to confirm the approach the HOSC wished to take with regard to formal consultation. The HOSC did not request to be formally consulted however the ICB provided regular updates throughout the process and reiterated to committee members they could contribute to the consultation process on an individual basis.

4 Public consultation findings

4.1 Overview

- 4.1.1 The public consultation process on the change proposal set out in the pre-consultation business case (PCBC) enabled a robust and detailed dialogue with an extensive range of stakeholders.
- 4.1.2 NHS Staffordshire and Stoke-on-Trent ICB commissioned a report of findings from Midlands and Lancashire Commissioning Support Unit (MLCSU) – this detailed report included a thematic breakdown of comments received and demographic analysis of participants.
- 4.1.3 It is not the intention of this decision-making business case (DMBC) to repeat all of this, but rather to focus on specific issues that need to be highlighted to decision-makers and the responses of relevant subject matter experts.
- 4.1.4 A sample of comments from the 1381 consultation survey responses and 160 additional engagement survey responses are presented in section 4.2 below.
- 4.1.5 The full independent formal public consultation report of findings should be read in full and can be found in Appendix 1, and an overview is provided in this section.

4.2 Feedback themes

Table 03: Impact of closing birthing services at County Hospital

Access to services	Quality of care
• Concern over location • Concern over the loss of services in Stafford • Mothers need local services • Concern over the impact on those with a limited income or non-drivers • Would prefer to access FMBU for care and birth	• Concerns over safety of mother and baby when travelling long distances to access care • Concern over lack of choice • Concern that the proposal is going to negatively affect women and children • Closure of FMBU will negatively impact other hospitals • Concern over capacity of NHS/hospital services

Table 04: Impact of closing birthing services at Samuel Johnson Community Hospital

Access to services	Quality of care
• Concern over patients having to travel further to other locations to access these services. • Concern over the lack of choice / patients' ability to choose is being taken away	• The birthing services at the FMBU at Samuel Johnson Community Hospital are a vital service and should be re-opened / should not be closed • The quality of care provided by the FMBU at Samuel Johnson Community Hospital is good

• The Lichfield area is expanding so should have more provision, not less • Women should be given a choice • Concern over location	• Patients should have the choice to give birth in a midwife-led unit • Removal of these services will have a negative impact on other hospitals • Patients had a positive experience when giving birth at the FMBU at Samuel Johnson Community Hospital
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Table 05: Further suggestions or ideas

Sub-themes
• Disagree with the proposal – do not close birthing services • Increase staffing and training • Concern over the impact on local residents • Provide more wraparound services locally – mental health/phlebotomy/breastfeeding support • Open more units at hospitals

Table 06: Impact of not offering GTT and anti-D immunoglobulin clinics at Samuel Johnson Community Hospital

Location	Access
• Concern over long travel to hospital • A local service would be more beneficial • Would choose Good Hope Hospital • Concerned about long travel for women who have caring duties for other children • Live close to Good Hope Hospital	• Accessing the service at Queen's Hospital, Burton seems fine. • Concern over difficulty parking at the hospital • Concern for those who don't have access to a car • Consider providing more choices • Getting to the hospital using public transport can be very long

Table 07: Further ideas or suggestions

Sub-themes
• Consider providing all antenatal services at Samuel Johnson Community Hospital, including the anti-D injections and GTTs Staff were caring and professional • Consider providing a local service • Consider providing these services at a GP practice • Concern over long travel to the hospital • Consider providing multiple appointments for scans and tests during the same visit

- 4.2.1 Survey respondents were asked to share their views on the impact of closing birthing services at County Hospital. 1232 (88%) respondents said that people would be negatively or very negatively impacted by the proposal, while 81 (6%) said it would have a positive or very positive impact with 82 (6%) stating there would be neither a negative or positive impact.
- 4.2.2 When asked about their view on the impact of closing birthing services at Samuel Johnson Community Hospital, 1178 (87%) said that people would be negatively or very negatively impacted by the proposal, while 55 (4%) said it would have a positive or very positive impact with 123 (9%) stating there would be neither a negative or positive impact.
- 4.2.3 Some of the negative themes included concerns on access (location, travel time, loss of local services) and concerns around quality of care (safety while travelling, lack of choice and impact on other hospitals). Some of the positive themes were that care received within a hospital setting was good and support for centralising services.
- 4.2.4 When survey respondents were asked to offer any other ideas or suggestions the ICB should consider, nearly half said they disagreed with the proposal and stated they thought that the freestanding birthing services should be reopened. Other suggestions included increasing staffing and training and providing for wraparound services locally.
- 4.2.5 During the additional four weeks engagement, people were asked to share their views on the potential impact of the unavailability of GTT and anti-D immunoglobulin at Samuel Johnson Community Hospital. 91 (58%) respondents said that people would be negatively or very negatively impacted by the proposal, while 17 (11%) said it would have a positive or very positive impact with 50 (32%) stating there would be neither a negative or positive impact. Almost half of the respondents said they would be concerned over long journeys and travel issues to another destination further away from their local hospital whilst 19% of respondents said that they were satisfied with accessing the service at Queen's Hospital, Burton. Some other respondents stated they would choose services in hospitals outside of our area (e.g. Good Hope, Walsall Manor)
- 4.2.6 When survey respondents were asked to offer any other idea or suggestions the ICB should consider, a large proportion suggested offering local antenatal services with others noting the good experience of care at other hospitals.

5 Addressing themes from the consultation

5.1 Review of feedback

- 5.1.1 Following the end of the public consultation there has been a programme of work to collate the findings of the public consultation into a report of findings.
- 5.1.2 The report of findings was received (Appendix 1) with all feedback considered and noted at a meeting of the Maternity Technical Group on 27 November 2025. A further meeting of the Maternity Technical Group was held on 23 April 2026 to consider the feedback from the additional targeted engagement.
- 5.1.3 At these meetings, the methodology and reach of the consultation was outlined, and the analysis approach detailed to attendees. It was agreed that the consultation had been conducted as planned.
- 5.1.4 Key themes, responses to questions and verbatim feedback were drawn from the report and presented to the group and discussed at length.
- 5.1.5 It was agreed that the feedback received did not suggest any new proposals which had not previously been considered. Therefore, one viable proposal remained – to make permanent the existing temporary service change in place relating to birthing services at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield including the GTT and Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield
- 5.1.6 Prominent themes of feedback related to:
- Travel
 - Choice
 - Impact on other hospitals
- 5.1.7 It was agreed that impact assessments would be updated to reflect the feedback and any mitigations. It was agreed to progress to a decision-making business case (DMBC).
- 5.1.8 UHNM and UHDB have responded to the report of findings and outlined their responses to the impacts reported. These are fully outlined in the Quality Impact Assessment and Equality Health Impact Assessment (Appendices 3-6 include the original and updated impact assessments).
- 5.1.9 This section presents the key conclusions and actions identified by the Maternity Technical Group for each main theme of feedback about the change proposals.

5.2 Travel

- 5.2.1 Travel emerged as an early key concern of patients, birthing partners and family members. It was also highlighted as concern by the Health Overview and Scrutiny Committee.
- 5.2.2 A detailed travel analysis was completed during the development of proposals to clarify the travel impacts of centralising birthing services at the acute Trust sites. The full analysis is available in the pre-consultation business case (PCBC) on the ICS website ([Birthing services at midwife-led units - Staffordshire and Stoke-on-Trent, ICS](#)).
- 5.2.3 Travel impact for birthing services was noted for both County Hospital and Samuel Johnson Community Hospital for those who would have chosen to give birth within an FMBU. 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.
- 5.2.4 A travel impact analysis has been considered, which contains an assessment of the proposal on people from different geographical areas across Staffordshire and Stoke-on-Trent. The travel analysis within the PCBC highlighted that the average travel time for birthing services would increase by around 6 minutes. Women from Stafford who utilised the County Hospital FMBU are most affected by the proposals with travel time increasing by around 14 minutes. Average travel time decreased in a number of geographical areas as women were using alternative units that are closer to their home address.
- 5.2.5 Travel was also raised as a key concern during the additional engagement around antenatal services at Samuel Johnson Community Hospital. Up until 2020, there were 8 bookable slots per week for GTTs and 8 bookable slots per week for Anti-D immunoglobulin available at Samuel Johnson Community Hospital. The GTT slots were regularly filled while the Anti-D immunoglobulin slots were underutilised. Both clinics are now offered at Queen's Hospital, Burton.
- 5.2.6 When considering the travel impact for the GTT and Anti-D immunoglobulin clinics that are no longer offered at Samuel Johnson Community Hospital, women living in Lichfield are likely most affected due to the proximity of Samuel Johnson Community Hospital. If all women were to travel to Queens Hospital, Burton for this appointment average travel time would increase by 12 minutes. If all women were to travel to their closest unit average travel time would increase by 6 minutes.
- 5.2.7 The group recognised the additional travel impact as a result of the proposals but noted that the majority of appointments and support during the pregnancy continue to be provided closer to home.

- 5.2.8 The group also referenced the changes to the Anti-D immunoglobulin pathway with the NICE Evidence-based recommendations on high-throughput non-invasive prenatal testing¹⁰ (NIPT) for fetal RHD genotype. NIPT is recommended to determine the fetal genotype from a maternal blood sample. This offers a more personalised approach because Anti-D immunoglobulin is therefore only administered if the foetus is rhesus positive which therefore reduces the number of women who require Anti-D immunoglobulin. Prior to the introduction of this guidance, all women with a rhesus negative blood group would have been offered Anti-D immunoglobulin. Evidence included within the NICE guidance highlights that up to 37.1% of women avoided unnecessary Anti-D immunoglobulin following the introduction of a NIPT programme.
- 5.2.9 The travel analysis also demonstrated that 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. The consultation and engagement further highlighted people's preferences to attend clinics outside of our local area with positive feedback on people's experiences when attending such clinics.
- 5.2.10 During the consultation, concerns were raised over the safety of the mother and baby when travelling long distances to access care.
- 5.2.11 A safety sense check was completed during 2020 to assess the impact of COVID-19. This covered a number of key indicators and neither Trust reported any impact on safety at that time. Both trusts continue to monitor incidents in line with local incident management policies and there has been no increase in the number of incidents as a result of the temporary closure.
- 5.2.12 Prior to the pandemic a proportion of those who gave birth within County Hospital and Samuel Johnson Community Hospital subsequently needed to be transferred to an acute site for additional support. Centralising birthing services improves responsiveness to any intervention required due to the proximity of interdependent services at the acute sites compared to within a stand-alone unit where an ambulance transfer would be required with potential risks of delay.
- 5.2.13 At the heart of the model for maternity is the vision that women have consistent, safe and personalised maternity care and requires appropriate staffing levels to be implemented safely. Focus has therefore been placed on the retention and growth of the workforce and developing plans that take into account local requirements.
- 5.2.14 Consideration of workforce sustainability has been central to the programme: longer term clinical and workforce sustainability as described within the PCBC and in Section 9 will enable the system to develop and grow a continuity of carer model during pregnancy, birth and beyond for those most vulnerable in the local community.

¹⁰ [Overview | High-throughput non-invasive prenatal testing for fetal RHD genotype | Guidance | NICE](#)

5.3 Choice

- 5.3.1 Patient choice emerged as a key concern during the public consultation and additional engagement, with participants expressing their desire to choose midwife-led services and concerns that care may become medicalised without the option of a standalone birthing unit.
- 5.3.2 The Better Births Five Year Forward View for Maternity Care states that women must be offered the choice of home birth, midwife-led births and obstetric-led births, however it does not state whether midwife-led births should be within a freestanding unit. An alongside midwife-led unit provides the same service as a freestanding unit and therefore satisfies the choice requirements outlined within national strategies. Both trusts continue to offer the choice of a consultant-led or midwife-led birth at Royal Stoke University Hospital and Queen's Hospital, Burton alongside the choice of a home birth.
- 5.3.3 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 recommended delivery options. Both trusts stated that alongside units maintain the same philosophy of care as standalone units and confirmed that the alongside centres offered excellent midwife-led care, stressing that ethos and delivery of care were priorities for midwifery team, regardless of location.
- 5.3.4 Some women also choose to give birth within hospitals outside of Staffordshire such as Good Hope, Walsall Manor in Walsall, New Cross in Wolverhampton, 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.

5.4 Impact on other hospitals

- 5.4.1 Feedback was received during the public consultation about the potential impact of the proposal on other hospitals with participants raising concerns about the increased demand on other services and the capacity of midwife-led care.
- 5.4.2 Capacity and demand modelling for maternity, including inductions of labour, is based on staffing capacity rather than physical bed capacity. Modelling has been completed using the nationally recognised Birthrate Plus® assessment tool. This is completed every three years to ensure there is sufficient staffing and takes into account both the local birth rate and the complexity of the caseload. Both trusts have confirmed there is sufficient low risk capacity within Royal Stoke and Queen's Hospital to meet current demand with ongoing recruitment programmes to maintain staffing levels in line with Birthrate Plus®.

- 5.4.3 With regard to physical capacity, there are designated rooms for low-risk births within Royal Stoke and Queen's Hospital. This is ring-fenced capacity for low-risk births meaning that an increase in demand within other areas of maternity will not impact on the trusts ability to offer low-risk, maternity-led care. Both sites have the ability to flex other delivery rooms to provide low-risk care as required. If additional capacity were required, women would be supported to have a midwife-led birth within the consultant-led units.
- 5.4.4 Both trusts are committed to retaining midwifery led birthing options for women on a low-risk pathway and confirm that there have been no adverse impacts on capacity since the temporary closure of birthing services at the FMBUs.

6 Approach to decision making on service change proposals following consultation

6.1 Overview

- 6.1.1 Following the public consultation and additional engagement exercise, the proposal has been reviewed in light of the feedback received and the outcome of the discussions at the Maternity Technical Group where it was considered.
- 6.1.2 The proposal had been assessed against local criteria for services and the prescribed national tests for service change within the PCBC. As there are no new proposal or changes to the existing proposal, further assessment against these criteria was not required at this stage of the process.

6.2 Local considerations for service change

- 6.2.1 In the pre-consultation phase, options for service change were assessed against six local criteria. This DMBC uses the same criteria against which to judge the proposal and make recommendations.
- 6.2.2 The table below describes the local criteria and the evidence that has been reviewed, as part of the options appraisal / PCBC development, to support decision making and the development of recommendations being placed before the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common.

Table 08: Local criteria and evidence considered

Local criteria	Evidence considered
Clinical sustainability	• Review of the clinical model and recommendations made by the West Midlands Clinical Senate. • Review of case for change within regional NHSE assurance processes.
Strategic fit	• Alignment to national and local strategies. • Review of case for change within regional NHSE assurance processes.
Meeting the needs of the population	• Quality Impact Assessments (QIAs) led by local clinical leads that have been reviewed through ICB governance routes. • Stage 1 and Stage 2 Equality Health Impact Assessments (EHIA) that have been reviewed through ICB governance routes. • Assessment of complexity to identify the clinical needs of the population.
Demand and capacity	• Analysis of service utilisation at the FMBUs. • Activity modelling in line with Birthrate Plus® assessments. • Sustainability of service provision in line with Birthrate Plus® assessments. The complexity of pregnancies has increased over the years and therefore there is a much higher demand for consultant led-capacity with fewer women suitable for low-risk birth options.

Local criteria	Evidence considered
Workforce sustainability	• Analysis by local workforce leads. • Recruitment and training of the appropriate number of staff with the right skills for future needs as outlined within Birthrate Plus® assessments.
Estates	• Utilising existing estate – County Hospital and Samuel Johnson Community Hospital utilise the estate for antenatal and postnatal clinics. • Calculations show that the cost of the outlined proposal is slightly less than the cost of re-instating birthing services at the FMBU and avoids remodelling costs at County Hospital to bring the area up to technical standards, calculated at approximately 7 million based on costs for recent projects.

6.3 National tests for service change

6.3.1 This section describes the evaluation of the scenarios/ options for the future of the services previously provided at County Hospital and Samuel Johnson Community Hospital.

6.3.2 In 2010, the NHS set four key tests for service reconfiguration:

- Strong public and patient involvement
- Consistency with current and prospective need for patient choice
- Clear evidence base
- Support from clinical commissioners.

6.3.3 In 2017 a further test was added in relation to proposed bed closures. This final test requires that local NHS organisations show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHSE will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

6.3.4 The table below describes the national tests for service change and the evidence that has been reviewed to support decision making and the development of recommendations being placed before the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common.

Table 09: National tests of service change and the evidence considered

National criteria	Evidence considered
Strong public and patient involvement	• Extensive engagement while developing proposals. • Options appraisal process. • Review of case for change within regional NHSE assurance process.
Consistency with current and prospective need for patient choice	• Choice of place of birth offered in line with Better Births Five Year Forward View for Maternity Care. • Regular Birthrate Plus® assessments to identify current and future need • Regional NHSE assurance process.
Clear clinical evidence base	• Alignment with national policy and strategy for safe staffing. • Assessment of clinical need through the Birthrate Plus® assessments • Proposal development and assessment by Maternity Technical Group. • Review of the clinical model and recommendations of the West Midlands Clinical Senate. • Review of case for change within regional NHSE assurance processes.
Support for proposals by clinical commissioners	• Strong clinical involvement at all stages of the process, including at technical events to evaluate proposals. • Confirmation of support for the proposal outlined within the business case from Derby and Derbyshire ICB, University Hospital of North Midlands NHS Trust and University Hospitals of Derby and Burton Foundation Trust. Neighbouring ICBs have been informed of the proposal and invited to comment. • PCBC approved by NHS Staffordshire and Stoke-on-Trent ICB Board. • Pre-consultation activities led by ICB (previously CCG).
Bed closures	Point one is relevant to this proposal: Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it. • There were no inpatient beds within the FMBUs at the time of the temporary closure. There were two labour, delivery, recovery and postpartum (LDRP) rooms at County Hospital and three at Samuel Johnson Community Hospital at the time of the temporary closure. • Activity modelling for low-risk eligible women within both acute trusts has been completed using the Birthrate Plus® assessment. The activity modelling has been used to ensure the correct number of low-risk LDRP beds are available at each unit. UHNM have four designated LDRP rooms at Royal Stoke University Hospital and Queens Hospital Burton have two designated rooms. This is ring-fenced capacity for low-risk births meaning that any increase in demand within other areas of maternity, for example an increase in inductions of labour, will not impact on the trusts ability to offer low-risk, maternity-led care. • This protected capacity and the nature of low-risks births, i.e. that women and their babies do not require care on a ward or within the neonatal unit, means that low-risk births do not impact on the trusts ability to provide care within other areas of overall maternity services.

7 Analysis of proposal

7.1 Overview

- 7.1.1 The proposal is to make permanent the existing temporary closure of intrapartum birthing services at County hospital and Samuel Johnson Community Hospital. Following additional engagement, the proposal is to make permanent the existing move of GTT and Anti-D immunoglobulin clinics from Samuel Johnson Community Hospital to Queen's Hospital Burton.
- 7.1.2 This section provides an overview of the assessment of the proposal, following public consultation, against local and national criteria.

7.2 Strategic fit and clear clinical evidence base

- 7.2.1 Our proposal has been developed taking into account commitments within national guidance and strategy to ensuring maternity services are safer, more personalised and more equitable. As outlined within the maternity three-year delivery plan, this ambition can only be achieved when services are delivered by skilled teams with sufficient capacity and capability.
- 7.2.2 The PCBC outlined the rising complexity of pregnancies over recent years with more women presenting with comorbidities and requiring consultant-led care. The latest Birthrate Plus® assessment shows a continued increase in the complexity of pregnancies. It is essential that midwives are supported to develop and maintain their competencies to manage a more clinically complex workload and deliver high quality, safe care. This is particularly important given the national shortage of midwives.
- 7.2.3 Making permanent the temporary closure of birthing services at the FMBUs also ensures midwives skills, experience and capacity are fully utilised in all areas of maternity care in order to support the delivery of key national requirements.
- 7.2.4 A further requirement within maternity teams is to grow their continuity of carer models (CoC). These initially included national target dates for implementation; however, these were removed in 2022 in recognition of the continued workforce challenges that maternity services face. Any current plans to implement CoC or expand this to further cohorts of women would be placed on hold if changes were to be made to the current clinical model due to the work that would be required to either recruit additional midwives or reconfigure the workforce.

7.2.5 National policy continues to recognise the benefits of continuity of carer models in improving women's experience, outcomes and equity, particular for populations experiencing poorer maternity outcomes. Although universally continuity of carer targets have been paused, implementation is now expected to be locally determined and balanced against workforce capacity, service sustainability and safety priorities with a focus on women at greater risk of poorer outcomes, particularly those aligned with the CORE20PLUS5 maternity inequalities agenda.

7.3 Consistency with current and prospective need for patient choice and meeting the needs of the population

- 7.3.1 The NHS Choice Framework sets out patients' rights to choice in healthcare, where to find information to help choose and how to complain if choice isn't offered. For maternity services this means women can choose to receive antenatal care from a midwife or from a team of maternity healthcare professionals, including midwives and obstetricians.
- 7.3.2 Women should also be able to choose whether to give birth at home with the support of a midwife, within a midwife-led facility with the support of a midwife or in a hospital with the support of a maternity team. The choices available to women will be dependent on their clinical need and there are a number of places in Staffordshire and Stoke-on-Trent that can be considered as part of a birth plan for antenatal, intrapartum and postnatal care.
- 7.3.3 Women will continue to be offered a choice of place birth, including the choice of a midwife-led birth, as recommended by the Birthplace Study (National Perinatal Epidemiology Unit, 2011), Better Births and the National Institute of Clinical Excellence (NICE).
- 7.3.4 The PCBC described in detail the case for change for the future of birthing services that were previously delivered at County Hospital and Samuel Johnson Community Hospital in particular the consideration of both the workforce sustainability and the clinical sustainability of services. It provides further detail on the feasibility and limitations of continuing to provide birthing services within an FMBU and the process followed to arrive at the single viable proposal for the future of services, including the criteria applied.
- 7.3.5 Low risk women are supported to receive antenatal and postnatal care within their local community, with antenatal appointments with their midwife delivered in County Hospital and Samuel Johnson Community Hospital or by a family hub. Family hubs aim to provide joined up, accessible services for families, enabling early support and improving health and wellbeing outcomes.

- 7.3.6 During the formal public consultation, attendees highlighted that glucose tolerance testing (GTT) and Anti-D immunoglobulin clinics have not been offered at Samuel Johnson Community Hospital since the pandemic. As a result, the ICB undertook a further four weeks of engagement to understand any potential impact of the unavailability of GTT and Anti-D immunoglobulin at Samuel Johnson Community Hospital and identify necessary mitigations.
- 7.3.7 The feedback from this engagement was considered during a maternity technical event held on 23 April 2026. No clinical concerns were raised as part of the engagement and the key impact noted was travel implications as discussed in section 5 of this document.
- 7.3.8 During discussions it was noted that moving these services back into Samuel Johnson would create additional workforce pressures and impact on provision within the acute Trust. As such, the group agreed it was not viable at this stage to revert to legacy agreements for these two clinics.

7.4 Support for proposals by clinical commissioners

- 7.4.1 The programme has had strong clinical involvement at all stages of the process, including at technical events to evaluate proposals.
- 7.4.2 The ICB has confirmation of support for the proposal outlined in the business case from Derby and Derbyshire ICB, University Hospital of North Midlands NHS Trust and University Hospital of Derby and Burton NHS Foundation trusts.
- 7.4.3 The West Midlands Clinical Senate's review of the proposal was commissioned by NHS Staffordshire and Stoke-on-Trent ICB on behalf of the Integrated Care System (ICS) including University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) and University Hospitals of North Midlands NHS Trust (UHNM). It was carried out on 26 April 2024 by a panel of experts from the Senate, most of whom are practising clinicians.
- 7.4.4 The Senate panel unanimously concluded that they supported the proposal to make permanent the temporary closure of the birthing/intrapartum service at these two freestanding midwifery - led birthing units. Given the intensity of resource needed, coupled with the relatively low numbers of births taking place prior to Covid-19 (in some cases only 8 births per month), it was not considered to be a sustainable use of clinical staffing.
- 7.4.5 At a regional NHSE assurance panel, NHSE were assured that proposals met the five tests of service change – as well as other good practice tests – and were content that the ICB proceed to consultation.
- 7.4.6 The PCBC was approved by the NHS Staffordshire and Stoke-on-Trent Integrated Care Board on 20 March 2025.

7.5 Clinical sustainability and demand and capacity

- 7.5.1 A major influence for the proposal is the rising complexity of women being seen.
- 7.5.2 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 antenatal, intrapartum and postpartum care.
- 7.5.3 A Birthrate Plus® assessment completed for UHNM in 2022 showed that the complexity of women at the birthing units had increased significantly over the years. Just over 83% (5,102) of all women who gave birth at UHNM fell into the moderate or high-risk category. This means that just under 17% (1,045) were suitable for low-risk care – compared to 29% in 2017/18 (West Midlands Clinical Senate review). A similar level of complexity was seen at UHDB where the 2021 Birthrate Plus® assessment showed that just over 82% of all women who gave birth within the Trust fell into the moderate or high-risk categories.
- 7.5.4 The latest Birthrate Plus® assessment completed in 2025 shows a further increase in complexity with more women presenting with comorbidities and requiring consultant-led care. Just over 89% of all pregnancies are categorised as moderate or high risk within UHNM and 90% are categorised as moderate or high risk within UHDB (85.9% Royal Derby Hospital, 94.3% Queen's Hospital, Burton). These factors substantially reduce the number of women suitable for low-risk care than prior to the temporary closures of the FMBUs.
- 7.5.5 As a result, it is unlikely that the number of births within the FMBUs would rise if they were to re-open. Given the trajectory for the high-risk births as outlined within the Birthrate Plus® Reports, it is likely that the number of women giving birth within the units would have continued to fall.
- 7.5.6 In 2019/20, 94 women (an average of 8 per month) gave birth at County Hospital and 220 women (an average of 18 per month) gave birth at Samuel Johnson Community Hospital. A previous Trust Special Administrator (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.
- 7.5.7 Despite repeated campaigns to promote the FMBUs, women choosing to give birth there continued to fall. By 2019/20 this had dropped to less than 1.6% of all UHNM births. Similar to UHNM, UHDB saw low numbers of women choosing to give birth at the FMBU at SJH despite promoting the FMBU. In 2019/20, 2.5% of all UHDB births were at the FMBU.

7.5.8 With such a low level of demand at these units, both due to patient choice and the rising clinical complexity within pregnancies, clear consideration has been given to the services that were in place prior to the pandemic and the impact reinstating these would have on the longer-term sustainability of maternity services.

8 Financial analysis

8.1 Introduction

- 8.1.1 This section describes the assessment of any financial impact of the proposal – making permanent the temporary closure of birthing services at County Hospital and Samuel Johnson Community Hospital. The proposal includes the increased investment into maternity services as part of the evolving model of care in accordance with national and local guidance.
- 8.1.2 The section includes:
- NHS Staffordshire and Stoke-on-Trent ICB finances.
 - Trusts baseline financial situation.
 - Future prospects and funding.
- 8.1.3 The operating expenditure reflects the scale, nature and acuity of the women supported in the temporary model, by UHNM and UHDB within the acute sites and within the community. Inevitably of course, the current picture is different to that which existed prior to the temporary closure, and this section will demonstrate that.
- 8.1.4 Accordingly, true like-for-like comparisons are impractical as wherever based, maternity services required significant recruitment in order to reach the staffing establishment as identified within the trusts Birthrate Plus® reports. Nevertheless, this section will provide assurance that the proposal is sustainable within the overall financial plan for the trusts and its commissioners and continues to offer better value in financial terms than reverting to the pre-Covid model of a 24/7 staffed midwife-led birthing service at each unit.

8.2 Staffordshire and Stoke-on-Trent ICB finances

- 8.2.1 At the time of writing the PCBC, NHS Staffordshire and Stoke-on-Trent ICB estimated an underlying deficit of circa £200m before the pandemic and going into 2024/25 this was circa £250m. Over the past year the system has implemented a financial strategy that has supported the process of financial improvement.
- 8.2.2 From April 2026, the ICB received a 3-year financial allocation. The financial plan will deliver statutory break even for all 3 years, based on the confirmed levels of non-recurrent deficit support. Our longer-term financial modelling shows that the ICB move into recurrent balance in year 5.
- 8.2.3 The costs associated with this proposal have been contained and it poses no risk to system finances. No additional capital resource is required to progress with the viable proposal.

8.3 UHNM and UHDB baseline financial situation

8.3.1 The table below provides the total operating expenditure (pay and non-pay) attributed to maternity provision at UHNM and UHDB, dating back prior to the temporary closure of birthing services in March 2020.

Table 10: Total maternity operating expenditure at UHNM April 2018 – March 2026

	18/19	19/20	20/21	21/22	22/23	23/24	24/25	26/26
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
County Hospital	1227	792	490	570	645	300	274	296
Royal Stoke Hospital	25,786	27,345	29,581	33,043	35,049	38,894	42,853	48,629

- This excludes fixed corporate overheads which may be attributable to the estate for a 'full absorption' expenditure view, but this is notional and variable based upon changing methodology over time and would be fixed in the medium term regardless of changes in operating models.
- The reduction in costing aligned to County Hospital in 2023/24 was due to the merging of the County Community Midwifery budget into a combined Midwifery team budget that is coded within the Royal Stoke Hospital Budget line.
- Expenditure includes any staff pay uplifts awarded.
- Medic cover is included within the expenditure for all years. These roles include support for Gynaecology however these costs cannot be disaggregated due to the dual nature of the Obstetrics and Gynaecology medical roles.

Table 11: Total maternity operating expenditure at UHDB April 2018 – March 2026

	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Samuel Johnson Community Hospital	579	562	421	239	22	6	7	7
Sir Robert Peel Hospital	49	-1	0	0	0	0	0	0
Queens Hospital, Burton	10,278	10,161	9,812	10,462	11,261	12,085	12,909	14,034
Royal Derby Hospital	20,782	21,850	21,891	24,284	27,119	30,731	34,635	35,626

Cross site expenditure	799	1,040	1,139	1,432	1,440	2,316	3,057	3,702
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- This excludes fixed corporate overheads which may be attributable to the estate for a 'full absorption' expenditure view, but this is notional and variable based upon changing methodology over time and would be fixed in the medium term regardless of changes in operating models.
- Expenditure includes any staff pay uplifts awarded.
- Medic cover is included within the expenditure for all years. These roles include support for Gynaecology however these costs cannot be disaggregated due to the dual nature of the Obstetrics and Gynaecology medical roles.
- The decrease in budget at Samuel Johnson Community Hospital during 2022/23 and 2023/24 reflects a change in budget line where redeployed staff took up permanent posts within another role in the years following the temporary closure.

8.4 Impact of the proposals

- 8.4.1 The proposal makes permanent the temporary arrangements that have been in place since March 2020 when birthing services at County Hospital and Samuel Johnson Community Hospital were temporarily suspended. There are no additional staffing or estates costs as a result of the proposal however this section outlines the estimated costs associated with a fully staffed clinical model as per March 2020.
- 8.4.2 The required investment into maternity services overall, regardless of the service change process, means a direct comparison of the overarching cost of past and present models is not possible as this investment was required prior to the temporary closure of services to increase staffing levels to the required baseline.
- 8.4.3 The PCBC outlined the additional investment into maternity services at UHNM and UHDB since 2021 to increase the midwifery workforce establishment and meet the workforce requirements as outlined within the Birthrate Plus® report.
- 8.4.4 At UHNM a business case to increase the budgeted establishment by 20.35wte was agreed in September 2025. The approved level of investment required to increase their budgeted establishment in line with the 2025 Birthrate plus assessment was FYE £1,226,855.
- 8.4.5 The 2025 Birthrate Plus assessment at UHDB identified a positive variance in the current funded clinical establishment based on the current skill mix. The assessment identified a deficit in the current funded establishment for non-clinical roles however this is partially addressed with the additional midwifery wte in the clinical establishment. As a result a business case has not been required within UHDB.

- 8.4.6 The current Birthrate Plus® assessments do not include staffing for birthing services at the FMBU therefore there would be additional costs associated to a fully staffed clinical model as per March 2020. This would require an additional £1,084,655 for each site. This includes an increase of 12.15 wte Band 7 midwives to ensure there are 2 midwives present at a birth and 5.6 wte Band 2 admin support for the service within the hospital.
- 8.4.7 There would also be additional capital costs associated to a fully staffed clinical model as per March 2020.
- 8.4.8 Potential capital costs associated within the reinstatement of birthing services within the FMBUs have been identified by utilising the backlog maintenance figures for each of the sites.
- 8.4.9 The summary backlog figure for the FMBU at County Hospital, Stafford is included in Table 29 below which shows total of £1.3m less VAT, fees and risk (c40% in addition to the £1.3m).

Table 12: County Hospital FMBU summary backlog position

	Physical Condition	Statutory Standards	Total
High	£0	£0	£0
Significate	£218,594	£26,488	£245,083
Moderate	£979,824	£1,577	£981,401
Low	£3,276	£0	£3,276
Total	£1,201,694	£28,066	£1,229,759

- 8.4.10 The backlog figures outlined above are to bring the area to Condition B and does not take into account re-modelling or to create an area that is compliant with new non-retrospective legislation or recommendations from the Department of Heath technical standards and guidance for estates; the Health Technical Memoranda documents (HTM) and the Health Building Notes (HBN). This could be around £7m based on the costs for recent projects at County Hospital, to ratify these figures a feasibility study would need to be undertaken.
- 8.4.11 Replacement equipment would also be required at County Hospital and is estimated at just under £33,500.
- 8.4.12 No additional capital costs or backlog maintenance has been identified for birthing services at Samuel Johnson Community Hospital with the exception of £16,200 for replacement equipment.
- 8.4.13 Noting the limitations of this comparison, it shows that the current equivalent provision continues to offer better value in financial terms. This should be considered alongside the clinical advantages of consolidating birthing services within the acute trusts and fully optimising the specialised workforce, as described elsewhere in this business case.

8.5 Future prospects and funding

- 8.5.1 Addressing the financial challenges and deficit within the system requires a multifaceted approach, combining immediate financial management strategies with long-term planning and investment in innovation and efficiency improvements. The system has recognised that it must develop a plan that returns the system to a sustainable financial position. Our medium-term plan has been developed and the milestone events have been agreed.
- 8.5.2 Looking further forwards, the financial model of all services will be kept under review to ensure the services not only remain safe and contemporary in terms of quality standards, and follow the national direction, but also that they offer value for money, compared against benchmarks, reference costs and other comparators. Workforce planning and building community capacity is essential.
- 8.5.3 The service model within the spotlight of this financial case is important, but a relatively small proportion of the overall spend of the trusts.

9 Workforce analysis

9.1 Introduction

- 9.1.1 As set out in the pre-consultation business case (PCBC), workforce is a key focus of the change proposal. An overview of the key workforce considerations relating to the proposal is set out below.
- 9.1.2 The process used to develop the workforce plans has been documented in the PCBC and is not covered here. This section does examine the required workforce establishment for safe staffing, the impact of the proposal on the workforce and measures taken to ensure future sustainability.

9.2 Safer staffing

- 9.2.1 Safe midwifery staffing features in many national documents relating to safe maternity care including:
- Birthrate Plus® (the only calculating tool endorsed by NICE).
 - NICE Safe midwifery staffing for maternity settings (NICE guidance 2015; NICE pathway 2021).
 - NHS England National Quality Board Safe Staffing documents (2018).
 - Delivering Midwifery Continuity of Carer (MCoC) at full scale (2021) which acknowledges the need to undertake a Birthrate Plus® assessment to understand the current standard-model midwifery workforce required and following this through with recruitment.
 - Strengthening midwifery leadership: a manifesto for better maternity care (RCM, 2019).
 - NHS England Maternity Business assurance Framework (revised July 2021).
 - Safe midwifery staffing was also at the forefront of 'the safety of maternity services in England Parliamentary Business July 2021.
 - HSIB (2020) published a National Patient Safety, 'Delays to intrapartum intervention once fetal compromise is suspected' and recommended the introduction of a flow coordinator. UHNM also contributed towards the report.
 - Nursing and midwifery Council- safe staffing guidelines (2016).
 - RCM position statement- Safer staffing (2022).
 - CQC National Review of maternity services 2022-2024- published 2024.
- 9.2.2 Midwifery staffing was at the forefront of 'the safety of maternity services in England Parliamentary Business, July 2021. Ensuring NHS providers are staffed with the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping women safe from avoidable harm.

- 9.2.3 Safe staffing continues to be a key objective within year 8 of the NHS resolution Maternity incentive scheme (MIS), which runs from April 2026 to March 2027. The scheme has been streamlined into six core safety actions and one of the central themes is workforce and capacity, directly linking staffing levels into safe maternity and neonatal care. As described in detail within the PCBC, Birthrate Plus® assessments are completed every three years to ensure there is sufficient staffing and takes into account both the local birth rate and the complexity of the caseload.
- 9.2.4 These assessments were completed in 2022 for both trusts where business cases to increase the workforce establishment were approved and full workforce establishment was reached by late 2024. These assessments were re-run in 2025 and outline the following baseline staffing requirements.
- 9.2.5 The Birthrate Plus®, assessment completed for UHNM in July 2025 outlines the following baseline staffing requirements based on 27.2% uplift.

Table 13: UHNM midwifery staffing requirements identified within the Birthrate Plus® assessment.

Roles	Current funded establishment	Birthrate plus recommended establishment	Variance
Clinical WTE	307.66	323.43	-15.77
Non-Clinical WTE	30.63	38.81	-8.18
Midwifery Total WTE	338.29	362.24	-23.95

- 9.2.6 The Birthrate Plus® assessment completed for UHDB in January 2025 outlines the following baseline staffing requirements based on 24% uplift.

Table 14: UHDB midwifery staffing requirements identified within the Birthrate Plus® assessment

	Current funded establishment	Birthrate plus recommended establishment	Variance
Clinical WTE	408.32	394.26	14.06
Non-Clinical WTE	38.97	55.20	16.23
Midwifery Total WTE	447.29	449.46	-2.17

- 9.2.7 At UHNM a business case to increase the budgeted establishment by 20.35wte was agreed in September 2025. The Trust anticipates reaching full midwifery workforce establishment by September 2026.
- 9.2.8 There was no required increase in budgeted establishment at UHDB however recruitment to existing vacancies is ongoing and the Trust anticipate reaching their full midwifery workforce establishment by October 2026.
- 9.2.9 Maternity services continue to face intense scrutiny, with organisations expected to demonstrate clear and measurable improvements in the safety and quality of care provided to mothers, babies and families. This follows a series of national reviews and investigations, including the Ockenden Review, the Kirkup Review, and the ongoing Nottingham Maternity Review, alongside increasing national focus on maternity safety, governance and learning across NHS services.
- 9.2.10 A robust governance structure is in place across the ICS to monitor and provide assurance on safe maternity staffing levels as described within the PCBC and this level of reporting and assurance continues.
- 9.2.11 As the ICB moves forward in its role as a strategic commissioner, it will strengthened perinatal governance arrangements in line with the implementation of the Perinatal Quality Oversight Model (PQOM), ensuring a consistent and structured approach to quality surveillance, risk escalation, and system learning across providers

9.3 Workforce impact for the proposal

- 9.3.1 The proposal within this decision-making business case makes permanent the arrangements that have been in place since March 2020 when the units temporarily closed to births and there are no additional staffing requirements as a result of the proposal.
- 9.3.2 There are significant challenges with recruitment and retention due to the known staffing shortages in midwifery across the NHS. As described above, there has been significant work and investment by both Trust to reach and retain the required midwifery workforce establishment for the current clinical model.
- 9.3.3 Seven proposals were considered during the options appraisal process. The staffing numbers required for each of the proposals were fully considered.
- 9.3.4 Data showed that, to meet safe staffing requirements, reinstating birthing services at County Hospital and Samuel Johnson Community Hospital as per the March 2020 clinical model would require an additional 12.15 WTE at each site when compared to centralising birthing services at the acute trusts sites. This potential recruitment requirement was considered alongside existing recruitment and staffing pressures.

- 9.3.5 During the technical event held in September 2023, it was agreed that reinstating the birthing services at County Hospital and Samuel Johnson Community Hospital was not a viable option. This was due to the concerns about longer term workforce sustainability, alongside other factors as described within the PCBC.
- 9.3.6 The standalone nature of the FMBUs mean midwives are largely isolated whilst working within the unit with very limited clinical wrap around support. Centralisation of birthing services at the acutes sites enables the implementation of staffing models that focus on the longer-term sustainability of the workforce by ensuring staff are working in environments that give them the required experience to not only safely maintain their skills but provides opportunities to grow and develop their skills
- 9.3.7 Due to the low number of deliveries at the FMBUs, we must consider how we make the best use of such a scarce clinical resource at a time when the recruitment and retention of midwives is a challenge nationally. With such a low level of demand at these units, we must also consider how we support staff to develop their skills and have a fulfilling and sustainable career within the NHS.
- 9.3.8 During the technical event held in April 2024, consideration was given to the GTT and Anti-D immunoglobulin clinics that had previously been offered at Samuel Johnson Community Hospital and are now offered at Burton. Staffing and estate limitations were key reasons for consolidating these services at Burton Hospital. During discussions it was noted that moving these services back into Samuel Johnson would create additional workforce pressures and impact on provision within the acute Trust. As such, the group agreed it was not viable at this stage to revert to legacy agreements for these two clinics.

9.4 Measures for sustainability

- 9.4.1 Safe staffing continues to be a key objective within year 8 of the NHS resolution Maternity incentive scheme (MIS), which runs from April 2026 to March 2027. The scheme has been streamlined into six core safety actions and one of the central themes is workforce and capacity, directly linking staffing levels into safe maternity and neonatal care.
- 9.4.2 The trusts are carrying out several initiatives so that it knows it has the workforce capacity for maternity services. This includes ensuring staff have the right competencies.
- 9.4.3 By applying measures of patient complexity, they can assess how many staff they need to safely care for and treat patients, and they review these every three years using the Birthrate Plus® assessment.

- 9.4.4 There are regular reviews of the workforce skill mix to identify any gaps and provide training as appropriate, supported by clinical education midwives. All staff, including support staff have a training matrix including mandatory training (for example Practical Obstetric Multi-Professional Training - PROMPT) and where there are any gaps in available training the Trust source that training.
- 9.4.5 In May 2023, the Core Competency Framework Version 2 (CCFV2) was released, and NHS England stated all trusts must have a local training plan using a Training Needs Analysis (TNA) to include the six core modules of the CCFV2 and this training programme should run over a three-year period. The CCFV2 sets out clear expectations for all trusts, aiming to address known variation in training and competency assessment across England. It ensures that training to address significant areas of harm are included as minimum core requirements and standardised for every maternity and neonatal service. The trusts training programmes have been developed to meet the requirements within the framework.
- 9.4.6 The trusts monitor training guidance and best practice on an ongoing basis, including NHSEI and National Institute for Health and Care Excellence (NICE) guidance and provide appropriate training as required.
- 9.4.7 The trusts also offer regular training workshops focussing on specialist clinical areas in addition to 'live' skills drills to test systems within clinical areas to improve safety and practice.
- 9.4.8 Staffing uplifts within the Birthrate Plus® assessments ensure teams can be offered dedicated time to complete their training and while trusts maintain safe staffing within their units.
- 9.4.9 The staffing model at the alongside units ensures midwives are exposed to the enhanced learning and training support that comes from working these units. As the standalone birthing units managed a small number of low-risk births with very limited exposure to clinical complexities, this places experienced midwives at risk of being under-utilised and they may struggle to maintain their competencies.
- 9.4.10 Home births were re-introduced in April 2024 to ensure women have additional low risk birthing options. As a result, refresher training for midwives was completed within both trusts to prepare and upskill staff for the commencement of home birth services and included multidisciplinary training with ambulance crews from West Midlands Ambulance Service (WMAS) and East Midlands Ambulance Service (EMAS) on childbirth emergencies in the community to prepare for the reintroduction of the home birth service. Home births have been maintained since their reintroduction in 2024 and refresher training continues to be offered as required.

- 9.4.11 In terms of Trust level recruitment to support sustainability, proactive and successful recruitment campaigns have been completed and each Trust has lead midwives for recruitment and retention in place to support the process. Midwifery recruitment and retention improvement plans have been developed which outline key actions that focus not only on reaching the required staffing establishment but reduce attrition with preceptees, offer support for staff to improve retention and ensure people feel valued within their roles.
- 9.4.12 Each Trust has a preceptorship programme in place which is a period of structured support for newly registered midwives whilst they integrate into their new team and place of work. The programmes include rotation through antenatal, intrapartum and postnatal care to enable preceptees to gain extensive knowledge within the area they want to work.
- 9.4.13 Positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer, and having greater professional and team identity. Effective preceptorship outcomes are also linked to improved recruitment and retention.
- 9.4.14 Historically, it has been difficult to recruit to roles within the standalone units due to the isolated nature of the work, limited clinical wrap around support and lack of exposure to wider maternity services. Recruitment and retention within the current clinical model are therefore more sustainable as it ensures we are supporting staff to develop their skills and have a fulfilling and sustainable career within the NHS
- 9.4.15 The ICB is assured that the existing service model that has been in place since 2020 provides a sustainable workforce model that will meet future population needs. This is evidenced through the improvements in the midwifery workforce establishment and that align with the increasing level of complexity within maternity.

10 Governance and decision making

10.1 Introduction

10.1.1 To enable and facilitate the governance and assurance process, the programme has involved stakeholders from across the Staffordshire and Stoke-on-Trent health and care system to provide input and advice to the decision-making process.

10.1.2 An overview of the governance and decision-making timeline is set out in the table below.

Table 2: Key milestones and dates

Date	Activity/ meeting	Meeting purpose
23 March 2025	Public consultation concluded	
27 November 2025	Maternity Steering Group/ Technical Group	Receive report of findings, oversight of consultation feedback, analysis and evaluation
02 February – 02 March 2026	Additional engagement undertaken	
23 April 2025	Maternity Steering Group/ Technical Group	Receive report of findings, oversight of consultation feedback, analysis and evaluation. Review of consultation process. Confirmed that no new proposals were identified, and work would progress with development of a DMBC
June 2026	Quality Impact Assessment (QIA) panel	Present refreshed QIA (including response to consultation feedback) for consideration
June 2026	Equality Health Impact Assessment review	Present refreshed EHIA (including response to consultation feedback) for consideration
08 July 2026	Strategic Commissioning and Transformation Committee (SCTC)	DMBC for consideration
July - September 2026	Trust executive forums	DMBC and report from SCTC for information
24 September 2026	NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common	DMBC for consideration and decision

- 10.1.3 The Perinatal Partnership Group provides the strategic direction for development of maternity services and ensures national and local deliverables for maternity and neonatal care are achieved across the whole ICS on time and in a cost-effective manner, ensuring key priorities are realised.
- 10.1.4 Assurance is provided through the Perinatal Partnership Group to regulators and external partners, as and when required that the Staffordshire and Stoke-on-Trent system is delivering the requirements laid out in the national plan.

10.2 Risk management

- 10.2.1 The programme has created a risk register, with appropriate mitigations relating to the process of the programme. Clinical and operational risks are reported via UNNM and UHDB corporate mechanisms. These risks have been managed throughout the process.

11 Implementation and monitoring

11.1 Implementation of the service

- 11.1.1 If the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common approves the proposals, the service will be agreed through standard planning processes around how the ICB arranges the provision of health services for its population.
- 11.1.2 Normally with a business case involving a move of services or a rebuild there would be an implementation timeframe, with metrics and an evaluation plan. However, this business case is recommending a single option for the future of the services. As this is an option that is already in place on a temporary basis, implementation in this case would simply mean confirming the changes as permanent.
- 11.1.3 As this has been the temporary solution in place, the usual implementation period following a decision will not be applicable.
- 11.1.4 However, the ICB would recommend that maternity teams communicate with groups who contributed to the involvement and consultation process and maintain an ongoing dialogue with service users about service developments.

11.2 Monitoring of the service

- 11.2.1 If the recommendation is approved to make permanent the changes in service provision that have been in place since March 2020, the impact of the service change will be monitored through the Perinatal partnership group. This group meets quarterly.
- 11.2.2 The Staffordshire and Stoke-on-Trent Perinatal Partnership Group (PPG) will continue to oversee delivery against national priorities set out in the NHS England Perinatal Quality Oversight Model (2025) and NHS Medium Term Planning Framework (2026/27 to 2028/29). This will include particular focus on the use of inequalities and population health data to identify unwarranted variation in practice and support interventions for improvement and align with the NHS 10-Year Plan ambition to shift care closer to home, strengthen neighbourhood-based provision and target support to populations at greatest risk of poor outcomes.

11.2.3 The Staffordshire and Stoke-on-Trent Perinatal Quality Surveillance Group will continue to provide oversight of perinatal service quality in line with the Perinatal Quality Surveillance Model (PQSM). It ensures services are safe, equitable, and compliant with contractual, national, and performance requirements, while supporting the ICB's statutory responsibilities. The group monitors and reviews quality and clinical standards, offers strategic direction, and addresses emerging issues. It will continue to review performance collaboratively with commissioners and providers, and reports outcomes to the Quality and Safety Committee, contributing to system-wide learning and improvement.

11.3 Care Quality Commission (CQC)

11.3.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. They monitor, inspect and regulate services and publish reports following an inspection visit.

11.3.2 The PCBC described the Care Quality Commission (CQC) inspection of maternity services at UHNM in March 2023 and the associated assurance process that was implemented to oversee the delivery of the integrated quality improvement plan and progress the actions that were being taken to address the CQC Section 29a conditions and the CQC actions which the Trust have been advised they must or should take to improve their maternity services.

11.3.3 A further on site-assessment was undertaken on 27 November 2024. This assessment was a focused follow up inspection following a section 29a Warning Notice back in 2023. In addition to the on-site assessment, CQC also completed various teams' interviews and reviewed data provided by the trust.

11.3.4 As these were service specific inspections, services were inspected against two of the five domains – safe and well-led. The service rating for safe moved from inadequate to good and from requires improvement in well-led to good. The overall rating for maternity services moved from requires improvement to good. The overall Trust rating is not affected and remains as requires improvement. The full report, published in April 2025 can be found within the maternity section here [Royal Stoke University Hospital - Care Quality Commission](#).

11.3.5 The CQC team found significant improvements during this inspection and the report confirms the trust have met their Section 29a Warning Notice requirements.

11.3.6 The PCBC described the Care Quality Commission (CQC) inspection of maternity services at UHDB, specifically Queen's Hospital Burton, in August 2023 and associated assurance process to address the issues raised by the CQC.

- 11.3.7 A further on-site assessment was undertaken on 16 December 2024. This was an unannounced assessment to review compliance against the urgent enforcement action the CQC took in August 2023.
- 11.3.8 The service ratings for safe and well-led that were assessed in 2023 moved from inadequate to requires improvement following the assessment in December 2024. The overall rating for maternity moved from inadequate to requires improvement.
- 11.3.9 The Trust remain committed to making improvements and improving the experience for women. This includes focussed maternity and neonatal improvement plan which has been implemented and is overseen at executive level.
- 11.3.10 Through this programme, the Trust are already addressing the CQC's concerns and responding to feedback from families to deliver improvements across maternity and neonatal care and all regulations from 2023 inspection and the 2024 inspection have now been removed.
- 11.3.11 Following the inspection of Maternity services at UHDB in August 2023 and a CQC rating of Inadequate, an Improvement Oversight and Assurance Group was established. The group was led by the Derby and Derbyshire ICB (DDICB) Chief Nurse and the Regional Chief Nurse. The group were accountable for gaining assurance for the delivery of the overall integrated quality improvement plan, and particularly progress against the actions being taken to address the CQC Section 29a and 31 conditions and the CQC actions which the Trust were advised they must or should take to improve their maternity services. Reporting was to DDICB System Quality Group and Regional Quality Board.
- 11.3.12 The monthly meeting is now chaired by the Executive Director of Quality (Nursing) with reporting to Derbyshire Lincolnshire Nottinghamshire Quality Safety and Improvement Committee. The IOAG remains in place for continued oversight of the CQC concerns. The NHSE Maternity Safety Support Programme, joined voluntarily by UHDB in March 2023, transitioned into the NHSE Maternity and Neonatal Improvement Support Team targeted support, in January 2026 with an expected review date of July 2026.
- 11.3.13 Neither Trust received recommendations to reinstate services at the FMBUs and no concerns were raised specifically regarding midwife-led services at Queen's Hospital Burton or Royal Stoke University Hospital.

12 Conclusion

12.1 Summary of the process

- 12.1.1 This decision-making business case (DMBC) has presented and summarised the extensive work undertaken on the proposal for birthing services previously provided at birthing services at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield.
- 12.1.2 This technical document follows the pre-consultation business case and has described the proposal, the consultation feedback and the programme's response to that feedback, to enable decision makers to decide whether there is a case to implement the changes to these service areas.
- 12.1.3 The programme of work has been underpinned by public involvement and the clinical model put forward is aligned to the NHS 10 Year Plan and both national and local maternity strategies.
- 12.1.4 In conclusion, the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common is being asked to make a decision on the long-term future of birthing services at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield including the GTT and Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield.
- 12.1.5 The recommendation to the NHS Staffordshire and Stoke-on-Trent and NHS Shropshire, Telford and Wrekin ICB Boards in Common is to make permanent the existing temporary closure of intrapartum birthing services at County hospital and Samuel Johnson Community hospital including the GTT and Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield.
- 12.1.6 The implications of this decision are set out in full within this business case and summarised below.

12.2 Impact on patients

- 12.2.1 Women continue to be offered choice of a consultant-led or midwife-led birth at Royal Stoke University Hospital and Queen's Hospital Burton alongside the choice of home births in line with The Better Births Five Year Forward View for Maternity Care.

- 12.2.2 All women are asked about their preferred choice of delivery during an assessment with the midwife. Women continue to be assessed throughout their pregnancy to check for any developing risk factors or complications, which may require a change of birthing options. Both trusts stated that alongside units maintain the same philosophy of care as standalone units and confirmed that the alongside centres offered excellent midwife-led care, stressing that ethos and delivery of care were priorities for midwifery team, regardless of location.
- 12.2.3 Low risk women are supported to receive antenatal and postnatal care within their local community, with antenatal appointments with their midwife delivered in County Hospital and Samuel Johnson Community Hospital or by a family hub. Family hubs aim to provide joined up, accessible services for families, enabling early support and improving health and wellbeing outcomes.
- 12.2.4 Concerns raised through the public consultation have been considered and are outlined in sections 5.2, 5.3 and 5.4 of this business case.

12.3 Impact on finances

- 12.3.1 The costs associated with this proposal have been contained and pose no risk to system finances. No additional capital resource is required to progress with the viable proposal.
- 12.3.2 Data showed that, to meet safe staffing requirements, reinstating birthing services at County Hospital and Samuel Johnson Community Hospital as per the March 2020 clinical model would require an additional 12.15 WTE at each site when compared to centralising birthing services at the acute trusts sites.

12.4 Impact on workforce

- 12.4.1 Staffing shortages in midwifery remain a challenge across the NHS and therefore remain a strong driver for the proposals within this business case.
- 12.4.2 It is essential we implement staffing models that focus on the longer-term sustainability of the workforce by ensuring staff are working in environments that give them the required experience to not only safely maintain their skills but provides opportunities to grow and develop their skills.
- 12.4.3 We must also ensure we are directing resource in line with demand rather than diverting resource to an underutilised unit.
- 12.4.4 The ICB is assured that the existing service model that has been in place since 2020 provides a sustainable workforce model that will meet future population needs and maximise existing resource to deliver the best care possible.

12.5 Assurance of the proposal and process

- 12.5.1 NHSE are assured that the proposal meets the five tests of service change, as outlined in section 6.
- 12.5.2 There has been extensive public, patient and staff involvement and a twelve-week formal public consultation, discharging its legal duty to involve patients and the public in the planning of service provision and the development of proposals for change. The details of this are set out in section 3.
- 12.5.3 Throughout the process, there has been continual engagement with the Staffordshire County Council Health Overview and Scrutiny Committee (HOSC) as outlined in section 3.3.
- 12.5.4 In accordance with the National Health Service Act 2006 and Regulation 23 of The Local Authority Regulations 2013 the ICB wrote to the Staffordshire HOSC with the request to respond to the consultation.
- 12.5.5 During the consultation period, no formal letters of support or concern were submitted from local councillors or Members of Parliament.

13 Recommendation

13.1 To make permanent the existing temporary closure of intrapartum birthing services at County Hospital and Samuel Johnson Community Hospital

- 13.1.1 This would mean freestanding midwifery-led birthing units would not be reinstated at County Hospital, Stafford or Samuel Johnson Community Hospital, Lichfield.
- 13.1.2 Patients who would previously have attended GTT or Anti-D immunoglobulin clinics at Samuel Johnson Community Hospital, Lichfield will attend these clinics at Queen's Hospital, Burton.
- 13.1.3 Patients who would previously have chosen to give birth at the freestanding midwifery-led birthing units will be offered choice of a consultant-led or midwife-led birth at Royal Stoke University Hospital and Queen's Hospital, Burton alongside the choice of home births.