Full Impact Assessment

Please complete this document with a member of the **Quality Team**

Assessment completion:

Scheme Lead: Nick Mant, Senior Commissioning & Transformation Manager
Date: January 2025

Programme Lead Sign off: Jenny Lingrell, Senior Responsible Officer – Service Director, Children's Health & Wellbeing, WDHCP
Date: January 2025

Scheme Name: Proposal not to reinstate the birthing facility at the Midwife-Led Unit (MLU) at Pontefract Hospital and continue to offer the same antenatal and postnatal care

Type of Change: Partial change (maternity services will still be delivered from Pontefract)

Place: Wakefield District Health and Care Partnership (WDHCP)

1. Summary of change:

Briefly describe the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits, including to patients, the public and HCP finances. Describe in terms of aims; objectives, links to the HCPs strategic plans and other projects, partnership arrangements, policies (national and regional).

Background and why the change is proposed.

The service change is to not reinstate intrapartum care at the Midwife-led Unit in Pontefract Hospital. This proposal started in the autumn of 2018 where a formal case for change process was initiated and taken through NHS England (NHSE) with full public engagement during the course of 2019. There was also full engagement with the Wakefield Overview and Scrutiny Committee (OSC), local MPs and local councillors, as well as local media and social media coverage.

The process was closely supported and advised by the Yorkshire and Humber Clinical Senate, an independent, non-statutory clinical advisory group hosted by NHSE and made up of experts in the field who provided clinical expertise and impartial advice. The case for change described how the Freestanding Midwifery Led Unit (FMLU) at Pontefract Hospital has been under-utilised since it opened despite efforts to promote and increase awareness and demand for the service. The birthing unit had been subject to short term suspensions on a number of occasions which was due to maternity services being under increased pressure in particular with staffing and capacity issues.

Staffing pressures in the maternity system were not and currently still are not restricted to Wakefield district: the West Yorkshire and Harrogate Local Maternity and Neonatal System (WY&H LMNS) has highlighted maternity staff shortages to be a regional and national issue. In addition, at the time the roll out of Midwifery Continuity of Carer (MCoC) where women are cared for by the same team of midwives throughout their whole pregnancy and postnatal period impacted on the ability to staff intrapartum (care during labour and immediately after birth) care at Pontefract FMLU due to the workforce needed. The ongoing rationale for moving to a permanent new model of care without the offer of a birthing facility at Pontefract is based on an ambition to make optimum use of resources, by focusing staff on provision of antenatal and postnatal care at Pontefract and ensuring staff are maintained at the busier birthing facilities at Pinderfields, which most birthing people across the district were using, through choice or clinical necessity. This rationale also aligns with the 25/26 NHS operational planning guidance which advises organisations to make best use of resources in line with the needs of the local population.

As a result of local pressures in the maternity system a partial on-demand service was implemented in the Pontefract FMLU from 29 July 2019. This meant that the service was open 7am to 7pm weekdays and then "on-demand" during evenings and weekends. However, significant staffing pressures continued impacting on the ability to provide safe maternity care which led to the decision to temporarily suspend births at the Pontefract FMLU from 8 November 2019. Suspension of births continued at this site throughout the Covid-19 pandemic and have continued until the present date. Approval was given from the NHSE Locality Lead to pause the next stage of the change assurance process and continue to suspend births at the unit due to the additional pressures that the pandemic put upon maternity services and the complications it created for any meaningful engagement with the public on the future options for the service. This was on the understanding that there would be continued monitoring of safety and quality of maternity services and that work would continue to achieve the longer-term service sustainability and bring clarity to local communities and staff.

The full range of other maternity services have continued to be delivered from the Pontefract site. This includes antenatal and postnatal care, obstetric scanning (dating and growth scans), consultant clinics, gestational diabetes services, asthma services (asthma midwife), stop smoking services, in-patient monitoring, and overflow appointments from Pinderfields maternity unit. The site is also used for delivery of staff training and parent education classes.

There continues to be a national spotlight on maternity services since the publication of Better Births in 2016 and following publication of the Ockenden report (Dec 2020 with final report March 2022) and East Kent Hospitals NHS Foundation Trust (Oct 2022). These reports revealed a series of serious patient safety failings including a lack of investigation into clinical incidents and learning from them. Women and families felt they were not listened to and there was found to be a lack of compassionate care. There has been significant investment in

maternity services in England in recent years including £95 million in 2021 and £127 million in 2022 to ensure safer and more personalised care for women and their babies. The investment has been primarily to boost staffing numbers in maternity and neonatal services.

One of the recommendations from the Ockenden report was for all maternity services to review their roll out of MCoC in the light of the focus on safer care with trusts needing to be able demonstrate that staffing levels meet the safe minimum requirements on all shifts to continue roll out, otherwise suspend it. After assessing their risk the Mid Yorkshire Teaching Trust (MYTT) decided to pause their roll out. Since this time, however, the national ask has shifted since MCOC, and the format now focusses on providing continuity in the antenatal and postnatal period whilst also enhancing continuity of care for vulnerable cohorts of service users. MYTT are achieving this with the appointment of health equity midwives. The complexity of women and birthing people is increasing due to rising levels of obesity, women and birthing people having babies at an older age and increases in long-term conditions such as diabetes. Local data shows that obesity in early pregnancy has increased from 26.2% of mothers in 2019/20 to 30.6% of mothers in 2022/23. The changes in demand and complexity impact on the type and nature of services required to provide effective and high-quality services

MYTT has continued working as part of the WY&H LMNS to deliver maternity transformation while providing assurance on all of the requirements of Ockenden, the NHS Long Term Plan (LTP) and now the Maternity and Neonatal Three-Year Delivery Plan. Throughout the suspension of births at Pontefract FMLU quality and safety of maternity services has been closely monitored and scrutinised locally and across West Yorkshire. The Maternity & Neonatal Quality Surveillance Group established in response to the Ockenden recommendations is led by MYTT and includes senior representation across the health and care system. The group meets monthly, and membership includes NHSE, the Maternity and Neonatal Voices Partnership (MNVP), the ICB (Wakefield and Kirklees Places) and WY&H LMNS.

Staffing pressures across MYTT maternity services have been present since 2019 up until the current date. WY&H LMNS has developed a workforce strategy to provide an overview of the workforce challenges and how the LMNS aims to address them. MYTT's workforce strategy reflects the key actions highlighted in the LMNS strategy which is to (i) attract, (ii) recruit and train, (iii) develop and (iv) retain. The priority given by MYTT to workforce challenges and actions taken to address them has meant that vacancy rates have been reduced and are currently minimal.

Aims and objectives.

The key aim of this service change is to ensure the safety and quality of maternity services for everyone using them in the Wakefield district. This will support MYTT maternity services to meet the requirements of the Maternity and Neonatal Three-Year Delivery Plan. The change will ensure that the trust can fully utilise the current workforce while developing its workforce model in line with the LMNS Workforce Strategy.

2. Service Change Details

Engagement and Equality Checklist	**Yes or No**
Could the project change the way a service is currently provided or delivered? – if yes, please describe. The Pontefract FMLU (Friarwood Birth Centre) has suspended births since 2019. Other maternity services have continued to be provided at the Pontefract site. There is therefore no change to how services are currently provided.	**No**
Could the project directly affect the services received by patients, carers, and families? – If yes, is it likely to specifically affect patients from protected or other groups? (Protected characteristics; age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation) This change affects pregnant women and birthing people as outlined in the response above. There could be an impact on vulnerable groups on low income with an increase in costs for travel during labour for women and birthing people who would otherwise have been able to choose to birth at the Pontefract site.	**Yes**
Could the project directly affect staff? If yes, is it likely to specifically affect staff from protected groups? – If yes, please describe	**No**
Does the project build on feedback received from patients, carers and families, including patient experience? If yes, what feedback and please include links if available. A significant amount of engagement with the public took place during 2018/19 by (what was) Wakefield Clinical Commissioning Group (CCG) (now the West Yorkshire Integrated Care Board (ICB). The initial public engagement exercise was undertaken from 1 February to 17 March 2019. The target audience for engagement was people in the district who had recently given birth or were due to give birth, although it was available to all members of the public to complete, including those who planned to give birth in the future.	**Yes**

Engagement and Equality Checklist	Yes or No
Before and during the focused engagement in 2019, the Wakefield commissioners involved and sought feedback from its public assurance group and the local Overview and Scrutiny Committee. Feedback from both committees was reflected in preparations for the engagement and the methods used during the period. **Deliberative Clinical Engagement** A separate engagement took place with the Yorkshire and Humber Clinical Senate who provide independent and impartial clinical advice on any proposals for service change that have significant implications for patients and the public. This was done to inform the clinical aspects of the work, feeding in key findings from public and staff engagement as they arose. **Deliberative Public Engagement** In September 2019, commissioners held a public deliberative event. During the session, MYTT outlined the reasons for temporary suspension of births at Pontefract FMLU leading to the need to review the position, engagement influencing the direction of travel, and further work with independent clinicians. Findings of a previous engagement, both patient/public/staff, and clinical views were presented to the participants. Throughout the change assurance process, engagement took place with the local public assurance group (PIPEC, Public Involvement and Patient Experience Committee which later became the People Panel), to ensure their views on the approach to engagement were reflected. More recently the People Panel (which has taken over the functions of PIPEC) have been involved in assuring the consultation process from planning to reporting stage, contributing throughout to the plans and activities, and being kept up to date with developments around Pontefract FMLU. Consultation held during 2025 features in subsequent section.	
To be completed by Engagement and Equality leads only: Engagement activity required Based on activity to date and conversations with Wakefield Adult Services, Health and Communities Overview and Scrutiny Committee, the proposed approach to engagement is one of formal consultation. A comprehensive plan supported this work.	**-**
Formal consultation activity required Formal consultation took place on the proposal not to reinstate the midwife-led birthing facility at Pontefract Hospital and to maintain the comprehensive range of antenatal and postnatal care at Pontefract Hospital and in the community. WDHCP wanted to understand the impacts not reinstating the birthing service could have on local people before the committee make any final decisions.	**Yes**
Full Equality impact assessment (EIA) required? Please see full EIA document	**Yes**
Communication activity required - (patients or staff) Messages and suite of documents were developed to support the consultation process, decisions making stage and post decision messaging will also be developed.	**Yes**

Data Protection Impact Assessment (DPIA) is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems or technologies.	**Yes / No**
Does this project/decision involve a new use of personal data, a change of process or significant change in the way in which personal data is handled? If **yes**, please email the IG Team at wyicb-cal.igsharedservice@nhs.net in order to complete the screening form.	**No**

3. What evidence has been used in this assessment?

List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, CQC, DoH, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), engagement / consultation with partner agencies, interest groups or patients. Where applicable, state ‘N/A’ in boxes where no evidence exists, ‘Not yet collected’ where information has not yet been collected or delete where appropriate.

Evidence source	Details
Research and Guidance (local, regional, national)	**National Strategies:** • Better Births: Improving Outcomes of Maternity Services in England (NHS England. 2016) • NHS Long Term Plan (NHS England. 2019) • The Ockenden and East Kent Reports and Recommendations • Three Year Deliver Plan for Maternity and Neonatal Services • Saving Babies Lives – Care Bundle

Evidence source	Details
	• NHS Resolutions Clinical Negligence Scheme for Trusts (CNST) **Regional and Local Strategies** • West Yorkshire Integrated Care Board • West Yorkshire Health & Care Partnership • Local Maternity and Neonatal System (LMNS) • Maternity and Neonatal Voices Partnership Mid Yorkshire Teaching Trust's Maternity Strategy.
Service delivery data such as who receives services	The MYTT maternity service reports service delivery data to the MYTT Maternity & Neonatal QSG, Quality Committee and Trust Board. The service produces a monthly Maternity Dashboard. The Wakefield Joint Strategic Needs Assessment (JSNA) has included a more detailed section on maternity in the summer of 2023. This can be found here: Maternity (wakefieldjsna.co.uk) The latest full year's data to include births at Pontefract when the Unit was open for the full year (2017/18) shows that of the 6,272 women and birthing people who gave birth at the trust there were 212 (3.4%) that chose to give birth at the Pontefract site and of those approximately 42 (20%) of women were transferred to Pinderfields during labour due to complications arising that needed transfer to the obstetric unit. In terms of babies "born before arrival (BBA)", each individual case is reviewed every month to assess risks and any learning. In 2022/23 there were 92 BBAs (1.7%) across the whole of the trust (this includes North Kirklees).
Consultation / engagement	WY ICB has a duty to involve patients and the public throughout the process of developing and transforming services. To that end, the ICB at Wakefield Place (which was previously NHS Wakefield CCG) led an engagement programme across the Wakefield District as a starting point for discussion with local people during February and March 2019. This engagement built upon feedback received to a previous exercise carried out in conjunction with the local Maternity Services Liaison Committee (MSLC) in 2017 to understand more about women and birthing people's experience of post-natal support and choices. Before and during the focused engagement in 2019, the CCG at the time involved and sought feedback from its public assurance group and the local Overview and Scrutiny Committee. Feedback from both committees was reflected in preparations for the engagement and the methods used during the period. **Independent Clinical Advice and Assurance** A separate engagement took place in 2019 and 2020 with the Yorkshire and Humber Clinical Senate who provide independent and impartial clinical advice on any proposals for service change that have significant implications for patients and the public. This was done to inform the clinical aspects of the work, feeding in key findings from public and staff engagement as they arose. **Clinical Deliberative Event** This event was held in June 2019 and brought together a range of local clinicians and staff from maternity and children's services to consider how best the needs of local families, and the requirements of national strategy could be met within the resources available and what maternity services at Pontefract hospital could look like. This session was done using FolksLab methodology to help identify new solutions. **Deliberative Event** In September 2019, the CCG held a public deliberative event. During the session, MYTT outlined the reasons for temporary suspension of births at Pontefract FMLU leading to the need to review the position, engagement

Evidence source	Details
	influencing the direction of travel, and further work with independent clinicians. Findings of a previous engagement, both patient/public/staff, and clinical view were presented to the participants. **2025 Consultation** A public consultation was held from February – May 2025 within Wakefield district to understand public views on the proposal to not reinstate birthing at the freestanding midwife-led unit at Pontefract Hospital, while maintaining antenatal and postnatal services. A total of 762 individuals participated and a separate report of findings is available. The consultation documentation was externally assured to ensure it met regulatory best practice standards requirements. People Panel, the public assurance group, were also assuring the consultation from the planning stage and feedback received was independently analysed. The target group was current and recent users of the services, as well as those likely to use the service in the future. In total, 762 individuals participated in the consultation, of which 26% were current users and 54% recent users. This included members of the public, staff and other key stakeholders including councillors and elected members. There was an online and paper survey completed by 437 people, mostly past or current maternity service users, primarily women aged 20–39 (75%), and largely residing in Pontefract, Wakefield, and Castleford. Key findings: • Awareness of birth choices was high (87%), but lower among future users and ethnic minority groups. • 76% would choose to give birth at Pinderfields Hospital. • 14% would choose an FMLU, 44% an alongside MLU and 29% a consultant led labour ward. • Among birth preferences, 44% preferred midwife-led units alongside consultant wards. • 36% of respondents felt the closure would have no impact, but 27% said it would have a big impact. • 53% of current/future users of the service felt that the proposal would have no impact. • Those who had previously used Pontefract, especially older respondents (40+), expressed greater concern about the closure. • Concerns about closure included: reduced local access, increased pressure on Pinderfields, and loss of choice. • A minority supported the proposal in free text boxes citing staffing, safety, and low demand.
Patient Experience intelligence (Complaints, Compliments, PALS, National and Local Surveys, Friends and Family Test)	**Patient Experience Feedback from Maternity Services** Patient feedback at Pontefract FMLU has consistently been good, however, for women and birthing people booked to give birth there prior to the temporary suspension, inconsistent opening times were identified as an issue in some responses. A patient safety visit was carried out at the Pontefract maternity services in January 2024 by the ICB and Chair of Wakefield MNVP. Although there was no opportunity to talk to any service users or families there was an extensive tour and explanation of services, and the matron showed how the space was utilised for the service. The visit included the antenatal area, the space the community midwives use, the Day Unit which had a dedicated quiet space, and the facilities for delivering parentcraft classes. As a result of feedback from women rooms are also used to offer timed postnatal appointments as some families prefer not to wait at home for a midwife visit. The maternity team were pleased to be able to provide an alternative offer. All antenatal services run from the site, with the exception of some specialist consultant-led clinics. Two Consultant-led clinics were running during our visit. The visit team gave some suggestions for the maternity

Evidence source	Details
	team to consider, related to improving information for women, birthing people and families.

4. Quality Impact Assessment

Quality Domain Guidance:	Description of impact:	Impact: Positive / Negative / Neutral (Assess each impact)	What action will you take to mitigate any negative impact?
Patient Safety Consider: • Safe environment • Preventable harm • Reliability of safety systems • Systems & processes to prevent healthcare acquired infections • Clinical workforce capability and appropriate training and skills • Provider's meeting CQC Essential Standards	(i) The impact on patient safety is positive. Consolidating births at Pinderfields and Dewsbury and District Hospitals has helped the MYTT maternity service to have improved safety of staffing levels at all of the 24/7 units, whilst maintaining the offer of a home birth service. It also increased the ability to implement Maternity Continuity of Carer (MCoC) pathways which are evidenced to improve safety and outcomes, particularly for families experiencing health inequalities. MCoC roll out has been paused but the expectation is to continue plans to roll this out for the future once the workforce model is stabilised. Quality and safety of services has continued to be very closely monitored while intrapartum care has been suspended at the Pontefract FMLU. MYTT maternity services received an overall improved rating of "good" from their CQC inspection in April 2022. The service is not reporting any risks in meeting the requirements of the Maternity and Neonatal Three-Year Delivery Plan; and has met all of the requirements of the Maternity Incentive Scheme and Saving Babies Lives Care Bundle.	(i) Positive Impact	N/A
(ii) Patient Safety	(ii) The impact on Pinderfields obstetric unit has been considered and it has not resulted in a significant increase in activity that would be of detriment to the unit and the safety of women and birthing people using it.	(ii) Neutral	N/A
(iii) Patient Safety	(iii) Impact on Pinderfields alongside midwifery-led unit (AMLU): Pinderfields AMLU has sufficient capacity to meet demand without impacting adversely on quality, safety or patient flow	(iii) Neutral Impact	N/A
Clinical Effectiveness Consider: • Implementation of evidence based practice (NICE, pathways, royal colleges etc.) • Clinical leadership • Care delivered in most clinically and cost effective setting • Variations in care • The quality of information collected and the systems for monitoring clinical quality • Locally agreed care pathways • Clinical engagement • Elimination of inefficiency and waste • Service innovation	(i) Care has continued to be provided in accordance with the MYTT clinical guidelines and protocols. There is no change in the clinical care provided. As a result, there has been no impact on clinical effectiveness and outcomes. Women who would have given birth at Pontefract FMLU can continue to give birth in a MLU setting (Pinderfields AMLU or Dewsbury FMLU) and experience the same outcomes that this setting provides. Intrapartum care at the Dewsbury FMLU (Bronte Birth Centre) was temporarily suspended in June 2022 due to staffing pressures, although continued to provide other maternity services including antenatal and postnatal care. Access to intrapartum care from this site was fully re-instated in April 2024. Commissioners in the WY ICB (at Wakefield and Kirklees places) have continued to monitor clinical effectiveness and outcomes and have, supported by the WY&H LMNS, benchmarked MYTT against other trusts across West Yorkshire to determine	(i) Positive Impact	N/A

Quality Domain Guidance:	Description of impact:	Impact: Positive / Negative / Neutral (Assess each impact)	What action will you take to mitigate any negative impact?
• Reliability and responsiveness • Accelerating adoption and diffusion of innovation and care pathway improvement • Preventing people dying prematurely • Enhancing quality of life • Helping people recover from episodes of ill health or following injury	quality of care provided. Feedback from the most recent LMNS Assurance visit to the trust's maternity services in December 2023 was very positive. A patient safety visit was carried out at the Bronte Birth Centre in September 2024 by the ICB and Healthwatch Kirklees. The Centre is purpose-built and is used for antenatal care and drop in hubs for postnatal clinics, as well as some community clinics. We were shown around the patient waiting area with a side clinic room, as well as the four birthing rooms – 2 of which had birthing pools. The visit was extremely positive, with a clear motivation and commitment of all staff, working in a well organised environment to deliver good quality care which was safe, effective and provided a positive experience of care.		
Patient Experience Consider: • **Respect for patient-centred values, preferences, and expressed needs**, including cultural issues; the dignity, privacy and independence of service users; quality-of-life issues; and shared decision making; • **Coordination and integration of care** across the health and social care system; • **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autotomy, self-care and health promotion; • **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings; • **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances; • I**nvolvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness	(i) Reduced choice of where to birth for women and birthing people. Ceasing intrapartum care at the Pontefract FMLU removes this site as an offer for women and birthing people who are of low clinical risk in the Wakefield district. Women have and will continue to be offered choice from the full range of choice of birth settings including homebirth, freestanding MLU, alongside MLU, and consultant led (obstetric) unit.	(i) Negative Impact	(i) The reduction of choice does not affect all women and birthing people, only those that are of low clinical risk who would have been able to access Pontefract FMLU. At its maximum, there were on average 30 women and birthing people per month receiving intrapartum care at the Unit. Of these approximately 19% needed ambulance transfer to Pinderfields during labour due to complications for either parent, baby or both. Women and birthing people in the Pontefract area and the East of the District can still access a low clinical intervention birth at home, Pinderfields AMLU, or Dewsbury FMLU. MYTT maternity services are currently working with the MNVP to increase the number of women that can access the Pinderfields AMLU and to make this a viable choice for them. This will also have the added benefit of taking pressure off the busy obstetric unit. MYTT has also appointed a lead midwife for personalised care and they are working with the MNVP leads in Wakefield and North Kirklees to look at how the offer of choice of where to give birth can be a shared decision so that women can

Quality Domain Guidance:	Description of impact:	Impact: Positive / Negative / Neutral (Assess each impact)	What action will you take to mitigate any negative impact?
and accommodation of their needs as care-givers; •**Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions; •**Access to care** e.g. time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting. [Adapted from the NHS Patient Experience Framework, DoH 2011]			have informed discussions about risk in relation to choice. This has and will continue to be monitored via patient feedback.
(ii) Patient Experience	(ii) Impact on cost of travel for women, birthing people and families in Pontefract. Women and birthing people and their partners would have further to travel for their intrapartum care. This could, in particular, impact on those on low incomes, who experience poverty or deprivation or are struggling with increases in cost of living.	(ii) Negative Impact	(ii) Women, birthing people and their partners and families will have access to full maternity care on the Pontefract site including all antenatal, postnatal, obstetric scans, consultant appointments and a range of other services that have been developed on the site. This will completely negate any increased travel time and cost as throughout their whole pregnancy. The MYTT maternity service has also produced a policy guideline for vulnerable women and birthing people. As part of ensuring personalised and holistic care midwives are trained to make an assessment or judgement around women and birthing people's ability to cover their travel costs and help is provided where needed. The most vulnerable are provided with a range of support.
(iii) Patient Experience	(iii) Impact on homebirths: A small number of women and birthing people may prefer to opt for a homebirth which are managed by the Community Midwifery team. An increase in homebirths would not impact on activity in the Pinderfields AMLU or obstetric settings.	(iii) Neutral Impact	N/A
(iv) Patient Experience	(iv) Birth experience: Both Pinderfields AMLU and Dewsbury FMLU offer a calm, relaxed, homely environment for women and birthing people and their families. Both units offer water birth which is becoming an increasingly popular choice. Closure of Pontefract FMLU will not impact on women's experience of low clinical and active involvement in their birth.	(iv) Neutral Impact	N/A

Quality Domain Guidance:	Description of impact:	Impact: Positive / Negative / Neutral (Assess each impact)	What action will you take to mitigate any negative impact?
Safeguarding Consider: • Will this impact on the duty to safeguard children, young people and adults at risk? • Will this have an impact on Human Rights – for example, any increased restrictions on their liberty?	Safeguarding policies and procedures will continue to be adhered to within other maternity/birthing settings.	Neutral	N/A
Workforce Consider: • Staffing levels • Morale • Workload • Sustainability of service due to workforce changes	(i) The service change will have a positive impact on safer staffing and sustainability of service. A more efficient staffing model has been utilised and would continue. It will help the trust to achieve the ambitions for 1:1 care in established labour.	(i) Positive Impact	N/A
Workforce	(ii) There will be minimal impact on staff. This is because existing staff have been redeployed within the MYTT maternity service as a whole.	(ii) Neutral Impact	N/A
Workforce	(iii) Maternity staff work on rotation across the services and between community and hospital which maintain and keep up to date with skills and experience to work across all maternity settings.	(iii) Positive impact	N/A
Other impacts Consider: • Publicity/reputation • Percentage over/under performance against existing budget • Finance including claims	(i) There has been a lot of local interest in this service change including local people, politicians and councillors, Wakefield Overview and Scrutiny Committee (OSC), MNVP and local media. Decisions around other service reconfiguration at Pontefract Hospital attracted a lot of attention and scrutiny and the wider assumptions about loss of maternity services have needed to be considered carefully in terms of the reputation of MYTT and the WY ICB. It has been vitally important to ensure the NHSE service change assurance policy has been applied and that OSC has been kept updated with all developments and assured of quality and safety of maternity services.	(i) Negative	Briefing local councillors, politicians and OSC. Communication plans need to be built to prepare for announcing this.

5. Action Plan - **Describe the action that will be taken to mitigate negative impacts.**

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action.)
Patient Experience (i) Reduced choice of where to birth for women and birthing people. Ceasing intrapartum care at the Pontefract site reduces this site as an offer for women and birthing people who are of low clinical risk in the Wakefield district. Women have and will	The reduction of choice does not affect all women and birthing people, only those that are of low clinical risk who would have been able to access Pontefract FMLU. At its maximum, there were on average 30 women and birthing people per month receiving intrapartum care at the Unit. Of these approximately 19% needed ambulance transfer to Pinderfields during labour due	This has and will continue to be monitored via patient feedback and service monitoring, with MNVP including this on their activity plan The maternity dashboard is presented to and reviewed at the Maternity and Neonatal Quality Surveillance Group each month, and includes patient feedback from a range of sources, including complaints	Current and ongoing.	Nick Mant, Senior Commissioning and Transformation Manager

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action.)
continue to be offered choice from the full range of choice of birth settings including homebirth, freestanding MLU, alongside MLU, and consultant led (obstetric) unit.	to complications for either parent, baby or both. Women and birthing people in the Pontefract area and the East of the District can still access a low clinical intervention birth at home, Pinderfields AMLU, or Dewsbury FMLU. MYTT maternity services are currently working with the MNVP to increase the number of women that can access the Birth Centre (AMLU) at Pinderfields and to make this a viable choice for them. This will also have the added benefit of taking pressure off the busy obstetric unit. MYTT has also appointed a lead midwife for personalised care and they are working with the MNVP leads in Wakefield and North Kirklees to look at how the offer of choice of where to give birth can be a shared decision so that women can have informed discussions about risk in relation to choice.			
Patient Experience Impact on cost of travel for women, birthing people and families in Pontefract. Women and birthing people and their partners would have further to travel for their intrapartum care. This could in particular impact on those on low incomes, who experience poverty or deprivation or are struggling with increases in cost of living.	Women, birthing people and their partners and families will have access to full maternity care on the Pontefract site including all antenatal, postnatal, obstetric scans, consultant appointments and a range of other services that have been developed on the site. This will completely negate any increased travel time and cost as throughout their whole pregnancy. The MYTT maternity service has also produced a policy guideline for vulnerable women and birthing people. As part of ensuring personalised and holistic care midwives are trained to make an assessment or judgement around women and birthing people's ability to cover their travel costs and help is provided where needed. The most vulnerable are provided with a range of support.	Women and birthing people who are particularly vulnerable are on maternity pathway that ensures their full, holistic needs are met. This is covered in the maternity service's policy for vulnerable women. Any issues around costs of transport for intrapartum care would be discussed in advance of the birth and risks mitigated.	Current and on-going	Nick Mant, Senior Commissioning and Transformation Manager
Other Impacts There has been a lot of local interest in this service change including local people, politicians and councillors,	Briefing local councillors, politicians and OSC. Communication plans need to be built to prepare for announcing this.	Briefings held and communications plan enacted.	Briefings held with OSC prior, during and post consultation period, inclusive of decision-making	Nick Mant, Senior Commissioning and Transformation Manager

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action.)
Wakefield Overview and Scrutiny Committee (OSC), MNVP and local media. Decisions around other service reconfiguration at Pontefract Hospital attracted a lot of attention and scrutiny and the wider assumptions about loss of maternity services have needed to be considered carefully in terms of the reputation of MYTT and the WY ICB. It has been vitally important to ensure the NHSE service change assurance policy has been applied and that OSC has been kept updated with all developments and assured of quality and safety of maternity services.			business briefing in summer 2025. Attendance to formally update on position post decision also scheduled.	Dáša Farmer, Involvement and Inclusion Lead

6. Monitoring and Review

Implementation of action plan and proposal:

The action plan should be monitored regularly to ensure a) actions required to mitigate negative impacts are undertaken and b) KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery.

Outcome: Once the proposal has been implemented, the actual impacts will need to be evaluated, and a judgement made as to whether the intended outcomes of the proposal were achieved

Implementation: State who will monitor / review**:**	**Name of individual, group or committee**	**Role**	**Frequency**
a) that actions to mitigate negative impacts have been taken	a) Nick Mant Engage with MYTT staff to gain numbers of patients requesting support with travel and also feedback. Engage with MYTT staff to gain their perspective around the process of patients requesting support with travel. Update WDHCP Committee on the steps taken in relation to mitigating actions.	Senior Commissioning and Transformation Manager	By autumn 2025
b) the quality indicators during the period of service delivery State the frequency of monitoring	b) monitor patient feedback via monthly MNQSG and inform actions on any trends in areas of improvement	Senior Commissioning and Transformation Manager	Monthly

Outcome	Name of individual, group or committee	Role	Date
Who will review the proposal once the change has been implemented to determine what the actual impacts were?	Maternity and Neonatal Quality Surveillance Group		Post formal decision, which is expected September 2025

7.Summary of the QIA

Provide a brief summary of the results of the QIA, e.g. highlight positive and negative potential impacts; indicate if any impacts can be mitigated; taking this into account, state what the what the overall expected impact will be of the proposed change. The QIA and summary statement must be reviewed by a member of the Quality Team.

In summary, there are a number of positive impacts that have been identified as part of this impact assessment process. These impacts have already been realised during the last five years (2019 to 2024) and are evidenced via assurance reports and assessments (including the latest CQC inspections in April 2022, and the LMNS Assurance visit in December 2023). In the main, the proposed change ensures improvements to patient safety and quality by being able to adequately staff the maternity units and ensure that resources are deployed as effectively as possible. Negative impacts have been identified, and mitigation actions have been added and will be monitored.

The overall impact has been assessed as positive.

8. QIA review undertaken by

Name	Role	Date
Nick Mant	Senior Commissioning & Transformation Manager - WYICB	31/01/2025
Debbie Winder	Associate Director of Nursing & Quality – WYICB	05/02/2025
Meinir Smith and Laura Elliott	Wakefield Place Quality team – WYICB	04/02/2025 and 14/08/2025
Sarah Mackenzie–Cooper	Equality & Diversity team - WYICB	05/02/2025
Dáša Farmer	Involvement and Inclusion Lead – WYICB	07/02/2025 and 14/08/2025

Approval to proceed	Name/ Role	Yes/ No	Date
Quality team	Debbie Winder. Associate Director of Nursing & Quality	Yes	19/08/2025
SRO	Jenny Lingrell Service Director, Children's Health and Wellbeing	Yes	19/08/2025

6-month review date (post implementation)	To be confirmed once implemented

9. Committee meeting

Committee Meeting Date	Wakefield District Health and Care Partnership Committee – January and September 2024
Agreed Actions/Next Steps with Committee (such as Committee agreed to proceed as is, proceed with risk added to corporate risk register or further information required)	The Wakefield District Health and Care Partnership Committee: • In January 2024, Wakefield District Health and Care Partnership decided not to reinstate the birthing facility at Pontefract Hospital and for maternity services to continue to provide ante-natal and post-natal care and family support, complemented by community midwifery services and home births. This decision was paused shortly after to allow for public consultation to take place before any final decision is made. • Approved the recommendation to undertake a formal consultation. It proposes that the temporary suspension of the facility to give birth at Pontefract Hospital, which has been in place since Autumn 2019, should be made permanent. Birthing at Pontefract would no longer form part of the model. Comprehensive ante-natal and post-natal care would continue at Pontefract, complementing services offered in community settings across the district and at Pinderfields Hospital.