

Update on St Mary's Birth Centre

Leicester, Leicestershire and Rutland Joint Health
Scrutiny Commission

30/04/2026

Maria Laffan
Chief Nursing Officer
Leicester, Leicestershire and Rutland and
Northamptonshire Integrated Care Boards

Useful information

- Ward(s) affected: Leicester, Leicestershire and Rutland
- Report author: Ket Chudasama, Deputy Chief Strategy and Planning Officer
- Author contact details: ket.chudasama@nhs.net 07760 990396
- Report version number: 1

1. Summary

The ICB considers that a sound and lawful decision-making process was followed in relation to the implementation of the agreed relocation of births from St Mary's Birth Centre. The Board decision was informed by a comprehensive body of evidence, brought together in a public Board report, and supported by a targeted engagement programme focused on the impact of the pause in services at St Mary's Birth Centre, designed in line with statutory duties and adjusted in response to feedback received.

The decision was taken by the LLR ICB Board at a meeting held in public, following structured consideration of a comprehensive body of evidence relating specifically to St Mary's Birth Centre, and clear decision-making criteria. The Board explicitly considered patient safety, workforce and financial sustainability and service activity in the context of service delivery at St Mary's, alongside engagement findings, legal advice, and Equality and Quality Impact Assessments.

Public participation and scrutiny were actively enabled, including direct input from the Save St Mary's Birth Centre campaign group reflecting the importance of the service to the local community in Melton and responses to public questions at the meeting.

The Board formally considered the LLR Joint Health Scrutiny Committee's request to defer the decision, which was debated in public session. The Board agreed not to defer, noting that no new information was available or anticipated that would materially alter the position, and the decision and rationale were clearly minuted to provide transparency and an auditable decision trail.

Taken together, these steps provide assurance that the decision-making process was transparent, evidence-based and compliant with statutory duties.

2. Recommendation(s) to scrutiny:

Leicester, Leicestershire and Rutland Joint Health Scrutiny Commission are invited to:

- **Note** the ICB's decision-making process and the evidence demonstrating that statutory duties and good practice were met
- **Note** the ICB Board considered the JHSOC request to defer the decision, debated it in public, and recorded a clear rationale for proceeding
- **Note** the ICB's final decision, as agreed by the LLR ICB Board on 19 March 2026

3. Purpose of the report

This report is provided in response to the LLR Joint Health Scrutiny Committee's request to scrutinise the decision-making process followed by NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) in relation to St Mary's Birth Centre. The Committee has

requested assurance that the process by which the decision was reached was robust, transparent and compliant with statutory and legal requirements.

The purpose of this paper is therefore to set out the elements that constitute a sound NHS commissioning decision-making process and to describe how those elements were evidenced in practice. The paper does not revisit the merits of the decision itself, which was taken by the LLR ICB Board on 19 March 2026.

4. Decision-making framework and statutory requirements

The ICB's approach to decision-making is governed by a clear statutory and governance framework. This includes duties under the NHS Act 2006 (as amended), the Equality Act 2010 and the Public Sector Equality Duty, and common law principles of fairness, including the Gunning principles. The ICB is also required to have regard to the Triple Aim Duty under the Health and Care Act 2022 and to apply the LLR Inclusive Decision-Making Framework to significant commissioning decisions.

Legal advice was sought throughout the process and confirmed that the 2021 public consultation and decision to relocate births from St Mary's Birth Centre remains lawful and extant. In applying this framework in practice, the Board was guided to assess the decision against defined criteria, including safety, workforce and financial sustainability and service activity, rather than revisiting the merits of the original 2021 consultation.

The legal advice was reflected explicitly in the Board report and provided assurance that the approach taken met statutory and common law requirements. This external legal review provides additional assurance regarding the robustness of the process followed.

Legal advice was referenced during the Board's consideration and confirmed that the approach taken represented implementation of an existing, lawful decision and that a proportionate engagement approach was appropriate, rather than a further formal public consultation. The Board formally approved that statutory duties had been met and that an effective and robust engagement process had been undertaken.

5. Evidence-based decision-making

The Board report considered on 19 March 2026 was designed to ensure that Board members had access to all relevant information needed to support an informed decision. The report brought together clinical safety, workforce sustainability, activity, financial and national policy evidence, alongside the findings from the engagement report. The full set of documentation considered by the Board is included in section 9 of this report.

The report also included explicit consideration of equality and quality impacts through the inclusion of the Equality Impact Assessment and Quality Impact Assessment, and set out the legal position and statutory duties in full.

The Board discussion demonstrates that this evidence was actively tested and debated in public, alongside qualitative feedback from women, families, staff and students. The Chair and Executive leads consistently reinforced the need to ground the decision in this evidence base, ensuring a rational and structured approach to decision-making.

This ensured that the decision was taken with full visibility of the benefits, risks, impacts and mitigations, and that the rationale for the recommended course of action was clearly articulated in a public forum.

6. Public engagement and involvement

The engagement programme was designed to focus on those most directly affected by the pause in services at St Mary's Birth Centre, including women and families, maternity staff and students, and key stakeholders such as the Maternity and Neonatal Voices Partnership, Healthwatch and local voluntary sector partners. It was structured to be accessible through a range of methods, including an online and paper questionnaire, focus groups and one-to-one discussions, and was supported by targeted communications through a range of channels.

Importantly, the engagement approach was not static. In response to early feedback, the ICB extended the engagement period, widened eligibility to include people who had used St Mary's Birth Centre between 2021 and 2025, added additional online focus groups including evening sessions, and broadened communications activity. These changes demonstrate that the engagement was responsive to what was being heard and was adjusted to strengthen the robustness of the evidence base informing the Board's decision.

Engagement was also subject to external and lay scrutiny. The ICB presented its proposed engagement approach, evidence base and emerging findings to the Patient and Public Involvement Advisory Group (PPIAG) in February 2026. PPIAG provided feedback on the approach and confirmed their support for the engagement methodology and its use in informing the Board's decision, providing additional assurance that the process was appropriate, inclusive and proportionate.

6.1 Engagement feedback and next steps

The ICB recognises that engagement relating to the pause of services at St Mary's Birth Centre raised strong views and concerns from women, families and the wider community, particularly in relation to choice, travel and the longer-term future of the site. Feedback also included constructive suggestions for how maternity services at the Leicester Royal Infirmary (LRI) and Leicester General Hospital (LGH) could be improved.

While the Board's decision related to the implementation of an existing lawful decision, the ICB remains committed to ensuring that feedback continues to inform service planning and improvement.

To ensure feedback is reflected in future work, the ICB will:

- Meet with the leaders of the St Mary's Campaign Group to maintain dialogue, understand ongoing concerns and discuss how feedback can inform future service planning.
- Ensure the Maternity and Neonatal Voices Partnership (MNVP) is involved in the development and co-design of existing maternity services at UHL.

7. Equality and quality considerations

A full Equality Impact Assessment was completed and reviewed prior to the Board decision, in line with the LLR Inclusive Decision-Making Framework. The assessment identified negative impacts associated with the relocation of births, particularly in relation to travel, choice and rural access, and considered impacts across protected characteristics and inclusion health groups. It also set out mitigations, including the continuation of antenatal and postnatal services in Melton and access to alternative birth settings across LLR. The assessment concluded that, while impacts exist, the decision could be objectively justified in the context of safety, sustainability and the wider population benefit.

A Quality Impact Assessment was also undertaken to consider patient safety, clinical effectiveness, patient experience, staff experience and wider system impacts. This assessment identified areas of higher impact, particularly in relation to patient and staff experience, and set out mitigations and monitoring arrangements. The assessment confirmed that risks were understood, proportionate and manageable within existing pathways.

During the Board meeting, the Equality and Quality Impact Assessments were explicitly referenced, with Board members acknowledging the negative impacts identified, particularly in relation to rurality, travel and access, and confirming that these impacts had been weighed alongside safety and sustainability considerations as part of the decision-making process.

8. Transparency and public scrutiny

The decision was taken at an ICB Board meeting held in public in Melton, recognising the significance of the service to the local community and supporting transparency and accessibility. This location was chosen deliberately to reflect the importance of the decision to the people of Melton and the surrounding area.

The Chair invited a representative of the Save St Mary's Birth Centre campaign group (Councillor Helen Cliff) to address the Board directly prior to formal consideration of the item, ensuring that lived experience and challenge were heard first-hand.

All public questions submitted in advance of the meeting were read aloud and responded to during the meeting itself. Written responses were also provided to those who submitted questions. This approach ensured openness, accountability and a clear public record of how issues raised by members of the public were considered and addressed.

8.1 Consideration of Scrutiny Input

The Board also formally considered the LLR Joint Health Scrutiny Committee's request to defer the decision. The request was debated in public session, following which the Board agreed not to defer, noting that no new information was available, nor anticipated, that would materially alter the position and that deferral would not add value. The decision and rationale were clearly minuted, providing transparency and an auditable decision trail.

9. Related Board Papers and Supporting Documents

The decision-making process described in this report is supported by a set of Board papers and appendices that were considered by the LLR ICB Board at its meeting in public on 19 March 2026. These documents form the formal evidence base for the decision and are publicly available. The principal Board paper, [St Mary's Birthing Unit](#), sets out the background, evidence, legal advice, engagement findings and recommendations that informed the Board's decision.

The Board paper is supported by the following appendices.

- [The Engagement Report: The Impact of the Pause of Service at St Mary's Birth Centre \(March 2026\)](#) provides a detailed account of the engagement undertaken between 5 January and 15 February 2026, including feedback from women, families, carers, staff and students, and the themes that informed the Board's consideration.
- [The Inclusive Decision-Making Framework \(Equality Impact Assessment\) – Part B \(Version 9\)](#) documents the equality analysis undertaken in line with the LLR Inclusive Decision-Making Framework, including consideration of impacts across protected characteristics and inclusion health groups, together with mitigations and justification.

- [The Quality Impact Assessment – St Mary’s Birth Centre \(Version 1\)](#) assesses the impact of the decision on patient safety, clinical effectiveness, patient experience, staff experience and wider system impacts, and sets out mitigating actions and monitoring arrangements.

Together, these documents provide the full public record of the evidence, engagement and impact assessments that underpin the decision-making process described in this paper.

10. Conclusion

Having regard to the full body of evidence set out in the Board paper and its supporting appendices, the ICB considers that a lawful, fair and proportionate decision-making process was followed. The process ensured that engagement was meaningful and responsive, that equality and quality impacts were properly considered, and that the decision was taken transparently in public with appropriate opportunities for scrutiny and challenge.

The ICB therefore considers that the decision-making process relating to St Mary’s Birth Centre was sound and robust and welcomes the opportunity to provide assurance to the Joint Health Overview and Scrutiny Committee.

11. Recommendation to Scrutiny

The Joint Health Overview and Scrutiny Committee is invited to

- **Note** the ICB’s decision-making process and the evidence demonstrating that statutory duties and good practice were met
- **Note** the ICB Board considered the JHSOC request to defer the decision, debated it in public, and recorded a clear rationale for proceeding
- **Note** the ICB’s final decision, as agreed by the LLR ICB Board on 19 March 2026

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

The implications were considered in the public Board report.

[St Mary’s Birthing Unit](#) (paragraphs 35-37)

Signed: Ket Chudasama

Dated:02.04.2026

4.2 Legal Implications

The implications were considered in the public Board report.

[St Mary's Birthing Unit](#) (paragraphs 91-95)

Signed: Ket Chudasama

Dated: 02.04.2026

4.3 Equalities Implications

The implications were considered in the public Board report.

[St Mary's Birthing Unit](#) (paragraphs 82-85) and appendix 2

Signed: Ket Chudasama

Dated: 02.04.2026

4.4 Climate Emergency Implications

The implications were considered in the public Board report.

[St Mary's Birthing Unit](#) (paragraphs 82-85) and appendix 2

Signed: Ket Chudasama

Dated: 02.04.2026

4.5 Other Implications

The quality implications were considered in the public Board report.

[St Mary's Birthing Unit](#) (paragraphs 86-90) and appendix 3

Signed: Ket Chudasama

Dated: 02.04.2026