

Cover page	
Meeting	Joint Health Overview & Scrutiny Committee
Agenda Item No.	
Paper Title	RSH Midwifery Led Unit
Date of meeting	31st July 2019
Date paper was written	22 <sup>nd</sup> July 2019
Responsible Director	Barbara Beal – Interim Director of Nursing & Quality
Author	Jo Banks – Women & Children’s Care Group Director
Executive Summary	
<p>Building regulations since 1979 have changed to meet revised principles over the years. The now aged Royal Shrewsbury Hospital Copthorne building does not meet current regulatory standards and needs to be updated. Services therefore need to be relocated whilst building adjustments are made to meet the regulatory requirements of building safety within the copthorne building. This work required is external to the recently refurbished Shrewsbury Midwifery Led Unit (Shrewsbury MLU); however will be in the locality.</p> <p>This paper provides the members with information regarding the temporary suspension of intra-partum care at RSH MLU and the current proposed relocation of ante-natal, community services and early pregnancy assessment services located within the RSH MLU with associated approximate timescales.</p>	
Previously considered by	

The Board is asked to:			
<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<i>Select the strategic objective which this paper supports</i>
	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	<input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	<input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	<input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions

	<input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	Risk 1204: <i>If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage</i>
Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	No

## **Situation**

The purpose of this paper is to inform the committee of the maternity services provided from Shrewsbury MLU.

Building regulations since 1979 have changed to meet revised principles over the years. The current building does not meet modern regulatory standards and therefore needs to be updated. Services therefore need to be relocated whilst building adjustments are made to meet the regulatory requirements of building safety within the cophorne building (external to the Shrewsbury MLU).

## **Progress**

### *Phase 1 -*

The inpatient (intra-partum) care element of the service has been temporarily suspended on the 10<sup>th</sup> June 2019 (for up to 6 months) whilst phase 1 planning and building work commences within the cophorne building. This is to ensure that the experience of birthing women will not be affected by construction noise and disruption. The Shrewsbury MLU birth activity of up to 10/month will be relocated to Wrekin MLU at Princess Royal Hospital.

### *Phase 2 -*

As the building adjustments progress; the non-inpatient (community) element of maternity services provided within the Shrewsbury MLU "foot print" (including midwifery and obstetric antenatal care, community midwifery teams, EPAS and Scanning) will need to relocate. It is estimated that this is not required to be enacted until late August to mid-September 2019.

The environment for the relocation of all community midwifery services within the Shrewsbury area is now confirmed; these are as follows:

1. Relocate midwifery and obstetric antenatal care, EPAS and Scanning to the "old" fertility service area within the main Shrewsbury hospital. This is reliant on EBME moving out of the area once the basement accommodation is available to them. This is estimated to take up to 6 weeks within the Phase 1 timescales. The old fertility service area will then have to be refurbished to accommodate the maternity services described above.
2. Relocate community midwifery teams (up to 30 staff) to alternative accommodation. This is currently identified as the Mytton Oak building on the main Shrewsbury Hospital site. Estates are working with the midwifery team to scope the refurbishment required and timescales to re-locate.

## **Conclusion**

The environment for the relocation of non-inpatient (community) elements of maternity services provided within the Shrewsbury MLU "foot print" (including midwifery and obstetric antenatal care, community midwifery teams, EPAS and Scanning) is now confirmed.

An estates and clinical task and finish group are meeting fortnightly (next meeting 29<sup>th</sup> July 2019) to scope and assess timescales and work required; with subsequent project planning, timescales and oversight by the Interim Head of Estates. This is executively led within the Trust by the Director of Corporate Governance.

## **Recommendation**

The committee are asked to receive the report.