Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Council of Governors	Agenda item:	10
Date of Meeting:	2 December 2021		

Title of Report:	Outline Business Case: Alongside Midwifery Unit (AMU) and Maternity Day Assessment Unit (DAU)
Status:	For information
Board Sponsor:	Rhiannon Hills, Deputy Chief Operating Officer
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Appendices	Appendix 1 - Alongside Midwifery Unit (AMU) and Maternity Day Assessment Unit (DAU) Project: Summary of Outline Business Case Progress

1. Executive Summary of the Report

In January 2020 the joint Governing Bodies of BSW CCGs approved a proposal to improve and modernise maternity services across the region as set out in the Transforming Maternity Services Together public consultation.

The proposal was made up of six elements, one of which was to build and Alongside Midwifery Unit (AMU) at the RUH in Bath.

In March 2021, the Trust commenced work to develop an Outline Business Case (OBC) as part of the required process to secure funding for the AMU. As part of the Transformation Plan, there was also a requirement to refurbish the Maternity Day Assessment Unit (DAU) in response to other changes implemented as part of the plan. Therefore, the DAU refurbishment forms part of this case.

The OBC is near completion; a summary of the progress and outputs has been shared at relevant internal Boards and System meetings throughout November. A summary document is attached and will be supported via presentation slides at the December Council of Governors meeting. The fully drafted Outline Business Case will then be taken through relevant internal Boards in December, in preparation for Board of Directors sign off in January 2022.

2. Recommendations (Note, Approve, Discuss)

The Council of Governors is asked to **note** the summary of progress to date, **discuss** as required, and acknowledge that the fully drafted Outline Business Case will be available for approval in January 2022.

3. Legal / Regulatory Implications

The AMU project will support delivery of Better Births: Improving outcomes of maternity services in England (2016) and the National Maternity Transformation Programme.

The project is integral to delivering the system-wide 'Transforming Maternity Services Together' Programme which plans to deliver the outputs of a formal consultation process.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

There is a risk that capital funding will not be secured to take the project through to the Full Business Case and construction phases.

There is reputational risk to the Trust if the project is not developed through to construction phase in line with the consultation outcome.

5.	Resources Implications (Financial / staffing)

The OBC has been funded using the New Hospital Programme seed funding, received as part of the Trust's Shaping a Healthier Future programme.

The project will require capital funding to proceed; there are no plans to fund the construction phase internally, central funding will be sought. However, the Trust will need to consider internally funding for the Full Business Case stage.

There is expected to be a revenue burden for the Trust; the project's cost advisor and economic and financial modeller are currently finalising this position. The cost:benefits appraisal affordability position and financial risks will be set out in the fully drafted Outline Business Case. The report includes indicative costs for Capital and Revenue costings.

6.	Equality and Diversity

A full Equality Impact Assessment has been carried out for this project; the Trust's Diversity and Inclusion Committee has reviewed this EIA.

7.	References to previous reports

Transforming Maternity Services Together: Public Consultation and Outcomes

8.	Freedom of Information

Public

Summary of Outline Business Case Progress:

Alongside Midwifery Unit (AMU) and Maternity Day Assessment Unit (DAU) Project

1.0 Project Context

In 2016, a Local Maternity System (LMS) was created across the BaNES, Swindon and Wiltshire (BSW) geography to improve experience for mums and families and support delivery of the national Better Births recommendations.

In parallel to this, the Royal United Hospital in Bath had begun conducting a review of place of birth options for women within its services. This review was then extended to facilitate an assessment of place of birth options for all women across BSW. The assessment identified the following key elements:

- There was a lack of parity of choice for women when choosing where to deliver their babies. Only women living in the Swindon and North Wiltshire area had access to an Alongside Midwifery Unit (AMU).

- There had been a shift in locations where women were choosing to birth their babies resulting in an increase in low risk women choosing the option of an acute hospital Obstetric Unit and a subsequent underutilisation of Freestanding Midwifery Units (FMUs).

Engagement activities were then held across our area to better understand the reasons for these changes and the views of women and families in relation to place of birth. More than 2,000 women and families were involved in this work along with our staff and proposals for change were co-created. Listening to feedback during this process, our proposals were extended to also include a review of postnatal community beds, home birth services and antenatal and postnatal community care.

A set of final recommendations based on the thematic outcomes of the consultations were presented to an independent Expert Panel in September 2019 prior to the completion of this Decision Making Business Case.

The final recommendations for transformation of Maternity Services were presented to the BaNES, Swindon and Wiltshire CCGs Governing Bodies on Thursday 16 January 2020 and were approved.

Figure 1 – The story so far

Outline Business Case

Following the approval of the Decision Making Business, the RUH Project Team have been developing an Outline Business Case for the second of the recommendations – **To Create an Alongside Midwifery Unit at the Royal United Hospital**.

This proposal is one of the six recommendations in the Local Maternity System Transformation Plan and therefore forms part of wider system plans to improve and modernise maternity services across the region.

Due to the impact of changes made under other recommendations for the transformation of maternity services and changes in clinical guidelines and safety standards, the project scope also includes the expansion of the Day Assessment Unit (DAU) which formed part of the original financial costings in the Decision Making Business Case.

The case for change for the OBC project is described in the table below:

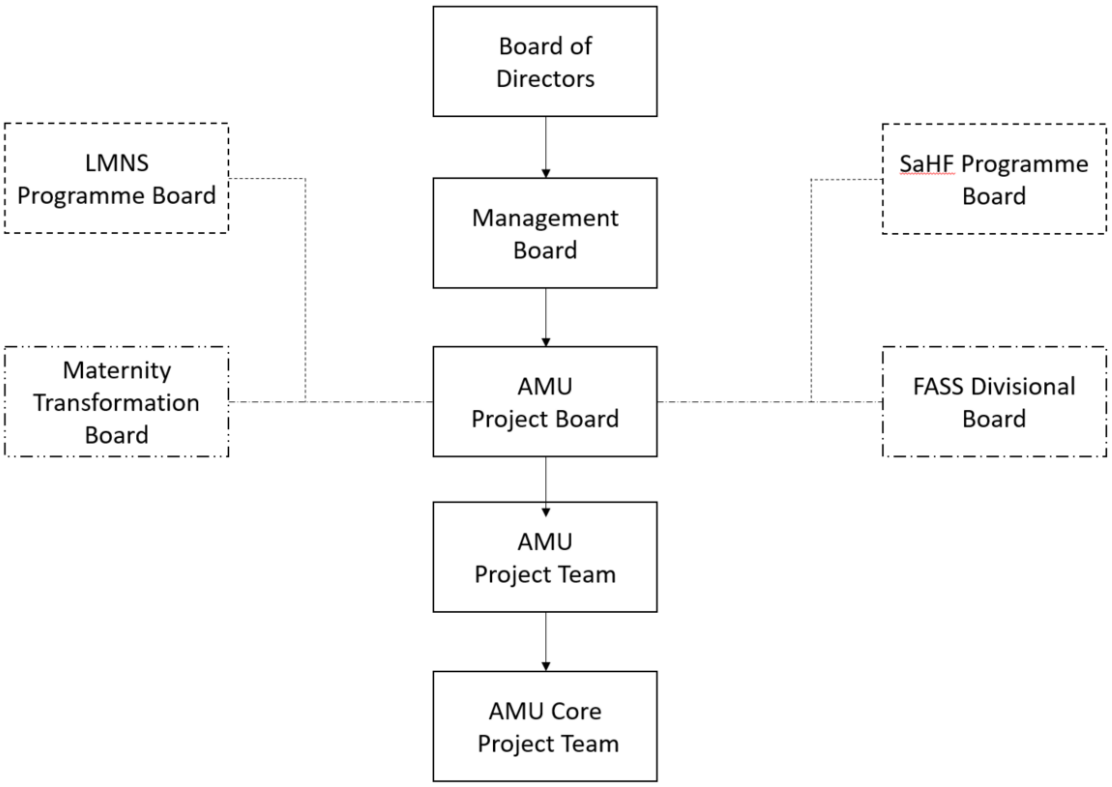
Case for change	AMU/DAU OBC Investment Objective
Only women living in Swindon and North Wiltshire had access to an AMU and only women living in the Bath and West Wiltshire areas have access to a Freestanding Midwifery Unit	**Deliver increased choice of place of birth from 3 to 4 by creating an AMU at RUH Bath to meet low risk pathway service demand**
Increase in low risk women choosing the option of an acute hospital Obstetric Unit and a subsequent under-utilisation of FMUs	**Reduce low risk pathway demand on the Obstetrics Unit through providing a new onsite low risk service at Combe Park**
Increasing future demand on Maternity Day Assessment Service	**To improve the safety and quality of service for women attending the Day Assessment Unit by increasing capacity**
Existing DAU at Combe Park site sub-optimal in terms of sustainability and environment and NHS Net Zero Carbon requirements	**Improve the sustainability of the estate through aspiring to achieve BREEAM 'Excellent' for new buildings and 'very good' for refurbishment, plus improve the long term physical condition of the DAU by eliminating all critical backlog maintenance**

Core to this programme of transformation is meeting the needs and wishes of local mums and their families and strong engagement with women, families and staff continues to be a key component of the programme.

2.0 Project Governance

The Project has a clear governance structure over seen by a Project Board and supported by a project team (providing project management expertise) and a Core Project Team. The Project reports into Management Board but also has direct links into the Shaping a Healthy Future Board (SAHF) and the BSW wide Local Maternity and Neonatal Services Programme Board (LMNS).

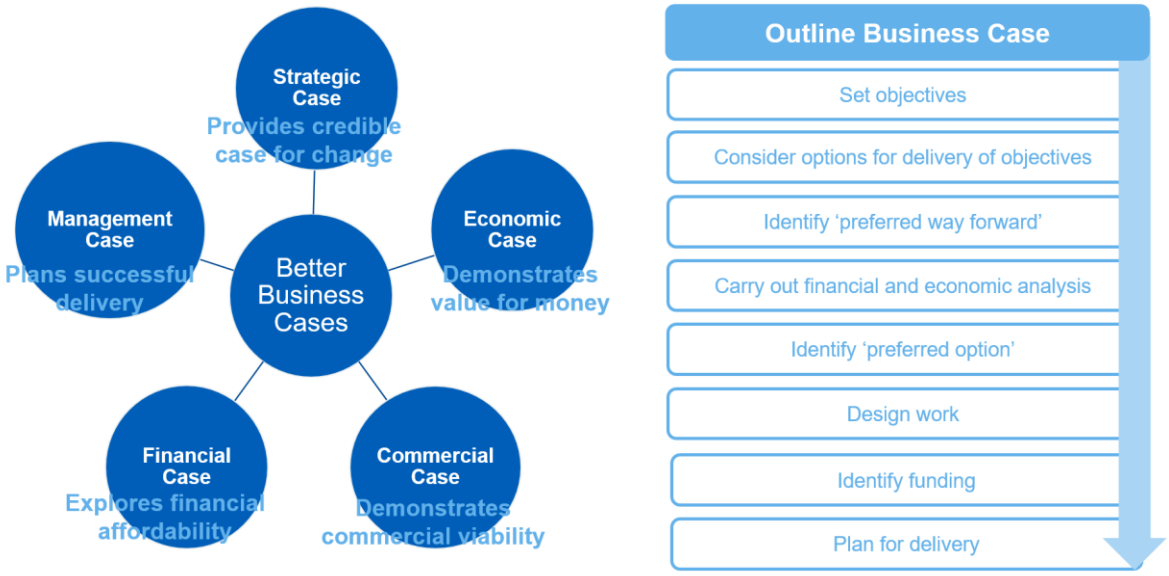
Figure 2 - Project Governance



3.0 Project Objectives

The development of the Outline Business Case has followed the HM Treasure Green Book approach which has five elements that make up the case. The figure below sets out these five elements.

Figure 3 – OBC Development



The project aims to deliver four key **Investment Objectives (IOs)**. The IOs are a fundamental element of setting the rationale for change and drivers for intervention.

They describe clearly what the Trust is seeking to achieve in terms of key targeted outcomes and set the basis of post project evaluation.

1) To deliver increased choice of place of birth from three to four birth settings (as part of the Better Births national strategy and local consultation) by creating an Alongside Midwifery Unit to meet low risk pathway service demand projected to be 630 maternities in 2022/23 and will meet future demand (calculated from demographic growth and birth rate trend) from 2023

2) To improve the safety and quality of service for women attending the Day Assessment Unit by increasing capacity to meet 9,250+ appointments per annum on site at Combe Park from 2023

3) Reduce low risk pathway demand on the Obstetrics Unit by 15% for year one to 18% in year two and onwards through providing a new onsite low risk service at Combe Park and improving capacity for high risk pathways

4) Improve the sustainability of the estate through aspiring to achieve BREEAM 'Excellent' for new buildings and 'Very Good' for refurbishment, plus improve the long term physical condition of the Day Assessment Unit by eliminating all critical backlog maintenance, achieving minimum rating of "category B" on all elements of the six facet survey by 2023

4.0 Options for Delivery

As part of the development of the outline business case, a wide range of options which would potentially deliver the investment objectives have been considered. This process included the testing of each option against a set of benefits criteria to identify a shortlist which was then assessed further to identify the 'preferred option'.

The following questions were considered as part of this process:

- What are the benefits of each option?
- Which option is the best fit for meeting people's needs?
- How much value for money does each option provide?
- How much would each option cost to build?
- How much would each option cost to run?
- What are the risks of each option?
- What impact would the options have on our workforce?

The shortlisted options are shown in the table below:

Option 0	Business as usual:	Keep services as they are
Option 1	Do minimum:	Refurbish DAU + new build AMU
Option 2	**Preferred Way Forward:**	**Refurbish DAU + ultrasound + new build AMU**
Option 3	Do maximum:	New build DAU + new build AMU

These four options were also subject to economic modelling to identify the most economically viable option, of which, option 2 was the preferred option (as shown above).

To deliver the four Investment Objectives, the recommendation is that we build a new AMU and refurbish the DAU, with an additional ultrasound room.

5.0 Project Benefits

Project benefits have been identified against each of the Trusts True North goals:

True North Goal	Project Benefit
	• Increased choice in place of birth • Supports continuity of care • Higher chance of breastfeeding when compared to women who plan to give birth in an Obstetric Unit • Reduced likelihood of transfer during labour • Pleasant care environment (physical) • Pleasant waiting environment in DAU • Confidence in future of local services • Additional visitor car parking spaces • Less travelling for women living in Bath and wanting to birth in a Midwife-led unit • Improved capacity for high risk pathways
	• Improved recruitment / retention • Reduced staff sickness • Clinical efficiency • Increased capacity (5 rooms) to help meet growth (reduces pressure on obstetric unit) • Provide staff with greater options to work in different care settings & skills used to best effect • Improved facilities within which to work • Increased staff satisfaction due to staff facilities and dedicated space for rest
	• Improved quality and outcomes in DAU • Lower risk of error due to poor physical environment • Clinical benefits of midwifery led birth available to more women • Avoided ultrasound clinic overrunning • Pride and reputation • Consistent with national plans & Ockenden report • Reduce pressures on the Obstetric Unit capacity improving patient safety and quality

	• Delivery of public consultation & ICS maternity strategy • Public consultation commitment actioned
	• Reduction in number of women who Did Not Wait • Increased capacity in DAU to help meet growth • Reduce FM & estate costs in new AMU • Elimination of backlog maintenance in DAU • Elimination of backlog maintenance to Linen Block • Resilient service because of co-location of AMU with obstetric-led unit • Rental saving x 2 FMU supporting births plus Chippenham and Paulton post-natal bed space • Re-use of freed-up space = avoided capital costs • Environmental benefits from modernised facilities e.g. carbon emissions • Improved staff satisfaction, recruitment and retention to support future workforce

6.0 Demand and Capacity Modelling

The project aims to increase service provision to meet demand. The project therefore undertook demand and capacity modelling to identify what the future demand needs will be, and how many clinical rooms would be required within the designs to meet this need.

Our clinicians worked with Healthcare Planners to identify how many consulting rooms the refurbished DAU and birthing rooms the AMU would need. The process consisted of six stages:

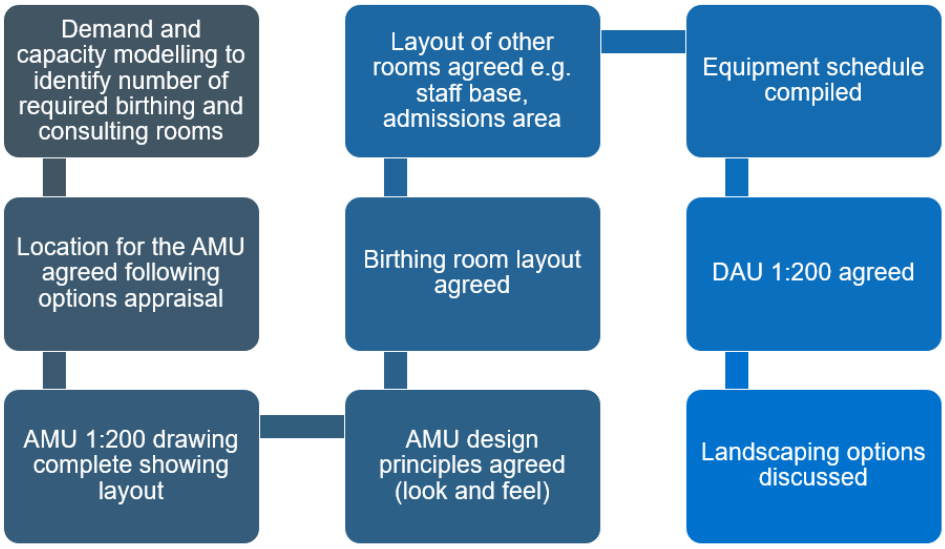
1)	**Pathway mapping:**	the AMU and DAU pathways were mapped out, including planned pathway changes to ensure the space could accommodate future changes in demand
2)	**Data gathering**	population projections were used to determine current and future demand for the DAU and AMU
3)	**Modelling assumptions agreed**	e.g. assumed length of appointment time, assumed number of DAU appointments per maternity
4)	**Demand modelling**	Projected number of appointments for the DAU and projected number of AMU births mapped out for the next 10 years
5)	**Capacity modelling**	Consulting room capacity determined by [*Total number of appointments projected x average appointment duration of 45 min / 52 working weeks of the year / 5 days open per week (for routine appointments) / 12 hours open per day (0800-2000)]* A 60% room occupancy rate applied to take into account of the relatively unplanned nature of the service and to accommodate peaks in demand. Birthing rooms capacity determined by [*number of maternities / births per room per year].* This follows the Midwifery Unit Network approach which is the most recent published guidance document for determining required capacity.
6)	**Projected capacity requirements**	for DAU confirmed as four assessment rooms and 1 ultrasound room and AMU required capacity confirmed as five birthing rooms

The Healthcare Planners then prepared a ‘schedule of accommodation’ which is based on Health Building notes (HBN) technical guidance

7.0 Design Process

The Trust has worked with the Design Team to develop the proposals for the AMU and DAU- the detail is included in Appendix A - the Design Narrative.

Figure 4 - Design Process – Key milestones



The following considerations were made as part of the design process (listed in order of completion):

Location	Three options for the location of the AMU were considered and assessed by project stakeholders. The preferred location was considered and recommended by project stakeholders and approved by Project Board.
AMU 1:200	The 1:200 refers to the scale and level of design detail. The preferred layout was considered for innovative design, function and relationships.
AMU Look and Feel	The design principles were agreed for the AMU colour palette, use of natural materials and introduction of natural light, which follow the Look & feel theme of homely comfort and nature.
Birthing room layout	Three options were offered for birthing room furniture and fittings layouts, considered with input from women and staff engagement to agree the preferred option for natural light, birthing pool and patient bed configurations.
Equipment scheduling	The design team worked with women and clinicians to identify the equipment needed for the AMU and DAU.
Layout of other rooms	Layout for admissions area, interview room and staff base were considered and agreed using 3D visualisation mock ups.

DAU 1:200	Two options for the DAU department layouts were discussed and the preferred layout agreed.
Landscaping	Carefully considered Landscaping designs have been proposed to serve the AMU Birthing Rooms, Staff and public with privacy, relaxation and wellbeing being key design principles.

8.0 Engagement

Throughout the entire programme of work, women, family and staff views and input have been sought at every stage, including development of the OBC and the design phase for the AMU and DAU.

As part of the development of the OBC, the Design Team held five meetings with women, families and staff, two focus groups and six meetings with clinical staff to inform the design work. See ***Appendix A*** for examples of where user feedback has informed the designs for the AMU and DAU.

Figure 5 - Scope of project engagement (OBC)

Over 4000 people engaged with as part of the Transforming Maternity Services Together consultation

Over 800 people directly engaged with throughout the OBC development including:

- **Over 40** regular contributors
- **132** maternity staff members
- **144** members of the public
- **Over 500** wider RUH staff

9.0 Financial and Economic Modelling

The early outputs from the economic and financial modelling show that it will be more affordable to the Trust in the long term to undertake the project then to not proceed. There is a positive cost:benefit ratio of around 1:3.

The modelling shows the revenue burden of the project is affordable to the Trust. There is around £170k of running costs which will need to be picked up through divisional budgets and a further £863k Trust overheads (including interest which will decrease year on year).

The scheme will cost just under £15m, exclusive of the Full Business Case and some enabling works (total cost £1.5m) for which we are seeking a separate funding source. The project must remain under £15m for all elements we are seeking external funding for, according to approvals thresholds set by NHSEI.

10.0 Strategic Risks

The project is supported by a full risk and issues log which is reviewed regularly by the Project Board and high risks are escalated to the SaHF Programme Board. The key strategic risks from the project are as follows:

There is no allocated funding for the construction phase of this project. We are seeking to secure funding from a central route as and when monies become available, however this will require an NHSEI compliant Full Business Case.

The Full Business Case will require the development of the building design in more detail and contractor procurement in preparation for the construction phase. It is anticipated that it will cost in the region of £1.25mil to develop the Full Business Case for this project. Funding for the Full Business Case has not been identified.

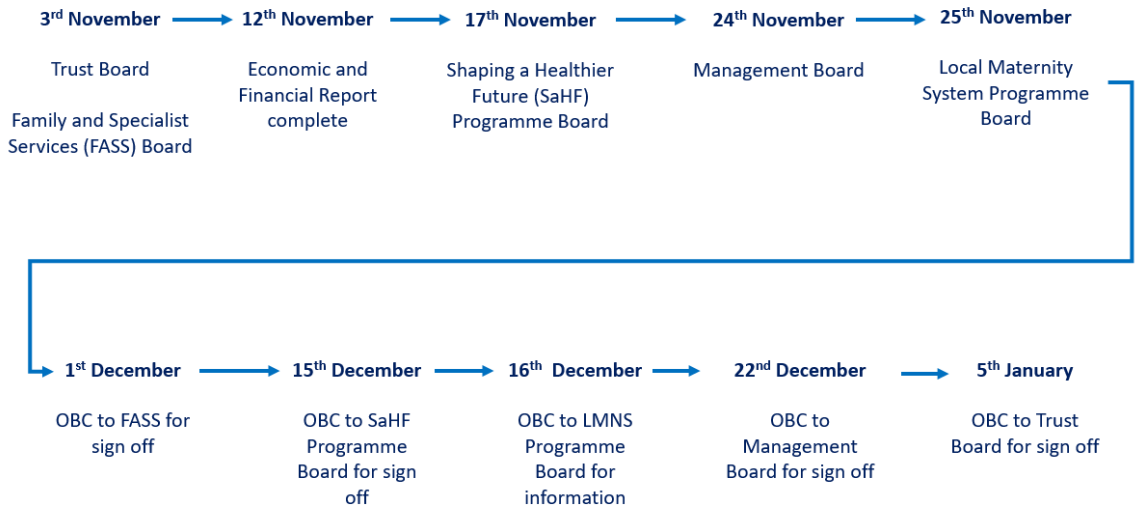
The Trust could opt to fund the Full Business Case at risk, on the assumption that the project will be successful in securing capital funding. The alternative option is to pause the project at its current phase (end of Outline Business Case) and seek capital funding for both the Full Business Case and the construction phases. This, however, would mean reducing the scope of the project in order to keep total business case costs under £15m.

There is a reputational risk of not delivering on this project. There has been significant engagement with the local communities and maternity staff over a number of years. The Trust went through a full consultation process to reach the decision to build an AMU, this project is not in isolation and is part of the wider maternity transformation programme. Elements of the programme have already taken place for example. The ceasing of births in two of the community units. There is a risk to staff satisfaction and moral thus retention of not delivering on this project.

11.0 Next Steps

Throughout November, the key narrative from the business case has been presented at relevant internal and external Boards to ensure engagement and awareness of the project outputs. The full draft OBC will be completed by the beginning of December. This will go through the same set of Boards for sign off, prior to final sign off at Trust Board in January 2022.

Figure 6 - OBC Sign off timeline



Once the OBC is complete and signed off at Trust Board, funding will need to be identified for continuation to the next stage - Full Business Case.

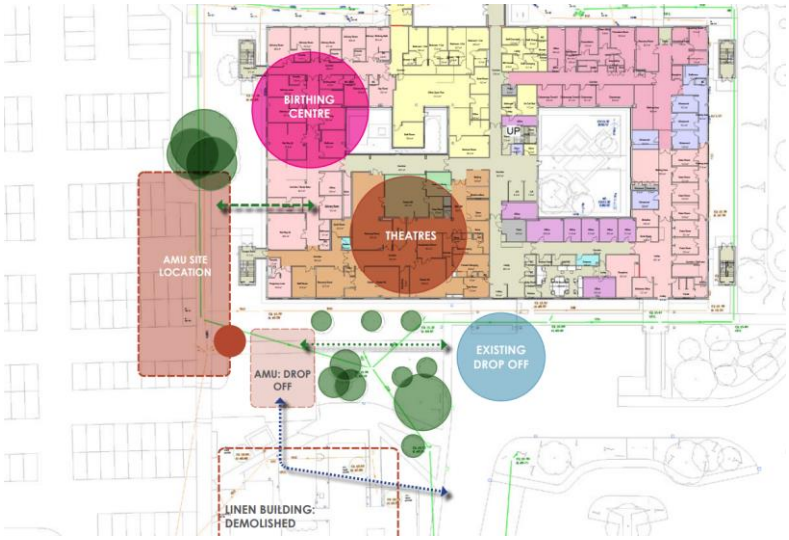
Appendix A - Design Narrative

1.0 Alongside Midwifery Unit

1.1 Location

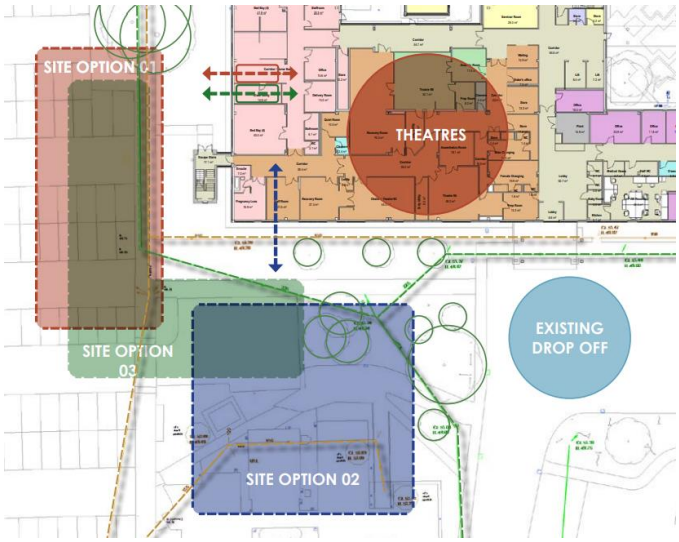
The AMU will be located on the West side of the Princess Anne Wing:

Figure 1 – Location of AMU build



This location was selected following an options appraisal which considered three different locations:

Figure 2 – Location options considered



The three options were assessed from a clinical, women and families and estates perspective. This included specialist input on behalf of staff by the maternity matrons (following consultation with a group of midwifery staff) and representation on behalf of women and families from Maternity Voices Partnership.

Particular considerations included connection to the Bath Birthing Centre (BBC) and Obstetric Theatres and accessibility for women and families.

Option 1 was the preferred location because:

- Building entrance is visible from Princess Anne Wing main entrance
- There is scope to include designated patient drop off and accessible parking spaces immediately adjacent to the entrance
- It will not impact on existing theatres or the bereavement suite
- More opportunities to landscape surrounding area
- More privacy as the birthing suites are not overlooked
- High access to natural light
- Able to retain a higher number of trees- will make Town Planning approval more accessible

Option 1 was therefore preferred as it allows a high quality AMU to be built in the right location with optimal links to BBC and Theatres and minimal impact on existing services.

1.2 Floorplan

The floorplan below is described as the ‘1:200’ drawing (relating to the scale and level of detail). The design and layout has been supported by the Health Planners.

Figure 3 – 1:200 layout of AMU

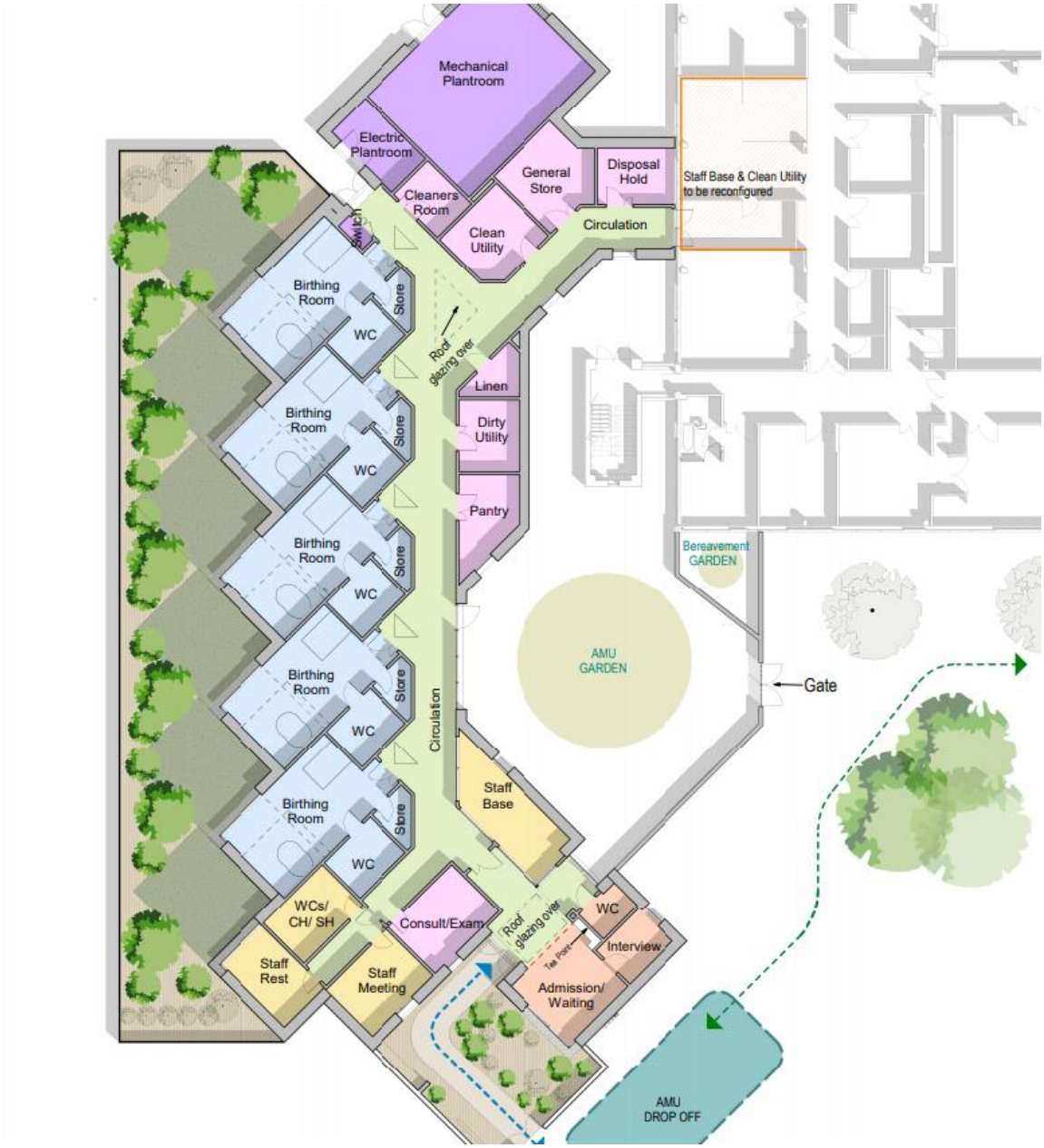


Figure 4 – AMU layout

The key items to note in terms of the layout are:

- **Entrance:** single entrance and exit point used by women, families and staff; this is the most secure option and enables the 'admissions lounge' to also be used for women and families waiting to go home
- **Access to PAW:** no sharp corners to make it easy for bed transfer into Bath Birthing Centre/Theatres if needed
- **Staff base:** positioned for a good line of sight down the corridor to the birthing suite entrances; also located next to admissions lounge so that midwives are in place to greet women and partners
- **Staff rest:** intending to include access to a garden from the staff rest room
- **Pantry:** to offer a small kitchen area for women and their families to access
- **Garden:** Plans to landscape the space between the AMU and the PAW. The garden area will provide more natural light into the single sided corridor and the staff base. Considerations for the outside space. Potential to include some benches and covered spaces

1.3 Overall look and feel

Design principles:

- Ability to personalise the space
- To be as homely as possible
- To be light, contemporary and airy
- Natural feel - natural light and line of sight and access into landscaped areas
- Calm music and low lighting options, including in the admissions area

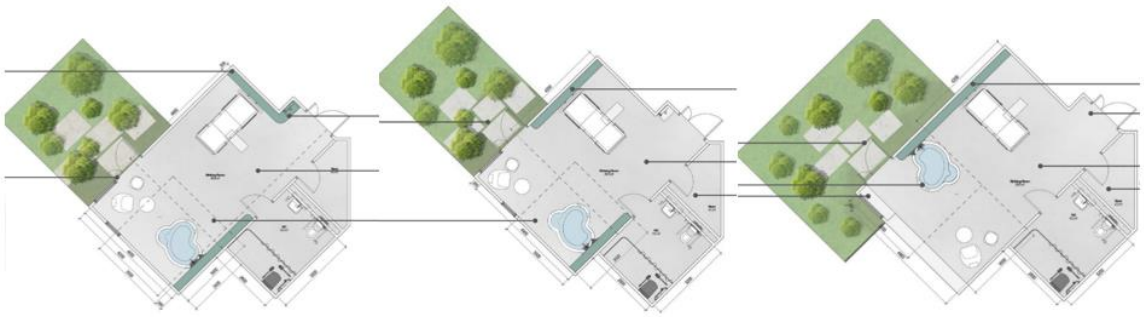
Colour palette reflecting the natural look and feel:

Figure 5 – Look and feel of AMU

1.4 Birthing suites

There were three options for the layout of the birthing suites which were considered:

Figure 6 – Birthing room layout options



Birthing room- option 1 | Birthing room- option 2 | Birthing room- option 3

The three options were reviewed by an internal group, with input from maternity matrons and women and families representatives.

Option 1 was chosen after considering the following:

- Option 1 bed location provides more space to move around the room
- In options 2 and 3 the bed felt too much like the focal point which does not support active birth
- Option 3 was considered to impose too much on the natural light and women and families would not fully benefit from the private garden

The below birthing room layout has been agreed.

Figure 7 – Preferred birthing room layout

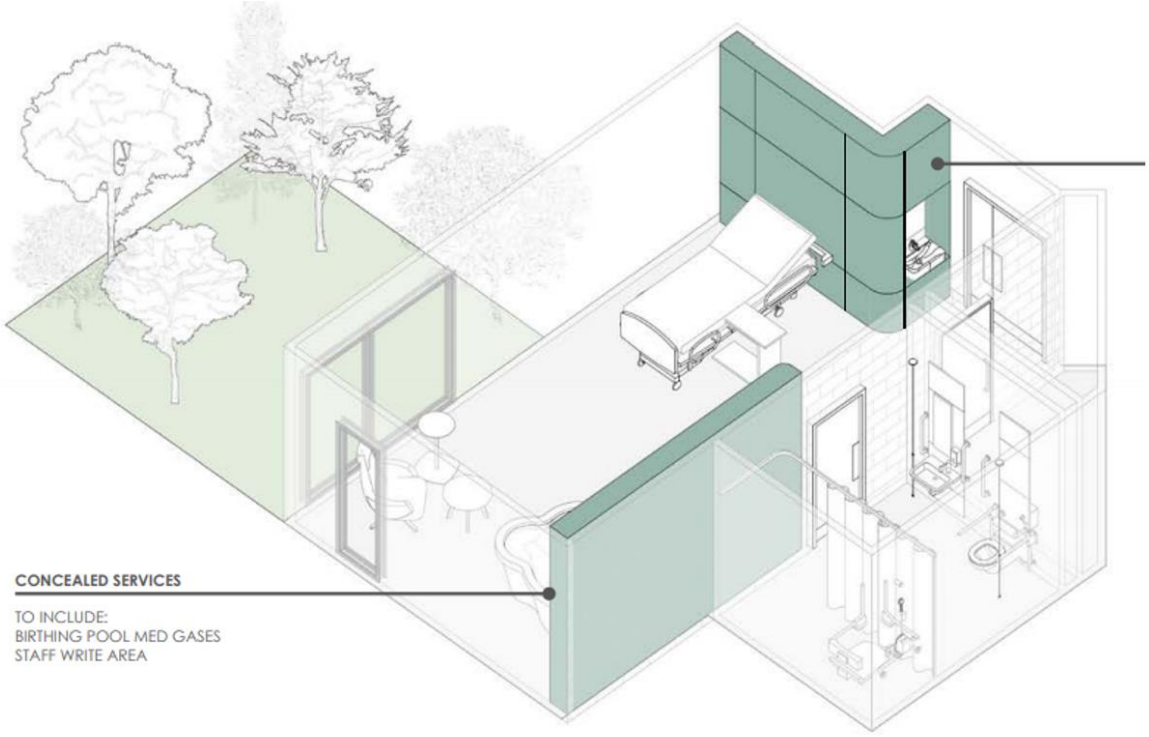


Figure 8 – Visual of preferred birthing room layout

Key points to note:

- The doors lead out into the private garden which will be enclosed to be private. These doors will have blinds.
- The room includes an open storage unit for women and their families to keep their belongings; this is in addition to some integrated storage space in the unit behind the bed.
- Medical services e.g. bed head gases will be concealed within the integrated storage units to reduce the clinical feel.
- There will additionally be a curtain around the door to prioritise privacy and dignity.
- There is a roof light to let in natural light; consideration is being given to options for blacking out the room.
- There will be a ceiling fixed sling positioned near the back of the room (between pool and seating area) that can be hooked to the wall if not being used.
- Storage cupboard accessible in each birthing room with a separate equipment store in the main facility
- Each room will have a mobile resuscitaire (this will provide greater flexibility and reduce the need for piped gases to a third location in the room across the door). This will be kept in the storage cupboard.
- The staff write up is located at the end of the bed consisting of writing surface, space for laptop and a tall stool/perch.
- Double “dressed up” medical bed for rooms – place for partner to sleep, help with bonding/breastfeeding with baby, gives a less clinical feel
- Independent wheelchair accessible shower room- no bath as there will be a birthing pool in each room
- Birthing pool

1.5 Equipment

The birthing rooms will include:

- Bag, valve, mask and small portable suction machine for neonatal resuscitation
- Phone in each room to be able to call 2222
- Emergency bells (Midwife Call) linked to BBC
- Phone charging points and plug sockets

Other equipment:

- Locked drug cupboard in clean utility
- Network cabinet

Pantry

- Microwave, kettle, toaster

1.6 Admissions Area

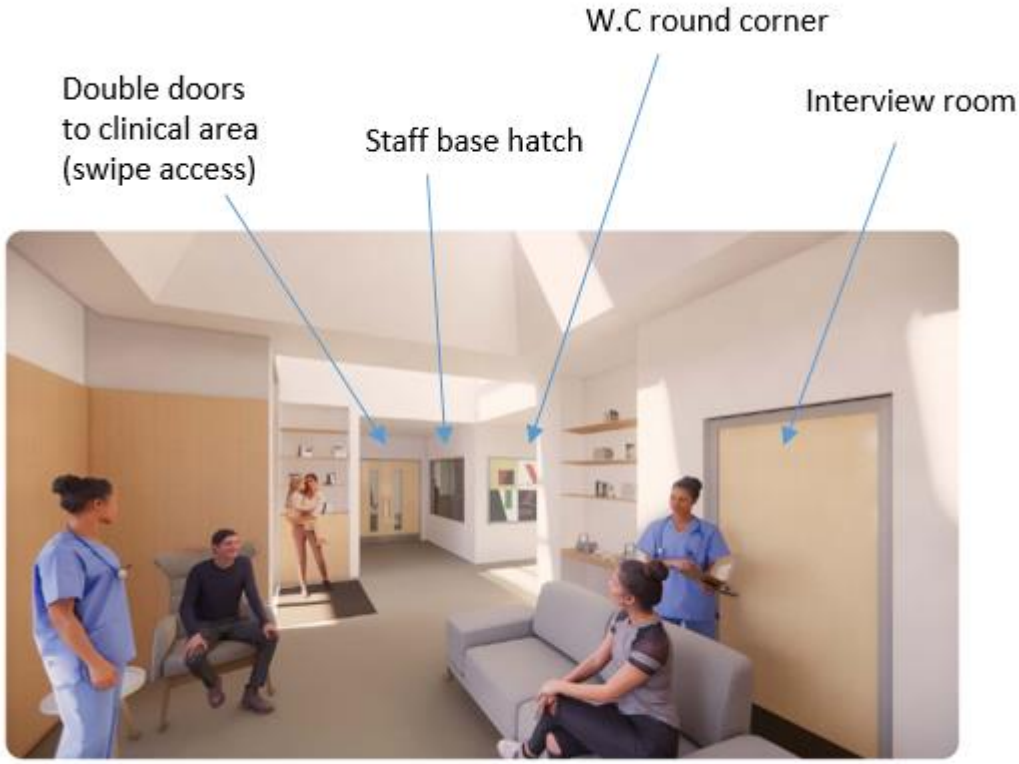
Admissions Area

- Comfortable seating
- Phone charging points and plug sockets
- Mood lighting
- Tea and coffee point

Figure 9 – Visual of AMU admissions lounge and entrance area

- High levels of natural light using a floor to ceiling window next to the seating area
- Access to Interview room and toilet facilities.

Figure 10 – Admissions area mock up



There will be a small room for quiet conversations e.g. birth reflections, phone calls, chat with staff. This is separate to the consultation room in the clinical space where women will be assessed for progression of labour.

Figure 11 – Interview / Quiet Room

2.0 Day Assessment Unit

2.1Rooms

The Day Assessment Unit will comprise of:

Figure 12 – Day Assessment Unit Schedule of Accommodation

2.2 Size

One issue early on in the planning was that all the rooms required as per the Schedule of Accommodation would not fit within the existing DAU space.
This meant we have had to reconsider the boundary of the DAU- we have had discussions with gynaecology colleagues as there is a requirement to extend into some of the existing consultant offices to provide the required space for DAU.

Following discussions, it has been agreed that some of the office space will be used as part of the DAU refurbishment. The project will need to ensure it identifies an alternative location onsite for those offices.
In order to fit into the space, some room sizes will need to be reduced against the Health Planners specification. This should not affect the functionality of the space and all building regulations will still be met. All derogations from Health Building Notes have been reviewed by the Estates team and Project Board, it has been signed off as acceptable derogations.

2.3 Refurbishment vs New Build

As part of the business case process, it has been considered whether the DAU should be a new build rather than a refurbishment. This option was fully considered but was ultimately deemed to be unaffordable (having been subject to economic and financial modelling).

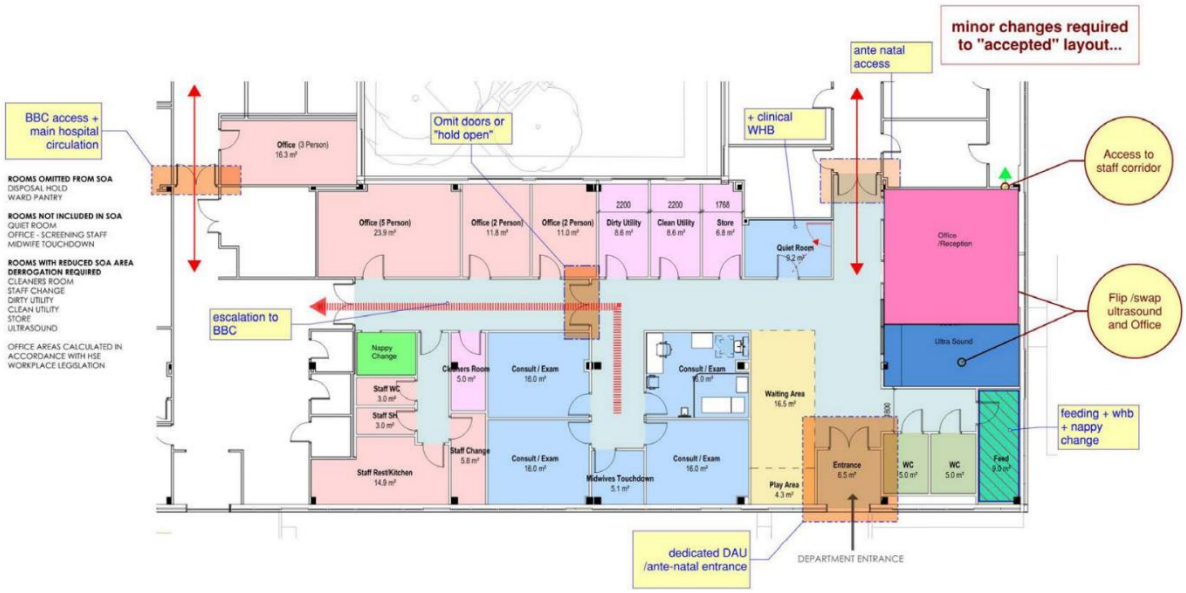
2.4 Floorplans

The image below shows the existing department plan where the refurbishment will take place.

Figure 13 – Existing Department Plan

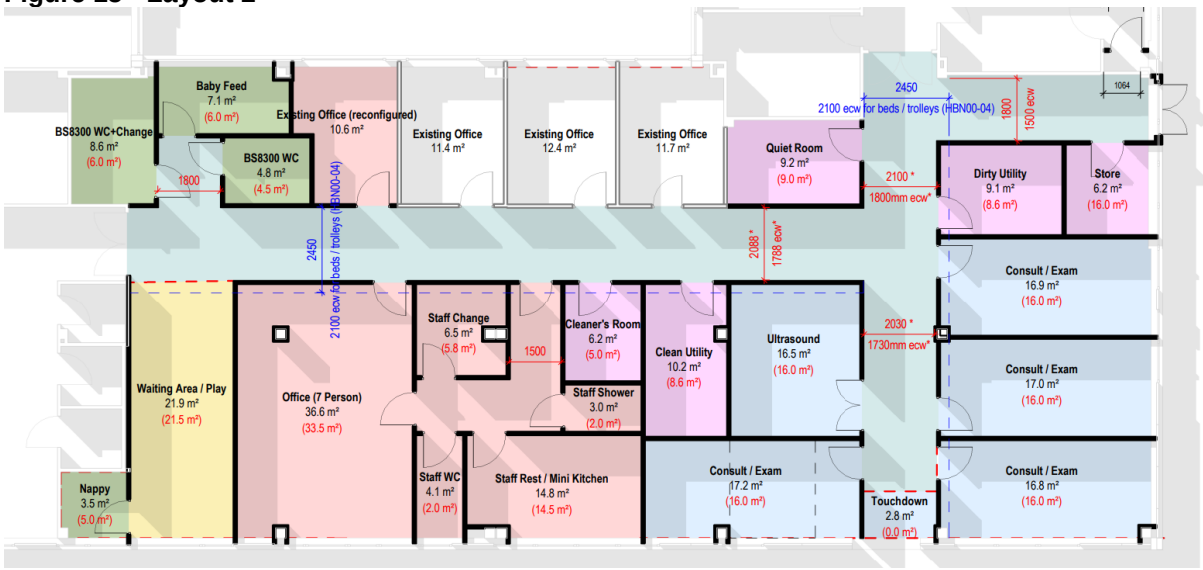
Two options for the DAU layout have been considered by the Project Team.

Figure 14 - Layout 1



This option has a dedicated DAU entrance, waiting room and unisex public toilets/baby change. The consulting rooms are arranged in a cluster around a midwives touch down. The reception/clinical offices to the right of the waiting area and a designated secured staff/ancillary areas on the left hand side.

Figure 15 - Layout 2



This option has a shared entrance point into DAU and the antenatal clinic, with a clearer distinction between the public, staff and clinical zones.

2.5 Feedback from women, families and staff

Both design options have been reviewed by women, families and staff with following feedback received.

Figure 16 - Layout 1

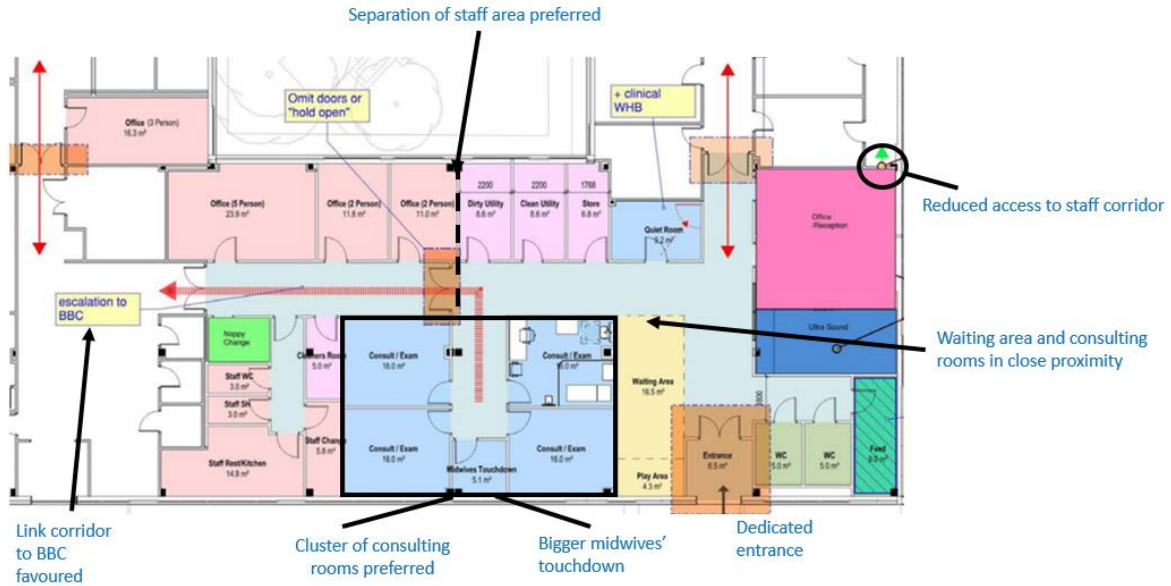
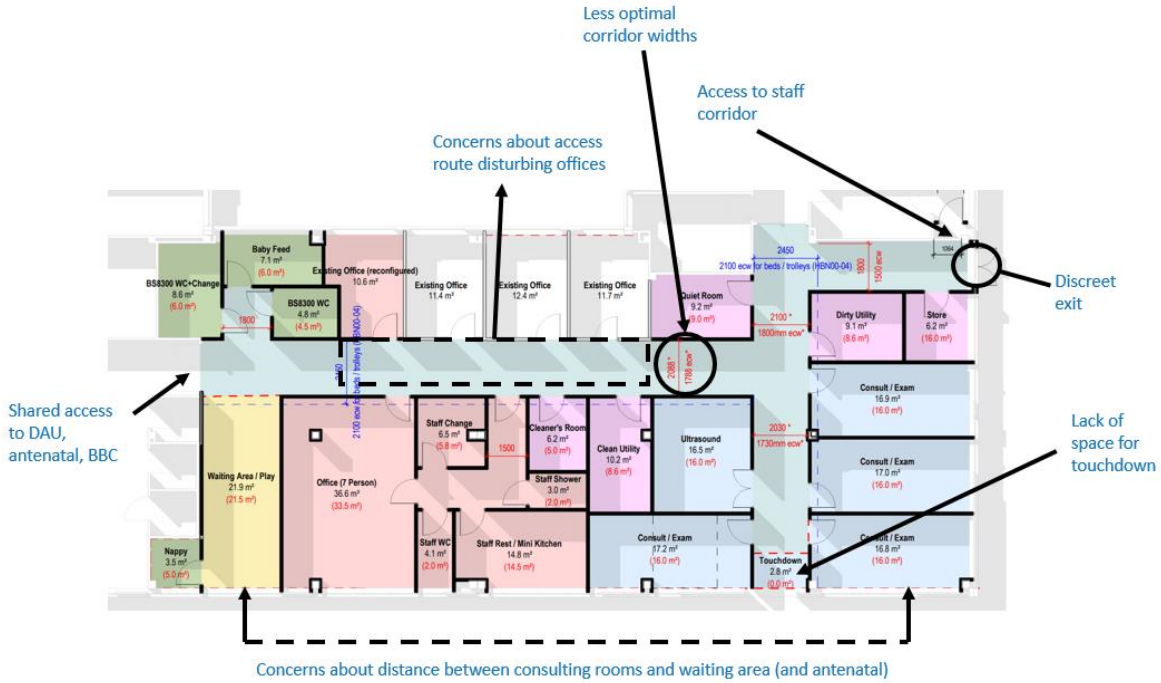


Figure 17 - Layout 2



Additional feedback

Feedback	Response
Concerns that the 'feeding room' would create an impression that people are not welcome to feed elsewhere in the building	**To rename the feeding room 'parent room' with signage so it's clear what its purpose is**
Suggestion to remove the play area on the basis that people are being discouraged to bring children onto site during Covid	**Recognition that this may not still be relevant when the refurbishment takes place; play area is very small and should be included for those who cannot avoid bringing children to appointments**
Reduce to one nappy change	**Agreed on the basis that the space where the second nappy change would go could be more usefully utilised for other purposes; only small number of children in nappies expected in the DAU at one time**
Re-consider 4 "Triage Bays" as opposed to 4 separate rooms	**Each room is to have a privacy curtain where multiple clinician observe with doors left open (curtains drawn); doors can be closed to ensure privacy and dignity**
Doors between public and staff area must be automatic opening for accessibility and swipe controlled	**Agreed**
Office and ultrasound layout- decision required on which way round these are places	**Agreed office location to facilitate access into the antenatal staff corridor**

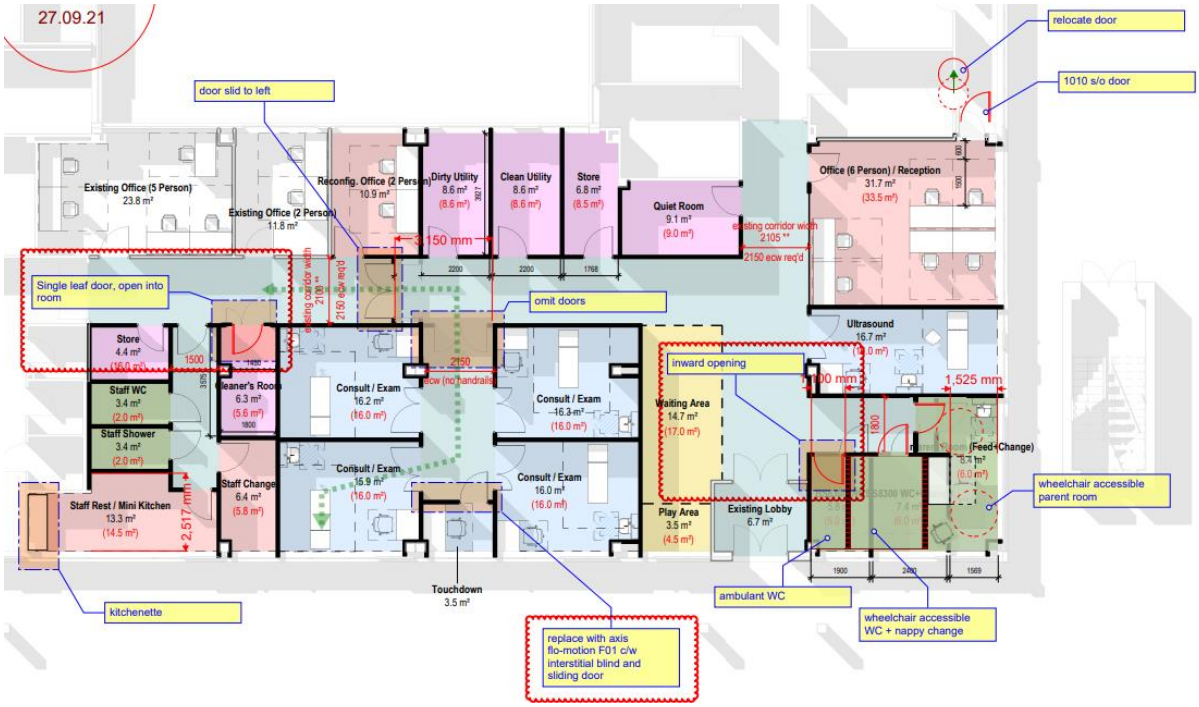
2.6 Agreed layout

The Project Board approved layout 1 on the basis that:

- Both options are suitable from a technical and design perspective (although derogations are required for sign off)
- Layout 1 works better from a women and family perspective
- There is better flow between the rooms in the public area making it more functional for staff, women and their families
- There is a significant disadvantage in layout 2 with public traffic passing the existing offices (potential privacy, security and IG concerns) and a greater distance between waiting area and office

2.7 Developed designs

Figure 18 – Approved design for DAU



Appendix B- FAQs

What's happening?

We are proposing to build an Alongside Midwifery Unit at the RUH's Combe Park site. This will provide more women with more choice about where they choose to give birth. It will also reduce pressure on our obstetric unit, where we care for women with higher risk pregnancies.

We are also proposing to refurbish our Day Assessment Unit, where we provide monitoring and support for women with complex pregnancies.

What is an Alongside Midwifery Unit?

An Alongside Midwifery Unit is located next to an obstetric unit – care is provided by midwives but if the support of a doctor is required there is direct access to an obstetric unit.

Why do we need an AMU?

The RUH does not currently offer this as an option and women have told us they would like us to provide this as a choice of place of birth.

The RUH does offer midwife led care in Freestanding Midwifery Units in the community but we know from our Transforming Maternity Services Together consultation that many women with low risk pregnancies do not wish to give birth in a Freestanding Midwifery Unit. They are concerned that they would have to transfer to an obstetric unit if their birth is not progressing well or further support is required, which could require a journey of 30 minutes or more, depending on traffic conditions. Other women may favour a midwife led birth but also want to be able to quickly and easily access surgical support or pain relief such as an epidural if needed.

Will you take into consideration the feedback from the Transforming Maternity Services Together consultation when designing an AMU?

Yes. We heard from over four thousand mums, families and partners in our community during our Transforming Maternity Services consultation. This feedback will help shape the proposed design for a new Alongside Midwifery Unit.

What the new AMU look like and what will be in it?

The designs have taken into account feedback we have received from women, families and those with an interest in maternity services, such as the importance of a relaxing environment, the use of light, artwork and equipment such as birthing balls.

We have also worked with a healthcare planner to understand what the AMU should include to support the number of babies born in our area and make the best use of

our resources. For example, we are looking at how many birthing suites and how many birthing pools should be provided, based on the data we have, best practice and anticipated changes to our local demographics.

Where will the AMU be located?

The AMU will be located on the West side of the Princess Anne Wing to provide easy access to existing obstetric facilities on the RUH's Combe Park site.

How many birthing suites/beds/rooms will the AMU have?

There will be five birthing rooms in the AMU. This number is based on the number of women we expect to use the AMU, and takes into account our future population. We have worked with experienced healthcare planners to look at how many women and families we have supported in previous years, as well as looking ahead to take into account any demographic changes in our area.

Will there be birth pools?

Yes, each birthing room will have a birth pool. We know that many women like to use water in different ways and at different points during birth, either through using water during labour or giving birth in a birth pool. Being in a birth pool can be relaxing and a good way of reducing pain.

Will there be space for partners and supporters?

Yes. Providing space for partners and supporters is an important element. We will engage with partners and supporters to help us create an AMU that takes into account the needs of all who attend and use the service.

Will I be able to stay overnight in the AMU?

No. Parents and their babies will be able to remain in the AMU for a period of time after birth. We encourage a calm and quiet time for you and your partner, with skin to skin contact with your baby and support with feeding. If everything has been straightforward with your birth and your baby is feeding well, the midwives will try to ensure that you can go home after 2-3 hours. If a longer or overnight stay is required, you will be transferred to Mary Ward at the RUH.

Will there be dedicated parking for the AMU?

There will be parking spaces available outside the AMU.

Does this mean we'll be stopping births in the Freestanding Midwifery Units?

No. We are planning to build an AMU to increase choice for women, and to offer an alternative to giving birth in an FMU or obstetric unit. There are no plans to stop supporting births in our Frome or Chippenham FMUs.

Do we have enough midwives/support staff for an AMU as well as an obstetric and FMUs?
Yes. As part of the business case we need to demonstrate that we can safely staff the AMU, and continue to support our obstetric unit and FMUs. We have enough midwives and support staff for the number of babies born in our area.

Who is involved in designing the AMU?

The design work is being delivered by an experienced, professional Design Team who have worked in partnership with the RUH in previous projects. Whilst the Design Team provide the technical expertise necessary to develop plans for a building of this scale, the designs are both clinically and women and family led with ongoing input from those currently working in and using maternity services at the RUH.

Will this mean the Bath Birthing Centre becomes a more clinical environment?

No. We have designed our obstetric unit, the Bath Birthing Centre to provide high quality clinical care in as calm and relaxed an environment as possible. The Centre includes two birthing pools, birthing balls and other equipment to support birth and we will continue to develop the Centre to provide a welcoming and reassuring environment for giving birth.

Will I have a choice where to go to give birth?
Yes, subject to a discussion with your midwife as to your needs and any risks around your pregnancy. Creating an Alongside Midwifery Unit will allow us to provide more choice for more women, particularly those with low risk pregnancies.

Who will be able to use the AMU?

There are some situations and medical conditions where giving birth in an obstetric unit, where there is access to care by specialist midwives, doctors and a wider team is recommended. However, place of birth is always considered on an individual basis and all women will be able to discuss their options and preferences with their midwife.

When will the Alongside Midwifery Unit open?

We are at the early stages of planning for an AMU at the RUH. We are developing an initial business case. This will outline why we need an AMU, what the AMU will offer and the benefits it will provide as well as how we will staff and run the Unit. This will need approval by NHS England and Improvement before we can finalise our design and appoint a construction company. We will be able to provide further updates on when building is likely to commence following this approvals process.