

Reconfiguring EPAU, Antenatal and Postnatal inpatient services

Background

During the Covid-19 Pandemic, Emergency Gynaecology Inpatients and Early Pregnancy Assessment Unit (EPAU) were relocated at short notice off of Ward 21 and onto Ward 10. This then displaced Antenatal Inpatients and NIPE examinations into Ward 9, removing 13 beds from the Maternity bedbase.

Emergency Gynaecology inpatients has now moved to ward 21b, leaving a need to find a new location for EPAU away from ante and postnatal inpatient and day services.

Postnatal and Transitional Care inpatients Ward 9 & 10

Ward 10 will become a postnatal ward and will be utilised primarily for the Transitional Care babies that are currently on ward 9.

This location is close to NNU and facilitates multi-team working while supporting the aims of CNST and patient experience.

Bays will be flexible Transitional Care/Postnatal bays of 6 beds, there will be 1 side room, the NIPE/examination room will relocate back to its original location on ward 10 but be a combined room to accommodate the relocation of the staff room on ward 10 next to the Matrons office.

The current PDM office on ward 9/10 will become the parents/breastfeeding room relocated from its current position at the far side of ward 9. We will provide alternative hot desk accommodation to the PDM team. This room will be available to parents from both wards 9 and 10 whereas, it is currently only available on ward 9.

Antenatal and Postnatal on ward 9

Ward 9 will be split to accommodate a separate postnatal and antenatal ward and an EPAU.

Entering from the joint ward 9/10 entrance, there will be a postnatal side room and two postnatal bays with a total of 13 beds available for use.

Each bay will have 6 beds in, as there is currently.

The corner bay and the bay opposite the Midwives station will be used for antenatal, Induction of Labour or Elective admissions, providing 12 beds across both bays.

EPAU

We propose a dedicated entrance via Ward 8 to EPAU. Security access from Ward 9 will be required alongside doors across the entrance to Ward 8.

As you enter the unit from the ward 8 entrance, we will provide a reception, waiting room, scan room and a counselling room. All scan equipment can be moved from ward 10, including blackout blind and aircon unit.

The current parents room/NIPE room in this part of ward 9 will become the waiting area for EPAU.

An additional door is proposed to be installed across the walkway in between the two bathrooms to provide an additional bathroom to ward 9, one to EPAU and to provide an additional barrier to sound transfer.

A wall has been discounted in the event of an emergency clinical situation arising within EPAU, Staff on ward 9 will be able to attend quickly.

Impact on bedbase

The proposed configuration still results in a net loss of 3 beds, all side rooms, over the pre-Covid bedbase but puts back in a net 12 spaces across all areas, which will alleviate pressure in both the ward areas and Labour Ward.

The loss of side rooms has been explored for impact and is not thought to have a negative impact as they are not largely used for medical reasons.

	Pre-Covid	current	Proposed
Ward 10	13	0	13
Ward 9	28	28	25
Total bed base	41	28	38
ADAU	7	7	7
EPAU	3	1	1
Total assessment space	10	8	8
Total bed/trolley spaces	51	36	46

Enabling works

This layout provides a dedicated and discreet ADAU that can facilitate speedy admission to the Antenatal ward if required and remains within the current footprint of Maternity Services so will not create additional time delays to medical and midwifery teams should emergency situations arise.

To provide this change, some minor works are required as summarised below. Please note that this is subject to review by the Estates and IT team.

EPAU signage

Doors across the entrance to Ward 8 (replicating the entrance to Ward 3)

Additional door across ward 9

Reception – data points, desk area, video link to ward 8 door

Waiting room – seating

Scan room – black out blinds and AC (currently on ward 10)

Quiet room – furniture

Ward 9 – no changes, new signage

Ward 10 – no changes

PDM Office – redecorate and add furniture

ADAU – no changes

Impact staffing and patient/staff experience

The Unit has had to enact a number of diverts recently due to capacity and this has had a detrimental impact on staff having to manage higher birth numbers with very little capacity, often operating a 'one out, one in' system for Labour Ward and Ward 9. This is also impacting on the experience of our patients and is often noted in complaints made to staff and PALS.

The unit is frequently in escalation due to bed shortages and feels very pressured on an almost daily basis.

Being able to provide a dedicated EPAU away from ongoing and delivered pregnancies will dramatically improve the patient experience for women suffering a loss. It will enable us to provide them with the space and dignity they deserve, the location supports emergency admissions, theatre requirements, close proximity to Emergency Gynaecology inpatients and is within the current footprint of services.

The Division will still be able to provide a dedicated ADAU.

Emergency Gynaecology Inpatients has returned to Ward 21, while not being co-located with EPAU isn't optimal, it is still within close proximity to our services and returns to being in the pre-Covid location which is manageable and within our original footprint of services.

Escalation & Birth Forecast

Using the green form antenatal bookings to forecast the number of expected births, the figure below shows our expected birth rate will rise over the coming months. April 2021 has seen the highest births in April since 2015/16.

The first seven months of 2021/22 are forecasting to have an increase in birth rate of 164 births over 2020/21.

	April	May	June	July	August	September	October	November	December	January	February	March
201516	314	343	336	358	363	366	348	325	338	284	290	346
201617	309	334	313	346	322	342	317	340	303	295	284	300
201718	264	303	303	341	334	329	335	313	302	339	302	290
201819	279	284	295	323	378	307	311	280	306	268	285	276
201920	294	329	289	298	328	281	301	285	282	300	285	285
202021	274	289	280	338	300	307	298	337	244	281	292	271
202122	322											
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This proposal works well with the current escalation process.

Staffing model

While the staffing in Maternity services is under review, it is suggested that staffing for inpatient areas remains unchanged. The layout changes will feed into the overarching establishment review.

ADAU will retain its current staffing and so will EPAU. As the ward areas are also not changing current staffing establishments, the Division is not seeking any investment or uplift in staffing to enable these moves to take place.

Physical moves

The following is the proposal of how to enact the move:

1. Move the staff room from its current location on ward 9 to ward 10. Enable work to be undertaken to create the Reception area.
2. Move the PDM team to the Community Midwives office and enact hotdesking.
3. Redecorate PDM office and move furniture in.
4. Move equipment from NIPE room on ward 9 to SR on ward 10.
5. Move the TC and PN patients from ward 9 to the bays and SR on ward 10.
6. Move the equipment from the scan room and exam room from ward 10 to ward 9.
7. Move any further patients on Ward 9 to the appropriate bay (PN/AN)
8. Move any EPAU stock to ward 9.
9. Add chairs to the waiting room and quiet room.
10. Add signage.

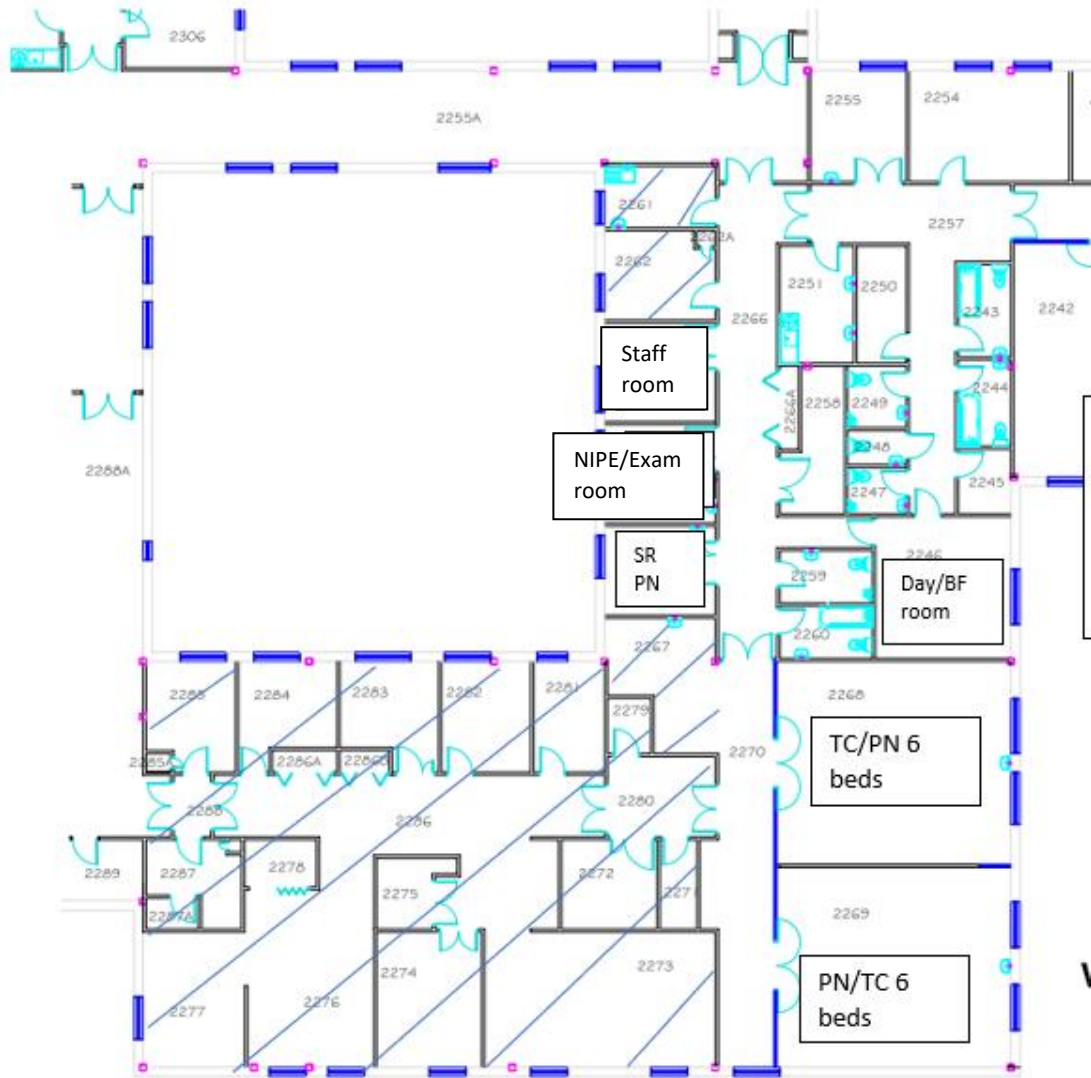
It will be essential to have the access from ward 8 and reception desk up and running to enable the moves as patients attending EPAU will need a discreet and dedicated entrance, we would not be able to walk these patients through the main ward area.

These moves could largely be enacted with speed. As previously described, EPAU closes at 5pm on weekdays and 1pm on weekends. After closing EPAU would be the ideal time to move, as this will enable the team to move women and babies round from ward 9 and get them settled as early as possible.

We would have to ensure the side rooms are empty to move and that the enabling works for the staff room, reception area and PDM office have been completed.

New wayfinding signs will be put up to help direct patients to the correct area and comms would be arranged for our facebook pages.

Ward 10 – Post natal/Examinations/NIPE

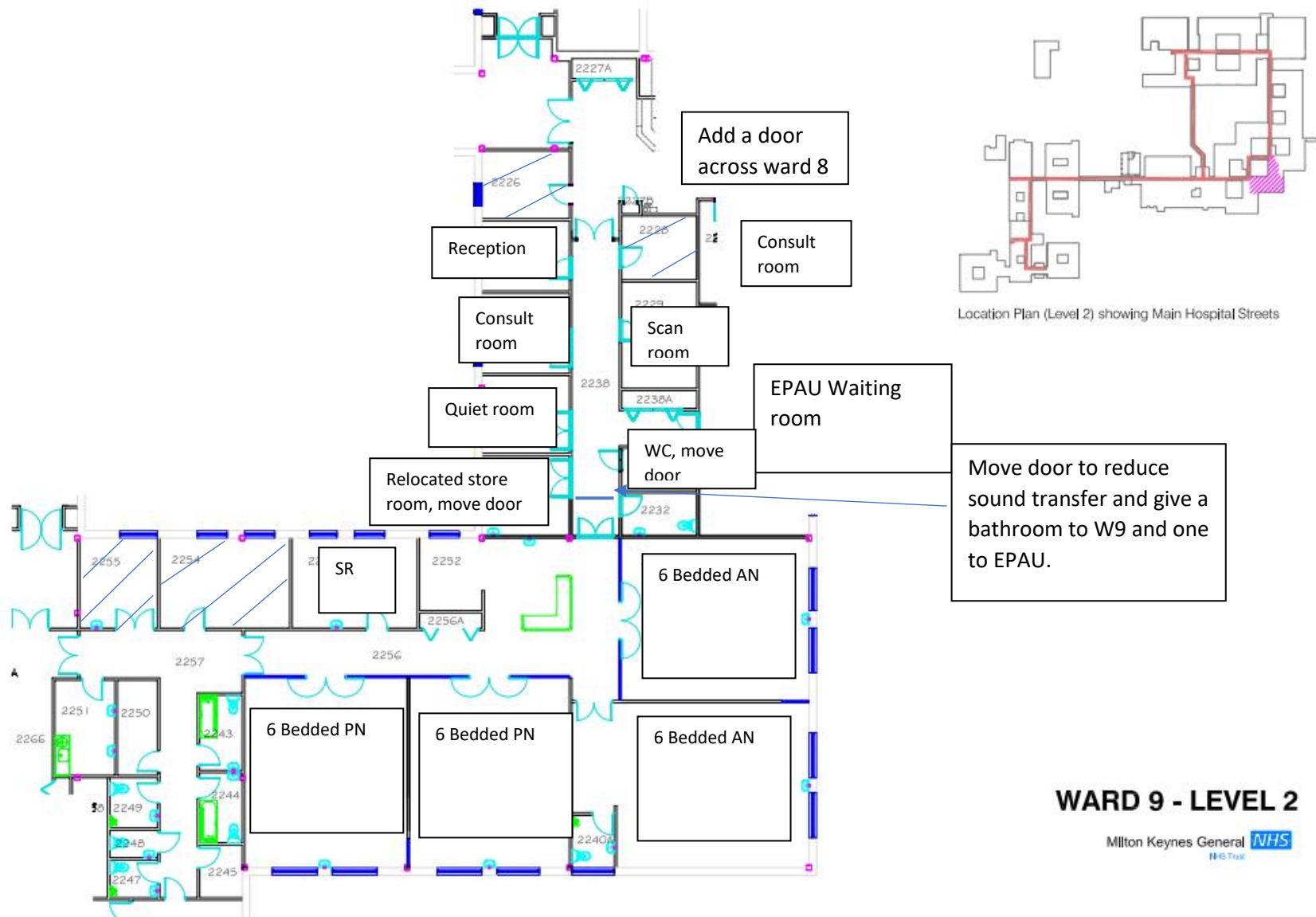


Location Plan (Level 2) showing Main Hospital Streets

- TC – Transitional Care
- PN – Post Natal
- SR – Side Room
- BF – Breast Feeding

WARD 10 & S.C.B.U. - LEVEL 2

Ward 9 – Postnatal/Antenatal Inpatients & EPAU



Current ADAU – no change

