

**ITEM: 08/116**

**DOC: 3**

**Meeting:** Trust Board Part 1  
**Date:** 16<sup>th</sup> July 2008

**Title:** **Maternity and NICU service development: progress report**

**Executive Summary:** At the seminar on 16<sup>th</sup> June, the Trust Board received a presentation on the proposed three stage development of maternity and neonatal services over the next five years (phases 1a and 1b) and in the longer term (phase 2). A briefing paper was circulated to provide additional detail to Board members.

The attached paper summarises the outcome of the discussion at the seminar and developments since that date.

The Trust Board is asked to

1. Note the progress on phase 1a
2. Confirm the decision to develop the detailed analysis for phase 1b to incorporate in the IBP
3. Confirm its support for the appraisal of options to achieve a longer term solution for the development of facilities to accommodate 4,700 maternity deliveries per annum and associated neonatal care.

**Action:** For approval

**Report from:** Sophie Harrison  
 Strategic Development Adviser

**Sponsor:** Susan Sorensen, Director of Strategy and Performance

**Financial Validation**

Lead: Director of Finance

Name of finance officer

n/a

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

n/a

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**

n/a

<b>Compliance with Auditors' Local Evaluation standards (ALE)</b> Lead: Director of Finance	<b>Reference:</b> n/a
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<b>Evidence for self-certification under the Monitor compliance regime</b> Lead: All directors	<b>Compliance framework reference:</b> n/a
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## **Whittington Hospital NHS Trust**

**Trust Board – 16 July 2008**

**Sustaining and Developing Maternity and NICU Services – position statement at 8<sup>th</sup> July 2008**

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### **1.0 Introduction**

The purpose of this paper is to set out the latest position with regards to sustaining and developing maternity and NICU services at the Whittington Hospital, following the Trust Board seminar of 18<sup>th</sup> June. These plans are set in the context of the Maternity Services Improvement Plan in response to the Healthcare Commission Review in 2007 which rated the trust as “least well performing”. NHS London has now signed off the Whittington’s plan and assigned a risk rating of amber.

### **2.0 Trust Board Seminar outcome**

At the Trust Board seminar on 18<sup>th</sup> June, it was agreed that urgent action was required and the Executive Committee was authorised to do further detailed analysis to identify the most economically advantageous and affordable short term solution in collaboration with Islington PCT. This would be incorporated in the Integrated Business Plan as part of the Foundation Trust application.

The Trust Board also approved in principle the continuation of the longer term project in terms of appraising and evaluating the two redevelopment options identified for a target of 4,700 maternity deliveries per annum, at a project cost for 2008/9 of circa £150,000.

### **3.0 Progress with plans – position at 8<sup>th</sup> July**

#### **3.1 Securing resources**

Discussions have taken place with Islington PCT resulting in a commitment to an additional £500,000 for maternity services for 2008/9. Further discussions are scheduled for 17<sup>th</sup> July to clarify additional resource availability for future years.

Initial discussions have also taken place with Haringey PCT and proposals for additional capital investment are being developed for submission by 17<sup>th</sup> July.

#### **3.2 Implementation of proposals – Phase 1a**

##### **i) Midwifery-led Birthing unit**

The Midwifery-led Birthing unit plans are progressing well with an anticipated on-site start date of 1<sup>st</sup> September, and completion by mid March. This will provide much needed additional delivery capacity (5 birthing rooms).

##### **ii) Maternity Day Unit (MDU)**

Plans to relocate the current MDU to the old Endoscopy ward and open a maternity discharge area are being progressed, with an anticipated opening date of mid August. This will initially provide additional physical capacity for the maternity day unit and a quiet area for women to wait once discharged, prior to going home. Proposals to extend the MDU service to weekends will be implemented following confirmation of recurrent resources and approval by Executive Committee.

##### **iii) Additional beds**

Further discussion at the Hospital Management Board supported the consideration of an alternative proposal to increase maternity beds. The movement of current Eddington ward (medical beds) to an alternative, appropriate ward area would allow the movement of Murray (postnatal beds) to Eddington ward and enable bed numbers to be flexed as needed through the use of Eddington Link. This proposal is being considered in the context of the overall bed needs of the hospital. iv) Increasing junior doctor establishment

- iv) Proposals to increase the junior doctor establishment in line with EWTD requirements have been developed and approved by the Business Planning Group. The proposals are self-funding in the long-term.
- v) Establishing dedicated C-section lists  
Plans to establish dedicated C-section lists in main theatres have now been implemented.

### **3.3 Implementation of proposals – Phase 1b**

- i) expanding NICU capacity  
Further analysis is taking place to establish income and expenditure projections in line with agreed activity projections for NICU. These will be incorporated in the Integrated Business Plan (IBP).
- ii) increasing consultant labour ward presence  
An investment case for the recruitment of additional consultants to enable the hospital to meet consultant labour ward presence requirements is being prepared and the revenue implications will be incorporated within the IBP.
- iii) upgrade of maternity accommodation  
The capital and revenue required to enable the short term (5 year) maintenance and, where possible, upgrading of maternity and NICU services is being incorporated into the IBP.
- iv) relocation and expansion of transitional care capacity  
Further consideration of bed requirements and the ability to absorb a move of transitional care from NICU to the postnatal ward(s) will take place following the opening of the midwifery-led birthing unit. Any additional capacity required will result in an investment case being prepared.

### **3.4 Implementation of proposals – Phase 2**

Initial designs, to meet the needs of 4,700 deliveries in 10 years, have been prepared for either a predominantly new build development, or a refurbishment of the existing E and D blocks. These designs will be reviewed on 17<sup>th</sup> July.

Once broad agreement of the design proposals has been reached, further work will take place to develop workforce requirements for each of the options by end September. A non-financial appraisal of the two options will take place in October, as will an overall financial analysis of each option.

The conclusions of the non-financial appraisal and the financial analysis will be taken to the Redevelopment Steering Group in early November 2008. At this point further consideration will need to be given to the next steps for the development.

### **4.0 Recommendations to the Trust Board**

The Trust Board is asked:

- i) to note the progress on phase 1a;
- ii) to confirm the decision to develop the detailed analysis for phase 1b to incorporate in the IBP;
- iii) to confirm its support for the appraisal of options to achieve a longer term solution for the development of facilities to accommodate 4,700 maternity deliveries per annum and associated neonatal care.