

ITEM: 09/057
Doc: 03

Meeting: Trust Board
Date: 15th April 2009

Title: **Maternity Redevelopment: position statement**

Executive Summary: The Redevelopment Steering Group (RSG) reviewed the affordability of two designs to meet the needs of 4,700 deliveries by 2017, which included a predominantly new build development or a refurbishment of the existing Victorian E and D blocks. Both options were found to be unaffordable. Additionally market assessment analysis suggests that growth within the sector will outstrip capacity in about five years time and that a more strategic sector wide solution to maternity is required. The RSG concluded that in order for the Whittington to commence strategic discussions with the Strategic Health Authority, the work undertaken so far by the Whittington should be quality assured and the conclusions tested. To this end Finnamore Management Consultants were commissioned to test the robustness of the planning assumptions, the financial analysis and the conclusions arising from the work undertaken by the Trust.

The paper attached is the Finnamore report. It concludes that:

- o The analysis undertaken to date by the Trust has been based on a robust process and methodology and its conclusions are correct.
- o Currently, it would not be prudent to commission a business case for redevelopment on the grounds of affordability and risk
- o No further work should be undertaken by the Trust independently and the Trust should engage with NHS London to discuss the case for investment in maternity and neonatal services within the sector

Finnamore recommends the following principal areas for further consideration in conjunction with NHS London:

- o A sector wide review of maternity activity projections
- o Sensitivity analysis be undertaken to determine the impact of the financial down turn on birth rates locally
- o Understanding the PCT's long term commissioning intentions

Finnamore suggests that following the sector wide analysis of maternity activity projections, the Trust will be in a position to explore the scope for a new type of joint venture which could deliver increased capacity more flexibly and more rapidly than conventional capital development based on an agreed set of activity planning assumptions which will inform appropriate scale of development.

The Trust Board should be reassured that work continues in the meantime to improve maternity services where possible. Also attached is an update on progress for the numerous schemes that has been undertaken in 2008/09.

Action: The Trust Board is asked to:

- i) Note the conclusions within the Finnamore report
- ii) Agree the proposal for discussions with the SHA and NHS Islington
- iii) Approve the disbanding of the Redevelopment Steering Group until such a time as it is required

Report from: Fiona Elliott, Director Planning and Performance
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Sponsor: David Sloman, Chief Executive

Progress update of phase 1 of maternity services improvements.

- i) Midwifery-led Birthing unit**

The Midwifery-led Birthing unit plans are progressing well with an anticipated opening in May 2009. This will provide much needed additional delivery capacity (5 birthing rooms).
- ii) Expanding NICU capacity**

The Trust has the ability to flex capacity by six cots when demand rises. This is currently being absorbed within the existing establishment. Capacity and demand analysis continues and once a step change in activity has been demonstrated additional resources will be considered at BPG.
- iii) Maternity Day Unit (MDU)**

The old MDU has been relocated to the old Endoscopy unit and includes a maternity discharge area. This provides additional physical capacity for the maternity day unit and a quiet area for women to wait once discharged, prior to going home.
- iv) Additional beds**

The movement of Eddington ward (medical beds) to an alternative, appropriate, ward area allowed the movement of Murray (now called Cellier ward) postnatal beds to old Eddington ward area and enabled bed numbers to be flexed as needed through the use of old Eddington Link.
- v) Upgrade of maternity accommodation**

Cellier Ward (post natal ward) refurbished has been completed and offers a larger personal space for the family which is a benefit from the old accommodation. The second stage of the Labour ward refurbishment has also been completed with a high satisfaction feed back from the women using the service.
- vi) Establishing dedicated C-section lists**

Dedicated C-section lists in main theatres have now been implemented.
- vii) Increasing Consultant Labour ward presence**

An investment case for the recruitment of additional consultants to enable the hospital to meet Consultant Labour ward presence was approved by the BPG and the new post holder commenced in post on 1 April 2009.
- viii) Increasing junior doctor establishment**

The junior doctor establishment has been increased by two posts in line with EWTD although there are difficulties recruiting to these posts. There is a further plan to increase by two posts following consideration by the Business Planning Group (BPG) imminently.