To:	Trust Board
From:	Women's and Children's Division
Date:	6 October 2011
CQC regulation:	As applicable

Trust Board paper I

Title:	Redesign and Reconfigure Maternity and Gynaecology Services

Author/Responsible Director:
Peter Rabey, Divisional Director
Sheena Wallace, Womens CBU Manager
Paul Gowdridge, Divisional Finance and Performance Manager

Purpose of the Report:
The attached briefing paper and business case have been prepared to request approval from the Board for £3.7m of capex to enable the Women's CBU to redesign maternity and gynaecology services.

The Report is provided to the Board for:

Decision	X	Discussion	
Assurance		Endorsement	

Summary / Key Points:
This project is an interim solution to the 2 key challenges in provision of Maternity and Gynaecology services:

1. Constrained capacity in Maternity services due to continued growth in birth rates and resultant activity.
2. Improvements to efficiency and effectiveness of Gynaecology services.

As part of the Next Stage Review (NSR) for Maternity services, commissioner investment has been secured to fund the revenue consequences of this project which has been reviewed by both the UHL Commercial Executive and the Executive Team.

The £3.7m capital requirement of this project is phased over 3 years and provides facilities that will deliver increased capacity and improved quality of service and is complementary to the agreed revenue investment.

Note that SHA approval is required as the scheme is over £1m.

Recommendation:
That the Board **approve** the project and agree that this scheme be progressed to the new Midlands and East England SHA for approval.

Previously considered at another corporate UHL Committee?
Agreed by Commercial Executive on 7th September 2011 and by Trust Executive on 27th September 2011

Strategic Risk Register The interim solution addresses the key clinical quality and risk issues to 2014 based on the birth-rate not exceeding approximately 11,000 births per annum.	**Performance KPIs year to date** The Maternity and Gynaecology Services report incidents, transfers and closures relating to capacity and staffing. These indicators will be closely monitored to demonstrate improvement.
Resource Implications (eg Financial, HR) £3.7m capital expenditure phased over 3 years (2011 – 2013)	
Assurance Implications The attached report aims to provide assurance to the Trust Board about the response to capacity and risk issues within the maternity and gynaecology services.	
Patient and Public Involvement (PPI) Implications The current interim proposals have focused on delivering on the feedback from the NSR review in 2009 and further formal public, patient and stakeholder engagement is taking place through the Maternity services Liaison Committee, Trust members, Links members, Consortia Boards and internal and external media. The proposals will also go before the Overview and Scrutiny Committee as part of the site reconfiguration work.	
Equality Impact The proposals set out in the paper attached seek to address capacity and risk issues which potentially affect all patients.	
Information exempt from Disclosure None	
Requirement for further review? As this case involves capital expenditure over £1m it requires SHA approval	

Trust Board paper I

University Hospitals of Leicester NHS Trust

Report to	Trust Board
Report from	Women's CBU
Date	September 2011
Subject	Redesign and Reconfiguration of Maternity and Gynaecology Services briefing paper

Summary
UHL Trust Executive and Trust Board along with NHS Leicestershire County and Rutland and NHS Leicester City agreed the income and funding for the redesign and reconfiguration of Maternity and Gynaecology Services. This was publicly confirmed by Catherine Griffiths on the 24th January 2011.

This briefing paper has been prepared to enable the Women's CBU to gain support for the project to proceed to implementation of the capital plan in line with the timelines outlined in the business case.

Background
This project is an interim solution to the 2 key challenges in provision of Maternity and Gynaecology services:

1. Constrained capacity in Maternity services due to continued growth in birth rates and resultant activity.
2. Improvements to efficiency and effectiveness of Gynaecology services.

As part of the Next Stage Review (NSR) for Maternity services commissioner investment has been secured to fund the revenue consequences of this project which has been approved by both the UHL Commercial Executive and Trust Board.

The £3.7m capital requirement of this project (phased over 3 years) ensures the revenue investment is delivered efficiently and effectively; through a complimentary increase in capacity and improved quality of service.

Project in Brief
The interim model proposal is based on using the current estates as efficiently and effectively as possible and to deliver the current and future demands in maternity for 5 years to 2016/17 without new build. This requires significant changes to gynaecology services to vacate co-located space.

The interim model proposes to move all elective gynaecology to the LGH with a separation of inpatients and day case capacity. All emergency and early pregnancy assessment will move to the LRI to provide a 24 hour walk in service led by senior decision makers with one stop diagnostic and treatment capability in emergency gynaecology

This will allow the Maternity service to increase its footprint or make better use of existing footprint and therefore increase deliver capacity. It will allow the separation of emergency and elective deliveries and move the Maternity Assessment Centre from the Delivery Suites at both LGH and LRI.

In addition the Commissioners have also agreed a 3 year package of investment to increase scanning capacity, obstetric consultant cover and a planned package of investment to grow midwife numbers year by year until the service can achieve a

sustained 1:32 midwife to birth ratio with the predicted growth in bookings and delivery numbers.

Financial Context
The revenue investment in Maternity and Gynaecology Services has been agreed by the Trust Board, and in conjunction with the local PCT's as part of the NSR. The basis of this investment was to address serious quality and safety risks which the service has been managing for many years.

The revenue investment was agreed on the basis that it is an interim solution in the absence of funding to support major capital investment and will support improvements in the quality and safety of clinical care in Maternity Services and support an anticipated 1% annual growth in Maternity services.

In this context this Business Case has been approved by the Commercial Executive and is being presented to the Trust Executive and Board as the means by which capital funding will be allocated. This will support the agreed revenue investment, address safety and capacity issues and give the service the potential to increase market share.

New models of care
The proposed models of care have been developed to expand Maternity capacity with minimal cost, thereby redesigning Gynaecology to facilitate this.

To gain maximum efficiencies and minimise costs the provision of Gynaecology services would be on a single site basis at the LRI with some shared surgical capacity. The context of the case has not allowed for this but key performance indicators in Gynaecology will improve as a result of the case.

- Emergency readmissions, on the day cancellations, theatre footprint, LOS and outpatient follow ups will be reduced
- Emergency access and theatre utilisation will be improved
- Moving inpatients to a day case setting and day case activity to enhanced outpatient models will be enabled.

These aspects are evident in a reduced bed base and theatre sessions which will make cost savings in both the Women's CBU and Clinical Support Division.

Phasing of capital expenditure
The CBU has worked closely with estates colleagues in accurately phasing capital expenditure, bringing it forward to deliver savings as quickly as possible. However, the ability to meet capital expenditure plans, and therefore deliver revenue savings, is dependent on conclusion of the Business Case process.

Recommendations
1. **Note** the content of the paper.
2. **Support** the request for phased capital investment over 3 years.

Sheena Wallace, Women's CBU Manager
Paul Gowdridge, Women's & Children's Divisional Finance & Performance Manager
David Yeomanson, Women's & Children's Divisional Manager

September 2011

PROJECT OUTLINE TEMPLATE

Section 1: Business Case Details

Project Title:	**Redesign and Reconfigure Maternity and Gynaecology Services**
Business Case Author:	Sheena Wallace, CBU Manager Paul Gowdridge, Divisional Finance and Performance Manager
Name of Business Unit:	Women's CBU
Created on:	18.01.11

Executive Summary

This project is an interim solution to the 2 key challenges in provision of Maternity and Gynaecology services:

1. Constrained capacity in Maternity services due to continued growth in birth rates and resultant activity.
2. Improvements to efficiency and effectiveness of Gynaecology services.

As part of the Next Stage Review (NSR) for Maternity services commissioner investment has been secured to fund the revenue consequences of this project which has been approved by both the UHL Commercial Executive and Trust Board.

The £3.7m capital requirement of this project ensures the revenue investment is delivered efficiently and effectively. For Maternity this investment increases delivery rooms, inpatient beds, assessment capacity and elective theatre sessions. For Gynaecology this investment enables a reduction in inpatient beds, elective theatre sessions and an increase in treatment and diagnostics capacity.

Background

Following the cancellation of the PFI, UHL identified the reduction of risk and improving the quality of Maternity as one of its key priorities. It was agreed that there would be a Commissioner Led Review as part of the NSR Maternity and Children's Workstream. The outputs of this piece of work would be the development of a robust business case to identify a long term option to ensure a high quality, value for money, equitable safe and sustainable maternity service.

In February 2010 the NSR Board agreed to recommend a full new build to the PCT and UHL Boards as the clinically preferred option at an estimated cost of over £80m, after ruling out a series of other options, including doing nothing. The current financial climate meant this option would not be deliverable in the short term. It was therefore agreed that work would be undertaken by UHL to develop an interim solution that would create a holding solution to 2014 pending future availability of capital funding. This solution would need to mitigate the risks in current services which are on the UHL Trust Register. The identified risks included Maternity Service capacity, obstetric theatre environment, scanning capacity, midwifery and obstetric staffing levels.

The NSR interim solution work was agreed by Trust Boards in UHL, NHS Leicestershire County and Rutland and NHS Leicester City in December 2010. Thus, income and funding assumptions have been agreed and signed off by commissioners. This was publicly confirmed by Catherine Griffiths on the 24th January 2011.

Proposal in Brief

The interim model proposal is based on using the current estates as efficiently and effectively as possible. To achieve the space required to deliver the current and future demands in maternity to 2014/5 without new build, requires significant changes to gynaecology services to vacate co-located space.

The interim model proposes to:

- Move all elective gynaecology to the LGH
- Centralise the two Early Pregnancy Assessment Units (EPAU) at the LRI
- Centralise emergency gynaecology at the LRI to provide 24 hour walk in service led by senior decision makers with one stop diagnostic and treatment capability
- Move the Maternity Assessment Centre from the Delivery Suites at both LGH and LRI

This will allow the Maternity service to increase its footprint at the LRI and make better use of existing footprint at the LGH and therefore deliver capacity to:

- Create additional delivery rooms which will allow the development of focused midwifery led care facilities
- Create further early labour or induction beds across both delivery suite
- Separate and centralise elective caesarean sections from the emergency workload by re-providing theatre capacity in vacated Gynae theatres at the LRI
- Create additional maternity inpatient beds/capacity at the LRI
- Create a centralised non routine Maternity Assessment Centre (MAC) at the LRI and LGH

It will also allow gynaecology to

- Redesign gynaecology ward provision at the LGH to separate inpatients from short stay and create a DOSA

Commissioners have also agreed a 3 year package of investment to:

- Increase scanning capacity to deliver a service that meets national standards and targets in both gynaecology and maternity services
- Increase obstetric consultant cover to the elective theatre sessions and ward areas and anaesthetic consultant cover to pre-assessment and maternity elective theatres
- Increase gynaecology consultant and nursing support to the emergency pathway.
- A planned package of investment to grow midwife numbers year by year until the service can achieve a sustained 1:32 midwife to birth ratio with the predicted growth in bookings and delivery numbers.

Section 2: Summary of Business Case

Aims

The aim of the project is to identify a short to medium term solution to the capacity issues within Maternity Services and to ensure a high quality, value for money, equitable safe and sustainable service for the next 5 years to 2016/17 and at the same time address the current poor emergency care pathways in gynaecology.

Objectives

The project has a number of objectives; it will:

- Optimise the use of the current estate by collocating services on a single site where possible or in a single area on each site
- Increase maternity capacity to enable delivery of a 1% growth per year
- Allow the separation and branding of dedicated midwifery led facilities on both sites.
- Separate emergency and elective activity in both maternity services and gynaecology

- Separate day of surgery arrivals, day cases and inpatients in gynaecology to improve throughput and reduce inpatient bed base.
- Provide a single point of access for non-routine assessments in maternity services to reduce inappropriate admissions and duplication, and streamline care pathways and access
- Deliver national screening requirements for NT scans and fetal anomaly scans
- Reduce inappropriate emergency admissions and reduce emergency readmissions
- Increase access to ambulatory gynaecology care and treatment through an outpatient diagnostic and therapeutic procedures area.
- Provide appropriate nurse led services that improve patient assess.
- Improve the environment of the obstetric theatres at LRI and LGH

While ensuring the solution addresses:

- The capacity of maternity services in Leicestershire due to the rising number of births in a service as well as evidence of an increasingly complex case-mix in the population. The current maternity units at the LRI and LGH were designed when 8,500 babies were delivered in Leicestershire. The total deliveries for the year to March 2011 were 10824 and the current projection for 2011/12 is for 11,000 births. This is based on the growth in bookings in 2010/11 which at month 10 are 568 more than in the same period in 2009/10.
- The quality and safety risk that has been identified at the LRI site in relation to the infection prevention issues associated with the use of the second operating theatre on delivery suite.
- Addresses the current issues with a two site emergency take and two site elective working for gynaecology.
- Maintains reference costs below 85 and limits demands on capital.
- Addresses the risks and maximises the safety and sustainability of service up to 2014, and allows the model of care proposed to maintain the confidence of commissioners and the public.
- Is fully supported during and post implementation.

This project interfaces with the Service Improvement Plan for Neonatology and cannot be achieved without this project being supported and implemented.

Deliverables

- Supports the delivery of CNST level 3 within 2 years
- Maximise estate utilisation to allow consolidation of services and provide essential capacity
- Deliver activity in maternity at 1% growth each year
- Improved access to midwifery level care and facilities
- Maintains and improves the midwife to birth ratio

- Reduces closures and transfers of activity
- Addresses issues raised in the EMPACT report concerning inappropriate emergency admissions
- Supports the deflection of patients from A&E
- 30% reduction emergency 1 day LOS
- Transfers surgical activity to an outpatient setting

Public, Patient and Stakeholder Engagement

The NSR review undertook extensive stakeholder engagement throughout 2009. Engagement activities took the form of stakeholder events with public and patients including 'seldom heard' groups and those in rural areas. This engagement was successful in capturing the views of a range of demographic groups, women of childbearing age, people within an age range that reflected that of the user population, people across LLR, including Rutland, people with disabilities and from people of different sexual orientations.

The feedback showed that any proposals needed to concentrate on

- Delivering safe services
- Ensuring access to services where birth complications could be managed
- Midwife clinics, scans, childbirth facilities and postnatal care close to home where possible
- Access to scans and examinations that are linked to obstetric care
- Access to home births if possible and midwifery led units separate or within acute hospital
- Access to active birth methods and a birthing pool.
- Areas where services could be extended or improved were identified as being: midwife-led units; more postnatal support, such as for breastfeeding; greater support for first-time parents; and improved access to antenatal care.

The current interim proposals have focused on delivering on this feedback and further formal public, patient and stakeholder engagement is taking place through the Maternity services Liaison Committee, Trust members, Links members, Consortia Boards and internal and external media. The proposals will also go before the Overview and Scrutiny Committee as part of the site reconfiguration work.

UHL: Business Case proforma

The business case is classified as:

1. Business Expansion	✓
2. Essential Replacement	
3. Health & Safety	
4. Cost Reduction	
5. New Legislation	
6. Research & Development	

Section 3: Financial and Benefits Management

1. Request for Funding

Revenue

The revenue elements of the income and expenditure assessment (attached in appendix 1) are supported by funding agreed with commissioners. Pay costs have been phased on the ability to recruit staff throughout the project whilst non pay costs are based on the existing relationship between activity and non pay as this is not expected to change. Other assumptions in the financial assessment have been detailed as comments in appendix 1.

Capital

A detailed assessment of capital expenditure has been developed in conjunction with estates and will require £3.7m for estates refurbishment/redesign, as shown in appendix 2.

Kensington Building LRI

- Ward 1 – split ward to accommodate maternity inpatients and gynaecology emergencies.
- Ward 2 - redesign space to provide maternity assessment capacity
- Theatre 17&18 – increase recovery capacity and create day of surgery/admissions area for elective lower segment caesarean section (LSCS) women.
- Delivery Suite – redesign current space to increase delivery rooms by 4 and provide additional induction/early labour facilities.
- Obstetric Theatres – upgrade estate to meet infection prevention standards and increase size of theatre 2

Jarvis Building LRI

- Current Pre-assessment Area – minor works to provide additional toilets and scan room capacity for EPAU

Leicester General Hospital

- Ward 11 – upgrade facilities to create a Day of Surgery Arrivals (DOSA) area and day surgery bed capacity plus create a diagnostic and treatment facility
- Theatre 7 – upgrade facilities to manage gynaecology patients
- Ward 31 – increase capacity with 2 additional inpatient beds and provide 50% of total bed capacity with suction and oxygen points to recognise changes in patient acuity
- Maternity Outpatients – redesign the patient flows to allow creation of an MAC while maintaining clinic outpatient clinic capacity

2. Financial Benefits Assessment

Activity levels and consequent income recovery assumptions are based on 2011-12 activity plan adjusted by generic UHL activity planning assumptions for years 2-5, as explained in the comments in appendix 1. This is a relatively prudent assessment of activity changes since maternity growth of 1% is not consistent with recent growth in deliveries of 3.5% or 371 more deliveries in 2010-11.

It is important to note the favourable 2009-10 reference costs; for example, a combined reference cost for maternity and gynaecology for UHL is 84, compared to other large centres (Birmingham, King's College, Liverpool, Nottingham and Sheffield) whose reference costs range from 90 to 102. It is unlikely that reference costs will shift significantly when compared to other trusts after this investment when accounting for the activity growth forecast.

The proposal has also been prepared on the basis that there is no change to average patient costs in maternity, and it delivers economies of scale and value for money. The financial evaluation of the proposal has been refined with the latest information available including the work being undertaken to improve the level of CNST discount achieved by Maternity Services.

The SLR position over the investment period will be affected by a number of factors including:

- an adverse impact from the investment however, the service will not go beyond agreed staffing ratios and will continue to closely monitor activity forecasts to inform workforce planning.
- a favourable impact from the increase in activity and associated income
- an adverse impact from national tariff efficiency measures
- an unknown impact with the movement to a national pathway tariff for maternity services

In this context this Business Case has been approved by the Commercial Executive, and now needs Trust Executive and Trust Board approval as the means by which capital funding will be allocated. This will support the agreed revenue investment, address safety and capacity issues and give the service the potential to increase market share.

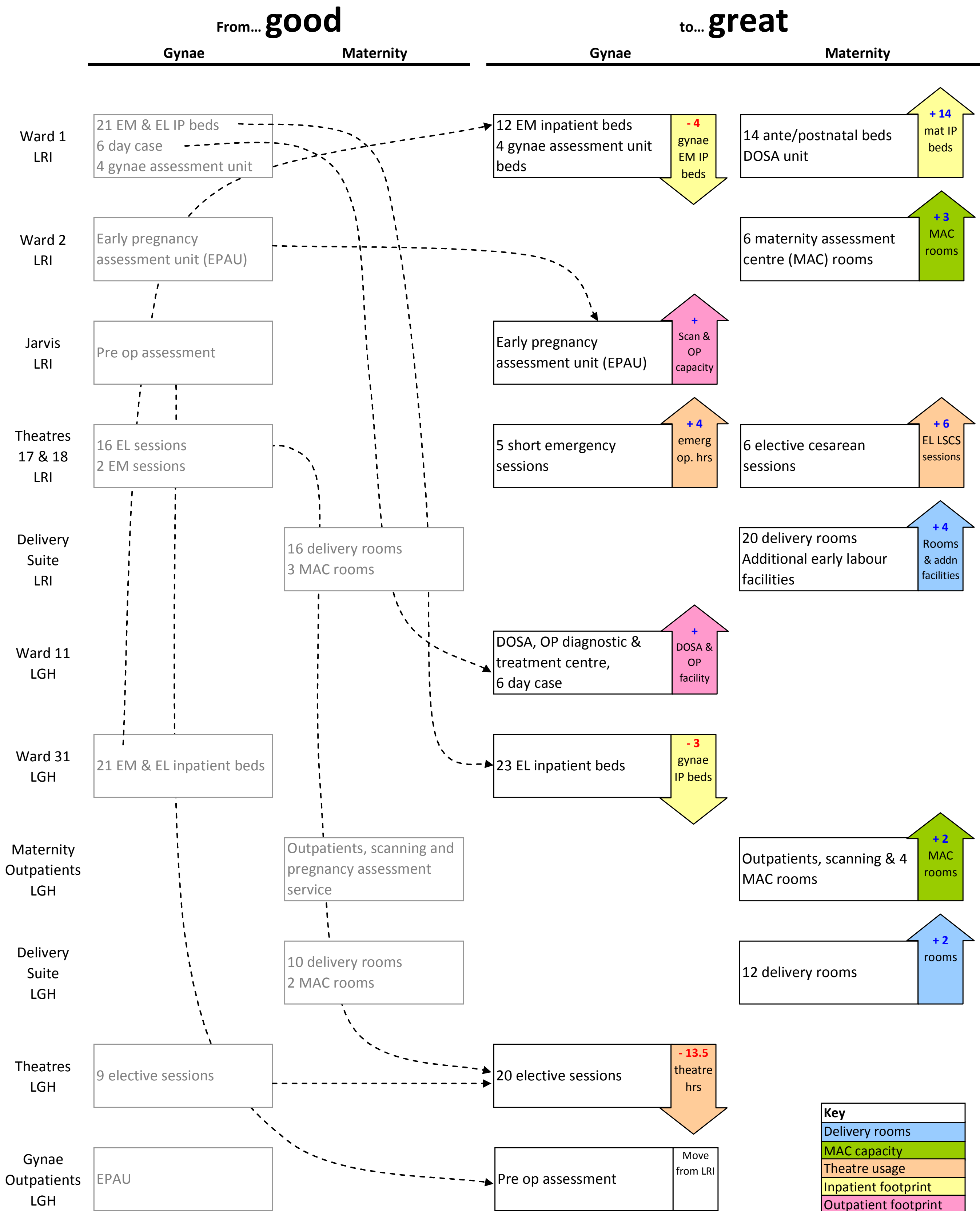
3. Non-Financial Benefits Assessment

Delivery capacity

	2009/10	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
	Actual	Actual	Forecast	Forecast	Forecast	Forecast
Activity growth				*1%*	*1%*	*1%*
Deliveries	10,453	10,824	11,000	11,110	11,221	11,333
Deliveries per day	29	30	30	30	31	31
Delivery rooms	26	26	26	32	32	32
Deliveries per room per year	402	416	423	347	351	354

The table above shows investment in additional delivery rooms provides a significant increase in capacity which, with the approved revenue investment, will give the service opportunity to repatriate any ‘lost’ activity and develop its dominant market position. The particular focus of this development will be in low risk midwifery led care with the potential to differentiate it from obstetric care, particularly at the Leicester General Hospital.

Non financial benefits overview



1. Strategic Fit	2. Patient outcomes and safety	3. Patient experience	4. Clinical Staff & Resources
- Delivery of a service that meets or exceeds the best benchmarked maternity and gynaecology services nationally - Allows the achievement of CNST maternity standards level 3 - Centre of excellence for midwifery led care and maternal medicine - Able to meet the demand for maternity services, keeping local activity local and have the ability to deliver capacity to 2014	- Increased consultant presence on delivery suite and emergency gynaecology reducing risk - Enhanced multidisciplinary pre-delivery and pre-operative assessment ensuring all high risk women are identified - Improved medical records management - Improved provision of anaesthetic support out of hours for obstetrics - Separation of emergency and elective care - Improved emergency care flow from A&E through admission and home. - A reduced risk rating on a number of risks on the Trust risk register in the Women's CBU and the Clinical Support Division - Ability to provide assurance to PCT's that services continue to be safe during this interim period. - Reduced use of the second theatre on each delivery suite to address risks associated with these theatres in terms of inadequate size and infection prevention concerns - A reduction in the number of transfers of activity and closures of the labour wards	• Improved patient satisfaction • Family responsive pathway • Moves towards the achievement of 1:1 care of women in labour • Improvement in midwife to birth ratio • Reduced length of patient journey • Development of one stop patient pathways • Responsive to feedback from patient survey's and focus groups • Choices for Women which include place of delivery, antenatal and postnatal care in line with national requirements • Expanded ultrasound scanning capacity to meet national targets and standards • Focus on admission avoidance and delivery of 'one stop' visits/clinics • Maternity elective/surgical service will improve the experience of women who will be dealt with in a timely and efficient manner reducing delays and cancellations. • A dedicated service for women who present to the maternity unit who are not in established labour • Improvement in the timeliness of induction of labour • Reduction in the number of N12/NZ spells	• Reduction in DNA's • Reduced readmissions in both maternity and gynaecology • Improved recruitment and retention • Continued low reference costs • Reduced length of stay • Increased day case rates • Improved theatre and outpatient utilisation • Increased number of patients treated in outpatient facilities • Further reduction in follow up rates in gynaecology • Reduces inpatient bed base • Reduced duplication of services

Section 4: Conclusion and approvals

This project outline is supported by NSR interim solution work agreed by Trust Boards in UHL, NHS Leicestershire County and Rutland and NHS Leicester City. Thus, income and revenue funding assumptions have been agreed and signed off by commissioners.

It was agreed that LLR PCT's will fund

i. Maternity activity growth in 11/12 at full tariff (c 2% growth at £770k).
ii. An increase in unit price in Community Midwifery Prices of 10% to deliver to UHL the additional PCT funding required of £529k.

In 2010 the NSR Boards accepted that a full new build for maternity and women's services, given the current financial climate would not be deliverable in the short term. This project delivers an interim solution that will create a holding solution to mitigate the risks in current services which are on the UHL Trust Register to 2014 pending future availability of capital funding. It optimises the use of the current estate by co-locating services on a single site where possible or in a single area on each site and allows expansion of maternity capacity to meet current and future demand for the next 5 years.

Recommendations

SUPPORT this interim solution for maternity as the clinically preferred short / medium term solution to 2014, noting that the revenue investment needed for implementation has been agreed.

SUPPORT the capital requirement for changes to be made in Gynaecology and Maternity services which are necessary to redesign estate space to allow expansion of Maternity services while also addressing the current unsustainable two site emergency and elective working for Gynaecology.

SUPPORT that this interim solution helps address maternity risks identified on the UHL Risk Register.

UHL: Business Case proforma

Appendix 1

UHL		**Only populate the green cells**						
Business Case template		(£'000 unless stated)						
Maternity & Gynaecology		**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Residual**	**CAGR**
		2011/12	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**Value**	**%**
Revenue							(see note)	
Patient episodes	[type]	1,603	1,925	2,250	2,579	2,911		16.1%
Patient income		£1,445	£1,736	£2,029	£2,325	£2,625		16.1%
Costs								
Pay costs		£612	£1,298	£1,521	£1,521	£1,521		25.6%
Non-pay		£141	£170	£198	£227	£256		16.1%
Indirect costs & overheads		£463	£607	-£353	-£353	-£353		#NUM!
Total costs		£1,216	£2,075	£1,366	£1,395	£1,424		4.0%
EBITDA		£229	-£339	£663	£930	£1,200		51.3%
Depreciation	0	£55	£363	£405	£405	£405		
Financing costs	3.5%	£11	£0	£109	£76	£34		
Net surplus		£163	-£703	£149	£449	£761		47.1%
Cumulative surplus		£163	-£540	-£391	£58	£819		49.8%
Average tariff	(£)	£902	£902	£902	£902	£902		0.0%
Headcount	WTEs	12	25	31	31	31		26.6%
Average pay cost	(£)	50.3	51.0	48.6	48.6	48.6		
EBITDA margin		15.8%	-19.6%	32.7%	40.0%	45.7%		30.3%
Net margin		11.2%	-40.5%	7.3%	19.3%	29.0%		26.7%
Capital expenditure	(£k)	£551	£2,773	£335	£0	£0		
Working capital	(£k)							
Net cashflow (pre funding)		-£322	-£3,112	£328	£930	£1,200	£5,197	
Cumulative cashflow		-£322	-£3,435	-£3,107	-£2,176	-£976	£4,221	
Payback	(Year)							
Discounted cashflow	(£k)	-£322	-£2,957	£296	£798	£978	£4,021	
Net present value	(£k)	**£2,814**						
Discount rate		**5.0%**						
(based on 3.5% plus risk weighting of:		**1.5%**						
Project IRR		25.9%						
Assumes total project life of		**10**	years					

Note: RV assumes Year 5 cashflows for the remainder of the project life.

Assumes cost of borrowing of	**3.5%**
Surplus cash invested at	**1.0%**

Key assumptions

Revenue

1) Investment to increase NEL maternity capacity, therefore revenue only takes account of NEL maternity revenue.
2) Baseline for incremental investment set at start point (~10,500 deliveries) of NSR with 11-12 prices used throughout.
3) Takes account of commissioner revenue investment (community midwifery & maternity growth) secured as part of the NSR.

Expenditure

4) Pay costs required to increase capacity and safety in Maternity and modify Gynaecology pathways.
5) Pay costs and WTE include support costs that will not be incurred by the Women's CBU (e.g. anaesthetic time).
6) Non pay costs are proportional to existing total non pay per patient.
7) Indirect costs and overheads are consistent with existing arrangements, and adjusted for a minor increase in FM costs, as well as CNST premium changes (see point 8).
8) Changes to CNST costs have been included based on their close links to the service as highlighted in the business case. CNST costs increase in years 1 & 2 based on current issues but reduce costs in year 3 once CNST level 3 is achieved.
9) WTE headcount is based on an average across each year.

Risk

10) Business and financial risk is low, therefore rated at 1.5%.
11) Clinically there are more substantial risks being managed which this investment will mitigate against (see body of business case for further explanation).

Capital cost overview

to... great

	Gynae	Capital £	Maternity	Capital £
Ward 1 LRI	**Gynae emergency unit** Redesign of estate, backlog maintenance & ultrasound scanner.	**57,400**	**14 maternity inpatient beds** Redesign of estate, backlog maintenance, additional showers & furniture and fittings.	**24,600**
Ward 2 LRI			**Create MAC rooms** **Recongfigure vacated space in outpatients** Redesign of esate, medical equipment & furniture and fittings.	**410,000** **16,400**
Jarvis LRI	**Consolidate EPAU** **Increased scanning capacity in gynae outpatients** Additional toilet, scan room and ultrasound scanner.	**21,320** **13,537**		
Theatres 17 & 18 LRI	**Emergency sessions** Recovery space.	**4,920**	**Elective LSCS sessions** Expanded recovery, DOSA, operating table & furniture and fittings alongside estate upgrade to meet current standards.	**131,200**
Delivery Suite LRI			**Increase delivery & early labour rooms/capacity** **Address environmental issues in theatres** Redesign of estate, medical equipment & furniture and fittings.	**865,920** **93,480**
Ward 31 LGH	**Increased beds** Redesign of estate, provision of additional medical gases & furniture and fittings.	**127,920**		
Ward 11 LGH	**Create a DOSA & day surgery unit** Furniture and fittings, shown below			
Maternity Outpatients LGH			**Create a centralised MAC** Redesign of esate, medical equipment & furniture and fittings.	**194,440**
Delivery Suite LGH			**Change use of space** Redesign of esate, medical equipment & furniture and fittings.	**32,000**
Theatres LGH	**Reprovide elective activity from LRI** Laparoscopic stack system & recovery monitors.	**160,800**	**Improve environment** Estate upgrade to meet current standards.	**304,000**
Gynae Outpatients LGH	**Increased outpatient capacity** Estate redesign.	**82,000**		
	Medical equipment	74,258		427,420
	Furniture and fittings	51,677		226,745
	IM&T hardware and data points	10,805		21,995
	Planning fees contingency	9,400		29,600
	Inflation contingency (8% advised by estates)	7,661		189,516
	Transitional planning contingency	1,963		68,037
	Total	**623,661**		**3,035,353**
	Grand total			**3,659,014**