Trust Board Paper I

To:	**Trust Board**
From:	Kate Shields
Date:	**25 September 2014**
CQC regulation:	As applicable

Title:	Next steps in the realisation of co-located Children's services at Leicester Royal Infirmary

Author/Responsible Director:
Alison Poole/ Elizabeth Aryeetey, Kate Shields

Purpose of the Report:
The purpose of the report is to provide the Trust Board with an update on the realisation of co-located Children's services at Leicester Royal Infirmary

The Report is provided to the Board for:

Decision		Discussion	X
Assurance		Endorsement	

Summary / Key Points:

Recommendations:
The Trust Board are asked to receive the update paper

Previously considered at another corporate UHL Committee?
No

Board Assurance Framework:	**Performance KPIs year to date:**

Resource Implications (eg Financial, HR): Yes

Assurance Implications: Yes

Patient and Public Involvement (PPI) Implications: Yes

Stakeholder Engagement Implications: Yes

Equality Impact: Yes

Information exempt from Disclosure:

Requirement for further review?
Standing agenda item on ESB with updates coming to future Trust Board meetings

Co-located Children's services at Leicester Royal Infirmary

Background

1. The paper delivered to the Executive Strategy Board (ESB) on 12th August 2014 outlined the need for co-location of an East Midlands Congenital Heart Centre with Paediatric services at University Hospitals of Leicester (UHL)

2. Both the August ESB and the Trust Board confirmed their continued support for Congenital Heart Services at UHL and the project to establish this.

3. At the August Trust Board meeting an update was requested on the direction of travel to be presented at the September Trust Board meeting

Current position

4. Since the paper in August NHS England has launched their twelve week consultation on the proposed congenital heart disease standards and service specifications. The revised draft standards for Paediatric Congenital Cardiac Surgical units state that co-location with other paediatric services is essential; this will require the Paediatric Congenital Heart service to move from Glenfield Hospital to join the rest of paediatric services on the LRI site.

5. Paediatric Congenital Heart services are currently co-dependent with Adult Congenital Heart services and Adult Cardiac services at Glenfield Hospital.

6. The services listed below are delivered by staff and in facilities that are shared by Adult Congenital Heart services and Adult Cardiac services.

    - Anaesthesia
    - Radiology
    - ECMO
    - Theatres
    - Catheter Lab
    - Cardiac Investigations
    - Perfusion
    - Outpatients

7. By bringing Children's services together on one site, co-located, there will be an opportunity to minimise the additional resources required and maximise the benefits of investment for the whole of the Children's Hospital. This is an important feature as we are currently not compliant with other aspects of local and specialised paediatric care.

8. The clinical teams are all supportive of bringing children's services together all on one site and initial scoping and discussions have commenced that indicate a three stage approach will be required to deliver the revised objective. The three stages are;

Stage one: 6-9 months

9. A fully independent Paediatric East Midlands Congenital Heart Service at Glenfield Hospital, with the appropriate governance within the Women's and Children's CMG to incorporate Paediatric theatres, Anaesthetics and Catheter lab

Stage two: 18-24 months (if required)

10. Commissioners may require us to co-locate all paediatric services before a final solution can be developed at the LRI. This will facilitate a single focus on children's services and will help to develop final operating models prior to the move into a single children's services at the LRI.

11. During the case of the current consultation we will test time lines for a single site compliance with our national commissioners. Our preference would be for a single move into a permanent children's hospital. If we are required to move faster than we will rapidly signal a move to the LRI. The clinical teams are supportive of this.

Stage three: 5 years

12. An integrated Women's and Children's Hospital delivering excellence in care and service at the LRI.

13. It is acknowledged that a project of this scale will require significant fundraising support. Sheffield Children's Hospital Charity are currently running a capital campaign to raise £20 million. This is an indication of the potential fundraising opportunities that may be amenable to us as a "children's hospital" provider.

.

14. To undertake a significant capital fundraising programme will mean that Leicester Hospitals Charity will need to continue to develop and increase its fundraising scope and ability, and in particular develop its approach to high net worth individuals. This is something that has been achieved by other Children's hospitals in the UK and the programme will require the establishment of a dedicated fundraising team, with experience of big ticket donations

15. A paper to the October ESB will outline the opportunities, issues and risks for each of the three stages, the required project governance, engagement and communications and dedicated fund raising proposals.

16. The strategic outline case process for this will commence after the October ESB meeting with a timeline developed that reflects our 5 year strategy and the Better Care Together process.

Next Steps

17. To establish the governance structure for the project including the development of a programme board.

18. To continue to take forward the action plan, described in Appendix A.

19. To develop a strategic outline case for the delivery of a children's hospital that is within the financial constraints.

20. Establish the strategy for fund raising.

Recommendation

21. The Trust Board are asked to receive the update paper and note the next steps.

Action plan

Item	Action	By when	By whom
2.	A full governance structure for the project needs to be established to include: • A Programme Board and Director that reports to the Children's Hospital Board and ESB • One programme with individual projects for all three time scales that commence together and run concurrently should be established to ensure alignment and momentum is maintained	30.09.14	IS/ KS
3.	Detailed analysis of all the options for cross site working to include revenue and capital implications	30.09.14	EA/SS
4.	Agree management structure in supporting CMG's to ensure paediatric services are managed independently	30.09.14	DY/LG
5	Appoint a communications lead and brief in line with the Children's communications strategy	30.09.14	MW
6.	Formal response on the proposed congenital heart disease standards and service specifications consultation to go to the November TB meeting	14.11.14	
7.	Produce the operational policy and schedule of accommodation required for each phase of the programme	30.11.14	AP
8.	Agree fundraising strategy and resource requirements	30.11.14	TD
9.	Produce a brief for a feasibility study into how Paediatric services can be co-located at UHL in conjunction with the Trust 5 year strategy and Design Control Plan	14.12.14	AP
10.	Appraise and agree the options and timescales required for delivery of the interim and final solution	28.02.15	Project manager
11.	Prepare a business case and seek approval from Trust Board and NTDA	30.04.15	Project manager
12.	Identify and implement the most appropriate service model to ensure the service is appropriately prepared for co-location	30.06.15	LC