

07 JANUARY 2021

Children's Hospital Reconfiguration: Phase I re-location of EMCHC Services

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Paper D3**Purpose of report:**

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Programme Cmtee	22.12.2020	Assurance
Executive Board - ESB	05.01.2021	Assurance
Trust Board Committee		
Trust Board		

Executive Summary

The move of the East Midlands Congenital Heart Centre continues to progress to plan with the move scheduled for April 2021. There have been some delays with the refurbishment of Level 5, PICU due to Covid; although at the moment the delays have been mitigated within the programme. The Capital Projects team continue to ensure that Covid regulations are adhered to on the construction site.

With the build progressing well, some key clinical staff have been able to have a walk around their new clinical areas. The staff have found this very useful as it helps to visualise the new environment and is particularly valuable in planning the move.

Recruitment to the posts required to move the service to the LRI is progressing well. Where recruitment has been more challenging, alternative plans are being developed with CMG partners.

During January 2021 we are planning our Patient Partnership groups to celebrate the progress and make sure that the patients, families and carers are able to be part of this exciting first phase of the Children's Hospital.

The Leicester Children's Hospital appeals continue to be positive with ongoing pledges and commitments.

The Construction Programme



Whilst the internal work is starting to take shape, work has started to ensure the building is fully equipped to support the new clinical areas. New air handling units have been placed on the roof. In order to do this two crane lifts were needed, one to put down the steelwork to support the air handling units and the second to lift the units into place. Crane lifts are dependent on weather conditions. Fortunately, the lifts were able to go ahead as planned.

The crane lifts took place on consecutive Saturdays to minimise any disruption to the surrounding services.



The Move

To date, most of the planning for the move of EMCHC services has been ensuring that the underpinning work has happened:

- Construction
- IM&T
- Operational Planning
- Workforce Planning

During January, the project team will be working with each area to develop the detailed “move” plan. This work is being supported by the Estates department. There will be a detailed plan for each area including:

- **Transfer of patients** – it is intended to reduce the number of elective operations just before the move so there are not too many patients to move. The patient move will be supported by the COMET patient Transport team with experienced staff on hand through this time. We will also be liaising with our Network Hospitals for support during the move, should this be required. In this way we will ensure the safety of all patients.
- **Transfer of Equipment** – all equipment identified for transfer will be labelled ready for the move
- **New Equipment** – new equipment will be tested by clinical staff prior to the move
- **Patient Information for the day of the move** – patient information will be developed which will include travel/transport arrangements, cross site parking, helpful information for patients and carers/families
- **Play specialists** – we will ensure that our experienced Play Specialists are available on the day of the move to help provide a calm and supportive environment for patients and their support

Every aspect of the move will be planned in detail.

Risks & Mitigations

The main risks to the Project delivering on time remain un-changed:

- Recruitment –. Whilst recruitment is progressing against the workforce plan, some areas remain challenged. Plans are being developed and discussed to ensure that the all areas are staffed safely in order for the relocation to take place.
- Covid 19 restrictions – the measures put in place continue to be adhered to

The Project team are endeavouring to minimise any risk regarding the impact of Covid on the construction programme. However, as the Pandemic continues, the risk of delay remains high.

Leicester Hospitals Charity and the Leicester Children's Hospital Appeal

The Leicester Children's Hospital Appeal recently received a substantial grant of £250,000 from the Garfield Weston Foundation, and £25,000 from the Haremead Trust. The appeal has been the feature of our Christmas Campaign to households across LLR, including the case study of Hope and her father Ady, and response to our appeal has been really positive. The appeal has now achieved £6M, with several substantial pledges in the pipeline for the New Year

Conclusion

The project is progressing well and is on schedule for go live in April 2021. This paper is to provide assurance to the board that all elements of the project within the Project Team control are being managed according to the programme and timelines.

Risks to the project are being mitigated and monitored closely through the governance boards, taking into account that the risk relating to Covid 19 restrictions is out-with the control of the project team.

This paper is for noting and assurance

For Reference (edit as appropriate):

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Yes
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Yes
Better care pathways	Yes
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Yes
Estate investment and reconfiguration	Yes
e-Hospital	Not applicable
More embedded research	Not applicable
Better corporate services	Not applicable
Quality strategy development	Yes

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
 - A Equality Impact/Due Regard assessment was carried and found that all reasonable adjustments have been made to ensure equity
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
 - A patient partner representative sits on the Children’s Project Board and has engagement with patients, carers, schools and has been in attendance at design meetings
- How did the outcome of the EIA influence your Patient and Public Involvement ?
 - Patients and carers are key stakeholders in the project along with long standing associated charities who continue to be involved
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	x	PR 7 – Reconfiguration of estate
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: [February 2021]
6. Executive Summaries should not exceed **5 sides** [My paper does comply]