

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

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Trust Board paper E3

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 Cmte	23/10/20	noted
Executive Board	03/11/20	Noted
Trust Board Committee		
Trust Board		

Executive Summary

The East Midlands Congenital Heart Centre (EMCHC) re-location continues on track for go live in April 2021 with work having started in all areas:

- New Build –new theatres building will be ready for handover in early December 2020
- PICU - work has commenced and is scheduled to complete in March 2021
- Ward 1 - refurbishment is underway and will be finished in January 2021
- Outpatients department – the contractors have been appointed and will start work with a completion date of February 2021

The top 3 risks to the project delivery remain as follows:

1. Unable to successfully recruitment to the workforce plan to support the move of the service
2. Potential delays due to Covid 19 restrictions
3. Unable to find appropriate office space within the scope of the budget

These risks are being mitigated where possible with actions being taken to ensure that they do not affect the move of the service.

Staff, patient, relative and carer communication continues. Focus groups with representatives from charities, patients and family or carers, and staff will be held during November giving the

opportunity for each representative area to contribute to the “*You Said....., We Did*” approach to ensuring patient concerns are addressed.

Recruitment

A social media recruitment campaign took place during October to raise the awareness of the EMCHC brand and the active recruitment programme. This was well supported by all specialty areas. EMCHC has a number of very specialised staff groups and there are ongoing training, education and recruitment programmes to “grow” our own staff to future proof services. As with all clinical and healthcare scientist roles, the training can be up to 3-4 years. At UHL we will be benefiting from the investment in our own staff training programmes with newly qualified staff in the next 2-3 years.

Recruitment to theatre staff roles is critical to the safe move of the service to the LRI. Extensive and ongoing regular recruitment has been successful in filling two thirds of the investment posts needed for the opening of the new theatres extension in the Kensington Building.

During November the Royal College of Nursing will be hosting a virtual nursing Exhibition. The UHL nursing leads are in the process of planning UHL involvement and EMCHC will be representative on the day. This is a great opportunity to share the “ground breaking” work that is done at EMCHC and the chance to raise awareness of the service.

Construction Programme

The construction programme timelines remain on target for the move of the service in April 2021.

Building work is progressing on level 5 of the Kensington building which be the new 12 bedded PICU unit.

The contractors have been appointed following the tender process for the outpatient work which is due to start in November. Outpatient designs and enhancements have been shared with patients, relatives and carers for their input with final designs agreed.



Fig 1: The designs in the corridor leading into the Echocardiography and treatment rooms in the newly refurbished outpatients department



Fig 2: Internal view of the ward refurbishment work

The extension to the Kensington building will be handed over early December at which time patient representatives site visits will be arranged together with staff visits for orientation.

The new Catheter laboratory equipment itself is on track to be installed in February 2021.

Communicating the Progress of the Project

Throughout the lifetime of the project the team have engaged with several different stakeholders at key points for input into design, patient and carers requirements and service delivery.

As the project progresses we are involving several different stakeholders to ensure that concerns are taken into account and, where possible, addressed. Some of the potential concerns to address are:

Question	Answer
Will there be a delay to treatment because of the move?	The move to the LRI will give the EMCHC surgeons dedicated use of an operating theatre. It has also given us an opportunity to look at how we schedule operations and reduce the waiting time to surgery. A new theatre timetable will also mean less cancellations on the day due to lack of theatre time
What will happen on the day of the move?	The move will take place in a staged way with the outpatient department moving first, followed by PICU and then the Ward. Patients will be transferred by the specialist paediatric transfer team CoMET and will have appropriately trained staff available. The elective surgery for two weeks prior to the move will be planned to reduce the risk level of patients during the move. All the newly built

	and refurbished areas will be handed over to the clinical teams in advance and they will have had a chance to set up the clinical areas and the new equipment will be in place
Safety of patients during the move	Congenital Heart Centres within the East Midlands Network will be on standby for support if required. There will be double running of services on both sites during the move
What patient information will be provided?	All patient letters will contain details of the date of the move together with patient information for during the move and the new EMCHC areas

Each specialty area has developed a “Comms Cell” which provides both staff, and patients and carers with information on what’s going on in the project and how it is progressing. It gives both groups the opportunity to comment, raise concerns and provide solutions.



We are using the “You Said....., We Did” approach.

Fig 3: An example of a Comms Cell board. There is a lot of information to share

Together with the Clinical Management Group, the project team are also developing a public facing newsletter.

Risks & Mitigations

- Recruitment – some areas of recruitment remain challenging. Mitigating plans are being developed and discussed to ensure that the relocation takes place safely
- Covid 19 restrictions – the measures put in place continue to be effective ensuring that construction work progresses. There have been no further issues with Supply Chain.
- EMCHC Offices – 3 options have been identified for sign off at the Children’s Hospital Project Board and the Space Demand and Capacity Committee

Leicester Hospitals Charity and the Leicester Children's Hospital Appeal

Leicester Children's Hospital Appeal continues to gather momentum with a number of major proposals currently in discussion. There are a number of community fund raising events planned with associated pledges. Work is ongoing with the Appeal Board to reach out to further potential supporters.

Conclusion

This paper seeks to provide continued assurance to the Trust Board that the move of the EMCHC service to the Leicester Royal Infirmary hospital site remains on schedule for April 2021. 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 outwith 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 Principal Risk on the BAF?		
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None	X	

5. Scheduled date for the **next paper** on this topic: [December 2020]
6. Executive Summaries should not exceed **5 sides** [My paper does not comply]