

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

Author: Lesley Shepherd – Project Manager    Sponsor: Mark Wightman – Director of Strategy and Communications

### Paper C

#### 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	21.05.2021	Assurance
Executive Board – ESB	01.06.2021	Assurance
Trust Board Committee		
Trust Board		

## Executive Summary

The paediatric East Midlands Congenital Heart Service was scheduled to move from the Glenfield Hospital to the LRI during the weekend of the 20-23 May 2021.

Whenever new clinical facilities are commissioned, they go through a series of important routine checks, from everything to critical ventilation validation to water quality tests. This project has sailed through most checks but there remains a stubborn issue with the water quality, which is showing TVC readings at above acceptable levels (TVCs are the 'Total Viable Count', and is a measure of the particles in a given volume of water). This is most likely linked to the system being a completely new installation and the need to flush any debris / particles through the system that may have been left following construction.

The Estates team, Capital Projects team and the engineers are working around the clock to flush and cleanse the system, in order to reduce the TVC count, before re-testing the water supply. Once we have two clear tests, the move of the children's congenital heart service can be rescheduled. Whilst this is frustrating, not least for our clinical teams who are keen to move into their new facility, it is better to address the issue now whilst the building is unoccupied, rather than seek to redress the problem once the team have taken up

occupation. In the meantime, the service will continue to operate from its base at the Glenfield.

During the last month, the Project Teams have been working hard to ensure that the new departments are ready to open with new medical equipment and furniture purchased via charitable funds in place. The specialty teams have done the first round of risk assessments for their individual areas, which has included testing and signing off medical equipment and ensuring that the area is fit for the safe treatment of patients. These risk assessments have been signed off the by the Clinical Lead for the project. When the new go-live date has been confirmed, the clinical teams will carry the second round of risk assessments which will include a thorough walk through of the patient journey.

Whilst the delay is disappointing news, we can be confident that the work that has taken place so far and the continuing staff engagement will ensure that when the water issues are resolved, the teams will be ready to mobilise in the minimum amount of time.



Fig 1



Fig 2

Children's Cardiac Outpatients department showing the enhancements from charitable funds.

Fig 1 shows the bespoke waiting room furniture

Fig 2 is the adolescents area which will have IPADs



Fig 3



Fig 4

Fig 3 shows the younger children's play area in the waiting room

Fig 4 is the Catheter Lab which can also be used as a theatre which ensures that EMCHC at Leicester has the most up to date equipment nationally

*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:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	x	PR7 – Reconfiguration of estate
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register		

<b>New</b> Risk identified in paper: What <b>type</b> and <b>description</b> ?		
<b>None</b>		

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