1. BACKGROUND TO THE NEW CHILDREN’S HOSPITAL PROJECT

The new children’s hospital is a landmark project for Ireland and is a priority capital project for the Government and the Department of Health. It will transform how care is delivered to one quarter of the country’s population - children from birth to 16 years of age. It is the largest capital investment by the State. To support this capital investment Children’s Health Ireland developed the Children’s Hospital Programme. It is a large complex transformation programme for acute paediatric healthcare in Ireland which will have a long-term positive impact on health outcomes for children, young people and their families.

On the 1 January 2019, the three children’s hospitals and the Children’s Hospital Group transitioned from four separate, independently governed entities into one new single organisation- Children’s Health Ireland (CHI) - which legally commenced on 1 January 2019 to govern and operate local paediatric services in the Greater Dublin area and all national paediatric services, some on an all-island basis. CHI is the smallest of the Hospitals Groups but has the largest reform challenge to merge three independent children’s hospitals that will deliver standardisation of all clinical, non-clinical and corporate processes and well as the planning, design and implementing multiple ICT projects and workforce developments to support this reform and change.

The planning, design and development of the Children’s Hospital Programme is carried out in consultation with, and in partnership with, the expert support of the HSE and the Department of Health. Prior to CHI being legally established in January 2019, all previous arrangements for funding, were governed by the HSE (as previously CHI was the Children’s Hospital Group) and the Children’s Hospital Project and Programme (CHP&P) oversight arrangement.

2. THE IMPORTANCE OF INVESTMENT

There are critical success factors in merging multiple hospitals into a new entity. Lessons can be learned from a range of complex mergers both nationally and internationally. Each of the lessons is discussed in detail in the Children’s Hospital Definitive Business Case, prepared in 2016 and approved by Government in 2017.

International evidence underlines the importance of a well-managed, well-planned integration programme by CHI which is appropriately resourced. There are substantial clinical, operational and financial implications associated with not having a well-coordinated, robust integration programme which include but are not limited to;

- Risk of loss of focus on clinical quality and safety;
- Inability to increase scale and clinical quality in certain specialities;
- Failure to realise benefits to patients as clinical practices are not standardised;
- Increased average length of stay resulting in capacity challenges.
3. CONTEXT

The Definitive Business Case to support the investment required to deliver the Children’s Hospital Programme sets out the need to invest in external professional expertise and technical support to ensure that the Programme, by leveraging the insights, expertise and experience found both nationally and internationally, successfully delivers a world class paediatric healthcare service for future generations to come.

All spend on external expertise and technical support was allowed for within the Definitive Business Case and was part of the forecasted spend determined to be necessary for the successful delivery of the Children’s Hospital Programme.

The relevant experience in large clinical infrastructural projects, digital hospitals and change and workforce planning does not exist to the level required within CHI or any aspects of the Irish Healthcare system and therefore, from the outset, it was agreed that it would be necessary to invest in expertise from organisations and individuals who have successfully delivered projects of significant size, complexity and scope.

Internal resources from the health sector provide valuable insight and expertise. However, external resources are required to provide expertise in specialist areas. The Children’s Hospital Group was part of the HSE in 2015 so it leveraged existing HSE frameworks and procurement expertise to maximise value for money in the procurement of these specialist services.

4. EXAMPLES OF DELIVERY FROM INVESTMENT IN EXTERNAL EXPERTISE

The agreed investment in external expertise has resulted in and will continue to result in demonstrable improvements in the management of paediatric care in this country.

ICT Infrastructure – new ICT systems

To support the vision for a digital children’s hospital, new ICT systems are being put in place across the existing hospitals and in the new paediatric outpatient and urgent care centre at CHI at Connolly Hospital in Blanchardstown. This includes a new patient administration system that allows healthcare professionals to view shared patient details of 1.2bn records in CHI including inpatient and outpatient history, referrals and waiting list details, transfers and chart tracking within CHI.

Implementation of an Electronic Document Management System (EDMS) is a pre-programme of work in CHI’s digital journey, in delivering our vision for a Digital Hospital and Electronic Healthcare Record (EHR). This project is being progressed on a phased basis. CHI at Connolly is the first site to be ‘paperlite’, where patients’ healthcare records have been scanned to an electronic format. This project is being rolled out on a phased basis in CHI at Crumlin and CHI Temple Street and will be implemented in the new facility in Tallaght.

Our investment in outside expertise will also facilitate integration and adoption of an Electronic Healthcare Record (EHR) solution, of which the new children’s hospital will be one of the first to implement in an acute hospital in Ireland.
**NIMIS (National Integrated Medical Imaging System)**

CHI has also rolled out a single version of the national imaging system NIMIS (x-rays) across three of its sites (Crumlin, Temple Street and Connolly), this is the first time this has been undertaken for a single version of this national system across multiple sites.

This means doctors and healthcare professionals can view x-rays of children taken in any of the three CHI locations. This avoids duplication of x-ray and faster clinical decision making.

**Clinical – Virtual clinics**

Delivering paediatric outpatient care is a core activity of the CHI with 145,000 attendances in 2018. Clinical validation through virtual clinics has commenced across CHI and has had a significant impact on reducing waiting lists. In April 2019, there were 3,229 patients waiting greater than 6 months on the waiting list for General Paediatrics, as at end October there were 1,727. Virtual Clinics for this specialty are in place across CHI with a focus on those patients waiting longest where a Triage of Referral Clinic (TORC) approach is proving very successful. The average discharge rate for these clinics is proving to be 60% with an approximate 30% of patients requiring a face to face consultation following the virtual contact.

Virtual clinics support the assessment, monitoring and management of outpatient care rather than traditional face-to-face clinical consultation.

This brings more efficient and convenient delivery of services for the patients, their families, clinicians and healthcare professionals with a decision to ensure safe discharge or plan for follow up of care as is clinically appropriate. Clinical validation through virtual clinics has had a significant impact on reducing the waiting lists for general paediatrics.

**Design and Operations – Work with NPHDB**

While dealing with the transformation of paediatric healthcare services and delivering services in the three children’s hospitals, the Children’s Hospital Programme undertook a significant amount of work with the National Paediatric Hospital Development Board (NPHDB) which involved input into the design process for the health and planning needs for the new children’s hospital project brief.

**People and Change – Cultural Analysis**

CHI currently has a staff of 3,523 whole time equivalents (WTEs) delivering care to children, young people and their families. Every member of staff is involved in the process of this merger and we are grateful for their support and commitment.

A cultural analysis project was commissioned by the then Children’s Hospital Group Board in order to begin the process of developing a shared culture for the new children’s hospital service. It was important to understand the existing values of each organisation, in order that the important elements of each can be built upon to develop a new, shared organisational culture.

Work that has been undertaken over the past two years to build a new culture – taking the best from the three hospitals and bringing it together – includes the planning of clinical best practice, the development of organisation structure to oversee the merger and of cross-city
ways of working, workforce planning and training of over 1,000 staff in the four new ICT systems in CHI and the new facility at CHI at Connolly.

Project Management – Establishing a new PMO

In 2016, the Children’s Hospital Programme developed a framework, with the establishment of a Project Management Office (PMO) to oversee the design, development and implementation of ICT projects, operational commissioning of new buildings, workforce development and common ways of working that will support a number of workstreams to drive reform and change management and workforce development to deliver better services for children, young people and their families. Ongoing robust Programme Management reporting is required and provided to ensure strong management of this investment.

Operational/ Commissioning – Preparing for the new model of care

External expertise was sourced to assist with commissioning and transitioning planning for the new children’s hospital and the two Paediatric Outpatient and Urgent Care Centre. This commenced in 2018. This included the commissioning of ICT infrastructure, security, access and safety, handover, and change management required to open a new building.

Clinical commissioning including new models of care for paediatric healthcare, patient flow pathways, clinical processes, performance metrics, referrals, patient transfer planning, move planning, clinical and operational governance, equipment, supplies, pharmaceuticals and workforce requirements were also advised upon while counsel was sought on operational commissioning including operational support services, supply chain, ICT and digital implementation, administrative support services, risk and compliance.

A planning and implementation exercise in relation to sharing of services and activities on the host campuses of St. James’s Hospital, Connolly Hospital and Tallaght University Hospital also took place.

Finance – Ensuring transparency through merged practices

CHI engaged external expertise to carry out a number of ongoing functions including the consolidation of accounts for the children’s hospitals which are due to be published in 2020. This involved agreeing single accounting policies for the new entity, the merger of all financial information from the former hospital sites, the preparation of single policies and procedures for items such as travel and subsistence, credits cards etc and the merging the financial practises to allow CHI finance operate as a single finance function from January 2019.

Pan-Programme – Building a strong, unified organisation

In order to set up a new organisation, there has been three years preparation with input to the Department of Health to develop the legislation for Children’s Health Ireland.

Legal support to manage the dissolution of the Boards of two voluntary hospitals, Our Lady’s Children’s Hospital, Crumlin and Temple Street’s Children’s University Hospital was also provided, as well as arrangements for a Service Level Agreement with Tallaght University Hospital to support CHI in governing, managing and delivering paediatric services at Tallaght from 2019.
This also entailed significant review and analysis on areas such as, Finance, Legal, Governance, Charitable and other regulatory requirements which required standardisation for a new organisation by January 2019.

Investment in 2016 focussed on setting up the Children’s Hospital Programme and the Healthcare and Financial Planning required for the design brief, Definite Business Case and Project Brief.

5. INVESTMENT ON EXTERNAL EXPERTISE AND TECHNICAL SUPPORT 2016 – 2019

To date, €35.1m has been invested across the areas as set out above.

This investment is substantial but critical for children’s healthcare if we are to safely and successfully manage the integration programme and the workforce development required to deliver the new hospital. CHI is already operating as a single service across the existing children’s hospitals and CHI at Connolly.

Delivery of ambulatory services will expand next year to include CHI at Tallaght.

We will continue to further merge services and develop new ways of working across all clinical and operational areas over the coming years so that the services will be fully integrated before staff from the three children’s hospitals come together under one roof in the new children’s hospital in 2023.

We are focused on planning for and delivering in the future while at the same time providing the highest possible quality of care to our patients today.

In 2018, we treated and delivered care to 120,000 patients in our Emergency Departments, 24,000 inpatients, 30,000 day cases, and 145,000 patients were seen at our Outpatient Departments. Some of the investment in external expertise is being invested in improving services now, ahead of the move to the new children’s hospital, while other expertise is focused solely on planning for the future.

Children’s Health Ireland can confirm the following spend on these services for the period 2016, 2017, 2018 and 2019 (January to August) by the workstream/project outlined in Point 4 above.
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6. CONCLUSION

Significant money has been invested to date in transforming acute paediatric healthcare. There have been critical milestones already achieved in the lifetime of the Children’s Hospital Programme.

The capital project represents the most significant healthcare investment ever undertaken by the State – one that will have an impact on children, young people and their families in Ireland for decades to come as it will deliver improved clinical outcomes for Ireland’s sickest children.

The investment outlined is the investment required by CHI as client for the Capital Project and that will ensure quality patient care will be delivered to children, young people, their families for future generations.