3 December 2019

Your Ref: PAC32-I-1571

Ms Éilis Fallon
Committee Secretariat
Committee of Public Accounts
Leinster House
Dublin 2

Dear Ms Fallon,

I refer to a request from the Public Accounts Committee (PAC) for information relating to consultancy projects undertaken by Children’s Health Ireland (CHI) since 2016 and our submission paper to you on 18 November 2019. Further to an email from Kieran Lenihan, Clerk to Public Accounts Committee on Friday 29th November 2019, please find below responses to the requests for information from the Committee. I understand that the format in which this paper was originally submitted was not within the protocol for responding to the Committee. I wish to take this opportunity to apologise for this oversight and for any inconvenience this may have caused.

Please find below responses to the requests for information from the Committee.

Request for information:

- When each project started and finished and the final cost;
- If incomplete, costs to date, expected completion date and total budgeted amount;
- If consultancy is contributing to a bigger project or is the foundation work for a bigger project, details of that project, including estimates for the cost; and
- Confirmation of the hospitals included within the Children’s Hospital Group and the position in respect of Tallaght Hospital.

Response

To clarify the last point first, Children’s Health Ireland (CHI) commenced as a new legal entity on 1 January 2019 under the Children’s Health Act (2018) and this legislation allowed for the transfer of all the assets and liabilities from Our Lady’s Children’s Hospital, Crumlin, Temple Street Children’s University Hospital, the paediatric services at Tallaght University Hospital and the Children’s Hospital Group in the HSE into CHI. In July 2019, new paediatric services were opened by CHI at Connolly Hospital, Blanchardstown.
This means CHI as a single legal entity with one Board and one Executive team governs and provides acute paediatric services at Crumlin, Temple Street, Tallaght and Connolly Blanchardstown.

To address the three other requests, it is first necessary to outline the programme of work that is the Children’s Hospital Programme, the investment being made in transforming services for children and young people. This is a multi-year complex programme of interdependent projects that is designed and implemented across five sites core workstreams (clinical, design/operations, people and change, ICT and operational commissioning supported by a project and management office, pan-programme support and finance. This programme structure drives the transformation and new ways of working in a standardised way for the 4,000 staff across CHI before moving to the New Children’s Hospital. Projects are implemented across the five core workstreams to reflect the integrated approach needed to implement change in health care.

The following is a detailed outline of these workstreams and some of the deliverables achieved to date with this investment.

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 as 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 THIS 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-co-ordinated, 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 expenditure 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 required to input to a large clinical infrastructural project, digital hospital and change and workforce planning did not exist to the level required within CHI or within 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 similar 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 2013 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.

Workstream 1. ICT Infrastructure – New ICT systems

The largest proportion of the expenditure relates to planning, designing and implementing ICT projects across CHI in preparation for its digital future. 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 1.2 million 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 key project in CHI’s digital journey in order to deliver our vision for a Digital Hospital and Electronic Healthcare Record (EHR). This project commenced in 2018 is being progressed on a phased basis. CHI at Connolly is the first CHI site to be ‘paperlite’, where patients’ healthcare records have been scanned into an electronic format from our hospitals and is accessed electronically by Clinician’s in CHI at Connolly. 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 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 whereby a single version of this national system is implemented and in place across multiple sites.

This means doctors and healthcare professionals can access and view x-rays of children taken in three CHI locations. This avoids duplication of x-rays, faster clinical decision making. As doctors have easy access to images and facilities for imaging are optimised across CHI.
Workstream 2. Clinical – Virtual clinics

Delivering paediatric outpatient care is a core activity of the CHI with 145,000 outpatient attendances in 2018. Virtual clinics support the assessment, monitoring and management of outpatient care rather than traditional face-to-face clinical consultation. Clinical validation of referrals from GP’s through virtual clinics has commenced across CHI and with the opening of services in CHI at Connolly 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 General Paediatrics are in place across CHI with a focus on those patients waiting longest where the Triage of Referral Clinic (TORC) approach is proving very successful. The average discharge rate for these virtual clinics is 60% with 30% of patients requiring a face to face consultation following the virtual contact.

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 pediatrics. These changes to transform services needed to be planned, tested, agreed, project managed and the relevant ICT systems and training processes resourced and put in place to support CHI Clinicians to work in a new way to make services better.

Workstream 3. 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 since 2015 - 2017 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. Technical and professional expertise was needed to test and achieve consensus on new models of operations in a digital environment with 100% single rooms that is the new children’s hospital.

Workstream 4. 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 some way in the process for the merger of the three children’s hospitals and we are grateful for their support and commitment.

A cultural analysis project was commissioned by the Children’s Hospital Group Board in order to begin the process of developing a new shared culture for the new children’s hospital. It was
important to understand the existing values of each organisation, in order that the important elements of each hospital 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. There is strong evidence that 75% of mergers, public and private, do not succeed. Research indicates that it is critical to invest in developing the new culture and to support staff in transitioning to the new merged entity. The people and change workstream have multiple projects to support these objectives.

**Workstream 5. 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 Centres. 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 specialists technical inputs were 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.

**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 to deliver the required benefits.
Finance

CHI engaged external expertise to carry out a number of business case analytical requirements, as well as, financial merger requirements 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 CHI, 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 year’s 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 for, as well as, legal 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 focused 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 these workstreams on external expertise and technical supports 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, digitisation programme and the workforce development required to deliver the new hospital.

We will continue to further merge services and functions 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 and delivering for our 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 in CHI. 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 workstreams outlined in Point 4 above.

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<th>Workstream</th>
<th>2016 €</th>
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6. CONCLUSION

Significant funding and resources has been invested to date in transforming acute paediatric healthcare through the Children’s Hospital Programme. Critical milestones have already been 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 Children’s Hospital Programme investment is the investment required by CHI as client for the Capital Project and to successfully merge, transform and digitise services that will ensure quality patient care will be delivered to children, young people, their families for future generations.

I trust the above is of assistance to the Committee.

Yours sincerely

Eilísh Hardiman
Chief Executive
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