

# **The Reprovision of the Royal Hospital for Sick Children – NHS Lothian**

## **Initial Agreement**

### **1. Introduction**

- 1.1 The purpose of this Initial Agreement (IA) is to request approval from the Capital Investment Group of the Scottish Executive to progress to the development of an Outline Business Case (OBC) for a proposal to reprovide the Royal Hospital for Sick Children in Edinburgh. This will be undertaken in line with guidance set out in the Scottish Capital Investment Manual.
- 1.2 The OBC will incorporate the redesign of services required to meet the recommendations in the:
- NHS Lothian Children's and Young Peoples Health Strategy (2006);
  - Review of Tertiary Services for Children in Scotland (Youngson 2004)<sup>1</sup>; and
  - Building a Health Service 'Fit for the Future' (Kerr 2005)<sup>2</sup>.
  - Delivering for Health, Scottish Executive Response to Kerr (2005)<sup>3</sup>

### **2. The Title of the Scheme is: 'The Reprovision of the Royal Hospital for Sick Children'**

### **3. Background**

- 3.1 The Royal Hospital for Sick Children, Edinburgh (RHSC) was built in 1895 and has had several structural developments over the following 100 years. The Hospital and many of the surrounding houses, which are owned by NHS Lothian or by Endowments, are listed buildings.
- 3.2 In 1995 following a major public appeal to raise the necessary funds, a New Wing was built. This replaced previous staff and parental accommodation; the new building included two children's wards with integral parental accommodation and a suite of four theatres with recovery facilities.
- 3.3 The vacated clinical areas were rebuilt within the external structure, creating a new Paediatric Intensive Care Unit, (6 ITU beds, 6 HDU beds and 3 neonatal surgical cots), and a new Day Case Unit, with an adjacent day case theatre.

*1. Review of Tertiary Services for Children in Scotland - Youngson 2004*

*2. Building a health Service 'Fit for the Future' – Kerr 2005*

*3. Delivering for Health - Scottish Executive Response to Kerr (2005)*

*4 Bristol Royal Infirmary Inquiry – Kennedy 2001*

3.4 In 1998, the Edinburgh Sick Children's NHS Trust completed an options appraisal for expansion and development of the A&E and Out Patient Department. Following the amalgamation of the original three Trusts (Royal Infirmary Edinburgh & Associated Hospitals Trust, Western General NHS Trust & Edinburgh Sick Children's NHS Trust) to establish Lothian University Hospitals NHS Trust in 1999, this plan was set aside, as there was an expectation that reprovision of the whole hospital would be approved in the near future.

3.5 Following a formal visit to the Lothian Children's Services in March 2003, the Scottish Child Health Support Group (CHSG) stated that

*'The CHSG would urge early consideration of the long-term future of RHSC. Continued reinvestment to maintain the fabric of this institution seemed at first sight to be unproductive in the long term and it is clearly no longer fit for the purpose originally designed, although continued viability of the institution is essential in the short term.....Its relative isolation within the city of Edinburgh makes access a problem for some services, particularly those requiring physical transfer of items such as theatre trays'.*

#### **4. Fit with Lothian Property Strategy**

4.1 The NHS Lothian Property and Infrastructure Strategy published in November 2005 identifies that the existing buildings comprising the RHSC are:

- 56% non-compliant with fire;
- 56% non-compliant with other statutory and non-statutory standards;
- 69% of the property is not in an acceptable physical condition;
- 18% is deemed unfit for its present purpose; and
- 7% of the hospital is overcrowded.

4.2 This Strategy therefore recognises that the RHSC requires to be significantly modernised to provide an appropriate environment for the continued delivery of high quality paediatric services. Account must be taken of changing patterns of care and rapid developments in clinical practice. It accepts that it is unlikely that this could be successfully achieved within the confines of the current site and identifies that plans should be developed that will include options to relocate the hospital.

#### **5. Fit with National and the NHS Lothian, Health Strategies**

- 5.1 Youngson's Report in 2004<sup>1</sup>, produced for the Child Health Support Group, informed the work of the Specialist Paediatric Sub group of the National Framework for Service Change (The Kerr Report 2005<sup>2</sup>). Their recommendations included:
- Children's specialist acute services should be co-located with adult, maternity and neonatal services; however the distinct nature of children's services as highlighted by the Bristol Inquiry (Kennedy Report)<sup>4</sup>. should be protected and preserved; and
  - This should be progressed as a matter of urgency in Edinburgh and Glasgow where new, co-located children's hospitals in Edinburgh and Glasgow are recommended.
- 5.2 Kerr<sup>2</sup> further acknowledges:
- The commitment to rebuild Children's Hospitals in Glasgow and Edinburgh over the next five to eight years; and
- 5.3 Delivering for Health<sup>3</sup> reiterated the main recommendations from the review of specialist children's services in 2003 (Youngson<sup>1</sup>) included;
- Development of MCNs at Regional and National level;
  - Redesign of services using a 4 level model of care describing how services could be provided and organised at local, DGH and Regional and national levels;
  - An increase in specialist staff to meet the working time regulations and service gaps;
  - Development of specialist / consultant roles for nursing and AHP staff; and
  - Development of Regional and National Planning and Commissioning of services.
- 5.3 NHS Lothian approved at their Board meeting in September 2005 the development of an Options Appraisal for the Re-provision of the RHSC.
- 5.4 In addition, NHS Lothian will be discussing their Children's and Young People's Health Strategy at the Board Meeting in May 2006, prior to public consultation. The Strategy is focused on planning Children's Services in Lothian for the next 10-15 years.
- 5.5 The Strategy supports the proposal to re-provide the Children's Hospital and highlights the criteria that have been emphasised as

essential for a Children's Hospital in both the Kerr<sup>2</sup> and Youngson<sup>1</sup> Reports as noted above.

- 5.6 A new 'fit for purpose' Children's Hospital, is seen as a crucial element for the provision of 21<sup>st</sup> century services in Lothian for Children and Young People together with redesigned patient pathways that span primary, community, secondary, and tertiary care.

## **6. Clinical Need for Change**

- 6.1 The implications of the Kerr<sup>2</sup> recommendations for Lothian that are supported by Delivering for Health<sup>3</sup> are that:

- Services are planned to ensure provision of age appropriate care up to 16 years, and to 18 years for clinical need or patient choice, with effective transition from child to adolescent service and adolescent to adult service. Most services in Lothian are currently provided up to the 13<sup>th</sup> birthday and transition services are not presently robustly delivered in either paediatric or adult services;
- The development of Ambulatory Care with supporting facilities is encouraged to provide a reduced need for inpatient care and more care closer to home;
- Paediatric general surgery should be planned and organised on a regional basis, with surgeons being part of a larger specialist team in Lothian, but providing surgical service within other hospitals in the region;
- High Dependency Units (HDUs) should be developed into regional lead HDU centres within a national Critical Care Network following the national audit;
- The two Paediatric Intensive Care Units (PICU) in Lothian and Glasgow should be developed as lead national PIC centres within the Critical Care Network – operating as a single PIC on two sites; and
- NHS Scotland's IT Strategy should support the roll out of technologies such as telemedicine and digital image transmission to support the delivery of specialist services for Scotland in partnership with local services.

- 6.2 Other clinical drivers for change include:

- The need to redesign services and develop staffing models that sustain specialities while meeting the constraints of the European Working Time Directive, the required legislative reduction in

Junior Doctor hours and the impact of Modernising Medical Careers. This will be significantly assisted by co-location with hospital services for adult patients, where clinicians can have combined rotas for both patients groups – e.g. A&E and orthopaedics;

- The challenge associated with sustaining specialist children's services due to the relatively small numbers of patients, the small numbers of expert clinicians and the necessity of achieving sufficient 'critical mass'. The potential for developing Regional and National Networks would support consultants establishing Regional and National rotas. This requires the Information Technology infrastructure support available in a re-provided facility e.g. telemedicine, digital imaging;
- Increasing number of support services have been amalgamated within the single system of NHS Lothian to provide effective service provision. These are based on adult service sites – e.g. laboratory services for pathology, and biochemistry / haematology, and HSDU service for sterilisation of theatre trays. Co-location of the Children's Hospital on an adult service site will support more effective working, reduce delays in obtaining results, increase opportunities for clinical collaboration leading to reduced length of stay for day case/in patients and waits for children in A&E; and
- Acknowledgement of demographic changes in the population in the South East of Scotland, which is expected to see a significant increase in population, including, the improved survival of children with complex clinical needs. This may lead to an increased demand on hospital facilities. This could not be supported within the current hospital building.

## **7. Current Services and the Need for Change**

- 7.1 NHS Lothian Children's services span the complete patient pathway for children requiring short-term episodes of care and for those requiring long-term and complex care. Hospital services are combined with community services, and integrated with other partners including local authorities and others.
- 7.2 NHS Lothian currently provides inpatient acute children's services on 2 sites, the RHSC (up to 13<sup>th</sup> birthday) & St Johns Hospital Children's Ward.
- 7.3 Current services on the RHSC site are provided from 94 inpatient, 26 day case (surgical and medical) and 15 critical care (6 ITU, 6 HDU & 3 Surgical Neonatal) cots/beds providing a wide range of services, including:

<b>Children services provided in RHSC</b>		
A&E	Haematology / oncology	Ophthalmology
Ambulatory paediatrics	Inherited metabolic disease	Paediatric Liaison psychiatry / psychology
Audiology	Paediatric Intensive Care	Paediatric Pharmacy
Burns	Paediatric High Dependency	Paediatric physiotherapy
Cardiology (inpatient facility in Yorkhill)	Infectious diseases	Paediatric Radiology
Child protection	Intensive Care Retrieval (NSD contract)	Renal medicine (outreach from Yorkhill)
Cleft lip and palate surgery (NSD MCN)	On-site laboratories – haematology / biochemistry	Paediatric Rheumatology (outreach from Yorkhill)
Day surgery	Maxilo-facial surgery	School teaching
Paediatric Dietetics	Paediatric medicine	Speech and language therapy
Endocrinology & diabetes	Neonatal surgery	Spinal surgery (NSD national contract)
Genetics	Occupational therapy	Paediatric general surgery
Gastro-enterology	Oral surgery	Specialist neuro-developmental paediatrics
	Out patient services	Theatres and Anaesthesia
<b>Services shared with adult service but provided on site at RHSC</b>		
Dentistry	Neurosciences (neurosurgery / neurology / neurophysiology)	Orthotics
Dermatology	Orthopaedics	Plastic surgery
ENT		
<b>Services shared with adult service provided off site</b>		
Paediatric Pathology (RIE)	Virology (RIE)	Ophthalmology out patients (PAEP)
Spinal surgery out patients (RIE)	Microbiology (RIE)	HSDU (RIE)

- 7.4 In patient services on St Johns site are provided from 12 beds including General medical, ENT, Ophthalmology, Dental Services and 6 beds for a GP referral service.
- 7.5 The current configuration of services does not support the clinical and strategic drivers previously identified. Pathways of care require to be significantly redesigned, however, it is not possible to effectively deliver many of these redesigned services within the confines of the current hospital and adjacent buildings. There is therefore a requirement to re-provide the current RHSC in order to deliver modern, ‘fit for purpose’ health care.
- 7.6 The process of redesign will involve the following:
- Deciding which local services should continue to be delivered from a children’s hospital site, and how these acute services will be configured across Lothian;
  - Identifying which services should be repatriated to primary care and be delivered from a health centre or other ambulatory care facility in the community;

- Benchmark performance to ensure Children's Services compare well with other children's services across the UK in delivering evidence-based, best practice, with redesign where necessary to improve efficiency and effectiveness;
- Quantifying current and future service needs of adjoining SEAT NHS Boards where support is required from the Edinburgh services, and designing services that meet these needs;
- Acknowledge the need to provide services on a more Regional basis and work with SEAT partners to establish appropriate Regional Managed Clinical Networks; and
- Work with NSD and others to support the ongoing development of current and future national clinical networks aimed at sustaining services, Regionally and Nationally.

## **8. Assumptions**

8.1 Planning for future service delivery will be based on the assumption that NHS Lothian Children's Service will continue to provide:

- The local and regional services currently provided, though the models of care will be different;
- Paediatric Intensive Care and paediatric High Dependency Care; and
- Current NSD services of: Paediatric Intensive Care Retrieval, Scoliosis Service, Cleft Lip and Palate MCN.

8.2 In addition, due to the clinical excellence within current services, the RHSC will be well placed to continue to provide:

- Paediatric Neuroscience services, co-located with adult neurosciences; and
- Tertiary services for paediatric oncology / haematology.

The retention of these services would ensure the sustainability of PICU services in the future, by providing regular elective activity and will provide the required critical mass of patients. Failure to sustain PICU would compromise the future viability of the other highly specialised children's services presently delivered there.

However, 'The Specialist Children's Services Steering Group in Scotland' will make the final recommendations at a national level in 2007 on key services, and Lothian will contribute to this work. This, in

turn, will inform the final configuration of services to be provided in Lothian in the future. The time line for completion of the OBC takes account of the requirement for conclusion of the national discussions.

## **9. Proposed outcomes and benefits**

- 9.1 The project will be developed in partnership with, and with extensive involvement of, key stakeholders, including representation from: patients, parents, staff, staff partnership, CHP's and Local Authorities through Education and Social Work departments.
- 9.2 It is anticipated that the re-provided the RHSC will bring the following benefits:

### ***Benefits to patients***

Patients will benefit from the planned improvement in the quality of service by:

- The provision of a purpose-built hospital with improved facilities and an appropriate environment for children and young people;
- Having a hospital that is co-located with adult, maternity and neonatal services where the support of clinicians from across different specialities will be facilitated;
- Service delivery that supports sustainable local, regional and national services;
- Providing clinical care to children and young people up to 16 years (and to 18 years as appropriate) in purpose built, age appropriate facilities; and
- Providing an expanded 'front door' service and establishing an Acute Assessment Unit that links with primary care and unscheduled care services and therefore supporting service redesign and meeting national targets for reducing waits and delays in A&E

### ***Benefits to staff***

The proposal will provide:

- An improved working environment within improved facilities;
- Compliance with working time regulations, through facilitating the delivery of services within larger teams; and
- The synergy of having co-located adult and paediatric services will provide significant additional research and development opportunities for Children's Services, which is strongly supported by the Universities.

### ***Benefits to NHS Lothian***

A number of benefits will also be generated for the NHS System and these include:

- Improved value for money through improved productivity in modern, 'fit for purpose' facilities;
- Continued and improved achievement of mandatory employment legislation;
- Coherence with national policy and direction; and
- Improved opportunity to recruit staff due to, improved facilities and in turn, improved, redesigned services.

## 10. Options

10.1 The options to be considered for the reprovision of the RHSC will include the following:

<b>Option No.</b>	<b>Option Description</b>	<b>Initial Comments</b>
Option 1	Do Minimum – remain in current location utilising existing accommodation	<ul style="list-style-type: none"> <li>• Significant investment will be required to ensure compliance with statutory and non-statutory standards</li> <li>• Co-location with acute adult services, maternity &amp; neonatal services could not be achieved.</li> </ul>
Option 2	Reconfiguration / Refurbishment on current site	<ul style="list-style-type: none"> <li>• The main hospital and terraced properties are all B listed which will significantly constrain the extent to which major reconfiguration could be undertaken.</li> <li>• Co-location with acute adult services, maternity &amp; neonatal services could not be achieved.</li> </ul>
Option 3	New Build – WGH Site	<ul style="list-style-type: none"> <li>• The WGH Site Development Plan has identified that it may not be possible to reprovise the RHSC on this site</li> <li>• Co-location with maternity and neonatal services will not be achieved</li> </ul>
Option 4	New Build – RIE Site	<ul style="list-style-type: none"> <li>• The RIE Site Development Plan has identified that it would be possible to reprovise RHSC on this site</li> <li>• Co-location with acute adult services, maternity &amp; neonatal services would be achieved</li> </ul>
Option 5	New Build – St John’s Site	<ul style="list-style-type: none"> <li>• The St John’s Site Development Plan has identified that it may not be possible to reprovise RHSC on this site</li> <li>• Co-location with acute adult services, maternity &amp; neonatal services would be achieved</li> </ul>
Option 6	New Build – Other NHS Site	<ul style="list-style-type: none"> <li>• Co-location with adult acute services could not be achieved</li> </ul>

10.2 All these options will be fully explored in the Outline Business Case.

## 11. Economic Evaluation

### *Anticipated Capital Costs*

- 11.1 Re-provision of the RHSC could be addressed in a number of ways. Each of the above options (1-6) will generate a different capital cost and each will attract a capital charge. It is not possible to calculate the actual capital cost until services are redesigned and the range of services to be provided are agreed.
- 11.2 Initial estimates identify that the potential capital costs range from £13m for 'Do Minimum' option to £60m for a New Build and the net increase in Capital Charges range from £780k (Do Minimum) to £3m (New Build). The anticipated costs are based on 2005/06 prices and include a level of optimism bias.
- 11.3 These estimates are based on 'like for like' re-provision of the footprint of services currently provided in RHSC and the adjacent houses. To date, no account is taken of the:
- Anticipated increase in children's hospital activity due to the increased age range to 16 or 18 years,
  - Outcome of the redesign of services and shift of care to local settings
  - Impact of the decisions of the Specialist Children's Services Steering Group
  - Clinical demand from other centres as an outcome of revised Regional planning
  - Present facilities of 'on site' laboratories, estates, staff catering etc. which may have the potential to be shared on an adult site.

*These estimates are therefore only indicative of the likely range of costs.*

#### ***Sources of Capital Funding***

- 11.4 Early investigation of the capital receipts that may be obtained from land/property sale has indicated that this could be in the region of £17.5 million. If the endowment properties are included as part of the capital receipts, a further £5.5 million could be added. These receipts, however, would only be relevant if the option to remain in the current facilities was rejected through the option appraisal process.
- 11.5 A careful review of procurement options will be required to decide the most appropriate route to deliver the upgraded facilities. Suitable sources of funding will be considered as part of the project including private, public partnership (PPP) funding and charitable donations. NHS Lothian receives an annual capital allocation of circa £45m per year, a significant proportion of which is required to replace or maintain existing equipment and buildings.

### ***Revenue Implications***

- 11.6 The current cost of providing the Acute Children's service is approximately £48m per annum (2005/06). This sum includes the provision of the current regional, tertiary and nationally funded services. Depending on the option chosen, a range of efficiency gains may be realised.

## **12. Project Management Arrangements**

- 12.1 The project will be managed within the Improving Care Investing in Change (ICIC) programme. The IA for the ICIC Programme was approved on the basis that this project would be added once this IA has been approved (See Appendix 1). Appendix 2 lists the ICIC projects with Project Sponsor, Director and Manager identified. The NHS Lothian Director of Strategic Planning will provide Board Level leadership as the Project Sponsor.
- 12.2 PRINCE2 methodology will be used to deliver the project. The Clinical/Project Director and Project Manager have both been appointed full time and have undertaken PRINCE2 training. Appendix 3 illustrates the project management structure with the proposed sub groups identified. Each sub group will have defined remits and timescales to support the process of redesign and capital planning.
- 12.3 The membership of the Project Board has been established to ensure representation from all key stakeholders including members who can represent the views of adjacent SEAT Health Boards. The names and communication responsibilities of Board members are identified in Appendix 4
- 12.4 The RHSC, Yorkhill have just commenced a similar project to reprovide the West of Scotland Children's Hospital, commencing at the same time as the Lothian project, but with Ministerial direction for the project to be completed in 2009. It is proposed to work closely with the Glasgow Project Team over the life of both projects to ensure a consistent approach to the provision of specialist services, especially those that will require national planning. The Medical Director and Project Manager of the Glasgow Reprovision Project are both members of the RHSC Reprovision Project Board.
- 12.5 This process will be further supported by the establishment of the 'Specialist Children's Services Steering Group in Scotland', chaired by Malcolm Wright (Chief Executive, NHS Education, Scotland), reporting to the Deputy Minister for Health and Community Care via the Children and Young People's Health Support Group.

## **13. Indicative Project Plan and Timetable for Delivery**

The following table identified the indicative milestones of the project:

<b>Task</b>	<b>Commence</b>	<b>Complete</b>
Prepare Initial Agreement	February 2006	May 2006
Develop project brief	May 2006	October 2006
Confirm current: <ul style="list-style-type: none"> <li>• Patient pathways and models of care</li> <li>• Capacity and demand</li> <li>• Workforce establishment and competencies</li> <li>• Cost</li> </ul>	February 2006	September 2006
Identify and agree future: <ul style="list-style-type: none"> <li>• Models of care evidenced to best practice</li> <li>• Capacity</li> <li>• Requirement of workforce establishment and competencies</li> <li>• Cost</li> </ul>	May 2006	December 2006
Prepare Outline Business case, including appraising:* <ul style="list-style-type: none"> <li>• Site options</li> <li>• Funding options</li> </ul>	December 2006	December 2007
OBC approval by NHS Lothian Board	Oct 2007	Oct 2007
OBC approval by SEHD	December 2007	December 2007
FBC approval by NHS Lothian Board	Oct 2008	Oct 2008
FBC approval by SEHD	December 2008	December 2008
Construction	May 2009	May 2012

*\*Can only be completed once the outcome of the Delivery of Specialist Children's Services in Scotland review is known*

It is recognised that the public consultation on the NHS Lothian Children and Young People's Health Strategy will be from June - September 2006. The Project Brief and time scales may have to alter if issues arise during this consultation process.

#### **14. Risk Assessment**

As an integral part of the project management arrangements, a risk register will be developed and will be reviewed and updated regularly. A recognised process of Risk Management will be identified for all projects managed within the ICIC Programme. Various options will be considered, including the use of the Gateway System. The high-level risk areas for this project are identified in Appendix 5.

#### **15. Confirmation of the Schemes Status**

15.1 NHS Lothian confirm that the following statements apply to this scheme:

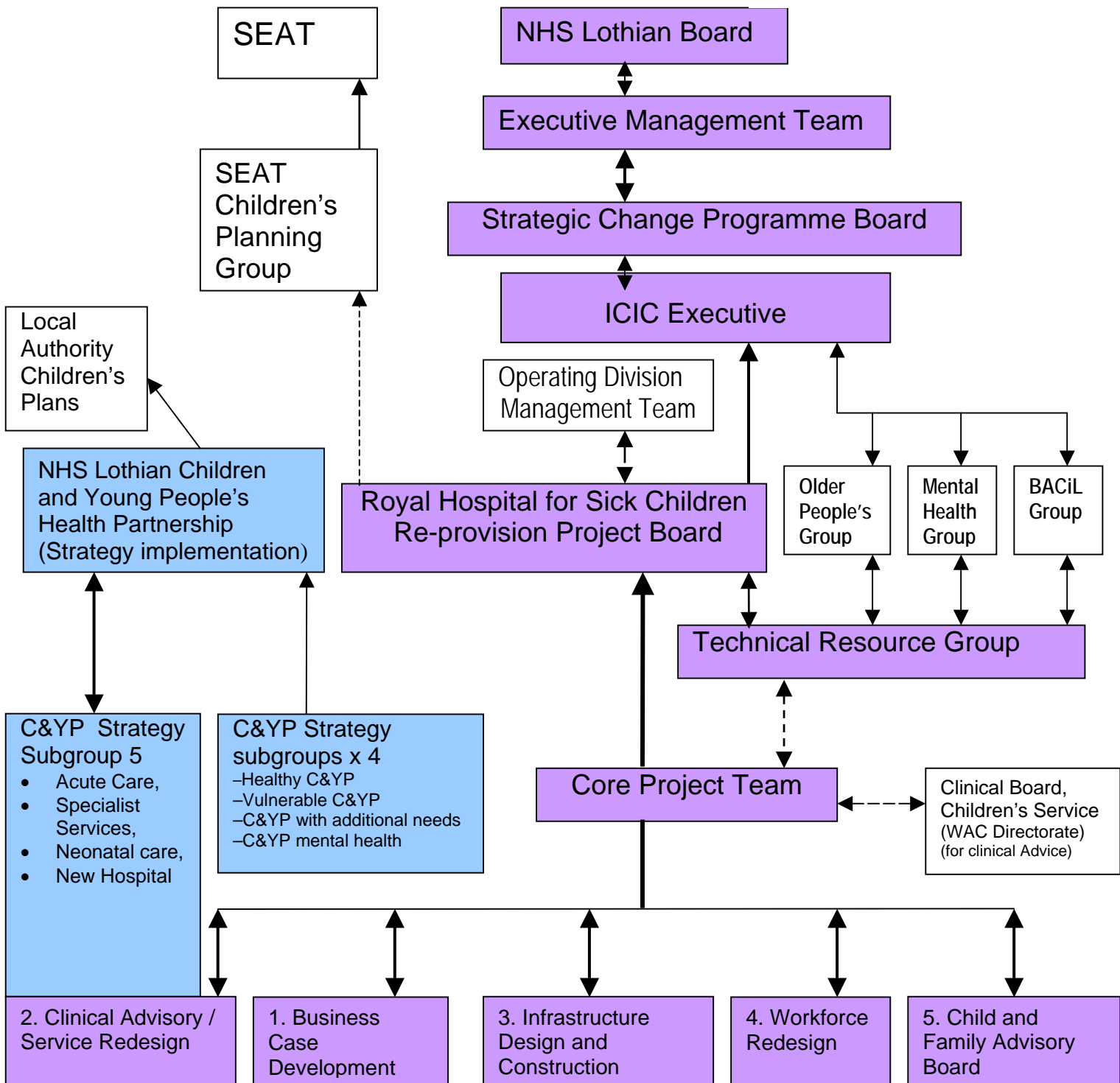
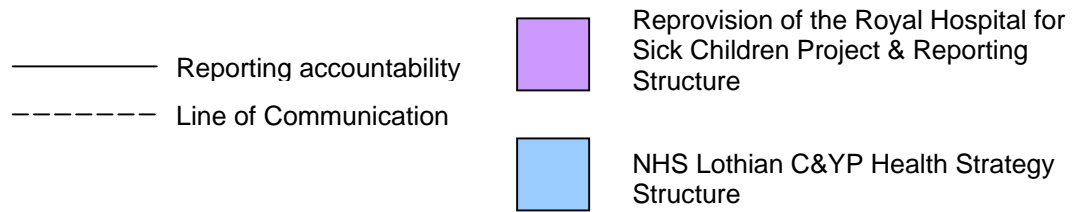
- The proposed development is consistent with NHS Lothian's Health Plan;
- The Senior Management Team of NHS Lothian has approved the Initial Agreement; and
- It is Consistent with NHS Lothian's estates strategy.

**Sign Off**

NHS Lothian's Chief Executive approves the Initial Agreement. Scottish Executive approval is now sought to develop options within the Outline Business Case.

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Chief Executive  
NHS Lothian  
Date



## Appendix 4

**Reprovision of the Royal Hospital for Sick Children Project  
Project Board Membership**

<b>Name/Title</b>	<b>Position</b>	<b>Source of Nomination and Communication Responsibility</b>
Dr Sean Ainsworth	Consultant Neonatologist Forth Park Hospital, Kirkcaldy	Nominated by Chief Executive, Fife Acute Services Division Representing Fife Children's Services
Dr David Boag	GP representative Craiglockhart Medical Centre	Nominated by NHS Lothian GP Sub-committee Representing GP colleagues
Dr Donald Brown	Consultant Paediatrician RHSC Edinburgh	Nominated by RHSC Clinical Board Medical staff representative
Christina Burnett	Head of Support for Children, Young People and Families	Nominated by Director of Education City of Edinburgh Council
Rose Byrne	Reprovision Project Manager RHSC Edinburgh	Chair of subgroup 1
Peter Connor	Head of A&E Ambulance Services Scottish Ambulance Service Royal Infirmary of Edinburgh	SAS Staff, local managers, SAS service redesign committee and SAS Partnership Forum
Elaine Dhouieb	Senior Physiotherapist RHSC Edinburgh	Nominated by AHP Service group AHP representative
Harry Downie	Head of Capital Projects and Premises Development NHS Lothian	
Dr Zoë Dunhill	Clinical Director – Children's Service LUHD	
Eddie Egan	Partnership Director NHS Lothian	Representing Partnership Involvement
Deirdre Evans	Director, National Services Division Scotland	Representing National Children's Services planning
Dr David Farquharson	Head of Service Women's and Children's Directorate (WACS) LUHD	Management responsibility for Children's Service, member of Divisional management Team
Dr Peter Fowlie	Clinical Group Director Women's and Children's Services Ninewells Hospital, Dundee	Nominated by Chief Executive NHS Tayside Representing Tayside Children's Services
Ken Galloway	Service Manager Women and Children's Services LUHD	
Dr Nuala Gormley	Chair of Family Council Children's Services LUHD	Representing Children's Service, Patient and Public Involvement
Maureen Harrison	Director of the Sick Kids Friends Foundation (SKFF)	Nominated by Chair of SKFF Representing interests of this Charity
Nick Hunt	Design & Construction manager NHS Lothian	Chair of subgroup 3

<b>Name/Title</b>	<b>Position</b>	<b>Source of Nomination and Communication Responsibility</b>
Mr Morgan Jamieson	Medical Director Reprovision Project, Yorkhill	Invited to be member of Project Board, to ensure collaborative working between 2 projects, and joint working wherever appropriate
Lynne Khindria	Deputy Director of HR for NHS Lothian	
Isabel McCallum	Clinical/Project Director Reprovision of Royal Hospital for Sick Children	Chair of Subgroup 2 (service redesign) and 4 (workforce redesign)
Janice Mackenzie	Chief Nurse – Children’s Service LUHD	
Fiona Mercer	Project Manager, Reprovision Project, Yorkhill	
Dr Sheena Milne	GP West Lothian	Nominated by NHS Lothian GP Sub Committee
Prof Robert Minns	Consultant paediatric neurologist, Child Life and Health, University of Edinburgh	Nominated by the Vice Principal and Head of the College of Medicine and Veterinary Medicine
Kath Oakes	‘Improving care, Investing in Change’ (ICIC) Programme Director	
Cathy Orr	Child Health Commissioner, NHS Lothian	
Ralf Roberts	General Manager, NHS Borders	Nominated by Chief Executive NHS Borders
Mike Rosendale	Head of Strategic Planning City of Edinburgh Council	Nominated by Director of Education City of Edinburgh Council
Sharon Russell	Charge Nurse ward 6 RHSC Edinburgh	Nominated by Chief Nurse and Charge Nurse Forum Charge Nurse representative
Jackie Sansbury	Director of Planning, NHS Lothian	Project Sponsor, Chair of Project Board
Dr John Schulga	Consultant Paediatrician Forth Valley Health Board	Nominated by Chief Executive Forth Valley Representing Forth Valley Children’s Services
Dr David Simpson	Consultant Anaesthetist, Associate CD and Clinical Lead for Theatres and Critical Care RHSC	Co-chair of Subgroup 2 – Service Redesign
David Small	General Manager, Edinburgh CHP	NHS Lothian CHP representative
Stuart Smith	Chair, Lothian University Hospitals Division	
Jenifer Stirton	Director of Communications, NHS Lothian	
John Wilson	Chief Executive Fife Acute Services Division Chair of SEAT Children’s Service Planning Group	Invited to join as Chair of SEAT Children’s Service Planning Group
Dave Wright	Service Finance Manager NHS Lothian	

