Introduction
On the 2nd October 2016 over the course of 3 days we moved from our 100 year old Hospital into a 270 bed new state-of-the-art hospital, Alder Hey in the Park, which was designed with the help of children and young people. The majority of children and their families now have their own room with en-suite facilities with park views and patients have easy access to play areas on and outside their ward.

Challenges
- The handover of the building to the Trust took place less than 1 month before the move in date this reduced the time available for commissioning of the building and decontamination facilities.
- Snagging of building work was being carried out immediately prior to the move which led to repeat building cleans / clinical cleans having to be undertaken prior before we were able to sign off the wards / departments as fit for habitation.
- The filling of commodities such as paper towel dispensers, soap and sanitiser dispensers not completed at the time of the move.
- Amalgamation of ward teams and specialities i.e. cardiology and neonatal surgery and Neurosurgery and orthopaedics. This led to challenges due to different ways of working.
- Cleaning schedules not completed at time of move.
- Increased floor area required additional cleaning staff / more machines.
- Financial constraints resulted in equipment having to be brought over from the old Hospital preventing risks in terms of cleaning, especially equipment such as waste bins.
- Increased number of water outlets requiring flushing and sampling for legionella and Pseudomonas.
- IPC Signage – when unable to attach to walls as a PFI and when cubicles have glass doors.

Preparation
The move to the new building was planned meticulously and the Infection Prevention & Control team involved at all stages off the building and planning process.
- Junk was dumped.
- Comprehensive plans were made to reduce the risk of HAI during the move.
- A tunnel was constructed for the children to be transported through from the old hospital.
- Infection prevention & control guidelines were developed with each of the new ward managers and lead clinicians identifying how they would work in the new hospital to reduce the risk of HAI.
- Guidance was developed for closing wards as they vacated.

Learning
- Being the first site in the UK to introduce equipment or products can create additional problems so may complicate the already complicated move process.
- Don’t change hand hygiene products at the time of a hospital move.
- Ensure IPC signage is incorporated at the planning stage.
- You can never have too much storage in wards/ departments.
- Development of ward / department based Infection Control policies enabled staff to engage with IPC before the move.
- The new building with more cubicles can make staff complacent with IPC precautions so important to continue to audit isolation practices.

Conclusion
A new Hospital building may be easier to clean and have more isolation facilities for patients but commissioning must be completed and essential commodities must be available before the move for a successful move. Fortunately the move from the old Alder Hey to the Child Health park has seen no increase in HAI with known alert organisms.