

Our Lady's Children's Hospital, Crumlin



Submission to Children's Health First Taskforce

3rd March 2006

Children's Health First

The three Dublin Paediatric Hospitals have long stated that they aspire to the concept that the ideal model for the delivery of tertiary paediatric services is a single tertiary paediatric hospital. The implementation of the recommendations of "Children's Health First" now provides the mechanism by which that aspiration can be delivered. There is a clear requirement for leadership in child health issues which could and should be provided by the recommended national tertiary paediatric facility.

The provision of the new Children's Hospital is the most critically important development for the health of Irish children for many decades ahead. Every consideration towards making decisions on site, location, planning, design, functionality, commissioning, equipping and build must be measured against one overriding consideration, what is best for sick children and their families.

The significance and scale of the development of the new Children's Hospital cannot be overstated. Simply to judge scale on proposed bed numbers for example, would be to misunderstand the nature of how acute paediatric care is delivered. The fact that the Children's hospital will be catering for the single largest number of Intensive Care beds, theatre procedures, outpatient events etc, than any existing hospital in the State should, set the marker for the significance of this exciting development.

Our Lady's Children's Hospital (OLCH) considers that the real challenge in the decisions now being made by the Taskforce is not to allow the issue of site selection to override in any way the central issue of considering what best model of care must be incorporated in the national tertiary paediatric hospital. OLCH consider that the model of care must include due and careful consideration of the inclusion of high risk obstetrics/maternity. This is an expanding clinical discipline that provides care for some of the most dependent and vulnerable children and is critically dependent upon cohesive and intensive multidisciplinary management. This should not be excluded from the remit of the new Children's Hospital. The consideration of this issue forms a substantial part of the evidence and recommendations contained in this document.

The evaluation of any sites by the Taskforce must be on the basis of ability of the site to deliver a robust, timely, and implementable plan which addresses firstly the best model of care for all sick children and also all the assessment criteria set out in 'Children' Health First'. While OLCH notes that the report does not weigh the selection criteria in any way, the hospital, as advocates for children's care, would urge that the issue of site capacity to deliver future needs of service, education and research and site accessibility be given primary focus. In this context OLCH has, for 50 years met the challenges of the changing acute health needs of children delivering the majority of tertiary paediatric care services nationally, from its current location. The new Children's Hospital must be designed to have significant advantages over the current OLCH site.

OLCH is currently the primary provider of tertiary level paediatric services nationally and secondary care in the greater Dublin region and the staff of OLCH will form the core, experienced resource for the delivery of service by the new national tertiary paediatric centre. The hospital has spent a number of years researching and planning the development of a hospital to cater for the tertiary and secondary needs of children and their families. The hospital has engaged in consultation with

experts and the public both at home and abroad. Supporting this exercise OLCH has extensive experience and research developed in line with our mission statement and has reinforced and developed a number of key concepts which we feel are critical in the briefing of the Taskforce and in the subsequent process of delivering on the new Children's Hospital and in its future operation. This document sets out those key concepts for consideration by the Taskforce.

1. Central Recommendation of the "Children's Health First" Report

The development of one world class tertiary paediatric centre for Ireland, located in Dublin, which also provides care for all secondary needs of Greater Dublin and A&E facilities for the local catchment area, with the following attributes;

- Provide the breath of services to include the full range of 30+ paediatric sub-specialties.
- Patient and family focused environment and services to include a wide range of facilities including family accommodation, education and training, patient and sibling schooling, parent business facilities, family overnight beds , restaurants, laundry etc.
- Provide depth of service through international expertise in particular procedures and illnesses.
- To be ideally co-located with a leading adult academic hospital with a similar range of specialties (to capture sub-specialist and academic linkages and to achieve other synergies such as shared services).
- Accessibility through good public transport and road links for both national population movement to tertiary services and greater Dublin population requirements for both tertiary and secondary care.
- Access to comprehensive outreach services to paediatric centres nationally.
- Emergency/acute access through national retrieval plan and ambulance diversion protocols for Dublin.
- Clear referral protocol and supporting liaison with proposed Dublin A&E service at 2-3 other sites.
- Recruitment and retention of staff through improved attractiveness of an Academic Paediatric hub, increased training and development opportunities, and a quality child – centered environment.
- Increased research, academic and fundraising capabilities with the strengthening of these through the 'Children's Hospital' brand.
- Efficient use of human resources enabling 24/7 cover, outreach programmes and the greater utilization of Allied Health Professionals in integrated care.
- Capital resource utilization through increased use of specialist equipment or units and possible shared capital resources with other services.
- To have space for future expansion (including education and research facilities and for example taking account of potential linkages and collaboration with paediatric services in Northern Ireland)
- To have a broad range of theatre, diagnostic equipment, outpatient imaging and laboratory services to meet all service needs including support for outreach/ shared care models of care.

- In conjunction with the regional centres to develop support and integrate paediatric services on a national basis meeting national and international guidelines.

2. Comments on Central Recommendations

- 2.1** The Board of Our Lady's considers that the core recommendation of the report to provide a single tertiary centre should not be compromised in any way.
- 2.2** The Board of Our Lady's considers that the "Children's Health First" report provides an opportunity to establish a signature facility in the Irish health service that demonstrates a national commitment to the future of children's healthcare through the development of a state of the art Children's Hospital which operates within the public health system and which delivers quality of care to children across Ireland.
- 2.3** As leaders and advocates for the healthcare needs of children the Board believe that the specification, size and location of the Children's Hospital should be based on models of best practice for care delivery and the belief that this should be done through family-centred care and facilities.
- 2.4** The central recommendation is confined, subject to minor qualification, to co-location of the paediatric hospital with a selected adult acute hospital. This is discussed in Section 3 of this document below.
- 2.5** The report makes only passing reference to the co-location model with a maternity / neonatal hospital. There is significant international evidence to support this co-location model. The OLCB Board considers that if this is not addressed as part of this process, an opportunity will be lost for the optimum delivery of best Children's care. This is further discussed in Section 4 below.
- 2.6** The swift appointment of the Taskforce charged with the brief to select an appropriate location for the Children's Hospital is welcomed. We would caution that the focus on location selection needs to be appropriately balanced. The overriding focus should be on defining the appropriate model of care delivery, in order that the best decisions are now made for the future of all children's care.
- 2.7** The Board considers that significant importance must also be placed on the timetable for the delivery of the new Children's Hospital and all opportunities to push that timescale forward must be grasped. The urgent need for redevelopment of both Crumlin and Temple Street are well documented and highlighted. The issues to be addressed in delivering the best solution in the shortest possible timeframe include the following:
- Timing of site availability to actually build
 - Impediments to a smooth construction timetable, decanting-etc,
 - Challenges of service amalgamation between existing providers,
 - Significant Industrial Relations challenges and

- Strategic development of primary and community services.

3. Co-Location of Tertiary Paediatrics with Adult Tertiary Hospitals

- OLCCH accepts the rationale of the Children's Health First report for co-locating Ireland's main tertiary Paediatric Facility with a major adult teaching hospital in terms of patients transitioning into adulthood, shared expertise at sub-specialty level where critical mass requirements are paramount synergies/attractiveness in terms of education and research, and the economic arguments around shared services (human and capital).
- The degree of integration with adult services varies across the international hospitals assessed. This varies from;
 - access linked through walkways / tunnels to separate buildings
 - shared facilities of laboratories, radiology etc
 - or alternatively separate buildings, governance, budget and facilities.
- The report comments that improved outcomes are associated with co-location with adult services in sub-specialties where the case load of paediatric-only services does not reach a critical mass.
- It would appear that, in practice, considerable investment and change management would be required to achieve this recommendation in the Dublin/Irish context as there is no adult acute hospital in Dublin which exactly matches the paediatric hospital model recommended in the report. The current distribution of adult sub-specialties, such as transplantation, haematology, neurosurgery, cardiology, oncology, and cystic fibrosis, are across all the Dublin adult hospitals i.e St. Vincent's, Beaumont, St. James's, Connolly and the Mater. If the single tertiary paediatric centre is co-located with one of the adult hospitals, would the adult sub-specialties in question be transferred to the adult co-located hospital?
- Currently, OLCCH shares consultant sessions with all of the DATH's, Dublin maternity and the other Dublin paediatric hospitals, as well as Community and Psychiatry services. Of the 1,013 consultant sessions in OLCCH, approx 40% are shared with other facilities, as captured in the statistics set out in Appendix 3.
- The diversity of arrangements required by the existing speciality tertiary workload of OLCCH demonstrates that location on any of the current adult sites would not address the full quantum of transitioning requirements, sharing of subspecialty expertise, training and research requirements of a national paediatric hospital.
- McKinsey's report 'Children's Health First' while presenting the international data on co-location with adult services also clearly states that due regard must be paid to what exists in the Irish context and what is deliverable. *"International experience shows that it is important to weigh a decision to co-locate against pragmatic considerations, including space and quality of access to potential sites, cultural and managerial fit with the adult hospital, and the quality of managed service provision on the adult site"*.

4. Co-Location of Tertiary Paediatrics with Maternity / Neonatal Services.

The OLCH focus, in differentiating between the need for co-locating tertiary paediatrics with maternity/ neonatal services, and the resultant improved outcomes for children versus co-location with an adult acute hospital is the very different nature of the medical/surgical events governing both relationships. For maternity/neonatal, the relationship is of a short-term urgent nature with critical outcomes at issue. For adult services the relationships are more of a long term non-urgent nature in the care of the child transitioning to adult care, sharing sub specialty expertise etc.

4.1 The Case for Co-Location – Clinical outcomes.

- The Children's Health First report has not addressed the important connection between paediatric care and obstetrical care, especially for high risk maternity cases where neonates may need the highly specialized care only available in a Paediatric Tertiary care facility.
- Ideally such a facility needs to be adjacent to the obstetrical delivery suite thereby avoiding the current high risk need to transfer neonates by ambulance.
- Currently all high risk surgical neonates in increasing numbers must be transferred to a paediatric site including neurosurgical, cardiology/cardiothoracic, general surgical, ophthalmologic, and orthopaedic patients. Additionally all "Hi Tech" radiological investigations must be carried out in a paediatric site e.g. MRI, CT, Echocardiography. The provision of such services on a co-located site would significantly augment in an efficient and effective way, care to this high risk group of patients and prevent the deleterious impact on the patients of interhospital ambulance transfers. In the Board's view, it is imperative that this is addressed in the model of care delivery specified for the new Children's Hospital.
- Care of high risk maternity patients is also closely related to the care provided by the obstetrical subspecialty of Maternal-Foetal Medicine. This specialty works closely with Neonatologists during the peripartum period of care and a range of other paediatric sub specialists who are currently central to OLCH's services.
- The report profiles Paediatric hospitals that are located on the campuses of adult hospitals and notes that most of these are also located close to maternity units. However, we would urge that to be effective, the tertiary Paediatric Hospital needs to be operationally co-located with the maternity unit looking after high risk pregnancies. This means more than having bridges and tunnels – high risk pregnancies should be delivered close to the Neonatal Intensive Care (NICU) on the paediatric site. The safest type of neonatal transfer should occur under the same roof to avoid the need for transfer by ambulance.

4.2 Vision of Model of Care

The detailed specification of the benefits and synergies of co-location of maternity/neonate and paediatric services is set out in Appendix 1 of this document.

5. Achievement of best model of care within a Co-Location option.

5.1 Having regard to the fact that, currently there is no adult acute hospital which is compatible to a single tertiary centre paediatric hospital OLCH has considered, with others, the co-location model. The Board accepts that the optimum model of care, which is deliverable in the medium term in the Irish context, is a tri-located tertiary/secondary care paediatric hospital, maternity/high risk obstetrics, and an adult acute hospital, maintaining the close collaborative links which already exist to the other adult acute hospitals.

5.2 The Board considers that a location on an adult site should not be selected unless it meets the model of care mentioned above, is of sufficient size and complies with the criteria mentioned in Para 1 of this document. Unless such an option is clearly available the Board considers that the co-location of a tertiary/secondary level paediatric facility with a maternity facility, which would have close collaborative links with each of the five acute adult hospitals, should be considered on a Green field site.

6. Physical Requirements of the Children's Hospital

The development of the Children's Hospital through the implementation of the co-location model (with adult, maternity, or both) is primarily dependent on the availability of a suitable site which will fulfill the basic principles of best practice as well as accessibility.

6.1 Defining the Service Provision of the National Tertiary Children's Hospital

The production of the Development Control Plan (DCP) for OLCH specified just what a quality tertiary service needs to provide for patients and their families. The process clarified the goals of the hospital in terms of best practice service delivery and defined the entire range of physical capacity required for a service which could be rated against best international practice.

The National Tertiary Specialty Hospital should provide the full range of clinical specialties and be networked appropriately for service delivery nationally as follows:

- Range of shared care centres;
- Clinical networks leading into local/regional paediatric units;
- Ambulatory and out patient facilities appropriately designated and locally available

- Telemedicine networking structure to promote shared care and specialist consultations among paediatric providers both nationally and internationally;
- Appropriate community paediatric support services.
- A developed and supported paediatric primary care strategy.

As stated in 'Children's Health First', further work will be required to define the mission and role of each of the non-Dublin hospitals as part of one integrated national paediatric hospital

6.2 Defining the Facilities Requirements of the National Tertiary Children's Hospital.

- Children are not just small adults in terms either of service needs or spatial requirements. *"The merits of sharing need to be examined case by case to ensure proper understanding of the needs of the Children's Hospital. (Page 23 Children's Health First)*
- The new facility must be child/parent centered in keeping with our overriding mission. Based on the OLCCH's DCP and evaluation of International best practice this necessitates that parent facilities and accommodation are incorporated in the hospital design as part of the model of care delivery.
- The provision of a facility that will support the continued development of quality in our service delivery both by the flexibility and features of the structure itself and by providing a working environment capable of attracting the best staff across all professions.
- *Leading centers have significant non-clinical services designed to provide holistic care for the child and its family. These include;*
 - *Education: schooling (not just for the patient, but also their siblings who may have to stay at the hospital with their parents); extensive play therapy, both for patients and siblings; and training facilities for the parents to prepare to care for the child at home.*
 - *Accommodation: all best practice hospitals ensure provision for the family and siblings of the patient, for example 14 of 16 hospitals have overnight accommodation for all the family; many have pull down beds next to children for both parents; and "Hospital Hotels" – where children not ill enough to require 24/7 nursing input in hospital can stay with their family. "Hospital Hotels" are safer, more economic, and better emotionally for the patient and family. (Page 20 Children's Health First)*
- Appropriate family supports including shopping, laundry, restaurants, remote working / business facilities to support family income.
- With greater emphasis on care in the community, the supports required for outreach services must be provided.
- There is an ongoing need to develop and maintain medical, nursing and other educational facilities on site to ensure clinical competency into the future. A new hospital must continue to provide for this important aspect of the care of children. This must include a national centre for nurse education. The education and development needs are not just for the

Hospitals own service requirements but also for the support and development of paediatric training in local sites and shared care centres.

- Inclusion of provision for the expansion and support of the National Centre for Medical Genetics. This is an integral part of current and developing tertiary paediatric care and should have an appropriate facility to reflect its importance both in national services and in further developing international reputation.
- A world class research centre appropriate for national tertiary paediatric care. The “Children’s Health First” report clearly states the importance of research capacity and strategy in delivering best clinical outcomes, international reputation, staff attraction and retention. This can not be achieved with less than world class facilities and capacity. For example.
- Support the travel arrangements of patients and staff through appropriate capacity for car parking.

6.3 Defining the Capacity / Space Requirements of the National Tertiary Children’s Hospital.

- The site should be capable of dealing with the requirements of future expansion (including educational and research facilities) arising from population growth and technological developments and possible expanded collaboration with Northern Ireland hospitals
- It should be enough to accommodate at least a 380 bed hospital (585 under alternative modeling assumptions) and ideally one of 500 beds (705 as above) approx to accommodate one of the Dublin maternity hospitals.
- In line with international standards in the hospital’s plan for re-development, much consideration has been given to the provision of single room accommodation. This provision, as well as recognizing patient acuity and family needs, allows for the special needs of children with physical and sensory disability and infection control requirements.
- Creation of more child friendly environments – for both patients and their families (*Data from the National Association of Children’s Hospitals and Related Institutes (NACHRI) in the US suggests that hospitals currently under construction are allowing up to double the amount of space per patient bed than legacy hospital*) (Page 11 *Children’s Health First*).
- The Education and Research facilities must be of appropriate capacity and quality to fulfill the stated brief of not just providing the space requirements needed, but to be of sufficient calibre to attract and retain the staff appropriate to the remit and service of the hospital and paediatric needs nationally.
- Car parking requirements must at the outset and in the future be adequate to support both family needs and retention of staff. Based on current demand, Dublin City transportation

recommendations and this hospital's experience, the car parking facilities specified by the taskforce of 565 spaces are totally inadequate. Bearing in mind that the new hospital will be biggest in Ireland in terms of patient events or interactions, car parking in the order of 1,500 – 1,700 spaces approximately would be required.

- The partners in the DCP (DOH&C,HSE, and OLCH), agreed on 350 beds and a range of outpatient, ambulatory care, education, research, and allied health and support services, with helipad facilities, as a replacement hospital for OLCH. Taking these requirements into account, Cullen Payne Architects and Lewellyn Davies (healthcare design facility consultants) identified that a hospital of this standing has a space requirement of 72,000m².
- It is vital that the appropriate space and site footprint requirements of the new Children's Hospital are fully recognised. In support of that exercise we have set out on Appendix 3 some detail of issues to be considered which have been informed by the work of the DCP and recommendations in the 'Children's Health First' report. The quantum of the space required will of course be subject to the effects of configuration dictated by building height, service alignment e.g. adjacency of ICU, Theatres, diagnostics etc and other issues, but not withstanding that we consider that the requirements for a 380 bed paediatric facility will not be less than 105,000 m² , a further 35,000 for Maternity, and a further 13,500 m² minimum external support space.

6.4 Defining Design Requirements of the National Tertiary Paediatric Hospital

It is the view of the Board that the Clinical Areas of the new Hospital should be provided on a relatively low level having regard to:

- The different nature of the proposed hospital with a high level of outpatient attendances versus inpatient capacity.
- It is estimated that the number of patient contacts will be greater than 300,000 p.a. and because each child will be accompanied by at least one family member this will create a very high level of vertical flow.
- The isolating environmental effect of residing in high buildings does not provide the best environs for sick children and their families.
- The footprint of the building must be sufficiently large to accommodate critical adjacencies. For example: A "core" surgical floor must accommodate Theatres (14); ICU spaces 54; and radiology with sufficient (20%) room for expansion.
- The design of this floor is especially critical and it should link to the Neonatal ICU in the adjacent Obstetric hospital.
- The design of outpatient facilities must be adequately flexible to accommodate the multidisciplinary nature of tertiary paediatrics in order to adapt to changing service requirements even after the building is completed.
- The capacity for the potential expansion of the building (20%) must be immediately adjacent to the planned building and not separated by roadways or any other features.

- It is extremely important that the building provides a family friendly environment utilizing atria, natural light, internal and external gardens and play spaces to enhance the attractiveness of what hopefully will be an iconic design.
- The Children's Hospital should have its own designated entrance for both pedestrian and road traffic to indicate its identity and independence.

7. Location requirements of the National Tertiary Children's Hospital

The selection of a co-location site for the development of the Children's Hospital is primarily dependent on the availability of a suitable site which will fulfill inter alia the basic principles of good accessibility.

In considering accessibility there are a range of different requirements to consider:

- It is considered that approx 40% of the patient activity will come from areas outside the greater Dublin area. Therefore adjacency to key national road networks is vital. Ensuring national and all-Ireland access is a significant consideration. However in assessing access it is not just distances from the national road network that need consideration but the current and planned traffic management from the networks into the environs of the sites under consideration.
- Interfaces with public transport systems are vital. Not only in terms of location of the hubs or points of access but also the ease by which our patients and their families can be directly transferred from there to the hospital.
- It is our experience that there is a far greater dependency by our families on travelling by car to hospital when their child is sick.
- It is also vital to consider the customer base in the greater Dublin area. (60% of activity). Both the Dublin road network and transport systems are important but again current movement to our existing site shows a high preference for car usage.
- Easy access to air transport facilities, particularly through Baldonnel which is the existing emergency hub, which offers links to local and international air travel for incoming and outgoing patient. This is a key consideration to those families who will need to access European centres for transplant etc. and to those European citizens seeking to avail of the expertise of the Children's Hospital or, indeed, the research expertise that will be available.
- Consideration also needs to be given to the increased traffic volume that 300,000 patient visits will generate in whatever location is selected in the city.
- Emergency patient retrieval which provides *timely access and transportation to a centralized Paediatric Intensive Care Unit (PICU) are critical capabilities of a best practice tertiary paediatric service. Both experts and the literature support using an emergency*

*retrieval service, combining land and air (helicopter and fixed wing) transport, for the task.
(Page 22 Children's Health First).*

- Ambulance access patterns to existing hospital sites in the capital would provide data in terms of relative emergency accessibility which would be critical in the site assessment particularly due to the proposed configuration of A&E service in support of the Children's Hospital

8. OLCH – Current Location, Services and Site Capacity

8.1 The Taskforce will be aware of the huge logistical problems involved in the transfer of the three paediatric hospitals in the Eastern Region. In the case of OLCH, this will involve the movement of the major paediatric hospital in Ireland, with 1,400 staff and 80% of the national paediatric services which are located on the OLCH campus. The transfer of this vital skilled group will be a critical factor in the set-up of a new Children's Hospital.

8.2 The Board wish to bring to the attention of the Taskforce the following points regarding the site and services currently provided by OLCH and would suggest that any new site should have sufficient advantages over the current OLCH site. Some of the key points are:

(i) Existing OLCH site consists of 14.8 acres and would meet the requirements of the model of care agreed by the Board, along with the other criteria set out in paragraph 1 of this document.

(ii) The OLCH campus, through The Children's Medical Research Foundation, has the most advanced paediatric research facilities in the state.

(iii) The OLCH campus has modern overnight accommodation for children and families. The existing facilities for families off ward consists of 198 beds.

(iv) The OLCH campus has staff accommodation which is a recognized support for recruitment and the provision of 24 hour service.

(v) OLCH has developed a recognized and much envied brand name and this should be protected for the dual attractions of attracting staff and charitable fundraising.

(vi) The Royal Bristol Infirmary Inquiry Report (Kennedy 2001) recommends that children must be cared for 'by staff trained in caring for children and in facilities appropriate to their needs'. It is of critical importance that the retention of hospitals skilled staffing resource is taken into account in the consideration of relocation.

(vii) If the new location were not too far from the existing hospital;

(a) present family accommodation might be retained and

(b) it would minimize inconvenience to families and patients who regularly attend OLCH.

(viii) The Project must be capable of completion within a reasonable timeframe. The key parent support groups close to our services are anxious that commitments that they feel have been made can be demonstrably delivered within this process.

9. Governance

9.1 The Board are strongly of the view that the chosen option for the National Tertiary Children's Hospital must provide for a separate governance structure for the new hospital and indeed that this provides an opportunity to reflect the requirements of modern health care. This must reflect a partnership approach, within which the adult, paediatric, and maternity hospitals must retain their own individual and separate governance, management and budgeting structure.

9.2 Having regard to the current range and volume of services and expertise in OLCH, the Board would consider that the hospital has a significant contribution to make to the planning and operation of the new children's hospital through its involvement in the implementation of the recommendations of Children's Health First and the Taskforce including:

- Participation in the Project Board to plan, design, build and commission the new hospital and
- Proactively participating in new governance arrangements to operate and strategically manage the new hospital

10. Discussion with other hospitals.

The report "Children's Health First" while being clear in its recommendation in the light of international models also recognises that the recommendations must be translated into compelling practical plans for Ireland.

To that end the Hospital has had discussions regarding the capacity and appropriateness of a number of existing adult hospital sites in Dublin:

- The Mater
- St Vincents University Hospital
- St James's Hospital
- Tallaght

- The Coombe
- Connolly Hospital
- Beaumont Hospital

10.1 Each hospital presented its proposals to recognize the Boards model of care in the overall context and spirit of the Children's Health First Report. Some are clearly closer to the Boards preferred model of care, than others, with particular reference to;

- co-location of the maternity/paediatric hospitals with the acute adult hospital
- greater accessibility for the majority of the Irish population
- easier access from within the eastern region, and from outside the region through public transport and the developing road network
- minimizing the relocation of the greater number of staff involved in the amalgamation
- significant expansion potential
- links into the community services
- provision for appropriate family accommodation
- provision for research
- provision for educational facilities

10.2 In assessing the information received, the Board considers it important that due regard in weighting terms should be given to the features (apart from clinical issues) of each submission which minimize the very significant logistical issues which will arise from the project such as staff re-location, travel time for families and patients, accessibility etc.

10.3 OLCH wishes to emphasis to the Taskforce the need to ensure that the location chosen for the children's hospital fulfils the criteria of accommodating the tri location model of care, together with meeting all of the criteria in paragraph 1 of this document.

10.4 This will ensure that the opportunities presented by Children's Health First are seized and the ideals of best care for the children of Ireland are delivered far into the future.

