

The  
National Paediatric Hospital

“Parkland provides one of the most powerful forces in lifting a child’s spirits and aiding recovery and the new hospital will be flanked by open space on three sides.”

*Steve Bracks, Premier of the State of Victoria, Australia, announcing the site for the new Royal Melbourne Children’s Hospital at the 280 acre Royal Park. (November, 2005)*

“There are three reasons why we should not go to the Mater - it is wrong for children, it is wrong for children, it is wrong for children,”

*Paul Oslizlok, Head of Cardiology, Our Lady's Children's Hospital Crumlin, 2006.*

“...everything was decided within days. Anybody who made any criticism was (accused of having) a vested interest and sour grapes.”

*Diarmuid Martin, Archbishop of Dublin, Chairman of Our Lady's Children's Hospital, Sunday Tribune, 14/10/07.*

“We'll go with whatever the experts say but the paediatricians need to have the last say on this.”

*John Gormley (Green Party), Irish Independent, 26/01/07  
-on location of the hospital.*

“The process of planning for the new hospital has been the most flawed one that I have ever encountered in my career in the public service.”

*Michael Lyons, Sunday Business Post 04/11/07  
-after forty years in Dept. of Health, Head of the ERHA, CEO Our Lady's Children's Hospital, 06/07.*

“Where you go, we go.”

*Sean Daly, Master of the Coombe Women's and Infants' University Hospital, addressing Our Lady's Children's Hospital Crumlin Medical Board, 2005.*

“The need to be seen to be acting speedily and decisively outweighed the need to make the right decision for children and their families...There is not a word...in any statement by the DOHC or the HSE to tell us why this is the optimal place for children to spend what will be in many cases, years of their lives. As the mere objects of this policy, it is clearly none of their business.”

*Fintan O'Toole, Irish Times, 16/01/07.*

# **THE NATIONAL PAEDIATRIC HOSPITAL**

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## Section 1

### Introduction

Flesh of our flesh, our children are our joy and our responsibility, the future of our country. Without any prior public discussion, transparency or Dail debate, a wrong decision was made in June 2006 regarding the location of their hospital. This hasty and flawed decision was made by an internal hand-picked DOHC/HSE committee. There have been many, many calls for it to be changed - all have been ignored. It must be changed. There is still time. The recent publication of the Murphy Report should be a salutary reminder to us adults of children's innocence and vulnerability and their dependence on us to care properly for them. They cannot oppose wrong decisions. Too easily have their childhood needs been brushed aside and the primacy of their childhood disrespected.

Sadly, last month, after three and a half years of resistance, the Board of Our Lady's Children's Hospital Crumlin (OLCHC) gave up the unequal struggle to protect children's rights against the power of the Department of Health and Children and the Health Services Executive. It finally agreed to be represented on the National Paediatric Hospital Development Board. It appears that, frozen out by the DOHC/HSE and worn down by cutbacks and fearful for its patients, that decision was taken with a heavy heart. I know I speak for the many who passionately believe that an unnecessary and grave wrong is being done to the present and future generations of our children.

In Sections 3 and 4, examples are given of some of the questionable aspects of the process that resulted in this choice and of questions that must be confronted and answered.

The Mater site has nothing to offer the children of this country that wouldn't be better provided on a Greenfield site.

#### **Co-location with an adult hospital:-**

Why is co-location said to be necessary? One doesn't hear government insisting on adult hospitals of 400 beds (the size of the New Children's Hospital) being co-located. New cross-city consultant appointments shared between two adult hospitals such as the Mater and St. Vincent's University Hospitals are promoted, but the same logic apparently is not applicable where the second hospital is a paediatric one. Is it paternalism? Are staff in children's hospitals not "grown-up" enough to be alone on their own site? The driver, worldwide, that clusters hospitals together in apparent co-location with each other, is the desire to be on campus with university medical schools and research facilities. Indeed, academically it would be more logical to build the Children's Hospital on UCD's Belfield campus with its School of Medicine and Medical Science and the Conway Research Institute than at the isolated Mater site where minimal research facilities exist.

### **Maternity Hospital co-location:-**

The critical co-location for our tiniest children is that of a maternity hospital. The advancement of maternal-fetal medicine and management of high-risk deliveries in the 21<sup>st</sup> century require, for optimum care, direct physical linkage between the maternity hospital and the neonatal intensive care unit of the children's hospital. Had one to choose, this key co-location is more important than the promoted advantages of adult co-location for adolescents with chronic conditions transferring to adult care where, in reality, there are often other adult facilities around the country more convenient to their homes and equipped to care for them. Yet maternity co-location is being long-fingered by government and many believe it may never happen on the crowded Mater site.

### **Family-centred Care:-**

Turning to this concept and the patient partnership that ought to characterize modern health care delivery- it has been totally absent in the choosing of the Children's Hospital location. Would children have chosen the Mater site? Needless to say neither they nor a children's advocate were on the location selection committee. Roger Ulrich, the father of evidenced-based Healthcare Design and the influence of Environment on patient recovery, conducted a two-day workshop in Dublin in 2006-attended by Crumlin Hospital and the National Children's Hospital, Tallaght. Temple Street Hospital chose not to attend. He has advised several governments around the world but interestingly was not picked as one of their external experts by the Location Task Force Group. His work has helped inform and confirm Crumlin in its belief that a Greenfield site would offer hospitalised children the best environment in which their childhood would be both respected and expressed.

### **Access:-**

Emergency access and parking will always be difficult in the city centre. However, when one also considers that the Mater will have the **only** Children's Emergency Department in the whole of the Greater Dublin Area (GDA), the DOHC/HSE, in not even studying emergency access, stands guilty of reckless irresponsibility. There is an irrefutable requirement for a second Emergency Department in a hospital with 24/7 paediatric staffing. This should be in a **secondary care** (non-complex conditions requiring short-term hospitalisation e.g. appendicitis, certain fractures, acute asthma, bronchiolitis, severe gastro-enteritis) facility. This hospital could more appropriately be at the Mater, serving the north/west GDA. A less crowded Mater site would be a blessing not only for the children but would avoid the inevitable deterioration of the environment for its adult patients confronted immediately to the south by the proposed 13-storey Children's Hospital. The National Paediatric Hospital serving the **tertiary** (complex) needs of children from all over Ireland and **secondary care** for the south/west GDA would be better positioned close to the M50 (Ireland's main street) on an extensive Greenfield site. No need

there to “retrofit” expensive underground car parks and high-maintenance high-rise buildings-children could have fresh air, green space, a “green” build, a co-located maternity hospital, perhaps a nearby adult hospital. It would also have room for further development-rehabilitation, hospice care, mental health institute, child development and Primary Care Co-ordination and Resource Centre. Such a campus could be responsive to the future and fit for purpose.

Only the conscience of our legislators can at this eleventh hour achieve this change. It is more than time for this conscience to be awakened and to serve the children of this country. Our Minister for Finance, Brian Lenihan was Minister for Children (2002 – 2007) – he at least should know better. The choice of location smacks of overriding arrogance by those in power, misusing children to forward the interests of adults. A public review, long called-for, must urgently be held.

## SECTION 2

### TIMELINE

<b>Stage 1</b>	2001	<i>Quality and Fairness: A Health system for you</i> Government Publication
<b>Stage 2</b>	Sept 2005	Review of Tertiary Paediatric Hospital Services - initiated by Minister Harney and new HSE CEO
<b>Stage 3</b>	24 <sup>th</sup> Oct 2005	Dr Drumm addresses the Oireachtas Joint Committee on Health and Children
<b>Stage 4</b>	22 <sup>nd</sup> Dec 2005	<i>Children's Health First</i> (The McKinsey Report) is commissioned by the HSE
<b>Stage 5</b>	1st Feb 2006	The McKinsey Report is completed
<b>Stage 6</b>	Feb 2006	Task Group on optimal location of the National Paediatric Hospital (NPH) is set up (HSE/DOHC)
<b>Stage 7</b>	1 <sup>st</sup> June 2006	HSE signs off on the location Task Group report recommending Mater site
<b>Stage 8</b>	8 <sup>th</sup> June 2006	Government " <i>strongly endorsed</i> " (DOHC press statement) the Mater site at its Cabinet Meeting
<b>Stage 9</b>	July 2006	Transition Group (HSE/DOHC) set up to forward the process
<b>Stage 10</b>	15 <sup>th</sup> Sept 2006	Our Lady's Children's Hospital, Crumlin (OLCHC) submits its vision of Tertiary Care to the Transition Group
<b>Stage 11</b>	Dec 2006	The HSE commissions RKW Consultants to produce a <i>Higher Level Framework Brief for a New National Paediatric Hospital for Ireland</i>
<b>Stage 12</b>	Jan 2007	OLCHC withdraws from engagement with the Transition Group
<b>Stage 13</b>	March 2007	OLCHC agrees to conditional engagement with RKW, while reserving its position
<b>Stage 14</b>	23 <sup>rd</sup> May 2007	National Paediatric Hospital Development Board (NPHDB) is legislated for by Statutory Instrument (SI 246/2007), replacing the Transition Group
<b>Stage 15</b>	Oct 2007	RKW Higher Framework Brief is finalised
<b>Stage 16</b>	9 <sup>th</sup> Oct 2009	Medical Director of NPHDB addresses AGM Faculty of Paediatrics, RCPI
<b>Stage 17</b>	15 <sup>th</sup> Oct 2009	Taoiseach Brian Cowen announces Design Team for the NPH
<b>Stage 18</b>	Nov 2009	Planning application yet to be submitted to Dublin City Council for 13 storey, 399 bed hospital with 800 car parking spaces for NPH on the Mater site



## SECTION 3

### EXCERPTS FROM, AND COMMENTS ON, TIMELINE STAGES

#### Stage 1      **Quality and Fairness: A Health system for you. (2001)**

Goal No.59 states "A review of paediatric services (regional/tertiary) will be undertaken."

#### Stage 3      **Joint Oireachtas Committee on Health and Children meeting with HSE (Oct 2005)**

Dr Drumm says, "While I cannot make a determination in advance of a detailed planning process, the centre (National Paediatric Hospital) should ideally be in the city centre or close to the Mater site..."

**Comment:** Shades of things to come

#### Stage 5      **Excerpts from McKinsey report (Feb 2006)**

(i) "This centre (the tertiary hospital) would also provide care for all the secondary (hospital delivered, non complex) needs of Greater Dublin, **subject to the obvious and significant step of translating this into a workable plan - which we have not looked at.**"

(ii) "Ambulances (from the whole Greater Dublin Area) are instructed to take all acute volume (seriously ill / injured) directly to the Tertiary Centre."

(iii) McKinsey 'Assessment Criteria' (blueprint) for a Tertiary Centre. Nine criteria (Chapter 7, p 62 of the report) are listed. No. 3 reads as follows "The preferred option would be co-location. If so, needs to be specific about level of integration and sharing services. If not co-located, need to be specific about how to address the challenges of isolation from adult services."

#### Stage 6      **Location Task Group (Feb-June 2006)**

**Comment:** Children (WHO definition "all persons under 18 years of age") were neither on, nor consulted by, the Task Group contrary to the Government's "The National Children's Strategy" published in 2000. **No Children's Rights advocate nor Child Health Professional was on the Task Group.**

## **Location Task Group response to aspects of the McKinsey Report:**

The step of developing a workable plan and examining whether all **secondary** care inpatient beds could be solely in the tertiary centre **was not undertaken**.

The new Children's Hospital is planned to be the **only** hospital receiving emergencies from an enlarged catchment area (the whole of the Greater Dublin area). No study of ambulance transport times or traffic impact on **Emergency Access** to such a hospital was undertaken. The adult population of this area has access to 6 major Emergency Departments throughout the city. It is essential that ambulance access times to the Mater, and all other potential sites, from the outreaches of the catchment area should have been studied. **Life-threatening emergencies do not respect gridlock from rush hour, All-Ireland finals, events at the O2 or the RDS, city centre marches etc.**

**The absence of these two studies** (study of location of secondary care beds and study of emergency access) **is a gaping and dangerous defect in the Task Group's report.**

The Irish Association of Emergency Medicine (IAEM), the professional body representing all Consultants in Emergency Medicine in Ireland made a submission to the HSE that a second Emergency Department (ED) was necessary for the safe care of emergencies in the Dublin region. To be accredited as an ED requires, according to international standards, that the ED is part of a facility with on-site inpatient beds and staff skilled in surgical, orthopaedic, anaesthetic and medical care of children immediately available 24/7. Urgent Care Centres are not suitable alternatives.

### **The HSE and McKinsey:**

A HSE website posting, 7th March 2006, headed "HSE Refutes Criticism of Process to Select New Children's Hospital Site" states: -

*"The outcome process has not been predetermined.....It is open and objective to the point where the outcome may even be a decision to locate somewhere other than an existing hospital site....Any suggestion that this group has prejudged anything is completely misplaced".* However, a further posting three weeks later, 29th March 2006, on the same website is as follows 'Regarding Site of Proposed National Children's Hospital': - *"This process is to recommend only where the hospital is to be sited....The prime consideration is [sic] making this decision on site location will depend on co- location to an adult teaching academic hospital and adult national centres of treatment".*

The HSE had now radically changed the McKinsey assessment criteria, making that third criterion of co-location the sole, absolute and pre-eminent prerequisite for site selection, a status never conferred by McKinsey. The Task Group then summarily dismissed consideration of 16 of the 22 potential site applications it had received, including all Greenfield sites and not-for-profit private builds, on the grounds that they failed to meet *"the core requirement", "the key co location [with an adult hospital] criterion."* Only the submissions from the six adult Dublin teaching hospitals were considered.

## Stages 7 & 8

### HSE and Government endorsement of location decision (June 2006)

**Comment:** The Task Group on location met representatives of each of the 3 Children's Hospitals sequentially for the first and only time on Friday, 25<sup>th</sup> May. It held its last meeting the following Monday, May 28<sup>th</sup>. The HSE signed off on the completed report on Friday, June 1<sup>st</sup> 2006, four days after the last group meeting. The cabinet "*strongly endorsed*" (DOHC Press statement) the decision a mere seven days later.

Minister Harney's press statement (11 January 2007) some six months after the hotly-disputed location decision states that the decision was made after "*a rigorous and robust and independent assessment process*". It continues "*The Task Group...engaged in extensive consultations with the 3 existing paediatric hospitals, the 3 maternity hospitals and external experts in arriving at its recommendation.*"

In fact, there were no hospital site visits, there was, as stated above, just one meeting with each of the 3 Children's Hospitals all held on 25<sup>th</sup> May, just before the Task Group published its report. As for the external experts, one of those experts, Professor Sir Alan Craft, Past President of the Royal College of Paediatrics and Child Health in the UK, after the Minister's press statement, saw fit (Letters, Irish Times 19<sup>th</sup> January 2007) to clarify that his "*extensive consultation*" had consisted of "*a telephone conversation with a member of the Task Force [Task Group].... to discuss the parameters against which a decision (regarding location) could be made and which other specialities should ideally be co-located.*" He further stated "*I did not see the report nor was I involved in making the decision.*"

Another paediatrician listed as being one of the experts, Dr Mike Berman, a Paediatric Cardiologist and previous Chief at New York Presbyterian Hospital, when interviewed by RTE six o'clock news, also stated he was not involved in advising on a location, and most interestingly, spontaneously added "*why co-locate with an adult hospital, surely the three Children's Hospitals together are big enough to be freestanding?*"

An analysis of that latter possibility, though allowed by McKinsey, has never been carried out; indeed it appears to have been avoided by the HSE/DOHC.

## **Stage 10 Vision for Tertiary Care submitted by OLCHC (Sep 2006)**

See [www.olchc.ie](http://www.olchc.ie)

Click on "New Children's Hospital" for executive summary and full document "A world class Tertiary Children's Hospital for Ireland."

Excerpts:

(i) *" The key model of care... is co-location with a maternity hospital."*

(ii) *"Board's (Board of Management) main concerns relate to size/space and accessibility to Mater site."*

(iii) *"OLCHC recommend that ... a new hospital on a Greenfield site be reconsidered...best model to deliver the optimal model of care...at competitive cost and in a reasonable time frame"*

**Comment:** A "Greenfield site" was never considered. The "Model of Care" was never considered. To the best of my knowledge, "Competitive Cost" was never considered.

## **Stage 12 Withdrawal by OLCHC from Transition Group (January 2007)**

**Comment:** This appears to have been due to frustration at the complete stonewalling by the HSE/DOHC of issues raised in documents submitted. (March and September 2006 documents; [www.olchc.ie](http://www.olchc.ie))

## **Stage 13 Conditional Engagement of OLCHC with RKW (March 2007)**

**Comment:** This followed a minuted meeting in Leinster House ( 8<sup>th</sup> March 2007) between Minister Harney and OLCHC where she stated that she would not hesitate to have the location decision re-examined if RKW concluded that the Mater site was inadequate.

## **Stage 14 NPHDB is established (May 2007)**

**Comment:** Why was such an important decision signed into law by Statutory Instrument two days before the general election of May 2007? The DOHC had earlier stated that the NPHDB would be set up "when RKW concludes its work". RKW reported five months later in October 2007.

OLCHC declines to nominate a member to the place reserved for it on the NPHDB.

## **Stage 15    RKW Report is published (Oct 2007)**

### RKW Report Excerpt:

*"This brief ...takes as given:*

- *The McKinsey recommendation that all Dublin secondary inpatient beds should be co-located with the tertiary services.*
- *The decision of the Task Group endorsed by the HSE that the hospital should be located at the Mater site."*

**Comment: The above excerpt says it all.**

This excerpt gives the lie to Minister Harney's commitment of 8<sup>th</sup> March 2007 (see Stage 13 above). **RKW were not allowed to question the location of the hospital.**

The actual RKW report (> 400 pages long) wrestles unsuccessfully with the question of how much of the service is "core" requiring on-site delivery, how much could be "shared" with the adult and maternity services, how much could be "off-site". It mentions the problem of accommodation for key personnel in the expensive city centre, the need to link with commercial interests to rent or to buy adjacent properties that might become available. It notes *"issues regarding environmental quality (which) relate... to the density of the building on the site."*

### RKW Report Excerpt:

*"A comprehensive Ambulatory and Urgent Care Centre (should) be developed at the adult hospital site in Tallaght in advance of the tertiary centre (at the Mater)." It will see "children requiring urgent - **not emergency** – care".*

**Comment:** Are there plans in place for the development of the recommended Ambulatory and Urgent Care Centre in Tallaght prior to the development of the tertiary centre?

**Stage 16      Presentation by NPHDB to Faculty of Paediatrics  
(October 2009)**

This consisted of a general outline for a “*Model of Care*” for Paediatrics in Ireland which has now been developed by the NPHDB. It was noted that “*Model of Care*” for the hospital itself has yet to be developed.

The question was asked from the floor “Should the “*Model of Care*” have been decided before the location of the hospital was chosen?” The speaker refused to answer it.

It was noted that the hospital will be 13 storeys high, have 800 car park spaces, 399 inpatient beds and consist of approximately 90,000 sq.m. (excluding education, research, Parent and Hostel accommodation and the National Centre for Medical Genetics).

**Comment:** DCC limits parking in the city centre. 800 spaces is fewer than are currently in OLCHC relative to the number of beds. It is unclear whether these spaces will be shared with the adult hospital or a maternity hospital, were the latter to be built. Formulae used to calculate space requirement in other countries suggest 4 spaces per acute bed, or 1 space per 38sq.m. gross floor space as being appropriate. This would suggest a need at the NPH for between 1,600 and 2,370 car park spaces.

**Metro North** which was planned to stop at the Mater has now been removed from the Government’s current National Development Plan.

## SECTION 4

### DISCUSSION

On the evening of 9<sup>th</sup> June 2006, the day after the Cabinet endorsed the Mater location site I was present when the Registrar of UCD, at the annual dinner for new Medical Graduates in the O'Reilly Hall in Belfield, congratulated to loud applause, the Medical Board of the Mater Hospital for having secured the Children's Hospital (for UCD).

As witnessed by the reaction in the UCD O'Reilly Hall that 9<sup>th</sup> June 2006, the new National Children's Hospital, which will also include the National Genetics Centre currently in Crumlin, is seen by adult hospitals and their universities' educational and research interests, as a prize to be won, a power to be used, a leverage to be gained to attract philanthropic donations, grants and research funding. That night in Belfield no one congratulated the children's hospitals or children's groups, **there was no sense that children were important, that it was something good for them.** On the contrary one sensed they were something to be used by a money and power-orientated adult institution.

Many questions require answers:

- 1) Why have Minister Harney and the HSE stonewalled all representations from Tallaght and Crumlin Hospitals?
- 2) Why was co-location with an adult hospital made the 'sine qua non' by the HSE?
- 3) Did UCD and the Mater have undue influence on the location decision?
- 4) What agreement was reached between the President of UCD and the Minister for Health and Children that resulted in a UCD post for Dr. Drumm after he leaves the HSE?
- 5) What is the post that Dr Drumm will take up in UCD?
- 6) Is there a perception of a possible conflict of interests for the CEO of the HSE?
- 7) What relationship is planned between the National Children's Hospital and the recently formed Dublin Academic Health Care (a partnership of UCD's Medical School, the Mater and St. Vincent's University Hospitals)?
- 8) Were research and educational considerations more powerful than the service needs of sick children?

9) Why did Dr Drumm bring with him into the HSE, as one of his special advisors, the then chairman of the New Crumlin Hospital Group, a parent lobby group he had founded in 2002?

10) Are the sick children of Ireland being used as a non-protesting convenient opportunity to promote the economic regeneration of the north inner city in the former Taoiseach's constituency?

11) Are there plans in place for the development of the recommended Ambulatory and Urgent Care Centre in Tallaght prior to the development of the tertiary centre? Has this been costed and has funding been secured?

Until there is full transparency, those of us who struggle to understand the decision on location will remain unconvinced that the welfare of our children was adequately considered and central to the outcome. This matter will not go away. Crumlin Hospital has consistently said that the correct way to have proceeded was to first define the "*Model of Care*" for our children, then to choose the locations from which it could be best delivered. In effect, the reverse has happened.

To ignore and bulldoze children's advocates out of the way while a flawed process, an inane location document and unanswered questions remain, suggests there are matters that have not been revealed. A truly transparent, inclusive, independent, public review is required.

I leave the last word to the only child's voice I have heard in the four years of this sorry saga. Matthew McGrath is a 6 year old boy from Wexford who is paralysed from the neck down since a meningococcal infection at the age of 17 months. At home on a ventilator, after two years in hospital, he has frequent visits to OLCHC. His mother (Cathy McGrath, Letter Irish Times 17<sup>th</sup> October 2009) hears a voice from the back seat of the car as they near the hospital "*Mommy I'm praying to Holy God that we get a parking place.*"

Perhaps, Matthew, speaking for all the children of Ireland, your words might inspire our legislators so that your hospital, the new Children's Hospital of Ireland, as it is to be called - will, in its location, environment and structure, truly accommodate your childhood.

Roisin Healy  
27<sup>th</sup> November 2009



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## **Relevant Biographical Details**

- Consultant and Medical Director, Emergency Department Our Lady's Children's Hospital Crumlin (1989-2007).
- Trained in Paediatrics at Sick Children's Hospital Toronto and Temple Street Children's University Hospital. Six month training rotations in Drogheda and Portlaoise Hospitals. Locum Consultant posts in Castlebar, Ballinasloe and Liverpool. Worked in Zambia for one year.
- Independent Candidate for Dublin South Central Constituency, General Election 2007. Ran on Children's Rights platform especially the right of children to a hospital that meets the needs of their childhood.
- Now retired after 38 years in medical practice.

No conflict of interest pertains.