

HEALTH POLICY: LOCATION CHOICE
✓ PROCESS.

IN THE MATTER OF AN APPLICATION TO
AN BORD PLEANÁLA
FOR PERMISSION FOR
STRATEGIC INFRASTRUCTURE DEVELOPMENT
(THE CHILDREN'S HOSPITAL OF IRELAND)

ABP Reg. NO. PL29N.PA0024

AND IN THE MATTER OF AN ORAL HEARING

STATEMENT OF EVIDENCE OF
PAUL DE FREINE, CHIEF ARCHITECTURAL ADVISOR, HSE

size of the Belf.

1. Qualifications and Experience

My name is Paul de Freine, and I am Chief Architectural Advisor in the HSE. I hold a degree in architecture (B.Arch) from UCD (1984). I am a registered architect, and a member of the RIAI.

I was Deputy Chief Architectural Adviser in the Hospital Planning Office of the Department of Health and Children prior to the establishment of the HSE.

I am currently responsible for corporate Estates functions within the HSE, and lead a team of construction professionals which provides expert advice, management input, and professional support in relation to health capital investment and the procurement of new hospitals and other healthcare facilities across the country.

2. Role in Proposed Development

I have supported this project in various ways over the course of its development to date.

I was a member of the group charged with recommending the optimum site for the new hospital, and of the group that oversaw the preparation of the high level brief for the new children's hospital. I have provided architectural and related professional support to the National Paediatric Hospital Development Board in relation to their work on the project to date. I am a member of the HSE Steering Group which has an ongoing oversight role in respect of the project.

3. Key issues in relation to the history of this project

3.1 Introduction

In May 2007 the Government established the National Paediatric Hospital Development Board on a statutory basis in order to implement its policy in relation to the provision of a new children's hospital, and to support Government policy on the configuration of clinical services for children.

After rigorous and comprehensive analysis and an extensive phase of design and planning the Development Board submitted this application for the new hospital to An Bord Pleanála for consideration. This hospital will serve sick children from the greater Dublin area who need to be treated in hospital, and the sickest children and young people from all over Ireland who need more specialist care because of the severity and complexity of their illness. This development will support better clinical outcomes and world class care for these patients and their families.

There is a fundamental need for this new hospital from a healthcare perspective. As a facility of national importance it is also a project objective to achieve a building that is to the highest design and construction standards appropriate to its public significance and sensitive urban location.

The background and history of the project have been commented on in a number of 3rd party observations on the application for planning approval as submitted, and this statement is provided, from the perspective of HSE as project sponsoring agency, to assist in understanding the sophisticated and methodical processes followed to date in an exceptionally orderly way, the sequence of events, and the key decisions made and approvals given in reaching this point.

3.2 Origins of the Project

(a) Health Policy

The Department of Health and Children published its policy document "*Quality and Fairness – a Health System for You*" in 2001. This document included reference to initiatives that should be taken to improve children's health and specifically recommended that a review of paediatric services should be undertaken.

The review was to focus on the future organisation and delivery of hospital services for children, and to determine the most effective configuration of tertiary services. The aim was to enhance their availability, range and level. The scope for developing certain highly specialised services on an all Ireland basis was also to be explored.

(b) Deficiencies in existing facilities

There are three existing children's hospitals in Dublin (Our Lady's Children's Hospital, Crumlin; Children's University Hospital, Temple Street; and the National Children's Hospital, Tallaght). It is widely recognised that the first two are in poor condition for the delivery of contemporary paediatric services.

The Children's University Hospital at Temple Street consists of a group of 19th century houses that have been combined and extended over time to form the hospital complex. The main buildings date back to the 1800's while other extensions have been added in an ad hoc fashion since then. The piecemeal development of the site has culminated in a largely dilapidated, unfit for purpose, poorly laid out aging structure that constantly needs to be maintained and repaired.

In recognition of this a proposal was advanced a number of years ago to rebuild Temple Street in its entirety on the Mater campus. A design was prepared in January 2004 and planning permission was obtained for a new "Temple Street" hospital to be co-located with the Mater adult hospital on a portion of the site now proposed for the new Children's Hospital of Ireland.

Our Lady's Children's Hospital in Crumlin was established in the mid 1950's based on designs prepared some years earlier.

The hospital has changed significantly since it opened. A large proportion of the current building stock was originally designed in 1951, with many later additions having been added on a piecemeal basis, often in the form of single storey modular buildings.

A development control plan for the Crumlin campus was prepared in 2004. The brief for this exercise noted, amongst other things, that there are a very large

number of pre-fabricated buildings, some over 30 years old, covering a substantial area; much of the accommodation is overcrowded, in poor condition, and not fit for purpose when judged against then current standards; and considerable work would be needed to achieve clinically acceptable conditions.

There are deficiencies in relation to single room provision and infection prevention and control, with too little space per bed for clinical care for the patient. The hospitals planning exercise concluded that *“a significant proportion of the estate is not suitable for the use it is being put to”* and in terms of space utilisation, that *“the vast majority of the site is overcrowded”*.

There are many other infrastructural problems on the Crumlin campus. Facilities for people with disabilities are inadequate. There is little by way of provision for parents of sick children, many of whom are obliged to sleep on the floor beside their child at night. Car parking is inadequate. Mechanical and electrical systems are running close to maximum capacity.

At the heart of the proposals to develop Temple Street and Crumlin was the desire to upgrade facilities in order to support improved outcomes for patients and to enhance the experience of patients and their families in the hospital setting.

However, the scale and estimated cost of these separate development proposals provided another incentive to conduct a review of paediatric services on a national basis as had been recommended earlier.

3.3 The McKinsey Report – “Children’s Health First”

In line with the earlier commitment given in the National Health Strategy, in 2005 the HSE commissioned McKinsey & Co to prepare a report advising on the strategic organisation of tertiary paediatric services for Ireland that would be in the best interests of children. The terms of reference specified that the report and its recommendations should be informed by such considerations as international best practice; working models of paediatric care; current and projected demographic

figures; the relationship between secondary and tertiary care for children; emergency services for children in Dublin; emerging clinical trends; and technological developments.

Specifically the report was to identify:

- whether tertiary paediatric services should be provided at one or more locations;
- what facilities would be required to meet national tertiary paediatric needs and secondary paediatric needs for Dublin.

The report and its recommendations were to be evidence based and fully documented. This report was prepared at the end of 2005 and presented in February 2006.

The report contained a number of key recommendations, which included the following:

- the population of Ireland can support only one world class tertiary centre;
- this centre should have sufficient breadth and depth of services together with a critical mass of activity;
- this centre should be located in Dublin;
- it would ideally be co-located with a leading adult academic hospital;
- it would be easily accessible through public transport and the road network;
- the centre would be at the nexus of an integrated paediatric service, also comprising important outreach capabilities at key non-Dublin hospitals, and adequate geographic spread of A&E facilities. Treatment at an “urgent care” centre was another option. These centres would either be stand alone or attached to an adult facility with no in-patient children’s beds;

- and finally this centre would also provide for all the secondary care needs of children in Dublin. *

The McKinsey report also made recommendations as to the next steps and criteria to adopt in future decision making in respect of the reconfiguration of clinical services for children. It stressed their belief that the evidence for one national tertiary paediatric centre based in Dublin was compelling.

It noted also that all the experts drawn upon emphasised the value of concentration of sub-specialist services and the clear need for this centre to be co-located with an adult academic hospital. Of 17 leading international children's hospitals examined by McKinsey, 15 were co-located with adult services, and one was co-located with women's services only.

"Children's Health First" was considered and endorsed by the Board of the HSE in February 2006. The report was also presented to the Minister for Health and Children at that time, and its recommendations were adopted as policy.

The report was broadly welcomed on publication by key stakeholders, including the 3 existing children's hospitals and the 3 existing maternity hospitals in Dublin, as an important and timely opportunity to develop paediatric services in the best interests of children and their families.

3.4 **Report of the Joint Task Group on the Optimum Location of the New Hospital**

A number of 3rd party submissions refer to the question of site selection, and this section will summarise for clarity the process that was followed.

In February 2006 the HSE and the Department of Health and Children set up a joint task group, supported by OPW, to recommend the optimum location of the proposed new Children's Hospital as previously recommended in the McKinsey report.

The overall approach taken by this joint task group was to agree assessment criteria; to identify and assess potential locations; to consider the views of interested parties and consult with external experts; and finally to recommend the optimum location for the new Children's Hospital.

The objective of achieving co-location was considered to be of fundamental importance, in order to realise such benefits as sharing of staff in sub-specialties where the case load in a children's hospital alone would not justify a children's only service; more efficient use of resources; more opportunities in teaching and research; and ultimately better quality of care and improved health outcomes for children.

Key stakeholders also emphasised the benefits of tri-location, especially in relation to complex neo-natal cases and the development of foetal surgery and foetal medicine. The joint task group therefore sought to satisfy itself that potential sites could also demonstrate capacity to accommodate appropriately sized maternity facilities on-site.

The joint task group wrote to the six existing adult academic teaching hospitals in Dublin, namely Beaumont Hospital, Connolly Hospital, Blanchardstown, the Mater Hospital, St James's Hospital, St Vincent's University Hospital and Tallaght Hospital to establish whether they were interested in being considered as the co-location site, and, if so, to ask the hospital to demonstrate its approach to meeting the recommendations of the McKinsey report.

All local authorities in Dublin were also requested to provide information on land that might be considered suitable for the new Children's Hospital. In addition the councils were offered the opportunity to express any views which might inform the work of the joint task group in relation to the location of the new paediatric hospital.

A number of unsolicited proposals were received from a variety of private organisations and these too were examined by the joint task group, although none was "co-located" with an adult academic hospital.

The joint task group developed a set of assessment criteria, which were to do with co-location benefits; planning, design and development considerations; governance; and access. They then adopted a staged approach to the assessment of options in line with these criteria.

The first step of this assessment concluded that all six existing adult hospitals were able to fulfil the key co-location criterion.

These sites were then assessed in relation to their capacity to accommodate a children's hospital as indicated by McKinsey and a maternity hospital. Under this criterion all six sites demonstrated feasibility, albeit to varying degrees, and all six were deemed suitable for further more detailed consideration.

The joint task group visited each of these hospital sites, and held clarification meetings with hospital representatives.

The next stage of the process involved an assessment of potential clinical co-location benefits in each case. The view of the joint task group was that Beaumont Hospital, the Mater Hospital and St James's Hospital had particular strengths in terms of the breadth and depth of tertiary services and levels of sub-specialty critical mass in comparison to the other alternative locations.

From the point of view of teaching and research all six hospitals demonstrated how they would add clinical educational and research strengths to the new paediatric hospital, although some had more to offer than others in this respect.

In relation to non-clinical co-location benefits all six hospitals under consideration outlined clearly how they could maximise a range of non-clinical co-location values. It was felt that the larger hospitals, in terms of the existing range of services provided, were in a better position to maximise this potential.

In terms of general planning and development considerations all six sites, on initial assessment, demonstrated to the satisfaction of the joint task group the feasibility of the proposed development, and that they could accommodate both the proposed new paediatric hospital and the future maternity hospital on campus.

The joint task group formed a view that all six sites could meet appropriate governance requirements for both the hospital development stage and the operation of the new paediatric hospital, and that no distinction could be drawn between them from this point of view.

A separate report was commissioned by the joint task group to consider access and to identify travel times by public and private transport means for both the national and local catchment populations to each of the six hospital sites. This report was used to assess the relative ease of access to each of the proposed co-located sites. Following analysis of the report the joint task group concluded that the only potential location where access would be a significant decision making factor was Beaumont Hospital.

The joint task group concluded that Beaumont, St James's, and the Mater Hospitals had a clear advantage over the other proposed hospitals in terms of clinical co-location benefit. It considered that Beaumont Hospital was significantly less suitable from an access point of view than St James's Hospital or the Mater Hospital, particularly for the secondary catchment population. Consequently the remaining detailed assessment focused on St James's and the Mater Hospital sites.

Both of these sites were acknowledged to share a number of critical characteristics, particularly their urban location, intensity of current clinical use, varied building stock in terms of age, condition and function, issues of site access during construction, issues of maintaining acceptable clinical conditions during construction and potential for community gain and urban regeneration.

Since the size, complexity, direct costs and programme for the construction phase of the children's hospital project were essentially the same for these two locations, the assessment focused on areas where differences were most apparent.

The key advantages of the Mater Hospital site, from a planning and development perspective, were assessed and considered in detail by the joint task group, and these included:

- Demonstrable planning clarity, and 'back to back' synergy of immediately adjacent adult and children's development
- Relatively clear site, where a substantial portion of the enabling works required have already been completed
- Potential for quicker deliver of the new hospital
- The future availability of the adjacent Temple Street site for related activity on completion

It was also recognised that a central location between St James's and Beaumont, would maximise access to relevant external expertise

After consideration of all factors the joint task group recommended that the new national tertiary paediatric hospital should be built on a site to be made available by the Mater Misericordiae Hospital.

This recommendation was submitted to Government for consideration, and was approved in June 2006.

3.5 **RKW Report**

Following this Government endorsement, a joint HSE/Department of Health and Children transition group was established to develop and add definition to the proposals. RKW, a UK based firm with expertise in health planning, health economics and health facility design, was appointed to prepare a high level framework brief which would describe the model of care, the operational policies, the capacity and functional content of the new children's hospital. This work was carried out in 2007.

RKW were asked to examine:

- the hospital in the context of national paediatric services network;

- the potential for ambulatory and urgent care centres in Dublin, where children would be seen and treated on an out-patient or day basis, closer to home;
- the proposed model of care;
- demand and capacity requirements;
- appropriate space standards for a world class tertiary children's hospital;
- the preferred physical configuration of services on the Mater campus

RKW were assisted by NBBJ Architects in relation to technical and physical planning issues.

RKW proposed that the new National Paediatric Hospital, supported by ambulatory and urgent care centres, would be at the heart of a national network including regional centres and primary and community care settings. This was to be supported by IT, care protocols, joint appointments and staff rotation as key enablers of the proposed national network

Based on data relating to current paediatric activity across the three existing hospitals together with demographic projections and other population information, RKW made recommendations in relation to key functional accommodation and future flexibility and expansion.

They also set out proposals in respect of operational policies, based on the tri-located hospital model.

Analysis by the RKW team showed that the needs of the new hospital could be accommodated on the Mater campus.

In summary RKW concluded that the children's hospital project had the potential to transform clinical services for children in Ireland by providing:

- an integrated paediatric network providing safe care and seamless service to patients

- one or more ambulatory and urgent care centres operated as part of the National Paediatric Hospital
- integration of the three children's hospitals to create a service greater than the sum of its parts
- a tertiary centre organised around optimal clinical adjacencies and service synergies
- space provision comparable to the latest international developments including 100% single rooms with en suite facilities within ward layouts;
- support facilities for children, parents and families including play areas, 'rooming in' provision for parents, and a family resource centre; and
- a major academic centre

The final RKW report was submitted to the HSE in October 2007 and following its endorsement the HSE presented this high level framework for the new hospital to the National Paediatric Hospital Development Board as the basis for its work to procure the hospital, which is outlined later.

3.6 KPMG report

In its report the joint task group recommended that the site proposed for the National Paediatric Hospital should also be capable of accommodating a maternity hospital. It also recommended that a review of the configuration of the maternity services in the Dublin region should be undertaken as soon as possible in view of the strong case for tri-location of adult, children's and maternity services.

KPMG were commissioned in May 2007 by the HSE to undertake this independent review.

A number of 3rd party submissions refer to the question of co-location with a maternity hospital. KPMG concluded clearly that three new facilities should be

developed in the greater Dublin area to deliver maternity and related services. They recommended specifically that one of these should be tri-located on the site of the new National Paediatric Hospital at the Mater campus.

There has been significant engagement with, and “buy-in” from the existing maternity service providers in respect of these recommendations.

The children’s hospital design and the campus master plan as proposed both reflect the future needs of maternity services on the campus, and provide for appropriate functional relationships, such as those between the respective operating departments or intensive care units.

Maternity hospital development proposals are being progressed separately.

3.7 Local Area Plan

A local area plan (“LAP”) for the Phibsboro/Mountjoy area was prepared for Dublin City Council in early 2008. One of the key sites contained within the area of this plan was the Mater campus.

This plan recognised the Government’s decision to locate the new National Paediatric Hospital at the Mater Hospital, and acknowledged that the site would be the subject of major redevelopment which would consolidate it as a medical facility of national and international significance, based on an understanding of the nature and extent of accommodation required, as expressed in the previously published RKW document.

The LAP sought to capitalise on the economic, social and cityscape opportunities which will result from the proposed expansion of the hospital and to ensure that these are fully accommodated and integrated within the regeneration of the area. The LAP vision for the Mater Hospital site is to develop a permeable campus environment which integrates within the emerging wider urban structure. The LAP was cognisant that the redevelopment hospital site would require a significant

quantum of floor space and the plan is flexible with regard to the urban form and density of development including building height.

This Local Area Plan now forms part of the Dublin City Development Plan.

3.8 National Paediatric Hospital Development Board

In May 2007 the Government established the NPHDB under Statutory Instrument (SI) No 246/2007.

The principal function of the Board is *"to plan, design, build, furnish, and equip a national paediatric hospital... in accordance with a brief approved by the Executive (HSE) with the prior consent of the Minister..."*

Taking the RKW brief as its starting point, the Development Board prepared a definitive brief for this project. This brief is a document of record, which sets out the aims and objectives of the project. It consists of a business case, a project execution plan and a design brief.

The preliminary business case was prepared in July 2009. It has been continually developed over the course of the planning stages of the project to reflect the best available financial and other relevant information at the time. It describes the case for developing the new hospital in the most cost effective way, from a construction and operational point of view, in line with Government decisions.

The project execution plan describes roles and responsibilities, organisation and change management processes, and programme targets. It sets out the strategy for achieving all aspects of the project, from enabling work through to final commissioning and the bringing into use of the new facility. It also describes the controls to be used to monitor the project in relation to quality, cost, time, risk, and change.

The design brief is a key document in relation to the project. It summarises the full range of client requirements for the new hospital, including, in particular, the

critical clinical requirements. It forms a set of instructions for the design team, and describes the following:

- The project rationale, explaining how the new hospital will enhance the availability and quality of children's health services in Dublin and across the country;
- The medical and surgical specialties and essential support services needed;
- Analysis of activity and capacity, outlining projected activity to 2030.
- a summary of all rooms and spaces needed to support all planned activity in the new hospital;
- the critical relationships between rooms and departments, and particular design requirements arising;
- an overview of hospital wide operational policies, especially those likely to have design impacts; and
- a statement of design principles to be applied the design of the new hospital – these include essential principles relating to child centred design, functionality, environmental and design quality, sustainability and engineering considerations;

The agreed brief has been subject to regular review and critique and has been validated by external assessment and evaluation. Floor area requirements have been thoroughly tested. The space required is to accommodate all of the planned clinical and support activity in the hospital over coming decades in an efficient and effective way. It is to provide an environment that is fully compliant with all relevant standards, and of sufficiently high quality to reflect the role and standing of the hospital as a national institution. The brief has sought to prioritise the needs of very sick children in hospital, their families and the needs of staff who care for these children.

Key accommodation to be provided, as described in the brief, includes;

- 392 in-patient bedrooms, in single rooms with accessible en-suite bathrooms or in the intensive care unit
- Space for parents to stay in the each patient room, or near the Intensive Care Unit
- 57 day case beds for treatment of patients who don't need to stay overnight
- 13 operating theatres, 2 procedure rooms, and 2 endoscopy rooms
- 58 consulting rooms in the out-patients departments, with clinical support rooms for multi-disciplinary team work, arranged as 'neighbourhoods'
- A hospital school, to support all children who are admitted as in-patients
- Space for medical, nursing, and related professional education
- A children's health research centre,
- A family resource centre, to help families access information and support
- Play areas, external gardens and courtyards, as amenities for parents, staff, children and their visitors, and the broader community
- A comprehensive therapy area with hydro pool and gym,
- Car parking for 972 cars

not enough
space

The project brief for the new National Paediatric Hospital was submitted for approval to the Minister in summer of 2010. Following approval by the Minister it was considered and approved by the HSE.

The award-winning integrated design team led by O'Connell Mahon architects was appointed by the Development Board in December 2009 following a procurement process that drew significant international interest, and that focused on quality as a major selection criterion. The design team has worked consistently since their appointment to develop design proposals in an orderly and robust way. This

involved the preparation of options studies for the general configuration of the hospital on the site at the Mater campus, the development of the campus master plan, the development of initial design proposals and the refinement of those proposals to the point at which the scheme was designed in sufficient detail to ensure that it satisfied client objectives from a functional point of view, and that it presented an exemplary design solution of sufficient quality for stakeholder endorsement and for submission to the planning authorities.

Design proposals have been rigorously tested against project budgets, and have been developed in accordance with the Department of Finance guidance set out in their Capital Works Management Framework.

The design has also been fully reconciled with plans for the new Mater Hospital extension, which is now approaching completion on site, to ensure that all opportunities for future synergies are protected and that appropriate links can be established between the hospitals.

Future flexibility and adaptability has also been considered at all stages in the design development and review processes.

The work of the Development Board and their advisers, including the design team, has involved very significant engagement with a wide range of stakeholders. These include:

- Government Departments and state organisations (e.g. Departments of Health, Education, and Finance; the HSE; the National Development Finance Agency; Office for the Minister for Children; and the Office of the Ombudsman for Children)
- Children's Hospitals (e.g. the 3 existing Hospital Boards; Cross Hospital Steering Group; Clinical Directorate Group; numerous Clinical and Clinical Support Groups; ICT and Equipping support groups)
- Maternity Hospitals (the Rotunda Hospital, the Coombe Women and Infants University Hospital, and the National Maternity Hospital, Holles St.)

- Research and Education (e.g. the 3 existing Hospital Research Foundations; the Health Research Board; Universities – TCD, UCD, & RCSI; and the Faculty of Paediatrics)
- Children, Family and Support Groups (e.g. Youth Advisory Panel; Family forum; Children in Hospital Ireland; R McDonald Charity Ireland; and illness support groups)
- Neighbours and Community (Local residents organisations; Local Councillors; Mater Misericordiae Hospital; Mater Private Hospital; Railway Procurement Agency)
- Planning Authorities and Service Providers (e.g. An Bord Pleanála; Dublin City Council; National Ambulance Service; Irish Air Corps; Sustainable Energy Authority of Ireland; ESB & Bord Gáis; other prescribed bodies)

The design development process has followed normal steps and established work stages. The hospital design has been considered at all levels from the city, the street, the campus, through to individual hospital departments, and the in-patient room. It has been the subject of regular review and refinement on foot of assessment, critique, and clinical input at all stages to date. It is an ongoing process, and continues in the normal way at the level of planning individual rooms and the design of construction details to assist completion of tender documents.

3.9 Independent Review carried out for Minister James Reilly, TD

An independent review of the project to build the National Paediatric Hospital on the site of the Mater Hospital campus was commissioned in May 2011 by Dr James Reilly, TD, Minister for Health in response to extensive public interest in the project. The Review terms of reference were stated as follows:

- to examine and independent verify the estimated cost differentials identified in relation to building, equipping and running the proposed National Paediatric Hospital:
 - (a) if constructed on the site currently proposed; and
 - (b) if constructed to the same specification on notional alternative sites;
- to examine whether the potential clinical benefits, if any, of locating a children's hospital beside the adult hospital on the Mater site outweigh:
 - (a) any cost differential; and
 - (b) any design issues, including access to the hospital.

The Review was conducted in two phases, corresponding to the questions asked in the terms of reference, and the report arising from the Review was therefore presented in two parts.

Phase 1, involving financial analysis and cost comparison was carried out by an expert team nominated by the European Health Property Network ("EUHPN") and led by Mr John Cooper, an internationally recognised health care architect.

Phase 2 of the Review, involving analysis of clinical, design and access issues, was undertaken by a group of four chief executives from some of the world's leading children's hospitals, from the UK, the USA and Australia. These chief executives are paediatricians and experts in child health services, and are members of the National Association of Children's Hospitals and Related Institutions ("NACHRI") and the Children's Hospital International Executive Forum ("CHIEF").

The conclusions from Phase 1 of the Review process underpinned, informed, and supported the deliberations of the chief executive group which carried out Phase 2. The role of the EUHPN in the Review process was to facilitate and chair key meetings with a broad range of stakeholders, to quality assure the output of Phase 1, and to see that the Review was conducted fairly and independently.

Phase 1 of the Review assessed the proposed Mater campus site against 3 alternative green- and brown-field sites from the perspective of construction and lifetime costs and related considerations. These alternative sites were recommended for the exercise on the basis that they demonstrated a wide range of alternative planning, design, and development characteristics, to support comprehensive analysis and comparison.

The outcome of Phase 1 of the Review was that the cost of developing the National Paediatric Hospital on the Mater Hospital site is similar to those costs which would be incurred if the project was developed on any of the notional alternative sites. If non recoverable costs and potential revenue savings are considered, there was deemed to be little financial advantage to selecting any of the comparator sites.

The outcome of Phase 2 of the Review, carried out by the (NACHRI/CHIEF) CEO group was unanimous and gave unequivocal support for the immediate implementation of plans to consolidate the current Dublin in-patient acute care paediatric units into a single national paediatric hospital on the Mater site.

The CEO group also agreed with the need for the ambulatory and urgent care centre which is proposed for the Tallaght site. They recommended that there should be no further delay in the plans to build a new National Paediatric Hospital on the Mater campus. They expressed the strong view that any further delay or change in plans would impair the ability to deliver the safe and high quality of care for the children of Ireland that is long overdue.

The Minister accepted the conclusions of the Independent Review team. He then instructed the Development Board to proceed to submit this application for planning permission, which was duly lodged with An Bord Pleanála in accordance with direction given following relevant pre application consultations.

4. Conclusions

This summary attempts to capture and explain some key events, decisions and processes over the 10 year history of this large, complex and nationally important project.

The process over that decade has been orderly and comprehensive. It commenced with the clear policy statement regarding a single co-located children's hospital located in Dublin, and was supported by rigorous and careful analysis of current and future needs. Alternative sites were examined and the optimum site on the Mater campus was recommended and approved. All major decisions on the scope of the project and the choice of site have been independently reviewed and validated. There has been a continuous process of consultation to support design development, which has itself been the subject of repeated review and refinement.

The need to provide the new facility is even greater today than it was 10 years ago. Resources have largely been concentrated on planning for the future, and not spent on facilities that have no long term future role. Most key stakeholders have agreed that deficiencies in the existing children's hospitals are so critical that urgent action is required now. The high standard of care provided to children in hospital today by clinical and nursing staff is despite the challenges of current infrastructure.

The HSE and the National Paediatric Hospital Development Board believe that there is a compelling, coherent, and pressing case to develop the new Children's Hospital of Ireland on the Mater campus at Eccles Street.