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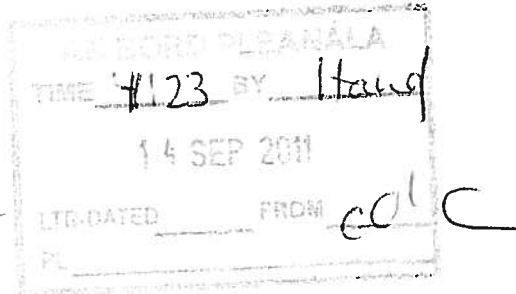
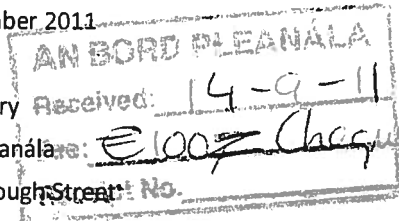
14th September 2011

The Secretary

An Bord Pleanála

64 Marlborough Street

Dublin 1



ABP Ref.: PL29N.PA0024

Proposal: Construction of a 392-bed in-patient plus 53 day care bed National Paediatric Hospital at the Mater Hospital, Eccles Street, Dublin 7

Date Lodged: 20th July 2011

Submissions By: 14th September 2011

THIRD PARTY PLANNING SUBMISSION

Dear Sir /Madam

This is a representation by our client, **the New Children's Hospital Alliance (NCHA), 16 Winfield Park, Sandymount, Dublin 4** in respect of this planning application and environmental impact statement (EIS); ABP Ref. 29N.PA0024. A fee of € 100 is enclosed to include a request for an oral hearing which given the scale of development, its complexities, its national role and the level of third party interest, An Bord Pleanála is invited to hold.

Originating as a group of doctors working across all three Dublin Children's Hospitals, the New Children's Hospital Alliance (NCHA) now embraces health professionals, parents, grandparents and other interested persons from all over Ireland who wish to ensure that the correct decisions are taken regarding the location of the proposed National Paediatric Hospital (NPH). It wishes to ensure that as a nation, we provide the highest quality of care for our children as measured by patient outcome and patient experience. The New Children's Hospital Alliance does not believe it will be possible to achieve and maintain such standards in the tertiary level care of our children by building the proposed National Paediatric Hospital at the Mater site in the centre of Dublin. NCHA is campaigning to have this decision reversed. More than four thousand supporters registered their names with its website www.thenewchildrenshospital.ie when in October 2010 it called on the Government to review the choice of location. The NCHA's pre- general election statement (Feb 2011) is on 'The Future' page of its website. As it did not review the process of choosing the site, the Department of Health NPH Review, July 2011, did not address the concerns expressed in that statement.

This submission comprises this letter and the enclosed NCHA document dated 14th September 2011 which is a commentary on the evolution of the new children's hospital project over the past twenty or so years.

Apart from contesting the treatment of alternatives in the EIS, NCHA also submits that the EIS fails to assess the impact on children where it addresses human beings.

In NCHA's submission the intensity (floor space, height, etc.) is excessive and the access and parking arrangements are unsatisfactory.

As stated at paragraph 4.1 (Introduction) of the EIS Section 2 (Alternatives) "*the Planning and Development Regulations require the EIS to include an outline of the main alternatives studied by the developer and an indication of the main reasons for the selected choice, taking into account the effects on the environment*". In its application for Section 37 status the applicant stated it did not intend to address alternative sites in its EIS. In response the Board advised that the EIS should include an expansion of the rationale of the McKinsey and other reports.

At the applicant's pre Section 37 meetings on 05/11/2010 and 02/12/2010 with the Board, the issue of consideration of alternative sites was discussed, arising from which the applicant undertook to obtain counsel's advice on the matter. By letter dated 20/12/2010, RPS responded by directly quoting paragraphs 3.5, 3.6 and 3.7 of its client's legal opinion in which counsel advised that there was "*no express requirement to demonstrate in the EIS that sites external to the Mater have been studied or considered or to offer the main reasons for preferring the Mater site*". However the opinion acknowledged that the significant risk of the EIS/EIA being deemed inadequate would arise if the developer ~~did not show that it studied and considered alternative sites and made or at least adopted the reasons for preferring the Mater site as set out in the report of the Joint Task Force [Group].~~

While NCHA'S representation is intended to inform the Board generally of the evolution of the new children's hospital scheme, the Board's attention is drawn especially to the NCHA's critique of the May 2006 "Report of the Joint Health Service Executive/Department of Health and Children Task Group to advise on the optimum location of the new national paediatric hospital" which as para. 4.4.2 of the EIS confirms selected the Mater hospital site. The NCHA submission holds that the Joint Task Group was not competent to execute this work, inter alia, because it included no paediatric healthcare professional, no children's advocate, no model-of-care/development plan, and its interaction with all three children's hospitals was conducted sequentially on one day (23/05/2006), one week before signing off on its report.

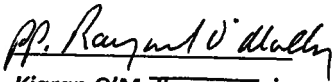
NCHA invites the Board to agree with it that the applicant has failed to discharge its obligation to assess alternatives and to deem the EIS and indeed the entire application invalid because it does not comply with the Regulations. NCHA does not accept the assertion at para. 4.2 of the EIS that its consideration of alternatives is informed, authoritative and rational.

As the EPA Guidelines confirm the optimum mediation of environmental impact is the consideration of alternative sites. Given the facility's national function it seems to NCHA that the location variable assumes an overarching planning materiality even if the nation's skewed population and mobility characteristics deem Dublin the optimum location.

NCHA reserves the right to adduce such further grounds as may be available to it at an oral hearing which the Board is invited to convene to inquire into the scheme and these representations being filed in respect of it.

Please acknowledge receipt of this submission and direct all future correspondence to this office.

Yours,

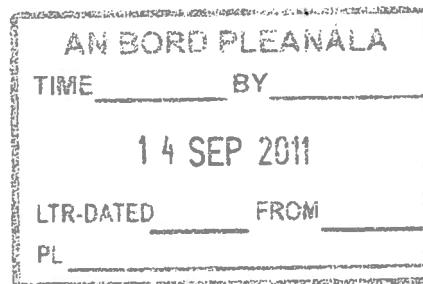


Kieran O'Malley

Kieran O'Malley & Co. Ltd.

KOM: rom

- Enclosures
1. A cheque for € 100
 2. New Children's Hospital Alliance document dated 14th September 2011





An Bord Pleanála
64 Marlborough Street
Dublin 1

Mr Ray Martin
New Children's Hospital Alliance
16 Wilfield Park, Sandymount, Dublin 4

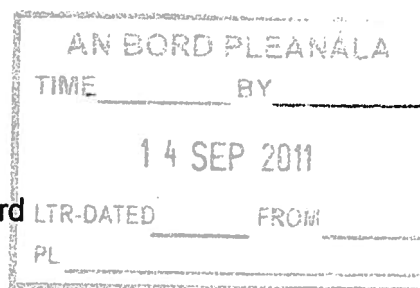
14th September 2011

This document together with the letter from Kieran O'Malley & Co. Ltd. comprises the submission from the New Children's Hospital Alliance to An Bord Pleanála regarding the Children's Hospital of Ireland (National Paediatric Hospital) planning application, Ref No. 29N.PA0024.

The following submission from the New Children's Hospital Alliance (NCHA) is presented as comments (in blue) on excerpts from the planning application (in black).

Glossary of Acronyms

AMNCH	Adelaide Meath National Children's Hospital
A/UCC	Ambulatory/Urgent Care Centre
DOH	Department of Health
DOHC	Department of Health and Children
IAEM	Irish Association for Emergency Medicine
NCHA	New Children's Hospital Alliance
NPH	National Paediatric Hospital
NPHDB	National Paediatric Hospital Development Board
OLCHC	Our Lady's Children's Hospital Crumlin



Re: EIS Section 2, volume 2

Chapter 4. Alternatives Considered

4.2 Consideration of Alternatives in EIA – Background

Since the announcement of this project there has been considerable public debate about the choice of the site. This has been reinforced in pre-application consultation with an Bord Pleanála who have advised that the EIS should include, inter alia, an expansion of the rationale contained in the Mc Kinsey and Co and other reports;...

...In this respect it is very important to have regard to the hierarchy of how policy and decisions were made about this project – namely that the developer and the design team were required by a Cabinet decision by two successive governments– arrived at following a highly structured policy-making and site selection process, and an independent review process – to prepare a planning application for this site and this site alone.

...this section demonstrates that a significant range of alternatives have been systematically and officially considered at each successive stage – strategy, policy, site selection, independent review team report, brief development, local area plan, master-plan, site plan and building design. It further demonstrates that the consideration of these alternatives was informed, authoritative, rational.

4.3 The Legislation

4.3.3 Guidelines

...For the purposes of the Regulations, alternatives may be described at three levels:

1. Alternative Locations
2. Alternative Designs
3. Alternative Processes

The section below describes the evolution of the project from an initial strategic review at Governmental level through a series of stages that were informed, authoritative, rational...

- Alternative Processes – see 4.4.1 Alternative Strategies/Processes - An outline of Considerations at a National, Strategic level
- Alternative Locations – see 4.4.2 Alternative Sites & Brief - An outline of Considerations about Site Suitability in Dublin and An outline of Considerations about the Brief

4.4 An Outline of Alternatives Considered

4.4.1 Alternative Strategies/Processes

An outline of Considerations at a National and Strategic level

A systematic, formalised, official consultation process was carried out to ensure that the options that are of interest to all parties were evaluated. This process commenced at the highest level by first evaluating the overall provision of health care in Ireland...Considerations of improved healthcare for children began with a systematic evaluation of options by The National Health Strategy 'Quality and Fairness: A Health System for You' (2002 – 2011)

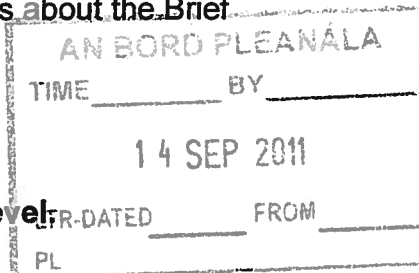
NCHA Comment

As far back as 1993, before any Department of Health action, the AGM of the Faculty of Paediatrics at the Royal College of Physicians of Ireland had endorsed the concept of a single tertiary paediatric hospital for the Republic of Ireland to be based in Dublin. [The Faculty of Paediatrics is the professional body for paediatricians in Ireland. It is of note however that fewer than 50% of medical consultants who work in Children's Hospitals are paediatricians, as disciplines such as paediatric surgery, paediatric radiology, paediatric anaesthesia etc. have their own professional organisations].

As there were no initiatives being taken by government towards the development of a single tertiary paediatric hospital, Temple St. University Children's Hospital some years later opened discussions with the Mater Hospital with a view to transferring their children's hospital onto the Mater site.

The National Health Strategy (2001) is referred to in the planning application. Section 'National Goal No. 3 - Responsive and Appropriate Care Delivery', Action No.59 of this Department of Health and Children publication states "A review of paediatric services (regional/tertiary) will be undertaken."

In September 2005 a review of tertiary paediatric hospital services was initiated by the Health Minister and the new HSE CEO. The following month, October 2005, the HSE



CEO addressed the Oireachtas Joint Committee on Health and Children saying, "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." (NCHA Comment: Shades of things to come).

The HSE later that year on 22nd December 2005 commissioned a report by McKinsey advising on 'the strategic organisation of tertiary paediatric services for Ireland'. Entitled "Children's Health First, it was completed on 1st February 2006.

The McKinsey and Co. Report recommended the amalgamation of the services of three paediatric hospitals (Our Lady's Children's Hospital, Crumlin; the Children's University Hospital, Temple Street; and the National Children's Hospital (AMNCH, Tallaght) into one national paediatric hospital, ideally co-located with an acute adult teaching hospital in Dublin.

This report concluded with recommendations that would determine the criteria for identifying the most suitable location, namely:

- ▲ Ireland can support only one world-class paediatric tertiary;
- ▲ Such a hospital should only be located in Dublin;
- ▲ it should ideally be co-located with a leading adult academic hospital;
- ▲ and it should accommodate the secondary care needs of children in the greater Dublin area;

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NCHA Comment

The applicant is selective in which of the McKinsey recommendations are included in this planning application. Several important recommendations are omitted. For example:

(i) The final section of the above sentence in McKinsey (on secondary care beds in the greater Dublin area) is omitted. What McKinsey actually states is "this centre would also provide care for all the secondary needs of Greater Dublin (subject to the obvious and significant step of translating this into a workable plan – which we have not looked at)." (chapter 6, p59)

This step of designing a "workable plan" for secondary care was not undertaken by the Location Task Group which followed McKinsey. It has never been undertaken.

(ii) The McKinsey Report (p59) also states "Ambulances [from the whole Greater Dublin Area] are instructed to take all acute volume [seriously ill/injured] directly to the Tertiary Centre" bypassing Urgent Care Centres. A year later the Irish Association of Emergency Medicine (IAEM), the professional organisation of Irish Emergency Medicine specialists, was concerned enough to make a significant submission to the Transition Group/RKW in January 2007 (p33 of the RKW report) stating that Dublin required a second inpatient unit and Emergency Dept. for children because they considered Urgent Care Centres to be unsafe for emergency cases.

(iii) The main list of nine "Assessment Criteria" to inform further planning – tabulated on p62, in the final chapter of the McKinsey Report "Decision criteria and next steps" is omitted.

The Fine Gael leader in January 2007, during the public controversy over the choice of the

Mater site for the NPH, voiced concern "that the sites considered were not rated under the nine McKinsey criteria which were the basic terms of reference in the evaluation of submissions [to the Location Group]."

These recommendations [McKinsey's] were endorsed by the HSE Board (February 2006)

NCHA Comment

The following is from the Minutes of the HSE Board, 2nd February 2006:

- ^ "The review, as undertaken by McKinsey & Co. was circulated to Board members on the day of the Board meeting.
- ^ The report was endorsed by the Board.
- ^ It was noted that the Tánaiste and representatives of the Taoiseach's office would be briefed later that evening and that a meeting with representatives of the paediatric and maternity hospitals, the Council of Children's Hospital Care and the Ombudsman for Children was scheduled for the following day.
- ^ It was noted that a Joint HSE/DoHC group, with representation from the OPW, would be established immediately to examine the report in detail, to progress matters and in particular, to advise on the optimum location of the proposed new hospital."

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The endorsement by the HSE Board of an unstudied 134 page document [the McKinsey report] is significant. Such non-engagement by the Board facilitated the critical error of establishing a Location Task Group to proceed without identifying the Model of Care for the hospital, without setting key objectives and without gaining support from service users and deliverers. The speed of briefing of the Health Minister and the Taoiseach's Office that same evening as recorded in the minutes suggests a political agenda – to be repeated four months later with the Location Report.

Informed, rational, authoritative?

The recommendations were also formally welcomed and endorsed by the three children's hospitals and the three maternity hospitals in Dublin, at a meeting held in February 2006.

NCHA Comment

It is difficult to see how, as is stated in the Planning Application, the Maternity hospitals and the three Children's hospitals could have "endorsed" the Report at the presentation which was on 3rd February 2006, the day following the HSE Board meeting. NCHA members of Our Lady's Children's Hospital Crumlin (OLCHC), who attended the 6th February medical board meeting in OLCHC, report to us that there was no endorsement of the Report by that hospital's medical board in February and that while tabled at that meeting, discussion on the report was deferred to the next board meeting in March to allow members time to study the report.

In 2011, an Independent Review Team, commissioned by the Minister for Health to review

the proposed project, in its recommendations, re-affirmed the strategic health policy decision to consolidate inpatient services in Dublin into a single children's hospital at the Mater campus.

This report was adopted as Government policy in July 2011.

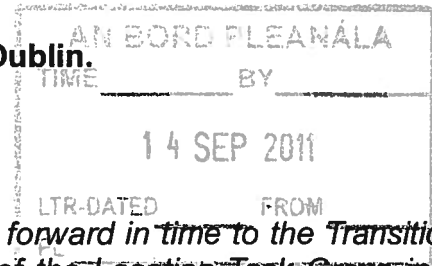
NCHA Comment

As NCHA wishes to comment on the process as it occurred in chronological order, comment on the 2011 "Independent" Review is deferred and is dealt with later in this submission

4.4.2 Alternative Sites & Brief

An outline of Considerations about Site Suitability in Dublin.

[Task Force Group Report (2006)]



NCHA Comment

Section 4.4.2 is extremely confusing in its layout jumping forward in time to the Transition Group and the RKW brief while skipping over the work of the Location Task Group in a perfunctory manner and then reverting back and forth to it

We assume that the Brief referred to in the Heading above is the RKW "Higher Level Framework Brief for the National Paediatric Hospital" commissioned by the HSE/Transition Group in January 2007 and completed in October 2007. The Task Group on Location had reported in June 2006 prior to the brief being developed and its choice of the Mater site had been signed off by both the HSE and Cabinet in June 2006 within eight days of the completion of its report.

Following the adoption of [sic] the Government of the policy of locating the new children's hospital in Dublin, ideally be co-located [sic] with a leading adult academic hospital, a task force was established to advise on the location. The Joint Task Force consisted of representatives of the Health Service Executive and Department of Health & Children and included input from the Office of Public Works.

Consultation were carried out to ensure that the options of interest to all relevant parties were evaluated by inviting submissions from the six existing Dublin Academic Teaching Hospitals.

NCHA Comment

Established in February 2006, this Location Task Group was "to progress matters and in particular to advice on the optimum location of the proposed new hospital."

There was NO paediatric healthcare professional on the Task Group . There was NO children's advocate or representative on the Location Task Group – this despite the National Children's Strategy (2000) "children will have a voice." NO Model of Care or Development Plan informed the process.

A HSE website posting, 7th March 2006, while the work of the Location Task Group was in progress, 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 [sic] an adult teaching academic hospital and adult national centres of treatment."

The conduct of the Task Group in seeking 'tenders' from the adult hospitals to see who might 'win' the NPH while excluding the children's hospitals from the process, in particular the major OLCHC, which being unattached to an adult facility felt itself to be 'pure' in its pursuit of children's rights, was fated to result in conflict.

Though the Location Task Group invited no input from them, Our Lady's Children's Hospital Crumlin and the National Children's Hospital in Tallaght both made submissions to it. The Task Group met representatives of each of the three Children's Hospitals sequentially for the first and only time on Wednesday 23rd May 2006 - almost four months after it was established and one week before it signed off on its completed report. It held its last meeting the following Monday May 28th 2006. The HSE Board signed off on the completed report on Friday June 1st 2006, four days after the Task Group's last meeting. The cabinet "strongly endorsed" (DOHC Press statement) the decision a mere seven days later.

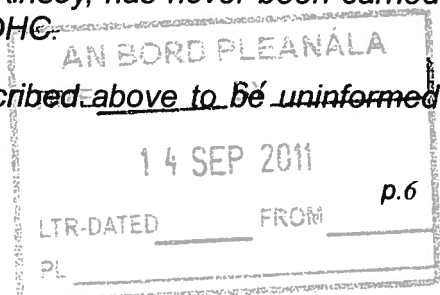
The Health Minister's press statement (11th January 2007) some seven months after the hotly-disputed location decision states that the decision was made after "a rigorous and robust and independent assessment process". It continues "The Task Group...engaged in extensive consultations with the three existing paediatric hospitals, the three 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 three Children's Hospitals all held on 23rd 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 19th 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 specialties 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.

We consider the process of choosing the location as described above to be uninformed and irrational.

NCHA Submission to ABP Ref 29N.PA0024



An Outline of Considerations about the Brief

NCHA Comment

As noted above, NCHA understands the use of the term "the Brief" to refer to the RKW 'Higher Level Framework Brief for the National Paediatric Hospital' October 2007 (see second bullet point below).

A Joint HSE/DoHC Transition Group was established in July 2006 to progress a number of short term actions:

- Transfer of site from the Mater Misericordiae University Hospital
- Definition of a high level framework brief for the new Hospital
- Determination of the scope and location of the Urgent Care Centres (referred to in the Children's Health First Report)
- Determination of co-ordination policies between the new Hospital and other Hospitals, including those outside of Dublin
- Establishment of Development Board for the new Hospital
- Advance considerations on co-location of Maternity Services

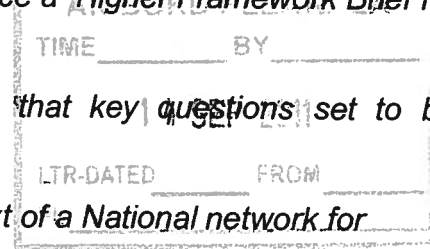
The Transition Group engaged RKW, a Healthcare strategy consultancy, to produce a high level framework brief for the new national children's hospital that could be handed over to the National Paediatric Hospital Development Board when established. This would form the basis for its work in to plan, design, build, equip and furnish the new children's hospital.

NCHA Comment

The Joint DOHC/HSE Transition Group was in existence from July 2006 to May 2007. In January 2007, it commissioned RKW consultants to produce a Higher-Framework Brief for the National Paediatric Hospital.

Under the heading "Terms of Reference" RKW states that key questions set to be answered by this higher level framework brief are:

- ▲ "How does the NPH Tertiary Centre sit in the context of a National network for paediatric services?"
- ▲ What is the model and number for Ambulatory and Urgent Care Centres (A/UCCs) in the Greater Dublin area?
- ▲ What is the Model of Care for the NPH Tertiary Centre at the Mater Hospital site? What services will be dedicated to Children?
- ▲ What services can be shared with Adult and Maternity services and can any services be located off site?
- ▲ What size should the NPH Tertiary Centre at the Mater Hospital be, including requirements for Education and Research and future flexibility?
- ▲ What is the preferred physical configuration of services at the Mater Hospital site?"



NCHA asks "How could the correct location have been chosen without answers to the questions, only addressed by RKW a year later, regarding the Model of Care, the size of the hospital, the configuration of services, educational and research requirements and service users needs?"

Further evaluations and consultations were carried out with other relevant parties likely to have an interest in the development of the brief including over 250 one-to-one and group meetings, in addition to a number of written submissions.

NCHA Comment

It is important that the original full (400+pages) RKW Report is used (not the document 'One Step Closer' which is a short HSE publication summarizes parts of RKW) when reporting on RKW methodology and findings. The RKW consultants, not the Transition Group, carried out these 250-plus consultations. The Transition Group never produced any report. It was terminated with the premature establishment, by Statutory Instrument, of the National Paediatric Hospital Development Board in May 2007, on the day before the general election.

It involved engagement with:

- Staff and management of the three children's hospitals

NCHA Comment

In January 2007 OLCHC withdrew from engagement with the Transition Group. The National Children's Hospital in Tallaght had also withdrawn but reengaged in late January.

The withdrawal by OLCHC from co-operation with the Transition Group 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).

The Health Minister's response (Press Statement 11/01/2007) to OLCHC's withdrawal was as follows "Now is the time to move on to develop the project. It is time for action now, not further reviews, analysis and re-opening decisions already made."

HSE Response to OLCHC withdrawal: "...the HSE finds it difficult to understand the basis upon which it [Board of Management OLCHC] made its decision...It would be understandable if, on completion of the design of the new hospital, that the Board disengaged because it believed the hospital could not deliver the highest international standards of care..."

Enda Kenny's response, Fine Gael Press Office, Press Statement (16/1/2007):

"I am seriously concerned that the two hospital, Tallaght and Crumlin, have both withdrawn from this process. The fact that those decisions were taken, and given the credibility of the personnel involved, has led me to having a deep suspicion that something is amiss with the process as conducted.

I'm also concerned that the sites considered were not rated under the nine McKinsey criteria which were the basic term of reference in the evaluation of the submissions. Nor has there been sufficient clarity and transparency about the process used to support the selection decision.

I believe there is a huge public appetite to get this decision right. That is why I believe that an independent review should be conducted by a panel of Irish and International experts. This review should be completed inside two months. This two-month review period would allow for full accountability and transparency to be provided.

If the Mater site is the correct site then Fianna Fail and the Pds or the HSE should have no difficulty in having it stand up to that scrutiny. As there is no difference of opinion about providing what is best for all our children in terms of paediatric needs it is essential to have the location chosen correctly now rather than to regret it later”

In February 2007 a letter jointly from the HSE/DOHC to OLCHC states “When RKW concludes its work we will be moving to the next stage of the development, which will involve the establishment of a Development Board and the appointment of a Design Team. We hope you will appreciate that it will, therefore, not be possible or practicable to make any significant alterations to the recommended Model of Care at that stage.”...We would urge you therefore to engage in the process..”

In March 2007 OLCHC agreed to a 'Conditional Engagement' with RKW following a minuted meeting in Leinster House (8th March 2007) between the Health Minister and OLCHC where she stated that she would not hesitate to have the location re-examined if RKW concluded that the Mater site was inadequate.

To the dismay of OLCHC, in October 2007, the RKW Report stated:

<p><i>“ This brief...takes as given:</i></p> <ul style="list-style-type: none"><i>▲ The McKinsey recommendation that all Dublin secondary inpatient beds should be co-located with the tertiary services</i><i>▲ The decision of the Task Group endorsed by the HSE that the hospital should be located at the Mater site.”</i>	<p>RECORDED 14 SEP 2011</p>
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This excerpt gives the lie to the ministerial commitment of 8th March 2007 to re-examine the location if RKW found the Mater site to be inadequate – RKW were not allowed to question the location of the hospital.

No “workable plan” for secondary care in the Dublin region, said by the McKinsey Report to be a significant requirement, and ignored by the Location Task Group, had yet been designed. As noted earlier, the Irish Association for Emergency Medicine, concerned with the anticipated lack of timely care for emergencies made a submission to RKW. [By definition, Emergency Departments are in hospitals, not UCCs – with medical, surgical, orthopaedic and anaesthetic expertise available 24/7]. As the IAEM states in its submission to RKW this requires a second inpatient paediatric unit in the Greater Dublin Area. The RKW Report states that A/UCCs could treat urgent but “not emergency” cases. However it also states that “consideration of such options [as proposed by the IAEM] are outside the framework brief terms of reference.” (Part 2, section A1, RKW Report)

The HSE / DOHC has chosen to continue to ignore the IAEM's advice and concern

regarding safe care of children in the Greater Dublin Area remains. Many professionals hold that the second inpatient facility, a satellite of the NPH with a full emergency department on-site, would most appropriately fit on the Mater campus safely serving the local community and north Dublin hinterland's secondary care needs.

The Transition Group disappeared 'into the ether', without commenting on any submission made to it, with the sudden premature establishment by Statutory Instrument of the National Paediatric Hospital Development Board on the day before the General election in May 2007 and before RKW could report to it.

The majority of the considerations were dominated by sizing and specifying Health Care issues that included:

- Hospital Beds
- Bed Types
- Family Friendly Facilities

NCHA Comment

Location was also a prominent concern of several organisations interviewed by the RKW team. It became evident however in its final report that RKW had not been allowed by the HSE to consider these concerns or to question the site location.

Other considerations included: Hospital Size and Site analysis. The High Level Framework Brief examined the capacity of the Mater Campus to accommodate the space requirements of the National Paediatric Hospital and a Maternity hospital, to meet expected demand up to the year 2021. The analysis indicated that all the requirements could be accommodated on the site, and still allow expansion capacity of almost 20% beyond the year 2021.

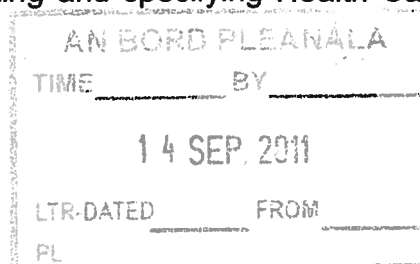
NCHA Comment

Site size for NPH/Maternity- In the RKW Report the size of the ceded site is said to be 2.49 ha, while the current planning application states it to be 2.04ha.

Maternity Hospital – RKW (section C3.2) states it was instructed to only allow 15,000sq.m for the Maternity Hospital development. The current planning application allows 25,000sq.m.

The actual RKW Report (>400 pages long) wrestles, unsuccessfully, with the question as requested by the HSE, 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 buy adjacent properties that might become available. It notes "issues regarding environmental quality (which) relate...to the density of the building on the site."

Regarding the care of patients presenting with acute conditions it states "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" – reinforcing McKinsey's statement that "acute



volume"[seriously ill/injured] be brought direct to the Emergency Dept. of the NPH, bypassing UCCs..

The HSE published its own "One Step Closer" offering it as a resumé of the RKW Report. Interested persons would be well advised to read the original full RKW report as 'One Step Closer' promotes the HSE agenda avoiding negative/concerned observations in the full report.

Transport and Parking

Access by public and private transport for patients was a major consideration in the process to select the Mater Campus as the site for the NPH.

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NCHA Comment

While parking is not mentioned, other than in the above heading, in this section of the planning application, NCHA wishes to note that both employees and patient families require more parking spaces than appear to be compatible with centre city parking. This is a strong argument in favour of not locating such a major health facility in the city centre. Furthermore the arrival of the carbon-neutral car of the future should be anticipated and catered for. Skilled staff, already difficult to recruit, and often working twelve hour shifts, will choose more friendly locations in which to work. They will not appreciate being forced on to public transport – what is appreciated is choice .

The Small Area Health Research Unit (SAHRU) in Trinity College Dublin carried out an independent analysis of accessibility to each of the three short listed Dublin teaching hospitals; Mater, St James's Hospital and Beaumont. This study concluded that, among other criteria, the Mater Hospital offered advantages over other locations in terms of ease of access for patients by public and private transport means.

NCHA Comment

As the AMNCH, Tallaght pointed out in a counter document also from Trinity College Dublin, the SAHRU traffic analysis only studied freeflow conditions. The study is not transferable to analysis of journey times 24/365. An emergency condition may be perceived to exist by hugely stressed parents at any time of day or night until they can deliver their child or infant into the care of professionals and the safety of the Emergency Department . Very sick children are much more likely than adults to come to hospital by car.

Pre-hospital ambulance transport times from the future greatly enlarged catchment area of the NPH must be studied. The recent debacle over the transport of a child awaiting a liver transplant should be a timely reminder to the HSE/DoH that systems for emergencies must be tried and tested. In the case of the NPH this may require that the Health Information and Quality Authority study ambulance transport times under stress conditions of rush-hour traffic, Croke Park matches, parades, events at the O 2 etc. Serious engagement with the Irish Emergency Medicine Association must also occur.

In our opinion, a city centre such as Dublin's, with narrow streets and a innate danger of gridlock if stressed, is incompatible with the duty -of-care of the only Children's Hospital in the Greater Dublin Area- responsible for the timely, safe and optimal care of a child with a life-threatening condition. Every child is precious, not a minor statistic caught in a traffic jam.

On the basis of such considerations the Joint Task Group recommended the Mater Campus as the location for this new national paediatric hospital.

NCHA Comment

It is incorrect to imply, as this planning application appears to do in the above sentence, that "such considerations" as were looked at by RKW in 2007 were the basis of the location decision made by the "Joint Task Group" the previous year. The Joint Task Group had made the recommendation to locate at the Mater on the 1st June 2006, 17 months before the RKW report. The latter was completed in October 2007. NCHA's clear perception is that the Location Task Group had no Development Brief, no Model of Care, only the McKinsey Assessment Criteria to direct it and those, as the then leader of Fine Gael in opposition suggested in his press statement of 16/01/2007, were to a great extent, ignored.

NCHA trusts that the Board will find that this information submitted shows the process of location choice to be uninformed and irrational, resulting in a wrong decision.

In October 2009, OLGHC finally nominated a representative to the NPH Development Board (NPHDB) having left its 'seat' on that board unfilled from the NPH DB's inception in May 2007.

The board of directors of Crumlin hospital made no statement as to why they had changed their policy of non-participation.

On the 5th October 2010, Philip Lynch, Chair of the NPHDB, suddenly resigned. In a statement, Mr. Lynch said he resigned on the basis of significant and fundamental differences between himself and Minister for Health about the need for open and informed discussion on the board of the new hospital on a range of matters. These included the substantial funding gap for the project, clarity or absence of governance proposals, and planning and design challenges on the proposed site of the facility at the Mater hospital.

The health minister stated that the 'one fundamental difference' between them was the issue of LOCATION.

On 29th March 2011, John Gallagher, who had replaced Philip Lynch as chairman of the NPHDB, resigned. Lack of a continuing mandate and concern regarding the incurring of material costs in the absence of a mandate are the stated reasons for Mr. Gallagher's resignation.

independent Review Team Report – 2011.

a. An independent review of the project to build the National Paediatric Hospital on the site of the Mater Misericordiae hospital was announced by Dr James Reilly TD, Minister for Health on the 12th May 2011.

b. The review's terms of reference were as follows:

c. To examine and independently 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.

d. To examine whether the potential clinical benefits, if any, of locating a Children's hospital beside the Adult hospital on the Mater site outweigh:

- i. Any cost differential; and
- ii. Any design issues, including access to the hospital.

e. The review was conducted in two phases, corresponding to items 1 and 2 of the terms of reference, and the report was therefore presented in two parts. The first phase financial analysis and cost comparison – was carried out by a team comprising independent experts in healthcare architecture, capacity planning and clinical content, engineering and infrastructure, quantity surveying and finance.

f. Phase 2 of the review – analysis of clinical, design and access issues – was undertaken by a group of four Chief Executives of children's hospitals, drawn 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 Hospitals International Executive Forum (CHIEF).

g. The outcome of phase one, as set out in part 1 of the report, 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 is little financial advantage to selecting any of the comparator sites. The conclusions from phase one of the review underpin, inform, and support the deliberations of the Chief Executive group which carried out phase two.

h. It is noted that the Review was not a site selection process. The three notional sites (the Tallaght Hospital Site, the Newlands Cross Site in Clondalkin and the Connolly Hospital Site in Blanchardstown) were selected to address issues that had been raised regarding possible savings from building on a greenfield site and concerns around access and proposals for options to build on a site on or near the M50.

i. The outcome of phase two, carried out by the NACHRI/CHIEF Chief Executive group, was unanimous and unequivocal support for the immediate implementation of plans to consolidate the current Dublin inpatient acute care paediatric units into a single National Paediatric Hospital on the Mater site.

NCHA Comment

The National Paediatric Hospital "Independent" Review July 2011.

This review failed to address the issues promised by Fine Gael in its pre-election statements and which it had challenged the previous government to address when in opposition -in particular a review of the process of the selection of the site for the NPH. Consequently, NCHA members consider issues critical for children remain unaddressed and the site issue unresolved.

NCHA awaits documentation informing this review under the Freedom of Information Act and will only be able to comment in detail when such is to hand. However to briefly comment on the Review - for the Stage 1 Financial review, 'notional' sites were

preselected by the HSE and costed by the NPH DB team, with calculations of doubtful legitimacy (e.g. expansion space costs were conveniently ignored) resulting in the conclusion that it would be no dearer to continue spending on the Mater site than to look for a better site. The visitors, using local expertise to assemble and to check the calculations found them to be credible. The second stage, the clinical review, is remarkable in that the terms of reference – the clinical advantages for children of locating the NPH on the Mater site – are not addressed. No clinical advantages for children of moving to a hospital at the Mater are identified, yet the reviewers endorse the Mater site. Interestingly the visitors did not meet with either of the two ex-Chairmen of the NPHDB. They had little time in Dublin, one of the four members not visiting at all, one spending part of a day in Ireland with two being here for three days. The whole review was tightly controlled by the DoH/HSE/NPHDB.

NCHA - Final Observation

To inform and assist the Board, NCHA wishes to make the following observation on the term "co-location with an adult hospital". 'Co-location' has unduly dominated the decision making process regarding the location of the country's National Paediatric Hospital. There is no one definition of 'co-location'.

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The McKinsey Report and co-location:-

"A key .. question is whether leading centres are stand alone or co-located. Reflecting the view of our experts, we defined co-location as the children's facility being within a practical walking distance; as one expert put it, "If you're not within walking distance of the adult hospital, you're not co-located." McKinsey then goes on (p27) to define 'standalone' and 'co-located' :-

'Standalone': A hospital that is physically/geographically isolated from adult services.

'Co-located': A hospital that is located in its own building, but that is adjacent to an adult hospital. Most have covered walkways connecting the children and adult services. Budget and governance may be integrated or separate."

The RKW Report and co-location: The 'Outline of the development of the High Level Framework Brief for the new National Paediatric Hospital' to be carried out by RKW - this document from the HSE 23/01/2007 states :-

"RKW will draw heavily on its experience of children's tertiary and secondary hospitals internationally which are co-located on adult sites. It is important here to differentiate between co-location examples (where support services are shared with adults) and campus approaches – where the Children's Hospital is entirely a stand alone entity -e.g. Melbourne Children's Hospital".

NCHA understands the Melbourne Children's Hospital to be about one kilometre from the adult hospital (The McKinsey Report, interestingly, lists it as a co-located hospital).

RKW lists the co-location status of 17 hospitals internationally - 4 are 'fully integrated' with an adult hospital (3 of these are in the UK), 1 is 'fully integrated' only with a Maternity hospital, 7 are 'campus' model, and 5 are standalone with neither maternity nor adult hospital adjacency.

See RKW Report, Appendix One (Summary of Reference sites .xisSheet125/07/2007) appended to this document.

RKW
Summary Comparison across Reference Sites

United States

Cincinnati Children's Hospital	Texas Austin New Children's Hospital	Texas Houston Children's Hospital	Illinois Children's Memorial Chicago	Colorado, Dell Children's Hospital at Fitzsimons	Philadelphia, CHOP	Massachusetts Boston Children's Hospital
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Canada

Vanouver, British Columbia Children's Hospital	Toronto Sick Kids	Calgary, Alberta Children's Hospital
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United Kingdom

Manchester, Children's Hospital	London, Evelina Children's Hospital	London, Great Ormond Street	Glasgow, York Hill	Liverpool, Alder Hey
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Australia

Melbourne Royal Children's Hospital

1 General Profile

	1.1 Date of Development	1.2 Governance	1.3 Activity profile	1.4 Age cut off	1.5 Satellite Units	1.6 Storey (Floors)	1.7 Co-location	1.8 Shared services
at planning stage	due to complete 2009	opened 2005	expansion project at planning stage	completion 2011	completion 2011	completion 2011	at planning stage	stand alone hospital
stand alone institution	integrated Trust with adult and maternity	integrated Trust with adult and maternity	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
with adult	both, mainly tertiary	both, mainly tertiary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
with maternity	both, mainly tertiary / quaternary	both, mainly tertiary / quaternary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
with Medical School facilities	both, mainly tertiary / quaternary	both, mainly tertiary / quaternary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
with Research	both, mainly tertiary / quaternary	both, mainly tertiary / quaternary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
non-clinical support	both, mainly tertiary / quaternary	both, mainly tertiary / quaternary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
clinical support	both, mainly tertiary / quaternary	both, mainly tertiary / quaternary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital
core clinical services	both, mainly tertiary / quaternary	both, mainly tertiary / quaternary	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone institution	stand alone hospital

Summary of reference sites.xlsSheet12507/2007

THIS COPY IS FROM THE R KW REPORT, 2007 APPENDIX

National Paediatric Hospital Timeline

1993	Faculty of Paediatrics at the Royal College of Physicians of Ireland proposes a single tertiary paediatric hospital for the Republic of Ireland to be based in Dublin
2001	"Quality and Fairness: A Health system for you" Government Publication
2004/2005	Planning permission granted for a joint adult/ paediatric development on the Mater site. In 2007 the project was "decoupled" and the solo adult Mater was developed
1 st September 2005	Review of Tertiary Paediatric Hospital Services – initiated by Minister Harney and new HSE CEO
24 th October 2005	Prof. Drumm addresses the Oireachtas Joint Committee on Health and Children
22 nd December 2005	"Children's Health First" (McKinsey Report) is commissioned by the HSE
1 st February 2006	The McKinsey Report is completed
2 nd February 2006	HSE Board signs off on the McKinsey report
Early February 2006	Task Group on optimal location of the National Paediatric Hospital (NPH) is set up (HSE/DOHC/OPW)
28 th May 2006	Final meeting of the Location Task Group
1 st June 2006	The HSE signs off on the Location Task Group Report recommending the Mater site
8 th June 2006	Government "strongly endorsed" [DOHC press statement] the Mater site at its Cabinet Meeting
1st August 2006	Transition Group (HSE/DOHC) set up to forward the process
15 th September 2006	Our Lady's Children's Hospital, Crumlin (OLCHC) submits its vision of Tertiary Care to the Transition Group
Early January 2007	The HSE/Transition Group commissions RKW Consultants to produce a Higher Level Framework Brief for a New National Paediatric Hospital for Ireland
11th January 2007	OLCHC withdraws from engagement with the Transition Group
March 2007	OLCHC agrees to conditional engagement with RKW, while reserving its position
23 rd May 2007	National Paediatric Hospital Development Board (NPHDB) is legislated for by Statutory Instrument (SI 246/2007), replacing the Transition Group
October 2007	RKW Higher Framework Brief is finalised

October 2009	Crumlin Hospital finally agrees to nominate a representative to the NPHDB
9 th October 2009	Medical Director of the NPHDB addresses the AGM of the Faculty of Paediatrics, RCPI
15 th October 2009	Taoiseach Brian Cowen announces Design Team for the NPH
18 th June 2010	Children in Hospital Ireland hosts conference titled 'A New Children's Hospital'
27 th July 2010	Mr Maurice Neligan writes in national newspaper criticizing choice of Mater site
5 th October 2010	Philip Lynch, Chair of the NPHDB, suddenly resigns
11 th October 2010	NPHDB opens pre-application discussion with An Bord Pleanála regarding planning for the new hospital
24 th February 2011	"Fine Gael Election Policy -If in Government, to review the entire [NPH] proposal as a matter of urgency"
29 th March 2011	John Gallagher, Chair of the NPHDB, resigns
22 nd April 2011	An Bord Pleanála confirm NPH to be a Strategic Infrastructural Development
12 th May 2011	Health Minister Reilly announces an Independent Review of the NPH project
17 th June 2011	NCHA meets with the NPH Independent Review Committee
6 th July 2011	The NPH Independent Review Report is published
20 th July 2011	Planning application for the NPH is made to An Bord Pleanála

