

**IN THE MATTER OF AN APPLICATION TO
AN BORD PLEANALA FOR PERMISSION FOR
STRATEGIC INFRASTRUCTURE DEVELOPMENT
THE CHILDREN'S HOSPITAL OF IRELAND**

ABP REG. NO. PL 29N.PA0024

AND IN THE MATTER OF AN ORAL HEARING.

Submission by : Dr Desmond Duff

1.1 Desmond Duff, Paediatric Cardiologist, Our Lady's Hospital for Sick Children (OLHSC) and The Children's University Hospital, Temple St.(CUH) 1979 – 2007

1.2 Medical Training

1967 Graduated from U.C.D. - M.B. B.Ch. B.A.O. (Honours)

1967 – 68 Internship St. Vincent's Hospital, Dublin

1969 – 71 SHO and Registrar in OLHSC

1970 Neonatology – National Maternity Hospital

1971 – 72 Hospital for Sick Children, Great Ormond St., London

1972 – 73 Hammersmith and Hillingdon hospitals

1973 – 76 Paediatric Cardiology Fellow, Texas Children's Hospital, Houston, affiliated with Baylor College of Medicine

1.3 Post Graduate Medical Qualifications:

1971 Diploma in Child Health

1972 Membership of the Royal College of Physicians, Ireland

1976 American Board Certification in Paediatrics

1979 American Board Certification in Paediatric Cardiology

1.4 Professional Appointments:

1976 – 79 Assistant Professor of Paediatrics, Baylor College of Medicine, Houston, Tx

1976 – 79 Associate (Consultant) in Paediatric Cardiology, Texas Children's Hospital

1979 – 2007 Consultant Paediatric Cardiologist, OLHSC, (national centre for children with heart disease); and at The Children's Hospital, Temple St.

Visiting Consultant to the National Maternity Hospital Holles St and Rotunda Maternity Hospital.

1.5 Societies and Associations:

1976 Member of American Academy of Paediatrics

1979 Irish Paediatric Association: 1982 – 1984 - Secretary

1979 Irish Cardiac Society: 1990 – 1992 Council Member

1980 Fellow of Royal College of Physicians

1980 British Cardiac Society –

(a) Irish rep on Training and Manpower Committee 1992 – 1994

(b) Member of Cardiology Specialist Advisory Committee in U.K. 1992 – 1995.

1986 Association of European Paediatric Cardiology (AEPC) –

(a) Subcommittee to set out Training Requirements for Paediatric Cardiologists in Europe

(b) 1998 Organiser of AEPC Meeting in Ireland

1990 Committee Member for inauguration of British Paediatric Cardiac Association

2000 – 2003 Board Member of Faculty of Paediatrics, R.C.P.I.

1.6 Academic Experience

Numerous Scientific publications

Editorial Board of two Cardiology journals:

1990-1996 Cardiology in the Young- European Journal

1991 – 2004 Progress in Paediatric Cardiology- USA.

2. NEW NATIONAL PAEDIATRIC HOSPITAL (NPH)

2.1 There was an enthusiastic welcome among all paediatricians when it was announced by the then Minister for Health Mary Harney in 2006, that there was finally to be a single tertiary paediatric hospital in Dublin, bringing all the sub-specialists together on one site. This would ensure that all sick babies and children in need of specialist paediatric care in the Republic of Ireland, and indeed, some babies with serious cardiac problems from Northern Ireland, would receive optimum care. Two-thirds of these infants and children requiring tertiary care come from outside the Dublin area.

At present, tertiary care is fragmented over three sites but especially between Our Lady's Hospital for Sick Children (OLHSC), and the Children's University Hospital (CUH) Temple St. This leads to inefficiencies, unnecessary duplication of services and equipment, and wasteful use of consultants' time.

McKinsey stated in February 2006, "the preferred option would be co-location with an adult hospital. If not co-located, need to be specific about how to address the challenges of isolation from adult services." He also recommended that all patients requiring secondary care in the Greater Dublin area should be treated at the NPH.

Dr. Mike Berman who was an advisor to the Task Force, and is executive Vice President and Director of New York Presbyterian Hospital, stated on RTE 6pm News June 8th 2006, "Why co-locate with an adult hospital? Surely the children's hospitals together are big enough to be free-standing."

2.2 The Task Force chose to focus only on co-location with an adult hospital. That was the beginning of the concerns that the development of the NPH was going to be compromised. As stated by Alf Nicholson, current Professor of Paediatrics at RCSI in

a letter to the Irish Times, January 18th 2007, “The problem is in truth that none of the three proposed sites is ideal: all have access and space limitations.”

2.3 At the recent Questioning of the Applicant sessions on October 25th and 26th 2011, further concerns became evident in relation to parking, access, expansion and uncertainty about the use of the Temple St. site. There was also a failure to recognise that the national genetic service needs to be on the NPH site.

3 ACCESS AND PARKING

3.1 As I had a cross city appointment between OLHSC and CUH Temple St. as well as frequent consultations at the three Maternity Hospitals in Dublin, I was well placed to evaluate both access and parking at these five sites. The worst parking was at the National Maternity Hospital, Holles St., and at CUH Temple St. I also became very familiar with Eccles St. with its constant congestion and very slow traffic progress. It is impossible to accept the statement from Dublin City Council that the proposed site for the NPH “is located in one of the most accessible sites in the city if not in the country.” Such a statement simply defies logic and makes one doubt the integrity of the whole report. How can a city centre site be deemed the most accessible to the hundreds of paediatric patients who come each day for tertiary care in the outpatient clinics?

Traffic congestion on Eccles St. is acknowledged by Tony Horan on page 9 of his statement of evidence where he states “There is an issue with respect to traffic on Eccles St. which at times impacts on other roads and streets in the wider area. This leads to cars queuing along Eccles St., taking up road capacity, and forcing the street to operate as a

single lane, with through traffic having to take turns on the one lane. It further leads to cars travelling round and around the block waiting to access a free space as soon as one becomes available. This puts added loads on the various junctions in the area and the resultant slow-moving traffic, constantly on the lookout for an unoccupied parking spot, leads to ever more congestion.” This reflects my experience over thirty years of driving and trying to find parking in the Eccles St. Temple St. area – a totally exasperating and frustrating experience. Tony Horan concludes, erroneously however, that these traffic problems will be resolved with improvement in parking arrangements at the adult Mater Hospital where the parking spaces are to be increased from 165 to 463. Mr. Horan needs to explain the discrepancy between the provision of parking spaces at the adult Mater Hospital (600 beds) and the 3800 parking spaces at the new adult Queen Elizabeth Hospital in Birmingham (1200 beds). There is also no recognition in Mr. Horan’s statement of the significant increase in traffic that will be created by the NPH and Maternity hospitals.

3.2 **Parking at the NPH.** In McKinsey’s nine proposed assessment criteria, item four refers to the need for parking for families and staff. It is suggested by Tony Horan after complex mathematical machinations, that 972 parking spaces would provide adequate parking facilities for families and staff at the NPH. It is not stated however how many of the spaces will meet the “mother and child” requirement of 2.5m x 5.0m. He acknowledges that there will be limited provision of parking spaces for staff and that, in their calculations the modal split for staff is only 13%, in other words, that only 13% of staff will travel to work by car. This ignores the fact that the majority of staff who will be working in the NPH will have previously worked

in OLHSC and because of their home base will probably have to travel by car to the NPH.

It is expected that there will be between 2500 and 3000 employees at the NPH, the majority of whom will be nurses. Easy access to safe and secure parking is essential. Only 236 parking spaces are provided for staff in the Applicants' submission. In the HSE publication One Step Closer, October 2007, it is suggested that 1800 car parking spaces could be provided. This is almost double the 972 spaces envisaged now! The combined parking spaces planned for the Mater site, 1668 (Adult 462, Maternity 224, and NPH 972) are just over half of what should be provided at the NPH alone.

3.3 When we compare the parking facilities at the NPH with those at other paediatric centres of excellence abroad, the NPH fails miserably.

- **Parking at Colorado Children's Hospital** – Dr. James Shmerling, CEO of the hospital described their experience with parking at their hospital. “When we built Children's Hospital, Colorado in 2007, on the Anschutz Medical Campus, we miscalculated the number of parking spaces needed. We spent more than two years driving in circles, walking extra blocks and discussing in Town Halls, before we finally completed a second parking garage to accommodate our employees.” The hospital has ³¹⁴284 beds and 5406 staff. They provide 816 spaces for parents/visitors and now 3582 spaces for employees. Dr. James Shmerling was, as you know, on the Independent Review Committee established by Dr. James Reilly to evaluate the suitability of the Mater site for the NPH.

- Their Senior Manager, Kathy Hurley indicated to me that the NPH would need 979 spaces for parents/visitors and 2000 spaces for employees, based on 445 beds and 3000 employees. She indicated that they used the industry standards for a hospital of 2.2 spaces per bed and two thirds of the employee number, to calculate the total parking space requirement. She also said that additional parking spaces may be required for outpatient clinics at 5.5 spaces per 1000sq. ft.
- **The Royal Children's Hospital, Melbourne.** This new hospital (2011) has 340 beds and 3500 – 4000 staff. It was built on an effectively Greenfield site – A Hospital in a Park, and a Park in a Hospital, is their slogan. Parking consists of over 2000 underground spaces, 500 secure bicycle bays and 50 bays for motor cycles.
- **Alder Hey Children's Hospital, Liverpool.** Planning is at an advanced stage for a new stand-alone paediatric hospital on a Greenfield site. The first phase is to be completed by 2015 and phase two by 2018. Number of beds – 309, staff numbers 2800. Phase One will have a single multi-storey car park to accommodate 1200 cars.
- **Boston Children's Hospital.** 396 beds; over 4000 staff. There are 3497 car parking spaces, 2504 of these on campus, with 1300 for patients and 1204 for employees. There are an additional 923 spaces off campus. They also have more than 600 cycle bays.

These figures show that many centres appreciate the wisdom and importance of providing secure car parking for both families and staff. This policy demonstrates a respect for both

patients and staff. Trying to find a parking space on an ad hoc basis is frustrating, wasteful of time and grossly inefficient. Unless the parking facilities for the NPH are increased to approximately 3000 spaces, the development should not proceed on this site. As my late colleague Mr. Maurice Neligan who was initially a strong advocate of the Mater site stated in his Heart Beat column in the Irish Times July 27th 2010, "I was wrong about the children's hospital site. This project should be about sick children and nothing else." He concluded that the NPH should be built on a greenfield site and co-located with an acute maternity hospital. I agree with him.

I will finish by reading a letter that was sent to the Irish Times on the 19th August 2010.

"Madam,- I am a Mater-trained doctor, currently practising as an orthopaedic surgeon in Waterford Regional and Kilcreene Orthopaedic hospitals. As a consultant surgeon, I frequently refer children to Dublin for specialised paediatric care. For parents the thought of the impending trip to Dublin, compounds the anxiety already felt regarding their sick child. I am also the father of a 10 year old girl, diagnosed with cancer three years ago. Hence, I have made many trips to Our Lady's Children's Hospital, Crumlin, to witness firsthand what it is like to sit "on the other side of the fence" so to speak.

My overwhelming concern regarding the location of the proposed hospital relates to access for patients and parents. How could one possibly be expected to use public transport with one's weak, nauseated child?

In fact, avoidance of the public is recommended in light of the infection risk for the immune-suppressed child on treatment. Parents ,therefore, will be forced to negotiate

their way through the traffic of Dublin, trying to find this city –centre site. I can only imagine the distress and anxiety that will be inflicted unnecessarily on patients and parents.

I think it is an absolute disgrace that the Mater site is even being considered as the location of the proposed hospital. Doctors and parents need to insist that our elected politicians reverse this decision immediately-“

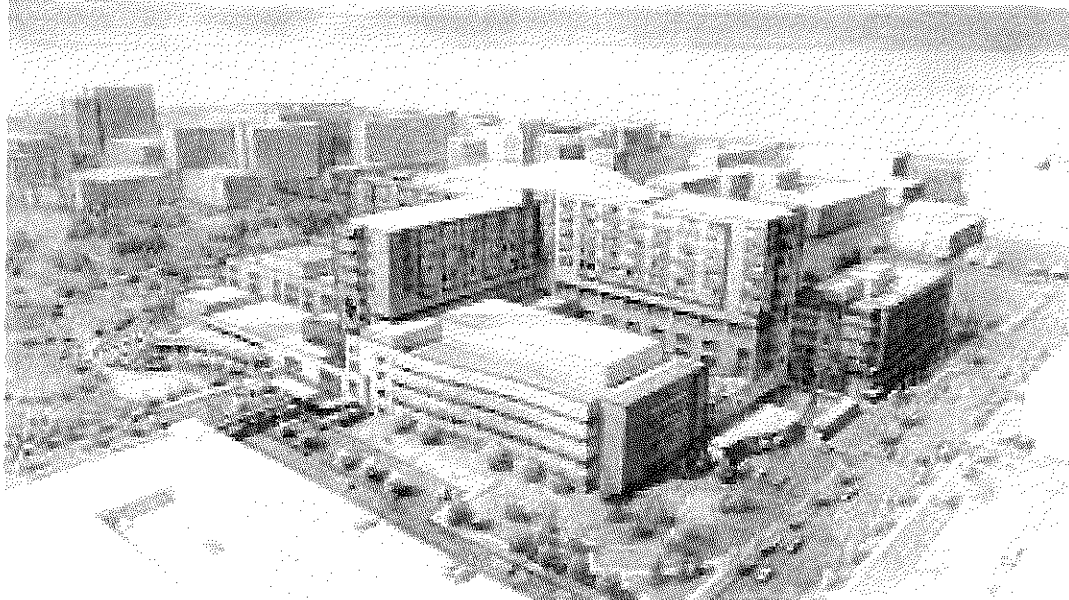
Yours, etc,

Ian Peter Kelly,

Consultant Orthopaedic Surgeon.

Children's Hospital of Colorado

On a 48 acre University campus, Parkland, 314 beds, 9 storeys high, 3,582 car parking spaces for staff.



The New Melbourne Children's Hospital

**On 17 acres of Parkland "A hospital in a Park, a Park in a hospital".
340 beds, over 2,000 parking spaces, 500 bicycle spaces, 50 motor bike spaces, 6 storey's high with direct park views in 80% of inpatient rooms**



Alder Hey Children's Hospital Liverpool.

“Hospitals are not just buildings; they are places to foster healing and wellbeing. The natural environment is not merely the setting for our new hospital: it is part of its essential character and function.” 309 beds, 1200 car parking spaces for Phase One.

