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FOREVER A SECOND-RATE HOSPITAL

The Taoiseach says "It may turn out to be one of the most expensive children's hospitals in the world but it is also going to turn out to be one of the best".
We say - Most expensive - yes; one of the best – never.

It is self-evident that this hospital can never be more than a Second-Rate Hospital, let alone one of the best in the world, for the following reasons, which we have already presented on many occasions and in many fora. In a submission endorsed by three, named, eminent emeritus paediatric professors from RCSI, UCD, and Trinity College, the Connolly for Kids Hospital group, of which the New Children's Hospital Alliance is a member, presented these facts to the Health Committee in September 2016:

Maternity

As long as there is no co-located maternity hospital and that, on the Saint James's Hospital (SJH) site, is a pipe-dream, babies will die and many will be disabled. This glaring defect is incompatible with contemporary practice and omitting it is counter to current international medical evidence. Paediatric-Maternity co-location is immeasurably more important than Paediatric-Adult Hospital co-location.

Beds

There are not enough beds – no more than in current hospitals. Meanwhile with Ireland's growing population thousands of children will remain on waiting lists.

Operating theatres

There are not enough operating theatres - compare the new children's hospital in Liverpool (the Alder Hey, opened 2015). It has 309 beds and 16 operating theatres - the NCH has 473 beds and 18 operating theatres.

Instead of 18 theatres, proportionately the NCH should have 29 theatres. (Crumlin and Temple St. surgeons asked repeatedly for more but are completely ignored)

Parking

There are not enough parking spaces - fewer per bed than Crumlin had in 2010. A minimum of 2000 for the children's hospital alone is required. Furthermore, with narrow parking bays and long two-way aisles the proposed car park fails to meet excellence in design and safety standards as set out by the industry standards of the Institute of Structural Engineers. (Design recommendations for multi-storey and underground car parks, 4th edition) This is of significant concern in a family car park.

Family Accommodation Unit

There is not enough Family Accommodation – by comparison the new Alder Hey Children's hospital in Liverpool has 309 beds, with 69 family rooms and 15 family apartments in its Ronald McDonald facility. The new Queensland Children's Hospital

in Brisbane has 359 beds and 70 family rooms with a planned increase to 112 rooms. Ireland's NCH has 473 beds with only 53 family rooms with no space to expand. The charity had wanted to supply 60 rooms but space did not allow. Double that number with capacity to further expand is required.

Helipad

There is not enough space for a ground helipad.

The Dolphin Report 2012 (p29) recommended a ground helipad. The Report of the Emergency Aeromedical Support Service Working Group (DoH, Nov 2014) recommended that "all future acute hospital developments in the State take into consideration the need for inclusion of a ground helipad". There is no room in St. James's for a ground helipad required to land the large Coastguard helicopters. With an unsuitable sloping roof on the main hospital the compromise chosen - of a helipad for the lighter Air Corps helicopters on the roof of the lower (4 floors) hospital extension at the Rialto Luas stop - is less than optimal and a serious and unjustifiable source of environmental noise pollution in a built up area which shows scant regard for the societal rights of local residents.

Research

There is not enough research space. The Children's Research and Innovation Centre (CRIC) planned for the opposite end of the campus will be SMALLER than the MINIMUM requested by the researchers, with NO ROOM to expand. It can accommodate a maximum of 50 researchers compared to 450-500 at Melbourne and at Brisbane and 2,000 at Toronto Children's Hospital, all three of whose research centres are physically attached to their hospitals. A research-intensive hospital generates excellence in care. This will not be facilitated by the CRIC being small and at a significant remove from the hospital.

Hot-desking and dignity in care

There is not enough space for individual offices for social workers, psychologists or doctors to work in or speak privately to parents - hot-desking will be the rule - yet young children on repeated visits require the security of a familiar room. Private phone calls require privacy. Professionalism, confidentiality, personalised medicine (all promoted by health authorities as prerequisites for good medical care) require private space for consultation between patients and doctors, nurses and others involved in care. The concept of "hot-desking", reasonable in many organisations and commercial systems, is unsuitable to the intimate professional consultation process that defines medical care. Private rooms requiring prior booking are no substitute.

Expansion space

The grossly inadequate expansion space (20%) includes using the only 'large' garden at the northern end of the hospital) for future development. The Draft Site Capacity Plan for the campus, presented in the absence of a campus Master plan in the planning application to An Bord Pleanála, reveals that the expansion space available for both hospitals exposes the NCH to future competition with the space needs of the adult hospital. Any possibility that the needs of the adult hospital might be in competition with those of the NCH as implied in the capacity plan should be

unequivocally rejected. We cannot see the needs of the NCH being protected on this tight urban site.

Access

St James's is the most difficult hospital in the country for ambulances to get to (according to the experts - ambulance drivers). Remember, unlike for adults, it will be the only 'local' hospital for children for the Greater Dublin Area . The need for speedy access to quality medical care in urgent situations has been proven in countless medical circumstances (maternity, neonatal, paediatric, adult (trauma, cancer, cardiac, respiratory). Quick access is now understood to be indispensable to good outcomes. To ignore such clear evidence is tantamount to negligence in corporate governance terms.

Staffing Problems

Lack of parking provision and expensive and scarce housing in Dublin will lead to serious staffing problems – compromising patient care. Attention has been repeatedly drawn to this issue. Plans for parking for staff and patients are inadequate for projected needs and certainly incompatible with a high-quality hospital. “I consider that the parking provision which is considered to be sustainable within a city centre location would be inadequate to facilitate the effective operation of the proposed development” ABP Inspector’s Report (on NPH at Mater 2012 [RPA0024].

Ambulatory and Urgent Care Centres at Connolly and Tallaght

An untried model of care - it appears to us that there is a deliberate policy by the Department of Health to “sell” these Urgent Care Centres (UCCs) to the public as equivalent to Emergency Departments - which they are not. They will only receive patients with low-acuity treatment needs. It is anticipated that each will cater for 25,000 patient visits per year while the Emergency Department at the NCH will see 75,000. The UCCs will not accept ambulances and will open at 8am, closing their doors at 8pm. Patients requiring impatient admission or overnight observation will be transferred to the main hospital. This may yet prove an highly expensive model of care.

THE BIGGER PICTURE

The claim by government that the building of this second-rate hospital for children warrants the now revealed huge cost is delusional. It is an unacceptable abuse of the use of public money. This is no longer only about children’s facilities but now will affect nearly every family in the country. The out-of-control building costs of a new children’s hospital cannot justify the deferral of badly-needed health services, recently listed in national media, such as country-wide primary care centres, residential facilities for older people, diagnostic equipment and beds for people currently on trolleys in Emergency Departments or awaiting ‘elective’ admission. This isn’t a Luas, this isn’t a Metro, this isn’t a Port Tunnel, this is citizens’ health, affecting people of all ages all over the country.

The cabinet was wrong to approve the continuation of the project before analysis of the problem. This project must be stopped and assessed.

For paediatricians, paediatric surgeons, anaesthetists, intensivists, even Crumlin Hospital's Board of Directors, who have fought so hard for primary co-location, not with an adult but with a maternity hospital, the nail in the coffin for the St. James's site has to be the comment by Professor Chris Fitzpatrick, previous Master/CEO of the Coombe Women and Children's University Hospital, in a recent opinion article in a national newspaper echoing what so many have been saying for so long " With neither money nor space, plans for a tri-located maternity hospital [at St.James's] are now a pie-in-the-sky fantasy".

If only for the sake of our children, this project must be paused and options, including choosing a new site, assessed.

We are sure St. James's adult hospital would in the future make good use of the entire site and the underground car park.– taxpayers' money spent to date need not be wasted.