

Note: This letter, which is the one sent to members on 13February 2017, now has References and Appendices noted in the text and appended below (26th February2017)

To: All members of the Cabinet

From: The Jack and Jill Foundation and the Connolly for Kids Hospital Group

Date: February 13th 2017

Re: Location of the National Children's Hospital and the possible awarding of construction contract to BAM at the St. James's site

Dear Minister

Connolly for Kids Hospital group and the Jack and Jill Foundation submit that the Cabinet is not in a position to authorise the awarding of the construction contract for the building of the new National Children's Hospital at the St. James's Hospital site. Many statements made by Ministers indicate that they appear to be ill-informed in relation to key aspects of the project. This may be due to the widespread misinformation disseminated about the site.

It has been stated by Ministers that St. James's was recommended in reports by national (1) and international (2) experts. There is no evidence of such a recommendation in any expert report, either national or international and we call on you and your cabinet colleagues to publicly provide the details of the reports that are being relied on as part of your decision-making process in this regard.

Following the Government decision on the location of the new Children's Hospital in 2012, St. James's was publicly congratulated by an eminent physician in the Seanad for its "aggressive campaigning" to win the children's hospital. We contend that such aggressive, misinformed campaigning played a part in trumping the interests of children's health leading to an illogical and reckless decision on the siting of the hospital.

The principal reason stated for the decision ('better clinical outcomes') is without basis in fact. In support of this position we would draw your attention to the following:-the new (2013) National Paediatric Hospital Development Board (NPHDB) has altered in its composition from that originally set up in 2007, to now be a purely 'Building Board', despite the fact that S.I. 246 (2007) has not been amended in that regard, which further raises questions about its authority, legal standing and mandate. The new (2013) Children's Hospital Group Board (CHGB) has no basis in legislation and as far as we are aware, although we would welcome any information to the contrary, no governance structure for the hospital has been determined.

When challenged to provide evidence of advantages of the site, the NPHDB /CHGB has come up with irrelevant and misleading statements. The reality is that no valid reason can be found for building the Children's Hospital at St. James's. Further, we firmly believe that to proceed with the project in its current form will result in a sub-optimal hospital and is also likely to lead to a serious negative impact on the functioning of the Adult Hospital, even threatening its viability.

Members of the Cabinet should be aware that the decision by An Bord Pleanála cannot be relied upon as justification for building the new Children's Hospital at the St. James's site since many critical medical issues were deemed to be matters outside of its remit. In that regard, we would ask that you as a cabinet minister address the issues that were excluded from the deliberations of the planning authorities. Further, we would ask that the following be given the consideration that has been thus far omitted in government announcements on the issue. We would also ask that you inform us of your reasons either to support or reject our contentions below, providing reasons for same.

1. TIME-SCALE

Since the announcement in November 2012 that St. James's was the chosen site, there have been significant delays in the estimated date for completion of the hospital - 2018 initially, 2020 at the time of An Bord Pleanála hearing and now 2021. We believe that due to significant site complexities and construction restrictions it will take far longer.

In contrast, if things were done differently, the Children's Hospital could be delivered within 3 years of the decision to change to the Connolly Hospital site as it is an unencumbered greenfield site. As above, we call on you and your ministerial colleagues to address this concern providing reasons and supporting evidence for same.

2. COSTS

We submit that the Cabinet is ill-equipped to make any determination on the value for money or otherwise of the tender submitted by BAM in the absence of any prior Cost Benefit Analysis which we understand to have been required by the Department of Finance's 'Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector' and the 'Public Spending Code' requirement of the Department of Public Expenditure and Reform. To our knowledge no such analysis has been carried out. We note in recent days media reports relating to the construction costs of €300 million for a new hospital in Finland of almost identical size, construction of which is about to start with the hospital due to open in 2020.

We would further question the decision-making process underway in circumstances where a building works contract has, it appears, been awarded to BAM Construction although the cabinet has yet to formally approve the project. If a contract has been awarded pursuant to EU procurement rules, is it to be set aside should you and your ministerial colleagues reject the proposals? If the decision is ultimately a cabinet one – and has yet to be made – what is the legal status of the awarded contract? Are the taxpayers to be at a financial disadvantage should the awarded contract be rescinded?

We call on you to clearly explain the legal position regarding the awarding of a contract to build a project that has yet to be formally approved. Further, we ask that you identify the powers being relied on in this process that permit a tender award be set aside with or without penalty clauses.

In stark contrast, the 2012 decision to choose the St. James's site was based, *inter alia*, on an estimated cost of €404 million for construction (Appendix 1), but this figure has trebled to €1.2 billion even before the project has started.

We are of the view that the net cost of continuing with the project on the St. James's site will be very much greater than the cost of changing the location at this point. Both the International Independent Review of 2011(3) and the Dolphin Review of 2012 (4) stated that it would be 25% cheaper to build on a greenfield site than on an urban site. Our costings show that both the Children's Hospital and the Rotunda Maternity Hospital can be built at Connolly for less than the cost of the Children's Hospital alone at St. James's (Appendix 2).

In the event that the project does not go ahead at St. James's, the money spent on site preparation work would not be wasted as clearance of the site is necessary for any future development which may take place there. Consideration should be given to locating the Children's Urgent Care Centre and clinics, currently planned for Connolly, to the St. James's site.

It is evident that a saving of at least €300 million would be made if the hospital were to be built at Connolly. No detailed examination of this seems to have taken place to date and we call on you and your colleagues to explain why no such comparative costings were carried out as part of the decision-making process. Further, where calculations have been considered by the government, we would ask that you provide reasons why same were not deemed sufficient to merit alternative sites be considered.

3. CLINICAL CONSIDERATIONS

It is very important for Cabinet members to be aware that the assessment by An Bord Pleanála did not adequately address several important aspects of the proposal relating to the medical functioning of the site. The New Children's Hospital Alliance, a constituent member of C4KH, had requested that, given the nature of the proposed medical use of the development, the Inspector be assisted in his assessment by a medical expert (Appendix 3(a)). This request was denied (Appendix 3 (b)). Quite extraordinarily, given its status as a Strategic Infrastructure Development because of its medical use [Par.37A (2) (a) of the Planning and Development Act 2000 as amended by the Planning and Development (Strategic Infrastructure) Act 2010], An Bord Pleanála considered certain key matters relating to the medical use of the building to be of no concern in the assessment of the application. The Inspector's Report made it clear that determination on medical issues was not within the Board's remit.

"It's not a matter for the Board to determine whether the applicant's brief is sufficient to meet medical/clinical demands now, let alone in the future, that is not a function of the Board."

The result was that the medical functioning of the hospital was not properly assessed. In the circumstances therefore there appears to have been no proper consideration of clinical matters which bear a material and fundamental impact on the viability of the project as a whole. We therefore call on you to consider the medical functioning of the site and how same will be impacted by the current proposals. If this genuinely was/is outside the remit of the planning inspector then we feel it must therefore fall squarely within your remit as ultimate decision-makers. We do not feel it would be right or appropriate for a decision to be made on the site of the national children's hospital without any regard having been had for the medical functioning of the site.

As above, we call on you and your ministerial colleagues to address this concern providing reasons and supporting evidence for same.

4. MATERNITY HOSPITAL CO-LOCATION

The location of a Maternity Hospital linked by a short corridor to the Children's Hospital is central to the consideration of optimal clinical outcomes. This is what will save babies' lives and avoid disability for many (Appendices 4 and 5). An Bord Pleanála, however, did not regard it as a matter it should consider. The Inspector's report states:

*"There may be an application for a maternity hospital on the campus, and there may not.....
The NCH can proceed without a maternity hospital, these are not inter-dependent projects."*

Clearly, if the medical use of the building is not being considered then the Inspector is correct. However, if optimum medical outcomes are being aspired to, which we have been assured is the case, then the buildings are clearly inter-dependent in a time-dependent manner.

It was recently stated by a senior NPHDB Design Team official that consideration of the maternity hospital is not envisaged for maybe 15 years at the St. James's site (5). Given the opportunity to co-locate the Children's Hospital with the new Rotunda Maternity Hospital at the Connolly site within a much shorter time-frame and at much reduced cost, we submit that to proceed with the project at the St. James's site could further be deemed to fail to comply with European Law relating to the Right to Health. In this regard we would respectfully refer you to Section 8.3 of the 'Handbook of European Law Relating to the Rights of the Child', where it states that:

"States have positive obligations to take measures against life-endangering health risks that the authorities are or ought to be aware of"

As above, we call on you and your ministerial colleagues to address this concern providing reasons and supporting evidence for same and in particular to state the government's position on Section 8.3 above.

5.ACCESS / PARKING

A central clinical consideration when assessing any hospital site is whether patients can access the hospital speedily (Appendix 6). In this regard the St. James's Hospital site has recently been described by an ambulance driver /paramedic, who was based at St. James's for 30 years, as the worst in the country (6). With an additional 4,000 vehicular movements per day associated with the Children's Hospital (7) (many originating outside the M50 where nine out of ten children in the country live), this already major problem will be exacerbated (Appendix 7). Helicopter access is also impacted as there is no space at St. James's for the Coastguard air and sea rescue helicopter to land (8).

Due to the restricted nature of the site, parking provision for the Children's Hospital is dramatically lower than that of international comparator hospitals. It will have fewer parking spaces per bed than were available at Crumlin in 2010 (Appendix 8). Furthermore, in failing to meet with the design standards of the Institute of Structural Engineers, it will be unsafe for children (9). The 145-acre Connolly Hospital site, in contrast, provides adequate space for safe parking. As matters currently stand, the Adult Hospital will lose 600 of the heretofore 1,400 parking spaces, reducing parking from the 2016 allocation of 1.4 per bed to 0.8 per bed. Overall, only 8% of staff in both the Children's and the Adult Hospitals will have access to parking. Parking compares most unfavourably with NHS foundation hospitals in Britain.

As a large volume of service users will be coming from outside the M50, the logistics of access and parking ought to be a core consideration on the viability of the proposed location. As above, we call on you and your ministerial colleagues to address this concern providing reasons and supporting evidence

6. STAFF RECRUITMENT AND RETENTION

Central to the effective operation of the hospital is the recruitment and retention of staff, many of whom are highly specialised. Excellent clinical outcomes are dependent upon care delivered by excellent staff. Currently Crumlin hospital has ICU and theatre nursing shortages. Intensive Care beds closed because of staff shortages result in delay in performing major surgeries requiring ICU care post-operatively. Staff shortages exacerbate waiting-list time for treatment of serious conditions such as scoliosis and congenital heart disease. There is a very real danger that the exodus of staff now being experienced by the Adult Hospital will worsen for both hospitals once the Children's Hospital opens because of travel difficulties and the expense of family homes in Dublin.

7. SPACE

Consideration of the site's capacity to allow for expansion was also avoided by An Bord Pleanála. The Inspector's report states:

"the fact is, no one knows for sure what exactly will be required of the campus in the future. In that regard, it would be unreasonable, and possibly ultra vires, of the Board to refuse permission for the current proposal solely on what may be applied for in the future."

We know that hospitals expand exponentially, for example Crumlin Hospital, the Hospital for Sick Children, Toronto, the Children's Hospital of Philadelphia - often doubling their capacity in 10 years. St. James's site will allow for 20% expansion of the Children's Hospital - 200% would be a more appropriate provision as this is to be the only children's hospital in Ireland. It is meant to serve the needs of our sickest children for the next 100 years. Yet, due to lack of space the Children's Hospital as proposed is already compromised – and when completed it will have proportionately fewer beds than currently exist in the three Dublin children's hospitals. With thousands of patients on waiting lists this cannot be justified. In this context we would ask that you note that no site restrictions pertain at the 145-acre Connolly site. As with our other concerns, we formally call on you and your ministerial colleagues to address this concern providing reasons and supporting evidence for same.

Connolly for Kids Hospital and the Jack and Jill Foundation strongly request that you consider the matters above. The Cabinet must do what is best for children. We ask that you consider objectively and forensically the objections we have raised above and provide us with written reasons in response to these. In our view your deliberations ought to be grounded in evidence-based input from all stakeholders and affected parties. Such deliberations will lead to the obvious conclusion that the new National Children's Hospital ought to be located at the Connolly Hospital site off the M50 in Blanchardstown. For reasons outlined above, this location best serves the children of our country and their needs ought to be given paramount consideration in any cabinet deliberations. Where those needs are being rejected, the stated reasons for same along with all supporting evidence that was relied on in coming to that conclusion ought to be made available to the public, to us and any other stakeholders.

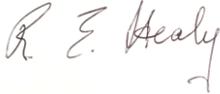
Yours sincerely



Mr Jonathan Irwin



Dr Fin Breatnach



Dr Roisin Healy



Ms Aisling McNiffe

On behalf of Connolly for Kids Hospital Group and The Jack and Jill Foundation.

Copies to: Ms Máire Whelan, Attorney-General

: Opposition Health Spokespersons

Contact details - Reply to both organisations please

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Connolly for Kids Hospital Email : connollyforkidshospital@gmail.com

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Postal address : Connolly for Kids Hospital, c/o 6 Burleigh Mews, Burlington Road, Dublin 4.

References

1. Review Group on the National Children's Hospital, Report to the Minister, 7 June 2012. (The Dolphin Report) http://health.gov.ie/wp-content/uploads/2014/08/Dolphin_Group_Report.pdf
2. National Paediatric Hospital Independent Review 2011
<http://health.gov.ie/blog/publications/national-paediatric-hospital-independent-review/>
3. Financial Analysis [http://health.gov.ie/wp-content/uploads/2014/03/National Paediatric Hospital -Vol1 Review.pdf](http://health.gov.ie/wp-content/uploads/2014/03/National_Paediatric_Hospital_-_Vol1_Review.pdf)
4. Urban versus Greenfield Location pg 16 Para 5.2 Cost http://health.gov.ie/wp-content/uploads/2014/08/Dolphin_Full-Appendices-1-5.pdf
5. NPHDB Presentation to Department of Multidisciplinary Technologies, Dublin Institute of Technology, Bolton Street, 6 December 2016 - oral presentation.
6. John Smyth, Ambulance driver and Paramedic, Interview on Cork 96FM The Opinion Line 19/12/2016 <https://soundcloud.com/opinionline96/the-opinion-line-2016-12-19-your-free-daily-podcast-is-here>

Interview with John Smyth is from 1.13.00 to 1.26.30 (one hour thirteen min to one hour twenty six min and 30sec) in the recording.
7. An Bord Pleanála Reg No. PL29N PA 0024 The 'Traffic and Transportation' Statement of Evidence by the NPHDB 's expert at ABP Oral Hearing, Oct 2011 stated - NPH will generate approx 10,000 person trips and 4,000 vehicle movements /day
8. Report of the Emergency Aeromedical Support Service Working Group, Department of Health, November 2014 states:
"4.3.3 Inclusion of Helipads in Future Acute Hospital Capital Projects
It is recommended that all future acute hospital developments in the State take into consideration the need for inclusion of a ground helipad, to facilitate the arrival of patients via the EAS and SAR, inter-hospital transfers and the transport of organ transplant patients and teams."
9. Design recommendations for multi-storey and underground car parks (4th edition) March 2011. Published by The Institute of Structural Engineers, UK. Standards for circulation, for aisle width, walkways, width of bays etc. are breached in the St James design -this is unsafe and unacceptable in a children's hospital car park. Details of safety audit can be accessed at www.thenewchildrenshospital.ie

Appendices

Appendix 1 Excerpt from Healy Kelly Turner & Townsend, Quantity Surveyors Report “ Proposal for National Children’s Hospital & Maternity Hospital St. James’s Hospital

Appendix 2 Cost of the National Children’s Hospital prepared by Mr James Sheehan, June 2016

Appendix 3 (a) Letter from Róisín Healy on behalf of the Executive of the New Children’s Hospital Alliance to An Bord Pleanála, 12 November 2015

Appendix 3 (b) Letter from An Bord Pleanála, 25 November 2015 to Róisín Healy

Appendix 4 Letter from Fifteen Consultants to An Bord Pleanála, September 2015

Appendix 5 Email from Dr. Michael Longaker, Stanford University to member of Connolly for Kids Hospital, 9th July 2015

Appendix 6 Minutes of the Review Group [the Dolphin Group], Wednesday, 2 May 2012.

Appendix 7 A study of the National Paediatric Hospital location at St James’s relative to the Paediatric Population of Ireland. Published by Connolly for Kids Hospital, November 2016

Appendix 8 Information from Administration, Our Lady’s Children’s Hospital Crumlin (OLCHC), 2010

APPENDIX 1



Quantity Surveyors Report

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Director

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Proposal for National Children's Hospital & Maternity Hospital
St. James's Hospital

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Rev	Originator	Approved	Date
0	Rebecca Coffey	Michael Hamill	2 May 2012
1	Rebecca Coffey	Michael Hamill	3 May 2012
2	Rebecca Coffey	Michael Hamill	8 May 2012

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F:\DUB\COMPANY\700 MARKETING\SUBMISSIONS\HEALTH\ST. JAMES'S HOSPITAL MATERNITY BUILDING & CHILDREN'S MAY 2012\ST. JAMES'S NATIONAL CHILDREN'S HOSPITAL & MATERNITY HOSPITAL REPORT 080512.DOCX

1 Executive Summary

Healy Kelly Turner & Townsend are a leading international firm of Construction Cost Consultants and are involved in many major hospital developments both within Ireland and internationally.

Based on John Cooper Architecture drawings etc. we have prepared costs for the proposed National Children's Hospital and Maternity Buildings on the St. James's Hospital Campus as follows:

	National Children's Hospital		Maternity Unit	
	€000		€000	
▪ Enabling Works		9,240		4,275
▪ Main Building		277,800		57,000
▪ Underground Car Park		26,250		8,750
▪ External Works		15,900		7,600
▪ VAT		45,390		10,479
▪ SJH Design Team Fees		13,000		3,000
▪ Capital Contributions/Fees & Levies		16,000		3,250
		<hr/>		<hr/>
▪ Totals	€000	403,580	€000	94,354
		<hr/>		<hr/>
Say	€000	404,000	€000	94,000

These costs have been benchmarked against and compare favourably with similar projects internationally including the Alder Hey Hospital in Liverpool where we are currently providing Construction Cost Management Services.

The John Cooper Architecture proposed buildings at St. James's Hospital are in our opinion very cost efficient in their layout, height, etc. and the developed costs reflect this – they provide excellent value for money.

Costs are at May 2012 price levels and do not include Group 2 or Group 3 fittings or sundry loose fittings and equipment.

APPENDIX 2

COST OF THE NATIONAL CHILDREN'S HOSPITAL - Connolly site

Prepared, June 2016, by Mr. James Sheehan , Hospital Developer,
Orthopaedic surgeon and member of Connolly for Kids Hospital

ESTIMATE OF COST IF THE NPH IS BUILT AT CONNOLLY HOSPITAL

Construction cost = €400M

Hospital 118,000 metres square @ €3000 per metre = €354M

Family accommodation 4,000 metres square @ €2,000 per metre = €8M

Research Department 3,000 metres @ €2,500 per metre= €7.5M

Two satellite units – 10,000 square metres @ €3,000 per metre = €30M

ADD Vat, Fees, fit-out and equipment @ app. 50% of construction Cost = €200M

TOTAL = €600 M

(Information Technology costs alone are estimated at app. €70M. Thus this figure is very conservative)

APPENDIX 3 (a)

5 Lesson Village
Upper Leeson St.
Dublin 4

An Bord Pleanála
64 Marlborough Street
Dublin 1
12th November 2015

Re PA 0043

Dear Inspector

Regarding pre-planning application consultation meetings on the above case, published Bord Pleanála documents state "At a meeting on 10th July 2015, the Board considered the submissions on file and the final report of the Inspector in relation to the above case. (<http://www.pleanala.ie/documents/directions/PC0/SPC0158B.pdf>)

The Board decided that the proposed development comprises strategic infrastructure development, generally in accordance with the recommendation and reasoning of the Inspector"

Sections 3.0, 4.0 and 5.0 of the Inspector's report note that it was the '**strategic social importance** (our emphasis) of the National Paediatric Hospital project that allowed it to qualify as a Strategic Infrastructural Development under the Act.

The Press Release by the Department of Health, 6th November 2012, announcing the government decision to develop the children's hospital on the St James's site, states "The decision has been **led by clinical considerations** (our emphasis). It is essential that the new children's hospital can deliver best clinical outcomes for our children. Co-location with St James's and, **ultimately** (our emphasis), tri-location with a maternity hospital on the St James's campus will, the Government believes, provide the excellence in clinical care that our children deserve". (<http://health.gov.ie/blog/press-release/government-decides-the-location-for-the-new-childrens-hospital/>)

The children's hospital, according to the government press release, is "the most important single building project in the State".

By its nature the use of the structure will be complex, involving families from all over Ireland. It involves highly specialised interaction between medical use (clinical, education, research) and planning. The development of a hospital (especially a children's hospital) obviously is different from the development of an office block. Highly complex matters will have to be examined during the assessment of this application. One inspector should not be expected to deal with such a highly specialised proposal. Suitably qualified experts are required to examine it - otherwise how would ABP assess the medical use arguments and alternative sites? The importance of relevant clinical adjacencies? The priority of co-location with an adult hospital versus a maternity hospital? How clinical outcomes are assessed? How the needs of childhood are considered? How the needs of staff are considered? Is the building appropriate and responsive to these needs? Is the building 'fit for purpose' now and for the future? There will be opposing opinions - one planning inspector couldn't be expected to accurately assess the merits of all of these.

The National Paediatric Hospital is meant to serve generations of the children of Ireland and their families over the twenty-first century. The utmost care must be taken to ensure that all aspects of the proposal are properly assessed by experts in the required fields.

The New Children's Hospital Alliance respectfully requests that, in light of the obvious complexity and technicalities of the planning application, distinct expertise by professionals experienced in the development of Paediatric Health Sciences Centres must be made available to the Board throughout the Oral Hearing.

Yours sincerely



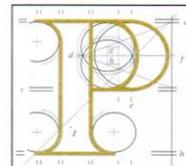
Roisin Healy
Consultant in Paediatric Emergency Medicine (retired)
On behalf of the Executive of the New Children's Hospital Alliance
Tel. 086 6020601

APPENDIX 3 (b)

Our Ref: 29N.PA0043
P.A.Reg.Ref:

Your Ref:

An Bord Pleanála



Roisín Healy
5 Leeson Village
Upper Leeson Street
Dublin 4

25th November 2015

Re: Health Infrastructure Development comprising National Paediatric Hospital, Innovation Centre and Family Accommodation Unit at St James' Hospital Campus, Satellite Centres at Tallaght & Connolly Hospitals and Construction Compound at Davitt Road, Dublin.

Dear Madam,

I have been asked by An Bord Pleanála to refer to your letter dated the 12th November, 2015 in relation to the above-mentioned proposed development.

The Board has noted the content of your letter and, in particular, your request that it avail of expertise by professionals experienced in the development of paediatric facilities. The Board has discretion to engage consultants with expertise in specific fields in respect of proposed developments before it, but has decided not to do so in this case. You will be aware that the substantive oral hearing in relation to the proposed development is due to commence on the 30th November next. One of the main purposes of an oral hearing is to assist the reporting Inspector and the Board in their understanding and assessment of the proposed development. The Board is satisfied that the forthcoming oral hearing in this case will be of such assistance to it.

In relation to the forthcoming oral hearing the Board also received a request for webcam facilities to be provided. A number of individuals signed this letter and it was noted that you were one of the signatories. In relation to this request, I have been directed to inform you that the Board cannot accede to the request that the said hearing be made available on webcam. The Board does not make hearings available by this format. The oral hearing will be digitally recorded; however please note that this digital recording will only be made publicly available following the formal decision of the Board on the proposed development.

I trust that this provides clarity in respect of the Board's position on these matters.

If you have any further queries, please do not hesitate to contact me.

Yours faithfully,


Kieran Somers
Executive Officer
Direct Line: 01-8737107

ch08.ltr

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64 Marlborough Street,
Dublin 1.

APPENDIX 4

Fifteen Medical Consultants write to ABP re Maternity co-location

Department of Paediatric Intensive Care
Our Lady's Children's Hospital
Crumlin
Dublin 12

The Secretary
An Bord Pleanála
64 Marlborough Street
Dublin 1
September 2015

Re: Co-location of a maternity hospital with the new children's hospital (PA0043)

To the Secretary,

We, whose daily practice involves caring for critically ill neonates, unreservedly support the need for a single, national children's hospital, and are willing to compromise on many fronts to achieve this goal, acknowledging that no site is ideal.

Co-location with a physically linked maternity hospital is, in our expert opinion, non-negotiable. We are unwilling to endorse a national children's hospital on a site that cannot accommodate this truly critical adjacency. To do so would be to fail those infants whom we are entrusted to protect. To proceed with such a project will result in the avoidable death or disability of many new-born babies for years to come.

It is our earnest wish that the proposal for the St. James's site can deliver such a co-location. If, however, this is not the case, we urge the Board to have the courage and integrity to act accordingly.

Yours sincerely,

The Department of Cardiothoracic Surgery, Our Lady's Children's Hospital, Crumlin
Professor Mark Redmond, Mr Lars Nolke, Mr Jonathon McGuinness

Department of Cardiology, Our Lady's Children's Hospital, Crumlin
Dr Colin McMahon, Dr Orla Franklin, Dr Paul Oslizlok, Dr Kevin Walsh, Dr Damien Kenny, Dr Terry Prendiville

The Joint Department of Paediatric Intensive Care Medicine Our Lady's Children's Hospital,
Crumlin and The Children's University Hospital, Temple Street

Dr Martina Healy, Dr. Kevin Carson, Dr Cathy McMahon, Dr Dermot Doherty, Dr Suzanne Crowe,
Dr Cormac Breatnach.

This was stamped as received by ABP on 2nd October 2015

APPENDIX 5

Dr. Michael Longaker , Stanford University , California, USA

By Email , 9th July 2015, to a member of Connolly for Kids Hospital, in answer to request for information as to practice in Stanford regarding Paediatric-Maternity co-location.

“All obstetric cases, including high risk ones, are delivered in LPCH [Lucile Packard Children’s Hospital, Stanford, California] -- there is not a separate high risk unit (although there are areas within the LPCH facility for high risk patients). In fact, the private and University services are fully integrated into the LPCH facility. **Delivery of babies in the children’s facility is the modern standard wherever it is physically (and politically) able to be accomplished...** The Johnson Center [for Pregnancy and Neonatology] fully integrates REI [Reproductive Endocrinology and Infertility], Ob [Obstetrics], Ob Anes [Obstetric Anaesthesia], and Neonatology within one administrative structure in LPCH while still preserving the academic architecture of the departments and is co-directed by a Neonatologist and a MFM [Maternal-Fetal Medicine specialist]. Our leadership structure includes all stakeholders from the School [Stanford University School of Medicine] and LPCH.

LPCH is physically attached to Stanford Hospital via a hallway so movement of patients is very easy.

I hope this information is helpful for you. Let me know if I can help going forward.

Best wishes,

Mike

Michael T. Longaker, MD, MBA, FACS
Deane P. & Louise Mitchell Professor
Vice Chair, Department of Surgery
Co-Director, Institute for Stem Cell Biology & Regenerative Medicine
Director, Program in Regenerative Medicine
Director, Children's Surgical Research
Professor, by Courtesy, Department of Bioengineering
Professor, by Courtesy, Department of Materials Science and Engineering
Stanford University School of Medicine
Hagey Laboratory for Pediatric Regenerative Medicine”

APPENDIX 6

Excerpt, Minutes of the Review Group ,[the Dolphin Group], Wednesday,

2 May 2012.

Venue: Corrigan House, Dublin 2

Received by C4KH under Freedom of Information legislation.

“Meeting with Mr. Robert Morton, Head of the National Ambulance Service [NAS]

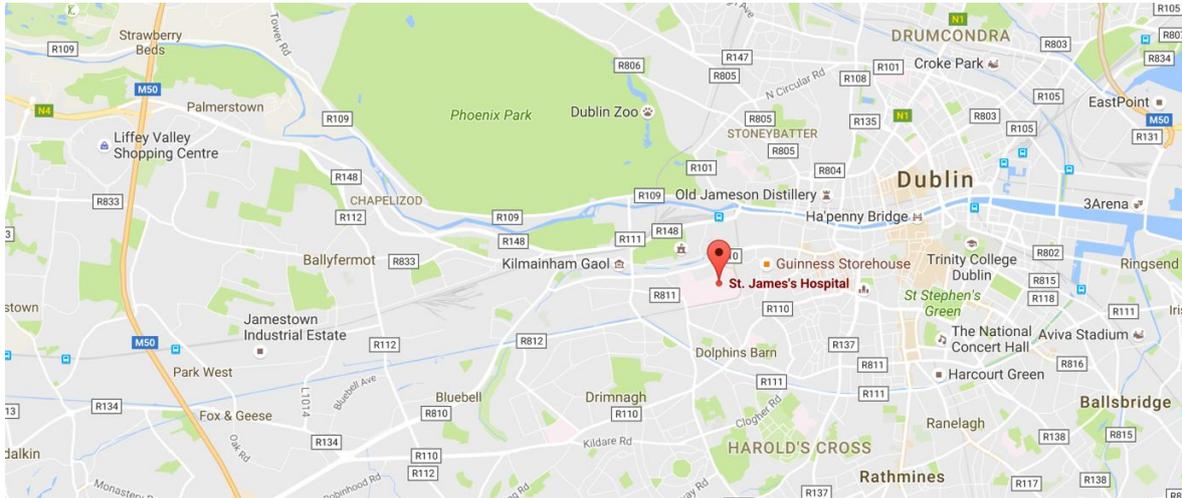
Mr. Morton outlined the drivers of NAS activity as being transport of the critically ill from a scene up to 25-30 miles outside the M50 and retrieval or direct transfer from outside Dublin....

From a NAS perspective, the ideal location would allow the retrieval team to access outside city relatively easily. There must be a facility to land a helicopter on site. It was noted that exemptions provided to ambulances do not increase speed in high-traffic areas. An important factor for NAS in relation to location is good access to a major thoroughfare eg M50 or other.”

APPENDIX 7

NPH Location relative to the Paediatric Population

Executive Summary



- St James's Hospital is located in Dublin City Centre, deep inside the M50:
 - **6.6 Km** from the M50 motorway
 - **3.3Km** from Dublin City Centre
- The Tertiary and Secondary Catchment Areas of the NPH extend well beyond the M50:
 - **Tertiary** catchment area is the **whole of the Republic of Ireland**
 - **Secondary** catchment area is the **Greater Dublin Area** (counties Dublin, Meath, Wicklow and Kildare)
- The Paediatric Population resides predominantly outside the M50:
 - **9/10** children in the Tertiary catchment area (Rep. of Ire) live **outside the M50**
 - **2/3** children in the Secondary catchment area (GDA) live **outside the M50**
- **7/10 Inpatients and Day Cases** arrive from **Outside the M50**
- **3/4 Outpatients** arrive from **Outside the M50**
- **40%** of inpatients are **Tertiary patients** from across Ireland, 9/10 live outside the M50

- **Tertiary** patients endure significantly longer '**Length of Stay**' in hospital. This means that **significantly more than 40%** of the total visits (patient, parent, visitor) to the hospital will arrive from across Ireland. 9/10 of these visits are from outside the M50.
- The Dolphin Report stated that the hospital location must be informed by the distribution of paediatric population:

“the NPH site investigation should take into account the location of the children if the focus is to be upon the best service for the children”

However, none of the 10 Dolphin criteria, upon which each hospital site was benchmarked, related to paediatric population distribution and as such this important consideration was effectively eliminated from the St James's site selection decision.

- The facts presented by the proponents of the St James's project to **justify the location of the NPH at St James's** are based on:
 - **Paediatric population** statistics of **Dublin only** (ignoring the other GDA counties, and all other counties of Ireland)
 - **Patient attendances** from **whole of the GDA** as a block (ignoring the distribution of paediatric population within the GDA)

Connolly for Kids Hospital maintains that the NPH should be sited close to the M50 for fair and equitable access for all the children of Ireland.

The full report [Connolly for Kids Paediatric Population Distribution Analysis](#) can be accessed on the Home page of www.connollyforkidshospital.com

APPENDIX 8

Information from Administration, Our Lady's Children's Hospital Crumlin (OLCHC), 2010

Car Park Spaces at Our Lady's Children's Hospital Crumlin, 2010

The breakdown is as follows:

"Total 480 of which 200 in OPD; 30 Consultants; 90 Staff cotag; 100 Service area; 60 at Research.

Of total, 6 are disabled access spaces.

Hospital has 223 beds (+25 beds closed).

OLCHC has requested 950 in its Development Control Plan [for the Crumlin site].

For planning applications DCC [Dublin City Council] has a formula of 1 car park space for every two acute hospital beds."