



# OSPIDÉAL NAOMH SÉAMAS ST. JAMES'S HOSPITAL



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Mr Jonathan Irwin

CEO

Jack and Jill Foundation

Johnstown Manor

Johnstown

Co Kildare.

18<sup>th</sup> September 2014

Dear Mr Irwin

I am senior member of the consultant staff of St. James's Hospital and I am writing to you in relation to my serious concerns and that of many other staff members in relation to the development of the National Children's Hospital (NCH) on this campus. Given my position in this hospital, it is not possible for me to identify myself; even someone as powerful as the Minister for Health is aware of the consequences of expressing modest caveats in relation to government health policy. I believe, however, that it is important to bring a number of matters to your attention.

In 2012, during the Dolphin Review of possible sites for the NCH, the contents of the Dolphin Report were known in this hospital before the Report was made public in its completed form thus allowing this hospital considerable strategic advantage in strenuously lobbying and significantly influencing the decision for the NCH to be located on this campus. Those involved in the current project, including some of my esteemed colleagues, repeatedly emphasise the unique and overriding clinical advantages that the NCH will have in its proposed location - at the congested Rialto Gate end of St James's Hospital; this is the ultimate answer to any criticism levelled against the location; however it simply does not bear up to scrutiny:

1. no child has ever been transferred from a paediatric hospital to the Intensive Care Unit (ICU) of this hospital



Ospidéal Ollscoile Choláiste na Tríonóide, Baile Átha Cliath.  
University Hospital of Trinity College Dublin.  
**ST. JAMES'S HOSPITAL IS A SMOKE FREE CAMPUS.**



2. no child will ever be transferred from the NCH to the ICU of St. James's Hospital
3. the vast majority of children who are sick travel by car to hospital - not on the Luas, a bus or a train
4. in the future, in accordance with best international practice (except in rare circumstances) sick children will be cared for by paediatricians and not by clinicians who look after both adults and children
5. the vast majority of tertiary paediatric hospitals that are co-located with adult hospitals are also linked to tertiary maternity hospitals by internal corridors to facilitate the transfer of critically ill babies.

Having worked on this campus for a considerable period of time and as a witness to the current NPH project, I along with many other staff members, have increasing and very serious concern about the feasibility of constructing the NCH on the currently designated site in terms of the significant planning risk, cost, time-line, parking, traffic, future-proofing and the almost unimaginable chaos that the NCH will cause for the running and for the future development of clinical services on this campus. Building the NCH on the current site (if it ever passes planning permission and I like many others seriously doubt it) will result in a lock-down of this very busy hospital campus. It is also important to consider, that despite being recommended at the time of the Cabinet's decision almost two years ago, a detailed, up-to-date Master Plan for this campus was not made available to the design teams who recently tendered for this project. It beggars belief, for a project estimated to cost €650m (a conservative estimate if it proceeds on this site - unless scaled back) that an officially agreed plan for this campus was not completed - indicating (a) the location of the NCH (and the schedule of decanting that will have to take place during the proposed build) (b) the location of the future planned adult/cancer clinical developments and academic facilities (c) the location of the proposed maternity hospital and (d) an appropriate expansion capacity for the NCH - a critically important consideration as emphasised by Mr. Jimmy Sheehan, who has a wealth of experience in successfully building hospitals in this state. It is also of concern that the planned transfer of cancer services that was supposed to take place from St. Luke's Hospital to this campus has been delayed for up to five years - requiring different arrangements to be made in the meanwhile. Why was this very obvious risk not highlighted in the Dolphin Report? I should also add that some of the planned development of services for patients who attend St. James's Hospital will now be severely curtailed for an indefinite period of time - an unacceptable situation for tertiary adult services in the largest adult hospital in the country. And as for developing a child and family friendly, healing environment on the currently designated site - one has only to look at the location and the surrounding space to realise the extremely limited nature of this aspiration.

It hardly inspires confidence that the current reassurances given about the NCH project are coming from many of those who provided similar reassurances in relation to the Mater site.

One should also bear in mind that the current coalition Government, the former Minister for Health, the Department of Health, the HSE, the NCH Development Board, the current Chief Executive of the National Children's Hospital Group Board, the current Clinical Director of the NCH and the Paediatric professional bodies lent their support to



the endorsement of the Mater decision by the 2011 Review by independent experts of the previous Government's decision. Many clinicians, concerned that any note of criticism will result in this project not going ahead, justify their compliance or silence by considering it preferable to have some kind of children's hospital built rather than none at all - hardly the foundations required for the development of a world class centre of excellence.

Mr. Irwin, if I were an idealist (as I suspect that you are) I would support your logical conclusion that the NCH should be built on the M50 site close to Connolly Hospital supported by the relocation of a tertiary maternity hospital and tertiary adult services (including the development of a level 1 trauma centre). I am however a realist and I believe that this is a bridge too far for the current or any successive administration. Operating within the Cabinet's decision, I and many others, both within this hospital and outside, contend that the NCH should proceed to be constructed on the campus of St. James's Hospital - but not on the currently designated site. Like many staff members and commentators, I have concluded that the only practical solution to the present debacle is to extend the perimeter of St. James's Hospital and to build the NCH on the expansive, derelict, readily available (contrary to the incorrect assertion in the Dolphin Report), highly accessible, low planning risk Player Wills/Bailey Gibson/Dublin City Council site. Of note, both the Dolphin Report and St. James's Hospital identified this site as being co-located with St. James's Hospital. It is also important to highlight that a large cohort of paediatricians providing tertiary care identified this site (both in a letter to the then Minister for Health and to the Irish Times in advance of the Cabinet's decision) as the preferable location for the NCH on the St. James's Hospital campus in terms of optimal clinical outcomes for all children - a somewhat different view to that of the Archbishop of Dublin, who in a critically significant strategic intervention, as Chairman of the corporate Board of Our Lady's Children's Hospital Crumlin, had indicated support for the current St. James's Hospital proposal.

With the NCH located on the Player Wills/Bailey Gibson/Dublin City Council site as part of an expanded St. James's Hospital campus and in (the increasingly less likely) circumstances in the future, that a sick child needs the additional input of a specialist in adult medicine - then my colleagues and I and our successors can easily walk, cycle or drive the very short distance to where we are needed - in less than ten minutes. On this site, if a critically ill newborn infant requires transfer to the NCH, this can happen via an internal corridor between maternity and paediatric hospitals. During the construction phase there will be no interference with the running of any clinical service and nor will the NCH on this site impose any constraints on the future development of St. James's Hospital. There is also generous space for the expansion of the NCH over time. Connections between maternity and adult hospitals can also be further strengthened across this short distance in the context of this being a tri-located campus - as was accepted by the Dolphin Report and also formally recognised by St. James's Hospital in writing to the Dolphin Review. The fact that this proposal did not originate in St. James's Hospital should not have been a reason for this hospital to have vehemently lobbied against it as was reported in the Irish Times around the time of the

Cabinet's decision; there are no credible clinical grounds for opposing this option; there are also strong planning, financial and child and family friendly reasons to consider it as being convincingly superior. In addition the planned demolition and redevelopment of the neighbouring St. Teresa's Gardens will significantly enhance the NCH on this site - in terms of the environment, space and access. (I would strongly encourage you to visit this site - as well as other interested parties including the media).

At present staff members in St. James's Hospital are being notified that staff car parking will be severely curtailed with the loss of hundreds of car spaces in the near future because of the development of the NCH - despite serious concerns being expressed by staff about their personal safety in relation to both off-site parking and public transport in this specific locality. The provision of an attractive work environment for staff was a core criterion of the much quoted McKinsey Report; this criterion appears to have been largely and conveniently abandoned in a headlong rush to shoehorn the NCH onto the currently designated site.

Mr Irwin, I will leave it to your discretion to circulate this letter as you see fit. I believe it is important that the contents of this letter are put on the public record in relation to this project. It is essential for parents, tax-payers and the general public, healthcare workers and their unions, local residents, the media, the body politic and An Bord Pleanála to realise that a highly deliverable, alternative option exists within the confines of the current Cabinet decision.

This state has a poor track-record in relation to caring for its youngest citizens. I would therefore encourage you to continue your advocacy on behalf of the very special constituency of sick children whom your organisation cares for in order to ensure that pressing electoral considerations, corporate medical politics and deeply vested interests are not allowed to ride rough-shod over legitimate, evidence-based concerns. In the headlong rush to build a children's hospital with an election in mind, the Government may just dig an even deeper hole for themselves. This would be the ultimate tragedy for sick children.

Yours sincerely,

Senior Medical Consultant

St. James's Hospital

PS

It is anticipated that some will seek to undermine the motivation and even the authenticity of this letter because of the views expressed and its anonymity. It is important to counteract this expected criticism by stating that the facts in this letter are true, easily verifiable and Immensely more important than the authorship of this letter and as such they should be the real focus of critical analysis.