



**CONNOLLY FOR KIDS HOSPITAL GROUP (C4KH) REFUTES ARGUMENTS PUT FORWARD IN FAVOUR OF ST JAMES BY THE NATIONAL PAEDIATRIC HOSPITAL DEVELOPMENT BOARD AND THE CHILDRENS HOSPITAL GROUP BOARD.**

**Let's clear up some misunderstandings about the new children's hospital project... C4KH Replies in Right hand column.**

Questions by NCH Management	Answers by NCH management to their own questions	<b><i>Comments by Connolly for Kids Hospital group to the Q&amp;As of the NCH management</i></b>
<p>Is there any room for expansion at the campus at St James's Hospital?</p>	<ul style="list-style-type: none"> <li>• The New children's hospital has been designed to meet projected child population growth and unmet clinical need.</li> <li>• The campus at St James's Hospital has in excess of 50 acres of land. 12 acres are being made available for the new children's hospital and the site has been designed for future expansion.</li> <li>• The new children's hospital design is based on meticulous healthcare planning which will result in a</li> </ul>	<ul style="list-style-type: none"> <li>• <b><i>WRONG! The McKinsey Report's principal requirement for the site for the new Children's Hospital was "Space". The design of the new Children's Hospital on the St James's site is constrained by the limited space available. The new hospital is required to establish "breadth and depth of service "-specialist and sub-specialist paediatric expertise and sufficient numbers of patients to ensure excellence of care and outcomes.</i></b></li> <li>• <b><i>WRONG AGAIN! St. James's is 48.13 acres in total (stated in</i></b></li> </ul>

	<p>facility which can provide for very significant expansion (25-30%) in delivery of healthcare. Beyond this, a further 20% expansion capacity has been identified outside of the current building footprint.</p>	<p><b>NPHDB Panning application), 10 acres of which is leased to Trinity College and 38 acres leased to the Board of St. James's Hospital, almost all of which is already built on. The NCH will be on 12 of the 38 acres.</b></p> <ul style="list-style-type: none"> <li><b>We understand that internal 'expansion' would require decanting of service such as pathology, pharmacy, educational facilities etc. The expansion capacity of 20% for future lateral expansion (as advised by Martin &amp; Clear) is grossly inadequate. Toronto Children's Hospital has doubled in size every 10 years since its foundation in the 1950's. Clinical space at Our Lady's Children's Hospital in Crumlin has increased by 75% in just the past 15 years. The only, and narrow, entry/exit points (one at either end of the campus) are a major hazard both for effective hospital function, patient safety and future construction need.</b></li> </ul>
<p>How can you build a children's hospital if there are no outdoor areas?</p>	<ul style="list-style-type: none"> <li>• There are a number of outdoor areas at the new children's hospital, including the Rainbow Garden which is the length of Croke Park.</li> <li>• The development of the hospital on the St James's Campus will result in a greater area of publicly</li> </ul>	<ul style="list-style-type: none"> <li><b>WRONG! The Rainbow Garden is on the 'sunken' roof of the 4th floor and is surrounded on all sides by four additional floors (15.3.m high, with no view of the outside world other than the sky). It is not in any way comparable to Croke Park as the</b></li> </ul>

	<p>accessible open spaces and green areas, with a higher standard of design and quality of materials than currently exists on the campus, or in the existing children's hospitals.</p>	<p><b>NPHDB claims. It is in two separate halves each with approx 0.3 acres of usable space. The Meadow Garden, to the north, is approximately one acre in size and is the main area designated for future expansion of the hospital.</b></p>
<p>Have you considered the access needs of families – should you not be locating it at Connolly Hospital where there is unlimited parking for families and staff?</p>	<ul style="list-style-type: none"> <li>• <i>Access for families at the campus at St James's Hospital</i></li> </ul> <p>The design of the new children's hospital has recognised the need of most parents to access the hospital by car and ample parking has been provided for families based on current and projected future demand, with treble the current available parking at the existing three children's hospitals in Dublin. There will be 1,000 car parking spaces in the new children's hospital and An Bord Pleanála has adjudicated that 675 of these spaces will be reserved entirely for families. The parking system will allow families to reserve spaces ahead of arriving to the hospital and specific car parking spaces are also planned for emergency parking outside the Emergency Department.</p>	<ul style="list-style-type: none"> <li>• <b>WRONG AGAIN! While some new 970 spaces will be provided in the NCH underground car park, (at enormous expense) it will result in only a net gain of 400 spaces on the entire campus. 675 spaces for patient and visitors (27 of which are outside the emergency Department) is grossly inadequate for a major children's hospital. Public transport is rarely an option for sick children, over 90% of whom access hospital by car. If the Coombe Maternity Hospital were ever to transfer to the site, not a single extra parking space will be provided.</b></li> <li>• <b>It is ludicrous to boast that the parking being provided for families at the St James's will be treble the current available parking at the existing three children's hospital's in Dublin - as Temple Street Hospital doesn't even have a car park, no specific parking allocation for children's families exists at Tallaght. Crumlin in</b></li> </ul>

		<p><b>2010 had 480 spaces. Its Development Plan called for an increase to 980 spaces - at Crumlin alone.</b></p> <ul style="list-style-type: none"> <li><b>• The proposed NPH has the smallest parking allocation of any recently built children's hospital with only 2.0 spaces(patient and staff) per bed - Melbourne Children's Hospital, opened in 2011, provides 6.8 spaces per bed and the Alder Hey Children's Hospital in Liverpool, opened in 2015, provides 4.4 spaces per bed.</b></li> </ul>
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	<p><i>Access for staff at the campus at St James's Hospital</i></p> <p>The St. James's Hospital Campus Smarter Travel Programme is up and running and, in accordance with planning guidelines has ambitious targets to reduce staff</p> <ul style="list-style-type: none"> <li>• Car dependency. St James's Hospital is centrally located in Dublin and has more public transport links than any other hospital in the country. The inspector's report from An Bord Pleanála stated that: "There is nothing on file to indicate that this (is) not achievable or deliverable'.</li> <li>• <i>Public Transport at the St James's Hospital Campus</i> There are Dublin Bus routes through the</li> </ul>	<ul style="list-style-type: none"> <li>• <b>GROSSLY INADEQUATE PARKING! The 312 new staff spaces under the NCH will be shared with the adult hospital staff. The adult hospital is losing &gt;600 surface spaces to make way for the NCH. The targets required to reduce staff car dependency and for staff to use public transport are so ambitious that they have never been achieved or imposed in any major acute-care hospital in the world (8%of staff may have a car space).</b></li> <li>• <b>An Bord Pleanála received no evidence to indicate that the public transport network could meet the needs of staff. Many staff commute from satellite towns in the Greater Dublin Area. Many work shift hours when public transport is not available. Lack of</b></li> </ul>
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	<p>campus and along the streets immediately adjacent to the campus. The Red Luas line has three stops serving the campus: James's, Fatima and Rialto, and that Red Luas line is soon to be connected to an expanded Green Luas line serving the north and south of the city, and is also to connect to the Maynooth rail line commuter service at Broombridge. The Red Luas line connects the site to nearby Heuston Station where a number of rail commuter services from the south-west of the GDA terminate. It also connects the campus to Connolly Station where Dart services and diesel commuter services serving the south-east, the north-east and the north-west of the GDA pass through. It also connects the site to 'park and ride' facilities at the Red Cow and Cheeverstown, the St James's Hospital Campus Smarter Travel Programme has recently introduced free parking for staff at these facilities. There are two DublinBikes outlets on the campus currently and a third just outside the existing Rialto Gate Entrance.</p> <ul style="list-style-type: none"> <li>• <i>Access and parking at a site at Connolly Hospital</i> The assertion that unlimited parking would be available at Connolly (or any other site) is untrue. To quote the</li> </ul>	<p><b><i>parking has huge implications for recruitment and retention of professional staff and therefore of effective working of the campus hospitals. It is a very serious problem - and a major reason why the NCH should not be built in the inner city.</i></b></p> <p><b><i>Connolly Hospital has(Dolphin Report, p57) dedicated slip road access (off M50/N3 interchange), bus services x 12, 2 on site, no parking restrictions, walking distance from Castleknock train station (on Dublin-Sligo mainline) and a helipad at ground level is possible. The Clear Martin planners Report (p8) lists regional buses stopping at the nearby Blanchardstown Shopping Centre and a separate staff access via Waterville Rd linking from Snugboro Rd. Underpass access from Blanchardstown village can, the Report states, be made available via Mill Rd for local access.</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>"The inspectors point regarding unfettered access and unfettered car parking in my view conflates location specific constraints with more generic national, regional and local (authority) policy, with the latter assumed by the Inspector to trump the former. Considering constraints, it was acknowledged by the applicant (National</i></b></li> </ul>
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	<p>inspector’s report from An BordPleanála: “There is a flaw, in my opinion, in the argument put forward by some of those who advocate a greenfield site adjacent to the M50. They appear to assume that unfettered access off the national and primary route and unfettered access to an on-site car parking can be accommodated. The same national, regional and local transportation policies are equally applicable at that location as they are at the application site and do not support such a strategy.”</p> <p>The limited public transport options available at the Connolly Hospital site would also invariably affect access and have a significant impact for staff and visitors, local residents, and approach roads such as the already busy M50. While St James’s Hospital is recognised as having the best public transport links of any hospital in the country.</p>	<p><b>Paediatric Hospital Development Board) that the limit of 2,000 car parking spaces was imposed by Dublin City Council due to concerns relating to prevailing traffic conditions and development impacts on the road network surrounding that particular site. (St James's). So while the Inspector is right to acknowledge that the same policies apply, the constraints are clearly location specific, with a City Centre site substantially more constrained, both internally in terms of space to accommodate development and car parking, and externally in terms of the capacity of the road network to accommodate additional traffic. As the planning process is intended to consider the evidence (based on an Environmental Impact Statement), it seems regrettable that the impacts don't seem to have been given due consideration by the Inspector". Comment from Ciaran McKeon, Managing Director, Transport Insights(who gave evidence to ABP Oral Hearing, on behalf of The Jack and Jill Foundation). Blanchardstown Shopping Centre has 7,000 car parking spaces.</b></p>

How can you proceed	<ul style="list-style-type: none"> <li>The new children’s hospital will be tri-located</li> </ul>	<ul style="list-style-type: none"> <li><b>MATERNITY NEEDED NOW! The terms "In</b></li> </ul>
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<p>without a maternity hospital? Connolly Hospital will have the Rotunda on its site so this is a better option surely?</p>	<p>with St James's Hospital and in time, with the relocated Coombe Women and Infants University Hospital.</p> <ul style="list-style-type: none"> <li>• The relocation of both the Coombe Women and Infants University Hospital to the campus at St James's Hospital and the Rotunda to Connolly Hospital are both at the same stage; both are included in the National Maternity Strategy and both have yet to advance to planning.</li> <li>• In a recent interview on the Sean O'Rourke Show (May 3, 2016) the Master of the Rotunda, Professor Fergal Malone said that it will be 5 to 7 years before the Rotunda moves to Connolly.</li> </ul>	<p><b>time" (Minister Harris) and "ultimately" (Minister Reilly) are repeatedly used as reassurance that Maternity will be co-located with the NCH and are simply unacceptable when speaking about the risks to newborn children's lives.</b></p> <ul style="list-style-type: none"> <li>• In a recent newspaper interview (Irish Medical Times, 2016), the Master of the Rotunda, Professor Fergal Malone said that he expected "to cut a ribbon for the new hospital in Connolly in 5 or 6 years". That means that planning is well advanced.</li> <li>• <b><i>It is acknowledged in two reports, the International Independent Review of 2011 and the Dolphin Review of 2012, that it would be 25% cheaper to build on a greenfield site compared to the brownfield site at St James's. If the Connolly site were chosen, then the new National Children's Hospital and the relocated Rotunda Maternity Hospital could be built simultaneously on that site for the same cost as building the Children's Hospital alone on the St James's site. In fact the savings made would be significantly greater in view of the fact that, prior to</i></b></li> </ul>
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		<p><b>attempting to build the Coombe Women and Infants on the St James's site, the entire adult Out Patient Department will have to be demolished to make room for the Maternity Hospital and will have to be rebuilt somewhere else. In addition, <u>at least</u> a new adult Accident and Emergency Department and a new Adult Intensive Care Unit and Facility Management Hub will have to be built as part of the building shared with the Maternity Hospital ('Draft Site Capacity Plan', NPHBD Planning Application, 2015). The planning for relocating the Rotunda hospital to Connolly site is significantly further advanced than that for the Coombe hospital to the St James site.</b></p>
<p>Could we not get the new hospital quicker if it were located on a greenfield site at Connolly Hospital?</p>	<ul style="list-style-type: none"> <li>• Permission has been granted for the new children's hospital on a campus shared with St James's Hospital. This follows a two-year period of design and consultation with children, young people, families, staff and representatives from the local community. The location was selected following a comprehensive and detailed process. The fundamental aim of this vital project is to ensure the best possible health</li> </ul>	<ul style="list-style-type: none"> <li>• <b>YES! CHEAPER AND QUICKER AT CONNOLLY! We could "get the new hospital quicker". Mr James Sheehan, orthopaedic surgeon and hospital developer, states that a new hospital can be opened at the Connolly site three years after a 'decision to proceed' is given.</b></li> <li>• <b>REDICULOUS REASON! The</b></li> </ul>



	<p>outcomes for children and young people in Ireland. St James's Hospital was selected as it is the hospital that best supports the children's hospital. Enabling works will commence this summer and the hospital will be ready for hand over by the end of 2020.</p> <p>A suggestion that it would be cheaper and easier to build the hospital at a campus shared with Connolly Hospital is pure speculation. No costings have been considered for an alternative site, however given the scale of the project, the much longer timeline and construction inflation would be expected to have a significant impact on project costs and this, together with expenditure on the project to date, could offset much if not all of any hypothetical savings that supposedly could be obtained from building on a greenfield site. Should the location of the hospital be changed at this point, construction would not be expected to commence until 2019 or 2020 - when the new children's hospital at the campus at St James's Hospital is planned to be near completed.</p>	<p><b><i>location for the new Children's Hospital was made by the Cabinet on the advice of the then Minister for Health, James Reilly. Dr. Reilly claimed that co-locating St James's Hospital with the National Children's Hospital would allow children with very rare disorders, who currently had to travel abroad for treatment , to be treated in Ireland through "bringing together the experts, the 'super specialists' who deal with adults and children for these very rare conditions" and that this "was a primary concern and the primary clinical driver" of the decision. <u>This is complete and utter nonsense.</u> Children with the rarest disorders, such as conjoined twins or children requiring liver transplantation, should and will continue to travel abroad for treatment. Was the Minister suggesting that doctors who are trained to care for adults, in some mysterious way despite any training or experience in caring for children, develop skills to care for the sickest of children in a way that those who actually trained to do so</i></b></p>
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	<ul style="list-style-type: none"> <li>Crucially, the new children’s hospital and St James’s Hospital are both large acute teaching hospitals, meaning they have matching levels of service complexity delivered by highly specialist staff. To bring Connolly Hospital up to a comparable level would require very significant investment and a reconfiguration of specific specialties in the adult hospital system in Dublin – both of which would delay the ambition to deliver a world class children’s hospital in Ireland even further.</li> </ul>	<p><b>cannot? There isn't a single scientific publication which supports the claim for improved clinical outcomes for children when a children's hospital is co-located with an adult hospital. YES - 25% CHEAPER! The Independent Review,2011 (part 1-financial analysis) and the Dolphin Report 2012 (Appendix 4) both concluded that the cost of building the children's hospital on a greenfield site as opposed to an urban brownfield site like St James's would result in a saving of at least 25%. The build time at Connolly would not be constrained as it doesn't have the constraints of being a tight urban site that the St James's site has. Planning risk is "low"according to the Dolphin planners report. The cost savings associated with building at Connolly would fund the critical co-location of a maternity hospital. The claim that the children's hospital will be completed on the St James's site by the end of 2020 is extremely optimistic-2022/2023 is much more realistic.</b></p> <ul style="list-style-type: none"> <li>Highly experienced</li> </ul>
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		<p><b>children's doctors cannot understand the obsession the HSE/DoH have in suggesting the necessity for adjacency of unrelated and non-interdependent adult and children's specialties . Clinical specialties in adult hospitals relevant to children's medicine are few, and becoming fewer as paediatric sub-specialist consultant numbers and teams increase. They were listed by the Task Group on Location in 2006. They are in various hospitals. <u>Beaumont Hospital has already indicated a willingness to transfer its National neurosurgical, cochlear implant and kidney transplant services as well as its trauma orthopaedics, to the spacious James Connolly Memorial Hospital site.</u></b></p>
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<p>Co-location with Connolly Hospital is equal to co-location with St James's Hospital isn't it?</p>	<p>On foot of a series of reports and consultations, the Government determined that, as one of Ireland's leading adult teaching hospitals, St James's Hospital is the most appropriate adult partner for the new children's hospital with which to co-locate. There are many reasons for this, including:</p> <ul style="list-style-type: none"> <li>• St James's Hospital is Ireland's <b>largest and leading adult</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>NO BENEFIT! The "bigger" does not mean the "better" co-location hospital - so let's knock that argument on its head . Brisbane children's did not co-locate</b></li> </ul>
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	<p><b>teaching and research-intensive hospital.</b> It has the greatest number of clinical specialties and national services in the acute adult hospital system. It also has the widest range of adult sub-specialties that can support paediatric services, ensuring patients with conditions whose prevalence does not warrant paediatric-only consultants, get the best support. For example, St James's Hospital is home to the national Radiation Oncology (cancer) department and the Irish Blood Transfusion Service Board. It also has one of the leading cardiac department in the country.</p> <ul style="list-style-type: none"> <li>• The new children's hospital and St James's Hospital are both large acute teaching hospitals, meaning they have matching levels of service complexity delivered by highly specialist staff. To bring Connolly Hospital up to a comparable level would require very significant investment – something that would delay the ambition to deliver a world class children's hospital in Ireland even further.</li> <li>• <b>Synergies between adult and paediatric:</b> Co-location with St James's Hospital ensures access for</li> </ul>	<p><b>with the biggest Adult hospital in Brisbane(2014). The Glasgow children's did not co-locate with the biggest adult hospital in Glasgow(2014). Melbourne children's (2011) and the Alder Hey in Liverpool(2015) did not co-locate at all and they are both smaller than the proposed NCH in Dublin. Space, Maternity co-location, Access, Parking, Parkland, Parent accommodation, Staff recruitment and retention, Educational and Research capacity , are all significant considerations in location decision.</b></p> <ul style="list-style-type: none"> <li>• <b><i>It beggars belief that neither parents of sick children nor any of the staff at the three existing children's hospitals had any part to play in choosing the site for the new children's hospital. The "series of reports and consultations" which influenced the Government's decision to locate the new children's hospital on the St James's site resulted in <u>Dr Reilly's ludicrous, unsupported claim</u></i></b></li> </ul>
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	<p>children to adult specialties in conditions which are more common in adults. Joint management of these conditions by specialists who work with both children and adults provides better quality of clinical care to the children and young people concerned. Examples include cardiac surgery, ophthalmology, plastic surgery, ENT, burns and maxillofacial surgery. In Ireland, because of our population these cases are better managed by those surgical specialists who work with both adults and children, as they can develop and maintain their skills through their work with the greater number of adult patients and they can apply the skill and expertise to the care of children and young people with similar issues. (It is likely to be some decades before the new children's hospital has a fully individual consultant staff, and this may never be practical (given our population) for some specialties.) There are many clinicians that are working between St James's Hospital and the children's hospitals already (in areas such as immunology, haematology, plastic surgery, dermatology, radiation oncology and maxillofacial surgery), and this will increase once the new children's</p>	<p><b>for improved clinical outcomes resulting from adult hospital co-location.</b></p> <ul style="list-style-type: none"> <li>• <b><i>There is absolutely no evidence whatsoever for improved clinical outcomes for children when a children's hospital is co-located with an adult hospital. The critical co-location for the National Children's Hospital is with a <u>physically connected</u> maternity hospital so that dangerous ambulance transfer can be avoided. Critically ill newborn babies do not cope well with handling and transfer by corridor is essential to their optimum survival. Of every 100 transfers from a maternity hospital, 5 are sick mothers and 95 are sick babies. Once a maternity hospital is co-located with a children's hospital, then a co-located adult hospital becomes a necessity to care for any sick mothers, so Tri-location is best. Upgrading Connolly adult hospital for specialist care of mothers is a relatively simple exercise and is</i></b></li> </ul>
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	<p>hospital opens. Having them on the same campus will lead to inevitable efficiencies as currently, consultants have to travel between the hospitals for appointments.</p> <ul style="list-style-type: none"> <li>• A Model for transition to adult services for children and young people with chronic conditions will also be best served from co-locations with St James's Hospital. Examples of this include cystic fibrosis, arthritis, epilepsy, gynaecological disorders, chronic skin conditions and immunodeficiency's.</li> </ul>	<p><b>currently being negotiated.</b></p> <ul style="list-style-type: none"> <li>• <b>Children who outgrow paediatric services will, in general, transition to their local adult service. For adolescents and young adults in the Greater Dublin Area, some may transition to St James's but the majority will transition to the most appropriate adult hospital in Dublin. Children with cystic fibrosis or arthritis will transition to the National Centres at St Vincents Hospital, children with congenital heart or metabolic disease will transition to the Mater Hospital, children who had undergone neurosurgical procedures will transition to Beaumont Hospital, children who had major orthopedic operations in childhood will be followed up in either Tallaght Hospital or in Cappagh Orthopedic Hospital, depending on which adult hospital their surgeon works in.</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Research:</b> Research will play a central part at the new children's</li> </ul>	<ul style="list-style-type: none"> <li>• <b>The National Children's Research Centre at Crumlin will</b></li> </ul>

	<p>hospital. 'Today's research is tomorrow's cures'. St James's Hospital is one of Ireland's leading research hospitals. It has an excellent, internationally recognised, clinical, research and education culture and infrastructure. The new Children's Research and Innovation Centre and the provision for active research within the hospital and on the wider campus, will foster the type of research intensive environment that is required on a campus of healthcare excellence.</p> <ul style="list-style-type: none"> <li>• <b>Attracting and retaining the best staff:</b> The new children's hospital will be a world-class facility, custom built to deliver the best care and treatments that are available. It was recognised in the McKinsey Report that co-locating with an adult teaching hospital facilitates clinical and academic 'cross-fertilization', helping to attract and retain top staff.</li> <li>• <b>Economies of scale:</b> Co-locating with St James's Hospital will mean that the new children's hospital will have access to highly specialised equipment that it would not otherwise have access</li> </ul>	<p><b>transfer with the three children's hospital to the new NCH, wherever it is built. It must be embedded in the new hospital, allowing the "bench to bedside" research-intensive atmosphere to flourish. Adult academic institutions have been competing for the Children's Research centre as it would enhance their income and status, Children's Research being a magnet for philanthropic donations. At St. James's, it would be built on a confined site at the far end of the campus from the NCH, and would be owned by Trinity College.</b></p> <ul style="list-style-type: none"> <li>• <b>HUGE PROBLEM!</b> The new NCH will have enormous problems retaining current and recruiting new staff if at St. James's because of woeful car parking facilities and limited accommodation options for families of staff. The public transport system is limited, expensive and often overcrowded and considered unsafe at night. Reflecting this, currently only 2% of St James's staff use the Red Line Luas. Accessing public transport from where people live can be difficult, if not impossible, for shift workers, adding</li> </ul>
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	<p>to. An example of this is a PET scanner; St James's Hospital is the only adult hospital in Dublin to have a public PET scanner.</p>	<p><b>unacceptable hours to commuting time.</b></p> <ul style="list-style-type: none"> <li><b>The new NCH will have its own PET scanner. No public hospital currently has PET-MRI. As new technologies rapidly evolve, imaging and treatment requirements change - SPACE is the future-proofing required.</b></li> </ul> <p><b>Regarding economies - it is surprising to hear the CEO of the Children's Hospital Group state (Oct 2016) that 600 more staff will be required in the new hospital as at the time of the Mater planning application, one of the boasts of the Development Board was that fewer staff would be required after amalgamation of the Children's hospitals.</b></p>
<p>How can you build a children's hospital in a location where the air is polluted to an unacceptable level?</p>	<ul style="list-style-type: none"> <li>The area at St James's Hospital does not breach and EU ambient air quality standards as incorrectly presented by experts at the An Bord Pleanála Hearing on behalf of those against the project. Existing levels of nitrogen oxides (NOx) are in fact higher at Connolly Hospital than they are at St James's Hospital based on nearby EPA recording stations.</li> <li>Commenting on this</li> </ul>	<ul style="list-style-type: none"> <li><b><i>THIS IS SIMPLY NOT TRUE! The data presented in the Applicants Environmental Impact Statement (EIS) and in the Statement presented to ABP oral Hearing , Dec 2015 by TMS for the Jack and Jill Foundation clearly shows that the EU Air Quality Standard for nitrogen oxides (NOx) is exceeded in the St James Location. Even the Applicants own EIS agrees that this standard is exceeded. <u>The claim regarding nitrogen oxide levels</u></i></b></li> </ul>



	<p>subject in his report, the An BordPleanála Inspector said: “ Having regard to, inter alia: the submission of Dr Edward Porter, Environmental Consultant for the applicant, at the Hearing on the 02/12/15; the clarifications submitted by the applicant at the Hearing on the 10/12/2015, and the submission of the 14/12/2015 in relation to air quality concerns raised by the observer, I am of the opinion that the proposed development will not adversely impact on the air quality of the receiving environment at either construction stage or operational stage. I also consider it reasonable to conclude on the basis of the information on the file that the proposed development, individually or in combination with other plans or projects would not adversely affect the integrity of any European site (see also ‘Appropriate Assessment’ under s.3.1.26 of this report). It should be noted that the applicant’s calculations took account of not just the NCH but also the maternity hospital and expansion for both the NCH and the maternity hospital.”</p>	<p><b><u>at Connolly Hospital is also incorrect. The measurement location is approx 300m away from the closest building on the Blanchardstown Campus and therefore is not an appropriate description of air quality at the hospital. The Blanchardstown Air Quality Monitoring location is right beside the N3 carriageway and within the zone of influence of the extremely significant M50/N3 junction. There is nowhere else in Ireland, with the possible exception of the middle of the Red Cow Junction , with higher NOx levels in ambient air. This EPA station measures air quality associated with traffic and since the traffic pollutants reduce in concentration within about 10 metres of the carriageway, the levels will have reduced to background levels at 300metres distance. TMS Ireland Ltd. have carried out measurements on the Blanchardstown Campus and the air quality there is unpolluted and representative of a rural location and not a major roadway.</u></b></p>
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<p>How can the hospital succeed when there is no support amongst the medical community and families for the development of the new children's hospital on a shared campus with St James's Hospital?</p>	<ul style="list-style-type: none"> <li>• The vast majority of the clinical professionals (doctors, nurses, health and social care professionals) working in the three children's hospitals and paediatric services in Ireland support the development of the new children's hospital on a shared campus with St James's Hospital. One public articulation of this support was a letter in the Irish Times before the planning application was submitted, which was signed by all the clinical and nursing leads across the three children's hospitals.</li> <li>• The Boards of the three Dublin based children's hospitals are unequivocal in their support for the new children's hospital on a site shared with St James's Hospital.</li> <li>• With the greatest of respect to all families who use our services, the three children's hospitals deal with families and parents on a daily basis who believe that the location chosen for the hospital is the right one and who are delighted that we are now one step closer to delivering a purpose built facility that is best positioned to</li> </ul>	<ul style="list-style-type: none"> <li>• <b>NOT TRUE! The NPHDB and the CHGB 's claim of professional support for the St. James's location is without any evidence. All eight "clinical and nursing leads" with one exception were appointed by management (not elected by their peers) AFTER the location choice - so cannot be presented as reflecting staff opinion. <u>Staff were never consulted on location.</u> The Medical Board at the biggest hospital (Crumlin) never approved the location contrary to what is claimed by the NPHDB and CHGB - it was simply not consulted. Tallaght Children's does not have a Board but is part of the main adult Tallaght Hospital.</b></li> <li>• <b>BEST FOR CHILDREN! Furthermore, Connolly for Kids Hospital could equally say that we deal with families and parents on a daily basis who believe the St James location is the wrong one . We further believe that, were adult medical and university politics, DCC and local political interests in</b></li> </ul>
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	<p>deliver the best care and treatments available.</p>	<p><b>Dublin 8 removed from this decision and what is best for the children of Ireland given centre stage, that common sense would prevail and a paediatric and maternity facility to serve the 21<sup>st</sup> and into the 22<sup>nd</sup> century would be built at the 145 acre site alongside Connolly adult hospital in Blanchardstown - with less delay and at less expense to the taxpayer than at St. James's.</b></p>
<p>Is this the right location when 75% of children attending the new children's hospital will come from outside the greater Dublin area?</p>	<ul style="list-style-type: none"> <li>• The statement that '75% of children attending the hospital will come from outside the GDA (Greater Dublin Area)' is untrue. 77% of children attending the existing children's hospitals come from <b>INSIDE</b> the GDA.</li> <li>• Less than 23% of the children admitted to the existing 3 children's hospitals are from outside the Greater Dublin Area.</li> <li>• The new children's hospital will provide secondary care for children living within the M50 and also tertiary level of specialist care for children from all over Ireland.</li> <li>• The two new Paediatric OPD and Urgent Care Centres at Tallaght and Connolly Hospitals will provide secondary care for children who live in the Greater</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Two out of every three children in the Greater Dublin area live OUTSIDE the M50.</b></li> <li>• <b>Nine out of every ten children in Ireland live OUTSIDE the M50.</b></li> <li>• <b>Therefore, 90% of the sickest children (tertiary -eg cancer, heart disease) will travel from OUTSIDE the M50. They will be the heaviest users of the National hospital - <u>they account for over half of all day case admission in Crumlin and over one third of all inpatient admissions.</u> Their families requirements are very different from those of a child from the Greater Dublin Area who may attend once in childhood e.g. for appendicitis or an anaesthetic to set a broken bone.</b></li> </ul>

	<p>Dublin Area, and outside of the M50</p> <ul style="list-style-type: none"> <li>• The regional paediatric units around the country will also play an important role - the vast majority of paediatric services are delivered on a same day basis and as close to the child's home as medically appropriate.</li> </ul>	
<p>Can helicopters land at the new children's hospital?</p>	<ul style="list-style-type: none"> <li>• There will be an elevated helipad at the new children's hospital, which will have direct and rapid access to the Critical Care, Theatre and Emergency Departments within the hospitals. There will also be direct access through the new children's hospital helipad to the St James's Hospital for services as required.</li> <li>• The helipad has been designed in close consultation with the Air Corps and Department of Defence.</li> <li>• Air Corps helicopters can land on a raised landing site or the roof of a building which is designed and certified for such operations. Use of elevated landing sites on the roof of buildings is widespread in the UK and Europe.</li> <li>• The design of the elevated helipad is in accordance with the ICAO Heliport Manual which is in accordance with Irish Aviation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>WRONG LOCATION! The site of the Children's Emergency Department (inappropriately at the back of the hospital where big future construction by the adult hospital is planned!!) and of the helipad was determined more by the need of the adult hospital for a helipad than children's needs. Accident and Emergency access to both hospitals will be compromised for years to come.</b></li> <li>• <b>Not having a ground helipad, which could accept Irish Sikorsky Coast Guard Helicopters ( which are not licensed for roof-top landings), is contrary to recent (2014) Government recommendations for new hospitals.</b></li> <li>• <b>The likely significant increase in helicopter transfers of adult patients appears unjustifiable in the centre of the heavily residential area around St James's.</b></li> </ul>

	<p>Authority standard.</p> <ul style="list-style-type: none"><li>• The Irish Coast Guard also provides aerial support, if required, through its Sikorsky S92 search and rescue fleet. These are not licensed to land on roofpads and, for access to the St James's campus would land in the Royal Hospital Kilmainham from which patients would be transferred by road (as currently happens for patients being transported to St James').</li></ul>	
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