An COMHCHOISTE UM SLÁINTE


Nollaig 2017

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JOINT COMMITTEE ON HEALTH

Report on the Pre-Legislative Scrutiny on the General Scheme of the Children’s Health Bill 2017

December 2017

[32H013]
The General Scheme of the Children’s Health Bill 2017 was published on the 28 August 2017.

This Bill is a major step in improving child health services. It will involve the re-location and integration of staff and services from the existing three children’s hospitals to a new central children’s hospital in St James’s Hospital campus and Paediatric OPD and Urgent Care Centres in Connolly and Tallaght Hospital.

As expressed in this report, the impact of this bill is wide ranging and has implications for a number of services. Its aim is to provide a better health care system for children.

The Committee met with officials from the Department of Health and representatives from the Children’s Hospital Group to understand the practical implications of the Bill. The Committee welcomes the dedication of both stakeholders as well as the support of the boards of the three existing children’s hospital in ensuring the project has got to where it is today.

This Pre-Legislative Scrutiny report details the main aspects of the Bill and notes some of the questions the committee raised. The Committee has made a number of recommendations reflecting some of the key issues of the Bill.

Michael Harty TD (Rural Independent Technical Group)

Chair, Joint Committee on Health.
6 December 2017
Membership of the Joint Committee on Health

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**Senators:**

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Rónán Mullen (Independent)
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Stakeholder engagement

The Committee held a day of hearings on 25 October 2017, engaging with stakeholders to hear their views on the general scheme of the Children’s Health Bill 2017. These stakeholders were officials from the Department of Health and representatives from the Children’s Hospital Group.

Transcript

The transcript of the meeting of 25 October 2017 is available [here](#).
1. Introduction

The General Scheme of the Children’s Health Bill 2017 was published on 29 August 2017 following its approval by Government on 26 July 2017.

The Children’s Health Bill 2017, hereinafter referred to as The Bill, provides for the establishment of a single statutory body. This new body will take over and manage the services currently provided by the existing three Dublin children’s hospitals, Our Lady’s Children’s Hospital, Crumlin, Temple Street Children’s University Hospital, and the National Children’s Hospital at Tallaght Hospital. The new body will also manage the transfer of staff and services to the new children’s hospital which is being built on a campus shared with St James’s Hospital, as well as the paediatric outpatient and urgent care centres at Connolly and Tallaght Hospitals.

1.1 Announcement of Name – Phoenix Children’s Health

The Department of Health announced that the new name of the children’s health service will be Phoenix Children’s Health. The name was chosen from a large number of submissions and went through a process of focus groups and linguistic tests.

The new children’s hospital on the campus shared with St James Hospital will be named as Phoenix Children’s Hospital Ireland.

The paediatric outpatient and urgent care centres at Connolly and Tallaght Hospitals will be named as Phoenix Children’s at Connolly and Phoenix Children’s at Tallaght respectively.

1.2 National Model of Care for Paediatric Health Services in Ireland

The new Children’s Health Bill will support the implementation of the National Model of Care of Paediatric Health Services in Ireland programme. This programme plans for the new children’s hospital to be the hub for paediatric care nationally.

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1. The General Scheme of the Children’s Health Bill 2017, Head 6
2. HSE, National Model of Care for Paediatric Health Services of Ireland.
2. Summary of the General Scheme

The General Scheme is in ten parts and sets out legislation required in a number of areas.

2.1 Board

The establishment of a new Board is set out in Part 3 of the General Scheme. The Bill also sets out the functions and duties of the new Board.

The new entity will be managed and overseen by a competency based board of 12 members, appointed by the Minister of Health. The Minister will have the power to remove individual Board members or the entire Board in certain circumstances.

On the first day of its establishment, the new Board will be made up of the Board members of the Children's Hospital Group. The Children's Hospital Group was established on a non-statutory basis to bring together the three existing hospital groups.

Similarly the CEO of the new Board will be the CEO of the Children's Hospital Group.

2.2 Transfer of Staff, Data, Assets, Rights and Liabilities

The Bill sets out to provide for the transfer of staff, data, assets, rights and liabilities from the existing children’s hospitals to the new Board. Staff will continue to work in their current location and upon their transfer will become staff of the new children’s hospital. This transfer will be undertaken on a phase-by-phase basis as per the timetable below (see table 1).

The Bill also sets out the basis for land belonging to the existing three children’s hospitals to be transferred to the ownership of the new Board.

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3 The General Scheme of the Children’s Health Bill, Head 13, Subhead 2
4 The General Scheme of the Children’s Health Bill, Head 13, Subhead 9
5 The General Scheme of the Children’s Health Bill, Head 22, Subhead 4
2.3 Integration of Services

The Children’s Health Bill 2017 will also lead to the integration of services currently provided by the three existing hospitals. The programme of integration will also consider the co-location of an adult hospital and tri-located maternity hospital.

The programme will involve a transitioning programme as staff and services are re-located to the new sites. The programme aims to integrate all IT systems and to standardise clinical and operational procedures, staff recruitment and training.

2.4 Amendment of SI 246/2007: National Paediatric Hospital Development Board (Establishment) Order 2007

The National Paediatric Hospital Development Board (NPHDB) was established under SI 246 of 2007 and is responsible for delivering the children’s health project. The functions, as set out in the Establishment Order include the planning, design and building of a national paediatric hospital but are separate to the capital project itself. Any amendments or revocation to the SI must be by primary legislation.

The functions of NPHDB include planning for services, human resources and philanthropy. The SI states that the NPHDB works with the three existing hospitals with regard to these functions. Head 61 of the Bill sets out to amend this and delete these functions from the NPHDB’s remit as they will come under the functions of the new Board.6

The Bill provides the legal mechanism for the dissolution of that NPHDB in due course.7

2.5 Timeline

The timetable for completion for the three units is as follows:

- Paediatric OPD and urgent care centre at Connolly Hospital will open in 2019
- Paediatric OPD and urgent care centre at Tallaght Hospital will open in 2020.
- New Hospital completed by middle of 2022.

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6 The General Scheme of the Children’s Health Bill 2017, Head 61
7 The General Scheme of the Children’s Health Bill 2017, Head 62
## Table 1: Summary of the provisions of the General Scheme

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3 Key Issues

1) The Committee highlighted concerns regarding the recent An Bord Pleanála’s report which advised additional conditions around the sprinkler system. Officials from the Department of Health stated that all current national regulations were incorporated into the design and the report is currently being reviewed. The Committee expressed its view that all health and safety measures are of the highest quality.

The Committee is particularly aware of the importance of public confidence in the project and believes that health and safety is paramount to this. The Committee is of the opinion that extra expenditure, if required is used to ensure that the highest health and safety measures are adhered to.

2) The integration of the three existing independent children’s hospitals will result in much change for staff. The Committee is aware that negotiations with staff are underway to settle any disparities with regard to staff terms and conditions as they are re-located to the new workplace.

The officials from the Children’s Hospital Group stated that they have set up a formal engagement framework process with all the official trade unions that have negotiating rights. The officials also confirmed that negotiations with staff are underway.

The Committee would like to ensure that employees would not be negatively impacted in relation to their current terms and conditions as a result of the integration of the children’s hospitals. The Committee believe that employees must be offered contracts that are no less favourable than their current terms and conditions.

3) The transition period will involve staff transferring to different locations of work. It will also involve integrating services and bringing together many different work practices and procedures.

The officials of the Children’s Hospital Group referred to an ongoing programme called On the Move Together which engages staff in the integration process.
The Committee stressed the importance of this transition being continually reviewed and that staff are kept aware of any changes to their work and to the practices and services they provide.

4) The Committee acknowledged the dedication and work done by the Department of Health, the National Paediatric Hospital Development Board, and the Children’s Hospital Group in bringing the programme to its current position. The Committee also expressed the importance of strong management in continuing this progress and stated its concern in relation to the recruitment and retention of employees.

Particular key areas of interest include salary scales and the independence of the new Board in relation to negotiating pay and conditions.

The General Scheme of the Children’s Health Bill (Head 24) states that:

“Remuneration and allowances of employees are payable by the hospital out of funds at its disposal.”

The Committee queried whether this allowed for any fundraising provisions to be used as additional payment to staff. The Committee also raised the question of whether fundraising funds would be invested towards current or capital costs, or whether funds would be dedicated to educational and research purposes.

The officials from the Department of Health confirmed that there is a provision in the draft scheme that the terms and conditions will require the consent of the Minister of Health and the Minister of Public Expenditure and Reform. They also confirmed that the new Board will run the recruitment processes and that its process for attracting and recruiting staff will be in line with practices at other Section 38 agencies. The representatives of the Children’s Health Group stated that using fundraising as a top-up to staff funding is contradictory to the policies of the existing children’s hospitals and is not something they wish to see.

The representatives of the Children’s Health Group stated that it had planned a sub-committee that would review remuneration and would adhere to pay and policy norms.
5) Head 10 of the General Scheme refers to land, property, gifts and borrowing but does not make specific reference to car parking. The officials of the Department of Health stated that the construction of the car park is costed at €44m and is not funded by the Exchequer. Consequently, the funds for the car park’s construction need to come from either funds raised by the hospital or a tender from a private investor or operator. The Department of Health is currently assessing these options.

The Committee noted a number of key issues regarding the car parks. Firstly, the Committee referred to issues in the car parks of some of the existing children’s hospitals and, in particular, difficulties with narrow car parking spaces.

The Committee stated that the car park should be easily accessible from the hospital and that consideration be given to attendees who require urgent access.

The Committee also requested that some consideration is given to long-term patients in relation to car park costs and believes that these considerations should be included in any agreements if the car park services are tendered out to a private company.

The representatives of the Children’s Hospital Group stated that the planning application secured, includes a stipulation regarding the car park design and takes into account the needs of families with large family vehicles and medical equipment. They confirmed that 22 spaces will be outside the emergency department, where a drop and run facility will be available. They also identified 100 spaces that will be available to parents at a reduced fee or free of charge. Finally, they confirmed that such provisions will be included in any contracts with car park providers.

6) The Committee requested that consideration be given to establishing a mandatory 50% gender balance to the new Board. The officials of the Department of Health stated that, as the new Board is competency-based, a 50:50 gender balance may be restrictive in ensuring that the competencies are met.

7) The Committee expressed concern that there will be no medical professional bodies represented on the new Board. They stated that representation of such bodies on the
new Board would be advantageous and would allow them to formally highlight their views directly to other members.

The officials of the Department of Health re-iterated that the new Board was competency based as opposed to nomination based. However, they did note that there is clinical representation on the new Board, as three of the members have experience from health care systems. The officials also stated that they plan to appoint a clinical directorate and chief medical officer and that these employees will attend the Board meetings.
4 Recommendations

The following numbered recommendations link directly to the Key Issues identified in part 3 of this report.

1. The Committee is of the opinion that health and safety is paramount. It recommends that all measures should be taken to ensure that the new buildings are of the highest standards and that all advice listed in An Bord Planála’s report is incorporated into the new building.

2. It is the Committee’s preference that employees are offered contracts that are no less favourable to their current terms and conditions.

3. The Committee recommends that the transition process is continually reviewed and updated and that staff are kept aware of any changes to their work and to the practices and services they provide.

4. The Committee recommends that further consideration and clarity be given in relation to the utilisation of fundraising funds and, in particular, whether such funds would be used in remunerating management.

5. The Committee recommends that the car park is constructed with regard to the following considerations:
   a) sufficient space to meet the needs of attendees, especially with regard to those unloading medical equipment
   b) facility to allow a “drop and run” option at emergency departments
   c) derogation in respect of parking charges for hardship cases and long-term patients and
   d) minimising costs for attendees.

6. The Committee recommends that consideration is given to establishing gender-balance on the new Board of the new hospital group.

7. The Committee also recommends that consideration is given to ensuring fair representation of various groups on the new Board.